



Region IX

Division of Medicaid & Children's Health Operations

90 Seventh Street, Suite 5-300 (5W)

San Francisco, CA 94103-6706

David A. Botsko, Ph.D., CFE
Director, Office of Program Integrity
Arizona Health Care Cost Containment System
701 E. Jefferson, Mail Drop 4500
Phoenix, AZ 85034

Dear Dr. Botsko:

This is in response to Valerie Noor's letters dated XXXX regarding certification by American Indian tribes that the provider(s) listed below meets AHCCCS provider requirements.

Name of Indian Tribe:

Provider: XXXXXXX
Service: XXXXXXX

Provider: XXXXXXX
Service: XXXXXXX

Regulations at 42 CFR 431.110 require the State Plan to provide that an Indian Health Service facility meeting state requirements for Medicaid participation must be accepted as a Medicaid provider on the same basis as any other qualified provider. However, when state licensure is normally required, the facility need not obtain a license, but must meet all applicable standards for licensure. The 1996 Memorandum of Understanding between the Health Care Financing Administration (now the Centers for Medicare and Medicaid Services, or CMS) and the Indian Health Service also extends this policy to health care facilities owned and operated by AI/AN tribes and tribal organizations with funding authorized by Title I or III of the Indian Self-Determination and Education Assistance Act (Public Law 93-638, as amended), currently referred to as "638 facilities."

Tribes have assumed responsibility for monitoring compliance with AHCCCS standards. The documents attached to the above referenced letter indicate that these Tribes have attested to meeting AHCCCS requirements for participation in the Medicaid program. This letter acknowledges that CMS Region IX, Division of Medicaid and Children's Health Operations, has received a copy of the tribal attestation provided to the State.

Sincerely,

Gloria Nagle, Ph.D., MPA
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

cc: Valerie Noor, AHCCCS Provider Registration

FILE COPY	Branch	Surname	Initial	Date	Branch	Surname	Initial	Date
	PMB	Young						
	PMB	Novo						
	ARA	Nagle						

File: DMCD\Tribal Issues\States\AZ\AZ Tribal Provider Certifications\Approved Tribal Cert Letters (Revised version):