

## **Table of Contents**

**State/Territory Name: Arizona**

**State Plan Amendment (SPA) #: 18-014**

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**

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February 7, 2019

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

Dear Ms. Snyder:

We have reviewed the proposed State Plan Amendment (SPA) 18-014, which was submitted to the Centers for Medicare & Medicaid Services (CMS) San Francisco Regional Office on December 26, 2018. This SPA revises provider payment rates.

Based on the information provided, we are approving SPA 18-014 with an effective date of October 1, 2018 as requested. We are enclosing the approved Form CMS-179 and the following Medicaid state plan pages:


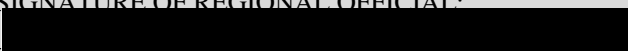
- Attachment 4.19-B, Page 5c

If you have any additional questions or need further assistance, please contact Brian Zolynas at (415) 744-3601 or [Brian.Zolynas@cms.hhs.gov](mailto:Brian.Zolynas@cms.hhs.gov).

Sincerely,

A solid black rectangular box used to redact the signature of the official.

Richard Allen  
Acting Associate Regional Administrator  
Division of Medicaid & Children's Health Operations

|   |  |   |                     |
|---|--|---|---------------------|
| <b>TRANSMITTAL AND NOTICE OF APPROVAL OF<br/>STATE PLAN MATERIAL</b><br><br><b>FOR: Centers for Medicare and Medicaid Services</b>  |  | 1. TRANSMITTAL NUMBER:<br>18-014  | 2. STATE<br>Arizona |
|   |  | 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE<br>SOCIAL SECURITY ACT (MEDICAID)   |                     |
| TO: REGIONAL ADMINISTRATOR<br>CENTERS FOR MEDICARE AND MEDICAID SERVICES<br>DEPARTMENT OF HEALTH AND HUMAN SERVICES   |  | 4. PROPOSED EFFECTIVE DATE<br>October 1, 2018   |                     |
| 5. TYPE OF PLAN MATERIAL ( <i>Check One</i> ):<br><br><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:<br><br>42 CFR Part 447  |  | 7. FEDERAL BUDGET IMPACT:<br><br>FFY 19: \$1,436,800<br>FFY 20: \$1,404,000   |                     |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:<br><br>Attachment 4.19-B Page 5c  |  | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION<br>OR ATTACHMENT ( <i>If Applicable</i> ):<br><br>Attachment 4.19-B Page 5c       |                     |
| 10. SUBJECT OF AMENDMENT:<br><br>Revises the other provider rates effective 10/1/18   |  |   |                     |
| 11. GOVERNOR'S REVIEW ( <i>Check One</i> ):<br><input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED:<br><input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED<br><input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL |  |   |                     |
| 12. SIGNATURE OF STATE AGENCY OFFICIAL:<br><br>   |  | 16. RETURN TO:<br><br>Elizabeth Lorenz<br>801 E. Jefferson, MD#4200<br>Phoenix, Arizona 85034                                   |                     |
| 13. TYPED NAME:<br>Elizabeth Lorenz   |  |   |                     |
| 14. TITLE:<br>Assistant Director  |  |   |                     |
| 15. DATE SUBMITTED:<br>12/26/18   |  |   |                     |
| <b>FOR REGIONAL OFFICE USE ONLY</b>   |  |   |                     |
| 17. DATE RECEIVED:<br>December 26, 2018   |  | 18. DATE APPROVED:<br>February 7, 2019  |                     |
| PLAN APPROVED – ONE COPY ATTACHED   |  |   |                     |
| 19. EFFECTIVE DATE OF APPROVED MATERIAL:<br>October 1, 2018   |  | 20. SIGNATURE OF REGIONAL OFFICIAL:<br><br> |                     |
| 21. TYPED NAME: Richard Allen   |  | 22. TITLE: Acting Associate Regional Administrator,<br>Division of Medicaid and Children's Health Operations                    |                     |
| 23. REMARKS:  |  |   |                     |

State: ARIZONA  
METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES  
OTHER TYPES OF CARE

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Rate Update:

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers for other types of care. The agency's fee schedule rates were set as of October 1, 2018 and are effective for services provided on or after that date. All rates are published at: <https://www.azahcccs.gov/PlansProviders/RatesAndBilling/FFS/>.