

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

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**Date:** Monday, December 10, 2018

**Time:** 1:00 p.m. – 2:30 p.m.

**Place:** AACIHC Office – 141 E. Palm Lane, Suite 108, Phoenix, AZ

**Members Present**

- Raquel Aviles, Pascua Yaqui Tribe (via phone)
- Jonathan Hale, Navajo Nation (via phone)
- Lori Joshweseoma, Hopi Tribe (via phone)
- Daniel Preston, Tohono O’odham Nation
- Michael Allison, Arizona Department of Health Services (via phone)
- Jocelyn Beard, Arizona Department of Economic Security (ADES) (via phone)
- Candida Hunter, First Things First (via phone)
- Alida Montiel, Inter Tribal Council of Arizona (ITCA) (via phone)
- Deanna Sangster, Native Health (via phone)

**Ex-Officio Members Present**

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

**Guest(s) Present**

- Kimberly Yellowrobe, Social Security Administration (via phone)
- Jessica Rudolfo, White Mountain Apache Tribe (via phone)
- Dr. Vahan Setyan, Navajo Nation Consultant (via phone)

**Staff Present**

- Kim Russell
- Lydia Enriquez

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**Meeting Called to Order** – The meeting was called to order by Chairwoman Montiel at 1:10 p.m.

**Invocation and Introductions** – Vice Chairman Preston offered the opening prayer and introductions were made.

**Roll Call/Establishment of Quorum** – Ms. Russell called roll and 9 of 12 members were present. A quorum was established.

**Adoption of Meeting Agenda (Action Item)** – Ms. Montiel motioned adding a new item to the agenda under New Business, item d, titled, “Health and Health Care for Native Americans” presented by Dr. Vahan Setyan, consultant to the Navajo Nation. Mr. Allison motioned to accept the new agenda item and approve the agenda and Mr. Preston seconded the motion. All approved unanimously.

**Reading and Approval of Minutes (Action Item)** – Ms. Hunter motioned to approve the June 29, 2018 meeting minutes as presented and Mr. Hale seconded the motion. All approved unanimously.

Mr. Hale made a motion to approve the September 10, 2018 meeting minutes as presented and Mr. Allison seconded the motion. All approved unanimously.

### **Reports**

- **2019 Arizona Legislature Overview** – Ms. Russell provided a PowerPoint presentation that included key dates and legislative leadership.
  - Key Dates
    - The 2019 Legislative Session begins on Monday, January 14, 2019 and will be followed by the State of the State Address by the Governor which sets forth his priorities for the Session. Around the same time, the Governor will release his executive budget recommendations. This budget begins negotiations between the Governor and the State Legislature to arrive at a final budget towards the end of the session.
    - Wednesday, January 16, 2019 is Indian Nations and Tribes Legislative Day at the Senate Building.
  - Legislative Body: The State Senate is composed of 17 Republicans – 13 Democrats and the State House of Representatives is composed of 31 Republicans – 29 Democrats.
  - Legislative Leadership: The Speaker of the House is Russell (Rusty) Bowers (LD25) and the President of the Senate is Karen Fann (LD1).
  - Senate Health and Human Services Committee Members
    - Kate Brophy McGee, Chair (LD28) and Heather Carter, Co-chair (LD15)
  - House Health and Human Services Committee Members
    - Nancy Barto, Chair (LD23) and Jay Lawrence, Co-chair (LD23)
  - Indigenous Caucus
    - Senator Sally Gonzales (LD3); Senator Jamescita Peshlakai (LD7); Representative Victoria Steele (LD9); Representative Myron Tsosie (LD7); and Representative Arlando Teller (LD7)

### **Unfinished Business**

- **Acceptance of AACIHC Strategic Plan (Action Item)** – Item tabled. Ms. Russell will send out the correct draft plan so that edits can be provided.

