Welcome to today's quarterly meetings!

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.

General Opening Session - Agenda Overview

- Zoom Control
- Opening Blessing
- Land Acknowledgement
- Opening Remarks
- Host Welcome
- Introduction to the Tri-Agency Format

Audio Settings

Zoom Webinar Controls

Navigating your bar on the bottom...

Audio Settings
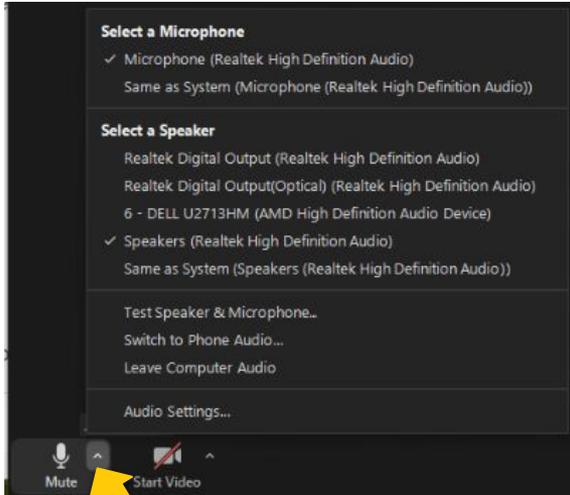
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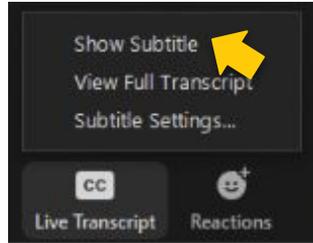
Raise Hand
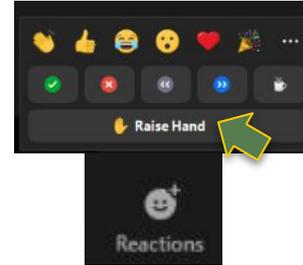
Chat

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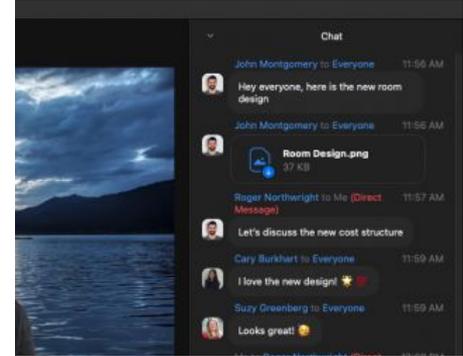
Use chat feature (or Q&A when available) to ask questions or share resources.

Opening Blessing

Mr. Ramon Riley
Elders Council Member
White Mountain Apache Tribe

Land Acknowledgement

Maria Ayala
AHCCCS Business Operations Manager
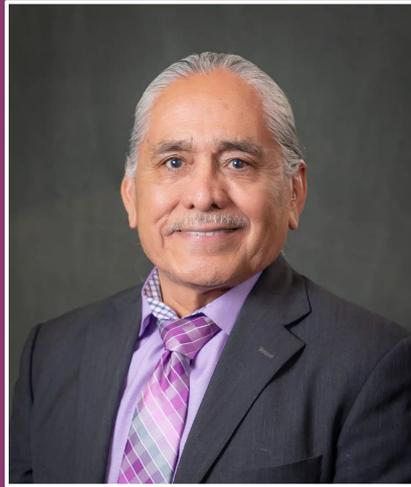
Host Welcome

Marcia Altaha Antonio, BHPP
Acting Tribal Relations Manager
Apache Behavioral Health Services

Introduction to the Tri-Agency Format

Mckayla Keams

AACIHC Executive Project Coordinator

Background

AzHIP Advisory Group:

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

Interagency Achievements:

- 2024 State-Tribal Epidemiology Summit.
- Health and Housing Among Tribal Communities in Arizona Report.
- Enhancing State-Tribal Engagement.
- Establishment of Tribal Health Advisory Work (THAW).

Moving Forward:

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.

Purpose

Efficiency: Reduces scheduling conflicts, travel time, and duplication.

Support and Enhance Collaboration: Strengthen the partnership between state agencies to ensure coordinated efforts in tribal health care initiatives.

Ensure Meaningful Input: Provide a space for Tribal nations 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 state agencies and Tribal nations to improve health outcomes and services.

QUESTIONS?

Presenting to
TRIBAL CONSULTATION

Thursday, November 14, 2024

White Mountain Apache Behavioral Health Services

Whiteriver, Arizona

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Tribal Consultation
AGENDA TOPICS

- Health Profile Report of American Indian and Alaska Native Population in Arizona
- Congenital Syphilis
- Licensing Updates
- Data Sharing Agreement
- Indigenous Data Sovereignty Policy
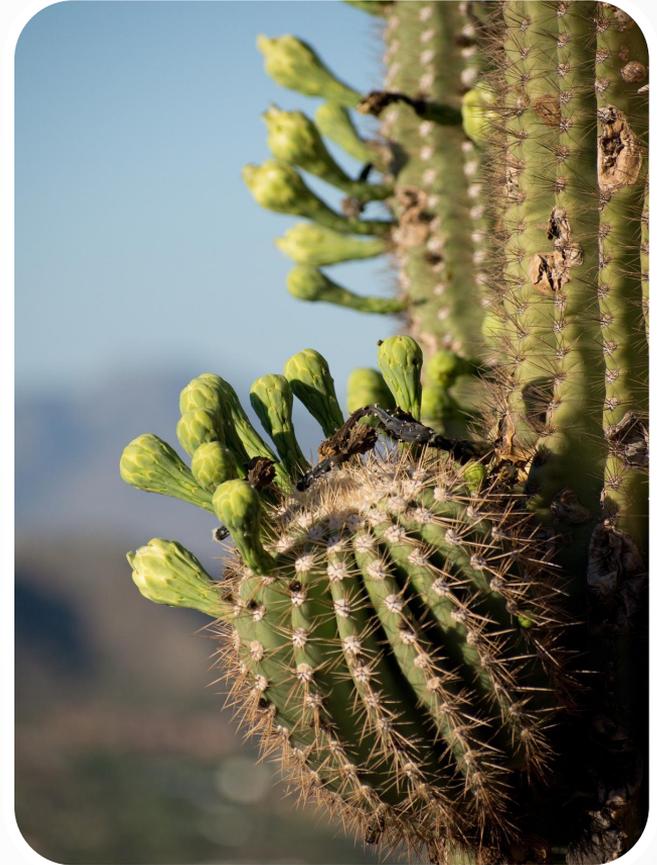
AI/AN Health Status Report

Keisha Jenkins, DrPH, MPH
LCDR, United States Public Health Service
CDC Direct Assistance, Arizona Field Assignee
Bureau of Assessment and Evaluation

- Provide an overview of the Health Profile Report of American Indian and Alaska Native Population in Arizona

- Gather Any Input or Feedback on Report

AMERICAN INDIAN ALASKAN NATIVE (AI/AN) IN ARIZONA
HEALTH STATUS REPORT

What's New and Changed in the AI/AN Health Status Report as compared to 2021 Report

New Items
- On or Off Tribal lands
- Maternal and Newborn Health
- Health Care Utilization and Access
- Social Determinants of Health
- Qualitative Data

Changed Items
- Key Findings on Executive Summary
- Recommendations linking other ADHS reports

Health Profile of American Indian
and Alaska Native Population in Arizona

2024

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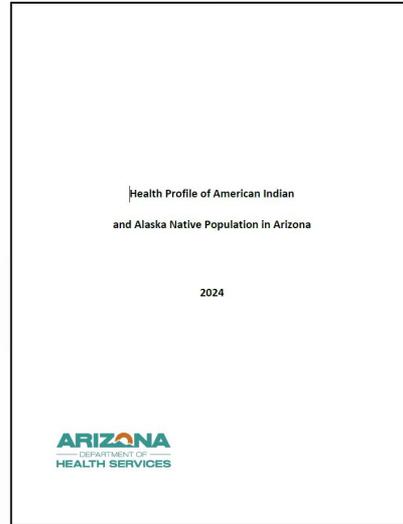
AI/AN Health Status Report

Incorporating Tribal Feedback: Do you have any insights and perspectives on the report?

Improvements: Are there any gaps in the report that we can improve on?

Do we have your approval to move forward with publication?

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Congenital Syphilis

Nicole Dupuis-Witt, MPH
Assistant Director, Preparedness

- Provide an overview of Congenital Syphilis in Arizona

- Gather Any Input or Feedback on Local Efforts

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From 2018 to 2023, syphilis cases among **females of reproductive age (15-44 years old)** in Arizona has increased **237%**. Correspondingly, there has been a **264%** increase in **congenital syphilis** cases.

In 2022, **Arizona** had the **3rd highest congenital syphilis rate** in the United States.

Year	Congenital	Females 15-44
2017	34	477
2018	64	712
2019	114	936
2020	120	1104
2021	183	1733
2022	220	2187
2023*	233	2398

*2023 data is preliminary and is subject to change

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Congenital syphilis affects multiple organ systems and can cause fetal demise or death.

Congenital syphilis is preventable
with appropriate screening and treatment of pregnant persons.

5% of congenital syphilis cases were not treated, and **10%** were undertreated.

38% of those who gave birth to a baby with congenital syphilis had no prenatal care, or initiated prenatal care less than 45 days prior to delivery.

31% of those with no prenatal care, had at least one ED visit during their pregnancy.

The percentage of babies born with syphilis who were **stillborn** or **died**.

2018	2019	2020	2021	2022	2023
16%	7%	10%	8%	15%	11%

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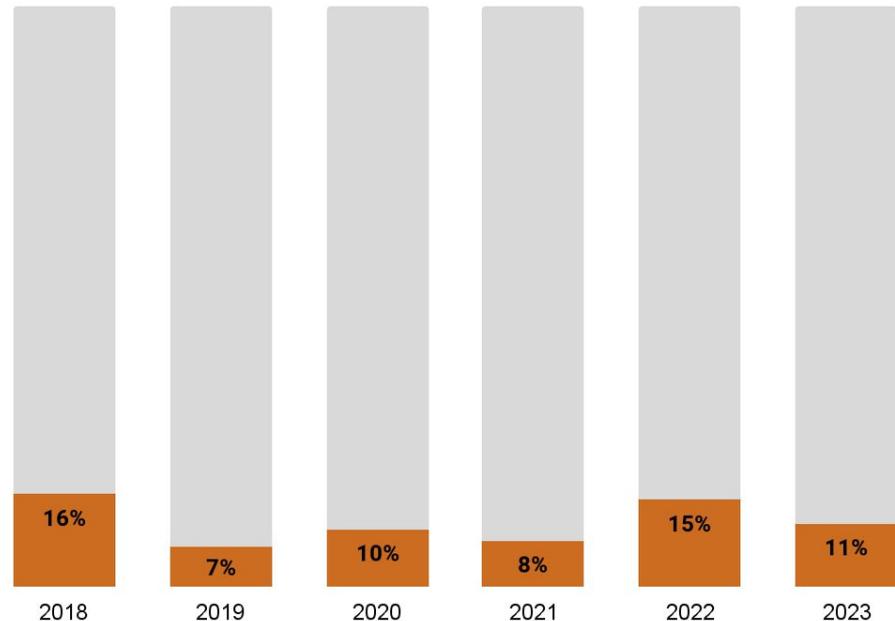
ADHS Congenital Syphilis Consultation

- US HHS Task Force focused on 14 priority jurisdictions.
- ADHS Co-Chairing a CS Advisory Committee with AHCCCS.
- ★ *Goal to inform the development of a CS action plan for Arizona.*

ADHS set out request to meet and discuss CS and recommendations to all tribes.
Key items discussed:

- Data
- Information sharing
- Ensure culturally appropriate messaging
- Need to Tribal COP for CS
- Ensure Tribal specific needs are reflected in Arizona Plan

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ADHS Congenital Syphilis Plan (Next Steps)

- Anticipate launch of plan in the new year.
- Three main areas of action:
  - Prevention
  - Treatment
  - Partnerships
- Multi-year action plan with action that are prioritized by year.
  - Ex. Year 1: Focus on ensuring access to treatment and follow up.

