



ARIZONA ADVISORY
COUNCIL ON INDIAN
HEALTH CARE

ARIZONA
HEALTH CARE COST
CONTAINMENT SYSTEM

ARIZONA
— DEPARTMENT OF —
HEALTH SERVICES

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.

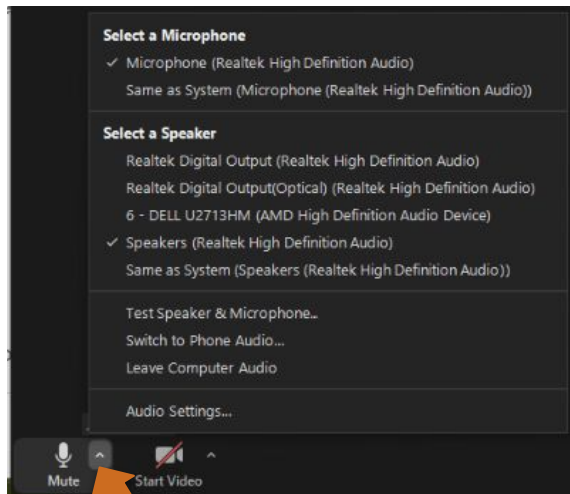
Thank you.



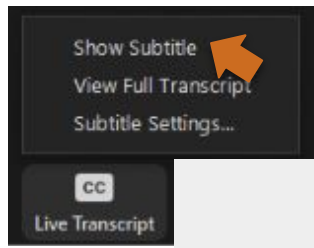
Zoom Webinar Controls

Navigating your bar on the bottom...

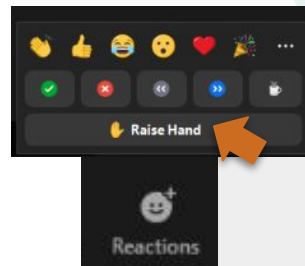
Audio Settings



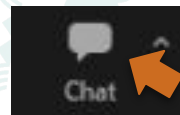
Turn on Closed Captioning



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

Audio Settings

Settings

General
Video
Audio
Share Screen
Virtual Background
Recording
Statistics
Keyboard Shortcuts
Accessibility

Speaker **Test Speaker** Built-in Output (Internal Speakers) ▾
Output Level:
Output Volume:
Microphone **Test Mic** Built-in Microphone (Internal Microphone) ▾
Input Level:
Input Volume:
☒ Automatically adjust microphone volume
☐ Use separate audio device to play ringtone simultaneously
☒ Join audio by computer when joining a meeting
☐ Mute microphone when joining a meeting
☒ Press and hold SPACE key to temporarily unmute yourself
Advanced

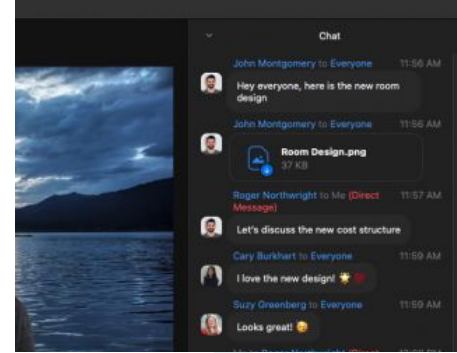
Webinar Tips



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.**



Opening Blessing



Gerilene Haskon
ADHS Tribal Liaison

Land Acknowledgement



Maria Ayala
AHCCCS Business Operations Manager

Opening Remarks



Angela Willeford

*Deputy Director of Tribal Affairs
Office of the Governor*



Quarterly Tri-Agency Tribal Consultation Meeting

February 4, 2025

Meeting Protocols & Guidelines

Speaking Priority

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

Participation Guidelines

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



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.

Arizona Advisory Council on Indian Health Care Town Hall

AACIHC Staff



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AACIHC Mission and Vision

Mission Statement

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

Vision Statement

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

Value Statement

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

A	-	<i>Authenticity</i>
A	-	<i>Accountability</i>
C	-	<i>Culture</i>
I	-	<i>Integrity</i>
H	-	<i>Holistic</i>
<i>C - Community</i>		



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.

Policy Updates

Corey Hemstreet, AACIHC Legislative Liaison



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ARIZONA DEPARTMENT
OF HEALTH SERVICES



Legislative & Administrative Priorities

Legislative:

- Traditional Healing
- Murdered and Missing Indigenous Peoples/Fraud, Waste & Abuse
- Housing
- Oral Health
- Medicaid Expansion

Administrative:

- CHW Medicaid Reimbursement
- Transportation
- Oral Health
- Housing
- Support for Medicaid Advocacy

Tradition Healing Legislative Initiative



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ARIZONA DEPARTMENT
OF HEALTH SERVICES



Traditional Healing

SUMMARY

On October 16, 2024, the Centers for Medicare and Medicaid Services (CMS) approved the Arizona Health Care Cost Containment's (AHCCCS) 1115 waiver request to reimburse traditional healing services provided in or through Tribal 638 and Indian Health Services (IHS) facilities. These services are to be eligible to all Tribal 638 and IHS beneficiaries, including non-natives.

BACKGROUND

Beginning in 2015, a Traditional Healing (TH) Workgroup consisting of tribal 638 and IHS facilities, urban Indian programs, traditional practitioners, and other stakeholders, came together to develop a waiver which sought to reimburse for traditional healing services provided by Tribal and 638 facilities. The waiver leveraged the 100% Federal Medicaid Assistance Percentage (FMAP) that IHS and 638 facilities receive.



Medicaid Federal Medical Percentage(FMAP) Overview

MEDICAID FMAP OVERVIEW

The Medicaid program is a state-federal partnership and costs are divided by the state and federal government. The FMAP determines the percentage the federal government will cover and the remaining percentage is picked up by the states. Arizona (AZ)'s FMAP is **64.89%** for the general Medicaid population. The state contributes **35.11%**.

In addition to AZ's FMAP, there is a FMAP for Tribal and IHS health care facilities. In all states, services provided to Medicaid-eligible individuals at these facilities can be reimbursed at **100% FMAP** and it is budget neutral for AZ. In addition to providing health care and TH services to American Indian/Alaskan Natives (AI/AN), Tribal 638 and IHS facilities provide care to a small percentage of non-AI/AN beneficiaries whose Medicaid costs are at the State FMAP.

The estimated cost provided by AHCCCS is \$1.32M and is needed to operationalize the waiver.



Traditional Healing Workgroup Infrastructure

- The Traditional Health Workgroup recognized the essential importance of an oversight for the Traditional Practitioner Reimbursement Implementation Process. The oversight will include endorsed by a Qualifying Entity such as a Hospital Board, Medical Executive Committee, Traditional Healing Program Director or Facility designated entity with Tribal Acknowledgement such as a Tribal Leader, Tribal Traditional Healer and Tribal Traditional
- Each IHS Healthcare Facilities and 638 Tribal Healthcare Facilities will determine their own infrastructure process to ensure compliance.
- Reimbursable Services: A cross walk of services was created that matched traditional practitioners services with AHCCCS reimbursable services. Services were determined by the facility with input by their employed traditional healers

For more information regarding the TH workgroup, please reach out to Terrilynn Nez-Chee, Traditional Healing Workgroup Chairperson at: Terrilynn.Nez-Chee@fdihb.org



Traditional Healing- Legislative Update

- Bill Number
- Originating Chamber: Senate
- Primary sponsor: Senator Gonzales (LD 3)
- Co-sponsor(s): Senator Shope (LD 8) & Members of the Indigenous Peoples Caucus
- Anticipated Committee Hearing(s):
 - Health & Human Services Committee
 - Appropriations Committee
 - Rules Committee



Traditional Healing Policy Sub-Workgroup

- Weekly on Friday @ 9-10am
- Led by: [Arizona Advisory Council on Indian Health Care \(AACIHC\)](#)
- **Purpose of TH Policy Sub-workgroup:**
 - Provide consistent communication regarding the ongoing legislative developments for Traditional Healing.
 - The workgroup will serve as a platform for providing updates on the legislative progress, addressing questions, and discussing concerns raised by workgroup members.
 - Through regular meetings, the workgroup aims to ensure that traditional healing practices are supported and represented within the legislative process.



Traditional Healing Policy Sub-Workgroup

Objectives:

- Provide updates on the legislative process regarding Traditional Healing practices.
- Serve as an open forum for questions, feedback, and concerns during the legislative process regarding Traditional Healing.
- Engage with Tribal stakeholders, including Traditional practitioners and advocates of Traditional Healing, ensuring that their perspectives are considered in the legislative discussions.
- ensure transparency and communication about the progress of Traditional Healing during the legislative process.

Membership:

- Open to individuals who are interested in staying informed and participating in discussions on the legislative developments for Traditional Healing. Members may include traditional practitioners, Tribal leaders, **policymakers**, and TH workgroup members.



Difference Between Workgroups

We have received questions regarding the difference between the regular traditional healing workgroup and the policy sub-workgroup.

- The policy sub-workgroup focuses solely on acquiring legislative authority, which is needed to fully implement traditional healing and is being led by the Arizona Advisory Council on Indian Health Care (AACIHC).
- The regular TH workgroup is a broader group focused on the entire traditional healing initiative and is led by the Chairperson, Terrilynn Nez-Chee.

A tall saguaro cactus with several arms, set against a clear blue sky. The cactus is green with visible ribs and spines.

THANK YOU!

If you have any questions regarding the TH Policy Sub-workgroup, please contact Corey Hemstreet, AACIHC Legislative Liaison at: corey.hemstreet@aacihc.az.gov

Tribal Health Advisory Workgroup Updates

Tri-Agency Collaboration: AACIHC, AHCCCS & ADHS



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THAW Overview & Purpose

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).

Workgroup Objectives:

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.

A tall saguaro cactus stands against a clear blue sky, with several smaller cacti visible in the background.

Workgroup 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

- Bi-monthly

Tribal Health Advisory Workgroup Timeline

Received approval from the Advisory Board members

Kick-off step one for the strategic plan, develop mission (ongoing) & vision statement, and review the charter

Identify key takeaways from SWOT analysis.
Acquire additional feedback from Tribal stakeholders.

Expected final Strategic Action Plan (SAP) for THAW.

Sep. 2024

Jan. 2025

Mar. 2025

July 2024

Nov. 2024

Feb. 2025

May 2025

THAW Kick-Off Meeting

THAW charter approval and SWOT analysis on 1/21.

Review draft of the strategic action plan with THAW workgroup.

SWOT Analysis: Behavioral & Mental Health Services:

Gather Additional Feedback



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Strengths – Internal factors that support behavioral and mental health services in Tribal communities.

- ❖ **What cultural strengths do Tribal communities have that support behavioral and mental health?**
 - Traditional healing practices (e.g., traditional medicine services, peer support specialists, sweat lodges for cleansing).
 - Tribal members in the community who are involved mental/behavioral health initiatives— like mental health technicians and students from the community.

- ❖ **In what areas does the state do well in strengthening behavioral and mental health services in Tribal communities?:**
 - Communication via social media about community events, and training opportunities.
 - Active communication from State-Tribal Liaisons about services available.
 - Utilizing hotlines for locate services, including in rural areas.



Weaknesses – Internal challenges

Internal Challenges in Behavioral Health Services:

- **Continuity of Care** – When individuals returns to the reservation after completing treatment, follow-up support is often lacking.
- **Lack of Certified Behavioral Health Providers** – Limited access to trained professionals often forces individuals to seek treatment outside their communities.
- **Family Roles in Treatment Plans** – Identifying and integrating family support is crucial for long-term recovery but is often overlooked in formal treatment plans.
- **Referral System Gaps** – Referral pathways between state and tribal systems need improvement to ensure seamless access to treatment and aftercare.
- **Impact of Stigma and Misconceptions:** Outreach is needed to address stigma associated with behavioral/mental health.



Opportunities – External factors that can leverage growth.

- ❖ **Expanding Outreach and Education:** To address stigma around behavioral and mental health services to build trust in communities.
- ❖ **Improve Data Sharing** – Provide Tribes with relevant data to develop their own programs and advocate for policies that address behavioral health needs.
- ❖ **Enhance Workforce Capacity** – Invest in training and certification opportunities to increase the number of behavioral health providers at all levels of care within Tribal health systems.
- ❖ **Increase Collaboration**– Enhance coordination between state and tribal health systems to improve access to behavioral and mental health services during treatment and after.
- ❖ **Utilizing Technology:** Implementing telehealth to improve access to services in remote areas and establishing peer support coalitions focused on tribal needs, with proper certification processes.



Threats – External challenges or risks that could negatively impact.

❖ **Workforce Shortages & Sustainability**

- Limited access to qualified behavioral health professionals and difficulty in recruiting and retaining staff.

❖ **Funding & Policy Uncertainty**

- Changes in government funding and policies can disrupt program stability and availability of resources.
- Policies that do not reflect Tribal values or needs may deter individuals from seeking care and affect the acceptance of treatment options.

❖ **Lack of Infrastructure-**

- Limited resources for long-term treatment leads to individuals seeking care outside the community.



Discussion & Next Steps

Gathering Additional Feedback:

- ❖ What information resonates within your community?
- ❖ Are there additional strengths, weaknesses, opportunities, or threats to consider?
- ❖ What solutions or ideas should be prioritized?

Next Steps:

- ❖ Summarize key takeaways from SWOT analysis to Tribal stakeholders.
- ❖ Create a Draft Strategic Action Plan
 - Discuss how THAW will integrate feedback into policy and collaboration efforts.





Call for Co-Lead Nominations: Tribal Health Advisory Workgroup

We are seeking nominations for a Co-Lead for the Tribal Health Advisory Workgroup.

The Co-Lead preferably an individual working **within an IHS, Tribal, Urban (I/T/U) Indian health care facility or tribal organization.**

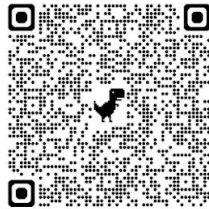
Update: No nominations received.

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WITH US!**



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> LEARN MORE



Next Meeting: March 2025

For any questions, please contact:

Mckayla Keams, AACIHC Executive Project
Coordinator at mckayla.keams@aacihc.az.gov

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

Ernestine Nasingoetewa
Grants Program Coordinator



AMERICAN INDIAN
HEALTH-AHEC



Mission

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

Vision

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

American Indian Health - Area Health Education Center Overview

- Workforce Training and Development Initiatives
- Youth Pathway Programs - **Growing Our Own**
- Partnerships and Community Engagement
- Continuing Education and Professional Development



American Indian Health - Area Health Education Center Overview

Stipends for clinical rotations to students - medicine, dental, nursing, physician assistant, psychology, physical therapy, pharmacy - that complete clinical rotations at healthcare facilities that serve tribal communities

Field experience support also available to public health graduate students.

Clinical Rotation Sites

Gila River Health Care - Hu Hu Kam Memorial Hospital	San Carlos Apache Healthcare Corporation
Gila River Health Care - Red Tail Hawk Health Center	Tuba City Regional Health Care
Winslow Indian Health Care Center	Whiteriver Indian Health Service Unit
Navajo Health Foundation - Sage Memorial Hospital	Native Americans for Community Action, Inc. (NACA)
River People Health Center	Arizona Advisory Council on Indian Health Care
Sells Indian Hospital	El Rio Community Health Center - Pascua Yaqui Clinic

A background image of a desert landscape featuring several tall saguaro cacti in the foreground and a range of rugged mountains in the distance under a blue sky with scattered white clouds.

NEW COLLABORATIVE AGREEMENT

A tall saguaro cactus stands against a clear blue sky, with a few smaller cacti visible in the background.

Collaborative Agreement

AIH-AHEC entered into a collaborative agreement with Phoenix Area IHS

Purpose:

- Implement education and training activities at Phoenix Area IHS facilities
- Improve the supply and distribution of healthcare professional in tribal communities across Arizona

A tall saguaro cactus stands against a clear blue sky, with a few smaller cacti visible in the background.

