

**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: Medicaid and CHIP Core Set Reporting

SPA Overview: 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.

Tribal Consultation:

AHCCCS consulted with Tribes regarding this SPA on December 18, 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 September 4, 2024.

Comments will be accepted through October 4, 2024.

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

Records / Submission Packages - Your State

AZ - Submission Package - AZ2024MS00030 - (AZ-24-9999) - Administration



Summary Reviewable Units News **Related Actions**

Medicaid State Plan Administration

General Administration

Reporting

MEDICAID | Medicaid State Plan | Administration | AZ2024MS00030 | AZ-24-9999

[Spell Check Instructions](#) | [Request System Help](#)

CMS-10434 OMB 0938-1188

Not Started

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Package Header

Package ID AZ2024MS00030
Submission Type Official
Approval Date N/A
Superseded SPA ID N/A

SPA ID AZ-24-9999
Initial Submission Date N/A
Effective Date N/A

[View Implementation Guide](#)

[VIEW ALL RESPONSES](#)

A. General Reporting

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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

[Collapse](#)

- 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)

[Expand](#)

Validation & Navigation

Would you like to validate the reviewable unit data?

Yes No

Warning: Any field containing more than 4000 characters will be truncated when saved.

Navigate to Reviewable Unit

-- Select Reviewable Unit --

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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.

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[SAVE REVIEWABLE UNIT](#)

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