## **Table of Contents**

**State/Territory Name: Arizona** 

State Plan Amendment (SPA) #: 19-006

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 90 Seventh Street, Suite 5-300 (5W) San Francisco, CA 94103-6706



## **Regional Operations Group**

January 9, 2020

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

Dear Ms. Snyder:

This letter concerns State Plan Amendment (SPA) 19-006, which AHCCCS submitted to the Centers for Medicare & Medicaid Services (CMS) San Francisco office on September 30, 2019. This SPA updates the list of eligibility groups for which wages paid by the Census Bureau for temporary employment related to Census activities are exempt, effective July 1, 2019.

Please be advised that SPA 19-006 was deemed approved on December 29, 2019, pursuant to regulations at 42 CFR § 430.16, with an effective date of July 1, 2019. We are enclosing the CMS-179 and the amended Supplement 8a to Attachment 2.6-A, Page 1a State Plan page.

This SPA was originally submitted to the CMS San Francisco SPA mailbox (SPA Waivers SanFrancisco R09@cms.hhs.gov) on September 30, 2019. As part of the initial screening of SPA 19-006, AHCCCS was advised to submit the SPA in the MACPro system, as this type of eligibility SPA should be submitted in that system. AHCCCS submitted the SPA into MACPro on December 17, 2019. The original September 30, 2019 submission, however, was neither processed to approval by the CMS San Francisco office before the 90<sup>th</sup> day nor officially withdrawn. Consequently, the September 30, 2019 submission was deemed approved.

CMS intends to continue working with AHCCCS on the December 17, 2019 MACPro submission to incorporate the changes approved in SPA 19-006 into the MACPro system.

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,

Richard C. Allen Director Western Regional Operations Group

CENTERS FOR MEDICARE & MEDICARD SERVICES	<u> </u>	1
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER  1 9 — 0 0 6	2. STATE Arizona
	3. PROGRAM IDENTIFICATION: TITLE XI SECURITY ACT (MEDICAID)	X OF THE SOCIAL
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	July 1, 2019	
5. TYPE OF PLAN MATERIAL (Check One)		
□ NEW STATE PLAN □ AMENDMENT TO BE CONSIDERED AS NEW PLAN □ AMENDMENT □ AMENDMENT		
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)		
6. FEDERAL STATUTE/REGULATION CITATION	7. FEDERAL BUDGET IMPACT	
Social Security Act §1902(r)(2)	a. FFY 2019 \$ 0 b. FFY 2020 \$ 0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)	
SUPPLEMENT 8a to ATTACHMENT 2.6-A Page 1a	SUPPLEMENT 8a to ATT Page 1a	ACHMENT 2.6-A
10. SUBJECT OF AMENDMENT		
Updates the eligibility groups for which wages related to Census activities are excluded.		
11. GOVERNOR'S REVIEW (Check One)		
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT ☐ OTHER, AS SPECIFIED ☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED ☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		
12. SIGNATURE OF STATE AGENCY OFFICIAL	6. RETURN TO	
40 TYPED NAME	Dana Hearn	
13. TYPED NAME Dana Hearn	801 E. Jefferson, MD#4200	
14. TITLE	Phoenix, Arizona 85034	
Assistant Director		
15. DATE SUBMITTED September 30, 2019		
FOR REGIONAL OFFICE USE ONLY		
September 30, 2019	8. DATE APPROVED December 29, 2019	
PLAN APPROVED - ONE COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL  July 1, 2019	0. SIGNATURE OF REGIONAL OFFICIAL	_
21. TYPED NAME	2. TITLE	
Richard C. Allen	Director, Western Regional Operations Group	
23. REMARKS		
Zo. Tiziwi ii ii c		

August 1991 Page la

OMB No.: 0938-

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: ARIZONA

II. Except for ALTCS eligibility, including individuals approved for ALTCS acute care services under 1902(a)(10)(A)(ii)(I) of the Act, the following income method applies to aged, blind or disabled individuals covered under 1902(a)(10)(A)(ii)(I) of the Act.

The State shall disregard the amount equal to the difference between 100% of the Federal poverty guidelines (as revised annually in the Federal Register) for an individual or a couple and the corresponding Federal Benefit Rate. (The disregard shall be applied by using 100% of the FPL for an individual or a couple as the income standard.)

When applying this disregard, if the individual or the individual's spouse has earned income, the \$20 and \$65 disregards shall apply according to SSI methodology, but not one-half of the remainder. If ineligible because the one-half of the remainder disregard is not allowed, eligibility shall also be determined using the FBR as the income standard for the individual or couple, allowing the \$20, \$65, and one-half of the remainder disregard according to SSI methodology.

In determining the income of an individual who is receiving Title II (Social Security) income, the State shall disregard the amount attributable to the cost of living increase in the level of monthly income payable pursuant to section 215(i) of the Act, from January until the State implements the Federal Poverty Guideline for the current year.

- III. The following income method applies to TWWIIA individuals covered in Sections #24 and #25 on ATTACHMENT 2.2-A, page 23d under 1902(a)(10)(A)(ii)(XV) and (XVI) of the Act. The State shall follow SSI computation rules with the following exceptions:
  - The State shall disregard the unearned income of the applicant/recipient.
  - The State shall disregard the earned and unearned income of the spouse and/or any other family members including a
    deduction for a minor child.
- IV. The following income method applies to pregnant individuals covered under 1902(a)(1O)(A)(i)(IV) of the Act:
  - The State shall disregard the amount equal to the difference between 140% and 150% of the Federal Poverty Level. (The disregard shall be applied by using 150% of the FPL as the income standard.)
  - \* More liberal methods may not result in exceeding income limitations under section 1903(f)
  - \*\*A child is a person, as defined in 20 CFR 416.1856, who is a natural child or adopted child of the applicant/recipient or his or her spouse
- V. All wages paid by the Census Bureau for Temporary employment related to Census activities are excluded for the eligibility groups listed below:
  - 1905(p) QMB

Revision: HCFA-PM-91-4

- 1902(a)(10(E)(iii) SLMB
- 1902(a)(10(E)(iv)(I) QI
- 1902(a)(10)(A)(ii)(XV) TWWIIA Basic Coverage Group
- 1902(a)(10)(A)(ii)(XVI) TWWIIA Medically Improved Group
- 1902(a)(10)(A)(ii)(I) SSI Non-Cash

TN No. 19-006

Supersedes Approval Date: December 29, 2019 Effective Date: July 1, 2019