

ARIZONA ADVISORY COUNCIL ON INDIAN HEALTH CARE

Meeting Minutes

Thursday, September 17, 2020 | 1:00 p.m. – 4:00 p.m.

Members Present:

- Michael Allison, Arizona Department of Health Services
- Amanda Bahe, Arizona Health Care Cost Containment System
- Candida Hunter, First Things First
- Alida Montiel, Inter Tribal Council of Arizona
- Jocelyn Beard, Arizona Department of Economic Security
- Daniel Preston, Tohono O’odham Nation
- David Reede, San Carlos Apache Tribe
- Deanna Sangster, Native Health

Ex-Officio Members Present:

Guest(s) and Staff Present:

- Alex Demyan, AHCCCS
 - Shreya Prakash, AHCCCS
 - Kim Russell, AACIHC
 - Corey Hemstreet, AACIHC
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Meeting Called to Order: Chairwoman Montiel called the meeting to order at 1:16pm.

Invocation and Introductions: Mr. Allison provided the invocation for the meeting.

Roll Call / Establishment of Quorum: Ms. Hemstreet called roll and 8 out of 10 members were present. Quorum was established.

Adoption of Meeting Agenda (Action Item): Mr. Allison made the first motion to approve the meeting minutes; Daniel Preston seconded the motion. The meeting agenda was approved.

Approval of Meeting Minutes (Action Item): Mr. Allison made the motion to approve the June 9, 2020 meeting minutes with minor edits and Ms. Beard seconded the motion. Motion was approved.

Reports

- Chairwoman’s Report
 - Annual Department of Health & Human Services Tribal Budget Consultation: Ms. Montiel reported on the Annual Department of Health & Human Services Tribal Budget Consultation as she is a part of the Indian Health Service (IHS) Budget Formulation Workgroup. After all of the 12 IHS areas had their meetings, a final virtual session was held with the Department of Health & Human Services (HHS) in Washington, DC in April 2020.

Final Recommendations for fiscal year 2022 were presented to the Secretary of Health and the report, “Reclaiming Tribal Health: National Budget Plan to Rise Above Failed Policies and Fulfill Trust Obligations to Tribal Nations- The National Tribal Budget Formulation Workgroup’s (TBFW) Recommendations on the Indian Health Service Fiscal Year 2022 Budget,” was completed and submitted to HHS on May 1, 2020. The report represents Tribal Leaders’ concurrence on national recommendations, which had commenced with each IHS area holding budget formulation meetings in Fall 2019 and concluding with the submission of the TBFW report. There were nine principal recommendations that tribal leaders agreed to.

The National Indian Health Board (NIHB) coordinates these efforts with the Indian Health Services HQ then the tribal Area Health Boards acquire assignments for different sections of the report. Ms. Montiel develops the written report on behalf of the Phoenix Area. The full report can be found at: https://www.nihb.org/docs/05042020/FINAL_FY22%20IHS%20Budget%20Book.pdf

In addition, the IHS Phoenix Area nominated, Amber Torres of the Walker River Paiute Tribe, as the Phoenix area Tribal Leader Representative to serve as the co-chair.

- Phoenix Area Tribal Health Steering Committee Activities – COVID 19 National Public Health Emergency: The I/T/U response to the COVID 19 National Public Health Emergency (PHE) has required the establishment of incident command teams and major policy adjustments to mitigate the spread of COVID 19. This has resulted in the reconfiguration of health care services, which has shifted the focus to essential services, resource redirection, the infusion of resources to expand testing and provide for the treatment of COVID 19. Measures to address the severe economic downturn that reservation communities are experiencing have been formulated. Tribal Nations have instituted emergency lockdowns, curfews, and public health measures, and reconfigured local health care delivery in order to curb the growing number of positive COVID 19 cases. Thousands of people have had to acquire treatment to address symptoms. In addition, many have had to quarantine or isolate to prevent community transmission, whether they are symptomatic or not.

The PHE was announced by President Trump on March 13, 2020 and made retroactive to March 1, 2020. The current PHE is slated to be in place through October 31, 2020, but the official end date is October 23, 2020, and is being considered for another 90-day extension.

