

# IHS TRIBAL SELF-GOVERNANCE ADVISORY COMMITTEE

c/o Self-Governance Communication and Education

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## INDIAN HEALTH SERVICE TRIBAL SELF-GOVERNANCE ADVISORY COMMITTEE AND TECHNICAL WORKGROUP QUARTERLY MEETING Wednesday, July 20, 2016 (1:00 pm to 5:00 pm) Thursday, July 21, 2016 (8:30 am to 4:30 pm)

Embassy Suites Washington DC - DC Convention Center  
900-10<sup>th</sup> Street NW  
Washington, DC 20001  
Phone: (202) 739-2001

### MEETING SUMMARY

#### Wednesday, July 20, 2016 (1:00 pm to 5:00 pm)

Meeting of IHS Tribal Self-Governance Advisory Committee (TSGAC) and Technical Workgroup  
with Principal Deputy Director Mary Smith

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#### Tribal Caucus

*Facilitated by: Chief Marilyn (Lynn) Malerba, Mohegan Tribe of Indians of Connecticut and  
Chairwoman, Indian Health Service (IHS) Tribal Self-Governance Advisory Committee (TSGAC)*

#### **Welcome**

**Invocation:** Blessing offered by Governor Armijo of Pueblo of Jemez

#### **Roll Call**

**Alaska:** Gerald Moses, Senior Director, Intergovernmental Affairs, Alaska Native Tribal Health Consortium

**Albuquerque:** Benito Sandoval, Governor, Taos Pueblo  
Chris Gomez, Lieutenant Governor, Ysleta del Sur Pueblo  
Daniel Lucero, Tribal Secretary, Taos Pueblo  
Shawn Duran, Tribal Administrator, Taos Pueblo

**Bemidji:** Annette Johnson, Treasurer, Red Lake Band of Chippewa Indians

**California:** Scott Sullivan, Council Secretary, Tolowa Dee-ni' Nation  
Loren Me'-lash-ne Bommelyn, Chairperson, Tolowa Dee-ni' Nation  
Danny Jordan, Hoopa Valley Tribe

**Nashville:** Marilyn "Lynn" Malerba, Chief, Mohegan Tribe (TSGCA Chair)  
Tobias Vanderhoop, Chairman, Wampanoag Tribe of Gay Head (Aquinnah)  
Stephanie White, Treasurer, Wampanoag Tribe of Gay Head (Aquinnah)

**Navajo:** Carolyn Drouin, Proxy for Jonathan Nez, Vice President, Navajo Nation

**Oklahoma 1:** Karen Ketcher, Proxy for Bill John Baker, Chief, Cherokee Nation  
Mickey Peercy, Proxy for Gary Batton, Chief, Choctaw Nation

**Oklahoma 2:** Kasie Nichols, Proxy for John Barrett Jr., Chairman, Citizen Potawatomi Nation  
Kay Rhoads, Principal Chief, Sac & Fox Nation

**Phoenix:** Delia M. Carlyle, Councilmember Ak-Chin Indian Community  
Lindsey Manning, Chairman, Shoshone-Paiute Tribal Business Council

**Portland:** W. Ron Allen, Chairman/CEO, Jamestown S'Klallam Tribe  
Julie Finkbonner, Councilwoman, Lummi Indian Council

**Quorum Established**

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## Introductions – All Participants & Invited Guests

### TSGAC Opening Remarks

*Chief Marilyn (Lynn) Malerba, Mohegan Tribe of Indians of Connecticut and Chairwoman, IHS TSGAC*

- Difficult to make sure that we are providing good quality care when Congress doesn't recognize the treaty obligation to make this possible. We as an organization need to take every opportunity to lobby for our needs and to provide our Federal partners with the information that they need to work on our behalf.

