

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
San Francisco Regional Office
90 Seventh Street, Suite 5-300 (5W)
San Francisco, CA 94103-6706



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

MAR 3 1 2014

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

Re: Arizona Title XIX FMAP State Plan Amendment, Transmittal # 13-015

Dear Mr. Betlach:

We have reviewed the proposed Federal Medical Assistance Payment (FMAP) State Plan Amendment (SPA), TN 13-015, which was submitted to the Centers for Medicare & Medicaid Services San Francisco Regional Office on December 12, 2013. This SPA describes the methodology used by the state for determining the appropriate FMAP rates, including the increased FMAP rates, available under the provisions of the Affordable Care Act applicable for the medical assistance expenditures under the Medicaid program associated with enrollees in the new adult group adopted by the state and described in 42 CFR 435.119.

Based on the information provided, the Medicaid SPA 13-015 is approved with an effective date of January 1, 2014. We are enclosing the approved Form CMS-179 and the Medicaid state plan pages.

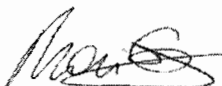
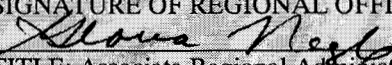
If you have any additional questions or need further assistance, please contact Peter Banks at (415) 744-3782.

Sincerely,

A handwritten signature in black ink, appearing to read 'Gloria Nagle'. The signature is fluid and cursive.

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

cc: Cheryl Young
HeeYoung Ansell

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 13-015	2. STATE Arizona
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: Centers for Medicare and Medicaid Services	4. PROPOSED EFFECTIVE DATE January 1, 2014	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		
5. TYPE OF PLAN MATERIAL (<i>Check One</i>): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate Transmittal for each amendment</i>)		
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 433.206(h) 42 CFR 435.119 42 CFR Part 440, Subpart C	7. FEDERAL BUDGET IMPACT: FFY 2014: \$ 0 FFY 2015: \$ 0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 18 to Attachment 2.6A pages 1-6 Attachment A pages 7-8 Attachment E pages 9-19	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): <u>N/A</u>	
10. SUBJECT OF AMENDMENT: Updates the State Plan to reflect the methodology for identification of applicable FMAP rates, effective January 1, 2014.		
11. GOVERNOR'S REVIEW (<i>Check One</i>): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		
12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: Monica Coury 801 E. Jefferson, MD#4200 Phoenix, Arizona 85034	
13. TYPED NAME: Monica Coury		
14. TITLE: Assistant Director		
15. DATE SUBMITTED: December 12, 2013		
FOR REGIONAL OFFICE USE ONLY		
17. DATE RECEIVED: December 12, 2013	18. DATE APPROVED: MAR 3 1 2014	
PLAN APPROVED – ONE COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2014	20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Gloria Nagle	22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health Operations	
23. REMARKS: Box 8: Pen & ink changes – additional regulatory citations – added by CMS on 3/7/14. Box 9: Pen & ink change added by CMS on 3/7/14.		

State Plan Under Title XIX of the Social Security Act

State: Arizona

METHODOLOGY FOR IDENTIFICATION OF APPLICABLE FMAP RATES

The State will determine the appropriate FMAP rate for expenditures for individuals enrolled in the adult group described in 42 CFR 435.119 and receiving benefits in accordance with 42 CFR Part 440 Subpart C. The adult group FMAP methodology consists of two parts: an individual-based determination related to enrolled individuals, and as applicable, appropriate population-based adjustments.

Part 1 – Adult Group Individual Income-Based Determinations

For individuals eligible in the adult group, the state will make an individual income-based determination for purposes of the adult group FMAP methodology by comparing individual income to the relevant converted income eligibility standards in effect on December 1, 2009, and included in the MAGI Conversion Plan (Part 2) approved by CMS on 01/28/2014. In general, and subject to any adjustments described in this SPA, under the adult group FMAP methodology, the expenditures of individuals with incomes below the relevant converted income standards for the applicable subgroup are considered as those for which the newly eligible FMAP is not available. The relevant MAGI-converted standards for each population group in the new adult group are described in Table 1.

