

**ARIZONA ADVISORY COUNCIL ON INDIAN HEALTH CARE (AACIHC)**  
**Meeting Minutes**

**Monday, October 26, 2020 | 1:00 p.m. – 4:00 p.m. | 141 E. Palm Lane, Suite 108, Phoenix, AZ 85004**

---

**Members Present:**

- Michael Allison, Arizona Department of Health Services
- Amanda Bahe, Arizona Health Care Cost Containment System
- Jocelyn Beard, Arizona Department of Economic Security
- Candida Hunter, First Things First
- Alida Montiel, Inter Tribal Council of Arizona
- Daniel Preston, Tohono O’odham Nation
- Jessica Rudolfo, White Mountain Apache Tribe

**Ex-Officio Members Present:**

**Guest(s) and Staff Present:**

- Tracy Lopes, Arizona House of Representatives
  - Zaida Dedolph, Children’s Action Alliance
  - Kim Russell, AACIHC
  - Corey Hemstreet, AACIHC
- 

**Meeting Called to Order** – The meeting was called to order at 1:09pm.

**Invocation and Introductions** – Ms. Montiel provided the invocation.

**Roll Call / Establishment of Quorum** – Ms. Hemstreet took roll call. 6 out of 10 members were present. A quorum was established.

**Adoption of Meeting Agenda (Action Item)** – Ms. Hunter motioned to approve the agenda and Ms. Beard seconded the motion.

**Approval of September 17, 2020 Meeting Minutes (Action Item)** – The meeting minutes were tabled until the next meeting.

**Reports**

- Chairwoman’s Report
  - Ms. Montiel informed the advisory council of the Dental Therapy workgroup meeting on 10/29/20 @ 2:30pm. ITCA was awarded a grant from the National Indian Health Board to assist with dental therapy implementation efforts. On Friday, October 30, 2020 from 9am to 4pm there will be an Arizona Board of Dental Examiner meeting to write the rules for dental therapy legislation.
  - The Good Health and Wellness (GHW) in Indian Country Program is a 5-year grant funded by the Center for Disease Control and Prevention (CDC). CDC had a new round of funding for 5 years that started on September 29, 2020 and ITCA works with 12 Tribes as sub-grantees. They are required to

develop and offer training sessions with all Tribes, Villages, and Urban programs (TVUs) who are interested. ITCA recently had a webinar with all of the sub-grantees to discuss their project's goals, activities, and strategy areas for preventing chronic disease. There are 4 strategy areas (prevent obesity; prevent and control commercial tobacco use; Type 2 Diabetes prevention; and National Diabetes Prevention Program; support heart disease and stroke prevention). This grant is to provide Tribes with leadership, training, and technical assistance, and resources to target one or more of the strategy areas. The purpose of the grant is to reduce rates of death and disability from commercial tobacco use, diabetes, heart disease and stroke, reduce the prevalence of obesity and prevention of other chronic disease risk factors and conditions (e.g. oral health, dementia, COPD) among American Indians and Alaska Natives. The Good Health and Wellness staff are: Alida Montiel, Health and Human Services Director; Glenda Tovar, Health Promotions Coordinator; Vanessa Dodge, Project Evaluator; Madison Fulton, Health Promotions Specialist; and Eric Hardy, Health Promotions Specialist. Tribes primarily work with Ms. Fulton and Mr. Hardy. Tribal participation includes: Cocopah Indian Tribe, Ft. Mohave Indian Tribe, Gila River Indian Community, Quechan Indian Tribe, Yavapai-Apache Tribe, Shoshone-Paiute Tribes of the Duck Valley Indian Reservation, and Ute Indian Tribe.

Mr. Preston asked how the grant funding is allocated. Ms. Montiel responded that tribes may apply to CDC directly such as in the instance of the Pascua Yaqui Tribe in Arizona and Washoe Tribe in Nevada. ITCA has MOUs with Tribes to administer the grant funding. Mr. Preston also asked if other funding to support similar programs such as the SDPI is allowed and Ms. Montiel affirmed that it is allowed. However, the expenses within the invoice need to be differentiated.

