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## **Table of Contents**

**State/Territory Name: Arizona**

**State Plan Amendment (SPA) #: AZ-16-0017**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) SPA Summary Form
- 3) Approved SPA Pages

The complete title XXI state plan for Arizona consists of the most recent state plan posted on Medicaid.gov under CHIP and State Plan Amendments. The link is provided below. The following approved templates are in addition to, or replace sections of the state's posted current state plan. The attached approval letter(s) explain how these templates fit into that state plan.

Link to state title XXI state plans and amendments: <http://medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Childrens-Health-Insurance-Program-CHIP/CHIP-State-Program-Information.html>

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S2-01-16  
Baltimore, MD 21244-1850



Children and Adults Health Programs Group

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Monica H. Coury  
Assistant Director  
Arizona Health Care Cost Containment System  
Office of Intergovernmental Relations  
801 East Jefferson  
Phoenix, AZ 85034

JUL 22 2016

Dear Ms. Coury:

I am pleased to inform you that the Centers for Medicare & Medicaid Services (CMS) has approved your title XXI Children's Health Insurance Program (CHIP) state plan amendments (SPAs) AZ-16-0016 and AZ-16-0017.

Arizona's SPA AZ-16-0016, submitted on May 23, 2016 and effective on July 26, 2016, lifts the state's existing enrollment freeze enabling children ages birth through age 19 with income above 133 percent up to and including 200 percent of the federal poverty level (FPL) to enroll in the state's CHIP, known as "KidsCare." The state's enrollment into its separate CHIP was initially frozen on January 1, 2010. While enrollment was temporarily opened as part of a section 1115 demonstration, KidsCare II, from May 2012 to January 2014, KidsCare II was sunset on January 31, 2014. With this SPA, we support the state's efforts to ensure that low income uninsured children have access to affordable coverage and the protections that exist under CHIP.

CMS is also approving SPA AZ-16-0017, which was submitted on May 27, 2016 and has an effective date of July 26, 2016. This SPA reduces the state's existing premium lock-out period from 90 to 60 days. Consistent with 42 CFR 457.570, states may identify a state-specified period of time (referred to as a premium lock-out period) that a CHIP eligible child who has an unpaid premium may not reenroll in coverage in CHIP.

Your title XXI project officer is Ms. Tonia Brown. She is available to answer questions concerning this amendment and other CHIP-related issues. Ms. Brown's contact information is as follows:

Centers for Medicare & Medicaid Services  
Center for Medicaid and CHIP Services  
Mail Stop S2-01-16  
7500 Security Boulevard  
Baltimore, MD 21244-1850  
Telephone: (410) 786-8613  
Facsimile: (410) 786-5943  
E-mail: [Tonia.Brown@cms.hhs.gov](mailto:Tonia.Brown@cms.hhs.gov)

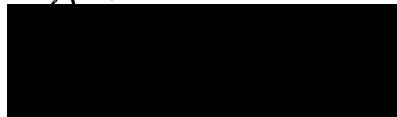
Page 2 – Ms. Monica H. Coury

Official communications regarding program matters should be sent simultaneously to Ms. Brown and to Ms. Kristin Dillon, Associate Regional Administrator (ARA) in our San Francisco Regional Office. Ms. Dillon's address is:

Centers for Medicare & Medicaid Services  
90 7th Street, Suite 5-300 (W)  
San Francisco, California 94103-6706

If you have additional questions, please contact Mr. Manning Pellanda, Director, Division of State Coverage Programs, at (410) 786-5143. We look forward to continuing to work with you and your staff.

Sincerely,

A black rectangular redaction box covering the signature of Anne Marie Costello.

Anne Marie Costello  
Director

Enclosures

cc: Ms. Kristin Dillon, ARA, CMS Region IX, San Francisco

Control Panel

General Information

File Management

Tribal Input

Summary

### Children's Health Insurance Program Eligibility: Summary Page

State/Territory      Arizona

name:                      **Transmittal Number:**

*Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.*

#### Type of SPA:

- MAGI Eligibility & Methods
- XXI Medicaid Expansion
- Establish 2101(f) Group
- Eligibility Processing
- Non-Financial Eligibility

#### Proposed Effective Date

(mm/dd/yyyy)

#### Federal Statute/Regulation Citation

#### Federal Budget Impact

- This SPA has a budget impact.

Total budget impact:

State Funds:            \$

Federal Funds:        \$

#### Subject of Amendment

Please provide a brief summary of SPA changes.

Character Count:148 out of 2000

#### Signature of State Agency Official

Submitted By:        Theresa Gonzales

Last Revision        May 31, 2016

Date:

Submit Date:         May 27, 2016

BACK

CONTINUE



# CHIP Eligibility

State Name:

OMB Control Number: 0938-1148

Transmittal Number: AZ - 16 - 0017

Expiration date: 10/31/2014

## Separate Child Health Insurance Program Non-Financial Eligibility - Non-Payment of Premiums

CS21

42 CFR 457.570

### Non-Payment of Premiums

Does the state impose premiums or enrollment fees?

Can non-payment of premiums or enrollment fees result in loss of CHIP eligibility?

Does the state have a premium lock out period?

Please describe the lock-out period:

What is the length of the time premium lock-out period?

Select a length of time:

- One month
- Two months
- 90 days
- Other (not to exceed 90 days)

Are there exceptions to the required lock-out period?

The state assures that:

It does not require the collection of past due premiums or enrollment fees as a condition of eligibility for enrollment once the lock-out period has expired; and

It provides enrollees with an opportunity for an impartial review to address disenrollment from the program in accordance with section 457.1130(a)(3); and

The child will be reenrolled in CHIP during the lock-out period upon payment of past due premiums or enrollment fees.

### PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 50 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V.20140415