



ARIZONA

HEALTH CARE COST CONTAINMENT SYSTEM

State Medicaid Advisory Committee Quarterly Meeting

**Wednesday, October 7, 2026
1:00 – 3:00 pm**

Welcome to the Quarterly AHCCCS State Medicaid Advisory Committee 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.

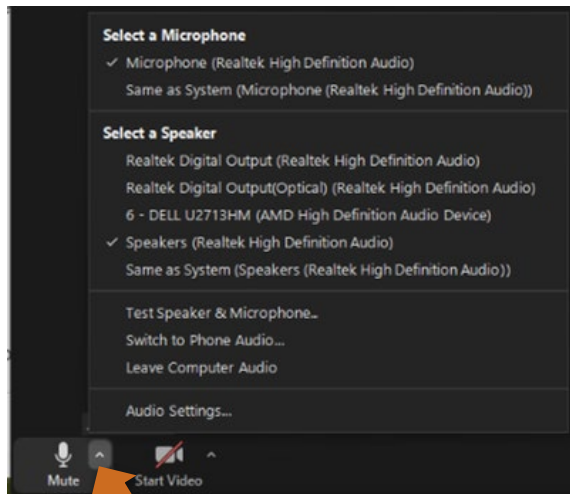


Use gallery view to see all participants.

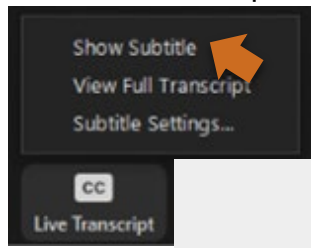
Zoom Webinar Controls

Navigating your bar on the bottom...

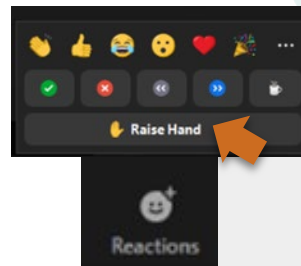
Audio Settings



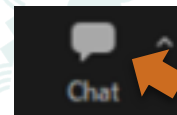
Turn on Closed Captioning



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.

AHCCCS Updates



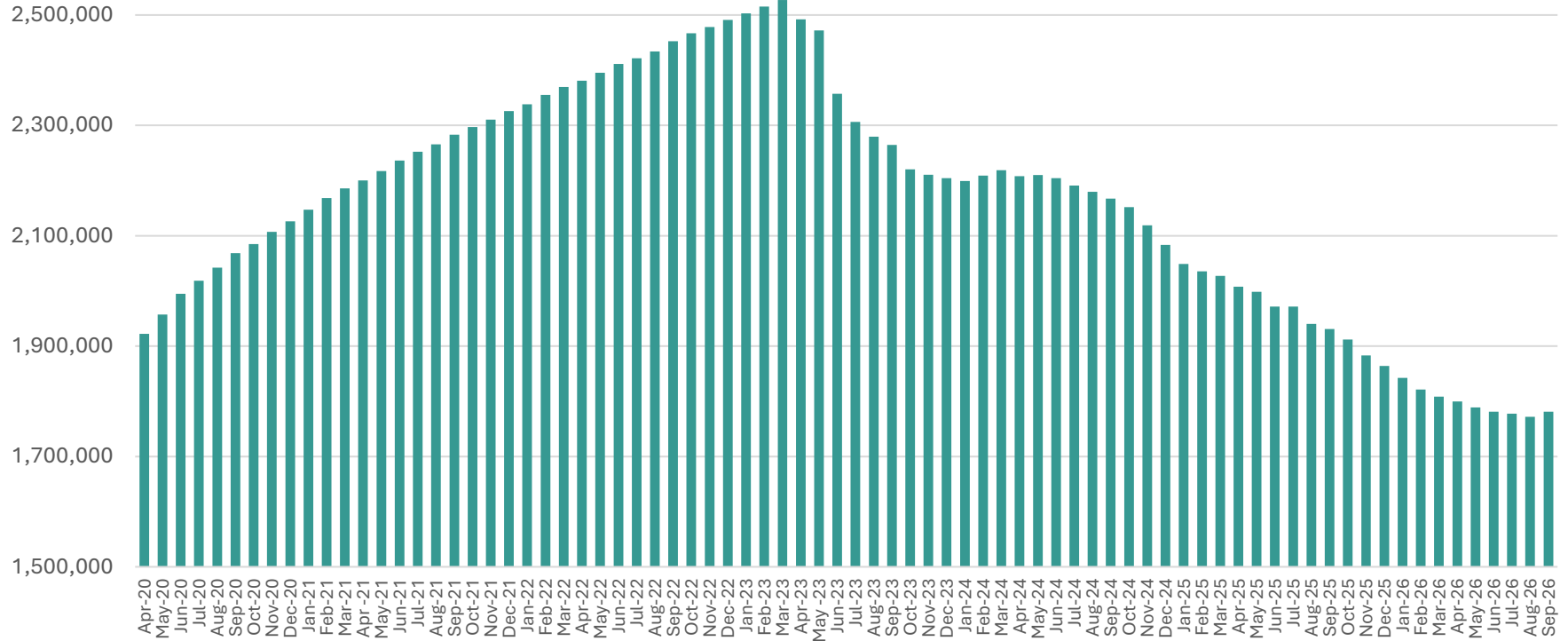
Roberta Harrison
*Interim Director,
Office of the Director*

Overview

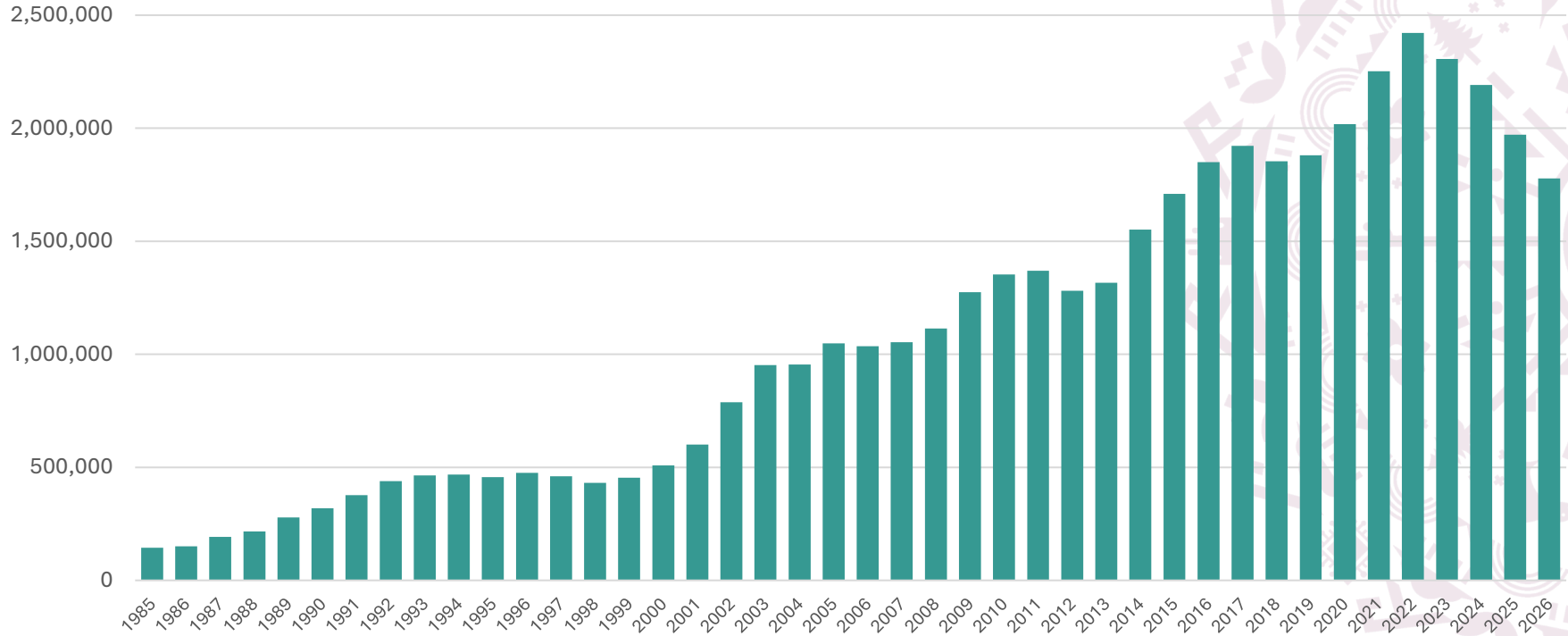
- Enrollment Trends
- H.R. 1 Implementation Latest
- RHTP update
- Reentry Go-Live



