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

January 26, 2018

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) 17-014, which was submitted to the Centers for Medicare & Medicaid Services (CMS) San Francisco Regional Office on December 11, 2017. This SPA revises other provider rates.

Based on the information provided, we are approving SPA 17-014 with an effective date of October 1, 2017 as requested. We are enclosing the approved Form CMS-179 and the following Medicaid State Plan page:

• Attachment 4.19-B, Page 5c

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

Enclosure:

cc: Jessica Woodard

DEPARTMENT OF HEALTH AND HUMAN SERVICES		FORM APPROVED
CENTERS FOR MEDICARE AND MEDICAID SERVICES	1. TRANSMITTAL NUMBER:	OMB NO. 0938-0193 2. STATE
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NOMBER. 17-014	2. STATE Arizona
STATE PLAN MATERIAL	1, 011	1 milliona
FOR: Centers for Medicare and Medicaid Services	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
CENTERS FOR MEDICARE AND MEDICAID SERVICES	October 1, 2017	
DEPARTMENT OF HEALTH AND HUMAN SERVICES		
5. TYPE OF PLAN MATERIAL (Check One):		
□ 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 18: \$299,600 FFY 19: \$300,300	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ):	
Attachment 4.19-B Page 5c	Same	
10. SUBJECT OF AMENDMENT:	•	
Updates the State Plan to update the other provider rates		
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:	
	Elizabeth Lorenz	
	801 E. Jefferson, MD#4200	
	Phoenix, Arizona 85034	
	Thoenix, Arizona 85054	
V		
13. TYPED NAME:	-	
Elizabeth Lorenz		
14. TITLE:		
Assistant Director		
15. DATE SUBMITTED:		
12/11/17		
FOR REGIONAL OFFICE USE ONLY		
17. DATE RECEIVED: December 11, 2017	18. DATE APPROVED: January 26, 2018	
PLAN APPROVED – ONE COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL: October 1, 2017	20. SIGNATURE OF REGIONAL OFFICIAL: /s/	
21. TYPED NAME: Henrietta Sam-Louie	22. TITLE: Associate Regional Administrator Division of Medicaid and Children's Health Operations	
23. REMARKS:		

## State: <u>ARIZONA</u> METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES OTHER TYPES OF CARE

## Rate Update:

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers for other types of care. The agency's fee schedule rates were set as of October 1, 2017 and are effective for services provided on or after that date. All rates are published at: https://www.azahcccs.gov/PlansProviders/RatesAndBilling/FFS/.