

The AHCCCS agency convened a formal special/ad hoc tribal consultation session on Tuesday, July 13, 2021. The purpose of the consultation was to inform and discuss COVID-19 Public Health Emergency and other general AHCCCS updates with tribes, Indian Health Service, tribal 638 programs, and Urban Indian Organizations (ITUs).

All meeting materials and presentations can be found at the AHCCCS Tribal Consultation website: <https://www.azahcccs.gov/AmericanIndians/TribalConsultation/meetings.html>. Please access these materials to utilize as a guide/supplement to the following summary.

The following summary is reflective of comments, questions, recommendations and requests raised by tribal leaders throughout the state and/or their designated representatives, and ITU leadership from across the state. Further, action items requested of the entities involved are documented at the end of the summary.

MEETING PARTICIPANTS

Tribes

Hualapai Tribe: David Brehmeyer, Sandra Irwin
Navajo Nation: Marie Keyonnie, Michele Morris
San Carlos Apache Tribe: David Reede
Tohono O'odham Nation: Daniel Preston

I/T/U Representatives

Apache Behavioral Health Services: Lavina Hess, Kevin McKenzie, Michael Tate
Fort Defiance Indian Health Board: Terrilynn Chee
Gila River Health Care: Lakeesha Neighbors, Luci Ortiz, Cassandra Padilla
Indian Health Service (IHS): Jennifer Ochoa
Phoenix Area IHS: Carol Chicharello
Phoenix Indian Medical Center: Doreen Pond
Sacred Peaks Health Center: Karen Francis
San Carlos Apache Healthcare Corporation: Steven Wolf, Ursula Wright
Tohono O'odham Nation Health Care: Charolett Melcher
Tucson Indian Center: Tricia Clark
White Mountain Apache Tribe Rainbow Treatment Center: Bill Arnett, Marlinda Clendon, Tammy Dazen, Sonia George, Tiffany Henry, Lona Hinton, Felicia Suttle, Jamie Truax
Winslow Indian Health Care Center: Tristen Aragon, Carmeleta Kinlecheenie, Carol McCabe, Serphina Nez, Roland Todacheenie

AHCCCS Staff

Jessica Ament, Shreya Arakere, Amanda Bahe, Heidi Capriotti, Chandler Coiner, Angela DeMondo-Barnes, Alex Demyan, Dana Flannery, Ewaryst Jedrasik, Kayla Kleissle, Alison Lovell, Lorie Mayer, Brenda Morris, Chy Porter, Satya Sarma, Leslie Short, Shelli Silver, Director Jami Snyder, Ruben Soliz, K Spitler

Other

Alida Montiel (ITCA), Betty John (Mercy Care), Cassandra Pena (Molina Healthcare), Corey Hemstreet (AZ Advisory Council on Indian Health Care), Eva Bighorse (AZ DES-DDD), Holly Figueroa (Health Choice Arizona), Jacki Hancock (CBI), Jennifer Dominguez (AZ DES-DDD), Julia Chavez (AZ Complete Health), Kim Russell (AZ Advisory Council on Indian Health Care), Shawn Sellers (UHCCP), Sheina Yellowhair (AZ Complete Health), Van Means (MTBA)

MEETING SUMMARY

Agenda Item: AHCCCS Updates and COVID-19 PHE Updates

Presented by AHCCCS Director Jami Snyder

For content reviewed, see [July 13, 2021 Meeting Presentation Slidedeck](#), beginning on slide 5.

Attachments and websites to review for this section are as follows: [AHCCCS COVID-19 webpage](#); [AHCCCS COVID-10 FAQs](#); [SMD #21-003](#).

Participant Feedback	Feedback Type	AHCCCS Response
<p>Alida Montiel (InterTribal Council of AZ): What does "reinvest" mean? Is it a savings that can be drawn down later? Do we have sufficient mental health providers to provide services to HCBS clients in in-home settings?</p>	<p><input checked="" type="checkbox"/> Question <input type="checkbox"/> Comment <input type="checkbox"/> Concern <input type="checkbox"/> Recommendation</p>	<p>Typically when we have an enhanced federal match, it naturally generates savings for the state, and that savings is often used to fund other projects. But with this particular provision in the rescue plan act, that is prohibited. The funding that we generate has to be reinvested to enhance or strengthen the existing home and community based services program. It is different from other times in which we've seen enhanced federal match in the state savings used for other purposes. This funding must be reinvested over the course of that three year period.</p> <p>You also asked if we have sufficient mental health providers to provide services to HTTSP clients. There is a real struggle in terms of recruitment and retention. Whether that's direct care workers, attendant care workers, personal care workers, and so forth, and behavioral health care professionals, behavioral health technicians and BHPs. The large part of the focus of this plan is working to build a more robust caregiver workforce, so that we can meet the needs of individuals who need more traditional home and community services or behavioral health support.</p>
<p>Alida Montiel (InterTribal Council of AZ): CHAP has Behavioral Health Aides rolling out to lower 48. We're also using BHT's and some utilize Peer Recovery Specialists in our tribal programs.</p>	<p><input type="checkbox"/> Question <input checked="" type="checkbox"/> Comment <input type="checkbox"/> Concern <input type="checkbox"/> Recommendation</p>	<p>N/A</p>
<p>Kim Russell (AZ Advisory Council on Indian Health Care): Director Snyder, did you mention that legislative</p>	<p><input checked="" type="checkbox"/> Question <input type="checkbox"/> Comment <input type="checkbox"/> Concern</p>	<p>We think the reinvestment amount totals to about 1.6 billion. On a technical level, we are required to obtain expenditure authority to reinvest those</p>

