



Welcome to today's Tribal Consultation Meeting!

We will begin shortly. All lines have been automatically muted.

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LISTEN FOR MUSIC.



Please use the chat feature for questions or raise your hand.

Thank you.

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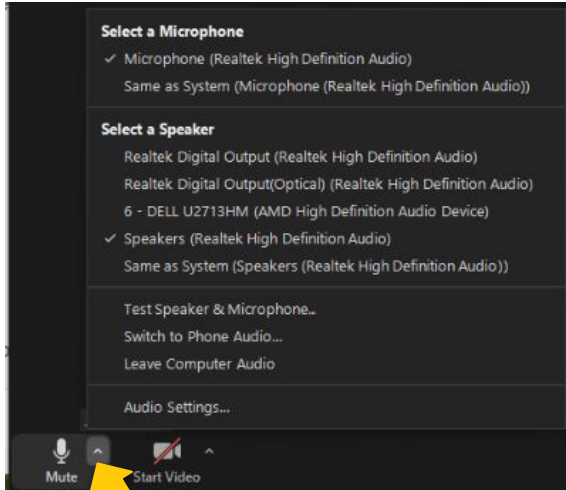
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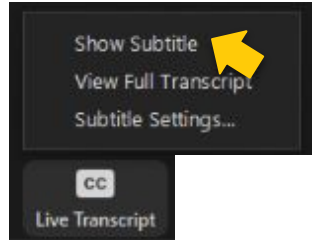
Zoom Webinar Controls

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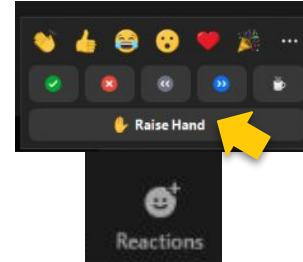
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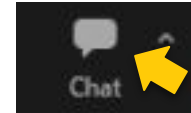
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Raise Hand



Chat



KEYBOARD SHORTCUTS TO RAISE HAND

Windows: Alt+Y to raise or lower your hand

Mac: Option+Y to raise or lower your hand

Invocation



Quarterly Tribal Consultation Meeting

August 11, 2022

Agenda

AHCCCS Updates/Discussion: Jami Snyder

1115 Waiver, Legislative, and SPA Updates/Discussion: Shreya Arakere, Willa Murphy, Ruben Soliz

ALTCS EPD Request for Information: Dana Flannery

AHCCCS Provider Enrollment Update: Veronica Valenzuela and Lisa Quihuis

KidsCare and Freedom to Work Premium Waivers for AI/AN Members: Lori Boyd-Draper

Arizona's Olmstead Plan: Adam Robson

AHCCCS Policy Discussions: Amanda Bahe, Dr. Eric Tack, Danielle Ashlock

9-8-8 Implementation and Crisis Policy Update: CJ Loiselle

DFSM Updates: Ewaryst Jedrasik, Peri Smith, Leslie Short

May 2022 Tribal Consultation Follow-Up

Tribal Consultation Follow-up Items

- Tohono O'odham Nation SNF/ALF Rates request: SNF increased rate in place, still reviewing ALF component
 - ALF rate - additional layer of complexity due to member share of cost (continuing to research)
 - Outreach with other states indicates rate changes to SNFs only
- Reminder - NEMT benefit -310-BB: Went live July 1, 2022.
 - Memo sent out, public comment closed

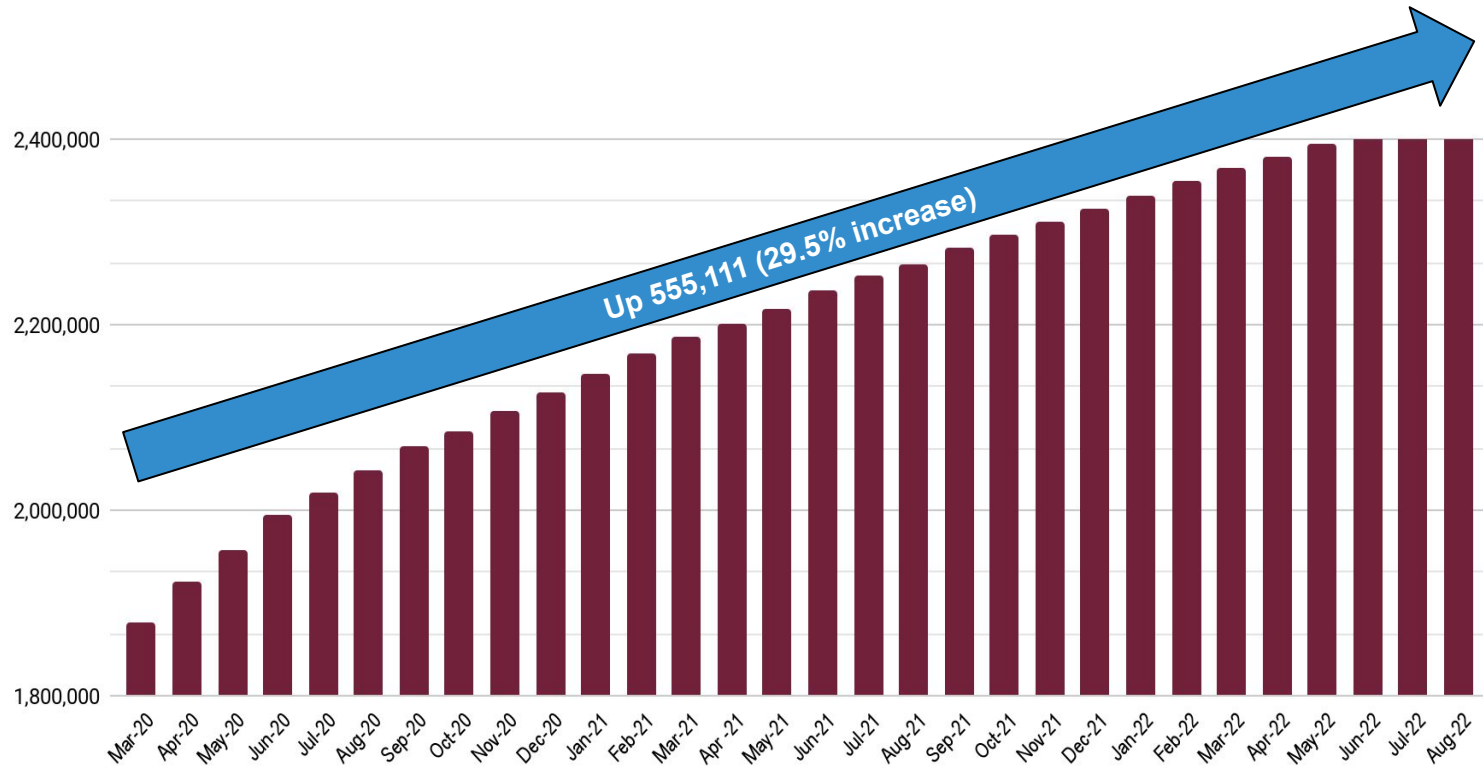


AHCCCS Updates

Jami Snyder, AHCCCS Director



AHCCCS Enrollment: March 2020- August 2022



Public Health Emergency

Public Health Emergency (PHE) Renewed - Effective July 15, 2022

11/1/22-12/1/22
Expiration of the
Maintenance of
Effort Requirement/
Initiation of
Processing
Redeterminations

Continuous Enrollment

6.2% FMAP

PHE

1/21/21 HHS PHE Renewed Flexibilities, enhanced match and MOE continue	4/21/21 HHS PHE Renewed Flexibilities, enhanced match and MOE continue	6/20/21 HHS PHE Renewed Flexibilities, enhanced match and MOE continue	10/18/21 HHS PHE Renewed Flexibilities, enhanced match and MOE continue	1/16/22 HHS PHE Renewed Flexibilities, enhanced match and MOE continue	4/16/22 HHS PHE Renewed Flexibilities, enhanced match and MOE continue	7/16/22 HHS PHE Renewed Flexibilities, enhanced match and MOE continue	10/13/22 PHE Ends
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12/31/22
Expiration of the
Enhanced Federal Match

*AHCCCS has not yet received indication from CMS on whether the federally declared PHE will extend beyond 10/14/1022.

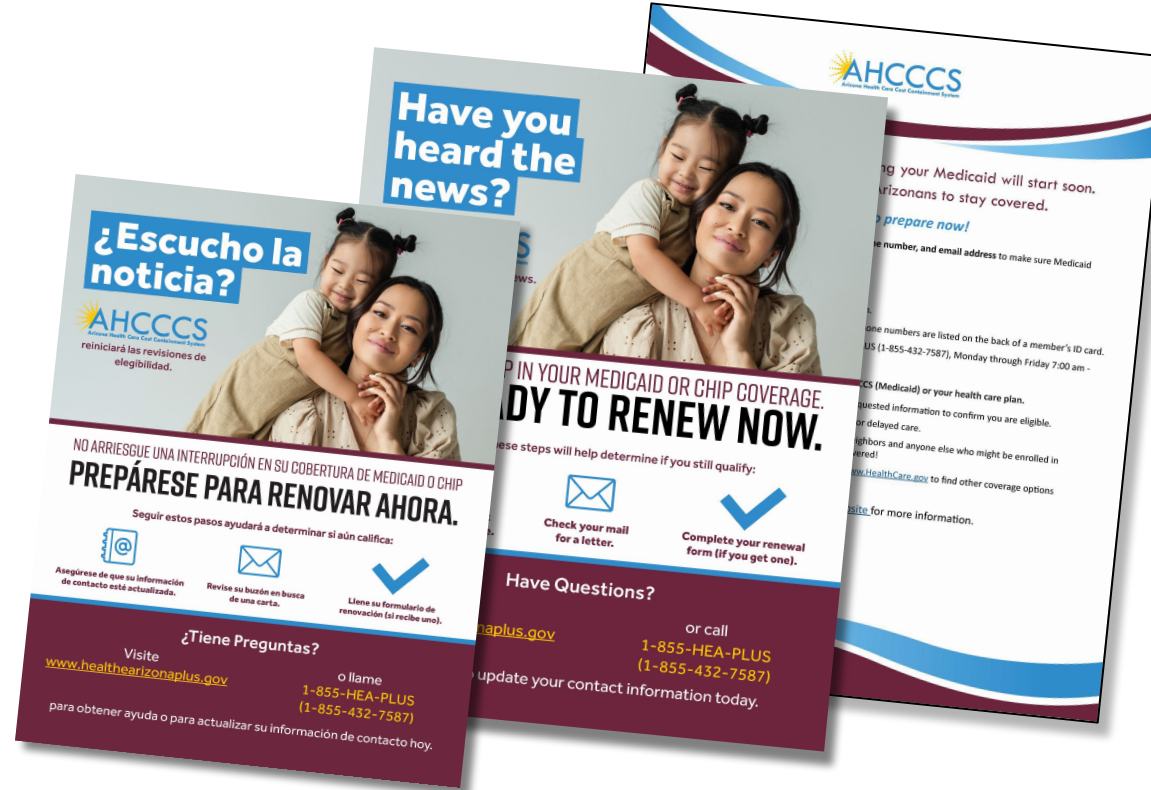
**CMS has indicated that they will provide states with 60 days advance notice prior to ending the federally declared PHE (by August 14, 2022).

Processing Disenrollments Over 12 Months

- Renewals continued through PHE.
- Nearly 635,000 members are either:
 1. **Non-Responsive:** failed to supply needed documentation
OR
 2. **Factually Ineligible:** shown to be ineligible based on information **received** between March 2020 and current date
- After a full redetermination, these members could be found to be *eligible* and will **stay enrolled** or *ineligible* due to changing circumstances and be **disenrolled**.
- It will take approx. **12 months** to complete these renewals.
- MCOs and provider partners, such as IHS, 638s, and Urbans, assisting with member outreach to maintain coverage or connect individuals to alternate coverage options.

Unwinding Strategies

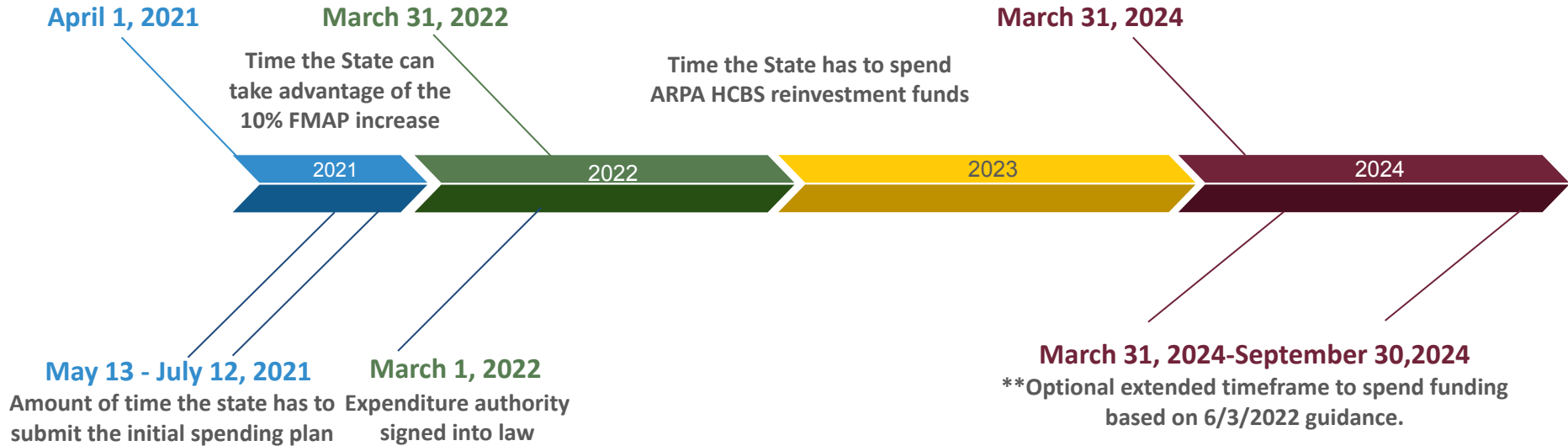
- Robocall campaign
- Letter campaign
- AHCCCS Call Center
- On Hold messages
- Text message campaign (English & Spanish)
- [Website tool kits, fliers, and FAQs](#)





American Rescue Plan Act, Section 9817 Home and Community Based Services

American Rescue Plan (ARP) HCBS Funding Timeline



**This option would not change the amount of funding available to support the initiatives detailed in AHCCCS' ARP HCBS spending plan. It would simply extend the time that the agency has to expend the available funding.

AHCCCS is currently planning to extend the timeframe through **September 30, 2024** or until the funds have been completely expended, whichever is earlier.

Tentative Target Completion Dates

2022	2023	2024
<ul style="list-style-type: none"> • Attracting and Retaining the Workforce Round 1 Payments (<i>April/May</i>) <ul style="list-style-type: none"> ◦ \$500 million • Provider Rate Surveys – BH Rate Studies (<i>Oct</i>) • Upgrading the CATS and QI System (<i>Dec</i>) 	<ul style="list-style-type: none"> • Attracting and Retaining the Workforce Round 2 Payments (<i>March/April</i>) • Grants: First Round of Grants Payments (<i>April</i>) • Online Workforce Database Progress Report Begins (<i>April</i>) • Addressing Social Isolation • Provider Rate Surveys – HCBS and DDD • NCI Core Indicator Survey: Completion of Year 1 of NCI-AD Survey • Freedom to Work • Comprehensive Workforce Development Plan 	<ul style="list-style-type: none"> • Attracting and Retaining the Workforce Round 3 Payments (<i>Feb/March</i>) • Parents as Paid Caregivers • Interactive Caregiver Pathway Platform • BH Practice Tools as CEU/CME • Parent University Training and Support Programs • Investing in HCBS Technologies • Updating the Preadmission Screening Tools • Updating the PASRR System Portal • NCI Core Indicator Survey: Completion of Year 2 of NCI-AD Survey • HCBS Provider EMR – DAP

Target Completion Dates Still Pending Based on Feedback from Sister Agencies or External Partners (e.g., DES, DES/DDD, community colleges):

- | | | |
|--|--|---|
| <ul style="list-style-type: none"> • I/DD/BH Diagnoses and Community Supports • CEU/CME for I/DD | <ul style="list-style-type: none"> • Case Management/EHR System • Creation of an Employment Repository | <ul style="list-style-type: none"> • Career/Training/Education • Abuse and Neglect Awareness Campaign |
|--|--|---|

Medicaid Enterprise System (MES) Modernization

MES Roadmap Project Overview

Purpose

Develop a long-term strategic MES Modernization Roadmap to achieve compliance with Centers for Medicare & Medicaid Services (CMS) requirements to improve interoperability and sustainability of technology solutions that support Medicaid service delivery.

