

November 14, 2023

Administrator Chiquita Brooks-LaSure
U.S. Centers for Medicare and Medicaid Services
7500 Security Boulevard Baltimore, MD 21244

RE: AHCCCS 1115 Demonstration Waiver Amendment Request - KidsCare Expansion

Dear Administrator Brooks-LaSure:

On behalf of the State of Arizona and the Arizona Health Care Cost Containment System (AHCCCS), I am pleased to submit the enclosed application for Arizona's KidsCare Expansion demonstration waiver proposal under Section 1115 of the Social Security Act. Arizona's current 1115 waiver is in place through September 30, 2027, and if approved, this amendment will run concurrently with AHCCCS' requested renewal period through September 30, 2027.

Arizona has long demonstrated its commitment to innovation in Medicaid. Building on that history and experience, the KidsCare Expansion Amendment is designed to reduce the number of uninsured children in Arizona by raising the Children's Health Insurance Program (CHIP) eligibility thresholds from 200% of the federal poverty level (FPL) to 225% FPL, or as further expanded in future state legislation and appropriation.

This request is in alignment with Arizona Senate Bill (SB) 1726 which, subject to CMS approval, provided state authority to expand KidsCare eligibility to include members with income at or below 225% of the FPL. Prior to submitting this 1115 Waiver Amendment Request, AHCCCS sought CMS approval to expand KidsCare (CHIP) financial eligibility through a State Plan Amendment (SPA). However, CMS informed AHCCCS that the State had maxed out its eligibility levels using Title XXI funds under regulatory parameters for CHIP coverage expansions established at Section 2110(b)(1)(B)(ii)(II) of the Social Security Act and 42 CFR 457.310(b)(1)(iii)(A).

The initiatives proposed in this waiver request were informed by a robust public input process that engaged stakeholders throughout the legislative and original state plan amendment processes. Stakeholders were engaged through tribal consultation, the State Medicaid Advisory Committee, and AHCCCS Hot Topics Community Forums in which only positive support was received for the amendment.

Thank you again for your consideration of the KidsCare Expansion waiver request. We appreciate your shared commitment to the innovations advanced in the proposal and your recognition of the positive impact this can have on the health and wellness of those served by AHCCCS.

Sincerely,



Carmen Heredia

Executive Deputy Director, AHCCCS

CC:

Daniel Tsai, Deputy Administrator and Director, Centers for Medicaid & CHIP Services

Anne Marie Costello, Deputy Director, Center for Medicaid & CHIP Services

Judith Cash, Director of State Demonstrations Group, Center for Medicaid & CHIP Services

Kelsey Smyth, Division of Eligibility and Coverage Demonstrations, State Demonstrations Group, Center for Medicaid & CHIP Services

Brian Zolynas, State Lead, Center for Medicaid & CHIP Services

Zaida Dedolph, Senior Policy Advisor, Arizona Governor's Office



Arizona Section 1115 Waiver Amendment Request: KidsCare Expansion

November 15, 2023



Table of Contents

I. SUMMARY	2
II. OVERVIEW	2
III. WAIVER AMENDMENT PROPOSAL DETAILS	4
IV. REQUESTED WAIVER & EXPENDITURE AUTHORITIES	5
V. EVALUATION DESIGN	5
VI. PUBLIC NOTICE PROCESS	6
VII. PUBLIC COMMENT SUMMARY	7
VIII. APPENDIX	8

I. SUMMARY

The Arizona Health Care Cost Containment System (AHCCCS) is requesting an amendment to the State's current Demonstration project, "Arizona Medicaid Section 1115 Demonstration" under section 1115 of the Social Security Act (Project Number 11-W-00275/9), to seek authority to raise the Children's Health Insurance Program (CHIP) eligibility thresholds from 200% of the federal poverty level (FPL) to 225% FPL, or as further expanded in future state legislation and appropriation. This separate CHIP program, authorized under Title XXI of the Social Security Act, is also known in Arizona as "KidsCare." AHCCCS estimates that an additional 9,700 children under age 19 in Arizona will be eligible for KidsCare health insurance with this expansion.

This request is in alignment with Arizona Senate Bill (SB) 1726 which, subject to CMS approval, provided state authority to expand KidsCare eligibility to include members with income at or below 225% of the FPL. Prior to submitting this 1115 Waiver Amendment Request, AHCCCS sought CMS approval to expand KidsCare (CHIP) financial eligibility through a State Plan Amendment (SPA). However, CMS informed AHCCCS that the State had maxed out its eligibility levels using Title XXI funds under regulatory parameters for CHIP coverage expansions established at Section 2110(b)(1)(B)(ii)(II) of the Social Security Act and 42 CFR 457.310(b)(1)(iii)(A).

Under this Demonstration proposal, AHCCCS seeks to expand CHIP financial eligibility and update CHIP premium amounts in accordance with the updated financial eligibility standards. Additionally, AHCCCS seeks authority to expand the FPL level contingent upon future State legislation and appropriation.

This 1115 Waiver Amendment will advance the following strategic objectives of the KidsCare Program:

- Reduce the number of uninsured children,
- Maintain or increase annual dental visits,
- Maintain or increase child and adolescent well-care visits, and
- Maintain or increase metabolic monitoring for children and adolescents on antipsychotics.

II. OVERVIEW

Since 1982, AHCCCS has been delivering high-quality, cost-effective health care services to Arizonans through a comprehensive 1115 Demonstration Waiver. This waiver has extended AHCCCS the authority to implement innovative programs including integrated managed care for AHCCCS populations through AHCCCS Complete Care (ACC); the Arizona Long Term Care System (ALTCs); the Comprehensive Health Plan (CHP) for children in foster care; and Regional Behavioral Health Agreements (RBHAs) which provide integrated care for individuals with a Serious Mental Illness (SMI). Most recently, the Centers for Medicare and Medicaid Services (CMS) approved a five-year extension of this 1115 waiver, continuing many long-standing authorities and programs and also including new innovative programs such as Targeted Investments 2.0 and Housing and Health Opportunities (H2O) to further advance member health outcomes.

In 1998, Senate Bill 1008 was approved by the Arizona Legislature and authorized the implementation of a Title XXI Child Health Insurance Program (CHIP) otherwise referred to as KidsCare. To prepare for the implementation of this program, Arizona submitted a Title XXI State Plan to extend health coverage in Arizona for children up to the age of 19 with services first rendered in November of 1998. Initially,

income thresholds were set at 150% of FPL with an increase to 200% FPL shortly after in 1999. In January 2010, during the economic recession, the KidsCare program was frozen for new members due to insufficient State funds available for the State match. In May 2012, CHIP enrollment was opened to 21,700 individuals on the KidsCare waiting list with incomes between 100% and 175% FPL through an 1115 waiver. The waiver program, KidsCare II, was approved through December 2013. In April 2013, this waiver was amended to extend KidsCare II coverage to an additional 33,000 individuals with family incomes up to 200% FPL. In 2016, the KidsCare enrollment freeze was lifted through AZ Senate Bill 1457. As of FFY 2022, 73,032 children were enrolled in Arizona's KidsCare Medicaid Expansion CHIP and 68,275 children in the separate CHIP program.

Over the 40 years of operating its comprehensive 1115 Waiver, AHCCCS has learned that just as populations change, a health care system is most effective when it continually evolves and innovates. Increasing access to health care coverage is a critical driver of health outcomes for children. AHCCCS' request to expand KidsCare eligibility to 225% FPL is built on a substantial body of research which demonstrates that children's health care coverage corresponds with improved health and social outcomes. It is also in alignment with CMS' commitment to continue strengthening the CHIP program over the next 25 years.¹ A 2022 CMS Report notes that "children with health insurance are more likely to experience healthy physical and emotional growth."¹

Additionally, results from a 2014 CHIPRA Mandated Evaluation found that children in Medicaid and CHIP had better access to care and fewer unmet needs.² Research also shows that having health care coverage as a child not only leads to improved health outcomes over one's lifetime but also leads to better educational outcomes and higher-paying jobs as an adult.³ Providing families with increased coverage for their children also means a reduction in school absenteeism for children and, potentially, lost work days for their parents.⁴ Furthermore, children's eligibility for Medicaid and CHIP has been linked to a decrease in high school drop-out rates and an improved probability of completing high school on time, in four years.⁵

In addition to the benefits of expanding financial eligibility noted above, this waiver amendment will help children maintain health care coverage as AHCCCS continues the process of unwinding from the Consolidated Appropriations Act (CAA) 2023 continuous enrollment (CE) condition. It establishes a new coverage option for children who would not have otherwise qualified for CHIP, Medicaid or private insurance. In consideration of the urgent need for health care options for such children and to reduce the number of uninsured children in Arizona, AHCCCS is eager to receive timely CMS approval of this request.

¹ *Chip Turns 25: Celebrating 25 Years of the Children's Health Insurance Program*, 5 Aug. 2022, www.insurekidsnow.gov/sites/default/files/2022-08/chip-25-fact-sheet.pdf?linkId=176074539.

² "CHIPRA Mandated Evaluation of the Children's Health Insurance Program: Final Findings." *ASPE*, 31 July 2014, aspe.hhs.gov/reports/chipra-mandated-evaluation-childrens-health-insurance-program-final-findings-0.

³ Wagnerman, Karina, et al. *Medicaid Is A Smart Investment In Children - Georgetown University*, Mar. 2017, ccf.georgetown.edu/wp-content/uploads/2017/03/MedicaidSmartInvestment.pdf.

⁴ "Connecting School Attendance and Health Care Access." *Attendance Works*, 10 Feb. 2015, www.attendanceworks.org/connecting-school-attendance-and-health-care-access/.

⁵ Cohodes, Sarah R., et al. "The Effect of Child Health Insurance Access on Schooling: Evidence from Public Insurance Expansions." *Journal of Human Resources*, vol. 51 no. 3, 2016, p. 727-759. Project MUSE muse.jhu.edu/article/629236.

III. WAIVER AMENDMENT PROPOSAL DETAILS

A. Proposed Cost Sharing Requirements under the Demonstration as Amended

This Demonstration does not change the Medicaid benefit package design; there is no new cost-sharing, copayments, or coinsurance for any benefit provided under the waiver. State Plan benefits will continue to be applied in accordance with the State Plan and all eligibility groups will continue to receive all State Plan benefits. However, this Demonstration does apply existing CHIP State Plan cost sharing standards to CHIP beneficiaries who qualify under the expanded financial eligibility standards (201% - 225% FPL). These new beneficiaries will have the same cost sharing responsibilities as individuals who meet the criteria in the state’s third premium tier. The specific cost sharing requirements are:

Federal Poverty Levels (FPL)	1st Child	More than 1 Child
>200% to 225%	\$50.00	\$70.00 Total

B. Proposed Changes to the Delivery System under the Demonstration as Amended

The delivery system for persons impacted by this proposed 1115 Waiver amendment will not vary from AHCCCS’ current program features as described in the current State Plan and Demonstration.

C. Proposed Changes to Benefit Coverage under the Demonstration as Amended

This demonstration does not change the Medicaid benefit package design; there are no new or fewer services, cost-sharing, copayments, or coinsurance for any benefit provided under the waiver. State Plan benefits will continue to be applied in accordance with the State Plan and all eligibility groups will continue to receive all State Plan benefits.

D. Proposed Changes to Eligibility Requirements

This demonstration proposes to expand financial eligibility for the KidsCare (CHIP) program for beneficiaries who meet all other criteria for a targeted low-income child established at 42 CFR 457.310. The proposed new eligibility standards are detailed in the table below (and may be further expanded should future state legislation and appropriations allow):

From Age	To Age	Above (% FPL)	Up to and including (% FPL)
0	1	147	225
1	6	141	225
6	18	133	225

The following provisions apply to these eligibility requirements:

- Age: Must be under age 19
- Income standards are applied statewide
- There are no exceptions (e.g. populations in a county which may qualify under either a statewide income standard or a county income standard)

IV. REQUESTED WAIVER & EXPENDITURE AUTHORITIES

REQUESTED WAIVER & EXPENDITURE AUTHORITIES

Targeted low-income child

(2110)(b)(1)(B)(ii)(II)
(42 CFR 457.310(b)(1)(iii)(A))

To permit the State to expand CHIP eligibility to include beneficiaries whose household income exceeds the Medicaid applicable income level, as defined in (2110)(b)(4), for the age of such child by more than 50 percentage points.

