

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

Friday, February 7, 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
- Jocelyn Beard, Arizona Department of Economic Security
- Alida Montiel, Inter Tribal Council of Arizona
- Daniel Preston, Tohono O’odham Nation (via phone)
- Jessica Rudolfo, White Mountain Apache Tribe
- Candida Hunter, First Things First
- Carol Schurz, Gila River Indian Community

Ex-Officio Members Present:

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

Guest(s) and Staff Present:

- Kim Russell, AACIHC
 - Corey Hemstreet, AACIHC
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Meeting Called to Order – The meeting was called to order by Vice-Chairman Preston at 1:08 p.m.

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

Roll Call / Establishment of Quorum – Ms. Russell called roll and 7 of 11 members were present. A quorum was established.

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

Reading and Approval of Meeting Minutes from August 26, 2019 and December 16, 2019 (Action Item) – Ms. Schurz motioned to table the meeting minutes from August 26, 2020 and December 16, 2019. Mr. Allison seconded the motion. All approved unanimously.

Reports

Chairwoman’s Report – Ms. Montiel provided a detailed overview on the FY 2022 Area Tribal Budget Consultation Phoenix Area Report (PPT was provided to the group). ITCA received a revised contract though the Phoenix Area Indian Health Services (IHS) and Ms. Montiel is staffing the tribal health steering committee for PHX area which is comprised of tribal leaders from Arizona (5), Nevada (5) and Utah(2) that advises Dr. Reidhead and his administration at the Phoenix area IHS. In the contract, Ms. Montiel will staff the Area Tribal Budget Process meeting.

Chairwoman Torres from the Walker River Paiute Tribe and Ms. Rudolfo from the White Mountain Apache Tribe will be presenting at the National Budget Formulation Meeting (NBFM) on 2/13-14/2020.

In addition, the National IHS Headquarters has held 3 pre-webinars for all service areas to hear reports prior to the NBFM.

- Ms. Schurz motioned to accept the report and Mr. Allison second the motion. All approved unanimously.

Executive Director's Report – Ms. Russell reported on the AACIHC goals and progress.

- Goal #1: Assist Tribes and Urban Indian Health Organization to develop comprehensive medical and public health care delivery and financing systems to meet the needs of American Indian tribes in this state.

- SPAs & Waivers on the backburner/at a standstill:

- **Traditional healing:** This current administration wants to move it through but have not heard anything. This relates to the Missing & Murdered Indigenous Women & Girls (MMIWG) issue. There is a high need for Behavioral Health (BH) Services for women and girls who are found and their families that are impacted. There are BH therapist shortages in tribal communities and services for traditional practitioners varies from tribe to tribe.
- **AHCCCS Works (Work requirement waiver):** Two years ago, AZ passed a law that would exempt American Indians from AHCCCS Works. The implementation process for exemption is complex. Concerns include:
 - AHCCCS exempting American Indians to the grandchild; however, some families take care of great-grandchildren;
 - How will people provide documentation to prove their Indian Blood/Affiliation. The process to obtain Certificates of Indian Blood (CIB) are timely and demanding. KidsCare has achieved this by accepting letters from tribe on the individual's behalf. AHCCCS conforms with KidsCare process;
 - Concern regarding how that particular group of people will be audited especially for homeless individuals and those who are not able to obtain their CIB;
 - There is a timeframe for tribal members to provide information or risk being eliminated from AHCCCS rolls. AHCCCS will randomly audit this population and will mirror KidsCare process;
 - AACIHC questioned the KidCare process because there is a disparity of AI children not being enrolled in KidsCare. Of the 15,000 eligible AI Children that could be on KidsCare, 2100 are currently enrolled. Question: Is the KidsCare process a good process to mirror, considering not a lot of AI children are enrolled?

AHCCCS has put a hold on AHCCCS Works while court cases are in pending in other states.

- **Tribal FQHC designation:** This would allow for the 100% pass through to be extended beyond the four walls of the tribal facility. This SPA has been approved by CMS a few months ago. NV reviewed AZ's SPA and improved it then got theirs passed. Now we are reviewing NV's SPA to mirror it because of covered services that could be qualifiable beyond the four walls.
- **Care Coordination Agreements (CCA):** This is an impactful concept. This updated policy is in the process of being implemented. There is a legislative component tied because of state savings in which that amount of savings could be reinvested back into tribal communities. More education needs to be done on this policy to tribal

leaders, state legislators, and the Governor's Office on the reinvestment piece. An example of CCA is in North Dakota where the state is getting 60% of the savings

A consultant agreement with Angie Wilson, Tribal Health Director from the Washoe Tribe and who participated on TTAG to help AACIHC with this issue is being considered. Ms. Russell has advised tribes to not go into these agreements because once you go into them you lose your leverage to negotiate with the state for the reinvestment dollars. Care coordination agreements are with non-IHS/638 facilities Ms. Lemesh informed the group that you do not need a care coordination agreement for the purposes of a tribal FQHC.

