



Welcome to today's Tribal Consultation meeting!

While you are waiting TEST YOUR AUDIO.
LISTEN FOR MUSIC.

You were automatically muted upon entry.

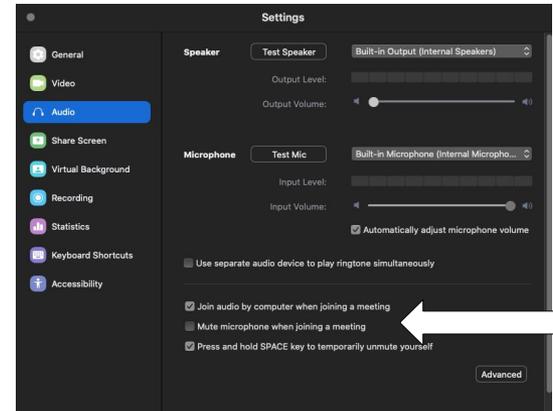
Please only join by phone or computer.

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

Thank you.



Audio Settings



Zoom Webinar Controls

Navigating your bar on the bottom...

The image shows a Zoom Webinar controls bar with four callout boxes. The first box, 'Audio Settings', shows a menu with options like 'Microphone (Realtek, High Definition Audio)', 'Same as System (Microphone (Realtek, High Definition Audio))', 'Select a Speaker', and 'Text Speaker & Microphone...'. The second box, 'Turn on Closed Captioning', shows 'Show Subtitle', 'View Full Transcript', 'Subtitle Settings...', and 'Live Transcript' buttons. The third box, 'Raise Hand', shows a 'Raise Hand' button and a 'Reactions' button. The fourth box, 'Chat', shows a 'Chat' button. Below these callouts, text reads: 'KEYBOARD SHORTCUTS TO RAISE HAND', 'Windows: Alt+Y to raise or lower your hand', and 'Mac: Option+Y to raise or lower your hand'.

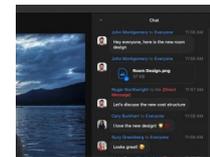
Webinar Tips



Mute your mic when you aren't speaking.



Limit background noise and distractions.



Use chat feature (or Q&A when available) 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

Hedy Emery
Native American Connections

Host Welcome



John Godfrey, MC, LPC
Chief Operating Officer
Native American Connections

Welcome Britnee Endischiee (Diné)!



AHCCCS Tribal Relations Coordinator

Agenda

Opening Remarks & AHCCCS Updates - Carmen Heredia
AACIHC Updates - Dr. John Molina
Tribal Leadership Open Mic
Tribal Social Awareness Campaign - Cliff Summerhill
AIHP Tribal Verification Proposal - Marcus Johnson
DFSM Updates - Leslie Short & Ewaryst Jedrasik
Federal Relations Updates - Ruben Soliz, Shreya Arakere, and Max Seifer
Serious Emotional Disturbance (SED) Overview - Megan Woods
Closing Remarks - Carmen Heredia

Tribal Updates

Agenda Items Requests Received: **1**

Recent & Upcoming

- AIHP Tribal Verification Proposal
- Tribal Social Outreach Campaign
- AHCCCS & ADHS Tribal Consultations

Upcoming Tribal Engagements:

- Tribal Policy Workgroup, May 20th, 8:30 AM - 10:00 AM (Virtual only)
- AIHP Tribal Verification Proposal
- Humanitarian Phase Down

Progress Report

Recent Achievements & Partnerships:

- [Tribal Agenda/Consultation Request E-Form](#)
- Tribal Delegate Form
- Tribal Newsletter
- Calendars:
 - Tribal Consultation (email TribalRelations@azahcccs.gov)
 - [Tribal Relations Public Calendar](#)

Tribal Updates (cont'd)

AHCCCS Tribal Relations Newsletter Relaunch

- Utilize platform to optimize communication
- Access to information between AHCCCS Tribal Relation and Tribal Stakeholders/Tribal Organizations.
- Newsletter will be shared via the Tribal Relations Listserv quarterly.

Scan The QR code
to subscribe to the
Newsletter.





Quarterly Tribal Consultation Meeting
May 7, 2024



AHCCCS CEO Updates
Carmen Heredia

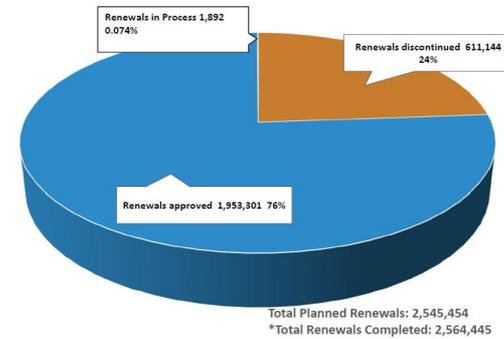


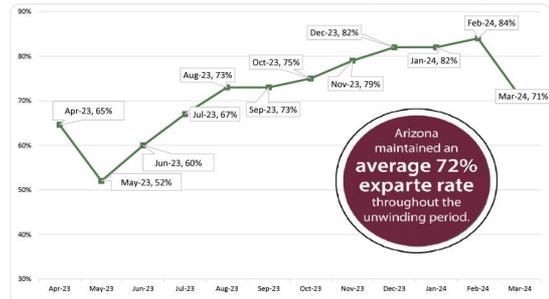
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AHCCCS Updates

- Since we last met...
 - The Unwinding | CHW/CHRs | Change Healthcare
- May 16th: A Year in Review
- Organizational Restructure
- Upcoming Reforms:
 - Behavioral Health Services Guide | AI Support | Tribal Verification
- Status of CAF Suspensions
- Next phase of the humanitarian response

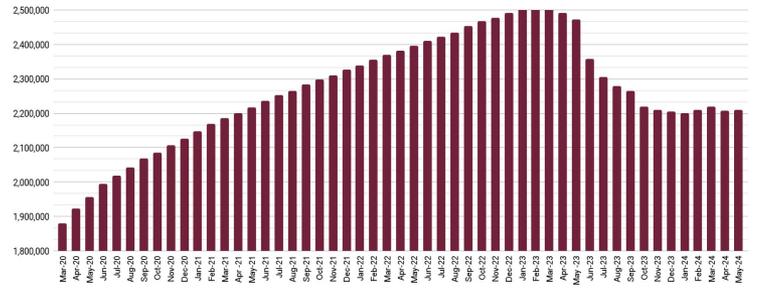
The End of the Unwinding





Exparte approvals occur when AHCCCS has enough information through electronic sources to renew Medical eligibility automatically without member or state staff intervention. Our electronic sources include real-time data from State and Federal databases including but not limited to: earned income verification from Equifax, residency verification from DMV, citizenship, Medicare and other income information from SSA, and more.
Data calculations were modified in August 2023 to match CMS reporting criteria.
March 2024 renewal populations had a higher number of earned income results found by federal hub sources.

