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State/Territory Name: Arizona

State Plan Amendment (SPA) #: 22-0002

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
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

March 29, 2022

Jami Snyder, Director
Arizona Health Care Cost Containment System
801 East Jefferson Street
Phoenix, AZ 85034

Re: Arizona State Plan Amendment (SPA) 22-0002

Dear Ms. Snyder:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 22-0002. This amendment attests to the state's compliance with Division CC, Title II, Section 210 of the Consolidated Appropriations Act (2021), which requires mandatory Medicaid coverage of routine patient costs furnished in connection with participation in qualifying clinical trials.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations. This letter is to inform you that Arizona Medicaid SPA 22-0002 was approved on March 29, 2022, with an effective date of January 1, 2022.

If you have any questions, please contact Brian Zolynas at 415-744-3601 or via email at Brian.Zolynas@cms.hhs.gov

Sincerely,

A black rectangular box redacting the signature of James G. Scott.

Digitally signed by
James G. Scott -S
Date: 2022.03.29
16:41:27 -05'00'

James G. Scott, Director
Division of Program Operations

cc: Dana Flannery, AHCCCS
Ruben Soliz, AHCCCS
Alex Demyan, AHCCCS

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER 22 - 0 0 0 2	2. STATE AZ
3. PROGRAM IDENTIFICATION: TITLE 19 OF THE SOCIAL SECURITY ACT	

TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE January 1, 2022
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5. FEDERAL STATUTE/REGULATION CITATION Division CC, Title II, Section 210 of the Consolidated Appropriations Act (20210)	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY 22 \$ 0 b. FFY: 23 \$ 0
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7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT ATTACHMENT 3.1-A Page 11(a)4 ATTACHMENT 3.1-B Page 10	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) NEW
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9. SUBJECT OF AMENDMENT
Attests to the state's compliance with Division CC, Title II, Section 210 of the Consolidated Appropriations Act (20210), which requires mandatory Medicaid coverage of routine patient costs furnished in connection with participation in qualifying clinical trials.

10. GOVERNOR'S REVIEW (Check One)


GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

11. SIGNATURE OF STATE AGENCY OFFICIAL 	15. RETURN TO Dana Flannery 801 E, Jefferson, MD#4200 Phoenix, AZ 85034
12. TYPED NAME Dana Flannery	
13. TITLE Assistant Directory	
14. DATE SUBMITTED: 3/14/2022	

FOR CMS USE ONLY	
16. DATE RECEIVED March 14, 2022	17. DATE APPROVED March 29, 2022

PLAN APPROVED - ONE COPY ATTACHED	
18. EFFECTIVE DATE OF APPROVED MATERIAL January 1, 2022	19. SIGNATURE OF APPROVING OFFICIAL  Digitally signed by James G. Scott -S Date: 2022.03.29 16:42:08 -05'00'
20. TYPED NAME OF APPROVING OFFICIAL James G. Scott	21. TITLE OF APPROVING OFFICIAL Director, Division of Program Operations

22. REMARKS
Pen-and-ink changes made to Boxes 5, 7, and 9 with the approval of the state on 3/17, 3/21, and 3/28/2022.

State/Territory:
ARIZONA

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
CATEGORICALLY NEEDY GROUP(S)

28. Coverage of Routine Patient Cost in Qualifying Clinical Trials

*The state needs to check each assurance below.

Provided: X

I. General Assurances:

Routine Patient Cost – Section 1905(gg)(1)

 X Coverage of routine patient cost for items and services as defined in section 1905(gg)(1) that are furnished in connection with participation in a qualified clinical trial.

Qualifying Clinical Trial – Section 1905(gg)(2)

 X A qualified clinical trial is a clinical trial that meets the definition at section 1905(gg)(2).

Coverage Determination – Section 1905(gg)(3)

 X A determination with respect to coverage for an individual participating in a qualified clinical trial will be made in accordance with section 1905(gg)(3).

PRA Disclosure Statement - This information is being collected to assist the Centers for Medicare & Medicaid Services in implementing Section 210 of the Consolidated Appropriations Act of 2021 amending section 1905(a) of the Social Security Act (the Act), by adding a new mandatory benefit at section 1905(a)(30). Section 210 mandates coverage of routine patient services and costs furnished in connection with participation by Medicaid beneficiaries in qualifying clinical trials effective January 1, 2022. Section 210 also amended sections 1902(a)(10)(A) and 1937(b)(5) of the Act to make coverage of this new benefit mandatory under the state plan and any benchmark or benchmark equivalent coverage (also referred to as alternative benefit plans, or ABPs). Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #74). Public burden for all of the collection of information requirements under this control number is estimated to take about 56 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.