

**AHCCCS**  
**Tribal Consultation Meeting**

May 30, 2013  
Salt River Pima-Maricopa Indian Community

**SUMMARY**

**NOTIFICATION TO TRIBES:**

Hello Everyone!

This is to announce the next AHCCCS Tribal Consultation meeting. There has been a change in the meeting date as originally announced in January 2013. The meeting will be held on **May 30, 2013** and not May 16, 2013 as originally announced. The **Salt River Pima Maricopa Indian Community** has generously agreed to host the meeting on the following date and location. A tribal campus map is attached as well as a draft meeting agenda.

**May 30, 2013**  
**9:00 a.m. – 12:00 p.m.**  
**Salt River Pima Maricopa Indian Community**  
**Tribal Council Chambers (#18 on the Tribal Campus map)**  
**10091 E. Osborn Road**  
**Scottsdale, AZ 85256**

The AHCCCS Administration looks forward to re-connecting with you and having a productive meeting.

Respectfully,

***Bonnie Talakte***

Tribal Relations Liaison | AHCCCS  
Office of Intergovernmental Relations  
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(602) 417-4610 (Office) | (602) 256-6756 (Fax)  
[Bonnie.Talakte@azahcccs.gov](mailto:Bonnie.Talakte@azahcccs.gov)

**MEETING ATTENDEES:**

Tribes Represented	<p><u>Ak-Chin Tribe:</u> Edward Roybal, Gail Atcheson, Deliam Carlyle</p> <p><u>Colorado River Indian Tribes:</u> Sylvia Homer, Daniel Barbara</p> <p><u>Gila River Indian Community:</u> Cheryl Cuyler, Steven Green, Rachel Hernandez</p> <p><u>Pascua Yaqui Tribe:</u> Linda Guerrero, Rosa Rivera</p> <p><u>Navajo Nation:</u> Gen Holona, Cherie Espinosa, Renee Marianito, Theresa Galvin, Arthur Natonabah</p> <p><u>Salt River Pima-Maricopa Indian Community:</u> John Godfrey, Annette Brown, Violet Mitchell-Enos</p> <p><u>White Mountain Apache Tribe:</u> Shannon Gollner, Alethea Velasquez, Charlene Hamilton</p>
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Tribal Health Organizations	<u>Fort Defiance Indian Health Board:</u> Terrilyn Chee, Peterson Zah <u>Tuba City Regional Health Care Corporation:</u> Violet Skinner, Melverta Barlow <u>Winslow Indian Health Care Center:</u> Brenda Thompson, Alutha Yellowhair , Margaret Joe
I/T/Us	<u>Phoenix Area IHS:</u> Carol Chicharello <u>Tucson Area IHS:</u> Adam Archuleta
State Agencies	<u>Arizona Department of Health Services:</u> Lydia Hubbard-Pourier, Michael Allison
Other	<u>Advisory Council on Indian Health Care:</u> Amanda Barrera <u>NARBHA:</u> Laura Hartgroves <u>Cenpatico:</u> Sheina Yellowhair <u>CPSA:</u> Julia Chavez <u>NAIHS:</u> Michael Lincoln
AHCCCS Representatives	Thomas Betlach, Bonnie Talakte, Stephanie Big Crow, Monica Coury, Cheryl Begay, Carol Sanders, Melina Solomon, Rebecca Fields

## AGENDA

### AHCCCS TRIBAL CONSULTATION MEETING

With Tribes, Tribal Leaders, Indian Health Services, Tribal Health Programs Operated Under P.L.-93-638 and Urban Indian Health Programs

**Date:** May 30, 2013, 9:00 a.m. – 12:00 p.m.

**Location:** Salt River Pima Maricopa Indian Community  
Tribal Council Chambers (#18 on Tribal Campus Map)  
10091 E. Osborn Road, Scottsdale, AZ 85256

**Conference Call-In:** 1-877-820-7831, Participant Passcode: 108903#



Time	Topic	Presenter
9:00 – 9:15	Welcome and Introductions	<i>Thomas Betlach,</i> AHCCCS Director
	SRPMIC Welcome	<i>Tribal Leadership</i>
	Opening Prayer	<i>Vernice Sampson,</i> Senior Pastor Salt River Assembly of God
9:15 – 9:30	Overview of the SRPMIC Health Services	<i>Violet Mitchell-Enos,</i> SRPMIC Director Department of Health & Human Services
9:30 –10:30	AHCCCS Update <ul style="list-style-type: none"> <li>• Governor’s AHCCCS Coverage Proposal</li> <li>• ACA Implementation Update</li> <li>• AHCCCS Strategic Plan</li> </ul>	<i>Thomas Betlach</i>

