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State/Territory Name: Arizona

State Plan Amendment (SPA) #: 13-006

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

Tom Betlach, Director
Arizona Health Care Cost Containment System
801 East Jefferson Street
Phoenix, AZ 85034

MAR 26 2014

Dear Mr. Betlach:

Enclosed is an approved copy of Arizona State Plan Amendment (SPA) 13-006, which was submitted to CMS on August 20, 2013. This amendment updates the State Plan to indicate that prior quarter coverage will be covered for all Title XIX populations effective on January 1, 2014.

Enclosed is the following approved State Plan page to be incorporated within your approved State Plan:

- Attachment 2.6-A, page 24, items 11.a. (1) and 11.a.(2)

If you have any questions, please have your staff contact Peter Banks at (415) 744-3782 or at Peter.Banks@cms.hhs.gov.

Sincerely,



Gloria Nagle, Ph.D., MPA
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

cc: Wakina Scott
HeeYoung Ansell

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: Centers for Medicare and Medicaid Services		1. TRANSMITTAL NUMBER: 13-006	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 January 1, 2014	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>): <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 (<i>Separate Transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 435.944 .915 <u>1902(a)(34) of the Social Security Act</u>		7. FEDERAL BUDGET IMPACT: FFY 2014: \$9 million FFY 2015: \$12 million	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 2.6-A, page 24		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): <u>Attachment 2.6-A, page 24</u>	
10. SUBJECT OF AMENDMENT: Updates the State Plan to reflect that prior quarter coverage will begin January 1, 2014.			
11. GOVERNOR'S REVIEW (<i>Check One</i>): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" 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: August 20, 2013			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: August 20, 2013		18. DATE APPROVED: MAR 26 2014	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2014		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Gloria Nagle		22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health Operations	
23. REMARKS: Box 6 – Statutory citation and updated regulatory citation added by CMS on 11/14/13 Box 9 – Superseded plan section added by CMS on 11/14/13			

State: Arizona

Citation Condition or Requirement

42 CFR 435.914

11. Effective Date of Eligibility

a. Groups Other Than Qualified Medicare Beneficiaries

(1) For the prospective period.

Coverage is available for the full month if the following individuals are eligible at any time during the month except that residency requirements must be met for the full month. Coverage for individuals moving to Arizona begins on the day the individual moves to Arizona.

Aged, blind, disabled.

AFDC-related.

All other Title XIX populations

Coverage is available only for the period during the month for which the following individuals meet the eligibility requirements.

Aged, blind, disabled.

AFDC-related.

All other Title XIX populations

(2) For the retroactive period

Coverage is available for three months before the date of application if the following individuals would have been eligible had they applied.

Aged, blind, disabled.

AFDC-related.

All other Title XIX populations

Coverage is available during any of the three months before the date of application if the following individuals would have been eligible for the month, had they applied. Coverage for individuals moving to Arizona begins on the day the individual moves to Arizona.

Aged, blind, disabled.

AFDC-related.

All other Title XIX populations