Objectives

- Evaluate and document **current state** business processes, data and supporting technologies to identify opportunities for improvement,
- Develop a Roadmap that will serve as the **future plan** for modernization of AHCCCS' technology and business processes,
- Evaluate and recommend **options** to support the MES modernization with modular offerings rather than custom development,
- Lay the foundation for a **strategic architecture** roadmap as part of the Medicaid Information Technology Architecture State Self-Assessment (MITA SS-A), and
- Establish the steps for **buildout and maturation** of the CMS modularity initiative in Arizona and Hawaii through the MES modernization program.

Working roadmap will be completed by late 2022/early 2023

AHCCCS Long Term Strategic Plan

Director Jami Snyder

Proposed Goals and Strategies

SFY 2023 - 2027

Provide Equitable Access to High Quality, Whole-Person Care

- Reduce provider workforce shortages.
- Ensure all AHCCCS members are able to readily access services in the most appropriate setting to meet their needs.
- Address social drivers of health using available Medicaid levers.
- Improve health outcomes and member experience for individuals with special health care needs through targeted population health programming.

Proposed Goals and Strategies

SFY 2023 - 2027

Implement solutions that ensure optimal member and provider experience

- Maintain and build technology platforms that ensure adherence to existing regulation and enhance program performance.
- Routinely assess and communicate system performance using visualization tools accessible to community stakeholders.
- Eliminate fraud, waste, and abuse across all components of the program.
- Optimize federal block and discretionary grant funding to advance Medicaid programming and systems.

Proposed Goals and Strategies

SFY 2023 - 2027

Maintain core organizational capacity, infrastructure and workforce planning that effectively serves AHCCCS operations

- Improve employee engagement.
- Increase employee retention rates.
- Prevent disruption in program operations by investing in human resource tools and programming.

On the Horizon

- **Unwinding from the Public Health Emergency (PHE)**
- **1115 Waiver Negotiations for 10/1/2022**
 - Targeted Investments 2.0
 - Housing and Health Opportunities Demonstration (H2O)
 - Reimbursement for traditional healing services
 - Reimbursement for adult dental services provided by IHS and Tribal 638 facilities
- **ARPA HCBS Implementation**
 - \$500 million in provider payments to be disseminated in May 2022
- **Readiness and launch of ACC/RBHAs on 10/1/2022**
 - Includes statewide crisis line & 988 readiness and launch
- **MES Roadmap**
- **Integration of DDD Tribal Health Program members to AHCCCS Division of Fee for Service Management (DFSM) on 4/1/22**
- **Transition of American Indian/Alaska Native members designated with a SMI to integrated options on 10/1/22**
- **Continued roll out of Closed-Loop Referral System**
- **Promotion of expanded [Medicaid School Based Claiming program](#), allowing all Medicaid-enrolled children to access health care services on school campuses**
- **Continued support for the [Opioid Services Locator](#) tool**
- **Initial preparations for ALTCS EPD bid (contracts term on 9/30/24)**

Open Discussion

Division of Community Advocacy and Intergovernmental Relations (DCAIR)



Waiver Update

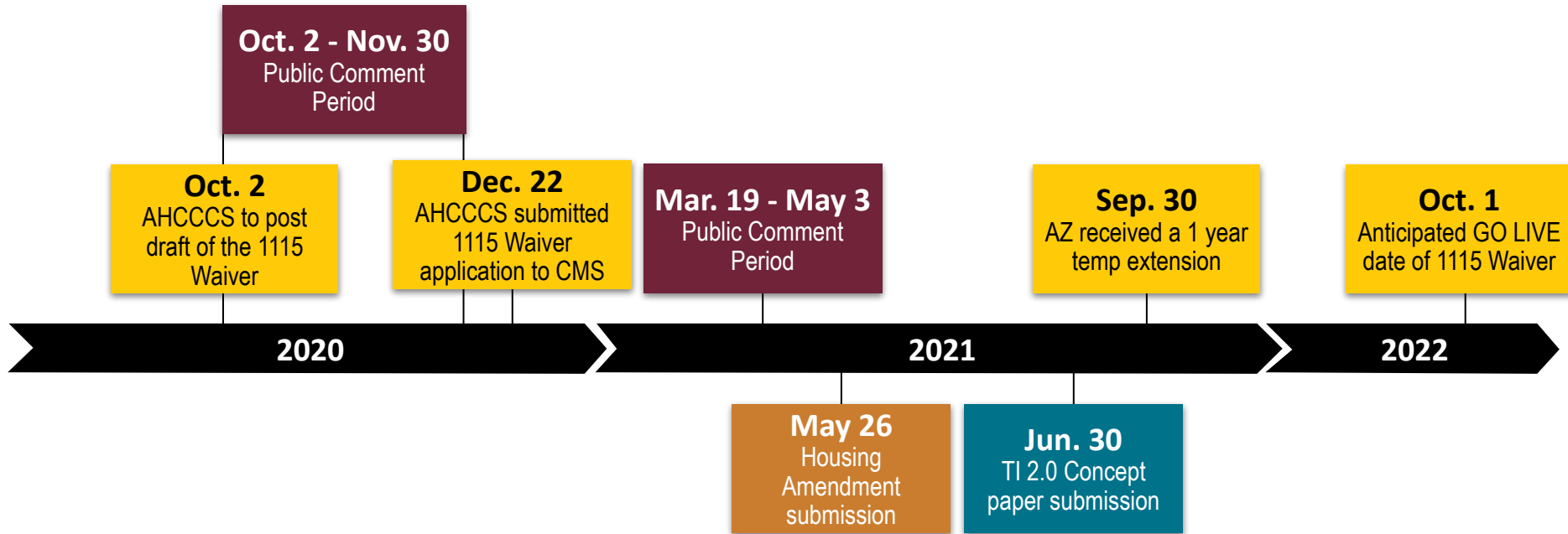
Shreya Arakere, AHCCCS Waiver Manager



Section 1115 of the Social Security Act

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

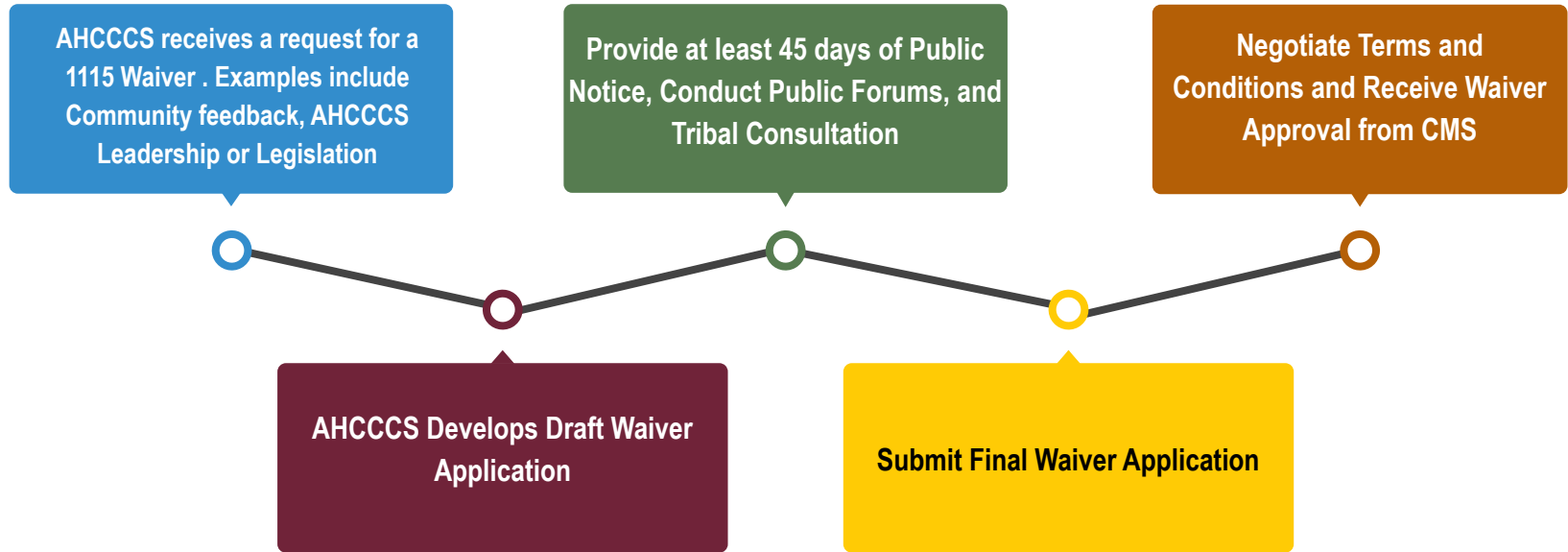
Arizona's 1115 Waiver Renewal Timeline



2022-2027 1115 Waiver Negotiations

Topics	Status
Revise Historical STCs	Complete
Finalize HCBS PMs and Metrics	Complete
Targeted Investments (TI) 2.0	In Progress
ALTCS Tribal Dental Benefit	In Progress
Traditional Healing	In Progress
Housing and Health Opportunities (H2O)	In Progress
Budget Neutrality	In Progress

Timeline - 1115 Waiver Approval Process



Former Foster Youth Annual Automatic Renewal - Current Program Overview

- Eligible Group: Youth who age out of foster care and are on Medicaid when they reach the age of majority.
- Eligibility Period: After aging out of care until reaching 26 years of age.
- Eligibility Requirements: AZ resident, identify and take action needed to get payments from TPL sources, cooperate with child support enforcement, and apply for potential benefits.
- This is otherwise known as the 'Young Adult Transitional Insurance (YATI)' group.

Former Foster Youth Annual Automatic Renewal: What is changing?

- Maintaining eligibility: Young Adult Transitional Insurance (YATI) eligibility will be automatically renewed without requiring additional information from the individual until the individual reaches 26 years of age.
- Effective Date: Effective upon CMS approval and completion of necessary operational and system modifications.

Former Foster Youth Annual Automatic Renewal- Eligibility Limitations

Coverage may end if:

- The individual reaches 26 years of age,
- The individual ceases to be a resident of the state,
- AHCCCS determines that eligibility was determined incorrectly because of agency error or fraud, abuse or perjury attributed to the individual, or
- The individual dies.

Former Foster Youth Annual Automatic Renewal - Future Steps

Upon CMS approval, the following operational and system modifications will be implemented:

1. System programming to stop generating requests for information related to TPL and application for potential benefits,
2. Policy-revisions,
3. Training updates and staff training on policy change, and
4. Develop and deploy communication plan.

Public Comments

Public comments or written testimony from tribes and I/T/Us may be submitted to AHCCCS via:

waiverpublicinput@azahcccs.gov

AHCCCS, c/o Division of Community Advocacy and
Intergovernmental Relations,
801 E. Jefferson Street, MD 4200
Phoenix, AZ 85034

Open Discussion



Legislative Update

Willa Murphy
Legislative Liaison, OOD

2022 Legislative Session Timeline

- Session began on January 10
- Over 1800 bills introduced this year
- Regular committees ended in late March, with budget negotiations lasting until late June
- Bipartisan budget passed June 23
- Adjourned sine die June 24, 2022
- General Effective Date is September 24, 2022



FY 2023 Budget Highlights

- Rate increases (EPD/DD, Global OB, BH Outpatient, etc.)
- Covered services: Chiropractic & Diabetes Self-Management
- Postpartum Extension to 12 Months
- Additional items, including S-BHRFs, Pediatric SNF DAP, continuation of ARPA HCBS language into FY23
- AHCCCS budget request items include funding for our PMMIS replacement, 7 FTE for AIHP SMI Integration, and for Interoperability compliance

Legislative Highlights

AHCCCS Agency Bills

- HB 2157 AHCCCS' supplemental appropriation/exp. authority
- HB 2088 "ALTCS; preadmission screening"

Additional Bills of Note:

- SB 1651 "serious mental illness; annual report"
- HB 2551 "CHIP; redetermination"
- HB 2622 "eligibility; AHCCCS"
- HB 2691 "health care workforce; grant programs"
- Several bills relating to COE/COT and adjacent issues



State Plan Amendments

Ruben Soliz, AHCCCS State Plan Manager



Overview of the State Plan

- Each state has a Medicaid state plan that describes how the state will administer its Medicaid program.
- States must follow broad federal rules in order to receive federal matching funds, but have flexibility to design their own version of Medicaid within the federal statute's basic framework.
- In order to alter a State Plan, states must submit State Plan Amendments (SPAs), and receive approval from CMS.

Upcoming SPAs

CHIP Continuous Eligibility

Allows a CHIP member to remain eligible for benefits for a 12-month period, unless the member exceeds the age of eligibility during those 12-month period.

Chiropractic Benefit

Adds medically necessary chiropractic services as a benefit. Such services must be ordered by a primary care physician under specified circumstances.

Upcoming SPA

Medicaid/CHIP Postpartum Coverage Extension

Expands the coverage period of postpartum coverage from 60-days to 12-months.

Diabetes Self-Management

Expands AHCCCS covered services to include up to 10 hours of outpatient diabetes self-management education for members with a diabetes diagnosis, under specified circumstances.

Fee Schedule Rate Updates

Fee for Service Rate Changes for October 1, 2022:

- Nursing Facility and HCBS rates will receive a 11.0% rate increase as part of the SFY 2023 budget
- Select Behavioral Health Outpatient Rates will receive a 2.5% rate increase
- OB Global Rates (CPT 59400, 59510, 59610, 59618) are increasing by 88%
- Air Ambulance rates were increased on aggregate by 6.7%
 - In particular, A0430 (one-way fixed wing) and A0431 (one way rotary wing) received a 17.7% rate increase
- AZEIP Rates will be updated with rates increasing between 20% to 40%.
- Hospital APR-DRG Rates- Will be updated to account for newborn screening fee increases.

Fee Schedule Rate Updates

Fee for Service Rate Changes for October 1, 2022:

- Transportation, CON providers saw an aggregate increase of 10.2%
- Transportation, Ground Emergency saw an aggregate increase of 6.1%
- FFS rates had a physician drug schedule increase of 6.3% in aggregate
- Rates were set for two “By Report” codes on the BHOP fee schedule and one on the HCBS fee schedule:
 - H0015 (alcohol and/or drug services)- \$138.82
 - S9480 (intensive outpatient psychiatric services; per diem)- \$370.41
 - S5136 (companion care, adult, per diem)- \$177.52

Nursing Facility Provider Assessment /Supplemental Payments

Beginning October 1, 2022, AHCCCS is increasing the provider assessment for Nursing Facilities in the following manner:

- The standard rate will change from \$15.63 to \$20.80
- The high utilization provider rate will change from \$1.80 to \$2.40

As a result of the changes above, the annual increase in supplemental payments to FFS providers is estimated at \$2.5M in total funds.

Disproportionate Share Hospital (DSH) 2023

AHCCCS will submit three SPAs related to the DSH program for fiscal year 2023:

1. One SPA will detail amounts and facilities participating in DSH Pool 5 funding (and other political entities).
2. Another SPA will detail the amounts for DSH Pool 4 funding.
3. The third SPA will detail the amounts for all other DSH Pool funding (non-governmentally operated hospitals and governmentally operated hospitals).

Graduate Medical Education (GME) 2023

AHCCCS will submit two SPAs related to the GME program for FY 2023:

1. One SPA will continue the GME program, indicating the payment methodology and amounts for the program.
2. The other SPA will detail the state General Fund payment methodology and amounts for GME.

Differential Adjusted Payment (DAP)

Purpose: To distinguish providers that have committed to supporting designated actions that improve patients' experience of care, improve member's health and reduce cost of care growth.

Payment: A positive adjustment to the AHCCCS fee-for-service (FFS) rates contingent upon the accomplishment of DAP milestones.

