



ARIZONA ADVISORY
COUNCIL ON INDIAN
HEALTH CARE

ARIZONA
HEALTH CARE COST
CONTAINMENT SYSTEM

ARIZONA
— DEPARTMENT OF —
HEALTH SERVICES

Welcome to today's Tri-Agency Q!

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!

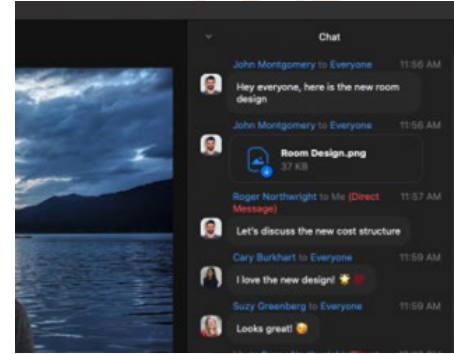
Webinar Tips



Mute your mic when you aren't speaking.



Limit background noise and distractions.



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

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.

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



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.



Quarterly Tri-Agency Tribal Consultation & Townhall Meeting

Thursday, May 7, 2026

Welcome Jazmin Villavicencio-Bahe!

(Chemehuevi)

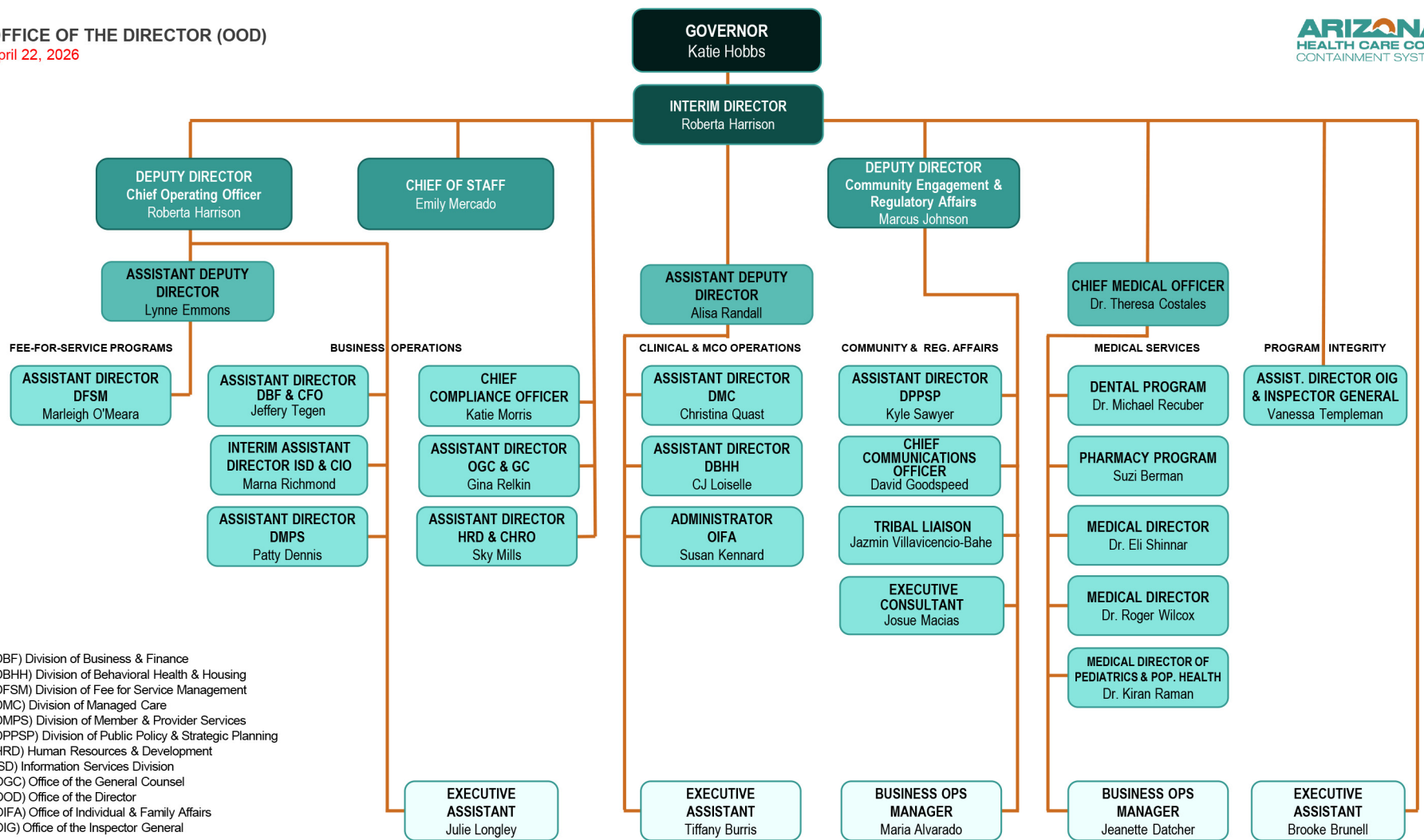


AHCCCS Tribal Liaison

AHCCCS Updates

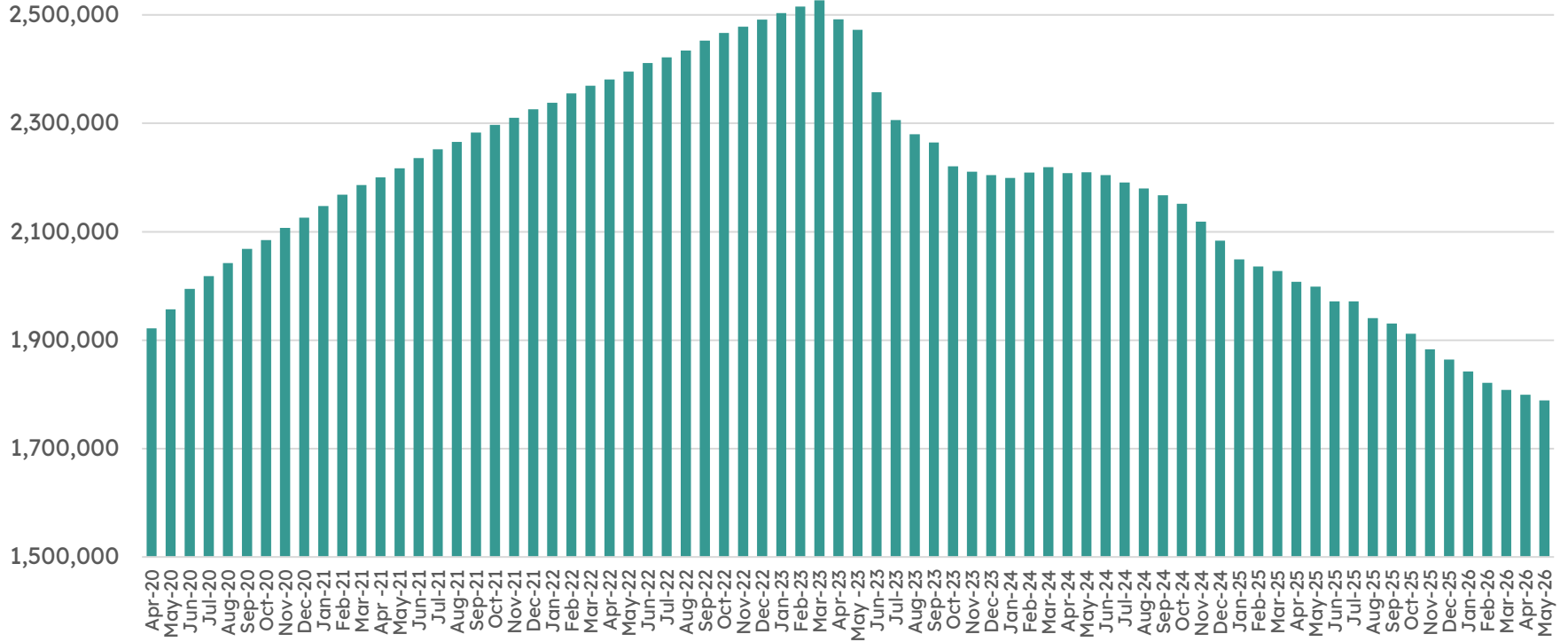


Roberta Harrison
Interim Director

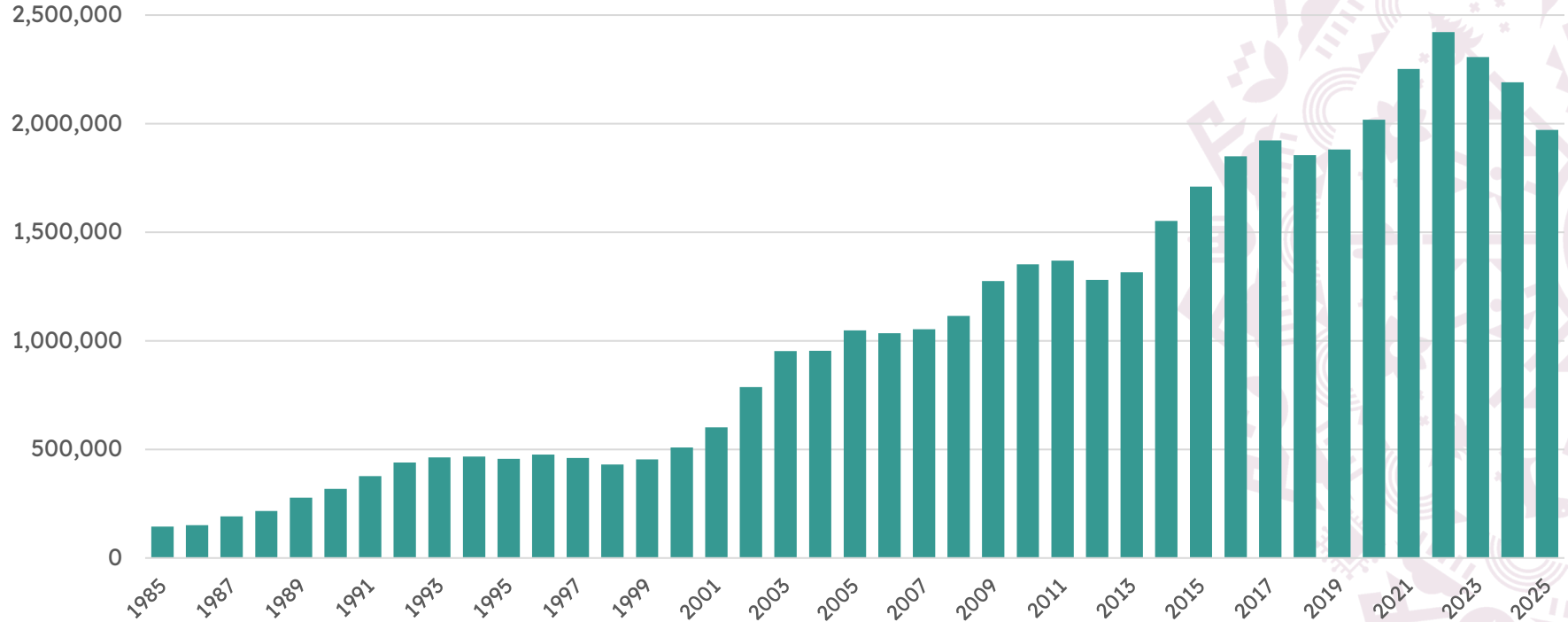


(DBF) Division of Business & Finance
 (DBHH) Division of Behavioral Health & Housing
 (DFSM) Division of Fee for Service Management
 (DMC) Division of Managed Care
 (DMPS) Division of Member & Provider Services
 (DPPSP) Division of Public Policy & Strategic Planning
 (HRD) Human Resources & Development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




AHCCCS Population as of July 1, 1985 – 2025



AHCCCS Moving Forward

- 2026 Legislative Session
- 1115 Waiver Renewal
- Medicaid Enterprise System (MES) Modernization continues
- Continued improvements within Fee-for-Service
- Applied Behavior Analysis Services (ABA) - *more to come later today*
- HCBS Needs Tool/Extraordinary Care Review (HNT/ECR)
- Arizona Long Term Care System Elderly/Physically Disabled (ALTCS EPD) Program
- Reentry Waiver Implementation: 90 days Pre-Release Coverage
- Rural Health Transformation Program - May 27 Special Tribal Consultation
- HR1 Implementation: Community Engagement Outreach & Awareness

The Arizona State University logo is a circular emblem on the left side of the slide. It features a central sun with rays, surrounded by various symbols including a cactus, a mountain, a river, and a hand. The logo is rendered in a light green color that matches the background.

