



Welcome to AHCCCS Community Forum

While you are waiting TEST YOUR AUDIO.

LISTEN FOR MUSIC.

You were automatically muted upon entry.

Please only join by phone or computer.

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



Thank you.

CommunityCares

Closed-Loop Referral System

- Contexture and Unite Us are holding roadshow demos of the new statewide Closed-Loop Referral System, CommunityCares.
 - The system will enable health care providers to refer members to social services to improve their health outcomes.
- The roadshows provide:
 - The program’s purpose and goals,
 - A live demonstration of the system, and
 - An opportunity for questions and answers.
- To sign up visit www.eventbright.com and search for “CommunityCares”
- All are welcome to attend!
- For more information about the system visit www.communitycaresaz.org

Statewide Arizona Crisis Hotline

Call: 1-844-534-HOPE (4673) or

Text: 4HOPE (44673)



Arizona Crisis Hotlines by County

Local Suicide and Crisis Hotlines by County

Phone

Maricopa, Pinal, Gila Counties served by Mercy
Care: **1-800-631-1314** or **602-222-9444**

Cochise, Graham, Greenlee, La Paz, Pima, Santa Cruz and Yuma Counties
served by Arizona Complete Health: **1-866-495-6735**

Apache, Coconino, Mohave, Navajo and Yavapai Counties served by Care1st:
1-877-756-4090

Gila River and Ak-Chin Indian Communities: **1-800-259-3449**

Especially for Teens

Teen Life Line phone or text: **602-248-TEEN (8336)**



How to access the crisis line in your area

Statewide:

Call: 1-844-534-HOPE (4673) or Text: 4HOPE (44673)

North GSA

- **Counties: Coconino, Mohave, Navajo, Yavapai:**
Health Choice Arizona: **1-877-756-4090**

Central GSA

- **Maricopa County, Pinal, Gila: Mercy Care** **1-800-631-1314**

South GSA

- **Counties: Apache, Cochise, Graham, Greenlee, La Paz County, Pima, Santa Cruz, Yuma:**
Arizona Complete Health - Complete Care Plan
1-866-495-6735

Tribal

- **Ak-Chin Indian Indian Community:**
1-800-259-3449
- **Gila River Indian Community:**
1-800-259-3449
- **Salt River Pima Maricopa Indian Community:**
1-855-331-6432
- **Tohono O'odham Nation:**
1-844-423-8759

OARLine: www.azdhs.gov/oarline
AzOarline@gmail.com



HOME

PATIENT

PROVIDER

ABOUT



**Need Help With Opioids?
We Are Always Here.**

Free, confidential hotline:
1-888-688-4222

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 website interface. The 'Report a Change' link in the 'I Want To...' sidebar is highlighted with a red box. The main content area shows 'My Account' information, including a verified ID, address (701 E Jefferson St, Phoenix, AZ, 85034-2215), and email. Below this is 'My Medical Assistance' with a table showing one entry: AHCCCS Medical Assistance, beginning on 09/01/2021. At the bottom, 'My Applications' shows a table with one application: 2021272000237, dated 9/30/2021, with a status of 'Submitted'.

Name	Program	Begin Date	End Date
	AHCCCS Medical Assistance	09/01/2021	

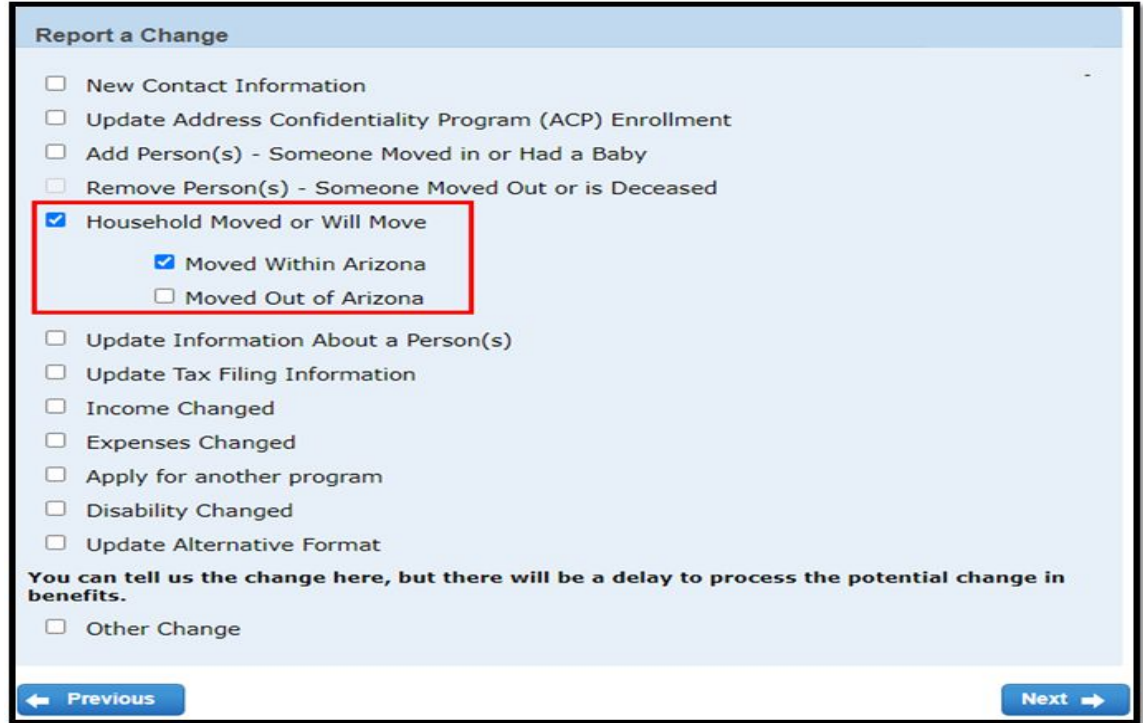
Application Number	Date Started	Date Sent	Status	View
2021272000237	9/30/2021	MA 9/30/2021	Submitted	Provide/View Documents View Application Summary