<p>authority was needed that detailed how the reinvestment dollars can be spent or does AHCCCS already have administrative authority to make these decisions?</p>	<input type="checkbox"/> Recommendation	<p>federal dollars. As you could see from the timeline, that 10% FMAP bump is only available through March of next year. The more quickly we can roll out our proposed initiatives, the better, in terms of being able to draw additional federal funding. We are currently working with policymakers on our strategy for beginning to implement some of those projects and we're hopeful that they'll be comfortable with us moving forward more quickly and not waiting until the beginning of the legislative session to see the passage of that legislation granting us expenditure authority. At this point it's safe to say that we do need to have additional discussion with policymakers to ensure that they are, in fact, comfortable with us moving forward.</p>
---	--	---

Agenda Item: Division of Fee for Service Management (DFSM) Flexibilities Update
Presented by Ewaryst Jedrasik, AHCCCS DFSM Deputy Assistant Director
 For content reviewed, see [July 13, 2021 Meeting Presentation Sliddeck](#), beginning on slide 27.
 Attachments and websites to review for this section are as follows: [Memo - AHCCCS PA/CR Standards during COVID-10 PHE for FFS Health Programs](#)

Participant Feedback	Feedback Type	AHCCCS Response
<p>Alida Montiel (InterTribal Council of AZ): Will PA requirements be reinstated if PHE is officially extended?</p>	<input checked="" type="checkbox"/> Question <input type="checkbox"/> Comment <input type="checkbox"/> Concern <input type="checkbox"/> Recommendation	<p>Right now, our decision was to end the flexibilities as described. And those flexibilities will be ending 08/01/2021, but obviously if something unforeseen is going to happen then we actively will review and change our requirements.</p>

Agenda Item: Emergency Triage, Treat, and Transport (ET3) Model
Presented by Alison Lovell, AHCCCS DFSM Education Manager
 For content reviewed, see [July 13, 2021 Meeting Presentation Sliddeck](#), beginning on slide 35.
 Attachments and websites to review for this section are as follows: [AHCCCS ET3 Updates Page](#); [FFS Provider Billing Manual](#); [AMPM 310-BB](#).

Participant Feedback	Feedback Type	AHCCCS Response
<p>Kim Russell (AZ Advisory Council on Indian Health Care): Will Tribal EMS Providers be reimbursed at a reimbursement rate as close as possible to EMS providers who have a Certificate of Necessity?</p>	<input checked="" type="checkbox"/> Question <input type="checkbox"/> Comment <input type="checkbox"/> Concern <input type="checkbox"/> Recommendation	<p>For ET3, the reimbursement rates are going to be the same. So, if you're providing a BLS or ALS, whatever your current rate or reimbursement, what we are looking at is having that remain the same for the ET3 services. Same for treatment in place. Those are the codes that we are currently looking at: the ALS; the BLS; and, the treatment in place. The reimbursement rates for what has been worked out for your provider will not be changing - at least</p>

		that's what we're looking at.
Alida Montiel (InterTribal Council of AZ): ET3 is good news. Is there a mileage limit to alternate sites for tribal EMS?	<input checked="" type="checkbox"/> Question <input type="checkbox"/> Comment <input type="checkbox"/> Concern <input type="checkbox"/> Recommendation	Have not discussed to that level of detail yet. However, when it comes to transport, it's not that we're going to be placing a mileage limit, but it would have to be to an appropriate place for the member. For example, a lot of the ambulance providers that are doing this make arrangements nearby, because the whole idea is to provide that member that appropriate level of care and treatment, but to also get those ambulances back into circulation for their community as quickly as possible. So, if there's a PCP that they happen to have a working relationship with that's nearby, the assumption would be that they would take them to that PCP that's closer, rather than one that is 200 miles away. It is going to be more of a practical approach for that, but we can definitely take that back and discuss that question and provide some additional clarity.
Alida Montiel (InterTribal Council of AZ): The ET3 poses a great opportunity for EMS providers to refer to CHW/CHRs for any other follow up.	<input type="checkbox"/> Question <input checked="" type="checkbox"/> Comment <input type="checkbox"/> Concern <input checked="" type="checkbox"/> Recommendation	Agreed. And also for BH-related referrals.
Felicia Suttle (WMAT Rainbow Treatment Center): Can we still provide telehealth after Oct. 1st?	<input checked="" type="checkbox"/> Question <input type="checkbox"/> Comment <input type="checkbox"/> Concern <input type="checkbox"/> Recommendation	AHCCCS implemented broad telehealth policy on Oct. 1, 2019 before covid hit. We have a robust telehealth policy. Additional COVID-19 telehealth policies are intended to continue through the end of the PHE.
<p>Agenda Item: Announcements and Adjournment Presented by Amanda Bahe, AHCCCS Tribal Liaison <i>For content reviewed, see July 13, 2021 Meeting Presentation Slidedeck, beginning on slide 44.</i> <i>Attachments and websites to review for this section are as follows: AHCCCS Tribal Consultation Calendar and Meeting Information.</i></p>		
<p>There was no feedback of note/for the record for this section of the agenda.</p>		

Feedback via Written Testimony (submitted via email or by mail):

AHCCCS provides a 30-day period (unless otherwise noted) for tribal leaders and I/T/U leaders and other tribal stakeholders to provide feedback regarding any agenda items discussed during this Special Tribal Consultation session. All feedback received by the AHCCCS Tribal Liaison by **CLOSE OF BUSINESS August 24, 2021** was included in this summary report.

AHCCCS Tribal Consultation Resources:

- [AHCCCS Tribal Consultation Policy](#)
 - [Attachment B - Formal Recommendations](#)
 - [Attachment C - Formal Request for Tribal Consultation](#)
- [AHCCCS Tribal Consultation Website](#)

DRAFT
SUMMARY