AHCCCS Population: March 2020 - May 2024



CHW Reimbursement Pathways

Phase One: CHWs - Effective April 1, 2023

CHW/CHR obtains certification → CHW/CHR is employed by a currently registered provider. → CHW/CHR delivers a covered service within their scope of practice. → Registered provider submits a claim for the covered service provided by the CHW/CHR.

Phase Two: CHW Organizations - Effective March 4, 2024

CHW/CHR obtains certification → CHW/CHR is employed by a CHW/CHR organization. → CHW/CHR delivers a covered service within their scope of practice. → CHW organization submits a claim for the covered service provided by the CHW/CHR.

CHW/CHR organization will enroll with AHCCCS through the AHCCCS provider enrollment process. →

Medicaid Claim Reimbursement

AHCCCS Support of CHWs

Visit the AHCCCS CHW webpage to learn more!

<https://www.azahcccs.gov/CHW>

Includes:
Training Video
Links to ADHS Certification
FAQs

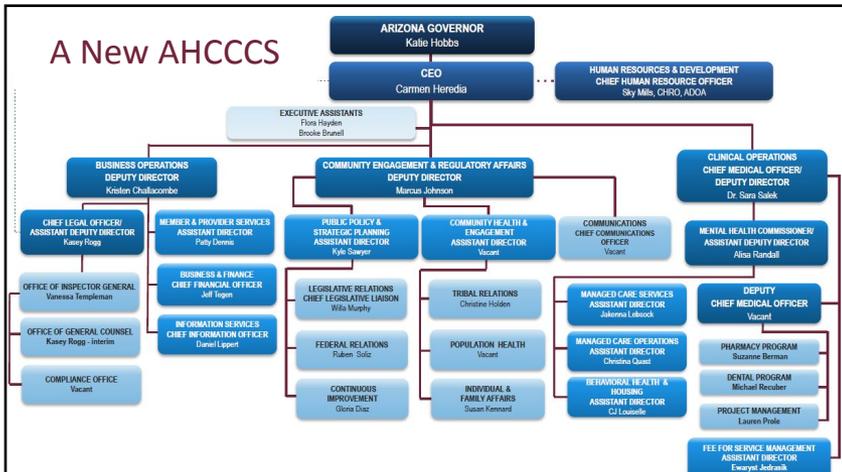


Chance Healthcare Cyber Attack

- AHCCCS approved over 200 advanced payments
- Clarified need for MCOs to maximize timelines for claim filing
- Many providers switching to new clearinghouses
- AHCCCS bringing vetted Change Healthcare systems back online, will resume claims processing

May 16th: A Year in Review





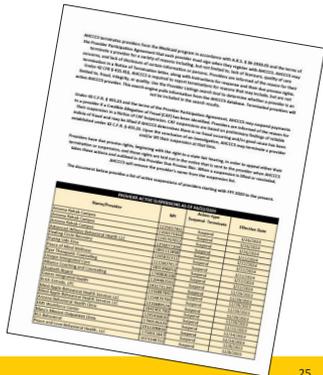
Upcoming FWA Reforms

- Behavioral Health Services Guide
- AI bots to support provider enrollment
- AIHP eligibility verification (discussion later today)



Provider Suspensions

- Over 300 suspensions
- 21 CAFs rescinded
- Pace of issuing CAFs is slowing
 - 9 in 2024

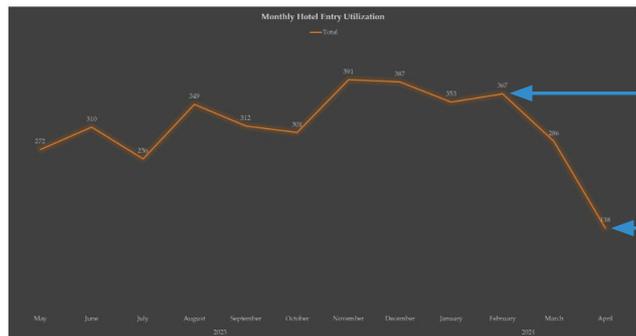


Number of Calls to Solari by Week



Total calls to Solari 30,495. Calls have been removed for ease of viewing.

Monthly Hotel Entry Utilization



Feb = 367

↓ 62%

April = 138

FWA Humanitarian Response: The Next Phase

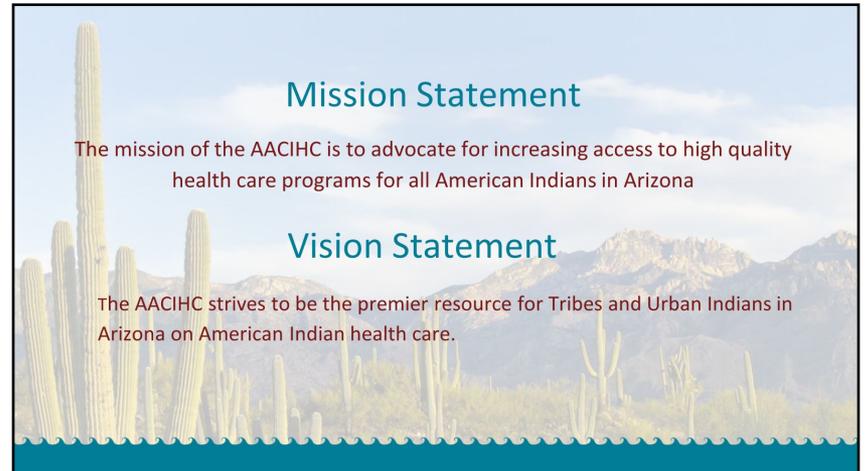
What's next?

