

RESOLUTION OF THE
NAABIK'IYATI' COMMITTEE OF THE
NAVAJO NATION COUNCIL

23RD Navajo Nation Council - Third Year, 2017

AN ACTION

RELATING TO HEALTH, EDUCATION AND HUMAN SERVICES AND NAABIK'IYATI' COMMITTEES; OPPOSING ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM WAIVER REQUEST TO THE CENTERS FOR MEDICARE AND MEDICAID SERVICES PURSUANT TO ARIZONA SENATE BILL 1092 (2015) AND REQUESTING TRIBAL CONSULTATION PURSUANT TO ARIZONA HEALTH CARE COST CONTAINMENT TRIBAL CONSULTATION POLICY

WHEREAS:

- A. The Health, Education and Human Services Committee (HEHSC) is a standing committee of the Navajo Nation Council. It is empowered, among other specific duties and responsibilities, to oversee "matters involving health, social service, education, general governmental services and human services" within the Navajo Nation. 2 N.N.C. § 400(C)(1). The committee also reviews and recommends resolutions regarding its areas of oversight. 2 N.N.C. §§ 164 (A)(9), 400 (A), 401 (B)(6)(a) (2012); see also CO-45-12.
- B. The Naabik'Iyati' Committee of the Navajo Nation Council, among other duties and responsibilities, "coordinate[s] all federal, county and state programs with other standing committees and branches of the Navajo Nation government to provide the most efficient delivery of services to the Navajo Nation." 2 N.N.C. §701(A)(4).
- C. Arizona Health Care Cost Containment System (AHCCCS) is Arizona's Medicaid agency that offers health care programs to serve Arizona residents. Individuals must meet certain income and other requirements to obtain services. See www.azahcccs.gov.
- D. The Arizona State legislature passed Senate Bill 1092 (2015) requiring AHCCCS to apply to the Center for Medicare and Medicaid Services (CMS) by March 30 of each year for waiver or amendments to the current Section 1115 Waiver to allow the State to implement new requirements for "able-bodied adults." At the direction of the Arizona State Legislature and upon CMS approval, AHCCCS is proposing to implement the following requirements for "able-bodied adults" receiving Medicaid services:
 - The requirement for all able-bodied adults to become employed or actively seeking employment or attend school or a job training program.

- The requirement for able-bodied adults to verify on a monthly basis compliance with the work requirements and any changes in family income.
 - The authority for AHCCCS to ban an eligible person from enrollment for one year if the eligible person knowingly failed to report a change in family income or made a false statement regarding compliance with the work requirements.
 - The authority for AHCCCS to limit lifetime coverage for all able-bodied adults to five years except for certain circumstances. See www.azahcccs.gov. Arizona Section 1115 Waiver Amendment Request attached as **Exhibit A**.
- E. The Tsé Hootsooí Medical Center - Fort Defiance Indian Hospital Board (FDIHB), the Winslow Indian Health Care Center (WIHCC) and the Teesto Chapter have passed resolutions opposing the AHCCCS waivers. Resolutions attached as **Exhibits B, C, and D**.
- F. The FDIHB serves a population of 45,486 within 16 Chapters on the Navajo Nation, and in 2015 served 31,789 patients by providing 336,415 visits and in 2016 the Emergency Department provided care for 28,645 visits; the proposed Section 1115 Waiver Amendments will affect FDIHB patients due to the lack of available jobs for able-bodied persons, the lack of widely available technology will negatively affect the FDIHB service population in verifying monthly compliance with work requirements and changes in family income, and the authority for AHCCCS to ban eligible persons from enrollment for five years will have a devastating impact on the Navajo population in the FDIHB service area. See **Exhibit B**.
- G. The WIHCC states that the AHCCCS waiver requests are unnecessary as Arizona receives a 100% federal pass through for American Indian and Alaska Native Medicaid AHCCCS coverage and request that CMS deny the 2017 request as CMS did in 2016. See **Exhibit C**.
- H. The Teesto Chapter encourages AHCCCS to consult with Indian Tribes and tribal organizations concerning Senate Bill 1092 waiver requests submitted to CMS. See **Exhibit D**.
- I. AHCCCS Tribal Consultation Policy provides the guiding policy "is to strengthen the special relationship between Indian Tribes and Federal and State governments, and ensure that reasonable notice and opportunity for consultation with Indian Tribes are provided by the AHCCCS Administration prior to implementing policy changes that are likely to have a direct affect on Indian Tribes." AHCCCS Tribal Consultation Policy attached as **Exhibit E**.
- J. AHCCCS held a Tribal Consultation on January 18, 2017 in Phoenix, Arizona regarding the Waiver submittal; due to the importance of the


Waiver submittal and potential impact on Navajo People the Navajo Nation requires additional Tribal Consultation forums held on the Navajo Nation.

NOW THEREFORE BE IT RESOLVED:

The Navajo Nation hereby opposes the Arizona Health Care Cost Containment System waiver request to the Centers for Medicare and Medicaid Services and implores the Arizona Health Care Cost Containment System to hold Tribal Consultation forums on the Navajo Nation due to the importance of the potential impact on the Navajo People.

CERTIFICATION

I hereby certify that the foregoing resolution was duly considered by the Naabik'íyáti' Committee of the 23rd Navajo Nation Council at a duly called meeting in Window Rock, Navajo Nation (Arizona), at which a quorum was present and that the same was passed by a vote of 14 in favor and 0 oppose, this 6th day of April, 2017.



Honorable Speaker Pro Tem Seth Damon
Naabik'íyáti' Committee

Motion: Honorable Peterson Yazzie
Second: Honorable Walter Phelps

**23rd Navajo Nation Council
Naabik'iyati' Committee**

DATE: April 6, 2017

Legislation 0082-17 (Main Motion)

Motion: Peterson Yazzie

Second: Walter Phelps

ALL DELEGATES:

	Yea	Nay
BATES, LoRenzo	✓	
BEGAY, Kee Allen Jr.		
BEGAY, Norman M.		
BEGAYE, Nelson	✓	
BENNETT, Benjamin L.	✓	
BROWN, Nathaniel	✓	
CHEE, Tom T.	✓	
CROTTY, Amber K.		
DAMON, Seth		
DANIELS, Herman	✓	
FILFRED, Davis		
HALE, Jonathan L.	✓	
JACK, Lee Sr.		
PERRY, Jonathan	✓	
PETE, Leonard H.		
PHELPS, Walter	✓	
SHEPHERD, Alton Joe		
SLIM, Tuchoney Jr.	✓	
SMITH, Raymond Jr.		
TSO, Otto		
TSOSIE, Leonard	✓	
WITHERSPOON, Dwight	✓	
YAZZIE, Edmund	✓	
YAZZIE, Peterson	✓	

