

ARIZONA DEPARTMENT
OF HEALTH SERVICES

Welcome to today's Special Tribal Consultation meeting!

While you are waiting TEST YOUR AUDIO.

LISTEN FOR MUSIC.

You were automatically muted upon entry.

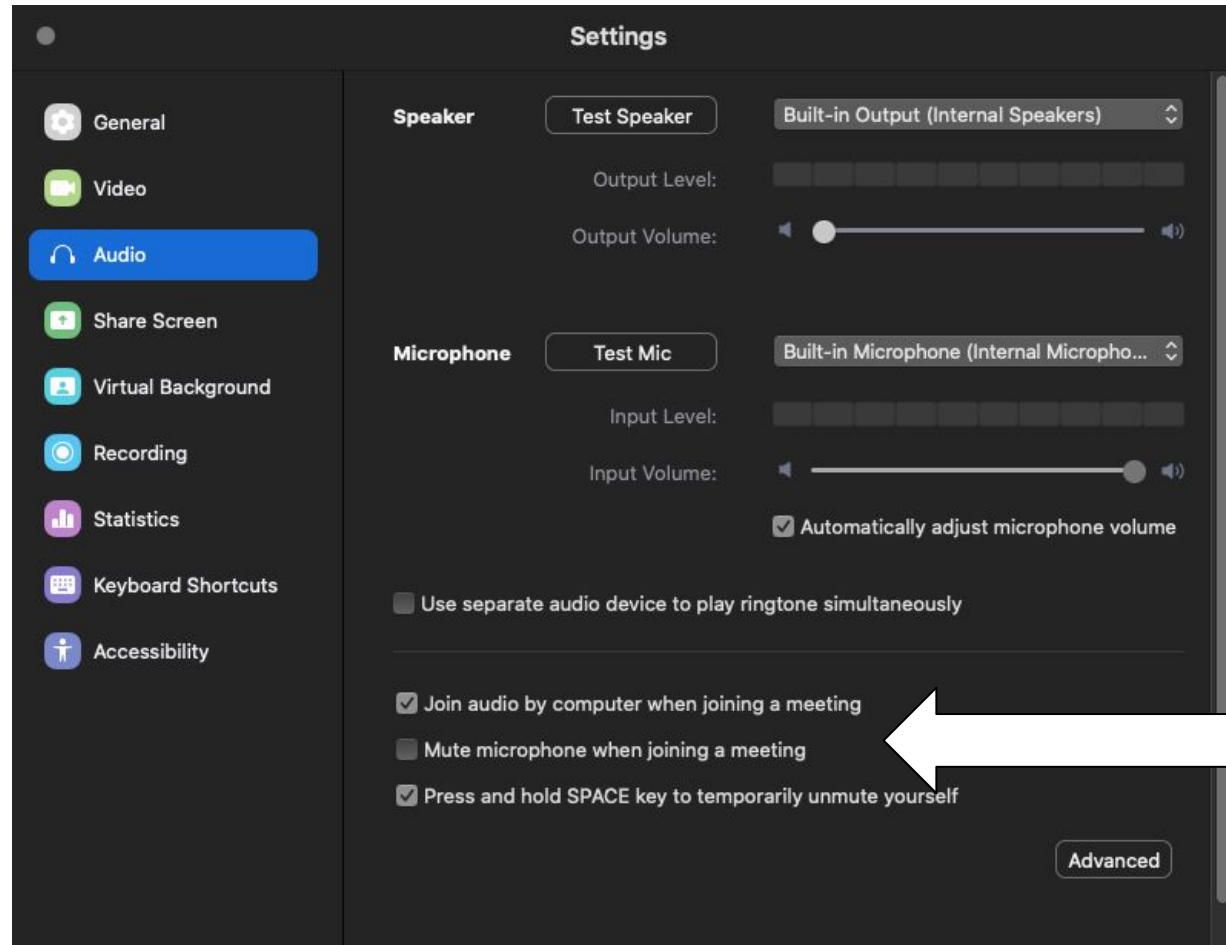
Please only join by phone or computer.

Please use the chat feature for questions or raise your hand.



Thank you.

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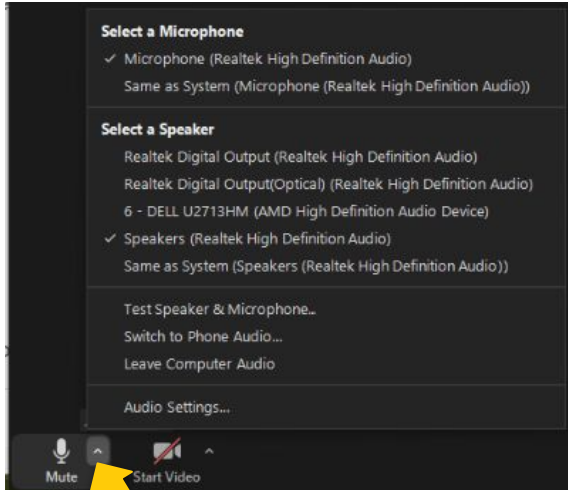


