

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



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

September 30, 2013

Tom Betlach, Director
Arizona Health Care Cost Containment System
801 East Jefferson Street
Phoenix, AZ 85034

Dear Mr. Betlach:

Enclosed is an approved copy of Arizona's state plan amendment (SPA) 13-0005-MM, which was submitted to CMS on July 8, 2013. SPA 13-0005-MM incorporates the MAGI-based eligibility process requirements, including the single streamlined application, into Arizona's Medicaid State Plan in accordance with the Affordable Care Act. The effective date of this SPA is October 1, 2013.

The approval of SPA 13-0005-MM includes full approval of your alternative single streamlined application – both the paper and online versions.

Enclosed is a copy of the new state plan pages and attachments to be incorporated within a separate section at the back of Arizona's approved state plan:

- S94, pages 1-2
- Attachment 1 - Alternative single, streamlined paper application: Arizona Department of Economic Security/Family Assistance Administration (DES/FAA)/Arizona Health Care Cost Containment System (AHCCCS Application for Help with Health Coverage Costs, AH-001 (10/13)
- Attachment 2 - An alternative paper application for multiple human service programs, including health insurance, SNAP and TANF: Arizona Department of Economic Security/Family Assistance Administration (DES/FAA)/Arizona Health Care Cost Containment System (AHCCCS) Combined Application for Benefits, FA-001 (10/13)
- Attachment 3 - Health-e-Arizona Plus Medical Application Roadmap
- Attachment 4 - Health-e-Arizona Plus Online Flow Chart
- Attachment 5 - Key Differences between the Health-e-Arizona Plus online application and the CMS online application
- Attachment 6 - Statement regarding Agreements Related to Coordination of Eligibility and Enrollment

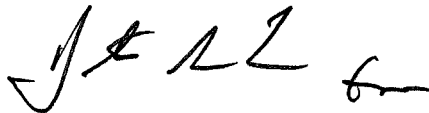
In addition, the following current state plan pages have been superseded by SPA 13-0005-MM and reserved in the State Plan:

- Section 2, Page 10, section 2.1(a), TN # 92-4, effective date: 1/1/92, approved: 6/2/92
- Section 2, Page 11a, section 2.1(d), TN # 92-4, effective date: 1/1/92, approved: 6/2/92

Please note that the HHS Office for Civil Rights (OCR) has an open civil rights investigation in Arizona to resolve complaints filed under Title VI of the Civil Rights Act. During the course of its investigation, OCR has identified compliance concerns with Arizona's Medicaid forms and procedures for processing Medicaid applications. CMS' review of Arizona's State Plan amendment and proposed forms, in lieu of using the CMS Model Single Streamlined Application, was limited to an analysis of compliance with applicable Medicaid laws and regulations. Because compliance with Federal civil rights laws is also a condition of receipt of Medicaid funding, however, HHS OCR also reviewed Arizona's forms in the context of its Title VI investigation and we sent comments to the state on behalf of OCR on August 9, 2013. HHS OCR officials met with Arizona State officials to discuss resolution measures on August 12, 2013 and CMS is happy to provide technical assistance about Medicaid issues during the course of any subsequent discussions. Both CMS and HHS OCR are committed to working together with Arizona to meet the deadlines under the Affordable Care Act to assist the State of Arizona in being ready to launch Marketplace options in a way that ensures that both Medicaid and civil rights issues are addressed.

CMS appreciates the significant amount of work your staff dedicated to preparing this State Plan amendment. If you have any questions concerning this SPA, please contact Rebecca Bruno at 415-744-3677, or by e-mail at Rebecca.Bruno@cms.hhs.gov.

Sincerely,



Gloria Nagle, Ph.D., MPA
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

cc: Wakina Scott
HeeYoung Ansell

Medicaid State Plan Eligibility: Summary Page (CMS 179)

State/Territory name: **Arizona**
Transmittal Number:

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

AZ-13-0005

Proposed Effective Date

10/01/2013 (mm/dd/yyyy)

Federal Statute/Regulation Citation

42 CFR 435, Subpart J and Subpart M

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	14	\$96550800.00
Second Year	15	\$125606400.00

Subject of Amendment

Arizona State Plan Amendment to include the General Eligibility Requirements; Eligibility Process S94 information in the State Plan.

Governor's Office Review

- Governor's office reported no comment
- Comments of Governor's office received

Describe:

[Empty text box for description]

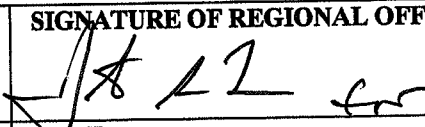
- No reply received within 45 days of submittal
- Other, as specified

Describe:

Governor's Office is aware.

