All covered services shall be authorized by an appropriate entity or entities except in the case of emergency hospital services and emergency transportation. As provided in AHCCCS' policies and procedures, authorization for medical services shall be obtained from at least one of the following entities: a primary care provider (a licensed physician, physician assistant or certified nurse practitioner) or a physician specialist or dentist, a health plan, a program contractor, a Regional Behavioral Health Authority, an ALTCS case manager affiliated with a program contractor, or the AHCCCS Administration. The appropriate entity shall only authorize medically necessary services subject to the limitations specified below and in compliance with applicable federal and state law and regulations and AHCCCS policies and procedures or other applicable guidelines.

1. Inpatient hospital services other than those provided in an institution for mental diseases.

Inpatient hospital services shall be furnished by a licensed and certified hospital.

Inpatient hospital services include services in inpatient psychiatric facilities, provided to EPSDT-eligible persons < 21 years in accordance with 42 CFR 441.150.

Inpatient hospital services for medically necessary abortions only when the pregnancy is the result of an act of rape or incest; or in the case where a woman suffers from a physical disorder, physical injury, or physical illness, including a life-endangering physical condition caused by or arising from the pregnancy itself, that would, as certified by a physician, place the woman in danger of death unless an abortion is performed.

2a. Outpatient hospital services.

Outpatient hospital services are services ordinarily provided in hospitals, clinics, offices and other health care facilities by licensed health care providers.

Outpatient hospital services for medically necessary abortions only when the pregnancy is the result of an act of rape or incest; or in the case where a woman suffers from a physical disorder, physical injury, or physical illness, including a life-endangering physical condition caused by or arising from the pregnancy itself, that would, as certified by a physician, place the woman in danger of death unless an abortion is performed.

3. Other laboratory and x-ray services.

Laboratory, x-ray, and medical imaging services. All laboratory providers must obtain appropriate CLIA certification based on the complexity of testing performed. Providers with a CLIA Certificate of Waiver are limited in procedures which can be performed.

4a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.

Nursing facility services for individuals 21 years of age or older when they are provided in a facility that is licensed and certified as a nursing facility.

Nursing facility services are provided under acute care and the ALTCS Transitional program for up to 90 days per contract year when hospitalization would be necessary if nursing facility services are not provided.

There is no limit on nursing facility services under the regular ALTCS program approved through the 1115 waiver authority.

See section 24d for limitations on nursing facility services for individuals under 21 years of age.

4.b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.

Early and periodic screening, diagnostic, and treatment (EPSDT) services furnished to individuals under 21 years of age to detect and correct or ameliorate defects and physical and mental illnesses and conditions identified through EPSDT services. All medically necessary services coverable under 1905(a) of the Act are provided to EPSDT-eligible individuals. Section 1905(a) services not otherwise covered under the State Plan but which are available to EPSDT recipients are:

i. Chiropractors' services to correct or ameliorate defects, physical illnesses and conditions when provided by a licensed chiropractor.

ii. Case-management to coordinate services necessary to correct or ameliorate defects and physical illnesses and conditions and behavioral health problems and conditions.

iii. Personal care services to assist in performing daily living tasks for members with physical illnesses and conditions and/or behavioral health problems and conditions.

iv. Medically necessary transplant services, as specified in AHCCCS rule and policy and Attachment 3.1-E of the State Plan if provided to correct or ameliorate defects, physical illnesses and conditions.

v. All medically necessary dental services including routine, preventive, therapeutic and emergency dental services.

Personal Care Services:
Personal care services means services furnished to an individual who is not an inpatient or resident of a hospital, nursing facility, intermediate care facility for the mentally retarded, or institution for mental disease that are:

- Authorized for the individual by a physician in accordance with a plan of treatment or otherwise authorized for the individual in accordance with a supervised plan approved by the State.
- Provided by an individual qualified to provide such services and who is not a member of the individual's immediate family (described as spouses of recipients and parents of minor recipients). For purposes of this section, family member means a legally responsible relative. Personal care providers must hold a current certification in cardiopulmonary resuscitation and first aid, have appropriate skills and training to meet the needs of each member assigned to them and submit three letters of reference. All references, skills and training must be verified and documented in the employee's personnel file when working for an agency. Personal care providers must follow the member's individualized care plan as approved by the case manager. The hiring agency is responsible for assuring that employees providing services to members are in compliance with Contractor standards and requirements and AHCCCS policy for personal care services.
- Personal care services are defined as services to assist in performing daily living tasks of assisting members with bathing, feeding, skin care, oral hygiene, toileting, ambulation, transferring, grooming, dressing, nail care, use of assistive devices, use of special appliances and/or prosthetic devices, and caring for other physical needs (excluding bowel care that can only be performed or delegated by a licensed registered nurse to a licensed practical nurse as necessary).
- Furnished in the home or other community locations outside of the home.

