

ARIZONA ADVISORY COUNCIL ON INDIAN HEALTH CARE (AACIHC)
Meeting Minutes

Tuesday, June 9, 2020 | 3:00 p.m. – 5:00 p.m. | 141 E. Palm Lane, Suite 108, Phoenix, AZ 85004

Members Present:

- Michael Allison, Arizona Department of Health Services
- Amanda Bahe, Arizona Health Care Cost Containment System
- Candida Hunter, First Things First
- Alida Montiel, Inter Tribal Council of Arizona
- Daniel Preston, Tohono O’odham Nation (via phone)
- Deanna Sangster, Native Health
- Carol Schurz, Gila River Indian Community

Ex-Officio Members Present:

- Cindy Lemesh, Centers for Medicare and Medicaid Services (via phone)

Guest(s) and Staff Present:

- Alex Demyan, AHCCCS
 - Shreya Prakash, AHCCCS
 - Kim Russell, AACIHC
 - Lydia Enriquez, AACIHC
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MEETING CALLED TO ORDER – The meeting was called to order by Chairperson Montiel at 3:03 p.m.

INVOCATION AND INTRODUCTIONS – Ms. Enriquez offered the opening prayer and introductions were made.

ROLL CALL / ESTABLISHMENT OF QUORUM – Ms. Russell called roll. 4 of 6 members were present. A quorum was established.

ADOPTION OF MEETING AGENDA (ACTION ITEM) – Mr. Allison motioned to accept the meeting agenda and Ms. Hunter seconded the motion. All approved unanimously.

READING AND APPROVAL OF MEETING MINUTES (ACTION ITEM) – Mr. Allison motioned to approve the meeting minutes for August 26, 2019, December 16, 2019 and February 7 2020 and Ms. Hunter seconded the motion. All approved unanimously.

REPORTS

Chairwoman’s Report – Ms. Montiel provided an overview of her responsibilities as Director of the Health and Human Services (HHS) at the Inter Tribal Council of Arizona (ITCA). She is charged with managing various HHS programs for ITCA which includes the Tribal Social Services and Early Childhood working groups, the Healthy

Native Youth Curriculum, the Teen Tribal Pregnancy Prevention Program, the Workforce Investment Act Grant. In addition she continues to work on the Good Health and Wellness in Indian Country Grant whose tribal sub awardees are in three states. Lastly, Ms. Montiel participates on the ITCA COVID-19 Team which the Tribal Epidemiology Center is lead on through a CDC Pandemic Response Grant.

Additionally, Ms. Maria Dadgar, ITCA Director, is hosts weekly ITCA /ITAA calls with tribal leaders. Ms. Montiel participates on weekly calls with the CMS Tribal Technical Advisory Group and Subcommittees. Ms. Montiel announced that Mr. David Reede of the San Carlos Apache Tribe is the new CMS Tribal Technical Advisory Group Member for the Phoenix area.

Executive Director's Report – Ms. Russell's report reflects the time frame of February 8, 2020 – June 9, 2020. The AACIHC staff is currently working from home due to COVID-19, but occasionally come into the office. The end of the state fiscal year is June 30, 2020.

- Goal 1: Assist Tribes and Urban Indian health organizations in developing integrated and public health care delivery and financing systems. This goal is where the AACIHC does most of their work.
 - **Facilitate and partner to organize public hearings/forums on Medicaid services, benefits, and eligibility.** This objective is demonstrated through the commitment of the AHCCCS Tribal Liaison, Ms. Bahe, who is also an AACIHC Member. Ms. Bahe consistently ensures that AHCCCS staff participates in every AACIHC meeting. Ms. Russell stated that she appreciates the strengthened relationship with AHCCCS. AHCCCS has been conducting bi-weekly tribal consultations on waivers submitted under the authority of the COVID-19 Federal Emergency. Multiple and various Section 1115; Section 1135; and Appendix K waivers have been submitted by AHCCCS to CMS in response to COVID-19. These waivers impact both Medicaid and KidsCare programs. The wavier requests seek a broad range of emergency authorities to:
 - Strengthen the provider workforce and remove barriers to care for AHCCCS members
 - Enhance Medicaid services and supports for vulnerable members for the duration of the emergency period
 - Remove cost sharing and other administrative requirements to support continued access to services
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 - **Alternate Care Sites (ACS)** - Ms. Russell stated that a month ago the AACIHC worked with AHCCCS to submit a waiver on behalf of Tribes and IHS hospitals that are operating ACS so that they can be reimbursed for medically necessary services provided and Tribes have provided feedback on the draft waiver language. A few tribes, such as the Navajo Nation, White Mountain Apache Tribe, and Tohono O'odham Nation have built ACS and the Army Corps of Engineers assisted in building them. A survey was sent to Tribes to determine how many Tribes are operating ACS but there was little response.
 - **AHCCCS's 5-year Section 1115** – AHCCCS will be submitting their 5-year Section 1115 Waiver to CMS and AHCCCS will seek stakeholder input.
 - **Consideration of Extending Waivers Beyond the federal declaration** – AHCCCS has been hearing from stakeholders the importance of the COVID-19 emergency waivers and the desire to keep some of the

waiver authorities beyond the federal emergency declaration. Ms. Russell stated that the AACIHC should review these waivers and determine which ones ought to be retained and then recommend those to AHCCCS. Ms. Russell stated she will be reviewing the waivers, then present these recommendations.

