

Welcome to the SMAC Quarterly Meeting

- While you are waiting test your audio.
- You were automatically muted upon entry.
- Please only join by phone or computer.
- Please use the chat feature for questions and/or comments or raise your hand.

Thank you!



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/>

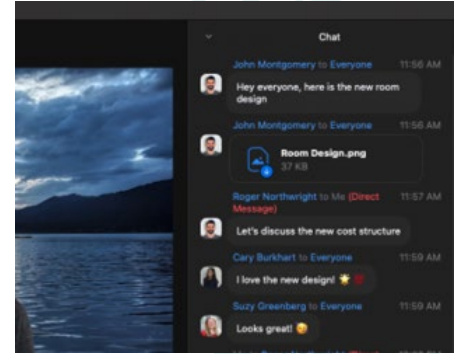
Webinar Tips



Mute your mic when you aren't speaking.



Limit background noise and distractions.



Use chat feature (or Q&A when available) to ask questions or share resources.

Meeting Protocols & Guidelines

Speaking Priority

1. State Medicaid Advisory Committee members, Beneficiary Advisory Council members, and AHCCCS employees will have the floor.
2. There will be a call to the public later in the meeting.

Participation Guidelines

- In person participants:
 - Please restate your name and organization (if applicable) when speaking.
- Online participants:
 - Please leave a comment with your name, title, and organization (if applicable) in the chat box.
 - Use the raise hand feature to speak or add questions/feedback in chat.

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.



ARIZONA

HEALTH CARE COST CONTAINMENT SYSTEM

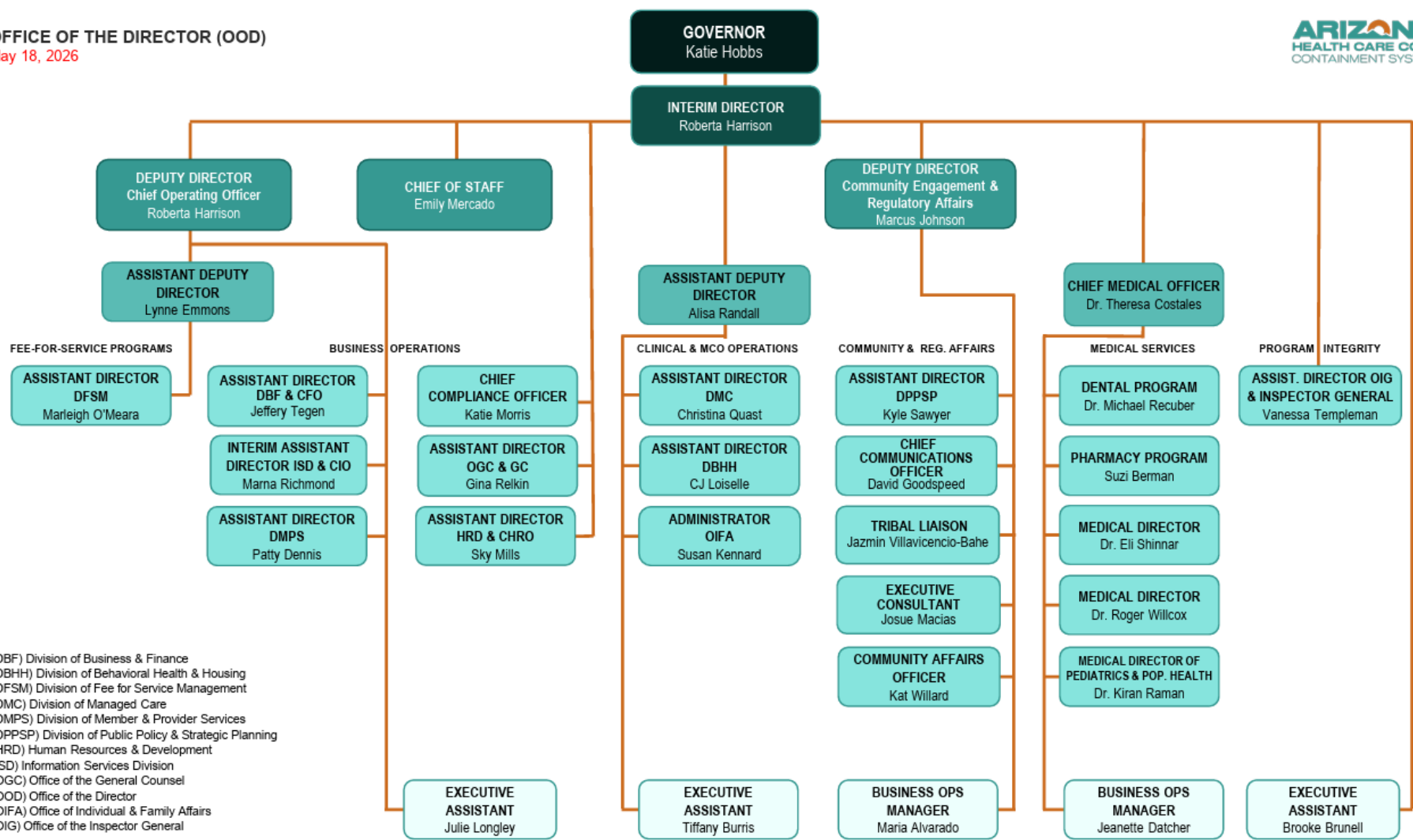
State Medicaid Advisory Committee (SMAC) Quarterly Meeting