Table 1: Adult Group Eligibility Standards and FMAP Methodology Features

Covered Populations Within New Adult Group		Applicable Population Adjustment			
Population Group	Relevant Population Group Income Standard	Resource Proxy	Enrollment Cap	Special Circumstances	Other Adjustments
	<p>For each population group, indicate the lower of:</p> <ul style="list-style-type: none"> The reference in the MAGI Conversion Plan (Part 2) to the relevant income standard and the appropriate cross-reference, or 133% FPL. <p>If a population group was not covered as of 12/1/09, enter "Not covered".</p>	Enter "Y" (Yes), "N" (No), or "NA" in the appropriate column to indicate if the population adjustment will apply to each population group. Provide additional information in corresponding attachments.			
A	B	C	D	E	F
Parents/Caretaker Relatives	Att. A, Table 1, Column G, Line 1 of part 2 of the CMS approved MAGI conversion plan, including any subsequent CMS approved modifications to the MAGI Conversion Plan.	No	No	No	No
Disabled Persons, non-institutionalized	Att. A, Table 1, Column G, Line 2 of part 2 of the CMS approved MAGI conversion plan, including any subsequent CMS approved modifications to the MAGI Conversion Plan.	N/A	N/A	N/A	N/A
Disabled Persons, institutionalized	Att. A, Table 1, Column G, Line 3 of part 2 of the CMS approved MAGI conversion plan, including any subsequent CMS approved modifications to the MAGI Conversion Plan.	N/A	N/A	N/A	N/A
Children Age 19 or 20	Att. A, Table 1, Column G, Line 4 of part 2 of the CMS approved MAGI conversion plan, including any subsequent CMS approved modifications to the MAGI Conversion Plan.	No	No	No	No
Childless Adults	Att. A, Table 1, Column G, Line 5 of part 2 of the CMS approved MAGI conversion plan, including any subsequent CMS approved modifications to the MAGI Conversion Plan.	No	No	No	No

Part 2 – Population-based Adjustments to the Newly Eligible Population Based on Resource Test, Enrollment Cap or Special Circumstances

A. Optional Resource Criteria Proxy Adjustment (42 CFR 433.206(d))

1. The state:

- Applies a resource proxy adjustment to a population group(s) that was subject to a resource test that was applicable on December 1, 2009.
- Does NOT apply a resource proxy adjustment (Skip items 2 through 3 and go to Section B).

Table 1 indicates the group or groups for which the state applies a resource proxy adjustment to the expenditures applicable for individuals eligible and enrolled under 42 CFR 435.119. A resource proxy adjustment is only permitted for a population group(s) that was subject to a resource test that was applicable on December 1, 2009.

The effective date(s) for application of the resource proxy adjustment is specified and described in Attachment B.

2. Data source used for resource proxy adjustments:

The state:

- Applies existing state data from periods before January 1, 2014.
- Applies data obtained through a post-eligibility statistically valid sample of individuals.

Data used in resource proxy adjustments is described in Attachment B.

3. Resource Proxy Methodology: Attachment B describes the sampling approach or other methodology used for calculating the adjustment.

B. Enrollment Cap Adjustment (42 CFR 433.206(e))

1. An enrollment cap adjustment is applied by the state (complete items 2 through 4).
- An enrollment cap adjustment is not applied by the state (skip items 2 through 4 and go to Section C).

2. Attachment C describes any enrollment caps authorized in section 1115 demonstrations as of December 1, 2009 that are applicable to populations that the state covers in the eligibility group described at 42 CFR 435.119 and received full benefits, benchmark benefits, or benchmark equivalent benefits as determined by CMS. The enrollment cap or caps are as specified in the applicable section 1115 demonstration special terms and conditions as confirmed by CMS, or in alternative authorized cap or caps as confirmed by CMS. Attach CMS correspondence confirming the applicable enrollment cap(s).
3. The state applies a combined enrollment cap adjustment for purposes of claiming FMAP in the adult group:
 Yes. The combined enrollment cap adjustment is described in Attachment C
 No.
4. Enrollment Cap Methodology: Attachment C describes the methodology for calculating the enrollment cap adjustment, including the use of combined enrollment caps, if applicable.