The graphic features a laptop displaying the website. The URL www.healthearizonaplus.gov is shown in a search bar. The main text reads 'UPDATE YOUR INFORMATION TODAY!' followed by the instruction: 'Make sure your contact information is up to date so AHCCCS can contact you, if needed.' Below this is a section for 'INDIVIDUAL AND FAMILY' with the tagline 'Connecting individuals and families to coverage, plans and services.' The AHCCCS logo is at the bottom left.

Log in or create an account today at www.healthearizonaplus.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.

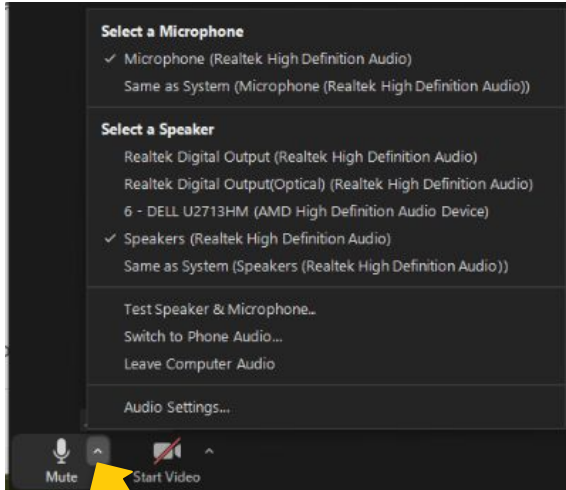
- Other Change

← Previous Next →

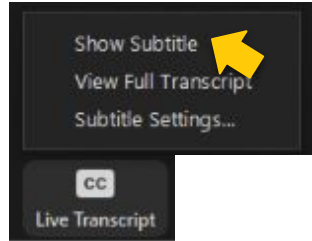
Zoom Webinar Controls

Navigating your bar on the bottom...

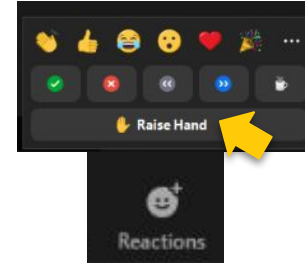
Audio Settings



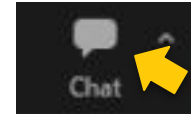
Turn on Closed Captioning



Raise Hand



Chat



KEYBOARD SHORTCUTS TO RAISE HAND

Windows: Alt+Y to raise or lower your hand

Mac: Option+Y to raise or lower your hand

Tips for successful ZOOM PARTICIPATION



MUTE your mic
when you're not
speaking



BACKGROUND
NOISE watch when
turning on mic



Limit the
DISTRACTIONS
around you



Look at the
CAMERA
not your screen



PREPARE & queue
docs or links that
you plan to share



Stay FOCUSED by
not texting or side
conversations



Use GALLERY
VIEW to see all
participants



Use CHAT 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.

What is ABA? Do I need it? How do I get it?

Dr. Megan Woods

Integrated Care Administrator

Applied Behavior Analysis

Applied Behavior Analysis (ABA) is a science developed to better understand the way that people learn and behave. It includes the way that behavior takes place in different places or circumstances, and how people learn in different environments. ABA is a covered behavioral health service for all Arizona Medicaid members.



