



Welcome to today's Tribal Consultation meeting!

While you are waiting TEST YOUR AUDIO.

LISTEN FOR MUSIC.

You were automatically muted upon entry.

Please only join by phone or computer.

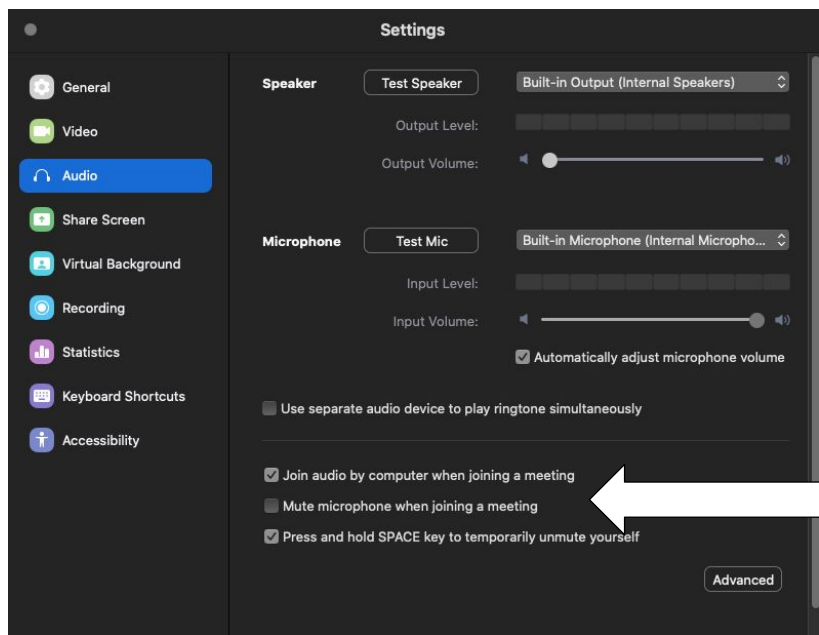
Please use the chat feature for questions or raise your hand.



Thank you.



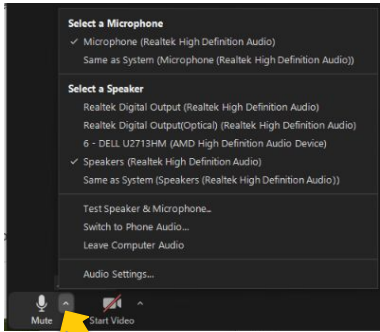
Audio Settings



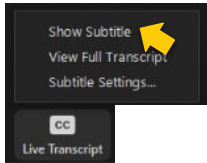
Zoom Webinar Controls

Navigating your bar on the bottom...

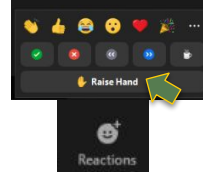
Audio Settings



Turn on Closed Captioning



Raise Hand



Chat



KEYBOARD SHORTCUTS TO RAISE HAND

Windows: Alt+Y to raise or lower your hand

Mac: Option+Y to raise or lower your hand

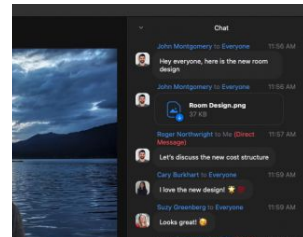
Webinar Tips



Mute your mic when you aren't speaking.



Limit background noise and distractions.



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

This Meeting Is Being Recorded

The recording shall be the sole property of AHCCCS and participation in this meeting indicates your waiver of any and all rights of publicity and privacy.

Please disconnect from this meeting if you do not agree to these terms.

Acknowledgement & Special Thanks



Invocation



Anderson Hoskie
Traditional Practitioner
Tséhootsooí Medical Center

Historical Background

Dallas Ellsworth
Marketing Director
Tséhootsooí Medical Center

Historical Background



Dallas Ellsworth
Marketing Director
Tséhootsooí Medical Center

Land Acknowledgement

Tribal Consultation Notification & Introductions

Meeting Protocols and 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 Tribal Consultation Meeting

August 5, 2024



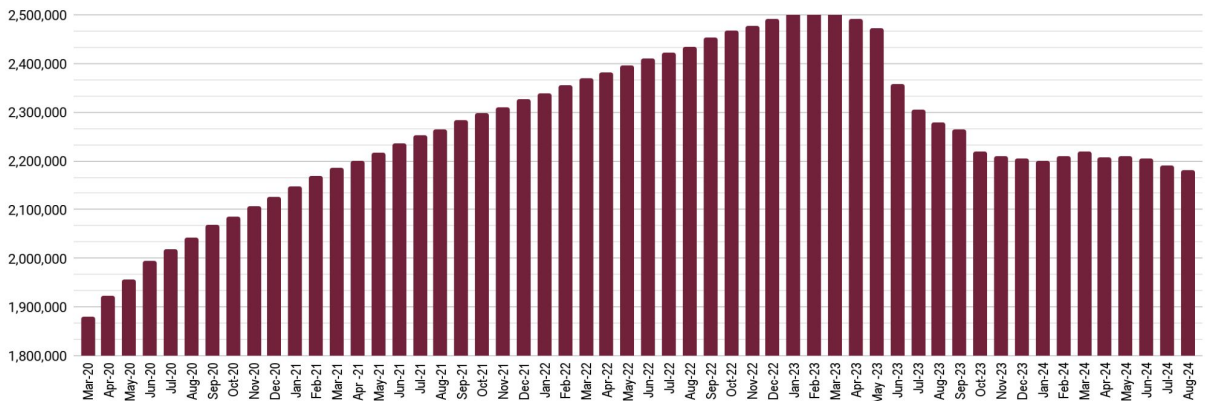
AHCCCS CEO Updates Carmen Heredia



AHCCCS Updates

- Sober Living Fraud, Waste and Abuse
- Recent Federal Rulemaking
- Budget Implications for AHCCCS

AHCCCS Population: March 2020 - August 2024





Sobering Living Fraud, Waste and Abuse

May 16th: A Year in Review



Suspensions for Credible Allegations of Fraud

Since May 2023, AHCCCS has suspended payments to **306** providers for credible allegations of fraud.

Current status	Number of Providers (since May 2023)
Payment suspension and open law enforcement case	286
Provider Quality of Care terminations	90
Provider moratorium application denials	229
Rescinded suspensions	40
Suspensions upheld at state fair hearing	28

Recent & Upcoming FWA Reforms

- Provider Moratorium Extension
- Covered Behavioral Health Services Guide
 - 7/1 Public Release
 - 10/1 Effective Date
- AI bots to support provider enrollment
- AIHP Tribal Verification - Final process being drafted. Co-designed with tribes to align with current I/T/U processes.
 - Meeting Series hosted on May 30, June 13, June 27, and July 12, 2024.

www.azahcccs.gov/SoberLivingFraud

New web page includes:

- Year in Review Document
- One-Page Information Sheets
- Fact Sheet
- Newsroom
- Outreach Information
- Resources for Members & Providers



Federal Rulemaking

Access to Care Rules

Major Provisions:

- **Beneficiary Advisory Council (BAC)** to be created, comprised of beneficiaries, their families or caregivers.
- **Appointment wait-time standards** are established for primary care and select additional services.
- **Direct care worker compensation** - 80% of all Medicaid payments for select HCBS must go toward DCWs.
- **New HCBS requirements** for person-centered plans and incident management systems.

Nursing Facility Staffing and Payment Rules

Major Provisions

- **Nurse staffing standards** based on hours per resident day, including care from a RN and nurse aide.
- **Reporting on DCW Compensation** - Requires states to collect and report on the percent of Medicaid payments that are spent on direct care worker compensation.
- **Nursing Facility Assessment Requirements** - Evidence-based patient assessments and requiring a staffing plan.

State Budget Implications

On the Horizon

- **ALTCS E/PD contracts start 10/1/24**
- **1115 Approval Implementation (10/1/2024)**
 - Targeted Investments 2.0
 - Housing and Health Opportunities Demonstration (H20)
- **CMS Negotiations Continuing**
 - Reimbursement for traditional healing services
 - Reimbursement for services pre-release
 - Former foster youth continuous eligibility
- **MES Roadmap**
 - Awarded a System Integrator (SI) contract; will begin implementation upon CMS approval
- **ARP Program Awards for HCBS providers**
 - 1st round awarded \$17 million
- **Continued roll out of CommunityCares (Closed-Loop Referral System)**
- **CHW Enrollment Training/Resources**
- **Continued support for the [Opioid Services Locator](#) tool**
- **Continued system improvements to combat fraud and member exploitation**
- **Federal Rulemaking: Access to Care and Nursing Facility Staffing Rules**

Open Discussion

Tribal & UIO Leadership Open Mic

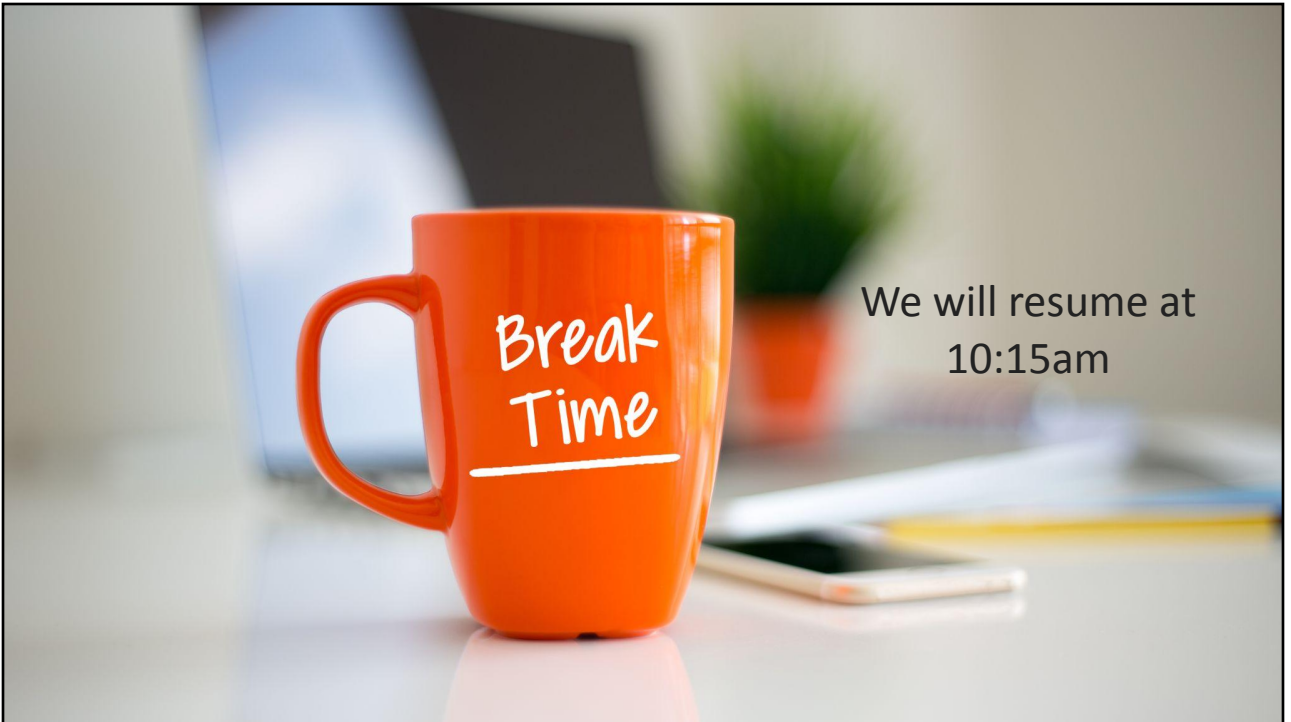
Open Mic Guidelines

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

General Guidelines:

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

Open Floor



We will resume at
10:15am

Humanitarian Response Updates: Member Exploitation & Provider Fraud

Marcus Johnson, Deputy Director,
Community Engagement & Regulatory Affairs

Humanitarian Response

30,000+ Calls to 2-1-1 (press 7) Hotline

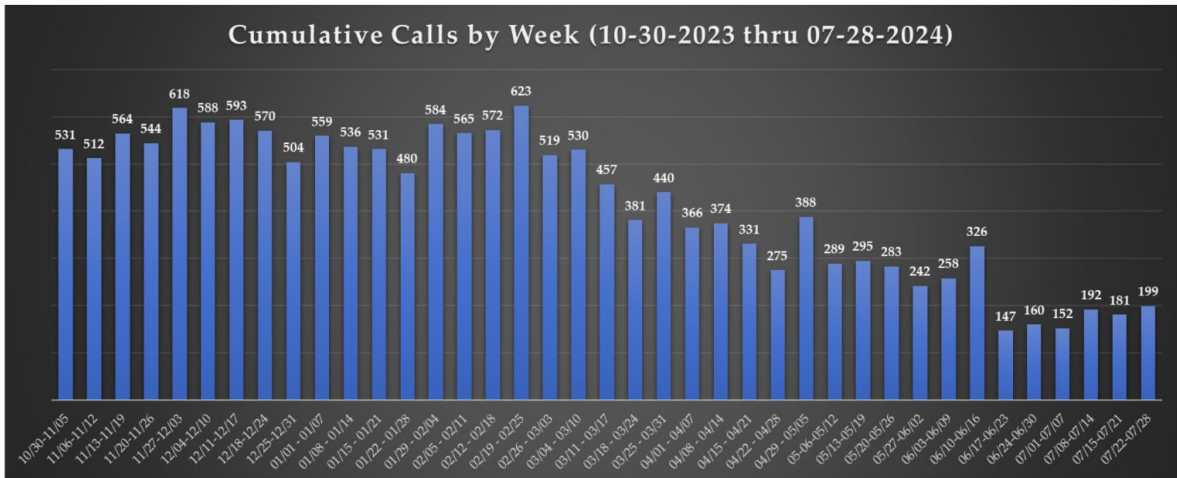
11,000+ Victims Directly Served (> 4,000 American Indian)

