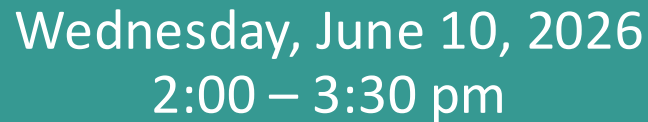


The logo for the Arizona Health Care Cost Containment System. The word "ARIZONA" is in a large, bold, white sans-serif font, with a stylized white mountain range silhouette integrated into the letter "O". Below "ARIZONA", the words "HEALTH CARE COST" and "CONTAINMENT SYSTEM" are stacked in a smaller, white, all-caps sans-serif font.

**ARIZONA**  
HEALTH CARE COST  
CONTAINMENT SYSTEM

The title for the meeting, "Beneficiary Advisory Council Quarterly Meeting", is centered in a large, white, sans-serif font.

**Beneficiary Advisory Council Quarterly  
Meeting**

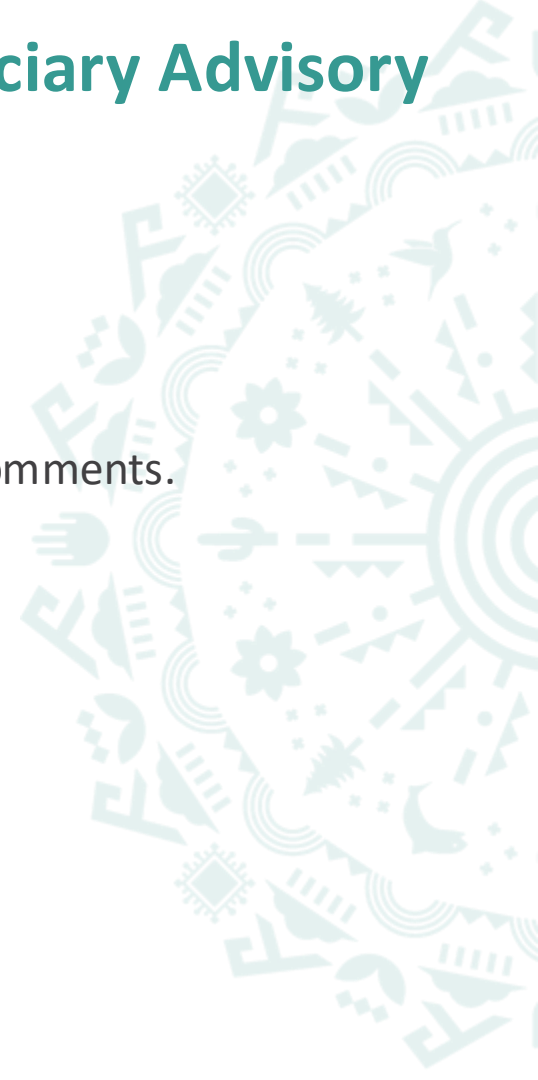
The date and time of the meeting, "Wednesday, June 10, 2026" and "2:00 – 3:30 pm", are centered in a white, sans-serif font.

Wednesday, June 10, 2026  
2:00 – 3:30 pm

# Welcome to the Quarterly AHCCCS Beneficiary Advisory Council Meeting

- While you are waiting test your audio.
- Please raise your hand and unmute yourself to speak.
- You can also use the chat feature to drop your questions and comments.

Thank you for being here!



# Do you know that anyone in Arizona can access crisis services?



## Arizona Statewide Crisis Line

**Call: 1-844-534-HOPE (4673)**

**Text: 4HOPE (44673)**

**Start a Chat:**

**<https://crisis.solari-inc.org/start-a-chat/>**

## National 988 Suicide & Crisis Lifeline

**Call or Text: 988**

**Start a Chat: <https://chat.988lifeline.org/>**

# Webinar Tips



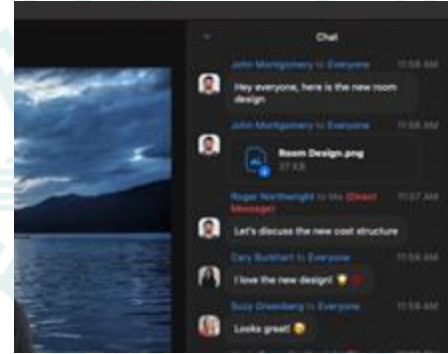
Mute your mic when you aren't speaking.



Limit background noise and distractions.



Use gallery view to allow all participants.

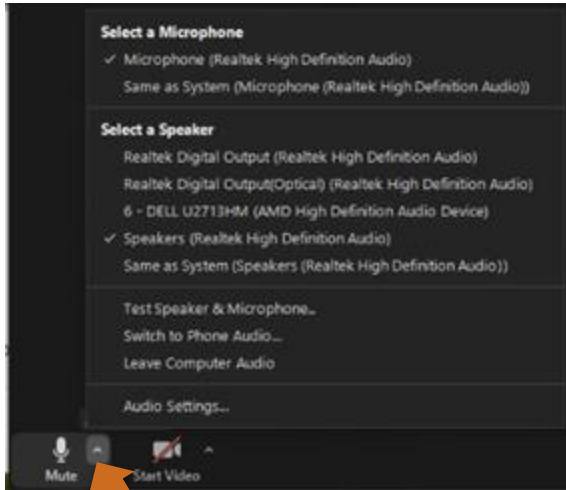


Use Q&A to ask questions or share resources (when applicable).

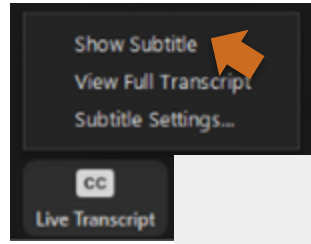
# Zoom Webinar Controls

Navigating your bar on the bottom...

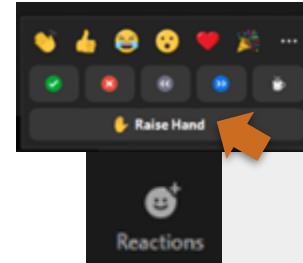
Audio Settings



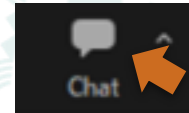
Turn on Closed Captioning



Raise Hand



Chat



## KEYBOARD SHORTCUTS TO RAISE HAND

**Windows:** Alt+Y to raise or lower your hand

**Mac:** Option+Y to raise or lower your hand

# This Meeting Is Being Recorded

**The recording shall be the sole property of AHCCCS and participation in this meeting indicates your waiver of any and all rights of publicity and privacy.**

**To respect the confidentiality of the participants and the content discussed, the recording will remain private.**

**Please disconnect from this meeting if you do not agree to these terms.**



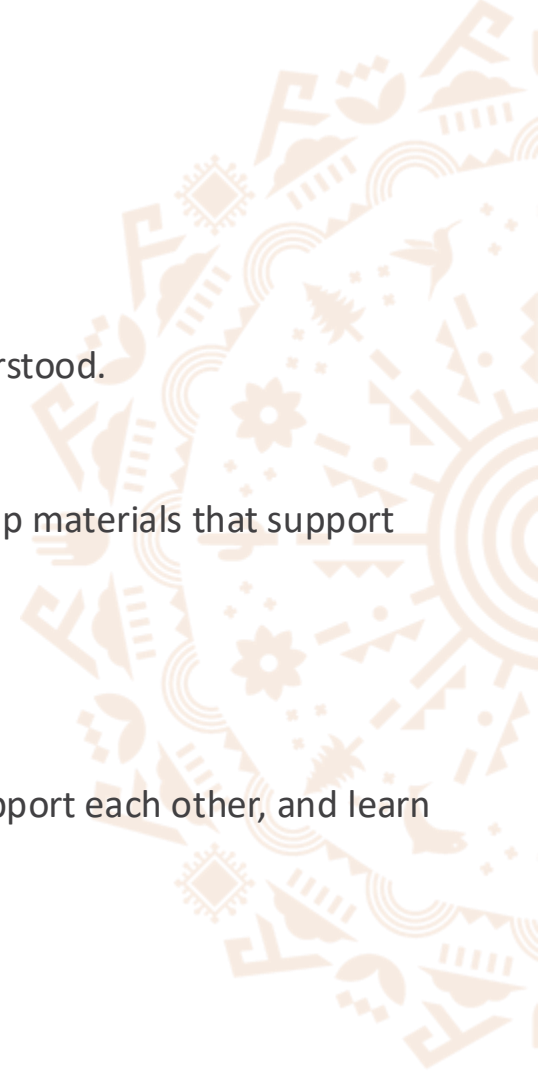
# Welcome and BAC Agreements and Norms



**Desiree Greene,**  
Project Manager, BAC and SMAC  
Liaison,  
Division of Public Policy  
and Strategic Planning

# Community Agreements and Norms

- Listen with intent and ask questions.
- Embrace curiosity, collaboration, and seek to understand before being understood.
- Attend meetings, share ideas, feedback, and suggestions.
- Partner with AHCCCS to identify and assess community priorities and develop materials that support outreach and engagement.
- Acknowledge and respect differing views, opinions, and experiences.
- It's okay to not understand or know everything.
- BAC members will ask for what they need to feel good about being here, support each other, and learn together as we go.
- What happens here, stays here. What's learned here, leaves here.



