

# Welcome to today's Tribal Listening Session

## 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

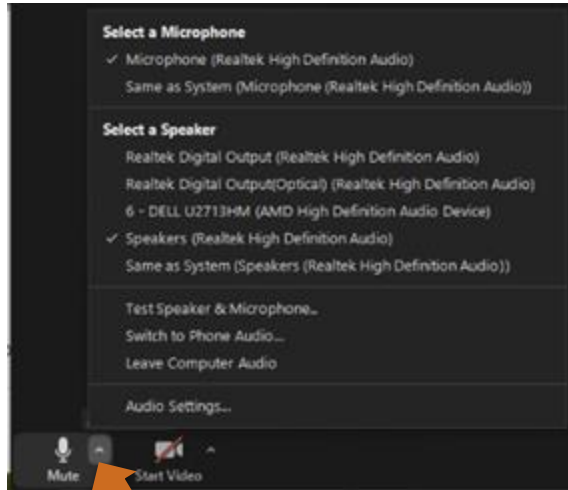
**Join by either phone or computer** (please don't join with both)

**Thank You!**

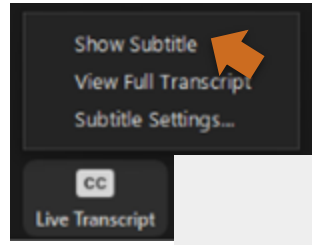
# Zoom Webinar Controls

Navigating your bar on the bottom...