- Moving from Crisis Response to Maintenance
 - Current response includes: 4 lodging locations, daily meals, care coordination, transport to lodging, transportation to work/school, travel home to other states, 211(press 7) resource hotline
- AHCCCS to propose a plan to phase-down current response over the next ~ 6 months
- Need Tribal input
- Upcoming meetings with Tribes to identify path forward

Discussion

Arizona Advisory Council on Indian
Healthcare (AACIHC) Updates

Dr. John Molina
AACIHC Director





History and Purpose

The AACIHC is a State agency, established in 1990 by Arizona Revised Statute (A.R.S.) 36-2902.01.

- ♦ The AACIHC was established *to give tribal governments, tribal organizations and urban Indian health care organizations in this state, representation in shaping Medicaid and healthcare policies and laws that impact the populations they serve.*

Assist Tribes and Urban Indian Health Organizations in pursuing both **legislative and administrative advocacy** priorities pertaining to Medicaid and healthcare policy.



Composition

The AACIHC consists of *both*:

- An **Advisory Board**, consisting of Statute-defined membership; *and*
- A **staff of State employees**, who work collaboratively to advance the goals of the AACIHC.

A.R.S. 36-2902.02 (f) permits AACIHC to apply for and seek grant opportunities, allowing the council to employ grant-funded staff to further the purposes of the council.



AACIHC ACTIVITIES

- Provide assistance to Tribes and Urban Indian Health Organizations in developing comprehensive medical and public healthcare delivery and financing systems, by:
 - Recommending new title XIX and XXI programs, services, funding options, policies and demonstration projects to meet the needs of AI/AN people
- Advocate for tribal, state and federal policy and legislation that support the design, implementation and operations of medical and public healthcare delivery and financing systems for tribes and urban Indian health organizations
- Work with Tribes, tribal organizations, state agencies, AHCCCS Complete Care (ACC) Health Plans, advocacy coalitions, and other stakeholders to provide education on the legislative and administrative priority topics, and provide support to any legislative efforts occurring in support of the identified priorities



AACIHC ACTIVITIES

- Evaluate legislative and administrative priorities pertaining to Medicaid and healthcare policy, that are deemed significant to AI/AN populations
- Conduct periodic public hearings to gather input and recommendations from tribal populations on their healthcare issues and concerns
- Applying for grants, contracts and funding to further purposes of the AACIHC
- Conducting and commissioning studies and research to further the purpose of the Council and to address identified AI/AN healthcare disparities in Arizona
- Perform other duties as requested by the legislature

Strategic Planning 2024-2029

Strategic Planning

Revised Vision Statement

The AACIHC strives to be recognized as a trusted resource on American Indian healthcare for all Tribal Nations and Tribal communities throughout Arizona



Value Statement

- A - Authenticity**
- A - Accountability**
- C - Culture**
- I - Integrity**
- H - Holistic**
- C - Community**



Strategic Planning

Goals

Goal 1 - Serve as the trusted resource for Tribes and Urban Indian health organizations by collaborating with tribal governments, tribal organizations and urban Indian health care organizations in this state to ensure representation in shaping Medicaid and healthcare policies and laws that impact the populations they serve

Goal 2 - Educate and advocate on behalf of the AI/AN population, State Leadership and key Tribal stakeholders on issues identified by Tribal Entities impacting the AI/AN population.

Goal 3 - AACIHC as a trusted resource for information, education and relevant data on AI/AN health disparities.

Goal 4 - Ensure AI/AN representation in state, local, and national data workgroups.

Goal 5 - Expand the AI/AN healthcare workforce.

Goal 6 - Secure sustainable funding to increase assistance available to Tribes/Urban Programs.

Goal 7 - Fill all AACIHC seats and achieve representation of all 22 Federally recognized tribes of AZ.



Advisory Board Recruitment

Dr. John Molina, Executive Director
Email: john.molina@aacihc.az.gov



Advisory Board Membership

A.R.S. 36-2902.01, the council consists of:

- One (1) representative from *each* of the twenty-two (22) federally recognized American Indian Tribes in Arizona;
- One (1) representative from the Inter Tribal Council of Arizona (ITCA);
- One (1) representative from an Urban Indian Health Organization;
- Three (3) representatives from State agencies. One (1) from each of the following: AHCCCS, ADHS, and DES;
- One (1) representative from an early childhood development and health board; *and*
- One (1) non-voting technical advisor from CMS



Joining the Advisory Board

Tribal Resolution / Letter of Recommendation

- The candidate must obtain a Tribal Resolution or Letter of Recommendation on Tribal/organizational letterhead. This must be signed by the Tribe's Chairman/President/Governor/Speaker.

Resume / Application

- A resume and application must be filled out and submitted to the Governor's Office of Boards and Commissions. The AACIHC can assist with additional information.

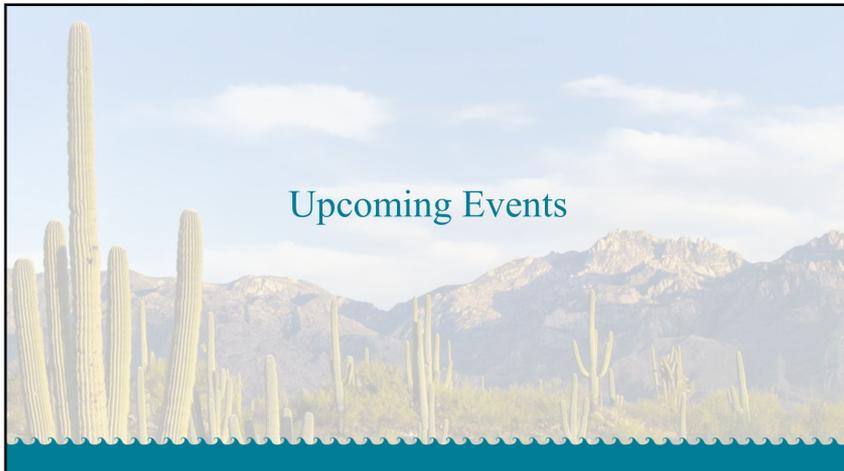
Background Check

Notice of Appointment and Loyalty Oath Forms

The AACIHC can provide additional direction on these items once a Tribal Resolution or Letter of Recommendation is obtained.

