

Welcome to the SMAC Quarterly Meeting

While you are waiting test your audio.

You were automatically muted upon entry.

Please only join by phone or computer.

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

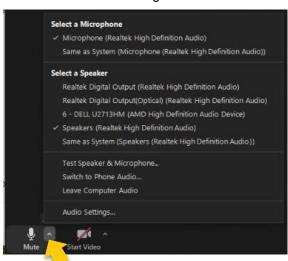
Thank you!

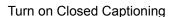


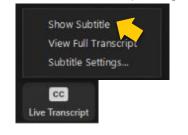
Zoom Webinar Controls

Navigating your bar on the bottom...

Audio Settings







Raise Hand



Chat



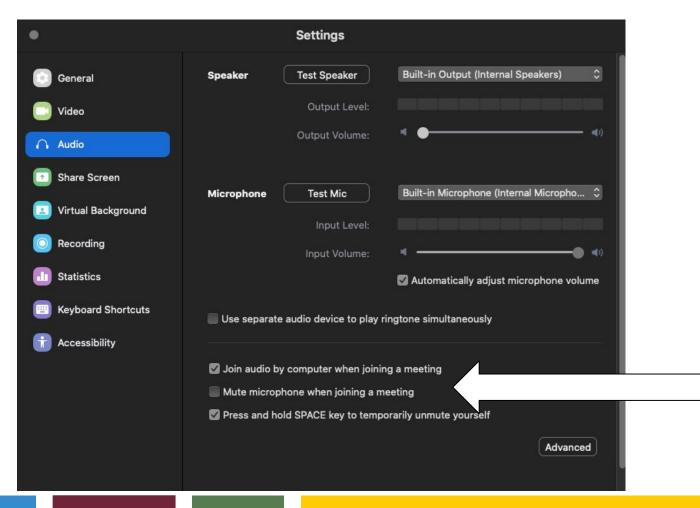
KEYBOARD SHORTCUTS TO RAISE HAND

Windows: Alt+Y to raise or lower your hand

Mac: Option+Y to raise or lower your hand



Audio Settings





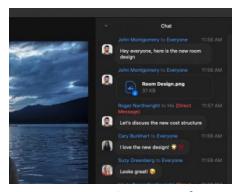
Webinar Tips



Mute your mic when you aren't speaking.



Limit background noise and distractions.



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



This Meeting Is Being Recorded

The recording shall be the sole property of AHCCCS and participation in this meeting indicates your waiver of any and all rights of publicity and privacy.

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

















State Medicaid Advisory Committee (SMAC) Quarterly Meeting

July 10, 2024





AHCCCS CEO Updates Carmen Heredia



AHCCCS Updates

- The Unwinding
- Sober Living Fraud, Waste and Abuse
- Recent Federal Rulemaking
- Budget Implications for AHCCCS











