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

Date: Friday, June 29, 2018

Time: 9:00 a.m. – 12:00 p.m.

Place: Inter Tribal Council of Arizona – 2214 North Central Avenue, Suite 100, Phoenix, AZ 85004

Members Present

- Raquel Aviles, Pascua Yaqui Tribe (via phone)
- Jonathan Hale, Navajo Nation
- Daniel Preston, Tohono O’odham Nation
- David Reede, San Carlos Apache Tribe
- Michael Allison, Arizona Department of Health Services (via phone)
- Candida Hunter, First Things First
- Alida Montiel, Inter Tribal Council of Arizona
- Shawn Sellers, Arizona Department of Economic Security

Ex-Officio Members Present

- Carol Chicharello, Phoenix Area Indian Health Service (via phone)
- Cynthia Lemesh, Centers for Medicare and Medicaid Services (via phone)

Guest (s) Present

- Mohamed Arif, AHCCCS
- Verna Johnson, Inter Tribal Council of Arizona
- Sheila Sjolander, Arizona Department of Health Services
- Chris Vinyard, Arizona Health Care Cost Containment System (AHCCCS)

Staff Present

- Kim Russell
- Lydia Enriquez

Meeting Called to Order – Mr. Preston called the meeting to order at 9:10 a.m.

Invocation and Introductions – Ms. Enriquez offered the opening prayer and introductions were made.

Roll Call / Establishment of Quorum – Ms. Russell called roll and 8 of 12 members were present. A quorum was established.

Adoption of Meeting Agenda (Action Item) – Mr. Preston motioned to move New Business item IX- a. AHCCCS Waiver Updates, prior to any other agenda items and Mr. Reede seconded the motion. All approved unanimously.

Reading and Approval of Minutes (Action Item) – Mr. Allison motioned to approve the January 8, 2018 meeting minutes with edits and Mr. Sellers seconded the motion. All approved unanimously.

Mr. Allison stated that meeting minutes for March 30, 2018 will not need action, as quorum was not met for that meeting and they should be for information only.

Reports

- Executive Director's Report – Ms. Russell provided an update on activities from April 2, 2018 – June 29, 2018 related to the AACIHC Strategic Plan. She stated that the AACIHC has been appropriated \$203,200 for FY 2019 which begins July 1, 2018 and ends June 30, 2019.
 - o Goal 1: Fill AACIHC Board Vacancies with Qualified individuals who Share a Common Vision of Improving access to Health Care for American Indian in Arizona: Currently, there is no change to AACIHC board makeup. Appointments for Ms. Jessica Rudolfo, White Mountain Apache Tribe, and Mr. Stewart Crozier, Hualapai Tribe, have been pending for several months. The Arizona Boards and Commissions did indicate that they prefer to process applications in bulk to the Governor's Office for signature. Ms. Russell stated that some tribes will be holding elections soon and some appointed members may choose to not seek re-election, therefore may fall off the AACIHC membership. Ms. Russell will continue to outreach to the tribes to fill Council seats.
 - o Goal 2: Update AACIHC Statutes to be Current with Needs – Goal Complete. Accomplished on May 11, 2016 through HB 2312 and SB 1238.
 - o Goal 3: Expand Staffing and Funding Opportunities – No activities to report at this time, but it is being addressed in the new strategic plan.
 - o Goal 4: Build and Develop Inter/Intra Statewide Collaborations – Ms. Russell described the statewide events, meetings, and partnerships that she has been a part of.
 - **The American Indian Statewide Behavioral Health Forum** has changed its name to the Arizona American Indian Integrated Health Care Forum, to reflect the integration of behavioral and physical health in our state Medicaid system. The Symposium was held on April 4-6, 2018, at the Hon-da-Dah Resort & Casino hosted by the White Mountain Apache Tribe. Ms. Russell recommended Ms. a speaker from the Native American Connections, to present on work they are conducting through a DentaQuest grant to integrate oral health into their behavioral health programs. They are focusing on whole person health for their clients.
 - **The Arizona Rural Health Conference is on July 26-27, 2018** - Ms. Russell is part of this planning committee. Also, Dr. Karletta Chief with Ms. Russell's recommendation will be a presenter to share information on the Gold King Mine Spill that has impacted the Navajo Nation.
 - **Tribal Dental Therapy Forum August 1-2, 2018 – Discussed** later in the agenda.
 - **CHR Summit IV – Discussed** later in the agenda
 - Continue to participate in the **Regional Behavioral Health Authority Tribal Liaison Meetings** to share latest initiatives and to share latest policy changes impacting behavioral health. It was recognized that by October 1 there will be a total of seven new AHCCCS Complete Care (ACC) Managed Care Organizations. Each ACC requires a tribal liaison. .

