**AHCCCS TRIBAL CONSULTATION MEETING**

**April 17, 2014**

**Fort McDowell Yavapai Nation, Wassaja Conference Center**

**10438 N. Ft McDowell Road, Fountain Hills, AZ 85264**

**Conference Bridge: 1-877-820-7831, Participant Passcode: 108903#**

**NOTIFICATION TO TRIBES:**

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| April 3, 2014Good Afternoon Everyone,Attached is the draft agenda for the April 17, 2014 AHCCCS Tribal Consultation meeting from 9:00 a.m. – 11:30 a.m. The meeting will be hosted by the Fort McDowell Yavapai Apache Nation at the following location:Fort McDowell Radisson Resort – Wassaja Conference Center, Room 11410438 N. Fort McDowell RoadFountain Hills, AZ 85264Conference Call-In #: 1-877-820-7831, Participant Passcode: 108903#AHCCCS appreciates the generosity of the Fort McDowell Yavapai Nation. We look forward to seeing our tribal partners on the 17th. Don’t hesitate to contact me if you have questions regarding this meeting.Sincerely, ***Bonnie Talakte***Tribal Relations Liaison **|** AHCCCSOffice of Intergovernmental Relations801 E. Jefferson St., MD-4100 **|** Phoenix, AZ 85034(602) 417-4610 (Office) **|** (602) 256-6756 (Fax)Bonnie.talakte@azahcccs.gov |

**MEETING ATTENDEES:**

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| TribesRepresented | Colorado River Indian Tribes: Amanda BarreraFort McDowell Yavapai Nation: Demetra Barr, Pamela Mott, Roddy PilcherHopi Tribe: Lori Joshweseoma, Leon Lomakema, Danny HonanieNavajo Nation: Marie Keyonnie, Theresa Galvin, Rosalind Begay, Genevieve HolonaPascua Yaqui Tribe: Linda Guerrero, Rosa Rivera Salt River Pima-Maricopa Indian Community: Jon Godfrey, Annette BrownSan Carolos Apache Tribe: Ron Ritter, Cherrill Williams, Tohono O’odham Nation: Jennie Becenti, Wavalene Romero, Tina Aguilar, Sandra Sixkiller, Lynette Halfman, Joni Jim White Mountain Apache Tribe: Charlene Hamilton, Paula Perry, Alutha Velazquez, Eileen Altaha, Shannon Gollner, Joycelyn ThompsonYavapai-Apache Nation: Genevieve Russell, Hazel Siow |
| I/T/Us | Tuba City Regional Health Care Corporation: Violet Skinner, Melverta Barlow, Misty JohnsonWinslow Indian Health Care Center: Alutha Yellowhair Native Connections: Mary MaytubbyNative Health: Evelina Maho, Walter Murillo Phoenix Area Indian Health Services: Carol Chicharello Tucson Area Indian Health Services: Adam Archuleta, Patti Whitethorne, Twila Guerrero  |
| Tribal Organizations | Inter-Tribal Council of Arizona (ITCA): Verna Johnson, Cynthia Freeman  |
| State Agencies | Arizona Council on Indian Health Care: Lydia Enriquez, Brendalee LopezArizona Department of Behavioral Health Services: Lydia Hubbard-Pourier Social Security Administration: Kimberly Yellow Robe |
| Other | American Indian Health Management Policy: David TonemahRecover Care: Norma Robertson, Davis CoulterTotal Transit: Orlando Segovia, Julia WilliamsMercy Maricopa Integrated Care: Faron Jack Native Resource Development: Penny Emerson, Jermiah KanuhoAmerican Native Medical Transportation: Ross Dia |
| AHCCCS Representatives | Thomas Betlach, Monica Coury, Bonnie Talakte, Rebecca Fields, Michal Rudnick, Elizabeth Carpio, Jill Shepherd, Denise Taylor-Sands, Robert Davidson, Patricia Garcia, Connie Williams, Debbie Reichow, Virginia Rountree, Cheryl Begay, Beth Lazare, Melissa Arzabal, Ben Runkle, Matt Devlin  |

