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

Date: Monday, May 8, 2017
Time: 9:00 a.m. – 12:00 p.m.
Place: 141 E. Palm Lane, Suite #108, Phoenix, AZ 85004

Members present
- Michael Allison, Arizona Department of Health Services
- Candida Hunter, First Things First
- Lori Joshweseoma, Hopi Tribe
- Alida Montiel, Inter Tribal Council of Arizona, Inc. (ITCA)
- Deanna Sangster, Native Health
- Shawn Sellers, Arizona Department of Economic Security

Guest(s) Present
- Brenda Martin, Arizona American Indian Oral Health Initiative
- Anastasia Krivtsova

Staff Present
- Kim Russell, AACIHC
- Lydia Enriquez, AACIHC

Meeting Called to Order - Ms. Montiel called the meeting to order at 9:15 a.m.

Roll Call / Establishment of Quorum - Ms. Russell called roll and six out of nine members were present. Quorum was established.

Invocation - Ms. Joshweseoma offered the opening meeting prayer.

Adoption of Meeting Agenda (Action Item) - Mr. Allison motioned to accept the meeting agenda and Ms. Joshweseoma seconded the motion. All approved unanimously.

Reading and Approval of Minutes (Action Item) - None

Reports
Chairwoman’s Report: Ms. Montiel provided her report.

1. American Health Care Act (AHCA) HR 1628: The ITCA sent a letter to the members of the Arizona Delegation on the Affordable Care Act repeal and replacement. In March, the AHCA - HR 1628 was introduced in the House of Representatives. HR 1628 moved swiftly through Congress but on its first attempt it didn’t move. Speaker Paul Ryan decided not to hold a vote on it because it wouldn’t gain enough votes to pass. Then on May 4, 2017, HR 1628 was reintroduced with amendments and it passed the House by 4 votes.

HR 1628 will deeply impact tribes and urban Indian programs. Medicaid and the individual insurance markets will be affected because benefits will be tailored to meet the new federal requirements. The letter sent to Congress expressed concerns about the AHCA. The Affordable Care Act increased
preventative benefits such as; screenings, rehabilitation services and required vision and dental coverage for children. The MacArthur Amendments to the AHCA didn’t change the original language of the policy, to slow the growth of the Medicaid Program and to cap Medicaid in 2020. This will cap enrollment and the resources available to the states using the 2016 figures as the base and Medicaid program will grow based on inflationary adjustment. The states will have to keep within their limits of funding received to run their Medicaid Programs through a block grant. Tribes have expressed that they do not want to be included in the cap on Medicaid in terms of enrollment and funding.

2. **CMS Letter to State regarding Medicaid Program:** In a letter from the Secretary of Health and Human Services, Mr. Thomas Price, and from the Centers for Medicare and Medicaid Services (CMS) administrator, Ms. Seema Verma, to the states’ governors, it stated that the current rules are rigid and outdated, with not enough flexibility for the states to form their own Medicaid programs, and there are too many variances State by State. CMS wants the states to focus on the core mission of Medicaid: to serve the truly vulnerable populations; pregnant women, people with disabilities and children. The letter included 5 key areas towards improved collaboration with states as follows:

- Increasing Employment and Community Engagement.
- Section 1115 requires reporting work requirements. It is the intent to use Section 1115 demonstration authority to review and approve meritorious innovations that build on the human dignity that comes with training, employment and independence.
- Align Medicaid and private insurance policies for non-disabled adults.
- Provide reasonable timelines for home and community-based services transformation.
- Provide States with more tools to address the opioid epidemic

Ms. Alida Montiel was interviewed by a journalist and was asked, “How do the tribes feel about reporting on the work requirements and how will it impact the individual tribal member?” Ms. Montiel shared an excel spreadsheet analysis prepared by Ms. Kristine Fire Thunder, Governor’s Tribal Policy Advisor, which listed each Arizona tribal reservation and their unemployment levels based on a 2015 study. There was no reservation below the 15% unemployment level and some reservations reached up to 35% unemployment. Arizona submitted the second round of the Section 1115 Waiver which would require the reporting of work requirements and is seeking a five year cap on Medicaid.

Ms. Montiel further commented that under the new AHCA, they want to take away the mandate that requires individuals to carry health insurance, but if you drop off the rolls and pick up coverage again the cost increases dramatically. Efforts need to be pursued to help people keep their insurance coverage and to figure out strategies to keep up the reporting.

3. **Further Leveraging the 100% FMAP for Tribal and IHS Facilities:** AHCCCS did not support the amendment that would exempt IHS and Tribal facilities from the $1000 cap for emergency dental coverage for Adults. The amendment would have been in the Budget Reconciliation Bill and would have also impacted the ALTCS dental coverage which was passed last year at $1000 per year per ALTCS member. AACIHC and ITCA educated legislators on the 100% FMAP that Tribes and IHS facilities receive and why caps shouldn’t be imposed because there are no state dollars to be considered.

