

Welcome to today's Special Tribal Consultation!

While You're Waiting....



Test your audio



You were **automatically muted** upon entry



Use the **chat** for questions or click  raise your hand to speak

Join by either phone or computer (please don't join with both)

Thank You!

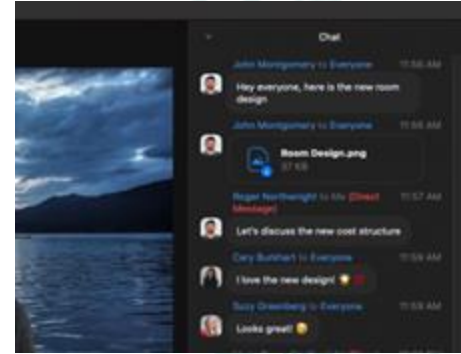
Webinar Tips



Mute your mic when you aren't speaking.



Limit background noise and distractions.



Use chat feature or Q&A when available to ask questions.

Meeting Protocols & Guidelines

Speaking Priority

1. Tribal Leaders
2. UIO Leaders
3. Appointed Delegates
4. Advisors

Participation Guidelines

- Please restate your name and tribal affiliation when speaking.
- *For online participants:*
 - Please leave a comment with your name, title, and tribal affiliation in the chat box.
 - Use the raise hand feature to speak.



ARIZONA

HEALTH CARE COST CONTAINMENT SYSTEM

**AHCCCS Special Tribal Consultation: TH
Evaluation Design + RHTP**

January 13, 2026 | 1:00 PM – 4:30 PM

Opening Blessing



Thomas Edison Yazzie
Traditional Practitioner
Winslow Indian Health Care Center

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.

Introductions

Name, Title, Organization/Tribe



Welcome



Virginia "Ginny" Rountree
AHCCCS Director

Traditional Healing Workgroup Updates

Terrilynn Nez-Chee

*Traditional Healing Workgroup Chair
Fort Defiance Indian Hospital, Inc.*



AHCCCS Federal Relations Updates: Evaluation Design Review



Traditional Healing

- Medicaid reimbursement for TH went live October 1, 2025.
- Each IHS/638 facility, in partnership with their local Tribal community, will individually define which services are most appropriate for Medicaid reimbursement.
- Traditional Healing practices are covered services in both inpatient and outpatient settings, and aid in care coordination and assist AHCCCS beneficiaries in achieving improved health outcomes.
- AHCCCS will reimburse for services provided by traditional healers who are employed by or contracted with an IHS/Tribal 638 facility.
- Traditional healers employed by or contracted with an UIO may provide reimbursable services through a care coordination agreement with an IHS/Tribal 638 facility.
- DFMS Provider Training will continue to provide trainings on TH, including guidance on claims submission.

Independent Waiver Evaluation

- AHCCCS has contracted with Health Services Advisory Group (HSAG) to conduct an independent evaluation of Arizona's current Demonstration. This will include the Traditional Healing Waiver.
- Evaluation consist of three main phases of work:
 - Phase I: Develop the Evaluation Design Plans
 - Phase II: Conduct Interim Evaluations & Develop Interim Evaluation Reports.
 - Phase III: Conduct Summative Evaluations & Develop Summative Evaluation Report.



Evaluation Design Timeline

Task	Start Date	End Date
Review first draft of TH measure List	11/10/2025	11/21/2025
Review and provide feedback on first draft of TH Evaluation Design	12/08/2025	12/19/2025
Review and provide feedback on second draft of TH Evaluation Design	1/12/2026	1/18/2026
Finalize Evaluation Design and Submit to CMS	1/21/2026	1/30/2026

Roles During Waiver Evaluation

- What is **AHCCCS'** role?
 - AHCCCS will act as the intermediate between HSAG, CMS and the Traditional Healing workgroup. AHCCCS will aid and provide guidance to both HSAG and the workgroup during the independent evaluation.
- What is the Health Services Advisory Group (**HSAG**) role?
 - As the independent evaluator contracted with AHCCCS, HSAG will facilitate and perform all the necessary preliminary and postliminary activities (i.e., develop and conduct survey questions, collecting data, formulating hypotheses, etc.)
- What is the Traditional Healing **workgroup's** role?
 - The Traditional Healing workgroup will play a pivotal role in ensuring that HSAG and AHCCCS remain culturally appropriate during and after the evaluation design formation and will provide feedback and guidance that reflects the intentions of the traditional healing program.

Themes of Feedback Received

- Evaluate THCP through an **Indigenous framework** to assess health from an Indigenous perspective.
- Avoid measuring THCP against **Western medicine**.
- Consider **language barriers** and interpretation requirements.
- Consider **member and provider willingness** to participating in focus groups and key informant interviews.
- Outline **data security and privacy safeguards** and coordinate with Tribal organizations to collect data.

Process for Collecting and Reporting Data

Data Collection	Reporting Standards
<ul style="list-style-type: none">• AHCCCS will provide state administrative data to HSAG. This is data the agency already has through Traditional Healing claims• HSAG will not request data directly from Tribal organizations, providers, or other stakeholders	<ul style="list-style-type: none">• All results will be reported in aggregate form (a whole or collection)• No Personal Health Information (PHI) or member-level data will be included within the reports• Adheres to Federal suppression policies

Through these data collection and reporting standards, AHCCCS and HSAG can work to ensure patient confidentiality and data security throughout the evaluation.

Waiver Evaluation

- What is a **hypothesis**?
 - A hypothesis is a tentative, educated guess, that is testable and proposes an explanation for the "What If."
 - For this program, hypothesis are focused on expected changes that may come now that Traditional Healing may be reimbursed by Medicaid.
- What is a **research question**?
 - A research question is a clear and focused question that seeks to answer the hypothesis.
- What is a **measure**?
 - A measure is a well-defined data point or outcome that seeks to answer the research question.