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QUESTIONS?

contact us at sti@azdhs.gov

Licensing Updates

Tom Salow
Assistant Director, Licensing

- Provide an update on Licensing

- Gather Any Input or Feedback on Report

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LICENSING REFORM
HB2764

- Establish rules for on-site monitoring when facilities are not in substantial compliance

- Establish rules and fees for in-service training

- Allows ADHS to continue enforcement actions even if in the process of being sold, transferred, or has closed

- Allows ADHS to deny application if the new license would jeopardize patient safety

- License void if licensee does not pay fees by due date

- Increase the amount of CMPs ADHS may assess per violation from $500 to $1,000

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LICENSING REFORM
HCI BUREAUS

In February 2024, ADHS restructured the Division of Public Health Licensing to better align our resources, and allow us to provide better service to the public. The reorganization has led to the following improvements:

- Created a Deputy Assistant Director position that oversees the four health care institution (HCI) bureaus
- ADHS is currently working to bring the HCI bureaus into the ADHS fully electronic licensing system, which will provide better efficiencies for the Department and providers and help make more transparent information available to the public on AZCareCheck.com
- ADHS now conducts initial monitoring inspections for most new licensees after they have been operating for about 60 days. This allows ADHS to provide technical assistance to new licensees and identify potential issues much earlier than the typical annual compliance schedule allows

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LICENSING REFORM
HCI BUREAUS

In the first quarter of SFY25:

- The Bureaus of Assisted Living Facilities Licensing (BALF), Behavioral Health Facilities Licensing (BBHL), and Medical Facilities Licensing (BMFL) have increased the number of filled Compliance Officer (CO) positions, resulting in decreased caseloads
- The HCI Bureaus
  - Decreased the average number of days to process initial and change of ownership applications from 20 to 17 days
  - Completed 94 initial monitoring surveys
- The percentage of HCIs with priority A/B/C intakes has decreased from 78.2% to 77.2%
- BBHL has increased the percentage of facilities that have had a compliance survey in the last year from 93.9% to 96.5%

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LICENSING REFORM
LICENSING BUREAUS

- 4 HCI Bureaus
  - Bureau of Assisted Living Facilities Licensing (BALF)
  - Bureau of Behavioral Health Facilities Licensing (BBHL)
  - Bureau of Long Term Care Facilities Licensing (BLTC)
  - Bureau of Medical Facilities Licensing (BMFL)
- 27 HCI classes and subclasses
- Approximately 7,600 HCI facility licenses

- General hospital
- Rural general hospital
- Special hospital
- BH inpatient facility
- Nursing care institution
- Recovery care center
- Hospice inpatient facility
- Hospice service agency
- Intermediate care facility for individuals with intellectual disabilities

- BH residential facility
- Adult residential care institution
- Assisted living center
- Assisted living home
- Adult foster care home
- Outpatient surgical center
- Outpatient treatment center
- Abortion clinic
- Adult day health care facility

- Home health agency
- Substance abuse transitional facility
- BH specialized transitional facility
- Counseling facility
- Adult BH therapeutic home
- BH respite home
- Unclassified HCI
- Pain management clinic
- Nursing-supported group home

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LICENSING REFORM
LICENSING BUREAUS

Bureau of Marijuana Licensing (BML)
- Medical marijuana dispensaries and adult use of marijuana establishments
- Other individual licenses (i.e. facility agents, principal officers/board members, qualified patients, and caregivers)
- Approximately 305 facility licenses

Bureau of Child Care Facilities Licensing (BCCL)
- Child care centers and group homes
- Approximately 2535 facility licenses

Bureau of Radiation Control (BRC)
- Ionizing and non-ionizing radiation devices and users
- Approximately 8435 facility licenses

Bureau of Licensing for Professions & Occupations (BLPO)
- Non-transplant procurement organizations and funeral establishments
- Other individual licenses (i.e. medical radiologic technologists, community health workers, laser technicians, doulas, midwives, and speech and hearing professionals)
- Over 300 facility licenses

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Tribal Liaison Updates

Gerilene Haskon, MPH
Tribal Liaison, Policy & Intergovernmental Affairs

- Data Sharing Agreements

- Indigenous Data Sovereignty Policy Development

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TRIBAL LIAISON PRIORITIES

1. Data Sharing Agreements
2. Data Reporting
3. Indigenous Data Sovereignty Policy
4. Tribal Consultation Policy
5. Tribal Connections
6. Training & Cultural Competency

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2024
ACTIVITIES

Key activities focused on strengthening our government to government relations with Tribes and ITUs.

Data Sharing Agreement

Created a Data Sharing Template for Tribes using a framework from tribe in Arizona.

IDSov Policy

Focused on bringing awareness to Indigenous Data Sovereignty to our staff and Tribes in Arizona.

Data Report

Collaborating with Epidemiologist to analyse, interpret and update the AI/ANs Health Status Report for 2024

Developing an **IDSov Policy** at ADHS

WHY - Honoring Tribal sovereignty for Tribes in Arizona,   ensuring proper safeguards in place, reconnecting Tribes with THEIR data, improving health outcomes for Tribal communities

WHO - 22 Tribal Nations in Arizona

WHAT - Co-creation of policy between ADHS and Tribal Nations in Arizona

HOW - Meaningful dialogue among Tribal Nations in Arizona

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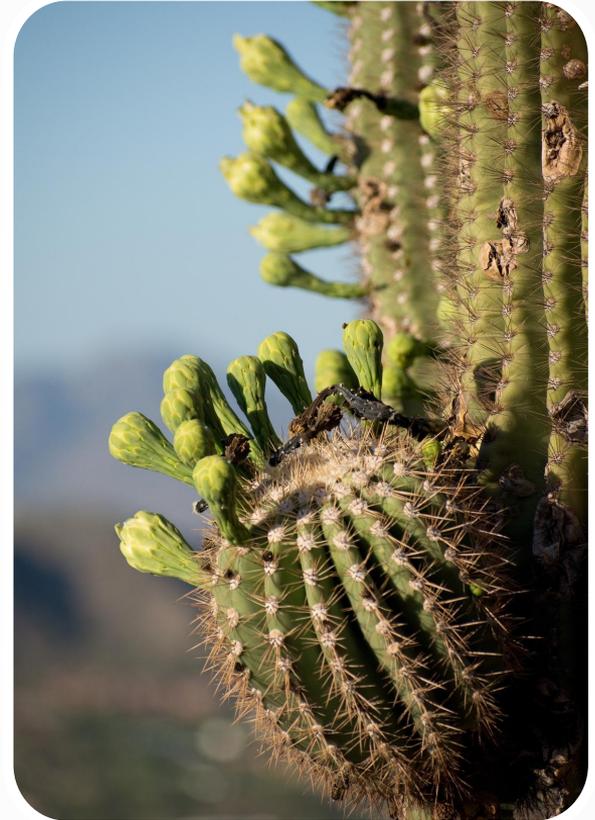
Developing an **Indigenous Data Sovereignty Policy** at ADHS:
Project Timeline

9/2023	3/2024	7/2024	8/2024 - 11/2024	1/2025	2/2025-4/2025
IDSov & Data Governance Training	**Webinars- F/U on Debrief of IDS Training**	**Pre-Deliberation Webinar**	**In-Person Policy Deliberation**	**Policy Drafting & Revisions**	**Present at Tribal Consultation**
Facilitate by UofA Native Nation Institute N=76 attendees	Provide training about the basics of IDSov and Data Governance for Tribal Leaders	Provide training about effective practices through case studies highlighting effective data governance practices.	Tribal recommendations for policies and practices around IDSov	Draft policy in collaboration with Tribes around IDSov through meaningful engagements.	Present IDSov Policy to Tribes at TC and request for final input.

ADHS INDIGENOUS DATA SOVEREIGNTY POLICY DEVELOPMENT

TRIBAL EVENT ANNOUNCEMENTS

1. [Tribal Opioid & Substance Use Conference](#) - November 19-20, 2024 at Harrah's Ak-Chin Casino in Maricopa, AZ.
2. [Statewide Tribal Veteran Symposium](#) - November 15-16, 2024 at Gila River Resort & Casino - Wild Horse Pass in Chandler, AZ
3. [CHR Summit VIII](#) - December 3-5, 2024 at Casino Del Sol in Tucson, AZ
4. [ASU Office of American Indian Initiatives and College of Health Solutions: 2024 Doing Research in Indigenous Communities Conference](#) - Thursday, December 5, 2024 at ASU Memorial Union in Tempe, AZ

UPCOMING

ADHS INDIGENOUS DATA SOVEREIGNTY POLICY DEVELOPMENT MEETING

Hosting an in-person 2nd meeting facilitated by University of Arizona Native Nations Institute

Who Should Attend: Tribal Health Directors, Tribal Leaders
When: Monday, November 25, 2024
Time: 10:00 am to 3:00 pm
Where: Arizona State Public Health Laboratory,
Igloo Conference Room
250 N 17th Ave, Phoenix, AZ 85007

Philámayaye

Lios enchi hiokoe uttesia

Askwali

Ahéhee'

Aheeiyeh

Meegwetch

Sapė

THANK YOU!

Gerilene Haskon | Gerilene.Haskon@azdhs.gov

Division of Policy & Intergovernmental Affairs

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

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Break Time

We will resume at 10:30am

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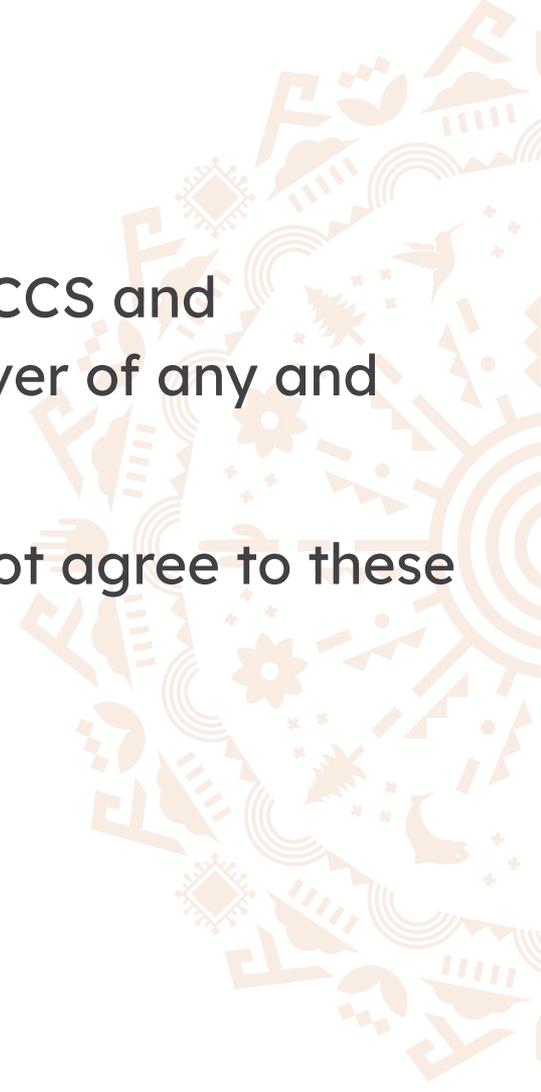
Tribal Consultation Notification

ARIZONA
HEALTH CARE COST
CONTAINMENT SYSTEM

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.

Welcome & Updates

Marcus Johnson
AHCCCS Deputy Director, Community Engagement & Regulatory Affairs

Updates

Sober Living Fraud, Waste and Abuse

Suspensions for Credible Allegations of Fraud

Since May 2023, AHCCCS has suspended payments to over 300 providers for credible allegations of fraud.

Current status	Number of Providers (since May 2023)
Payment suspension and open law enforcement case	**257**
Provider Quality of Care terminations	120
Provider moratorium application denials	277
Rescinded suspensions	45
Suspensions upheld at state fair hearing	27

Recent 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 - 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

Humanitarian Response

30,000+ Calls to 2-1-1 (press 7) Hotline
11,000+ Victims Directly Served
125 Requests for Out of State Transportation

Response/Resource	Total Members
Phone calls to 211*7 hotline for resources	34,977
Hotel - Temporary Lodging	4,147
Out-of-state Transports	125

Number of Calls to Solari by Week

Total calls to Solari **34,977**. Older weeks have been removed for ease of viewing.

