

TRIBAL CONSULTATION ANNUAL REPORT
July 1, 2018 – June 30, 2019

Agency Overview

The Arizona Health Care Cost Containment System, also known as 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 health plans coordinate and pay for physical and behavioral health care services for AHCCCS-enrolled individuals 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 fiscal year 2018, 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), Division of Community Advocacy and Intergovernmental Relations (DCAIR), Division of Fee-for-Service Management (DFSM), and Office of the Inspector General – Provider Enrollment Section (PES) as outlined by the AHCCCS Tribal Consultation Policy.

GOAL	OBJECTIVES	ACTIVITY and PERFORMANCE MEASURES
Set timely consultation with Arizona Tribal Nations.	1. Develop calendar of Tribal Consultation meetings for calendar year 2018-2019.	Development of formal consultation meeting calendar occurred and was distributed to tribal leaders, members, and stakeholders via the AHCCCS Tribal Relations email list. Additionally, the Tribal Consultation Calendar and meeting materials and information are regularly posted to the AHCCCS website. Ad Hoc Special Tribal Consultation meetings were scheduled as deemed necessary.
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).	1. Host tribal consultation meetings in accordance with the consultation calendar. 2. 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 July 26, 2018, October 24, 2018, January 17, 2019, and May 24, 2019 (hosted in Peach Springs by the Hualapai Tribe).</p> <p>AHCCCS Special Quarterly Tribal Consultations: 2 Webinar held on February 14, 2019 and April 26, 2019.</p> <p>AHCCCS Tribal Consultation Policy Work Group Meeting: 1 Held on June 6, 2019 and included leadership from the Gila River Indian Community, the White Mountain Apache Tribe, the Navajo Nation, the Pascua Yaqui Tribe, Native HEALTH, and Inter Tribal Council of Arizona (ITCA).</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).	1. Government-to-government meetings held with tribal leaders and/or their delegated officials as requested.	The agency held 21 government-to-government meetings for specific topics and various issues raised relating but not limited to: 100% Federal Medical Assistance Percentages (FMAP) initiative; Tribal Regional Behavioral Health Authority (TRBHA) Operational Review audits, work plans, and intergovernmental agreement (IGA) compliance; coordination of care; provider challenges; and tribal behavioral health and crisis protocol; and, suicide prevention.

<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. Provide continuous tribal outreach, education, technical assistance or training to resolve issues. 	<p>IHS Area Director & Chief Medical Officer Meetings: 4 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>Tribal-specific Community Presentations: 6 Forums hosted by tribes and/or tribal stakeholders in six locations, which included the Hualapai Tribe, the White Mountain Apache Tribe, the Navajo Nation, the Fort Yuma Quechan Indian Tribe, Native HEALTH, and Tucson Indian Center. Forums focused on AHCCCS Works Program Exemption for American Indian and Alaska Natives, AHCCCS Complete Care/Integration updates, Retroactive Coverage, and Crisis Services on Tribal Lands.</p> <p>Tribal Relations Presentations and Meetings with Tribal and Non-Tribal Stakeholders: 18 AHCCCS Complete Care Tribal Relations and Service Delivery Meetings (5 meetings attended in fiscal year); Arizona Advisory Council on Indian Health Care (3 meetings attended in fiscal year); State-Tribal Liaison Roundtable (4 meetings attended in fiscal year); CMS Navajo Training; ITCA State Health Insurance Program Refresher Training; First Things First Regional Council Meeting; US Department of Health and Human Services Region IX Tribal Consultation; Round table on Native American Trauma-Informed Initiatives; Department of Economic Security Tribal Consultation.</p> <p>Opioid State Targeted Response Program Presentations: 1 AHCCCS State Opioid Coordinator presented at the Tribal Opioid Conference in collaboration with the Arizona Department of Health Services.</p> <p>DFSM Meetings with IHS/Tribal 638 Health Facilities: 12 IHS/Tribal 638 Quarterly Forums (4 held in fiscal year); Quarterly Tribal Regional Behavioral Health Authority (TRBHA) Meetings (4 held in fiscal year); TRBHA Prior Authorization Meetings (2 held in fiscal year); Behavioral Health Tribal Summits (2 held in fiscal year).</p> <p>DFSM Trainings to tribal facilities/providers: 69 Provided training and technical assistance sessions both in-person and via webinar related to Fee-for-Service (FFS) programming, policy and billing requirements.</p>
<p>Allow for consultation with Tribes in the development of new policy or a change in policy with substantial tribal implications.</p>	<ol style="list-style-type: none"> 1. Conduct regional state tribal forums to gather input from tribes. 2. Send updated policy comment notifications to tribal leaders, members, and stakeholders on an ongoing basis. 	<p>DFSM participation in special tribal forums and collaborative work groups: 51</p> <p>AHCCCS Medical Policy Manual (AMPM) and AHCCCS Contractor Operations Manual (ACOM) Policy distributions: 26 The Tribal Relations Liaison and the larger DCAIR team distributed requests to the AHCCCS Tribal Relations email list for review and comment on policies found in the AMPM and ACOM.</p>

