



# Welcome to Training: Covered Behavioral Health Services for Individuals living with a Serious Mental Illness

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Please only join by phone or computer.

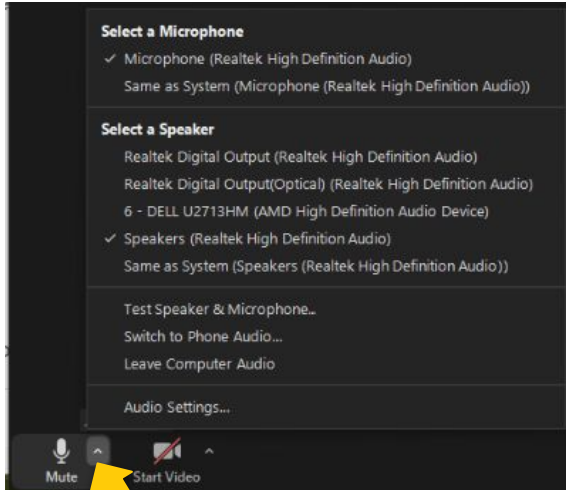
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Thank you.

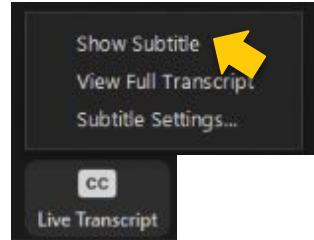
# Zoom Webinar Controls

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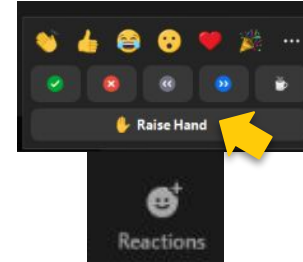
Audio Settings



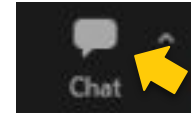
Turn on Closed Captioning



Raise Hand



Chat

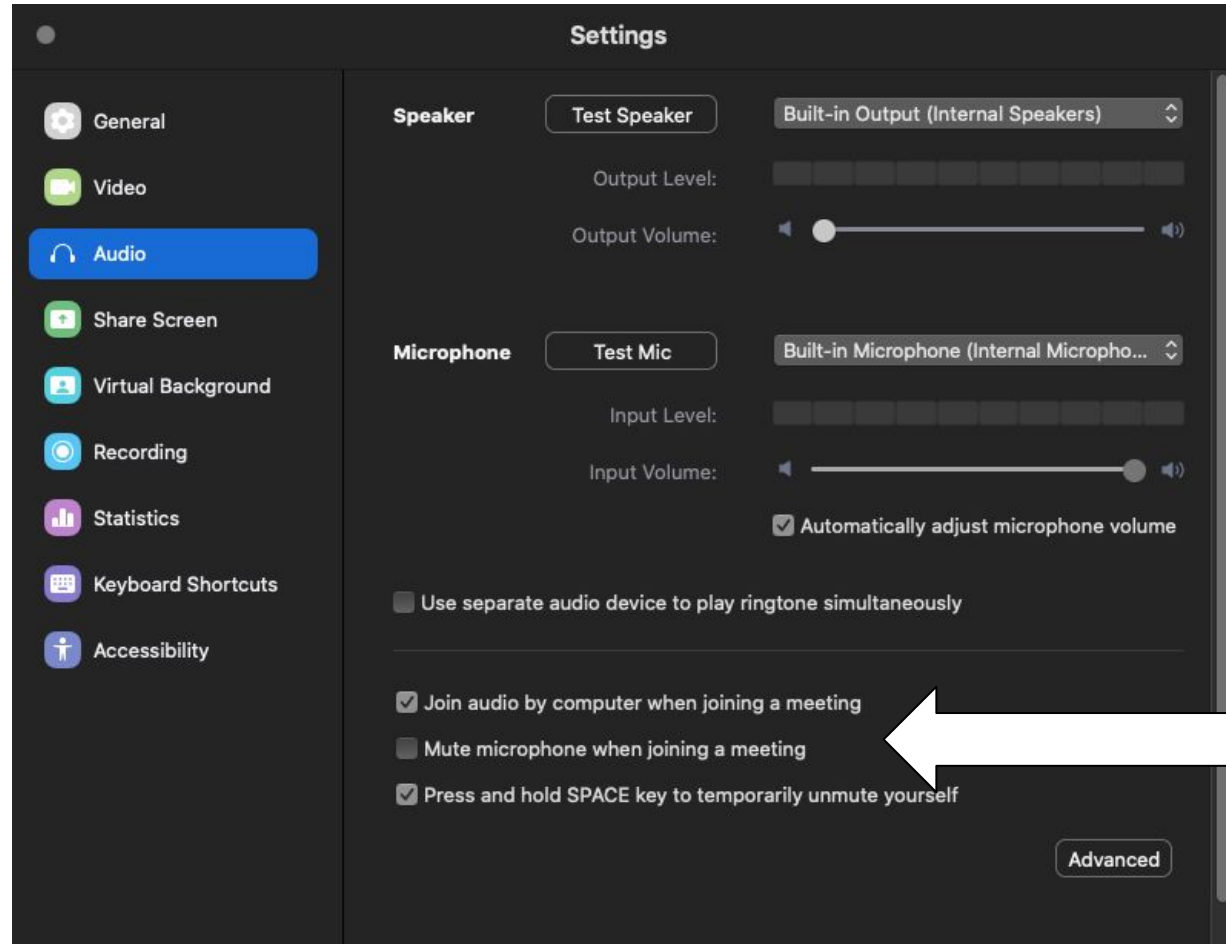


## KEYBOARD SHORTCUTS TO RAISE HAND

**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 'Settings' window with the 'Audio' tab selected. The left sidebar lists various settings categories, with 'Audio' highlighted in blue. The main content area 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**

**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

# Welcome!

## What to expect during the training:

- Information regarding Covered Behavioral Health Services for Individuals Living with a Serious Mental Illness (SMI),
- Real-time answers to related questions in the chat, and
- Links to relative sources.

