



TRIBAL CONSULTATION TELECONFERENCE

April 16, 2015

Tohono O'odham Nation, Desert Diamond Conference Center
7350 S. Nogales Highway, Tucson, AZ 85706

Conference Bridge: 1-877-820-7831, Participant Passcode: 108903#

NOTIFICATION TO TRIBES:

Hello Everyone,

I hope this message finds you well. This is to announce the **April 16, 2015 AHCCCS Tribal Consultation Meeting**. You are invited to attend the meeting hosted by the **Tohono O'odham Nation at the Desert Diamond Casino and Conference Center, 7350 S. Nogales Highway Tucson, AZ 85706 from 9:00 a.m. to 11:30 a.m.** The meeting will be held in **Conference Room C**. If you are unable to attend in-person, please call the teleconference line at: **1-877-820-7831, Participant passcode: 108903#**. The draft meeting agenda is attached for your information. All meeting materials and presentations can be accessed at the following link on April 15th: <http://www.azahcccs.gov/tribal/consultations/meetings.aspx>.

Hotel rooms have been set aside for those who plan to stay before and after the meeting. The attached flyer provides you with reservation instructions. Please note: The date at the top of the flyer (April 15th) indicates the check-in date and not the date of the actual meeting. If you are making reservations on-line, click on the *AHCCCS Tribal Consultation* link. Reservations can also be made by calling; 877-777-4212 or 520-342-3012. Refer to *AHCCCS Tribal Consultation room block*.

The AHCCCS Administration and I look forward to your attendance at this important meeting. Feel free to contact me if you have questions.

Sincerely,
Bonnie

Bonnie Talakte

Tribal Relations Liaison
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AGENDA



AHCCCS TRIBAL CONSULTATION TELECONFERENCE

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

Date: April 16, 2015

Time: 9:00 a.m. – 11:30 a.m. (MST)

Location: Tohono O’odham Nation, Desert Diamond Conference Center, 7350 S. Nogales Highway, Tucson, AZ 85706

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

TIME	TOPIC	PRESENTER
9:00 – 9:20 a.m.	Welcome Opening Prayer Introductions	<i>Thomas Betlach</i> AHCCCS Director <i>Mary Garcia,</i> Tohono O’odham Traditional Healer <i>Thomas Betlach</i>
9:20 – 9:30 a.m.	Tribal Leader Welcome	<i>Wavalene Romero,</i> Vice-Chairwoman Tohono O’odham Nation
9:30 – 9:45 a.m.	Overview of Tohono O’odham Nation Health Care Services and Programs	<i>Jennie Becenti,</i> Executive Director, Department of Health & Human Services
9:45 – 10:30 a.m.	AHCCCS Updates: <ul style="list-style-type: none"> • Budget Update • Legislative Update <ul style="list-style-type: none"> ○ Senate Bill 1092 • State Plan Amendment (SPA) <ul style="list-style-type: none"> ○ Inpatient, Outpatient, Other Providers ○ Orthotics Update • Disproportionate Share Hospital (DSH) Payment Waiver Changes • Ambulance Rates • AHCCCS Behavioral Health Merger 	<i>Thomas Betlach</i>
10:30 – 10:45 a.m.	Direct Care Worker (DCW) Tribal Agency Monitoring	<i>Dara Johnson,</i> Program Development Officer Division of Health Care Management (DHCM) <i>Virginia Rountree,</i> Operations Administrator, DHCM
10:45 – 11:00 a.m.	AHCCCS Care Coordination Update	<i>Denise Taylor-Sands,</i> Tribal Health Care Coordinator <i>Markay Adams,</i> Behavioral Health Care Coordinator

11:00 – 11:15 a.m.	American Indian Foster Care Workgroup Update	<i>Alida Montiel,</i> Health Systems Director, ITCA <i>Verna Johnson,</i> Health Programs Manager, ITCA
11:15 – 11:30 a.m.	Wrap-Up/Announcements/Adjourn	<i>Thomas Betlach</i>

ATTENDEES:

Tribes	<u>Navajo Nation:</u> Thomas Cody <u>Pascua Yaqui Tribe:</u> Mildred Mamel, Marcelino Flores, Patsy Triana <u>Tohono O’odham Nation:</u> Sandra Sixkiller, Wavalene Romero, Alberta Ray, Rosemary Lopez, Chester Antone, Lynette Hoffman, Rachel Stoner
I/T/Us	<u>Chinle Comprehensive Health:</u> Johanna Bahe <u>Gila River Indian Health Care:</u> Cheryl Cuyler <u>Native Health:</u> Deanna Sangster <u>Pascua Yoeme Health:</u> Linda Guererro, Camino Estrella, Rose Rivera, <u>Phoenix Area IHS:</u> John Meeth, Doreen Pond, Carol Chicharello <u>San Carlos Apache Tribe:</u> Velda Williams, Brenda Schildt <u>Tohono O’odham Health Care:</u> Jennie Becenti; Rudy Cordova, Benedict Ramon <u>Tuba City Regional Health Care Corporation:</u> Violet Skinner, Yolanda Burke, Solena Simmons <u>Tucson Area IHS:</u> Adam Archuleta; Bernie DeAsis <u>Tucson Indian Center:</u> Phoebe Mills <u>Winslow Indian Health Care Center:</u> Michelle Arena, Margie Saucedo
State Agencies	<u>Advisory Council on Indian Health Care:</u> Kim Russell <u>Arizona Department of Health Services:</u> Lydia Hubbard-Pourier <u>First Things First:</u> Tyburcia Yoepicio-Chambers
Call-In	<u>Salt River Pima Maricopa Health Care:</u> John Godfrey <u>White Mountain Apache Tribe:</u> Will Arnette <u>Winslow Indian Health Care:</u> Carol Chitwood <u>Arizona State Senator:</u> Caryle Begay <u>Native American Connections:</u> Maria Nathen <u>Arizona Department of Health Services:</u> John Querta <u>Hopi Tribe:</u> Lori Joshweseoma Sandra Earth
Other	<u>Inter Tribal Council of Arizona:</u> Alida Montiel, Verna Johnson <u>Cenpatico:</u> Sheina Yellowhair <u>Intermountain Centers:</u> Rose Lopez
AHCCCS Representatives	Tom Betlach, Rebecca Fields-Young, Elizabeth Carpio, Bonnie Talakte, Denise Taylor-Sands, Markay Adams, Dara Johnson, Virginia Rountree

MEETING SUMMARY

TOPICS	PRESENTERS
<p>AHCCCS Update</p>	<p>Thomas Betlach, AHCCCS Director, provided the AHCCCS Update on the following topics. The AHCCCS Update PowerPoint Presentation can be viewed at the AHCCCS website under Tribal Consultation meetings: http://www.azahcccs.gov/tribal/consultations/meetings.aspx</p> <p>Budget: AHCCCS represents 22% of the overall state general fund requirements. In this last budget session the State dealt with budget challenges.</p> <ul style="list-style-type: none"> • \$37 million in budget reductions are planned for state programs by the AZ State Legislature. • 5% provider rate reductions are moving forward: <ul style="list-style-type: none"> ○ Exemptions include: nursing facilities, developmentally disabled services, home and community based services, and IHS/ 638 all-inclusive rates • October 1, 2015 target date for reducing rates by 5% • Not reducing any of the rates up to 100% federally match pass-through • Reductions may be lower if cost/utilization trends are lower than 3% <p>State Plan Amendment: <u>Inpatient, Outpatient and Other Providers:</u> The SPA discussion focused on a table that reflected the Provider Rate changes that have been in place since 2009. Rates for IHS and 638 facilities have remained untouched. AHCCCS has received the All-Inclusive Rate increases so DFSM will be re-processing claims from January 1, 2015. DFSM will be putting together a schedule and will share the timeframe of the re-processing. The vast majority of providers are paid about 10% less today than what AHCCCS was paying in 2009.</p> <div style="border: 1px solid black; padding: 5px;"> <p><u>Question:</u> “If a facility refers an AHCCCS client to an IHS or tribal facility who in turn refers that AHCCCS member to an outside provider, will that provider be affected by the rate reduction”?</p> <p><u>Answer:</u> “Yes, that provider has been affected by rate reductions AHCCCS has already done and they will be impacted by the next set of rate reductions”.</p> </div> <p><u>Orthotics Update:</u> New legislation allows restoration of orthotics when it is more cost effective than another type of treatment.</p> <div style="border: 1px solid black; padding: 5px;"> <p><u>Question:</u> “If orthotics becomes a covered service (as stated in the Legislative budget for SFY 2016), do we expect this to possibly impact the uncompensated care per member per month (PMPM) payments which are in the existing Waiver that expires in September 2016”?</p> <p><u>Answer:</u> “That is a great question and one we have not thought about in terms of what this statutory change does to the [uncompensated care PMPM calculations] Because when we have identified something as now being a covered, we’ve had to remove that from the calculation. We’ll take this back for further discussion. Thank you for raising that question”.</p> </div>