119 Requests for Out of State Transportation

Response/Resource	Total Members
Phone calls to 211*7 hotline for resources	33,607
Hotel - Temporary Lodging	4,018
Out-of-state Transports (Top 3 States)	119 NM (40), MT (27), CA (6)

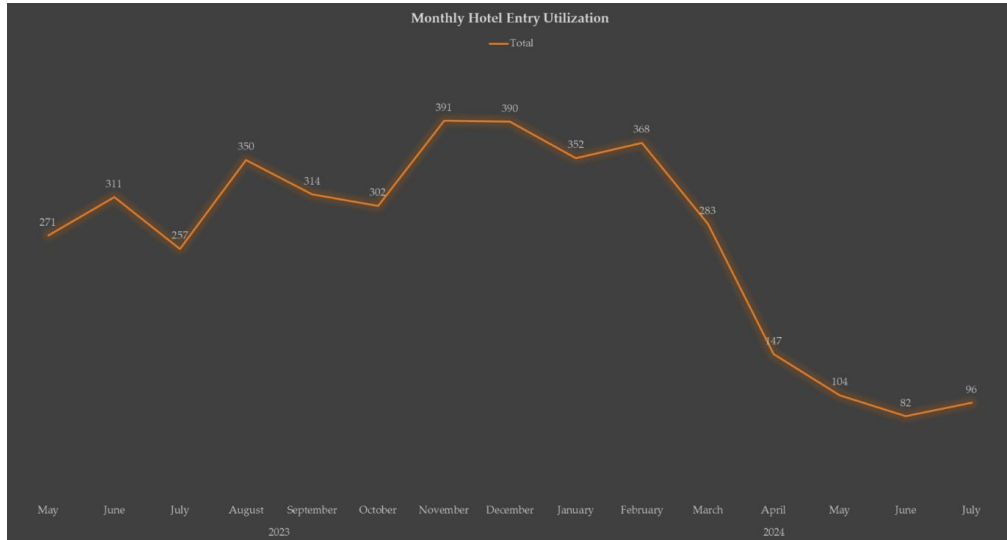
Number of Calls to Solari by Week

Cumulative Calls by Week (10-30-2023 thru 07-28-2024)



Total calls to Solari 33,607. Calls have been removed for ease of viewing.

Monthly Hotel Entry Utilization



Current Hotel Utilization by Tribe

- Navajo Nation - 25 members
- San Carlos - 11
- White Mountain Apache - 8
- Gila River - 7
- Cocopah - 4
- Hopi - 3
- Colorado River - 3
- Yavapai Apache - 2

FWA Humanitarian Response: The Next Phase

What's next?

- Moving from Crisis Response to Maintenance
 - Current response includes: 3 lodging locations, daily meals, care coordination, transport to lodging, transportation to work/school, travel home to other states, 211 (press 7) resource hotline
- Working with Tribes on a phasedown plan
 - April - July: Initial emails and DTLLs
 - July 24, 2024 & August 1, 2024: Follow-up DTLLs
 - April - Present: Phone calls

Phasedown Approach

- September
 - Transportation Shift
 - Offer bus passes for day-to-day transportation, rather than rideshare services.
 - Maintain transportation home (in-state and out-of-state)
- October
 - Lodging/Shelter Shift
 - Reduce to one hotel + women/children shelter
- December
 - Lodging/Shelter Elimination 12/1
 - Maintain 211 (press 7) through December
 - Maintain CBI for emergency response/triage through December

Open Discussion

Tribal Social Outreach Campaign

Julia Corbett
Accenture

Social Outreach Campaign

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

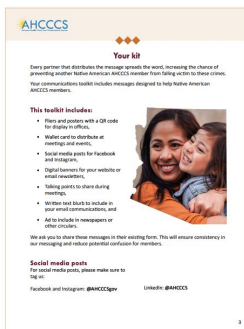
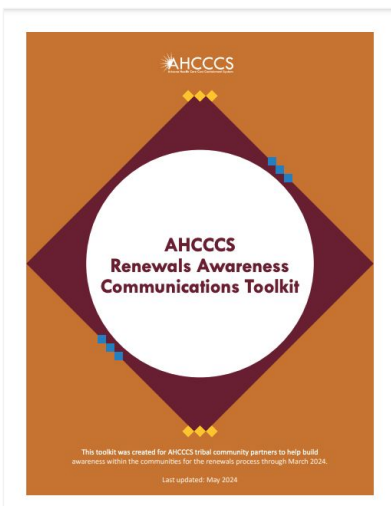
In an effort to continue protecting our members, **AHCCCS is launching a social outreach campaign to Native American AHCCCS members this month** to help build awareness of the warning signs of fraud and to share updated, trusted health and addiction resources. Our message will be shared on AHCCCS-owned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



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

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

Tribal Outreach Partner Toolkit



Digital Materials

Included in the partner toolkit

Social Posts

Arizona Health Care Cost Containment System (AHCCCS) 24-43

Licensed and AHCCCS-registered health providers will not offer gifts, money, drugs, etc. to get you into treatment.



Know the red flags.

Protect yourself and your family from dishonest health providers. Learn the warning signs to stay safe.

AHCCCS

azahcccs.gov

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

Arizona Health Care Cost Containment System (AHCCCS) 24-43

Recovery is real, and AHCCCS or your local tribal health resources can help you find trusted addiction services to reach it.



Stronger. Together.

AHCCCS

azahcccs.gov

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



Stay safe from suspicious health providers. Know the Warning Signs.

Connect to real recovery resources. Find Addiction Treatment.

Website Banners

Digital Materials

Included in the partner toolkit



Know the signs of a health scam.

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

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

Learn more at www.azahcccs.gov/tribalresources

Physical Materials

Included in the partner toolkit


Member Flier

Stay safe from suspicious health providers.

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

Honest health providers will NOT:


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




Recovery is real. We can help.

We're committed to supporting Native Americans struggling with addiction or mental health challenges. Scan the QR code below for our most updated list of trustworthy resources.

Know the warning signs. Find real treatment.



www.aazahcccs.gov/tribalresources



Wallet card

Real treatment. Real recovery.



Find trusted health resources, on and off tribal lands.




Need help now for addiction or mental health issues?

Call 1-844-534-HOPE (4673) to reach the Arizona behavioral health crisis line, available 24/7/365 to any Arizona resident, even if you don't have health insurance coverage.




Frontline Worker Flier




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


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



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



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



Influencer Materials

Included in the partner toolkit

Script

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

Hi, I'm 3 Second Intro...

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

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


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

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

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


Social story

Example: For partners to post on their Facebook account



Good treatment can change your life.

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



[LEARN MORE](#)

Open Discussion



Division of Fee-For-Service (DFSM) Updates

Leslie Short, DFSM Deputy Assistant Director

ROPA

(Referring, Ordering, Prescribing and Attending Providers)

ROPA

(Referring, Ordering, Prescribing and Attending Providers)

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

Pharmacy ROPA

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

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

ROPA Next Steps

- Notice regarding ROPA implementation to be sent to IHS/Tribal 638 facilities
- Sharing of claims data associated with non-registered ROPA providers and survey of claims that would not be paid once ROPA goes into effect
- Opportunity for IHS/Tribal 638 facilities to outreach the referring, ordering, or attending providers encouraging them to register with AHCCCS

Care Coordination

TSS Care Coordination Opportunities

DFSM seeks to identify opportunities for creating and supporting care coordination within the IHS/Tribal health care delivery system, including Tribal Social Services.

- Enhance understanding of TSS, including:
 - Process for delegation of guardianship
 - Member placement in residential treatment facilities
 - Identification of key personnel for coordination efforts
 - Identification of available resources/needs/supports

Open Discussion



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

Ruben Soliz, Federal Relations Section Chief and Health Policy Advisor

Shreya Arakere, Federal Waiver and Evaluation Administrator

AHCCCS Federal Policy Overview

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

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

Changes to AHCCCS Federal Policy

Changes to AHCCCS Federal Policy occur through:

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

State Plan Amendment (SPA) Updates

Prescribed Drug Shortage SPA

- This SPA proposes to authorize coverage of certain drugs when the FDA allows temporary importation of non-FDA approved drugs to mitigate the effects of a drug shortage
- Effective September 1, 2024.

Physician Administered Drugs

- Adjusts the reimbursement methodology for Physician Administered Drugs for providers outside of IHS/638 facilities.

State Plan Amendment (SPA) Updates

Graduate Medical Education (GME) 2025

- Effective: 9/30/2024
- AHCCCS will submit two SPAs to describe the payment methodology and amounts specific to the GME programs funded through the AZ State General Fund and through intergovernmental transfer agreements (IGAs).

State Plan Amendment (SPA) Updates

Disproportionate Share Hospital (DSH) 2025

- Effective: 10/1/2024
- AHCCCS will submit two SPAs to describe the payment methodology and amounts specific to the DSH programs funded through the AZ State General Fund and through intergovernmental transfer agreements (IGAs).

State Plan Amendment (SPA) Updates

Differential Adjusted Payment (DAP) 2025

- Effective: 10/1/2024
- AHCCCS will submit 3 DAP SPAs - specific to inpatient, nursing facility and outpatient providers.
- DAP is intended to distinguish providers that have committed to designated actions to improve patient care, improve member health and reduce cost of care growth.
- DAP providers receive a positive adjustment to the AHCCCS fee-for service rates contingent upon accomplishing DAP milestones.
- This also includes an aggregate 3.81% DAP rate adjustment for specific provider types on primary care services starting 10/1/2024

State Plan Amendment (SPA) Updates

Fee-for-service Rate SPAs

- Effective 10/1/24
- FQHC/RHCs will see a 2.37% rate increase for 10/1/24
- Hospice rates will match the Medicaid Hospice Payment Rates published by CMS as well as continue the 4% reduction to the market basket index for failing to meet the Medicare hospice quality reporting requirements.
- Air Ambulance will see an aggregate 4.8% increase to rates.
- Transportation, CON-Ambulance will see an aggregate increase of 2.0%
- AzEIP Speech Therapy rates will experience an aggregate increase of 8.0%

State Plan Amendment (SPA) Updates

Fee-for-service Rate SPAs (Cont'd)

- Effective 10/1/24
- Inpatient Hospital APR-DRG fee schedule cost-to-charge ratios will be updated for October 1, 2024.
- Inpatient Hospital Long-Term Acute Care Hospital and Rehabilitation Hospital inpatient per diem rates will be adjusted for changes to case mix indices and outlier cost-of-charge ratios.
- AHCCCS has proposed group modifier (HQ) rates for H2016 - Comprehensive Community Support Services and H2026 - Ongoing Support to Maintain Employment
- Establishment of a proposed rate for G0137-Intensive Outpatient Services

State Plan Amendment (SPA) Updates

Fee-for-service Rate SPAs (Cont'd)

- Effective 10/1/24
- The following schedules have been updated based on the most recent CMS data:
 - Ambulatory Surgical Center Fee Schedule rates: aggregate increase of 4.25%
 - Durable Medical Equipment Fee Schedule: 3.8% increase in aggregate
 - Physician Fee Schedule: Updates reflect the change in Relative Value Units on the CMS fee schedule
 - Clinical Laboratory Fee Schedule rates were budget neutral in aggregate with changes at the individual code level

State Plan Amendment (SPA) Updates

Fee-for-service Rate SPAs (Cont'd)

- Effective 10/1/24
- The following schedules will remain unchanged but a SPA will still be submitted:
 - Behavioral Health Inpatient and Outpatient Fee Schedules
 - Dental Fee Schedule rates
 - Freestanding Dialysis Facility Composite rates
 - Home and Community Based Services rates
 - Hospital-Based Freestanding Emergency Department Fee Schedule rates
 - Hospital Outpatient rates
 - Multi-Specialty Interdisciplinary Clinic rates
 - Nursing Facility Per Diem rates
 - Transportation, Non-Emergency rates

State Plan Amendment (SPA) Updates

- **Doula Services**

We have submitted to CMS the Doula Services SPA on July 11, 2024. This SPA proposes to add coverage and payment for doula services, effective October 1, 2024.

