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

Date: Monday, September 10, 2018

Time: 1:00 p.m. – 4:00 p.m.

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

Members Present

- Raquel Aviles, Pascua Yaqui Tribe (via phone)
- Lori Joshweseoma, Hopi Tribe
- Daniel Preston, Tohono O’odham Nation
- David Reede, San Carlos Apache Tribe
- Michael Allison, Arizona Department of Health Services (via phone)
- Alida Montiel, Inter Tribal Council of Arizona (ITCA)
- Shawn Sellers, Arizona Department of Economic Security (ADES)

Ex-Officio Members Present

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

Guest(s) Present

- Mohamed Arif, Arizona Health Care Cost Containment System

Staff Present

- Kim Russell
- Lydia Enriquez

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

Invocation and Introductions – Chairwoman Montiel offered the opening prayer and introductions were made.

Roll Call/Establishment of Quorum – Ms. Russell called roll and 7 of 12 members were present. A quorum was established.

Adoption of Meeting Agenda (Action Item) – Ms. Schurz motioned to accept the agenda with Item V. “Reading and Approval of Minutes from 6-29-18”, tabled until the next meeting. Mr. Allison seconded the motion. All approved unanimously.

Reading and Approval of Minutes (Action Item) – Item tabled.

Reports

- **Chairwoman's Report** – Ms. Montiel stated how ITCA came to staff the Tribal Health Steering Committee (THSC) for the Phoenix Area Indian Health Service (PAIHS). The THSC is comprised of the Member Tribes of ITCA, the Member Tribes of the Inter Tribal Council of Nevada (ITCN) and Tribes in Utah. The THSC was founded in 1983 per a memorandum of understanding signed by Everett Rhoades, MD, Director, IHS; George Blue Spruce, DDS, Director, PAIHS; the ITCA; the ITCN; and Tribes in Utah. Ms. Montiel is the only staff person for the THSC.

Ms. Montiel attended the PAIHS Tribal Consultation which was held on October 28-30, 2017. A key topic was updating the IHS Tribal Shares Table. The Tribal Shares are dollars that Tribes receive when they decide to 638 a contract or compact. These tribal shares tables are produced when a Tribe negotiates with the IHS to assume or amend a contract or compact.

In addition, discussions revolved around funding for the Tribal Health Board/THSC which comes out of the PAIHS Direct Operations Fund. Tribal Leaders may get an opportunity to provide input on Tribal Shares related to that funding.

Also, there were important updates and recommendations from tribal representatives who serve on national workgroups. The PAIHS has made important decisions from those recommendations.

In Fiscal Year 2018 Congress appropriated dollars to the Indian Health Care Improvement Fund to implement the Indian Health Care Improvement Act. This fund is being used to subsidize tribes who are operating below 60% level of need to bring them up to at least 60% level of operations.

- **Executive Director's Report** – Ms. Russell's report reflects activities for the time frame of July 2, 2018 – September 7, 2018.
 - o **Goal 1:** Fill ACOIHC Board Vacancies with Qualified Individuals who share a Common Vision of Improving Access to Health Care for American Indians in Arizona: No update.
 - o **Goal 2:** Update AACIHC Statutes to be Current with Needs: HB 2312 and SB 1238 were signed by Governor Ducey on May 11, 2016. These bills updated the AACIHC statutes to be current with needs. Goal Complete.
 - o **Goal 3:** Expand Staffing and Funding Opportunities: Ms. Russell reported that this year she worked very closely with Mr. Nick Seidel the new AHCCCS Budget Administrator to produce the FY 2020 budget request which was due on July 27, 2018. The budget requested for an additional staff person. The AACIHC budget goes through the AHCCCS overall budget to the Governor's Office of Strategic Planning & Budgeting (OSPB). Recently Ms. Russell was informed by AHCCCS that the Governor's OSPB would like to work directly with her on the

AACIHC budget moving forward. Ms. Russell stated that if funds are allocated for a new staff person she will work with the AACIHC to develop a position description.