Coordination of effort pertaining to COVID 19 involved the convening of bi-monthly meetings with Tribal Leaders under the White House Office of Intergovernmental Affairs. Participants included the Department of Health and Human Services, IHS Headquarters and members of the Indian Country COVID 19 Response Team. The Phoenix Area IHS Office began to schedule regular conferences calls with elected Tribal Leaders and Maria Dadgar, Executive Director of ITCA, participates in these sessions. Likewise, the regional Tribal organizations, ITCA, Inter Tribal Council of Nevada, and the Utah Indian Health Advisory Board convene Tribal Leader meetings on a regular basis. These important sessions address the impact of COVID 19 on the AI/AN population, discuss available data, provide updates on national and state policy development, including executive orders, tribal specific resolutions, funding and requirements pertaining to eligibility and critical public health advisement, medical care and critical efforts by Tribes to develop and sustain local Tribal emergency response plans to reduce the highly contagious transmission of the disease. ITCA staff engage with the following entities and monitor their websites pertaining to COVID 19.

- <https://www.nihb.org/covid-19/>
- <http://www.ncai.org/covid-19/administrative/funding>
- <https://www.nafoa.org/coronavirus>
- <https://www.ihs.gov/coronavirus>
- <https://www.bia.gov/coronavirus>
- <https://www.cms.gov/about-CMS/agency-information/emergency/EPRO/current-emergencies/current-emergencies-page>
- Other ITCA HHS Activities: ITCA's Health and Human Services' programs include the following: Tribal Health Steering Committee; Good Health & Wellness in Indian Country- Chronic Disease Prevention Workgroup; Workforce Innovation and Opportunity Act; Outreach and Services to Underserved Populations; Health Native Youth; Administration for Children, Youth and Families; Tribal Childcare

Coordination; Tribal Teen Pregnancy Prevention Abstinence Plus Education Program; and the ITCA Dental Therapy Implementation Project. These programs are conducting ongoing activities.

Ms. Russell asked what the Tribes' considerations were of the PHE extension and if advocacy from the AACIHC is needed. Ms. Russell is not aware of the state's efforts to request another PHE. If the PHE ends so does the availability of the various resources attached to it. Ms. Montiel responded that, the Secretary Tribal Advisory Committee met last Friday and Ricardo Leonard is the representative for the Phoenix region. Each jurisdiction, federal, state and tribal, have their own PHEs. ADHS is discussing the Governor's orders only. Mr. Allison informed us that he has not aware of any discussions regarding the end of Arizona's PHE. Mr. Allison attends the Health ER Operation Center's meetings and this topic has not been discussed but the state is monitoring the data for COVID-19. Seasonal vaccination has been the main topic of discussion. Ms. Montiel recommended this be a topic of discussion at our next meeting. Ms. Russell will follow and research this issue further.

CMS Tribal Technical Advisor Group- Mr. Preston and Mr. Reede are members of the CMS Tribal Technical Advisory Group. The CMS Policy Committee developed suggested talking points with members of CMS TTAG. These talking points are suggested to tribal leaders for guidance and recommendations. The CMS Policy Committee meets virtually every month.

- Executive Director's Report – Ms. Russell reported out by agency goal, activities that were accomplished for this reporting period.

Goal #1: Assist Tribes and Urban Indian Health organizations in developing integrated and public health care delivery and financing systems

- Alternate Care Sites (ACS) Waivers: AACIHC worked closely with AHCCCS, ITCA and Tribes to get this waiver approved. Tribes who have set up ACS can now be reimbursed for medically necessary services. One of the AACIHC member Tribes expressed the need for the ACS. Some Tribes used the CARES Act funds to build ACS but there was still a need to reimburse for the medical services. Ms. Montiel will be presenting on ACS in Arizona at the NIHB Tribal Health Conference.
- AHCCCS 5-year Section 1115 Waiver Feedback Session for AACIHC: In collaboration with AHCCCS, a specific feedback session for AACIHC members will occur on November 13, 2020 from 9am -11am. A calendar invite was sent to all members. AHCCCS is submitting their 5-year waiver in December 2020 and is set to be implemented on October 1, 2021.

Goal #2: Effectively advocate on behalf of the AACIHC with State Leadership on issues affecting AI/AN medical and public health care and financing systems.

The AACIHC will begin to identify priorities for the 2021 Legislative session. Below are three legislative priorities to be (re)considered:

- Creation of a 6th Area Education Center (AHEC) that focuses on the Indian Health System to include IHS/Tribes/Urban Indian Programs.
- Creating an Uncapped Dental Benefit for Pregnant Women Eligible for Medicaid
- Exempting Indian Health Services and Tribal, and Urban Indian Health facilities from implementing sliding fee scales in order to be eligible for the AZ State Loan Repayment Program
- Reinvesting in Tribal communities Savings Leveraged by the 100% FMAP extended beyond the four walls.

