Tom Betlach, Director  
Arizona Health Care Cost Containment System  
801 East Jefferson Street  
Phoenix, AZ 85034

Dear Mr. Betlach:

Enclosed is an approved copy of Arizona’s State Plan Amendment (SPA) 13-0007-MM, which was submitted to CMS on August 30, 2013. SPA 13-0007-MM incorporates Mandatory MAGI-based eligibility groups into Arizona’s Medicaid State Plan in accordance with the Affordable Care Act. The effective date of the SPA is January 1, 2014.

Enclosed is a copy of the new State Plan pages to be incorporated within a separate section at the back of Arizona’s approved State plan:

- S25, Pages 1-3
- S28, Pages 1-2
- S30, Page 1-5
- S32, Pages 1-2
- S33, Page 1
- Attachment 1 - AZ MAGI Income Conversion Plan Numbers, Pages 1-2

In addition, enclosed is a summary of State Plan pages which are superseded by SPA-13-0007-MM and SPA 13-0008-MM, which should also be incorporated into a separate section in the front of the State Plan:

- 13-0007-MM and 13-0008-MM Superseding Pages of State Plan Material, Pages 1-2

If you have any questions, please contact Rebecca Bruno at (415)744-3677 or rebecca.bruno@cms.hhs.gov.

Sincerely,

Gloria Nagle, Ph.D., MPA
Associate Regional Administrator
Division of Medicaid & Children’s Health Operations

cc: Wakina Scott  
HeeYoung Ansell
Medicaid State Plan Eligibility: Summary Page (CMS 179)

State/Territory name: Arizona
Transmittal Number:
Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.
13-0007

Proposed Effective Date
01/01/2014

Federal Statute/Regulation Citation
#S25: 1902(a)(10)(A)(i)(I); 1931 (b) and (d); 42 CFR 435.110; #S28: 1902(a)(10)(A)(i)(III) and (IV); 1902(a)(1

Federal Budget Impact

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<td>Second Year</td>
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Subject of Amendment
SPA Action #1: MAGI-based Eligibility Groups (Mandatory)

Governor's Office Review

- Governor's office reported no comment
- Comments of Governor's office received
  Describe:

- No reply received within 45 days of submittal
- Other, as specified
  Describe:
  Governor's Office is aware

Signature of State Agency Official
Submitted By: Theresa Gonzales
Last Revision Date: Sep 27, 2013
Submit Date: Aug 30, 2013
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<tr>
<th>DATE RECEIVED:</th>
<th>DATE APPROVED:</th>
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</table>

**PLAN APPROVED – ONE COPY ATTACHED**

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<tr>
<th>EFFECTIVE DATE OF APPROVED MATERIAL:</th>
<th>SIGNATURE OF REGIONAL OFFICIAL:</th>
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**TYPED NAME**

<table>
<thead>
<tr>
<th>Gloria Nagle</th>
</tr>
</thead>
</table>

**TITLE**

| Associate Regional Administrator |
## Medicaid Eligibility

### Eligibility Groups - Mandatory Coverage

#### Parents and Other Caretaker Relatives

42 CFR 435.110
1902(a)(10)(A)(i)(I)
1931(b) and (d)

- **Parents and Other Caretaker Relatives** - Parents and other caretaker relatives of dependent children with household income at or below a standard established by the state.

- The state attests that it operates this eligibility group in accordance with the following provisions:
  - Individuals qualifying under this eligibility group must meet the following criteria:
    - Are parents or other caretaker relatives (defined at 42 CFR 435.4), including pregnant women, of dependent children (defined at 42 CFR 435.4) under age 18. Spouses of parents and other caretaker relatives are also included.