The screenshot shows the Zoom application's settings window, specifically the Audio settings. On the left is a sidebar with various settings categories: General, Video, Audio (highlighted in blue), Share Screen, Virtual Background, Recording, Statistics, Keyboard Shortcuts, and Accessibility. The main panel is titled 'Settings' and is divided into two sections: 'Speaker' and 'Microphone'. The 'Speaker' section includes a 'Test Speaker' button, a dropdown menu for 'Built-in Output (Internal Speakers)', an 'Output Level' bar, and an 'Output Volume' slider. The 'Microphone' section includes a 'Test Mic' button, a dropdown menu for 'Built-in Microphone (Internal Micropho...', an 'Input Level' bar, an 'Input Volume' slider, and a checked checkbox for 'Automatically adjust microphone volume'. Below these sections are several checkboxes: 'Use separate audio device to play ringtone simultaneously' (unchecked), 'Join audio by computer when joining a meeting' (checked), 'Mute microphone when joining a meeting' (unchecked), and 'Press and hold SPACE key to temporarily unmute yourself' (checked). A white arrow points from the right edge of the image towards the 'Join audio by computer when joining a meeting' checkbox. At the bottom right of the settings panel is an 'Advanced' button.

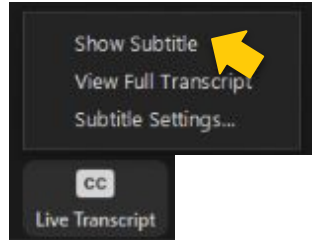
Zoom Webinar Controls

Navigating your bar on the bottom...

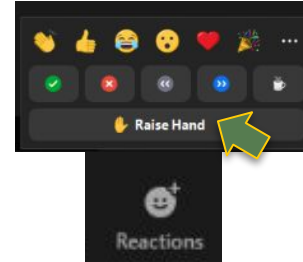
Audio Settings



Turn on Closed Captioning



Raise Hand



Chat



KEYBOARD SHORTCUTS TO RAISE HAND

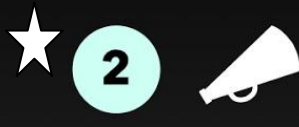
Windows: Alt+Y to raise or lower your hand

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Tips for successful ZOOM PARTICIPATION



MUTE your mic
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BACKGROUND
NOISE watch when
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Limit the
DISTRACTIONS
around you



Look at the
CAMERA
not your screen



PREPARE & queue
docs or links that
you plan to share



Stay FOCUSED by
not texting or side
conversations



Use GALLERY
VIEW to see all
participants



Use CHAT to ask
questions or share
resources

This Meeting Is Being Recorded

The recording shall be the sole property of AHCCCS and participation in this meeting indicates your waiver of any and all rights of publicity and privacy.

Please disconnect from this meeting if you do not agree to these terms.

Opening Blessing

Host Welcome



Trula Breuninger
Native American Connections



AHCCCS/ADHS Special Tribal Consultation Meeting

July 18, 2023

Opening Remarks



Carmen Heredia
AHCCCS Director



Jennifer Cunico
ADHS Interim Director

Leader-to-Leader Discussion

An orange ceramic mug is the central focus, sitting on a light-colored, reflective surface. The words "Break Time" are written on the mug in a white, casual, handwritten font. A white horizontal line is drawn below the text. In the background, a laptop is open, and a smartphone lies flat on the desk. A small green plant in an orange pot is also visible, though out of focus.