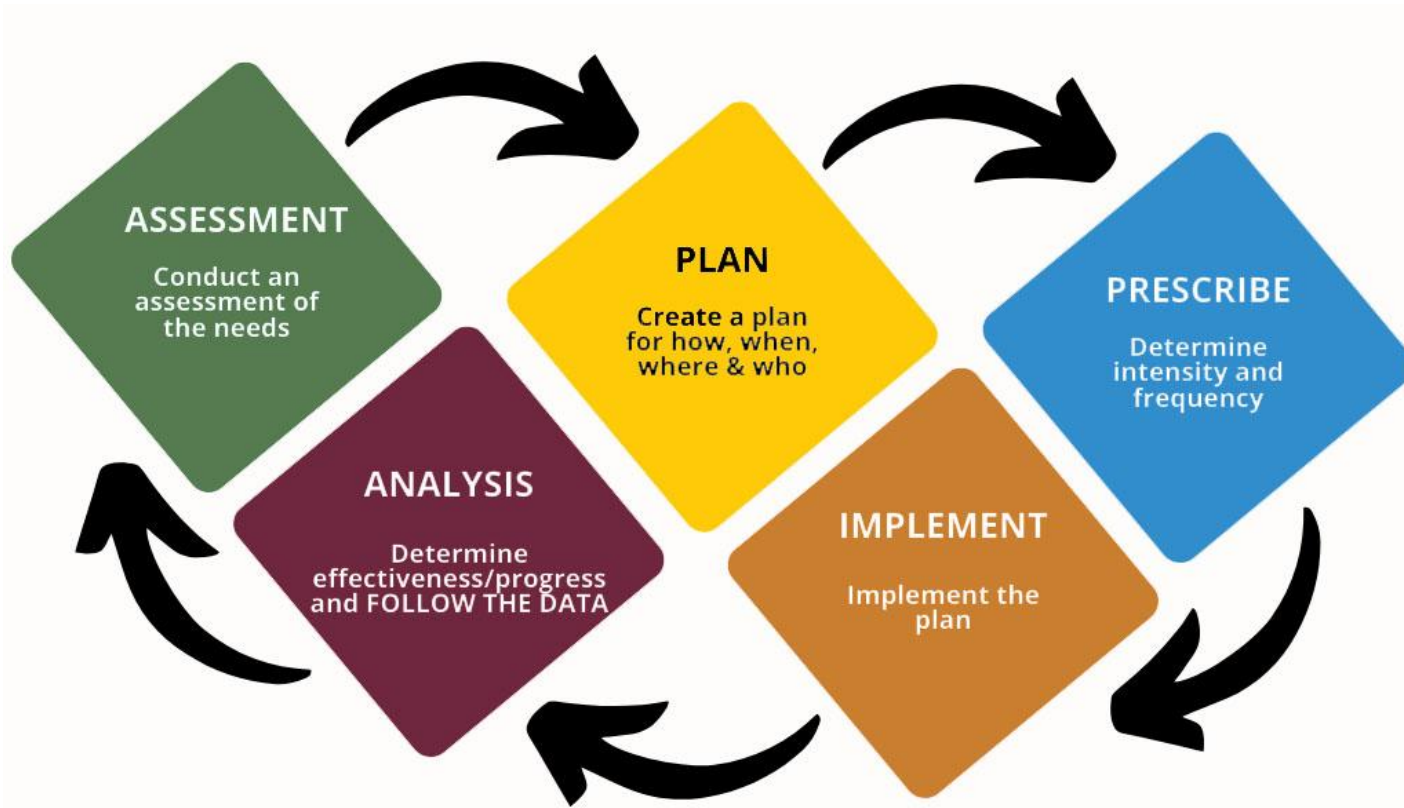
Who might need ABA?

ABA Could be beneficial if you or your family member is...

- ❑ Having difficulty learning or gaining new skills
- ❑ Having a hard time communicating
- ❑ Experiencing behaviors that are, or could become harmful or reduce quality of life (i.e. Physical aggression, temper tantrums, self-injury, isolation, repetitive behaviors)

AHCCCS has no age or diagnostic limitations on ABA services when medically necessary.

What does ABA look like?



