

TRIBAL CONSULTATION ANNUAL REPORT
July 1, 2020 – June 30, 2021

Agency Overview

The Arizona Health Care Cost Containment System (AHCCCS) is the State of Arizona’s Medicaid program, a federal health care program jointly funded by the federal and state governments for individuals and families who qualify based on income level. AHCCCS is built on a system of competition and choice, and generally operates under an integrated managed care model, through a Research and Demonstration 1115 Waiver. AHCCCS-contracted managed care health plans, also known as Arizona Complete Care plans, coordinate and pay for physical and behavioral health care services for AHCCCS-enrolled members throughout the state. AHCCCS recognizes the unique government-to-government relationship of Tribal Nations and federal and state governments, and shares the common goal of decreasing health disparities and maximizing access to critical health services for American Indian and Alaska Natives. The agency also recognizes that federal and state laws and regulations will be implemented as they apply to tribes and tribal facilities receiving payments for services provided under the AHCCCS program.

Tribal Consultation Activities

In state fiscal year 2021, the agency engaged in the following outreach and consultation activities with tribal nations and their leaders, tribal members and representatives, Indian Health Service (IHS) facilities, P.L 93-638 tribally-operated health facilities, and Urban Indian Health Program facilities. This report is reflective of activities conducted by the Office of the Director (OOD), the Division of Community Advocacy and Intergovernmental Relations (DCAIR), Division of Fee-for-Service Management (DFSM), the Division of Grants Administration (DGA), the Division of Health Care Management (DHCM), and the Division of Member and Provider Services (DMPS) as outlined by the AHCCCS Tribal Consultation Policy.

GOAL	OBJECTIVE	ACTIVITY and PERFORMANCE MEASURES
Establish communication channels with the elected leader of each Tribal Nation in Arizona and the appointed leadership for health services for each tribe.	<ol style="list-style-type: none"> Host tribal consultation meetings in accordance with the consultation calendar and communicate information to tribal leadership. Provide adequate information via meeting materials and announcements to tribes and their leadership prior to each meeting. 	<p>AHCCCS Quarterly Tribal Consultations: 4 Held on August 12, 2020, November 5, 2020, February 11, 2021, and May 13, 2021. All AHCCCS Tribal Consultation sessions were held virtually via Zoom due to COVID-19 distancing measures. All information and notices were sent to tribal and IHS/638-tribally-operated program/Urban Indian Program (ITU) leaders via email. Additionally, the Tribal Consultation Calendar and meeting materials and information are regularly posted to the AHCCCS Tribal Relations website.</p> <p>AHCCCS Special Quarterly Tribal Consultations: 10 COVID-19 Agency Response Tribal Consultation Sessions held virtually on: July 7, 2020; July 31, 2020; September 16, 2020; January 12, 2021; March 24, 2021; April 13, 2021; and, June 16, 2021. AHCCCS 1115 Waiver Renewal and Amendment Tribal Consultation Sessions held virtually on October 19, 2020 and April 5, 2021. Whole Person Care Initiative Tribal Consultation Session held on December 10, 2020.</p>
Set timely consultation with Arizona Tribal Nations.	<ol style="list-style-type: none"> Develop a calendar of Tribal Consultation meetings for the calendar year 2020-2021. 	Development of a formal consultation meeting calendar occurred and was distributed to tribal leaders, members, and stakeholders via the AHCCCS Tribal Relations email list . Ad Hoc Special Tribal Consultation meetings were scheduled and communicated as deemed necessary.

