

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, (2) prophylactic extraction of teeth in preparation for radiation treatment of cancer of the jaw, neck or head, and (3) emergency dental services and extractions not to exceed \$1000 annually per member.

For services provided to individuals in an IHS or 638 facility, adult dental services that are eligible for a federal medical assistance percentage of 100% and that are in excess of the \$1000 adult emergency dental limit may be covered.

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 treatment plan demonstrates potential to prevent deterioration, or to assist an individual to maintain or regain a skill or function, or attain a skill or function never learned or acquired, or acquired and then lost or impaired, due to illness, injury or disabling condition. The duration, scope and frequency of each therapeutic modality must be prescribed by and documented in the treatment 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 without limitation. 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. For individuals over the age of 21, out-patient physical therapy is limited to 15 visits per contract year to restore an individual to a particular skill or function and 15 visits per contract year to assist an individual to maintain a skill or function, or attain a skill or function never learned or acquired. A "visit" is defined as all physical therapy services received on the same day.

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. For individuals over the age of 21, outpatient occupational therapy is limited to 15 visits per contract year to restore an individual to a particular skill or function and 15 visits per contract year to assist an individual to maintain a skill or function, or attain a skill or function never learned or acquired. A "visit" is defined as all occupational therapy services received on the same day. 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.