ATTACHMENT 4.18-C Page 1 OMB NO.: 0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: ____ARIZONA

A. The following charges are imposed on the medically needy for services:

Type of Charge Service Deduct. Coins. Copay. Amount

and Basis for Determination

NOT APPLICABLE

TN No94-02		MAR 1 5 1994		
Supersedes	Approval Date		Effective Date	<u>January 1, 1994</u>
TN NO. <u>None</u>				· · ·

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: _____ARIZONA

- B. The method used to collect cost sharing charges for medically needy individuals:
 - Providers are responsible for collecting the cost sharing charges from individuals.
 - ____ The agency reimburses providers the full Medicaid rate for services and collects the cost sharing charges from individuals.
- C. The basis for determining whether an individual is unable to pay the charge, and the means by which such an individual is identified to providers, is described below:

NOT APPLICABLE

TN Nó. <u>94-02</u> Supersedes	 Approval Date	Lu-F	Effective Date	
TN No. <u>None</u>	-	MAR 1 5 1901		

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

D. The procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b) are described below:

NOT APPLICABLE

E. Cumulative maximums on charges:

____ State policy does not provide for cumulative maximums.

Cumulative maximums have been established as described below:

NOT APPLICABLE

TN NO. <u>94-02</u>	·		MAR 1 5 1994					
Supersedes	Approval	Date	HUAR 1 0 1001	Effective Da	ate	January	1,	1994
TN No. <u>None</u>					-			