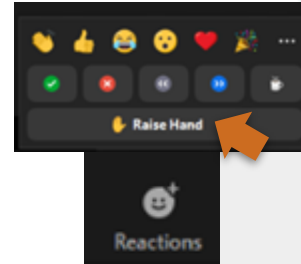
Audio Settings



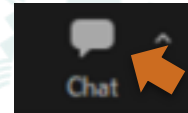
Turn on Closed Captioning



Raise Hand



Chat

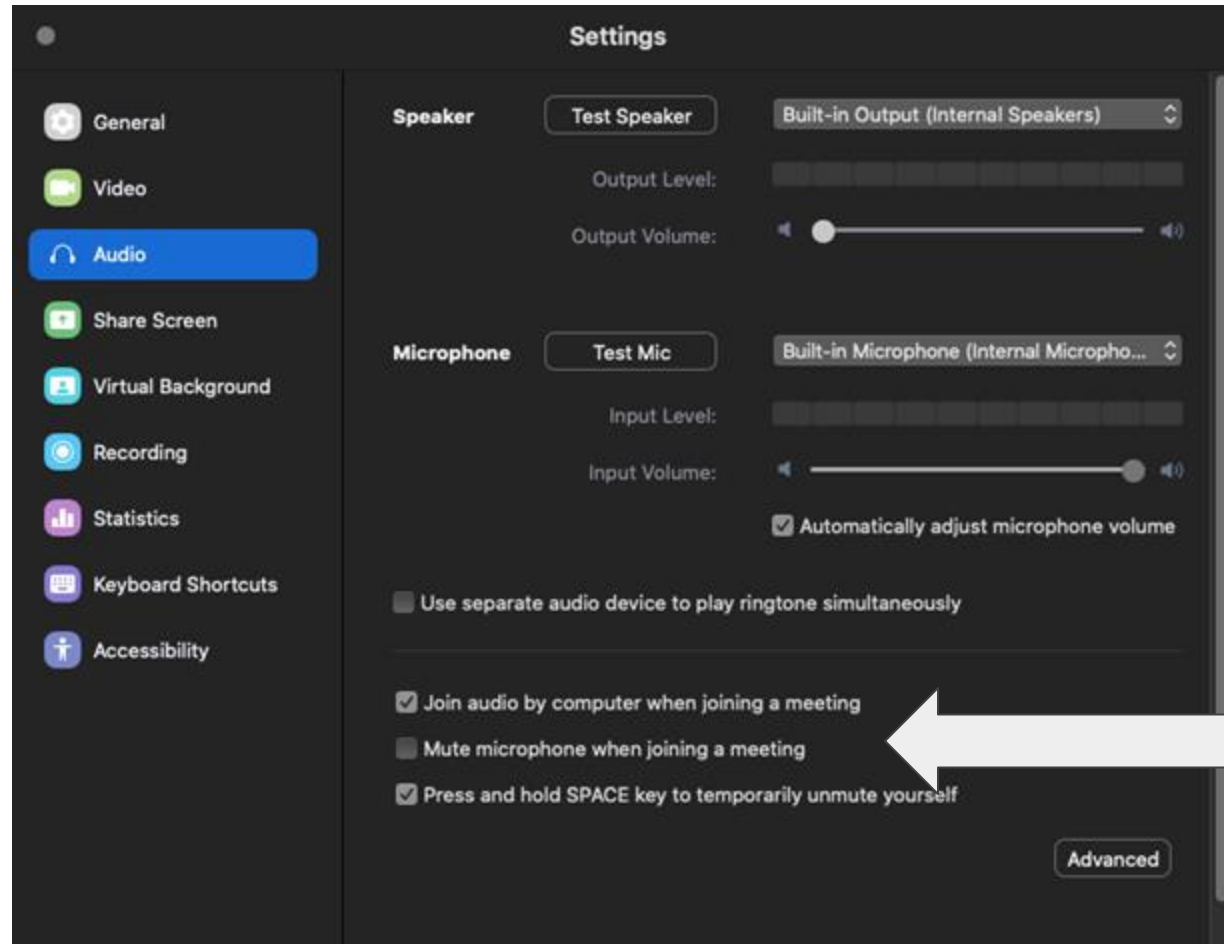


## KEYBOARD SHORTCUTS TO RAISE HAND

**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:   
Output Volume:   
**Microphone** **Test Mic** Built-in Microphone (Internal Micropho...  
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**

