

**Arizona Advisory Council on Indian Health Care (AACIHC)**

**Virtual Meeting Minutes**

**Tuesday, April 13, 2021 | 1:30pm-4:30pm**

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**Members present:**

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

**Ex-Officio Members Present:**

**Guests and Staff Present:**

- Ruben Soliz, AHCCCS
  - Shreya Arakere, AHCCCS
  - Mohammed Arif, AHCCCS
  - Dana Flannery, AHCCCS
  - David Bridge, AHCCCS
  - May Mgbolu, Arizona Center for Economic Progress
  - Karen McLaughlin, Arizona Center for Economic Progress
  - Kim Russell, AACIHC
  - Corey Hemstreet, AACIHC
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**Meeting called to order** – The meeting was called to order by Vice-Chairman Preston at 1:36pm.

**Invocation and Introductions** – Mr. Allison provided the Invocation and introductions were made.

**Roll call/ Establishment of Quorum** - Ms. Hemstreet took roll call. 7 out of 10 members were present and a quorum was established.

**Adoption of meeting agenda (Action Item)** - Ms. Hunter made a motion to accept the agenda and Mr. Allison second the motion.

**(8:00) Approval of December 18, 2020 Meeting Minutes (Action Item)** - Mr. Allison made a motion to approve the meeting minutes with minor edits and Ms. Hunter second the motion.

**(10:00) Reports**

- ☐ Chairwoman’s Report - Ms. Montiel is the Health and Human Services Director for the ITCA and oversees various projects. Weekly/monthly calls occur with all of the Program Managers to update one another on the following projects: Tribal Health Steering Committee (HHS/Indian Health Services/Health policy) (40 Tribes/Bands) (Phoenix Area Office-Indian Health Services); Good Health & Wellness in Indian Country-Chronic Disease Prevention Workgroup (Phoenix

Area- CDC); Workforce Innovation and Opportunity Act (WIOA) (3 Tribes); Outreach and Services to Underserved Populations (Sexual Assault) (Tribes/UIOs- AZ) (DOJ-OVW); Health Native Youth (Indian Health Services/OMH/NPAIHB)(PAO-Indian Health Services Tribes/Urban Indian Organizations); Social Services Working Group (22 Tribes- AZ) (ACYF-ADES); Tribal Childcare Working Group (22 Tribes- AZ) (ACYF-ADES); Tribal Teen Pregnancy Prevention Abstinence Plus Education Program (3 Tribes) (Arizona Department of Health Services); and ITCA Dental Therapy Implementation Project (22 Tribes) (National Indian Health Board (NIHB)). Due to COVID, some projects have been affected but are slowly starting to pick up again.

Dental Therapy Implementation Project - The Dental Therapy Implementation Project is funded by the NIHB and Pew Charitable Trusts to continue the work of the Dental Therapy Workgroup that ran from 10/01/20-03/20/21. The project is extended to end of July and are in the process of getting the workgroup funded for another year. The workgroup meets bi-monthly to provide Tribal/Indian Health Services/Urban Indian updates on dental therapy implementation. The workgroup is monitoring the Community Health Aide Program (CHAP) and Arizona Dental Therapy rulemaking and are working on a DHAT Clinical Readiness Survey with ITCA Tribal Epidemiology Center. The workgroup will continue to conduct technical assistance webinars to incorporate dental therapists into the dental clinical team and community-based settings. Other webinars were provided that focused on how other DHAT programs structured their governing boards and the policies needed to establish Dental Therapy. If webinars need to be provided again, the workgroup can coordinate them. The workgroup is working with Totem Concepts to create a Dental Therapy and Oral Health Careers' Campaign and are identifying strategies/tribal advocacy to establish Dental Therapy education programs in the Southwest and within Arizona so that students who are interested in pursuing a Dental Therapy degree can attend a program nearby.