Break
Time

We will resume at
10:00 am MST

Tribal Leadership Open Mic



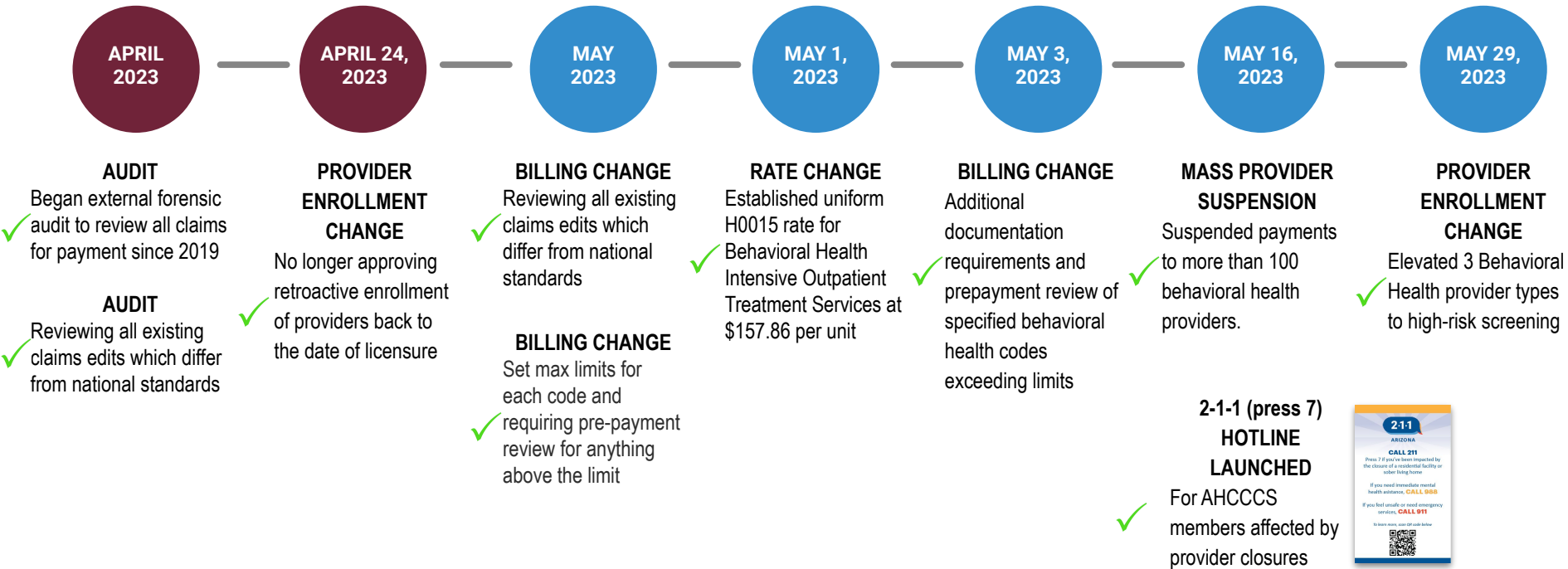
AHCCCS Director Updates

Carmen Heredia

Tribal Consultation to Address Member Exploitation



Completed System Improvements to Stop Fraudulent Billing and Protect Members



Completed System Improvements to Stop Fraudulent Billing and Protect Members



PROVIDER ENROLLMENT CHANGE

✓ Implemented a provider enrollment moratorium on BH Outpatient Clinics, Integrated Clinics, NEMT, CSAs, and BHRFs
In place for 6 months, can be renewed in 6 month increments

MEMBER ENROLLMENT CHANGE

✓ Require enrollment change requests in writing in order to move a member from MCO to AIHP

EMERGENCY EXCLUSION RULES PUBLISHED

✓ Emergency rulemaking implemented to enhance AHCCCS authority to exclude providers affiliated with bad actors

POTENTIAL FUTURE PLANS

- Establish AIHP enrollment criteria
- Additional trend reports and data pulls
- Provider registry
- Explore the feasibility of Tribal MCOs
- Increase care coordination and case management for rural FFS populations
- Increased culturally competent care and collaborate with tribes on best practices
- Re-publish the Covered Behavioral Health Services Guide

Discussion

- How does the group feel about the actions taken to-date?
- How does the group feel about the potential future actions proposed by the state?
- What other actions would the group suggest AHCCCS take as the state Medicaid agency?

Note: we have specific time set aside later in the agenda for AIHP documentation and the future of tribal consultation

DFSM Updates

Leslie Short

DFSM System Requests

- ✓ Provider Registration backdating policy - completed
- ✓ Per Diem code review - completed
 - Only one per diem daily
- ✓ H2016 and H0038 billed for the same member on same date of service - completed
 - Prevents from billing 15 min code and per diem code together
- ✓ Date ranges on per diem codes - completed
 - Prevents billing for a certain date range and prevents linking codes to specific dates
- ✓ Units per code limitations - completed

DFSM Process: Units Per Code

- As of 7/17/2023 the following codes have a 2 unit or 4 unit per day max:
 - H0004, H0006, H0034, H0036, H0038, H2010, H2011, H2012, H2014, H2015, H2017, H2019, H0025, H2025, H2027, S5150, S5130, S9484, T1002, T1003, T1016, T1019
- Requiring Documentation:
 - If provider bills for >4 units, they must attach documentation with the claim - claim will be held for review
 - Documentation includes: assessment, treatment plan, consent to treat, consent to bill, and the appropriate clinical note
 - DFSM staff reviews documentation prior to payment
 - The same process will be implemented for children 12 and under for SUD dx

DFSM QM

- Increasing Quality Management on-site visits to BH outpatient facilities and quality of care review
- Creating Medical Management team to review provider documentation and assist with on-site visits

AIHP Enrollment Change Update

- 6/09/23, Phone call to change to AIHP halted
- 6/21/23, [AIHP Change Request Form](#) should be completed by an ITU for AI/AN members wanting to switch from an MCO to AIHP
 - This does not impact a member's AHCCCS eligibility
- Seeking additional guidance and feedback from Tribes on the AIHP enrollment requirements

Arizona Department of Health Services Overview & Updates



Tom Salow

*ADHS Assistant Director
Public Health Licensing*

ADHS Licensing

July 18, 2023

Presenting To

Tribal Consultation| Phoenix, AZ

Gerilene Haskon | Tribal Liaison, Office of Health Equity

Thomas Salow | Assistant Director, Division of Public Health Licensing



ARIZONA DEPARTMENT
OF HEALTH SERVICES

Health and Wellness for all Arizonans

Topics

- Tribal Liaison Updates
- Licensing Updates - June 2023
- Action Plan
- Q&A/Listening Session



