Tribal Consultation on Centennial Care 2.0

NM HSD 1115 Waiver Renewal Tribal Consultation Meeting - Pre-Application Concept Paper

Date: June 23, 2017, 9:00 am

Location: Albuquerque, NM, Indian Pueblo Cultural Center, 2401 12th St. NW, ABQ

Attendance: 12 Tribal Officials/Representatives, approximately 85 public attendees, 8 from HSD

Public Meeting Notes

The meeting started at 9:09 am. A powerpoint slideshow presentation was projected to support the discussions.

Theresa Belanger, Medical Assistance Division (MAD) Tribal Liaison, welcomed the group.

Second Lt. Governor Marvin Trujillo Jr., Laguna Pueblo, provided an Invocation.

Ms. Belanger (MAD) reviewed the NM State Tribal Consultation Act and its goals, as a purpose for this official tribal consultation meeting.

Milton Bluehouse was introduced as the moderator/facilitator for the meeting. He welcomed the group and introduced Cabinet Secretary of NM Indian Affairs Department (IAD) Kelly Zunie and Cabinet Secretary of NM Human Services Department (HSD) Brent Earnest. Secretary Zunie and Secretary Earnest both welcomed and thanked the tribal officials and public attendees present.

Mr. Bluehouse asked the tribal officials/representatives to introduce themselves. The 12 official tribal representatives attending: Lt. Governor Birdena Sanchez, Zuni Pueblo; Patty Jojola, Isleta Pueblo; Governor Eugene Herrera, Cochiti Pueblo; Second Lt. Governor Marvin Trujillo Jr., Pueblo of Laguna; Maxine Nakai, Santa Ana Pueblo; Rufus Greene Jr., Pueblo of San Felipe; Emily Haozous, Fort Sill Apache; Rick Vigil, Tesuque Pueblo; Governor Carl Schildt, Zia Pueblo; Vice President Edward Velarde, Jicarilla Apache Nation; Lt. Governor James Naranjo, Santa Clara Pueblo; and Mark Freeland, Navajo Nation.

Mr. Bluehouse reviewed the meeting protocols and agenda, then introduced Secretary Earnest (HSD).

Secretary Earnest (HSD) provided a general overview of the meeting and background on Centennial Care (9:26 am):

- The presentation will be structured in six segments, each a topic that presents opportunities to improve Centennial Care in the new iteration, “Centennial Care 2.0” (CC2.0) under a renewed waiver with CMS. Ideas will be presented in each segment, followed by a comment and question-and-answer period for each.
- Other topics can be discussed at the end of the meeting.

- The (pre-application) Concept Paper articulates the ideas that have been generated with stakeholder feedback during the past eight months, specifically from meetings of the Subcommittee of the Medicaid Advisory Committee (MAC) and the Native American Technical Advisory Committee (NATAC) from October 2016 through February 2017.
- The overarching idea is to improve Centennial Care. We are requesting feedback about how it works today and how we might make it better and sustainable.
- The process agenda, goals and timeline were reviewed.
- Medicaid in NM prior to Centennial Care was fragmented. The Centennial Care model, which started in January 2014, consolidated programs and services, became more comprehensive, streamlined, and member-centric, and focused on improving health outcomes and keeping costs down.
- Acknowledged uncertainty at the federal level with regards to changes in Medicaid financing and other healthcare policies and programs. We are moving forward with this waiver renewal process based on current laws and rules.
- Accomplishments of Centennial Care to date were reviewed, which includes enrollment growth (currently covering approximately 700,000 members/beneficiaries) and managing costs with a modest growth in per capita costs (1%, which is less than national averages).

Nancy Smith-Leslie, Director, Medical Assistance Division (MAD) presented on the topic of **Care Coordination** (9:42 am):

- Reviewed care coordination goals and accomplishments.
- Discussed three major areas as opportunities for improvement:
    - Increasing care coordination at the provider level;
    - Improving transitions of care; and
    - Expanding programs working with high needs populations.