AHCCCS Population: Mar. 2020 – Sept. 2026



AHCCCS Population as of July 1, 1985 – 2026



H.R.1 - Work Requirements (71119)

Note: Work Requirements also referred to as Community Engagement

- Starting January 2027, the law requires certain Medicaid Expansion adults to work, go to school, volunteer, or participate in a defined qualified activity for 80 hours each month, or to have earned at least \$580 in the month to be eligible for AHCCCS
- Many people are exempt and will not need to meet these requirements (e.g., American Indians/Alaska Natives, kids, pregnant individuals, people with disabilities, caregivers, and more). A full list of exemptions will be reviewed later

Who is Subject to Work Requirements:

Applicable Adults in the ACA Expansion & Prop 204 "Childless Adult" Population

Applicable individuals are generally those:

1. Eligible for or enrolled under the state plan in the adult group~~or
2. Eligible to enroll or is enrolled in a section 1115 demonstration that provides minimum essential coverage (MEC), and who are **at least 19 and under 65 years of age**, not pregnant, not entitled to or enrolled for benefits under Medicare Part A or Part B, and not otherwise eligible to enroll under the state Medicaid plan.
3. Household income is up to 133% of the Federal Poverty Level (about \$22,000 a year for one person or \$29,000 for two people).

~~Individuals enrolled in the parent/caretaker relative group under the state plan are not included as an applicable population, regardless of the age of their dependent(s).

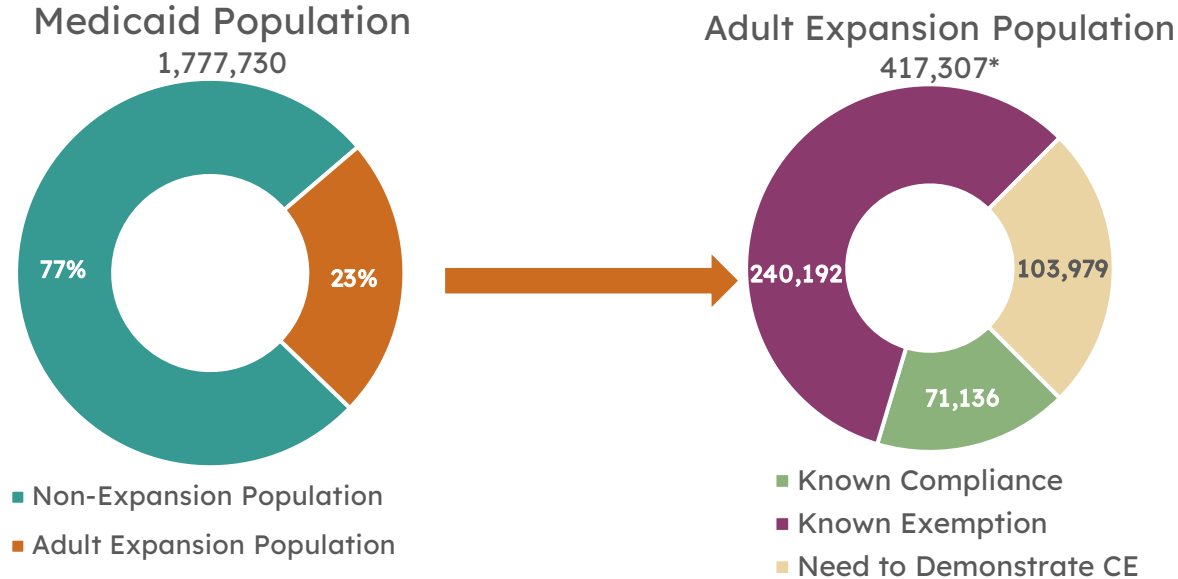
Who is Exempt from Work Requirements:

Exemptions/Exclusions

- Individuals already compliant with TANF work requirements
- Certain Nutrition and Cash Assistance recipients subject to Able-Bodied Adults Without Dependents work rules
- Participants in qualifying drug or alcohol treatment or rehabilitation programs
- Pregnant individuals or those eligible for postpartum medical assistance
- Experiencing specific short-term hardships
- Former foster youth under age 26
- American Indians or Alaska Natives
- Parents, guardians, or caregivers of:
 - A dependent child under age 14
 - A disabled individual
- Veterans with a total disability rating
- Individuals who are medically frail or have special medical needs
- Currently incarcerated or recently released

Work Requirements Population Data

The adult expansion population is a smaller subset of the total Medicaid population.



The adult expansion population represents **23%** of the total Medicaid population.

Population Source: [PopulationDemographics07062026.pdf](#)

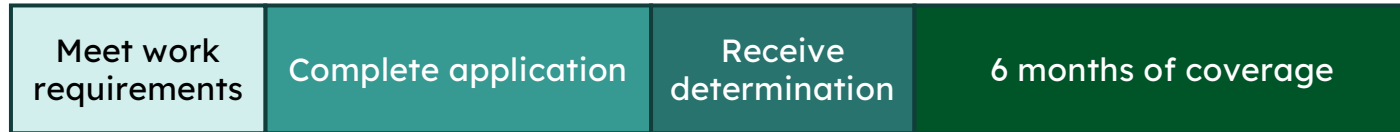
*Internal Data Estimates as of July 2026

What This Looks Like in Practice: New Applicants

Today:



Starting January 1, 2027:



