

November 10, 2021

Mark Wong Division of Medicaid and Children's Health Operations U.S. Department of Health & Human Services Centers for Medicare & Medicaid Services 90 Seventh Street, Suite 5-300 (5W) San Francisco, CA 94103-6707

**RE:** Arizona SPA #21-021, Pediatric Immunization Program Rates

Dear Mr. Wong:

Enclosed is State Plan Amendment (SPA) #21-021, Pediatric Immunization Program Rates. This SPA updates the State Plan Rates for Vaccines Under the Pediatric Immunization Program, effective October 1, 2021

**Tribal Consultation** on this SPA occurred on August 12, 2021. The Tribal Consultation presentation is available at:

 https://www.azahcccs.gov/AmericanIndians/Downloads/Consultations/Meetings/2021/August12\_ 2021QuarterlyTC.pdf

**Public Notice** for this rate update was posted on the following webpages:

- https://www.azahcccs.gov/AHCCCS/PublicNotices/
- <a href="https://www.azahcccs.gov/AHCCCS/Downloads/PublicNotices/rates/Final\_Public\_Notice">https://www.azahcccs.gov/AHCCCS/Downloads/PublicNotices/rates/Final\_Public\_Notice</a> <a href="https://www.azahcccs.gov/AHCCCS/Downloads/PublicNotices/rates/Final\_Public\_Notices/Final\_Public\_

If there are any questions about the enclosed SPA, please contact Ruben Soliz at ruben.soliz@azahcccs.gov or 602-417-4355.

Sincerely,

Dana Flannery Assistant Director

Arizona Health Care Cost Containment System (AHCCCS)

CENTERS FOR MEDICARE AND MEDICAID SERVICES	T	OMB NO. 0938-0193
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL	21-021	Arizona
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, 2021	
DEPARTMENT OF HEALTH AND HUMAN SERVICES	0000001, 2021	
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)		
		amenament)
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	
42 CFR Part 447	FFY 2022: \$14,711	
	FFY 2023: \$14,112	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERS OR ATTACHMENT (If Applicable)	
Page 66b	Page 66b	
10. SUBJECT OF AMENDMENT:		
Updates the State Plan Rates for Vaccines Under the Pediatric Immunization Program, effective October 1, 2021.		
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		
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	
	Dana Flannery 801 E, Jefferson, MD#4200 Phoenix, AZ 85034	
13. TYPED NAME:		
Dana Flannery		
14. TITLE:		
Assistant Director		
15. DATE SUBMITTED:	1	
November 10, 2021		
FOR REGIONAL OFFICE USE ONLY		
17. DATE RECEIVED:	18. DATE APPROVED:	
17. DATE RECEIVED.	10. DATE ALTROVED.	
PLAN APPROVED – ON	L F COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL OF	FICIAI ·
19. EFFECTIVE DATE OF AFFROVED MATERIAL.	20. SIGNATURE OF REGIONAL OF	TICIAL.
21. TYPED NAME:	22. TITLE:	
23. REMARKS:		

-Effective Date September 1, 2020 October 1,

TN No. 20-020 21-021

TN No. <del>04-007</del>20-020

Supersedes

Approval Date \_