Targeted low-income child

Expenditures for child health assistance for beneficiaries whose household income exceeds the Medicaid applicable income level, as defined in (2110)(b)(4), for the age of such child by more than 50 percentage points.

V. EVALUATION DESIGN

Arizona’s 1115 Waiver Evaluation design will be modified to incorporate the KidsCare waiver amendment. The demonstration will test whether this amendment, if approved, effectively promotes a reduction in the number of uninsured children and improved health care service utilization. The table below outlines the proposed hypotheses for this 1115 Waiver amendment and potential performance measures that would allow AHCCCS to effectively test each of the specific hypotheses.

KidsCare Expansion Objectives, Hypothesis, and Approaches

Objectives	Proposed Hypothesis	Potential Approaches
The AHCCCS KidsCare Expansion demonstration will reduce the number of uninsured children, and maintain or increase the number of annual dental visits, child and adolescent well-care visits, and metabolic monitoring for children and adolescents on antipsychotics.	The AHCCCS KidsCare Expansion Amendment will maintain or improve health outcomes for AHCCCS members.	Data will be drawn from a variety of sources including, but not limited to: <ul style="list-style-type: none"> • Member surveys, • State eligibility and enrollment data, • Claims/encounter data, • Administrative program data (PMMIS), • T-MSIS, and • National/regional benchmarks.
	The AHCCCS KidsCare Expansion Amendment will maintain or improve the management of chronic conditions for AHCCCS members.	
	The AHCCCS KidsCare Expansion Amendment will maintain or improve access to care for AHCCCS members.	
	The AHCCCS KidsCare Expansion Amendment will maintain or increase the utilization of primary care and preventative health services.	
	The AHCCCS KidsCare Expansion	

	Amendment will maintain or improve member satisfaction with care.	
	The AHCCCS KidsCare Expansion Amendment will promote continuity of care for its members.	
	The AHCCCS KidsCare Expansion Amendment will yield cost-effective care for AHCCCS members.	

VI. PUBLIC NOTICE PROCESS

Pursuant to the terms and conditions that govern Arizona’s Demonstration, Arizona must provide documentation of its compliance with the Demonstration of Public Notice process with 59 Federal Regulation 49249, the tribal consultation requirements pursuant to Section 1902(a)(73) of the Act as amended by Section 5006(e) of the American Recovery and Reinvestment Act of 2009, and the tribal consultation requirements outlined in STC 13.

Public Website

The KidsCare financial eligibility expansion proposal was posted on the AHCCCS website at <https://www.azahcccs.gov/AHCCCS/Downloads/PublicNotices/KidsCareIncomeEligibility23.pdf> on August 16, 2023, for public comment. This proposal was also posted on the 1115 Demonstration Waiver page at <https://www.azahcccs.gov/Resources/Federal/PendingWaivers/KidsCareExpansionWaiver.html>. The web page includes a summary of the proposal and instructions on how public comments may be submitted.

Stakeholder Meetings

AHCCCS presented the details of Arizona’s KidsCare Expansion amendment proposal at two virtual public forum meetings on July 12, 2023, and August 21, 2023, and at Tribal Consultation held on August 29, 2023. Stakeholders were able to submit comments and questions on the proposed request during any of the forums, by email to: publicinput@azahcccs.gov, or by mail to: AHCCCS, c/o Division of Community Advocacy and Intergovernmental Relations (DCAIR); 801 E. Jefferson Street, MD 4200, Phoenix, AZ 85034. All comments were due by September 30, 2023. More information about the proposed request, including the proposal and full public notice and public input process, can be found at <https://www.azahcccs.gov/AHCCCS/Downloads/PublicNotices/KidsCareIncomeEligibility23.pdf>. Details regarding the public forum meetings can be found in **Appendix C**.

Enactment By State Legislature

The KidsCare Expansion Proposal was enacted through Arizona Senate Bill (SB) 1726 by the State Legislature before the submission of this demonstration proposal. During this process, the chaptered version of the bill, outlining the proposal, was made publically available and the Arizona State Legislature opened a public comment period on the proposal. Public comment from the State Legislature’s public process can be found in Appendix D and demonstrates a vast majority of positive support for the proposal.

Additional Public Comment

Upon submission of this waiver amendment to CMS, AHCCCS will post this proposal to the AHCCCS website for an additional 30 day public comment period that will run parallel to the federal 30 day public comment period. Any additional public comments received on this proposal will be collected and reported to CMS for consideration.

VII. PUBLIC COMMENT SUMMARY

As part of Arizona's KidsCare Expansion Amendment, AHCCCS acknowledged, reviewed, and considered all comments received throughout the public input process. These responses were obtained from a variety of stakeholders including, but not limited to, providers, public health organizations, legal advocates, tribal organizations, hospitals, and consumer advocacy groups. Copies of written comments are included in **Appendix D**.

All input received from various stakeholder engagement sessions was in support of the proposal to expand KidsCare financial eligibility. As previously noted, the proposal was first introduced during the State legislative session and the public had an opportunity to submit public comments during the legislative session. The public comments received during the legislative session indicated tremendous support for the expansion of KidsCare financial eligibility, with many comments expressing that the expansion is needed to support this vulnerable population. In total, 118 comments of support were obtained through the legislative input process with no comments opposing the expansion.

In addition to the written comments received during the legislative session, AHCCCS also received many verbal comments of support during the public meetings in which the proposal was discussed.



APPENDIX A

Allotment Neutrality Report



Demonstration Waiver Budget Template for States Using CHIP Funds - Budget Neutrality Report

ARIZONA	FFY 2023	FFY 2024	FFY 2025	FFY 2026	FFY 2027
State's Allotment	\$375,025,200	\$394,280,400	\$394,280,400	\$394,280,400	\$394,280,400
Funds Carried Over From Prior Year(s)	\$79,964,800	\$95,405,200	\$192,935,177	\$231,964,507	\$256,198,289
SUBTOTAL (Allotment + Funds Carried Over)	\$454,990,000	\$489,685,600	\$587,215,577	\$626,244,907	\$650,478,689
Reallocated Funds (Redistributed or Retained that are Currently Available)					
TOTAL (Subtotal + Reallocated funds)	\$454,990,000	\$489,685,600	\$587,215,577	\$626,244,907	\$650,478,689
State's Enhanced FMAP Rate	82.17%	76.66%	76.20%	76.20%	76.20%

COST PROJECTIONS OF APPROVED SCHIP PLAN (Up to 200% FPL)					
Benefit Costs					
Insurance payments					
Managed care	\$202,153,500	\$176,816,600	\$217,836,100	\$224,200,200	\$237,831,600
per member/per month rate @ # of eligibles	\$239 @ 70,556 avg elig/mo	\$299 @ 49,325 avg elig/mo	\$308 @ 58,601 avg elig/mo	\$300 @ 62,186 avg elig/mo	\$312 @ 63,430 avg elig/mo
Fee for Service	\$11,269,200	\$9,948,900	\$11,806,200	\$12,282,900	\$13,029,700
Total Benefit Costs	\$213,422,700	\$186,765,500	\$229,642,300	\$236,483,100	\$250,861,300
(Offsetting beneficiary cost sharing payments)					
Net Benefit Costs	213,422,700	186,765,500	229,642,300	236,483,100	250,861,300
Administration Costs					
Personnel					
General administration	\$12,962,900	\$13,751,000	\$14,587,100	\$15,474,000	\$16,414,800
Contractors/Brokers (e.g., enrollment contractors)					
Claims Processing					
Outreach/marketing costs					
Other					
Total Administration Costs	\$12,962,900	\$13,751,000	\$14,587,100	\$15,474,000	\$16,414,800
10% Administrative Cap	\$23,713,633	\$20,751,722	\$25,515,811	\$26,275,900	\$27,873,478
Federal Title XXI Share	\$185,502,700	\$153,587,600	\$186,102,800	\$191,991,400	\$203,664,400
State Share	\$40,882,900	\$46,828,900	\$58,126,800	\$59,965,700	\$63,611,700
TOTAL COSTS OF APPROVED SCHIP PLAN	\$226,385,600	\$200,516,500	\$244,229,400	\$251,957,100	\$267,276,100

COST PROJECTIONS OF MCHIP					
Benefit Costs					
Insurance payments					
Managed care	\$189,209,800	\$152,219,600	\$167,987,800	\$172,046,200	\$182,506,600
per member/per month rate @ # of eligibles	\$211 @ 74,898 avg elig/mo	\$224 @ 56,726 avg elig/mo	\$232 @ 60,217 avg elig/mo	\$245 @ 58,615 avg elig/mo	\$254 @ 59,788 avg elig/mo
Fee for Service	\$23,418,500	\$18,031,700	\$20,958,600	\$22,532,800	\$23,902,800
Total Benefit Costs	\$212,628,300	\$170,251,300	\$188,946,400	\$194,579,000	\$206,409,400
(Offsetting beneficiary cost sharing payments)					
Net Benefit Costs	212,628,300	170,251,300	188,946,400	194,579,000	206,409,400
Federal Title XXI Share	\$174,082,100	\$130,401,200	\$143,977,200	\$148,269,400	\$157,284,000
State Share	\$38,546,300	\$39,850,100	\$44,969,200	\$49,309,800	\$49,125,400
TOTAL COSTS OF MCHIP	\$212,628,400	\$170,251,300	\$188,946,400	\$194,579,200	\$206,409,400

COST OF EXISTING SCHIP AND MCHIP PROGRAMS					
Federal Title XXI Share	\$439,014,000	\$370,767,800	\$433,175,800	\$446,536,300	\$473,685,500
State Share	\$359,584,800	\$283,988,800	\$330,080,000	\$340,260,800	\$360,948,400
State Share	\$79,429,200	\$86,779,000	\$103,095,800	\$106,275,500	\$112,737,100

COST PROJECTIONS OF DEMONSTRATION (Expansion of SCHIP from 200% to 225% FPL)					
Benefit Costs for Demonstration Population #1 (Expansion of SCHIP from 200% to 225% FPL)					
Insurance payments					
Managed care	\$0	\$16,006,300	\$31,762,500	\$37,585,400	\$39,870,600
per member/per month rate @ # of eligibles		\$218 @ 73,516 avg elig/mo	\$226 @ 140,376 avg elig/mo	\$235 @ 159,722 avg elig/mo	\$245 @ 162,916 avg elig/mo
Fee for Service	\$0	\$640,200	\$1,270,400	\$1,503,600	\$1,595,000
Total Benefit Costs for Waiver Population #1	\$0	\$16,646,500	\$33,032,900	\$39,089,000	\$41,465,600
Total Benefit Costs	\$0	\$16,646,500	\$33,032,900	\$39,089,000	\$41,465,600
(Offsetting beneficiary cost sharing payments) * Premium Payments will be net of cost sharing					
Net Benefit Costs	\$0	\$16,646,500	\$33,032,900	\$39,089,000	\$41,465,600
Administration Costs					
Personnel					
General administration					
Contractors/Brokers (e.g., enrollment contractors)					
Claims Processing					
Outreach/marketing costs					
Other (specify)					
Total Administration Costs	\$0	\$0	\$0	\$0	\$0
10% Administrative Cap					
Federal Title XXI Share	\$0	\$12,761,623	\$25,171,070	\$29,785,818	\$31,596,787
State Share	\$0	\$3,884,877	\$7,861,830	\$9,303,182	\$9,868,813
TOTAL COSTS FOR DEMONSTRATION	\$0	\$16,646,500	\$33,032,900	\$39,089,000	\$41,465,600

TOTAL PROGRAM COSTS (State Plan + Demonstration)	\$439,014,000	\$387,414,300	\$466,208,700	\$485,625,300	\$515,151,100
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Total Federal Title XXI Funding Currently Available (Allotment + Reallocated Funds)	\$454,990,000	\$489,685,600	\$587,215,577	\$626,244,907	\$650,478,689
Total Federal Title XXI Program Costs (State Plan + Demonstration)	\$359,584,800	\$296,750,423	\$355,251,070	\$370,046,618	\$392,545,187
Unused Title XXI Funds Expiring (Allotment or Reallocated)					
Remaining Title XXI Funds to be Carried Over (Equals Available Funding - Costs - Expiring Funds)	\$95,405,200	\$192,935,177	\$231,964,507	\$256,198,289	\$257,933,502



APPENDIX B

Waiver Amendment Public Notice





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▼ [Healthcare Advocacy](#)

[Committees & Workgroups \(/AHCCCS/CommitteesAndWorkgroups/\)](/AHCCCS/CommitteesAndWorkgroups/)

[Transparency \(/AHCCCS/Transparency/\)](/AHCCCS/Transparency/)

Public Notices and Opportunities for Public Comment

This page lists public notices, announcements and meetings relating to the AHCCCS program. Topics seeking public input, including instructions for submitting public comments, are indicated under each area.

