

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
11-002

2. STATE
Arizona

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
January 1, 2011

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:

42 CFR 418

7. FEDERAL BUDGET IMPACT:

FFY 2011: N/A
FFY 2012: N/A

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A Limitations, page 2(a) – 2(b)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Same
Attachment 3.1-A Limitations, page 2(a)

10. SUBJECT OF AMENDMENT:

Describes hospice services provided under EPSDT.

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:



16. RETURN TO:

Monica Coury
801 E. Jefferson, MD#4200
Phoenix, Arizona 85034

13. TYPED NAME:

Monica Coury

14. TITLE:

Assistant Director

15. DATE SUBMITTED:

February 23, 2011

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

February 23, 2011

18. DATE APPROVED:

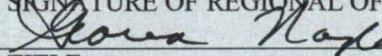
MAY 12 2011

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

January 1, 2011

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:

Gloria Nagle

22. TITLE:

Associate Regional Administrator
Division of Medicaid & Children's Health

23. REMARKS:

Box 8- 9: Pen and ink change to add page 2(b) in Box 8 and correct Box 9 approved by State in email dated 4/28/11.
Box 7: Pen and ink change to add FY12 amount approved by State by phone on 5/9/11.