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ATTACHMENT 3.1-A
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OMB No.:

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*

- 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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Department of Education will also be allowed to provide behavioral health services in the public school system.

Personal Care Services. Personal care services include assistance to eligible members in meeting essential personal physical needs, e.g., skin care, oral hygiene, toileting, ambulation, use of assistive device, feeding, training in activities of daily living. These services are covered in accordance with the requirements in 42 CFR § 440.167. Providers of personal care services will be the same providers as those described under nursing services, e.g., state-licensed registered nurses or licensed practical nurses or LEA certified school-based health attendants. In addition, school-based health attendants, who are specially trained and certified by the LEA in general care, such as first aid and CPR and the specific needs of the students they assist, will be allowed to provide certain delegated tasks under the supervision of the licensed nurses.

Audiological Services. Audiology services include testing and evaluating hearing-impaired children that may or may not be improved by medication or surgical treatment. These services are covered in accordance with the requirements in the AHCCCS Medical Policy Manual (AMPM) Chapter 700. Annual audiological assessments will be provided as Arizona Administrative Code, R9-22-213, requires for students with disabilities and are separate from the screenings offered to the general student population. Providers of audiological services must be registered with AHCCCS, meet the licensing requirements of 42 CFR § 440.110 (c)(3), and be licensed as an Audiologist through the Arizona Department of Health Services (ADHS).

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.

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.

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 who practice within their scope in state statute and within national ACOG guidelines.
- vi. Licensed affiliated practice dental hygienists practicing within the scope of Arizona's state practice act.

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, and (2) prophylactic extraction of teeth in preparation for radiation treatment of cancer of the jaw, neck or head.

11. Physical therapy and related services.

Physical therapies and related services as described in 11b and 11c for persons 21 years of age and older when a rehabilitation plan demonstrating rehabilitation potential is documented. The duration, scope and frequency of each therapeutic modality must be prescribed by the rehabilitation plan. Assessment, evaluation, and treatment services are included as part of this benefit. Out-patient physical therapy is limited to 15 visits per contract year. A “visit” is defined as all physical therapy services received on the same day.

Therapies and related services for persons under the age of 21 are covered whether or not there is a demonstrated potential for rehabilitation. Providers meet the applicable requirements at 42 CFR 440.110.

11b. Occupational therapy.

Outpatient occupational therapy is not covered for persons 21 years of age or older unless the person is enrolled in ALTCS. Providers meet the applicable requirements at 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).

Outpatient speech therapy is not covered for persons 21 years of age or older unless the person is enrolled in ALTCS. Assessment, evaluation, and treatment services are included as part of this benefit. Providers meet the applicable requirements at 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.

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

Over-the-counter or non-prescription medications are not covered unless an appropriate, alternative over-the-counter medication is available and less costly than a prescription medication.

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, insulin pumps, 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 not covered.

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.

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/ACIP 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://ahcccsnew/shared/MedicalPolicyManual/MedicalPolicyManual.aspx?ID=policymanuals>) which are based, in part, on guidelines from the U.S. Preventive Services Task Force.

Preventive services not covered are: well exams meaning physical examinations in absence of any known disease or symptom or any specific medical complaint by the patient precipitating the examination.

PAP smears, mammograms and colonoscopies are covered services.

13d. Rehabilitative services.

Rehabilitation services include physical therapy, occupational therapy, speech and hearing services provided by licensed professionals in order to reduce physical disability and/or restore functional level. Services shall be provided on an inpatient or outpatient basis within the limitations outlined under section 11.

Rehabilitative services provided by a behavioral health and/or substance abuse rehabilitation agency.

State/Territory: Arizona

Standards for the Coverage of Organ Transplant Services

Medically necessary transplant services are available to AHCCCS members as described in the AHCCCS Medical Policy Manual, meeting nationally recognized criteria for non-experimental, non-investigational organ or tissue transplants. Covered transplant services do not include the following:

- Pancreas only transplants
- Pancreas after kidney transplants
- Lung transplants
- Allogeneic unrelated hemopoietic cell transplants
- Heart transplants for non-ischemic cardiomyopathy
- Liver transplants for diagnosis of Hepatitis C
- Transplants of the intestines

All AHCCCS members are eligible to receive the medically necessary transplants and related services described in the AHCCCS Medical Policy Manual with the following exceptions:

- Title XIX SOBRA Family Planning Program members; and
- Federal Emergency Services Program (FESP) members.

AHCCCS members must meet specific prior authorization medical criteria to receive transplant services as specified in the AHCCCS Medical Policy Manual, or in a supplemental part of the AHCCCS Medical Policy Manual. The Manual and all supplements and updates to the Manual are available to the public on the agency's web site:

<http://ahcccsnew/shared/MedicalPolicyManual/MedicalPolicyManual.aspx?ID=policymanuals>.

STATE OF ARIZONAMETHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
INPATIENT HOSPITAL CARE

- 1) **Transplants:** AHCCCS shall negotiate contracts with hospitals qualified to perform covered organ and hematopoietic cell transplantation services. Reimbursement is based on a fixed price per type of transplant, by component, which may include stop-loss provisions. Component reimbursement is based on provider cost reports. At no time will payment for the entire case exceed a hospital's billed charges. Cornea transplants and bone graft transplantation are excluded from the component methodology and are reimbursed based on the tiered per diem rates.
- 2) **Specialty Services:** AHCCCS may negotiate contracts for specialized hospital services, including but not limited to: subacute, neonatology, neurology, cardiology and burn care. Rates are determined based on provider cost information and at no time will contracted rates exceed billed charges.

III. RATE-SETTING METHODOLOGY

The final payment for each tier is the sum of two separate components: operating and capital. This section describes each component and how it is calculated. Five of the seven tiers are statewide. The NICU tier is peer grouped for NICU Level II versus NICU Level III, as certified by the Arizona Perinatal Trust. The Routine tier is peer grouped for rehabilitation hospital versus general acute care hospital.

A. Base Operating Component

The operating component of the rate represents the weighted average operating cost per day for treating AHCCCS patients in that tier across all acute care hospitals in Arizona with two exceptions:

Exception 1: For the Routine tier, the component represents the weighted average operating cost per day by peer group. The peer groups for the Routine tier are rehabilitation hospitals, and general acute care hospitals.