**DEPARTMENT OF HEALTH & HUMAN SERVICES** Centers for Medicare & Medicaid Services 601 E. 12th St., Room 355 Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

September 23, 2022

Jami Snyder, Director Arizona Health Care Cost Containment System 801 East Jefferson Street Phoenix, AZ 85034

Re: Arizona State Plan Amendment (SPA) 22-0008

Dear Ms. Snyder:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 22-0008. This amendment clarifies coverage of crisis intervention services.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations. This letter is to inform you that Arizona Medicaid SPA 22-0008 was approved on September 23, 2022, with an effective date of April 1, 2022.

If you have any questions, please contact Brian Zolynas at 415-744-3601 or via email at Brian.Zolynas@cms.hhs.gov

Sincerely,

Digitally signed by James G. Scott -S Date: 2022.09.23 09:17:39 -05'00'

James G. Scott, Director Division of Program Operations

cc: Dana Flannery, AHCCCS Ruben Soliz, AHCCCS Alex Demyan, AHCCCS

PEPARTMENT OF HEALTH ANDHUMAN SERVICES ENTERS FOR MEDICARE & MEDICAID SERVICES			FORM APPRO\ OMB No. 0938-0
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL N 22-0008 3. PROGRAM IDENTI	IFICATION: TITL	2. STATE <u>AZ</u> E <u>19</u> OF THE
	SOCIAL SECURITY	ACT	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFEC	CTIVE DATE	
5. FEDERAL STATUTE/REGULATION CITATION Section 1947(b) of the Social Security Act	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>22</u> \$ <u>0</u> b. FFY <u>23</u> \$ <u>0</u>		
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)		
Attachment 3.1-A Limitations, Page 9(e)(i)			
	Attachment 3.1-A Lin	nitations, Page (	<del>9(e)</del>
	New		
9. SUBJECT OF AMENDMENT			
lds clarifying language on Crisis Intervention Services to the S	tate Plan.		
10 COVERNOR'S REVIEW (Check One)			
IU. GOVERNOR 3 REVIEW (CHECK OHE)			
	OTHER. AS		
GOVERNOR'S OFFICE REPORTED NO COMMENT SPECIFIED: COMMENTS OF GOVERNOR'S OFFICE ENCLOSE	OTHER, AS		
GOVERNOR'S OFFICE REPORTED NO COMMENT SPECIFIED: COMMENTS OF GOVERNOR'S OFFICE ENCLOSE NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	ED		
SPECIFIED: COMMENTS OF GOVERNOR'S OFFICE ENCLOSE NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 11. SIGNATURE OF STATE AGENCY OFFICIAL	ED		
GOVERNOR'S OFFICE REPORTED NO COMMENT SPECIFIED: COMMENTS OF GOVERNOR'S OFFICE ENCLOSE NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	ED	ŧ 4200	
GOVERNOR'S OFFICE REPORTED NO COMMENT SPECIFIED: COMMENTS OF GOVERNOR'S OFFICE ENCLOSE NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	ED 5. RETURN TO ana Flannery 11 E. Jefferson St, MD #	ŧ 4200	
GOVERNOR'S OFFICE REPORTED NO COMMENT SPECIFIED: COMMENTS OF GOVERNOR'S OFFICE ENCLOSE NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	ED 5. RETURN TO ana Flannery 11 E. Jefferson St, MD #	ŧ 4200	
GOVERNOR'S OFFICE REPORTED NO COMMENT SPECIFIED: COMMENTS OF GOVERNOR'S OFFICE ENCLOSE NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	ED 5. RETURN TO ana Flannery 11 E. Jefferson St, MD #	ŧ 4200	
GOVERNOR'S OFFICE REPORTED NO COMMENT SPECIFIED: COMMENTS OF GOVERNOR'S OFFICE ENCLOSE NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	ED 5. RETURN TO ana Flannery 11 E. Jefferson St, MD #	ŧ 4200	
GOVERNOR'S OFFICE REPORTED NO COMMENT SPECIFIED: COMMENTS OF GOVERNOR'S OFFICE ENCLOSE NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 11. SIGNATURE OF STATE AGENCY OFFICIAL	ED 5. RETURN TO ana Flannery 11 E. Jefferson St, MD #	ŧ 4200	
GOVERNOR'S OFFICE REPORTED NO COMMENT SPECIFIED: COMMENTS OF GOVERNOR'S OFFICE ENCLOSE NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 11. SIGNATURE OF STATE AGENCY OFFICIAL	ED 5. RETURN TO ana Flannery 11 E. Jefferson St, MD # noenix, AZ 85034	ŧ 4200	
GOVERNOR'S OFFICE REPORTED NO COMMENT SPECIFIED: COMMENTS OF GOVERNOR'S OFFICE ENCLOSE NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 11. SIGNATURE OF STATE AGENCY OFFICIAL 12. TYPED NAME TABLE TABLE T	ED 5. RETURN TO ana Flannery 11 E. Jefferson St, MD # noenix, AZ 85034		
GOVERNOR'S OFFICE REPORTED NO COMMENT SPECIFIED: COMMENTS OF GOVERNOR'S OFFICE ENCLOSE NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 11. SIGNATURE OF STATE AGENCY OFFICIAL 12. TYPED NAME Dana Flannery 13. TITLE Assistant Director 14. DATE SUBMITTED: 6/27/22 FOR CMS US 16. DATE RECEIVED June 27, 2022	ED 5. RETURN TO ana Flannery 11 E. Jefferson St, MD # noenix, AZ 85034 E ONLY C. DATE APPROVED September 23, 2		
GOVERNOR'S OFFICE REPORTED NO COMMENT SPECIFIED: COMMENTS OF GOVERNOR'S OFFICE ENCLOSE NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL  11. SIGNATURE OF STATE AGENCY OFFICIAL  12. TYPED NAME ana Flannery  13. TITLE Assistant Director  14. DATE SUBMITTED: 6/27/22   FOR CMS US  16. DATE RECEIVED JUNE 27, 2022   PLAN APPROVED - ONE	ED 5. RETURN TO ana Flannery 11 E. Jefferson St, MD # noenix, AZ 85034 E ONLY 7. DATE APPROVED September 23, 2 COPY ATTACHED	2022	
GOVERNOR'S OFFICE REPORTED NO COMMENT SPECIFIED: COMMENTS OF GOVERNOR'S OFFICE ENCLOSE NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL  11. SIGNATURE OF STATE AGENCY OFFICIAL  12. TYPED NAME TABLE TAB	ED 5. RETURN TO ana Flannery 11 E. Jefferson St, MD # noenix, AZ 85034 E ONLY C. DATE APPROVED September 23, 2	2022 OVING OFFICI	۲. Signed by James G. Scott ۱ 22.09.23 09:18:27 -05'00'
GOVERNOR'S OFFICE REPORTED NO COMMENT SPECIFIED: COMMENTS OF GOVERNOR'S OFFICE ENCLOSE NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 11. SIGNATURE OF STATE AGENCY OFFICIAL 12. TYPED NAME Dana Flannery 13. TITLE Assistant Director 14. DATE SUBMITTED: 6/27/22 FOR CMS US 16. DATE RECEIVED June 27, 2022 PLAN APPROVED - ONE 18. EFFECTIVE DATE OF APPROVED MATERIAL April 1, 2022 20. TYPED NAME OF APPROVING OFFICIAL 21. SUBMEDIA SUBMEDIA SUBMEDIA SUBMEDIA 15. SUBMEDIA SUBMEDIA SUBMEDIA SUBMEDIA 16. DATE RECEIVED 17. JUNE 27, 2022 17. JUNE 27, 2022 20. TYPED NAME OF APPROVING OFFICIAL 21. JUNE 27. JUNE 2	ED 5. RETURN TO ana Flannery 11 E. Jefferson St, MD # noenix, AZ 85034 E ONLY 7. DATE APPROVED September 23, 2 COPY ATTACHED	2022 OVING OFFICI Digitally Date: 20	۹ <u>۲</u> ۱/ Signed by James G. Scott ۱/ 22.09.23 09:18:27 -05'00'
GOVERNOR'S OFFICE REPORTED NO COMMENT SPECIFIED: COMMENTS OF GOVERNOR'S OFFICE ENCLOSE NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 11. SIGNATURE OF STATE AGENCY OFFICIAL 12. TYPED NAME Dana Flannery 13. TITLE Assistant Director 14. DATE SUBMITTED: 6/27/22 FOR CMS US 16. DATE RECEIVED June 27, 2022 PLAN APPROVED - ONE 18. EFFECTIVE DATE OF APPROVED MATERIAL April 1, 2022	ED 5. RETURN TO ana Flannery 11 E. Jefferson St, MD # noenix, AZ 85034 E ONLY 7. DATE APPROVED September 23, 2 COPY ATTACHED 9. SIG	2022 OVING OFFICI Digitally Date: 20 G OFFICIAL	)22.09.23 09:18:27 -05'00'