Open Discussion

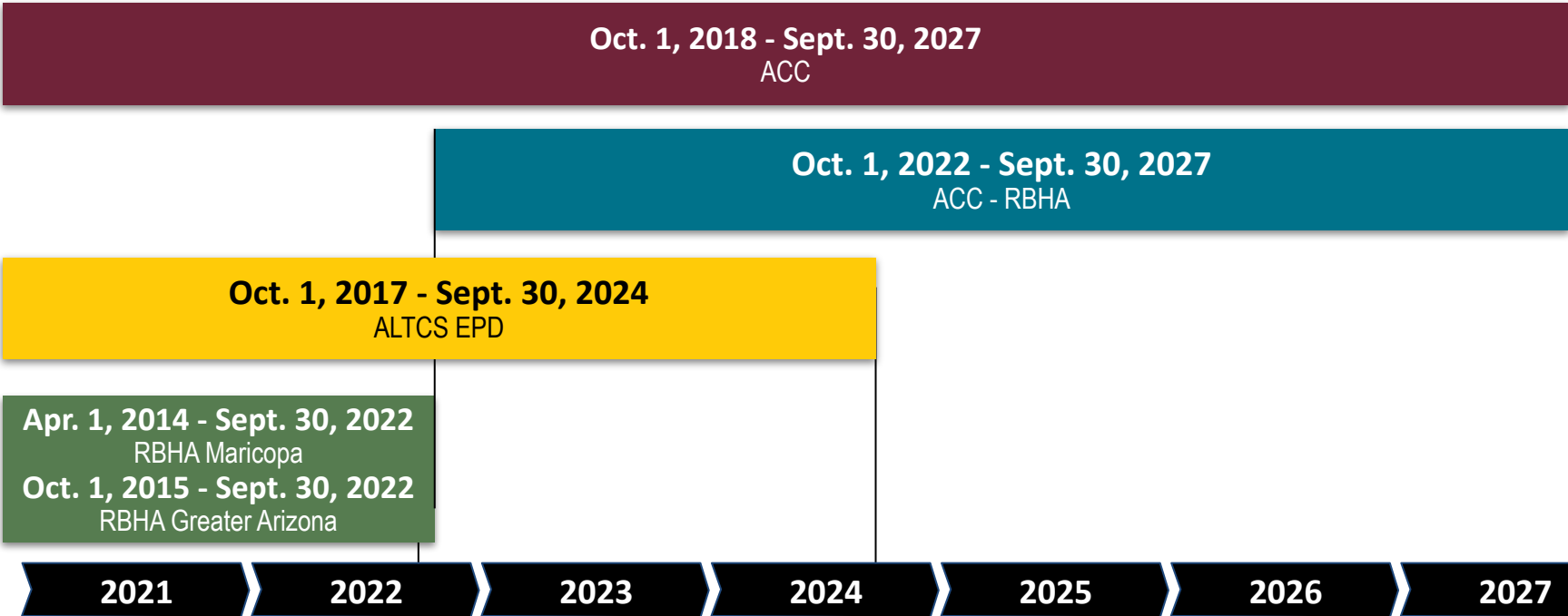


Arizona Long Term Care System (ALTCS) Elderly and Physically Disabled (EPD) Request for Proposal (RFP)

Dana Flannery, AHCCCS Senior Policy Advisor and
DCAIR Assistant Director



Timeline of AHCCCS MCO Contracts



Overview

- AHCCCS is conducting a new procurement for health plans to operate the Arizona Long Term Care (ALTCS) EPD program as required under A.R.S. § 36-2939
- New Contracts will begin October 1, 2024
- As of May 1, 2022, the total ALTCS population is 65,962
 - Approximately 39.1% are in the ALTCS-EPD program.

Overview

- Responsibility to coordinate, manage, and provide integrated care for members in ALTCS, including:
 - Acute care (physical health), Long Term Services and Supports (LTSS), behavioral health, and case management services.

Overview

- Serve members who are elderly and/or have a physical disability including:
 - Adults with General Mental Health/Substance Use (GMH/SU) needs excluding members enrolled in other AHCCCS Medicaid programs (e.g., ALTCS-DD),
 - Adults with a Serious Mental Illness (SMI) designation excluding members enrolled in other AHCCCS Medicaid programs (e.g., ALTCS-DD; ACC-RBHA), and
 - Children, including those with special health care needs; excluding members enrolled in other AHCCCS Medicaid programs (e.g., ACC; ALTCS-DD).

Overview

- Long Term Services and Supports (LTSS)
 - Services and supports provided to members of all ages who have functional limitations and/or chronic illnesses that have the primary purpose of supporting the ability of the member to live or work in the setting of their choice, which may include the individual's home, a provider-owned or controlled residential setting, a nursing facility, or other institutional setting [[42 CFR 438.2](#)].

ALTCS Eligibility: Income

- ALTCS eligibility consists of two elements: **financial and medical**.
- Financial eligibility looks at gross income from all sources, resources (also known as assets), certain types of trusts, and transfers of resources.
- Income and resources have limits that cannot be exceeded.
 - Information is obtained through electronic sources, an interview with the applicant, and any documents that may be requested to make the financial determination.

Medical Eligibility and Enrollment

- The Pre-Admission Screening (PAS) tool is administered in an interview with the applicant and any caregivers. The tool consists of functional and medical questions.
- Applicants who are receiving services through the Division of Developmental Disabilities (DDD) are assessed using the DD tool and those who are not eligible through DDD are assessed using the EPD tool.
- If the applicant qualifies both financially and medically, they are approved.
 - If assessed as an EPD customer, they are enrolled with one of the ALTCS-EPD Health Plans.
 - If assessed as a DD customer, they are enrolled with the ALTCS-DD Health Plan.

The Current ALTCS-EPD Health Plans

CURRENT ALTCS-EPD HEALTH PLAN	GEOGRAPHIC SERVICE AREA (GSA)
UNITEDHEALTHCARE COMMUNITY PLAN	CENTRAL (Maricopa, Gila, and Pinal) (Excluding zip codes 85542, 85192, and 85550) AND NORTH (Mohave, Apache, Coconino, Navajo, and Yavapai)
MERCY CARE PLAN	CENTRAL (Maricopa, Gila, and Pinal) (Excluding zip codes 85542, 85192, and 85550) AND SOUTH (Pima County only)
BANNER-UNIVERSITY FAMILY CARE	CENTRAL (Maricopa, Gila, and Pinal) (Excluding zip codes 85542, 85192, and 85550) AND SOUTH (Cochise, Graham, Greenlee, La Paz, Pima, Santa Cruz, and Yuma) (Including zip codes 85542, 85192, and 85550)



RFP Information

Anticipated ALTCS EPD RFP Timeline

OCTOBER 1, 2024, ALTCS EPD RFP ANTICIPATED PROCUREMENT TIMELINE	
ISSUE RFP	August 1, 2023
HEALTH PLAN PROPOSALS DUE (by 3:00 p.m. MST)	October 2, 2023
AWARD	November 17, 2023
IMPLEMENTATION/EFFECTIVE DATE	October 1, 2024

How to Stay updated on the RFP

- RFP Bidders' Library
 - Visit to obtain RFP Information
 - [EPD RFP YH24-0001 Bidders' Library](#)
 - To sign up for email notifications
 - [Sign Up for EPD RFP Notifications](#)



Stakeholder Input

How to Submit Feedback

- Stakeholders may submit feedback via email to: EPDRFP-Feedback@azahcccs.gov
- Feedback will be accepted until **August 1, 2023, 5:00 p.m. MST**

AHCCCS is Seeking Stakeholder Feedback

- How can AHCCCS improve our current long term care system, and what is working well with the current long term care system for EPD enrolled members?
- How can AHCCCS improve integration of physical, behavioral, and LTSS for the ALTCS-EPD population?
- How can AHCCCS improve LTSS assessment and care planning?

AHCCCS is Seeking Stakeholder Feedback

- What is unclear about how the long term care system works in Arizona?
- What are common challenges faced by **members** enrolled in ALTCS-EPD?
- What are common challenges faced by **providers** providing services for EPD enrolled members?
- What do you think is most important for AHCCCS to require of the ALTCS-EPD Health Plans (e.g., monitoring)?



Serious Mental Illness (SMI) Eligibility Determinations Request for Proposal (RFP)

Purpose

- AHCCCS is conducting a new procurement for a statewide vendor to conduct
 - Eligibility determinations for Arizonans who may have a SMI for:
 - Individuals 18 or older who request or consent to a determination,
 - Individuals 17.5 who are currently receiving behavioral health services in preparation for behavioral health services as an adult, or
 - Individuals ordered to undergo a determination by/through a Superior Court in Arizona.
 - Clinical decertifications for individuals with an SMI designation
- The current vendor is Solari Crisis & Human Services, Inc. (previously called Crisis Response Network)
 - Contract January 1, 2019 - September 30, 2023

Purpose

- Maintain and improve the standardized processes in place to determine SMI eligibility to ensure that individuals who may be eligible for an SMI designation are promptly identified and enrolled for services.
- Ensure SMI eligibility criteria obtained through a behavioral health referral is applied consistently.



Current Contract Responsibilities

Overview of Current Responsibilities

- Vendor responsibilities include but are not limited to:
 - Maintaining a web-based application for health plan and provider use for submittal of evaluation packet information,
 - Rendering SMI Eligibility Determinations within specified timeframes,
 - Reviewing SMI Clinical Decertification requests and rendering a determination within timeframes,
 - [AMPM Policy 320-P Serious Mental Illness Eligibility Determination](#)
 - Attachment A, Serious Mental Illness Eligibility Determination Form
 - Attachment B, Serious Mental Illness Qualifying Diagnosis
 - Attachment C, Administrative Serious Mental Illness Decertification Form
 - Reporting SMI Eligibility Determination information to the AHCCCS SMI Web Portal,
 - Providing training and education to stakeholders and community members, and
 - Grievance resolution and SMI Eligibility Determination Appeals.

Overview of Current Responsibilities

- Collaborating with AHCCCS and a qualifying Health Information Exchange (HIE) Organization to target efforts to specific areas where Health Information Technology (HIT) and HIE can bring significant change and progress as identified.
 - The HIE connects the electronic health record (EHR) systems of providers and clinicians allowing them to securely share patient information and better coordinate care.
 - In Arizona, Medicaid Health Plans and providers use Health Current, a health information exchange organization (HIO) to securely share patient information.



Major Decisions

Major Decisions

July 2022

- **Eligibility Determinations for individuals who may have a Serious Emotional Disturbance (SED) or a Serious Mental Illness (SMI):**
 - The awarded contractor under RFP YH23-0001 will be responsible for rendering the final eligibility determinations for individuals who may have an SMI designation as well as for children who may have an SED designation. The individual's provider is responsible for completing an SED or SMI assessment and submitting documentation to the awarded contractor.

Major Decisions

July 2022

- **System Behavioral Health Category for individuals determined to have an SED or SMI designation:**
 - Effective October 1, 2023, AHCCCS will implement a new system indicator, referred to as a behavioral health category, for identification of individuals who are determined to have an SED. Currently, individuals with an SED designation can be identified in the Pre-Paid Medicaid Management Information System (PMMIS) and SED status is only available to those entities with PMMIS access. This change will allow providers to view the individual's behavioral health category on the member's behavioral health record in the AHCCCS Online system to further improve coordination efforts.

Major Decisions

July 2022

- **Tribal ALTCS and TRBHA use of contractor for SED and SMI Eligibility Determinations:**
 - Tribal ALTCS and TRBHAs may utilize the contractor to render SED and/or SMI Eligibility Determinations on their behalf or may coordinate for the provision of the SED and/or SMI Eligibility Determination themselves.

Anticipated RFP Timeline

SMI ELIGIBILITY DETERMINATION RFP	
ISSUE RFP	October 5, 2022
RFP VENDOR QUESTIONS DUE from Prospective Offerors (by 5:00 p.m. Arizona Time)	October 14, 2022
VENDOR PROPOSALS DUE (by 3:00 p.m. Arizona Time)	December 6, 2022
AWARD	March 7, 2023
IMPLEMENTATION/EFFECTIVE DATE	October 1, 2023

How to Stay updated on the RFP

- RFP Bidders' Library
 - Visit to obtain RFP Information: [YH23-0001 – SMI Eligibility Determination RFP - BIDDERS' LIBRARY \(azahcccs.gov\)](#)
- Email notifications
 - Sign up to receive updates: [SMI Eligibility Determination RFP](#)

Open Discussion

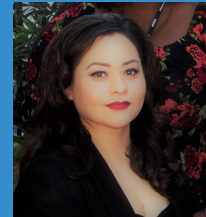
Division of Member and Provider Services (DMPS)



AHCCCS Provider Enrollment (APEP) Update

Veronica Valenzuela, DMPS Health Program Manager

Lisa Quihuis, DMPS Program Services Evaluator



Provider Processing Update

- New enrollments processed in 30 days or less - 99%
- Revalidations & Modifications processed in 30 days or less - 99%
- Service ticket process average - 20 days

Provider Enrollment Resume to Normal

As of April 24, provider enrollment processes resumed to normal. As part of resuming to normal, providers are required to maintain the enrolled provider id. This includes submission of required licenses and/or revalidating information on file is current.

- Notification requests began mailing in June.
- Provider action required.
- Risk to no action.

Provider Enrollment Assistance

APEPTrainingQuestions@azahcccs.gov

or

Contact Provider Assistance (602) 417-7670 option 5

Open Discussion



KidsCare and Freedom to Work Premium Waivers for AI/AN Members

Lori Boyd-Draper, DMPS
Deputy Assistant Director of Program Support

AHCCCS programs that have a premium

- Children enrolled in KidsCare are charged a monthly premium based on the Income Group's total income and the number of children enrolled in KidsCare.
- Freedom to Work (FTW), the customer must pay a premium based on their income
 - * AHCCCS FTW coverage group, or
 - * ALTCS FTW

Premium Exemptions

1) Proof of Tribal Enrollment

Proof of enrollment or tribal membership includes:

- Certificate of Degree of Indian Blood,
- Tribal ID; Tribal Census Record, and
- Other documents provided by the tribe stating that the person is an enrolled member of the tribe.

Premium Exemptions

- 2) Children and grandchildren of tribal members must submit documentation that proves they are descendants of a tribal member. Proof includes, but is not limited to:
- An official letter on tribal letterhead from the tribe stating that the applicant is a child or grandchild of a tribal member, or
 - A document verifying the tribal member's enrollment in the tribe, and a document verifying that the applicant is a child or grandchild of the tribal member.

Premium Exemptions

- When a person claiming to be an American Indian, Alaska Native, or the child/grandchild of a tribal member does not provide proof of tribal enrollment, the premium exemption does not apply and a premium may be charged.
- NOTE: Eligibility is not denied because there is no proof of tribal enrollment.
- When a person is approved with a premium and later provides proof of tribal enrollment, the person is exempt from paying the premium beginning the month after the proof is provided.

How to Submit Documentation

When submitting documentation, include the application ID number and/or the person's HEAplus ID number on each page.

- Fax it using the fax cover sheet attached to the letter. The fax cover sheet has a QR code that identifies your case and will associate the document(s) correctly with your case, or
- Mail your information to the address of DES or AHCCCS that appears on the letter, or
- If you have an HEAplus account you can upload the document(s) by clicking on the “provide/view documents” link and follow the steps to upload these into your account. Documents in a ‘pdf’ format are preferred, or
- Connect with a community assistor organization who can fax or upload the document(s) for you.

Open Discussion

BREAK

We will resume at 3:05 pm MST

Division of Health Care Management (DHCM)



Arizona's Olmstead Plan

Adam Robson, AHCCCS Employment Administrator

Olmstead v. L.C. (1999)

The story of the Olmstead case began with two women, Lois Curtis and Elaine Wilson:

- Both had diagnoses of mental health conditions and intellectual disabilities.
- Both voluntarily admitted to the psychiatric unit in the State-run Georgia Regional Hospital.
- Following the women's medical treatment there, mental health professionals stated that each was ready to move to a community-based program.
- Both remained confined in the institution, each for several years after the initial treatment was concluded.
- Both filed suit under the Americans with Disabilities Act (ADA) for release from the hospital.



Olmstead v. L.C. (1999)

- States are required to provide community-based services for individuals with disabilities who would otherwise be entitled to institutional services:
 - State's treatment professionals reasonably determine that such placement is appropriate,
 - The affected person is in agreement with the decision, and
 - The placement can be reasonably recommended, taking into account the resources available to the State and the needs of others who are receiving State-supported disabilities services.