Comments from the Tribal Representatives on Care Coordination (9:51 am):

- Second Lt. Governor Marvin Trujillo Jr., Pueblo of Laguna: Stated that Laguna Pueblo was thankful for the opportunity to provide feedback. The Pueblo of Laguna attests to the benefits of Medicaid Expansion and the Centennial Care program, and they support the ideas submitted to HSD by the Native American Technical Advisory Committee (NATAC). He noted that care coordination is vital, and it is critical to include PHNs, CHRs, caregivers, veterans, Patient Benefit Coordinators (PBCs), and others in the pueblo community in this system. The Pueblo of Laguna has three specific recommendations on this topic:
    - Develop a work group to strategize on the care coordination rate structure in tribal communities.
    - Provide better structure for the 950 care coordinators hired by the MCOs to increase effectiveness.
    - MCOs provide a number of care coordinators in Indian communities.

    - Develop a task force to set up a uniform template and rate structure for engaging CHRs in care coordination
    - Consider offering an RFP to contract with an organization to better manage care coordinators.
- Mark Freeland, Navajo Nation: Stated that the Navajo Nation supports Centennial Care 2.0 and the NM Medicaid managed care program. He noted that approximately 135,000 Native Americans were enrolled in NM Medicaid, with 44% of those in MCOs (Centennial Care), and 60% of those are Navajos. He stated that the Navajo Nation appreciates HSD's efforts to negotiate with the MCOs to improve Centennial Care.
- Maxine Nakai, Santa Ana Pueblo: Asked if there is a requirement (for MCOs) to recruit tribal members who speak local languages to serve as care coordinators? She suggested that the MCOs have not made an effort to hire Native American speakers and care coordinators. She noted that tribal members may have mistrust for non-tribal care coordinators. Ms. Nakai stated that in 2013 "we begged the state to include CHRs and were ignored, the CHRs were left out". She is glad to see CHRs included in the CC2.0 proposal, as CHRs have been used in Indian Country for a long time. She noted that she is happy to see this happen, and that tribes can help recruit CHRs who know the language and the population, that this makes a difference. She stated that she is interested in being on the planning committee for template and rate structure for CHRs.
- Rick Vigil, Tesuque Pueblo: Stated that it was a great opportunity to have this conversation. He noted:
    - There is a great need to understand the (Medicaid) system in tribal communities. Tribal communities use CHRs.
    - Suggested that we make this a to-do item on NATAC to develop the template and rate structure for CHRs.
    - Suggested that a work group be developed to implement better collaboration with the tribes. These are small communities but the system is complex. Centennial Care services can be improved with collaboration. We can find the best delivery system.
    - In our community we don't send elders to (nursing) homes, we keep them at home in the community, so those programs are important to us.
    - Behavioral health is a critical component, and we need to take a hard look at this area. We need to look at the BH issues head-on and work together.
- Vice President Edward Velarde, Jicarilla Apache Nation: Noted that "two of our tribal members were recently being interviewed by HSD for benefits, and they were offended by the interaction". Suggested that we educate our communities on Medicaid.
- Lt. Governor Birdena Sanchez, Zuni Pueblo: Noted that there was a tribal consultation like this two or three years ago. Asked if there were specific plans for working with the tribes on transitioning incarcerated Native Americans back to the reservation? Also asked how tribal youth would become peer-specialists, how would HSD/MCOs recruit them?
    - Secretary Earnest responded: Thanks for the comments. NATAC is a good vehicle to talk about and deal with these issues. Centennial Care needs to have a broad view across

the state with the extended provider community. We (HSD) will look into the incarceration-transition issue.

Secretary Earnest (HSD) presented on the topic of **Behavioral Health (BH) Integration** (10:16 am):

- Reviewed BH integration goals and accomplishments.
- Discussed two major areas as opportunities for changes:
    - Expanding Health Homes; and
    - Supporting workforce development in the BH field.

