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## AZ - Submission Package - AZ2024MS0005O - (AZ-24-0023) - Administration

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DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Medicaid and CHIP Operations Group  
601 E. 12th St. Room 355  
Kansas City, MO 64106



### Center for Medicaid & CHIP Services

December 18, 2024

Carmen Heredia  
Director  
AHCCCS  
801 E Jefferson St  
Phoenix, AZ 85034

Re: Approval of State Plan Amendment AZ-24-0023

Dear Director Heredia:

On December 16, 2024, the Centers for Medicare & Medicaid Services (CMS) received Arizona State Plan Amendment (SPA) AZ-24-0023 to update state plan assurances in accordance with federally mandated quality reporting requirements for the Child Core Set and the behavioral health quality measures on the Adult Core Set outlined in 42 CFR 431.16 and 437.10 through 437.15.

We approve Arizona State Plan Amendment (SPA) AZ-24-0023 with an effective date(s) of October 01, 2024.

If you have any questions regarding this amendment, please contact Brian Zolynas at [brian.zolynas@cms.hhs.gov](mailto:brian.zolynas@cms.hhs.gov).

Sincerely,  
James G. Scott  
Director, Division of Program Operations  
Center for Medicaid & CHIP Services

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# AZ - Submission Package - AZ2024MS0005O - (AZ-24-0023) - Administration

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CMS-10434 OMB 0938-1188

## Package Information

**Package ID** AZ2024MS0005O  
**Program Name** N/A  
**SPA ID** AZ-24-0023  
**Version Number** 1  
**Submitted By** Maxwell Seifer  
**Package Disposition** 

**Submission Type** Official  
**State** AZ  
**Region** San Francisco, CA  
**Package Status** Approved  
**Submission Date** 12/16/2024  
**Approval Date** 12/18/2024 5:03 PM EST

## Submission - Summary

MEDICAID | Medicaid State Plan | Administration | AZ2024MS00050 | AZ-24-0023

### Package Header

<b>Package ID</b>	AZ2024MS00050	<b>SPA ID</b>	AZ-24-0023
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	12/16/2024
<b>Approval Date</b>	12/18/2024	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### State Information

**State/Territory Name:** Arizona

**Medicaid Agency Name:** AHCCCS

### Submission Component

- State Plan Amendment
- Medicaid
- CHIP

### Submission - Summary

MEDICAID | Medicaid State Plan | Administration | AZ2024MS00050 | AZ-24-0023

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<b>Approval Date</b> 12/18/2024	<b>Effective Date</b> N/A
<b>Superseded SPA ID</b> N/A	

#### SPA ID and Effective Date

**SPA ID** AZ-24-0023

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Reporting	10/1/2024	N/A

Page Number of the Superseded Plan Section or Attachment (If Applicable):

### Submission - Summary

MEDICAID | Medicaid State Plan | Administration | AZ2024MS00050 | AZ-24-0023

#### Package Header

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<b>Approval Date</b>	12/18/2024	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

#### Executive Summary

**Summary Description Including Goals and Objectives** This SPA attests to Arizona's compliance with federal requirements for mandatory Medicaid and CHIP Core Set Reporting that were established in Final Rule 88 FR 60278.

#### Federal Budget Impact and Statute/Regulation Citation

##### Federal Budget Impact

	Federal Fiscal Year	Amount
First	2025	\$0
Second	2026	\$0

##### Federal Statute / Regulation Citation

Centers for Medicare & Medicaid Services Mandatory Medicaid and Children's Health Insurance Program (CHIP) Core Set Reporting final rule (88 FR 60278).

##### Supporting documentation of budget impact is uploaded (optional).

Name	Date Created
No items available	

## Submission - Summary

MEDICAID | Medicaid State Plan | Administration | AZ2024MS00050 | AZ-24-0023

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<b>Superseded SPA ID</b>	N/A		

### Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

## Submission - Medicaid State Plan

MEDICAID | Medicaid State Plan | Administration | AZ2024MS00050 | AZ-24-0023

CMS-10434 OMB 0938-1188

**The submission includes the following:**

- Administration
  - Organization
  - General Administration

- Reporting

Reviewable Unit Name	Included in Another Source Type Submission Package
Reporting	APPROVED

- Eligibility
- Benefits and Payments

# Submission - Public Comment

MEDICAID | Medicaid State Plan | Administration | AZ2024MS00050 | AZ-24-0023

## Package Header

<b>Package ID</b> AZ2024MS00050	<b>SPA ID</b> AZ-24-0023
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<b>Approval Date</b> 12/18/2024	<b>Effective Date</b> N/A
<b>Superseded SPA ID</b> N/A	