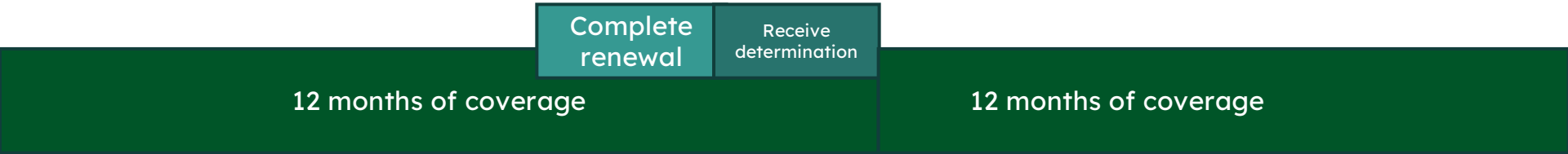
Month prior to applying



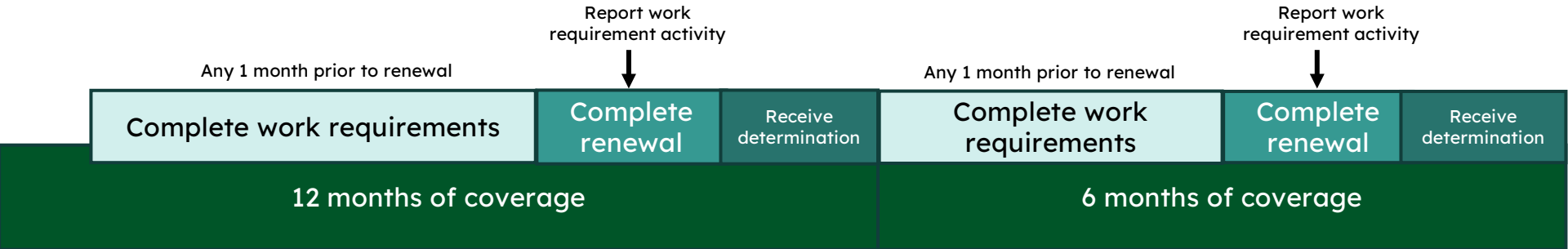
New questions added for
Community Engagement

What this looks like for Members renewing their Medicaid

Today:



Starting January 1, 2027:



HR1 Section 71109 Eligibility Changes

- Starting October 1, 2026, H.R. 1 Section 71109 limits Medicaid eligibility for certain non-citizen populations.
- Individuals who no longer meet federal eligibility requirements may lose access to full Medicaid coverage and may instead qualify only for Federal Emergency Services (FES) when applicable.
- AHCCCS estimates approximately 34,000 currently enrolled members may be impacted statewide and is implementing policy, system, and communication changes to comply with federal requirements.
- AHCCCS has sent notices to impacted members to explain their options.

What Has Changed?

Today	H.R. 1 Section 71109 Requirement	Future State
Certain non-citizen populations qualify for full Medicaid coverage.	Limits Medicaid eligibility to specified non-citizen categories effective 10/01/2026.	AHCCCS will implement updated eligibility determinations, member notices, and reverification processes.
Existing members receive coverage based upon current federal requirements.	Certain members may transition to Federal Emergency Services or lose eligibility.	Eligibility systems and business processes are being updated to support the Section 71109 implementation.

Budget Year 1 Milestones

Since receiving the Notice of Award on December 29, 2025, the Arizona RHTP team has been working diligently in collaboration with our sister agencies to advance the program toward timely obligation of funds. Together, the agencies have achieved several key milestones, as highlighted below:



RHTP Program Management Office (PMO) Launched

Operationalized Arizona's RHTP governance structure, establishing a cross agency PMO with unified leadership across ADHS, OEO, Governor's Office, and other key stakeholders; Building administrative foundation to steward financial obligations.



ISAs Executed with Partner Agencies

Executed Intergovernmental Service Agreements (ISA) with ADHS and OEO on June 1, 2026, formalizing the multi-agency delivery structure and unlocking authority to begin disbursing funds.



Seven AHCCCS RFGAs Successfully Published

Launched 7 competitive grant opportunities, opening up to \$85.8M in RHTP funds to rural providers, hospitals, Tribal partners, and community organizations; Maintaining clear communication amongst all parties



Accenture LLP Engagement

Engaged Accenture LLP as a Technical Assistance Partner to provide specialized consulting services, strengthening Arizona's programmatic infrastructure, compliance frameworks, and grant management capacity across all RHTP initiative areas.



Stakeholder Engagement

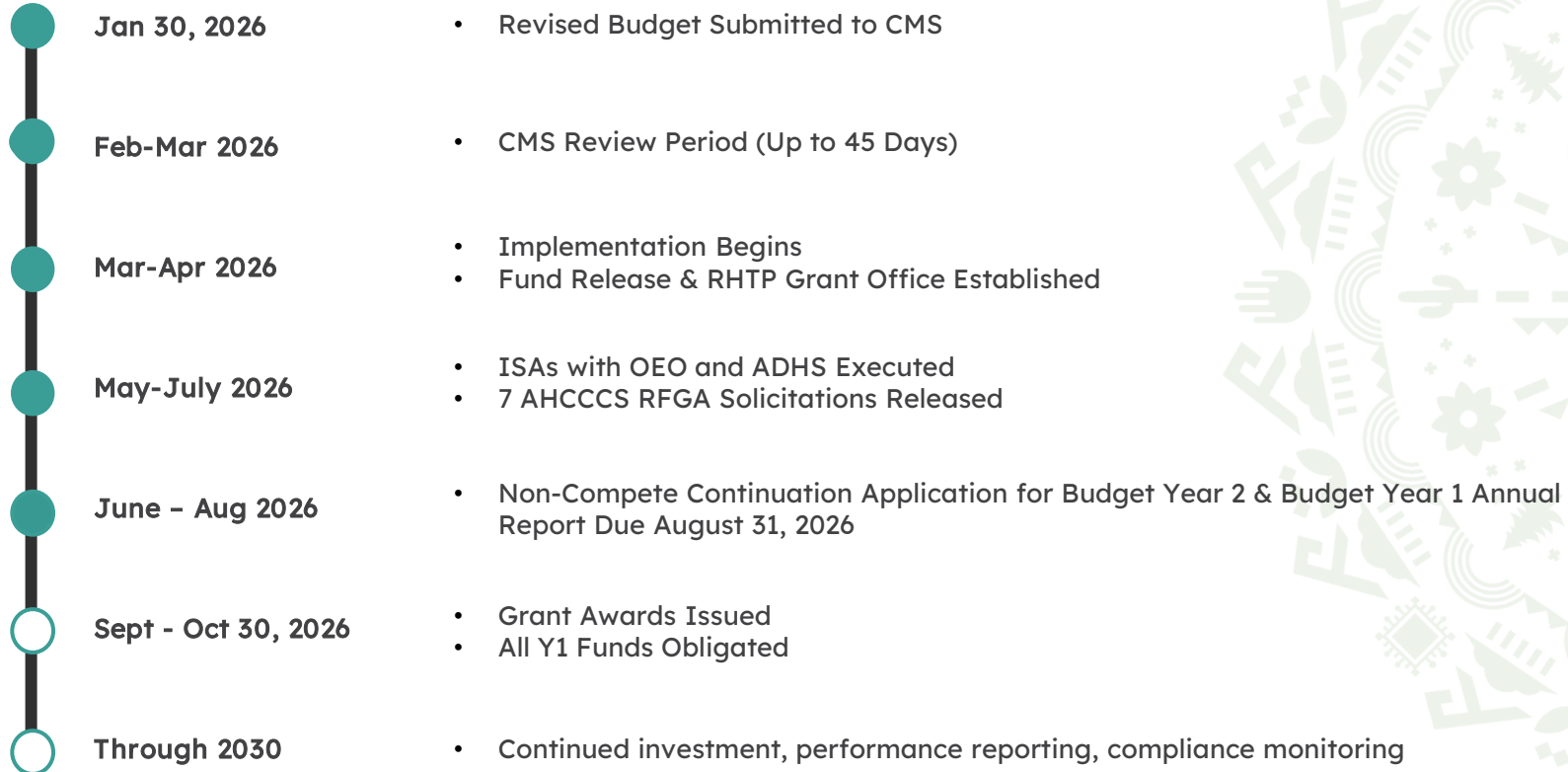
Confirmed RHTP regional stakeholder briefings for the week of July 13, 2026, convening rural providers, prospective applicants, and community partners across Arizona to accelerate grant awareness and application readiness ahead of funding deadlines.