[Access Monitoring Review](#) ▼[ALTCS](#) ▼[Behavioral Health](#) ▼[Benefit Changes \(/Resources/Legislation/sessions/BenefitChanges.html\)](/Resources/Legislation/sessions/BenefitChanges.html)[Community Presentations \(/AHCCCS/PublicNotices/CommunityPresentations.html\)](/AHCCCS/PublicNotices/CommunityPresentations.html)[Contracts \(/Resources/OversightOfHealthPlans/SolicitationsAndContracts/\)](/Resources/OversightOfHealthPlans/SolicitationsAndContracts/)[Copay Changes \(/PlansProviders/RatesAndBilling/copayments.html\)](/PlansProviders/RatesAndBilling/copayments.html)[Court Ordered Notices](#) ▼[Health Plan Organizational/Name Changes](#) ▼[Policy Changes](#) ▼[Proposed Rules](#) ▼[Quality Strategy](#) ▼[Rates and Supplemental Payments](#) ▼[Section 1115 Waiver \(/Resources/Federal/waiver.html\)](/Resources/Federal/waiver.html)[SPAs](#) ▲

This section contains public notices for all State Plan Amendments (SPAs) other than rate and supplemental change SPAs. For public notices relating to rate and supplemental payment changes, please refer to the "Rates and Supplemental Payments" section above.

SPAs ▼

2023

- [Kidscare Income Eligibility \(/AHCCCS/Downloads/PublicNotices/KidscareIncomeEligibility23.pdf\)](/AHCCCS/Downloads/PublicNotices/KidscareIncomeEligibility23.pdf)
- [Suspension of Cost Sharing, Temporary Extension \(/AHCCCS/Downloads/PublicNotices/TempExt-SuspensionOfCostSharing.pdf\)](/AHCCCS/Downloads/PublicNotices/TempExt-SuspensionOfCostSharing.pdf)
- [Eligibility Determination \(/AHCCCS/Downloads/PublicNotices/EligibilityDetermination.pdf\)](/AHCCCS/Downloads/PublicNotices/EligibilityDetermination.pdf)

- Former Foster Care Children (FFCC) Eligibility Group
(/AHCCCS/Downloads/PublicNotices/FFCC_EligibilityGroup.pdf)
- Long Acting Reversible Contraceptives
(/AHCCCS/Downloads/PublicNotices/LongActingReversibleContraceptives.pdf)
- DSH Medicaid Shortfall Calculation
(/AHCCCS/Downloads/PublicNotices/DSH_MedicaidShorfallCalculation.pdf)
- Rapid Whole Genome Sequencing (RWGS)
(/AHCCCS/Downloads/PublicNotices/RapidWholeGenomeSequencing(RWGS).pdf) (Posted 8/25/23)

SPAs Submitted to and/or Approved by CMS (/Resources/StatePlans/)

SYNAR Report 

Waiver Amendments (/Resources/Federal/PendingWaivers/)

Can't find what you're looking for? Please visit the AHCCCS Document Archive (<https://archive.azahcccs.gov/>).

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**AHCCCS NOTICE OF PUBLIC INFORMATION
INTENT TO SUBMIT A STATE PLAN AMENDMENT (SPA)**

Name of the Agency: Arizona Health Care Cost Containment System (AHCCCS)

The topic of the public information notice: Inform the public of AHCCCS's intent to submit a State Plan Amendment.

SPA Title: KidsCare (CHIP) Income Eligibility and Strategic Objectives

SPA Overview: This SPA updates KidsCare (CHIP) income eligibility to establish that the gross income of the family household members may not exceed 225% FPL. In addition, it updates the KidsCare (CHIP) Strategic Objectives and Performance Goals.

State Plan Amendment and Public Comment Period

The proposed SPA is located on the next page of this document.

Public notice was posted on August 16, 2023

Comments will be accepted through September 30, 2023

Comments can be submitted through email or postal mail. The addresses where comments may be sent are provided below.

- Email:
publicinput@azahcccs.gov
- Postal Mail:
AHCCCS
Attn: Division of Community Advocacy and Intergovernmental Relations
801 E. Jefferson St., MD 4200
Phoenix, AZ 85034

Original Implementation Date: November 1, 1998

Amendment Effective Date: February 1, 2004 (premiums >150% FPL)
July 1, 2004 (premiums 100%-150% FPL)
May 1, 2009 (premiums >150% FPL) January 1, 2010 (enrollment cap)
October 10, 2013 (remove wait list)
July 26, 2016 (remove enrollment cap)
August 6, 2016 (premium lock out period)
October 1, 2017 (mental health parity)
July 1, 2018 (Managed Care Regulations)
July 1, 2019 (COVID-19 Disaster Response)
March 11, 2021 (ARP Coverage of COVID-19 Vaccines, Testing and Treatment)
[November 1, 2023 \(CHIP Income Eligibility and Strategic Objectives\)](#)

Discontinuation of coverage of children aging out of CHIP during the COVID public health emergency became effective on June 26, 2020.

In the event of a disaster, the State will notify CMS of its intent to provide temporary adjustments to; flexibilities around delays in processing applications and renewals, the ability to waive the three month waiting period for applicants, the ability to waive existing premiums, and the ability to waive the premium lock-out period. In addition, the state is requesting to temporarily provide continuous eligibility to its CHIP population.

1.4-TC Tribal Consultation.

Describe the consultation process that occurred specifically for the development and submission of this State Plan Amendment, when it occurred, and who was involved. The State of Arizona seeks advice on a regular, ongoing basis from all of the federally-recognized tribes, Indian Health Service (IHS) Area Offices, tribal health programs operated under P.L. 93- 638, and urban Indian health programs in Arizona regarding Medicaid and CHIP matters. These matters include but are not limited to State Plan Amendments, waiver proposals, waiver extensions, waiver amendments, waiver renewals, and proposals for demonstration projects. The AHCCCS Tribal Consultation Policy serves as a guidance document that includes the process by which reasonable notice and opportunity for consultation should occur and scenarios in which AHCCCS shall engage in the consultative process. The frequency of consultation is dependent on the frequency in which policy changes are proposed. When a proposed policy change requires consultation, the State will to its best ability provide notice of the tribal consultation meeting date as well as a description of the proposed policy change to be discussed. Ideally, a consultation meeting, which provides an opportunity for discussion and verbal comments to be made regarding a proposed change, will occur either in-person or by conference call 45 days prior to the submission of the policy change to CMS. The State will also provide an opportunity for written comments. Ideally, during the 45-day period, tribes and I/T/U will be provided at least 30 days to submit written comments regarding the policy change for consideration. Verbal comments presented at the meeting as well as written comments will be included in an attachment to accompany the submission of a State Plan Amendment, waiver proposal, waiver renewal, or proposal for a demonstration project.

Effective Date: ~~March 11, 2021~~ November 1, 2023 3 Approval Date: July 13, 2022

Section 4. Eligibility Standards and Methodology. (Section 2102(b))

Check here if the state elects to use funds provided under Title XXI only to provide expanded eligibility under the state’s Medicaid plan, and continue on to Section 5.

4.1 The following standards may be used to determine eligibility of targeted low-income children for child health assistance under the plan. Please note whether any of the following standards are used and check all that apply. If applicable describe the criteria that will be used to apply the standard. (Section 2102)(b)(1)(A)) (42 CFR 457.305(a) and 457.320(a))

4.1.1.	X	Geographic area served by the Plan: Statewide
4.1.2.	X	Age: KidsCare is available to children under 19 years of age. A child is considered to be under age 19 through the day before the child’s 19 th birthday. Coverage will continue through the month in which the child turns age 19.
4.1.3.	X	Income: The combined gross income of the family household members may not exceed 200 225% of the FPL. As required by CMS, certain payments and grants as specified in 20 CFR Part 416, the Appendix to Subpart K, are excluded when determining gross income. All wages paid by the Census Bureau for temporary employment related to census activities are excluded. See Attachment G for a description of family household income and the methodology for evaluating family income.
4.1.4.		Resources (including any standards relating to spend downs and disposition of resources): No resource text.
4.1.5	X	Residency: Arizona residency is required. An Arizona resident is a person who currently lives in Arizona and intends to remain in the state indefinitely. AHCCCS requires a signature on the application declaring that the child is an Arizona resident.
4.1.6		Disability Status (so long as any standard relating to disability status does not restrict eligibility):

Effective ~~May 1, 2009~~November 1, 2023, the premium amounts for children when parents are no enrolled are as follows:

PREMIUM AMOUNTS

Federal Poverty Levels (FPL)	1 st Child	More than 1 Child
100% to 150%	\$10.00	\$15.00
151% - 175%	\$40.00	\$60.00 Total
176% - 200 <u>225</u> %	\$50.00	\$70.00 Total

8.2.2 Deductibles: Not Applicable

8.2.3. Coinsurance or copayments: No copayments are charged.

8.2.4. Other: N/A

8.3 Describe how the public will be notified, including the public schedule, of this cost-sharing (including the cumulative maximum) and changes to these amounts and any differences based on income. (Section 2103(e)((1))(B)) (42 CFR 457.5805(b))

Information about cost sharing is included in the following:

- Member notices will be sent prior to implementation
- Education and application materials.
- Member handbooks provided by KidsCare contractors.
- Arizona Administrative Register and other rulemaking activities conducted by the AHCCCS Administration.
- Native American newsletters and meetings make it clear that the Native American and Alaskan Native populations are exempt from paying any cost sharing.
- Posted on the AHCCCS public website
- Presented to the State Medicaid Advisory Committee

8.4 The state assures that it has made the following findings with respect to the cost sharing in its plan: (Section 2103(e))

8.4.1. X Cost-sharing does not favor children from higher income families over lower income families (Section 2103(e)(1)(B)) (42 CFR 457.530)

8.4.2. X No cost sharing applies to well-baby and well-child care, including age-appropriate immunizations (Section 2103(e)(2)) (42 CFR 457.520)

Effective Date: 05-01-09

Approval Date: 04/13/09

Implementation date: ~~June 1, 2009~~ November 1, 2023

Section 9. Strategic Objectives and Performance Goals and Plan Administration (Section 2107)

9.1. Describe strategic objectives for increasing the extent of creditable health coverage among targeted low-income children and other low-income children: (Section 2107(a)(2)) (42CFR 457.710(b))

Arizona has established the following strategic objectives for the KidsCare Program:

- ~~Decrease the percentage of children in Arizona who are uninsured or who do not have a regular source of health care.~~
- ~~Improve the health status of children enrolled in KidsCare in Arizona through a focus on early preventive and primary care.~~
- ~~Ensure that KidsCare eligible children in Arizona have access to a regular source of care and ensure utilization of health care by enrolled children.~~
- ~~Avoid "crowd out" of employer coverage.~~
- ~~Coordinate with other health care programs providing services to children to ensure a seamless system of coverage.~~