	<ul style="list-style-type: none"> <li>• NEMT Issues</li> <li>• Proposed DHS Licensure Rules</li> <li>• Proposed NEMT Policy Change</li> </ul>	<p><i>Rebecca Fields,</i> Assistant Director Division of Fee-for-Service Management AHCCCS</p>
10:30-11:15	<p>Licensure/Credentialing for Private Non-Medicaid Entities on Reservations</p> <ul style="list-style-type: none"> <li>• Proposed Committee</li> </ul>	<p><i>Thomas Betlach</i></p> <p style="text-align: right;"><i>All</i></p>
11:15-11:45	<p>Independently Registered Providers/Individuals Serving ALTCS American Indian Members</p>	<p><i>Carol Sanders,</i> Case Management Manager, ALTCS Division of Health Care Management</p>
11-45-12:00	<p>Closing Remarks/Announcements</p> <ul style="list-style-type: none"> <li>• ADHS/DBHS System Transformation</li> </ul>	<p><i>Thomas Betlach</i></p>
12:00	Adjourn	

## SUMMARY

<b>Topics:</b>	<b>Presenters:</b>
Welcome and Introductions	<p><b>AHCCCS Director Thomas Betlach</b> provided the AHCCCS welcome. All participants were asked to introduce themselves. Mr. Betlach thanked the Salt River Indian Community for hosting the meeting and thanked the Director of Health and Human Services for her assistance with the meeting.</p>
Overview of the SRPMIC Health Services	<p><b>Violet Mitchell-Enos, SRPMIC Director of Health and Human Services and John Godfrey, HHS Assistant Director,</b> provided an overview of the health and human services at SRPMIC.</p>
<p>AHCCCS Update:</p> <ol style="list-style-type: none"> <li>1. Governor's AHCCCS Coverage Proposal</li> <li>2. ACA Implementation Update</li> <li>3. AHCCCS Strategic Plan</li> <li>4. NEMT Issues</li> </ol>	<p><b>AHCCCS Director Betlach</b> gave a comprehensive update on the following topics:</p> <ul style="list-style-type: none"> <li>• Governor's AHCCCS Coverage Proposal</li> <li>• ACA Update</li> <li>• AHCCCS Strategic Plan</li> <li>• NEMT Issues</li> </ul> <p>Director Betlach's PowerPoint presentation can be found on the AHCCCS website under Tribal Consultation meetings, <a href="http://www.azahcccs.gov/tribal/consultations/meetings.aspx">http://www.azahcccs.gov/tribal/consultations/meetings.aspx</a></p> <p><b><u>Governor's AHCCCS Coverage Proposal:</u></b></p> <ul style="list-style-type: none"> <li>• Authorizes Prop 204 Restoration and Expansion through Dec. 31, 2016</li> <li>• Provides AHCCCS Director with the ability to levy an assessment against hospitals – includes ability to exempt. IHS and 638 facilities are exempt.</li> <li>• Includes circuit breakers requested the Governor in case federal funding is reduced</li> <li>• Legislation moves to House – becomes part of the budget</li> </ul>

