the case management benefit (applying
the limitations described above), in de-
termining the allowable costs for case
management (or targeted case manage-
ment) services that are also furnished
by another federally-funded program,
the State must use cost allocation
methodologies, consistent with OMB
Circular A-87, CMS policies, or any
subsequent guidance and reflected in
an approved cost allocation plan.

§ 441.20 Family planning services.

For recipients eligible under the plan
for family planning services, the plan
must provide that each recipient is free
from coercion or mental pressure and
free to choose the method of family
planning to be used.

§ 441.21 Nurse-midwife services.

If a State plan, under §440.210 or
440.220 of this subchapter, provides for
nurse-midwife services, as defined in
§440.165, the plan must provide that the
nurse-midwife may enter into an inde-
pendent provider agreement, without
regard to whether the nurse-midwife is
under the supervision of, or associated
with, a physician or other health care
provider.

§ 441.22 Nurse practitioner services.

With respect to nurse practitioner
services that meet the definition of
§440.166(a) and the requirements of ei-
ther §440.166(b) or §440.166(c), the State
plan must meet the following require-
ments:

(a) Provide that nurse practitioner
services are furnished to the categori-
cally needy.

(b) Specify whether those services are
furnished to the medically needy.

(c) Provide that services furnished by
a nurse practitioner, regardless of
whether the nurse practitioner is under
the supervision of, or associated with,
a physician or other health care pro-
vider, may—

(1) Be reimbursed by the State Med-
icaid agency through an independent
provider agreement between the State
and the nurse practitioner; or

(2) Be paid through the employing
provider.

§ 441.25 Prohibition on FFP for certain
prescribed drugs.

(a) FFP is not available in expendi-
tures for the purchase or administra-
tion of any drug product that meets all
of the following conditions:

(1) The drug product was approved by
the Food and Drug Administration
(FDA) before October 10, 1962.

(2) The drug product is available only
through prescription.

(3) The drug product is the subject of
a notice of opportunity for hearing
issued under section 505(e) of the Fed-
eral Food, Drug, and Cosmetic Act and
published in the Federal Register on
a proposed order of FDA to withdraw
its approval for the drug product be-
cause it has determined that the prod-
uct is less than effective for all its la-
beled indications.

(4) The drug product is presently not
subject to a determination by FDA,
made under its efficacy review program
(see 21 CFR 310.6 for an explanation of
this program), that there is a compel-
ing justification of the drug product's
medical need.

(b) FFP is not available in expendi-
tures for the purchase or administra-
tion of any drug product that is iden-
tical, related, or similar, as defined in
21 CFR 310.6, to a drug product that
meets the conditions of paragraph (a)
of this section.

§ 441.30 Optometric services.

The plan must provide for payment
of optometric services as physician
services, whether furnished by an op-
tometrist or a physician, if—

(a) The plan does not provide for pay-
ment for services provided by an op-
tometrist, except for eligibility deter-
minations under §§435.531 and 436.531
of this subchapter, but did provide for
those services at an earlier period; and

(b) The plan specifically provides
that physicians' services include serv-
ces an optometrist is legally author-
zized to perform.