1. ~~Reduce the number of uninsured children.~~
2. ~~Maintain or increase annual dental visits.~~
3. ~~Maintain or increase child and adolescent well-care visits~~
4. ~~Maintain or increase metabolic monitoring for children and adolescents on antipsychotics~~

9.2. Specify one or more performance goals for each strategic objective identified: (Section 2107(a)(3)) (42CFR 457.710(c))

- ~~Decrease the percentage of children in Arizona who are uninsured. (In the first year of the KidsCare Program, decrease the percentage of children with income under 150% of FPL who are uninsured and, in subsequent years, decrease the number of children with income under 200% of FPL who are uninsured.)~~
- ~~Screen 100 percent of applications to determine if the child was covered by employer sponsored insurance within the last three months. If however, a child has exceeded the lifetime limit to his or her employer sponsored insurance policy, the child will not be required to go bare for three months.~~
- ~~Improve the number of KidsCare eligible children who receive preventive and primary care by meeting goals according to Health People 2010:~~

1. ~~90 percent of children under two will receive age appropriate immunizations;~~
2. ~~90 percent of children under 15 months will receive the recommended number of well child visits;~~
3. ~~90 percent of three, four, five, and six year olds will have at least one well child visit during the year;~~
4. ~~90 percent of children will have at least one dental visit during the year; and~~

- ~~Ensure that KidsCare enrolled children receive access to a regular source of care:~~

1. ~~100 percent of enrolled children will be assigned a PCP; and~~
2. ~~90 percent of KidsCare children will see a PCP at least once during the first 12 months of enrollment.~~

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1. Objective 1: Reduce the number of uninsured children

Goal: Reduce the percentage of children losing Medicaid or CHIP eligibility at renewal for procedural reasons.

2. Objective 2: Maintain or increase annual dental visits

Goal: The percent of members having Annual Dental Visits will meet or exceed the associated National Committee for Quality Assurance (NCQA) Medicaid Mean for the associated reporting period.

3. Objective 3: Maintain or increase child and adolescent well-care visits

Goal: The percent of members having a Child and Adolescent Well Visit will meet or exceed the associated NCQA Medicaid Mean for the associated reporting period.

4. Objective 4: Maintain or increase metabolic monitoring for children and adolescents on antipsychotics

Goal: The percent of members on antipsychotics having metabolic monitoring will meet or exceed the associated NCQA Medicaid Mean for the associated reporting period.

Effective Date: ~~02-01-04~~ 11/1/2023

1

Approval Date:

SHARE:

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Monday, August 14, 2023

Good morning,

Here's the latest from the AHCCCS Office of Individual and Family Affairs (OIFA).

**OIFA 3.0 SUMMIT IN
COTTONWOOD**
Spectrum Healthcare
August 25, 2023



2023 OIFA 3.0

CELEBRATE PROGRESS AND ADVOCATE FOR CHANGE

The Office of Individual and Family Affairs (OIFA) promotes recovery, resiliency, and wellness for individuals with mental health and substance use challenges. Join the OIFA leaders as we come together to celebrate our accomplishments and plan for the future.

Register Today for the OIFA 3.0 Summit in Cottonwood

- **When:** August 25, 2023
- **Where:** Spectrum Healthcare - 8 E Cottonwood St. Cottonwood, AZ 8632
- **Time:** 10 a.m. - 2 p.m.
- **Why:** Celebrate Progress and Advocate for Change

REGISTER

PEER SUPPORT POLICY & CREDENTIALLED FAMILY SUPPORT POLICY



Building Partnerships Community Policy Workgroup



Join NAMI Arizona and AHCCCS OIFA for the Monthly Community Policy meeting Monday, August 14, 2023 at Noon.

This month we will be reviewing the policies overseen by AHCCCS OIFA: [AMPM 963](#) and [AMPM 964](#).

Click below to review the documents for each Policy and see proposed changes

[AMPM 963 \(Peer Support\)](#)

[AMPM 964 \(Credentialed Family Support\)](#)

Meetings are facilitated monthly and provide the opportunity to learn about the AHCCCS Public Comment process on AHCCCS Policy Review, open discussions and how to provide direct input into AHCCCS policies that are "Open for Comment."

Meetings are held virtually on the 2nd Monday of every month at noon. Don't forget to register prior to the meeting

After registering you will receive a confirmation email containing information about joining the meeting.

REGISTER

Click [here](#) to view the Getting Prepared for Community Policy Meeting Participation.



To help members, family members, stakeholders, advocates, and community members interact with Arizona’s Medicaid program, AHCCCS regularly presents short meetings on “hot topics.”

Join us in August to learn about the Medicaid State Plan and why your input matters .

THIS MONTH’S HOT TOPIC:

Transforming Policy: The Medicaid State Plan and Public Engagement Process



Monday, August 21, 2023

11:00 a.m. - 11:30 a.m.

[Register in advance for this event.](#)

After registering, you will receive a confirmation email with information about how to join the webinar.

SHARE:

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Friday, August 18, 2023

Good morning,

Here's the latest from the AHCCCS Office of Individual and Family Affairs (OIFA).



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FACEBOOK

Arizona Health Care Cost Containment System
August 18 · 🌐

On Monday (8/21), join us for a Hot Topics session on the Medicaid State Plan and the public engagement process. Register now: <https://ow.ly/Fx4s50PxLqP>



The Medicaid State Plan and Public Engagement Process

Monday, August 21
11:00 a.m. – 11:30 a.m.
Online on Zoom



Arizona Health Care Cost Containment System
August 20 · 🌐

TOMORROW (8/21)! Learn more about the Medicaid State Plan and how AHCCCS engages the public. Register now: <https://ow.ly/pT5F50PxLAm>



The Medicaid State Plan and Public Engagement Process

Monday, August 21
11:00 a.m. – 11:30 a.m.
Online on Zoom.

Arizona Health Care Cost Containment System
August 15

Next week! Learn more about Arizona's State Plan and the public engagement process at a new Hot Topics session. Register in advance: <https://ow.ly/oUcj50pxLmy>

The Medicaid State Plan and Public Engagement Process

Monday, August 21
11:00 a.m.–11:30 a.m.
Online on Zoom

AHCCCS
hot topics

INSTAGRAM

The Medicaid State Plan and Public Engagement Process

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TOMORROW (8/21)! Learn more about the Medicaid State Plan and how AHCCCS engages the public. Register now: Link in bio.

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#publichealth #healthinsurance #medicaid #arizona

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Send your pic @arizona_family

Reply

Liked by cliffordsummerhill
AUGUST 20

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The Medicaid State Plan and Public Engagement Process

Monday, August 21
11:00 a.m. – 11:30 a.m.
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#publichealth #healthinsurance
#medicaid #arizona



1 like Reply



Liked by [meaningandhopeandothers](#)
AUGUST 18

Add a comment...

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#publichealth #healthinsurance #medicaid
#arizona

No comments yet.

Start the conversation.



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AUGUST 15

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TOMORROW (8/21)! Learn more about the Medicaid State Plan and how AHCCCS engages the public. Register now: ow.ly/zpoi50PxLAj



The Medicaid State Plan and Public Engagement Process

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Online on Zoom.



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The Medicaid State Plan and Public Engagement Process

Monday, August 21
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Online on Zoom



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 AHCCCS @AHCCCSgov · Aug 15

Next week! Learn more about Arizona's State Plan and the public engagement process at a new Hot Topics session. Register in advance: ow.ly/tcvu50PxLmz



The Medicaid State Plan and Public Engagement Process

Monday, August 21
11:00 a.m.–11:30 a.m.
Online on Zoom

AHCCCS hot topics

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Next week! Learn more about Arizona's State Plan and the public engagement process at a new Hot Topics session. Register in advance: <https://ow.ly/YZYL50PxLmA>



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AHCCCS hot topics



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[Transparency \(/AHCCCS/Transparency/\)](#)

Community Presentations

The Arizona Health Care Cost Containment System (AHCCCS) is hosting community forums across the state to inform the community and gather feedback on the upcoming AHCCCS initiative on RBHA services. We look forward to hearing from members, family members, advocates, community members, providers and stakeholders at one of the planned community forums listed below.

The Arizona Health Care Cost Containment System (AHCCCS) is hosting online forums to inform the community and gather feedback on the upcoming AHCCCS initiatives.

ASL interpretation and CART captioning services are available upon request. If you require these or other types of accommodations pursuant to the Americans with Disabilities Act (ADA), please contact the AHCCCS Public Information Officer at heidi.capriotti@azahcccs.gov ([mailto:heidi.capriotti@azahcccs.gov?Subject=Community Presentations Requests](mailto:heidi.capriotti@azahcccs.gov?Subject=Community%20Presentations%20Requests)) or 602-417-4729 at least seven business days prior to any meeting you wish to attend.



Date/Time	Meeting Name	Location	Details
Thursday, November 16, 2023 at 10:00 a.m.—noon	Jacob's Law Training	Webinar	<p>Arizona House Bill 2442 was passed into law in 2016, and became known as Jacob's Law. It helped to cor issues facing foster, kinship, and adopted children who receive behavioral health services.</p> <p>This training covers the following:</p> <ul style="list-style-type: none"> • Overview of Jacob's Law, • Review and Use of the DCS Placement Packet, • Legal Rights & Protections for Children and Resource Parents, and • Covered Services. <p>Training length is two (2) hours. Certificates available upon request.</p> <p>Flier (/AHCCCS/Downloads/PublicNotices/CommunityPresentations/2023/Jacob'sLawTraining2023-11-16.</p> <p>Register in advance for this event 🔗</p>
Monday, November 20, 2023 at 11:00 a.m.—12:30 p.m.	AHCCCS Hot Topics	Webinar	<p>To help members, family members, stakeholders, advocates, and community members interact with Ari program, AHCCCS regularly presents short meetings on "hot topics."</p> <p>Join us in November for a special hour and a half presentation to learn about the strategies listed in the , Olmstead Plan.</p> <p>This training will cover the basics of the Olmstead decision and the contents of the Arizona Olmstead Pla Each of the eight Olmstead Plan strategies will be reviewed by the respective AHCCCS subject matter exp any necessary clarification and answer any stakeholder questions. Attendees will also learn how to stay c Olmstead planning, including future opportunities to provide feedback.</p> <p>Flier (/AHCCCS/Downloads/PublicNotices/CommunityPresentations/2023/AHCCCS_HotTopics2023-11-20</p> <p>Register in advance for this event 🔗</p>
Tuesday, November 28, 2023 at noon—12:30 p.m.	OIFA Health Care Navigation	Webinar	<p>This month's topic: Child and Family Team (CFT)</p> <p>Join us to learn about the Child and Family Team (CFT) collaborative process for children receiving behav services. Learn who is involved and what to expect from a CFT.</p> <p>All AHCCCS members, family members, and stakeholders are welcome to attend.</p> <p>Flier (/AHCCCS/Downloads/PublicNotices/CommunityPresentations/2023/November2023SystemNavigationM</p> <p>Register in advance for this event 🔗</p>

Community Presentations Archive

Previous Presentations ▾

January 2023

- Former Foster Youth Annual Automatic Renewal Waiver Amendment (1/23/23) (/AHCCCS/Downloads/PublicNotices/CommunityPresentations/2023/FormerFosterYouthWaiverAmendmentPresentation01230223.pdf)
- OIFA Health Care Navigation (1/24/23) (/AHCCCS/Downloads/PublicNotices/CommunityPresentations/2023/OIFA_HealthCareNavigation1_24_23.pdf)
- Housing and Health Opportunities (H2O) Waiver Forum (1/31/23) (/AHCCCS/Downloads/PublicNotices/CommunityPresentations/2023/H2O_CommunityForum1_31_23.pdf)



