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AZ - Submission Package - AZ2024MS0005O - (AZ-24-0023) - Administration

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CMS-10434 OMB 0938-1188

Package Information

Package ID AZ2024MS0005O
Program Name N/A
SPA ID AZ-24-0023
Version Number 1
Submitted By Maxwell Seifer
Package Disposition 

Submission Type Official
State AZ
Region San Francisco, CA
Package Status Approved
Submission Date 12/16/2024
Approval Date 12/18/2024 5:03 PM EST

Submission - Summary

MEDICAID | Medicaid State Plan | Administration | AZ2024MS00050 | AZ-24-0023

Package Header

| | | | |
|--------------------------|---------------|--------------------------------|------------|
| Package ID | AZ2024MS00050 | SPA ID | AZ-24-0023 |
| Submission Type | Official | Initial Submission Date | 12/16/2024 |
| Approval Date | 12/18/2024 | Effective Date | N/A |
| Superseded SPA ID | N/A | | |

State Information

State/Territory Name: Arizona

Medicaid Agency Name: AHCCCS

Submission Component

- State Plan Amendment
- Medicaid
- CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Administration | AZ2024MS00050 | AZ-24-0023

Package Header

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| Submission Type Official | Initial Submission Date 12/16/2024 |
| Approval Date 12/18/2024 | Effective Date N/A |
| Superseded SPA ID N/A | |

SPA ID and Effective Date

SPA ID AZ-24-0023

| Reviewable Unit | Proposed Effective Date | Superseded SPA ID |
|-----------------|-------------------------|-------------------|
| Reporting | 10/1/2024 | N/A |

Page Number of the Superseded Plan Section or Attachment (If Applicable):

Submission - Summary

MEDICAID | Medicaid State Plan | Administration | AZ2024MS00050 | AZ-24-0023

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Executive Summary

Summary Description Including Goals and Objectives This SPA attests to Arizona's compliance with federal requirements for mandatory Medicaid and CHIP Core Set Reporting that were established in Final Rule 88 FR 60278.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

| | Federal Fiscal Year | Amount |
|--------|---------------------|--------|
| First | 2025 | \$0 |
| Second | 2026 | \$0 |

Federal Statute / Regulation Citation

Centers for Medicare & Medicaid Services Mandatory Medicaid and Children's Health Insurance Program (CHIP) Core Set Reporting final rule (88 FR 60278).

Supporting documentation of budget impact is uploaded (optional).

| Name | Date Created |
|--------------------|--------------|
| No items available | |

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Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

Submission - Medicaid State Plan

MEDICAID | Medicaid State Plan | Administration | AZ2024MS00050 | AZ-24-0023

CMS-10434 OMB 0938-1188

The submission includes the following:

- Administration
 - Organization
 - General Administration

- Reporting

| Reviewable Unit Name | Included in Another Source Type Submission Package |
|----------------------|--|
| Reporting | APPROVED |

- Eligibility
- Benefits and Payments

Submission - Public Comment

MEDICAID | Medicaid State Plan | Administration | AZ2024MS00050 | AZ-24-0023

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Indicate whether public comment was solicited with respect to this submission.

- Public notice was not federally required and comment was not solicited
- Public notice was not federally required, but comment was solicited
- Public notice was federally required and comment was solicited

Indicate how public comment was solicited:

- Newspaper Announcement
- Publication in state's administrative record, in accordance with the administrative procedures requirements
- Email to Electronic Mailing List or Similar Mechanism
- Website Notice

Select the type of website

- Website of the State Medicaid Agency or Responsible Agency

Date of Posting: Sep 4, 2024

Website URL: <https://www.azahcccs.gov/AHCCCS/Downloads/PublicNotices/CoreSetSPAPublicNotice.pdf>

- Website for State Regulations
- Other

- Public Hearing or Meeting

Name of process:

Description of process:

Communication Method

Public Forum Used

Name of process:


Description of process:

