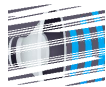


Welcome to today's Tribal Consultation!

While You're Waiting....



Test your audio



You were **automatically muted** upon entry



Use the **chat** for questions or click  raise your hand to speak

Join by either phone or computer (please don't join with both)

Thank You!

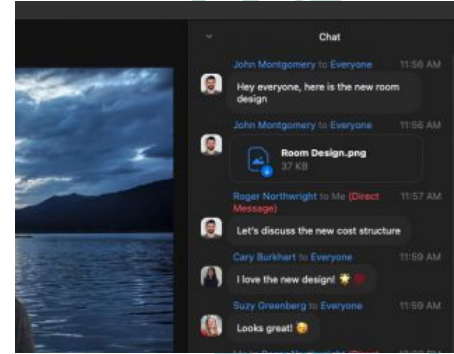
Webinar Tips



Mute your mic when you aren't speaking.

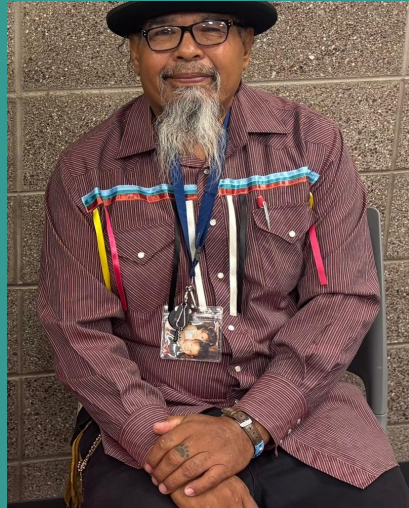


Limit background noise and distractions.



Use chat feature (or Q&A when available) to ask questions or share resources.

Opening Blessing & Land Acknowledgement



Manuel Castro
NAC Cultural Services Supervisor

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.**



Host Welcome



Sonia Saberhagen
Native American Connection
Director of Integrated & Behavioral
Health



Native American Connections

Our Mission

Our mission, grounded in traditional Native American culture, is to reduce health disparities by delivering high-quality, comprehensive integrated healthcare and providing stable housing throughout the communities we serve.

February 2026



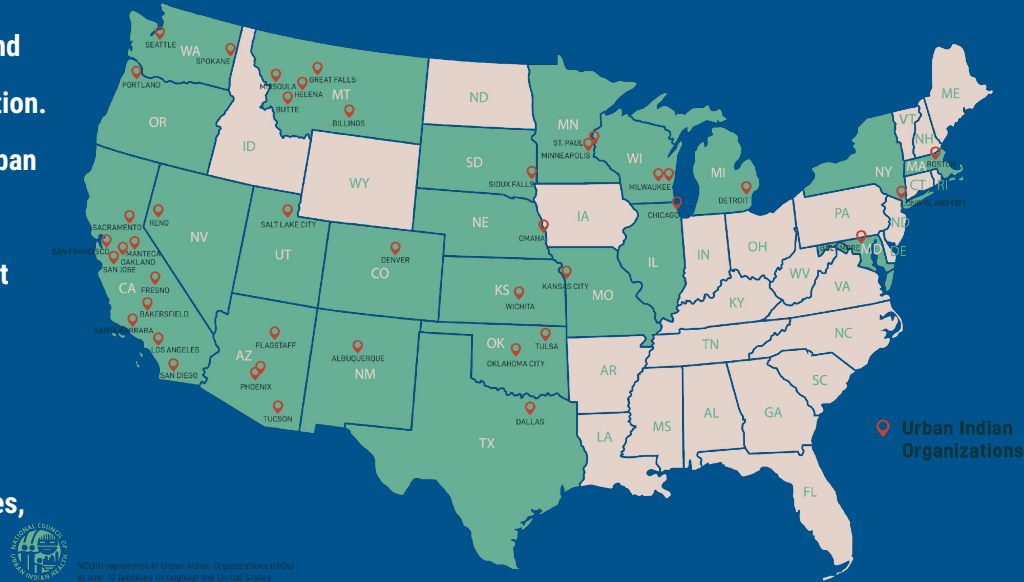
Phoenix Indian School Visitor Center

- NAC partnered with the Phoenix Indian Center and the City of Phoenix to restore the historic Band Building at the former Phoenix Indian School.
- The restored facility is now the Phoenix Indian School Visitor Center.
- The center features a gallery, commercial kitchen, and meeting spaces.
- Last year, the PISVC welcomed over 5,000 visitors.
- It serves as a vital hub for community engagement, learning, and cultural preservation.



The Role of Urban Indian Organizations

- The Urban Indian Organization (UIO) is the “U” in the Indian health care system (I/T/U).
- UIOs were established to provide culturally competent Native and Western healthcare services to Urban Indians living off reservation.
- UIOs support clients integrate traditional practices into their urban lives, supporting both Native heritage and urban health needs.
- UIOs are 501©(3) non-profits with a Board of Directors that is at least 51% Urban Indians from the service area.
- Services include primary care, behavioral health, social and community services, and traditional healing.
- Traditional healing services may involve sweat lodge ceremonies, talking circles, prayer ceremonies, smudging, relationship gatherings (such as GONA), and traditional medicine.



NCUIO represents 41 Urban Indian Organizations (UIOs) at over 70 facilities throughout the United States.

UIOs, IHS and Funding

- Indian Health Services (IHS) provides funding for Urban Indian Organizations (UIOs), however only 1% of IHS funding is allocated to UIOs, despite approximately 70% of Native Americans living in urban areas.
- To address this funding gap, UIOs rely heavily on Medicaid.
- UIOs, including NAC, also depend significantly on grant funding.



Native
American
Connections



Native American Connections – Behavioral Health Care

- Native American Connections (NAC) is a UIO that has provided substance abuse treatment, affordable housing, and traditional healing services in Maricopa County for over 50 years.
- NAC operates 118 inpatient residential treatment beds in Phoenix: Patina Mountain Preserve (48 beds for men only) and Patina Wellness Center (70 beds for single women, couples, single parents, and couples with children up to age 5).
- NAC's innovative treatment model allows couples and parents to undergo treatment together, supporting relationship and parenting skills while pursuing



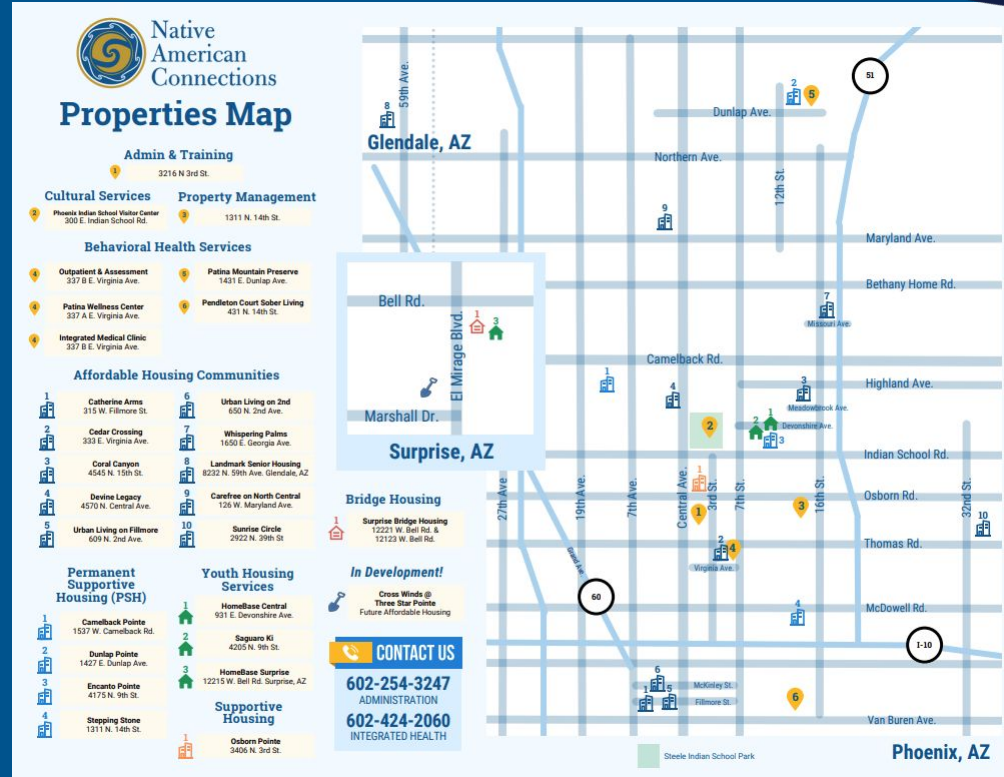
Native American Connections – Integrated Health Care

- NAC offers an Integrated Healthcare Clinic providing primary care, psychiatric care, counseling, and group therapy for comprehensive medical and behavioral health needs.
- Traditional healing services at NAC facilities include sweat lodge ceremonies for men, women, and couples, talking circles, smudging ceremonies, traditional art groups, and other supportive practices.
- Peer Support Partners and Case Management services support the client in strengthening skills to integrate recovery into their everyday life.



Our Locations and Services

- In addition to health and behavioral health services, NAC owns and operates 20 residential communities in Maricopa County, offering Bridge Housing, Supportive Housing, Permanent Supportive Housing, Affordable Housing, and workforce development housing for low-income individuals, seniors, veterans, and families.
- NAC operates two homeless youth shelters (for ages 18-24) with 65 beds and provides 24 transitional housing units for young adults transitioning from the shelter.
- NAC has continued to expand its reach into the West Valley, where two additional housing sites are now in operation and a new 45-unit shelter/affordable townhome community is set to open in late 2026.





Native
American
Connections

Questions?

nativeconnections.org





Welcome to ADHS Tribal Consultation

Thursday, February 5, 2026
9:00 am to 10:30 am



Tribal Consultation Notification


Gerilene Haskon
Tribal Liaison

Meeting Protocols & Guidelines

Speaking Priority

1. Tribal Leaders
2. UIO Leaders
3. Appointed Delegates
4. Advisors

Participation Guidelines

- Please restate your name and Tribal affiliation when speaking.
- *For online participants:*
 - Please leave a comment with your name, title, and Tribal affiliation in the chat box.
 - Use the raise hand feature to speak. 

Agenda

- Director's Updates
- Indigenous Data Sovereignty Policy
- Public Health Preparedness
- Office of Fatality Review - Tribal Representation
- Heat Summit Listening Session Report Out





Opening Remarks & Director's Update

Debbie Johnston
Director

Director's Updates

- ADHS Leadership Changes
- Federal/State Updates
 - Federal Budget
 - State Budget



Leadership Changes

- Reorganization of Public Health Licensing
- Elevated leadership position to Deputy Director
- New Deputy Director, Odette Colburn, BSN, RN, CPHQ



Federal Update: Budget

- Long-term shutdown averted
- Changes in grant management
- Key public health funding provisions:
 - Most programs at level funding
 - \$360 M, a \$10 M increase, for public health funding infrastructure & capacity nationwide (3% designated for Tribes and Tribal organizations)
 - \$185M, a \$10 M increase, for public health data modernization
 - \$735 M, level funding, for PHEP
 - \$307.1, level funding, for HPP
 - \$10 M decrease in STI funding



State Budget

Heat Mitigation

- Call Center - \$1.5 M
- Critical Transportation Services - \$500,000
- Cooling Center Operational Grants - \$2.5 M
- Mobile Cooling Center Operations - \$1.2 M
- Cooltainers - \$115,000
- Essential Heat Supplies - \$355,000
- Training for EMS - \$1 M
- Medical Examiner Database - \$130,000
- Industrial Commission Training & Heat Resources - \$1.2 M
- IBC Adoption - \$1.5 M





ADHS Policy: Indigenous Data Sovereignty Policy

Gerilene Haskon
Tribal Liaison

IDSov Policy Process

Initiation

Sept 2023 - April 2025

Tribal Liaison collaborates with University of Arizona Native Nations Institute to provide training to learn more about data governance and data sovereignty.

Conduct pre-webinars, and policy deliberations to gather policy recommendations from Tribal Nations.



Development

April - October 2025

Tribal Liaison shares proposal with Tribal Leaders and provides a policy meeting to gather feedback from Tribal Nations.

Tribal Liaison will revise the policy with the recommendations provided by Tribal Nations.

The Tribal Liaison submits the policy with revisions from Tribal Nations to the Policy team with a recommendation regarding approval.



Review and Approval

October - February 2026

If the proposal is approved, the Tribal Liaison will share at Tribal Consultation with recommendation regarding approval.

The Policy committee will follow their standard approval process and will consult with Executive leadership with recommendation regarding approval.

If the draft is approved by Policy committee and Executive leadership, the committee drafts the proposed policy in accordance with the ADHS policy standards.

Publication and Management

March - May 2026


ADHS will publish approved policy on Tribal Liaison website and include in the ADHS Policy Manager.

ADHS Tribal Liaison will work with internal staff to create training modules for staff on IDSov Policy.

Tribal Liaison will conduct annual reviews and executive team are accountable for policy implementation.

ADHS Standard Policy Structure & Outline

- Indigenous Data Sovereignty Policy was structured similar to the Data Governance Policies and other ADHS data policies.
- Outline:
 - Purpose
 - Applicability
 - Exceptions
 - Authority
 - Policy
 - Roles and Responsibilities
 - Definitions
 - References

 ARIZONA DEPARTMENT OF HEALTH SERVICES	Number	Level	Effective Date
	ITS120	I	10/09/2020
Title: DATA GOVERNANCE DATA OPERATIONS POLICY			
Supersedes: None			
Review Cycle: Three Years		Reference Code:	

Purpose

The purpose of this policy is to provide guidance for data operations, including:

1. Implementation, operations and change management of Business Intelligence (BI) tools;
2. A framework for establishing business processes that ensure that BI produces consistent, high quality, actionable and reliable information;
3. Controls over manual changes to database contents; and
4. Controls over data retention.

Applicability

1. This policy applies to all employees and contractors within the Arizona Department of Health Services (ADHS) who work with data or repositories of data while executing business functions, activities or services for or on behalf of ADHS its Divisions or its customers.
2. This policy applies to all ADHS information systems.
3. Applicability of specific standards issued under this policy shall be as specified in those standards, and may either be extended or reduced by those standards.
4. Applicability of this policy to third parties is governed by contractual agreements entered into between ADHS and the third party. For contracts in force as of the effective date, subject matter experts (SMEs) acting under direction of the Data Policy Council (DPC), shall review the applicability of this policy to third parties before seeking amendments. Prior to entering into new contracts, SMEs shall ascertain the applicability of this policy to third parties and include compliance requirements in the terms and conditions.
5. With respect to all other information systems in service as of the effective date, implementation of this policy is recommended but is not mandatory. If such systems are already compliant as of the effective date then procedures to keep them compliant for the remainder of their lifetime shall be implemented or continued.
6. This policy shall be referenced in Business Requirements Documents, Requests for Proposal, Statements of Work and other documents that specify the business and technical specifications of Information Systems being developed, procured or acquired.
7. State Agencies and third parties supplying information systems to ADHS or developing information systems on behalf of ADHS shall be required to comply with this policy including documentation to demonstrate compliance with all State policies and documented security controls.

Exceptions

All requests for exceptions to this policy shall be submitted in writing to the State Chief Information Officer stating the reasons for the exception, impact, risk and alternate controls that will be implemented to minimize impact and risk. Exceptions will be granted only upon approval by the Chief Information Officer or designee.

Current Structure Outline for ID Sov Policy

As a result of Tribal Collaboration...

1. Purpose/Scope
2. **Context**
3. Applicability
4. Exceptions
5. Policy
6. **Recommendations for Policy Adherence**
7. **Roles**
8. **Responsibilities**
9. **Challenges and Considerations**
10. Authority
11. **Feedback**
12. **Figure (as an exhibit)**
13. **Glossary (as an exhibit)**
14. **References (as an exhibit)**
15. **Standard Work (as an exhibit)**

****Bold** are new to ADHS structure*



ADHS Indigenous Data Sovereignty Policy



PURPOSE/SCOPE

The Indigenous Data Sovereignty (IDSov) Policy (hereinafter “Policy”), reaffirms the rights of the Tribes in the State of Arizona to govern Tribal health data. This Policy describes and acknowledges the rights of the Tribes, as well as the responsibilities and expectations of the Arizona Department of Health Services (ADHS), its contractors, and other data actors who interact with Tribal health data. Interaction includes control, collection, use, storage, management, stewardship, analysis, processing, reporting, protecting, sharing, returning, and disposition. The Policy upholds Tribal sovereignty and self-determination by setting forth the guiding principles, recommendations, and procedural standards to ensure that ADHS data activities are conducted in an ethical and culturally informed manner.

ADHS Indigenous Data Sovereignty Policy



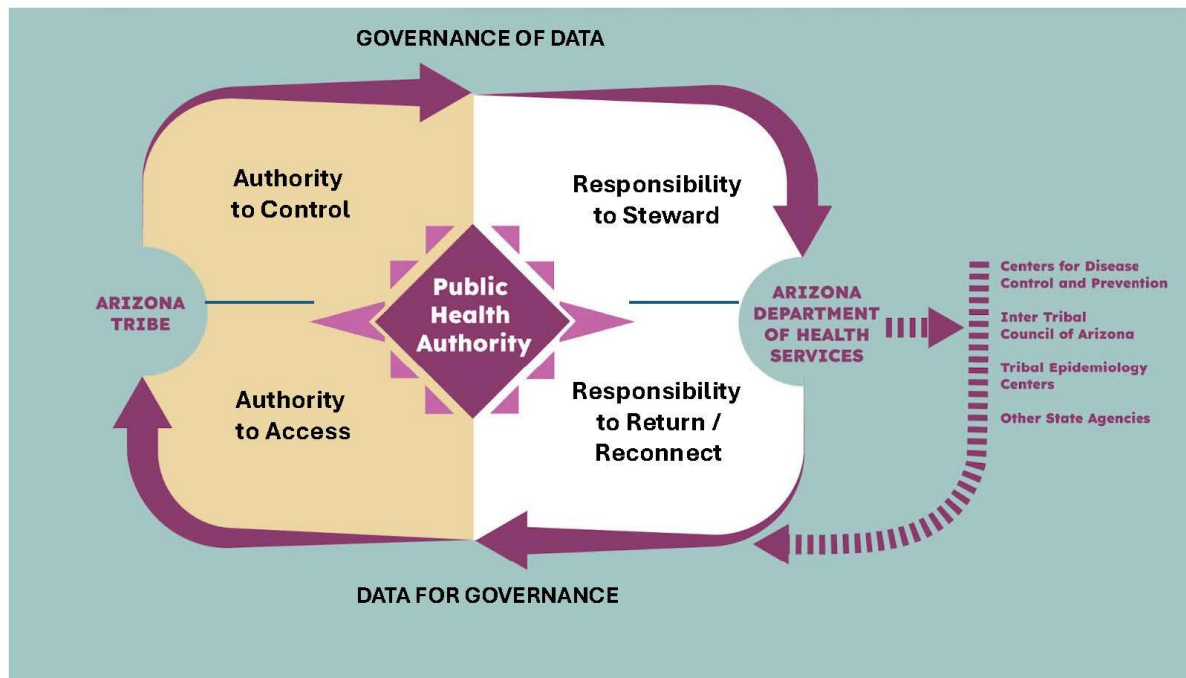
CONTEXT

This Policy describes and implements a sovereign-to-sovereign relationship between ADHS and each Tribe that shares geography with the State of Arizona. Each sovereign Tribe has the authority to carry out its public health authority within its territory and among its citizens.