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Tribal Connection



- Strengthen Government-Government Relations
 - Re-vamp Indian Health Service Quarterly Hybrid Meetings
 - Conduct Quarterly Tribal Health Directors Hybrid Meetings
- In-person Tribal Connects through December 2023
- 1:1 Technical Assistance
- Reviewing and Revising Tribal Consultation Policy



Licensing Updates - June 2023

Behavioral Health Residential Facilities (BHRF) • Counseling Facilities (CSLG)

Outpatient Treatment Centers (OTC) • Sober Living Homes (SLH)



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8 Licensees on 06/23 AHCCCS Suspension List

Behavioral Health Residential Facilities
(BHRF) 0

Outpatient Treatment Center (OTC) 5 (2 currently under enforcement action)

Counseling Facilities (CSLG) 3



BHRF DATA

June 2023

1,022

Active Licenses

96

Received
Applications

32

Withdrawn/Denied
Applications

99

Complaints
Received

109

Inspections
Conducted



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CSLG DATA

June 2023

501

Active Licenses

29

Received
Applications

4

Withdrawn/Denied
Applications

6

Complaints
Received

74

Inspections
Conducted



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OTC DATA

June 2023

2,814

Active Licenses

57

Received
Applications

36

Withdrawn/Denied
Applications

43

Complaints
Received

191

Inspections
Conducted



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SLH DATA

June 2023

375

Active Licenses

45

Received Applications

25

Withdrawn/Denied Applications

111

Complaints Received

179

Inspections Conducted



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www.AZCareCheck.com

- Allows the public to:
 - Find a licensed provider in their area
 - Verify licensing information
 - View cited deficiencies
 - View plans of correction
 - View enforcement actions



Licensing Action Plan

Behavioral Health Residential Facilities (BHRF) • Counseling Facilities (CSLG)

Outpatient Treatment Centers (OTC) • Sober Living Homes (SLH)



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Action Plan

Actions Implemented & In Process	Long-Term Legislative Solutions
<ul style="list-style-type: none">● Improve Communication & Collaboration with Other Agencies & Stakeholders● More Proactive Approach to Identifying and Addressing Problematic Licensees	<ul style="list-style-type: none">● Legislative Changes● Budgetary Increases



Actions Implemented & In Process

IMPROVE COMMUNICATION & COLLABORATION

Proposed Solution(s)	Progress/Action(s) Taken
<ul style="list-style-type: none">Communicate regularly with other state agencies regarding matters related to this issue	<ul style="list-style-type: none">Participate in briefing calls with AHCCCS, DES, and the governor's office 3 days/weekWeekly multi-agency executive leadership meetingsContinuously meeting with various city and town officials, and prepared brochure to help their employees and community members identify and report problematic residences



Actions Implemented & In Process

IMPROVE COMMUNICATION & COLLABORATION

Proposed Solution(s)	Progress/Action(s) Taken
<ul style="list-style-type: none">• Inform AHCCCS of changes in status for health care institution licensees	<ul style="list-style-type: none">• Copy AHCCCS on all closure notifications sent to licensees• Routinely send information regarding enforcement actions taken against licensees to AHCCCS



Actions Implemented & In Process

IMPROVE COMMUNICATION & COLLABORATION

Proposed Solution(s)	Progress/Action(s) Taken
<ul style="list-style-type: none">● Share information and collaborate with other agencies on large-scale investigations	<ul style="list-style-type: none">● Share information with the OIG, APS, and law enforcement as investigations take place● Participate in multi-agency investigations for large-scale complaints<ul style="list-style-type: none">○ In June, ADHS joined AHCCCS and APS to investigate approximately 25 unlicensed homes in a new housing development



Actions Implemented & In Process

IMPROVE COMMUNICATION & COLLABORATION

Proposed Solution(s)	Progress/Action(s) Taken
<ul style="list-style-type: none">• Be readily available to discuss questions and concerns from tribal leaders, TRBHAs, and providers	<ul style="list-style-type: none">• Ongoing communication with 2 tribes interested in technical assistance regarding licensure requirements, and potential courtesy inspections once facilities are ready to operate



Actions Implemented & In Process

PROACTIVELY IDENTIFY & ADDRESS PROBLEMS

Proposed Solution(s)	Progress/Action(s) Taken
<ul style="list-style-type: none">● Prioritize timely inspections, and conduct 60-day touchpoint inspections for new licensees (some licensees are exempt by statute)	<ul style="list-style-type: none">● In June, ADHS conducted over 550 inspections for the 4 facility types below<ul style="list-style-type: none">○ BHRF = 109○ CSLG = 74○ OTC = 191○ SLH = 179



Actions Implemented & In Process

PROACTIVELY IDENTIFY & ADDRESS PROBLEMS

Proposed Solution(s)	Progress/Action(s) Taken
<ul style="list-style-type: none">Enforcement actions taken against licensees with significant deficiencies, and licensees who are not operating	<ul style="list-style-type: none">BHRF: 60 Notices of Intent to Revoke approved, 8 Notices of Civil Money Penalties approved, 23 application deniedCSLG: In June, 14 facilities had enforcement actionsOTC: In last fiscal year, 48 facilities had enforcement action, including \$10,050 in fines