Board of Dental Examiners (BODEX) Rulemaking- BODEX is responding to and responsible for implementing state statutes. HB 2235- dental therapy; regulation; licensure amended the following statutes: A.R.S. 32-1201.01, 32-1207, 32-1231, 32-1235, 32-1263, 21-1263.02, 21-1264, 32-1291.01, 32-1299, 41-619.51, 41-1758 and 41-1758.01. The statutes that relate to BODEX is where Dentists are licensed and will also license dental therapists in the state of Arizona. In Arizona, the scope of practice for Dental Therapy requires a dual hygiene/dental therapy requirement; however, there is a section of the law that states if a Dental Therapist is employed at an Indian Health Service/Tribal 638/Urban Indian Facility, they do not need to have a dual licensing requirement. This may pose as a challenge because governing boards may want to follow state statute or develop and hiring dual licensed Dental Therapists.

The Inter Tribal Association of Arizona, the advocacy arm of ITCA, sent a letter to BODEX in August 2020 and requested reference of 25 U.S.C. 1616l(d) and A.R.S. 32-1276 in the rules. This section of the Indian Health Care Improvement Act authorizes the use of dental health aide therapist services in accordance with state law (scope of practice). The fact that there are twenty-two Tribal Nations, three Indian Health Services Area Offices and four Urban Indian health programs in the state, it's of significance relevance in terms of the rule. The requested reference from federal law into state rule would exempt I/T/Us from the dual hygiene requirement. The BODEX are going line by line and page by page of the proposed rules. Ms. Montiel was able to present ITAA's request to the subcommittee of the BODEX. Unfortunately, the BODEX did not adopt the requested section neither did they oppose it. Some BODEX members were concerned of ITAA's request because they are not in the practice of including

federal law in the state rule. Ms. Montiel will investigate whether BODEX includes any reference to federal law in the state rules or any other licensed health care providers. Ms. Montiel stated that this is a very rare case of a state having to approve a provision of care that is authorized by the Indian Health Care Improvement Act. Thus, there is a need to have a nexus between federal, state and tribal law so should an I/T/U facility seek to hire a Dental Therapist they can reference all 3 (federal, state, and tribal) sections of the law. Next steps for this issue will include requesting a meeting with BODEX's attorney to further explain the necessity of the proposed language in the state rule.

Ms. Russell asked Ms. Montiel what the next steps in terms of advocacy? There will be an upcoming Dental Therapist workgroup meeting and Ms. Montiel is looking forward to seeking advice from the group, educating the BODEX about public health in dentistry and the Indian Health System, and writing letters to the BODEX.

Mr. Allison asked if I/T/Us can hire Dental Therapists even without the BODEX rules being finalized and Ms. Montiel said that they can create their own governing license boards. Since Arizona does not have a dental therapy program, students will have to go get trained in another state such as Washington. Mr. Allison also asked, can a Dental Therapist get reimbursed through AHCCCS even though the BODEX rules are incomplete? Ms. Montiel stated that the Dental Therapy services can get reimbursed under the licensure of a dentist. Mr. Allison proposed to get an update on the Community Health Aide program regarding how Dental Therapy will play a role in it.

📄 Executive Director's Report (47:00) -

Goal: Effectively advocate on behalf of the AACIHC with State Leadership on issues affecting AI/AN medical and public health care and financing systems.

The AACIHC has been successful in advocating for 2 of 5 legislative priorities:

- SB1301 which establishes a 6<sup>th</sup> Area Health Education Center (AHEC) that focuses on the Indian Health System was sponsored by Senator T.J. Shope and signed into law by Governor Ducey. Next steps will include 6<sup>th</sup> AHEC implementation and the University of Arizona to issue a Request for Proposal so that different entities can apply.
- HB2126 which exempts ITU facilities from the Sliding Fee Scale requirement of the Arizona State Loan Repayment Programs (AZSLRP) was also signed into law by Governor Ducey. This new law will enable more I/T/U facilities throughout Arizona to be eligible because they do not have to have a sliding fee scale. The Arizona Department of Health Services was sponsoring this bill and Ms. Russell thanked them for their advocacy.

