AACIHC BOARD MEETING 12-14-2023

Voting Members Present:

Daniel Preston III, Tohono O'odham Nation
Candida Hunter, First Things First
Christine Holden, Tribal Liaison, AHCCCS
Gerilene Haskon, Tribal Liaison, ADHS
Jocelyn Beard, Tribal Liaison, ADES
Verna Johnson, Inter Tribal Council AZ
David Reede, San Carlo Apache Tribe
David Dawley, Hualapai Nation

Federal Technical Advisor Present:

Brian Zolynas, Centers for Medicare and Medicaid Services (in for Cynthia Lemesh)

Staff, Guests and Visitors Present:

Alison Lovell, AACIHC Business Operations Administrator
Anthony Enoch Jr, AACIHC Program Specialist
Archie Mariano, AACIHC Program Specialist
Ashley Lazaro, AACIHC Grants Coordinator - CCR
Debra Gonzales, AACIHC Executive Assistant
Dr. John Ward Molina, AACIHC Director
Isabella Denton, AACIHC Grants Manager - CCR
Jeffrey Axtell, AACIHC Grants Director - AHEC
Keye Garman, AACIHC Sr. Epidemiologist
Kiani Becerra, AACIHC Communications Coordinator
Mckayla Keams, AACIHC Executive Projects Coordinator
Shealee Gartner, AACIHC Training Officer III
Summer Hassan, AACIHC Grants Manager - HD
Darien Fuller, AACIHC Epidemiologist
Leslie George, AACIHC Legislative Specialist
Mckayla Keams, AACIHC Executive Projects Coordinator
Shealee Gartner, AACIHC Training Officer III
Tashina Machain, AACIHC Grants Coordinator-AHEC
Zaida Dedolph, Health Policy Advisor to Governor Hobbs
Kim Russell, Executive Director, Navajo Department of Health

I. **Meeting Called to Order** at 2:02 PM

II. **Welcome and Introductions** – Chairman Daniel Preston welcomed everyone and had the new members and/or guests introduce themselves:

- Dr. John Ward Molina, MD, JD, DHL: My name is John Molina from the Pascua Yaqui and San Carlos Apache. I'm the newly appointed director for the Arizona advisory Council.
- Dave Dawley: I am the health director for the Hualapai Health Department up in northern Arizona and a newly appointed member of the Arizona Indian Council on Indian Healthcare. And very glad to meet you all.
- Verna Johnson: My name is Verna Johnson, and I am a project manager within the Health and Human Services Program with the intertribal Council of Arizona.
- Brian Zolynas: Absolutely. My name is Brian Zolynas. I'm with the centers for Medicare and Medicaid services and I am sitting in for part of this meeting for Cindy Lemesh who is unable to join today.

III. **Roll Call / Establishment of Quorum –** Quorum Established

IV. **Adoption of Meeting Agenda (Action Item)** Motion by Christine Holden and seconded by David Reed – Agenda passed

V. **Approval of Meeting Minutes**

a. Oct 23, 2023 (Action Item) - since we didn't have Quorum at this meeting there is no approval needed. To keep it formal we kept it in the agenda so air it on the side of caution.

VI. **Governor's Office Update**

a. Governor's Office Updates

i. Zaida Dedolph - AHCCCS/ADHS Omnibus Legislative Updates - see below

VII. Introductions

a. Director Introduction - Dr. John Molina

b. Council Member Introductions

i. All Council Members in attendance, both voting and non-voting

VIII. **Reports**

a. Policy/Legislation Updates

1. Call to Council for Legislative Priorities

a. Support for AHCCCS/ADHS Omnibus Legislative Updates as discussed by Zaida Dedolph

Zaida is serving as health policy advisor to Governor Hobbs, speaking about a piece of legislation that they are currently working on in response to the ongoing crisis within the Sober Living homes and Behavioral Health space at AHCCCS. She reviewed some of the requested changes. One of the things that AHCCCS has been able to do is make changes internally to how it does things behind the scenes, like how it manages billing on the back end how it enrolls providers how it licenses people and credentials and AHCCCS is very lucky in a lot of ways because it has a lot of flexibility as an agency to be able to do that. ADHS on the other hand doesn't and so a lot of the struggles that we've run into in terms of launching a robust response have really been tied to the fact that ADHS can't do that as quickly or

nimbly as AHCCCS can for example, and so you'll notice that a lot of these changes speak more to the ADHS side of things.

