Check-In

Breakfast provided by

White Mountain Apache Tribe

Rainbow Treatment Center

Opening Prayer

Cline Griggs
Traditional Healer
Rainbow Treatment Center

ARIZONA
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CONTAINMENT SYSTEM

Land Acknowledgement

Britnee Endischee

Tribal Relations Coordinator

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Host Welcome

Auri Ortiz
Clinical Director
Rainbow Treatment Center

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Rainbow Treatment Center

Clinical Programs

WHITE MOUNTAIN APACHE TRIBE

RAINBOW TREATMENT CENTER

Mission Statement

The Rainbow Treatment Center's Mission is to provide a highly structured, therapeutic treatment program specifically designed for Native American clients in order to facilitate personal change and recovery from alcohol and drug addiction.

Specifically, we respond to the treatment needs of Native American men and women over the age of 18 because addiction has devastated so many aspects of the chemically dependent person's like, including their physical, mental, emotional, and spiritual well-being. Our goal is to treat the disease with holistic approach, working toward healing on multiple levels.

Our commitment is to treat each client with dignity, respect and genuine care for their recovery, helping each client forward on their own path to a sober, joyous, and productive life within community.

Clinical Programs

1. **Admissions**
   - Intake & Assessment
   - Case Management &
   - Wellness Court
   - Treatment Plans
2. **OUTPATIENT**
   - Wellness Core
   - Family Enrichment
   - Wellness drop-in Center
   - Culture
   - Family Enrichment Program
3. **InPatient**
   - New Dawn
   - Men’s Sober Living House
   - Women’s Sober Living House
4. **Satelite Clinics**
   - Mc Nary Clinic
   - Cibecue Clinic
5. **Career Programs**
   - Nurtional Recovery & Cafe Gozhoo
   - Scholarship & G.E.D Program
   - Working to Wellness
6. **Quality and Clinical Compliance**
   - Billing & Medical Records

Admissions Team

INTAKE & ASSESSMENT

- Full BioPsycholSocial Assessment
- Enter Client Info RTC Database
- Gather Data & Demographics
- Screen for Mental Health Issues

CASE MANAGEMENT

- Review Assessment & Determine Level of Care
- Orientaiton Services
- Client Care and coordination

WELLNESS COURT(REFERRALS)

- Client Care and coordination for Clients in the wellness court Progran
- Attend court with clients

BOOKSTORE

- Monitoring Progress & Achievements
- Contingency Management
- Learning Supplies

TREATMENT PLAN

- Assist Clients in updating their Treatment Plan
- Re-engaging Clients

Outpatient Programs

01

Drop-in Center

- Facilitate a wide range of Psychosocial groups
- Provide Individual services

02

Wellness Core

- To promote the lives of families and individual affected by addiction and substances through effective OPT therapy, guidance and education.
- Achievable goal by the use of the Medicine Wheel
- Reflect level of care according to the ASAM Criteria, American Social of addiction Medicine a treatment criterion for Addictive, Substance-Related, and Co-Occurring Conditions.

03

Family Enrichment

- Facilitate groups to restore
- Families
- Provide Individual service

04

Culture

- Facilitate Culture Groups
- Provide Individual service
- Interpretation of the Apache way of life for RTC staff.(Non Natives)

Inpatient (Length of stay 13 weeks)

NEW DAWN

- Facilitate a wide rage of groups
- Provide Individual service and support to inpatient clients

MEN'S SOBER LIVING HOUSE

- Support clients while living in mens sober living
- Monitor Inpatient Clients 24/7
- Schedule activites for for Inpatient Clients

WOMENS SOBER LIVING HOUSE

- Support clientswhile living at Wen's sober Lvining
- Monitor Inpatient Clients 24/7
- Schedule activites for for Inpatient Clients

SATELLITE PROGRAMS

- Facilitate a wide range of groups
- Provide Individual services

Mc Nary

- Facilitate a wide range of groups
- Provide Individual services

Cibecue

Careers Program

Workining to wellness

- Facilitate group and skills needed to enter workfores
- Provide Individual services

Nutritional Recovery Program

- Provides Vocational Job Skills, Indigenous Food Education, & Relapse Prevention Skills Training
- Professional Development: Hospitality, Restaurant Facilities Design, Customer Service, and Relapse Prevention
- Provides Psychoeducational Recovery Groups for Clients and Food Education for Community

Scholarship Program

- Facilitate groups and skills needed to Continue Education
- Help obtain GED and continue higher education

Quality and Clinical Compliance

- **Billing Management:** Manages all billing processes for all programs and services rendered, including transportation. This involves submitting claims to funding sources, particularly AHCCCS (Arizona Health Care Cost Containment System).
- **Medical Records Management:** Oversees the secure, accurate, and comprehensive management of all client documentation and medical records.
- **Documentation Auditing:** The team actively monitors all client documentation to ensure completeness, accuracy, and adherence to regulatory standards.
- **Compliance Oversight:** Ensures staff compliance with all relevant regulatory bodies, specifically AHCCCS requirements, to maintain licensure and funding eligibility.

Conclusion

Welcome to today's Tri-Agency Q!

While You're Waiting….

 **Test your audio**

 You were **automatically muted** upon entry

 Use the **chat** for questions or click  raise your hand to speak

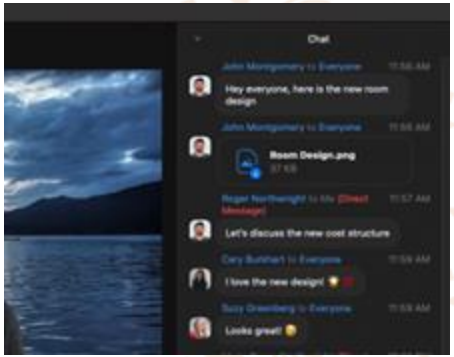
Join by either phone or computer (please don't join with both)

Thank You!

Webinar Tips

Mute your mic when you aren't speaking.

Limit background noise and distractions.



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

This Meeting Is Being Recorded

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

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

Meeting Protocols & Guidelines

Speaking Priority

1. Tribal Leaders
2. UIO Leaders
3. Appointed Delegates
4. Advisors

Participation Guidelines

- Please restate your name and tribal affiliation when speaking.
- *For online participants:*
  - Please leave a comment with your name, title, and tribal affiliation in the chat box.
  - Use the raise hand feature to speak.


ARIZONA
DEPARTMENT OF
HEALTH SERVICES
Arizona Advisory
Council on Indian
Health Care
ARIZONA
HEALTH CARE COST
CONTAINMENT SYSTEM
Quarterly Tri-Agency Tribal
Consultation & Townhall Meeting
Tuesday, August 4, 2026

AHCCCS Updates

Lynne Emmons
Assistant Deputy Director, DFSM

ARIZONA
HEALTH CARE COST
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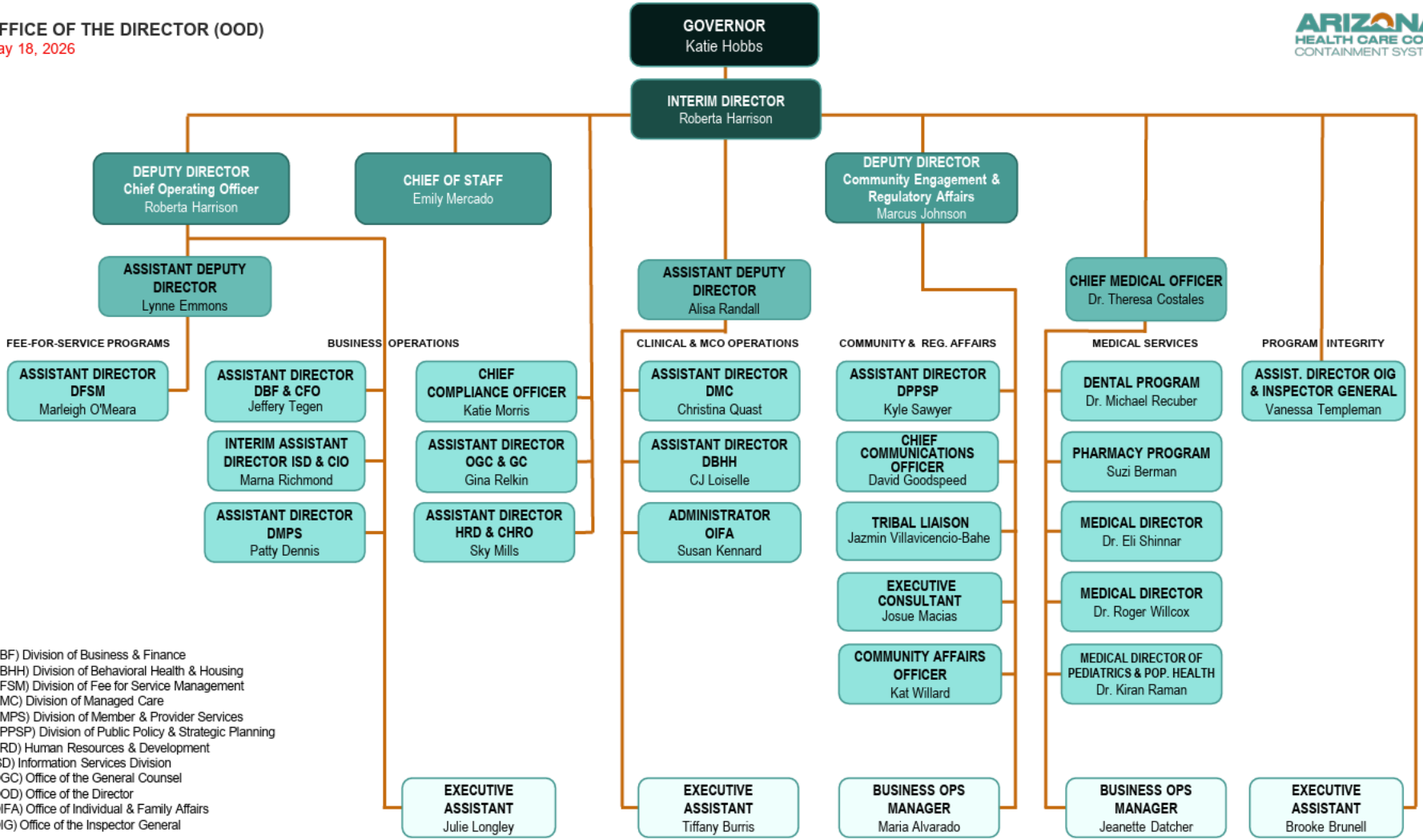
OFFICE OF THE DIRECTOR (OOD)

