

September 17, 2025

Edwin Walaszek
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 # AZ-25-0012, Consolidated Appropriations Act and Targeted Case Management

Dear Mr. Walaszek:

Enclosed is State Plan Amendment (SPA) # AZ-25-0012, Consolidated Appropriations Act (CAA) and Targeted Case Management (TCM). This SPA attests to meeting the Juvenile Justice Requirements of section 5121 of the CAA and authorizes Arizona to provide targeted case management for this population. The CAA and TCM SPA will reserve an effective date for October 1, 2025.

Tribal Consultation occurred for this SPA on February 4, 2025.

<https://www.azahcccs.gov/AmericanIndians/Downloads/Consultations/Meetings/2025/02042025CombinedTri-AgencyPresentation.pdf>

The public notice period for this SPA closed on March 31, 2025, and no comments were received.

Public Notice for this SPA was posted on the following

webpage: https://www.azahcccs.gov/AHCCCS/Downloads/PublicNotices/CAA_And_TCM_SPA_PublicNotice.pdf

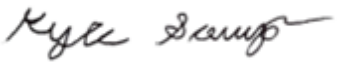
The **Federal Fiscal Impact** of this SPA has been calculated as:

- FFY 2026: \$627,000
- FFY 2027: \$627,000

Arizona calculated the federal fiscal impact based upon FFY 2024 data for juvenile justice fee changes and applied the rate adjustment to estimate the fiscal impact of the change. As a result, for the 12-month period in FFY 2026, the federal impact is \$627,000 at the FMAP of 76.89%. For FFY 2027, the federal impact is \$627,000 at the FMAP of 76.89%, unless the FFY 2027 FMAP changes from the date of this submission when it is officially released in a few months.

If there are any questions about the enclosed SPA, please contact Ryan Melson at Ryan.Melson@azahcccs.gov or 602-417-7309.

Sincerely,

A handwritten signature in cursive script, reading "Kyle Sawyer", followed by a vertical line.

Kyle Sawyer

Assistant Director, Public Policy and Strategic Planning
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

2. STATE

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL
SECURITY ACT XIX XXI

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

4. PROPOSED EFFECTIVE DATE

5. FEDERAL STATUTE/REGULATION CITATION

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY _____ \$ _____
b. FFY _____ \$ _____

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

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

9. SUBJECT OF AMENDMENT

10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL

Kyle Samp

12. TYPED NAME

13. TITLE

14. DATE SUBMITTED

15. RETURN TO

FOR CMS USE ONLY

16. DATE RECEIVED

17. DATE APPROVED

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

State Plan under Title XIX of the Social Security Act
State/Territory: Arizona

TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES

Target Group (42 Code of Federal Regulations 441.18(a)(8)(i) and 441.18(a)(9)):

Eligible juveniles as defined in §1902(nn) (individuals who are under 21 years of age and determined eligible for any Medicaid eligibility group, or individuals determined eligible for the mandatory eligibility group for former foster care children age 18 up to age 26, immediately before becoming an inmate of a public institution or while an inmate of a public institution) who are within 30 days of their scheduled date of release from a public institution **following adjudication**, and for at least 30 days following release.

Post Release TCM Period beyond 30 day post release minimum requirement:

☒ State will provide TCM beyond the 30 day post release requirement. **[explain]:** TCM will be allowable beyond the 30-day post-release period on a voluntary basis and as determined medically necessary.

Areas of State in which services will be provided (§1915(g)(1) of the Act):

☒ Entire state

Comparability of services (§§1902(a)(10)(B) and 1915(g)(1))

☒ Services are not comparable in amount duration and scope (§1915(g)(1)).

Definition of services (42 CFR 440.169): Targeted case management (TCM) services are defined as services furnished to assist individuals, eligible under the State Plan, in gaining access to needed medical, social, educational and other services.

Targeted Case Management includes the following assistance:

- ❖ Comprehensive assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social or other services. These assessment activities include:
 - taking client history;
 - identifying the individual's needs and completing related documentation; and
 - gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the eligible individual;

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The periodic reassessment is conducted every (check all that apply):

- ☐ 1 month
- ☐ 3 months
- ☒ 6 months
- ☐ 12 months
- ☐ Other frequency **[explain]:** Click or tap here to enter text.

