| ENTERS FOR MEDICARE AND MEDICALD S   |                              | 1. TRANSMITTAL NUMBER:   | 2. STATE               |
|--|------------------------------|--|------------------------|
| TRANSMITTAL AND NOTI   | CE OF APPROVAL OF            |  | Arizona                |
| STATE PLAN MATERIAL  |                              | 12-007   | Arizona                |
| MATATA TATAL ITALA MATANA  |                              |  |                        |
| FOR: Centers for Medicare and Medicaid Services  |                              | 3. PROGRAM IDENTIFICATION: TIT   | TLE XIX OF THE         |
|  |                              | SOCIAL SECURITY ACT (MEDICAID)   |                        |
|  |                              |  |                        |
| CENTERS FOR MEDICARE AND MEDICAID SERVICES   |                              | October 1, 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/REGULATI  |                              | 7. FEDERAL BUDGET IMPACT:  |                        |
| 42 CFR 447, S  |                              | \$ <del>-1,087,900</del> \$(1,087,900)   |                        |
| 42 Of R 447, 1   | Suopair C                    | Ψ 1,001,000 Ψ(1,001,000)   |                        |
| a promising and the property and   | TOTAL OR ATTACHMENT          | A DAGE MUMBER OF THE CURERC  | PEDED DI ANI SECTIONI  |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  |                              | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  |                        |
|  |                              | OR ATTACHMENT (If Applicable):   |                        |
| Page 6 of Attachment 4.19-A  |                              |  |                        |
| •  |                              | Page 6 of Attachment 4.19-A  |                        |
|  |                              |  |                        |
|  | •                            |  |                        |
| •  |                              |  |                        |
| •  |                              |  |                        |
| 10. SUBJECT OF AMENDMENT:  |                              |  |                        |
|  |                              |  |                        |
| Undates the State Plan regarding   | Outliers for the time period | heginning October 1, 2012  | •                      |
| Updates the State Plan regarding Outliers for the time period beginning October 1, 2012.   |                              |  |                        |
| 11. GOVERNOR'S REVIEW (Check   | One):                        |  |                        |
| ☐ GOVERNOR'S OFFICE REP  |                              | ☑ OTHER, AS SPEC   | CIFIED:                |
| COMMENTS OF GOVERNOR'S OFFICE ENCLOSED   |                              |  |                        |
|  |                              |  |                        |
| ☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL  |                              |  |                        |
|  |                              |  |                        |
| 12. SIGNATURE OF STATE AGENCY OFFICIAL:  |                              | 16, RETURN TO:   |                        |
|  |                              |  |                        |
| Man C  |                              | Monica Coury<br>801 E. Jefferson, MD#4200<br>Phoenix, Arizona 85034  |                        |
| 1 Calor  |                              |  |                        |
| 10 (TUDED MANCE)   |                              |  |                        |
| 13. TYPED NAME:  |                              |  |                        |
| Monica Coury   |                              |  |                        |
| 14. TITLE:   |                              |  |                        |
| Assistant Director   |                              | 1  |                        |
| 15. DATE SUBMITTED:  |                              |  |                        |
| July 17, 2012  |                              |  |                        |
| July 17, 2012  | FOR DECIONAL OF              | PRICE TICE ONLY  | AND SECTION OF SECTION |
|  |                              |  |                        |
| 17. DATE RECEIVED:   | 그 아이들 때 하는 사이를 가셨다고 있다.      | 18. DATE APPROVED: JAN   | <b>- 8</b> 2013        |
|  | 医牙毛状的现在分词 化基金色法数层线线          | The state of the s |                        |
| PLAN APPROVED - ONE COPX ATTACHED  |                              |  |                        |
| 19. EFFECTIVE DATE OF APPROVED WATER 12012   |                              | 20. SIGNATURE OF REGIONAL OF   | FICIAL:                |
| OCI #1 KUK   |                              | 1/ Com   |                        |
| 21. TYPED NAME:  |                              | 22. TILE:  |                        |
| 21. TITED WANTE. YEATING   | 1 hom Pson                   | DEDUTY LIVECTOR  | CMCS                   |
| 23. REMARKS:   |                              |  | N. W. Alexandra        |
| 23. ROM HALS.  |                              |  | Market Market State    |
| The Regional Office made pen-and-ink changes to Box 7 with state concurrences dated 12/7/2012.   |                              |  |                        |
| The Regional Office made pen-and-ink changes to box / with state concurrences dated 12/1/2012.   |                              |  |                        |
|  |                              |  |                        |
|  |                              |  |                        |
| The state of the s |                              |  |                        |
|  |                              |  |                        |
|  |                              |  |                        |
| <u> </u>   |                              |  |                        |