The Unwinding, Unwound



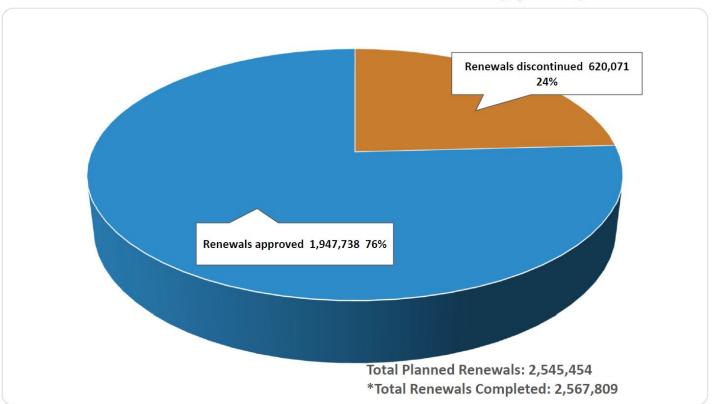


Eligibility Dashboard

Updated 05/06/2024

Total Medicaid Renewal Progress

This data reflects renewal progress from April 2023 to current



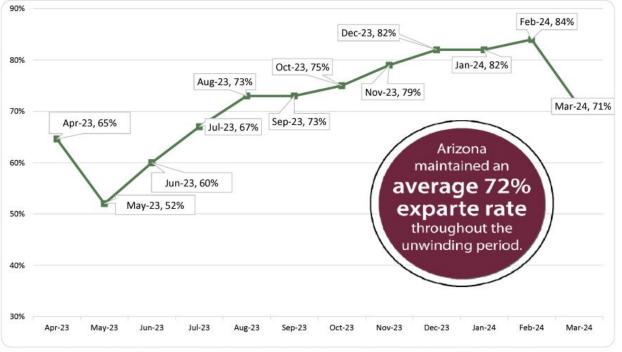




Eligibility Dashboard

Updated 04/05/2024

Exparte Auto Renewal Approval Rate



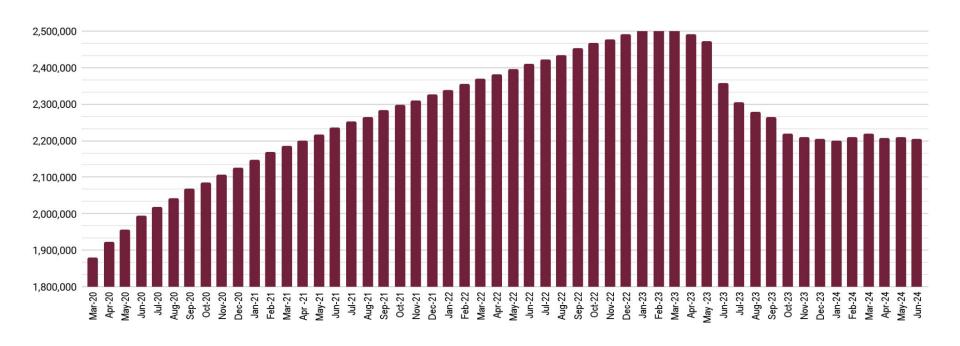
Exparte approvals occur when AHCCCS has enough information through electronic sources to renew Medicaid eligibility automatically without member or state staff intervention. Our electronic sources include real-time data from State and Federal databases including but not limited to: earned income verification from Equifax, residency verification from DMV, citizenship, Medicare and other income information from SSA, and more.

Data calculations were modified in August 2023 to match CMS reporting criteria.

March 2024 renewal populations had a higher number of earned income resulta found by federal hub sources.



AHCCCS Population: March 2020 - June 2024













Sobering Living Fraud, Waste and Abuse



May 16th: A Year in Review











Suspensions for Credible Allegations of Fraud

Since May 2023, AHCCCS has suspended payments to 306 providers for credible allegations of fraud.

Current status	Number of Providers (since May 2023)
Payment suspension and open law enforcement case	286
Provider Quality of Care terminations	90
Provider moratorium application denials	229
Rescinded suspensions	40
Suspensions upheld at state fair hearing	28

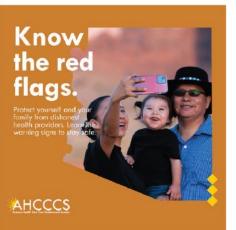


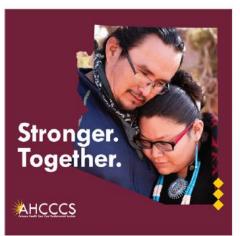
Recent & Upcoming FWA Reforms

- Provider Moratorium Extension
- Covered Behavioral Health Services Guide
 - 7/1 Public Release
 - 10/1 Effective Date
- Al bots to support provider enrollment
- AIHP eligibility verification (currently working with Tribes)



Tribal Outreach Campaign











www.azahcccs.gov/SoberLivingFraud

New web page includes:

- Year in Review Document
- One-Page Information Sheets
- Fact Sheet
- Newsroom
- Outreach Information
- Resources for Members & Providers



Humanitarian Response

30,000+ Calls to 2-1-1 (press 7) Hotline

10,000+ Victims Directly Served

103 Requests for Out of State Transportation

Response/Resource	Total Members
Phone calls to 211*7 hotline for resources	31,994
Hotel - Temporary Lodging	3,848
Out-of-state Transports (Top 3 States)	115 NM (37), MT (27), CA (5)



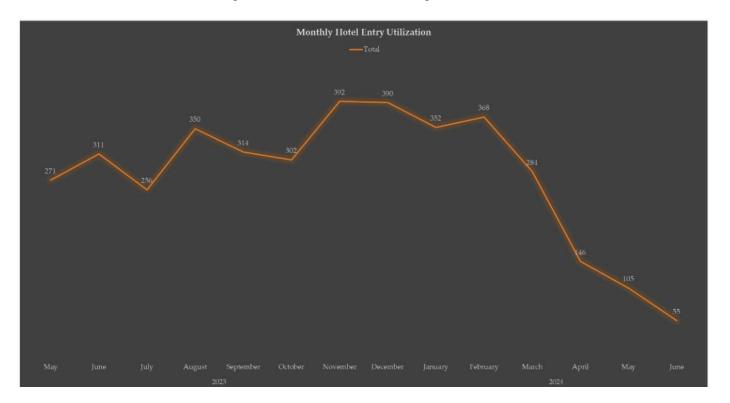
Number of Calls to Solari by Week



Total calls to Solari 32,883. Calls have been removed for ease of viewing.