Arizona's Approach

- The Court did not require states to develop a plan, but Arizona chose to do so.
- Providing services and treatment in the most integrated settings is an underlying principle the service system.
- The population targeted to benefit from the Olmstead Plan are all individuals who may be at risk of institutionalization, including individuals with behavioral health needs and members of the ALTCS program, including Tribal ALTCS programs.
- Arizona's compliance with the Olmstead Decision has historically been incorporated into rules, policies, and practices.



Arizona's Approach (continued)

- Intent of the Olmstead Plan is for it to be both an actionable and a “living” plan with specific goals, objectives, metrics, and evaluation methods.
 - Any recommendations to make changes to the Olmstead Plan after the Plan is posted as final will be placed in a parking lot for consideration during the next round of changes.
- AHCCCS plans to post updates to the plan as well as available data on outcomes ensuring the protection of member health information.
- Annually, AHCCCS plans to convene stakeholder forums, along with a public comment period, to reassess needs by soliciting input and feedback on the progress of the current plan, while considering suggestions for new areas of focus.



Arizona's Practice of Advancing Olmstead

- AHCCCS has adopted a culture of engagement and transparency.
- The original 2001 Olmstead Plan was guided by planning principles set forth by CMS to develop a plan with the following intentions:

Intention	2022 Arizona Olmstead Plan
Striving for outcomes of serving members in the most integrated setting appropriate	✓
Involving members in the planning process	✓
Assessing for opportunities to mitigate institutionalization	✓
Ensuring the availability of community-integrated services	✓
Offering members & their families the opportunity to make informed decisions and choices regarding how their needs can best be met	✓
Evaluating implementation informed by quality assurance and improvement processes	✓

Arizona's Practice of Advancing Olmstead

The Preamble also provides a list of accomplishments from the most recent 2003 Olmstead Plan, as well as what those accomplishments look like in present day practices/initiatives.

Here are a couple examples:

Focus Area	2003 Plan Accomplishments	Present Day Practices/Initiatives
Person- Centered Planning	Enhancement of the Person-Centered Planning process by ADES/DDD.	A new Person-Centered Service Planning process and standardized tool is being used by all ALTCS MCOs and focuses on personal goals and community integration.
Discharge Planning	Cross-agency Arizona State Hospital (ASH) discharge planning coordination.	MCOs are required to have policies and procedures, provide high-touch care management and behavioral health services, and status reports on discharged members.

Arizona's 2022 Olmstead Plan In Development

- Developed an AHCCCS Olmstead web page.
- Created an Olmstead Survey (summary on web page).
- Convened a workgroup, including members/family members across the state.
- Hosted two Olmstead Community Forums in late-2021.
- The Plan is limited in scope to initiatives for which AHCCCS can have a direct impact on the systemic change and is not exhaustive of all AHCCCS' efforts to comply with the spirit of the Olmstead decision.
- Targeted strategies are directed at the mitigation of institutionalization and supporting the successful transition of members from institutional settings into community-based living and service delivery.

Evaluation and Transparency

- Design of the Olmstead Plan is for it to be actionable and “living”, meaning it will change over time.
- Contains specific timelines for objectives, including, as applicable, specific performance targets to measure positive change.
- AHCCCS plans to post updates to the plan, including available data on outcomes, while ensuring the protection of member health information.
- Annually, AHCCCS will hold a public comment period and convene stakeholder forums to reassess needs, while considering suggestions for new areas of focus.

2022 Arizona Olmstead Plan



Olmstead Strategies

#	Strategy	Description
1	Effective Permanent Supportive Housing (PSH) for members to successfully reside in the community	Increase housing choice and opportunities for individuals and ensure necessary support services are available to assist members to obtain and maintain the least restrictive, most integrated community setting possible.
2	Reach-in discharge planning for hospital settings	Increase the ease of access for care coordination and discharge planning for members in hospital settings, while reducing outpatient service barriers.
3	Reach-in discharge planning for correctional settings	Improve discharge planning, reach-in care coordination, and service delivery for members exiting correctional settings.
4	Expansion of Home and Community-Based Services (HCBS) for aging individuals with Serious Mental Illness (SMI) determinations	Explore options to provide medically-necessary HCBS services to the aging SMI population who do not meet institutional level of care criteria to become eligible for the Arizona Long Term Care System (ALTCs).
5	Workforce Development initiatives	Implement programs and systems that will enhance the capacity, capability, and commitment of the healthcare workforce.
6	High quality network to ensure members are served in the most effective and least restrictive manner	Ensure services are provided by high quality network providers in a timely manner.
7	Person-centered planning enhancements	Improve monitoring with service and treatment planning standards for Managed Care Organizations (MCOs)

Sample

Strategy #X: <i>TITLE OF STRATEGY LISTED HERE</i>			
Objective #1	Target Date	Performance Targets	Progress Summary
<ul style="list-style-type: none"> All strategies have Objectives and Target Dates Some Objectives have Sub-Objectives 	<ul style="list-style-type: none"> Target Dates are anticipated and subject to change 	<ul style="list-style-type: none"> Many have actionable and measurable Performance Targets listed. Some Objectives are actually the Performance Target, so they were not duplicated here. Others may have Performance Targets added later during the process. 	<ul style="list-style-type: none"> A few preliminary Progress Summaries are listed that contain baseline data that we know already. This is the section that will be updated each quarter to include major progress made. There does not have to be a Progress Summary written out for each Objective every time the Plan is updated. After the first Progress Summary, a table will be inserted below each Strategy to accumulate a list of Accomplishments

Real example next slide

Olmstead Plan Strategy #1

This is a real Objective within Strategy #1:

Strategy #1: Effective Permanent Supportive Housing (PSH) for members to successfully reside in the community			
Objective #2	Target Date	Performance Targets	Progress Summary
Expand access and range of housing settings for all eligible populations.			
A. Develop new bridge options to facilitate transition from residential, inpatient, correctional, and housing instability to the least restrictive, community-based settings.	3/31/2023	<ul style="list-style-type: none"> Increase the number of bridge units to 50. Maintain or exceed 95% occupancy across all units each month. 	
	6/30/2023		
B. Use covered Medicaid housing support services to partner with housing providers (e.g., Public Housing Authorities, 811 Project Rental Assistance, etc.) to expand permanent, community-based housing options.	12/31/2022	<ul style="list-style-type: none"> Establish baseline data for scattered site and Community Living Program (CLP) capacity. Once capacity baseline data is established, increase the number of housing units by 10%. 	
	10/1/2024		

Next Steps

Subject to Change

Timeline	Steps
July 2022	Finalize draft and post to AHCCCS web page for public comment.
August 2022	Host community forums and Tribal Consultation.
September - October 2022	Close out public comment period. Finalize Arizona Olmstead Plan, which will include convening the member & family member advisory group.

Public Comment Period

- Posted on 7/27/2022; Deadline is 9/22/2022
- <https://www.azahcccs.gov/AHCCCS/PublicNotices/>
- Please provide your comments, questions, or concerns to:
Olmstead@azahcccs.gov
 - Responses can be inserted into the body of the email (no special form required).
- You can also mail you comments to:
AHCCCS
c/o Program Initiatives Team
801 E. Jefferson Street, Mail Drop 6500
Phoenix, AZ 85034
- Responses will be compiled and reviewed internally, while bringing relevant and feasible recommendations to the Olmstead workgroup for discussion.

Olmstead Community Forums

AHCCCS invites you to attend one of two online public forums that will educate participants about the proposed 2022 Arizona Olmstead Plan.

The same information will be presented at each forum.

Mon., Aug. 29, 9:00 -10:30 a.m.

[Register in advance for this webinar.](#)

Tues., Aug. 30, 5:00 - 6:30 p.m.

[Register in advance for this webinar.](#)

Arizona Olmstead Plan Open for Public Comment

AHCCCS will host two community forum meetings to educate members, families, and stakeholders about the proposed 2022 Arizona Olmstead Plan and solicit written public comments.



Read the proposed [2022 Arizona Olmstead Plan](#).

Public comments will be accepted through Sept. 22, 2022. Comments can be emailed to Olmstead@azahcccs.gov, or mailed to:

AHCCCS
c/o Program Initiatives Team
801 E. Jefferson Street, Mail Drop 6500
Phoenix, AZ 85034

The community forum meeting will cover:

- What is Olmstead?
- Olmstead Plan Development and Evaluation Process
- Olmstead Plan Review
- Questions & Answers
- How to Submit Public Comments

Online Forum Registration and Details

Monday, August 29, 2022 9:00 a.m. - 10:30 a.m.	Register in advance for this webinar.
Tuesday, August 30, 2022 5:00 p.m. - 6:30 p.m.	Register in advance for this webinar.

American Sign Language (ASL) interpretation and Communication Access Realtime Translation (CART) captioning services are available upon request. If you require these or other types of accommodations pursuant to the Americans with Disabilities Act (ADA), please contact Adam Robson at Adam.Robson@azahcccs.gov no later than August 19, 2022 at 5:00 p.m.

More Information

- AHCCCS Olmstead web page:
 - <https://www.azahcccs.gov/olmstead>
- Sign up for updates on the web page
 - *“Subscribe to Olmstead Updates”*
- Questions/comments:
 - Olmstead@azahcccs.gov

The screenshot shows the AHCCCS website's 'Arizona Olmstead Plan' page. At the top, there is a yellow banner with the text 'Learn more about coronavirus (COVID-19)'. Below this is the AHCCCS logo and a search bar. A navigation menu includes 'HOME', 'AHCCCS INFO', 'MEMBERS/APPLICANTS', 'PLANS/PROVIDERS', 'AMERICAN INDIANS', 'RESOURCES', 'FRAUD PREVENTION', and 'CRISIS?'. The main content area is titled 'Arizona Olmstead Plan' and includes a 'Subscribe to Olmstead Updates' button. Below this is a section titled 'Arizona Olmstead Plan Open for Public Comment' with a 'Submit Public Comment' button. The page also features a sidebar with a 'About Us' section and a list of services including 'Accessing Behavioral Health Services in Schools', 'AHCCCS Whole Person Care Initiative (WPCI)', 'American Rescue Plan Allocations (ARPA)', 'Provider Payment Information', 'Arizona Olmstead Plan', 'A Recent History and Olmstead Activities', 'Building an Integrated Health Care System', 'Electronic Visit Verification', 'Emergency Triage, Treat and Transport (ET3)', 'AHCCCS Housing Programs', 'Health Equity Committee', 'Payment Modernization', 'Private Sector Partners', and 'Targeted Investments'. The footer of the page shows a list of open files in a browser window.

Open Discussion

AHCCCS Policy Updates



Tribal Consultation on AHCCCS Policies

Amanda Bahe, AHCCCS Tribal Liaison



Policies Under Development or Revision

Manual	Policy Number and Title	Presented at Tribal Consultation	Presented to APC
AMPM	1620-D - PLACEMENT AND SERVICE PLANNING STANDARD	08/11/22	04/07/22
AMPM	1230-A - ASSISTED LIVING FACILITIES	08/11/22	07/07/22
AMPM	1240-B - ADULT DAY HEALTH SERVICES	08/11/22	07/07/22
AMPM	EXHIBIT 1620-15 - ASSISTED LIVING FACILITY RESIDENCY AGREEMENT	08/11/22	TBD
AMPM	420 - Family Planning Services and Supplies	08/11/22	TBD
AMPM	430 - EPSDT Services	08/11/22	07/12/22

Tribal Comments on Policies Published Since 05/12/2022

Manual	Policy Number and Title	Consultation/Comment Period	Tribal Comments Received	Published Date
AMPM	AMPM POLICY 310-BB - TRANSPORTATION Revision Memo: May 27, 2022	04/08/22 - 05/23/22	1	05/27/22
AMPM	AMPM POLICY 962 - REPORTING AND MONITORING OF SECLUSION AND RESTRAINT Revision Memo: May 27, 2022	03/04/22 - 04/18/22	1	05/27/22
AMPM	AMPM POLICY 590 – BEHAVIORAL HEALTH CRISIS SERVICES AND CARE COORDINATION Revision Memo: June 15, 2022	04/15/22 - 05/30/22	1	06/15/22

Policies Open for TC as of August 11, 2022

- **Written Testimony Deadline of August 22, 2022**

The following policies had an APC date of July 7, 2022 and notification of Tribal Consultation via written comment was sent out on July 8, 2022.

- [AMPM POLICY 320-W - THERAPEUTIC FOSTER CARE FOR CHILDREN](#)
- [AMPM POLICY 1230-A - ASSISTED LIVING FACILITIES](#)
- [AMPM POLICY 1240-B - ADULT DAY HEALTH FACILITIES](#)
- [AMPM EXHIBIT 1620-15 - ASSISTED LIVING FACILITY RESIDENCY AGREEMENT](#)

- **Written Testimony Deadline of September 1, 2022**

The following policies had an APC date of July 14, 2022 and notification of Tribal Consultation via written comment was sent out on July 18, 2022.

- [AMPM POLICY 430 - EARLY AND PERIODIC SCREENING, DIAGNOSTIC, AND TREATMENT SERVICES](#)

Policies Open for TC as of August 11, 2022

- **Written Testimony Deadline of September 03, 2022**

The following policies had an APC date of July 14, 2022 and notification of Tribal Consultation via written comment was sent out on July 25, 2022.

- [ACOM POLICY 303 - COMMUNITY REINVESTMENT](#)

- **Written Testimony Deadline of September 19, 2022**

The following policies had an APC date of August 4, 2022 and notification of Tribal Consultation via written comment was sent out on August 5, 2022.

- [AMPM POLICY 1240-J - EMPLOYMENT SERVICES](#)
- [ACOM POLICY 301 - ALTCS E/PD PROGRAM TIERED RECONCILIATION](#)
- [ACOM POLICY 311 - AHCCCS COMPLETE CARE PROGRAM TIERED RECONCILIATION \(CYE 19 THROUGH CYE 22\)](#)
- [ACOM POLICY 311 - ACC AND ACC-RBHA PROGRAM TIERED RECONCILIATION](#)

Open Discussion

All recommendations must be sent to AHCCCS by Written Testimony deadline for each policy.

AHCCCS Tribal Consultation Policy

Guiding the Work of Tribal Relations and adhering to the Governor's Office on Tribal Relations' Directives



GOTR Directive #1

“Develop and implement tribal consultation policies to guide the agency’s work and interaction with the tribal nations of this state.”

AHCCCS Tribal Consultation Policy

- Current policy can be found on [AHCCCS Tribal Relations web page](#)
 - Outlines agency's responsibility to engage with tribal leaders and be inclusive of tribal communities in programming/policy.
- Outlines Areas of Measurement for GOTR:
 - Communications with tribal leadership,
 - Bi-directional consultation and information sharing,
 - Seeking formal recommendations from tribes and I/T/Us, and
 - Providing basis for ongoing and meaningful discussions.

AHCCCS Tribal Consultation Sessions

- Agency understands and respects that Tribal Consultation stems from a trust responsibility and relationship between tribes and the federal government
 - Important in ensuring that agency divisions are engaging in meaningful, bi-directional communication with tribes.
- Structure:
 - Presentations from divisional subject matter experts.
 - Open discussion time for tribal and I/T/U leaders to engage with agency director and leadership.

“True consultation consists of ongoing information exchange and mutual understanding which leads to informed decision-making.”

AHCCCS Tribal Consultation Sessions

- Calendar determined by Federal Requirements for Tribal Consultation
 - State Plan Amendment submissions
 - 1115 Waiver Components and/or Renewals
- Continuous Quality Improvements to adhere to ongoing Federal and State Guidance on Tribal Consultation
 - Biden Administration: 2021 [Memorandum on Tribal Consultation and Strengthening Nation-to-Nation Relationships](#)
 - GOTR: [Arizona Revised Statutes, Section 41-2051\(A\)](#)



GOTR Directive #2

“To the extent practicable and permitted by law, seek input from appropriate elected or appointed tribal officials before undertaking any policy that will, or is reasonably believed to, have the potential to affect a tribal community or its members.”

