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State/Territory Name: Arizona

State Plan Amendment (SPA) #: 26-0002

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

September 24, 2026

Roberta Harrison, Interim State Medicaid Director

Arizona Health Care Cost Containment System

150 N. 18th Ave.

Phoenix, AZ 85007

Re: Arizona State Plan Amendment (SPA) – 26-0002

Dear Director Harrison:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 26-0002. This amendment proposes to update the Federally Qualified Health Center (FQHC) and Rural Health Clinic (RHC) services state plan benefits to include limitations on dentistry, podiatry, optometrist, and chiropractic services.

We conducted our review of your submittal using statutory requirements of the Social Security Act found at §1905(a)(2)(B) and §1905(a)(2)(C). This letter informs you that Arizona's Medicaid SPA TN 26-0002 was approved on September 24, 2026, with an effective date of January 1, 2026.

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,

A black rectangular box redacting the signature of Megan K. Buck.

Megan K. Buck

Director, Division of Program Operations

Enclosures

cc: Emily Mercado

Kyle Sawyer

Maxwell Seifer

Ryan Melson

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 6 — 0 0 0 2

2. STATE

A Z3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL
SECURITY ACT

XIX



XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

January 1, 2026

5. FEDERAL STATUTE/REGULATION CITATION
SSA 1905(a)(2)(B) and SSA 1905(a)(2)(C)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2026\$ 0b. FFY 2027\$ 07. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 3.1-A, Page 1; Attachment 3.1-A, Limitations, Page 1
Attachment 3.1-A Limitations Page 1(a) (NEW)8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)~~Attachment 3.1-A, Page 1; Attachment 3.1-A, Limitations,
Page 1~~

Attachment 3.1-A, Page 1 (99-04)

Attachment 3.1-A, Limitations, Page 1 (13-014)

9. SUBJECT OF AMENDMENT

This SPA clarifies long standing Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) service coverage policy.

10. GOVERNOR'S REVIEW (Check One)



GOVERNOR'S OFFICE REPORTED NO COMMENT



COMMENTS OF GOVERNOR'S OFFICE ENCLOSED



NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL



OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME
Kyle Sawyer13. TITLE
Assistant Director, Public Policy and Strategic Planning14. DATE SUBMITTED
March 31, 202615. RETURN TO
Kyle Sawyer
150 N. 18th Avenue
Phoenix, Arizona 85007**FOR CMS USE ONLY**16. DATE RECEIVED
March 31, 202617. DATE APPROVED
September 24, 2026**PLAN APPROVED - ONE COPY ATTACHED**18. EFFECTIVE DATE OF APPROVED MATERIAL
January 1, 2026

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL
Megan K. Buck21. TITLE OF APPROVING OFFICIAL
Director, Division of Program Operations

22. REMARKS

9/23/26-State provides following pen and ink change:

- Box 7:

Add 'Attachment 3.1-A Limitations Page 1(a) (NEW)'

- Box 8:

Add 'Attachment 3.1-A, Page 1 (99-04) Attachment 3.1-A, Limitations, Page 1 (13-014)'

State/Territory: ARIZONAAMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

1. Inpatient hospital services other than those provided in an institution for mental diseases.

Provided: ☐ No limitations ☒ With limitations*

2. a. Outpatient hospital services.

Provided: ☐ No limitations ☒ With limitations*

- b. Rural health clinic services and other ambulatory services furnished by a rural health clinic (which are otherwise included in the State plan).

☒ Provided: ☐ No limitations ☒ With limitations* ☐
Not Provided

- c. Federally qualified health center (FQHC) services and other ambulatory services that are otherwise included in the plan and furnished by an FQHC .

Provided: ☐ No limitations ☒ With limitations*

3. Other Laboratory and x-ray services.

Provided: ☐ No limitations ☒ With limitations*

* Description provided in Limitations section of this Attachment.

