Arizona Advisory Council on Indian Health Care (AACIHC)

Virtual Meeting Minutes

Wednesday, June 23, 2021 | 1-4pm AZ time

Members present:

- Michael Allison, Arizona Department of Health Services
- Amanda Bahe, Arizona Health Care Cost Containment System (AHCCCS)
- Joycelyn Beard, Arizona Department of Economic Security
- Candida Hunter, First Things First
- Daniel Preston, Tohono O'odham Nation
- Carol Schurz, Gila River Indian Community

Ex-officio Members Present:

Guests and Staff Present:

- Tracy Lenartz, Lenartz Consulting
- Alisa Randall, AHCCCS
- Alex Demyan, AHCCCS
- Corey Hemstreet, AACIHC
- Kim Russell, AACIHC
- Cora Tso, Center for Economic Progress
- May Mgbolu, Center for Economic Progress

Meeting Called to Order- The meeting was called to order at 1:06pm.

Invocation and Introductions- This item was skipped.

Roll Call/Establishment of Quorum- Ms. Hemstreet called roll and 6 of 11 members present. Quorum was established.

Adoption of Meeting Agenda (Action item) - Mr. Allison made a motion to move the presentations to the beginning of the agenda, Ms. Schurz seconded the motion. Motion was approved.

Approval of April 13, 2021, Meeting Minutes (Action Item)- The Advisory Council did not vote on the approval of the meeting minutes.

Presentations

- SAMHSA Block Grant Funding Opportunity - The purpose of this presentation is to acquire feedback from the Advisory Council for the various funding streams through the ARPA that the state is being offered. There is a short timeline for these block grants, so AHCCCS is seeking Tribal feedback to include in the proposal, such as what the funds can be utilized for.

Alisa Randall, Assistant Director, Division of Grant Administration presented on the specific set aside funding from ARPA that goes directly to block grants. Ms. Randall focused on the SAMHSA block grants to address addiction, mental health crisis. The APRA is an economic stimulus bill that was passed by Congress and signed into law by President Biden with the goal to support recovery from the health and economic effects of the COVID-19 pandemic for Americans with mental illness and substance use disorders. States can utilize funds from September 1, 2021, to September 30, 2025, to expend the funds.

Block grants are awarded for 2 years on an annual basis but get notification of funding on a yearly basis. SAMHSA block grants are noncompetitive grants, meaning that the state of Arizona does have to apply for those grants because Arizona is a state and can utilize the grants. However, the state of Arizona must submit a plan on how they are going to spend the funds for annual reports and these supplemental grants. Block grants are focused on the support of those that are uninsured, underinsured, or non-title 19 (NTXIX). Funding is allocated through RBHAs and TRBHAs due to specific eligibility parameters and current contract structure.

SAMHSA is still requiring States to follow the minimum requirements for each grant:

- Mental Health Block Grants (MHGB): 1) person must be uninsured, underinsured, or NTXIX. 2) funds are to be used solely for services for adults with SMI designation or a child with a SED designation.
- Substance Abuse Block Grants (SABG): 1) client must be uninsured, underinsured, or NTXIX. 2) Client must indicate active substance use in the past 12 months. 3) Exception of services available to NTXIX clients (i.e., acupuncture, traditional healing).

Below are Recommendations for use of the Mental Health Block Grant (MHBG)

1. Partnership development throughout the continuum of care
2. Comprehensive 24/7 crisis continuum for children
3. Increased outpatient access, including same day or next day appointments
4. Improve information technology infrastructure
5. Adoption and use of health information technology
6. Digital platform consideration
7. Advanced telehealth opportunities to advance crisis services for hard-to-reach locations.
8. Implementation of an electronic bed registry
9. Support for crisis and school-based services the promote access to care for children with SED
10. Development of medication-assisted treatment (MAT) protocols to assist children and adults who are in crisis
11. Expand Assisted Outpatient Treatment (AOT) services
12. Develop outpatient intensive crisis stabilization teams to avert and address crisis
13. Technical assistance for the development of Certified Community Behavioral Health Clinics (CCBHC).
14. Improve information technology infrastructure
15. The adoption and use of health information technology to improve access to and coordination of SUD prevention, intervention, treatment and recovery support services.

16. Advance telehealth opportunities to expand services for hard-to-reach locations.
17. Enhance primary prevention infrastructure within the state and communities using the Strategic Prevention Framework planning model.
18. Consider incorporating strategies around adverse childhood experiences to improve substance misuse outcomes among all populations.
19. Support expansion of peer-based recovery support services to ensure a recovery orientation which expands support networks and recovery services.