Collaborative Agreement

- Enhance workforce development through experiential training, continued education, and career pathways for students (K-12 and beyond)
- Continuing Education for IHS health professional will align with HRSA BHW Core Areas
 - Interprofessional Education
 - Behavioral Health Integration
 - Social Determinants of Health
 - Practice Transformation
 - Cultural Competency
 - Emerging Health Issues

A tall saguaro cactus stands against a clear blue sky. The cactus is green with distinct vertical ridges. In the background, other smaller cacti and distant mountains are visible.

Collaborative Agreement

- Partner with Rural Health Professions Program (RHPP) for coordination of clinical rotations
 - University of Arizona:
 - Nursing, Pharmacy, Public Health
 - Arizona State University:
 - Nursing
 - Northern Arizona State University:
 - Physical Therapy, Nursing, and Physician Assistant

A scenic photograph of a desert landscape. In the foreground, several tall saguaro cacti are visible, some with arms. The middle ground shows a range of rugged, brown mountains. The sky is a clear blue with scattered white clouds. The text "AIH-AHEC SCHOLAR IMMERSIONS" is overlaid in the center in a teal, sans-serif font.

AIH-AHEC SCHOLAR IMMERSIONS

A tall saguaro cactus stands against a clear blue sky, with a few smaller cacti visible in the background.

AIH-AHEC Scholars

- Exposure to culturally competent care and real-world challenges that exist in Arizona tribal communities
- Impact: Increased retention rates of healthcare professionals serving tribal communities

Faculty Mentors	
Cohort #1	Cohort #2
Timian M. Godfrey, DNP, APRN, FNP-BC <i>Dine'</i> Associate Clinical Professor, University of Arizona College of Nursing	Daniel R. Sestiaga Jr., MPH <i>Ft. Yuma Quechan</i> Assistant Director, University of Arizona Indigenous Resilience Center

AIH-AHEC Scholars

- Cohort #1 successfully completed two years of AHEC scholar activities
- Training and hands-on learning conducted on the Tohono O'odham Nation



A tall saguaro cactus stands against a clear blue sky, with a few smaller cacti visible in the background.

AIH-AHEC Scholars Cohort #1

University of Arizona

- **College of Nursing:** 4 Nurse Practitioner Students
- **College of Medicine:** 3 Medical Students

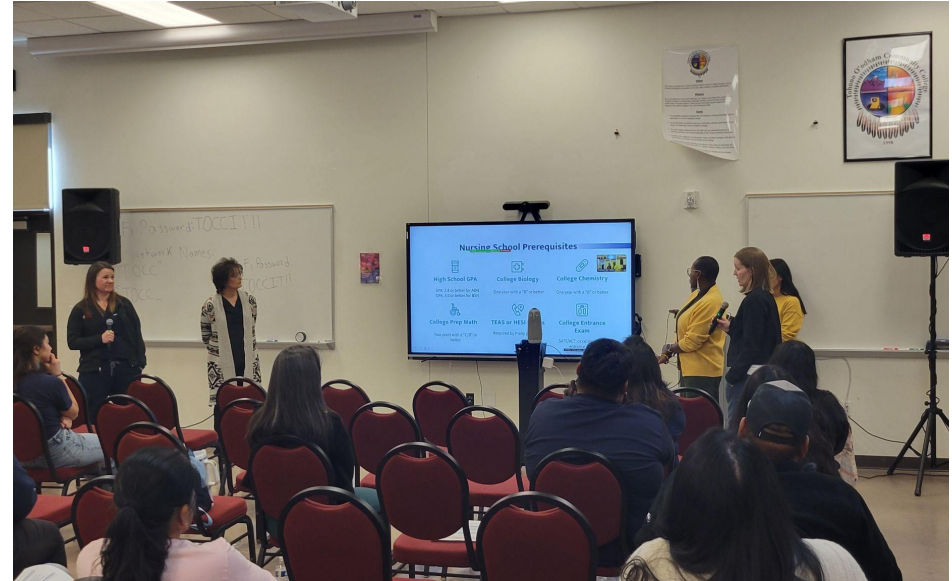
Northern Arizona University (NAU)

- **Department of Physical Therapy & Athletic Training:** 2 PT Students
- **Department of Physician Assistant Studies:** 4 Physician Assistant Students
- **Department of Health Sciences:** 1 Undergraduate Public Health Student

5 Native American students in cohort

AIH-AHEC Scholars Cohort #1 Sells, AZ

TOHONO O'ODHAM NATION HEALTH FAIR	
JANUARY 25, 2025, LOCATION: TOCC Campus, GSK Building	
2025 Tohono O'odham Nation Health Fair	
9:00am – 10am	Set up.
10:00am – 10:15am	Welcome & Introductions (TON Executive Director, Patrick Andrews, M.Ed.).
10:15am – 10:30am	TOCC: Dr. Mario Montes-Helu, Dean for Sustainability and Director Merlin T. Curry MD for Paramedic ER & EMS
10:30am – 10:45am	UA Wassaja Carlos Montezuma Center for Native American Health (Assistant Professor, Executive Director Christina C. Bell Andrews, JD, MPH, MBA, MA).
10:45 am – 11:00am	AIH AHEC Health Career Exploration (Youth Program Coordinator, AIH-AHEC, Tashina Machain, BA, MPH).
11:00am – 12:00pm	AIH AHEC Scholar Presentations (10-min. each): <ul style="list-style-type: none">Physician,Physician Assistant,Physical Therapy,Nursing,Public Health.
12:00am – 1:00pm	LUNCH (Sponsored by AIH AHEC Health Career Exploration) & PANEL (Dr. Timian Godfrey) <ul style="list-style-type: none">Costco: snacks & water - Tashina.Bashas: pizza & salad - Tashina.
1:00pm – 1:15pm	TOCC Health Sciences (Tohono O'odham Nation Health Care, Paramedic ER & EMS Director, Merlin T. Curry MD).



AIH-AHEC Scholars Cohort #1

Sells, AZ



AIH-AHEC Scholars

- Cohort #2 is finishing up Year 1 activities
- Training and hands-on learning conducted within the service area of Hopi Health Care Center



A tall saguaro cactus stands against a clear blue sky, with several smaller cacti visible in the background.

AIH-AHEC Scholars Cohort #2

University of Arizona

- **College of Pharmacy:** 3 Pharmacy Students
- **College of Public Health:** 1 Graduate Student
- **College of Nursing:** 2 Nurse Practitioner Students
- **College of Medicine - Phoenix:** 1 Medical Student

Northern Arizona University (NAU)

- **Department of Physical Therapy & Athletic Training:** 2 PT Students
- **Department of Physician Assistant Studies:** 6 Physician Assistant Students

Arizona State University (ASU)

- **College of Nursing & Health Innovation:** 3 Nurse Practitioner Students

5 Native American students in cohort

AIH-AHEC Scholars Cohort #2

Hopi, AZ



A vertical photograph of several saguaro cacti in a desert landscape under a clear blue sky. The cacti are green with characteristic ribbing and some have small arms starting to grow.

Student Perspective on Immersion

"It amazes me how, each time we meet more people. Every time we meet a new group, they are kind—sharing their home, meals, culture, and experiences. They want us to learn, to be inspired. They say, 'We need you, we need you, we need you—come back.'"

— Tawny Lopez

Nurse Practitioner Student

University of Arizona College of Nursing

A desert landscape featuring several tall saguaro cacti in the foreground and a range of rugged mountains in the background under a blue sky with scattered clouds. The text 'YOUTH PROGRAMS UPDATE' is centered over the image.

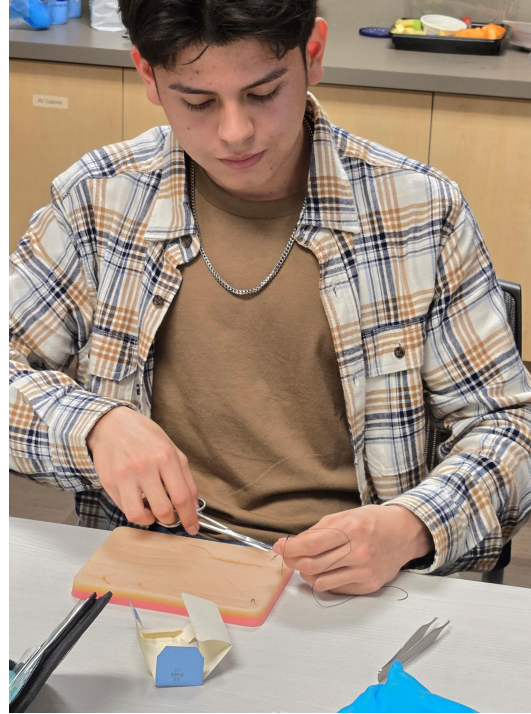
YOUTH PROGRAMS UPDATE

A tall saguaro cactus stands against a clear blue sky. The cactus is green with distinct vertical ridges. In the background, other smaller cacti and distant mountains are visible.

Native SCOPE

- **S**kills, **C**areers, **O**pportunities, **P**athways, and **E**xperiences
- Collaboration between Native Health Central and AIH-AHEC
- Skills lab instructors are med students from Creighton University
- Open to high school students ranging from freshman to outgoing seniors
- Meet every other Tuesday starting September 10th through April except on site visit days

Native SCOPE



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

UPCOMING EVENTS



San Carlos Indigenous Student Enhancement Program

ISEP is a health and public health education program for Native American high school students. Join us at San Carlos Apache College over Spring Break to explore health and public health careers, learn tips to prepare for college, create digital stories, and participate in hands-on service-learning about health and culture.

- ISEP DATES: March 17-21, 2025
- TIME: 8:00 AM - 5:30 PM (daily)
- LOCATION: San Carlos Apache College

A tall saguaro cactus stands against a clear blue sky, with several smaller cacti visible in the background.

Indigenous Student Enhancement Program

- Partnership between:
 - Northern Arizona University
 - San Carlos Apache Tribe Department of Health & Human Services
 - San Carlos Apache College
 - AIH-AHEC

Modeled after the ISEP Summer Program at Dine College



Indigenous Student Enhancement Program

Focus: Public health career preparation for Native American high school students

Curriculum is made up of:

- Indigenous Health Professions Panel
- Public Health Lectures
- Digital Storytelling
- Apache Health Topics *Intro to Traditional Apache Healthcare*
- Service Learning in the Community

A desert landscape featuring several tall saguaro cacti in the foreground and middle ground. In the background, there are rugged mountains under a bright blue sky with scattered white clouds. The word "QUESTIONS" is centered in the upper half of the image in a teal, sans-serif font.

QUESTIONS

Contact Information

Jeff Axtell, Director
Jeffrey.Axtell@aacihc.az.gov

Tashina Machain, Youth Program Coordinator
Tashina.Machain@aacihc.az.gov

Ernestine Nasingoetewa, Grants Program Coordinator
Ernestine.Nasingoetewa@aacihc.az.gov

Website: <https://americanindianhealth-ahc.az.gov>

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

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

Break
Time

We will resume
at 10:15am

Meeting Protocols & Guidelines

Speaking Priority

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

Participation Guidelines

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

ADHS Tribal Consultation

Tuesday, February 5, 2025

11:00 am to 12:30 pm

Arizona State Capitol, 2nd Floor Conference Room





Welcome

Gerilene Haskon
ADHS Tribal Liaison



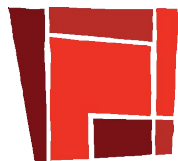
Opening Remarks

Jennie Cunico
ADHS Director

Agenda

- ADHS [Data Portal](#)
- Congenital Syphilis Prevention Action Plan
- Report Out: 2024 Arizona Heat Summit
- Alzheimer's Disease and Related Dementia State Plan
- Immunization





ADHS

PUBLIC HEALTH
DATA PORTAL

One platform for all your ADHS data needs





Wesley Kortuem
Analytics Section Lead
Project Sponsor



Matt Roach
Vital Statistics Manager
Product Owner



AGENDA

- **Overview of The Portal**
- **Objectives of today's presentation**
- **PHDP Background**
- **Project Phases**
- **What's in it For me**
- **Live Demo**
- **Community Profiles**
- **Data Suppression and Indigenous Data Sovereignty**
- **What's Next**



OVERVIEW

PUBLIC HEALTH DATA PORTAL

The Public Health Data Portal is a comprehensive platform designed to centralize the Agency's data and empower users with the ability to:

- **Search:** Easily locate diverse data resources relevant to public health.
- **Visualize:** Utilize advanced tools to create informative and engaging visual representations of data.
- **Analyze:** Conduct analysis on the platform to derive insights and support decision-making.
- **Download:** Access and download datasets and data visualizations for further exploration and use.

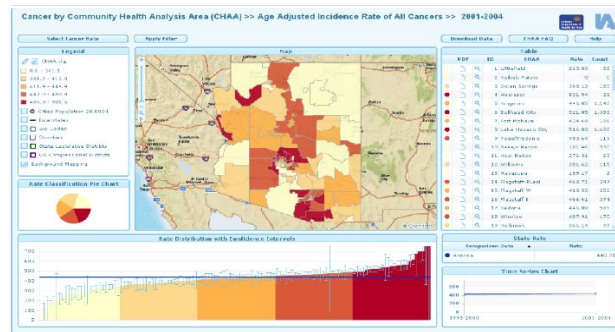


OBJECTIVES

- **Purpose and need for the Portal:**
Understand the overarching mission and user benefits of the Public Health Data Portal.
- **Sections**
Familiarize yourself with various sections for easy navigation and access.
- **Features and Functions:**
Explore key functionalities and user-friendly features.
- **Available Data Sets:**
Discover the diverse datasets available for research and analysis.
- **How it benefits you:**
Learn how utilizing public health data can inform your work and decisions.
- **Feedback and data completeness**
Receive feedback and data resource updates



BACKGROUND HOW DID WE GET HERE

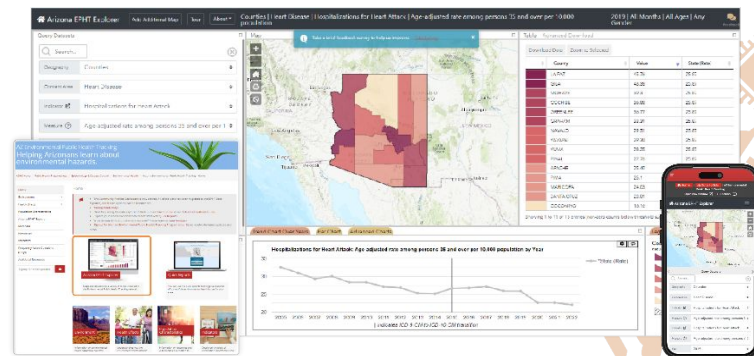
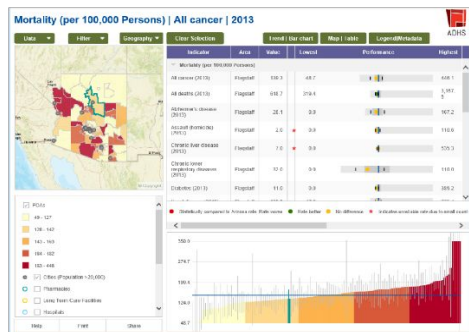


