

**Arizona Health Care Cost Containment System (AHCCCS)**  
**Annual Agency Report on Tribal Outreach Activities**  
**State Fiscal Year 2015 - 2016**

**Introduction**

The Arizona Health Care Cost Containment System (AHCCCS) Tribal Consultation Policy was adopted by the AHCCCS Administration and incorporated into its administrative policy in fiscal year 2007.

**Consultation Activities**

The following goals, objectives, activities and performance measures represent AHCCCS' outreach to tribes, tribal leaders, tribal members, Indian Health Service (IHS), 93-638 tribal health facilities and urban tribal health facilities from July 1, 2015 through June 30, 2016. The AHCCCS Tribal Liaison is responsible for coordinating outreach activities with tribes and tribal health organizations. Between July 1, 2015 and June 30, 2016, AHCCCS conducted sixty (60) outreach and consultation activities. These include; (18) formal consultation meetings including special teleconference consultations, nine (9) tribal forums, twenty-two (22) tribal workgroup meetings, seven (7) Government-to-Government meetings, and four (4) tribal outreach and education presentations. The Tribal Liaison conducted two (2) internal staff presentations on the AHCCCS tribal consultation policy. All meetings, workgroups, forums and presentations were held to consult with tribes, obtain tribal input, provide information and updates and to discuss policy and programmatic changes that significantly impacted American Indians. Policy and programmatic changes were either proposed by AHCCCS, mandated by the Arizona State Legislature or the Centers for Medicare and Medicaid Services (CMS). The goals in the following table can be found in the AHCCCS Tribal Consultation Policy; <https://www.azahcccs.gov/AmericanIndians/Downloads/consultations/AHCCCS Tribal Consultation Policy.pdf>.

Goal	Objective	Activity and Performance Measures
1. Set timely consultation with Arizona Tribal Nations.	1a. Develop calendar of Tribal consultation meetings for 2015-2016.	1a. A schedule of formal 2015-2016 consultation meetings was developed and distributed to tribal partners on the AHCCCS Tribal Relations listserv and posted on the AHCCCS website.
2. Allow for consultation with Tribal Nations in the development of new policy or a change in policy with substantial tribal implications, including State Plan Amendments (SPA) and 1115 Waiver Proposals that will be submitted to the Centers for Medicare and Medicaid Services (CMS)	2a. Host consultation meetings according to the consultation calendar. Meetings were held at the AHCCCS Administrative offices, or via teleconference and on tribal lands.	2a. A total of eighteen (18) consultation meetings were held. Eleven (11) formal tribal consultation meetings were held on: 8/21/15, 9/14/15, 10/22/15, 11/23/15, 1/21/16, 3/2/16, 3/3/16, 3/23/16, 4/21/16, 5/12/16 and 5/18/16. Five (5) meetings were held with IHS Area Directors and Chief Medical Officers on: 9/17/15, 11/16/15, 12/17/15, 3/17/16, and 6/16/16. Two (2) meetings were held with Tribal 638 Health Directors on: 12/3/15 and 3/10/16.
	2b. Hold special tribal <i>Delivery System Reform Incentive Payment (DSRIP)</i> forums at the AHCCCS administrative offices, at NAU in Flagstaff and in Tucson at the Tucson Area IHS office to provide information and collect input on the DSRIP proposal.	2b. Six (6) <i>DSRIP Forums</i> were held at AHCCCS, in Flagstaff and in Tucson on: 3/1/16, 3/2/16, 3/3/16, 3/23/16, 5/12/16, and 5/25/16. All public comments and feedback were documented and incorporated into the DSRIP proposal that was submitted to CMS on July 15, 2016.