C. Special Circumstances (42 CFR 433.206(g)) and Other Adjustments to the Adult Group FMAP Methodology

1. The state:
 Applies a special circumstances adjustment(s).
 Does not apply a special circumstances adjustment.
2. The state:
 Applies additional adjustment(s) to the adult group FMAP methodology (complete item 3).
 Does not apply any additional adjustment(s) to the adult group FMAP methodology (skip item 3 and go to Part 3).
3. Attachment D describes the special circumstances and other proxy adjustment(s) that are applied, including the population groups to which the adjustments apply and the methodology for calculating the adjustments.

Part 3 – One-Time Transitions of Previously Covered Populations into the New Adult Group

A. Transitioning Previous Section 1115 and State Plan Populations to the New Adult Group

- Individuals previously eligible for Medicaid coverage through a section 1115 demonstration program or a mandatory or optional state plan eligibility category will be transitioned to the new adult group described in 42 CFR 435.119 in accordance with a CMS-approved transition plan and/or a section 1902(e)(14)(A) waiver. For purposes of claiming federal funding at the appropriate FMAP for the populations transitioned to new adult group, the adult group FMAP methodology is applied pursuant to and as described in Attachment E, and where applicable, is subject to any special circumstances or other adjustments described in Attachment D.
- The state does not have any relevant populations requiring such transitions.

Part 4 - Applicability of Special FMAP Rates

A. Expansion State Designation

The state:

- Does NOT meet the definition of expansion state in 42 CFR 433.204(b). (Skip section B and go to Part 5)
- Meets the definition of expansion state as defined in 42 CFR 433.204(b), determined in accordance with the CMS letter confirming expansion state status, dated 10/30/2013.

B. Qualification for Temporary 2.2 Percentage Point Increase in FMAP.

The state:

- Does NOT qualify for temporary 2.2 percentage point increase in FMAP under 42 CFR 433.10(c)(7).
- Qualifies for temporary 2.2 percentage point increase in FMAP under 42 CFR 433.10(c)(7), determined in accordance with the CMS letter confirming eligibility for the temporary FMAP increase, dated _____. The state will not claim any federal funding for individuals determined eligible under 42 CFR 435.119 at the FMAP rate described in 42 CFR 433.10(c)(6).

Part 5 - State Attestations

The State attests to the following:

- A. The application of the adult group FMAP methodology will not affect the timing or approval of any individual's eligibility for Medicaid.
- B. The application of the adult group FMAP methodology will not be biased in such a manner as to inappropriately establish the numbers of, or medical assistance expenditures for, individuals determined to be newly or not newly eligible.

ATTACHMENTS

Not all of the attachments indicated below will apply to all states; some attachments may describe methodologies for multiple population groups within the new adult group. Indicate those of the following attachments which are included with this SPA:

- Attachment A – Conversion Plan Standards Referenced in Table 1
- Attachment B – Resource Criteria Proxy Methodology
- Attachment C – Enrollment Cap Methodology
- Attachment D – Special Circumstances Adjustment and Other Adjustments to the Adult Group FMAP Methodology
- Attachment E – Transition Methodologies

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 4 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.