Seeking Input from Tribal Officials

- Tribal Consultation Sessions/Tribal Forums
- [AHCCCS Tribal Consultation Policy Attachment B: Formal Recommendations](#)
 - May also submit written testimony via letterhead and/or email
- IHS Area Director and Chief Medical Officer Meetings
- Tribal Representation on AHCCCS Committees:
 - State Medicaid Advisory Committee
 - AHCCCS Policy Committee
- Ad Hoc Work Groups specific to Tribal Initiatives and Programming
- Partnership with AZ Advisory Council on Indian Health Care



The image shows a sample of the AHCCCS Tribal Consultation Form: Formal Recommendations. The form is tilted and contains the following fields:

- Date: []
- Name of Submitter: []
- Title: []
- Program: []
- Tribe/Organization: []
- Description of Issue/Topic: []
- Impact: []
- Recommendation: []

At the bottom of the form, it states: "Please submit completed forms to the AHCCCS Tribal Relations Liaison at amanda.bahe@azahcccs.gov" and "11 of 13".

Protocol for Tribal Consultation via Written Testimony

- 45-day Feedback Period prior to each Tribal Consultation, for tribal leaders to request agenda items and/or items of discussion for inclusion
 - May request to discuss new or revised policies
- 45-day Written Testimony period for Tribal Consultation before publishing any substantial policy changes
- 45-day Feedback Period at the close of each Tribal Consultation Session for Written Testimony related to agenda items
- Recommendations and Concerns can be sent to AHCCCS Tribal Liaison at any time
 - Accepts standard mail, fax, email



GOTR Directive #3

“To the fullest extent possible and to the best of the agency’s ability, integrate the input generated from tribal consultation into the agency’s decision-making process to achieve mutually acceptable solutions.”

Incorporating Input into Agency Programming and Policy

When Written Testimony (from tribes or I/T/Us) related to policies open for feedback is received, policy team alerts AHCCCS Tribal Liaison and Internal Policy Lead and distributes written comments received to all parties. Team decides best action plan based on, but not limited to:

- **Applicability:** Is the comment truly related to the policy at-hand? Is there a solution proposed? Are there already future revisions planned to satisfy this recommendation?
- **Feasibility:** Is the solution mutually beneficial? Are there unintended consequences that tribes and/or ITUs should be aware of?
- **Operationalization:** What operational changes are required? Will changes satisfy federal and/or state requirements?

Written response issued to submitter from agency based on decisions made.

Incorporating Input into Agency Programming and Policy

Input received from Tribal Consultation Sessions are incorporated in numerous ways. All feedback from the session is summarized and sent to internal subject matter experts for follow-up using matrix with the following:

- **Questions:** Answers relayed either during TC session, or in follow-up communications shortly thereafter.
- **Comments and Recommendations:** Recorded in meeting summary. AHCCCS Tribal Liaison follows up with internal teams for additional guidance or incorporation into agency work, if necessary.
- **Concerns:** Elevated to agency leadership if not resolved during TC session. Executive leadership issues response directly or may table for discussion during next scheduled meeting.

Incorporating Input into Agency Programming and Policy

Recommendations, Concerns, Feedback received directly by the AHCCCS Tribal Liaison Receive a Response within 14 days.

- Average response time is **less than three business days**, dependent on whether Tribal Liaison is in-office when communications are received.
- Communications may be routed from the Tribal Liaison to other internal divisions/teams/individuals based on the context.
 - TL follows up internally to ensure agency has assisted and/or provided a response.
- Communications may be routed to other agencies, also based on the context.
- Internal discussions on all items received may result in items being placed on Tribal Consultation Session agenda for larger, formal discussion.



GOTR Directive #4

“On or before October 1 of each year, review the agency’s tribal consultation policies and submit an election progress report with performance measures to the GOTR.”

Review of Tribal Consultation Policy

- Monthly Internal Review of Policy
 - Tribal Liaison alerts agency of any changes to state and federal guidance and/or emerging best practices.
- Annual Discussion on Policy at Tribal Consultation Session
 - August or November, depending on time available
- Annual Divisional Data Pull on Tribal Outreach Activities
 - Trainings, Presentations, Government-to-Government Discussions, Forums, Work Groups Convenings, Focus Groups
- Measures Submitted to GOTR via Annual Report
 - Recap of Activities presented at November TC Session

Annual Agency Reports



Arizona Governor Doug Ducey

Office on Tribal Relations

State Agencies State Services

Statutes Events Publications Tribes of Arizona Tribal Liaisons Contact Us



Annual Reports

TRIBAL CONSULTATION REPORTS

Pursuant to A.R.S. 41-2051 (C) 5, on or before October 1 of each year, review the agency's tribal consultation policies and submit an electronic progress report with performance measures to the office. The office shall make the reports available to tribal leaders and legislators.

Pursuant to A.R.S. 41-2052 subsection C, the office shall prepare a report that summarizes each state agency's annual progress report submitted pursuant to section 41-2051, subsection C that details the progress and challenges that the state agencies have experienced in implementing tribal consultation policies and shall submit the report to the legislature during a joint session held on Indian nations and tribes legislative day.

FY22 ANNUAL REPORTS

Contact Us

Kristine FireThunder, Director
Governor's Office of Tribal Relations
1700 W. Washington St., Suite 235
Phoenix, Arizona 85007

Phone: 602.542.4426
Fax: 602.542.4428
Email Us

Open Discussion



POLICY UPDATE OVERVIEW

AMPM Policy 420 and AMPM Policy 430

Dr. Eric Tack, AHCCCS Deputy Assistant for
Managed Care Clinical Compliance

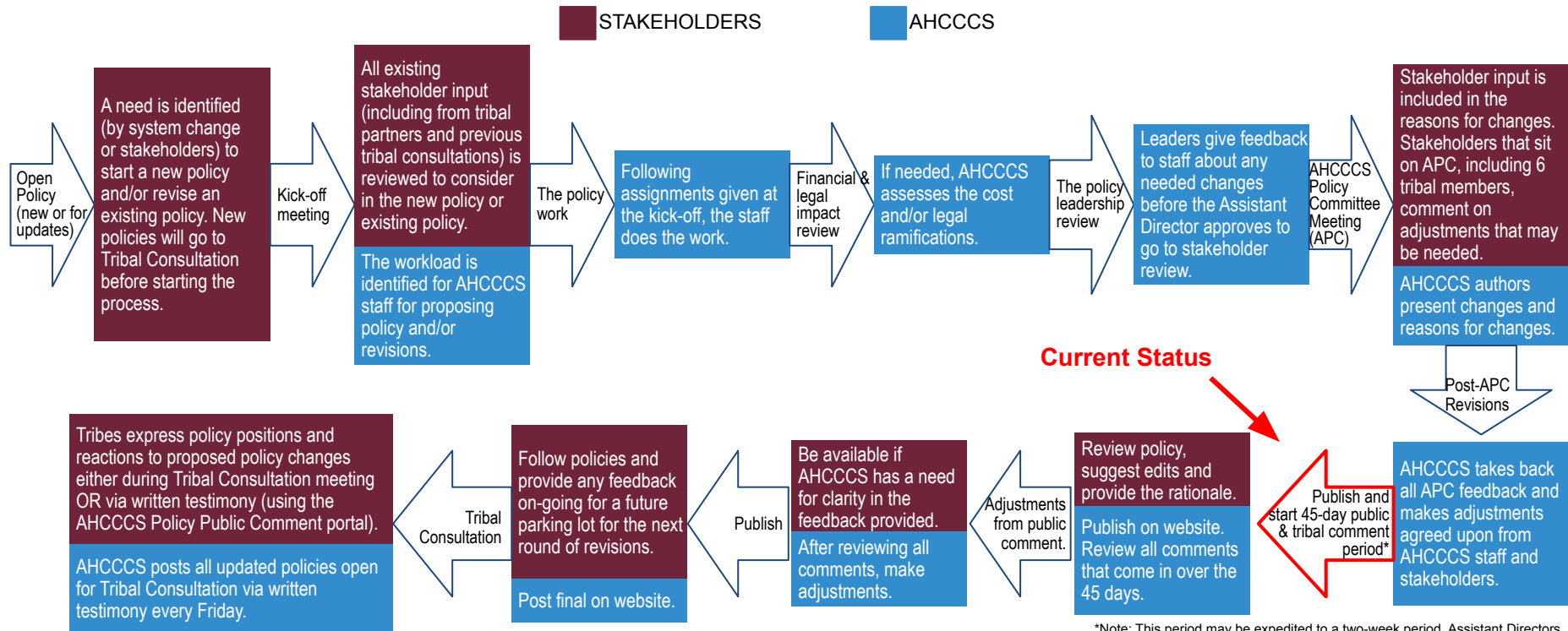


AMPM Policy 420 and 430 Reference Documents

(For review ahead of TC; utilized to guide policy discussion.)

- Current Policies: [AMPM Policy 420](#) and [AMPM Policy 430](#)
- Other Publicly Available Information:
 - [DRAFT AMPM Policy 430](#)

Workflow for AMPM 420 and AMPM Policy 430



Current Status

*Note: This period may be expedited to a two-week period. Assistant Directors determine which policies must undergo the Public Comment and Tribal Consultation process.

AMPM Policy 420

- APC Date: N/A
- Tentative Publishing Date: TBD, following Public Comment period
- Directly impacts:
 - All lines of business
- Summary: Removal of any time restriction for LARC re-implantation AMPM Policy 420 B 7

AMPM Policy 430

- APC Date: July 14, 2022
- Tentative Publishing Date: TBD, following Public Comment Period
- Directly impacts:
 - All lines of business

AMPM 430 Revisions

- Requirements were added for a maternal postpartum depression screening, to be accomplished at the 1, 2, 4, and 6 month EPSDT visits.
 - *Suicide screening was also added to be performed at each of the EPSDT visits for children ages 12-21.*
 - *Language added to clarify there is no limit to glasses replacements.*

AMPM 430 Revisions

- A section was added to allow for counseling visits for immunizations exclusive to a well child visit.
- Language was revised to align with most recent changes in AMPM 431.
- Language added to cover cochlear implants for unilateral severe hearing loss.
- A section was added to address transition out of EPSDT for members.
- A section was added for developmental surveillance and language clarified for developmental screening.

Policy Outline AMPM 430

- Goal: Add coverage to align with AAP and Bright Futures
- Incorporate recommendations from Maternal Mental Health Advisory Committee
- Clarify requirements for mandatory reporting on CMS Child Core Measures beginning 2024

Open Discussion

AHCCCS welcomes any recommendations of language for inclusion or exclusion at this time

Feedback Timeline

- Preliminary feedback may be submitted via the [AHCCCS policy comment portal](#) through **September 1, 2022** for the following policy:
 - [AMPM Policy 430](#)
- For comments related to AMPM Policy 420, please reach out to AHCCCS Tribal Liaison by **September 29, 2022**.
 - Email: Amanda.Bahe@azahcccs.gov



POLICY UPDATE OVERVIEW

AMPM Policies: 1230-A, 1240-B, 1620-15, 1620-D

Danielle Ashlock, AHCCCS Long Term Services Project Manager



AMPM Policy 1230-A Reference Documents

(For review ahead of TC; utilized to guide policy discussion.)

- Current Policies:
 - [AMPM Policy 1230-A](#)
 - [AMPM Policy 1240-B](#)
 - [AMPM Policy 1620-15](#)
 - [AMPM Policy 1620-D](#)
- Other Publicly Available Information:
 - [DRAFT AMPM Policy 1230-A](#)
 - [DRAFT AMPM Policy 1240-B](#)
 - [DRAFT AMPM Policy 1620-15](#)

Overview of Home & Community Based Services (HCBS) Rules

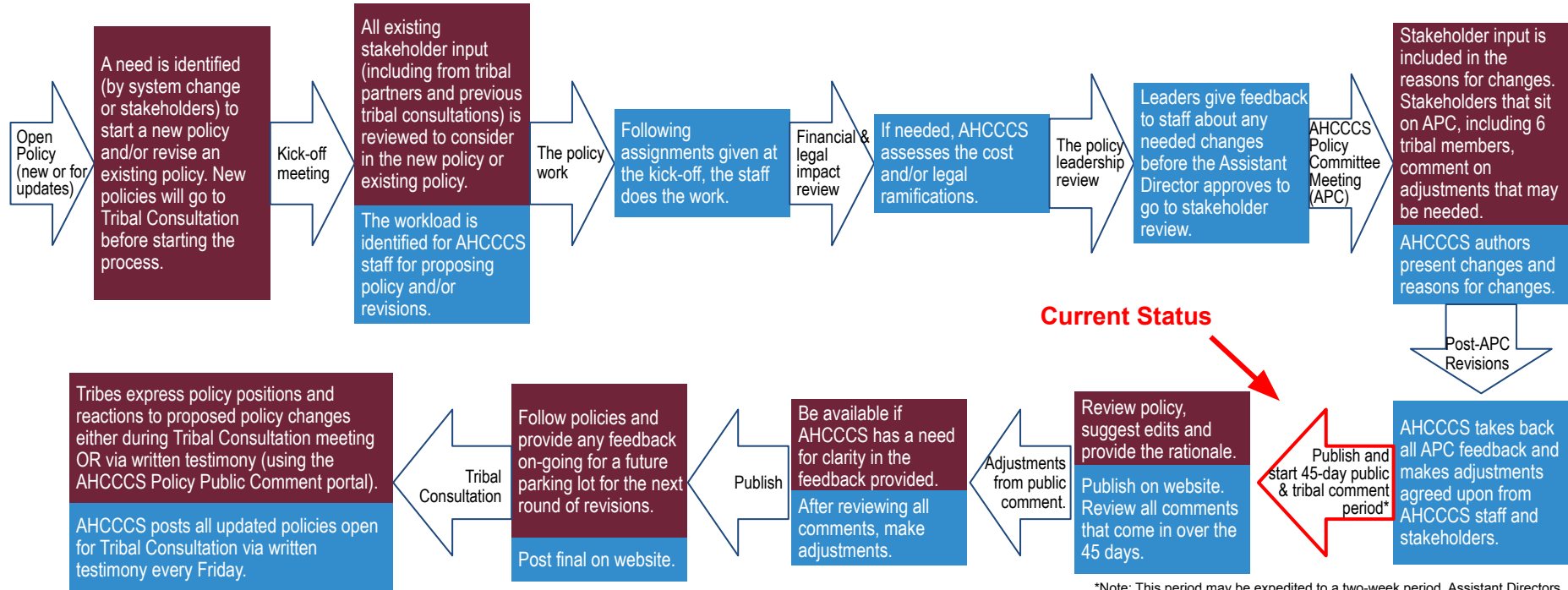
- All changes to policies presented pertain to compliance with a federal mandate called the HCBS Rules.
- The purpose of the Rules is to ensure individuals receiving HCBS are integrated into their communities and have full access to the benefits of community living.
- More information about the HCBS Rules including our State Transition plan and Systemic Assessment can be found on our website at www.azahcccs.gov/hcbs.

Workflow for AMPM 1230-A, AMPM 1240-B, and

AMPM 1620-15

STAKEHOLDERS

AHCCCS



*Note: This period may be expedited to a two-week period. Assistant Directors determine which policies must undergo the Public Comment and Tribal Consultation process.

AMPM Policy 1230-A

- APC Date: July 7, 2022
- Tentative Publishing Date: March 1, 2023
- Directly impacts:
 - MCOs
 - ALTCS HCBS Providers
- Summary: Several changes made to comply with the HCBS Rules.

AMPM Policy 1230-A Outline

- Goal: This policy establishes requirements for the provision of care and services in an Assisted Living Facility (ALF).
 - Outlined expectation to comply with the HCBS rules.
 - Explained that ALFs should be located in the community and if co-located with a Skilled Nursing Facility, shall be licensed and operate separately.
 - Included expectations that ALFs facilitate access to the community, facilitate alternate schedules for members, update the service plan upon a member's request, and refer to the Case Manager if the member expresses a desire to work.

AMPM Policy 1240-B

- APC Date: July 7, 2022
- Tentative Publishing Date: March 1, 2023
- Directly impacts:
 - MCOs
 - ALTCS HCBS Providers
- Summary: Several changes made to comply with the HCBS Rules.

AMPM Policy 1240-B Outline

- Goal: This policy establishes requirements for the provision of care and services in an Adult Day Health Facilities (ADHF).
 - Outlined expectation to comply with the HCBS rules.
 - Explained that ADHFs should be located in the community and if co-located with a Skilled Nursing Facility, shall be licensed and operate separately.
 - Included expectations that ADHFs facilitate access to the community, exercise strategies for skill building, update the service plan upon a member's request, and refer to the Case Manager if the member expresses a desire to work.

