DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE AND MEDICAID SERVICES		FORM APPROVED OMB NO. 0938-0193
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 10-002	2. STATE Arizona
FOR: Centers for Medicare and Medicaid Services	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 January 1, 2010	
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 AME		amendment)
6. FEDERAL STATUTE/REGULATION CITATION: 1905(0)	7. FEDERAL BUDGET IMPACT: FFY 10: (\$2,381,300) FFY 11: (\$2,979,300)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):	
Page 7, Attachment 3.1-A	Same	
10. SUBJECT OF AMENDMENT: Eliminates the hospice benefit for acute care members		
 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 	OTHER, AS SPEC	IFIED:
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	
A second s	Monica Coury	
Math	801 E. Jefferson, MD#4200	
13. TYPED NAME:	Phoenix, Arizona 85034	
Monica Coury	_	
14. TITLE:		
Assistant Director 15. DATE SUBMITTED:	-	
January 20, 2010		<u></u>
FOR REGIONAL OFFICE USE ONLY 17. DATE RECEIVED: 18. DATE APPROVED:		
January 20, 2010	18. DATE APPROVED: WAR 3]	2010
PLAN APPROVED – ON		
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2010	20. SIGNATURE OF REGIONAL OFF	
21. TYPED NAME: Gloria Nagle	22. TITLE: Associate Regional Adminis Division of Medicaid & Children's Hea	
23. REMARKS:		
Pen & ink changes to Boxes 4 and 7 (FY10 figure only) submitted by State via email on 2/25/10.		