

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services  
601 E. 12th St., Room 355  
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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February 15, 2023

Carmen Heredia, Director  
Arizona Health Care Cost Containment System  
801 East Jefferson Street  
Phoenix, AZ 85034

Re: Arizona State Plan Amendment (SPA) 22-0016

Dear Ms. Heredia:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 22-0016. This amendment adds Diabetes Self Management Training (DSMT) services.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations. This letter is to inform you that Arizona Medicaid SPA 22-0016 was approved on February 15, 2023 with an effective date of October 1, 2022.

If you have any questions, please contact Brian Zolynas at 415-744-3601 or via email at [Brian.Zolynas@cms.hhs.gov](mailto:Brian.Zolynas@cms.hhs.gov)

Sincerely,

James G. Scott, Director  
Division of Program Operations

cc: Alex Demyan, AHCCCS  
Dana Flannery, AHCCCS  
Ruben Soliz, AHCCCS

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

1. TRANSMITTAL NUMBER

22 - 0016

2. STATE

AZ3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACTTO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES4. PROPOSED EFFECTIVE DATE  
October 1, 20225. FEDERAL STATUTE/REGULATION CITATION  
~~42 CFR 440.130~~ Title XIX of the Social Security Act6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  
a. FFY 23 \$ 696,100  
b. FFY: 24 \$ 671,000

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-A Limitations, page 9(a) and 9(a)(i)

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

Attachment 3.1-A Limitations, page 9(a)

9. SUBJECT OF AMENDMENT

Adds Diabetes Self Management Training (DSMT) services to the state plan.

10. 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

11. SIGNATURE OF STATE AGENCY OFFICIAL



15. RETURN TO

Dana Flannery  
801 E. Jefferson St., MD # 4200  
Phoenix, AZ 85034

12. TYPED NAME

Dana Flannery

13. TITLE

Assistant Director

14. DATE SUBMITTED: October 5, 2022

**FOR CMS USE ONLY**

16. DATE RECEIVED

October 5, 2022

17. DATE APPROVED

February 15, 2023

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

October 1, 2022

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

James G. Scott

21. TITLE OF APPROVING OFFICIAL

Director, Division of Program Operations

22. REMARKS

State authorized pen and ink changes to Box 5 on 01/31/2023 and to Box 7 on 01/26/2023.

**13b. Screening services.**

Coverage is available for evidence-based medically necessary screening services for children based on guidelines from the American Academy of Pediatrics and CDC/IACIP for immunizations.

Coverage is available for evidence-based medically necessary screening services for adults which are based, in part, on guidelines from the U.S. Preventive Services Task Force.

**13c. Preventive services.**

Coverage is available for evidence-based medically necessary preventive services. Services must be recommended by a physician or other licensed practitioner of the healing arts acting within the scope of authorized practice under State law to (1) prevent disease, disability, and other health conditions, (2) prolong life; and (3) Promote physical and mental health efficacy. Services for children are based on guidelines from the American Academy of Pediatrics and CDC/ACIP for immunizations. Services for adults are based, in part, on guidelines from the U.S. Preventive Services Task Force. In addition to the services specified under section 4106 of the Affordable Care Act, Arizona covers, without cost-sharing, services specified under PHS 2713 which is in alignment with the Alternative Benefit Plans.

Coverage is available for Diabetes Self-Management Training (DSMT) outpatient services. DSMT is a nationally recognized program that supports individuals with developing the knowledge and skills to self-care for their diabetes condition. DSMT consists of individual sessions or group sessions which may be furnished by a physician (MD or DO), Physician's Assistant, Registered Nurse Practitioner, or Registered Dietician. The services must be prescribed by a primary care practitioner in one of the following circumstances: 1) the member is initially diagnosed with diabetes or 2) the member was previously diagnosed with diabetes but a change has occurred in the member's diagnosis, medical condition or treatment regimen or the member is not meeting appropriate clinical outcomes. DSMT services are limited to 10 hours, annually. Beneficiaries of the EPSDT benefit may receive services in excess of the 10-hour limitation.

**13d. Rehabilitative services.**

**Rehabilitative Services-** Services to teach independent living, social and communication skills to persons or their families to promote the maximum reduction of behavioral health symptoms and/or restoration of an individual to his/her best age appropriate functional level for the purpose of maximizing the person's ability to live independently and function in the community. Services may be provided to a person, a group of persons or their families with the person(s) present. Rehabilitative services must be recommended by a physician or other licensed practitioner of the healing arts acting within the scope of authorized practice under State law; and be provided by individuals who are qualified behavioral health professionals, behavioral health technicians or behavioral health paraprofessionals as described in the following pages of Attachment 3.1-A Limitations, pages 9(b) – 9(j).