ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

MEETING AGENDA

Arizona RHTP Tribal Listening Session

Thursday, September 11, 2025 | 12:15 – 2:30 p.m. MST

Sheraton Grand at Wild Horse Pass (Akimel 1) & Virtual

Agenda

TIME	AGENDA ITEMS	PRESENTER
12:15 p.m. – 12:20 p.m.	Zoom Controls	McKayla Keams *AACIHC Executive Project Coordinator*
12:20 p.m. – 12:25 p.m.	Opening Blessing	Dr. John Molina *AACIHC Executive Director*
12:25 p.m. – 12:30 p.m.	Opening Intentions & Meeting Guidelines • Land Acknowledgement • Meeting Guidelines • Recording Notice	Corey Hemstreet *AACIHC Legislative Specialist* Christine Holden *AHCCCS Tribal Liaison*
12:30 p.m. – 12:35 p.m.	AHCCCS Welcome	Marcus Johnson *AHCCCS Deputy Director*
12:35 p.m. – 12:40 p.m.	Opening Remarks & Session Overview	Dr. John Molina *AACIHC Executive Director*
12:45 p.m. – 1:05 p.m.	Rural Health Transformation Program Overview	Max Seifer *AHCCCS Federal Relations Section Chief*
1:05 p.m. – 2:15 p.m.	Discussion & Listening Session	Facilitated by: Dr. John Molina *AACIHC Executive Director*
2:15 p.m. – 2:30 p.m.	Next Steps & Closing	Dr. John Molina *AACIHC Executive Director*

Appendix A – Tribal Questions to Consider

(aligns with the Arizona RHTP Stakeholder Feedback Form, but focuses on Tribal realities)

1. **Access to Care**
   - What are the most significant access challenges facing your community (e.g., emergency services, specialty care, preventative care, behavioral health, traditional healing, hospital care, transportation)? How should Arizona prioritize RHTP funding to address these access challenges?
2. **Workforce**
   - What strategies would best support recruitment and retention of health care professionals in Tribal and rural communities?
   - How can RHTP funds strengthen workforce pipelines for Native students or Tribal providers?
3. **Funding & Sustainability**
   - What types of financial support would most help Tribal Nations and I/T/Us (e.g., sustainability payments, technology upgrades, telehealth expansion)?
   - Are there specific challenges your facility faces in sustaining operations that RHTP should address?
4. **Partnerships**
   - How should RHTP funds be used to strengthen partnerships between I/T/Us and non-Tribal rural providers?
   - What role should telehealth, mobile health, or culturally grounded approaches such as traditional healing play in Arizona's rural health transformation plan?
5. **Data & Accountability**
   - What data should Arizona include to demonstrate that Tribal priorities are reflected in its application?
   - How can AHCCCS respect Tribal data sovereignty while still meeting federal reporting requirements?
6. **Other Considerations**
   - Are there Tribal-specific initiatives, priorities, or recommendations that should be elevated in Arizona's application to CMS?
   - What barriers have Tribes and ITUs faced in past federal/state rural health initiatives (difficulty accessing funds, restrictive regulations, limited TA)?

Appendix B – Rural Health Transformation Program Requirements

(CMS statutory requirements and eligible activities, reformatted for clarity)

State Plans Must Address the Following:

- Improve access to hospitals, providers, and services for rural residents.
- Improve health care outcomes for rural residents.
- Prioritize new and emerging technologies that emphasize prevention and chronic disease management.
- Strengthen local and regional partnerships to improve quality, increase financial stability, maximize economies of scale, and share best practices.
- Support recruitment, training, and retention of clinicians in rural communities.
- Prioritize data- and technology-driven solutions that help providers furnish care close to home.
- Outline strategies to manage long-term financial solvency and rural hospital operating models.
- Identify specific causes driving standalone rural hospitals to close, convert, or reduce service lines.

State Plans Must Include At Least Three Eligible Activities:

- Evidence-based interventions to improve prevention and chronic disease management.
- Payments to providers for specified health services.
- Consumer-facing, technology-driven solutions for chronic disease prevention and management.
- Training and technical assistance for technology-enabled solutions (e.g., remote monitoring, robotics, artificial intelligence).
- Recruitment and retention of rural clinicians (with at least a 5-year service commitment).
- IT support: software, hardware, and cybersecurity improvements.
- Right-sizing rural health systems by identifying needed services (preventative, pre-hospital, emergency, inpatient, outpatient, post-acute).
- Expanding access to behavioral health, mental health, and substance use disorder treatment (including opioid use disorder).
- Innovative models of care, including value-based arrangements and alternative payment models.
- Other CMS-approved uses that promote sustainable, high-quality rural health care.