**AGENDA**

**AHCCCS TRIBAL CONSULTATION MEETING**

 **With Tribal Leaders, Tribes, Indian Health Services, Tribal Health Programs Operated**

 **under P.L. 93-638 and Urban Indian Health Programs**

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 **Date: April 17, 2014,**

 **Time: 9:00 a.m. – 11:30 a.m. (Phoenix Time)**

 **Location: Ft. McDowell Yavapai Nation**

 **Ft. McDowell Radisson Resort – Wassaja Conference Center**

 **10438 N. Ft. McDowell Rd.**

 **Fountain Hills, AZ 85264**

 **Conference Call-In: 1-877-820-7831 Participant Passcode: 108903#**

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|  **TIME TOPIC** | **PRESENTER** |
| 9:00 – 9:15 a.m. Welcome   Ft. McDowell Yavapai Nation Welcome   Opening Prayer    Introductions | *Thomas Betlach*AHCCCS Director*Pamela Mott,*Tribal Treasurer*Roddy Pilcher,*Tribal Community Services Director*Thomas Betlach* |
| 9:15 – 9:30 a.m. Overview of Ft. McDowell Yavapai Nation  Health Services | *Dr. Demetra Barr*Medical/Health Division Director |
| 9:30 – 10:15 a.m. AHCCCS Update* Enrollment
* Greater AZ RBHA
* Waiver Evaluation Survey
* DFSM Succession
* State Plan Amendment: Coverage for

 Insulin Pumps | *Thomas Betlach* |
| 10:15 – 10:45 a.m. Non-Emergency Medical Transportation (NEMT) Implementation Plan Update and  State Plan Amendment (SPA) | *Rebecca Fields,*Assistant DirectorAHCCCS Division of Fee-for-Service Management |
| 10:45– 11:15 a.m. ALTCS Independent Tribal Providers  Workgroup Update | *Debbie Reichow*,Medical Management Manager*Virginia Rountree*Operations Administrator,AHCCCS Division of Health Care Management |
| 11:15 – 11:30 a.m. Tribal Care Coordination Initiative | *Elizabeth Carpio,*Care Coordination LeaderAHCCCS |
| 11:30 a.m. Wrap-Up/Announcements/Adjourn | *Thomas Betlach* |

**MEETING SUMMARY**

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| **TOPICS** | **PRESENTERS** |
| **Welcome and Introductions** | **Thomas Betlach, AHCCCS Director,** provided the Welcome. Pamela Mott, Ft. McDowell Yavapai Nation Treasurer, provided the Tribal Welcome and Roddy Pilcher, Ft. McDowell Community Services Director provided the Opening Prayer. All participants were asked to introduce themselves.  |
| **Overview of Ft. McDowell Yavapai Nation Health Services** | **Dr. Demetra Barr,** **Fort McDowell Yavapai Nation Health Division****Director** provided an overview of health services on the Nation. The Wassaja Memorial Health Center was built in 1996 and is a tribally operated 638 health facility. Services provided at the health center include:* Primary Care Clinic
* Pharmacy
* Community Health Programs
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| **AHCCCS Update** | The AHCCCS Update was provided by **Thomas Betlach, AHCCCS Director** and covered the following topics:* Enrollment Numbers
* Greater AZ RBHA
* Waiver Evaluation Survey
* DFSM Succession
* State Plan Amendment: Coverage for Insulin Pumps