- **State Plan Amendments (SPA) Open for Comment:** Ms. Russell emphasized the importance of the open comment period because of its specification to tribal health systems. The following are important SPAs that Tribes should consider providing comments on:
 - EPSDT Naturopathic Physician – Due July 9
 - Tribal Dental Benefit – Due July 16--Ms. Russell stated this SPA is regarding the Dental Benefit Cap Bill the AACIHC worked with the state legislature. The AACIHC will draft comments and share it with tribes.
 - COVID 4 – Due July 23 --This SPA has to do with an eligibility group and how tribes are not considered an uninsured population. More information will provided to Tribes on this at a later date. There is a letter that from Tribes in Alaska discussing this issue. The National Indian Health Board is also working on this issue.
 - Nursing Facility All-Inclusive Rate (AIR) – Due July 23-- This SPA was presented at a prior tribal consultation by the Tohono O’odham Nation Care Authority (TONCA). It would establish an all-inclusive rate for services provided at tribally operated nursing facilities.
- Whole Person Care initiative (WPCI): In partnership with AHCCCS, Ms. Russell recently sent out an email to tribal partners describing the WPCI and requested feedback from Tribes to inform AHCCCS as to how to further develop the WPCI. This information will be available on the AACIHC website at aacihc.az.gov. Currently, the WPCI strategies are:
 - Traditional housing: for individuals leaving a correctional facility, individuals being discharged from a behavioral health inpatient stay, and individual experiencing chronic homelessness. This targets one social determinant of health.
 - Non-Medical Transportation: This strategy focuses on providing transportation for non-medical needs such as accessing healthy foods and appointment navigation services.
 - Social Isolation: This strategy impacts individuals who receive Arizona Long Term Care System (ALTCS) services in their own homes including, but not limited to peer support programs with the goal of decreasing social isolation.
- KidsCare: AACIHC advocated in 2019 to lift the KidsCare trigger that would have allowed AHCCCS to freeze enrollment if FMAP fell below 100%. The HB 2754 passed which got rid of the trigger and funding was appropriated to keep the program running despite the FMAP falling below 100%. Approximately, 15,000 AI/AN children (Census data) are eligible, but only 2,737 are enrolled as of March 2020 which is only 18.24%. The AACIHC is participating in a workgroup hosted by Children’s Action Alliance whose goal is to increase participation in KidsCare. Ms. Russell will send out the information so others may participate. Lastly, in collaboration with Children’s Action Alliance, the AACIHC has purchased and plans to distribute posters and palm cards with messaging to encourage KidsCare enrollment. These materials will be located on the AACIHC website.
- Goal 2: Effectively advocate on behalf of the AACIHC with State Leadership on issues affecting AI/AN medical and public health care and financing systems.