BY COMMITTEE:

	Yea	Nay	TOTAL
BFC:			
CHEE, Tom T.			
DAMON, Seth			
JACK, Lee Sr.			
SLIM, Tuchoney Jr.			
WITHERSPOON, Dwight			
TSOSIE, Leonard			
HEHSC:			
BEGAY, Norman M.			
BEGAYE, Nelson			
BROWN, Nathaniel			
CROTTY, Amber K.			
HALE, Jonathan L.			
YAZZIE, Peterson			
LOC:			
BEGAY, Kee Allen Jr.			
DANIELS, Herman			
SMITH, Raymond Jr.			
TSO, Otto			
YAZZIE, Edmund			
RDC:			
BENNETT, Benjamin L.			
FILFRED, Davis			
PERRY, Jonathan			
PETE, Leonard H.			
PHELPS, Walter			
SHEPHERD, Alton Joe			
SPEAKER:			
BATES, LoRenzo			
(Votes only in a tie)			

GRAND TOTAL

14 0

CERTIFICATION:

Honorable Seth Damon
Speaker Pro Tem

**Arizona Section 1115 Waiver Amendment Request
Senate Bill 1092 Arizona Legislative Directives****I. SUMMARY**

As part of the 2015 legislative session, the Arizona State legislature passed Senate Bill 1092 requiring the Arizona Health Care Cost Containment System (AHCCCS) to request from the Center for Medicare and Medicaid Services (CMS) each year for a waiver or amendments to the current Section 1115 Waiver to allow the State to implement the following requirements for “able-bodied adults” receiving Medicaid services:

1. The requirement for all able-bodied adults to become employed or actively seek employment or attend school or a job training program.
2. The requirement for members to verify on a monthly basis compliance with the work requirement and any changes in family income.
3. The authority for AHCCCS to ban an eligible person from enrollment for one year if the eligible person knowingly failed to report a change in family income or made a false statement regarding compliance with the work requirement.
4. The authority for AHCCCS to limit lifetime coverage for all able-bodied adults to five years except for certain circumstances.

SB 1092 requires AHCCCS to request from CMS by March 30 of each year only the waivers or amendments to the current Section 1115 Waiver that have not been approved and are not in effect. Accordingly, AHCCCS seeks the following waiver authorities:

- **Waiver Authority**—Waiver from 1902(a)(10)(A) to enable the State to impose work requirements for “able-bodied adults”; require beneficiaries to verify on a monthly basis compliance with the work requirements and any changes in family income; enable the State to ban an eligible person from enrollment for one year if the eligible person knowingly failed to report a change in family income or made a false statement regarding compliance with the work requirements; and limit lifetime coverage for all able-bodied adults to five years except for certain circumstances.

II. OVERVIEW

As part of the 2015 legislative session, the Arizona State legislature passed Senate Bill 1092 requiring the Arizona Health Care Cost Containment System (AHCCCS) to apply to CMS by March 30 of each year for waiver or amendments to the current Section 1115 Waiver to allow the State to implement new requirements for “able-bodied adults” receiving Medicaid services. SB 1092 specifically requires:

A. On or before March 30 of each year, the Director shall apply to the Centers for Medicare and Medicaid Services (CMS) for waivers or amendments to the current Section 1115 Waiver to allow this state to:

1. Institute a work requirement for all able-bodied adults receiving services pursuant to this article [Arizona Revised Statutes, Title 36, Chapter 29, Article 1 which includes Title XIX eligible individuals other than persons with an institutional level of need and the Medicare Cost Sharing groups]. The work requirement shall:

(a) Require an eligible person to either:

(i) Become employed.

(ii) Actively seek employment, which would be verified by the department.

(iii) Attend school or a job training program, or both, at least twenty hours per week.

(b) Require an eligible person to verify on a monthly basis compliance with requirements of subdivision (a) of this paragraph and any change in family income.

(c) Require the administration to confirm an eligible person's change in family income as reported under subdivision (b) of this paragraph and redetermine the person's eligibility under this article.

(d) Allow the administration to ban an eligible person from enrollment for one year if the eligible person knowingly failed to report a change in family income or made a false statement regarding compliance with the requirements of subdivision (a) of this paragraph.

(e) Allow for an exemption if a person meets any of the following conditions:

(i) Is at least nineteen years of age but is still attending high school as a full-time student.

(ii) Is the sole caregiver of a family member who is under six years of age.

(iii) Is currently receiving temporary or permanent long-term disability benefits from a private insurer or from the government.

(iv) Has been determined to be physically or mentally unfit for employment by a health care professional in accordance with rules adopted by the administration.

2. Place on able-bodied adults a lifetime limit of five years of benefits under this article that begins on the effective date of the waiver or amendment to the current section 1115 waiver and does not include any previous time a person received benefits under this article. The lifetime limit under this paragraph does not include any time during which the person meets any of the following conditions:

(a) Is pregnant.

(b) Is the sole caregiver of a family member who is under six years of age.

- (c) Is currently receiving temporary or permanent long-term disability benefits from a private insurer or from the government.
 - (d) Is at least nineteen years of age but is still attending high school as a full-time student.
 - (e) Is employed full time but continues to meet the income eligibility requirements under this article.
 - (f) Is enrolled before reaching nineteen years of age.
 - (g) Is an eligible person as defined in section 36-2901, paragraph 6, subdivision (a), item (iii).
3. Develop and impose meaningful cost-sharing requirements to deter both:
- (a) The nonemergency use of emergency departments.
 - (b) The use of Ambulance services for nonemergency transportation or when it is not medically necessary.
- B. In any year, the Director shall apply under subsection A of this section for only the waivers or amendments to the current section 1115 waiver that have not been approved and are not in effect.
- C. On or before April 1 of each year, the director shall submit a letter confirming the submission of the waiver requests required under subsection A of this section to the Governor, the President of the Senate and the Speaker of the House of Representatives.
- D. For the purposes of this section:
- 1. "Able-bodied" means an individual who is physically and mentally capable of working.
 - 2. "Adult" means an individual who is at least nineteen years of age. END_STATUTE

Arizona Laws 2015, First Regular Session, Chapter 29, Article 1.