This policy was created in partnership between ADHS and Tribes in the State of Arizona with guided engagement from the University of Arizona's Native Nations Institute and the Collaboratory for Indigenous Data Governance.

ADHS Indigenous Data Sovereignty Policy

Figure 1. Tribal Data Governance for ADHS



ADHS Indigenous Data Sovereignty Policy



APPLICABILITY

This Policy applies to:

All ADHS Workforce Members, contractors, and other data actors who work with data or repositories of data while executing business functions, activities, or services for or on behalf of ADHS or its customers;

Indigenous Peoples' data at the ADHS includes any data defined by Tribes in the State of Arizona as Tribal data and including but not limited to:

Writings, Documentations of Indigenous People's heritage in all forms of media, Specimens, and Individual level socioeconomic data and health related data and specimens.

ADHS Indigenous Data Sovereignty Policy



POLICY

Respecting Tribal Sovereignty

Nurturing Trust

Applying the local, national, and international Indigenous Data Governance Standards

Any Interaction with Tribal Data must occur under agreement

Ensuring Data Integrity

Building and Sustaining Capacity

Applying Data Governance Principles

Documenting and Management Metadata

Release of Tribal Data

Reporting or publishing data



ADHS Indigenous Data Sovereignty Policy

RECOMMENDATIONS FOR POLICY ADHERENCE

Education and Training

Regular Communication and Meeting with Tribes

Annual Review of Policy

Implementation and Oversight

Enforcement and Accountability

Accessible Language

Enhance Tribal Legal Expertise



ADHS Indigenous Data Sovereignty Policy



ROLES

The ADHS Director, or designee, shall be responsible for ensuring the effective implementation of the Policy within the ADHS.

ADHS Supervisors or management shall be responsible for ensuring their ADHS employees and contractors adhere to the Policy standards.

Employees shall review the Policy contents with their manager.

A committee for reviewing the IDsov standards will be established consisting of the state epidemiologist, representative of Tribal leaders or Tribal Health Directors, Tribal Liaison, Tribal Health Epidemiologist, a representative from the enterprise data management office, the ADHS HIPAA Privacy Officer, and other SME within ADHS identified with experience in Tribal sovereignty and Indigenous data.

ADHS Indigenous Data Sovereignty Policy

RESPONSIBILITIES

Recognition and Respect

Engagement and Collaboration

Collective Privacy and Confidentiality

Cultural Capability and Learning



ADHS Indigenous Data Sovereignty Policy

CHALLENGES AND CONSIDERATIONS

Data Delegation of Authority

Informed Consent and Permission



ADHS Indigenous Data Sovereignty Policy

STANDARD WORK

Guidance for Policy Adherence

Recommendations for Consideration

Establish a Data Sharing Agreement (DSA) with Tribal Nation in Arizona

Establishing a DSA with ITCA, TEC, UIO, IHS, 638 or other organizations

Routing Tribal Data Requests



ARIZONA DEPARTMENT OF HEALTH SERVICES	Number	Level	Effective Date
	ITS0000	I	00/00/2025
Title: INDIGENOUS DATA SOVEREIGNTY POLICY			
Supersedes:			
Primary Responsibility: Division of Planning & Operations (DPO) - Enterprise Data Management Office (EDMO)			
Review Cycle: Annually		Reference Code:	

Purpose/Scope

The Indigenous Data Sovereignty (IDSov) Policy (hereinafter "Policy"), reaffirms the rights of the Tribes in the State of Arizona to govern Tribal health data. This Policy describes and acknowledges the rights of the Tribes, as well as the responsibilities and expectations of the Arizona Department of Health Services (ADHS), its contractors, and other data actors who interact with Tribal health data. Interaction includes control, collection, use, storage, management, stewardship, analysis, processing, reporting, protecting, sharing, returning, and disposition. The Policy upholds Tribal sovereignty and self-determination by setting forth the guiding principles, recommendations, and procedural standards to ensure that ADHS data activities are conducted in an ethical and culturally informed manner.

Context

This Policy describes and implements a sovereign-to-sovereign relationship between ADHS and each Tribe that shares geography with the State of Arizona. Each sovereign Tribe has the authority to carry out its public health authority within its territory and among its citizens. The Policy lays out a collaborative and relational framework (see Figure 1) for ensuring that data collected to support the State's public health mission are used, shared, and stored in ways that respect each Tribe's sovereignty and corresponding public health authority within its territory and among its citizens.



Any Questions?



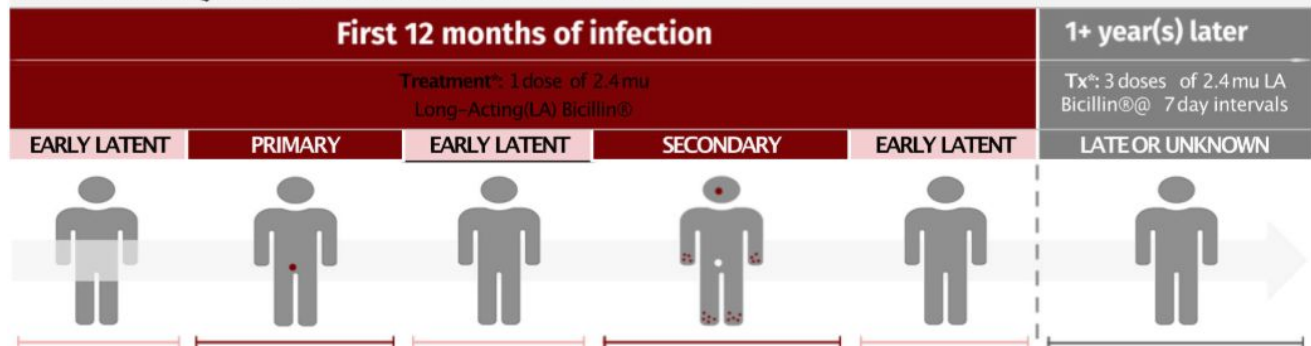
Public Health Preparedness

Nicole Witt
*Assistant Director of Public Health
Preparedness*

Update Congenital Syphilis Plan

- ADHS working with State Advisory on CS plan
- Funding proposed for Disease Investigation focused on rural communities
- Continued Bicillin Shortage has been [extended](#) to Q4 2026
 - Pfizer shipping at 20% demand
 - CDC and FDA are working on another importation of lentocilin
 - [Dose Conservation Guide](#)
 - Contact us: sti@azdhs.gov

SYPHILIS QUICK GUIDE FOR PROVIDERS





Measles Outbreak Update

88.7% MMR coverage among kindergarten in AZ

*As low as 20% in some areas

231 cases reported in AZ as part of outbreak along Utah/AZ border in Mohave County, 17 so far in 2026

*outbreak in Mohave, no other cases connected in AZ

24 cases reported so far in Arizona for 2026 across 4 counties.

*no cases reported to date from Tribal Nations

97% of cases are unvaccinated or have unknown vaccination

67% of cases children under 18 years of age

[MEASLES DASHBOARD](#)

Outbreak in AZ



Vaccine Schedule

- All vaccines remain recommended
- No changes to schedule at this time
- ADHS recommends following AAP for children under 19, AAFP for adults and ACOG for pregnant women
- All vaccines remain covered by Vaccine for Children Program
- Vaccines for children remain covered by AHCCCS

Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger

United States
2026

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

Vaccines and Other Immunizing Agents in the Child and Adolescent Immunization Schedule*

Monoclonal antibody	Abbreviation(s)	Trade name(s)
Respiratory syncytial virus monoclonal antibody	RSV-mAb	Beuforus Enfortumab
Vaccine	Abbreviation(s)	Trade name(s)
COVID-19 vaccine	1vCOV-mRNA	Cominarty mNexxipax Spikevax
Dengue vaccine	1vCOV-4PS DENMORO	Nuavaxoid Dengvaxia
Diphtheria, tetanus, and acellular pertussis vaccine	DTaP	Infanrix Adacel
Haemophilus influenzae type b vaccine	Hib (PRP-T)	ActHIB Hiberix
Hepatitis A vaccine	Hib (PRP-OMP) HepA	ProVaxHib Havrix Vaxta
Hepatitis B vaccine	HepB	Engerix-B Recombivax HB
Human papillomavirus vaccine	HPV	Cervarix 9 Gardasil 9
Influenza vaccine (inactivated, egg-based)	IV3	Multiple
Influenza vaccine (inactivated, cell-culture)	ccIV3	Flucevax
Influenza vaccine (recombinant)	RV3	Fluadex FluMist
Influenza vaccine (live, attenuated)	LAIV3	FluMist
Measles, mumps, and rubella vaccine	MMR	M-M-R-II Priorix
Meningococcal serogroups A, C, W, Y vaccine	MenACWY-CRM	Menveo
Meningococcal serogroup B vaccine	MenB-4C MenB-FHbp	MenQuadfi Bexsero Trumenbi
Meningococcal serogroup A, B, C, W, Y vaccine	MenACWY-TT/MenB-FHbp	Menveo Penbraya
Morax vaccine	MenACWY-CRM/MenB-4C	Penmeniny
Pneumococcal conjugate vaccine	MenB-4C	Ymenze
Pneumococcal polysaccharide vaccine	MenB-FHbp	Vaxneuvance
Poliovirus vaccine (inactivated)	IPV	Polinar 20
Respiratory syncytial virus vaccine	RSV	Pneumovax 23
Rotavirus vaccine	RV1	Rotarix
Tetanus, diphtheria, and acellular pertussis vaccine	RV2 Tdap	Rotarix RotaTeq Adacel Boostrix

How to use the child and adolescent immunization schedule

- Determine recommended vaccine by age (Table 1)
- Determine recommended interval for catch-up vaccination (Table 2)
- Assess need for additional recommended vaccines by medical condition or other indication (Table 3)
- Review vaccine types, frequencies, intervals, and considerations for special situations (Notes)
- Review contraindications and precautions for vaccine types (Appendix)
- Review new or updated American Academy of Pediatrics (AAP) guidance (Addendum)

Report

- Suspected cases of reportable vaccine-preventable diseases or outbreaks to your state or local health department
- Clinically significant adverse events to the Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov (Accessed December 2, 2025) or 800-822-7967
- For RSV-mAb products, clinically significant adverse events to MedWatch Adverse Event Report Program at www.accessdata.fda.gov/scripts/medwatch/index.cfm (Accessed December 2, 2025). If co-administered with other products, then report to VAERS.

Questions or comments

Submit a question or comment to www.aap.org/en/forms/immunization-schedule-questions.



Vaccine Messaging

- Working with contracted marketing firm to develop vaccine campaign
- Focus on community voices starting with healthcare providers (physicians, nurses, etc.)
- ADHS developing shared messaging with AzAAP and AzAAPF*
- Updating immunization website and information
- Working on resources for measles including healthcare institutions, community, parents, daycare, schools

**“When you get vaccinated, you’ve protected
your family, friends, and colleagues.”**

- Dr. Waber, MD Tucson, AZ



TRIBAL Public Health Emergency Preparedness (PHEP) PROGRAM UPDATES

- Held special consultation on November 14 and follow-up working session January 29
- Identified additional funding to support Subject Matter Expert for Tribal PHEP programs
- Working on contract language related to unspent funding and delegation of authority
- Next special meeting with Tribal PHEP program contacts in a month





Office of Fatality Review – Tribal Representation

Martin Celaya
Bureau Chief, Bureau of
Assessment &
Evaluation

Sara Lind
Overdose Fatality Review
Program Manager, Bureau
of Assessment &
Evaluation

Program Overview

The mission of the Overdose Fatality Review (OFR) Program is to reduce preventable drug overdose fatalities through systematic, multidisciplinary, and multimodality reviews of drug overdose fatalities in Arizona.



What is an Overdose Fatality Review (OFR)

An Overdose Fatality Review (OFR) is a multidisciplinary, confidential, de-identified review process that reviews overdose deaths in Arizona.

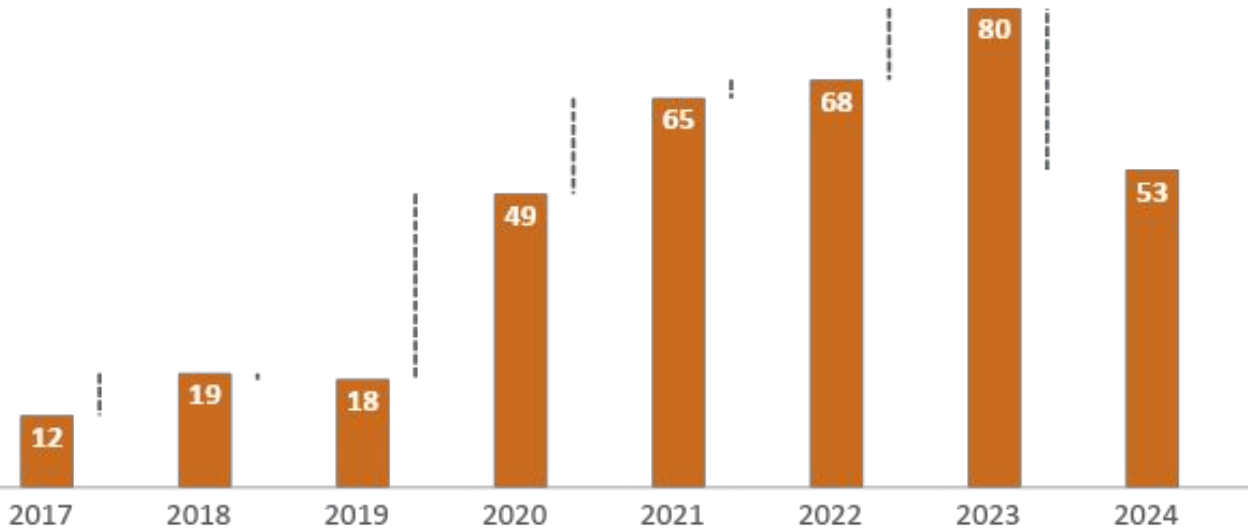
- Uses information gathered from multiple sources, including death certificates, medical examiner reports, local law enforcement, EMS/Fire, prescription history, legal history, and medical and behavioral health encounters.
- Identifies system gaps and missed opportunities for prevention.
- Develops actionable, system-level recommendations to prevent future deaths.
- Builds collaboration across agencies, counties, and communities.

What OFR is **NOT**:

- Blame focused
- A research study
- A substitute for existing mortality inquiries

Tribal opioid overdose deaths have generally increased or stayed stable since 2017, with a decline in 2024

Tribal Opioid Deaths in Arizona, January 2017 – December 2024



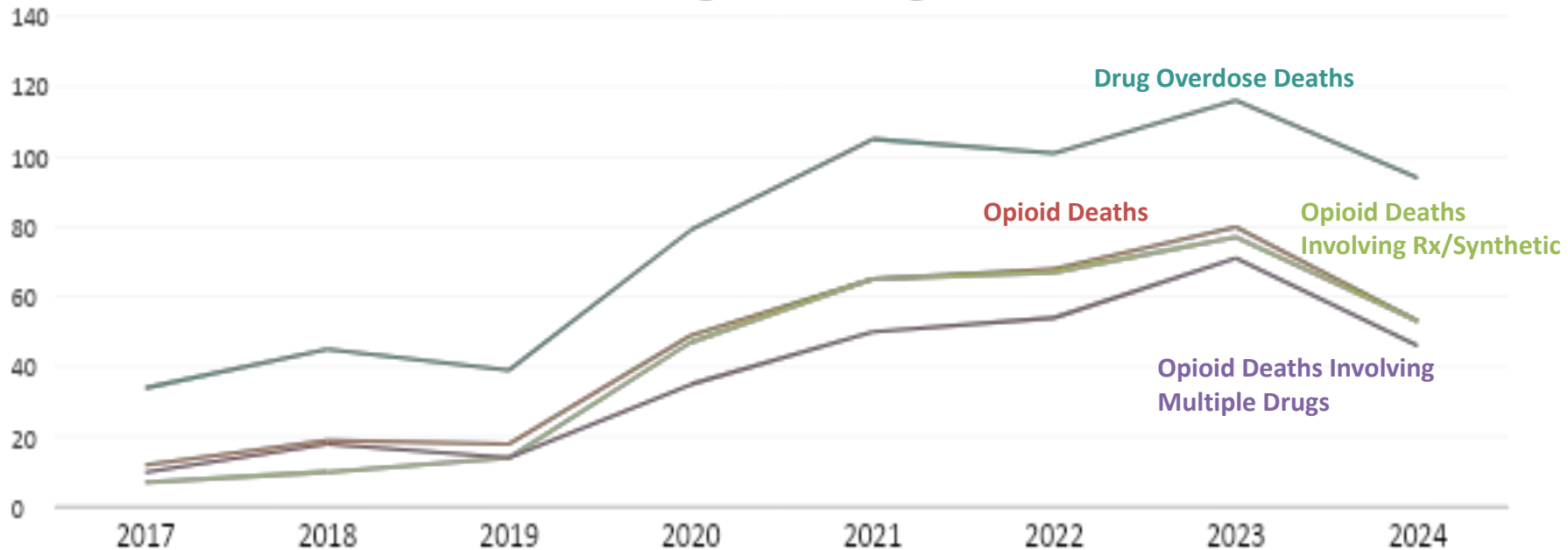
Data Source: Arizona Vital Statistics, Death Certificate

In 2024:

- **87%** of tribal opioid deaths involved **multiple drugs**
- **100%** of tribal opioid deaths involved **rx/synthetic** drugs
- **6%** of opioid deaths involved **heroin**