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TN – 13-015

Approval Date – MAR 31 2014

Effective Date – 01/01/2014

Attachment A
Most Recent Table 1 for Part 2 of the Modified Adjusted Gross Income (MAGI) Conversion Plan*

	Population Group	SIPP results used? (Yes/No)	Time Period	Sampling (Yes/No)	Net Income Standard	Income band used in conversion	Converted Standard
	A	B	C	D	E	F	G
Conversions for FMAP Claiming							
1	Parents/Caretaker Relatives (Expand number of rows for family size as needed for larger family size standards defined by the state)	No	January, April, July 2012	No	100% FPL	75-100% FPL	100% FPL
2	Noninstitutionalized Disabled Adults	N/A**	N/A**	N/A**	N/A**	N/A**	N/A**
3	Institutionalized Disabled Adults (This is a gross income category: fill in column G only)						300% SSI FBR

TN: 13-015
Supercedes
TN: N/A

Approval Date: MAR 31 2014

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	Population Group	SIPP results used? (Yes/No)	Time Period	Sampling (Yes/No)	Net Income Standard	Income band used in conversion	Converted Standard
	A	B	C	D	E	F	G
4	Children age 19 and/or 20	N/A	N/A	N/A	N/A	N/A	N/A
5	Childless Adults	No	January, April, July 2012	No	100% FPL	75-100% FPL	105% FPL

**The converted standard applied for Non-Institutionalized disabled adults is 105% FPL, the same converted standard as applied for childless adults.

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 20 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.

*The contents of this table will be updated automatically in the case of modification in the CMS approval MAGI Conversion Plan.

TN: 13-015
 Supercedes
 TN: N/A

Approval Date: MAR 31 2014

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Arizona 1115 Demonstration Transition Plan

I. 2013 Renewal Process

For those members that have a renewal coming due between October 1 through December 31, they will go through the current renewal process. Thus, they will not get asked to update their information with the tax relationships in the household as the system will not yet be ready to send that style of renewal yet.

II. Coverage in 2014

For all populations currently served by Arizona’s demonstration (this includes mandatory state plan, optional state plan, and expansion populations), you must map their coverage in 2014. Please:

- Identify the current authority for the population;
- Identify the 1/1/2014 authority for the population; and
- For each 1/1/2014 population, specify the benefits the population will receive and the delivery system for those benefits.

Eligibility Category	Current Coverage and Authority	Jan. 1, 2014 Coverage and Authority	Benefits	Delivery System	Transition Required?
Mandatory Coverage Groups					
Infants Age 0-1	140% FPL; Mandatory State Plan (AZ covers FPL above minimum requirement of 133% FPL)	No change	State Plan	Managed Care	No
Children Age 1-5	133% FPL; Mandatory State Plan	No change	State Plan	Managed Care	No
Children Age 6-18	100% FPL; Mandatory State Plan	Increase to 133% FPL	State Plan	Managed Care	Yes – State Plan to State Plan

1 – AZ transition plan as of 10-2-13

Pregnant Women	150% FPL; Mandatory State Plan (AZ covers FPL above minimum requirement of 133% FPL)	No change	State Plan	Managed Care	No
Parents and Caretaker Relatives	100% FPL; Mandatory State Plan (AZ covers FPL above 1996 minimum level which averages 21.3% FPL)	No change	State Plan	Managed Care	No
Aged, Blind and Disabled	100% FPL; Mandatory State Plan	No change	State Plan	Managed Care	No
Young Adult Transitional Insurance (YATI)	Mandatory State Plan	Increase of coverage to Age 26.	State Plan	Managed Care	Yes – State Plan to State Plan
Adoption Assistance and Foster Care Children	Mandatory State Plan	No change	State Plan	Managed Care	No
Optional Coverage Groups (State Plan)					
SSI-MAO	Income greater than 100% FBR and up to 100% FPL; Optional State Plan	No change	State Plan	Managed Care	No
Breast and Cervical Cancer Treatment Program	Optional State Plan	No change	State Plan	Managed Care	No
Freedom to Work	250% FPL; Optional State Plan	No change	State Plan	Managed Care	No

2 – AZ transition plan as of 10-2-13

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TN: 13-015
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TN: N/A