- Health Facilities, generally, whether that's an assisted living home, or a behavioral health facility can avoid any kind of penalties or any kind of enforcement action by just changing ownership - just a transferring of ownership for example, so nothing functionally must change about the way that the facility is operating but in doing that in putting another name on the license, all of the enforcement action goes away with that.
  - We'd like to change that and make sure that those penalties are following the license itself and that the department can continue to go after bad actors after a change of ownership is initiated or after a facility closes.
  - Currently there's a state law with a maximum fine of $500 per day that the department can levy against a facility but often they're billing Medicaid $10,000 a day and so it's not punitive, just the cost of doing business to have a $500 a day fine. The fines should be more reflective of the severity of the risk to patient safety and the scope of the threat that this facility poses and also to whether or not and that facility has a history of engaging in this kind of behavior whether this is the first time right that they're doing more of a sliding scale or a gradient rather than just a $500 flat fee.
- Many of ADHS licenses are perpetual, so as long as a facility pays what they call an anniversary fee most licenses never truly expired through ADHS.
  - And ADHS has very limited authority over the recoupment of those fees and fines that may be owed to the department when we're talking about Healthcare facilities.
  - Note: in some cases, we're talking about the entire range, this includes a small assisted living home that has two people who live there. It's somebody's house that they just happen to care for adults with intellectual disabilities. We want to ensure that those fines and fees get paid at some point and that this can't just be something that bad actors in particular can continue to just kick down the road in order to maintain licensure.
  - We also want to standardize the inspection frequency for facilities of all types. This is particularly true with nursing homes as well as all types of Residential Care institutions that includes our Behavioral Health residential facilities, but also things like group homes and assisted living and another types of facilities that now ADHS does not have to inspect. Such as facilities that have had a previous inspection that found no deficiency is for two full years. The other thing is that if those facilities are accredited, they don't have to go in ever and so that's a lot of time that can pass without any kind of eyes from the state on that facility at all.

We'd like to see those things changed and have more insight into the day-to-day operations of those facilities. A lot can change in two years or even longer in some instances.

It's important to keep the addresses of these facilities confidential and we do view this as a treatment environment. However, we're proposing a number of different reforms that will make it more difficult for Bad actors to operate in this system.

- One of those is we will be tightening up restrictions on Advertising, homes that are advertising as sober living environments, recovery housing, or any of these other terms will be required to disclose their licensure status on any kind of public facing material.
- We're going to be cleaning up our definitions so that it will be easier to differentiate between a licensed and an unlicensed sober living home and that will ideally make it more clear which

types of facilities do require licensure. and then we also will be strengthening some of the language that is around referring to unlicensed Sober Living homes by licensed providers. So essentially for making it easier to identify what is and isn't a licensed facility.

They are working on the timeline right now and tying up loose ends especially around the sober living home issues we run into some pretty unique challenges with regard to legislation that we're trying to be very careful of and aware of not violating for example the Housing Act is one piece that tends to get very tricky when it comes to sober housing. And the Americans with Disabilities Act as well. We would identify as sponsor that would want to run the bill and it's possible that they would want to split it up. So, this may not wind up being one big Bill It could wind up being 10 small bills and could wind up looking a lot different.

b. Support for Comprehensive Dental

We do not have the exact verbiage for this quite yet, its being drafted, but we meet with the dental coalition about once a week right now and are going back and forth also by email. So it looks like Senator Shope is planning to run the Comprehensive Dental bill and it sounds like it'll be what was from last year regarding opening up Dental to all AHCCCS members. This is kind of a two-pronged approach on the first one is whether we want to support Comprehensive Dental as it moves forward through the next legislative session. And then if it does get through both houses, which we're not anticipating because the governor's office has been very transparent about how it's a shoestring budget next year. They're not anticipating again through both Chambers either and a lot of the Advocacy around that on the legislative level right now is the implant as an education year for the senator and for the representative to learn more about why dental health is important for overall health and why helping people's dental be improved can actually improve their overall Health.