Overall Goals of Evaluation

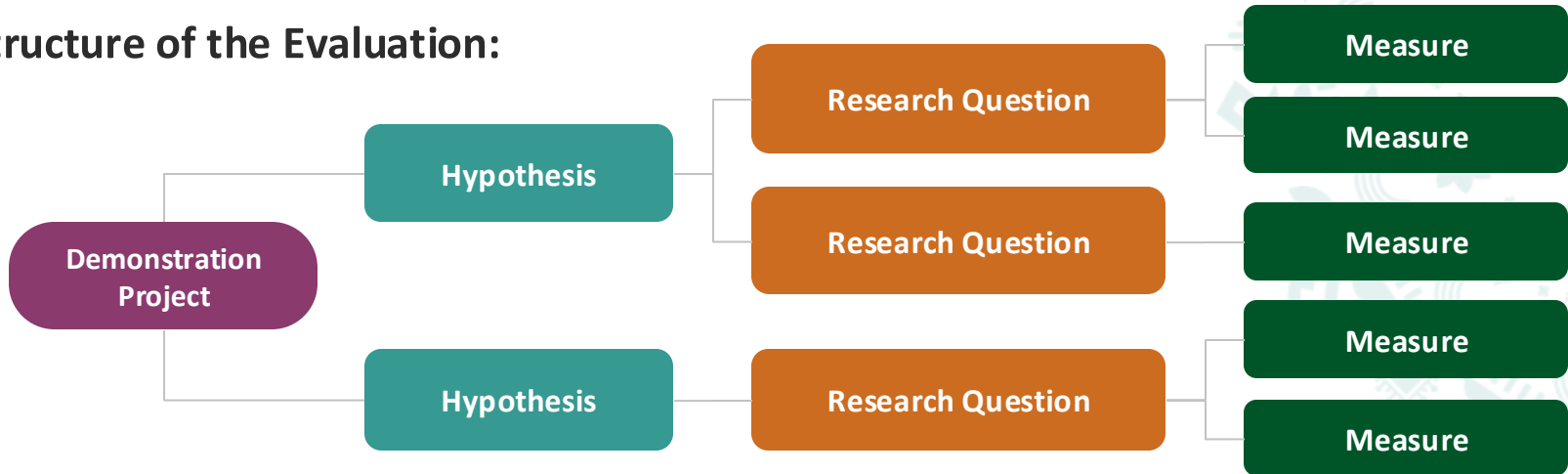
- Medicaid reimbursement of Traditional Healing Services will support:
 - Stronger cultural connection,
 - Better quality of life,
 - Improved physical health and behavioral health outcomes, and
 - Reduced health disparities.



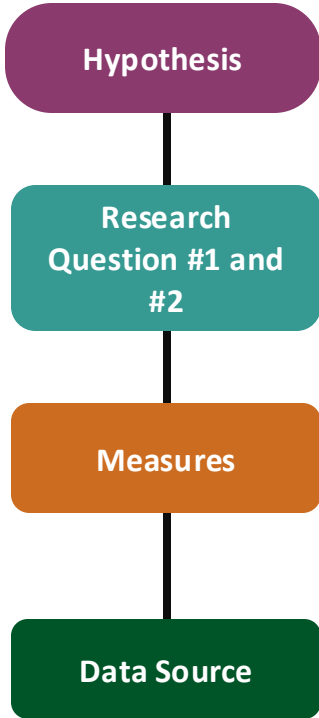
Structure and Size of Evaluation

- There are currently 3 hypothesis questions as proposed by HSAG, and we will use evidence and tests in future to check if these hypotheses are supported or not supported.

Structure of the Evaluation:



Hypothesis 1



Hypothesis

Members will utilize Traditional Healing and improve their engagement of health care services.

Research
Question #1 and
#2

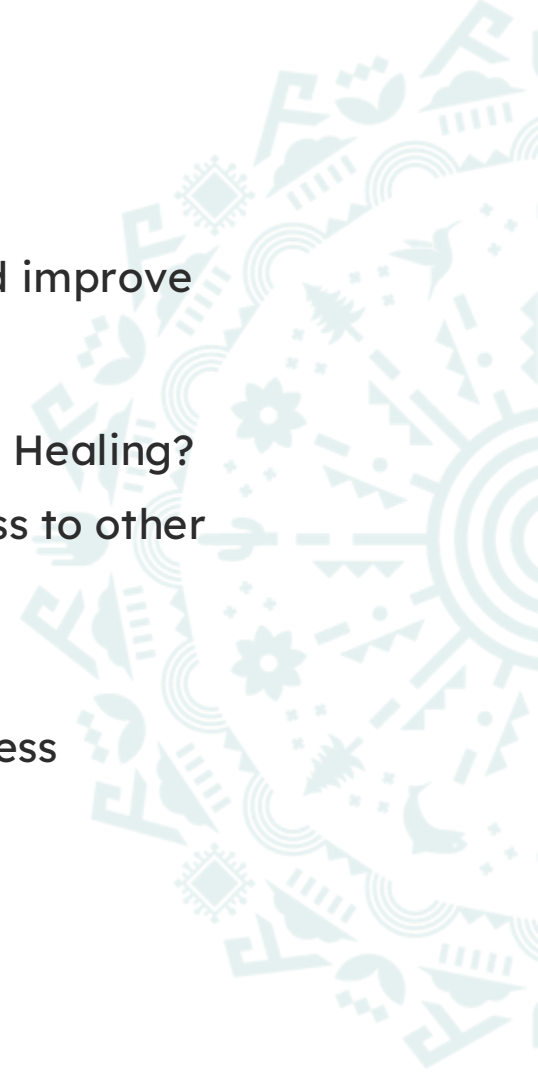
1. Did members utilize Medicaid Traditional Healing?
2. Did these members have increased access to other healthcare services?