Monthly Hotel Entry Utilization





FWA Humanitarian Response: The Next Phase

What's next?

- Moving from Crisis Response to Maintenance
 - Current response includes: 3 lodging locations, daily meals, care coordination, transport to lodging, transportation to work/school, travel home to other states, 211(press 7) resource hotline
- Working with Tribes on a phasedown plan











Federal Rulemaking



Access to Care Rules

Major Provisions:

- Beneficiary Advisory Council (BAC) to be created, comprised of beneficiaries, their families or caregivers.
- Appointment wait-time standards are established for primary care and select additional services.
- Direct care worker compensation 80% of all Medicaid payments for select HCBS must go toward DCWs.
- New HCBS requirements for person-centered plans and incident management systems.



Nursing Facility Staffing and Payment Rules

Major Provisions

- Nurse staffing standards based on hours per resident day, including care from a RN and nurse aide.
- Reporting on DCW Compensation Requires states to collect and report on the percent of Medicaid payments that are spent on direct care worker compensation.
- Nursing Facility Assessment Requirements Evidence-based patient assessments and requiring a staffing plan.











State Budget Implications



On the Horizon

- ALTCS E/PD contracts start 10/1/24
- 1115 Approval Implementation (10/1/2024)
 - Targeted Investments 2.0
 - Housing and Health Opportunities
 Demonstration
 (H20)
- CMS Negotiations Continuing
 - Reimbursement for traditional healing
 services
 - Reimbursement for services pre-release
 - Former foster youth continuous eligibility

- MES Roadmap
 - Awarded a System Integrator (SI) contract; will begin implementation upon CMS approval
- ARP Program Awards for HCBS providers
 - 1st round awarded \$17 million
- Continued roll out of CommunityCares
 (Closed-Loop Referral System)
- CHW Enrollment Training/Resources
- Continued support for the <u>Opioid</u>
 <u>Services Locator</u> tool
- Continued system improvements to combat fraud and member exploitation
- Federal Rulemaking: Access to Care and Nursing Facility Staffing Rules

Open Discussion





Serious Emotional Disturbance (SED) Overview

Dr. Megan Woods
Integrated Care Administrator
Division of Behavioral Health and Housing



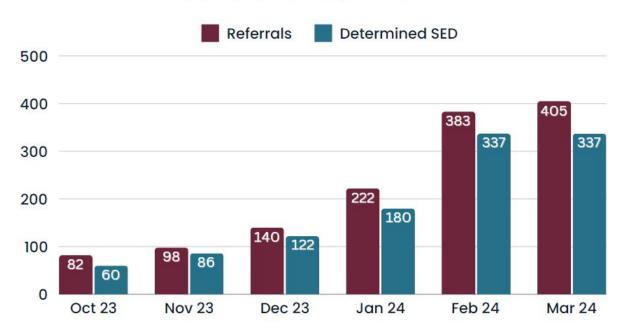
SED Contract with Solari

- AHCCCS awarded the statewide SED and SMI Eligibility
 Determination contract to Solari effective October 1, 2023.
 - SED Determination FAQs are posted on the AHCCCS website at: <u>www.azahcccs.gov/PlansProviders/Downloads/HealthPlans/SED_EligibilityDeterminationsFAQs.pdf</u>
- Formal process for SED determinations allows for clinicians to follow a similar process to what currently exists for SMI eligibility determinations.
 - Final designation is made by the determining entity-Solari to provide an objective and standardized protocol.