There is no definite answer whether there will be a special session. The Governor can call a special session and has the authority to pick the session topic. A special session can also be called with a 2/3 vote from each chamber.

Goal #3: AACIHC is the trusted resource for information, education, and relevant data on American Indian/Alaska Native health care.

Development of curriculum has been slow; however, the AACIHC website is up to date and provides a number of resources. In addition, Ms. Hemstreet is working closely with Native American Connections and Children's Action on these campaigns. The resources for these campaigns are located on the AACIHC website and are still being built out.

- Strong Teeth, Strong Kid (STSK) campaign: The goal of the STSK campaign is to bring awareness of the dental milestones for children age 0-5.
- KidsCare campaign: This campaign's goal is to increase enrollment among AI/AN children and families in Arizona.

Goal #4: Expand the American Indian health care workforce

- On 10/23/20 @ 9am-12pm, the AACIHC, University of Arizona and the Arizona Department of Health Services will be hosting a joint Tribal Consultation to discuss the concept of creating a sixth Area Health Education Center. Any feedback provided by Tribes will be considered as the legislation is being crafted.
- Current and ongoing dental therapy implementation includes the rulemaking process. The AACIHC is working closely with ITCA and Native American Connections to ensure the draft rules are inclusive of tribal recommendations.
- Regarding the Community Health Aide Program, a career campaign is needed for needed for paraprofessionals.
- Through a long standing relationship with Northern Arizona University, in 2019, the first Community Health Representative (CHR) Workforce Assessment was completed. Then, earlier in the year, the AACIHC went into another consultant agreement to conduct a part two of the workforce assessment. The report helps stakeholders understand the CHR workforce and provides policy recommendation that can help strengthen and sustain the CHRs. The report and webinar will be available on the AACIHC website. Lastly, the annual CHR Summit has been postponed to November 2-4, 2021 in Henderson, NV.

Goal #5: Secure sustainable funding to increase assistance available to Tribes/Urban Programs in accordance with statutory requirements.

- Every year the AACIHC requests additional funding that will assist in carrying out the statutory requirements. At the end of July, Ms. Lydia Enriquez, Administrative Assistant, retired and that position is not being filled until work flow increases. Ms. Hemstreet, Program Manager, has been assisting with agency priorities and taken many of the administrative assistant duties.
- In collaboration with Northern Arizona University, Center for Health Equity Research and ITCA, a grant proposal was submitted to the Patient-Centered Outcomes Research Institute (PCORI). The grant included funding to the AACIHC which would pay 10% of the Executive Director's time and 10% of the Administrative Assistant's time and 20% of the Program Manger's time. The AACIHC would serve as a convener and travel coordinator. Tribes were in support of the proposal and submitted individual letters of support. Ultimately, the grant proposal was not funded but consideration to resubmit in February 2021 for the next funding cycle is occurring. Ms. Hemstreet is researching whether a DUNS # is needed for the AACIHC in order to apply for grant opportunities. AACIHC has been communication with AHCCCS Finance to ensure we are in compliance with grant requirements.

Goal #6: Fill all AACIHC Seats and achieve representation from all 22 Tribes

- Filling the AACIHC seats has been an ongoing issue. Dr. Jill Jim, Executive Director, Navajo Nation, appointment is still pending from 2019. Representative Butler was helpful in moving appointments through the Boards and Commissions a few years ago. Ms. Russell is seeking recommendations from the AACIHC members on how to get tribal nominations processed.

Other:

- Ms. Russell is a member of the Arizona Missing and Murdered Indigenous Women & Girls Study Committee and serves on the Victim Compensation (VC) Sub-Committee. In collaboration with Arizona State University, data from the Arizona Criminal Justice Commission regarding the victim compensation program was analyzed. The data reflected that the Victim Compensation program is underutilized by the AI/AN population. The Study Committee will reconvene in November. In addition, Tribes have advocated for the reimbursement of traditional healing services for I/T/U facilities through AHCCCS. These culturally appropriate services can be utilized by MMIWG and their relatives for healing of the trauma they went through.
- AHCCCS State Plan and Waiver Update

Alex Demyan, AHCCCS State Plan Manager; Shreya Prakash, AHCCCS Waiver Manager; and Amanda Bahe, AHCCCS Tribal Liaison provided the AHCCCS Updates.