Cumulative Calls by Week (02-05-2024 thru 11-03-2024)

Monthly Hotel Entry Utilization

Monthly Hotel Entry Utilization

— Total

Month	Total
November 2023	391
December	389
January	352
February	372
March	283
April	145
May	102
June	80
July	111
August	70
September	48
October	18
November 2024	0
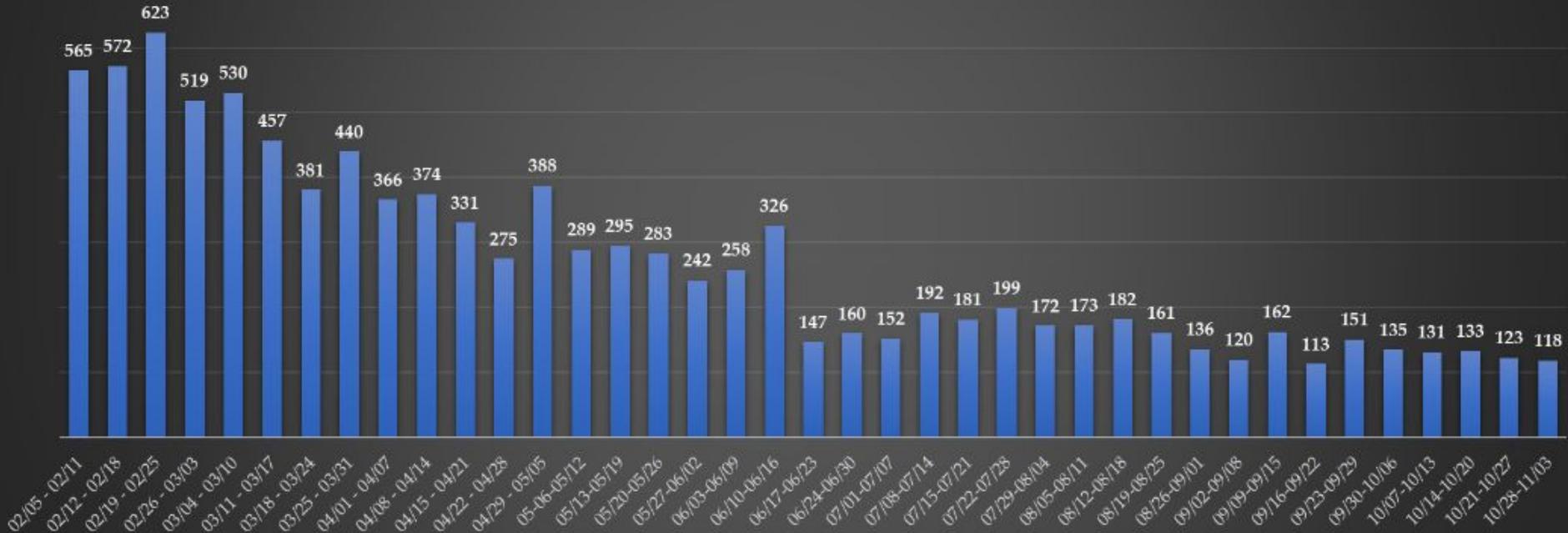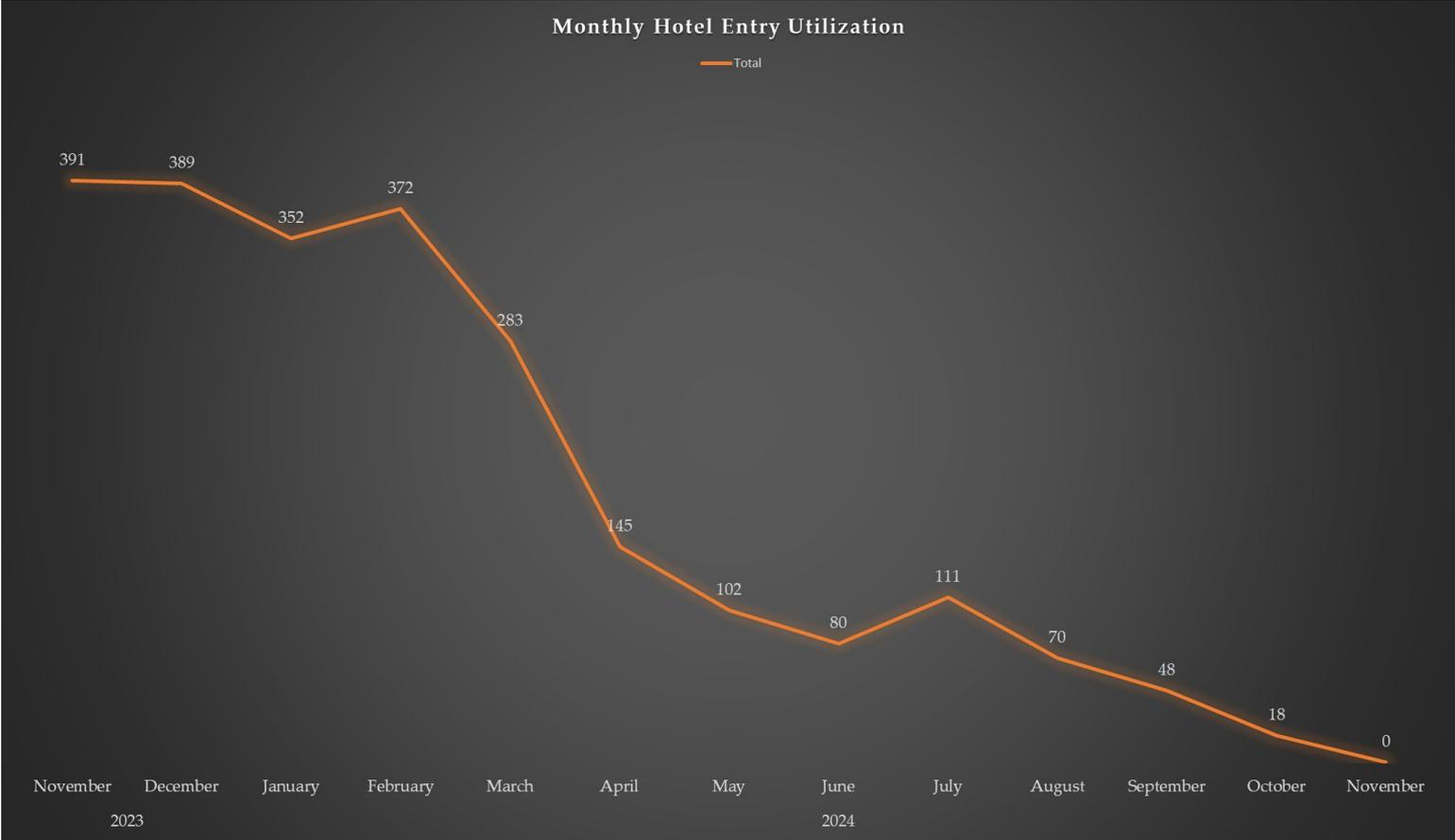
FWA Humanitarian Response: The Next Phase

What's next?

- Moving from Crisis Response to Maintenance

  - Current response includes: lodging, 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

  - 11/30 - Last day for lodging

  - Looking into extending 211(press 7) line

  - 211 will continue to be a resource, post phasedown

AIHP Tribal Verification - Background

- AI/AN Choice between Fee-for-Service and Managed Care
- Lack of protections → Fraud & Exploitation
- Recommendations to Address AIHP Self-Attestation Loophole
- Discussions During Tribal Consultation:
  - February 9, 2023
  - April 4, 2023
  - June 1, 2023 and June 2, 2023
  - July 18, 2023
  - August 29, 2023
  - December 18, 2023
  - May 7, 2024
  - AIHP 4-Part Consultation Series: May 31, June 13, June 27, July 2, 2024

Tribal Feedback Summary

- AHCCCS should minimize burden on Tribes and Tribal members.
- AHCCCS should leverage its existing data and processes before asking for new information.
- Many Tribes face infrastructure and resource challenges, and may need financial assistance if additional burden is placed on Tribes.
- AHCCCS should trust current eligibility verification practices of ITUs.
- There may be small subgroups of members who aren't accounted for in the proposal.

Final Decision and Implementation Timeline

1. **AIHP Members with Previous I/T/U Utilization:** No additional verification required, respecting existing tribal processes.

2. **MCO Members Switching to AIHP (Effective November 1, 2024):** Simplified process via the AHCCCS Call Center; documentation only required if no previous I/T/U utilization is recorded.

3. **Current AIHP Members with No I/T/U Utilization (December 2, 2024 - June 30, 2025):** Verification letters will be sent, with a 60-day response window to provide necessary documentation. Members who do not respond will be transitioned to a Managed Care Organization (MCO).

4. **New AIHP Enrollees (Expected August 2025):** New members will be permitted to enroll in AIHP, and new system enhancements will request tribal status verification if no history of I/T/U service use is known to AHCCCS.

Important Note: Once a member's tribal enrollment/affiliation is verified, no further verification will be required in the future, even if there are changes in the member's enrollment status. This policy is intended to streamline the experience for members and reduce redundancy.

Forms of Documentation

1. Documents issued by a federally-recognized Indian Tribe:
   a. Enrollment/membership card with the tribal seal and/or official signature,
   b. Certificate of Indian Blood (CIB),
   c. Tribal census document,
   d. Tribal Voter Registration card,
   e. Letter on tribal letterhead with an official signature confirming membership, descendancy, or affiliation with the Tribe.
2. Certificate of Degree of Indian Blood (CDIB) issued by the Bureau of Indian Affairs (BIA).
3. Documents with the individual's name that indicate affiliation with a Tribe:
   a. Tribal gaming payment statements,
   b. Documents showing receipt of assistance payments from a Tribe, including General Assistance and Tribal Foster Care/Adoption Subsidy.
   c. Letter from the Marketplace granting a tribal exemption based on tribal membership or Alaskan Native shareholder status.
   d. Documentation of tribal land parcel allocation.

Forms of Documentation, cont'd

4. Documents issued by the Indian Health Service (IHS), 638 or UIO Document showing individual is eligible for services as an AI/AN.
5. Documentation of a relationship listed in a-c below to an enrolled tribal member plus a document from the above list for the enrolled member:
   a. Marriage certificate - for spouses are eligible for services as a class, by resolution of the governing body of the Indian Tribe or tribal organization.
   b. Marriage certificate or written acknowledgement of paternity - for individuals eligible for services through an Indian health care provider only because the individual is pregnant with the child of a member of an Indian Tribe or shareholder of an Alaska Native corporation.
   c. Birth certificate or records showing relationship as a child or grandchild of a member of an Indian Tribe or shareholder of an Alaska Native corporation.

Left Form

AHCCCS
Arizona Health Care Cost Containment System

**Change Request (by Member) -
American Indian Health Program**

Instructions:
Complete this form when AHCCCS has requested proof of your Tribal membership/enrollment/affiliation. Tribal members may change their health plan from an AHCCCS Complete Care (ACC) plan to American Indian Health Program (AIHP) at any time. If you have not already called, contact us at 602-417-7100 or 1-800-334-5283.

Legal Name of Requestor:	Phone Number:
Address:	Email:

The household member(s) listed below request to change their enrollment to American Indian Health Program:

First Name	Last Name	AHCCCS ID	Date of Birth

Complete the section below related to submitting documentation, if you and/or any household members mentioned above have never received services from an IHS/638 Urban Indian Organization. You can send proof of tribal membership/enrollment/affiliation, and this signed form to AHCCCS one of the following ways:

- Send a scanned copy or picture by email: AIHPMemberHPChangeRequest@azahcccs.gov
- Fax: 602-252-6536
- Mail: 801 E Jefferson
  MD 3400 AIHP
  Phoenix, AZ 85034

DO NOT send original Tribal membership/enrollment documents, please send copies only.

Please see the back of this letter for a list of proof documents. Note: Certain family members of an enrolled tribal member may need more than one.

Sign this letter below and return it with a copy of your proof of Tribal membership/enrollment/affiliation.

I affirm under penalty of perjury that the statements and documents provided about the persons named above, that relate to AHCCCS enrollment, are true and correct to the best of my knowledge.

Printed Name of Customer or Authorized Representative:	Signature of Customer or Authorized Representative:	Date:

AIHP-002 (rev 09/2024)   Page 1 of 2

Right Form

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM (AHCCCS)

Call 602-417-5010 if you have any questions about this letter.