Long-Term Legislative Proposals

LEGISLATIVE CHANGE

Proposed Solution

- Eliminate ownership loopholes

Reason for Proposal

- Prevent licensees in enforcement from being able to “sell” the company and complete a change of ownership (CHOW) process, which prevents the licensing history from following them



Long-Term Legislative Proposals

LEGISLATIVE CHANGE

Proposed Solution	Reason for Proposal
<ul style="list-style-type: none">• Eliminate inspection loopholes	<ul style="list-style-type: none">• Accredited health care institutions not subject to annual compliance inspections• If they have a deficiency-free survey, they are exempt from compliance inspections for 24 months• AzRHA-certified SLHs are exempt from initial and annual compliance inspections



Long-Term Legislative Proposals

LEGISLATIVE CHANGE

Proposed Solution

- Increase fine limits in statute for licensed health care institutions

Reason for Proposal

- Statute limits fines for violating a regulation to \$500 for health care institutions
- Consider: AHCCCS pays BHRFs at least \$261.67 per day for each member, and many BHRFs have at least 5 beds



Long-Term Legislative Proposals

LEGISLATIVE CHANGE

Proposed Solution

- Require fine payment with annual licensing fee

Reason for Proposal

- ADHS has authority to assess fines, but cannot force licensees to pay them
- Requiring fines to be paid in order to maintain license would be more effective



Long-Term Legislative Proposals

LEGISLATIVE CHANGE

Proposed Solution

- Monitoring fee for non-compliant licensees

Reason for Proposal

- All licensees are subject to the same licensing fees
- Those not in substantial compliance cost much more to regulate, due to the additional staff and legal resources required



Long-Term Legislative Proposals

LEGISLATIVE CHANGE

Proposed Solution

- Remove SLH confidentiality

Reason for Proposal

- ADHS prohibited from sharing SLH addresses with everyone except local law enforcement and zoning officials
- Causes frustration for the public and hinders collaboration with other agencies



Long-Term Legislative Proposals

BUDGETARY INCREASE

Proposed Solution	Reason for Proposal
<ul style="list-style-type: none">Funding for electronic systems	<ul style="list-style-type: none">The SLH and health care institution licensing teams rely on paper processes and outdated systemsMoving the programs to the ADHS electronic Licensing Management System would make processes more efficient, and allow more information to be posted on www.AZCareCheck.com in a more timely manner for the public



Long-Term Legislative Proposals

BUDGETARY INCREASE

Proposed Solution	Reason for Proposal
<ul style="list-style-type: none">• Funding for additional staff	<ul style="list-style-type: none">• Additional staff is needed to ensure compliance and complaint inspections can be completed timely• Consider: the number of BHRFs has nearly doubled from 545 in 2018 to over 1,000 today, but staffing levels have remained stagnant





Questions?

Impacts to legitimate providers?
Additional recommendations?



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Thank you!

[AZDHS.gov/Licensing](https://www.azdhs.gov/Licensing)
Main Licensing Line: 602.364.2536



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Discussion



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AIHP Enrollment Documentation

American Indian Health Program Enrollment



Julie Swenson
AHCCCS Senior Policy Advisor

Enrollment Policy Prior to 6/21/2023

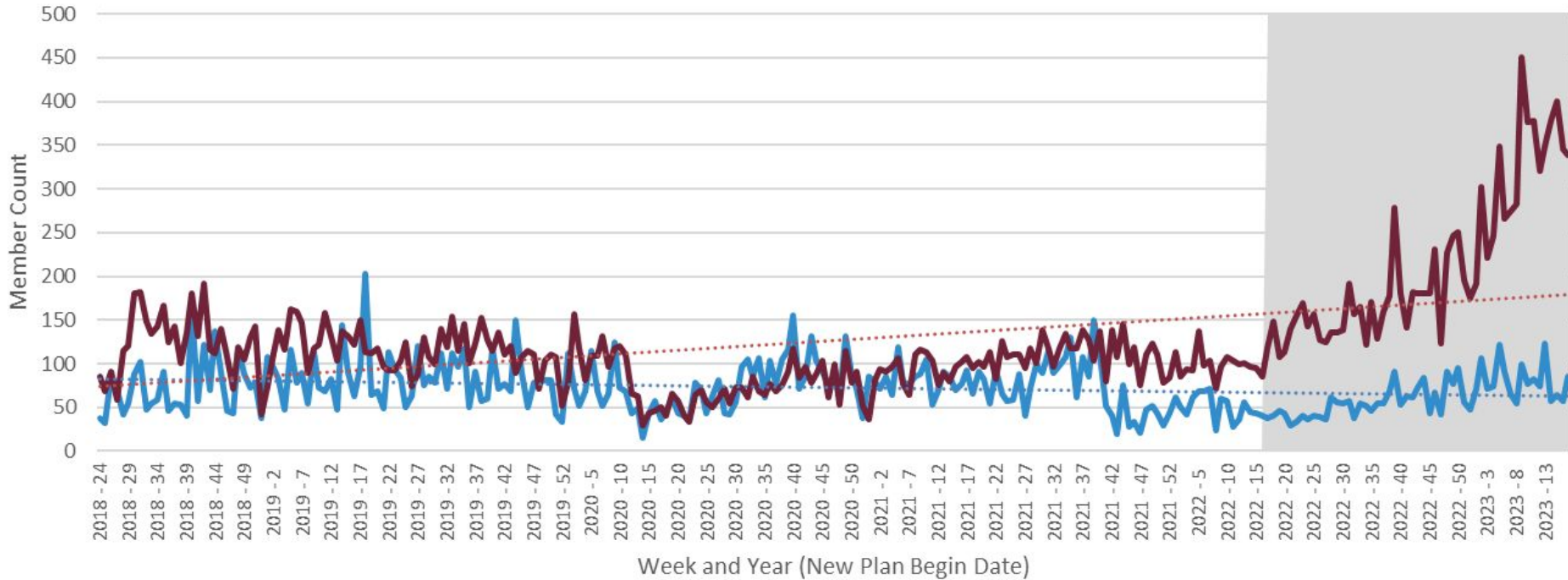
- An American Indian customer may change from an available health plan to American Indian Health Program (AIHP) or from AIHP to an available health plan at any time.
- There is no proof required to make these changes, and the change can be requested using phone or in writing.

