



Quarterly Tri-Agency Tribal Consultation Meeting

May 7, 2025



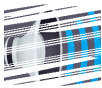
ARIZONA ADVISORY
COUNCIL ON INDIAN
HEALTH CARE

ARIZONA
HEALTH CARE COST
CONTAINMENT SYSTEM

ARIZONA
— DEPARTMENT OF —
HEALTH SERVICES

Welcome to today's Quaterly Tri-Agency Meeting!

While You're Waiting....



Test your audio – make sure you can hear the music.



You were **automatically muted** upon entry



Use the **chat** for questions or click  raise your hand to speak

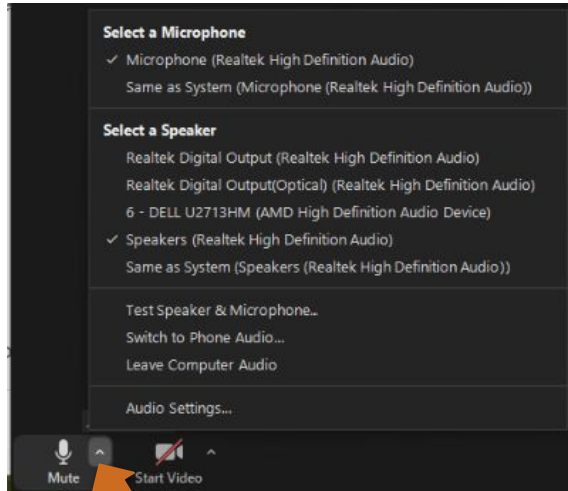
Join by either phone or computer (please don't join with both)

Thank You!

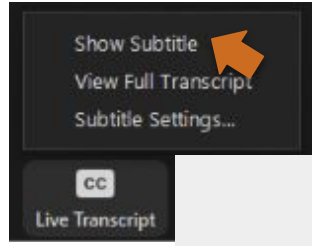
Zoom Webinar Controls

Navigating your bar on the bottom...

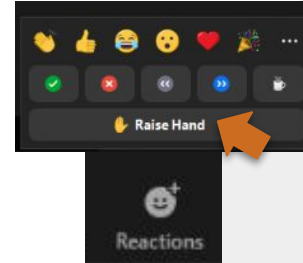
Audio Settings



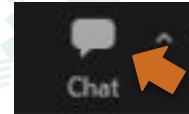
Turn on Closed Captioning



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: [Progress Bar]
Output Volume: [Slider]

Microphone **Test Mic** Built-in Microphone (Internal Microphone...)

Input Level: [Progress Bar]
Input Volume: [Slider]

☒ 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

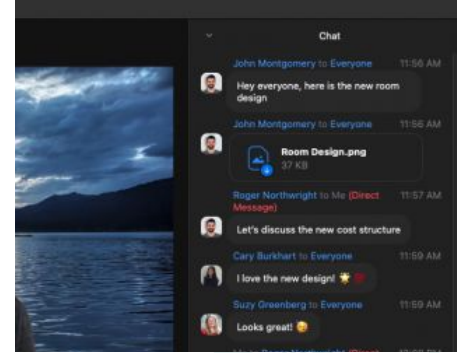
Webinar Tips



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.



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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.



Opening Blessing



Kathy Wesley-Kitcheyan
*San Carlos Apache Healthcare
Corporation Board Member*

Host Welcome



**Dr. Lapriel Dia, DNP, MHI, BSN,
RN**

*San Carlos Apache Healthcare
Corporation Chief Nursing
Officer*

Land Acknowledgement



Christine Holden
AHCCCS Tribal Liaison



Quarterly Tri-Agency Tribal Consultation Meeting

February 4, 2025



Purpose of Tri-Agency Collaboration

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.

AZ Advisory Council on Indian Health Care (AACIHC) Town Hall

May 7, 2025



ARIZONA ADVISORY
COUNCIL ON INDIAN
HEALTH CARE

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>		

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.

Director Updates

Dr. John Molina, Executive Director

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Arizona Advisory Council on Indian Health Care

Program Updates:

- CHR Program
- AACIHC Strategic Plan
- Advisory Board Recruitment
- Grant Submissions
- Agency Budget
- Intra-Agency Meetings

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 light clouds. The text is overlaid on this scene.

AACIHC Policy Updates

Corey Hemstreet, Legislative Liaison



Overview of Legislative Priorities

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

Every year, the AACIHC creates a legislative agenda comprising of priorities that will positively impact the Indian healthcare system. AACIHC'S role includes identifying and tracking legislation, providing updates to stakeholders, and providing information and educational opportunities on various topics.

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

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

Traditional Healing

SB1671- traditional healing services; AHCCCS

Sponsor(s): Senators Gonzales: Alston, Bravo, Diaz, Epstein, Gabaldón, Hatathlie, Kuby, Miranda, Ortiz, Shope, Sundareshan; Representatives Garcia, Hernandez A, Hernandez C, Peshlakai

Bill Overview: Includes traditional healing services in the list of services covered by the Arizona Health Care Cost Containment System (AHCCCS) and services provided by the Arizona Long Term Care System (ALTCS), subject to approval by the Centers for Medicare and Medicaid Services (CMS) and available funding. Appropriates \$1,300,000 from the state General Fund (GF) and \$_____ from Medicaid Expenditure Authority in FY 2026 to AHCCCS to provide traditional healing services.

Status: Held in the House- will be apart of the budget negotiations process

Murdered & Missing Indigenous Peoples

- **HB2281- missing indigenous person; alert system**

Sponsor(s): Representatives Martinez: Garcia, Peshlakai, Tsosie

Bill Overview: Establishes the Turquoise Alert System (System) to issue and coordinate alerts for a missing person who is a tribal member under 65 years old and outlines requirements for the issuance and dissemination of an alert.

Status: DPA in Senate COW; awaiting 3rd reading

- **HB2508 - study committee; human trafficking**

Sponsor(s): Representatives Sandoval: Abeytia, Aguilar, Austin, Biasiucci, Blattman, Cavero, Contreras L, Contreras P, Garcia, Liguori, Mathis, Peshlakai, Simacek, Stahl Hamilton, Tsosie, Villegas, Volk; Senators Kuby, Miranda, Ortiz

Bill Overview: This bill will establish the human trafficking employee education study committee. The study committee shall submit a report regarding the committee's activities and recommendations for educating retail and lodging businesses businesses about human trafficking to the governor, the president of the senate and the speaker of the house of representatives and shall provide a copy of the report to the secretary of state

Status: Assigned to Rules and Commerce committee on 01/28/25 (No movement)

- **HB2554 - appropriation; tribal shelter beds**

Sponsor(s): Representatives Peshlakai: Contreras P, Garcia, Márquez

Bill Overview: The sum of \$5,000,000 is appropriated from the state general fund in fiscal year 2025-2026 to the department of economic security to distribute to tribal governments in this state for additional domestic violence shelter beds.

Status: Assigned to Appropriations & Rules on 01/27/25 (No movement)

- **HB2581 - tracking system; sexual assault kits**

Sponsor(s): Representative Bliss

Bill Overview: The Department shall establish a sexual assault kit evidence tracking system to track sexual assault kit evidence that is collected. A medical provider, law enforcement agency, public accredited crime laboratory or other person or entity that has custody or use of sexual assault kit evidence shall submit that information to the sexual assault kit evidence tracking system.

Status: Transmitted to back to the House on 03/31/25

Fraud, Waste & Abuse

- **SB1308 - sober living homes**

- **Sponsor(s)**: Senator Carroll: Representatives Bliss, Gress
- **Bill Overview**: Modifies requirements of the Department of Health Services (DHS) relating to the licensing, oversight and regulation of sober living homes. Prescribes guidelines for the inspection and penalizing of sober living homes that are noncompliant with applicable state and local regulations.
- **Status**: Signed by Governor Hobbs on 04/16/25

- **SB1219 - behavioral health facilities; accreditation**

- **Sponsor(s)**: Senator Angius
- **Bill Overview**: Requires health care institutions licensed to provide inpatient, residential or outpatient behavioral health services to be accredited by an approved independent, nonprofit accrediting organization.
- **Status**: Signed by Governor Hobbs on 04/18/2025

- **SB1045 - secure behavioral health facilities; appropriations**

- **Sponsor(s)**: Senators Miranda: Gabaldón, Kuby
- **Bill Overview**: The sums of \$10,000,000 from the state general fund and \$18,768,700 from medicaid expenditure authority are appropriated in fiscal year 2025-2026 to the Arizona health care cost containment system administration for an ongoing secure behavioral health provider rate increase.
- **Status**: Assigned to HHS, Appropriations, and Rules committees on 01/14/25 (No movement)

- **HB2001 - behavioral health; temporary licensure; graduates**

- **Sponsor(s)**: Representative Gress
- **Bill Overview**: The Board of Behavioral Health Examiners shall issue a temporary license to a person who has completed the person's course of study in social work, counseling, marriage, and family therapy or addiction counseling from a regionally accredited institution of higher education who has graduated and who is in the process of applying for an associate level license.
- **Status**: Transmitted to Governor on 04/28; awaiting signature

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

Housing

- **SB1140 - telehealth program; homeless; recovery services**

Sponsor(s): Miranda: Alston, Gabaldón, Gonzales, Sundaresan; Representative Abeytia

Bill Overview: This bill wants to establish the Homeless Recovery Telehealth Pilot Program which aims to improve access to healthcare services for homeless individuals, with a focus on mental health, addiction, and primary care, through a public-private partnership with a telehealth provider.

Status: Assigned to HHS, Appropriations and Rules committees on 01/22/25 (No movement)

- **SB1379 - landlord tenant; domestic violence; documents**

Sponsor(s): Senators Ortiz: Shamp

Bill Overview: DV victims can utilize two additional forms of documentation to break the lease: Emergency Order of Protection and Written Verification of Victim Status from a healthcare professional. The process of breaking the lease for victims of DV will be easier and quicker, affecting primarily urban Indian communities.

Status: Assigned to Judiciary and Rules on 02/03/25 (No movement)

- **SB1482 - appropriation; homeless shelter services fund**

Sponsor(s): Senators Alston: Burch, Epstein, Kuby

Bill Overview: Establishes the homeless shelter and services fund. The department shall administer the fund consisting of legislative appropriations, other monies directed to be deposited in the fund and investment earnings on monies in the fund.

Status: Assigned to Government, Appropriations and Rules committees on 02/04/25 (No movement)

Medicaid Expansion & Oral Health

- [SB1347 - AHCCCS: comprehensive dental care](#)

Sponsor(s): Senator Shope

Bill Overview: Dental services shall include for persons who are at least twenty-one years of age, emergency and COMPREHENSIVE dental care and extractions in an annual amount of not more than \$1,000 per member.

Status: Consent calendar 02/24/25 (No movement)

- [HB2250 - AHCCCS: preventative dental care](#)

Sponsor(s): Representatives Mathis: De Los Santos, Márquez, Villegas

Bill Overview: For adults aged 21 and older, apart from emergency dental care and extractions, PREVENTATIVE DENTAL CARE will also be covered annually up to \$1,000 per member.

Status: Assigned to HHS, Appropriations and Rules on 01/23/25(No movement)



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

Thank you!

Corey Hemstreet, Legislative Liaison

Email: corey.hemstreet@aacihc.az.gov

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 is overlaid on this scene.

Tribal Health Advisory Workgroup (THAW) Update

Mckayla Keams, Executive Project Coordinator

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

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.



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



1. Support Existing Tribal Initiatives

- **Collaborate with Tribal Programs:** Identify and support initiatives that tribes are currently implementing in mental and behavioral health.
- **Awareness and Education:** Develop programs to amplify these existing efforts, utilizing tribes' traditional practices and community knowledge.