AZ Cancer by CHAA

2004

2012

Community Profiles Dashboard

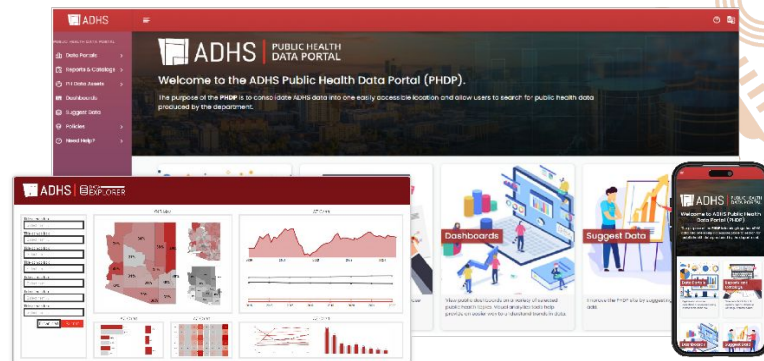


AZ Environmental Public Health Tracking

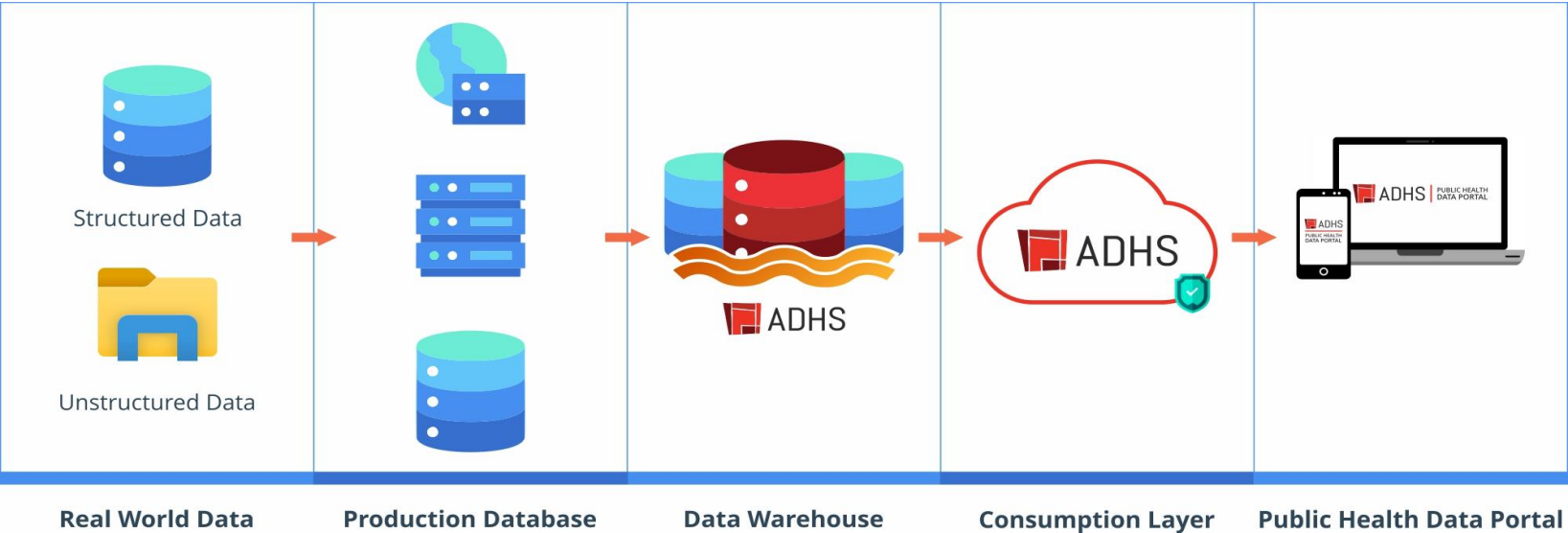
2017 - 2018

2025

Public Health Data Portal



INTEGRATION WITH DATA MODERNIZATION INITIATIVE



PROJECT PHASES

The Public Health Data Portal will be launched in two phases:

- **Phase I**
- **Phase II**

Phase I will encompass various sections, including:

- Data Explorers
- Reports and Catalogs
- Public Health Data Assets
- Maps (GIS)
- Dashboards
- Suggested Data

Phase II Features:

- Data Explorer and Community Profiles
- Population Denominator and Community Statistical Area



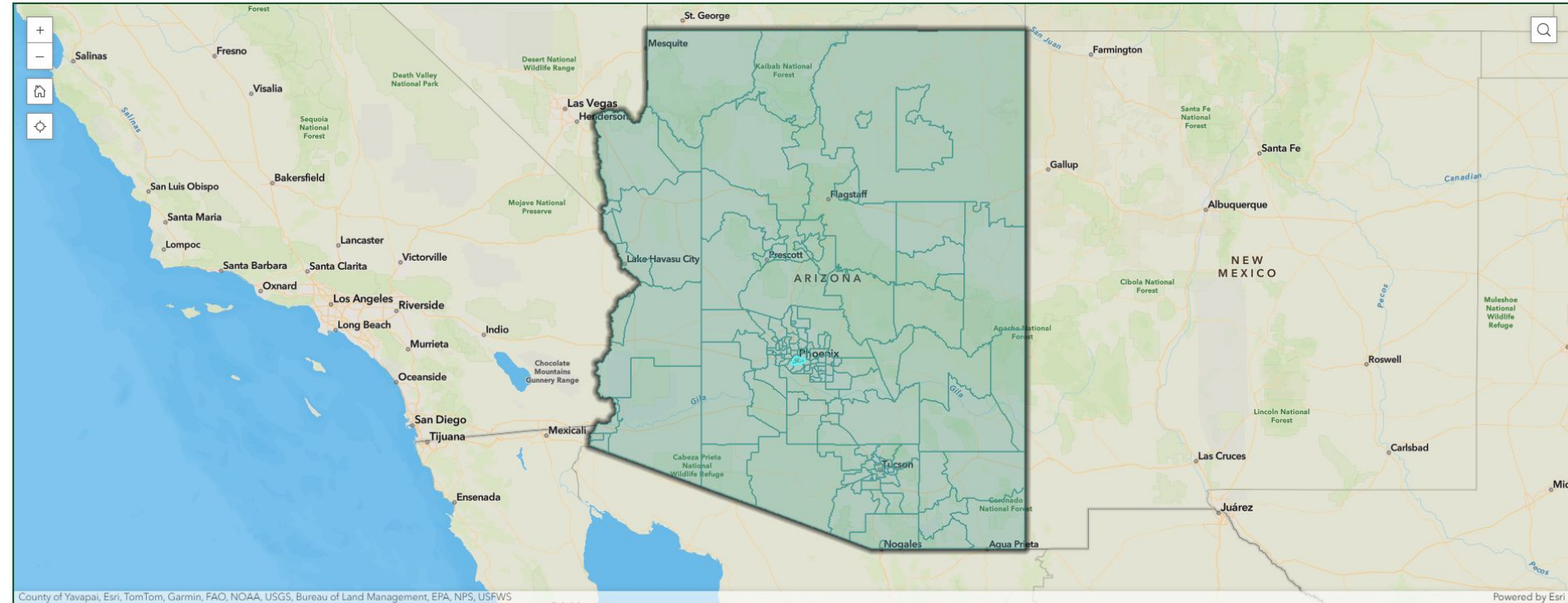
WHAT'S IN IT FOR ME

- **Centralized Access**
Access all data from one platform, eliminating the need to navigate multiple systems.
- **User-Friendly Search Tools**
Quickly find relevant data with intuitive search functionalities.
- **Analysis and Reporting Tools**
Explore data to uncover insights and generate meaningful stories and reports.





CLICK ON THE MAP TO SELECT A COMMUNITY STATISTICAL AREA



[Continue to Infographic](#)



DEMOGRAPHICS: Phoenix - Central City



61,519

Total Population

26.06

Area (sq mi)

2,361.03

Population Density per sq mi

23,700

Total Households

10,916

Total Family Households

\$45,840

Median Household Income

12.08%

Disability Population

17.92%

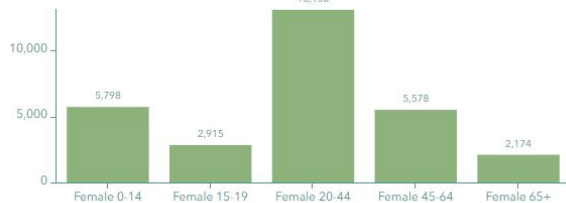
No Vehicle

4.00%

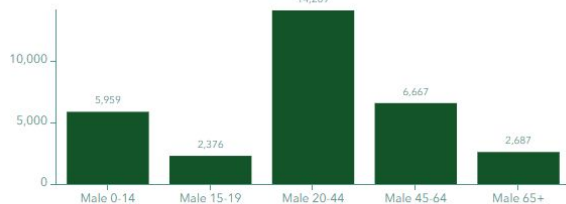
Unemployed

[Click on a value to compare to State and County](#)

Female Population by Age



Male Population by Age



19.47%

Medically Uninsured



37.10%

Age 65+: Medicare Only



29.59%

Age 65+: Medicare & Medicaid



4.44%

Uninsured Births



29.06%

Population Below 100% FPL



54.72%

Population Below 200% FPL



38.71%

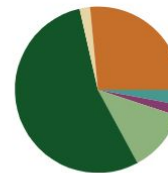
Age 18 and Under: in Poverty



35.14%

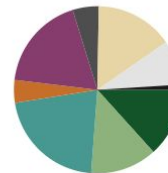
Age 65+: in Poverty

Population by Race/Ethnicity (%)



- American Indian or Alaska Native
- Asian or Pacific Islander
- Black or African American
- Hispanic or Latino
- White
- Other or Unknown

Educational Attainment (%)



- < 9th Grade
- 9th to 12th Grade; No Diploma
- High School Diploma
- GED or Alternative Credential
- Some College; No Degree
- Associate's Degree
- Bachelor's Degree
- Master's or Professional Degree
- Doctorate Degree



Maricopa County; Urban; Not Tribal

HEALTH OUTCOMES: Phoenix - Central City



Leading Cause of Death

Age Group	Phoenix - Central City Community Statistical Area	Maricopa County	Arizona
< 1	Perinatal conditions	Perinatal conditions	Perinatal conditions
1 - 14	Suppressed	Total Accidents	Total Accidents
15 - 19	Suppressed	Total Accidents	Total Accidents
20 - 44	Total Accidents	Total Accidents	Total Accidents
45 - 64	Total Accidents	Cancer	Cancer
65 +	Diseases Of Heart	Diseases Of Heart	Diseases Of Heart

*If more than one outcome is listed, there was a tie for the top health outcome for the variable

Click on a value to compare to State and County

Births per 1,000 Residents **13.11**

Teen Births per 1,000 Females **23.77**

Low Birth Weight Rate per 1,000 Live Births **106.31**

Late or No Prenatal Care of Births **12.85%**

Infant Mortality Rate per 1,000 Births **9.35**

Median Age at Death **64**

Inpatient Days per Resident **1.23**

Ambulatory Care Sensitive Conditions - Inpatient
Under 65 Rate per 1,000 **100.77**

Leading Discharge Diagnosis - Emergency
Department **Abdominal pain**

Leading Discharge Diagnosis - Hospitalization **Mental disorders**



Maricopa County; Urban; Not Tribal

HEALTHCARE WORKFORCE: Phoenix - Central City

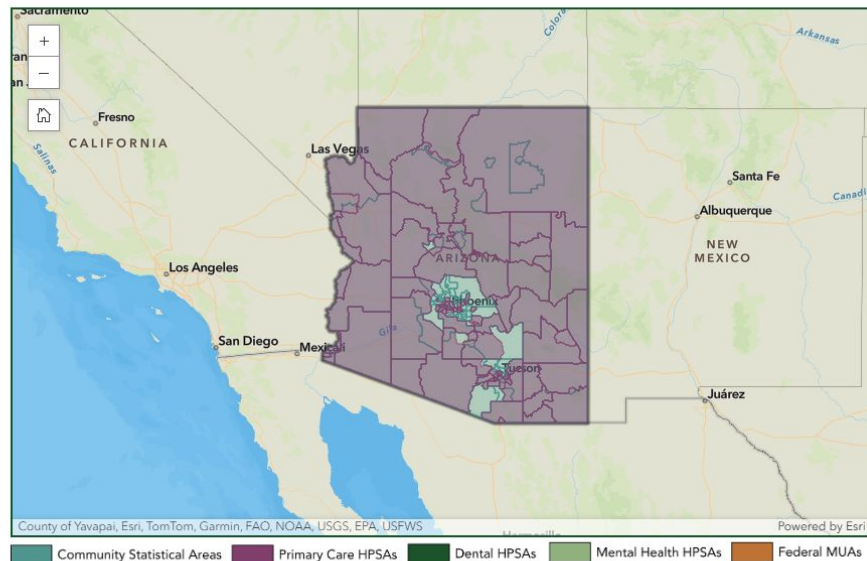
Practice	Population to Provider Ratio	Number of Sliding Fee Scale Clinics	Health Professional Shortage Area Status	Health Professional Shortage Area Score**	Distance to Closest Facility (mi)
 Primary Care	1036:1	12	Coming Soon	Coming Soon	0.41
 Dental Health	4499:1	2	Coming Soon	Coming Soon	1.22
 Mental Health	2042:1	10	Coming Soon	Coming Soon	0.58

** 0 = Lowest Need; 26 = Highest Need

For the most current Health Professional Shortage Area data, please use the [HRSA mapping tool](#).

Federal Medically Underserved Area/Population Status: Coming Soon

Arizona Medically Underserved Area: **Yes**



Click Below to View Different Map Layers

Primary Care HPSAs

Dental HPSAs

Mental Health HPSAs

Federal MUAs



Maricopa County; Urban; Not Tribal

Healthcare Facilities: Phoenix - Central City

Facility Type	Number of Facilities <small>Click on value to view list of features</small>	Bed Count	Closest Facility Distance*
 General Hospitals	69	14,160	1.41mi
 Specialized Hospitals	61	4,251	1.00 mi
 Rural Hospitals	7	154	Double click to edit text
 Home Health Agencies	225	Not Applicable	0.36 mi
 Nursing Facilities	142	15,754	1.26 mi

*Driving Distances from Weighted Population Center of CSA



16

Pharmacies



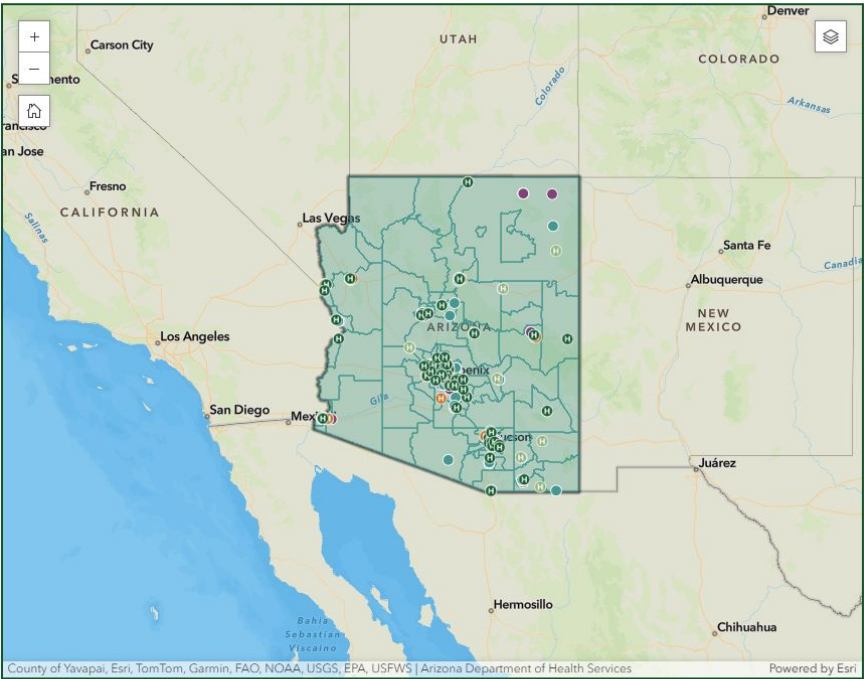
PLACEHOLDER

Air Ambulances



7

Ground Ambulance Services



County of Yavapai, Esri, TomTom, Garmin, FAO, NOAA, USGS, EPA, USFWS | Arizona Department of Health Services