AHCCCS must submit an application providing details on the use of the additional funding by July 2, 2021. Public comments can be submitted via email to: publicinput@azahcccs.gov.

Mr. Allison suggested that the effects of COVID-19 should be considered specifically regarding, "long haulers" for recovery. There is also a need for a "on-the-ground" services for the community.

Ms. Russell also brought up the issue of provider burnout and secondary trauma. Ms. Randall suggested that the advisory council submit a written testimony detailing our suggestions and that SAMHSA will be the entity to approve proposed activities. Ms. Russell indicated that she would include Traditional Healing in a communal setting rather than individual into the proposal.

- Arizona Indian Health System Primary Care Workforce Assessment Report and Presentation

Ms. Tracy Lenartz, Lenartz Consulting conducted the Assessment for the AACIHC and provided a brief overview/presentation of the report. The purpose of the assessment is to identify gaps in the health workforce data and to provide recommendations for a next phase of assessment. The initial review of accessible secondary data, such as Health Professional Shortage Area (HPSA) federal designations, to highlight known primary care, dental, and mental health workforce shortages in Arizona's American Indian Health system were included in the assessment. Arizona ranks 44th of all states in active primary care physicians (PCP) and is projected to need an additional 1,941 PCPs by 2030. The ratio of PCPs per 100,000 population in urban areas is 80.1 versus rural areas at 10.1.

For American Indians in Arizona only 60% report a usual source of health care; AI women in AZ experience 4x as many severe labor and delivery complications as white non-Hispanic women; AIs in AZ diabetes mortality rate is 3.5x the state average; and AI in AZ have a life expectancy of 61 years vs. 76 for the state average.

AZ American Indians in Medicine – Efforts to "Grow Our Own" have fallen flat in Arizona and nationally, highlighting the critical need for an Area Health Education Center focused on Arizona's Indian health system that can implement health professions pipeline programs among Native youth. In 2019-2020 school year, 3 Medical School graduates out of 210 were AI and 35 Medical School graduates out of 10,789 total in the US were AI.

Assessment Approach Only completed health workforce profiles for tribes that align with an Arizona Primary Care Area (PCA) were included in the Assessment. PCAs are HPSA boundaries and must be at least 1 census tract large. Half (11 of 22) of Arizona's federally recognized Tribes are their own PCAs and the other half are combined into a PCA with surrounding non-tribal communities. In this assessment, we looked at: Health Professional Shortage Areas (HPSA) status, HPSA score, population-to-provider-ratio, number of providers short (number of additional FTE that would be required to eliminate existing HPSA).

Data Limitations & Opportunities to Identify Data Gaps- Not all Tribes align with a PCA. Half of AZ's Tribes are too small for their own PCA and are grouped with surrounding non-Tribal communities. The assessment only included those providers counted for HPSA purposes (PC physicians, dentists, psychiatrists). Due to data availability and accuracy, this impacted the assessment and included that some Indian Health Service providers are licensed in other states and commissioned officers are not counted. Locum tenets and obligated providers impact counts.

Key Findings- The average tribal Primary Care HPSA score is 19, versus state average of 14. The average tribal Dental HPSA score is 20, versus state average of 16. The average tribal Mental Health HPSA score is 17, versus state average of 16. An additional 52.53 primary care doctors are needed to eliminate tribal HPSAs. An additional 40.33 dentists are needed to eliminate tribal HPSAs. An additional 12.21 psychiatrists are needed to eliminate tribal HPSAs.

Recommendations for Future Study

1. Conduct additional workforce surveys with IHS and tribal facilities, including assessing impact of obligated or temporary providers, providers planning to retire, and number of Medicaid claims. Include smaller tribes that do not have their own HPSAs in assessment.
2. Assess other types of primary care providers, such as Nurse Practitioners, Nurse Midwives, Physician Assistants, Dental Therapists, and other behavioral health professionals. Also explore the impact of telemedicine on delivery of primary care.
3. Inventory successful initiatives and strategies, both within Arizona and nationally, that have effectively increased the health workforce serving American Indian populations. This could pipeline programs, recruitment, and retention programs, or other incentives.

Ms. Bahe asked, "is it possible to have a crossover of different service units for IHS?" Ms. Lenartz responded, "HPSA are across all tribal service areas." Mr. Allison suggested, "We need designated staff to work on this initiative and this could lay the groundwork for workforce development and data collection." The Center for Rural Health could also be doing this work and supporting Tribes in growing the workforce. Ms. Hunter mentioned that FTF is looking at this data and suggested that this initiative also consider including pediatricians. She also suggested that this assessment can be helpful for our Tribal Community colleges.