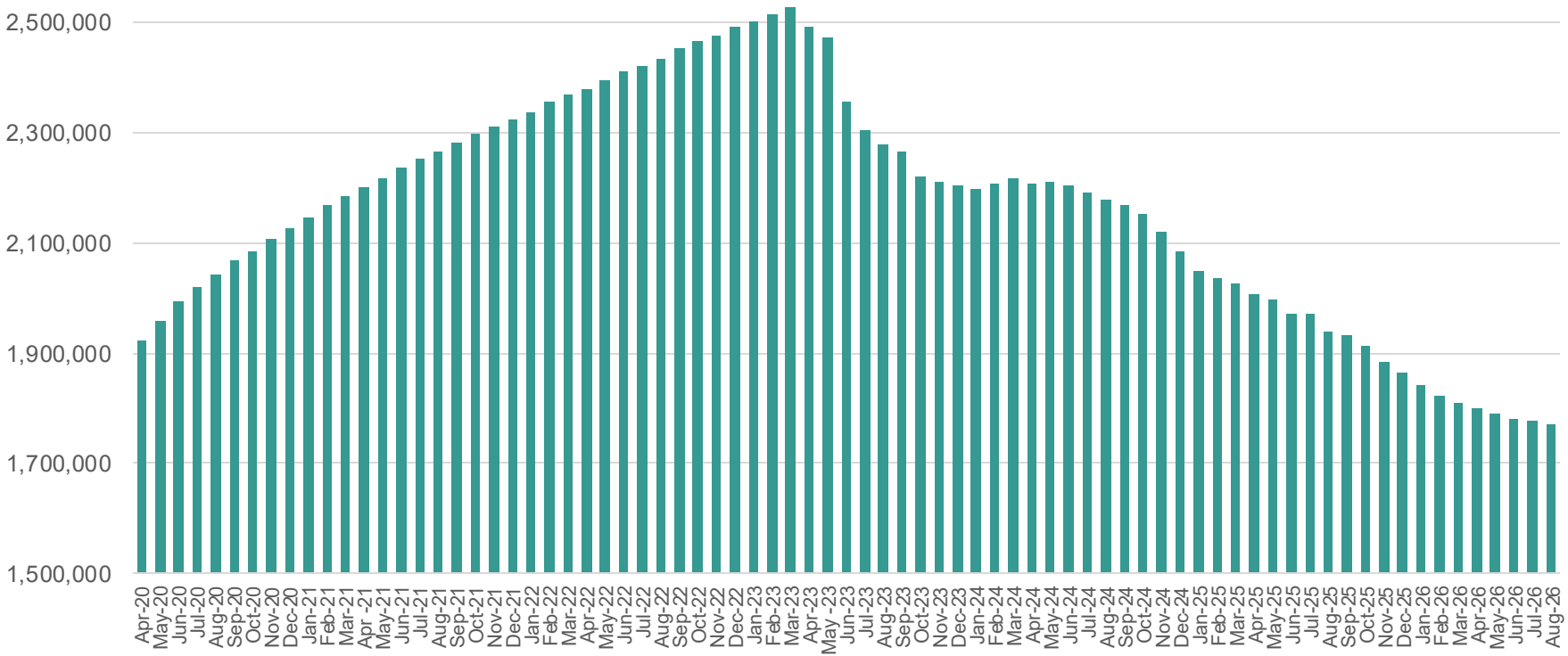
May 18, 2026

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

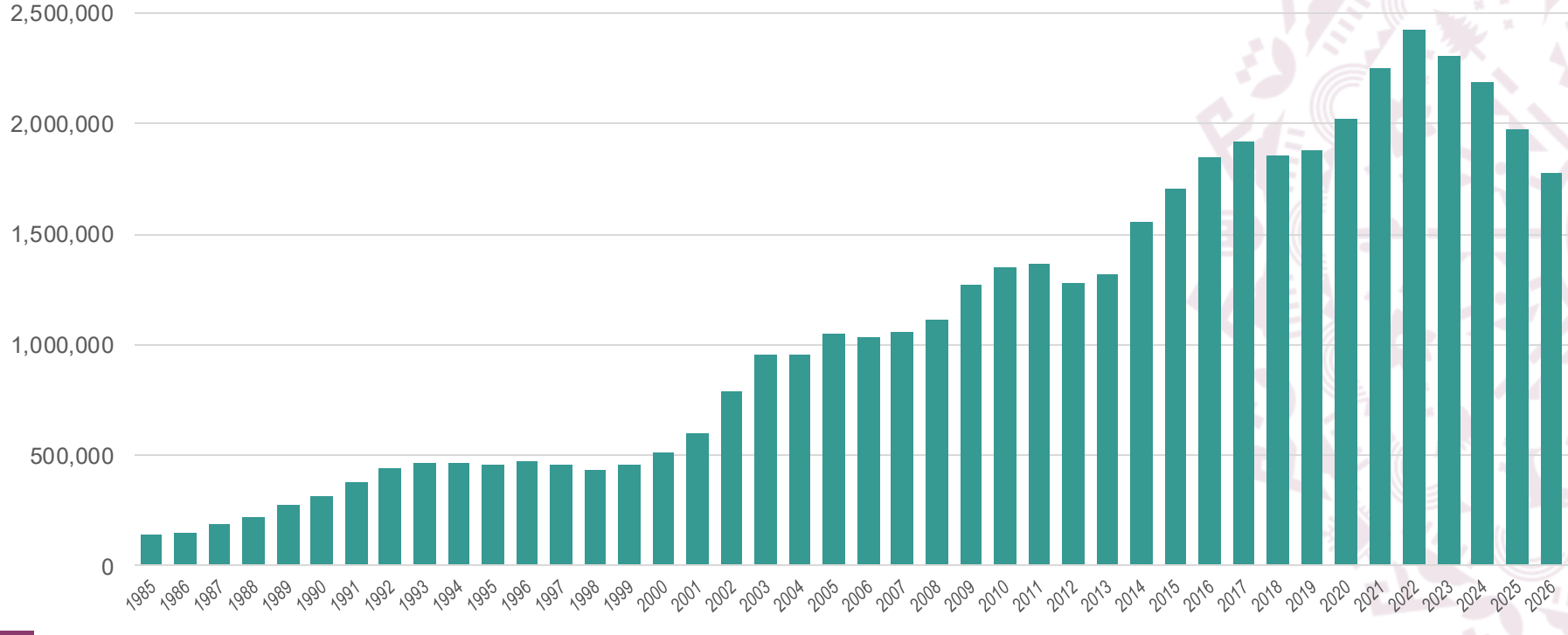


(DBF) Division of Business & Finance
(DBHH) Division of Behavioral Health & Housing
(DFSM) Division of Fee for Service Management
(DMC) Division of Managed Care
(DMPS) Division of Member & Provider Services
(DPPSP) Division of Public Policy & Strategic Planning
(HRD) Human Resources & Development
(ISD) Information Services Division
(OGC) Office of the General Counsel
(OOD) Office of the Director
(OIFA) Office of Individual & Family Affairs
(OIG) Office of the Inspector General

AHCCCS Population: Mar. 2020 – August 2026



AHCCCS Population as of July 1, 1985 – 2026



AHCCCS Moving Forward

- Continuing to Implement HR1 – *more to come later today*
- Rural Health Transformation Program – *more to come later today*
- 1115 Waiver Renewal – *more to come later today*
- Implementing Alivia (FWA prevention tool) - *more to come today*
- Medicaid Enterprise System (MES) Modernization continues
- ABA Policy Updates – reviewing public comments, finalizing updates
- HNT/ECR Implementation – Community forums 8/12 & 8/13
- Reentry Waiver Implementation: 90 days Pre-Release Coverage
- Behavioral Health Catalyst Trainings – starting September 2026

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

Marleigh O'Meara
DFSM Assistant Director

Leslie Short
DFSM Deputy Assistant Director, Clinical

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

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

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

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

AHCCCS Systems Modernization

New AHCCCS Solutions Center:

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

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

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

Prior Authorization

- DFSM has made targeted efforts to meet and sustain prior authorization turn-around-times
- FFS prior authorization requirements outlined in AMPM 820
- Prior Authorization is not required:
  - For emergency services,
  - When AHCCCS is not the primary payer,
  - For services rendered to FFS members when provided by IHS/Tribal 638 providers and facilities,
  - For periods of member retroactive eligibility,
  - For non-emergency ambulance transports when the service call originated through the 911 or Emergency Response System.
- Documentation of care coordination is required to be included in the medical record submitted for PA
  - Providers serving FFS members are required to coordinate services, including with the assigned TRBHA, Tribal ALTCS case manager, AIMH, IHS/Tribal 638 facility, PCP, DDD Case manager, etc.

DFSM Strategic Plan

- January 30, 2025, launched Strategic Planning
  - Convened 3 strategic planning sessions in August: northern, central, and southern Arizona
  - **Thoughtful feedback helped refine the 5-year DFSM Strategic Plan draft, ensuring it is meaningful, culturally appropriate, and relevant.**
  - Invitation to each 22 tribes for individual strategic meetings was extended from January-April
- July 23, 2026, Strategic Design & Alignment Meeting
  - Intent to transform stakeholder feedback, regional meeting outcomes, and organizational priorities into strategic framework that reflects a shared vision for the future

DFSM Strategic Plan – Current DRAFT V3

Director's Priorities for DFSM

Access to Care/Quality Providers

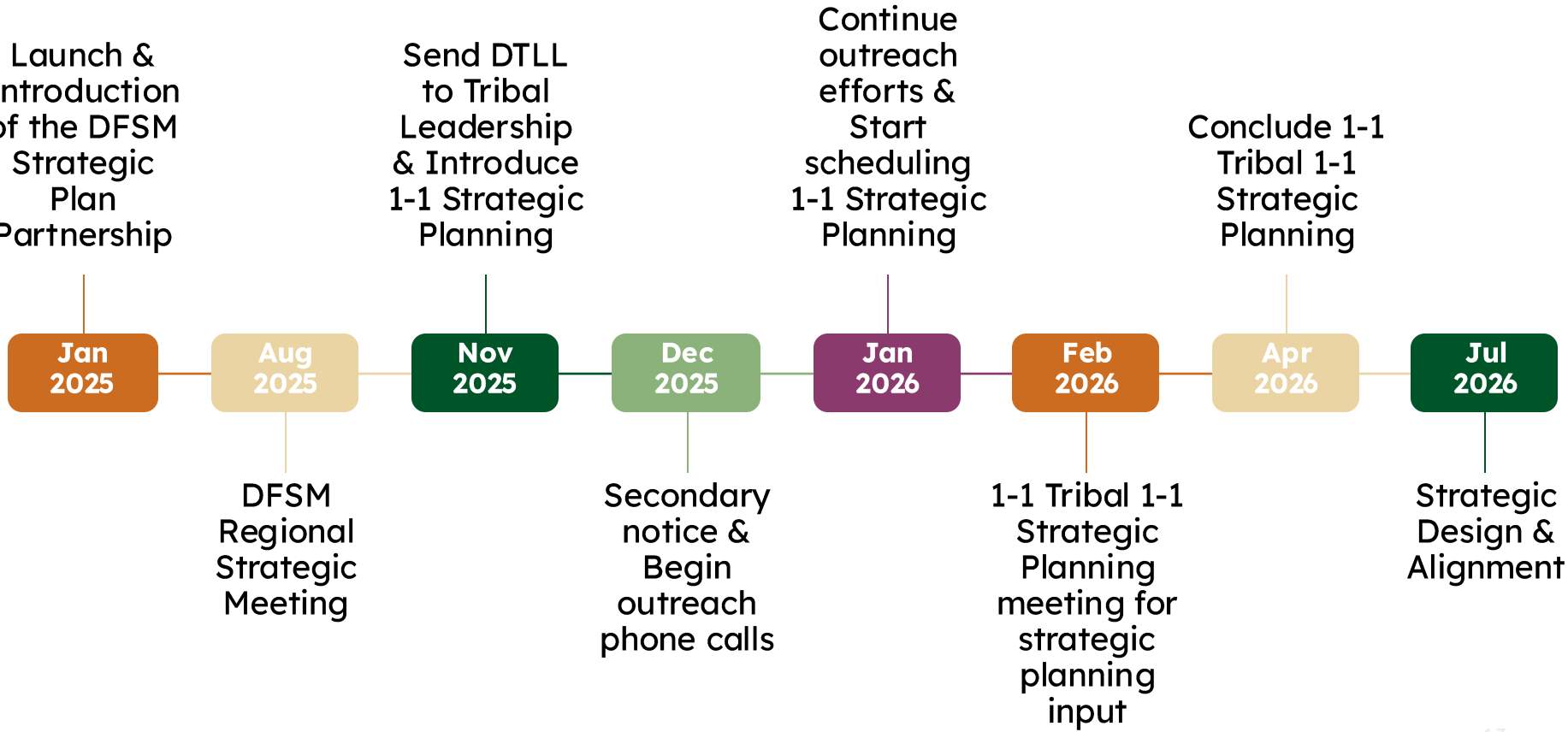
Reduce Healthcare Disparities

Internal and External Collaboration

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

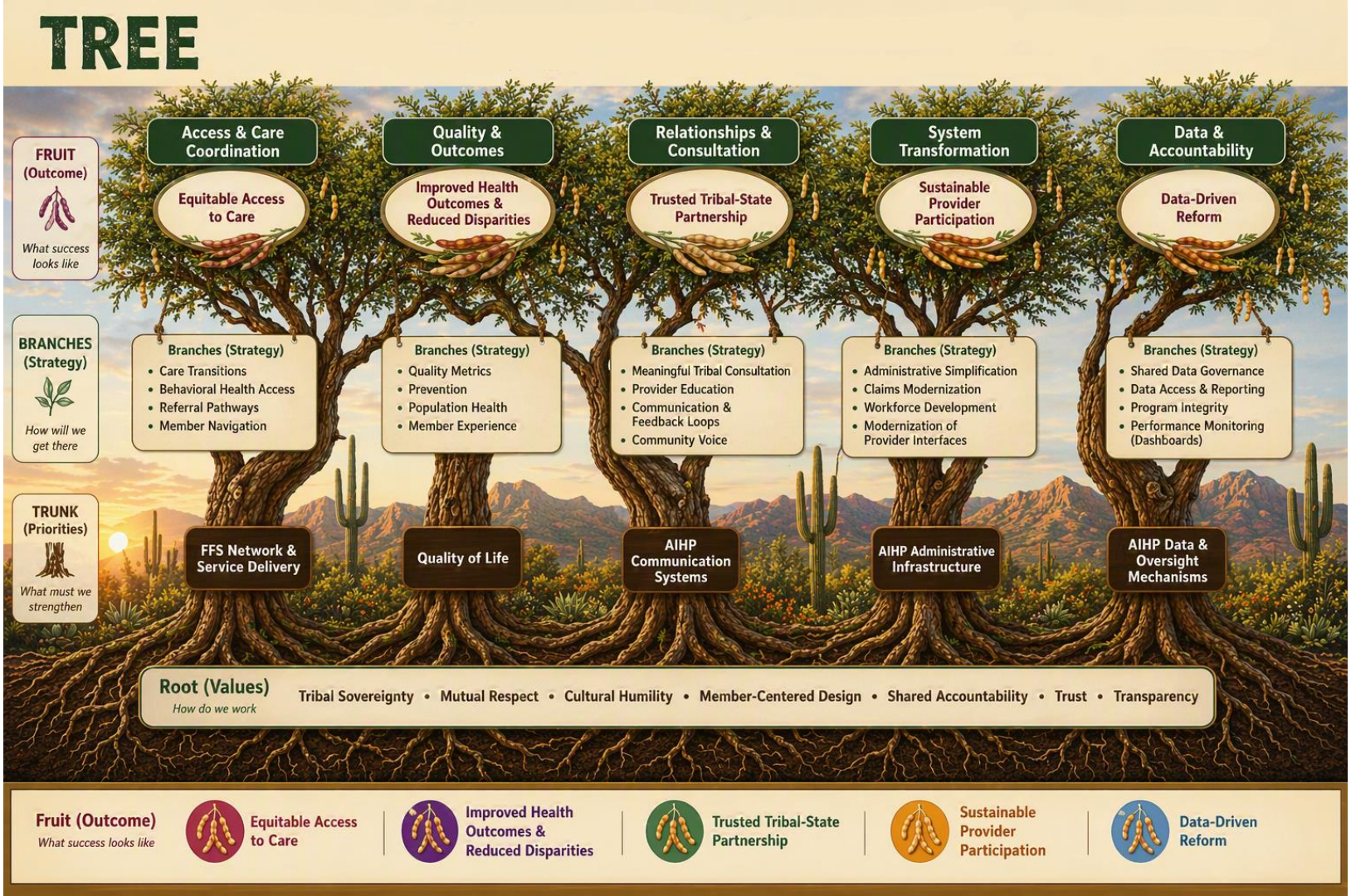
- Address Barriers which Contribute to Health Inequities
  - Emphasis on AIHP Only Providers
  - Expansion of AIMH
  - Clinically Driven Utilization Management
  - Systemic and administrative barriers to care
- Improving Care Quality & Life Expectancy
  - CQM, CMS, and other metric reporting
  - Population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

