



TRIBAL CONSULTATION MEETING

August 21, 2015

Conference Bridge: 1-877-820-7831, Participant Passcode: 108903#

NOTIFICATION TO TRIBES:

Good Afternoon,

This is a reminder of the August 21, 2015 AHCCCS Tribal Consultation meeting to be held in Flagstaff at the Flagstaff Medical Center in the McGee Auditorium from 10:00 a.m. to 12:00 p.m. For those who cannot attend in-person, the meeting can be accessed by teleconference at, 1-877-820-7831, Participant Passcode: 108903#. All meeting presentations and handouts can be viewed or downloaded at the AHCCCS website at the following link:

<http://www.azahcccs.gov/tribal/consultations/meetings.aspx>.

Finally, the AHCCCS 1115 Waiver Tribal Forum will be held at the same location from 1:00 p.m. to 3:00 p.m. Teleconference access is not available for the Waiver Forum.

Sincerely,

Bonnie

Bonnie Talakte

Tribal Relations Liaison
AHCCCS Office of Intergovernmental Relations
801 E. Jefferson, MD-4100 | Phoenix, AZ 85034
(602) 417-4610 (Office) | (602) 256-6756 (Fax)

Bonnie.Talakte@azahcccs.gov





AHCCCS TRIBAL CONSULTATION MEETING

With Tribal Leaders, Tribal Members, Indian Health Services, Tribal Health Programs Operated Under P.L. 93-638
and Urban Indian Health Programs

Date: August 21, 2015
Time: 10:00 a.m. – 12:00 a.m. (MST)
Location: Flagstaff Medical Center, McGee Auditorium, 1200 N. Beaver St. Flagstaff, AZ 86001
Conference Call-In: 1-877-820-7831 Participant Passcode: 108903#

AGENDA

TIME	TOPIC	PRESENTER
10:00 –10:10 a.m.	Welcome Opening Prayer Introductions	<i>Thomas Betlach</i> AHCCCS Director <i>Cheryl Stover,</i> Reverend, White Mountain Apache Assembly of God Church <i>Thomas Betlach</i>
10:10 –10:40 a.m.	AHCCCS Update: <ul style="list-style-type: none"> • Community Based Behavioral Health Centers • Division of Behavioral Health Services Merger • General Mental Health/Substance Abuse Service Changes (GMH/SA) • Enrollment 	<i>Thomas Betlach</i>
10:40 –11:00 a.m.	1115 Waiver Update	<i>Monica Coury,</i> Assistant Director Office of Intergovernmental Relations
11:00 –11:15 a.m.	1. Care Coordination Update 2. 0516 Language	<i>Denise Taylor-Sands,</i> Tribal Health Care Coordinator <i>Markay Adams,</i> Behavioral Health Care Coordinator <i>Elizabeth Carpio,</i> Assistant Director, DFSM
11:15 –11:30 a.m.	Home and Community Based Services (HCBS) Rules	<i>Dara Johnson,</i> Program Development Officer Division of Health Care Management <i>Virginia Rountree,</i> Operations Administrator, DHCM
11:30 –11:45 a.m.	1. Electronic Health Record (EHR) Program 2. Teledentistry	<i>Jakenna Lebsock,</i> Quality Improvement Manager Clinical Quality Management
11:45 – 12:00 p.m.	Promising Practice - White Mountain Apache Tribe NEMT Provider Training Process	<i>Cheryl Stover,</i> White Mountain Apache Tribe Director, Client Business Office Patient Transportation/ALTCS Program
12:00 p.m.	Wrap-Up/Announcements/Adjourn	<i>Thomas Betlach</i>

ATTENDEES:

Tribes	<p><u>Gila River Indian Community:</u> Deannah Neswood-Gishey <u>Havasupai Tribe:</u> Cody Susanyatewa <u>Hopi Tribe:</u> Angelina James, Jan Manuel, Danny Honanie, Leon Lomakema, Laverne Dallas <u>Hualapai Tribe:</u> Sandra Irwin <u>Navajo Nation:</u> Clarence Chee, Theresa Galvan, Martha Shorty, Sheena Lee, Walt Jones, Gen Holona, Lucy Nez, Lonnie Witt <u>White Mountain Apache:</u> Cheryl Stover <u>Yavapai Apache Nation:</u> Robin Hazelwood, Annette Mendez</p>
I/T/Us	<p><u>Fort Defiance Indian Health Care:</u> Christine Becenti, Terrilynn Chee <u>Native Health:</u> Evelina Maho, Deanna Sangster <u>Navajo Area IHS:</u> K. Dempsey <u>Phoenix Area IHS:</u> Carol Chicharello, Patsy Nulls <u>Phoenix Indian Health Center:</u> John Meeth, Doreen Pond <u>Tuba City Regional Health Care Corporation:</u> Bill Dey, Selena Simmons, Lynette Bonar, Violet Skinner, Melverta Barlow, Christine Keyonnie <u>Tucson Area IHS:</u> Bernard DeAsis <u>Winslow Indian Health Care Center:</u> Alice McCabe, Kelly Saganey, Dyanne Medina-McCabe, Louise Furcap, Beverly Lewis</p>
State Agencies	<p><u>Advisory Council on Indian Health Care:</u> Kim Russell <u>Arizona Department of Economic Security:</u> Kelly Norris, Joe Goitia, <u>Arizona American Indian Oral Health Initiative:</u> Hermina Frias <u>Arizona Department of Behavioral Health Services:</u> Anne Dye</p>
State Legislature	<p><u>AZ State Representative:</u> Jennifer Benally <u>AZ State Senator:</u> Caryle Begay</p>
Other	<p><u>Apache Behavioral Health:</u> Shannon Gollner <u>Association for Disabled Citizens, Inc.:</u> Katherine Nez <u>Cenpatico:</u> Julia Chavez, Sheina Yellowhair <u>Dine Association:</u> Rose Bizardie <u>Flagstaff Bone & Joint:</u> Shannon Linvill <u>Flagstaff Medical Center:</u> Mark Carole <u>Hozhoni:</u> Monica Attridge, Jennie Key, <u>Inter Tribal Council of Arizona (ITCA):</u> Alida Montiel, Verna Johnson, Anne Susan <u>Mercy Maricopa Integrated Care:</u> Faron Jack <u>Native Resource Development:</u> Jermiah Kanuho, Penny Emerson <u>Northern Arizona Regional Behavioral Health Association (NARBHA):</u> Gabe Yaiva, Holly Figueroa <u>Raising Special Kids:</u> Trudy John <u>Saint Michaels Association for Special Education (SMASE):</u> Alex Pina, Helene Hubbard, Bob Brown, Michele Spencer <u>The Hopi Foundation:</u> Marissa Nuwayestewa</p>
AHCCCS Representatives	<p>Tom Betlach, Elizabeth Carpio, Monica Coury, Bonnie Talakte, Denise Taylor-Sands, Markay Adams, Linda Cram, Shannon Shiver, Mohamed Arif, Virginia Rountree, Dara Johnson, Jakenna Lebsock</p>