  - The state elects the following options:
    - This eligibility group includes individuals who are parents or other caretakers of children who are 18 years old, provided the children are full-time students in a secondary school or the equivalent level of vocational or technical training.
    - Options relating to the definition of caretaker relative (select any that apply):
    - Options relating to the definition of dependent child (select the one that applies):
      - The state elects to eliminate the requirement that a dependent child must be deprived of parental support or care by reason of the death, physical or mental incapacity, or absence from the home or unemployment of at least one parent.
      - The child must be deprived of parental support or care, but a less restrictive standard is used to measure unemployment of the parent (select the one that applies):
        - Have household income at or below the standard established by the state.
        - MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.

  - Income standard used for this group
    - Minimum income standard
      - The minimum income standard used for this group is the state's AFDC payment standard in effect as of May 1, 1988, converted to MAGI-equivalent amounts by household size. The standard is described in S14 AFDC Income Standards.
    - The state certifies that it has submitted and received approval for its converted May 1, 1988 AFDC payment standard.

- An attachment is submitted.

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Transmittal Number: AZ-13-0007-MM Approval Date: October 4, 2013 Effective Date: January 1, 2014
Medicaid Eligibility

The state certifies that it has submitted and received approval for its converted income standard(s) for parents and other caretaker relatives to MAGI-equivalent standards and the determination of the maximum income standard to be used for parents and other caretaker relatives under this eligibility group.

An attachment is submitted.

The state's maximum income standard for this eligibility group is:

- The state's effective income level for section 1931 families under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.

- The state's effective income level for section 1931 families under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.

- The state's effective income level for any population of parents/caretaker relatives under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.

- The state's effective income level for any population of parents/caretaker relatives under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.

Enter the amount of the maximum income standard:

- A percentage of the federal poverty level: 106%

- The state's AFDC payment standard in effect as of July 16, 1996, converted to a MAGI-equivalent standard. The standard is described in S14 AFDC Income Standards.

- The state's AFDC payment standard in effect as of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date, converted to a MAGI-equivalent standard. The standard is described in S14 AFDC Income Standards.

- The state's TANF payment standard, converted to a MAGI-equivalent standard. The standard is described in S14 AFDC Income Standards.

- Other dollar amount

Income standard chosen:

Indicate the state's income standard used for this eligibility group:

- The minimum income standard

- The maximum income standard

- The state's AFDC payment standard in effect as of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date. The standard is described in S14 AFDC Income Standards.

- Another income standard in-between the minimum and maximum standards allowed
The amount of the income standard for this eligibility group is:

- A percentage of the federal poverty level: [ ] %
- A dollar amount

- There is no resource test for this eligibility group.

- Presumptive Eligibility

  The state covers individuals under this group when determined presumptively eligible by a qualified entity. The state assures it also covers individuals under the Pregnant Women (42 CFR 435.116) and/or Infants and Children under Age 19 (42 CFR 435.118) eligibility groups when determined presumptively eligible.

- Yes [ ] No [ ]

**PRA Disclosure Statement**

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 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, 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.
Medicaid Eligibility

Eligibility Groups - Mandatory Coverage

Pregnant Women

42 CFR 435.116
1902(a)(10)(A)(i)(III) and (IV)
1902(a)(10)(A)(ii)(I), (IV) and (IX)
1931(b) and (d)
1920

☑ Pregnant Women - Women who are pregnant or post-partum, with household income at or below a standard established by the state.

☑ The state attests that it operates this eligibility group in accordance with the following provisions:

☑ Individuals qualifying under this eligibility group must be pregnant or post-partum, as defined in 42 CFR 435.4.

Pregnant women in the last trimester of their pregnancy without dependent children are eligible for full benefits under this group in accordance with section 1931 of the Act, if they meet the income standard for state plan Parents and Other Caretaker Relatives at 42 CFR 435.110.

☐ Yes  ☐ No

☑ MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.

☑ Income standard used for this group

☑ Minimum income standard (Once entered and approved by CMS, the minimum income standard cannot be changed.)

The state had an income standard higher than 133% FPL established as of December 19, 1989 for determining eligibility for pregnant women, or as of July 1, 1989, had authorizing legislation to do so.