SB 1092 was passed during the First Regular Session of 2015. The bill was part of the public process at the Arizona State Legislature during the 2015 legislative session. On September 30, 2015, AHCCCS included the SB 1092 legislative directive as part of its 1115 waiver renewal application. AHCCCS conducted extensive stakeholder engagement prior to submitting the waiver application, and received numerous stakeholder comments through community forums held in Phoenix, Tucson, Flagstaff, Yuma, as well as through public meetings including State Medicaid Advisory Committee. For public comments see pages 458-479 of the PDF document: <https://azahcccs.gov/shared/Downloads/AZWaiverPackage.pdf>.

On September 30, 2016, CMS approved Arizona's request to impose copays for non-emergency use of the emergency room for Childless Adults with incomes 100-138% above the Federal Poverty Line (FPL), but rejected the other waiver requests per SB 1092—work requirements, additional verification requirements, and a time limit on coverage—on the grounds that those requests could undermine access to care and do not support the objective of the program.

SB 1092 legislative directive requires AHCCCS to reapply by March 30 of each year for only the waivers or amendments to the current Section 1115 Waiver that have not been approved and are not in effect. Accordingly, AHCCCS will reapply for the waivers listed in the table below.

Waiver Authority Requested	SB 1092 Requirements	Brief Description
1902(a)(10)(A) and the regulations in 42 CFR Part 435 to the extent that those provisions set forth the exclusive list of eligibility requirements.	Work Requirement	Requires all able-bodied adults to become employed or actively seeking employment or attend school or a job training program.
1902(a)(17) to the extent that 42 C.F.R. 435.916 restricts the State from requiring beneficiaries to provide information.	Monthly Income and Work Requirement Verification	Requires members to verify on a monthly basis compliance with the work requirements and any changes in family income.
1902(a)(17) to the extent that 42 C.F.R. 435.916 restricts the State from redetermining eligibility more frequently than every 12 months	Monthly Redetermination of Eligibility	Permits the State to redetermine eligibility monthly based on the income and employment related information provided by beneficiaries.
1902(a)(10)(A) and the regulations in 42 CFR Part 435 to the extent that those provisions set forth the exclusive list of eligibility requirements.	Enrollee Disenrollment	Allows AHCCCS to ban an eligible person from enrollment for one year if the eligible person knowingly failed to report a change in family income or made a false statement regarding compliance with the work requirements.

1902(a)(10)(A) and the regulations in 42 CFR Part 435 to the extent that those provisions set forth the exclusive list of eligibility requirements.

5 year limit

Places all able-bodied adults on a lifetime limit of five years with exceptions for certain circumstances.

AHCCCS is also requesting that CMS allow the State to gather information needed to determine whether or not the work requirements and lifetime limits apply as part of the application process pursuant to 42 CFR 435.907.

III. PUBLIC PROCESS

Pursuant to the Special Terms and Conditions (STC) that govern Arizona's 1115 Waiver, Arizona must provide documentation of its compliance with the Demonstration of Public Notice process (42 CFR §431.408), as well as document that the tribal consultation requirements outlined in STC 15 have been met.

SB 1092 was passed during the First Regular Session of 2015. The bill was part of the public process at the Arizona State Legislature. Information about the legislation can be found on the legislative website at the following link: <https://apps.azleg.gov/BillStatus/BillOverview/66346>.

The amendment request was posted on the AHCCCS website for public comment and can be found here:

<https://azahcccs.gov/Resources/Federal/sb1092legislativedirectivewaiverproposal.html>.

A public notice of the waiver amendment was posted in *the Arizona Republic*, the newspaper of widest circulation in Arizona on January 12, 2017 allowing for over a 30 day comment period. The notice included a brief summary of the waiver request, the locations, dates and times of the public hearings, instructions on how to submit comments and a link to where additional information can be found. See following link for the public notice: <https://azahcccs.gov/Resources/Federal/sb1092legislativedirectivewaiverproposal.html>.

AHCCCS will present the details about the SB 1092 waiver request in tribal consultation, as well as public hearings in Phoenix, Flagstaff, and Tucson. The public hearing meetings will have telephonic conference capabilities to ensure statewide accessibility. Public comments will be posted on the AHCCCS website.

IV. DATA ANALYSIS- "WITH WAIVER" VS. "WITHOUT WAIVER"

The imposition of work requirements, additional verification requirements, and time limits on coverage as stated in the proposal will have a positive effect on budget neutrality.

V. ALLOTMENT NEUTRALITY

Not applicable. The amendment does not impact the XXI population.

VI. DETAILS

A. Proposed Additional Eligibility Requirements under the Demonstration as Amended.

The work requirements in SB 1092 apply to all able-bodied individuals 19 years of age or older ("able-bodied adults") otherwise eligible for Medicaid except for individuals who meet any of the following conditions:

- Individuals enrolled in the Arizona Long Term Care System (i.e., persons with an institutional level of need).
- Individuals eligible for Medicare Cost Sharing (i.e., persons eligible for Medicare and Medicaid, Qualified Medicare Beneficiaries, Specified Low Income Medicare Beneficiaries, and Qualified Individuals).
- Is at least nineteen years of age but is still attending high school as a full-time student.
- Is the sole caregiver of a family member who is under six years of age.
- Is currently receiving temporary or permanent long-term disability benefits from a private insurer or from the government.
- Has been determined to be physically or mentally unfit for employment by a health care professional in accordance with rules adopted by the administration.

The five-year maximum lifetime coverage limit applies to all able-bodied adult beneficiaries except those subject to the exceptions above. The lifetime coverage will be effective on the date of waiver or amendment is approved by CMS and does not include previous times a person received Medicaid benefits. Furthermore, lifetime limit under SB 1092 does not include any time during which the person meets any of the following conditions:

- Is pregnant.
- Is the sole caregiver of a family member who is under six years of age.
- Is currently receiving temporary or permanent long-term disability benefits from a private insurer or from the government.
- Is at least nineteen years of age but is still attending high school as a full-time student.
- Is employed full time but continues to meet the income eligibility requirements under this article.
- Is enrolled before reaching nineteen years of age.
- Under twenty-six years of age and who was in the custody of the department of child safety pursuant to title 8, chapter 4 when the person became eighteen years of age.

B. Proposed Cost Sharing Requirements under the Demonstration as Amended. The cost sharing requirements for persons impacted by this proposed demonstration amendment will not change from the State's current program features as described in the current State Plan and Demonstration.

C. Proposed Changes to the Delivery System under the Demonstration as Amended.

The delivery system for persons impacted by this proposed demonstration amendment will not vary from the State's current program features as described in the current State Plan and Demonstration.

D. Proposed Changes to benefit coverage under the Demonstration as Amended.

The benefit coverage for persons impacted by this proposed demonstration amendment will not vary from the State's current program features as described in the current State Plan and Demonstration.