February 2023

- AHCCCS Hot Topics (2/13/23)
(/AHCCCS/Downloads/PublicNotices/CommunityPresentations/2023/AHCCCS_HotTopics_20230213.pdf)
- Former Foster Youth Annual Automatic Renewal Waiver Amendment (2/22/23)
(/AHCCCS/Downloads/PublicNotices/CommunityPresentations/2023/FormerFosterYouthWaiverAmendmentPresentation02222023.pdf)
- OIFA Health Care Navigation (2/28/23)
(/AHCCCS/Downloads/PublicNotices/CommunityPresentations/2023/SystemNavigation02282023.pdf)

March 2023

- AHCCCS Hot Topics (3/20/23) (/AHCCCS/Downloads/PublicNotices/CommunityPresentations/2023/AHCCCSHotTopics_20230320.pdf)
- OIFA Health Care Navigation (3/28/23)
(/AHCCCS/Downloads/PublicNotices/CommunityPresentations/2023/SystemNavigation03282023.pdf)

April 2023

- AHCCCS Community Forum (4/17/23)
(/AHCCCS/Downloads/PublicNotices/CommunityPresentations/2023/AHCCCSCommunityForum_20230417.pdf)
- OIFA Health Care Navigation (4/25/23)
(/AHCCCS/Downloads/PublicNotices/CommunityPresentations/2023/SystemNavigation04252023.pdf)

May 2023

- AHCCCS Hot Topics (5/15/23) (/AHCCCS/Downloads/PublicNotices/CommunityPresentations/AHCCCSHotTopics_20230515.pdf)

June 2023

- AHCCCS Hot Topics (6/19/23)
(/AHCCCS/Downloads/PublicNotices/CommunityPresentations/2023/HotTopics_Presentation_20230619.pdf)
- OIFA Health Care Navigation (6/27/23)
(/AHCCCS/Downloads/PublicNotices/CommunityPresentations/2023/SystemNavigation06272023.pdf)

July 2023

- AHCCCS Community Forum (7/17/23)
(/AHCCCS/Downloads/PublicNotices/CommunityPresentations/2023/AHCCCSCommunityForum_20230717.pdf)
- Parents as Paid Caregivers 1115 Waiver Amendment Community Forum (7/18/23)
(/AHCCCS/Downloads/PublicNotices/CommunityPresentations/2023/ParentPaidCaregivers_Presentation.pdf)
- Parents as Paid Caregivers 1115 Waiver Amendment Community Forum (7/18/23) (Spanish)
(/AHCCCS/Downloads/PublicNotices/CommunityPresentations/2023/ParentPaidCaregivers_SpanishPresentation.pdf)
- OIFA Health Care Navigation (7/25/23)
(/AHCCCS/Downloads/PublicNotices/CommunityPresentations/2023/SystemNavigation_072023.pdf)

August 2023

- Parents as Paid Caregivers 1115 Waiver Amendment Community Forum (8/2/23)
(/AHCCCS/Downloads/PublicNotices/CommunityPresentations/2023/ParentPaidCaregivers_Presentation.pdf)
- Parents as Paid Caregivers 1115 Waiver Amendment Community Forum (8/2/23) (Spanish)
(/AHCCCS/Downloads/PublicNotices/CommunityPresentations/2023/ParentPaidCaregivers_SpanishPresentation.pdf)
- OIFA Health Care Navigation (8/22/23)
(/AHCCCS/Downloads/PublicNotices/CommunityPresentations/2023/08222023SystemNavigation.pdf)
- AHCCCS Hot Topics Presentation (8/21/23)
(/AHCCCS/Downloads/PublicNotices/CommunityPresentations/2023/AHCCCSHotTopics_20230821.pdf)

September 2023

- AHCCCS Public Forum: Review of Final Parents as Paid Caregivers Waiver Amendment Proposal (9/6/23)
(/AHCCCS/Downloads/PublicNotices/CommunityPresentations/2023/ParentPaidCaregivers_PostPublicInput_Presentation.pdf)
- AHCCCS Hot Topics (9/18/23) (/AHCCCS/Downloads/PublicNotices/CommunityPresentations/2023/AHCCCSHotTopics_20230918.pdf)
- OIFA Health Care Navigation (9/26/23)
(/AHCCCS/Downloads/PublicNotices/CommunityPresentations/2023/09262023SystemNavigation.pdf)



October 2023

- AHCCCS Community Forum (10/16/23)
(/AHCCCS/Downloads/PublicNotices/CommunityPresentations/2023/AHCCCSCommunityForum_20231016.pdf)
- OIFA Health Care Navigation (10/24/23)
(/AHCCCS/Downloads/PublicNotices/CommunityPresentations/2023/10242023_SystemNavigation.pdf)

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APPENDIX C
Waiver Amendment Public Forum Meeting
Agenda and Slides





Welcome to AHCCCS Hot Topic

While you are waiting TEST YOUR AUDIO.

LISTEN FOR MUSIC.

You were automatically muted upon entry.

Please only join by phone or computer.

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



Thank you.

Back-to-School Well-Care Member Incentive Campaign

WHO: AHCCCS or KidsCare (managed care enrolled) members, ages 3-19, and who complete their first well-care visit of 2023

WHEN: June 5 - Sept. 5 2023

WHAT: Eligible to receive a \$25 gift card from their AHCCCS health plan.

azahcccs.gov/wellcare.html



Get an A+ on health!

- ✓ Complete an annual well-care visit between June 5 and September 5, 2023.
- ✓ Earn a \$25 gift card.

Contact us for more information.

#BackToSchool

Statewide Arizona Crisis Hotline

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

Text: 4HOPE (44673)

Chat: Crisis Response Network



Arizona Crisis Hotlines by County

Local Suicide and Crisis Hotlines by County

Phone

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

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

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

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

Especially for Teens

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



How to access the crisis line in your area

Statewide:

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

Chat: [Crisis Response Network](#)

North GSA

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

Central GSA

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

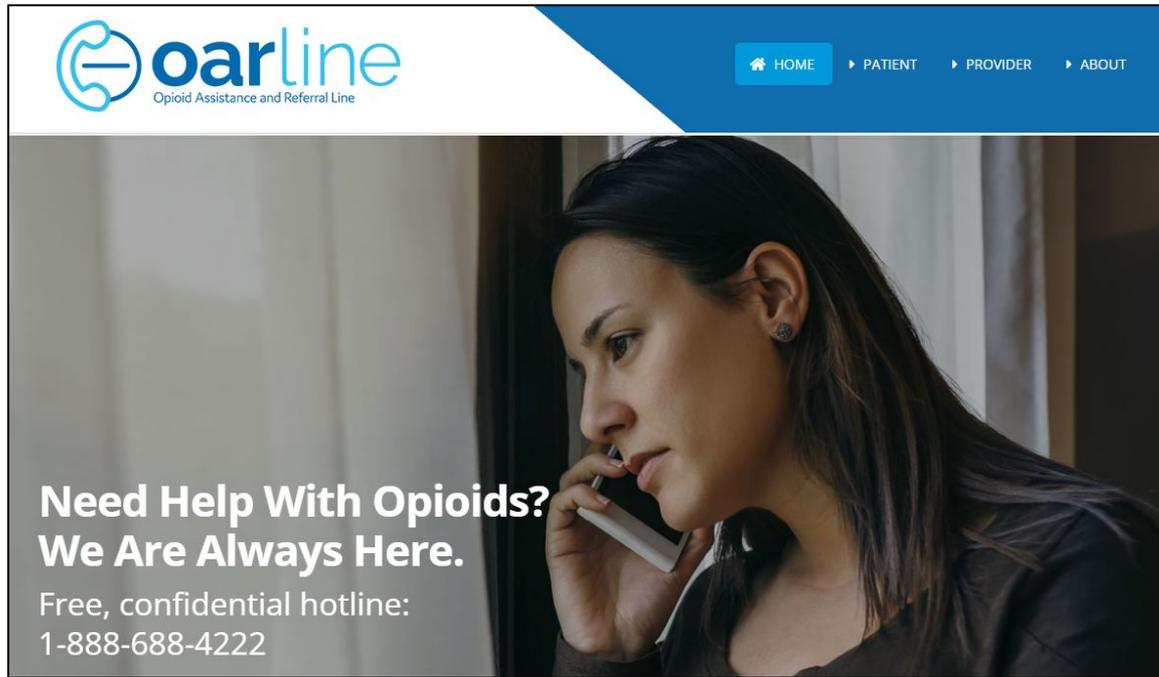
South GSA

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

Tribal

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

OARLine



The screenshot shows the top portion of the OARLine website. The header features the OARLine logo on the left, which consists of a stylized 'e' icon and the text 'oarline' in a lowercase, sans-serif font, with 'Opioid Assistance and Referral Line' written in smaller text below it. To the right of the logo is a blue navigation bar with white text links: 'HOME', 'PATIENT', 'PROVIDER', and 'ABOUT'. Below the navigation bar is a large hero image of a woman with long dark hair talking on a mobile phone. In the bottom left corner of the hero image, there is white text that reads: 'Need Help With Opioids? We Are Always Here. Free, confidential hotline: 1-888-688-4222'.

Email:

AzOarline@gmail.com

www.azdhs.gov/oarline

Members: Make Sure Your Contact Info Is Current In Health-e-Arizona PLUS

Need to report a change?

The screenshot shows the Health-e-Arizona PLUS user interface. The 'I Want To...' menu on the left has 'Report a Change' highlighted with a red box. The main content area shows 'My Account' information, including a verified ID, address (701 E Jefferson St, Phoenix, AZ, 85034-2215), and email. Below this is 'My Medical Assistance' with a table showing one entry: AHCCCS Medical Assistance, beginning on 09/01/2021. At the bottom, 'My Applications' shows a table with one application: 2021272000237, started on 9/30/2021, sent on MA 9/30/2021, and status 'Submitted'.

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

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

The graphic features a laptop displaying the website with a prominent orange banner that reads 'UPDATE YOUR INFORMATION TODAY!'. Below the banner, text encourages users to update their contact information for AHCCCS. The AHCCCS logo is at the bottom left, and a 'Log in or create an account today at www.healtharizonaplus.gov' message is at the bottom right.

www.healtharizonaplus.gov

UPDATE YOUR INFORMATION TODAY!

Make sure your contact information is up to date so AHCCCS can contact you, if needed.

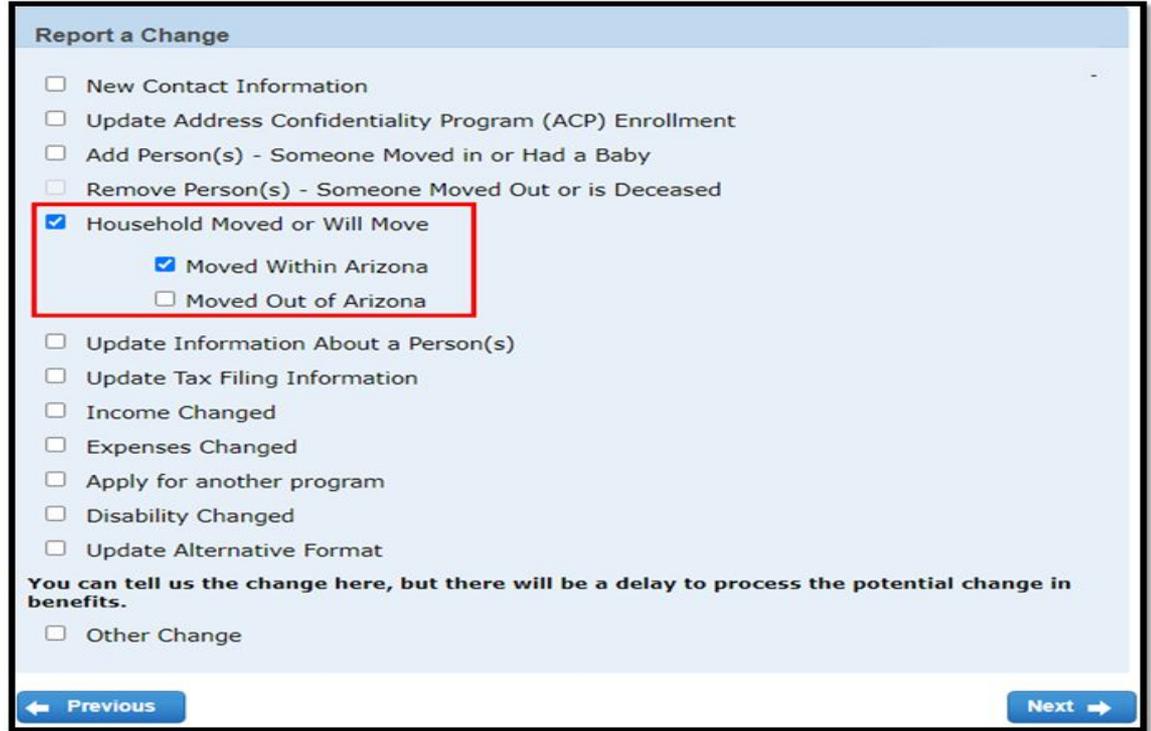
INDIVIDUAL AND FAMILY
Connecting individuals and families to coverage.

