

Indian Health Services and Tribally Operated 638 Facilities
Supplemental Payment Program
Waiver Evaluation Survey

Please respond to the following questions:

1. What percentage of your overall budget do Medicaid payments represent?
2. What percentage of your facility's Medicaid funding is attributable to services provided to childless adults?
3. What staffing reductions were you prepared to make at your facility due to recent AHCCCS benefit reductions and eligibility restrictions? (Please include the number of staff and type of staff.)
4. How have these supplemental payments allowed you to either maintain or increase your staffing (e.g., were you able to keep podiatrists on staff or increase number of PCPs or Nurse Practitioners)?
5. What service reductions were you prepared to make at your facility due to recent AHCCCS benefit reductions and eligibility restrictions? (Please list the specific service types.)
6. How have these supplemental payments allowed you to either maintain or increase your service levels or types (e.g., are you able to continue to offer adult dental services or podiatry)?
7. Have you been able to maintain or expand your hours or operation at your facility as a result of these supplemental payments? If yes, please explain.
8. Have these supplemental payments assisted your facility in attaining and maintaining accreditation? If yes, please explain how?