Kim Russell, executive director for the Navajo Department of Health addressed the council. Very happy there's a comprehensive dental benefit and that Senator Shope is going to be the prime sponsor. My question is if you could just send us draft resolutions, that would really help us to move it forward through tribal council. We can give you a copy of the supported draft resolution should our Council pass it here. The other question I have is any technical assistance that could be provided to present to Council on the issue would be greatly appreciated. I know I did that my former position of advisory council is and when tribes wanted to learn more about the issue, we would present to them and garner their support.

Alison continued indicating we can provide in presentation terms of the draft resolutions. We do not have copies of that yet but have requested that on the Comprehensive Dental Also, before you hopped on the health policy advisor for our governor mentioned that she's going to try to obtain permission to share a direct copy of the resolution to address the sober living home and birth crisis - we can share that and provide the technical advisement.

2. Support for Administrative Priorities

a. Continuous Glucose Monitoring for Type 2 Diabetics (AHCCCS members)

We have been approached by a couple groups at this point about continuous glucose monitoring one in particular had some fact sheets sent over to the council earlier this week. What's occurring here is that continuous glucose monitors are just absolutely vital for helping people with type 1 & 2 diabetes, but right now coverage guidelines at AHCCCS and amongst all the different Complete Care Health Plans are

not really consistent, you can get them on a short-term basis and you can get them on a case by case basis, but there's a lot of ambiguity in the guidance because if you look at the AHCCCS medical policy manual, which pretty much advises the fee for service Health Plan and then in turn all the Complete Care Health plans are both of the MCOs in Arizona. It's a life saving device and has really helped people out in rural areas to be able to continually monitor their blood sugar and as we know American Indians and Alaskan natives in Arizona are disproportionately affected by diabetes, so when it comes to trying to obtain continuous glucose monitor, it can be covered for people with type 2 diabetes, but the issue is the lack of clear guidance so what was asked of us if the council would be if we are interested and to start doing some research on this in addition to the research we've already done. And to look at doing some advocacy next year to request of AHCCCS to provide more clear guidance on continuous glucose monitoring (GCM) coverage for type 2 diabetic specifically and to get the CGM guidance for type 1 diabetics also into the AHCCCS medical policy manual that will show the way and allow providers clarity when it comes to how to do request for their patient population and it will also allow consistency amongst the health plans. So that was kind of the asks that we were approached with in particular for indigenous people because they are so disproportionally affected in Arizona by that so we did want to just, give that 60,000 put overviews everybody and find out what the council thoughts were.

- Candida wanted to mention in terms of the legislative update and our priorities that she agrees with them but was uncertain whether we needed to vote for that or if it was just a consensus that we say that we agree with the priority.
- Daniel deferred to Alison adding he thinks consensus is accepted but would agree, as a consensus, we don't have the draft
- Alison Lovell: I believe what we have to do is we have to wait until we actually have so that the council has a chance to read them and then for them to the share with various tribal leaders to make their determination of support. I don't think we can actually vote or move on any of these and I will actually refer to a member of the public or executive director Kim Russell for Navajo Nation. if I am correct on the space, but I believe we do have to wait until we have to draft legislation on those to make sure that it is in line with the council's priorities on the thing that we would not have to wait on would be voting on whether or not we want it to provide the port or continuous glucose monitoring for type 2 diabetes.
- Kim Russell: In the past when we were drafting resolutions for legislative priorities that were being considered we were mindful of the tribal process to have resolutions passed especially if a bill is going through the process and it gets changed or if a bill is dual bills in both chambers. It really depends. So, for instance, the support for Comprehensive Dental the resolution can just speak to the support for Comprehensive Dental so that it could be passed by the Arizona Medicaid Program just overall support for it, right and not necessarily have a bill number attached to it. So because depending on when council is in session. it may not line up with the Arizona State Legislative process. So, it really depends I've seen it done both ways where an actual bill was indicated in legislation. And then also I've seen legislation support just the overall concept of a legislative priority. I'll give you a better example for the SDPI program. The special diabetes program for Indians. we initially passed a resolution to continue that program that's through for Congress to continue that program and to increase it by another 20 million dollars. So we initially passed that legislation for the overall concept and then once a bill number was assigned we followed it up with I think an updated resolution. So just my feedback how we did some things historically but in the end it really depends on the timing of how often tribes are able to pass resolutions.
- Alison indicated that it sounds like what we could do is potentially vote on just general support Dental for Medicaid members and whether or not the council would like to lend support to

Comprehensive Dental. Then we could vote on the support for solutions to address MMIP in Arizona, as those were last tracking priorities. Then we could vote on whether or not we would like to support on Advocacy for continuous glucose monitoring for type 2 diabetes. That sounds like we could do a potential vote on the generalities of these and provide a more specific when we get more of the draft legislation in place.