Approval Date (for SPA): _____ Effective Date (for SPA): _____

State Adoption Subsidy	Optional State Plan	No change	State Plan	Managed Care	No
New Adult Group	100-133% FPL; Not currently covered	Coverage begins 1/1/14 at option of the State; State Plan authority	ABP	Managed Care	Yes – New State Plan
Optional Coverage Groups (1115 Waiver)					
Childless Adults	100% FPL; 1115 Waiver (Enrollment currently frozen)	No FPL change; restore coverage 1/1/14; transition authority from 1115 to State Plan	ABP	Managed Care	Yes – expansion to State Plan
Family Planning Extension Program	150% FPL; 1115 Waiver	No change	State plan	Managed Care	No
KidsCare II	100-200% FPL up to age 19; 1115 Waiver (authority expires 12/31/13)	<i>Transition to Medicaid:</i> Children with income between 100-133% FPL <i>Transition to FFM:</i> Children with income over 133% FPL up to 200%	N/A	N/A	Yes – Expansion to State Plan; Expansion to FFM
CHIP/KidsCare					
KidsCare I	100-200% FPL up to age 19; Title XXI State Plan (enrollment currently frozen)	<i>Transition to Medicaid:</i> Children with income between 100-133% FPL	State plan	Managed Care	Yes – Title XXI CHIP State Plan to Title XIX State Plan

3 – AZ transition plan as of 10-2-13

TN: 13-015
Supercedes
TN: N/A

Approval Date (for SPA): **MAR 31 2014** Effective Date (for SPA): **JAN 01 2014**

		Maintain KidsCare enrollment: Children with income over 133% FPL up to 200%; enrollment remains frozen (no new enrollment)			
Arizona Long Term Care System (ALTCs)					
Elderly & Physically Disabled	300% of FBR; Optional State Plan	No change	State Plan and 1115 Waiver	Managed Care	No
Division of Developmental Disabilities (DDD)	300% of FBR; Optional State Plan	No change	State Plan and 1115 Waiver	Managed Care	No

III. Process for Transition

Describe the state process for transitioning covered groups to appropriate Medicaid eligibility or to the Marketplace under the 2014 coverage options.

- Describe any actions (including proposed dates for those actions) the state will take to transition populations including the process the state will use to screen individuals for coverage under his/her existing category, and for other Medicaid eligibility categories (if he/she is not still eligible under the existing category);
- Describe any actions the beneficiary will need to take for his/her transition; and
- Describe how the state will communicate with and transfer cases to the Marketplace.

AHCCCS Populations Requiring Transition						
Eligibility Category	Type of Transition	Impact to Member	State Action	Action Needed by AHCCCS Member?	Member Notice Needed?	Transfer of Case to FFM?

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TN: 13-015
Supercedes
TN: N/A

MAR 3 1 2014
 Approval Date (for SPA): _____ Effective Date (for SPA): _____

JAN 0 1 2014

Children ages 6-18 (100-133% FPL)	State Plan to State Plan to reflect increase in FPL level from current maximum of 100% FPL to new of 133% FPL	None. Current members in this category retain their coverage. Enrollment opens for new members from 100-133% FPL on 10-1-13 for coverage effective 1-1-14.	System change to allow for new enrollment	No.	No.	No.
YATI	State Plan to State Plan to reflect increase in upper age limit for youth transitioning out of foster care from current age limit of 21 to new age limit of 26.	Members in this category will retain their coverage through age 26.	System change to maintain eligibility of member in this category through age 26.	No.	Yes to inform member they will retain coverage in this category through age 26. Notices to be sent 1-1-14.	No.
Childless adults (0-100% FPL)	1115 Waiver to State Plan	Current members retain coverage; enrollment will open to new members beginning 10-1-13 for coverage effective 1-1-14	System change to open enrollment 10-1-13 for coverage effective 1-1-14	None for existing members. Adults not currently enrolled must submit application to be considered for eligibility.	Yes to inform current members that enrollment is no longer frozen, their coverage is not being impacted and coverage is available to all adults from 0-133% FPL effective 1-1-14. Notice to be sent 1-1-14.	No.
New Adults (100-133% FPL)	New State Plan Amendment	None. Coverage category not currently available	System change to open enrollment 10-1-13 for	Yes. Must submit application to be considered for	Yes. This is a new notice to explain final eligibility determination (eligibility	No