Hospice Services:

- Hospice services provide palliative and support care for terminally ill members and their family members or caregivers to ease the physical, emotional, spiritual and social stresses experienced during the final stages of illness and during dying and bereavement. Hospice services include nursing care; medical social services; physician services; counseling services; short-term inpatient care provided in a participating hospice inpatient unit, or participating hospital or nursing facility; medical appliances and supplies, included drugs and biological; home health aide services; physical therapy, occupational therapy and speech-language pathology services and bereavement services.
- Hospice services can be provided in the member's own home; a home and community based approved alternative residential setting; or a hospital, nursing care institution or free standing hospice facility when the conditions of participation are met as specified in 42 C.F.R. 418. The State of Arizona follows the amount, duration, and scope of services specified in the Medicare hospice program.
- The recipient must file a Medicaid election statement with a particular Medicaid hospice provider. In doing so, the recipient waives rights to other Medicare services that are related to the treatment of his or her terminal illness(es) with the exception of individuals less than 21 years of age. As required by section 2302 of the Affordable Care Act, individuals less than 21 years of age may receive concurrent curative and palliative hospice care treatment

- Hospice providers must be Medicare certified and licensed by the Arizona Department of Health Services, and have a signed AHCCCS provider agreement and meet the State licensure standards for hospice care. State licensure standards for hospice care require providers to include skilled nursing, respite and bereavement services. Hospice providers must also have social services, counseling, dietary services, homemaker, personal care and home health aide services and inpatient services available as necessary to meet the member's needs.
- Hospice services are available beyond six months provided additional physician certifications are completed. A physician must sign a certification that the illness is terminal and that life expectancy is six months or less in accordance with the State Medicaid Manual section 4305.1. The physician certification is only permitted for two 90 day periods with an unlimited number of physician certifications for 60 day periods thereafter.

vi. Eye exams and prescriptive lenses.

vii. Outpatient occupational and speech therapy. The duration, scope and frequency of each therapeutic modality shall be authorized as part of a treatment plan.

viii. Medically necessary services provided by a licensed Naturopathic Physician within their scope of practice as defined in state law in accordance with 42 CFR 440.60

ix. AHCCCS Administration, in accordance with the signed Intergovernmental Agreement between AHCCCS and the Arizona Department of Education, shall provide direct Medicaid reimbursement for certain Medicaid services provided by a participating Local Education Agency (LEA). A LEA is a public school district, a charter school not sponsored by a school district and the Arizona School for the Deaf and Blind. Medicaid 1905(a) benefits can be furnished to Medicaid enrolled student beneficiaries that require medical or mental/ behavioral health services identified as medically necessary in an Individualized Education Program (IEP), Individualized Family Service Plan (IFSP), 504 Plan, other individualized health or behavioral health plan, or where medical necessity has been otherwise established.

Furthermore, any 1905(a) benefit/service listed in 4.19-B, page 10 is eligible for reimbursement. Services in a school-based setting must be performed by qualified practitioners as set forth in the State Plan for the services they are providing and shall meet applicable qualifications under 42 CFR Part 440. All enrolled recipients must be allowed the freedom of choice to receive services from any willing and qualified practitioner. Beneficiaries shall receive services delivered in the least restrictive environment consistent with the nature of the specific service(s) and the physical and mental condition of the client. Participation by Medicaid -eligible recipients is optional. Providers shall be registered in accordance with AHCCCS policies. AHCCCS health plans and ALTCS program contractors will continue to provide medically necessary services to all Title XIX members enrolled with AHCCCS and a health plan or program contractor.

Reimbursable Services

The reimbursement methodology for services provided under section 4(b)(viii) are detailed in Attachment 4.19-B of the State Plan. Medicaid covered services under section 4(b)(viii) will only be reimbursable for persons who are at least three years of age and less than 21 years of age and who have a documented medical need as described above. This age limitation is only for services provided to eligible children in schools. All children under age 21 are able to receive EPSDT services based on medical necessity. Those members age 21 to age 22 who are enrolled in Medicaid services are covered within the same service limitations that apply to all eligible AHCCCS members age 21 and older.

In addition to any service limitations detailed in 1905(a) or as otherwise detailed in Attachment 4.19-B, the following limitations are applicable to services provided by participating LEA under this section:

A. Personal Care Services.

Definition:

Personal care services are available to a Medicaid-enrolled beneficiary under the age of 21 for whom the services are medically necessary and documented in an IEP/IFSP, other medical plans of care, or other service plan approved by the state.

Services:
Personal care services are a range of human assistance services provided to persons with disabilities and chronic conditions, or individuals with physical illnesses and conditions and/or behavioral health problems and conditions, which enables them to accomplish tasks that they would normally do for themselves if they did not have a disability. Assistance may be in the form of hands-on assistance or cueing so that the person performs the task by him/herself.

Providers:
Personal care services must be provided by a qualified provider in accordance with 42 CFR § 440. 167.

B. Specialized Transportation

Definition:
Specialized transportation services are available to a Medicaid-enrolled beneficiary under the age of 22 for whom the transportation services are medically necessary and documented in an IEP/IFSP.

Services:
Services must be provided on the same date of service that a Medicaid covered service, required by the student' s IEP/ IFSP, is received. Transportation must be on a specially adapted school bus or van to and/or from the location where the Medicaid service is received. Special adaptations are designed to accommodate disabled beneficiaries and may include but are not limited to wheelchair lifts and special hooks/belts to secure wheelchairs.

