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 and limitations are described in Supp. 1 to Att. 3.1-A.

20. Extended services for pregnant women.

Extended services to pregnant women include all State Plan covered services, as described in Attachment 3.1-A Limitations, pages 1-11 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.

Pregnancy-related and postpartum services include all State Plan covered services, as described in Attachment 3.1-A Limitations, pages 1-11 if they are determined to be medically necessary and related to the pregnancy. 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 is provided to and from the nearest appropriate medical facility when the condition of the beneficiary is acute and poses an immediate risk to the beneficiary's life or long term health.Emergency ambulance transportation does not require prior authorization from an appropriate entity.

Non-emergency transportation is provided with limitations for individuals who have no other means of transportation to and from Medicaid covered services, as described in Attachment 3.1D.

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

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: ARIZONA
CASE MANAGEMENT SERVICES

A. TARGET GROUP:

The target population is comprised of persons who meet the following definition of developmental disability.

"Developmental Disability" is defined in State law and means a severe and chronic disability which originates before an individual attains age 18, continues or can be expected to continue indefinitely, and constitutes a substantial handicap for such individual. This term shall include mental retardation, cerebral palsy, epilepsy, and autism as defined by the State. This disability results in substantial functional limitations in three or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living and economic self-sufficiency.

A child under the age of six years of age may be considered eligible if there is a strong demonstrated potential that the child is or will become developmentally disabled. Children must have an identified delay in one or more areas of development as measured by a culturally appropriate and recognized developmental assessment tool.

Persons for whom federal financial participation is requested are those who are financially eligible for the Title XIX acute care program but who do not meet the functional eligibility requirements of the Arizona Long Term Care System program (ALTCS). These individuals are typically eligible for Supplemental Security Income (SSI) and may reside in a variety of settings (e.g., nursing facilities, group homes, foster homes or their own homes).

_X_ The target group includes individuals transitioning to a community setting. Case management services will be made available for up to 180 consecutive days of a covered stay in a medical institution. The target group does not include individuals between ages 22 and 64 who are served in Institutions for Mental Disease or individuals who are inmates of public institutions (SMDL, July 25, 200).

B. AREAS OF STATE IN WHICH SERVICES WILL BE PROVIDED:

_X_ Entire State

____ Only in the following geographic areas (authority of section 1915 (g) (1) of the Act is invoked to provide services less than statewide).

C. COMPARABILITY OF SERVICES:

___ Services are provided in accordance with section 1902 (a) (10) (B) of the Act.

_X_ Services are not comparable in amount, duration and scope. Authority of section 1915 (g) (1) of the Act is invoked to provide services without regard to the requirements of section 1902 (a) (10) (B).

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: ARIZONA
CASE MANAGEMENT SERVICES

D. DEFINITION OF SERVICES:

For the purposes of Targeted Case Management, services will be limited to case management services provided to individuals who are financially eligible for the Title XIX acute care program but who are not eligible for the ALTCS program.

Case management is the process of needs assessment, setting objectives related to needs, service scheduling, program planning, and evaluating program effectiveness. The Department of Economic Security Division of Developmental Disabilities (DES/DDD) provides services which ensure that the changing needs of the person and the family are recognized on an ongoing basis and the widest array of appropriate options are provided for meeting those needs.

Case management includes contacts with non-eligible individuals that are directly related to identifying the eligible individual's needs and care, for the purposes of helping the eligible individual access services; identifying needs and supports to assist the eligible individual in obtaining services; providing case managers with useful feedback, and alerting case managers to changes in the eligible individual's needs. 42 CFR 440.169(e). The State assures that providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plan.

Case management will assist individuals in gaining access to needed medical, social, educational and other support services and will consist of the following:

- Informing members of options including medical services available from AHCCCS health plans, based on assessed needs.
- Developing a Plan of Care.
- Locating, coordinating, arranging social, educational and other resources to meet member needs.
- Providing necessary information to providers about the member's functioning level to enable the provider to plan, deliver and monitor services.
- Monitoring the member's progress and compliance with the Plan of Care.
- Informing providers of changes in the member's condition.
- Coordinating and participating in Individual Service Program Plan meetings.
- Informing the family of members or other caregivers of the support needed to obtain optimal benefits from available services.
- Revising the Plan of Care.
- Recording the delivery of case management services.
- Case management, in the context of Family Support, consists of activities designed to:
  1) Strengthen the role of the family as primary care-giver, thereby reducing dependency upon government support;
  2) Prevent costly, inappropriate and unwanted out-of-home placement and maintain family unity;
  3) Reunite families with children with disabilities who have been placed in government funded out-of-home placement, whenever possible; and
  4) Identify services provided by different agencies to eliminate costly duplication.

Members are not required to accept case management services. Should a member refuse to accept case management services, this refusal shall not be used as a basis to restrict the member's access to other Medicaid services. The provision of case management services shall not restrict the member's choice of the available health plans and primary care providers in the AHCCCS system. If d member is dissatisfied with their assigned case manager, he/she will be provided the opportunity to choose another case manager from those available.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: ARIZONA

H. Case Records (42 CFR 441.18(a)(7))
Providers maintain case records that document for all individuals receiving case management as follows: (i) the name of the individual; (ii) the dates of the case management services; (iii) the name of the provider agency (if relevant) and the person providing the case management service; (iv) the nature, content, units of the case management services received and whether goals specified in the care plan have been achieved; (v) whether the individual has declined services in the care plan; (vi) the need for, and occurrences of, coordination with other case managers; (vii) a timeline for obtaining needed services; (viii) a timeline for reevaluation of the plan.

