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



Regional Operations Group

October 17, 2019

Jami Snyder, Director Arizona Health Care Cost Containment System 801 East Jefferson Street Phoenix, AZ 85034

Dear Ms. Snyder:

We have reviewed the proposed State Plan Amendment (SPA) 19-005, which was submitted to the Centers for Medicare & Medicaid Services (CMS) San Francisco Regional Office on September 30, 2019. This SPA updates the advance directives section of the State Plan, effective July 1, 2019.

Based on the information provided, we are approving SPA 19-005 with an effective date of July 1, 2019 as requested. We are enclosing the approved Form CMS-179 and the following Medicaid state plan page:

• Attachment 4.34-A, Page 1

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,

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Richard C. Allen Director Western Regional Operations Group

CENTERS FOR MEDICARE & MEDICAID SERVICES	OMB No. 0938-0193
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER 2. STATE 1_90_5_ Arizona
STATE PLAN MATERIAL	
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE
CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	July 1, 2019
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 AMEI	NDMENT (Separate transmittal for each amendment)
6. FEDERAL STATUTE/REGULATION CITATION	
Social Security Act 1902(w)	a. FFY ²⁰¹⁹ b. FFY ²⁰²⁰ \$ 0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
ATTACHMENT 4.34-A Page 1	ATTACHMENT 4.34-A Pages1-11
10. SUBJECT OF AMENDMENT Updates the advanced directives section of the State Plan to ensure the advanced directives brochure is always current.	
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	Dana Hearn
Dana Hearn	801 E. Jefferson, MD#4200
14. TITLE	Phoenix, Arizona 85034
Assistant Director	
15. DATE SUBMITTED September 30, 2019	
FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED September 30, 2019	18. DATE APPROVED October 17, 2019
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL	20. SIGNATURE OF REGIONAL OFFICIAL
July 1, 2019	Usell (; Clea
21. TYPED NAME	22. TITLE
Richard C. Allen	Director, Western Regional Operations Group
23. REMARKS	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Arizona

REQUIREMENTS FOR ADVANCE DIRECTIVES UNDER STATE PLANS FOR MEDICAL ASSISTANCE

The following is a written description of Arizona law (whether statutory or as recognized by Arizona courts) concerning advance directives.

State law allows for health care powers of attorney, allows flexibility when drawing up living wills and permits pre-hospital directive category. While living wills allow patients a more general say about what treatments they will or will not accept if they become too ill to make those decisions, pre-hospital medical care directives are specific to cardiopulmonary resuscitation in the event of cardiac or respiratory arrest.

The Arizona Attorneys General's office maintains and updates the Arizona's Advance Directives brochure (also referred to as the "Life Care Planning Packet"). A copy of the most recent brochure, printed in both English and Spanish can be accessed on the following webpage:

https://www.azag.gov/seniors/life-care-planning.

Additionally, AHCCCS policy detailing Advance Directives requirements can be found at the following webpage:

https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/640AdvanceDirectives.pdf