

December 18, 2025

Edwin Walaszek
Division of Medicaid and Children's Health Operations
U.S. Department of Health & Human Services
Centers for Medicare & Medicaid Services
90 Seventh Street, Suite 5-300 (5W)
San Francisco, CA 94103-6707

RE: Arizona SPA # AZ-25-0028, Adult Speech Therapy & Cochlear Implants

Dear Mr. Walaszek:

Enclosed is State Plan Amendment (SPA) # AZ-25-0028, Adult Speech Therapy & Cochlear Implants. This SPA adds speech therapy in an outpatient setting and cochlear implants as covered services to individuals who are at least 21 years of age. The Adult Speech Therapy & Cochlear Implants SPA will reserve an October 1, 2025, effective date.

Tribal Consultation occurred for this SPA on November 4, 2025. The presentation can be located here:
<https://www.azahcccs.gov/AmericanIndians/TribalConsultation/>

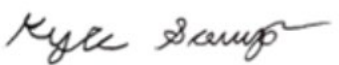
The public notice period for the service SPA closed on September 30, 2025, and no comments were received. Public Notice for this SPA was posted on the following webpages:

- <https://www.azahcccs.gov/AHCCCS/Downloads/PublicNotices/PublicNotice25-0012AdultSpeechTherapyCochlearImplants.pdf>

The **Federal Fiscal Impact** of this SPA has been calculated as \$0 due to the rates being authorized through a separate SPA submission of AZ-25-0022. As a result, the Federal Fiscal Impact for this change has been included with the AZ-25-0022 submission.

If there are any questions about the enclosed SPA, please contact Ryan Melson at Ryan.Melson@azahcccs.gov or 602-417-7309.

Sincerely,



Kyle Sawyer
Assistant Director, Public Policy and Strategic Planning
Arizona Health Care Cost Containment System (AHCCCS)

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2. STATE

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL
SECURITY ACT XIX XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

5. FEDERAL STATUTE/REGULATION CITATION

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY _____ \$ _____
b. FFY _____ \$ _____

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*)

9. SUBJECT OF AMENDMENT

10. GOVERNOR'S REVIEW (*Check One*)

GOVERNOR'S OFFICE REPORTED NO COMMENT
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL

Kyle Samp

12. TYPED NAME

13. TITLE

14. DATE SUBMITTED

15. RETURN TO

FOR CMS USE ONLY

16. DATE RECEIVED

17. DATE APPROVED

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

21. TITLE OF APPROVING OFFICIAL

22. REMARKS

11c. Services for individuals with speech, hearing, and language disorders (provided by or under the supervision of a speech pathologist or audiologist).

Speech Pathology services are provided to diagnose, evaluate, and provide treatment for specific speech, language and hearing disorders. ~~Services for adults~~Adults over the age of ~~21~~ are ~~limited to~~provided with speech therapy services ~~provided~~ in an inpatient ~~and/or outpatient~~ setting. Members enrolled in the ALTCS program receive services provided under the 1115 Waiver. Assessment, evaluation, and treatment services are included as part of this benefit. Providers meet the applicable requirements at 42 CPR 440.110.

Speech pathology services are provided by: 1) State-licensed speech-language pathologists; and 2) licensed speech-language pathologist assistants under the direction of State-licensed speech-language pathologists. In addition, persons who have a Provisional Speech and Language Impaired Certificate must be supervised by an American Speech and Language Hearing Association-certified pathologist. All providers of speech pathology services meet the requirements of 42 CPR 440.110

Audiology

Audiology services are provided to evaluate hearing loss and rehabilitate persons who may or may not be improved by medication or surgical treatment. Members enrolled in the ALTCS program receive services provided under the 1115 Waiver.

Audiological services are provided by Audiologists licensed with the Arizona Department of Health Services (ADHS) and meet the requirements in 42 CPR 440.110.

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TN No. ~~11-00625-0028~~
Supersedes
TN No. ~~NIA11-006~~

Approval Date:

Effective Date: ~~April 1, 2014~~ October 1, 2025

12. Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.

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12a. —Prescribed drugs.

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Medicare Part D drugs are not covered for full benefit dual eligible members, as coverage is provided through Medicare Part D PDPs and MAPDs

Prescription drugs for covered transplantation services shall be provided in accordance with AHCCCS transplantation policies.

AHCCCS only covers over-the-counter medications in place of a covered prescription medication that is clinically appropriate, equally safe and effective, and less costly than the covered prescription medication.

In compliance with Section 1927(b) of the Social Security Act (the Act), the State collects drug rebates in accordance with established policy for drug rebate agreements as provided in Exhibit 12(a) to Attachment 3.1-A.

CMS has authorized the state of Arizona to enter into Outcomes-Based contract arrangements with drug manufacturers for drugs provided to Medicaid beneficiaries. These contracts will be executed on the contract template titled "Outcomes-Based Supplemental Rebate Agreement" submitted to CMS and authorized for use beginning July 1, 2019.

12c. —Prosthetic devices.

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Prosthetic devices are limited to devices prescribed by a physician or other licensed practitioner to artificially replace missing, deformed or malfunctioning portions of the body and which are medically necessary to the rehabilitation of the member.

Covered prosthetic devices for members age 21 and older include cochlear implants, but do not include hearing aids, ~~cochlear implants~~, bone anchored hearing aids, percussive vests, microprocessors for controlled joints for the lower limbs in addition to microprocessor-controlled joints for the lower limbs, penile implants, and vacuum devices.

Orthotic devices, which are defined as devices that are prescribed by a physician or other licensed practitioner of the healing arts to support a weak or deformed portion of the body, are covered when the use of the orthotic is medically necessary as the preferred treatment option consistent with Medicare guidelines and the orthotic is less expensive than all other treatment options or surgical procedures to treat the same diagnosed condition.

12d. Eyeglasses.

Eye examinations for prescriptive lenses and the provision of prescriptive lenses under EPSDT services.

Adult services are limited to eyeglasses and contact lenses as the sole prosthetic device after a cataract extraction.

13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in the plan.

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13a. Diagnostic Services.

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Genetic testing is not covered unless the results of the genetic tests are necessary to differentiate between treatment options. Genetic testing is not covered to determine specific diagnoses or syndromes when such determination would not definitively alter the medical treatment of the member.