State Plan Amendment Updates:

- Tribal Dental SPA- On June 30, 2020, AHCCCS submitted a SPA which included language to remove the \$1000 emergency dental limit for members receiving services at IHS/638 facilities in accordance with language passed in HB2244. CMS is currently reviewing the SPA language. AHCCCS is also planning to include this request in the 5-year 1115 Waiver Renewal.
- IHS/638 Nursing Facility (NF) & Skilled Nursing Facility (SNF) All Inclusive Rate (AIR)- On August 17, 2020, AHCCCS received CMS approval to reimburse IHS/638 NF & SNFs at the OMB All AIR. This change will be effective October 1, 2020. In order for a NF/SNF to receive the AIR reimbursement, the facility must update their provider profile with the AHCCCS provider registration portal to ensure there is an associated IHS/638 branding. AHCCCS is continuing to research the possibility of making a similar change for Tribal Assisted Living facilities.
- AHCCCS Division of Fee for Service Management will be offering ongoing trainings sessions. Topics, dates and registration can be found at:
https://www.azahcccs.gov/Resources/Training/DFSM_Training.html

Waiver Updates:

- The Tribal Consultation and Public Comment Process is occurring regarding the 5-year Section 1115 waiver submittal. Public comments and written testimony from tribes and I/T/Us may be submitted to AHCCCS via Tribal Consultation and the public comment portal: <https://comments.azahcccs.gov> via email: public.input@azahcccs.gov or mail to: AHCCCS Attn: Office of Intergovernmental Relations, 801 E. Jefferson St. MD 4200 Phoenix, AZ 85034. Below is the Arizona's 1115 Waiver Renewal timeline:
 - October 1, 2020 AHCCCS to post draft of the 1115 Waiver
 - October 1, 2020- November 30, 2020 Public Comment Period
 - October 19, 2020 Special Tribal Consultation on Waiver Renewal
 - November 05, 2020 Quarterly Tribal Consultation- Waiver Renewal included on agenda
 - November 13, 2020 AACIHC Special Waiver Feedback Session

- November 30, 2020 All comments must be submitted
- December 31, 2020 AHCCCS to submit 1115 Waiver draft to CMS
- October 1, 2021 Anticipated GO LIVE date of 1115 Waiver
- Within the waiver renewal, AHCCCS will request the authority to maintain IHS/638 uncompensated care waiver which authorities for direct payments made to IHS or Tribal 638 providers by the state.
- An independent evaluator will evaluate Arizona's Section 1115 Waiver demonstrations via three phases: 1) development of the evaluation design plans; 2) conducting interim evaluations & development of interim evaluation reports and 3) conducting summative evaluations & development of summative evaluations reports. AHCCCS Complete Care, Arizona Long Term Care Services, AHCCCS Works, Children Medical and Dental Program, Regional Behavioral Health Authorities, Prior Quarter Coverage, and Targeted Investments demonstrations are included in the evaluation. AHCCCS Works is not included in the interim evaluation as the program is not yet implemented. Objectives of the 1115 waiver evaluation are to prove: (1) quality health care to members; (2) ensure access to care for members; (3) maintain or improve member satisfaction with care; and (4) continue to operate as a cost effective managed care delivery model within the predicted budgetary expectations.

AHCCCS Policy Updates:

- Ms. Jessica Rudolfo was appointed to serve on the AHCCCS Policy Committee on behalf of the Advisory Council. Ms. Rudolfo was provided an orientation and will begin attending the APC meetings. There are three additional tribal-specific representatives currently open including two tribal at-large seats.
- Announcement: AHCCCS Mental Health Block Grant Tribal Member Focus Group on September 18, 2020 at 1-2:15pm.
- Arizona 2020 Regular Session Recap- Mr. Jay Tomkus, CORVID Consulting, LLC, developed a report that summarized the 2020 legislative session. This past session the legislature passed a skinny budget for the state agencies to continue to operate in the FY 2021. Once finalized, the AZ 2020 Regular Session Recap report can be found on our AACIHC Website along with the webinar. AACIHC will disseminate this information to the AACIHC members. Ms. Russell will work with Ms. Montiel and Mr. Preston to finalize this report.

