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**ATTACHMENT 3.1-A** 

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State/Territory: ARIZONA

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

15.	a.	Intermediate care facility services (other than such services in an institution for mental diseases) for persons determined, in accordance with section 1902(a)(31)(A) of the Act, to be in need of such care.
		X Provided: No limitations X With limitations** Not provided
	b.	Including such services in a public institution (or distinct part thereof) for the mentally retarded or persons with related conditions.
		<ul> <li>X Provided: No limitations X With limitations*</li> <li>Not provided</li> </ul>
16.	Inp	patient psychiatric facility services for individuals under 21 years of age.
	_X	Provided: No limitations X With limitations**  Not provided
17.	Nu	arse-midwife services.
	_X	Provided: No limitations _X_ With limitations* Not provided
18.	Но	ospice care (in accordance with section 1905(o) of the Act).
		Provided: No limitations With limitations*  Not Provided. Not a covered service except under EPSDT and for ALTCS under service authority.
**So	le li	ption provided in Limitations section of this Attachment. mitation is authorization by appropriate entity as defined in the Limitations section of ttachment.
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