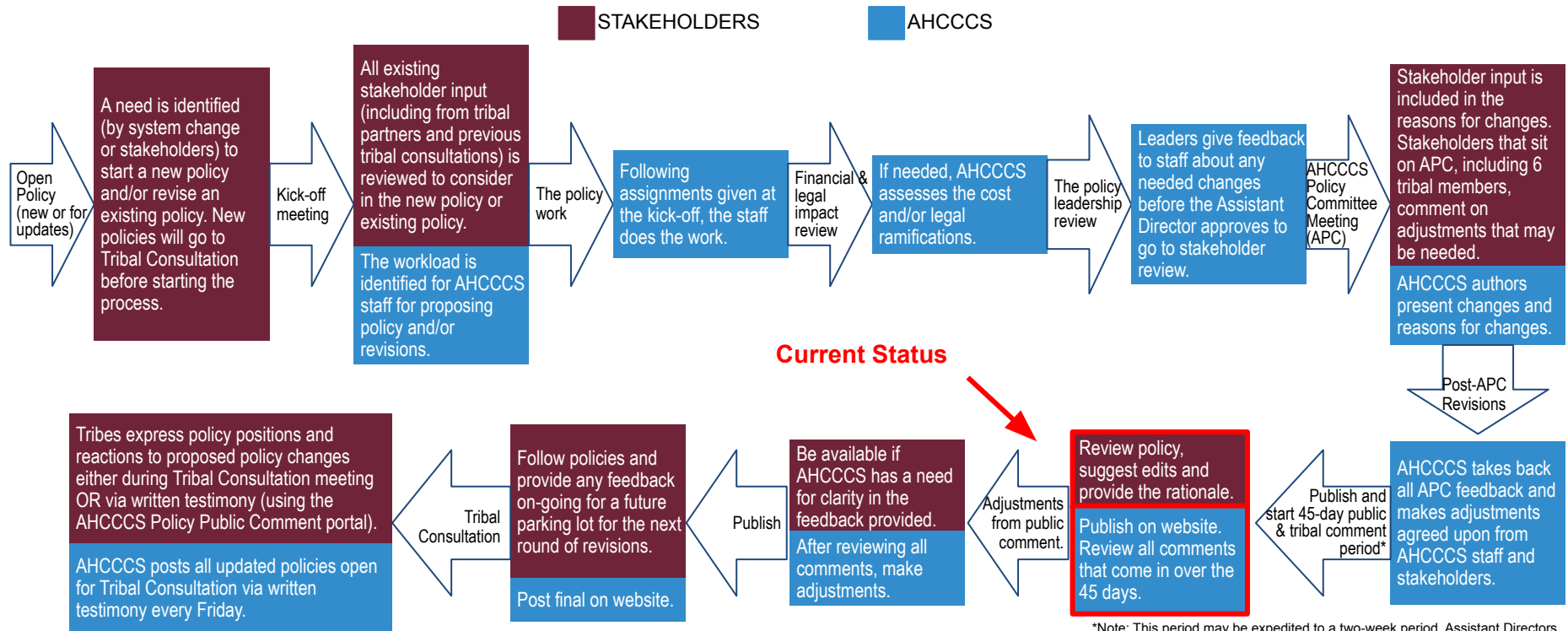
AMPM Policy 1620-15

- APC Date: July 7, 2022
- Tentative Publishing Date: March 1, 2023
- Directly impacts:
 - MCOs
 - ALTCS HCBS Providers
- Summary: Several changes made to comply with the HCBS Rules.

AMPM Policy 1620-15 Outline

- Goal: This exhibit establishes expectations and an agreement between an Assisted Living Facilities (ALFs) and a member.
 - Outlined the expectations to comply with the HCBS Rules including:
 - Having an option to choose a roommate, and
 - Have lockable doors, a key or key code to the front door, an option to have meals and snack at any time and visitors at any time.
 - Included expectations that any restrictions to these rights must be documented in the Person Centered Service Plan.

Workflow for AMPM 1620-D



*Note: This period may be expedited to a two-week period. Assistant Directors determine which policies must undergo the Public Comment and Tribal Consultation process.

AMPM Policy 1620-D

- APC Date: April 7, 2022
- Tentative Publishing Date: October 1, 2022
- Directly impacts:
 - MCOs
 - ALTCS HCBS Providers
- Summary: Change made to comply with the HCBS Rules.

AMPM Policy 1620-D Outline

- Goal: This policy establishes the guiding principles of the ALTCS Case Manager standards.
 - Outlined expectation to ensure members have access to transportation for the purpose of visiting potential settings prior to making a decision to receive services there.

Open Discussion

AHCCCS welcomes any recommendations of language for inclusion or exclusion at this time

Feedback Timeline

- Preliminary feedback may be submitted via the [AHCCCS policy comment portal](#) through **August 22, 2022** for the following policies:
 - [AMPM Policy 1230-A](#)
 - [AMPM Policy 1240-B](#)
 - [AMPM Policy 1620-15](#)
- For comments related to AMPM Policy 1620-D, please reach out to AHCCCS Tribal Liaison by **September 29, 2022**.
 - Email: Amanda.Bahe@azahcccs.gov

Division of Grants Administration

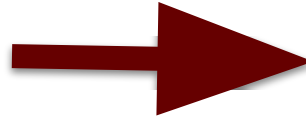


9-8-8 Implementation

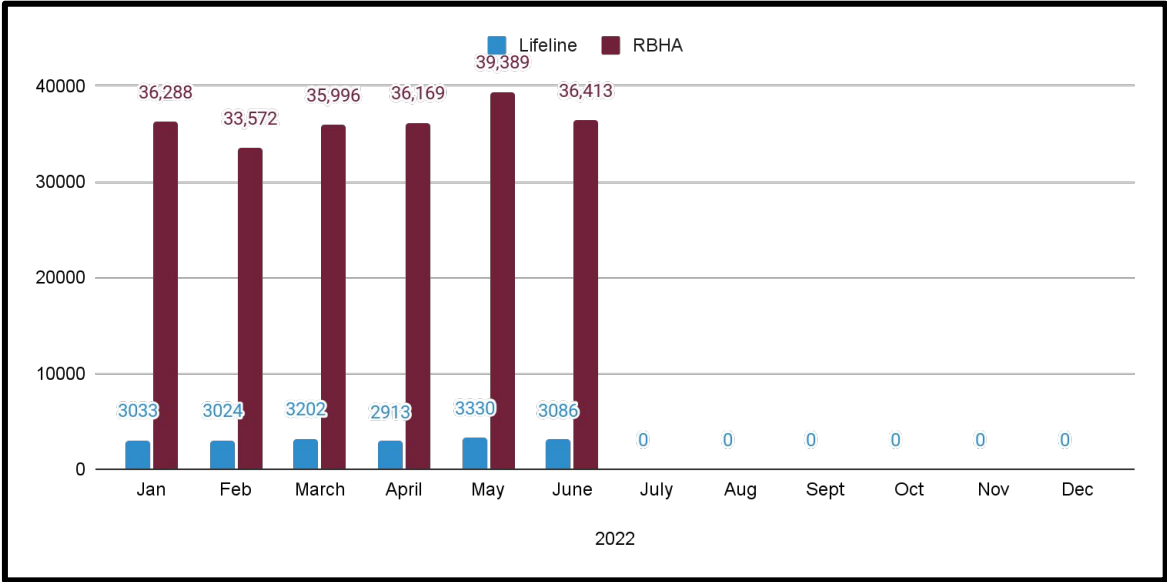
CJ Loiselle, AHCCCS/DGA Crisis Administrator

988 Implementation

Go-live date - July 16, 2022

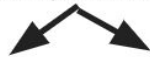


2022 Lifeline Center Calls vs. RBHA Call Center Calls



Current NSPL and RBHA system structure

NSPL in Arizona



AHCCCS Crisis in Arizona



Effective October 1, 2022

SAMHSA
Substance Abuse and Mental Health
Services Administration

AHCCCS
Arizona Health Care Cost Containment System

988 SUICIDE & CRISIS
LIFELINE

RBHAs


Solari
LA FRONTERA
ARIZONA
IMPACT-SUICIDE PREVENTION CENTER

988 and 911

- 988 and 911 are designed to be complementary.
- 911 is currently used for all emergencies, including behavioral health emergencies. However, 911 dispatchers may not be trained on how to de-escalate crisis calls.
- 988 is a behavioral health crisis number, 988 counselors are trained to assist people in emotional distress, suicidal crisis, or struggles with substance use.
- 988 counselors can de-escalate a crisis over the phone and connect callers with community resources for ongoing support.
- Ongoing collaboration between 988 and 911 will help individuals in crisis get the appropriate support, potentially providing options like mobile crisis teams in place of police or emergency medical services (EMS) responders when needed and where available.

Arizona 988 Marketing ADHS/AHCCCS

The Federal Government is not providing block funding to advertise the new 988 number at this time. ADHS will seek to fill this gap by using existing suicide prevention funding to mount a statewide, multi-modal advertising campaign.

The 988 national crisis line rollout will be the most significant initiative for the ADHS 2022- 2023 Arizona Suicide Prevention Action Plan.

Planning priorities:

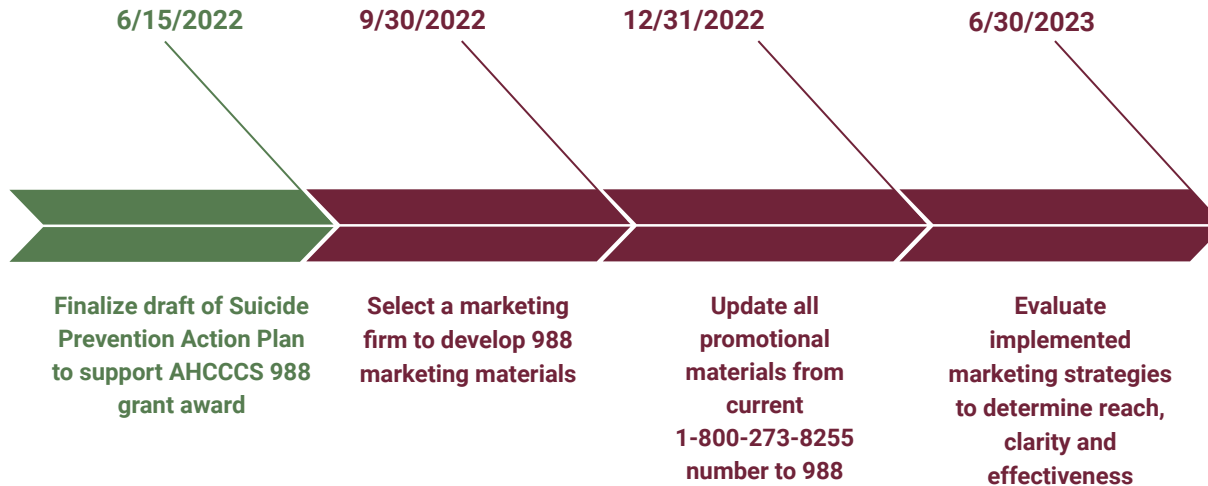
- Increasing awareness of the new, dial-anywhere number will allow an Arizonan in crisis to connect to help no matter where they are.
- Creating messaging and coordinating for an exhaustive awareness campaign.

Arizona 988 Marketing ADHS/AHCCCS

ADHS will partner with AHCCCS in order to fund a campaign advertising the 988 crisis number in Arizona. Goals/Timeline:

- By 15 June 2022, finalize draft version of the 2022-2023 Arizona Suicide Prevention Action Plan in order to support AHCCCS 988 grant award (complete).
- By 30 September, 2022, select marketing firm to develop desired marketing materials.
- By 31 December 2022, update all promotional materials from the current 1-800-273-8255 number to 988 .
- By 30 June 2023, initiate minimal marketing strategies during capacity building phase and evaluate implemented strategies to determine reach, clarity, and effectiveness.
- (continuous) Serve on the 988 Advisory Committee to guide 988 planning and implementation efforts.

988 ADHS Advertising Timeline



Resources

- AHCCCS Crisis Services Website:
azahcccs.gov/BehavioralHealth/crisis.html
- AHCCCS Crisis Services FAQs:
azahcccs.gov/AHCCCS/Downloads/ACC/View_Crisis_System_FAQs.pdf
- 988 Fact Sheet:
<https://www.fcc.gov/sites/default/files/988-fact-sheet.pdf>
- Arizona Suicide Prevention website: azhealth.gov/suicide
- Arizona Department Of Administration 911 Program:
<https://az911.gov/about/current-training-opportunities/9-8-8>

Open Discussion

Division of Fee for Service Management (DFSM)



DFSM Updates: COVID-19 Unwinding and AIHP SMI Integration

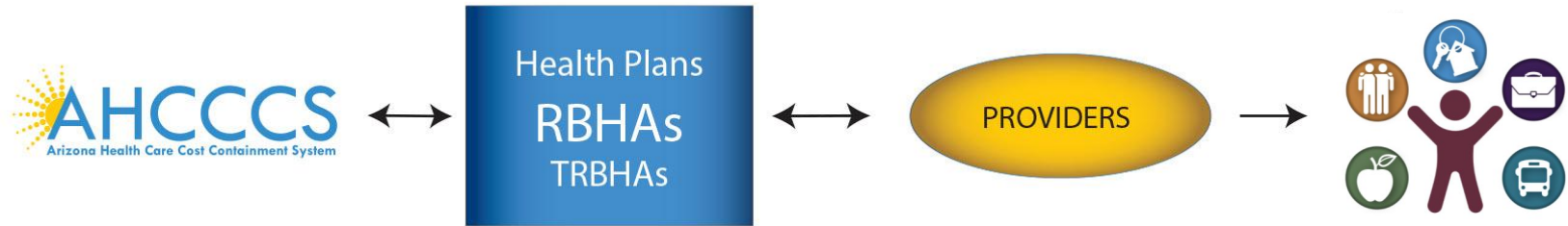
Ewaryst Jedrasik, RN, DFSM Deputy Assistant Director



