CENTERS FOR MEDICARE AND MEDICAID SERVICES	·	
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL	12-002	Arizona
FOD: Contage for Medicage and Medicaid Sources	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: Centers for Medicare and Medicaid Services		
	A PROPOSED PROPOSTAL DATE	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
CENTERS FOR MEDICARE AND MEDICAID SERVICES	March 25. 2011	
DEPARTMENT OF HEALTH AND HUMAN SERVICES		
5. TYPE OF PLAN MATERIAL (Check One):		
☐ NEW STATE PLAN ☐ AMENDMENT TO BE (	CONSIDERED AS NEW PLAN	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME	NDMENT (Separate Transmittal for each	n amendment)
	7. FEDERAL BUDGET IMPACT:	
6. FEDERAL STATUTE/REGULATION CITATION:		
	FFY 2012: <u>\$214,724</u> (01/01/2	2012 - 09/30/2012)
42 CFR 455 subpart E	FFY 2013: <u>\$231,299</u> (10/01/2	
	11 1,2013. <u>\$\pu231,299</u> (10/01/2	2012 - 09/30/2013)
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION	
8. FAGE NUMBER OF THE FLAN SECTION OR ATTACHMENT.	OR ATTACHMENT (If Applicable):	
Duo augus Into auto.	OR ATTACHMENT (	у Аррисавіе):
Program Integrity	N. A. P. 11 (27/4)	
Section 4.46	Not Applicable (N/A)	
Pages 79bb-79cc		
10. SUBJECT OF AMENDMENT:		
Provides assurance that the State complies with federal requirements related to Provider Screening and Enrollment		
•	6	
11. GOVERNOR'S REVIEW (Check One):		
C		W
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT	☐ OTHER, AS SPEC	CIFIED:
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	☐ OTHER, AS SPEC	CIFIED:
	☐ OTHER, AS SPEC	CIFIED:
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED ☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		CIFIED:
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