Measures

of Medicaid TH Services Billed
% of members with well-care visits and access
preventive care

Data Source

State Administrative Data



Hypothesis 1, cont.

Hypothesis

Members will utilize Traditional Healing and improve their engagement of health care services.

Research Question #3

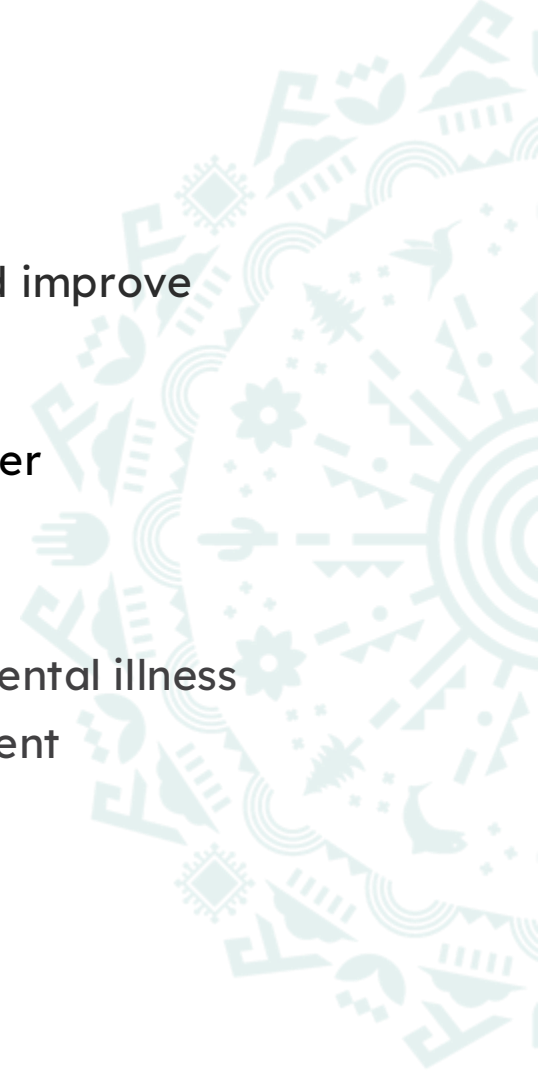
3. Did members eligible for THCP have better management of BH conditions?

Measures

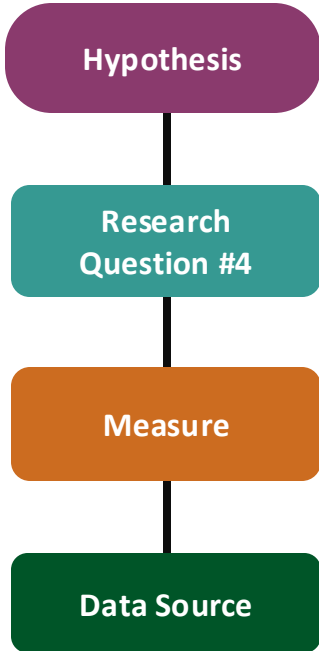
- % follow-up visit after ED visit for SUD
- % follow-up visit after hospitalization for mental illness
- % initiating and engaging with SUD treatment
- % remaining on antidepressant medication

Data Source

State Administrative Data



Hypothesis 1, cont.



Members will utilize Traditional Healing and improve their engagement of health care services.

4. How did the costs associated with providing TH change over the course of the demonstration?

\$ Cost of Medicaid Reimbursed Traditional Healing

State Administrative Data



Targeted Discussion Questions

- From your perspective, how does the proposed evaluation purpose reflect (or not reflect) what your Tribe/community views as the goals of this traditional healing program?
- From your community's perspective, what important outcomes should be added to or emphasized more strongly in the draft design?
- What data elements, if any, should not be collected or shared outside the Tribe?
- How might federally required reporting affect the TH program or the community?

Hypothesis 2

Hypothesis

Providers will offer Medicaid Traditional Healing to Members.

Research Question #1 and #2

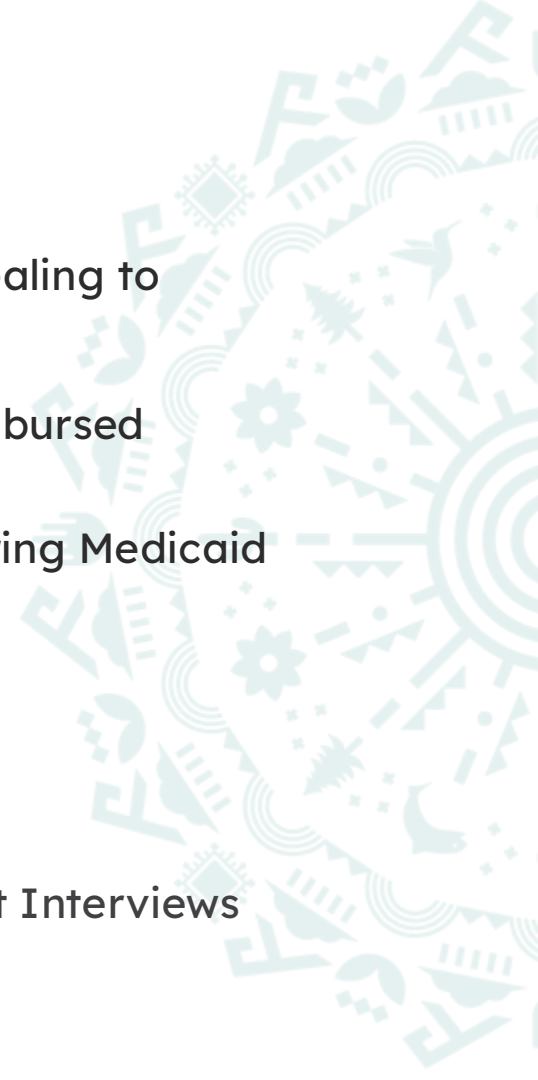
1. How many providers offer Medicaid reimbursed Traditional Healing?
2. What is the experience of providers offering Medicaid Traditional Healing?