*Mary Smith, Principal Deputy Director, Indian Health Service*

- Provided welcome and thank you for the partnership between the Tribes and IHS. IHS wants to hear thoughts and is here to serve the Tribes. The door is always open and dialogue is always appreciated.
- Started new addition for direct service Tribes, using mock survey team. The services that we provide Native people should be models for other communities.
- Trying to improve access to care by providing more options to people, trying to be responsive to past acts, and have now announced new guidance for tribal premium sponsorship.
- Announced that comment period is closing on July 29<sup>th</sup> for comments on Community Health Aide Program. Requesting comments and concerns on how to implement the process.
- Working with NIHB, NCAI, and Tribal partners. Announced, today, a pilot program to expand enrollment in Medicare/Medicaid at 6 sites in 4 states. Working with CMS, but often it's difficult to sign up natives for these programs due to the fact that they have IHS care.
- Sites selected:
  - Three in South Dakota; Pine Ridge, Sioux San in Rapid City, and Rosebud.
  - One in North Dakota; Quentin Burdick Hospital
  - One in Billings area; Blackfeet
  - One in the Phoenix area; Phoenix Indian Medical Center
- IHS will have kickoff program soon in each area and are currently working on marketing materials for program. Collecting information and will be used for best practices after kickoffs.
- IHS data shows were Medicaid has been expanded, facilities are able to get past priority I and II in PRC.
  - Tribe Question: How did you select the six sites and locations for Medicaid expansion?
    - Initially it will be resource and time intensive
    - IHS picked facilities that were a cross-section of geographic, MLR, and other status indicators.
    - Also where there were opportunities to make inroads on the enrollment.
- CHEF Rule
  - IHS has issued consultation on the Notice for Proposed Rulemaking.
  - There will be in-person consultation at NIHB and NCAI and two teleconferences.
- IHS Quality Framework Tribal Consultation
  - Five goals:
    - Strengthen organizational capacity to improve quality of care and systems.
    - To meet and maintain accreditation for IHS direct service facilities.
    - Align service delivery process to improve the patient experience.
    - Ensure patient safety.
    - Improve processes and strengthen communication for early identification of risks.
  - Tribal feedback is requested.
  - It will be a living document that evolves overtime to meet new standards.
  - IHS staff will also be asked to provide comments and feedback.
  - Each IHS staff member needs to buy-in including administration staff.

- IHS is working to strengthen management
  - Introduction of:
    - Chris Mandregan, Acting Deputy Director
    - Hillary Frierson Keeley, Acting Chief of Staff
    - CAPT Chris Buchanan, Acting Great Plains Area Director
- MLR Final Rule
  - Finalized in May, but is not a mandate legislation would further strengthen the rule.
- Participating in Hospital Engagement Network (HEN) To improve patient safety and service delivery.
- NHSC members are being sent to Indian Health Service
  - HRSA has actually promoted IHS to the most critical need for the commission corp.
  - Sixty commission corp officers have been deployed to the Great Plains.
- IHS recently received approval to pay higher pay for emergency room providers.
- Also provided approval to pay relocation costs for new staff and providers.
- Great Plains Workforce recruitment
  - Advertised CEO positions at Winnebago-Omaha, Pine Ridge, and Rosebud.
  - Established a new search committee for New Area Director positions. Tribes are included on these search committees.
- IHS is implementing a new policy to investigate Tribal complaints and respond to Tribes about the IHS investigation. However, IHS has determined that Tribes cannot interfere in Federal Employment matters and will not require employees to make a move.

### **IHS Strategy for Quality of Care Improvement in Great Plains and Across the Country**

*Mickey Peercy, Executive Director of Self-Governance, Choctaw Nation*

- Tribes expressed concerns for future Opportunities to contract for federal programs, services, functions or activities (or portions thereof) as authorized by Title V of the Indian Self-Determination and Education Assistance Act (ISDEAA)
  - IHS affirmed that these agreements will not prevent Self-Governance Compacting in the future.
- Systems Improvement Plan Agreements
  - There was a commitment on the part of IHS to get at the root/systemic problems.
  - Staffing contracts are meant to alleviate some of the systemic issues.
  - Federal procurement contracting procedures do not often support Tribal consultation process.
  - IHS sees the solicitation as a way to supplement the workforce.
- How will Contractor or Employee be identified?
  - IHS doesn't have a correct answer.
- How will IHS fulfill the Trust Responsibility through a contract?
  - We will have to discuss that in a specific situation.
- The Tribal leadership needs to step up and make decisions. They have to be engaged, it's their service and they need to be responsible for it.
  - IHS needs to facilitate more SG Expansion in the Great Plains and allow Tribes to assume their responsibility.
- IHS Transparency in non-ISDEAA federal procurement contract assignments
- Consultation with Tribes
  - Workforce issues as identified in June 15 IHS letter to Tribal Leaders
  - Program description and identification of Tribal shares associated with the establishment of an Office of Quality Management at IHS HQ (per HHS March 4, 2016 Memo included in GAO Report GAO-16-333 *Actions Needed to Improve Oversight of Patient Wait Times*)

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*Jerry Salvon-Harman, IHS Quality Team, IHS*