AHCCCS
Arizona Health Care Cost Containment System

Log in or create an account today at www.healtharizonaplus.gov

Health-e-Arizona PLUS Address Changes

Address changes can be reported online using Health-e-Arizona PLUS.



Report a Change

- New Contact Information
- Update Address Confidentiality Program (ACP) Enrollment
- Add Person(s) - Someone Moved in or Had a Baby
- Remove Person(s) - Someone Moved Out or is Deceased
- Household Moved or Will Move
 - Moved Within Arizona
 - Moved Out of Arizona
- Update Information About a Person(s)
- Update Tax Filing Information
- Income Changed
- Expenses Changed
- Apply for another program
- Disability Changed
- Update Alternative Format

You can tell us the change here, but there will be a delay to process the potential change in benefits.

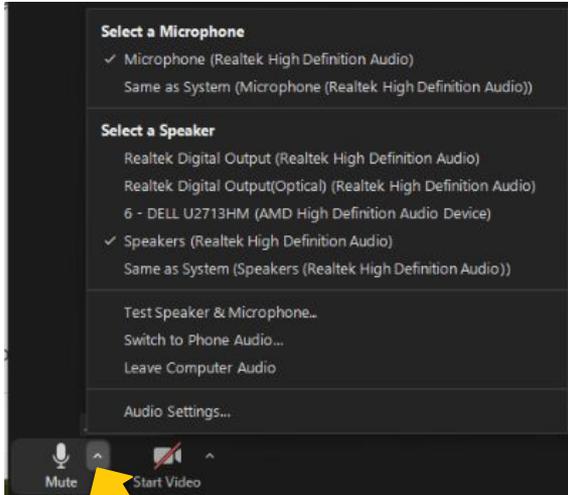
- Other Change

← Previous Next →

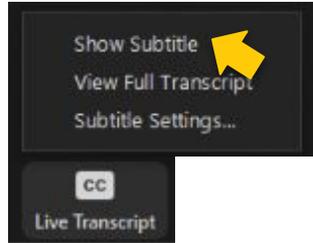
Zoom Webinar Controls

Navigating your bar on the bottom...

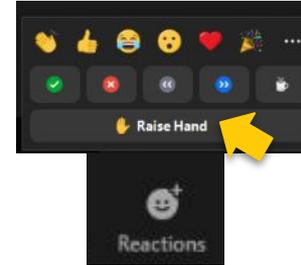
Audio Settings



Turn on Closed Captioning



Raise Hand



Chat



KEYBOARD SHORTCUTS TO RAISE HAND

Windows: Alt+Y to raise or lower your hand

Mac: Option+Y to raise or lower your hand

Tips for successful ZOOM PARTICIPATION



MUTE your mic
when you're not
speaking



BACKGROUND
NOISE watch when
turning on mic



Limit the
DISTRACTIONS
around you



Look at the
CAMERA
not your screen



PREPARE & queue
docs or links that
you plan to share



Stay FOCUSED by
not texting or side
conversations



Use GALLERY
VIEW to see all
participants



Use CHAT to ask
questions or share
resources

This Meeting Is Being Recorded

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

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



Transforming Policy: The Medicaid State Plan and Role of Lived Experience in Public Comments

Ruben Soliz, Federal Relations and Health Policy Advisor

Welcome

The purpose of today's presentation is to:

1. Provide an overview of AHCCCS' State Plans and federal policy, and
2. Describe the important role of lived experience in shaping health policy.

What is health policy?

- The laws, regulations, actions, and decisions implemented within society in order to promote wellness and ensure that specific health goals are met.
- Notable events in health policy include:
 - 1965: Medicaid established
 - 1992: SMI rights established in AZ in Laws 1992, Ch. 301, § 61
 - 1997: CHIP established for low-mind income children
 - 2014: The Affordable Care Act expanded Medicaid eligibility (up to 133% FPL)

Why does health policy matter?

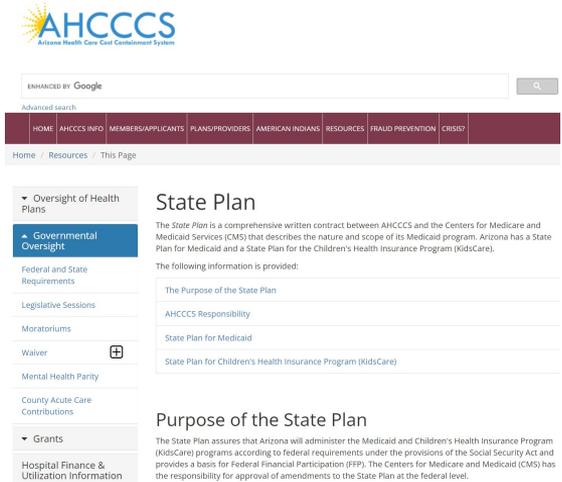
- Issues of health policy affect:
 - Who receives health care.
 - The kind of health care services available.
 - The quality of health care.
 - The amount (\$\$\$) that health care providers are paid for services.
 - The amount (\$\$\$) that you pay for health care.

What is the State Plan?

- The State Plan is AHCCCS' core health policy document.
- It describes Arizona's Medicaid program and how it operates.
- It is a legal contract between the State of Arizona and the federal government, authorizing Arizona to implement Medicaid within the limits of federal regulations.
- It is also the basis for the state to receive federal matching funds to implement Medicaid.

How is the State Plan Organized?

- The State Plan is approximately 1,000 pages.
- It is organized into 7 sections which cover topics such as:
 - Eligibility Criteria
 - Services Offered
 - Payment Rates
 - Legal Requirements
- It is posted to AHCCCS' website:
www.azahcccs.gov/Resources/StatePlans/



The screenshot shows the AHCCCS website interface. At the top is the AHCCCS logo (Arizona Health Care Cost Containment System). Below it is a search bar and a navigation menu with links: HOME, AHCCCS INFO, MEMBERS/APPLICANTS, PLANS/PROVIDERS, AMERICAN INDIANS, RESOURCES, FRAUD PREVENTION, and CRISIS?. The main content area is titled "State Plan" and includes a description: "The State Plan is a comprehensive written contract between AHCCCS and the Centers for Medicare and Medicaid Services (CMS) that describes the nature and scope of its Medicaid program. Arizona has a State Plan for Medicaid and a State Plan for the Children's Health Insurance Program (KidsCare)." It also lists "The following information is provided:" with links for "The Purpose of the State Plan", "AHCCCS Responsibility", "State Plan for Medicaid", and "State Plan for Children's Health Insurance Program (KidsCare)". A sidebar on the left contains a "Governmental Oversight" menu with sub-items: Federal and State Requirements, Legislative Sessions, Moratoriums, Waiver, Mental Health Parity, County Acute Care Contributions, Grants, and Hospital Finance & Utilization Information.

Why does the State Plan matter?

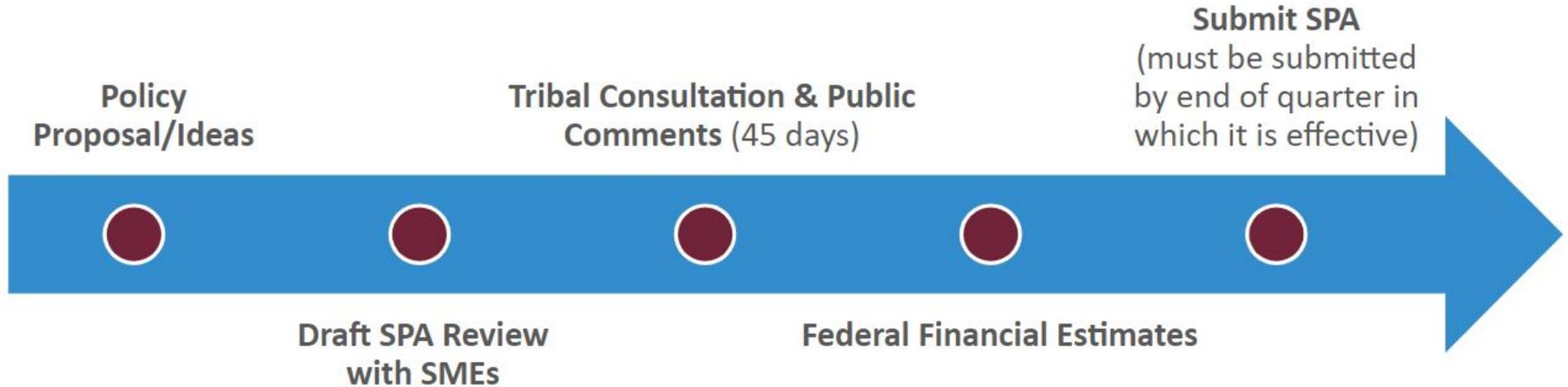
The State Plan...

- Establishes **who** may receive Medicaid in Arizona.
- Establishes the **services available** to Medicaid members.
 - E.g. Psychiatry, Lifeskills, Peer Support, Individual/Group Therapy
- Establishes how much **providers are paid** for providing services
- Establish health care **quality and treatment standards**
 - E.g. Provider qualifications, Medication Assisted Treatment, etc.

How is the State Plan updated?

- The State Plan is a living document.
- It is regularly updated for many reasons such as adding new services, updating eligibility criteria and changing payment rates.
- To change the State Plan, for reasons such as those noted above, we must prepare and receive CMS approval of a State Plan Amendment (SPA).

What is the SPA Process?



What is the SPA Process? (Cont'd)

**Informal Questions
from CMS**
(90 day clock)

Approval/Denial

**Formal Request for
Additional Information**
(stops clock)

What are some notable SPAs in AZ?

- Peer and Family Support Services (2010)
- Medicaid Expansion in Arizona (2013/2014)
- Public Health Emergency (PHE) Flexibilities (2020-current)
- Medicaid School Based Care (2021)
- Postpartum Coverage Expansion (2023)
- Community Health Worker Services (2023)

What are some upcoming SPAs?

- Expansion of CHIP Income Eligibility Limits (225% FPL)
- CHIP 12-month Continuous Eligibility
- Medicaid Children 12-month Continuous Eligibility

How does lived experience fit within health policy?

- Lived experience plays a vital role in shaping health policy.
- A [2021 Report](#) from the US Dept of Health and Human Services describes how to incorporate lived experience in policy through:
 - Storytelling: Telling one's unique story and highlighting one's experience in the health care system.
 - Advising: Making policy recommendations and suggestions based on lived experience

What is a public comment?

- Definition: Input given by the public on certain proposed government actions.
- A public comment can be sent on behalf of yourself or can be sent on behalf of a group (e.g., an organization, a community).
- A public comment can be a simple email to the public comment email address.
- A public comment can also be a more formal letter.

Who is qualified to submit a public comment?

EVERYONE!

What opportunities for public comment does AHCCCS have?

- AHCCCS has [a website](#) with Public Notices and Opportunities for Public Comment.
- Each State Plan Amendment (SPA) [is posted](#) for public comment.
- The Public Comment Period for each SPA lasts 45 days.
- Public comments may be submitted via email or postal mail.