Crisis Intervention Services: Community-based mobile crisis intervention services are items and services, that are--

- 1) furnished to an individual otherwise eligible for medical assistance under the State plan who is
  - a) outside of a hospital or other facility setting; and
  - b) experiencing a mental health or substance use disorder crisis;
- 2) furnished by a multidisciplinary mobile crisis team
  - a) that includes:
    - i. At least one Behavioral Health Professional (BHP) (see "Staff/Provider Qualifications" section) who is capable of conducting an assessment of the individual, in accordance with the professional's permitted scope of practice under State law and may also include a BHT or BHPP; and/or\*
    - A Behavioral Health Technician (BHT) or a BHT and Behavioral Health Paraprofessional (BHPP) (see "Staff/Provider Qualifications" section) with expertise in behavioral health or mental health crisis response and acting within their scope of practice. If a BHT is providing the mobile crisis intervention service, a BHP shall be directly available for consultation 24/7/365.
  - b) whose members are trained in trauma-informed care, de-escalation strategies, and harm reduction;
  - c) that is able to respond in a timely manner and, where appropriate, provide
    - i. screening and assessment;
    - ii. stabilization and de-escalation; and
    - iii. coordination with, and referrals to, health, social, and other services and supports as needed, and health services as needed;
  - d) that maintains relationships with relevant community partners, including medical and behavioral health providers, primary care providers, community health centers, crisis respite centers, and managed care organizations (if applicable); and
  - e) that maintains the privacy and confidentiality of patient information consistent with Federal and State requirements; and
- 3) available 24 hours per day, every day of the year.

\* AZ will claim increased FMAP only for two-person mobile crisis teams that meet requirements as described in section 1947(b)(2)(A).