Policy Background and Basis

- No Medicaid enrollment requirement for proof of eligibility for IHS services;
- Medicaid “Simplicity of administration” rules;
- Certain non-Indian individuals are eligible for IHS services;
- Past issues of eligible individuals experiencing barriers or delays in accessing services through IHS;
- AHCCCS DMPS priority on the needs of individual customers.

Movement between ACC and AIHP

— Move to ACC
 — Move to AIHP
 ⋯ Linear (Move to ACC)
 ⋯ Linear (Move to AIHP)



Important to Note

- Members who do not have identified documentation will still be enrolled and have coverage through a Medicaid MCO if they meet the Medicaid eligibility requirements.
- AI/AN members would have the ability to move back and forth between MCO and AIHP when they do attain documentation.
- All AI/AN MCO members can receive services through IHS/638 facilities.

AHCCCS Proposed Solution

AHCCCS would like to include any one of the following documents as a verification for entry into AIHP:

- Tribal ID
- Descendancy letter/verification
- CIB
- IHS utilization
- Affidavit of birth
- Verification from BIA
- Other document provided by the tribe stating that the person is a member of the tribe
- Tribal gaming payments
- Tribal business license
- Tribal census record
- A document verifying the tribal member's enrollment in the tribe and a document verifying that the applicant is a child or grandchild of the tribal member
- An official letter on tribal letterhead from the tribe stating that the applicant is a child or grandchild of a tribal member

Hypothetical Timeline

- July 18, 2023- Today's Tribal Consultation
- August 2023- Temporary option for existing members to self submit a form for documentation to move to AIHP
- Late 2024- System changes for member ability to submit tribal verification through HEAplus for existing and new members

Discussion Question #1

To what extent do you think this list of potential verification documents would work across each tribe?

- Tribal ID
- Descendancy letter/verification
- CIB
- IHS utilization
- Affidavit of birth
- Verification from BIA
- Other document provided by the tribe stating that the person is a member of the tribe
- Tribal gaming payments
- Tribal business license
- Tribal census record
- A document verifying the tribal member's enrollment in the tribe and a document verifying that the applicant is a child or grandchild of the tribal member
- An official letter on tribal letterhead from the tribe stating that the applicant is a child or grandchild of a tribal member

Discussion Question #2

What can we do to ensure this doesn't pose a barrier to care for vulnerable members?

- Tribal ID
- Descendancy letter/verification
- CIB
- IHS utilization
- Affidavit of birth
- Verification from BIA
- Other document provided by the tribe stating that the person is a member of the tribe
- Tribal gaming payments
- Tribal business license
- Tribal census record
- A document verifying the tribal member's enrollment in the tribe and a document verifying that the applicant is a child or grandchild of the tribal member
- An official letter on tribal letterhead from the tribe stating that the applicant is a child or grandchild of a tribal member

Discussion Question #3

What partnerships should we consider to make this a success?

For example:

Existing Tribal systems

Department of Economic Security

Census Offices

CHRs/CHWs

Others..

Discussion Question #4

How would you feel about the creation of a waiver process for members as they retrieve verification documents?

Questions

- Is the list comprehensive enough to consider documentation that will work for each tribe?
- How do we ensure this doesn't pose a barrier to care for vulnerable members?
- Will a waiver process while members are retrieving tribal documents help?
- How can we partner with DES, Census Offices, and/or CHW/CHRs?
- Are there ways AHCCCS can leverage tribes existing systems to help combat the individual member burden of seeking documentation?