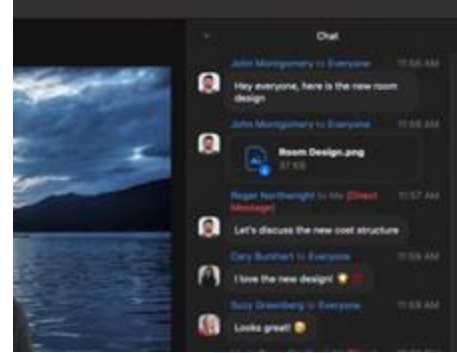
# Webinar Tips



**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.**



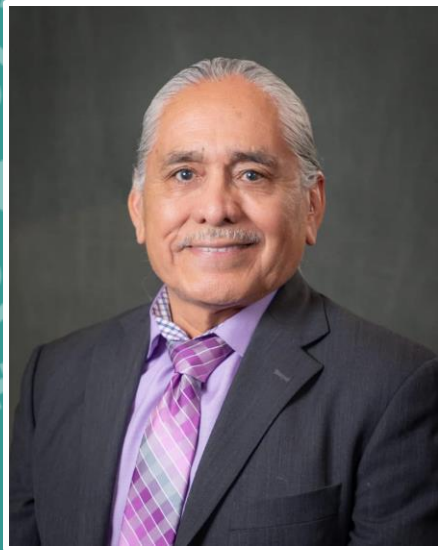
# **ARIZONA**

## **HEALTH CARE COST CONTAINMENT SYSTEM**

# **Rural Health Transformation Program**

**September 11, 2025**

# Opening Blessing



**Dr. John Molina**  
*AACIHC Director*

# Land Acknowledgement



Corey Hemstreet  
AACIHC Legislative Specialist

# Meeting Protocols & Guidelines

## Speaking Priority

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

## Participation Guidelines

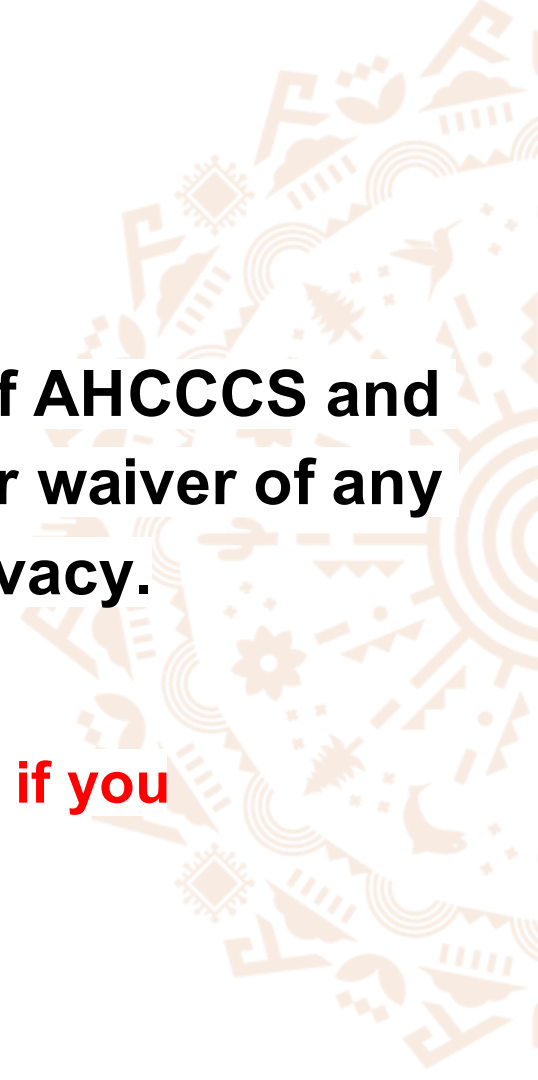
- Please restate your name and tribal affiliation when speaking.
- *For online participants:*
  - Please leave a comment with your name, title, and tribal affiliation in the chat box.
  - Use the raise hand feature to speak.



## 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 Remarks



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

# Request for Information (Survey)

- [Link to Governor's Office Survey](#)
- Feedback due 5pm September 30, 2025



# H.R.1 – One Big Beautiful Bill Act

- On July 4th, 2025, President Trump signed *H.R.1 – One Big Beautiful Bill Act* (OBBBA) into law.
- This legislation makes significant changes to various aspects of the Medicaid program including:
  - Eligibility and Enrollment (Community Engagement, 6-Month Redeterminations, Cost Sharing, and more)
  - Medicaid Financing (Provider Tax Changes, State Directed Payments)
- Additionally, H.R.1 establishes a new fund dedicated to rural healthcare, titled the **Rural Health Transformation Program (RHTP)**



# Rural Health Transformation Program

- The Rural Health Transformation Program (RHTP) was authorized to assist states with strengthening rural communities by improving healthcare access, quality, and outcomes.
- The RHTP includes a total of \$50 billion in funding over the next five fiscal years to be dispersed across all states that apply.
- To qualify for funding, states must apply to CMS by **early November 2025** (exact date is still to be determined and will be announced through a NOFO).
- CMS is required to approve or deny applications by **December 31, 2025**.

# Funding Distribution

- 50% of the funds for each fiscal year will be distributed equally across all states with an approved application.
- The remaining 50% of the funds will be distributed using a methodology yet to be determined by CMS. The legislation requires CMS to take the following into account:
  1. The percentage of the state's population located in a rural census tract of a metropolitan statistical area,
  2. The proportion of rural health facilities in the state relative to the number of rural health facilities nationally,
  3. The situation of the state's disproportionate share hospitals, and
  4. Any other factors deemed appropriate by CMS.

# CMS Rural Health Facility Definition

- For purposes of funding distribution, H.R.1 specifies the following as rural health facilities.