	<p>With the restoration of Proposition 204, the coverage provides healthcare coverage up to 133%. This will provide coverage for approximately 300,000 statewide which includes 30,000 American Indians. The restoration will provide approximately \$1.7 billion dollars in federal funds to support healthcare in Arizona.</p> <p><b><u>ACA Update:</u></b></p> <ul style="list-style-type: none"> <li>• AHCCCS received very positive system review by CMS as part of 10-1-13 implementation: <ul style="list-style-type: none"> <li>○ <i>Arizona has worked diligently to ensure that the Health-e-Arizona Plus system is compliant with Federal law and regulation and that it meets the needs and requirements of the state of Arizona and its beneficiaries.</i></li> <li>○ <i>They consistently look for and offer work for reuse; the Health-e Arizona system will be interoperable with the FFM and the FDSH. Arizona is very proactive and engaged in analyzing and inquiring clarification on CMS IT Guidance.</i></li> <li>○ <i>Arizona is has been an invaluable resource to several states including sharing of ideas, hosting on-site visits, and providing demonstrations of their system.</i></li> </ul> </li> <li>• AHCCCS continues to make progress in order to make increases in primary care payments (July).</li> <li>• AHCCCS is developing e-learning tools for staff and HEA Plus users.</li> <li>• AHCCCS continues to work with CMS to better understand Federally Facilitated Marketplace implementation and capabilities.</li> </ul> <p><b><u>AHCCCS Strategic Plan:</u></b></p> <p>The AHCCCS Strategic Plan includes 1) the implementation of the Governor’s Medication restoration, 2) the development of strategies that reduce healthcare costs while improving the delivery and coordination of care, 3) improve healthcare outcomes, 4) reduce the fragmentation of healthcare through integrating delivery systems, 5) maintaining core organizational capacity, infrastructure and workforce. The matrix of the strategic plan can be found in the PowerPoint presentation.</p> <p><b><u>NEMT Issues:</u></b></p> <ul style="list-style-type: none"> <li>• CMS Policy changes on non-tribally owned providers on tribal lands that require licensure.</li> <li>• Non-Emergency Medical Transportation <ul style="list-style-type: none"> <li>○ Significant audit findings</li> <li>○ Concerns being raised by Tribal representatives</li> <li>○ Developing Internal resources and oversight</li> <li>○ Partner and collaborate with Tribes on how to improve program integrity</li> </ul> </li> </ul>
<p>1. Proposed DHS Licensure Rules 2. Proposed NEMT Policy Change</p>	<p><b>Rebecca Fields, Assistant Director, Division of Fee-for-Service Management</b>, presented the following proposed changes in DHS licensure rules:</p> <p><b><u>1. Proposed DHS Licensure Rules:</u></b></p> <p><b><u>Background:</u></b> House Bill 2634 (Law 2011, Chapter 96)</p> <ul style="list-style-type: none"> <li>• On or before July 1, 2013</li> <li>• Reduce monetary or regulatory costs on persons or individuals</li> <li>• Streamline the regulation process</li> <li>• Facilitate licensure of integrated health programs that provide both behavioral and physical health services</li> <li>• ADHS is trying to introduce a bill to hold implementation until either 10/13 (worst case scenario) or 4/14</li> </ul>

**Arizona Administrative Code:**

Chapter 10 - Health Care Institution Licensing

- Currently it includes only health care institutions:
  - Hospitals, nursing care institutions, recovery care centers, hospice, assisted living, outpatient surgical centers, outpatient treatment centers, adult day care, home health, and abortion clinics
  - Proposed rules cover: hospitals, **behavioral health inpatient facilities**, nursing care institutions, recovery care centers, hospice, **behavioral health (BH) residential**, assisted living, outpatient surgical centers., outpatient treatment centers, adult day care, home health, **BH specialized transitional agency**, abortion clinics and unclassified health care institutions

Chapter 20- Behavioral Health Service Agencies Licensing

- Currently includes:
  - Outpatient clinic, residential agency (level II and III), inpatient treatment program, use of restraints and seclusion, Level I transitional agency, court ordered evaluation and treatment, DUI services, opioid treatment, misdemeanor domestic violence treatment, level 4 transitional agency, domestic violence shelter, rural substance abuse agency, and adult therapeutic foster home

Chapter 20 – Behavioral Support Services

- Proposed rules include:
  - DUI Services
  - Misdemeanor Domestic Violence Offender Treatment
  - Adult Behavioral Supportive Home ( Current movement to remove this classification and keep Adult Therapeutic Homes into Chapter 10)

Major Rule Implications:

Facilities can add services from a “menu” of services, both behavioral and physical health services to their license. Residential settings can only add personal care services.

- Physical Health services include primary care, urgent care, clinical laboratory, diagnostic imaging, rehabilitation, sleep disorder, pain management and behavioral observation and stabilization.
- Behavioral health services include: opioid treatment, behavioral health services, court ordered evaluation and treatment, pre-petitioning screening, crisis, and behavioral observation and stabilization services

System Implications:

- Level II and III BH Residential facilities are collapsed into one level
- Licensing “counseling only” facilities as a sub-class of Outpatient Treatment Center (OTC)
- Opioid treatment now must become Outpatient Treatment Center (OTC)
- Existing Level 4 Transitional agencies will be grandfathered in for space requirements
- The following placement settings can add from the “menu” of behavioral health services.
  - Nursing Care Institutions
  - Adult Day Care
  - Assisted Living
  - Recovery Care Centers
  - Outpatient Surgical Centers