2. Develop a Statewide Resource Guide/Toolkits

- **Resource Compilation:** Create a comprehensive statewide resource guide that details mental and behavioral health resources accessible to Indigenous communities, including:
 - Hotlines, treatment center directories, and peer support options. Community Health Representatives (CHRs) as guides in accessing services.
 - Step-by-step navigation of the mental health treatment process.
- **Educational Material Development:** Produce culturally relevant materials to promote awareness, understanding, and utilization of available services.



3. *Rebuilding Trust in Mental Health Services*

- **Personal Support:** Support families who have an individual struggling with mental/behavioral health
 - Office of Individual and Family Affairs (OIFA)
 - Traditional medicine
- **Community Engagement:** Conduct outreach initiatives that include community leaders to foster conversations about mental health and healing.
- **Confidentiality Marketing:** Develop and disseminate materials that emphasize the confidentiality of mental health services to reduce anxiety about stigma and privacy concerns among community members.
- **Educate on Stigma Reduction:** Implement education campaigns that highlight the importance of seeking help and address the stigma associated with mental health issues in Indigenous communities

4. *Recruitment and Retention of Mental Health Professionals*

- **Mentorship and Internships:** Continue to work with students to support legislative tracking and policy related initiatives
- **Needs Assessment to Address Hard-to-Fill Vacancies:** Conduct assessments to identify patient-level and provider-level barriers to recruitment and retention. Analyze why staff stay in their positions and gather data on job vacancies. Develop strategies to fill critical vacancies in mental health service positions, particularly those requiring advanced degrees



5. *Expand Differential Adjusted Payment (DAP) Models*

- **Extend DAP to Other Tribes:** Advocate for the extension of DAP methodologies to other tribal communities, focusing on reimbursement structures that incentivize mental health services.
- **New Incentives:** Investigate other types of incentives for providers that would improve patient outcomes and care coordination
- **Develop New DAPs:** Create new differential adjusted payment models that reflect the unique needs of tribal communities in mental health service deliver (e.g. state EHR system or NEMT services)

6. *Policy Advocacy*

- **Advocate for Policy Changes:** Work toward building economic development in Indian Country while ensuring supportive policies are in place that uplift community needs and enhance mental health support infrastructures.
- **Engage in Legislative Efforts:** Collaborate with state and federal policymakers to facilitate funding and resource allocation that prioritizes Indigenous mental health services.

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

THAW Next Steps

1. Finalize THAW Feasibility Analysis
 - a. Review and discuss during the May 2025 meeting.
 - b. Incorporate additional input from THAW workgroup members.
 - c. Identify potential implementation partners
2. Continue Gathering Feedback from Tribal Health Stakeholders
 - a. Share final THAW Strategic Action Plan.

Next Meeting: May 2025

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 light clouds. The text is overlaid on this image.

Tribal Pandemic Coalition (TPC) Update

Mckayla Keams, Executive Project Coordinator

Tribal Pandemic Coalition (TPC)

Next TPC Meeting: May 29th from 9 a.m. to 12:00 pm.

Registration Link:

- https://ahcccs.zoom.us/webinar/register/WN_ECH2MipBRJWIR8blgsWjtw#/registration

What is the TPC?

The TPC serves as a statewide coalition that could meet periodically, and rapidly mobilize to share information and resources in the event of another pandemic or serious health-related concern to tribal communities in Arizona.

The TPC's goal purpose is to continue resource sharing and to plan for any future potential pandemics, so our communities may remain happy and healthy.



Tribal Pandemic Coalition (TPC)

Who is Currently Involved in the TPC?

Currently the TPC stands strong with 64 members, and our goal is to include as many Tribes, tribal leaders, representatives, and public health leaders as possible within the TPC.

Currently we have representation from:

- Community-Based Organizations (serving Tribal Communities)
- Community Members
- Tribal Public Health Departments
- State and County Public Health Departments
- Tribal Wellness Centers
- Health Insurance Tribal Liaisons
- Indian Health Services (HIS)
- AHCCCS and the AACIHC



Tribal Pandemic Coalition (TPC)

To Join the TPC

Contact either Alison Lovell (alison.lovell@aacihc.az.gov) or Mckayla Keams (mckayla.keams@aacihc.az.gov) to be added to our list.

The TPC meets quarterly, but may meet more frequently if there is a pressing outbreak of any infectious illness affecting tribal communities.



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

Tashina Machain
Youth Program Coordinator



AMERICAN INDIAN
HEALTH-AHEC

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.

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.

Today's Presentation

- Staff Updates
- Program Highlights
- New Initiatives
- Upcoming Events



A scenic 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 'STAFF UPDATES' is centered in the middle of the image.

STAFF UPDATES



AIH-AHEC Staff Update

Brooke Rector in New Role - Youth Program Coordinator,

Leads youth programming for healthcare pathway programs.

Will continue to work with our partners in San Carlos Apache Tribe, Gila River Indian Community, Native Health Central, Hopi and Tohono O'odham Nation.



Academic Success Coordinator - Coming Soon

Now Interviewing for Key Support Role

- New position: **Academic Success Coordinator**
- Will provide guidance to students exploring healthcare fields
- Primary function:
 - Understanding course requirements and prerequisites
 - Navigating scholarships and financial aid
 - Supporting transition to college-level academics

We welcome Tribal input on how this role can best serve your students that are entering into healthcare disciplines.

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 'PROGRAM HIGHLIGHTS' is centered in the middle of the image.

PROGRAM HIGHLIGHTS

A tall saguaro cactus stands prominently on the left side of the slide, its green, ribbed trunk reaching towards the top. The background of the slide features a desert landscape with rolling hills and a range of rugged mountains under a clear blue sky. A semi-transparent yellow banner is overlaid on the middle of the image, containing the title and program details.

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 vertical photograph of several saguaro cacti of varying heights against a clear blue sky. The cacti are green with distinct vertical ridges.

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



ISEP Digital Story Presentations

Students created digital stories focusing on a specific health profession that interests them. Each presentation explored:

- Their chosen career path,
- The steps required to achieve it
- The potential impact on their community

Career choices included:

Personal Trainer (1)	Social Worker (1)
Nursing (2)	Health Care Administrator (1)
Psychologist (2)	Pediatrician (1)
Social Worker (1)	Radiologist (1)

ISEP Digital Story

DIGITAL STORYTELLING



By: Joshua Phillips

NEW INITIATIVES



- Save-the-Date -

American Indians into Health Professions

Summer Program



The University of Arizona

Youth
(Ages 14-17)
July 21-25, 2025
Check in: July 20
Check out: July 25

Adults
(Ages 18+)
July 28 - August 1, 2025
Check in: July 27
Check out: August 1

Advancing Native Americans into healthcare professions by exploring different healthcare occupations through presentations, tours, workshops, and hands-on activities

*Additional information to follow.
For general questions contact Jordan:
jupshaw@arizona.edu*



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HEALTH-AHEC
americanindianhealth-ahec.az.gov



PimaCommunityCollege



ONE STOP
EDUCATION



Navajo Nation Council



Izee' Baa Gowah
San Carlos Apache Healthcare



COLLEGE OF MEDICINE PHOENIX
Health Care Advancement



COLLEGE OF MEDICINE TUCSON
Obstetrics & Gynecology



COLLEGE OF MEDICINE TUCSON
Wassaja Carlos Montezuma Center for Native American Health



College of Veterinary Medicine



College of Nursing

Once details are solidified, we will share updates on our website.

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

American Indians Into Health Professions

- Summer enhancement program aimed to provide healthcare exploration opportunities for American Indian/Indigenous youth and adults interested in Nursing, Public Health, Medicine, Veterinary Medicine, and other health fields
- Programming tailored to provide learning and exploration experiences through skill₉ building, workshops, cultural activities, presentations, tours, and other impactful activities



American Indians Into Health Professions

Engaging Format: Includes presentations, facility tours, workshops, and hands-on learning activities led by Native professionals and partners

Two Age-Specific Sessions:

- **Youth Session (Ages 14–17):** Focused on early exposure, mentorship, and health career exploration
- **Adult Session (Ages 18+):** Designed for individuals pursuing or returning to health career

pathways

A scenic 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 'UPCOMING EVENTS' is centered in the middle of the image.

UPCOMING EVENTS



**VIRTUAL
INFORMATION
SESSION**

**American Indian Health
Area Health Education
Center**

**Overview of
Tribal Healthcare
Workforce
Development
Initiatives**

**Wednesday, June 5, 2025
2:00 PM (Arizona Time)**

Register in advance for this session:
[https://ahcccs.zoom.us/meeting/register/
NBIXj50-STyjNf5MctDghw](https://ahcccs.zoom.us/meeting/register/NBIXj50-STyjNf5MctDghw)

After registering, you will receive a
confirmation email containing
information about joining the session.



This session is ideal for students, tribal partners, healthcare professionals, and community organizations interested in learning more about public health career pathways, collaboration opportunities, and upcoming initiatives in tribal communities.

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

How can we better support Tribal youth in
healthcare pathways?

Contact Information

Jeff Axtell, Director

Jeffrey.Axtell@aacihc.az.gov

Brooke Rector, Youth Program Coordinator

Brooke.Rector@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>

Thank you!

For any questions, please contact:

Mckayla Keams, AACIHC Executive Project Coordinator at

mckayla.keams@aacihc.az.gov



15:00

Stretch, get a drink, and be back in 15 minutes

Welcome to ADHS Tribal Consultation

Wednesday, May 7, 2025

10:45 am to 12:00 pm

San Carlos Apache Healthcare Corporation





Tribal Consultation Notification

Gerilene Haskon
Tribal Liaison

Agenda

- Director's Updates
- Licensing Updates
- ADHS Policies
- Tribal Health Epidemiologist
 - Introduction & Request for Feedback





Opening Remarks & Director's Update

Sheila Sjolander
Interim Director

Director's Updates

- Executives Changes
- Federal Funds





Licensing Update

Tom Salow

Assistant Director of Licensing

Licensing Overview

LICENSING BUREAUS

- 8 total Licensing bureaus
 - 4 health care institution (HCI) bureaus (27 HCI classes/subclasses)
 - Bureau of Assisted Living Facilities Licensing
 - Bureau of Behavioral Health Facilities Licensing
 - Bureau of Long Term Care Facilities Licensing
 - Bureau of Medical Facilities Licensing
 - 4 non-HCI bureaus
 - Bureau of Child Care Facilities Licensing
 - Bureau of Licensing for Professions & Occupations
 - Bureau of Marijuana Licensing
 - Bureau of Radiation Control



**License totals are approximate*

**Individual totals include professionals & cardholders*

Licensing Overview

REGULATORY TOOLS

Applications

- Ensures only facilities that meet the minimum regulatory requirements become licensed

Compliance Inspections

- Most facilities inspected at least annually to ensure they are operating in compliance with regulations

Complaint Investigations

- Investigate all complaints that allege facilities are not operating within regulations

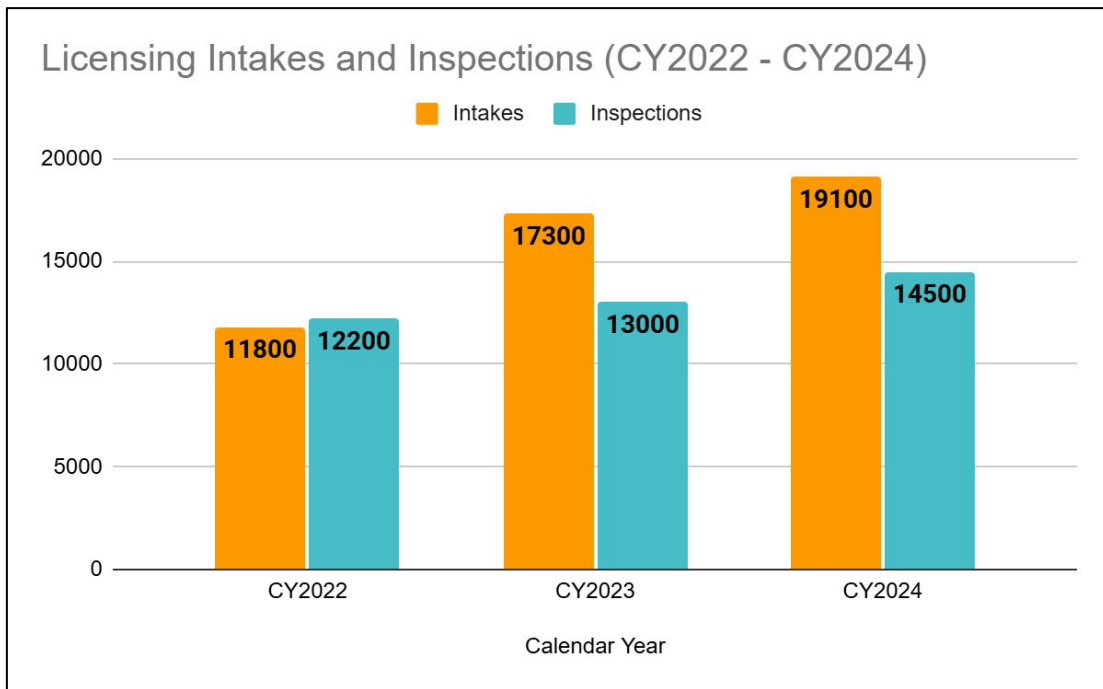
Enforcement Actions

- Due to substantial noncompliance, licensees may be subject to revocation, application denial, fines, etc.



