

# Check-in

*Breakfast provided by*

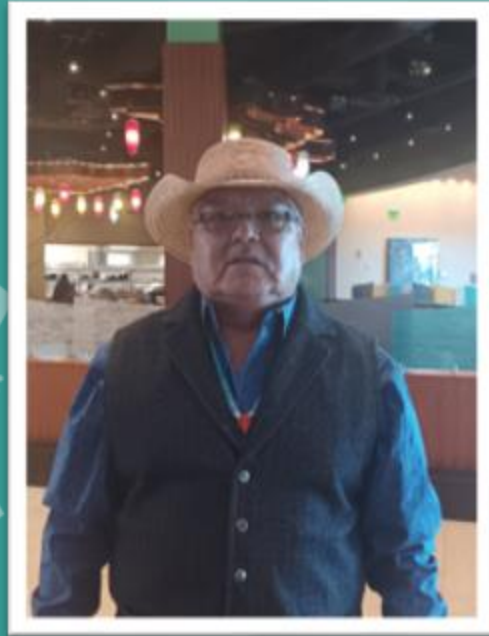


**Sage Memorial Hospital**  
NAVAJO HEALTH FOUNDATION

# Opening Prayer

**Harrison Jim**

*Traditional Healer , Sage  
Memorial Hospital*



**Sage Memorial Hospital**  
NAVAJO HEALTH FOUNDATION

# Host Welcome



**Melinda White**

*CEO, Sage Memorial  
Hospital*



**Sage Memorial Hospital**  
NAVAJO HEALTH FOUNDATION

**ARIZONA**  
HEALTH CARE COST  
CONTAINMENT SYSTEM



# Our Journey to Diné Excellence

## Sage Memorial Hospital – Navajo Health Foundation

Presented by  
Melinda White, RN, MSN  
Chief Executive Officer

# Navajo Health Foundation - Sage Memorial Hospital



## Mission Statement

The mission of Sage Memorial Hospital is to provide quality healthcare for the Diné people with respect, unity, beauty, harmony in honor of K'é and the sacredness of life.

## Vision Statement

The Sage Memorial Hospitals vision is to enhance the Diné philosophy of life while delivering innovative healthcare.

## Core Values

Bee lá'í 'ídlí (Together/Unity)  
Hodíłzin (Sacred)  
Hózhó (Beauty/Balance)  
'H'íłí (Respect)



# Board of Directors



Veronica Clark, B.S., M.Ed.  
Secretary/Treasurer



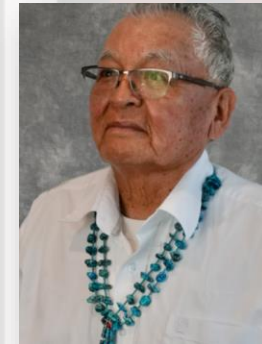
Delores Noble, M.Ed.  
Board Chair



Linda Youvella  
Vice Chair



Maybelle Kelewood, BS/A.  
Board Member



Francis Morgan  
Board Member



# Executive Team



Sage Memorial  
Hospital –  
Navajo Health  
Foundation's  
Legacy



# Sage Memorial Hospital – Navajo Health Foundation (SMH)

## Field Clinics

- Greasewood Clinic
- Mobile Health

**Communities:** Ganado, Steamboat, Greasewood, Cornfields, Kinlichee, Klagetoh, Wide Ruins, and Nazlini

**Service Population:** 11,000

**Accreditation:** Joint Commission Accredited as a Rural Health Clinic, Critical Access Hospital and Laboratory; State ACR; ADHS – OTC Behavioral Health





# Strategic Planning FY2023 – FY2027

- **Initiative 1: Become the Premier Healthcare Provider**

- Develop and Implement New Services
- Establish a Comprehensive BH Program
- Incorporate Traditional & Holistic Practices

- **Initiative 2: Deliver Excellent Care by Ensuring Quality & Safe Patient Care**

- Enhance the Patient Experience
- Integrate traditional knowledge
- Effectively manage the risk : Zero Harm
- Establish a culture of accountability
- Rebuild trust through transparent communication

- **Initiative 3: Be the Healthcare Employer of Choice**

- Increase recruiting efforts
- Work towards a mindset of *Owners* not *Renters*

- **Initiative 4: Ensure Financial Stability**

- Develop capital improvement plan
- Expand funding source
- Enhance ability to forecast financial results
- Evaluate additional revenue generation activities

- **Initiative 5: Be the Flagship of Creativity and Innovative Change**

- Partner with other Tribal Healthcare Organization
- Develop a strong public relations presence
- Implement state of the art technology



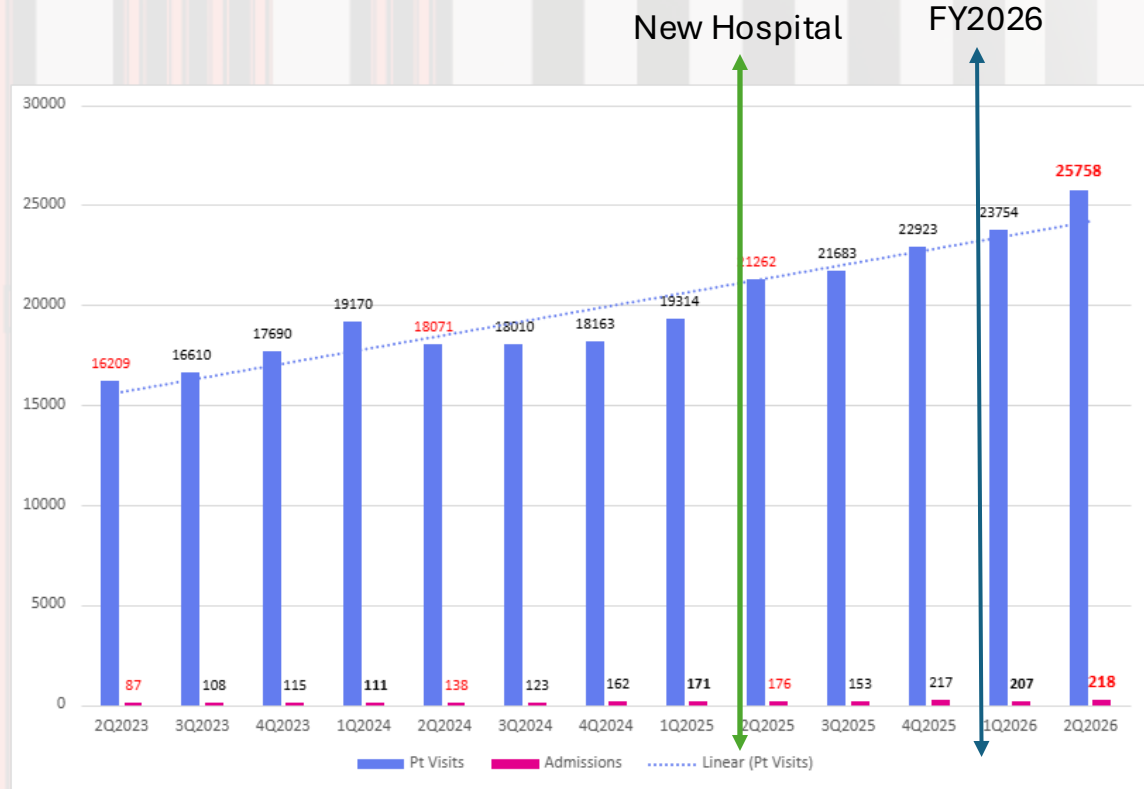
# Advancing our Self-Determined Path

- Revitalizing the hospital culture through a complete overhaul, driving progressive enhancements in quality, patient safety, equity of care, and access
- Constructed a New Hospital, Medical Office Building, Human Resources, and Apartment building
- Acquired two facilities – Cornfields Group Home and Ganado Nursing Home
- Relinquished Pharmacy and Hospital State License – Improve access to care and expand services
- Partnered with Indian Health Services, 638 Organizations, School Affiliations, and Navajo Nation Entities (NHA)
- Received \$3 million Grant from State of Arizona for Outpatient Dialysis

# Scalable Growth



- Comparing to 2Q2025 to 2Q2026:
  - Patient visits +20%
  - Inpatient admissions +19%
  - Emergency Room +14%
  - Behavioral Health +95%
- Opened OR on January 21, 2026
- Expanded specialty services



# Bringing Services Closer to Home



FY2023	FY2024	FY2025 – New Hospital	FY2026
Primary Care	Tele-ICU	Prenatal Services	Outpatient Dialysis
Emergency Services	Inpatient Dialysis	Cardiology Clinic	Labor & Delivery
Dental	Wound Clinic	DME Program	<b>Surgical Services</b>
Behavioral Health	Tele- Pulmonary Clinic	Occupational Therapy	Elder Services
Laboratory	Nuclear Stress Testing	24/7 Inpatient Pharmacy	Interfacility Transportation
Imaging	Tele Cardiology	Blood Bank	Microbiology
Inpatient - Swingbed	Rheumatology Clinic	Exercise Stress testing	<b>Public Health Nursing</b>
Respiratory Therapy	ECHO Cardiography	Pulm Function Testing	Mammo / <b>Dexi / C-Arm</b>
PT/Speech Therapy	Tele-psychiatry	Home Cardiac Monitor	Pain Clinic
Eye Clinic	Traditional Medicine	Home Sleep Study	Non-Emergent Transport
	Pediatrics	Acute Stroke Service	
		Intensive Outpatient Program	<i>Equine Therapy</i>
		PCMH	<i>Zero Suicide Program</i>

# Quality is our Promise – Our Journey

2019

6/18 to 6/21: Triennial Survey - Joint Commission  
8/1 1<sup>st</sup> MCR survey  
8/30/19 2<sup>nd</sup> MCR survey  
11/25: 120 follow up

2021

Rural Health Clinic - AzDHS  
Laboratory – CLIA – Excellent rating

2023

2/28 - 3/7: Triennial Survey – Joint Commission  
5/8: Accreditation  
6/28: Quality Survey  
11/10: Quality Survey  
•Staffing

2025

1/25: Relinquished State License: Pharmacy and Hospital  
5/7-9/25 JC Survey: Initial Lab  
6/10: JC Survey: Hospital  
10/29: AzHHA – Community Engagement Award  
11/12: ENR – Best Hospital Project

Behavioral Health – AzDHS  
Two events investigated - AzDHS

Survey Readiness Team  
Training  
Chart Audits  
Quality Management Department

5/3: Quality Survey  
•Emergency generator  
3/14: Quality Survey  
•Hemodialysis  
12/2: State visit for New Hospital

11/20: Community Stars Award

4/30 – 5/1: RHC and PCMH survey

2020

2022

2024

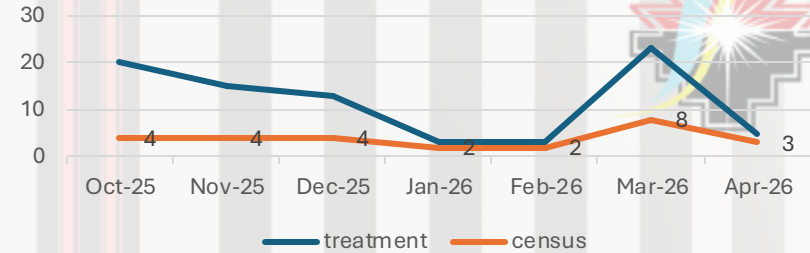
2026



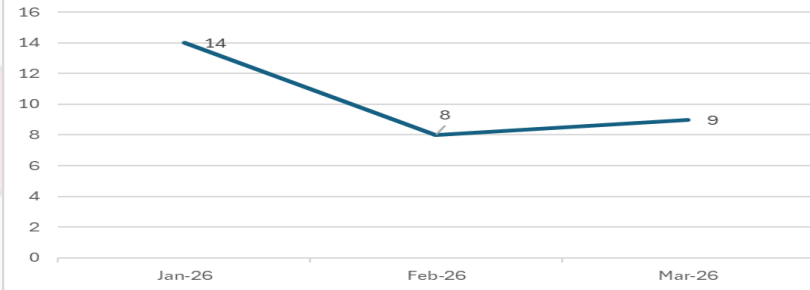
# K'é - Relatives are our Purpose

- Keeps our relatives closer to home
- Inpatient Dialysis
  - Two hemodialysis technicians
  - No adverse or complications reported
  - Oversight by ICU RNs
  - Tele-nephrologist
  - Case Manager – Transfers to SMH
- Intensive Care Unit (ICU)
  - Tele – ICU Providers
  - State of the Art Equipment
  - Reduction in Transfers
- Surgical Services – started in Jan 2026
  - Crawl – walk – run approach
  - EGDs and Colonoscopies

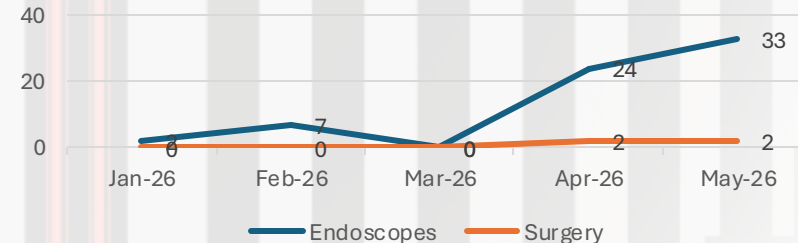
### Dialysis



### ICU Admissions



### Surgical Services





# Inpatient and Emergency Room Data

## Inpatient

Inpt ALOS: 3.03 days

Average census: 10.5

- Top Admitting Diagnosis
  - Pneumonia
  - Sepsis
  - ETOH

Swgbed ALOS: 8.9 days

Average census: 3.35

- Top Admitting Diagnosis
  - Abx Treatment
  - Physical Therapy
  - Wound Care

ICU ALOS: 2.6 days

Average census: 0.96

- Top Admitting Diagnosis:
  - Hypoxia
  - DKA
  - Sepsis

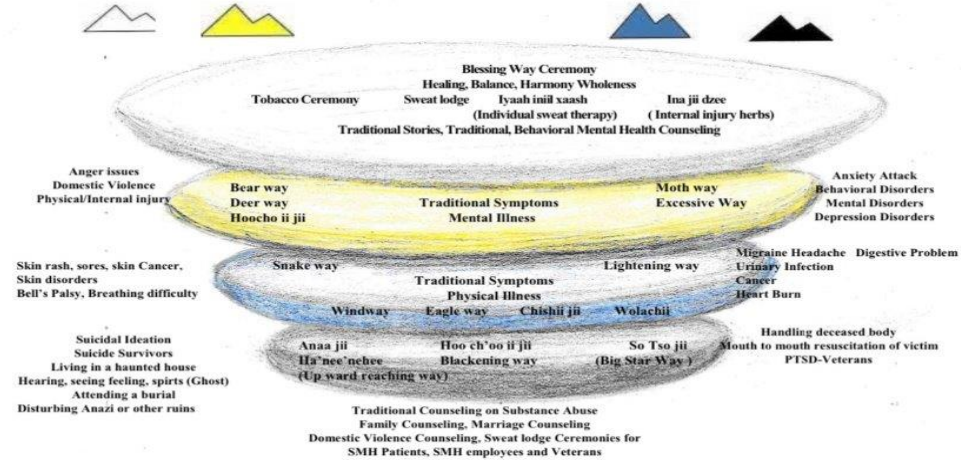
## Emergency Room

- Total patients seen: 4,063
- Average census: 45
- Average throughput:
  - Admission to Provider: 44.6 mins
  - Admission to Discharge: 170 mins
- Transfers: 3.49 %
- Top five ED Chief Complaints:
  - Upper Respiratory Infection
  - General medicine
  - Abdominal pain/nausea/diarrhea
  - Extremity injuries
  - Extremity problems

# Office of Indigenous Medicine

- New Program in 2024
- Policies approved for OIM
  - Sweatlodge
  - Traditional Healing Prayers
- Second Traditional Healer onboarded - certified
- Assist Relatives (patients and staff)
- Expanding Services
  - Sweatlodge
  - Teepee
  - Hogan construction completed

Sage Memorial Hospital Office of Indigenous Medicine  
 Dine Traditional Description of Illnesses  
 Limited, Minor Brief Dine Ceremonial Interventions: after Traditional Diagnosis  
 Extended or lengthy Ceremony will be referred out to Traditional Healer with appropriate discipline

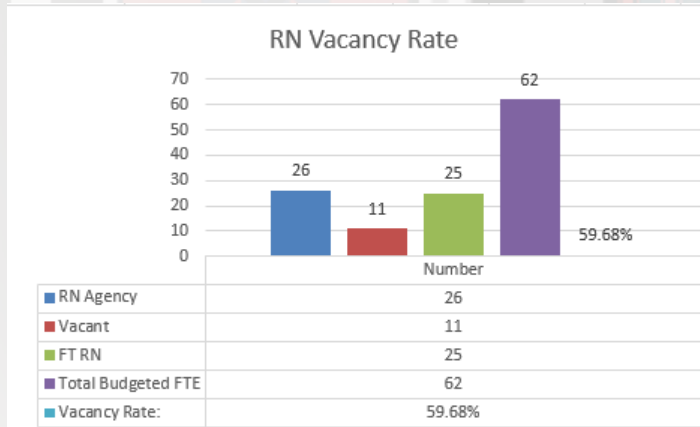
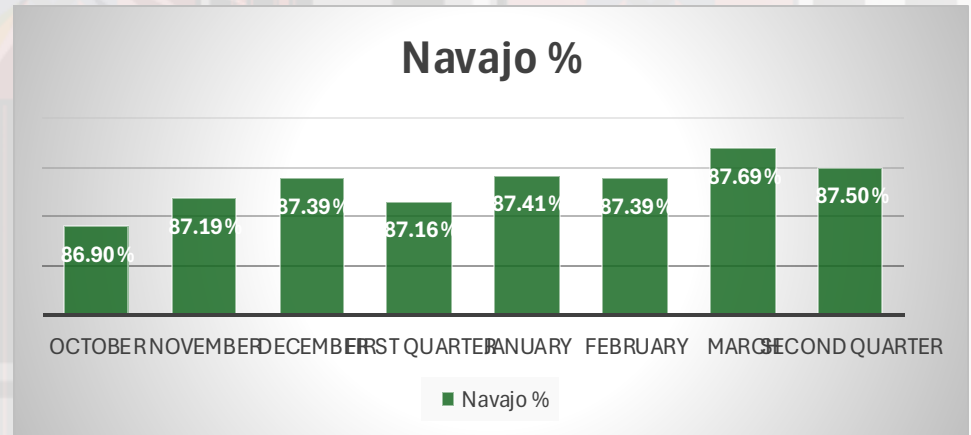
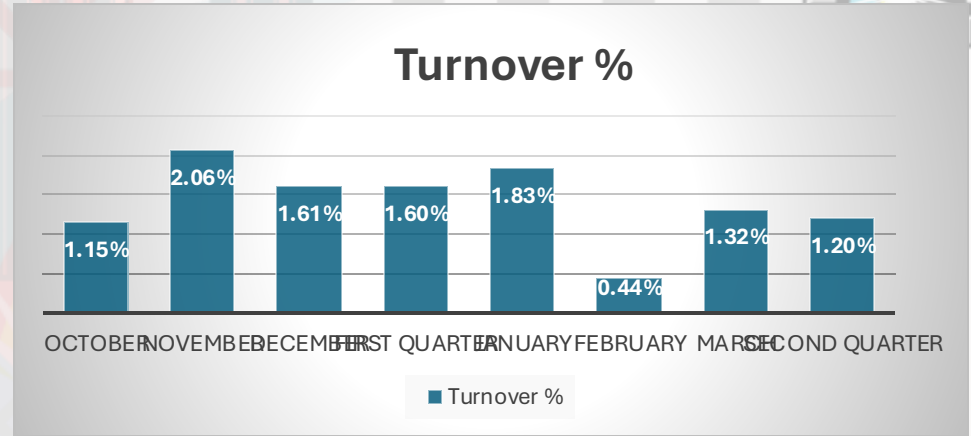


OIM Visits

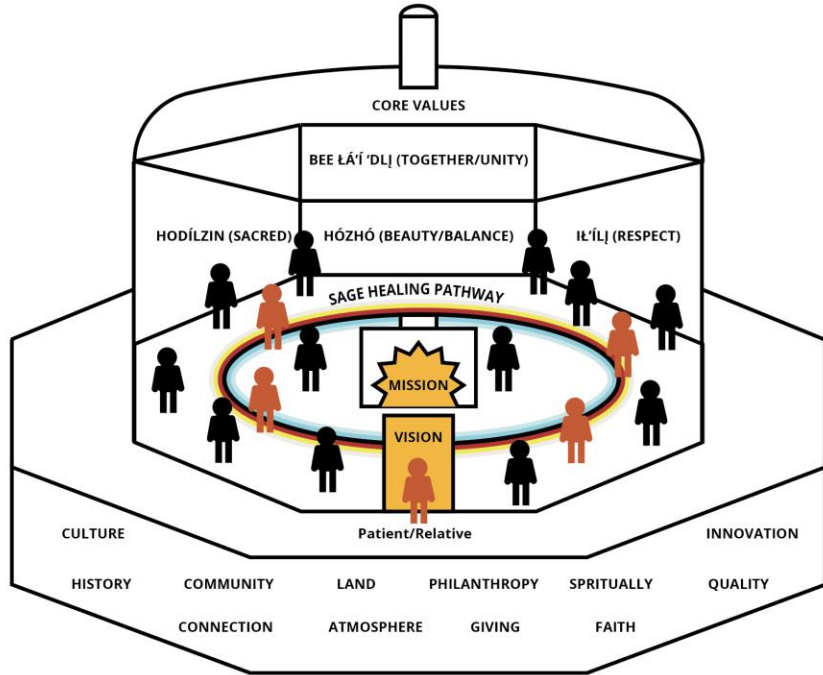


# Our SMH Family are the Foundation of our Success

- Hard to fill positions
  - Nursing
  - Imaging
  - Facility Maintenance positions
- Education Committee
  - \$5500 – four recipients
  - \$2500 – three recipients
  - ASU Nursing "Learn where you Live"



# Our Journey to Diné Excellence



## Completion Highlights – Patient Experience Division

- Developed 12-pillar “Sage Experience” methodology (see diagram)
- Integrated Sage Experience presentation into new staff orientation.
- Patient Ambassador videos and incorporated “Sage Experience” pillars into marketing.