**Enrollment Numbers:**AHCCCS enrollment grew by 119,790 between December 1, 2013 (1,297,150) and April 1, 2014 (1,416,940). A more detailed breakdown of the enrollment numbers can be found in the AHCCCS Update PowerPoint presentation posted to the AHCCCS Tribal Consultation meetings website. <http://www.azahcccs.gov/tribal/consultations/meetings.aspx>**Greater AZ RBHA:**April 1, 2014 marked the date of the implementation of the Maricopa RBHA through Mercy Maricopa integrated Care (MMIC). Letters informing members were sent at the end of February 2014. American Indians retain the choice of behavioral health care providers. Work has started on the Greater AZ Request for Proposals (RFP) for RBHA services with an October 1, 2015 contract term (start date). The timeline for the RFP release is July, 2014 with a December 2014 award. DHS Greater AZ Guidance: Serious Mental Illness (SMI) eligibility determination will not be a RBHA function. General Mental Health/Substance Abuse (GMH/SA) Duals will have behavioral health services integrated into AHCCCS acute plans. The Greater AZ RFP will include integration of behavioral and physical health for the SMI population to the Geographical Service Area (GSA) 6 contract. The preferred GSA model will be a north/south split. The north/south split is contingent upon a waiver being granted by CMS concerning choice of plans for acute care. If a waiver is not granted, the GSA model will provide for member choice within the defined GSA’s. It is the intent of ADHS to make every attempt to align GSA’s so that tribal nations will be kept whole win the assignment to a RBHA. Delivery of crisis services within Greater Arizona is dependent upon the CMS waiver determination. If a waiver is granted, the crisis system will be the responsibility of each individual RBHA awarded a contract. If a waiver is not granted, the RBHAs that are awarded contracts may be required to jointly create and manage a crisis system through a joint governance agreement as delineated within the RFP. A RBHA will not be allowed to be awarded or hold a contract in more than one (1) GSA. For the purposes of this section, a RBHA includes an entity holding a substantial financial, operational or organizational attachment to another entity operating as a RBHA within Arizona. **Waiver Evaluation Survey:**AHCCCS received CMS approval to continue uncompensated payments to IHS and 638 facilities in 2014 for services provided. This is a one (1) year extension. CMS requires IHS and 638 facilities to submit to AHCCCS, performance measures evaluations, that indicate how uncompensated care payments have impacted their financial viability and ensures the continued availability of a health care delivery network for current and future Medicaid beneficiaries. AHCCCS has issued performance measures surveys to IHS and 638 facilities. Director Betlach stressed that the participation of IHS and 638 health facilities in the survey process is critical. Without sufficient sampling, future CMS waiver requests and extensions may be affected. .The surveys are due at AHCCCS on May 1, 2104. The complied survey results are due at CMS on June 30, 2014. **DFSM Succession:**Director Betlach announced that Rebecca Fields will be leaving her position as the Assistant Director of the Division of Fee-for-Service Management (DFSM) at the end of April 2014. Director Betlach indicated that Becky’s leadership and dedication that she has provided as the Assistant Director of the Division of Fee-For-Service Management will be truly missed. Becky will continue to work virtually in the Deputy role which will be a tremendous value as AHCCCS goes through the transition process. In the interim, Elizabeth Carpio, has been assigned as Acting Assistant Director. AHCCCS is in the process of recruiting for the Assistant Director position. **State Plan Amendment: Coverage for Insulin Pumps**:The Arizona State Legislature has included coverage of insulin pumps in the 2014-2015 State Budget. The 2014-2015 budget was been approved by Governor Jan Brewer.No SPA questions were asked. |
| **Non-Emergency Medical Transportation (NEMT) Implementation Plan Update**  | As Chair of the NEMT Tribal Workgroup, **Rebecca Fields,** provided an update on the Implementation Plan developed by the Workgroup. The Workgroup met throughout 2013 and developed recommendations for change and improvement. The Implementation Plan, based on Workgroup recommendations, is being implemented in two (2) phases. The following changes have been recommended to maintain program integrity and oversight. **Phase 1:**7/1/14:* New or re-enrolling providers must complete the online training module and submit the training certificate in order for their applications to be processed
* Trip tickets required
* New Documentation Requirements
* Copy of registration for each vehicle (new)
* Companies submit copies of insurance for each vehicle. Upon expiration an updated copy of insurance must be submitted to AHCCCS
* Proof of vehicle insurance for individual’s not employed by a company
* For metered vehicles a copy of licensure from the Department of Weights and Measures is required

8/1/13* Claims submitted without trip tickets are denied

10/1/13 * Site visits

11/1/13* Notice given regarding gift and snack cards
* DOB added to trip tickets

2/12/14* Federally registered vehicle internal policy update

4/1/14 * NEMT providers required to have a Tribal business license (IHS/638 providers are exempt)
* Requirement of a logo or company name on each vehicle
* Checking each driver on Federal database for criminal activity/traffic violations
* Verify Tribal business licenses with the Tribe

6/1/14 * AHCCCS will be re-certifying all existing NEMT provider and preforming site visits ensuring requirements are being met

**Phase 2:**1. Require NEMT providers to obtain new vehicles once they reach 80,000 miles
2. Require each driver to take training on proper member transportation and treatment
3. Require each driver to have CPR and first aid every two years and HIPAA training annually
4. Require drivers to take random drug tests

(Note: no implementation date has been set for Phase 2 recommendations)NEMT RFI/RFP for Broker: As a precursor to the Request for Proposals (RFP) for an NEMT Broker, a Request for Information (RFI) was conducted. Six (6) companies (Vendors) responded and Vendor demonstrations were held in March 2014. The timeline for the RFP is as follows:* October 1, 2014: Publication of RFP
* December 3, 2014: Proposals are due
* March 1, 2015 Award made
* September 1, 2015: Contracted NEMT services begin

NEMT Broker Model:1. AHCCCS would require that the broker have appropriate Tribal liaison staff support
2. The broker will be statewide and will manage the Medicaid transportation program for Fee for Service members
3. The AHCCCS broker will not be a provider of NEMT services but will contract with providers to complete these services
4. Broker will be responsible for authorizing transportation services and will coordinate appropriate transportation for member appointments and may also utilize public transportation
5. Broker will establish type of transport, such as wheelchair van, and contact a provider in the members’ service area to transport the member.
6. Establish a single point of contact for members to request transportation and members will not need to search for providers