VII. EVALUATION DESIGN

A. Research Hypothesis, Goals, and Objectives. The demonstration will test whether authorizing work requirements and life time coverage limits for "able-bodied adults" enrolled in AHCCCS will increase employment rate for those beneficiaries. The goal is to reduce individual reliance on public assistance. The objectives include increasing the number of beneficiaries with earned income and/or the capacity to earn income, reduce enrollment, and reduce the amount of "churn" (individuals moving on and off assistance repeatedly) as the result of greater access to employment and employer-sponsored health insurance or health insurance through the Exchange.

B. Plan for Testing the Hypothesis.

AHCCCS is proposing to test a series of hypotheses that will allow the state to: 1) evaluate its success in achieving the overall goals of the demonstration; and 2) identify opportunities for improvement to strengthen the demonstration. The table below outlines the proposed hypotheses for this demonstration and potential performance measures that would allow AHCCCS to effectively test each of the specific hypotheses:

Proposed Hypotheses	Proposed Performance Measure
The implementation of the work requirement will increase the rate of "able-bodied adults" that are employed, or actively seeking employment, or engaged in training.	<ul style="list-style-type: none">• The percentage of "able-bodied adults" enrolled in AHCCCS who become employed during the demonstration period.• The percentage of "able bodied adults" enrolled in AHCCCS that are actively seeking employment during the demonstration period.

	<ul style="list-style-type: none"> • The percentage of “able bodied adults” enrolled in AHCCCS that are attending school or a job training program, or both, at least twenty hours per week during the demonstration period.
“Able bodied adults” who lose eligibility due to the five-year maximum lifetime coverage limit will not increase over the course of the demonstration.	<ul style="list-style-type: none"> • The percentage of “able bodied adults” enrolled in AHCCCS over the demonstration period. • The percentage of “able bodied adults” disenrolled from AHCCCS due to five-year maximum lifetime coverage limit.
“Able bodied adults” who lose eligibility due to failure to report a change in family income or making a false statement regarding compliance with the work requirements will not increase over the course of the demonstration.	<ul style="list-style-type: none"> • The percentage of “able bodied adults” that are disenrolled from AHCCCS for failing to report a change in family income or making a false statement regarding compliance with the work requirements.



PO Box 649 FORT DEFIANCE, AZ 86504 PHONE: 928.729.8000 FAX: 928.729.8019 WEBSITE: www.FDIHB.ORG

FDIHB-FEB-F12-2017

**RESOLUTION OF THE FORT DEFIANCE INDIAN HOSPITAL
BOARD, INC. (FDIHB)**

**Opposing the Inclusion of American Indians/Alaska Natives to the Proposed Arizona
Section 1115 Waiver Amendment of Arizona Senate Bill 1092**

WHEREAS:

1. The Fort Defiance Indian Hospital Board, Inc. (FDIHB), was approved and certified by the Navajo Nation Business Regulatory Department, Division of Economic Development, on July 31, 1995; and
2. FDIHB assumed operation and management of the Fort Defiance Indian Hospital, now called the Tséhootsooí Medical Center, Nahata' Dziil Health Center, and related health programs, on March 28, 2010, pursuant to a self-determination contract authorized by the Indian Self-Determination and Education Assistance Act, P.L. 93-638, as amended; and
3. Pursuant to Article IV, Sections 1 and 2 of the FDIHB Bylaws, the FDIHB Board of Directors (Board) is empowered to conduct, manage, and control the affairs and business of the Corporation; and
4. The mission of FDIHB is "To provide superior and compassionate healthcare to our community by raising the level of health, Hózhó, and quality of life;" and
5. The vision of FDIHB is "harmoniously uniting communities by engaging customers in healthy lifestyles;" and
6. Pursuant to 42 C.F.R 431.408, the Arizona Health Care Cost Containment System (AHCCCS), Arizona's Medicaid agency, is required to submit a public notice of its intent to submit a Section 1115 Waiver Amendment to the Centers for Medicare and Medicaid Services (CMS); and
7. At the direction of the Arizona State Legislature and upon CMS approval, AHCCCS proposes implementation of the following requirements for "able-bodied adults" receiving Medicaid services (Attached as Exhibit A):

- a. Waiver of 1092(a)(10)(A) to enable the State to impose work requirements for “able-bodied adults”;
 - b. Beneficiaries must verify compliance with the work requirements and any changes in family income on a monthly basis;
 - c. Arizona may ban an eligible person from enrollment for one year if the eligible person knowingly failed to report a change in family income or made a false statement regarding compliance with the work requirements; and
 - d. Lifetime coverage for all able-bodied adults is limited to five years except for certain circumstances.
8. On February 2, 2017, the Board met and discussed whether Native Americans and Alaska Natives should be exempt from the Section 1115 Waiver Amendment (Attached as Exhibit B); and
 9. The FDIHB serves a population of 45,486 living within 16 chapters of the Navajo Nation, including four school districts and the Navajo Nation headquarters and serves individuals outside the service area at both facilities; and
 10. In 2015, FDIHB served 31,789 patients by providing 336,415 visits and, in 2016, the Emergency Department provided care for 28,645 visits; and
 11. According to the Arizona Rural Policy Institute (n.d.) 62.6% of the Navajo Nation population is over 19 years of age; and
 12. Approximately sixty (60) percent of the FDIHB service population receives Arizona Medicaid; and
 13. The per capita annual income in the FDIHB service area is \$9,993.75; and
 14. In 2014, the average cost for an outpatient Emergency Department visit was \$1,502, which equates to 15% of the total per capita annual income; and
 15. The unemployment rate of the Navajo Nation is 42%; and
 16. Many factors contribute to the high rate of unemployment on the Navajo Reservation including a lack of available jobs, proximity to roads, limited training and educational opportunities, lack of technology, including internet access, and lack of access to transportation; and
 17. The proposed Section 1115 Waiver Amendment’s requirement for “*all able-bodied adults to become employed or actively seek employment or attend school or a job training program*” will be difficult for many of FDIHB’s Navajo patients due to a lack of available jobs, the rural, sparsely populated and remote communities where roads become impassible during many months, and a lack of technology; and