<p>Allow for consultation with tribes in the development of new policy or a change in policy with substantial tribal implications, including State Plan Amendments (SPA) and Waiver proposals that will be submitted to the Centers for Medicare and Medicaid Services (CMS).</p>	<ol style="list-style-type: none"> 1. Open each State Plan Amendment to public comment and written testimony for at least 45 days prior to submission. 2. Open each Waiver proposal to public comment and written testimony for at least 45 days prior to submission. 3. Send updated policy comment notifications to tribal leaders, members, and stakeholders on an ongoing basis. 	<p>State Plan Amendments Presented for Tribal Consultation: 40</p> <p>AHCCCS Waiver Proposals and/or Amendment Presentations for Tribal Consultation and Public Comment: 32</p> <p>The AHCCCS Director and the larger Federal Relations team presented AHCCCS Waiver proposals, including renewals and amendments, and authorities sought under each, at AHCCCS Tribal Consultation sessions with tribes and ITUs, at CMS ITU Trainings, during AHCCCS Community Forums, and by request to the Arizona Advisory Council Indian Health Care and the Navajo Traditional Practitioners group.</p> <p>AHCCCS Medical Policy Manual (AMPM) and AHCCCS Contractor Operations Manual (ACOM) Policy distributions: 46</p> <p>The Tribal Relations Liaison and the AHCCCS policy team (housed in DHCM) distributed requests to the AHCCCS Tribal Relations email list for review and comment on policies found in the AMPM and ACOM.</p>
<p>Coordinate within the Agency to ensure consistent application of the Tribal Consultation Policy.</p>	<ol style="list-style-type: none"> 1. Provide AHCCCS Tribal Consultation Primer and Overview to AHCCCS Staff. 2. AHCCCS divisions present relevant programmatic information for Tribal Consultation. 	<p>The agency Tribal Liaison provides an overview of the history and importance of Tribal Consultation for all AHCCCS initiatives to internal managers. Ahead of each Tribal Consultation meeting, AHCCCS division leaders coordinate with the AHCCCS Tribal Liaison to ensure appropriate bi-directional discussions regarding programmatic and policy changes are entered into with tribes and/or ITUs.</p> <p>Presentations and trainings given to internal staff include <i>AHCCCS Tribal Relations Overview, Tribal Consultation Policy and Process, and History and Background on Federal Indian Law and Policy.</i></p>
<p>Provide opportunity on an ongoing basis for tribes to request tribal consultation on a specific topic or issue affecting one or more tribe(s).</p>	<ol style="list-style-type: none"> 1. Government-to-Government meetings held with tribal leaders and/or their delegated officials as requested. 	<p>The agency held 8 government-to-government meetings with Tribal Elected and/or Executive Leadership outside of Tribal Consultation meetings by request for specific topics and various issues raised relating but not limited to: TRBHA Intergovernmental Agreements, crisis response and protocols on tribal lands, and behavioral health provider challenges.</p>
<p>Work with representatives from Tribal Nations, IHS facilities, Tribally-operated 638 Health Facilities, and Urban Indian Health Programs to increase their knowledge and understanding of AHCCCS programs and policies.</p>	<ol style="list-style-type: none"> 1. Meet with IHS Area leadership on a regular basis. 2. Provide continuous tribal outreach, education, technical assistance or training to resolve issues. 	<p>Quarterly IHS Area Director and Chief Medical Officer Meetings: 4</p> <p>Held virtually via Zoom on August 19, 2020, November 18, 2020, February 17, 2021, and May 19, 2021. Attended by Area Directors, Chief Medical Officers, and/or their delegated staff from IHS Navajo Area Office, IHS Phoenix Area Office, and IHS Tucson Area Office.</p> <p>AHCCCS Director Meetings with the Arizona Advisory Council on Indian Health Care (AACIHC): 7</p> <p>Director Snyder, or other representatives from the Office of the Director, regularly meets with the AACIHC leadership to discuss AHCCCS policy and/or programmatic changes. AACIHC leadership provides advisement and/or recommendations to AHCCCS on behalf of their council when necessary. Meetings were held on August 6, 2020, October 15, 2020, December 9, 2020, February 2, 2021, April 2, 2021, April 7, 2021, and June 30, 2021.</p>