MEETING SUMMARY

TOPICS	SUMMARY
AHCCCS Updates	<p>Thomas Betlach, AHCCCS Director, provided the AHCCCS Update on the following topics. The AHCCCS Update PowerPoint Presentation can be viewed at the AHCCCS website under Tribal Consultation meetings: http://www.azahcccs.gov/tribal/consultations/meetings.aspx</p> <p>Enrollment: As of July 2015, there is a slight decrease in AIHP enrollment. The number of AIHP adults with dependent children has seen a slight increase over the 2014 forecasted number. To date, there are 1.75 million Arizonan's enrolled in state Medicaid with 458,000 added since December of 2013.</p> <p>AHCCCS/DBHS Merger Update: AHCCCS has been working with DBHS on operational issues including systems and contracting. Starting August of 2015 DBHS staff has transitioned into new positions at AHCCCS. By the end of the 2015 calendar year, 90% of DBHS staff will be transferred. In regard to the merger, Director Betlach and DFSM staff has met with TRBHA's to discuss current IGAs and to hear their concerns about the merger.</p> <p>October 1, 2015 Transitions: American Indians will continue to retain choice of FFS for physical services and choice of TRBHAs and RBHAs for behavioral health services. AHCCCS members have choice of RBHAs through two contractors; Cenpatico Integrated Care who will provide services to the Southern Arizona region and Health Choice Integrated Care who will provide services to the northern region of the state. The San Carlos Apache Tribe will receive BH services from Cenpatico Integrated Care. Behavioral health services for 80,000 dual eligible members will move from the RBHA system to AHCCCS health plans.</p> <p>Other Merger Issues: All TRBHAs will remain the same. IGAs with TRBHAs will continue. DBHS is the single state agency receiving SAMSA funding. As part of the merger, this funding will be transferred to AHCCCS. In addition, funding for state grants used for housing SMIs will be transferred to AHCCCS. AHCCCS will not be applying for planning grants for community behavioral health clinics at this time.</p>
1115 Waiver Update	<p>Monica Coury, Assistant Director of Intergovernmental Relations, provided the 1115 Waiver Update. The PowerPoint presentation can be viewed at the AHCCCS website under Tribal Consultation meetings: http://www.azahcccs.gov/tribal/consultations/meetings.aspx.</p> <p>Definition of Section 1115: Monica provided a definition of Section 1115 as a Social Security act that gives states authority to waive selected Medicaid requirements in federal law. Arizona's Waiver allows the State to run a unique Medicaid model build around a statewide managed care system that;</p> <ul style="list-style-type: none"> • provides health care to expanded populations • services members enrolled in the Arizona Long Term Care system (ALTCS) in communities rather than institutions

- allows spouses as paid caregivers in ALTCS and,
 - implements administrative practices that increase efficiency.
- Arizona's current waiver is scheduled to expire on September 30, 2016. The State is required to give notice of its intentions one year in advance and will submit a letter of intent to apply for a new demonstration by September 30, 2015. The process of approval requires Arizona's application to go through a lengthy process including obtaining approval from the Center for Medicare and Medicaid (CMS) which is responsible for oversight of State Medicaid Agencies. The Office of Management and Budget and the Department of Health and Human Services (DHHS) also reviews waiver proposals. 1115 Waivers are approved at the discretion of the HHS Secretary.

Arizona's Application

The application for a new 5-year waiver includes:

- Part I: Governor Ducey's vision to modernize Medicaid: the AHCCCS CARE program
- Part II: The Legislative Partnership
- Part III DSRIP: Arizona's Approach
- Part IV: HCBS Final Rule
- Part V: American Indian Medical Home
- Part VI: Building Upon Past Successes
- Part VII: Safety Net Care Pool

Each section of the application was discussed in detail by Monica. The application can be viewed in its entirety at:

<http://www.azahcccs.gov/shared/Downloads/WaiverApplicationNarrative.pdf>

Public Comment Process:

Five public hearing and tribal consultation are scheduled to seek input.

Comments can be submitted at:

<http://azahcccs.gov/publicnotices/Downloads/WaiverForumFlyer.pdf>

Written comments (by mail or electronic) should be submitted and received no later than September 25, 2015.

1115 Waiver Questions & Answers

Question: "How did AHCCCS determine the PMPM rate of \$7.11 for the medical home model and why does this differ from the 2011 AIHMP recommended PMPM rate of \$11.83 in a report prepared for AHCCCS?"

Answer: "We'd be happy to take additional information on that. The dollar amount was what we came to through tribal consultation and the stakeholder process. We're happy to look at that again."

Question: "Under the Medical Home model, would IHS/tribal facilities be reimbursed for allocating their care coordination staff to non-IHS/tribal to help those non-IHS/tribal facilities reduce their re-admission rates that they are being financially rewarded for. Is that correct?"

Answer: "Yes. We want to spark those partnerships. Flagstaff Medical Center is a great example that has a high population of our American Indian members. We're looking for ways to support partnerships with non-IHS/638 facilities that supports both sides and allows you to better manage care of your members"

Question: “Can you clarify the premiums and co-pays, if ALTCS children and adults will be exempt from those and if not what the basis will be.”