Comments from the Tribal Representatives on Behavioral Health Integration (10:23 am):

- Second Lt. Governor Marvin Trujillo Jr., Pueblo of Laguna: Stated that "we are in agreement with proposed behavioral health integration though CHRs, PHNs, and mental health staff, to provide technical assistance to tribes integrating behavioral health, and to expand the Health Home model to more communities."
- Rufus Greene Jr., Pueblo of San Felipe: Regarding the overall Centennial Care 2.0 initiative:
    - How will this plan affect premiums, retroactive eligibility, and expansion?
    - Regarding sustainability issues for tribes, will the plan maintain OMB rates and coverage for tribal community members? It looks like benefits will be reduced.
    - Secretary Earnest (HSD) responded: These issues are presented later in the presentation in more detail and we can discuss when we cover those topics..
- Emily Haozous, Fort Sill Apache: Stated that they appreciate these (CC2.0 concept paper) ideas. She also noted that training of the healthcare workforce is critical, and nurse practitioners and others should be included to help fill the gaps.
- Lt. Governor Birdena Sanchez, Zuni Pueblo: Noted that IHS has a problem recruiting psychiatrists and psychologists for our facilities. She stated that behavioral health care is really needed in our community, and she recommended that HSD work with IHS to identify needs in the BH area.
- Mark Freeland, Navajo Nation: Introduced "Team Navajo" members of the Navajo Health Department. He stressed the importance of Centennial Care and how vital it is for so many people. He requested cultural sensitivity training for primary care and behavioral health providers in tribal communities and border towns.
- Rick Vigil, Tesuque Pueblo: Stated that there are health disparities in his community, that tribal communities need to become more pro-active in behavioral health, building ties with IHS providers, and building relationships and bringing awareness into the communities. He noted the Nambe Pueblo behavioral health program, and he complimented the Tesuque Pueblo youth program. Mr. Vigil noted that behavioral health issues are a conversation "for all of us," and he recognized the work of the Behavioral Health Collaborative. He stated that it is important to recognize traditional values, and he recommended creating a forum to discuss behavioral health issues.

Ms. Smith-Leslie (MAD) presented on the topic of **Long Term Services and Supports** (LTSS) (10:39 am):

- Reviewed LTSS goals and accomplishments.
- Discussed six areas as opportunities for changes:
    - Allow for one-time start-up goods for transitions from agency-based to self-directed;
    - Provide additional caretaker respite hours;
    - Establish costs limits on certain community benefit services for self-directed members;
    - Implement automatic NFLOC approval for certain members;
    - Partner with nursing facilities and Project Echo for consultation services; and
    - Work with tribal providers to develop their capacity to enroll as LTSS providers.

Comments from the Tribal Representatives on LTSS (10:45 am):

- Second Lt. Governor Marvin Trujillo Jr., Pueblo of Laguna: Stated that they support these initiatives. Suggested that the definition of ”caregiver” be expanded. Recommended that HSD increase respite services in rural areas and asked how the number of (respite) hours was arrived at? He offered support for the tele-health model.
    - Ms. Smith-Leslie (MAD) responded: The HSD proposal increases respite hours from 100 to 300 hours annually. We looked at the number of respite hours that are covered in other states and 300 hours was the highest found. In determining that number, we also considered current utilization and sustainability of the home and community benefit package.
- Maxine Nakai, Santa Ana Pueblo: Regarding the electronic visit verification (EVV) system, she stated that connectivity is a problem and it often doesn’t work in rural tribal areas due to poor internet access. She noted that “caregivers are leaving due to this problem.” She requested that HSD look at the connectivity issue, which is a hardship for providers, and to “keep that in mind when you are negotiating the next contract.”
- Mark Freeland, Navajo Nation: Noted that the Navajo Nation has an agreement with the State of Arizona for providing case management for long term care services, and asked if this can be discussed with the State of New Mexico? He also requested that HSD release a draft of the waiver application to tribes for review.
    - Secretary Earnest (HSD) responded: We will look at the Arizona agreement. He also noted that the next tribal consultation will be on the waiver application draft prior to submission.

Secretary Earnest (HSD) presented on the topic of **Payment Reform** (10:51 am):

- Reviewed payment reform goals and accomplishments.
- Discussed two areas as opportunities for changes:

- Increase the percentage of risk-based payments, shift to paying for quality and improved outcomes; and
- Increase value-based purchasing (VBP) arrangements to drive program goals.