☐ Yes  ☐ No

The minimum income standard for this eligibility group is 133% FPL.

☐ Maximum income standard

☑ The state certifies that it has submitted and received approval for its converted income standard(s) for pregnant women to MAGI-equivalent standards and the determination of the maximum income standard to be used for pregnant women under this eligibility group.

☑ An attachment is submitted.

The state's maximum income standard for this eligibility group is:


- The state's effective income level for any population of pregnant women under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- The state's effective income level for any population of pregnant women under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- 185% FPL

Income standard chosen

Indicate the state's income standard used for this eligibility group:

- The minimum income standard
- The maximum income standard
- Another income standard in-between the minimum and maximum standards allowed.

The amount of the income standard for this eligibility group is: 156% FPL

There is no resource test for this eligibility group.

Benefits for individuals in this eligibility group consist of the following:

- All pregnant women eligible under this group receive full Medicaid coverage under this state plan.
- Pregnant women whose income exceeds the income limit specified below for full coverage of pregnant women receive only pregnancy-related services.

Presumptive Eligibility

The state covers ambulatory prenatal care for individuals under this group when determined presumptively eligible by a qualified entity.

- Yes
- No

PRA Disclosure Statement

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 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, 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.
Medicaid Eligibility

Eligibility Groups - Mandatory Coverage

Infants and Children under Age 19

42 CFR 435.118
1902(a)(10)(A)(i)(III), (IV), (VI) and (VII)
1902(a)(10)(A)(ii)(IV) and (IX)
1931(b) and (d)

Infants and Children under Age 19 - Infants and children under age 19 with household income at or below standards established by the state based on age group.

☑ The state attests that it operates this eligibility group in accordance with the following provisions:

☐ Children qualifying under this eligibility group must meet the following criteria:

☐ Are under age 19

☐ Have household income at or below the standard established by the state.

☐ MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.

☐ Income standard used for infants under age one

☐ Minimum income standard

The state had an income standard higher than 133% FPL established as of December 19, 1989 for determining eligibility for infants under age one, or as of July 1, 1989, had authorizing legislation to do so.

☐ Yes ☐ No

The minimum income standard for infants under age one is 133% FPL.

☐ Maximum income standard

The state certifies that it has submitted and received approval for its converted income standard(s) for infants under age one to MAGI-equivalent standards and the determination of the maximum income standard to be used for infants under age one.

☑ An attachment is submitted.

The state's maximum income standard for this age group is:


- The state's effective income level for any population of infants under age one under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

- The state's effective income level for any population of infants under age one under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

- 185% FPL

Income standard chosen

The state's income standard used for infants under age one is:

- The maximum income standard
  
  If not chosen as the maximum income standard, the state's highest effective income level for coverage of infants under age one under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related infants), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related infants) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

  If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's highest effective income level for coverage of infants under age one under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related infants), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related infants) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

  If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's effective income level for any population of infants under age one under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

  If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's effective income level for any population of infants under age one under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

  Another income standard in-between the minimum and maximum standards allowed, provided it is higher than the effective income standard for this age group in the state plan as of March 23, 2010.

The amount of the income standard for infants under one is: 147% FPL

Income standard for children age one through age five, inclusive

Minimum income standard

Transmittal Number: AZ-13-0007-MM  Approval Date: October 4, 2013  Effective Date: January 1, 2014
The minimum income standard used for this age group is 133% FPL.

☐ Maximum income standard

The state certifies that it has submitted and received approval for its converted income standard(s) for children age one through five to MAGI-equivalent standards and the determination of the maximum income standard to be used for children age one through five.