All specialized transportation services provided must be documented in a transportation bus logs.

Providers:
The LEA is the only provider of specialized transportation. Based on the individualized needs of an individual child, an aide may provide assistance, such as mitigating behavioral issues while the beneficiary is being transported or ensuring that the

beneficiary remains physically secure while the bus driver is driving. The services of an aide are only provided as part of specialized transportation when Medicaid services are based on the individualized needs of the child and are not covered under another 1905(a) benefit during the school day.

E. Behavioral Health Services.

Services:
Medically necessary services are health care, diagnostic services, treatments and other measures to identify, correct or ameliorate any disability and/or chronic condition. Services are provided as health and behavior interventions to identify the psychological, behavioral, emotional, cognitive, and social factors important to the prevention, treatment, or management of physical and mental health problems. Behavioral health services include individual/group therapy and counseling.

Providers:
These services are covered in accordance with the requirements in 42 CFR § 440.60 and 42 CFR § 440.50. Services may be provided by:

- State licensed psychiatrists;
- State licensed Ph.D. psychologists;
- Arizona Board of Behavioral Health Examiners licensed marriage and family therapists (LMFT), licensed professional counselors (LPC), and licensed clinical social workers (LCSW); all of whom must have current licensure by the Arizona Board of Behavioral Health Examiners as a LCSW, LPC or LMFT, or if outside Arizona, be licensed or certified to practice independently by the local regulatory authority.

F. Personal Care Services.

Services:
Personal care services are a range of human assistance services provided to persons with disabilities and chronic conditions, which enables them to accomplish tasks that they would normally do for themselves if they did not have a disability. Personal care services include assistance to eligible members in meeting essential personal physical needs, such as dressing, toileting, transfers, positioning, mobility, grooming, use of assistive device, and feeding.

Providers:
These services are covered in accordance with the requirements in 42 CFR § 440.167. All licensed and qualified personnel may authorize personal care services contained within the IEP/service plan. Services may be provided by:

- School-based health attendants certified by the LEA in general care, to include first aid and CPR.

G. Audiological Services.

Services:
Audiology services include testing and evaluating hearing-impaired children that may or may not be improved by medication or surgical treatment. In accordance with Arizona Administrative Code, R9-22-213, annual audiological assessments will be provided to students with disabilities. These billable assessments are separate from the screenings offered to the general student population.

Providers:
These services are covered in accordance with the requirements in 42 CFR § 440.110 (c)(3). Services may be provided by:

- Arizona Department of Health Services (ADHS)-Licensed Audiologist.

4.c. Family planning services and supplies for individuals of child-bearing age.

Family planning services include:

i. contraceptive counseling, medication, supplies and associated medical and laboratory exams;

ii. sterilizations; and,

iii. natural family planning education or referral.

Family planning services do not include abortion or abortion counseling.

4.d. 1) Face-to-Face Tobacco Cessation Counseling Services provided (by):

(i) By or under supervision of a physician;

(ii) By any other health care professional who is legally authorized to furnish such services under State law and who is authorized to provide Medicaid coverable services other than tobacco cessation services;

(iii) Any other health care professional legally authorized to provide tobacco cessation services under State law and who is specifically designated by the Secretary in regulations. (None are designated at this time; this item is reserved for future use.)

2) Face-to-Face Tobacco Cessation Counseling Services Benefit Package for Pregnant Women

(i) The State is providing at least four counseling sessions per quit attempt.

(ii) Cost Sharing is not imposed for Tobacco Cessation Services for pregnant women.

5 b. Medical and surgical services furnished by a dentist (in accordance with section 1905(a)(5)(B) of the Act).

The following dental services are not covered under this benefit and are not considered physician services: dental cleanings, routine dental examinations, dental restorations including crowns and fillings, extractions, pulpotomies, root canals, and the construction or delivery of complete or partial dentures.

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 l2d for limitations on eyeglasses and contact lenses.

6c. Chiropractors' Services
Coverage is available for evidence-based, medically necessary chiropractors' services within their scope of practice as defined by state law and subject to the following limitations. The service must be ordered by a primary care provider. The service is limited to twenty visits that include treatment, annually. Medically necessary chiropractic services beyond the twenty-visit annual limit, are subject to prior authorization requirements. Acupuncture is excluded. Beneficiaries of the EPSDT benefit are not subject to these limitations.