# The AHCCCS BAC Administration

Name & Role	Division
Roberta Harrison, Interim Director	Office of the Director
Marcus Johnson, Deputy Director	Office of the Director
Desiree Greene, SMAC & BAC Liaison; Project Manager	Division of Public Policy and Strategic Planning
Maria Alvarado, Business Operations Manager	Community Engagement and Regulatory Affairs
Laura Preder, Benefits and Eligibility Specialist	Division of Member and Provider Services
Campbell Small, Social Determinants of Health Fellow	Division of Managed Care

# AHCCCS Updates

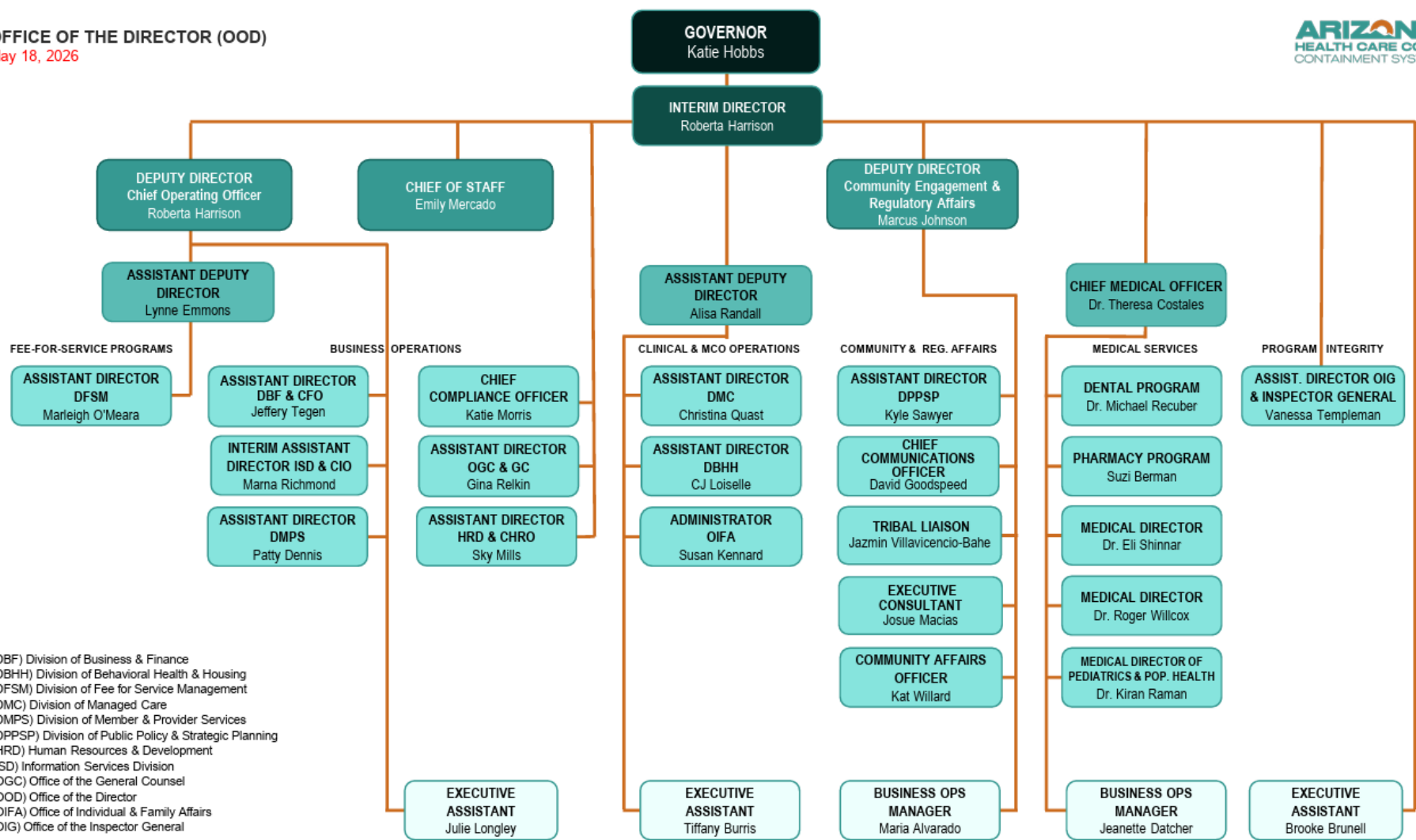


**Marcus Johnson**  
Deputy Director,  
Community Engagement &  
Regulatory Affairs

# Overview

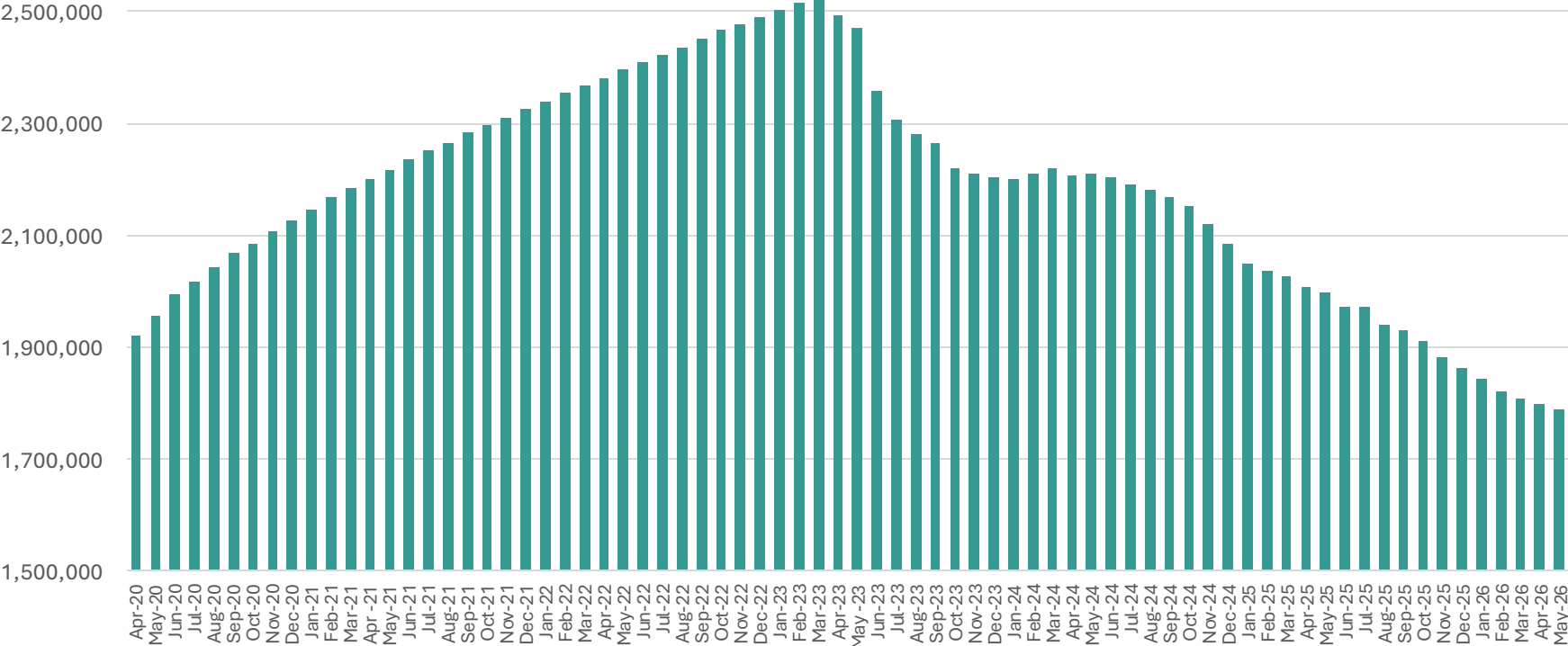
- Org Chart Overview
- Enrollment Trends
- 1115 Waiver Renewal
- Preventing Fraud, Waste and Abuse
- H.R. 1 Implementation Latest