I. Limitations
Case Management does not include, and Federal Financial Participation is not available in expenditures for, services defined in §440.169 when the case management activities constitute the direct delivery of underlying medical, educational, social, or other services to which an eligible individual has been referred, including for foster care programs, services such as, but not limited to, the following: research gathering and completion of documentation required by the foster care program; assessing adoption placements; recruiting or interviewing potential foster care parents; serving legal papers; home investigations; providing transportation; administering foster care subsidies; making placement arrangements. (42 CFR 441.18(c)).

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE ARIZONA

METHODS OF PROVIDING TRANSPORTATION

Emergency Ambulance Services

Emergency ambulance transportation for eligible persons is a covered service if medically necessary when the eligible person demonstrates life threatening circumstances according to the prudent layperson standard. Payment is limited to the cost of transporting eligible persons in a ground or air ambulance to the nearest appropriate emergency room, when there is no other appropriate transportation available.

If the eligible person is enrolled with a Health Plan or Program Contractor, the ground or air ambulance provider shall notify the Health Plan or Program Contractor within 10 (ten) working days from the date the emergency transportation is provided. Failure to notify the contractor shall be cause for denial or non-payment of the claim.

Medically Necessary Transportation

Whenever free transportation services are unavailable and an eligible person is unable to arrange or pay for transportation to a service site or location to receive a covered AHCCCS service, the provider shall obtain prior authorization when the transportation is more than 100 miles.

If the eligible person is enrolled with a Health Plan or Program Contractor, the Health Plan or Program Contractor has the discretion to require prior authorization. However, all claims for medically necessary transportation are subject to review for medical necessity by the Health Plan or Program Contractor.

Individuals enrolled in managed care receive medically necessary transportation by contacting the health plan or the subcontracted transportation provider. The health plan or subcontractor is responsible for determining eligibility for medically necessary transportation, appropriateness of the request, and the most appropriate and least costly mode of transportation. Individuals enrolled in FFS request transportation by contacting the AHCCCS Administration.

Air Ambulance Services

Air ambulance services are covered for eligible persons only if the request is initiated by an emergency response unit, a law enforcement official, a hospital, a physician or clinic medical staff; and

(1) the point of pickup is inaccessible by ground ambulance; or

(2) great distances or other obstacles are involved in getting emergency services to the eligible person and transporting that person to the nearest appropriate hospital or other provider; or

(3) the medical condition of the eligible person requires ambulance service by a method faster than a ground ambulance service is able to provide.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE ARIZONA

METHODS OF PROVIDING TRANSPORTATION

Meals, Lodging and Attendant Services

Expenses for meals, lodging and transportation for an eligible person are covered while en route to, or returning from, a health care service site which is outside of the eligible person's service area or county of residence, when the visit has been prior authorized.

Meals, lodging and transportation expenses of an attendant accompanying an eligible person out of the service area are covered services if the services of the attendant are ordered, in writing, by the primary care physician. The attendant may be a member of the eligible person's family household. The salary of an attendant is covered only when the attendant is not a member of the eligible person's family household.

Payment for meals, lodging, transportation and salary of an attendant (not to exceed federal minimum wage) is allowed only when the eligible person requires services which are not available in the service area. If the eligible person is admitted to an inpatient facility, the attendant's meals, lodging and salary are covered only when accompanying the eligible person en route to and returning from the facility.

Limitations

Family household members, friends and neighbors may be reimbursed for providing transportation services for the eligible person only if the services are authorized and free transportation or public transportation is unavailable.

A charitable organization, which routinely provides free transportation services to ambulatory or wheelchair-bound persons shall not charge or seek reimbursement from the Administration or contractors for the provision of transportation services to eligible persons, unless they have entered into subcontracting agreements with AHCCCS contractors for medically necessary transportation services.

Prior Authorization

A provider shall obtain prior authorization from the Administration for transportation services provided for a FFS member for the following:

1. Medically necessary nonemergency transportation services not originated through a 911 call or other emergency response system when the distance traveled exceeds 100 miles (whether one way or round trip); and
2. All meals, lodging, and services of an escort accompanying the eligible person under this Section.

A provider shall obtain prior authorization from Contractors for eligible persons enrolled in managed care in accordance with the Contractors' requirements.

State: ARIZONA
METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
OTHER TYPES OF CARE

The following is a description of the methods and standards for determining the payment rate for case management services to the target group identified in Supplement 1 to Attachment 3.1-A.

DES/DDD is reimbursed, on a per member per month basis beginning October 1, 1997, through the 1115 Demonstration Waiver, to provide case management services to persons with developmental disabilities enrolled in the acute care program. AHCCCSA developed the per member per month capitation rate based on a blend of an AHCCCS-developed case management model and historical cost information for this specific population. The model considers case management case load requirements and costs and is rebased annually.

DES/DDD will be paid monthly on a capitated basis. This payment will be based on the capitation rate times the number of recipients verified as enrolled in the acute care program, as of the first of each month. The capitation payment will be made no later than ten working days after receipt of the DES/DDD data transmission.