Powered by Esri



Maricopa County; Urban; Not Tribal



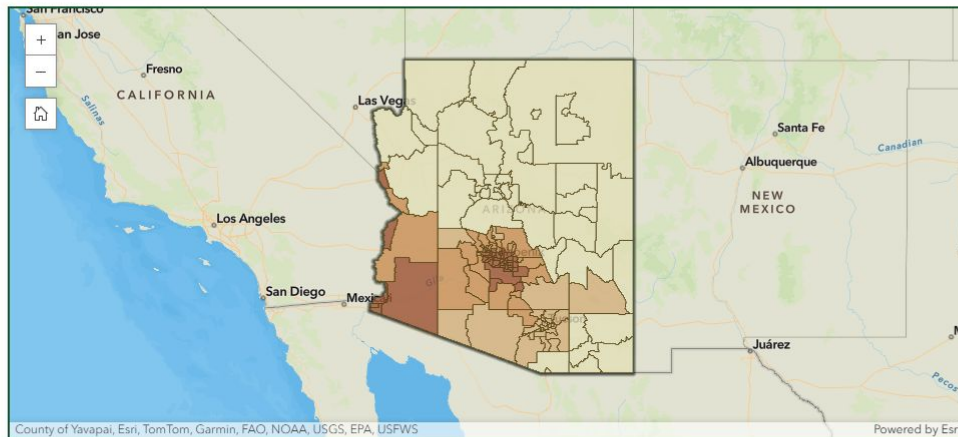
ENVIRONMENTAL: Phoenix - Central City



Estimated percentage of population with
access to water above recommended levels
of fluoride: 0%

Estimated percentage of population with
access to water at recommended levels of
fluoride: 0%

Estimated percentage of population with
access to water below recommended levels
of fluoride: 100%



Click Below to View Different Map Layers

Extreme Heat Days Over 90°F

Extreme Heat Days Over 100°F

Average annual number of extreme heat days
over 90°F (full year): 171.17

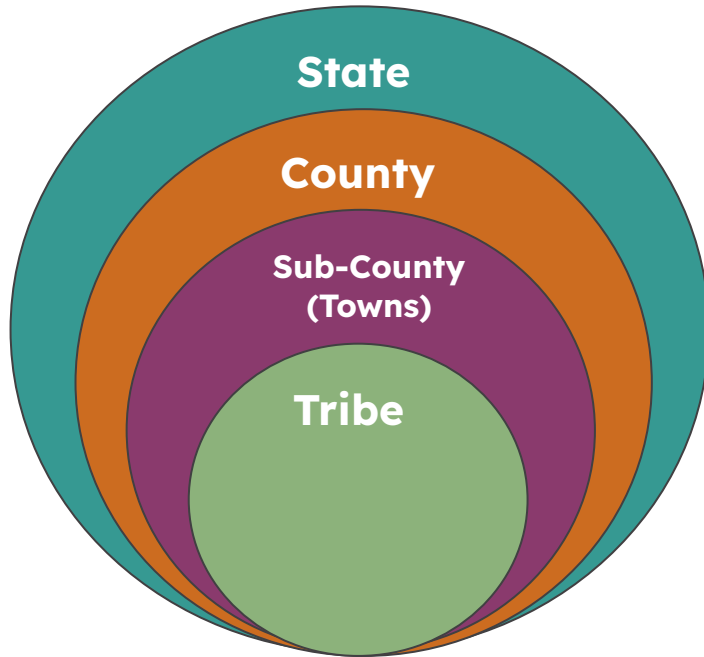
Average annual number of extreme heat days
over 100°F (full year): 96.52



Maricopa County; Urban; Not Tribal



ADHS Community Statistical Areas (CSAs)

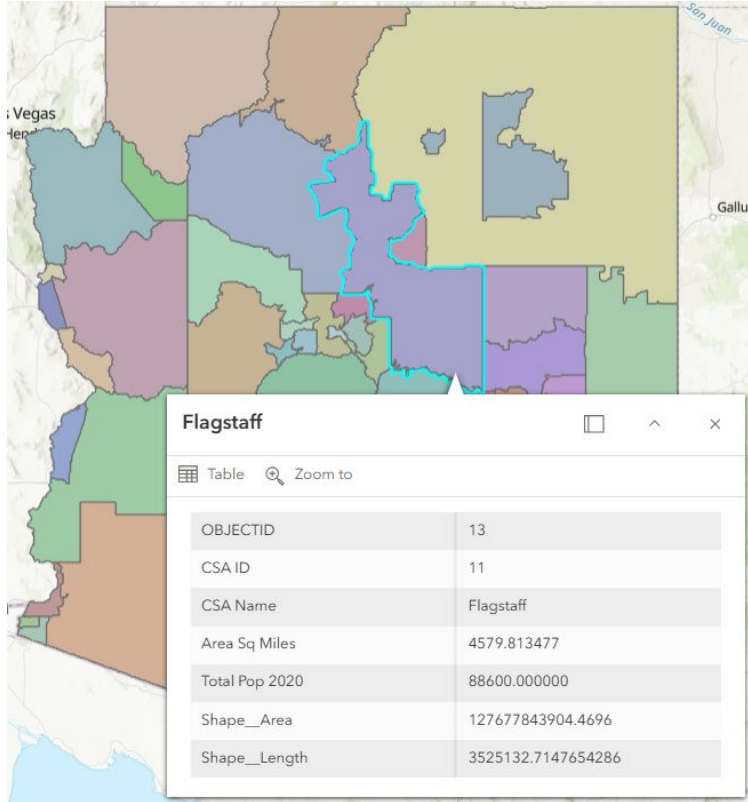


CSAs are boundaries created as standard for community level/sub county geography.

Contains populations conducive to statistical analysis while maintaining person level confidentiality

Using census tract as the base of geography.

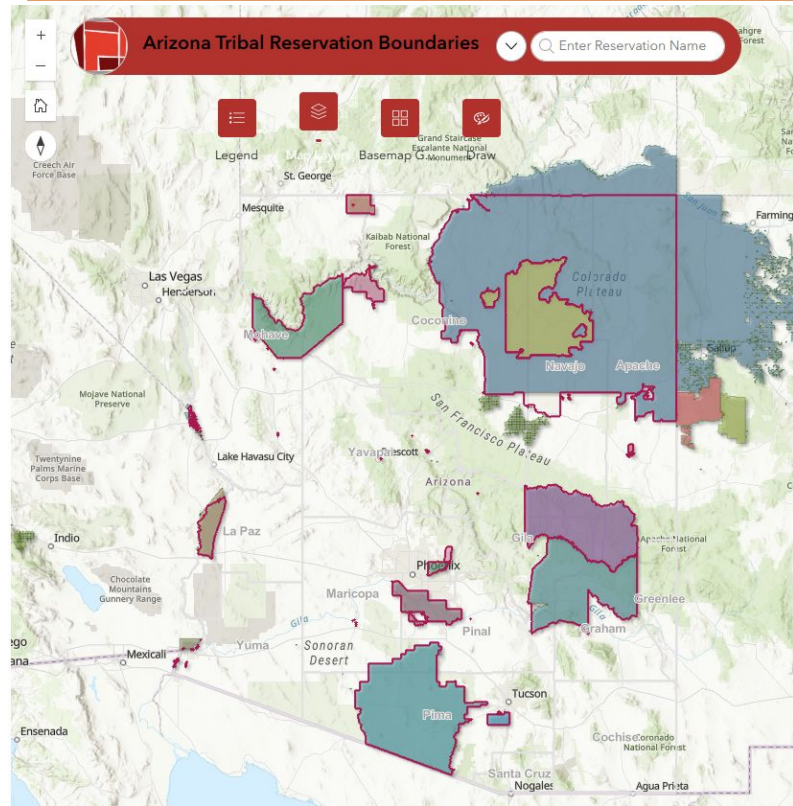
Example of CSA - Flagstaff



Each Tribal Nations will receive an email of their current Community Statistical Area map boundaries.

Please review and let us know if we need to make any changes or you can agree to the current geographic boundaries.

Data Suppression and Indigenous Data Sovereignty

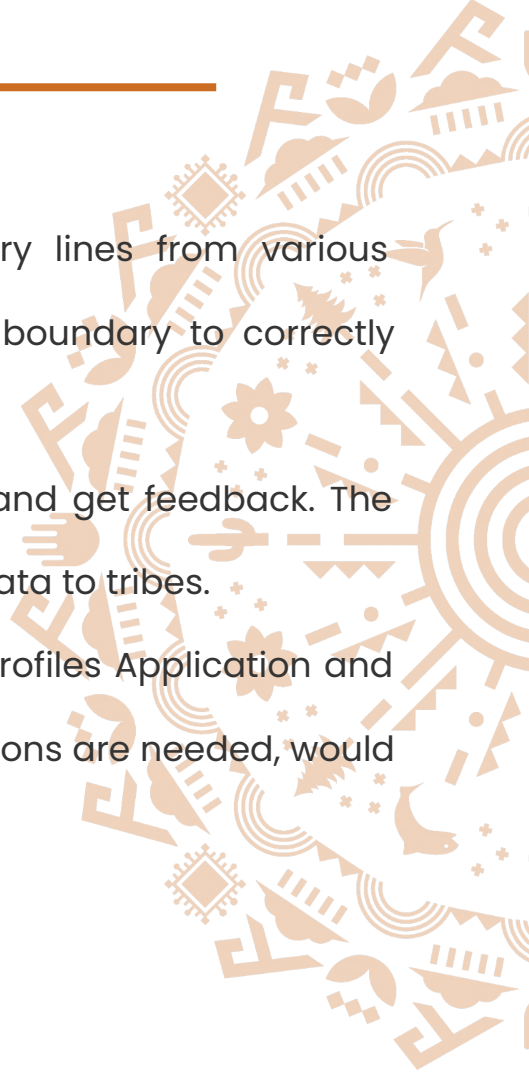


Proposed language in new ADHS Data Suppression Policy:

Tribe-specific Data Suppression: Do not publish tribe specific data or approximation of tribal land(s) or affiliation without express permission from the appropriate tribal official(s) first. This is addressed in the Indigenous Data Sovereignty policy. For questions or concerns, please contact the Tribal Liaison at tribalrelations@azdhs.gov.

Next Steps

1. **Develop mapping application** which contains known tribal boundary lines from various sources and submit to tribal leadership to let us know how to alter boundary to correctly represent the tribe so that we can implement the changes at ADHS.
2. **Communication with each tribe** to share map boundary application and get feedback. The result of this allows ADHS to provide more accurate and representative data to tribes.
3. **Communication to share draft and receive feedback** on Community Profiles Application and other community statistical area level application to determine if alterations are needed, would like to make public, not make public, or share with tribe only.



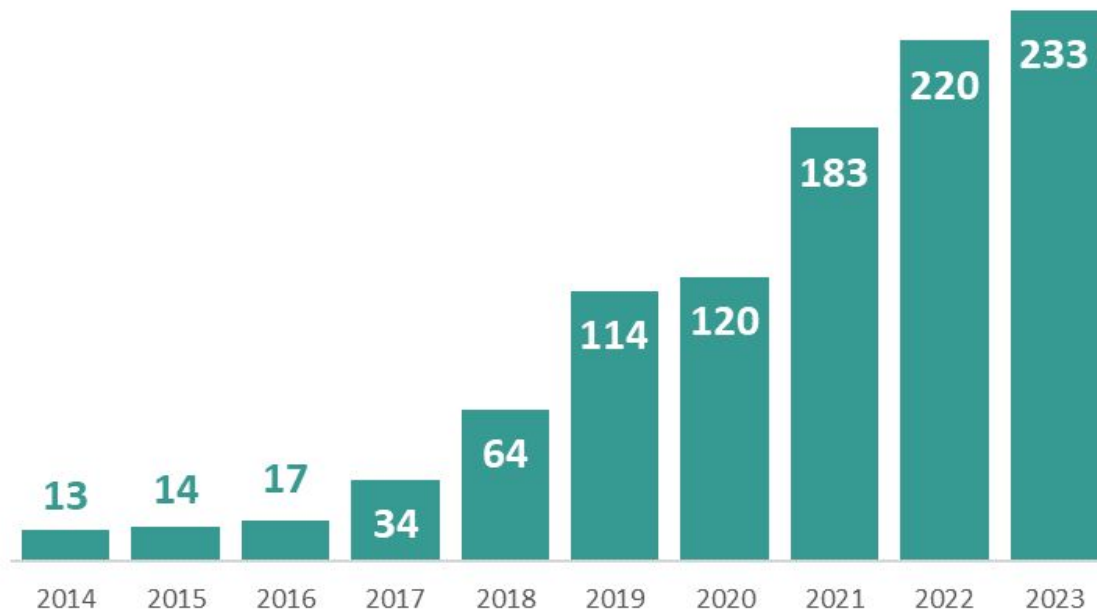


Congenital Syphilis Prevention Action Plan

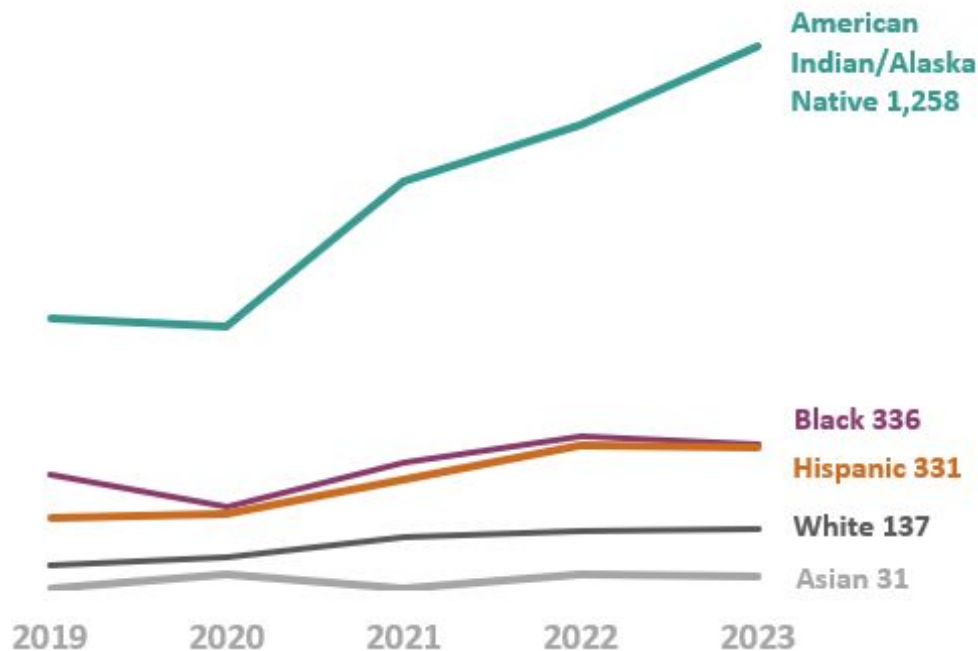
Rebecca Scranton

ADHS Deputy Bureau Chief, Bureau of Infectious Disease and Services

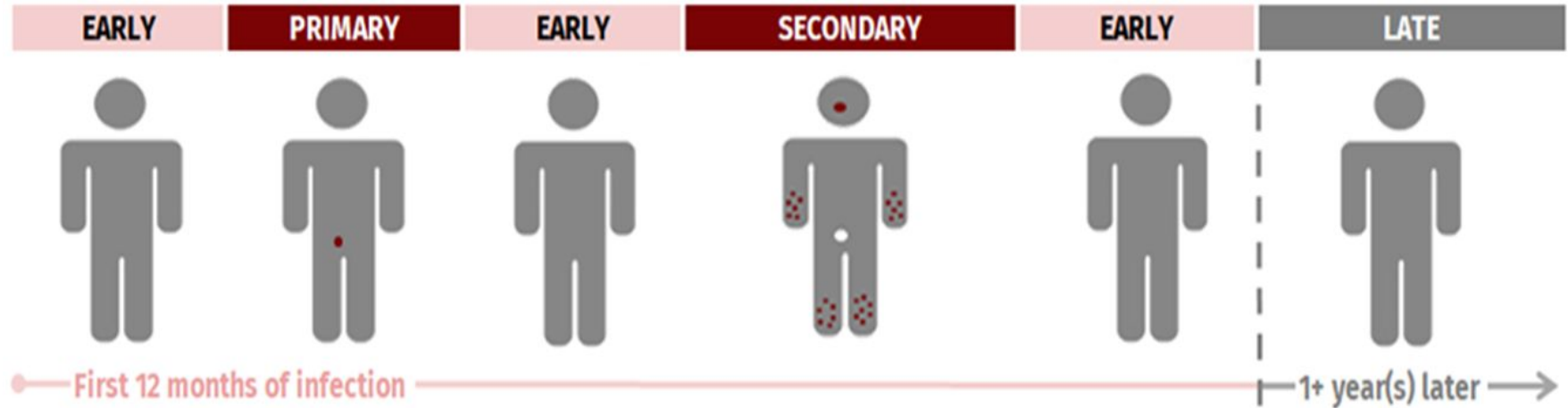
Arizona Congenital Syphilis Cases are on the rise



