



Welcome to the SMAC Quarterly Meeting

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.

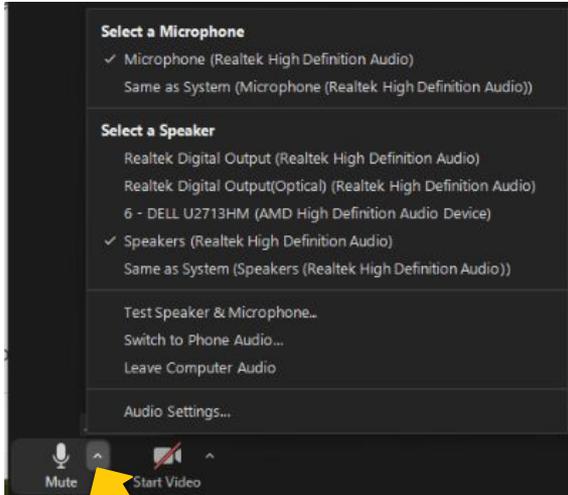


Thank you.

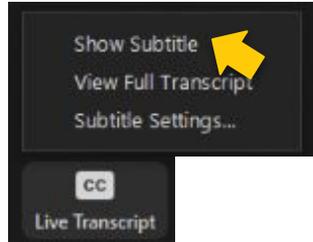
Zoom Webinar Controls

Navigating your bar on the bottom...