Overdose Deaths Involving Selected Drugs Among Tribal Population

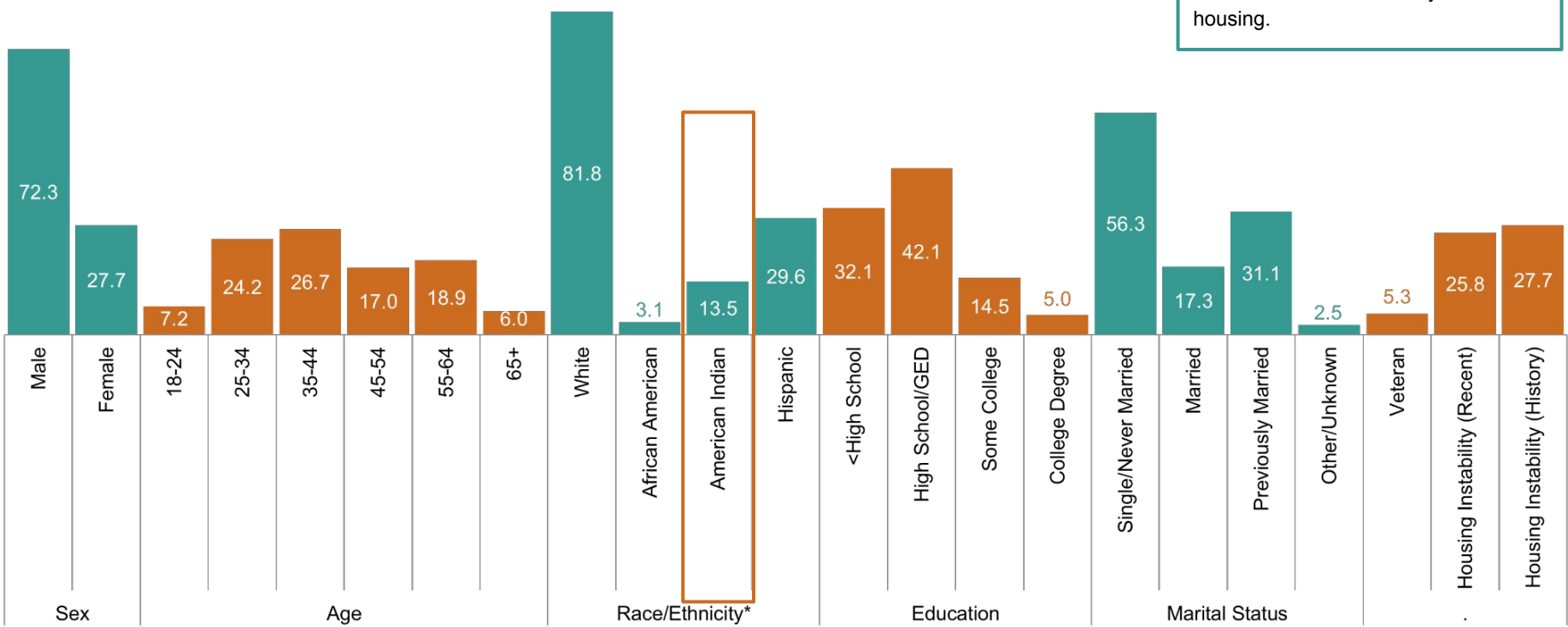
Tribal Overdose Deaths Involving Selected Drugs in Arizona, 2017 – 2024



Data Source: Arizona Vital Statistics, Death Certificate

Demographic characteristics of 2022 Arizona OFR cases reviewed (N=318, percentage of all OFR cases)

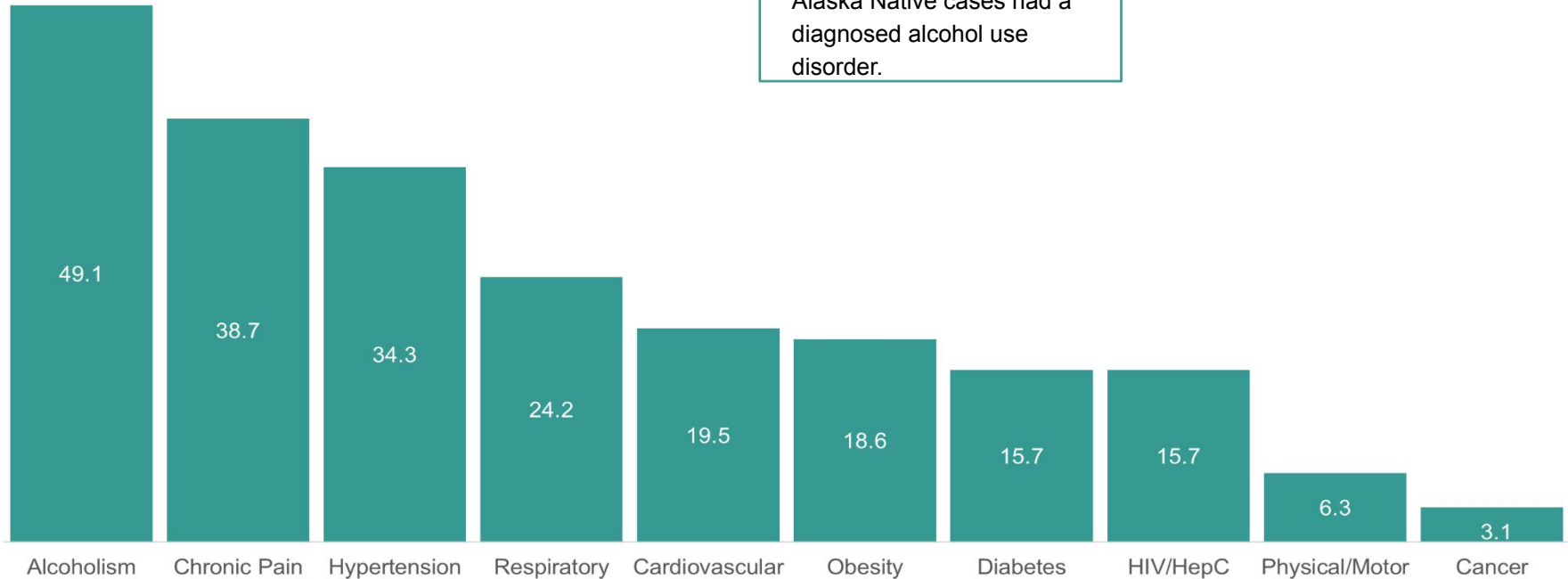
All 43 American Indian/Alaska Native cases reviewed were 18-54 years of age, and 79% were single or never married. 47% had a history of unstable housing.



Comorbidities

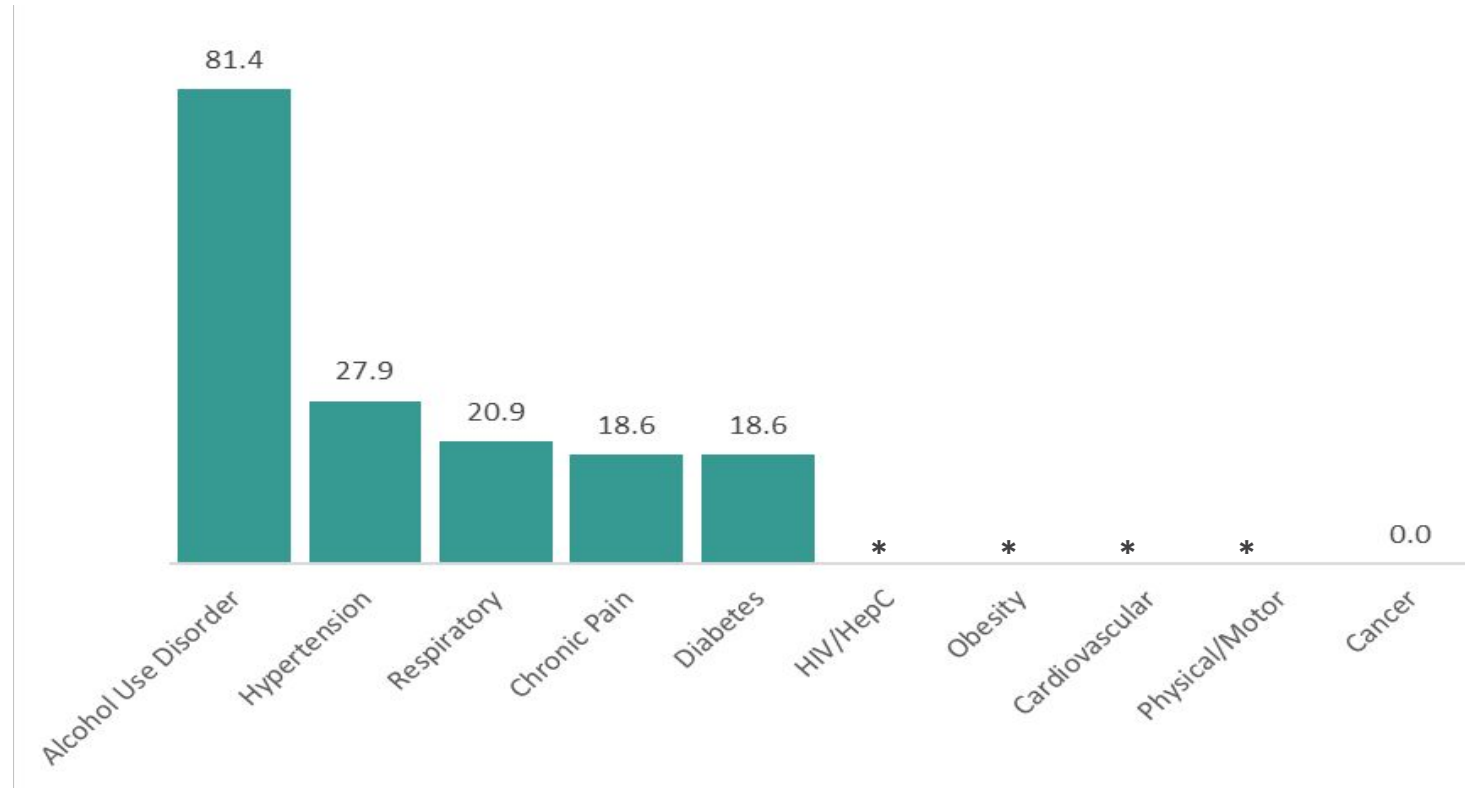
(N=318, percentage of all OFR cases)

81% of American Indian/
Alaska Native cases had a
diagnosed alcohol use
disorder.



Comorbidities

(N=43, percentage of AI/AN OFR cases)



Why Tribal Representation Matters

Tribal representation ensures that Tribal Nations have a voice in the review process.

- Brings essential cultural context and community-specific knowledge.
- Supports respectful and accurate interpretation of cases.
- Ensures Tribal perspectives are included alongside county and state partners.
- Strengthens relationships and collaboration between counties and Tribal communities.

Testimonial From Merle Begay, Public Health Educator

In 2023, Coconino County Health and Human Services was notified of 32 overdose-related deaths, including those of Native American individuals. Serving on the Coconino County Overdose Fatality Review team has been educational, eye-opening, and affirming. Reviewing these cases reveals more than statistics—it exposes lived experiences, missed opportunities for intervention, and the systemic gaps that fail our most vulnerable community members.

While each case is unique, one truth is undeniable: fatal overdoses affect our Indigenous relatives. Whether they live in urban communities or on tribal lands, Tribal participation in Overdose Fatality Review teams is not optional—it is essential. When tribes are at the table, Native communities are represented in identifying patterns, trends, and contributing factors that may otherwise be overlooked.

This input strengthens prevention strategies, informs culturally responsive solutions, and has the power to prevent future overdose deaths.

Respect for Cultural Values in OFR

OFRs are conducted with respect for Tribal sovereignty, culture, and values.

- Reviews honor Tribal perspective and self-determination.
- All information shared is confidential and used only to improve systems of care.
- Tribal input helps ensure recommendations are culturally appropriate and respectful.
- Participation helps reduce stigma by promoting understanding, dignity, and respect.

How Participation in OFR Works

- Identify the county OFR you wish to join.
 - ADHS will connect you to the County OFR Coordinator.
- Sign confidentiality agreements to protect all shared information.
- Attend and participate in review meetings (virtual, and hybrid options)
 - Meeting frequency varies by county size and number of deaths (monthly or quarterly)
 - Meetings typically last 1.5 - 2 hours.
- Share knowledge to inform recommendation development.
 - Participation does not require sharing personal information.
- Support dissemination of OFR recommendations within your agency, or community.

Benefits of Tribal Representation

Tribal participation strengthens the impact and relevance of OFR findings.

- Strengthens prevention strategies tailored to Tribal community needs.
- Enhances coordination with local public health and community partners.
- Supports healing by addressing systemic factors that contribute to overdose.
- Ensures recommendations reflect lived experience, cultural values, and community realities.

Call to Action

Your leadership and lived experience can help guide this work.

- Support and strengthen Tribal engagement in OFR participation.
- Help shape meaningful, culturally informed recommendations.
- Partner with counties to improve systems and responses.

Together, we can strengthen community health, honor our communities, and prevent future loss.

Contact Information

To be connected with the County OFR teams, please contact

Sara Lind
OFR Program Manager
Sara.Lind@azdhs.gov

Mary Glidden
Office Chief, Office of Fatality Review
Mary.Glidden@azdhs.gov





Heat Summit Tribal Listening Session: Report Out

Darien Fuller

Tribal Health Epidemiologist

Mona Arora

*University of Arizona, Assistant Professor, Environmental
Health Services*

Overview

Introduction to SCORCH

Rural Heat Listening Sessions

Tribal Listening Session Summary

Recommendations for Extreme Heat Response &
Resilience

Next Steps



Southwestern Center on Resilience for Climate Change and Health (SCORCH) MISSION

Improving health equity in arid lands across the lifespan by enhancing existing community partnerships and supporting adaptation efforts by indigenous, Latine, low resource urban and rural communities in the southwestern United States and globally.



SCORCH Community Engagement Vision

- Understand community climate and health concerns using equitable engagement strategies to assure that SCORCH researchers identify and address the issues of greatest impact to partnering communities.
- Co-design educational materials, solutions, and resources to support climate resilient communities in collaboration with the Community Advisory Board (CAB).
- Build workforce capacity through climate literacy and culturally appropriate, locally relevant, education and programming.
- Develop a network and *Communities of Practice* to address climate and health challenges.
- Foster connections between communities and among technical experts to ensure multi-directional communication between SCORCH researchers and community.

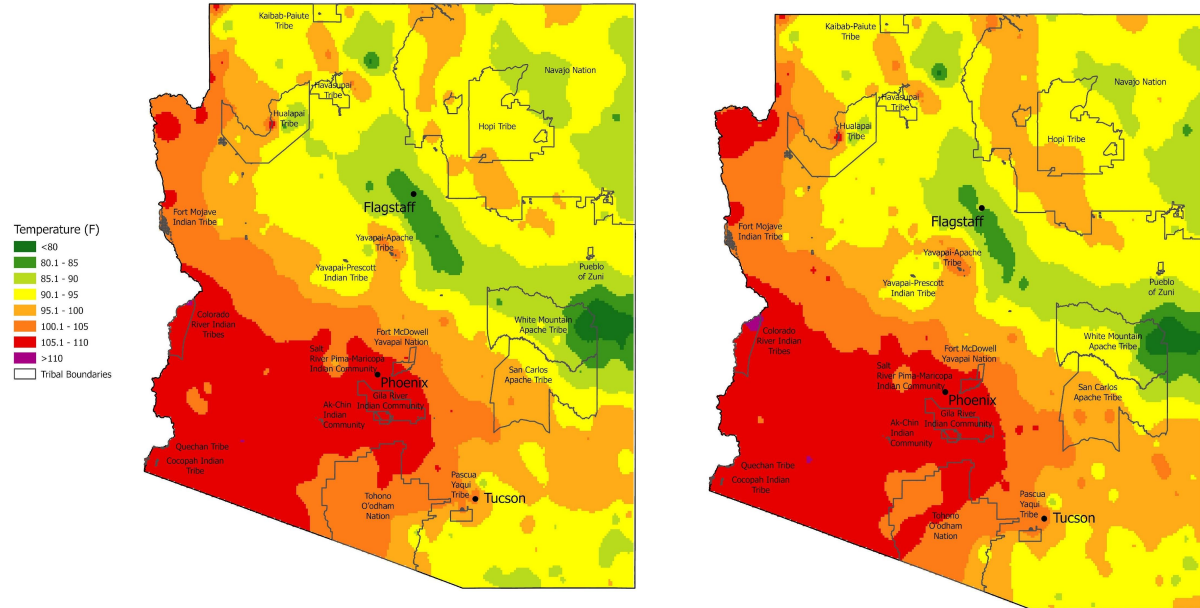


Improving Health Equity Across the
Lifespan through Community
Engagement, Research, and Data

Average Maximum July Temperature (F)

Mean July Temperature, 2005-2009

Mean July Temperature, 2020-2024

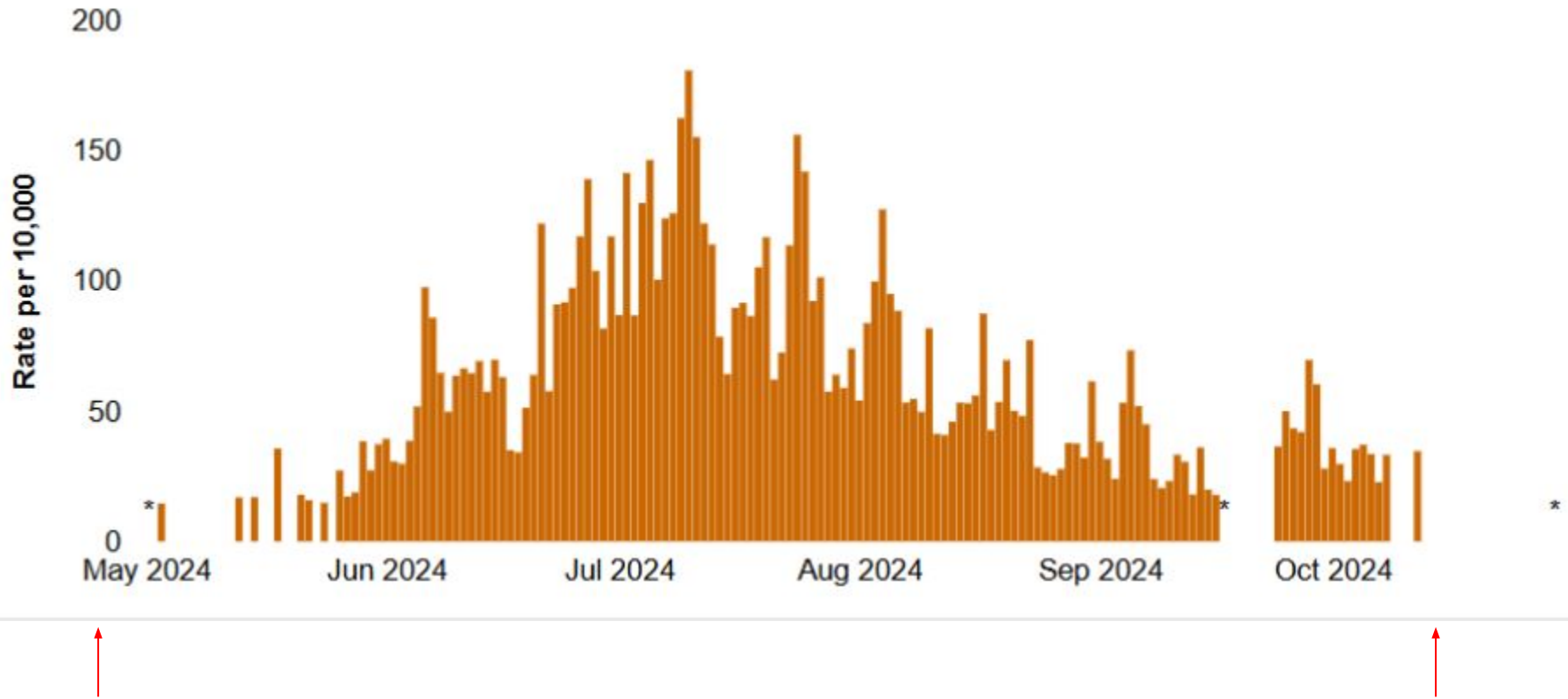


Key Trends:

- Larger, continuous areas of average July temperatures over 100° and 105° in southern Arizona.
- Smaller areas of average temperatures under 85° in northern Arizona.
- Emergence of July temperatures over 110° in portions of western Arizona.