1115 Waiver Updates

Housing and Health Opportunities (H2O) Demonstration

- An initiative where AHCCCS is implementing a few strategies to enhance and expand housing services and interventions for AHCCCS members who are homeless or at risk of becoming homeless.
- We are on-track for an implementation date of 10/1/24.
- On 6/28/2024, Solari Crisis and Human Services was awarded the contract as H2O Program Administrator(PA).

1115 Waiver Updates

KidsCare Expansion

- On February 16, 2024, AHCCCS received approval from CMS to raise KidsCare eligibility thresholds from 200% of the FPL to 225% FPL.
- The expanded income limit was implemented effective 3/1/2024. The number of kids eligible under the expanded income limit is reported monthly in the AHCCCS Population Highlights report found on the [population reports page](#)

1115 Waiver Updates

Parents as Paid Caregivers (PPCG)

- AHCCCS received approval from CMS on the PPCG demonstration on February 16, 2024. Approval of the PPCG program will allow AHCCCS to continue to reimburse legally responsible parents of minor children for providing direct care to their minor children.
- AHCCCS has begun preliminary planning including the development of a draft project plan and a workgroup to support implementation and operationalization of the Waiver requirements.

Parents as Paid Caregivers FAQs

Parents as Paid Caregivers of Minor Children
Frequently Asked Questions can be found
on our website:

[www.azahcccs.gov/AHCCCS/
Downloads/COVID19/
FAQ_ParentsAsPaidCaregivers.pdf](http://www.azahcccs.gov/AHCCCS/Downloads/COVID19/FAQ_ParentsAsPaidCaregivers.pdf)



Upcoming 1115 Waiver Amendments

Reentry Services

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

Upcoming 1115 Waiver Amendments

Former Foster Youth (FFY) Coverage

- We are in the process of preparing a waiver request to extend full Medicaid coverage to FFY who turned 18 on or before 12/31/22 and were enrolled in Medicaid when they aged out of foster care.
- Extend eligibility for full Medicaid state plan benefits to FFY who are under age 26, who turned 18 on or before December 31, 2022, who were in foster care under the responsibility of another state or tribe on the date of attaining 18 years of age, were enrolled in Medicaid on the date of aging out of foster care, and are now applying for Medicaid in Arizona.
- More details can be found on <https://www.azahcccs.gov/YATIWaiverRequest>

Public Comments

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

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

Postal Mail

AHCCCS

Attn: OOD-Division of Public Policy and Strategic Planning
801 E. Jefferson St., MD 4200 Phoenix, AZ 85034

Opportunities for public comment are posted at the following links:

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

Open Discussion

Traditional Healing Updates

Ruben Soliz, Federal Relations Chief and Health Policy Advisor
Terrilynn Nez-Chee, Traditional Healing Workgroup Chair

Traditional Healing Waiver Negotiation Updates

- CMS has indicated that Arizona's waiver request is likely to be approved in the next 1-2 months.
- AHCCCS submitted an updated fiscal estimate of the cost of TH services to CMS.
- AHCCCS has notified CMS that the state does not have state statutory authority to cover services for non-AI/AN members.
- AHCCCS is planning to allow for the delivery of TH services at UIOs that have care coordination agreements (CCAs) with IHS/638 facilities.

Traditional Healing Waiver Updates

- After the 1115 Waiver is approved, AHCCCS will continue discussions with CMS on the state's implementation and evaluation plans.
- The Traditional Healing workgroup will hold a central role in planning for implementation and identifying eligible services, service providers, provider requirements and other aspects of implementation.

Traditional Healing Workgroup Updates

Presented by Terrilyn Nez-Chee

Open Discussion

H2O Updates

Elizabeth Da Costa, Housing Program Administrator
David Rudnick, Data Management and Oversight Manager

AHCCCS Housing & Health Opportunities (H2O) Demonstration Goals

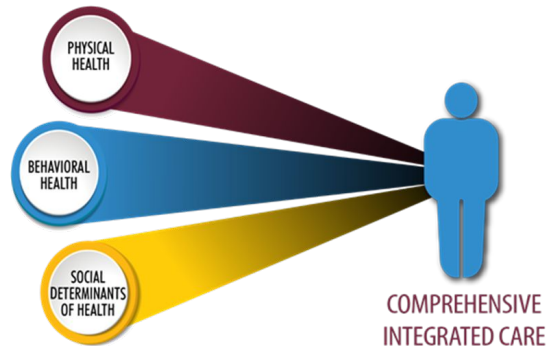
Increase positive
health and
wellbeing outcomes
for target
populations

Reduce the cost of
care for individuals
successfully housed

Reduce
homelessness and
maintain housing
stability

1115 Waiver H2O HRSN Services

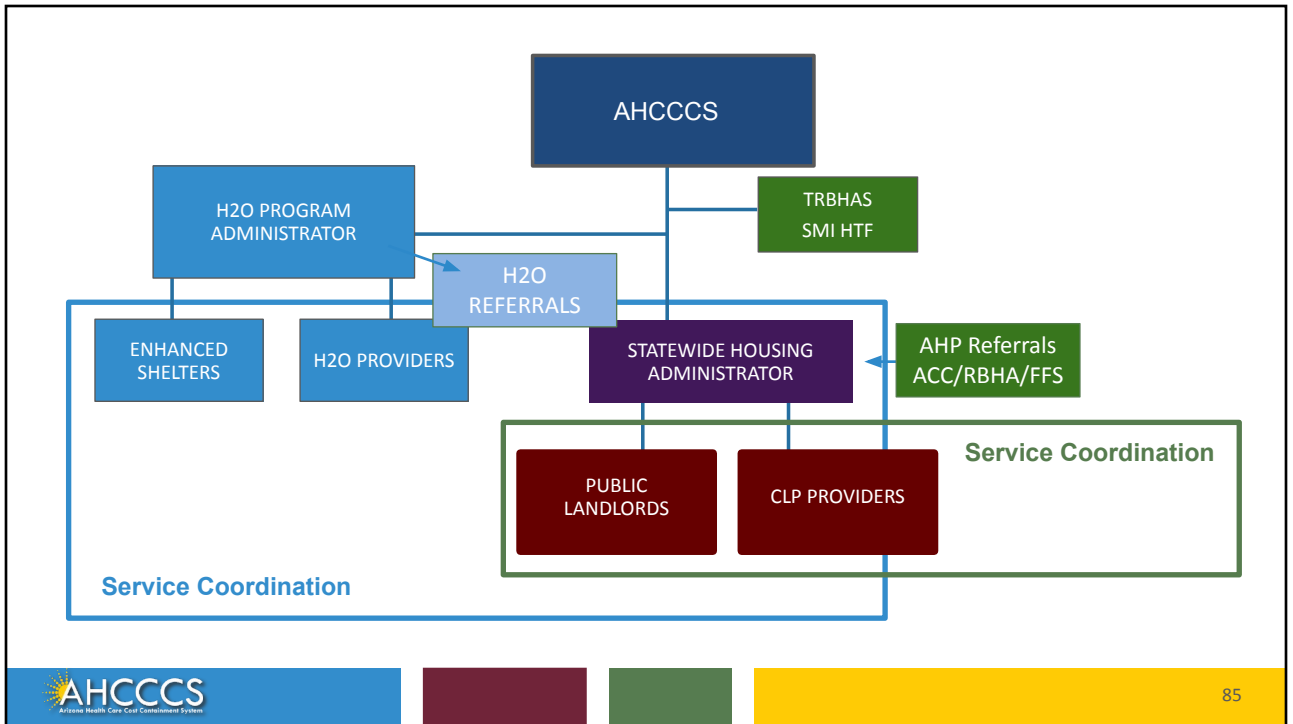
- Outreach and Education Services
- Transitional Housing - 6 Months
 - Transitional Housing Setting (Enhanced Shelter)
 - Apartment or Rental Unit (Rental Assistance)
- One-time Transition and Moving Costs
- Home Accessibility Modifications
- Housing Pre-Tenancy Services
- Housing Tenancy Services



H2O Eligibility Criteria

- Member must be **experiencing homelessness and**,
 - Z Code for Housing Instability or
 - Identified through a Homeless Management Information System (HMIS) report

H2O Provider will verify homelessness at intake
- Member must have **SMI Designation and**,
 - Diagnosed with a chronic health condition or,
 - Currently in a correctional facility with a release date scheduled within 90 days or released from a correctional facility within the last 90 days.



H2O Program Administrator – Solari, Inc.



Front-end: Member Management

Subject Matter Expert (SME):

- HMIS Maricopa County
- HMIS Balance of State
- SMI Administrator
- Health Plan Data Exchange



Back-end: Provider Support

Subject Matter Expert (SME):

- Network Development
- Billing and Claims
- Fraud, Waste & Abuse
- Contracting

Key Implementation Activities

Hiring H2O
Leadership & Staff

Provider
Onboarding &
Training Process

Eligibility File
Transfer &
Notification

Closed Loop
Referral &
Coordination
Tracking

Phone System for
Member & Provider
Support

Claims &
Reimbursement
System

H2O Program Administrator – **Solari, Inc.**

Questions & Feedback

H2O@Solari-inc.org

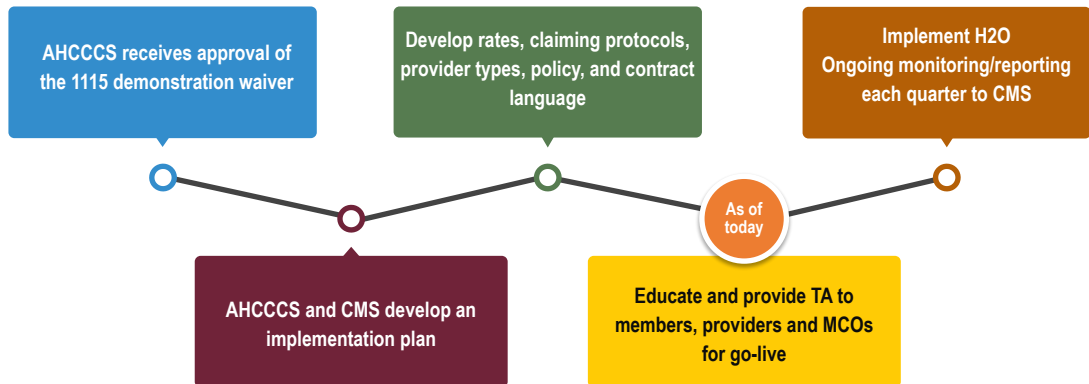
Eligibility Confirmation and Member Coordination

- AHCCCS runs H2O eligibility report and sends to Solari
- Solari identifies the members health home, TRBHA, or AIHP care coordinator and reaches out to inform of potential H2O eligibility, requests verification of homelessness status.
- Solari receives homeless verification, confirms member H2O eligibility and notifies AHCCCS.
- Members health home, TRBHA, or AIHP care coordinator identifies the H2O Provider the member would like to be referred to. Solari refers the member to the select provider.
- H2O Provider becomes responsible for assisting the member with accessing H2O services, focused on housing and income stability.
- Members health home, TRBHA maintains all existing responsibilities.

AHCCCS H2O-PA and MCO Communication

- **Member level data**
 - Exception codes: HE - H2O Eligible Member, RA - Rental Assistance/Enhanced Shelter Member
 - This data will be shared via the monthly Unique Population File
- **New Providers**
 - H2O PA will be a group biller (01) and will have the H2O PA indicator
 - HA - Statewide Housing Administrator/Rental Assistance Provider
 - HO - H2O Provider
 - ES - Enhanced Shelter Provider

Waiver Implementation - H2O



**Deliverables are ongoing throughout the entire demonstration period.

Next Steps

- Finalize internal AHCCCS file to identify members likely eligible. Understand their demographics, health plan assignment, and geographic service area.
- Continue community presentations to inform health plans, community partners, members and their families of the program in preparation for 10/01/24 go live.
- Solari and Banner begin discussions with organizations interested in providing H2O services to discuss contracting.

