June 18, 2018

Tom Betlach, Director
Arizona Health Care Cost Containment System
801 East Jefferson Street
Phoenix, AZ  85034

Dear Mr. Betlach:

We have reviewed the proposed State Plan Amendment (SPA) 17-008, which was submitted to the Centers for Medicare & Medicaid Services (CMS) San Francisco Regional Office on December 4, 2017. This SPA adds emergency dental and occupational therapy benefits with limitations for adults.

Based on the information provided, we are approving SPA 17-008 with an effective date of October 1, 2017 as requested. We are enclosing the approved Form CMS-179 and the following Medicaid state plan page:

- Attachment 3.1-A Limitations, Page 8

If you have any additional questions or need further assistance, please contact Brian Zolynas at (415) 744-3601 or Brian.Zolynas@cms.hhs.gov.

Sincerely,

/s/

Hye Sun Lee
Acting Associate Regional Administrator
Division of Medicaid & Children’s Health Operations

Enclosure:

cc: Jessica Woodard
TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL

FOR: Centers for Medicare and Medicaid Services

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE AND MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER: 17-008
2. STATE Arizona

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE October 1, 2017

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 AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
   42 CFR Part 447

7. FEDERAL BUDGET IMPACT:
   FFY 18: $2,317,000
   FFY 19: $2,421,300

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
   Att. 3.1A Limitations Page 8

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):
   Same

10. SUBJECT OF AMENDMENT:
    Updates the State Plan to add a benefit for adult emergency dental services and occupational therapy

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

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:
    Elizabeth Lorenz

14. TITLE:
    Assistant Director

15. DATE SUBMITTED:
    12/4/17

16. RETURN TO:
    Elizabeth Lorenz
    801 E. Jefferson, MD#4200
    Phoenix, Arizona  85034

17. DATE RECEIVED:
    December 4, 2017

18. DATE APPROVED:
    June 18, 2018

FOR REGIONAL OFFICE USE ONLY

19. EFFECTIVE DATE OF APPROVED MATERIAL:
    October 1, 2017

20. SIGNATURE OF REGIONAL OFFICIAL:
    /s/

21. TYPED NAME:
    Hye Sun Lee

22. TITLE:
    Acting Associate Regional Administrator
    Division of Medicaid and Children’s Health Operations

23. REMARKS:
Behavioral health services provided in a clinic include individual, group and/or family counseling/therapy, psychotropic medications, psychotropic medication adjustment and monitoring, emergency/crisis services, behavior management, psychosocial rehabilitation, screening, evaluation and diagnosis, case management services, laboratory and radiology services. The duration, scope and frequency of each therapeutic modality shall be part of a treatment plan.

Screening services are limited to no more than one service during each six-month period of continuous behavioral health enrollment.

10. Dental services.
Dental services are limited to (1) the elimination of oral infections and the treatment of oral disease, which includes dental cleanings, treatment of periodontal disease, medically necessary extractions and the provision of simple restorations as a medically necessary pre-requisite to organ transplantation, (2) prophylactic extraction of teeth in preparation for radiation treatment of cancer of the jaw, neck or head, and (3) emergency dental services and extractions not to exceed $1000 annually per member.

11. Physical therapy and related services.
Physical therapies and related services as described in 11a, 11b and 11c for persons 21 years of age and older when a treatment plan demonstrates potential to prevent deterioration, or to assist an individual to maintain or regain a skill or function, or attain a skill or function never learned or acquired, or acquired and then lost or impaired, due to illness, injury or disabling condition. The duration, scope and frequency of each therapeutic modality must be prescribed by and documented in the treatment plan. Assessment, evaluation, and treatment services are included as part of this benefit.

Therapies and related services for persons under the age of 21 are covered without limitation. Providers meet the applicable requirements at 42 CFR 440.110.

11a. Physical therapy.
Physical therapy services are provided to prevent or alleviate movement dysfunction and related functional problems. For individuals over the age of 21, outpatient physical therapy is limited to 15 visits per contract year to restore an individual to a particular skill or function and 15 visits per contract year to assist an individual to maintain a skill or function, or attain a skill or function never learned or acquired. A “visit” is defined as all physical therapy services received on the same day.

Physical therapy services are provided by: 1) State-licensed physical therapists; and 2) state-licensed physical therapy assistants under the direction of State-licensed physical therapists. In addition, physical therapy services must meet the requirements in 42 CFR 440.110.

11b. Occupational therapy.
Occupational Therapy services are provided to improve, or restore functions impaired or lost through illness or injury. For individuals over the age of 21, outpatient occupational therapy is limited to 15 visits per contract year to restore an individual to a particular skill or function and 15 visits per contract year to assist an individual to maintain a skill or function, or attain a skill or function never learned or acquired. A “visit” is defined as all occupational therapy services received on the same day. Members enrolled in the ALTCS program receive services provided under the 1115 Waiver.

Occupational Therapy services are provided by: 1) State-licensed occupational therapists; and 2) certified occupational therapy assistants under the direction of State-licensed occupational therapists and meet the requirements in 42 CFR 440.110.