PRISM data comes from a wide range of monitoring networks across the US. This data is consolidated and run through quality control measures by a group of scientists at Oregon State University, who then publish freely accessible climate data from 1895 to present.

2024 Heat Season in Arizona



Context of Rural Heat Listening Sessions



Heat shapes **all aspects of our life**: how we work, play, live. Arizona State of Emergency declaration due to extreme heat (Aug, 2023)

Much of heat response and resilience centers in urban areas; strategies **do not translate** seamlessly to rural and tribal communities.

Rural heat risks vary across Arizona's vast geography.

Local factors influence capacity and experiences.

A statewide **rural and tribal heat strategy** is needed.

Ensure **tribal community voice** is **present** in statewide extreme heat efforts.

Introduction

- SCORCH, ADHS, and Arizona State Office of Rural Health coordinated rural heat listening sessions to better understand rural Arizona's heat response's best practices, needs and recommendations.
- Tribal Rural Heat Listening Session held at the 3rd Annual ADHS Heat Summit 2025.
 - Other sites: Parker (La Paz), Benson (Cochise), Sedona (North Arizona), Somerton (Yuma)



Purpose of Listening Sessions

Discuss experiences, challenges, and strategies to building resilience to extreme heat

Exchange ideas and solutions that are helpful

Identify action items and opportunities to collaborate

Ensure Tribal community voice is present in statewide extreme heat efforts

Session Summary





Participants

- **Number of Participants:** 25
- **Number of Groups:** 6
- **Tribes Represented:** 5
- **Sectors represented (18)**
 - Education (5)
 - Emergency Management Office (1)
 - Government (2)
 - Health Department (3)
 - Local Non-profit (2)
 - Other, Community-based Organization (1)
 - Tribal Government/Tribal Health Service (3)
 - Utility Company (1)
- **Counties Represented (3)**
 - Maricopa County
 - Pima County
 - Pinal County

What is currently in place?



Heat Preparedness & Relief

- Cooling centers and respite spaces, often with transportation assistance
- Direct assistance, e.g. resource distribution
- Mobile outreach, often through Community Health
- Workers (CHWs), and Community Health Representatives (CHRs)
- Emergency planning, e.g. wildfire and flood preparedness
- Training and education for healthcare workers
- Partnerships, e.g., libraries, Red Cross, fire libraries, Red Cross, fire departments, and local businesses

*"Community Health Representatives: **CHRs are connected to tribal health systems and facilities; In most tribal communities, go out to tribal communities to **check on the elderly.*****"



Information Sharing & Alerts

- Multi-channel communication
- Leveraging trusted messengers and sources
- Community-specific information sharing
- Two-way communication
- Interpreting weather messaging into Tribal languages



What are existing challenges?



Current Gaps

Communication & Data

- Lack of access to technology and infrastructure
- Language barriers and cultural competency
- Trust and credibility
- Representation of rural perspective
- Reaching isolated and vulnerable populations
- Data sharing challenges

Access Barriers

- Transportation challenges and geographic isolation
- Cost of utilities and cooling
- Mistrust and cultural/social barriers to using cooling centers
- Cooling restrictions, *e.g. casinos*
- Little integration with existing programs



Infrastructure & Resources

- Substandard construction, inadequate building codes, and lack of enforcement
- Accessibility and affordability of maintenance services and infrastructure development
- Unequal distribution of state resources to Tribal communities
- Short-sighted land use policies

*"Long term game on a lot of these things is **making sure that communities have building codes in place**, that the other component is if you have the ability to **teach homeowners how to maintain their property** so that small problems don't become large problems."*

(ADHS Heat Summit Notes, Pos. 206)

Recommendations and Next Steps



Six Key Recommendations for a Tribal Heat Strategy

Recommendation 1: Recognize Community Diversity and Tailor Approaches

1.1: Tribal and rural communities are not homogeneous. One-size-fits-all solutions are not effective.

1.2: Heat response and coordination should tailor approaches to each community's specific cultural traditions, language, infrastructure, and resource access.

Example: Heat thresholds and risk perceptions vary significantly; some residents take pride in withstanding high temperatures, requiring careful calibration of messaging and interventions.

Six Key Recommendations for a Tribal Heat Strategy

Recommendation 2: Strengthen Community Partnerships and Two-Way Communication

2.1: Build trust through genuine collaboration that respects tribal sovereignty and community knowledge.

2.2: Involve and partner with existing organizations that are trusted by community members and work in the community to collaboratively tailor and share information.

Example: Partner with tribal leaders, CHRs, CHWs, and community organizations to share heat prevention messaging that is responsive to cultural beliefs and leverages local resources.

2.3: Engage community members directly in decision-making rather than presenting predetermined plans.

Example: Ask communities "What do you want us to know?" rather than dictating data needs.

2.4: Support community led solutions rather than a one-size fits all approach.
Example: Coordinate with local businesses, healthcare partners, and tribal health centers to expand capacity (e.g., for cooling centers) while ensuring culturally competent, respectful communication.

Six Key Recommendations for a Tribal Heat Strategy

Recommendation 3: Improve Data Collection and Address Data Gaps

3.1: Address systematic underreporting of AIAN data in health systems while establishing data sovereignty policies ensuring tribal-specific information is protected and shared back with tribes.

3.2: Work toward two-way data sharing with tribal nations, emphasizing that tribes choose who speaks for their community.

3.3: Hyper-local temperature and weather data is needed to better understand heat risk in rural and tribal communities.

3.4: Additional data and products are needed that identify specific at-risk groups within each community.

Examples: Local level data needs to be integrated to understand social determinants of health including access to running water, electricity, and healthcare facilities.

3.5: Collect data on cooling center usage, hydration station usage, and patterns in heat-related deaths.

Six Key Recommendations for a Tribal Heat Strategy

Recommendation 4: Secure Dedicated, Equitable Funding

Current funding is insufficient and inequitably distributed.

4.1: At the state level (e.g., ADHS) should advocate for dedicated extreme heat funding to support long-term planning, implementation, and culturally informed solutions.

4.2: Address resource distribution inequities between counties and tribes

4.3: Ensure adequate compensation and protection for CHWs/CHRs who form the backbone of community-based heat response.

4.4: Funding for infrastructure improvements should be prioritized and expanded rather than sole reliance on short-term relief measures.

Examples: funding for projects around housing, reliable communication systems, transportation services, and housing upgrades.

Six Key Recommendations for a Tribal Heat Strategy

Recommendation 5: Integrate Heat into Existing Health Programs and Enhance Communication

5.1: Integrate heat risk into existing chronic disease education, maternal health, and other public health programs rather than treating it separately.

5.2: Utilize trusted local sources like AM radio, CHWs/CHRs, and community organizations for tailored specific information dissemination.

5.3: Develop culturally competent messaging translated into native languages and tailored to different age groups.

5.4: Implement early warning systems linked to National Weather Service data while ensuring alerts reach communities with limited internet and cellular access.

5.5: Promote durable heat relief items like cooling fans over single-use kits, explore solar options for electricity, and consider mobile units for heat relief.

Six Key Recommendations for a Tribal Heat Strategy

Recommendation 6: Focus on Long-Term Resilience Through Infrastructure and Housing

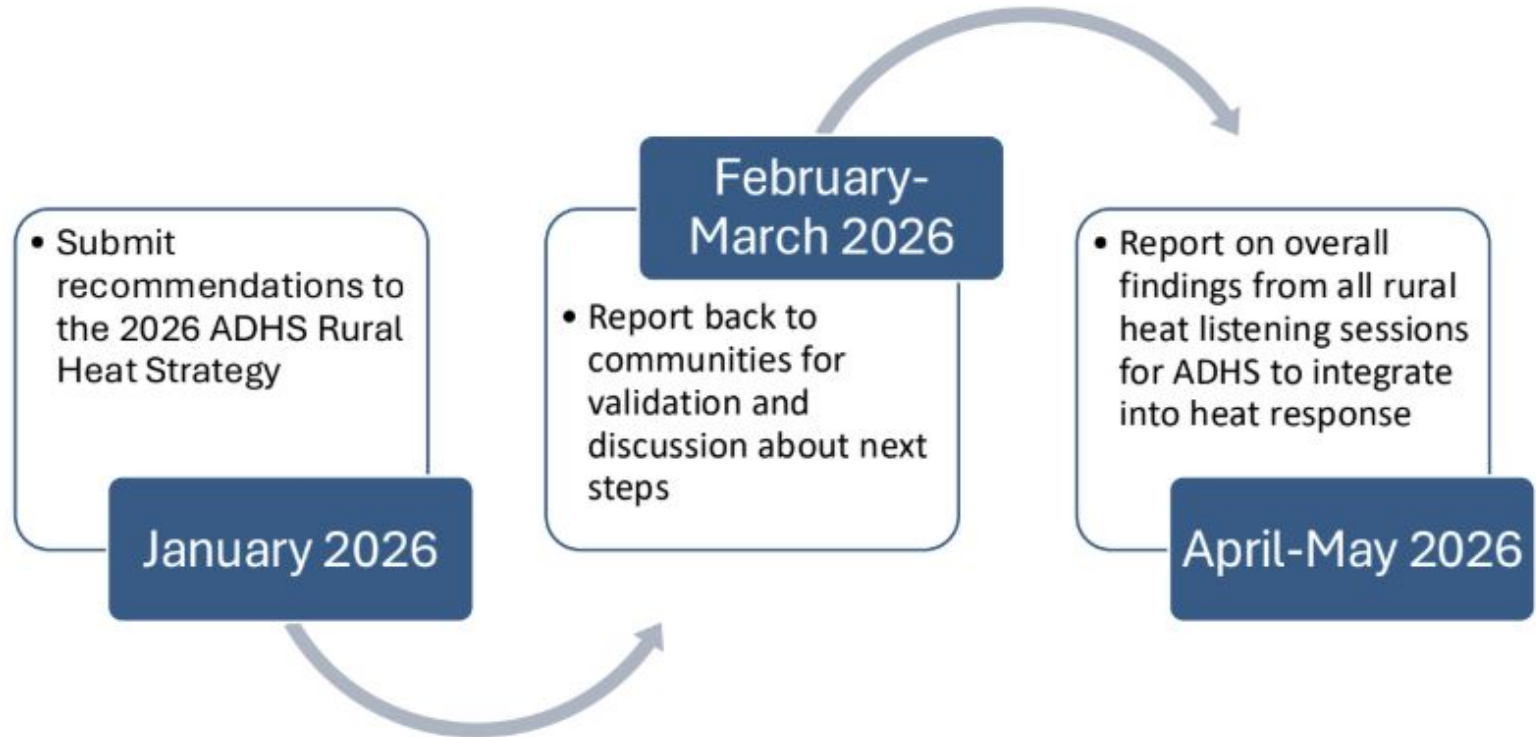
- 6.1: Prioritize building code development and enforcement that accounts for extreme heat.
- 6.2: Provide home maintenance education to prevent small problems from becoming major vulnerabilities.
- 6.3: Promote sustainable housing solutions that incorporate traditional building knowledge and modern energy efficiency.
- 6.4: Address the high costs of rural infrastructure development and maintenance services.
- 6.5: Ensure emergency plans account for heat alongside other hazards like wildfires and floods, with backup power for critical facilities.

[I]f employees are not paid enough to live, how can they be expected to thrive during extreme heat?

(ADHS HeatSummitNotes_CherylValdez, Pos. 132)



Next Steps



Discussion

- What is missing from these recommendations?
- How can we make these actionable?
- How can we shape a rural and tribal heat strategy that is effective and useful?

Thank you!

Acknowledgements

Partners who participated in the conversation and provided their expertise and insights.

Team members:

Nathan Lothrop

Maia Ingram

Miles Fule

Ann Garn

Laura Schweers

Cheryl Valdez

Imran Mithu



Questions?

Email: manand@arizona.edu

OPEN FLOOR

Tribal Leaders, Tribal Health Directors, UIOs



Nyavdii Ivaych

Ahiyi'e

Maiku

E-yaay-ay

A'a'

Honnii guhm

Gum You

Lios enchi hiokoe uttesia

Ahéhee'

Askwali

Aheeyeh

Philámayaye

Meegwetch

Sapé

Wá'k'u

THANK YOU!

Gerilene Haskon | Gerilene.Haskon@azdhs.gov

Director's Office

<https://www.azdhs.gov/director/tribal-liaison/index.php>

An orange ceramic mug is the central focus, sitting on a light-colored, reflective surface. The words "Break Time" are written in white, casual script on the side of the mug, with a white horizontal line underneath. In the background, a laptop is open, and a smartphone lies flat on the desk. A small green plant in an orange pot is also visible, though out of focus.

Break
Time

We will resume
at 10:40 am

AZ Advisory Council on Indian Health Care (AACIHC) Townhall

February 5, 2026



ARIZONA ADVISORY
COUNCIL ON INDIAN
HEALTH CARE

AACIHC Mission and Vision

Mission Statement

The mission of the AACIHC is to serve as a resource for all Tribal governments and the State of Arizona by *supporting* prevention, training, education, workforce development, policy and legislation to meet the unique health care needs of American Indian and Alaska Native (AI/AN) populations in Arizona. We seek to educate and advocate for improved health outcomes.

Vision Statement

The AACIHC strives to be recognized as a trusted resource on health equity for all Tribal Nations and American Indian/Alaska Native (AI/AN) communities throughout Arizona.

Value Statement

The Arizona Advisory Council on Indian Health Care stands on the following values:

A - Authenticity

A - Accountability

C - Culture

I - Integrity

H - Holistic

C - Community

Director's Update



John Molina, MD, JD, AACIHC Director

AACIHC Updates

- 2026 Winter & Spring Technical Support Series
- 2026 State Legislative Advocacy
- Onboarding of Community Outreach Coordinator
- Recruitment of Advisory Council Members
- 26th Indian Nations & Tribal Legislative Days
- Rural Health Transformation Program
- Grant Funding Opportunities –
 - Chronic Disease Prevention and Management
 - Maternal and Child Health
- Tracking H.R. 1

Contact Information

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



Jeff Axtell, AIH-AHEC Director

American Indian Health –AHEC

Mission

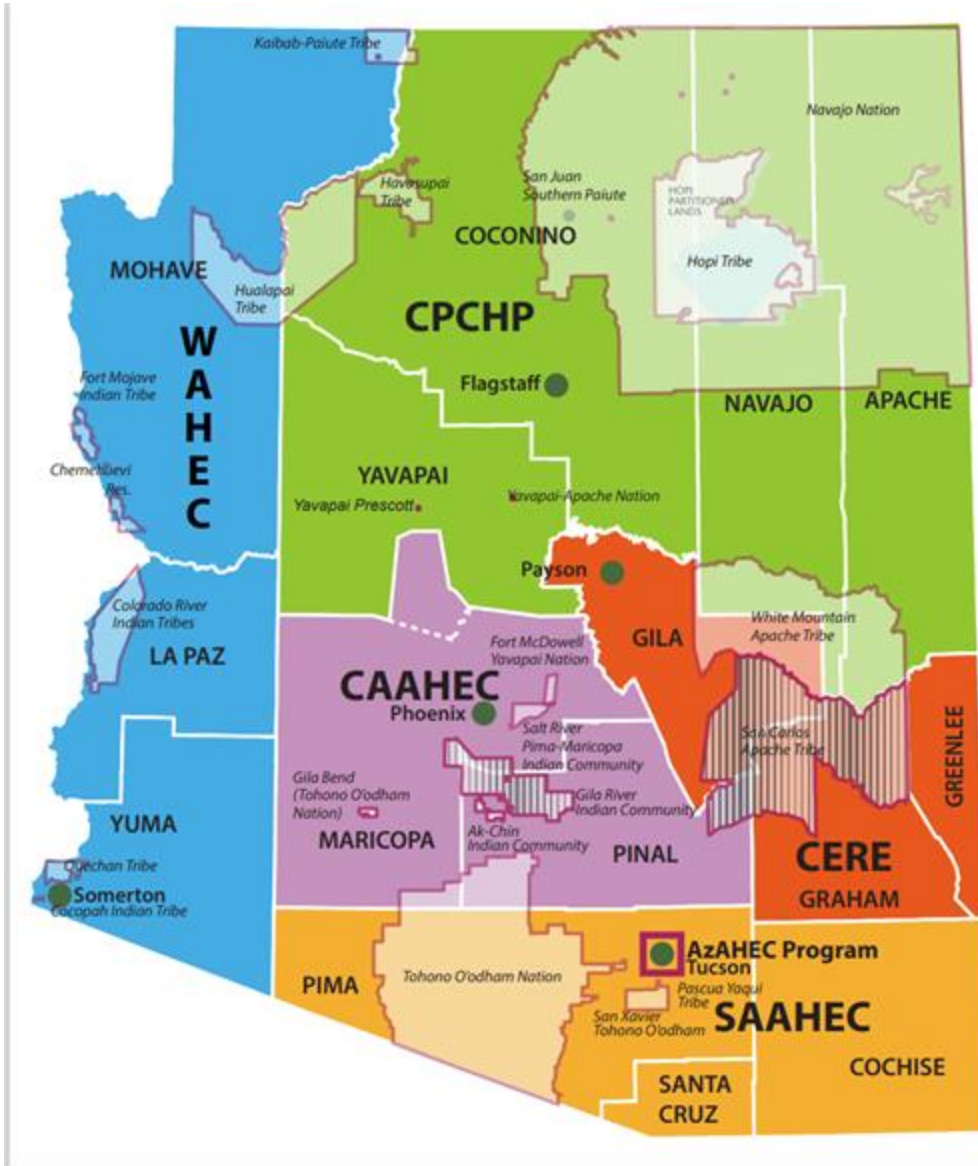
AIH-AHEC's mission is to increase the number of American Indian Healthcare professionals by nurturing partnerships with Arizona's Tribal communities to increase and support present and future American Indian students and healthcare providers.

Vision

To foster and empower health career aspirations among our youth and to cultivate and support a strong culturally responsive healthcare workforce dedicated to sustainability within our Arizona Tribal communities.