The following policy priorities bills did not pass out of the committees they were assigned to but may still get signed into law through the budget negotiation process:

- Creating an Uncapped Dental Benefit for Pregnant Women Eligible for Medicaid- This has a good chance of being included in the Budget Reconciliation Bill (BRB) as stakeholders have been advocating for this for several years now. Rep. Regina Cobb has been a champion for this bill and is the House Appropriations Chair.
- Expanding the Income Eligibility of KidsCare from 200% FPL from 250% FPL- This is a policy priority for Rep. Kelly Bulter but the bill has not had the chance to be heard because it never got assigned to committees until this year. Unfortunately, the bill did not pass out of committee and was attached to a striker bill as an amendment but did not get enough votes

for it to be added. This bill still can be included in the BRB. The AACIHC sent letters to all the members of both chambers to advocate for KidsCare expansion.

- Expanding Medicaid Coverage for Postpartum Women from 2 months to 12 months- This would require a State Plan Amendment and legislation to provide an appropriation to cover the additional 10 months.

Other: Efforts to lift the dental cap for Urban Indian Health Programs is occurring since the UIHPs can draw down the 100% FMAP for the next two years. This could be accomplished in the Budget Reconciliation Bill. We are awaiting notification as to whether AHCCCS needs this legislative authority or if this can occur in their waiver negotiations with CMS. Ms. Russell will keep AACIHC members informed of next steps and what advocacy is needed from the Tribes and Urban Indian organizations.

Goal: Expand the American Indian Health care workforce (1:00:00).

The University of Arizona AHEC program announced workforce development grants for Tribes to apply for. The grants are for one year and each award may be between \$25k-\$30K. A total of 10 projects will be awarded.

In addition, an RFP has been issued by our agency to acquire a consultant who can conduct a statewide assessment of the primary health care workforce of the I/T/U system in Arizona. Selection will occur in the next few weeks and tasks completed by June 30, 2021. A presentation will be provided to the AACIHC at the next meeting.

In collaboration with ITAA and Native American Connections, staff have been attending and informing Tribes about the dental therapy rulemaking process conducted by the BODEX. ITAA has recommended edits to the draft rules. In addition, staff is participating in the ITCA Dental Therapy workgroup meetings.

Ms. Hemstreet has continued to host monthly Community Health Representative (CHR) Director meetings. These meetings focus on: 1) CHR Reimbursement, 2) CHW Voluntary Certification, 3) Training and Professional Development opportunities, and 4) Research Opportunities. The Rulemaking process for the Arizona CHW voluntary certification process should occur very soon within ADHS. Lastly, the CHR Summit has been postponed until November 2-4, 2022 in Henderson, Nevada.

Goal: Securing sustainable funding to increase assistance available to Tribes/Urban programs in accordance with statutory requirements.

Ms. Russell and Ms. Hemstreet have been meeting with Tribal CHR Directors on a weekly basis to prepare to apply for a CDC Community Health Workers for COVID-19 Response and Resilient Communities (CCR) grant. In addition, Ms. Russell is inquiring on submitting a proposal to ADHS for CDC COVID-19 Health Disparities grant. The grant is to lessen COVID-19 impact. Ideas are still being generated and submission of project ideas is due next week.

Goal: Fill all AACIHC seats and achieve representation of all 22 Tribes.

On April 7, 2021, Ms. Trista Guzman, Boards and Commission Director indicated that Ms. Jill Jim's nomination will be moving forward. All current board members' information has been updated and submitted to Ms. Guzman for membership renewal.

Mr. Allison asked the question, why is the 100% FMAP reimbursement only limited to the two years and what do we need to do to get this permanently? Ms. Montiel indicated that when the American Rescue Plan passed under the Biden Administration—the vehicle that was used only required the Senate majority to pass the ARP; therefore, it was limited to 2 years.