## Next Steps – Advancing the Sage Healing Pathway

- Finalize “Sage Experience” Playbook.
- Develop 5–10 departmental Experience Designs.
- Roll out cultural competency training.
- Integrate “Sage Experience” into SMH branding.

# Operational Hurdles



Challenges	Effective Strategies / Problem Solving Efforts
Limited housing availability for clinical positions	<ol style="list-style-type: none"><li>1. Tiny Homes</li><li>2. New Apartment building</li><li>3. Purchasing assets – homes</li><li>4. NHA Homes</li></ol>
Vacancies with limited applicant pools in Nursing, Imaging, FM	<ol style="list-style-type: none"><li>1. Grow our Own in hard to fill positions - Scholarships</li><li>2. Culture of Patient Safety – HRO – Just Culture</li><li>3. Competitive Salary</li><li>4. Improve HR process</li></ol>
System Inefficiencies with Meditech - ERP	<ol style="list-style-type: none"><li>1. Meditech Training from MEDITECH</li><li>2. Clinical Application Coordinator Positions</li><li>3. i2i platform for data abstraction</li><li>4. Accounting software for accuracy</li></ol>
State and Federal Impacts on MCD	<ol style="list-style-type: none"><li>1. Policy Advisor Updates</li><li>2. Advocacy and meet with State Representatives</li><li>3. Collaborate with other 638 Facilities</li><li>4. RHTP – funding opportunities</li></ol>



# FY2026 Strategic Priorities

## 1Q2026

Interfacility Transport

NEMT Services

Hogan

NHA buildings renovation

Age-Appropriate Environment

Chapter Engagement

## 2Q2026

Tiny Home/RV Park

Surgical Services

Public Health Nursing

Poncel Hall Renovation

Gift Shop

## 3Q2026

Elder Services

Support Building Construction

New Apartments Construction

Labor & Delivery

## 4Q2026

Wellness Renovation  
Construction

Walking Trail

Totsonii Hall  
Repurposing/Renovation  
Construction

Childcare Expansion



# Thank you!

- Questions?



# Land Acknowledgement



**Keye Garman**  
*AACIHC Senior Epidemiologist*



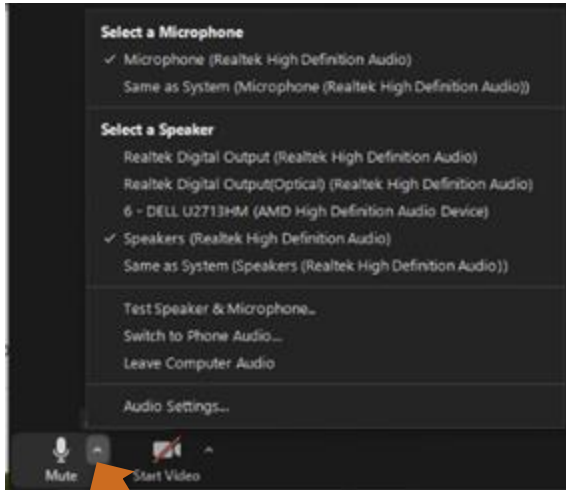
# Quarterly Tri-Agency Tribal Consultation/ Townhall

May 2026

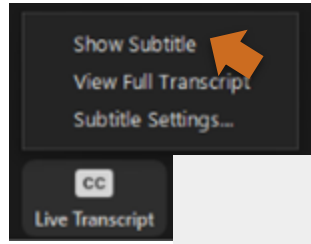
# Zoom Webinar Controls

Navigating your bar on the bottom...

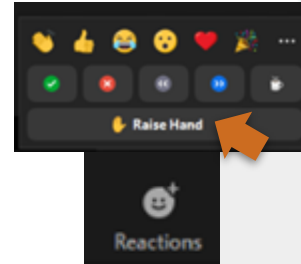
Audio Settings



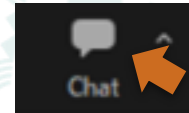
Turn on Closed Captioning



Raise Hand



Chat

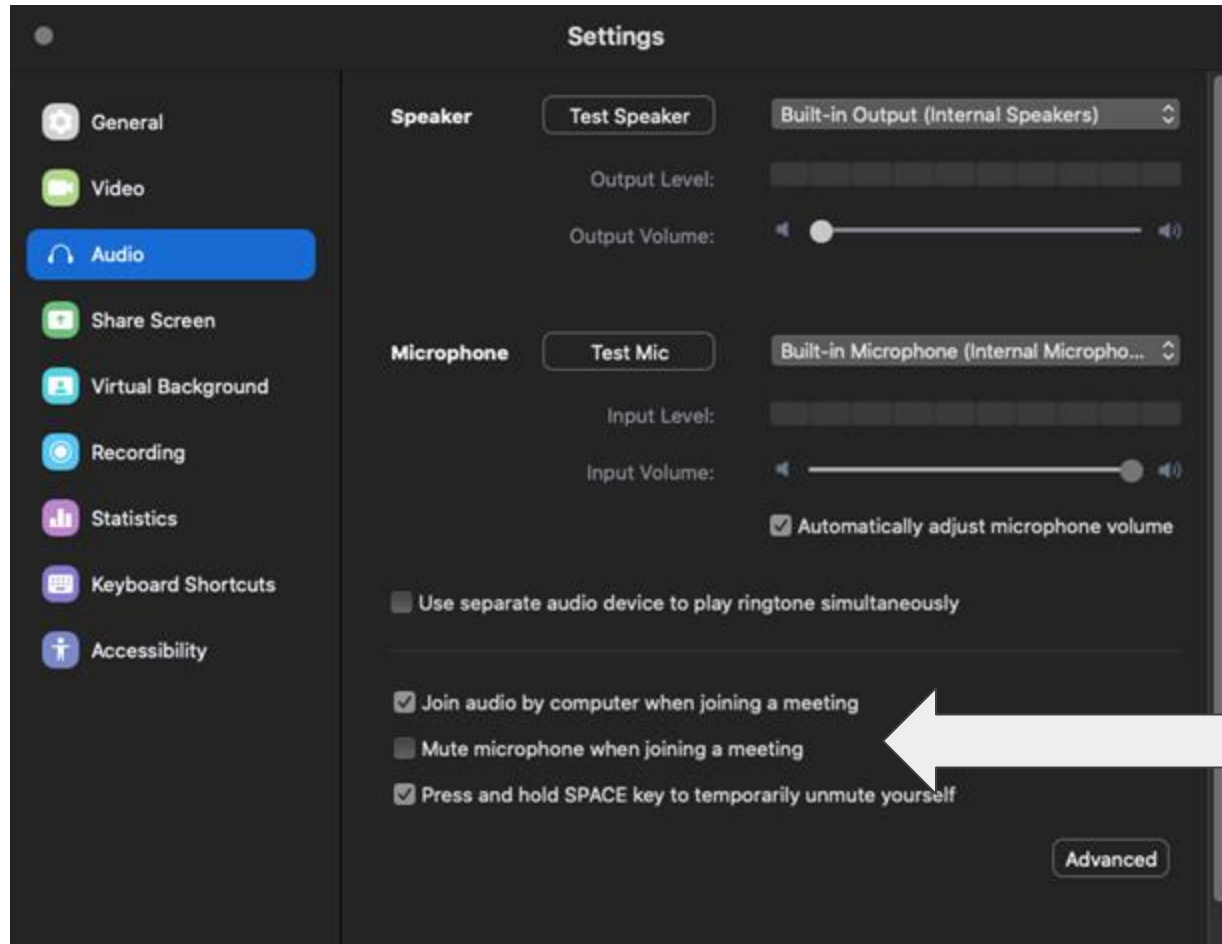


## KEYBOARD SHORTCUTS TO RAISE HAND

**Windows:** Alt+Y to raise or lower your hand

**Mac:** Option+Y to raise or lower your hand

# Audio Settings



The image shows the Zoom application settings window, specifically the Audio section. The left sidebar contains various settings categories: General, Video, Audio (highlighted in blue), Share Screen, Virtual Background, Recording, Statistics, Keyboard Shortcuts, and Accessibility. The main content area is titled 'Settings' and is divided into two sections: 'Speaker' and 'Microphone'. The 'Speaker' section includes a 'Test Speaker' button, a dropdown menu set to 'Built-in Output (Internal Speakers)', an 'Output Level' bar, and an 'Output Volume' slider. The 'Microphone' section includes a 'Test Mic' button, a dropdown menu set to 'Built-in Microphone (Internal Micropho...', an 'Input Level' bar, an 'Input Volume' slider, and a checked checkbox for 'Automatically adjust microphone volume'. Below these sections are three checkboxes: 'Use separate audio device to play ringtone simultaneously' (unchecked), 'Join audio by computer when joining a meeting' (checked), 'Mute microphone when joining a meeting' (unchecked), and 'Press and hold SPACE key to temporarily unmute yourself' (checked). A large white arrow points from the right edge of the screen towards the 'Join audio by computer when joining a meeting' checkbox. At the bottom right of the settings panel is an 'Advanced' button.

**Settings**

**Speaker** Test Speaker Built-in Output (Internal Speakers)

Output Level: [Progress Bar]

Output Volume: [Slider]

**Microphone** Test Mic Built-in Microphone (Internal Micropho...

Input Level: [Progress Bar]

Input Volume: [Slider]

Automatically adjust microphone volume

Use separate audio device to play ringtone simultaneously

Join audio by computer when joining a meeting

Mute microphone when joining a meeting

Press and hold SPACE key to temporarily unmute yourself

Advanced

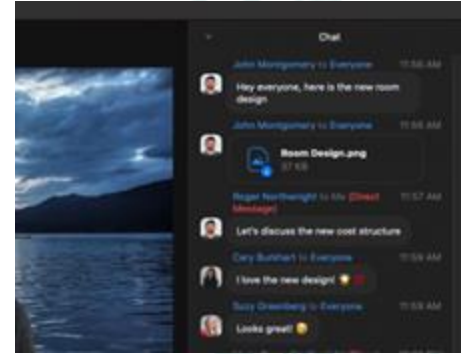
# Webinar Tips



**Mute your mic when you aren't speaking.**



**Limit background noise and distractions.**



**Use chat feature (or Q&A when available) to ask questions or share resources.**

# **This Meeting Is Being Recorded**

**The recording shall be the sole property of AHCCCS and participation in this meeting indicates your waiver of any and all rights of publicity and privacy.**

**Please disconnect from this meeting if you do not agree to these terms.**



# Agenda Preview

## Session Schedule:

8:30 AM to 9:20 AM: General Opening Session

09:20 AM to 10:20 AM: AACIHC Town Hall

10:30 AM to 12:00 PM AHCCCS Tribal Consultation

**12:00 PM to 1:00 PM: Lunch**

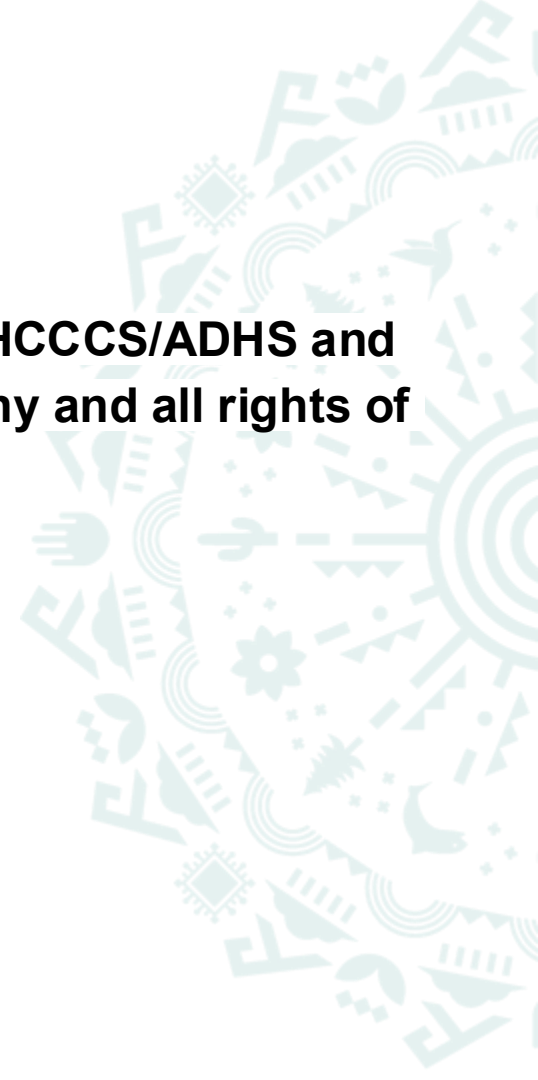
1:00 PM to 2:30 PM: AHCCCS Tribal Consultation

02:30 PM to 4:00 PM ADHS Tribal Consultation

# **This Meeting Is Being Recorded**

**The recording shall be the sole property of AACIHC/AHCCCS/ADHS and participation in this meeting indicates your waiver of any and all rights of publicity and privacy.**

**Please disconnect from this meeting if you do not agree to these terms.**



# Introduction

## Meeting Protocols & Guidelines

### Speaking Priority

1. Tribal Leaders
2. UIO Leaders
3. Appointed Delegates
4. Advisors

### Participation Guidelines

- Please restate your name and tribal affiliation when speaking.
- *For online participants:*
  - Please leave a comment with your name, title, and tribal affiliation in the chat box.
  - Use the raise hand feature to speak.



# Arizona Advisory Council on Indian Health Care (AACIHC) Town Hall

AACIHC Staff



ARIZONA ADVISORY  
COUNCIL ON INDIAN  
HEALTH CARE

# AACIHC Welcome



John Molina, MD, JD, AACIHC Director

# AACIHC Mission and Vision

## Mission Statement

The mission of the AACIHC is to serve as a resource for all Tribal governments and the State of Arizona by *supporting* prevention, training, education, workforce development, policy and legislation to meet the unique health care needs of American Indian and Alaska Native (AI/AN) populations in Arizona. We seek to educate and advocate for improved health outcomes.

## Vision Statement

The AACIHC strives to be recognized as a trusted resource on health equity for all Tribal Nations and American Indian/Alaska Native (AI/AN) communities throughout Arizona.

# Value Statement

The Arizona Advisory Council on Indian Health Care stands on the following values:

***A - Authenticity***

***A - Accountability***

***C - Culture***

***I - Integrity***

***H - Holistic***

***C - Community***

# History

The AACIHC was established by A.R.S. 36-2902.01, ***to give tribal governments, tribal organizations and urban Indian health care organizations in this state, representation in shaping Medicaid and health care policies and laws that impact the populations they serve.***

- We work to assist Tribes and Urban Indian Health Organizations in pursuing legislative and administrative priorities pertaining to Medicaid and health care policy, that are deemed significant to indigenous populations, providing education on such topics.
- Additionally, the AACIHC assists Tribes and Urban Indian Health Organizations in activities that seek to develop comprehensive medical and public health care delivery and financing systems to meet the needs of American Indian Tribes in this state.
- A.R.S. 36-2902.02 was later adopted to detail out the scope of work of the AACIHC.



# American Indian Health - Area Health Education Center Updates (AIH-AHEC)

**Ernestine Nasingoetewa**  
AIH-AHEC Grants Program Coordinator



AMERICAN INDIAN  
HEALTH-AHEC



## **Mission**

AIH-AHEC's mission is to increase the number of American Indian Healthcare professionals by nurturing partnerships with Arizona's Tribal communities to increase and support present and future American Indian students and healthcare providers.

## **Vision**

To foster and empower health career aspirations among our youth and to cultivate and support a strong culturally responsive healthcare workforce dedicated to sustainability within our Arizona Tribal communities.

# Today's Presentation

- Youth Pathway Programs
- AHEC Scholars
- Continuing Education for Providers
- Upcoming Events



A scenic desert landscape featuring several tall saguaro cacti in the foreground and a range of rugged mountains in the background under a bright blue sky with scattered white clouds. The text 'Youth Pathway Programs' is centered in the middle of the image.

# Youth Pathway Programs

# Rising Healers Career Pathway Program



Partnership with **IHEART, AT Still University, and UArizona College of Medicine**



**Breakout sessions, resource fair, panel discussion**



**Mesa (April 10):**

100 middle & high school students (AT Still campus)



**Tucson (April 28):**

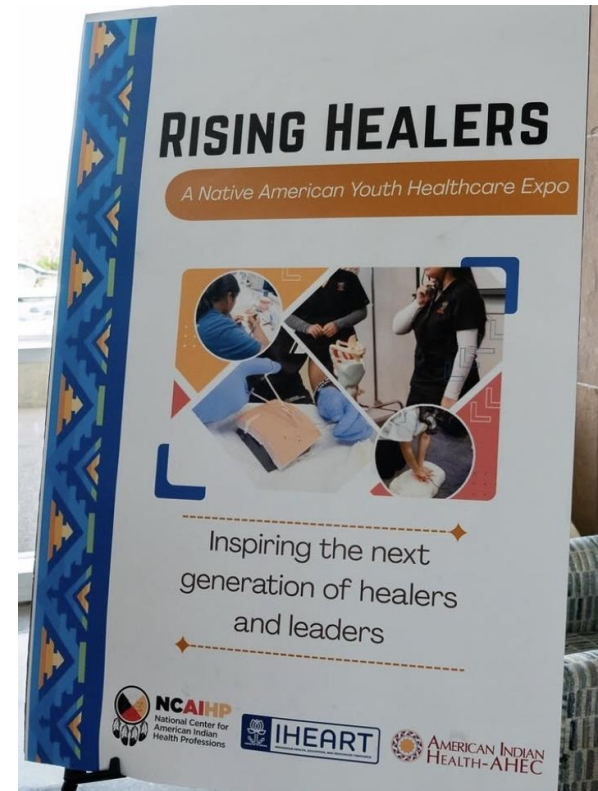
~200 students (UArizona COM)



# Rising Healers Career Pathway Program

## Breakout Sessions:

- Discovering Dentistry with ATSU dental students and staff,
- Ready, Set, Respond (CPR/EMS training with mannequins),
- Healing Within; Traditional Medicines & Practices
- The Heart Beat Lab: Ultrasound in Action hosted by Dr. Damon Dixon
- Protect Your Future & Heart: Difference of Traditional & Commercial Tobacco, and
- Keeping the Beat: Blood Pressure Awareness



# Health Occupations Students of America

## **HOSA – Future Health Professionals**

- **International career and technical student organization**
- **Endorsed by the U.S. Department of Education**
- **Supports middle school, secondary, and postsecondary students**
- **Prepares students for healthcare and related careers**

# Health Occupations Students of America

Supported Window Rock High School  
HOSA Club

Attended State Leadership Conference  
(Tucson)

## O Achievements:


- Advisor received Award of Distinction (Northern Region)
- 4 students qualified for Nationals (plus 4 alternates)



A desert landscape featuring several tall saguaro cacti in the foreground and a range of mountains in the background under a blue sky with scattered white clouds. The text 'AHEC Scholars Program' is centered in the middle of the image.

# AHEC Scholars Program

# AIH-AHEC Scholars Earn Statewide Recognition

-  **Arizona AHEC Excellent Poster Award**  
**14th Annual RHPP Conference**
- **Awarded to:** American Indian Health – Arizona AHEC Scholars  
*(2025–2027 Cohort)*
- **Winning Poster:**  
*“A Community Assessment of Window Rock, Arizona”*
- **Project Focus:**
  - Community assessment in Window Rock, AZ
  - Culturally responsive approach
  - Identifying strengths, challenges, and health priorities



# A Community Assessment of Window Rock, Arizona

## AIH AHEC Scholars 2025-2027

Gabriel Baca, Michael Barker, Lauren Coln, Shelby Dalgai, Bronte Ellsworth, Daniel Felion, Justine Frank, Isabele Mai, Katie Nguyen, Alexa Perry, Michael Piedra Gonzalez, Lindsey Pogson, Sophia Said, Thomas Thurber, Niomi Tsingine, and Dara Woodley  
Faculty Advisor: Agnes Attakai



### Introduction

Window Rock, Arizona is the capital of the Navajo Nation, the largest sovereign Native American nation in the United States. This community reflects strong cultural traditions, language preservation, and multigenerational family structures. Despite strong cultural resilience, social determinants of health (SDOH) such as poverty, transportation barriers, and limited resources contribute to health disparities. Economic and safety concerns within the community also contribute to other barriers to healthcare. Understanding community context is essential to developing culturally appropriate health interventions.

### Purpose

This assessment examines SDOH inequities shaping health outcomes in Window Rock by:

- Identify pressing community health needs
- Examine history, culture, environment & demographics
- Highlight strengths & existing resources
- Develop culturally appropriate recommendations



 Arizona Area Health Education Centers

### Methods



**Primary data collection**  
Scholars gathered data in October 2025 and January 2026 from informal interviews and conversations with community residents and hospital healthcare providers. Environmental observations and windshield surveys were taken at Community immersion activities visits to Tsehootsoo Medical Center, flea markets, community events, and government facilities.

**Secondary data collection**  
Additional contextual data were obtained from tribal census sources, Navajo Nation health reports, public health datasets, and input from community advisors and orientation sessions.



### Findings

**Community Strengths**

- Strong cultural identity and Diné traditions: Family systems are multi-generational and have strong sense of small community. Traditional healing practices and spirituality to support health and wellness.
- Community engagement opportunities through flea markets, sporting events, and cultural spaces
- Public health outreach efforts including education, vaccinations, and health promotion

#### Health Outcomes

Leading Causes of Death (Navajo Nation, 2021-2024)



Social Determinant	Key Indicator
Economics	24.9% of residents below poverty line and unemployment is 49% rate, ~70% commute off-reservation
Food, Water and Electricity Access	Extremely limited, USDA food desert ~30% of homes had water from wells and lack electricity
Life Expectancy	55.9 yrs (Males) / 62.8 yrs (Females)
Transportation	Limited public options. Auto loan delinquency rate 1x national average
Waste Disposal	Nearest landfill: 85 miles away

### Summary & Recommendations

- Address social determinants of health affecting access to care.
- Expand community-based health education and outreach programs.
- Strengthen preventive health initiatives including chronic disease management, substance use prevention and treatment, & mental health availability.
- Partner with community leaders and public health programs to ensure culturally appropriate, sustainable interventions.
- Continue surveillance and transparency of data to guide targeted health initiatives.