AIH-AHEC Advisory Council Members

- Agnes Attakai, MPA
Native Initiatives, Sonoran Center for Excellence in Disabilities
- Navaz Dolasa, MD
Pediatric Medical Director, Gila River Health Care
- Holly Figueroa
Apache Behavioral Health Services
- John Molina, MD
Arizona Advisory Council on Indian Health Care
- Kim Russell
Sage Memorial Hospital
- Francene Larzelere Siquah, DBH, MS
Center for Indigenous Health / Department of International Health Johns Hopkins
Bloomberg School of Public Health
- Miguel Flores Jr. LISAC, CSOTS
Holistic Wellness Counseling & Consultant Services, LLC
- Gary Leslie
Hopi Health Care Center



Arizona AHEC Regions and Tribal Nations in Arizona

-  Tribal Nations
-  Arizona Area Health Education Center Program (AzaAHEC) Tucson
-  American Indian Health Area Health Education Center (AIH-AHEC)
-  Southern Arizona Area Health Education Center (SAAHEC)
-  Central Arizona Area Health Education Center (CAAHEC)
-  Center for Excellence in Rural Education AHEC (CERE)
-  Colorado Plateau Center for Health Professions AHEC (CPCHP)
-  Western Arizona Area Health Education Center (WAHEC)



AIH-AHEC Tribal Partners



American Indian Health – AHEC Partners

- ❖ Gila River Health Care
- ❖ San Carlos Apache Health Care
- ❖ Native Health
- ❖ Hopi Health Care Center
- ❖ Phoenix Area IHS
(Colorado River Service Unit, Ft. Yuma Service Unit, Phoenix Indian Medical Center, Whiteriver Service Unit)

AIH-AHEC Programs for Workforce Development

1. K-8 youth pathway programs, career exploration activities, introduction into healthcare careers
2. 9th-12th grade structured pathway activities, health care career exploration, academic pathways coordination, clubs and college preparation
3. Community-based Experiential Training (CBET) for undergraduate/graduate clinical rotations within Tribal health care facilities
4. AHEC Scholars Community two-year Immersion Program for health discipline graduate students
5. Continuing Education/Professional Development for Health Care Professionals currently working with I/T/U facilities
6. Community events on health-related topics towards advancing health equities and reducing disparities

What AHEC Workforce Programs Look Like

Interactive Workshops and Activities
Connect to Youth Pipeline Programs

Assistance transitioning from High School to College life
Assistance acquiring an Internship or Clinical Rotation
Student Stipends for Healthcare Internships & Clinical Rotations
Applying to Graduate & Professional Programs

Continuing Education Opportunities
Assistance acquiring Interns

High School

Graduate / Professional Program

K-8

**Postsecondary Program
(college undergraduate)**

Health Professional

Connect to Academic Pathway Programs
Career Exploration & College Preparation
Applying to FAFSA, Scholarships, and Postsecondary Programs

Two-year Community Immersion Scholars Program
Student Stipends for Healthcare Internships & Clinical Rotations

AIH-AHEC Youth Programs

**Gila River
Health Care's
Elev8 Program**

**MED-Start
Program**

**San Carlos
Apache Student
Summer
Program**

**American
Indians into
Health
Professions**

**NAU's CARE
Program**

Native Scope

**Window Rock
High School
HOSA Club**

**Skyline Gila
River High
School Friday
Scrubs**

Youth Pathways

NAU C.A.R.E. (Cultural and Academic Research Experience) Program



Summer Simulation Laboratory Workshop (Gila River & San Carlos Students)

Academic Pathways

This Program exists to provide **continuous support** to students interested in pursuing careers in health care and public health **from high school to college graduation** to promote academic success and career readiness.

We offer one-on-one support to help students:



Explore career interests and health professions



Plan and apply to academic programs



Research career outlooks and education requirements



Identify financial aid opportunities and understand aid packages upon admission



Prepare for college success and transition

Student Stipends

AIH-AHEC offers financial support to students completing eligible community-based experiential trainings (CBETs). Students performing clinical rotations or internships at Tribal healthcare facilities are provided stipends to help offset expenses.

Examples of disciplines supported:

- ❖ Public Health (MPH, BSPH)
- ❖ Physician Assistant (PA)
- ❖ Pharmacy (PharmD)
- ❖ Social Work (MSW)
- ❖ Medicine (MD)
- ❖ Dental (DMD)
- ❖ Nursing (BSN, RN, DNP, FNP, PMHNP)
- ❖ Behavioral Health / Psychology
- ❖ Occupational Therapy
- ❖ Physical Therapy
- ❖ Health Sciences
- ❖ Allied Health Programs

AHEC Scholars

This Program recruits graduate health profession students from multiple disciplines who are committed to community service and health care transformation. Scholars are placed and trained to work in a rural or medically underserved setting.

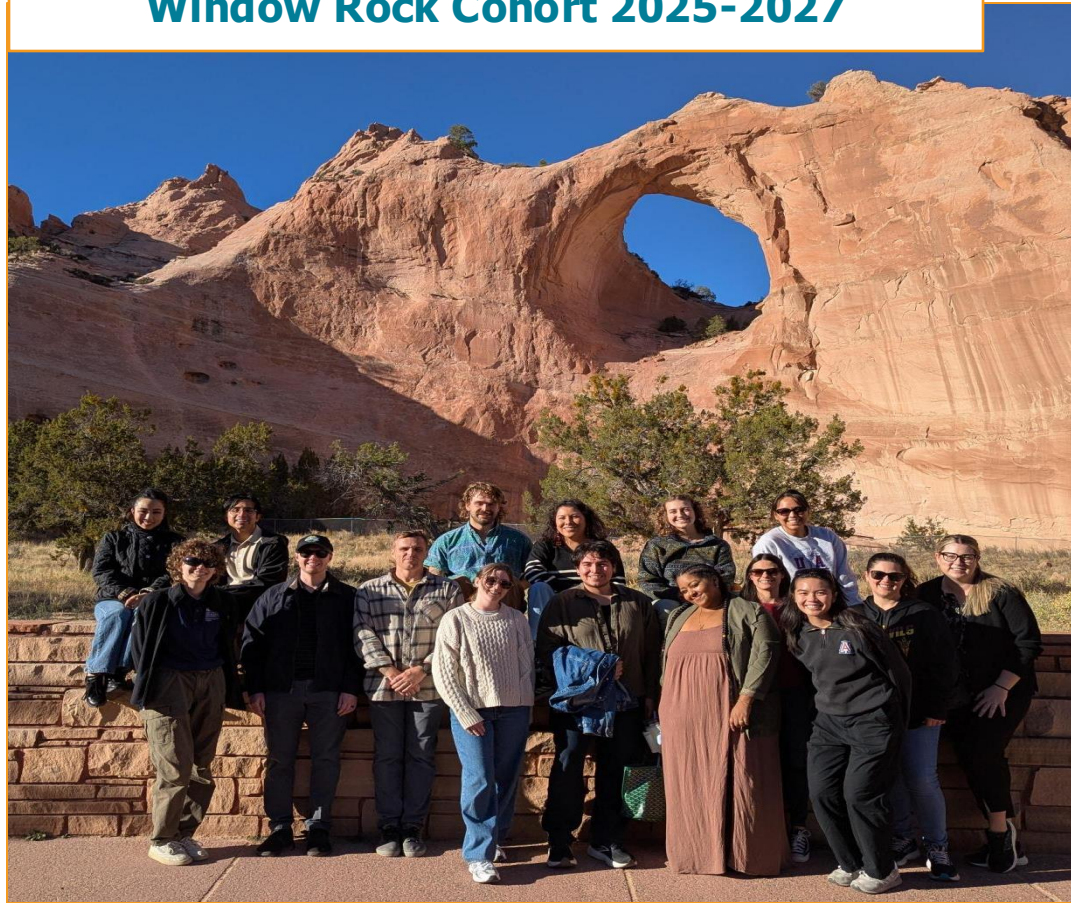
AHEC Scholars Program Components:

- ❖ two-year commitment
- ❖ 40 didactic hours
- ❖ 40 clinical hours
- ❖ networking opportunities
- ❖ interprofessional education
- ❖ cultural competency
- ❖ experience addressing the social determinants of health

AIH-AHEC Scholars are placed in a Tribal community within Arizona. Each Cohort produces a tailored community health project for the community in which they served.

AIH-AHEC Scholar Cohorts

Window Rock Cohort 2025-2027



Hopi Cohort 2024-2026

Continuing Education/Professional Development



AIH-AHEC facilitates continuing professional development for current healthcare providers working within Tribal facilities to assist them with staying current in their field in addition to working towards advanced training and certification that enhances their career and the community they serve



AIH-AHEC supports, strengthens, and increases access to continuing education opportunities for practicing health professionals to enhance quality of care and improve patient outcomes.



Development of programs designed to enhance clinical skills and evidence-based practices, while helping support academic progression and development of high-quality certification levels that allow professional development to expand to the full scope of practice.

Program Highlights 2024-2025



**AIH-AHEC
Scholars**



Clinical Rotations & Internships

140

CBETs supported

23,686

CBET hours completed

Youth Pathways Programs



2,200

Health Career
Participants

Continuing Education



Nearly **300**
participants
across **16** events







Upcoming AIH-AHEC Activities

- Skyline Gila River High School Behavioral Health Careers Event – 2/13/26
- IHEART – ATSU “Rising Healers – A Native American Youth Health Care Expo” April 10, 2026 - AT Stills University Campus
- IHEART – U of A College of Medicine “Rising Healers – A Native American Youth Health Care Expo” Spring 2026 U of A College of Medicine Tucson
- Rural Health Professions Program (RHPP) Conference – April 10th and 11th, 2026 Virtual
- Gila River Health Care’s Elev8 Summer Program
- San Carlos Apache Health Care’s Student Summer Program
- American Indians into Health Professions (Summer / Tucson)
- Med Start Program (June-July 2026 / Tucson)
- AIH-AHEC Scholars Community Immersions (Ft. Defiance / Hopi)




American Indian Health – AHEC “Growing Our Own”


Gila River HEALTH CARE **Baby Scrubs** 
Future Health Heroes


  

Exploring Healthcare Through Play!
Hands-on activities
Dress-up
Storytelling
Puppets



D3 Sacaton Head Start
Sacaton ECCC
San Tan Head Start
Vah- Ki Head Start
Komatike Head Start
CBCS FACE Program

Baby Scrubs Academy


GRHC SHS


A desert landscape featuring several tall saguaro cacti in the foreground and a range of rugged mountains in the background under a blue sky with scattered white clouds. The text "Questions???" is centered in the middle of the image.

Questions???

Contact Information

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AACIHC Grant/Program Updates



Mckayla Keams, Executive Project Coordinator



Tribal Health Advisory Workgroup (THAW) Update

The Tribal Health Advisory Workgroup (THAW) is a collaborative initiative spearheaded by the Arizona Advisory Council on Indian Health Care (AACIHC), the Arizona Health Care Cost Containment System (AHCCCS), and the Arizona Department of Health Services (ADHS).

What's Next?

- Next Meeting: March 2026
- Topic: **Maternal Health**
- Meeting Format: Hybrid (In-Person + Virtual)
 - Continue expansion of hybrid meetings to increase participation.

Stay Connected

- Sign up to receive meeting notices, agendas and registration links.

Marketplace Grant Update

A Collaborative

The Arizona Advisory Council on Indian Health Care (AACIHC) has partnered with Community Catalyst, Children's Action Alliance and the Asian Pacific Community in Action to work on ***increasing health insurance access, so as to make it more affordable and easier to access for historically underserved communities.*** The AACIHC specifically is working to increase this for Tribal communities.
population.

Grants Activities:

1. Marketplace and Health Insurance 101 education
2. Supporting advocacy to protect Medicaid, Medicare and the Marketplace,
3. Collecting stories/information on barriers to health insurance for AI/AN to inform advocacy.





Marketplace Grant: Status & Next Steps

Training & Informational Sessions Update:

- No one-on-one training requests received.
- Planning Northern and Southern regional sessions
 - Identifying state-compliant venues with breakout room capacity
- Ongoing Steering Committee Meetings
 - Provide strategic guidance to ensure training agendas address access to health insurance
 - Identify and engage subject matter experts for upcoming regional trainings

Story Collection Update:

- Story collection is required grant activity, and participation is voluntary.
- Survey has been approved by grant partners and is currently active.
- Feedback may continue to be submitted.
- An informational report will be developed and shared at AACIHC's future townhall.

2026 Winter & Spring Technical Support Series

The AACIHC's Health Education team is *back* and will be holding both virtual and in-person training sessions January through June of 2026! There are currently 40+ trainings scheduled for January through March 2026!

Virtual sessions are already set up for January through March, and the schedule can be found on the AACIHC website under Winter/Spring 2026 Training Schedule at:

- <https://aacihc.az.gov/aacihc-trainngs>
- Half-day and full-day workshops that will be both in-person and virtual will be published soon, and those will run late March through June of 2026!



Upcoming Trainings – February 2026

Title	Date & Time	Audience
Vaccines 101: Vaccine Safety & Manufacturing (Part 2)	February 10, 2026 8:30–9:45 AM	Community Members & Health Care Providers
Grant Writing Series (Parts 1–3)	February 10, 2026 10:00 AM–2:00 PM	Anyone interested in grant writing
Epidemiology 101 (Parts 1 & 2)	Part 1: February 11, 2026 11:00am – 12:00pm Part 2: February 19, 2026 11:00am - 12:00pm	Providers & Public Health Staff
Diabetes Education Series (Parts 1–3)	Part 1: February 18, 2026 9:00-10:30 am Part 2: February 18, 2026 11:00-12:30 pm Part 3: February 20, 2026 9:00-10:30 am	Community Members & Community Health Representatives
Alzheimer’s & Dementia	February 19, 2026 12:30pm-2:00 pm	Providers, Community Members, Caregivers

Upcoming Trainings – March 2026

Title	Date and Time	Audience
Health Insurance Marketplace: Private Insurance, Medicaid and Medicare Options	3/2/2026 9:30-11:00 am	For Providers and Interested Community Members
Medicaid Health Insurance Options for American Indians and Alaskan Natives: Managed Care and Fee-for-Service System Navigation	3/2/2026 11:30-1:00pm	For Community Members, All Health Care Providers, Billers and Administrative Personnel of IHS/638 facilities
Nutrition 101 Optimizing Nutrition for Optimal Health and Disease Prevention	3/3/2026 9:00 am -10:30am	For anyone interested.
CHR Billing – Medicare Billing	3/3/2026 11:00-12:30 pm	For Health Care Providers, Billers and Administrative Personnel of IHS/638 facilities
Doula Billing – Claim Form and Coding Basics	3/4/2026 9:00-10:30 am	For Health Care Providers, Billers and Administrative Personnel of IHS/638 facilities

Upcoming Trainings – March 2026

Title	Date and Time	Audience
Doula Billing – Documentation Basics and Provider Registration	3/4/2026 11:00-12:30 pm	For Health Care Providers, Billers and Administrative Personnel of IHS/638 facilities
Data Sovereignty	3/5/2026 11:00am- 12:00pm	For Providers and Anyone Working with Data
Recommended Check-Up's & Vaccines by Age	3/10/2026 9:30 am -10:30 am	For Community Members and Health Care Providers. This is open to anyone interested in the subject matter.
Staying Physically Fit in a Busy World	3/10/2026 11:30-12:30 pm	For Community Members and Health Care Providers. This is open to anyone interested in the subject matter.
Data Fluency	3/11/2026 11:00am- 12:00pm	For Providers and Anyone Working with Data
Substance Use During Pregnancy and Fetal Alcohol Syndrome	3/18/2026 11:00 am to 12:30 pm	For Community Members and Health Care Providers. This is open to anyone interested in the subject matter.

AACIHC Policy Updates



Corey Hemstreet, AACIHC Legislative Liaison

2026 Legislative Priorities

PURPOSE Per A.R.S 36-2902.01, the AACIHC is established to give tribal governments, tribal organizations and urban Indian health care organizations in this state, representation in shaping Medicaid and health care policies and laws that impact the populations they serve.

Every year, the AACIHC creates a legislative agenda comprising of priorities that will positively impact the Indian healthcare system. AACIHC'S role includes identifying and tracking legislation, providing updates to stakeholders, and providing information and educational opportunities on various topics.

The 2026 legislative priorities are as follows:

1. Murdered & Missing Indigenous Peoples (MMIP)
2. Fraud, Waste, & Abuse (FWA)
3. Early Childhood & Education
4. Child & Maternal Health
5. Maximizing the 100% FMAP for AI/Ans
6. Oral Health
7. Housing

MMIP/FWA

SB1611- American Indian health program; administration | Primary sponsor: Sen. Werner | Status: Assigned to HHS & Rules on 02/03

Overview: Beginning October 01, 2027, the Administration shall contract with a qualified contractor or other qualified entity to serve as the administrative services organization and to perform program integrity and care management functions for members enrolled in the American Indian Health Program. The contract must comply with all applicable federal and state requirements, including the protections for Indian, Indian Health care providers, and Indian managed care entities Pursuant to 42 Code of Federal Regulations Section 438.14.

SB1122-AHCCCS; prior authorization; behavioral health | Primary sponsor: Sen. Werner | Status: DPA in HHS on 01/21

Overview: Prohibits, beginning January 1, 2027, the Arizona Health Care Cost Containment System Administration (AHCCCS) from requiring prior authorization 100% percent prepayment review for behavioral health services provided to a member under the American Indian Health Plan (AIHP) by a behavioral health provider unless outlined conditions apply.

SB1114- appropriation; behavioral health patient brokering | Primary sponsor: Sen. Werner | Status: DP in HHS on 01/28

Overview: Appropriates \$1,000,000 in FY 2027 from the state General Fund (state GF) to the State Treasurer for distribution to the Maricopa County Attorney's Office for investigations relating to behavioral health patient brokering.

SB1173- Behavioral Health facilities; fingerprinting | Primary Sponsor: Sen. Werner | Status: DPA in HHS on 01/28

Overview: Requires, as a condition of licensure for outlined behavioral health facilities, each applicant, licensee and owner to be a U.S. citizen or a lawful permanent resident of the United States and have a valid Level I fingerprint clearance card (FPCC).

SB1115-AHCCCS; remote work; prohibition | Primary Sponsor: Sen. Werner | Status: DP in HHS on 01/29

Overview: Prohibits the Arizona Health Care Cost Containment System (AHCCCS) from allowing employees to work remotely



Maximizing 100% FMAP

HB2177- AHCCCS; waivers; American Indians: services | Primary Sponsor: Rep. Willoughby | Status: DPA in HHS on 01/22

Overview: The bill would require the Arizona Health Care Cost Containment System (AHCCCS) by March 30th to annually request a section 1115 waiver from the federal Centers for Medicare and Medicaid Services (CMS) to cover any AHCCCS-covered services that were eliminated or reduced in the state plan on or after September 2010 if the services are provided by an Indian Health Service (IHS) or Tribal 638 facility.

Oral Health

HB2542- AHCCCS; preventative dental care | Primary Sponsor: Rep. Mathis | Status: Awaiting agenda assignment

Overview: AHCCCS to cover preventative dental care.

SB1372- Medicaid; dental benefit study committee | Primary Sponsor: Sen. Shope | Status: Awaiting agenda assignment

Overview: The Medicaid adult comprehensive dental benefit study committee is established to evaluate the feasibility, cost, long-term fiscal impacts and public health outcomes associated with expanding the Arizona health care cost containment system to include comprehensive dental care for adults, rather than limiting coverage to emergency care and extractions.



Maternal & Child Health

SB1125- DCS; memorandum of understanding; tribes | Primary sponsor: Sen. Werner |
Status: DP in HHS on 01/21 and PFC in Rules on 01/26

Overview: The department shall make efforts on an annual basis to enter into a memorandum of understanding with each Indian tribes located in this state that does not have a current memorandum of understanding with the department.

Status: DP in HHS on 01/21 and PFC in Rules on 01/26

HB2051- AHCCCS; breastfeeding & lactation coverage | Primary Sponsor: Rep. Fink | **Status:**
DPA in HHS on 01/22

Overview: AHCCCS to cover breastfeeding and lactation care services, including consultations, education, counseling, that are provided in inpatient, outpatient, home-based and group settings.