Tribal Engagement

Completed government-to-government engagement with all 22 Arizona Tribal Nations, delivering tailored technical assistance and proposal support. Final Tribal proposals were due July 15, 2026, with standardized IGA frameworks advancing toward execution.

Implementation Timeline



AHCCCS Reentry Update

- AHCCCS went live on 10/1 with our expanded Reentry Benefit.
- The first facilities to go live are administered by the Arizona Department of Juvenile Corrections and the Arizona Office of the Courts:
 - These facilities serve juveniles and build upon AHCCCS earlier work to roll out federal requirements for certain reentry service availability to juveniles.
- The new benefit will allow AHCCCS to provide up to 90 days of specified services to members exiting carceral settings.
- The services provided include:
 - Case management to assess and address physical and behavioral health needs and health-related social needs
 - Medication-assisted treatment (MAT) for all types of substance use disorders (SUDs), including counseling/behavioral therapies
 - 30-day supply of prescription medications upon release from the correctional facility
 - Practitioner office visit (e.g., physical/wellness exams, SUDs treatment, counseling, etc.)
 - Peer support services
- AHCCCS plans to expand these services to further carceral settings over the next year including state prisons and county jail settings based on facility readiness and available appropriations.

Open Discussion



SMAC Member Spotlight



Celia Nabor is the Assistant Director for Prevention Services at the Arizona Department of Health Services. Raised in rural eastern Arizona, she developed a lasting commitment to community health and public service. Over her 24-year career, she has led local, state, and federally funded public health programs, holding leadership roles at ADHS and in three Arizona counties. Today, she leads a division of 75 programs working to improve the health and well-being of Arizonans.

AHCCCS Strategic Plan



Jana LaFreniere

*Continuous Improvement and Project
Management Administrator
Division of Public Policy and Strategic
Planning*

AHCCCS Strategic Plan FY2027 Goals

Whole-Person Care

Support AHCCCS members' overall well-being by **connecting health care with services** that address social needs and everyday barriers to better health.



Coverage Continuity

Help eligible members **maintain uninterrupted AHCCCS coverage** by making enrollment and renewal easier to navigate, supporting consistent access to needed care



Community Reintegration

Help members transition successfully from incarceration to community life through **continuity of care and connections to services** that support their health and stability.



Preventive Care

Help AHCCCS members stay healthy through **timely preventive services, early detection, and support** that reduces the risk of avoidable illness and complications.



Operational Efficiency

Make **AHCCCS processes simpler, more timely, and more reliable** so members and providers experience fewer administrative barriers and the agency uses public resources responsibly.



AHCCCS Strategic Plan FY2027 - Measures

Whole-Person Care

Increase the percentage of members with identified Health-Related Social Needs (HRSNs) whose cases are actively managed by a community-based provider/organization to meet or exceed the national average of 61.6% by June 2029.



Coverage Continuity

Reduce preventable (procedural) AHCCCS disenrollments due to "Failure to Complete Renewal" by 3% by June 2029.



Community Reintegration

Reduce the percentage of justice-involved AHCCCS members who have an Emergency Department visit within six months of release from 33.97% to 25.5% by June 30, 2030.



Preventive Care

Increase percentage of Targeted Preventive Care (TPC) measures meeting or exceeding the National Committee for Quality Assurance (NCQA) Medicaid Mean from 25% to 35% by June 2029.



Operational Efficiency

Increase the percentage of claims approved for claims submitted to the prepayment review code group from 71% to 81% by June 2029.



How Our Collaborative Work on NEMT Supports AHCCCS' FY2027 Strategic Plan

Whole-Person Care

Support AHCCCS members' overall well-being by **connecting health care with services** that address social needs and everyday barriers to better health.



Coverage Continuity

Help eligible members **maintain uninterrupted AHCCCS coverage** by making enrollment and renewal easier to navigate, supporting consistent access to needed care



Community Reintegration

Help members transition successfully from incarceration to community life through **continuity of care and connections to services** that support their health and stability.



Preventive Care

Help AHCCCS members stay healthy through **timely preventive services, early detection, and support** that reduces the risk of avoidable illness and complications.



Operational Efficiency

Make **AHCCCS processes simpler, more timely, and more reliable** so members and providers experience fewer administrative barriers and the agency uses public resources responsibly.



Non-Emergency Medical Transport Updates



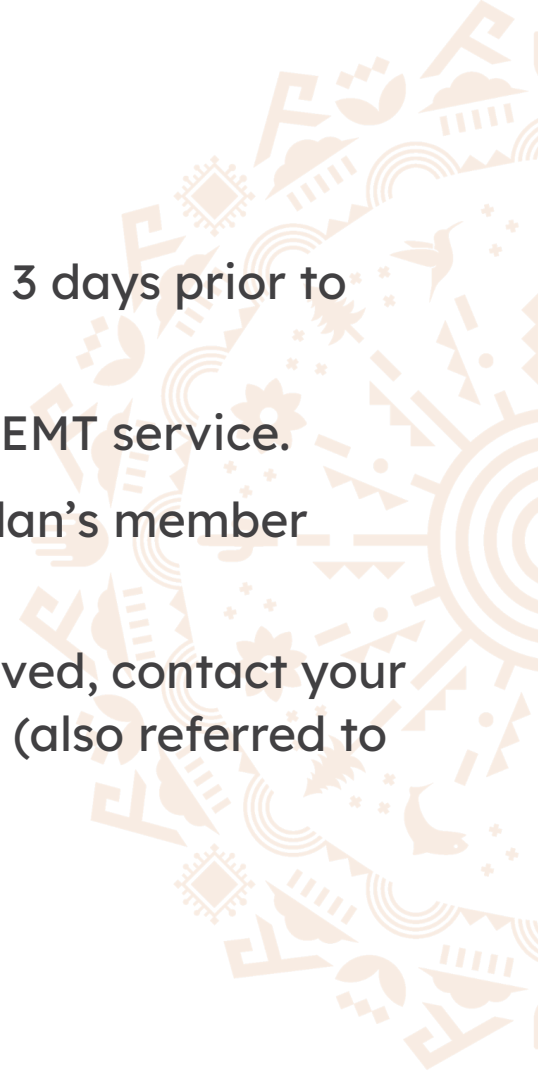
Desiree Greene

SMAC Liaison

*Division of Public Policy
and Strategic Planning*

NEMT Helpful Tips

- If possible, call to schedule the NEMT service at least 3 days prior to your appointment.
- Be clear on your needs when calling to schedule an NEMT service.
- If a ride needs to be cancelled, contact your health plan's member services line or NEMT broker line.
- If you have concerns around the NEMT services received, contact your health plan's member services line to file a complaint (also referred to as a grievance).