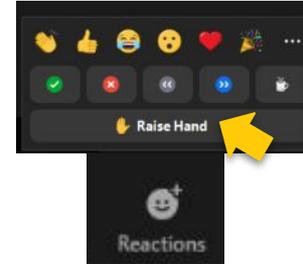
Audio Settings



Turn on Closed Captioning



Raise Hand



Chat

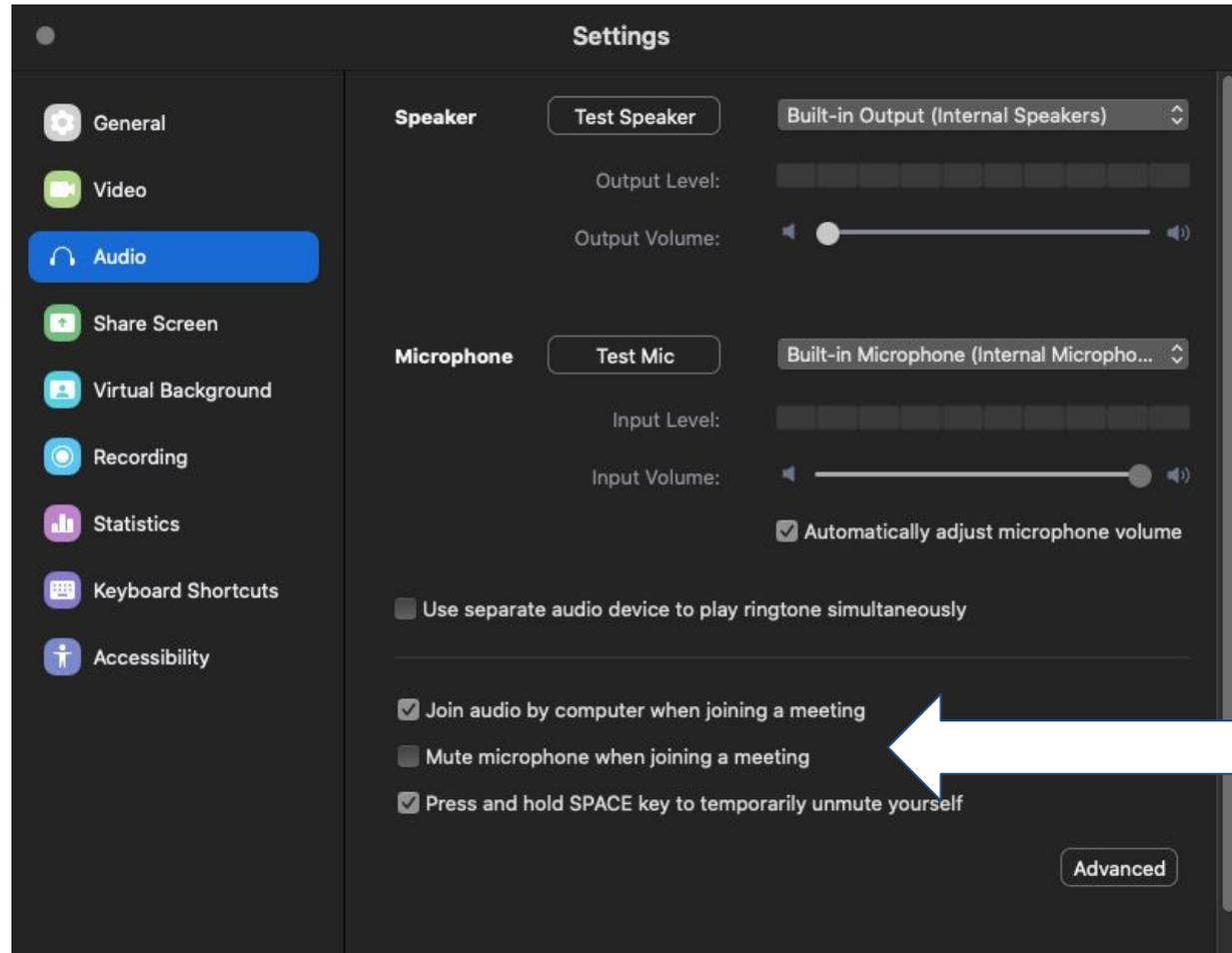


KEYBOARD SHORTCUTS TO RAISE HAND

Windows: Alt+Y to raise or lower your hand

Mac: Option+Y to raise or lower your hand

Audio Settings



The screenshot shows the Zoom application settings window, specifically the Audio settings. The left sidebar contains various settings categories, with 'Audio' highlighted in blue. The main panel is divided into 'Speaker' and 'Microphone' sections. The 'Speaker' section includes a 'Test Speaker' button, a dropdown menu for 'Built-in Output (Internal Speakers)', and sliders for 'Output Level' and 'Output Volume'. The 'Microphone' section includes a 'Test Mic' button, a dropdown menu for 'Built-in Microphone (Internal Micropho...', sliders for 'Input Level' and 'Input Volume', and a checked checkbox for 'Automatically adjust microphone volume'. Below these sections are three checkboxes: 'Use separate audio device to play ringtone simultaneously' (unchecked), 'Join audio by computer when joining a meeting' (checked), 'Mute microphone when joining a meeting' (unchecked), and 'Press and hold SPACE key to temporarily unmute yourself' (checked). A white arrow points to the 'Join audio by computer when joining a meeting' checkbox. An 'Advanced' button is located at the bottom right of the settings panel.

Settings

- General
- Video
- Audio**
- Share Screen
- Virtual Background
- Recording
- Statistics
- Keyboard Shortcuts
- Accessibility

Speaker Test Speaker Built-in Output (Internal Speakers)

Output Level: [Progress Bar]

Output Volume: [Slider]

Microphone Test Mic Built-in Microphone (Internal Micropho...)

Input Level: [Progress Bar]

Input Volume: [Slider]

Automatically adjust microphone volume

Use separate audio device to play ringtone simultaneously

Join audio by computer when joining a meeting

Mute microphone when joining a meeting

Press and hold SPACE key to temporarily unmute yourself

Advanced

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.



