



Douglas A. Ducey, Governor
Jami Snyder, Director

June 30, 2020

Joyce Jordan
U.S. Department of Health & Human Services
Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
Mail Stop S2-01-16
7500 Security Boulevard
Baltimore, MD 21244-1850

RE: Arizona SPA #20-012, CHIP SUPPORT Act BH Services

Dear Ms. Jordan:

Enclosed is Arizona State Plan Amendment (SPA) #20-012, CHIP SUPPORT Act BH Services, which revises the State Plan to bring the CHIP state plan into compliance with provisions of the SUPPORT Act that require Behavioral Health (BH) services to be explicitly detailed in the CHIP State Plan document. Please utilize the following links for information regarding Tribal Consultation and public notice requirements:

Tribal Consultation:

<https://www.azahcccs.gov/AmericanIndians/Downloads/Consultations/Meetings/2020/05072020Presentation.pdf>

Public Notice:


<https://www.azahcccs.gov/AHCCCS/PublicNotices/ChipSupportActBHServices.html>

If you have any questions about the enclosed SPA, please contact Alex Demyan at (602) 417-4130.

Sincerely,

A handwritten signature in black ink, appearing to read "D. Flannery", is written over a faint rectangular box.

Dana Flannery
Assistant Director
Arizona Health Care Cost Containment System (AHCCCS)

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 20-012	2. STATE Arizona
FOR: Centers for Medicare and Medicaid Services		3. PROGRAM IDENTIFICATION: TITLE XXI OF THE SOCIAL SECURITY ACT (CHIP)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE July 1, 2019	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate Transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR Part 457		7. FEDERAL BUDGET IMPACT: FFY 2020: \$0 FFY 2021: \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Section 1, Page 3 Section 6, Page 6, 10, 10(a)-(d)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Section 1, Page 3 Section 6, Page 6, 10	
10. SUBJECT OF AMENDMENT: To bring the CHIP state plan into compliance with provisions of the SUPPORT Act that require Behavioral Health (BH) services to be explicitly detailed in the CHIP State Plan document.			
11. GOVERNOR'S REVIEW (<i>Check One</i>): <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Dana Flannery 801 E. Jefferson, MD#4200 Phoenix, Arizona 85034	
13. TYPED NAME: Dana Flannery			
14. TITLE: Assistant Director			
15. DATE SUBMITTED: June 30, 2020			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:		18. DATE APPROVED:	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL:		20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME:		22. TITLE:	
23. REMARKS:			

INSTRUCTIONS FOR COMPLETING FORM CMS-179

Use Form CMS-179 to transmit State plan material to the regional office for approval. A separate typed transmittal form should be completed for each plan/amendment submitted.

Block 1 - Transmittal Number - Enter the State Plan Amendment transmittal number. Assign consecutive numbers on a **calendar year** basis (e.g., 92-001, 92-002, etc.).

Block 2 - State -Type the name of the State submitting the plan material.

Block 3 - Program Identification -Title XIX of the Social Security Act (Medicaid).

Block 4 - Proposed Effective Date - Enter the proposed effective date of material.

Block 5 -Type of Plan Material - Check the appropriate box.

Block 6 - Federal Statute/Regulation Citation - Enter the appropriate statutory/regulatory citation.

Block 7 - Federal Budget Impact - 7(a) - Enter 1st **Federal Fiscal Year** (FFY) impacted by the SPA & estimated Federal share of the cost of the SPA (in thousands) for 1st FFY. **7(b)** - Enter 2nd FFY impacted by the SPA & estimated Federal share of the cost for 2nd FFY. See SMM section 13026.

Block 8 - Page No.(s) of Plan Section or Attachment - Enter the page number(s) of plan material transmitted. If additional space is needed, use bond paper.

Block 9 - Page No.(s) of the Superseded Plan Section or Attachment (if Applicable) - Enter the page number(s) (including the transmittal sheet number) that is being superseded. If additional space is needed, use bond paper.

Block 10 - Subject of Amendment - Briefly describe plan material being transmitted.

Block 11 - Governor's Review - Check the appropriate box. See SMM section 13026 B.

Block 12 - Signature of State Agency Official -Authorized State official signs this block.

Block 13 -Typed Name -Type name of State official who signed block 12.

Block 14 -Title -Type title of State official who signed block 12.

Block 15 - Date Submitted - Enter the date you mail plan material to RO.

Block 16 - Return To -Type the name and address of State official to whom this form should be returned.