Maternal & Child Health

SB1125- DCS; memorandum of understanding; tribes | Primary sponsor: Sen. Werner |
Status: DP in HHS on 01/21 and PFC in Rules on 01/26

Overview: The department shall make efforts on an annual basis to enter into a memorandum of understanding with each Indian tribes located in this state that does not have a current memorandum of understanding with the department.

Status: DP in HHS on 01/21 and PFC in Rules on 01/26

HB2051- AHCCCS; breastfeeding & lactation coverage | Primary Sponsor: Rep. Fink | **Status:**
DPA in HHS on 01/22

Overview: AHCCCS to cover breastfeeding and lactation care services, including consultations, education, counseling, that are provided in inpatient, outpatient, home-based and group settings.




Administrative Service Organizations (ASO) in Medicaid

What other states have implemented

Medicaid ASO Implementation By State

States with High AI/AN Population

State	State Medicaid Agency	Medicaid ASO Implementation?	ASO Type
Washington	<u>Washington Health Care Authority</u>	Yes	Administering behavioral Health crisis services
New Mexico	<u>New Mexico Health Care Authority- Medical Assistance Division</u>	Yes	Processes payments for BH services by service providers within the BH collaborative network
Oregon	<u>Oregon Health Authority</u>	No	
Oklahoma	<u>Oklahoma Health Care Authority</u>	No	
Montana	<u>Montana Department of Public Health and Human Services</u>	No	



Washington Behavioral Health- Administrative Service Organization (BH-ASO)

State Medicaid Agency: **Washington Health Care Authority.**

RCW 71.24.045: Defines the responsibilities and duties of a Behavioral Health- Administrative Service Organization (BH-ASO)

- Administer behavioral health crisis services
- Coordinate crisis response for Medicaid and non-Medicaid populations.
- No enrollment, Geography-based

WAC 182-538-050: Defines Behavioral Health- Administrative Service Organization (BH-ASO)

"means an entity selected by the Medicaid agency to administer behavioral health services and programs, including crisis services for all people in an integrated managed care regional service area. The BH-ASO administers crisis services for all people in its defined regional service area, regardless of a person's ability to pay."



New Mexico Behavioral Health Collaborative (2004)

State Medicaid Agency: NM Health Care Authority- Medical Assistance Division

ASO: Falling Colors (2017)

HB271: Created the BH Collaborative through legislative authority in the 2004 legislative session

Roles & Responsibilities of Falling Colors (ASO):

- Inventorying all expenditures for mental health and substance abuse services.
- Paying special attention to regional, cultural, rural, frontier, urban and border issues, and seeking and considering suggestions of Native Americans.
- Contracting with a single, Statewide services purchasing entity (SE); Monitoring service capacities and utilization in order to achieve desired performance measures and outcomes;
- Making decisions regarding funds, interdepartmental staff, grant writing and grants management;
- Comprehensive planning and meeting State and federal requirements;
- Overseeing systems of care, data management, performance and outcome indicators, rate setting, services definitions, considering consumer, family and citizen input, monitoring training, assuring that evidence-based practices receive priority, and providing oversight for fraud and abuse and licensing and certification.

**Thank you for
attending!**

If you have any questions,
please contact Corey Hemstreet
at:
corey.hemstreet@aacihc.az.gov

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ARIZONA ADVISORY
COUNCIL ON INDIAN
HEALTH CARE

ARIZONA
HEALTH CARE COST
CONTAINMENT SYSTEM

ARIZONA
— DEPARTMENT OF —
HEALTH SERVICES

Welcome to today's Tri-Agency Q!

While You're Waiting....



Test your audio – make sure you can hear the music.



You were **automatically muted** upon entry



Use the **chat** for questions or click  raise your hand to speak

Join by either phone or computer (please don't join with both)

Thank You!



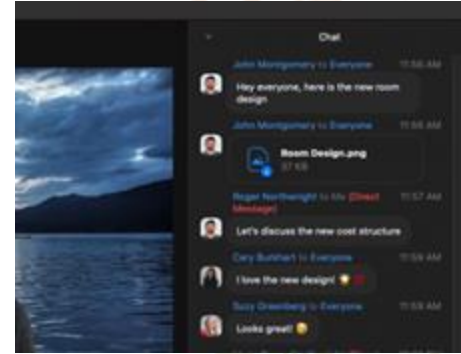
Webinar Tips



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.**



Meeting Protocols & Guidelines

Speaking Priority

1. Tribal Leaders
2. UIO Leaders
3. Appointed Delegates
4. Advisors

Participation Guidelines

- Please restate your name and tribal affiliation when speaking.
- *For online participants:*
 - Please leave a comment with your name, title, and tribal affiliation in the chat box.
 - Use the raise hand feature to speak.



Quarterly Tri-Agency Tribal Consultation/ Townhall Meeting

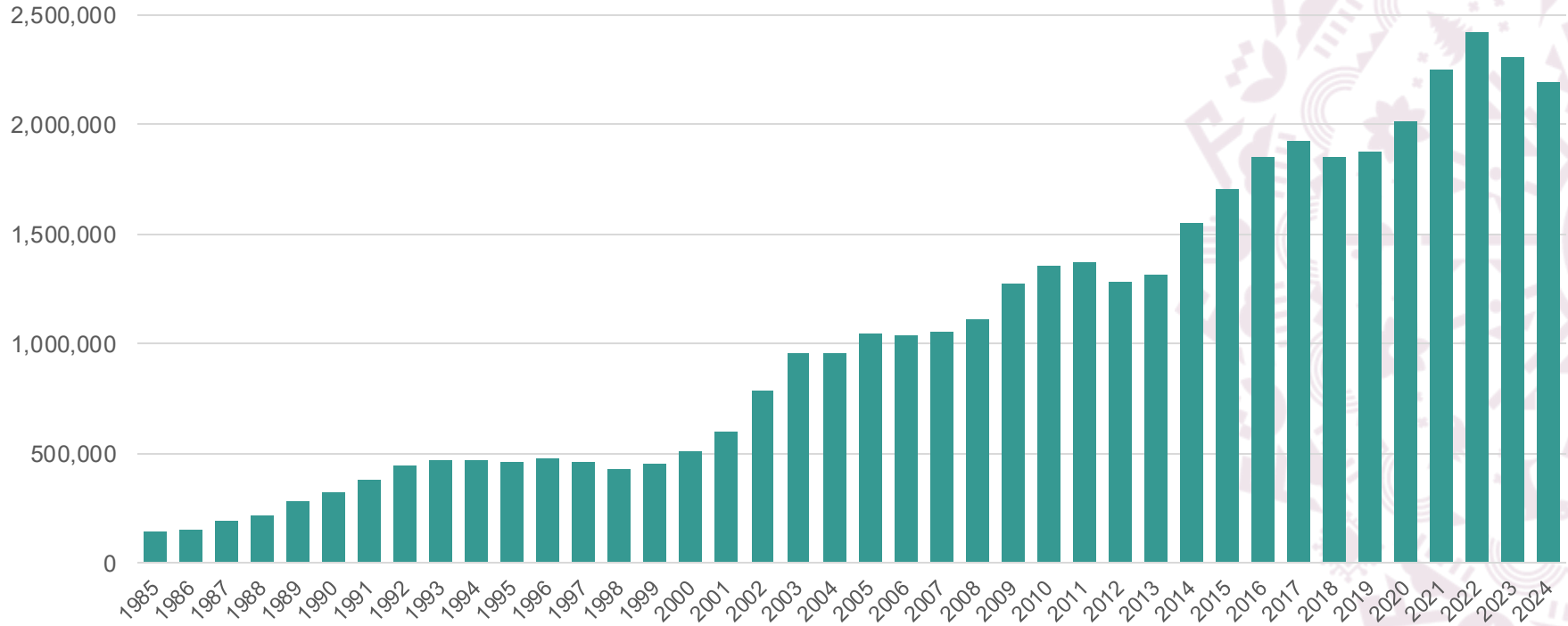
Thursday, February 5, 2026

AHCCCS Updates



Marcus Johnson
Deputy Director
Community Engagement &
Regulatory Affairs

AHCCCS Population as of July 1, 1985 - 2024



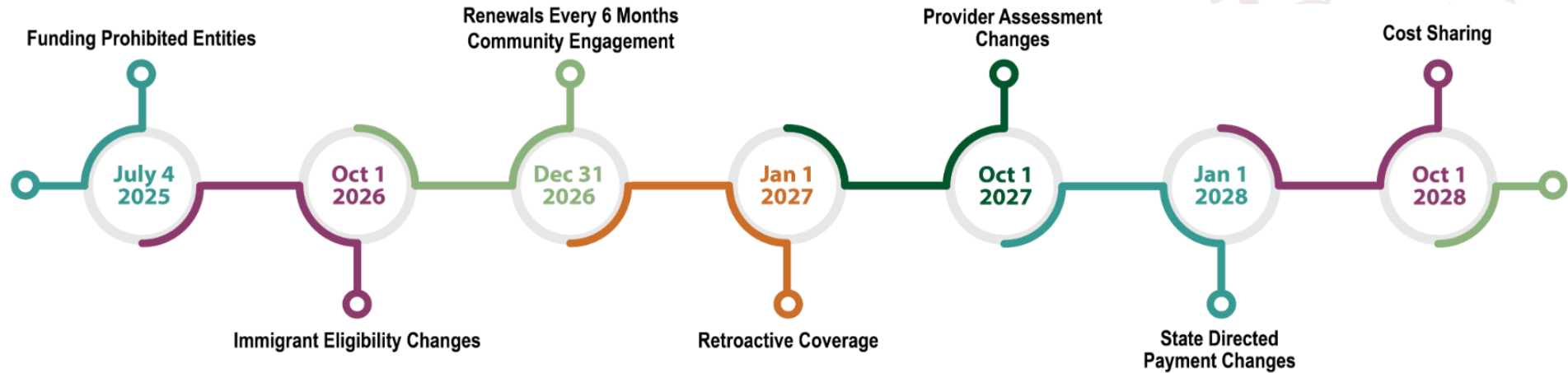
2025: A Big Year for AHCCCS

- Traditional Healing Go Live
- Cochlear Implants and Speech Therapy Coverage Expansion
- Continued system improvements to combat fraudulent billing and member exploitation
- Enhanced provider engagement w/in Fee-for-Service program
- Two Justice Initiatives
 - Consolidated Appropriations Act (CAA): healthcare services for incarcerated youth (launched with ADJC)
 - Reentry Waiver: Reimbursement for services 90 days pre-release (In development)
- Began H.R. 1 Implementation



H.R. 1 Provisions and Implementation Status

H.R. 1 - Key Implementation Dates



Community Engagement Requirements

- **Beginning January 1, 2027**, states are required to establish work/community engagement requirements for certain individuals.
 - **Eligibility:** Work requirements apply to adults between the ages of 19-64. However, outlines a variety of exemptions.
 - **Exemptions:**
 - Pregnant women and those entitled to postpartum medical assistance,
 - Foster and former foster youth,
 - Native Americans/Urban Indians,
 - Veterans with rated disabilities,
 - Medically frail,
 - Others: Active AUD/SUD Treatment, meet work requirements for TANF/SNAP, parents/caregivers of a dependent child 13 years of age and under or an individual with a disability, and individuals who are incarcerated or were released within the past 90 days.

Community Engagement Requirements

- **Compliance:** Individuals subject to the requirement must complete a qualifying activity for at least **80 hours per month**. Activities include employment, community service, work program, > half-time enrollment in educational program, and seasonal workers above an income threshold.
- **Verification:** States must verify at time of application for at least the preceding month (no more than three preceding months) and then ongoing at least once during ongoing eligibility window.
- **Non-Compliance:** If an individual does not comply with these requirements, they will be found ineligible for Medicaid.

Community Engagement Requirements

- **Current Implementation Status**
 - AHCCCS has begun the implementation process of Community Engagement Requirements
 - AHCCCS is publishing a website to provide the latest information on HR1 including FAQs
 - More guidance from CMS is expected by June to inform State implementations
 - AHCCCS will be holding additional stakeholder feedback sessions throughout the year and will put out toolkits for community partners to utilize in keeping members informed and eligible

Eligibility Redeterminations

- **Beginning December 31, 2026**, requires states to conduct eligibility redeterminations for expansion adults every six months (currently once every 12 months)
- This provision directly interacts with the new community engagement requirements. As a result, members subject to these requirements will need to prove engagement with a qualifying activity every 6 months.
- AHCCCS will build on successful techniques from the unwinding including proactive communications to ensure members are aware of upcoming redeterminations

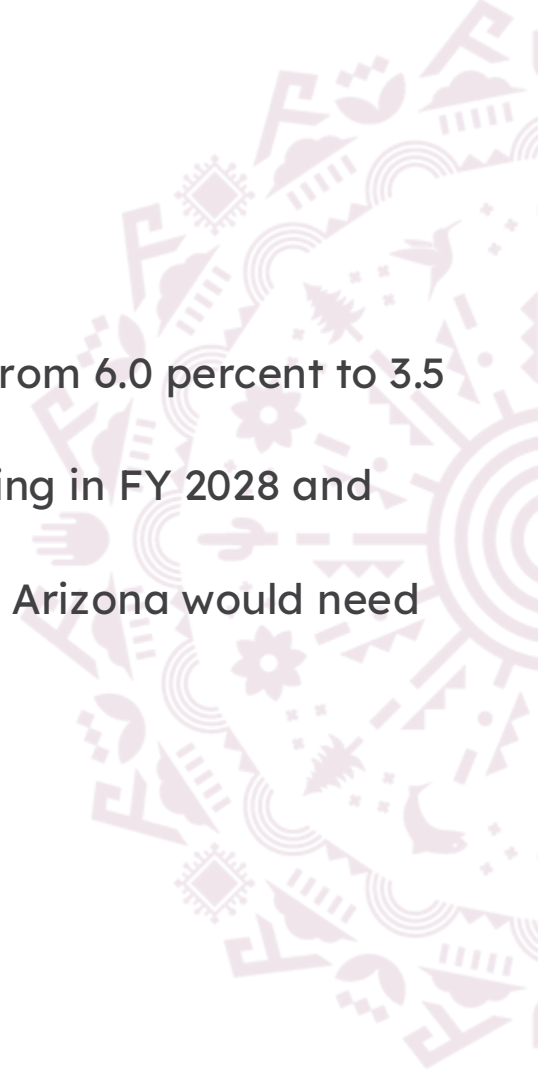
Cost Sharing for Expansion Adults

- Beginning October 1, 2028, requires states to impose cost-sharing for expansion adults with incomes over 100 percent of FPL.
 - Must be more than \$0 and cannot exceed \$35 per item or service
 - States can no longer impose premiums, enrollment fees, etc.
 - Certain services/settings are excluded (primary care, prenatal care, pediatric care, emergency care, FQHCs, rural health clinics)

Provider Taxes

- **Provider Taxes**

- The new law will reduce the maximum allowable tax from 6.0 percent to 3.5 percent of net patient revenue.
 - This decrease will be phased-down by 0.5% starting in FY 2028 and reaching 3.5% in FY 2032.
- According to an analysis by HMA, by fiscal year 2032, Arizona would need to reduce spending by almost \$2.4 billion



State Directed Payments

- **State Directed Payment Reductions**
 - State directed payments (SDPs) are supplemental payments that many states, including Arizona, utilize to augment low Medicaid reimbursement rates for certain providers.
 - Beginning January 1, 2028, this new legislation will phase down existing SDPs by 10 percentage points each year until the total rate reaches 100% of the Medicare Payment Rate.
 - Certain SDPs may be grandfathered (certain rural hospital payments and certain SDPs that were submitted to CMS prior to 7/4/2025).

H.R.1 - One Big Beautiful Bill Act

- **Federal Payments to Prohibited Entities (Section 71113)**
 - For one year following enactment of this legislation, this provision prohibits federal payments to entities that are: 501(c)(3) entities, essential community provider engaged in family planning services, provide abortions, and meet other financial and status criteria.
- **Expansion FMAP for Emergency Medicaid (Section 71110)**
 - Beginning October 1, 2026, sets the FMAP (or federal contribution) for emergency Medicaid to the base FMAP for the state, shifting additional costs to the state.
 - "FMAP" stands for Federal Medical Assistance Percentage and represents the share of cost that is paid by the federal government.

AHCCCS Moving Forward

- 2026 Legislative Session
- 1115 Waiver Renewal
- Medicaid Enterprise System (MES) Modernization continues
- Continued improvements within Fee-for-Service
- Reentry Waiver Implementation: 90 days Pre-Release Coverage
- Rural Health Transformation Program
- HR1 Community Engagement Outreach & Awareness

Federal Relations Updates



Maxwell Seifer

Federal Relations Chief

*Division of Public Policy and Strategic
Planning*

Traditional Healing

- Medicaid reimbursement for TH went live October 1, 2025.
- Each IHS/638 facility, in partnership with their local Tribal community, will individually define which services are most appropriate for Medicaid reimbursement.
- Traditional Healing practices are covered services in both inpatient and outpatient settings, and aid in care coordination and assist AHCCCS beneficiaries in achieving improved health outcomes.
- AHCCCS will reimburse for services provided by traditional healers who are employed by or contracted with an IHS/Tribal 638 facility.
- Traditional healers employed by or contracted with an UIO may provide reimbursable services through a care coordination agreement with an IHS/Tribal 638 facility.
- DFSM Provider Training will continue to provide trainings on TH, including guidance on claims submission.

Independent Evaluation

- AHCCCS has contracted with Health Services Advisory Group (HSAG) to conduct an independent evaluation of Arizona's current Demonstration. This will include the Traditional Healing Waiver.
- Evaluation consist of three main phases of work:
 - Phase I: Develop the Evaluation Design Plans.
 - Phase II: Conduct Interim Evaluations & Develop Interim Evaluation Reports.
 - Phase III: Conduct Summative Evaluations & Develop Summative Evaluation Report.



Themes of Feedback Received

- Evaluate THCP through an **Indigenous framework** to assess health from an Indigenous perspective.
- Avoid measuring THCP against **Western medicine** (PH and BH Metrics)
- Consider **language barriers** and interpretation requirements.
- Consider **member and provider willingness** to participating in focus groups and key informant interviews.
- Outline **data security and privacy safeguards** and coordinate with Tribal organizations to collect data.

Structure and Size of Evaluation

- There are currently 3 hypothesis questions as proposed by HSAG, and we will use evidence and tests in future to check if these hypotheses are supported or not supported.

Structure of the Evaluation:



Hypothesis 1

Hypothesis

Members will utilize Traditional Health Care Practices (THCP) and increase the utilization of healthcare services.