How does AHCCCS use SPA public comments?

- The public comments help AHCCCS to better understand the needs of AHCCCS members and stakeholders.
- All SPA comments are reviewed, summarized, and presented to AHCCCS Executive Leadership.
- The public comments may affect how a policy is operationalized.
- The public comments may also inspire the creation of entirely new policies and services.

What sort of experience should I share in my public comment?

Share whatever is important to you!

This might include:

- Cultural background
- Community connections
- Needs and preferences
- Experience in the healthcare system
- Recommendations based on experience

What are some examples of public comments?

- “As someone who has been on AHCCCS, I understand the difficulties of...”
- “Living in a community where 75% of the population speaks only Spanish, I recommend that...”
- “As the father of child with a diagnosed mental health condition, I believe that this policy is...”

How can I stay updated on opportunities for public comment?

- Check the AHCCCS web page titled “Public Notices and Opportunities for Public Comment”
- Follow AHCCCS on Social Media
- Attend the State Medicaid Advisory Committee (SMAC) as a public member

Questions?

Thank You.

Follow & Support AHCCCS on Social Media

facebook

twitter

 Instagram

LinkedIn

 YouTube

Handle:

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

Handle:

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

Handle:

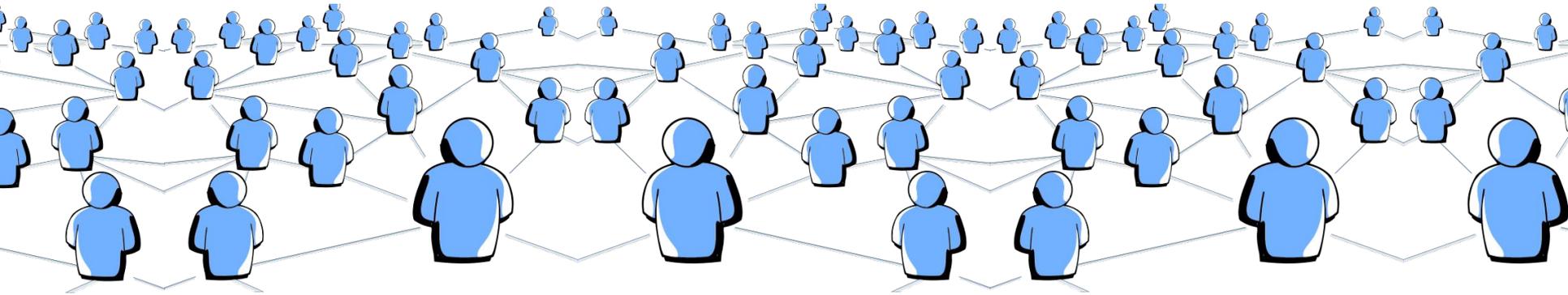
[@AHCCCSGov](https://www.instagram.com/AHCCCSGov)

Handle:

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

Channel:

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



Learn about AHCCCS' Medicaid Program on YouTube!

AHCCCS
Explains...

Medicaid Eligibility

AHCCCS
Explains...

ALTCS

AHCCCS
Explains...

Health-e-Arizona Plus



Watch our Playlist:

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

Other Resources - Quick Links

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



Please take the survey

to help us better
tailor meetings to
meet your needs.



State Medicaid Advisory Committee (SMAC)

Quarterly Meeting
Wednesday, July 12, 2023
(VIRTUAL MEETING)
1:00 p.m. - 3:00 p.m.

(To Join by Web)
[SMAC Meeting Link](#)
Password: SMAC2023!

After you click the SMAC Meeting link, at the bottom of the landing page, it will say "I'm not the meeting host, Join Meeting as an Attendee;" please click that language to register.

(To Join by Phone)
877 853 5257 (Toll Free)
Meeting ID: 895 9391 5466 **Passcode:** 777510703

Agenda

I. Attendance and Quorum Confirmation	Desiree Greene, Division Project Manager and SMAC Liaison
II. Welcome	Carmen Heredia, AHCCCS Director
III. AHCCCS Updates	Carmen Heredia, AHCCCS Director
IV. State Plan Amendments	Ruben Soliz, Federal Relations and Health Policy Advisor
V. 1115 Waiver Update	Shreya Arakere, Federal Waiver and Evaluation Administrator
VI. Targeted Investments Update	Cameron Adams, Program Administrator
VII. SMAC Updates	Desiree Greene, Division Project Manager and SMAC Liaison
VIII. SMAC Membership Assignments & Voting Session	Vincent Torres, Associate Director Customer & Community Success, Unite Us
IX. Call to the Public	Carmen Heredia, AHCCCS Director
X. Adjourn at 3:00 pm	All

SMAC Meetings

Per SMAC Bylaws, meetings are to be held the 2nd Wednesday of January, April, July and October.
All meetings will be held from 1:00 p.m. - 3:00 p.m. unless otherwise deemed necessary by the Director.
ASL interpretation and CART captioning services are available upon request. If you require these or other types of accommodations pursuant to the Americans with Disabilities Act (ADA), please contact the SMAC Liaison, Desiree Greene at Desiree.Greene@azahcccs.gov or 480-714-3596.



Welcome to the SMAC Quarterly Meeting

While you are waiting TEST YOUR AUDIO.

LISTEN FOR MUSIC.

You were automatically muted upon entry.

Please only join by phone or computer.

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



Thank you.



State Plan Amendments

Ruben Soliz, Federal Relations and Health Policy
Advisor (for the State Plan)

Division of Community Advocacy and
Intergovernmental Relations

Overview of State Plan/ State Plan Amendments (SPAs)

- Each state has a Medicaid state plan that describes how the state will administer its Medicaid program.
- The State Plan is the basis for federal financial participation in the Medicaid program, attesting to the State's compliance with federal regulations.
- In order to alter a State Plan, states must submit State Plan Amendments (SPAs), and receive approval from CMS.

SPA Updates - Recent Approvals

- Former Foster Care Children (FFCC) Eligibility Group
Attests to the state's compliance with the SUPPORT Act (2018) requirements for mandatory coverage of the FFCC group.
- Postpartum Continuous Coverage
Allows for 12-months of postpartum continuous coverage in Medicaid and CHIP.
- Community Health Worker (CHW) Services
Establishes Medicaid reimbursement for CHW services.

SPA Updates - Recent Submissions

- Other Provider Rates: This SPA updates the reimbursement methodology for calculating the FFS rate for alcohol and/or drug services; intensive outpatient.
 - The rate was previously calculated as a percentage of provider charges.
 - The new rate is \$157.86.
 - The new rate is comparable to the rate set by MCOs.
- Long Acting Reversible Contraception (LARC) Rates: Updates the rate for LARC to align with their wholesale acquisition cost.

Public Comment Process

All SPAs are posted for Public Notice at the following website:

<https://www.azahcccs.gov/AHCCCS/PublicNotices/#SPAs>

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

- **Email:** publicinput@azahcccs.gov

- **Postal Mail**

AHCCCS

Attn: Division of Community Advocacy and Intergovernmental
Relations

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

Open Discussion



AHCCCS QUARTERLY TRIBAL CONSULTATION MEETING AGENDA

Attendees: Tribal Leaders, Tribal Members, Indian Health Services, Tribal Health Programs Operated under P.L. 93-638 and Urban Indian Health Programs

Date and Time: Tuesday, August 29, 2023, 8:30 a.m. to 3:45 p.m. (MST)

Location: Online / Pascua Yaqui I'tom Hiapsi Tribal Building, 9405 S. Avenida del Yaqui, Guadalupe, AZ / Virtual

Webinar Registration Link: <https://forms.gle/sJTbJfcddy3aRw7Q8> (You will receive call-in information after registering for this meeting)

TIME	TOPIC	Presenter(s)	Reference Documents (please review ahead of TC)
8:30 AM – 9:00 AM	Coffee Chat & Check-In		
8:55 AM – 9:00 AM	Zoom Controls <i>(Online Only)</i>	Desiree Greene <i>Division Project Manager & SMAC Liaison</i>	
9:00 AM – 9:05 AM	Tribal Consultation Notification & Announcements	Christine Holden <i>AHCCCS Tribal Liaison</i>	
9:05 AM – 9:10 AM	Opening Prayer & Blessing	Juan Tavena <i>Cultural Specialist & Community Leader Pascua Yaqui Tribe</i>	
9:10 AM – 9:15 AM	Host Welcome	Reuben Howard <i>Health Director Pascua Yaqui Tribe</i>	
9:15 AM – 9:25 AM	Introductions & Agenda Review	Christine Holden <i>AHCCCS Tribal Liaison</i>	

TIME	TOPIC	Presenter(s)	Reference Documents (please review ahead of TC)
9:25 AM – 9:35 AM	Opening Remarks	Carmen Heredia <i>AHCCCS Director</i>	
9:35 AM - 10:05 AM	Tribal Leadership Open Mic / Updates	Tribal Leadership & Tribal Delegates	
10:05 AM – 10:35 AM	DFSM Updates <ul style="list-style-type: none"> • ROPA(ORP) • AIMH 	Ewaryst Jedrasik DFSM Assistant Director Leslie Short DFSM Deputy Assistant Director	
10:35 AM – 11:10 AM	CAF Process Overview	Vanessa Templeman <i>AHCCCS Inspector General</i> Nigah Mughal <i>AHCCCS Associate General Counsel</i>	
BREAK (10 MINUTES)			
11:20 AM – 11:50 AM	State Plan Amendments	Ruben Soliz <i>AHCCCS State Plan Manager</i>	
11:50 AM – 12:20 PM	1115 Waiver Discussion	Shreya Arakere <i>AHCCCS Waiver Manager</i>	
LUNCH (70 MINUTES)			

TIME	TOPIC	Presenter(s)	Reference Documents (please review ahead of TC)
1:30 PM – 2:05 PM	Traditional Healing Updates	<p>Alex Demyan <i>DCAIR Assistant Director</i></p>	
2:05 PM – 2:40 PM	<p>Policy TC Framework</p> <ul style="list-style-type: none"> • Presentation (15 min) • Consultation (30 min) 	<p>Alex Demyan <i>DCAIR Assistant Director</i></p> <p>Sandi Borys <i>AHCCCS Contract & Policy Administrator</i></p> <p>Carol Parra <i>AHCCCS Policy Analyst</i></p>	
2:40 PM – 3:15 PM	Member Exploitation & Provider Fraud Plan Overview	<p>Alex Demyan <i>DCAIR Assistant Director</i></p> <p>Marcus Johnson <i>Deputy Director</i></p> <p>Christine Holden <i>AHCCCS Tribal Liaison</i></p>	
3:15 PM – 3:40 PM	Open Discussion		
3:40 PM – 3:45 PM	Closing Remarks	<p>Carmen Heredia <i>AHCCCS Director</i></p>	
3:45 PM	Announcements & Adjourn	<p>Christine Holden <i>AHCCCS Tribal Liaison</i></p>	<p>AHCCCS Tribal Consultation Calendar</p>



APPENDIX D

Waiver Amendment Public Comment Letters



Request to Speak Positions

with Comments

SB1726

10/26/2023

Senate Appropriations 5/9/2023

Greg ALTSCHUH

Position: For

Please pass this bill -- for Arizona's children

Deborah Anderson

Position: For

As a pediatric nurse practitioner who has worked with medically complex children, I can attest that expansion of Kids Care is greatly needed.

Stacy Augustine

Position: For

Expanding Kid's Care is the right thing to do.

Suzanne Baird

Position: For

Expand KidsCare. Protect the vulnerable.

Linda Block

Position: For

We must expand and take care of our most vulnerable children.

Penny Boone

Position: For

This is desperately needed.

Elizabeth Brauer

Position: For

KidsCare is a great program to help vulnerable kids. It needs this funding.

Elizabeth Butler

Position: For

Expanding KidsCare has been a priority for many years. I urge you to pass this bill

Barbara Lynn Carpenter

Position: For

This must be a priority for our children and our future.

