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State/Territory Name: Arizona

State Plan Amendment (SPA) #: 23-0009

This file contains the following documents in the order listed:

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- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

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DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Medicaid and CHIP Operations Group
601 E. 12 St., Room 355
Kansas City, MO 64106



Center for Medicaid & CHIP Services

December 15, 2023

Carmen Heredia
Director
AHCCCS
801 E Jefferson St
Phoenix, AZ 85034

Re: Approval of State Plan Amendment AZ-23-0009

Dear Director Heredia:

On April 18, 2023, the Centers for Medicare and Medicaid Services (CMS) received Arizona State Plan Amendment (SPA) AZ-23-0009 to update the description of the state agency roles in determining eligibility and conducting hearings.

We approve Arizona State Plan Amendment (SPA) AZ-23-0009 with an effective date(s) of April 01, 2023.

If you have any questions regarding this amendment, please contact Brian Zolynas at brian.zolynas@cms.hhs.gov.

Sincerely,

Ruth A. Hughes

Acting Director, Division of Program
Operations

Center for Medicaid & CHIP Services

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CMS-10434 OMB 0938-1188

Submission - Summary

MEDICAID | Medicaid State Plan | Administration | AZ2023MS0003O | AZ-23-0009

Package Header

Package ID	AZ2023MS0003O	SPA ID	AZ-23-0009
Submission Type	Official	Initial Submission Date	4/18/2023
Approval Date	12/15/2023	Effective Date	N/A
Superseded SPA ID	N/A		

State Information

State/Territory Name:	Arizona	Medicaid Agency Name:	AHCCCS
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Submission Component

- State Plan Amendment
- Medicaid
- CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Administration | AZ2023MS00030 | AZ-23-0009

Package Header

Package ID AZ2023MS00030
Submission Type Official
Approval Date 12/15/2023
Superseded SPA ID N/A

SPA ID AZ-23-0009
Initial Submission Date 4/18/2023
Effective Date N/A

SPA ID and Effective Date

SPA ID AZ-23-0009

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Designation and Authority	4/1/2023	AZ-14-0005
Intergovernmental Cooperation Act Waivers	4/1/2023	AZ-14-0005
Eligibility Determinations and Fair Hearings	4/1/2023	AZ-14-0005
Organization and Administration	4/1/2023	AZ-14-0005
Single State Agency Assurances	4/1/2023	AZ-14-0005

Submission - Summary

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Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives This SPA updates a table in the State Plan which describes state agency roles in determining eligibility and conducting hearings, effective January 1, 2023.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2023	\$0
Second	2024	\$0

Federal Statute / Regulation Citation

42 CFR 431.11

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

Submission - Summary

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Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

This view was generated on 12/27/2023 2:01 PM EST

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CMS-10434 OMB 0938-1188

Medicaid State Plan Administration

Organization

Designation and Authority

MEDICAID | Medicaid State Plan | Administration | AZ2023MS0003O | AZ-23-0009

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	System-Derived		

A. Single State Agency

1. State Name: Arizona

2. As a condition for receipt of Federal funds under title XIX of the Social Security Act, the single state agency named here agrees to administer the Medicaid program in accordance with the provisions of this state plan, the requirements of titles XI and XIX of the Act, and all applicable Federal regulations and other official issuances of the Centers for Medicare and Medicaid Services (CMS).


3. Name of single state agency:

Arizona Health Care Cost Containment System Administration

4. This agency is the single state agency designated to administer or supervise the administration of the Medicaid program under title XIX of the Social Security Act. (All references in this plan to "the Medicaid agency" mean the agency named as the single state agency.)

B. Attorney General Certification:

The certification signed by the state Attorney General identifying the single state agency and citing the legal authority under which it administers or supervises administration of the program has been provided.

Name	Date Created	
Attorney General Certification 7-2-84	3/30/2023 3:19 PM EDT	

C. Administration of the Medicaid Program

The state plan may be administered solely by the single state agency, or some portions may be administered by other agencies.

- 1. The single state agency is the sole administrator of the state plan (i.e. no other state or local agency administers any part of it). The agency administers the state plan directly, not through local government entities.
- 2. The single state agency administers portions of the state plan directly and other governmental entity or entities administer a portion of the state plan.
 - a. The single state agency supervises the administration through counties or local government entities.
 - b. The single state agency supervises the administration through other state agencies. The other state agency implements the state plan through counties and local government entities.
 - c. Another state agency administers a portion of the state plan through a waiver under the Intergovernmental Cooperation Act of 1968.