Research
Question #1 and
#2

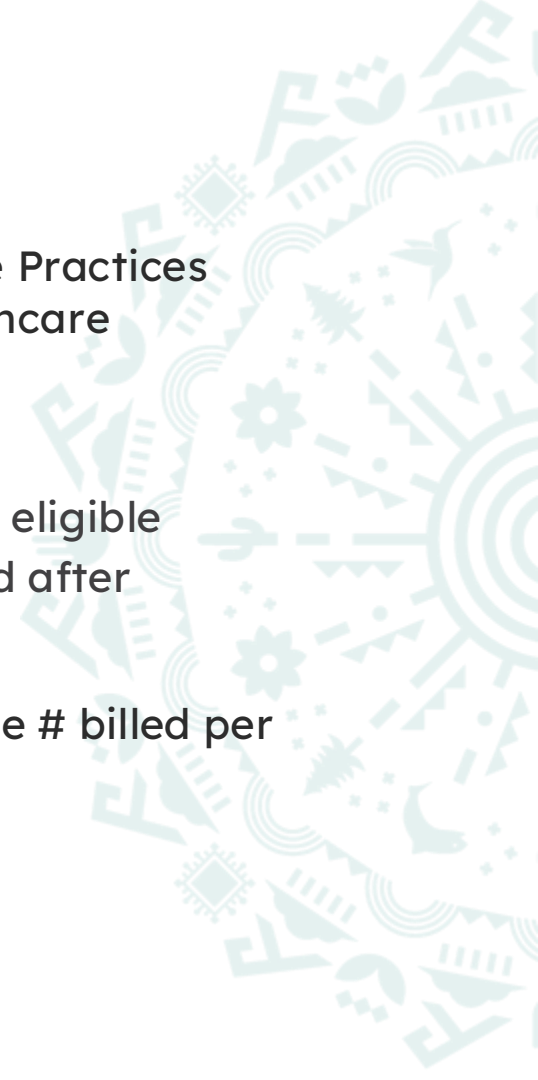
1. Did members utilize Medicaid THCP?
2. How did the service costs change among eligible AI/AN members receiving THCP before and after demonstration implementation?

Measures

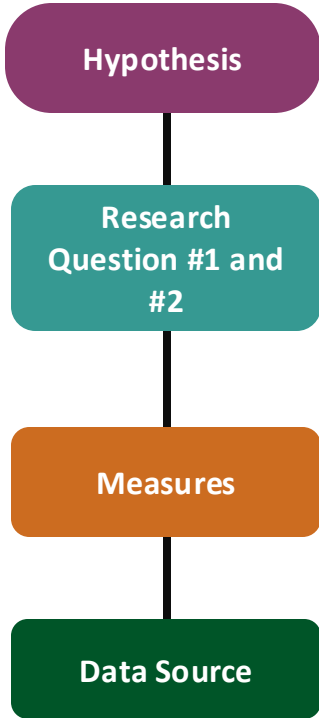
of Medicaid THCP Services Billed/Average # billed per utilizing member
\$ Cost of Medicaid Reimbursed THCP

Data Source

State Administrative Data



Hypothesis 2



Traditional Practitioners will offer THCP to members.

1. How many practitioners or facilities offer Medicaid reimbursed THCP?
2. What were the experiences of stakeholders facilitating THCP?

of participating providers/facilities

Reported barriers and successes of Medicaid TH Services

State Administrative Data & Key Informant Interviews

Hypothesis 3

Hypothesis

Members will experience culturally relevant care through THCP.

Research Question #1 and #2

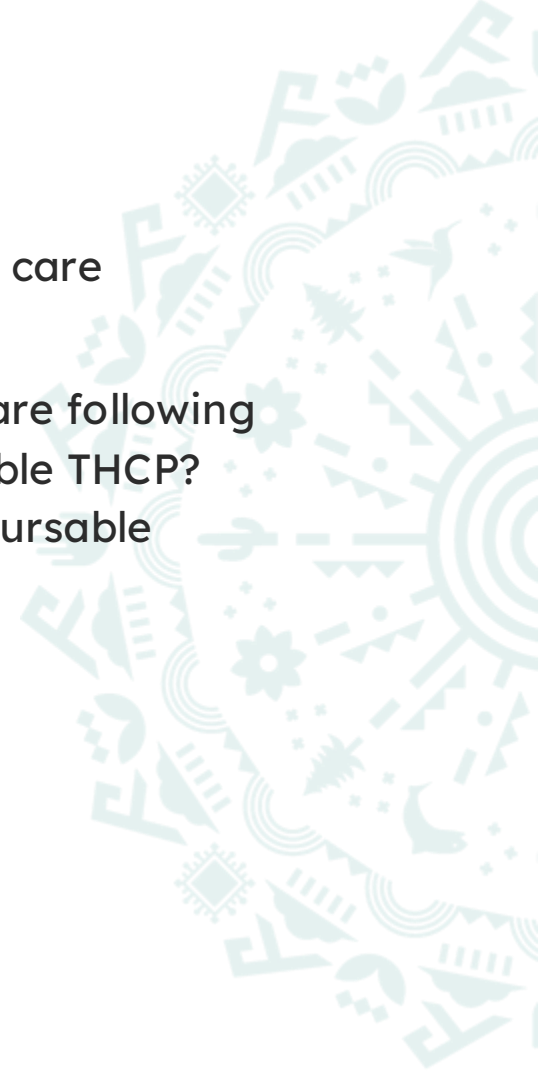
1. What were members' experiences with care following the implementation of Medicaid-reimbursable THCP?
2. Were members aware of Medicaid-reimbursable THCP?

Measures

Member experience with THCP
Barriers to accessing THCP

Data Source

Beneficiary Surveys or Focus Groups



Hypothesis 3, cont.



Members will experience culturally relevant care through THCP.

3. Did members who utilize THCP receive culturally competent care?

4. Did members who utilize THCP experience cultural connectedness?

Members perception of practitioners' cultural competency

Members perception of connectedness to culture and community

Beneficiary Surveys or Focus Groups



What's Next?

- In collaboration with tribal stakeholders, the external traditional healing workgroup, and HSAG, AHCCCS submitted the "final" draft of the Traditional Healing Evaluation Design to CMS on January 29, 2026.
- CMS will now review this submission to ensure it aligns with regulatory expectations and inform the state if any revisions are needed.
 - There is no timeline for CMS to complete this review.
 - AHCCCS will inform the TH Workgroup and tribal stakeholders if any revisions are requested.

All-Inclusive Rate for Tribal ALFs

- On November 18th, 2025, AHCCCS received a formal request to evaluate reimbursing Tribal Assisted Living Facilities (ALFs) at the enhanced Medicaid All-Inclusive Rate (AIR).
 - This formal request followed various discussions and outreach, including a presentation from the Tohono O'odham Nation during the November 4th, 2025 Tribal Consultation.
- Following these requests and discussions, AHCCCS has conducted extensive research into the feasibility of a State Plan Amendment to allow for this change.
- All State Plan Amendments must be allowable under existing Federal statute, rules, and regulations.

All-Inclusive Rate for Tribal ALFs

- Existing guidance from CMS on the AIR seems to indicate that only certain facilities are eligible for reimbursement at this rate. This includes inpatient/outpatient hospital services, clinics, and nursing facilities/skilled nursing facilities.
- AHCCCS was also unable to find any evidence of any other state reimbursing ALFs at the AIR.
 - CMS later confirmed they are also unaware of any ALF being reimbursed at the AIR; however, they have still not given a definitive answer on whether it is allowable.
- Due to this uncertainty, AHCCCS has engaged with CMS on the topic given the novel nature of the request.

All-Inclusive Rate for Tribal ALFs

- Timeline of CMS Engagement:
 - Initial outreach to CMS – October 2025
 - First Round of CMS Questions – October 23 and 24, 2025
 - AHCCCS Response – October 23 and 29, 2025
 - Second Round of CMS Questions – November 13, 2025
 - AHCCCS Response – November 13, 2025
 - Third Round of CMS Questions – February 2, 2026
 - AHCCCS Response – In-Progress



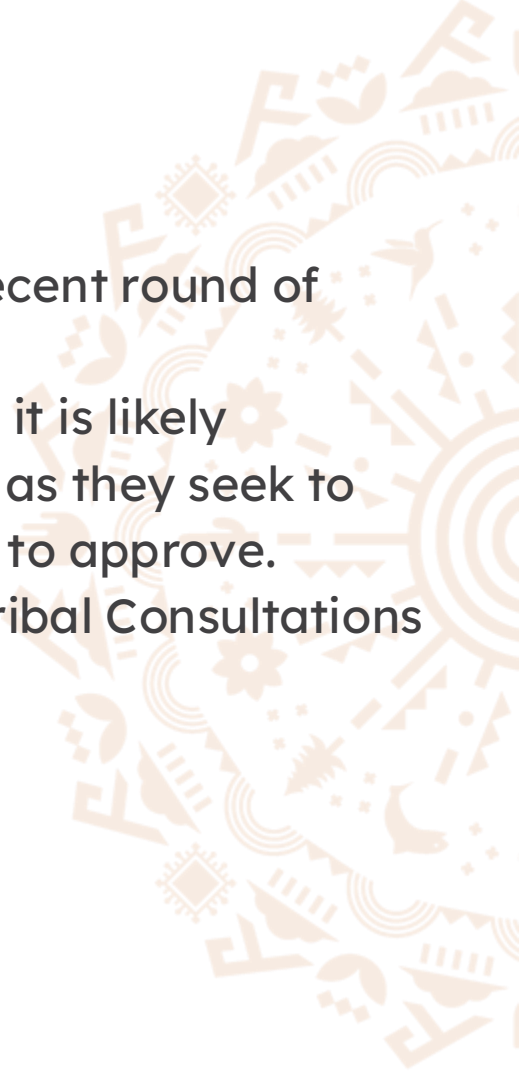
All-Inclusive Rate for Tribal ALFs

- With each round of questions, CMS has been interested in understanding:
 - What authority we currently cover and reimburse Tribal ALFs,
 - How Tribal ALFs interact with our 1115 Waiver and Managed Care,
 - Distinctions between Tribal ALFs and non-Tribal ALFs,
 - What services are provided by Tribal ALFs,
 - *Comparisons of ALF rates in Arizona,
 - *How reimbursing at the AIR may address federal economy and efficiency requirements.

*iIndicates most recent round of CMS questions

All-Inclusive Rate for Tribal ALFs

- AHCCCS is now working on a response to the most recent round of CMS questions.
- Due to the novel nature of this proposal and request, it is likely CMS will have several additional rounds of questions as they seek to determine whether it is a request they would be able to approve.
- AHCCCS will continue to provide updates at future Tribal Consultations until a determination is made by CMS.



Federal Relations Update



Ryan Melson

Federal Relations Specialist, Division of
Public Policy and Strategic Planning

State Plan Amendment (SPA) Updates

School Based Psychologists and Social Workers

- This SPA will allow school based psychologists and social workers to be reimbursed for services provided to AHCCCS members.
- The effective date will be July 1, 2026.

School Based Counselors

- This SPA would allow school counselors to be reimbursed for services provided to AHCCCS members.
- AHCCCS is currently evaluating the feasibility of this change and is seeking additional public input.
- The effective date would be July 1, 2026.

State Plan Amendment (SPA) Updates

Adult Speech Therapy & Cochlear Implants


- This SPA adds speech therapy in an outpatient setting and cochlear implants as covered services to individuals who are at least 21 years of age.
- Program went live on October 1, 2025.



Tribal Open Mic

Participation Guidelines

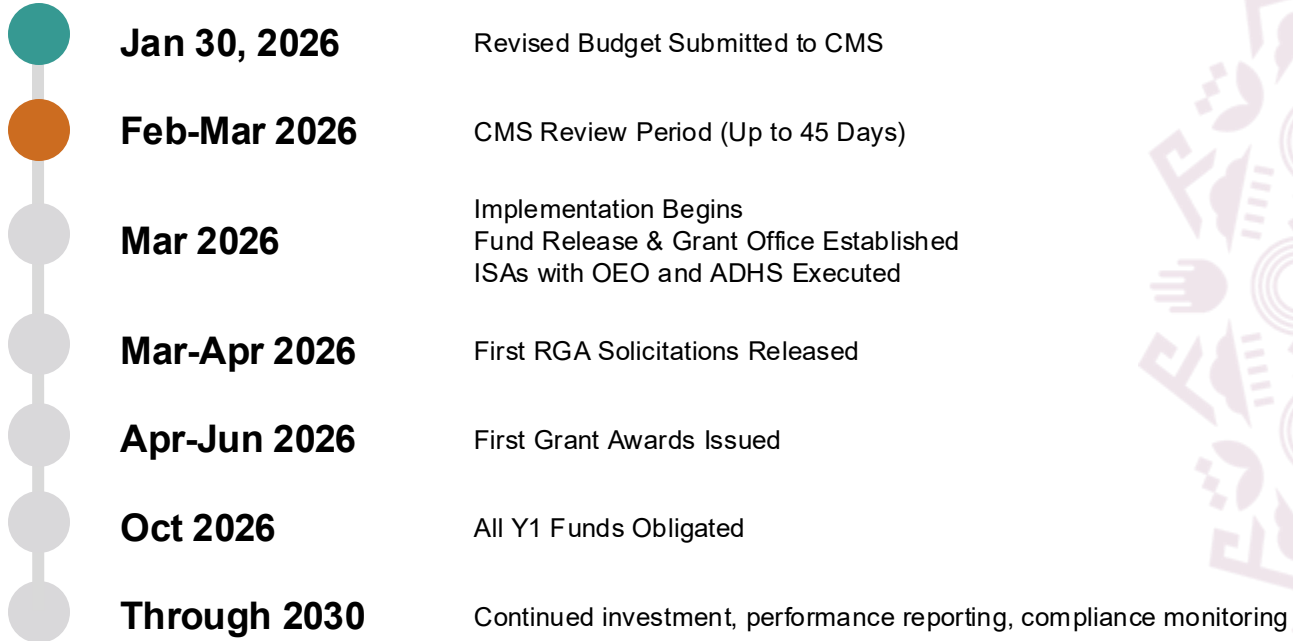
- Please restate your name and tribal affiliation when speaking.
- *For online participants:*
 - Please leave a comment with your name, title, and tribal affiliation in the chat box.
 - Use the raise hand feature to speak.



Rural Health Transformation Program Updates

Office of Governor Katie Hobbs

Implementation Timeline



Program at a Glance

\$167M

Annual Investment

786,000

Rural Arizonans Served

5 Years

Program Duration

Four Strategic Investment Portfolios

Workforce Development & Training

\$47.1M

Lead: OEO

Priority Health Initiatives

\$27M

Lead: AHCCCS & ADHS

Making Rural Healthcare Accessible

\$38M

Lead: AHCCCS

Making Rural Healthcare Resilient

\$38.2M

Lead: AHCCCS

Tribal Eligibility Across All Programs

Eligible Tribal Entities

- ✓ Tribal Nations & Health Departments
- ✓ Tribal Higher Ed Partners, CTED, AHEC
- ✓ Tribally-Operated Health Facilities (638, IHS, TBHA, etc.) Facilities
- ✓ Tribal Community Based Organizations
- ✓ Inter-Tribal Organizations
- ✓ Tribal Provider Consortiums & Associations
- ✓ Urban Indian Health Orgs (serving rural)

Important:

Federally-operated IHS facilities are NOT Eligible. Verify status with CMS/AHCCCS before applying

Universal Requirements

- Active SAM.gov registration with valid UEI
- Demonstrated capacity to receive and manage federal funds in compliance with 2 CFR Part 200
- Alignment with CMS priorities and RHT Program objectives, terms & conditions
- If expending \$750K+ in total federal funds annually, must be current on Single Audit requirements

Geographic Requirements

- Projects must deliver **new or expanded services** targeting **HRSA-designated rural census tracts**
- Includes eligible tracts in **partially rural counties**
- Priority for Projects in:
 - **100% Rural Counties:** Apache, Gila, Graham, Greenlee, La Paz, Navajo, Santa Cruz
 - **USDA Frontier & Remote Area (FAR)** zip codes

Technical Assistance & Tribal Supports

Dedicated Tribal Program Analyst

AHCCCS is dedicating 1 of 5 Program Analysts exclusively to providing technical assistance for Tribal applicants and grantees across all four program portfolios. This single point of contact will ensure consistent, culturally-informed support throughout the entire grant lifecycle.

Technical Assistance Services

- Single point of contact on RHT programs
- Pre-application consultation & guidance
- Application development assistance
- Budget development support
- Compliance & federal requirements guidance
- Quarterly reporting assistance
- Information Sessions at Tribal Health Summits & Events

5% Evaluation Bonus Points

How it Works:

Applications for competitive awards demonstrating meaningful Tribal engagement will receive up to 5% bonus points ADDED to their base evaluation score.

Qualify by Demonstrating:

- ✓ Tribal applicant or formal recognized affiliation
- ✓ Formal partnerships with Tribal health systems
- ✓ Evidence of G2G consultation
- ✓ Culturally responsive project design
- ✓ Letters of support from Tribal leadership

Allowable Activities

Example Activities Eligible for RHT Funding

- ✓ Equipment purchases (diagnostic, clinical, telehealth)
- ✓ EHR upgrades, enhancements, new modules (5% Cap Replacements)
- ✓ Mobile Health unit acquisition & operation
- ✓ Minor renovations linked to program goals
- ✓ Workforce training and clinical education
- ✓ Student and healthcare professional financial incentives tied to 5 year service commitments
- ✓ Telehealth infrastructure and equipment
- ✓ Remote patient monitoring technology and equipment
- ✓ Care coordination platforms
- ✓ Crisis response services & BH expansion
- ✓ Technical Assistance & capacity building
- ✓ Culturally responsive care models

Federal Expenditure Caps (% of total award)

20%

Capital Expenditures

15%

Provider Payments

10%

Admin Costs

5%

EHR Replacement

Unallowable Activities

Activities NOT PERMITTED Under RHT

- New Construction or building expansion
- Major renovations/cosmetic upgrades
- Broadband infrastructure
- Supplanting existing federal, state, tribal, or private funding
- Duplicating services reimbursable by insurance
- Lobbying or political activities
- Pre-award costs (before grant execution)
- Promotional items, marketing material, not tied to program objectives
- Clinician salaries with non-compete clauses
- Certain telecom/video surveillance equipment
- Independent research and development
- Costs not allocable to approved project

How Tribes Can Prepare: Portfolios 1 & 2

Portfolio 1: Workforce Development

- Assess current workforce gaps and vacancies
- Identify training needs and certification gaps
- Document retention challenges with data
- Partner with universities, community colleges, CTEDs, AHECs
- Survey tribal provider networks and associations on professional development needs
- Identify preceptor/training capacity/gaps at your facility

Portfolio 2: Priority Health Initiatives

- Compile health disparity data for your community
- Document maternal health service gaps
- Inventory behavioral health capacity
- Identify chronic disease priorities and population data
- Engage community health leaders
- Map existing prevention programs
- Develop/formalize inter-tribal and tribal-county partnerships

Universal Preparation Steps

- ✓ Register in SAM.gov and obtain/verify UEI
- ✓ Ensure Single Audit compliance (if managing \$750K+ federal funds)
- ✓ Gather letters of support from Tribal leadership
- ✓ Keep watch of AHCCCS communication for pre-application consults

How Tribes Can Prepare: Portfolios 3 & 4

Portfolio 3: Healthcare Access

- Assess current telehealth use and expansion readiness
- Identify connectivity challenges (not broadband)
- Map geographic service delivery gaps (primary, specialty, emergency, at-home, etc.)
- Evaluate mobile health unit feasibility
- Consider tribal health partnership opportunities
- Identify pilots for alternative care models not currently funded by insurance

Portfolio 4: Healthcare Resilience

- Inventory aging/needed medical equipment and technology
- Document current HER limitations
- Identify shared administrative burden areas
- Explore shared service opportunities
- Access cybersecurity enhancements
- Evaluate drivers of revenue cycle and operational challenges benefiting from technical assistance

Application Tips

- Clearly articulate rural health need and geographic eligibility with data
- Demonstrate organizational capacity

- Show sustainability plan beyond grant period
- Include culturally responsive elements for 5% bonus

Next Steps

1. Review this brief with Tribal health leadership
2. Identify priority portfolios aligned with community needs
3. Begin internal capacity assessments for target initiatives
4. Ensure SAM.gov registration and UEI are current
5. Be on the lookout for announcements on AZ RHT grant office launch, website launch, hiring, and grant announcements
6. Be on the lookout for future program specific tribal consults from partner agencies

Contact

Reach out to [AHCCCS Tribal Relations](#) on G2G formal inquiries or tribal consults

Reach out to [Josue Macias](#) for general RHT program information

Tribal Open Mic

Participation Guidelines

- Please restate your name and tribal affiliation when speaking.
- *For online participants:*
 - Please leave a comment with your name, title, and tribal affiliation in the chat box.
 - Use the raise hand feature to speak.