Ambulance Rate Reduction:

- DHS oversees ambulance certification need and rate setting
- The AZ State Legislature is reducing the percentage of DHS rates
- Ambulance rates increased by 30% in past 6 years for AHCCCS reimbursement
- In FFY 2014 ambulances received 68.59% of DHS rate for AHCCCS
- In FFY 2015 the rate went to 74.74%
- On 10-1-2015 ambulance reimbursement will again return to 68.59% of the DHS rate
- AHCCCS will be submitting State Plan Amendment by 7-1-15 as it relates to rate reduction
- AHCCCS will take public comments on rate reductions. Comment period ends May 15, 2015. Focus comments on:
 - Medicaid population served
 - Operating margins
 - Factors driving provider costs
 - Impact of rate reductions
- Comments can be submitted to Bonnie Talakte, AHCCCS Tribal Liaison, bonnie.talakte@azahcccs.gov

AHCCCS Behavioral Health Merger: One of the changes made through the Legislative process and by unanimous vote, is the merger of the Division of Behavioral Health Services and AHCCCS. AHCCCS is looking forward to improving outcomes as it relates to the joining of physical and behavioral health. The DBHS/AHCCCS merger focuses on the following:

- Implementation principles:
 - Seamless transition for members and families
 - Focus on member services
 - AHCCCS will be ready for Greater AZ transition
 - Transparency is critical
 - AHCCCS will maintain an open door policy
- Staffing Scenarios:

AHCCCS is looking at specialty positions occupied by existing DBHS staff and will encourage them to be part of new organization. Thirty-eight (38) DBHS staff has been notified.
- Operational Details:

AHCCCS and ADHS/DBHS are working through details that include:

 - Office space
 - Phones
 - Computers

Waiver Changes: The current 1115 Waiver expires October 1, 2016. AHCCCS will engage in a public process that will include the following:

- Public input through summer regional forums
- A special tribal consultation meeting on waiver issues
- Comments and feedback will be incorporated into the Waiver which will be submitted to CMS on 10-1-2015
- CMS will take up to a year to review the Waiver proposal
- The new Waiver will be implemented 10-1-16

The structure of the Waiver will:

- Maintain current flexibilities
- Include consumer engagement and responsibility
- Include Legislatively mandated requirements

	<p>Legislative Update/Senate Bill 1092: SB 1092 was signed into law by Governor Ducey on March 16, 2016. The bill requires AHCCCS to apply to CMS for Waivers or amendments to institute the following:</p> <ul style="list-style-type: none"> • Work requirement for able-bodied adults (19+) receiving AHCCCS covered services. It stipulates that individuals are required to: <ul style="list-style-type: none"> ○ Become employed ○ Actively seek employment ○ Verify employment and income monthly • Ban individuals for 1 year if they fail to report changes. Exemptions include: <ul style="list-style-type: none"> ○ 19 and still in High School ○ Caregiver of family member under 6 yrs. ○ Receiving Disability ○ Pregnant • There is a lifetime limit of five years • Cost Sharing – Non-emergency use ED or ambulance <p>Disproportionate Share Hospital (DSH) Payment. The Legislative budget also included changes to DSH payments. The changes do not impact tribal providers. There are certain IHS/638 facilities that get a small allocation none of which is affected by the changes. Changes impact Maricopa Medical Center:</p> <ul style="list-style-type: none"> • Increases amount allocated to Maricopa Integrated Health System (MIHS) in SFYs 2015 and 2016 (except for \$4.2 million which is paid to MIHS, these monies are transferred to the General Fund) • Decreases the amount allocated to Pool 5 in SFYs 2015 and 2016 (the voluntary pool in which a hospital must partner with a political subdivision in order to obtain state match funding) • Gives rural hospitals priority in Pool 5 in SFYs 2015 and 2016 • Allows MIHS to access Pool 5 in SFYs 2015 and 2016 • Reduces funding for Pools 1&2 from \$9.3 million to \$900,000 in SFY 2016. Shifts the difference to Pool 5 • Changes do not impact IHS/638 facilities
<p>Director Care Worker (DCW) Tribal Agency Monitoring</p>	<p>Dara Johnson and Virginia Rountree provided information on the purpose, training, process, audit elements, and timeline of the 2015 DCW monitoring. The PowerPoint presentation on this topic can be viewed at the AHCCCS website under Tribal Consultation meetings: http://www.azahcccs.gov/tribal/consultations/meetings.aspx</p> <p><u>Purpose:</u></p> <ul style="list-style-type: none"> • AHCCCS will conduct annual monitoring of Direct Care Service Agencies serving Tribal ALTCS members who live in their own homes in 2015. • The monitoring will ensure: <ul style="list-style-type: none"> ○ Service delivery in accordance with authorizations and the members needs ○ quality of care for members ○ training and supervision of direct care workers <p><u>Training:</u></p> <ul style="list-style-type: none"> • AHCCCS will conduct training for agencies that: <ul style="list-style-type: none"> ○ Explain the process ○ Explain the standards and the monitoring tool ○ Provide assistance on how to meet the requirements