State Medicaid Advisory Committee (SMAC) Quarterly Meeting

October 12, 2022



AHCCCS Update

Jami Snyder
Director

AHCCCS SFY 2023 - 2027 Strategic Plan



Sustain: Provide equitable access to high quality, whole-person care

Includes initiatives to reduce provider workforce shortages, maintain a responsive provider network, address key social drivers of health, and meet the needs of individuals with special health care needs



Build: Implement solutions that optimize member and provider experience

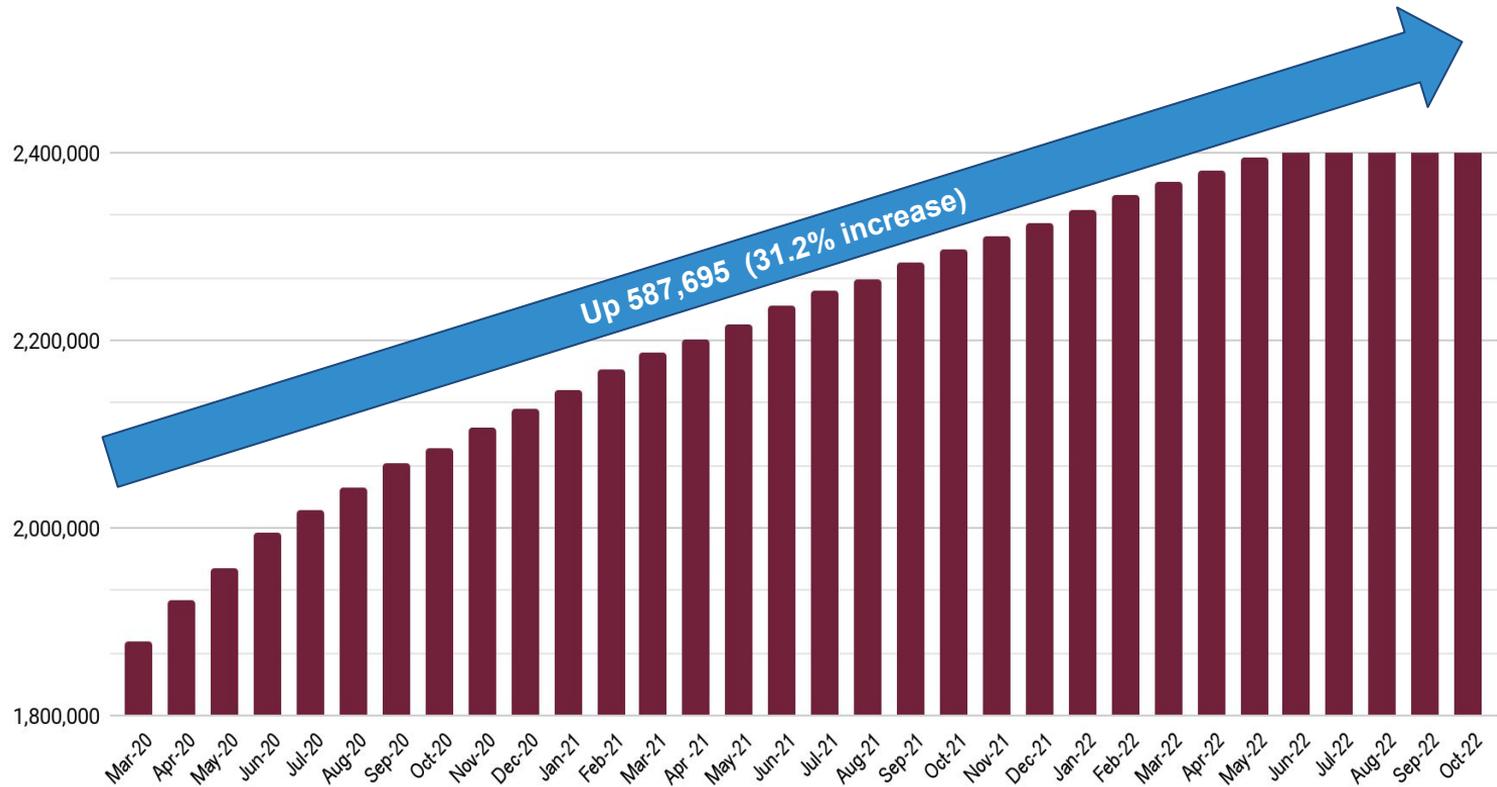
Includes initiatives to support technology platforms that advance program operations; enhance transparency related to delivery system performance; eliminate fraud, waste and abuse; and, align funding priorities across the Agency's entitlement and discretionary programs



Lead: Offer tools and programming that support core organizational capacity

Includes initiatives to improve employee engagement, increase retention rates, and minimize disruption in program operations in the event of staff transitions

AHCCCS Enrollment: March 2020- October 2022



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.