AZ congenital syphilis rates per 100,000 by race/ethnicity



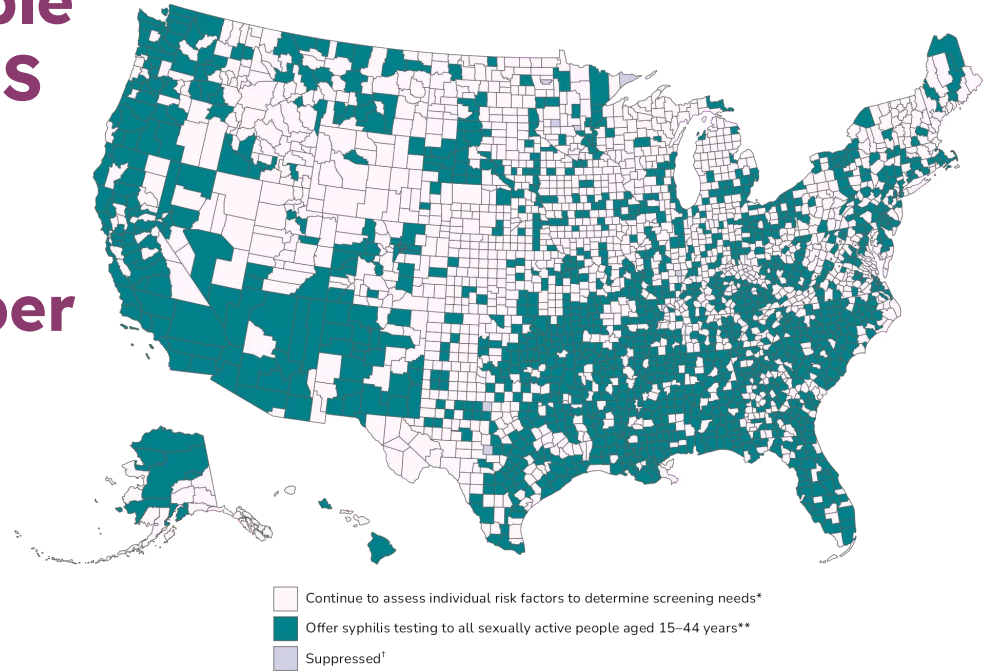
Screening is important for syphilis prevention.



Arizona Statutes and Administrative Code

- Syphilis testing at first prenatal examination, after a diagnosis of pregnancy (ARS § 36-693)
- “Prenatal care providers in Maricopa County are required to screen for syphilis at the first prenatal care visit, once during the third trimester, and again at delivery.” (2003)
- Additional syphilis testing at 28 to 32 weeks gestation and at delivery (A.A.C. R9-6-381) (2018)

CDC recommends testing all sexually active people 15-44 in areas with a PS CBA rate >4.6 per 100,000.
The AZ CBA rate is 26 per 100,000.



Vulnerability Factors

- 21% of all syphilis cases are detected in the **correctional setting**
- 38% of those who gave birth to a baby in Arizona with congenital syphilis had **no/late prenatal care**
 - 31% of delivering patients with syphilis and no prenatal care in Arizona, had **at least one ED visit during pregnancy**



Updated 2024 Arizona Syphilis Screening Guidelines

- Screen all sexually active individuals **aged 15 to 44 annually** for syphilis
- Implement syphilis **opt-out screening** for pregnant women and people of childbearing capacity with unknown pregnancy status in **Emergency Departments, Urgent Care**, and other healthcare and/or outreach settings.
- In settings where follow-up is uncertain, it is recommended to use a **rapid/point of care test and offer same-day treatment** for syphilis following a positive result prior to discharge.



Additional Recommendations

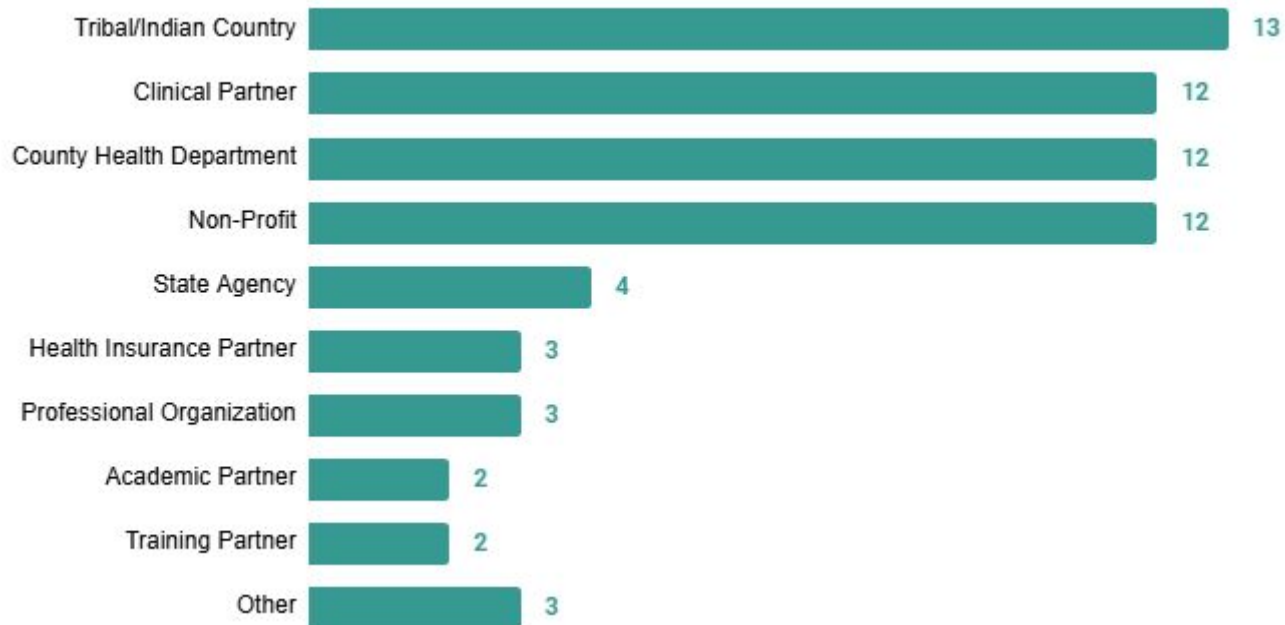
- Implement opt-out screening prior to discharge for women of childbearing age in correctional facilities
- Implement opt-out screening for people with substance use disorder prior to discharge in correctional settings.
- Include opt-out screening for syphilis in settings that serve people with addiction/Substance Use Disorder.



The Advisory Group

- Dr. Lisa Villarroel (Co-Chair), Arizona Department of Health Services
- Dr. Kiran Raman (Co-Chair), Arizona Health Care Cost Containment System
- Dr. Frank Lovecchio, Arizona State University
- Dr. Grant Phillips, Arizona Department of Juvenile Corrections
- Dr. Jonathan Iralu, Navajo Area IHS
- Dr. Karen Martinot, Affirm Sexual and Reproductive Health for All
- Dr. Marisa Domino, Arizona State University
- Melissa Lunt, Graham County Health Department
- Dr. Michael White, West Valley Health Equity
- Dr. Rebecca Sunenshine, Maricopa County
- Dr. Theresa Cullen, Pima County Health Department

The Collaborative



Timeline of Action Plan Development

- April 2024: Launch Advisory Group
- July 2024: Launch Collaborative (100+ partners, 66 agencies)
- Aug-September 2024: Stakeholder meetings and key informant interviews
- September 2024: Internal working group to draft initial plan
- October 2024: Refine strategies with Advisory Group then release to full Collaborative for feedback
- November 2024: Meet with full Collaborative to refine plan
- December 2024: Incorporate feedback from Collaborative and Advisory Group
- January 2025: Present revised plan to Advisory Group for feedback and launch Corrections Workgroup

Strategies

- Leverage clinical tools to disrupt transmission.
- Utilize case investigation and contact tracing to connect pregnant people and their partners to testing.
- Focus interventions on high impact populations.
- Analyze data to inform resource allocation and monitor progress toward key milestones



Planned Evaluation Tools

- Monthly Data Dashboards (in development)
- Quarterly Progress Reports
- Annual Progress Reports
- Final Report



Next Steps

- Launch plan in Quarter 1, 2025
- Transition from planning to implementation
 - Implement Plan (2025 - 2027)



Questions?

- Contact

- Program Contact: sti@azdhs.gov
- [ADHS Data Request Submission Form](#)

- Additional Resources

- [Congenital Syphilis Outbreak](#)
- [ADHS – Sexually Transmitted Infection \(STI\) Control – STI Data & Reports](#)
- [ADHS STI Printable Resources for Providers and Local Health Jurisdictions](#)





Report Out: 2024 Arizona Heat Summit

Dr. Eugene Livar

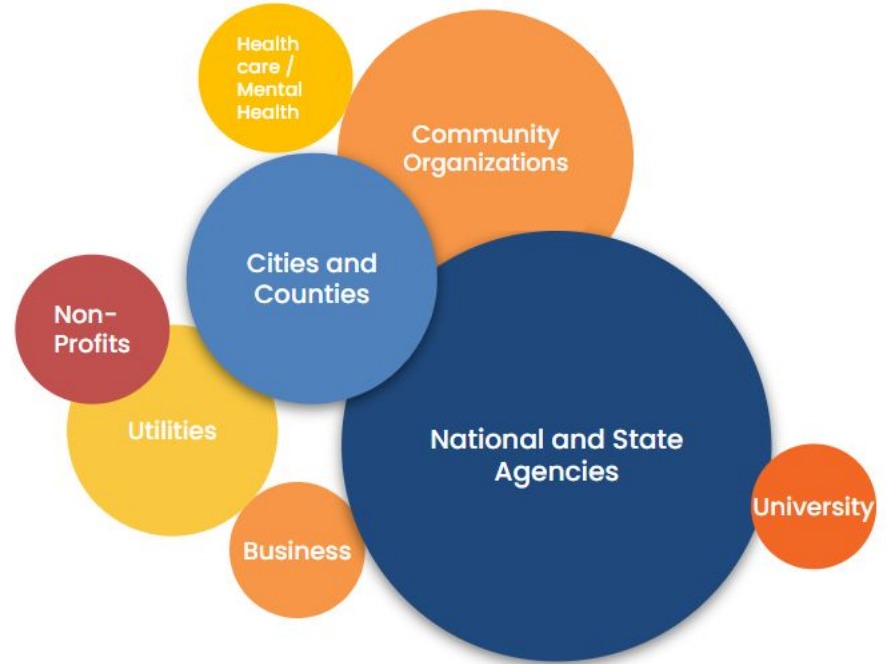
ADHS Public Health Resiliency, Environment, and Policy

2024 AZ Heat Summit

Participants & Representation

We had 228 attendees from various agencies and organizations

Goal: Hold space for those working in heat to share their feedback on the 2024 heat response, hear from partners, and contribute to shaping ADHS' 2025 heat strategies.



2024 AZ Heat Summit Overview

Desert Willow Conference Center | October 23, 2024

- Morning Session
 - Focused Presentations
- Afternoon Session
 - Strengths, Challenges, and Improvement Opportunities
 - What's next for 2025? Poster Activity

The following slides highlight information discussed during the afternoon sessions.



 AGENDA 2024 Arizona Heat Summit		
When	What	Where
8:30 am	Check-in	Registration Table
9:05 am	Welcome & Announcements	Cottonwood
9:15 - 10:15 am	2024 Highlights & ADHS Partners	Cottonwood
10:15 - 10:30 am	Break	
10:30 - 10:45 am	Civic Roundtable	Cottonwood
10:45 - 11:00 am	Governor Katie Hobbs Remarks	Cottonwood
11:05 am - 12:15 pm	Breakout Session 1 - Innovations & Opportunities	Desert Star
	Breakout Session 1 - Partnerships	Golden Poppy
	Breakout Session 1 - State Efforts & Policy	Cottonwood
	Breakout Session 1 - Healthcare & Data	Brittlebrush
12:15 - 1:15 pm	Lunch with Presentations	Cottonwood
1:20 - 3:00 pm	Breakout Session 2 - Innovative Solutions & Policy	Desert Star
	Breakout Session 2 - Regional Partnerships	Cottonwood
Break scheduled 2:30 - 2:40 pm	Breakout Session 2 - Data and Evaluation	Brittlebrush
	Breakout Session 2 - Communication	Golden Poppy
3:15 - 3:30 pm	Break	
3:30 - 4:15 pm	What's next for 2025?	Cottonwood OR Desert Star & Golden Poppy
  ARIZONA HEAT PREPAREDNESS NETWORK This event is organized by the Arizona Department of Health Services.		

Strengths

- Volunteer and Community Support
- Coordination and Meetings
- Cooling and Relief Infrastructure
- Resource Distribution and Innovation
- Collaboration
- Communication and Awareness
- Transportation and Accessibility
- Partnerships and Outreach
- Programs and Innovations
- Safety and Support Enhancements
- Education and Awareness
- Data and Evaluation
- Digital Tools and Data Access
- Official Response and Leadership
- Policy and Leadership
- Sustainability and Momentum
- Community Resources
- Partnerships and Outreach



Challenges

- 
 - Capacity and Resource Challenges
 - Resource Management
 - Transportation and Accessibility
 - Cooling Center Challenges
 - Housing and Community Support
 - Infrastructure and Utilities
 - Health and Hospitalization
 - Cultural and Behavioral Challenges
 - Community-Specific Challenges
 - Accessibility and Inclusivity
 - Funding and Support
 - Data Collection and Standardization
 - Operational Challenges
 - Focused Education
 - Resource Sharing and Supply Chain
 - Volunteering and Local Engagement



2025 Engagement & Collaboration Opportunities

Drive Heat Relief Activities

- Local Communities and Organizations
- Local Schools
- ADHS and State Agencies
- Innovative Technologies and Business
- Tribal Partners
- Local Culture Representatives
- Strengthen partnerships with schools
- Strengthen coordination between all counties and tribes
- Reduce barriers for the community to access heat relief sites
- Promote, share, and collaborate with partners to maximize funding opportunities
- Disseminate heat safety resources and messaging rooted in local practices



Community Reflections | Collective Actions

2025 Engagement & Collaboration Opportunities

Reduce HRI and Deaths

- Medical schools and Pharmacies
- Local Schools - Red Cross
- ADHS and State Agencies
- Innovative Technologies and Business
- Mental health providers and Universities
- Data analysts
- Provide medications and heat education
- Connect mental health partners and school clinics with heat relief centers
- Expand school education and outreach programs
- Acknowledge heat as a factor in hazard mitigation plans
- Strengthen economic evaluation of heat relief programs



Community Reflections | Collective Actions

2025 Engagement & Collaboration Opportunities

Prepare for Extreme Heat

- Community health workers and local organizations
- County and organization PIOs
- ADHS and State Agencies
- Innovative Technologies and Business
- At-risk population advocates and organizations
- Emergency preparedness
- Empower community advocates to reach vulnerable populations before heat season begins
- Ensure communication channels are open between jurisdictions
- Involve Public Information Officers
- Integrate heat preparedness messaging at bus stops, schools, and social media platforms
- Develop a heat guideline planner

Community Reflections | Collective Actions



2025 Engagement & Collaboration Opportunities

Foster Innovative Solutions

- Emerging technology companies
- Public communication experts
- ADHS and State Agencies
- Innovative Technologies and Business
- Data analysts
- Implement and track the effectiveness of innovative solutions
- Incorporate environmentally sustainable practices into heat response practices
- Incorporate public communication tools
- Streamline data collection at heat relief sites
- Facilitate collaboration around data



Community Reflections | Collective Actions

Continue The Work

- Update ADHS heat strategies (tentatively March)
- Annual Arizona heat planning workshop to kick off the season (April)
- Connect on roundtable
- Focus goals and objectives of workgroups/task forces
- Centralized state heat website
- Connect with community partners and hold listening sessions
- Coordinating with partners to finalize toolkits
- Work towards recognition of heat as a natural disaster
- Connections to potential diverse funding and in-kind support
- 3rd annual heat summit (tentatively late October)

Interested? Want To Know More?