Request for Information

Dear ____,

Our records show you are enrolled with American Indian Health Program (AIHP). To keep your AIHP enrollment, you must return this form with proof of tribal enrollment. DO NOT send original documents, please send copies.

If we do not receive proof of tribal enrollment by **[CURRENT DATE+35 DAYS]**, the person listed below will be removed from AIHP and enrolled with a health plan.

Proof of tribal enrollment or membership includes:
- Certificate of Degree of Indian Blood;
- Tribal ID;
- Any document provided by the tribe stating the person is an enrolled member of the tribe;
- An official letter on tribal letterhead from the tribe stating the applicant is a child or grandchild of a tribal member; or
- A document verifying the tribal member's enrollment in the tribe, and a document verifying that the applicant is a child or grandchild of the tribal member.

Person Enrolled with AIHP		
Name:	Date of birth:	AHCCCS ID:

Please sign this letter below and return it with proof of tribal enrollment. You can give us the signed form and proof using one of the following ways:

1. E-mail your information to AIHPMemberHPChangeRequest@AZAHCCCS.GOV
2. Fax your information to 602-252-6536
   OR
3. Mail your information to:
   801 E Jefferson
   MD 3700
   Phoenix, AZ 85034.

I affirm under penalty of perjury that the documents provided about the person named above are true and correct to the best of my knowledge.

Printed name:	Signature:	Date:

Open Discussion

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.

1115 Waiver Updates

Traditional Healing Program Overview

- On October 16, 2024, CMS approved an amendment to provide expenditure authority for coverage of traditional health care practices received through Indian Health Service facilities or facilities operated by Tribes or Tribal organizations.

- This includes traditional health care practices that are provided in the community by or through IHS or tribal facility's direct employees or contracted traditional health care practice providers.

- Under this approval, Traditional Healing practices would be covered services in both inpatient and outpatient settings, and aid in care coordination and assist AHCCCS beneficiaries in achieving improved health outcomes.

1115 Waiver Updates

Traditional Healing Program Overview (Cont'd)

- The amendment is expected to

  o   Broaden Healthcare coverage

  o   Expand utilization of these traditional health care practices and improve access to culturally appropriate care;

  o   Support the facilities' ability to serve their patients;

  o   Maintain and sustain health;

  o   Improve health outcomes and the quality and experience of care; and

  o   Reduce existing disparities in access to and quality of care and health outcomes.

1115 Waiver Updates

Traditional Healing Program Overview (Cont'd)

- Participating Facilities

  - Traditional health care practices are covered only when received through IHS or Tribal facilities (which could include an Urban Indian Organization contracted with an IHS or Tribal facility).
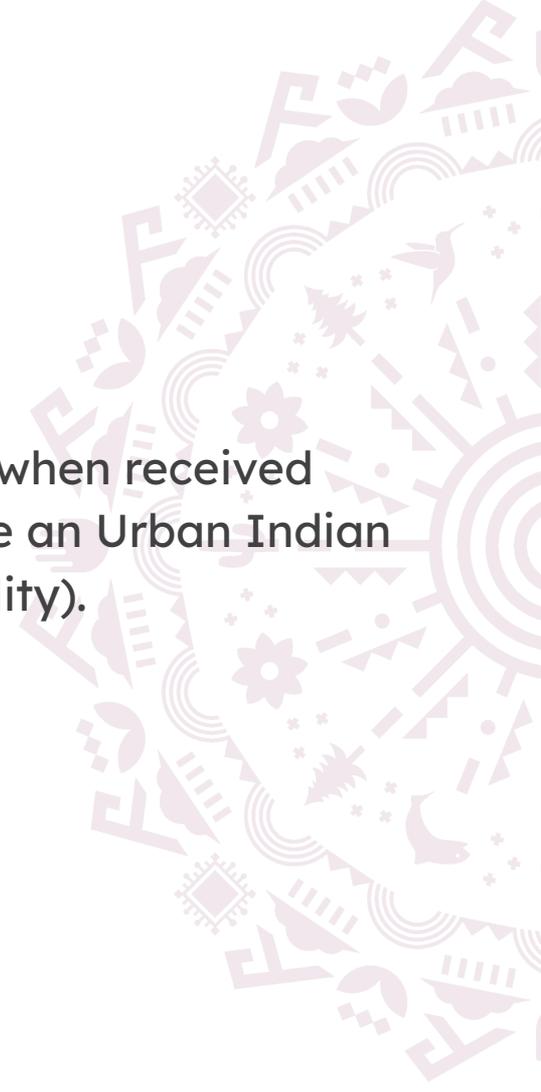
1115 Waiver Updates

Traditional Healing Program Overview (Cont'd)

- To receive coverage for traditional health care practices under the demonstration, a member must meet the following criteria:

  - Is a Medicaid beneficiary, and

  - Is able to receive services delivered by or through IHS or Tribal facilities as determined by the facility

1115 Waiver Updates

Traditional Healing Program Overview (Cont'd)

- Covered Services

  - Each IHS/638 facility, in partnership with their local Tribal community, will individually define which services are most appropriate for Medicaid reimbursement.

  - The covered traditional healing services, limitations, and exclusions shall be described by each facility (working with each tribe they primarily serve).

1115 Waiver Updates

Traditional Healing Program Overview (Cont'd)

- Traditional Healing Provider

  - Practitioners or providers of traditional health care practices must be employed by or contracted with IHS or Tribal facilities.

  - Upon the effective date of benefit (following legislative approval), AHCCCS will reimburse for services provided by traditional healers who are employed by or contracted with an IHS/638 facility.

  - Additionally, traditional healers employed by or contracted with an Urban Indian Organization may provide reimbursable services through a care coordination agreement with an IHS/638 facility.

1115 Waiver Updates

Traditional Healing Program Overview (Cont'd)

- Reimbursement Methodology

  - Outpatient Facilities: Reimbursed at the All Inclusive Rate (AIR) published in the Federal Register that is in effect on the date of service for Medicaid outpatient services.

    - This AIR would be a part of the up to 5 AIRs within a single day that can be reimbursed to IHS/tribal facilities.

  - Inpatient Facilities: Traditional healing is not paid separate from the existing inpatient AIR and is allowable within the existing AIR. The current inpatient AIR is not inclusive of traditional healing services yet but CMS has indicated that it will be included in the future calculation of the AIR.

1115 Waiver Updates

Traditional Healing Program Overview (Cont'd)

- Request Not Approved at this Time

  - Arizona requested to change the FMAP for services received through Urban Indian Organization facilities from the applicable state service match to 100 percent FMAP, without the use of a care coordination agreement.

  - CMS does not have authority under section 1115 of the Act to waive, or modify the regulations with respect to the 100 percent FMAP for services received through IHS or Tribal facilities. As a result, at this time services delivered at Urban Indian Organizations (UIOs) will not be eligible for 100% FFP, without having care coordination agreements.

1115 Waiver Updates

Traditional Healing Program Overview (Cont'd)

- Next Steps
  - The next step is to receive state legislative authority to cover the new benefit.
  - Once AHCCCS receives the necessary approval from the Arizona legislature, the agency will establish a timeline for implementation and notify members and providers of the effective date.

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.

- On 6/28/2024, Solari Crisis and Human Services was awarded the contract as H2O Program Administrator(PA).

- Implementation went live on 10/1/24.

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

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

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.

State Plan Amendment (SPA) Updates

Consolidated Appropriations Act (CAA 2023)

As part of the Consolidated Appropriations Act, 2023, section 5121 adds requirements for a certain set of services for Medicaid and CHIP juvenile beneficiaries who are incarcerated. This includes:

- A Medicaid eligible individual who is under 21 years of age, and individuals between the ages of 18 and 26 who is eligible for Medicaid under the former foster care children group.

State Plan Amendment (SPA) Updates

Consolidated Appropriations Act (CAA 2023) cont.

- Under section 5121, state Medicaid and CHIP programs are required to offer the following:

    - Screening and diagnostic services: In the 30-days prior to release, or within one week or as soon as practicable after release, juveniles must receive screening and diagnostic services (including behavioral health screenings) in accordance with EPSDT requirements.

    - Targeted Case Management: In the 30-days prior to release and for at least 30-days following release

State Plan Amendment (SPA) Updates

Consolidated Appropriations Act (CAA 2023) cont.

- States are required to have in place an internal operational plan detailing how the State will reach compliance by 1/1/25.

- This internal operational plan will be partnered with a SPA holding a 1/1/25 effective date. The SPA will:

  - Attest to meeting the above requirements

  - Authorize coverage of Targeted Case Management for this population

State Plan Amendment (SPA) Updates

Medicaid and CHIP Core Measures SPA

- This SPA attests to Arizona's compliance with federal requirements for mandatory Medicaid and CHIP Core Set Reporting.

- By December 31, 2024, states must report on all of the measures on the Child Core Set and Behavioral Health Measures on the Adult Core set referred to as "mandatory measures."

State Plan Amendment (SPA) Updates

Fee-for-service Rate SPAs

- Vaccine Administration Fee SPA

  - Effective 12/15/2024, this SPA will change the following:

    - Pharmacy Vaccine Administration Fee to be increased from $4.10 to $14.00

    - Pharmacy COVID Administration Fee to be decreased from $40.57 to $14.00

- Nursing Facility Rates

  - Effective 1/1/2025, this SPA changes nursing facility reimbursement methodology including but not limited to an increase in per diem rates 0.61% for Statewide, 0.65% for Flagstaff, and 1.14% for Tucson.

State Plan Amendment (SPA) Updates

Fee-for-service Rate SPAs cont.

- Multi-Specialty Interdisciplinary Clinic (MSIC) Rates
  - Effective 1/1/2025, MSIC rates will be increased by 5%.
- Home and Community Based Services (HCBS) Rates
  - Effective 1/1/2025, the cumulative HCBS rates will increase by 1.52% statewide, 1.87% for Flagstaff, and 2.74% for Tucson.

State Plan Amendment (SPA) Updates

Doula Services

- On September 23, 2024, AHCCCS received approval from CMS to begin reimbursement of Doula Services effective October 1, 2024.

- AHCCCS registered Doula's may now bill for doula services utilizing the following codes:

  - T1032 - Services performed by a Doula birth worker, per 15 minutes (up to 2 hours)

  - T1033 - Services performed by a Doula birth worker, per diem (once per day, once every 9 months)

Exception to the "Four Walls" Requirement

- On November 1, 2024, CMS finalized the "Medicare Outpatient Prospective Payment Final Rule" (CMS 1809-FC)
- Historically, Medicaid Clinic Services were required to be provided within the physical "four walls" of the clinic.
- This rule includes new mandatory and optional exceptions to allow for Medicaid coverage of clinic services outside of the "four walls"
  - Mandatory exception for IHS and Tribal Clinics,
  - Optional exceptions for behavioral health clinics, and
  - Optional exceptions for services provided by personnel of clinics that are located in rural areas.
- This rule will permanently extend the existing grace period that was issued during the PHE.

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

Break
Time
_____

We will resume
at 1:00pm

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 Provider List.

