

Table of Contents

State/Territory Name: Arizona

State Plan Amendment (SPA) #: 23-0006

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
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850



March 24, 2023

Carmen Heredia, Director
Arizona Health Care Cost Containment System
801 East Jefferson Street
Phoenix, AZ 85034

Re: Arizona State Plan Amendment (SPA) 23-0006

Dear Ms. Heredia:

The Centers for Medicare & Medicaid Services (CMS) reviewed the proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0006. This amendment proposes to temporarily extend the suspension of copay and premium requirements for all members originally approved in Disaster Relief SPA 20-0001.

CMS 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's Medicaid SPA Transmittal Number 23-0006 is approved effective May 12, 2023.

If you have any questions, please contact Brian Zolynas at 415-744-3601 or via email at Brian.Zolynas@cms.hhs.gov.

Sincerely,

Alissa Mooney DeBoy
On Behalf of Anne Marie Costello, Deputy Director
Center for Medicaid and CHIP Services

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER 23 — 0006	2. STATE AZ
3. PROGRAM IDENTIFICATION: TITLE 19 OF THE SOCIAL SECURITY ACT	

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

4. PROPOSED EFFECTIVE DATE
May 12, 2023

5. FEDERAL STATUTE/REGULATION CITATION
Title XIX of the Social Security Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY **23** \$ **16,000**
b. FFY: **24** \$ **37,300**

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Section 7.4.B
Page 100

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

NEW

9. SUBJECT OF AMENDMENT
Temporarily suspends member cost sharing until April 1, 2024.

10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL


15. RETURN TO
Alex Demyan
801 E. Jefferson St., MD #4200
Phoenix, AZ 85034

12. TYPED NAME
Alex Demyan

13. TITLE
Interim Assistant Director

14. DATE SUBMITTED:
March 16, 2023

FOR CMS USE ONLY

16. DATE RECEIVED
March 16, 2023

17. DATE APPROVED
March 24, 2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
May 12, 2023

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL
Alissa Mooney DeBoy On Behalf of Anne Marie Costello

21. TITLE OF APPROVING OFFICIAL
Deputy Director, Center for Medicaid and CHIP Services

22. REMARKS

Box 7: CMS made a pen and ink change on 3/21/23 to add the Section number per email with AZ.

7.4.B. Temporary Extension to the Disaster Relief Policies for the COVID-19 National Emergency

Effective the day after the end of the PHE until April 1, 2024, the agency temporarily extends the following election(s) of section 7.4 (approved on 04/01/2020 in SPA Number AZ-20-0001) of the state plan:

Premiums and Cost Sharing

X The agency suspends deductibles, copayments, coinsurance, and other cost sharing charges as follows:

Copays and premium requirements for all members are suspended for the duration of the Presidential and Secretarial emergency declarations related to the COVID-19 outbreak (or any renewals thereof).