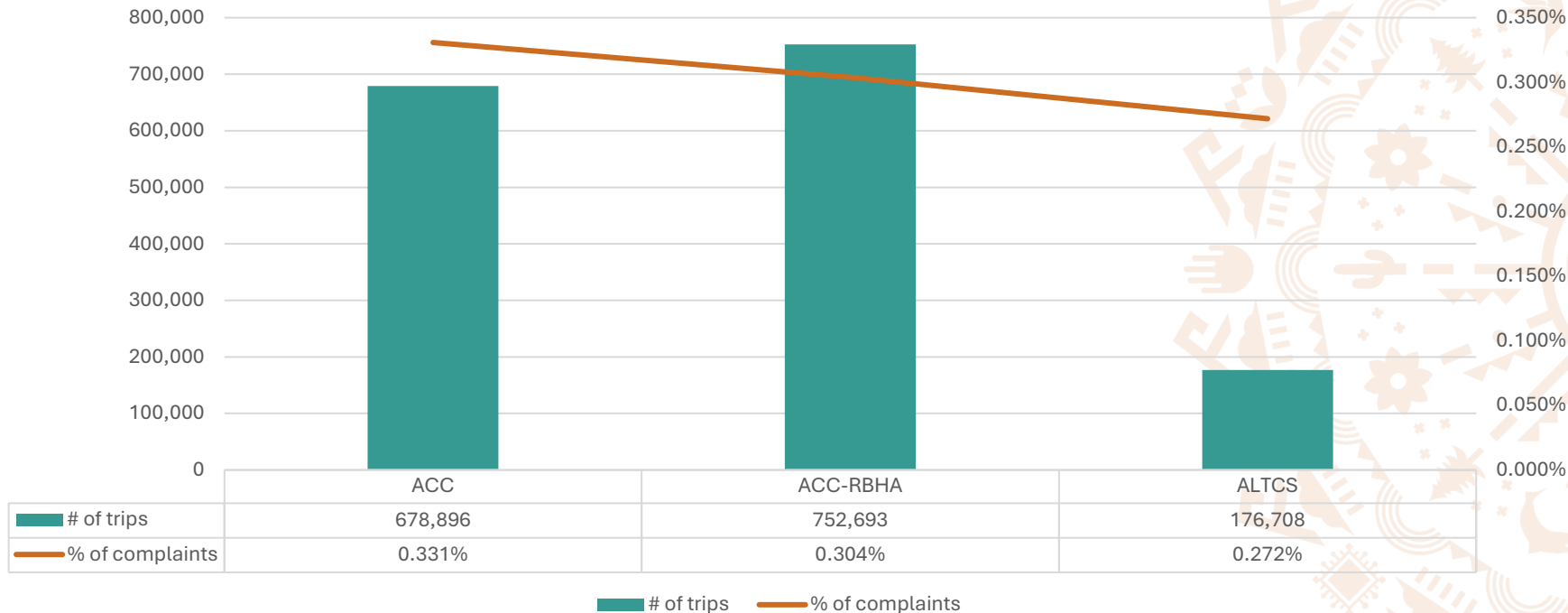
NEMT Monitoring

- AHCCCS requires the health plans to ensure that transportation is scheduled so that the member:
 - Arrives on time but no sooner than 1 hour before the appointment starts,
 - Has to wait no more than 1 hour after the completion of the appointment to be picked up, and
 - Is not picked up prior to the completion of the appointment.
- Health plans are to ensure 95% of all NEMT services provided during a reporting quarter are completed timely.
- Health plans have regular meetings with their contracted transportation broker to go over metrics.

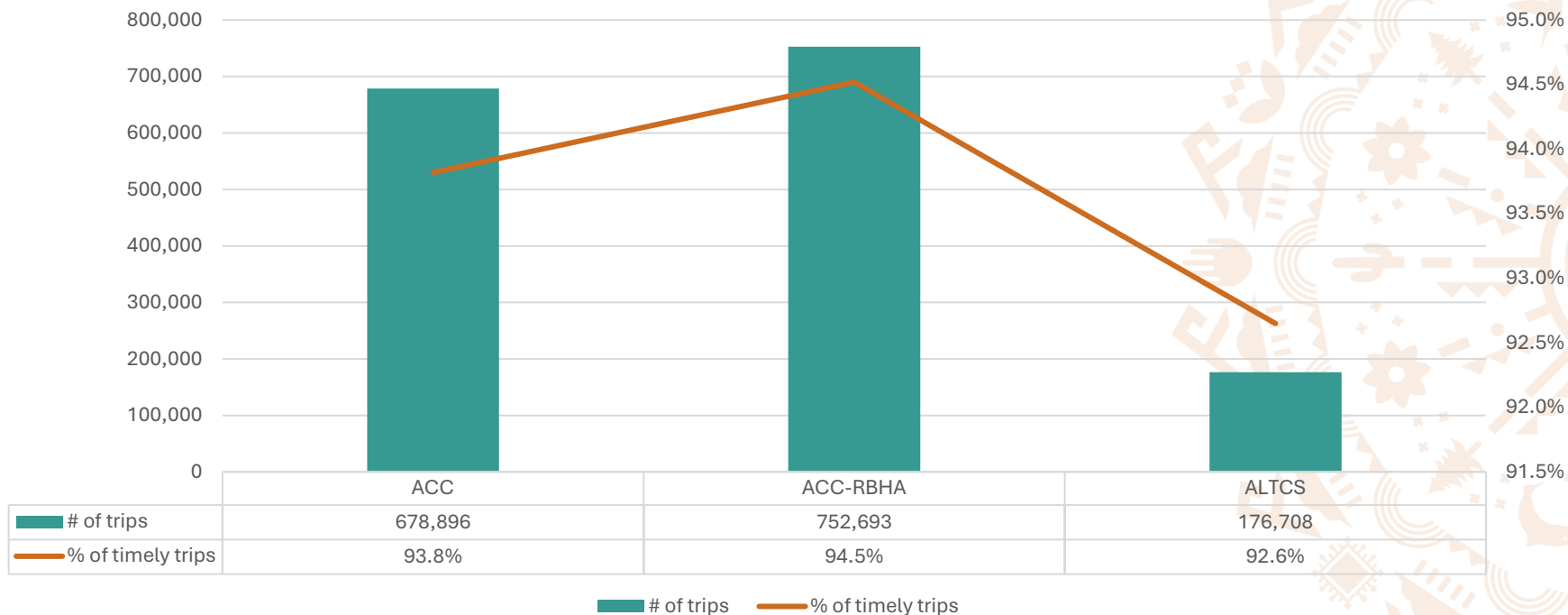
NEMT Monitoring (cont.)

- Health plans are required to perform monthly monitoring of transportation brokers' compliance with timeliness requirements, and require corrective actions if standards are not met
- Health plans report the number of complaints received regarding NEMT services to AHCCCS monthly.
- Health plans report on the timeliness of NEMT trips to AHCCCS quarterly
- AHCCCS holds a cross-divisional NEMT Committee monthly to collaborate, identify and work on issue resolution related to the provision of NEMT services, including recommendations of policy and operational improvements.

% of NEMT Trips with Reported Complaints (10/2025-6/2026)



% of Timely NEMT Trips (10/2025-6/2026)



Top Three SMAC & BAC NEMT Priorities

Per the discussions had at the Ad-Hoc NEMT listening session last month, the SMAC and BAC identified the following top three priorities:

- Improve consistency of timely service with as low of a cancellation rate as possible.
- Create simple post-ride surveys that align questions with performance metrics.
- Ensure that NEMT providers are trained on how to interact with and transport those who have different types of disabilities.

Ad-Hoc NEMT Follow-Up

- AHCCCS is currently working on getting clarification on several of questions and suggestions shared at the NEMT Ad-Hoc listening session on September 15, 2026.
- Over the next year, AHCCCS will work with the health plans to create surveys for NEMT users. When the health plans provide surveys to users, they send the results to AHCCCS. AHCCCS will then analyze the data.
- Medical Transportation Management (MTM) is the only NEMT broker currently operating in the state of Arizona.
- NEMT users can schedule and manage trips with MTM's mobile-friendly portal and their new  further assistance, web chat is also available at www.memberportal.net.
- On the new MTM Link App users can request new and return rides, track and cancel rides, submit a request to be reimbursed for gas mileage used, and add in special requests, such as adding an additional passenger, i.e. a caregiver, etc.
- Once the new MTM Link App is finalized, it will be shared at future SMAC and BAC meetings.