Wednesday, July 8, 2026

AHCCCS Updates

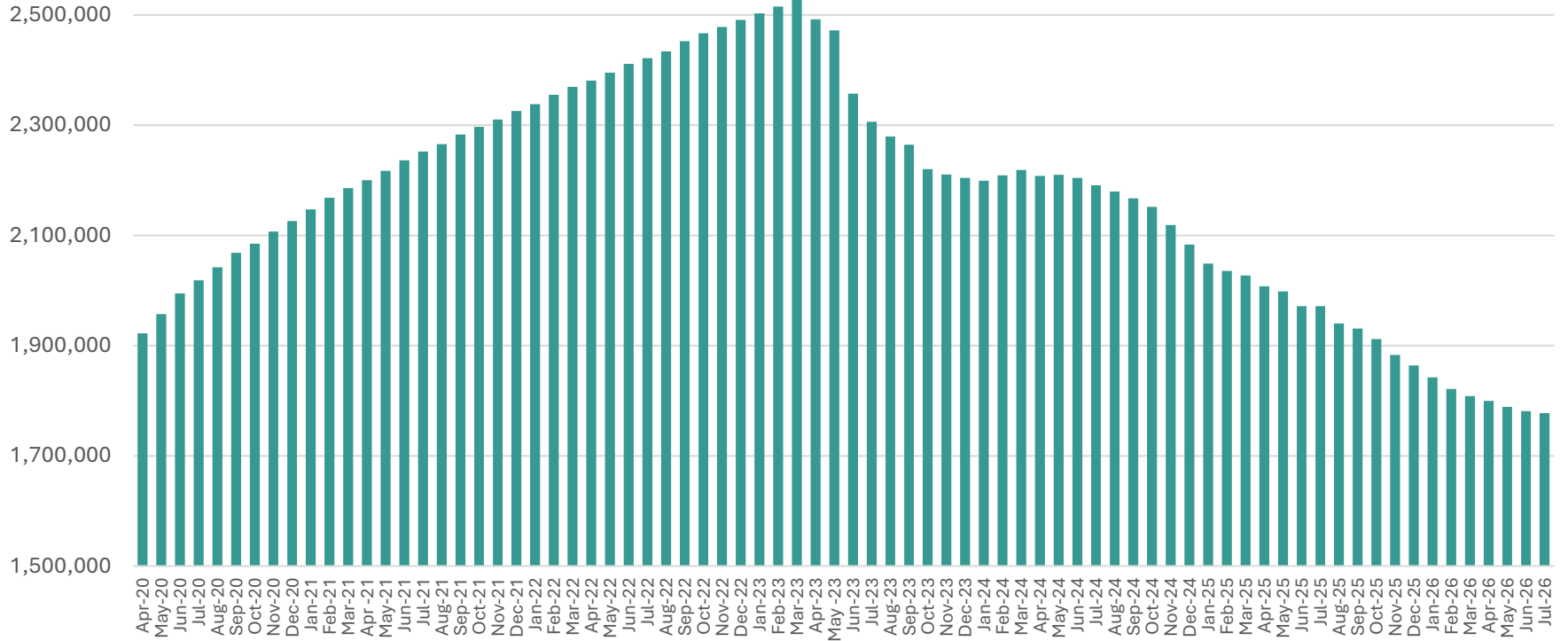


Roberta Harrison
*Interim Director,
Office of the Director*

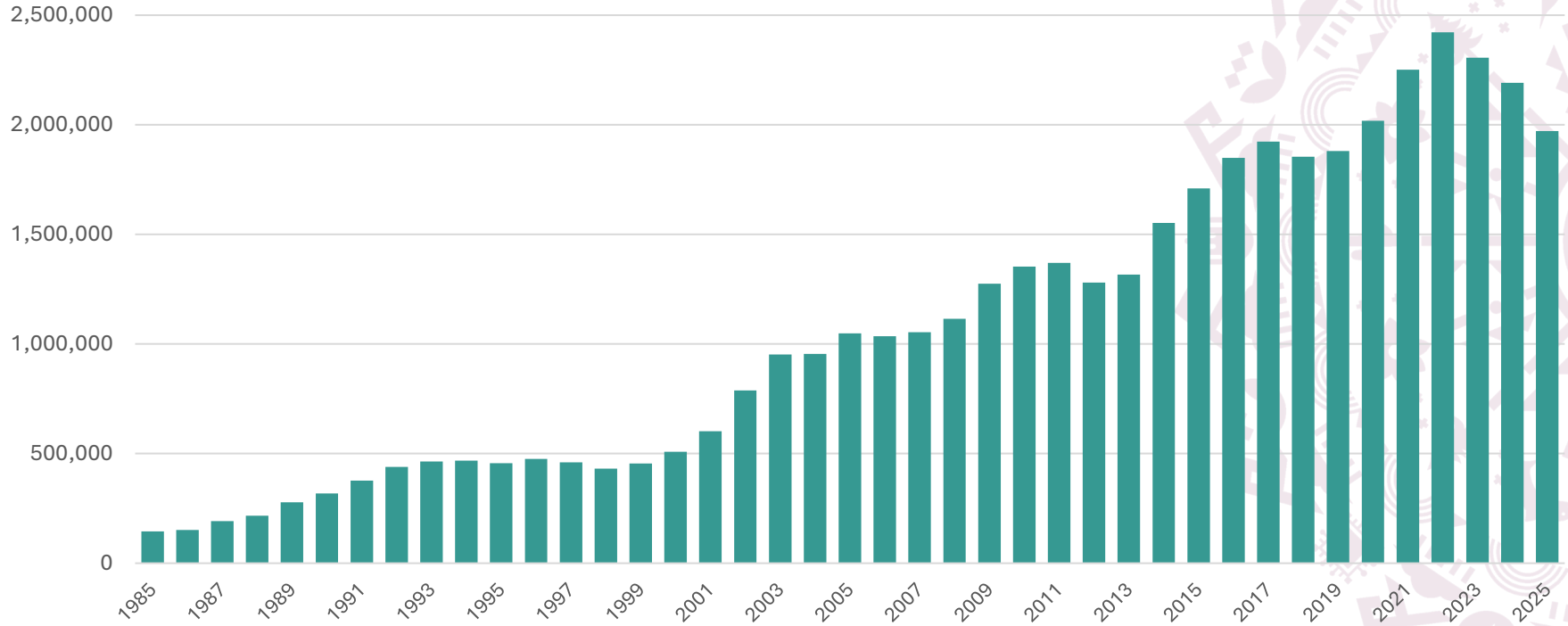


(DBF) Division of Business & Finance
 (DBHH) Division of Behavioral Health & Housing
 (DFSM) Division of Fee for Service Management
 (DMC) Division of Managed Care
 (DMPS) Division of Member & Provider Services
 (DPPSP) Division of Public Policy & Strategic Planning
 (HRD) Human Resources & Development
 (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 – July 2026