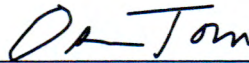
18. The proposed Section 1115 Waiver Amendment's requirement that beneficiaries must "verify on a monthly basis compliance with the work requirements and any changes in family income;" and the State may ban "an eligible person from enrollment for one year if the eligible person knowingly failed to report a change in family income or made a false statement regarding compliance with the work requirements;" will also negatively affect the FDIHB service population because a lack of widely available technology, including the internet, and a lack of reliable transportation and the remote nature of the community, would create an undue burden for individuals who would be required to report their status on a monthly basis; and
19. The authority for AHCCCS to "limit lifetime coverage for all able-bodied adults to five years except for certain circumstances" will have a devastating impact on the Navajo Population that FDIHB serves. As a self-determined healthcare facility, FDIHB relies on third party reimbursements. The Indian Health Services does not provide FDIHB with adequate funding for the services and care that FDIHB patients require. Approximately 60% of patients are AHCCCS Medicaid. Consequently, the proposed Section 1115 Waiver Amendment will result in an estimated loss of \$11.5 million in the first year, and significant financial losses will continue in subsequent years; and
20. As a result of the proposed Section 1115 Waiver Amendment as currently written, FDIHB stands to lose \$11.5 million in revenue because it would be forced to significantly cut back on its patient services and the number of providers, which limits FDIHB's ability to provide the care the community needs and ultimately fulfill its stated Mission and Vision; and
21. The proposed Section 1115 Waiver Amendment will also result in an influx of patients to FDIHB's facilities because if the many Navajo who do not live on the Reservation lose their health care coverage due to the proposed Amendment, they will seek treatment at FDIHB's facilities which would unduly burden the organization; and
22. In similar circumstances, Native Americans and Alaska Natives have been exempted from AHCCCS wavier requirements; and
23. AHCCCS recognizes that Arizona will implement American Indian medical homes, "supporting the integration and coordination of care for American Indian AHCCCS enrollees in the American Indian Health Program (AIHP);" and
24. AHCCCS recognizes that "Significant health disparities exist between the AI/AN population and the general population of Arizona, including the average age of death (17.5 years lower for American Indians), and higher death rates from many preventable diseases."

NOW THEREFORE BE IT RESOLVED THAT:

1. FDIHB is opposed to the proposed Section 1115 Waiver Amendment unless it includes an exemption for Native Americans and Alaska Natives; and
2. Native Americans and Alaska Natives should be exempted from the proposed Section 1115 Waiver Amendment.

CERTIFICATION

At a duly called meeting of the Fort Defiance Indian Hospital Board, Inc. Board of Directors, where a quorum was present, the Board of Directors passed the above-referenced action by a vote of 8 in favor, 0 opposed, 0 abstained, on this 2nd day of February, 2017.



Oscencio Tom, President
FDIHB Board of Directors

Motion: Alex Montoya

Second: Dawn A. Yazzie



WIHCC | WINSLOW INDIAN HEALTH CARE CENTER

WIHCC-2017-02

RESOLUTION OF THE WINSLOW INDIAN HEALTH CARE CENTER

A RESOLUTION OPPOSING ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM (AHCCCS) WAIVERS SUBMITTED TO THE CENTERS OF MEDICAID AND MEDICARE SERVICES (CMS) PURSUANT TO SENATE BILL (SB) 1092 THAT NEGATIVELY IMPACT ACCESS TO HEALTH CARE SERVICES FOR THE AMERICAN INDIAN POPULATION IN ARIZONA

WHEREAS:

1. The Winslow Indian Health Care Center ("WIHCC") is a non-profit corporation chartered under Navajo Nation law and sanctioned and authorized by the Navajo Nation Council as a "Tribal Organization" in Resolution No. CJY-33-10 to operate the federally funded health care programs, services, functions and activities in and near the eight chapters of Leupp, Bird Springs, Teesto, White Cone, Dilkon, Tolani Lake, Jeddito and Indian Wells; and
2. The WIHCC has successfully provided health care programs, services, functions and activities for the people of the southwest region of the Navajo Nation since September 1, 2002; and
3. The WIHCC Board of Directors has previously reviewed Arizona SB 1092, and has reviewed AHCCCS's proposed 2017 waiver requests to allow AHCCCS to implement requirements for "able bodied adults" receiving Medicaid services and other waiver requests; and
4. For 2016, CMS approved Arizona's request to impose copays for non-emergency use of the emergency room for "childless adults" with incomes 100-138% above the Federal Poverty Line (FPL), but rejected Arizona's other waiver requests made under SB 1092 – work requirements, additional verification requirements, and a lifetime time limit of coverage – on the grounds that those requests undermine access to care and do not support the objective of the Medicaid program; and
5. For 2017, AHCCCS will reapply for the SB 1092 work requirement, monthly income and work requirement verification, monthly redetermination of eligibility, enrollee disenrollment, and a five-year limit on able-bodied adult's lifetime coverage; and
6. The 2017 AHCCCS waiver requests are unnecessary because Arizona receives a 100% federal pass through (FMAP) for American Indian and Alaska Native Medicaid AHCCCS coverage, and the AHCCCS waiver request will disproportionately adversely affect access to medical care for American Indian and Alaska Native "childless adults" due to the high unemployment rates in northern Arizona counties (2015 statistics showed average unemployment rates on Arizona Indian reservations of 24.4% compared with 5-7% statewide).

WIHCC | WINSLOW INDIAN HEALTH CARE CENTER


NOW THEREFORE BE IT RESOLVED:

1. WIHCC opposes AHCCCS's 2017 SB 1092 waiver requests and requests that CMS deny these requests as it did in 2016 because they will result in reduced access to medical care which does not support the objectives of the Medicaid program, and because they are not necessary with respect to American Indian and Alaskan Native individuals because AHCCCS receives a 100% FMAP for American Indian and Alaska Native AHCCCS participants; and
2. WIHCC encourages AHCCCS and CMS to consult with Indian tribes and tribal organizations concerning SB 1092 waiver requests submitted to CMS and to exempt American Indians and Alaska Native AHCCCS participants from the waiver requests for the reasons stated above.

CERTIFICATION

I hereby certify that the foregoing resolution of the WIHCC BOD was duly considered at a duly called meeting of the Board of Directors at the Winslow Indian Health Care Center where a quorum was present and the same was passed with a vote of 8 in favor, 0 opposed, and 0 abstained on this 3rd day of February, 2017.

WINSLOW INDIAN HEALTH CARE CENTER, INC.