### Conclusion

Window Rock demonstrates extraordinary cultural resilience, sovereign governance, and social cohesion rooted in Diné traditions. Yet structural barriers: poverty, geographic isolation, inadequate infrastructure, and the lasting wounds of colonial history, generate persistent health disparities.

Collaborative, community-led, culturally grounded efforts centering Hozhó are essential to improving long-term outcomes across the Navajo Nation.

### Acknowledgements

The scholars gratefully acknowledge the Window Rock and Navajo Nation community members, the staff of Tsehootsoo Medical Center, the Navajo Nation Council, Navajo Nation community advisors, AAHEC, AI-AHEC and ASU, NAU, and UofA, for their guidance, hospitality, and partnership, and finally, the Window Rock Scouts.

### References



A desert landscape featuring several tall saguaro cacti in the foreground and a range of rugged mountains in the background under a blue sky with scattered white clouds. The text "Continuing Education" is centered in the middle of the image.

# Continuing Education



# Continuing Education

- Tailored to tribal healthcare settings
- And aligned with core HRSA/AHEC topic areas:
  - Interprofessional education, Behavioral Health Integration, SDOH, Cultural Humility/Competency, Connecting Communities, Telehealth, Practice Transformation and Current/Emerging Issues
- **Upcoming Session**
  - **ICWA in Clinical Care**
    - presented by Christina C. Bell Andrews, JD, MPH, MBA, MA  
Executive Director, Wassaja Center (University of Arizona College of Medicine)
  - **June 9th at Noon**
    - *Additional information will be shared soon*

A desert landscape featuring several tall saguaro cacti in the foreground and a range of rugged mountains in the background under a blue sky with scattered white clouds. The text "Staff Update" is centered in the middle of the image.

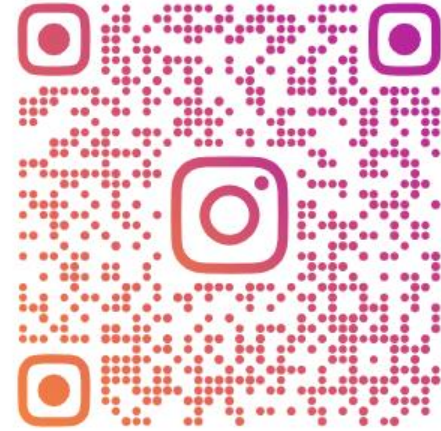
# Staff Update

## Staffing Update

New Community Outreach Intern:

### **Ashleigh Claw**

- Master's student in Healthcare Administration (University of Arizona)
- Experience in outreach & social media campaigns
- Contributions:
  - Managing AIH-AHEC Instagram
  - AACIHC Public Relations Committee member



AMERICANINDIANHEALTHAHEC

# Contact Information

Jeff Axtell, Director

[Jeffrey.Axtell@aacihc.az.gov](mailto:Jeffrey.Axtell@aacihc.az.gov)

Brooke Rector, Youth Program Coordinator

[Brooke.Rector@aacihc.az.gov](mailto:Brooke.Rector@aacihc.az.gov)

Angel Sanchez, Academic Pathways Coordinator

[Angel.Sanchez@aacihc.az.gov](mailto:Angel.Sanchez@aacihc.az.gov)

Ernestine Nasingoetewa, Continuing Education Coordinator

[Ernestine.Nasingoetewa@aacihc.az.gov](mailto:Ernestine.Nasingoetewa@aacihc.az.gov)

Website: <https://americanindianhealth-ahc.az.gov>



# 2026 Chronic Disease Updates from Medicaid Data

Keye Garmin, Senior Epidemiologist

# Data Releases: All Health Conditions

## 2020s Data Releases: All Health Conditions Data Release

### Timeline:

- March 2020 to June 2025

### Include Claims:

- Included Fee-for-Service (FFS) Claims Data
- Data sets were drawn from Medicaid claims, for Medicaid members who had an American Indian/Alaska Native (AI/AN) indicator on their member enrollment.

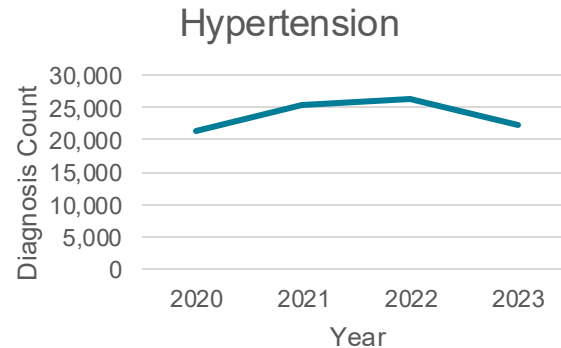
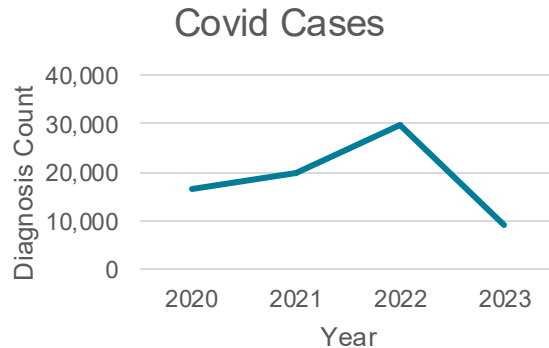
### Purpose:

- Used to discover links between health conditions and social determinants of health on COVID-19 infection, severity, and outcomes. Then, used to discover links between health conditions for these populations over time.



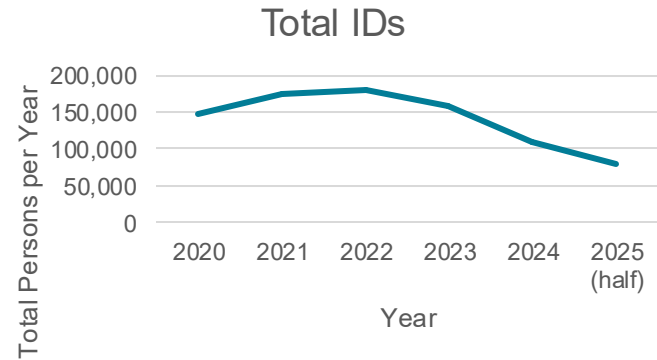
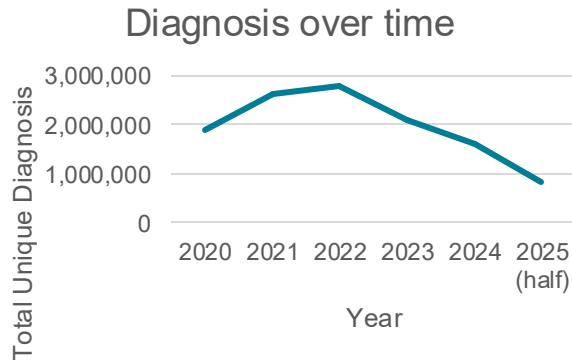
## 2023 Conclusions

- Our thoughts in 2023 were centered around the decline of COVID-19 diagnosis within our data. In response, chronic diseases (such as hypertension) held firm.
- The 2023 hypothesis (prediction for the coming years) was an increase in chronic diseases in response to the steep decline of COVID-19.



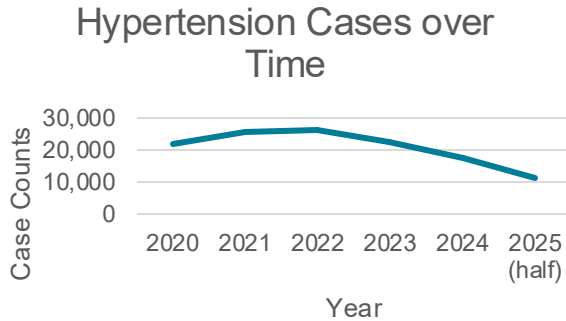
## Yearly Changes within Sample Size

- The glaring differences from year-to-year data is the differences in sample size.
- Since the pandemic, there are less individuals within the sample size, resulting in less unique diagnoses. This changes the way we will view and approach chronic diseases at face value.

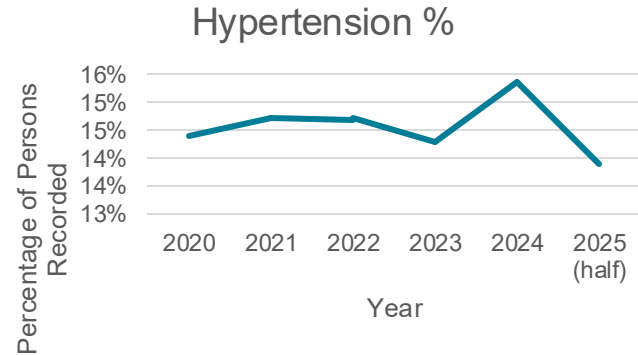


# Example of Case Count Proportions

Here is why sample size is so important:



In this example, it seems hypertension cases are in steep decline over the years.



However, in terms of our population of interest, there is less than a 2% difference of proportion of individuals who are diagnosed with hypertension every year.

## Changes in the Data: 2023 - 2025

- **Strong** consistency year-to-year. All percentages indicate the proportion of individuals in the data who are assessed with these specific diagnosis.

Year	Covid Case %	Hypertension %	Obesity %	Diabetes II %	Anxiety %	Hyperlipidemia %
2020	11%	14%	6%	17%	6%	7%
2021	11%	15%	8%	18%	6%	8%
2022	17%	15%	7%	17%	7%	8%
2023	6%	14%	6%	17%	5%	7%
2024	5%	15%	8%	19%	4%	8%
2025 (half)	1%	14%	5%	17%	3%	7%

## 2025 Conclusions

- Chronic diseases are not falling. They are CONSISTENT year to year with no change being indicated.
- We are not seeing declines in these conditions even with **less people being seen.**
- Our original thoughts from 2023 are not fully realized, however, no increase is great to see. But an emphasis on decline needs to continue into the later half of the decade.



A scenic desert landscape featuring several tall saguaro cacti in the foreground and a range of rugged mountains in the background under a clear blue sky with light clouds. The text is overlaid on the center of the image.

## Contact Info:

**Keye Garman**

**[Keye.garman@aacihc.az.gov](mailto:Keye.garman@aacihc.az.gov)**



# AACIHC Legislative & Policy Updates

Corey Hemstreet, AACIHC Legislative Liaison



# Legislative Priorities

**PURPOSE:** Per A.R.S 36-2902.01, the AACIHC is established to give tribal governments, tribal organizations and urban Indian health care organizations in this state, representation in shaping Medicaid and health care policies and laws that impact the populations they serve.

**AACIHC 2026 Legislative Priorities:**

- Murdered & Missing Indigenous Peoples (MMIP)
- Fraud, Waste, & Abuse (FWA)
- Maximizing the 100% FMAP for AI/Ans
- Oral Health
- Early Childhood & Education
- Child & Maternal Health
- Housing

# Bills Signed into Law

**HB2177- AHCCCS; waivers; American Indians: services** | Primary Sponsor: Rep. Willoughby |

**Status: Signed by Governor on 04/08**

**Overview:** The bill would require the Arizona Health Care Cost Containment System (AHCCCS) by March 30th to annually request a section 1115 waiver from the federal Centers for Medicare and Medicaid Services (CMS) to cover any AHCCCS-covered services that were eliminated or reduced in the state plan on or after September 2010 if the services are provided by an Indian Health Service (IHS) or Tribal 638 facility.

**SB1125- DCS; memorandum of understanding; tribes** | Primary sponsor: Sen. Werner |

**Status: Signed by the Governor on 04/02**

**Overview:** Requires the Department of Child Safety (DCS) to make efforts on an annual basis to enter into a memorandum of understanding (MOU) with each Indian Tribe in Arizona that does not have an MOU and outlines the required contents of an MOU. ([FACTSHEET](#))

# MMIP

**SB1740- turquoise alerts; statewide; training** | Primary Sponsor: Sen. Hatathlie | Status: **Awaiting agenda assignment to PSLE & Rules on 03/16 (In the House)**

**Overview:** Requires each law enforcement agency to develop and conduct employee training on the Turquoise Alert System and the issuance of a turquoise alert, as modified. **(FACTSHEET)**



# FWA

**SB1115** | Primary sponsor: Sen. Werner | Status: **Passed HHS & Awaiting Rules agenda assignment (In the House)**

**Overview:** The bill would require the Arizona Health Care Cost Containment System (AHCCCS) to contract with an administrative services organization beginning October 1, 2027, to perform program integrity, care management, provider support, quality improvement, data analytics, and claims payment functions for the American Indian Health Program (AIHP). Services provided to an AIHP member through the Indian Health Service or a tribal facility would be excluded.

**SB1346- AHCCCS; fee-for-service; claims** | Primary Sponsor: Sen. Angius | Status: **Awaiting 3<sup>rd</sup> reading/floor vote (in the House)**

**Overview:** Within 72 hours after receiving a claim, the system's Division of Fee-for-service management shall notify the person or entity that submitted the claim of all administrative deficiencies in the claim, if any. If the person or entity corrects all administrative deficiencies in the claim or if there were no administrative deficiencies in the claim, the administration shall either approve or deny the claim within 10 business days. ([FACTSHEET](#))

**SB1122-AHCCCS; prior authorization; behavioral health** | Primary sponsor: Sen. Werner | Status: **Awaiting Rules agenda assignment (In the House)**

**Overview:** Prohibits, beginning January 1, 2027, the Arizona Health Care Cost Containment System Administration (AHCCCS) from requiring 100 percent prepayment review for behavioral health services provided to a member under the American Indian Health Program (AIHP) by a behavioral health provider unless outlined conditions apply.

([FACTSHEET](#))



# FWA

**SB1114- appropriation; behavioral health patient brokering** | Primary sponsor: Sen. Werner | **Status: Passed HHS committee on 03/16 & awaiting Appropriations and Rules committees assignment (In the House)**

**Overview:** Appropriates \$1,000,000 in FY 2027 from the state General Fund (state GF) to the State Treasurer for distribution to the Maricopa County Attorney's Office for investigations relating to behavioral health patient brokering. ([FACTSHEET](#))

**SB1173- Behavioral Health facilities; fingerprinting** | Primary Sponsor: Sen. Werner | Status: **Awaiting HHS & Rules agenda assignment (In the House)**

**Overview:** Requires, as a condition of licensure for outlined behavioral health facilities, each applicant, licensee and owner to be a U.S. citizen or a lawful permanent resident of the United States and have a valid Level I fingerprint clearance card (FPCC).

([FACTSHEET](#))

**SB1116- AHCCCS; claims review; behavioral health** | Primary Sponsor: Werner | Status: **Passed HHS committee on 03/16 & awaiting Appropriations & Rules agenda assignment (In the House)**

**Overview:** Requires a claim denial or adverse appeal determination based on the medical necessity of a behavioral health service covered by the American Indian Health Program (AIHP) to be reviewed and approved by an individual with specified relevant clinical experience. ([FACTSHEET](#))

# Maximizing the 100% FMAP for AI/ANs

**SB1776- traditional healing services; AHCCCS** | Primary Sponsor: Sen. Gonzales | Status: W/D from HHS committee on 03/18 & awaiting Appropriations & Rules agenda assignment (In the House)

Overview: Adds Urban Indian Health organizations to participate in traditional healing Medicaid reimbursement

## Early Childhood Education

**HB2895- Native American language; instruction; certification** | Primary sponsor: Rep. Tsosie | Status: **Transmitted back to the House; Awaiting floor vote**

Overview: Will require the State Board of Education (SBE), or a school district or charter school, to allow students to satisfy a world language credit by demonstrating proficiency in a Native American language, if SBE includes such as a credit in the minimum course of study.

## Child & Maternal Health

**HB2051- AHCCCS; breastfeeding & lactation coverage** | Primary Sponsor: Rep. Fink | Status: **Passed ATT, RAGE and awaiting Rules agenda assignment (In the Senate)**

Overview: AHCCCS to cover breastfeeding and lactation care services, including consultations, education, counseling, that are provided in inpatient, outpatient, home-based and group settings.

# Bills No Longer Being Considered

**HB2542- AHCCCS; preventative dental care** | Primary Sponsor: Rep. Mathis | **Status: Died in the House**

**Overview:** AHCCCS to cover preventative dental care.

**HB2896- ADE; tribal education liaison office** | Primary Sponsor: Rep. Tsosie | **Status: Died in the House**

**Overview:** The Superintendent of public instruction shall establish tribal education liaison office within the Department of Education.

**SB1102- early childhood education; providers; appropriation** | Primary Sponsor: Sen. Fernandez | **Status: Died in the Senate**

**Overview:** The sum of \$175,000,000 to be appropriated from the state general fund in fiscal year 2026-2027 to the Department of Education for the quality early childhood education supplemental assistance grant program established by section 15-249.20, Arizona Revised Statutes, as added by this act.

## Bills No Longer Being Considered

**HB2596- appropriations; tribal shelter beds** | **Primary Sponsor: Rep. Peshlakai** | **Status: Died in the House**

**Overview:** The sum of \$5,000,000 is appropriated from the state general fund in fiscal year 2026-2027 to the department of economic security to distribute to tribal governments in this state for additional domestic violence shelter beds.

**SB1830- turquoise alert; runaways** | **Primary sponsor: Sen. Miranda** | **Status: Died in the Senate**

**Overview:** The department shall issue a turquoise alert whether or not the department has determined whether the missing person has been kidnapped or is a runaway, if the person is a child.

# Thank you!



\*\*\*To view all bills we are tracking, please visit: [2026 Legislative Tracker](#)\*\*\*

If you have any questions, please reach out to AACIHC Legislative Liaison, Corey Hemstreet at: [corey.hemstreet@aacihc.az.gov](mailto:corey.hemstreet@aacihc.az.gov)



## Tribal Convening Discussion (Tribes Only)

Mckayla Keams, AACIHC Executive Project  
Coordinator



# Purpose of the Tribal Health Convenings

- To provide a Tribes-only space to discuss the future of the American Indian Health Program (AIHP)
- To share information on current Arizona Health Care Cost Containment System response and legislative landscape surrounding the AIHP
- To serve as a level-setting discussion to ensure Tribal partners have a shared understanding of the current landscape surrounding the AIHP and the pathway that led to these discussions.

## MEETING DATES:

- 03/16/26, 03/30/26, 04/13/26, 04/27/26, and **05/11/26**

# Catalyst

## Definitions from SB1115 (SB1611)

**Program Integrity-** Functions designed to prevent, detect and investigate fraud, waste, or abuse and to recover improper payments in the administration or delivery of covered services.

**Care management-** The coordination of a member's health care services to ensure medically necessary and appropriate care.

**Provider Support-** Includes: Provider education, training, and technical assistance; assistance with claims submission and billing issues; and communication of program policies, procedures, and updates.

**Quality Improvement-** measuring, monitoring, and improving the quality, safety, and outcomes of health care services.

**Data analytics-** the collection, integration, analysis, and reporting of program claims and provider and member data to support program operations, decision-making and oversight.

**Claims Payment:** Undefined

# Interactive Activity

## *Primary Objectives:*

- Validate whether the six functions reflect system needs
- Identify missing functions or gaps
- Prioritize functions for phased implementation
- Gather real-time tribal feedback

# Next Tribal Health Convening – Registration

**Monday, May 11, 2026 @  
9am-2pm**

(virtual or in-person)

**Location: 100 N. 15th Avenue  
Phoenix, AZ 85007**

**Room: #300**

Questions, please reach out to:  
[corey.Hemstreet@aacihc.az.gov](mailto:corey.Hemstreet@aacihc.az.gov) or  
[mckayla.keams@aacihc.az.gov](mailto:mckayla.keams@aacihc.az.gov)



# Upcoming Webinar

## National Scan of Medicaid ASO Structures: Considerations for Tribal Health Care Systems

**Date: May 27, 2026**

**Time 10:00 AM Arizona**

### **Top 10 States with High AI/AN Population**

- |                 |                 |
|-----------------|-----------------|
| 1. Alaska       | 6. North Dakota |
| 2. New Mexico   | 7. Wyoming      |
| 3. Oklahoma     | 8. Washington   |
| 4. South Dakota | 9. Oregon       |
| 5. Montana      | 10. Michigan    |



# Upcoming Event

## Navigating Health Insurance for American Indian Alaska Native (AI/AN) Population Living in Arizona

**Date: Wednesday, May 20, 2026**

**Time: 8am to 4pm (MST)**

**Location: NAU High Country Conference Center, 201  
W Butler Ave, Flagstaff, AZ 86001**

### **Topics and sessions will include:**

1. Health Insurance Access & Community Impact Panel Discussion
2. Health Insurance & Tribal Health System 101
3. Medicaid, Medicare, and Marketplace breakout sessions



# Tribal Health Advisory Workgroup (THAW)

## Reminder: June 16, 2026

**Time:** 9:00 AM – 11:00 AM

**Format:** Hybrid

**Location:** 150 N 18th Ave, Phoenix, AZ 85007

**Next THAW meeting will include:**

- Rural Health Transformation Program (RHTP) Update
- Announcements from Arizona Advisory Council on Indian Health Care (AACIHC), Arizona Health Care Cost Containment System (AHCCCS) and the Arizona Department of Health Services (ADHS)



A desert landscape featuring several tall saguaro cacti in the foreground and a range of mountains in the background under a blue sky with scattered white clouds. The text "Break (10 minutes)" is centered in the middle of the image.