Timeline


Launch & Introduction of the DFSM Strategic Plan Partnership
Jan 2025
Aug 2025
DFSM Regional Strategic Meeting
Send DTLL to Tribal Leadership & Introduce 1-1 Strategic Planning
Nov 2025
Dec 2025
Secondary notice & Begin outreach phone calls
Continue outreach efforts & Start scheduling 1-1 Strategic Planning
Jan 2026
Feb 2026
1-1 Tribal 1-1 Strategic Planning meeting for strategic planning input
Conclude 1-1 Tribal 1-1 Strategic Planning
Apr 2026
Jul 2026
Strategic Design & Alignment

FRAMEWORK

TREE



Fruit (Outcome) *What success looks like*

- Equitable Access to Care
- Improved Health Outcomes & Reduced Disparities
- Trusted Tribal-State Partnership
- Sustainable Provider Participation
- Data-Driven Reform

FFS Provider Education and Training

- Increased efforts on provider education, training and technical assistance
- DFSM/TRBHA provider education training collaborative
  - Emphasis on TRBHAs' role and provider care coordination responsibilities
- Implementation of Behavioral Health Catalyst Trainings
  - Collaboration with the Arizona Foundation for Human Services Providers (AZFHSP)
  - Goal to improve quality, compliance, and sustainability of BH service delivery for AHCCCS
  - Targeted towards new providers, existing providers struggling with compliance, providers under CAPs or Prepayment Review requesting technical assistance
- Quality Management and Quality Assurance Compliance and Monitoring trainings
- Quality Assurance trainings & education through Memos of Concerns (MOC) and Corrective Action Plans (CAP)

American Indian Medical Home (AIMH)

- Care management model that puts AIHP members at the forefront of care
- IHS/Tribal 638 facilities designated as an AIMH provide primary care case management, 24 hr telephonic access to care team, and diabetes education
  - Number of AIMHs: nine (9)
  - Number of AIHP members with an AIMH: ~41,600 or 44%
- AIMH State Plan Amendment (SPA) initially approved by CMS in 2017
- Opportunity for enhanced focus on quality of care through IGA revisions
- Reconvening of Tribal AIMH workgroup September 2026
- Goal to have IGA revisions complete by October 1, 2027

Questions?

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Federal Relations Updates

Maxwell Seifer
Federal Relations Chief
Division of Public Policy and Strategic Planning

Parin Kaba
Federal Relations Specialist
Division of Public Policy and Strategic Planning

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

Arizona's 1115 Waiver Overview

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Section 1115 of the Social Security Act

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

Making Health Care Change

Current 1115 Waiver

- On October 14, 2022, CMS approved Arizona's request for a five-year extension of its 1115 Demonstration Waiver.
  - Valid from October 14, 2022, through **September 30, 2027.**
- Continues:
  - Managed Care
    - ACC
    - ALTCS
    - DCS CHP
    - ACC-RBHA
  - HCBS
  - And many more programs

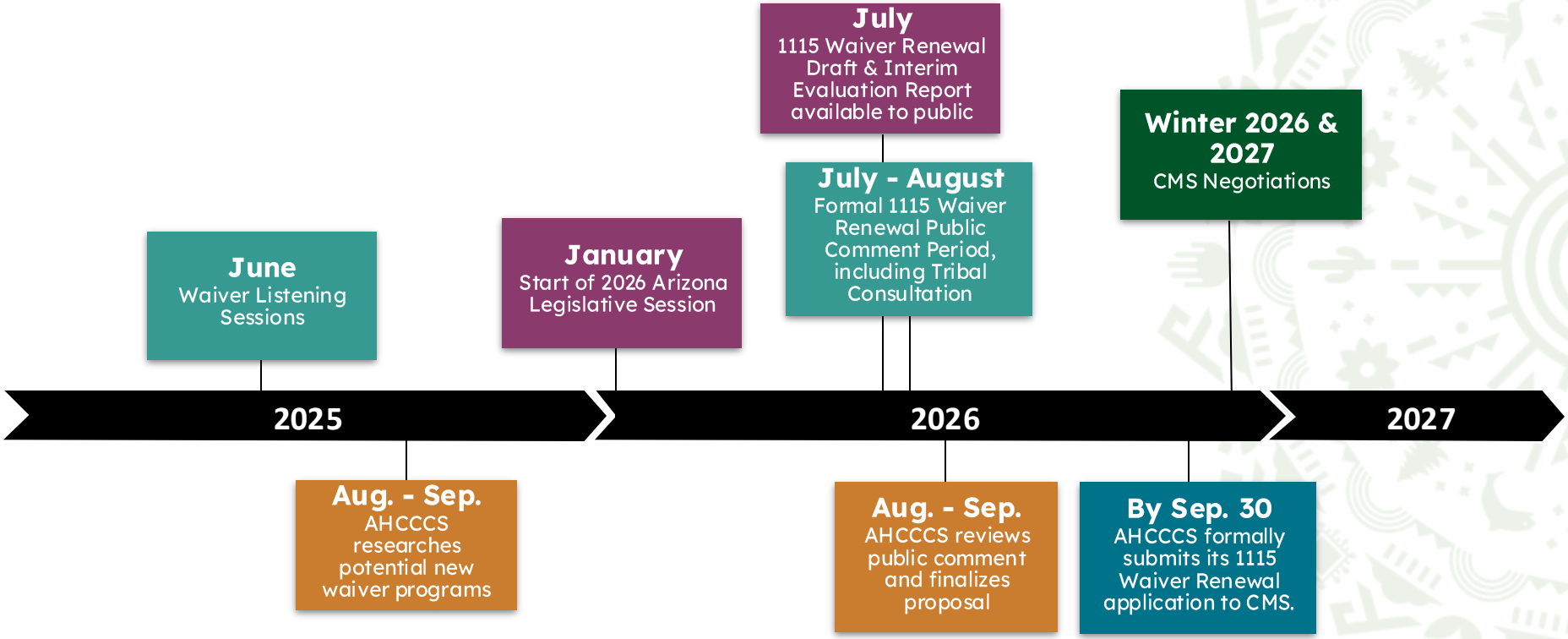
Current 1115 Waiver and Renewal

- In addition to continuing many longstanding programs, AHCCCS also received approval on a variety of new programs:
  - Targeted Investments (TI) 2.0,
  - Housing and Health Opportunities (H2O),
  - KidsCare Eligibility Expansion,
  - Parents as Paid Caregivers,
  - Tribal Dental Benefit,
  - Traditional Healing services, and
  - Pre-release services.
- AHCCCS is now seeking to renew its 1115 Waiver Authority for many of these programs.
- AHCCCS must submit its waiver renewal application by September 30, 2026

1115 Waiver Renewal

- As a reminder, in May 2025, Arizona's Legislature passed **HB 2945**:
  - Institutes a new requirement for AHCCCS to first gain legislative approval prior to submitting any new 1115 Waiver Program that:
    - Expands eligibility,
    - Adds new services, or
    - Will lead to an annual increase in utilization greater than 10%.

Arizona's 1115 Waiver Renewal Timeline



Budget Neutrality

- Budget neutrality means a Section 1115 demonstration cannot increase federal Medicaid spending compared to what would have been spent without the waiver.
- Historically, states estimated:
  - **With Waiver (WW):** Expected federal spending with the demonstration.
  - **Without Waiver (WOW):** Expected federal spending if the demonstration did not exist.
- States could carry forward up to 10 years of accumulated budget neutrality savings.
- Effective **January 1, 2027**, CMS will use a new approach to evaluate budget neutrality:
  - **CMS Chief Actuary must certify Demonstrations** and renewals must demonstrate they are not expected to increase federal Medicaid spending
  - CMS will not rely on WW/WOW methodology
  - States will need to provide additional financial analyses and documentation for innovative demonstration initiatives.
  - Carryforward of budget neutrality savings will be more limited than under the current policy.

Budget Neutrality, Cont.

- New budget neutrality will be calculated through the designation of **Medicaid Authorizable Populations and Services (MAPS)** and activities that can only be federally matched under **Section 1115 authority (1115 Only)**.
  - **MAPS Demonstrations** are when the service and the underlying population receiving the service can be authorized under the State Plan or other authority.
    - MAPS expenditures will be considered **budget neutral** by definition and therefore would not require separate actuarial certification.
  - **1115 Only** authorities are activities only allowable through the 1115.
    - 1115 Only expenditures remain **subject to actuarial review and certification**.

Budget Neutrality, Cont.

- For **1115 Only** programs, States will be required to demonstrate through **rigorous analysis** that these initiatives are not expected to increase federal spending.
- Analysis will need to be conducted separately for each individual 1115 program within the waiver, however, will be combined at the end **to determine if the waiver as a whole is budget neutral** on a net basis.
- Savings from the previous five-year period or previous waiver demonstration period (whichever is shorter) will be allowed to be **carried forward to the next waiver period**.
- Going forward, **MAPS programs will no longer generate savings**.

1115 Waiver Renewal Overview

Programs Continuing As-Is:

- Mandatory Managed Care
- Arizona Long Term Care System(ALTCS)
- Parents as Paid Caregivers (PPCG)
- Tribal Dental Authority*
- Tribal Uncompensated Care*
- Prior Quarter Coverage (PQC)
- Re-entry pre-release Services
- KidsCare Expansion
- Former Foster Youth Eligibility and Enrollment (YATI)

Arizona's Section 1115 Waiver

Proposed Modifications:

- Traditional Healthcare Practices*
- Housing and Health Opportunities (H2O)
- LTSS: Timeliness Waiver*
- Presumptive Eligibility and Self Attestation*
- (Current Proposal) Five-Year Lifetime Coverage Limit
- (Current Proposal) Institutions for Mental Disease
- (Sunset at end of Demonstration) Targeted Investments (T.I 2.0)
- (Future Amendment) SMI Enhanced Residential Treatment Pilot

Questions?

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Continuing Demonstration Programs Within the Waiver Renewal

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Tribal Dental Authority

- Authorizes payment for medically necessary diagnostic, therapeutic, and preventative dental services for American Indian/Alaska Native (AI/AN) beneficiaries.
- Reimbursement for services beyond the current $1,000 dental limit for individuals age 21 or older when provided by Indian Health Services or tribally operated 638 facility.
- AHCCCS seeks to renew this program and continue expanded reimbursement for medically necessary dental services provided through IHS/638 facilities.

Tribal Uncompensated Care Waiver

- First approved by CMS in 2012, the Tribal Uncompensated Care Waiver preserves services delivered to AI/AN members in the case the Arizona Legislature or AHCCCS reduces benefits due to financial hardship.
- This program was recently further codified into state law on April 13, 2026. HB 2177 requires AHCCCS to annually seek an 1115 Waiver to allow payments for covered services reduced or eliminated since September 2010, provided to AI/AN members at IHS or tribally operated facilities.
- Under this renewal, AHCCCS is seeking to continue the existing authority for the Tribal Uncompensated Care Waiver and maintain an important safeguard to support Tribal healthcare systems.

Questions?

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Demonstration Programs with Proposed Expansions / Modifications

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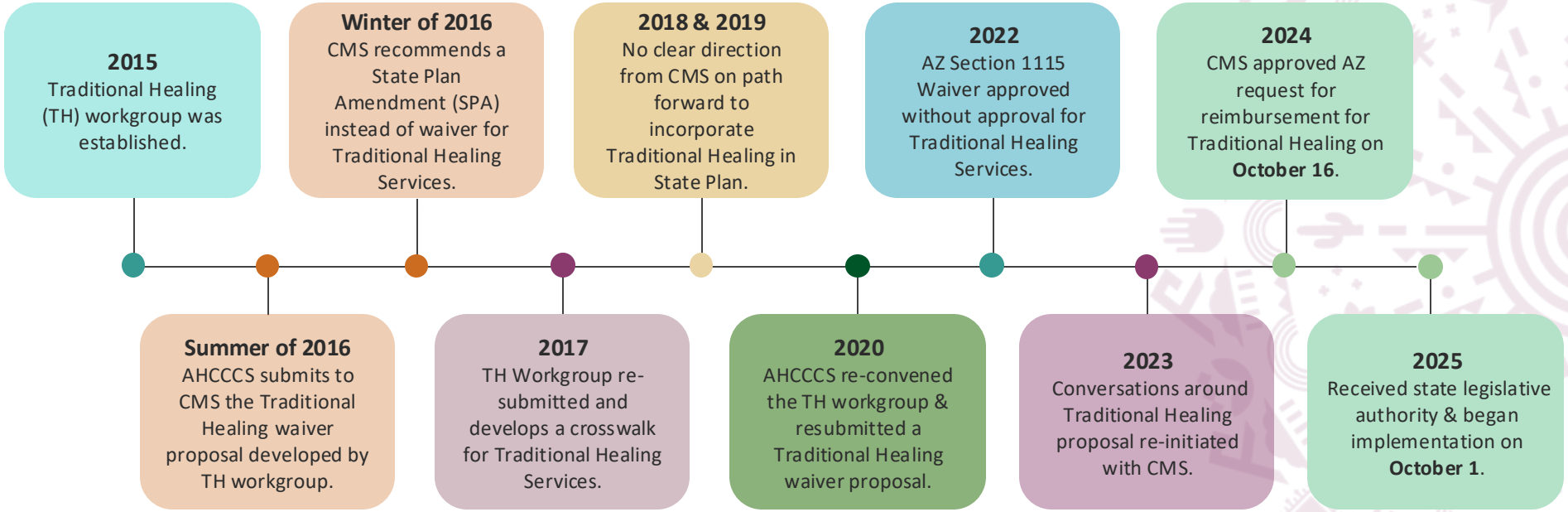
Traditional Healing Overview

- On October 16, 2024, CMS approved an amendment to provide coverage of traditional healing services received through Indian Health Service or facilities operated by Tribes or Tribal organizations.
- This includes traditional health care practices that are provided in the community by or through IHS or tribal facility's direct employees or contracted traditional health care practice providers.
- Under this approval, traditional health care practices would be covered services in both inpatient and outpatient settings, and aid in care coordination and assist AHCCCS beneficiaries in achieving improved health outcomes.