Extreme Heat
Preparedness Network



Scan to join!

AZHEAT@AZDHS.GOV



Alzheimer's Disease and Related Dementia (ADRD) State Plan



Celia Nabor, MPA
*Assistant Director,
Public Health
Prevention*



Teresa Aseret-Manygoats, MPA
*Bureau Chief, Chronic Disease and
Health Promotion*

Dementia Services Program & Alzheimer's Disease State Plan

- [Senate Bill 1726](#) (First Regular Session 2023)
 - ADHS is designated as the lead agency in this state to address Alzheimer's disease and related forms of dementias.
 - Outlines the requirements for ADHS to establish a dementia services program.
 - Facilitate coordination of policies and programs related to ADRD within Legislature and Executive Branch

Dementia Services Program & Alzheimer's Disease State Plan (continued)

- Outlines the requirements for ADHS to coordinate, publish (July 1, 2024) and implement an ADRD state plan
 - Assess existing capacity and resources to address needs
 - Increase access to treatment and care
 - Improve quality of care
 - Ensure coordinated statewide response
 - Advance early detection and diagnosis

Alzheimer's Disease and Related Dementias (ADRD) State Plan (2024-2029) Development Timeline

October 2023	June 2024	July 2024-January 2025	February 2025
<p>Development of the ADRD Plan</p> <p>Hosted a Tribal Listening Session on February 29, 2024</p> <p>Participation by Hualapai Tribe, Inter Tribal Council of Arizona, Navajo Nation, and So' Tsoh Foundation (Navajo Nation)</p> <p>Themes from Tribal Listening Session integrated into the ADRD State Plan</p>	<p>Initial ADRD Plan was developed</p>	<p>ADRD Core Leadership Team (CLT) revising the goals, strategies and action steps within the ADRD State Plan before implementation</p> <p>ADRD CLT has met monthly to update the ADRD State Plan</p>	<p>Seeking partner (tribes and state agencies) feedback on draft goals, strategies and action steps</p> <p>Identify additional individuals to participate in ADRD Core Leadership Team and ADRD Work Groups</p>

****DRAFT** ADRD State Plan Goals and Strategies Highlight**

Goal 1: Increase Access to Care, Support and Treatment

Proposed Strategies:

- Develop a centralized resource hub** that provides Arizonans with seamless access to dementia-related resources for education, training, services, and referrals to support people living with Dementia, their care partners, providers, and other professionals.
- Reduce barriers and ensure individuals with dementia have **adequate access to residential, home and community-based services (HCBS)**.
- Support the development and implementation of **a statewide crisis response system** that supports the unique behavioral needs of individuals living with dementia.
- Strengthen the healthcare workforce** by minimizing shortages and creating incentives and career pathways to recruit and retain professionals who specialize in all levels of dementia care.
- Strengthen programs that offer support to informal caregivers** of individuals with dementia, regardless of their financial situation.

****DRAFT** ADRD State Plan Goals and Strategies Highlight**

Goal 2: Improve the Quality and Safety of Care

Proposed Strategies:

- Enhance healthcare providers' capacity** to deliver high-quality, person-centered care **by increasing their dementia competency** through targeted, dementia-specific, and culturally responsive training.
- Improve licensure requirements** for medical, health, and social service providers supporting individuals living with dementia.
- Improve residential licensing requirements** for dementia care through evidence and acuity-based models.
- Strengthen oversight, transparency, and quality of care** for individuals with dementia in long-term care settings.
- Ensure the protection** of vulnerable adults with dementia.
- Establish a public health directive to support caregivers** accompanying individuals with dementia during public health emergencies.

****DRAFT** ADRD State Plan Goals and Strategies Highlight**

Goal 3: Advance Risk Reduction, Early Detection and Diagnosis

Proposed Strategies:

- Identify and apply for funding** to support healthy aging and dementia-related programming and education for Arizonans.
- Incorporate dementia risk reduction into existing public health programs**, especially chronic disease prevention and education initiatives throughout Arizona.
- Develop a comprehensive and inclusive public health messaging strategy** for Arizona to promote dementia risk reduction and cognitive health across the life course.
- Expand access to education and resources** in diverse and underserved communities to reduce stigma and increase early detection and diagnosis of dementia.
- Promote person-centered care planning approaches** for individuals and families living with dementia.
- Promote supportive policies and programs for employees** who are caregivers and model healthy worksites for Arizona employers.

****DRAFT** ADRD State Plan Goals and Strategies Highlight**

Goal 4: Ensure a Coordinated Statewide Response to ADRD

Proposed Strategies:

- Establish a workgroup comprised of state agencies** that meets regularly to identify dementia-specific activities and identify opportunities to align and coordinate state plans and actions, reduce duplication, and enhance the efficiency and responsiveness of state efforts.
- Promote the Healthy Brain Initiative Roadmap** to guide and support dementia efforts throughout Arizona.
- Strengthen dementia-related data collection, analysis, and sharing** to inform evidence-based decision-making, support early intervention, and promote health equity.
- Leverage evaluation, data, and information** to support the implementation and ongoing updates of the ADRD Plan.

****DRAFT** ADRD State Plan Goals and Strategies Highlight**

Additional Recommendations:

- Continue or increase Alzheimer's Research Funding in the state budget (Alzheimer's Consortium)
- Promote participation in Alzheimer's research studies with underrepresented groups.

Next Steps:

- **Identify individuals to participate** in ADRD Core Leadership Team and ADRD Work Groups
- **Draft ADRD State Plan** Goals, Strategies and Action Plan will be **sent with a google form survey to Tribal leaders**, and designees.

Request Feedback on the DRAFT ADRD State Plan Goals, Strategies and Action Steps

- ☐ Is/Are there duplication(s) of goals, strategies, and action steps?
- ☐ How do the Tribes want to be involved beyond the ADRD CLT or workgroups?
- ☐ Do the goals, strategies, and action steps resonate with the work that is happening in tribal country?
- ☐ Suggested additions or edits
- ☐ Does ADHS need to provide additional clarification or information related to the goals, strategies, and action steps?

QUESTIONS?

Teresa Aseret-Manygoats

Bureau Chief, Chronic Disease & Health Promotion

teresa.manygoats@azdhs.gov





Immunization

Nicole Clapeck

ADHS Bureau Chief, Immunization Services

Strengthening Vaccine Preventable Disease Prevention and Response

- New 5-year Notice of Funding Opportunity from CDC
- Purpose:
 - Protect people and communities from vaccine-preventable diseases
 - Increase vaccine access, confidence, and demand
 - Builds upon the Vaccines for Children (VFC) and Section 317 Programs

Importance of VFC and Section 317

- **VFC Program:** Provides vaccines to children whose parents/guardians may not be able to afford them. The program helps support opportunities for all children to get their recommended vaccinations on schedule and achieve their highest level of health.
- **Section 317:** Supports immunization infrastructure, maintaining vaccine supply as a safety net for uninsured adults, and VPD-outbreak response



Prioritizing Engagement with American Indian/Alaska Native (AI/AN) Communities

- Includes requirements to:
 - Enroll Tribal health organizations, Urban Indian Organization Health Centers, and Indian Health Service providers in VFC and adult programs.
 - Provide vaccine supply to AI/AN-serving facilities
 - Educate on VFC-eligibility and access
 - Develop and implement culturally appropriate strategies to increase vaccine confidence and demand



Becoming a VFC Provider

To apply for the VFC program, please review and complete the following documents:

- [VFC Enrollment Guide for New Providers](#)
- [VFC Application](#)

VFC Resources

- In-person new provider and new staff in-service visits
- Training and education site visits as needed/requested
- AIPO Train - Immunization Program Learning Management System
- Digital Data Loggers (DDLs) supplied by the program, if needed, for vaccine temperature monitoring
- [Additional resources](#)



Collaboration and Feedback

2024 Pediatric RSV (Nirsevimab) Roll-out

- Partnered with IHS facilities enrolled in the VFC program to ensure adequate supplies of RSV vaccine
- Prioritized and early ordering
- First access to unordered vaccine before threshold refresh

Future Opportunities

- ADHS to establish an Immunization Advisory Committee (IAC)
 - Foster collaboration and innovative strategies for advancing immunization priorities across AZ
- Interested participants contact Nicole Clapect at Nicole.Clapect@azdhs.gov

2025 Annual Immunization Conference

Dr. LaKota Scott



- April 15-16, 2025 - Mesa Convention Center
- Conference [Website](#)
- Keynote Speaker - Dr. LaKota Scott, Vaccinative
 - [Vaccinative](#) (Vaccination Information for Natives by Natives)

Next Steps

- Notification letter will be sent to AI/AN tribes and organizations regarding the new Notice of Funding Opportunity to seek letters of support to collaborate on strengthening vaccine-preventable disease prevention and response in Arizona
- Determine members for the ADHS Immunization Advisory Committee and schedule a kick-off call





OPEN FLOOR

Tribal Leaders, Tribal Health Directors, UIOs



Closing Remarks

Gerilene Haskon
ADHS Tribal Liaison

Upcoming ADHS Indigenous Data Sovereignty Policy Development Meeting

Hosting a 3rd Policy Development Meeting facilitated by University of Arizona Native Nations Institute

Who Should Attend: Tribal Health Directors, Tribal Leaders

When: Tuesday, March 11, 2025

Time: 9:30 am to 11:00 am

Where: Virtual Zoom Meeting

The goal is to gather recommendations and policy language from at least 80% of Tribal Nations in Arizona before we move forward in drafted the policy.



Announcements

- Tribal Relations Newsletter
- Conference Committee Planning
 - STI/HIV/HV Conference Planning

Philámayaye

Lios enchi hiokoe uttesia

Askwali

Ahéhee'

Aheeiye

Meegwetch

Sapè

THANK YOU!

Gerilene Haskon | Gerilene.Haskon@azdhs.gov

Division of Policy & Intergovernmental Affairs

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



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

Break
Time

We will resume
at 1:30pm



Quarterly Tri-Agency Tribal Consultation Meeting

November 14, 2024

Meeting Protocols & Guidelines

Speaking Priority

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

Participation Guidelines

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

Director Updates



Carmen Heredia
AHCCCS Director

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

Successes from 2024

- Unwinding from the Public Health Emergency
 - National Awards for technology and member communications
- Combating Fraud, Waste and Abuse
 - Reigning-in FFS spending
 - Suspending, terminating and excluding bad actors
 - Relaunching the Covered Behavioral Health Services Guide
 - Improved processes and technology for data oversight
 - Partnered with Tribes to establish a verification process for AIHP
- Housing as Health Care
 - Launched Housing & Health Opportunities (H2O) Program

Successes from 2024

- Supporting Maternal and Child Health
 - Launched coverage for doulas
 - Allocated \$2.5M to rural health centers to support maternity care
 - Launched coverage of the first FDA-approved medication for postpartum depression.
- Successful Federal Negotiations
 - CMS Approval to Cover Traditional Healing Services
 - CMS Approval to Cover Reentry Services
- Expanded Coverage for Children
 - Expanded Income Eligibility for KidsCare
 - 12-months continuous coverage for children

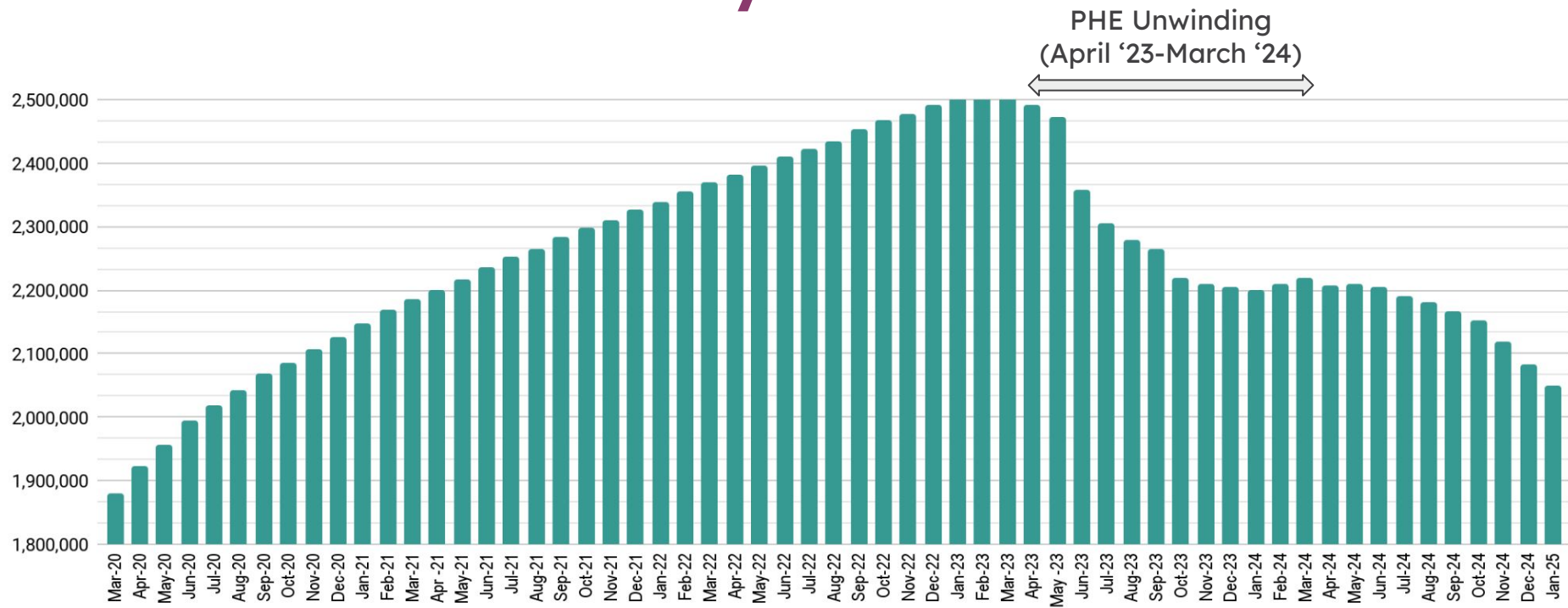


Successes from 2024

- Launched New Interactive Dashboards
 - Eligibility Outcomes
 - ED Visits
 - Inpatient Admissions
- Added New Provider Types
 - Community Health Worker Organizations
 - Doulas
- Navigated through the Change Healthcare cyber attack
- Launched rebranding campaign with sister Agencies
- Advanced tribal relations through more engagement w/Tribes



AHCCCS Population: March 2020 - January 2025



FWA Humanitarian Response

36,000+ Calls to 2-1-1 (press 7) Hotline

11,000+ Victims Directly Served

129 Requests for Out of State Transportation

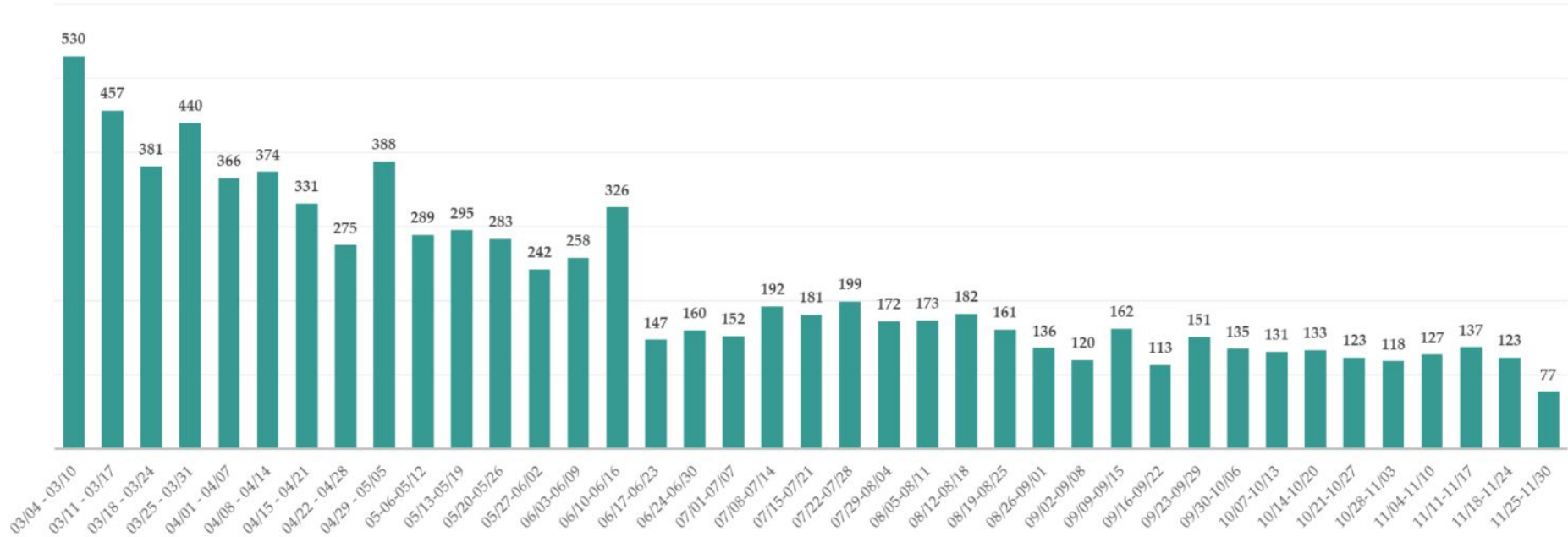
What's next?