- Arizona Legislative and Budget Update

Ms. Cora Tso is the new Tribal Policy Fellow at the Arizona Center for Economic Progress which is embedded within the Children's Action Alliance. The Center will be working with AACIHC on the FMAP initiative. Ms. Tso provided the update.

Important milestones for the 2021 Session include:

- January 11 the Legislative Session begins;
- February 8 is the last day for introduction of bills without special permission;
- March 26 is the last day for consideration of bills in Committee (90th Day of Session);
- April 24 is the 100th day of session;
- June 23rd is the day of board presentation- 164th Day of session; and
- June 30th is the last day of the state fiscal year (budget deadline). General effective date (when non-emergency laws go into effect 90 days after sine die).

1899 bills and other measures were introduced. 382 bills were signed by the Governor and 27 bills vetoed. The session was conducted virtually.

The following Legislative Priorities were signed into law:

1. Creating a 6th Area Health Education Center that Focuses on the Indian Health System (SB 1301) sponsored by Senator Shope was signed on March 26. The University of Arizona will implement the law and rulemaking may not be necessary. Funding will be state dollars.
2. Exempting Tribal, Indian Health Service and Urban Indian Health facilities from the Sliding Fee Scale Requirement of the Arizona State Loan Repayment Programs (HB2126). There are 2 programs: Primary Care Provider Loan Repayment Program and Rural Private Primary Care Provider Loan Repayment Program that approximately 50 tribal and IHS programs may be eligible to benefit from this legislation. Rulemaking may be necessary.

Other legislation not signed into law: Creating an Uncapped Dental Benefit for Pregnant Women Eligible for Medicaid; Expanding the Income Eligibility of KidsCare from 200% FPL to 300% FPL; Exempting Medicaid Coverage for Postpartum Women from 2 month to 12 months; Exempting Urban Indian Health Programs from Capped Medicaid Dental Benefits (UIHPs can draw down 100% FMAP for next 2 years beginning April 1, 2021.

The House has adjourned until Thursday and the Senate unilaterally passed a $13 billion budget early this morning but have not sine die. The deadline to pass a budget is June 30, 2021. If this does not happen before the deadline, state government services/programming will be impacted.

Budget Updates

- SB1824- health; budget reconciliation: what is missing is Kidscare, pregnant dental, and postpartum care. All of which had an appropriation cost of under $20 million.
- SB1827- revenue; budget reconciliation: Revenue creates 4.5% cap individual income tax. Increases urban revenue sharing formula to cities and towns.
- SB1828- omnibus; taxation: Creates a phased-in permanent flat tax structure. Cost will be $1.5 billion, the largest tax cut in three decades.

Ms. Mgbolu mentioned that the Senate did pass the budget and she expects for the House to also pass the budget. There are no expected changes to the Budget Reconciliation Bill (BRB).

Ms. Montiel asked about the tax cut, “Does everyone have the same tax rate for everyone?” And if that is the case, “how will pubic/social programs be funded?” Ms. Mgbolu answered, “Arizona has the most regressive tax structure in the nation so if you are a lower income earner—you actually pay more in taxes compared to someone who makes over $250,000 a year.

- <u>AHCCCS State Plan and Waiver Updates-</u>
- Alex Demyan, Deputy Assistant Director from AHCCCS provided updates on the waiver and other updates. Mr. Demyan covered the opportunities under the American Rescue Plan Act (ARPA) of 2021 which include: Vaccine COVID-19 Administration; Mobile Crisis Services; Elimination of Medicaid Drug Rebate Cap; 100% FMAP for Urban Indian Health Program; 10% Increase to FMAP for HCBS; 12 Months Postpartum Coverage; SAMHSA Block grants to address addiction, mental health crisis.

The ARPA of 2021, under section 9817, the HCBS provision offers temporary 10 percentage point bump for certain services and runs from 04/01/21 to 03/31/22. A State Medicaid Director Letter from CMCS was issued on March 13, 2021 detailing: services eligible for the enhancement and how to claim the enhancement; how to demonstrate compliance with the ARPA's non-supplantation language via a maintenance of effort on eligibility, covered services, and provider rates in effect as of April 1, 2021; examples of activities that enhance, expand, or strengthen HCBS; requirements to supplement, not supplant, and; mandates that states to submit both an initial and quarterly HCBS spending plan and narrative on the state's planned HCBS activities; initial submission must occur withing 30 days of release of this guidance (by 06/12/21).