Robert Salabye, President

Motioned by: Mary Ann Begay

Seconded by: Martin Bahe



THE
NAVAJO
NATION

TEESTO CHAPTER

P.O. BOX 7385 – Teesto CPI
Winslow, Arizona 86047

Phone: (928) 657-8042 – Fax: (928) 657-8046



"Saddle Butte Mountain"

RESOLUTION OF THE TEESTO CHAPTER

Fort Defiance Agency, The Navajo Nation

RESOLUTION No.: TEE-FEB-20-17

**A RESOLUTION OPPOSING ARIZONA HEALTH CARE COST CONTAINMENT
SYSTEM (AHCCCS) WAIVERS SUBMITTED TO THE CENTERS OF MEDICAID
AND MEDICARE SERVICES (CMS) PURSUANT TO SENATE BILL (SB) 1092 THAT
NEGATIVELY IMPACT ACCESS TO HEALTH CARE SERVICES FOR THE
AMERICAN INDIAN POPULATION IN ARIZONA.**

WHEREAS:

1. Teesto Chapter is a Certified Chapter of the Navajo Nation in accordance to Title 26, Section 103 and Section 102, and further recognized as a local government entity with the responsibility and authority to implement community projects that will benefit the Teesto community; and
2. The Teesto Chapter pursuant to Navajo Nation Code: Title 26, The Navajo Nation Local Governance Act, is a Local Governance Certified Chapter of the Navajo Nation through Resolution No.: TEE-JY-32-10 ; and
3. The Teesto Chapter as a duly Government Certified Chapter is empowered and authorized to oversee various community business and development within its Chapter boundaries; and
4. The Winslow Indian Health Care Center ("WIHCC") is a non-profit corporation chartered under Navajo nation law and sanctioned and authorized by the Navajo Nation Council as a "Tribal Organization" in Resolution CJY-33-10 to operate the federally funded health care programs, services, functions and activities in and near the eight Chapters of Leupp, Birdsprings, Teesto, White Cone, Dilkon, Tolani Lake, Jeddito and Indian Wells; and
5. The WIHCC has successfully provided health care programs, services, functions and activities for the people of the southwest region of the Navajo Nation since September 1, 2002; and
6. The WIHCC Board of Directors has previously reviewed Arizona SB 1092, and has reviewed AHCCCS's proposed 2017 waiver requests to allow AHCCCS to implement requirements for "able bodied adults" receiving Medicaid services and other waiver request; and
7. For 2016, CMS approved Arizona's request to impose copays for non-emergency use of the emergency room for "childless adults" with income 100-138% above the Federal Poverty Line (FPL), but rejected Arizona's other waiver requests made under SB 1092 – work requirements, additional verification requirements, and a lifetime time limit of coverage – on the grounds that those requests undermine access to care and do not support the objective of the Medicaid programs; and
8. For 2017, AHCCCS will reapply for the SN1092 work requirement, monthly income and work requirement verification, monthly redetermination of eligibility, enrollee disenrollment, and a five-year limit on able-bodied adult's lifetime coverage; and
9. The 2017 AHCCCS waiver requests are unnecessary because Arizona receives a 100% federal pass through (FMAP) for American Indian and Alaska Native Medicaid AHCCCS coverage, and the AHCCCS waiver request will disproportionately adversely affect access to meical care for American Indian and Alaska Native "childless adults" due to the high unemployment rates in northern Arizona counties (2015 statistics showed average unemployment rates on Arizona Indian reservations of 24.4% compared with 5-7% statewide).

*Elmer Clark, President - LeRoy Thomas, Vice President - Sophia Francis, Secretary/Treasurer - Morgan Yazzie,
Grazing Official- Lee Jack, Sr., Council Delegate(Teesto/Dilkon/Indian Wells/Greasewood/Whitecone)*



THE
NAVAJO
NATION

TEESTO CHAPTER

P.O. BOX 7385 – Teesto CPU

Winslow, Arizona 86047

Phone: (928) 657-8042 – Fax: (928) 657-8046



"Saddle Butte Mountain"

RESOLUTION No.: TEE-FEB-20-17

NOW THEREFORE BE IT RESOLVED:

1. The Teesto Chapter opposes AHCCCS's 2017 SB 1092 waiver requests and requests that CMS deny these requests as it did in 2016 because they will result in reduced access to medical care which does not support the objectives of the Medicaid program, and because they are not necessary with respect to American Indian and Alaskan Native individuals because AHCCCS receives a 100% FMAP for American Indian and Alaska Native AHCCCS participants; and
2. The Teesto encourages AHCCCS and CMS to consult with Indian tribes and tribal organizations concerning SB 1092 waiver requests submitted to CMS and to exempt American Indians and Alaska Native AHCCCS participants from the waiver requests for the reasons stated above.

CERTIFICATION

We, hereby certify that the foregoing resolution was considered in a duly called Chapter meeting at Teesto, Navajo County, Arizona, at which a quorum was present and the same was passed with a vote of 18 in favor; 0 opposed and 2 abstained on this 20th day of February 2017.

Motion: Terrance Yazzie

Second: Laura Williams

Elmer Clark, Chapter President



113 – Tribal Consultation Policy

Table of Contents

[Introduction](#)

[Background](#)

[Policy](#)

[Philosophy](#)

[Vision](#)

[Objectives](#)

[Principles](#)

[Consultation Process](#)

[Joint Tribal/State Workgroups](#)

[Limitations](#)

[Summary](#)

[Authority](#)

[Effective Date](#)

INTRODUCTION

The mission of the Arizona Health Care Cost Containment System (AHCCCS) is to provide comprehensive, quality care to those in need. AHCCCS and Indian Tribes in the State of Arizona (hereinafter referred to as “Indian Tribes”) share the common goal of decreasing health disparities and maximizing access to critical health services. In order to achieve this goal, it is essential that the AHCCCS Administration and Indian Tribes engage in open, continuous, and meaningful consultation on a government-to-government basis. True consultation consists of ongoing information exchange and mutual understanding which leads to informed decision-making.

BACKGROUND

A unique government-to-government relationship exists between Indian Tribes and Federal and State governments. Since the formation of the Union, The United States has recognized Tribal Governments as sovereign nations. Treaties and laws, together with court decisions, have defined a relationship between Indian Tribes and the Federal Government that is unlike that between the Federal Government and any other group of Americans. The Federal Government has enacted numerous regulations and policies that establish and define a trust relationship with Indian Tribes (see Authority). As a state agency responsible for administering a federal program, the AHCCCS Administration recognizes that these regulations and policies play a significant role in the AHCCCS Tribal Consultation Policy. As required by Executive Order 2006-14, which was signed by former Arizona Governor Janet Napolitano, AHCCCS shall implement the AHCCCS Tribal Consultation Policy to guide its work and interaction with federally recognized

tribes in Arizona. AHCCCS shall also designate staff to assume responsibility for the agency's implementation and serve as a point of contact for tribal issues. Furthermore, AHCCCS shall review the Tribal Consultation Policy each year and submit a report to the Governor and the Legislature to describe all action undertaken as a result of the implementation of these policies.