☒ AHCCCS State Plan and Waiver Update - AHCCCS Staff provided the following AHCCCS updates:

Medication Assisted Treatment (MAT) Mandatory Benefit (SPA)- no added services or change in rate but is attesting to CMS that AHCCCS is providing MAT services. Arizona has been in accordance with the MAT requirement.

State Plan Amendment (SPA) 20-021- was approved to update the State Plan to allow Pharmacy Technicians and Pharmacy Interns to administer the influenza and COVID-19 vaccines at AHCCCS registered pharmacies. In addition, SPA 20-031 was approved to update the state plan to establish Medicare rates for the administration of COVID-19 vaccines. Note: the All Inclusive Rate still applies to Indian Health Services/638 facilities for these services. SPA 21-001 was submitted to allow IHS/638 non-FQHC facilities to claim at the outpatient all-inclusive rate (AIR) for COVID-19 vaccine administration by registered nurses under an individual or standing order for the duration of the Public Health Emergency. Lastly, SPA 21-004 was submitted to increase Non-Emergency Medical Transport rates to include wait-time at COVID-19 vaccine drive-thru sites.

School based claiming SPA expands the number of school-based services that can be Medicaid-claimed in school settings. Services are proposed and include services such as nursing, physician, audiology, and physical therapy that are provided at Local Education Agencies and meet qualifications and certification standards established by AHCCCS.

## Presentations

- AHCCCS Housing Waiver Amendment and Targeted Investments (TI) 2.0 Proposal

TI 2.0 Proposal- AHCCCS held a Special Tribal Consultation for the TI 2.0 proposal to acquire tribal input, recommendations, and feedback. This waiver was developed back in December 2020 and the concept paper was finalized/submitted to CMS on May 31, 2021.

AHCCCS Housing & Health Opportunities (H2O) Demonstration Proposal- This waiver is based on the work that AHCCCS has been doing around the Whole Person Care Initiative and the Social Determinants of Health with the realization of how much access to housing has an impact on our health and well-being.

The demonstration goals to achieve are:

1. Increase positive health and wellbeing outcomes for target populations.
2. Reduce the cost of care for individuals successfully housed.
3. Reduce homelessness and maintain housing stability.

Strategies:

1. Strengthen homeless outreach and engagement- enhance screening and discharge coordination and enhance/support data collection.

2. Securing housing funding for members who are homeless or at-risk of homelessness- community reintegration & immediate post homeless housing services, community transitional services, and eviction prevention services.
3. Enhancing Medicaid wraparound services and supports- home modification services and pre-tenancy and tenancy supportive services.

The target population are individuals who are experiencing homelessness or at risk of homelessness and who have at least one or more of the following conditions or circumstances: serious mental illness (SMI) designation or in need of behavioral health and/or substance use treatment; determined high risk or high cost based on service utilization or health history; repeated avoidable emergency department visits, or crisis utilization; and pregnant/post-partum women.

Ms. Montiel asked if tribal housing authorities (THA) will be able to provide input? Considering THAs provide majority of housing for tribal members living on the reservation. Mr. Bridge stated that some THA have been involved in the process but it depends on the relationship between the Tribes, Behavioral Health departments and THAs.

Targeted Investments (TI) Program Renewal Concept Paper- This is a 5-year program that offers incentive funding to providers who meet certain milestones and demonstrate their shared commitment to integrated care of behavioral health care and physical health care. AHCCCS seeks waiver authority to extend the TI Program from 2021 through 2026. The extension request was submitted to CMS in December 2020 with Arizona's waiver renewal packet. AHCCCS developed a concept paper to supplement the waiver renewal request to provide further details on the structure and requirements of the TI Program 2.0.

- Goals for TI 2.0 Program include: Sustain the integration efforts of current TI participants, expand integration opportunities to new providers, Improve the program requirements to provide whole person initiative, and align/support the AHCCCS 2021 Strategic Plan.
- TI Program 2.0 will include two distinct cohorts: extension cohort will include TI Program providers that completed participation in the current TI program and the expansion cohort will include primary care practices and behavioral health providers, integrated clinics with no prior TI participation.
- TI 2.0 Program Funding- AHCCCS that the maximum total funding for the program not exceed \$250 million over five years including state and federal match contributions. AHCCCS anticipates funding TI 2.0 through a combination of state and federal sources. Funding will direct incentive payments to participating providers to meet program milestones and goals.