Division of Fee-For-Service Management (DFSM) Updates

Angelina Meyer

DFSM Deputy Assistant Director, Operations

Leslie Short

DFSM Deputy Assistant Director, Clinical

DFSM Strategic Plan

- Recap of strategic planning sessions
 - Convened 3 strategic planning sessions in August: northern, central, and southern Arizona
 - Built on the January 30, 2025, Strategic Planning Meeting
 - 38 tribal partners and 21 AHCCCS staff members.
 - **Thoughtful feedback helped refine the 5-year DFSM Strategic Plan draft, ensuring it is meaningful, culturally appropriate, and relevant.**
- Next steps
 - Invitation to each 22 tribes for individual strategic meetings was extended from January-April
 - Last strategic planning meeting to occur July/August, 2026
 - Present final draft, identify pillars that will be worked on, sub-goals, ranking of priorities, etc.

DFSM Strategic Plan – Current DRAFT V3

Director's Priorities for DFSM



Access to Care/Quality
Providers



Reduce Healthcare
Disparities

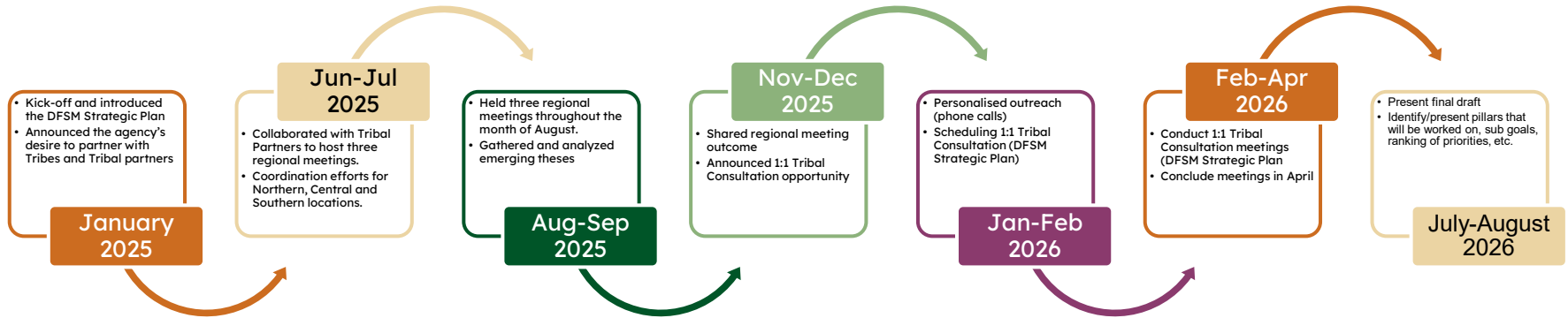


Internal and External
Collaboration

AND in alignment with the agency strategic plan, with emphasis on:

- Address Barriers which Contribute to Health Inequities
 - Emphasis on AIHP Only Providers
 - Expansion of AIMH
 - Clinically Driven Utilization Management
 - Systemic and administrative barriers to care
- Improving Care Quality & Life Expectancy
 - CQM, CMS, and other metric reporting
 - Population Health Management
 - Member Coordination
 - Collective data approach
- Focus on Mutual Respect & Cultural Humility
 - Internal Culture Within AHCCCS
 - Tribal Healthcare System
 - Education and Collaboration

DFSM Strategic Plan Timeline





Operations UPDATES

Angie Meyer

*DFSM, Deputy Assistant Director,
Operations*

Referring, Ordering, Prescribing, and Attending (ROPA) Providers

Under the **Affordable Care Act (ACA)** and the **21st Century Cures Act**, all ROPA providers must be registered with **AHCCCS** to ensure compliance with federal regulations.