AHCCCS Population as of July 1, 1985 - 2025





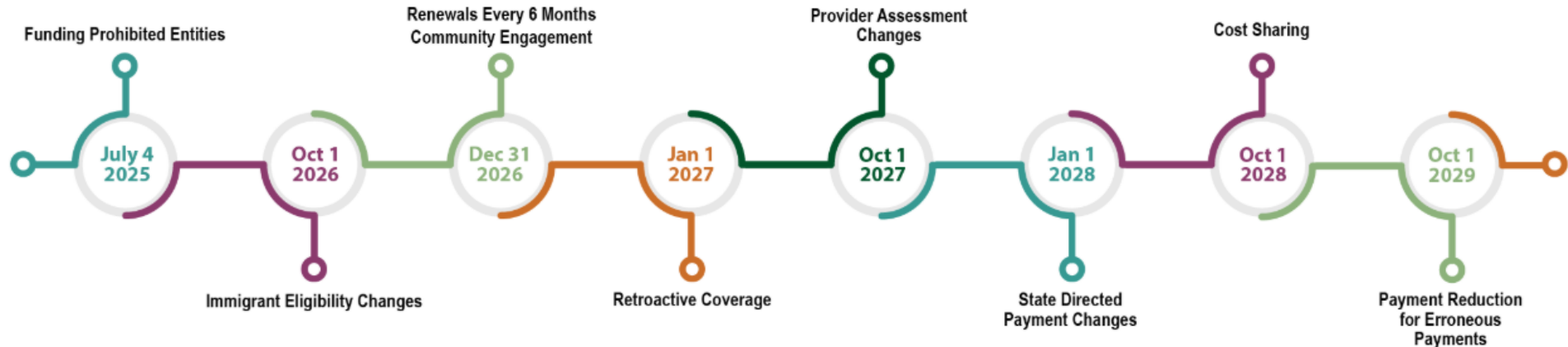
Since we last met...

H.R. 1 Implementation Latest

- May 4 – Hosted in-person workshop with clinical leadership from across the state to work on defining “medical frailty”.
- June 1 – CMS released Interim Final Rule for Community Engagement/Work Requirements.
 - Primary Take-away: Adds a new layer of compliance, requiring states to validate a member’s functional impairment in addition to a clinical diagnosis.
- June 7 – Stakeholder Kick-off meeting with communications vendor. SMAC & BAC members will be invited to participate in workgroups.
- By Sept. 1 – 1st cohort of AHCCCS members receive direct communication from AHCCCS re: work requirements compliance

H.R. 1 and RHTP Websites

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



The Future of the Program Integrity Infrastructure is Here!

- AI Enabled Analytics.
- Stopping the fraud **before** payment.
- Continued evolvment of reform.
- Protecting Medicaid dollars and services provided to our members.



Provider Benefits: Alivia 360 Platform

- Faster prepayment claims reviews
- Claim “system edits” can be made faster and with enhanced testing
- Claims flagged for review can be made with more surgical precision
- Reveals opportunities to enhance provider education to reduce improper billing behavior.

The Alivia 360 platform does not interface with providers or the provider portal directly



Employee Engagement

A STRONG RESPONSE AND OVERALL SCORE

81%

Overall agency
engagement
score

984

Employees
completed the
survey

79%

Participation
rate

1,248

Employees
invited

The feedback is both encouraging and actionable. The 81% score reflects positive responses compared with neutral or negative responses.

What We're Seeing

Employees continue to show strong commitment to the mission and to one another.

94%

Job is important to the mission

90%

Supervisor shows care and concern

88%

Coworkers are committed to quality service

87%

Understand what is expected at work

These strengths are the foundation for positive action. They show employees understand the agency's purpose, care about service quality and value supportive day-to-day leadership.

AHCCCS Moving Forward

- 1115 Waiver Renewal – more to come during today's meeting
- Medicaid Enterprise System (MES) Modernization continues
- Continue implementing Alivia (FWA prevention tool)
- Reentry Waiver Implementation: 90 days Pre-Release Coverage
- Behavioral Health Catalyst Trainings – coming soon!
- Rural Health Transformation Program grant applications
- HR1 Community Engagement Outreach & Awareness



Open Discussion

SMAC Member Spotlight Updates



Sara Wilson

*President and Chief Executive Officer
Home Assist Health*



Home Assist Health

Arizona State Medicaid Advisory Committee (SMAC)

July 8, 2026



About Us



Home Assist Health is a Phoenix-based, not-for-profit home care organization established in 2014 to continue one of Arizona’s earliest home and community-based programs. Originally operated by Valleywise Health (formerly Maricopa Integrated Health System). As the healthcare landscape evolved, it became clear the program could no longer remain within the health system. Recognizing the value of the program and its services, leadership ensured its future by formally establishing Home Assist Health in 2014 as an independent not for profit organization. This step secured the continuation of essential services for the community.

Today we serve over 525+ individuals annually, delivering more than 460,000 hours of service across HCBS, private pay, and Community Health Worker programs. Our newly CHAP accredited Home Health program has served 38 pro-bono patients with 650+ visits demonstrating our readiness for full Medicare launch pending our PTAN.