SED Referrals Received and Determinations

Contract Year 2024

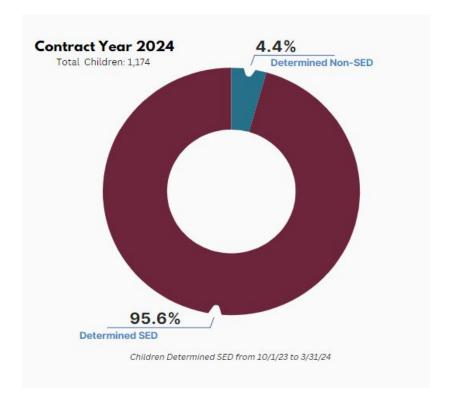


Total Referrals Received: 1,330



SED Pilot Project Implementation Updates

- Majority of those not determined SED are due to inability to demonstrate functional impairment.
 - Others include not meeting diagnostic qualifications
- SSR being authorized with the following portal updates:
 - Radio buttons to indicate state-only,
 - Report option to identify assessing provider,
 - Reasons of SED denial





SED Flag Monitoring

- Review of a generated list of Children with SED flags as of September 30th, 2023.
- Individuals that turn 18 or were anticipated to turn 18 by CYE2024 were removed from the list.

September 2023

- The list was filtered by Health Plans and each MCO received their lists for monitoring to ensure children on the list receive an SED determination.
- MCOs collaborated together to develop a new and improved tracking template to assist with provider understanding. The template will be used to provide quarterly updates (next expected update is July 5th, 2024).

January 2024

- The first quarterly submission from Health Plans was received on 4/05/2024.
- Submissions indicated 10.2% of the list was resolved by one of the following: SED determination referral, dropped enrollment or provider did not open member for services

April 2024

• As of 10/01/2024, all SED Flags will be removed from all children due to the use of BH Category Z, which indicates SED determinations

October 2024



Solari Resources

Jennifer Janzen - Eligibility Education and Training Coordinator

Jennifer.Janzen@solari-inc.org

520-727-3005 or 480-273-3847

Dr. Korey Hawkins – Manager, Eligibility Clinical Operations

Korey. Hawkins@solari-inc.org

602-531-8731

Website: community.solari-inc.org/ Includes Tips, Application, Required Forms, Submission Instructions, FAQ's, etc.



Questions?

For further inquiries, please email systemofcare@azahcccs.gov



Open Discussion





Legislative Updates

Willa Murphy
Chief Legislative Liaison
Office of the Director



2024 Legislative Session Timeline

- January 8 Start of Legislative Session
- January to March Regular committees.
- April to June Budget negotiations, non-regular committees.
- Week of June 10

 Budget week
- June 16 Legislature adjourns sine die





Legislative Highlights

Agency Bills/Initiatives:

- SB 1250 ("AHCCCS; claims") signed into law 3/29/2024.
- HB 2764 ("long-term care; enforcement; memory care") signed into law 4/8/2024.

Additional bills of note:

- HB 2520 ("Community health centers; graduate education")
- SB 1609 ("Behavioral Health; AHCCCS; health facilities")
- SB 1311 ("Mental Health; oversight; data; documentation")



AHCCCS Bills/Budget Provisions:

(Not all inclusive)

- Ongoing funding for MES updates and IT projects
- 101 FTEs for AHCCCS FFS program
- Hospital Assessment Model Changes
- SMI Case Management Provider Wage Increases



Open Discussion





ALTCS - Elderly and Physically Disabled (EPD)

Readiness and Member Transition Updates

Christina Quast, Deputy Assistant Director, Division of Health Care Services



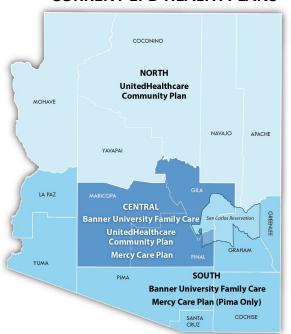
Current/Future State - ALTCS EPD Health Plans

- The current ALTCS EPD Health Plans are the following plans until October 1, 2024:
 - o **United Healthcare Community Plan (UHCCP)** in the Central GSA (Maricopa, Gila, Pinal) and North GSA (Mohave, Apache, Coconino, Navajo, and Yavapai)
 - o **Banner-University Family Care** in the Central GSA (Maricopa, Gila, Pinal) and South GSA (Cochise, Graham, Greenlee, La Paz, Pima, Santa Cruz, and Yuma)
 - o Mercy Care Plan in the Central GSA (Maricopa, Gila, Pinal) and Pima County Only
- The ALTCS EPD Health Plans starting October 1, 2024 are:
 - o **United Healthcare Community Plan (UHCCP)** Statewide (North, Central, and South GSAs)
 - o Arizona Complete Health (AzCH) Statewide (North, Central, and South GSAs)