- **ROA** launched August 1, 2025, for **Referring, Ordering and Attending** providers; Prescribers were not included in the process at that time.
- **ROPA**, launching **September 1, 2026**, and expands registration requirements to include **Prescribers** in the registration process.
- **Fee for Service** claims involving unregistered ROPA providers - including Prescribers - will be **denied effective September 1, 2026**.
- ROPA Providers must enroll via the **AHCCCS Provider Enrollment Portal (APEP)**.
- AHCCCS offers a **simplified process** for ROPA-only providers (**Provider Type OR**).
- **Facilities** are responsible for proactively contacting ROPA providers and ensuring they are AHCCCS registered.
- Certain roles (e.g. **interns, residents and pharmacists**) are not required to register with AHCCCS. Please see the [ROPA Registration Guidelines & ROPA Provider Excepted List](#).

AHCCCS Systems Modernization

New AHCCCS Solutions Center:

- AHCCCS launched the [AHCCCS Solutions Center](#) a centralized platform that simplifies communication with AHCCCS and streamlines the request submission for Providers.
- The AHCCCS Solutioning Center went live on **May 4, 2026**.
- It replaces the current AHCCCS Service Desk Portal.
- Introductory webinars have been conducted, with additional provider training sessions planned.

Alivia, Fraud, Waste & Abuse (FWA) Pre-Payment Prevention:

- **Alivia Preventive Analytics** leverages AI-driven analytics to identify high-risk claims early in the adjudication process.
- A pre-adjudication approach enables proactive intervention and prevents improper payments before the Fraud, Waste, and Abuse can occur.
- The **Alivia Preventive Analytics Claims Manager** launches on **June 29, 2026**.

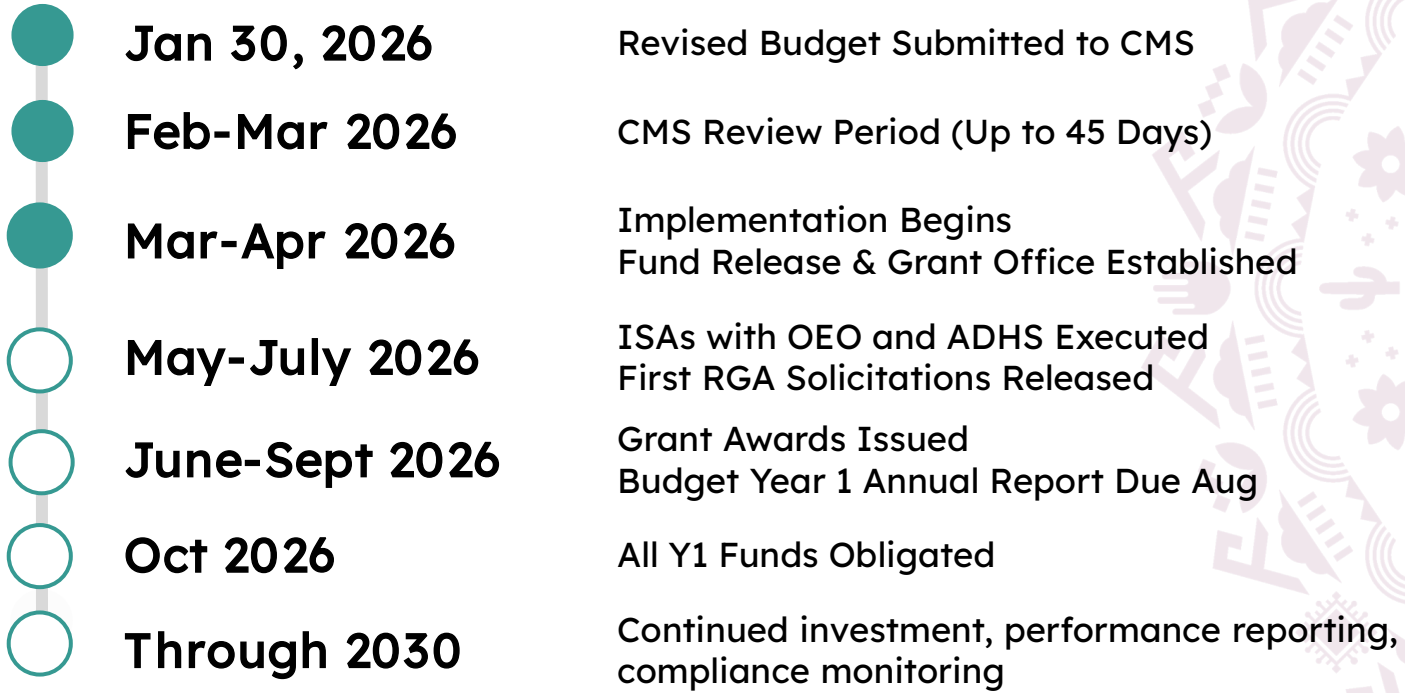
Rural Health Transformation Program (RHTP)



Katie Pompay
State Project Officer, RHTP



Implementation Timeline



General Update

- The Rural Health Transformation Program is a multi-year CMS cooperative agreement designed to strengthen rural healthcare access, workforce capacity, and system stability across Arizona, including Tribal and Tribal-serving communities.
- AHCCCS serves as the lead agency for this program, working closely with ADHS and the Office of Economic Opportunity with input from the Governor's Office. Each agency has distinct roles, but we are operating as one coordinated system with shared accountability.
- Today's discussion is an early engagement conversation. No funding decisions are being made today. The goal is to share what funding opportunities are coming, how Tribal Nations can engage with the State, and what pathways exist to partner in ways that respect Tribal sovereignty and community priorities.
- We will be providing you with a Tribal funding guide that outlines pathways for participation.
- The program timeline is publicly available on the AHCCCS RHTP website so you can plan at your own pace. <https://www.azahcccs.gov/AHCCCS/Initiatives/RHTP/>



Agency Leadership Introductions

AHCCCS Leadership & Programs

TEAM



Name: Katie Pompay
Title: Executive Project Manager
Role: RHT Project Officer
Email:
Katie.Pompay@azahcccs.gov



Name: CJ Loiselle
Title: Assistant Director, DBHH
Role: RHT Principal Investigator (PI)
Email:
CJ.Loiselle@azahcccs.gov

Program Overseen by AHCCCS

Priority Health Initiatives Grant Portfolio

- Behavioral Health and SUD Grant program (\$10M)

Making Rural Healthcare Accessible

- Telehealth Hubs, Remote Monitoring, Digital Infrastructure, and Care Coordination (\$17M)
- Rural Health Innovative Care Pilot Program (\$21M)

Making Rural Healthcare Resilient

- Medical Diagnostic Equipment and Technology (\$30M)
- Provider Liaisons Pilot program (\$389,960)
- Adopt Shared Services Consortium programming (\$5M)
- Technical Assistance for Operational and Fiscal Performance programming (\$2.8M)

