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State/Territory Name: Arizona

State Plan Amendment (SPA) #: 17-009

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
San Francisco Regional Office
90 Seventh Street, Suite 5-300 (5W)
San Francisco, CA 94103-6706



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

February 13, 2018

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

Dear Mr. Betlach:

We have reviewed the proposed State Plan Amendment (SPA) 17-009, which was submitted to the Centers for Medicare & Medicaid Services (CMS) San Francisco Regional Office on December 7, 2017. This SPA revises the provisions concerning deductions from the post-eligibility share of cost calculation.

Based on the information provided, we are approving SPA 17-009 with an effective date of April 1, 2018 as requested. We are enclosing the approved Form CMS-179 and the following Medicaid State Plan page:

- Supplement 3 to Attachment 2.6-A, Page 1

If you have any additional questions or need further assistance, please contact Brian Zolynas at (415) 744-3601 or Brian.Zolynas@cms.hhs.gov.


Sincerely,

/s/

Henrietta Sam-Louie
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosure:

cc: Jessica Woodard
Annie Hollis

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 17-009	2. STATE Arizona
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: Centers for Medicare and Medicaid Services		4. PROPOSED EFFECTIVE DATE April 1, 2018	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES			
5. TYPE OF PLAN MATERIAL (<i>Check One</i>):			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate Transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR Part 447		7. FEDERAL BUDGET IMPACT: FFY 18: \$0 FFY 19: \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: SUPPLEMENT 3 TO ATTACHMENT 2.6 A Page 1		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Same	
10. SUBJECT OF AMENDMENT: Updates the State Plan to make changes to the share of cost deduction by expanding the list of services eligible for a share of cost deduction and adding a reasonable restriction on the period in which the expense occurred			
11. GOVERNOR'S REVIEW (<i>Check One</i>):			
<input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL:  ✓		16. RETURN TO: Elizabeth Lorenz 801 E. Jefferson, MD#4200 Phoenix, Arizona 85034	
13. TYPED NAME: Elizabeth Lorenz			
14. TITLE: Assistant Director			
15. DATE SUBMITTED: 12/7/17			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: December 7, 2017		18. DATE APPROVED: February 13, 2018	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: April 1, 2018		20. SIGNATURE OF REGIONAL OFFICIAL: /s/	
21. TYPED NAME: Henrietta Sam-Louie		22. TITLE: Associate Regional Administrator Division of Medicaid and Children's Health Operations	
23. REMARKS:			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: ARIZONA

**REASONABLE LIMITS ON AMOUNTS FOR NECESSARY MEDICAL
OR REMEDIAL CARE NOT COVERED UNDER MEDICAID**

To be considered as a deduction from the share of cost income, the expense can be a type of care not covered under the State Plan or a type of service that is covered under the State Plan but that is not reimbursed by the State.

The expense must be for a medically necessary service or remedial care service rendered to the applicant or beneficiary and prescribed by a health care practitioner acting within the scope of practice as defined by State law. The applicant or recipient must have or have had a legal obligation to pay the medical or remedial expense. Deductions do not include the cost of services to the extent a third party paid for or is liable for the service. Deductions for expenses incurred prior to application are limited to expenses incurred during the three months prior to the filing of an application.

Documentation of expenses paid by the applicant or recipient must be provided to the State prior to the end of the month following the month during which the expense was paid.

With respect to services of a type covered under the State Plan but not reimbursed by the State, the amount of the deduction is limited to the amount of the reimbursement described in the State Plan. With respect to services of a type not covered under the State Plan, the amount of the deduction is the fair market value of the services provided.

The deduction for medical and remedial care expenses that were incurred as the result of imposition of a transfer of assets penalty period is limited to zero.

TN No. 17-009
Supersedes
TN No. 06-002

Approval Date: February 13, 2018

Effective Date: 04/01/2018