

The AHCCCS agency convened a formal special/ad hoc tribal consultation session on Wednesday, June 16, 2021. The purpose of the consultation was to inform and discuss COVID-19 Public Health Emergency and other general AHCCCS updates with tribes, Indian Health Service, tribal 638 programs, and Urban Indian Organizations (ITUs).

All meeting materials and presentations can be found at the AHCCCS Tribal Consultation website: <https://www.azahcccs.gov/AmericanIndians/TribalConsultation/meetings.html>. Please access these materials to utilize as a guide/supplement to the following summary.

The following summary is reflective of comments, questions, recommendations and requests raised by tribal leaders throughout the state and/or their designated representatives, and ITU leadership from across the state. Further, action items requested of the entities involved are documented at the end of the summary.

### MEETING PARTICIPANTS

#### *Tribes*

**Hualapai Tribe:** David Brehmeyer, Sandra Irwin

**Navajo Nation:** Marie Keyonnie, Michele Morris

**San Carlos Apache Tribe:** David Reede

**Tohono O'odham Nation:** Daniel Preston

**White Mountain Apache Tribe:** Bill Arnett, Marlinda Clendon, Tammy Dazen, Sonia George, Tiffany Henry, Lona Hinton, Felicia Suttle, Jamie Truax

#### *I/T/U Representatives*

**Apache Behavioral Health Services:** Lavina Hess, Ryan Johnson, Michael Tate

**Colorado River Indian Health Service:** Kelly Baldenegro

**Fort Defiance Indian Health Board:** Christine Becenti, Terrilynn Chee

**Fort Yuma Health Center:** Ruth Miller, Carol Palmer

**Gila River Health Care:** Don Arntsen, Priscilla Foote, Luci Ortiz

**Indian Health Service (IHS):** Jennifer Ochoa

**Native American Connections:** Diana Devine, Alyssa Paone

**Phoenix Area IHS:** Carol Chicharello

**San Carlos Apache Healthcare Corporation:** Victoria Began, Raynelle Bread, Valerie Chee, Anntonia Cutter, Leandria Dona, Amanda Key, Melissa Talgo, Juanita Whitesinger, Ursula Wright

**Tohono O'odham Nation Health Care:** Charolett Melcher, Wendy Mesteth, Jennifer Wabaunsee

**Tuba City Regional Health Care Corporation:** Angela Riggs

**Winslow Indian Health Care Center:** Carol McCabe

#### *AHCCCS Staff*

Markay Adams, Lou Anne Allard, Jessica Ament, Shreya Arakere, Amanda Bahe, Sandi Borys, Heidi Capriotti, Alex Demyan, Dana Flannery, Ewaryst Jedrasik, Susan Kennard, Kayla Kleissle, Alison Lovell, Lorie Mayer, Brenda Morris, Patricia Santa Cruz, Leslie Short, Director Jami Snyder, K Spitler, Toni Tapia

#### *Other*

Eva Bighorse (AZ DES-DDD), Victoria Burns (AZ Alliance for Community Health Centers), Meya Castillo (WMHC), Jennifer Dominguez (AZ DES-DDD), Lenora James (Quality Home Care), Verna Johnson (InterTribal Council of AZ), Deb Jorgensen (Care1st Health Plan Arizona), Allen King (NextGen Laboratories), Amylya Lopez (Future Transit Systems), Reyna Melendrez (Molina Complete Care of AZ), Alida Montiel (InterTribal Council of AZ), Bridget O'Driscoll (Fry's), Cassandra Pena (Molina Complete Care of AZ), AZ State Senator Jamescita Peshlakai, Kim Russell

(AZ Advisory Council on Indian Health Care), Shawn Sellers (UHCCP), Ana Tapia (DCS), Sheina Yellowhair (AZ Complete Health)

**MEETING SUMMARY**

**Agenda Item: AHCCCS Updates and COVID-19 PHE Updates**

**Presented by AHCCCS Director Jami Snyder**

For content reviewed, see [June 16, 2021 Meeting Presentation Sliddeck](#), beginning on slide 5.

Attachments and websites to review for this section are as follows: [AHCCCS COVID-19 webpage](#); [AHCCCS COVID-10 FAQs](#).