4. **National Tribal Advisory Group to CMS:** The advisory group has a Behavioral Health Subcommittee and has come up with 5 priorities:

1) Survey each state’s Medicaid behavioral health services offered under the state plan to see how the states define encounter and rates of reimbursement.
2) Increase Indian Country knowledge of the 1115 Waivers; assure tribal consultation, identify the structure of funding of the administrative functions and map tribal behavioral health programs under each Section 1115 Waivers.
3) Improve tribal behavioral health programs ability to participate as Medicaid Providers and bill for behavioral health services at appropriate reimbursement rates.
4) Billing Medicaid for services provided to residential treatment centers including across state borders
5) Need clarification on what BH services are covered under Medicare Part A and B and explore credentialing issue for certain professionals.

Executive Director’s Report: Ms. Russell provided her report.
1. AACIHC Membership: In 2016, the AACIHC solicited support from Tribes, State Partners and Arizona State Legislators to update and amend the AACIHC Statute, ARS 36-2902.01 and 36-2902.02 to more accurately reflect present-day work being done. SB 1238 and HB 2312 amended the AACIHC membership criteria of participating tribal governments, tribal organizations and urban Indian health care organizations and clarified duties and responsibilities in the Arizona State Statutes. SB 1238 and HB 2312 were unanimously passed by the state legislature and signed into law by Governor Ducey.

Over the past year, the AACIHC has been inoperative due to all membership appointments ending or being on hold. Then beginning in April 2017, the Governor appointed 5 new members to the AACIHC.

1. Ms. Raquel E. Aviles – Pascua Yaqui Tribe
2. Ms. Lorencita Joshweseoma – Hopi Tribe
3. Mr. Daniel L.A. Preston – Tohono O’odham Nation
4. Ms. Alida V. Montiel – Inter Tribal Council of Arizona
5. Ms. Deanna R. Sangster – Native Health

In addition, 4 State Agency Members were appointed by their respective agency directors.

1. Michael Allison – Arizona Department of Health Services
2. Candida Hunter – First Things First
4. Bonnie Talakte – Arizona Health Care Cost Containment

There are 9 Total voting members on the AACIHC.

There are 5 pending Governor Appointments. Each potential appointee must provide the appropriate application and documents to the Boards and Commission in order to be considered by the Governor.

1. Jonathan Hale – Navajo Nation
2. Marietta Jean Pagilawa – Hualapai Tribe
3. David Reede – San Carlos Apache Tribe
4. Jessica Rudolfo – White Mountain Apache Tribe
5. Thomas Siyuja – Havasupai Tribe

Lastly 4 Ex-officio Members are invited by the Council to serve the following two serve as technical advisors to the AACIHC:

1. Carol Chicharello – Indian Health Services
2. Cynthia Lemesh – Center for Medicare and Medicaid Services
Arizona American Indian Oral Health Report

Ms. Martin stated she continues to outreach to Tribes so that they can be a part of the AAIOHI. She mentioned that three regional Smiles for Life Trainings were conducted at the Twin Arrows Casino, Fort McDowell Yavapai Resort and the Desert Diamond Casino.

2016 Arizona Legislative Update

- **HB 2084 - tribal courts; involuntary commitment orders** - amends A.R.S. 12-136 which provides for the domestication of Tribal Court involuntary commitment orders by the Arizona Superior Courts for tribal members in need of treatment at the Arizona State Hospital and any mental health treatment facility. It authorizes a mental health treatment facility to admit a patient for involuntary treatment pending the filing of the tribal court's order with the Clerk of the Superior Court. It requires mental health treatment facilities to discharge a patient if the Tribal court order is not filed by the close of business on the next day that the Court is open after the admission of the patient. If the patient is discharged because of a failure to file the tribal court order, the facility must transport the patient to the jurisdiction of the tribal court. Any necessary outpatient follow-up and transportation may be set forth in an intergovernmental agreement (IGA) between the Tribe and AHCCCS.

  An ITAA/ACOIHC workgroup sought to amend the timeframe to provide up to two days to file the Tribal court order. In addition, the workgroup sought to amend the bill to include notification to Tribes twenty-four hours in advance of a discharge and the ability to seek an appeal of the decision to discharge the patient. The only resolve agreed upon was by Representative Farnsworth that if the next business day falls on a tribal holiday, then the tribes have until the following day to file their court orders at the superior court of their respective county. This was added as an amendment and is the law. Work will continue to achieve the amendments that didn’t pass.

  o **Status:** Governor Ducey signed the bill into law with amendments.