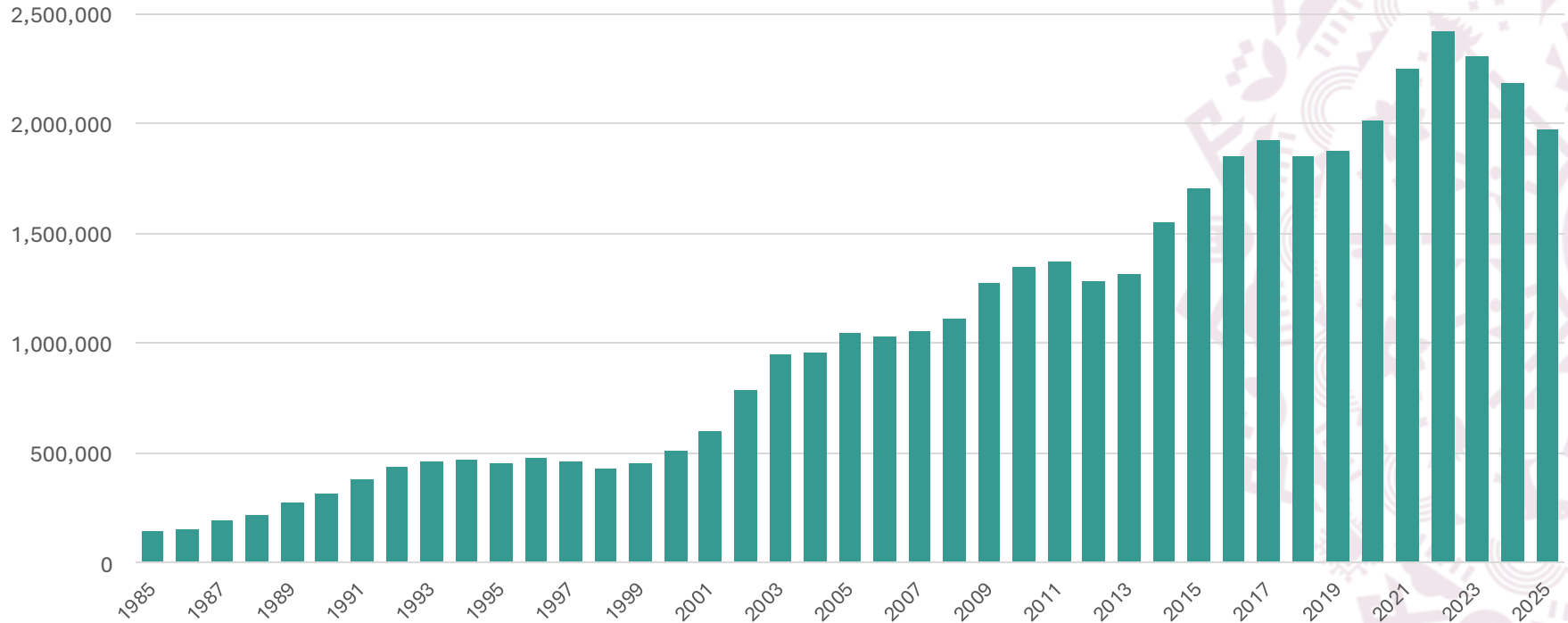


(DBF) Division of Business & Finance  
 (DBHH) Division of Behavioral Health & Housing  
 (DFSM) Division of Fee for Service Management  
 (DMC) Division of Managed Care  
 (DMPS) Division of Member & Provider Services  
 (DPPSP) Division of Public Policy & Strategic Planning  
 (HRD) Human Resources & Development  
 (ISD) Information Services Division  
 (OGC) Office of the General Counsel  
 (OOD) Office of the Director  
 (OIFA) Office of Individual & Family Affairs  
 (OIG) Office of the Inspector General

# AHCCCS Population: Mar. 2020 – May 2026



# AHCCCS Population as of July 1, 1985 – 2025





# 1115 Demonstration Waiver Renewal

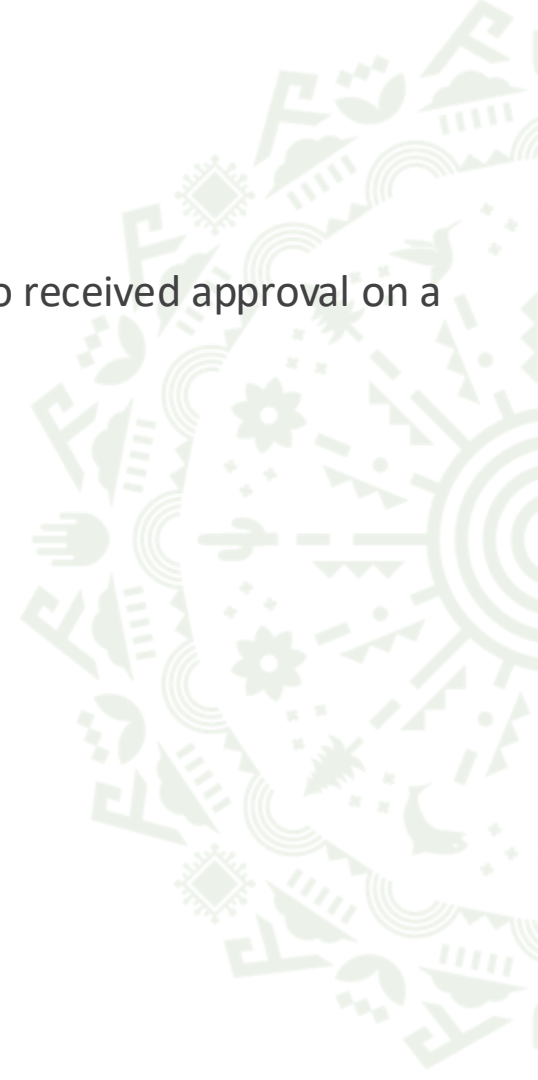
# Current 1115 Waiver Overview

- Arizona's current 1115 Waiver was last approved for a five-year extension on October 14, 2022. This waiver is valid until September 30, 2027.
- This extension continued many longstanding AHCCCS programs including Integrated Managed Care through:
  - AHCCCS Complete Care (ACC);
  - the Arizona Long Term Care System (ALTCS);
  - the Comprehensive Health Plan (CHP) for children in foster care and;
  - Regional Behavioral Health Agreements (RBHAs) which provide integrated care for individuals with a Serious Mental Illness (SMI)



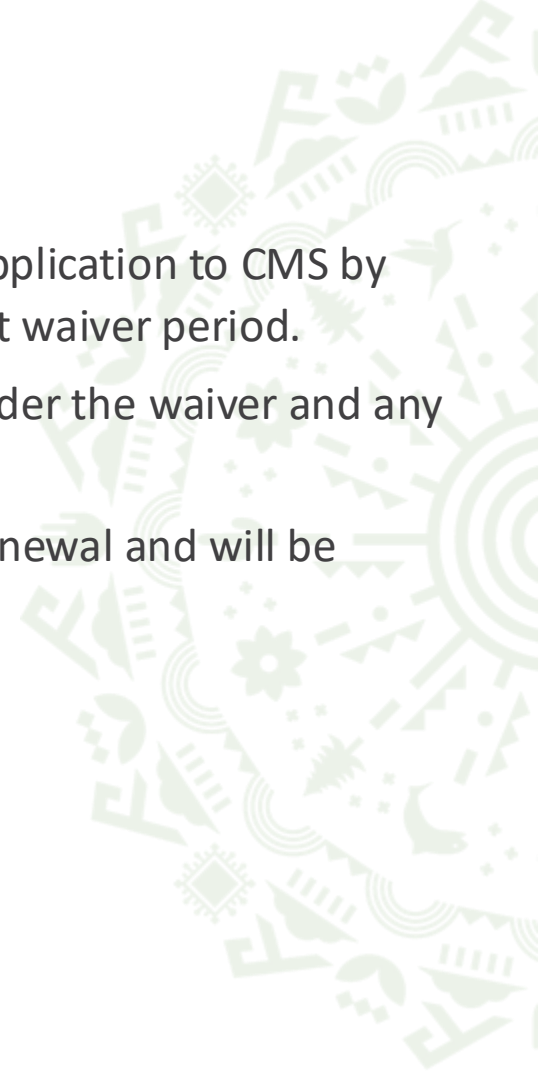
# Current 1115 Waiver Overview

- In addition to continuing many longstanding programs, AHCCCS also received approval on a variety of new programs:
  - Targeted Investments (TI) 2.0,
  - KidsCare Eligibility Expansion,
  - Parents as Paid Caregivers,
  - YATI Continuous Eligibility,
  - Traditional Healing services, and
  - Pre-release services.



# 1115 Waiver Renewal – Oct. 1, 2027

- To renew the 1115 authority, AHCCCS must submit a renewal application to CMS by September 30, 2026 to prepare for a 10/1/27 launch of the next waiver period.
- This renewal application must include any existing programs under the waiver and any new programs the state wishes to pursue or continue.
- AHCCCS is now in the final drafting stages of its 1115 Waiver Renewal and will be starting **public comment in July**.