Traditional Healing Timeline



Traditional Healing Overview

- Medicaid reimbursement for THCP went live October 1, 2025.
- Each IHS/638 facility, in partnership with their local Tribal community, individually defines which services are most appropriate for Medicaid billing.
- The covered traditional health care practices services, limitations, and exclusions shall be described by each facility (working with each tribe they primarily serve).

Traditional Healing Overview

- To receive coverage for traditional health care practices under the demonstration, a member must meet the following criteria:
  - Is a Medicaid beneficiary, and
  - Is able to receive services delivered by or through IHS or Tribal facilities as determined by the facility
- Under the existing demonstration, AHCCCS reimburses for services provided by traditional healers who are employed by or contracted with an IHS/Tribal 638 facility.
- Traditional healers employed by or contracted with an UIO may provide reimbursable services through a **care coordination agreement (CCA)** with an IHS/Tribal 638 facility.

Traditional Healing - UIO Participation

- CCA's have to be initiated by an IHS/638 facility
  - Many individuals served by UIOs do not have established relationships with IHS/638 facilities.
  - As a result, the CCA requirement can delay access to services and create additional administrative burden.
- Several UIOs have indicated that this requirement has limited their ability to fully participate in the demonstration despite already operating established traditional healing programs.

Traditional Healing – UIO Expansion

- The enacted 2026 Arizona Legislative Budget (Laws 2026, Chapter 132) amends existing statutes related to AHCCCS Traditional Healing to specify that services are available through the Indian Health Service (IHS), tribal facilities, or **urban Indian Organizations (UIOs).**
- This now allows AHCCCS to seek CMS approval to lift the CCA requirement for Traditional Healing Services delivered by UIOs.
- As part of this renewal, AHCCCS is now seeking the federal authority to remove the CCA requirement and allow the UIOs to participate in the program directly.
- AHCCCS is also seeking CMS approval to continue all other aspects of the program as is.

Questions?

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New Demonstration Program Requests

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Long Term Services and Supports -Timeliness Waiver

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Background - Summarized

- AHCCCS began to make updates to the HCBS Needs Tool (HNT) following CMS approval of the PPCG Demonstration.
- The updated HNT was briefly implemented and subsequently halted due to concerns regarding the extraordinary care review (ECR).
- AHCCCS underwent emergency rulemaking with a robust public comment period to better address concerns surrounding the ECR.
- The rulemaking introduced a new ECR exception process to allow for additional clinician review.
- This ECR exception process may be requested by the parent or guardian if they feel their child could experience adverse impacts from the new HNT.

Long Term Services and Supports - Timeliness Waiver

- Current federal managed care authorization timeframes were designed for standard service authorizations
  - These timelines may not provide sufficient time for families to submit documentation or clinicians to fully evaluate extraordinary care needs.
- CMS requirements currently allow 14 days for standard authorization decisions, decreasing to 7 days beginning October 1, 2026.
- This shortened timeline may limit the ability to gather documentation and fully evaluate extraordinary care needs.
- These constraints limit the effectiveness of the ECR process.

LTSS - Timeliness Waiver

- As a result, AHCCCS is requesting a waiver to extend review timelines for the ECR exception process, up to 28 days.
- During this additional period, AHCCCS will safeguard members access to care by immediately authorizing approved hours from the initial assessment
- In the event of extenuating circumstances, AHCCCS also requests additional time based on individual circumstances in limited situations
- This waiver authority would allow for more comprehensive, person-centered clinical review and promote access to medically necessary services that are extraordinary in nature, especially when evaluating needs of children.

Questions?

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Hospital Presumptive Eligibility and Self-Attestation

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Eligibility Related Waiver Requests

- The 2026 Arizona Legislative Budget Bill contains provisions requiring AHCCCS to:
  - Prohibit the use of self-attestation of Arizona residency without independent verification prior to Medicaid enrollment, and
  - Eliminate the Hospital Presumptive Eligibility (HPE) program.
- AHCCCS is now seeking Waiver authority to implement both above changes as required by state law.
- It's important to note, absent further legislative action, this state-law requirement directing AHCCCS to pursue these waiver requests will be repealed after June 30, 2027.

Hospital Presumptive Eligibility

- Current federal regulation requires Medicaid programs to have a Hospital Presumptive Eligibility (HPE) program in place.
- HPE allows qualified hospitals to grant temporary Medicaid coverage to an individual based on an initial eligibility determination.
    - Consistent with these federal requirements, AHCCCS has maintained a Hospital Presumptive Eligibility (HPE) program. However, use of this program has been extremely limited.
- Consistent with broader state and federal efforts to strengthen program integrity and improve eligibility verification processes, AHCCCS is seeking authority to eliminate the HPE program in Arizona.
    - The Legislature determined that eliminating this pathway would help ensure that eligibility determinations are based on complete and verified information while reducing administrative complexity associated with maintaining a program that has seen little to no utilization in Arizona.

Residency Self-Attestation

- Federal regulations require AHCCCS to establish a process which allow individuals to self-attest to eligibility criteria on a limited basis when documentation is unavailable.
- As part of ongoing efforts to strengthen program integrity and align with recent federal initiatives focused on reducing fraud and improper enrollment, the Arizona Legislature enacted a requirement for AHCCCS to discontinue reliance on self-attested residency.
- AHCCCS is now seeking authority to require verification of Arizona residency before Medicaid coverage is approved.
  - Self-attestation in-lieu of independent verification would not be accepted.
  - All other eligibility standards and protections would remain unchanged.
- Requiring residency verification before enrollment aids in ensuring accurate eligibility determinations, Strengthening program integrity, and reducing the risk of duplicate Medicaid enrollment across states.

Questions?

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Next Steps

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Next Steps

- AHCCCS will hold an additional public forum on August 7th, 2026, at 1:00 pm.
- To ensure your feedback can be considered prior to submission to CMS, AHCCCS is requesting all comment be submitted by **September 6, 2026**.
- Written feedback may be submitted to AHCCCS to waiverpublicinput@azahcccs.gov
- To view the full waiver proposal, written feedback instructions, and future forum call in information, please visit the AHCCCS Waiver Renewal webpage.

All-Inclusive Rate for Tribal ALFs

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All-Inclusive Rate for Tribal ALFs

- In 2025, AHCCCS received a formal request to evaluate reimbursing Tribal Assisted Living Facilities (ALFs) at the enhanced Medicaid All-Inclusive Rate (AIR).
  - This formal request followed various discussions and outreach, including a presentation and additional brief conversations at previous Tribal Consultations.
- Following these requests and discussions, AHCCCS has conducted extensive research into the feasibility of a State Plan Amendment to allow for this change and begun early discussions with CMS on the topic.

All-Inclusive Rate for Tribal ALFs

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

*indicates most recent round of CMS questions

All-Inclusive Rate for Tribal ALFs

- To best respond to these questions and better gain a better understanding of Tribal perspectives, AHCCCS is planning to host a Tribal Consultation dedicated to the topic.
- Although a formal date and time are to be determined, AHCCCS is hoping to hold this consultation late 2026 and will make more details available as they continue to be finalized.
- AHCCCS is now contemplating the best way to respond to the most recent round of CMS questions.

Questions?

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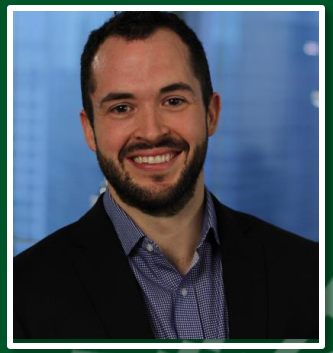
Federal Relations Update



Ryan Melson
Federal Relations Specialist, Division of Public Policy and Strategic Planning

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

State Plan Amendment (SPA) Updates

Implementation of Section 71109 "Alien Medicaid Eligibility" of the Working Families Tax Cut Legislation – Medicaid and CHIP SPAs

- Both the Medicaid and CHIP SPAs will be effective October 1, 2026.
- These SPAs are required because Section 71109 of the WFTC changed eligibility requirements for which lawfully present immigrants qualify for coverage.
- Lawful permanent residents, Cuban and Haitian entrants, and Citizens of Free Association (COFA) migrants will continue to qualify for full Medicaid or CHIP benefits or the payment of Medicare premiums and cost sharing.

State Plan Amendment (SPA) Updates

2027 General Fund (GF) Graduate Medical Education (GME)

- Effective July 1, 2026
- This SPA details amounts and methodology related to the General Fund GME Program.

2027 Intergovernmental Agreement (IGA) Graduate Medical Education (GME)

- Effective July 1, 2026
- This SPA details amounts and methodology related to the IGA GME Program.

State Plan Amendment (SPA) Updates

Disproportionate Share Hospital (DSH) Budget

- Effective October 1, 2026
- This SPA updates the Disproportionate Share Hospital (DSH) Budget in the State Plan.

Disproportionate Share Hospital (DSH) Pool 5

- Effective October 1, 2026
- This SPA updates the DSH Pool 5 funding and participating hospitals in the State Plan.

State Plan Amendment (SPA) Updates

Disproportionate Share Hospital (DSH) Pool 4 Reallocation

- Effective October 1, 2026
- This SPA updates the State Plan to detail the reallocation of excess Pool 4 funding.

Pharmacy Dispensing Fee for 340B pharmacies

- Effective October 1, 2026
- Increase the pharmacy dispensing fee for 340B pharmacies from $10.11 to $13.20.

State Plan Amendment (SPA) Updates

Primary Care Services

- Effective October 1, 2026
- Primary care services are being updated in accordance with the Special Terms and Conditions of the 1115 Demonstration Section X Provider Payment Rate Increase Requirements.
    - Physicians, Physician Assistants and Registered Nurse Practitioners (provider types 08, 18, 19, and 31) will observe an aggregate increase of 3.81% as a result of the Differential Adjustment Payment (DAP) for primary care services.

State Plan Amendment (SPA) Updates

By Report Codes

- Effective October 1, 2026
- Background on By Report Codes
  - By Report Codes are typically for services that lack rate setting methodology to put a fixed price to the service.
  - Generally, there is a fee schedule that pays a fixed price for a service, but by report codes are codes with no set rate on the fee schedule
  - AHCCCS pays a flat percentage of 58.66% of what a provider charged for the service.
  - The provider would submit supporting documentation with the claim – invoices, notes and cost justification

State Plan Amendment (SPA) Updates

By Report Codes

- Effective October 1, 2026
- Standardized Rates for HCPCS/CPT Codes
  - The AHCCCS Administration has reviewed the HCPCS/CPT codes that currently have a rate set at 58.66% of billed charges or “By Report” and determined a rate for many of the codes.
  - With more data from other State Medicaid rates, the average amount AHCCCS paid for particular services in FFY 2025, and a comparison to other commercial rates, AHCCCS has determined appropriate rates for many services.

State Plan Amendment (SPA) Updates

By Report Codes

- Effective October 1, 2026
- By Report Codes Updated
  - The Proposed fee schedule set rates for some codes that were previously By Report Codes, including Clinical Laboratory, Dental, Durable Medical Equipment, and Physician Fee Schedule codes.
  - Here is the link to the public notice to review the updates: https://www.azahcccs.gov/AHCCCS/Downloads/PublicNotices/rates/ProposedPublicNoticeRateSettingForByReportCodes05122026.pdf
  - On our website, you can now subscribe to receive rate update notifications: https://www.azahcccs.gov/PlansProviders/RatesAndBilling/FFS/

State Plan Amendment (SPA) Updates

Fee-for-service Rate SPAs

- Effective October 1, 2026
  - FQHC/RHCs will see an approximate 3.44% increase.
  - Hospice per diem rates will be updated based on the state plan language that incorporates the *2026 Medicaid Hospice Payment Rates* published by CMS.
  - Ambulance rates will see an aggregate increase of 3.15%.
  - Air Ambulance will see an aggregate 5% increase to rates.
  - Physician Administered Drug Schedule Rates will be updated on the state plan amendment language.

State Plan Amendment (SPA) Updates

Fee-for-service Rate SPAs

- Effective October 1, 2026
  - Inpatient Hospital Long-Term Acute Care Hospital and Rehabilitation Hospital inpatient per diem rates will be updated for changes in hospital case mix indices; and outlier cost-to-charge ratios will be updated to match Medicare 2026 ratios.
  - Inpatient Hospital APR-DRG fee schedule cost-to-charge ratios will be updated to match the Medicare Inpatient Prospective Payment System 2026 ratios.
  - Outpatient Hospital Fee Schedule rates have been updated because of the required five-year rebase for an aggregate decrease of 0.6%.
  - Hospital-Based Freestanding Emergency Department Fee Schedule rates have been updated because of the required five-year rebase for an aggregate increase of 0.2%.

State Plan Amendment (SPA) Updates

Fee-for-service Rate SPAs

- Effective October 1, 2026
- In addition to the general increases this year, AHCCCS has set rates for the following codes:
  - Applied Behavioral Analysis (ABA) Schedule:
    - 97154 – ADAPTIVE BEHAVIOR TREATMENT BY TECHNICIAN WITH MULTIPLE PATIENTS USING AN ESTABLISHED PLAN – 15 minutes, TJ modifier has been updated to a rate of $16.95
    - 97156 – ADAPTIVE BEHAVIOR TREATMENT BY PROFESSIONAL WITH FAMILY USING AN ESTABLISHED PLAN – Rates vary based on modifiers and eliminates the By-Report rate that was previously in effect.
    - 97157 - ADAPTIVE BEHAVIOR TREATMENT BY PROFESSIONAL WITH MULTIPLE FAMILY GROUP MEMBERS – Rates vary based on modifiers and eliminates the By-Report rate that was previously in effect.

