



TRIBAL CONSULTATION MEETING

January 20, 2016

9:00 a.m. – 12:00 p.m.

Ability 360 Center, Nina Mason Pulliam Conference Room, Side 1

5025 Washington St., Phoenix, AZ 85034

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

NOTIFICATION TO TRIBES:

Hello Everyone,

I'm pleased to announce the first quarterly AHCCCS Tribal Consultation meeting of 2016. The meeting will be held on **January 20, 2016** at the following location. The draft agenda and maps to the meeting location are attached.

ABILITY 360 CENTER (Formerly Disability Empowerment Center-DEC)

9:00 a.m. – 12:00 p.m. (Phoenix Time)

5025 E. Washington St., Phoenix, AZ 85034

First Floor Nina Mason Pulliam Conference Room, Side 1

Teleconference Number: 1-877-820-7831, Participant Passcode: 108903#

(Visitor parking is available in the parking structure on the property)

The following link will take you to the Ability 360 Center website: <http://ability360.org/ability360-center-information/>

Meeting materials will be posted to the AHCCCS website at the following link:
<http://www.azahcccs.gov/tribal/consultations/meetings.aspx>.

Thank you in advance for your participation in this important meeting.

Wishing you all the best in 2016!

Bonnie

Bonnie Talakte

Tribal Relations Liaison

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AHCCCS TRIBAL CONSULTATION MEETING

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

Date: January 20, 2016
Time: 9:00 a.m. – 12:00 p.m. (Phoenix Time)
Location: Ability 360 Center (formerly the Disability Empowerment Center), Nina Mason Pulliam Conference Room, Side 1, 5025 Washington St., Phoenix, AZ 85034
Conference Call-In: 1-877-820-7831 Participant Passcode: 108903#

AGENDA

TIME	TOPIC	PRESENTER
9:00 –9:15 a.m.	Welcome Opening Prayer Introductions	<i>Beth Kohler</i> AHCCCS Deputy Director <i>Priscilla Foote</i> Gila River Indian Community <i>Deputy Director Kohler</i>
9:15 –9:45 a.m.	AHCCCS Updates: <ul style="list-style-type: none"> • Budget • Delivery System Reform Incentive Payment (DSRIP) • Access Regulatory Requirement • Value Based Purchasing (VBP) 	<i>Deputy Director Kohler</i>
9:45 –10:00 a.m.	Autism Workgroup Update	<i>Monica Coury,</i> Assistant Director Office of Intergovernmental Relations
10:00 – 10:20 a.m.	1115 Waiver Tribal Workgroup Updates: <ul style="list-style-type: none"> • <u>Uncompensated Care</u> – Violet Skinner, Chair, Utilization Review Director, Tuba City Regional Health Care Corp. • <u>Traditional Healing</u> – Violet Skinner, Chair, • <u>Medical Home</u> – Ron Speakman, Chair, Supervisory Nurse Specialist & Acting Facility Director, Tucson Area IHS, San Xavier Health Center, Sell Service Unit 	<i>Bonnie Talakte,</i> AHCCCS Tribal Liaison Office of Intergovernmental Relations <i>Violet Skinner</i> <i>Ron Speakman</i>
10:20 -10:40 a.m.	NEMT Tribal Broker Update	<i>Michal Rudnick,</i> Project Coordinator Office of the Director
10:40 -11:00 a.m.	Care Coordination/Claims Update	<i>Elizabeth Carpio,</i> Assistant Director Division Fee for Service Management

11:00 –11:20	Young Adult Transitional Insurance (YATI) Referral Process	<i>Julie Swenson, AHCCCS Eligibility Policy Manager</i>
11:20 – 11:40	AHCCCS Medical Policy Manual (AMPM) Chapter 1600 Changes	<i>Debbie Reichow, Medical Management Manager, DHCM Melissa Arzabal, Case Management Program Manager</i>
11:40-12:00	Questions/Wrap-Up/Adjourn	<i>Deputy Director Kohler</i>

Next Tribal Consultation Meeting: April 14, 2016

ATTENDEES:

Tribes	<u>Gila River Indian Community:</u> Priscilla Foote, Mike Asmussen, <u>Navajo Nation:</u> Theresa Galvan, Marie Keyonnie <u>Pascua Yaqui Tribe:</u> Raquel Aviles
I/T/Us	<u>Fort Defiance Indian Health Care:</u> Christine Becenti, Terrilynn Chee <u>Phoenix Area IHS:</u> Carol Chicharello <u>Phoenix Indian Medical Center:</u> Doreen Pond, John Meeth <u>Sage Memorial Hospital:</u> Christi El-Meligi <u>Tuba City Regional Health Care Corporation:</u> Yolanda Burke, Lynette Bonar, Selena Simmons, Violet Skinner, Melverta Barlow <u>Winslow Indian Health Care Corporation:</u> Cecelia Jackson, Kelly Saganey, Carol Chitwood, Elvira Chezumpena, Alutha Yellowhair
State Agencies	<u>Advisory Council on Indian Health Care:</u> Kim Russell <u>Arizona Department of Health Services:</u> Lupe Lerma <u>Arizona Department of Behavioral Health Services:</u> Alfredo Charleston
Other	<u>Cenpatico:</u> Sheina Yellowhair <u>Inter-Tribal Council of Arizona (ITCA):</u> Alida Montiel <u>Mercy Maricopa Integrated Care:</u> Faron Jack <u>Native Connections:</u> Janel Striped Wolf <u>Native Resource Development:</u> Jermiah Kanuho
AHCCCS Representatives	Beth Kohler, Elizabeth Carpio, Monica Coury, Bonnie Talakte, Denise Taylor-Sands, Markay Adams, Barb Lang, Julie Swenson, Roger Wilcox, Linda Cram, Michal Rudnick, Melissa Arzabal

MEETING SUMMARY

TOPICS	SUMMARY
AHCCCS Tribal Consultation Website	Meeting agenda, PowerPoint presentations and handouts can be found at: https://www.azahcccs.gov/AmericanIndians/TribalConsultation/meetings.html
AHCCCS Updates	<p>Beth Kohler, AHCCCS Deputy Director, provided the AHCCCS Update on the following topics:</p> <p><u>Enrollment</u>: There was a slight increase in the AIHP enrollment over the past year but the growth is expected to level out. The actual enrollment growth is close to the tracking forecast.</p> <p><u>Budget</u>: Per the Governor’s budget, there is a significant increase in funding in the AHCCCS budget due to the transfer of Behavioral Health services and funding into the AHCCCS budget. This represents about \$549M in general funds to upward of \$1.5M in total funds including federal funds moving from ADHS into the AHCCCS budget.</p> <p>The following policy issues are included in the budget:</p> <ul style="list-style-type: none"> • Restore ALTCS dental benefit with the same cap of \$1,000 which includes prevention, treatment and emergency dental for the ALTCS population, both individuals with developmental disabilities and the elderly and physically disabled (EPD) population as well. • The budget also provides general funds for additional inspector general (OIG) staff to detect fraud and waste and adds funds for an IT security package. <p><u>State Innovation Model (SIM)/Delivery System Reform Incentive Payment (DSRIP)</u>: Targets strategies of high cost/high need populations to achieve better outcomes and more efficient/cost effective care. The DSRIP will leverage SIM strategies to:</p> <ul style="list-style-type: none"> • Support behavioral health and physical health integration through: <ul style="list-style-type: none"> ▪Health information exchange (HIE) ▪Value based payments ▪Care management for high needs high cost members • Justice system transitions • American Indian care management capacity <p>SIM measures:</p> <ul style="list-style-type: none"> • Population health – since 1993 AZ has had the largest obesity increase • Substance Abuse – prescription drug deaths have increase 141% from 2006-2010 • Diabetes – American Indians are four times more likely to die than the non-American Indian population • Recidivism <p><u>Value Based Purchasing (VBP)</u>: AHCCCS is moving to value based purchasing, rewarding quality outcomes instead of quantity of services. AHCCCS proposed, on the Fee for Service side, that hospitals and nursing facilities have the opportunity to receive a rate increase if they meet specific value based criteria. IHS and 638 facilities hospitals and nursing facilities are exempt from the requirements. This only applies to non-IHS, non-638 providers. In order for hospitals to receive the increase, they have to participate in the health information network by June 1, 2016. This includes an executed</p>