6d. Other practitioners' services.
Other practitioners' services provided by:

i. Services of a licensed respiratory therapist within the scope of practice according to state law.
ii. Services of a licensed Certified Nurse Practitioner within their scope of practice according to state law.
iii. Services of a licensed Certified Registered Nurse Anesthetist within their scope of practice according to state law.
iv. Services of a licensed Non-physician First Surgical Assistants and Physician Assistant within their scope of practice according to state law.
v. Services of a licensed midwife within their scope of practice according to state law.
vi. Services of a licensed affiliated practice dental hygienist within their scope of practice according to state law.
vii. Services of a licensed social worker within their scope of practice according to state law.
viii. Services of a licensed physician assistant within their scope of practice according to state law.
ix. Services of a licensed psychologist within their scope of practice according to state law.
x. Services of a licensed counselor within their scope of practice according to state law.
xi. Services of a licensed registered nurse within their scope of practice according to state law.
xii. Services of a licensed psychiatric nurse practitioner within their scope of practice according to state law.
xiii. Services of a licensed marriage and family therapist within their scope of practice according to state law.
xiv. Services of a licensed substance abuse counselor within their scope of practice according to state law.
xv. Services of an ADHS licensed Emergency Medical Care Technician (EMCT) within their scope of practice according to state law
xvi. Services of a licensed Clinical Nurse Specialist within their scope of practice according to state law

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 ofthis 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 ifprovided 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.

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.

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.

11c. Services for individuals with speech, hearing, and language disorders (provided by or under the supervision of a speech pathologist or audiologist).

Speech Pathology services are provided to diagnose, evaluate, and provide treatment for specific speech, language and hearing disorders. Services for adults over the age of 21 are limited to speech therapy services provided in an inpatient setting. Members enrolled in the ALTCS program receive services provided under the 1115 Waiver. Assessment, evaluation, and treatment services are included as part of this benefit. Providers meet the applicable requirements at 42 CFR 440.110.

Speech pathology services are provided by: 1) State-licensed speech-language pathologists; and 2) licensed speech-language pathologist assistants under the direction of State-licensed speech-language pathologists. In addition, persons who have a Provisional Speech and Language Impaired Certificate must be supervised by an American Speech and Language Hearing Association-certified pathologist. All providers of speech pathology services meet the requirements of 42 CFR 440.110

Audiology

Audiology services are provided to evaluate hearing loss and rehabilitate persons who may or may not be improved by medication or surgical treatment. Members enrolled in the ALTCS program receive services provided under the 1115 Waiver.

Audiological services are provided by Audiologists licensed with the Arizona Department of Health Services (ADHS) and meet the requirements in 42 CFR 440.110.

12. Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.

12a. Prescribed drugs.

Medicare Part D drugs are not covered for full benefit dual eligible members, as coverage is provided through Medicare Part D PDPs and MAPDs

Prescription drugs for covered transplantation services shall be provided in accordance with AHCCCS transplantation policies.

AHCCCS only covers over-the-counter medications in place of a covered prescription medication that is clinically appropriate, equally safe and effective, and less costly than the covered prescription medication.

In compliance with Section 1927(b) of the Social Security Act (the Act), the State collects drug rebates in accordance with established policy for drug rebate agreements as provided in Exhibit 12(a) to Attachment 3.1-A.

CMS has authorized the state of Arizona to enter into Outcomes-Based contract arrangements with drug manufacturers for drugs provided to Medicaid beneficiaries. These contracts will be executed on the contract template titled "Outcomes-Based Supplemental Rebate Agreement" submitted to CMS and authorized for use beginning July 1, 2019.

12c. Prosthetic devices.

Prosthetic devices are limited to devices prescribed by a physician or other licensed practitioner to artificially replace missing, deformed or malfunctioning portions of the body and which are medically necessary to the rehabilitation of the member.

Covered prosthetic devices for members age 21 and older do not include hearing aids, cochlear implants, bone anchored hearing aids, percussive vests, microprocessors for controlled joints for the lower limbs in addition to microprocessor-controlled joints for the lower limbs, penile implants, and vacuum devices.

Orthotic devices, which are defined as devices that are prescribed by a physician or other licensed practitioner of the healing arts to support a weak or deformed portion of the body, are covered when the use of the orthotic is medically necessary as the preferred treatment option consistent with Medicare guidelines and the orthotic is less expensive than all other treatment options or surgical procedures to treat the same diagnosed condition.

12d. Eyeglasses.

Eye examinations for prescriptive lenses and the provision of prescriptive lenses under EPSDT services.

Adult services are limited to eyeglasses and contact lenses as the sole prosthetic device after a cataract extraction.

13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in the plan.

13a. Diagnostic Services.

Genetic testing is not covered unless the results of the genetic tests are necessary to differentiate between treatment options. Genetic testing is not covered to determine specific diagnoses or syndromes when such determination would not definitively alter the medical treatment of the member.

13b. Screening services.

Coverage is available for evidence-based medically necessary screening services for children based on guidelines from the American Academy of Pediatrics and CDC/IACIP for immunizations.

Coverage is available for evidence-based medically necessary screening services for adults as described in the AHCCCS Medical Policy Manual (www.azahcccs.gov/shared/MedicalPolicyManual/MedicalPolicyManual.aspx?ID=policymanuals) which are based, in part, on guidelines from the U.S. Preventive Services Task Force.

13c. Preventive services.

Coverage is available for evidence-based medically necessary preventive services for children based on guidelines from the American Academy of Pediatrics and CDC/ACIP for immunizations.

