

## **Alternative Benefit Plan**

Authorization:  None  Authorization:  Provider Qualifications:  Medicaid State Plan  Amount Limit:  Duration Limit:  No Limit  Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:  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 seasonal flu and pneumococcal vaccines and anaphylaxis agents. 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. Podiatry services that are performed by a a podiatrist who is licensed pursuant to A.R.S title 32, chapter 7 and ordered by a primary care physician or primary care practitioner.  Other practitioners' services: Other practitioners' services	enefit Provided:	Source:					
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Add

Revision: HCFA-PM-93-5 (MB) ATTACHMENT 3.1-A

May 1993

Page 2 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.							
	<b>Provided:</b>	_	No limitations	<u>X</u>	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	<u>X</u>	With limitations*			
4.d.	Face-to-Fac Women	e Toba	cco Cessation Coun	seling Se	rvices Benefit Package for Pregnant			
	Provided:	<u>X</u>	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	<u>X</u>	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	<u>X</u>	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'	service	s.					
	Provided: X Not pr	ovided	X_No limitations	_	With limitations*			
**Sole			Limitations section ization by appropr		attachment.  y as defined in the Limitations section of this			
<b>Super 2013 A</b>	o. <u>13-001</u> 16-0 sedes august 6, 201 o. <u>10-006</u> 13-0	Appı <u>6</u>	oval Date		Effective Date <u>January 1,</u>			