

Table of Contents

State/Territory Name: Arizona

State Plan Amendment (SPA) #: 16-006

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
San Francisco Regional Office
90 Seventh Street, Suite 5-300 (5W)
San Francisco, CA 94103-6706



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

October 24, 2016

Tom Betlach, Director
Arizona Health Care Cost Containment System
801 East Jefferson Street
Phoenix, AZ 85034

Dear Mr. Betlach:

We have reviewed the proposed State Plan Amendment (SPA) 16-006, which was submitted to the Centers for Medicare & Medicaid Services (CMS) San Francisco Regional Office on August 26, 2016. This SPA adds treat and refer services under the other licensed practitioner benefit.

Based on the information provided, we are approving SPA 16-006 with an effective date of October 1, 2016 as requested. We are enclosing the approved Form CMS-179 and the following Medicaid State Plan pages:

- Attachment 3.1-A Limitations, Pages 6 and 7
- Attachment 4.19-B, Page 5b



If you have any additional questions or need further assistance, please contact Brian Zolynas at (415) 744-3601 or Brian.Zolynas@cms.hhs.gov.

Sincerely,

/s/

Henrietta Sam-Louie
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

cc: Jessica Woodard

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 16-006	2. STATE Arizona
FOR: Centers for Medicare and Medicaid Services		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE October 1, 2016	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 440.60		7. FEDERAL BUDGET IMPACT: None	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A Limitations, Page 6 and 7 Attachment 4.19-B, Page 5(b)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Same	
10. SUBJECT OF AMENDMENT: Updates the State Plan to describe community paramedicine, otherwise referred to as Treat and Refer.			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Monica Coury 801 E. Jefferson, MD#4200 Phoenix, Arizona 85034	
13. TYPED NAME: Monica Coury			
14. TITLE: Assistant Director			
15. DATE SUBMITTED: August 26, 2016			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: August 26, 2016		18. DATE APPROVED: 10/24/2016	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: October 1, 2016		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Henrietta Sam-Louie		22. TITLE: Associate Regional Administrator Division of Medicaid and Children's Health Operations	
23. REMARKS:			

Services covered by a dentist must be related to the treatment of a medical condition such as acute pain, infection, or fracture of the jaw and include examination of the oral cavity, required radiographs, complex oral surgical procedures such as treatment of maxillofacial fractures, administration of an appropriate level of anesthesia and the prescription of pain medication and antibiotics.

6. Medical care and any other types of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.

6b. Optometrists' services.

Optometrists' services when they are provided by a licensed optometrist. See section 12d for limitations on eyeglasses and contact lenses.

6d. Other practitioners' services.

Other practitioners' services provided by:

- i. Respiratory Therapists
- ii. Certified Nurse Practitioners
- iii. Certified Registered Nurse Anesthetists
- iv. Non-physician First Surgical Assistants and Physician Assistants
- v. Licensed midwives within the limitations provided in the AHCCCS policy and Procedures
- vi. Licensed affiliated practice dental hygienists practicing within the scope of Arizona's state practice act.
- vii. Licensed Pharmacists employed by an AHCCCS-registered pharmacy and acting within the scope of their practice may administer AHCCCS covered vaccines and anaphylaxis agents to adults.
- 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.
- ix. Emergency Medical Care Technicians (EMCT) providing Treat and Refer services through an AHCCCS-registered Treat and Refer entity, in accordance with locally adopted Treat and Refer standards of care, education and certification requirements, and demonstration of competence pursuant to A.R.S. 36-2204.

EMCT personnel are able to perform medical treatments, procedures, or techniques within their scope of practice when certified by the statewide Emergency Medical Services and Trauma System.

A Treat and Refer interaction is a healthcare event with an individual that accessed 9-1-1 or a similar emergency number, but whose illness or injury does not require ambulance transport to an emergency department, or other such facility.

The interaction must include (1) documentation of an appropriate clinical and social evaluation, (2) a treatment/referral plan for accessing social, behavioral and/or healthcare services that address the patient's immediate needs, (3) evidence of efforts to follow-up with the patient to ascertain adherence with the treatment plan, and (4) documentation of efforts to assess customer satisfaction with the treat and refer visit.

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.

State: ARIZONA

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
OTHER TYPES OF CARE

- **Other Licensed Practitioner Services**
 - OLP-Pharmacist: AHCCCS-registered pharmacies will be reimbursed for all AHCCCS covered immunizations and anaphylaxis agents administered by licensed pharmacists within the scope of their practice. AHCCCS will provide an administration fee for pharmacies administering the vaccine. The administration fee can be found on the AHCCCS website at <https://www.azahcccs.gov/PlansProviders/RatesAndBilling/FFS/pharmacy.html>
 - OLP-Emergency Medical Care Technician: EMCT personnel providing Treat and Refer services through an AHCCCS-registered Treat and Refer entity whereby the entity will be reimbursed for Treat and Refer services subject to the available rates located at <https://www.azahcccs.gov/PlansProviders/RatesAndBilling/FFS/>
- **Dental Services**
- **Vision Services** (including eye examinations, eyeglasses and contact lenses)
- **Diagnostic, Screening and Preventive Services**
- **Respiratory Care Services**
- **Transportation Services** (see page 5h for information about ambulance rates)
- **Private Duty Nurse Services**
- **Other practitioner's services**
- **Physical therapy**
- **Occupational therapy**
- **Services for individuals with speech, hearing and language disorders**
- **Prosthetic devices**
- **Screening services**
- **Preventative services**
- **Rehabilitation services**
- **EPSDT services**
- **Face-to-Face Tobacco Cessation Counseling Services Benefit Package for Pregnant Women: The rates for these services are included in the fee schedules listed under this Attachment associated with the relevant provider services.**