Hospital in a rural area	Rural Health Clinic (RHC)
Critical Access Hospital (CAH)	Federally Qualified Health Center (FQHC)
Sole Community Hospital	Community Mental Health Center
Medicare-dependent, small rural hospital	Health Center Receiving a PHSA Sec. 330 Grant
Low-Volume Hospital	Opioid Treatment Program in a rural census tract
Rural Emergency Hospital	Certified community behavioral health clinic in a rural census tract

# CMS Strategic Goals for Funding

## 1. Make Rural America Healthy Again

## Prevention, Chronic Disease Management, and Behavioral Health

## 2. Sustainable Access

## Appropriate Care Availability, Provider Payments

### 3. Workforce Development

## 4. Innovative Care

## 5. Tech Innovation

## Consumer Tech Solutions, Training and Technical Assistance, IT Advances





# Application Requirements

- The Rural Health Transformation Program Application must contain:
  - **Transformation Plan:** Which will provide a narrative description of the goals and strategies that state will undertake with the funding.
  - **Metrics and Outcomes:** CMS will require methodology for how the state intends to track progress made while utilizing the funds.
  - **Sustainability:** CMS is also hoping to see a sustainability plan describing how RHTP initiatives may be continued.
  - **Budget and Operations:** The application will also require a proposed budget and timeline for implementation including key milestones, data tracking, commitment to State policy changes, and more.

# Application Requirements Cont.

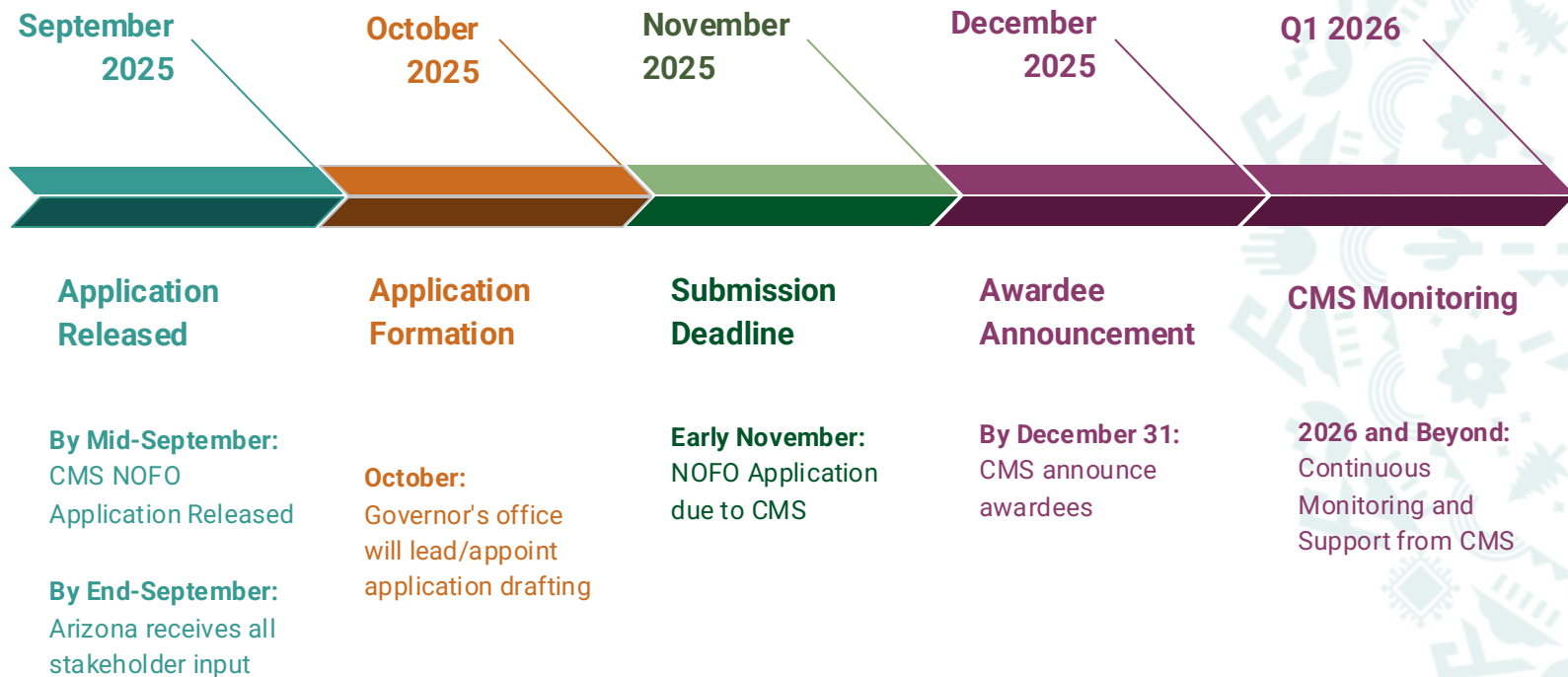
- The OBBBA outlines the following allowable activities and requires interested states to pursue at least three:
  - Promote evidence-based interventions to improve prevention and chronic disease management.
  - Provide payments to health care providers for items or services.
  - Promote consumer-facing, technology-driven solutions for the prevention, management of chronic diseases.
  - Providing training and technical assistance (TA) for the development and adoption of technology-enabled solutions.