- Goal 4: Build and Develop Inter/Intra Statewide Collaborations: Ms. Russell explained the statewide events and meetings she has participated in.
 - Tribal Dental Therapy Forum: This event was on August 1-2, 2018 at the We-Ko-Pa Conference Center. Deferred for later on in the agenda.
 - CHR Summit IV: This event was held at the Prescott Resort on the Yavapai Prescott Indian Reservation on August 22-23, 2018. Deferred for later on in the agenda.
 - Indian Health Service Community Health Aide Program (CHAP) Tribal Advisory Group Meeting: By request of Mr. Brook Bender, CHR Program Manager, Hualapai Tribe, and alternate appointee to the National IHS CHAP Advisory Group, on August 17, 2018, Ms. Russell attended the National IHS CHAP meeting in Seattle, WA. Ms. Russell stated that she learned that dental therapy would be underneath the IHS CHAP policy. Draft policies have been developed but are not finalized yet. The Northwest Portland Area will be the first region to implement the new policies and then they will be applied across the IHS system. Currently, there are no dollars for the IHS CHAP, but if tribes choose to, they will need to advocate for funding through the budget formulation process. Ms. Russell stated that in the dental therapy law passed in Arizona, it included a provision that the tribes, the urban Indian Programs and IHS programs are not required to have their dental therapist licensed through the state. The question is what policies would be under.

Ms. Montiel commented that at the last PAIHS Formulation Meeting, amongst the top five priorities restoration of funding for the CHR Program and the Health Education Line Item and funding to implement the CHAP were identified.

- Regional Behavioral Health Authority (RBHA) Tribal Liaison Meetings: Continue to meet with the RBHA Tribal Liaisons once a month to share best practices, issues, and initiatives with one another. The seven new AHCCCS Complete Care (ACC) managed care organizations go live on October 1, 2018. Each ACC plan will each have a tribal liaison. Mr. Shawn Sellers announced that he is leaving the ADES and will serve as the Tribal Liaison for United Health Care. The AACICH membership from ADES will be vacant until the ADES Director appoints an individual.
- Native American Cancer Prevention Grant: Ms. Russell continues to advise the Northern Arizona University on their research grant to develop a curriculum which will educate and inform women with developmental disabilities about breast and cervical cancer screenings. The grant was renewed for a second year of funding.
- Rural Health Network Planning Grant: Mobile Integrated Health Care: Ms. Russell has provided technical assistance to the grant by providing the partners with contacts of Tribal EMS providers so that they can engage them in statewide health care system development and reform which includes Community Paramedicine and Treat and Refer. Ms. Russell stated that the planning group discussed having a Tribal EMS Forum to provide more information to tribes.

- ASU Safety Net Advancement Center (SNAC): Collaboration with the organization has not developed. Although the SNAC has indicated they want to work with ITCA, AACIHC and with the tribes on payment reform initiatives, a specific initiative has not been identified. CHR Medicaid Reimbursement and Dental Therapy implementation were proposed as options to the SNAC.
- Goal 5: Identify Opportunities for Improving the Under-Representation of American Indians in Health Careers: Refer to activities being conducted with CHRs and the Tribal Dental Therapy Forum Planning.
- Goal 6: Conduct health care policy analysis and make health policy recommendations:
 - CHR Movement Meetings: Reinstatement of the CHR and Health Education Line Item – ITCA and AACIHC has facilitated several meetings with Tribes to identify strategies that would reinstate the CHR and Health Education line items in the National IHS budget. An Advocacy Packet consisting of templates for 1) Tribal Resolution, 2) Tribal Letter, and 3) Issue Paper was created for Tribes to utilize to assist in their advocacy. There were ten Tribes who used the templates to provide either a resolution or letter of support. The IHS National Budget is still not final.
- Goal 7: Assist Tribes to identify title XIX demonstration projects, specific to each Arizona Indian Tribe, both on and off reservations in cooperation with AHCCCS and CMS. This item was deferred to Mr. Arif from AHCCCS who provided waiver updates.