- ❖ Development (and periodic revision) of a specific care plan that is based on the information collected through the assessment that:
 - specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;
 - includes activities such as ensuring the active participation of the eligible individual, and working with the individual (or the individual's authorized health care decision maker) and others to develop those goals; and
 - identifies a course of action to respond to the assessed needs of the eligible individual;
- ❖ Referral and related activities, including referrals to appropriate care and services available in the geographic region of the home or residence of the eligible juvenile, where feasible (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including:
 - activities that help link the individual with medical, social, educational providers, or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan; and
- ❖ Monitoring and follow-up activities are:
activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the eligible individual's needs, and which may be with the individual, family members, service providers, or other entities or individuals and conducted as frequently as necessary, and including at least one annual monitoring, to determine whether the following conditions are met:

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- services are being furnished in accordance with the individual's care plan;
- services in the care plan are adequate; and
- changes in the needs or status of the individual are reflected in the care plan.

Monitoring and follow-up activities include making necessary adjustments in the care plan and service arrangements with providers.

Frequency of additional monitoring:

Specify the type and frequency of monitoring (check all that apply)

- ☒ Telephonic. Frequency: Frequency will be determined by medical necessity.
- ☒ In-person. Frequency: Frequency will be determined by medical necessity.
- ☐ Other **[explain]**: Click or tap here to enter text.

☒ Case management includes contacts with non-eligible individuals that are directly related to identifying the eligible individual's needs and care, for the purposes of helping the eligible individual access services; identifying needs and supports to assist the eligible individual in obtaining services; providing case managers with useful feedback, and alerting case managers to changes in the eligible individual's needs. For instance, a case manager might also work with state children and youth agencies for children who are involved with the foster care system.
(42 CFR 440.169(e))

☒ If another case manager is involved upon release or for case management after the 30-day post release mandatory service period, states should ensure a warm hand off to transition case management and support continuity of care of needed services that are documented in the person-centered care plan. A warm handoff should include a meeting between the eligible juvenile, and both the pre-release and post-release case manager. It also should include a review of the person-centered care plan and next steps to ensure continuity of case management and follow-up as the eligible juvenile transitions into the community.

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Qualifications of providers (42 CFR 441.18(a)(8)(v) and 42 CFR 441.18(b)):

[Specify provider qualifications that are reasonably related to the population being served and the case management services furnished.]

Licensed Behavior Analyst: Graduate degree, master's degree or doctoral degree from an accredited college or university or institution of higher learning accredited by recognized accrediting agency. Minimum of 225 classroom hours of specific graduate level instruction that meet nationally recognized standards for behavior analysts as determined by the board. Licensed by the AZ Board of Psychologist Examiners.

Licensed Clinical Social Worker (LCSW)/Licensed Master Social Worker (LMSW): Master's degree or higher in social work from a regionally accredited college or university in a program accredited by the Council on Social Work Education or an equivalent foreign degree as determined by the Foreign Equivalency Determination Service of the Council on Social Work Education. Master level licensees practice under the direct supervision of a independent licensee. Licensed by the AZ Board of Behavioral Health Examiners.

Licensed Marriage/Family Therapist (LMFT)/Licensed Associate Marriage/Family Therapist (LAMFT): Master degree or higher in a behavioral health science from a regionally accredited college or university whose program is accredited by the Commission on Accreditation for Marriage and Family Education or determined by the marriage and family credentialing committee to be substantially equivalent to a program accredited by the Commission on Accreditation for Marriage and Family Education. Associate level licensees practice under the direct supervision of an independent licensee. Licensed by the AZ Board of Behavioral Health Examiners.

Licensed Professional Counselor (LPC)/Licensed Associate Counselor (LAC): Master degree or higher in counseling or related field from a regionally accredited college or university in a program that consists of 48 hours semester credit hours or a program accredited by CACREP or CORE in a program that consists of a minimum of 48 semester credit hours. Associate level licensees practice under the direct supervision of an independent licensee. Licensed by the AZ Board of Behavioral Health Examiners.

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Licensed Independent Addiction Counselor (LIAC)/Licensed Associate Addiction Counselor (LAAC): Master degree or higher from a regionally accredited college or university in a behavioral science with an emphasis on counseling in a program that is approved by the board or that meets the requirements as prescribed by the board by rule. Associate level licensees practice under the direct supervision of an independent licensee. Licensed by the AZ Board of Behavioral Health Examiners.

Behavioral Health Professional (BHP): A licensed psychologist, a registered nurse with at least one year of full time behavioral health work experience, or a behavioral health medical practitioner, licensed social worker, counselor, marriage and family therapist, behavior analyst or addiction counselor licensed according to state statute an individual who is licensed or certified to practice social work, counseling or marriage and family therapy by a government entity. Licensed by the respective professional discipline board.

Registered Nurse (RN): Satisfactory completion of basic curriculum in an approved registered nursing program and holds a diploma or degree from that program. Licensed by the AZ Board of Nursing.

Nurse Practitioner (NP): Registered nurse who is certified by the board and has completed a nurse practitioner educational program approved or recognized by the board and educational requirements prescribed by the board rule. Certified by the AZ Board of Nursing.

