

September 30, 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-25-0022, Other Provider Rates**

Dear Mr. Walaszek:

Enclosed is State Plan Amendment (SPA) # AZ-25-0022, Other Provider Rates. This SPA updates these state plan rates effective October 1, 2025.

**Tribal Consultation** occurred for this SPA on August 7, 2025.

<https://www.azahcccs.gov/AmericanIndians/TribalConsultation/>

**The public notice period for this SPA closed on August 30, 2025. Public Notice for this SPA was posted on the following**

**webpage:** [https://www.azahcccs.gov/AHCCCS/Downloads/PublicNotices/Preliminary\\_Public\\_Notice\\_Rate\\_Changes\\_20251001.pdf](https://www.azahcccs.gov/AHCCCS/Downloads/PublicNotices/Preliminary_Public_Notice_Rate_Changes_20251001.pdf)

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

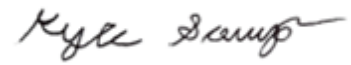
- FFY 2026: \$6,496,176
- FFY 2027: \$6,494,339

**Explanation of Federal Fiscal Impact:**

The amounts are for FFS only and are the FFP portion only. Arizona took actual FFY 2024 utilization and applied the implemented rate changes from FFY 2025 and the proposed FFY 2026 rate changes to calculate the total anticipated expenditures for FFY 2026 and FFY 2027. Arizona assumed an FMAP of 70.71% for FFY 2026 and an FMAP of 70.69% for FFY27. As a result, the federal component is slightly different between the two years.

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

Sincerely,

A handwritten signature in black ink, appearing to read "Kyle Sawyer", with a stylized flourish at the end.

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

*Rylee Damp*

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 OF ARIZONA  
METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES  
OTHER TYPES OF CARE

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Rate Update:

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers for other types of care. The agency's fee schedule rates are effective for services provided on or after ~~April 1~~October 1, 2025. All rates are published at:

<https://www.azahcccs.gov/PlansProviders/RatesAndBilling/FFS/>

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TN No. 25-~~0002~~0022

Supersedes TN No. 24-~~0025~~5-0002

Approved:

Effective: ~~April~~October 1,

2025