Comments from the Tribal Representatives on payment reform (10:59 am):

- Second Lt. Governor Marvin Trujillo Jr., Pueblo of Laguna: Stated they support the proposed payment reform opportunities, including increasing risk-based arrangement. Recommendations:
    - Convene a work group of MCOs, NATAC, APCG and tribal organizations to model some metrics for payment reform.
    - Develop the CareLink (Health Homes) in Indian Country, including Tribal 638s like Alamo, Tohajiilee, and Ramah.

  He also asked if any tribal organizations had applied for the Health Homes program, and what outreach efforts were being made to tribal organizations to provide behavioral health programs?
    - Secretary Earnest responded: HSD heard last year the request by some tribes to become Medicaid providers (Acoma and Santa Clara), and our outreach efforts continue. Also, it is our understanding that one tribal organization is planning to apply for the Health Home program.
- Mark Freeland, Navajo Nation: Noted that the Navajo Nation currently works with the 638 units, service units, and the five major hospitals that serve the Navajo Nation. He requested that HSD consult directly with the Navajo Nation on payment reform arrangements and issues with providers that serve the Navajo. Mr. Freeland also suggested they (Navajo Nation) have their own tribal consultation.

Ms. Smith-Leslie (MAD) presented on the topics of **Member Engagement and Personal Responsibility** (11:04 am):

- Reviewed member engagement and personal responsibility goals and accomplishments.
- Showed two tables indicating positive outcomes of the rewards program.
- Discussed three areas as opportunities for changes:
    - Advance the Centennial Rewards program;
    - Allow providers to charge small fees for three or more missed appointments; and
    - Assess premiums for certain populations with income above 100% of the Federal Poverty Level (FPL). Native American population would be exempt from all cost sharing.

Comments from the Tribal Representatives on member engagement and personal responsibility (11:10 am):

- Second Lt. Governor Marvin Trujillo Jr., Pueblo of Laguna: Stated that Medicaid members need to be more engaged and become health literate. He offered specific recommendations:

    - HSD and the state need to uphold all Native American healthcare protections.
    - Provide more interpreting services and use local resources to ensure quality care.
    - Give Native Americans the option to choose I/T/Us for healthcare services.
    - Ensure that there are FQHCs for Native Americans in urban areas.
    - Ensure that the MCOs can track data from I/T/Us.
    - Reimburse I/T/Us at 100% of the IHS rate.
    - MCOs should not use the preferred drug list.
    - Do not impose prior authorization requirements for Native Americans.
- Mark Freeland, Navajo Nation: Noted that enrollment in Medicaid is very important, as is promoting healthy lifestyles. Stated that it is important to offer traditional therapies that have been vital to behavioral health, as this helps tribal members in many ways. Stated that the Navajo Nation supports NATAC – HSD consultations on Medicaid matters so continue NATAC and provide the opportunity to talk there about payment reforms. He stated that they support an urban FQHC in Bernalillo County, which could enter into a demonstration project to test alternative healthcare. He noted that the FQHC serving Native Americans should receive 100% FMAP for their services.

Secretary Earnest (HSD) presented on the topic of **Administrative Simplification** (11:17 am):

- Reviewed administrative simplification goals and accomplishments.
- Discussed four areas as opportunities for changes:
    - Cover most adults under one comprehensive benefit plan (consolidate benefit packages);
    - Develop buy-in premiums for dental and vision services, if needed;
    - Eliminate three-month retroactive eligibility period; and
    - Eliminate transitional Medicaid coverage.

  (He noted a fifth opportunity idea – more frequent checks of income for eligibility determinations -- that had been discussed at previous meetings and is no longer being proposed by HSD.)

Comments from the Tribal Representatives on administrative simplification (11:26 am):

- Second Lt. Governor Marvin Trujillo Jr., Pueblo of Laguna: Stated that Dental, Vision and Family Planning services should continue to be covered. He recommended:
    - No changes to Medicaid coverage.
    - No additional charges should be added for members or providers.
    - Keep the retroactive eligibility provision.
    - Do not implement more frequent income checks for eligibility.
    - No charges of any premiums.

  He encouraged HSD to continue these discussions with the tribes.