How to receive ABA

Primary Care Provider

Speak to your care provider about whether ABA may be appropriate

School

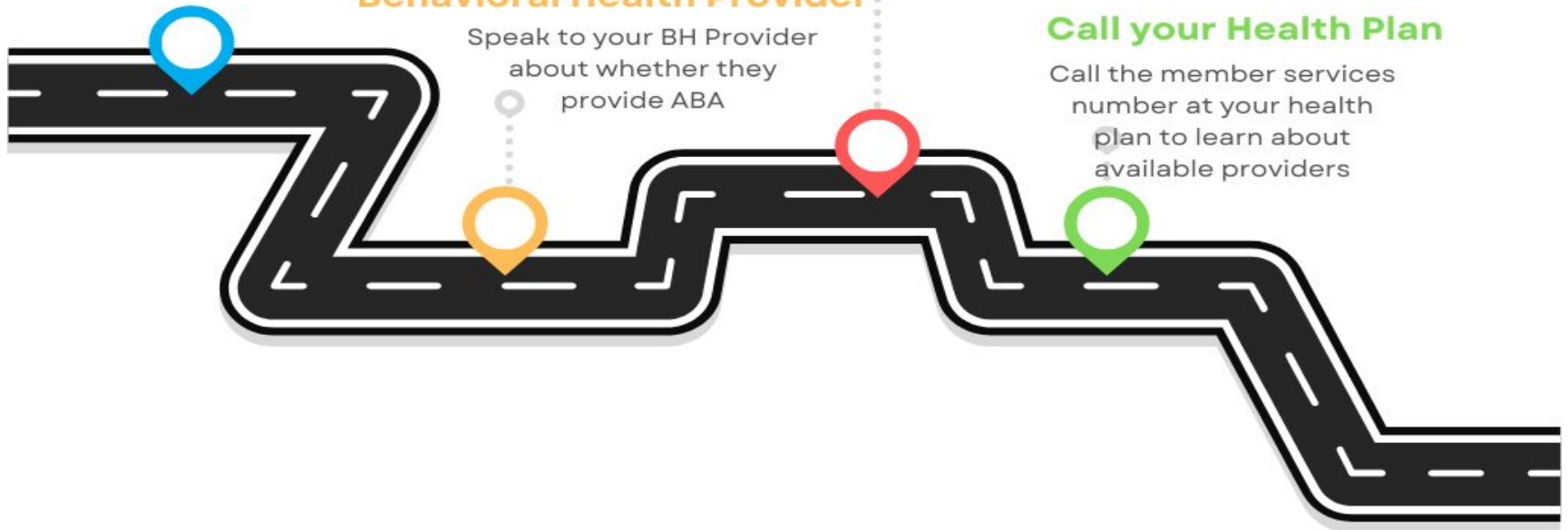
Speak to your school about ABA service availability

Behavioral Health Provider

Speak to your BH Provider about whether they provide ABA

Call your Health Plan

Call the member services number at your health plan to learn about available providers



Resources

A small sampling of related resources available on the AHCCCS website:

- [AMPM 320-S](#) Behavior Analysis Services
- No Wait Lists - [English](#) / [Spanish](#)
- Standards Appointment Availability - [English](#) / [Spanish](#)
- You Have a Voice and Choice in Your Health Care Decisions - [English](#) / [Spanish](#)
- 12 Guiding Principles in the Children's System of Care - [English](#) / [Spanish](#)
- 9 Guiding Principles in the Adult System of Care - [English](#) / [Spanish](#)
- How to Find a Provider - [English](#) / [Spanish](#)
- How to Access Behavioral Health Services - [English](#) / [Spanish](#)



High Needs Case Management

Amy Munoz
Special Projects Advisor

What is Provider Case Management?

- Behavioral Health providers are required to provide case management and coordination of care to:
 - Coordinate with member, family and all involved supports/services,
 - Complete assessment and service planning process,
 - Refer and coordinate services in member's service plan,
 - Provide education regarding member's diagnosis and treatment, and
 - Facilitate Child and Family Team (CFT) Meetings, for members under the age of 18.

What is High Needs Case Management (HNCM)?

- Level of Care for children receiving behavioral services
- Requirements outline in AMPM 570
- Increased coordination of care due to child's needs
- Contact with the child and family are required every 30 days or more often based on the needs
- CFT meetings facilitated at the frequency required by the member's needs
- Smaller caseload sizes: no more than 25 children assigned
- Caseloads cannot be blended

What to expect from HNCRM?

- Referral and coordination of Support and Rehabilitation Services added to the child's service plan
- To receive copies of the service plan, crisis plan and other documentation created in CFT meetings
- Follow up on a crisis situations
- Care that aligns with the Arizona vision and 12 principles as well as the 10 principles of Wraparound
 - Team-based approach
 - Respectful and open communication
 - Your voice to be heard

How is Level of Care determined?

- For children ages 6-18:
 - Level of care is determined by a CALOCUS assessment
 - CALOCUS is required for all child-serving agencies
 - Children with a score of 4, 5, or 6 on the CALOCUS are required to have a HNCRM, unless declined by the guardian
- For children 5 and under:
 - Two or more of the following: Other agency involvement (DES/DDD, DCS, AzEIP), BH Out-of-home placement, use of psychotropic medications, severe psychosocial stressors

Resources

- [AMPM 570](#) Provider Case Management
- [AMPM 100](#) AHCCCS Medical Policy Manual
- [AMPM 230](#) Support and Rehabilitation Services
- 12 Guiding Principles in the Children's System of Care - [English](#) / [Spanish](#)
- [AMPM 220](#) Child and Family Team



Questions?