With nearly 450 care professionals, a 97% retention rate, and a growing portfolio of grant-funded innovations, HAH is a proven, outcomes-driven partner for Arizona’s Medicaid ecosystem.





Vision

To be a home care pioneer creating stronger communities one person at a time.



Mission

To be a bridge of compassionate equality for all people in their independence, health, and wellbeing.



Values

- Integrity
- Innovation
- Partnering
- Compassionate Equality
- Boldness
- Meaningful Outcomes



Slogan

Compassion in Action.

What We Do

Three programs delivering compassionate home-based care



EPD Home & Community Based Services

320

Members

374K

Service Hours

Attendant care, housekeeping, and respite for adults living with **complications of aging and physical disabilities** — supporting independence and dignity at home.

HAH's longest-running program, rooted in Arizona's original home care mission since the 1980s.

374,323 hours delivered annually



DDD Home & Community Based Services

50

Members

80K

Service Hours

Habilitation and personal care for individuals with **developmental disabilities** — building skills, fostering community inclusion, and enabling families to keep loved ones at home.

What began as an EPD program under 2 health plans grew under HAH's leadership to include a 3rd MCO and the launch of DDD habilitation services in 2016

80,019 hours delivered annually



Community Health Worker Services

155

Participants

8.6K

CHW Hours

One-on-one CHW support for **high-risk, poly-chronic patients** referred by Valleywise Health FQHCs.

Past grant: HRSA Promotora Project · Active grants: CVS Health Foundation, Arizona Women's Board · Former COVID Surge Partner to Valleywise Health

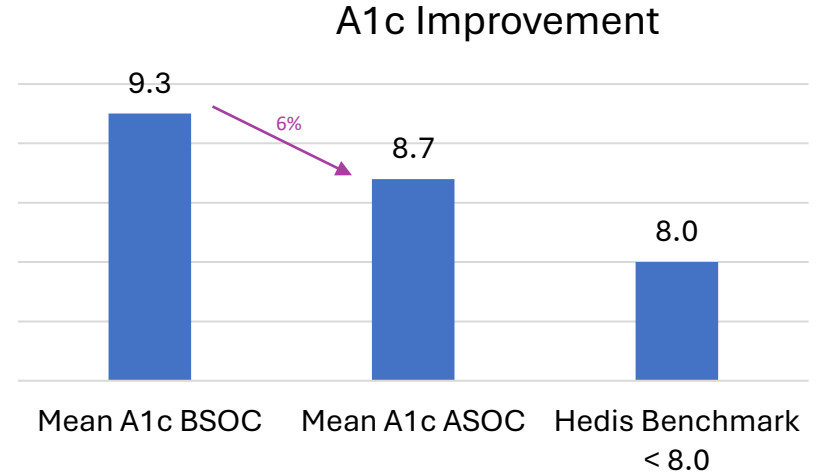
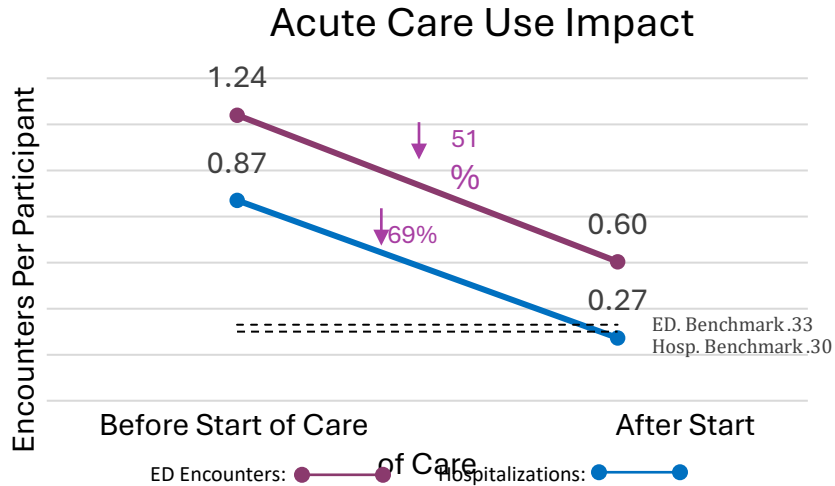
One of the 1st AHCCCS-recognized CHW org in AZ

MyCare: Outcomes at a Glance



FY2025 Outcomes Across High-Risk Participants Served

Valleywise Health Centers and VW-CVS Health Zone

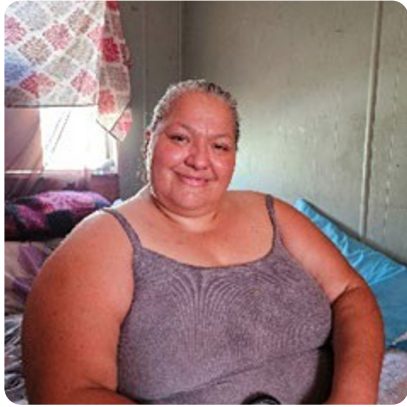


Member Success Story

Valleywise Health Patient · MyCare CHW Program



How Community Health Workers help members overcome barriers, improve health, and achieve personal goals.



J.Z., 45

Uncontrolled Diabetes

Mobility Challenges

Morbid Obesity

Foot Wound

J.Z. faced challenges getting her medications due to an incorrect DOB and was anxious about falling through weak flooring in her mobile home.

With her CHW's guidance, she embraced healthier eating and exercise habits — losing **40 lbs** and dropping her A1c from **9.8 to 6.5**. She started swimming daily.

Her CHW also resolved her DOB issue, ensured her medications were filled, and connected her with Housing Rehabilitation to repair her flooring.

