September 23, 2022

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

Re: Arizona State Plan Amendment (SPA) 22-0008

Dear Ms. Snyder:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 22-0008. This amendment clarifies coverage of crisis intervention services.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations. This letter is to inform you that Arizona Medicaid SPA 22-0008 was approved on September 23, 2022, with an effective date of April 1, 2022.

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

Sincerely,

James G. Scott, Director
Division of Program Operations

cc: Dana Flannery, AHCCCS
Ruben Soliz, AHCCCS
Alex Demyan, AHCCCS
**TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL**

**FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

<table>
<thead>
<tr>
<th>1. TRANSMITTAL NUMBER</th>
<th>2. STATE</th>
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<td>22-0008</td>
<td>AZ</td>
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3. PROGRAM IDENTIFICATION: TITLE 19 OF THE SOCIAL SECURITY ACT

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<th>4. PROPOSED EFFECTIVE DATE</th>
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<td>April 1, 2022</td>
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5. FEDERAL STATUTE/REGULATION CITATION

Section 1947(b) of the Social Security Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

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<td>b. FFY 23</td>
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7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-A Limitations, Page 9(e)(i)

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Attachment 3.1-A Limitations, Page 9(e)

New

9. SUBJECT OF AMENDMENT

Adds clarifying language on Crisis Intervention Services to the State Plan.

10. 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

11. SIGNATURE OF STATE AGENCY OFFICIAL

[Signature]

12. TYPED NAME

Dana Flannery

13. TITLE

Assistant Director

14. DATE SUBMITTED: 6/27/22

15. RETURN TO

Dana Flannery

801 E. Jefferson St, MD # 4200

Phoenix, AZ 85034

16. DATE RECEIVED

June 27, 2022

17. DATE APPROVED

September 23, 2022

18. EFFECTIVE DATE OF APPROVED MATERIAL

April 1, 2022

19. SIGN OF APPROVING OFFICIAL

[Signature]

Digitally signed by James G. Scott

Date: 2022.09.23 09:18:27 -05'00'

20. TYPED NAME OF APPROVING OFFICIAL

James G. Scott

21. TITLE OF APPROVING OFFICIAL

Director, Division of Program Operations

22. REMARKS

Pen-and-ink changes made to Boxes 7 and 8 with the approval of the state on 9/20/2022.

**FORM CMS-179 (09/24)**

*Instructions on Back*
**Crisis Intervention Services:** Community-based mobile crisis intervention services are items and services, that are--

1) furnished to an individual otherwise eligible for medical assistance under the State plan who is—  
   a) outside of a hospital or other facility setting; and  
   b) experiencing a mental health or substance use disorder crisis;

2) furnished by a multidisciplinary mobile crisis team—  
   a) that includes:
      i. At least one Behavioral Health Professional (BHP) (see “Staff/Provider Qualifications” section) who is capable of conducting an assessment of the individual, in accordance with the professional’s permitted scope of practice under State law and may also include a BHT or BHPP; and/or*
      ii. A Behavioral Health Technician (BHT) or a BHT and Behavioral Health Paraprofessional (BHPP) (see “Staff/Provider Qualifications” section) with expertise in behavioral health or mental health crisis response and acting within their scope of practice. If a BHT is providing the mobile crisis intervention service, a BHP shall be directly available for consultation 24/7/365.
   b) whose members are trained in trauma-informed care, de-escalation strategies, and harm reduction;
   c) that is able to respond in a timely manner and, where appropriate, provide—
      i. screening and assessment;
      ii. stabilization and de-escalation; and
      iii. coordination with, and referrals to, health, social, and other services and supports as needed, and health services as needed;
   d) that maintains relationships with relevant community partners, including medical and behavioral health providers, primary care providers, community health centers, crisis respite centers, and managed care organizations (if applicable); and
   e) that maintains the privacy and confidentiality of patient information consistent with Federal and State requirements; and

3) available 24 hours per day, every day of the year.

* AZ will claim increased FMAP only for two-person mobile crisis teams that meet requirements as described in section 1947(b)(2)(A).