NEMT Resources

- Effective 10/1/26: [AHCCCS Medical Policy Manual \(AMPM\) 310-BB](#) outlines the specific requirements around the NEMT benefit.
- Effective 10/1/26: [AHCCCS Contractor Operations Manual \(ACOM\) 417](#) outlines transportation timelines requirements and related reporting.
- NEMT One-Pager
<https://azahcccs.gov/AHCCCS/Downloads/NEMT.pdf>
- AHCCCS Provider Directory: https://ahcccsproviderdirectory.az-apec.gov/OPD/landing.action?request_locale=en. NEMT providers are listed as a provider type that members can search for on this site.

Federal Relations Update



Maxwell Seifer
Federal Relations Chief
Division of Public Policy and
Strategic Planning

Section 1115 of the Social Security Act

- Allows states the flexibility to design Demonstration projects that promote the objectives of the Medicaid program,
- Demonstration projects are typically approved for a five-year period and must be renewed every five years, and
- Must be budget neutral, meaning that federal spending under the waiver cannot exceed what it would have been in absence of the waiver.

Budget Neutrality

- Budget neutrality means a Section 1115 demonstration cannot increase federal Medicaid spending compared to what would have been spent without the waiver.
- Historically, states estimated:
 - **With Waiver (WW):** Expected federal spending with the demonstration.
 - **Without Waiver (WOW):** Expected federal spending if the demonstration did not exist.
- States could carry forward up to 10 years of accumulated budget neutrality savings.
- Effective January 1, 2027, CMS will use a new approach to evaluate budget neutrality:
 - CMS Chief Actuary must certify demonstrations and renewals must demonstrate they are not expected to increase federal Medicaid spending
 - CMS will not rely on WW/WOW methodology
 - States will need to provide additional financial analyses and documentation for innovative demonstration initiatives.
 - Carryforward of budget neutrality savings will be more limited than under the current policy.

1115 Waiver Renewal Overview

Programs Continuing As-Is:

- Mandatory Managed Care
- Arizona Long Term Care System(ALTCS)
- Parents as Paid Caregivers (PPCG)
- Tribal Dental Authority
- Prior Quarter Coverage (PQC)
- Re-entry pre-release Services
- KidsCare Expansion
- Former Foster Youth Eligibility and Enrollment (YATI)

Arizona's Section 1115 Waiver

Proposed Modifications:

- Traditional Healthcare Practices
- Housing and Health Opportunities (H2O)
- Long Term Supports and Services: Timeliness Waiver
- Five-Year Lifetime Coverage Limit
- Presumptive Eligibility and Self Attestation
- (Sunset at end of Demonstration) Targeted Investments (T.I 2.0)
- (Future Amendment) SMI Enhanced Residential Treatment Pilot

1115 Waiver – Public Engagement

- AHCCCS has now finalized the 1115 Waiver Public Notice and is preparing to finalize submission to CMS today. Input was received from members, providers, health plans, public health organizations, healthcare associations, advocates, and advocacy groups.
- Public Engagement
 - AHCCCS hosted two public forums, one Tribal Consultation, issued several social media posts and newsletters to provide opportunities for stakeholders to submit written feedback by email or mail.
 - 472 stakeholders engaged statewide
 - 118 written comments received
 - 82 verbal comments received

1115 Waiver – Key Themes

- Housing and Health Opportunities (H2O)
 - Comments were overwhelmingly supportive of continuing H2O, with stakeholders citing early improvements in housing stability, employment, community integration, and whole-person health outcomes.
 - Commenters provided recommendations on expanding H2O to additional populations, which included individuals with general mental health and substance use disorders, Elderly and Physically Disabled (EPD) program, and individuals with additional chronic conditions.
 - Comments supported public reporting of H2O data and outcomes, while encouraging continued investment in data-sharing capabilities, infrastructure, and provider-network supports to strengthen implementation and long-term sustainability.

1115 Waiver – Key Themes

- Arizona Long Term Care Services (ALTCS)
 - Commenters emphasized the importance of ALTCS and HCBS in supporting independence, quality of life, continuity of care, and individuals receiving services in the least restrictive setting.
 - Commenters identified caregiver and direct care worker shortages as a significant barrier to accessing HCBS, and encouraged continued efforts to strengthen and stabilize the workforce.
 - Commenters encouraged expanded use of assistive technologies, remote supports, innovative service delivery approaches, enhancements to home-delivered meals and consideration to medically tailored nutrition, and opportunities to streamline eligibility and enrollment processes while maintaining program integrity.
 - Commenters requested additional residential service options for DDD members receiving HCBS services.
- Food as Medicine
 - Commenters strongly supported exploring a Medicaid Food as Medicine model, emphasizing its potential to improve chronic disease management and health outcomes while reducing avoidable healthcare utilization and costs.

1115 Waiver – Next Steps

- Not all comments received may be best addressed by the Waiver. We will be sharing all comments with the respective teams and divisions within the agency for further review.
- At this time, AHCCCS is not proposing any significant changes to the Waiver submission from the time it was posted for public comment. This is largely due to existing A.R.S. 36-3302 which requires legislative approval prior to submitting any new waiver that expands eligibility, adds new service categories, or increases utilization by more than 10% annually for affected services.
- Once submitted, CMS will begin a 30-day Federal public comment period prior to negotiations starting which are anticipated to last at least a full year.
- AHCCCS is eagerly awaiting updated CMS budget neutrality guidance expected early 2027.

Final Rule

- Prohibition on Federal Medicaid and CHIP Funding for Sex-Rejecting Procedures Furnished to Children
 - Effective October 13, 2026, this final rule prohibits Medicaid payment and federal Medicaid funding for defined "sex-rejecting procedures" furnished to individuals under 18, and also prohibits CHIP payment and federal CHIP funding for individuals under 19.
 - This applies to specified pharmaceutical and surgical interventions, including puberty blockers, cross-sex hormones, and surgical procedures.
 - However, this does not apply to mental health treatment or interventions performed to treat a medically verifiable disorder of sexual development.
 - Certain individuals may continue to receive hormone therapy for up to six months from the effective date for a tapering off period.

Final Rule

- Implementation Status and Next Steps
 - Ensure Medicaid and CHIP coverage, payment policies, claims processes, and other operational processes align with new federal funding restrictions.
 - Beginning October 13, 2026, the transition period of up to six months for certain members receiving cross-sex hormone therapy begins.
 - AHCCCS has sent letters to Providers, Plan Pharmacy Directors, and healthcare associations notifying of this change.
 - Monitoring CMS implementation guidance and related federal developments.

Open Discussion



H.R.1 Community Awareness Communications Overview



Katherine Willard
Community Affairs Officer
Office of the Director

A campaign system that moves people from uncertainty to next step.

Our messaging pillars are designed to answer the three questions members and partners need answered:

1. What is changing?

Simple awareness message that **creates recognition** without creating panic.

2. Does this apply to me?

Educational tools that help members **self-identify, understand exemptions, and avoid unnecessary alarm.**

3. What steps do I need to take?

Action-oriented instructions: update contact information, open AHCCCS notices, use the portal, or seek help.