- **Arizona American Indian Oral Health Initiative (AAIOHI)** - The DentaQuest Grant which funds the AAIOHI will be transferring to Native American Connections. Partnership with the AAIOHI will continue.
- **Native American Cancer Prevention Grant** – Provided technical assistance provided to Northern Arizona University on their grant that aims to work with women who have developmental disabilities to educate and inform them on breast and cervical cancer screenings.
- **Rural Health Network Planning Grant: Mobile Integrated Health Care** – Provide technical assistance by providing contacts to Tribal EMS providers so that they can engage in statewide health care system development and reform such as with Community Paramedicine and Treat and Refer.
- **ASU Safety Net Advancement Center (SNAC)** – Although the SNAC has indicated they want to work with ITCA and AACIHC to identify possible collaboration with Tribes to discuss payment reform initiatives, a specific initiative has not been identified. CHR Medicaid Reimbursement and Dental Therapy implementation was offered as options to SNAC but no real partnership with the SNAC.
- Goal 5: Identify Opportunities for Improving the Under-Representation of American Indians in Health Careers – Ms. Russell referenced the work that is occurring with the Community Health Representatives and the new dental therapy law.
- Goal 6: Conduct health Care Policy Analysis and Make Health Policy Recommendations.
 - The State Plan Amendment for the 100% FMAP extended beyond the four walls of the facility was approved on by CMS as of May 22, 2018. Care coordination agreements still need to be put in place.
 - CHR Movement Meeting –The recommended budget IHS budget has recommended zeroing out the CHR and the Health Education line item. In collaboration, the ITCA and the AACIHC have hosted several meetings with Tribes, CHR Directors and Tribal Health Education Directors to discuss this issue and to identify strategies to reinstate these budget line items. An advocacy packet has been created including templates for a resolution, a tribal letter, and a briefing paper for tribes to use in their advocacy. Already a number of tribes have used the advocacy packet and have issued resolutions and letters of support to reinstate the CHR and Health Education line item. Ms. Russell acknowledged Mr. Brook Bender, CHR Director for the Hualapai Tribe for his leadership in moving forward this effort.
- Goal 7: Assist Tribes to Identify Title XIX Demonstration Projects, specific to each Arizona Indian Tribes, both on and off Reservations in Cooperation with AHCCCS and CMS.
 - **Reimbursement for Traditional Healing services** – This waiver has still not been approved and is pending.
 - **Reimbursement for Services provided by Community Health Representative**– After meeting twice with the tribes to discuss how reimbursement could occur, meetings have been postponed to address the possible zeroing out of the CHR line item from the IHS Budget.

- **TANF Tribes Medicaid Eligibility** – Navajo Nation and San Carlos Apache Tribes have expressed interest in learning more about this initiative, but there has been no movement yet.
- Vice Chairman's Report – Mr. Preston provided a brief report on the Tohono O'odham Nation's (TON) activities. He stated that the TON is moving forward with a resolution to support the reinstatement of the CHR and Education line items in the IHS budget. He commented that the Section 1115 Waiver authority was given to AHCCCS to enter into agreements with tribes to exempt them from work requirements. But since the law was passed in Arizona to exempt Als from the legislatively mandated waiver regarding imposing work requirements, the waiver has still not been approved. He indicated that the Tribal Technical Advisory Group has discussed this issue and are sending letters of advocacy to the Administration and to CMS, but CMS has deferred this issue to the Office of Civil Rights.

New Business

- AHCCCS Waiver Updates: Mr. Chris Vinyard, Chief Legislative Liaison, AHCCCS, and Mohamed Arif, Waiver Manager, AHCCCS, provided a Power Point Presentation on AHCCCS Waiver Updates. In November 2017, AHCCCS submitted a concept paper to CMS on flexibilities they would like to seek and those included: 1) Work Requirements, 2) Retroactive Coverage, and 3) Non-Emergency Medical Transportation (NEMT). Then in January 2018, CMS sent guidance to state Medicaid Directors regarding Community Engagement Waiver Requests. The guidance detailed what Medicaid agencies should be seeking in their work requirements waiver. The purpose was to make sure they include some health outcome measures and other activities that tie to the Section 1115 Waiver. The following are some of the flexibilities AHCCCS are seeking.
 - **Prior Quarter Coverage** – Currently AHCCCS covers enrollee's applications at Prior Quarter Coverage which is 3 months retroactive coverage. The waiver amendment submitted by AHCCCS in April 2018 proposes to limit retroactive coverage to Prior Period Coverage which is the first day of the month of application. AHCCCS expects CMS to approve that amendment as it creates savings. Mr. Vinyard stated that no population would be exempt from Prior Period Coverage. This waiver would take affect on October 1, 2018. Mr. Arif stated that there will still be AHCCCS eligibility available at the hospitals.