Community Health Workers/Community Health Representatives

Alex Demyan, Interim Assistant Director

Leslie Short, Integrated Services Administrator

Community Health Worker/ Community Health Representative

A **frontline public health worker** who is a trusted member of the community to help people:

- Navigate health care system,
- Encourage preventive care,
- Manage chronic illnesses,
- Maintain healthy lifestyles, and
- Assist in culturally and linguistically relevant ways.



CHW Voluntary Certification Rule

- The final [CHW Voluntary Certification Rules](#) were approved by the Governor's Regulatory Review Council (GRRC) and were filed with the Secretary of State on September 7, 2022.
- The rules are effective as of November 6, 2022.
- The ADHS Special Licensing department is accepting applications as of November 7, 2022 through an online portal.

CHW Services - SPA Language

Arizona state certified Community Health Workers (CHW) may provide AHCCCS-covered patient education and preventive services to individuals with a chronic condition or at risk for a chronic condition or for individuals with a documented barrier that is affecting the individual's health. CHW services must be recommended by a physician or other licensed practitioner of the healing arts acting within the scope of authorized practice under State law. Services must be documented in the member's medical record and may include:

- Health system navigation and resource coordination,
- Health education and training. The purpose of this service is to train and/or increase the member's awareness of methods and measures that have been proven effective in avoiding illness and/or lessening its effects. The content of the education must be consistent with established or recognized healthcare standards, or
- Health promotion and coaching. The purpose of this service is to provide information and training to members that enables them to make positive contributions to their health status.



Reimbursement Pathways

Phase 1 - Effective April 1, 2023

CHW/CHR obtains certification → CHW/CHR is employed by a currently registered provider. → CHW/CHR delivers a covered service within their scope of practice. → Registered provider submits a claim for the covered service provided by the CHW/CHR.



Medicaid Claim Reimbursement

Phase 2- Anticipated effective date: fall 2023

CHW/CHR obtains certification → CHW/CHR is employed by a CHW/CHR organization. → CHW/CHR delivers a covered service within their scope of practice. → CHW organization submits a claim for the covered service provided by the CHW/CHR.

CHW/CHR organization will enroll with AHCCCS through the AHCCCS provider enrollment process.



List of Eligible Providers for Phase 1

- Attendant Care Providers (PT 40)
- BH Outpatient Clinic (PT 77)
- Chiropractor (PT 16)
- Clinic (PT 05)
- Community/Rural Health Center (PT 29)
- Dentist (PT 07)
- Dialysis Clinic (PT 41)
- DO-Physician Osteopath (PT 31)
- Federally Qualified Health Center (FQHC) (PT C2)
- Habilitation Providers (PT39)
- Hospital (PT 02)
- Integrated Clinic (PT IC)
- MD-Physician (PT 08)
- Naturopath (PT 17)
- Optometrist (PT 69)
- Physicians Assistant (PT 18)
- Registered Nurse Practitioner (PT 19)

Reimbursable Service Codes

- Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each billed in 30 minutes increments.
 - 98960- education and training provided for an individual patient for each 30 minutes of service.
 - 98961- for a group of two to four patients.
 - 98962- or a group of five to eight patients.
- AHCCCS is currently developing guidance to establish per member per month billing limits.
 - If additional services are medically necessary, prior authorization would be required.

Services Provided by a CHW/CHR

- A certified CHW/CHR can perform the full Scope of Practice as specified in A.A.C. R9-16-802; **however,**
- For Medicaid covered services to be billed, when serving Medicaid members:
 - CHW/CHR services must be medically necessary and recommended by a physician or other licensed practitioner.
 - The certified CHW/CHR must work under the direction of an eligible AHCCCS-registered provider.

CHW/CHR Employer Roles and Responsibilities

- Once an employer is registered with AHCCCS, it must ensure any CHW/CHR it submits Medicaid claims for are certified.
- The employer can submit claims using only the allowed codes for the covered services provided by its CHWs/CHR.
- The employer must maintain accurate and current records of all CHW/CHR certification document.
- Providers may employ CHWs/CHR who are not certified, but they **will not** be able to bill Medicaid for services provided by non-credentialed CHWs/CHR.

AHCCCS Next Steps

- Finalization of a CHW Policy
 - While this policy is in development, use the [AHCCCS CHW FAQs](#) as a point of reference.
- Development of a CHW Provider Type for Community Based Organizations (CBO)
 - More details to come

Resources

- CHW/CHR web page and FAQs
azahcccs.gov/CHW
- Additional guidance in the FFS Provider Billing Manual and AHCCCS Medical Policy Manual (AMPM) will be forthcoming.

