

State/Territory: ARIZONA

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

b. Optometrists' services.

Provided: ___ No limitations With limitations*
___ Not provided.

c. Chiropractors' services.

___ Provided: ___ No limitations ___ With limitations*
 Not provided. Not a covered service except when provided under EPSDT

d. Other practitioners' services.

Provided: Identified in Limitations section of Attachment.
___ Not provided.

7. Home health services.

a. Intermittent or part-time nursing services provided by a home health agency or by a registered nurse when no home health agency exists in the area.

Provided: No limitations ___ With limitations*

b. Home health aide services provided by a home health agency.

Provided: No Limitation ___ With limitations*

c. Medical supplies, equipment, and appliances suitable for use in the home.

Provided: ___ No Limitations With limitations**

* Description provided in Limitations section of this Attachment.

**Sole limitation is authorization by appropriate entity as defined in the Limitations section of this Attachment.

State/Territory: ARIZONA

AMOUNT, DURATION AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

12. Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.

a. Prescribed drugs.

Provided: No limitations With limitations*
 Not provided.

b. Dentures.

Provided: No limitations With limitations*
 Not provided.

c. Prosthetic devices.

Provided: No limitations With limitations*
 Not provided.

d. Eyeglasses.

Provided: No limitations With limitations*
 Not provided.

13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in the plan.

a. Diagnostic services.

Provided: No limitations With limitations*
 Not provided.

*Description provided in Limitations section of this Attachment.

**Sole limitation is authorization by appropriate entity as defined in the Limitations section of this attachment.

viii. Non-physician behavioral health professionals, as defined in rule, when the services are provided by the following state-licensed practitioners: social workers, physician assistants, psychologists, counselors, registered nurses, psychiatric nurse practitioners, marriage and family therapists, and substance abuse counselors.

7. Home health services.

Home health services and supplies are provided by licensed home health agencies that coordinate in-home services, including home-health aide services, licensed nurse services, and medical supplies, equipment, and appliances and require prior authorization. Home health services meet the requirements of 42 CFR 440.70.

7c. Medical supplies, equipment and applicances suitable for use in the home.

Personal care items including items for personal cleanliness, body hygiene, and grooming are not covered unless needed to treat a medical condition.

7d. Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility.

The State offers physical therapy, occupational therapy, and speech pathology and audiology services under the home health benefit (item 7d). The limits for these therapies are the same as those described for items 11, 11b, 11c of this section of the State plan.

8. Private duty nursing services.

Private duty nursing services are provided for members who reside in their own home and must be ordered by a physician and provided by an RN or an LPN if provided under the supervision and direction of the recipient's physician. This service is limited to members enrolled in the Arizona Long Term Care System program who receive services provided under the 1115 Waiver and members under the age of 21.

9. Clinic services.

Medical services provided in an ambulatory clinic including physician services, dental services, dialysis, laboratory, x-ray and imaging services, health assessment services, immunizations, medications and medical supplies, therapies, family planning services and EPSDT services.

TN No. 11-006

Supersedes

TN No. 11-008

Approval Date

FEB 17 2012

Effective Date April 1, 2011

Behavioral health services provided in a clinic include individual, group and/or family counseling/therapy, psychotropic medications, psychotropic medication adjustment and monitoring, emergency/crisis services, behavior management, psychosocial rehabilitation, screening, evaluation and diagnosis, case management services, laboratory and radiology services. The duration, scope and frequency of each therapeutic modality shall be part of a treatment plan.

Screening services are limited to no more than one service during each six-month period of continuous behavioral health enrollment.

10. Dental services.

Dental services are limited to (1) the elimination of oral infections and the treatment of oral disease, which includes dental cleanings, treatment of periodontal disease, medically necessary extractions and the provision of simple restorations as a medically necessary pre-requisite to organ transplantation, and (2) prophylactic extraction of teeth in preparation for radiation treatment of cancer of the jaw, neck or head.

11. Physical therapy and related services.

Physical therapies and related services as described in 11a, 11b and 11c for persons 21 years of age and older when a rehabilitation plan demonstrating rehabilitation potential is documented. The duration, scope and frequency of each therapeutic modality must be prescribed by the rehabilitation plan. Assessment, evaluation, and treatment services are included as part of this benefit.

Therapies and related services for persons under the age of 21 are covered whether or not there is a demonstrated potential for rehabilitation. Providers meet the applicable requirements at 42 CFR 440.110.

11a. Physical therapy.

Physical therapy services are provided to prevent or alleviate movement dysfunction and related functional problems. Out-patient physical therapy is limited to 15 visits per contract year for adults who are not Medicare eligible. A "visit" is defined as all physical therapy services received on the same day. Members enrolled in the Arizona Long Term Care System (ALTCS) receive services provided under the 1115 Waiver.

Physical therapy services are provided by: 1) State-licensed physical therapists; and 2) state-licensed physical therapy assistants under the direction of State-licensed physical therapists. In addition, physical therapy services must and meet the requirements in 42 CFR 440.110.

11b. Occupational therapy.

Occupational Therapy services are provided to improve, or restore functions impaired or lost through illness or injury. Services for adults over the age of 21 are limited to occupational therapy services provided in an inpatient setting. Members enrolled in the ALTCS program receive services provided under the 1115 Waiver.

Occupational Therapy services are provided by: 1) State-licensed occupational therapists; and 2) certified occupational therapy assistants under the direction of State-licensed occupational therapists and meet the requirements in 42 CFR 440.110.

11c. Services for individuals with speech, hearing, and language disorders (provided by or under the supervision of a speech pathologist or audiologist).

Speech Pathology services are provided to diagnose, evaluate, and provide treatment for specific speech, language and hearing disorders. Services for adults over the age of 21 are limited to speech therapy services provided in an inpatient setting. Members enrolled in the ALTCS program receive services provided under the 1115 Waiver. Assessment, evaluation, and treatment services are included as part of this benefit. Providers meet the applicable requirements at 42 CFR 440.110.

Speech pathology services are provided by: 1) State-licensed speech-language pathologists; and 2) licensed speech-language pathologist assistants under the direction of State-licensed speech-language pathologists. In addition, persons who have a Provisional Speech and Language Impaired Certificate must be supervised by an American Speech and Language Hearing Association-certified pathologist. All providers of speech pathology services meet the requirements of 42 CFR 440.110

Audiology

Audiology services are provided to evaluate hearing loss and rehabilitate persons who may or may not be improved by medication or surgical treatment. Members enrolled in the ALTCS program receive services provided under the 1115 Waiver.

Audiological services are provided by Audiologists licensed with the Arizona Department of Health Services (ADHS) and meet the requirements in 42 CFR 440.110.

TN No. 11-006

Supersedes

TN No. N/A

Approval Date:

FEB 17 2012

Effective Date: April 1, 2011