Coverage is available for evidence-based medically necessary preventive services for adults as described in the AHCCCS Medical Policy Manual (http://www.azahcccs.gov/shared/MedicalPolicyManual/MedicalPolicyManual.aspx) which are based, in part, on guidelines from the U.S. Preventive Services Task Force. In addition to the services specified under section 4106 of the Affordable Care Act, Arizona covers, without cost-sharing, services specified under PHS 2713 which is in alignment with the Alternative Benefit Plans.

13d. Rehabilitative services.

Rehabilitative Services- Services to teach independent living, social and communication skills to persons or their families to promote the maximum reduction of behavioral health symptoms and/or restoration of an individual to his/her best age appropriate functional level for the purpose of maximizing the person's ability to live independently and function in the community. Services may be provided to a person, a group of persons or their families with the person(s) present. Rehabilitative services must be provided by individuals who are qualified behavioral health professionals, behavioral health technicians or behavioral health paraprofessionals as described in the following pages of Attachment 3.1-A Limitations, pages 9(b) – 9(j).

Screening/Evaluation/Assessment: Screening is an initial assessment to determine the need for behavioral health services. Assessment/evaluation is the assessment of a member's medical, psychological, psychiatric or social condition to determine if a behavioral health disorder exists and if so, to establish a treatment plan for all medically necessary services. This includes emergency/crisis evaluation and assessment.

Providers: Licensed practitioners of the healing arts and Behavioral Health Technicians (BHTs). Crisis assessment/evaluation includes Behavioral Health Paraprofessionals (BHPPs). (See Staff Qualifications Section)

Limitations: BHT's are limited to providing this service under an Arizona Department of Health Services Office of Behavioral Health Licensure (ADHS/OBHL) licensed agency. BHPP's conducting crisis evaluations/assessments are limited to providing this service under an ADHS/OBHL licensed agency.

As an additional limitation, these services can only be provided in the following settings: office, home, urgent care facility, inpatient hospital, outpatient hospital, emergency room, inpatient psychiatric facility, community mental health center, rural health clinic, outpatient clinic, including Federally Qualified Health Centers (FQHCs), rural substance abuse transitional agency, homeless shelter, medical day program, therapeutic day program, Level 2 behavioral health group home, and Level 3 behavioral health group home.

Individual, Group and/or Family Therapy and Counseling: Therapy and counseling services that address the therapeutic goals outlined in the service plan. Services may be provided to an individual, a group of persons, a family or multiple families. Family counseling may not include the member but must be for the direct benefit of the member.

Providers: Licensed practitioners of the healing arts and BHTs. (See Staff Qualifications Section)

Limitations: BHT's are limited to providing this service under an ADHS/DBHS licensed agency.

As an additional limitation, these services cannot be billed in combination with services in an institutional setting, residential treatment center, or Level 2/3 group home.

Living Skills Training: These services are provided for the restoration, enhancement, maintenance, and assistance in obtaining age appropriate independent living, social, and communication skills to members and/or their families in order to maximize the member's ability to live and participate in the community and to function independently. Examples of areas that may be addressed include self care, household management, social decorum, same-and opposite sex friendships, avoidance of exploitation, budgeting, recreation, development of social support networks and use of community resources. Services may be provided to a person, a group of persons or their families with the member present.

Providers: Licensed practitioners of the healing arts, BHT's, BHPP's, Home and Community Based Service (HCBS) Habilitation Providers (See Staff Qualifications Section)

Limitations: BHT's and BHPP's are limited to providing this service under an ADHS/OBHL licensed agency or a State Certified Community Service Agency.

As an additional limitation, these services can not be billed in combination with services in an institutional setting, residential treatment center, or Level 2/3 group home.

Health Promotion: Education and training provided to a group of persons and/or their families related to the enrolled member's treatment plan on health related topics such as the nature of illness, relapse and symptom management, medication management, stress management, safe sex practices, HIV education and healthy lifestyles.

Providers: Licensed practitioners of the healing arts, BHT's, BHPP's (See Staff Qualifications Section)

Limitations: BHT's and BHPP's are limited to providing this service under an ADHS/OBHL licensed agency or a State Certified Community Service Agency.

As an additional limitation, these services can not be billed in combination with services in an institutional setting, residential treatment center, or Level 2/3 group home.

Supported Employment Services: These services are designed to assist a person or group of persons with a medical/behavioral health condition that enables a member to function in the workplace. These services include supporting the member's ability to manage mental health related symptoms, facilitate recovery from mental illness; assist with personal, community and social competencies, and to aid members to establish and navigate environmental supports.

Providers: Licensed practitioners of the healing arts, BHT's, BHPP's (See Staff Qualifications Section)

Limitations: BHT's and BHPP's are limited to providing this service under an ADHS/OBHL licensed agency or a State Certified Community Service Agency.

As an additional limitation, these services can not be billed in combination with services in an institutional setting, residential treatment center, or Level 2/3 group home.

Family Support/Home Care Training: These services include face to face interactions with a member's family and are directed toward restoration, enhancement, or maintenance of the family functioning to increase their ability to effectively interact and care for the member in the home and community when relevant to the member's treatment plan. May involve support activities such as assisting the family to adjust to the member's disability, developing skills to effectively interact and/or manage the member, understanding the causes and treatment of behavioral health issues, understanding and effectively utilizing the system, or planning long term care for the member.