### Indicate whether public comment was solicited with respect to this submission.

- Public notice was not federally required and comment was not solicited
- Public notice was not federally required, but comment was solicited
- Public notice was federally required and comment was solicited

### Indicate how public comment was solicited:

- Newspaper Announcement
- Publication in state's administrative record, in accordance with the administrative procedures requirements
- Email to Electronic Mailing List or Similar Mechanism
- Website Notice

### Select the type of website

- Website of the State Medicaid Agency or Responsible Agency

**Date of Posting:** Sep 4, 2024

**Website URL:** <https://www.azahcccs.gov/AHCCCS/Downloads/PublicNotices/CoreSetSPAPublicNotice.pdf>

- Website for State Regulations
- Other

- Public Hearing or Meeting

**Name of process:**

**Description of process:**

**Communication Method**

**Public Forum Used**

**Name of process:**


**Description of process:**

**Communication Method**

**Public Forum Used**

- Other method

### Upload copies of public notices and other documents used

Name	Date Created	
<a href="#">Core Set SPA Public Notice</a>	12/16/2024 3:02 PM EST	

### Upload with this application a written summary of public comments received (optional)

Name	Date Created	
No items available		

### Indicate the key issues raised during the public comment period (optional)

- Access
- Quality
- Cost
- Payment methodology
- Eligibility
- Benefits
- Service delivery
- Other issue



# Submission - Tribal Input

MEDICAID | Medicaid State Plan | Administration | AZ2024MS00050 | AZ-24-0023

## Package Header

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<b>Submission Type</b> Official	<b>Initial Submission Date</b> 12/16/2024
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<b>Superseded SPA ID</b> N/A	

One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this state

- Yes
- No

This state plan amendment is likely to have a direct effect on Indians, Indian Health Programs or Urban Indian Organizations, as described in the state consultation plan.

- Yes
- No

The state has solicited advice from Indian Health Programs and/or Urban Indian Organizations, as required by section 1902(a)(73) of the Social Security Act, and in accordance with the state consultation plan, prior to submission of this SPA.

Complete the following information regarding any solicitation of advice and/or tribal consultation conducted with respect to this submission:

Solicitation of advice and/or Tribal consultation was conducted in the following manner:

All Indian Health Programs

Date of solicitation/consultation:	Method of solicitation/consultation:
11/14/2024	Hybrid Tribal Consultation
12/18/2023	Hybrid Tribal Consultation

All Urban Indian Organizations




Date of solicitation/consultation:	Method of solicitation/consultation:
11/14/2024	Hybrid Tribal Consultation
12/18/2023	Hybrid Tribal Consultation

States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below:

All Indian Tribes

Date of consultation:	Method of consultation:
11/14/2024	Hybrid Tribal Consultation
12/18/2023	Hybrid Tribal Consultation

The state must upload copies of documents that support the solicitation of advice in accordance with statutory requirements, including any notices sent to Indian Health Programs and/or Urban Indian Organizations, as well as attendee lists if face-to-face meetings were held. Also upload documents with comments received from Indian Health Programs or Urban Indian Organizations and the state's responses to any issues raised. Alternatively indicate the key issues and summarize any comments received below and describe how the state incorporated them into the design of its program.

Name	Date Created	
<a href="#">11.14.24Tri-AgencyAgenda</a>	12/16/2024 4:05 PM EST	
<a href="#">12182023QuarterlyTC_Agenda</a>	12/16/2024 4:05 PM EST	
<a href="#">12182023QuarterlyTC_Presentation</a>	12/16/2024 4:05 PM EST	

Indicate the key issues raised (optional)

- Access
- Quality
- Cost
- Payment methodology
- Eligibility
- Benefits
- Service delivery
- Other issue

# Medicaid State Plan Administration

## General Administration

### Reporting

#### Package Header

<b>Package ID</b>	AZ2024MS00050	<b>SPA ID</b>	AZ-24-0023
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<b>Superseded SPA ID</b>	N/A		
	User-Entered		

#### A. General Reporting

The agency submits all reports in the form and with the content required by the Secretary and complies with any provisions that the Secretary finds necessary to verify and assure the correctness of all reports.

1. The agency assures that all requirements of 42 CFR 431.16 are met.

#### B. Annual Reporting on the Child and Adult Core Sets

1. The agency assures that all requirements of 42 CFR 437.10 through 437.15 are met.

2. The agency reports annually, by December 31, on:

a. All measures on the Child Core Set that are identified by the Secretary pursuant to 42 CFR 437.10.

b. All behavioral health measures on the Adult Core Set that are identified by the Secretary pursuant to 42 CFR 437.10.

#### C. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

*This view was generated on 12/24/2024 4:21 PM EST*