Answer: “The premiums and co-pays are for the expansion adult populations and not ALTCS.”

Question: “What are the expenditure authorities are you proposing to CMS and how long (if approved) are you considering the demonstration programs?”

Answer: “We are seeking a 5 year contact with the federal government. The entire package includes a number of different expenditure authorities. We don’t have a large number of new authorities except as it relates to the American Indian Medical Home, as an example. We are looking for expenditure authority to make reimbursements as it relates to primary care case management which is not a covered service as is diabetes education for the rest of our population just some examples of expenditure authorities we are seeking from the federal government. The special terms and conditions are contract terms that get negotiated over time over the coming year.”

Question: “Can you explain how expenditure authority would cover traditional services.”

Answer: “Currently we don’t reimburse for those services. It’s not a benefit covered by Medicaid so that’s another expenditure authority we’d need to get federal authorization for so we could pay for those services. Right now it’s just listed so that the federal government knows we are seeking its authority. To really develop what it might look like, what might be covered, what might not be covered, what kind of qualified providers would provide these services, those are details we have to develop in partnership through the tribal consultation process. As we get to discussions a workgroup might be formed. We need to learn from all of you who you think are qualified providers. Those types of details will need to be provided to CMS as part of the final language that will live in our Waiver. They will want to see all those parameters

Questions: 1) “Would co-pays, deductibles, premiums and non-emergency use of ED charges apply to AI/AN in acute care plans (MCOs) as opposed to AIHP?”

2) “Please summarize all proposed charges to be imposed on AHCCCS members”

Answer: 1) “Co-pays can’t be assessed on any American Indian whether they are MCO enrolled or Fee-for Service enrolled. Those would not apply. The AHCCCS CARE Program would be strictly voluntary, optional for American Indians.”

2) “There aren’t any co-pays that apply except for pharmaceuticals that would apply to opioids. In terms of specialist care it (co-pays) would apply if you haven’t been through your PCP, non-emergencies to the ED, missed appointments.. We’re moving away from co-pays in the traditional sense and moving toward co-pays that steer care to the right place and provider to support your effort to manage your own care.”

	<p>Question: “How soon after September 30th do we need to have some sort of document submitted to CMS in regard to traditional services?”</p> <p>Answer: “We don’t have to wait until September 30th let’s start a workgroup as soon as people are ready. As soon as the group can come up with some parameters the ideal would be to do something before the end of the year that gives CMS enough time to walk it through their process of federal review. If we’re getting into the work and we’re not finish by the end of the year we can submit parts of it or dialogue with CMS and get feedback.”</p> <p>Question: “Is there a piece in the legislature that requests an exemption from providing NEMT services from October 1, 2015 to September 30, 2016? Is that in the Waiver as well?”</p> <p>Answer: “Yes, that is in Senate Bill 1475 and applies to the expansion adult group, 100-133%. I have seen a couple of states get that exemption from NEMT. We’ll have a conversation with CMS about what that exemption looks and might have a requirement that may not include medically frail, people with special health care needs in that exemption. The legislature did not make exemptions for American Indians. I recommend you submit your comments on the exemption so we can share them with legislature and the Governor’s Office.”</p>
<p>Care Coordination Update & 0516 Language</p>	<p>Due to time constraints, the Care Coordination and 0516 Language presentation was postponed until a later date..</p>
<p>Home and Community Based Services (HCBS)</p>	<p>Dara Johnson and Virginia Rountree provided information on the HCBS rule changes required by CMS. The PowerPoint presentation on this topic can be viewed at the AHCCCS website under Tribal Consultation meetings: http://www.azahcccs.gov/tribal/Downloads/consultations/meetings/2015/HCBS82115.pdf</p> <p>The presentation included: HCBS Rules Orientation, Arizona’s Systemic Assessment and Transition Plan and Public Comments Submissions. Dara and Virginia defined what settings are Home and Community Based settings and what residential and non-residential settings are assessed. They provided the 10 HCBS rules that can be viewed in their entirety at the Tribal Consultation website.</p> <p><u>Purpose of HCBS Rules:</u></p> <ul style="list-style-type: none"> • Enhance the quality of HCBE • Provide protections to participants • Assure full access to benefits of community living <p>Scope:</p> <ul style="list-style-type: none"> • Licensed settings • Residential and Non-Residential <p><u>Purpose of Systemic Assessment and Transition Plan</u></p> <ul style="list-style-type: none"> • Review and evaluation of standards and requirements for setting types <ul style="list-style-type: none"> • Arizona Revised Statutes • Arizona Administrative Code • AHCCCS and MCO Policy • AHCCCS Contracts with MCOs