Providers: Licensed practitioners of the healing arts, BHT's, BHPP's, Habilitation providers. (See Staff Qualifications Section)

Limitations: BHT's and BHPP's are limited to providing this service under an ADHS/OBHL licensed agency or a State Certified Community Service Agency

As an additional limitation, these services can not be billed in combination with services in an institutional setting, residential treatment center, or Level 2/3 group home.

Home Care Training to Home Care Client (HCTC): These services are provided by behavioral health therapeutic home providers and are designed to maximize the member's ability to live and participate in the community and to function independently, including assistance in the self-administration of medication and any ancillary services (such as living skills and health promotion) indicated by the member's treatment plan as appropriate.

Providers: Behavioral health therapeutic home providers that are contracted with licensed behavioral health providers. Contractors are required to ensure that behavioral health therapeutic home providers have successfully completed pre-service training in the type of care and services required by the members being placed into the home. Behavioral health therapeutic home providers must have access to crisis intervention and emergency consultation services. A clinical supervisor must be assigned to oversee the care provided in the home.

Limitations: HCTC services can only be provided for no more than three adults in an Adult Therapeutic Foster Home licensed by ADHS/OBHL or home licensed by federally recognized Indian tribes that attest to CMS via AHCCCS that they meet equivalent requirements. HCTC services can only be provided for no more than three children in a Professional Foster Home licensed by ADES or home licensed by federally recognized Indian tribes that attest to CMS via AHCCCS that they meet equivalent requirements. HCTC providers are reimbursed through their contractual agreement with the licensed behavioral health provider. These services do not include reimbursement for the cost of room and board. Services such as living skills, health promotion and home care training family services that are provided at this setting and billed as a component of HCTC, cannot be billed for separately.

(As an additional limitation, these services can only be billed in the behavioral health therapeutic home).

Peer Support Services: Services provided by persons who have been consumers of the behavioral health system and who are at least 18 years old. Peer support may involve assistance with more effectively utilizing the service delivery system such as assisting with developing plans of care, accessing supports, partnering with professionals, overcoming service barriers or assisting the member to understand and cope with the member's disability, behavior coaching, role modeling and mentoring.

Providers: BHTs and BHPP's (See Staff Qualifications Section)

Limitations: BHT's and BHPP's are limited to providing this service under an ADHS/OBHL licensed agency or a State Certified Community Service Agency.

As an additional limitation, these services can not be billed in combination with services in an institutional setting, residential treatment center, or Level 2/3 group home.

Crisis Intervention Services: Community-based mobile crisis intervention services are items and services, that are--

1) furnished to an individual otherwise eligible for medical assistance under the State plan who is—
    a) outside of a hospital or other facility setting; and
    b) experiencing a mental health or substance use disorder crisis;

2) furnished by a multidisciplinary mobile crisis team—
    a) that includes:
        i. At least one Behavioral Health Professional (BHP) (see "Staff/Provider Qualifications" section) who is capable of conducting an assessment of the individual, in accordance with the professional's permitted scope of practice under State law and may also include a BHT or BHPP; and/or*
        ii. A Behavioral Health Technician (BHT) or a BHT and Behavioral Health Paraprofessional (BHPP) (see "Staff/Provider Qualifications" section) with expertise in behavioral health or mental health crisis response and acting within their scope of practice. If a BHT is providing the mobile crisis intervention service, a BHP shall be directly available for consultation 24/7/365.
    b) whose members are trained in trauma-informed care, de-escalation strategies, and harm reduction;
    c) that is able to respond in a timely manner and, where appropriate, provide—
        i. screening and assessment;
        ii. stabilization and de-escalation; and
        iii. coordination with, and referrals to, health, social, and other services and supports as needed, and health services as needed;
    d) that maintains relationships with relevant community partners, including medical and behavioral health providers, primary care providers, community health centers, crisis respite centers, and managed care organizations (if applicable); and
    e) that maintains the privacy and confidentiality of patient information consistent with Federal and State requirements; and

3) available 24 hours per day, every day of the year.

** AZ will claim increased FMAP only for two-person mobile crisis teams that meet requirements as described in section 1947(b)(2)(A).*