AHCCCS Waiver and State Plan Amendment Updates – Mr. Mohamad Arif, Waiver Manager, AHCCCS, provided updates on AHCCCS Waiver submittals. He stated that on March 14, 2017, AHCCCS sent a letter to CMS with a number of flexibilities related to the administration of their Medicaid Program. Then on November 17, 2017, AHCCCS submitted a concept paper to CMS on the flexibilities they would further pursue which included work requirements.

Then on December 19, 2017, AHCCCS submitted a request to CMS for community engagement activities which included work requirements to implement the AHCCCS Works Waiver. The waiver requests, to qualify for coverage, abled bodied adults between the ages of 19-49 and who do not qualify for an exemption to be engaged in certain qualifying activities for at least 80 hours. But if members already participate in the SNAP and TANF programs, they will not be required to participate in the AHCCCS Works Program. This waiver is still pending with CMS.

Mr. Arif stated that approximately 44,000 AIs could be subject to the AHCCCS Works requirement. Mr. Arif stated that AHCCCS recognizes certain geographic areas and populations will need assistance in capacity building to create community engagement opportunities such as job training and volunteering within their communities. Discussions will continue, to be able to move forward into the future.

Mr. Arif further stated that AHCCCS recognizes that there are multiple factors impeding AIs from obtaining employment in their respective reservations and they further recognize that AIs need to be exempted from the work requirements. There is a higher principal within the Medicaid program which is the trust

responsibility between American Indians and the federal government to provide health care and it should be upheld by AHCCCS. After multiple discussions with Tribal Leaders, CMS is firm on their position that AIs should be required to be subject to work requirements as a condition to being eligible for Medicaid. Mr. Arif stated that the tribes have an important role to continue advocating for the tribal exemption to work requirements and there is no strict timeline for negotiations on waivers, this is ongoing.

Mr. Preston commented that on August 28, 2018, he attended a meeting in Washington, DC with tribal leaders from across the nation to meet with the Trump Administration, to make them aware of their collective position on several issues. Topics discussed included; 1) Advocacy on the work requirements, 2) Section 1115 Waiver, 3) Social Security Act, and 4) The Federal Government Trust Responsibilities. Mr. Preston also stated that there was consensus among the Tribal Leaders to address the work requirements issue with a legislative fix, but there was no discussion on how to move this forward. The tribes understand the need to be unified and to become well versed on the issues and that information needs to go out unilaterally to each tribe. Tribal Leaders expressed concern that this may be more than a health issue but rather an attack to dismantle the tribes and their sovereignty. This meeting was called on very short notice which made it difficult for some tribes to travel but there were four tribes from Arizona who were represented. The next meeting will be at the National Indian Health Board.

Reports (continued)

- **Tribal Dental Therapy Forum Planning Committee Report:** Ms. Russell reported that the Tribal Dental Therapy Forum was held to inform tribes about the new dental therapy law and to discuss how dental therapy can be integrated into the Indian health system. The Forum was well organized with excellent presenters and speakers. A report is being generated which will list the challenges identified at the forum and next steps for implementation by tribes, IHS, and urban Indian health programs. On September 6, 2018, a debriefing meeting was held and Ms. Montiel commented that a recommendation from that meeting is to establish a workgroup to keep this issue in the forefront of tribal leadership, tribal health officials, and the urban Indian health programs in terms of the implementation process and what action is needed at the state level. It was also identified that there is a need for a full time staff person who understands oral health issues and who can focus on convening stakeholders regarding dental therapy and other workforce issues. Discussion will continue at a next follow-up debriefing meeting on resources for that staff person.