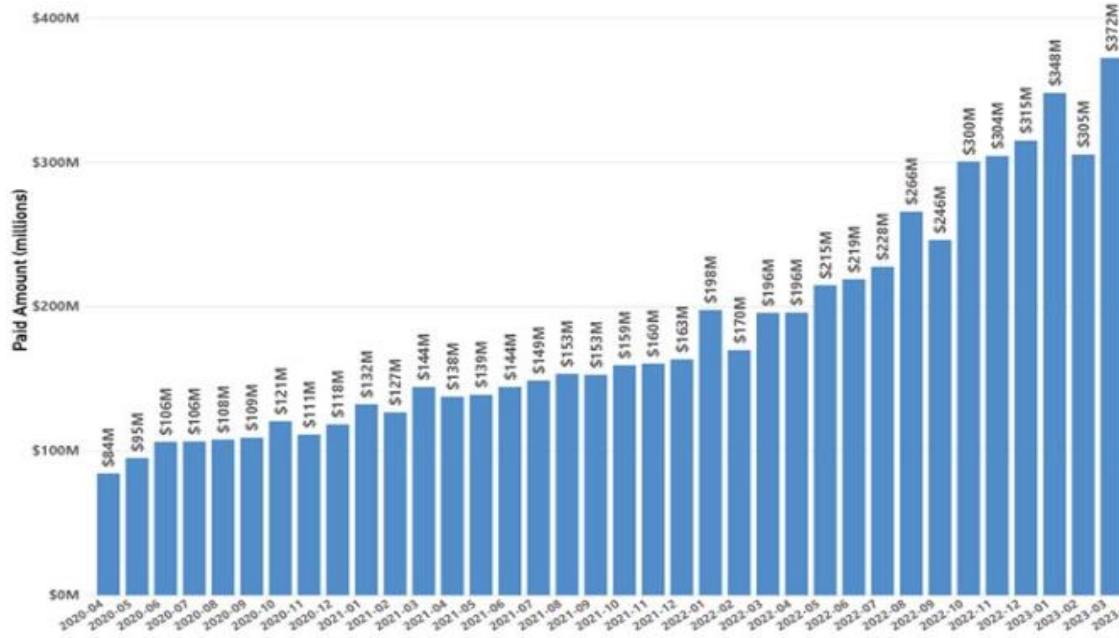
# Combatting & Preventing Fraud, Waste and Abuse

# Responding to the Behavioral Health Fraud Crisis

- Payments suspended to Arizona behavioral health providers due to credible allegations of fraud
- Special handling claim edits implemented within the mainframe
- Provider moratorium initiated
- Limitations on behavioral health providers established
- Increased manual pre-payment review
- Close collaboration with law enforcement and federal partners (FBI, DOJ, IRS, AGO, HHS OIG)
- Enhancements to the provider enrollment system
- Business process improvement

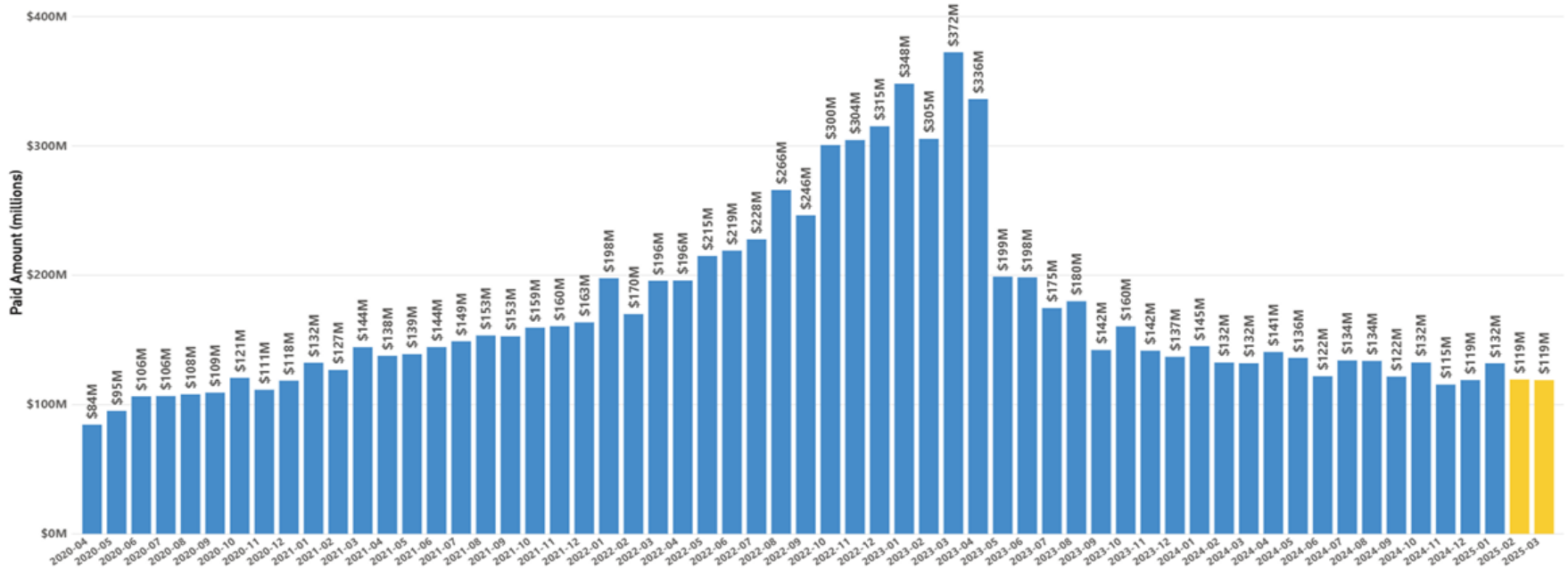
# American Indian Health Program (AIHP) Data

## 2.1 Utilization by Paid Amount (\$ in Millions) for All Services



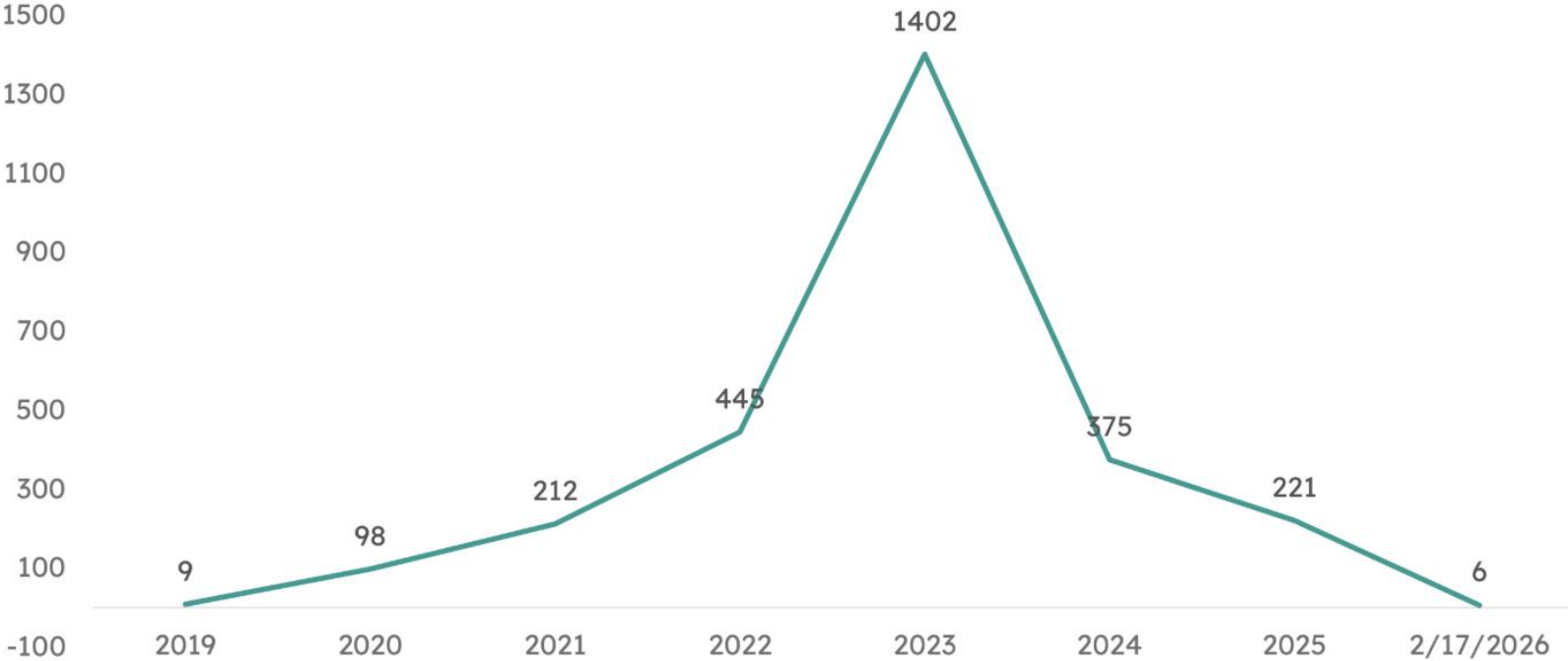
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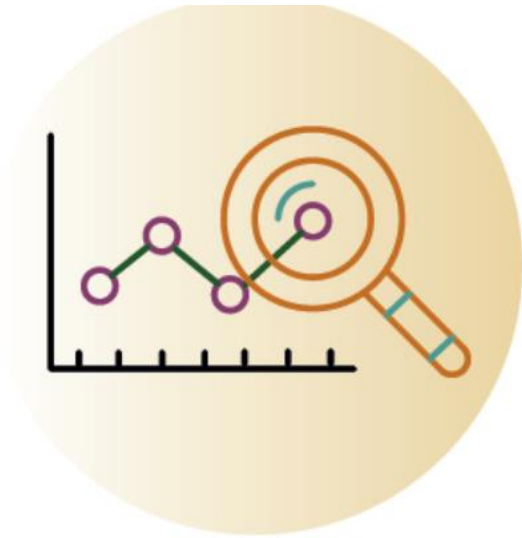