What We Want to Share Today

- A high-level overview of RHTP priorities and funding focus areas
- How Tribal Nations can engage with AHCCCS
- Where to find timelines, terms, and ongoing updates

Next Steps & Opportunities for Partnership

- Review the Tribal Funding Mechanisms Guide (being provided today)
- Decide which engagement pathway best fits your Nation's priorities:
 - Government-to-Government consultation
 - Vendor/contractor partnership

ADHS Leadership & Programs

TEAM



Name: Celia Nabor
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Public Health
Prevention Services
Email:
Celia.Nabor@azdhs.gov



Name: Nicole Witt
Title: Assistant Director,
Public Health
Preparedness
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Programs Overseen by ADHS

Priority Health Initiatives Grants Portfolio

- Improving Rural Maternal-Fetal Health Grant program (\$5 M)
- Chronic Disease Prevention and Management program (\$12 M)
- Provider Upskilling Support for EMS & CHWs/CHRs (\$4 M)

What We Want to Share Today

- Share high level overview of the Chronic Disease Prevention and Management strategies
- Share high level overview of the Maternal-Fetal Health strategies
- Plans to work with a community organization to support the workforce priority (i.e. upskilling CHW and CHR)

Next Steps & Opportunities for Partnership

- Provide feedback on strategies Chronic Disease Prevention & Management and Maternal & Fetal Health
- Provide feedback on training needs CHW and CHR
- Provide feedback on desired path for receiving RHTP funds
 - Chronic Disease Prevention and Management approximately \$800k
 - Rural Maternal-Fetal Health Grant program approximately \$750k

OEO Leadership & Programs

TEAM



Name: Kathryn Belous
Title: Workforce Strategies Administrator
Email:
kathryn.belous@oao.az.gov



Name: Dante Mitchell
Title: Chief Government and Community Affairs Liaison
Email:
dante.mitchell@oao.az.gov

Programs Overseen by OEO

Workforce Development & Training Initiatives

- Rural Education & Training Expansion (\$32.1M)
- Financial Incentives (\$8M)
- Rural Innovation Learning Network Council (\$2M)
- Provider Upskilling & Residency Support (\$1M)

What We Want to Share Today

- Share overview of Rural Education & Training Expansion Tiers
- Share overview of Financial Incentives for Rural Practice and Service Commitment
- Share overview of WF Advisory Council and Request Recommendations for Participants
- Share overview of Provider Upskilling & Residency Support
- OEO Project Office Activities and Deliverables Overview

Next Steps & Opportunities for Partnership

- Request contacts from Tribal College Administrators/HC Faculty
- WF Advisory Participation
- Rural Innovation Learning Network Participation

Deepening the Partnership

Call to Action: Identify the top areas of needs for your Tribe

- Where are the greatest gaps in care, infrastructure, workforce, or services that affect your community today?
- Which priorities should be addressed first to make a meaningful, near-term impact?

Discussion Questions for Tribes & Tribal Liaisons

- **Programming:** What is your program plan in this service area? What would success look like for your tribe?
- **Engagement:** How do you plan to engage with your Tribe and this service area – community input, partner organizations, existing programs?
- **Capacity & Support:** What capacity, partners, or technical assistance does your Tribe need to launch?

Survey: Information Needed from Tribal Liaisons

Tribal Liaisons will complete an online survey capturing the following:

- **Initiative Selected:** Which RHTP initiative your request aligns with
- **Approximate Dollar Amount:** Estimated funding request
- **Partners:** Who are the partners involved in this program
- **Tribal Liaison Contact:** Name, role, and contact information
- **Type of Contract:** Government-to-Government, vendor/contractor, or other
- **Timeline to Launch:** Anticipated start date and key milestones
- **Program Duration:** Length of the proposed program
- **Technical Assistance Needed:** Areas where state agency support is requested



[Tribal Interest Form](#)



Ad-Hoc Tribal Consultation Agenda Preview

May 27th Ad-Hoc Tribal Consultation Preview



OBJECTIVES

- ✓ **Share** information on specific funding opportunities offered by each agency
- ✓ **Support** tribal leaders in understanding pathways to partner with the state through open discussion

WHAT WE'LL COVER

- 1 Tribal Consultation Notification & Opening Remarks
- 2 Funding Opportunities & Discussion (AHCCCS, AOEO, ADHS)
- 3 Next Steps & Closing Remarks



LOGISTICS



DATE: May 27th, 2026



TIME: 8:30 AM - 4:30 PM MST



FORMAT: [Zoom Registration Link](#) | [In-Person Registration Link](#)



LOCATION: State Capitol 2nd Floor Conference Room,
1700 W Washington Street in Phoenix, Arizona



Zoom Registration



In-Person Registration



Thank You



LUNCH - 12:00PM – 12:30PM

We will return at

12:30PM with Tribal Open Mic



Tribal Open Mic

Participation Guidelines

- Please restate your name and tribal affiliation when speaking.
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 - Use the raise hand feature to speak.

Applied Behavior Analysis (ABA) Services Updates (AMPM Policy 320-S)



Dr. Theresa Costales, MD
AHCCCS CMO

Topics

Policy Update Goals

Policy Update Process

ABA Model of Care

Proposed Key Policy Updates

Next Steps

Why Now?

- AMPM Policy **320-S** was last updated in 2020
- AHCCCS received feedback from parents, providers, provider associations, and other stakeholders that additional policy provisions were needed to ensure the **safe** delivery of **high-quality** ABA services to members, while also ensuring services are **medically necessary**
- There has been national attention on ABA services, particularly those paid for by state Medicaid programs, with conversations focused on balancing access to care with the federal Medicaid mandate to ensure services are medically necessary and cost effective

Goals of ABA Policy Update

Improve outcomes of ABA services by ensuring providers adhere to the evidence-based model of care

Ensure unlicensed staff providing care to vulnerable members are qualified and appropriately supervised by Licensed Behavior Analysts

Inform parent/caregiver expectations of quality ABA services to empower them to properly advocate for their children

Increase coordination of care between service providers to ensure each member's overall needs are considered and addressed

Policy Update Process

- Clinicians at AHCCCS have conducted reviews of clinical best practice guidelines (including Catalight Practice Guidelines and Council of Autism Service Providers ABA Practice Guidelines), scientific studies, and ABA policies from other state Medicaid agencies to inform policy updates
- We additionally conducted numerous listening sessions and engagements with subject matter experts and key stakeholders from the community - ABA center leaders, public policy leaders, practicing BCBA's, and member advocates

Proposed Key Policy Updates



Note on Numbers in Proposed Policy

- There are **no hard limitations** on service hours being proposed – all medically necessary services will be authorized.
- There are several situations that would require additional documentation:
 - When **greater than 25 hours of services per week** are being requested, the requesting provider must explain why this service intensity is needed for the member's level of functional impairment.
 - When **greater than 15 hours of services per week are being requested for full-time students (who are in school 30-35 hours/week)**, the provider must explain why this time intensity is needed and how the member will have all of their needs met (including other services, time for free play and rest) while participating in ABA.

