

Records / Submission Packages - Your State

AZ - Submission Package - AZ2023MS0002O - (AZ-23-0007) - Eligibility

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Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | AZ2023MS0002O | AZ-23-0007

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CMS-10434 OMB 0938-1188

Not Started

In Progress

Complete

Package Header

Package ID AZ2023MS0002O

SPA ID AZ-23-0007

Submission Type Official

Initial Submission Date 3/27/2023

Approval Date N/A

Effective Date N/A

Superseded SPA ID N/A

Reviewable Unit Instructions

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State Information

State/Territory Name: Arizona

Medicaid Agency Name: AHCCCS

[Collapse](#)

Submission Component

State Plan Amendment

Medicaid

CHIP

[Collapse](#)

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

[Collapse](#)

Key Contacts

[Collapse](#)

Name	Title	Phone Number	Email Address	Program
Soliz, Ruben	State Plan Manager	(602)417-4355	ruben.soliz@azahcccs.gov	Medicaid

SPA ID and Effective Date

[Collapse](#)

SPA ID AZ-23-0007

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Mandatory Eligibility Groups	1/1/2023	AZ-19-0023
Former Foster Care Children	1/1/2023	NEW

Page Number of the Superseded Plan Section or Attachment (if Applicable):

AZ-19-0023, NEW

Executive Summary

[Collapse](#)

Summary Description Including Goals and Objectives This SPA attests to the state's compliance with the SUPPORT Act requirements for coverage of former foster care children/youth.

Dependency Description

[Collapse](#)

Description of any dependencies between this submission package and any other submission package undergoing review N/A

Disaster-Related Submission

[Collapse](#)

This submission is related to a disaster

- Yes
- No

Federal Budget Impact and Statute/Regulation Citation

[Collapse](#)

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2023	\$322600
Second	2024	\$399600

Federal Statute / Regulation Citation

Section 1902(a)(10)(A)(i)(IX) of the Social Security Act. Section 1002(a) of the SUPPORT Act.

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created
No items available	

Governor's Office Review

[Collapse](#)

- No comment
- Comments received
- No response within 45 days
- Other

Authorized Submitter

[Collapse](#)

The following information will be provided by the system once the package is submitted to CMS.

Name of Authorized Submitter Ruben Soliz

Phone number

Email address ruben.soliz@azahcccs.gov

Authorized Submitter's Signature Ruben Soliz

I hereby certify that I am authorized to submit this package on behalf of the Medicaid Agency.

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.

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Medicaid State Plan Eligibility

Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | AZ2023MS0002O | AZ-23-0007

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Package ID	AZ2023MS0002O	SPA ID	AZ-23-0007
Submission Type	Official	Initial Submission Date	3/27/2023
Approval Date	N/A	Effective Date	<u>1/1/2023</u>
Superseded SPA ID	AZ-19-0023		
	System-Derived		

Reviewable Unit Instructions

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Mandatory Coverage

A. The state provides Medicaid to mandatory groups of individuals. The mandatory groups covered are:

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Infants and Children under Age 19		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Parents and Other Caretaker Relatives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Pregnant Women		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Deemed Newborns		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Former Foster Care Children		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Transitional Medical Assistance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Extended Medicaid due to Spousal Support Collections		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
SSI Beneficiaries		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Closed Eligibility Groups		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Deemed To Be Receiving SSI		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Working Individuals under 1619(b)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualified Medicare Beneficiaries		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Qualified Disabled and Working Individuals		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Specified Low Income Medicare Beneficiaries		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Qualifying Individuals		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED

B. The state elects the Adult Group, described at 42 CFR 435.119.

Yes No

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Adult Group		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED

C. Additional Information (optional)

Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

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Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Former Foster Care Children

MEDICAID | Medicaid State Plan | Eligibility | AZ2023MS0002O | AZ-23-0007

Individuals under the age of 26, who were in foster care and on Medicaid when they turned age 18 or aged out of foster care.

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Superseded SPA ID	NEW		
	User-Entered		

Reviewable Unit Instructions

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The state covers the mandatory former foster care children group in accordance with the following provisions:

A. Characteristics

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Individuals qualifying under this eligibility group must meet the following criteria:

- Are under age 26
- Were in foster care upon attaining age 18 or a higher age at which the state's or Tribe's foster care assistance ends under title IV-E of the Act (up to age 21).
- Are described under either Section B. or C.

B. Individuals Covered

[Collapse](#)

For individuals who turn 18 before January 1, 2023:

1. The state covers individuals who:

- Upon attaining age 18 or a higher age at which the state's or Tribe's foster care assistance ends under title IV-E of the Act (up to age 21) were:
 - In foster care under the responsibility of the state or a Tribe within the state (including children who were cared for through a grant to the state under the unaccompanied refugee minor program); and
 - Enrolled in Medicaid under the state's Medicaid state plan or 1115 demonstration; and
- Are not otherwise eligible for and enrolled for mandatory coverage under the state plan, except that eligibility under this group takes precedence over eligibility under the Adult Group.

2. In addition to B.1., the state elects to cover individuals who were in foster care under the responsibility of the state or a Tribe within the state (including children who were cared for through a grant to the state under the unaccompanied refugee minor program) when they turned 18 or a higher age at which the state's or Tribe's foster care assistance ends under title IV-E of the Act, and meet the following criteria:

- a. They were enrolled in Medicaid under the state's Medicaid state plan or 1115 demonstration at any time during the foster care period in which they turned 18 or a higher age at which the state's or Tribe's foster care assistance ends.

- b. They were placed by the state or Tribe in another state and were enrolled in Medicaid under the other state's Medicaid state plan or 1115 demonstration project when they turned 18 or a higher age at which the state's or Tribe's foster care assistance ends.
- c. They were placed by the state or Tribe in another state and were enrolled in Medicaid under the other state's Medicaid state plan or 1115 demonstration project at any time during the foster care period in which they turned 18 or a higher age at which the state's or Tribe's foster care assistance ends.

C. Individuals Covered

[Collapse](#)

For individuals who turn 18 on or after January 1, 2023:

1. The state covers individuals who:

- a. Upon attaining age 18 or a higher age at which the state's or Tribe's foster care assistance ends under title IV-E of the Act (up to age 21) were:
- i. In foster care under the responsibility of any state or a Tribe within any state (including children who were cared for through a grant to the state under the unaccompanied refugee minor program); and
 - ii. Enrolled in Medicaid under a state's Medicaid state plan or 1115 demonstration; and
- b. Are not enrolled in mandatory coverage under the state plan, except that eligibility under this group takes precedence over eligibility under the Adult Group.

2. In addition to C.1., the state elects to cover individuals who were in foster care under the responsibility of any state or a Tribe within any state (including children who were cared for through a grant to a state under the unaccompanied refugee minor program) when they turned 18 or a higher age at which that state's or Tribe's foster care assistance ends under title IV-E of the Act, and meet the following criteria:

- a. They were enrolled in Medicaid under a state's Medicaid state plan or 1115 demonstration at any time during the foster care period in which they turned 18 or a higher age at which a state's or Tribe's foster care assistance ends.
- b. They were placed by a state or Tribe in another state and were enrolled in Medicaid under the other state's Medicaid state plan or 1115 demonstration project when they turned 18 or a higher age at which a state's or Tribe's foster care assistance ends.
- c. They were placed by a state or Tribe in another state and were enrolled in Medicaid under the other state's Medicaid state plan or 1115 demonstration project at any time during the foster care period in which they turned 18 or a higher age at which a state's or Tribe's foster care assistance ends.

D. Additional Information (optional)

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