## What to expect after the training:

- Concluding with Q&A session,
- Each participant will receive this presentation,
- Contact information for the OHR for questions on other topics, and
- Survey link.



# Frequently Asked Questions

**Who is in the audience?**

**Who can see my chats?**

**What if I don't want to talk during this meeting but would prefer to talk offline?**

**Why is this training based on AHCCCS policy and the Arizona Administrative Code?**

# Agenda

- ❑ Overview: The Division of Community Advocacy and Intergovernmental Relations (DCAIR)
- ❑ Overview: The Office of Human Rights (OHR)
- ❑ Covered Behavioral Health Services for Individuals with a Serious Mental Illness
- ❑ Overview: The Office of Individual and Family Affairs (OIFA)
- ❑ Advocacy Resources
- ❑ Upcoming Forums and Training

\* [AHCCCS Acronyms Guide](#)





# Covered Behavioral Health Services for Individuals living with a Serious Mental Illness

Presented by: The Office of Human Rights (OHR)  
The Office of Individual and Family Affairs (OIFA)  
AHCCCS/Division of Community Advocacy and Intergovernmental Relations (DCAIR)

July 19, 2023





## Overview

Division of Community Advocacy and  
Intergovernmental Relations (DCAIR)

Alex Demyan  
DCAIR Assistant Director



# DCAIR Departments

The Division of Community Advocacy and Intergovernmental Relations (DCAIR) is an AHCCCS division that houses functions that interface with our individuals, family individuals and other stakeholders. These areas are very important as they ensure the voice of the community is heard.

Office of Individual and Family Affairs (OIFA)

Peer and Family Support,  
and Individual  
Engagement

Office of Human Rights (OHR)

Advocacy for persons  
with a Serious Mental  
Illness

Federal Relations and Special Engagements Team (FRAS)

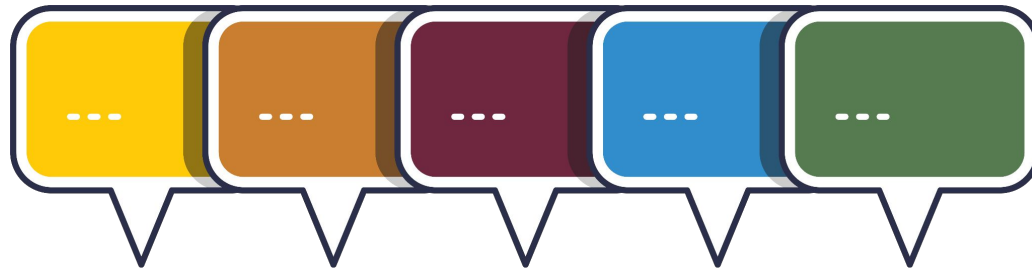
Waiver, State Plan, Tribal Relations

# DCAIR Community Involvement

DCAIR routinely engages with our communities to educate, inform, and solicit feedback from individuals, families, providers, and stakeholders. We also facilitate or participate in workgroups & committees to address health care needs including:

- Behavioral Health Planning Council
- Arizona Council of Human Service Providers
- OIFA Advisory Council
- The State Medicaid Advisory Committee

See the [AHCCCS Community Events Calendar](#) for more public events.



# Sources for Feedback

- Public comments on policy,
- Calls received by the Advocate of the Day (AOD),
- Q&A with the community, and
- Other departments at AHCCCS like OIFA.





# Overview

## The Office of Human Rights (OHR)

John Pizzo, Advocate II

# The Office of Human Rights

## Mission Statement

The OHR Provides advocacy to individuals living with a SMI to help them understand, protect and exercise their rights, facilitate self-advocacy through education, and obtain access to behavioral health services in the public behavioral health system in Arizona.



# Special Assistance

The OHR serves as support to members who meet Special Assistance criteria. Special Assistance is the support provided to an individual designated with a SMI who is unable to articulate treatment preferences and/or participate effectively in:

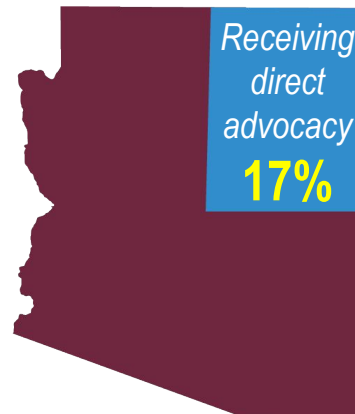
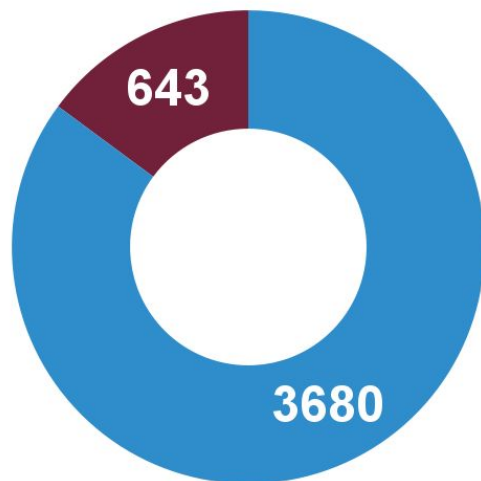
- The development of the Individual Service Plan (ISP),
- Inpatient Treatment, and Discharge Plan (ITDP),
- Grievance and/or appeal processes.

This is due to a cognitive or intellectual impairment and/or medical condition.