- Moving from Crisis Response to Maintenance
 - 11/30/24 - Last day for lodging
 - 211(press 7) line was extended through Jan. '25
 - 211 continues to be a resource, post phasedown
 - TRBHAs, AIMHs, >100,000 providers available to AHCCCS members



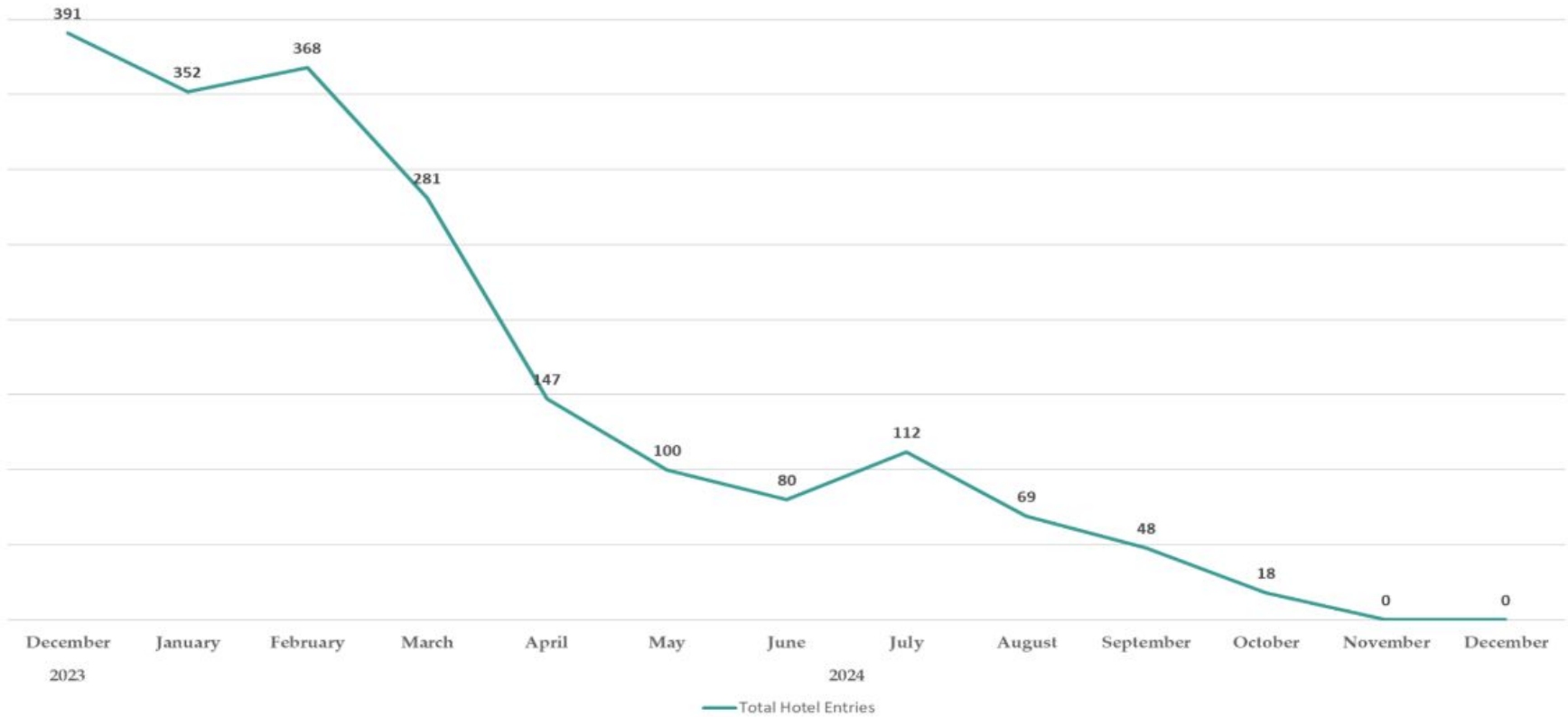
Number of Calls to Solari by Week

Cumulative Calls by Week (03-04-2024 thru 11-30-2024)



Total calls to Solari 36,081. Calls have been removed for ease of viewing.

Monthly Hotel Entry Utilization



www.azahcccs.gov/SoberLivingFraud

Web page includes:

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



! Alert: Unauthorized Agent and Broker Activity on ACA Marketplace

The Health Insurance Marketplace is seeing an increase in suspicious activity by some agents and brokers selling Marketplace coverage. This may include signing you up for coverage without your knowledge or switching you out of a plan you already have and into a new one.



Agents and Brokers are individuals and organizations that help enroll consumers in coverage and also get payments from insurance plans.



What you need to know to protect yourself

- Agents and brokers **must get your permission** when signing you up or making changes to your insurance plan.
- Health insurance ads on social media or elsewhere that offer you cash, gifts, or other perks, could be a scam. Don't give out personal information that might be used without your consent.
- Use trusted, official sources to find legitimate help comparing and enrolling in Marketplace insurance. Go to "find local help" on [HealthCare.gov](https://www.healthcare.gov) or call the Marketplace Call Center at 1-800-318-2596 to find help in your area.



What to do if you suspect changes were made on your account

- You may discover a potential problem with your coverage when you get mail or a call, or visit the doctor and try to use your insurance.
- If you believe you were enrolled in or switched to a plan without your knowledge, call the Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4325) so our official Marketplace representatives can resolve any coverage issues. Wait times are low and a representative will be able to help answer your questions.



How the Marketplace can help

If the Marketplace representatives determine you have been enrolled or had your plan switched without your knowledge, our representatives can work with your insurer and the Internal Revenue Service (IRS) to:

- Make sure the unauthorized plan is cancelled
- Make sure you're reenrolled in a plan that you choose
- Have inaccurate costs repaid to you
- Get corrected tax forms

Health Insurance Marketplace
This product was produced at U.S. taxpayer expense.
Health Insurance Marketplace is a registered service mark of the U.S. Department of Health & Human Services.



HealthCare.gov

Unauthorized Marketplace Enrollment

- This is a national issue and CMS is taking action against brokers/agents.
- **Contact the Marketplace Call Center** to drop the Marketplace plan, if desired.
 - 1.800.318.2596
- **AHCCCS Clinical Resolution Unit (CRU)** can assist with access to care issues.
 - 1.800.867.5808.
- **Know the warning signs!** No broker should be offering \$ or gifts to sign up for health insurance.
- **AHCCCS to outreach** to all members dual-enrolled in a commercial plan.



**For more
information
visit...**

THIS AHCCCS WEBPAGE

**[https://www.azahcccs.gov/
Members/UnauthorizedMark
etplaceEnrollment.html](https://www.azahcccs.gov/Members/UnauthorizedMarketplaceEnrollment.html)**

Notice: ACA Marketplace Fraud

What to
Watch for
to Protect
Your AHCCCS
Coverage



Change in Federal Administration

- The Trump administration has now returned to office
 - Ronald F. Kennedy Jr. selected* to lead Health and Human Services
 - Dr. Mehmet Oz selected* to lead Centers for Medicare & Medicaid Services
 - Drew Snyder* selected to be Medicaid Director
- It's largely uncertain what changes may come to Medicaid. Key topics we are closely monitoring include:
 - Potential new Waiver priorities such as Medicaid work requirements
 - Potential changes to 2024 CMS final rules (Access Rule, Staffing Rule)
 - Potential changes to Medicaid Financing

*Pending Confirmation

On the Horizon

- 2024 Legislative Session
 - Traditional Healing Approval
 - Director's Confirmation
- Preparing for new Federal Administration
- CMS Negotiations Continuing
 - Reentry waiver implementation planning
 - Former foster youth (YATI) continuous eligibility
- Traditional Healing Implementation Planning
- MES Roadmap
 - MES = Medicaid Enterprise System (30 yrs old!)
 - System Integrator currently being installed
- Consolidated Appropriations Act (CAA) Implementation: healthcare services for incarcerated youth
- CMS Final Rule on Access to Care
- Continued system improvements to combat fraud and member exploitation
 - Pre/Post Payment review system in development



Open Discussion



Tribal Open Mic

Meeting Protocols & Guidelines

Speaking Priority

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

Participation Guidelines

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

Tribal Open Mic - Guiding Questions

- Are there any pressing concerns or emerging issues your Tribe is facing that you'd like to bring to our attention?
- Are there specific policy or program challenges that your Tribe would like to discuss further?
- Are there updates from your Tribe or health system that you'd like to share with the group?
- Are there any barriers your Tribe is experiencing in accessing AHCCCS programs, services, or funding opportunities?
- Are there best practices or successful initiatives within your Tribe or health system that could be shared with other Tribes, tribal partners, or state partners?

Federal Relations Updates



Maxwell Seifer

Federal Relations Chief, Division of Public
Policy and Strategic Planning

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 - Reentry Services

- On December 27, 2024, CMS granted approval to provide limited coverage for services furnished to a subset of incarcerated individuals for up to 90 days immediately prior to their expected dates of release.
- This approval also provides expenditure authority to the state to provide non-medical transportation (NMT) to and from health-related social needs (HRSN) services and home and community-based services (HCBS) for Arizona Long Term Care System (ALTCS) eligible beneficiaries.

1115 Waiver - Reentry Services

Demonstration Initiative Goals

- Increase coverage, continuity of coverage, and appropriate service uptake
- Improve access to services
- Improve coordination and communication
- Increase additional investments in health care and related services
- Improve connections between carceral settings and community services
- Reduce all-cause deaths and reduce number of ED visits and inpatient hospitalizations
- Provide intervention for certain behavioral health conditions



1115 Waiver - Reentry Services

Eligibility

- To qualify for services covered under this demonstration approval, individuals residing in a correctional facility must have been determined eligible for Medicaid or the Children's Health Insurance Program (CHIP) (or be eligible for CHIP except for their incarceration status) pursuant to an application filed before or during incarceration, and have an expected release date within 90 days.
- For a Medicaid covered individual entering a correctional facility, Arizona will not terminate Medicaid coverage, but will suspend the individual's coverage.

1115 Waiver - Reentry Services

Participating Facilities

- Jails
- Prisons
- Youth Correctional Facilities
- Tribal Correctional Facilities



1115 Waiver - Reentry Services

Covered Services

- Case Management
- Medication Assisted Treatment (MAT) Services
- 30-day Supply of Prescription Medications
- Practitioner Office Visit
- Peer Support Services



1115 Waiver - Reentry Services

Next Steps

- AHCCCS will establish a timeline for implementation with a proposed effective go-live date of October 1, 2026.
- AHCCCS will begin the demonstration with prison facilities administered by the Arizona Department of Corrections Rehabilitation and Reentry (ADCRR), these facilities will make up the first phase of the program.

1115 Waiver - Traditional Healing

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.
- The state will be required to report traditional health care practices provided and utilization in the Annual Monitoring Report.

1115 Waiver - Traditional Healing

Next Steps Cont.

- In addition to the Annual Monitoring Report, the state must submit three Quarterly Monitoring Reports, in which reporting of metrics for traditional health care practices are expected to include, but not be limited to:
 - the number of facilities and providers providing traditional health care practices under the demonstration,
 - the number of each type of traditional health care practice provided under the demonstration, and
 - the number of individuals receiving traditional health care practices under the demonstration.

1115 Waiver - AHCCCS Works

Background

- In 2015, the Arizona State Senate passed Bill 1092, requiring AHCCCS to submit to CMS annually an 1115 Demonstration Waivers that implements:
 1. Medicaid Work Requirements,
 2. Lifetime Limits, and
 3. Cost Sharing for non-emergency use of ED and ambulance transport.
- In 2017, AHCCCS submitted an 1115 Waiver for the above which was later approved by CMS in 2019. Implementation for this program began however was quickly halted and the approval was rescinded by the Biden Administration.

1115 Waiver - AHCCCS Works

AHCCCS Works Requirements

- In order to comply with state law, AHCCCS is now re-submitting the waiver amendment request titled “AHCCCS Works.”
- AHCCCS Works would require non-exempt *able-bodied* adults between the ages of 19 and 54 to meet the following activities or combination of activities for at least 20 hours per week (80 hours per month) to qualify for AHCCCS coverage:
 1. Be employed (including self-employment),
 2. Actively seek employment,
 3. Attend school (less than full time),
 4. Participate in other employment readiness activities, i.e., job skills training, life skills training & health education, or
 5. Engage in Community Service.

1115 Waiver - AHCCCS Works

AHCCCS Works Exemptions

The AHCCCS Works requirements will not apply to individuals who meet any of the following conditions:

- Members of federally recognized tribes and their children and grandchildren
- Former Arizona foster youth up to age 26
- Members determined to have a serious mental illness (SMI)
- Members with a disability recognized under federal law and individuals receiving long term disability benefits
- Individuals who are homeless
- Pregnant women up to 12 months post-pregnancy

1115 Waiver - AHCCCS Works

AHCCCS Works Exemptions Cont.

- Members who are medically frail
- Caregivers who are responsible for the care of an individual with a disability
- Members who are in active treatment for a substance use disorder
- Members who have an acute medical condition
- Survivors of domestic violence
- Full-time high school, college, or trade school students
- Individuals who are at least 55 years old
- Individuals who have recently been directly impacted by a catastrophic event such as a natural disaster or the death of a family member living in the same household
- Designated parents, caretakers, foster parents, and legal guardians of a child under age 18
- Veterans regardless of the discharge status
- Caregivers of a family member who is enrolled in the Arizona Long Term Care System

1115 Waiver - AHCCCS Works

AHCCCS Works Cost Sharing

In addition pursuant to A.R.S § 36-2903.09, AHCCCS is proposing to implement cost sharing for the following:

- Non-Emergency use of the Emergency Department, and
- Non-Emergency use of ambulance transport when not medically necessary.

AHCCCS is proposing a post-visit medical review applied to the top 20% of ED utilizers. If services are determined to be inappropriately used, AHCCCS will issue three separate warnings before a copay in the amount of \$10 is imposed.

1115 Waiver - AHCCCS Works

AHCCCS Works Lifetime Limit and Eligibility Ban

Lastly, AHCCCS is proposing to implement the following pursuant to A.R.S § 36-2903.09:

- A five-year maximum lifetime coverage limit for able-bodied adult members who are subject to the previously mentioned AHCCCS Works requirements and do not fall under one of the exemptions outlined.
 - The time an individual complied with the work requirement but was still enrolled in AHCCCS would not count toward the lifetime limit
- The authority to ban an eligible person from enrollment for one year if it is determined the eligible person knowingly failed to report a change in family income or made a false statement regarding compliance with the AHCCCS Work requirements.