**Break  
(10 minutes)**

# Arizona Health Care Cost Containment System (AHCCCS) Tribal Consultation

10:30 AM to 12:00 PM  
1:00 PM to 2:30 PM





ARIZONA ADVISORY  
COUNCIL ON INDIAN  
HEALTH CARE

ARIZONA  
HEALTH CARE COST  
CONTAINMENT SYSTEM

ARIZONA  
— DEPARTMENT OF —  
HEALTH SERVICES

## Welcome to today's Tri-Agency Q!

### While You're Waiting....



**Test your audio**



You were **automatically muted** upon entry



Use the **chat** for questions or click  raise your hand to speak

**Join by either phone or computer** (please don't join with both)

## Thank You!



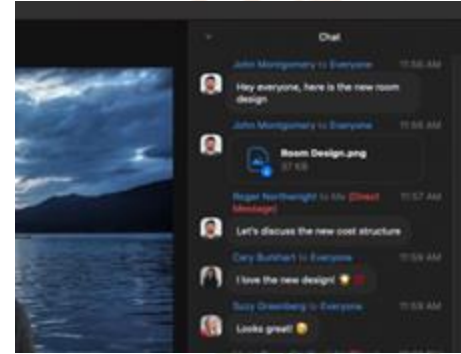
# Webinar Tips



**Mute your mic when you aren't speaking.**



**Limit background noise and distractions.**



**Use chat feature (or Q&A when available) to ask questions or share resources.**

# **This Meeting Is Being Recorded**

**The recording shall be the sole property of AHCCCS and participation in this meeting indicates your waiver of any and all rights of publicity and privacy.**

**Please disconnect from this meeting  
if you do not agree to these terms.**



# Meeting Protocols & Guidelines

## Speaking Priority

1. Tribal Leaders
2. UIO Leaders
3. Appointed Delegates
4. Advisors

## Participation Guidelines

- Please restate your name and tribal affiliation when speaking.
- *For online participants:*
  - Please leave a comment with your name, title, and tribal affiliation in the chat box.
  - Use the raise hand feature to speak.



# Quarterly Tri-Agency Tribal Consultation & Townhall Meeting

Thursday, May 7, 2026

# Welcome Jazmin Villavicencio-Bahe!

*(Chemehuevi)*

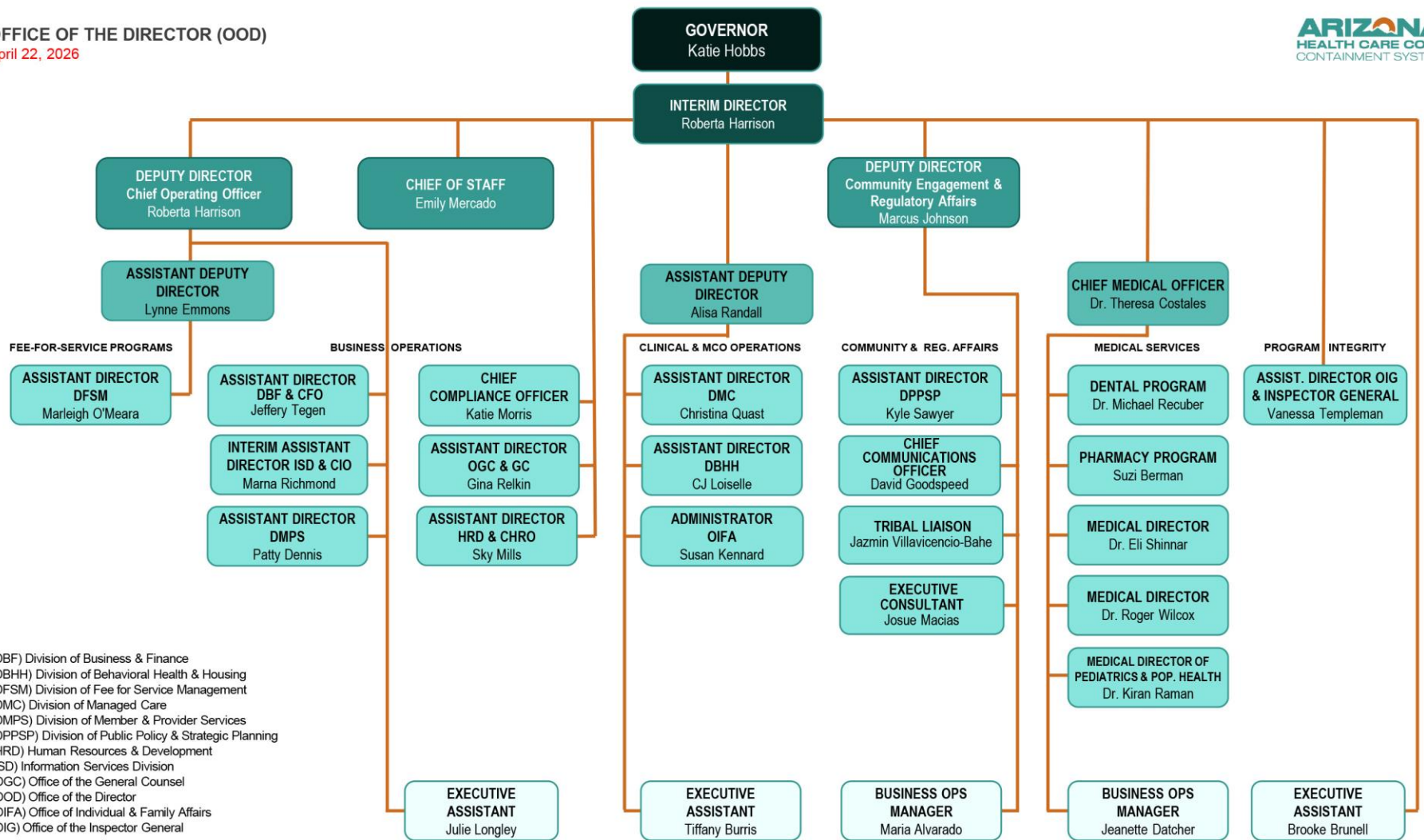


*AHCCCS Tribal Liaison*

# AHCCCS Updates

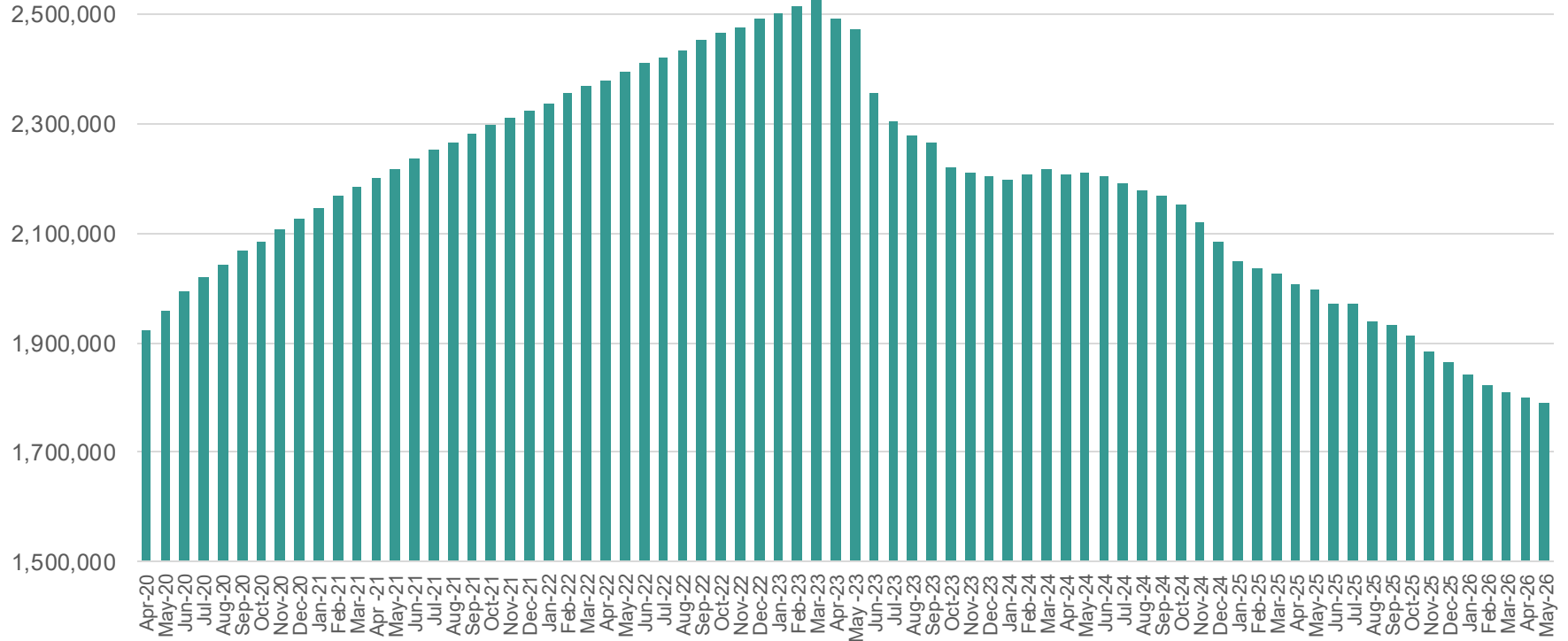


Roberta Harrison  
*Interim Director*

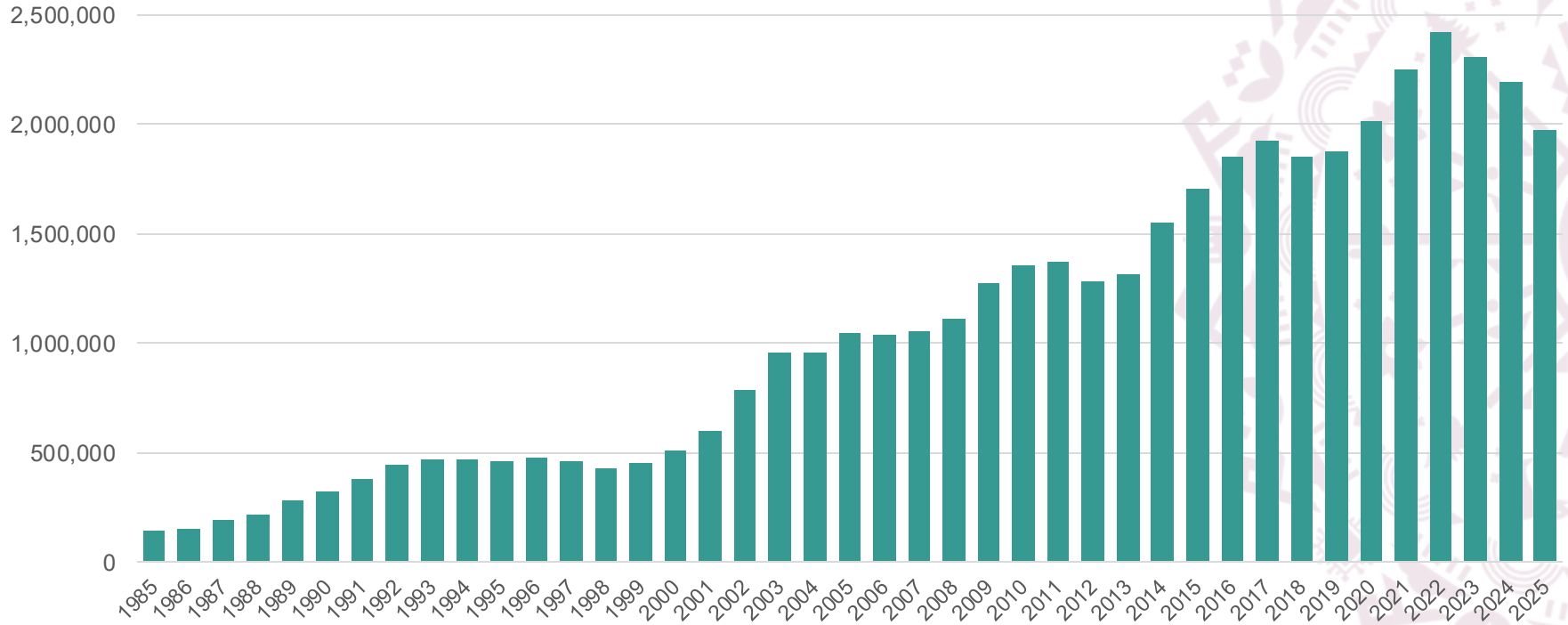


(DBF) Division of Business & Finance  
 (DBHH) Division of Behavioral Health & Housing  
 (DFSM) Division of Fee for Service Management  
 (DMC) Division of Managed Care  
 (DMPS) Division of Member & Provider Services  
 (DPPSP) Division of Public Policy & Strategic Planning  
 (HRD) Human Resources & Development  
 (ISD) Information Services Division  
 (OGC) Office of the General Counsel  
 (OOD) Office of the Director  
 (OIFA) Office of Individual & Family Affairs  
 (OIG) Office of the Inspector General

# AHCCCS Population: Mar. 2020 – May 2026



# AHCCCS Population as of July 1, 1985 – 2025



# AHCCCS Moving Forward

- 2026 Legislative Session
- 1115 Waiver Renewal
- Medicaid Enterprise System (MES) Modernization continues
- Continued improvements within Fee-for-Service
- Applied Behavior Analysis Services (ABA) - *more to come later today*
- HCBS Needs Tool/Extraordinary Care Review (HNT/ECR)
- Arizona Long Term Care System Elderly/Physically Disabled (ALTCS EPD) Program
- Reentry Waiver Implementation: 90 days Pre-Release Coverage
- Rural Health Transformation Program - May 27 Special Tribal Consultation
- HR1 Implementation: Community Engagement Outreach & Awareness

The background of the slide features a large, semi-circular watermark of the Arizona State University logo on the left side. The logo is composed of various geometric and organic shapes, including a sun, a mountain, a tree, and a hand, arranged in a circular pattern.

# Division of Fee-For-Service Management (DFSM) Updates

**Angelina Meyer**

*DFSM Deputy Assistant Director, Operations*

**Leslie Short**

*DFSM Deputy Assistant Director, Clinical*

# DFSM Strategic Plan

- Recap of strategic planning sessions
  - Convened 3 strategic planning sessions in August: northern, central, and southern Arizona
  - Built on the January 30, 2025, Strategic Planning Meeting
  - 38 tribal partners and 21 AHCCCS staff members.
  - **Thoughtful feedback helped refine the 5-year DFSM Strategic Plan draft, ensuring it is meaningful, culturally appropriate, and relevant.**
- Next steps
  - Invitation to each 22 tribes for individual strategic meetings was extended from January-April
  - Last strategic planning meeting to occur July/August, 2026
    - Present final draft, identify pillars that will be worked on, sub-goals, ranking of priorities, etc.



# DFSM Strategic Plan – Current DRAFT V3

## Director's Priorities for DFSM



Access to Care/Quality Providers



Reduce Healthcare Disparities

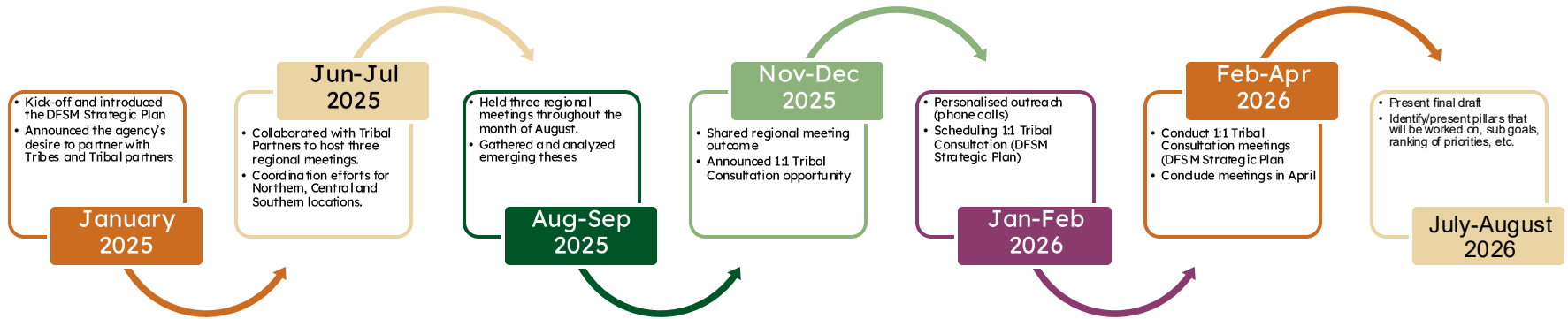


Internal and External Collaboration

AND in alignment with the agency strategic plan, with emphasis on:

- Address Barriers which Contribute to Health Inequities
  - Emphasis on AIHP Only Providers
  - Expansion of AIMH
  - Clinically Driven Utilization Management
  - Systemic and administrative barriers to care
- Improving Care Quality & Life Expectancy
  - CQM, CMS, and other metric reporting
  - Population Health Management
  - Member Coordination
  - Collective data approach
- Focus on Mutual Respect & Cultural Humility
  - Internal Culture Within AHCCCS
  - Tribal Healthcare System
  - Education and Collaboration

# DFSM Strategic Plan Timeline





# Operations UPDATES

**Angie Meyer**

*DFSM, Deputy Assistant Director,  
Operations*

# Referring, Ordering, Prescribing, and Attending (ROPA) Providers

Under the **Affordable Care Act (ACA)** and the **21st Century Cures Act**, all **ROPA providers** must be registered with **AHCCCS** to ensure compliance with federal regulations.

- **ROA** launched August 1, 2025, for **Referring, Ordering and Attending** providers; Prescribers were not included in the process at that time.
- **ROPA**, launching **September 1, 2026**, and expands registration requirements to include **Prescribers** in the registration process.
- **Fee for Service claims** involving unregistered ROPA providers - including Prescribers - will be **denied effective September 1, 2026**.
- ROPA Providers must enroll via the **AHCCCS Provider Enrollment Portal (APEP)**.
- AHCCCS offers a **simplified process** for ROPA-only providers (**Provider Type OR**).
- **Facilities are responsible** for proactively contacting ROPA providers and ensuring they are AHCCCS registered.
- Certain roles (e.g. **interns, residents and pharmacists**) are not required to register with AHCCCS. Please see the [ROPA Registration Guidelines & ROPA Provider Excepted List](#).

# AHCCCS Systems Modernization

## New AHCCCS Solutions Center:

- AHCCCS launched the [AHCCCS Solutions Center](#) a centralized platform that simplifies communication with AHCCCS and streamlines the request submission for Providers.
- The AHCCCS Solutioning Center went live on **May 4, 2026**.
- It replaces the current AHCCCS Service Desk Portal.
- Introductory webinars have been conducted, with additional provider training sessions planned.

## Alivia, Fraud, Waste & Abuse (FWA) Pre-Payment Prevention:

- **Alivia Preventive Analytics** leverages AI-driven analytics to identify high-risk claims early in the adjudication process.
- A pre-adjudication approach enables proactive intervention and prevents improper payments before the Fraud, Waste, and Abuse can occur.
- The **Alivia Preventive Analytics Claims Manager** launches on **June 29, 2026**.

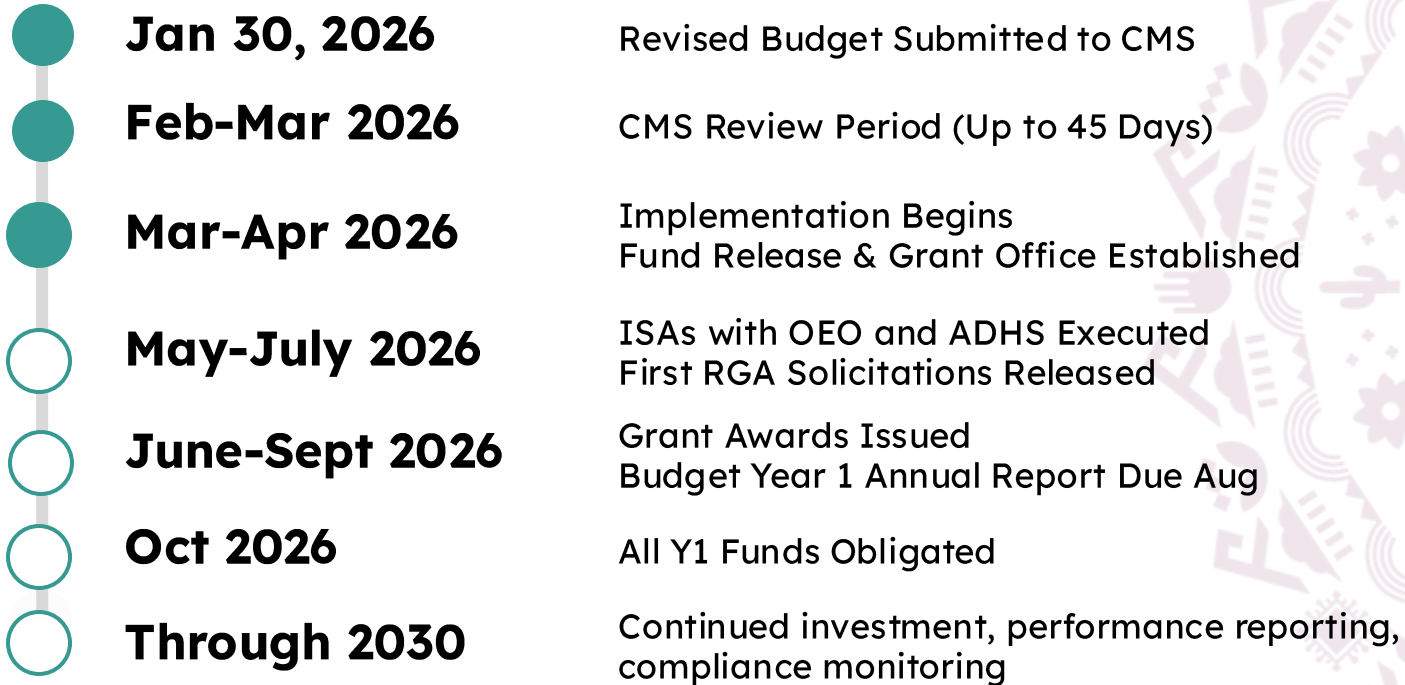
# Rural Health Transformation Program (RHTP)



