

TRIBAL CONSULTATION ANNUAL REPORT

July 1, 2019 – June 30, 2020

Agency Overview

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

Tribal Consultation Activities

In state fiscal year 2020, the agency engaged in the following outreach and consultation activities with tribal nations and their leaders, tribal members and representatives, Indian Health Service (IHS) facilities, P.L 93-638 tribally-operated health facilities, and Urban Indian Health Program facilities. This report is reflective of activities conducted by the Office of the Director (OOD), including suicide prevention initiatives, the Division of Community Advocacy and Intergovernmental Relations (DCAIR), and the Division of Fee-for-Service Management (DFSM) as outlined by the AHCCCS Tribal Consultation Policy.

GOAL	OBJECTIVE	ACTIVITY and PERFORMANCE MEASURES
Establish communication channels with the elected leader of each Tribal Nation in Arizona and the appointed leadership for health services for each tribe.	1. Host tribal consultation meetings in accordance with the consultation calendar and communicate information to tribal leadership. 2. Provide adequate information via meeting materials and announcements to tribes and their leadership prior to each meeting.	AHCCCS Quarterly Tribal Consultations: 4 Held on July 11, 2019 (host: Gila River Health Care), November 5, 2019 (host: White Mountain Apache Tribe), February 13, 2020 (host: Native HEALTH), and May 7, 2020 (hosted virtually due to COVID-19 distancing measures). All information and notices were sent to tribal and IHS/638-tribally-operated program/Urban Indian Program (ITU) leaders via email. Additionally, the Tribal Consultation Calendar and meeting materials and information are regularly posted to the AHCCCS Tribal Relations website. AHCCCS Special Quarterly Tribal Consultations: 7 COVID-19 Agency Response Consultations hosted virtually on: March 19, 2020; April 6, 2020; April 20, 2020; May 21, 2020; June 4, 2020; and June 18, 2020. Differential Adjusted Payment Consultation hosted virtually on March 27, 2020. AHCCCS Tribal Consultation Policy Work Group Meeting: 1 Held on November 18, 2019 and included leadership from the Gila River Indian Community, the White Mountain Apache Tribe, the Navajo Nation, the Pascua Yaqui Tribe, Native HEALTH, and Inter Tribal Council of Arizona.
Set timely consultation with Arizona Tribal Nations.	1. Develop a calendar of Tribal Consultation meetings for the calendar year 2019-2020.	Development of a formal consultation meeting calendar occurred and was distributed to tribal leaders, members, and stakeholders via the AHCCCS Tribal Relations email list. Ad Hoc Special Tribal Consultation meetings were scheduled and communicated as deemed necessary.

