DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE AND MEDICAID SERVICES		FORM APPROVED OMB NO. 0938-0193
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL	10-014	Arizona
FOR: Centers for Medicare and Medicaid Services	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	October 1, 2010	
5. TYPE OF PLAN MATERIAL (Check One):		
□ NEW STATE PLAN □ AMENDMENT TO BE O	CONSIDERED AS NEW PLAN	AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME		amendment)
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	
42 CFR 431.12 and Section 1902(a)(73) of the Social Security Act	N/A	4
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):	
Section 1.4, pages 9 and 9.1	Section 1.4, page 9	
10. SUBJECT OF AMENDMENT:		
The Amendment refers to the process the State uses to seek advice on a r Health Programs and Urban Indian Organizations on matters related to M Amendments, waiver proposals, waiver extensions, waiver amendments, submission to CMS 11. GOVERNOR'S REVIEW (Check One): GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	Aedicaid and CHIP programs and for cons	ultation on State Plan astration projects prior to
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	
Maria	Monica Coury 801 E. Jefferson, MD#4200 Phoenix, Arizona 85034	
13. TYPED NAME:		
Monica Coury		
14. TITLE:		
Assistant Director 15. DATE SUBMITTED:	-	
December 30, 2010		
FOR REGIONAL OFFICE USE ONLY		
17. DATE RECEIVED: December 30, 2010	18. DATE APPROVED: MAR 1 6 2	011
PLAN APPROVED – ON		
19. EFFECTIVE DATE OF APPROVED MATERIAL: October 1, 2010	20. SIGNATURE OF REGIONAL OF	
21. TYPED NAME: Gloria Nagle	22. TITLE: Associate Regional Admini Division of Medicaid & Children's Hea	
23. REMARKS:		
Box 8 and 9 pen & ink changes made per CMS request and approved by	State via email on 3/9/11.	