### **New Business**

- **Resolution 01-2018: Lifting the Kids Care Program Automatic Freeze Trigger (Action Item)** – Ms. Russell provided information on the legislative attempt to lift the Automatic Freeze Trigger on KidsCare. In 2016, the Arizona’s KidsCare Program was reinstated in Arizona. Included in the authorizing legislation is a provision that stipulates that once the Federal Medical Assistance Percentage (FMAP) falls below 100% the AHCCCS Director can freeze enrollment. The FMAP will fall below 100% in 2019.

According to Children’s ACTION Alliance, there are approximately 15,000 Native American children who are eligible for KidsCare in Arizona, but only 2,100 Native American children are currently on the KidsCare Program. In addition, there is no cost sharing payments for Native American children on KidsCare. Resolution 01-2018 supports lifting the Enrollment Freeze Trigger on KidsCare via legislation.

Mr. Preston motioned to approve Resolution 01-2018 and Mr. Hale seconded the motion. All approved unanimously.

- **Resolution 02-2018: Creating a Pregnant Woman Medicaid Dental Benefit (Action Item)** – Ms. Russell stated that Resolution 02-2018 is requesting support for creating a dental benefit for pregnant adult women 21 years of age and older who are on Medicaid. Dental benefits are considered an optional benefit for adults on Medicaid and each state decides which optional benefits to add to their Medicaid package. In prior years Medicaid dental benefits for adults have been added capped at \$1000 per member per year and these caps are also applied to Tribal and IHS facilities. This year oral health advocates will advocate for an uncapped Medicaid dental benefit for pregnant women 21 years and older.

Ms. Montiel suggested the following two edits (in bold and underlined):

- On the second page add the word “capped” in two places: WHEREAS, currently, the Arizona Health Care Cost Containment System (AHCCCS), the state’s Medicaid program, does not provide dental coverage to adults with the exception of 1) **capped** limited dental service under the Arizona Long Term Care System for seniors and individuals living with disabilities and 2) a **capped** limited emergency dental benefit for adults;

Mr. Hale motioned to approve Resolution 02-2018 in support for creating an uncapped dental benefit for pregnant women on Medicaid and Mr. Preston seconded the motion. All approved unanimously.

- **Resolution 03-2018: Developing an American Indian Area Health Education Center (AHEC) (Action Item)** – Ms. Russell stated that Resolution 03-2018 is requesting support for the creation of a 6<sup>th</sup> AHEC that focuses on the Indian Health System. The purpose of AHECs are to get students into health careers from elementary school to graduate school and even after they become health professionals including training for them to stay within the Indian health system. The creation of a 6<sup>th</sup> AHEC has been discussed for many years by stakeholders and is a goal in the draft AACIHC 2018 - 2022 Strategic Plan. Funding for the Arizona AHECS are from the Health Resources and Services Administration and Arizona State Lottery funds. The five regional AHECs include:
  - o Northern Arizona Health Education Centers – Flagstaff
  - o Southeast Arizona Area Health Education Center – Nogales

- Eastern Area Health Education Center – Globe
- Western Arizona Health Education Center (WAHEC)/ Regional Center for Border Health – Somerton
- Greater Valley Area Health Education Center (GVAHEC) – Apache Junction/ Phoenix

Ms. Russell stated that the resolution urges action from the Arizona legislature and the Governor to amend ARS 15-1643 (B) by adding a sixth AHEC that focuses on the Indian Health System. There is no legislator identified to introduce the bill yet. More education needs to be provided to Tribes to garner their support and advocacy.

Mr. Allison provided a University of Arizona student internship report by Ms. Tracey Cayatineto completed on December 12, 2018, titled “Assisting in the Plan of Action for the Development of an American Indian Area Health Education Center (AHEC) and Conference”. Mr. Allison stated that this action would need a legislative approach and he urged the AACIHC to support the creation of a 6<sup>th</sup> AHEC with staff.

Mr. Preston made a motion to approve Resolution 03-2018 and Mr. Hale seconded the motion. All approved unanimously.

Ms. Russell will include recommended edits to the (3) Resolutions and e-mail final signed copies to the AACIHC Members.