- Goal: Expand the American Indian Health Care workforce
 - **Arizona Health Education Center for American Indians**- Please refer to Advocacy section.
 - **Tribal Workforce Forum**- Ms. Russell suggested that we delay this event until May due to the legislative session. UofA Center for Rural Health has obligated to pay for the whole 1-1/2 day conference. This event is pending. Ms. Hunter and Ms. Beard has expressed that they would like to help plan this forum.
 - Dental Therapy- There is still much needed things to do for implementation. Ms. Russell has suggested that this topic be on our next agenda.
 - CHR Summit VI will be in Henderson, NV on May 5-7, 2020.

- Goal: Apply for and seek grants, contracts, and funding to further the purpose of the council.

After 6 years, we finally received funding for staff. Thus, Corey Hemstreet was hired as the Health Program Manager for the AACIHC.

 - **Patient Centered Outcome Research Institute grant:** In partnership with ITCA, and NAU, AACIHC will submit for this PCORI grant. The lead agency is NAU. This research grant would study how CHR's impact patient outcomes, comparing a patient who sees a CHR vs those who do not. 8 tribes provided letters of support for this grant. This research project would help support and further advance the CHR tribal workforce. AACIHC's role would be to convene the tribes.
 - **Advisory Council membership update:** Dr. Jill Jim's (from Navajo Nation) nomination is still pending.
 - **Strong Teeth, Strong Kid:** In collaboration with Native American Connections, a children's (0-5) oral health campaign was created to educate and empower primary caregivers to strive for optimal oral health for their children. You can visit the website at: www.strongteethstrongkid.org. San Carlos Apache Health Care has embraced the campaign. NAC is the grant holder and AACIHC is only a partner in this campaign.

- Goal: Effectively advocate on behalf of the AACIHC with state leadership on issues effecting AI/AN medical and public health care and financing systems
 - **HB2244-AHCCCS; Dental services; Native Americans**

Summary: Authorizes AHCCCS to seek CMS approval to reimburse Indian Health care dental providers that receive 100% FMAP for the cost of dental services in excess of limits in place for ALTCS beneficiaries and adult emergency dental coverage that are currently capped at \$1,000 per member per year. Status: Passed out of the House Health & Human Services Committee with a vote of (9-0). Passed out of the House Rules Committee with a vote of (8-0). Strike-Everything Amendment: Need additional

language to reimburse tribal 638/Indian Health Services dental facilities which will need to be introduced and adopted on the House floor. Until then, HB2244 will be retained on the calendar.

- **HB2296- Creation of a 6th Area Health Education Center that Focuses on the Indian Health System**

Summary: Creates a 6th Area Health Education Center (AHEC) that will focus on the Indian Health System. AHECs are committed to expanding the health care workforce, while maximizing diversity and facilitating distribution, especially in rural and underserved communities and offer creative, hands-on and innovative health career curriculum for pre-college level students. Status: Will be heard in the House Education Committee and has been assigned to the House Rules Committee but has not been assigned to the agenda yet. Testimony: AACIHC is looking for testimonies. Dr. Stevens, a SCAT tribal member, former orthopedic surgeon, chair of the SCAT Health Care Corporation will be testifying.

- **Creating an Uncapped Dental Benefit for Pregnant Women over the age of 21 eligible for Medicaid.**

Summary of all bills: requires AHCCCS contractors to provide comprehensive dental care to eligible pregnant women and appropriates money to AHCCCS to provide the dental services

- SB1170- Status: Passed out of the Senate health and human services committee. Heard in the Senate Appropriations Committee and was assigned to the House Rules Committee-- awaiting assignment to the agenda.
- HB2727- Status: Assigned to the House Health & Human Services Committee and House Rules Committee—awaiting assignment to agendas. (mirror bill to SB1170).
- HB2423- has not been assigned to any committees/agendas. This bill will most likely die because it was not assigned to any committees.
- HB2535- Sponsor: Rep. Shah. Summary: Provide a preventive dental benefit that will include fluoride treatment, x-rays, and 2 regular dental cleanings. There will be additional language added to include examinations.

Ms. Schurz motioned to accept the Executive Director's report and Ms. Beard second the motion. All approved unanimously.