- To update or be added to the excepted list, pharmacists, residents, and interns must submit the following information to: ROPAExceptions@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

Intensive Outpatient Program (IOP) Prior Authorization Proposal
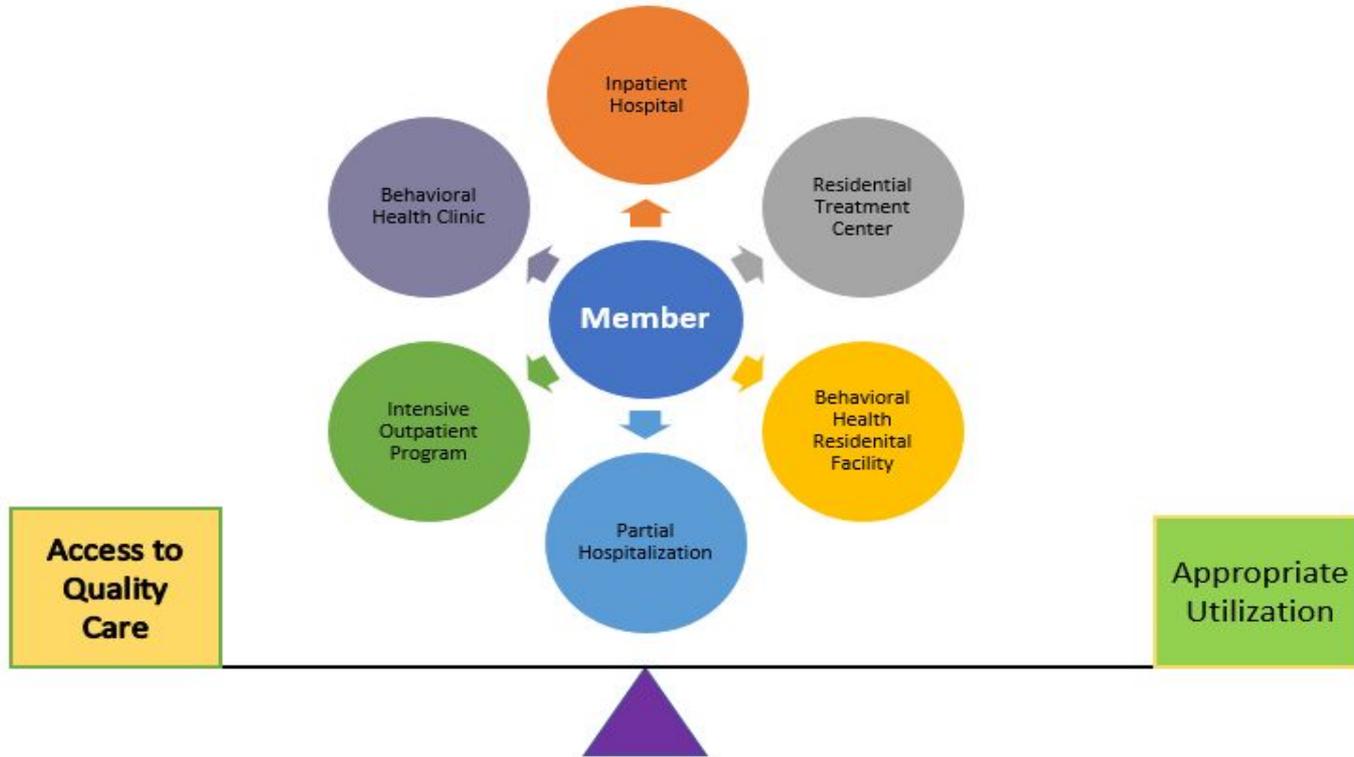
Intensive Outpatient Program

What is an Intensive Outpatient Program (IOP)?

- Structured, non-residential setting

- Mental health and/or substance use disorders (SUDs)

For more IOP coverage information see the AHCCCS Covered Behavioral Health Services Guide:

[Covered Behavioral Health Services Guide (CBHSG)](#)

IOP Service Comparison

S9480 - Intensive outpatient services, per diem	**H0015 -** Alcohol and/or drug services; Intensive outpatient
Minimum: 6-9 hours per week (≥3 hours/day on ≥2 days/week)	Minimum: 9 hours per week (≥3 hours/day on ≥3 days/week)
Psychiatric services, individual, group, family therapy, peer support services, and educational groups	Assessment, counseling; crisis intervention, and activity therapies or education.
BHP reassessment required monthly	BHP reassessment required every 12 weeks
ASAM Criteria (if substance use treatment)	ASAM Criteria

Average Monthly IOP Claims Utilization/Billing Data

November 2023 - October 2024

*FFS Members Utilizing IOP	234
*FFS Providers Billing IOP	37
FFS IOP Claims Units Billed	2,648

IOP *Prior Authorization (PA) - 02/01/2025

Appropriate Service Utilization

➕

Improved Care Quality

➕

Appropriate Reimbursement

─────────────────────

🟰 Improved member outcomes

*Note: The IOP PA proposal excludes IHS/638 providers. No PA is required for IHS/638 providers.

Behavioral Health Professional IOP Certification and Recertification of Need

- Behavioral Health Professional (BHP) Certifies:
  - Need to initiate IOP service (CON)
  - Need for continuation of IOP service (RON)
- Improved Efficiency

IOP PA Proposal Feedback

- What impact do you anticipate the proposed IOP PA implementation would have on:

  - Member care (opportunities and/or barriers)?

  - Your facility?

  - Other feedback?

Quality Management:Quality Assurance

- As part of the Fraud, Waste, and Abuse efforts DFSM was able to form a new team, Quality Assurance (QA)

- QAs focus is on compliance and monitoring, including oversight of provider Corrective Action Plans (CAP)

- CAPs are used as a quality management tool to improve the quality of care for members, provider compliance with applicable policies and to ensure quality of care and program integrity

Corrective Action Plan (CAP) Process

- A clinical quality review is completed
- A provider may be issued a request for a Corrective Action Plan
- Action plan shall address the deficiencies identified with their plans to correct them
- Corrections are required to ensure quality of care and program integrity for our members
- Providers are required to complete their action plan and submit back to DFSM Quality Assurance via email to DFSMQualityAssurance@azahcccs.gov
- Compliance and monitoring will occur
- If quality of care deficiencies persist, additional adverse actions may be taken

Quality Management (QM) Portal

- Per AMPM 961 & AMPM 830, providers are required to report all incident, accident, death (IAD) concerns into the QM Portal

  - https://qmportal.azahcccs.gov/

- All providers shall be registered in the QM Portal within 30 days of becoming an AHCCCS registered provider

- Stay in an active status, login frequently
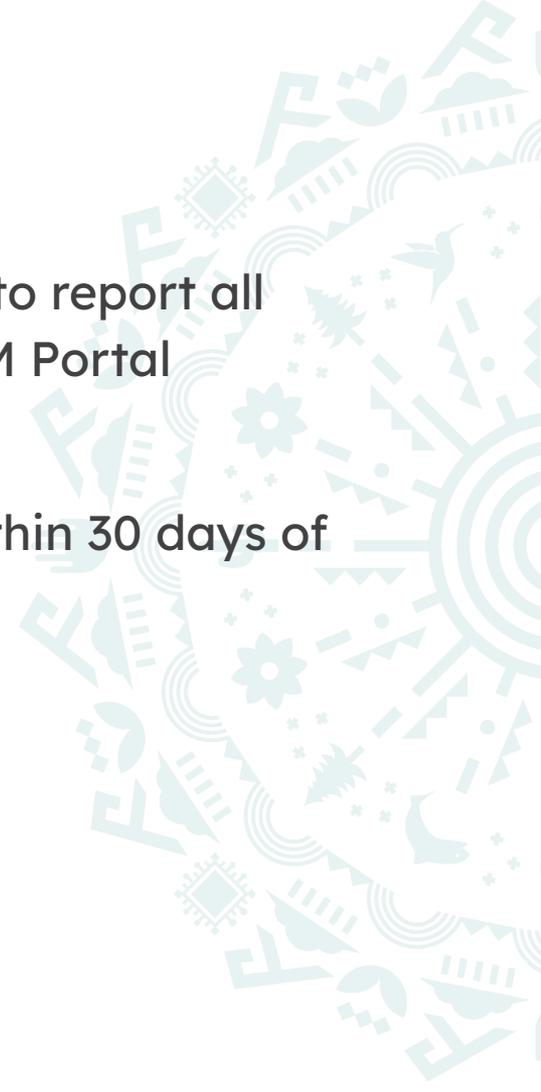
Provider Education and Resources

- Review the applicable AHCCCS (AMPM) policies related to the citations and deficiencies

- Sign up for additional provider training opportunities and Claims Clues/Constant Contact:

    - https://www.azahcccs.gov/Resources/Training/DFSM_Training.html

- Review TRBHA contact list and policies for care coordination requirements

    - https://www.azahcccs.gov/PlansProviders/FeeForServiceHealthPlans/ProgramsAndPopulations/TRBHA.html

- For assistance with American Indian Health Program (AIHP) member care coordination needs, please email: CareManagers@azahcccs.gov

- For questions related to training please email: ProviderTrainingFFS@azahcccs.gov

Open Discussion

2025-2029 Strategic Plan

Access to Care

Advance Whole Person Care

Lower the Uninsured Rate

Maintain a Strong Provider Network

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

2025-2029 Strategic Plan

Quality of Care

Support Preventive Care

Maintain High Member Satisfaction

Strengthen Program Integrity

AHCCCS Population: March 2020 – October 2024
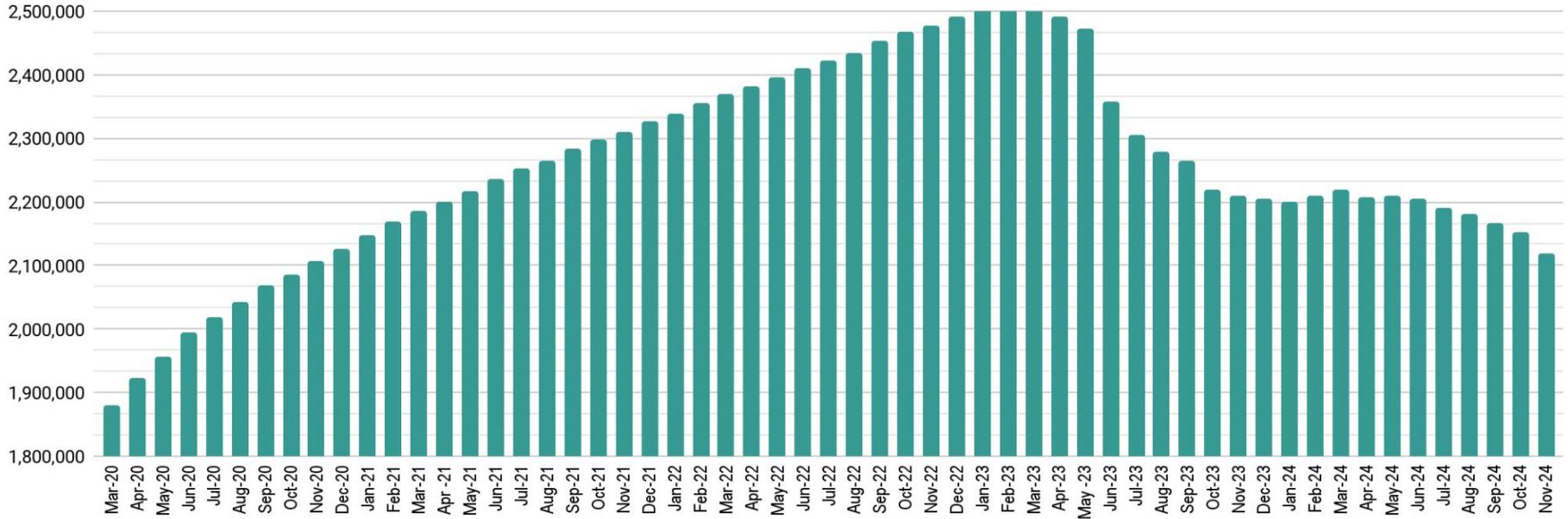
A Big Day for AHCCCS: October 1, 2024

- H2O Launch

- Covered Behavioral Health Services Guide Launch

- Doula Coverage Launch

- Updated Rates for Fee-for-Service

ALTCS RFP

ALTCS EPD Updates

[AHCCCS has extended](#) the current Arizona Long Term Care System for Elderly and/or Physically Disabled (ALTCS-EPD) Contracts with Banner-University Family Care, Mercy Care, and UnitedHealthcare Community Plan for one year, through September 30, 2025. This follows the recent Director's Decision to deny the appeal of the EPD award protesters.

Open Discussion

Tribal Open Mic

Closing Remarks

Acknowledgement & Special Thanks

Announcements

Meeting Schedule

AHCCCS Tribal Policy Workgroup

Date: November 25, 2024

Location: Virtual Only

Click HERE to register!

