TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 11- 007	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 July 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: Sec. 1905(a)(5) of the Social Security Act	7. FEDERAL BUDGET IMPACT:		
IDEA Part B 42 CFR § 440.60, 42 CFR § 440.110, 42 CFR § 440.130 42 CFR § 440.167 42 CFR § 441.62 Arizona Administrative Code R9-22-213	FFY 2012: \$5,003,324.95* FFY 2013: \$5,003,324.95*		
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):		
Attachment 3.1A <u>Limitations</u> pp. 3-5a- <u>5b</u> Attachment 4.19B, pp. 10-16	Attachment 3.1-A pp. 3-5 Attachment 4.19B, pp. 10,11		
10. SUBJECT OF AMENDMENT: Revises methodology for reimbursing Medicaid services provided by a participating Local Education Agency (LEA)			
11. GOVERNOR'S REVIEW (Check One): ☐ GOVERNOR'S OFFICE REPORTED NO COMMENT ☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED ☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:		
12. SIGNATURE OF STATE AGENCY OFFICIAL:	,		
Money	16. RETURN TO:		
13. TYPED NAME: Monica Coury	Monica Coury		
14. TITLE:	801 E. Jefferson, MD#4200 Phoenix, Arizona 85034		
Assistant Director 15. DATE SUBMITTED:			
June 20, 2011			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: June 20, 2011	18. DATE APPROVED DEC 1 6 20	11	
PLAN APPROVED - ONE COPY ATTACHED 19. EFFECTIVE DATE OF APPROVED MATERIAL: 20/ SIGNATURE OF REGIONAL OFFICIAL:			
19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2011	Slava Nolo		
21. TYPED NAME: Gloria Nagle	22. TITLE: Associate Regional Admin Division of Medicaid & Cl		
23. REMARKS:			
Pen & Ink changes to Boxes 7 & 8 made by State on 9/27/11 per CMS request.			