Block 17–23 (FOR REGIONAL OFFICE USE ONLY).

Block 17 - Date Received - Enter the date plan material is received in RO. See ROM section 6003.2.

Block 18 - Date Approved - Enter the date RO approved the plan material.

Block 19 - Effective Date of Approved Material - Enter the date the plan material becomes effective. If more than one effective date, list each provision and its effective date in Block 23 or attach a sheet.

Block 20 - Signature of Regional Official -Approving RO official signs this block.

Block 21 -Typed Name -Type approving official's name.

Block 22 -Title -Type approving official's title.

Block 23 - Remarks - Use this block to reference pen and ink changes, a partial approval, more than one effective date, etc. If additional space is needed, use bond paper.

Original Implementation date:	November 1, 1998
Amendment Effective date:	February 1, 2004 (premiums >150% FPL) July 1, 2004 (premiums 100%-150% FPL) May 1, 2009 (premiums >150% FPL) January 1, 2010 (enrollment cap) October 10, 2013 (remove wait list) July 26, 2016 (remove enrollment cap) August 6, 2016 (premium lock out period) October 1, 2017 (mental health parity) July 1, 2018 (Managed Care Regulations) January 27, 2020 (COVID-19 Disaster Response) July 1, 2019 (SUPPORT Act BH Services)

In the event of a disaster, the State will notify CMS of its intent to provide temporary adjustments to; flexibilities around delays in processing applications and renewals, , the ability to waive the three month waiting period for applicants, the ability to waive existing premiums, and the ability to waive the premium lock-out period. In addition, the state is requesting to temporarily provide continuous eligibility to its CHIP population.

1.4-TC Tribal Consultation (Section 2107 (e)(1)(C)) Describe the consultation process that occurred specifically for the development and submission of this State Plan Amendment, when it occurred, and who was involved.

The State of Arizona seeks advice on a regular, ongoing basis from all of the federally-recognized tribes, Indian Health Service (IHS) Area Offices, tribal health programs operated under P.L. 93- 638, and urban Indian health programs in Arizona regarding Medicaid and CHIP matters. These matters include but are not limited to State Plan Amendments, waiver proposals, waiver extensions, waiver amendments, waiver renewals, and proposals for demonstration projects. The AHCCCS Tribal Consultation Policy serves as a guidance document that includes the process by which reasonable notice and opportunity for consultation should occur and scenarios in which AHCCCS shall engage in the consultative process.

The frequency of consultation is dependent on the frequency in which policy changes are proposed. When a proposed policy change requires consultation, the State will to its best ability provide notice of the tribal consultation meeting date as well as a description of the proposed policy change to be discussed. Ideally, a consultation meeting, which provides an opportunity for discussion and verbal comments to be made regarding a proposed change, will occur either in-person or by conference call 45 days prior to the submission of the policy change to CMS. The State will also provide an opportunity for written comments. Ideally, during the 45-day period, tribes and I/T/U will be provided at least 30 days to submit written comments regarding the policy change for consideration. Verbal comments presented at the meeting as well as written comments will be included in an attachment to accompany the submission of a State Plan Amendment, waiver proposal, waiver renewal, or proposal for a demonstration project.

To address the COVID-19 public health emergency, the State seeks a waiver under section 1135 of the Act to modify the tribal consultation process by shortening the number of days before submission of the SPA and/or conducting consultation after submission of the SPA.

- 6.2.19. X Hearing screenings and services (Section 2110(a)(24))**
- 6.2.20. X Inpatient substance abuse treatment services and residential substance abuse treatment services (Section 2110(a)(18))**
Inpatient substance abuse treatment is limited to acute detoxification.
- 6.2.21. X Outpatient substance abuse treatment services (Section 2110(a)(19))**
a. Refer to coverage under 6.2.11 - Outpatient mental health services, subject to the limitations prescribed in that section.
- 6.2.22. X Case management services (Section 2110(a)(20))**
Case management for persons with developmental disabilities.
- 6.2.23. X Care coordination services (Section 2110(a)(21))**
Care coordination are available through contractors, primary care providers and behavioral health providers.
- 6.2.24. X Physical therapy, occupational therapy, and services for individuals with speech, hearing, and language disorders (Section 2110(a)(22))**
Therapy services are covered when necessary to prevent or ameliorate a condition, illness or injury, to prevent or correct abnormalities detected by screening or diagnostic procedures or to maintain a level of ability.
- 6.2.25. X Hospice care (Section 2110(a)(23))**
Hospice services for a terminally ill member.
- 6.2.26. X EPSDT consistent with requirements of sections 1905(r) and 1902(a)(43) of the Act**
- [6.2.26.1 The state assures that any limitations applied to the amount, duration, and scope of benefits described in Sections 6.2 and 6.3- BH of the CHIP state plan can be exceeded as medically necessary.](#)
- 6.2.27. X Any other medical, diagnostic, screening, preventive, restorative, remedial, therapeutic, or rehabilitative services. (See instructions) (Section 2110(a)(24))**
a. Services provided in a facility, home, or other setting if recognized by state law.
b. Respiratory therapy.
c. Eye examinations for prescriptive lenses.
d. Immunizations, preventive health services, patient education, age and gender appropriate clinical screening test and periodic health exams.
- 6.2.28 Premiums for private health care insurance coverage (Section 2110(a)(25))**

