THANK YOU to Public Relations for Photographs

Reasons for Self-Governance

- Improve the quality & quantity of services provided to tribal members
- Recognize Tribe’s right to determine priorities, redesign and create new programs to meet local needs
- Formalize relations between the United States and Indian Tribes on government-to-government basis as provided for in the US Constitution
- Promote greater social, economic, political, cultural stability and self-sufficiency among Indian tribes
- Establish better fiscal accountability through expanded Tribal Governmental decision-making authority
- Institute administrative cost-efficiencies through reduced bureaucratic burdens and streamlining decision-making authority
- Change roles of the Federal Departments and agencies serving Indian Tribes by shifting their responsibilities from day-to-day management of tribal affairs to that of Protectors and Advocate of Tribal interests

Tribal Management Under Self-Governance

Federal Control

- Advance Lump Sum Payments
- Recurring Base Budgets

Tribal Control

Flexibility

- Ability to redesign programs
- Ability to merge and assign program funds
- Ability to adopt revised regulations

Changes Focus of Program Design/Delivery

- Community-Driven
- Needs-Driven
- Priority-Driven

Change/Control Totality of Final Outcome

- Outcomes versus goals
- Long-term planning
- Collaboration between tribal departments
- Collaboration between Tribal
  and non-Tribal governmental officials
Self Governance Eligibility

- Successfully completed the "planning phase"
- Requested participation by resolution or other official action by the governing body
- Demonstrated, for three fiscal years, financial stability and financial management capability

Planning and Negotiation Grants available but NOT required

Planning Overview

- Self-Governance law, Regulations, and Draft Compact and Funding Agreement
- Legal and Budgetary Research—What is available from IHS and BIA (IFs, Residuals, Program Shares, Area Shares, Headquarters Shares)
- Internal Tribal Research and Planning (Both Direct Programs and Administrative Planning relative to CSC)
- Organizational Preparation and Training

Legal and Budgetary Planning: Pre-Negotiation

- Program Shares: Program description and Budget amount
  - Hospitals & Clinics
  - Dental
  - Mental Health
  - Alcohol & Substance Abuse
  - Public Health Nursing
  - Health Education
  - Community Health Reps
  - Direct Operations
  - Contract Health Services
- OEH (Environmental Health, M&I, Facilities)
- Area Shares: Sub-Activity and Line Item Table
- Headquarters Shares: Sub-Activity and Line Item Table
- Residual and Inherent Federal Functions
- Basis for determining Tribal Shares (Distribution Formulas)
- Contract Support Costs
NEGOTIATIONS

◆ Documents
  - Tribal Resolution
  - Compact
  - Funding Agreement
  - Tables
    ◆ Program Funds
    ◆ Area Funds
    ◆ Headquarters
    ◆ 4F (Office of Environmental Health)

NEGOTIATION TIPS

◆ The KEY to successful Negotiations is detailed Preparation!!!

◆ Select your Tribal TEAM
◆ If necessary, hire an Expert
◆ Get to know your ALN—This is a collaborative process and a long term relationship
◆ Ask Questions
◆ Talk to others with experience
◆ Share documents in Draft
◆ Follow-up and Follow Through—Deadlines
◆ Set the Agenda
◆ DONT GIVE UP (final Offer)

Planning Phase: Internal Tribal Program Planning

◆ Program Implementation Planning: Hospital or Clinic Departments, Staffing, Budgets... Example of CPN Clinic Departments:
  - Medical Clinic
  - Lab
  - X-Ray (w/Ultrasound)
  - Behavioral Health
  - Dental
  - Audiology
  - Eye Care
  - Public Health/Community Health Representatives
  - Business Office
  - Registration
  - Medical Records
  - Housekeeping
  - Administration
Clinic Structure
Third Party Billing

Clinic Structure
- Provider (hospital) Based Status
- Federally Qualified Health Center (FQHC)
- Fee for Service

Third Party Billing
- Medicaid
- Medicare
- Tribal Insurance
- Private Sector Insurance

Implications for third party billing
- Service to Non-Beneficiaries
- Implications for Licensure and Provider numbers
- Health Insurance Exchanges in 2014

Planning Phase: Contract Support Costs...
Direct and Indirect Costs

Direct Contract Support Costs—
- Fringe Benefits such as unemployment taxes, Workers Comp.
- Insurance
- Facility support not otherwise provided
- Training required to maintain certification

Indirect Contract Support Costs—Negotiated with the DOI National Business Center or DHHS

CSC Policy – 3 Pools (ISD/Start-Up, Prior Year Funding, New Funding)

Internal Organization
Budget Process

- Annual Funding Agreement Provides Advance Payments
- Redesign and Reallocation Allowed
- Tribal Program Budgeting Takes Center Stage
Citizen Potawatomi Nation Reservation

- Tribal Membership = 30,618
- Membership in OK = 11,486
- Membership Across USA = 19,132
- IHS User Pop = 16,905

Tribal Story...
Citizen Potawatomi Nation Compacted in 1998
Clinic Construction in FY 2001

- 10 Years of Growth
  - Annual Physician - 2014 = 40
  - Diabetic Pt. visit - 2014 = 6,703
  - Prescriptions - 2014 = 159,258
  - Dental Visits - 2014 = 418
  - 3rd Party Billing - $3.5 mil.
  - IHS Funding - $18 mil.

FireLake Wellness Center
OPENED FY2003
Combining Fitness & Diabetes Treatment
The Tribal Story Continues….
Citizen Potawatomi Nation West Clinic – Opened 2011

KEYS to Successful Implementation of Self-Governance
- Understanding Fundamentals of Self-Governance—Compact and Funding Agreement
- Understanding of the Indian Health Care Improvement Act and Affordable Care Act
- Understanding IHS Programs, Budgets, and Funding Formulas (3 levels)
- Understanding Contract Support Costs
- Understanding Health Care Implementation at Clinic or Hospital Level—Structure, Third Party Billing
- Tribal Capacity and Implementation Plan