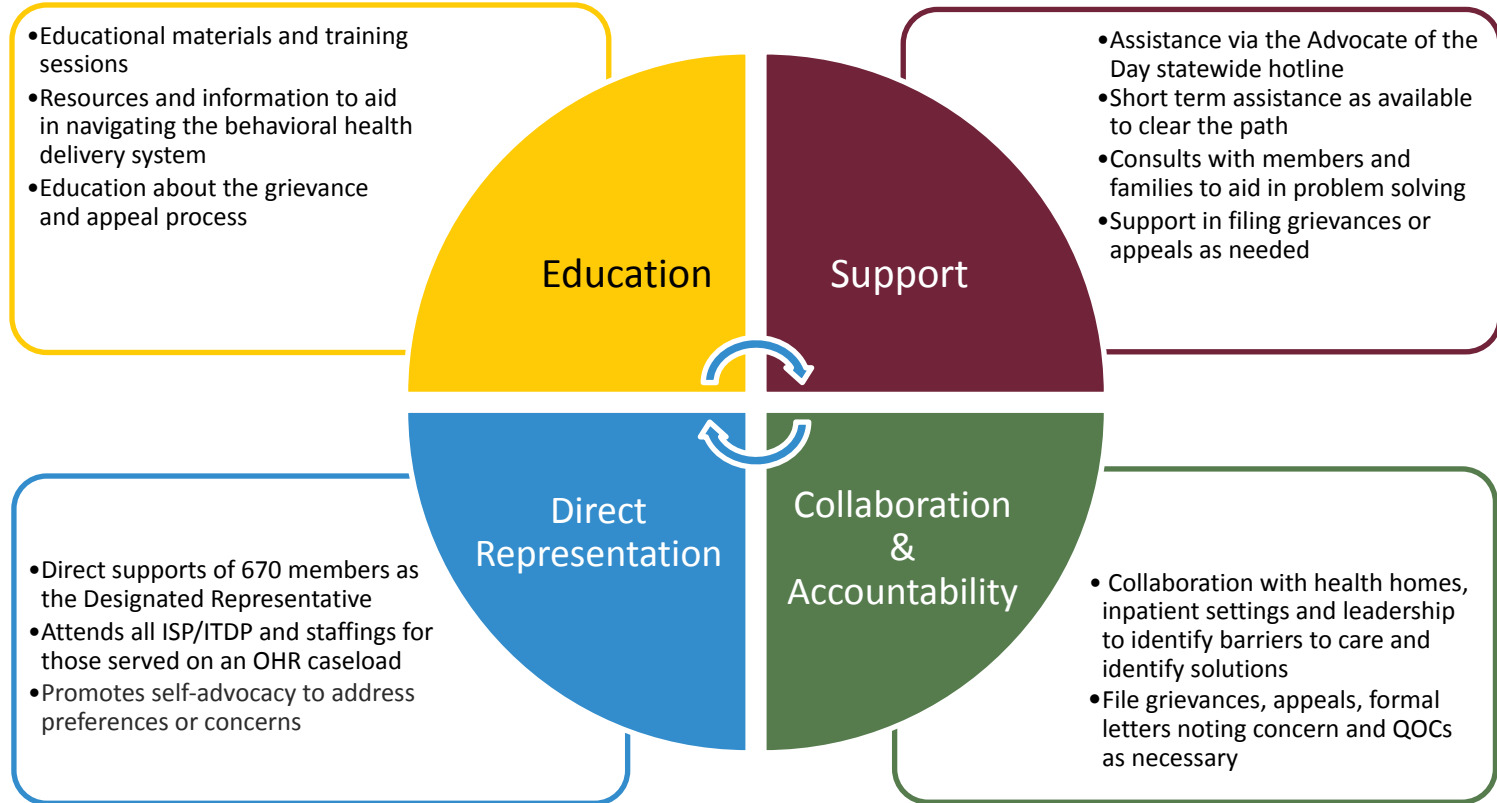


# Special Assistance Data as of July 1, 2023

- Total Special Assistance Members
- Served Directly by OHR



# OHR Advocacy at-a-Glance





# Community Education

OHR hosted 12 community education sessions in the past year, with engagement from over **1900 attendees** at these trainings:

- Rights of Individuals living with a Serious Mental Illness,
- Court-ordered Evaluation and Court-ordered Treatment for Individuals Living with a Serious Mental Illness,
- The Individual Service Plan and Why it Matters for Individuals Living with a Serious Mental Illness,
- Inpatient Treatment and Discharge Planning for Individuals with a Serious Mental Illness,
- The Grievance and Appeals Process for Individuals Living with a Serious Mental Illness,
- The Power of Collaboration and Advocacy for Individuals Living with a Serious Mental Illness, and
- Why Assess for Special Assistance for Individuals Living with a Serious Mental Illness,
- Provider Case Management for Individuals living with a Serious Mental Illness
- The Role of the Office of Human Rights for Individuals living with a Serious Mental Illness

Previous OHR trainings are available [here](#).



# Title XIX & Non-Title XIX

Andrea Sitter, Advocate

# Title XIX Behavioral Health Service Benefit

- Medicaid
  - Title XIX of the Social Security Act
  - Enables states to provide medical assistance
  - Goal: remain independent and able to care for themselves
  - Includes covered behavioral health services



According to the [AHCCCS Contract and Policy Dictionary](#)

Read more about Title XIX Behavioral Health Service Benefit in the [AMPM 310-B](#).

# Title XIX Behavioral Health Service Benefit cont.



- Includes, but not limited to:
  - Those eligible under Section 1931 of the Social Security Act,
  - Supplemental Security Income (SSI),
  - SSI-related groups,
  - Medicare cost sharing groups,
  - Breast and Cervical Cancer Treatment Program and Freedom to Work Program

Read more about Covered Services in the [AMPM 310](#).

# Non-Title XIX Behavioral Health Service Benefit

Is funding sources outside of Title XIX Medicaid funds that could include but are not limited to:

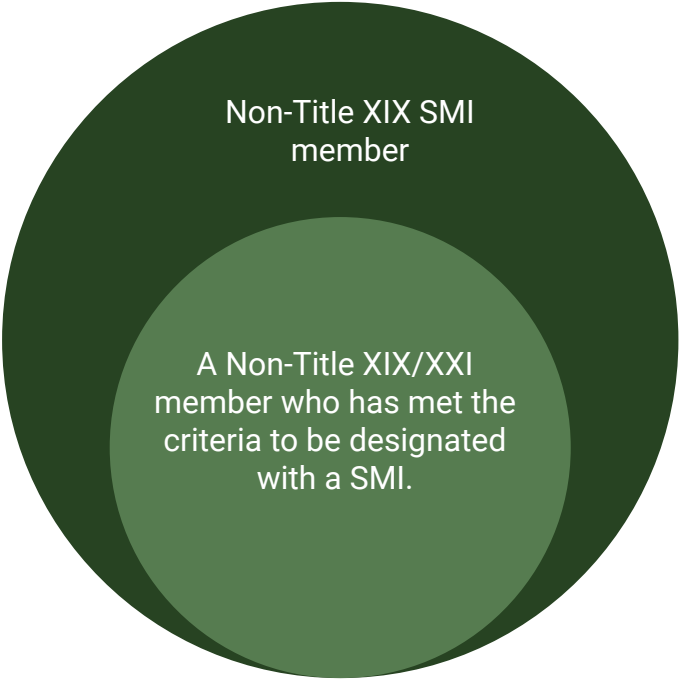
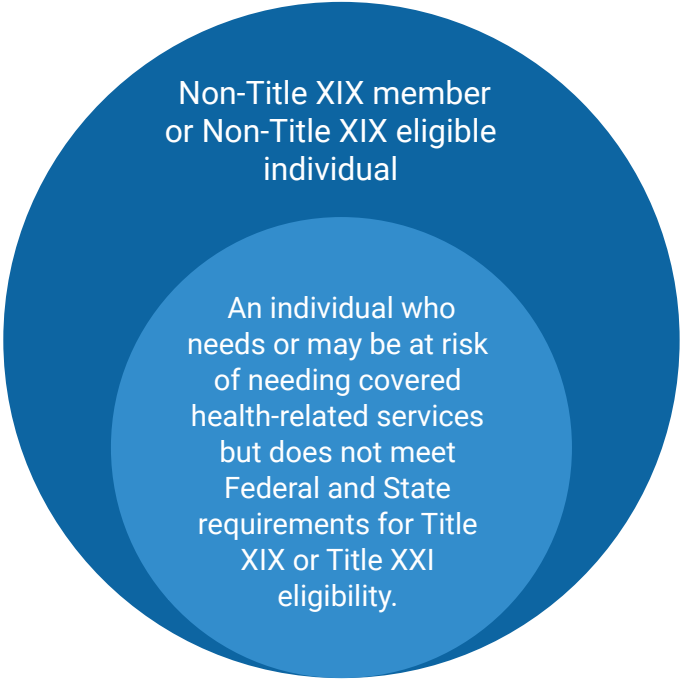
- State appropriated general funds,
- State non-appropriated funds,
- County funds,
- Block or formula grants,
- Discretionary grants, or
- Other grant-based funding.



May be used for behavioral health services for Non-Title XIX members, including mental health treatment and supportive services.

According to the [AHCCCS Contract and Policy Dictionary](#)

# Non-Title XIX Members



According to the [AHCCCS Contract and Policy Dictionary](#)



# Covered Behavioral Health Services

Lia Ballesteros, Lead Advocate

# Authorization and Medical Necessity\*

**Medical Necessary Services:** Covered services provided by qualified service providers within the scope of their practice to prevent disease, disability and other adverse health conditions or their progression or to prolong life.

**Medically Necessary Behavioral Health Services:** Behavioral health services necessary, in the judgment of a qualified medical practitioner, to treat an existing behavioral health condition or illness and/or to prevent the patient from potentially harming themselves or others.

**Prior Authorization (PA):** A process by which AHCCCS or the Contractor, authorizes, in advance, the delivery of covered services based on factors such as, but not limited to, medical necessity, cost effectiveness. A prior authorization is not a guarantee of payment.

According to the [AHCCCS Contract and Policy Dictionary](#)

\*Behavioral health services must be medically necessary and authorized.



# Covered Behavioral Health Services Include:

- Behavioral Health Day Programs including supervised day programs, therapeutic day programs, medical day programs.
- Crisis Services including mobile team services, telephone crisis response, and urgent care Inpatient Services including hospital, sub-acute, and residential treatment;
- Rehabilitation Services including living skills, cognitive rehabilitation, supported employment, and education support.
- Health Promotion – Prevention, Education and Medication Training – education and standardized training for the purpose of increasing an individual’s behavioral knowledge of a health related topic such as medication management, the nature of an illness, relapse and symptom management, stress management, parenting skills and health lifestyles.

# Covered Behavioral Health Services Include:

- Residential Behavioral Health Services include a range of up to 24hr/day services in a structured living environment for individuals needing support.
- Support Services including case management, personal assistance, Family & Peer Support, therapeutic foster care, respite, housing support, interpreter services, transportation, assistance accessing community resources and locating and applying for benefits, child care connections.
- Treatment Services - counseling, consultation, assessment and specialized testing, and substance abuse treatment.