**Katie Pompay**

*State Project Officer, RHTP*

# Implementation Timeline



# General Update

- The Rural Health Transformation Program is a multi-year CMS cooperative agreement designed to strengthen rural healthcare access, workforce capacity, and system stability across Arizona, including Tribal and Tribal-serving communities.
- AHCCCS serves as the lead agency for this program, working closely with ADHS and the Office of Economic Opportunity with input from the Governor's Office. Each agency has distinct roles, but we are operating as one coordinated system with shared accountability.
- Today's discussion is an early engagement conversation. No funding decisions are being made today. The goal is to share what funding opportunities are coming, how Tribal Nations can engage with the State, and what pathways exist to partner in ways that respect Tribal sovereignty and community priorities.
- We will be providing you with a Tribal funding guide that outlines pathways for participation.
- The program timeline is publicly available on the AHCCCS RHTP website so you can plan at your own pace. <https://www.azahcccs.gov/AHCCCS/Initiatives/RHTP/>



# Agency Leadership Introductions

# AHCCCS Leadership & Programs

## TEAM



**Name:** Katie Pompay  
**Title:** Executive Project Manager  
**Role:** RHT Project Officer  
**Email:**  
[Katie.Pompay@azahcccs.gov](mailto:Katie.Pompay@azahcccs.gov)



**Name:** CJ Loiselle  
**Title:** Assistant Director, DBHH  
**Role:** RHT Principal Investigator (PI)  
**Email:**  
[CJ.Loiselle@azahcccs.gov](mailto:CJ.Loiselle@azahcccs.gov)

## Program Overseen by AHCCCS

### Priority Health Initiatives Grant Portfolio

- Behavioral Health and SUD Grant program (\$10M)

### Making Rural Healthcare Accessible

- Telehealth Hubs, Remote Monitoring, Digital Infrastructure, and Care Coordination (\$17M)
- Rural Health Innovative Care Pilot Program (\$21M)

### Making Rural Healthcare Resilient

- Medical Diagnostic Equipment and Technology (\$30M)
- Provider Liaisons Pilot program (\$389,960)
- Adopt Shared Services Consortium programming (\$5M)
- Technical Assistance for Operational and Fiscal Performance programming (\$2.8M)

## What We Want to Share Today

- A high-level overview of RHTP priorities and funding focus areas
- How Tribal Nations can engage with AHCCCS
- Where to find timelines, terms, and ongoing updates

## Next Steps & Opportunities for Partnership

- Review the Tribal Funding Mechanisms Guide (being provided today)
- Decide which engagement pathway best fits your Nation's priorities:
  - Government-to-Government consultation
  - Vendor/contractor partnership

# ADHS Leadership & Programs

## TEAM



**Name:** Celia Nabor  
**Title:** Assistant Director,  
Public Health  
Prevention Services  
**Email:**  
*Celia.Nabor@azdhs.gov*



**Name:** Nicole Witt  
**Title:** Assistant Director,  
Public Health  
Preparedness  
**Email:**  
*Nicole.Witt@azdhs.gov*

## Programs Overseen by ADHS

### Priority Health Initiatives Grants Portfolio

- Improving Rural Maternal-Fetal Health Grant program (\$5 M)
- Chronic Disease Prevention and Management program (\$12 M)
- Provider Upskilling Support for EMS & CHWs/CHRs (\$4 M)

## What We Want to Share Today

- Share high level overview of the Chronic Disease Prevention and Management strategies
- Share high level overview of the Maternal-Fetal Health strategies
- Plans to work with a community organization to support the workforce priority (i.e. upskilling CHW and CHR)

## Next Steps & Opportunities for Partnership

- Provide feedback on strategies Chronic Disease Prevention & Management and Maternal & Fetal Health
- Provide feedback on training needs CHW and CHR
- Provide feedback on desired path for receiving RHTP funds
  - Chronic Disease Prevention and Management approximately \$800k
  - Rural Maternal-Fetal Health Grant program approximately \$750k

# OEO Leadership & Programs

## TEAM



**Name:** Kathryn Belous  
**Title:** Workforce Strategies Administrator  
**Email:**  
[kathryn.belous@oeo.az.gov](mailto:kathryn.belous@oeo.az.gov)



**Name:** Dante Mitchell  
**Title:** Chief Government and Community Affairs Liaison  
**Email:**  
[dante.mitchell@oeo.az.gov](mailto:dante.mitchell@oeo.az.gov)

## Programs Overseen by OEO

### Workforce Development & Training Initiatives

- Rural Education & Training Expansion (\$32.1M)
- Financial Incentives (\$8M)
- Rural Innovation Learning Network Council (\$2M)
- Provider Upskilling & Residency Support (\$1M)

## What We Want to Share Today

- Share overview of Rural Education & Training Expansion Tiers
- Share overview of Financial Incentives for Rural Practice and Service Commitment
- Share overview of WF Advisory Council and Request Recommendations for Participants
- Share overview of Provider Upskilling & Residency Support
- OEO Project Office Activities and Deliverables Overview

## Next Steps & Opportunities for Partnership

- Request contacts from Tribal College Administrators/HC Faculty
- WF Advisory Participation
- Rural Innovation Learning Network Participation

# Deepening the Partnership

## Call to Action: Identify the top areas of needs for your Tribe

- Where are the greatest gaps in care, infrastructure, workforce, or services that affect your community today?
- Which priorities should be addressed first to make a meaningful, near-term impact?

## Discussion Questions for Tribes & Tribal Liaisons

- **Programming:** What is your program plan in this service area? What would success look like for your tribe?
- **Engagement:** How do you plan to engage with your Tribe and this service area — community input, partner organizations, existing programs?
- **Capacity & Support:** What capacity, partners, or technical assistance does your Tribe need to launch?

## Survey: Information Needed from Tribal Liaisons

Tribal Liaisons will complete an online survey capturing the following:

- **Initiative Selected:** Which RHTP initiative your request aligns with
- **Approximate Dollar Amount:** Estimated funding request
- **Partners:** Who are the partners involved in this program
- **Tribal Liaison Contact:** Name, role, and contact information
- **Type of Contract:** Government-to-Government, vendor/contractor, or other
- **Timeline to Launch:** Anticipated start date and key milestones
- **Program Duration:** Length of the proposed program
- **Technical Assistance Needed:** Areas where state agency support is requested



[Tribal Interest Form](#)



# Ad-Hoc Tribal Consultation Agenda Preview

# May 27th Ad-Hoc Tribal Consultation Preview



## OBJECTIVES

- ✓ **Share** information on specific funding opportunities offered by each agency
- ✓ **Support** tribal leaders in understanding pathways to partner with the state through open discussion

## WHAT WE'LL COVER

1

Tribal Consultation Notification & Opening Remarks

2

Funding Opportunities & Discussion (AHCCCS, AOEO, ADHS)

3

Next Steps & Closing Remarks



## LOGISTICS



**DATE:** May 27<sup>th</sup>, 2026



**TIME:** 8:30 AM – 4:30 PM MST



**FORMAT:** [Zoom Registration Link](#) | [In-Person Registration Link](#)



**LOCATION:** State Capitol 2<sup>nd</sup> Floor Conference Room,  
1700 W Washington Street in Phoenix, Arizona



**Zoom Registration**



**In-Person Registration**



# Thank You

**LUNCH - 12:00PM – 12:30PM**

**We will return at  
12:30PM with Tribal Open Mic**

Lunch Provided by



# Tribal Open Mic

## Participation Guidelines

- Please restate your name and tribal affiliation when speaking.
- *For online participants:*
  - Please leave a comment with your name, title, and tribal affiliation in the chat box.
  - Use the raise hand feature to speak.

# Applied Behavior Analysis (ABA) Services Updates (AMPM Policy 320-S)



**Dr. Theresa Costales, MD**  
*AHCCCS CMO*

# Topics

Policy Update Goals

Policy Update Process

ABA Model of Care

Proposed Key Policy Updates

Next Steps

# Why Now?

- AMPM Policy **320-S** was last updated in 2020
- AHCCCS received feedback from parents, providers, provider associations, and other stakeholders that additional policy provisions were needed to ensure the **safe** delivery of **high-quality** ABA services to members, while also ensuring services are **medically necessary**
- There has been national attention on ABA services, particularly those paid for by state Medicaid programs, with conversations focused on balancing access to care with the federal Medicaid mandate to ensure services are medically necessary and cost effective

# Goals of ABA Policy Update

Improve outcomes of ABA services by ensuring providers adhere to the evidence-based model of care

Ensure unlicensed staff providing care to vulnerable members are qualified and appropriately supervised by Licensed Behavior Analysts

Inform parent/caregiver expectations of quality ABA services to empower them to properly advocate for their children

Increase coordination of care between service providers to ensure each members overall needs are considered and addressed

# Policy Update Process

- Clinicians at AHCCCS have conducted reviews of clinical best practice guidelines (including Catalight Practice Guidelines and Council of Autism Service Providers ABA Practice Guidelines), scientific studies, and ABA policies from other state Medicaid agencies to inform policy updates
- We additionally conducted numerous listening sessions and engagements with subject matter experts and key stakeholders from the community - ABA center leaders, public policy leaders, practicing BCBAs, and member advocates

# Proposed Key Policy Updates



# Note on Numbers in Proposed Policy

- There are **no hard limitations** on service hours being proposed – all medically necessary services will be authorized.
- There are several situations that would require additional documentation:
  - When **greater than 25 hours of services per week** are being requested, the requesting provider must explain why this service intensity is needed for the member's level of functional impairment.
  - When **greater than 15 hours of services per week are being requested for full-time students (who are in school 30-35 hours/week)**, the provider must explain why this time intensity is needed and how the member will have all of their needs met (including other services, time for free play and rest) while participating in ABA.

# Unlicensed Staff Qualifications and Supervision



## Updated Definitions of Unlicensed ABA Staff

Alignment with national standards  
Standardization across AHCCCS service providers  
Ensures training and credentialing



## Establishing New Unlicensed Staff Qualifications

Fingerprint clearance  
Background & abuse registry checks  
Registered Behavior Technician (RBT)  
Certification for ABA Technicians



## Strengthening Clinical Supervision Requirements

Requires that the Licensed Behavior Analyst joins and directs a minimum of 1 out of every 10 hours of services delivered by the ABA Technician

# Accessing ABA Services – Diagnosis & Referral

## Qualifying Diagnosis Is Needed

- Diagnosis made via a Comprehensive Diagnostic Evaluation (CDE) completed by a Psychiatrist, Neurologist, Licensed Psychologist, Developmental Pediatrician or Pediatrician with DDD approved ASD diagnosis training

## Referral for ABA Assessment Completed

- Diagnosing clinician or primary care provider (PCP) refers for initial ABA Assessment (referral is valid for 1 year)

# Accessing ABA Services – ABA Assessment

ABA Assessment is completed by a Licensed Behavior Analyst (LBA) and includes:

- Caregiver interviews
- Direct observation
- Assessments of skills and behaviors
- Review of history, prior interventions, co-occurring disorders
- Coordination with other treatment providers

# Accessing ABA Services – Treatment Planning

Treatment Plan completed by the LBA in partnership with the parent/caregiver(s). The plan must:

- Be individualized
- Be person-centered
- Align types and amounts of services being requested with the member's needs as described in the ABA Assessment
- Include a plan for caregiver involvement in treatment
- Be shared with the referring clinician and other service providers whenever appropriate to support coordination of care

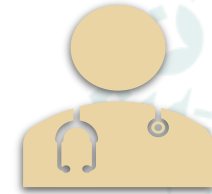
# Accessing ABA Services – Medical Necessity Criteria



## Qualifying Diagnoses

Diagnosis must be made by qualified clinician via a comprehensive diagnostic evaluation (CDE)

Qualifying diagnoses include Autism Spectrum Disorder (ASD) and other Neurodevelopmental Disorders (including Intellectual Disabilities)



## Additional Medical Necessity Criteria

Includes specific functional impairment criteria to ensure treatment being requested is clinically appropriate to meet the member's needs

# Prior and Continued Authorization of Services

## *Creating Clinician Review Opportunities*

- Health plan clinicians with experience in ABA must review the clinical appropriateness of ABA services requested before those services begin and at least every six months afterwards.
- Providers must document the reasons why services are being requested to ensure children and vulnerable adults are receiving the right mix of services to meet their individual needs, and that services provided are effective, leading to improved outcomes.

## *Individualized Oversight*

- Ongoing oversight ensures providers do not continue services that are not working, and that children have a chance to be children in their community, school, and at home.
- Whether services continue must be decided on an individual basis and focused on achieving positive outcomes.
- Supports members and families' ability to access services in the least restrictive setting, promoting integration within their broader community & school.

# Parent/Caregiver Roles

Parents & Caregivers are an essential part of treatment and should be included in:

## ABA Assessment

- Information gathering
- Observation

## Treatment Planning

- Progress assessment
- Goal updates

## Caregiver Training

- Supporting treatment goals across environments

# Key Take-Aways

The primary goals for the AHCCCS ABA policy revisions being proposed are:

- Ensuring that individuals providing ABA services to vulnerable members are appropriately **trained, supervised**, and have undergone **fingerprint clearance**, and **background checks**;
- **Access to care** is maintained and members are not turned away from services if they need greater individualization of services (i.e., accommodation of school, family, or other commitments);
- Members receive **high-quality services** that are **individualized & achieve positive outcomes**.

# Next Steps

DRAFT Policy updates posted for public comment	April 17, 2026
Public comment period closed	June 2, 2026
AHCCCS review of public comment	June 2-July 9, 2026
Finalize and Publish Policy	Anticipated Late Summer/Early Fall 2026

# AHCCCS Requests Your Input - How to Engage

- Review the draft Policy available the AHCCCS website under the ACOM and AMPM [Policies Under Review](#) and submit Public Comment
- Visit our website and explore the Autism Spectrum Disorder web page: [Resources for Members with Autism Spectrum Disorder \(ASD\)](#)
- Email us at: [ABA@azahcccs.gov](mailto:ABA@azahcccs.gov)
  - With questions/concerns
  - With ideas on how to best engage you
- We are exploring additional ways to share information and address comment questions during the public comment period. Details will be shared when available.

# Where Can I Find More Information About Today's Topics?

- This presentation and recording will be posted to the AHCCCS website on the Autism Spectrum Disorder web page: [Resources for Members with Autism Spectrum Disorder \(ASD\)](#)
- AHCCCS will post ABA FAQs that include information you heard today on Friday, April 17th
  - You will find the FAQs on the AHCCCS website on the Autism Spectrum Disorder web page: [Resources for Members with Autism Spectrum Disorder \(ASD\)](#)
  - These will continue to be updated

# Other Resources & References

1. The Social Security Act (SSA) Sec. 1905(a)(4)(B), 42 CFR 441 Subpart B., and 42 CFR 440.130
2. Social Security Act 1905(a)(4)(B): the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit, where states must cover all medically necessary services for children, including services to address Autism Spectrum Disorder (ASD) and the implementing regulations at 42 CFR 441 Subpart B
3. [AHCCCS ACOM and AMPM Dictionary](#)
4. [Arizona Revised Statute Title 32-2091 Licensing](#)
5. [Arizona Revised Statute Title 32-2091.08 Exemptions from Licensing](#)
6. [Arizona Revised Statutes Title 32 Professional and Occupations](#)
7. [Arizona Revised Statute Title 32-2091.08 Exemptions from Licensing](#)
8. [Section 504 Rehabilitation Act of 1973](#)
9. [AHCCCS Covered Behavioral Health Services Guide](#)
10. [AHCCCS Medical Coding Resources](#)
11. [AHCCCS Behavioral Health Services Matrix \(B2 Matrix\)](#)
12. <https://www.casproviders.org/asd-guidelines/>
13. <https://www.catalight.org/clinician-tools/practice-guidelines>





# Thank You



# H.R. 1

Josue Macias

*Executive Consultant – H.R.1 Implementation*

# H.R.1 Overview

- On July 4, 2025, Congress passed H.R. 1, also known as the *One Big Beautiful Bill Act* or *Working Families Tax Cut Legislation*.
- This federal law makes broad changes to Medicaid programs nationwide and will require AHCCCS to change eligibility, renewal processes, and financing over the next several years.
- AHCCCS is currently in the planning and design phase and will continue to consult with Tribes as implementation details are developed.

# H.R.1 Timeline



# Key Considerations for Tribal Members

- AHCCCS recognizes the unique legal status of American Indians and Alaska Natives (AI/AN).
- **Many major provisions in H.R. 1 do not apply to Tribal members**, while others may have indirect operational impacts AHCCCS is monitoring closely.
- Key Priority:
  - Ensure systems and policies automatically apply exemptions
  - Avoid added administrative burden on Tribal members and providers

## Paths to AI/AN Verification – Based on existing AIHP process co-developed with Tribes

- Documents provided at application
- Verified by utilization at an IHS, 638 or ITU facility
- Form submitted by individuals
- Form submitted by facility

# Estimated Member Impacts

Category	Number of Members
Total Expansion Adult Population	429,199*
Members Exempt due to: <ul style="list-style-type: none"> <li>Serious Mental Illness (17,832)</li> <li>AI/AN (48,191)</li> <li>Parent/Caretaker/Guardian (18,666)</li> <li>Caregiver of a Person with a Disability (415)</li> <li>Postpartum (643)</li> <li>TANF (2,381)</li> <li>SNAP (121,630)</li> <li>Former Foster Youth (50)</li> <li>Recently Incarcerated (13,461)</li> </ul>	176,734**
Non-Exempt Members Subject to Work Requirements	252,465
Members Already Meeting Work Requirements	61,634
Total Unique Members that may need to report Work Requirements	190,831

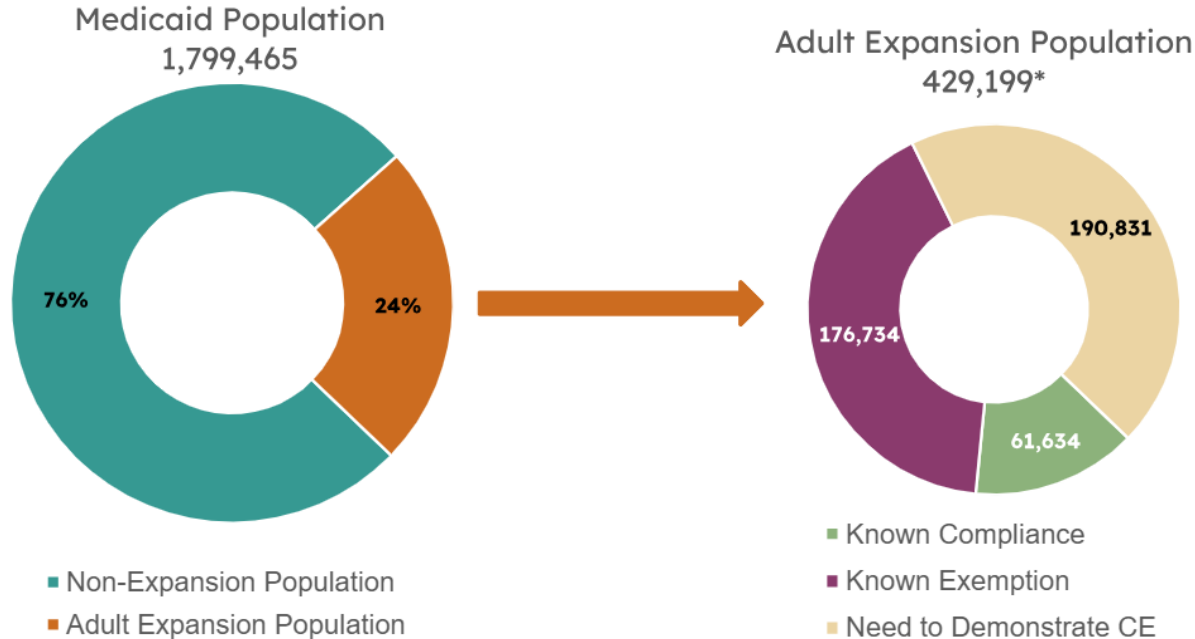
\*Internal Data Estimates as of March 2026

\*\*Unique individuals (de duplicated).

Pre-decisional and iterative. The information shared by AHCCCS is preliminary and intended solely to support internal state planning and readiness activities related to Medicaid community engagement requirements. Policies, requirements, and implementation approaches remain subject to change pending final federal direction. AHCCCS anticipates receiving official guidance from the Centers for Medicare & Medicaid Services (CMS) in June 2026, which will inform final policy and operational decisions.



# Member Impacts



Population Source: <https://www.azahcccs.gov/Resources/Downloads/PopulationStatistics/PopulationbyCategory04062026.pdf>

\*Internal Data Estimates as of March 2026

# Community Engagement (Work Requirements)

## Eligibility and Coverage Changes

**Effective:** January 1, 2027

- H.R. 1 establishes monthly community engagement requirements (work, education, caregiving, volunteering, or income threshold) for some Medicaid expansion adults.
- **American Indians and Alaska Natives are explicitly exempt** from community engagement requirements under federal law.
- **Tribal members will not be required** to report hours, income, or qualifying activities to maintain AHCCCS eligibility under this provision.

AHCCCS is developing systems to automatically recognize AI/AN status to ensure exemptions are applied without putting additional burden on Tribal members.

# 6 Month Renewals

## Eligibility and Coverage Changes

**Effective:** January 1, 2027

- H.R. 1 requires certain Medicaid expansion adults to renew eligibility every six months instead of annually.
- **This requirement does not apply to Tribal members.**

Tribal members will continue to follow existing renewal timeframes and protections.

# Cost Sharing Requirements

## Eligibility and Coverage Changes

**Effective:** October 1, 2028

- Certain non-Tribal expansion adults with income above 100% of the federal poverty level will be subject to cost sharing for some of their care.
- Certain services and care delivered at certain settings are exempt from this requirement and will still be covered free of charge. This includes:
  - Primary care, mental health visits, prenatal care, pediatric care, emergency care, and
  - Care delivered at federally qualified health centers (FQHCs) and rural health clinics (RHCs).
- **Tribal members remain exempt from Medicaid cost sharing**, consistent with longstanding federal protections.

Services provided through UHS, Tribal 638 facilities, and urban Indian health programs remain protected.

