

Arizona Attestation for Coverage of Traditional Health Care Practices


In accordance with special term and condition (STC) 74 and because some of the traditional health care practices covered under the demonstration may be considered religious or may contain elements of religious or spiritual practices, I attest, as a condition for **Arizona** to receive federal matching funds for its expenditures under the traditional health care practices approval, that **Arizona** is and will continue to do all of the following:

- 1) Ensure adequate access to secular alternatives, including but not limited to preventive services, primary care, pharmacy services, mental health and substance use disorder services, as approved in **Arizona's** state plan, 1115 demonstration, or 1915 waiver, and in compliance with federal laws and regulations.
- 2) For any condition(s) addressed by and through covered traditional health care practices, ensure that beneficiaries have a genuine, independent choice to use other Medicaid- and CHIP-covered services.
- 3) Ensure that traditional health care practices may not be used to reduce, discourage, or jeopardize a beneficiary's access to services or settings covered under the state plan, 1115 demonstration, or 1915 waiver and that **Arizona** will not deny access to services or settings on the basis that the beneficiary has been offered, is currently receiving, or has previously utilized traditional health care practices.

Provided that all other applicable requirements for claiming Federal financial participation (FFP) have been met, I understand that **Arizona** may begin claiming FFP for its expenditures on traditional health care practices only after submitting this attestation to the Centers for Medicare & Medicaid Services (CMS). I attest that **Arizona** will notify beneficiaries of their rights to file grievances, complaints, and appeals related to this attestation and take any needed actions or monitoring, consistent with federal laws and regulations regarding grievances, complaints, and appeals. As per the STCs, **Arizona** must report any such grievances, complaints, and appeals to CMS in Monitoring Reports. CMS will review all reports and will follow up on credible concerns in those reports, as well as with any credible concerns raised by members of the public.

If **Arizona** is found to be out of compliance with the attestation and related STCs, I understand that CMS may: 1) require the state to submit a corrective action plan, 2) issue a deferral, or 3) withdraw authority for traditional health care practices.

I, **Carmen Heredia, Director**, attest that the above information is complete and accurate.

Signature  

Printed name of signatory Carmen Heredia

Date 12/10/2024