

MEDICAID CLIENT VOICE COUNCIL ENGAGE <u>Volume</u> 9

The Medicaid Client Voice Council seeks to amplify voices and increase feedback from the clients of Medicaid-funded programs.



Arkansas DHS Secretary Kristi Putnam visits with Medicaid Client Voice Council member Bradley Ledgerwood.

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"Care coordinator training is a main focus that all of us have, and it's really a full-time job - to make sure that we've got a solid, accurate, up-to-date onboarding and that we're doing regular training and refreshers and introducing new topics to all of our care coordinators. It is truly critical."

Lauren Grounds with Arkansas Total Care, answering a question about PASSE care coordinators.







PASSE REPRESENTATIVES PAY A VISIT

What is a PASSE? PASSE stands for Provider-Led Arkansas Shared Savings Entity. There are four PASSEs currently operating in Arkansas: Arkansas Total Care, Summit Community Care, Empower Healthcare Solutions, and CareSource. Representatives from all four PASSEs visited the most recent meeting of the Arkansas Medicaid Client Voice Council to educate Council members about these healthcare coverage groups. They serve Medicaid clients with complex behavioral health, and/or developmental or intellectual disabilities. Each PASSE helps coordinate person-centered service plans and transition services for their members. You can scan the QR code below to learn much more and hear what guestions our Council members had for these PASSE representatives.

VIEW THE LAST MEETING





OPEN ENROLLMENT IS HAPPENING NOW!

OCTOBER 1-31 2023

WANT TO KEEP **YOUR SAME PASSE?**

You don't have to do anything!

TO A DIFFERENT PASSE?

Call PASSE Beneficiary Support at 1-833-402-0672.

You can change one time during Open Enrollment. The change becomes effective Jan. 1 2024.

For more information visit ar.gov/passe





Next Council Meeting Tuesday, November 14th, 11 a.m.- 2 p.m. AFMC Campus



Arkansas Medicaid Control Center Director Amy Webb provides an unwinding update

BACK TO NORMAL OPERATIONS

Arkansas joins Idaho as the first two states to finish the process of redetermining Medicaid eligibility for all beneficiaries whose coverage was extended due to special rules that had been in place during the pandemic. It is a process that all states must undergo since President Biden in May declared that the pandemic-related public health emergency (PHE) was over. During the PHE, states were prohibited from disenrolling most beneficiaries from Medicaid even if they no longer qualified. "We want everyone who is eligible to get covered. Especially if they are kids. Especially if they have significant health issues. But we also have to follow the federal rules and requirements. And part of that is people have to return their information for us to keep them covered."

Amy Webb, Arkansas Medicaid Control Center Director.

COUNCIL INPUT

"I got my renewal packet probably 60 to 90 days ago – I was probably one of the later waves – and I just want to say it was the cleanest, shortest, simplest request for information that I have ever gotten from DHS. So kudos."

Alison Caballero Little Rock





Director Paula Stone tells Council members about the newly formed Office of Substance Abuse and Mental Health.





KRISTEN ARNOLD CONWAY



NAYTHAN DYKE Fort Smith



FRANK HELLMER LITTLE ROCK



KEVIN HOOVER Eureka Springs



DEANDRIEA BASS-CARRIGAN CONWAY



GALE HOLLAWAY HARDY



MICHELE LAPPIN WHITE COUNTY



YOLANDA TRAYLOR LITTLE ROCK



ALISON CABALLERO LITTLE ROCK



HEATHER HONAKER LITTLE ROCK

BRADLEY LEDGERWOOD

CASH

JERRY WATSON

PINE BLUFF



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ANGELICA YANEZ Rogers









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BETTY RAIFORD PINE BLUFF



Amanda Sanders Mountain Home

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