- The 2020 Legislative Session was shortened due to COVID-19. The first day of Session was January 13, 2020 and the last day was May 26, 2020 with an adjournment for a few weeks in between. 1,735 bills and other measures had been introduced - 1,607 were bills. Due to the abbreviated session only 58 bills (or 4% of bills) were signed by the Governor into law.
 - General Effective Date: August 25, 2020
 - AACIHC Legislative Priorities:
 - Lift the \$1000 Dental Cap of Emergency Dental and ALTCS for tribal and IHS Facilities. HB 2244 was one of the 58 bills signed into law by the Governor on 3/16/20. Ms. Russell appreciates the advocacy from Tribes and partners supporting the bill. This was the fourth session the bill was introduced.
 - Creating the 6th AHEC – stalled in the House and the Senate.
 - Pregnant Woman Dental Benefit stalled in the House.
 - Next Steps may include a possible Special Session(s) called by the governor but topics are unknown at this time. This could occur at the end of August or at the end of Primary Elections.
 - The AZ Legislative Recap Webinar presented by Mr. Jay Tomkus of Corvid Consulting LLC will provide an overview of the 2020 legislative session and possible next steps. It is taking place on Tuesday, June 23, 2020, 10am-11:30am. Mr. Tomkus will be presenting on policies that impacts Medicaid, Workforce Development and Public Health. Ms. Russell and Ms. Montiel will be co-presenters.
- Goal 3: AACIHC is the trusted resource for information, education, and relevant data on American Indian/Alaska Native health care. No activities.
 - Goal 4: Expand the American Indian health care workforce.
 - Establish an Arizona American Indian Area Health Education Center (AHEC): Ms. Russell recently had a phone meeting with Representative TJ Shope and he expressed his commitment and support to create the 6th AHEC. Rep. Shope requested draft language that will be included in a bill should the Special Session occur. Ms. Russell said that they may most likely use language from the previous bill.
 - Host Bi-Annual Tribal Workforce Forum: This initiative was delayed because of COVID 19, but the AACIHC continues to move this forward. The AACIHC will be meeting with U of A next week to discuss the forum as they committed funds to host it.
 - Dental Therapy implementation: The dental therapy draft rules are available and initial comments are due by June 19, 2020. Ms. Montiel is working on comments for the draft rules to send to the Arizona Board of Dental Examiners. There is an upcoming quarterly Dental Therapy Workgroup meeting. The AACIHC wants to keep the momentum for dental therapy and they do this in collaboration with the ITCA.
 - CHR Workforce Sustainability: The AACIHC still continues to convene the CHR Directors Meetings on a monthly basis. The CHR Summit VI has been rescheduled to November 10 – 12, 2020 in Henderson, Nevada. Dr. Samantha Sabo from Northern Arizona University has submitted a Patient-Centered Outcomes Research Institute (PCORI) grant and the AACIHC and ITCA are partners to the grant. 10 tribes have agreed to be a part of the PCORI grant. Lastly, through a consultant agreement with Northern Arizona University Center for health equity research a CHR Workforce Assessment II Report will be

produced. Per the consultant agreement an informational webinar on the preliminary results of the workforce assessment will be shared. The webinar is on June 23, 2020 from 10 -11:15am.

- Goal 5: Secure sustainable funding to increase assistance available to Tribes/Urban Programs in accordance with statutory requirements to secure grants and contracts.
 - Increase state funding for the AACIHC to adequately support statutory requirements. The state fiscal year 2021 begins July 1, 2020. The AACIHC budget is the same as the current fiscal year with three full time staff.
 - Secure grants and contracts. NAU will be notified by July 2020 whether they were selected for the PCORI grant. NAU is the lead agency for the PCORI grant and the AACIHC and ITCA are partners to the grant. The AACIHC will serve as a convener of the CHR programs and the ITCA will service as a hub to disburse funds to the tribes, If the grant is secured, Ms. Corey Hemstreet, AACIHC Health Programs Manager will carry out the majority of the work for the AACIHC.
PCORI aims to:
 - Assess quality of CHR care team models (Any vs. None) within IHS and tribal health systems. Through working with Dr. Sam Sabo of NAU and the CHR programs for over 5 years, ten tribes have committed to participate on this grant.
 - Estimate the association between the presence of a CHR on a medical team and 1) attending a preventive care visit and 2) chronic disease management, measured using IHS, Government Performance and Results Act standards, applying a retrospective cohort design for years 2015-2020. The Aim is to make clear whether a CHR as part of a medical team or not.
- Goal 6: Fill all AACIHC seats and achieve representation of all 22 Tribes.
 - This goal is complex as there are tribal and state vetting processes of the nominated individual. Tribal nominations letters have to go to the Arizona Boards and Commissions to process then to the Governor's office for his appointment. This process takes the longest and they can be held up for over one year and at that time the nominated individual leaves the Tribes or is no longer an elected official. State membership is consistent as those nominations are made by their respective agency directors and come directly to the AACIHC Executive Director. Current membership include: Jessica Rudolfo, White Mountain Apache Tribe; Alida Montiel, Inter-Tribal Council of Arizona; Michael Allison, ADHS; Candida Hunter, First Things First; Jocelyn Beard, ADES, and Amanda Bahe, AHCCCS. Pending Memberships include: Dr. Jill Jim, Navajo Nation, David Reede, San Carlos Apache Tribe; Deanna Sangster, Native Health; Daniel Preston, Tohono O'odham Nation; and Carol Schurz, Gila River Indian Community.
- Other: Tribal Responses to COVID-19 – In collaboration with Dr. Sam Sabo, Associate Professor, Dept. of Health Sciences, Northern Arizona University, an intern is gathering publicly available tribal executive orders, resolutions, and public health emergency orders. An intervention timeline is being created and similarities observed. Further analysis will be to determine how these public health interventions have addressed various social determinants of health.