Contact: John.Molina@aacihc.az.gov

602-545-8572



The Arizona Advisory Council on Indian Health Care (AACIHC) has embarked on a joint effort to organize a State-Tribal Epidemiology Summit. To achieve this, AACIHC is working in close collaboration with key stakeholders, including the Arizona Department of Economic Security (DES), Arizona Department of Health Services (ADHS), Arizona Health Care Cost Containment System (AHCCCS), and First Things First (FTF). This collaborative endeavor underscores our commitment to advancing data-driven decision-making between our partnered state agencies and Arizona Tribes to ensure better health outcomes for Tribal communities.

MAIN OBJECTIVES:

- Inform Tribes of available state agency data,
- Inform Tribes how to request data from state agencies,
- Share best practices of data sharing agreements, and
- Share best practices of how to use data to drive policy change.

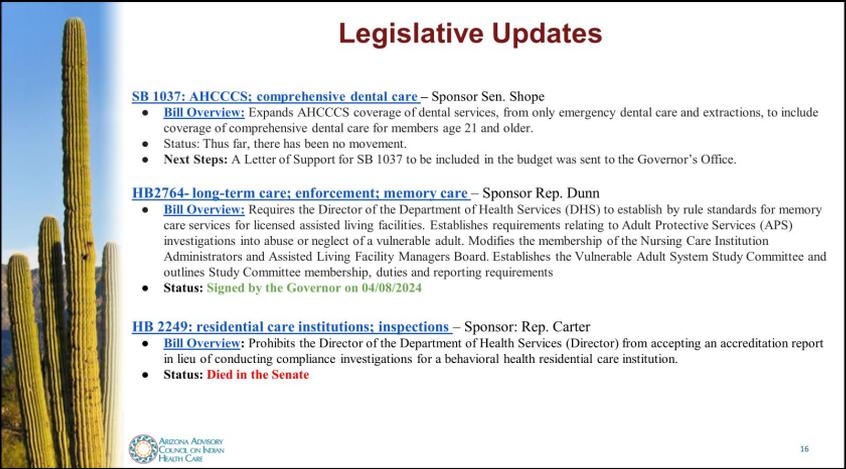
WHERE: Creighton University in Phoenix, Arizona.
WHEN: May 8, 2024

Registration Closed

For questions please contact: Mckayla Keams at Mckayla.keams@aaahc.ar.gov



Legislative Updates



Legislative Updates

SB 1037: AHCCCS: comprehensive dental care – Sponsor Sen. Shope

- **Bill Overview:** Expands AHCCCS coverage of dental services, from only emergency dental care and extractions, to include coverage of comprehensive dental care for members age 21 and older.
- **Status:** Thus far, there has been no movement.
- **Next Steps:** A Letter of Support for SB 1037 to be included in the budget was sent to the Governor's Office.

HB2764- long-term care; enforcement; memory care – Sponsor Rep. Dunn

- **Bill Overview:** Requires the Director of the Department of Health Services (DHS) to establish by rule standards for memory care services for licensed assisted living facilities. Establishes requirements relating to Adult Protective Services (APS) investigations into abuse or neglect of a vulnerable adult. Modifies the membership of the Nursing Care Institution Administrators and Assisted Living Facility Managers Board. Establishes the Vulnerable Adult System Study Committee and outlines Study Committee membership, duties and reporting requirements
- **Status:** Signed by the Governor on 04/08/2024

HB 2249: residential care institutions; inspections – Sponsor: Rep. Carter

- **Bill Overview:** Prohibits the Director of the Department of Health Services (Director) from accepting an accreditation report in lieu of conducting compliance investigations for a behavioral health residential care institution.
- **Status:** Died in the Senate



Legislative Updates

HB 2205: fraud unit; investigations; annual report (Pending) – Sponsor: Rep. Livingston

- **Bill Overview:** Specifies that monies appropriated to the Department of Insurance and Financial Institution (DIFI) Insurance Fraud Unit (Fraud Unit) are exempt from lapsing.
- **Status:** Awaiting assignment to the Rules committee agenda.

HB 2587: adult protective services; reporting; records (Pending) – Sponsor Rep. Dunn

- **Bill Overview:** Receive reports of abused, exploited or neglected vulnerable adults.
- **Status:** Awaiting assignment to the HHS and Rules committee agendas.

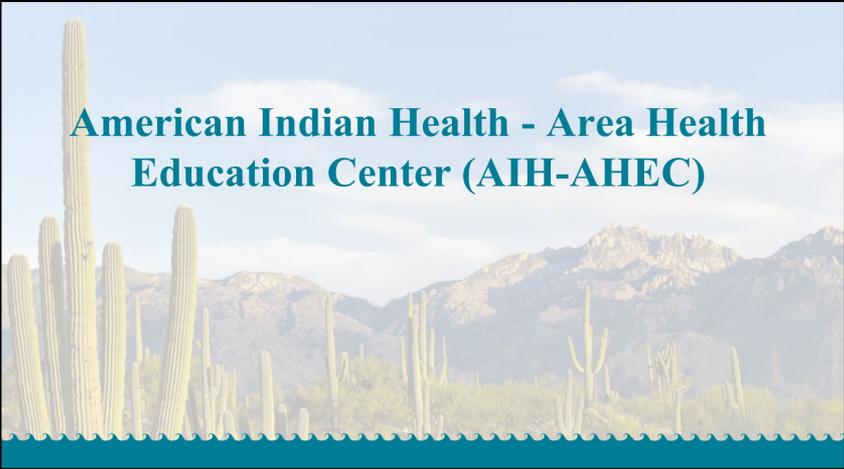
SB 1655- behavioral health entities, regulations (Pending) – Sponsor: Sen. Hatathlie

- **Bill Overview:** Makes various changes related to the licensing, oversight and regulation of behavioral health entities (BHEs) and sober living homes.
- **Status:** Passed Senate HHS

SB 1361: sober living homes (Pending) – Sponsor: Sen. Carroll

- **Bill Overview:** Modifies requirements for Department of Health Services (DHS) in licensing, oversight/regulation of sober living homes (SLH). Prescribes guidelines for the inspection and penalizing of non-compliant SLH.
- **Status:** Passed Rules committee on 03/26/24

Oversite: Murdered and Missing Indigenous Peoples (MMIP) Bills



American Indian Health - Area Health Education Center (AIH-AHEC)



AIH-AHEC

Partnership with the University of Arizona Area Health Education Center (AHEC) Program and AACIHC that focuses on Arizona's American Indian healthcare system and its workforce by assisting with continuing education, supporting healthcare staff and promoting healthcare careers for K-12

In collaboration with the San Carlos Apache Healthcare Corporation (SCAHC) and Gila River Health Care (GRHC), AIH-AHEC is implementing activities to enhance the availability and sustainability of healthcare professionals within their respective communities.