Staff/Provider Qualifications

Title of Licensed Practitioner of Healing Arts or Licensed Facility/Provider	Level of Education/Degree or Required Experience	License or Certification Required	State Law or Licensure
Licensed Behavior Analyst	Graduate degree, master's degree or doctoral degree from an accredited college or university or institution of higher learning accredited by a recognized accrediting agency. Minimum of 225 classroom hours of specific graduate level instruction that meet nationally recognized standards for behavior analysts as determined by the board.	Licensed by the Az Board of Behavioral Health Examiners	A.R.S 32-2091.14
Licensed Clinical Social Worker (LCSW)	Master degree or higher in social work from a regionally accredited college or university in a program accredited by the Council on Social Work Education or an equivalent foreign degree as determined by the Foreign Equivalency Determination Service of the Council on Social Work Education.	Licensed by the Az. Board of Behavioral Health Examiners	R4-6-401
Licensed Marriage/Family Therapist (LMFT)	Master degree or higher in a behavioral health science from a regionally accredited college or university whose program is accredited by the Commission on Accreditation for Marriage and Family Education or determined by the marriage and family credentialing committee to be substantially equivalent to a program accredited by the Commission on Accreditation for Marriage and Family Education.	Licensed by the Az. Board of Behavioral Health Examiners	R4-6-601
Licensed Professional Counselor (LPC)	Master degree or higher in counseling or related field from a regionally accredited college or university in a program that consists of 48 hours semester credit hours or a program accredited by CACREP or CORE in a program that consists of a minimum of 48 semester credit hours.	Licensed by the Az. Board of Behavioral Health Examiners	R4-6-501
Licensed Independent Substance Abuse Counselor (LISAC)	Master degree or higher from a regionally accredited college or university in a behavioral health service with a minimum of 24 semester credit hours of counseling related coursework as determined by the substance abuse credentialing committee.	Licensed by the Az. Board of Behavioral Health Examiners	R4-6-703
Behavioral Health Professional (BHP)	A licensed psychologist, a registered nurse with at least one year of full time behavioral health work experience, or a behavioral health medical practitioner, licensed social worker, counselor, marriage and family therapist, behavior analyst or substance counselor licensed according to A.R.S, title 32, Chapter 33, an individual who is licensed or certified to practice social work, counseling or marriage and family therapy by a government entity	Licensed by the respective professional discipline board.	R9-20-101

Title of Licensed Practitioner of Healing Arts or Licensed Facility/Provider	Level of Education/Degree or Required Experience	License or Certification Required	State Law or Licensure
	in another state and has documentation of submission of an application for Az certification per A.R.S , Title 32, Chapter 22 is licensed within one year of submittal of application.		
Registered Nurse (RN)	Satisfactory completion of basic curriculum in an approved registered nursing program and holds a diploma or degree from that program.	Licensed by the Az. Board of Nursing	A.R.S 32-1632
Licensed Practical Nurse (LPN)	Satisfactory completion of basic curriculum in an approved practical or professional nursing program and hold a diploma, certificate or degree from that program.	Licensed by the Az. Board of Nursing	A.R.S 32-1637
Nurse Practitioner (NP)	Registered nurse who is certified by the board and has completed a nurse practitioner educational program approved or recognized by the board and educational requirements prescribed by the board rule.	Certified by the Az. Board of Nursing	A.R.S. 3-1601
Physician Assistant (PA)	Graduate from a physician's assistant educational program approved by the board and licensed by the board.	Licensed by the Az. Regulatory Board of Physicians Assistants.	A.R.S. 32-2521
Psychologist	Doctoral degree from an institution of higher education in clinical or counseling psychology, school or educational psychology or any other subject area in applied psychology from an educational institution that has been accredited by a regional accrediting agency at the time of graduation.	Licensed by the Az. Board of Psychologists Examiners	A.R.S. 32-2071
Physician (MD, DO)	Graduate from an approved school of medicine or receive a medical education that the board deems to be of equivalent quality, successful completion of an approved 12 month hospital internship, residency or clinical fellowship program.	Licensed by the Az. Medical Board	A.R.S 32-1422
Psychiatrist (MD,DO)	Licensed physician who has completed three years of graduate training in psychiatry in a program approved by the American Medical Association or the American Osteopathic Association	Licensed by the Az. Board of Medical Examiners.	Title 36-501

Title of Licensed Practitioner of Healing Arts or Licensed Facility/Provider	Level of Education/Degree or Required Experience	License or Certification Required	State Law or Licensure
Behavioral Health Medical Practitioner (BHMP)	An individual physician, physician assistant or nurse practitioner licensed by authorized by law to use the prescribe medication and devices, as defined in A.R.S. § 32-1901, with at least one year of full time behavioral health work experience.	Licensed by the respective professional board.	A.R.S 32-1901
Behavioral Health Out Patient Clinic	Licensed to provide services such as counseling, medication services, court ordered evaluation and treatment and opioid treatment.	Licensed by ADHS/ Office of Behavioral Health Licensure (services provided by staff who are not independent billers are billed by the agency using HCPCS codes.	R9-20-301
Behavioral Health Technician (BHT)	Master's degree or bachelor's degree in a field related to behavioral health; is a registered nurse, is a physician assistant who is not working as a medical practitioner, has a bachelor's degree and at least one year of full time behavioral health work experience; has as associate's degree and at least two years of full time behavioral health work experience; has a high school diploma or high school equivalency diploma and a combination of education in a field related to behavioral health and full time behavioral health work experience totaling at least two years; is licensed a practical nurse, according to A.R.S Title 32, Chapter 15, with at least three years of full time behavioral health work experience; or has a high school diploma or high school equivalency diploma at least four years of full time behavioral health work experience.	BHT's working full time receive at least four hours of clinical supervision by a BHP in a calendar month. Clinical supervision includes reviewing/discussing client behavioral health issues, services and records; recognizing and meeting the needs of clients who are seriously mentally ill or individuals with co-occurring disorders; reviewing/discussing other topics that enhance the skills and knowledge of staff members; providing a client with an assessment or treatment plan, determining whether an assessment or treatment plan is complete and accurate and meets the client's treatment needs.	R9-20-204