New Business

- Arizona 2021 Legislative Priorities Discussion
 - Creation of a 6th Arizona Health Education Center that focuses on the Indian health system – Ongoing advocacy and research to establish the 6th AHEC continues, including a joint Tribal Consultation (University of Arizona, AACIHC and ADHS) will occur next month to discuss the concept of the 6th AHEC with Tribes.
 - Creating an Uncapped Dental Benefit for Pregnant Women on Medicaid – The March of Dimes and the Arizona Dental Association are the lead advocacy organizations on this initiative. The state budget and the foreseeable economic downturn will have to be considered as this will require a state match.
 - Exempting Indian Health Services, Tribal and Urban Indian Health facilities from implementing sliding fee scales in order to be eligible for the Arizona State Loan Repayment Program – Ms. Russell and Mr. Allison are working with ADHS to determine if this change requires a legislative amendment or if it can be accomplished through the rulemaking process.

- Reinvesting Savings Leveraged by the 100% FMAP extended beyond the 4 walls into Tribal communities – There will need to be a wealth of education for Tribal leaders and stakeholders on this priority. Ms. Montiel stated that this priority can potentially create additional resources for Tribes. Ms. Russell would like to work on this further to determine whether we would like to have this as a legislative priority this year.

Mr. Allison mentioned the possibility of discussing tribal advisory committees for state agencies. DES is the only state agency that currently has statutory language for a tribal advisory committee. Ms. Beard affirmed that ADES has taskforces and advisory councils. Ms. Beard mentioned that she would like to start a Tribal Advisory Council within ADES and utilize the AHEC model as a template.

Ms. Beard mentioned that the Arizona Department of Economic Services, AHCCCS, and Arizona Department of Health Services have intergovernmental agreements between them and the three agencies used to meet regularly. Ms. Beard informed the council that these three agencies are revising this idea and would like to host an orientation for tribal leaders and hold a tri-agency tribal consultation.

Ms. Russell suggested that we also focus on the Boards and Commissions because they are not required to hold tribal consultations or have a tribal consultation policy. Ms. Russell stated that she works with the Board of Dental Examiner and the Arizona Criminal Justice Commission on dental therapy implementation and on the missing and Murdered Indigenous Women and Girls Study Committee. It would be beneficial to have tribal representation within the various boards and commissions.

- **Statewide Ballot Measures:** Ms. Russell indicated that there are two statewide ballot measures to consider this year: 1) Proposition 207- Marijuana Legalization Initiative and 2) Proposition 208- Invest in Education. For more information on these propositions, please visit: <https://www.azcleaselections.gov/arizona-elections/propositions>

Old Business

- **Medicaid Fiscal Accountability Regulation (MFAR)** - CMS will not be moving forward on MFAR. MFAR would have had a significant impact on the Medicaid system in Arizona. Ms. Russell will send out more information on this.
- **California vs Texas Update and Possible Impacts to the ITU System-** Ms. Russell forwarded an email from the NIH on this issue (August 19, 2020). This case will be heard on November 10, 2020.
- **State Budget-** Ms. Russell mentioned that the state will have to determine its budget priorities as it is expected there will be a recession. Ms. Russell suggested that the Joint Legislative Budget Committee present to the Advisory Council on the state budget.

Call to the Public

- Mr. Allison mentioned that on September 25, 2020, ADHS will be conducting an open workgroup call to discuss \$3M for tribal activities for COVID-19. This grant is called the Epidemiology and Laboratory Capacity (ELC) grant. In addition, on October 20-21, 2020, ADHS is having their 13th Annual Arizona Tribal Collaborative on Cancer Conference virtually. Lastly, Mr. Allison mentioned that two of the MCOs are having a Northern Arizona Tribal Summit to be held virtually and Mr. Allison will be giving a presentation at this summit.
- Ms. Bahe stated that AHCCCS recently put together an internal health equity committee which is comprised with select staff from across the agency. The committee is tasked at the AHCCCS level to identify disparities in health care and to identify strategies to address those disparities. On October 1, 2020 there will be a virtual tribal forum and all are invited to attend. Ms. Bahe will send a flyer with all of the tribal forums to the council.

Next Meeting Date: A doodle poll will be sent out to determine next meeting date.

Adjournment: Mr. Allison made a motion to adjourn the meeting; Ms. Hunter seconded the motion. The meeting was adjourned at 4:18 pm.