- Services would need to be added to their license application if added
- Approval Only Process
  - DUI services
  - Misdemeanor Domestic Violence Offender Treatment
  - Adult Behavioral Supportive Home (Current movement to delete this classification of placement)
- OBHL no longer regulating
  - Shelter for Victims of Domestic Violence (sleeping area will regulate the medication administration service)

**2. Proposed NEMT Policy Change:**

AHCCCS Policy: AHCCCS covers medically necessary non-emergency transportation within certain limits for all members based on member age and eligibility, as specified in the Arizona Administrative Code (A.A.C.) R9-22-211. Non-emergency transportation is not covered for Emergency Services Program recipients.

Non-emergency transportation for medical and behavioral health service:

- Non-emergency medically necessary transportation is transportation, as specified in A.A.C. R9-22-211, and furnished by providers included therein, to transport the member to and from a covered medical service. Such services may also be provided by emergency transportation providers after assessment by the EMT or paramedic team that the member's condition requires medically necessary transportation.
- Medically Necessary Non-Emergency Transportation Services are Covered Under the following conditions:
  1. The medical or behavioral health service for which the transportation is needed is a covered AHCCCS service.
  2. The member is not able to provide, secure or pay for their own transportation and free transportation is not available, and
  3. The transportation is provided to and from the nearest appropriate AHCCCS registered provider.

Reasons for Proposed Changes

Due to an unacceptable high error rate during a recent CMS audit the Agency is looking at making several changes for program integrity and oversight. AHCCCS currently has 227 registered NEMT Providers. In calendar year 2012 141 NEMT providers submitted claims to AHCCCS Fee for Service and were reimbursed \$36,419,142.

Provider Registration

- Proposed change to new providers registering with AHCCCS as an NEMT provider (provider type 28) completing Provider Participation Agreement's on or after 7/1/13 must complete the online training module and submit the training certificate in order for their applications to be processed
- Providers in this category re-enrolling will need to complete the online training module and submit the training certificate along with all other required documents
- Documents required as part of the registration packet are:
  - Copy of registration for each vehicle (new)
  - Companies submit copies of insurance for each vehicle and copies of their employee's driver's licenses. Upon renewal of insurance a copy must be submitted to AHCCCS
  - Proof of vehicle insurance for individual's not employed by a

	<ul style="list-style-type: none"> <li>• company</li> <li>• For metered vehicles a copy of licensure from the Department of Weights and Measures is required</li> </ul> <p>Registration documents may be found at:  <a href="http://www.azahcccs.gov/commercial/ProviderRegistration/packet.aspx">http://www.azahcccs.gov/commercial/ProviderRegistration/packet.aspx</a></p> <p><u>Proposed Site Visits:</u> AHCCCS is proposing a two stepped approach to site visits for this provider type:</p> <ul style="list-style-type: none"> <li>• Step one would be to do site visits for all new providers and those that are re-enrolling that are located off reservation</li> <li>• Step two would be to do site visits for all new providers and those that are re-enrolling that are located on reservation</li> </ul> <p>Item for discussion:</p> <ul style="list-style-type: none"> <li>• What protocol would the Tribes like AHCCCS to utilized in order to perform the site visits on reservation</li> </ul> <p><u>Tribal Business License:</u> AHCCCS is proposing that the provider provide a copy of the Tribal business license to AHCCCS for non-emergency medical transportation providers that serve tribal members (non-family) living on the reservation.</p> <p>Items for discussion:</p> <ul style="list-style-type: none"> <li>• How to differentiate an individual from a business?</li> <li>• Implementation date?</li> </ul> <p><u>Proposed Policy Changes:</u></p> <p>Effective with dates of service 7/1/13 the standard AHCCCS trip ticket must be completed and submitted with claims for non-emergency medical transportation services. If a recipient's transport involves multiple destinations then the daily trip report must document each segment of the transport, including the full address of each location as well as the times and odometer readings.</p> <p>Wait time:</p> <ul style="list-style-type: none"> <li>• Wait time shall only be billed for the amount of time the driver <i>actually waited</i> at the recipient's medical service destination <i>and</i> the distance traveled was such that it was not feasible for the driver to return to the Provider's base of operations or the origination site.</li> <li>• Wait time is billed with code T2007 where each unit is 30 minutes.</li> </ul> <p>In addition, billing for wait time is not appropriate:</p> <ul style="list-style-type: none"> <li>• If the odometer reading changes from the drop-off at the medical service to the pick-up at the medical service;</li> </ul> <p>For a one way trip;</p> <ul style="list-style-type: none"> <li>• When two different vehicles and/or drivers are used for the round trip; if wait time is less than 30 minutes.</li> </ul> <p><u>Claim submission requirements:</u></p> <p>Effective with dates of service 7/1/13 claims for NEMT services must be submitted with the AHCCCS trip ticket. AHCCCS will begin denying claims not submitted with the trip ticket on 8/1/13.</p> <p>Trip tickets can be submitted via 275 transaction, fax or paper.</p> <p><u>Training:</u></p> <p>AHCCCS will be hosting 2 additional trainings in June for NEMT providers to go over policy changes and completion of the trip ticket.</p> <ul style="list-style-type: none"> <li>○ June 10<sup>th</sup>, 2013, 1:00-3:00. AHCCCS office iLinc will be available</li> <li>○ June 24<sup>th</sup>, 2013, 1:00-3:00. AHCCCS office iLinc will be available</li> </ul>
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Independently Registered Providers/Individuals Serving ALTCS American Indian Members