** Sole limitation is authorization by appropriate entity as defined in the Limitations section of this Attachment.

All covered services shall be authorized by an appropriate entity or entities except in the case of emergency hospital services and emergency transportation. As provided in AHCCCS' policies and procedures, authorization for medical services shall be obtained from at least one of the following entities: a primary care provider (a licensed physician, physician assistant or certified nurse practitioner) or a physician specialist or dentist, a health plan, a program contractor, a Regional Behavioral Health Authority, an ALTCS case manager affiliated with a program contractor, or the AHCCCS Administration. The appropriate entity shall only authorize medically necessary services subject to the limitations specified below and in compliance with applicable federal and state law and regulations and AHCCCS policies and procedures or other applicable guidelines.

1. Inpatient hospital services other than those provided in an institution for mental diseases.

Inpatient hospital services shall be furnished by a licensed and certified hospital.

Inpatient hospital services for medically necessary abortions only when the pregnancy is the result of an act of rape or incest; or in the case where a woman suffers from a physical disorder, physical injury, or physical illness, including a life-endangering physical condition caused by or arising from the pregnancy itself, that would, as certified by a physician, place the woman in danger of death unless an abortion is performed.

2a. Outpatient hospital services.

Outpatient hospital services are covered consistent with section 1905(a)(2)(A) of the Act and 42 CFR 440.20(a).

Outpatient hospital services for medically necessary abortions only when the pregnancy is the result of an act of rape or incest; or in the case where a woman suffers from a physical disorder, physical injury, or physical illness, including a life-endangering physical condition caused by or arising from the pregnancy itself, that would, as certified by a physician, place the woman in danger of death unless an abortion is performed.

2b. Rural health clinic (RHC) services.

RHC services are defined in section 1905(a)(2)(B) of the Social Security Act. RHC services are subject to the following limitations when provided to individuals aged 21 and older:

- i. Services provided by dentists: Coverage is subject to the following limitations: (1) the elimination of oral infections and the treatment of oral disease, which includes dental cleanings, treatment of periodontal disease, medically necessary extractions and the provision of simple restorations as a medically necessary pre-requisite to organ transplantation, (2) prophylactic extraction of teeth in preparation for radiation treatment of cancer of the jaw, neck or head, and (3) emergency dental services and extractions not to exceed \$1000 annually per member.
- ii. Services provided by podiatrists – Subject to prior authorization.
- iii. Services provided by optometrists – Subject to prior authorization. Eyeglasses and contact lenses are not covered except as the sole prosthetic device after a cataract extraction.

- iv. Services provided by chiropractors – Coverage is available for evidence-based, medically necessary chiropractors' services within the scope of practice as defined by state law and subject to the following limitations: the service must be ordered by a primary care provider; the service is limited to twenty visits that include treatment, annually; medically necessary chiropractic services beyond the twenty-visit annual limit are subject to prior authorization requirements; acupuncture is excluded.
- v. All other ambulatory services covered under the state Medicaid plan – Subject to the same limitations applicable to such services as described elsewhere in this Attachment 3.1-A Limitations section of the State plan.

2c. Federally qualified health center (FQHC) services.

FQHC services are defined in section 1905(a)(2)(C) of the Social Security Act. FQHC services are subject to the following limitations when provided to individuals aged 21 and older:

- i. Services provided by dentists: Coverage is subject to the following limitations: (1) the elimination of oral infections and the treatment of oral disease, which includes dental cleanings, treatment of periodontal disease, medically necessary extractions and the provision of simple restorations as a medically necessary pre-requisite to organ transplantation, (2) prophylactic extraction of teeth in preparation for radiation treatment of cancer of the jaw, neck or head, and (3) emergency dental services and extractions not to exceed \$1000 annually per member.
- ii. Services provided by podiatrists – Subject to prior authorization.
- iii. Services provided by optometrists – Subject to prior authorization. Eyeglasses and contact lenses are not covered except as the sole prosthetic device after a cataract extraction.
- iv. Services provided by chiropractors – Coverage is available for evidence-based, medically necessary chiropractors' services within the scope of practice as defined by state law and subject to the following limitations: the service must be ordered by a primary care provider; the service is limited to twenty visits that include treatment, annually; medically necessary chiropractic services beyond the twenty-visit annual limit are subject to prior authorization requirements; acupuncture is excluded.
- v. All other ambulatory services covered under the state Medicaid plan – Subject to the same limitations applicable to such services as described elsewhere in this Attachment 3.1-A Limitations section of the State plan.