# A Closer Look at Covered Services and Requirements

Emily Lopex, Advocate

# Provider Case Management

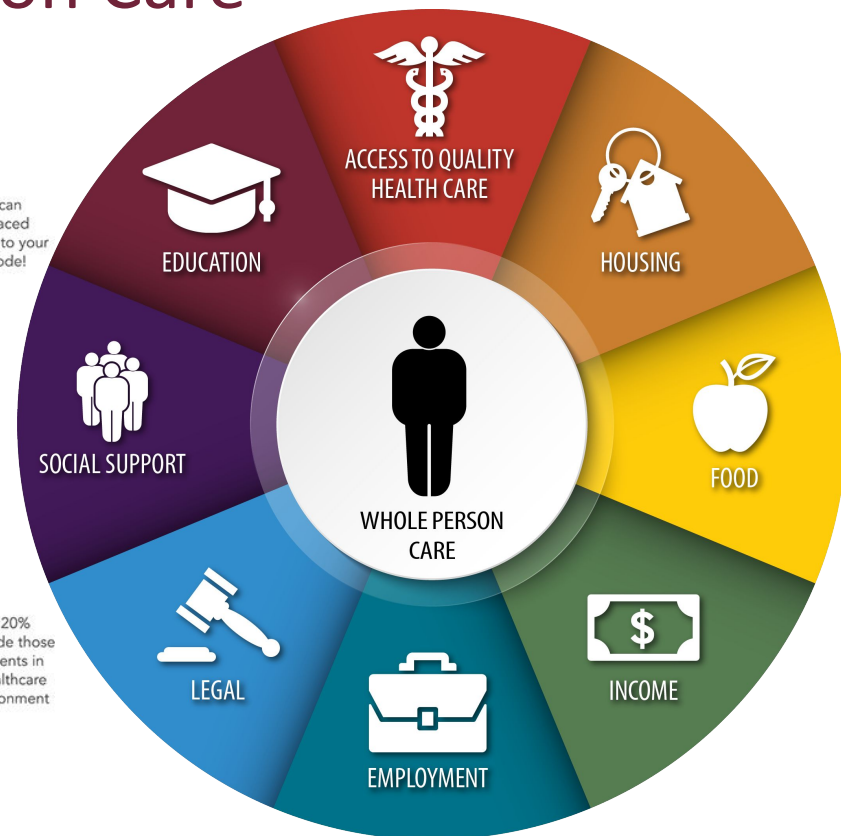
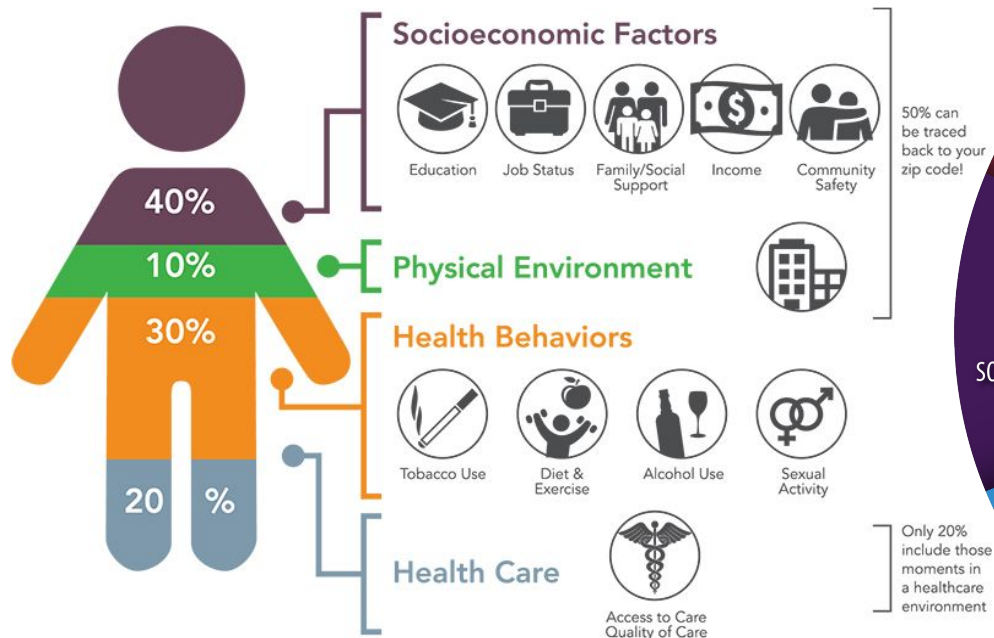
A supportive service to improve treatment outcomes and meet member's service or treatment plan goals. Some examples include, but are not no limited to:

- Maintaining, monitoring, and modifying behavioral health services
- Assistance in finding necessary resources
- Coordination of care



See the OHR training on [Provider Case Management for Individuals Living with a SMI](#) or for a more comprehensive list please see the [Rights for Members Living with a Serious Mental Illness-Arizona Administrative Code \(R9-21\)](#).

# Whole Person Care



Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014)

# Behavioral Health Services

- Rehabilitation services include:
  - Skills training,
  - Cognitive rehabilitation,
  - Health promotion and,
  - Psychoeducation services.



Read more about Covered Services in the [AMPM 310B](#).

# Behavioral Health Services - Crisis

Crisis intervention services are provided to stabilize or prevent a sudden, unanticipated, or potentially dangerous behavioral health condition, episode, or behavior.

- Telephonic crisis intervention services,
- Mobile crisis intervention services (mobile crisis team),
- Facility-Based Crisis Intervention services.



# Crisis Requirements

Case Managers shall:



- Identify, intervene, and/or follow-up with a potential or active crisis situations.
- Provide information, backup, and direct assistance to crisis and emergency personnel.
- Provide follow-up within 24 hours of discharge from a crisis setting. See the OHR training for [the Inpatient Treatment and Discharge Planning Process for Individuals Living with a Serious Mental Illness.](#)
- Assess for, provide, and coordinate additional supports and services as needed.
- Ensure the member's annual crisis and safety plan is updated.

This is in accordance with [AHCCCS Policy 590: Behavioral Health Crisis Services and Care Coordination.](#)



# Behavioral Health Services - Inpatient

These facilities provide a structured treatment setting with 24-hour supervision and an intensive treatment program, including medical support services.

- Hospital
- Behavioral Health Inpatient Facilities (BHIF)



# Discharge Planning Process Overview



- Discharge planning shall begin at the time of admission.
- Every individual with a SMI at an inpatient facility must have an 'Inpatient treatment and discharge plan' (ITDP), also known as "discharge plan."
- A preliminary ITDP must be developed within three days and a full ITDP within seven days after admittance to the facility.\*

This process is in accordance to [the Arizona Administrative Code R9-21-312](#)

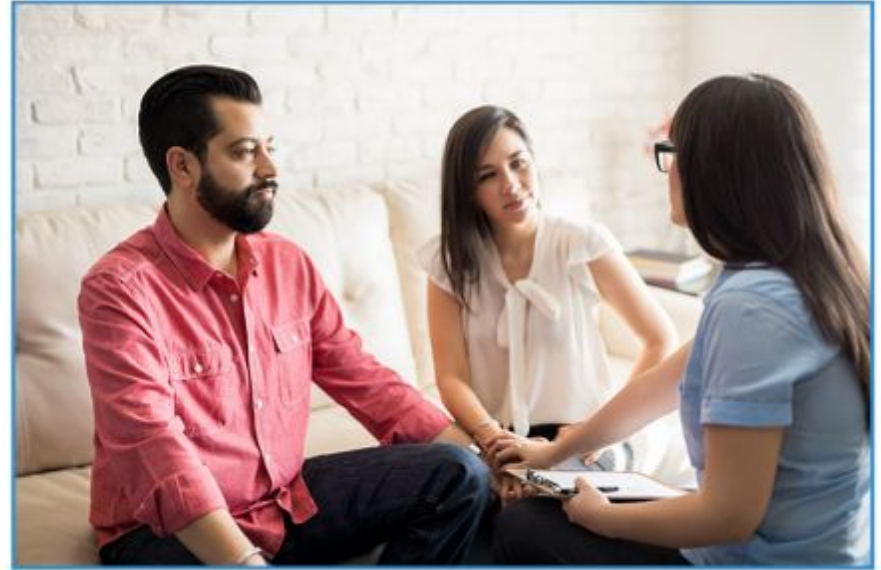
\*Where a person's anticipated stay is less than seven days, a preliminary ITDP must be developed within one day and a full ITDP within three days of admission.