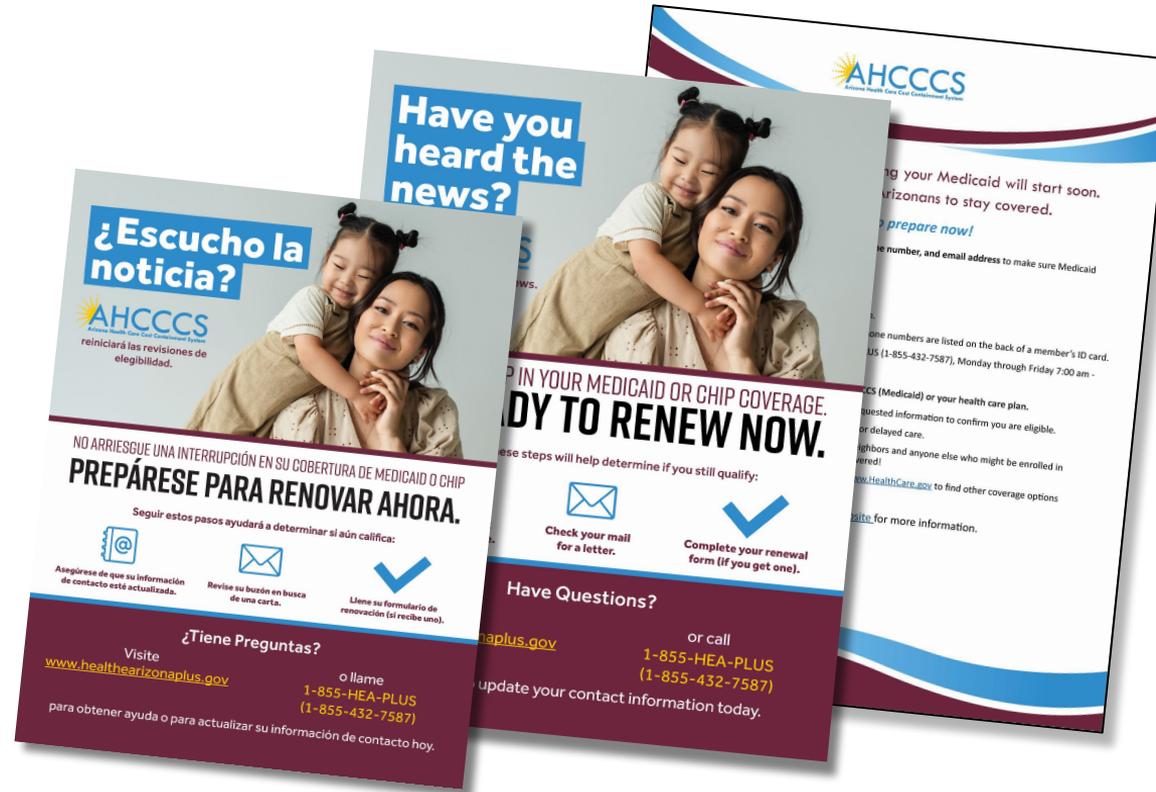
**CMS has indicated that they will provide states with 60 days advance notice prior to ending the federally declared PHE (by August 14, 2022).

PHE Unwinding Process: Eligibility

- 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.

PHE Unwinding Process: Eligibility

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



Office of the Auditor General

Sunset Review

- Sunset review process prescribed by §A.R.S. 41-2951
- Typically conducted every 10 years
- Last sunset review of AHCCCS occurred in 2012
- 2022 sunset review resulted in 1 finding and 22 recommendations
 - 55% of the recommendations are already in progress

AHCCCS has met or is taking steps to meet its statutory objective and purpose in some areas we reviewed by contracting with health plans and directly reimbursing some providers to provide both physical and behavioral health services to more than 2.4 million members throughout the State and requiring its contracted health plans to meet established provider network adequacy standards and address identified service gaps.