ITCA is rolling out Year 2 of the GHW grant. ITCA's attorneys have reviewed the MOAs and they have been approved by the Executive Director. Correspondence with the Tribes will be occurring very soon.

- Executive Director's Report
  - Ms. Russell reported that the AHCCCS 1115 Waiver Renewal Feedback Session with the AACIHC is on Friday, November 13, 2020. Ms. Russell has been networking with non-tribal stakeholders and partners to strategize on different components of the waiver and recommendations. Ms. Russell plans to work with Ms. Montiel to submit comments then share them with the Tribes to consider so they can submit their own comments.

The Whole Person Care Initiative (WPCI) will not be included in the waiver renewal; however, AHCCCS is moving this forward without waiver authority. AHCCCS is working on how this will roll out because most waivers include a state match. Therefore, the state is being very careful about their spending. There will be a special tribal consultation session on the WPCI and AHCCCS will inform Tribes of when this will occur.

Comments are due at the end of November, but Ms. Russell would like to get comments in sooner so

AHCCCS can consider them ahead of time. Overall, comments will reflect retaining any protections that are in place for AI/AN people.

- Ms. Russell reported that the percentage of AI/AN children who are uninsured is extremely high and needs attention. Pre-COVID, approximately 1 in 4 (25%) AI/AN children did not have any type of health insurance coverage. At one point, the percent of AI/AN without health insurance coverage was 15%. Ms. Russell is confident we can work more in this area of uninsured AI/AN children and engage invested stakeholders and partners to collaboratively address this topic of concern. New Mexico has been very strategic in increasing health care insurance coverage among AI/AN children and we could learn from their model.
- Ms. Russell invited Ms. Zaida Dedolph, Director of Health Policy from Children's Action Alliance to provide an overview of their child health legislative priorities under the new business section. In addition, Ms. Russell would like for the council to consider the bill that provides for Diabetes prevention services for those on Medicaid.
- On Friday, October 23, 2020, the University of Arizona held a Tribal Consultation regarding the concept of creating a sixth Arizona Health Education Center that focuses on the Indian health care system to acquire feedback from Tribal leaders and stakeholders. The Tribal Consultation highlighted current programs to recruit and retain AI/AN health care providers such as at Tuba City Regional Health Care Corporation and Winslow Indian Health Care Center (WIHCC). The programs invested their own money to create scholarships and coordinated with their Indian Health Service area. Ms. Russell would like to do an assessment to capture all of the existing programs in Arizona that impact the AI/AN health care workforce. Tribes have been very innovative and have made various investments to increase the number of AI/AN health care professionals. In our strategic plan, we are required to host a Workforce Summit and this could be a next step.
- Ms. Russell will work with Ms. Montiel and ITCA on furthering to implement Dental Therapy.
- Ms. Hemstreet will be sending out the CHR Workforce Assessment report.
- The Administrative Assistant position is still open and Ms. Russell will work on getting this position filled. During our monthly calls with Jayme Snyder, AHCCCS Director, we learned that many of the AHCCCS employees are teleworking due to the public health emergency. This allowed AHCCCS to only need one building instead of two. The AACIHC should consider downsizing and have employees work remotely as it can save money in the budget which can be reallocated for other expenses.
- The appointment of advisory council members continues to be very lengthy and extremely difficult. AACIHC has been persistent in advocating for our nominations to be processed but there has been no progress. In the past, Representative Kelly Butler was able to advocate on our behalf to get nominations through. Ms. Russell wondered if the Inter Tribal Association of Arizona or the Indigenous Caucus assist in moving the appointments forward. Dr. Jill Jim from the Navajo Nation's nomination is still pending from over a year ago.
- Ms. Russell served on the Missing and Murdered Indigenous Women and Girls (MMIWG) Study Committee and on the sub-committee that researched the Arizona Victim Compensation Program. During the last MMIWG study committee on Wednesday, October 28, 2020, the Committee will hear administrative and legislative recommendations from each subcommittee. The sub-committee

worked closely with Arizona State University to produce this report. Ms. Russell will send out the meeting announcement again to the council.