OUTCOME DATA

Health Vital	BSoC	ASoC	Variance
A1c	9.8	6.5	- 34%
Weight (lbs.)	405	365	- 40 lbs
ED Visits	4	2	- 50%
Admissions	2	0	- 100%

Personal Goal Achievement

- ✓ Returned to driving after a year being unable to
- ✓ Has a path to return to work with past employer
- ✓ SSI application submitted

Falls Prevention: Leading the Standard

Piloting a proposed national falls measurement standard — before it's industry-wide



THE OPPORTUNITY

A Gap HAH

Is Helping to Close

Home care lacks a **uniform falls measurement standard** — unlike facilities (per 1,000 patient days) or Home Health (OASIS-based reporting).

This limits benchmarking, payer credibility, and the sector's ability to demonstrate safety performance.

HAH is piloting the proposed national standard — positioning us as a quality leader and a more credible care partner.

Standard prepared by Home Care Association of America Data and Research Committee, January 2026

ACTIVELY PILOTING

Our Approach

Fall Rate per 1,000 Service Hours

Fall Rate = Falls ÷ Patient-Care Hours × 1,000

Falls are classified using standardized severity categories:

No Injury · Minor · Major

HAH is examining methods to correlate fall rates with ER visits and hospitalizations and exploring the role of proactive interventions in fall prevention.

Reported monthly for internal QI and quarterly for external benchmarking.

Hours-based denominator aligns with Medicaid reimbursement structure

MEDICAID IMPACT

Why It Matters

Preventing Falls, Avoiding Hospitalizations

Falls are a leading cause of Medicaid-funded hospitalizations. HAH's pilot positions us to:

- ✓ Quantify safety performance for payers and MCOs
- ✓ Benchmark against an emerging national standard
- ✓ Reduce acute care utilization for members
- ✓ Demonstrate measurable value as a Medicaid partner

HAH is ahead of the industry — piloting this before it becomes the national norm.

Targeting monthly QI monitoring + quarterly benchmarking

Workforce & Academic Partnerships

Building the next generation of home care professionals through community education partnerships



▶ [Watch on ABC 15](#)

40

Total Interns

74%

Fundamentals Pass Rate
(Skyline HS testing)

6

CHWs certified
(ASU / MCC)

ACADEMIC & COMMUNITY PARTNERSHIPS

Cortez High School

Glendale Union High School District

34 interns — our largest and longest-running school partnership

Skyline High School – Testing Partner

Mesa Public Schools

27 students tested · 20 passed Fundamentals · 18 passed DCW Level 2 · Trained 4 educators via Train-the-Trainer

Maricopa Community Colleges

South Mountain Campus

2 interns placed in LifeCare & MyCare programs

ASU & Maricopa CC

Program Development · CHW Certification

2 ASU interns supported the development of the CHW program · 1 hired full-time after graduation · 6 CHWs completed certification training · 1 classified at journeyman level

Apprenticeships

Clinical & Technical Tracks

Home Health Apprentice · IT Intern · Expanding HAH training beyond direct care into clinical and technical pathways

What's Coming

Expanding our reach, our partnerships, and our impact



IN PROGRESS

CHW Advancement

MCO Contracting

HAH is actively advancing **direct contracts with Managed Care Organizations** to bring MyCare CHW services to a broader Medicaid population.

What this means:

Scalable CHW support embedded within MCO care management networks — moving beyond grant-funded pilots to **sustainable, reimbursed partnerships** that expand access for Arizona's highest-need members.

Built on our proven model with Valleywise Health

5TH GRANT IN PREPARATION

Grant Portfolio

CHW & Community Partnerships

1 CHW grant completed · 3 active · 5th in preparation

NIDDK Seed Grant: FreeStyle Libre CGM pilot with CHW support to improve diabetes outcomes.

Advance Communities Partnership:

Delivering healthy, diabetically compliant meals to eligible individuals and families across all HAH programs — nutritious food, regardless of enrollment.

Validated as a research-grade CHW partner

PTAN PENDING

Home Health

Medicare Certification

HAH is **CHAP accredited** and licensed by ADHS as a Home Health Agency. We are awaiting our **PTAN (Medicare billing number)** — the final step to full Medicare certification and a major expansion of our care continuum.

38+ pro-bono patients served, and 650+ visits completed with strong quality outcomes — ready to launch.

CHAP Accredited · ADHS Licensed · Medicare Ready



3737 North 7th Street, Suite 203, Phoenix, AZ 85014 | 602-795-7620

homeassisthealth.org | info@homeassisthealth.org





Open Discussion

Federal Relations Updates



Kyle Sawyer

Assistant Director

*Division of Public Policy and
Strategic Planning*

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)