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			coverage effective 1-1-14	eligibility.	confirmed or denied). Notice sent once eligibility determination is made to inform applicant of disposition of case.	
KidsCare I (children 100-133% FPL)	CHIP State Plan to Medicaid State Plan for children in households with income between 100-133% FPL	Minimal. Coverage and health plan options are the same. Move to Medicaid means household will no longer have to pay premiums for coverage. Some copay requirements may apply.	AHCCCS will determine Medicaid eligibility using income data on file	No.	Yes to inform member they are now Medicaid eligible and impact of change in status regarding premiums. Notice to be sent 11-15-13.	No.
KidsCare II (children 100-133% FPL)	1115 Expansion to Medicaid State Plan for children in households with income between 100-133% FPL	Minimal. Coverage and health plan options are the same. Move to Medicaid means household will no longer have to pay premiums for coverage. Some copay requirements may apply.	AHCCCS will determine Medicaid eligibility using income data on file	No.	Yes to inform member they are now Medicaid eligible and impact of change in status regarding premiums. Notice to be sent 11-15-13.	No.
KidsCare II (children above 133% FPL)	Termination of 1115 Expansion program	Children in households with income above 133% FPL will no longer be eligible for KidsCare II. Household	AHCCCS will review for Medicaid eligibility using income data on file to confirm	Yes. Member will have to work with FFM to complete the application	Yes to inform member their KidsCare coverage is terminating and their case is being transferred to FFM for	Yes. Ideally the State will complete account transfer electronically but is awaiting

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MAR 3 1 2014

JAN 0 1 2014

		will have to seek coverage on FFM or elsewhere.	household is above 133% FPL	following the account transfer.	disposition and availability of PTC or CSR Notice to be sent 11-15-13.	testing with FFM.
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General Transition Information

1. Prepopulated forms will be used in 2014 for the renewal process. The prepopulated form will be used to collect additional income information. Notices will request that additional information be sent if your income has changed.
2. Between November and December 2013 a data conversion will take place to move data to the new system. In 2014, the new system will run household information thru MAGI rules.
3. The state will transfer accounts to the federal facilitated Marketplace.
4. Arizona will check all eligible categories before referring enrollee to the marketplace.

IV. Notification

Please describe the notification process the state will use to communicate with beneficiaries about changes to his/her coverage in 2014. This process description should include:

- A description of the review process used to develop the notices;
- The timing of notices to beneficiaries;
- How the notices will be sent to beneficiaries; and
- How the beneficiaries will be able to ask questions about the notice.

Notices are developed by AHCCCS staff. AHCCCS uses special software to identify base reading level and ease of reading. Also, the staff who complete final reviews have participated in multiple training sessions and webinars by Penny Lane and Maximus, and employ the principles from those sessions in development and review to ensure notices are clear and written at appropriate reading levels.

For those coverage groups whose transition will trigger a notice requirement, the timing of the notice was noted above. Notices will be sent via U.S. Mail to the address of record. A phone number will be provided on the notice for customers to call with questions. The AHCCCS Administration is currently working on a streamline call center targeting a 10-1-13 start date.

V. Content of the Notices

- Please provide drafts of the notices that will be sent to beneficiaries.

- Please provide an example of the draft notice for each type of transition (this should include examples of notices where the only change that will be apparent to a beneficiary is a change in benefits or delivery system).

Please note that all notices must comply with the notice requirements in 42 CFR 431.206, 431.210 and 431.213, and must include information on appeal and hearing rights as outlined in 42 CFR 431.220 and 431.221.

The State is working on its draft notices. The State's first goal is to complete work on the actual eligibility system to conform to required ACA changes for a 10-1-13 start date.

