

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>	1. TRANSMITTAL NUMBER: 10-008	2. STATE Arizona
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**FOR: Centers for Medicare and Medicaid Services**

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
CENTERS FOR MEDICARE AND MEDICAID SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
July 1, 2010

5. TYPE OF PLAN MATERIAL (Check One):

- NEW STATE PLAN       AMENDMENT TO BE CONSIDERED AS NEW PLAN       AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:  
  
Section 1917(b)(1)(B)(ii) of the Social Security Act (42 U.S.C.  
1396p(b)(1)(B)(ii))

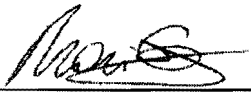
7. FEDERAL BUDGET IMPACT:  
  
FFY 2010 \$ 23,000  
FFY 2011 \$128,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  
  
Section 4.17, pp. 53a, 53a-1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):  
  
Section 4.17, pp. 53a

10. SUBJECT OF AMENDMENT:  
  
Adds estate recovery protections resulting from Section 115 of MIPPA, which requires states to exempt Medicare cost-sharing benefits paid under the Medicare Savings Programs from estate recovery effective 1/1/10.

11. GOVERNOR'S REVIEW (Check One):  
 GOVERNOR'S OFFICE REPORTED NO COMMENT       OTHER, AS SPECIFIED:  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:  


13. TYPED NAME:  
Monica Coury

14. TITLE:  
Assistant Director

15. DATE SUBMITTED:  
July 2, 2010

16. RETURN TO:  
  
Monica Coury  
801 E. Jefferson, MD#4200  
Phoenix, Arizona 85034

17. DATE RECEIVED

18. COMMENTS

19. COMMENTS

20. COMMENTS

21. TYPED NAME

22. TITLE

23. REMARKS

Pen & ink changes to be...