

CHAPTER 4 COVERED AND NON-COVERED SERVICES

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REFERENCES: A.A.C. Title 9, Chapter 28, Articles 2 and 11, and the
AHCCCS AMPM.

PURPOSE

The purpose of this policy is to outline guidelines related to services that are covered and service limitations under the ALTCS program as set forth in the AHCCCS Medical Policy Manual (AMPM).

DEFINITIONS

1. “Covered Services” means services that may be provided to Members eligible for Medicaid in Arizona.

POLICY

A. COVERED SERVICES

The Division of Developmental Disabilities follows AHCCCS guidelines related to services that are covered and service limitations under the ALTCS program as set forth in the AHCCCS Medical Policy Manual (AMPM) Chapter 300, 400, and 1200. Chapter 300 outlines medical

services (physical and behavioral health). Chapter 400 outlines Maternal and Child Health services, and Chapter 1200 outlines ALTCS Services and Setting for Members who are Elderly or Have Physical Disabilities and/or have Developmental Disabilities. In order to be covered, services must be medically necessary, cost-effective, and federally and state reimbursable as stated in A.A.C. R9, Chapter 22, 28, and 31.

Services cannot be denied based on moral and religious grounds.

Providers should review the AMPM on the AHCCCS website for further information about covered and uncovered services and service limitations.

1. Examples of covered medical services include, but are not limited to:
 - a. Doctor's Visits,
 - b. Immunizations
 - c. Medication Prescriptions (prescription coverage is limited for people who have Medicare),
 - d. Lab and X-rays,
 - e. Specialist Care,

- f. Hospital Services,
- g. Transportation
- h. Emergency Services,
- i. Services performed by a Podiatrist,
- j. Pregnancy Care,
- k. Surgery Services,
- l. Physical Exams,
- m. Behavioral Health,
- n. Family Planning Services,
- o. Dialysis,
- p. Prescription Glasses (for children under age 21),
- q. Vision Exams (for children under age 21),
- r. Dental Screening (for children under age 21),
- s. Dental Treatment (for children under age 21),
- t. Emergency Dental (for adults 21 and older. Up to \$1000 per contract year),
- u. Hearing Exams (for children under age 21), and
- v. Hearing Aids (for children under age 21).

2. Examples of covered behavioral health services include, but are not limited to:
 - a. Behavioral Health Day Programs including supervised day programs, therapeutic day programs, medical day programs;
 - b. Crisis Services including mobile team services, telephone crisis response, and urgent care Inpatient Services including hospital, sub-acute, and residential treatment;
 - c. Health Promotion – Prevention, Education and Medication Training. Education and standardized training for the purpose of increasing an individual’s behavioral knowledge of a health-related topic such as medication management, the nature of an illness, relapse and symptom management, stress management, parenting skills, and healthy lifestyles;
 - d. Residential Behavioral Health Services include a range of up to 24hr/day services in a structured living environment

for individuals needing support.

- e. Support Services include case management, personal assistance, Family & Peer Support, therapeutic foster care, respite, housing support, interpreter services, transportation, assistance accessing community resources and locating and applying for benefits, child care connections; and
 - g. Treatment Services - counseling, consultation, assessment and specialized testing, and substance abuse treatment.
3. Examples of covered Home and Community-Based Services (HCBS):
- a. Rehabilitation Services including living skills, cognitive rehabilitation, supported employment, and education support;
 - b. In-home services such as Homemaker, attendant care, respite, and habilitation;
 - c. Therapy services such as physical, occupational, and

speech;

- d. Community residential services such as developmental home and group home;
- e. Employment Services that are not covered by Rehabilitative Services Administration/Vocational Rehabilitation (RSA/VR);
- f. Day Treatment Services;
- g. Home health nursing services;
- h. Transportation; and
- i. Institutional Services such as Nursing Home or Intermediate Care Facility.

B. NON-COVERED SERVICES

- 1. Experimental transplants are a non-covered service for Members age 21 years and over.
- 2. Examples of non-covered services for members of all ages:

- a. Vehicle modification,
- b. Vehicle lift,
- c. Daycare,
- d. Additions to homes,
- e. Pill crushers,
- f. Service animals,
- g. Life coaches,
- h. Home repairs,
- i. Rent,
- j. Medical marijuana, and
- k. Any services provided to Members outside the United States.

C. DDD TRIBAL HEALTH PLAN MEMBERS

Providers should refer to the AHCCCS website for the DDD THP Fee for Service Plan.