Office of the Auditor General

Sunset Review - Report Highlights

- **AHCCCS has taken more than 1 year to investigate more than half of potential fraud or abuse incidents that were open as of May 2022.**
 - **Recommendation:** Conduct a workload analysis to determine sufficiency of funding and staffing levels.
 - **Agency response:** AHCCCS will conduct the recommended analysis.
- **AHCCCS has not correctly made some eligibility determinations.**
 - **Recommendation:** Develop a risk-based approach to sample and review denied eligibility determinations and disenrollment decisions.
 - **Agency response:** AHCCCS piloted a process to review negative eligibility determinations beginning in January 2022 and is hiring additional staff to complete these reviews on an ongoing basis.

Office of the Auditor General

Sunset Review - Report Highlights

- **AHCCCS has not reviewed contracted health plans once every 3 years as required and does not have a formal process for ensuring its health plans verified performance prior to reimbursing them for incentive payments made to providers.**
 - **Recommendation:** Review contracted health plans every 3 years as required and establish processes for ensuring health plans verify provider performance prior to disbursing incentive payments.
 - **Agency response**
 - AHCCCS will review its contracted health plans every 3 years as required.
 - AHCCCS performs risk-based audits of each contracted health plan's providers receiving payments. No later than January 2023, AHCCCS will develop and implement standard work, documenting the process for verifying provider performance on performance measures prior to reimbursing its contracted health plans for provider incentive payments.

Office of the Auditor General

Sunset Review - Report Highlights

- **AHCCCS lacks formal processes for ensuring that findings and recommendations resulting from 3 separate reviews of behavioral health services provided to members with an SMI are addressed.**
 - **Recommendation:** Establish processes for ensuring providers address findings.
 - **Agency Response:** No later than December 2022, AHCCCS will finalize and implement policies and procedures for overseeing its contracted health plans' process for ensuring provider adherence to the terms and requirements contained in the Arnold v. Sarn settlement.
- **AHCCCS has not established some formal processes for overseeing the Housing Program and its Administrator.**
 - **Recommendation:** Establish processes for overseeing the Housing Program and Administrator.
 - **Agency response:** In October 2022, AHCCCS will finalize and implement policies and procedures for monitoring the Housing Administrator's performance against established benchmarks, including the utilization of a quarterly report to document performance.

Office of the Auditor General

Performance Audit - Review of Selected Behavioral Health Services

- **AHCCCS did not ensure all peer specialists met qualification requirements, and some of these and other peer specialists were not supervised, potentially jeopardizing the quality of peer support services provided to members.**
 - **Recommendation:** AHCCCS should ensure that peer specialists meet qualification requirements and are supervised as required by developing and implementing monitoring processes, such as assessing compliance with these requirements during its 3-year reviews of contracted health plans.
 - **Agency Response:** MCO operational reviews will include standards to ensure the review of network providers' policy compliance with employment and supervision expectations. By November 2022, AHCCCS will issue a written memo to MCOs about the requirement that providers maintain their own policies detailing qualifications and supervision requirements.

On the Horizon

- **October 2022 Go Live**
 - Launch of ACC/RBHAs and statewide crisis line
 - Transition of American Indian/Alaska Native members designated with a SMI to integrated options
- **1115 waiver renewal application approval (including Targeted Investments 2.0 and the Housing and Health Opportunities/H2O request)**
- **Unwinding from the Public Health Emergency (PHE expected to end in mid January 2023)**
- **American Rescue Plan Act Section 9817 HCBS Funding Plan Implementation**
- **Medicaid Enterprise System Roadmap**
- **Initial preparations for ALTCS bid (contracts term on 9/30/24)**



SMAC Members

Open Discussion, Comments and Questions



AHCCCS Upcoming Procurements:

Request for Proposal (RFP) for Serious Mental Illness (SMI)
Eligibility Update,
ALTCS Elderly Physically Disabled (EPD)

Dana Flannery - Assistant Director,
Division of Community Advocacy and Intergovernmental Relations
(DCAIR)

EPD RFP 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

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)

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

Anticipated SMI/SED Determination 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



**RFP was posted to the AHCCCS website on October 5, 2022*

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

- **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.