Under Section 9817, the HCBS ARPA Program Requirements are listed and CMS expects that states will:

- Not impose stricter eligibility standards, methodologies, or procedures for HCBS programs and services than were in place in April 1, 2021;
- Preserve covered HCBS, including the services themselves and the amount, duration, and scope of those services, in effect as of April 1, 2021;
- Maintain HCBS provider payments at a rate no less than those in place as of April 1, 2021.

Spending Plan- CMS is requiring states to submit both an initial and quarterly HCBS spending plans and narratives to CMS on the activities that the state has and plans to implement. States must submit within 30 days of the release of SMDL #21-003 (new deadline: July 12, 2021). Spending plans are subject to CMS approval and will be made public There is opportunity to amend the initial spending plan through subsequent quarterly reports.

The funding is short-term and must be spent by March 31, 2024 (3 years). These efforts cannot negatively impact our current HCBS. It can only add programs, services, and activities. If there is a new program/activity/service funded, it must be completed by March 2024 or have a plan to fund it in another way after March 2024.

Waiver Update – AHCCCS is currently in negotiations with CMS for their 5-year waiver renewal submitted on December 2020. It is expected to go live October 2021. The H2O Waiver Amendment was submitted on May 26, 2021. AHCCCS is working on all flexibilities obtained for our COVID-19 response.

State Plan Amendment Update - Each state has a Medicaid state plan that describes how the state will administer its Medicaid program and states must follow broad federal rules to receive federal matching funds but have flexibility to design their own version of Medicaid within the federal statutes' basic framework. To alter a State Plan, states must submit State Plan amendments (SPAs) and receive approval from CMS. Disaster SPAs are effective for the duration of the public health emergency (PHE), or any renewal thereof. All disaster SPAs include a streamlined approval process, which allows AHCCCS to respond to the PHE in real-time.

Recently Approved SPAs (all PHE related)

- 20-021: Pharmacy techs and interns may administer COVID and influenza vaccines
- 20-031: COVID vaccination reimbursed at the Medicare rate

- 21-001: Indian Health Services/638s reimbursed at the all-inclusive rate for administration of COVID vaccine by registered nurses
- 21-004: Updates NEMT rate for wait-time at COVID-19 drive-through vaccination sites.

Reports

- Chairwoman's Report - The Chairwoman's report was not covered.
- Executive Director's Report - The Executive Director's report was not covered. Ms. Hemstreet will send the advisory council the ED's report.

New Business

- Recipient of ADHS Health Disparities Grant - Ms. Hemstreet provided background information on the CDC grant that was recently awarded to the Advisory Council via ADHS. The purpose of the grant is to address COVID-19 related health disparities and advance health equity by expanding state, local, and US territorial and freely associated state health department capacity and services to prevent and control COVID-19 infection (or transmission) among populations at higher risk and that are underserved, including racial and ethnic minority groups and people living in rural areas.

  The duration of the grant is two years from June 1, 2021, through May 31, 2023. The grant is from the CDC to the State and ADHS will administer funds. Other Tribes and tribal organizations received these funds in the state, and we will work collaboratively with them. The AACIHC was awarded $790,000 total and will be awarded via an Inter Service Agreement. The following strategies are what the AACIHC will implement:

  - Strategy #1: Expand existing and/or develop new mitigation and prevention resources and services to reduce COVID-19 related disparities among populations at higher risk and that are underserved
  - Strategy #2: increase/improve data collection and reporting for populations experiencing a disproportionate burden of COVID-19 infection, severe illness, and death to guide the response to the COVID-19 pandemic.
  - Strategy #3: Build, leverage, and expand infrastructure support for COVID-19 prevention and control among populations that are at higher risk and underserved.

  AACIHC next steps – 1) AACIHC will work with AHCCCS to acquire funds from the AADHS; 2) AACIHC will work with AHCCCS to recruit and hire for the following positions: Assistant Director, 2 Program Managers, and an Epidemiologist.

  Ms. Russell will provide .025 FTE time to the grant and Ms. Hemstreet will provide 0.25 FTE time to the grant.

Old Business

- 6th Area Health Education Center Initiative Tribal Consultation Report - Ms. Russell mentioned that this report is posted on our AACIHC website.
- CDC Community Health Workers for COVID-Response and Resilient Communities - Ms. Russell informed the council we would know at the beginning of August 2021 if we received the grant. Ms. Russell will include another update on her next ED report.

Call to the Public - There were no calls to the public.

Next Meeting Date - Ms. Hemstreet will send out a doodle poll to determine our next meeting.

Adjournment - The meeting was adjourned at 4:00pm.