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State/Territory Name: Arizona

State Plan Amendment (SPA) #: 22-0018

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

December 21, 2022

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

Re: Arizona State Plan Amendment (SPA) 22-0018

Dear Ms. Snyder:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 22-0018. This amendment adds chiropractors' services.

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 22-0018 was approved on December 21, 2022 with an effective date of October 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 redacts the signature of James G. Scott.

Digitally signed by James
G. Scott -S
Date: 2022.12.21 09:45:07
-06'00'

James G. Scott, Director
Division of Program Operations

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

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER 22 - 0018	2. STATE AZ
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT	
4. PROPOSED EFFECTIVE DATE October 1, 2022	
6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>23</u> \$ 344,100 b. FFY: <u>24</u> \$ 331,700	
8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 3.1-A, page 3 Attachment 3.1-A Limitations, page 6	

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. FEDERAL STATUTE/REGULATION CITATION
42 U.S.C. §1396a(a)(13)(1997) Title XIX of the Social Security Act

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-A, page 3
Attachment 3.1-A Limitations, page 6

9. SUBJECT OF AMENDMENT
Adds chiropractors' services, with limitations, to the state plan.


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



12. TYPED NAME
Dana Flannery

13. TITLE
Assistant Director

14. DATE SUBMITTED: October 5, 2022

15. RETURN TO

Dana Flannery
801 E. Jefferson St., MD # 4200
Phoenix, AZ 85034

FOR CMS USE ONLY

16. DATE RECEIVED October 5, 2022	17. DATE APPROVED December 21, 2022
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PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL October 1, 2022	19. SIGNATURE OF APPROVING OFFICIAL  Digitally signed by James G. Scott -S Date: 2022.12.21 09:45:46 -06'00'
20. TYPED NAME OF APPROVING OFFICIAL James G. Scott	21. TITLE OF APPROVING OFFICIAL Director, Division of Program Operations

22. REMARKS
Pen-and-ink change made to Box 5 with the approval of the state on 12/19/2022.

State/Territory: ARIZONA
AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

b. Optometrists' services.

Provided: No limitations With limitations*
 Not provided.

c. Chiropractors' services.

Provided: No limitations With limitations*
 Not provided.

d. Other practitioners' services.

Provided: Identified in Limitations section of Attachment.
 Not provided.

7. Home health services.

a. Intermittent or parttime nursing services provided by a home health agency or by a registered nurse when no home health agency exists in the area.

Provided: No limitations With limitations*

b. Home health aide services provided by a home health agency.

Provided: No Limitation With limitations*

c. Medical supplies, equipment, and appliances suitable for use in the home.

Provided: No Limitations With limitations**

* Description provided in Limitations section of this Attachment.

**Sole limitation is authorization by appropriate entity as defined in the Limitations section of this Attachment.

6. Medical care and any other types of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.

6b. Optometrists' Services Optometrists' services when they are provided by a licensed optometrist. See section 12d for limitations on eyeglasses and contact lenses.

6c. Chiropractors' Services

Coverage is available for evidence-based, medically necessary chiropractors' services within their scope of practice as defined by state law and subject to the following limitations. The service must be ordered by a primary care provider. The service is limited to twenty visits that include treatment, annually. Medically necessary chiropractic services beyond the twenty-visit annual limit, are subject to prior authorization requirements. Acupuncture is excluded. Beneficiaries of the EPSDT benefit are not subject to these limitations.

6d. Other practitioners' services.

Other practitioners' services provided by:

- i. Services of a licensed respiratory therapist within the scope of practice according to state law.
- ii. Services of a licensed Certified Nurse Practitioner within their scope of practice according to state law.
- iii. Services of a licensed Certified Registered Nurse Anesthetist within their scope of practice according to state law.
- iv. Services of a licensed Non-physician First Surgical Assistants and Physician Assistant within their scope of practice according to state law.
- v. Services of a licensed midwife within their scope of practice according to state law.
- vi. Services of a licensed affiliated practice dental hygienist within their scope of practice according to state law.
- vii. Services of a licensed social worker within their scope of practice according to state law.
- viii. Services of a licensed physician assistant within their scope of practice according to state law.
- ix. Services of a licensed psychologist within their scope of practice according to state law.
- x. Services of a licensed counselor within their scope of practice according to state law.
- xi. Services of a licensed registered nurse within their scope of practice according to state law.
- xii. Services of a licensed psychiatric nurse practitioner within their scope of practice according to state law.
- xiii. Services of a licensed marriage and family therapist within their scope of practice according to state law.
- xiv. Services of a licensed substance abuse counselor within their scope of practice according to state law.
- xv. Services of an ADHS licensed Emergency Medical Care Technician (EMCT) within their scope of practice according to state law
- xvi. Services of a licensed Clinical Nurse Specialist within their scope of practice according to state law