State Plan Amendment (SPA) Updates

Fee-for-service Rate SPAs

- Effective October 1, 2026
- In addition to the general increases this year, AHCCCS has set rates for the following codes:
  - Behavioral Health Outpatient Fee (BHOP) Schedule:
    - S5145 – Foster Care, Therapeutic, Child; Per Diem – the rates have been updated to ensure the rate is sufficient to support the work, training, and licensure requirements for this service.
  - Transportation, Ground Non-Emergency (NEMT):
    - S0215 – Non-Emergency Transportation, Mileage, per mile modifier TN (rural) has been updated to $1.63.

State Plan Amendment (SPA) Updates

Fee-for-service Rate SPAs

- Effective October 1, 2026
- In addition to the general increases this year, AHCCCS has set rates for the following codes:
  - Diagnostic Evaluation Codes – Added Doctoral Level Rates (HP modifier):
    - 90791 – PSYCHIATRIC DIAGNOSTIC EVALUATION, $217.69
    - 90792 – PSYCHIATRIC DIAGNOSTIC EVALUATION WITH MEDICAL SERVICES, $244.96
    - 96112 – ADMINISTRATION OF DEVELOPMENTAL TEST, FIRST HOUR, $162.34
    - 96113 – ADMINISTRATION OF DEVELOPMENTAL TEST, EACH ADDITIONAL 30 MIN., $68.20
    - 96130 – EVALUATION OF PSYCHOLOGICAL TEST, FIRST HOUR, $152.94
    - 96131 – EVALUATION OF PSYCHOLOGICAL TEST, EACH ADDITIONAL HOUR, $108.20

State Plan Amendment (SPA) Updates

Fee-for-service Rate SPAs

- Effective October 1, 2026
- In addition to the general increases this year, AHCCCS has set rates for the following codes:
  - Diagnostic Evaluation Codes – Added Doctoral Level Rates (HP modifier):
    - 96136 – ADMINISTRATION OF PSYCHOLOGICAL OR NEUROPSYCHOLOGICAL TEST, FIRST 30 MINUTES, $52.82
    - 96137 – ADMINISTRATION OF PSYCHOLOGICAL OR NEUROPSYCHOLOGICAL TEST, EACH ADDITIONAL 30 MINUTES, $46.44
    - 96138 - ADMINISTRATION OF PSYCHOLOGICAL OR NEUROPSYCHOLOGICAL TEST BY TECHNICIAN, FIRST 30 MINUTES, $43.03
    - 96139 - ADMINISTRATION OF PSYCHOLOGICAL OR NEUROPSYCHOLOGICAL TEST BY TECHNICIAN, EACH ADDITIONAL 30 MINUTES, $43.03
    - 99205 – NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH A HIGH LEVEL OF MEDICAL DECISIONS, $186.84

State Plan Amendment (SPA) Updates

Fee-for-service Rate SPAs

- Effective October 1, 2026
- The following fee schedules will be updated to reflect changes to the Medicare fee schedules on which they are based:
  - Ambulatory Surgical Center Fee Schedule rates were budget neutral in aggregate with changes at the individual code level.
  - Durable Medical Equipment Fee Schedule rates are budget neutral in aggregate with changes at the individual code level.
  - Clinical Laboratory Fee Schedule rates were budget neutral in aggregate with changes at the individual code level.
  - Physician Fee Schedule rates have been updated to reflect the change in Relative Value Units on the Medicare Fee Schedule rates.

State Plan Amendment (SPA) Updates

Fee-for-service Rate SPAs

- Effective October 1, 2026
- The following fee schedules will remain unchanged:
  - AzEIP Speech Therapy Fee Schedule rates.
  - Behavioral Health Inpatient Fee Schedule rates.
  - Community Health Worker Fee Schedule rates.
  - Dental Fee Schedule rates.
  - Dialysis Fee Schedule rates.
  - Doula Fees Schedule rates.
  - Emergency Ground Ambulance.

State Plan Amendment (SPA) Updates

Fee-for-service Rate SPAs

- Effective October 1, 2026
- The following fee schedules will remain unchanged:
  - Freestanding Dialysis Facility Composite rates.
  - Health and Housing Opportunities (H20) rates.
  - Home and Community Based Services (HCBS) rates.
  - Nursing Facility Per Diem rates.
  - Traditional Healing Services rates.
  - Treat and Refer rates.

Questions?

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Rural Health Transformation Program (RHTP)

Katie Pompay
State Project Officer, RHTP

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

Agenda

01 Introduction

02 Implementation Timeline

03 Active Request for Grant Applications (RFGAs)

04 RHTP Consultation: Open Floor

Implementation Timeline

Jan 30, 2026	• Revised Budget Submitted to CMS
Feb-Mar 2026	• CMS Review Period (Up to 45 Days)
Mar-Apr 2026	• Implementation Begins • Fund Release & RHTP Grant Office Established
May-July 2026	• ISAs with OEO and ADHS Executed • 7 AHCCCS RFGA Solicitations Released
June-Sept 2026	• Non-Compete Continuation Application for Budget Year 2 & Budget Year 1 Annual Report Due August 31, 2026 • Grant Awards Issued
Oct 30, 2026	• All Y1 Funds Obligated
Through 2030	• Continued investment, performance reporting, compliance monitoring

Tribal Engagement

Since the **May 27 Tri-Agency Special Tribal Consultation**, AHCCCS has continued engagement through outreach, technical assistance, and proposal & budget review.

01

May

Special Tribal Consultation Follow Up

- Shared guidance on the available pathways to partner with AHCCCS through RHTP, including Request for Grant Applications (RFGA) and Intergovernmental Agreement (IGA).
- Invited all Arizona Tribal Nations to participate in government-to-government discussions by **June 30, 2026**, to explore opportunities to align Tribal priorities, interests, and capacity with RHTP program activities and available funding for Budget Year 1.

02

June

Technical Assistance

- Provided individualized technical assistance to Tribal Nations interested in the government-to-government pathway, including proposal and budget reviews to assess eligibility, allowability, and alignment with RHTP requirements.

03

July

IGA Proposal Deadline

- Tribal Nations interested in pursuing the IGA pathway were asked to submit proposal(s) by **July 15, 2026**. Tribal Nations that did not submit a proposal have elected to pursue RHTP funding through the competitive RFGA process.

04

August - Beyond

Proposal Review & Future Engagement

- AHCCCS is currently reviewing proposals submitted by Tribal Nations that elected to pursue the IGA pathway.
- AHCCCS will be planning an additional ad hoc Tribal Consultation in **late summer/early fall** to continue government-to-government engagement with Tribal Nations and inform planning for Budget Year 2 funding opportunities.

AHCCCS RFGA Releases

AHCCCS released a total of **seven RFGAs** for Budget Year 1. The timeline below outlines the **solicitation release date** for each RFGA. Applicants will have **4 weeks** from the applicable release date to submit their applications.

JULY 10

Opioid Antagonist Distribution Initiative ($1,500,000)
Strengthens rural overdose prevention through naloxone distribution, community training, and integrated multi-county response networks in EMS-limited areas.

JULY 17

Telehealth Digital Transformation, Adoption & Care Coordination Grant ($17,000,000)
Modernizes rural healthcare delivery through telehealth hub expansion, remote patient monitoring, and HIE-integrated digital infrastructure across rural and Tribal communities.

Medical Diagnostic Equipment & Technology, EHR Upgrades & Data Sharing Initiative ($30,000,100.32)
Equips rural and Tribal facilities with advanced diagnostic technology, upgraded EHR systems, and enhanced cybersecurity to reduce transfers and expand local specialty care.

JULY 24

Rural Health Innovative Care Pilot Program ($21,000,000)
Pioneers innovative rural care models, including mobile units, community health workers, and value-based payment strategies. to expand access to preventive, specialty, and primary care.

Technical Assistance for Operational and Fiscal Performance ($2,800,000)
Builds rural provider capacity through targeted operational, revenue cycle, and compliance support , strengthening long-term financial sustainability across rural health networks.

JULY 31

Adopt Shared Services Consortiums ($5,000,000)
Drives rural provider sustainability through shared staffing, billing, data systems, and co-located service hubs; Reducing overhead and building economies of scale.

AUGUST 3

Expansion of Mobile Digital Services, Training & Recruitment, and Prevention Programs Addressing Suicide, Trauma, Substance ($8,500,000)
Expands rural behavioral health services by deploying mobile and digital access points, growing the workforce, and delivering evidence-based prevention programming across rural and Tribal Arizona.

Open Floor

Format Instructions for this Session:

Please limit sharing to 3-5 minutes

Please State:
(1) Name
(2) Tribal Nation, Tribe, or Community
(3) Response

Guiding Questions

01 What questions do you still have about Arizona RHTP?

02 How has your experience been engaging with the program so far? What is working well, and what could we do differently?

03 Looking ahead for Budget Year 2, what priorities, opportunities, or concerns would you like us to consider?

Thank You

ARIZONA
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AHCCCS H.R. 1 Update

Maxwell Seifer
Federal Relations Chief
Division of Public Policy and Strategic Planning

Kyle Sawyer
Assistant Director
Division of Public Policy and Strategic Planning

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

H.R.1 - Work Requirements (71119)

Note: Work Requirements also referred to as Community Engagement

- Starting January 2027, the law requires certain Medicaid Expansion adults to work, go to school, volunteer, or participate in a defined qualified activity for 80 hours each month, or to have earned at least $580 in the month to be eligible for AHCCCS
- Many people are exempt and will not need to meet these requirements (e.g., American Indians/Alaska Natives, kids, pregnant individuals, people with disabilities, caregivers, and more). A full list of exemptions will be reviewed later

Who is Subject to Work Requirements:

Applicable Adults in the ACA Expansion & Prop 204 "Childless Adult" Population

Applicable individuals are generally those:

1. Eligible for or enrolled under the state plan in the **adult** group~~or
2. Eligible to enroll or is enrolled in a section 1115 demonstration that provides minimum essential coverage (MEC), and who are **at least 19 and under 65 years of age**, not pregnant, not entitled to or enrolled for benefits under Medicare Part A or Part B, and not otherwise eligible to enroll under the state Medicaid plan
3. Household income is up to 133% of the Federal Poverty Level (about $22,000 a year for one person or $29,000 for two people).

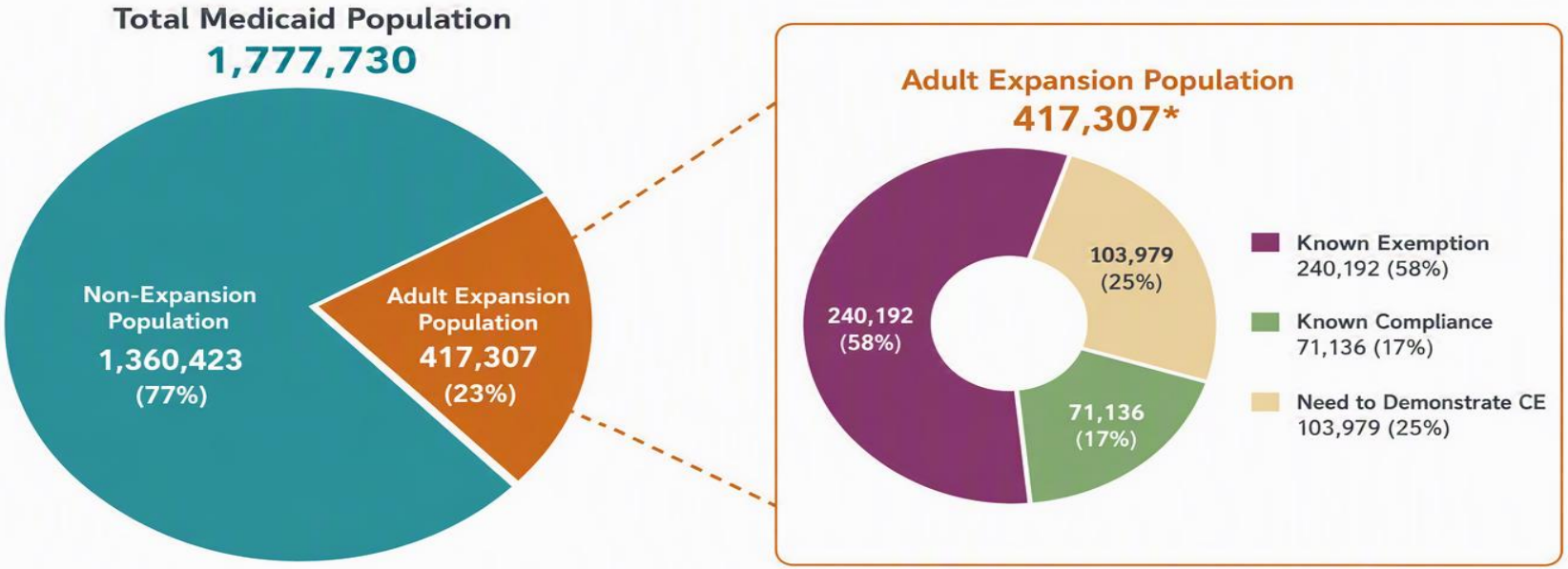
~~Individuals enrolled in the parent/caretaker relative group under the state plan are not included as an applicable population, regardless of the age of their dependent(s)

Who is Exempt from Work Requirements:
Exemptions/Exclusions

- Individuals already compliant with TANF work requirements
- Certain Nutrition and Cash Assistance recipients subject to Able-Bodied Adults Without Dependents work rules
- Participants in qualifying drug or alcohol treatment or rehabilitation programs
- Pregnant individuals or those eligible for postpartum medical assistance
- Experiencing specific short-term hardships
- Former foster youth under age 26
- American Indians or Alaska Natives
- Parents, guardians, or caregivers of:
  - A dependent child under age 14
  - A disabled individual
- Veterans with a total disability rating
- Individuals who are medically frail or have special medical needs
- Currently incarcerated or recently released

Work Requirements Population Data

The adult expansion population is a smaller subset of the total Medicaid population.



