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State/Territory Name Arizona

State Plan Amendment (SPA) #: 25-0004

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS Form 179
- 3) Approved SPA Page

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 24, 2025

Kristen Challacombe
Interim State Medicaid Director
Arizona Health Care Cost Containment System
801 E. Jefferson Street
Phoenix, AZ 85034

Re: Arizona State Plan Amendment (SPA) – 25-0004

Dear Director Challacombe:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0004. This amendment proposes an update to the Standards for Coverage of Organ Transplant Services to include small bowel transplant as a covered service for adults aged 21 years and older.

We conducted our review of your submittal according to statutory requirements at 42 CFR § 441.35 and Section 1903(i)(1) of the Social Security Act. This letter informs you that Arizona Medicaid SPA TN AZ-25-0004 was approved on July 24, 2025, with an effective date of October 1, 2025.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the Arizona State Plan.

If you have any questions, please contact Edwin Walaszek at (212) 616-2512 or via email at Edwin.Walaszek1@cms.hhs.gov.

Sincerely,

Shantrina Roberts, Acting Director
Division of Program Operations

Enclosures

cc: Max Seifer, Federal Relations Chief, AHCCCS
Kyle Sawyer, Assistant Director, AHCCCS

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 25 . 0004	2. STATE AZ
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT	

TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE October 1, 2025
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5. FEDERAL STATUTE/REGULATION CITATION 42 CFR § 441.35, Section 1903(i)(1) of the Act	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY 2025 \$ 780,000 b. FFY: 2026 \$ 770,000
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7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-E Standards for Coverage of Organ Transplant Services: Page 1	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 3.1-E Standards for Coverage of Organ Transplant Services: Page 1 Attachment 3.1-E Standards for Coverage of Organ Transplant Services: Page 1 (AZ-11-005)
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9. SUBJECT OF AMENDMENT
Small Bowel Transplant is added as a covered service for adults age 21 and older.

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	15. RETURN TO Kyle Sawyer 801 E. Jefferson St., MD #4200 Phoenix, AZ 85034
12. TYPED NAME Kyle Sawyer	
13. TITLE Assistant Director, Public Policy and Strategic Planning	
14. DATE SUBMITTED: June 23, 2025	

FOR CMS USE ONLY

16. DATE RECEIVED June 23, 2025	17. DATE APPROVED July 24, 2025
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PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL October 1, 2025	19. SIGNATURE OF APPROVING OFFICIAL
20. TYPED NAME OF APPROVING OFFICIAL Shantrina Roberts	21. TITLE OF APPROVING OFFICIAL Acting Director, Division of Program Operations

22. REMARKS

7/22/25: State authorizes the following pen and ink change:
• Box 8: Attachment 3.1-E Standards for Coverage of Organ Transplant Services: Page 1 (AZ-11-005)

State/Territory: Arizona

Standards for the Coverage of Organ Transplant Services

Medically necessary transplant services are available to AHCCCS members, meeting nationally recognized criteria for non- experimental, non-investigational organ or tissue transplants. All medically necessary, non experimental transplants are covered for EPSDT members. In accordance with 42 CFR 441.35(a)(1), AHCCCS treats similarly situated individuals alike. For persons age 21 and older, AHCCCS coverage of transplants is limited to the following:

- Heart
- Liver
- Kidney
- Simultaneous Pancreas/Kidney
- Autologous and Allogenic related and unrelated Hematopoietic Cell
- Cornea
- Bone
- Lung
- Pancreas after Kidney
- Small Bowel

AHCCCS does not cover the following transplants for persons age 21 years and older:

- Pancreas only transplants
- Partial pancreas transplants, including islet cell transplants
- Intestine transplants (Visceral)
- Any other transplant not listed in the covered transplants above.

Any contractor providing solid organ transplantation services must be registered as a certified transplant center with both the Centers for Medicare and Medicaid Services (CMS), as well as the United Network for Organ Sharing (UNOS) for each transplant case (organ) type that is contracted with AHCCCS. All transplant providers must be an AHCCCS registered provider. AHCCCS has established specific prior authorization medical criteria for coverage of transplant and related services.