- Anthony Yepa, Cochiti Pueblo Health Department Advisor, on behalf of the Cochiti Pueblo Governor: Stated that he has been involved since the beginning of Centennial Care, and:
    - Federal laws provide for healthcare and special protections for Native Americans.
    - HSD should make sure that Federal laws are covered under tribal notifications.
    - Noted that the State Legislature recently passed 135 tax exceptions with no yearly analysis on the tax breaks, not figuring out the return on investment or outcomes. He urged HSD to look at the outcomes of Centennial Care, as "we need to know where we're going". The Pueblo of Cochiti recommends a study of Centennial Care outcomes.
    - Noted that in the MCO contracts include damages/penalties for failure to provide care plans, and asked if that was only for Level 1 plans, or also for Levels 2 and 3? MCOs are primarily enrolling Level 1s. How many 2s and 3s are being given?
    - He noted that the "devil is in the details", as they say, and he has 31 questions on the concept paper, which he will bring to the next NATAC meeting. He encouraged all tribes to be there.
- Mark Freeland, Navajo Nation: Urged HSD and the MCOs to maintain the special protections and exemptions for Native Americans related to cost sharing and premiums.

The public comment period began, allowing questions and comments from attendees in the audience (11:36 am). Prior to taking comments from the audience, several Tribal Representatives offered comments:

- Maxine Nakai, Santa Ana Pueblo: Stated that she feels rushed, that this is very important and she thought we'd have the whole day for this process.
- Lt. Governor James Naranjo, Santa Clara Pueblo: Stated that it is disrespectful to limit tribal leaders during the comment period, that limiting the time to comment to three hours is uncalled for. He also noted:
    - How does it work that the state is leveraging federal and state funds (in Medicaid) while cutting other state programs?
    - The Governor (Martinez) hasn't visited Santa Clara despite being invited.
    - There are opiate problems; how do we help the state with this?
    - Santa Clara is funding solutions to problems, but the Governor (Martinez) is "never here to support us."
    - Santa Clara has provided many comments, and they are always "considered" but never implemented.
- Second Lt. Governor Marvin Trujillo Jr., Pueblo of Laguna: Noted that he left out a comment earlier related to LTSS, which is that additional funding is needed for Long Term Services, and the current waiting list is too long.
- Mark Freeland, Navajo Nation: Stated that the Navajo Nation does endorse the 1115 waiver renewal and requests support for IHS, tribal programs, and 638s.

- Secretary Zunie: Noted that the Legislature sets the budget for all state agencies. The FY18 budget is $31 million short for HSD, and she encourages everyone to talk to their state legislators and "get your native voices heard." Also, she noted that while the Governor makes sure that all Cabinet Secretaries work with the tribes, there is always room for improvement.
- Rufus Greene, Pueblo of San Felipe: Recommended no charges for Dental and Vision services.
- Mark Freeland, Navajo Nation: Stated that he supports what Secretary Zunie said, that he has watched the legislative process personally during the past two years. He stated that although the Legislature passes a budget, the Governor may veto it. He also noted:
    - TIF (State Tribal Infrastructure Fund) is vital to tribal communities, basic infrastructure is very important and makes a big difference to a lot of people.
    - Tribes should be more aware of legislative bills processes and read the bills.
- Lt. Governor Birdena Sanchez, Pueblo of Zuni: Stated that for too long the tribes have been under IHS -- and with no disrespect – and then the tribes took on healthcare, and then Centennial Care came along. She requests that the State really consider what they (the tribes) are "proposing so the Native American community members are not detrimented with chronic diseases."