# OIG Referral Trends

## New BH Fraud Cases Opened (Fraud referrals turned into new cases)



## Coming soon: a new tool! Alivia



Emphasis on **prepayment review** and **pre-adjudication identification** of potential fraud.



# H.R. 1 in Arizona: Implementing Work Requirements

# Work Requirements in Arizona

80 hours per month starting Jan 1, 2027 – AHCCCS begins outreach Summer 2026

## Who is Exempt in Arizona

- American Indian/Alaska Native
- Disabled Veterans with total disability rating
- Caregivers for child age <13 or person with disability
- Former foster youth age <26
- Medically Frail
- Pregnant or within 12 months postpartum
- Already meeting requirements through SNAP or TANF
- Incarcerated or recently released
- Short-term hardship: hospitalization, declared disaster, high-unemployment area

AHCCCS will contact members to explain requirements & options via mail, phone, text, and online. Reporting via HEAplus, phone, or in-person.

## Rural AZ Barriers to Compliance

### Sparse Qualifying Employment

Seasonal and part-time work often does not meet 80 hour thresholds. Rural AZ labor markets have narrow qualifying job pools.

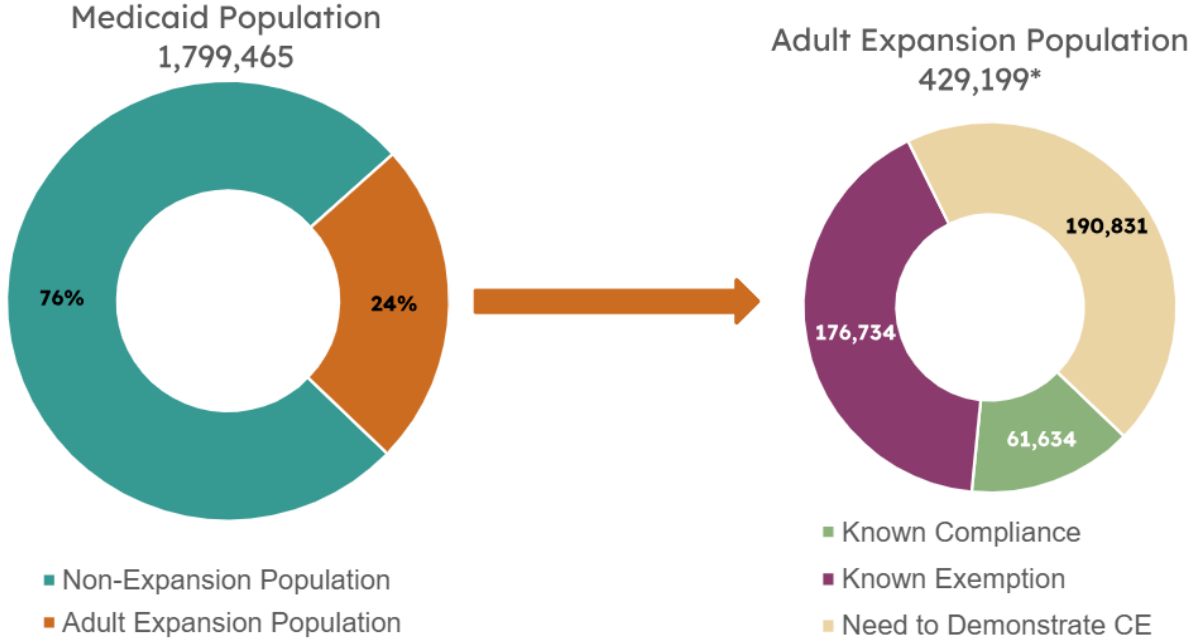
### Transportation & Distance

No/limited public transit. No/limited in person support leads to severe documentation burden.

### Broadband & Digital Literacy Gaps

Rural AZ has disproportionately low broadband access. Online reporting systems assume connectivity that does not exist in many rural and tribal areas.

# Work Requirement Member Impacts



Population Source: <https://www.azahcccs.gov/Resources/Downloads/PopulationStatistics/PopulationbyCategory04062026.pdf>

\*Internal Data Estimates as of March 2026



# Estimated Member Impacts

Category	Number of Members
Total Expansion Adult Population	429,199*
Members Exempt due to:	176,734**
<ul style="list-style-type: none"> <li>• Serious Mental Illness (17,832)</li> <li>• AI/AN (48,191)</li> <li>• Parent/Caretaker/Guardian (18,666)</li> <li>• Caregiver of a Person with a Disability (415)</li> <li>• Postpartum (643)</li> <li>• TANF (2,381)</li> <li>• SNAP (121,630)</li> <li>• Former Foster Youth (50)</li> <li>• Recently Incarcerated (13,461)</li> </ul>	
Non-Exempt Members Subject to Work Requirements	252,465
Members Already Meeting Work Requirements	61,634
<b>Total Unique Members that may need to report Work Requirements</b>	<b>190,831</b>

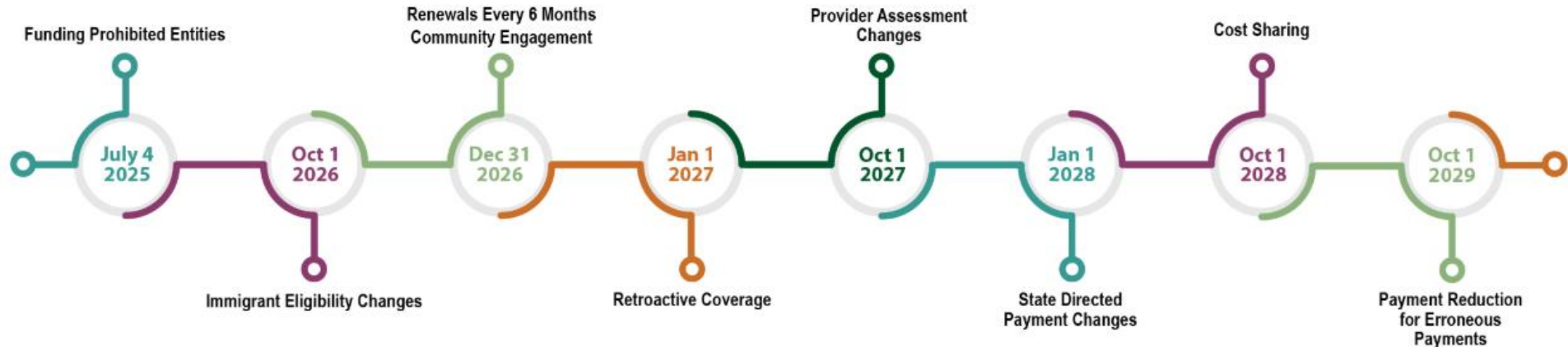
\*Internal Data Estimates as of March 2026.

\*\*Unique individuals (deduplicated).

Pre-decisional and iterative. The information shared by AHCCCS is preliminary and intended solely to support internal state planning and readiness activities related to Medicaid community engagement requirements. Policies, requirements, and implementation approaches remain subject to change pending final federal direction. Centers for Medicare & Medicaid Services (CMS) released new guidance June 1, 2026, which will inform final policy and operational decisions.