Follow & Support AHCCCS on Social Media

facebook

Handle:
@AHCCCSgov

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Instagram

Handle:
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YouTube

Channel:
AHCCCSgov
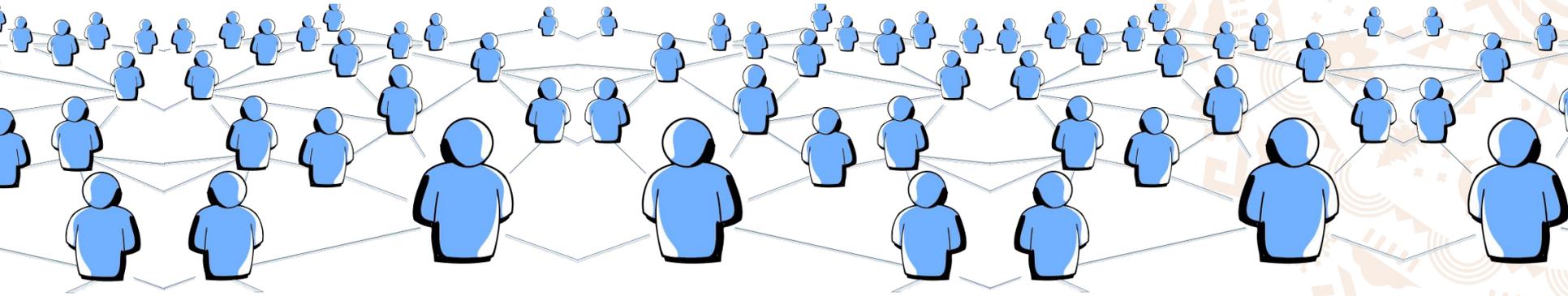
Other Resources - Quick Links

- 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!

Break
Time

We will resume at
2:40 pm

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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Health Care

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*

Tribal Health Advisory Workgroup- Charter Proposal

Mckayla Keams, Executive Project Coordinator

Purpose of THAW

The objectives of the Tribal Health Advisory Workgroup (THAW) is to:

1. **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.
2. **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.
3. **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.

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Workgroup Participants

This workgroup includes 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
- non-Tribal organizations who work with Tribal communities

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THAW Structure & Operating Procedures

The workgroup shall:

- **Leadership Structure**- Co-led by state agencies and tribal representatives
- **Decision-making Process**- Consensus-based
- **Meeting Frequency**- The workgroup shall meet bi-monthly for two hours and have ad havoc meetings to plan and prepare for upcoming meetings.
- **Method of Communication**- via email and Constant Contact
- **Sub-workgroups**- Sub-groups may be formed to to work on specific topics/areas around the population, if applicable
- Follow the group's ground rules developed at each of the first workgroup meetings
- Be inclusive and each member's voice will be heard. We will work as a team to come to a consensus on anything that needs a vote

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Priority Areas

1. **Mental and Behavioral Health**
   a. Mental health
   b. Behavioral health services for AI that are over income to receive both inpatient/outpatient services
   c. Supportive services for single fathers in need of support
   d. Access to more therapists
   e. Mental health support (clinical and nonclinical options)
   f. Addiction, recovery, and stigma issues
   g. Substance use treatment and prevention
   h. Substance Use Disorder
   i. Availability and provision of off-reservation inpatient mental health services, including necessary involuntary commitment
   j. Transportation to and from reservations for behavioral health services
2. **Maternal and Child Health**
   a. Maternal health
   b. Child care
   c. Healthy aging
   d. Maternal infant health
   e. Access to OGYN services

Priority Areas

3. Access to Care

- a. Access to health care
- b. Equitable access to healthcare for urban Indigenous folx
- c. Access to cancer care
- d. Access to medicines
- e. Access to specialty care
- f. Understanding the healthcare system in Arizona for AI/AN

4. Health Care Systems and Providers

- g. Home and Community Based (HCBS) Providers on the reservation
- h. Standing up third-party Medicaid and Medicare billing for CHR Programs
- i. Better collaboration with mainstream entities that contract services from Arizona State Medicaid serving AI/NA in Arizona
- j. Education for non-tribal providers about working with ITUs

5. Other

- k. AI/AN population is grossly underrepresented
- l. Exploitation from predatory organizations that are not recognized by the state
- m. Violence Against Women (MMIP/MMIWG)
- n. Climate change on health
- o. Growing Urban Indian population
- p. Legislative issues that create barriers for rural AIAN
- q. Early intervention
- r. Specialty providers/professionals for cognitive/behavioral evaluations (K-12 graders)

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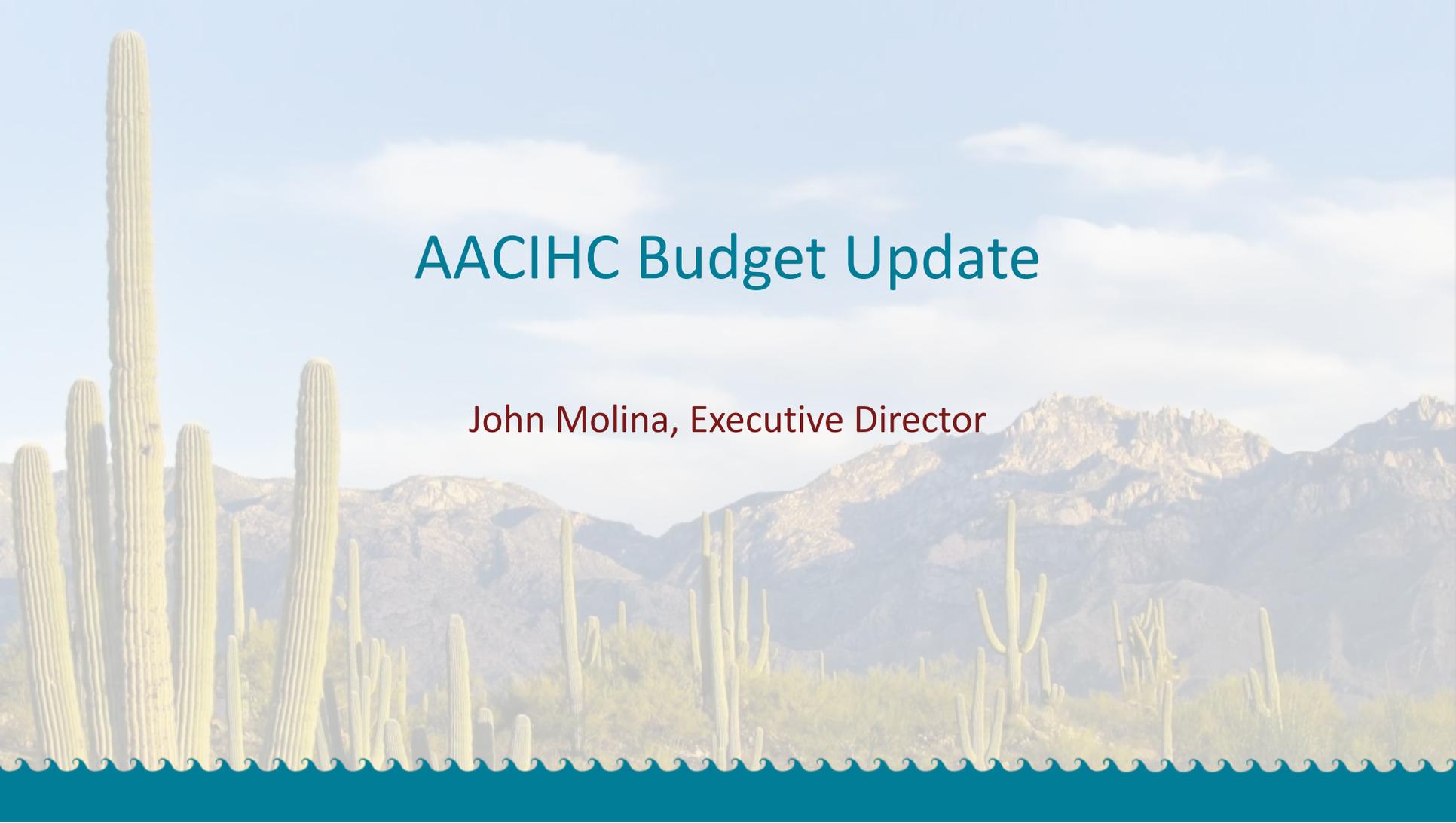
AACIHC Budget Update

John Molina, Executive Director

State Budget Update

- State of Arizona General Fund is operating at a budget deficit of $1.3 billion
- A $16.1 billion state budget for FY 2025 was passed by both legislative chambers
- State agencies were asked to make budget cuts and institute a 'hiring cap'
- AACIHC was able to maintain the same operating budget from 2024 fiscal year
- However, the cost of Employee Rated Expenditures (ERE) has risen by 36.1% for state agencies, which means that all state budgets need to do more, with less
- AACIHC revised our budget in conjunction with the state and AHCCCS by moving budget line items to maintain existing salaries and allow for the increase in ERE

Area Impacted - Travel

Budget reduced by $900.00. Reducing in-state travel of agency personnel and in-person outreach events. The impact on agency functions is moderate.

Mitigating Measures:

- If there is a budget surplus in any area, those funds will be moved to the travel line item
- Perform functions virtually, but cognizant of the importance of in-person attendance
- Offer in-person meeting space to tribal leaders and to external partners at the 801 East Jefferson building
- Some agency travel to events and meetings with tribal leaders will still be able to occur, but it will be on a priority basis

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Area Impacted: Professional & Outside Services

Budget reduced from $20,000 to $1,000. AACIHC will not be using any outside contractors and vendors for FY25 as none were required or planned for the upcoming agency activities. The impact of agency functions is minimal.

Mitigating Measures:

- Utilizing subject matter expertise of AACIHC staff and state agency staff
- Collaborate with partner organizations and other resources to utilize subject matter expertise in a variety of areas and topics

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Area Impacted- Other Operating Expenses

Budget reduced from $24,100 to $3,700 that covers the cost of renting meeting space and the purchase of health education tool kits and materials. Impact is minimal.

Mitigating Measures:

- In anticipation of the statewide budget deficit, AACIHC used our FY24 surplus to proactively purchase materials for health education toolkits
- This allowed us to be prepared for FY25 cuts and continue with conducting small meetings or tabling events
- There is no need for additional mitigating measures as these were proactively done in FY24

Advocacy Planning & Current Policy Efforts

Corey Hemstreet, Legislative Liaison

What is a Advocacy Plan?

An advocacy plan is a blueprint for a campaign that outlines goals, strategies, and stakeholders. It can help ensure that efforts are focused and messages are clear.

Here are some elements that should be included in an advocacy plan:

- **Goals and objectives**: Set specific, measurable, achievable, results-oriented, and time bound goals
- **Target groups**: Identify who you want to reach
- **Activities**: Determine the specific actions to take
- **Stakeholders**: Define the roles and responsibilities of each stakeholder
- **Timeline**: Establish a timeline for each activity
- **Resources**: Identify the resources needed to complete each activity
- **Outcomes**: Anticipate short-term and long-term outcomes
- **Communication**: Define message points for each audience and determine how to communicate them
- **Evaluation**: Establish a way to measure whether objectives are met

Other considerations for an advocacy plan include:

- Assessing the political landscape
- Developing a strategy to engage decision makers
- Using a theory of change to map out the plan
- Considering the political realities of the community
- Being realistic about what can be achieved

Advocacy plans can help communities formulate plans and provide the language and framework they need to create successful ones.

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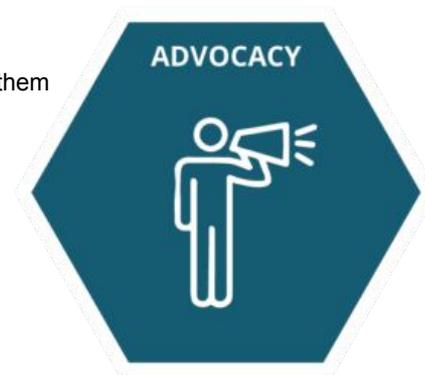
Arizona State Legislative Session Timeline & Important Deadlines

January
- ***Start of Legislative Session**: The AZ Legislature meets once annually for their regular session and starts on the 2nd Monday in January and is scheduled to last for 100 days.
- **Deadlines to:** Senate Bill Request & Introduction
- **Regular Committee Meetings:** House and Senate committee meetings are in session.

February
- **Regular Committee Meetings:** House and Senate committee meetings are in session.
- **Last day for House Members to submit bill requests to Legislative Council**
- **Last Day for Introduction of bills:** Bills, resolutions and memorials may be introduced during the first 29 days of the regular session. Thereafter, with the exception of death resolutions, introduction may be allowed only with the permission of the Rules Committee.
- **Last Day for House consideration of House Bills**: all House Bills shall be considered by committees prior to the Saturday of the week in which the 60th day of session falls.

