# Janice K. Brewer, Governor Thomas J. Betlach, Director

801 East Jefferson, Phoenix, AZ 85034 PO Box 25520, Phoenix, AZ 85002 Phone: 602-417-4000 www.azahcccs.gov



Our first care is your health care
ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

February 20, 2014

Cheryl Young
Centers for Medicare & Medicaid Services
Division of Medicaid & Children's Health Operations
90 Seventh Street, Suite 5-300 (5W)
San Francisco, CA 94103-6707

Dear Ms. Young:

Enclosed is Arizona State Plan Amendment (SPA) #14-004, which revises the State Plan to reflect updates to therapies covered under the State Plan.

If you have any questions about the enclosed SPA, please contact Theresa Gonzales at (602) 417-4732.

Sincerely,

Monica Coury Assistant Director

Office of Intergovernmental Relations

Cc: Wakina Scott

CENTERS FOR MEDICARE AND MEDICAID SERVICES	4 mp + ) (a) (mm + ) ) (b) (b)	OMB NO. 0938-0193	
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE	
STATE PLAN MATERIAL	14-004	Arizona	
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	3. PROGRAM IDENTIFICATION: TIT	LE XIX OF THE	
FOR: Centers for Medicare and Medicaid Services	SOCIAL SECURITY ACT (MEDICA		
		112)	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE		
CENTERS FOR MEDICARE AND MEDICAID SERVICES  January 1, 2014		4	
DEPARTMENT OF HEALTH AND HUMAN SERVICES	January 1, 2014		
5. TYPE OF PLAN MATERIAL (Check One):			
□ NEW STATE PLAN   □ AMENDMENT TO BE 0	CONSIDERED AS NEW PLAN	oxtimes AMENDMENT	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME	NDMENT (Separate Transmittal for each	amendment)	
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:		
Section 1905(a) of the Social Security Act	7. TEDERAL BODGET IMITACT.		
Section 1903(a) of the Social Security Act	FFV 004.4:		
	FFY 2014:		
	FFY 2015:		
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERS	EDED PLAN SECTION	
	OR ATTACHMENT (If Applicable):		
Attachment 3.1-A, Limitations pages 8			
7 ttuchment 3.1 11, Emitutions pages o			
10. SUBJECT OF AMENDMENT:			
10. SUBJECT OF AMENDMENT.			
Revises the State Plan to reflect updates to therapies covered	under the State Plan.		
11 COVEDNOD'S DEVIEW (Charle Oran)			
11. GOVERNOR'S REVIEW (Check One):	Morrier Aggreg	TEXED.	
GOVERNOR'S OFFICE REPORTED NO COMMENT	☑ OTHER, AS SPEC	IFIED:	
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED			
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:		
12. SIGNATURE OF STATE AGENCT OFFICIAL.	10. KETUKIV 10.		
1	N		
1100	Monica Coury		
10 altres	801 E. Jefferson, MD#4200		
13. TYPED NAME:	Phoenix, Arizona 85034		
Monica Coury			
	-		
14. TITLE:			
Assistant Director			
15. DATE SUBMITTED:			
February 20, 2014			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:	18. DATE APPROVED:		
17. DATE RECEIVED.	10. DATE ALTROVED.		
DE ANTARDO CARDO CAR	E CODY ATTACHED		
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL OF	FICIAL:	
21. TYPED NAME:	22. TITLE:		
23. REMARKS:			

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 11a, 11b and 11c for persons 21 years of age and older when a rehabilitation treatment plan demonstratesing rehabilitation potential to is documented prevent deterioration, or to assist an individual to attain or maintain or regain 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 rehabilitation 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 <u>without limitation</u> whether or not there is a demonstrated potential for rehabilitation. 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 adults, Oout-patient physical therapy is limited to 15 visits per contract year for adults to restore an individual to a particular skill or function and 15 visits per contract year to assist an individual to attain or maintain a skill or function never learned or acquired. The physical therapy benefit is provided to adults who are not Medicare eligible. A "visit" is defined as all physical therapy services received on the same day. Members enrolled in the Arizona Long Term Care System (ALTCS) receive services provided under the 1115 Waiver.

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. Services for adults over the age of 21 are limited to occupational therapy services provided in an inpatient setting. 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.

TN No. <u>14-004<del>11-006</del></u>		
Supersedes	Approval Date:	Effective Date: April 1, 2011 January 1, 2014
TN No. <u>11-006<del>10-006</del></u>		