Geographic Maps of ALTCS EPD Health Plans

CURRENT EPD HEALTH PLANS



OCTOBER 2024 EPD HEALTH PLANS



Excludes the Tribal ALTCS Program. Refer to the following link for information about Tribal ALTCS - azahcccs.gov/AmericanIndians/LongTermCareCaseManagement/



ALTCS-EPD Health Plan Readiness Information

- AHCCCS conducts a comprehensive series of activities to assess the health plans' readiness to ensure the health plans are adequately prepared:
 - To meet the needs of the population served, and
 - To meet requirements and processes of the newly awarded Contract
- Readiness activities are an ongoing process which will continue beyond October 1, 2024 to ensure health plans meet contract requirements



ALTCS-EPD Health Plan Readiness Information

- AHCCCS began meeting with the awarded health plans in the Spring 2024 and is regularly reviewing member transitions and health plan readiness to ensure that the health plans are prepared to begin offering services October 1, 2024
- Each health plan with transitioning members has designated a transition coordinator as the main point of contact for the health plans. (see Contact Information Slide)



ALTCS-EPD Health Plan Readiness Information

- Critical areas reviewed during readiness include:
 - Service delivery (for example, case management and utilization review)
 - Provider network capacity
 - Health care operations and administration
 - Financial management
 - Member and provider communication
 - Continuity of member care



- AHCCCS has provided utilization data files to the awarded health plans. The awarded health plans will use these files to support their efforts in provider contracting.
 - Data includes a list of the top 100 providers based on ALTCS member utilization of services related to physical health, behavioral health, ALTCS facilities, and in-home HCBS services in each county
- Each health plan has designated a point of contact for provider network inquiries (see Contact Information Slide)



- Using information about the health plan's provider network is one piece of information members can use to choose a health plan
 - Are my current provider(s) in the health plan's network?
 - Are there any providers I was thinking about switching to in the health plan's network?
- AHCCCS is using information on some of members' key service providers to assign you to a health plan:
 - In-home providers
 - Residential providers
 - Nursing facility providers
- Members can choose a different health plan than the one assigned



- Using information about the health plan's provider network:
 - Supports health plans to achieve network sufficiency by identifying providers who are actively serving members
 - Provides the health plans and providers an opportunity to explore contracting opportunities



(as of 06/17/2024)

County	# of Unique Top Providers	% Contracting Completed		% Contracting In Process	
		AzCH	UHCCP	AzCH	UHCCP
Apache	34	73.5%	76.5%	8.8%	2.9%
Coconino	52	76.9%	92.3%	13.5%	3.8%
Mohave	56	80.4%	91.1%	12.5%	7.1%
Navajo	42	88.1%	92.9%	9.5%	4.8%
Yavapai	40	72.5%	90.0%	17.5%	0.0%
Gila	36	61.1%	91.7%	33.3%	2.8%
Pinal	60	78.3%	71.7%	15.0%	18.3%
Maricopa	90	76.7%	91.1%	20.0%	3.3%



(as of 06/17/2024)

County	# of Unique Top Providers	% Contracting Completed		% Contracting In Process	
		AzCH	UHCCP	AzCH	UHCCP
Cochise	35	91.4%	91.4%	5.7%	2.9%
Graham	35	88.6%	80.0%	8.6%	8.6%
Greenlee	2	100.0%	100.0%	0.0%	0.0%
La Paz	15	100.0%	86.7%	0.0%	13.3%
Pima	67	83.6%	88.1%	6.0%	11.9%
Santa Cruz	19	78.9%	78.9%	5.3%	5.3%
Yuma	44	84.1%	79.5%	13.6%	15.9%



- AHCCCS completed selective assignment activities, which included a review of members' use of services in order to maintain provider continuity as much as possible based on specific providers currently serving the member
- Selective assignment was completed resulting in a match of 95% of members' primary ALTCS providers
 - Nursing Facilities, Assisted Living Facilities, primary HCBS in home provider, and other primary provider (e.g. BHRF)
- Members were assigned to either Arizona Complete Health or United for October 1, 2024
- Members will be given a time period to choose a different plan
- Members who do not choose a different health plan, will remain with the plan they were assigned to by AHCCCS