Unlicensed Staff Qualifications and Supervision



Updated Definitions of Unlicensed ABA Staff

Alignment with national standards
Standardization across AHCCCS service providers
Ensures training and credentialing



Establishing New Unlicensed Staff Qualifications

Fingerprint clearance
Background & abuse registry checks
Registered Behavior Technician (RBT)
Certification for ABA Technicians



Strengthening Clinical Supervision Requirements

Requires that the Licensed Behavior Analyst joins and directs a minimum of 1 out of every 10 hours of services delivered by the ABA Technician

Accessing ABA Services – Diagnosis & Referral

Qualifying Diagnosis Is Needed

- Diagnosis made via a Comprehensive Diagnostic Evaluation (CDE) completed by a Psychiatrist, Neurologist, Licensed Psychologist, Developmental Pediatrician or Pediatrician with DDD approved ASD diagnosis training

Referral for ABA Assessment Completed

- Diagnosing clinician or primary care provider (PCP) refers for initial ABA Assessment (referral is valid for 1 year)

Accessing ABA Services – ABA Assessment

ABA Assessment is completed by a Licensed Behavior Analyst (LBA) and includes:

- Caregiver interviews
- Direct observation
- Assessments of skills and behaviors
- Review of history, prior interventions, co-occurring disorders
- Coordination with other treatment providers

Accessing ABA Services – Treatment Planning

Treatment Plan completed by the LBA in partnership with the parent/caregiver(s). The plan must:

- Be individualized
- Be person-centered
- Align types and amounts of services being requested with the member's needs as described in the ABA Assessment
- Include a plan for caregiver involvement in treatment
- Be shared with the referring clinician and other service providers whenever appropriate to support coordination of care

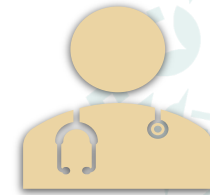
Accessing ABA Services – Medical Necessity Criteria



Qualifying Diagnoses

Diagnosis must be made by qualified clinician via a comprehensive diagnostic evaluation (CDE)

Qualifying diagnoses include Autism Spectrum Disorder (ASD) and other Neurodevelopmental Disorders (including Intellectual Disabilities)



Additional Medical Necessity Criteria

Includes specific functional impairment criteria to ensure treatment being requested is clinically appropriate to meet the member's needs

Prior and Continued Authorization of Services

Creating Clinician Review Opportunities

- Health plan clinicians with experience in ABA must review the clinical appropriateness of ABA services requested before those services begin and at least every six months afterwards.
- Providers must document the reasons why services are being requested to ensure children and vulnerable adults are receiving the right mix of services to meet their individual needs, and that services provided are effective, leading to improved outcomes.

Individualized Oversight

- Ongoing oversight ensures providers do not continue services that are not working, and that children have a chance to be children in their community, school, and at home.
- Whether services continue must be decided on an individual basis and focused on achieving positive outcomes.
- Supports members and families' ability to access services in the least restrictive setting, promoting integration within their broader community & school.

Parent/Caregiver Roles

Parents & Caregivers are an essential part of treatment and should be included in:

ABA Assessment

- Information gathering
- Observation

Treatment Planning

- Progress assessment
- Goal updates

Caregiver Training

- Supporting treatment goals across environments

Key Take-Aways

The primary goals for the AHCCCS ABA policy revisions being proposed are:

- Ensuring that individuals providing ABA services to vulnerable members are appropriately **trained, supervised, and have undergone fingerprint clearance, and background checks;**
- **Access to care** is maintained and members are not turned away from services if they need greater individualization of services (i.e., accommodation of school, family, or other commitments);
- Members receive **high-quality services that are individualized & achieve positive outcomes.**

Next Steps

DRAFT Policy updates posted for public comment	April 17, 2026
Public comment period closed	June 2, 2026
AHCCCS review of public comment	June 2-July 9, 2026
Finalize and Publish Policy	Anticipated Late Summer/Early Fall 2026

AHCCCS Requests Your Input - How to Engage

- Review the draft Policy available the AHCCCS website under the ACOM and AMPM [Policies Under Review](#) and submit Public Comment
- Visit our website and explore the Autism Spectrum Disorder web page: [Resources for Members with Autism Spectrum Disorder \(ASD\)](#)
- Email us at: ABA@azahcccs.gov
 - With questions/concerns
 - With ideas on how to best engage you
- We are exploring additional ways to share information and address comment questions during the public comment period. Details will be shared when available.

Where Can I Find More Information About Today's Topics?

- This presentation and recording will be posted to the AHCCCS website on the Autism Spectrum Disorder web page: [Resources for Members with Autism Spectrum Disorder \(ASD\)](#)
- AHCCCS will post ABA FAQs that include information you heard today on Friday, April 17th
 - You will find the FAQs on the AHCCCS website on the Autism Spectrum Disorder web page: [Resources for Members with Autism Spectrum Disorder \(ASD\)](#)
 - These will continue to be updated

Other Resources & References

1. The Social Security Act (SSA) Sec. 1905(a)(4)(B), 42 CFR 441 Subpart B., and 42 CFR 440.130
2. Social Security Act 1905(a)(4)(B): the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit, where states must cover all medically necessary services for children, including services to address Autism Spectrum Disorder (ASD) and the implementing regulations at 42 CFR 441 Subpart B
3. [AHCCCS ACOM and AMPM Dictionary](#)
4. [Arizona Revised Statute Title 32-2091 Licensing](#)
5. [Arizona Revised Statute Title 32-2091.08 Exemptions from Licensing](#)
6. [Arizona Revised Statutes Title 32 Professional and Occupations](#)
7. [Arizona Revised Statute Title 32-2091.08 Exemptions from Licensing](#)
8. [Section 504 Rehabilitation Act of 1973](#)
9. [AHCCCS Covered Behavioral Health Services Guide](#)
10. [AHCCCS Medical Coding Resources](#)
11. [AHCCCS Behavioral Health Services Matrix \(B2 Matrix\)](#)
12. <https://www.casproviders.org/asd-guidelines/>
13. <https://www.catalight.org/clinician-tools/practice-guidelines>



Thank You



H.R. 1

Josue Macias

Executive Consultant – H.R.1 Implementation

H.R.1 Overview

- On July 4, 2025, Congress passed H.R. 1, also known as the *One Big Beautiful Bill Act* or *Working Families Tax Cut Legislation*.
- This federal law makes broad changes to Medicaid programs nationwide and will require AHCCCS to change eligibility, renewal processes, and financing over the next several years.
- AHCCCS is currently in the planning and design phase and will continue to consult with Tribes as implementation details are developed.

H.R.1 Timeline



Key Considerations for Tribal Members

- AHCCCS recognizes the unique legal status of American Indians and Alaska Natives (AI/AN).
- **Many major provisions in H.R. 1 do not apply to Tribal members**, while others may have indirect operational impacts AHCCCS is monitoring closely.
- Key Priority:
 - Ensure systems and policies automatically apply exemptions
 - Avoid added administrative burden on Tribal members and providers

Paths to AI/AN Verification – Based on existing AIHP process co-developed with Tribes

- Documents provided at application
- Verified by utilization at an IHS, 638 or ITU facility
- Form submitted by individuals
- Form submitted by facility