# Retroactive Coverage

## Eligibility and Coverage Changes

**Effective:** January 1, 2027

- Typically, Medicaid programs are required to provide retroactive coverage for 3 months preceding the individual's Medicaid application.
- Federal law limits retroactive coverage to:
  - 1 Month for expansion adults
  - 2 Months for children, adults 65+, and individuals with disabilities.
- AHCCCS currently operates under a waiver of these requirements for expansion adults commonly referred to as the "Prior Quarter Coverage" waiver.
- AHCCCS is evaluating how H.R.1 interacts with this waiver.

AHCCCS will consult with Tribes before final decisions are made that could affect access or continuity of care.

# Immigrants

## Eligibility and Coverage Changes

**Effective:** October 1, 2026

- H.R. 1 narrows eligibility for AHCCCS Medicaid or KidsCare coverage to:
  - Lawful permanent residents
  - Certain Cuban and Haitian entrants
  - Individuals from the Compacts of Free Association nations
- Refugees, asylees, and other humanitarian groups who were previously eligible for full Medicaid coverage only qualify for emergency services.
- **Eligibility for Tribal members is not changed** by this provision.

AHCCCS will send notices directly to impacted members to explain their options.

# Financing and System Impacts (High-Level)

H.R.1 also includes changes that affect Medicaid financing statewide, including:

- Reduction to provider taxed beginning October 2027.
- Phased reductions to State Directed Payments (SDPs) to certain providers beginning January 2028
- Stricter federal penalties for Erroneous Payments
- Reduced federal match for Federal Emergency Services (FES) beginning October 2026

AHCCCS continues to evaluate whether and how these financing changes could indirectly affect Tribal providers or care delivery and will engage Tribes early if impacts are identified.

# AHCCCS Implementation Approach

AHCCCS has established cross-agency and cross-divisional workgroups and is collaborating with state agencies, CMS, vendors, providers, and stakeholders to plan for H.R.1 implementation.

Key priorities include:

- Minimizing administrative burden on members
- Preserving exemptions and protections for Tribal members
- Ensuring accurate system identification of AI/AN status
- Providing timely, culturally appropriate communications

# Upcoming Engagement & Next Steps

- AHCCCS expects additional federal guidance June 2026.
- Tribal consultation will continue as policies, systems, and notices are developed.
- Future topics for consultation may include:
  - Notices and outreach strategies
  - System functionality and data sources
  - Member experience and barriers

AHCCCS welcomes questions, concerns, and recommendations from Tribes and remains committed to meaningful consultation throughout H.R.1 implementation.

# Request for Tribal Input

What actions can AHCCCS take to both identify AI/AN members not included in the current 48k dataset and ensure we are minimizing burden on those who may be underrepresented in our data?

# Federal Relations Updates



**Maxwell Seifer**

*Federal Relations Chief  
Division of Public Policy and  
Strategic Planning*



# 1115 Demonstration Waiver Renewal

# Section 1115 of the Social Security Act

- Allows states the flexibility to design Demonstration projects that promote the objectives of the Medicaid program,
- Demonstration projects are typically approved for a five-year period and must be renewed every five years, and
- Must be budget neutral, meaning that federal spending under the waiver cannot exceed what it would have been in absence of the waiver.

# Current 1115 Waiver Overview

- Arizona's current 1115 Waiver was last approved for a five-year extension on Oct. 14, 2022. **This waiver is valid until September 30, 2027.**
  - A renewal application must be submitted to CMS by September 30, 2026.
- This extension continued **many longstanding AHCCCS programs** including Integrated Managed Care through:
  - AHCCCS Complete Care (ACC);
  - Arizona Long Term Care System (ALTCS);
  - Comprehensive Health Plan (CHP) for children in foster care and;
  - Regional Behavioral Health Agreements (RBHAs) which provide integrated care for individuals with a Serious Mental Illness (SMI)

# 1115 Waiver Overview and Renewal

- In addition to continuing many longstanding programs, AHCCCS also received approval on a variety of **new programs**:
  - Targeted Investments (TI) 2.0,
  - KidsCare Eligibility Expansion,
  - Parents as Paid Caregivers,
  - **Tribal Dental Benefit,**
  - **Traditional Healing services,** and
  - Pre-release services.
- AHCCCS is now in the final drafting stages of its 1115 Waiver Renewal and will be starting **public comment in July.**
- AHCCCS will be hosting a **TC on this topic on July 15.**



# 1115 Waiver Renewal

- AHCCCS is watching the Arizona legislative session closely for any potentially new 1115 Waiver Programs.
- As a reminder, in May 2025, Arizona's Legislature passed **HB 2945**:
  - Institutes a new requirement for AHCCCS to first gain legislative approval prior to submitting any new 1115 Waiver Program that:
    - Expands eligibility,
    - Adds new services, or
    - Will lead to an annual increase in utilization greater than 10%.
- The two key Tribal 1115 Waiver related bills are **HB 2177** and **SB 1776**.

# HB 2177 – AHCCCS; Waivers; American Indians

- HB 2177 requires AHCCCS to annually seek an 1115 Waiver to allow payments for covered services reduced or eliminated since September 2010, provided to American Indian or Alaskan Native members at Indian Health Service or tribally operated facilities.
- This bill codifies an existing feature of Arizona's 1115 Waiver, typically referred to as the "Tribal Uncompensated Care Waiver."
- First approved by CMS in 2012, this Waiver preserves services delivered to AI/AN members in the case the Arizona Legislature or AHCCCS ever need to reduce benefits due to financial challenges.
- **This bill was signed into law on 4/13.**

# SB 1776 – Traditional Healing Services; AHCCCS

- SB 1776 amends existing statutes related to AHCCCS traditional healing to specify that services are available through the Indian Health Service (IHS), tribal facilities, or **urban Indian Organizations (UIOs)**.
- Under the existing AHCCCS Traditional healing program, UIOs must engage in a care coordination agreement (CCA) to receive Medicaid reimbursement.
  - This bill would allow AHCCCS to seek CMS approval to lift this requirement and allow UIOs to bill without a CCA.
- SB 1776 passed out of the Senate and has now crossed over into the House.
  - The bill was heard and passed by House Appropriations but will now need to be heard by the full chamber.



# Traditional Healing (TH) – Rate Update and Evaluation

# Traditional Healing (TH) Overview

- Medicaid reimbursement for TH went live October 1, 2025.
- Each IHS/638 facility, in partnership with their local Tribal community, will individually define which services are most appropriate for Medicaid billing.
- Traditional Healing practices are covered services in both inpatient and outpatient settings, and aid in care coordination and assist AHCCCS beneficiaries in achieving improved health outcomes.
- AHCCCS will reimburse for services provided by traditional healers who are employed by or contracted with an IHS/Tribal 638 facility.
- Traditional healers employed by or contracted with an UIO may provide reimbursable services through a care coordination agreement with an IHS/Tribal 638 facility.
- DFSM Provider Training will continue to provide trainings on TH, including guidance on claims submission.

# Traditional Healing Rate Update

- After various discussions with tribal stakeholders and neighboring states, AHCCCS has increased the fee-for-service TH Rate.
- The following rate is for TH services delivered to non AI/AN members or for TH services delivered by a UIO through a CCA.

Procedure Code	Description	FFS Rate
H0051	Traditional Healing Services	\$289.94

- The above rate was made effective retroactive to October 1, 2025.
- TH services provided by an IHS or Tribal 638 facility are still reimbursed at the all-inclusive rate (AIR).

# Traditional Healing - Evaluation

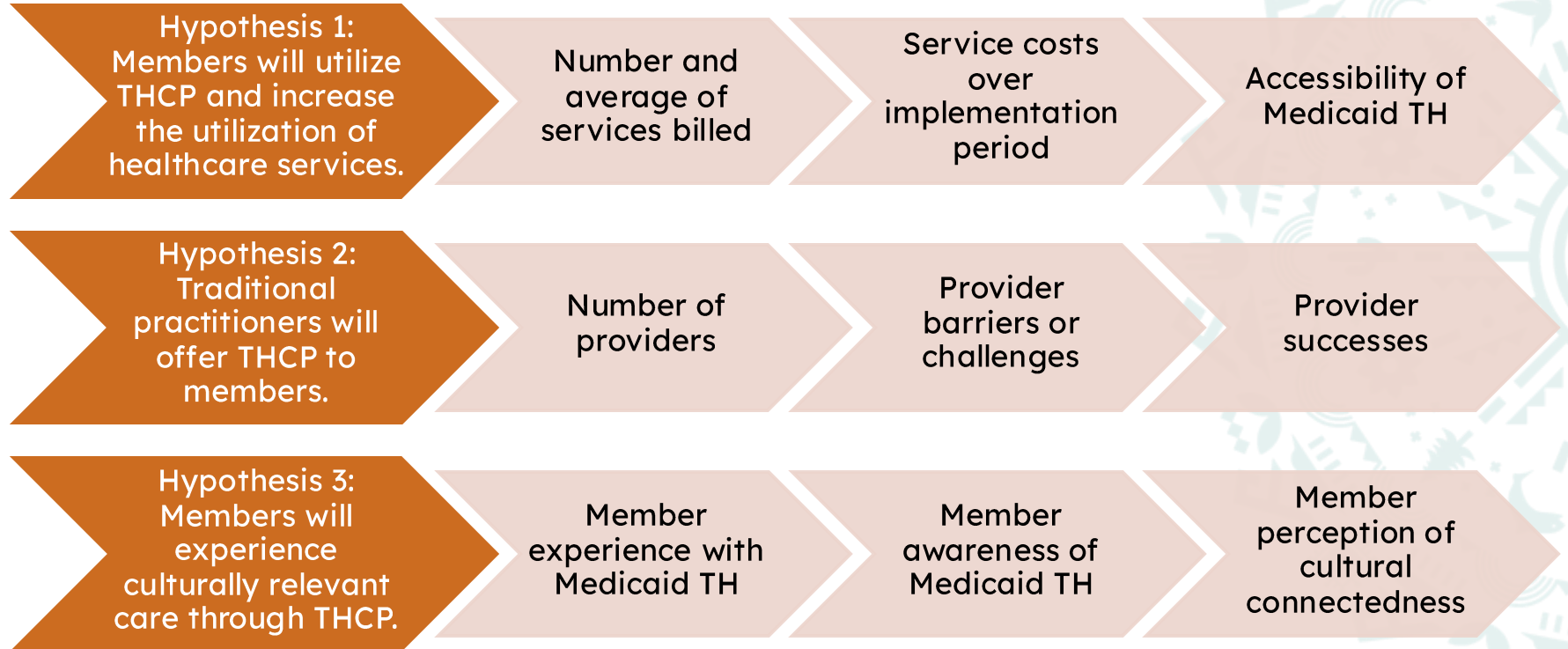
- AHCCCS has contracted with Health Services Advisory Group (HSAG) to conduct an independent evaluation of Arizona's current Demonstration. **This also includes the Traditional Healing Waiver.**
- **As a reminder, the TH Evaluation is meant to measure the effect of Medicaid reimbursement for this service. It is NOT evaluating TH itself.**
- Evaluation consist of three main phases of work:
  - Phase I: Develop the Evaluation Design.
  - Phase II: Conduct Interim Evaluations & Develop Interim Evaluation Reports.
  - Phase III: Conduct Summative Evaluations & Develop Summative Evaluation Report.



# Traditional Healing Evaluation - Background

- After several TH Workgroup Meetings and ad hoc Tribal Consultations, AHCCCS submitted the **TH Evaluation Design to CMS on 1/29/2026**.
- The design was a collaborative effort between:
  - Tribal stakeholders, including the TH workgroup,
  - AHCCCS, and
  - Health Services Advisory Group (HSAG).
- CMS has shared their first round of feedback on the current Evaluation Design with AHCCCS.
- **CMS has requested a response by 06/20/2026.**

# TH Evaluation – Previous Submission



# Traditional Healing Evaluation: Feedback

## **CMS Comment #1 - Add measures to assess physical and behavioral health outcomes**

- Previously discussed with HSAG at one of the first Ad-hoc Tribal Consultations on this topic.
- The TH workgroup previously recommended the following measures be removed:
  - Percentage of members with a follow-up visit after an ED visit for SUD
  - Percentage of members with a follow-up visit after hospitalization for mental illness
  - Percentage of members initiating and engaging with SUD treatment
  - Percentage of members who remained on antidepressant medication treatment

# Traditional Healing Evaluation: Feedback

## CMS Comment #2 - Consider THCP Comparison Group

- CMS recommended to explore whether "members who are eligible for Medicaid THCP but do not receive Medicaid THCP services could be used as a comparison group."
- Initial reasoning for not including a comparison group as discussed during previous TC's:
  - Utilization of TH services is influenced by a wide range of factors, and its extent goes far beyond Medicaid reimbursement.
  - Concerns with finding a suitable "comparison" group. Just because a member did not receive Medicaid TH does not mean they have not received other TH.

# Traditional Healing Evaluation: Feedback

## CMS Comment #3 - Strengthen Background Section

- CMS asked for the state to better "describe the underlying problem, its magnitude, and why the demonstration addresses it."
- CMS has also asked for "descriptive statistics and baseline information (as available) that describe the level of unmet need and summarize how Medicaid-reimbursable THCP intends to address those gaps."

# Traditional Healing Evaluation: Feedback

## CMS Comment #4 - Clarify Survey and Focus Group Approach

- CMS has asked for the state to:
  - "Clarify the number of times it will collect focus group and beneficiary survey data,"
  - "Consider utilizing a standardized set of experience of care survey questions (e.g., Consumer Assessment of Healthcare Providers and Systems)"

# Traditional Healing Evaluation: Feedback

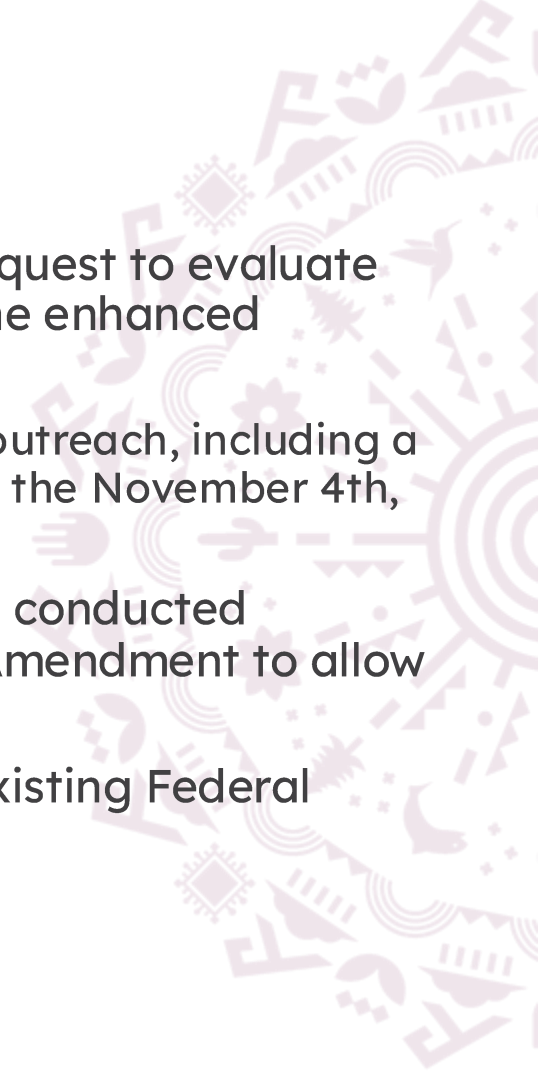
- CMS also provided the other following comments which are being further evaluated by AHCCCS and HSAG
  - "Clarify which member groups and provider types the THCP policy affects, including eligibility and participation criteria."
  - "Clarify alignment across THCP goals, hypotheses, and Research Questions, including how the THCP evaluation aligns with Titles XIX and XXI objectives."
  - Various other technical comments on the analytic approach utilized by HSAG.



# All-Inclusive Rate for Tribal ALFs

# All-Inclusive Rate for Tribal ALFs

- On November 18th, 2025, AHCCCS received a formal request to evaluate reimbursing Tribal Assisted Living Facilities (ALFs) at the enhanced Medicaid All-Inclusive Rate (AIR).
  - This formal request followed various discussions and outreach, including a presentation from the Tohono O'odham Nation during the November 4th, 2025 Tribal Consultation.
- Following these requests and discussions, AHCCCS has conducted extensive research into the feasibility of a State Plan Amendment to allow for this change.
- All State Plan Amendments must be allowable under existing Federal statute, rules, and regulations.



# All-Inclusive Rate for Tribal ALFs

- Existing guidance from CMS on the AIR seems to indicate that only certain facilities are eligible for reimbursement at this rate. This includes inpatient/outpatient hospital services, clinics, and nursing facilities/skilled nursing facilities.
- AHCCCS was also unable to find any evidence of any other state reimbursing ALFs at the AIR.
  - CMS later confirmed they are also unaware of any ALF being reimbursed at the AIR; however, they have still not given a definitive answer on whether it is allowable.
- Due to this uncertainty, AHCCCS has engaged with CMS on the topic given the novel nature of the request.

# All-Inclusive Rate for Tribal ALFs

- With each round of questions, CMS has been interested in understanding:
  - What authority we currently cover and reimburse Tribal ALFs,
  - How Tribal ALFs interact with our 1115 Waiver and Managed Care,
  - Distinctions between Tribal ALFs and non-Tribal ALFs,
  - What services are provided by Tribal ALFs,
  - \*Comparisons of ALF rates in Arizona,
  - \*How reimbursing at the AIR may address federal economy and efficiency requirements.

\*indicates most recent round of CMS questions



# All-Inclusive Rate for Tribal ALFs

- AHCCCS is now contemplating the best way to respond to the most recent round of CMS questions.
- Due to the novel nature of this proposal and request, it is likely CMS will have several additional rounds of questions as they seek to determine whether it is a request they would be able to approve.
- AHCCCS is exploring the possibility of convening additional sessions directly with tribal stakeholders to further discuss the request and current questions from CMS.

# All-Inclusive Rate for Tribal ALFs

- What are the implications for your tribe of the proposed enhanced funding also known as an “all-inclusive rate” for Medicaid eligible individuals residing in long term care facilities that qualify as Indian Health Service (“IHS”) facilities?
- Which tribes with an existing 93-638 compact with IHS will need to adjust payments to include a 100% FMAP reimbursement rate?
- How and with whom in your tribe should AHCCCS work with should the State Plan need to be amended to allow the all-inclusive rate to be payable to tribal skilled nursing and assisted living facilities in Arizona?
- Do you believe there are other enhanced funding opportunities for Medicaid eligible residents at Skilled Nursing Facilities (SNF) or Assisted Living Residence (ALR) that should be included with amendment to the State Plan?



# Questions?

# Federal Relations Update



**Ryan Melson**

Federal Relations Specialist, Division of  
Public Policy and Strategic Planning

# State Plan Amendment (SPA) Updates

## Federally Qualified Health Center (FQHC) Rural Health Clinic (RHC) Services

- Submitted March 31, 2026, This SPA clarifies long standing Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) service coverage policy.
- The effective date will be January 1, 2026.

## H2021 Community Based Wraparound Services

- Open billing code H2021 (wrap-around services, 15 minute units) for a limited group of high-needs youth (CALOCUS 4 through 6), as part of a targeted pilot with trained High Needs Case Management providers who have qualified for the Wraparound Training DAP.
- The proposed rate is \$24.63.
- The proposed effective date will be August 1, 2026.



# Questions?



# Tribal Open Mic

## Participation Guidelines

- Please restate your name and tribal affiliation when speaking.
- *For online participants:*
  - Please leave a comment with your name, title, and tribal affiliation in the chat box.
  - Use the raise hand feature to speak.

# Announcements



**Britnee Endischiee**

*Tribal Relations Coordinator*



**Thank you!**



**Sage Memorial Hospital**  
NAVAJO HEALTH FOUNDATION

# Quarterly Tri-Agency Tribal Consultation/ Townhall

**Date** | Tuesday, August 4, 2026

**Time** | 8:30 a.m. - 4:30PM

**Location** | Hon-dah Casino Conference Ctr, 777 Highway 260,  
Pinetop, AZ

Hosted By:



# Upcoming Tribal Meetings

## Special Tri-Agency Tribal Consultation

**Topic:** Rural Health Transformation Program

**Date:** Wednesday, May 27, 2026

**Time:** 8:30 a.m. – 4:30PM (*subject to change*)

**Location:** Arizona State Capitol, 2nd Floor Executive Tower,  
1700 W. Washington Street, AZ



# Seeking Tribal Hosts

Hosting meetings on Tribal lands reflects and honors Tribal Sovereignty by:

- Supporting government-to-government relationships
- Centering Tribal voices
- Creating a more accessible environment for Tribal leaders and community members

Examples of Meetings:

- Quarterly Tri-Agency Meetings
- Ad hoc AHCCCS Tribal Consultation
- DFSM Strategic Planning Sessions
- Traditional Healing Workgroup meetings

2026

- November: Open

2027

- February, May, August, November - Open

**Scan the QR code** or click the link to complete the Tribal Host Interest Form to let us know your availability & preferences.



# Follow & Support AHCCCS on Social Media

facebook



Instagram

LinkedIn

YouTube

[@AHCCCSgov](https://www.facebook.com/AHCCCSgov)

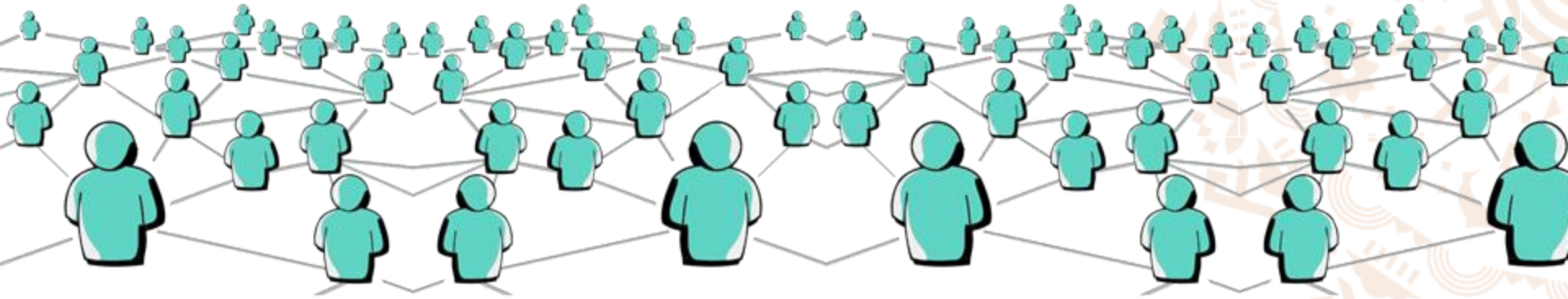
[@AHCCCSgov](https://twitter.com/AHCCCSgov)

[@AHCCCSGov](https://www.instagram.com/AHCCCSGov)

[@AHCCCS](https://www.linkedin.com/company/AHCCCS)

[AHCCCSgov](https://www.youtube.com/AHCCCSgov)

[ov](https://www.facebook.com/AHCCCSgov)



# Learn about AHCCCS' Medicaid Program on YouTube!

AHCCCS  
Explains...