Marguerite Chaikin

Position: For

support vulnerable kids, so they become healthy adults

James Cordalis

Position: For

Please think of AZ children and expands KidsCare.

Margaret Cordalis

Position: For

Kids Care expansion is needed in our state.

Margaret Cordovano

Position: For

It is essential that parents have adequate health care coverage for their children. I support expanding this program.

These comments were added into the Request to Speak System for the various committee meetings the regarding SB1726.

Jennifer Dawson

Position: For

Expanding KidsCare to serve our state's most vulnerable children is desperately needed

Kathleen Dubbs

Position: For

Children are the ones who suffer when we do not have safety nets for the poor.

Donna Durand

Position: For

Expanding KidsCare to serve our state's most vulnerable children is desperately needed and has been a priority for many years.

Nancy C. Faria

Position: For

Expand KidsCare.

Steven Finger

Position: For

Expanding Kids Care is essential to vulnerable kids in AZ

Margaret Gray

Position: For

Expand kids care to help working parents and keep kids from public mischief

Iain Hamp

Position: For

Thank you for expanding KidsCare - very much needed.

Sally Harvey

Position: For

Good use of funds.

Susan Heck

Position: For

Yes. Expanding KidsCare for our most vulnerable children has been desperately needed for years. It is time to help NOW.

Sharon Hendrickson

Position: For

Expanding KidsCare to serve our state's most vulnerable children is desperately needed and has been a priority for many years.

Constance Henry

Position: For

Kids care should be a top priority. Please pass this bill

Eileen Hollowell

Position: For

Badly needed help for vulnerable kids

will humble

Position: For

We embrace moving KidsCare FPL to 225% & new \$ investments in the AZ State Hospital (ASH). Execution of the Alzheimer's work & improving the regulation of nursing homes will require new ADHS director-level leadership which is still not in place.

Patricia Jimenez

Position: For

Expanding KidsCare to serve our state's most vulnerable children is desperately needed.

Limell Lawson

Position: For

These comments were added into the Request to Speak System for the various committee meetings the regarding SB1726.

Kids are our future. Let's take care of them!

Daria Lohman

Position: For

we need to expand KidsCare to ensure that all children get needed health care.

Lisa Maczura

Position: For

Every voter in AZ either has kids, knows kids or was a kid. This is a good program!

Raquel Mamani

Position: For

We must expand Kidscare to serve our state's most vulnerable youth!

kathleen mayer

Position: For

Support expansion of Kids Care

Susan Morris

Position: For

ABSOLUTELY!

Loretta O'Connor

Position: For

We must support Arizona's most vulnerable children.

Barbara Oliver

Position: For

Expanding KidsCare to serve our state's most vulnerable children is desperately needed!

Bridget Olson

Position: For

Yes, yes, yes. This measure has long been needed to serve our most vulnerable children. AZ needs to step up and show up for these kids.

Lisa Olson

Position: For

Federally funded Kids Care is lifesaving healthcare access for many Arizona kids. We must support our most vulnerable children. What kind of country doesn't prioritize their children? Their future? A failing one.

Jan Perozeni Corbus

Position: For

The kids in Arizona matter!

Lawrence Peters

Position: For

For years expanding KidsCare has been a priority but has not been done. If lawmakers truly care about life and children after birth then this expansion must happen.

Sharon Regen

Position: For

Expanding KIDSCARE to serve our states most vulnerable children is desperately needed and has been a priority for many years.

Sandra Rizzo

Position: For

YES. Let's protect our vulnerable children. This is something everyone can agree on and our kids need.

Judith Robbins

Position: For

These comments were added into the Request to Speak System for the various committee meetings the regarding SB1726.

A hearty YES on Kidscare. This healthcare priority has been an imperative for years!!

Support it.

Tory Roberg

Position: For

Investing in Alzheimer's research, care, and support will build a foundation that will positively impact patients, families and caregivers for decades to come. The State Plan will also create efficiencies and save the state money.

Mary Santy

Position: For

Funding healthcare for kids is smart.

Cassio Saverino

Position: For

Kids care needs to be funded to take care of our most vulnerable

Catherine Sigmon

Position: For

Thank you for finally funding KidsCare

Janie Smieszek

Position: For

We need to expand KidsCare to help those in need

Joan Thomas

Position: For

We need to expand KidsCare to serve our most vulnerable children.

Salie Travis

Position: For

Expanding KidsCare to serve the state's most vulnerable children is desperately needed, has been a priority for years and should continue.

Peggie Jo Vincent

Position: For

This bill is needed for serving the state's children.

Lora Lida Walradt

Position: For

LD 8 - Expanding KidsCare is vitally important, and allows the program to continue to serve the neediest children.

Peggy Wenrick

Position: For

AZ children NEED Kids Care

Janet Wilson

Position: For

We need to continue and expand KidsCare. Our children are our future.

Catherine Zavala

Position: For

Let's support our kids.

Senate Rules 5/9/2023

DOUG ARNOLD

Position: For

Expanding Kids Care is desperately needed

Crystal Bazarnic

These comments were added into the Request to Speak System for the various committee meetings the regarding SB1726.

Position: For

Please expand KidsCare!

Gail Kamaras

Position: For

Expanding KidsCare is one of the best uses for our tax dollars and pays off in better health and less burdens on the state later.

Angela J. Miller

Position: For

Please support expanding KidsCare and our state's most vulnerable children.

John Neville

Position: For

Good.

Jackie Rich

Position: For

Please expand KidsCare

Cheryl Stafford

Position: For

Expanding KidsCare to serve our state's most vulnerable children is desperately needed and has been a priority for many years. Meet this priority through appropriations.

marcia stewart

Position: For

THIS SHOULD BE ABOUT OUR CHILDREN'S FUTURE. EXPAND THIS PROGRAM

Request to Speak Positions

with Comments

[HB2816](#)

10/26/2023

House Appropriations 5/9/2023

Deborah Anderson

Position: For

As a pediatric nurse practitioner who has worked with many medically complex children, I can attest that expansion of Kids Care is greatly needed. I applaud you for working towards this!

Suzanne Baird

Position: For

Expand KidsCare. Protect the vulnerable.

Crystal Bazarnic

Position: For

Please expand KidsCare!

Linda Block

Position: For

We must expand and take care of our most vulnerable children.

Penny Boone

Position: For

This is desperately needed.

Elizabeth Brauer

Position: For

KidsCare is a great program to help vulnerable kids. It needs this funding.

Elizabeth Butler

Position: For

Expanding KidsCare has been a priority for many years. I urge you to pass this legislation.

Barbara Lynn Carpenter

Position: For

KidsCare is a priority that helps create the future of our state.

Marguerite Chaikin

Position: For

Support healthy Kids- they become Healthy Adults!

Leonard Chayrez

Position: For

I have Young onset ALZ - please support this bill

James Cordalis

Position: For

Please think of AZ children and expands KidsCare.

Margaret Cordalis

Position: For

Kids Care expansion is needed in our state.

Margaret Cordovano

Position: For

I support expanding KidsCare so that parents have adequate health care for their children.

Jennifer Dawson

These comments were added into the Request to Speak System for the various committee meetings the regarding HB2816.

Position: For

YES!! Invest in the Housing Trust Fund and HELP THE HOMELESS!!

Kathleen Dubbs

Position: For

Why are we letting children go hungry?

Donna Durand

Position: For

Expanding KidsCare to serve our state's most vulnerable children is desperately needed and has been a priority for many years.

Mark Garrity

Position: For

please support this bill. we are living with ALZ in this home and additional public health focus is needed

Linda Guarino

Position: For

Definitely needed.

Iain Hamp

Position: For

Thank you for expanding KidsCare - very much needed.

Sally Harvey

Position: For

Good use of funds.

Susan Heck

Position: For

Support Expanding Kidscare has been desperately needed and a priority for years. We must protect our children however we can.

Sharon Hendrickson

Position: For

Expanding KidsCare to serve our state's most vulnerable children is desperately needed and has been a priority for many years.

Constance Henry

Position: For

Please expand Kidscare to our most vulnerable populations. This should have been a priority for years. LET's do this now!

Eileen Hollowell

Position: For

Helps kids in need so good for Arizona

Gail Kamaras

Position: For

Investments in KidsCare will pay off for the state in better health and better learning for our children.

Rivko Knox

Position: For

Expanding KidsCare is a very wise & humane investment. YES!!!

Janet Larkin

Position: For

A must to protect the most vulnerable.

Limell Lawson

Position: For

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Kids are our future. Let's take care of them!

Daria Lohman

Position: For

Arizona needs these investments to reduce homelessness.

Lisa Maczura

Position: For

Be a superhero for the kids! A good program.

Raquel Mamani

Position: For

We must expand KidsCare to serve our state's most vulnerable youth!

kathleen mayer

Position: For

Support expansion of Kids Care

Angela J. Miller

Position: For

This is badly needed investment in housing and services for the homeless.

Fred Miller

Position: For

It's about time that children become more important in Arizona. They will if this is passed.

Susan Morris

Position: For

ABSOLUTELY!

John Neville

Position: For

Good.

Loretta O'Connor

Position: For

We must support Arizona's most vulnerable children.

Barbara Oliver

Position: For

Expanding KidsCare to serve our state's most vulnerable children is desperately needed!

Bridget Olson

Position: For

Yes, yes, yes. This measure has long been needed to serve our most vulnerable children. AZ needs to step up and show up for these kids.

Lisa Olson

Position: For

Federally funded Kids Care is lifesaving healthcare access for many Arizona kids. We must support our most vulnerable children. What kind of country doesn't prioritize their children? Their future? A failing one.

Cynthia Paster

Position: For

Healthcare for kids who need help

Jan Perozeni Corbus

Position: For

The kids in Arizona matter!

Lawrence Peters

Position: For

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For years expanding KidsCare has been a priority but has not been done. If lawmakers truly care about life and children after birth then this expansion must happen.

Gail Prestera

Position: For

Expanding KidsCare to serve our state's most vulnerable children is desperately needed.

Sharon Regen

Position: For

Expanding KIDSCARE to serve our states most vulnerable children is desperately needed and has been a priority for many years.

Jackie Rich

Position: For

Please expand Kidscare

Judith Robbins

Position: For

Please support this critical need for Kidscare. Our most vulnerable in our society are kids. This will make a major difference in the lives of thousands. Vote yes!

Tory Roberg

Position: For

Investing in Alzheimer's research, care, and support will build a foundation that will positively impact patients, families and caregivers for decades to come. The State Plan will also create efficiencies and save the state money.

Cassio Saverino

Position: For

Kids care needs to be funded to take care of our most vulnerable

Catherine Sigmon

Position: For

Thank you for increasing funding to KidsCare

Janie Smieszek

Position: For

Disadvantaged children need our help. Fund KidsCare

marcia stewart

Position: For

YOU SHOULD BE CARING ABOUT OUR CHILDRENS FUTURE. EXPAND THIS PROGRAM.

Joan Thomas

Position: For

We need to expand KidsCare to serve our most vulnerable children.

Salie Travis

Position: For

Expanding KidsCare to serve our most vulnerable children is desperately needed and, has been a priority for years and should continue to be a priority!

Peggie Jo Vincent

Position: For

This bill is good for the state's children

Lora Lida Walradt

Position: For

LD 8 - Bills allows KidsCare program to continue to provide vital coverage to the most needy children.

Peggy Wenrick

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Position: For

AZ children NEED Kids Care

Janet Wilson

Position: For

We need to continue and expand KidsCare. Our children are our future.

Catherine Zavala

Position: For

Let's support our children

House Rules 5/9/2023

Gail Prestera

Position: For

Expanding KidsCare to serve our state's most vulnerable children is desperately needed. I support it.

Jackie Rich

Position: For

Please expand Kidscare

marcia stewart

Position: For

YOU SHOULD BE CARING ABOUT OUR CHILDRENS FUTURE. EXPAND THIS PROGRAM.