Major Decisions

July 2022

- **System Behavioral Health Category for individuals determined to have an SED or SMI designation**
 - o 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

September 2022

- **Individuals who have previously been identified as having a Serious Emotional Disturbance (SED) designation in the AHCCCS System**
 - Beginning October 1, 2023, AHCCCS encourages providers to refer children who may have SED, including those children with an SED flag indicator in the AHCCCS System and functional impairment secondary to a mental health or emotional disorder, for referral to the Contractor for an SED Eligibility Determination.
 - Providers will be encouraged to refer these individuals at the time of their initial assessment or annual reassessment over the course of FFY 2024, as children who are not determined SED as of October 1, 2024, will no longer have access to Mental Health Block Grant (MHBG) SED funding.
 - The current SED flag process will be transitioned to use of a Behavioral Health Category to capture SED designations.
 - There will be a one-year period by which child members who are currently accessing SED funding through the MHBG can continue to receive MHBG-funded services in order to permit time for referral to the new determination entity (i.e., Contractor).
 - The Contractor is required to deliver technical assistance to these providers to assist with implementing a smooth transition and the continuation of services for these members.



SMAC Members

Open Discussion, Comments and Questions

1115 Waivers Update Parents as Paid Caregivers & Young Adult Transitional Insurance (YATI)

Alex Demyan - Deputy Assistant Director,
Division of Community Advocacy and
Intergovernmental Relations (DCAIR)

