
**MINUTES OF THE ADVISORY COUNCIL ON INDIAN HEALTH CARE
REGULAR MEETING**

Date: February 1, 2016

Time: 9:00 a.m. – 12:00 p.m.

Place: 1740 W. Adams, Suite # 409, Phoenix, AZ 85007

Members present

Lori Joshweseoma, Hopi Tribe (via telephone)

Alida Montiel, Inter Tribal Council of Arizona, Inc.

Bonnie Talakte, Arizona Health Care Cost Containment

Michael Allison, Arizona Department of Health Services

Mary Huyser, Department of Economic Security

Members absent

Priscilla Antone, Gila River Indian Community

Staff present

Kim Russell, Executive Director, and Lydia Enriquez, Administrative Assistant

Guest present

Daniel Preston, Councilman, Tohono O’odham Nation (via telephone); Candida Hunter, First Things First (via telephone); Cynthia Lemesh, Centers for Medicare and Medicaid Services (via telephone); Deanna Sangster, Native Health; Archie Mariano, Arizona Department of Economic Security; Herminia Frias, Arizona American Indian Oral Health Initiative; and Anthony Huma, Hopi Tribe (via telephone).

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 four out of six members were present. Quorum was established.

Invocation

Ms. Montiel offered the opening meeting prayer.

Adoption of Meeting Agenda (Action Item)

Mr. Allison motioned to accept the meeting agenda with Items XI and XII to be moved up after Item VI and Ms. Joshweseoma seconded the motion. All approved unanimously.

Reading and Approval of Minutes (Action Item)

Mr. Allison motioned to approve the meetings minutes from 12/18/15 with edits and Ms. Joshweseoma seconded the motion. All approved unanimously.

Reports

- **Chairwoman Report** - Ms. Montiel stated that she staffs the Tribal Health Steering Committee which is comprised of tribal leaders from Arizona, Nevada and Utah who advise the Phoenix Area Indian Health Services (IHS). The group works to identify individuals to fill vacancies on health and human service advisory groups and workgroups on national and tribal levels. One advisory group that is critical to the Advisory Council on Indian Health Care (ACOIHC) is the Centers for Medicare and Medicaid (CMS) Tribal Technical Advisory Group (TTAG) and currently there is no representative or alternate for Arizona. There are several important work groups and advisory committees that need tribal members to serve. The Steering Committee continues to try to identify individuals to fill those vacancies.

The Phoenix Area IHS recently completed their funding priorities list for 2018. The top five areas supported by the IHS Tribal Leaders are as follows:

1. Construction which includes projects on the priority list and projects that tribes need for joint venture funding and for small ambulatory clinics.
2. Mental Health
3. Health Education
4. Community Health Representatives (Increasing their budget)
5. Urban Health

In addition, the IHS Tribal Leaders have decided to include an urban representative as part of the committee to present the top issues at the National Meeting on February 11 -12, 2016. The urban representative is Mr. Shawn Jimerson, from the Urban Indian Center in Salt Lake City, Utah.

The Next Inter Tribal Association of Arizona Meeting will be on February 19, 2016 and two issues requested thus far for presentation are: 1) ACOIHC Legislation and 2) First Things First funding.

- **Executive Director Report** - Ms. Russell provided a verbal report on the ACOIHC Strategic Plan Goals 1-7 from December 19, 2015 – February 1, 2015.
 - **Goal 1: Fill 20 Tribal Council Member Seats**
No changes in membership since the last meeting, as no new appointments have been processed for appointment and tribal leaders are aware of the issues. Through Tribal Resolution, Navajo Nation, Gila River Indian Community and the Tohono O’odham Nation have indicated that their tribal leadership will urge Governor Ducey to appoint members.

○ **Goal 2: Update AACOIHC Statutes to be Current with Needs**

The ACOIHC Statute Amendments are now, bills Senate Bill 1238 & House Bill 2312.

○ **Goal 3: Expand Staffing and Funding Opportunities**

This goal is pending successful passage of the AACOIHC bill this legislative session.

○ **Goal 4: Build and Develop Inter/Intra Statewide Collaboration**

The AACOIHC collaborates with various organizations, specifically with organized groups such as:

- The Arizona American Indian Oral Health Initiative
- The Behavioral Health Forum Planning Committee
- The Community Health Representatives Movement

The ACOIHC networks with various partnerships and associations that advocate and work on health policy and legislative priorities. Organizations seeking to partner with tribes include:

- The Arizona Nurses Association
- The Children’s Action Alliance
- The Arizona Dental Association

Mr. Allison recommended that the ACOIHC host an open legislative forum to share their legislative priorities and to allow other groups to present to tribal partners in a formal setting.

