Revision:

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ATTACHMENT 3.1-A

Page 7

OMB No.: 0938-0193

State/Territory: ARIZONA

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

15. a	Intermediate care facility services (other than such services in an institution for mental diseases) for persons determined, in accordance with section 1902(a)(31)(A) of the Act, to be in need of such care.			
	X Provided: No limitations X With limitations** Not provided			
b	. Including such services in a public institution (or distinct part thereof) for the mentally retarded or persons with related conditions.			
	X Provided: No limitations X With limitations* Not provided			
16. I	Inpatient psychiatric facility services for individuals under 21 years of age.			
-	 X Provided: No limitations _X With limitations** Not provided 			
17. N	Nurse-midwife services.			
	X Provided: No limitations _X With limitations* Not provided			
18. I	Hospice care (in accordance with section 1905(o) of the Act).			
_	X Provided: No limitationsX With limitations in accordance with §2302 of the Affordable Care Act *			
2002	Not Provided.			
**Sole	cription provided in Limitations section of this Attachment. limitation is authorization by appropriate entity as defined in the Limitations section of this chment.			
Supers	. <u>11-014</u> edes Approval Date OCT 1 2 2011 Effective Date July 20, 2011			

15b. Including such services in a public institution (or distinct part thereof) for the mentally retarded or persons with related conditions.

The public institution shall meet all federally approved standards and only include the Arizona Training Program facilities, a state-owned or operated service center, a state-owned or operated community residential setting, or an existing licensed facility operated by this state or under contract with the Department of Economic Security on or before July 1, 1988.

17. Nurse-midwife services.

Certified nurse-midwife services when provided by a certified nurse-midwife in collaboration with a licensed physician.

18. Hospice care

Refer to the limitation description provided on pages 2(a) and (b) of this subsection.

- 19. Case management services and Tuberculosis related services
- 19a. Case management services as defined in, and to the group specified in, Supplement 1 to ATTACHMENT 3.1-A (in accordance with section 1905(a)(19) or section 1915(g) of the Act). Targeted case management services as defined in Supplement 1 to Attachment 3.1-A.
- 20. Extended services for pregnant women.

Extended services to pregnant women include all covered services if they are determined to be medically necessary and related to the pregnancy.

20a. Pregnancy-related and postpartum services for a 60-day period after the pregnancy ends and any remaining days in the month in which the 60th day falls.

Prenatal care shall not be provided to women eligible for the Federal Emergency Services Program

24. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.

24a. Transportation.

Emergency ambulance transportation for emergency medical situations, and non-emergency transportation for non-emergency medical situations.

Emergency ambulance transportation does not require prior authorization from an appropriate entity.

24d Nursing facility services for patients under 21 years of age.

TN No. <u>11-014</u> Supercedes TN No. 04-011	Approval Date _	OCT 1 2 2011	Effective Date: July 2	0, 2011
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