Medicaid Eligibility

AHCCCS  
Explains...

ALTCS

AHCCCS  
Explains...

Health-e-Arizona Plus



# Other Resources - Quick Links

- AHCCCS [Waiver](#)
- AHCCCS [State Plan](#)
- AHCCCS [Grants](#)
- [About AHCCCS](#)
- [AHCCCS Acronyms](#)
- [State Medicaid Advisory Committee \(SMAC\)](#)
- [Beneficiary Advisory Council \(BAC\)](#)
- [AHCCCS Tribal Consultation](#)
- AHCCCS [Whole Person Care Initiative \(WPCI\)](#)
- AHCCCS [Office of Human Rights](#)
- AHCCCS [Office of Individual and Family Affairs](#)
- [ALTCS](#) Email: [mcotransitions@azahcccs.gov](mailto:mcotransitions@azahcccs.gov) FAQ: chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.azahcccs.gov/Resources/Downloads/ALTCS/ALTCS-EPD\_FAQ.pdf



# Closing Remarks



Marcus Johnson  
AHCCCS Deputy Director, *Community  
Engagement & Regulatory Affairs*

**ARIZONA**  
DEPARTMENT OF  
**HEALTH SERVICES**



ARIZONA ADVISORY  
COUNCIL ON INDIAN  
HEALTH CARE

**ARIZONA**  
HEALTH CARE COST  
CONTAINMENT SYSTEM

**Thank you!**  
**Have a great day!**





# Welcome to ADHS Tribal Consultation

Thursday, May 7, 2026  
2:30 pm to 4:00 pm



# Tribal Consultation Notification


Gerilene Haskon  
*Tribal Liaison*

# Meeting Protocols & Guidelines

## Speaking Priority

1. Tribal Leaders
2. UIO Leaders
3. Appointed Delegates
4. Advisors

## ● Participation Guidelines

- Please restate your name and Tribal affiliation when speaking.
- *For online participants:*
  - Please leave a comment with your name, title, and Tribal affiliation in the chat box. 
  - Use the raise hand feature to speak.

# Agenda

- Director's Updates
- Policy Updates
- Licensing Updates
- Public Health Preparedness Updates
- Immunizations Tribal Listening Session Report Out





# Opening Remarks & Director's Update

Debbie Johnston  
*Director*

# Director's Updates

- Federal Updates
  - Federal Budget
  - Vaccine Litigation
- State Updates
  - State Budget
  - AzHIP
  - Heat Season



# President's FY 27 Budget Proposal: HHS

- Detailed analysis difficult because many programs eliminated, funding consolidated or moved to difference agencies.
- HHS discretionary budget reduced by 12.5%, or \$15.8 B
- Eliminates the Prevention and Public Health Fund
- Establishes the Administration for a Healthy America as part of HHS reorganization
- Establishes the National Center for Chemicals and Toxins within CDC



# Funding and Structural Changes

- Program Cuts:
  - Chronic Disease & Prevention: \$985 M
  - Injury Prevention and Control: \$173 M
  - HIV/AIDS: \$923 M
  - Maternal & Child Health: \$561 M
  - Mental and Behavioral Health: \$576 M
  - Health Workforce: \$872 M
- Structural Changes: Consolidates the following agencies under the new "Administration for a Healthy America," with \$5 billion reductions.
  - HRSA
  - SAMHSA
  - OASH
  - Select CDC functions



# Vaccine Litigation Update

- Multiple Lawsuits, including State of Arizona et al. v Kennedy et al. Furthest along : American Academy of Pediatrics et al. v Kennedy et al.
- AAP lawsuit filed in July 2025, and amended multiple times
- Original complaint focused on ACIP member appointments; amended to include changes to childhood vaccine schedules approved by members
- In March, Judge Brian E. Murphy ruled in favor of plaintiffs
  - Stayed appointment of ACIP members
  - Put on hold decisions made by ACIP, including recommended changes to vaccine schedules
- On April 29, Trump Administration appealed ruling



# State Budget

- GOP dropped budget April 27th.
- Impact on ADHS:
  - 5% reduction to GF appropriation
    - Biggest general funded division is ASH
    - Uncertain what flexibility exists in applying cuts (e.g., operations, SLIs)
  - \$5.1 M transfer from Health Services Lottery Fund to GF. Impacts:
    - WIC Infrastructure
    - Health Start
    - Teen Pregnancy Protection
- Governor Vetoed 5/5/2026
- Next Steps: Negotiations with Gov. Hobbs
- June 30th deadline to avert potential shutdown



# AzHIP 2026 - 2030 Priorities

**Access to  
Care**

**Prevention**

**Workforce  
Development**

**Mental &  
Behavioral  
Well-being**

## Vision Statement

**Healthy People, Healthy Families, and Healthy  
Communities for a Stronger Arizona**



# FY 2026 Heat Season: State Level Activities

- Heat Relief Infrastructure
  - Cooling Centers
  - Hydration Stations
  - Cooltainers
  - Mapping
- Public Health Efforts
  - Alerts
  - Dashboards
  - Real-time HRI data
  - Messaging
- [heat.az.gov](https://heat.az.gov). Chief Heat Officer:  
Dr. Eugene Livar





# ADHS Policy

**Gerilene Haskon**  
*Tribal Liaison*

**Carly Fleege**  
*Chief Legislative Liaison*

# Indigenous Data Sovereignty Policy Approved & Effective 4/1/2026

**Purpose:** Honor Tribal sovereignty for Tribes in Arizona, ensuring proper safeguards in place, reconnecting Tribes with THEIR data, improving health outcomes for Tribal communities.

**Policy Applies to:** All ADHS Workforce Members, contractors, and other data actors who work with data or repositories of data while executing business functions, activities, or services for or on behalf of ADHS or its customers

ARIZONA DEPARTMENT OF HEALTH SERVICES	Number	Level	Effective Date
	2026.04.V1.1	I	04/01/2026
<b>Title:</b> INDIGENOUS DATA SOVEREIGNTY POLICY			
<b>Supersedes:</b>			
<b>Primary Responsibility:</b> Division of Planning & Operations			
<b>Review Cycle:</b> Annually		<b>Reference Code:</b>	

## **Purpose/Scope**

The Indigenous Data Sovereignty (IDSov) Policy (hereinafter “Policy”), reaffirms the rights of the Tribes in the State of Arizona to govern Tribal health data. This Policy describes and acknowledges the rights of the Tribes, as well as the responsibilities and expectations of the Arizona Department of Health Services (ADHS), its contractors, and other data actors who interact with Tribal health data. Interaction includes control, collection, use, storage, management, stewardship, analysis, processing, reporting, protecting, sharing, returning, and disposition. The Policy upholds Tribal sovereignty and self-determination by setting forth the guiding principles, recommendations, and procedural standards to ensure that ADHS data activities are conducted in an ethical and culturally informed manner.

## **Context**

This Policy describes and implements a sovereign-to-sovereign relationship between ADHS and each Tribe that shares geography with the State of Arizona. Each sovereign Tribe has the authority to carry out its public health authority within its territory and among its citizens. The Policy lays out a collaborative and relational framework (see Figure 1) for ensuring that data collected to support the State’s public health mission are used, shared, and stored in ways that respect each Tribe’s sovereignty and corresponding public health authority within its territory and among its citizens.



Effective Date: 04/01/2026  
Replaces Date: None

Indigenous Data Sovereignty Policy

# ADHS Indigenous Data Sovereignty Policy

## Intended Outcomes

- Build a respectful relationship between the State and Tribes
- Create meaningful partnerships
- More effective state employees
- Meaningful input and decision making
- Decrease health disparities of AI/AN people

## Implementation Plan for 2026

- Phase 1: Policy Approval + Communication
- **Phase 2: Develop Modules & Training for relevant teams**
- Phase 3: Integration into Project Approval Workflows



# Legislative Snapshot

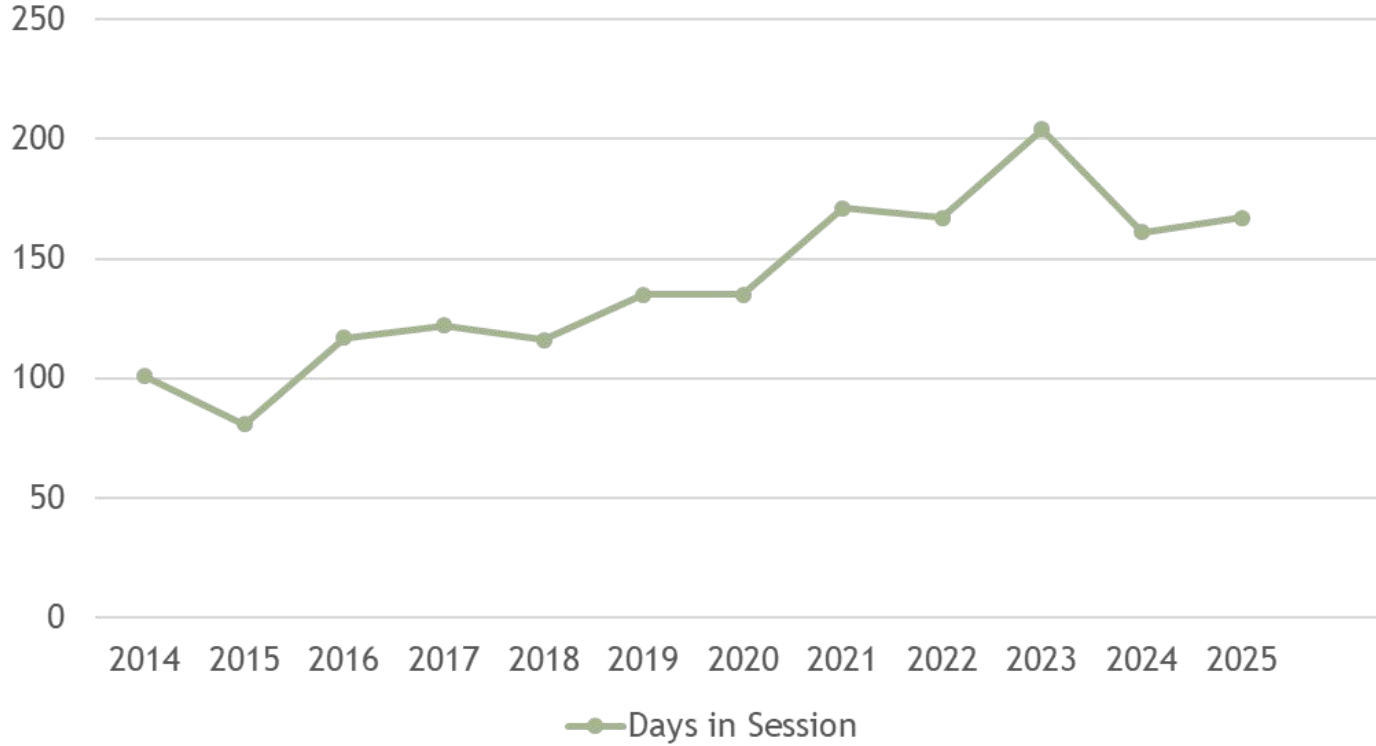
- Days in Session: 116
- 1,998 bills introduced + 158 Memorials and Resolutions
  - Historic number of bills
- 64 bill signed, 61 vetoed, 28 Memorials/Resolutions passed
- Director Johnston awaiting DINO hearing and confirmation
  - Director John Conley's, DEMA, expected to receive a DINO hearing Monday
    - Appointment expires 5/23
  - Director Ruby Dhillon-Williams, Dept. of Housing, received DINO hearing 4/20 but still needs a full Senate vote
    - Appointment expires 6/11
  - Tourism and DEQ received full votes earlier this session
  - ADHS, Department of Insurance and Financial Institutions (expires 1/2027), and the Office of Economic Opportunity (expires 9/2026) all still awaiting hearings and a vote
- Governor announced a bill moratorium April 13th, which is still in effect



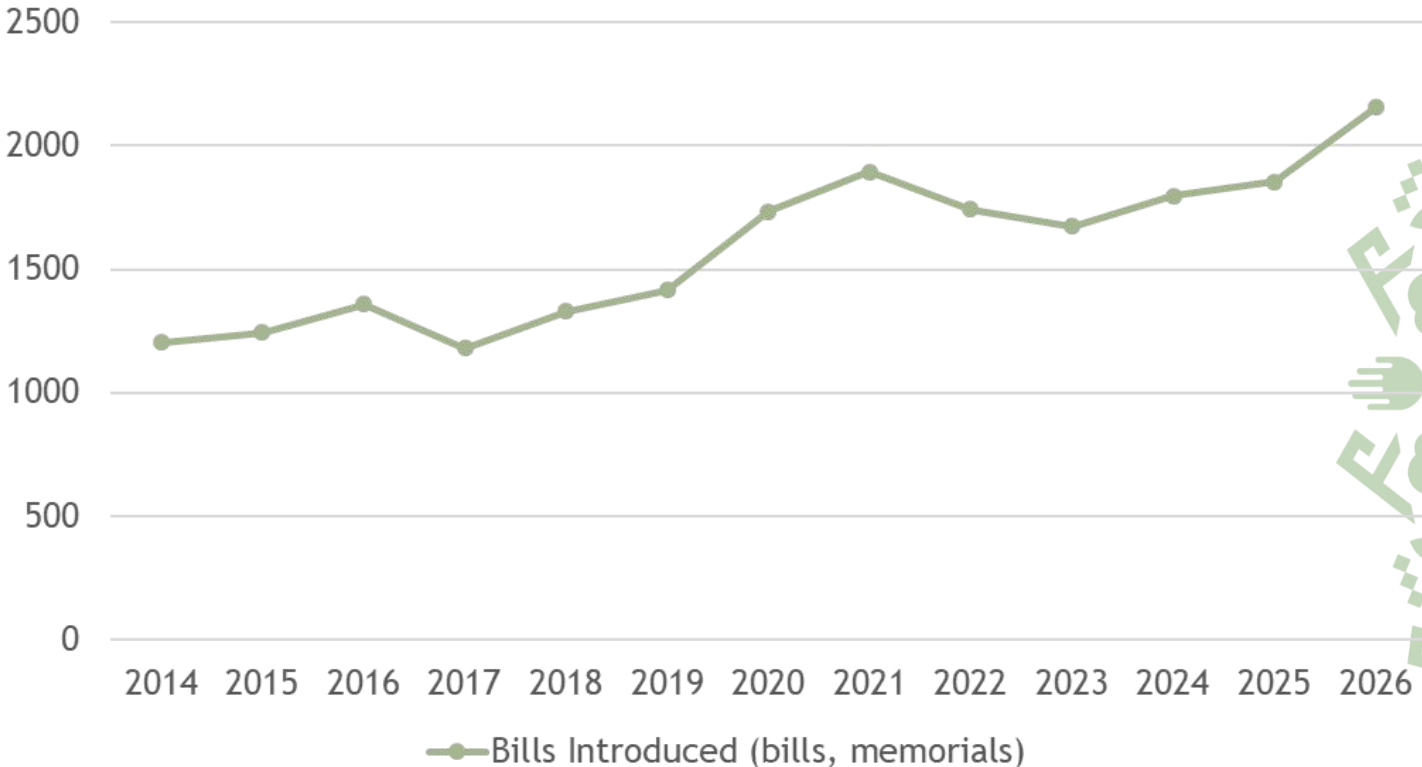
# Legislative Snapshot

- Regular committees concluded for the year on March 27th as legislature focuses on the budget and processes the remaining bills
  - Some bills will remain stalled until the budget is negotiated, if they are money bills and for as long as the moratorium remains in place
- April Finance Advisory Committee revenue projections are lower than expected
  - The January Baseline estimated \$577 M of available resources. With the revised April forecast, the level of resources would be \$378 M.
  - Under either revenue forecast, there would be challenges in addressing major budget issues such as tax conformity and “ongoing one-time” spending
- Legislative majority introduced a budget April 27th, held a joint appropriations hearing on April 28th, House third read on 4/29, and Senate third read on 5/4,  
**Governor vetoed on 5/5**
  - House bills passed 11-7 in appropriations and 33-22-5 on third read
  - Senate bills passed in appropriations 6-4 and 16-12-2 on third read

## Days in Session



# Bills Introduced (bills, memorials)



# SB1318 mammography results; notice; repeal

## Bill Summary

Repeals the statute requiring health care institutions to provide specific notice for dense breast tissue results.

Note: This is already a federal requirement.

## Legislative Progress

- Senate HHS: Passed 6-0-1
- Full Senate: Passed 26-1-3
- House HHS: Passed 11-0-0-1
- Status: Awaiting full House vote

We are pleased to inform you that the results of your recent breast imaging exam at Simonmed Az Biltmore are **normal**.

**Breast tissue can be either dense or not dense. Dense tissue makes it harder to find breast cancer on a mammogram and also raises the risk of developing breast cancer. Your breast tissue is dense. In some people with dense tissue, other imaging tests in addition to a mammogram may help find cancers. Talk to your healthcare provider about breast density, risks for breast cancer, and your individual situation.**

**Your mammogram indicates that you have dense breast tissue. Dense breast tissue is common and is found in fifty percent of women. However, dense breast tissue can make it more difficult to detect cancers in the breast by mammography and may also be associated with an increased risk of breast cancer. This information is being provided to raise your awareness and to encourage you to discuss with your health care providers your dense breast tissue and other breast cancer risk factors. Together, you and your physician can decide if additional screening options are right for you. A report of your results was sent to your physician.**

Your exam will become part of your medical file here at SimonMed Imaging for at least 10 years. You are responsible for informing any new health care provider or breast imaging facility of the date and location of this examination.

Sincerely,

# SB1171 fingerprinting; behavioral health facilities

## Bill Summary

Requires, beginning January 1, 2027, applicants, licensees, owners and controlling persons of specified behavioral health facilities, as a condition of licensure, to be U.S. citizens or lawful permanent residents and to hold a valid Level I fingerprint clearance card.

## Legislative Progress

- Status: House third read 31-20-9 on 5/5, awaiting final reading in the senate



# SB1345 - health facilities; anonymous complaints; prohibition

(NOW: health facilities; licensure; surveys)

## Bill Description

Originally prohibited the agency from accepting anonymous licensing complaints but now allows the agency to establish a fee for initial licensing inspections, establishes a timeline for approval or denial of licensing applications, and timelines to submit survey results to CMS's administrative contractor.

## Legislative Progress

- Passed the House 44-13-2
- Status: Awaiting final reading by the Senate



# HB2176 - health facilities; licensure; complaints; investigations

## Bill Description

Requires AZDHS to notify a licensee of the general nature of a complaint at the start of a complaint investigation and prohibits AZDHS from investigating alleged violations that occurred more than 12 months before the complaint was submitted. Requires statements of deficiencies to cite the applicable statute or rule for each deficiency and establishes timelines and requirements for informal dispute resolution, written decisions, and issuance of amended statements of deficiencies. Makes modifications to the Department's authority to deny a health care institution license (changes statute passed in 2024).

## Legislative Progress

- Passed the House 42-11-7
- Passed the Senate 27-2
- Awaiting final reading in the House



# Other bills

## **HB 2415 kratom products; narcotic drugs**

Adds products containing 800 ppm or more of 7OH kratom to the definition of narcotic drugs, raises the age limit to purchase to 21, and prohibits retailers from selling product within 500 feet of a school or child care facility.

## **HB 2251 midwives; medication administration; advisory committee**

Allows midwives to dispense and administer certain medications and creates a quasi-regulatory body within the department to review sentinel events and weigh in on disciplinary matters.

## **HB 2437 EMS reciprocity; compact**

Arizona will join the EMS Personnel Licensure Interstate Compact, allowing licensed EMS personnel to practice across state lines; new EMCTs will require a fingerprint clearance card.