	<ul style="list-style-type: none"> • Provide follow up training to review overall findings and common areas for improvement • Provide training sessions at the AHCCCS office and by webinar <p><u>Process:</u></p> <ul style="list-style-type: none"> • The monitoring is an annual desk audit • The desk audit will be consistent with monitoring conducted by the MCOs • The monitoring will be conducted by AHCCCS staff from: <ul style="list-style-type: none"> ○ Clinical Quality Management ○ Operations ○ Medical Management <p><u>Timeline:</u> A timeline for the monitoring process spans May 2015 through August 2016.</p>
<p>Care Coordination Update</p>	<p>Denise Taylor-Sands and Markay Adams presented an update on the four strategic areas of the Tribal Care Coordination Initiative: Staff, Relationships, Data and The Model. The PowerPoint presentation on this topic can be viewed at the AHCCCS website under Tribal Consultation meetings: http://www.azahcccs.gov/tribal/consultations/meetings.aspx</p> <p><u>Staff Relationships:</u> Project staff traveled extensively on outreach visits building and maintaining relationships. Since the last update report on January 21, 2015, staff has met with twenty-five (25) IHS health facilities, RBHAs, TRBHAs, tribally funded programs and urban programs.</p> <p><u>Information and Data Sharing:</u></p> <ul style="list-style-type: none"> • 120 + members have been identified for care coordination • Customized Reports are available for facility partners and Supporting work already being done • Data system partnerships have been established with RBHAs, TRBHAs, IHS facilities and behavioral health organizations. <p><u>Next Steps:</u> Care Coordination staff will continue to expand outreach, establish partnerships and improve data sharing with health facilities and tribal partners.</p>
<p>American Indian Foster Care Workgroup Update</p>	<p>Alida Montiel and Verna Johnson, Co-Chairs of the Tribal Youth Foster Care Workgroup, provided an update on the Workgroup which had its first meeting on March 3, 2015. The purpose of the Workgroup is to identify barriers and recommend solutions to amend the current process to ensure tribal foster youth receive the same benefit resources of Medicaid as other foster youth who were/are in state custody. Presentation handouts on this topic can be viewed at the AHCCCS website under Tribal Consultation meetings: http://www.azahcccs.gov/tribal/consultations/meetings.aspx</p> <p><u>March 3, 2015:</u> The meeting agenda included discussion on the ACA provisions and CMS guidelines on former foster youth, an overview of the Young Adult Transitional Insurance (YATI), identification of steps for revision and next steps.</p> <p><u>March 27, 2015</u> was the second meeting of the Workgroup. The agenda</p>

	<p>focused on review of the Application for Benefits form and the Young Adult Transitional Insurance (YATI) form and the DCYF/FAA Turn-Around (TAD) document. Recommended changes to the Application for Benefits form include adding the question, <i>Was anyone in Tribal Foster Care in Arizona on his/her 18th birthday?</i> It was also recommended that the YATI application includes a separate form for youth under Tribal jurisdiction. Recommended changes to portions of the text of the current YATI form were made.</p> <p>The group also agreed to develop a cover page to be used by Tribes when submitting the Application for Benefits form. There was discussion on the current process regarding youth in State custody versus Tribal custody and the group reviewed the Medicaid Eligibility Manual.</p> <p>Workgroup tasks were identified and the next meeting scheduled for April 17, 2015.</p>
<p>Wrap-Up/ Announcements/ Adjourn</p>	<p>Mr. Betlach thanked the Tohono O’odham Nation for their generosity in hosting the meeting and for providing the continental breakfast and thanked everyone for attending the meeting.</p>