DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services San Francisco Regional Office 90 Seventh Street, Suite 5-300 (5W) San Francisco, CA 94103-6706



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

Tom Betlach, Director Arizona Health Care Cost Containment System 801 East Jefferson Street Phoenix, AZ 85034 MAR 2 6 2014

Dear Mr. Betlach:

Enclosed is an approved copy of Arizona State Plan Amendment (SPA) 13-006, which was submitted to CMS on August 20, 2013. This amendment updates the State Plan to indicate that prior quarter coverage will be covered for all Title XIX populations effective on January 1, 2014.

Enclosed is the following approved State Plan page to be incorporated within your approved State Plan:

• Attachment 2.6-A, page 24, items 11.a. (1) and 11.a.(2)

If you have any questions, please have your staff contact Peter Banks at (415) 744-3782 or at Peter.Banks@cms.hhs.gov.

Sincerely,

Gloria Nagle, Ph.D., MPA

Associate Regional Administrator

from Keyl

Division of Medicaid & Children's Health Operations

cc: Wakina Scott HeeYoung Ansell

TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE		
STATE PLAN MATERIAL	13-006	Arizona		
STATE I LAN MATERIAL				
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	January 1, 201	4		
DEPARTMENT OF HEALTH AND HUMAN SERVICES				
5. TYPE OF PLAN MATERIAL (Check One):				
		57		
	CONSIDERED AS NEW PLAN			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME		amendment)		
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:			
42 CFR 435.914 .915 1902(a)(34) of the Social Security Act	FFY 2014: \$9 million			
1902(a)(34) of the Social Security Act	FFY 2014: \$9 111111011			
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERS	EDED PLAN SECTION		
6. TAGE NOMBER OF THE FEAR SECTION OR ATTACHMENT.	OR ATTACHMENT (If Applicable):			
Attachment 2.6-A, page 24	OK III THE HIVE IVI (IJ Applicaole)	•		
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10. SUBJECT OF AMENDMENT:		Acoustic Control of Co		
Updates the State Plan to reflect that prior quarter coverage v	vill begin January 1, 2014.			
	• •			
11. GOVERNOR'S REVIEW (Check One):				
GOVERNOR'S OFFICE REPORTED NO COMMENT	🛛 OTHER, AS SPEC	IFIED:		
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED				
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL				
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16 DETUDN TO			
12. SIGNATURE OF STATE AGENCY OFFICIAL;	16. RETURN TO:			
	Monica Coury			
	801 E. Jefferson, MD#4200			
13 TVPFD NAME:	Phoenix, Arizona 85034			
13. TYPED NAME: Monica Coury	,			
14. TITLE:				
Assistant Director				
15. DATE SUBMITTED:	1			
August 20, 2013				
FOR REGIONAL OF		Reference in the second of the		
17. DATE RECEIVED: August 20, 2013	18. DATE APPROVED:			
THE RESERVE OF THE PARTY OF THE	F CORV ATTACHED MAR 2 6	2014		
PLAN APPROVED - ON	E COPT ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2014	20. SIGNATURE OF REGIONAL OF	TCIAL:		
21. TYPED NAME:	22. TITLE: Associate Regional Admin	istrator		
Gloria Nagle	Division of Medicaid & Children's Hea			
23. REMARKS:				
Box 6 – Statutory citation and updated regulatory citation added by CMS on 11/14/13				
Box 9 – Superseded plan section added by CMS on 11/14/13				
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HCFA-PM-91-4 AUGUST 1991 (BPD)

ATTACHMENT 2.6-A

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OMB No.: 0938-

	State:	Arizona	
Citation		Condition or Requirement	
12 CFR 435.914		11. Effective Date of Eligibility	
		 a. Groups Other Than Qualified Medicare Beneficiaries (1) For the prospective period. Coverage is available for the full month if the following individuals are eligible at any time during the month except that residency requirements must be met for the full month. Coverage for individuals moving to Arizona begins on the day the individual moves to Arizona. 	
		 X Aged, blind, disabled. X AFDC-related. X All other Title XIX populations 	
		Coverage is available only for the period during the month for which the following individuals meet the eligibility requirements. Aged, blind, disabled AFDC-related All other Title XIX populations	
		 (2) For the retroactive period Coverage is available for three months before the date of application if the following individuals would have been eligible had they applied. Aged, blind, disabled. AFDC-related. All other Title XIX populations 	
		Coverage is available during any of the three months before the date of application if the following individuals would have been eligible for the month, had they applied. Coverage for individuals moving to Arizona begins on the day the individual moves to Arizona. _X_ Aged, blind, disabledX_ AFDC-relatedX_ All other Title XIX populations	