Ms. Montiel asked Ms. Lemesh when HHS Region 9/CMS hears legislation or policy changes being proposed by the states, what happens on CMS' end? Ms. Lemesh replied that her division doesn't track legislative activity. They only track and follow State Plan Amendments (SPAs) and Waiver submissions to CMS.

Ms. Montiel stated that the AACIHC had discussion with AHCCCS on SPA language that exempted IHS/tribal patients from the emergency dental cap. She asked Ms. Lemesh if this is an issue that she could advise the AACIHC on, and Ms. Lemesh replied that her division could not weigh in on that. Only when legislation leads to a decision on a SPA is when she can be engaged. She further stated currently there is a SPA in house to pay 3 encounters per day to tribal and IHS tribal facilities. This is in active review by Ms. Kitty Marks, Director, CMS Tribal Affairs, but no decision has been made yet. She will send Ms. Montiel an update on the SPA status.

New Business- Ms. Russell reported.

- **Medicaid Fiscal Accountability Regulation (MFAR)** factsheet from CMS. This rule came out November 18, 2019. The factsheet that came from the administration states that the federal government needs more transparency and accountability as to how states are financing their state match. The rules that they provided will impact Arizona around the expansion population (childless adults)—not the traditional population (children, handicapped, disabled, and etc.). The Trump administration is set on moving these regulations forward. AHCCCS stated that \$2 billion of a \$13 billion program could be impacted. The new regulations would heavily impact the childless adult population. MFAR will put more restrictions on the state match. According to the new regulations, the Hospital Assessment that provides the state match for the childless adult population would not be permitted. GME funding would also be impacted because in our state we draw down Medicaid dollars for GME funding, Arizona is one of the few states that does this.
- According to AHCCCS's summary, it mentions that Indian Health Service and tribal facilities "proposed prohibition of variation in fee for service payments for a Medicaid service." In other words, any fee for service reimbursement all have to be the same and there could be no all-inclusive rate (AIR) that Tribes utilize currently. Therefore, this regulation can have significant impact on the Indian Health Services and Tribal facilities

Ms. Montiel commented that the Tribal Technical Advisory Group (TTAG) officially submitted a four page letter of concerns, and they raised similar concerns on the variations on fee for service payments. One concern is that the tribes sometime assist individuals by covering their co-pays or co-insurance. For example, if an individual seeks services from a Medicaid health plan, the tribes assist with payment whenever costs should fall on an individual. The letter was sent to IHS and to CMS for their review of tribal perspective. The TTAG letter will be shared at the next AHCCCS Tribal Consultation. Also the American Health Care Act (block grants) issue will be discussed then as well. Ms. Montiel urged everyone to be in attendance.

Mr. Preston stated that he will make sure that there is a follow-up discussion on these issues at the next TTAG meeting.

Call to Public-

Mr. Allison stated that because of COVID-19, the ADHS activated the Health Emergency Operations Center and they are feeding out information to the public. He has been charged with getting information out to the tribes and is continually sending updates to the Tribal Health Directors. Mr. Allison shared information on upcoming webinars and conferences as follows:

- February 12, 2020 from 10:00 am – 11:00 pm: ADHS is hosting a Tribal Corona Virus call and is open to the public. Please email Mr. Allison and he will send you a calendar invitation.
- March 20, 2020: ADHS will be hosting a Tribal Suicide Prevention Meeting 8:00 am – 4:15 pm, place TBD.
- April 30 – May 1, 2020: ADHS will be convening their 2nd Tribal Opioid Substance Use Conference at the Ak-Chin Hotel & Casino in Maricopa, AZ.

Ms. Hunter stated that on September 24, 2020, First Things First will be facilitating a statewide tribal consultation from 10:00 am – 3:00 pm. A save the date with location information will be forthcoming.

Ms. Rudolfo recommended that the AACIHC provide a position description for each individual AACIHC member and assign deliverables to each member to accomplish, specifically when advocating at the

state legislature and to each take turns in providing testimony. Ms. Russell stated that is something that the AACIHC members can help draft, and depending on whom they represent, it will be different.

Ms. Montiel stated that today, she and Ms. Verna Johnson from ITCA had a call with DES on the Young Adult Transitional Insurance (YATI) through AHCCCS. Individuals who are in state foster care when they transition out of foster care at age 18 may remain on Medicaid up to age 26. It keeps coming to Ms. Johnson's attention that AHCCCS has very low enrollment from tribes that operate foster care. She said that the tribes need to be educated on this program to get that enrollment up. Additionally, the State of Arizona recently receives a Title IV designation. This is for individuals that the state deems it they want to participate in this. The state can waive the transition children out of foster care at age 21.

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 and Ms. Beard seconded the motion. All approved unanimously. The meeting adjourned at 4:10 p.m.