Estimated Member Impacts

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

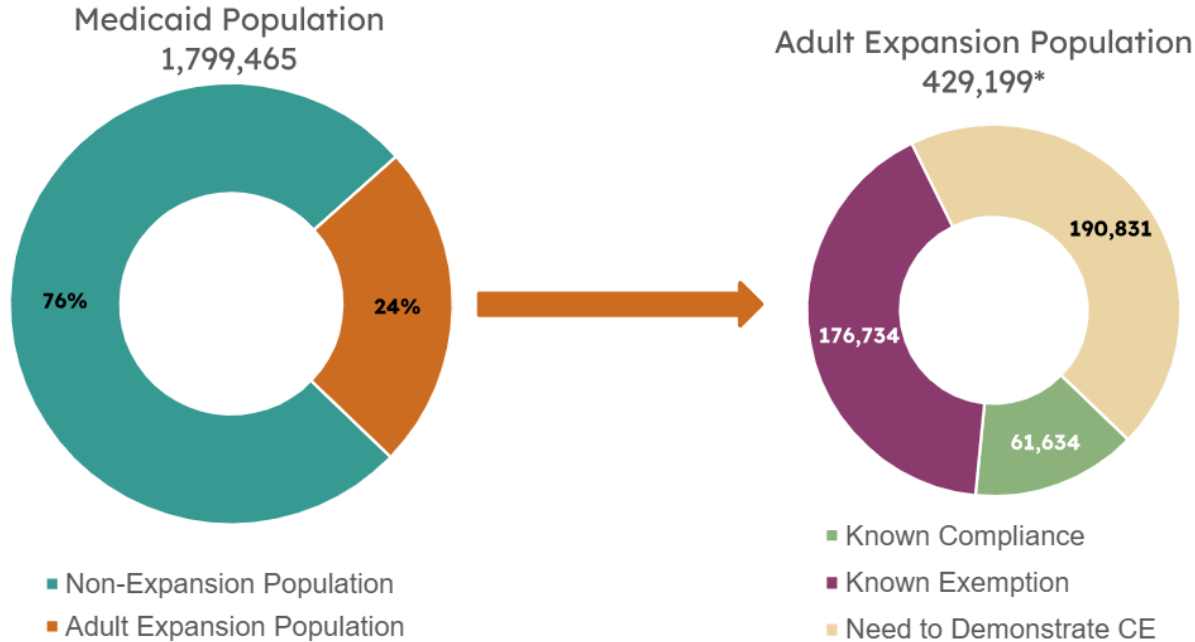
*Internal Data Estimates as of March 2026

**Unique individuals (de duplicated).

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



Member Impacts



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

*Internal Data Estimates as of March 2026

Community Engagement (Work Requirements)

Eligibility and Coverage Changes

Effective: January 1, 2027

- H.R. 1 establishes monthly community engagement requirements (work, education, caregiving, volunteering, or income threshold) for some Medicaid expansion adults.
- **American Indians and Alaska Natives are explicitly exempt** from community engagement requirements under federal law.
- Tribal members **will not be required** to report hours, income, or qualifying activities to maintain AHCCCS eligibility under this provision.

AHCCCS is developing systems to automatically recognize AI/AN status to ensure exemptions are applied without putting additional burden on Tribal members.

6 Month Renewals

Eligibility and Coverage Changes

Effective: January 1, 2027

- H.R. 1 requires certain Medicaid expansion adults to renew eligibility every six months instead of annually.
- **This requirement does not apply to Tribal members.**

Tribal members will continue to follow existing renewal timeframes and protections.

Cost Sharing Requirements

Eligibility and Coverage Changes

Effective: October 1, 2028

- Certain non-Tribal expansion adults with income above 100% of the federal poverty level will be subject to cost sharing for some of their care.
- Certain services and care delivered at certain settings are exempt from this requirement and will still be covered free of charge. This includes:
 - Primary care, mental health visits, prenatal care, pediatric care, emergency care, and
 - Care delivered at federally qualified health centers (FQHCs) and rural health clinics (RHCs).
- **Tribal members remain exempt from Medicaid cost sharing, consistent with longstanding federal protections.**

Services provided through UHS, Tribal 638 facilities, and urban Indian health programs remain protected.

Retroactive Coverage

Eligibility and Coverage Changes

Effective: January 1, 2027

- Typically, Medicaid programs are required to provide retroactive coverage for 3 months preceding the individual's Medicaid application.
- Federal law limits retroactive coverage to:
 - 1 Month for expansion adults
 - 2 Months for children, adults 65+, and individuals with disabilities.
- AHCCCS currently operates under a waiver of these requirements for expansion adults commonly referred to as the "Prior Quarter Coverage" waiver.
- AHCCCS is evaluating how H.R.1 interacts with this waiver.

AHCCCS will consult with Tribes before final decisions are made that could affect access or continuity of care.

Immigrants

Eligibility and Coverage Changes

Effective: October 1, 2026

- H.R. 1 narrows eligibility for AHCCCS Medicaid or KidsCare coverage to:
 - Lawful permanent residents
 - Certain Cuban and Haitian entrants
 - Individuals from the Compacts of Free Association nations
- Refugees, asylees, and other humanitarian groups who were previously eligible for full Medicaid coverage only qualify for emergency services.
- **Eligibility for Tribal members is not changed by this provision.**

AHCCCS will send notices directly to impacted members to explain their options.

Financing and System Impacts (High-Level)

H.R.1 also includes changes that affect Medicaid financing statewide, including:

- Reduction to provider taxed beginning October 2027.
- Phased reductions to State Directed Payments (SDPs) to certain providers beginning January 2028
- Stricter federal penalties for Erroneous Payments
- Reduced federal match for Federal Emergency Services (FES) beginning October 2026

AHCCCS continues to evaluate whether and how these financing changes could indirectly affect Tribal providers or care delivery and will engage Tribes early if impacts are identified.

AHCCCS Implementation Approach

AHCCCS has established cross-agency and cross-divisional workgroups and is collaborating with state agencies, CMS, vendors, providers, and stakeholders to plan for H.R.1 implementation.

Key priorities include:

- Minimizing administrative burden on members
- Preserving exemptions and protections for Tribal members
- Ensuring accurate system identification of AI/AN status
- Providing timely, culturally appropriate communications

Upcoming Engagement & Next Steps

- AHCCCS expects additional federal guidance June 2026.
- Tribal consultation will continue as policies, systems, and notices are developed.
- Future topics for consultation may include:
 - Notices and outreach strategies
 - System functionality and data sources
 - Member experience and barriers

AHCCCS welcomes questions, concerns, and recommendations from Tribes and remains committed to meaningful consultation throughout H.R.1 implementation.

Questions for Tribal Input

AHCCCS welcomes Tribal guidance and feedback on the following:

Policy & Exemptions

- Are there concerns with how AI/AN exemptions will be applied operationally?
- What should AHCCCS consider to ensure exemptions are applied accurately and consistently?

Systems and Identification

- How can AHCCCS best Ensure Tribal members are correctly identified in eligibility systems?
- Are there Tribal data sources or processes AHCCCS should consider?

Questions for Tribal Input

AHCCCS welcomes Tribal guidance and feedback on the following:

THOUGHTS ON HOW TO MINIMIZE BURDEN TO MEMBERS THAT MAY NOT BE SEEN IN THE DATA (i.e., HOW TO BETTER IDENTIFY AI/AN MEMBERS THAT AREN'T IN THE 48k)?

Member Communication

- What communication methods are most effective for Tribal communities?
- How should AHCCCS design notices to ensure they are clear, culturally appropriate, and accessible?

Access to Care

- Are there concerns about indirect impacts from financing changes (e.g., provider payments)?
- How can AHCCCS minimize disruption to care for Tribal members?

Administrative Burden

Consultation & Ongoing Engagement

Questions for Tribal Input

AHCCCS welcomes Tribal guidance and feedback on the following:

Administrative Burden

- What risks do you see related to increased administrative processes under H.R.1?
- What steps should AHCCCS take to reduce burden on Tribal members, providers, assistors, etc.?

Consultation & Ongoing Engagement

- How would Tribes prefer AHCCCS to structure ongoing consultation?
- Are there specific topics or proposals you would like reviewed in future sessions?

Federal Relations Updates



Maxwell Seifer

*Federal Relations Chief
Division of Public Policy and
Strategic Planning*



1115 Demonstration Waiver Renewal

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.