Allow for consultation with tribes in the development of new policy or a change in policy with substantial tribal implications, including State Plan Amendments (SPA) and Waiver proposals that will be submitted to the Centers for Medicare and Medicaid Services (CMS).	1. Open each State Plan Amendment to public comment and written testimony for at least 45 days prior to submission. 2. Open each Waiver proposal to public comment and written testimony for at least 45 days prior to submission. 3. Send updated policy comment notifications to tribal leaders, members, and stakeholders on an ongoing basis.	State Plan Amendments Presented for Tribal Consultation: 52 1115 Waiver Proposal Presentations for Tribal Consultation and Public Comment: 12 The Federal Relations team presented the AHCCCS 1115 Waiver renewal process and authorities being sought at Quarterly Tribal Consultation meetings with tribes and ITUs, at CMS ITU Trainings, during AHCCCS Community Forums, and by request to the Arizona Advisory Council Indian Health Care and the Navajo Traditional Practitioners group. AHCCCS Medical Policy Manual (AMPM) and AHCCCS Contractor Operations Manual (ACOM) Policy distributions: 40 The Tribal Relations Liaison and the larger DCAIR team distributed requests to the AHCCCS Tribal Relations email list for review and comment on policies found in the AMPM and ACOM.
Coordinate within the Agency to ensure consistent application of the Tribal Consultation Policy.	1. Provide AHCCCS Tribal Consultation Primer and Overview to AHCCCS Staff. 2. AHCCCS divisions present relevant programmatic information for Tribal Consultation.	The agency Tribal Liaison provides an overview of the history and importance of Tribal Consultation for all AHCCCS initiatives to internal managers. Ahead of each Tribal Consultation meeting, AHCCCS division leaders coordinate with the AHCCCS Tribal Liaison to ensure appropriate bi-directional discussions regarding programmatic and policy changes are entered into with tribes and/or ITUs.
Provide opportunity on an ongoing basis for tribes to request tribal consultation on a specific topic or issue affecting one or more tribe(s).	1. Government-to-Government meetings held with tribal leaders and/or their delegated officials as requested.	The agency held 4 government-to-government meetings with Tribal Elected and/or Executive Leadership outside of Tribal Consultation meetings by request for specific topics and various issues raised relating but not limited to: crisis response and protocols on tribal lands, behavioral health provider challenges; and, suicide prevention.
Work with representatives from Tribal Nations, IHS facilities, Tribally-operated 638 Health Facilities, and Urban Indian Health Programs to increase their knowledge and understanding of AHCCCS programs and policies.	1. Meet with IHS Area leadership on a regular basis. 2. Provide continuous tribal outreach, education, technical assistance or training to resolve issues.	Quarterly IHS Area Director and Chief Medical Officer Meetings: 4 Held on August 22, 2019, November 14, 2019, February 4, 2020 and May 8, 2020. Attended by Area Directors, Chief Medical Officers, and/or their delegated staff from IHS Navajo Area Office, IHS Phoenix Area Office, and IHS Tucson Area Office. AHCCCS Director Meetings with the Arizona Advisory Council on Indian Health Care (AACIHC): 3 Director Snyder regularly meets with the AACIHC leadership to discuss AHCCCS policy and/or programmatic changes. AACIHC leadership provides advisement and/or recommendations to AHCCCS on behalf of their council when necessary. Meetings were held on July 2, 2019, October 3, 2019, and December 3, 2019. Tribal-specific Community Presentations: 5 Forums hosted by tribes and/or tribal stakeholders in six locations, which included Tucson, the Tohono O'odham Nation, Native HEALTH, Fort Yuma Health Center, and Flagstaff Medical Center. Forums focused on AHCCCS programmatic updates, including AHCCCS Complete Care/Integration and Regional Behavioral Health Authority Services.

		Tribal Relations Presentations and Meetings with Tribal and Non-Tribal Stakeholders: 42 AHCCCS Complete Care Tribal Relations and Service Delivery Meetings (22); Arizona Advisory Council on Indian Health Care (6); State-Tribal Liaison Roundtable (4); CMS ITU Trainings (2); American Indian Medical Home Summit and Site Tour of Chinle Service Unit; First Things First Regional Council Meeting; US Department of Health and Human Services Region IX Tribal Consultation; Project AWARE Site Visits (2); Department of Economic Security Tribal Consultation; Department of Health Services Tribal Consultation; Navajo Nation COVID-19 Emergency Preparedness Meeting. Suicide Prevention Meetings: 2 AHCCCS Suicide Prevention Specialist met with tribes by request to discuss suicide prevention initiatives and/or strategies. DFSM Meetings with IHS/Tribal 638 Health Facilities: 14 IHS/Tribal 638 Quarterly Forums (4 held in fiscal year); Quarterly Tribal Regional Behavioral Health Authority (TRBHA) Meetings (4 held in fiscal year); TRBHA Prior Authorization Meetings (2 held in fiscal year); Tribal ALTCS Quarterly Meetings (4 held in fiscal year). DFSM Trainings to tribal facilities/providers: 98 Provided training and technical assistance sessions both in-person and via webinar related to programming, policy and billing requirements.
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Agency Highlights

AHCCCS continues to see increased involvement in tribal consultation and policy and programming recommendations from tribal leaders, providers, members, and stakeholders. Under the guidance of Director Snyder, AHCCCS Tribal Relations has adopted proactive outreach and engagement strategies that are inclusive of and accessible by Tribal Nations, tribal leadership, community members, and stakeholders. These outreach efforts have resulted in the highlighted outcomes below.

