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July 28, 2020

Jami Snyder, Director  
Arizona Health Care Cost Containment System  
801 East Jefferson Street  
Phoenix, AZ 85034

Re: Arizona State Plan Amendment (SPA) 20-0009

Dear Ms. Snyder:

We have reviewed the proposed amendment to add section 7.4.A. Rescissions to the State's Disaster Relief Policies for the COVID-19 National Emergency to your state plan, as submitted under transmittal number (TN) 20-0009. This amendment proposes to rescind the temporary election, in section 7.4. Medicaid Disaster Relief for the COVID-19 National Emergency, of the COVID-19 testing group described at 1902(a)(10)(A)(ii)(XXIII) of the Social Security Act (the Act).

We conducted our review of your submittal according to the statutory requirements at section 1902(a) of the Act and implementing regulations. Section 7.4 of the Medicaid state plan provides temporary authority and is intended to be in effect only for the duration of the COVID-19 public health emergency. Due to the temporary nature of this provision, and because the state has not yet implemented the COVID-19 testing group and no individuals have been enrolled for coverage, TN 20-0009 is approved effective April 1, 2020 pursuant to 42 CFR 430.20(b)(3).

Please note that if Arizona wishes to cover the COVID-19 testing group after it is removed from the state plan, you may submit a new Medicaid Disaster Relief for the COVID-19 National Emergency SPA at any time during the public health emergency.

Enclosed is a copy of the CMS-179 summary form and the approved state plan page.

Please contact Brian Zolynas at (415) 744-3601 or by email at [brian.zolynas@cms.hhs.gov](mailto:brian.zolynas@cms.hhs.gov) if you have any questions about this approval.

Sincerely,  
Anne M.

Costello -S

Anne Marie Costello

Deputy Director

Center for Medicaid & CHIP Services

Digitally signed by Anne  
M. Costello -S  
Date: 2020.07.28  
08:26:15 -04'00'

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

1. TRANSMITTAL NUMBER <u>2 0 — 0 0 9</u>	2. STATE Arizona
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
4. PROPOSED EFFECTIVE DATE <del>March 1, 2020</del> April 1, 2020	

TO: REGIONAL ADMINISTRATOR  
CENTERS FOR MEDICARE & MEDICAID SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (*Check One*)

- NEW STATE PLAN       AMENDMENT TO BE CONSIDERED AS NEW PLAN       AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate transmittal for each amendment*)


6. FEDERAL STATUTE/REGULATION CITATION <del>42 CFR Part 447</del> 1902(a)(10)(A)(ii)(XXIII) of the Social Security Act	7. FEDERAL BUDGET IMPACT a. FFY 2020 \$ 0 b. FFY 2021 \$ 0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  Page <del>90, 91,</del> 99	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> )  Page <del>90, 91,</del>

10. SUBJECT OF AMENDMENT

This SPA removes the indication that the State covers the optional COVID testing group.

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

- GOVERNOR'S OFFICE REPORTED NO COMMENT       OTHER, AS SPECIFIED  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL 	16. RETURN TO  Dana Flannery 801 E. Jefferson, MD#4200 Phoenix, Arizona 85034
13. TYPED NAME Dana Flannery	
14. TITLE Assistant Director	
15. DATE SUBMITTED 6/30/20	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED June 30, 2020	18. DATE APPROVED July 28, 2020
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**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL April 1, 2020	20. SIGNATURE OF REGIONAL OFFICIAL Anne M. Costello -S <small>Digitally signed by Anne M. Costello -S Date: 2020.07.28 08:26:46 -0400</small>
21. TYPED NAME Anne Marie Costello	22. TITLE Deputy Director, Center for Medicaid & CHIP Services

23. REMARKS

Pen-and-ink changes made to Boxes 4, 8, and 9 by CMS with state concurrence on 7/7/2020.  
Pen-and-ink change made to Box 6 by CMS with state concurrence on 7/27/2020.

**7.4.A. Rescissions to the State's Disaster Relief Policies for the COVID-19 National Emergency**

Effective April 1, 2020, the agency rescinds the election at A.1. of section 7.4 (approved on 4/1/2020 in SPA Number AZ-SPA-20-0001 and approved on 5/22/2020 in SPA Number AZ-SPA-20-0005) of the state plan to furnish medical assistance to the optional eligibility group described at section 1902(a)(10)(A)(ii)(XXIII) of the Social Security Act.