

Children's Health Insurance Program Eligibility: Summary Page

State/Territory name: Arizona

Transmittal Number:

Enter the Transmittal Number (TN), including dashes, in the format SS-YY-NNNN or SS-YY-NNNN-xxxx (with xxxx being optional to specific SPA types), where SS = 2-character state abbreviation, YY = last 2 digits of submission year, NNNN = 4-digit number with leading zeros, and xxxx = OPTIONAL, 1- to 4-character alpha/numeric suffix.

AZ-23-0011

Type of SPA:

- MAGI Eligibility & Methods
- XXI Medicaid Expansion
- Establish 2101(f) Group
- Eligibility Processing
- Non-Financial Eligibility

Proposed Effective Date

11/01/2023 (mm/dd/yyyy)

Federal Statute/Regulation Citation

2102(b)(1)(B)(v) of the SSA and 42 CFR 457.310, 315 and 320

Federal Budget Impact

- This SPA has a budget impact.

Total budget impact:

State Funds: \$ 4380300.00

Federal Funds: \$ 14287100.00

Please attach a revised CHIP budget.

Document

Subject of Amendment

Please provide a brief summary of SPA changes.

This SPA updates CHIP income eligibility to include children with income below 225% of the federal poverty level.

Signature of State Agency Official

Submitted By:

Last Revision Date:

Submit Date:

## Children's Health Insurance Program Eligibility: Tribal Input

---

State/Territory name: Arizona  
Transmittal Number: AZ-23-0011

One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this State.

- This State Plan Amendment is likely to have a direct effect on Indians, Indian health programs or Urban Indian Organizations.
- The State has solicited advice from Indian Health Programs, Urban Indian Organizations, and/or Tribal governments prior to submission of this State Plan Amendment.

Complete the following information regarding any tribal consultation conducted with respect to this submission:  
Tribal consultation was conducted in the following manner. States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below:

Indian Tribes

Indian Tribes

Indian Health Programs

Indian Health Programs

Urban Indian Organization

Urban Indian Organizations

The state must upload copies of documents that support the solicitation of advice in accordance with statutory requirements, including any notices sent to Indian Health Programs and/or Urban Indian Organizations, as well as attendee lists if face-to-face meetings were held. Also upload documents with comments received from Indian Health Programs or Urban Indian Organizations and the state's responses to any issues raised. Alternatively indicate the key issues and summarize any comments received below and describe how the state incorporated them into the design of its program.

Document
Please provide a short description of this support document: This is a copy of the presentation slide deck that was used for Tribal Consultation on this SPA. The SPA is included on page 40 of the PDF.
Uploaded Document Name: Tribal Consultation Aug 29 2023.pdf
Date Uploaded:



# CHIP Eligibility

State Name:

OMB Control Number: 09381148

Transmittal Number: AZ - 23 - 0011

## Separate Child Health Insurance Program Eligibility - Targeted Low-Income Children CS7

2102(b)(1)(B)(v) of the SSA and 42 CFR 457.310, 315 and 320

**Targeted Low-Income Children** - Uninsured children under age 19 whose household income is within standards established by the state.

The CHIP Agency operates this covered group in accordance with the following provisions:

### Age

Must be under age 19.

### Income Standards

Income standards are applied statewide.

Are there any exceptions, e.g. populations in a county which may qualify under either a statewide income standard or a county income standard?

### Statewide Income Standards

Begin with lowest age range first.

Please note that the lower bound for CHIP eligibility should be the highest standard used for Medicaid poverty-level children for the same age group or groups entered here.

Add	From Age	To Age	Above (% FPL)	Up to & including (% FPL)	Remove
Add	<input type="text" value="0"/>	<input type="text" value="19"/>	100	150	Remove
Add	<input type="text" value="0"/>	<input type="text" value="19"/>	151	175	Remove
Add	<input type="text" value="0"/>	<input type="text" value="19"/>	176	225	Remove

Age ranges may overlap. If there is an overlap, provide an explanation. Include the age ranges for each income standard that has overlapping ages and the reason for having different income standards.

### Special Program for Children with Disabilities

Does the state have a special program for children with disabilities?



# CHIP Eligibility

Is the program available to all eligible targeted low-income children?  Yes

## Program Description

Describe disability criteria used.

An individual must be at immediate risk of institutionalization in a nursing facility or intermediate care facility for individuals with intellectual disabilities.

Describe program, including additional benefits offered.

The State offers services for individuals who require the level of care provided in an Intermediate Care Facility for individuals with intellectual disabilities (ICF-IID). These services are offered through the Arizona Long Term Care System (ALTCS). This program is intended for individuals of any age who are determined to need ongoing services at that institutional level. ALTCS services are provided through managed care organizations under the federal authority of an 1115 Waiver.

### 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.

V.20181119