The adult expansion population represents **23%** of the total Medicaid population.

Population Source: PopulationDemographics07062026.pdf

*Internal Data Estimates as of July 2026

WORK REQUIREMENTS & COMMUNITY ENGAGEMENT ANALYSIS

Expansion Adults Without Dependents (Ages 19–64)

TOTAL EXPANSION POPULATION REVIEWED — **417,307** Members

EXEMPT FROM WORK REQUIREMENTS

240,192
Members (58%)

LARGEST EXEMPTION CATEGORIES

	Members
SNAP Participants	193,080
Native American	46,531
Parent/Caretaker/Guardian	19,356
Serious Mental Illness	17,751
Recently Incarcerated	12,694

Additional exemptions include TANF, Postpartum, Former Foster Youth, Medicare, and Caregivers of Individuals with Disabilities.

SUBJECT TO WORK REQUIREMENTS

177,115
Members (42%)

MEMBERS ALREADY MEETING REQUIREMENTS

Meets Income Requirement	70,106
Meets In-School Requirement	1,529
Meets Compliance from Volunteering/ Jobs Program	TBD

103,979
MEMBERS MAY NEED TO DEMONSTRATE COMMUNITY ENGAGEMENT REQUIREMENTS

May Need to Demonstrate Compliance Through:

- Employment
- Job Search Activities
- Volunteer Service
- Workforce Development Programs
- Other Approved Community Engagement Activities

POPULATION FLOW

417,307 Total Expansion Adults → 240,192 Exempt (58%) No Action Required → 177,115 Subject to Requirements (42%) → 73,136 Already Meeting Requirements (41% of subject) → 103,979 May Need Verification (59% of subject)

NOTES

Numbers may not sum exactly due to rounding.

Analysis based on eligibility criteria and available data.

Data as of July 2026

KEY TAKEAWAYS

- **417K** Expansion adults reviewed
- **58%** Exempt from requirements
- **42%** Subject to work requirements
- **72K** Already meeting known qualification criteria
- **104K** May require outreach, verification, and compliance tracking

*Note: Data is not a complete assessment of all potential exemptions or compliance activities.

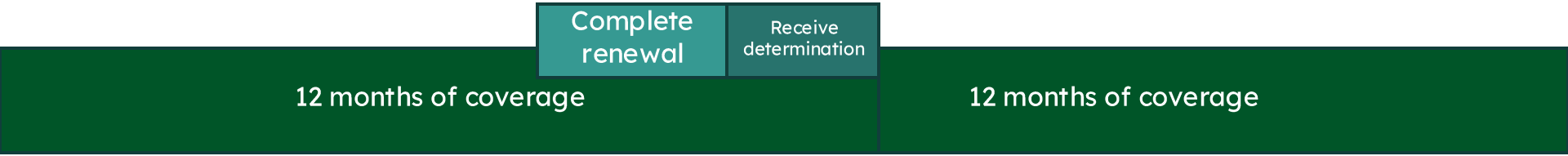
What this looks like in practice: New applicants

Today:

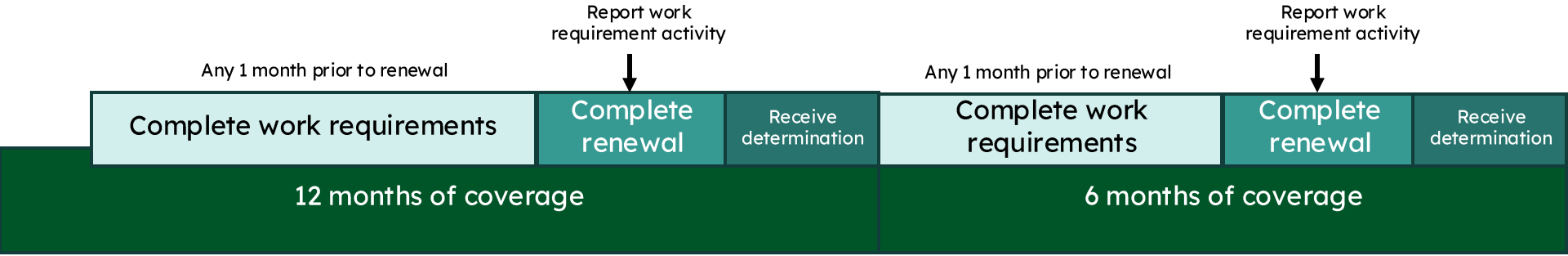
Starting January 1, 2027:

What this looks like for Members renewing their Medicaid

Today:



Starting January 1, 2027:



Recent Federal Rulemaking

- On June 1, 2026, CMS released an interim final rule entitled “Community Engagement Requirements for Certain Individuals”
- This rule significantly departs from the plain text of HR1 and adds additional administrative burden onto state agencies, providers, and members.
- Arizona is currently in litigation with CMS over the implementation of this rule
- AHCCCS is still making a good faith effort to implement the community engagement requirements in HR1 by 1/1/27

Interim Final Rule

- **Demonstrating Community Engagement (CE)**
  - CMS has taken a stricter interpretation of certain qualifying activities. For example, Community Service activities must be completed under a structured program that provides oversight, tracks hours, and is verifiable.
- **CE Exceptions**
  - CMS has restricted state flexibility across several mandatory and optional exceptions and prohibited states from expanding this list.
  - Medical Frailty is much narrower and less flexible than initially anticipated
    - CMS requires a determination based on functional impairment.
    - Frailty must fall within specific statutory categories and demonstrate that the condition “significantly impairs ability” to meet CE requirements. Diagnosis alone is insufficient.

Interim Final Rule

- **Self-Attestation and Verification**
  - The use of self-attestation has been restricted and may only be used after all data, and documentation sources are exhausted.
  - States must first verify eligibility using available data (ex-parte) before requesting information from individuals.
  - Medical frailty must be verified every 12 months.
  - Beginning January 1, 2028, self-attestation is further restricted, documentation will be required when reasonably available.

Upcoming Communications Campaign

- AHCCCS has partnered with Riester, an advertising, marketing and public relations agency, to create and launch a comprehensive communications campaign around work requirements to help members understand what is required of them and support the compliance process
- AHCCCS and Riester will be holding focus groups with members, providers, community assistors, and other organizations
- Riester will then create relevant materials and toolkits for AHCCCS to ensure consistent and accurate messaging is sent to our members
- AHCCCS requests that you partner with us on this campaign

HR1 Section 71109 Eligibility Changes

- Starting October 1, 2026, H.R. 1 Section 71109 limits Medicaid eligibility for certain non-citizen populations.
- Individuals who no longer meet federal eligibility requirements may lose access to full Medicaid coverage and may instead qualify only for Federal Emergency Services (FES) when applicable.
- AHCCCS estimates approximately 34,000 currently enrolled members may be impacted statewide and is implementing policy, system, and communication changes to comply with federal requirements.
- AHCCCS will send notices to impacted members to explain their options.

What is Changing?

Today	H.R. 1 Section 71109 Requirement	Future State
Certain non-citizen populations qualify for full Medicaid coverage.	Limits Medicaid eligibility to specified non-citizen categories effective 10/01/2026.	AHCCCS will implement updated eligibility determinations, member notices, and reverification processes.
Existing members receive coverage based upon current federal requirements.	Certain members may transition to Federal Emergency Services or lose eligibility.	Eligibility systems and business processes are being updated to support the Section 71109 implementation.

ARIZONA DEPARTMENT OF HEALTH SERVICES

ARIZONA ADVISORY COUNCIL ON INDIAN HEALTH CARE

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

Tribal Open Mic

Participation Guidelines

- Please restate your name and tribal affiliation when speaking.
- *For online participants:*
  - Please leave a comment with your name, title, and tribal affiliation in the chat box.
  - Use the raise hand feature to speak.

Announcements

Britnee Endischee

Tribal Relations Coordinator

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

ARIZONA DEPARTMENT OF HEALTH SERVICES

ARIZONA ADVISORY COUNCIL ON INDIAN HEALTH CARE

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

Thank you!

White Mountain Apache Tribe

Rainbow Treatment Center

Upcoming Tribal Meetings

Special Tribal Consultation (Ad Hoc)

Topic: Assisted Living Facility and All Inclusive Rate

Date: Mid-October to November

Time: TBD

Location: TBD

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

Upcoming Tribal Meetings

Tri-Agency Tribal Consultation

Date: Wednesday November 4th, 2026

Time: 8:30 AM – 4:30 AM

Location: TBD

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

Seeking Tribal Hosts

Hosting meetings on Tribal lands reflects and honors Tribal Sovereignty by:

- Supporting government-to-government relationships
- Centering Tribal voices
- Creating a more accessible environment for Tribal leaders and community members

Examples of Meetings:

- Quarterly Tri-Agency Meetings
- Ad hoc AHCCCS Tribal Consultation
- DFSM Strategic Planning Sessions
- Traditional Healing Workgroup meetings

2026

- November: Open

2027

- February, May, August, November - Open

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

Follow & Support AHCCCS on Social Media

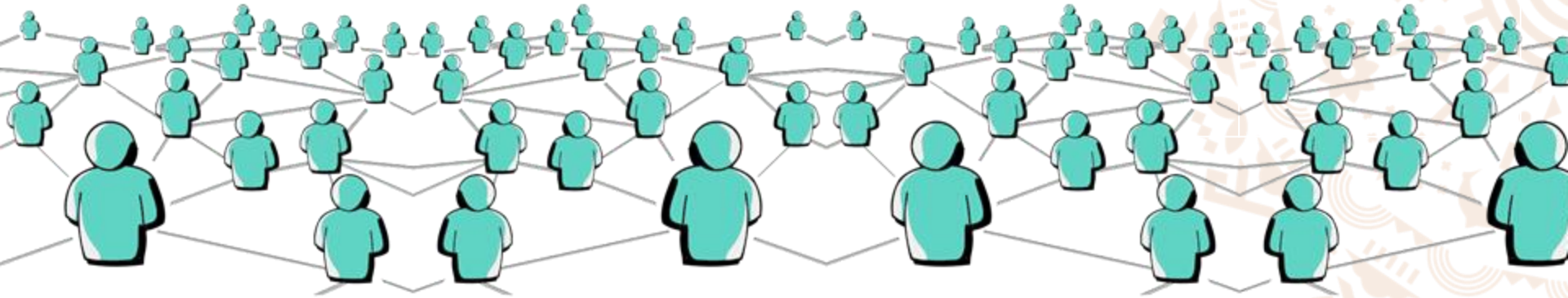
facebook @AHCCCSgov

X @AHCCCSgov

Instagram @AHCCCSGov

LinkedIn @AHCCCS

YouTube AHCCCSgov



Learn about AHCCCS' Medicaid Program on YouTube!

YouTube

Other Resources - Quick Links

- AHCCCS Waiver
- AHCCCS State Plan
- AHCCCS Grants
- About AHCCCS
- AHCCCS Acronyms
- State Medicaid Advisory Committee (SMAC)
- Beneficiary Advisory Council (BAC)
- AHCCCS Tribal Consultation
- AHCCCS Whole Person Care Initiative (WPCI)
- AHCCCS Office of Human Rights
- AHCCCS Office of Individual and Family Affairs
- ALTCS Email: mcotransitions@azahcccs.gov and FAQ


ARIZONA
DEPARTMENT OF
HEALTH SERVICES
Arizona Advisory
Council on Indian
Health Care
ARIZONA
HEALTH CARE COST
CONTAINMENT SYSTEM
Thank you!
Have a great day!

ARIZONA DEPARTMENT OF HEALTH SERVICES

ARIZONA ADVISORY COUNCIL ON INDIAN HEALTH CARE

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

LUNCH - 12:00PM – 1:00PM

Lunch Provided by


AZ DEPARTMENT OF HEALTH SERVICES
Welcome to
ADHS Tribal Consultation
Tuesday, August 4, 2026
1:00 pm to 2:30 pm

Tribal Consultation Notification

Gerilene Haskon
Tribal Liaison

ARIZONA
DEPARTMENT OF
HEALTH SERVICES

Meeting Protocols & Guidelines

Speaking Priority

1. Tribal Leaders
2. UIO Leaders
3. Appointed Delegates
4. Advisors

- **Participation Guidelines**
  - Please restate your name and Tribal affiliation when speaking.
  - *For online participants:*
    - Please leave a comment with your name, title, and Tribal affiliation in the chat box.
    - Use the raise hand feature to speak.

Today's Agenda

01 Director's Updates

02 Rural Health Transformation Program Implementation Updates

03 Health Profile of AI/AN in Arizona, 2027 Report Input

04 Public Health Preparedness Updates

05 Arizona Health Improvement Plan 2026-2030

Opening Remarks & Director's Update

Debbie Johnston
Director

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Director's Updates

- Leadership Transition
  - Deputy Director of Public Health Services
- Federal Updates
  - OMB Financial Assistance Proposed Rule
  - ACIP June Meeting Cancellation
- State Updates
  - Budget planning
  - Elections TTX

Tribal Consultation Listening & Response

What We Heard (Feedback)	What We Did (Action)
"The existing Tribal outreach initiative are under resources and lack the capacity to make a real impact"	**Seeking Program Funding**: As funding becomes available, we are prioritizing expanding services in Tribal communities.
"Our current engagement strategies lack cultural awareness and feel disconnected from Tribal communities for CHR/CHW model"	**Established Strategic Academic Partnership**: Partnered with Northern Arizona University to leverage the deep, standing relationships with local Tribes, ensuring all CHR initiatives are culturally informed.
"Feedback suggested law enforcement can not be the sole location for AEDs due to slow or delayed response time to emergency."	**Expand Reach Beyond Law Enforcement for Tribes**: Partner with Tribes in learning more about where is the best distribution to high-traffic public hubs on Tribal lands.