Designation and Authority

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D. Additional information (optional)

Medicaid State Plan Administration

Organization

Intergovernmental Cooperation Act Waivers

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A. Intergovernmental Cooperation Act Waivers

The state has the following Intergovernmental Cooperation Act Waivers:

[View Waiver Arizona Department of Economic Security](#)

1. Name of state agency to which responsibility is delegated:

Arizona Department of Economic Security

2. Date waiver granted:

5/21/2014

3. The type of responsibility delegated is (check all that apply):

- a. Conducting fair hearings
- b. Other

4. The scope of the delegation (i.e. all fair hearings) includes:

Arizona Health Care Cost Containment System Administration (AHCCC) delegates authority to Arizona Department of Economic Security (DES) to conduct certain fair hearings; specifically, DES will conduct and make final determinations for fair hearings related to eligibility determinations made by DES. DES performs eligibility determinations for children, families, and single adults for the AHCCCS Acute Care program, the statewide managed care program that covers acute care services for these eligibility groups within Arizona's Medicaid program. DES will maintain final authority in fair hearings for eligibility determinations it has conducted.

DES will conduct fair hearings on appeals of Medicaid eligibility determination when:

- There is an appeal of Medicaid eligibility made on behalf of one or more persons in the same household if at least one appeal relates to an eligibility determination based on MAGI even if another determination is made based on a non-MAGI determination of income, other than eligibility for ALTCS; that is, when the appeal involves both MAGI and non-MAGI household members (other than eligibility for ALTCS).
- There is an appeal of a Medicaid eligibility determination - other than a determination of eligibility for the ALTCS - if there is also an appeal of a determination of eligibility for TANF, SNAP, or another public assistance program administered by ADES made at or near the same time as or arises from the same facts and circumstances as those that give rise to the Medicaid fair hearing request.

5. Methods for coordinating responsibilities between the agencies include:

- a. The Medicaid agency retains oversight of the state plan, as well as the development and issuance of all policies, rules and regulations on all program matters.
- b. The Medicaid agency has established a process to monitor the entire appeals process, including the quality and accuracy of the hearing decisions made by the delegated entity.
- c. The Medicaid agency informs every applicant and beneficiary in writing of the fair hearing process and how to directly contact and obtain information from the Medicaid agency.
- d. The Medicaid agency ensures that the delegated entity complies with all applicable federal and state laws, rules, regulations, policies and guidance governing the Medicaid program.
- e. The Medicaid agency has written authorization specifying the scope of the delegated authority and description of roles and responsibilities between itself and the delegated entity through:
- i. A written agreement between the agencies.
 - ii. State statutory and/or regulatory provisions.

Statutory/regulatory citation(s):

Arizona Revised Statutes 36-2903
Arizona Administrative Code Title 9, Chapter 34

6. The single state agency has established a review process whereby the agency reviews fair hearing decisions made by the delegated entity.

- Yes
- No

7. Additional methods for coordinating responsibilities among the agencies (optional):

An Intergovernmental Agreement is in place that includes assurances that every applicant is informed in writing of the fair hearings process and knows how to obtain a fair hearing.

- AHCCCS ensures that DES complies with all federal and state Medicaid laws, regulations and policies.
- AHCCCS retains oversight of the State Plan and has established a process to monitor the entire appeals process, including the quality and accuracy of the final decisions made by DES. AHCCCS maintains an Intergovernmental Agreement (IGA) with DES, in which DES is required to align its fair hearing process in accordance with applicable federal and state law and regulation. The IGA outlines procedures including but not limited to continuation of benefits, conducting pre-hearing conferences, and monitoring eligibility actions after final decisions. The IGA also requires DES to provide AHCCCS with a copy of any and all hearing decisions and records relating to eligibility appeals, upon request.
- AHCCCS will ensure that every applicant and beneficiary is informed, in writing, of the fair hearing process, how to contact DES, and how to obtain information about fair hearings from that agency.