Licensing Overview

LICENSING BUREAUS



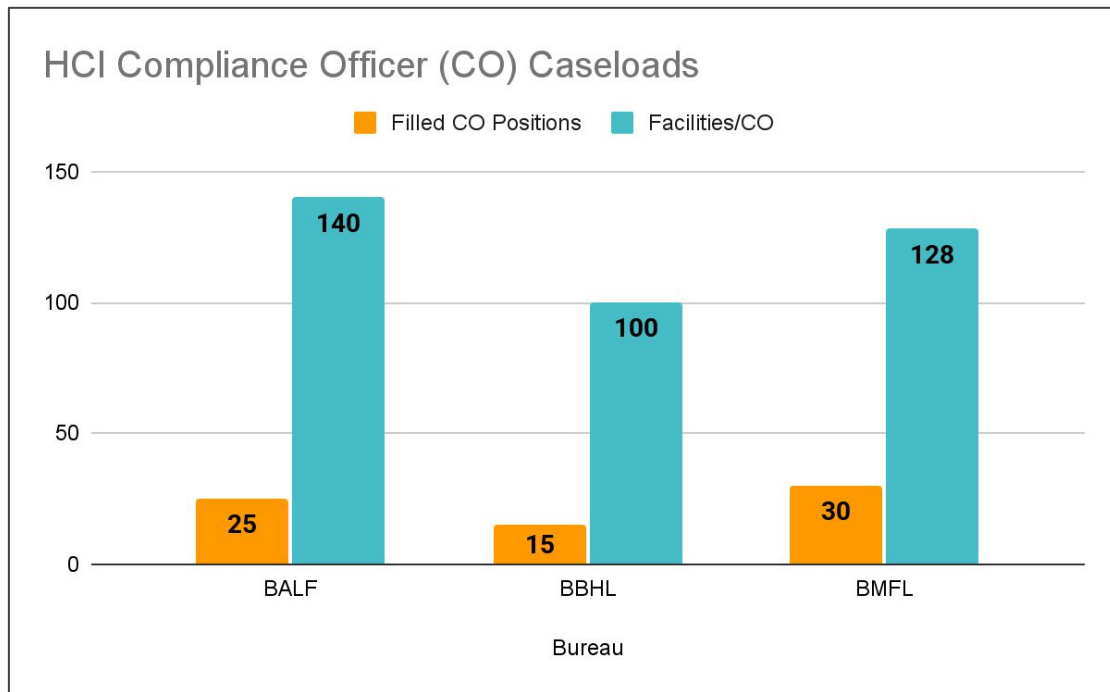
**Intake and inspection totals are approximate*

**Inspections include compliance & complaint*



Licensing Overview

LICENSING BUREAUS



**Average caseload/CO for 3 of the health care institution (HCI) bureaus*

**Not all bureaus have caseloads (i.e. some conduct team surveys)*



Licensing Overview

REGULATORY LIMITATIONS

1

Where facilities are located

Local jurisdiction controls
zoning ordinances

2

Billing issues/fraud

AHCCCS, insurance companies,
and AZ Attorney General

3

*Abuse, neglect, exploitation

APS, DCS, and law enforcement
have authority to substantiate these
allegations

4

*Criminal activity

Should be reported to law
enforcement

**ADHS is not a law enforcement agency. ADHS works alongside APS, DCS, and law enforcement to report suspect activity and furnish evidence.*

Licensing Reform

HCI BUREAU IMPROVEMENTS

- Created a Deputy Assistant Director position that oversees the 4 HCI bureaus
- Sober living homes and counseling facilities moved from 2 separate bureaus into the newly created Bureau of Behavioral Health Facilities Licensing to maximize resources and gain efficiencies
- Implemented initial monitoring inspections for most new licensees after they have been operating for about 60 days
 - Technical assistance (TA) opportunities
 - Earlier identification of potential issues compared to annual compliance survey
- Migration of licensed facilities into a fully electronic system on 2/11/25
 - Quick, efficient, secure, and streamlined processes (i.e. applications, inspections, enforcements, and more)
 - Transparent information on [AZCareCheck.com](https://www.azcarecheck.com)



Licensing Reform

HB 2764*

- Establish rules for on-site monitoring when facilities are not in substantial compliance
- Establish rules and fees for in-service training
- Allows ADHS to continue enforcement actions even in the process of being sold, transferred, or had closed
- Allows ADHS to deny applications if the new license would jeopardize resident/patient safety
- License void if licensee does not pay fees by due date
- Increase the amount of civil money penalties (CMP) ADHS may assess per violation from \$500 to \$1,000

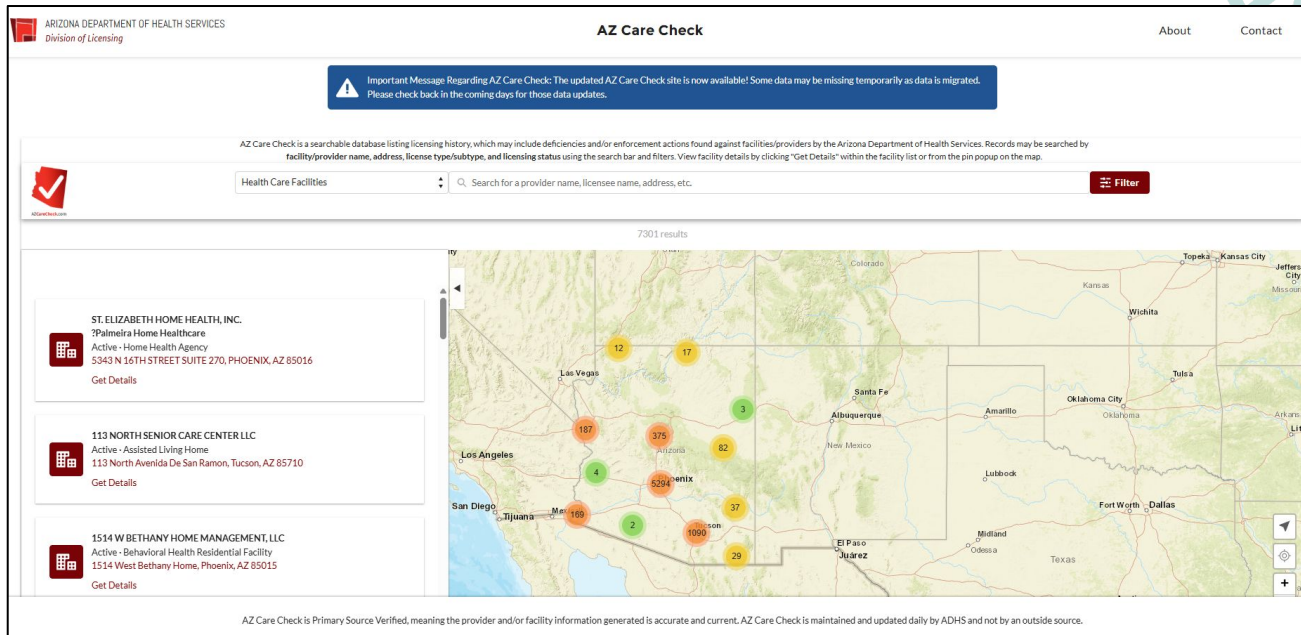
**HB2764 does not apply to non-HCIs (i.e. sober living homes, group homes for individuals with developmental disabilities, and behavioral-supported group homes)*



Licensing Resources

AZ CARE CHECK

- [AZCareCheck.com](https://azcarecheck.com) is a searchable database, including licensing history (inspections and enforcement actions found against providers)



ARIZONA DEPARTMENT OF HEALTH SERVICES
Division of Licensing

AZ Care Check About Contact

Important Message Regarding AZ Care Check: The updated AZ Care Check site is now available! Some data may be missing temporarily as data is migrated. Please check back in the coming days for those data updates.

AZ Care Check is a searchable database listing licensing history, which may include deficiencies and/or enforcement actions found against facilities/providers by the Arizona Department of Health Services. Records may be searched by facility/provider name, address, license type/subtype, and licensing status using the search bar and filters. View facility details by clicking "Get Details" within the facility list or from the pin popup on the map.

Health Care Facilities 🔍 Search for a provider name, licensee name, address, etc. Filter

7301 results

ST. ELIZABETH HOME HEALTH, INC.
Palmeira Home Healthcare
Active - Home Health Agency
5343 N 16TH STREET SUITE 270, PHOENIX, AZ 85016
Get Details

113 NORTH SENIOR CARE CENTER LLC
Active - Assisted Living Home
113 North Avenida De San Ramon, Tucson, AZ 85710
Get Details

1514 W BETHANY HOME MANAGEMENT, LLC
Active - Behavioral Health Residential Facility
1514 West Bethany Home, Phoenix, AZ 85015
Get Details

AZ Care Check is Primary Source Verified, meaning the provider and/or facility information generated is accurate and current. AZ Care Check is maintained and updated daily by ADHS and not by an outside source.

Licensing Resources

PROVIDER & FACILITY DATABASES

Provider & Facility Databases

In our mission to provide continuous delivery of efficient, timely, responsive, and quality customer service, Licensing Services is providing citizens with databases of various health care facilities and providers.

The data tables below are updated on the first business day of the month, and provide a snapshot of licensed providers on the first day of the month. The exact date is contained within each file as the run date.

2025

2024

Assisted Living



Behavioral Health



Child Care



Long Term Care



Marijuana



Medical



Professions and Occupations



Radiation



<https://www.azdhs.gov/licensing/index.php#databases>





ADHS Tribal Consultation Policy

Gerilene Haskon
Tribal Liaison

Background

- Former Governor Janet Napolitano signed executive order to strengthen Tribal relationships with state government agencies on 14th day of September 2006.



[Source: Navajo-Hopi Observer](#)



Background

Executive Order 2006-14 Consultation and Cooperation with Arizona Tribes

NOW, THEREFORE, I HEREBY:

1. All Executive Branch agencies shall
 - Develop and implement tribal consultation policies to guide their work and interaction with federally-recognized Tribes in Arizona.
 - Seek input from appropriate elected or appointed tribal officials before undertaking any action or policy that will, or is reasonably believed to, have the potential to affect a tribal community or its members.
 - Integrate the input generated from tribal consultation into their decision-making processes to achieve mutually acceptable solutions.