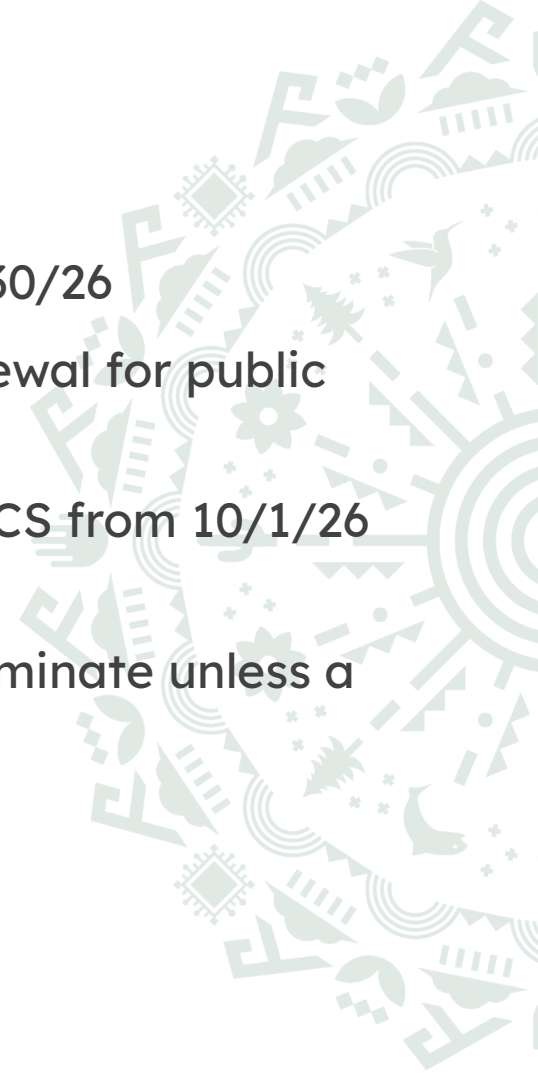
Current 1115 Waiver Overview

- 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,
 - Traditional Healing services, and
 - Pre-release services.



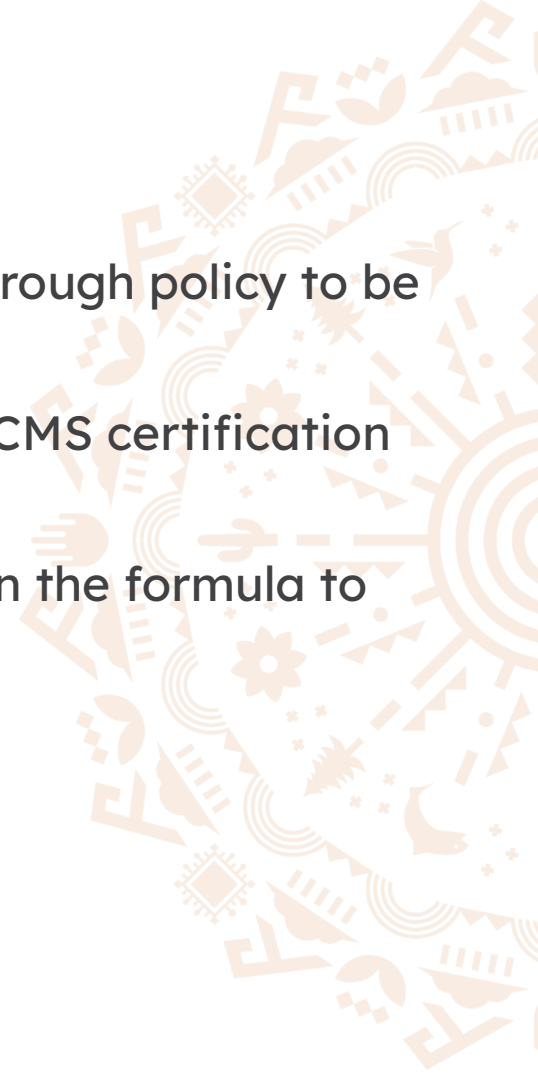
1115 Waiver Renewal

- AHCCCS must submit a waiver renewal to CMS by 9/30/26
- AHCCCS will release the first draft of the Waiver Renewal for public comment by mid-July
- Negotiations will take place between CMS and AHCCCS from 10/1/26 until 9/30/27
- Any waiver programs not renewed by 10/1/27 will terminate unless a temporary extension is received



Budget Neutrality

- All Waivers have historically been required by CMS through policy to be budget neutral
- HR1 puts budget neutrality into statute and requires CMS certification prior to waiver approval
- CMS just issued guidance and it is a significant shift in the formula to calculate budget neutrality





Open Discussion

Legislative Updates



Damien Carpenter
Chief Legislative Liaison
Division of Public Policy and
Strategic Planning

Legislative Deadlines/Key Dates for 2026

- Monday 1/12 2026 Legislative Session begins
- Thursday 1/15 House Member 7 Bill Limit
- Monday 2/2 Senate Bill Introduction Deadline
- Monday 2/9 House Bill Introduction Deadline
- Friday 2/20 Last day to hear SBs in Senate Committees/ Last Day to hear HBs in House Committees
- Friday 3/27 Last day to hear SBs in House Committees/ Last Day to hear HBs in Senate Committees
- Friday 4/17 Last day for Conference Committees
- Tuesday 4/21 100th day of Session
- Saturday 6/13 Sine Dine
- General Effective Date (GED) is September 12th, 2026.

2026 Session Stats

- 152 session days (2025 was 177)
- 2030 Bills introduced (2025 was 1724)
 - The AHCCCS Legislative Team tracked 180 bills
- 415 Bills passed both chambers of the Legislature
- 151 Bills vetoed (2025 was 174)
 - 23 bills impacting AHCCCS have been vetoed
- 264 Bills signed (2025 was 265)
 - 42 bills impacting AHCCCS have been signed into law



AHCCCS Bills/Budget Provisions (not all inclusive)

SB1847- general appropriations act; 2026-2027 & SB1853- health care; 2026-2027

- Continues Funding for Medicaid enterprise system (MES) modernization.
- Continues Graduate Medical Education (GME) and Critical Access Hospital (CAH) funding.
- 7 OIG FTEs for Fraud Enforcement
- H.R. 1 Eligibility Admin
- Behavioral Health Crisis Services Hotline (9-8-8) Funding
- Funding and approval to pursue the follow 1115 Waivers:
 - Traditional Healing through UIOs (3-year pilot)
 - Enhanced Residential Treatment (3-year pilot)

2026 Session – Bills Signed into law with AHCCCS impacts (not all inclusive)

- HB 2177 - AHCCCS; waivers; American Indians; services
- SB 1630 - Enhanced residential treatment; SMI
- SB 1162 - health care institutions; licensing; compliance
- SB 1164 - ALTCS; providers; change of ownership