POLICY

The guiding principle of this Policy is to strengthen the special relationship between the Indian Tribes and Federal and State governments, and ensure that reasonable notice and opportunity for consultation with Indian Tribes are provided by the AHCCCS Administration prior to implementing policy changes that are likely to have a direct effect on Indian Tribes. Policy changes that are likely to have a direct effect on Indian Tribes refer to actions that have Tribal implications with direct effects on one or more Indian Tribes, on the relationship between the State of Arizona and Indian Tribes, or on the distribution of power and responsibilities between the State of Arizona and Indian Tribes. AHCCCS recognizes that federal and state laws and regulations will be implemented as they apply to Indian Tribes receiving payments for services provided under the AHCCCS program.

PHILOSOPHY

AHCCCS is the health care insurance provider for a considerable percentage of Arizona's American Indian population. The involvement of Indian Tribes in the development of AHCCCS policy allows for locally relevant and culturally appropriate approaches to important issues. Therefore, the AHCCCS Administration is committed to working with Indian Tribes to improve the quality, availability, and accessibility by eliminating barriers to care for American Indians in Arizona.

VISION

Implementation of the AHCCCS Tribal Consultation Policy requires a proactive bi-directional information sharing and advisory process that allows Indian Tribes to express policy positions and reactions to proposed policy changes. Consultation with Indian Tribes may be initiated by AHCCCS in the following scenarios, which differ with respect to the extent AHCCCS has control over shaping policy.

- AHCCCS proposes a policy or programmatic change where AHCCCS has control as to how the policy programmatic change is shaped and implemented.
- State or Federal law mandates a policy or programmatic change in which AHCCCS has limited or no control over shaping and implementing the policy or programmatic change.
- State or Federal law mandates a policy or programmatic change in which AHCCCS has more control over shaping and implementing the policy or programmatic change.

Although there may be scenarios in which AHCCCS has limited control over shaping and implementing a policy or programmatic change, AHCCCS will provide information to Indian

Tribes as to what changes may be expected prior to the enactment of laws by the state or federal government that are likely to have a direct effect on Indian Tribes. AHCCCS will make information submitted by Indian Tribes on the effect of proposed changes available on the AHCCCS website.

OBJECTIVES

In order to fully effectuate this Policy, the AHCCCS Administration will:

- Establish communication channels with the elected leader of each Indian Tribe and the appointed leadership for health services for each Indian Tribe. The AHCCCS Administration recognizes that a standing goal of working with Indian Tribes is to increase their knowledge and understanding of AHCCCS programs and policies, as well as increase AHCCCS Administration's understanding and appreciation for the unique health needs of American Indian people within the context of their cultures.
- Set timely consultation with Indian Tribes to discuss potential changes to policy that would have an impact on Indian Tribes.
- Allow for consultation with Indian Tribes in the development of new policy or a change in policy with substantial Tribal implications, including State Plan Amendments and Waiver proposals that will be submitted to the Centers for Medicare and Medicaid Services (CMS)
- Coordinate within the Agency to ensure consistent application of the Tribal Consultation Policy.
- Provide relevant background information on consultation topics given the scope of available AHCCCS administrative resources so that Indian Tribes may fully consider information when providing recommendations to AHCCCS. This information may include, but is not limited to, applicable statutes, regulations, policy, guidance, and agreements between AHCCCS and CMS.
- Seek formal written recommendations from Indian Tribes which include pertinent impacts of proposed changes.
- Provide opportunity on an ongoing basis for Indian Tribes to request tribal consultation on a specific topic or issue affecting one or more Indian Tribe(s).

PRINCIPLES

Trust among the AHCCCS Administration and Indian Tribes is an indispensable element in establishing a good consultative relationship. To establish and maintain trust, consultation must occur on an ongoing basis. The AHCCCS Administration, guided by the Tribal Relations Liaison, shall use the process as described in this policy under "Consultation Process" to determine the nature and extent of consultation that should occur to ensure that the intent of the Policy is satisfied.

Consultation occurs whenever the AHCCCS Director and the Tribal Official(s) and/or their designees, engage in oral or written communication to discuss an issue. Consultation with a single Indian Tribe will not substitute for consultation with other Tribes on issues that may affect more than one Tribe.

AHCCCS staff persons who have a role in the development or implementation of policy substantially affecting Indian Tribes shall understand the government-to-government relationship between the federal and state governments and Indian Tribes, the uniqueness of Indian Tribes, the purpose of the AHCCCS Tribal Consultation, its expectations, applicability, and its anticipated outcomes.

CONSULTATION PROCESS

AHCCCS engages in consultation with Indian Tribes through a variety of methods and a variety of levels about policy issues that have a direct effect on Indian Tribes. Scenarios in which AHCCCS shall engage in the consultation process with Indian Tribes include, but are not limited to the following:

- Proposed amendments to the AHCCCS Tribal Consultation Policy
- Proposed or existing tribal/state/federal intergovernmental or contractual language revisions
- Proposed resource distribution methodologies that may affect payments made to Indian Tribes or Indian Health Service, Tribal programs operated under P.L. 93-638, and urban Indian health programs
- Proposed fee-for-service provider rate changes
- Proposed State Plan amendments, waiver renewals, and demonstration projects
- Proposed changes or limitation of eligibility or benefits
- Proposed gaming or other monetary distributions by tribal governments to eligible community members that may affect eligibility for AHCCCS programs

Direct Consultation by the AHCCCS Administration (See Attachment 1 - Flow Chart)

1. New or Revised policy
 - A. When it appears that a new or revised AHCCCS policy may be needed, the AHCCCS Administration shall consider whether it is a policy change that is likely to have a direct effect on Indian Tribes, as well as Indian Health Services, Tribal Health Organizations, Urban Indian Health Organizations, or other tribal entities.
 - B. If a policy is identified that is likely to have a direct effect on Indian Tribes, Indian Health Services, Tribal Health Organizations, Urban Indian Health Organizations, and other tribal entities, the AHCCCS Administration shall make every effort to provide, no less than 45 days prior to implementation, written notice to Indian Tribes soliciting feedback and recommendations regarding the issue, with a courtesy copy of the written notice being provided to Indian health Services, Tribal Health Organizations, Urban Indian Health Organizations, and other tribal entities. Such solicitations shall be directed to the Tribal Official, and/or their designee, explaining the background, describing the proposed action, inviting Indian Tribes to a formal consultation meeting, and requesting a response within a given timeframe.
 - C. If a Tribal Official and/or their designee, requests additional information or provides feedback regarding an issue, the AHCCCS Administration shall

communicate verbally or through written correspondence, with the official and/or their designee, to provide a timely and substantive response.