PHE Continuous Enrollment End: Renewal Updates

Julie Swenson

Senior Policy Advisor: AHCCCS Eligibility

Objectives

- ✓ Meet federal and state requirements
- ✓ Limit/manage increased call volumes
- ✓ Automate communications to streamline processes
- ✓ Avoid negative customer experiences
- ✓ Avoid lost coverage due to administrative error or not reaching members
- ✓ Proactively encourage the public to update contact information prior to their renewal month

Federal Guidance for Ending Continuous Enrollment

After March 31, 2023:

- Resume timely application processing in **four months**.
- Initiate a full renewal determination for the total **active AHCCCS** population within **12 months**.
- When unable to automatically renew eligibility, give customers **30 days to respond to requests** for information.
- Give customers a **minimum 10 days of advance notice** before any adverse action and appeal rights.
- Take steps to transition ineligible beneficiaries to other insurance affordability programs.



Processing Renewals

- Renewals continued throughout the PHE.
- At best estimate, 26% of members are **AT RISK** OF LOSING COVERAGE:
 1. **Non-Responsive:** failed to supply needed documentation
 2. **Factually Ineligible:** shown to be ineligible based on information received between March 2020 and Feb. 2023
- After a full redetermination, these members could be found to be *eligible* and will **stay enrolled** or *ineligible* and be **disenrolled**
- It will take approximately **12 months** to complete ALL renewals.

Prioritizing and Distributing Renewals

Renewing active AHCCCS for all active* customers over 12 months

Distributing the added workload

- Adjust post-PHE redetermination batches based on volume of regular monthly renewals due, and
- Align household renewal dates and SNAP renewal dates.

Hybrid approach

- Process “ineligible” before “non-responsive”
- Within these groups process “oldest application date to newest”

*on AHCCCS as of 1/31/2023

AHCCCS Coverage Transitions

When no longer eligible for their current AHCCCS category, customers are screened for eligibility in any other program or category:

- Seamless transition between AHCCCS programs, including KidsCare;
- No need to ask for or elect other coverage;
- Eligibility system automatically identifies other possible eligibility programs based on information on file or provided by customers;
- Customer does not lose current coverage while eligibility for the other category or program is being determined.

Reapplication After Renewal: Coverage Examples

Renewal response not received and **coverage ends May 31**. Customer responds to the renewal and provides any requested proof:

In the renewal month = renewed with **no gap** in coverage.

Act in May → **Remains eligible June 1st**

In the month after their renewal month = renewed with **no gap** in coverage.

Act in June → **Eligible June 1st**

60 days after their renewal month = renewed with a **30-day gap** in coverage.

Act in July → **Eligible July 1st**

90 days after their renewal month = renewed with a **60-day gap** in coverage.

Act in August → **Eligible August 1st**

After 90 days, the the customer must complete a new application.

Enhancements to Support Unwinding

- **HEAPlus Surge Call Center**
- **HEAplus Chat Bot - Live April 6, 2023, enhancements in early June 2023**
- **Address Change Bot in HEAplus - July 2023**
- **AHCCCS Connect - July 2023**
 - Intelligent and targeted texting, phone calls,
 - A mix of paid social, digital, and physical messaging

Questions?



Unwinding Continuous Enrollment & Resuming Standard Redetermination Processes

Processing Renewals

- Renewals continued through PHE.
- More than 670,000 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**.
- Distributing renewals for these members over **12 months**.

Processing Renewals

Hybrid approach to prioritizing

- Process “ineligible” before “non-responsive”
- Within these groups process “oldest application date to newest”

Distributing the added workload

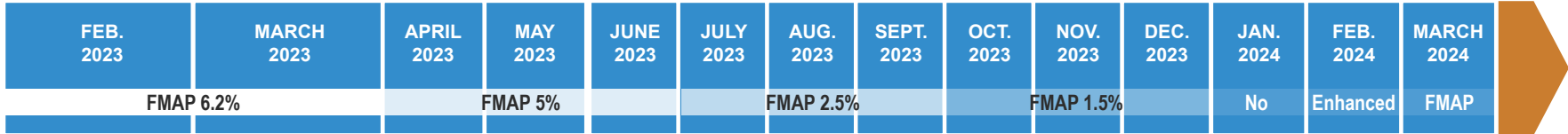
- Aligning household renewal dates and SNAP renewal dates where applicable.
- Adjust renewal volumes batches based on volume of regular monthly renewals due, and
- Renewal volumes as even as possible over unwinding period.

