

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**

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APR 03 2013

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 State Plan Amendment (SPA) No. 13-001. This amendment updated the State Plan to include Tobacco Cessation Counseling for Pregnant Women effective January 1, 2013. As noted by the State, Arizona has been providing this service for pregnant women since October 1, 2010.

The effective date of this SPA is January 1, 2013 as requested. Enclosed are the following approved State Plan pages to be incorporated within your approved State Plan:

- Attachment 3.1-A, page 2
- Attachment 3.1-A Limitations, page 5(b)
- Attachment 4.19-B, page 5b


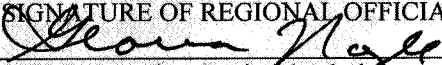
If you have any questions, please have your staff contact Cheryl Young at (415) 744-3598 or at [cheryl.young@cms.hhs.gov](mailto:cheryl.young@cms.hhs.gov).

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: Jessica Schubel  
HeeYoung Ansell

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>  <b>FOR: Centers for Medicare and Medicaid Services</b>		1. TRANSMITTAL NUMBER: 13-001	2. STATE Arizona
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE January 1, 2013	
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:  1905(bb)(1); 42 CFR 440.230(b)		7. FEDERAL BUDGET IMPACT:  N/A <b>FFY13: \$0, FFY14: \$0</b>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Pages <u>Att. 3.1-A pg. 2,</u> Pages <u>Att. 3.1-A Limitations pg. 5(b)</u> <u>Att. 4.19-B, page 5b</u>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ):  Same	
10. SUBJECT OF AMENDMENT: Updates the State Plan to include Tobacco Cessation Counseling Services for Pregnant Women			
11. GOVERNOR'S REVIEW ( <i>Check One</i> ): <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input 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:  1-11-13			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: January 11, 2013		18. DATE APPROVED: <b>APR 03 2013</b>	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2013		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 7: Pen & ink changes made on 3/1/13 per CMS request. Box 8: Pen & ink changes made on 4/1/13 per CMS request.			

State/Territory: ARIZONA

AMOUNT, DURATION, AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

- 4.a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.  
Provided:  No limitations  With limitations\*
- 4.b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.\*
- 4.c. Family planning services and supplies for individuals of child-bearing age.  
Provided:  No limitations  With limitations\*
- 4.d. Face-to-Face Tobacco Cessation Counseling Services Benefit Package for Pregnant Women  
Provided:  No limitations  With limitations\*
- 5.a. Physicians' services whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere.  
Provided:  No limitations  With limitations\*\*
- b. Medical and surgical services furnished by a dentist (in accordance with section 1905(a)(5)(B) of the Act).  
Provided:  No limitations  With limitations\*
6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.
- a. Podiatrists' services.  
Provided:  No limitations  With limitations\*  
 Not provided

\* Description provided in Limitations section of this Attachment.

\*\*Sole limitation is authorization by appropriate entity as defined in the Limitations section of this Attachment.

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TN No. 13-001  
Supersedes  
TN No. 10-006

Approval Date APR 03 2013 Effective Date January 1, 2013

4.c. Family planning services and supplies for individuals of child-bearing age.

Family planning services include:

- i. contraceptive counseling, medication, supplies and associated medical and laboratory exams;
- ii. sterilizations; and,
- iii. natural family planning education or referral.

Family planning services do not include abortion or abortion counseling.

4.d. 1) Face-to-Face Tobacco Cessation Counseling Services provided (by):

- (i) By or under supervision of a physician;
- (ii) By any other health care professional who is legally authorized to furnish such services under State law and who is authorized to provide Medicaid coverable services other than tobacco cessation services;
- (iii) Any other health care professional legally authorized to provide tobacco cessation services under State law and who is specifically designated by the Secretary in regulations. (None are designated at this time; this item is reserved for future use.)

2) Face-to-Face Tobacco Cessation Counseling Services Benefit Package for Pregnant Women

- (i) The State is providing at least four counseling sessions per quit attempt.
- (ii) Cost Sharing is not imposed for Tobacco Cessation Services for pregnant women.

5 b. Medical and surgical services furnished by a dentist (in accordance with section 1905(a)(5)(B) of the Act).

The following dental services are not covered under this benefit and are not considered physician services: dental cleanings, routine dental examinations, dental restorations including crowns and fillings, extractions, pulpotomies, root canals, and the construction or delivery of complete or partial dentures.

TN No. 13-001  
Supersedes  
TN No. 11-007

Approval Date APR 03 2013 Effective Date: January 1, 2013



State: ARIZONAMETHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES  
OTHER TYPES OF CARE

- 
- **Other Licensed Practitioner Services**
    - OLP-Pharmacist: AHCCCS-registered pharmacies will be reimbursed for seasonal flu and pneumococcal vaccines and anaphylaxis agents administered by licensed pharmacists within the scope of their practice. AHCCCS will provide an administration fee for pharmacies administering the vaccine. The administration fee can be found on the AHCCCS website at [www.azahcccs.gov/commercial/ProviderBilling/rates/rates.aspx](http://www.azahcccs.gov/commercial/ProviderBilling/rates/rates.aspx)
  - **Dental Services**
  - **Vision Services** (including eye examinations, eyeglasses and contact lenses)
  - **Diagnostic, Screening and Preventive Services**
  - **Respiratory Care Services**
  - **Transportation Services**
  - **Private Duty Nurse Services**
  - **Other practitioner's services**
  - **Physical therapy**
  - **Occupational therapy**
  - **Services for individuals with speech, hearing and language disorders**
  - **Prosthetic devices**
  - **Screening services**
  - **Preventative services**
  - **Rehabilitation services**
  - **EPSDT services**
  - **Face-to-Face Tobacco Cessation Counseling Services Benefit Package for Pregnant Women: The rates for these services are included in the fee schedules listed under this Attachment associated with the relevant provider services.**

TN No. 13-001

Supersedes

TN No. 11-018Approval Date APR 03 2013Effective Date January 1, 2013