Ms. Chicharello commented that the state would realize some saving from not having to pay for services that are provided to patients outside of IHS and 638 facilities, which include American Indian and Alaskan Natives or those who receive services at urban health programs, private providers and hospitals. She recommended taking a look at that data because the state would probably use that data as a leveraging point to say this is the savings that we would achieved on the American Indian and Alaskan population. If you have both sets of data that show the loss of reimbursement to IHS and 638 facilities vs savings that the state would achieve not having to pay non IHS and non 638 services that would be helpful.

- **AHCCCS Works Waiver** – Mr. Arif stated that AHCCCS has proposed to CMS that American Indians not be included in the Community Engagement program regardless if they are in a Managed Care Program or Fee for Service Program as they are an optional managed care population and would be exempted from the requirements. He stated that the intention is to exempt American Indian members and AHCCCS will engage the tribes on what the policies should look like on exempt populations.

Mr. Vinyard stated that whether their waiver gets approved or not, negotiations are ongoing and implementation will not be immediate. Once they get some sort of approval package, the next step will be: implementation, monitoring, tribal consultation and comment period. There will be a lot of work internally before implementation is structured.

Mr. Arif commented that the reason AHCCCS decided on the monthly reporting requirement is because it is administratively less burdensome than retroactive reporting. Individuals would have a three-month Community Engagement Orientation Period. This will allow Individuals the opportunity to learn about the program and figure out how to properly report. Monthly reporting is required after the three months. Community engagement is meant to assist individual in building their work skills i.e., doing community volunteer work to reach compliance.

- **NEMT Flexibilities** – Mr. Arif stated that after receiving stakeholder feedback, meeting with the NEMT Workgroup, and speaking to health plans, AHCCCS found it would be administratively burdensome to implement their proposed system. They are looking at other ways to refine the NEMT System and will be looking at policy changes to figure out what that should look like. AHCCCS will then reactivate the NEMT Workgroup and engage the tribes through tribal consultation and this should take a few months. A goal of AHCCCS is to look at areas and zip codes of where the reservations are located to make sure they are exempt from any restrictions before they move forward with the NEMT requirement.
- **Prescription Drug Flexibilities** – The goal of this waiver is to implement a formulary system similar to Medicare part D. The waiver will exclude drugs until the market price is reasonable and cost effective to establish a formulary with at least 2 drugs per class category. AHCCCS is still at the beginning phase of this flexibility. They will analyze what their pharmacy data reveals and figure out what their proposal will look like. Then public forums will occur and tribal input solicited.
- **Traditional Healing Waiver** - Mr. Arif stated that AHCCCS is waiting to hear back from the CMS benefit team to figure how they can fit that authority (ability to reimbursement for traditional healing services) into the state plan or any document that AHCCCS has. As soon as they hear back from CMS, AHCCCS will bring the Traditional Healing Workgroup back for discussions. Mr. Arif stated that he will update his presentation to include Traditional Health.

Mr. Preston asked why the recently passed dental therapy legislation was not included in the AHCCCS Waiver Update Presentation. Mr. Arif stated that he would update his presentation to include the dental therapy legislation and send the updated presentation to the AACIHC.

Ms. Russell recommended having the AHCCCS Waiver Updates as a standing item on the AACIHC meeting agenda and Mr. Arif agreed.

Mr. Hale requested for AHCCCS to go to the Navajo Nation (NN) to provide the AHCCCS Waiver Updates presentation to the NN in the near future and Mr. Arif replied that Ms. Bonnie Talakte, AHCCCS Tribal Relations Liaison would be the person to set up such meetings.

2018 Arizona Legislative Wrap-Up

- Ms. Montiel shared a presentation titled, “2018 Legislative Session Year in Review”, that was provided by Mr. Jay Tomkus, legislative consultant to the Inter Tribal Association of Arizona, the advocacy arm of the Intertribal Council of Arizona. Mr. Tomkus previously worked at the legislature as a staff member and staffed several committees. His insight has been very helpful.

