

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: ARIZONA

INCOME AND ELIGIBILITY VERIFICATION SYSTEM PROCEDURES  
REQUESTS TO OTHER STATE AGENCIES

Any income, resource or eligibility information not specified in 42 CFR.435.948 (a) (1) through (a) (5), concerning AHCCCS applicants and recipients is routinely requested and verified from other agencies within Arizona and other states administering the program described in 42 CFR.435.948 (a) (6).

TN No. 87-1  
Supersedes  
TN No. \_\_\_\_\_

Approval Date FEB 13 1987

Effective Date SEP 30 1986

HCFA ID: 0123P/0002P