Measures

of participating providers/facilities
Reported barriers and successes

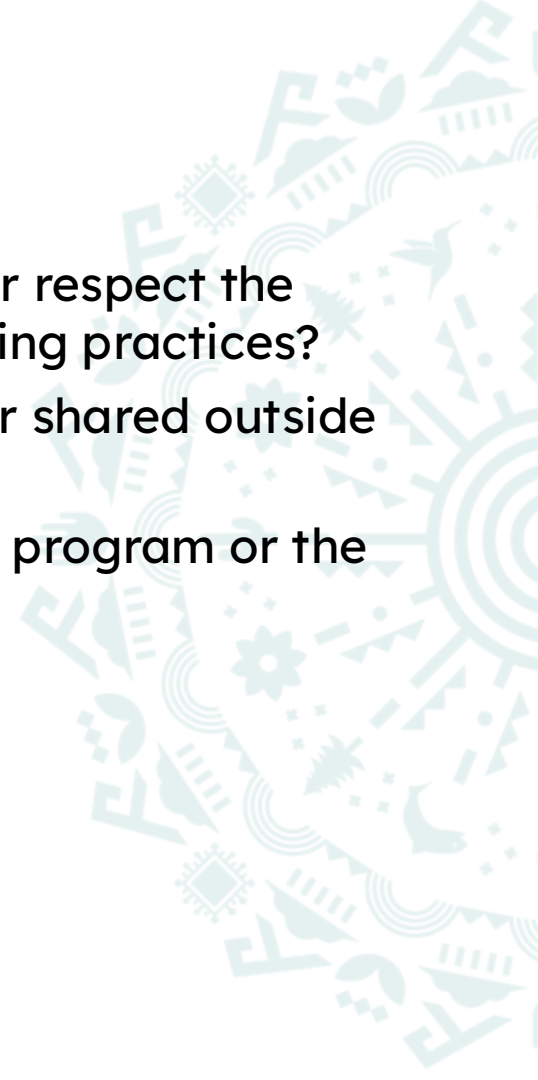
Data Source

State Administrative Data & Key Informant Interviews



Targeted Discussion Questions

- In what ways does the evaluation design align with or respect the cultural foundations and protocols of traditional healing practices?
- What data elements, if any, should not be collected or shared outside the Tribe?
- How might federally required reporting affect the TH program or the community?



Hypothesis 3

Hypothesis

Members utilizing Medicaid Traditional Healing will be satisfied in their experience of care

Research Question #1

1. Were members who utilized Medicaid Traditional Healing satisfied with their experience?

Measures

Member satisfaction and experience with TH
Barriers to accessing TH

Data Source

Surveys or Focus Groups



Hypothesis 3, cont.

Hypothesis

Members utilizing Medicaid Traditional Healing will be satisfied in their experience of care

Research Question #2

2. Were members aware of the newly covered Traditional Healing initiatives?

Measures

Awareness of Medicaid Traditional Healing

Data Source

Surveys or Focus Groups



Hypothesis 3, cont.



Members utilizing Medicaid Traditional Healing will be satisfied in their experience of care

3. Did members who received Medicaid TH receive culturally competent care?

4. Did members who received Medicaid TH experience cultural connectedness?

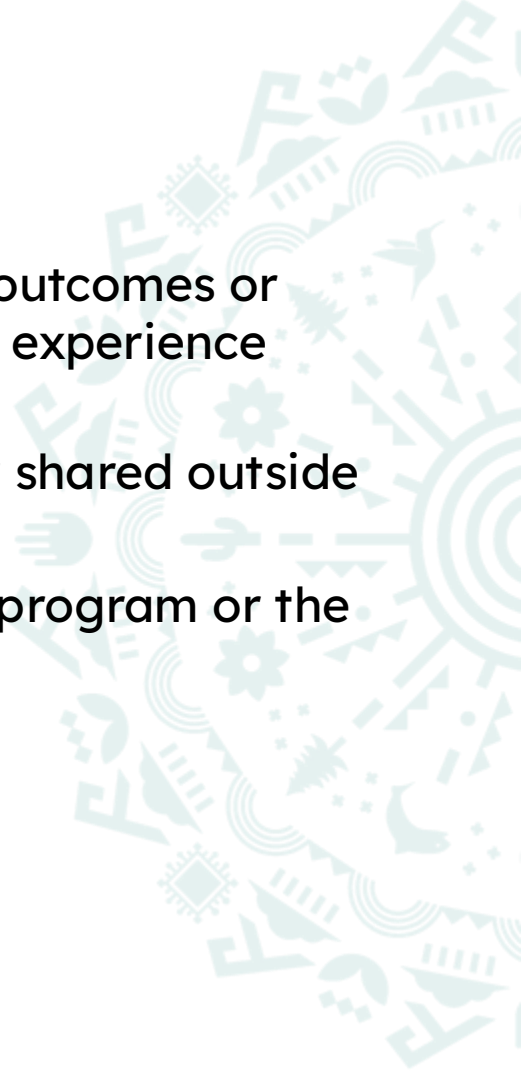
Members perception of provider cultural competency

Members perception of connectedness to culture and community

Surveys or Focus Groups

Targeted Discussion Questions

- In what ways do the proposed measures capture the outcomes or changes that recipients of traditional healing services experience as meaningful?
- What data elements, if any, should not be collected or shared outside the Tribe?
- How might federally required reporting affect the TH program or the community?