Open Discussion

ALTCS EPD Readiness and Transition

Jakenna Lebsock

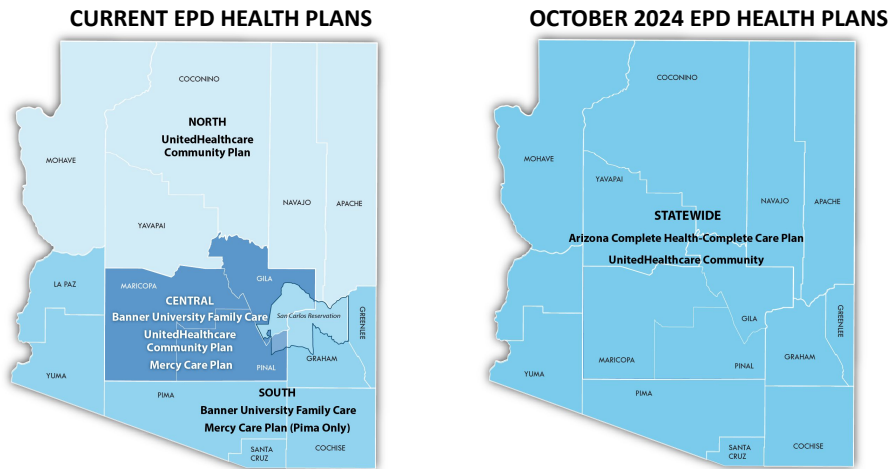
ALTCS-EPD Procurement

- Only AHCCCS members in the ALTCS-Elderly and/or Physically Disabled (EPD) program and enrolled with a health plan through managed care will be affected by this contract change
 - This population includes approximately 560 individuals who identify as Native American.
- These changes do not apply to:
 - ALTCS-Developmentally Disabled (ALTCS-DD) program,
 - AHCCCS Complete Care (ACC),
 - ACC-Regional Behavioral Health Agreements (ACC-RBHAs),
 - DCS/Comprehensive Health Plan (CHP), or
 - Tribal ALTCS

Current/Future State - ALTCS EPD Health Plans

- **The current ALTCS EPD Health Plans are the following plans - until October 1, 2024:**
 - **United Healthcare Community Plan (UHCCP)** in the Central GSA (Maricopa, Gila, Pinal) and North GSA (Mohave, Apache, Coconino, Navajo, and Yavapai)
 - **Banner-University Family Care** in the Central GSA (Maricopa, Gila, Pinal) and South GSA (Cochise, Graham, Greenlee, La Paz, Pima, Santa Cruz, and Yuma)
 - **Mercy Care Plan** - in the Central GSA (Maricopa, Gila, Pinal) and Pima County Only
- **The ALTCS EPD Health Plans starting October 1, 2024 are:**
 - **United Healthcare Community Plan (UHCCP)** - Statewide (North, Central, and South GSAs)
 - **Arizona Complete Health (AzCH)** - Statewide (North, Central, and South GSAs)

Geographic Maps of ALTCS EPD Health Plans



Excludes the Tribal ALTCS Program. Refer to the following link for information about Tribal ALTCS - azahcccs.gov/AmericanIndians/LongTermCareCaseManagement/

ALTCS-EPD Health Plan Readiness Information

- AHCCCS conducts a comprehensive series of activities to assess the health plans' readiness to ensure the health plans are adequately prepared:
 - To meet the needs of the population served, and
 - To meet requirements and processes of the newly awarded Contract
- Readiness activities are an ongoing process which will continue beyond October 1, 2024 to ensure health plans meet contract requirements

ALTCS-EPD Health Plan Readiness Information

- AHCCCS began meeting with the awarded health plans in the Spring 2024 and is regularly reviewing member transitions and health plan readiness to ensure that the health plans are prepared to begin offering services October 1, 2024
- Each health plan with transitioning members has designated a transition coordinator as the main point of contact for the health plans. (see Contact Information Slide)

ALTCS-EPD Health Plan Readiness Information

- Critical areas reviewed during readiness include:
 - Service delivery (for example, case management and utilization review)
 - Provider network capacity
 - Health care operations and administration
 - Financial management
 - Member and provider communication
 - Continuity of member care

ALTCS-EPD Health Plan Readiness - Network

- AHCCCS has provided utilization data files to the awarded health plans. The awarded health plans will use these files to support their efforts in provider contracting.
 - Data includes a list of the top 100 providers based on ALTCS member utilization of services related to physical health, behavioral health, ALTCS facilities, and in-home HCBS services in each county
- Each health plan has designated a point of contact for provider network inquiries (see Contact Information Slide)

ALTCS-EPD Health Plan Readiness - Network

- Using information about the health plan's provider network is one piece of information members can use to choose a health plan
 - Are my current provider(s) in the health plan's network?
 - Are there any providers I was thinking about switching to in the health plan's network?
- AHCCCS is using information on some of members' key service providers to assign you to a health plan:
 - In-home providers
 - Residential providers
 - Nursing facility providers
- Members can choose a different health plan than the one assigned

ALTCS-EPD Health Plan Readiness - Network

- Using information about the health plan’s provider network:
 - Supports health plans to achieve network sufficiency by identifying providers who are actively serving members
 - Provides the health plans and providers an opportunity to explore contracting opportunities

ALTCS-EPD Health Plan Readiness - Network

(as of 07/19/2024)

County	# of Unique Top Providers	% Contracting Completed		% Contracting In Process	
		AzCH	UHCCP	AzCH	UHCCP
Apache	34	73.5%	76.5%	8.8%	2.9%
Coconino	52	76.9%	90.4%	13.5%	3.8%
Mohave	56	80.4%	91.1%	12.5%	7.1%
Navajo	42	88.1%	92.9%	9.5%	4.8%
Yavapai	40	70.0%	95.0%	17.5%	0.0%
Gila	36	61.1%	91.7%	33.3%	2.8%
Pinal	60	78.3%	76.7%	15.0%	8.3%
Maricopa	90	77.8%	92.2%	16.7%	2.2%

ALTCS-EPD Health Plan Readiness - Network

(as of 07/19/2024)

County	# of Unique Top Providers	% Contracting Completed		% Contracting In Process	
		AzCH	UHCCP	AzCH	UHCCP
Cochise	35	91.4%	91.4%	5.7%	2.9%
Graham	35	85.7%	82.9%	11.4%	5.7%
Greenlee	2	100.0%	100.0%	0.0%	0.0%
La Paz	15	100.0%	86.7%	0.0%	13.3%
Pima	67	83.6%	91.0%	7.5%	9.0%
Santa Cruz	19	78.9%	78.9%	5.3%	5.3%
Yuma	44	84.1%	84.1%	13.6%	11.4%

ALTCS-EPD Member Transition Information

- AHCCCS completed selective assignment activities, which included a review of members' use of services in order to maintain provider continuity as much as possible based on specific providers currently serving the member
- Selective assignment was completed resulting in a match of 95% of members' primary ALTCS providers
 - Nursing Facilities, Assisted Living Facilities, primary HCBS in home provider, and other primary provider (e.g. BHRF)
- Members were assigned to either Arizona Complete Health or United for October 1, 2024
- Members will be given a time period to choose a different plan (initial was July 2024; will also be able to change anytime between 10/1/24-12/30/24).
- Members who do not choose a different health plan, will remain with the plan they were assigned to by AHCCCS

ALTCS-EPD Member Transition Information

- Health plans are required to ensure a smooth transition for members by not discontinuing a member's service plan for 90 days after the member transition, regardless of the network status of a provider, unless mutually agreed to by the member or responsible party
- Additionally, detailed transition requirements are posted [in the Procurement requirements](#)
 - Including but not limited to hospitalizations, primary care, pharmacy, and laboratory services (refer to next slides for more information)

ALTCS-EPD Member Transition Information

- Members hospitalized at the time of transition
 - The relinquishing health plan shall notify the hospital and attending physician of the pending transition prior to the date of the transition and instruct the providers to contact the receiving health plan for authorization of continued services.
 - If the relinquishing health plan fails to provide notification the relinquishing health plan is responsible for coverage of services rendered to the hospitalized member for up to 30 days
 - This includes, but is not limited to, elective surgeries for which the relinquishing health plan issued prior authorization

ALTCS-EPD Member Transition Information

- Services provided by a primary care provider
 - The health plan shall provide, at a minimum, a 90-day transition period for members who have an established relationship with a PCP who does not participate in the health plan's provider network
 - During the 90-day transition the member may continue to seek care from their established PCP while the member and/or health plan finds an alternative PCP within the health plan's provider network

ALTCS-EPD Member Transition Information

- Pharmacy services
 - The receiving health plan is required to extend previously approved prior authorizations for a period of 90 days from the date of the member's transition unless a different time period is mutually agreed to by the member or member's representative
- Laboratory Services
 - The receiving health plan is required to ensure members receiving mobile lab services at the time of transition are able to continue utilizing mobile lab services with providers who do not participate in the health plan's provider network

ALTCS-EPD Readiness and Transition Information

- More information on Readiness and Transition is available in the AHCCCS ALTCS-EPD Contract FAQ document:
 - https://azahcccs.gov/Members/Downloads/ALTCS_EPD_FAQ.pdf
- More information regarding each health plan is available on their websites:
 - [UnitedHealthcare Community Plan](#)
 - [Provider directory lookup](#)
 - [Arizona Complete Health-Long Term Care Plan](#)
 - [Provider directory lookup](#)

ALTCS-EPD Readiness and Transition Contact Information

- AHCCCS - Questions, Comments, Feedback: MCOTransitions@azahcccs.gov
- AHCCCS - Customer Service Call Line: 1-602-417-7000 or 1-800-334-5283
- Health Plan Transition Coordinators
 - Arizona Complete Health-Long Term Care -
 - Caitlin Denning - caitlin.denning@azcompletehealth.com
 - UnitedHealthcare Community Plan -
 - Stephen Burroughs - stephen_burroughs@uhc.com
- Health Plan Provider Network Inquiries
 - Arizona Complete Health-Long Term Care - azchnetdevaltcs@azcompletehealth.com
 - UnitedHealthcare Community Plan - Ishah Whipple - Ishah_whipple@uhc.com
- Health Plan Customer Service Phone Numbers
 - Arizona Complete Health-Long Term Care - 1-833-236-7979
 - UnitedHealthcare Community Plan - 1-800-293-3740

ALTCS-EPD Readiness and Transition Forums



ALTCS-EPD Readiness and Transition Forums

- Readiness preparation will be covered at various stakeholder meetings beginning in April 2024
- AHCCCS will also host member and provider information forums beginning in June 2024
- See the next slide for the schedule of upcoming forums

ALTCS-EPD Readiness and Transition Forums

AHCCCS Community Forum Registration Information can also be found on the [AHCCCS Calendar](#)

AHCCCS Hot Topics	June 17, 2024
Community Forum - Provider Directed	June 17, 2024 June 18, 2024
Community Forum - Member Directed	July 8, 2024 July 11, 2024 July 24, 2024 September 16, 2024 Register September 18, 2024 Register
AHCCCS Community Forum	July 15, 2024
AHCCCS Tribal Consultation	August 5, 2024 AHCCCS Tribal Consultation Information

ALTCS-EPD Readiness and Transition Forums

HEALTH PLAN PROVIDER FORUMS

Arizona Complete Health https://www.azcompletehealth.com/	July 18, 2024 - Prescott August 8, 2024 - Yuma August 29, 2024 - Tucson September 10, 2024 - Tempe September 19, 2024 - Virtual
United Healthcare https://www.uhc.com/communitypplan	August 14, 2024 - Targeted Audience: SNF providers August 20, 2024 - Targeted Audience: HCBS providers August 23, 2024 - Targeted Audience: BH & PH providers <i>All forums will be virtual</i>

Open Discussion

Recovery Audit Program

AHCCCS Office of the Inspector General

Health Management Services (HMS) is the Recovery Audit Contractor (RAC) for the State of Arizona.

- Reviews claims with a five year lookback period
- Two types of reviews, automated (data mining) and complex (medical record review)
- Focus on inpatient facility claims based on a DRG

Webinars and Information

- HMS and AHCCCS will host a webinar on Tuesday, August 13 from 9-10am
https://ahcccs.zoom.us/webinar/register/WN_yL7vsG1USY-0jtrW3aGdew
- They will also have a provider website available for information and questions
<https://hmsportal.hms.com>

Open Discussion

Arizona Advisory Council On Indian Health Care (AACIHC) Updates

**Dr. John Molina,
AACIHC Director**



ARIZONA ADVISORY
COUNCIL ON INDIAN
HEALTH CARE



AACIHC Agenda

- **AACIHC Agency Introduction** ~ Dr. John Molina, Executive Director
- **Introduction of the Tribal Health Advisory Workgroup** ~ Corey Hemstreet, Legislative Liaison
- **Technical Support Series and Offerings for Community Based Organizations (CBOs) Serving Tribes and Tribal Programs** ~ Alison Lovell, Business Operations Administrator - 15 minutes
- **American Indian Health- Area Health Education Center** ~ Tashina Machain, Youth Program Coordinator
- **End of Arizona Legislation Report** ~ Corey Hemstreet, Legislative Liaison
- **Arizona Health Improvement Plan (AzHIP) Survey Results Report** ~ McKayla Keams, Executive Project Coordinator - 15 minutes
- **Overview of Goals of AACIHC Strategic Plan** ~ Dr. John Molina, Executive Director
- **Call Out for Advisory Board Membership** ~ Dr. John Molina, Executive Director



AACIHC Agency Introduction

Dr. John Molina, Executive Director



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.



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Value Statement

What does the AACIHC stand for?

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

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



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History

The AACIHC was established by A.R.S. 36-2902.01, ***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.***

- We work to assist Tribes and Urban Indian Health Organizations in pursuing legislative and administrative priorities pertaining to Medicaid and health care policy, that are deemed significant to indigenous populations, providing education on such topics.
- Additionally, the AACIHC assists Tribes and Urban Indian Health Organizations in activities that seek to develop comprehensive medical and public health care delivery and financing systems to meet the needs of American Indian Tribes in this state.
- A.R.S. 36-2902.02 was later adopted to detail out the scope of work of the AACIHC.