- **Presentation: Health and Health Care for Native Americans (NAs)** – Dr. Vahan Setyan reported that he has been working within the Navajo Nation for the last four years and is currently assisting them to implement hospice and palliative services for the terminally ill. He stated several concerns he has regarding NAs and their health care:
  - **Medicaid reimbursement rates are very low.** Medicaid reimbursements are about 80% lower when compared to the Veterans Administration (VA) and on the Medicaid side, it doesn’t matter which Managed Care Plan you choose. For example, reimbursement rates for a home health care nurse for a Native American is about 70% lower than the VA, and this causes providers to not want to do business with Tribes. Mr. Vahan has contacted the AHCCCS Administration regarding these rates and they stated they were surprised that the rates were that much lower than the VA. There needs to be advocacy to make Medicaid rates equal to those of the VA.
  - **Comprehensive chronic prevention of disease management is scarce or nonexistent for the NA in urban or rural areas.** Private organizations that provide these services do not reach the NA communities. Within NA health care centers, they do not provide continuous chronic disease management to patients after discharge from acute care centers and it is difficult to follow up with them. Dr. Vahan developed a Chronic Disease Prevention and Management Program for urban NA that can be implemented across the Nation and he has the support from many health care professionals and that it could tie in with the NA Area Health Education Centers.

Mr. Hale stated that he has introduced legislation in support of Mr. Vahan's insights and program and has written and sent letters of support to the Department of Health and Human Services, Indian Health Services, and to the National Indian Health Board for this presentation to be acknowledged throughout Indian Country. Once he gets his legislation approved, he will share it with the AACIHC. Change within in NA reimbursement and services have not changed to benefit NAs. He expressed the need for advocates to be more supportive of these changes to occur.

Mr. Preston stated that this has been an ongoing topic with the Tribal Technical Advisory Group and also with the Tribal Self Governance Advisory Committee. He shared information he received concerning the General Accounting Office report on spending levels titled; "IHS spending levels and characteristics of IHS and three other federal health programs". It also talks about entitlements and non-entitlement, Veterans Health Administration and Medicaid. He further stated that an issue at the Tohono O'odham Nation is that veterans have benefits, but are not in receipt of the services from the VA and are being turned over to the IHS for services and this is an ongoing conflict. Mr. Preston stated that he is in full support of Mr. Vahan's program.

Mr. Vahan stated that he is available for a presentation on his program upon request and that he will follow-up by sending the AACIHC his program information for review

**Call to Public** – Ms. Montiel provided a summary of an Inter Tribal Association of Arizona (ITAA) meeting that occurred on December 5, 2018 at their offices. ITAA requested a representative from the Governor's Office to provide an update to Tribal Leaders regarding the AHCCCS Works waiver which includes a work requirement for able bodied adults. Instead Ms. Elizabeth Carpio from AHCCCS provided the update to Tribal Leaders. Ms. Carpio stated that Arizona's position in support of the tribal exemption has not changed and that Arizona and CMS are at a stalemate. At this time, none of the community engagement/work requirements have been instituted.

Ms. Montiel provided additional background. In 2015, Arizona passed SB 1092 which proposed work requirements (Community Engagement Requirements) for abled bodied adults in order to be eligible for Medicaid coverage. In the 2018 legislative session, the Tribal Stakeholder Workgroup developed HB 2228 which Senator David Cook introduced. The bill gained bi-partisan support from at least 17 co-sponsors. Then on April 12, 2018, Governor Ducey signed the bill into law. As a result, AHCCCS submitted a revised Section 1115 Waiver to CMS, which included an exemption for American Indians from the work requirements.

**Next Meeting Date** – A meeting doodle poll will be sent out to establish the next meeting date. A proposed meeting agenda items includes the Strategic Plan.

**Adjournment** – Mr. Hale motioned to adjourn the meeting and Mr. Allison seconded the motion. All approved unanimously. The meeting adjourned at 2:52 p.m.