Intergovernmental Cooperation Act Waivers

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B. Additional information (optional)

Medicaid State Plan Administration

Organization

Eligibility Determinations and Fair Hearings

MEDICAID | Medicaid State Plan | Administration | AZ2023MS00030 | AZ-23-0009

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A. Eligibility Determinations (including any delegations)

1. The entity or entities that conduct determinations of eligibility for families, adults, and individuals under 21 are:

- a. The Medicaid agency
- b. Delegated governmental agency
- i. Single state agency under Title IV-A (TANF) (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- ii. An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- iii. Other

2. The entity or entities that conduct determinations of eligibility based on age (65 or older), or having blindness or a disability are:

- a. The Medicaid agency
- b. Delegated governmental agency
- i. Single state agency under Title IV-A (TANF) (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- ii. An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- iii. The Social Security Administration determines Medicaid eligibility for:
 - (1) SSI beneficiaries
 - (2) Optional state supplement recipients
- iv. Other

3. Assurances:

- a. The Medicaid agency is responsible for all Medicaid eligibility determinations.
- b. There is a written agreement between the Medicaid agency and the Exchange or any other state or local agency that has been delegated authority to determine eligibility for Medicaid eligibility in compliance with 42 CFR 431.10(d).
- c. The Medicaid agency does not delegate authority to make eligibility determinations to entities other than government agencies which maintain personnel standards on a merit basis.
- d. The delegated entity is capable of performing the delegated functions.

Eligibility Determinations and Fair Hearings

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B. Fair Hearings (including any delegations)

- The Medicaid agency has a system of hearings that meets all of the requirements of 42 CFR Part 431, Subpart E.
- The Medicaid agency is responsible for all Medicaid fair hearings.
 1. The entity or entities that conduct fair hearings with respect to eligibility based on applicable modified adjusted gross income (MAGI) are:
 - a. Medicaid agency
 - b. State agency to which fair hearing authority is delegated under an Intergovernmental Cooperation Act waiver.
 - d. Delegated governmental agency
 3. For all other Medicaid fair hearings (not related to an eligibility determination based on MAGI):
 - All other Medicaid fair hearings are conducted at the Medicaid agency or at another state agency authorized under an ICA waiver.

Eligibility Determinations and Fair Hearings

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C. Evidentiary Hearings

The Medicaid agency uses local governmental entities to conduct local evidentiary hearings.

Yes

No

D. Additional information (optional)

Medicaid State Plan Administration

Organization

Organization and Administration

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A. Description of the Organization and Functions of the Single State Agency

1. The single state agency is:

- a. A stand-alone agency, separate from every other state agency
- b. Also the Title IV-A (TANF) agency
- c. Also the state health department
- d. Other:

Description:

Medicaid Agency and State Behavioral Health Authority

2. The main functions of the Medicaid agency and where these functions are located within the agency are described below. This description should be consistent with the accompanying organizational chart attachment. (If the function is not performed by the Medicaid agency, indicate in the description which other agency performs the function.)

a. Eligibility Determinations

The AHCCCS, Division of Member and Provider Services (DMPS) conducts the following functions:

- Eligibility policy development, revision and oversight.
- Determine eligibility and send letters for the categories specified in the PDF attachment titled, "Organization and Administration – Eligibility and Hearings."
- Review renewal documents submitted by customers and evaluate for completeness.
- Identify Response Required and No Response Required renewals and send appropriate letter, as needed.
- Ongoing contact with Response Required renewals.

The Department of Economic Security (DES)

- DES, the state Title IV-A agency, performs eligibility determinations for children, families, and single adults for the AHCCCS Acute Care program, the statewide managed care program that covers acute care services for these eligibility groups within Arizona's Medicaid program. Additional information on their role in conducting eligibility is located in Section B and in the PDF attachment titled, "Organization and Administration – Eligibility and Hearings."

Department of Child Safety

- AHCCCS coordinated with the Department of Child Safety (DCS) to assist in providing information to determine eligibility of children in foster care or adoption subsidy programs.

b. Fair Hearings (including expedited fair hearings)

The AHCCCS, Division of Member and Provider Services (DMPS) performs the following functions:

- Performs intake functions for all appeals involving the Arizona Long-Term Care System (ALTCS) and most Non-MAGI eligibility appeals.
- Participate in Pre-Hearing conferences and informal hearing resolution processes.
- Represent the agency at the OAH fair hearing.