# Developing the Inpatient Treatment and Discharge Plan

- The case manager is responsible to ensure that each inpatient facility develops an ITDP that is integrated and consistent with the Individualized Service Plan (ISP) and includes the following:
  - Individual's preferences, strengths, and needs,
  - A description of the most appropriate and least restrictive to meet the needs,
  - Short-term objectives that lead to attainment of overall goals,
  - Expected dates of completion for each objective,
  - Persons responsible for each objective, and
  - Services that maximize the person's strengths, independence, as well as a plan for person's discharge and integration into the community.

# After Discharging from the Hospital

- The clinical team, with the assistance of the inpatient facility's treatment team, shall be responsible for implementing the plan for the person's discharge.
- The case manager shall:
  - meet with person within five days after discharge to ensure that the plan is being implemented





# Initiating Covered Behavioral Health Services

Kisha Kimber, Advocate

# Coordination of Care for Services



- Medicaid recipients can contact their provider to learn about available services.
- Non-Title XIX members can contact the Clinical Teams, RBHA, or TRBHA for any grants or options available for any services.

# What is the Individualized Service Plan (ISP)?

A comprehensive written description of all covered health services and other informal supports which includes individualized goals, family support services, care coordination activities and strategies to assist the member in achieving an improved quality of life.



[AHCCCS Contract and Policy Dictionary](#)

# It Is a Right To Have an Individualized Service Plan

The Arizona Administrative Code lists the Rights for Individuals Living with a Serious Mental Illness regarding support and treatment.



PREFACE

**Arizona Administrative CODE** www.azsos.gov

**ARO** Office of the Secretary of State  
**ADMINISTRATIVE RULES DIVISION**

V.A.A.C. 21 Supp. 23-1

**TITLE 9. HEALTH SERVICES**

**CHAPTER 21. ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM (AHCCCS) - BEHAVIORAL HEALTH SERVICES FOR PERSONS WITH SERIOUS MENTAL ILLNESS**

The table of contents on page one contains links to the referenced page numbers in this Chapter.  
The Chapter contains rules that were filed to be codified in the Arizona Administrative Code between the dates of January 1, 2023, through March 31, 2023.

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**Questions about these rules? Contact:**

Department: AHCCCS  
Office of the General Counsel  
Address: 911 N. Jefferson, Mail Drop 6200  
Phoenix, AZ 85014

Website: [www.ahcccs.gov](http://www.ahcccs.gov)  
Name: Nicole Piza  
Telephone: (602) 417-4232  
Email: [AHCCCS3030@arizona.gov](mailto:AHCCCS3030@arizona.gov)

The release of this Chapter in Supp. 23-1 replaces Supp. 22-4, 1-63 pages.  
Please note that the Chapter was published on other days, have rules and other publications date of this replacement. Therefore, all reproduced material should be retained in a separate binder and archived for future reference.

Administrative Rules Division, accepts state agency rules of State does not interpret or enforce rules made for the promulgation of the rule.

Scott Crawford, Director  
ADMINISTRATIVE RULES DIVISION

**CODE**  
An online supplement is released by the user should refer to notes of the Arizona Administrative Code to the Arizona Administrative Code.

**STATUTE REFERENCES**  
Statutes (A.R.S.) are available online at the [www.legis.gov](http://www.legis.gov). An agency's authority is included at the beginning of a Chapter. Other references in this code are the A.R.S. section.

**REFERENCES**  
References in a Chapter can be found at the website, [www.azsos.gov](http://www.azsos.gov) under Section-1 Legislation.

**BM THE APA**  
If an agency is to be exempt from the steps set forth in this Chapter, the Arizona Administrative Code must be amended to reflect the exemption in certain provisions of the Act. Other agencies in written law by the Arizona State Legislature or otherwise passed into law by Administrative Rules Division.

If an exempt relationship package with our law is exempt in what is called the assembly (as published in the Register) online at [www.azsos.gov](http://www.azsos.gov) or the Administrative Rules Division.

Beginning of a Chapter provides information about the rules that are exempt from the rules included in the Chapter. Information also included in the administrative code and the rules.

Information to certain exemptions because some not receiving report from stakeholders or the user may require an agency to prepare exempt by.

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rules managing editor, contact with the call:

**Mailing Address:**  
Administrative Rules Division  
Office of the Secretary of State  
1701 W. Washington Street, Fl. 7  
Phoenix, AZ 85007



# Before the ISP: The Assessment



An ongoing collection and analysis of the individual's needs, up to and including:

- medical
- psychological
- psychiatric,
- social conditions, and
- behavioral health services

[AHCCCS Contract and Policy Dictionary](#)

# What Does the ISP Consist of?

- One or more long term goals.
- Long term goals that are broken down into measurable objectives.
- Strengths
- Cultural considerations
- The goals and objectives come to life with individual Interventions.

GOALS



# Who Should Be Involved?

- The client, any designated representative and guardian, including an invitation to submit relevant information in writing if their attendance is impossible;
- Clinicians involved in the assessment or further evaluation;
- All current and potential service providers;
- All members of the client's clinical team;
- Family members, with the client's permission;
- Other persons familiar with the client whose presence at the meeting is requested by the client;
- Any other person whose participation is not objected to by the client and who, in the judgment of the case manager, will contribute to the ISP.

