

## **Table of Contents**

**State/Territory Name: Arizona**

**State Plan Amendment (SPA) #: 14-002**

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  
7500 Security Boulevard, Mail Stop S2-14-26  
Baltimore, Maryland 21244-1850



**Disabled & Elderly Health Programs Group**

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February 26, 2014

Tom Betlach  
Director  
Arizona Health Care Cost Containment System  
801 E. Jefferson Street,  
MD#4200  
Phoenix, AZ, 85034

Attention: Monica Coury

Dear Mr. Betlach,

We have reviewed Arizona State Plan Amendment (SPA) 14-002 received in the San Francisco regional office on January 29, 2014. This amendment proposed a clarification of language stating that Medicare Part D drugs are not covered for full-benefit dual eligible members because coverage is provided through Medicare Part D Prescription Drug Plans (PDPs) and Medicare Advantage Prescription Drug Contracting (MAPDs). In addition, it proposed that over-the-counter medications are covered in place of covered prescription medications only when they are clinically appropriate, equally safe and effective, and less costly than the covered prescription medications.

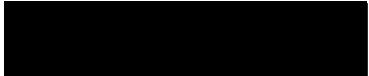

We are pleased to inform you that the amendment is approved with an effective date of January 1, 2014. A copy of the CMS-179 form, as well as the page(s) approved for incorporation into the Arizona state plan, will be forwarded by the San Francisco regional office. If you have any questions regarding this amendment, please contact Emeka Egwim at (410) 786-1092.

Sincerely,

/s/

Kim Howell  
Acting Director  
Division of Pharmacy

cc: Monica Coury, Arizona Health Care Cost Containment System  
Tyler Sadwith, Arizona Health Care Cost Containment System  
Gloria Nagle, ARA, San Francisco Regional Office  
Tyler Sadwith, San Francisco Regional Office

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|--|--|---|---------------------|
| <b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b><br><br><b>FOR: Centers for Medicare and Medicaid Services</b>   |  | 1. TRANSMITTAL NUMBER:<br>14-002  | 2. STATE<br>Arizona |
|  |  | 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)  |                     |
| TO: REGIONAL ADMINISTRATOR<br>CENTERS FOR MEDICARE AND MEDICAID SERVICES<br>DEPARTMENT OF HEALTH AND HUMAN SERVICES  |  | 4. PROPOSED EFFECTIVE DATE<br>January 1, 2014   |                     |
| 5. TYPE OF PLAN MATERIAL (Check One):<br><input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT<br>COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)              |  |   |                     |
| 6. FEDERAL STATUTE/REGULATION CITATION:<br><br>42 CFR 440.120; 420 CFR 440.230   |  | 7. FEDERAL BUDGET IMPACT:<br><br>N/A  |                     |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:<br><br>Attachment 3.1A Limitations, pg. 9, part 12(a)  |  | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):<br><br>Same                                    |                     |
| 10. SUBJECT OF AMENDMENT:<br><br>Updates the State Plan to describe the coverage for over-the-counter or non-prescription medications  |  |   |                     |
| 11. GOVERNOR'S REVIEW (Check One):<br><input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED:<br><input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED<br><input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL |  |   |                     |
| 12. SIGNATURE OF STATE AGENCY OFFICIAL:<br>   |  | 16. RETURN TO:<br><br>Monica Coury<br>801 E. Jefferson, MD#4200<br>Phoenix, Arizona 85034                                   |                     |
| 13. TYPED NAME:<br>Monica Coury  |  |   |                     |
| 14. TITLE:<br>Assistant Director   |  |   |                     |
| 15. DATE SUBMITTED:<br>1-29-14   |  |   |                     |
| <b>FOR REGIONAL OFFICE USE ONLY</b>  |  |   |                     |
| 17. DATE RECEIVED: 1/29/2014   |  | 18. DATE APPROVED: 2/24/2014  |                     |
| <b>PLAN APPROVED - ONE COPY ATTACHED</b>   |  |   |                     |
| 19. EFFECTIVE DATE OF APPROVED MATERIAL: 1/1/2014  |  | 20. SIGNATURE OF REGIONAL OFFICIAL:<br> |                     |
| 21. TYPED NAME: Gloria Nagle, Ph.D, MPA  |  | 22. TITLE: Associate Area Administrator   |                     |
| 23. REMARKS:   |  |   |                     |

**12. Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.**

**12a. Prescribed drugs.**

Medicare Part D drugs are not covered for full-benefit dual eligible members, as coverage is provided through Medicare Part D PDPs and MAPDs.

Prescription drugs for covered transplantation services shall be provided in accordance with AHCCCS transplantation policies.

AHCCCS only covers over-the-counter medications in place of a covered prescription medication that is clinically appropriate, equally safe and effective, and less costly than the covered prescription medication.

In compliance with Section 1927(b) of the Social Security Act (the Act), the State collects drug rebates in accordance with established policy for drug rebate agreements as provided in Exhibit 12(a) to Attachment 3.1-A.

**12c. Prosthetic devices.**

Prosthetic devices are limited to devices prescribed by a physician or other licensed practitioner to artificially replace missing, deformed or malfunctioning portions of the body and which are medically necessary to the rehabilitation of the member.

Covered prosthetic devices for members age 21 and older do not include hearing aids, cochlear implants, bone anchored hearing aids, insulin pumps, percussive vests, microprocessors for controlled joints for the lower limbs in addition to microprocessor-controlled joints for the lower limbs, penile implants, and vacuum devices.

Orthotic devices, which are defined as devices that are prescribed by a physician or other licensed practitioner of the healing arts to support a weak or deformed portion of the body, are not covered.

**12d. Eyeglasses.**

Eye examinations for prescriptive lenses and the provision of prescriptive lenses under EPSDT services.

Adult services are limited to eyeglasses and contact lenses as the sole prosthetic device after a cataract extraction.

**13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in the plan.**

**13a. Diagnostic Services.**

Genetic testing is not covered unless the results of the genetic tests are necessary to differentiate between treatment options. Genetic testing is not covered to determine specific diagnoses or syndromes when such determination would not definitively alter the medical treatment of the member.