	<p>agreement and submission of admit and discharge data (ADT) and meet Meaningful Use 2 for 2015. If they meet both sets of criteria, they are eligible for a value based bump in payment. Nursing facilities must meet or exceed June 2016 state Medicare average for pneumococcal vaccine requirements to get 1% increase in payments. Because of the rate structure and the way the rates are paid for IHS and 638 facilities they are exempt from the requirements.</p>
<p>AUTISM Workgroup Update</p>	<p>Monica Coury, Assistant Director, Office of Intergovernmental Relations provided an update on the current work of the Autism Workgroup.</p> <p><u>Background:</u> Services related to the treatment of Autism Spectrum Disorder (ASD) has evolved in recent years and there is much research being done with respect to the kind of treatments that are beneficial to persons with ASD. The thinking has evolved at the federal level as well. In that regard, CMS issued guidance in July of 2014 to States regarding what should or should not be covered for the treatment of ASD. The guidance requires:</p> <ul style="list-style-type: none"> • States to cover all services under Early and Periodic Screening Diagnosis and Treatment (EPSDT) as described in 136d. CMS did not mandate the specific services that must be covered but specified that States must have a full array of services to treat ASD. • Applied Behavior Analysis (ABA) is one service that is used for the treatment for ASD. State Medicaid agencies are responsible for determining the services that are medically necessary for eligible individuals. CMS did not specify a timeframe for review of state practices in this area. <p><u>ASD Committee::</u> AHCCCS was prompted to take a look at the CMS guidance due to a letter that was sent to AHCCCS by an ASD advocacy group requesting that AHCCCS work with stakeholders to develop a comprehensive plan to implement the CMS guidance. Some of the major concerns raised were: 1) early identification of ASD, 2) treatment service availability/network capacity, 3) system coordination of medically necessary services.</p> <p>A meeting with stakeholders hosted by AHCCCS in February 2015 resulted in the formation of an Advisory Committee at the request of the Governor's Office. The responsibility of the Committee is to offer recommendations to the Governor's office to strengthen the health care system's ability to respond to the needs of AHCCCS members with or at risk for ASD, including those with a comorbid diagnoses.</p> <p><u>Emerging Recommendations:</u> A final report will be ready to be sent to the Governor's office by February 2016. The recommendations include:</p> <ol style="list-style-type: none"> 1. System Design: <ol style="list-style-type: none"> a. Support for an integrated system of physical and behavioral care b. Multiple health plans c. Division of Developmental Disability (DDD) should remain the MCO for individuals qualifying for ALTCS. 2. Care Coordination: <ol style="list-style-type: none"> a. Access to care coordinator at both the health plan and provider level 3. Assessing Current System: <ol style="list-style-type: none"> a. Conduct comprehensive study of services currently available and gap analysis. 4. Evidence-Based Treatment Matrix: <ol style="list-style-type: none"> a. Create matrix of latest studies and classification of treatments

	<ul style="list-style-type: none"> b. Create a multi-disciplinary committee to update matrix annually c. Design and implement consistent process for ongoing evaluation of whether a treatment results in improvement for the individual. <ol style="list-style-type: none"> 5. Utilize Value Based Purchasing (VBP) Strategies: <ul style="list-style-type: none"> a. Outcomes should focus on process measures. 6. Improve Understanding of Current System: <ul style="list-style-type: none"> a. Create website describing all available services for families (state agency vs. non-profits) b. Create a provider search option 7. Expand Treatment Availability: <ul style="list-style-type: none"> a. DDD: Implement habilitation consultation and training service b. Eliminate distinction between habilitation and re-habilitation c. Eliminate prior authorization (PA) 8. Workforce Development: <ul style="list-style-type: none"> a. Create ASD workforce development consortium 9. Track ASD Service Utilization to include: <ul style="list-style-type: none"> a. Screening, evaluation, and treatment services <p>The Committee's work will be on-going. Information can be found on the AHCCCS website.</p>
<p>1115 Waiver Workgroup Updates</p>	<p>Bonnie Talakte, AHCCCS Tribal Liaison, introduced Violet Skinner, Utilization Review Director, Tuba City Regional Health Care Corp who provided a timeline on the progress made by the three workgroups that were organized to assist AHCCCS develop or refine language for each of the three areas in the 1115 Waiver draft proposal. The workgroups are: <i>Uncompensated Care</i>, <i>Traditional Healing and Medical Home</i>. Violet is the Chair of two (2) workgroups. The workgroups have met twice beginning on December 10, 2015. The following describes the purpose of each workgroup.</p> <p><u>Uncompensated Care:</u></p> <ul style="list-style-type: none"> • Review the methodology and data used to create the existing PMPM, • Evaluate requests to modify the methodology to reflect current cost, utilization and service delivery <p><u>Traditional Healing:</u> Develop service parameters to include:</p> <ul style="list-style-type: none"> • what services will be included, • what services will be covered and not covered, • what kind of qualified providers will provide services. <p><u>Medical Home:</u></p> <ul style="list-style-type: none"> • Develop further details regarding the proposal for the Medical Home model including oversight and implementation processes
<p>NEMT Tribal Broker Update</p>	<p>Michal Rudnick, Project Coordinator in the office of the Director, provided information on the next steps in the AHCCCS NEMT Broker process:</p> <ol style="list-style-type: none"> 1. Definition of a Broker: <ul style="list-style-type: none"> • An entity that works as an agent for others in negotiating contracts, purchases or sales • An NEMT Broker manages a network of NEMT providers 2. Benefits of an NEMT Broker: <ul style="list-style-type: none"> • Ability to provide oversight • Provides the opportunity to drive services to higher value providers 3. Reasons for the Request for Information (RFI) <ul style="list-style-type: none"> • Determine interest • Determine infrastructure