The AHCCCS, Office of the General Counsel (OGC) performs the following functions:

- Oversee the scheduling of fair hearings involving certain eligibility matters (see above), claim disputes, member service appeals, and other miscellaneous matters, both for the FFS and Managed Care programs.
- Issues Final Decisions for appeals of eligibility determinations for the following non-MAGI populations: Arizona Long Term Care System (ALTCS), Freedom to Work, and mandatory deemed SSI Cash-eligibles.
- Issues Final Decisions for appeals related to Medicaid services and benefits.
- Schedules fair hearings for Skilled Nursing Facility and Nursing Facility transfer/discharges, as well as adverse Pre-Admission Screening and Resident Review (PASRR) determinations.

Issues Notices of Hearing to the parties in the above disputes for which hearings are scheduled.

- Leads informal settlement discussions to determine if a resolution can be reached before, and without the need of, a hearing.
- Represents the agency in FFS claim dispute hearings.
- Reviews recommended decisions issued by the Administrative Law Judges at the Office of Administrative Hearings (OAH), an independent Office within a separate state agency. OGC attorneys are deputized by the Medicaid Agency Director to issue Final Decisions.

The Office of Administrative Hearings (OAH)

- The Medicaid Agency coordinates with a separate agency, the Office of Administrative Hearings (OAH), to conduct state fair hearings. OAH conducts all state fair hearings which are not conducted by the Department of Economic Security (DES). The decisions issued by OAH Administrative Law Judges are Recommended Decisions which are reviewed by the Medicaid Agency which then issues the final administrative decision. The Medicaid Agency's Office of the General Counsel (OGC), through its attorneys who are deputized by the Medicaid Agency Director to issue Final Decisions for these hearing matters, reviews the OAH

Administrative Law Judge Recommended Decisions, including the findings of fact, the conclusions of laws and the administrative record. After completion of their review, the OGC attorneys issue Final Decisions for these matters.

The Department of Economic Security (DES)

-DES, the Title IV-A agency, conducts fair hearings at DES and issues Final Decisions for MAGI and non-MAGI eligibility as described in Section B unless the eligibility decision was completed by the State Medicaid Agency. In those instances where the State Medicaid Agency completes the eligibility determination, OAH conducts the fair hearings for these matters, and AHCCCS issues the Final Decision.

c. Health Care Delivery, including benefits and services, managed care (if applicable)

The AHCCCS Division of Health Care Services (DHCS) conducts the following functions:

- Procure managed care contracts.
- Ongoing oversight/performance management of health plans, including quality, social determinants of health, delivery system design and implementation, provider incentives, care coordination, member complaints/concerns, and provider complaints/concerns.

Department of Child Safety

- AHCCCS coordinates with the Department of Child Safety to provide managed care oversight of Medicaid benefits to individuals in the foster care system.

d. Program and policy support including state plan, waivers, and demonstrations (if applicable)

The AHCCCS Division of Community Advocacy and Intergovernmental Relations (DCAIR) conducts the following functions:

- Manage the State Plan and State Plan Amendment (SPA) processes.
- Manage Waivers.
- Lead external communications with federal partners.

e. Administration, including budget, legal counsel

The AHCCCS Division of Business and Finance (DBF) conducts the following functions:

- Development and monitoring of annual budget request and tracking against appropriations.
- Financial reporting including CMS-64, CMS-21, CMS-37, CMS-21b and prescription drug rebates.
- Budget Neutrality tracking and monitoring.
- Management of payments through state accounting system including health plan, FFS providers, agency staff (payroll), and agency administrative vendors.
- Annual Financial Audit.
- Procurement, including RFPs, contracting, purchasing activities
- Oversight of Third Party Liability (TPL)/Recovery contractor

The AHCCCS Office of the General Counsel (OGC) conducts the following functions:

- Track FFS claim disputes and all requests for hearings.
- Represent the agency at FFS claims dispute fair hearings.
- OGC attorneys are authorized by the State of Arizona to provide the agency with legal advice.

f. Financial management, including processing of provider claims and other health care financing

The AHCCCS Division of Business and Finance (DBF) conducts the following functions:

- Development of actuarially sound capitation rates.
- Establishment of FFS rates.
- Calculation of supplemental hospital and other supplemental payments.
- Oversight of reinsurance, reconciliations, quality based payments, and incentive payments.
- Oversight of health plan financial conditions and compliance with contractual requirements.