	<p>2c. Hold tribal forums to provide information and collect input and feedback from tribal stakeholders on State Plan Amendments (SPAs) and the 1115 Demonstration Waiver</p>	<p>2c. <u>8/2/15</u> - <i>Home and Community Based Services (HCBS) Forum</i> was held on the White Mountain Apache reservation.  2c. <u>8/26/15</u> – <i>1115 Demonstration Waiver Forum</i> was held on the Pascua Yaqui reservation.  2c. <u>8/21/15</u> – <i>1115 Demonstration Waiver Forum</i> was held at Flagstaff Medical Center for Northern Arizona tribes.  All public comments &amp; recommendations were documented and incorporated into the SPAs and 1115 Waiver.</p>
	<p>2d. Organize three (3) tribal workgroups to provide input and assistance with the 1115 Waiver language on three (3) sections of the Waiver document. Workgroups met multiple times on scheduled dates.</p>	<p>2d. <i>Uncompensated Care Workgroup</i> met: 12/10/15, 1/21/16, 2/18/16, 3/18/16, 4/8/16 and 5/25/16  2d. <i>Traditional Healing Workgroup</i> met: 12/10/15, 1/21/16, 2/18/16, 3/17/16, 4/8/16 and 5/25/18  2d. <i>Medical Home Workgroup</i> met: 12/10/15, 1/21/16, 2/18/16, 3/17/16, 4/8/16, 5/25/16  Workgroup recommended language and revisions were included in the Waiver proposal that was submitted to CMS on June 17, 2016.</p>
	<p>2e. Organize a tribal <i>Emergency Medical Transportation (EMT) Workgroup</i> to review state regulatory and rate methodologies that impact tribal EMT programs and will recommend a rate increase process that will update tribal EMS rates.</p>	<p>2e. The <i>Tribal EMT Workgroup</i> was organized and meetings are scheduled for: 7/6/16, 7/25/16, 8/15/16, and 9/6/16. This group has not concluded their work.</p>
<p>3. Provide opportunities for Tribes to request tribal consultation on specific topics or issues affecting one or more Tribe(s).</p>	<p>3a. Hold Government-to-Government meetings with Tribal and Tribal Regional Behavioral Health Authority (TRBHAs) officials to discuss and update tribal Intergovernmental Agreements (IGAs).</p>	<p>3a. AHCCCS Director Tom Betlach and Division of Fee-for-Service staff met with White Mountain Apache tribal and TRBHA officials on 7/20/16, with Pascua Yaqui tribal and TRBHA officials on 7/24/16 and with Colorado River Indian Community tribal and TRBHA officials on 7/29/16. All IGAs were successfully negotiated and finalized.</p>
	<p>3b. Meeting requested by Navajo Nation health provider.</p>	<p>3b. 5/23/16 – AHCCCS Director Betlach and members of the Division of Fee-for-Service Management staff met with a representative of the Rehoboth McKinley Christian Health Care Services to discuss payment reimbursement.</p>
	<p>3c. Teleconference requested by Tuba City Regional Health Care Corporation (TCRHCC).</p>	<p>3c. 6/20/16 – CMS and AHCCCS officials met telephonically with TCRHCC to discuss drug reimbursement issues.</p>

	3d. Teleconference requested by the Pascua Yaqui Tribe (PYT) and Substance Abuse and Mental Health Services Administration (SAMHSA)	3d. 6/29/16 – AHCCCS and SAMHSA officials met telephonically with PYT officials to discuss the status of involuntary commitment tribal court orders.
	3e. Meeting requested by Native Health, an urban Indian health provider.	3e. 6/30/16 – The CEO of Native Health and AHCCCS representatives met to discuss CMS guidance on 100% Federal Medical Assistance Percentage (FMAP).
4. Work with Tribes to increase their knowledge and understanding of AHCCCS programs and policies.	4a. Provide continuous tribal outreach and education.	4a. 1/12/16 - Per request from the Inter Tribal Council of Arizona (ITCA), AHCCCS Tribal Liaison presented general AHCCCS information on one (1) occasion to the Tribal Social Services Workgroup.
	4b. Same as 4a.	4b. Three (3) presentations were made by the AHCCCS Tribal Liaison on AHCCCS topics the per request of the Centers for Medicare and Medicaid (CMS) at Indian Health Service (IHS) tribal health staff trainings in Phoenix and on the Navajo Nation on: 12/2/15, 3/16/16 and 4/24/16.
5. Coordinate within the Agency to ensure consistent application of the tribal consultation policy.	5a. Conduct on-going internal tribal consultation policy and tribal protocol presentations to AHCCCS staff.	5a. Two (2) internal staff presentations were made by the AHCCCS Tribal Liaison: 12/16/15 and 1/27/16.

**Recommendations from Tribal representatives:** Request from tribal Emergency Medical Transportation (EMT) representatives to organize a workgroup that will review state regulatory and rate methodologies that impact tribal EMT programs and recommend a rate increase process that will update tribal EMS rates.

**Revisions to Tribal Consultation Policy:** The AHCCCS Tribal Consultation Policy was revised and approved on October 21, 2014.

**Agency Highlight:** Tribal workgroups were organized to further engage tribes and provide AHCCCS with more in-depth tribal perspectives, input and feedback. Workgroups consists of members of Arizona’s 22 tribes, IHS and tribal 638 representatives and are chaired by an elected tribal representative. Three (3) tribal workgroups, Traditional Healing, Uncompensated Care and Medical Home, were organized to assist AHCCCS in developing new and revised language for the 1115 Demonstration Waiver. Language recommendations were presented at the April 21, 2016 AHCCCS tribal consultation meeting and were included in the final Waiver proposal submitted to CMS. Another workgroup is currently reviewing state regulatory and rate methodologies that impact tribal Emergency Medical Transportation programs and will recommend a rate increase process that will update tribal EMS rates.

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