Agency Highlights

AHCCCS has seen increased involvement in tribal consultation and policy and programming recommendations from tribal leaders, members, and stakeholders. Under the guidance of Director Snyder, tribal relations has adopted outreach and engagement strategies that promote accessibility and inclusivity of Tribal Nations, tribal leadership, community members, and stakeholders such as: the incorporation of web-based and telephonic participation in scheduled Quarterly Tribal Consultations and Special Tribal Consultations; partnering with Tribal Nations and facilities to hold Quarterly Tribal Consultations on tribal homelands and/or in tribal communities; and, increased communication with tribal leaders and executive health teams at tribal and IHS facilities to provide guidance on AHCCCS Quarterly and Special Tribal Consultation Meeting agendas and updates. Recommendations and feedback from tribal leaders, community members, and stakeholders have resulted in the highlighted programmatic and policy outcomes below.

- AHCCCS Works Exemption for American Indian and Alaska Natives
 - In January 2019, AHCCCS received 1115 Waiver Amendment approval from CMS to implement community engagement requirements, called AHCCCS Works, for some able bodied AHCCCS-enrolled individuals ages 19 to 49. Included in the CMS-approved Waiver Amendment was an exemption of all federally-recognized tribal members, including those enrolled in the American Indian Health Program (AIHP), from the community engagement program as recommended and requested by tribal and IHS leadership through tribal consultation. Members exempted from AHCCCS Works will not be required to participate in community engagement activities or report qualifying activities.
- Division of Fee-for-Service Management Initiatives:
 - DFSM, which manages the AIHP, implemented a division-specific 5-year strategic plan in SFY 2019, to support AHCCCS' strategic goals and enhance positive partnerships, drive healthcare innovation, develop a branding strategy, and implement quality management and quality improvement strategies.
 - DFSM dedicated significant resources to guiding tribal partners through Integration, including holding Tribal Behavioral Health Summits in the Southern and Northern Geographic Service Areas (GSAs), and identifying or assisting with the creation of new protocols relative to tribal healthcare delivery under the new model, including the creation of internal work groups.
- Provider Enrollment Section:
 - PES has provided ongoing assistance to tribes, tribal facilities, and providers servicing tribal members regarding provider enrollment questions and non-emergency medical transportation. Assistance has been provided upon request and in the modality most optimal for the tribe, facility, or provider.

Challenges Encountered

- Tribal governments alerted DFSM to challenges with identifying behavioral health providers which serve AIHP members. In response, the division began an educational campaign to identify and educate behavioral health providers who serve AIHP members, and developed Preferred Provider lists for the Northern and Southern regions.

Revisions to the AHCCCS Tribal Consultation Policy

AHCCCS recognizes and honors the government-to-government relationships that exist between Tribal Nations in Arizona and the state and federal governments, and is committed to engaging in open, continuous, and meaningful dialogue with tribes and their respective leaders. Pursuant to A.R.S. 41-2051 Section C, the AHCCCS Tribal Consultation Policy was developed and implemented. This policy ensures that reasonable notice and opportunity for consultation with tribes are provided by the AHCCCS Administration prior to implementing policy changes that are likely to have a direct effect on tribes and tribal members. The AHCCCS Tribal Consultation Policy was last revised and approved on October 21, 2014 and is currently undergoing technical changes and updates, and tribal consultation. A copy of the current AHCCCS Tribal Consultation Policy can be found at <https://www.azahcccs.gov/AmericanIndians/Downloads/consultations/AHCCCS Tribal Consultation Policy.pdf>.

Amanda Bahe, Tribal Relations Liaison
AHCCCS Division of Community Advocacy and Intergovernmental Relations
801 E. Jefferson, Phoenix, AZ 85034
(602) 417-4610, Amanda.Bahe@azahcccs.gov