



# Alternative Benefit Plan

|   |  |                                       |
|---|--|---------------------------------------|
| Benefit Provided:   | Source:  |                                       |
| <input type="text" value="Other practitioners' srvs:Other practitioners' srv"/>   | <input type="text" value="State Plan 1905(a)"/>  | <input type="button" value="Remove"/> |
| Authorization:  | Provider Qualifications:                         |                                       |
| <input type="text" value="None"/>   | <input type="text" value="Medicaid State Plan"/> |                                       |
| Amount Limit:   | Duration Limit:                                  |                                       |
| <input type="text" value="No Limit"/>   | <input type="text" value="No Limit"/>            |                                       |
| Scope Limit:  |  |                                       |
| <input type="text" value="No Limit"/>   |  |                                       |
| Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:  |  |                                       |
| <input type="text" value="Other practitioners' services provided by:&lt;br/&gt;I. Respiratory Therapists&lt;br/&gt;ii. Certified Nurse Practitioners&lt;br/&gt;iii. Certified Registered Nurse Anesthetists&lt;br/&gt;iv. Non-physician First Surgical Assistants and Physician Assistants&lt;br/&gt;v. Licensed midwives within the limitations provided in the AHCCCS policy and Procedures&lt;br/&gt;vi. Licensed affiliated practice dental hygienists practicing within the scope of Arizona's state practice act.&lt;br/&gt;vii. Licensed Pharmacists employed by an AHCCCS-registered pharmacy and acting within the scope of their practice may administer seasonal flu and pneumococcal vaccines and anaphylaxis agents.&lt;br/&gt;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.&lt;br/&gt;ix. Podiatry services that are performed by a podiatrist who is licensed pursuant to A.R.S title 32, chapter 7 and ordered by a primary care physician or primary care practitioner"/><br>Other practitioners' services: Other practitioners' services"/> |  |                                       |
|   |  | <input type="button" value="Add"/>    |

State/Territory: ARIZONA

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

- 4.a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.  
Provided:  No limitations  With limitations\*
- 4.b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.\*
- 4.c. Family planning services and supplies for individuals of child-bearing age.  
Provided:  No limitations  With limitations\*
- 4.d. Face-to-Face Tobacco Cessation Counseling Services Benefit Package for Pregnant Women  
Provided:  No limitations  With limitations\*
- 5.a. Physicians' services whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere.  
Provided:  No limitations  With limitations\*\*
- b. Medical and surgical services furnished by a dentist (in accordance with section 1905(a)(5)(B) of the Act).  
Provided:  No limitations  With limitations\*
6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.
- a. Podiatrists' 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.

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TN No. 13-00116-004

Supersedes Approval Date \_\_\_\_\_ Effective Date January 1,

2013 August 6, 2016

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