Kids CareII Notice: The state is trying to obtain a list of navigators to provide to the beneficiaries as part of their notice. The notice may reference a list of navigators and/or reference a website to obtain navigator information.

VI. Community Outreach

- Please describe all community outreach activities (such as public forums, webinars, flyers, websites, etc.) the state has or will undertake to inform beneficiaries about the transition and to support them during the transition period.
- This component of the transition plan must include information about tribal consultation activities for all states with federally recognized tribes.

HEA Plus Subscribers

The State has a robust community outreach and education effort. First, the State has 75 organizations with 300 different sites and over 1,000 employees trained as community assistors on the State's current and new eligibility system, Health-e-Arizona Plus (HEA Plus). These HEA Plus subscribers will be able to assist applicants and obtain real time eligibility determinations. The State engages with these subscribers in monthly meetings and has conducted various phases of testing on the new system. These subscribers represent FQHCs, other providers, community organizations and more.

In addition, the State is reaching out to new groups not currently subscribers. The State has a list of 20 new groups that will sign HEA Plus agreements beginning 10-1-13. The number of new subscribers is expected to grow.

Attached is a list of HEA Plus demonstrations and trainings conducted to date.

Website and Community Forums

The State developed a dedicated page on its website called Medicaid Moving Forward to provide updated information on the progress of the State in moving toward 2014. That page can be found here: <http://www.azahcccs.gov/publicnotices/MovingForward.aspx> .

The State also has developed a listserv that current has 1,366 individuals representing various organizations, Medicaid members or themselves.

The State is also hosting Community Forums across the State that are open to the public. The schedule is below, news of the update was sent via the AHCCCS listserv and is posted to the AHCCCS website here:

<http://www.azahcccs.gov/publicnotices/Downloads/MedicaidCoverage/MMFCommunityForums.pdf>

GENERAL – Sessions for Families, Advocates and Community Partners	
Tuesday, October 8, 2013 1p.m. – 3p.m. RSVP: ForwardTucson@azahcccs.gov	Casino del Sol - Conference Center 5655 W. Valencia Rd. Tucson, AZ 85757
Friday, October 11, 2013 1p.m. – 3p.m. RSVP: ForwardFlagstaff@azahcccs.gov	Flagstaff Medical Center – McGee Auditorium 1200 N. Beaver Street Flagstaff, AZ 86001
Wednesday, October 30, 2013 1p.m. – 3p.m. RSVP: ForwardPhoenix@azahcccs.gov	The Disability Empowerment Center 5025 E. Washington Street, Suite 200 Phoenix, AZ 85034

*Two additional sessions in Phoenix have been scheduled for October 30, 3:15 – 5:00 and November 4, 1:00-3:00. The website (link above) is updated as new forums are scheduled.

Tribal Consultation Activities

The State has been engaging with its tribal stakeholders throughout this process. Regular updates on HEA Plus and the transition of populations have been provided in tribal consultation. In addition, many tribal organizations are HEA Plus subscribers and have been part of the special trainings and demonstrations. These issues have been discussed as part of tribal consultation on the dates below:

Tribal Consultations and Meetings

- 2/6/13: Tribal Consultation meeting held in Phoenix
- 3/21/13: Special Meeting with I/T/U’s held in Phoenix
- 6/25/13: Special ACA SPA Tribal Consultation via teleconference
- 7/12/13: Meeting with Vice-Chairwoman Catalina Alvarez of Pascua Yaqui Tribe to discuss Restoration Plan
- 8/5/13: Meeting with White Mountain Apache Tribal leaders and Health Program personnel re: Restoration Plan and HEA Plus
- 8/13/13: Inter-Tribal Council of Arizona Training: State Health Insurance Assistance Program (included update on restoration plan)
- 8/15/13: Tribal Consultation meeting off-site on the Hopi Reservation review of HEA Plus and 1115 Transition Plan

