<table>
<thead>
<tr>
<th>Benefit Provided:</th>
<th>Source:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other practitioners' services</td>
<td>State Plan 1905(a)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Authorization:</th>
<th>Provider Qualifications:</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>Medicaid State Plan</td>
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<table>
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<tr>
<th>Amount Limit:</th>
<th>Duration Limit:</th>
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<tr>
<td>No Limit</td>
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<tr>
<th>Scope Limit:</th>
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<tbody>
<tr>
<td>No Limit</td>
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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:

1. Respiratory Therapists
2. Certified Nurse Practitioners
3. Certified Registered Nurse Anesthetists
4. Non-physician First Surgical Assistants and Physician Assistants
5. Licensed midwives within the limitations provided in the AHCCCS policy and Procedures
7. 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.
8. 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.
9. Podiatry services that are performed by 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
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.

Provided: __ No limitations X 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 X With limitations*

4.d. Face-to-Face Tobacco Cessation Counseling Services Benefit Package for Pregnant Women

Provided: X 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 X 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 X 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' services.

Provided: X No limitations __ With limitations*

X Not provided

* Description provided in Limitations section of this Attachment.
** Sole limitation is authorization by appropriate entity as defined in the Limitations section of this Attachment.

TN No. 13-00116-004
Supersedes Approval Date _______________ Effective Date ____________
2013 August 6, 2016
TN No. 40-00613-001