

## **Introduction**

The AHCCCS Tribal Consultation Policy was adopted by the AHCCCS Administration and incorporated into its administrative policy in early state fiscal year 2007. The institution of the policy resulted from the direction of Governor Janet Napolitano.

Formal direction to AHCCCS and other Executive Branch agencies was provided in Executive Order 2006-14, "Consultation and Cooperation with Arizona Tribes." In short, the executive order requires that all Executive Branch agencies:

1. Develop and Implement tribal consultation policies;
2. Designate a member of their staff to assume responsibility for the agency's implementation of the tribal consultation policy and act as the principle point of contact for tribal issues; and
3. Review their tribal consultation policies each year and submit an electronic report to the Governor and the Legislature to describe all action undertaken.

## **AHCCCS Tribal Consultation Policy Development**

The AHCCCS Tribal Consultation was composed upon review of federal tribal consultation policies, including the U.S. Department of Health and Human Services, Indian Health Service, and Centers for Medicare and Medicaid Services. The format for the tribal consultation policy used by AHCCCS closely resembles that of the Centers for Medicare and Medicaid Services (CMS). Reasoning for the use of a similar format included:

- The CMS Tribal Consultation Policy was clear, concise, and included essential elements to ensure the policy's effectiveness.
- The CMS Senior Policy Advisor for American Indian and Alaska Native Programs was involved in the development of the CMS Tribal Consultation Policy with some advisement from tribes and the CMS Tribal Technical Advisory Group; and,
- The CMS is the primary source of funding for the Medicaid and State Children's Health Insurance Assistance Program (SCHIP) programs in Arizona and the federal and state agencies' respective programs and policies are closely aligned.

The AHCCCS Tribal Consultation Policy was reviewed by its executive management and directors early in SFY 2007. The Policy was subsequently incorporated in the AHCCCS Administrative Policy. The AHCCCS Administration has not formally sought feedback from the tribes in Arizona regarding the format and content of the AHCCCS tribal consultation policy. Since AHCCCS has not done so, its intention is to do so within SFY 2008 and to make revisions to the policy, as appropriate.

## **American Indian AHCCCS Members**

American Indians and Alaska Natives compose about five percent of Arizona's population. Of the AHCCCS member population, the proportion of American Indians and Alaska Natives is significantly higher, totaling about eleven percent. According to an estimated average from the Current Population Survey, approximately 17% of American Indians and Alaska Natives in Arizona live at or below the federal poverty level.

Approximately sixty-percent of American Indian AHCCCS members reside on reservation lands. Therefore, it is imperative that tribal governments, as sovereign nations, be consulted on federal and state policies that have a significant impact on their tribal members.

### **Key Elements**

The AHCCCS Tribal Consultation Policy is meant to reflect the mission and vision of AHCCCS and contains concise guidelines as to when and how the agency will implement tribal consultation. The guiding principle behind the policy is to ensure that reasonable notice and opportunity for consultation with Indian Tribes is provided by the AHCCCS Administration regarding high-level policy changes that significantly impact Indian Tribes in the State of Arizona.

The following are important guidelines regarding direct consultation as outlined in the AHCCCS Tribal Consultation Policy.

- If an issue is identified that is likely to have a significant impact on Indian Tribes within the State of Arizona, the AHCCCS Administration shall provide timely written notice to Arizona Indian Tribes soliciting feedback and recommendations regarding the issue.
- If a Tribal elected official or appointed official requests additional information or provides feedback regarding an issue, the AHCCCS Administration shall communicate, verbally or through written correspondence, with the official to provide a timely and substantive response.
- Face-to-face consultation sessions may be scheduled as a single statewide meeting, or in conjunction with other statewide meetings.
- The AHCCCS Administration may also provide written notice and a solicitation for feedback to non-Tribal organizations such as the Advisory Council on Indian Health Care, the Inter Tribal Council of Arizona, and the Indian Health Service Area Offices in Arizona. Such communications do not substitute for direct communication with the Indian Tribes in Arizona.