The goal: Make required information feel official, calm and easy to act on — not punitive or overwhelming.

Partner Asset Roadmap

PHASE 1 — AWARENESS

SEPTEMBER | What is changing?

MESSAGE OBJECTIVE

Create recognition without panic. Reinforce that members should not assume they have lost coverage and establish KeepMyAHCCCS.com as the trusted source.

PARTNER ASSETS

- Member landing page + FAQs
- Self-screener
- Shareable infographic
- Ready-to-use/co-brandable social posts
- Partner/provider resource page
- Job + volunteer resources

WHAT THIS ACCOMPLISHES

Creates awareness + establishes one trusted source

PHASE 2 — PREPAREDNESS

OCT–MID NOV | Does this apply to me?

MESSAGE OBJECTIVE

Help members understand who may be impacted or exempt, make the requirements easier to understand and prepare before action is required.

PARTNER ASSETS

- Print-ready flyers + posters
- Expanded social content library
- Topic-specific infographics
- Quick-reference guides
- Staff training PowerPoint

WHAT THIS ACCOMPLISHES

Builds understanding + partner readiness

PHASE 3 — ACTION

LATE NOV–JUNE 2027 | What steps do I need to take?

MESSAGE OBJECTIVE

Shift from education to clear instructions and reminders that help members complete the appropriate next step, maintain eligibility and know where to get help.

PARTNER ASSETS

- How-to-Comply guides
- Instructional videos
- Action-focused landing page updates
- Reminder-driven social posts
- Step-by-step graphics / infographics
- Refreshed flyers + posters
- Updated toolkit materials as needed

WHAT THIS ACCOMPLISHES

Drives the correct member action

CONSISTENT ACROSS ALL PHASES

English + Spanish

AHCCCS-approved messaging

Co-brandable where applicable

Changes are coming to AHCCCS in 2027 because of a new federal law.

Scan the QR code to learn more.



What Can Members Do?

- Keep their contact information with AHCCCS up-to-date.
- Read all mail and text messages from AHCCCS and their health plan.
- Visit [KeepMyAHCCCS.com](https://www.KeepMyAHCCCS.com) for information and resources.
- Answer the self-screen quiz on the website to see if they might be exempt.
- If they are not exempt and not yet meeting the work requirements, prepare by enrolling in job training or school or volunteering in their community.
- Call (855) 220-0903 for recorded Q and A information.

How Can YOU Help?

- Spread the word to all who interact with members to update their contact information with AHCCCS -- use HEA+ or live chat
- Tell all members to continue to renew their coverage, fill their Rx, use health care
- Let people know there are many exemptions and many pathways to comply with work requirements
- Encourage people to visit [KeepMyAHCCCS.com](https://www.KeepMyAHCCCS.com)

Open Discussion



SMAC Updates and Announcements



Desiree Greene
SMAC Liaison
Division of Public Policy
and Strategic Planning

SMAC Membership Subcommittee

- Current SMAC Membership Subcommittee Members: Tory Roberg, Dina Norwood, Vicki Staples, and Dr. Aaron Knudson.
- Thank you, Dina Norwood for serving **six years** on the SMAC and on the Membership Subcommittee! We will miss you!
- 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.

Seeking New SMAC Membership Subcommittee Member

- The SMAC Membership Subcommittee is seeking a new member for this dynamic group.
- The incoming participant must be a current SMAC member (Provider or Public) that is in good standing.
- If you are interested in serving on this subcommittee or have questions, please reach out to Desiree at communityengagement@azahcccs.gov by 4 pm on **Tue, November 10, 2026.**

First Ever SMAC Annual Report



Arizona Health Care Cost Containment (AHCCCS) State Medicaid Advisory Committee (SMAC) Annual Report

August 2026

Report located on both SMAC
and BAC webpages.

Arizona Health Care Cost Containment (AHCCCS) State Medicaid Advisory Committee (SMAC) Annual Report

I. Executive Summary and Overview

Purpose of the Report

The CMS State Medicaid Advisory Committee (SMAC) Annual Report was created as part of the 2024 CMS Ensuring Access to Medicaid Services Final Rule (42 CFR §431.12), which strengthened requirements for state Medicaid advisory bodies and increased transparency and accountability in Medicaid program administration. CMS established this requirement to ensure that states not only receive input from a diverse group of Medicaid stakeholders through the SMAC and the new Beneficiary Advisory Council (BAC) but also document how that feedback was received and addressed.

The annual report serves as a formal mechanism for capturing advisory activities, key topics discussed, recommendations made by SMAC and BAC members, and the state's responses to those recommendations. The report must be developed with support from the agency leadership, reviewed by SMAC members prior to finalization, include a dedicated section describing BAC activities and recommendations, and be publicly posted on the state's website within 30 days of completion. Additionally, states are required to maintain transparency by documenting how beneficiary and stakeholder input informs Medicaid policy development and program administration.

History of the State Medicaid Advisory Committee

The AHCCCS SMAC has been in existence since 1992. The SMAC advises the Director of AHCCCS or their designee on policy, operations and administrative issues of the Medicaid program, including issues of concern to the community. Governance guidelines indicate that the SMAC shall include the following members: the AHCCCS Director or a designee, the Director of the Arizona Department of Health Services (ADHS) or a designee, and the Director of the Department of Economic Security (DES) or a designee. The remaining authorized members include the following:

- Health care providers or professionals with a direct interest in the AHCCCS program
- Members of the public, i.e. a Medicaid recipient, a consumer advocate, a representative of a tribal community, or a representative of the educational community, etc.

History of the Beneficiary Advisory Council

In July 2025, AHCCCS began work to establish a new BAC in response to national guidance from the Center for Medicare and Medicaid Services (CMS) that aims to advance health care access and quality and improve health outcomes for Medicaid members. The BAC was designed to give Medicaid beneficiaries, their families, and caregivers a voice in shaping Medicaid programs, policies, and services. Furthermore, the BAC serves as a forum for its members to provide feedback to the Director or her designee on policy, operations and administrative issues of the Medicaid program, including issues of concern to the community. A full list of current members is available online on the BAC [webpage](#).

Certificate of Appreciation

Presented to

Diana Dede Devine

for your outstanding contribution as a member of the

AHCCCS State Medicaid Advisory Committee

October 7, 2026

Date



Roberta Harrison
Interim Director



Desiree Greene
State Medicaid Advisory Committee Liaison
Beneficiary Advisory Council Liaison

Certificate of Appreciation

Presented to

Melissa Kotrys

for your outstanding contribution as a member of the

AHCCCS State Medicaid Advisory Committee

October 7, 2026

Date



Roberta Harrison
Interim Director



Desiree Greene
State Medicaid Advisory Committee Liaison
Beneficiary Advisory Council Liaison

Certificate of Appreciation

Presented to

Dina Norwood

for your outstanding contribution as a member of the

AHCCCS State Medicaid Advisory Committee

October 7, 2026

Date



Roberta Harrison
Interim Director



Desiree Greene
State Medicaid Advisory Committee Liaison
Beneficiary Advisory Council Liaison

Certificate of Appreciation

Presented to

Serena Unrein

for your outstanding contribution as a member of the

AHCCCS State Medicaid Advisory Committee

October 7, 2026

Date



Roberta Harrison
Interim Director



Desiree Greene
State Medicaid Advisory Committee Liaison
Beneficiary Advisory Council Liaison

Seeking New SMAC Members for 2027

- As of Friday, October 30th, the SMAC will be seeking four new Public/Community members.
- If you are interested in serving on the SMAC or have questions, please visit the [SMAC website](#) to learn more about the Committee and find the nomination form.
- Nominations will be accepted until ***Monday, November 30th at 4pm***. Please submit nomination forms and any other supporting materials (i.e. resume, cover letter, etc.) to communityengagement@azahcccs.gov.