- Community Based Experiential Training (CBET) for college students in health-related disciplines;
- Youth pipeline healthcare activities for grades K-12;
- Continuing professional education for primary providers working in tribal communities;
- A community immersion program for graduate students in healthcare fields.

UPDATES:

- Initiation of recruitment for the 2nd Cohort in the AHEC Scholars Program, which lends educational opportunities to students interested in pursuing healthcare careers serving American Indian/Alaska Native communities
- Successful Spring Semester AHEC Scholars Immersion program, which included 15 students
- Creation of a new youth pathways program with Native Health Urban Indian Clinic
- Completion a 3-year AI-AHEC Strategic Plan (based on a community survey)



AACIHC Training Series

AACIHC Training Series

Inaugural Training Series

The AACIHC shall be launching a health education and technical support training series this Summer! Two primary audiences:

1. **Community members** seeking to learn more about health topics, such as managing chronic diseases, health and wellness (e.g. nutrition and exercise), navigating the healthcare system, health insurance, and infectious disease prevention.
2. **Health care providers and billers**, serving the American Indian and Alaska Native community.

All training sessions shall be held via ZOOM.

AACIHC Upcoming Trainings

Trainings on this Summer's schedule include:

For Health Care Providers and Billers:

- Data Sovereignty
- The "Four Walls" and Billing
- Combatting Vaccine Hesitancy
- Long COVID: Provider Edition
- Third Party Billing 101
- Epidemiology 101
- Medicaid Health Insurance Options for American Indians and Alaskan Natives: Managed Care and Fee-for-Service System Navigation
- Health Insurance Marketplace: Private Insurance, Medicaid and Medicare Options
- Root Cause Analysis (RCA) of the Fraudulent Provider Circumstances in Arizona
- Viruses: What's with all the Variants?
- Mask Wearing 101
- Chain of Infection
- Flu Vaccine 101
- COVID Vaccine 101

For Community Members:

- Traveling Safely During a Pandemic or Outbreak of Infectious Illness
- Viruses 101
- Long COVID: Community Members Edition
- Medicaid Health Insurance Options for American Indians and Alaskan Natives: Managed Care and Fee-for-Service System Navigation
- Health Insurance Marketplace: Private Insurance, Medicaid and Medicare Options
- Root Cause Analysis (RCA) of the Fraudulent Provider Circumstances in Arizona
- Viruses: What's with all the Variants?
- Mask Wearing 101
- Chain of Infection
- Flu Vaccine 101
- COVID Vaccine 101



AACIHC Training Series

Have a Training Need?

AACIHC's provides technical support to Tribes or organizations serving tribal communities. Areas of support:

- Creating a customized training
- Connecting you or your team with trainings that meet your needs
- Holding 1:1 sessions on a variety of topics

Contact: Alison Lovell

alison.lovell@aacihc.az.gov

Phone: 480-518-1048.



Contact Information

Dr. John Molina, Executive Director

Email: john.molina@aacihc.az.gov

602-545-8572



Discussion

AHCCCS
Alaska Health Care Cost Containment System

55



Tribal Leadership Open Mic

AHCCCS
Alaska Health Care Cost Containment System

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Open Mic Guidelines

The Open Mic is intended to empower Tribal and UIO leaders to voice perspectives, concerns, and updates, fostering collaborative dialogue with AHCCCS and fellow tribal stakeholders.

General Guidelines:

- Priority is given to Tribal leaders and delegates.
- Following Tribal leaders, the floor is open to UIO leadership, then 638/Tribal health directors, TRBHA leadership, IHS leadership, and MCO Tribal Teams.
- Agency's Listening Role: The agency will primarily listen, gather insights, and take notes of concern raised during this session.

Open Floor

Tribal Social Outreach Campaign

Cliff Summerhill

Questions to Consider

- How will this campaign resonate with Tribal communities?
- How can Tribal partners contribute to the success of this campaign in terms of dissemination and outreach?
- What resources and materials are available and/or needed to support Tribal Partners in their efforts to promote the campaign?
- How can Tribal leaders and community members actively participate in spreading awareness and promoting the campaign message?

Social Outreach Campaign

Over the last year, AHCCCS has made system-wide improvements to combat provider fraud that has disproportionately impacted tribal communities, both on and off reservation.

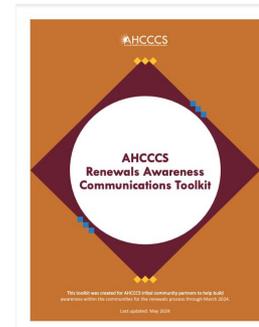
In an effort to continue protecting our members, AHCCCS is launching a **social outreach campaign to Native American AHCCCS members this month** to help build awareness of the warning signs of fraud and to share updated, trusted health and addiction resources. Our message will be shared on AHCCCS-owned channels, but also through partnerships.



To create an impactful and thoughtful campaign, we worked closely with tribal community partners, including IHS Leadership, the Arizona Advisory Council on American Indian Healthcare, Native Health, and the Office of Governor Katie Hobbs Tribal Affairs cabinet.

In order to reach as many people as possible, **we need your help to spread the message!**

Tribal Outreach Partner Toolkit



Digital Materials

Included in the partner toolkit

Social Posts

Arizona Health Care Cost Containment System (AHCCCS) 
 Licensed and AHCCCS-registered health providers will not offer gifts, money, drugs, etc. to get you into treatment.



Spot the red flags. Stay safe. [Learn more](#)

Arizona Health Care Cost Containment System (AHCCCS) 
 Recovery is real, and AHCCCS or your local tribal health resources can help you find trusted addiction services to reach it.



Get treatment you can trust. [Learn more](#)



Website Banners

Digital Materials

Included in the partner toolkit

Know the signs of a health scam.

If a health provider shows any of these suspicious behaviors, walk away. Your safety may be on the line.

- Offering you money, chips, or gifts.
- Making you change your health plan.
- Pressuring you to make a decision now.
- Asking you for cash or payment directly.
- Taking your food stamps.
- Asking you to steal money.
- Contacting you at your personal social media accounts.