# Application Requirements Cont.

- Recruiting and retaining clinical workforce talent to rural areas.
- Provide TA, software, hardware for significant information tech advances to improve efficiency, enhance cybersecurity capability development, and improve patient health outcomes.
- Assist rural communities by identifying needed preventive, ambulatory, pre-hospital, emergency, acute inpatient care, outpatient care, and post-acute care service lines.
- Support access to OUD, SUD, and mental health treatment services.
- Developing projects that support innovative models of care that include value-based care arrangements and alternative payment models.

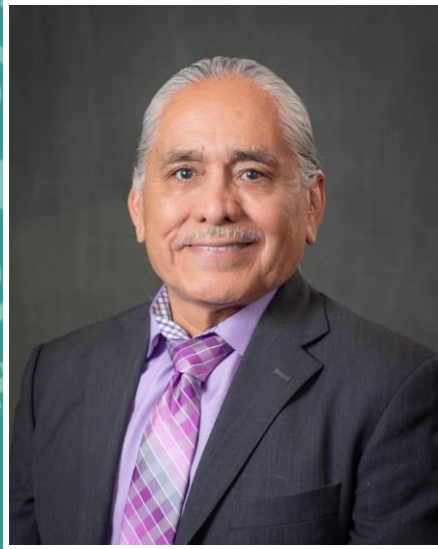
# Timeline





# Questions?

# Discussion & Listening Session



**Dr. John Molina**  
*AACIHC Director*

# American Indian/Alaska Native Health Profile in Arizona

## What the Data Tells Us :

- In 2022, the five major causes of death among AI/AN in Arizona were **unintentional injuries, heart disease, cancer, COVID-19, and chronic liver disease** (p. 6).
- Rates for gestational diabetes and hypertension among AI/AN women are nearly double the rates for Arizona women (p. 7).
- Compared to other groups, AI/AN individuals had higher prevalence of **diabetes, pre-diabetes, high cholesterol, STIs, poor neonatal/infant outcomes, obesity, and physical inactivity** (p. 7).
- The median household income for AI/AN households is much lower than Arizona's state average; poverty rate is 26.6% vs. 12.4% statewide (p. 10-11).
- AI/AN mortality rates remain the highest of all race/ethnic groups, with a life expectancy gap of 16-19 years compared to Arizona's general population (p. 12)



# Overview: Topics for Discussion

- Access to Care
- Workforce
- Funding and Sustainability
- Partnerships
- Data & Accountability
- Technology Innovation
- Other Considerations





# Access to Care

- What are the most significant access challenges facing your community (e.g., emergency services, specialty care, preventative care, behavioral health, traditional healing, hospital care, transportation)?
- How should Arizona prioritize RHTP funding to address these access challenges?



# Workforce

- What strategies would best support recruitment and retention of health care professionals in Tribal and rural communities?
- How can RHTP funds strengthen workforce pipelines for Native students or Tribal providers?



# Funding & Sustainability

- What types of financial support would most help Tribal Nations and I/T/Us (e.g., sustainability payments, technology upgrades, telehealth expansion)?
- Are there specific challenges your facility faces in sustaining operations that RHTP should address?



