TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL	12-004	Arizona
STATE TEAN MATERIAL		
FOR: Centers for Medicare and Medicaid Services	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR Centers for Fredicate and Fredicate Services		
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
CENTERS FOR MEDICARE AND MEDICAID SERVICES	September 30, 2012	
DEPARTMENT OF HEALTH AND HUMAN SERVICES		
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:	7. FEDERAL BUDGET IMPACT:	
Section 1940 of the Social Security Act	\$ (forthcoming) FY12: \$0	
4 <del>2 CFR §§440.169, 210, 170</del>	<u>FY13: \$0</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERS	
	OR ATTACHMENT (If Applicable):	
Supplement 16 to Attachment 2.6-A, pages 1-3	27/4	
,	N/A	
10 CV DV CO OD A1 CD D0 CD V		
10. SUBJECT OF AMENDMENT:		
Undeten the State Dien were to elevify the continue system (AVS) that we if a the contract of and blind on dividing		
Updates the State Plan pages to clarify the asset verification system (AVS) that verifies the assets of aged, blind, or disabled		
Medicaid applicants or recipients.		
11. GOVERNOR'S REVIEW (Check One):		
GOVERNOR'S REVIEW (Check One).	☑ OTHER, AS SPEC	TETET).
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	M Official As si Ec	arieb.
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	***************************************
Mar S	Monica Coury	
Metors	801 E. Jefferson, MD#4200	
13. TYPED NAME:	Phoenix, Arizona 85034	
Monica Coury		
14. TITLE:		
Assistant Director		
15. DATE SUBMITTED:		
March 30, 2012		
FOR REGIONAL OF		
17. DATE RECEIVED:	18. DATE APPROVED:	0 2012
March 30, 2012 PLAN APPROVED – ON		O ZUIZ
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL OF	FIGUAL:
September 30, 2012	',  'd	and the company of the control of th
21. TYPED NAME:	22 TITLE: Associate Regional Admin	= G+N vietrator
Gloria Nagle	Division of Medicaid & Children's Hea	
23. REMARKS:		
Box 6 – Pen & ink change made by CMS and approved by State via email dated 5/17/12.		
Box 7 - Pen & ink change made by CMS and approved by State via email dated 5/17/12.		