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State/Territory Name: Arizona

State Plan Amendment (SPA) #: 21-0005

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
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

July 20, 2021

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

Dear Ms. Snyder:

Enclosed is an approved copy of Arizona State Plan Amendment (SPA) 21-0005, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on April 27, 2021. This SPA expands coverage for school-based services and also makes clarifications to the personal care services and the specialized transportation benefits.

The effective date of this SPA is October 1, 2021. Enclosed is the following approved SPA page that should be incorporated into your approved State Plan:

- Attachment 3.1-A Limitations pages 3, 4, and 4a

If you have any questions, please contact Brian Zolynas at 415-744-3601 or via email at Brian.Zolynas@cms.hhs.gov.



Sincerely,

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7/20/2020 07:58:01 -06'00'

Sophia A. Hinojosa, Acting Director
Division of Program Operations

Enclosure

cc: Dana Flannery, AHCCCS
Ruben Soliz, AHCCCS

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 21-0005	2. STATE Arizona
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE October 1, 2021	
5. TYPE OF PLAN MATERIAL (Check One): NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN X AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: Sec. 1905(a) of the Social Security Act/42 CFR 440		7. FEDERAL BUDGET IMPACT: a. FFY 2021 \$0 b. FFY 2022 \$14.1million	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A pp. 3-4 (a)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-A pp. 3-5(a)	
10. SUBJECT OF AMENDMENT: Expands Medicaid coverage for school-based services rendered to Medicaid enrolled student beneficiaries.			
11. GOVERNOR'S REVIEW (Check One): X 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: 		16. RETURN TO: Dana Flannery 801 E. Jefferson, MD#4200 Phoenix, AZ 85034	
13. TYPED NAME: Dana Flannery			
14. TITLE: Assistant Director			
15. DATE SUBMITTED: 4/26/2021			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: April 27, 2021		18. DATE APPROVED: July 20, 2021	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: October 1, 2021		20. SIG  FFICIAL:	
21. TYPED NAME: Sophia A. Hinojosa		22. TITLE: Acting Director, Division of Program Operations	
23. REMARKS: Box 8: Pen & ink change to add "(a)" after page 4 per AHCCCS email approval dated 7/16/21.			

- vi. Eye exams and prescriptive lenses.
- vii. Outpatient occupational and speech therapy. The duration, scope and frequency of each therapeutic modality shall be authorized as part of a treatment plan.
- viii. Medically necessary services provided by a licensed Naturopathic Physician within their scope of practice as defined in state law in accordance with 42 CFR 440.60
- ix. AHCCCS Administration, in accordance with the signed Intergovernmental Agreement between AHCCCS and the Arizona Department of Education, shall provide direct Medicaid reimbursement for certain Medicaid services provided by a participating Local Education Agency (LEA). A LEA is a public school district, a charter school not sponsored by a school district and the Arizona School for the Deaf and Blind. Medicaid 1905(a) benefits can be furnished to Medicaid enrolled student beneficiaries that require medical or mental/behavioral health services identified as medically necessary in an Individualized Education Program (IEP), Individualized Family Service Plan (IFSP), 504 Plan, other individualized health or behavioral health plan, or where medical necessity has been otherwise established.

Furthermore, any 1905(a) benefit/service listed in 4.19-B, page 10 is eligible for reimbursement. Services in a school-based setting must be performed by qualified practitioners as set forth in the State Plan for the services they are providing and shall meet applicable qualifications under 42 CFR Part 440. All enrolled recipients must be allowed the freedom of choice to receive services from any willing and qualified practitioner.

Beneficiaries shall receive services delivered in the least restrictive environment consistent with the nature of the specific service(s) and the physical and mental condition of the client. Participation by Medicaid -eligible recipients is optional. Providers shall be registered in accordance with AHCCCS policies. AHCCCS health plans and ALTCS program contractors will continue to provide medically necessary services to all Title XIX members enrolled with AHCCCS and a health plan or program contractor.

Reimbursable Services

The reimbursement methodology for services provided under section 4(b)(viii) are detailed in Attachment 4.19-B of the State Plan. Medicaid covered services under section 4(b)(viii) will only be reimbursable for persons who are at least three years of age and less than 21 years of age and who have a documented medical need as described above. This age limitation is only for services provided to eligible children in schools. All children under age 21 are able to receive EPSDT services based on medical necessity. Those members age 21 to age 22 who are enrolled in Medicaid services are covered within the same service limitations that apply to all eligible AHCCCS members age 21 and older.

In addition to any service limitations detailed in 1905(a) or as otherwise detailed in Attachment 4.19-B, the following limitations are applicable to services provided by participating LEA under this section:

A. Personal Care Services.Definition:

Personal care services are available to a Medicaid-enrolled beneficiary under the age of 21 for whom the services are medically necessary and documented in an IEP/IFSP, other medical plans of care, or other service plan approved by the state.

Services:

Personal care services are a range of human assistance services provided to persons with disabilities and chronic conditions, or individuals with physical illnesses and conditions and/or behavioral health problems and conditions, which enables them to accomplish tasks that they would normally do for themselves if they did not have a disability. Assistance may be in the form of hands-on assistance or cueing so that the person performs the task by him/herself.

Providers:

Personal care services must be provided by a qualified provider in accordance with 42 CFR § 440.167.

B. Specialized TransportationDefinition:

Specialized transportation services are available to a Medicaid-enrolled beneficiary under the age of 22 for whom the transportation services are medically necessary and documented in an IEP/IFSP.

Services:

Services must be provided on the same date of service that a Medicaid covered service, required by the student's IEP/IFSP, is received. Transportation must be on a specially adapted school bus or van to and/or from the location where the Medicaid service is received. Special adaptations are designed to accommodate disabled beneficiaries and may include but are not limited to wheelchair lifts and special hooks/belts to secure wheelchairs.

All specialized transportation services provided must be documented in a transportation bus logs.

Providers:

The LEA is the only provider of specialized transportation. Based on the individualized needs of an individual child, an aide may provide assistance, such as mitigating behavioral issues while the beneficiary is being transported or ensuring that the

beneficiary remains physically secure while the bus driver is driving. The services of an aide are only provided as part of specialized transportation when Medicaid services are based on the individualized needs of the child and are not covered under another 1905(a) benefit during the school day.