- Infusion of quality into all IHS activities
- Tribal consultation letter went out today.
- Five priorities aligned with two goals:
  - Goal #1: Improve health outcomes for patients receiving care
  - Goal #2: Provide a care delivery service all patients turs
  - Priority #1: Strengthen Organizational Capacity to Improve Quality of Care and Systems
    - Provide leadership and quality through recruitment of Director of Quality and establishing an Office of Quality Care
    - Standardize governing body bylaws.
    - Strengthening human resources
    - Standardize data and report requirements
  - Priority #2: Meet and maintain accreditation for IHS Director Service Facilities
    - Ensuring accreditation for IHS facilities. All hospitals will be under one accreditation group.
    - Implementing mock surveys.
    - Conducting quarterly meetings for survey-readiness.
  - Priority #3: Align Service Delivery Processes to Improve Patient Experience
    - Improve patient experience – IPC and innovative approaches
    - Standardized tool to improve patient services
    - Improving patient wait times
    - Improve the credentialing process
    - Central repository of policies and procedures
  - Priority #4: Ensure patient safety
    - Promote a culture of patient safety – adopting a national policy to increase utilization of reporting requirements.
    - Enhance patient safety event reporting and identification
    - Strengthen processes for addressing patient safety events
    - Control healthcare associated infections
  - Priority #5: Improve processes and strengthen communications for early identification of risks.
    - Implement a data monitoring system for quality measurement
    - Improve communications through the agency
- Tribal Response
  - TSGAC expressed that IHS should centralize the policy and procedures at the national level.
  - IHS may also want to consider including some measurement of health status for IHS patients.

### **TSGAC Committee Business**

- Approval of Meeting Summary (March 2016)
  - Motion to approve by Jamestown S'Klallam Tribe
  - Second by Taos Pueblo
- Planning for 2016 Tribal Strategy Session (Ocean Shores, WA - September 7-8)
  - Review of strategic planning and discussion about agenda creation
- Recognition of new Self-Governance Tribes

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### **Office of Tribal Self-Governance Update**

*P. Benjamin Smith, Director, Office of Tribal Self-Governance, IHS*

- Programs success that has been observed within the shared model, self governance is now a concept with no borders, which has been proven at our recent conference where we had a large delegation from numerous other countries.
- Results speak for themselves with the addition of two new Tribes which now brings Tribes into all areas of IHS
- TSGAC, OSG, SGCE are focusing on planning and training for navigating title V. Needing to extend into further areas, focusing on training for negotiation and planning.
- Gratitude to Jamestown S’Klallam Tribe for managing the funding for the ACA training.
- As the fiscal year is coming to an end we are having discussions about best practice trainings.
- OTSG was able to fund six planning cooperation agreement and one negotiation agreement.
  - Planning Agreements:
    - Maricopa Indian Community, Arizona
    - Ak-Chin Indian Community, Arizona
    - White Earth Band of Chippewa Indians, Minnesota
    - Northwest Portland Area Indian Health Board, Oregon
    - Pinoleville Pomo Nation, California
    - Lake County Tribal Health Consortium, Inc., California
  - Negotiation Agreement:
    - Ponca Tribe of Indians of Oklahoma

### **Tribal Self-Governance Program Review Workgroup**

*Melanie Fourkiller, Policy Analyst, Choctaw Nation and TSGAC Tribal Co-Chair*

*P. Benjamin Smith, Director, Office of Tribal Self-Governance, IHS*

- Office update regarding Agency Lead Negotiator (ALN) overview, role, current personnel, and pipeline
- Melanie provided a summary of the June Workgroup meeting
  - Reviewed options for ALN Formalization
    - ALNs report to the Deputy Director
    - ALNs report to the Deputy Director of Intergovernmental Affairs
    - ALNs report to the Director of the Office of Tribal Self-Governance
- ALN assignments are collateral duties for individuals who have other responsibilities, which is a concern because of the flexibility Tribes have to negotiate at any time throughout the year.
- IHS hosted its first ISDEAA IHS Staff meeting to provide training and identify staff that play a role in ISDEAA Contracting and Compacting at the Area Level.
  - IHS Areas were also asked to identify interested staff.
  - There will be additional internal training for IHS training.
- Perhaps we want to put together a survey of Self-Governance Tribes and gather information regarding our questions:
  - Is there still a concern about the physical location for ALNs?
  - How many ALNs do we need?
  - How should the ALN be situated within IHS professional structure?