April 1 - March 31

Medicaid renewals resume for COVID-19 Override group (members continued March 2020-February 2023). New applications and changes processed under standard rules. When a response is required, members have 30 days to provide that information before disenrollment.

March 31
Continuous Medicaid enrollment requirement expires

Dec. 31 All factually ineligible re-determinations from COVID-19 Override group will be processed	Jan. Last month to initiate post-continuous enrollment renewals	March Last month to complete post-continuous enrollment renewals
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COVID-19 Override & Regular Monthly Redetermination Continue

April to March
Individuals failing to renew benefits have 90 days to reapply without submitting a new application

Monthly on ~ the 20th
10-day notice of adverse action sent to next month's discontinued members

Feb. 17-19
Ex parte case matching initiated for April determinations

Feb. 13
April renewals initiated

Feb. 25-March 11
Renewal notices sent to members renewing in April

April 1
Earliest date of disenrollment for members redetermined in April

Stakeholder Outreach & Tools

- Community advocacy meetings
- State agencies & Veterans Administration
- Providers (Pharmacy Benefit Managers, etc.)
- Toolkit (fliers, email)



Questions?

AHCCCS ARP Program Awards

Dara Johnson

Program Development Officer

PCG's Role in the Award Program

- [Public Consulting Group](#) (PCG) is a public sector consulting firm that works with health, education, and human services agencies.
- AHCCCS has contracted with PCG to administer the program awards.
- PCG will provide technical assistance to applicants throughout the application, award, and payment process.

Program Overview

- New \$40 million award program to strengthen Home and Community Based Services (HCBS) in Arizona.
 - Uses funds from the American Rescue Plan (ARP)
 - More information on the [ARP and Arizona's Spending Plan](#)
- Goal is to enhance the member experience, health, and safety of people receiving HCBS in the state.
- Application opens on April 17, 2023

Funding Guidelines

- Applicants can request between \$10,000 and \$500,000 for programmatic or infrastructure projects.
 - One-time, upfront funding
 - Administration costs cannot exceed 10% of your total request
- Applicants can use funds to create a new project or expand an existing one.
- Funds must be spent by September 30, 2024
 - Any unspent funding must be returned to AHCCCS within 60 days of your project end date

Who Can Apply

Behavioral Health Outpatient Clinics (Provider Type 77)	Board-Certified Behavior Analysts (Provider Type BC)
Attendant Care (Provider Type 40)	Adult Foster Care (Provider Type 50)
Integrated Clinics (Provider Type IC)	Home Delivered Meals (Provider Type 70)
Assisted Living Centers (Provider Type 49)	Adult Day Health (Provider Type 27)
Assisted Living Homes (Provider Type 36)	Elderly and Physical Disability (EPD) HCBS (Provider Type 81)
Habilitation Providers (Provider Type 39)	Area Agencies on Aging
Community Service Agencies (Provider Type A3)	

Who Can Benefit (1 of 2)

- Arizona Long Term Care System (ALTCS) members and non-ALTCS members can benefit from these awards.
- This includes:
 - People who are elderly,
 - Individuals with disabilities,
 - Individuals living with a Serious Mental Illness (SMI) designation, and
 - Children with behavioral health needs

Who Can Benefit (2 of 2)

- Funded programs should only support Arizona residents.
 - That includes Arizona residents living on tribal land.
- Award funding can only be used to support people in Medicaid-eligible programs.
 - Non-Medicaid clients in Medicaid-eligible programs may benefit if the program mostly supports Medicaid clients.

How to Apply

- Apply online using [GrantsConnect](#) by **5:00 p.m. on May 16**
 - Application opens on April 17
- You may submit only one application!
 - You cannot make any changes to your application after you submit.

GrantsConnect Webinar



April 19



12–1 p.m.



**Register on
Zoom**

Eligible Activities (1 of 2)

Any activities that improve the member experience, health, or safety of HCBS recipients in Arizona are eligible

Increase engagement in community activities

Expand supportive employment and employment skills development, including volunteerism

Support member voice and their choice to lead self-directed lives

Expand opportunities for social engagement and relationship building

Support recreation and health promotion programs that promote physical activity and nutrition

Eligible Activities (2 of 2)

Any activities that improve the member experience, health, or safety of HCBS recipients in Arizona are eligible.

Expand technology that improves connectivity and telehealth

Create environmental/physical plant upgrades that promote health and safety

Increase or build transportation capacity

Provide access to assistive technology or service animals to support independence

Enhance data systems and infrastructure to streamline service delivery, promote access to care, or support care coordination

Expand and enhance independent housing opportunities

Types of Projects

Programmatic Projects

- Create new or expand existing programs, services, or activities
- Improve member experience, health, or safety through:
 - Community participation,
 - Self-advocacy,
 - Relationship building, or
 - Health promotion

Infrastructure Projects

- Purchase or improve the following:
 - Equipment,
 - Connectivity access,
 - Data systems,
 - Assistive technology,
 - Vehicles, or
 - Physical plant modifications
- Must directly impact member experience, health, or safety
- Exclude the purchase of structures (e.g., homes, buildings, etc.)