Ms. Hunter asked if there have been any discussions regarding the Section 1115 waiver renewal around traditional child birthing as this is a main topic in Indian Country. In addition, Ms. Hunter also asked how many nominations are still pending. Ms. Russell informed Ms. Hunter that Dr. Jill Jim is the only nomination pending and all of the other tribal nominees have stepped out of their tribal leadership positions such as Hualapai Tribe, Havasupai Tribe, and Yavapai-Apache Nation. Ms. Russell suggested that we put forth numerous nominations to the Boards and Commission. The AACIHC will inform the Indigenous Caucus of the situation and will begin recruitment efforts again.

Mr. Preston asked if any of the Tribes passed and sent any resolutions for their nominations to be processed to the Office of the Governor. Ms. Russell responded that most tribal councils do pass resolutions to make nominations, especially if an elected official is being appointed. Mr. Preston suggested that Tribes could send tribal resolutions to the Boards and Commission and Office of the Governor to have their AACIHC nominations processed. Mr. Preston also suggested that when we meet with legislators and elected officials that this could be a topic of discussion as well.

Ms. Rudolfo suggested that the advisory council members assist in the recruitment process.

Ms. Beard suggested we seek assistance from Christina Fire Thunder to leverage her position to inform the Office of the Governor of our pending AACIHC nominations. Ms. Montiel informed the group that the alignments of Ms. Fire Thunder's role and responsibilities have changed due to the change in state statutes. Ms. Montiel agreed that we seek Ms. Fire Thunder's assistance. Ms. Montiel informed us that HRSA Tribal Advisory group is also seeking to fill positions from Tribes and Ms. Montiel is tasked with recruitment.

Ms. Bahe stated that AHCCCS is exploring the topic of traditional child birthing. Federal facilities supersede their licenses and regulations when it comes to what the AHCCCS and the state requires. Ms. Bahe will research this further and mentioned that this could fall under the Community Health Aide Program. Certification will be important for AHCCCS in order to get reimbursed.

Mr. Allison stated that ADHS license midwives. Ms. Bahe asked if the midwives have to have a state license or if they can have a license from another state? Ms. Montiel informed the group that the Phoenix Indian Medical center temporarily closed their women's birthing center. The topic of traditional child birthing is an important topic and will need further research.

- AHCCCS State Plan and Waiver Update
  - Ms. Bahe stated that the AHCCCS team has been very busy incorporating the tribal feedback into the State Plan. The State Plan Amendment updates that Mr. Alex Demyan presented on at the last

meeting were sent to the Center for Medicaid and Medicare (CMS). There are no updates on the SPAs thus far.

- At the federal level, the Public Health Emergency (PHE) has been extended to January 21, 2021, thus flexibilities that were approved under the PHE by CMS were also extended. AHCCCS is working on a contingency plan for when the PHE ends to ensure we are in communication with Tribes and other stakeholders on unwinding those flexibilities. Mr. Demyan will present on the PHE contingency plan at the next Tribal Consultation meeting.
- During a special Tribal Consultation on the Section 1115 Waiver Renewal, a wealth of feedback was provided from Tribes. There was a lot of discussion around the AHCCCS Works, traditional healing services, tribal dental benefit, and targeted investment programs. Next steps will be to review the tribal recommendations. There will be a feedback session for AACIHC members on November 13, 2020 @ 9am-11am to provide feedback on the Section 1115 waiver.
- Closure of Phoenix Indian Medical Center (PIMC) Obstetrics (OB) Unit – Ms. Russell asked Ms. Bahe if there is any advocacy that AACIHC can provide to assist expectant mothers who are on Medicaid and used to receive services at PIMC. Ms. Bahe informed the group that AHCCCS is in communication with the Governor’s Office on this issue. The first step that AHCCCS took was to research if the expectant mothers who are being affected by the closure are eligible for AHCCCS and then to provide case management to them to ensure they have access to care. The next step was to identify all mothers/females who receive prenatal care at PIMC OB for the past nine months. Knowing how expectant mothers are being affected by the closure will help AHCCCS to set up a plan. At this time, AHCCCS is still researching this issue and will keep the AACIHC apprised.