**Carol Sanders, ALTCS Case Management Manager, Division of Health Care Management**, provided an overview of the independently registered ALTCS attendant care provider issues.

Issues:

- Direct Care Training and Testing requirements - AHCCCS implemented a requirement, effective October 1, 2012, that all providers of Direct Care Services (attendant care, personal care and homemaker services) must meet specific training and testing standards within 90 days of hire by a provider agency. Currently independently registered providers are not required to meet these training and testing requirements.
  
- Provider monitoring for Quality of Care - Direct Care Service agencies are required to perform periodic (every 90 days) supervisory visits to assess and document each employee's competency in performing the assigned duties in a safe and appropriate manner. Since independently registered providers are independent contractors, there is no mechanism in place to provide supervision or oversight or to assess the quality of care being provided to individuals served by this type of provider. Tribal ALTCS case managers do some monitoring of member service outcomes, but they are not required to monitor the performance of independently registered providers, as provider oversight is outside of the scope of their role in coordinating care for members.
  
- Independent Contractors vs. Employees – AHCCCS has historically considered independently registered providers as independent contractors but the courts have begun to take the position that these individuals should be considered employees of the state agency since payment for the services provided comes directly from the state. The State could become responsible for the following additional financial obligations:
  - Payment of Unemployment Insurance claims when independent providers are no longer delivering care to AHCCCS members. The State of Arizona has paid 5 such unemployment insurance claims to date.
  - Affordable Care Act (ACA) requirement (beginning January 1, 2014) that employers with at least 50 full-time employees (or equivalent full- and part-time workers) provide qualified health insurance coverage to their full-time employees and their dependents or pay an assessment/penalty.

Potential Options

- Offer Self-Directed Attendant Care (SDAC) as an option to ALTCS FFS members currently being served by independently registered providers. This service model is only an option, however, for those members who are considered competent to make decisions about and direct their own care and/or those with a legal guardian who can direct the member's care. This model makes use of a Fiscal Intermediary who handles the payroll and tax responsibilities for caregivers.
- Require independently registered providers who wish to continue caring for ALTCS FFS members to become employees of one of the



	<p>already registered provider agencies serving the reservation community where the member lives.</p> <p>In most reservation communities, there are registered provider agencies available nearby that could employ these individuals. Some of these agencies are Tribal run while others are not. In several cases, non-Tribal agencies have already been granted a license, or otherwise given permission, to operate on Tribal land. In some communities however, steps would need to be taken before an agency(s) could provide employment and care.</p> <p><u>Next Steps</u></p> <p>AHCCCS proposes the development of a workgroup formed with representatives from each of the Tribes and AHCCCS to explore these issues. AHCCCS would like to put this workgroup together quickly and work over the next 6 months to come up with recommendations.</p>
<p>Closing Remarks/Announcements</p>	<p>Mr. Betlach emphasized the importance of serving on an NEMT Workgroup and ALTCS Private Providers Workgroup. A sign-up sheet was provided for those who are interested in serving. Mr. Betlach thanked all for attending and thanked the Salt River Pima-Maricopa Tribe for hosting the meeting.</p> <p>The meeting was adjourned at 12:00 p.m.</p>