Comments from the audience (11:52 am):

- Maria Clark, CEO Canoncito Band of Navajo Health Center:
    - Keep the three-month retro-eligiblity period.
    - Expedite prior authorization for diagnostics; she noted that it takes too long or is not approved at all.
    - Noted a lack of MRIs, LT Scanners, etc. in many facilities.
    - Asked if the MCOs were documenting 100% FMAP services (to Native Americans), and wondered why there would be cuts in services since the 100% FMAP would bring in revenues.
    - Noted that the tribes are bringing revenues to the state through gaming, and why would services be cut?
    - Care coordination is still a problem in Indian country.
    - Keep Transitional Medicaid.
    - Stated that there should be no cost-sharing for Native American Medicaid members.
    - Suggested that United should be contracted with UNMH.
    - Asked how much of the state Medicaid budget was at 100% FMAP.
    - Noted that Medicaid Expansion in NM is "a wonderful thing", and that Trumpcare wants to eliminate Medicaid Expansion.
    - Stated that I/T/Us are an important resource for providing services to Native Americans, and asked that the state use them and compensate them for preventative services.
- Terrelene Massey, Navajo Nation Division of Social Services: Noted that she oversees social services for the Navajo Nation and offered the following:
    - The Navajo Nation supports the concept paper idea of supporting Medicaid for former foster children up to age 26 across the states.

    - Recommends allowing tribal foster care adults to be eligible for Medicaid up to age 26.
- Joe Bird, Santo Domingo:
    - Stated that "we need to be united and push these things because the state and the feds don't have ears." He said "we're going to fight this together".
    - Suggested that there shouldn't be time limits on anybody speaking at this meeting, out of respect.
    - Said he wants to learn (about NM Medicaid) and "take this back to the community".
- Michael Pridham, NM Chiropractic Association: Spoke representing the NM Chiropractic Association, which has contracts with First Nations and the Veterans Association. Also:
    - Asks for support to include chiropractic services with IHS, I/T/Us and Tribal 638s, and to include alternative therapies, including traditional practices as well as chiropractic services, as they reduce pharmacy costs and improve health.
    - He also asked that MCO panels be opened to new providers.
- Dave Panana, Acting CEO/Director, Kewa Pueblo Health Center (Santo Domingo): Noted that he was a representative on the CMS Native American Tribal Technical group, and offered the following:
    - Requested that all protections for Native Americans remain in place.
    - Noted that 638 facilities can do care coordination under the PCMH model.
    - Urged the state to reach out to tribes, that tribes have been working on this (care coordination) for quite a while, and "who better to serve our people?"
    - Applauds the state's efforts in developing Health Homes, CareLink.
    - Noted that 67% of Native Americans in NM are in FFS with no provider network issues.
    - Regarding a tribal facility doing Health Homes (HH), Santo Domingo will submit a HH proposal "today or in the next week".
    - Noted a recent House Bill to allow Nurse Practitioners to write prescriptions was vetoed by the Governor, and he wondered why that was vetoed.
- Penny Emerson, CEO Quality Home Care (Native Resource Development Company, Inc.):
    - Noted that the EVV tablets are problematic for homecare providers.
    - Recommended that the state closely monitor/evaluate MCO subcontractors on the new MCO contracts.
    - Noted that many subcontractors can't use the required technology (EVV), and clients are not being served. Often the attendant is a family member.
    - Stated that the quality of technical assistance (for EVV) provided by the MCOs is frustrating. Questions can't be answered, orders (for tablets) disappear and they can't be re-ordered, etc.
    - Stated that the EVV system is very difficult, especially on the Navajo reservation.
- Rosalyn Begay, Navajo Nation Department of Health:
    - Stated that she appreciates this dialogue.
    - Requested that HSD distribute the draft waiver application widely to the tribes and throughout state with adequate time to review and vet; that would be a meaningful consultation.

