Children's Health Insurance Program Eligibility: Summary Page

State/Territory name:	Arizona
Transmittal Number:	
Please enter the Transmittal Number	(TN) in the format ST-YY-0000 where ST= the state abbreviation, $YY =$ the last two digits of the submiss with leading zeros. The dashes must also be entered.
AZ-22-0017	with teading zeros. The dusnes must diso be entered.
AZ-22-0017	
Type of SPA:	
MAGI Eligibility & Med	thods
XXI Medicaid Expansion	on Control of the Con
Establish 2101(f) Group	
Eligibility Processing	
Non-Financial Eligibilit	y
Proposad Effortive Date	
Proposed Effective Date 01/01/2023 (mm/dd/yyyy)	
01/01/2023 (mm/dd/yyyy)	
Fodovol Statuto/Dogulation Citation	
Federal Statute/Regulation Citation 42 CFR 435.926	1
42 CFR 455.920	
Federal Budget Impact This SPA has a budget impact.	
Total budget impact:	
State Funds:	\$ 1213144.00
Federal Funds:	\$ 6641250.00
Please attach a revised CHIP b	
Document	
Subject of Amendment	
Please provide a brief summar	y of SPA changes.
This SPA provides continuous el	ligibility to CHIP children up to age 19.
Signature of State Agency Official	
Submitted By:	Ruben Soliz
Last Revision Date:	Oct 5, 2022
Submit Date:	Oct 5, 2022



CHIP Eligibility

Optional Continuous Eligibility for Children The CHIP Agency may provide that children who have been determined eligible under the state plan shall remain eligible, regardless of any changes in the family's circumstances, during a continuous eligibility period up to 12 months, or until the time the child reaches an age specified by the state (not to exceed age 19), whichever is earlier. The CHIP Agency elects to provide continuous eligibility to children under this provision. Yes For children up to age 19 For children up to age The continuous eligibility period begins on the effective date of the child's most recent determination or redetermination of eligibility, ■ At the end of the 12 **v** months continuous eligibility period. The state assures that a child's eligibility is not terminated during a continuous eligibility period, regardless of any changes in circumstances, unless: ■ The child attains the age specified by the state Agency or age 19. The child or child's representative requests voluntary disenrollment. ■ The child is no longer a resident of the state. The Agency determines that eligibility was erroneously granted at the most recent determination or renewal of eligibility because of Agency error or fraud, abuse, or perjury attributed to child or child's representative. The child dies. ■ The child becomes eligible for Medicaid There is a failure to pay required premiums or enrollment fees on behalf of a child, as provided for in the state plan.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 50 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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