Psychologist: Doctoral degree from an institution of higher education in clinical or counseling psychology, school or educational psychology or any other subject area in applied psychology from an educational institution that has been accredited by a regional accrediting agency at the time of graduation. Licensed by the AZ Board of Psychologists Examiners.

Psychiatrist (MD, DO): Licensed physician who has completed three years of graduate training in psychiatry in a program approved by the American Medical Association or the American Osteopathic Association. Licensed by the AZ Medical Board.

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Behavioral Health Medical Practitioner (BHMP): An individual physician, physician assistant or nurse practitioner licensed by authorized by law to use the prescribe medication and devices with at least one year of full-time behavioral health work experience. Licensed by the respective professional board.

Behavioral Health Technician (BHT): Master's degree or bachelor's degree in a field related to behavioral health; is a registered nurse, is a physician assistant who is not working as a medical practitioner, has a bachelor's degree and at least one year of full time behavioral health work experience; has as associate's degree and at least two years of full time behavioral health work experience; has a high school diploma or high school equivalency diploma and a combination of education in a field related to behavioral health and full time behavioral health work experience totaling at least two years; is licensed a practical nurse, according to state statute, with at least three years of full time behavioral health work experience; or has a high school diploma or high school equivalency diploma at least four years of full time behavioral health work experience. BHT's working full time receive at least four hours of clinical oversight by a BHP in a calendar month. Clinical oversight includes reviewing/discussing client behavioral health issues, services and records; recognizing and meeting the needs of clients who are seriously mentally ill or individuals with cooccurring disorders; reviewing/discussing other topics that enhance the skills and knowledge of staff members; providing a client with an assessment or treatment plan, determining whether an assessment or treatment plan is complete and accurate and meets the client's treatment needs.

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Freedom of choice (42 CFR 441.18(a)(1)):

☒ The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

1. Eligible individuals will have free choice of any qualified Medicaid provider within the specified geographic area identified in this plan.
2. Eligible individuals will have free choice of any qualified Medicaid providers of other medical care under the plan.

Freedom of Choice Exception (§1915(g)(1) and 42 CFR 441.18(b)):

☐ Target group consists of eligible individuals with developmental disabilities or with chronic mental illness. Providers are limited to qualified Medicaid providers of case management services capable of ensuring that individuals with developmental disabilities or with chronic mental illness receive needed services:

[Identify any limitations to be imposed on the providers and specify how these limitations enable providers to ensure that individuals within the target groups receive needed services below.]

Click or tap here to enter text.

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Access to Services (42 CFR 441.18(a)(2), 42 CFR 441.18(a)(3), 42 CFR 441.18(a)(6)):

☒ The state assures the following:

- Case management (including targeted case management) services will not be used to restrict an individual's access to other services under the plan.
- Individuals will not be compelled to receive case management services, condition receipt of case management (or targeted case management) services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of case management (or targeted case management) services; and
- Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plans.
- Delivery of TCM and the policies, procedures, and processes developed to support implementation of these provisions are built in consideration of the individuals release and will not effectuate a delay of an individual's release or lead to increased involvement in the juvenile and adult justice systems.

Payment (42 CFR 441.18(a)(4)):

☒ The state assures payment for case management or targeted case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

Case Records (42 CFR 441.18(a)(7)):

☒ The state assures providers maintain case records that document for all individuals receiving case management as follows: (i) The name of the individual; (ii) The dates of the case management services; (iii) The name of the provider agency (if relevant) and the person providing the case management service; (iv) The nature, content, units of the case management services received and whether goals specified in the care plan have been achieved; (v) Whether the individual has declined services in the care plan; (vi) The need for, and occurrences of, coordination with other case managers; (vii) A timeline for obtaining needed services; (viii) A timeline for reevaluation of the plan.

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Limitations:

☒ The state assures that case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities are an integral and inseparable component of another covered Medicaid service (State Medicaid Manual (SMM) 4302.F).

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities constitute the direct delivery of underlying medical, educational, social, or other services to which an eligible individual has been referred, including for foster care programs, services such as, but not limited to, the following: research gathering and completion of documentation required by the foster care program; assessing adoption placements; recruiting or interviewing potential foster care parents; serving legal papers; home investigations; providing transportation; administering foster care subsidies; making placement arrangements. (42 CFR 441.18(c))

FFP only is available for case management services or targeted case management services if there are no other third parties liable to pay for such services, including as reimbursement under a medical, social, educational, or other program except for case management that is included in an individualized education program or individualized family service plan consistent with §1903(c) of the Act. (§§1902(a)(25) and 1905(c))

☐ State has additional limitations **[Specify any additional limitations.]**

Click or tap here to enter text.

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