		<p>Tribal-specific Community Presentations: 3 Forums held virtually specifically for tribal leaders and/or tribal stakeholders focusing on AHCCCS programmatic updates, including AHCCCS Complete Care/Integration and Regional Behavioral Health Authority Services, AHCCCS Waiver updates, and the newly-formed AHCCCS Health Equity Committee.</p> <p>Tribal Relations Presentations and Meetings with Tribal and Non-Tribal Stakeholders: 35 AHCCCS Complete Care Tribal Relations and Service Delivery Meetings (10); Arizona Advisory Council on Indian Health Care (7); State-Tribal Liaison Roundtable (6); CMS ITU Trainings (2); First Things First Regional Council Meeting; US Department of Health and Human Services Region IX Tribal Consultation; Navajo Nation Mental Health Coalition Meetings (3); State Tribal Leader’s Orientation; AHCCCS Overview/Trainings with tribal partners (4).</p> <p>DGA Meetings with IHS/Tribal 638 Health Facilities: 2 In March 2021, DFSM, in collaboration with DGA provided technical assistance to the Tribal Regional Behavioral Health Authorities (TRBHAs) on the federal block grants. In April 2021, technical assistance and information regarding the Emergency COVID grant was also provided to the TRBHAs.</p> <p>DFSM Meetings with IHS/Tribal 638 Health Facilities: 22 IHS/Tribal 638 Quarterly Forums (4 held in fiscal year); Quarterly Tribal Regional Behavioral Health Authority (TRBHA) Meetings (4 held in fiscal year); Tribal ALTCS Quarterly Meetings (4 held in fiscal year); IHS/638 Quarterly Pharmacy Workgroup Meetings (4 held in fiscal year); Intergovernmental Agreement Listening Sessions with TRBHAs (5 held in fiscal year); 1 Meeting with Phoenix Area IHS and Mercy Care to discuss crisis services.</p> <p>DFSM Trainings to tribal facilities/providers: 185 Provided training and technical assistance sessions via webinar related to programming, policy and billing requirements. Of the 185 total trainings, 76 were held specifically for IHS/638 providers.</p> <p>DMPS Trainings to tribal facilities/providers: 4 Provided training and technical assistance sessions via webinar regarding the new AHCCCS Provider Enrollment Portal (APEP).</p>
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Agency Highlights

Under the guidance of Director Snyder, AHCCCS took a proactive approach to stakeholder relations to ensure public participation in agency initiatives and response during the COVID-19 Public Health Emergency. AHCCCS Tribal Relations has worked to ensure that outreach and engagement strategies are inclusive of and accessible by Tribal Nations, tribal leadership, community members, and stakeholders as we continue to hold consultation sessions and other tribal-specific meetings via a virtual platform. Targeted and strategic agency efforts have resulted in the highlighted outcomes below.

- Division of Community Advocacy and Intergovernmental Relations:
 - Frequent Tribal Consultation sessions during SFY21. AHCCCS moved from a quarterly format to a monthly meeting format to ensure that the agency was being responsive to the needs and concerns of tribal communities during the COVID-19 Public Health Emergency. During the fiscal year, the agency held 14 Tribal Consultation sessions to apprise tribal leaders, ITU leadership, and the public, including AHCCCS members, of upcoming programmatic and policy changes. The agency Tribal Liaison has worked to ensure that

meetings were held virtually and were accessible for attendees with the option to join either via web or phone, and ensuring that meeting materials were made available ahead of each meeting for tribal and ITU leadership review.

- The AHCCCS Federal Relations team, housed within DCAIR, played a crucial role in assisting the agency to seek a broad range of emergency authorities under an 1135 waiver, 1115 waiver, Appendix K and State Plan Amendments to respond swiftly to the public health emergency. These flexibilities helped to strengthen the provider workforce and remove barriers to care for AHCCCS members, enhance Medicaid services and supports for vulnerable members and remove cost sharing and other administrative requirements to support continued access to services for the duration of the emergency period. The team diligently considered all tribal-specific feedback received from Tribal Consultation sessions and other community forums to ensure that feedback and requests were included in the appropriate waiver request packets over the last year.
- Division of Fee-for-Service Management:
 - The TRBHA IGAs had to be renewed during this fiscal year. Typically this process takes nine to twelve months and is done via in-person meetings with TRBHA and tribal leadership. Due to COVID, all negotiation meetings were conducted virtually and completed in about six months. The flexibility of each tribe and their willingness to work through the IGA process in a virtual environment in a shorter amount of time highlights our collaboration and partnership.
 - During this fiscal year a [Digital Toolbox](#) (DTB) was added to the Tribal ALTCS webpage. The Tribal ALTCS team collaborated with all eight Tribal ALTCS Programs to build an effective DTB. The DTB was created to centralize various case management resources into one location for the Tribal ALTCS Program Supervisors and Case Managers. The DTB has eight essential components that have helped to improve the performance of each Tribal ALTCS Program. The Tribal Plan Spotlight is an important component that provides information related to tribal customs, social behavior, ideas, and more. The purpose of adding this component was to increase our cultural competence and to help us develop a deeper understanding of the members enrolled with a Fee-For-Service Program.
- Division of Member and Provider Services
 - Teams responsible for the unrolling of the APEP worked to ensure that the specific concerns and needs of ITUs were addressed. The team worked to provide specific information and technical assistance for the ITUs as the APEP was operationalized, so that facilities did not lose provider information and were able to continue to provide reimbursable services much needed over the past year.