- Leonard Thomas, IHS Albuquerque Area Director:
    - Noted that a lot of the Native American protections are due to the input of tribal leaders for many years.
    - Noted that the three-month retroactive eligibility period is needed for Native Americans. We are not part of the ACA requirements.
    - Stated that the opioid epidemic is a national issue, and that alternative treatments for Native Americans should be allowed in FFS.
    - Stated that Native Americans should be exempted from Dental and Vision buy-ins because they are covered at no cost to the state.
    - Noted that IHS encourages HSD tribal consultations, and it's "nice to see the state make this effort".
    - Recommended more care coordination by tribal providers, which reduces obstacles for tribal members.
    - Recommended paying tribes for assisting the MCOs in doing assessments.
    - Suggested that tribal healthcare systems be aligned with the state for better patient outcomes.
    - Noted that diabetes programs are working in Native American populations.
- Rebecca Riley, Program Director, NAPPR, coordinator of home visiting program:
    - Stated concerns about the proposed premiums and fees as being a hardship for low income families.
    - The potential of duplication of services, especially for home visiting.
    - Also concerned about the duplication of services by providers, and that HSD needs to "be realistic about what families are facing today".
- Larry Curley, Rehoboth McKinley Christian Health Care Services (RMCHCS), Gallup:
    - Suggested that traditional healing be recognized as a treatment modality.
    - Noted that 65-70% of the RMCHCS patient population are Navajos.
    - Noted the CMS payment of 100% FMAP for Native American care coordination services, which saves money for the state, and suggested that the portion of the revenue the state is saving should go back to hospitals that serve the Indian population.
    - Noted that the care coordination agreements have not been finalized, and he's looking for this to be done soon.
    - Stated that for behavioral health services, the state should look at traditional healing practices for reimbursement, and he noted that SAMSHA's list of approved "evidence-based practices" does not include traditional Native practices.
    - Stated that the state needs to support programs that increase the numbers of providers.
    - Stated that he liked the idea of a Native American MCO, and that the state "should seriously explore that".
    - Noted concern about the retro-eligibility change and said the state should keep that.
- Jean Pino, Pueblo of Zia, New Mexico/Southern Colorado CHR Association:
    - Stated that she was glad to hear that "CHRs have been brought to the table," and noted that she has been trying to get the state to utilize and reimburse CHRs since 2011.

    - Noted that CHRs have been in communities for 50 years, and are "here for the long haul".
    - Thanked tribal leaders "for bringing us (CHRs) to NATAC."
    - Stated that they brought the idea of reimbursement rates for CHRs for care coordination and translating services to the MCOs, and "they dropped it like a hot potato". She noted that "navigators" came in to do the work, but CHRs were already doing that work.
    - Thanked the state for "bringing us to the table" and getting the MCOs "to look at us, as we've been there doing the work". Noted that "we have been waiting to be here and negotiate the rates," and HSD has brought us here and we hopefully will have a voice".
    - Asked that CHRs get assigned a User Code to start billing and bring in revenue.
- Iris Reano, Santo Domingo, New Mexico/Southern Colorado CHR Association:
    - Noted that she has been part of the work group since 2011, working for community members (CHRs).
    - Wants to make sure that "HRAs are done in our communities", and noted that translation plays a big roll, that community members don't understand medical terminology.
    - Stated that CHRs should play a role on Centennial Care 2.0.
- Yvonne Kee Billison, Navajo Nation Office of Youth Programs:
    - Thanked the state "for allowing us to speak".
    - Noted a new study (by Mathematica) on Trauma Informed Care where the best services are not fragmented and are brought to members, which impacts holistically.
- Commander Avilino Calabaza, Santo Domingo Veteran's Program:
    - Stated that "the Republicans in Washington DC are doing a bad thing for us" and asked "how can the state help us fight for healthcare"? He noted that "we need to fight for it". He said the Republicans healthcare proposal would cut Medicaid and 23 million people would lose their healthcare.
- Mark Freeland, Navajo Nation: The Navajo Nation does endorse the 1115 waiver renewal concept paper proposals.
- Secretary Kelly Zunie, IAD: Work with your legislature on these issues, as the legislators set our budget.
- Dr. Rufus Greene, San Felipe: Don't make changes to dental and vision.
- Secretary Kelly Zunie, IAD: We have been under IHS for our health care needs for many years. A lot of the programs are looking at the prevention level. The state needs to look at the proposed cuts so Native Americans don't continue to have health discrepancies.

Mr. Bluehouse thanked the attendees and noted that he meant no disrespect in limiting the comment period in order to stay within the three-hour meeting agenda provided by HSD (12:48 pm).

Secretary Earnest thanked the crowd for attending and providing input. He stated that additional comments/input could be submitted to HSD via the website and email as noted.

Second Lt. Governor Trujillo Jr. offered a closing prayer. The meeting ended at 12:52 pm.

No additional comments on note cards were received after the meeting.