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

July 31, 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) 18-006, which was submitted to the Centers for Medicare & Medicaid Services (CMS) San Francisco Regional Office on June 7, 2018. This SPA updates the Asset Verification System (AVS) section of the State Plan to reflect Arizona's election to join a consortium of several states to develop an AVS.

Based on the information provided, we are approving SPA 18-006 with an effective date of May 1, 2018 as requested. We are enclosing the approved Form CMS-179 and the following Medicaid state plan pages:

• Supplement 16 to Attachment 2.6-A, pages 2-3

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/

Hye Sun Lee Acting Associate Regional Administrator Division of Medicaid & Children's Health Operations

Enclosure:

TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE		
STATE PLAN MATERIAL	18-006	Arizona		
~				
FOR: Centers for Medicare and Medicaid Services	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)			
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE			
CENTERS FOR MEDICARE AND MEDICAID SERVICES	May 1, 2018			
DEPARTMENT OF HEALTH AND HUMAN SERVICES				
5. TYPE OF PLAN MATERIAL (Check One):				
□ NEW STATE PLAN □ AMENDMENT TO BE CONSIDERED AS NEW PLAN □ AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)				
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	amenament)		
Section 1940 of the Social Security Act	7.1 EDERAE BUDGET IWITACT.			
42 CFR Part 447	FFY 18: \$0			
	FFY 19: \$528,300			
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERS			
Supplement 16 to Attachment 2.6-A, Pages 2-3	OR ATTACHMENT (If Applicable):			
Att. 2.6A Pages 1-3	Same			
	2			
10. SUBJECT OF AMENDMENT:				
Updates the State Plan to describe AHCCCS acquisition of a	n Asset Verification system through	h the NESCO		
consortium				
11. GOVERNOR'S REVIEW (Check One):				
GOVERNOR'S OFFICE REPORTED NO COMMENT	OTHER, AS SPEC	IFIED:		
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED				
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL				
	T			
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:			
	Elizabeth Lorenz			
	801 E. Jefferson, MD#4200			
	Phoenix, Arizona 85034			
12 TWDED NAME				
13. TYPED NAME: Elizabeth Lorenz				
14. TITLE:				
Assistant Director				
15. DATE SUBMITTED:				
6/7/18				
FOR REGIONAL OFFICE USE ONLY				
17. DATE RECEIVED: June 7, 2018	18. DATE APPROVED: July 31, 2018			
June 7, 2018 July 31, 2018 PLAN APPROVED – ONE COPY ATTACHED				
19. EFFECTIVE DATE OF APPROVED MATERIAL: May 1, 2018	20. SIGNATURE OF REGIONAL OFF	FICIAL:		
21. TYPED NAME: Hye Sun Lee	22. TITLE: Acting Associate Regional Division of Medicaid and Child	Administrator dren's Health Operations		
23. REMARKS: Pen-and-ink changes to Boxes 6 and 8		1		

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

	Sta	ate: Arizona
	A	SSET VERIFICATION SYSTEM
2.	System De	velopment
	A.	The agency itself will develop an AVS.
		In 3 below, provide any additional information the agency wants to include.
	B.	The agency will hire a contractor to develop an AVS.
		In 3 below provide any additional information the agency wants to include.
	<u>X</u> C.	The agency will be joining a consortium to develop an AVS.
		In 3 below, identify the States participating in the consortium. Also, provide any other information the agency wants to include pertaining to how the consortium will implement the AVS requirements.
	D.	The agency already has a system in place that meets the requirements for an acceptable AVS.
		In 3 below, describe how the existing system meets the requirements in Section 1.
	E.	Other alternative not included in A . – D . above.
		In 3 below, describe this alternative approach and how it will meet the requirements in Section 1.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:	Arizona
A C C 1	
A55	ET VERIFICATION SYSTEM

3. Provide the AVS implementation information requested for the implementation approach checked in Section 2, and any other information the agency may want to include.

AHCCCS will be joining the NESCSO consortium with Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont to obtain an Asset Verification System.

TN No. <u>18-006</u> Approval Date <u>July 31, 2018</u> Effective Date <u>May 1, 2018</u>