Challenges Encountered

AHCCCS acknowledges that many of the tribal communities across the state have been largely impacted by COVID-19. Because we understand that a large cross section of the tribal community are served by the AHCCCS health care delivery system, the agency has worked to overcome challenges created by the current Public Health Emergency. Some examples of specific challenges experienced, and solutions provided, include:

- Because many tribal communities continue to experience infrastructural issues related to lack of reliable internet and telecommunications service, AHCCCS continues to work nation-to-nation regarding best practices for communications.
 - The agency provides ongoing updates to the AHCCCS COVID-19 [Frequently Asked Questions](#). Topics specific to the tribal health care delivery system are included on the FAQ and the AHCCCS COVID-19 webpage. Questions and topics included come directly from communications with tribal and ITU leadership.
 - AHCCCS makes frequent updates to the AHCCCS Tribal Relations and Tribal Consultation webpage to ensure that the most appropriate information is available for tribal and ITU leadership to review in the event they are unable to attend Tribal Consultation sessions. The agency tribal liaison also provides tribal and ITU leaders options to receive AHCCCS Tribal Consultation information ahead of each session and options for tribal and ITU leadership to call-in to meetings in lieu of needing an internet connection to attend.
 - The agency continues to operate within an open-door tribal relations policy in which tribal and ITU leadership may contact the agency tribal liaison via phone or email should they need to connect with agency representatives outside of tribal consultation or other tribal-specific meetings.
- The DFSM Integrated Services team holds quarterly in-person meetings with the TRBHAs. Due to COVID, these meetings were moved to a virtual platform. Meeting in-person has been an important aspect of DFSM Integrated Services work, providing an opportunity to build relationships and to visit the various tribes where the TRBHAs can showcase their work and highlight their unique strengths and challenges. While virtual meetings have allowed for continued partnership, the TRBHAs also agree that in-person is the preferred format.
- IHS/638 facilities have the opportunity to become American Indian Medical Homes (AIMH) by providing Primary Care Case Management and 24 hour access to a care team to members. One barrier IHS facilities experience in achieving the highest tier level as an AIMH is meeting the requirement of participating in the state Health Information Exchange. This has hindered many facilities from moving forward with AIMH status. However, throughout the year, AHCCCS has

worked closely with IHS' Chief Medical Information Officer to establish a path forward for IHS facilities through IHS' Four Direction Hub eHealth exchange to meet this requirement.

- A primary barrier experienced in relation to work with tribal communities is competing priorities. Oftentimes, tribal staff wear multiple hats and have to respond to multiple stakeholders, so there have been times when coordinated efforts are not as timely as they could be.

AHCCCS Tribal Consultation Policy Revision

Pursuant to A.R.S. 41-2051 Section C, the AHCCCS Tribal Consultation Policy was developed and implemented. This policy ensures that the AHCCCS administration provides reasonable notice and opportunity for consultation with tribes prior to implementing policy changes that are likely to have a direct effect on tribes and tribal members. This policy was last amended on November 5, 2019 and last taken to Tribal Consultation on May 13, 2021. A copy of the current AHCCCS Tribal Consultation Policy can be found at www.azahcccs.gov/AmericanIndians/Downloads/consultations/AHCCCS Tribal Consultation Policy.pdf.

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