Title of Unlicensed Provider	Professional Requirements	Supervision	State or Licensure Law
Behavioral Health Paraprofessional (BHPP)	Associate's degree, a high school diploma or a high school equivalency diploma, must be at least 21 years old and has the skills and knowledge necessary to provide behavioral health services that the agency is authorized to provide and meet the needs of client populations served by the agency. The skills and knowledge of the BHPP are verified by a clinical director, BHP or BHT with a combination of at least 6 years of education in a field related to behavioral health and full time behavioral health work experience; and either visual observation of the BHPP interacting with another individual such as role playing or; verbal interaction with the BHPP such as interviewing, discussion or question and answer or; a written examination.	BHPP's working full time receive at least four hours of clinical supervision by a BHP or BHT in a calendar month. Clinical supervision includes reviewing/discussing client behavioral health issues, services and records; recognizing and meeting the needs of clients who are seriously mentally ill or individuals with co-occurring disorders; reviewing/discussing other topics that enhance the skills and knowledge of staff members.	R9-20-204
Community Service Agency (CSA)	CSA's must be State Certified by ADHS/DBHS and be registered with AHCCCS. Staff provider qualifications include BHP's, BHT's and or BHPP's with a Department of Public Safety Fingerprint Clearance Card, current First Aid training, current CPR training and must meet qualifications per ADHS/DBHS policy MI5.2.	CSA's are re-certified every year by ADHS/DBHS.	ADHS/DBHS policy MI 5.2
HCBS Certified Habilitation Provider	Certified by the Department of Economic Security and registered with AHCCCS administration. The Habilitation Provider must receive an orientation to the unique characteristics and specific needs of the eligible person under their care. Habilitation Providers must be informed regarding whom to contact in emergency, significant events or other incidents involving the eligible person. Habilitation Providers primarily provide habilitation	The behavioral health provider treatment team, as part of the service planning process, must periodically review services provided by Habilitation Providers. The behavioral health provider is responsible for the timely review and resolution of any known issues or complaints involving the member and a Habilitation Provider.	Certified by DES/DDD.

Title of Unlicensed Provider	Professional Requirements	Supervision	State or Licensure Law
	services under Arizona's 1115 Demonstration Waiver; however, Habilitation Providers are also authorized to provide rehabilitation services as described in specific settings above.		

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.

DRUG REBATE AGREEMENT:
The State is in compliance with Section 1927(b) of the Social Security Act (the Act) to collect rebates. Based on the requirements for Section 1927 of the Act, the State will collect rebates from manufacturers participating in the Medicaid drug Rebate Program. The State has the following policies for drug rebate agreements:

- The drug file permits coverage of participating manufacturers.
- The State is in compliance with reporting requirements for utilization and restrictions to coverage.
- The unit rebate amount is confidential and cannot be disclosed for purposes other than rebate invoicing and verification in accordance with Section 1927(b)(3)(D).
- All drugs invoiced to manufacturers for rebates will comply with the provisions of the National Drug Rebate agreement.
- The State shall remit the Federal Government's share required under the National Drug Rebate Agreement.

SUPPLEMENTAL DRUG REBATE AGREEMENT:
The State is in compliance with Section 1927(b) of the Social Security Act (the Act) to collect supplemental rebates. Based on the requirements for Section 1927 of the Act, the State has the following policies for the supplemental drug rebate program:

- A rebate agreement between the state and a drug manufacturer for drugs provided to the Medicaid population has been authorized by CMS effective January 1, 2015.
- Supplemental rebates received by the state in excess of those required under the national drug rebate agreement will be shared with the Federal government on the same percentage basis as applied under the national drug rebate agreement.
- The supplemental rebate agreement is applicable only to Medicaid recipients. This includes Medicaid recipients enrolled in a managed care organization. (MCO).

AHCCCS recognizes and assures that it will comply with the confidentiality mandate of Section 1927(b)(3)(D) of the Social Security Act.

Nursing facility services for individuals under 21 years of age when the services are provided in a facility that is licensed and certified as a nursing facility. See section 4a for limitations on nursing facility services for individuals 21 years of age or older.

Nursing facility services are provided under acute care and the ALTCS transitional program for up to 90 days per contract year when hospitalization would be necessary if nursing facility services are not provided.

There is no limit on nursing facility services under ALTCS that are approved through the 1115 waiver authority.

24e. Emergency hospital services.

Emergency hospital services do not require prior authorization from an appropriate entity. However, the provider must notify the member's contractor within 12 hours of the member presenting for the services.

If the medical condition is non-emergent, either the AHCCCS Administration or the member's health plan or program contractor shall be notified prior to treatment. Neither AHCCCS or any AHCCCS provider shall be responsible for the costs of hospitalization and medical care delivered by a hospital which does not have a contract to provide care after the eligible person has been determined to be transferable, and/or an attempt is made by AHCCCS or the provider to transfer the person and the person receiving care has refused to consent to the transfer.