Key Outstanding Community Questions

- Which Tribal healing practices or communities are you most uncertain how to evaluate, and why?
- How will Tribal communities access, correct, and control our own evaluation data? What's the actual process, not the principle?
- How many hours per week will a Tribal healer or health coordinator need to dedicate to data collection and reporting? For how long?
- In what concrete ways will this evaluation help Tribe's healing priorities get better funded or supported?

Operational / Billing Discussion and Questions





We will resume
at 3:15 p.m.



Rural Health Transformation Program

Post-Application Tribal Consultation Regarding Funding Opportunities

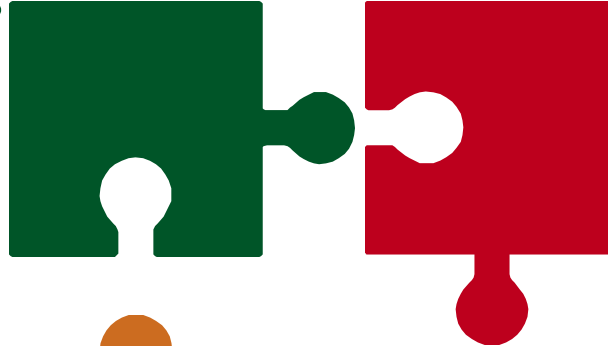
January 13, 2026

Arizona's RHTP Initiatives

Below are the **4 initiatives** that Arizona is focusing on to address the key challenges related to access to healthcare in rural communities:

Rural Health Workforce Development and Training Program

- **Recruit, train, and retain skilled health professionals** serving Arizona's **rural and Tribal communities** by creating new and expanding existing workforce initiatives
- Create **financial incentives to encourage recruitment and retention** of healthcare professionals, collaborating with universities colleges, and AHECs, with an emphasis on allied health disciplines

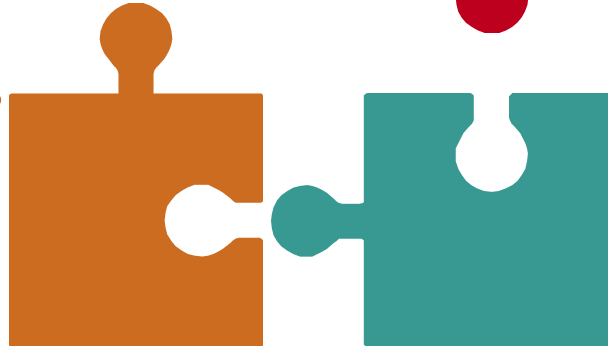


Making Rural Healthcare Accessible

- Expand access to care in rural communities by deploying mobile units and satellite sites, and expanding telehealth services for **specialty, primary, and preventive care in remote areas**
- Integrate **regional coordination** for referrals, scheduling, and continuity of care, and telehealth-enabled access to improve rural health outcomes

Priority Health Initiatives Grants Portfolio

- Focused on **Behavioral Health & Substance Use Disorder (SUD), Maternal-Fetal Health, and Chronic Disease Prevention & Management**
- **Expand prevention and treatment access** via grant opportunities, including for mobile/digital units, enhancing training, and increasing screening



Making Rural Healthcare Resilient

- Implement shared services models to reduce administrative and financial burdens by **leveraging EMRs, HIE, and scaling back-office support**
- Provide **technical assistance** to strengthen rural network **performance and coordination** for better care delivery

Key Updates

CMS Approved Arizona's Application December 31, 2025

- Revised Annual Budget: \$ 166,988,955
- All funds restricted until Final Line-Item Budget Approval by CMS

Final Budget Approval (Est. March 2026)

- Revised Budgets are due January 30, 2026
- CMS has 30 days to Issue Final Award
- Ongoing Review – Funds will remain restricted until approved

Website and Other Programming Docs On Hold

CMS Cooperative Agreement restricts publishing of any program material (e.g., website, RFPs, RGAs, etc.) until CMS issues budget and provides approval

RURAL HEALTH WORKFORCE DEVELOPMENT AND TRAINING PROGRAM

Rural Health Workforce Development and Training Program

Purpose: To recruit, train, and retain skilled health professionals serving Arizona's rural and tribal communities

Lead Agency: Governor's Office of Economic Opportunity

Activities:

- **Rural Health Education and Training Expansion:** Expands rural clinical rotations, residency slots, and accelerated education programs across universities and community colleges, prioritizing rural students and hard-to-fill specialties.
- **Financial Incentives for Rural Practice:** Provides sign-on bonuses, relocation support, commuting subsidies, childcare assistance, and preceptor stipends tied to a five-year rural service commitment to strengthen recruitment and retention.
- **Purchase orders for Provider Upskilling and Residency Support:** Funds specialized training and wellbeing programs for rural health professionals and offers micro-grants to clinics and hospitals to expand clinical training capacity and retention.
- **Arizona Healthcare Workforce Project:** Establishes a coordinated office at OEO to oversee long-term strategic planning and accelerate enrollment in rural workforce training programs through cross-sector partnerships.

Expected Outcomes: Increased rural health workforce pipeline, Increased rural clinician retention, Increased training rates, Expanded access to care

Funding Framework: AHCCCS will sub-award funds to OEO, which will administer cooperative agreements, contracts and competitive awards to support initiative execution.