ADHS Rural Health Transformation Program

ARIZONA
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ADHS Leadership and Project Leadership

Name: Debbie Johnston
Title: ADHS Director

Name: Sheila Sjolander
Title: ADHS Deputy Director
Public Health Services

Name: Jennie Cunico
Title: ADHS Deputy Director
Public Health Operations

Name: Celia Nabor
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Name: Nicole Witt
Title: Assistant Director,
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Email: *Nicole.Witt@azdhs.gov*

Name: Gerilene Haskon
Title: ADHS Tribal Liaison
Email: *gerilene.haskon@azdhs.gov*

Name: Cristina Konnecke
Title: RHTP Program Administrator
Email: *cristina.konnecke@azdhs.gov*

ADHS RHTP Portfolio for Tribes

01	Making Rural America Healthy Again **Maternal & Fetal Health**	Improve maternal outcomes through prevention, provider support, and evidence-based clinical practices.
02	Making Rural America Healthy Again **Chronic Disease Prevention & Management**	Strengthen prevention systems, patient navigation, and sustainable public health infrastructure.
03	Workforce Development & Training **Provider Upskilling**	Build and retain rural CHWs/CHRs and EMS workforce through training and capacity building.

Tribal Engagement Across RHTP

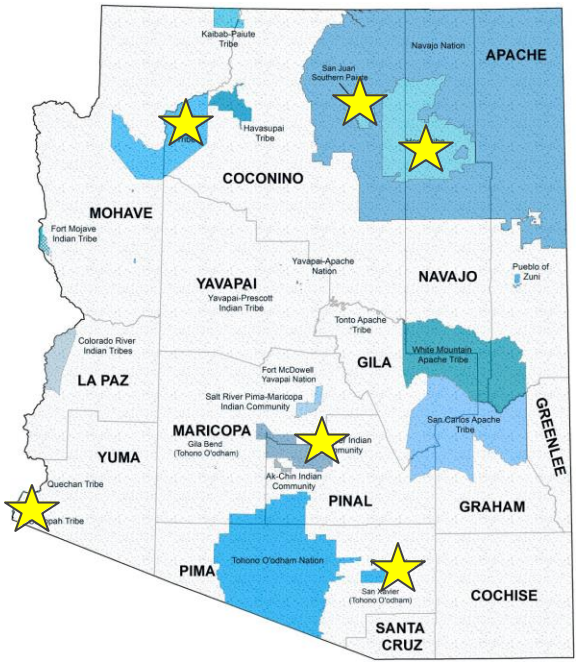
Building meaningful partnerships to support rural and Tribal health priorities guided by ADHS Tribal Liaison.

Current Engagement

- Early & On-going Tribal consultation
- Govt.-to-govt. engagement
- One-on-one meetings

Long-Term Partnerships

- Continued engagement
- Shared learning
- Sustainability



Technical Assistance & Planning

- Co-development of Scope of Work
- Funding opportunities
- Individualized support
- Contract navigation

ADHS RHTP Tribal Engagement & Consultations

Activities for Pre-Application and Post-Application Submission were conducted by AHCCCS.

Post-Award Submission Timeline

May 7, 2026

Tri-Agency Tribal Consultation (quarterly)

Partnered with AHCCCS to co-facilitate discussions and collect vital input from Tribal Nations and 638 Tribally-Operated Health Care Facilities.

May 27, 2026

Special Tribal Consultation (ad hoc)

Dedicated consultation coordinated in collaboration with AHCCCS and OEO to seek input on Arizona's RHTP initiatives and gauge interest among the Tribal Nations and 638 Tribally-Operated Health Care Facilities.

June 15, 2026

ADHS Leaders to Tribal Leaders Meeting (quarterly)

RHTP leads at ADHS shared the grant information, explained the award steps, and directed interested parties to contact the Tribal Liaison to set up initial meetings.

June & July 2026

Initial Engagement

ADHS staff met with the Hopi Tribe Health Education and Wellness team, the Cocopah Indian Tribal Health Program, and the Pascua Yaqui Tribe Department of Health & Human Services.

ADHS joined AHCCCS and OEO for the meetings with Tuba City Regional Health Care Corporation, Gila River Health Care, and Hualapai Tribe Health Education & Wellness Department.

Multi-Sector Tribal Partnership for RHTP

Organizations	Initiative	Program	Target Areas
Arizona Hospital and Healthcare Association (AzHHA)	Maternal & Fetal Health	Implementation and Expansion of AIM patient Safety Bundles in Birthing Facilities	Tribal Birthing Facilities involved: **Navajo Nation** (Tuba City Regional Health Care Corporation, Chinle Comprehensive Health Care Facility, Tsehootsooi Medical Center), **White Mountain Apache Tribe** (Whiteriver Indian Hospital)
Northern Arizona University	Chronic Disease Prevention & Management	CHW/CHR Programs	All **22 Tribal Nations** have CHRs
University of Arizona	Chronic Disease Prevention & Management	EMS Training & Upskilling Programs for Rural Healthcare Providers	**Ak-Chin Indian Community, Fort McDowell Yavapai Nation, Gila River Indian Community, Navajo Nation, Pascua Yaqui Tribe, Salt River Pima-Maricopa Indian Community, San Carlos Apache Tribe, Tohono O'odham Nation, White Mountain Apache Tribe**
Arizona Department of Health Services	Maternal & Fetal Health	Public Health Interventions aligned with Arizona's congenital syphilis action plan	Dedicated Tribal staff at ADHS for **all Tribal Nations** and **Navajo Nation Department of Health**

Patient Navigation

FUNDING: $5 Million per year with up to $350,000 total administrative funds to be distributed through all awards

CURRENT STATUS

- **Date Released:** July 30, 2026- Applicants can find the application and associated attachments at: RFGA2027-001 Rural Arizona Navigator Program.
- **Pre-Application Conference:** August 7, 2026, 11:00 a.m.–1:00 p.m. Arizona Time (MST) (no registration required) Video call link https://meet.google.com/erq-ymhj-dpv?authuser=0 Or dial (US) +1 252-421-9320 PIN: 142 817 871#
- **Questions Due:** August 15, 2026, 11:59 p.m. Arizona Time (MST)
- **Application Due:** August 20, 2026, 3:00 p.m. Arizona Time (MST)
- Tribal entities are eligible for scoring bonus in the evaluation process

ADHS Health Profile of American Indian and Alaskan Natives in Arizona Report, 2027

Darien Fuller

Tribal Health Epidemiologist

ARIZONA DEPARTMENT OF HEALTH SERVICES

Key Findings

- In 2022, 4.5 %of Arizonans identified as AI/AN.
- Compared to other race/ethnic groups, Arizona's AI/AN population had the greatest decline in mortality rates from 2021 to 2022.
- Premature deaths among Arizona AI/AN adolescents (15-19 years) in 2022 were lower compared to Arizona adolescents.
- In 2022, the five major causes of death among AI/AN in Arizona were:
    - Unintentional Injuries/accidents (206.5 per 100,000 people), leading cause among AI/AN men
    - Heart Disease (156.1 per 100,000 people)
    - Cancer (139.3 per 100,000 people), leading cause among AI/AN women
    - COVID-19 (116.7 per 100,000 people)
    - Chronic Liver Disease and Cirrhosis (106.0 per 100,000)

Key Findings

- A greater proportion of AI/AN deaths were among those who resided on tribal land compared to those who lived off tribal land.
- AI/AN men who resided on Tribal land had lower percentages of deaths from COVID-19 & cancer compared to women on Tribal lands and men & women off Tribal land.
- COVID-19 Mortality rates among AI/AN decreased 70% between 2021 and 2022 and 65% for the state of Arizona.
- Alcohol-induced, accidental poisoning and drug-induced death rates account for majority of unintentional injuries deaths among AI/AN in 2022.
- Rates for gestational diabetes and hypertension among AI/AN women are nearly double the rates for Arizona women.

Key Findings

- Chronic diseases are the leading causes of death and disability in the United States, and lifestyle risk factors play a role in the development of chronic diseases. Compared to other racial/ethnic groups, AI/AN individuals had higher prevalence of:
  - Diabetes, pre-diabetes, and high cholesterol.
  - Sexually transmitted disease infections (early syphilis, gonorrhea, chlamydia, HIV)
  - Poor neonatal/infant health outcomes & utilization of prenatal care services
  - Obesity and physical inactivity

Discussion Questions for 2027 Report

- What data is most helpful/most referenced for your Tribal community?
- Which dataset do you refer to the least?
- What data would you like highlighted or prioritized for the next report?
- Are there any gaps in the 2024 Report that we can improve on?
- What data (that Tribes or others have or don't have) are useful for addressing health priorities in Tribal communities?

Public Health Preparedness

Nicole Witt
Assistant Director of Public Health Preparedness

ARIZONA DEPARTMENT OF HEALTH SERVICES

Preparedness Leadership Team

Victor Waddell
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Joel Terriquez,
Medical Director, Division of Preparedness
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Measles Outbreak Update

88.7% MMR coverage among kindergarten in AZ

*As low as 20% in some areas

342 cases reported in AZ since August 2025, 282 in Mohave

120 cases reported so far in Arizona for 2026 across 6 counties.

Coconino, Maricopa, Mohave, Pinal, Pima, Yavapai

96% of cases are unvaccinated or have unknown vaccination

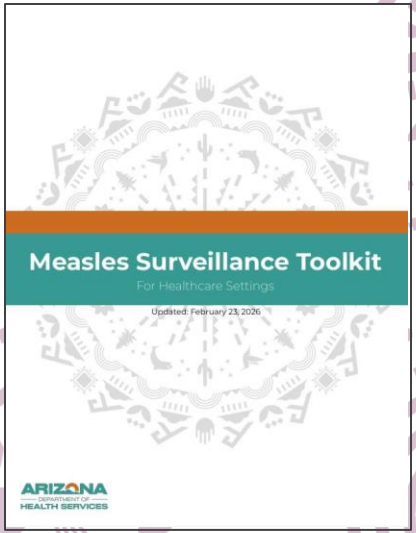
Toolkits:

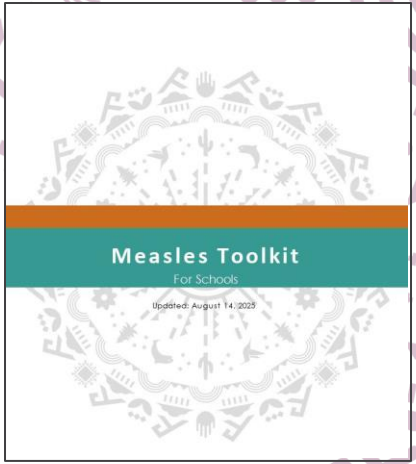
ADHS School toolkit

ADHS healthcare settings

CDC Be Ready for Measles Toolkit

MEASLES DASHBOARD updated Tuesday's at 3pm





Ebola Situation

The (CDC) Centers for Disease Control and Prevention and ADHS have been monitoring an international outbreak of the Bundibugyo virus strain in the Democratic Republic of the Congo (DRC) and Uganda.

In July, the CDC announced changes to returning travelers: "To reduce the risk of Ebola importation into the United States, U.S. entry for travelers who were recently in the DRC is temporarily restricted. Travelers, including Americans, who have been in DRC within 21 days of their flight will not be allowed to board commercial flights with U.S. destinations.

ADHS has been providing 24/7 returning traveler monitoring and notifying local county health for follow-up.

ADHS sharing weekly updates for public health and hospitals.

To date, no cases of Ebola disease have been confirmed in the United States because of this outbreak and the overall risk to the general American public remains low.

Ebola Situation

Outbreak Monitoring

The CDC and ADHS are monitoring an international outbreak of the Bundibugyo virus strain in the Democratic Republic of the Congo (DRC) and Uganda.

Travel Restrictions

To reduce Ebola importation risk, U.S. entry is restricted for recent DRC travelers. Those in DRC within 21 days are barred from commercial flights to the U.S.

Active ADHS Response

ADHS has implemented 24/7 active monitoring for returning travelers and is directly notifying local county health departments for follow-up.

Current Risk: Low

No cases of Ebola have been confirmed in the U.S. related to this outbreak, and the overall threat level to the general American public remains low.

New World Screwworm (NWS)

Threat Overview

The New World Screwworm (NWS) is a highly destructive parasitic fly whose larvae feed exclusively on the living tissue of warm-blooded animals, posing a significant threat to livestock operations, domestic pets, and native wildlife populations.

Active ADHS Response

ADHS is collaborating with the Arizona Department of Agriculture's Office of the State Veterinarian, the USDA, and neighboring states to develop comprehensive management playbooks, secure transit protocols, and drive active awareness initiatives following recent detections in Texas and New Mexico *no cases in Arizona*

Resources

USDA Confirmed Detections Dashboard

Latest Situation Data

Outbreak Situation All Time

Total Animal Cases

43

Domestic Cases
43
8 Active
35 Inactive

Wildlife & Feral Cases
0
0 Active
0 Inactive

Fly Trap Detections

0

Note: Only wild flies are reported. A detection means at least one wild fly was found in trap.

Cyclosporiasis Situation

Outbreak Tracking

The CDC, FDA, and state partners are tracking a massive, record-breaking multistate outbreak of cyclosporiasis, an intestinal illness caused by the microscopic parasite *Cyclospora cayetanensis*.