- D. Face-to-face, telephonic or web-based consultation sessions may be scheduled. Such sessions may be scheduled as a single statewide meeting, or in conjunction with other statewide meetings. Notice of such sessions, especially statewide meetings, will be disseminated to the Indian Tribes, Indian Health Services, Tribal Health Organizations, Urban Indian Health Organizations, and other tribal entities.
- E. The AHCCCS Administration will provide an opportunity for submission of written comments during any period of ongoing consultation. Written comments may be submitted electronically or by mail in a format most conducive for the Tribe, Indian Health Service (IHS), Indian Tribe, Tribal Organization, Urban Indian Organization, or other entity. In lieu of formal correspondence, Attachment 2 – Formal Recommendations may be submitted to AHCCCS.
- F. The AHCCCS Administration will also provide written notice and a solicitation for feedback to organizations such as the Advisory Council on Indian Health Care, Inter Tribal Council of Arizona, the Indian Health Service Area Offices in Arizona, Urban Indian Health Organizations and P.L. 93-638 Tribal organizations in Arizona. Such communications do not substitute for direct communications with the individual Indian Tribes.
- G. AHCCCS will provide a written response to Indian Tribes, and will send courtesy copies to Indian Health Services, Tribal Health Organizations, Urban Indian Health Organizations, and other tribal entities, regarding comments received and the outcome of the consultation process. AHCCCS may post relevant information on the AHCCCS website.

2. Ongoing Consultation

- A. At least annually, AHCCCS will meet with Indian Tribes to review existing AHCCCS policies, regulations, anticipated budget changes, and their impact on Indian Tribes as well as provide opportunities for Indian Tribes to establish priorities for the year. Courtesy notice of any meetings with Indian Tribes will be provided to Indian Health Services, Tribal Health Organizations, Urban Indian Health Organizations, and other tribal entities.
- B. A Tribal Official and/or their designee may formally request tribal consultation on a topic. In lieu of formal correspondence, Attachment 3 – Formal Request for Tribal Consultation may be submitted to AHCCCS.
- C. The AHCCCS Administration will continue to meet regularly with Indian Tribes. Such meetings may occur in person, telephonically or using web-based technology. To the extent issues of general application are discussed in such meetings, the Tribal Relations Liaison or other designated AHCCCS staff will provide follow-up, as appropriate.
- D. The AHCCCS Administration may request participation by other state agencies and/or the Centers for Medicare and Medicaid Services in the consultation process as appropriate.

- E. The AHCCCS Administration will participate in HHS regional consultations, and, as requested, in consultation meetings sponsored by HHS agencies, including the Centers for Medicare and Medicaid Services and the IHS, or Indian Tribes

JOINT TRIBAL/STATE WORKGROUPS

Joint Tribal/Federal Workgroups and Task Forces: The AHCCCS Administration may establish or participate in workgroups, task forces, or other groups or committees with Indian Tribes and others, including Indian Health Services, Tribal Health Organizations, Urban Indian Health Organizations, and other tribal entities, to address issues affecting Indian Tribes.

SOLICITATION OF ADVICE FROM INDIAN HEALTH PROGRAMS AND URBAN INDIAN ORGANIZATIONS

AHCCCS shall seek advice from designees of the IHS, Indian Tribes, Tribal Organizations, and Urban Indian Organizations on a regular, ongoing basis on the matters that are likely to have a direct effect on such entities. Scenarios that shall require solicitation of advice prior to submission include state plan amendments, waiver requests, and proposals for demonstration projects that are likely to have a direct effect on the aforementioned entities.

LIMITATIONS

Interactions with the Advisory Council on Indian Health Care, other workgroups, task forces or committees will not take the place of Tribal consultation. This interaction is intended to enhance the consultation process by gathering individuals with extensive knowledge of particular policy, practice, issues, or concerns to work collaboratively and offer recommendations for consideration by the AHCCCS Administration.

An official resolution and/or action approved by a quorum of the member tribes of the Inter Tribal Council of Arizona shall constitute a joint position presented by the Inter Tribal Council of Arizona. If a member of the Inter Tribal Council of Arizona indicates in writing that the joint position of the Inter Tribal Council of Arizona is supported by such tribe, the documented support will be recognized as the position of the tribe.

SUMMARY

The AHCCCS Administration views Tribal consultation as a dynamic process. Joint effort between the Indian Tribes, the AHCCCS Director, the Tribal Relations Liaison, and the AHCCCS divisions will promote the objectives of the Tribal Consultation Policy. Together, they will further consistent implementation of the Policy and work to ensure that the Policy plays a meaningful role in addressing issues affecting Indian Tribes.

AUTHORITY

The special relationship between the Federal Government and Indian Tribes is affirmed in statutes and various Presidential Executive Orders including, but not limited to:

- The Snyder Act, P.L. 67-85
- Older Americans Act of 1995, P.L. 89-73 as amended
- Indian Self-Determination and Education Assistance Act , P.L. 93-638, as amended
- Native America Programs Act of 1974, P.L. 93-638, as amended
- Indian Health Care Improvement Act, P.L. 93-644, as amended
- Social Security Act, Titles XIX, XX, and XXI
- Unfunded Mandates Reform Act of 1995, P.L. 104-4
- Personal Responsibility and Work Opportunity Reconciliation Act of 1996, P.L. 104-193
- Presidential Executive Memorandum to the Heads of Executive Departments dated April 29, 1994
- Presidential Executive Order 13084, Consultation and Coordination with Indian Tribal Governments, May 14, 1998
- Presidential Executive Order 13175, Consultation and Coordination with Indian Tribal Governments, November 6, 2000
- Presidential Memorandum, Government-to-Government Relationship with Tribal Governments, September 23, 2004
- Executive Order 2006-14, Consultation and Cooperation with Arizona Tribes
- Children's Health Insurance Program Reauthorization Act of 2009, P.L. 111-3
- American Recovery and Reinvestment Act of 2009, P.L. 111-5

The Office of Intergovernmental Relations is responsible for this policy.

EFFECTIVE DATES

Effective Date: 08/12/2008

1. Revisions
 - A. Revised Date: 06/08/2010
 - B. Revised Date: 10/21/2014

Flow Chart – Direct Consultation by the AHCCCS Administration