PRIORITY HEALTH INITIATIVES GRANTS PORTFOLIO (GRANT 1/3)

Behavioral Health & Substance Use Disorder (SUD) Expansion Grant

Purpose: To **expand clinical capacity and access points** to behavioral health and substance use disorder treatments in rural and tribal areas, **prioritizing integrated, evidence-based service models.**

Lead Agency: AHCCCS

Activities:

- **Opioid overdose prevention** through expanded opioid antagonists (e.g., naloxone distribution, etc.) and community-based access in rural areas
- **Mobile and digital service expansion and rural crisis services**, including clinics, detox centers, and crisis stabilization units—especially in northern Arizona where adults and pediatric crisis care gaps persist.
- **Training and recruitment** of behavioral health professionals in shortage areas.

Expected Outcomes: Improved geographic access to behavioral health and crisis services, Increased treatment engagement via digital therapeutics, Increased individuals engaged in prevention activities, Increased naloxone distribution events and kits provided

Funding Framework: AHCCCS will administer cooperative agreements, contracts and competitive awards to support initiative execution.

PRIORITY HEALTH INITIATIVES GRANTS PORTFOLIO (GRANT 2/3)

Improving Rural Maternal-Fetal Health Grant

Purpose: To improve the health and well-being of mothers and babies before, during, and after pregnancy through coordinated prevention and early intervention.

Lead Agency: ADHS

Activities:

- **Expanding maternal health programs**, including statewide adoption of evidence-based maternal health bundles to standardize obstetric care
- **Enhancing OB and maternal mental health training**, including supporting OB simulation training for rural hospitals to improve emergency response and obstetric care and Perinatal Mental Health Certification (PMH-C) training to build a skilled and sustainable workforce.
- **Ensuring access to critical help lines**, including perinatal psychiatric help for patients, and perinatal help for rural clinicians for real-time provider and patient navigation.

Expected Outcomes: Increased implementation of the AIM Maternal Health Safety Bundles, Enhanced readiness for rural hospitals to respond to obstetric emergencies, Expanded access to perinatal mental health consultation and education, Increased number of healthcare providers trained and certified in PMH-C, Increased percentage of pregnant women with syphilis linked to care, Increased percentage of pregnant women treated for syphilis

Funding Framework: AHCCCS will sub-award funds to ADHS, which will administer cooperative agreements, contracts and competitive awards to support initiative execution.

PRIORITY HEALTH INITIATIVES GRANTS PORTFOLIO (GRANT 3/3)

Chronic Disease Prevention & Management Grant

Purpose: To strengthen county and **regional chronic disease prevention capacity** and **improve long-term health outcomes**.

Lead Agency: ADHS

Activities:

- **Rural health screening events and targeted outreach campaigns** to identify and address chronic disease risk factors early
- **Embedding resources within healthcare environments** to ensure Arizonans who are eligible for health insurance programs become enrolled, and that **Arizonans are connected to social services for which they are eligible**.

Expected Outcomes: Improved rural prevention infrastructure, Increased rural chronic illness screening opportunities/events

Funding Framework: AHCCCS will sub-award funds to ADHS, which will administer cooperative agreements, contracts and competitive awards to support initiative execution.

MAKING RURAL HEALTHCARE ACCESSIBLE (GRANT 1/2)

Telehealth Digital Transformation, Adoption, and Care Coordination Grant

Purpose: To expand equitable access across rural Arizona to telehealth and **technology-enabled healthcare across all clinical types**. This initiative integrates **investments in telehealth expansion with digital infrastructure modernization**, ensuring that rural patients, providers, and systems are connected through **reliable, interoperable, and secure digital infrastructure** and statewide platforms.

Lead Agency: AHCCCS

Activities:

- **Telehealth hubs and remote monitoring:** Establish and expand telehealth hub sites to provide virtual specialty consults and implement remote patient monitoring programs that extend care to patients at home.
- **Grants for technology, including digital infrastructure and access, and care coordination:** Funds modernization of telehealth and digital infrastructure, integrates care coordination across mobile, tele-behavioral, and EMS networks, and expands the AZ REACH Behavioral Health Transfer Program to rural areas.

Expected Outcomes: Increased telehealth utilization, Improved care coordination

Funding Framework: AHCCCS will administer cooperative agreements, contracts and competitive awards to support initiative execution.

MAKING RURAL HEALTHCARE ACCESSIBLE (GRANT 2/2)

Rural Health Innovative Care Pilot Program Grant

Purpose: To establish or expand **long-term rural health access points to preventive, specialty, and primary care services** and pilot innovative care or payment models

Lead Agency: AHCCCS

Activities:

- **Mobile & Satellite Site Expansion:** Acquire, equip, and deploy mobile units & satellite sites to deliver specialty, primary, and preventive care
- **Innovative & Alternative Care Models:** Pilot and scale community health worker programs, diversion models, in-home services, and traditional healing supports.
- **Alternative Payment & Value-Based Care Adoption:** Adoption of alternative payment models and value-based care strategies to incentivize quality and efficiency in rural health delivery.

Expected Outcomes: Expanded service reach and rural specialty access, Reduced emergency and hospital utilization, Strengthened local health infrastructure, Accelerated adoption of value-based care

Funding Framework: AHCCCS will administer cooperative agreements, contracts and competitive awards to support initiative execution.

MAKING RURAL HEALTHCARE RESILIENT

Making Rural Healthcare Resilient

Purpose: Build and strengthen **co-located community hubs** and integrated rural networks that achieve efficiencies through **shared services**.