# H.R. 1 & RHTP Web Pages

- Rural Health Transformation
  - <https://www.azahcccs.gov/AHCCCS/Initiatives/RHTP/>
- H.R. 1 Implementation
  - <https://www.azahcccs.gov/AHCCCS/Initiatives/HR1/>



# AHCCCS Moving Forward

- 1115 Waiver Renewal – working through numerous options
- Medicaid Enterprise System (MES) Modernization continues
- Continued focus on stopping and preventing fraud, waste and abuse
- Applied Behavior Analysis Services (ABA) policy updates
- HCBS Needs Tool/Extraordinary Care Review (HNT/ECR)
- Arizona Long Term Care System Elderly/Physically Disabled (ALTCS EPD) Program procurement
- Reentry Waiver Implementation: 90 days Pre-Release Coverage
- Rural Health Transformation Program
- HR1 Implementation

# Open Discussion



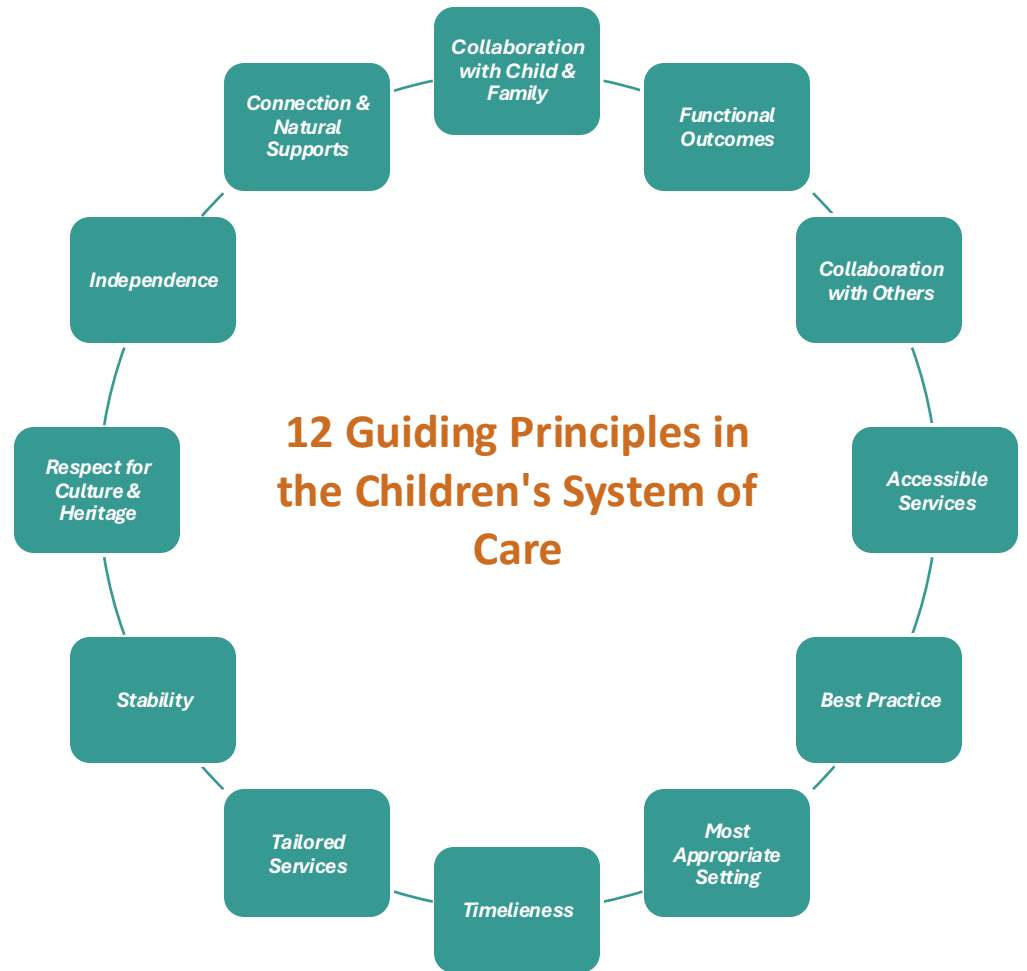
# AHCCCS: Behind the Scenes



**Chy Porter,**  
Children's System of Care Program Administrator,  
Division of Behavioral Health and Housing

# Introduction

The AHCCCS Children's System of Care (CSOC) is a coordinated network of services and supports designed to meet the needs of Arizona youth. CSOC functions under 12 Guiding Principles.



# Children's System of Care (CSOC) Vision & Mission

## Vision

CSOC is committed to the enhancement of the children's system through programmatic monitoring and advocacy.

## Mission

Leading CSOC with organization of a network of care that builds meaningful partnerships with children and families that is culturally responsive to support thriving in homes, schools, and communities.



**Monitor adherence to CSOC model through MCO deliverables across policies and contracts.**



Annual needs and resources assessment



Annual planning in partnership with system stakeholders



Community education efforts



Centralized and coordinated screening and intake



Coordinated case management



A continuum of treatment services

# AHCCCS's Role in Children's Behavioral Health

AHCCCS maintains a comprehensive and integrated behavioral health service system for children.<sup>1</sup>

<sup>1</sup> Full report for the Arizona's Children's System Annual Report for SFY 2024 can be found on AHCCCS website at: <https://www.azahcccs.gov/Resources/Reports/state.html>.

# AHCCCS' Role in Children's Behavioral Health

- Integrated system serving 224,000+ children (SFY 2024)
- Partners include Managed Care Orgs (MCOs), schools, tribal authorities
- 9.2 million services provided to youth under 18 - funded by Medicaid, Mental Health Block Grant (MHBG), state funds

● \$1

Number of Enrolled Children Aged 0-17 listed by GSA and Funding Source SFY 2024 <sup>7</sup>								
<b>Central</b>	TXIX	142,005	TXXI	10,389	Non-TXIX/XXI	7,932	Total	156,461
<b>North</b>	TXIX	19,047	TXXI	1,187	Non-TXIX/XXI	1,051	Total	20,719
<b>South</b>	TXIX	44,685	TXXI	3,388	Non-TXIX/XXI	2,406	Total	48,916
<b>Total</b>	<b>TXIX</b>	<b>204,483</b>	<b>TXXI</b>	<b>14,937</b>	<b>Non-TXIX/XXI</b>	<b>11,319</b>	<b>Total</b>	<b>224,716</b>

<sup>8</sup> Children are counted in TXIX, TXXI, and NTXIX/XXI columns if they used services under either eligibility categories during SFY 2023. Distinct member count enrollment summaries for GSA and member populations are distinct in total. The statewide total will not equal the summation of the three GSAs due to members moving between GSAs during the year. As a result, individual child counts reported do not sum to the totals in the table.



# Comprehensive Services

Services	Partnerships and Highlighted Outcomes
<b>Wraparound &amp; MRSS</b>	190,933 homebased services provided (FOCUS model integration and UCONN collaboration)
<b>Crisis Response</b>	20,000+ children served by crisis lines
<b>School-Based Support</b>	1,879 students referred through Project AWARE (ADE Partnership)
<b>Outpatient Counseling</b>	Most utilized service; 2.6M+ services statewide in 2023
<b>Psychiatric Care</b>	The Arizona Pediatric Psychiatry Access Line received 27 consultations from five different counties in Arizona (University of Arizona College of Medicine partnership)
<b>Residential Treatment</b>	Treatment Options include BHRF, TFC, RTC, and inpatient psychiatric hospitals

# Prevention & Early Intervention

Half of all mental health disorders begin by age 14. AHCCCS integrates evidence-based initiatives across the system of care to support youth early.

Number and Cost of Prevention and Early Intervention Services to Enrolled Children Aged 0-17 SFY 2024												
GSA	Funding Source	# of Services	Cost	Funding Source	# of Services	Cost	Funding Source	# of Services	Cost	Total	# of Services	Cost
Central	NTXIX/XXI	860	\$201	TXIX	4,891	\$268,869	TXXI	251	\$9,148	Total	6,002	\$278,217
North	NTXIX/XXI	33	\$1,029	TXIX	1,088	\$33,224	TXXI	14	\$387	Total	1,135	\$34,641
South	NTXIX/XXI	36	\$447	TXIX	1,096	\$15,141	TXXI	92	\$884	Total	1,224	\$16,472
<b>Total</b>	<b>NTXIX/XXI</b>	<b>929</b>	<b>\$1,677</b>	<b>TXIX</b>	<b>7,075</b>	<b>\$317,234</b>	<b>TXXI</b>	<b>357</b>	<b>\$10,419</b>	<b>Total</b>	<b>8,361</b>	<b>\$329,330</b>

# Prevention & Early Intervention Initiatives

## **Children's Behavioral Health Services Fund (CBHSF)**

The exhaustion of the funding in May 2024 highlights the need for a sustainable approach to serving uninsured and underinsured students

## **Project AWARE II (2021 – 2026)**

4,472 individuals trained.  
1,879 mental health referrals with 80% of students accessing services.

