

October 5, 2022

Brian Zolynas
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 #22-0018, Chiropractors' Services

Dear Mr. Zolynas:

Enclosed is State Plan Amendment (SPA) #22-0018, Chiropractors' Services. This SPA adds chiropractors' services to the state plan, with an effective date of October 1, 2022.

Tribal Consultation and Public Notice Requirements for this SPA have been fulfilled and the corresponding documentation is provided below:

Tribal Consultation:

<https://www.azahcccs.gov/AmericanIndians/Downloads/Consultations/Meetings/2022/August112022QuarterlyTC.pdf>

Public Notice: <https://www.azahcccs.gov/AHCCCS/PublicNotices/ServicesProvided.html>

If there are any questions about the enclosed SPA, please contact Ruben Soliz at ruben.soliz@azahcccs.gov or 602-417-4355.

Sincerely,



Dana Flannery
Assistant Director
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 22 - 0018	2. STATE AZ
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT	
4. PROPOSED EFFECTIVE DATE October 1, 2022	
5. FEDERAL STATUTE/REGULATION CITATION 42 U.S.C. §1396a(a)(13)(1997)	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>23</u> \$ 344,100 b. FFY: <u>24</u> \$ 331,700
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-A, page 3 Attachment 3.1-A Limitations, page 6	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 3.1-A, page 3 Attachment 3.1-A Limitations, page 6


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

9. SUBJECT OF AMENDMENT
Adds chiropractors' services, with limitations, 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



12. TYPED NAME
Dana Flannery

13. TITLE
Assistant Director

14. DATE SUBMITTED: October 5, 2022

15. RETURN TO

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

FOR CMS USE ONLY

16. DATE RECEIVED	17. DATE APPROVED
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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

0938

State/Territory: ARIZONA
AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

b. Optometrists' services.

Provided: No limitations With limitations*
 Not provided.

c. Chiropractors' services.

Provided: No limitations With limitations*
 Not provided. ~~Not a covered service except when provided under EPSDT~~

d. Other practitioners' services.

Provided: Identified in Limitations section of Attachment.
 Not provided.

7. Home health services.

a. Intermittent or parttime nursing services provided by a home health agency or by a registered nurse when no home health agency exists in the area.

Provided: No limitations With limitations*

b. Home health aide services provided by a home health agency.

Provided: No Limitation With limitations*

c. Medical supplies, equipment, and appliances suitable for use in the home.

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. 22-018 11-006

Supersedes Approval Date _____ Effective Date October 1, 2022 ~~April 1, 2011~~

TN No. 11-006 99-04

6. Medical care and any other types of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.

6b. Optometrists' Services Optometrists' services when they are provided by a licensed optometrist. See section 12d for limitations on eyeglasses and contact lenses.

6c. Chiropractors' Services

Coverage is available for evidence-based, medically necessary chiropractors' services within their scope of practice as defined by state law and described in AHCCCS Medical Policy Manual (<http://www.azahcccs.gov/shared/MedicalPolicyManual/MedicalPolicyManual.aspx?ID=policymanuals>).

6d. Other practitioners' services.

Other practitioners' services provided by:

- i. Services of a licensed respiratory therapist within the scope of practice according to state law.
- ii. Services of a licensed Certified Nurse Practitioner within their scope of practice according to state law.
- iii. Services of a licensed Certified Registered Nurse Anesthetist within their scope of practice according to state law.
- iv. Services of a licensed Non-physician First Surgical Assistants and Physician Assistant within their scope of practice according to state law.
- v. Services of a licensed midwife within their scope of practice according to state law.
- vi. Services of a licensed affiliated practice dental hygienist within their scope of practice according to state law.
- vii. Services of a licensed social worker within their scope of practice according to state law.
- viii. Services of a licensed physician assistant within their scope of practice according to state law.
- ix. Services of a licensed psychologist within their scope of practice according to state law.
- x. Services of a licensed counselor within their scope of practice according to state law.
- xi. Services of a licensed registered nurse within their scope of practice according to state law.
- xii. Services of a licensed psychiatric nurse practitioner within their scope of practice according to state law.
- xiii. Services of a licensed marriage and family therapist within their scope of practice according to state law.
- xiv. Services of a licensed substance abuse counselor within their scope of practice according to state law.
- xv. Services of an ADHS licensed Emergency Medical Care Technician (EMCT) within their scope of practice according to state law
- xvi. Services of a licensed Clinical Nurse Specialist within their scope of practice according to state law

TN No. ~~21-013-22-0018~~
Supersedes ~~16-006 21-013~~

Approval Date: _____

Effective Date: **October 1, 2022**