Learn more at www.azahcccs.gov/tribalresources

Physical Materials

Included in the partner toolkit

Member Flier

Stay safe from suspicious health providers.

Different people posing as health providers have been shaming of Native American AHCCCS members who are seeking treatment for addiction, using fear and manipulation to steal their insurance benefits. **Please, stay safe. It someone makes an offer that's too good to be true, it probably is.**

Honest health providers will NOT:

- Offer money, drugs, or gifts
- Ask you to change your health plan
- Persuade you to make a decision now

Recovery is real. We can help.

We're committed to supporting Native Americans struggling with addiction or mental health challenges. Stop by or visit online for an appointment for all specialty services.

Know the warning signs. Find real treatment.



www.azhcccs.gov/tribalresources



Wallet card

**Real treatment.
Real recovery.**

Find trusted health resources, on and off tribal lands.



Need help now for addiction or mental health issues?

Call 1-844-234-HOPE (4673) or reach the Arizona Behavioral Health Crisis Line, available 24/7, 365 by any Arizona resident, even if you don't have health insurance coverage.



Frontline Worker Flier

Medicaid fraud victims need support. Here's how to help.

What's going on: Dishonest health providers have been exploiting Native Americans struggling with addiction, offering incentives in order to steal their insurance benefits. There were victims may now be affected and need help.

What you can do: Direct AHCCCS members to legitimate addiction resources using our list of trusted treatment organizations. Help them recognize suspicious programs by learning the warning signs.

Know the signs. Connect to treatment. Scan for full resources:



Influencer Materials

Included in the partner toolkit

Script

Example: For radio station ads or talking points for a tribal leader

Hi, I'm 3 Second Intro...

You may have heard in the news about suspicious health providers targeting Native American AHCCCS members to steal their health care benefits. They manipulated people struggling with addictions, exploiting them when they were at their most vulnerable. AHCCCS condemns these acts and has tightened provider requirements, improving policies system-wide to protect all our members.

As part of this, we're asking for your help. Criminals posing as health providers can only succeed when people don't recognize them for what they are. Know the warning signs and share them with friends and family. Red flags include offering you money or drugs, telling you to change your health plan, or pressuring you to make a decision now. You can find the full list of warning signs at azhcccs.gov/tribalresources.

You have the right to ask questions about your doctor and your medical care. Licensed and AHCCCS-registered providers will be happy to talk about their licensing, services, and the quality of care you'll receive. If they won't answer your questions directly, walk away.

AHCCCS is committed to protecting members against fraud. And they're equally committed to supporting members struggling with addiction or mental health issues, on tribal lands and off. For a list of trusted health programs and medical homes, go to azhcccs.gov/tribalresources. Recovery is real, and AHCCCS or your local tribal health resources can help you find treatment to reach it.

Know the warning signs. Ask questions. And stay safe.

Social story

Example: For partners to post on their Facebook account

Good treatment can change your life.

Get help for addiction and mental health issues, on tribal lands and off.

LEARN MORE



Partner Channels Will Help Us Get the Word Out

Engaged Partners to Date

✓ Ready to spread the word

- Office of the Governor
- IHS Leadership
- Arizona Advisory Council on American Indian Healthcare
- Native Health

Alerted Partners

Aware of our campaign

- Tribal leaders
- IHS Leadership

Potential Partners

Looking forward to engaging

- Inter Tribal Council of Arizona
- Tribal Behavioral Health Departments
- Tribal Regional Behavioral Health Authority
- Native American Connections
- Stolen People, Stolen Benefits
- Operation Rainbow Bridge
- MCO Tribal Liaisons
- State Governing Bodies
- Agency Tribal Liaisons
- Phoenix Indian Center
- Local tribal influencers and health committees
- Detention Centers
- CASS Human Services
- Police Departments
- Shelter Agencies
- Dialysis Centers

Questions to Consider

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- How can Tribal leaders and community members actively participate in spreading awareness and promoting the campaign message?

Open Discussion



We will resume at
11:30 am

AIHP Tribal Verification Considerations Proposal

Marcus Johnson, Deputy Director

Proposal Overview

Background: The American Indian Health Program (AIHP), a Fee-For-Service (FFS) program, provides medically necessary services to enrolled AI/AN AHCCCS members.

Identification of Issue: Recent challenges highlighted weaknesses in the current process, necessitating enhancements. Thus, we propose strengthening the process to protect members and safeguard the integrity of the AIHP.

Purpose and Description: The proposal aims to facilitate dialogue and collaboration among Tribal Nations to enhance the current verification process for AIHP enrollment, ensuring its robustness and integrity.

Key Components

The key components include simplifying the documentation requirements, implementing stricter verification protocols, and establishing better communication channels between AHCCCS and Tribal Nations. These elements are crucial for ensuring the effectiveness of the proposed changes.

- Streamlined documentation requirements
- Enhanced verification protocols
- Improved communication channels

Proposed Process

The proposed process involves forming working groups with representatives from Tribal Nations to review existing procedures, identify shortcomings, and develop revised verification protocols. This collaborative approach will ensure that the new process meets the needs of all stakeholders.

- Establish working group comprised of Tribal representation,
- Review current processes and identify gaps, and
- Develop and implement revised verification procedures.

Benefits

Implementing the proposed changes will lead to several benefits, including improved program integrity, decreased administrative workload for both AHCCCS and Tribal Nations, and increased accessibility to healthcare services for tribal members. These benefits highlight the importance of adopting the proposed enhancements.

- Ensured program integrity,
- Reduced administrative burden, and
- Tailoring solutions to Tribal needs and capabilities.

Challenges and Considerations

Despite the benefits, there are challenges and considerations to navigate, such as the variability in tribal documentation practices, the need to balance flexibility with standardization, and potential resistance to change from various stakeholders. Understanding and addressing these challenges will be critical for successful implementation.

- Variability in tribal documentation practices,
- Balancing flexibility with standardization, and
- Addressing potential resistance to change.

Possible Criteria May Include, but Not Limited to...