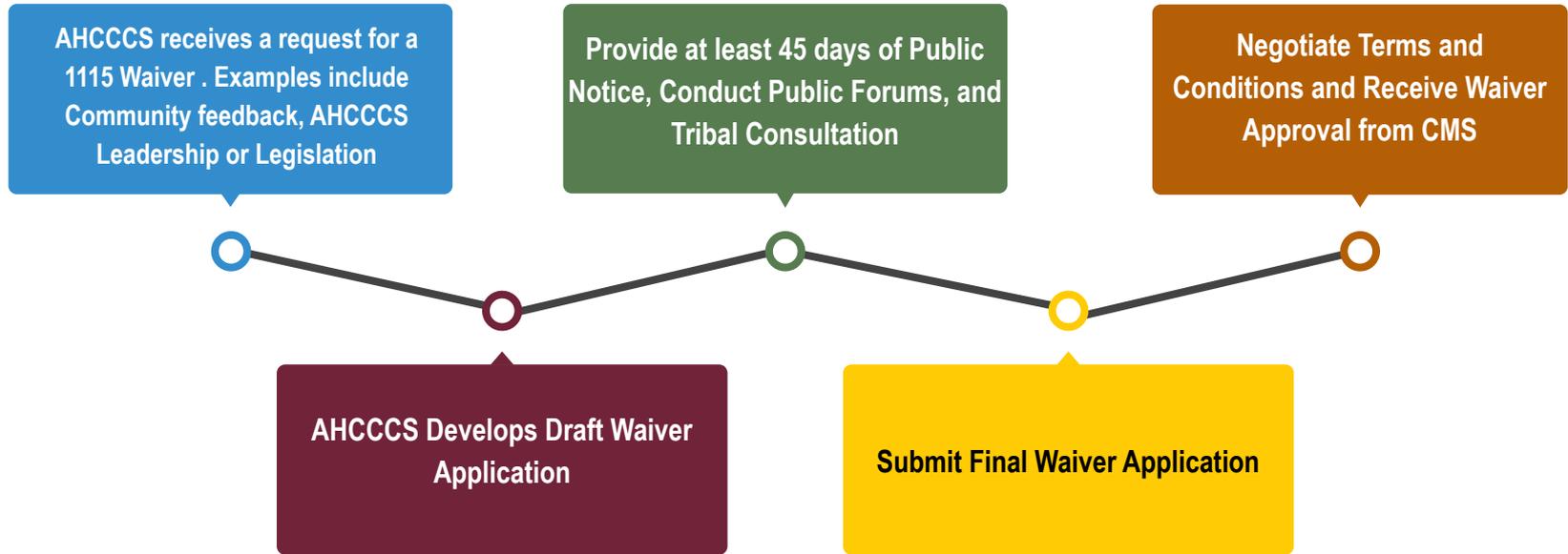
Section 1115 of the Social Security Act

- 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 Extension

- On September 30, 2021, CMS granted AHCCCS a one-year extension of its current 1115 Waiver authority while we continue to negotiate the renewal application.
 - On September 27, 2022, CMS granted an extension for one additional month, through October 28, 2022.
- This extension now runs from October 1, 2021 - October 28, 2022, and grants authority to continue programs through that date.
- If approved, in part or in full, the next five-year waiver will run from October 29, 2022 - September 30, 2027.
 - The 2022-2027 renewal seeks to implement initiatives such as coverage of traditional healing, Targeted Investments 2.0, and the Housing and Health Opportunities demonstration.

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: 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.

Parents as Paid Caregivers

- In response to COVID-19 PHE, AHCCCS submitted and received approval for an Appendix K waiver amendment to their existing 1115 Waiver Demonstration, to allow for flexibilities to the program, including payments to parents providing caregiving services to minor children.
- In September 2022, AHCCCS submitted a COVID-19 Section 1115 demonstration opportunity to CMS requesting to extend payments to parents who serve as paid caregivers of their minor children.

Parents as Paid Caregivers

- Upon approval by CMS, AHCCCS is seeking to ensure continuation of these services by requesting the authority to extend payments to parents to serve as paid caregivers of their minor children until all American Rescue Plan (ARP) funds are expended or by September 30, 2024, whichever is earlier.

Parents as Paid Caregivers

- **Eligible Individuals:** Eligible minor ALTCS members enrolled in 1115 Demonstration who require home and community-based services (HCBS).
- **Benefits:**
 - Allow legally responsible parents to receive payment for direct care services approved under the 1115 demonstration waiver.
 - Permits parents of minor children to receive payment for direct care services. Parents would be limited to 40 hours of paid care, per child, in a given week

SMAC Members

Open Discussion, Comments and Questions

State Plan Amendment Update

Alex Demyan - Deputy Assistant Director,
Division of Community Advocacy and
Intergovernmental Relations (DCAIR)

Overview of State Plan/ State Plan Amendments (SPAs)

- 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.

SPA Updates

Recent Approval

Mobile Crisis Services

Adds mobile crisis services to the state plan. This SPA does not include new requirements for mobile crisis services but describes the established system.

Recent Submission

Medicaid/CHIP Postpartum Coverage Extension

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

SPA Updates

Recent Submission

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.

Recent Submission

Chiropractic Benefit

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

SPA Updates

Recent Submission

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.

Upcoming Submission

Community Health Worker Services

Adds CHW patient education and preventive services to the state plan.

Public Comment Process

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

Email: publicinput@azahcccs.gov

Postal Mail

AHCCCS

Attn: Division of Community Advocacy and Intergovernmental Relations
801 E. Jefferson St., MD 4200 Phoenix, AZ 85034

SMAC Members

Open Discussion, Comments and Questions



SMAC Bylaws Amendment Vote

Virginia Rountree

Deputy Director

Department of Economic Security

Bylaw Subcommittee Recommendations

The bylaws were last amended and approved in April of this year, and the direction was to update the following:

- Incorporate updated language to include the utilization of technology to facilitate meetings.
- When an assigned SMAC member is unable to continue their service to the SMAC, the member recruitment subcommittee will convene to review nominations and recommend candidates for a voting session as needed and in accordance with the new bylaws:
 - A proxy may be utilized until the subcommittee presents nominations for a voting session.