[Source: Tribal Consultation Executive Order 2006-14](#)

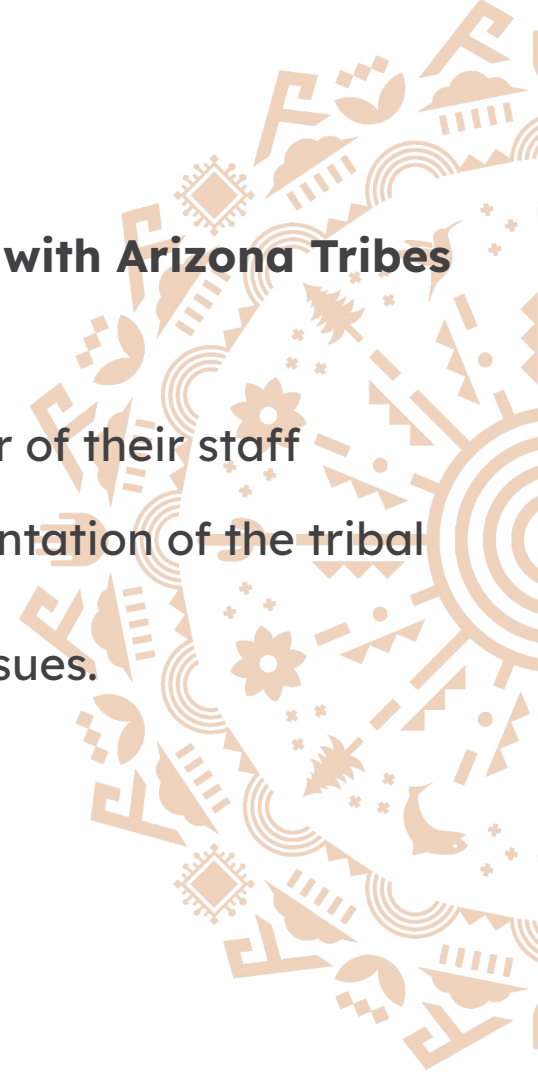
Background

Executive Order 2006-14 Consultation and Cooperation with Arizona Tribes

NOW, THEREFORE, I HEREBY:

2. All Executive Branch agencies shall designate a member of their staff
 - To assume responsibility for the agency's implementation of the tribal consultation policy
 - To act as the principle point of contact for tribal issues.

[Source: Tribal Consultation Executive Order 2006-14](#)



Background

Executive Order 2006-14 Consultation and Cooperation with Arizona Tribes

NOW, THEREFORE, I HEREBY:

3. All Executive Branch agencies shall,
 - Review their tribal consultation policies each year and submit an electronic report to the Governor and the Legislature to describe all action undertaken as a result of the implementation of these policies.
 - Provide an Electronic copies of these annual report to the Arizona Commission of Indian Affairs, which will make them available to Arizona's tribal leaders.

[Source: Tribal Consultation Executive Order 2006-14](#)



Governor's Office of Tribal Relations - Guidance on Tribal Consultation and Engagement

- To assist state agencies with creating and implementing Tribal consultation policies and set forth standard procedures between state agencies, designated Tribal representatives, and the 22 Tribal Nations and communities in Arizona.



Tribal Consultation Policy Revision

Terminology Changes:

Indian Tribes → Tribal Nations

Native American Liaison → Tribal Liaison

tribe(s)--> Tribe(s)

PURPOSE:

To specify procedures for Tribal consultation. A Tribal consultation is a two-way, government-to- government exchange of information and dialogue between official representatives of the ADHS and 22 Tribal Nations and Communities in Arizona regarding state policies that have Tribal implications.



Tribal Consultation Policy Revision

POLICY

ADHS policy changes that potentially impact ~~Indian tribes~~ Tribal Nations include but are not limited to:

- A. An affect on the distribution of power and responsibilities between the ~~State of Arizona~~ ADHS and ~~Indian tribes,~~ Tribal Nations in regards to public health authority, or
- B. Funding for all grants, contracts, ~~IGAs~~ Intergovernmental Agreements, and other policies.
- C. Changes to data collection, dissemination, or sharing practices;
- D. Proposed amendments to the agency's Tribal consultation policy;
- E. Proposed revisions to existing Tribal/State/Federal intergovernmental or contractual language;
- F. Proposed resource distribution methodologies that may affect payments made to Tribal Nations;

ADHS will designate the ADHS Tribal Liaison to act as the principal point of contact for Tribal affairs.

ADHS shall provide the names and contact information of the designated agency Tribal liaisons on its website and to the Governor's Office of Tribal Relations (GOTR).

ADHS shall review the Tribal Consultation Policy every year.



Tribal Consultation Policy Revision

GUIDELINES:

ADHS is committed to developing cooperative relationships with Tribes and stakeholders, and will respect the tribal health departments in Arizona public health authority of Tribal Nations.

ADHS will provide training regarding Tribal consultation and sovereignty for agency employees who work with Tribal Nations or on policies that impact Tribal Nations in Arizona. At a minimum, review of statutory rules governing Tribal consultation, guidance from the GATR, and any applicable Tribal consultation policy of the agency.



Tribal Consultation Policy Revision

PROCEDURE:

Notice of Consultation

- A. The initial notice and request for consultation shall include the following information:
 - a. Sufficient information and context on the proposed policy or action in accessible language and format;
 - b. Questions and/or topics to be discussed to facilitate meaningful consultation;
 - c. The date, time, and location of the consultation, as requested by the agency, or as developed in consultation with the Tribe or Tribes;
 - d. If consulting virtually or by telephone, links to join or register in advance;
 - e. Any time constraints known to the agency, such as statutory deadlines, etc.;
 - f. Deadlines for any written comments to be submitted on the topic; and
 - g. Names and contact information for agency staff and/or Tribal Liaison(s) who can provide more information.
- B. ADHS will transmit the initial notice and request for consultation to the top elected officials of each affected Tribal government using the agency's standard method of communication. ADHS will post the notice to its Tribal Liaison website and send the notice to the GOTR.
- C. ADHS shall provide the initial notice to the Tribe or Tribes at least 60 days in advance of any planned consultations. If there are time constraints such that 60 days' notice of consultation is not possible, the notice should include information as to why that standard notice cannot be provided.

Tribal Consultation Policy Revision

PROCEDURE:

Conducting Consultation

- A. ADHS shall have the head of the agency, or appropriate leadership representatives, present. ADHS will start the consultation with recognition of Tribal self-governance and sovereignty, and respect Indigenous Knowledge, including cultural norms and practices relevant to such consultations.
- B. ADHS consultation shall include both state and Tribal officials with decision-making authority regarding the proposed policy or action being discussed. This includes, but is not limited to, state agency CEO/Director; senior leadership; Tribal Liaisons and subject matter experts, along with top elected officials from each potentially affected Tribal Nations or community. Tribal leaders may designate an official representative to participate in the consultation on their behalf.
- C. ADHS CEO/Director and Tribal Liaison will ensure that consultation is conducted in a manner that prioritizes participation of official Tribal government leaders. The information exchanged during consultation will be given meaningful consideration, and will strive for mutually desired and consensus-based outcomes.

Tribal Consultation Policy Revision

PROCEDURE:

Reports

- A. The ADHS ~~Native American~~ Tribal Liaison will prepare a written summary report after each official Tribal Consultation meeting that includes:
 - a. A summary of the Tribal input received;
 - b. A general explanation of how Tribal input influenced or was incorporated into the agency action; and
 - c. If relevant, the general reasoning for why Tribal suggestions were not incorporated into the agency action or why consensus could not be attained;
- B. ~~The Native American Liaison shall also prepare an annual report at the end of state fiscal year summarizing the actions undertaken as a result of the Tribal Consultation policy and shall submit submit it to the ADHS Director's Office for review and approval for submittal to the Arizona Governor's Office for distribution to Arizona tribal leaders.~~ ADHS will post the written summary report of each official Tribal Consultation on its website for ease for reference.
- C. The Tribal Liaison shall prepare an annual electronic annual progress report with performance measures to the GOTR on or before October 1 of each year as a result of the Tribal Consultation policy and shall submit it to the ADHS CEO/Director for review and approval for submittal to the GOTR for distribution to Arizona Tribal leaders and state legislators.
- D. The reports shall be posted to the ADHS ~~Native American~~ Tribal Liaison website.

Tribal Consultation Policy Revision

DEFINITIONS

ADHS Leadership - For the purpose of this policy, ADHS Leadership refers to the ADHS Director/CEO and Deputy Director.

Tribe - This term refers to any American Indian or Alaska Native Tribe, Band, Nation, Pueblo, Village or Community that the Secretary of the Interior acknowledges to exist as an Indian Tribe pursuant to the Federally Recognized Indian Tribe List Act of 1994, 25 U.S.C. 479a.

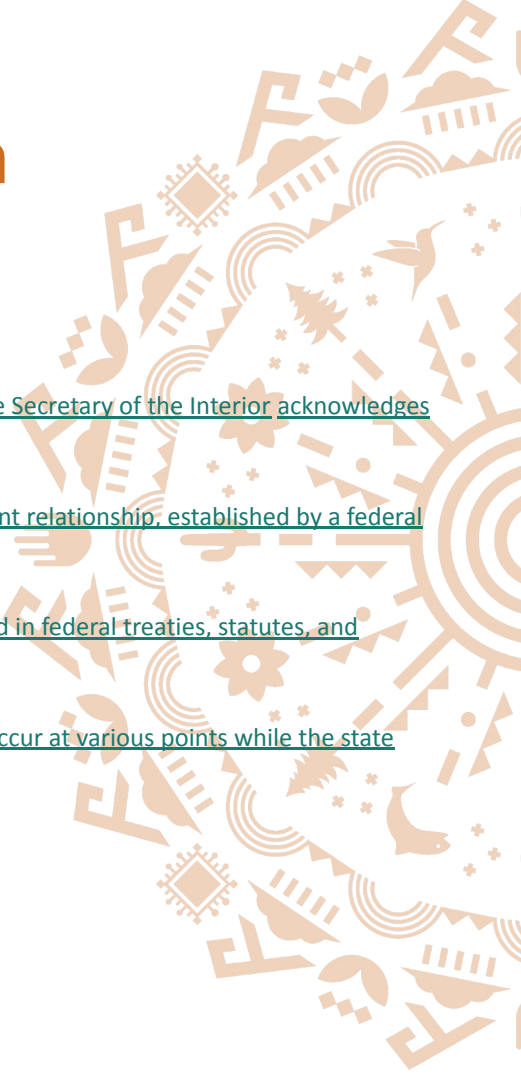
Federally recognized Tribes are those with whom the Federal Government maintains an official government-to-government relationship, established by a federal treaty, statute, executive order, court order or a federal administrative action.

Government-to-Government Relationship - The term was first used by Tribes and the federal government and is grounded in federal treaties, statutes, and executive orders. It is also used to describe the relationship between Tribes and state government.

State-Tribal consultation - formal dialogue between official representatives of the state government and Tribes that can occur at various points while the state agency is considering or undertaking a state action.

Tribal Government - A governing body of a Tribe.

Tribal Leaders - Tribal leaders are elected or duly appointed officials of a Tribe.



Tribal Consultation Policy Revision Process

Initiation

April - July 2025

Tribal Liaison makes policy revisions with guidance from GOTR and presents at Tribal Consultation

Tribal Liaison shares proposal with Tribal Leaders and provides 45-day comment period once presenting at Tribal Consultation.

The Tribal Liaison submits the policy with revisions from Tribal Nations to the Policy team with a recommendation regarding approval.

Development

August - October 2025

If the proposal is approved, the Tribal Liaison will share at second Tribal Consultation with recommendation regarding approval.

The Policy committee will follow their standard approval process and will consult with Executive leadership with recommendation regarding approval.

Review and Approval

November - January 2026

If the draft is approved by Policy committee and Executive leadership, the committee drafts the proposed policy in accordance with the ADHS policy standards.