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- 9/19/13: Tribal Consultation regarding restoration and expansion implementation, threat of legal challenges to implementation and extension of current supplemental payments waiver authority
- 9/26/13: Provided overview at Phoenix Indian Medical Center ACA kick-off event
- 9/30/13: Meeting with Navajo Nation Vice President and Councilmembers

Communications on Expansion/Restoration Updates/Information sent to tribal listserv:

- 1/15/13: Proposed Expansion of AZ Medicaid Program by Governor Brewer = 205 people
- 3/19/13: Governor Brewer’s Medicaid Coverage Bill = 205
- 3/22/13: Yuma Public Forum Announcement sent to Colorado River Tribe Leaders, Tribal Council, Tribal Health Programs = 18
- 4/17/13: AHCCCS Public Forum at Eastern Arizona College in Thatcher sent to San Carlos Apache Tribal Leaders, Tribal Council, Tribal Health Programs = 20
- 5/1/13: AHCCCS Updates re: Medicaid Restoration = 205
- 5/2/13: Show Your Support - Rally for Restoration = 205
- 5/14/13: Rally for Restoration = 183
- 5/14/13: Rally for Restoration sent to Tribal Leaders = 22
- 6/14/13: Medicaid Restoration Approval Amendment Announcement = 205
- 6/14/13: Bill Signing Ceremony sent to Tribal Leaders = 22
- 6/17/13: AHCCCS Update – Thank you Follow-up to tribal stakeholders = 205

In addition, the schedule for upcoming forums, including dedicated tribal sessions outlined below, was sent to the tribal listserv.

TRIBAL – Sessions for Tribal Stakeholders	
Date	Location
Monday, September 16, 2013 and Monday, September 23, 2013 1p.m. – 3p.m. RSVP: ForwardPhoenix@azahcccs.gov	Native American Community Service Center 4520 N. Central Ave., 6 th Floor Conference Room Phoenix, AZ 85012
Tuesday, October 8, 2013 10a.m. – 12p.m. RSVP: ForwardTucson@azahcccs.gov	Casino del Sol - Conference Center 5655 W. Valencia Rd. Tucson, AZ 85757
Friday, October 11, 2013 10:30a.m. – 12:30p.m. RSVP: ForwardFlagstaff@azahcccs.gov	Flagstaff Medical Center – McGee Auditorium 1200 N. Beaver Street Flagstaff, AZ 86001

*Additional sessions in Parker, Arizona and Western and Eastern Navajo Nation are being scheduled. The website (link above) is updated as new forums are scheduled.

Additional Outreach Activities

Although the AHCCCS Administration has limited staffing and resources to attend individual meetings, AHCCCS staff has provided or are scheduled to provide updates on these issues to the following groups:

- 6/11: Healthy Children Arizona Committee
- 8/11: Arizona Hemophilia Association Statewide Conference

- 8/13: Alzheimer's Task Force Conference Call
- 8/20: Arizona Probation Court Administrators Monthly Meeting
- 9/6: Access Tucson – a panel discussion to be aired on local cable stations in the Tucson area
- 9/21: Philippine Nurses Association
- 9/24: Participated in Tele-Town Hall for small business owners and employees hosted by AZ Sen. Steve Farley
- 9/25: Participated in Tele-Town Hall for small business owners and employees hosted by AZ Sen. Steve Farley
- 9/27: Hosted two Webinars on implementation of restoration and expansion for HEA and HEAplus community partners and Cover AZ coalition members with over 600 people attending
- 10/22: Scheduled to speak at conference hosted by Mental Health America of Arizona
- 11/1: Arizona School Based Health Care Council Board annual meeting

Special communications and information are being provided as well to the hospital community working in cooperation with the Arizona Hospital and Healthcare Association. Additional outreach activities are anticipated throughout the Fall of 2013.

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TN: 13-015
Supercedes
TN: N/A

Approval Date (for SPA): **MAR 31 2014** Effective Date (for SPA): _____

JAN 01 2014