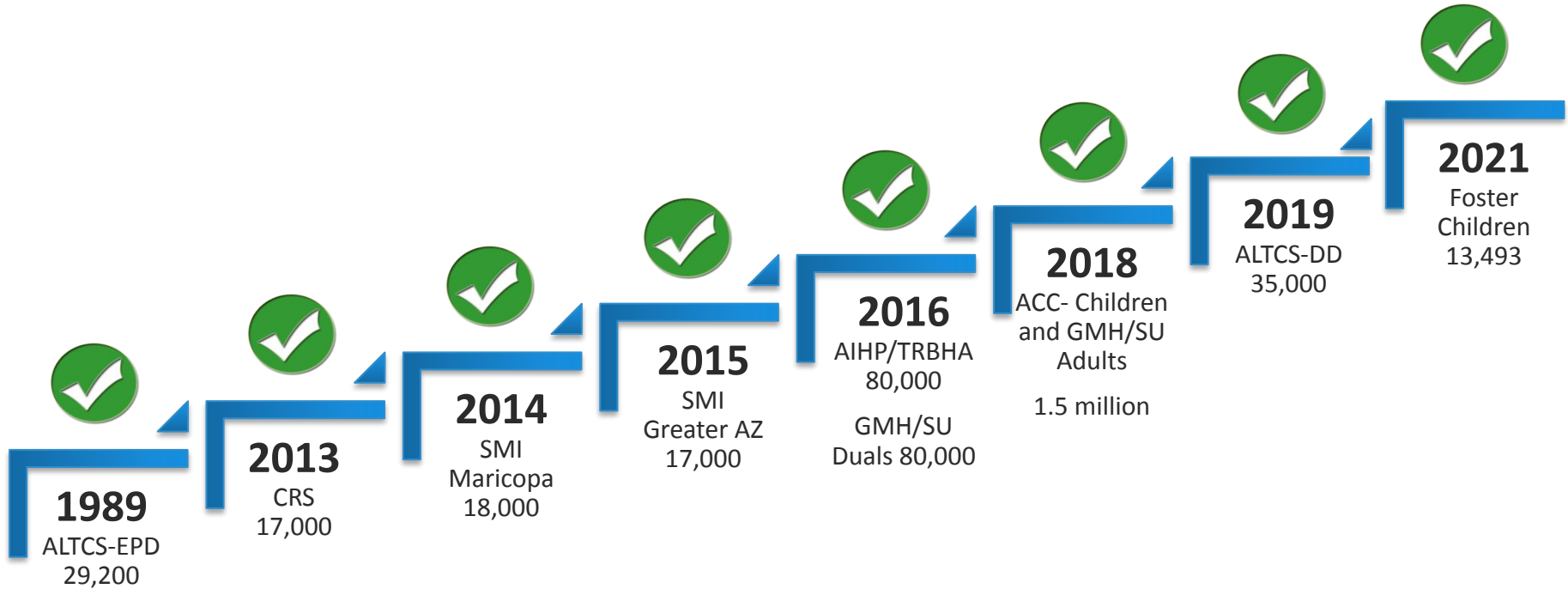
Fee for Service Memo

<https://www.azahcccs.gov/AHCCCS/Downloads/COVID19/AHCCCSPriorAuthorization.pdf>

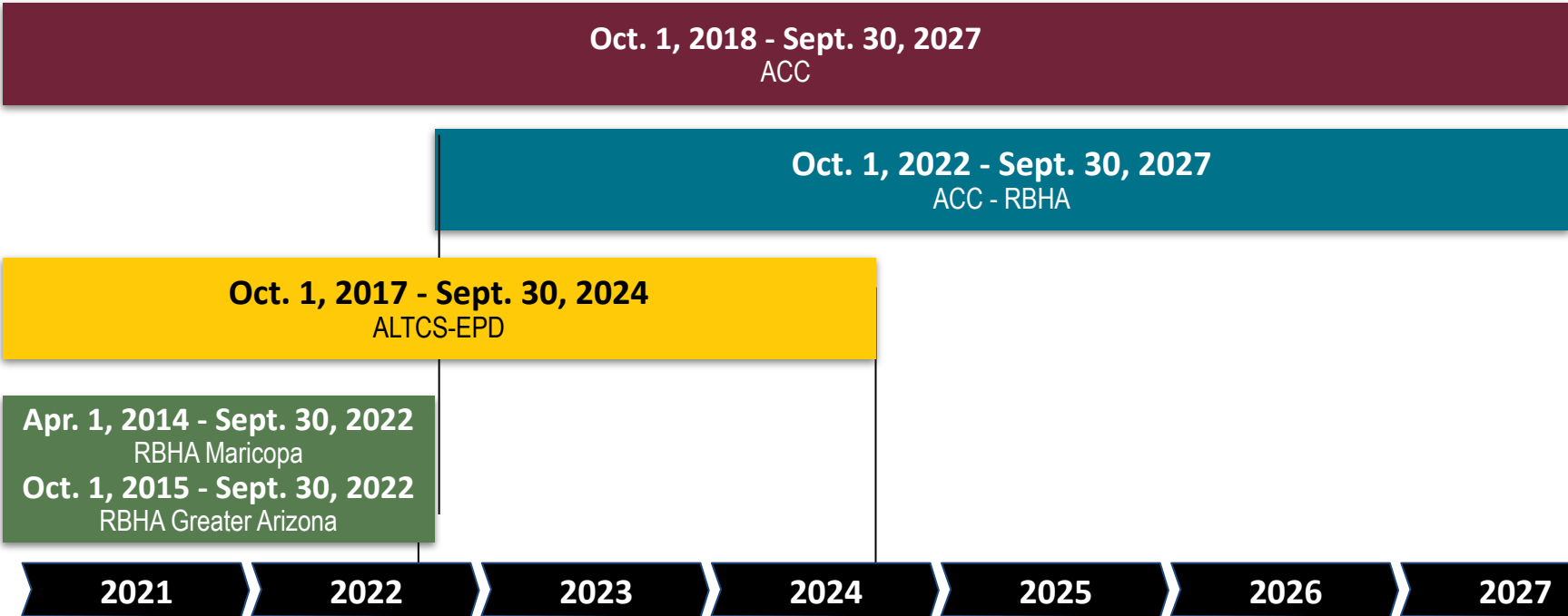
Integration at all 3 Levels



Integration Progress To Date



Timeline of AHCCCS MCO Contracts





RBHA Services Transfer Competitive Contract Expansion (CCE)



Competitive Contract Expansion – ACC-RBHAs



10/1/2022 Member Transition ACC-RBHA

AHCCCS Complete Care-Regional Behavioral Health Agreement (ACC-RBHA) Contractors

- ACC-RBHA Contractors responsible for:
 - Integrated physical and behavioral health services for Title XIX/XXI eligible individuals with Serious Mental Illness (SMI)
 - Administration of Non-Title XIX/XXI funded services including, but not limited to:
 - Crisis services, grant funded services, and Court Ordered Evaluations (COE)
- ACC-RBHA Awards made 11/15/2021
- Transition occurring 10/1/2022

Current status with RBHA services

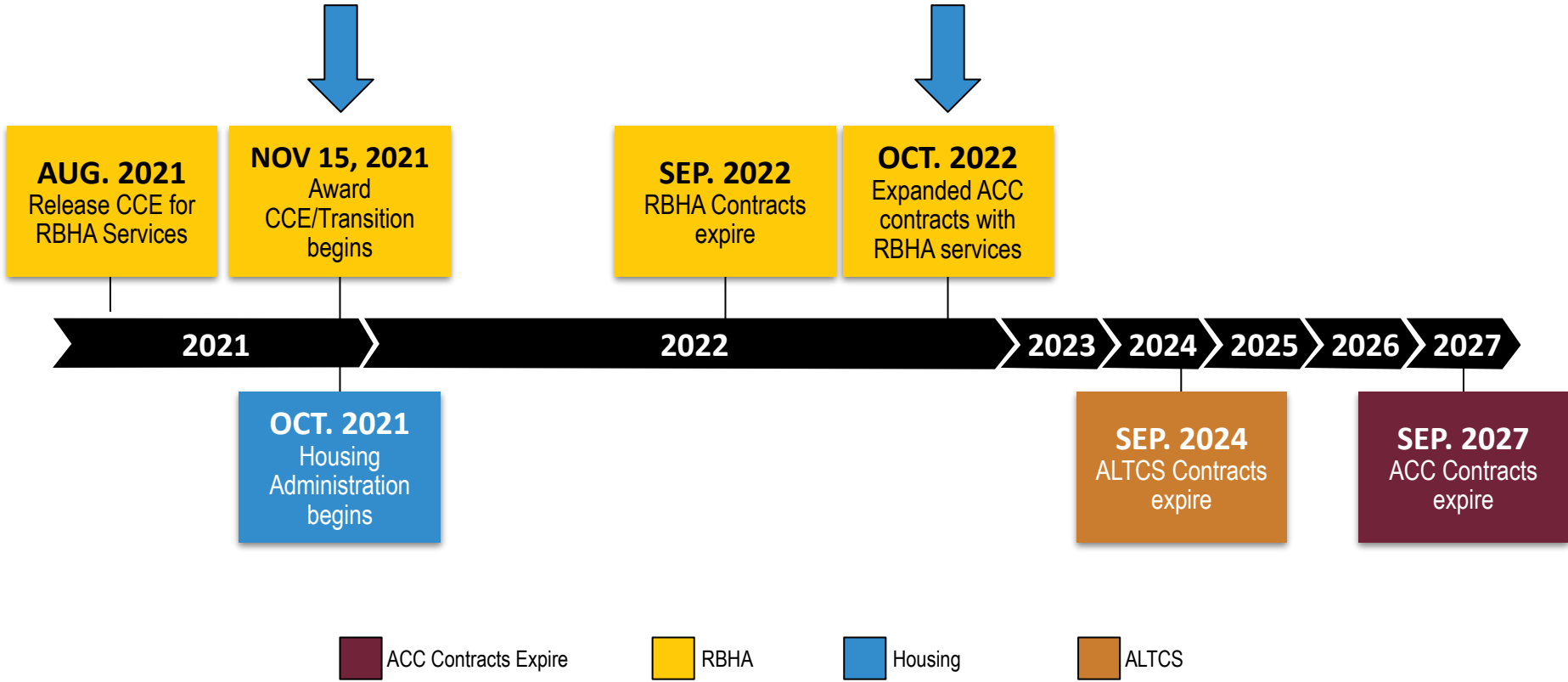
Regional Behavioral Health Authorities (RBHAs) currently continue to provide and serve:

- Individuals determined to have a Serious Mental Illness (SMI)
 - Northern GSA Title XIX Enrollment 6,336
 - Maricopa County Title XIX Enrollment 27,374
 - South GSA Title XIX Enrollment 14,476
- Crisis services, grant funded, and state-only funded services

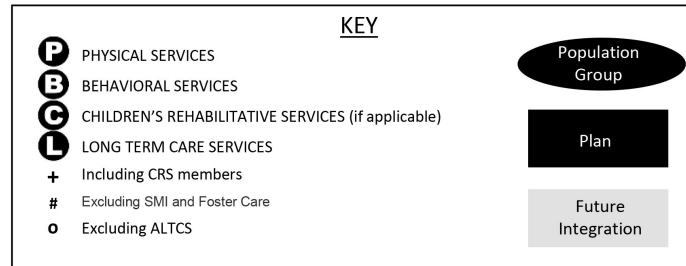
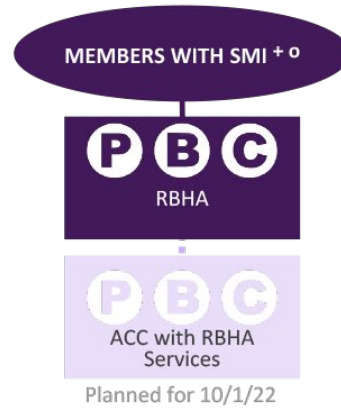
*Enrollment numbers updated 02/01/2022

*RBHA responsibilities as of 04/2021

AHCCCS Contracts Timeline

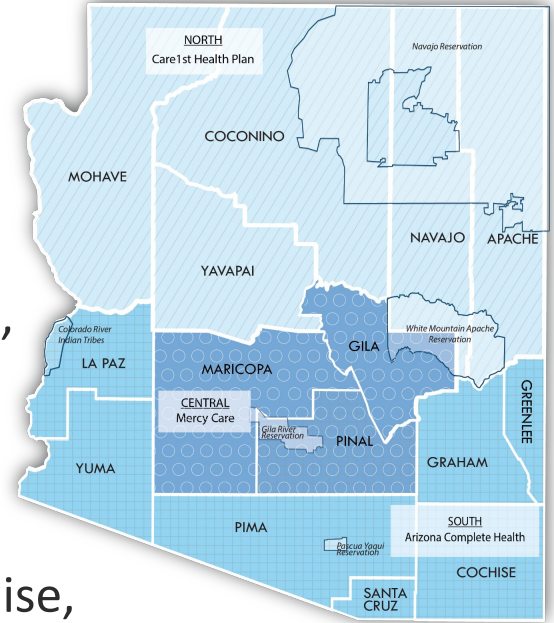


Members with SMI determination starting October 1, 2022



ACC-RBHA Geographical Service Areas (GSA)

- Aligning GSAs to match ACC and EPD GSAs:
 - Gila moving from North to Central
 - Pinal moving from South to Central
- ACC-RBHAs and awarded GSAs
 - Care1st - North GSA: Mohave, Coconino, Yavapai, Navajo, Apache
 - Mercy Care - Central GSA: Maricopa, Gila, Pinal
 - Arizona Complete Health-Complete Care Plan - South GSA: La Paz, Yuma, Pima, Santa Cruz, Cochise, Graham, Greenlee



Transitions for Members

- North GSA – The ACC-RBHA will be Care1st Health Plan (Care1st) effective 10/1/2022.
 - Members in Mohave, Coconino, Yavapai, Navajo, and Apache counties will **transition** from Health Choice to Care1st.
- South GSA – The ACC-RBHA will be Arizona Complete Health Complete Care Plan (AzCH-CCP) effective 10/1/2022.
 - Members in La Paz, Yuma, Pima, Santa Cruz, Cochise, Graham, Greenlee counties will **continue** to receive care from AzCH-CCP.

Transitions for Members

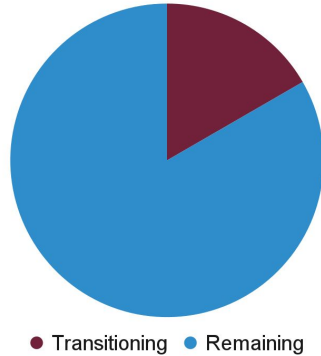
- Central GSA – ACC-RBHA will be Mercy Care effective 10/1/2022.
 - Members in Maricopa County will **continue** to receive services from Mercy Care.
 - Members in Gila County will **transition** from Health Choice to Mercy Care.
 - Members in Pinal County will **transition** from Arizona Complete Health-Complete Care Plan to Mercy Care.



Member Transitions

8,046 members transitioning to new health plans

County	Members*	New Plan
Apache	229	Care1st
Coconino	794	Care1st
Mohave	2,220	Care1st
Navajo	963	Care1st
Yavapai	1,940	Care1st
Gila	452	Mercy Care
Pinal	1,448	Mercy Care



40,226 members remaining on current health plans

County	Members*	Current Plan
Maricopa	27,210	Mercy Care
Cochise	869	AzCH-CCP
Graham/ Greenlee	223	AzCH-CCP
La Paz	71	AzCH-CCP
Pima	10,591	AzCH-CCP
Santa Cruz	232	AzCH-CCP
Yuma	1,030	AzCH-CCP

*Enrollment as of December 1, 2021

Member Transitions (cont.)



- AHCCCS will send out enrollment notices to all members transitioning to a new health plan.
- Member notices will be sent out by AHCCCS at least 30 days prior to the 10/1/2022 transition date.
- AHCCCS will work with all involved health plans to transition important member information.

Members: Make Sure Your Contact Info Is Current In Health-e-Arizona PLUS

Need to report a change?

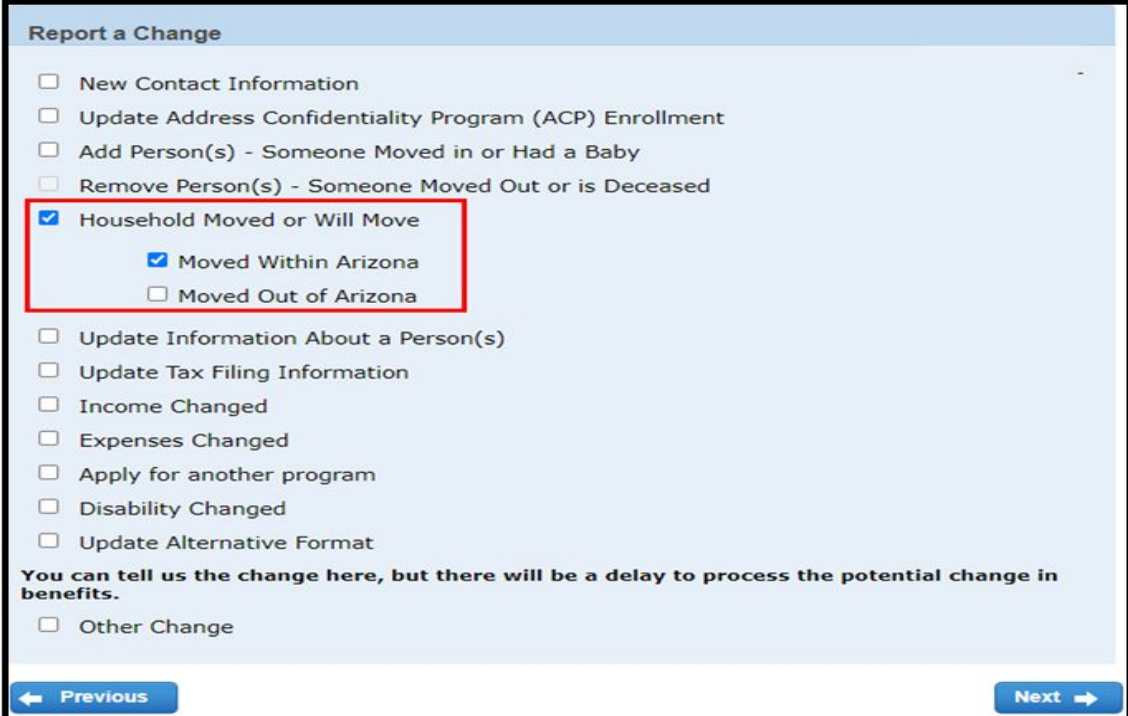
The screenshot shows the Health-e-Arizona PLUS user interface. On the left sidebar, under 'I Want To...', the 'Report a Change' option is highlighted with a red rectangular box. Other options include 'Voluntarily Withdraw an Application or Stop Benefits', 'Finish Your Application', 'Begin a New Application', 'Reapply for Benefits', 'Change User Account Information', 'Enter Application Access Code to Access Existing Application', 'Lock My Account', 'Print Forms', 'Request Application Access Code to Access Existing Application', and 'View Messages'. The main content area shows 'My Account' information, including a verified ID, address (701 E Jefferson St, Phoenix, AZ, 85034-2215), and options to change user account information and view frequently asked questions. Below that is 'My Medical Assistance' with a table showing one entry: AHCCCS Medical Assistance starting on 09/01/2021. At the bottom, 'My Applications' section includes a message to click on an application number to view details, and a table with one application entry: Application Number 2021272000237, Date Started 9/30/2021, Date Sent MA 9/30/2021, Status Submitted, and a View link.