EPSDT benefits are not excluded on the basis of any condition, disorder, or diagnosis. (Section 1905(r)(5))

The provision of all requested EPSDT screening services, as well as any corrective treatments needed based on those screening services, are provided or arranged for as necessary. (Section 1902(a)(43))

All families with children eligible for the EPSDT benefit under the separate State child health plan are provided information and informed about the full range of services available to them. (Section 1902(a)(43)(A))

6.2-BH Behavioral Health Coverage Section 2103(c)(5) requires that states provide coverage to prevent, diagnose, and treat a broad range of mental health and substance use disorders in a culturally and linguistically appropriate manner for all CHIP enrollees, including pregnant women and unborn children.

6.2.1- BH Periodicity Schedule The state has adopted the following periodicity schedule for behavioral health screenings and assessments. Please specify any differences between any covered CHIP populations:

- State-developed schedule
 American Academy of Pediatrics/ Bright Futures
 Other Nationally recognized periodicity schedule (please specify: _____)
 Other (please describe: _____)

6.3- BH Covered Benefits Please check off the behavioral health services that are provided to the state's CHIP populations, and provide a description of the amount, duration, and scope of each benefit. For each benefit, please also indicate whether the benefit is available for mental health and/or substance use disorders. If there are differences in benefits based on the population or type of condition being treated, please specify those differences.

If EPSDT is provided, as described at Section 6.2.26 and 6.2.26.1, the state should only check off the applicable benefits. It does not have to provide additional information regarding the amount, duration, and scope of each covered behavioral health benefit.

6.3.1- BH Behavioral health screenings and assessments. (Section 2103(c)(6)(A))

6.3.1.1- BH The state assures that all developmental and behavioral health recommendations outlined in the AAP Bright Futures periodicity schedule and United States Public Preventive Services Task Force (USPSTF) recommendations graded as A and B are covered as a part of the CHIP benefit package, as appropriate for the covered populations.

6.3.1.2- BH The state assures that it will implement a strategy to facilitate the use of age-appropriate validated behavioral health screening tools in primary care settings. Please describe how the state will facilitate the use of validated screening tools:

The state requires the use of the CALOCUS for all child members aged 6 through 18. The ECSII, is currently required for the 0-5 population only through the Targeted Investments Program. The state requires through all MCO contracts that age appropriate screening tools be utilized by primary care and behavioral health providers, examples of which include the M-CHAT, STAT, RITA-2 (ASD screening used in PCP offices), and the PEDS, CANS, and the CAFAS. This is not an exhaustive list, and may differ by provider agency and population served by each.

Comment [DA1]: Guidance: Please attach a copy of the state's periodicity schedule. For pregnancy-related coverage, please describe the recommendations being followed for those services.

AZ Periodicity schedule:
<https://comments.azahcccs.gov/wp-content/uploads/2018/12/Attachment-A-AHCCCS-EPSDT-Periodicity-Schedule.pdf>

6.3.2- BH Outpatient services (Sections 2110(a)(11) and 2110(a)(19))