**Recess until July 21, 2016**

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**Thursday, July 21, 2016 (8:30 am – 4:30 pm)**

**Meeting of IHS Tribal Self-Governance Advisory Committee (TSGAC) and Technical Workgroup  
with IHS Principal Deputy Director Mary Smith**

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**Welcome and Introductions**

*Mary Smith, Principal Deputy Director, IHS*

*Marilynn (Lynn) Malerba, Chief, Mohegan Tribe of Indians of Connecticut and Chairwoman, IHS TSGAC*

*W. Ron Allen, Tribal Chairman/CEO, Jamestown S'Klallam Tribe, and Co-Chair IHS TSGAC*

**Indian Health Service Budget Update**

*Melanie Fourkiller, Policy Analyst, Choctaw Nation and TSGAC Tribal Co-Chair*

- FY 2018 Budget Formulation
  - Increase the planning budget by 22% by IHS, but Tribes decided during the national meeting to request a 37% increase.
  - The Workgroup did fully fund current services and facilities.
  - Program expansion included Behavioral Health because of regional prioritization.
  - Overall 1.9 Billion increase

*Elizabeth Fowler, Deputy Director for Management Operations, IHS*

- FY2017 Update
  - Neither chamber has passed the interior appropriations out, but both have marked up the bill.
  - There is some concern based on President's request and the FY17 bill that indicates base budget reduction. However, many believe that will be resolved in Conference.
  - IHS anticipates acting on a continuing resolution, possibly until February or March.
- FY2018
  - OMB has released the memorandum with instructions to Agencies. It is available online for review.
  - IHS did not submit a formal request to HHS and HHS is not submitting a formal request to OMB. There will be no formal passback process.
  - IHS provided information to HHS about baseline budget to support "current services."
  - They must also provide information about programs that may need special attention.
- Tribal Discussion
  - What have we achieved over the last administration? Can you provide us some information?
    - There are three major areas of improvements in PRC, CSC, and Facilities Construction.
    - That detail can be provided.
    - This Administration budget increased the IHS budget by 43%.
    - Do we need to increase feedback from TSGAC and DSATC.
  - We need to pull CSC dollars out to actually improve health care. CSC does not necessarily directly affect health services. It is a contractual agreement, does not improve direct care.
  - Why are OEHE funds not distributed on a recurring basis?
    - Area funds are sent out on a recurring basis, however facilities maintenance is not sent out on a recurring basis.
    - Mr. Hartz has been asked to determine if a percentage of the funds can go out on a recurring basis.

- Changed the way the IHS Budget Formulation Workgroup presented an abbreviated version at the HHS Budget Formulation Consultation. This year the longer version did not work as well.

### **Coordination Between VA-IHS Reimbursement**

*Dr. Baligh Yehia, Assistant Deputy Under Secretary for Health – Community Care, Department of Veterans Affairs*

*Kristin Cunningham, Director Business Policy Chief Business Office, Veterans Health Administration*

- His new office is assisting in the implementation of the Choice Act
- The Choice Program has changed four times in the last two years.
- There are short- and long-term plans to consolidate care.
- They one program that is easy to understand, simple to administer, and meets the needs of Veterans, community providers, and VA Staff.
- Short-Term Accomplishments
  - Implemented a joint VA/Contractor Rapid Response Team to address payment issues
  - Implemented adverse credit support for Veterans
  - Improved timely payments by separating medical record submission from provider payments
  - Implemented revised eligibility criteria for 40 miles, enrollment date and excessive burden
  - Embedded contractor staff with VA staff in 14 locations to ensure a more seamless transition for Veterans into community care.
- Long-Term Plans
  - Increases IT connections
  - Identifying quality to improve patient experience
- Veteran Community Care Journey
  - Eligibility
  - Referral and Authorizations
  - Care Coordination
  - Community Care Network
  - Provider Payment
- Supporting Legislation
  - Simplify the Program
  - Improve Emergency Care
  - Ensure accurate Provider Payment
  - Flexibility in Community Care Funding
  - Improve Care Coordination
- How can we continue to partner?
- Planning to do a formal Tribal Consultation to evaluate how best to improve the veteran health experience.
- Tribal Discussion
  - Choctaw Nation has a contract with VA to provide care in Talihina, OK for a VA health program.
  - Veterans know they are eligible for IHS so there is no confusion for VA patients
  - When Native Veterans are seen outside the I/T/U system there is a bit of confusion, but Tribes work hard to assist Veteran cares.
  - Response:
    - Many Veterans don't just receive their healthcare from one program. They often use other systems.
  - There are some things in the VA-IHS MOU that we want to maintain