Division of Fee-For-Service Management (DFSM) Updates

Leslie Short

DFSM Deputy Assistant Director

Edelmira Araya

DFSM Care Management Manager

Care Management Overview:



Care Management assists/facilitates individualized care coordination to meet the needs of each member.



The mission of AIHP Care Managers is to support provider-level case managers, Tribal Regional Behavioral Health Authorities (TRBHAs), American Indian Medical Homes (AIMHs), and other healthcare professionals in providing comprehensive, quality healthcare to our members.



DFSM Care Managers provide care coordination support at the provider level by working with member's care/clinical team and case manager to coordinate services when a member has complex healthcare needs.

Clinical Team Assignments

Identify

Approximately 200 members with an SMI designation identified*

Partner

70 Outpatient provider locations engaged

Match

Pair members with providers

Implement

Conduct member outreach

Looking Forward



TRACK OUTCOMES OF OUTREACH EFFORTS FROM BOTH THE CARE MANAGEMENT TEAM AND THE OUTPATIENT PROVIDERS TO MONITOR ENGAGEMENT AND ENSURE FOLLOW-UP SUCCESS.



STRENGTHEN AND EXPAND PARTNERSHIPS WITH PROVIDERS TO GROW OUR RESOURCE LIST.



IDENTIFY COMMUNITY RESOURCES TO AIDE WHEN MEMBERS OUTREACH ATTEMPTS ARE UNSUCCESSFUL.

FFS Prior Authorization

- Targeted resources to assist in meeting and sustaining behavioral health prior authorization turn-around-times
- New project launched to upgrade PA platform for enhanced workflow
- Upcoming changes to AMPM 810, FFS Utilization Management and AMPM 820, FFS Prior Authorization Requirements:
 - Implementation of 14-day extension for submission of PA documentation
 - Public Comment/Tribal Consultation review period anticipated late spring/early summer
- Implementation of regular cadence of behavioral health prior authorization training for providers

FFS Provider Training

- Quality Management
 - Overview of key quality topics including onsite and virtual review, incident, accident, and death reporting, and efforts to improve quality, safety, and program integrity.
- Quality Assurance Compliance and Monitoring
 - Overview of quality monitoring process, including initiation, review and resolution of Memos of Concern and Corrective Action Plans.
- DFSSM/TRBHA provider training collaboration
 - Aims to enhance provider education and understanding on the role of the TRBHA and enhance care coordination efforts.

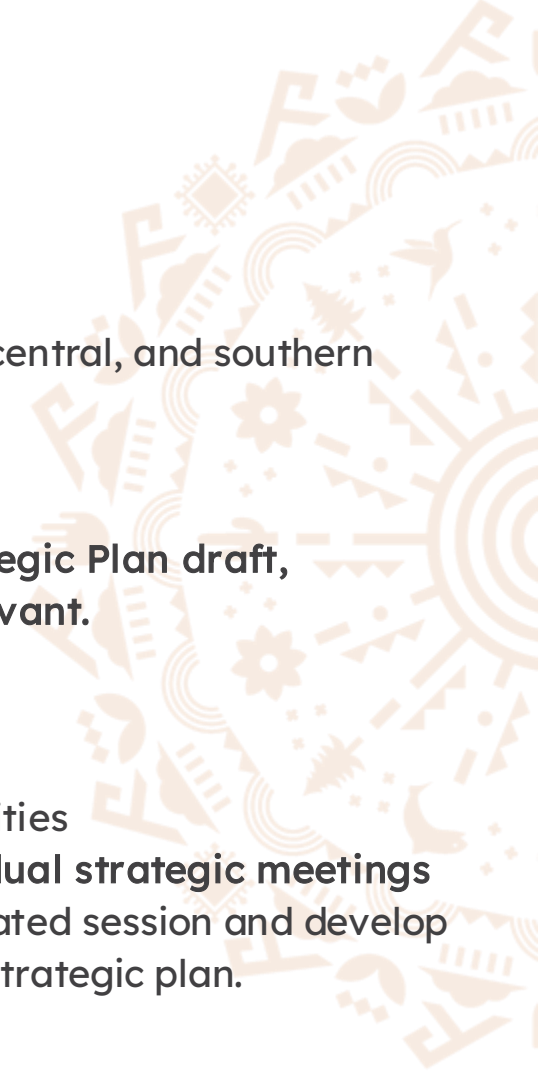
FFS Provider Training cont'd

- Training resources including Claims Clues, Denial Resolution Guide, Training Schedules, Training Guides, etc.
 - https://www.azahcccs.gov/Resources/Training/DFSM_Training.html
- Future Training Needs
 - What trends have you noticed or future training topics would you like to see offered?



DFSM Strategic Plan

- Recap of strategic planning sessions
 - Convened 3 strategic planning sessions in August: northern, central, and southern Arizona
 - Built on the January 30, 2025, Strategic Planning Meeting
 - 38 tribal partners and 21 AHCCCS staff members.
 - **Thoughtful feedback helped refine the 5-year DFSM Strategic Plan draft, ensuring it is meaningful, culturally appropriate, and relevant.**
- Next steps
 - Not all 22 tribes were represented
 - Recognize that each Tribe faces unique challenges and priorities
 - **Extending an invitation to each of the 22 tribes for individual strategic meetings**
 - Each tribe will have the opportunity to participate in a dedicated session and develop a unique strategic plan or opt to join the overarching DFSM strategic plan.



DFSM Strategic Plan

- **1:1 Consultations**

Based on Tribal direction and to honor Tribe-specific needs, DFSM will conduct one-on-one consultations with each Tribe. We will follow your preferred format, scope, participants, and cultural protocols, and will coordinate through your designated point of contact.

- **Optional Tribal Council Presentation**

AHCCCS staff are available to provide an overview of the initiative at a Tribal Council meeting (in-person or virtual). Please share your agenda process or a Council POC if interested.

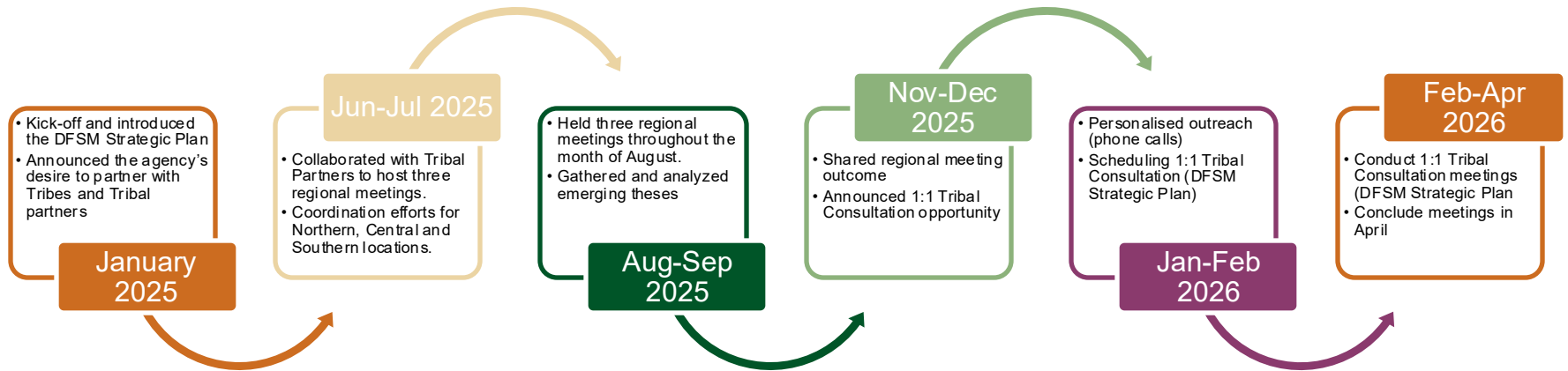
DFSM Strategic Plan

- **Next Steps — Please respond by February 20, 2026**

You may:

- **Schedule a 1:1 consultation** by identifying a Tribal POC (name, title, contact information). Recommended invitees may include Tribal leadership, Health Administration, IHS/638 and TRBHA representatives, program leads (primary care, dental, PRC, billing), and any additional representatives you designate.
- **Decline participation at this time.** You may reengage at any point.
- **Request a Tribal Council presentation** before deciding on participation.
- **Propose an alternate engagement format** that better reflects your protocols or priorities.
- Consultations are anticipated between **February–April 2026.**
- Email: TribalRelations@azahcccs.gov for more information.

DFSM Strategic Plan Timeline



Traditional Healing

- Medicaid reimbursement for TH went live October 1, 2025
- Each IHS/638 facility, in partnership with their local Tribal community, will individually define which services are most appropriate for Medicaid reimbursement.
- Traditional Healing practices are covered services in both inpatient and outpatient settings, and aid in care coordination and assist AHCCCS beneficiaries in achieving improved health outcomes.
- AHCCCS will reimburse for services provided by traditional healers who are employed by or contracted with an IHS/Tribal 638 facility.
- Traditional healers employed by or contracted with an UIO may provide reimbursable services through a care coordination agreement with an IHS/Tribal 638 facility.
- DFSSM Provider Training will continue to provide trainings on TH, including guidance on claims submission.
- **Next TH Provider Training will be February 2, 2026**

TH Resources and Quick Links

- <https://www.azahcccs.gov/Resources/Downloads/Federal/CMSApprovalLetterTraditionalHealthCarePractice.pdf>
- <https://www.azahcccs.gov/Resources/StatePlans/>
- <https://www.azahcccs.gov/PlansProviders/RatesAndBilling/ProviderManuals/IHStribalbillingManual.html>
- https://www.azahcccs.gov/Resources/Training/DFSM_Training.html
- <https://www.azahcccs.gov/Resources/Downloads/Federal/TraditionalHealingFAQs.pdf>





Open Discussion



AHCCCS – Division of Business and Finance

Margaret Hackler

Valued Based Purchasing/DAP Manager

Differential Adjusted Payments (DAP) Background

- Since 2016 DAP has been used to incentivize providers that have committed to supporting actions that improve patients' care experience, improve members' health, and reduce cost of care.
- DAPs are intended to be short-term payments to incentivize specific behaviors on the part of the providers. DAPs are time-limited and expire at the end of the contract year.
- DAPs are positive adjustments to the AHCCCS Fee Schedule and the health plans are required to pass through DAP increases to their contracted rates.
- AHCCCS currently has DAPs available for various provider types such as inpatient and outpatient hospitals, outpatient clinics, HCBS providers, nursing facilities, etc.

CYE 27 IHS/Tribal 638 Facility DAPs Provider Type 02 (Up to 3.0%)

- **Health Information Exchange (HIE) Integration (1.5%)**
- **Social Determinants of Health Closed Loop Referral System (0.5%)**
- **Maternal Syphilis Screening (0.5%)**
- **Medications for Opioid Use Disorder Enhancement Program (0.5%)**

New DAPs for Other Provider Types

- **Hospitals Subject to APR-DRG Reimbursement**
 - Medications for Opioid Use Disorder Enhancement Program **NEW**
 - Maternal Syphilis Program **NEW**
- **Critical Access Hospitals**
 - Medications for Opioid Use Disorder Enhancement Program **NEW**
 - Maternal Syphilis Program **NEW**
- **Psychiatric Hospitals**
 - Medications for Opioid Use Disorder Enhancement Program **NEW**
 - Maternal Syphilis Program **NEW**
- **Specialty Per Diem Hospitals**
 - Long-Term Care Hospital Pressure Ulcer Performance Measure
 - Inpatient Rehabilitation Pressure Ulcer Performance Measure

New DAPs for Other Provider Types

- **Residential Treatment Centers and Subacute Facilities**
 - **Health Information Exchange: Integration**
 - **Social Determinants of Health**
- **Freestanding Emergency Departments**
 - **Medications for Opioid Use Disorder Enhancement Program**
 - **Maternal Syphilis Program**
- **Nursing Facilities**
 - **Health Information Exchange: Integration**
 - **Antipsychotic Medication Performance Measure**
 - **Depressive Symptoms Performance Measure**

New DAPs for Other Provider Types

- **Behavioral Health Outpatient Clinics and Integrated Clinics**
 - **Health Information Exchange: Integration**
 - **Provision of Services to Members in a Difficult to Access Location**
 - **Wraparound Training**
 - **CFT Facilitator: A FOCUS Approach Training **NEW****
- **Behavioral Health Providers**
 - **Newly Licensed Behavioral Health Therapeutic Homes**
 - **Continuous Therapeutic Foster Care Services**
- **Dental Providers**
 - **Bundled Services**

New DAPs for Other Provider Types

- **Home and Community Based Services**
 - **Health Information Exchange Participation**
 - **Electronic Visit Verification (EVV) Auto Verified Visit**
- **Hospice and Dialysis Clinics **NEW****
 - **Arizona Health Directives Registry**

Helpful Information

- Link to Preliminary Public Notice
 - https://www.azahcccs.gov/AHCCCS/Downloads/PublicNotices/CYE_2027_Preliminary_DAP_Notice.pdf
- Public Comments are due by 5pm on March 15th
 - Send to the following email address: AHCCCS DAP@azahcccs.gov
- Sign up to receive DAP notifications and updates
 - <https://lp.constantcontactpages.com/sl/6z0qCwB>
- Frequently Asked Questions
 - https://www.azahcccs.gov/PlansProviders/Downloads/DAP_FrequentlyAskedQuestions.pdf

Tribal Open Mic

Participation Guidelines

- Please restate your name and tribal affiliation when speaking.
- *For online participants:*
 - Please leave a comment with your name, title, and tribal affiliation in the chat box.
 - Use the raise hand feature to speak.

Announcements





Thank you!



NATIVE AMERICAN CONNECTIONS

Quarterly Tri-Agency Tribal Consultation/ Townhall

Thursday, May 7, 2026 | **Date**

8:30 a.m. – 4:30PM | **Time**

Twin Arrows Casino, Flagstaff, AZ *(subject to change)* | **Location**



Hosted By:

Sage Memorial Hospital

NAVAJO HEALTH FOUNDATION



Seeking Tribal Hosts

Scan the QR code or click the link to complete the [Tribal Host Interest Form](#) to let us know your availability & preferences.



Hosting meetings on Tribal lands reflects and honors Tribal Sovereignty by:

- Supporting government-to-government relationships
- Centering Tribal voices
- Creating a more accessible environment for Tribal leaders and community members

Examples of Meetings:

- Quarterly Tri-Agency Meetings
- Ad hoc AHCCCS Tribal Consultation
- DFSM Strategic Planning Sessions
- Traditional Healing Workgroup meetings

2026

- August: Rainbow Treatment Center, Whiteriver, AZ
- November: Open

2027

- February, May, August, November - Open

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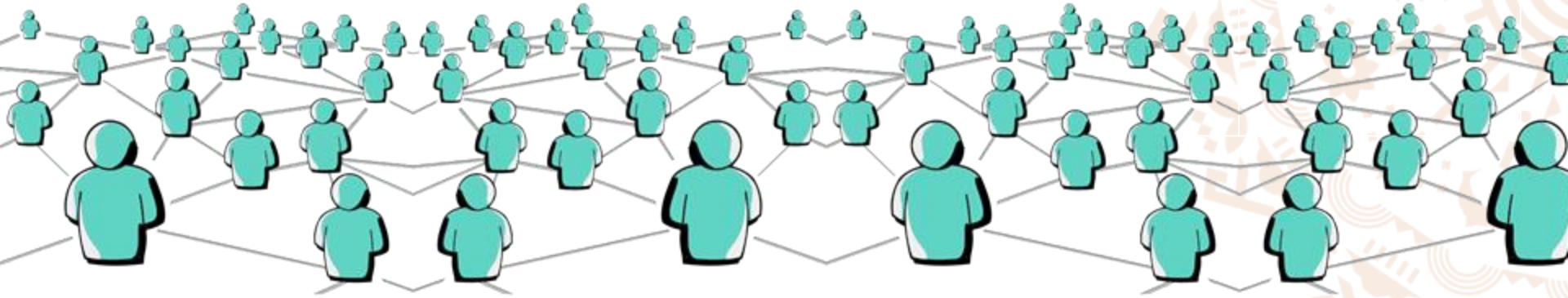
[@AHCCCSGov](https://www.instagram.com/AHCCCSGov)

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YouTube

[AHCCCSgov](https://www.youtube.com/AHCCCSgov)



Learn about AHCCCS' Medicaid Program on YouTube!

AHCCCS
Explains...

Medicaid Eligibility

AHCCCS
Explains...

ALTCS

AHCCCS
Explains...

Health-e-Arizona Plus



Other Resources - Quick Links

- AHCCCS [Waiver](#)
- AHCCCS [State Plan](#)
- AHCCCS [Grants](#)
- [About AHCCCS](#)
- [AHCCCS Acronyms](#)
- [State Medicaid Advisory Committee \(SMAC\)](#)
- [Beneficiary Advisory Council \(BAC\)](#)
- [AHCCCS Tribal Consultation](#)
- AHCCCS [Whole Person Care Initiative \(WPCI\)](#)
- AHCCCS [Office of Human Rights](#)
- AHCCCS [Office of Individual and Family Affairs](#)
- [ALTCS](#) Email: mcotransitions@azahcccs.gov FAQ: chrome-extension://efaidnbnmnnibpcajpcglclefindmkaj/https://www.azahcccs.gov/Resources/Downloads/ALTCS-EPD/ALTCS-EPD_FAQ.pdf



Closing Remarks

Marcus Johnson
AHCCCS Deputy Director,
Community Engagement & Regulatory Affairs



ARIZONA
DEPARTMENT OF
HEALTH SERVICES



ARIZONA ADVISORY
COUNCIL ON INDIAN
HEALTH CARE

ARIZONA
HEALTH CARE COST
CONTAINMENT SYSTEM

Thank you!
Have a great day!