Ms. Russell continues her efforts in establishing a collaborative relationship with the Governor’s Office and Senator Begay has offered to assist.

○ **Goal 5: Identify Opportunities for Improving the Under-Representation of American Indians in Health Careers.**

Ms. Russell provided the group a copy of the San Carlos Apache Tribe 2016 Innovation Grant Proposal, developed by Mr. David Tonemah, Consultant. The grant proposal has been submitted to St. Luke’s Health Initiative and is pending.

Ms. Tracey Cayatineto, University of Arizona Intern, will be working on a justification for the establishment of an American Indian Area Health Education Center. Discussions are underway on proposed statutory language that could allow this to occur.

○ **Goal 6: Conduct health care policy analysis and make health policy recommendations**
Oral Health Stakeholder’s Meetings

The Arizona American Indian Oral Health Legislative Forum - The ACOIHC continues to collaborate with the American Indian Oral Health Initiative. Ms. Herminia Frias will provide more information on this topic.

Tribal Correctional Health Care - Ms. Russell and Ms. Montiel are working on proposed language to amend the overall Medicaid Statutes to allow tribal correctional health care to be funded through AHCCCS.

- **Goal 7: Assist Tribes to identify title XIX demonstration projects, specific to each Arizona Indian tribe, both on and off reservations in cooperation with AHCCSS and CMS.**

Section 1115 Workgroups

AHCCCS has established three workgroups that are ongoing to continue to complete the demonstration projects included in the Section 1115 Waiver Proposal to CMS. Ms. Russell and Ms. Montiel are both engaged in all three workgroups. An update will be provided later in the agenda.

- Uncompensated Care
- American Indian Medical Home
- Traditional Healing.

TANF Tribes Medicaid Eligibility

Within the ACOIHC Statutes there is potential demonstration project which would allow tribes who operate their own TANIF Programs to do their own Medicaid determinations. Ms. Russell has presented to the TANF Tribes regarding this specific waiver and she has offered technical assistance to them should they want to pursue this. Thus far only two tribes have expressed interest, the Navajo Nation and the Pascua Yaqui Tribe.

Ms. Huyser commended Ms. Russell on her Executive Director's Reports and encouraged her to continue generating regular written Executive Director Meeting Reports according to the meetings, for transparency which should fall in line with Governor Ducey's LEAN Directive. Ms. Russell stated that she will continue to provide the Executive Director Reports according to the meetings, which follow the ACOIHC Strategic Plan.

- **Arizona American Indian Oral Initiative (AAIOHI) Report**

Ms. Herminia Frias reported that on January 22, 2016 the AAIOHI Statewide Executive Committee (SEC) met to discuss their goals and objectives for the grant funding through the DentaQuest Foundation. It was identified, at the local level, to conduct basic oral health education and promotion. The Technical Advisory Committee will be working with the SEC to develop pilot projects and to help find the resources to accomplish these projects.

Ms. Frias provided a handout titled, "Arizona Tribal Oral Health Legislative Forum Report". On August 27-28, 2014, a two-day forum was held in Flagstaff, Arizona at the Twin Arrow's Casino Resort. Ms. Frias stated that the SEC is viewing this report as a tool to increase the perception of oral health and its value, to move and improve oral health initiatives forward such as oral health coverage, workforce development and prevention services. The three primary focus areas from the Arizona Tribal Oral Health Legislative Forum were:

- Oral Health Workforce Development
- Oral Health Care Coverage
- Oral Health Disease Prevention

The SEC will be meeting soon to discuss this report in terms of policy and legislation and partners will be invited to attend.

On March 31, 2015, the AAIOHI facilitated the Dental Health Aide Therapist (DHAT) Symposium held at the Black Canyon Conference Center and it was to educate the tribes on the value of the DHAT program. A key recommendation under workforce development was to expand the types of oral health services and practitioners and the number one model was the DHAT.

Ms. Hunter commented on the Healthy Smiles Health Body Data Brief by the Arizona Department of Health Services (ADHS) and First Things First which identifies children kindergarten to third grade who are located off the reservations. It reveals that decay experience of American Indian Children in the third grade is at 80%, untreated decay is at 50% and dental sealants are only at 30%. Tooth decay is one of the leading causes for children being absent from school. Ms. Hunter will be sending out a link to access this report.

Section 1115 Waiver Updates

Ms. Talakte reported on the three AHCCCS tribal workgroups organized in December 2015. The first Workgroup meeting was on December 5, 2016 and the second was on January 20-21, 2016.