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Arizona Revised Statute 36-2902.01

A.R.S. 36-2902.01 details out the council member membership, and it also establishes the purpose of the council. It reads as follows:

Arizona advisory council on Indian health care; membership; compensation; meetings

- A. The Arizona advisory council on Indian health care 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.

<https://www.azleg.gov/ars/36/02902-01.htm>



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Arizona Revised Statute 36-2902.02; Detailing out the Work

A.R.S. 36-2902.02 details out the scope of work of the AACIHC.

We have been empowered to do the following:

2. Assist tribes and urban Indian health organizations to develop comprehensive medical and public health care delivery and financing systems to meet the needs of American Indian tribes in this state. In performing this duty, the council shall:

- (a)** Recommend new title XIX and XXI programs, services, funding options, policies and demonstration projects to meet the needs of American Indian tribes and urban Indian health organizations, both on and off reservations, in cooperation with this state and the federal government.
- (b)** Facilitate communications, planning, advocacy and discussion among tribes and urban Indian health organizations in this state and with this state and federal agencies regarding operations, financing, policy and legislation relating to Indian medical and public health care.



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Arizona Revised Statute 36-2902.02; Detailing out the Work

A.R.S. 36-2902.02 continued...

- (c)** Recommend and advocate tribal, state and federal policy and legislation that support the design and implementation of medical and public health care delivery and financing systems for tribes and urban Indian health organizations in this state.
- (d)** Conduct and commission studies and research to further the purpose of the council and to address identified Indian health care disparities in this state.
- (e)** Conduct periodic public hearings to gather input and recommendations from tribal populations on their health care issues and concerns.
- (f)** Apply for and seek grants, contracts and funding to further the purpose of the council. The funding shall supplement and not diminish annual appropriations for the council.



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Arizona Revised Statute 36-2902.02; Detailing out the Work

A.R.S. 36-2902.02 continued...

(g) Notwithstanding section 36-2903.01, subsection B, in conjunction with the administration and a tribe that operates a temporary assistance for needy families program, request a federal waiver from the United States department of health and human services that allows tribal governments that perform eligibility determinations for temporary assistance for needy families programs to perform the medicaid eligibility determinations for persons who apply for services pursuant to section 36-2901, paragraph 6, subdivision (a). If the waiver is approved, the state shall provide the state matching monies for the administrative costs associated with the medicaid eligibility based on federal guidelines. As part of the waiver, the administration shall recoup from a tribal government all federal fiscal sanctions that result from inaccurate eligibility determinations.

(h) Perform other duties as requested by the legislature.



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Agency Structure

As a State agency, the AACIHC is unique in that it has both:

(1) Agency staff (State employees), and

- The number of agency staff fluctuates, based off the number of grants we currently have, and the amount of funding available from the State General Fund. They are paid employees of the State of Arizona.

(2) Advisory Board/Council Members, who fill roles similar to how private corporations have board members.

- Advisory Board/Council Members are not eligible for compensation. They may only be reimbursed for specific board-related duties incurred. This is set in state law.

Presently we have 16 agency staff, and 9 Advisory Board members.



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Organizational Chart

Office of the Governor
Katie Hobbs
Carmen Heredia
HC Director (E6)

Daniel Preston
AACIHC BOARD CHAIR
John Molina
Director (E1)

Allison Lovell
Business Ops
Administrator (26)

Summer Hassan
Grants Manager -
CCRHD (23)

Ashley Lazaro
Grants Manager (23)

Jeff Axtell
Grants Manager -
AIH-AHEC (23)

Mckayla Keams
Executive Project
Coordinator (23)

Debra Gonzales
Executive Assistant (22)

Corey Hemstreet
Legislative Specialist
(22)

Keye Garmin
Sr. Epidemiologist
(23)

Darien Fuller
Epidemiologist (21)

Ariana Granger
Program Specialist (21)

Archie Mariano
Program Specialist (21)

Shealee Gartner
Training Officer III (21)

Tashina Machain
Grants Coordinator -
AHEC (21)

Ernestine N.
Grants Program
Coordinator (20)

Kiani Becerra
Community Outreach
Coordinator (21)

Agency Staff



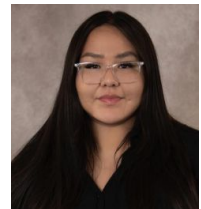
Executive Director,
Dr. John Molina



Business Operations
Administrator, Alison Lovell



Executive Assistance,
Debra Gonzales



Executive Project Coordinator,
Mckayla Keams



Legislative Specialist,
Corey Hemstreet



Senior Epidemiologist,
Keye Garman



Community Outreach
Coordinator, Kiani Becerra

COVID-19 Health Disparities Grant Staff



**Grants Manager,
Summer Hassan**



**Epidemiologist,
Darien Fuller**



**Program Specialist,
Ariana Granger**



To advocate for increasing access to high quality health care programs for all American Indians in Arizona.

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CDC-CCR Grant Staff



**Grants Manager,
Ashley Lazaro**



**Training Manager,
Shealee Gartner**



**Program Specialist,
Archie Mariano**



To advocate for increasing access to high quality health care programs for all American Indians in Arizona.

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Arizona Health Improvement Plan (AzHIP) Staff



**Executive Project Coordinator,
Mckayla Keams**



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



**Director,
Jeff Axtell**



**Youth Program
Coordinator,
Tashina Machain**



**Professional Development /
CEU Coordinator,
Ernestine Nasingoetewa**



Advisory Board Structure

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

- Twenty two (22) representatives, one (1) from each federally recognized American Indian Tribe in this state. The representative from each Tribe is nominated by their Tribe and formally appointed by the Governor;
- One (1) representative from the Inter Tribal Council of Arizona, Inc. who is appointed by the Governor;
- One (1) representative from an urban Indian Health Organization who is jointly recommended by the three urban Indian organizations in this state and who is appointed by the Governor; and
- Four (4) state agency representatives appointed by their respective directors from:
 - Arizona Department of Economic Security (ADES),
 - Arizona Department of Health Services (ADHS),
 - Arizona Early Childhood and Development Board (First Things First (FTF)) and
 - Arizona Health Care Cost Containment System (AHCCCS).
- Ex-officio members from the following federal agencies are invited by the AACIHC to serve as technical advisors and serve a 3-year term:
 - Centers for Medicaid and Medicare Services
 - Indian Health Service
 - Social Security Administration
 - Veterans Administration



Advisory Board Members

Governor Appointees



Chairman
Daniel Preston
Tohono O'odham
Nation



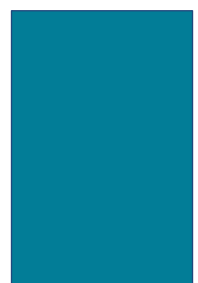
Deanna Sangster
Native Health



David Reede
San Carlos Apache
Tribe



David Dawley
Hualapai Tribe



Verna Johnson
Inter Tribal Council of
Arizona

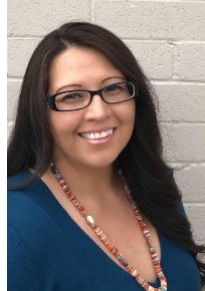


Advisory Board Members

State Director Appointees



Gerilene Haskon,
Arizona Department
of Health Services
(ADHS)



Candida Hunter,
First Things First



Christine Holden,
Arizona Health Care
Cost Containment
System (AHCCCS)



VACANT,
Department of
Economic Services
(DES)



Cynthia Lemesh,
Technical Advisor,
Centers for
Medicare and
Medicaid Services
(CMS)



To advocate for increasing access to high quality health care programs for all American Indians in Arizona.

Technical Support Series for Community Based Organizations (CBOs) Serving Tribes and Tribal Programs

Alison Lovell, Business Operations Administrator



Technical Support Trainings

Per A.R.S. 36-2902.02, the AACIHC has a mission to:

- Provide technical assistance to tribal governments on tribal health care initiatives deemed significant; *and*
- Assist Tribes and urban Indian health organizations in standing up their comprehensive medical and public health care delivery and financing systems.

In support of this mission, the AACIHC has launched a technical support series. Topics covered are driven by requests from Tribes, members of tribal communities, advisory groups (i.e. the AACIHC Advisory Board and the Tribal Pandemic Coalition/Health Coalition), and organizations and healthcare providers working in the public health spectrum, providing services to American Indians and Alaska Natives in Arizona.



Technical Support Trainings

Currently training requests have centered around three topic areas:

- 1) Billing, Reimbursement, and Operations Questions
- 2) Health Education Topics to Increase Health Literacy in Tribal Communities
- 3) Epidemiology and Data Sovereignty

Updated training schedules are posted on the AACIHC Training Website, which can be found here:

- **AACIHC Training Website:** <https://aacihc.az.gov/aacihc-trainings>

Metrics

Thus far, we have held 20 trainings as a part of this series, over a 2 month time period between June 4, 2024 and July 25, 2024, and provided training to 448 individuals.



Technical Support Trainings

Trainings are geared towards specific audiences, such as:

- 1) Health care providers serving American Indian and Alaska Native (AI/AN) communities; *and*
- 2) Community members seeking to learn more about health topics, such as managing chronic diseases, health and wellness (e.g. nutrition and exercise), navigating the healthcare system, health insurance, and general health literacy topics (e.g. how vaccines work, what are viruses and how do they transmit from person-to-person, what is Personal Protective Equipment and how can you use it in your daily life?) etc; *and*
- 3) Public health workers serving American Indian and Alaska Native (AI/AN) communities.

Additionally, the AIH-AHEC conducts continuing education sessions and professional development for health care professionals serving with Tribal facilities, trainings are developed to meet the needs of our American Indian health care workforce



Technical Support Trainings

Trainings on this Summer's schedule have included:	
<p>For Health Care Providers and Billers:</p> <ul style="list-style-type: none"> CHR Billing – Claim Form and Coding Basics CHR Billing – Documentation Basics and Provider Registration Data Sovereignty The “Four Walls” and Billing Combatting Vaccine Hesitancy Long COVID: Provider Edition Third Party Billing 101 Epidemiology 101 Medicaid Health Insurance Options for American Indians and Alaskan Natives: Managed Care and Fee-for-Service System Navigation Health Insurance Marketplace: Private Insurance, Medicaid and Medicare Options Viruses: What's with all the Variants? Mask Wearing 101 Chain of Infection Flu Vaccine 101 COVID Vaccine 101 	<p>For Community Members:</p> <ul style="list-style-type: none"> Traveling Safely During a Pandemic or Outbreak of Infectious Illness Viruses 101 Long COVID: Community Members Edition Medicaid Health Insurance Options for American Indians and Alaskan Natives: Managed Care and Fee-for-Service System Navigation Health Insurance Marketplace: Private Insurance, Medicaid and Medicare Options Viruses: What's with all the Variants? Mask Wearing 101 Chain of Infection Flu Vaccine 101 COVID Vaccine 101



Technical Support Trainings

For requests for customized 1:1 trainings for your team and program, please outreach us! We are happy to create one specific to your needs.

To request a training or training materials for your team's use, please outreach Alison Lovell at alison.lovell@aacihc.az.gov, and we can get a meeting set up to discuss training and material needs.

We are here to serve **you**.





AzHIP Survey Results: Enhancing Collaboration and Communication with Tribal Stakeholders

Mckayla Keams, Executive Project Coordinator



Background and Purpose of the Survey

Arizona Health Improvement Plan Grant: Rural and Urban Underserved Health Plan

As part of this initiative, we have developed a survey designed to **determine the core information that is most useful for Tribal stakeholders** to understand about each state agency.

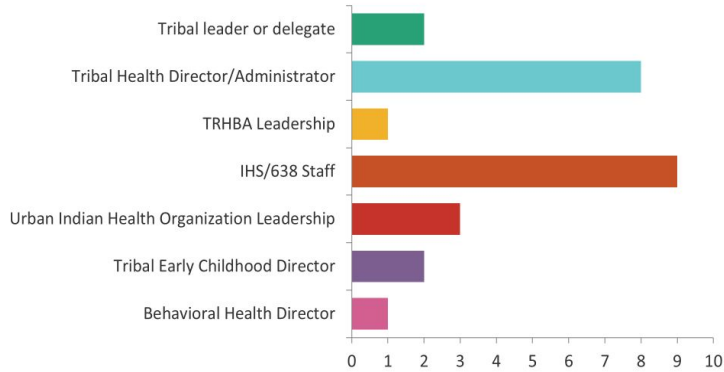
“Enhancing Collaboration and Communication”

Partnered State Agency Representatives (AzHIP Advisory Group)

1. **Candida L. Hunter**, Senior Director of Tribal Affairs at First Things First.
2. **Christine Holden**, Tribal Liaison at the Arizona Health Care Cost Containment System.
3. **Gerilene Haskon**, Tribal Liaison at the Arizona Department of Health Services.