- **HB 2426 - community health workers; voluntary certification** – Authorizes the Arizona Department of Health Services (ADHS) to adopt rules related to Community Health Worker (CHW) voluntary certification including minimum education, training and experience criteria, as well as procedures for disciplinary action. Establishes a CHW Advisory Board consisting of 9 members and at least 5 of who are CHWs. The duties of the CHW Advisory Board will include making recommendations to ADHS regarding:

  - minimum training and experience that a certified CHWs shall possess;
  - the criteria for CHW education and training programs that will qualify an individual as eligible for certification;
  - CHW core competencies including skills and areas of knowledge; and
  - the type of review used to assess CHW competency in connection with certification.

  o **Status:** HB 2426 passed the House Health Committee on 2/16/17 with a vote of 9-0. Amendments were passed on the floor on 2/21/17 by a vote of 41-17-2. The amendments included:

    1. Outlines the duties of a CHW and requires ADHS to establish, by rule, a voluntary process for certification of CHWs
    2. The ADHS rules to include:

      - Minimum standards for certification
      - Attestation requirements for an applicant
- Initial and renewal certification procedures
- Continuing education requirements for biennial certification
- Standards for unprofessional conduct
- Fees

3. Permits ADHS to adopt rules regarding:
   - Board operations
   - Criminal background screenings

4. Establishes a nine-member Board consisting of a majority of CHWs appointed by the Director of ADHS,

5. Requires the Board to make recommendations to ADHS on standards and requirements for establishing and evaluating CHW education and training programs,

6. Requires ADHS to adopt rules relating to the denial of a certification or recertification and revocation of a certification,

7. Requires ADHS, when adopting rules to consider specified information whether an applicant has:
   - an application previously denied or rejected by another state or jurisdiction;
   - a certificate restricted, suspended or revoked by another state or jurisdiction; and
   - pleaded guilty to, been convicted of, or entered a plea of no contest to a misdemeanor or felony,

8. Permits ADHS to deny or revoke a certification if a CHW has fraudulently secured a certification or has engaged in unprofessional conduct or incompetence in conduct,

9. Establishes the CHW Certification Fund to be used only to cover the costs of administering CHW certification and the operation of the Board.

The bill was transmitted to the Senate on 02/22/07 and was assigned to the Senate Commerce and Public Safety Committee on 02/28/17, but did not receive a hearing.

Tribal and Urban Indian Community Health Representatives (CHR) may become voluntarily certified. The bill died this legislative session. There will be attempts to have the bill come back next legislative session. We want to make sure that when the final bill is drafted it accounts for the entire workforce and there are concerns regarding reciprocity regarding national and state boards.

A suggestion was made to contact a tribe that is being reimbursed for CHW services and how they are implementing it and to contact another State that recognizes the CHW workforce. North Dakota through a state plan amendment reimburses CHR’s for targeted case management services, without a certification process in place, but they had to receive certain training.

- **HB 2442 – AHCCCS; dental care; pregnant women** - Provides dental services to women who are at least 21 years of age or older and in any stage of pregnancy, in the amount of not more than $1000 per member as a covered health service under Medicaid. If approved, this will afford reimbursement for dental care provided to pregnant women at IHS/Tribal facilities at a capped amount per patient in a given year.
  - **Status:** Passed the House Health Committee on 02/16/17 with a vote of 9-0. The bill did not receive a hearing in the Appropriations Committee.

- **HB 2479 – AHCCCS; waivers; tribal exemptions** - Exempts individuals served by the Indian Health Service or a Tribal or Urban Indian Health Program pursuant to the Indian Self-Determination and Education Assistance Act and the Indian Health Care Improvement Act from three Section 1115 waiver
requirements which the director of AHCCCS will apply for annually to CMS: 1) 5-year lifetime limit on Medicaid; 2) cost sharing to deter the use of emergency transportation for events that aren’t emergent; and 3) work and work reporting requirements.

This bill was spearheaded by the San Carlos Apache Health Care Corporation. Rep. Carter indicated that Rep Carter said it is not the right time to hear this bill since there will be too much discussion and the intent of what you are trying to achieve will not be achieved, but she made a commitment to further discussion.

- **Status:** Assigned to the Health Committee on 02/08/17, but it did not receive a hearing.

- **SB 1368 – newborn screening; fees** - Increases the fee for the specified newborn screening tests from $30 to $36 to identify Severe Combined Immunodeficiency (SCID) in newborns. It allows the SCID test to become available statewide, including IHS/638 facilities. Typically, 2 to 4 infants are born with SCID each year in Arizona. SCID is found in the Athabaskan population (Navajo and Apache) at a ratio of 1:2,000 compared to the general population at 1:50,000.

- **Status:** Governor Ducey signed the bill into law.

A Federally Qualified Health Center (FQHC) workgroup is being formed to figure how to bill for services provided outside of four walls of the facility at the 100% FMAP. CMS is proposing that IHS and Tribal facilities be seen as FQHCs for this effort. The first of four meetings will be on June 8th, 2017.

**Strategic Planning Session** - A Strategic Planning Session will be scheduled for half day for July 10th and a full day for July 11th. The strategic planning consultant has been provided by Vitalyst Foundation at no charge to the AACIHC.

**Call to the Public** - None

**Announcements**
- Ms. Russell will try to schedule the Strategic Planning Session on July 10th and a full day on July 11th pending the consultant’s availability.

**Next Meeting Date** - The next meeting will be on July 10, 2017 from 9:00 a.m. – 12:00 p.m. Election of new officers will take place during this meeting per the AACIHC statues.

**Agenda Items Proposed** - None

**Adjournment** - Ms. Joshwesema motioned to adjourn the meeting and Mr. Allison seconded the motion. All approved unanimously. The meeting ended at 12:00 p.m.