6.3.2.1- BH Psychosocial treatment

Provided for: Mental Health Substance Use Disorder

6.3.2.2- BH Tobacco cessation

Provided for: Substance Use Disorder

6.3.2.3- BH Medication Assisted Treatment

Provided for: Substance Use Disorder

6.3.2.3.1- BH Opioid Use Disorder

6.3.2.3.2- BH Alcohol Use Disorder

6.3.2.3.3- BH Other

6.3.2.4- BH Peer Support

Provided for: Mental Health Substance Use Disorder

6.3.2.5- BH Caregiver Support

Provided for: Mental Health Substance Use Disorder

6.3.2.6- BH Respite Care

Provided for: Mental Health Substance Use Disorder

6.3.2.7- BH Intensive in-home services

Provided for: Mental Health Substance Use Disorder

6.3.2.8- BH Intensive outpatient

Provided for: Mental Health Substance Use Disorder

6.3.2.9- BH Psychosocial rehabilitation

Provided for: Mental Health Substance Use Disorder

6.3.3- BH Day Treatment

Provided for: Mental Health Substance Use Disorder

6.3.3.1- BH Partial Hospitalization

Provided for: Mental Health Substance Use Disorder

6.3.4- BH Inpatient services, including services furnished in a state-operated mental hospital and including residential or other 24-hour therapeutically planned structural services (Sections 2110(a)(10) and 2110(a)(18))

Provided for: Mental Health Substance Use Disorder

6.3.4.1- BH Residential Treatment
Provided for: Mental Health Substance Use Disorder

6.3.4.2- BH Detoxification
Provided for: Substance Use Disorder

6.3.5- BH Emergency services
Provided for: Mental Health Substance Use Disorder

6.3.5.1- BH Crisis Intervention and Stabilization
Provided for: Mental Health Substance Use Disorder

6.3.6- BH Continuing care services
Provided for: Mental Health Substance Use Disorder

6.3.7- BH Care Coordination
Provided for: Mental Health Substance Use Disorder

6.3.7.1- BH Intensive wraparound
Provided for: Mental Health Substance Use Disorder

6.3.7.2- BH Care transition services
Provided for: Mental Health Substance Use Disorder

6.3.8- BH Case Management
Provided for: Mental Health Substance Use Disorder

6.3.9- BH Other
Provided for: Mental Health Substance Use Disorder

6.4- BH Assessment Tools

6.4.1- BH Please specify or describe all of the tool(s) required by the state and/or each managed care entity:

ASAM Criteria (American Society Addiction Medicine)
 Mental Health Substance Use Disorders

InterQual
 Mental Health Substance Use Disorders

MCG Care Guidelines
 Mental Health Substance Use Disorders

CALOCUS/LOCUS (Child and Adolescent Level of Care Utilization System)
 Mental Health Substance Use Disorders

CASII (Child and Adolescent Service Intensity Instrument)

Mental Health Substance Use Disorders

CANS (Child and Adolescent Needs and Strengths)
 Mental Health Substance Use Disorders

State-specific criteria (e.g. state law or policies) (please describe)
 Mental Health Substance Use Disorders

 Plan-specific criteria (please describe)
 Mental Health Substance Use Disorders

 Other (please describe)
 Mental Health Substance Use Disorders

AHCCCS contract requires validated assessment tools be utilized for EPSDT aged members, as well as for adult members. AHCCCS required tool is limited to CALOCUS (formerly CASI). MCG criteria is for both SUD and MH.

No specific criteria or tools are required
 Mental Health Substance Use Disorders

6.4.2- BH Please describe the state's strategy to facilitate the use of validated assessment tools for the treatment of behavioral health conditions.

The state requires contractors to implement validated behavioral health screening tools by Primary Care Providers (PCPs) to determine if further assessment for behavioral health services is necessary. The state requires that providers serving EPSDT-aged members utilize AHCCCS approved EPSDT tracking forms and standardized developmental screening tools and that these providers are trained in the use of these tools.

6.2.5- BH Covered Benefits The State assures the following related to the provision of behavioral health benefits in CHIP:

All behavioral health benefits are provided in a culturally and linguistically appropriate manner consistent with the requirements of section 2103(c)(6), regardless of delivery system.

The state will provide all behavioral health benefits consistent with 42 CFR 457.495 to ensure there are procedures in place to access covered services as well as appropriate and timely treatment and monitoring of children with chronic, complex or serious conditions

6.3 **The state assures that, with respect to pre-existing medical conditions, one of the following two statements applies to its plan: (42CFR 457.480)**

6.3.1. X **The state shall not permit the imposition of any pre-existing medical condition exclusion for covered services (Section 2102(b)(1)(B)(ii)); OR**

6.3.2. **The state contracts with a group health plan or group health insurance coverage, or contracts with a group health plan to**

provide family coverage under a waiver (see Section 6.4.2. of the template). Pre-existing medical conditions are permitted to the extent allowed by HIPAA/ERISA (Section 2103(f)). Please describe: *Previously 8.6*