Discussion

Tribal Consultation Review

Current TC Policy

Consultation with Indian Tribes may be initiated by AHCCCS in the following scenarios, which differ with respect to the extent AHCCCS has control over shaping policy.

- AHCCCS proposes a policy or programmatic change where AHCCCS has control as to how the policy or programmatic change is shaped and implemented.
- State or Federal Law mandates a policy or programmatic change in which AHCCCS has limited or no control over shaping and implementing the policy or programmatic change.
- State or Federal Law mandates a policy or programmatic change in which AHCCCS has more control over shaping and implementing the policy or programmatic change.

Current Consultation Process

- Proposed amendments to the AHCCCS Tribal Consultation Policy
- Proposed or existing tribal/state/federal intergovernmental or contractual language revisions
- Proposed resource distribution methodologies that may affect payments made to Indian Tribes or Indian Health Service, Tribal programs operated under P.L. 93-638, and urban Indian health programs
- Proposed fee-for-service provider rate changes
- Proposed State Plan amendments, new waiver demonstration requests, waiver renewals, and waiver amendments
- Proposed changes or limitation of eligibility or benefits
- Proposed gaming or other monetary distributions by tribal governments to eligible community members that may affect eligibility for AHCCCS programs

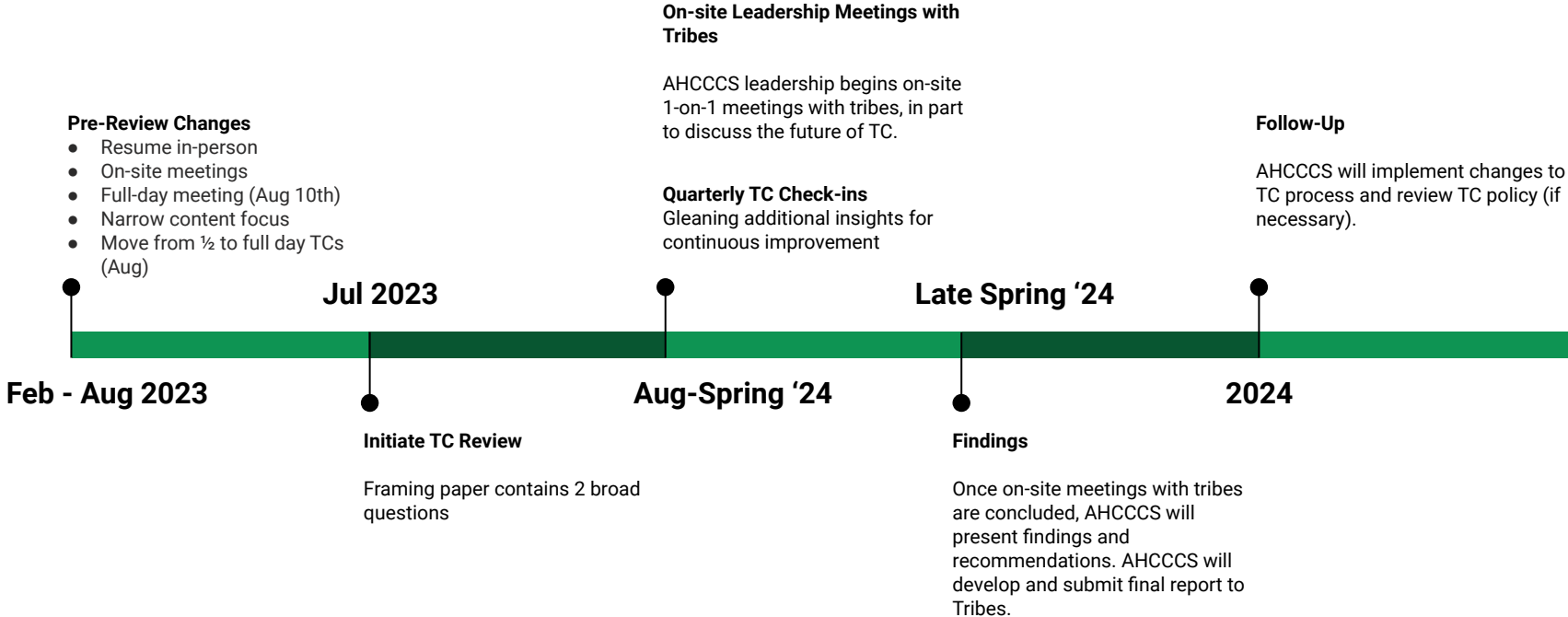
Tribal Consultation Review

Broad Guiding Questions:

- 1) ***Promoting Meaningful Engagement with Tribes within the Existing Framework:*** How can AHCCCS better ensure meaningful Tribal input into reviews and decisions within the existing framework? This category of questions includes topics related to how AHCCCS implements existing policies and procedures, staff training and expertise, how an agency approaches Tribal consultation, and what can be done to promote Tribal capacity to participate in timely and meaningful consultation.
- 2) ***Identifying Any Necessary Changes to the Existing Framework:*** Where and when does the current framework present barriers to meaningful consultation? What changes to the current framework would promote these goals? This category of questions includes potential change to regulations, policies, and procedures, as well as statutory changes that would increase timely and meaningful consultation.