The membership recommendation is to ensure fidelity of the membership and maximize contributions of those appointed to SMAC.

SMAC Member Attendance

Since amending the bylaws in April, new language has been added pertaining to SMAC member attendance; please see it highlighted below:

- Any SMAC member appointed by the Director may be removed by the SMAC, upon majority vote, or the Director, whenever it is deemed to be in the best interest of the SMAC and AHCCCS. The failure to attend SMAC meetings and perform the duties and responsibilities of SMAC members, as detailed above, may constitute cause for removal.

SMAC Bylaws Language Vote



SMAC Membership Assignments & Voting Session

Vincent Torres

Senior Director Children's Health

First Things First

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 Director Snyder for her consideration to use those recommendations to move forward with a formal majority vote of the SMAC during an open meeting.

Recommendation for Professional Member Assignment

Nominee	Title	Association
Katherine Andersen	Director of Health Information Management and Medical Staff; Privacy Officer	San Carlos Apache Healthcare Corporation

SMAC Member Assignment Vote

Current Professional/Provider SMAC Members

John Hogeboom, CEO/President, Community Bridges, Inc.
David Voepel, CEO, Az Healthcare Association
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

Current Professional/Provider SMAC Members Cont.

Debbie Johnston, Executive Vice President , AZ Hospital and Healthcare Association

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

Daniel Haley, Chief Executive Officer, H.O.P.E.

Marcus Johnson, Director of State Health Policy and Advocacy, Vitalyst

Vince Torres, Sr. Director, First Things First

Dina Norwood, Managing Attorney, Community Legal Services

Angie Rodgers, President/CEO, Arizona Food Bank Network

Diana “Dede” Yazzie Devine, CEO, Native American Connections

Current Public SMAC Members Cont.

Melissa Kotrys, CEO, Health Current

Greg Corns, Vice President Development & Strategic Alliances, Solterra Senior Living

Serena Unrein, Director, Arizona Partnership for Health Communities

Zaida Dedolph Piccoro, Directory of Health Policy, Children's Action Alliance

Call to the Public

2023 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

2023 SMAC Meetings

January 11, 2023

April 12, 2023

July 12, 2023

October 11, 2023

For all SMAC Dates and Meeting Materials, see the following link:

<https://www.azahcccs.gov/AHCCCS/HealthcareAdvocacy/smac.html>

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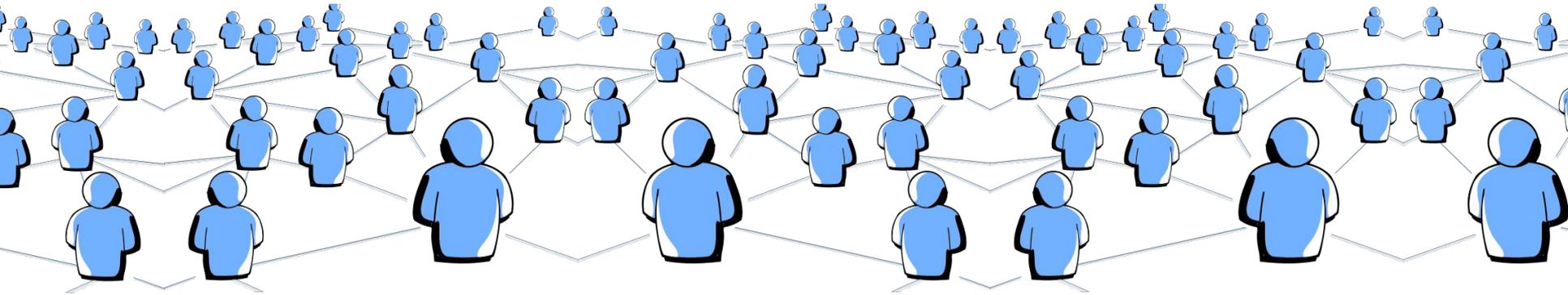
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[AHCCCSgov](https://www.youtube.com/channel/AHCCCSgov)



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!