March
- **Last day for House consideration of Senate Bills:** All Senate Bills shall be considered by committees prior to the Saturday of the week in which the 90th day (April 6) of session falls.

April
- ***100th Day of session:** Legislature adjourns sine die (end of legislative session).

May-July
- This month is only used if the legislative session has not adjourned sine die and/or if the Governor calls a special session.

*The House and Senate can mutually vote to extend the Regular Session beyond the 100 days.

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How a Bill Becomes a Law

1. **Bill drafting**- A legislator or their authorized agent asks a drafter to create a bill that meets the requirements of existing law and uses proper form and style. The drafter reviews relevant sources, including the Arizona Constitution, and advises the legislator of any potential conflicts.
2. **Bill introduction**- An elected legislator or legislative committee introduces the bill. The Senate president or House speaker decides which bills are read.
3. **Committee hearing**- The committee chair decides which bills to hear and when. During the hearing, the bill sponsor and legislative staff explain the bill, and members of the public can speak.
4. **Committee action**- The bill is open to amendments during committee. If the committee releases the bill, it is put on a calendar to be debated, voted on, or amended.
5. **Floor debate**- The bill is read on the House or Senate floor.
6. **Conference committee**- The bill goes to a conference committee.
7. **Final vote**- Both houses review the conference committee's recommendation. If both houses approve, the bill goes to the governor.
8. **Governor action**- The governor may sign the bill or veto it. If the governor vetoes the bill, they must return it to the House with an explanation. The House and Senate can override the veto with a two-thirds vote.

Arizona's legislature is bicameral, meaning it has two chambers: the Senate and the House of Representatives. The regular session of the legislature usually begins on the second Monday in January and lasts for 100 days.
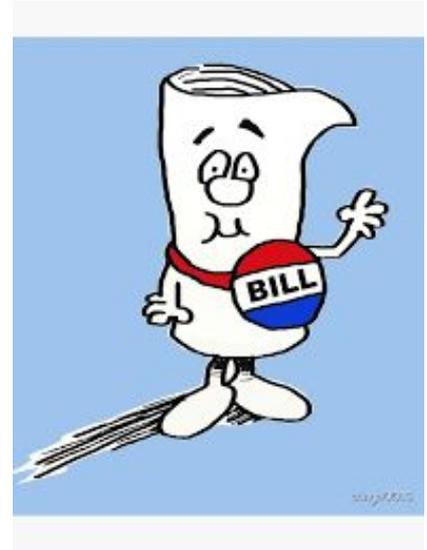
Request to Speak (RTS) System

What is the Request to Speak (RTS) System?

- The Request To Speak program (RTS) is designed to allow the public to register an opinion on bills listed on agendas and to request to speak on a bill in a committee. You can use the RTS system to: You can use the RTS system to:
    - Register an opinion on a bill
    - Sign up to speak in committee hearing
    - Leave comments for committee members
    - Track committee activity
    - See who has signed up to speak on a bill
    - See the final action on a bill

How to Create an RTS Account

- Constituents are required to come to the capitol the first time you use the RTS system. When you come to the Capitol, you can create an account and sign in on one of the Kiosks in either the House or Senate.
- If you create an account at home, you will only be able to use the Bill Status Inquiry application to track activity on a bill, not register an opinion or create a request to speak until you come to the capitol and sign in on one of the Kiosks here. You only need to physically come to the capitol once. After that, everything can be done at home.

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Create an Account

AACIHC Policy Efforts

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

- **Murdered and Missing Indigenous Peoples (MMIP)-** The policy team is currently working on the Root Cause Analysis recommendations that our agency produced in April 2024.
- **Medicaid Expansion**- Our agency has advocated for Medicaid expansion as it not only benefits American Indian/Alaskan Natives beneficiaries, but also non-Natives who are Medicaid beneficiaries. Our agency has advocated for a comprehensive oral health benefit in the past and will continue to do so.
- **Traditional Healing waiver**- CMS approved the traditional healing waiver on 10/16. The advisory board approved the agency (AACIHC) to lead the legislative initiative. Currently, the AACIHC is meeting with stakeholders and will be providing advocacy trainings.
- **Housing and Health Opportunities Waiver/Housing**- The H2O waiver was approved

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Stay Updated!

For more information please contact:

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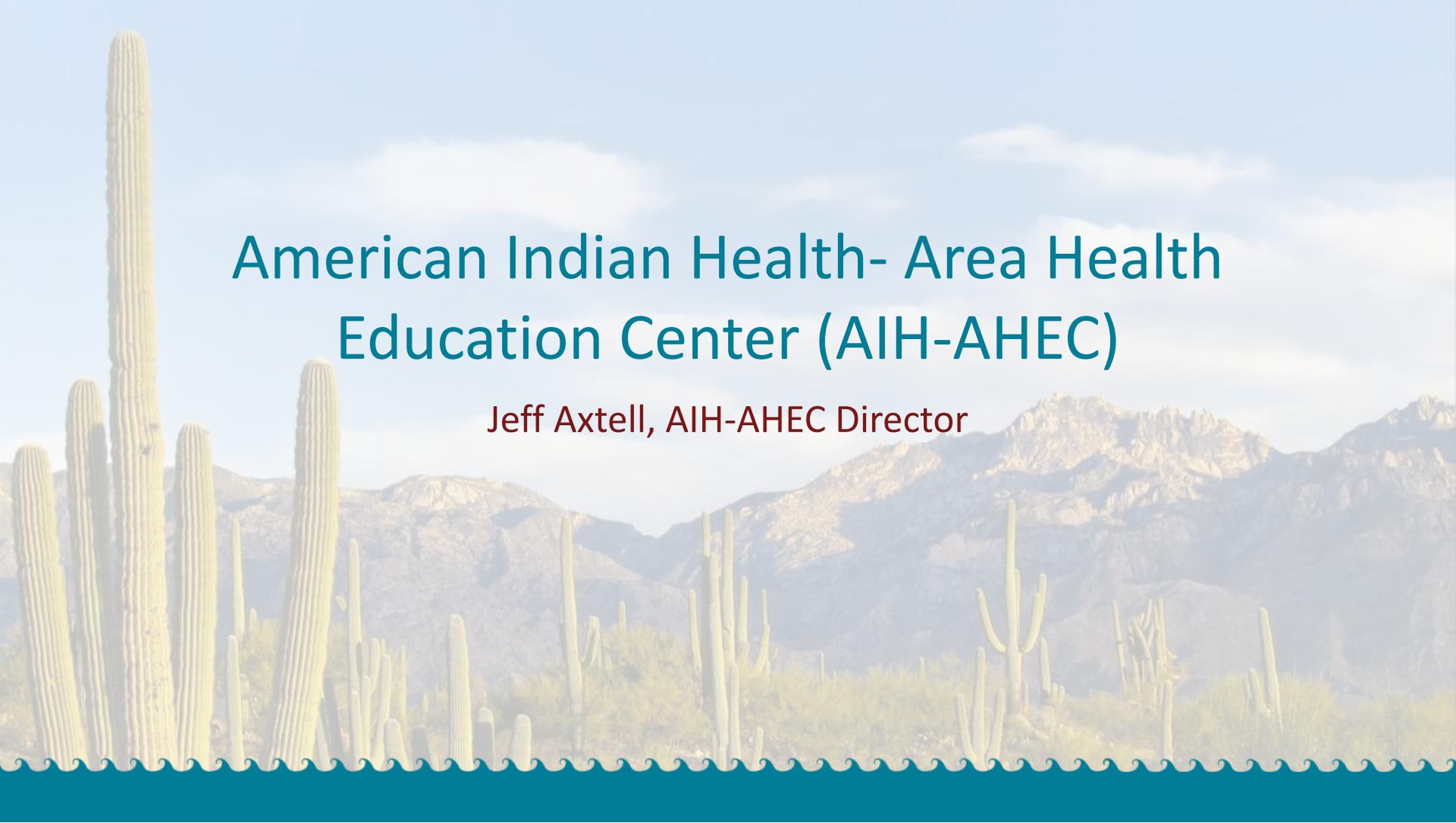
# American Indian Health- Area Health Education Center (AIH-AHEC)

Jeff Axtell, AIH-AHEC Director

American Indian Health - AHEC
Health Care Pathways Focus

1. K-8 grades - Pathway activities for introduction into healthcare careers, exploration, hands-on activities, career fairs

2. 9th-12th grade structured Pathway programs/clubs and college preparation for health care disciplines

3. Community-based Experiential Training/Clinical rotations for students in health care degrees rotating in Tribal health care facilities.

4. AHEC Scholars Community Immersion 2 year program for undergraduate and graduate students to learn more about a Tribal community.

5. Continuing Education/Professional Development for Health Care Professionals currently working with I/T/U facilities

6. Community events on health-related topics towards advancing health equities and reducing disparities

7. Nurture workforce development growth within the American Indian Health Care Workforce in all of Arizona's 22 Tribal Communities

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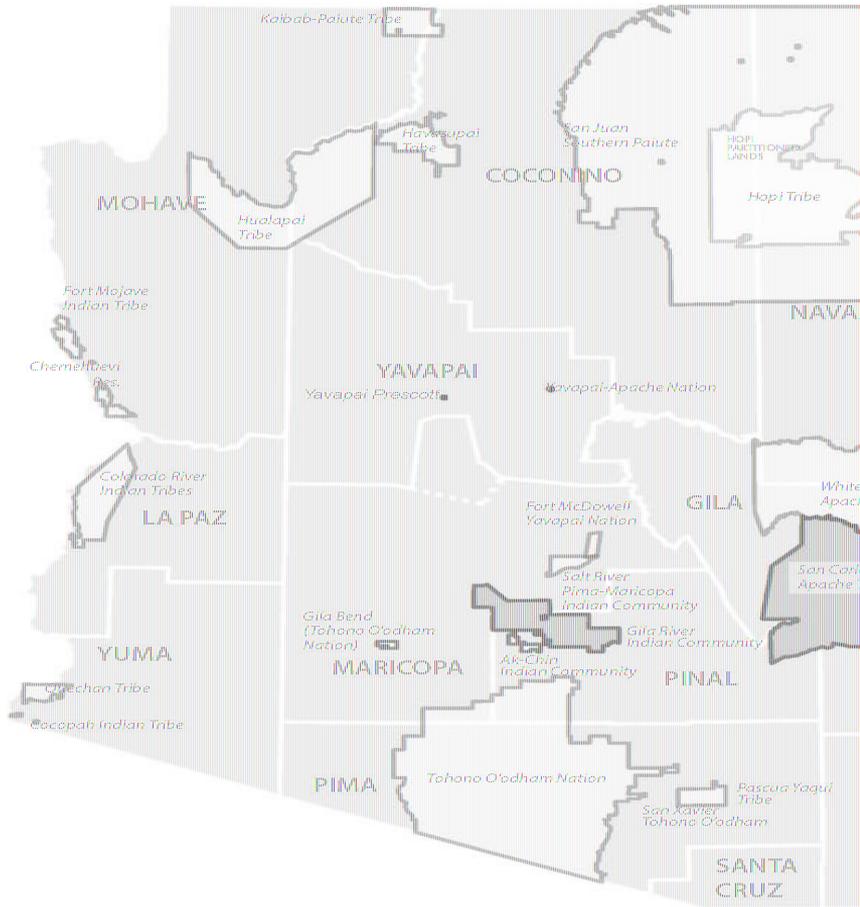
Tribal Partnerships/Collaborations

The AIH-AHEC currently has three formal partners:

❖ Gila River Health Care
❖ San Carlos Apache Health Care
❖ Native Health Urban Indian Center

One of the primary goals of the AIH-AHEC Strategic Plan Is to have partnerships/collaborations within all of the 22 American Indian communities in Arizona.

Tribal communities can participate in a variety of ways, youth pathway programs, structured activities clubs for older students, clinical rotations for various healthcare disciple focused students within Tribal health care facilities, continuing education and professional growth for current health care professionals.

