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KATIE HOBBS GOVERNOR

AHCCCS NOTICE OF PUBLIC INFORMATION INTENT TO SUBMIT A STATE PLAN AMENDMENT (SPA)

Name of the Agency: Arizona Health Care Cost Containment System (AHCCCS)

The topic of the public information notice: Inform the public of AHCCCS intent to submit a State Plan Amendment.

SPA Title: CHIP Section 5121 of the 2023 Consolidated Appropriations Act (CAA)

SPA Overview: This SPA provides assurances in line with Section 5121 of the 2023 CAA, which provides language around the State's treatment of inmates of a public institution.

Tribal Consultation:

- AHCCCS consulted with the Tribes regarding the Medicaid CAA Juvenile Justice Requirements SPA on February 4, 2025. Here is the link to the tribal consultation presentation: https://www.azahcccs.gov/AmericanIndians/Downloads/Consultations/Meetings/2025/02042025Combin-edTri-AgencyPresentation.pdf
- AHCCCS will consult with Tribes regarding this CHIP SPA on August 7, 2025. Below is a link to more
 information regarding the tribal consultation meeting: https://ahcccs.zoom.us/meeting/register/tZMlcu-gqDlvE9SFJD5POgQnnfvHJBuAfYGT

State Plan Amendment and Public Comment Period

- The proposed SPA is located on the next page of this document.
- Public notice for the Medicaid CAA Juvenile Justice Requirements SPA was posted on February 28, 2025 at this link:
 - https://www.azahcccs.gov/AHCCCS/Downloads/PublicNotices/CAA And TCM SPA PublicNotice.pdf
- Public notice for this CHIP Section 5121 of the 2023 CAA SPA was posted on June 26th, 2025. Comments for this SPA will be accepted through July 26th, 2025.

Comments can be submitted through email or postal mail. The addresses where comments may be sent are provided below.

- Email: publicinput@azahcccs.gov
- Postal Mail:

AHCCCS

Attn: Division of Community Advocacy and Intergovernmental Relations

150 N. 18th Ave. Phoenix, AZ 85007

- Is a patient in an institution for mental diseases; or
- Voluntarily withdraws from the program.

KidsCare members are notified on the approval notice of the requirement to report changes that affect eligibility. Ineligibility due to excess income does not affect the initial 12 months of continuous coverage.

4.1.9. X Other standards (identify and describe):

Citizenship or Qualified Alien Status. A child must be a United States citizen or a qualified alien. Unless one of the exceptions listed in P.L. 104-193 is applicable, a child who is a qualified alien who entered the United States on or after August 22, 1996 is not eligible for KidsCare until five years after child became a qualified alien.

Assignment of Rights, Under Arizona law, assignment of payments for medical care from any first or third party occurs when the application is signed. Assignment is explained on the application form,

Social Security Number, The application for KidsCare is a joint application for Medicaid and KidsCare. AHCCCS requests, a Social Security Number on the KidsCare application but does not deny eligibility for KidsCare due solely to the failure to provide a Social Security Number or refusal to apply for a Social Security Number. However, if the financial screening determines that the child would be eligible for Medicaid if an application were processed and the child, or responsible party, refuses to apply for a Social Security Number necessary to complete the Medicaid application, AHCCCS denies the KidsCare eligibility. Please see the requirement in Section 4.4.2,

Section 5121 of the CAA, 2023: The state's treatment of inmates of a public institution complies with sections 2102(d) and 2110(b)(7) of the Act as follows:

- The state does not terminate eligibility for children enrolled in a separate CHIP because the child is an inmate of a public institution.
- The state elects to suspend CHIP coverage for the duration of a child's incarceration. The state will use a benefits suspension.
- The state redetermines eligibility for any child prior to their release if it has been longer than 12 months since the child's last redetermination and restores coverage for child health assistance to eligible children upon their release.
- Within the 30 days prior to release (or within one week of release, or as soon as
 practicable after release), the state provides eligible children with any screenings,
 diagnostic services, or case management services that would otherwise be
 available to children under the CHIP state plan (or waiver of such plan).
- The state will process any application submitted by or on behalf of a child and
 make an eligibility determination for child health assistance to provide all services
 available under the CHIP state plan (or waiver of such plan) upon their release
 from the institution.
- Children applying for coverage who are within 30 days prior to their release and are found eligible for CHIP are provided screenings, diagnostic services, and case management services that are otherwise available under the CHIP state plan (or waiver of such plan).

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- 4.2. The state assures that it has made the following findings with respect to the eligibility standards in its plan: (Section 2102)(b)(1)(B)) (42CFR 457.320(b))
 - 4.2.1. X These standards do not discriminate on the basis of diagnosis,
 - 4.2.2. X Within a defined group of covered targeted low-income children, these standards do not cover children of higher income families without covering children with a lower family income,
 - 4.2.3. X These standards do not deny eligibility based on a child having a preexisting medical condition,
- 4.3. Describe the methods of establishing eligibility and continuing enrollment.

(Section 2102)(b)(2)) (42CFR 457.350)

The following describes the methods of establishing and continuing eligibility and enrollment,

The child, a family member or legal guardian, fills out a simple application form which is submitted to AHCCCS. If assistance with the application is needed, appropriate personnel assist the applicant. The form also serves as an application for Medicaid,

AHCCCS has published the application form and instructions for completing the form in English and Spanish. Based on the demographics in Arizona of other ethnic groups, AHCCCS does not believe that developing the application in other languages is necessary since no other ethnic group exceeds 3% of the population. However, an interpreter is provided, if needed,

AHCCCS completes an eligibility determination for KidsCare applications within 30 days from the date of receipt of a signed, completed application in an AHCCCS eligibility office except in unusual circumstances. One example would be when the agency can not reach a decision because the applicant failed to provide required information or take required action.

When information needed to make an eligibility determination is not submitted with the application, AHCCCS sends a notice to the applicant or the representative outlining the information required and the time frame for providing the information. AHCCCS gives applicants ten calendar days to provide any information necessary to enable AHCCCS to determine the applicant's eligibility.

Applicants must choose a health plan or the IHS before enrollment into the KidsCare Program,

Written materials about the various health plans and their toll-free telephone numbers are available with the application form. In addition, the covered services are outlined in the written materials. If a Native American selects the Indian Health Service or a tribal facility, AHCCCS provides any KidsCare services not provided by these entities on a fee-for-service basis off-reservation,

The KidsCare providers are:

- AHCCCS health plans, which includes Comprehensive Medical and Dental Program (CMDP) for foster care children.
- For Native Americans, any of the above or the Indian Health Service or a 638 tribal facility.

For eligibility determinations completed by the 25th day of the month, KidsCare eligibility begins with the first day of the month following the month in which the child is determined to meet the eligibility criteria for the program. Children who are determined eligible for the program after the 25th day of the month are eligible for the program the first day of the second month following the determination of eligibility.

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