

Table of Contents

State/Territory Name: Arizona

State Plan Amendment (SPA) #: 20-0009

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



July 28, 2020

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

Re: Arizona State Plan Amendment (SPA) 20-0009

Dear Ms. Snyder:

We have reviewed the proposed amendment to add section 7.4.A. Rescissions to the State's Disaster Relief Policies for the COVID-19 National Emergency to your state plan, as submitted under transmittal number (TN) 20-0009. This amendment proposes to rescind the temporary election, in section 7.4. Medicaid Disaster Relief for the COVID-19 National Emergency, of the COVID-19 testing group described at 1902(a)(10)(A)(ii)(XXIII) of the Social Security Act (the Act).

We conducted our review of your submittal according to the statutory requirements at section 1902(a) of the Act and implementing regulations. Section 7.4 of the Medicaid state plan provides temporary authority and is intended to be in effect only for the duration of the COVID-19 public health emergency. Due to the temporary nature of this provision, and because the state has not yet implemented the COVID-19 testing group and no individuals have been enrolled for coverage, TN 20-0009 is approved effective April 1, 2020 pursuant to 42 CFR 430.20(b)(3).

Please note that if Arizona wishes to cover the COVID-19 testing group after it is removed from the state plan, you may submit a new Medicaid Disaster Relief for the COVID-19 National Emergency SPA at any time during the public health emergency.

Enclosed is a copy of the CMS-179 summary form and the approved state plan page.

Please contact Brian Zolynas at (415) 744-3601 or by email at brian.zolynas@cms.hhs.gov if you have any questions about this approval.

Sincerely,
Anne M.

Costello -S

Anne Marie Costello

Deputy Director

Center for Medicaid & CHIP Services

Digitally signed by Anne
M. Costello -S
Date: 2020 07.28
08:26:15 -04'00'

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 0 — 0 0 9

2. STATE

Arizona

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

~~March 1, 2020~~ April 1, 2020

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 AMENDMENT (*Separate transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION

~~42 CFR Part 447~~ 1902(a)(10)(A)(ii)(XXIII) of the Social Security Act

7. FEDERAL BUDGET IMPACT

a. FFY 2020 \$ 0
b. FFY 2021 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Page ~~90, 91,~~ 99

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (*If Applicable*)

~~Page 90, 91,~~

10. SUBJECT OF AMENDMENT

This SPA removes the indication that the State covers the optional COVID testing group.

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 SPECIFIED

AGENCY OFFICIAL

13. TYPED NAME
Dana Flannery

14. TITLE
Assistant Director

15. DATE SUBMITTED
6/30/20

16. RETURN TO

Dana Flannery
801 E. Jefferson, MD#4200
Phoenix, Arizona 85034

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED
June 30, 2020

18. DATE APPROVED
July 28, 2020

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL
April 1, 2020

20. SIGNATURE OF REGIONAL OFFICIAL
Anne M. Costello -S
Digitally signed by Anne M. Costello -S
Date: 2020.07.28 08:26:46 -0400

21. TYPED NAME
Anne Marie Costello

22. TITLE
Deputy Director, Center for Medicaid & CHIP Services

23. REMARKS

Pen-and-ink changes made to Boxes 4, 8, and 9 by CMS with state concurrence on 7/7/2020.
Pen-and-ink change made to Box 6 by CMS with state concurrence on 7/27/2020.

7.4.A. Rescissions to the State's Disaster Relief Policies for the COVID-19 National Emergency

Effective April 1, 2020, the agency rescinds the election at A.1. of section 7.4 (approved on 4/1/2020 in SPA Number AZ-SPA-20-0001 and approved on 5/22/2020 in SPA Number AZ-SPA-20-0005) of the state plan to furnish medical assistance to the optional eligibility group described at section 1902(a)(10)(A)(ii)(XXIII) of the Social Security Act.