- Daniel Called for a motion for the support for AHCCCS, AHDS, Omnibus legislative update, Candida Hunter so moves, Jocelyn Beard seconds, motion passed
- Daniel Called for a motion for the support for Comprehensive Dental. Candida Hunter so moves, Gerilene Haskon seconds, motion passed
- Daniel Called for a motion for the support for the administrative priorities continuous glucose monitoring for type 2 diabetes. Dave Dawley so moves, Candida Hunter seconds, motion passed

b. Director's Report

i. Staffing Updates

1. Filling Vacant Positions UPDATE

a. Program Specialist for COVID-19 Health Disparities Grant – we have made an offer to a candidate who has accepted and will start soon

b. Grants Program Coordinator for the American Indian Health - Area Health Education Center (AI-AHEC) – We are still in the process of interviewing

c. Legislative Specialist – we have had several applicants and conducted a few interviews and one has great potential

2. Filling AACIHC Council Member Vacancies UPDATE

a. Representation from Tribes is still needed for the Advisory Council.

i. [36-2902.01 - Arizona advisory council on Indian health care; membership; compensation; meetings (azleg.gov)]

ii. Membership vacancies and filling positions -

We want to enhance the engagement of our tribal Representatives on The Advisory Board. We plan to reach out to some of the 17 other tribes that are not represented but yet critical to the work that we do either by person or by virtual. So just introduce my work and my plans and hope we should get them excited to become engaged with the work that we do now it's expanded and as we look at the work we're doing is just totally amazing and I think what's also happened is that and I was talking to one of the staff members about this is that with as a result, sometimes our indigenous people tend to get marginalized but it takes certain things to bring us up into the light again.

IX. **Old Business**

a. AACIHC Tribal Consultation Policy - Guidance from Governor's Office

i. Notification Timeframe: Traditionally, the timeline for notification is 30 days' notice of consultation. This is being updated to 60 days out of acknowledgement of differing governmental timelines.

ii. Leader to Leader Consultation: Decision making authorities need to be present for Tribal Consultation with leaders of Tribes. We need to determine what we consider to be our leadership team:
   1. Director of AACIHC
   2. Director of AACIHC and Chairman of Advisory Council
   3. Director of AACIHC and Quorum of Advisory Council Voting Members

On the tribal consultation policy we met with Jason Chavez from the governor's office, he had been drafting guidance to provide the state agencies on consistencies between tribal consultation RTC policy that we were drafting and actually already hit upon everything so we just needed to do our update, our timeline from 30 days' notice of consultation to 60 days of consultation and then we need to decide what we will define as leader consultation. So obviously each tried have their own leaders to do consultation with but who is the decision-making authority in The AACIHC Advisory board when we have Tribal consultation? Is it efficient to just have our director Dr. Molina present with the leaders of tribes or do we also need to have the chairman of our advisory Council, chairman Preston, and Molina or do you need to have Dr. Molina and a quorum of the advisory council members? So we need it to decide how we're going to define in our tribal consultation policy as the leader to leader consultation forum for the agent. That was the update we had there and that was our decision making that needed to occur.

X. **New Business**

a. AACIHC Strategic Plan

i. Committee Formation

1. How can we best provide representation for the Tribes on this committee?

We've already started talking about that this week and getting an update and basically the idea is to formulate our strategic plan, but we'd like to get together a committee and at this point we need to decide the type of representation. We want to have a sufficient number but not too big to be able to represent indigenous communities here in Arizona. So we're going to be still talking this through with our team and then we should come up with some at least strategies for the next meeting.

XI. **Call to the Public** – No public contributions

XII. **Next Meeting Date –** Debra will send out a doodle poll once dates have been identified

XIII. **Adjournment** - Meeting ended at 4:12 PM