

October 5, 2022

Brian Zolynas 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 # 22-0016, Diabetes Self-Management Training (DSMT)

Dear Mr. Zolynas:

Enclosed is State Plan Amendment (SPA) #22-0016, Diabetes Self-Management Training (DSMT). This SPA adds DSMT services to the state plan, with an effective date of October 1, 2022.

Tribal Consultation and Public Notice Requirements for this SPA have been fulfilled and the corresponding documentation is provided below:

Tribal Consultation: https://www.azahcccs.gov/AmericanIndians/Downloads/Consultations/Meetings/2022/August112022Qua rterlyTC.pdf

Public Notice: https://www.azahcccs.gov/AHCCCS/PublicNotices/DSMT.html

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

Sincerely,

Dana Flannery Assistant Director Arizona Health Care Cost Containment System (AHCCCS)

		FORM APPRC OMB No. 0938- 2. STATE	
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER	AZ	
	3. PROGRAM IDENTIFICATION: TIT SOCIAL SECURITY ACT	LE <u>XIX</u> OF THE	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE October 1, 2022	October 1, 2022	
5. FEDERAL STATUTE/REGULATION CITATION 2 CFR 440.130	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>23</u> \$ <u>696,100</u> b. FFY: <u>24</u> \$ <u>671,000</u>		
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-A Limitations, page 9(a)	8. PAGE NUMBER OF THE SUPERS OR ATTACHMENT (If Applicable)	SEDED PLAN SECTION	
	Attachment 3.1-A Limitations, page 9	(a)	
9. SUBJECT OF AMENDMENT Ids Diabetes Self Management Training (DSMT) services to the st	ate plan.		
10. GOVERNOR'S REVIEW (Check One) GOVERNOR'S OFFICE REPORTED NO COMMENT SPECIFIED: COMMENTS OF GOVERNOR'S OFFICE ENCLOS NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	OTHER, AS		
11. SIGNATURE OF STATE AGENCY OFFICIAL	5. RETURN TO		
	Dana Flannery		
	301 E. Jefferson St., MD # 4200 Phoenix, AZ 85034		
12. TYPED NAME	301 E. Jefferson St., MD # 4200		
WHE S	301 E. Jefferson St., MD # 4200		
12. TYPED NAME Dana Flannery 13. TITLE	301 E. Jefferson St., MD # 4200		
12. TYPED NAME Dana Flannery 13. TITLE Assistant Director	301 E. Jeffersón St., MD # 4200 Phoenix, AZ 85034		
12. TYPED NAME Dana Flannery 13. TITLE Assistant Director 14. DATE SUBMITTED: October 5, 2022 FOR CMS U	301 E. Jeffersón St., MD # 4200 Phoenix, AZ 85034		
12. TYPED NAME Dana Flannery 13. TITLE Assistant Director 14. DATE SUBMITTED: October 5, 2022 FOR CMS U	301 E. Jeffersón St., MD # 4200 Phoenix, AZ 85034 SE ONLY 17. DATE APPROVED		
12. TYPED NAME Dana Flannery 13. TITLE Assistant Director 14. DATE SUBMITTED: October 5, 2022 FOR CMS U 16. DATE RECEIVED	301 E. Jeffersón St., MD # 4200 Phoenix, AZ 85034 SE ONLY 17. DATE APPROVED	JAL	
12. TYPED NAME Dana Flannery 13. TITLE Assistant Director 14. DATE SUBMITTED: October 5, 2022 FOR CMS U 16. DATE RECEIVED 16. DATE RECEIVED 18. EFFECTIVE DATE OF APPROVED MATERIAL	301 E. Jeffersón St., MD # 4200 Phoenix, AZ 85034 SE ONLY 17. DATE APPROVED E COPY ATTACHED	CIAL	
12. TYPED NAME Dana Flannery 13. TITLE Assistant Director 14. DATE SUBMITTED: October 5, 2022 FOR CMS U 16. DATE RECEIVED 16. DATE RECEIVED 18. EFFECTIVE DATE OF APPROVED MATERIAL	301 E. Jeffersón St., MD # 4200 Phoenix, AZ 85034 SE ONLY I7. DATE APPROVED E COPY ATTACHED I9. SIGNATURE OF APPROVING OFFIC	NAL	
12. TYPED NAME   Dana Flannery   13. TITLE   Assistant Director   14. DATE SUBMITTED: October 5, 2022   FOR CMS U   16. DATE RECEIVED   PLAN APPROVED - ON   18. EFFECTIVE DATE OF APPROVED MATERIAL   20. TYPED NAME OF APPROVING OFFICIAL	301 E. Jeffersón St., MD # 4200 Phoenix, AZ 85034 SE ONLY I7. DATE APPROVED E COPY ATTACHED I9. SIGNATURE OF APPROVING OFFIC	SIAL	

## 13b. Screening services.

Coverage is available for evidence-based medically necessary screening services for children based on guidelines from the American Academy of Pediatrics and CDC/IACIP for immunizations.

Coverage is available for evidence-based medically necessary screening services for adults as described in the AHCCCS Medical Policy Manual

(<u>www.azahcccs.gov/shared/MedicalPolicyManual/MedicalPolicyManual.aspx?ID=policymanuals</u>) which are based, in part, on guidelines from the U.S. Preventive Services Task Force.

## 13c. Preventive services.

Coverage is available for evidence-based medically necessary preventive services for children based on guidelines from the American Academy of Pediatrics and CDC/ACIP for immunizations.

Coverage is available for evidence-based medically necessary preventive services for adults as described in the AHCCCS Medical Policy Manual

(http://www.azahcccs.gov/shared/MedicalPolicyManual/MedicalPolicyManual.aspx) which are based, in part, on guidelines from the U.S. Preventive Services Task Force. In addition to the services specified under section 4106 of the Affordable Care Act, Arizona covers, without cost-sharing, services specified under PHS 2713 which is in alignment with the Alternative Benefit Plans.

Coverage is available for up to 10 hours of Diabetes Self-Management Training (DSMT) outpatient services, as defined in 42 United States Code Section 1395x. The services must be prescribed by a primary care practitioner in one of the following circumstances: 1) the member is initially diagnosed with diabetes or 2) the member was previously diagnosed with diabetes but a change has occurred in the member's diagnosis, medical condition or treatment regimen or the member is not meeting appropriate clinical outcomes.

## 13d. Rehabilitative services.

**Rehabilitative Services-** Services to teach independent living, social and communication skills to persons or their families to promote the maximum reduction of behavioral health symptoms and/or restoration of an individual to his/her best age appropriate functional level for the purpose of maximizing the person's ability to live independently and function in the community. Services may be provided to a person, a group of persons or their families with the person(s) present. Rehabilitative services must be provided by individuals who are qualified behavioral health professionals, behavioral health technicians or behavioral health paraprofessionals as described in the following pages of Attachment 3.1-A Limitations, pages 9(b) - 9(j).

TN No. <u>13-011 22-0016</u> Supercedes Approval Date: \_\_\_\_\_ TN No. <u>13-011004</u>