Current 1115 Waiver Overview

- Arizona's current 1115 Waiver was last approved for a five-year extension on Oct. 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);
 - Arizona Long Term Care System (ALTCS);
 - 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)

1115 Waiver Overview and Renewal

- 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,
 - **Tribal Dental Benefit,**
 - **Traditional Healing services,** and
 - Pre-release services.
- AHCCCS is now in the final drafting stages of its 1115 Waiver Renewal and will be starting **public comment in July.**
- AHCCCS will be hosting a **special TC on this topic on July 15.**

1115 Waiver Renewal

- AHCCCS is watching the Arizona legislative session closely for any potentially new 1115 Waiver Programs.
- As a reminder, in May 2025, Arizona's Legislature passed **HB 2945**:
 - Institutes a new requirement for AHCCCS to first gain legislative approval prior to submitting any new 1115 Waiver Program that:
 - Expands eligibility,
 - Adds new services, or
 - Will lead to an annual increase in utilization greater than 10%.
- The two key Tribal 1115 Waiver related bills are **HB 2177** and **SB 1776**.

HB 2177 – AHCCCS; Waivers; American Indians

- HB 2177 requires AHCCCS to annually seek an 1115 Waiver to allow payments for covered services reduced or eliminated since September 2010, provided to American Indian or Alaskan Native members at Indian Health Service or tribally operated facilities.
- This bill codifies an existing feature of Arizona's 1115 Waiver, typically referred to as the "Tribal Uncompensated Care Waiver."
- First approved by CMS in 2012, this Waiver preserves services delivered to AI/AN members in the case the Arizona Legislature or AHCCCS ever need to reduce benefits due to financial challenges.
- **This bill was signed into law on 4/13.**

SB 1776 – Traditional Healing Services; AHCCCS

- SB 1776 amends existing statutes related to AHCCCS traditional healing to specify that services are available through the Indian Health Service (IHS), tribal facilities, or **urban Indian Organizations (UIOs)**.
- Under the existing AHCCCS Traditional healing program, UIOs must engage in a care coordination agreement (CCA) to receive Medicaid reimbursement.
 - This bill would allow AHCCCS to seek CMS approval to lift this requirement and allow UIOs to bill without a CCA.
- SB 1776 passed out of the Senate and has now crossed over into the House.
 - The bill was heard and passed by House Appropriations but will now need to be heard by the full chamber.



Traditional Healing (TH) – Rate Update and Evaluation

Traditional Healing (TH) Overview

- 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 billing.
- 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.
- DFSM Provider Training will continue to provide trainings on TH, including guidance on claims submission.

Traditional Healing Rate Update

- After various discussions with tribal stakeholders and neighboring states, AHCCCS has increased the fee-for-service TH Rate.
- The following rate is for TH services delivered to non AI/AN members or for TH services delivered by a UIO through a CCA.

Procedure Code	Description	FFS Rate
H0051	Traditional Healing Services	\$289.94

- TH services provided by an IHS or Tribal 638 facility are still reimbursed at the all-inclusive rate (AIR).

Traditional Healing - Evaluation

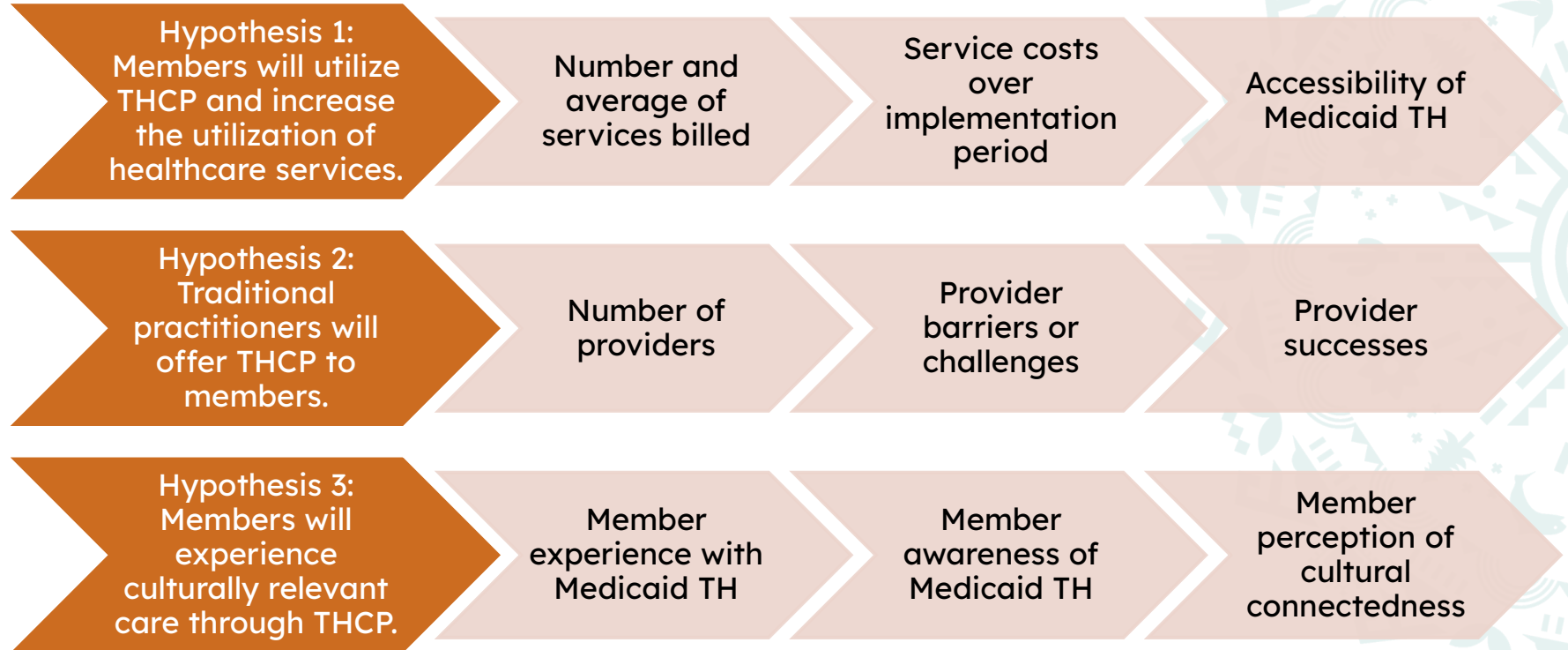
- AHCCCS has contracted with Health Services Advisory Group (HSAG) to conduct an independent evaluation of Arizona's current Demonstration. This also includes the Traditional Healing Waiver.
- As a reminder, the TH Evaluation is meant to measure the effect of Medicaid reimbursement for this service. It is NOT evaluating TH itself.
- Evaluation consist of three main phases of work:
 - Phase I: Develop the Evaluation Design.
 - Phase II: Conduct Interim Evaluations & Develop Interim Evaluation Reports.
 - Phase III: Conduct Summative Evaluations & Develop Summative Evaluation Report.



Traditional Healing Evaluation - Background

- After several TH Workgroup Meetings and ad hoc Tribal Consultations, AHCCCS submitted the TH Evaluation Design to CMS on 1/29/2026.
- The design was a collaborative effort between:
 - Tribal stakeholders, including the TH workgroup,
 - AHCCCS, and
 - Health Services Advisory Group (HSAG).
- CMS has shared their first round of feedback on the current Evaluation Design with AHCCCS.
- CMS has requested a response by 06/20/2026.

TH Evaluation – Previous Submission



Traditional Healing Evaluation: Feedback

CMS Comment #1 - Add measures to assess physical and behavioral health outcomes

- Previously discussed with HSAG at one of the first Ad-hoc Tribal Consultations on this topic.
- The TH workgroup previously recommended the following measures be removed:
 - Percentage of members with a follow-up visit after an ED visit for SUD
 - Percentage of members with a follow-up visit after hospitalization for mental illness
 - Percentage of members initiating and engaging with SUD treatment
 - Percentage of members who remained on antidepressant medication treatment

Traditional Healing Evaluation: Feedback

CMS Comment #2 - Consider THCP Comparison Group

- CMS recommended to explore whether "members who are eligible for Medicaid THCP but do not receive Medicaid THCP services could be used as a comparison group."
- Initial AHCCCS thoughts:
 - Utilization of TH services is influenced by a wide range of factors, and its extent goes far beyond Medicaid reimbursement.
 - Concerns with finding a suitable "comparison" group. Just because a member did not receive Medicaid TH does not mean they have not received other TH.