# Additional Goals and Desires in the ISP

It's important to consider other aspects in an ISP, including but not limited to:



- Attending class at community college or university
- Working with peer support to increase community involvement
- Exercising at the gym three days per week
- Visiting a drop-in center or clubhouse once a week
- Getting more involved in church or other spiritual activities
- Attending groups and/or one-to-one counseling to address substance abuse
- Volunteering at a local senior center

# The Driver's Seat

The most important person driving the ISP is the one receiving the services. The planning can help develop:

- Healthier coping patterns,
- Goals and achievements,
- A greater understanding of treatments,
- Reduce the mentality of the ISP is a one size fits all industry,
- The delivery of integrated behavioral health,
- Better outcomes,
- Whole person care, and
- Platforms to navigating the rights of individual living with a Serious Mental Illness.



# The Road and Timelines to Receiving Services



[Arizona Administrative Code \(R9-21\)](#)

# NO WAIT LISTS!

Wait lists for AHCCCS Covered Behavioral Health Services are **PROHIBITED**. It is a right to receive the covered services needed, delivered within AHCCCS Policy established timelines. See the OHR training for [the Rights of Individuals Living with a Serious Mental Illness](#).



If an agency or specialist is unable to provide service, the agency or specialist should refer to the Health Plan to locate a provider. AHCCCS Fee for Service (FFS) members can go to any AHCCCS registered provider. See the [AHCCCS Fee for Service \(FFS\) Program Overview](#) video for more information.

This is in accordance with [AHCCCS Policy 417: Appointment Availability, Transportation Timeliness, Monitoring, and Reporting](#)



# Overview

## The Office of Individual and Family Affairs (OIFA)

Jamie Green

OIFA Healthcare Advocacy Coordinator



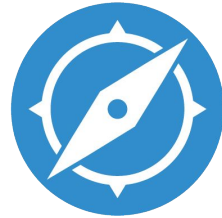
# OIFA Mission

The Office of Individual and Family Affairs promotes **recovery, resiliency, and wellness** for individuals whose lives have been impacted by mental health and/or substance use challenges.



# Office of Individual and Family Affairs (OIFA)

The AHCCCS Office of Individual and Family Affairs (OIFA) takes pride in helping individuals and family individuals in the public health care system. OIFA is dedicated to three core areas:



Our actions, initiatives, and successes drive us toward our core goals.

# individual Voice and Education Events

 AHCCCS Community Forums

 Community Policy Workgroup

 AHCCCS Hot Topics

 Jacob's Law Training

 Healthcare System Navigation

View the calendar of events at: <https://www.azahcccs.gov/shared/AHCCCSalendar.html>

# Ending Stigma

- Stigma shapes how we perceive mental illness and mental health. Stigma may influence who people interact or socialize with.
- Negative public perceptions hamper access to housing, employment, and health care.
- This discrimination can seriously affect a person's willingness to seek or continue treatment for mental illness.
- Stigma erodes a person's self-esteem and sense of dignity so that shame prevents them from seeking help.





# Advocacy Resources

## Ywchari Manos, Advocate

# Health Plans, ACC-RBHA and TRBHA Contacts

Health Plans, ACC-RBHA or TRBHA	Customer Service	Webpage
Banner – University Family Care LTC	1-833-318-4146	<a href="#">Banner UFC</a>
Mercy Care LTC	1-800-624-3879	<a href="#">Mercy Care LTC</a>
Care1st Arizona	1-866-560-4042	<a href="#">Care1st Arizona</a>
Mercy Care RBHA	1-800-564-5465	<a href="#">Mercy Care RBHA</a>
AHCCCS American Indian HP	1-800-654-8713	<a href="#">American Indians-AIHP</a>
United Healthcare LTC	1-800-293-3740	<a href="#">UHC LTC</a>
Arizona Complete Health	1-888-788-4408	<a href="#">AZ Complete Health</a>
Gila River TRBHA	1-520-562-3321	<a href="#">Gila River TRBHA</a>
Pascua Yaqui TRBHA	1-520-879-6060	<a href="#">Pascua Yaqui TRBHA</a>
Navajo Nation TRBHA	1-928 871-6000	<a href="#">Navajo Nation TRBHA</a>
White Mountain Apache TRBHA	1-928-338-4811	<a href="#">White Mountain Apache TRBHA</a>

# Resources: Rule and Statutes

## **Arizona Administrative Code:**

[Rights for individuals Living with a Serious Mental Illness-Arizona Administrative Code \(R9-21\)](#)

## **Arizona Revised Statutes:**

[Court Ordered Evaluation and Treatment- A.R.S. Articles 4 & 5, 520-544](#)

[Confidential Records-A.R.S. 36-509](#)

[Guardianship of Incapacitated Adults- Title 14, Chapter 5, Article 3](#)



# Resources: Policies and Manuals

## **AHCCCS Medical Policy Manual (AMPM)**

[Discharge Planning - AMPM 1020/Utilization Management](#)

[Special Assistance for individuals with a SMI - AMPM 320-R](#)

[Behavioral Health Covered Services- AMPM 310-B](#)

[Medical Records and Communication - AMPM 940](#)

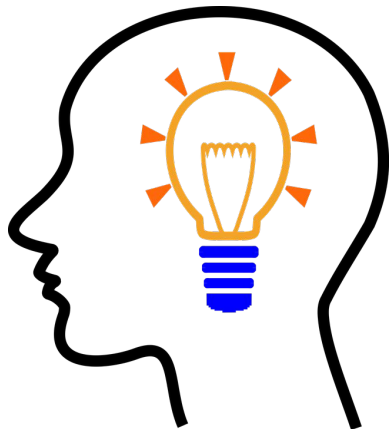
[Case Manager Requirements - AMPM 570](#)

## **AHCCCS Contractor Operations Manual (ACOM)**

[SMI Appeals-ACOM 444](#)

[SMI Grievance and Investigations-ACOM 446](#)

[SMI Grievance/Appeal Form](#)