## **First Episode Psychosis (FEP) services**

Enhancement of FEP services through outreach, provider training, and use of the Coordinated Specialty Care (CSC) model.

# Health Treatment Placements

AHCCCS offers a range of behavioral health treatment settings, focused on the least restrictive, most appropriate level of care.

## Therapeutic Foster Care (TFC)

In-home behavioral health support in a family setting

## Behavioral Health Residential Facility (BHRF)

24/7 structured treatment for youth who don't require on-site medical services

## Residential Treatment Center (RTC)

Secure facilities for youth under 21 offering intensive therapeutic programming

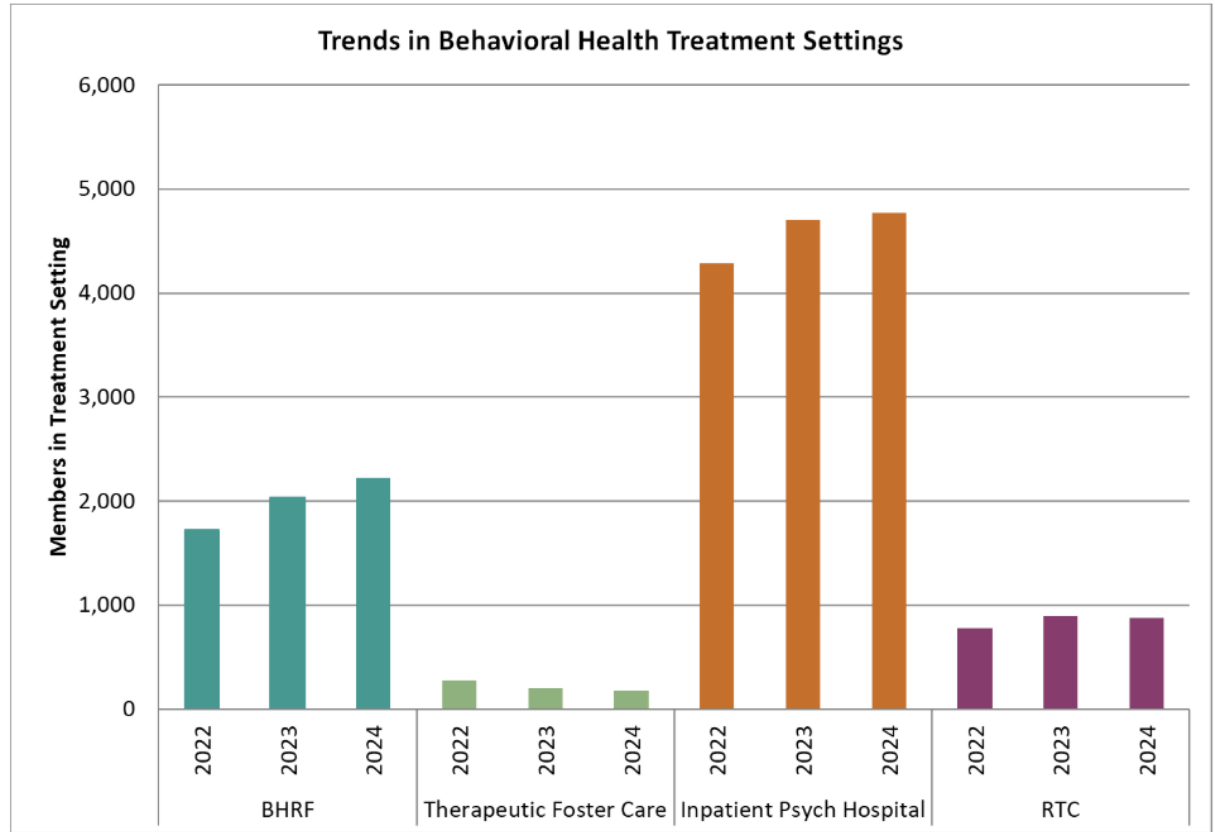
## Inpatient Psychiatric Hospital

24-hour supervised care with medical and psychiatric support for youth in crisis

# Health Treatment Placements

Trends in Behavioral Health Out of Home Setting Utilization for Children's System

SFY 2024



# Children's System of Care Oversight

AHCCCS promotes a strength-based, culturally sensitive model for behavioral health care through assessment, planning, and service delivery.

## The Behavioral Health Clinical Chart Audit (BHCCA)

- Ensures MCOs implement an audit process that evaluates compliance with these aspects of assessment, service planning and service delivery
- Digital audit tool launched in May 2023

## Therapeutic Foster Care (TFC)

- 10% rate increase for new TFC providers and additional pay for placement stability and specialized training.
- TFC homes must have one adult dedicated to care and support services full time.
- Policy changes have improved TFC access by updating criteria and training case managers

# Behavioral Health Practice Tools

- Behavioral Health Practice Tools originally developed in 2007
  - Published as AMPM Chapter 200 BHPT
- Historically viewed as aspirational; gradual movement toward using them for monitoring fidelity to Arizona CSOC processes
- Underwent a process of stakeholder feedback starting in 2022
- Template and format update to typical policy
- Educational information removed to align with policy (moved to attachments)
- CSOC policies found in AMPM Chapter 500 for Coordination of Care



# Current Gaps & Funding Priorities

**\$4M**

## **In-State Residential Treatment Expansion**

Build capacity to serve children with high-acuity needs, autism, co-occurring disabilities, and those under age 12 - reducing out-of-state placements.

**\$2.5M**

## **Behavioral Health Funding - CBHSF**

Restore funding to support school-referred, uninsured/underinsured youth and increase access to early intervention services.

**\$1.5M**

## **Pediatric Psychiatry Service - APAL**

Sustain psychiatric consults and education for pediatric providers across Arizona, especially in rural areas, after federal grant funding ends in 2025.

**\$1.7M**

## **Transitional Age Youth (TAY)**

Arizona faces a critical gap as ARPA funding for TAY services ends in September 2025, risking the loss of transition specialists who support uninsured and underinsured youth moving into adulthood.

# Current Gaps & Funding Priorities

## Ongoing Infrastructure & Workforce Investment

- Arizona needs specialized residential facilities to serve children with complex behavioral health needs, including those under age 12.
- The state must grow the child and adolescent psychiatric workforce through recruitment, training, and telepsychiatry support.
- Arizona needs more high-needs case managers to provide intensive, family-centered support for children with complex needs.
- The system requires sustained investment in Transitional Age Youth staff and infrastructure to ensure statewide access to transition services.

# Open Discussion



# Prioritizing Preventive Health: BAC Interactive Activity



**Desiree Greene,**  
Project Manager, BAC and  
SMAC Liaison,  
Division of Public Policy and  
Strategic Planning



**Laura Preder,**  
Benefits and Eligibility Specialist  
Advanced,  
Division of Member and  
Provider Services

# What We Did & Who We Heard From

- Asked our **SMAC members** about perceived barriers to getting or providing effective and efficient preventive healthcare
- Reviewed **Maricopa County Public Health** data (CHNA Community Health Needs Assessment) to find out what health issues are priorities to residents
- Asked **BAC members** about their experiences and perceptions about barriers to preventive healthcare and access
- Reviewed most common **member comments and issues** (BBB etc)
- **Identified 4 themes** that were common across all channels

# What We Found - Responses & Themes

## UNDERSTANDING & AWARENESS

People don't always know what preventive care is, when to use it, or why it matters

## TECH / ADMINISTRATIVE SYSTEM BARRIERS

The health system itself is difficult to navigate. Technology further complicates it when it's hard to find help

## ACCESSING SERVICES

Even when people want preventive care, timing, transportation, and other issues are barriers

## OTHER

Providers may need more support due to shortages, high workloads, etc.