Lead Agency: AHCCCS

Activities:

- **Medical Diagnostic Equipment and Technology, including EHR Upgrades & Data Sharing:** Supports upgrades to medical equipment and EHR systems for rural providers, improving interoperability with Arizona's HIE, and strengthening cybersecurity and administrative efficiency.
- **Provider Liaisons Pilot Project:** Funds Provider Liaisons at AHCCCS, DIFI, and ADHS to reduce administrative burden, streamline credentialing, and coordinate compliance reporting to agency leadership and the RHTP Project Officer.
- **Adopt Shared Services Consortia:** Implements shared staffing, training, data systems, and facilities to strengthen operational efficiency and sustainability in low-population and Tribal areas.
- **Provide Technical Assistance to Improve Operational and Fiscal Performance:** Delivers targeted support to rural healthcare organizations to enhance operations, financial management, and network administration—building long-term community resilience and self-sufficiency.

Expected Outcomes: Increased co-located care sites, Increased improved care coordination, Reduced service duplication, Improved operational sustainability, Expanded cybersecurity capabilities for providers

Funding Framework: AHCCCS will administer cooperative agreements, contracts and competitive awards to support initiative execution.



Continued Stakeholder Engagement

Stakeholder Engagement Journey

Arizona solicited feedback through **multiple channels from a diverse range of stakeholders**, including hospital systems, rural providers, universities, tribal representatives, and rural residents.

H.R.1 passed on July 4, 2025, establishing provisions for the Rural Health Transformation Program.

Arizona released a Request for Information (RFI) on September 5, 2025, to **gather input from stakeholders** to understand challenges in accessing healthcare.

Arizona closed its RFI on September 30, 2025, **collected and collated close to 300 respondent submissions** that were incorporated into the RHTP application.

Arizona **submitted the RHTP application** on November 5, 2025 and shared the milestone to the public via press release.

**December 31, 2025
Award
Announcement**



Arizona **met with Arizonans for Better Healthcare** on July 31, 2025, to understand rural providers needs.

AHCCCS hosted a **Tribal Listening Session** on September 11, 2025, to gather feedback.

Arizona continued its outreach to rural providers and Tribal partners.

Arizona hosted a **Pre-Submission Stakeholder Webinar** on October 30th 2025.

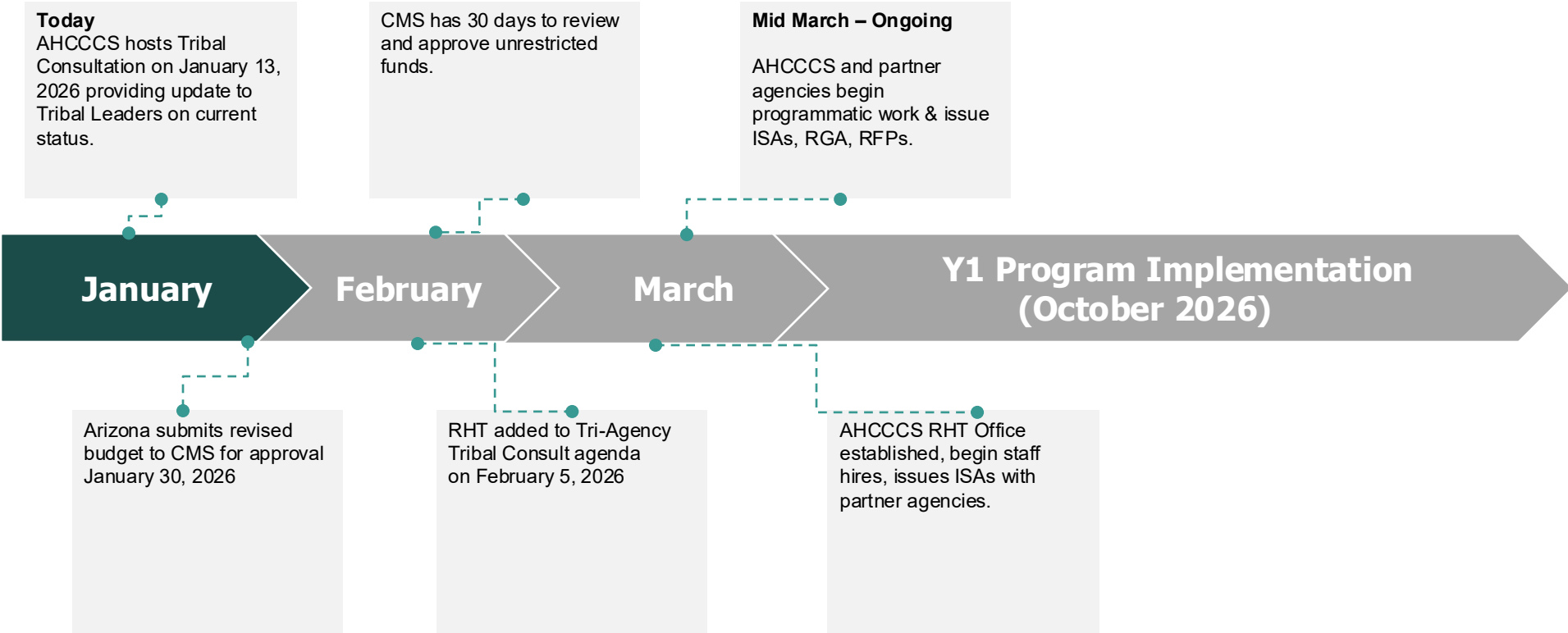
This session provided an update for stakeholders on Arizona's RHTP application process & next steps.

Arizona began Day 1 Readiness activities in anticipation of an award

Activities include correspondence with CMS, AZ RHTP website development, and continued stakeholder engagement (incl. with tribal organizations)

Stakeholder Engagement Journey

Arizona solicited feedback through **multiple channels from a diverse range of stakeholders**, including hospital systems, rural providers, universities, tribal representatives, and rural residents.