Arizona Status

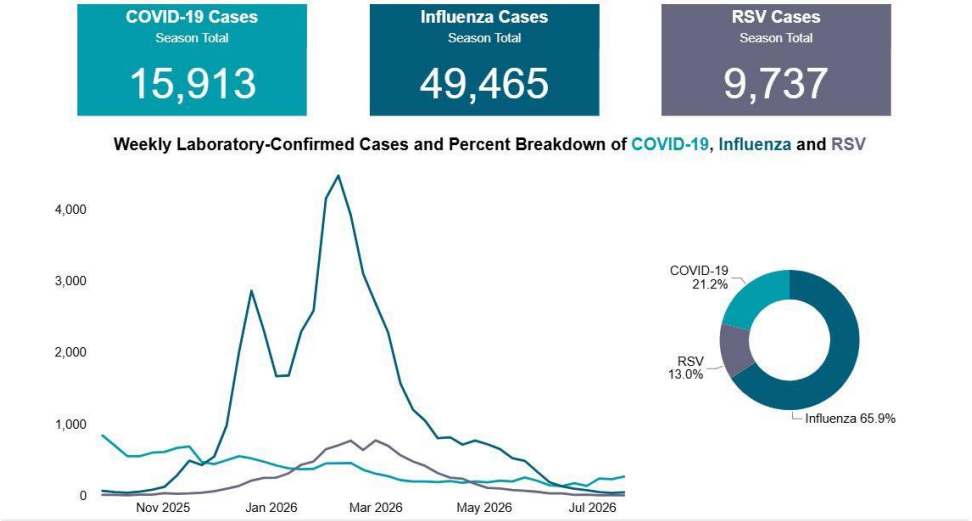
ADHS has not identified any clusters or active outbreaks. Current data indicates cases are travel-associated and consistent with yearly averages, though monitoring remains active. ADHS has been supporting local health departments in case investigation.

Resources & Guidelines

- Investigation manuals for cyclosporiasis and other diseases are available on the ADHS Website.
- For national tracking and clinical details, visit the CDC Cyclospora Webpage.

2026/2027 Respiratory Season

- FLU and COVID 19 Standing Orders
- Re-engaging healthcare community for upcoming season
- Planning provider webinar in August–Date to be determined
- Monthly check-in with system to start October through March
- Respiratory season updates weekly on our website



Immunization Campaign Launch-July 20th

Vaccines Save Lives

If you have any questions, talk to your doctor or medical provider

azdhs.gov/getvaccinated

Arizona Chapter
INCORPORATED IN ARIZONA
American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

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ARIZONA ACADEMY OF
FAMILY PHYSICIANS
STRONG MEDICINE FOR ARIZONA

Building Vaccine Confidence Across Arizona

Campaign Launch

We have been working to finalize our Vaccine campaign over the past several months and are excited to announce its **launch this month!**

The campaign will feature healthcare providers from across the state, speaking on the importance of vaccines. These messages are uniquely authentic and powerful.

A variety of video, audio, and digital assets will help spread this important message statewide.

Our Trusted Voices

First set of healthcare providers:

- **Dr. Lisa Villarroel**
- **Dr. Joel Terriquez**
- **Dr. Holzberg**
- **Dr. Song**
- **Dr. Hu**
- **Dr. Melk**
- **Dr. Serbin**
- **Dr. Waber**

*We are actively working to add more providers into our campaign over the next several months. This will help provide campaign longevity and support.

Campaign Outreach

Target Audience

Primary: Parents & caregivers of children 0-17

Secondary: General public

Dates

July 2026 through January 2027

Proposed Channels

- **Digital Display**
- **Meta** (FB, IG, Reels)
- **Pinterest**
- **Digital Video**
- **Connected TV**
- **YouTube**
- **Digital Audio**
- **Paid Search**

DRAFT Arizona Health Improvement Plan 2026-2030

Sheila Sjolander, *Deputy Director*

Sergio Perez, *State Health Improvement Plan Strategist*

Geri Haskon, *Tribal Liaison*

ARIZONA DEPARTMENT OF HEALTH SERVICES

AzHIP 2026 - 2030 Priorities

- Access to Care
- Prevention
- Workforce Development
- Mental & Behavioral Well-being

Vision Statement

Healthy People, Healthy Families, and Healthy Communities for a Stronger Arizona

Collective Impact

- Community stakeholders & SME's collectively develop one plan
- Regular meetings update the community on progress of efforts,
- Highlighting statewide collaborations and future community events.

AzHIP 2026-2030 Steering Committee

ADHS - Debbie Johnston
AACHC - Jessica Yanow
Affirm AZ - Bré Thomas
AZ Advisory Council on Indian Health Care - Dr. John Molina
AZ Area Agency on Aging - Maddy Bynes-Devaney
AZ Association of Health Plans - Beth Kohler
AZ American Academy of Pediatrics - Lauren Valdiviezo
AZ CHOW - Floribella Redondo
AZ Council of Human Service Providers - Candy Espino
AZ Department of Child Safety - Julie Zyck
AZ DES - Jeramia Garcia Ramadan
AHCCCS - Katherine Willard
AZ Hospital & Healthcare Association - Ann-Marie Alameddin
ALHOA/Yuma County - Diana Gomez
ALHOA/Yavapai County - Leslie Horton

Douglas Laher - **AZ Medical Association**
Will Humble - **AZ Public Health Association**
Nika Gueci - **ASU The Center**
Michelle Villegas-Gold - **ASU Health**
Cara Christ - **Blue Cross Blue Shield of Arizona**
Dr. Mary Ellen Dalton - **Health Services Advisory Group**
Tomas Leon - **Equality Health Foundation**
Dr. Mary Ellen Dalton - **Health Services Advisory Group**
Maria Dadger - **Inter Tribal Council of AZ**
Sherylene M. Yazzie - **Navajo Nation Dept of Health**
Meaghan Kramer - **Office of the Governor**
Lisa Alexander - **School Nurses Organization of AZ**
Dr. Dan Derksen - **U of A Center for Rural Health**
Steve Purves - **ValleyWise**
Ana Roscetti - **Vitalyst Health Foundation**

AzHIP Community Partner Role

- Support action plan development for AzHIP Priority Areas.
  - Sharing knowledge, awareness, and insights
- Participate in regular meetings and discussions.
- Share updates from community efforts towards plan strategies, actions, or objectives.

Priority Area - Strategies

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Prevention - Community Members

4th Trimester

AZ Department of Health Services

AHCCCS

Alzheimer's Research and Prevention Foundation

AZ Alliance for Community Health Centers

Arizona Diabetes Coalition

Arizona Peer and Family Coalition

ASU Edson College of Nursing and Health Innovation

AZ Affirm

AZ Impact for Good

City of Phoenix Office of Public Health

Contexture

Encircle Families (formerly Raising Special Kids)

Health Services Advisory Group

Maricopa Co. Depart. of Public Health

Pima Co. Depart. of Public Health

Televeda

University of Arizona Cooperative Extension-Diabetes Prevention Program

Prevention 2026-2030 Strategies

STRATEGY 1

Health Literacy

Partner with communities across Arizona to co-create and deliver culturally relevant, accessible, and trustworthy health information that empowers individuals and families to make informed decisions.

STRATEGY 2

Immunizations

Strengthen immunization systems, confidence and access to protect communities from vaccine-preventable diseases today and tomorrow.

STRATEGY 3

Chronic Disease

Strengthen community-based prevention and early detection efforts to reduce disease and support long-term health in all Arizona communities.

STRATEGY 4

Maternal & Infant Health

Use data and evidence-based interventions to improve maternal and infant health outcomes, with a focus on access, prevention, and community-informed solutions.

STRATEGY 5

Partnerships

Build and sustain cross-sector partnerships that strengthen local capacity, align resources, and support community-driven solutions across Arizona.

Mental & Behavioral Wellbeing - Community Members

ADHS

AHCCCS

Arizona Alliance for Community Health Centers

Arizona Association of Health Plans

Arizona Dept of Child Safety

Arizona Dept of Housing

AZ ACEs Consortium

Blue Cross Blue Shield of Arizona

Coconino County

College Medical Center Phoenix

Hess Consulting

HonorHealth

Maricopa County

Mindfulness First

NAMI Valley of the Sun

Pima County

Prevent Child Abuse Arizona

Substance Awareness Coalition Leader in Arizona

TELEVEDA

The Faithful City

Mental & Behavioral Wellbeing 2026-2030 Strategies

STRATEGY 1

Youth
Expand supports & education to create resilient youth

STRATEGY 2

Stigma & Awareness
Improve & expand education and awareness of mental health & wellbeing

STRATEGY 3

Community Resilience
Strengthening our communities through education & interventions so they can thrive

STRATEGY 4

Systems Improvement
Implement systems that encourage collaboration across sectors and the state

STRATEGY 5

Housing
Expand/Promote housing resources

Workforce Development - Community Members

ADHS

AHCCCS

AZ Alliance for Community Health Centers

Arizona Center for Rural Health, U of A

Arizona Hospital and Healthcare Association

Arizona State University

Arizona Western College

Blue Cross Blue Shield of AZ

Central Arizona College

Chamberlain University

Cochise College

Department of Child Safety

DES (DERS)

Eastern Arizona University

Inquisicare Institute

Maricopa Community Colleges

Maricopa County Depart. of Public Health

Mohave College

Office of Economic Opportunity

Phoenix Bioscience Core

Pima Community College

Pima County Department of Public Health

Pinal County Public Health

Televeda

UnitedHealthcare Community Plan

University of Arizona, College of Public Health

University of Arizona, Az AHEC

Wellbeing Collaborative of Health Professionals

Workforce Development 2026-2030 Strategies

- Recruitment
- Cultivate a high-quality, geographically distributed healthcare workforce to ensure equitable access to care across urban and rural Arizona.

STRATEGY 1

- Retention
- Improve retention of a thriving health workforce.

STRATEGY 2

- Collaborations
- Engage industry & academic partners to maximize resources.

STRATEGY 3

- Systems
- Implement system improvements for cultivating resources, policies, and reducing administrative barriers.

STRATEGY 4

Access to Care - Community Members

AZ Advisory Council on Indian Health Care

ADHS

AZ Affirm

AHCCCS

Alzheimer's Association

AZ Alliance for Community Health Centers

Arizona Digital Inclusion Network

ASU

AzCHOW

Blue Cross Blue Shield of AZ

Bynes Consulting

Central Arizona Shelter Services

Diverse Ability Incorporated

Grand Canyon university

Maricopa County Dept. of Public Health

Mohave County Dept. of Public Health

Pima County Dept.. of Public Health

Televeda

University of Arizona, Arizona Center for Rural Health

Vitalyst Health Foundation

Yavapai County Community Health Services

Access to Care 2026-2030 Strategies

STRATEGY 1

Telehealth, Mobile & Hybrid Care Models

Advance digital and mobile delivery systems to meet clients where they are.

STRATEGY 2

Expansion & Reimbursement for CHW/Rs

Formalize the CHW role within the healthcare system to ensure sustainability and enhance impact.

STRATEGY 3

Insurance Navigation & Literacy Support

Assist and/or ease the process of obtaining and understanding health insurance.

STRATEGY 4

Rural & Tribal Infrastructure

Strengthen the healthcare foundation in geographically isolated and tribal areas.

STRATEGY 5

Governance Accountability

Ensure transparency, centralization of efforts, and strategic alignment of resources.

Strategy 4 - Rural & Tribal Infrastructure

- Adopt shared services consortiums to implement shared staffing, training, data systems, and facilities to improve operational efficiency and sustainability in low-population and Tribal areas. (AHCCCS)
- Assist critical access hospitals (includes 5 IHS/638 Facilities) in obtaining certifications to deliver babies locally. (Arizona Center for Rural Health)
- Collaborate with partner organizations (Tribes, ITCA, UIOs) to identify barriers to care and support the implementation of maternal health strategies outlined in their strategic plan to improve access to care for Tribal members. (ADHS, Arizona Center for Rural Health)
- Strengthen partnership between state agencies, tribal leaders, UIOs, TRBHAs, and IHS/638 Facilities to ensure coordinated efforts in tribal health initiatives. (e.g., Tri-Agency Tribal Consultation (TC), TC policy revisions, coordinated forums) (Arizona Advisory Council for Indian Health Care, ADHS, AHCCCS)

Strategy 4 - Rural & Tribal Infrastructure

- Maternal Health & Traditional Healing: Support the Tribes to incorporate a maternal health doula into AHCCCS traditional healing reimbursement to expand the workforce and access to care.
- Support ongoing modernization of healthcare delivery within Tribal communities, as Indian Health Services and 638 Tribally Operated Health Care Facilities adopt the Community Cares referral platform.
- Expand CommunityCares adoption in rural areas.
- Support the development of an interhospital transfer system for all rural hospitals. (AHCCCS)

Next Steps

- **AzHIP Steering Committee Review (Sept 1st)**
  - Make any needed edits
- **AzHIP Priority Area Implementation Quarterly Meetings (Oct-Dec 2026)**


Thank You!
For questions or to join an AzHIP Workgroup:
azhip@azdhs.gov

OPEN FLOOR

Tribal Leaders, Tribal Health Directors, UIOs

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TRIBAL EVENT ANNOUNCEMENTS

1. National Tribal Public Health Conference - August 16-21, 2026 at Sheraton Grand at Wild Horse Pass in Chandler, AZ
2. BCBSAZ 13th Annual Tribal Summit - October 1, 2026 at Twin Arrows Navajo Casino Resort in Flagstaff, AZ
3. **Molina Healthcare 4th Annual Tribal Summit** - October 6, 2026 at Harrah's Ak-Chin Hotel and Casino in Maricopa, AZ
4. Arizona Health Equity Conference - October 22, 2026 at Desert Willow Conference Center in Phoenix, AZ
5. Annual Tribal CHR Summit X - October 27-28, 2026 at Venue 8600 in Scottsdale, AZ
6. Tribal Opioid & Substance Use Conference - November 18, 2026 at Harrah's Ak-Chin Hotel and Casino in Maricopa, AZ

ARIZONA DEPARTMENT OF HEALTH SERVICES

Closing Remarks

Debbie Johnston
Director

ARIZONA
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Nyavdii Ivaych

Ahiyi’e

Yakoke

Maiku

E-yaay-ay

A’a’

Honnii guhm

Gum You

Lios enchi hiokoe uttesia

Ahéhee'

Askwali

Aheeiyeh

Sapė

Meegwetch

Philámayaye

Wá'k'u

Chokma’shki

THANK YOU!

Gerilene Haskon | Gerilene.Haskon@azdhs.gov

Director’s Office

https://www.azdhs.gov/director/tribal-liaison/index.php

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