# Licensing Update

Odette Colburn, BSN, RN, CPHQ  
*Deputy Director*  
*Public Health Licensing*

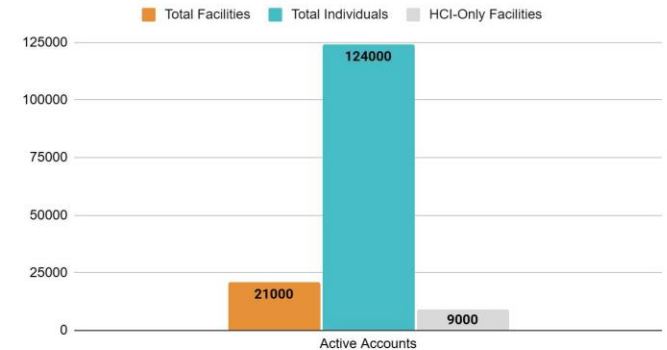
# Licensing Overview

## LICENSING BUREAUS

8 total Licensing bureaus

- 4 health care institution (HCI) bureaus (27 HCI classes/subclasses)
  - Bureau of Assisted Living Facilities Licensing
  - Bureau of Behavioral Health Facilities Licensing
  - Bureau of Long Term Care Facilities Licensing
  - Bureau of Medical Facilities Licensing
- 4 non-HCI bureaus
  - Bureau of Child Care Facilities Licensing
  - Bureau of Licensing for Professions & Occupations
  - Bureau of Marijuana Licensing
  - Bureau of Radiation Control

Active Licensed/Certified Facility and Individual Accounts

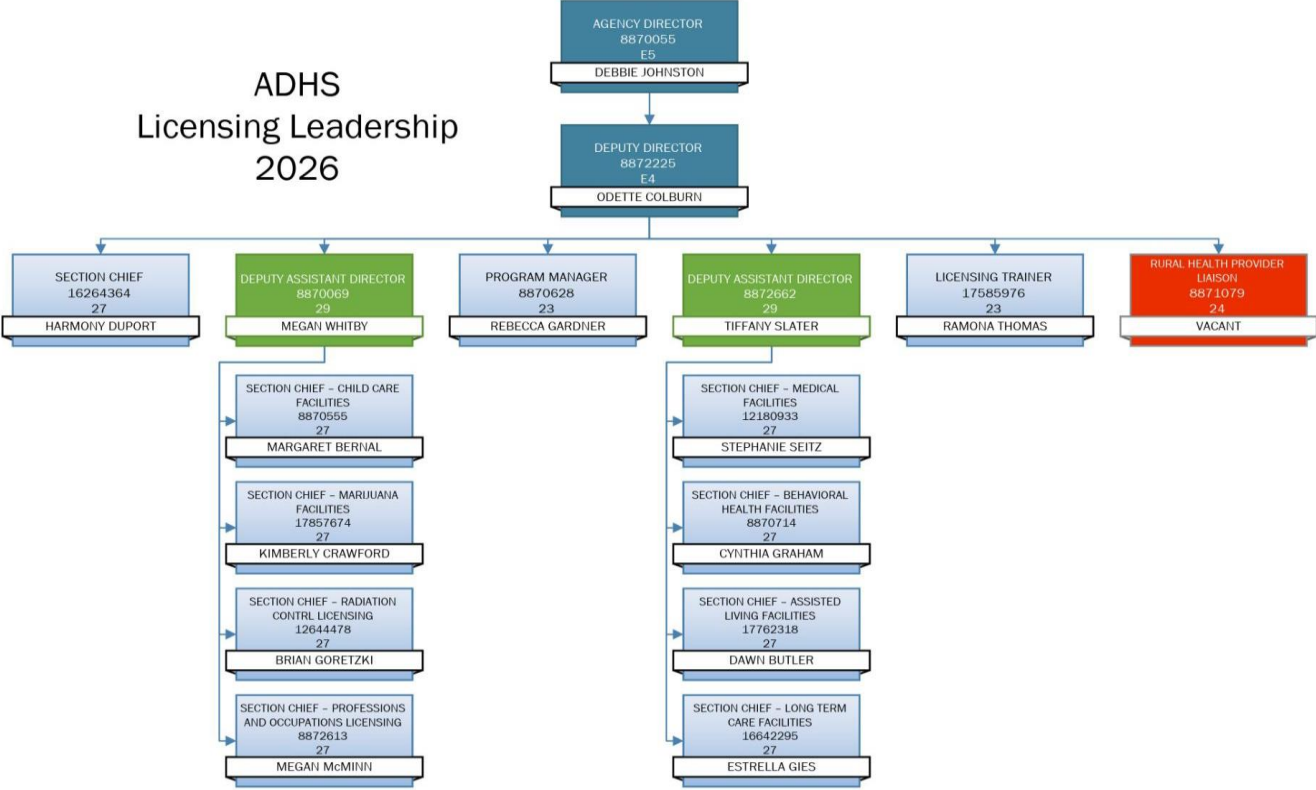


\*License totals are approximate as of Jan 2026

\*Individual totals include professionals & cardholders

# Licensing Leadership - ORG CHART

## ADHS Licensing Leadership 2026



# Licensing Reform

SB 1219

## Education & Quality Assurance Trainer

- Ramona (Mona) Thomas



- Implementation of annual training program for Licensing surveyors and management team
  - Applicable governing policies/procedures and regulations (statutes/rules)
  - Complaint assessment and triage
  - Professionalism
  - Clear and transparent communication



# Rural Health Transformation Program

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## Rural Health Provider Liaison

- **Coming soon!**
- Arizona Rural Health Transformation Program (Dec 2025 - Oct 2030; Lead Agency = AHCCCS)
  - Federal funding investment will help transform healthcare in rural communities across Arizona
    - Rural health workforce development
    - Priority health initiatives
    - Expanding access to care
    - Strengthening rural health systems



# Rules

## SLHs & SBHRFs

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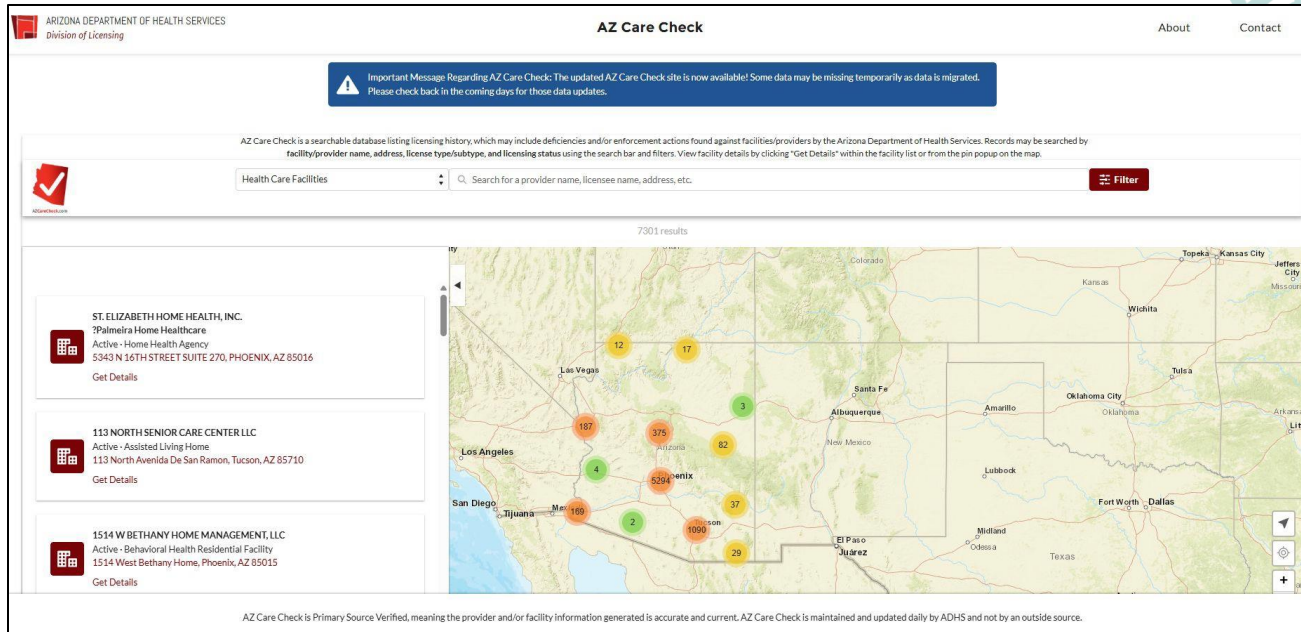
- SB 1308 - Sober Living Homes (SLH)
  - Strengthens requirements related to licensing, oversight, and regulation of SLH
  - Prescribes guidelines for the inspection and enforcement of SLH that are noncompliant with applicable state/local regulations
- A.R.S. § 36-550.09 - Secure Behavioral Health Residential Facilities (SBHRF)
  - Secure, 24-hour on-site supportive treatment & supervision
    - Persons determined to be seriously mentally ill (SMI), chronically resistant to treatment for a mental disorder
    - Placed under court order
    - Maximum of 16 beds



# Licensing Resources

## AZ CARE CHECK

- [AZCareCheck.com](https://www.azcarecheck.com) is a searchable database, including licensing history (inspections and enforcement actions found against providers)



ARIZONA DEPARTMENT OF HEALTH SERVICES  
Division of Licensing

### AZ Care Check

About Contact

**Important Message Regarding AZ Care Check:** The updated AZ Care Check site is now available! Some data may be missing temporarily as data is migrated. Please check back in the coming days for those data updates.

AZ Care Check is a searchable database listing licensing history, which may include deficiencies and/or enforcement actions found against facilities/providers by the Arizona Department of Health Services. Records may be searched by facility/provider name, address, license type/subtype, and licensing status using the search bar and filters. View facility details by clicking "Get Details" within the facility list or from the pin popup on the map.

Health Care Facilities  Filter

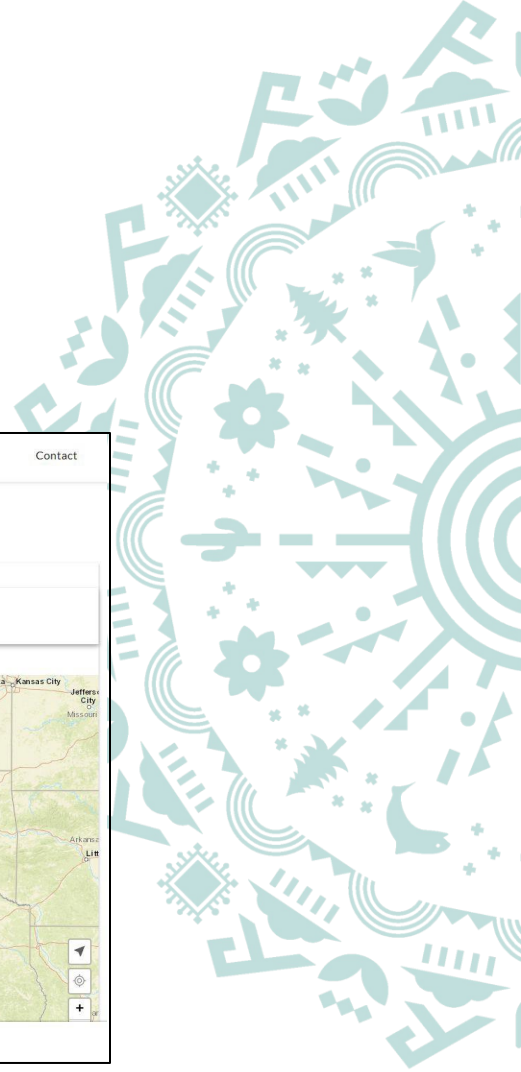
7301 results

**ST. ELIZABETH HOME HEALTH, INC.**  
Palmeira Home Healthcare  
Active - Home Health Agency  
5343 N 16TH STREET SUITE 270, PHOENIX, AZ 85016  
Get Details

**113 NORTH SENIOR CARE CENTER LLC**  
Active - Assisted Living Home  
113 North Avenida De San Ramon, Tucson, AZ 85710  
Get Details

**1514 W BETHANY HOME MANAGEMENT, LLC**  
Active - Behavioral Health Residential Facility  
1514 West Bethany Home, Phoenix, AZ 85015  
Get Details

AZ Care Check is Primary Source Verified, meaning the provider and/or facility information generated is accurate and current. AZ Care Check is maintained and updated daily by ADHS and not by an outside source.



# Licensing Resources

## PROVIDER & FACILITY DATABASES

### Provider & Facility Databases

In our mission to provide continuous delivery of efficient, timely, responsive, and quality customer service, Licensing Services is providing citizens with databases of various health care facilities and providers.

The data tables below are updated on the first business day of the month, and provide a snapshot of licensed providers on the first day of the month. The exact date is contained within each file as the run date.

2025

2024

Assisted Living



Behavioral Health



Child Care



Long Term Care



Marijuana



Medical



Professions and Occupations



Radiation





# Public Health Preparedness

Nicole Witt  
*Assistant Director of Public Health Preparedness*

# Preparedness Leadership Team



**Victor Waddell**  
Deputy Assistant Director,  
Bureau Chief Arizona State  
Lab, ABRC  
[victor.waddell@azdhs.gov](mailto:victor.waddell@azdhs.gov)



**Nicole Clapeck**  
Bureau Chief,  
Immunization Services  
(BIZS)  
[nicole.clapeck@azdhs.gov](mailto:nicole.clapeck@azdhs.gov)



**Ed Valinski**  
Bureau Chief,  
Operational Readiness  
and Response (BORR)  
[ed.valinski@azdhs.gov](mailto:ed.valinski@azdhs.gov)



**Eric Thomas**  
Bureau Chief, Infectious  
Disease Services (BIDS)  
[eric.thomas@azdhs.gov](mailto:eric.thomas@azdhs.gov)



**Ken Komatsu**  
State Epidemiologist  
[ken.komatsu@azdhs.gov](mailto:ken.komatsu@azdhs.gov)



**Chris Hale**  
Bureau Chief, EMS &  
Trauma System  
[chris.hale@azdhs.gov](mailto:chris.hale@azdhs.gov)



**Gail Bradley,**  
Medical Director, Bureau of EMS & Trauma  
System (BEMSTS)  
[gail.bradley@azdhs.gov](mailto:gail.bradley@azdhs.gov)



**Joel Terriquez,**  
Medical Director, Division of Preparedness  
[joel.terriquez@azdhs.gov](mailto:joel.terriquez@azdhs.gov)

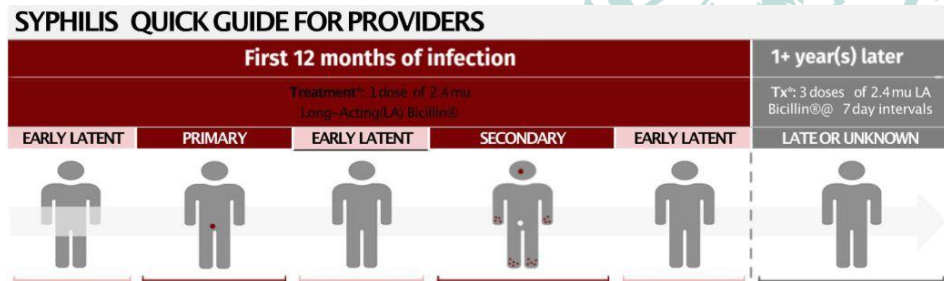
# Upcoming Events

- **Arizona Infectious Disease (AZID) Conference** June 23 - June 25, Virtual
  - Registration: <https://us06web.zoom.us/meeting/register/Cuz5gXjWRsu2VqZrjva2VQ>



# Benzathine Shortage-ADHS Monitoring

- The benzathine shortage has been extended to October **2027**
- BPG is the primary treatment for syphilis and the only therapy that can be used for pregnant women infected with syphilis.
- Develop a plan for connecting pregnant clients to treatment
  - **Check in regularly on supply as supply levels may have changed particularly with the extension of the shortage.**
    - Consider developing a supply transfer plan
    - Consider [Injectable Syphilis Treatment Delivery model](#)
    - [Medical request](#) form is available for those with immediate need to treat a pregnant client
- **ADHS dose monitoring protocol is activated, running biweekly**





# Measles Outbreak Update

**88.7%** MMR coverage among kindergarten in AZ

\*As low as 20% in some areas

**311** cases reported in AZ since August 2025, 282 in Mohave

**90** cases reported so far in Arizona for 2026 across 5 counties.  
Coconino, Maricopa, Mohave, Pinal, Pima

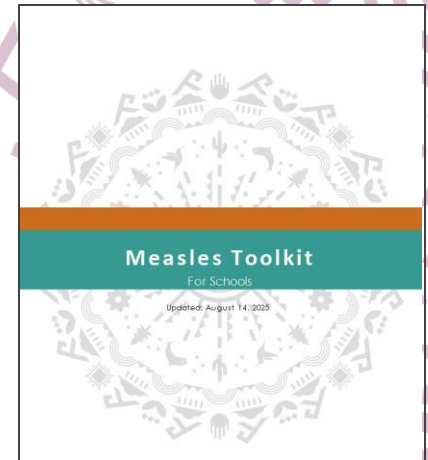
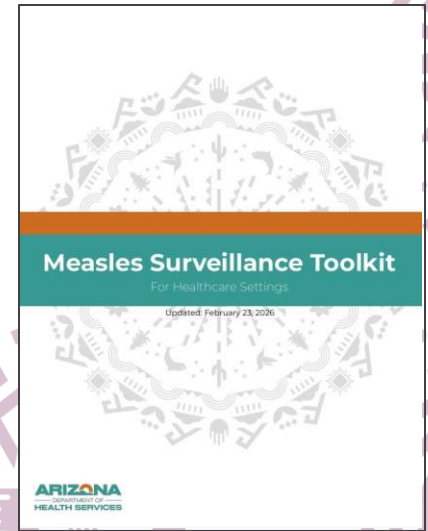
**96%** of cases are unvaccinated or have unknown vaccination

## Toolkits:

[ADHS School toolkit](#)

[ADHS healthcare settings](#)

[CDC Be Ready for Measles Toolkit](#)

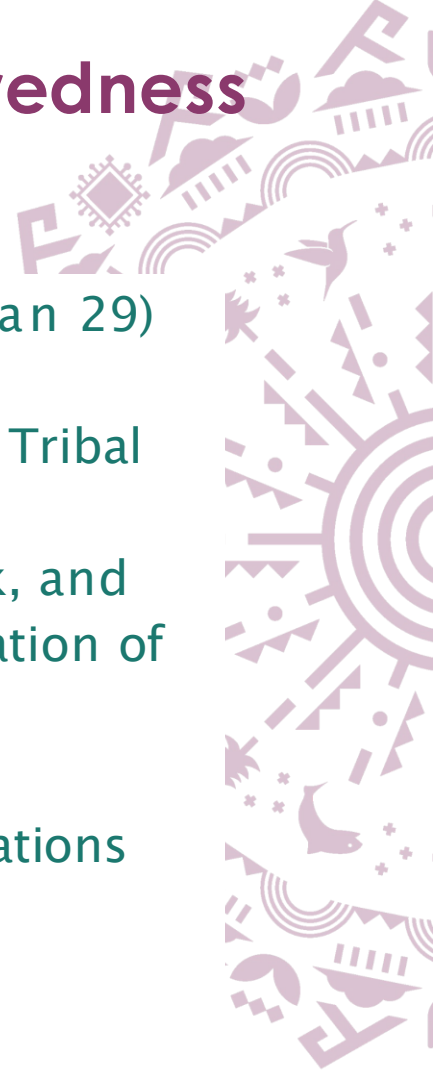


**MEASLES DASHBOARD updated Tuesday's at 3pm**



# TRIBAL Public Health Emergency Preparedness (PHEP) PROGRAM UPDATES

- Held Tribal consultation (Nov 14) and working session (Jan 29) to set PHEP program priorities
- Secured additional funding for Subject Matter Expert on Tribal Preparedness
- On Feb 18, AzTEC members reviewed, provided feedback, and approved updated contract language, including delegation of authority and use of unspent funds
- Issued revised contracts
- Conducting site visits with current PHEP funded Tribal Nations



# Immunizations Tribal Listening Session Report Out on Preliminary Key Findings



Micaryn Begay  
Preparedness Tribal Liaison



Catherine Gouge  
CEO, Be Bravely Bold, LLC

# Participation & Areas Explored

13

Participants

I Priorities for Tribal Health

II Effective Practices

III Concerns and Operational Challenges

IV Support Needed from ADHS

# I. Priorities

**Reality:** Misinformation about the safety and effectiveness of immunizations is increasing across tribal areas, resulting in more vaccine hesitancy

**Priority:** Combat misinformation and take a whole community approach

*“serving the whole lifespan” ... “from infancy to elderlies.”*

## Additional Priorities Identified:

- ❖ 1-2-year-old vaccination rates
- ❖ Managing current infectious diseases (measles, varicella) by ensuring staff have what they need to combat community spread and report to IHS

# II. Effective Practices

Reaching the community where they are.

## Schools and Community Partnerships

- Offering vaccines during back-to-school events and school registration
- Working with schools to send “immunization due” letters
- Working with community partners, like First Things First, to connect with families with young children
- Community Health Workers and Public Health Nurses

## Accessible Vaccines

- Walk-in lobby clinics 2-3x per month
- After-hour clinics
- Mobile clinics during flu season
- Transportation to vaccination sites
- Adding immunization to PCP visits

# II. Effective Practices

Reaching the community where they are.

## Effective Paths for Communication

- Providing vaccine information in traditional languages
- Using traditional distribution channels, such as radio – this is especially important for reaching elders

## Impactful Approaches

- Using recognized local influencers to increase meeting attendance
- Offering incentives for getting a vaccine (e.g., a free t-shirt)

# III. Concern and Operational Challenges

Parents are unaware of vaccine schedules, so they do not know when to bring their children in for vaccines

Caregivers often lack legal guardianship documentation, and obtaining this documentation can take a long time

Parents/caregivers are allowing teenagers more autonomy over vaccines

# III. Concern and Operational Challenges

Transportation barriers, long distances to clinics

Staff & equipment shortages

Limited broadband and technology use, especially among elders

Short provider interactions leave little time for rapport-building and countering misinformation

## IV. Support from ADHS

### What do tribal organizations and need from ADHS?

- ❖ Help combating misinformation about vaccine safety and efficacy, including culturally appropriate education materials for adults and children
- ❖ Guidance on delivering the MMRV vaccine
- ❖ Collaboration with neighboring states (i.e., California, Nevada, New Mexico, and Utah) to access cross-border immunization data and inform collective action

# Share Your Perspective

We are seeking to listen and learn from Tribal leaders, Tribal health representatives, and those supporting Tribal communities as part of immunization strategic planning efforts. Please use the QR code to share your perspective by May 19.



A link to access the survey will also be distributed via email following today's Tribal Consultation.



# OPEN FLOOR

Tribal Leaders, Tribal Health Directors, UIOs





# Closing Remarks

**Debbie Johnston**  
*Director*

Nyavdii Ivaych

Ahiyi'e

Maiku

E-yaay-ay

A'a'

Honnii guhm

Gum You

Lios enchi hiokoe uttesia

Ahéhee'

Askwali

Aheeyeh

Philámayaye

Meegwetch

Sapè

Wá'k'u

# **THANK YOU!**

Gerilene Haskon | [Gerilene.Haskon@azdhs.gov](mailto:Gerilene.Haskon@azdhs.gov)

Director's Office

<https://www.azdhs.gov/director/tribal-liaison/index.php>