Publication and Management

February - March 2026

ADHS will publish approved policy on Tribal Liaison website and include in the ADHS Policy Manager.

Tribal Liaison will conduct annual reviews and executive team are accountable for policy implementation.

ADHS Tribal Consultation Policy - Next Steps

Public Comment for Policy Changes

- ADHS Tribal Consultation Policy will be emailed by Thursday, May 8th.

- **What is the timeframe?**

45 business days comment period (due by EOD, Friday, July 11th)

- **How do I submit a comment(s)?**

You can comment into the word document, save, and email back to ADHS Tribal Liaison.



ADHS Tribal Consultation Policy - Intended Outcomes

- Build a respectful relationship between the State and Tribes
- Create meaningful partnerships
- More effective state employees
- Meaningful input and decision making
- Decrease health disparities of AI/AN people





Matt Roach
Vital Statistics Manager
Product Owner

ADHS Data Suppression Policy

ADHS Suppression Policy in Draft

Policy:

- Primary suppression standards
- Supplementary suppression standards
- Small numbers not covered under exceptions
 - Committee approval process
- Tribal-specific suppression

Best Practices:

- Row/column sums
- Prevention of need for suppression
- More stringent suppression
- Relative Standard Error (RSE)
- Geographical suppression/zip codes

ADHS	ARIZONA DEPARTMENT OF HEALTH SERVICES	NUMBER	LEVEL	DATE
			1	00/00/0000
TITLE	MINIMUM DATA SUPPRESSION STANDARDS POLICY			
SUPERSEDES:				
RESPONSIBLE OFFICE:	Division of Planning & Operations (DPO) - Enterprise Data Management Office (EDMO)			

PURPOSE

This policy sets minimum thresholds for the display and public release of Arizona Department of Health Services data in order to protect confidentiality of all related Protected Health Information (PHI) or Personally Identifiable Information (PII). This policy is applicable to all public data, including surveillance reports, dashboards, tables, graphs, etc. The policy also applies to the development and dissemination of public health statistics in response to data requests from the public or other entities who do not have a data sharing agreement. These guidelines do not apply to data sharing within the agency or with partner agencies when used for regular operational purposes not intended for public distribution or publication.

POLICY

A. Primary Suppression Standards

1. Any data cell with a numerator fewer than 6 (i.e. 1-5) shall be subject to count suppression to prevent the disclosure of sensitive information in publicly available data.
 - i. This policy is not applicable to the display of true zeros as a numerator, when indicating the complete absence of cases, except where supplementary suppression standards apply (section B. *Supplementary Suppression Standards*).
2. If the count is enumerated from a reference population below 100, the data cell shall also be subject to count suppression.

B. Supplementary Suppression Standards

1. Complimentary Proportions, or related percentages or ratios that together sum to a whole (or 100%) shall also be suppressed, including related public data used elsewhere in order to reduce the risk of identification. To ensure confidentiality when suppressing one part of a complementary proportion, the remaining portion shall also be suppressed to avoid deducing the suppressed value.
- C. The display of small numbers for values not covered by the predetermined exceptions above, or more granular than what the current policy outlines, requires a committee approval process on a case-by-case basis. To initiate this process, contact datastandards@azdhs.gov.
- D. 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.

APPLICABILITY

All ADHS Workforce Members

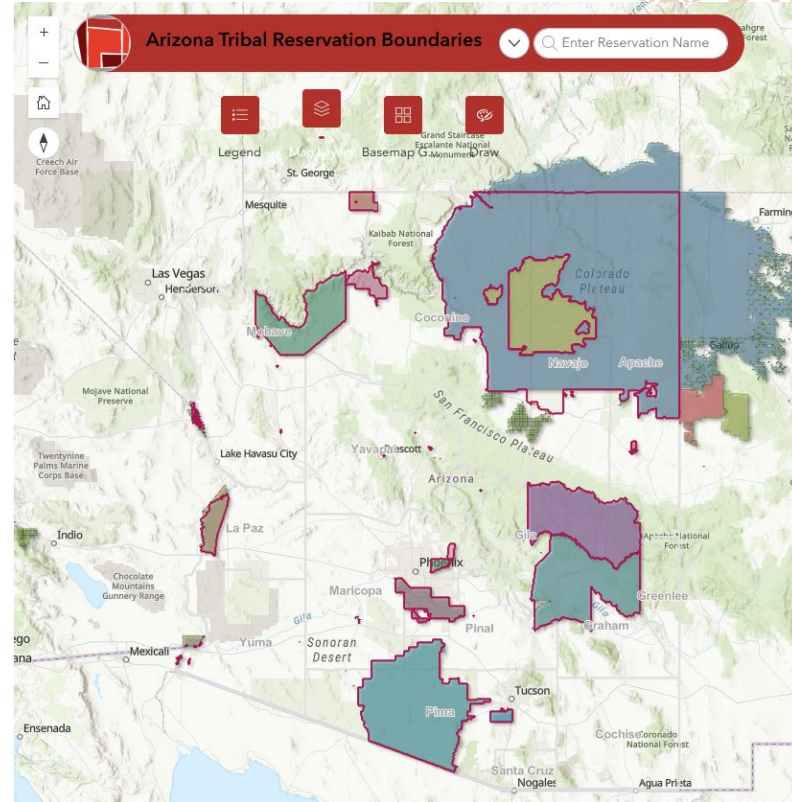
EXCEPTIONS

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.



Any Questions?

Tribal Liaison: TribalRelations@azdhs.gov





Tribal Health Epidemiologist - Introduction & Request for Feedback

Darien Fuller
Tribal Health Epidemiologist

About me

- Shonto, AZ
 - Mayetta, KS & East Texas
- Prairie Band Potawatomi & Navajo
- Northern Arizona University
 - B.S. Public Health
- University of Arizona
 - M.S. Epidemiology
- Favorite movie: Pride & Prejudice (2005)
- Fun Fact: I have attended pow wows since I was 6 weeks old



Role & Responsibilities

- Technical Assistance
- Data Sharing Agreements
- Produce AI/AN health status reports
- Support data sharing relationships between Tribes and ADHS
- Meet with other Tribal Epidemiologists to discuss best practices





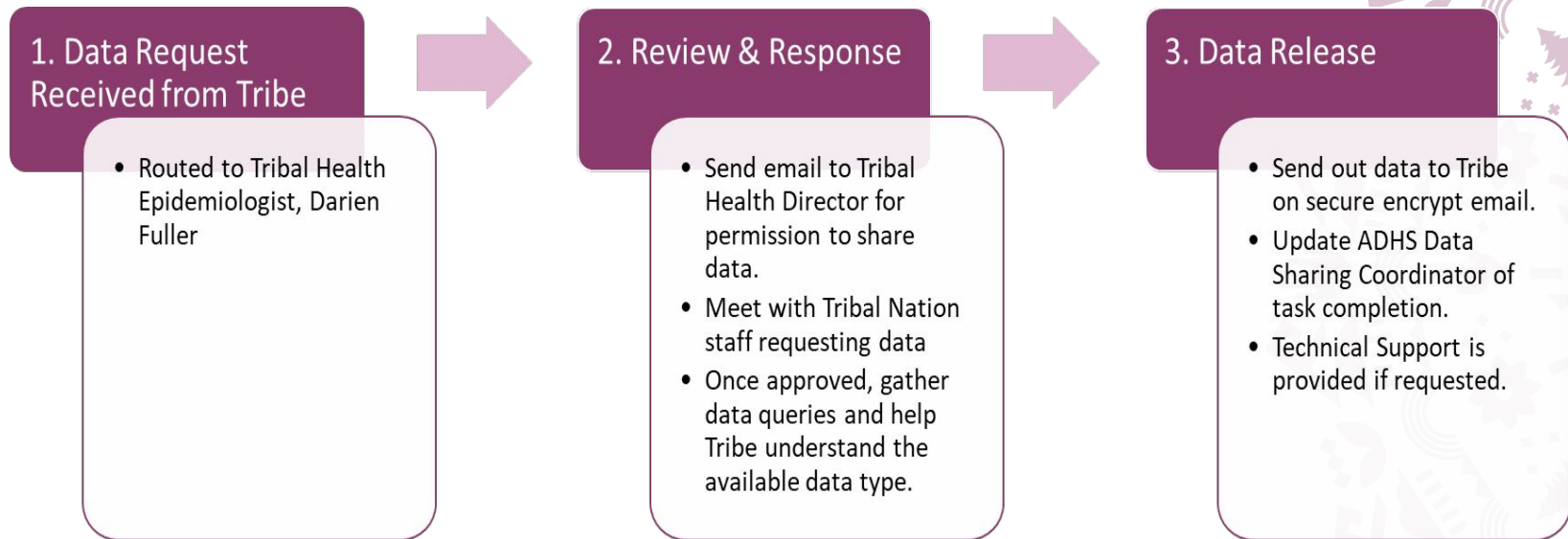
2024

Health Profile of American Indian
and Alaska Native Population in
Arizona

Health Profile of American Indian and Alaska Native Population in Arizona 2024

- Published in 2024
- Details the health status of AI/AN in Arizona during 2022
- Identifies trends spanning from 2009-2022
- Information session on June 3, 2025

Tribal Data Request Flow Chart



Upcoming Health Profile of AI/AN in Arizona Webinar

PRESENTERS



Dr. Keisha Jenkins
CDC State Assignee
Epidemiologist



Darien Fuller
Tribal Health Epidemiologist

Hosting a webinar in collaboration with Arizona Advisory Council on Indian Health Care

Who Should Attend: Tribal Health Directors, Tribal Leaders, Anyone working with Tribal communities.

When: Tuesday, June 3, 2025

Time: 11:00 am to 12:30 pm

Where: Virtual Zoom Meeting

Session Objectives:

- Describe the methods and data sources used to develop the Health Profile report
- Summary the key findings to the health of AI/AN populations in Arizona
- Interpret trends in mortality and life expectancy,
- Discuss potential public health actions

Feedback

- What areas are you most interested in?
- Are there any training topics that you would like discussed?
- Are there areas that you would like to learn more about?



Any Questions?

Tribal Health Epidemiologist: TribalRelations@azdhs.gov





OPEN FLOOR

Tribal Leaders, Tribal Health Directors, UIOs



Closing Remarks

Sheila Sjolander
Interim Director

AZ County Directors of Nursing Association

Seeking Nurse Reps from Tribal Nations

- Similar to the Arizona Local Health Officer Association (ALOHA) - a network of ACDONA; expanded to include Nursing directors in Tribal communities
- The purposes of this Association shall be to:
 - Stimulate and contribute to improvement of official public health nursing practice and community health programs throughout Arizona by promoting education, training, and information exchange in the areas of public health.
 - Study the issues relevant to public health nursing practice and community health programs and disseminate information about promising or best practices to its membership.
 - Improve collaboration and coordination of public health nursing services and community health programs with the ADHS.
 - Provide a forum through which the membership will meet regularly to exchange ideas and experiences of import to public health nursing practice.
 - Members act as a resource to the public health system at the local, state, and federal levels.
- Any questions, please reach out to ADHS Public Health Nurse Liaison, Tomi St. Mars at tomi.stmars@azdhs.gov.