Upcoming Interim Study Committees

- Study Committee on Inmate Mental Health Services ([Laws 2026, Chapter 105](#))
- Substance Use Disorder Treatment Standards and Oversight Study Committee ([Laws 2026, Chapter 189](#))
- Rare Disease Advisory Council ([Laws 2025, Chapter 170](#))
- Vulnerable Adult System Study Committee ([Laws 2026, Chapter 182](#))
- Study Committee on Secure State Mental Health Facilities ([Laws 2026, Chapter 12](#))



Open Discussion

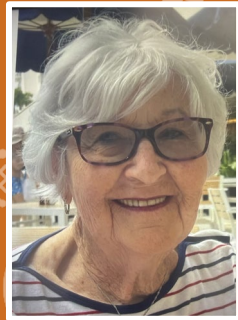
Prioritizing Preventive Health



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*



Bonnie Danowski
*BAC Member
Serious Mental Illness (SMI) &
Respite Care Advocate, and Author*

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** (Better Business Bureau (BBB), etc.)
- **Identified themes** that were common across all channels
- The BAC members **selected the following priorities** which will be discussed on the next slide...

BAC Selected Priorities

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

BAC and SMAC Responses

3 BAC Most Urgent Priorities

- Complex and/or unclear eligibility language/insurance information
- Non-Emergency Medical Transport and Distance to medical facilities
- Medical staff shortages and limited provider availability

SMAC Brainstorming

SMAC members, let's pick one of the three priorities and brainstorm potential solutions.

SMAC Solutions

- To be determined (TBD)
- TBD
- TBD

Next Steps

- The SMAC will work together to brainstorm solutions to the prioritized issues identified by the BAC and make recommendations to AHCCCS leadership.
- Report on what was discussed at today's SMAC meeting to the BAC in September 2026.
- The BAC Administration Team will work internally with AHCCCS leadership to create a project plan to close the gaps identified.

Open Discussion



SMAC Updates



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

Current Public SMAC Members

Terry Benelli, Executive Director, Local Initiatives Support Corporation

Jennifer J. Burns, Director of Government Relations & Health Policy, Children's Action Alliance

Asheley Krutsinger, Community Member/Advocate (newest member)

Dina Norwood, Managing Attorney, Community Legal Services

Jill Anne Castle, Professor/Advocate/Consultant, Arizona State University

Diana “Dede” Yazzie Devine, Community Member/Advocate

Melissa Kotrys, CEO, Contexture

Tory Roberg, Director of Government Affairs, Alzheimer's Association, Desert Southwest Chapter

Serena Unrein, Community Member/Advocate

Jane Jepson, Senior Director, Triumph Education

Welcome Asheley Krutsinger - New Public/Community Member



Name	About
Asheley Krutsinger	Asheley has been a Medicaid recipient in 2 states, Washington and in the last two years Arizona. She has extensive experience with navigating the Medicaid system for over 10 years due to a genetic disorder physically disabling her at the age of 17. She is passionate about representing the young disabled community who utilize Medicaid programs and looks forward to bringing a patient advocate view to the committee.

SMAC Membership Subcommittee

- Current SMAC Membership Subcommittee Members: Tory Roberg, Dina Norwood, Vicki Staples, and Dr. Aaron Knudson.
- The Subcommittee provides recommendations to the AHCCCS Director or designee for consideration to move forward with a formal majority vote of the SMAC during an open meeting.
- We appreciate all the nominations and carefully review each to ensure we have all areas of expertise available to continue the SMAC mission which is to advise the AHCCCS Director or designee on policy, operations and administrative issues of the Medicaid program, including issues of concern to the community.

Open Provider Seat Announcement

Dr. Jessica B. Peterkin, Dentist & Founder/CEO, Ministry of Dentistry, Inc

- As of this month, there is one open Provider seat. If you are interested or know someone who would be a great fit for the SMAC, please see the blank nomination form on the [SMAC webpage](#). Please submit that nomination form and any other supporting materials to the following inbox: communityengagement@azahcccs.gov.
- For the October 2026 meeting, we will be voting in a new Provider member. The cut-off date for nominations and supporting materials is by **3 pm Friday, September 4, 2026**.

Thank
you!

The text 'Thank you!' is rendered in a vibrant, neon-style font. 'Thank' is in pink and 'you!' is in blue. A small pink heart is positioned at the end of 'you!'. The letters have a glowing outline and are surrounded by paint splatters and drips in their respective colors, giving it a graffiti-like appearance.

Dr. Jessica Peterkin



Open Discussion



Call to the Public



Reminders and Resources

2026 SMAC Meeting Calendar

Per bylaws language, SMAC meetings are to be held during the 1st or 2nd Wednesday of January, April, July, and October from 1:00 p.m. - 3:00 p.m.

