

**AHCCCS NOTICE OF PUBLIC INFORMATION
INTENT TO SUBMIT A STATE PLAN AMENDMENT (SPA)**

Name of the Agency: Arizona Health Care Cost Containment System (AHCCCS)

The topic of the public information notice: Inform the public of AHCCCS's intent to submit a State Plan Amendment.

SPA Title: Eligibility Determination

SPA Overview: This SPA describes the Arizona State agencies which are responsible for determining eligibility and conducting hearings.

Tribal Consultation:

AHCCCS consulted with Tribes regarding this SPA on February 9, 2023. Below is a link to more information regarding the tribal consultation meeting.

<https://www.azahcccs.gov/AmericanIndians/TribalConsultation/>

State Plan Amendment and Public Comment Period

The proposed SPA is located on the next page of this document.

Public notice was posted on February 1, 2023.

Comments will be accepted through March 18, 2023.

Comments can be submitted through email or postal mail. The addresses where comments may be sent are provided below.

- Email:
publicinput@azahcccs.gov
- Postal Mail:
AHCCCS
Attn: Division of Community Advocacy and Intergovernmental Relations
801 E. Jefferson St., MD 4200
Phoenix, AZ 85034

Arizona State Plan

Exhibit 1 to Pages A1-A2

Category	Determines Eligibility		Conducts Hearing	
	DES	AHCCCS	DES	AHCCCS
Caretaker Relative	X	X*	X	X*
Child	X	X*	X	X*
Pregnant Woman	X	X*	X	X*
Adult	X	X*	X	X*
TMA	X	X*	X	X*
4 Month Continuous Coverage	X	X*	X	X*
Title IV-E Foster Care	X	X	X	X
Title IV-E Adoption Subsidy	X	X	X	X
Children aged out of Foster Care	X		X	X*
State Adoption Subsidy	X	X	X	X
Aged, Blind, Disabled	X**	X	X**	X
Medicare Savings Programs	X**	X	X**	X
Freedom to Work	X**	X	X**	X
Disabled Adult Child		X		X
Pickle		X		X
Disabled Widow/Widower		X		X
Breast & Cervical Cancer		X		X
Arizona Long Term Care System		X		X
KidsCare (Title XXI)	X	X*	X	X*

* AHCCCS determines eligibility when the person is a member of a household for which AHCCCS determines eligibility (e.g., aged, blind, disabled, ALTCS, ~~KidsCare~~, etc.). AHCCCS conducts the hearing when the action was taken by AHCCCS staff.

**DES determines eligibility when the person is a member of a household for which DES determines eligibility (e.g., caretaker relative, child, pregnant woman, etc.) or has also applied for SNAP or TANF. DES conducts the hearing when the action was taken by DES staff. AHCCCS staff will assist with the hearing as needed.

TN: ~~14-005 23-xxxx~~

Approval Date: ~~June 6, 2014~~ Effective Date: January 1, 2023

Supersedes TN: ~~NA 14-0005~~