- 1) American Indian Medical Home Model is mentioned often in the current waiver and AHCCCS wanted the group to review the language and to identify any needed updates and revisions. This is already in the waiver and a draft proposal has been submitted to CMS.
- 2) Traditional Healing has been left blank because at this time traditional healing services are not reimbursed by AHCCCS. The workgroup is researching to identify:
 - What services are already available
 - How much to pay
 - How much to reimburse,
 - Who will provide the services and
 - Do providers get certified
- 3) Uncompensated Care - The current waiver is requesting that these Uncompensated Care Payments continue through the next five years into 2021. There were concerns such as rates and schedules that the workgroup will be considering.

The next Workgroup meetings will be on February 18, 2016 at the Phoenix Area IHS.

AHCCCS Reimbursement for Emergency Medical Services to Tribes

Ms. Talakte reported that the Non-Emergency Medical Transportation (NEMT) Workgroup was formed due to complaints by tribal members experiencing abuse from outside non-native providers. The Workgroup developed a pilot project the "Tribal Broker Model" and this is to allow the tribes to have responsibility and oversight of any NEMT companies that come onto their reservations. AHCCCS has sent out a Request for Information (RFI) to their tribal list serves and have encouraged the tribes to review their internal processes to determine if they have processes in place that could qualify them to submit the RFI. AHCCCS will then review the RFI's and identify the most viable companies and invite them to present to AHCCCS, then an RFP will be sent out. At this point AHCCCS is in the RFI process. The Workgroup should be meeting again in late Spring.

Mr. Anthony Huma conveyed a concern to ADHS and AHCCCS regarding the discrepancy on reimbursement rates between Tribal Emergency Medical Transportation (EMT) and non-tribal EMT which are significantly lower. Mr. Huma stated that this issue has been long standing for over ten years and the rate difference to the tribes is about 50% less than non-tribal EMT. It seems the issue is with the Certificate of Necessity which the ADHS does not issue due to tribal sovereignty.

Mr. Huma provided handouts titled "Transportation FFS Rates" & "Codes and AHCCCS Fee for Service and MCO Capped Transportation Rates"

Ms. Russell stated that she will work with Mr. Huma and Ms. Joshweseoma in developing an issue paper regarding the tribal EMT issue.

Mr. Allison recommended that if appropriate a consultant be hired to provide analysis of the EMT reimbursement issues because there is no documentation available. Mr. Allison stated that the ACOIHC would be the correct entity to move this initiative forward. The issue is that there are two rate structures for reimbursement from AHCCCS. If a provider has a Certificate of Necessity they are reimbursed at a higher rate than the tribal rate.

ACOIHC Budge Update

Ms. Russell provided a detailed overview of the ACOIHC 2016 budget. The ACOIHC is not being charged rent for office space here at ADHS; thus there is extra money in the budget. She requested suggestions and ideas from the ACOIHC on hiring consultants to further the Agency's work.

2016 legislative Update

Ms. Russell and Ms. Montiel are closely monitoring proposed legislation that could affect the tribes and they are working collaboratively to provide partners a list of current proposed legislation. Regarding the ACOIHC Statute Amendments, HB 2312 sponsored by Representative Albert Hale has not been heard to date. SB 1238 sponsored by Senator Carlyle Begay, has gone through its second hearing and has been appointed to the Government Committee. Ms. Russell will monitor the agendas to determine when the ACOIHC Amendments will be heard.

San Carlos Apache Tribe 5th Grade Project Proposal Update

Ms. Russell provided a handout titled “San Carlos Apache Tribe 2016 Innovation Grant Proposal to St Luke’s Health Initiative A Catalyst for Community Health”.

This funding will allow the San Carlos Apache Tribe Pathways into Health 5th Grade Project to revise and improve their curriculum and develop a tool kit that can be replicated throughout Indian Country.

CHR Movement Update

Kim Russell provided a handout titled, “Community Health Reprehensive Movement Timeline of Events/Work Plan”

On September 1, 2015 a CHR Policy Summit was convened in Flagstaff, Arizona and was sponsored by the University of Arizona. Seventeen tribes who operate their own CHR programs were in attendance. The CHW/CHR partners continue to meet to discuss the issue of CHR voluntary certification. A report from the September 1, 2016 CHR Policy Summit is pending and will be sent out soon. The CHR Movement is continuing to meet to keep the CHR Tribes abreast of any policy initiatives occurring in Arizona. On February 9, 2016, Ms. Russell and Ms. Montiel will be attending a CHW/R informational meeting at the legislature with the House Health Committee.

Call to the Public - None

Announcements

- The National Indian Health Board has changed the location for their next conference from Phoenix, AZ to the Talking Stick Casino and Resort on the Salt River Pima-Maricopa Indian Reservation in Scottsdale, Arizona. It will take place the first week in October 2016.

Next Meeting Date - TBD

Agenda Items Proposed

- AHCCCS Reimbursement for NEMT services

Adjournment

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