- Enrollment cards
- CIB
- Tribal census documents
- Letter from Tribe w/official signature
- BIA documents
- Tribal gaming pay statements
- General Assistance document from Tribe
- IHS eligibility documentation
- Marriage certificate

We Need Tribal Input

- Determine Tribal delegate(s) for each Tribe
- Attend upcoming meetings to discuss
- Develop comprehensive list of potential verification documents
- Identify which documents can be vetted by AHCCCS staff
- Identify acceptable documentation, Tribe by Tribe

Open Discussion



Federal Policy Updates
Division of Community Advocacy and Intergovernmental
Relations (DCAIR)

- Ruben Soliz, Federal Relations Section Lead and Policy Advisor
- Shreya Arakere, Federal Waiver and Evaluation Administrator
- Max Seifer, State Plan Manager and Policy Consultant

AHCCCS Federal Policy Overview

AHCCCS' Federal Relations team maintains the two federal policy documents which govern Medicaid and CHIP in Arizona:

1. **State Plan:** A 900+ page document describing various components of AHCCCS (e.g. member eligibility, available services, payment rates) permissible under federal law.
2. **1115 Waiver:** A document which grants us flexibility to design Demonstration projects that promote the objectives of the Medicaid program not otherwise authorized under federal law.

Changes to AHCCCS Federal Policy

Changes to AHCCCS Federal Policy occur through:

1. **State Plan Amendments (SPAs):** SPAs may be used to alter the State Plan within the framework of federal law and are typically approved within 90-days.
2. **1115 Amendment Requests** may be submitted to pilot new and innovative projects. They have longer negotiation timelines and are typically approved for 5 year periods that can be renewed.

Questions for Consideration

- What **questions** do you have about any federal policy that we've discussed?
- What impact will the upcoming federal policy have on AHCCCS **members** in your community?
- What impact will the federal policy have on AHCCCS enrolled **providers** in your community?
- What other **concerns or suggestions** should AHCCCS consider with the federal policy we've discussed?

1115 Waiver Updates

Traditional Healing Request

- CMS has indicated that Arizona's waiver request is likely to be approved by the end of the year (2024).
- CMS is actively seeking feedback on their [traditional healing framework](#).

Former Foster Youth (FFY) Coverage

We are in the process of preparing a waiver request to extend full Medicaid coverage to FFY who turned 18 on or before 12/31/22 and were enrolled in Medicaid when they aged out of foster care.

1115 Waiver Updates

Housing and Health Opportunities (H2O) Demonstration

We are on-track for an implementation date of 10/1/24 for the H2O program and currently procuring a Program Administrator.

Reentry Services

We are continuing to develop a concept paper outlining a framework for a limited set of reentry services for individuals exiting correctional facilities.

State Plan Amendment (SPA) Updates

- **Doula Services**

This SPA will add coverage and payment for doula services, effective October 1, 2024. Doula's provide continuous physical, emotional, and information support to people before, during, and shortly after childbirth.

- **Physician Administered Drugs (PAD) Rates**

This SPA updates the Physician Administered Drug (PAD) pricing methodology, effective July 1, 2024. Changes to the methodology include quarterly pricing updates, reimbursement at 100% of the Medicare Part B Average Sales Price (ASP) file, and more.

State Plan Amendment (SPA) Updates

- **Supplemental Payment SPA - ARP Round 3**

This SPA issues a third round of lump sum payment to select HCBS and Rehabilitation providers. Provider payments total more than \$387 million and are intended to be distributed by May 31, 2024.

Open Discussion/Tribal Feedback on Federal Policy

- What **questions** do you have about any federal policy that we've discussed?
- What impact will the upcoming federal policy have on AHCCCS **members** in your community?
- What impact will the federal policy have on AHCCCS enrolled **providers** in your community?
- What other **concerns or suggestions** should AHCCCS consider with the federal policy we've discussed?

Public Comments

Public Comments or Written Testimony may be submitted to AHCCCS via:

Email: publicinput@azahcccs.gov and waiverpublicinput@azahcccs.gov

Postal Mail

AHCCCS

Attn: DCAIR

801 E. Jefferson St., MD 4200 Phoenix, AZ 85034

Opportunities for public comment are posted at the following links:

- SPAs: <https://www.azahcccs.gov/AHCCCS/PublicNotices/#SPAs>
- 1115 Waivers:
<https://www.azahcccs.gov/Resources/Federal/PendingWaivers/>

Open Discussion

Division of Fee For Service Management (DFSM) Updates

Ewaryst Jedrasik, DFSM Assistant Director
Short, DFSM Deputy Assistant Director

American Indian Medical Home (AIMH) Program

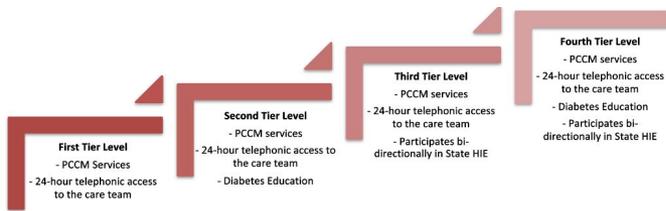
American Indian Medical Home (AIMH) Program

- The American Indian Medical Home is a care management model that puts AHCCCS American Indian Health Program (AIHP) members at the forefront of care.
- A value-based model that supports and incentivizes IHS/Tribal 638 facilities serving AIHP members.
- Aims to help address health disparities between American Indians and other populations in Arizona by enhancing case management and care coordination through the use of Primary Care Case Managers (PCCM) and 24-hour access to the care team.

American Indian Medical Home Program cont'd

- AIMH initiative aligns with:
 - National IHS efforts to advance Patient Centered Medical Homes (PCMH)
 - Coordinating care with IHS/Tribal 638 facilities
 - State-wide focus on integrated care, health information exchange, and care coordination
- Concept of PCCM and PMPM strategy as an AIMH was brought to fruition through collaborative efforts of a Tribal workgroup
- State Plan Amendment was approved June 2017

AIMH Service Tier Level



- There is an annual renewal process every October at which time an AIMH can select a new tier level, if requirements have been met.

