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.

Sincerely,

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

cc: Jessica Schubel
HeeYoung Ansell
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: Centers for Medicare and Medicaid Services

TO: REGIONAL ADMINISTRATOR
    CENTERS FOR MEDICARE AND MEDICAID SERVICES
    DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):
   □ NEW STATE PLAN □ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☑ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
   1905(bb)(1); 42 CFR 440.230(b)

7. FEDERAL BUDGET IMPACT:
   N/A
   FFY13: $0, FFY14: $0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
   Pages Att. 3.1-A pg. 2,
   Pages Att. 3.1-A Limitations pg. 5(b)
   Att. 4.19-B, page 5b

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):
   Same

10. SUBJECT OF AMENDMENT:
    Updates the State Plan to include Tobacco Cessation Counseling Services for Pregnant Women

11. GOVERNOR’S REVIEW (Check One):
    ☑ GOVERNOR’S OFFICE REPORTED NO COMMENT
    □ COMMENTS OF GOVERNOR’S OFFICE ENCLOSED
    □ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
    □ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME: Monica Coury

14. TITLE: Assistant Director

15. DATE SUBMITTED: 1-11-13

16. RETURN TO:
    Monica Coury
    801 E. Jefferson, MD#4200
    Phoenix, Arizona 85034

17. DATE RECEIVED: January 11, 2013

18. DATE APPROVED: APR 03 2013

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.

FOR REGIONAL OFFICE USE ONLY

PLAN APPROVED – ONE COPY ATTACHED
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  X  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  X  With limitations*

4.d. Face-to-Face Tobacco Cessation Counseling Services Benefit Package for Pregnant Women

Provided:    _  No limitations  X  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  X  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  X  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  X  With limitations*

X  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.

TN No. 13-001
Supersedes Approval Date 03.19.2013  Effective Date January 1, 2013
TN No. 10-006
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: 3/31/11
Effective Date: January 1, 2013
State: ARIZONA

METHODS 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

- 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.