**These questions are meant to serve as a reference point for participants and are not intended to limit the conversation.*

TC Review Timeline



Recent Changes Based on Tribal Feedback

Over the last few months, AHCCCS has made the following changes to the TC process:

- Four-hour consultations → Full day meetings,
- 100% virtual meetings → Hybrid in-person option,
- Creation of a separate policy TC quarterly meeting,
- Consultations held in/on tribal lands and facilities,
- Tribal leadership open mic,
- Reduction in the number of AHCCCS slides, and
- Coordinating AHCCCS-Tribal leadership visits on tribal lands.

Questions to Consider

- How can AHCCCS more consistently, effectively, and meaningfully engage with Tribes?
- What are examples of tribal consultations that you consider to be meaningful? Why do you consider these consultations to be meaningful?
- What factors do you consider when determining whether a consultation is meaningful? What are examples of collaboration on (other than formal consultation) that you have found to be useful? Why did you consider these collaborations to be meaningful?
- Are there specific state or federal agencies that you find to be particularly good at consultation and what is it about how these agencies go about consultation that makes it stand out?
- What can AHCCCS do to better support Tribes' ability to provide input into the decision-making process? What are examples of good practices that enable Tribes to provide their views and input early in the development?
- What steps can AHCCCS take to ensure that we engage meaningfully with Tribes without overwhelming Tribes' resources?

Discussion Question #1

How can AHCCCS more consistently, effectively, and meaningfully engage with Tribes?

Discussion Question #2

What are examples of tribal consultations that you consider to be meaningful? Why do you consider these consultations to be meaningful?

Discussion Question #3

What factors do you consider when determining whether a consultation is meaningful? What are examples of collaboration on (other than formal consultation) that you have found to be useful? Why did you consider these collaborations to be meaningful?

Discussion Question #4

Are there specific state or federal agencies that you find to be particularly good at consultation and what is it about how these agencies go about consultation that makes it stand out?

Discussion Question #5

What can AHCCCS do to better support Tribes' ability to provide input into the decision-making process? What are examples of good practices that enable Tribes to provide their views and input early in the development?

Discussion Question #6

What factors do you consider when determining whether a consultation is meaningful? What are examples of collaboration on (other than formal consultation) that you have found to be useful? Why did you consider these collaborations to be meaningful?

Discussion Question #7

What steps can AHCCCS take to ensure that we engage meaningfully with Tribes without overwhelming Tribes' resources?

General Discussion

Closing Remarks

Announcements

Next AHCCCS Quarterly Tribal Consultation:

August 10, 2023 at 8 a.m.

Please check the [AHCCCS Tribal Consultation](#)
webpage for meeting information.

*Please send any agenda recommendations to
Christine.Holden@azahcccs.gov by July 27, 2023.

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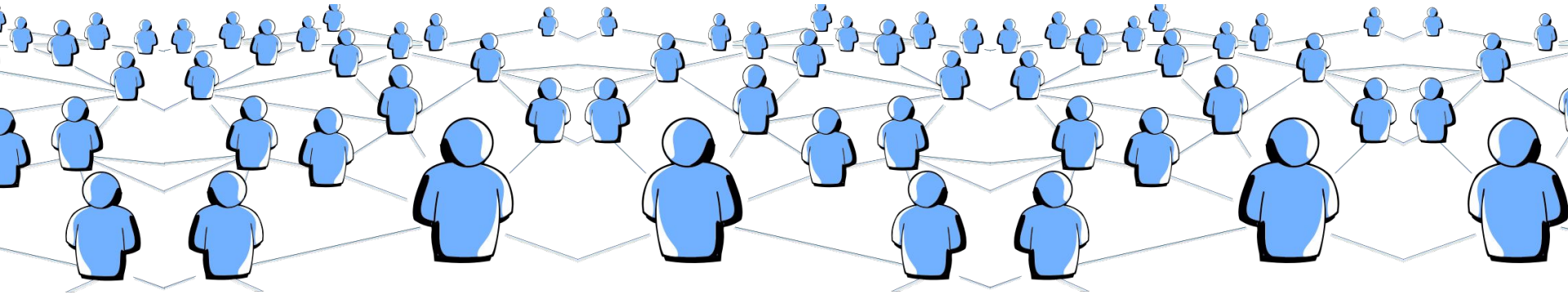
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[AHCCCSgov](https://www.youtube.com/channel/AHCCCSgov)



Learn about AHCCCS' Medicaid Program on YouTube!



Watch our Playlist:

[Meet Arizona's Innovative Medicaid Program](#)

Other Resources - Quick Links

- AHCCCS [Waiver](#)
- AHCCCS [State Plan](#)
- AHCCCS [Grants](#)
- AHCCCS [Whole Person Care Initiative \(WPCI\)](#)
- AHCCCS [Office of Human Rights](#)
- AHCCCS [Office of Individual and Family Affairs](#)
- [Future RBHA Competitive Contract Expansion](#)

Thank You.

Have a great day!