DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services San Francisco Regional Office 90 Seventh Street, Suite 5-300 (5W) San Francisco, CA 94103-6706



## DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

July 13, 2016

Tom Betlach, Director Arizona Health Care Cost Containment System 801 East Jefferson Street Phoenix, AZ 85034

Dear Mr. Betlach:

We have reviewed the proposed State Plan Amendment (SPA) 16-003, which was submitted to the Centers for Medicare & Medicaid Services (CMS) San Francisco Regional Office on May 12, 2016. This SPA expands the types of vaccines and immunizations administered by pharmacists that can be reimbursed under the other licensed practitioner services benefit.

Based on the information provided, we are approving SPA 16-003 with an effective date of July 1, 2016 as requested. We are enclosing the approved Form CMS-179 and the following Medicaid State Plan page:

• Attachment 4.19-B, Page 5b

If you have any additional questions or need further assistance, please contact Brian Zolynas at (415) 744-3601 or <u>Brian.Zolynas@cms.hhs.gov</u>.

Sincerely,

/s/

Henrietta Sam-Louie Associate Regional Administrator Division of Medicaid & Children's Health Operations

cc: Jessica Woodard

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE AND MEDICAID SERVICES	FORM APPROVED OMB NO. 0938-0193	
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL	16-003	Arizona
FOR: Centers for Medicare and Medicaid Services	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES 5. TYPE OF PLAN MATERIAL (Check One):	4. PROPOSED EFFECTIVE DATE July 1, 2016	
□ NEW STATE PLAN □ AMENDMENT TO BE CONSIDERED AS NEW PLAN ⊠ AMENDMENT		
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)		
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	,
42 CFR Part 447	FFY 16: \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ):	
Att. 4.19-B, page 5(b)	Same	
<ul><li>10. SUBJECT OF AMENDMENT:</li><li>Updates the State Plan to expand the types of vaccines and immunizations administered by pharmacists for AHCCCS members consistent with ARS §32-1974.</li></ul>		
11. 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:	
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	
13. TYPED NAME: Monica Coury 14. TITLE: Assistant Director	Monica Coury 801 E. Jefferson, MD#4200 Phoenix, Arizona 85034	
15. DATE SUBMITTED: May 12, 2016		
FOR REGIONAL OFFICE USE ONLY		
17. DATE RECEIVED: May 12, 2016	18. DATE APPROVED: July 13, 2016	
PLAN APPROVED – ONE COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2016	20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME: Henrietta Sam-Louie	22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health Operations	

23. REMARKS:

Attachment 4.19-B Page 5b

## State: ARIZONA

## METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES OTHER TYPES OF CARE

## • Other Licensed Practitioner Services

- OLP-Pharmacist: AHCCCS-registered pharmacies will be reimbursed for all AHCCCS covered immunizations and anaphylaxis agents administered by licensed pharmacists within the scope of their practice. AHCCCS will provide an administration fee for pharmacies administering the vaccine. The administration fee can be found on the AHCCCS website at https://www.azahcccs.gov/PlansProviders/RatesAndBilling/FFS/pharmacy.html
- Dental Services
- Vision Services (including eye examinations, eyeglasses and contact lenses)
- Diagnostic, Screening and Preventive Services
- Respiratory Care Services
- Transportation Services (see page 5h for information about ambulance rates)
- Private Duty Nurse Services
- Other practitioner's services
- Physical therapy
- Occupational therapy
- Services for individuals with speech, hearing and language disorders
- Prosthetic devices
- Screening services
- Preventative services
- Rehabilitation services
- EPSDT services
- Face-to-Face Tobacco Cessation Counseling Services Benefit Package for Pregnant Women: The rates for these services are included in the fee schedules listed under this Attachment associated with the relevant provider services.