Ms. Russell stated that she recently spoke with an individual from the Northern Arizona Health Education Center (NAHEC), who requested a meeting with the AACIHC to discuss how the tribes currently work with the AHECs and how the AHECs can collaborate more with the tribes. Ms. Russell has arranged a teleconference call with the NAHEC and has invited Ms. Montiel, Ms. Joshweseoma, and Mr. Allison to participate. Ms. Russell further commented that an objective in the AACIHC Strategic Plan is to establish a legislative policy committee, to create a priority list of legislation to move forward. In addition, another objective in the strategic plan is to create a

Native American Area Health Education Center (AHEC) but this would require a statutory amendment. Currently there are five regional AHECs.

- **CHR Summit IV Planning Committee Report:** Ms. Russell reported that on August 22-23, 2018, CHR Summit IV was held at the Prescott Resort and Conference Center. The theme of the summit was focused on celebrating the 50th year anniversary of the CHR workforce. A priority topic was on the elimination of funding for the CHR and Health Education Programs. The agenda was created by CHRs and it included training on various topics such as electronic health records and data systems to make sure they are documenting properly in the patient record, oral health, and self care just to name a few topics. On the first day, Ms. Pam Aguilar, a former CHR, provided the Patient Care Component (PCC) Documentation workshop three times throughout the day as it was a highly sought training. Ms. Montiel commented that the ITCA Epidemiology Center has applied for funding to provide a more intense PCC training for the tribes. If CHRs can consistently and accurately enter PCC data it could inform decision makers that CHRs are making an impact within their scope of work and thus not recommend budget cuts or total elimination of the CHRs.

On the second day, Ms. Gretchen Dobervich of North Dakota State University presented information on North Dakota's Model for CHR Medicaid Reimbursement. This was achieved by a State Plan Amendment that was approved a few years ago. The implementation process has been lengthy but tribes are finally ready to submit claims. Ms. Russell proposed inviting Ms. Gretchen to the CHR Summit V to report out on their challenges and successes during their first year of Medicaid reimbursements. Overall, the summit was well-planned and well attended. A debriefing meeting is scheduled for September 25, 2018 at the AACIHC office.

Unfinished Business

- **Acceptance of AACIHC Strategic Plan (Action Item)** – Ms. Russell provided a detailed overview of the strategic plan goals and objectives and edits were recommended. Ms. Russell commented that what is lacking in the strategic plan is who is responsible for each task. Advocacy and education to the legislature occurs often and ideally a legislative liaison would do this work. At this time a legislative liaison is not on staff and is really needed to carry out the strategic plan goals. The AACIHC has discussed in the past tribal gaming shared revenue investments to the state and whether it is possible for tribes to provide funding for the AACIHC through those shared revenues.

There was consensus by the AACIHC that a meeting is possible with the AACIHC and Tribal Leaders during Indian Nations and Tribes Legislative Day to discuss legislative policy priorities.

Ms. Montiel opened up the floor for any further discussions on the Medicaid work requirements. Ms. Joshweseoma stated that she would like to have more information on the NEMT issue because after previous meetings and discussions on this issue, she has not heard any resolve.

Ms. Montiel stated that to her knowledge, the issue is on hold by AHCCCS. Ms. Russell will touch base with Mr. Arif on the status on NEMT and she will provide an update to the AACIHC.

New Business

- Reinstatement of the IHS CHR and Health Education Line Item Update. This item was covered earlier in the agenda.

Call to Public – Ms. Montiel invited the Council to attend the Tribal Behavioral Health Meeting on the AHCCCS Complete Care (ACC) Implementation at ITCA on September 13, 2018, at 9:30 a.m. This meeting is to convene the ITCA Tribal Members to discuss behavioral health in terms of what the TRBHAs role will be under the new system.

Next Meeting Date – The next AACIHC Meeting will be on Friday, November 16, 2018 from 9 a.m. to 12:00 p.m. at the AACIHC Office.

Next Meeting Proposed Agenda Items

- Strategic Plan
- Legislative Policy Priorities

Adjournment – Mr. Allison motioned to adjourn the meeting and Mr. Sellers seconded the motion. All approved unanimously. The meeting ended at 4:10 p.m.