- Members will receive enrollment notices from AHCCCS outlining their newly assigned health plan and choice option
- The notice will also provide instructions for the member to choose a health plan within a 30 day time period
 - Members can make the choice themselves through the AHCCCS Choice Portal or call AHCCCS directly (see Contact Information Slide)



- Health plans are required to ensure a smooth transition for members by not discontinuing a member's service plan for 90 days after the member transition, regardless of the network status of a provider, unless mutually agreed to by the member or responsible party
- Additionally, detailed transition requirements are posted <u>in the</u>
 <u>Procurement requirements</u>
 - Including but not limited to hospitalizations, primary care, pharmacy, and laboratory services (refer to next slides for more information)



- Members hospitalized at the time of transition
 - The relinquishing health plan shall notify the hospital and attending physician of the pending transition prior to the date of the transition and instruct the providers to contact the receiving health plan for authorization of continued services.
 - If the relinquishing health plan fails to provide notification the relinquishing health plan is responsible for coverage of services rendered to the hospitalized member for up to 30 days
 - This includes, but is not limited to, elective surgeries for which the relinquishing health plan issued prior authorization



- Services provided by a primary care provider
 - The health plan shall provide, at a minimum, a 90-day transition period for members who have an established relationship with a PCP who does not participate in the health plan's provider network
 - During the 90-day transition the member may continue to seek care from their established PCP while the member and/or health plan finds an alternative PCP within the health plan's provider network



Pharmacy services

 The receiving health plan is required to extend previously approved prior authorizations for a period of 90 days from the date of the member's transition unless a different time period is mutually agreed to by the member or member's representative

Laboratory Services

 The receiving health plan is required to ensure members receiving mobile lab services at the time of transition are able to continue utilizing mobile lab services with providers who do not participate in the health plan's provider network



ALTCS-EPD Readiness and Transition Information

- More information on Readiness and Transition is available in the AHCCCS ALTCS-EPD Contract FAQ document:
 - www.azahcccs.gov/Resources/Downloads/ALTCSEPD/ALTCS-EPD_F
 AQ.pdf
- More information regarding each health plan is available on their websites:
 - UnitedHealthcare Community Plan
 - Provider directory lookup
 - Arizona Complete Health-Complete Care Plan
 - Provider directory lookup



ALTCS-EPD Readiness and Transition Contact Information

- AHCCCS Questions, Comments, Feedback: <u>MCOTransitions@azahcccs.gov</u>
- AHCCCS Customer Service Call Line: 1-602-417-7000 or 1-800-334-5283
- Health Plan Transition Coordinators
 - Arizona Complete Health-Long Term Care -
 - Caitlin Denning <u>caitlin.denning@azcompletehealth.com</u>
 - UnitedHealthcare Community Plan -
 - Stephen Burroughs <u>stephen burroughs@uhc.com</u>
- Health Plan Provider Network Inquiries
 - o Arizona Complete Health-Long Term Care <u>azchnetdevaltcs@azcompletehealth.com</u>
 - UnitedHealthcare Community Plan Ishah Whipple <u>Ishah whipple@uhc.com</u>
- Health Plan Customer Service Phone Numbers
 - Arizona Complete Health-Long Term Care 1-833-236-7979
 - UnitedHealthcare Community Plan 1-800-293-3740







- Readiness preparation will be covered at various stakeholder meetings beginning in April 2024
- AHCCCS will also host member and provider information forums beginning in June 2024
- See the next slide for the schedule of upcoming forums



AHCCCS Community Forum Registration Information can also be found on the <u>AHCCCS Calendar</u>

AHCCCS Hot Topics	June 17, 2024 <u>Register</u>
Community Forum - Provider Directed	June 17, 2024 <u>Register</u> June 18, 2024 <u>Register</u>
Community Forum - Member Directed	July 8, 2024 Register July 11, 2024 Register September 16, 2024 Register September 18, 2024 Register
AHCCCS Community Forum	July 15, 2024 <u>Register</u>
AHCCCS Tribal Consultation	August 5, 2024 AHCCCS Tribal Consultation Information



HEALTH PLAN PROVIDER FORUMS

Arizona Complete Health https://www.azcompletehealth.com/	July 18, 2024 - Prescott August 8, 2024 - Yuma August 29, 2024 - Tucson September 10, 2024 - Tempe September 19, 2024 - Virtual
United Healthcare https://www.uhc.com/communityplan	August 14, 2024 - Targeted Audience: SNF providers August 20, 2024 - Targeted Audience: HCBS providers August 23, 2024 - Targeted Audience: BH & PH providers All forums will be virtual