Ms. Montiel informed the council that the Phoenix Area Indian Health Services had tribal consultation on the closure of PIMC OB Unit. Dr. Reidhead, Area Director, informed the Tribes he’s starting the FY 2023 budget formulation process. Alida said we do not have to wait until this occurs to identify funds to bolster the problems at PIMC OB. When PIMC was approached, there was already a governing meeting to temporarily close the OB unit at PIMC. It is important to note that if you are a tribal member who moved off the reservation for more than 6 months, you will lose out on Purchase Referred Care (PRC) coverage. If the expectant mothers are not eligible for Medicaid and get referred to Banner or to a non-tribal/Indian Health Service facility, PRC may not be able to cover that expectant mother because they have lived off the reservation for more than 6 months. Individuals are encouraged to apply for Medicaid before PRC funds are utilized. Ms. Montiel hopes to find resources to open PIMC OB as quickly as possible. There is an opportunity to enhance PRC but it will take a congressional appropriation. Under the Indian Health Care Improvement Act, the state of Arizona, North Dakota, and South Dakota are able to establish a statewide PRC delivery area so that every tribal member in those states would be eligible for PRC even if they are beyond the 6 month PRC limitation. However, this is taking the U.S. Congress years to implement and to appropriate the necessary funding.

Ms. Montiel asked how will grandparents, grandchildren or great grandchildren of AI/AN descendants be identified in order to be exempted from the work requirement. What documentation will they need to

provide or can they self-identify? Ms. Bahe responded those individuals will be able to self-identify in HEA-Plus.

### **New Business**

- Missing and Murdered Indigenous Women and Girls (MMIWG) Study Committee – Ms. Russell serves on the MMIWG Study Committee. The Committee had met regularly in person but moved their meetings to a virtual setting due to COVID-19. The Committee produced a report which had recommendations to address the issue of MMWIG in the state of Arizona. Ms. Russell suggested that after the report is released, she would like to invite a committee member to present on the recommendations that came from the report.
- Ms. Zaida Dedolph, Director of Health Policy, Children’s Action Alliance, provided a presentation on Opportunities to Reduce Health Inequities through Medicaid & Children’s Health Insurance Program Policy Change. According to the Census American Community Survey, since the Affordable Care Act was passed into law, the number of uninsured individuals has decreased. However, there has been a gradual increase of uninsured individuals due to budget cuts in enrollment outreach. AI/AN who only receive care in Indian Health Services for Tribal 638 hospital are considered uninsured. 24.3% of AI/AN children in Arizona are uninsured. The rate of uninsured AI/AN children is the highest in Arizona and throughout the country. Only 13 states have wait periods for CHIP and Arizona is among the longest at 90 days (AI/AN children are exempt from this requirement). In the state of Arizona, the FPL for KidsCare only goes up to 200%. The Children’s Action Alliance will be advocating increase the income eligibility to 250%.

### **Old Business**

- Arizona 2021 Legislative Priorities for Consideration
  - Creating a 6<sup>th</sup> Area Health Education Center that Focuses on the Indian Health System – This policy priority has been presented to the AACIHC before. A joint tribal consultation was hosted by the University of Arizona, Arizona Department of Health Services and the AACIHC to discuss the concept of the 6<sup>th</sup> AHEC.
  - Investing Medicaid Savings back into Tribal Communities by Extending the 100% FMAP Beyond the Four Walls - In 2019, Tribes convened at the Inter Tribal Council of Arizona to discuss this reinterpretation of policy and collectively decided that they were not ready to move forward because there is still a significant amount of research that needs to be conducted. There is still a lot of education that needs to be conducted to both state and tribal policy makers and stakeholders. This policy priority would be considered for the 2022 Arizona Legislative Session. Ms. Russell is working closely with the Arizona Center for Economic Progress to research how this was achieved in other states. Oregon, North Dakota and other states have had to pass legislation in order to establish this “reinvestment” or “state savings” program.

