

**AHCCCS NOTICE OF PUBLIC INFORMATION
INTENT TO SUBMIT A STATE PLAN AMENDMENT (SPA)**

Name of the Agency: Arizona Health Care Cost Containment System (AHCCCS)

The topic of the public information notice: Inform the public of AHCCCS's intent to submit a State Plan Amendment.

SPA Title: Former Foster Care Children (FFCC) Eligibility Group

SPA Overview: This SPA updates the State Plan to be consistent with the SUPPORT Act (2018) requirements for mandatory coverage of the Former Foster Care Children (FFCC) group.

Tribal Consultation:

AHCCCS consulted with Tribes regarding this SPA on February 9, 2023. Below is a link to more information regarding the tribal consultation meeting.

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

State Plan Amendment and Public Comment Period

The proposed SPA is located on the next page of this document.

Public notice was posted on February 1, 2023.

Comments will be accepted through March 18, 2023.

Comments can be submitted through email or postal mail. The addresses where comments may be sent are provided below.

- Email:
publicinput@azahcccs.gov
- Postal Mail:
AHCCCS
Attn: Division of Community Advocacy and Intergovernmental Relations
801 E. Jefferson St., MD 4200
Phoenix, AZ 85034

Medicaid State Plan Eligibility

Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | AZ2023MS0001D







Package Header

Package ID	AZ2023MS0001D	SPA ID	N/A
Submission Type	Draft	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	<u>N/A</u>
Superseded SPA ID	AZ-19-0023 System-Derived		

Mandatory Coverage









A. The state provides Medicaid to mandatory groups of individuals. The mandatory groups covered are:

Families and Adults

Eligibility Group Name		Covered In State Plan
Infants and Children under Age 19		<input checked="" type="checkbox"/>
Parents and Other Caretaker Relatives		<input checked="" type="checkbox"/>
Pregnant Women		<input checked="" type="checkbox"/>
Deemed Newborns		<input checked="" type="checkbox"/>
Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care		<input checked="" type="checkbox"/>
Former Foster Care Children		<input checked="" type="checkbox"/>

Transitional Medical Assistance		<input checked="" type="checkbox"/>
Extended Medicaid due to Spousal Support Collections		<input checked="" type="checkbox"/>


Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan
SSI Beneficiaries		<input checked="" type="checkbox"/>
Closed Eligibility Groups		<input checked="" type="checkbox"/>
Individuals Deemed To Be Receiving SSI		<input checked="" type="checkbox"/>
Working Individuals under 1619(b)		<input checked="" type="checkbox"/>
Qualified Medicare Beneficiaries		<input checked="" type="checkbox"/>
Qualified Disabled and Working Individuals		<input checked="" type="checkbox"/>
Specified Low Income Medicare Beneficiaries		<input checked="" type="checkbox"/>
Qualifying Individuals		<input checked="" type="checkbox"/>

B. The state elects the Adult Group, described at 42 CFR 435.119. *

Yes No

Families and Adults

Eligibility Group Name		Covered In State Plan
Adult Group		<input checked="" type="checkbox"/>

C. Additional Information (optional)

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