Open Discussion













Federal Policy Updates

Maxwell Seifer

State Plan Manager and Health Policy Consultant Division of Public Policy and Strategic Planning



AHCCCS Federal Policy Overview

AHCCCS' Federal Relations team maintains the two federal policy documents which govern Medicaid and CHIP in Arizona:

- 1. **State Plan**: A 900+ page document describing various components of AHCCCS (e.g. member eligibility, available services, payment rates) permissible under federal law.
- 2. **1115 Waiver**: A document which grants us flexibility to design Demonstration projects that promote the objectives of the Medicaid program not otherwise authorized under federal law.



Changes to AHCCCS Federal Policy

Changes to AHCCCS Federal Policy occur through:

- 1. **State Plan Amendments (SPAs)**: SPAs may be used to alter the State Plan within the framework of federal law and are typically approved within 90-days.
- 2. **1115 Amendment Requests** may be submitted to pilot new and innovative projects. They have longer negotiation timelines and are typically approved for 5 year periods that can be renewed.



State Plan Amendment (SPA) Updates

Prescribed Drug Shortage SPA

This SPA proposes to authorizes coverage of certain drugs when the FDA allows temporary importation of non-FDA approved drugs to mitigate the effects of a drug shortage.

Doula Services

This SPA proposes to add coverage and payment for doula services, effective October 1, 2024. Doula's provide continuous physical, emotional, and information support to people before, during, and shortly after childbirth.



1115 Waiver Updates

Housing and Health Opportunities (H2O) Demonstration

We are on-track for an implementation date of 10/1/24 for the H2O program and currently procuring a Program Administrator.

Traditional Healing Request

- CMS has indicated that Arizona's waiver request is likely to be approved in the next 2-3 months.
- CMS and AHCCCS are in active negotiations around CMS' proposed <u>traditional healing framework</u>.



1115 Waiver Updates

KidsCare Expansion

• On February 16, 2024, AHCCCS received approval from CMS to raise KidsCare eligibility thresholds from 200% of the FPL to 225% FPL.

• The expanded income limit was implemented effective 3/1/2024. The number of kids eligible under the expanded income limit is reported monthly in the AHCCCS Population Highlights report found on the population reports page.



1115 Waiver Updates

Parents as Paid Caregivers (PPCG)

- AHCCCS received approval from CMS on the PPCG demonstration on February 16, 2024. Approval of the PPCG program will allow AHCCCS to continue to reimburse legally responsible parents of minor children for providing direct care to their minor children.
- AHCCCS has begun preliminary planning including the development of a draft project plan and a workgroup to support implementation and operationalization of the Waiver requirements.



Parents as Paid Caregivers FAQs

Parents as Paid Caregivers of Minor Children Frequently Asked Questions can be found on our website:

www.azahcccs.gov/AHCCCS/

Downloads/COVID19/

FAQ ParentsAsPaidCaregivers.pdf





Upcoming 1115 Waiver Amendments

Reentry Services

We are continuing to develop a concept paper outlining a framework for a limited set of reentry services for individuals exiting correctional facilities.

Former Foster Youth (FFY) Coverage

We are in the process of preparing a waiver request to extend full Medicaid coverage to FFY who turned 18 on or before 12/31/22 and were enrolled in Medicaid when they aged out of foster care.



Public Comments

Public Comments or Written Testimony may be submitted to AHCCCS via:

Email: publicinput@azahcccs.gov and waiverpublicinput@azahcccs.gov

Postal Mail

AHCCCS

Attn: DCAIR

801 E. Jefferson St., MD 4200 Phoenix, AZ 85034

Opportunities for public comment are posted at the following links:

- SPAs: https://www.azahcccs.gov/AHCCCS/PublicNotices/#SPAs
- 1115 Waivers:

https://www.azahcccs.gov/Resources/Federal/PendingWaivers/



Open Discussion





SMAC Updates

Desiree Greene
Division Project Manager and SMAC Lisiaon
Division of Public Policy and Strategic Planning



SMAC Member Nomination Review

- The SMAC receives many nominations for consideration throughout the year. The SMAC Liaison saves and prepares them for submission to the subcommittee in accordance with the bylaws. The subcommittee makes recommendations to CEO Heredia for her consideration to use those nominees to move forward with a formal majority vote of the SMAC during an open meeting. The SMAC membership is limited to those positions identified on our website, located here: https://www.azahcccs.gov/AHCCCS/HealthcareAdvocacy/smac.html. If you are interested, or know someone who would be a great fit for SMAC, please see the blank nomination form on the SMAC webpage. Please submit that nomination form and any other supporting materials to the following inbox: dcaircommunityaffairs@azahcccs.gov.
- We have a new open seat for a Provider. For the Oct meeting, we will be voting in a new Provider SMAC member. The cut-off date for nominations and supporting materials is by **3 pm Monday**, **Aug 19th**.





