

August 26, 2016

Brian Zolynas
Division of Medicaid and Children's Health Operations
U.S. Department of Health & Human Services
Centers for Medicare & Medicaid Services
90 Seventh Street, Suite 5-300 (5W)
San Francisco, CA 94103-6707

RE: Arizona SPA #16-006, Treat and Refer

Dear Mr. Zolynas:

Enclosed is Arizona State Plan Amendment (SPA) #16-006, which revises the State Plan to describe community paramedicine, otherwise referred to as Treat and Refer.

If you have any questions about the enclosed SPA, please contact Christopher Vinyard at (602) 417-4034.

Sincerely,

Monica H. Coury Assistant Director

Office of Intergovernmental Relations

cc: Jessica Woodard, CMS Mark Wong, CMS

Irene Cheng, CMS

TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	OMB NO. 0938-0193 2. STATE
STATE PLAN MATERIAL	16-006	Arizona
FOR: Centers for Medicare and Medicaid Services	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE October 1, 2016	
5. TYPE OF PLAN MATERIAL (Check One):		
☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☐ AMENDMENT		
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME		
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 440.60	7. FEDERAL BUDGET IMPACT: None	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):	
Attachment 3.1-A Limitations, Page 6 and 7 Attachment 4.19-B, Page 5(b)	Same	
10. SUBJECT OF AMENDMENT:		
Updates the State Plan to describe community paramedicine, otherwise referred to as Treat and Refer.		
11. GOVERNOR'S REVIEW (Check One): GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	⊠ OTHER, AS SPEC	CIFIED:
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	
Mois	Monica Coury 801 E. Jefferson, MD#4200	
13. TYPED NAME: Monica Coury	Phoenix, Arizona 85034	
14. TITLE:		
Assistant Director 15. DATE SUBMITTED:	_	
August 26, 2016		
FOR REGIONAL OFFICE USE ONLY		
17. DATE RECEIVED:	18. DATE APPROVED:	
PLAN APPROVED – ON		
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME:	22. TITLE:	
23. REMARKS:		

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
- vi. Licensed affiliated practice dental hygienists practicing within the scope of Arizona's state practice act.
- vii. Licensed Pharmacists employed by an AHCCCS-registered pharmacy and acting within the scope of their practice may administer AHCCCS covered seasonal flu and pneumococcal vaccines and anaphylaxis agents to adults.
- 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.
- ix. EMS personnel engaging in Treat and Refer services in accordance with specific education requirements and demonstration of competence pertaining to locally adopted Treat and Refer standards of care.
 - A Treat and Refer interaction is a healthcare event with an individual that accessed 9-1-1 or a similar emergency number, but whose illness or injury does not require ambulance transport to an emergency department, or other such facility.
 - The interaction must include (1) documentation of an appropriate clinical and social evaluation, (2) a treatment plan for accessing social, behavioral or healthcare services that address the patient's immediate needs incident to the interaction, and (3) evidence of efforts to follow-up with the patient to ascertain compliance with the treatment plan as well as satisfaction with the outcome.

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.

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 of this 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 if provided 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.



State: ARIZONA

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES OTHER TYPES OF CARE

• Other Licensed Practitioner Services

- OLP-Pharmacist: AHCCCS-registered pharmacies will be reimbursed for all AHCCCS covered immunizations and anaphylaxis agents administered by licensed pharmacists within the scope of their practice. AHCCCS will provide an administration fee for pharmacies administering the vaccine. The administration fee can be found on the AHCCCS website at https://www.azahcccs.gov/PlansProviders/RatesAndBilling/FFS/pharmacy.html
- o OLP-EMS Personnel: AHCCCS-registered EMS Personnel will be reimbursed for Treat and Refer services subject to the available rates located at https://www.azahcccs.gov/PlansProviders/RatesAndBilling/FFS/
- Dental Services
- Vision Services (including eye examinations, eyeglasses and contact lenses)
- Diagnostic, Screening and Preventive Services
- Respiratory Care Services
- Transportation Services (see page 5h for information about ambulance rates)
- Private Duty Nurse Services
- Other practitioner's services
- Physical therapy
- Occupational therapy
- Services for individuals with speech, hearing and language disorders
- Prosthetic devices
- Screening services
- Preventative services
- Rehabilitation services
- EPSDT services
- Face-to-Face Tobacco Cessation Counseling Services Benefit Package for Pregnant Women: The rates for these services are included in the fee schedules listed under this Attachment associated with the relevant provider services.

TN No. <u>16-0063</u> Supersedes TN No.12-00516-003

Approval Date: July 13, 2016 Effective Date: July October 1, 2016