2025 Tribal Quarterly Meetings Schedule

Date/Time (MST)	Meeting/Event	Location	Information
Wednesday, May 7, 2025 8:30 AM to 4:30 PM	Tri-Agency Tribal Consultation Q2	Zoom/In-person San Carlos Apache Tribe, Peridot, AZ	Zoom Registration In-Person Registration
Wednesday, June 11, 2025 2:00 PM to 2:50 PM	ADHS Leaders to Tribal Leaders Meeting Q2	Virtual Only	Invitation Only
Thursday, August 7, 2025 8:30 AM to 4:30 PM	Tri-Agency Tribal Consultation Q3	Zoom/In-person TBD	Zoom Registration In-Person Registration
Wednesday, September 10, 2025 2:00 PM to 2:50 PM	ADHS Leaders to Tribal Leaders Meeting Q3	Virtual Only	Invitation Only
Tuesday, November 4, 2025 8:30 AM to 4:30 PM	Tri-Agency Tribal Consultation Q4	Zoom/In-person Pascua Yaqui Tribe, Tucson, AZ	Zoom Registration In-Person Registration
Wednesday, December 10, 2025 2:00 PM to 2:50 PM	ADHS Leaders to Tribal Leaders Meeting Q4	Virtual Only	Invitation Only

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 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. The scene is brightly lit, suggesting a daytime office environment.

Break
Time

We will resume
at 1:00 p.m.



Welcome to AHCCCS Tribal Consultation

Wednesday, May 7, 2025

1:00 pm to 3:30 pm

San Carlos Apache Healthcare Corporation



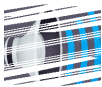
ARIZONA ADVISORY
COUNCIL ON INDIAN
HEALTH CARE

ARIZONA
HEALTH CARE COST
CONTAINMENT SYSTEM

ARIZONA
— DEPARTMENT OF —
HEALTH SERVICES

Welcome to today's AHCCCS Tribal Consultation!

While You're Waiting....



Test your audio – make sure you can hear the music.



You were **automatically muted** upon entry



Use the **chat** for questions or click  raise your hand to speak

Join by either phone or computer (please don't join with both)

Thank You!

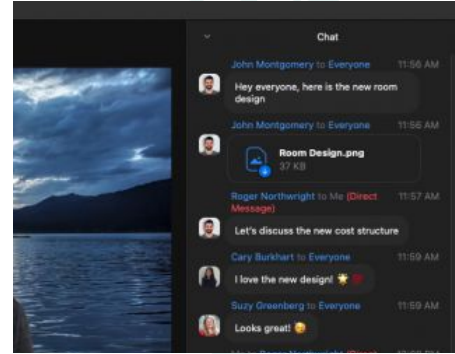
Webinar Tips



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.**



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.

AHCCCS Updates



Marcus Johnson
*AHCCCS Deputy Director,
Community Engagement &
Regulatory Affairs*

Recent Federal Developments

- Federal reforms being debated. To date, no structural changes at the state level.
- Federal Grants Cancellation - ARPA Mental Health, Substance Abuse, and Community Health Worker Grants
 - ~\$50M impact
- [AHCCCS Insights: New Data Reports to Inform Decision-Making](#) - Intended to help inform stakeholders and policymakers as Medicaid changes are being contemplated
 - Enrollment and Spend by County and by Congressional District
 - Congressional District Profiles
 - Policy Briefs - Potential Impacts (in development)
 - Native American member data (in development)



AI/AN Data Update

Federal Congressional Budget Update

- In early April, the U.S. House and Senate both passed a budget resolution completing the first step of the process.
 - Senate passed by a vote of 51 to 48
 - House passed by a vote of 216 to 214
- The budget resolution provides an outline of how much money each congressional committee is responsible for spending or cutting.
 - One key aspect of this resolution includes directing the House Energy & Commerce Committee (the committee with jurisdiction over Medicaid, Medicare, FDA, and more) to find \$880 billion in spending reductions.
- House leadership has continually indicated there will be “no cuts to Medicaid benefits” however reforms to the program such as work requirements have been discussed.

Identification of Native American Population

For purposes of this analysis AHCCCS chose to be as comprehensive as possible in identification of Native American Populations. Therefore, multiple methodologies were followed. If the individual was identified as Native American by any of the methods listed below, then that individual is included in the analysis. Analysis completed as of 4/22/2025.

- Member self-identifies race as "NA" - Native American
- AHCCCS has identified as Native American (designated as exception code "IH") as this member received services from a provider designated as Indian Health Facility, 638 Facility or Urban Indian Health Clinic
- Member is enrolled in the American Indian Health Plan (AIHP) or an ALTCS Tribal Health Plan

Total members identified in this manner **209,219**

For consistency with ongoing analysis, these members were compared to AHCCCS membership as of 1/1/2025. Members enrolled on 1/1/2025 will be included in analysis.

Native American population included in the analysis as of 1/1/2025 = **203,987**

For those identified as Native American, AHCCCS also reviewed Tribe ID. This is an optional self-reported enrollment characteristic.

Native American Enrollment Data

The tables to follow provide AHCCCS enrollment information for those members identified as Native American. In terms of enrollment, these tables include individuals receiving comprehensive Medicaid benefits through AHCCCS, grouped into the following categories:

- **Traditional Medicaid** covers select categories of children and adults, including SSI Cash, SSI Related, 1931 AHCCCS for Families and Children, SOBRA Child, SOBRA Pregnant, Transitional Medical Assistance, Freedom to Work, and Breast and Cervical Cancer Program. This group includes some individuals covered through Proposition 204, but excludes anyone eligible for the enhanced 90 percent federal medical assistance percentage (FMAP) for Medicaid expansion groups.
- **Expansion-Prop 204** includes the portion of the Proposition 204 population for whom AHCCCS receives a 90 percent FMAP. The voter-approved Prop 204 provides coverage to adults without dependent children (“childless adults”) with incomes up to 100 percent of the federal poverty level (FPL).
- **Expansion-ACA** includes childless adults with incomes between 100 and 133 percent of the FPL. The Legislature approved this expansion group after passage of the federal Affordable Care Act (ACA). This group is also referred to as the “newly eligible” population.
- **Arizona Long Term Care System (ALTCS)** includes individuals who have an age-related disability, physical disability, or intellectual or developmental disability, and who require institutional level of care.

Native American Population Enrollment

Table 1: Medicaid Population for those identified as Native American by Eligibility Group, as of January 1, 2025¹

	Traditional	Expansion - Prop. 204	Expansion - ACA	ALTCS ²	Total
Apache	18,016	7,873	675	670	27,234
Cochise/Santa Cruz	539	222	19	15	795
Coconino	12,735	5,144	608	591	19,078
Gila	601	211	23	93	928
Graham / Greenlee	5,699	2,142	130	103	8,074
Maricopa	38,448	19,172	1,847	2,100	61,567
Mohave	2,008	817	79	53	2,957
Navajo	21,921	8,440	813	777	31,951
Pima	13,213	6,316	670	509	20,708
Pinal	9,824	3,534	323	273	13,954
Yavapai	1,429	640	67	74	2,210
Yuma / LaPaz	2,808	1,052	107	89	4,056
z - Not Available	75	25	1	14	115
Statewide	127,316	55,588	5,362	5,361	193,627

¹ Includes individuals receiving comprehensive Medicaid benefits; individuals enrolled in KidsCare, those receiving only Medicare cost-sharing, and similar groups are excluded. Total AHCCCS enrollment in January 2025 was 2,048,972 (see <https://www.azahcccs.gov/Resources/Reports/population.html>).

² Includes both individuals enrolled in the developmental disabilities (DD) program and in the elderly and physically disabled (EPD) program.

³ Due to the size of enrollment and to protect individuals' privacy in some instances counties are presented in a combined format.

Native American Population Enrollment

Table 2: Medicaid Population for those identified as Native American by Age Group, as of January 1, 2025¹

	0-18	19 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65+	Total
Apache	9,786	2,397	3,613	3,534	2,579	2,663	2,662	27,234
Cochise/Santa Cruz	286	73	121	102	85	77	51	795
Coconino	7,487	1,669	2,700	2,530	1,714	1,581	1,397	19,078
Gila	364	80	123	115	77	86	83	928
Graham / Greenlee	3,529	812	1,124	1,063	579	563	404	8,074
Maricopa	23,700	5,926	10,586	9,624	5,583	3,949	2,199	61,567
Mohave	1,238	276	435	399	261	240	108	2,957
Navajo	12,657	2,796	4,410	4,064	2,768	2,794	2,462	31,951
Pima	7,940	2,034	3,265	3,056	1,924	1,491	998	20,708
Pinal	6,162	1,343	1,907	1,816	1,107	982	637	13,954
Yavapai	858	207	337	315	201	169	123	2,210
Yuma / LaPaz	1,831	414	561	525	339	239	147	4,056
z - Not Available	52	6	13	23	6	5	10	115
Statewide	75,890	18,033	29,195	27,166	17,223	14,839	11,281	193,627
% of Total	39.2%	9.3%	15.1%	14.0%	8.9%	7.7%	5.8%	

¹ Includes individuals receiving comprehensive Medicaid benefits; individuals enrolled in KidsCare, those receiving only Medicare cost-sharing, and similar groups are excluded. Total AHCCCS enrollment in January 2025 was 2,048,972 (see <https://www.azahcccs.gov/Resources/Reports/population.html>).

² Due to the size of enrollment and to protect individuals' privacy in some instances counties are presented in a combined format.

Native American Population by Self-Reported Tribe

Displaying format only

Table 3: Medicaid Population for those identified as Native American by Eligibility Group and Self-Reported Tribe, as of January 1, 2025 ¹					
	Traditional	Expansion - Prop. 204	Expansion - ACA	ALTCS ²	Total
CH - AK CHIN					
CO - COCOPAH					
CR - CRIT (COLORADO RIVER INDIAN TRIBE)					
FM - FORT MOHAVE					
GR - GILA RIVER INDIAN COMMUNITY					
HA - HAVASUPAI					
HO - HOPI					
HU - HUALAPAI					
KP - KAIBAB PAIUTE					
MY - FORT MCDOWELL INDIAN COMMUNITY					
NA - NAVAJO NATION					
PY - PASCUA YAQUI					
QU - QUECHAN (FORT YUMA)					
SC - SAN CARLOS APACHE					
SJ - SAN JUAN SOUTHERN PAIUTE					
SR - SALT RIVER PIMA-MARICOPA					
TA - TONTO APACHE					
TO - TOHONO O'ODHAM					
WM - WHITE MOUNTAIN APACHE					
YA - CAMP VERDE YAVAPAI APACHE					
YP - YAVAPAI PRESCOTT					
Z - Not Specified					
Statewide	127,316	55,588	5,362	5,361	193,627

Tribe-Specific Enrollment Data

If requested, AHCCCS can provide information by self-reported Tribal Affiliation.

Of Note:

- AHCCCS data is self-reported tribal affiliation
- AHCCCS does not confirm this optional field
- Information could be incomplete or inaccurate
- High number of not reported affiliation
70,000 of 193,000

If information requested, AHCCCS will need the following:

- Request must come from authorized individual representing Tribal entity
- Include in the request the names of the tribe requested based on list provided on slide #8

Report will be produced with one line per tribe that displays

- Number of identified members as of 01/01/2025
- Members grouped by the categories of "Traditional, Expansion Prop 204, Expansion ACA, ALTCS"
- Only includes those receiving comprehensive Medicaid benefits; individuals enrolled in KidsCare, those receiving only Medicare cost-sharing, and similar groups are excluded
- Will only include those identified based on Native American information as described on Slide 4

Tribal/638 Utilization Data

Tribal/638 entities have requested information regarding eligibility categories for members they served.