2026 SMAC Meetings:

January 7, 2026

April 8, 2026

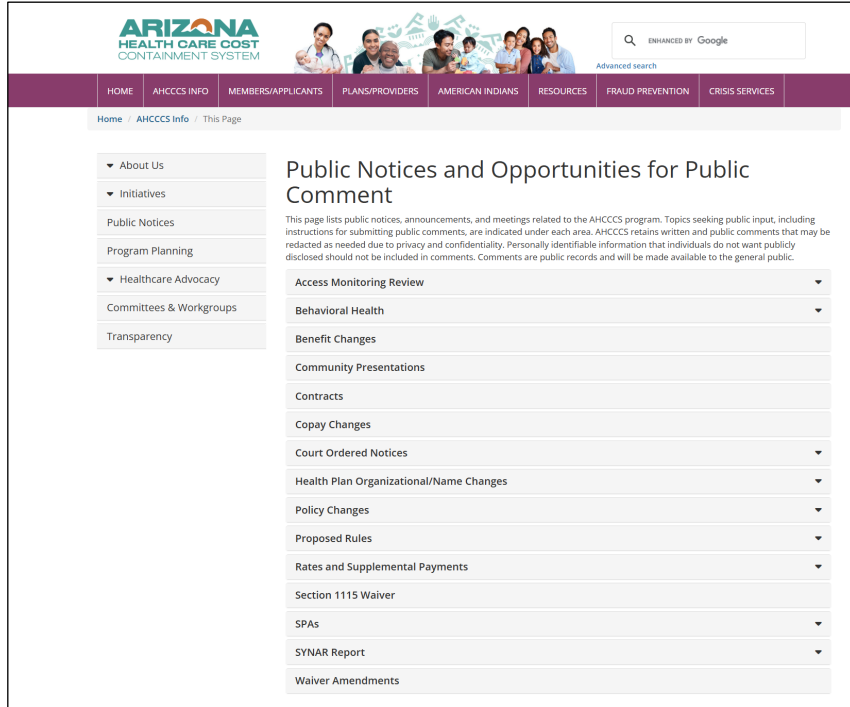
July 8, 2026

October 7, 2026 (final meeting of the year)

For all SMAC Dates and Meeting Materials, see the following link:

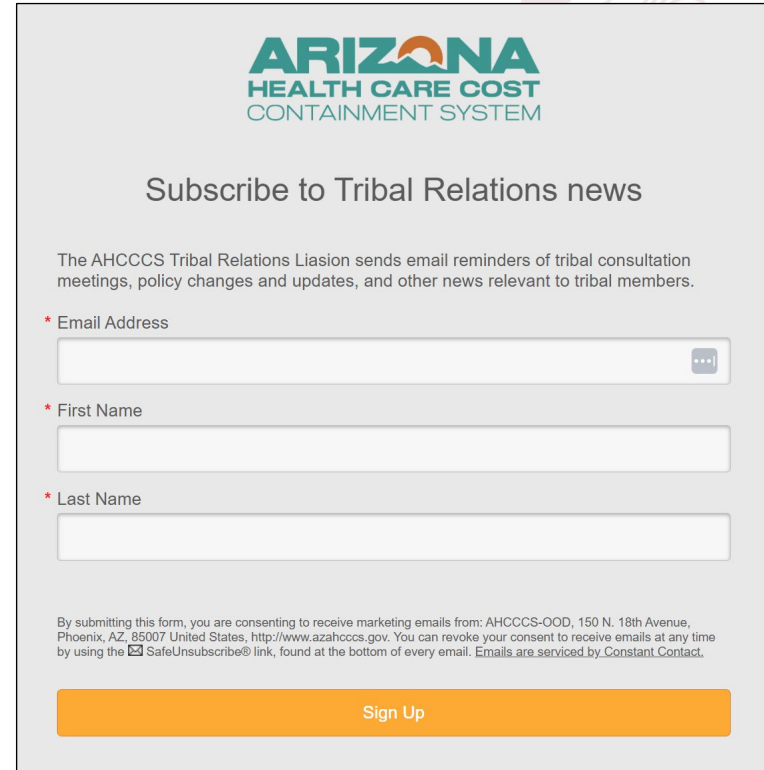
<https://www.azahcccs.gov/AHCCCS/HealthcareAdvocacy/smac.html>

AHCCCS Public Comment and Tribal Relations News



The screenshot shows the AHCCCS website header with the logo and navigation menu. The main content area is titled "Public Notices and Opportunities for Public Comment". Below the title is a paragraph explaining that the page lists public notices, announcements, and meetings related to the AHCCCS program, and that topics seeking public input are indicated under each area. A list of categories follows, each with a dropdown arrow:

- Access Monitoring Review
- Behavioral Health
- Benefit Changes
- Community Presentations
- Contracts
- Copy Changes
- Court Ordered Notices
- Health Plan Organizational/Name Changes
- Policy Changes
- Proposed Rules
- Rates and Supplemental Payments
- Section 1115 Waiver
- SPAs
- SYNAR Report
- Waiver Amendments



The screenshot shows a form titled "Subscribe to Tribal Relations news". The form includes the AHCCCS logo and a paragraph explaining that the AHCCCS Tribal Relations Liaison sends email reminders of tribal consultation meetings, policy changes and updates, and other news relevant to tribal members. The form fields are:

- * Email Address
- * First Name
- * Last Name

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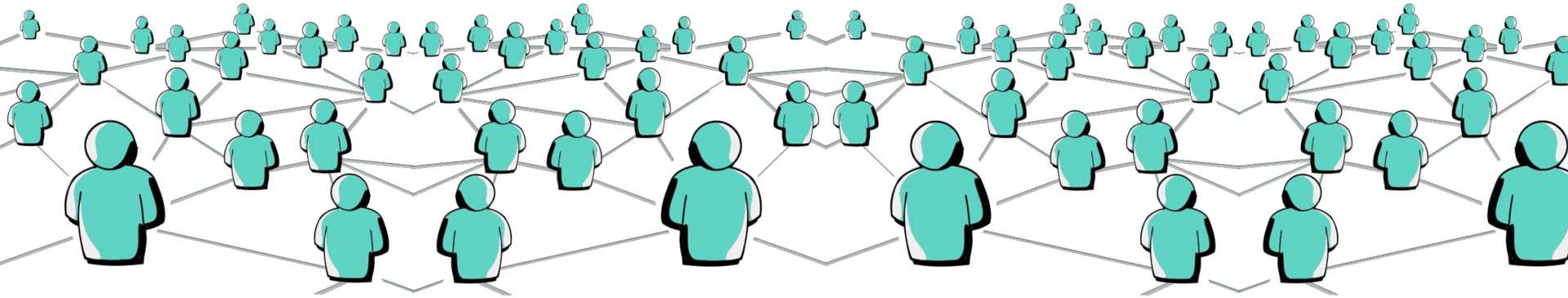
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