Communication Method

Public Forum Used

- Other method

Upload copies of public notices and other documents used

| Name | Date Created | |
|--|------------------------|---|
| Core Set SPA Public Notice | 12/16/2024 3:02 PM EST |  |

Upload with this application a written summary of public comments received (optional)

| Name | Date Created | |
|--------------------|--------------|--|
| No items available | | |

Indicate the key issues raised during the public comment period (optional)

- Access
- Quality
- Cost
- Payment methodology
- Eligibility
- Benefits
- Service delivery
- Other issue

Submission - Tribal Input

MEDICAID | Medicaid State Plan | Administration | AZ2024MS00050 | AZ-24-0023

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One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this state

- Yes
- No

This state plan amendment is likely to have a direct effect on Indians, Indian Health Programs or Urban Indian Organizations, as described in the state consultation plan.

- Yes
- No

The state has solicited advice from Indian Health Programs and/or Urban Indian Organizations, as required by section 1902(a)(73) of the Social Security Act, and in accordance with the state consultation plan, prior to submission of this SPA.

Complete the following information regarding any solicitation of advice and/or tribal consultation conducted with respect to this submission:

Solicitation of advice and/or Tribal consultation was conducted in the following manner:

All Indian Health Programs

| Date of solicitation/consultation: | Method of solicitation/consultation: |
|------------------------------------|--------------------------------------|
| 11/14/2024 | Hybrid Tribal Consultation |
| 12/18/2023 | Hybrid Tribal Consultation |

All Urban Indian Organizations




| Date of solicitation/consultation: | Method of solicitation/consultation: |
|------------------------------------|--------------------------------------|
| 11/14/2024 | Hybrid Tribal Consultation |
| 12/18/2023 | Hybrid Tribal Consultation |

States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below:

All Indian Tribes

| Date of consultation: | Method of consultation: |
|-----------------------|----------------------------|
| 11/14/2024 | Hybrid Tribal Consultation |
| 12/18/2023 | Hybrid Tribal Consultation |

The state must upload copies of documents that support the solicitation of advice in accordance with statutory requirements, including any notices sent to Indian Health Programs and/or Urban Indian Organizations, as well as attendee lists if face-to-face meetings were held. Also upload documents with comments received from Indian Health Programs or Urban Indian Organizations and the state's responses to any issues raised. Alternatively indicate the key issues and summarize any comments received below and describe how the state incorporated them into the design of its program.

| Name | Date Created | |
|--|------------------------|---|
| 11.14.24Tri-AgencyAgenda | 12/16/2024 4:05 PM EST |  |
| 12182023QuarterlyTC_Agenda | 12/16/2024 4:05 PM EST |  |
| 12182023QuarterlyTC_Presentation | 12/16/2024 4:05 PM EST |  |

Indicate the key issues raised (optional)

- Access
- Quality
- Cost
- Payment methodology
- Eligibility
- Benefits
- Service delivery
- Other issue

Medicaid State Plan Administration

General Administration

Reporting

Package Header

| | | | |
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| Approval Date | 12/18/2024 | Effective Date | 10/1/2024 |
| Superseded SPA ID | N/A | | |
| | User-Entered | | |

A. General Reporting

The agency submits all reports in the form and with the content required by the Secretary and complies with any provisions that the Secretary finds necessary to verify and assure the correctness of all reports.

1. The agency assures that all requirements of 42 CFR 431.16 are met.

B. Annual Reporting on the Child and Adult Core Sets

1. The agency assures that all requirements of 42 CFR 437.10 through 437.15 are met.

2. The agency reports annually, by December 31, on:

a. All measures on the Child Core Set that are identified by the Secretary pursuant to 42 CFR 437.10.

b. All behavioral health measures on the Adult Core Set that are identified by the Secretary pursuant to 42 CFR 437.10.

C. Additional Information (optional)

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.

This view was generated on 12/24/2024 4:21 PM EST