AHCCCS State Plan and Waiver Update –Mr. Demyan, reported that today’s PowerPoint has been shared widely and recently at tribal consultations. The following State Plan Amendments (SPA) are open for public comment:

- 1) EPSDT Naturopath SPA – A technical change was made because the state plan initially did not indicate that naturopathic physicians are covered under the EPSDT benefit for children who qualify. The Social Security Act requires that any practitioner licensed through the state should provide services to children who qualify for benefits.
 - 2) COVID Authorities SPA-Disaster Relief Spa for Medicaid – A new eligibility group was established through the Family First Corona Virus Response Act, which was the first piece of federal legislation to respond to the pandemic. This law was written to help provide for COVID-19 testing and would allow for uninsured people to enroll in Medicaid, but strictly for diagnosis and treatment of COVID-19.
 - 3) Tribal/638 Nursing Facility All-Inclusive Rate: AHCCC Plans to submit a SPA to change reimbursement for facilities owned or operated by the IHS or tribes to reflect the OMB outpatient all-inclusive rate.
 - 4) IHS/638 Dental Limit – AHCCCS will be submitting a SPA to lift the dental benefit limit for IHS/ Tribal facilities as passed in HB 2244 (subject to CMS approval). Projected implementation date is October 1, 2020.
- COVID Authorities – Mr. Demyan further reported that the CARES Act and Paycheck Protection Program was signed into law. It expanded and established HRSA funding available to providers for COVID-19 related activities. The HRSA funding can reimburse providers for COVID-19 testing, diagnosing and treatment services. Rates under HRSA funding are tied to Medicare like rates as opposed to the eligibility group being reimbursed at the Medicaid rates. The AACIHC is following the COVID 4 SPA and working closely with National Indian Health Board (NIHB) to assure that the AACIHC has input into the SPA as this could potentially impact Arizona Tribes. Further research is still needed.

Arizona 2020 Legislative Updates and Next Steps – Ms. Russell reported that the regular session ended and of the three priority bills of the AACIHC, 1 passed and 2 did not. A possible next step is a Special Session called by the Governor. The Special Session is not definite but we should be prepared to include the AHEC bill language that creates the 6th AHEC.

Due to the expected state budget deficit, the pregnant women dental benefit may be more difficult to advocate for during upcoming legislative sessions. Ms. Russell asked if there are any possible bills that tribes are interested in advocating for in the special session. For example, the AACIHC is part of a group of stakeholders that is working to advocate for broadband access in the possible Special Session. Ms. Russell would like to have the AACIHC fully funded in order to fulfill the statutory mandates. Since Ms. Corey Hemstreet, Program Manager, has been hired more activities have been accomplished.

NEW BUSINESS

Tribal COVID-19 Responses – Ms. Russell reported on the project summary created by NAU Intern Ivonne Garber, Ms. Hemstreet of the AACIHC and Ms. Ricky Camplain of NAU. The purpose of this research project is to analyze and document Tribal responses to the COVID-19 pandemic in Arizona. It is hoped this evaluation will assist Tribes by providing the most appropriate and necessary interventions during the next pandemic in

Arizona. Tribal executive orders, resolutions and public health emergency orders are being collected. They are being found mostly on tribal websites and tribal social media accounts. Ms. Russell stated that every Tribe in Arizona has issued some sort of Emergency Declaration and/or stay at home order in response to the COVID-19. Ms. Russell further stated that this project will last as long as there is a pandemic and that the tribes have been very aggressive in combating the COVID 19 Virus. This work has just begun and the group will continue to monitor the interventions tribes are implementing to mitigate the spread of COVID-19.

Ms. Hunter cautioned the work being conducted because comparing and contrasting tribes is not a wise idea. She further stated she has not heard of any tribes asking for this type of analysis.

Ms. Russell replied that the only information being gathered is what is publically available and the tribes have not been asked to provide any further information nor are tribes being compared to one another. The hope is that information gathered can lead to appropriate policy changes and resources. Ms. Montiel and Mr. Preston have been advisors to this project and Ms. Hunter will be invited to further meetings.

OLD BUSINESS

Healthy Adult Opportunity Initiative – Item tabled until next meeting.

CALL TO PUBLIC – The ADHS is conducting a call with Tribes this Thursday, June 11th from 1 – 2:30 pm to discuss COVID -19 vaccine distribution once it becomes available. At this time, a vaccine is not available but ADHS is seeking tribal input regarding the distribution of the vaccine once it is available. In early July, the ADHS will be conducting a tribal consultation on an Influenza response. Mr. Allison will send notification on the time and date as soon as possible.

NEXT MEETING DATE - A Doodle poll will be sent out to determine next meeting date.

ADJOURNMENT - Mr. Allison made a motion to adjourn the meeting and Ms. Beard seconded the motion. All approved unanimously. The meeting adjourned at 4:10 p.m.