Behavioral, and health-related social needs

# Responses & Themes

Source ↓ / Theme →	Understanding / Awareness / Health Literacy	Access and Availability	Administrative / Tech / Navigation	Other (Provider / Network / System Capacity)
<b>SMAC</b>	<ul style="list-style-type: none"> <li>Lack of awareness of services</li> <li>Confusion about coverage/benefits</li> <li>Difficulty understanding insurance</li> <li>Mistrust or fear of medical system</li> <li>Need for more patient education</li> <li>Need for hands-on support (e.g., cognitive limitations)</li> </ul>	<ul style="list-style-type: none"> <li>Transportation challenges (reliable public transit)</li> <li>Long wait times (PCP &amp; specialists)</li> <li>Limited provider availability</li> <li>Difficulty finding Medicaid providers</li> <li>Workforce shortages impacting access</li> <li>Rural &amp; border access gaps (travel distance)</li> <li>Appointment delays / limited availability</li> </ul>	<ul style="list-style-type: none"> <li>Difficulty scheduling appointments</li> <li>Delays in getting appointments</li> <li>Difficulty obtaining referrals</li> <li>Ineffective provider directories</li> <li>Confusion with telehealth</li> <li>Lack of technology access</li> <li>Need for navigation/case management support</li> <li>Poor coordination/follow-up</li> <li>System is complex and hard to navigate</li> </ul>	<ul style="list-style-type: none"> <li>Workforce shortages:               <ul style="list-style-type: none"> <li>Low reimbursement</li> <li>Burnout</li> <li>Retirements</li> <li>Lack of incentives</li> </ul> </li> <li>High provider workload</li> <li>Rural system constraints</li> <li>Capacity vs demand mismatch</li> <li>Social barriers affecting follow-through</li> </ul>
<b>BAC</b>	<ul style="list-style-type: none"> <li>Not knowing what is covered</li> <li>Complicated medical language</li> <li>Not knowing how often preventive services are recommended</li> <li>SMI and other chronic conditions preventing understanding</li> </ul>	<ul style="list-style-type: none"> <li>Spoken language barriers</li> <li>Appointment availability</li> <li>Transportation barriers</li> <li>Long wait times</li> <li>Difficulty scheduling appointments</li> </ul>	<ul style="list-style-type: none"> <li>Lack of technical assistance in navigating services and customer service</li> <li>Confusion about telehealth options</li> <li>Complicated processes to sign up for coverage</li> <li>Getting referrals</li> </ul>	<ul style="list-style-type: none"> <li>Distance to medical facilities</li> <li>Patient potentially not wanting all of the preventive services offered</li> <li>Minimal shared information between providers</li> <li>Complex or unclear eligibility information</li> </ul>
<b>CHNA (Local Data)</b>	<ul style="list-style-type: none"> <li>Lack of awareness of available programs and services</li> <li>Limited understanding of preventive care importance</li> <li>Low health literacy in some populations</li> </ul>	<ul style="list-style-type: none"> <li>Limited clinic hours</li> <li>Cost barriers and fear of medical bills</li> <li>Lack of a regular primary care provider</li> <li>Transportation challenges</li> <li>Long wait times</li> </ul>	<ul style="list-style-type: none"> <li>Challenges scheduling appointments</li> <li>Limited digital access or comfort with technology</li> <li>Difficulty navigating complex healthcare systems</li> </ul>	<ul style="list-style-type: none"> <li>Mental health and substance use challenges</li> <li>Limited provider supply in community</li> </ul>
<b>MEMBERS</b>	<ul style="list-style-type: none"> <li>“Don’t understand how to find the right provider”</li> <li>“Not sure where to go or who to call”</li> <li>“Got different answers from different people”</li> <li>“Process is confusing / unclear”</li> </ul>	<ul style="list-style-type: none"> <li>“9-month wait for a specialist”</li> <li>“Can’t find any providers that take my plan”</li> <li>“No in-person care available”</li> </ul>	<ul style="list-style-type: none"> <li>“System says I already have an account”</li> <li>“Can’t verify identity / log in”</li> <li>“Hold times too long to get help” (21 mins)</li> <li>“Every call leads to a dead end”</li> <li>Negative customer service experiences</li> </ul>	<ul style="list-style-type: none"> <li>Unable to find network providers (especially mental health)</li> <li>Provider loss / shortage</li> </ul>

## Next Steps

- Report the top priority that was identified today with the State Medicaid Advisory Committee (SMAC) at the July 8<sup>th</sup> meeting.
- Discuss next steps about the preventive health work at the SMAC meeting and how to move the needle on the top priority identified.



# Open Discussion



# BAC Updates and Announcements



**Desiree Greene,**  
Project Manager, BAC and SMAC  
Liaison,  
Division of Public Policy  
and Strategic Planning

# BAC Representatives for the SMAC

Name	Group	Quarterly SMAC Meeting Months
Bonnie	1st	Jan and July 2026
Aimee	2nd	April and Oct 2026
Dominique	1st	Jan and July 2026
Ed	2nd	April and Oct 2026



# AHCCCS 1115 Demonstration Waiver Renewal Public Forums Announcement

- Beginning in July, AHCCCS will be hosting two public forums (July 24 and August 7) to gather public input and provide important updates on Arizona's 1115 Demonstration Waiver renewal.
- AHCCCS welcomes stakeholders, members, providers, and community partners to participate in discussions that will help shape the future of Arizona Medicaid.
- Additional details will be announced soon through AHCCCS communication channels, including social media and a formal public notice.
- For any inquiries or questions in the interim, you may email the waiver team at [waiverpublicinput@azahcccs.gov](mailto:waiverpublicinput@azahcccs.gov).

# AZ Medicaid Beneficiary Advocate Focus Group

- The Centers for Medicare & Medicaid Services (CMS), with support from the National Opinion Research Center (NORC) and the Center for Health Care Strategies (CHCS), is conducting a review of Arizona's Medicaid program for children, with a focus on well-childcare. As part of this review, the team is seeking input from beneficiary advocates on barriers to care, service access challenges, and opportunities for improvement.
- Calendar invites have been sent out from NORC to interested BAC and SMAC members for Tuesday, June 23rd from 10:00-11:00 am PST.
- Thank you to those who have responded via email.



# Open Discussion and Parking Lot

# Topics Follow-Up



<p>Caregivers, parents as paid caregivers' issues/ concerns/ resources. Also, looking into creating a pool of hours (respite/rehab) that can be used by others when not needed by the primary family</p>	<p>Respite hours may also be authorized as a BH benefit, but regardless of the payer - you can't exceed the maximum hours per year. Additionally, services and hours the member receives are based upon an individualized needs assessment and medical necessity. They cannot be "shared" with others.</p>	<p>ONGOING</p>	
<p>Respite Care</p>	<p><b>This topic will be discussed in more detail at a future BAC meeting in 2026.</b></p>	<p>FUTURE TOPIC</p>	
<p>New Medicaid work requirements, 1115 Waiver, Rural Health Transformation, and other items/changes from H.R.1</p>	<p><a href="#">Arizona 1115 Demonstration Waiver Webpage</a> 1115 One-Pager and presentation from Max Seifer, Federal Relations Chief on 12/10/25</p>	<p>ONGOING</p>	
<p>AHCCCS contracts for interpreter agencies for the deaf, deaf blind, hard of hearing, and blind populations</p>	<p>Each AHCCCS health plan is required to have a contractor that provides translation services. All AHCCCS health care providers are required to offer translation services for members during their visits.</p>	<p>COMPLETED</p>	

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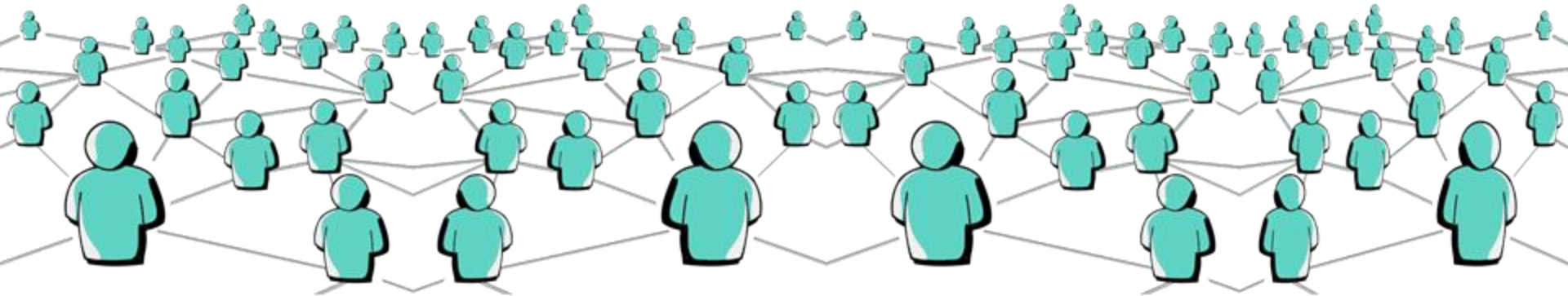
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# Learn about AHCCCS' Medicaid Program on YouTube!



[Meet Arizona's Innovative Medicaid Program](#)

# Other Resources - Quick Links

- AHCCCS [Waiver](#)
- HCCCS [State Plan](#)
- AHCCCS [Grants](#)
- [About AHCCCS](#)
- [AHCCCS Acronyms](#)
- [State Medicaid Advisory Committee \(SMAC\)](#)
- [Beneficiary Advisory Council \(BAC\)](#)
- [AHCCCS Tribal Consultation](#)
- AHCCCS [Office of Human Rights](#)
- AHCCCS [Office of Individual and Family Affairs](#)
- [Understanding Public Comment](#)
- AHCCCS [Members Rights & Responsibilities](#)
- AHCCCS [Grievance and Appeals](#)



**Thank you and Have a great day!**