— JOIN US! —

Virtual Caregiver Summit

FINDING YOUR WAY FORWARD



A Caregiver Guide to Simplifying Systems

TUESDAY, OCTOBER 20, 2026, 9AM-1PM

Virtual event held via Zoom

Free event for family caregivers in Arizona, featuring presentations on:

- Area Agency on Aging
- ALTCS (Arizona Long Term Care System)
- Advanced Directives, and other legal resources



Pre-registration is required.

[Click here](#)

or scan the QR code to
register for the event.

or visit: <https://tinyurl.com/VirtualCaregiverSummit>



Registration Link

SMAC Membership Assignments & Voting Session

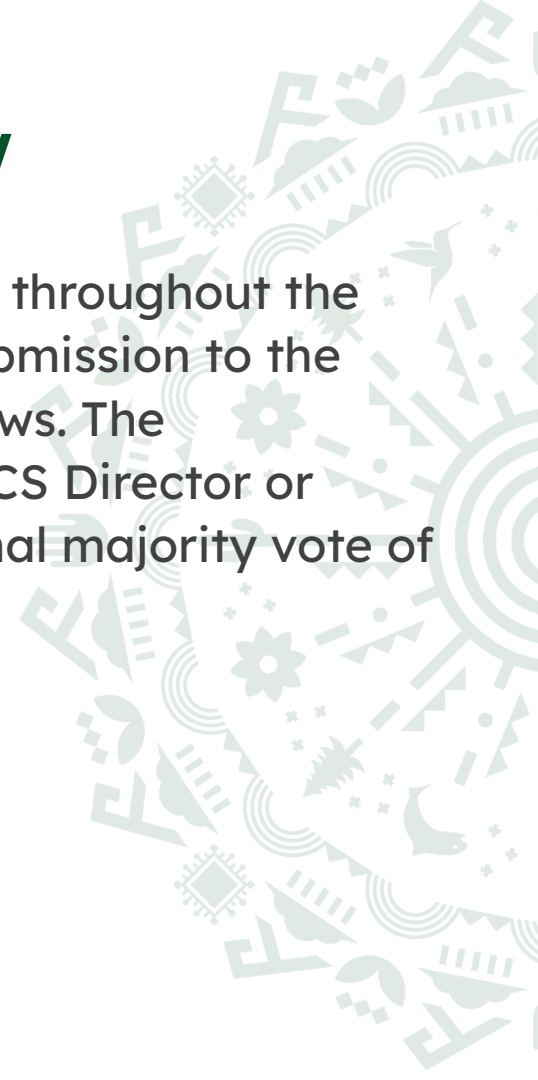


Vicki Staples

*Director of Outpatient Behavioral Health
Programs
Valleywise Health*

SMAC Member Nomination Review

The SMAC receives many nominations for consideration throughout the year. The SMAC Liaison saves and prepares them for submission to the Membership Subcommittee in accordance with the bylaws. 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.



Current Provider SMAC Members

Helena Whitney, Senior Vice President Policy & Advocacy, Arizona Hospital and Healthcare Association

Dr. Aaron Knudson, Internal Medicine and Pediatric Hospitalist, Banner Page Hospital

Sarah Wilson, President and CEO, Home Assist Health

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

Vicki Staples, Director of Outpatient Behavioral Health Programs, Valleywise Health

Ryan Johnson, Licensed Marriage and Family Therapist, Ryan Johnson & Associates, LLC

Jennifer Longdon, Chief External Affairs Officer, AZ Alliance for Community Health Centers

Karen Resseguie, Behavioral Health Administrator, AllThrive 365

Katherine Andersen, Director of Health Information Management and Medical Staff; Privacy Officer, San Carlos Apache Healthcare Corporation

Brittney Kaufmann, Chief Executive Officer, Health System Alliance of Arizona

Thank you!

DR. JESSICA PETERKIN

Recommendation for Provider Member Assignment

Nominee	Title	Association
Dr. Katie Mommaerts	Executive Director	Postpartum Support International Arizona Chapter (PSI-AZ)



SMAC Member Assignment Vote



Open Discussion



Call to the Public

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>

Subscribe to AHCCCS News Alerts



Subscribe to the latest news from AHCCCS



Your Email

Submit

Follow & Support AHCCCS on Social Media

facebook



LinkedIn



[@AHCCCSgo](#)

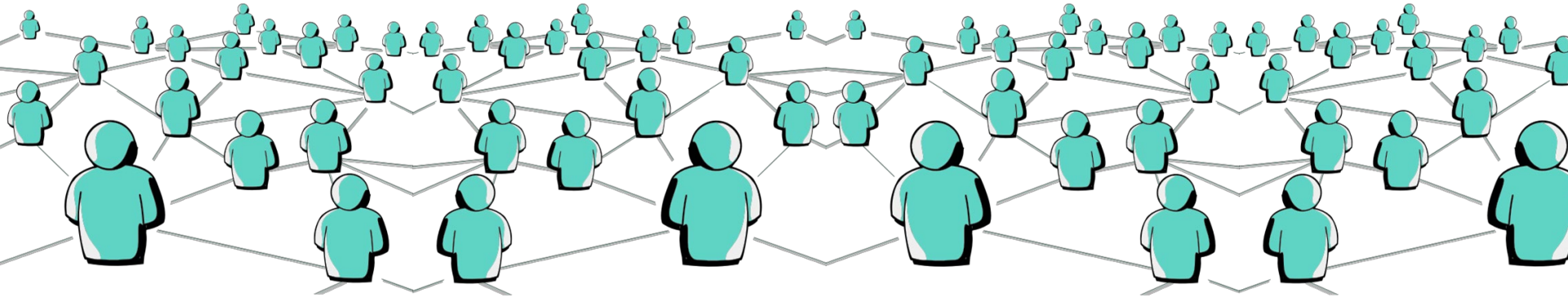
[@AHCCCSgov](#)

[@AHCCCSGov](#)

[@AHCCCS](#)

[AHCCCSgov](#)

[V](#)



Learn About AHCCCS' Medicaid Program on YouTube!

AHCCCS
Explains...

Medicaid Eligibility

AHCCCS
Explains...

ALTCS

AHCCCS
Explains...

Health-e-Arizona Plus



Watch our Playlist:

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

Resources and Quick Links

- AHCCCS [Waiver](#)
- AHCCCS [State Plan](#)
- AHCCCS [Grants](#)
- [About AHCCCS](#)
- [AHCCCS Acronyms](#)
- [State Medicaid Advisory Committee \(SMAC\)](#)
- [Beneficiary Advisory Council \(BAC\)](#)
- [AHCCCS Tribal Consultation](#)
- AHCCCS [Whole Person Care Initiative \(WPCI\)](#)
- AHCCCS [Office of Human Rights](#)
- AHCCCS [Office of Individual and Family Affairs](#)
- [ALTCS](#) Email: mcotransitions@azahcccs.gov
FAQ: https://www.azahcccs.gov/Resources/Downloads/ALTCSEPD/ALTCS-EPD_FAQ.pdf
- [Understanding Public Comment](#)



**Thank You and See
You Next Year!**