September 29, 2016

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

Dear Mr. Betlach:

We have reviewed the proposed State Plan Amendment (SPA) 16-004, which was submitted to the Centers for Medicare & Medicaid Services (CMS) San Francisco Regional Office on July 21, 2016. This SPA adds podiatrist services under the other licensed practitioner benefit.

Based on the information provided, we are approving SPA 16-004 with an effective date of August 6, 2016 as requested. We are enclosing the approved Form CMS-179 and the following Medicaid State Plan page:

- Attachment 3.1-A, Page 2

If you have any additional questions or need further assistance, please contact Brian Zolynas at (415) 744-3601 or Brian.Zolynas@cms.hhs.gov.

Sincerely,

/s/

Henrietta Sam-Louie
Associate Regional Administrator
Division of Medicaid & Children’s Health Operations

cc: Jessica Woodard
**TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL**

**FOR: Centers for Medicare and Medicaid Services**

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

1. **TRANSMITTAL NUMBER:** 16-004
2. **STATE** Arizona

3. **PROGRAM IDENTIFICATION:** TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

4. **PROPOSED EFFECTIVE DATE:** August 6, 2016

5. **TYPE OF PLAN MATERIAL** (Check One):
- [ ] NEW STATE PLAN
- [x] 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:**
   - Section 1905(a) of the Social Security Act
   - 42 CFR Part 440

7. **FEDERAL BUDGET IMPACT:**
   - FFY 2017: $2,032,700
   - FFY 2018: $2,073,400

8. **PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:**
   - Att. 3.1-A, page 2

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 **PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):**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

10. **SUBJECT OF AMENDMENT:**
    Updates the State Plan to add services provided by a podiatrist as an Other Licensed Practitioner.

11. **GOVERNOR’S REVIEW (Check One):**
    - [x] GOVERNOR’S OFFICE REPORTED NO COMMENT
    - [ ] COMMENTS OF GOVERNOR’S OFFICE ENCLOSED
    - [ ] NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. **SIGNATURE OF STATE AGENCY OFFICIAL:**
    Monica Coury

13. **TYPED NAME:**
    Monica Coury

14. **TITLE:**
    Assistant Director

15. **DATE SUBMITTED:**
    July 21, 2016

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

FOR REGIONAL OFFICE USE ONLY

17. **DATE RECEIVED:**
    July 21, 2016

18. **DATE APPROVED:**
    9/29/2016

19. **EFFECTIVE DATE OF APPROVED MATERIAL:**
    August 6, 2016

20. **SIGNATURE OF REGIONAL OFFICIAL:**

21. **TYPED NAME:**
    Henrietta Sam-Louie

22. **TITLE:** Associate Regional Administrator
    Division of Medicaid & Children’s Health Operations

23. **REMARKS:**
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: X 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 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*

* Description provided in Limitations section of this Attachment.

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