# Partnerships

- How should RHTP funds be used to strengthen partnerships between I/T/Us and non-Tribal rural providers?
- What role should telehealth, mobile health, or culturally grounded approaches such as traditional healing play in Arizona's rural health transformation plan?



# Data & Accountability

- What data should Arizona include to demonstrate that Tribal priorities are reflected in its application?
- How can AHCCCS respect Tribal data sovereignty while still meeting federal reporting requirements?



# Tech Innovation

How could Arizona leverage RHTP dollars to advance...

- Consumer Tech Solutions
- Training and Technical Assistance
- IT Advances



# Other Considerations

- Are there Tribal-specific initiatives, priorities, or recommendations that should be elevated in Arizona's application to CMS?
- What barriers have Tribes and ITUs faced in past federal/state rural health initiatives (difficulty accessing funds, restrictive regulations, limited TA)?





# Closing Remarks



# Announcements



# 2025 Tribal Meeting Calendar

## Tribal Policy Workgroup (*Virtual Only*)

**Date:** Monday, September 15, 2025

**Time:** 10:00AM – 11:00AM

**Virtual Registration:**

## Quarterly Tri-Agency Meeting/ AHCCCS Tribal Consultation\*

**Date:** Thursday, November 7, 2025

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

**Location:** TBD / Host Needed

**Virtual Registration:** [HERE](#)

## Tribal Policy Workgroup (*Virtual Only*)

**Date:** Wednesday, November 12, 2025

**Time:** 2:00PM – 3:30PM

**Virtual Registration:** [HERE](#)

### Tri-Agency In-Person Registration

In-person participation is limited to Tribal leaders and delegates, I/T/U representatives, MCO Tribal Teams, and invited guests. All others are encouraged to attend virtually.

\* Note: To register for in-person attendance, please email [TribalRelations@azahcccs.gov](mailto:TribalRelations@azahcccs.gov) to request the registration link.

# 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](#).



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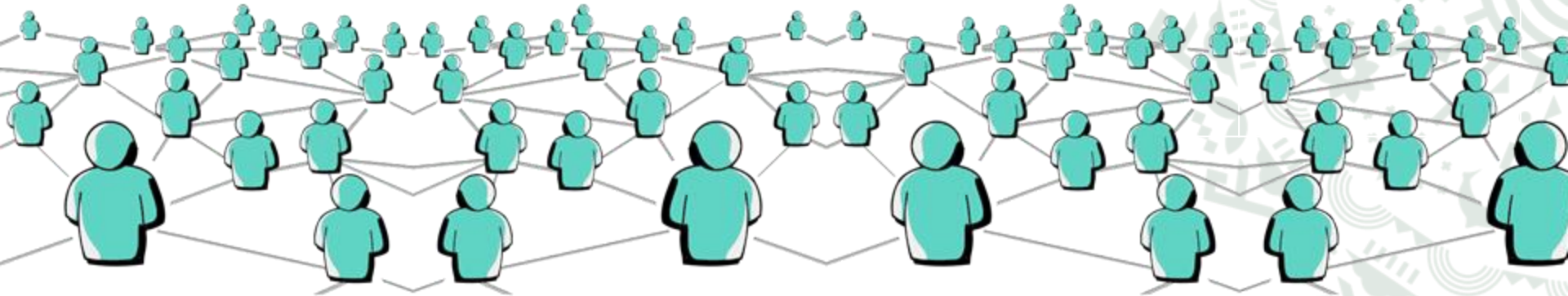
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# Learn about AHCCCS' Medicaid Program on YouTube!

AHCCCS  
Explains...

Medicaid Eligibility

AHCCCS  
Explains...

ALTCS

AHCCCS  
Explains...

Health-e-Arizona Plus



# 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](mailto:mcotransitions@azahcccs.gov) FAQ: chrome-extension://efaidnbnmnnibpcajpcglclefindmkaj/https://www.azahcccs.gov/Resources/Downloads/ALTCS-EPD-FAQ.pdf







ARIZONA ADVISORY  
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**Thank you!**  
**Have a great day!**

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