

# AZ - Submission Package - AZ2022MS0001O - (AZ-22-0009) - Eligibility

## Package Header

<b>Package ID</b>	AZ2022MS0001O	<b>SPA ID</b>	AZ-22-0009
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	9/12/2022
<b>Approval Date</b>	N/A	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		
<b>Reviewable Unit Instructions</b>			

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## State Information

**State/Territory Name:** Arizona

**Medicaid Agency Name:** AHCCCS

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## Submission Component

- State Plan Amendment
- Medicaid
- CHIP

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## Submission Type

- Official Submission Package
- Draft Submission Package

Selecting Official Submission Package means that the official 90-day review period will start upon submission.

**Allow this official package to be viewable by other states?**

- Yes
- No

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## Executive Summary

**Summary Description Including Goals and Objectives** This State Plan Amendment implements Section 9812 of the American Rescue Plan Act of 2021 (PL 117-2) in the state of Arizona, expanding the postpartum coverage period from 60-days to 365-days.

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## Dependency Description

**Description of any dependencies between this submission package and any other submission package undergoing review** There are no dependencies.

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## Disaster-Related Submission

**This submission is related to a disaster**

- Yes
- No

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## Federal Budget Impact and Statute/Regulation Citation

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### Federal Budget Impact

	Federal Fiscal Year	Amount
First	2023	\$10386500
Second	2024	\$10386500

### Federal Statute / Regulation Citation

Section 9812 of the American Rescue Plan Act of 2021 (PL 117-2)

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<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	9/12/2022
<b>Approval Date</b>	N/A	<b>Effective Date</b>	<a href="#">1/1/2023</a>
<b>Superseded SPA ID</b>	NEW		
	User-Entered		
<b>Reviewable Unit Instructions</b>			

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The state provides continuous eligibility for pregnant individuals and extended postpartum coverage in accordance with the following provisions:

### A. Mandatory Continuous Eligibility for Pregnant Women

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The state provides continuous eligibility to pregnant individuals who were eligible and enrolled under the state plan, without regard to any changes in income that otherwise would result in ineligibility, through the last day of the month in which a 60-day postpartum period (beginning on the last day of the pregnancy) ends. This extension does not apply to pregnant individuals eligible only during a period of presumptive eligibility.

### B. Optional 12-Month Postpartum Continuous Eligibility for Pregnant Women

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The state provides continuous eligibility to pregnant individuals who were eligible and enrolled under the state plan while pregnant (including during a period of retroactive eligibility) through the last day of the month in which a 12-month postpartum period (beginning on the last day of the pregnancy) ends. The 12-month postpartum continuous eligibility option applies for the period beginning on the effective date of this reviewable unit and is available through March 31, 2027 (or other date as specified by law).

- Yes  
 No

1. This extension does not apply to pregnant individuals eligible only during a period of presumptive eligibility.
2. Full benefits are provided for a pregnant or postpartum individual under this option. This includes all items and services covered under the state plan (or waiver) that are not less in amount, duration, or scope than, or are determined by the Secretary to be substantially equivalent to, the medical assistance available for an individual described in subsection 1902 (a)(10)(A)(i) of the Act.
3. Continuous eligibility is provided to pregnant individuals eligible and enrolled under the state plan through the end of the 12-month postpartum period who would otherwise lose eligibility because of a change in circumstances, unless:
  - a. The individual requests voluntary termination of eligibility;
  - b. The individual ceases to be a resident of the state;
  - c. The Medicaid agency determines that eligibility was determined incorrectly at the most recent determination or redetermination of eligibility because of agency error or fraud, abuse or perjury attributed to the individual; or
  - d. The individual dies.

### C. Additional Information (optional)

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PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.