The AHCCCS Division of Fee for Service Management (DFSM) conducts the following functions:

- Processing of provider claims.
- Routine audits to ensure claims are correctly paid and identify system problems.
- Develop and update policies related to claims management.



g. Systems administration, including MMIS, eligibility systems

The AHCCCS Division of Member and Provider Services (DMPS) conducts the following functions:

- Ensure technical components of the eligibility system are maintained and enhanced in accordance with federal and state requirements and that state and federal funds are properly secured through the Advance Planning Documents (APD), Project Investment Justification (PIJ) and the Arizona Information Technology Authorization Committee (ITAC).
- Develop detailed change requirements and perform user acceptance testing.
- Ensure the eligibility system is operational ~100% of the time by monitoring performance, monitoring and balancing load and system stress, ensuring the eligibility system complies with the most current version of Minimum Acceptable Risk Standards for Exchanges (MARS-E), and ensuring that any changes are completely tested.

h. Other functions, e.g., TPL, utilization management (optional)

3. An organizational chart of the Medicaid agency has been uploaded:

Name	Date Created	
AHCCCS Org Chart (2023)	10/6/2023 4:48 PM EDT	
23-0009 - Eligibility and Hearings Table	12/12/2023 6:37 PM EST	

Organization and Administration

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B. Entities that Determine Eligibility or Conduct Fair Hearings Other than the Medicaid Agency

Title	Description of the functions the delegated entity performs in carrying out its responsibilities:
The Social Security Administration	SSA provides AHCCCS with information on individuals who are eligible or ineligible for SSI cash via the File Transfer Protocol. The agreement between AHCCCS and SSA provides for the transfer of eligibility information.
Single state agency under Title IV-A (TANF)	<p>Arizona Department of Economic Security (DES), the Title IV-A agency.</p> <p>DES staff performs the eligibility determinations for children, families, and single adults for the AHCCCS Acute Care program, the statewide managed care program that covers acute care services for these eligibility groups within Arizona's Medicaid program.. With the exception of foster care and adoption subsidy children, DES staff in statewide local offices process Title XIX applications and renewals. AHCCCS coordinates with the Department of Child Safety (DCS) in regard to Title XIX eligibility determinations for children in foster care pursuant to Section F below.</p> <p>DES will maintain final authority in fair hearings for determinations it has conducted. AHCCCS staff could determine eligibility for any of the Medicaid groups determined by DES. Specifically, DES determines eligibility for the following population categories: Caretaker Relative, Child, Pregnant Women, Adult, TMA, Children aged out of Foster Care, KidsCare (Title XXI), and 4 Month Continuous Coverage. When a person is a member of a household for which DES determines eligibility, DES can also determine eligibility for the: Aged, Blind, Disabled, Medicare Savings Programs and Freedom to Work. DES conducts the hearing when the action was taken by DES staff. See attached chart for more information.</p>

Organization and Administration

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E. Coordination with Other Executive Agencies

The Medicaid agency coordinates with any other Executive agency related to any Medicaid functions or activities not described elsewhere in the Organization and Administration portion of the state plan (e.g. public health, aging, substance abuse, developmental disability agencies):

- Yes
 No

Organization and Administration

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F. Additional information (optional)

Medicaid State Plan Administration

Organization

Single State Agency Assurances

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A. Assurances

- 1. The state plan is in operation on a statewide basis, in accordance with all the requirements of 42 CFR 431.50.
- 2. All requirements of 42 CFR 431.10 are met.
- 3. There is a Medical Care Advisory Committee to the agency director on health and medical services established in accordance with 42 CFR 431.12. All requirements of 42 CFR 431.12 are met.
- 4. The Medicaid agency does not delegate, other than to its own officials, the authority to supervise the plan or to develop or issue policies, rules, and regulations on program matters.
- 5. The Medicaid agency has established and maintains methods of personnel administration on a merit basis in accordance with the standards described at 5 USC 2301, and regulations at 5 CFR Part 900, Subpart F. All requirements of 42 CFR 432.10 are met.
- 6. All requirements of 42 CFR Part 432, Subpart B are met, with respect to a training program for Medicaid agency personnel and the training and use of sub-professional staff and volunteers.

B. Additional information (optional)

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