#### Arizona Budget 101

Arizona has four types of funds (\$43.2 Billion): Federal funds (\$17.7), General fund (\$11.8), Non-appropriated funds (\$11.0), and other appropriated funds (\$4.6). The general fund (\$11.9 billion) includes: sales and use tax (45%), Individual income tax (43%), corporate income tax (3%), insurance premium tax (4%), and other (5%). The general fund is divided accordingly: education (48%), AHCCCS/Health Services (17%), Corrections (10%), economic security (7%), Universities (6%), Child Safety (3%), School facilities (2%), and other agencies (7%).

The Budget process and who does what- State Agencies: develop the budget request to the governor under guidelines issued by the governor's office, administer the budget when finally passed, and when budget cuts are made as "lump sum," agencies determine where cuts will be made. The Governor's Office of strategic planning and budgeting- sets the ground rules for agency requests, analyzes budget requests and formulates Governor's budget, and developed revenue projections.

Governor and Policy Advisors submit budget proposal to legislature at the beginning of the legislative session, policy advisors are primary contact between agencies and Governor and are often contact points for advocacy groups. The Governor has line-item veto power and can strike out an appropriation but cannot change a number or add a new appropriation. The Legislature can override a veto with a supermajority.

Joint Legislative Budget Committee staff issue a "baseline budget" at the same time the governor's budget proposal is released. It is not equivalent to the governor's proposal. The purpose of the baseline is to identify what funds remain after adjusting spending for statutory changes and one-time spending. They develop revenue projections through the Finance Advisory Committee, keeps track of numbers coming out of the negotiations and issue the appropriations report, tax handbook, and material for income tax credit review committee.

The budget cycle: Governor's budget office issues instructions → Agencies submit budget request → Governor releases budget proposal → Legislative process → fiscal year begins.

Tax Rumors (\$1 billion cut)- moving to a flat tax for individual income tax and reduce assessment ratio for commercial property—both of which will have a total impact of \$1 billion.

Ms. Montiel asked if AHCCCS could include in the Budget Reconciliation Bill (BRB) funds for pregnant and post-partum coverage and will the education BRB include resources for schools to bring children back to school safely? Ms. McLaughlin answered, "maybe." The best way to have money become a permanent part of an agency is to have it put into the appropriations bill.

## **New Business**

- ② 6<sup>th</sup> Area Health Education Center Initiative Tribal Consultation Report (Action Item)- Mr. Allison made a motion to approve the report and Mr. Preston second the motion. All approved unanimously. Motion approved.
- ② CDC Community Health Workers for COVID Response and Resilient Communities - Ms. Russell and Ms. Hemstreet have been meeting weekly with the Tribal CHR Directors to plan and submit this grant proposal to Grants.gov. There was consensus among the Tribal CHR programs to apply as a consortium under the AACIHC. 5 Tribes have provided their commitment to apply and will sub-contract with AACIHC. This grant will focus on: capacity building, implementation readiness, and innovation. This notice of funding opportunity (NOFO) supports CHR work through training and deployment of community health workers and by building and strengthening community resilience to fight COVID-19 through addressing existing health disparities in the population. The grant is for 3 years.

The estimated total program funding is: \$300,000,000. For individual awards, the award ceiling is \$5,000,000 and the award floor: \$350,000. The posted date of the grant was March 25, 2021 and the closing date is May 24, 2021, with an estimated award date of August 01, 2021.

**Old Business-** None

**Call to the Public-** None

**Next Meeting Date-** Ms. Hemstreet will send out a doodle poll to determine a date and time for our next meeting.

**Adjournment-** The meeting was adjourned at: 4:35pm