Survey Participation and Demographics

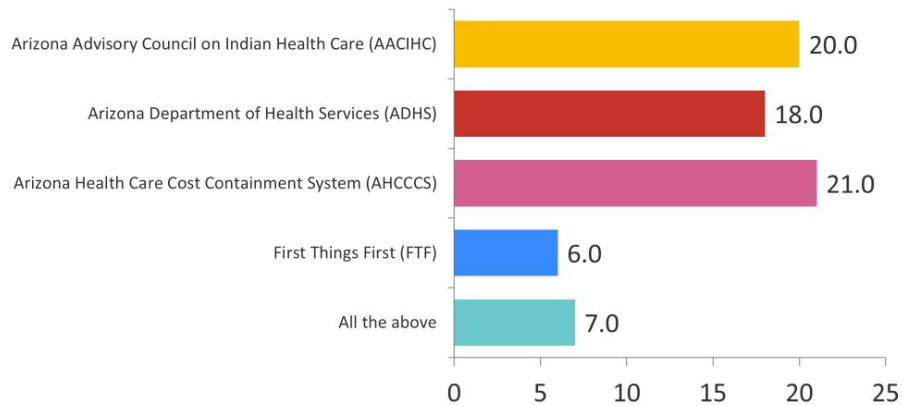
What is your role within your community?



Powered by  SurveyMonkey

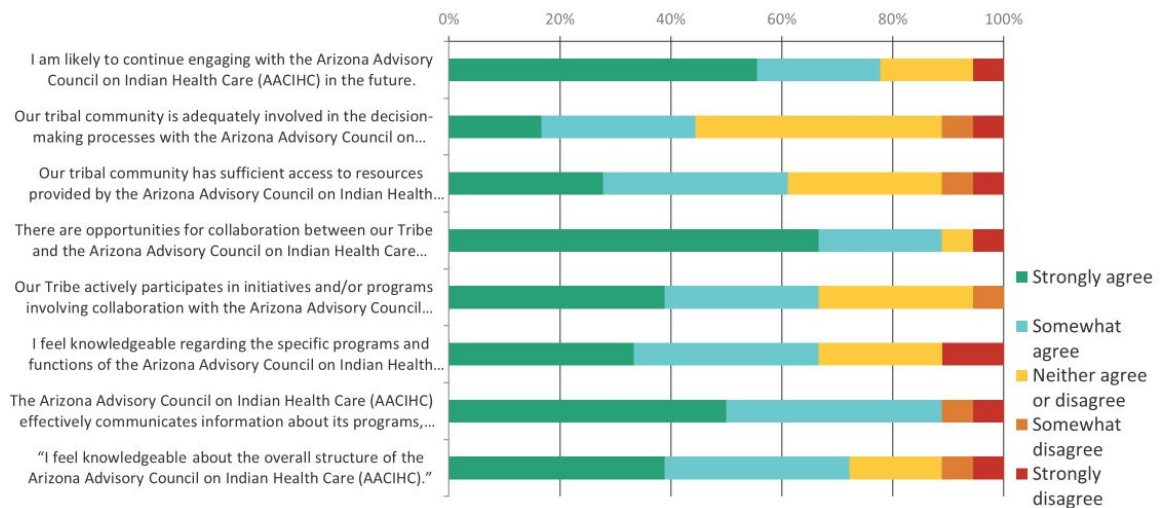


Which state agency or agencies do you primarily interact with?

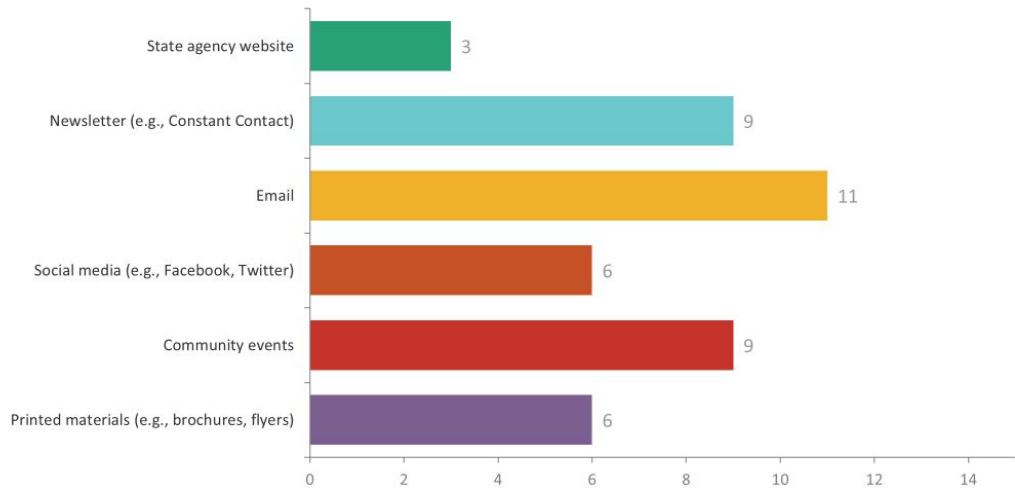


Arizona Advisory Council on Indian Health Care Survey Results

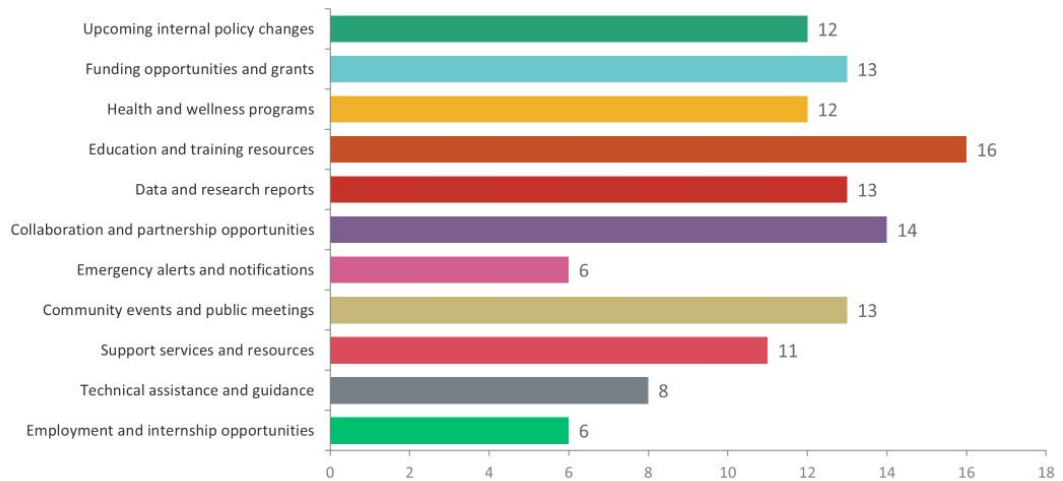
Please indicate your level of agreement with the following statements about the **Arizona Advisory Council on Indian Health Care (AACIHC)**.



What is the best way to share information with your tribal community?



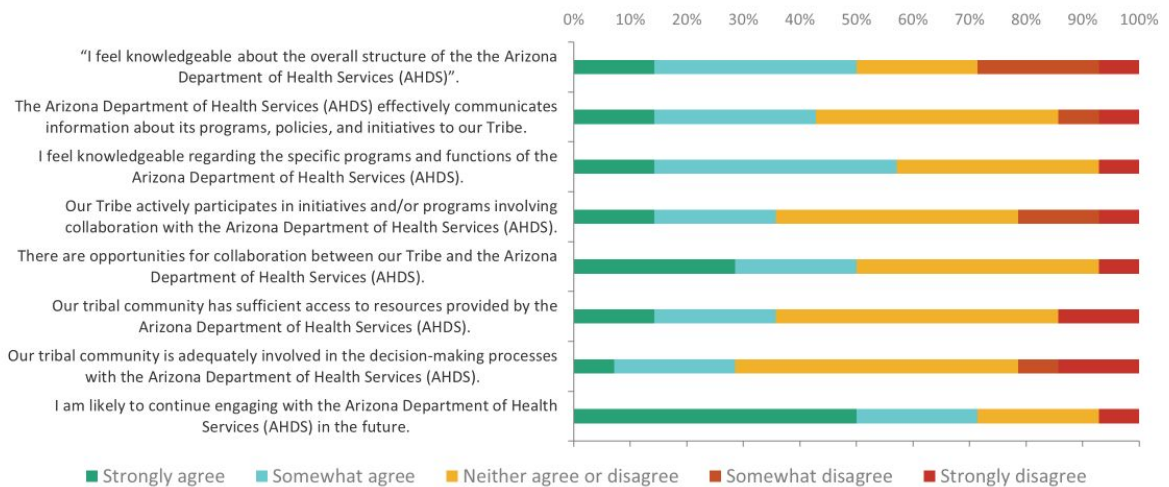
What types of information are most helpful for you to receive from state agencies?



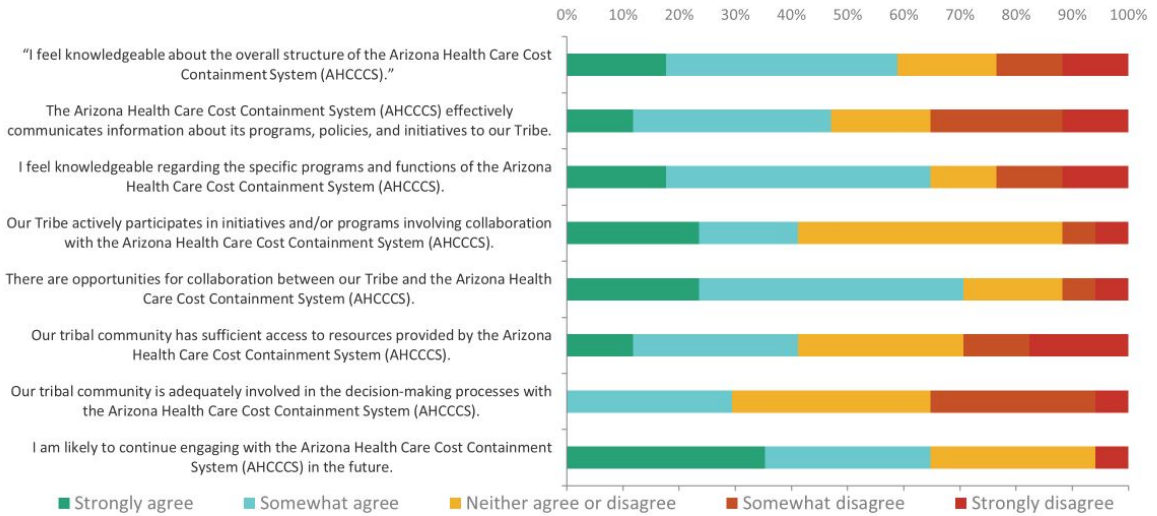
Overview Survey Results

Arizona Department of Health Services (ADHS)
Arizona Health Care Cost Containment System (AHCCCS)
First Things First (FTF)

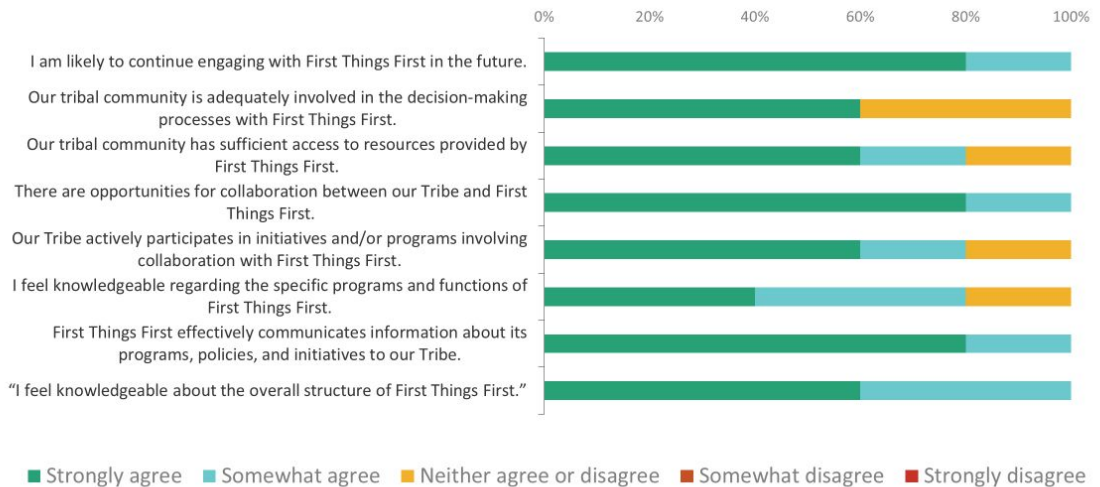
Please indicate your level of agreement with the following statements about the **The Arizona Department of Health Services (AHDS)**.



Please indicate your level of agreement with the following statements about the **Arizona Health Care Cost Containment System (AHCCCS).**



Please indicate your level of agreement with the following statements about **First Things First.**



Whats Next?

Please Join Us for 2 Informational Webinars!!