# Additional Advocacy Resources

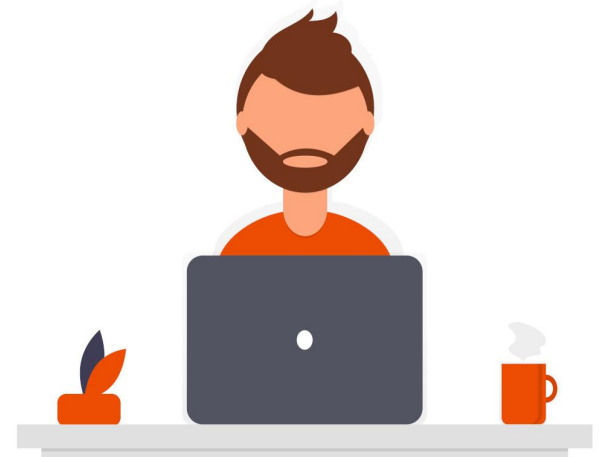
[AHCCCS OHR Web page](#)

[AHCCCS OIFA Web page](#)

[AHCCCS Related Acronyms](#)

[AHCCCS Contract and Policy Dictionary](#)

[AHCCCS Community Events Calendar](#)



# Advocate of the Day



OHR operates a single statewide phone line during business hours to provide technical assistance to anyone living with a Serious Mental Illness. Technical assistance could include:

**2022  
Calls**



- Providing education and resources for behavioral health services in Arizona,
- Helping a person understand their rights as an individual living with a Serious Mental Illness,
- Helping an individual to understand their treatment options, and
- Educating about the grievance and/or appeal process.

**1-800-421-2124**



AHCCCS Website  
[www.azahcccs.gov](http://www.azahcccs.gov)

# Navigating the AHCCCS Website



## News & Updates

A listing of current AHCCCS News & Updates.



## Calendar

A list of upcoming events at AHCCCS



## Having a Crisis?

A list of resources to assist you with getting the help you need



## Apply Now

Apply for AHCCCS Benefits at Health-e-Arizona Plus



## Contact Us

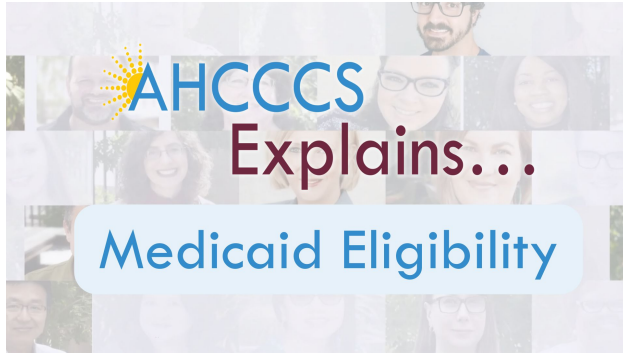
A list of contacts at AHCCCS



## Public Notices

View demonstration projects, notices, meeting/hearing dates and provide comments

# Learn about AHCCCS' Medicaid Program on YouTube!



Watch our Playlist:

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



# Upcoming Forums and Trainings

Autumn Ross, Advocate

# Upcoming AHCCCS Advocacy Training

Register for upcoming trainings by clicking on the name of the course.



08/24	<a href="#"><u>COE/COT for Individuals Living with a Serious Mental Illness</u></a>
09/26	<a href="#"><u>Inpatient Treatment and Discharge Planning for Individuals with Serious Mental Illness</u></a>
10/26	<a href="#"><u>The Power of Collaboration and Advocacy for Individuals Living with a Serious Mental Illness</u></a>

# Upcoming Forums and Events

## Parents as Paid Caregivers 1115 Waiver Amendment Forum

Wed., 8/2, 1:00 p.m. - 3:00 p.m. [Register in Advance](#)

## Jacob's Law Training

Thurs., 8/17, 10:00 a.m. - 12:00 p.m. [Register in Advance](#)

## AHCCCS Hot Topics

Mon., 8/21, 11:00 a.m. - 11:30 a.m. [Register in Advance](#)

## OIFA Health Care Navigation: Interpretation Services

Tues., 8/22, 12:00 p.m. - 12:30 p.m. [Register in Advance](#)

## OHR/OIFA: COE/COT for Individuals Living with a Serious Mental Illness

Thurs., 8/24, 1:00 p.m. - 2:30 p.m. [Register in Advance](#)



# Follow & Support AHCCCS on Social Media

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Handle:

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

Handle:

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

Handle:

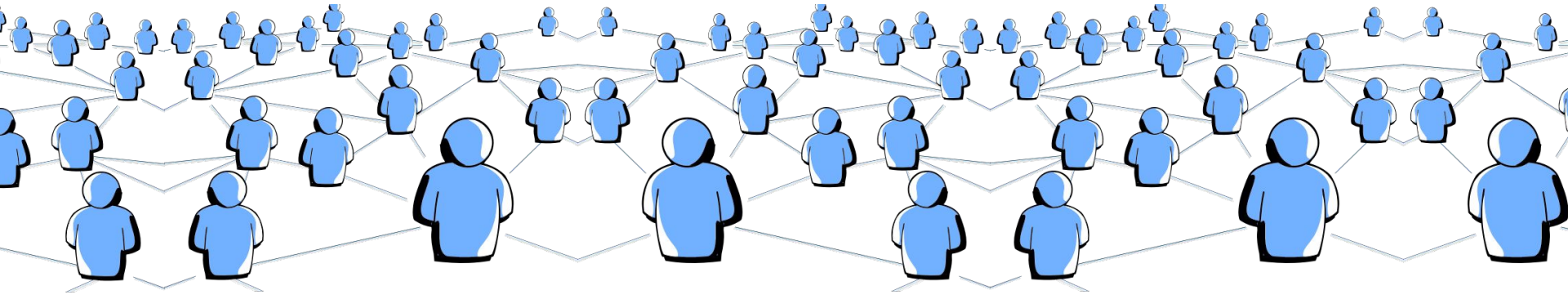
[@AHCCCSGov](https://www.instagram.com/AHCCCSGov)

Handle:

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

Channel:

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



Questions?



# *Please take the survey.*

Surveys help us better tailor meetings to your needs.



Thank You.