Ms. Montiel explained that HB 2504 and SB1484 attempted to lift Medicaid caps on dental benefits for ALTCS members and emergency dental benefits for adults. Future strategies to lift Medicaid caps should be for all Medicaid benefits instead of in response to individual caps should the legislature institute caps on other Medicaid benefits. These bills did not pass out of either committee.

Ms. Russell proposed creating a legislative priority list for the upcoming legislative session and these are four possible areas that the AACIHC might consider supporting: 1) Removing Caps on Medicaid Dental Benefits, 2) Establishment of an American Indian Area Health Education Center, 3) Removing the Enrolment Trigger on the CHIP (Children’s Health Insurance Program), and 4) Support for Tribal Correctional Health Services reimbursement and health care personnel.

Reports (con’t)

- Dental Therapy Forum Planning Committee Report: Ms. Russell reported that the Tribal Dental Therapy Forum will be held on August 1-2, 2018. The committee began planning the forum in March and when the Dental Therapy Bill was signed into law on April 16, 2018 by Governor Ducey, it was decided that the theme of the forum should be; “Implementing the New Arizona Dental Therapy Law”. Senator Nancy Barto will be honored at the Forum as she was the prime sponsor of the bill. Dr. Todd Hartsfield will be the keynote speaker presenting on his work with Dental Therapists in his prior capacity. There agenda is full with presenters on dental therapy programs and education programs from across the country. Ms. Russell stated that ITCA and the AACIHC advocated for a provision in the law to allow IHS, Tribal programs, and Urban Indian Health Programs to hire dental therapists who are exempt from state licensure. This provision would take effect on August 5, 2018 although other components need to be in place, specifically

Medicaid reimbursement. Legislators were informed that Arizona does not regulate degree requirements for any health profession and it is left up to the educational institutions to determine that.

- CHR Summit IV Planning Committee Report: This year the Tribal CHR Programs are celebrating their 50th Year Anniversary at the annual CHR Summit which will take place on August 22-23, 2018. CHRs have requested training on Medicaid reimbursement and the planning committee has invited a presenter from North Dakota to present on how the CHRs are billing for Medicaid reimbursement for Targeted Case Management for the older adult population. In addition, an outstanding female and male CHR, and CHR Program will be recognized. Representative Health Carter will be honored too as she was the prime sponsor of this bill.

In the President's budget, it has been requested to eliminate the CHR and Health Education line item. Through tribal advocacy the House Appropriations Committee has restored funding at current levels, and through a Senate draft bill, funds have been restored at current levels. Due to stakeholder advocacy efforts, movement by Congress to restore the funds is occurring. An update on the latest budget will be provided at the Summit.

Ms. Russell commented that legislation was passed in Arizona to allow for Voluntary Certification for Community Health Workers which includes Community Health Representatives. CHW Certification enhances the profession and it may lead to Medicaid reimbursement, which CHW/CHR's seek to undertake in the future. Rep. Carter and the ADHS legislative liaison will provide information on the new law.

Unfinished Business

- Acceptance of AACIHC Strategic Plan (Action Item): Item tabled.
- Resolution: Urban Indian Parity Act (Action Item): Item tabled.

Presentation: Arizona Opioid Epidemic Act

Ms. Sheila Sjolander, Assistant Director, ADHS, provided a PowerPoint Presentation titled, "Addressing a Public Health Emergency: Taking Action on Arizona's Opioid Crisis". In June 5, 2018 Governor Doug Ducey declared a state public health emergency and ADHS was in charge of the emergency response. ADHS developing a new data system to better collect data, enacted some rule making for licensed health care facilities, and develop guidelines for prescribers and trained law enforcement on the use of Naloxone including tribal facilities.

On September 5, 2018, ADHS compiled a report with recommendations and sent it to the Governor's office. The reporting rules do not impact tribes or IHS facilities. Mandated reporters include licensed hospitals, medical examiners, and first responders. They report on suspected cases of opioid deaths, over doses (fatal or non-fatal), and neo natal acid syndrome cases.

In addition, Naloxone dispensed by pharmacists has increased by 20,000 units this year and Naloxone administered by first responders is 56,000 per unit. Over this first year of having data available, there have been 1,400 suspected opioid deaths and over 8,500 suspected overdoses. Tribes are welcome to report, but are not mandated reporters.

Call to Public – None

Next Meeting Date – The next meeting of the AACIHC will be on September 10, 2019.

Adjournment – The meeting was adjourned at 12:00 P.M.