Ms. Montiel mentioned that AHCCCS has attempted to enhance and utilize the 100% FMAP by creating a tribal FQHC designation so when the Tribes provide care outside of the four walls they are

able to recoup the 100% FMAP. Currently, under AHCCCS, Salt River is the only tribal 638 facility that is registered as a tribal FQHC designation. AHCCCS has received billing claims from this designation.

Ms. Montiel asked the group if there was an infographic of how the money flows with a care coordination agreement and Ms. Bahe informed the group that there is an infographic that exists and will share it with the group. Ms. Russell suggested that we should continue to add to this same infographic to demonstrate of how the money could be reinvested back into Tribes. This initiative is in the research stage and Ms. Russell will keep the advisory council apprised.

Ms. Bahe suggested for best practices when we roll out legislative priorities is to have technical assistance in implementation. This is very much needed at every Tribe. Ms. Hunter second this idea and suggested we put into the AACIHC strategic plan.

- Exempting Tribal and IHS facilities from the Sliding Fee Requirement of the Arizona State Loan Repayment Program
  - This legislative priority will be led by the Arizona Department of Health Services. This initiative may need a rules change or a legislative change. We have not heard back from AZDHS on how they will move forward on this.
- Creating an Uncapped Dental Benefit for Pregnant Women Eligible for Medicaid
  - American Indian individuals in Arizona are more likely to have untreated tooth decay. Hormonal changes in pregnancy put moms at increased risk for dental disease and tooth decay. During the past legislative session, HB2727 and SB1170 would have required AHCCCS to cover dental care for pregnant women but it did not get through the legislative process and died. This would have cost the state \$468,000 state general fund + 3.63 million for administration.
- Expanding the Income Eligibility of KidsCare from 200% FPL to 300% FPL
  - Currently, Arizona's income eligibility for KidsCare is at the 200% FPL. This legislative priority would increase the income eligibility from 200% to 300% FPL. By increasing the income eligibility, more AI/AN kids would be eligible for KidsCare. 155,000 children in Arizona currently live between 200 and 250% FPL but not all of them apply or qualify based on other criteria.
- Expanding Medicaid Coverage for Postpartum Women from 2 months to 12 months
  - In Arizona, American Indian women are 4 times more likely to die from pregnancy-related causes of which 89% of deaths were deemed preventable. SB1392 would have extended AHCCCS coverage to one year for postpartum women earning less than 150% FPL. Currently Medicaid coverage for postpartum women is currently 60 days. The state cost for this would be \$13 million from the general fund and \$900,000 Medicaid Expenditure authority.
  - Ms. Montiel mentioned that under certain circumstances that AHCCCS could work with the Tribes to develop tailored State Plan Amendment requests.

### **Call to the Public**

- Ms. Bahe announced that the AHCCCS Special Tribal Consultation for the Whole Person Care Initiative will be on December 10, 2020 @ 3-5pm.
- Ms. Beard informed the group of the upcoming Tribal Consultation at AZDES on November 19, 2020. Two

important agenda items to consult on will be: 1.) Tribal Consultation Policy and Procedures for Tribal Review; and 2.) Division of Developmental Disabilities. The American Indian Health Plan will be presenting at this meeting.

- Ms. Russell reminded the group about the AHCCCS Section 1115 Waiver feedback session for AACIHC members on November 13, 2020 @ 9-11am and to register in advance.
- Mr. Allison informed the group that the meeting minutes and other related materials from the University of Arizona Tribal consultation will be available on the UA website.

**Next Meeting Date** – A doodle poll will be sent out to determine the next meeting.

**Adjournment** – The meeting was adjourned at 4:19pm.

DRAFT