Current AIMHs

AIMH	Tier Level	Empanelment #
Chinle Comprehensive Health Care Facility	4	13,224
Fort Yuma Health Center	1	7
Parker Indian Health Center	1	1,043
Phoenix Indian Medical Center	2	4,801
San Carlos Apache Healthcare Corporation	4	5,640
Tuba City Regional Health Care Corporation	4	4,195
Whiteriver Indian Hospital	2	6,218
Winslow Indian Health Care Center	4	3,665

Total Empanelled AIHP members: **38,793**
29.3% of AIHP members are empanelled with an AIMH

AIMH Resources

- IHS/Tribal 638 facilities can send questions to:
AIMH@azahcccs.gov
- Review AIMH information at:
www.azahcccs.gov/AmericanIndians/AmericanIndianMedicalHome/
- State Plan Amendment (SPA):
www.azahcccs.gov/Resources/StatePlans/StatePlanAmendments.html

ROPA

(Referring, Ordering, Prescribing and Attending Providers)

ROPA

(Referring, Ordering, Prescribing and Attending Providers)

- Per 42 CFR 455.410 of the Affordable Care Act, the State Medicaid Agency must require all ordering or referring physicians, or other professionals providing services to be enrolled as participating providers.
- This means that referring, ordering, prescribing and attending (ROPA) providers must be AHCCCS-registered providers to ensure payment of items or/or services
 - Implementation for FFS only, and will start with rendering, ordering and attending providers
- A ROPA Excepted Providers List and FAQs may be reviewed here:
<https://www.azahcccs.gov/PlansProviders/NewProviders/ROPA.html>

Pharmacy ROPA

Since pharmacists may act as the prescribers for immunizations administered in the pharmacy, AHCCCS created a flexibility that will allow AHCCCS to capture the required data in the system for claims payment, without requiring pharmacists to enroll as participating providers.

- Initial lists with the needed data were collected from IHS/638 pharmacies and were included in the ROPA Excepted Providers List.
- To update or be added to the excepted list, pharmacists, residents, and interns must submit the following information to: ROPAExceptions@azahcccs.gov
 - NPI
 - Provider Name
 - INDication of whether the NPI is associated with a resident, intern, or pharmacist, and
 - The beginning date associated with the associations.

Open Discussion

Seriously Emotionally Disturbed (SED) Overview

Megan Woods

SED Eligibility Determinations

- Former practice for SED designation varied across the state.
- The decision of SED eligibility was largely the responsibility of the clinician completing the evaluation.
- SED designated children are a population with special health care needs, and can receive additional services (those not covered through Title XIX funding) through the Mental Health Block Grant (MHBG).
 - MHBG FAQs can be found on AHCCCS website:
www.azahcccs.gov/AHCCCS/Downloads/PublicNotices/FrequentlyAskedQuestions.pdf

SED Contract with Solari

- AHCCCS awarded the statewide SED and SMI Eligibility Determination contract to Solari effective October 1, 2023.
 - SED Determination FAQs are posted on the AHCCCS website at www.azahcccs.gov/PlansProviders/Downloads/HealthPlans/2022/SED_EligibilityDeterminationsFAQs.pdf
- Formal process for SED determinations allows for clinicians to follow a similar process to what currently exists for SMI eligibility determinations.
 - Final designation is made by the determining entity-Solari.

SMI and SED Eligibility Determination Process

- To be eligible for an SMI or SED determination, an individual must have a qualifying diagnosis **and** functional impairment caused by the qualifying diagnosis
- **Tribal ALTCS and TRBHA use of contractor for SED and SMI Eligibility Determinations**
 - o Tribal ALTCS and TRBHAs may utilize the contractor to render SED and/or SMI Eligibility Determinations on their behalf or may coordinate for the provision of the SED and/or SMI Eligibility Determination themselves.

SMI and SED Eligibility Determination Process

Step 1: Call provider to ask for an SMI or SED Eligibility Determination.

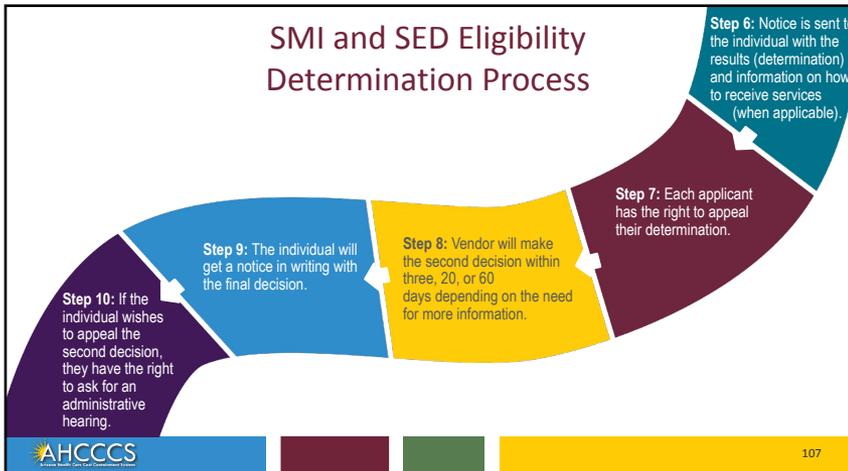
Step 2: An evaluation is required to occur no later than seven (business) days after a request is made.

Step 3: The individual meets with a qualified assessor.

Step 4: The assessor sends the required paperwork (assessment) to vendor.

Step 5 - Vendor has three, 20, or 60 days to make a decision, depending on each individual case.

SMI and SED Eligibility Determination Process



Solari Resources

Jennifer Janzen - Eligibility Education and Training Coordinator

Jennifer.Janzen@solari-inc.org

520-727-3005 or 480-273-3847

Dr. Korey Hawkins – Manager, Eligibility Clinical Operations

Korey.Hawkins@solari-inc.org

602-531-8731

Website: community.solari-inc.org/ Includes Tips, Application, Required Forms, Submission Instructions, FAQ's, etc.

Open Discussion

AHCCCS
Arkansas Health Care Compliance Center

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Closing Remarks

AHCCCS
Arkansas Health Care Compliance Center

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Announcements

2024 Quarterly TC Schedule



Feel free to reach out to us at tribalrelations@azahcccs.gov if you have any potential scheduling conflicts that could impact the participation of a significant number of tribal stakeholders on the proposed dates and times.

2024 Tribal Policy Workgroup Schedule



Time: 8:30 AM - 10:00 AM

Feel free to reach out to us at tribalrelations@azahcccs.gov if you have any potential scheduling conflicts that could impact the participation of a significant number of tribal stakeholders on the proposed dates and times.

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[@AHCCCS](https://www.linkedin.com/company/AHCCCS)

Channel:
[AHCCCSgov](https://www.youtube.com/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!