Ineligible Activities

- Award funds cannot be used:
 - For projects with ongoing costs or other long-term cost commitments.
 - Unless you can provide plans to ensure the long-term sustainability of the investment.
 - To supplant or replace existing state funds for Medicaid HCBS
 - Funding may be used to supplement, enhance, expand, or strengthen existing services.

Partnerships

- You can partner with one or more other organizations as part of your project.
- Only the lead applicant responsible for the award should apply on behalf of the partnership.
 - Attach letters of support from the other partners to the application.

Application Sections (1 of 3)

1. Organization and Experience

- Your organization, its programs, and service area
- Key personnel and their role in the project
- Communication or marketing strategy to promote your project

2. Project Overview

- Short description of your project
- Award goals your project will achieve
- Need your project is addressing
- Key milestones and deliverables
- How your project fits your organization's strategy and vision
- Potential risks and solutions to address these risks

Application Sections (2 of 3)

3. Project Impact

- People and areas that will benefit from your project
- Any partners for your project, if applicable

4. Budget

- Detailed description of project costs, including:
 - Milestone, phase, or deliverable
 - Projected start and end dates
 - Total costs, including staff, materials, and administrative costs
- Sustainability Plan for continuing the project after funding ends

Application Sections (3 of 3)

5. Timeline

- Any additional details on your project timeline
- Start and end dates for the project

6. Reporting Outcomes

- Target outcomes for your project
- Method for collecting and measuring data for outcomes

Reporting

- Applicants who receive funding will be responsible for providing quarterly reports to AHCCCS.
- Applicants will identify their target outcome for reporting:
 - Employment/Volunteerism
 - Relationship Building
 - Community Integration
 - Health Promotion
 - Self-Advocacy
 - Technology Access
- All expenses and documents related to this program must be retained and accessible for audit and review by AHCCCS for 10 years.

Important Dates

Activity	Date
Application Opens	April 17, 2023
GrantsConnect Webinar	April 19, 2023
Application Closes	May 16, 2023
Award Notifications Sent	July 2023 (anticipated)
Awardee Receives Payment	August 2023 (anticipated)
All Funds Must Be Spent	September 2024

Technical Assistance

If you have any questions on the grant program or need help applying:



[Program Web Page](#)



831-318-8295



AHCCCSARPAwardsHelp@pcgus.com

Questions

- We will do our best to answer as many questions as possible.
- Stay muted if you are not asking a question.
 - Please raise your hand if you have a question to ensure everyone does not speak at once, or
 - Add your question to chat and we will read it out.
- All questions asked will be saved and used for the development of future support materials.

Thank You.

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:

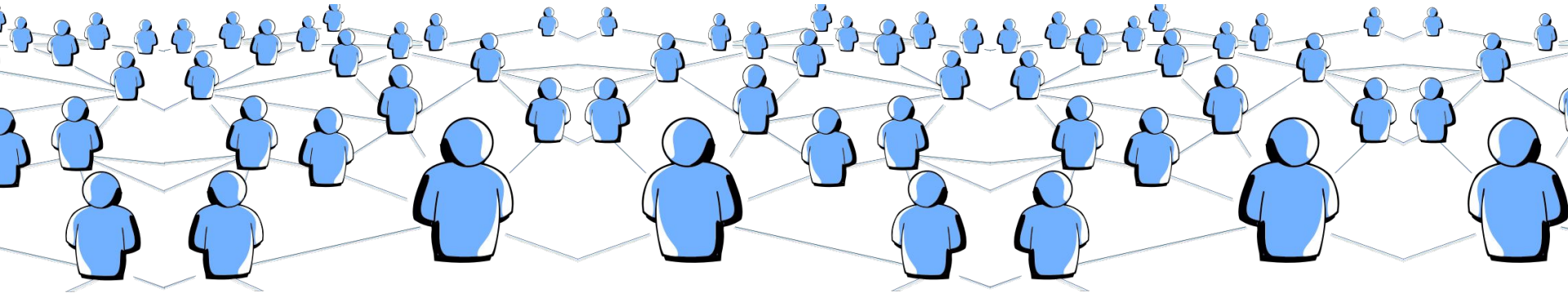
[@AHCCCSGov](https://www.instagram.com/AHCCCSGov)

Handle:

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Watch our Playlist:

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

Other Resources - Quick Links

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



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