

March 31, 2026

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-26-0002, Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) Services

Dear Mr. Walaszek:

Enclosed is State Plan Amendment (SPA) # AZ-26-0002, Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) Services. This SPA updates Attachment 3.1-A and Attachment 3.1-A Limitations. The FQHC and RHC Services SPA will reserve an effective date of January 1, 2026.

The intent behind this SPA is to clarify long standing policies. As a result, AHCCCS will not be holding formal public notice or Tribal Consultation.

The **Federal Fiscal Impact** of this SPA has been calculated as:

- FFY 2026: \$0
- FFY 2027: \$0

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)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

15. RETURN TO

12. TYPED NAME

13. TITLE

14. DATE SUBMITTED

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

State/Territory: ARIZONA

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

1. Inpatient hospital services other than those provided in an institution for mental diseases.
Provided: No limitations With limitations*
2. a. Outpatient hospital services.
Provided: No limitations With limitations*
b. Rural health clinic services and other ambulatory services furnished by a rural health clinic (which are otherwise included in the State plan).
 Provided: No limitations With limitations**
 Not Provided
c. Federally qualified health center (FQHC) services and other ambulatory services that are covered under the plan and furnished by an FQHC in accordance with section 4321 of the State Medicaid Manual (HCFA-Pub. 45-4).
Provided: No limitations With limitations**
3. Other Laboratory and x-ray services.
Provided: No limitations With limitations*

* Description provided in Limitations section of this Attachment.

** Sole limitation is authorization by appropriate entity as defined in the Limitations section of this Attachment.

TN No. ~~26-0002-99-04~~

Supersedes Approval Date _____

Effective Date ~~July 1,~~

~~1999~~ January 1, 2026

TN No. ~~99-0491-27~~

All covered services shall be authorized by an appropriate entity or entities except in the case of emergency hospital services and emergency transportation. As provided in AHCCCS' policies and procedures, authorization for medical services shall be obtained from at least one of the following entities: a primary care provider (a licensed physician, physician assistant or certified nurse practitioner) or a physician specialist or dentist, a health plan, a program contractor, a Regional Behavioral Health Authority, an ALTCS case manager affiliated with a program contractor, or the AHCCCS Administration. The appropriate entity shall only authorize medically necessary services subject to the limitations specified below and in compliance with applicable federal and state law and regulations and AHCCCS policies and procedures or other applicable guidelines.

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1. Inpatient hospital services other than those provided in an institution for mental diseases.

Inpatient hospital services shall be furnished by a licensed and certified hospital.

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Inpatient hospital services include services in inpatient psychiatric facilities, provided to EPSDT- eligible persons < 21 years in accordance with 42 CFR 441.150.

Inpatient hospital services for medically necessary abortions only when the pregnancy is the result of an act of rape or incest; or in the case where a woman suffers from a physical disorder, physical injury, or physical illness, including a life-endangering physical condition caused by or arising from the pregnancy itself, that would, as certified by a physician, place the woman in danger of death unless an abortion is performed.

2a. Outpatient hospital services.

Outpatient hospital services are services ordinarily provided in hospitals, clinics, offices and other health care facilities by licensed health care providers.

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Outpatient hospital services for medically necessary abortions only when the pregnancy is the result of an act of rape or incest; or in the case where a woman suffers from a physical disorder, physical injury, or physical illness, including a life-endangering physical condition caused by or arising from the pregnancy itself, that would, as certified by a physician, place the woman in danger of death unless an abortion is performed.

2b. Rural health clinic (RHC) services.

RHC services are defined in section 1905(a)(2)(B) of the Social Security Act. The service limitations specified in this Attachment 3.1-A Limitations section of the State Plan for other providers also apply to RHCs.

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TN No. ~~13-01426-0002~~

Supersedes _____ Approval Date _____ Effective Date ~~October 1,~~

~~2014~~ January 1, 2026

TN No. ~~11-01213-014~~

2c. Federally qualified health center (FOHC) services.

FOHC services are defined in section 1905(a)(2)(C) of the Social Security Act. The service limitations on services furnished in the FOHC are the same limitations as defined for those services as defined specified in this Attachment 3.1-A Limitations section of the State Plan for other providers also apply to FOHCs (including FOHC services provided by a dentist, optometrist, podiatrist, or chiropractor).

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Condensed by

TN No. 13-01426-0002

Supersedes _____ Approval Date _____ Effective Date October 1,

2014 January 1, 2026

TN No. 11-01213-014