Enter the amount of the maximum income standard: 141% FPL

☐ Income standard chosen

The state’s income standard used for children age one through five is:

☐ The maximum income standard

If not chosen as the maximum income standard, the state’s highest effective income level for coverage of children age one through five under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (eligible children), 1902(a)(10)(A)(i)(VI) (mandatory poverty level-related children age one through five), and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state’s highest effective income level for coverage of children age one through five under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (eligible children), 1902(a)(10)(A)(i)(VI) (mandatory poverty level-related children age one through five), and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
Medicaid Eligibility

If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's effective income level for any population of children age one through five under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's effective income level for any population of children age one through five under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

Another income standard in-between the minimum and maximum standards allowed, provided it is higher than the effective income standard for this age group in the state plan as of March 23, 2010.

☐ Income standard for children age six through age eighteen, inclusive

☐ Minimum income standard

The minimum income standard used for this age group is 133% FPL.

☐ Maximum income standard

The state certifies that it has submitted and received approval for its converted income standard(s) for children age six through eighteen to MAGI-equivalent standards and the determination of the maximum income standard to be used for children age six through age eighteen.

An attachment is submitted.

The state's maximum income standard for children age six through eighteen is:


☐ The state's effective income level for any population of children age six through eighteen under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

☐ The state's effective income level for any population of children age six through eighteen under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

☐ 133% FPL

☐ Income standard chosen

The state's income standard used for children age six through eighteen is:

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Medicaid Eligibility

- The maximum income standard

If not chosen as the maximum income standard, the state's highest effective income level for coverage of children age six through eighteen under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VII) (mandatory poverty level-related children age six through eighteen) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's highest effective income level for coverage of children age six through eighteen under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VII) (mandatory poverty level-related children age six through eighteen) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's effective income level for any population of children age six through eighteen under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's effective income level for any population of children age six through eighteen under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

- Another income standard in-between the minimum and maximum standards allowed, provided it is higher than the effective income standard for this age group in the state plan as of March 23, 2010.

- There is no resource test for this eligibility group.

- Presumptive Eligibility

The state covers children when determined presumptively eligible by a qualified entity.

- Yes  - No

PRA Disclosure Statement

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 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, 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.
Medicaid Eligibility

Eligibility Groups - Mandatory Coverage

Adult Group

1902(a)(10)(A)(i)(VIII)
42 CFR 435.119

The state covers the Adult Group as described at 42 CFR 435.119.

☐ Yes  ☐ No

☐ Adult Group - Non-pregnant individuals age 19 through 64, not otherwise mandatorily eligible, with income at or below 133% FPL.

☑ The state attests that it operates this eligibility group in accordance with the following provisions:

☑ Individuals qualifying under this eligibility group must meet the following criteria:

☐ Have attained age 19 but not age 65.

☐ Are not pregnant.

☐ Are not entitled to or enrolled for Part A or B Medicare benefits.

☐ Are not otherwise eligible for and enrolled for mandatory coverage under the state plan in accordance with 42 CFR 435, subpart B.

Note: In 209(b) states, individuals receiving SSI or deemed to be receiving SSI who do not qualify for mandatory Medicaid eligibility due to more restrictive requirements may qualify for this eligibility group if otherwise eligible.

☐ Have household income at or below 133% FPL.

☐ MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.

☐ There is no resource test for this eligibility group.

Parents or other caretaker relatives living with a child under the age specified below are not covered unless the child is

☑ receiving benefits under Medicaid, CHIP or through the Exchange, or otherwise enrolled in minimum essential coverage, as defined in 42 CFR 435.4.

☐ Under age 19, or

☐ A higher age of children, if any, covered under 42 CFR 435.222 on March 23, 2010:

☐ Presumptive Eligibility

The state covers individuals under this group when determined presumptively eligible by a qualified entity. The state assures it also covers individuals under the Pregnant Women (42 CFR 435.116) and/or Infants and Children under Age 19 (42 CFR 435.118) eligibility groups when determined presumptively eligible.