Through strong collaboration and communication between Indian Tribes in Arizona, the AHCCCS Director, the Tribal Relations Liaison, and the AHCCCS divisions, the process of tribal consultation should prove effective and can be modified to better meet the consultation needs of the Indian Tribes in Arizona and the AHCCCS Administration.

### **Consultation Activities**

The AHCCCS Administration has initiated tribal consultation activities in the following three areas.

1. Deficit Reduction Act (DRA) Documentation Requirements – Tribes and AHCCCS members were notified of the new proof of citizenship and identity requirements of the Deficit Reduction Act. Two conference calls were held specifically for tribal health directors and the Indian Health Service, 638-tribally operated facilities, and urban Indian health programs (ITUs) on May 22, 2006 and July 6, 2006.

Tribes expressed concern about their respective tribal members not being able to meet the specified documentation requirements when applying or renewing eligibility for AHCCCS and KidsCare Programs. This was especially a concern for tribal elders born at home that do not have birth certificates or other forms of citizenship documentation. There was also much concern regarding tribal enrollment documents and the Certificate of Degree of Indian Blood (CDIB) not being honored for documentation of citizenship as

well as for identity purposes. For this reason, the AHCCCS Administration expressed these concerns in response to the Interim Final Regulations on the documentation requirements.

AHCCCS held several follow-up meetings with individual tribes and, notably, the Navajo Area Indian Health Service (IHS) Director and staff. The Navajo Area IHS Director presented a face sheet that met the requirements of a medical record under the documents listed for citizenship. The result was that AHCCCS was able to obtain this form of citizenship documentation for current and former AHCCCS and KidsCare members that received services within the Navajo and Phoenix Area Indian Health Services Offices. This allowed for a one-time update of numerous member files without requiring the member or individual to have to obtain the documentation on their own to submit to the eligibility specialist. The result of these meetings included AHCCCS providing a monthly electronic file to IHS Area Offices that includes current information of members that have renewals/re-determinations scheduled in approximately the following 60 days.

2. Indian Health Service (IHS) / AHCCCS Name Change – Feedback was requested from tribal leaders, tribal health directors, and ITUs on a proposal to change the name of the acute care fee-for-service option, “IHS/AHCCCS,” to better suit the needs of members and providers.

A formal letter was sent to tribal leaders on January 8, 2007 requesting feedback on the name change. The proposed change was “AHCCCS Native American Fee for Service Program.” One official response was received from the Navajo Area Indian Health Service stating support of the name change and reinforcing that members be notified of the change. Follow-up correspondence was sent to tribal health directors providing an extension for comments to be sent, but no written comments were provided by the tribes. AHCCCS staff provided an update on the proposed name change and requested a formal recommendation from the Advisory Council on Indian Health Care on April 12, 2007 and July 27, 2007. The Advisory Council on Indian Health Care made a formal recommendation to change the current “IHS/AHCCCS” name to “AHCCCS American Indian Health Program.”

The AHCCCS Administration will review the comments provided and determine a future plan of action on the proposed name change.

3. KidsCare Outreach – A special conference call was held for tribal leaders and health directors to discuss the availability of funding allocated for SCHIP outreach to children in Arizona. Additional information on the web-based application known as Health-e Arizona was requested by call participants. The AHCCCS Administration will continue to consult with the tribes and ITUs regarding collaboration regarding this topic.

The Governor’s Health Policy Advisor also conducted a conference call specifically for tribal health directors and ITUs to discuss the Governor’s legislative health agenda for the 2007 Legislative Session on February 7, 2007. Information on future KidsCare Outreach efforts was requested.

The AHCCCS Administration also plans to host a conference call for tribes to discuss the acute care health plan request for proposal process. The call will be held on September 11, 2007.

**Requests for Assistance**

The AHCCCS Administration will continue to respond to requests for assistance through the Office of Intergovernmental Relations, Division of Member Services, Division of Fee for Service Management, and other appropriate departments to tribes and their respective members.

**Future Activities**

In order to be more effective, the AHCCCS Administration will coordinate with the Arizona Department of Health Services and the Department of Economic Security to provide tribal consultation for tribes in Arizona.

**Appendix**

AHCCCS Tribal Consultation Policy