TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 11- 008	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 April 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 440.60	7. FEDERAL BUDGET IMPACT:  FFY 2011: NA  FFY 2011: NA	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):	
Attachment 3.1A Limitations 6.d.viii, p. 7	Same	
10. SUBJECT OF AMENDMENT: Clarifies the list of state-licensed behavioral health practitioners described in Attachment 3.1-A Limitations		
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	OTHER, AS SPECIFIED:	
12. SIGNATURE OF STATE AGENCY OFFICIAL:		
Moss	16. RETURN TO:	
13. TYPED NAME: Monica Coury	Monica Coury 801 E. Jefferson, MD#4200 Phoenix, Arizona 85034	
14. TITLE:		
Assistant Director 15. DATE SUBMITTED:		
June 20, 2011  FOR REGIONAL OF	PICE USE ONLY	The company of the co
17, DATE RECEIVED: June 20, 2011	18. DATE APPROVED: SEP	0.9 2011
PLAN APPROVED – ONI 19. EFFECTIVE DATE OF APPROVED MATERIAL: April 1, 2011	20. SICHATURE OF REGIONAL OF	
21. TYPED NAME: Gloria Nagle	22. TITLE: Associate Regional Admin Division of Medicaid & Children's Hea	
Box 7: Pen & Ink change made per CMS request and approved by State v	via email dated 8/30/11.	