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Sharing of AIH-AEHC Program Information

- AIH-AHEC has created a website to provide information and opportunities for those interested in the program, stipend applications, upcoming events around the state and other information is shared. americanindianhealth-ahec.az.gov
- Posts are made on social media about upcoming events and a newsletter will be developed in the coming months.
- Tribal communities and health care facilities can reach out to the AIH-AHEC program to work towards developing the programs, youth pathway programs, high school clubs, clinical rotation opportunities and professional development.
- The AIH-AHEC team does a great deal of outreach and participates in community events and conference tabling to get the word out.

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Opportunities for Collaboration

- AIH-AHEC will be conducting listening sessions with American Indian community leaders and members to better understand health workforce challenges and opportunities potentially through sessions at conferences held by AIH-AHEC.
- AIH-AHEC has an Advisory Council comprised of individuals from various communities, academic institutions and health care facilities which guide the program and serve as resources to program integration across all tribal communities.
- One of AIH-AHEC's strategic goals is to have a collaborative relationship with all 22 Tribal communities in Arizona.
- AIH-AHEC published its 3-year strategic plan which serves as a guide for program development and community outreach.

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Youth Pathway Programs
(MED-Start, Native Scope, GRHC ELEV8)

AIH-AHEC 3 Year Strategic Plan

American
Indian
Health
Area
Health
Education
Center

Three year
STRATEGIC
PLAN

Arizona
2023

Click on Link Below

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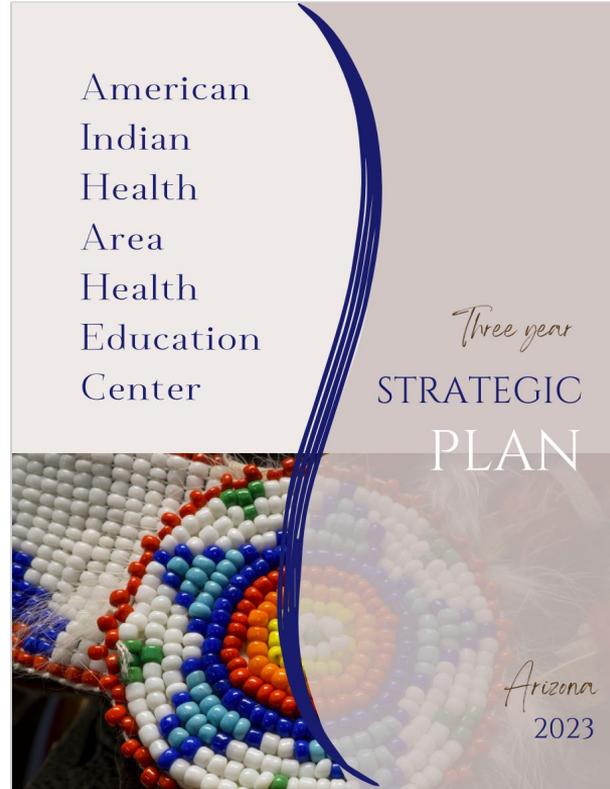
AIH-AHEC implements the
"**Growing Our Own**"
Strategy throughout its programming and planning

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Contact Information

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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. Topic covered are driven by requests from Tribes, members of tribal communities, advisory groups (i.e. the AACIHC Advisory Board and the Tribal Pandemi Coalition/Health Coalition), and organizations and healthcare providers working in the public health spectrum, providing services to American Indians and Alaska Natives in Arizona.

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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

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Technical Support Trainings

Trainings shall include topics like:

Foundations in Infection Control Series	Foundations in Virology	Everything You Ever Wanted to Know About Vaccinations	Grant Writing 101
1. Chain of Infection 2. Personal Protective Equipment (PPE) 3. Masks 101 4. Traveling Safely During a Pandemic or Outbreaks of Respiratory Illness	1. Viruses 101: Part 1 of Virology Series 2. Viruses: What's with all the Variants? – Part 1 3. Viruses: What's with all the Variants? – Part 2	1. What are Vaccines and How Do They Work? 2. Vaccine Safety and Manufacturing 3. Vaccine Hesitancy – Part 1 4. Vaccine Hesitancy – Part 2 5. COVID Vaccine 6. Flu Vaccine 7. RSV Vaccine	1. Searching for Grant Opportunities and Grants.gov 2. Navigating Grants.gov 3. How to Read a Notice of Funding Opportunity (NOFO)

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Technical Support Trainings

Trainings shall include topics like:

Standing Up Medicaid/Medicare Reimbursement - Billing Series
- CHR Billing - Claim Form and Coding Basics
- CHR Billing - Documentation Basics and Provider Registration
- CHR Billing - Medicare Reimbursable Community Health Integration (CHI) and Principal Illness Navigation (PIN) Services
- Third Party Billing: Part 1
- Third Party Billing: Part 2

Health Topics
- Sneaking Physical Activity and Movement into Your Busy Daily Live
- Long COVID: Parts 1 and 2
- Burnout
- Self Care and Mindfulness

Technical Support Trainings

Trainings shall include topics like:

Policy
- Advocacy Series

Health Topics
- Medicaid Health Insurance Options for American Indians and Alaska Natives: Managed Care and Fee-for-Service System Navigation
- Health Insurance Marketplace: Private Insurance, Medicaid and Medicare Options
- Housing and Health Report

Health Topics Data and Epidemiology Series
- Data Sovereignty
- Epidemiology 101: Parts 1 and 2

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Technical Support Trainings

To request a health education training or a technical support training on a topic of interest, please use the below Google Form:

- https://docs.google.com/forms/d/e/1FAIpQLSe8OEOxbhd5yKxEV3SVUBIPJrZTy4ktZmliRYaXxqPROccNJw/viewform?usp=sf_link

Please note, that while we do our best to accommodate requests, training requests outside of the agency's scope or areas of expertise may not be able to be met. Training requests are reviewed on an individual basis. If our agency is not the appropriate venue for the training request, we will direct your team to an organization that can assist (i.e. AHCCCS, CMS, CDC, etc.)

- Billing requests for Medicaid members or questions about specific claim denials will be re-directed to the appropriate department at AHCCCS. Our team does not have access to the claims system, so cannot review individual claims.
- Requests for trainings not yet on our regular schedule and 1:1 training requests require approximately 3 months advance notice.

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Technical Support Trainings

Additional information, including past trainings and our current training schedule, can be found on the AACIHC training website at:

* https://aacihc.az.gov/aacihc-trainings
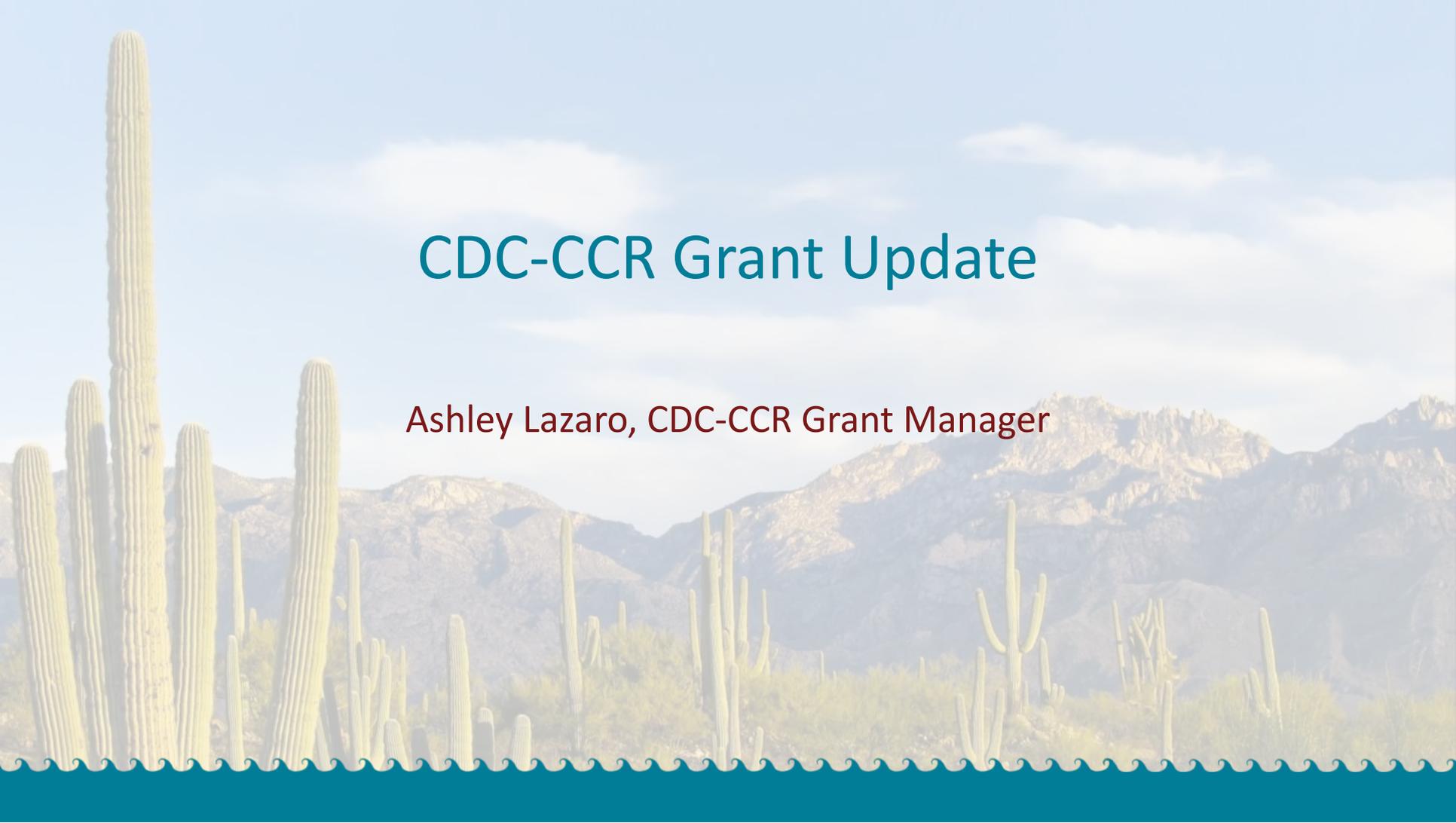
Arizona Advisory Council on Indian Health Care

Grant Background

- Grant Duration: August 31, 2021 through August 30, 2025
- Arizona Advisory Council on Indian Health Care has been working with Community Health Representatives for over seven years in the realm of Medicaid Reimbursement, CHW Voluntary certification, Workforce Development, and Training Opportunities
- We applied to the CDC-CCR grant as a consortium (five subcontracted Tribes and NAU)

Grant Partners

- Intergovernmental Agreements (IGAs) with:
    - Cocopah Indian Tribe
    - Hualapai Tribe
    - Hopi Tribe
    - White Mountain Apache Tribe
    - Salt River Maricopa Community Indian Tribe (SRPMIC)

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CHRs WITH uS!

Upcoming Events/Opportunities

CHR/CHW VOLUNTARY CERTIFICATION PAYMENTS

Northern Arizona University's Center for Health Equity Research (NAU-CHER) and the CDC Community Health Workers for COVID Response and Resilient Communities (CDC-CCR) Grant Team have partnered up to pay for CHW/CHR certification.

Reserve a spot for certification payments by clicking here!

CHR SUMMIT VIII

DECEMBER 3-5, 2024
CASINO DEL SOL

Register at CHR Summit VIII

See you there!

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Outreach Strategies and Connecting to Resources

It is our mission as an agency to serve as a resource for Tribal governments and the State of Arizona. We are able to continue to strive towards this mission in different ways.

Our current communication platforms include:

- Website (aacihc.az.gov)
- Email (Constant Contact)
- Facebook
- Instagram (@aacihc)
- YouTube
- LinkedIn

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Outreach Strategies and Connecting to Resources

Connecting resources that are available is another method we use to provide as much transparency on opportunities that would benefit our partners.

Some methods we use include:

- Community Outreach Newsletter
- Reposting opportunities on social media platforms
- Creating Resource Guides
- Running campaigns on pertinent topics
- Highlighting events and activities that we have attended

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Outreach Strategies and Connecting to Resources

We would like to extend the opportunity to partner with us to share and learn more about our agency!

Kiani Becerra

AACIHC Community Outreach Coordinator

kiani.becerra@aacihc.az.gov

Tribal Pandemic Coalition

Summer Hassan, Health Disparities Program Manager

Thank You!
Have a great day!