Revision: HCFA-PM-85-3 (BERC) ATTACHMENT 3.1-A

MAY 1985

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OMB No.: 0938-0193

State/Territory: ARIZONA

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

	es (other than such services in an institution for ermined, in accordance with section 1902(a)(31)(A) care.	
X Provided: No limitate Not provided	tions X With limitations**	
b. Including such services in a publ mentally retarded or persons with	tic institution (or distinct part thereof) for the h related conditions.	
X Provided: No limitate Not provided	tions X With limitations*	
16. Inpatient psychiatric facility services	s for individuals under 21 years of age.	
X Provided: No limitations Not provided	s X With limitations**	
17. Nurse-midwife services.		
X Provided: No limitations Not provided	s X With limitations*	
18. Hospice care (in accordance with sec	ction 1905(o) of the Act).	
X Provided: No limitation Not Provided	ns X With limitations*	Deleted: X
* Description provided in Limitations sect		Deleted: Not a covered service except under EPSDT and for ALTCS under 1115 waiver authority.
TN No. <u>11-00</u>		Deleted: 1 <u>0-002</u>
Supersedes Approval Date Effective Date July 20, 2011 TN No. 10-002		Deleted: October 1, 2009 Deleted: 07-005
		Deleted. <u>07-003</u>