- Division of Community Advocacy and Intergovernmental Relations:
 - Frequent Community Forums provided to apprise the public, including AHCCCS members, of upcoming programmatic changes. Forums are structured for AHCCCS to receive feedback from the public. The agency Tribal Liaison has worked with tribal nations to host tribal-specific community forums in tribal communities to help with accessibility. Additionally, AHCCCS Community Forums can be attended via webinar or phone to accommodate individuals who cannot attend in-person.
 - Numerous forums, discussions, presentations, and communications with tribal and ITU leaders regarding the upcoming 1115 Waiver renewal process. The AHCCCS Federal Relations team, housed within DCAIR, continues to consult with tribal leaders and audiences to inform and include tribal-specific initiatives as part of the AHCCCS 1115 Waiver Renewal process.
- Division of Fee-for-Service Management:
 - DFSM/Tribal ALTCS has and continues to provide technical assistance to AHCCCS-enrolled tribal members to help them understand their Long Term Care benefits, rights, and how to use the AHCCCS Tribal ALTCS webpage.
 - Provider Training team experienced an increase in provider engagement throughout state fiscal year 2020, with many sessions receiving positive responses. In addition to routinely scheduled provider training sessions, one-on-one trainings were also provided to tribal facilities and/or providers on 12 separate occasions.

Challenges Encountered

- COVID-19 Impact on Tribal Nations: Acknowledging that many of the members impacted by COVID-19 are served by the AHCCCS health care delivery system, AHCCCS took proactive measures to ensure an appropriate and equitable response on behalf of our agency. For tribal communities, these measures included:
 - Bi-weekly Tribal Consultation meetings and communications with tribal and ITU leaders which began at the onset of Governor Ducey's March 11, 2020 issuance of a Declaration of Emergency and Executive Order regarding COVID-19 in Arizona. Meetings were held virtually with attendees being able to join either via web or phone, and materials were made available ahead of each meeting for tribal and ITU leadership review.
 - AHCCCS-specific COVID-19 webpage with regularly updated information and guidance for members and providers.
 - Frequently Asked Questions specific to the tribal health care delivery system are included on the AHCCCS COVID-19 webpage. These questions came directly from communications with tribal and ITU leadership during bi-weekly Tribal Consultation meetings.
 - Submission of an 1135 Waiver to CMS for authority to temporarily waive or modify certain Medicaid & CHIP requirements to ensure that sufficient health care services are available to meet the needs of enrollees during the emergency period.
 - Submission of Disaster Relief State Plan Amendment (SPA) to revise policies in Medicaid & CHIP state plans related to eligibility, enrollment, benefits, cost sharing, and/or payments.
 - Seeking feedback and input from tribal and ITU leadership regarding authorities sought by AHCCCS during the Public Health Emergency. DFSM provided training and technical assistance to tribes and ITUs regarding implementation of authorities approved during this time.

AHCCCS Tribal Consultation Policy Revision

Pursuant to A.R.S. 41-2051 Section C, the AHCCCS Tribal Consultation Policy was developed and implemented. This policy ensures that the AHCCCS administration provides reasonable notice and opportunity for consultation with tribes prior to implementing policy changes that are likely to have a direct effect on tribes and tribal members. This policy was last amended and taken to Tribal Consultation on November 5, 2019. Additionally, the AHCCCS Tribal Consultation Policy Work Group convened to approve recommended revisions on November 18, 2019. A copy of the current AHCCCS Tribal Consultation Policy can be found at www.azahcccs.gov/AmericanIndians/Downloads/consultations/AHCCCSTribalConsultationPolicy.pdf.

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