viii. Nonphysician behavioral health professionals, as defined in rule, when the services are provided by <u>the following state-licensed practioners</u>: social workers, physician assistants, psychologists, counselors, registered nurses, psychiatric nurse practitioners, <u>behavioral analysts</u>, marriage and family therapists, and <u>substance abuse counselors</u>.

7. Home health services.

7a. Intermittent or part-time nursing services provided by a licensed and/or certified home health agency, or by a registered nurse when no home health agency exists in the area.

Intermittent or part-time nursing services provided by a licensed and/or certified home health agency, or by a registered nurse when no home health agency exists in the area, when the services are necessary to prevent re-hospitalization or institutionalization.

7b. Home health aide services provided by a home health agency.

Home health aide services when provided on an intermittent basis by a licensed and/or certified home health agency.

7d. Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility.

Therapy services provided to an individual who is 21 years of age or older when a rehabilitation plan demonstrating rehabilitation potential is documented. The duration, scope, and frequency of each therapeutic modality shall be authorized by the appropriate entity as part of a rehabilitation plan.

8. Private duty nursing services.

Private duty nursing services when they are provided in a setting approved by the AHCCCS Administration.

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.

Behavioral health services provided in a clinic include individual, group and/or family counseling/therapy, psychotropic medications, psychotropic medication adjustment and

1	Deleted: 04-011
- / {	Deleted: 00-009
11	
 1 1	

TN No. <u>11-00x</u>			
Supersedes	Approval Date	Effective Date	<u> </u>
TN No <u>. 04-011</u>			/

Deleted: certified Deleted: Deleted: behavioral health technicians and other approved therapists who meet all applicable state standards. Except for behavioral health services provided by psychologists, certified psychiatric nurse practitioners and physician's assistants supervised by AHCCCS registered psychiatrists, certified independent social workers, certified marriage/family therapists, and certified professional counselors, all non-physician behavioral health professional services shall be provided by professionals affiliated with an approved behavioral health setting in accordance with AHCCCS policies and procedures.

Formatted: Indent: Left: 0.5"