

AZ - Submission Package - AZ2023MS0003O - (AZ-23-0009) - Administration

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Submission - Summary

MEDICAID | Medicaid State Plan | Administration | AZ2023MS0003O | AZ-23-0009

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CMS-10434 OMB 0938-1188

Not Started

In Progress

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Package Header

Package ID	AZ2023MS0003O	SPA ID	AZ-23-0009
Submission Type	Official	Initial Submission Date	4/18/2023
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

Reviewable Unit Instructions

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State Information

State/Territory Name: Arizona

Medicaid Agency Name: AHCCCS

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Submission Component

State Plan Amendment Medicaid CHIP

[Collapse](#)

Submission Type

Official Submission Package Draft Submission Package

Allow this official package to be viewable by other states?

Yes No

Selecting Official Submission Package means that the official 90-day review period will start upon submission.

[Collapse](#)

Key Contacts

Name	Title	Phone Number	Email Address	Program
Soliz, Ruben	State Plan Manager	(602)417-4355	ruben.soliz@azahcccs.gov	Medicaid

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SPA ID and Effective Date

SPA ID AZ-23-0009

[Collapse](#)

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Designation and Authority	1/1/2023	AZ-14-0005
Eligibility Determinations and Fair Hearings	1/1/2023	AZ-14-0005

Executive Summary

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Summary Description Including Goals and Objectives This SPA updates a table in the State Plan which describes state agency roles in determining eligibility and conducting hearings, effective January 1, 2023.

Dependency Description

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Description of any dependencies between this submission package and any other submission package undergoing review NA

Disaster-Related Submission

[Collapse](#)

This submission is related to a disaster

- Yes
 No

Federal Budget Impact and Statute/Regulation Citation

[Collapse](#)

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2023	\$0
Second	2024	\$0

Federal Statute / Regulation Citation

42 CFR 431.11

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created
No items available	

Governor's Office Review

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- No comment
 Comments received
 No response within 45 days
 Other

Authorized Submitter

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The following information will be provided by the system once the package is submitted to CMS.

Name of Authorized Submitter Ruben Soliz

Phone number

Email address ruben.soliz@azahcccs.gov

Authorized Submitter's Signature Ruben Soliz

Medicaid State Plan Administration

Organization

Designation and Authority

MEDICAID | Medicaid State Plan | Administration | AZ2023MS0003O | AZ-23-0009

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Superseded SPA ID	AZ-14-0005 System-Derived		
Reviewable Unit Instructions			

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A. Single State Agency

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1. State Name: Arizona

2. As a condition for receipt of Federal funds under title XIX of the Social Security Act, the single state agency named here agrees to administer the Medicaid program in accordance with the provisions of this state plan, the requirements of titles XI and XIX of the Act, and all applicable Federal regulations and other official issuances of the Centers for Medicare and Medicaid Services (CMS).

3. Name of single state agency:


Arizona Health Care Cost Containment System Administration

4. This agency is the single state agency designated to administer or supervise the administration of the Medicaid program under title XIX of the Social Security Act. (All references in this plan to "the Medicaid agency" mean the agency named as the single state agency.)

B. Attorney General Certification:

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The certification signed by the state Attorney General identifying the single state agency and citing the legal authority under which it administers or supervises administration of the program has been provided.

Name	Date Created	
Attorney General Certification 7-2-84	3/30/2023 3:19 PM EDT	

C. Administration of the Medicaid Program

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The state plan may be administered solely by the single state agency, or some portions may be administered by other agencies.

- 1. The single state agency is the sole administrator of the state plan (i.e. no other state or local agency administers any part of it). The agency administers the state plan directly, not through local government entities.
- 2. The single state agency administers portions of the state plan directly and other governmental entity or entities administer a portion of the state plan.
 - a. The single state agency supervises the administration through counties or local government entities.
 - b. The single state agency supervises the administration through other state agencies. The other state agency implements the state plan through counties and local government entities.
 - c. Another state agency administers a portion of the state plan through a waiver under the Intergovernmental Cooperation Act of 1968.

D. Additional information (optional)

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The state has an agreement with another state agency (Department of Economic Security) for executing some responsibilities in determining Medicaid eligibility and conducting Medicaid Fair Hearings. We would like to clarify the most appropriate option above to reflect this agreement. It is currently described in the Arizona State Plan Attachment 1.2-D page 1.

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Medicaid State Plan Administration

Organization

Eligibility Determinations and Fair Hearings

MEDICAID | Medicaid State Plan | Administration | AZ2023MS00030 | AZ-23-0009

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Reviewable Unit Instructions			

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A. Eligibility Determinations (including any delegations)

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1. The entity or entities that conduct determinations of eligibility for families, adults, and individuals under 21 are:

- a. The Medicaid agency
- b. Delegated governmental agency
 - i. Single state agency under Title IV-A (TANF) (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
 - ii. An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
 - iii. Other

2. The entity or entities that conduct determinations of eligibility based on age (65 or older), or having blindness or a disability are:

- a. The Medicaid agency
- b. Delegated governmental agency
- i. Single state agency under Title IV-A (TANF) (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- ii. An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- iii. The Social Security Administration determines Medicaid eligibility for:
 - (1) SSI beneficiaries
 - (2) Optional state supplement recipients
- iv. Other

3. Assurances:

- a. The Medicaid agency is responsible for all Medicaid eligibility determinations.
- b. There is a written agreement between the Medicaid agency and the Exchange or any other state or local agency that has been delegated authority to determine eligibility for Medicaid eligibility in compliance with 42 CFR 431.10(d).
- c. The Medicaid agency does not delegate authority to make eligibility determinations to entities other than government agencies which maintain personnel standards on a merit basis.
- d. The delegated entity is capable of performing the delegated functions.

B. Fair Hearings (including any delegations)

[Collapse](#)

- The Medicaid agency has a system of hearings that meets all of the requirements of 42 CFR Part 431, Subpart E.
- The Medicaid agency is responsible for all Medicaid fair hearings.

1. The entity or entities that conduct fair hearings with respect to eligibility based on applicable modified adjusted gross income (MAGI) are:

- a. Medicaid agency
- d. Delegated governmental agency

3. For all other Medicaid fair hearings (not related to an eligibility determination based on MAGI):

- All other Medicaid fair hearings are conducted at the Medicaid agency or at another state agency authorized under an ICA waiver.

C. Evidentiary Hearings

[Collapse](#)

The Medicaid agency uses local governmental entities to conduct local evidentiary hearings.

- Yes
- No

D. Additional information (optional)

[Collapse](#)

The entity or entities that conduct fair hearings with respect to eligibility based on applicable modified adjusted gross income (MAGI) are: 1) The Medicaid agency and 2) Single state agency under Title IV-A (TANF), under an ICA.

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