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State/Territory Name: Arizona

State Plan Amendment (SPA) #: 16-003

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
San Francisco Regional Office
90 Seventh Street, Suite 5-300 (5W)
San Francisco, CA 94103-6706



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

July 13, 2016

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) 16-003, which was submitted to the Centers for Medicare & Medicaid Services (CMS) San Francisco Regional Office on May 12, 2016. This SPA expands the types of vaccines and immunizations administered by pharmacists that can be reimbursed under the other licensed practitioner services benefit.

Based on the information provided, we are approving SPA 16-003 with an effective date of July 1, 2016 as requested. We are enclosing the approved Form CMS-179 and the following Medicaid State Plan page:

- Attachment 4.19-B, Page 5b



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/

Henrietta Sam-Louie
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

cc: Jessica Woodard

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: Centers for Medicare and Medicaid Services	1. TRANSMITTAL NUMBER: 16-003	2. STATE Arizona
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE July 1, 2016	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> 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 16: \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Att. 4.19-B, page 5(b)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Same	
10. SUBJECT OF AMENDMENT: Updates the State Plan to expand the types of vaccines and immunizations administered by pharmacists for AHCCCS members consistent with ARS §32-1974.		
11. GOVERNOR'S REVIEW (Check One): <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		
12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: Monica Coury 801 E. Jefferson, MD#4200 Phoenix, Arizona 85034	
13. TYPED NAME: Monica Coury		
14. TITLE: Assistant Director		
15. DATE SUBMITTED: May 12, 2016		
FOR REGIONAL OFFICE USE ONLY		
17. DATE RECEIVED: May 12, 2016	18. DATE APPROVED: July 13, 2016	
PLAN APPROVED – ONE COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2016	20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Henrietta Sam-Louie	22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health Operations	

23. REMARKS:

State: ARIZONA

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
OTHER TYPES OF CARE

- **Other Licensed Practitioner Services**
 - OLP-Pharmacist: AHCCCS-registered pharmacies will be reimbursed for all AHCCCS covered immunizations and anaphylaxis agents administered by licensed pharmacists within the scope of their practice. AHCCCS will provide an administration fee for pharmacies administering the vaccine. The administration fee can be found on the AHCCCS website at <https://www.azahcccs.gov/PlansProviders/RatesAndBilling/FFS/pharmacy.html>
- **Dental Services**
- **Vision Services** (including eye examinations, eyeglasses and contact lenses)
- **Diagnostic, Screening and Preventive Services**
- **Respiratory Care Services**
- **Transportation Services** (see page 5h for information about ambulance rates)
- **Private Duty Nurse Services**
- **Other practitioner's services**
- **Physical therapy**
- **Occupational therapy**
- **Services for individuals with speech, hearing and language disorders**
- **Prosthetic devices**
- **Screening services**
- **Preventative services**
- **Rehabilitation services**
- **EPSDT services**
- **Face-to-Face Tobacco Cessation Counseling Services Benefit Package for Pregnant Women:**
The rates for these services are included in the fee schedules listed under this Attachment associated with the relevant provider services.