	<ul style="list-style-type: none"> • Determine services administered by the tribe for their tribal community. <ol style="list-style-type: none"> 4. Who will be impacted by the tribal Broker <ul style="list-style-type: none"> • Fee for Service members • Tribal communities • Preference for partnerships with IHS or through 638 facilities 5. Provided examples of RFI questions
<p>Care Coordination/ Claims Update</p>	<p>Elizabeth Carpio, Assistant Director in the Division of Fee-for-Service Management, provided an overview of the responsibilities that fall under the Division of the Fee for Service Management in regard to tribal AHCCCS members.</p> <p><u>American Indian Health Program (AIHP) Care Coordination.</u> The AIHP initiative examines the high needs/high cost of AIHP members, partners with Flagstaff Medical Center in the coordination of care of AIHP members, facilitates data sharing efforts and continues to build relationships with IHS, 638 tribal health facilities and non-tribal health facilities.</p> <p><u>TRBHA Transition:</u> The point of contact for the transition is Markay Adams who has coordinated outreach meetings with the TRBHA's to update and/or develop IGA's. Many of the DBHS staff have transitioned into their new positions at AHCCCS as part of the AHCCCS/DBHS transition.</p> <p><u>Tribal ALTCS Transition:</u> The point of contact for the tribal ALTCS program is Denise Taylor-Sands. Denise is responsible for the daily operations of the newly transitioned tribal ALTCS staff. Denise, together with the tribal ALTCS staff, has been conducting audits and reviews of tribal ALTCS programs.</p> <p><u>State Innovation Model (SIM) Grant:</u> Through the SIM grant, AHCCCS is looking at ways to create resources and tools to better share data with stakeholders. Care coordination can only happen when real time information and accurate data about members is available. Ways in which AHCCCS is reaching out to stakeholders is through:</p> <ul style="list-style-type: none"> • Care coordination workshops • Stakeholder groups – data sharing • Health information exchange <p><u>Claims and Policy:</u> There have been administrative changes in the Claims staff. Albert Escobedo has been promoted to the Claims Operations Administrator position and continues to conduct claims and billing training. The Claims and Billing staff have reinstated IHS/638 quarterly forums on a scheduled basis at the request of IHS & 638 health staff. Training resources and audit handouts were included in the tribal consultation meeting packets.</p>
<p>Young Adult Transitional Insurance (YATI) Referral Process</p>	<p>Julie Swenson, AHCCCS Eligibility Policy Manager, provided background on the YATI topic. She informed participants that,</p> <ol style="list-style-type: none"> 1. The Affordable Care Act of 2010 created a new mandatory coverage group for former foster youth. 2. In proposed regulations, CMS clarified that the new group applied to children aging out of tribal foster care. 3. AHCCCS, DES and representatives from Tribal Social Services agencies have been meeting to develop the process for tribal foster youth aging out of care. 4. A form has been created and an additional question is being added to the applications. The new process is ready to roll out.

**AHCCCS Medical
Policy Manual
(AMPM) Chapter
1600 Changes**

Melissa Arzabal, Case Management Program Manager, informed participants of the changes to the AHCCCS Medical Policy Manual (AMPM) Chapter 1600. Revisions include:

General

- There were many revisions that are not substantive but were added for improved clarification
- Program Contractor was changed to just “Contractor” throughout policy
- Services are now revised to read “Supports and Services” to align with new Managed Care Regulations

Additional revisions can be found in the following Policies and Exhibits:

- Policy 1600-Chapter Overview
- Policy 1620-B (1) (p)-Needs Assessment/Care Planning
- Policy 1620-D Placement/Service Planning Standard
- Policy 1620-E Service Plan Monitoring and Reassessment Standard
- Policy 1620-H Behavioral Health Standard
- Policy 1620-M Contractor Change Standard
- Exhibit 1620-4 Acute Care Only (ACO) Guidelines
- Exhibit 1620-7 Fee-For-Service Out-of-State Nursing Facility Placement Request Form
- Exhibit 1620-10 Important Member Rights Notice Form
- Exhibit 1620-13
- Exhibit 1630 (D)-Caseload Management

The AMPM Chapter 1600 revisions can be found in detail at the 1/20/16 Tribal Consultation website.