CENTERS FOR MEDICARE AND MEDICAID SERVICES		
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL	12-008	Arizona
STATETLAN MATERIAL		
	3. PROGRAM IDENTIFICATION: TI	TI E VIX OF THE
FOR: Centers for Medicare and Medicaid Services		
	SOCIAL SECURITY ACT (MEDICAID)	
TO DECICIONAL ADMINISTRAÇÃO	A DD ODOGED EDECCTIVE DATE	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	:
CENTERS FOR MEDICARE AND MEDICAID SERVICES	October 1, 2012	
DEPARTMENT OF HEALTH AND HUMAN SERVICES		
5. TYPE OF PLAN MATERIAL (Check One):		44.429600-446-7-0
3.111 B Of TEM WITTERGILE (Check One).		
☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT		
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME	NDMENT (Separate Transmittal for each	h amendment)
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	
42 CFR 433.68(d)	\$ 3 million for FFY 2013	
· ·	\$ 3 million for FFY 2014	
42 CFR 447 Subpart C		The state of the s
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERS	
	OR ATTACHMENT (If Applicable,):
Page 9, 9a of Attachment 4.19-D		
	Page 9 of Attachment 4.19-D	
	1 450 3 01 1111111111	
10. SUBJECT OF AMENDMENT:		
10. SOBJECT OF AMENDMENT.		
	10 10	22 1 2 1 1
Updates the State Plan to describe the Nursing Facility Tax	and Supplemental Payment struct	ure effective October 1,
2012.		
2012.		
11 COMPRIORIC PRIMITIVE (CL. 1 C.)		
11. GOVERNOR'S REVIEW (Check One):	_	
GOVERNOR'S OFFICE REPORTED NO COMMENT		
GOVERNOR SOFFICE REPORTED NO COMMENT	☑ OTHER, AS SPE	CIFIED:
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	⊠ OTHER, AS SPEC	CIFIED:
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	⊠ OTHER, AS SPEC	CIFIED:
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