Participant Feedback	Feedback Type	AHCCCS Response
Alida Montiel (InterTribal Council of AZ): I have not yet read the final language on the housing amendment but I recall all the meetings where this issue has been discussed and I didn't quite capture what you mentioned this time. The housing funding that you have available, if the amendment is approved, would cover patients leaving institutional settings and not just incarceration?	<input checked="" type="checkbox"/> Question <input type="checkbox"/> Comment <input type="checkbox"/> Concern <input type="checkbox"/> Recommendation	It is not limited to individuals leaving our correctional settings. It also includes individuals who have been, for instance, in an inpatient environment, whether that be as a psychiatric inpatient stay or some other inpatient environment. The focus is on paying for that transitional setting for up to 18 months as we work to ensure that individuals are accessing appropriate clinical services, including physical and behavioral health services that were connecting them to social services, so they can ultimately be successful in that permanent supportive housing arrangement or independent Living setting.
Amylya Lopez (NN NEMT Dispatcher): When will the 90-day period end?	<input checked="" type="checkbox"/> Question <input type="checkbox"/> Comment <input type="checkbox"/> Concern <input type="checkbox"/> Recommendation	At this point, the 90-day period is due to expire on July 14th. However, we do anticipate, based on communication that the Biden administration sent out to governors earlier in the year, that that 90-day period will be extended for an additional 90 day period and, ultimately, the public health emergency will be extended through the end of the calendar year. It's just that on a technical level, the HHS Secretary can only extend it in those 90 day increments, unfortunately.

**Agenda Item: American Rescue Plan Act (ARPA) Section 9817: 10% HCBS FMAP Enhancement**

**Presented by Alex Demyan, AHCCCS DCAIR Deputy Assistant Director**

For content reviewed, see [June 16, 2021 Meeting Presentation Sliddeck](#), beginning on slide 18.

Attachments and websites to review for this section are as follows: [A.R.S. §36-2931](#); [A.R.S. §36-2939](#); [SMD #21-003](#).

Participant Feedback	Feedback Type	AHCCCS Response
Kim Russell (AZ Advisory Council on Indian Health Care): How soon does reinvestment funds need to start being spent down?	<input checked="" type="checkbox"/> Question <input type="checkbox"/> Comment <input type="checkbox"/> Concern <input type="checkbox"/> Recommendation	We can start spending those dollars and investing those dollars as soon as we have the approval of our spending plan. The spending plan is the mechanism that is the key that's going to unlock these funds for the state to spend. Once we have that spending plan

		<p>approved, we can begin rolling these dollars out the door as appropriate. There's going to be some ramp up time for a lot of these initiatives, but the state is incentivized in a way to get these dollars out the door sooner rather than later.</p>
<p>Kim Russell (AZ Advisory Council on Indian Health Care): Can the spending plan be amended as needs are identified?</p>	<p><input checked="" type="checkbox"/> <b>Question</b>  <input type="checkbox"/> <b>Comment</b>  <input type="checkbox"/> <b>Concern</b>  <input type="checkbox"/> <b>Recommendation</b></p>	<p>Absolutely. If there is a need identified and if there's still funding available, we can propose a sort of amendment to tweak our spending plan through those subsequent quarterly reports, if there is something that we missed that we would like to pursue.</p>
<p>Marie Keyonnie (NN ALTCS Program): I know that the traditional healing services have been on the waiver but hasn't been approved. Is that something that could be funded using these dollars even though it hasn't been approved yet by CMS?</p>	<p><input checked="" type="checkbox"/> <b>Question</b>  <input type="checkbox"/> <b>Comment</b>  <input type="checkbox"/> <b>Concern</b>  <input checked="" type="checkbox"/> <b>Recommendation</b></p>	<p>Great question. As you mentioned, we did include traditional healing in our 1115 waiver renewal packet, but I think that that's a question worth asking. I would note that these dollars in the spending plan is subject to CMS approvals, still it's separate from the waiver, but there's still a CMS approval process. We definitely appreciate that comment and we'll definitely take that one back and consider if it's something that could be incorporated into these dollars. That's a really unique proposition so I appreciate it.</p> <p>Note: AHCCCS to follow-up offline/consider as a recommendation.</p> <p><b><u>FOLLOW-UP:</u></b>  <i>Please note that the following was determined after the June 16, 2021 Tribal Consultation session as a result of discussion held during the meeting.</i></p> <p>CMS confirmed that approval of the spending plan does not indicate federal approval of authorities needed to claim FFP on program activities. Meaning, once the spending plan is approved, AHCCCS will still need SPA, waiver, etc. approval to implement each initiative that the agency does not already have authority for. AHCCCS has already explicitly requested the authority to reimburse for traditional healing services under waiver authority, and determined that there was no immediate need to include this initiative under the umbrella of the spending plan.</p>