<p>HCBS Question & Answer</p>	<ul style="list-style-type: none"> • MCO contracts with providers <p>Process:</p> <ul style="list-style-type: none"> • Assessed each specific rule requirement for each setting type • Answered the question “What is culturally normative for individuals not receiving Medicaid HCBS?” • Utilized exploratory questions provided by CMS • Only captures what is outlined on paper • The HCBS Rules may be implemented in practice • Site specific assessments will be implemented as part of the Transition Plan • Includes policies that are not specific to the setting type (i.e. role of the Case Manager) <p><u>Public Comment (August 2015):</u> Public engagement in the HCBS process is accomplished through the following:</p> <ul style="list-style-type: none"> • Statewide public forums • Public comment <ul style="list-style-type: none"> ○ Written correspondence (email or mail) • Check the AHCCCS website regularly for updates www.azahcccs.gov/HCBS <p>Question: “If I have a group home and my clients will live in the facility and they receive Medicare/Medicaid will the facility have to comply with the Medicare/Medicaid rules?”</p> <p>Answer: “Yes, if the facility is receiving Medicare/Medicaid dollars and they provide payment for clients to live there, the facility will have to comply.”</p>
<p>Electronic Health Record Program & Teledentistry</p>	<p>Due to time constraints, the Electronic Health Record Program and Teledentistry presentation was postponed until a later date..</p>
<p>White Mountain Apache Tribe, NEMT Provider Training Process: Promising Practice Presentation</p>	<p>Cheryl Stover, Director of the White Mountain Apache Tribe (WMAT) Client Business Office, was requested by AHCCCS to provide a presentation on the successful WMAT Non-Emergency Medical Transportation (NEMT) Program. The program was developed to address the illegal activity of NEMT’s operating on tribal land without the approval of the Tribe. As a new Director, Ms. Stover found that the Tribe’s oversight of NEMT lacked management and structure. The PowerPoint presentation on this topic can be viewed at the AHCCCS website under Tribal Consultation meetings: http://www.azahcccs.gov/tribal/Downloads/consultations/meetings/2015/WhiteMountainApacheTribe.pdf</p> <p>Steps taken to bring about order and cooperation include:</p> <ul style="list-style-type: none"> • Cease & Desist Letter from the Attorney General <ul style="list-style-type: none"> • Issued with support of Tribal Council • Completed Contract / NEMT Policies and Procedures Manual <ul style="list-style-type: none"> • Set up Flow Chart / Limitations • Who was responsible for WHAT???? • Signing meeting to review & sign new contract <ul style="list-style-type: none"> • Companies that had all required documents in.

- Orientation for All Employees
 - Inspected All Vehicles ready to operate
 - Inspections Continue for every new vehicle
 - Constant Monitoring / Communication with Owners
 - Designated a Point of Contact (Tribal Member)
 - Follow-up on all complaints
- The program focuses on four goals :
- Networking
 - Team Work
 - Sticking to Rules and Regulations set
 - Quarterly Meetings
- Successes include:
- Organization and Management by a Network of Programs
 - Improved Communication among
 - NEMT Owners, POC, New Position-NEMT Clerk
 - Decrease in Complaints
 - Due to fines and really sticking to Policies and Procedures
 - Smoother Operations
 - Everyone knows the rules and CBO is WATCHING!!!
 - Safe Transportation
 - Owners are more accountable for their drivers
 - Patients are transported in Vehicles that are in Good Condition.