The graphic features a blue background with a search bar at the top containing the URL www.healtharizonaplus.gov. The main text reads 'UPDATE YOUR INFORMATION TODAY!' in large white letters. Below this, it says 'Make sure your contact information is up to date so AHCCCS can contact you, if needed.' To the right, a laptop displays the website's 'INDIVIDUAL AND FAMILY' section, which includes a 'Thank You for Connecting With Us' message and a 'My Application' status indicator. The AHCCCS logo is at the bottom left of the graphic.

Log in or create an account today at www.healtharizonaplus.gov

Health-e-Arizona PLUS Address Changes

Address changes can be reported online using Health-e-Arizona PLUS.



Report a Change

- New Contact Information
- Update Address Confidentiality Program (ACP) Enrollment
- Add Person(s) - Someone Moved in or Had a Baby
- Remove Person(s) - Someone Moved Out or is Deceased
- Household Moved or Will Move
 - Moved Within Arizona
 - Moved Out of Arizona
- Update Information About a Person(s)
- Update Tax Filing Information
- Income Changed
- Expenses Changed
- Apply for another program
- Disability Changed
- Update Alternative Format

You can tell us the change here, but there will be a delay to process the potential change in benefits.

- Other Change

← Previous Next →



10/1/2022 Member Transition American Indian Health Program

Member Transitions

- Individuals with an SMI designation currently enrolled with the American Indian Health Program (AIHP) for physical health services and receiving behavioral health services from a Regional Behavioral Health Authority (RBHA) will have:
 - Behavioral Health services **transition** to AIHP effective 10/1/2022, and
 - Physical health services **continue** with AIHP.
- This transition will impact roughly 300 members.*

*Enrollment as of December 2021

Member Transitions (cont.)

- Individuals with an SMI designation currently enrolled with an AHCCCS Complete Care (ACC) plan for physical health services and receiving behavioral health services from a Tribal Regional Behavioral Health Authority (TRBHA) will have:
 - Physical health services **transition** to AIHP effective 10/1/2022, and
 - Behavioral health services **continue** with TRBHA.
- This transition will impact roughly 100 members.*

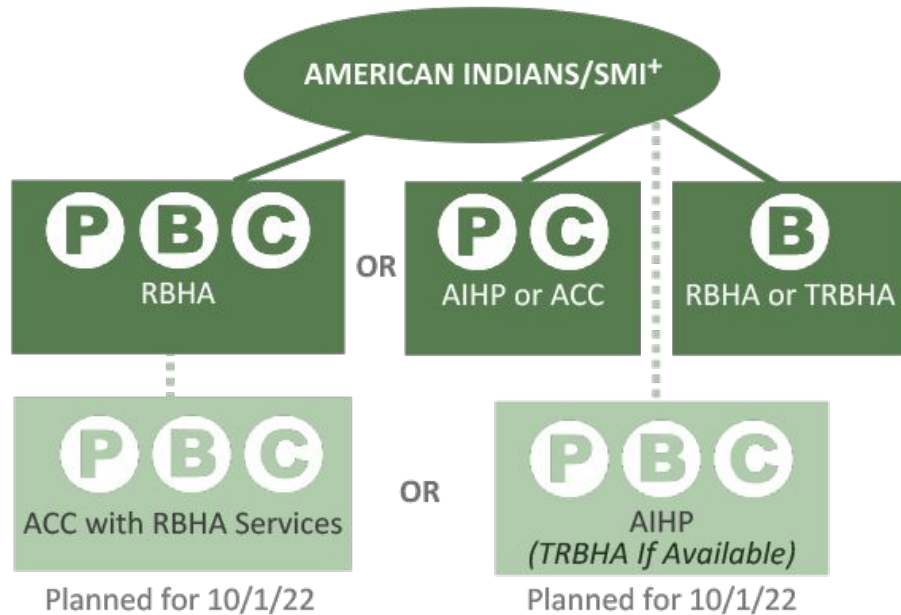
*Enrollment as of December 2021

American Indian Health Program Seriously Mentally III (AIHP/SMI)- Transitions on Oct. 1. 2022

Current System	Transition on 10.1.22
AIHP/RBHA	AIHP/AIHP *approx. 300 members
AIHP/TRBHA	No Change
ACC/TRBHA	AIHP/TRBHA *approx. 100 members

Other notes: SMI members choice of enrollment remains intact, they may choose between full ACC-RBHA or full FFS (AIHP). They may also continue to receive services via IHS/638 tribal facilities, same as they can today.

AI/AN AHCCCS members with SMI determination – October 2022



KEY

- P** PHYSICAL SERVICES
- B** BEHAVIORAL SERVICES
- C** CHILDREN'S REHABILITATIVE SERVICES (if applicable)
- L** LONG TERM CARE SERVICES
- +** Including CRS members
- #** Excluding SMI and Foster Care
- o** Excluding ALTCS

Population Group

Plan

Future Integration



AHCCCS DFSM Readiness

Preparing for Transition

- AHCCCS DFSM works with the providers to make sure they are ready before the transition
- Outreach:
 - FFS prior authorization and claims training
 - Care Management support



Open Discussion



DFSM Provider Training Updates

Peri Smith, DFSM Education Manager

DFSM Provider Training

Our goal is to help providers understand billing policy and successful claim submission.

The provider training team offers eLearning and video training presentations on specified topics which is a self-paced format that allows providers to access trainings. We encourage the attendance of billing staff and agencies, practitioners, etc to attend.

- [DFSM Provider Education web page](#)
- Listed on this page are the current trainings offered for all FFS providers.
- To register for a session, click on the "Zoom Registration Link" button.
- For additional training videos, providers can visit the AHCCCS Medicaid Youtube Channel.

The provider training schedules are posted quarterly and registration is required to attend.

DFSM Provider Training Updates

Upcoming IHS/638 Tribal Provider Billing Forums

- August 24, 2022 2:00 - 3:30 p.m.
- November 9, 2022 2:00 - 3:30 p.m.

Email: Providertrainingffs@azahcccs.gov

Open Discussion



AIMH and 100% FMAP Care Coordination Agreements

Leslie Short, DFSM Integrated Services Administrator



American Indian Medical Home (AIMH) Program

- The American Indian Medical Home is a care management model that puts AHCCCS American Indian Health Program (AIHP) members at the forefront of care.
- Aims to help address health disparities between American Indians and other populations in Arizona by enhancing case management and care coordination through the use of Primacy Care Case Managers (PCCM) and 24 access to the care team.

Current AIMHs and Members

AIMH	Tier Level	Members
Chinle Comprehensive Healthcare Facility	4	13,931
Fort Yuma Health Center	1	11
Parker Indian Health Center	1	604
Phoenix Indian Medical Center	2	5,595
San Carlos Apache Healthcare	4	4,866
Tuba City Regional Health Care Corporation	4	2,651
Whiteriver Indian Hospital	2	6,514
Winslow Indian Health Care	4	3,989
Total Empanelment		38,161

American Indian Medical Home Information

- AIMH information including IGA templates and application packet:

www.azahcccs.gov/AmericanIndians/AmericanIndianMedicalHome/

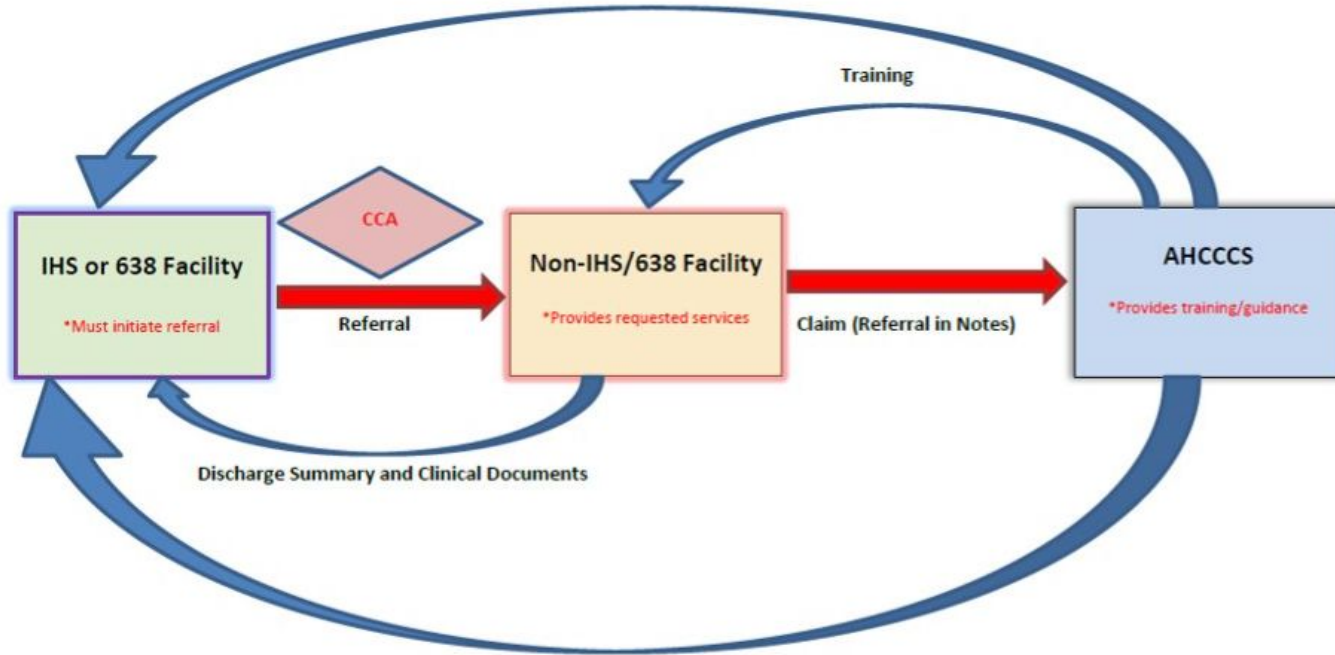
- Contact information: AIMH@azahcccs.gov

100% Federal Funding for Services Furnished under Care Coordination Agreements

- SHO Guidance 16-0002 released February 2016
- 100% federal match (FMAP) for services “received through” IHS/Tribal facilities, per CMS reinterpretation of statute.
- Extends 100% FMAP for services provided by Non-IHS/Tribal facilities under a written Care Coordination Agreement (CCA) to furnish services for patients who are AI/AN Medicaid beneficiaries.
- Policy update is intended to help states, the IHS, and tribes to improve delivery system for AI/ANs by increasing access to care, strengthening continuity of care, and improving population health.

Process Flow

CCA 100% FMAP Flow



AHCCCS to Validate Claims to Determine Compliance and Ability to Claim 100% FMAP

Care Coordination Agreements

- Executed Care Coordination Agreements
 - Tuba City and Northern AZ Health care
 - Gila River Health Care and Phoenix Children's Hospital or Gila River Health Care and Valleywise Health
 - Tohono O'odham Health Care and Tucson Medical Center
 - Phoenix Indian Medical Center and Valleywise Health

Care Coordination Agreement Resources

- IHS/Tribal 638 facilities can send request to:
Tribalcarecoordination_fmap@azahcccs.gov
- State Health Official #16-002
<https://www.medicaid.gov/federal-policy-guidance/downloads/SHO022616.pdf>

Open Discussion

General Discussion

Feedback Deadline Specific to this Session:

September 29, 2022

*unless otherwise noted

Announcements

Next AHCCCS Tribal Consultation:

November 03, 2022 at 1 p.m.

Please check [AHCCCS Tribal Consultation Web page](#) for meeting information.

*Please send any agenda recommendations to Amanda.Bahe@azahcccs.gov by October 10, 2022.

2022-2023 Tribal Consultation Calendar

- **November 3, 2022: Regular Quarterly TC Session**
 - Hosted Virtually via Zoom only
 - Agenda Item Request Deadline: October 10, 2022
- **February 9, 2023: Regular Quarterly TC Session**
 - Hosted Virtually via Zoom only
 - Agenda Item Request Deadline: January 16, 2023

For all AHCCCS Tribal Consultation Dates and Meeting Materials, see the following link: <https://www.azahcccs.gov/AmericanIndians/TribalConsultation>

Affordable Connectivity Program



ACP Affordable Connectivity Program

Save up to \$30 a month on your internet service bill

The Affordable Connectivity Program (ACP) is a new government program that helps low income households pay for broadband service and internet connected devices.
See if your household is eligible by visiting:

Details:

- Provides eligible households up to \$30/month or \$75/month on tribal lands off internet bills as well as one time \$100 discount off a connected device.
- All Medicaid members eligible regardless of how they are eligible with no out of pocket costs.
- [GetInternet.gov](https://www.getinternet.gov) or can call **877-384-2575** to check eligibility and sign up.

Follow & Support AHCCCS on Social Media

facebook

twitter

 Instagram

LinkedIn

 YouTube

Handle:

[@AHCCCSgov](https://www.facebook.com/AHCCCSgov)

Handle:

[@AHCCCSgov](https://twitter.com/AHCCCSgov)

Handle:

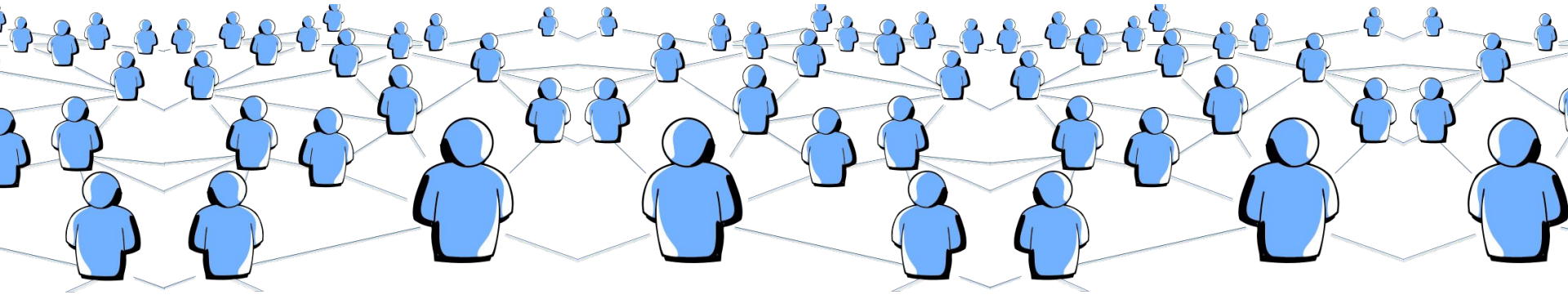
[@AHCCCSGov](https://www.instagram.com/AHCCCSGov)

Handle:

[@AHCCCS](https://www.linkedin.com/company/AHCCCS)

Channel:

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



Other Resources - Quick Links

- AHCCCS [Waiver](#)
- AHCCCS [State Plan](#)
- AHCCCS [Grants](#)
- AHCCCS [Whole Person Care Initiative \(WPCI\)](#)
- AHCCCS [Office of Human Rights](#)
- AHCCCS [Office of Individual and Family Affairs](#)
- [Future RBHA Competitive Contract Expansion](#)

Thank You.

Have a great day!