

Children's Health Insurance Program Eligibility: Summary Page

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-22-0010

Type of SPA:

- MAGI Eligibility & Methods
- XXI Medicaid Expansion
- Establish 2101(f) Group
- Eligibility Processing
- Non-Financial Eligibility

Proposed Effective Date

01/01/2023 (mm/dd/yyyy)

Federal Statute/Regulation Citation

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

Federal Budget Impact

This SPA has a budget impact.

Total budget impact:

State Funds: \$ -504400.00

Federal Funds: \$ -136600.00

Please attach a revised CHIP budget.

Document

Subject of Amendment

Please provide a brief summary of SPA changes.

This SPA establishes 12-months of postpartum continuous eligibility.

Signature of State Agency Official

Submitted By: **Ruben Soliz**

Last Revision Date: **Sep 12, 2022**

Submit Date: **Sep 12, 2022**