Signature of State Agency Official

Submitted By: **Theresa Gonzales**
Date Submitted: **Sep 30, 2013**

DATE RECEIVED: 7/8/2013	DATE APPROVED: 9/30/2013
PLAN APPROVED - ONE COPY ATTACHED	
EFFECTIVE DATE OF APPROVED MATERIAL: 10/1/2013	SIGNATURE OF REGIONAL OFFICIAL: 
TYPED NAME Gloria Nagle	TITLE Associate Regional Administrator



Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

General Eligibility Requirements Eligibility Process S94

42 CFR 435, Subpart J and Subpart M

Eligibility Process

- The state meets all the requirements of 42 CFR 435, Subpart J for processing applications, determining and verifying eligibility, and furnishing Medicaid.

Application Processing

Indicate which application the agency uses for individuals applying for coverage who may be eligible based on the applicable modified adjusted gross income standard.

- The single, streamlined application for all insurance affordability programs, developed by the Secretary in accordance with section 1413(b)(1)(A) of the Affordable Care Act

- An alternative single, streamlined application developed by the state in accordance with section 1413(b)(1)(B) of the Affordable Care Act and approved by the Secretary, which may be no more burdensome than the streamlined application developed by the Secretary.

An attachment is submitted.

- An alternative application used to apply for multiple human service programs approved by the Secretary, provided that the agency makes readily available the single or alternative application used only for insurance affordability programs to individuals seeking assistance only through such programs.

An attachment is submitted.

Indicate which application the agency uses for individuals applying for coverage who may be eligible on a basis other than the applicable modified adjusted gross income standard:

- The single, streamlined application developed by the Secretary or one of the alternate forms developed by the state and approved by the Secretary, and supplemental forms to collect additional information needed to determine eligibility on such other basis, submitted to the Secretary.

An attachment is submitted.

- An application designed specifically to determine eligibility on a basis other than the applicable MAGI standard which minimizes the burden on applicants, submitted to the Secretary.

An attachment is submitted.

The agency's procedures permit an individual, or authorized person acting on behalf of the individual, to submit an application via the internet website described in 42 CFR 435.1200(f), by telephone, via mail, and in person.

The agency also accepts applications by other electronic means:

- Yes
- No



Medicaid Eligibility

Indicate the other electronic means below:

	Name of Method	Description	
+	Fax	An individual can fax an application to the Medicaid or Human Services Agency	X

The agency has procedures to take applications, assist applicants and perform initial processing of applications for the eligibility groups listed below at locations other than those used for the receipt and processing of applications for the title IV-A program, including Federally-qualified health centers and disproportionate share hospitals.



Parents and Other Caretaker Relatives

Pregnant Women

Infants and Children under Age 19

Redetermination Processing



Redeterminations of eligibility for individuals whose financial eligibility is based on the applicable modified adjusted gross income standard are performed as follows, consistent with 42 CFR 435.916:

Once every 12 months

Without requiring information from the individual if able to do so based on reliable information contained in the individual's account or other more current information available to the agency

If the agency cannot determine eligibility solely on the basis of the information available to it, or otherwise needs additional information to complete the redetermination, it provides the individual with a pre-populated renewal form containing the information already available.



Redeterminations of eligibility for individuals whose financial eligibility is not based on the applicable modified adjusted gross income standard are performed, consistent with 42 CFR 435.916 (check all that apply):

Once every 12 months

Once every 6 months

Other, more often than once every 12 months

Coordination of Eligibility and Enrollment

The state meets all the requirements of 42 CFR 435, Subpart M relative to coordination of eligibility and enrollment between



Medicaid, CHIP, Exchanges and other insurance affordability programs. The single state agency has entered into agreements with the Exchange and with other agencies administering insurance affordability programs.

PRA Disclosure Statement

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 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, 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.

Revision: HCFA-PM-91-4 (BPD)
August 1991

OMB No.: 0938-

State: Arizona

Reserved

TN No.: 13-0005-MM

Supersedes Approval Date September 30, 2013

Effective Date October 1, 2013

TN No.: 92-4

11a

Revision: HCFA-PM-91-8 (MB)
October 1991

OMB No.

State/Territory: Arizona

Reserved

TN No. 13-0005-MM

Supersedes

TN No. 92-4

Approval Date September 30, 2013

Effective Date October 1, 2013