

Region IX

Division of Medicaid & Children's Health Operations
90 Seventh Street, Suite 5-300 (5W)

San Francisco, CA 94103-6706

AUG 2 0 2012

Tom Betlach, Director Arizona Health Care Cost Containment System 801 East Jefferson Street Phoenix, AZ 85034

Dear Mr. Betlach:

Enclosed is an approved copy of Arizona State Plan Amendment (SPA) No. 12-003A that was originally submitted to the CMS San Francisco Regional Office on July 16, 2012. This SPA adds a new Attachment 4.19-B, page 9(a) to indicate that the published rate is paid for up to five (5) encounters/visits per recipient per day in AHCCCS-registered facilities that provide covered services to Medicaid in an Indian Health Service (IHS) or tribal 638 facility.

The effective date of this SPA is October 1, 2012 as requested. Enclosed are the following approved State Plan pages to be incorporated within your approved State Plan:

• Attachment 4.19-B, page 9(a)

If you have any questions, please contact Cheryl Young by phone at (415) 744-3598 or by email at Cheryl Young@cms.hhs.gov.

Sincerely,

/s/
Gloria Nagle, Ph.D., M.P.A.
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

cc: Jessica Schubel, CMCS Erica Scott, CMCS Cyndi Gillaspie, CMCHO HeeYoung Ansell, DMCHO