<p>Alida Montiel (InterTribal Council of AZ): Are home enhancements, such as ramps, covered?</p>	<p><input checked="" type="checkbox"/> <b>Question</b>  <input type="checkbox"/> <b>Comment</b>  <input type="checkbox"/> <b>Concern</b>  <input type="checkbox"/> <b>Recommendation</b></p>	<p>Home modifications are something, at a high level, that the guidance that CMS put out, sort of includes as a potentially eligible potential activity. It's also something that we're very much, considering putting in the spending plan as well. Again, these proposals are subject to CMS approval, but that's definitely a need that we've heard from from many community stakeholders as well.</p> <p>Note: AHCCCS to follow-up offline/consider as a recommendation.</p> <p><b><u>FOLLOW-UP:</u></b>  <i>Please note that the following was determined after the June 16, 2021 Tribal Consultation session as a result of discussion held during the meeting.</i></p> <p>Physical plant improvements were included as a potential use of the grant section of our proposed spending plan.</p>
<p>Kim Russell (AZ Advisory Council on Indian Health Care): Can the funding be directed toward CHR/Ws? They are not certified yet but hopefully soon. Do they have to be registered providers?</p>	<p><input checked="" type="checkbox"/> <b>Question</b>  <input type="checkbox"/> <b>Comment</b>  <input type="checkbox"/> <b>Concern</b>  <input checked="" type="checkbox"/> <b>Recommendation</b></p>	<p>We'll have to take that one back to see if they have to be registered or not, and those kinds of considerations.</p> <p>Note: AHCCCS to follow-up offline/consider as a recommendation.</p> <p><b><u>FOLLOW-UP:</u></b>  <i>Please note that the following was determined after the June 16, 2021 Tribal Consultation session as a result of discussion held during the meeting.</i></p> <p>CMS confirmed that approval of the spending plan does not indicate federal approval of authorities needed to claim FFP on program activities. Meaning, once the spending plan is approved, AHCCCS will still need SPA, waiver, etc. approval to implement each initiative that the agency does not already have authority for. AHCCCS is already exploring Medicaid reimbursement of CHWs under SPA authority based on the ADHS proposed rule, and determined that there was no immediate need to include this initiative under the umbrella of the spending plan.</p>

**Agenda Item: AHCCCS Provider Enrollment Portal (APEP)**

*Presented by Patricia Santa Cruz, AHCCCS DMPS Provider Enrollment Administrator*

*For content reviewed, see [June 16, 2021 Meeting Presentation Sliddeck](#), beginning on slide 32.*

*Attachments and websites to review for this section are as follows: [APEP Instructional Tutorials Online](#).*

**There was no feedback of note/for the record for this section of the agenda.**

**Agenda Item: Announcements and Adjournment**

*Presented by Amanda Bahe, AHCCCS Tribal Liaison*

*For content reviewed, see [June 16, 2021 Meeting Presentation Sliddeck](#), beginning on slide 37.*

*Attachments and websites to review for this section are as follows: [AHCCCS on the Road](#); [AHCCCS Tribal Consultation Calendar and Meeting Information](#).*

**There was no feedback of note/for the record for this section of the agenda.**

**Feedback via Written Testimony (submitted via email or by mail):**

AHCCCS provides a 30-day period (unless otherwise noted) for tribal leaders and I/T/U leaders and other tribal stakeholders to provide feedback regarding any agenda items discussed during this Special Tribal Consultation session. All feedback received by the AHCCCS Tribal Liaison by **CLOSE OF BUSINESS July 28, 2021** was included in this summary report.

**AHCCCS Tribal Consultation Resources:**

- [AHCCCS Tribal Consultation Policy](#)
  - [Attachment B - Formal Recommendations](#)
  - [Attachment C - Formal Request for Tribal Consultation](#)
- [AHCCCS Tribal Consultation Website](#)