☐ Yes  ☐ No

PRA Disclosure Statement

Transmittal Number: AZ-13-0007-MM  Approval Date: October 4, 2013  Effective Date: January 1, 2014

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Medicaid Eligibility

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 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, 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.
## Medicaid Eligibility

### Eligibility Groups - Mandatory Coverage

**Former Foster Care Children**

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<th>42 CFR 435.150</th>
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<tbody>
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<td>1902(a)(10)(A)(i)(IX)</td>
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</table>

- **Former Foster Care Children** - Individuals under the age of 26, not otherwise mandatorily eligible, who were on Medicaid and in foster care when they turned age 18 or aged out of foster care.

- The state attests that it operates this eligibility group under the following provisions:
  - Individuals qualifying under this eligibility group must meet the following criteria:
    - Are under age 26.
    - Are not otherwise eligible for and enrolled for mandatory coverage under the state plan, except that eligibility under this group takes precedence over eligibility under the Adult Group.
    - Were in foster care under the responsibility of the state or Tribe and were enrolled in Medicaid under the state's state plan or 1115 demonstration when they turned 18 or at the time of aging out of that state's or Tribe's foster care program.
    - The state elects to cover children who were in foster care and on Medicaid in any state at the time they turned 18 or aged out of the foster care system.

  - Yes  
  - No

- The state covers individuals under this group when determined presumptively eligible by a qualified entity. The state assures it also covers individuals under the Pregnant Women (42 CFR 435.116) and/or Infants and Children under Age 19 (42 CFR 435.118) eligibility groups when determined presumptively eligible.

- Yes  
- No

### PRA Disclosure Statement

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 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, 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.
### TABLE 1: Arizona MAGI income conversion Plan as submitted to CMS on 6/11/13

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<th>Coverage Category</th>
<th>SIPP Results used (Yes/No)</th>
<th>Time Period</th>
<th>Sampling (yes/no)</th>
<th>Net Income Standard</th>
<th>Income band used in conversion (Alternative Method states to fill out only if applicable)</th>
<th>Converted Standard</th>
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<tr>
<td>Parents and other caretaker relatives (mandatory under Section 1931)</td>
<td>No</td>
<td>January, April, July 2012</td>
<td>No</td>
<td>100% FPL</td>
<td>75% - 100% FPL</td>
<td>106% FPL</td>
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<td>Pregnant women, pregnancy only coverage</td>
<td>No</td>
<td>January, April, July 2012</td>
<td>No</td>
<td>150% FPL</td>
<td>125% - 150% FPL</td>
<td>156% FPL</td>
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<td>Children under age 1</td>
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<td>140% FPL</td>
<td>115% - 140% FPL</td>
<td>147% FPL</td>
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<td>Children ages 1 to 5</td>
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<td>108% - 133% FPL</td>
<td>141% FPL</td>
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<td>75% - 100%</td>
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<td>Family planning services</td>
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<td>No</td>
<td>150% FPL</td>
<td>125% - 150% FPL</td>
<td>156% FPL</td>
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<td>Coverage Category</td>
<td>SIPP Results used (Yes/No)</td>
<td>Time Period</td>
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<td>Income band used in conversion: (Alternative Method states to fill out only if applicable)</td>
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| Supplement 1 to Attachment 2.2-A | Page 1               |                                               |

| Attachment 2.6-A                  | Page 3b               | Page 1, A.2.a(i) and (iii)                    |
|                                   | Page 11a              | Page 6 related to AFDC recipients, pregnant women, infants, and children |
|                                   | Page 19               |                                               |
|                                   | Page 19a              |                                               |
|                                   | Page 19b              |                                               |
|                                   | Page 21               |                                               |

| Supplement 1 to Attachment 2.6-A | Pages 1, 1a, 2, 3, 4 |                                               |

| Supplement 2 to Attachment 2.6-A | Pages 1-5            |                                               |
| Supplement 8a to Attachment 2.6-A | Page 1a, IV  
Page 1a, V delete citations for AFDC-related groups |
| Supplement 12 to Attachment 2.6-A | Pages 1 - 4 |
| Supplement 14 to Attachment 2.6-A | Page 1 |