Date: Sep 3, 2024

Time: 12:00 PM

Description: Join the **Arizona Health Care Cost Containment System (AHCCCS)** and the **Arizona Advisory Council on Indian Health Care (AACIHC)** to learn about our state agencies' updates on programs, policies, and/or services.



Date: Aug 21, 2024

Time: 1:00 PM

Description: Join the **Arizona Department of Health Services** and **First Things First** to learn about our state agencies' updates on programs, policies, and/or services.

FIRST THINGS FIRST



Please note that this session is intended to share information about our programs and services and is not a Tribal Consultation.

American Indian Health- Area Health Education Center

Tashina Machain, Youth Program Coordinator



In October 2017, the AACIHC updated their strategic plan

- Goal: Expand the American Indian health care workforce.
- Objective: Establish an Arizona American Indian Area Health Education Center

- **2012** - Tribes and other stakeholders convened at the Arizona American Indian Pathways into Health Conference
- **2017** - AACIHC Advisory Council updates Strategic Plan to Establish an Arizona American Indian Area Health Education Center
- **2018** - AACIHC passed Resolution 03-2018: "Support for the Creation of a 6th AHEC that Focuses on the Indian Health System"
- **2019** - SB 1174 - Arizona health education centers; increase House - Passed / Senate - Died in Rules Comm.
- **2020** - HB 2296- Arizona health education centers; increase House - Passed / Senate - Died
- **2021** - SB 1301 – Arizona health education centers; increase HB 2294 (Unanimously passed in both Education and RC)
- **2022** - AACIHC awarded the 6th AHEC award for American Indian Health



Purpose of the American Indian Health- AHEC

- American Indians and Alaskan Natives have some of the highest rates of health disparities, poverty and poor health outcomes when compared with other ethnic and minority communities in the U.S., according to Indian Health Service.
- The American Indian Health AHEC will help build a future health care workforce by assisting with continuing education, supporting health care staff and promoting health care careers for K-12 students.
- Additionally, the center will conduct training and coach individuals to become health care providers serving in their home communities. The partners plan to adopt a “Grow Your Own” strategy to address the shortage of healthcare professionals and health disparities that persist through Arizona’s tribal communities.



AzAHEC Program



Arizona AHEC Regions and Tribal Nations in Arizona



- Tribal Nations
- Arizona Area Health Education Center Program (AzAHEC) 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)

The mission of the Arizona AHEC Program is to enhance access to quality healthcare, particularly primary and preventive care, by improving the supply and distribution of healthcare professionals through educational partnerships between academic and community organizations in rural and urban medically underserved areas. Arizona AHEC supports a wide variety of education programs at all levels of the health professions workforce development pipeline, including youth programs, community-based training for health professions students, continuing education for health professionals, and community health promotion.



Program Objectives

Community-based Experiential Training (CBET)

9th-12th grade and Undergraduate Student Structured pipeline activities

AHEC Scholars Community Immersion

K-8th grade unstructured pipeline activities

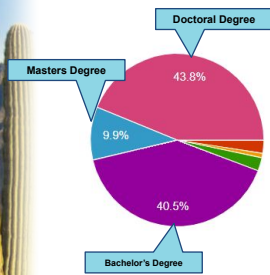
Continuing Education for Health Professionals

Community events on health-related topics



AIH-AHEC Program Successes Thus Far...

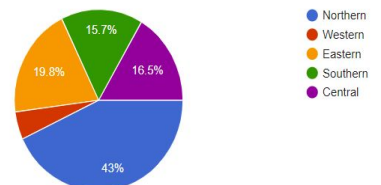
- **125+** Health Professional Students supported by AIH-AHEC for Community-Based Experiential Training (CBET)



65 Identified as American

Indian/Alaskan Native

In which Region of Arizona





AHEC Scholars Program

16 Rural Health Professional Students
from UA & NAU Health Professions Programs

- Tohono O’odham Nation
- Awarded best Poster at the Annual RHPP Conference
- NAU Public Health Undergraduate student recruitment

Recruiting for Cohort 2
Apply Today
<https://formstack.io/4cae2>



Youth Pipeline Programs

238 Youth Health Professions Summer Program
Participants (2024)

1 New 9th-16th grade Health Explorations
program added

- 3 Total = Native Health Central, Gila River Health Care, San Carlos Apache Healthcare

What to establish a Youth Health Exploration Program or gain HOSA support? Contact AIH-AHEC



70+

Health Professionals funded through the AHEAD Indigenous Healthcare Career Advancement Grant.

- Apply today
- Funding to end December 2024



AHEAD- INDIGENOUS HEALTHCARE CAREER ADVANCEMENT TRAINING

✦ FUNDING ASSISTANCE ✦

Do you work for a Tribal Healthcare Facility and are looking to enhance your career through training or a certification? **Apply Today**

<https://forms.gle/gfsudWTDNhPda5Qx5>

Requirements:

- AZ resident currently Employed in a tribal healthcare facility.
- American Indian working in healthcare.
- AZ tribally enrolled American Indian health student

-Meet one or all requirements-

For More Information
Jeff Axtell, AIH-AHEC Director
jeffrey.axtelleaahc.az.gov

Upcoming Event!

Engaging Patients in Advance Care Planning Conversations and the Use of the Arizona Advance Directives Registry

By: Carla Sutter, MSW



ARIZONA TELEMEDICINE PROGRAM WEBINAR SERIES

The practice and delivery of healthcare is changing with an emphasis on improving quality, safety, efficiency, & access to care. Telemedicine can help you achieve these goals! The Arizona Telemedicine Program and Southwest Telehealth Resource Center invite you to a free one-hour CME webinar on the implementation and practice of telemedicine. CME provided by The University of Arizona College of Medicine - Tucson

ENGAGING PATIENTS IN ADVANCE CARE PLANNING CONVERSATIONS AND THE USE OF THE ARIZONA ADVANCE DIRECTIVES REGISTRY.

TUESDAY, AUGUST 13, 2024

12:00 pm Arizona time (PDT)

12:00 PM PDT - 1:00 PM MDT - 2:00 PM CDT - 3:00 PM EDT

Join Arizona Telemedicine Program, Southwest Telehealth Resource Center and the American Indian Health-Area Health Education Center for a session focusing on how healthcare professionals can engage patients in conversations on advance care planning, and how the Arizona Advance Directives Registry can make sure their wishes are recorded and available to all their providers.

OUTCOME OBJECTIVES

- List two benefits and challenges related to advance care planning.
- Understand historical and present trends surrounding advance care planning programs.
- Identify three communication skills to use with patients regarding advance directives.

CONTINUING MEDICAL EDUCATION

Accreditation Statement

The University of Arizona College of Medicine - Tucson is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The University of Arizona College of Medicine - Tucson designates this live activity for a maximum of 1.0 AMA PRA Category 1 Credit™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Relevant Financial Relationships Statement:

University of Arizona College of Medicine - Tucson Office of Continuing Medical Education adheres to the ACCME's Standards for Integrity and Independence in Accredited Continuing Education. Any individuals in a position to control the content of a CME activity, including faculty, planners, reviewers or others are required to disclose all financial relationships with ineligible entities (commercial interests). The CME office reviewers have nothing to disclose. All relevant financial relationships have been mitigated prior to the commencement of the activity.

For more information, contact Melanie Esher, MAdm, at mesher@telemedicine.arizona.edu

This webinar is made possible through funding provided by Health Resources and Services Administration, Office for the Advancement of Telehealth (U742527).

PRESENTER



Carla Sutter, MSW
Senior Healthcare Directives Operations Manager, Contexture

Ms. Sutter holds her master's degree in social work and has spent her 30-year career working in Healthcare. She has dedicated much of her career on End-of-Life conversations and advance directive documents. Her work at Contexture and the Arizona Healthcare Directives Registry has her focused on engaging healthcare organizations, community agencies and Arizonans on enhancing goals concordant through advance care planning conversations and the resulting advance directive documents.

REGISTRATION



www.telemedicine.arizona.edu



**THANK YOUR
CONTACT US AT YOUR WEBSITE**

americanindianhealth-ahc.org



**End of Arizona Legislative Session Report
2024 Fifty- Sixth Legislative Session**

Corey Hemstreet, Legislative Liaison

Overview of Legislative Session

- The 2024 legislative session convened on Monday, January 8, 2024 and adjourned *sine die* (end of the legislative session) on Saturday, June 15, 2024.
- There were about **1,700 bills introduced** and **274 bills signed into law** by the Arizona Governor Katie Hobbs. In addition, Gov. Hobbs signed into law a \$16.1 billion state budget for the upcoming fiscal year.

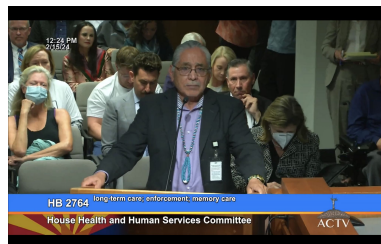


AACIHC Legislative Priorities

Murdered and Missing Indigenous Peoples (MMIP) Bills

[House Bill 2764- long-term care: enforcement: memory care](#)

- **Sponsor:** Representative Timothy Dunn | Legislative District: 25
- **Overview of Bill:** Requires the Director of the Department of Health Services (DHS) to establish by rule standards for memory care services for assisted living facilities that are licensed to provide directed care services. Modifies DHS duties and authorities relating to oversight of health care institutions. Establishes requirements relating to Adult Protective Services (APS) investigations into abuse or neglect of a vulnerable adult. Modifies the membership of the Board of Examiners of Nursing Care Institution Administrators and Assisted Living Facility Managers (NCIA Board). Establishes the Vulnerable Adult System Study Committee (Study Committee) and outlines Study Committee membership, duties and reporting requirements.
- **Key Provisions:**
 - Raises the cap on ADHS impose civil money penalties to \$1,000 per patient per day
 - Authorizes ADHS to deny a change in ownership of a currently licensed health care institution of the transfer would jeopardize patient safety (prevents license hopping).
 - Requires facilities to ensure staff aren't on the Adult Protective Services Registry.
 - Requires ADHS to develop a separate certification for places that want to provide memory care services.
- **Final Disposition:** Signed by the Governor on 04/08/24





MMIP Bills

House Bill 2249- residential care institutions; inspections

- **Sponsor:** Representative Heather Carter | Legislative District: 15
- **Bill Overview:** Prohibits the Director of the Department of Health Services (Director) from accepting an accreditation report in lieu of conducting compliance investigations for a behavioral health residential care institution.
- **Key Provisions:**
 - Prohibits the Director from accepting accreditation reports in lieu of conducting compliance investigations of residential care institutions that provide behavioral health services.
 - Becomes effective on the general effective date.
- **Final Disposition:** **Died in the Senate**

House Bill 1361- sober living homes

- **Sponsor:** Senator Frank Carroll | Legislative District: 28
- **Bill Overview:** SB1361 is a bill that seeks to enhance the regulation and oversight of sober living homes in Arizona.
- **Key Provisions:**
 - Modifies requirements of the Department of Health Services (DHS) relating to the licensing, oversight and regulation of sober living homes.
 - Prescribes guidelines for the inspection and penalizing of sober living homes that are noncompliant with applicable state and local regulations. Repeals certified sober living homes.
 - Redefines what constitutes a sober living home, excludes certain premises from this definition, and prohibits payments for patient referrals.
- **Final Disposition:** **Held awaiting Senate final reading; therefore the bill died**



MMIP Bills

House Bill 2205- fraud unit; investigations; annual report

- **Sponsor:** Representative David Livingston | Legislative District: 22
- **Bill Overview:** Specifies that monies appropriated to the Department of Insurance and Financial Institution (DIFI) for DIFI's Insurance Fraud Unit (Fraud Unit) are exempt from lapsing.
- **Key Provisions:**
 - Specifies that monies appropriated to the Fraud Unit are exempt from lapsing.
 - Makes a conforming change.
 - Becomes effective on the general effective date.
- **Final Disposition:** **Died in the Senate**

Senate Bill 1655- behavioral health entities, regulations

- **Sponsor:** Senator Teresa Hatathlie | Legislative District: 6
- **Bill Overview:** Makes various changes related to the licensing, oversight and regulation of behavioral health entities (BHEs) and sober living homes.
- **Key Provisions:**
 - Increases the cap on civil penalties for violation of health care institution statutes from \$500 to \$10,000.
 - Establishes the Indigenous Peoples Protection Revolving Fund with money from civil penalties.
- **Status:** **Failed in the HHS committee.**



Oral Health Bill

Senate Bill 1037- AHCCCS; Comprehensive dental care

- **Sponsor:** Senator Thomas Shope | Legislative District: 16
- **Overview:** Expands Arizona Health Care Cost Containment System (AHCCCS) coverage of dental services, from only emergency dental care and extractions, to include coverage of comprehensive dental care for members age 21 and older.
- **Key Provisions:**
 - Requires AHCCCS contractors to provide coverage of comprehensive dental care for persons who are at least 21 years old, with a maximum annual amount of \$1,000 per member.
 - Removes dentures from the list of prosthetic devices that are excluded from AHCCCS coverage for persons who are at least 21 years old.
 - Makes technical and conforming changes.
 - Becomes effective on the general effective date.
- **Final Disposition:** **Held in Senate; therefore, the bill died.**



Thank you!