AHCCCS can identify and provide the count of members served in FFY 2024 by individuals Tribal/638 entity by member eligibility category

If information requested, AHCCCS will need the following:

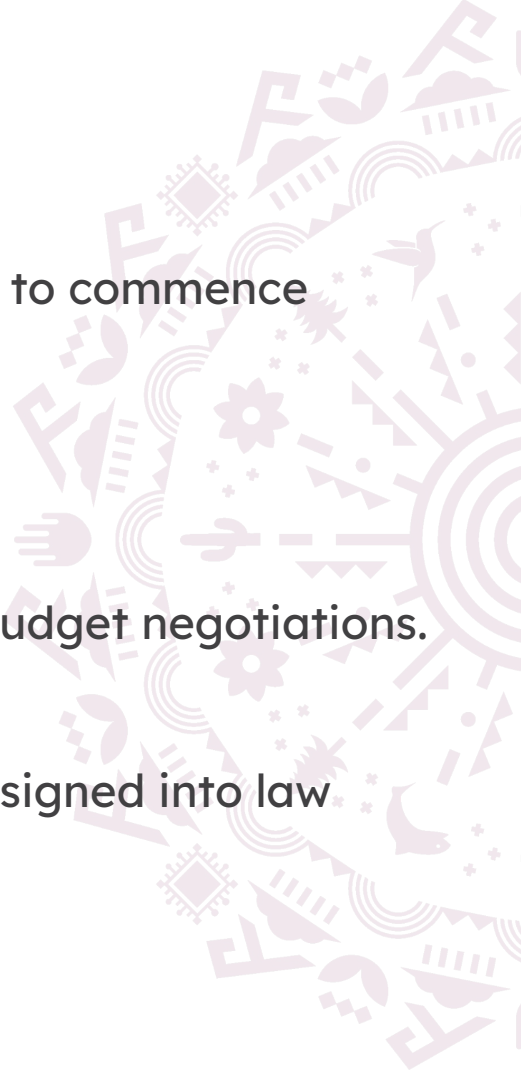
- Request must come from authorized individual representing Tribal/638 entity
- Include in the request the names of facilities requested and their Medicaid Billing IDs or NPI

Report will be produced with one line per entity that displays

- Number of members served in FFY 2024
- Members grouped by the categories of "Traditional, Expansion Prop 204, Expansion ACA, ALTCS"
- Only includes those receiving comprehensive Medicaid benefits; individuals enrolled in KidsCare, those receiving only Medicare cost-sharing, and similar groups are excluded
- Will include all utilization and will not be impacted by the Native American Enrollment data discussed on slide 4

Recent State Developments

- Standing Committees have ended, budget negotiations to commence
- Director resignations, AHCCCS and ADHS
- SB1671 - Traditional healing services
 - Senate Third Read - PASSED 18-9-3
 - Not heard in House Approps- will likely be part of budget negotiations.
- DDD Supplemental Need
 - HB 2945 - development disabilities appropriations, signed into law



! 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
The marketplace was created as a U.S. coverage option.
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/UnauthorizedM
arketplaceEnrollment.html](https://www.azahcccs.gov/Members/UnauthorizedMarketplaceEnrollment.html)

Notice: ACA Marketplace Fraud

What to
Watch for
to Protect
Your AHCCCS
Coverage



ARIZONA
HEALTH CARE COST
CONTAINMENT SYSTEM

Update: AIHP Enrollment

- Identifier Added to PMMIS - IHS/638/ITU Usage - November 2024
- Added Call Center Option and Form to Self Submit Tribal Affiliation
- 7,282 Letters Mailed to Members without Identifier - December 2024
- 3,969 AIHP Members Moving to MCOs effective 5/1/2025
 - 4/2/2025
 - Letters Sent to Members with new MCO Plan
 - MCOs Notified of Potential Members
 - 4/7/2025 Email to Members Moving to MCO
 - 4/10/2025 Text to Members Moving to MCO
 - 5/1/2025
 - Members on 834 File to MCOs
 - Members Sent Freedom of Choice Letter - 90 Days to Change
- Fall 2025 HEAplus Changes

On the Horizon

- CMS Negotiations Continuing
 - Former foster youth continuous eligibility
 - AHCCCS Works
- Continued system improvements to combat fraudulent billing and member exploitation
- Traditional Healing Legislative Approval and Implementation
- “CMS Final Rule”
- Two Justice Initiatives
 - Consolidated Appropriations Act (CAA): healthcare services for incarcerated youth
 - Reentry Waiver: Reimbursement for services 90 days pre-release
- MES Roadmap
 - MES = Medicaid Enterprise System (30 yrs old!)
 - Pre/Post Payment review system approved
 - System Integrator currently being installed



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.



Open Floor

Division of Fee-For-Service Management (DFSM) Updates



Leslie Short
DFSM Deputy Assistant
Director

New H Codes

- H0052 Missing and Murdered Indigenous Persons (MMIP) - mental health and clinical care
- H0053 Historical Trauma - mental health and clinical care for indigenous persons

AHCCCS is planning to open these new CMS codes as descriptor codes, in order to gather more information on how providers use them

- We want to gather more input from Tribal partners/leaders before doing so
- Codes will be purely informational only for now to understand usage patterns
 - This will inform future rates/potential DAP on these codes
 - Will be set at a penny rate because we are assessing the data
 - Will not affect current reimbursement
- Plan to discuss further at upcoming Tribal policy and IHS Leadership meetings

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
- Includes CON and RON requirement
- IHS/638 providers excluded from PA
- AMPM 820 - Fee-for-Service Prior Authorization Requirements
 - Currently open for [public comment](#) through May 10, 2025

DFSM Strategic Planning Session

- Kick-off held January 30th
 - Goal to establish a 5 year DFSM Strategic Plan
- Collaborative discussion to identify
 - Perspective on current state
 - Identify a shared vision
 - Identify what success looks like moving forward
 - Identify process to get to shared vision
 - Identify action plan to achieve it
- Next Steps
 - Collaborative planning sessions will be held throughout the state
 - Opportunity for Tribes to host next sessions



American Indian Medical Home (AIMH) Summit

- AIMH Summit held on 4/16/25
- Current AIMHs, IHS/638 facilities and TRBHA Case Managers attended
- Opportunity for IHS/Tribal 638 facilities to learn more about the process and benefits of becoming an AIMH
- Agenda topics included AIHP and AIMH Care Coordination, SMI Overview, Special Assistance, Quality Management and empanelment overview
- For information/support on becoming an AIMH, please contact aimh@azahcccs.gov



Open Discussion

Division of Member & Provider Services (DMPS) Provider Enrollment Updates



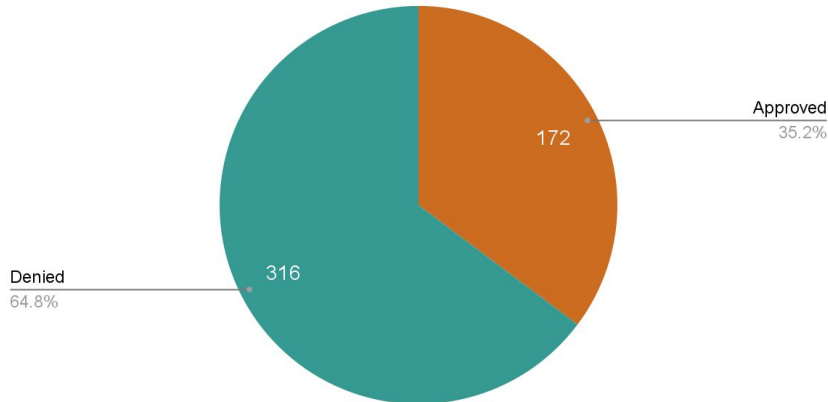
Lori Boyd-Draper
DMPS Deputy Assistant Director

Provider Enrollment Moratorium - Recap

- June 9, 2023 - December 9, 2024
- 5 High Risk Provider Types
 - BH Outpatient Clinic, BHRF, Integrated Clinic, NEMT and CSA

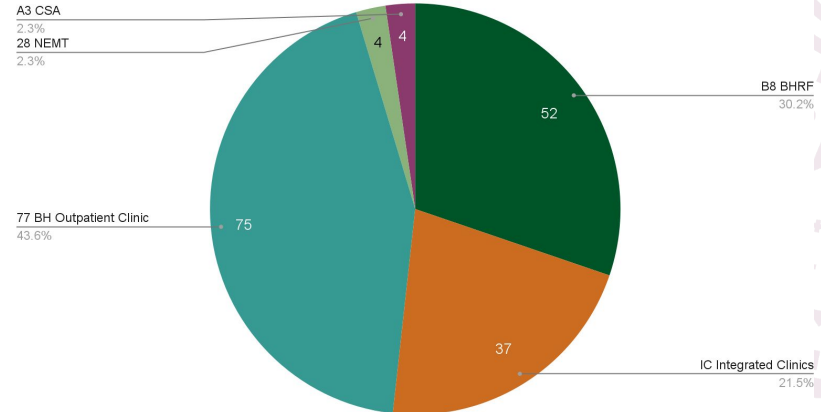
Moratorium Applications Outcomes - Final

Total Applications = 488



Moratorium Applications Approvals - Final

Total = 172



Post Provider Enrollment Moratorium Activity

- 67% of Post Moratorium Activity First 2 Months
 - Dec 2024 - 173 Applications
 - Jan 2025 - 108 Applications

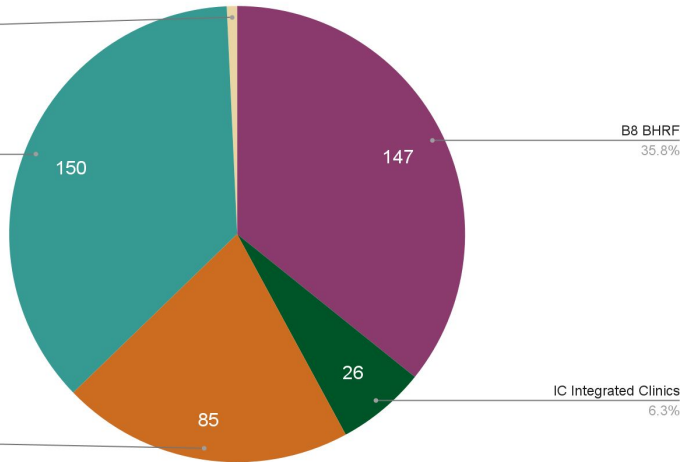
Post Moratorium Applications - 4/6/2025

Total = 411

A3 CSA
0.7%

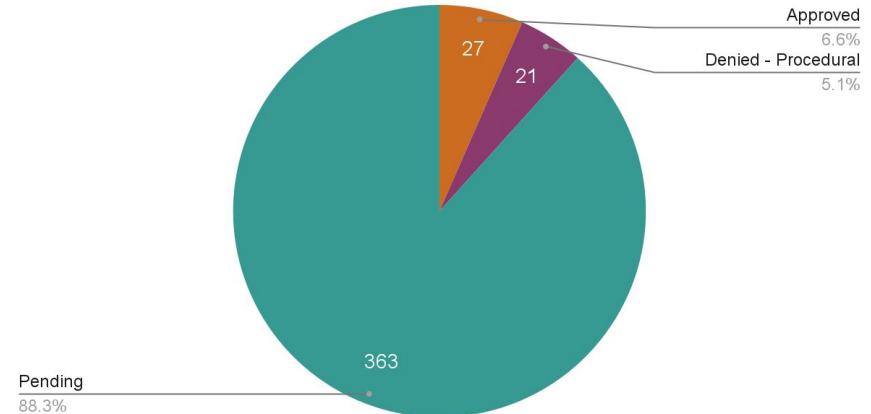
28 NEMT
36.5%

77 BH Outpatient Clinic
20.7%



Post Moratorium Applications Outcome - 4/6/2025

Total Applications = 411



Electronic Funds Transfer (EFT) Requirement for Providers

- Required: Group Billers, FAOs (Facility/Agency/Organizations), and Individual Sole Proprietors
- 2, 574 Provider Notified of EFT Requirement by 12/31/2024
- December 3, 2024 Required for New Provider Enrollments Applications