State Plan Amendment (SPA) Updates

Four-Walls Exception

- This SPA will provide an exemption of the Medicaid clinic services “four-walls” requirement to the following:
 - IHS and Tribal Clinics
 - Behavioral Health Clinics*
 - Clinics located in rural areas*

*AHCCCS is currently evaluating impacts of providing this exemption to the optional Behavioral Health Clinics and Clinics located in rural areas.

State Plan Amendment (SPA) Updates

Eligibility Flexibilities

This SPA allows AHCCCS to continue eligibility and enrollment flexibilities originally granted during the PHE. These include:

- “0-100% Income Renewal Strategy”: Allows AHCCCS to renew eligibility for individuals with income under 100% of FPL.
- “Asset Verification System (AVS)”: Allows AHCCCS to renew eligibility for individuals for whom information from the AVS is not returned.
- “MCO Renewal Support”: Allows MCOs to provide assistance to beneficiaries in Medicaid renewal process.

State Plan Amendment (SPA) Updates

Medication Assisted Treatment (MAT) Rate Update

- Effective April 1, 2025, this SPA proposes to update the following rate:
 - H0020-Alcohol and/or drug services; methadone administration and/or service
 - FFS Fee Schedule- Rate Change from \$4.31 to \$6.80
 - MCO Fee Schedule- Rate Change from \$3.76 to \$5.93

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

DFSM Updates



Toni Tapia
DFSM Integrated Services Administrator

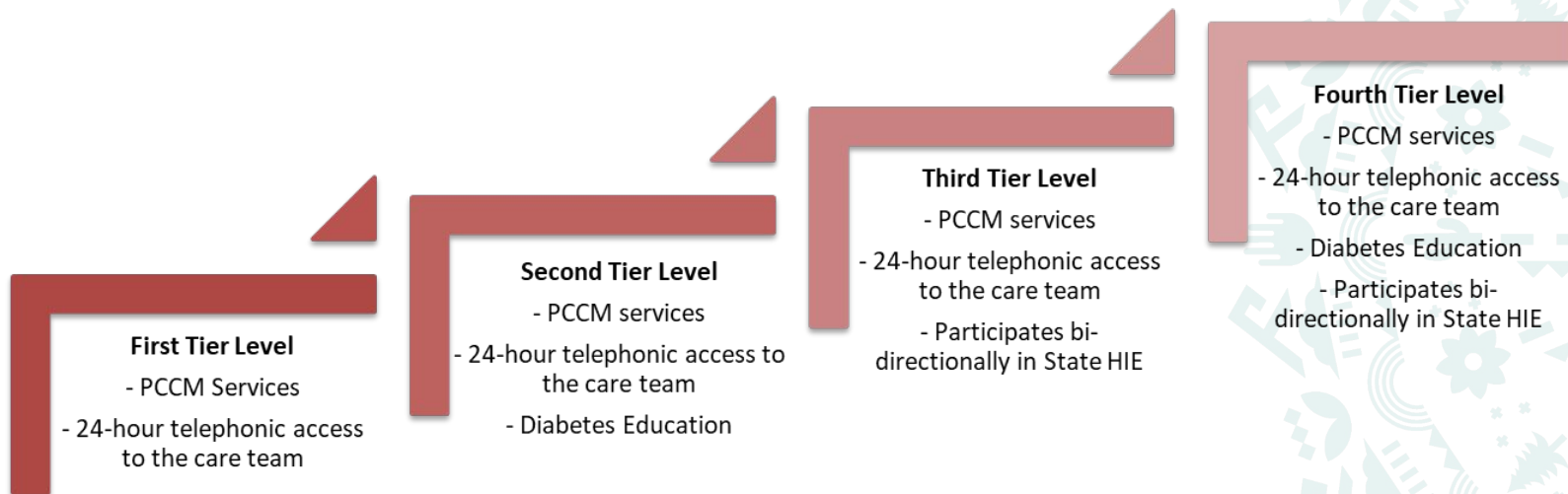


Melina Solomon
DFSM Clinical Administrator

American Indian Medical Home (AIMH) Program

- The AIMH is a care management model that puts AHCCCS American Indian Health Program (AIHP) members at the forefront of care.
- A value-based model that supports and incentives IHS/Tribal 638 facilities serving AIHP members.
- Aims to help address health disparities between AI/AN and other populations in Arizona by enhancing case management and care coordination through the use of Primary Care Case Managers (PCCM) and 4 hour access to the care team.
- Aligns with National IHS efforts to advance Patient Centered Medical Homes, coordinating care with IHS/638 facilities, and state-wide focus on integrated care, health information exchange and care coordination.

AIMH Service Tier Level



Current AIMHs and Members

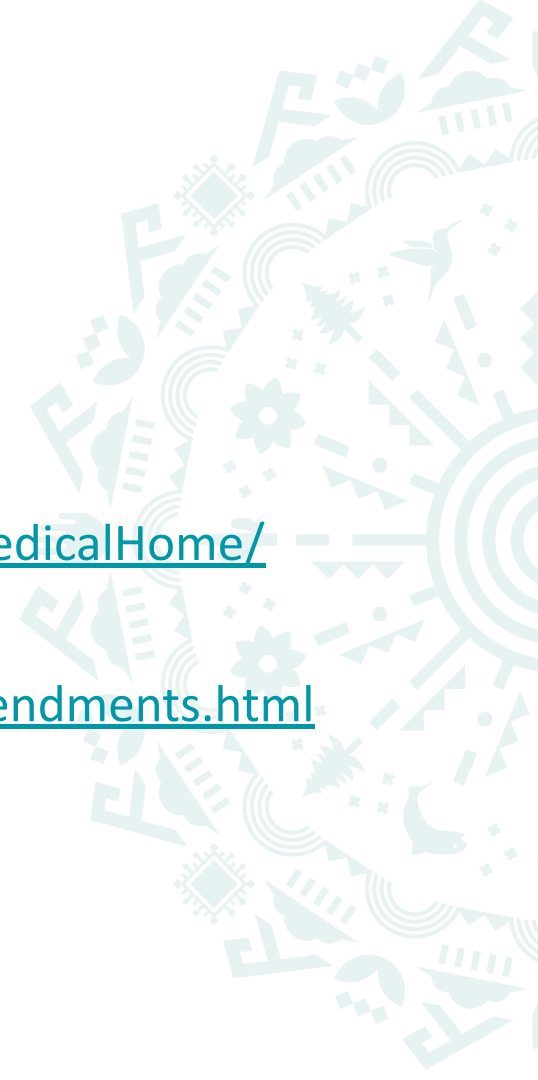
AIMH	Tier Level	Members
Chinle Comprehensive Healthcare Facility	4	12,494
Fort Yuma Health Center	1	6
Gila River Healthcare	4	6,118
Parker Indian Medical Center	1	1,045
Phoenix Indian Medical Center	2	4,299
San Carlos Apache Healthcare	4	5,681
Tuba City Regional Health Care Corporation	4	4,407
Whiteriver Indian Hospital	2	5,943
Winslow Indian Health Care	4	3,399
Total empanelment <i>(approximately 37% of AIHP members are empaneled in an AIMH)</i>		43,392

Next Steps for the AIMH Program

- AIMH Summit
 - Bringing together current AIMHs and prospective AIMHs
 - Opportunity to celebrate successes and explore opportunities
 - Support IHS/638 facilities in becoming an AIMH
 - Support AIHP members in selecting an AIMH
 - Supporting current AIMHs in sharing of best practices, overcoming barriers, etc.
 - Identifying potential for additional tiers
 - April 16th (more information to come)

AIMH Resources

- IHS/Tribal 638 facilities can send questions to:
AIMH@azahcccs.gov
- Review AIMH information at:
www.azahcccs.gov/AmericanIndians/AmericanIndianMedicalHome/
- State Plan Amendment (SPA):
www.azahcccs.gov/Resources/StatePlans/StatePlanAmendments.html



Intensive Outpatient Program (IOP) Services

What is an Intensive Outpatient Program (IOP)?

- Structured, non-residential setting
- Mental health and/or substance use disorders (SUDs)
- See the Covered Behavioral Health Services Guide: [Covered Behavioral Health Services Guide \(CBHSG\)](#)

IOP Service Types

- S9480 - Intensive outpatient services, per diem Psychiatric services, individual, group, family therapy, peer support services, and educational groups.
- H0015 - Alcohol and/or drug services; Intensive outpatient Assessment, counseling; crisis intervention, and activity therapies or education.

Fee for Service IOP Prior Authorization Requirement - Update

- New prior authorization (PA) requirement effective April 1, 2025.
- Includes CON and RON requirement.
- IHS/638 providers excluded from PA.
- Public comment opportunity.





Open Discussion

Differential Adjusted Payments (DAP)



Margaret Hackler
AHCCCS VBP/DAP Manager

Differential Adjusted Payments (DAP) Background

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

CYE 26 IHS/Tribal 638 Facility DAPs

Provider Type 02 (3.5%)

- Health Information Exchange (HIE) Participation (1.5%)
 - Hospitals that meet specified milestones and performance criteria are eligible for a DAP.
 - In order to qualify, **by April 1, 2025** the hospital must complete a HIE Participation Agreement and submit a Statement of Work (SOW).
- Social Determinants of Health Closed Loop Referral System (0.5%)
 - Hospitals that meet specified milestones and performance criteria are eligible for a DAP.
 - In order to qualify, **by April 1, 2025** the hospital must complete a CommunityCares Agreement and submit a Statement of Work (SOW).
- Naloxone Distribution Program (0.5%)
 - Hospitals that meet specified milestones and performance criteria are eligible for a DAP.
 - In order to qualify, **by April 1, 2025** the hospital must submit a Letter of Intent (LOI) to AHCCCS to participate in the program. Must develop a facility policy and then must begin distribution of Naloxone to individuals at risk of overdose.

CYE 26 IHS/Tribal 638 Facility DAPs cont.

- Maternal Syphilis Program (0.5%) **NEW**
 - Hospitals that meet specified milestones and performance criteria are eligible for a DAP.
 - In order to qualify, **by April 1, 2025** the hospital must submit a Letter of Intent (LOI) to AHCCCS to participate in the program. Must develop a facility policy for testing individuals for syphilis and to provide treatment.
- Medications for Opioid Use Disorder Enhancement Program (0.5%) **NEW**
 - Hospitals that meet specified milestones and performance criteria are eligible for a DAP.
 - In order to qualify, **by April 1, 2025** the hospital must submit a Letter of Intent (LOI) to AHCCCS to participate in the program. Must participate in the Arizona Statewide Clinical Opioid Workgroup and then develop a facility policy for a Hospital MOUD Enhancement Program.

Proposed DAP Changes for Other Provider Types

Behavioral Health Outpatient and Integrated Clinics

- Wraparound Training (3.0%) **NEW**
 - Clinics that have at least 75% of the clinic's high-needs case managers and 100% of the clinic's supervisors must complete the Wraparound training.

Crisis Providers

- Mobile Response Stabilization Services Training (2.0%) **NEW**
 - Providers contracted to provide crisis mobile services, have at least 75% of their staff that work on crisis mobile teams, and have 100% of their crisis mobile team supervisors trained in Mobile Response and Stabilization Services (MRSS).

Proposed DAP Changes for Other Provider Types cont.

Home and Community Based Services

- Electronic Visit Verification (0.5%) **NEW**
 - HCBS providers that are required to comply with the EVV program will qualify if provider has at least 50% - 79% auto-verified visits with a date of service from June 1, 2024, to October 30, 2024.
- Electronic Visit Verification (2.00%) **NEW**
 - HCBS providers that are required to comply with the EVV program will qualify if provider has at least 80% auto-verified visits with a date of service from June 1, 2024, to October 30, 2024.

Helpful Information

- Link to Preliminary Public Notice
 - <https://www.azahcccs.gov/AHCCCS/Downloads/PublicNotices/CYE26DAPNotice.pdf>
- Public Comments are due by 5pm on March 15th
 - Send to the following email address: AHCCCSdap@azahcccs.gov
- Sign up to receive DAP notifications and updates
 - <https://lp.constantcontactpages.com/sl/6z0qCwB>



Open Discussion



Closing Remarks



Announcements

2025 Tribal Meeting Calendar

AHCCCS TRIBAL CONSULTATION / TRI-AGENCY QUARTERLY MEETINGS*

Date: Wednesday, May 7, 2025

Time: 8:30AM – 4:30PM

Location: San Carlos Healthcare

Register for Virtual [HERE](#)

Date: Thursday, August 7, 2025

Time: 8:30AM – 4:30PM

Location: TBD

Register for Virtual [HERE](#)

Date: Tuesday, November 4, 2025

Time: 8:30AM – 4:30PM

Location: TBD

Register for Virtual [HERE](#)

Note: All AHCCCS TC/Tri-Agency Quarterly Meetings are held virtually and in person. Those interested in attending in person should email TribalRelations@azahcccs.gov to request the link to the In-Person Registration Online Form.

AHCCCS TRIBAL POLICY WORKGROUP MEETINGS

Date: Monday, February 19, 2025

Time: 2:00PM – 3:30PM

Location: Virtual Only

Register: [HERE](#)

Date: Tuesday, May 20, 2025

Time: 9:00AM – 10:30AM

Location: Virtual Only

Register: [HERE](#)

Date: Monday, August 18, 2025

Time: 9:00AM – 10:30AM

Location: Virtual Only

Register: [HERE](#)

Date: Tuesday, November 12, 2025

Time: 2:00PM – 3:30PM

Location: Virtual Only

Register: [HERE](#)

2025 UIO Meeting Calendar

Date: Thursday, May 22, 2025
Time: 2:30AM – 4:00PM
Location: Virtual

Date: Monday, August 25, 2025
Time: 1:00AM – 2:30PM
Location: TBD

Date: Thursday, November 13, 2025
Time: 1:00PM – 2:30PM
Location: TBD



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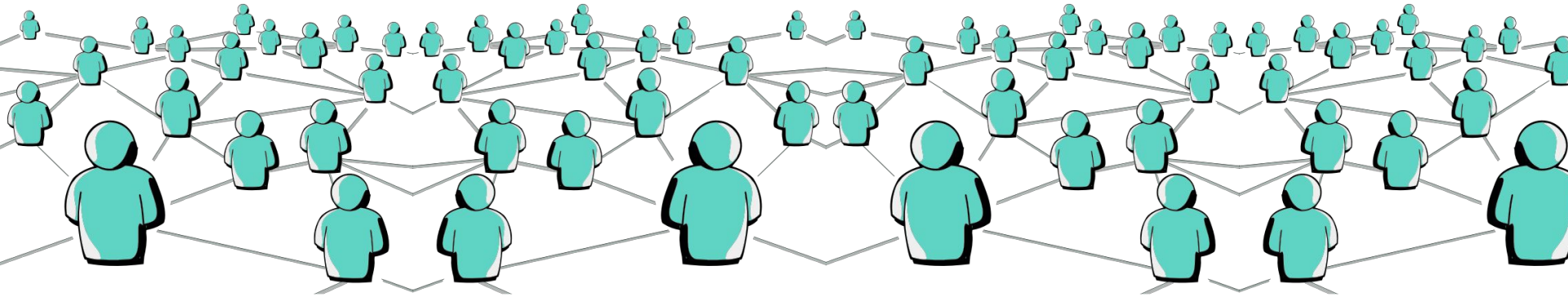
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Learn about AHCCCS' Medicaid Program on YouTube!

AHCCCS
Explains...

Medicaid Eligibility

AHCCCS
Explains...

ALTCS

AHCCCS
Explains...

Health-e-Arizona Plus



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](#)
- [ALTCS](#) Email: mcotransitions@azahcccs.gov FAQ:
chrome-extension://efaidnbmninnibpcapjpcglclefindmkaj/https://www.azahcccs.gov/Resources/Downloads/ALTCSEPD/ALTCS-EPD_FAQ.pdf





Thank you!
Have a great day!