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State/Territory Name: Arizona

State Plan Amendment (SPA) #: 21-0008

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

November 4, 2021

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

Re: Arizona State Plan Amendment (SPA) 21-008

Dear Ms. Snyder:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 21-008. This amendment proposes changes to transportation services to permit emergency transportation to alternative facilities.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR § 435.733. This letter is to inform you that Arizona Medicaid SPA 21-008 was approved on November 4, 2021, with an effective date of October 1, 2021.

If you have any questions, please contact Brian Zolynas at 415-706-1526 or via email at Brian.Zolynas@cms.hhs.gov

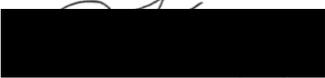
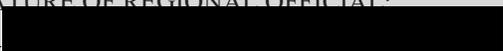
Sincerely,

A black rectangular box redacting the signature of James G. Scott.

Digitally signed by
James G. Scott -S
Date: 2021.11.04
15:26:20 -05'00'

James G. Scott, Director
Division of Program Operations

cc: Dana Flannery, AHCCCS
Ruben Soliz, AHCCCS

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 21-008	2. STATE AZ
FOR: Centers for Medicare and Medicaid Services		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE 10/1/2021	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>):			
<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: 42 CFR § 440.170		7. FEDERAL BUDGET IMPACT: FFY 2022: \$66,200	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-D, page 1		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment 3.1-D, page 1	
10. SUBJECT OF AMENDMENT: Adds Emergency Triage, Treat and Transport (ET3) services to the State Plan.			
11. GOVERNOR'S REVIEW (<i>Check One</i>):			
<input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> 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: September 7, 2021			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: September 7, 2021		18. DATE APPROVED: November 4, 2021	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: October 1, 2021		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: James G. Scott		22. TITLE: Director, Division of Program Operations	
23. REMARKS:			

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

METHODS OF PROVIDING TRANSPORTATION

Transportation Services

The State attests that all minimum transportation requirements outlined in 1902(a)(87) of the Social Security Act are met.

Transportation to an emergency destination for eligible persons is a covered service if medically necessary when the eligible person demonstrates life threatening circumstances according to the prudent layperson standard. Transportation to an alternative destination for eligible persons by an emergency transportation provider is a covered service only: (1) when the ambulance provider is already at the site of the reported emergency, (2) the ambulance provider determines that the member requires medically necessary treatment, but an alternative destination is appropriate. Payment is limited to the cost of transporting eligible persons in a ground ambulance to the nearest and most appropriate destination only when there is no other appropriate transportation available. Transportation to an alternative destination for eligible persons is only permitted by ground ambulance.

If the eligible person is enrolled with a Health Plan or Program Contractor, the ground or air ambulance provider shall notify the Health Plan or Program Contractor within 10 (ten) working days from the date the emergency transportation is provided. Failure to notify the contractor shall be cause for denial or non-payment of the claim.

Medically Necessary Transportation

Whenever free transportation services are unavailable and an eligible person is unable to arrange or pay for transportation to a service site or location to receive a covered AHCCCS service, nonemergency medical transportation is provided. The provider shall obtain prior authorization when the transportation is more than 100 miles.

If the eligible person is enrolled with a Health Plan or Program Contractor, the Health Plan or Program Contractor has the discretion to require prior authorization. However, all claims for medically necessary transportation are subject to review for medical necessity by the Health Plan or Program Contractor.

Individuals enrolled in managed care receive medically necessary transportation by contacting the health plan or the subcontracted transportation provider. The health plan or subcontractor is responsible for determining eligibility for medically necessary transportation, appropriateness of the request, and the most appropriate and least costly mode of transportation. Individuals enrolled in FFS request transportation by contacting the AHCCCS Administration.

Air Ambulance Services

Air ambulance services are covered for eligible persons only if the request is initiated by an emergency response unit, a law enforcement official, a hospital, a physician or clinic medical staff; and

- (1) the point of pickup is inaccessible by ground ambulance; or
- (2) great distances or other obstacles are involved in getting emergency services to the eligible person and transporting that person to the nearest appropriate hospital or other provider; or
- (3) the medical condition of the eligible person requires ambulance service by a method faster than a ground ambulance service is able to provide.