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State/Territory Name Arizona

State Plan Amendment (SPA) #: 25-0004

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS Form 179
- 3) Approved SPA Page

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

July 24, 2025

Kristen Challacombe
Interim State Medicaid Director
Arizona Health Care Cost Containment System
801 E. Jefferson Street
Phoenix, AZ 85034

Re: Arizona State Plan Amendment (SPA) – 25-0004

Dear Director Challacombe:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0004. This amendment proposes an update to the Standards for Coverage of Organ Transplant Services to include small bowel transplant as a covered service for adults aged 21 years and older.

We conducted our review of your submittal according to statutory requirements at 42 CFR § 441.35 and Section 1903(i)(1) of the Social Security Act. This letter informs you that Arizona Medicaid SPA TN AZ-25-0004 was approved on July 24, 2025, with an effective date of October 1, 2025.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the Arizona State Plan.

If you have any questions, please contact Edwin Walaszek at (212) 616-2512 or via email at Edwin.Walaszek1@cms.hhs.gov.

Sincerely,
**Shantrina
Roberts**

Digitally signed by
Shantrina Roberts
Date: 2025.07.24 16:16:31
-04'00'

Shantrina Roberts, Acting Director
Division of Program Operations

Enclosures

cc: Max Seifer, Federal Relations Chief, AHCCCS
Kyle Sawyer, Assistant Director, AHCCCS

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

1. TRANSMITTAL NUMBER

25 0004

2. STATE

AZ3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACTTO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

October 1, 2025

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR § 441.35, Section 1903(i)(1) of the Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2025 \$ 780,000b. FFY: 2026 \$ 770,000

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-E Standards for Coverage of Organ Transplant Services:
Page 18. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)~~Attachment 3.1-E Standards for Coverage of Organ Transplant
Services: Page 1~~ Attachment 3.1-E Standards for Coverage of
Organ Transplant Services: Page 1 (AZ-11-005)

9. SUBJECT OF AMENDMENT

Small Bowel Transplant is added as a covered service for adults age 21 and older.

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

Kyle Sawyer

13. TITLE

Assistant Director, Public Policy and Strategic Planning

14. DATE SUBMITTED: June 23, 2025

15. RETURN TO

Kyle Sawyer
801 E. Jefferson St., MD #4200
Phoenix, AZ 85034**FOR CMS USE ONLY**

16. DATE RECEIVED

June 23, 2025

17. DATE APPROVED

July 24, 2025

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

October 1, 2025

19. SIGNATURE OF APPROVING OFFICIAL

Shantrina RobertsDigitally signed by Shantrina
Roberts
Date: 2025.07.24 16:17:28 -04'00'

20. TYPED NAME OF APPROVING OFFICIAL

Shantrina Roberts

21. TITLE OF APPROVING OFFICIAL

Acting Director, Division of Program Operations

22. REMARKS

7/22/25: State authorizes the following pen and ink change:

- Box 8: Attachment 3.1-E Standards for Coverage of Organ Transplant Services: Page 1 (AZ-11-005)

State/Territory: Arizona

Standards for the Coverage of Organ Transplant Services

Medically necessary transplant services are available to AHCCCS members, meeting nationally recognized criteria for non- experimental, non-investigational organ or tissue transplants. All medically necessary, non experimental transplants are covered for EPSDT members. In accordance with 42 CFR 441.35(a)(1), AHCCCS treats similarly situated individuals alike. For persons age 21 and older, AHCCCS coverage of transplants is limited to the following:

- Heart
- Liver
- Kidney
- Simultaneous Pancreas/Kidney
- Autologous and Allogenic related and unrelated Hematopoietic Cell
- Cornea
- Bone
- Lung
- Pancreas after Kidney
- Small Bowel

AHCCCS does not cover the following transplants for persons age 21 years and older:

- Pancreas only transplants
- Partial pancreas transplants, including islet cell transplants
- Intestine transplants (Visceral)
- Any other transplant not listed in the covered transplants above.

Any contractor providing solid organ transplantation services must be registered as a certified transplant center with both the Centers for Medicare and Medicaid Services (CMS), as well as the United Network for Organ Sharing (UNOS) for each transplant case (organ) type that is contracted with AHCCCS. All transplant providers must be an AHCCCS registered provider. AHCCCS has established specific prior authorization medical criteria for coverage of transplant and related services.

TN No. 25-0004

Approval Date July 24, 2025

Effective Date October 1, 2025

Supersedes TN No. 11-005