Meghan McCabe











SMAC Membership Assignments & Voting Session

Matt Jewett
Director of Health Policy
Children's Action Alliance



Current Provider SMAC Members

John Hogeboom, CEO/President, Community Bridges, Inc.

Open Seat - David Voepel - AZ Health Care Association - Vote in July 2024

Dr. Elizabeth McKenna, M.D., Co-Owner, Healing Hearts Pediatrics

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

Vicki Staples, Director of OP Behavioral Health, Valleywise Health

Mary Jo Whitfield, VP of Integrated Health, Jewish Family and Children's Services

Open Seat - Meghan McCabe - AZ Hospital and Healthcare Association -Vote in Oct 2024

Karen Resseguie, Behavioral Health Administrator, Foundation for Senior Living

Katherine Andersen, Director of Health Information Management and Medical Staff; Privacy

Officer, San Carlos Apache Healthcare Corporation

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



Current Public SMAC Members

Open seat for Daniel Haley, Chief Executive Officer, H.O.P.E. Arizona - Vote in July 2024

Matt Jewett, Director of Health Policy, Children's Action Alliance

Vince Torres, Community Member/Advocate

Dina Norwood, Managing Attorney, Community Legal Services

Jill Anne Castle, Professor/Advocate/Consultant, Arizona State University

Diana "Dede" Yazzie Devine, Community Member/Advocate

Melissa Kotrys, CEO, Contexture

Tory Roberg, Director of Government Affairs, Alzheimer's Association, Desert Southwest Chapter

Serena Unrein, Community Member/Advocate

Kavita Bernstein, Senior Director of Strategy & Innovation, Candelen



Recommendation for Public Member Assignment

Nominee	Title	Association
Terry Benelli		Local Initiatives Support Corporation



Recommendation for Provider Member Assignment

Nominee	Title	Association
Dr. Aaron Knudson	Hospitalist, Former Medical Director of Page Hospital	Banner Health



SMAC Member Assignment Vote



Open Discussion





2024 SMAC Meeting Calendar

Per bylaws language, SMAC meetings are to be held during the 2nd
Wednesday of
January, April, July and October from 1:00 p.m. - 3:00 p.m

2024 SMAC Meetings:

January 10, 2024

April 10, 2024

July 10, 2024

October 9, 2024 (final meeting of the year)

For all SMAC Dates and Meeting Materials, see the following link: https://www.azahcccs.gov/AHCCCS/HealthcareAdvocacy/smac.html





Subscribe to the latest news from AHCCCS





Follow & Support AHCCCS on Social Media

facebook









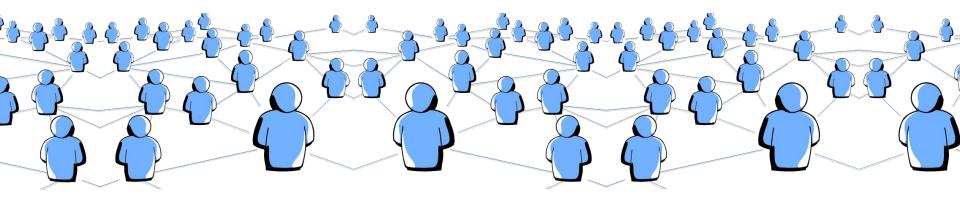
Handle: @AHCCCSgov





Handle: @AHCCCS

Channel: **AHCCCSgov**





Learn about AHCCCS' Medicaid Program on YouTube!





Watch our Playlist:

Meet Arizona's Innovative Medicaid Program



Other Resources - Quick Links

- AHCCCS <u>Waiver</u>
- AHCCCS <u>State Plan</u>
- AHCCCS Grants
- AHCCCS Whole Person Care Initiative (WPCI)
- AHCCCS <u>Office of Human Rights</u>
- AHCCCS <u>Office of Individual and Family Affairs</u>



Thank You.

Have a great day!