[Sign Up for Our Newsletter](#)

[Stay Connected!](#)

Contact Information:

Corey Hemstreet, Legislative Liaison
Email: corey.hemstreet@acihc.az.gov





Overview of Goals of AACIHC Strategic Plan

Dr. John Molina, Executive Director



Strategic Plan – Goal 1

Goal 1 - Serve as the trusted resource for Tribes and Urban Indian health organizations.

- We do this by collaborating with tribal governments, tribal organizations and urban Indian health care organizations in this state to ensure representation in shaping Medicaid and health care policies and laws that impact the populations they serve.

Objectives:

- Medicaid billing assistance for tribal programs in such areas as transportation, CHR reimbursement, and behavioral health, and other requested areas in need of technical support.
- Provide “Office Hours” - a designated time to call for assistance from our Agency staff.
- Peer to Peer mentoring for tribal partners to assist with program development and grant applications.



Strategic Plan – Goal 2

Goal 2 - Educate and advocate on behalf of the American Indian/Alaskan Native (AI/AN) population within State Leadership and key Tribal stakeholders on issues identified by Tribal entities impacting the AI/AN population.

Objectives:

- Tribal Consultation
- Create a workgroup to identify and establish AACIHC’s advocacy plan.
- Connect with the Tribal Liaisons for the Secretary of State and Attorney General’s office regarding Tribal affairs.



Strategic Plan – Goal 3

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

Objectives:

- Host informational and training sessions about our programs.
- Bolster outreach strategies to increase network of partners.
- Engage partners through various workgroups, inclusive of all 22 Tribes and organizations working with AI/AN communities.
- Establish a Public Relations Committee for social media and website.
- Establish easily accessible toolkits that support the mission of the AACIHC



Strategic Plan – Goal 4

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

Objectives:

- Create a Tribal Data Working Group with Tribal Health Directors and Indian Health Service officials.
- Identify best practices for data sharing between state, local and national levels.
- Collaborate with established organizations to present AI/AN data



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Strategic Plan – Goal 5

Goal 5 - Expand the American Indian Health Care Workforce

Objectives:

- Establish and increase the number of AIH-AHEC Clinical & Educational Partnerships.
- Secure two new formal partnerships annually with clinical and/or educational institutes, totaling eight by year 3.
- Establish a mentorship program supporting student career paths, boosting professional growth, and contributing to the retention of talent within tribal communities.
- Organize and facilitate an Indigenous Health Care Professional Gathering in collaboration with partners to provide information on various opportunities and resources related to Tribal Facility Best Practices and staff retention, and nurturing training.
- Establish and Expand Youth Pathway Programs throughout the various Tribal Communities and I/T/U facilities.
- Enhance and expand Professional Development opportunities and continuing education for the current health care provider workforce working within Tribal facilities.
- Conduct listening sessions with American Indian community leaders and members to better



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Strategic Plan – Goal 5 (Continued...)

Continued....

Goal 5 - Expand the American Indian Health Care Workforce

Objectives:

- Create a resource guide for Indigenous students pursuing a career in healthcare. Establish a referral system to provide support for individuals needing to complete their applications for eligibility into higher education, health career pathway programs.
- Annually Identify and track ways to partner with American Indian communities in their existing programs or initiatives that support "growing our own" health care workforce.
- Build a comprehensive health care workforce contact list that includes representatives of all I/T/U facilities.
- Create professional and educational development opportunities through agency internships.



Provide continued assistance to advance and support the CHR workforce.

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Strategic Plan – Goal 6

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

Objectives:

- Identify grants that meet AACIHC's Mission and Vision and benefit our Tribal stakeholders.
- Expand our partnership network for assistance in obtaining letters of support for grant funding or advocacy.
- Expand and leverage partnerships and networks.



ARIZONA ADVISORY
COUNCIL ON INDIAN
HEALTH CARE

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Strategic Plan – Goal 7

Goal 7 - Fill all AACIHC Advisory Council seats and achieve representation of all 22 Federally recognized Tribes of Arizona.

Objectives:

- Identify spaces to have conversations with Tribes for recruitment.
- Orientation and training for new board members.
- Outline rules and responsibilities for board members.
- Develop a recruitment and retention strategy.



Call Out for Advisory Board Membership

Dr. John Molina, Executive Director



Advisory Board Membership Opportunities

The AACIHC is seeking membership from ***federally recognized American Indian Tribes in the state***. If you are interested, please outreach Dr. John Molina at 480-915-5027.

Each federally recognized American Indian Tribe in this state may recommend to the governor names of persons to represent the Tribe on and for appointment to the council. Representatives shall be appointed by the governor, from those names submitted by the Tribes. Recommended representatives may have experience serving the elderly, youth, children or families or persons with disabilities.



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Join the Advisory Board

Appointment Process of Advisory Board/Council Members

Prospective Advisory Board members must complete the following steps to be formally appointed, with the exception of the CMS designee and the four (4) State agency appointees.

1. Prospective members must first obtain a ***Tribal Resolution or Letter of Recommendation on Tribal/organizational letterhead that is signed by their Tribe's Chairman/President/Governor/Speaker***.
 2. Once obtained, the Director of the AACIHC should be outreached and notified of the intention to be appointed. The Director can provide valuable guidance regarding the next steps in the appointment process. Our Director is Dr. John Molina and can be reached at john.molina@aacihc.az.gov.
 3. Instructions will be emailed to you, including the resume and application that must be filled out and submitted to the Governor's Office of Boards and Commissions.
 4. A background check will be completed.
 5. The Notice of Appointment and Loyalty Oath Forms shall be filled out.
- Formal appointment is then considered complete and notification is sent to the member and to the AACIHC Director and Executive Assistant



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Open Discussion

Tribal Health Advisory Workgroup

Tri-Agency Collaboration: AACIHC, AHCCCS & ADHS



ARIZONA ADVISORY
COUNCIL ON INDIAN
HEALTH CARE



ARIZONA DEPARTMENT
OF HEALTH SERVICES



Overview

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).



Background - AACIHC

Arizona Health Improvement Plan:

- Arizona Department of Health Services (ADHS),
- Arizona Health Care Cost Containment System (AHCCCS),
- First Things First (FTF) and,
- Arizona Department of Economic Security (DES)

Key Achievements:

- 2024 State-Tribal Epidemiology Summit
- Health and Housing Among Tribal Communities in Arizona Report
- Enhancing State-Tribal Engagement

Moving Forward: Establishment of Tribal Health Advisory Workgroup

These achievements mark significant progress in AACIHC's mission to advocate for improving health outcomes for the AI/AN population in Arizona. We forward to building on this momentum and continuing our work to create meaningful and lasting changes that benefit Arizona's Tribal communities.





Background - AHCCCS

At AHCCCS, we recognize the importance of understanding and addressing the unique health needs of Arizona-based tribal communities. Our intent with this workgroup is threefold:

- **Meaningful Engagement**
- **Strengthening Relationships**
- **Collaborative Approach**



Workgroup Objectives

- **Support and Enhance Collaboration:** Strengthen the partnership between state agencies, tribal leaders, UIOs, TRBHAs, and IHS/638 facilities to ensure coordinated efforts in tribal health care initiatives.
- **Ensure Meaningful Input:** Provide a platform for tribes and American Indian/Alaska Native (AI/AN) people in Arizona to have a significant and timely influence on the development of programs, policies, and health care initiatives.
- **Facilitate Information Sharing:** Promote the exchange of information and feedback between the three state agencies, tribal nations, UIOs, TRBHAs, and IHS/638 facilities to improve health outcomes and services.





Target Members

We are inviting key tribal stakeholders to participate, or to appoint delegates to actively participate, in this important workgroup. Delegates may include, but not limited to:

- Tribal Health Directors,
- Representatives from Tribal Regional Behavioral Health Authorities (TRBHAs),
- Representatives from Indian Health Services (IHS)/638 facilities,
- Representatives from Urban Indian Organizations (UIOs)
- Managed Care Organizations (MCOs) Tribal Liaisons
- County Tribal Liaisons

Meeting Frequency & Duration

- THAW: To be determined by the workgroup.



Importance of State-Tribal Partnerships

Building strong relationships between tribal nations, tribal partners, and state agencies is essential for solving issues that impact tribal communities at the local level. While direct relationships with the federal government are vital, collaboration with state agencies provides several unique benefits:

- **Localized Solutions:** State agencies have a deeper understanding of local contexts and can implement solutions specifically tailored to the unique needs of tribal communities in Arizona.
- **United Front:** A united front between tribal partners and state agencies strengthens advocacy efforts, making it easier to address systemic issues and secure necessary resources and support from both state and federal levels.
- **Resource Coordination:** Working together allows for better coordination of resources, ensuring that tribal health programs are effectively integrated with state initiatives and funding mechanisms.
- **Timely Response:** State agencies can often respond more quickly to local health crises and needs, providing immediate support and assistance that complements federal efforts.





Importance of State-Tribal Partnerships

- **Innovation and Best Practices:** Sharing information and experience among workgroup members fosters innovation and the adoption of best practices in health care delivery for AI/AN populations.
- **Policy Influence:** The workgroup will provide Tribes with a mechanism to influence state health policies and programs, ensuring that the unique needs and preferences of AI/AN communities are considered in policy development and implementation.
- **Empowerment and Self-Determination:** Empowering tribal communities to actively participate in health care decision-making processes supports self-determination and enhances the sovereignty of tribal nations.
- **Holistic Health Approach:** By bringing together diverse perspectives from tribal health directors, UIOs, TRBHAs, and IHS/638 facilities, the workgroup ensures a comprehensive approach to health care that incorporates physical, behavioral, and spiritual health needs, incorporating traditional knowledge and practices.



Open Discussion Structure & Membership Recommendations

Questions to Consider

- What would make this meeting successful? What are expected outcomes?
- What group norms should be established?
- Is there any additional support the sister agencies can provide to foster effective participation?
- How can we ensure active participants and engagement from all stakeholders?



Next Steps/Timeline



July

Acquire Approval from the Advisory Board members



August

Introduce THAW framework & Rollout



September

Kick-off Meeting for THAW- 9/18 at 9am via Zoom



October-2025

- Ongoing THAW Meetings
- Strategic Planning





Tribal Health Advisory Group Kick-Off Meeting

Date/Time: Wednesday, September 18 at 9:00 a.m.

Location: Virtual Only

To register, please scan the QR Code or click the link:

**REGISTER
NOW!**

<https://bit.ly/3LLXpqV>



For any questions, please contact:

Corey Hemstreet, AACIHC Legislative Liaison

Email: corey.hemstreet@aacihc.az.gov



Open Discussion

Closing Remarks

Announcements

Meeting Schedule

AHCCCS Tribal Policy Workgroup

Date: August 12, 2024

Location: *Virtual Only*

Click [HERE](#) to register!

AHCCCS / ADHS / AACIHC Quarterly Meetings

Date: November 14, 2024

Time: 8:30 a.m.

Location: [Virtual](#) / In-Person Location TBD

Follow & Support AHCCCS on Social Media

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Handle:

[@AHCCCSgov](#)

Handle:

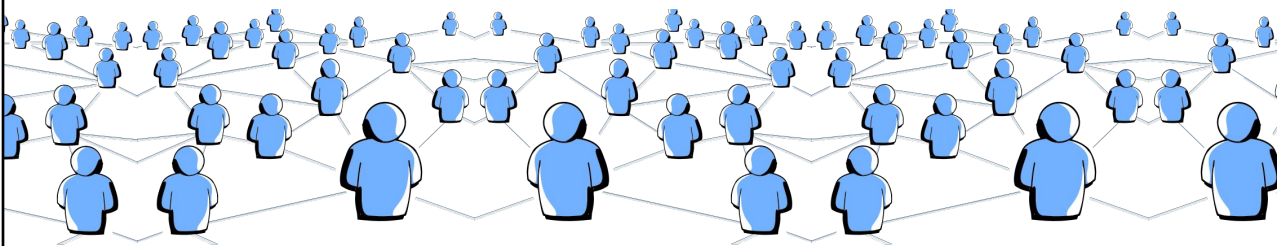
[@AHCCCSGov](#)

Handle:

[@AHCCCS](#)

Channel:

[AHCCCSgov](#)



Learn about AHCCCS' Medicaid Program on YouTube!



Watch our Playlist:

[Meet Arizona's Innovative Medicaid Program](#)

Other Resources - Quick Links

- AHCCCS [Waiver](#)
- AHCCCS [State Plan](#)
- AHCCCS [Grants](#)
- AHCCCS [Whole Person Care Initiative \(WPCI\)](#)
- AHCCCS [Office of Human Rights](#)
- AHCCCS [Office of Individual and Family Affairs](#)
- [Future RBHA Competitive Contract Expansion](#)



Thank You.

Have a great day!