Traditional Healing Evaluation: Feedback

CMS Comment #3 - Strengthen Background Section

- CMS asked for the state to better "describe the underlying problem, its magnitude, and why the demonstration addresses it."
- CMS has also asked for "descriptive statistics and baseline information (as available) that describe the level of unmet need and summarize how Medicaid-reimbursable THCP intends to address those gaps."

Traditional Healing Evaluation: Feedback

CMS Comment #4 - Clarify Survey and Focus Group Approach

- CMS has asked for the state to:
 - "Clarify the number of times it will collect focus group and beneficiary survey data,"
 - "Consider utilizing a standardized set of experience of care survey questions (e.g., Consumer Assessment of Healthcare Providers and Systems)"

Traditional Healing Evaluation: Feedback

- CMS also provided the other following comments which are being further evaluated by AHCCCS and HSAG
 - "Clarify which member groups and provider types the THCP policy affects, including eligibility and participation criteria."
 - "Clarify alignment across THCP goals, hypotheses, and Research Questions, including how the THCP evaluation aligns with Titles XIX and XXI objectives."



All-Inclusive Rate for Tribal ALFs

All-Inclusive Rate for Tribal ALFs

- On November 18th, 2025, AHCCCS received a formal request to evaluate reimbursing Tribal Assisted Living Facilities (ALFs) at the enhanced Medicaid All-Inclusive Rate (AIR).
 - This formal request followed various discussions and outreach, including a presentation from the Tohono O'odham Nation during the November 4th, 2025 Tribal Consultation.
- Following these requests and discussions, AHCCCS has conducted extensive research into the feasibility of a State Plan Amendment to allow for this change.
- All State Plan Amendments must be allowable under existing Federal statute, rules, and regulations.

All-Inclusive Rate for Tribal ALFs

- Existing guidance from CMS on the AIR seems to indicate that only certain facilities are eligible for reimbursement at this rate. This includes inpatient/outpatient hospital services, clinics, and nursing facilities/skilled nursing facilities.
- AHCCCS was also unable to find any evidence of any other state reimbursing ALFs at the AIR.
 - CMS later confirmed they are also unaware of any ALF being reimbursed at the AIR; however, they have still not given a definitive answer on whether it is allowable.
- Due to this uncertainty, AHCCCS has engaged with CMS on the topic given the novel nature of the request.

All-Inclusive Rate for Tribal ALFs

- With each round of questions, CMS has been interested in understanding:
 - What authority we currently cover and reimburse Tribal ALFs,
 - How Tribal ALFs interact with our 1115 Waiver and Managed Care,
 - Distinctions between Tribal ALFs and non-Tribal ALFs,
 - What services are provided by Tribal ALFs,
 - *Comparisons of ALF rates in Arizona,
 - *How reimbursing at the AIR may address federal economy and efficiency requirements.

*indicates most recent round of CMS questions

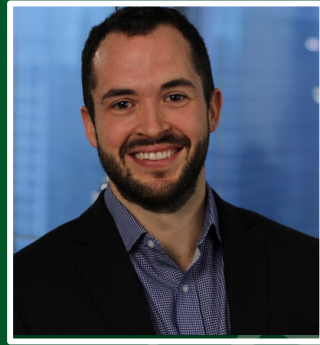
All-Inclusive Rate for Tribal ALFs

- AHCCCS is now working on a response to the most recent round of CMS questions.
- Additionally, due to the novel nature of this proposal and request, it is likely CMS will have several additional rounds of questions as they seek to determine whether it is a request they would be able to approve.
- AHCCCS will continue to provide updates at future Tribal Consultations until a determination is made by CMS.



Questions?

Federal Relations Update



Ryan Melson

Federal Relations Specialist, Division of
Public Policy and Strategic Planning

State Plan Amendment (SPA) Updates

Federally Qualified Health Center (FQHC) Rural Health Clinic (RHC) Services

- Submitted March 31, 2026, This SPA clarifies long standing Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) service coverage policy.
- The effective date will be January 1, 2026.

H2021 Community Based Wraparound Services

- Open billing code H2021 (wrap-around services, 15 minute units) for a limited group of high-needs youth (CALOCUS 4 through 6), as part of a targeted pilot with trained High Needs Case Management providers who have qualified for the Wraparound Training DAP.
- The proposed rate is \$24.63.
- The proposed effective date will be August 1, 2026.



Questions?



Tribal Open Mic

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.

Announcements



Britnee Endishee

Tribal Relations Coordinator



Thank you!



Sage Memorial Hospital
NAVAJO HEALTH FOUNDATION

Quarterly Tri-Agency Tribal Consultation/ Townhall

Date | Tuesday, August 4, 2026

Time | 8:30 a.m. - 4:30PM

Location | Hon-dah Casino Conference Ctr, 777 Highway 260,
Pinetop, AZ

Hosted By:



Upcoming Tribal Meetings

Special Tri-Agency Tribal Consultation

Topic: Rural Health Transformation Program

Date: Wednesday, May 27, 2026

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

Location: Arizona State Capitol, 2nd Floor Executive Tower,
1700 W. Washington Street, AZ



Seeking Tribal Hosts

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
- DFSM Strategic Planning Sessions
- Traditional Healing Workgroup meetings

2026

- November: Open

2027

- February, May, August, November - Open

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



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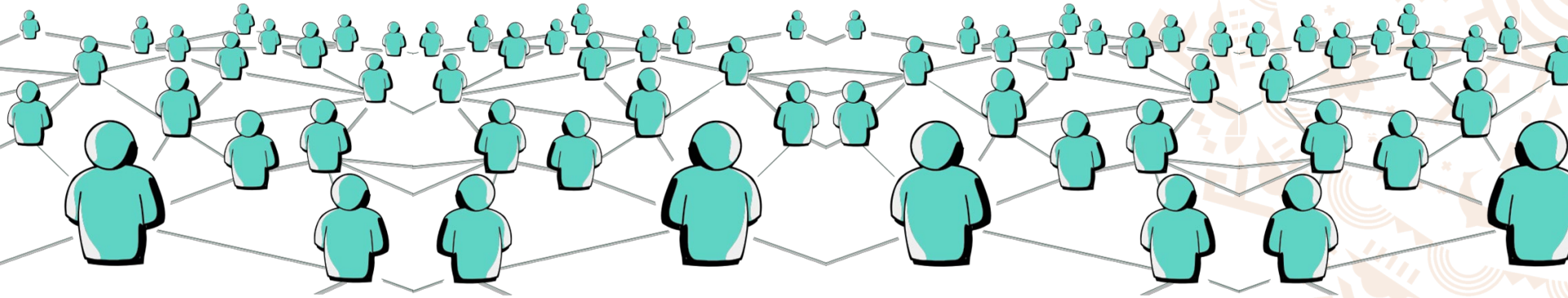
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Learn about AHCCCS' Medicaid Program on YouTube!

AHCCCS
Explains...

Medicaid Eligibility

AHCCCS
Explains...

ALTCS

AHCCCS
Explains...

Health-e-Arizona Plus

 YouTube

Other Resources - 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: chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.azahcccs.gov/Resources/Downloads/ALTCS-EPD/ALTCS-EPD_FAQ.pdf



Closing Remarks



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

ARIZONA
DEPARTMENT OF
HEALTH SERVICES



ARIZONA ADVISORY
COUNCIL ON INDIAN
HEALTH CARE

ARIZONA
HEALTH CARE COST
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Thank you!
Have a great day!

