## Janice K. Brewer, Governor Thomas J. Betlach, Director

801 East Jefferson, Phoenix, AZ 85034 PO Box 25520, Phoenix, AZ 85002 Phone: 602-417-4000 www.azahcccs.gov



Our first care is your health care
ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

August 20, 2013

Rebecca Bruno
Centers for Medicare & Medicaid Services
Division of Medicaid & Children's Health Operations
90 Seventh Street, Suite 5-300 (5W)
San Francisco, CA 94103-6707

Dear Ms. Bruno:

Enclosed is Arizona State Plan Amendment (SPA) #13-006, effective January 1, 2014, which updates the State Plan to reflect that prior quarter coverage will be covered.

If you have any questions about the enclosed SPA, please contact Theresa Gonzales at (602) 417-4732.

Sincerely,

Monica Coury Assistant Director

Office of Intergovernmental Relations

Cc: Wakina Scott

CENTERS FOR MEDICARE AND MEDICAID SERVICES	1 mp ANG Gmm A AND GDED	ONID NO. 0936-0193		
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE		
STATE PLAN MATERIAL	13-006	Arizona		
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FOD. Contour for Medicans and Medicaid Comicas	3. PROGRAM IDENTIFICATION: TIT	ΓLE XIX OF THE		
FOR: Centers for Medicare and Medicaid Services	SOCIAL SECURITY ACT (MEDICA	AID)		
	`	,		
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE			
CENTERS FOR MEDICARE AND MEDICAID SERVICES	January 1, 201	14		
DEPARTMENT OF HEALTH AND HUMAN SERVICES				
5. TYPE OF PLAN MATERIAL (Check One):				
3. TTE OT TERM (MITERIALE (ONCON ONC).				
☐ NEW STATE PLAN ☐ AMENDMENT TO BE C	CONSIDERED AS NEW PLAN	□ AMENDMENT		
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME		amenament)		
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:			
42 CFR 435.914				
	FFY 2014: \$9 million			
	FFY 2015: \$12 million			
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERS	EDED PLAN SECTION		
	OR ATTACHMENT (If Applicable):	:		
Attachment 2.6-A, page 24	(J H			
10. SUBJECT OF AMENDMENT:				
Updates the State Plan to reflect that prior quarter coverage v	vill begin January 1, 2014.			
- F	, , , , , , , , , , , , , , , , , , ,			
11. GOVERNOR'S REVIEW (Check One):				
GOVERNOR'S OFFICE REPORTED NO COMMENT	☐ OTHER, AS SPEC	IFIED:		
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED		11 122.		
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL				
I NO RELET RECEIVED WITHIN 45 DATS OF SODMITTAE				
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:			
12. SIGNATURE OF STATE AGENCT OFFICIAL:	10. RETURN 10:			
1	N : C			
1100	Monica Coury			
10000	801 E. Jefferson, MD#4200			
13. TYPED NAME:	Phoenix, Arizona 85034			
Monica Coury				
14. TITLE:	1			
Assistant Director				
15. DATE SUBMITTED:	†			
August 20, 2013				
FOR REGIONAL OF	FICE USE ONLY			
	18. DATE APPROVED:			
17. DATE RECEIVED:	18. DATE APPROVED:			
DI ANI ADDROVED. CATE CODY ATTA CIVED				
PLAN APPROVED – ONE COPY ATTACHED				
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL OF	ricial:		
21. TYPED NAME:	22. TITLE:			
22 DEMARKS.				
23. REMARKS:				

Revision:	HCFA-PM-91-4 AUGUST 1991	(BPD)	ATTACHMENT 2.6-A Page 24 OMB No.: 0938-
	State:		
Citation		Condition o	er Requirement
42 CFR 435.914		11. Effectiv	e Date of Eligibility
		a. Gro	oups Other Than Qualified Medicare Beneficiaries
		(1)	For the prospective period.
			Coverage is available for the full month if the following individuals are eligible at any time during the month from the date that residency requirements are established.  X Aged, blind, disabled.  X AFDC-related.  X All other Title XIX populations
<del>(WAIVER)</del>		(2)	Coverage is available only for the period during the month for which the following individuals meet the eligibility requirements.  Aged, blind, disabled AFDC-related.  For the retroactive period
			Coverage is available for three months before the date of application if the following individuals would have been eligible had they applied and met residency requirements.  X Aged, blind, disabled.  X AFDC-related.  X All other Title XIX populations
			Coverage is available beginning the first day of the third month before the date of application if the following individuals would have been eligible at any time during that month, had they applied.  Aged, blind, disabled AFDC-related.

TN. No. <u>13-006<del>01-015</del></u> Supercedes
TN. No. <u>01-015 92-1</u>

Approval Date \_\_\_\_\_ Effective Date October 1, 2001 January 1, 2014

HCFA ID: 7985E