Providers that can complete these services and be part of the network are providers who are registered with AHCCCS and who meet the requirements of the broker. Requirements could include:-No disqualification from Medicaid participation-Maintain driver’s license and insurance requirements-Driving records check-Criminal background check-Drug testing/finger printing-Required training (First Aid, passenger training)-Safety equipment in vehicles-Appropriate signage-Specific requirements based on type of vehicle-Site visitsAHCCCS Expectations:* More accountability
* Better service to our members
* Cultural awareness
* Tribal ability to have significant input on the network
* Tribes/members would have the opportunity to escalate issues with the broker and AHCCCS
* Appropriate broker network working in collaboration with the Tribes

Tribal Impacts:* Potentially new providers rendering NEMT services for Tribal members may request Tribal business license
* Issuance of Tribal business license will still be requirement for providers
* Relationship building with broker
* Requirements of the broker to be a provider
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| **ALTCS Independent Tribal Providers Workgroup Update** | On February 18, 2014, **Debbie Reichow and Virginia Rountree** re-activated the Independent Tribal Providers Workgroup. The Workgroup was organized in 2013 to examine the issues surrounding the independent tribal providers operating on tribal reservations. Several issues were addressed in regard to independent providers; lack of care- giver training and lack of supervisory oversight. Currently there are 446 independent providers operating across the state. The Workgroup is focused on ensuring continuity of care and services without a negative impact to members and providing Independent Providers with the information and resources necessary to seek employment with a Direct Care Service AgencyCurrent Model: Direct Care Service AgenciesALTCS Managed Care Organizations include contracts with registered Direct Care Service Agencies to provide services to their members. These Direct Care Service Agencies employ, provide training and various benefits to the Direct Care Worker. After working with the Tribes and bringing this to the Tribal Leadership, the Workgroup is proposing the current Managed Care model for the Fee-For-Service population. Benefits of the Current Model:* Improved quality of care to members
* Additional monitoring of member care and needs
* Providers who have been trained and passed the standard competency testing requirements
* Ongoing provider training and supervision by the Direct Care Service Agency
* Employment with a Direct Care Service Agency may lead to additional work opportunities for the provider
* Providers will have access to more support through the Direct Care Service Agency

Options for Tribes:Arizona tribes are being asked to consider utilizing Direct Care Service Agencies to employ their independent tribal providers and/or create a tribally owned and operated Direct Care Service Agency.Next Steps:The next steps in the transition process is to:1. Schedule regional (North, Central and South) informational meetings and forums with Direct Care Service Agencies and Independent Providers beginning in June 2014.
2. Visit individual tribes upon request to discuss the transition process.
3. Complete the transition process by: December 2014.
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| **Tribal Care Coordination Initiative** | **Elizabeth Carpio and Denise Taylor-Sands** provided an overview of the Tribal Care Coordination Initiative that began as a pilot project in 2012. AHCCCS Care Coordination focuses on four strategic areas:1) **Staff:** In 2012, the pilot project began with one (1) staff member and has grown to include five (5) additional staff. The staff collaborates with AHCCCS Utilization Management nurses and technicians.2) **Relationship building**: The project will take a regional approach to outreach with tribes, I/T/Us, community organizations and state and federal programs including:* IHS/ Tribal 638/Urban Indian Programs
* RBHAs/TRBHAs
* Tribal Leaders
* Tribally Funded Programs
* State and Federal Programs
* Housing
* Community Resources

 3) **Data:** Improving information and data sharing capabilities is a major focus of the Care Coordination initiative. One of the goals of sharing data with select facilities is to identify “super utilizers” and will expand to include behavioral health resources. AHCCCS will work with RBHA’s in regard to health plan coordination and data sharing. 4) **Care Coordination Model:** The model will:* Align with the IHS Improving Patient Care Model for the IHS System
* Be person-centered and take a holistic approach to care coordination
* Be a care coordination data repository

Accomplishments: The project has accomplished the following to-date:🗸 Established an Internal AHCCCS Tribal Care Coordination  Workgroup🗸 Increased AHCCCS Tribal Care Coordination Staff🗸 Identified Target Populations🗸 Quarterly Data Sharing-Statewide Outreach🗸 Coordination with the Behavior Health System🗸 Tribal Care Coordination Work SessionNext Steps: ⮚ Expand outreach for data sharing to additional IHS/638 facilities⮚ Begin outreach to non-IHS/638 facilities regarding the AIHP population⮚ Establish statewide partnerships with the RBHAs/TRBHAs⮚ Refine Data that is shared⮚ Establish Care Coordination Staffing meetings with IHS/638, non-  IHS/638 facilities and RBHAs/TRBHAUltimate goal:1. Improve heath of individuals
2. Improve health outcomes in Native communities
3. Lower per capita health care costs
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