Arizona's RHTP Program Reflects a Commitment to Continued Stakeholder Engagement

Recognizing the centrality of stakeholder engagement, Arizona will establish an Executive Committee, four specialized Advisory Committees, and a Stakeholder Engagement Lead within the first year of the RHTP program



The **Executive Committee** will provide strategic oversight, policy, funding alignment and coordinate with the advisory committees to integrate feedback across funds.



Advisory Committees—one for each initiative—will convene quarterly to guide planning, implementation, community-driven governance, and engagement. They will also provide technical assistance, identify emerging needs, and advise on project selection, performance tracking, and long-term sustainability.



The **Stakeholder Engagement Lead** will design statewide RHTP engagement, connecting agencies, providers, and communities to align priorities, drive awareness, and foster collaboration across initiatives.



Next Tribal RHTP Discussion:
Tri-Agency Tribal Consultation
February 5, 2026
Phoenix Indian School Visitor Center

Questions?



Announcements



Upcoming Tribal Meetings

Quarterly Tri-Agency Tribal Consultation/ Townhall

Date: Thursday, February 5, 2026

Time: 8:30 a.m. – 4:30PM *(subject to change)*

Location: Phoenix Indian School Visitor Center at Indian Steele Park, 300 E. Indian School Road, Phoenix, AZ



Virtual Registration
Scan the QR Code



Seeking Tribal Hosts

Scan the QR code or click the link to complete the [Tribal Host Interest Form](#) to let us know your availability & preferences.



Hosting meetings on Tribal lands reflects and honors Tribal Sovereignty by:

- Supporting government-to-government relationships
- Centering Tribal voices
- Creating a more accessible environment for Tribal leaders and community members

Examples of Meetings:

- Quarterly Tri-Agency Meetings
- Ad hoc AHCCCS Tribal Consultation
- DFMS Strategic Planning Sessions
- Traditional Healing Workgroup meetings

Delegate a Representative Traditional Healing Workgroup

The Workgroup advises AHCCCS on all things Traditional Healing, ensuring services are developed in partnership with Tribes and I/TUs in a way that reflects your values, protocols, and cultural practices. Having a representative ensures your voice helps shape respectful, community-informed implementation.

- **Tribes and UIOs:** To formally designate a representative, please complete the [Tribal Delegate Form](#) and follow the instructions provided for submission.
- **All Others:** Scan the QR Code or click the link to complete the [Traditional Healing Workgroup Interest Form](#).



DFSM Strategic Plan

- **1:1 Consultations**

Based on Tribal direction and to honor Tribe-specific needs, DFSM will conduct one-on-one consultations with each Tribe. We will follow your preferred format, scope, participants, and cultural protocols, and will coordinate through your designated point of contact.

- **Optional Tribal Council Presentation**

AHCCCS staff are available to provide an overview of the initiative at a Tribal Council meeting (in-person or virtual). Please share your agenda process or a Council POC if interested.

DFSM Strategic Plan

- **Next Steps — Please respond by **January 9, 2026****

You may:

- **Schedule a 1:1 consultation** by identifying a Tribal POC (name, title, contact information). Recommended invitees may include Tribal leadership, Health Administration, IHS/638 and TRBHA representatives, program leads (primary care, dental, PRC, billing), and any additional representatives you designate.
- **Decline participation at this time.** You may reengage at any point.
- **Request a Tribal Council presentation** before deciding on participation.
- **Propose an alternate engagement format** that better reflects your protocols or priorities.
- Consultations are anticipated between **February–April 2026.**
- Email: TribalRelations@azahcccs.gov for more information.

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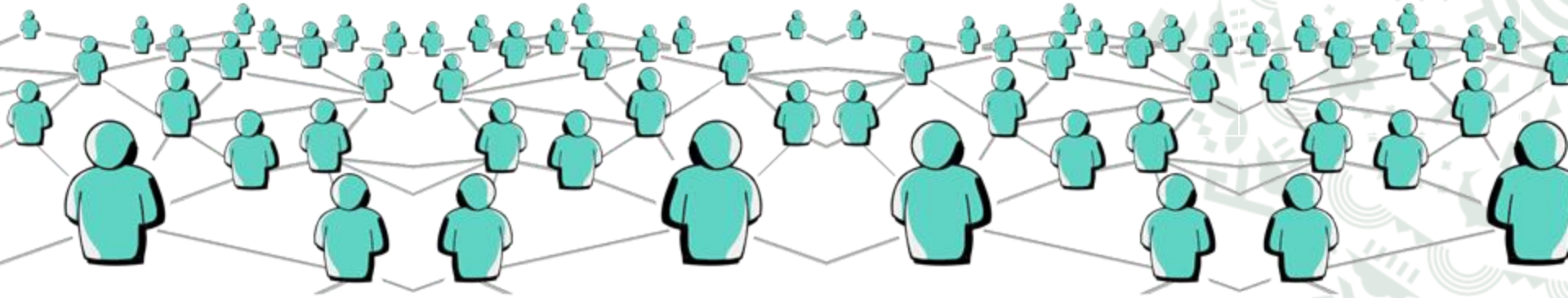
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YouTube

[AHCCCSgov](https://www.youtube.com/AHCCCSgov)



Learn about AHCCCS' Medicaid Program on YouTube!

AHCCCS
Explains...

Medicaid Eligibility

AHCCCS
Explains...

ALTCS

AHCCCS
Explains...

Health-e-Arizona Plus



Other Resources - Quick Links

- AHCCCS [Waiver](#)
- AHCCCS [State Plan](#)
- AHCCCS [Grants](#)
- [About AHCCCS](#)
- [AHCCCS Acronyms](#)
- [State Medicaid Advisory Coommittee \(SMAC\)](#)
- [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: chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.azahcccs.gov/Resources/Downloads/ALTCSEPD/ALTCS-EPDFAQ.pdf



Closing Remarks



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



Thank You!
Have a great day!