EFT Outreach Status - 4/4/2025

Total = 2,574

Terminated/Suspended

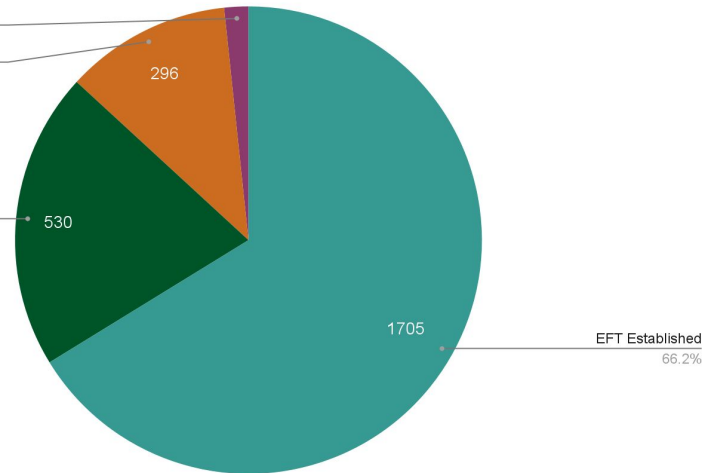
1.7%

Need to Apply

11.5%

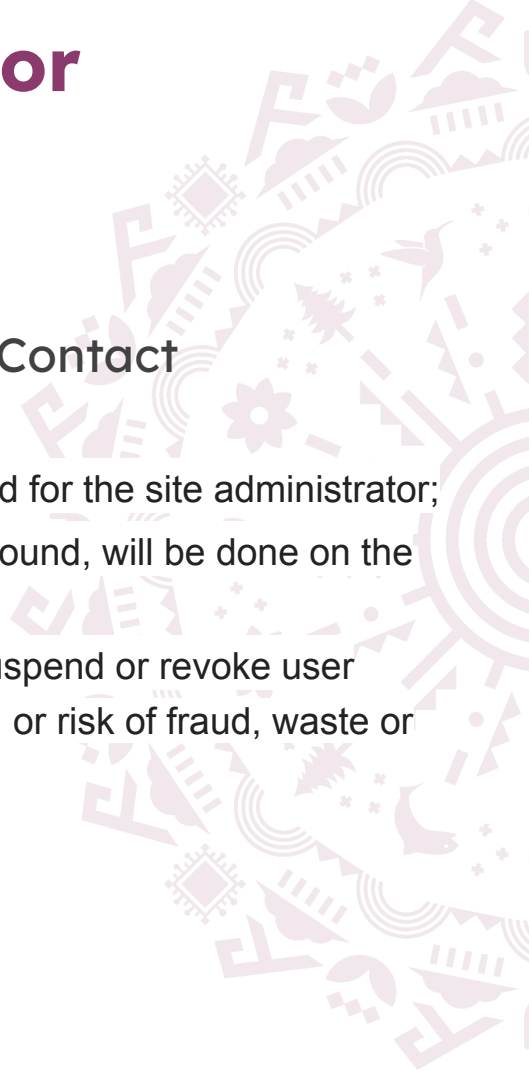
In Process

20.6%



Revised Community Partner Assistor Organization (CP-AO) Agreement

- Announced at Jan 2025 CP-AO Meeting
- Outreaching to Site Administrators and Designated Contact
- New Agreement
 - clarifies the requirements and responsibilities of the organization and for the site administrator;
 - added language that a background check, including criminal background, will be done on the organization and all users;
 - additional language that AHCCCS at its sole discretion can deny, suspend or revoke user access for reasons of program integrity, member safety and privacy, or risk of fraud, waste or abuse; and
 - added definitions.



CP-AO Amendment Schedule

- 357 Amendments to be Issued
- 94 Organizations Contacted in 1st Week

Weekly Every Monday:	Organizations in Order of Alphabetization:	Organization Deadline Response:
April 7, 2025	A, B, C	June 9, 2025
Apr 14, 2025	D, E, F	Jun 16, 2025
Apr 21, 2025	G, H, I	Jun 23, 2025
Apr 28, 2025	J, K, L	Jun 30, 2025
May 5, 2025	M, N, O	Jul 7, 2025
May 12, 2025	P, Q, R	Jul 14, 2025
May 19, 2025	S, T, U, V	Jul 21, 2025
May 26, 2025	W, X, Y, Z	Jul 28, 2025



Open Discussion

Federal Relations Updates



Parin Kaba

Federal Relations Specialist

Division of Public Policy & 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 - AHCCCS Works

A.R.S § 36-2903.09 requires AHCCCS to submit to CMS annually an 1115 Demonstration Waiver 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 previously began, however, the approval was later rescinded by CMS.

1115 Waiver - AHCCCS Works

Medicaid Work Requirements

- AHCCCS Works would require **non-exempt** “*able-bodied*” adults between the ages of 19 and 55 to meet the following 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.
- Failure to comply will result in a two-month suspension period of Medicaid coverage

1115 Waiver - AHCCCS Works

In February and March, AHCCCS engaged with stakeholders through a variety of forums and communication channels. Highlights include:

- 7 Presentations at various new and existing forums reaching 589 total stakeholders
- 140 Written and Verbal comments received through the above forums
- 251 Emails received through our public input mailbox

1115 Waiver - AHCCCS Works

- On March 28, 2025, AHCCCS submitted the proposal to CMS to meet the statutory deadline.
- CMS negotiations on waivers typically take between 6-12 months but can vary depending on prioritization by the federal government and the extent of any disagreements.
- The [federal public comment period](#) for Arizona's Amendment Request is currently open and accepting comments until May 10, 2025.
- Upon approval AHCCCS will need to plan for implementation including additional stakeholder feedback and budgetary analysis.
- Once AHCCCS has an implementation budget projection, AHCCCS will need appropriations to move forward with implementation.

1115 Waiver Renewal

- Section 1115 of the Social Security Act (SSA) allows for budget-neutral programs and authorities that are effective, efficient, and innovative.
- The current waiver continues the state's authorities and programs such as:
 - The Arizona Long Term Care System (ALTCS),
 - Targeted Investments (TI 2.0),
 - Housing and Health Opportunities(H2O),
 - Adult dental services for American Indian/Alaska Natives served by IHS and Tribal 638 facilities, and
 - Traditional Healing Services.



1115 Waiver Renewal

- The state's current demonstration waiver is valid from Oct. 14, 2022 through Sept. 30, 2027 (Projects are generally approved for 5 years).
- AHCCCS has begun preparation for the full waiver renewal and will engage the public throughout the process.
- Two Waiver Renewal Listening Sessions will be held in June:
 - Thursday, June 12, 2025, 2:00 - 4:00 p.m. Zoom [registration](#).
 - Tuesday, June 24, 2025, 2:00 - 4:00 p.m. Zoom [registration](#).
- These sessions provide an opportunity for you to:
 - Learn about programs under the current demonstration, and
 - Share your feedback and suggestions on current and future programs

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
 - Including BH Outpatient Clinics, Crisis Providers, FQHCs
 - Clinics located in rural areas

State Plan Amendment (SPA) Updates

Small Bowel Transplant

- This SPA adds the coverage of small bowel transplants for persons age 21 and older.
- This SPA will be submitted to CMS with a October 1, 2025 effective date.

Newborn Screening Program Rate Update

- This SPA updates the fee for the newborn screening program to be:
 - \$194.00 effective June 1, 2025
 - \$211.00 effective April 1, 2026

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



Closing Remarks

Announcements



2025 Tribal Meeting Calendar

Traditional Healing Workgroup

Date: Thursday, August 7, 2025

Time: 8:30AM – 4:30PM

Format: Hybrid (Virtual / In-Person)

Location: AHCCCS Building, 801 E.
Jefferson Street, Phoenix, Arizona

Tribal Policy Workgroup (*Virtual Only*)

Date: Tuesday, May 20, 2025

Time: 9:00AM – 10:30AM

Virtual Registration: [HERE](#)

Tribal Health Advisory Workgroup (*Virtual Only*)

Date/Time: TBD (*projected late May*)

* DFSM Regional Strategic Planning Sessions

Date: Summer 2025

* Quarterly Tri-Agency Meeting/ AHCCCS Tribal Consultation

Date: Thursday, August 7, 2025

Time: 8:30AM – 4:30PM (*subject to change*)

Location: TBD / Host Needed

Virtual Registration: [HERE](#)

Tribal Policy Workgroup (*Virtual Only*)

Date: Monday, August 18, 2025

Time: 9:00AM – 10:30AM

Virtual Registration: [HERE](#)

*** Hosts Needed**

Seeking Tribal Hosts

Hosting meetings on Tribal lands reflects and honors Tribal Sovereignty by:

- Supporting government-to-government relationships
- Centering Tribal voices
- Creating a more accessible environment for Tribal leaders and community members

Examples of Meetings:

- Quarterly Tri-Agency Meetings
- Ad hoc AHCCCS Tribal Consultation
- DFSM Strategic Planning Sessions
- Tribal Policy Workgroup
- Tribal Advisory Workgroup
- Traditional Healing Workgroup meetings



Scan the QR code or click the link to complete the [Tribal Host Interest Form](#) to let us know your availability & preferences.

Delegate a Representative

Traditional Healing Workgroup

The Workgroup advises AHCCCS on all things Traditional Healing, ensuring services are developed in partnership with Tribes and I/TUs in a way that reflects your values, protocols, and cultural practices. Having a representative ensures your voice helps shape respectful, community-informed implementation.

Tribes and UIOs: To formally designate a representative, please complete the [Tribal Delegate Form](#) and follow the instructions provided for submission.

All Others: Scan the QR Code or click the link to complete the [Traditional Healing Workgroup Interest Form](#).



2025 Tribal Meeting Calendar

AHCCCS TRIBAL CONSULTATION / TRI-AGENCY QUARTERLY MEETINGS*

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: PASCUA YAQUI TRIBE

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

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](#)

Follow & Support AHCCCS on Social Media

facebook

[@AHCCCSgov](#)



[@AHCCCSgov](#)



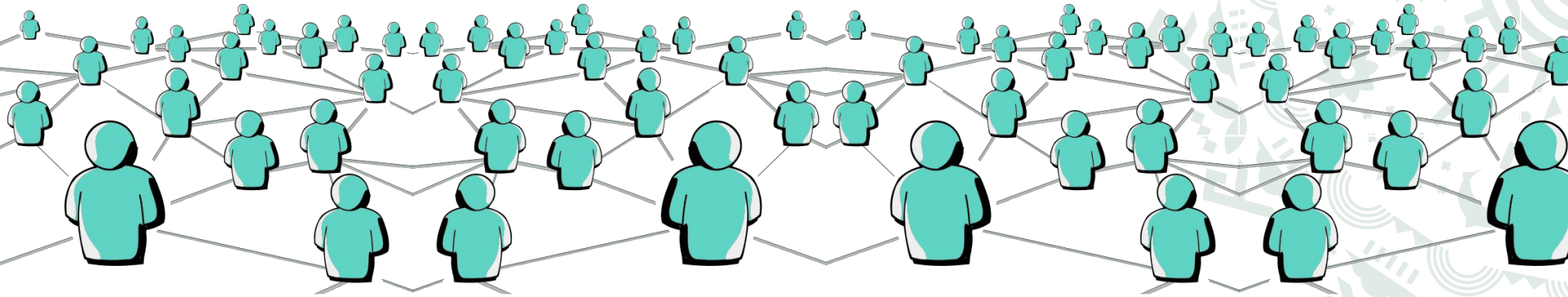
[@AHCCCSGov](#)



[@AHCCCS](#)



[AHCCCSgov](#)



Learn about AHCCCS' Medicaid Program on YouTube!

AHCCCS
Explains...

Medicaid Eligibility

AHCCCS
Explains...

ALTCS

AHCCCS
Explains...

Health-e-Arizona Plus



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



We Value Your Feedback - Post-Survey

We created the post-survey to gather feedback on your experience and identify areas for improvement. Your input is incredibly valuable—it helps us understand what worked well and what could be better, so we can enhance future Consultations. Completing the survey only takes a few minutes, but it makes a big impact!

👉 [Click here to take the survey](#) Or Scan the QR Code

Thank you for your time and feedback!





Thank you!
Have a great day!