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- Preapproval of cares
  - OMB rate – every federal program reimburses the IHS at this rate is a guarantee
  - Response:
    - We would like to see a simplified referral program
    - Make sure that there is a centralized point of contract
  - There have been several Tribes that have assumed responsibility of IHS facilities, but have not been able to use the CMOP program. We request that VA look closely and allow Tribes to participate when assuming Federal responsibility.
    - Response:
      - IHS uses a portion of the VISTA system, but Tribes are not maintaining that connection.
      - Kristin and Dr. Yehalia will follow up.
  - A recent proposal for out-patient drugs reimbursement rate was at cost. Can you talk about why?
    - Response:
      - Most of the community providers in AK apart from Indian health providers have special agreements.
      - The original rate in Tribal agreements is different from AK so they are trying to move AK to the Tribal agreements.
  - How were sites for field research chosen?
    - Response:
      - The map changes regularly
      - The teams in those areas may not have volunteered.
      - Will go back and review why those sites were not used.
  - Before the MOU was available online and now it is not. Can you please repost the national agreement? We also request that the VA reopen Tribal Consultation on the National Agreement to fully implement the MOU?
    - Response:
      - Will work to make the agreement readily available.
  - Copayments. For services received through IHS. Why are I/T/Us being billed for those copays.
    - Response:
      - We are not sure why Veterans are paying, but really depends on where they are going?
  - We need to increase the number of VA-Tribal Agreements
    - Response:
      - We have a lot of agreements that aren't being utilized.
  - VA consultation at NCAI
    - Customer Service through the VA Offices is deficient in comparison to I/T/U facilities
    - Transitioning for Veterans with PTSD and Families through telehealth or facilities
  - Telemedicine
    - We ask that VA partner with other agencies to extend broadband access to support telemedicine
    - Response:
      - VA does a lot of telemedicine, mostly telemental health, however we can work closely with you to support broadband access.
  - Serving non-Native Veterans. We want to be able to serve these Veterans, but the Choice Program is very difficult to navigate



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### **Patient Protection and Affordable Care Act Implementation Update**

*Cyndi Ferguson, Self-Governance Specialist/Policy Analyst, SENSE Incorporated*

*Doneg McDonough, Consultant, Tribal Self-Governance Advisory Committee*

*Felicia Roach, Program Analyst, Office of Resource Access & Partnerships, IHS*

- 6 month report has been provided to IHS
- Website has a Q&A section that provides answers frequently asked questions
- Partnership effort with NCAI, NIHB and other areas working on these efforts
- What else would the Committee like to see?
  - Perhaps we should do best practices for Medicare and Medicaid enrollment and recoup
  - Collect data on the effect Medicaid expansion has in states vs where states are not expanding Medicaid.
  - Template letters should be shared in further advance. Perhaps 10 days before the comments are due.
- Accomplishments
  - Agreement working with other partners to get regular reports regarding AI/AN enrolling in the marketplace.
    - We have a couple of reports and can see that a very modest number of folks
    - Only 26,000 AI/AN have enrolled. Doing some research about if there are differences where states run the marketplace.
    - Are AI/AN getting advantages of being AI/AN in the marketplace.
    - CCEO has released additional documentation to support the AI/AN tax credits, etc.
  - Self-Governance Tribe and Direct Service Tribe are moving forward to participate in sponsorship program
- ECP Memo
  - By August 22<sup>nd</sup> all THP should make sure they are on the ECP list.
- Tribal Consultation on IHS Sponsorship Circular
  - Call to be hosted on July 25, 2016 @ 3:00 Eastern.
- There are particular concerns about the SG authority under the circular related to payors, eligibility, and application of PRC regulations.
  - The 2013 letter was over limiting based on financial status
- There needs to be clarity about if these rules apply to Title I and V Tribes
  - Does IHS have a position currently?
    - The agency does not have a position.
  - When IHS developed this circular, who was the intended audience?
    - The circular was written to apply to everyone and because SG Tribes use the program most often.
    - The goal really was to provide options to for both Direct Service and Self-Gov Tribes.

### **Contract Support Cost Workgroup Update and Discussion**

*Marilynn (Lynn) Malerba, Chief, Mohegan Tribe of Indians of Connecticut*

*Mickey Peercy and Rhonda Butcher, IHS Contract Support Costs Workgroup Members*

*Roselyn Tso, IHS CSC Team Lead, IHS*

- IHS Contract Support Costs Policy Tribal Comments and Implementation Plan
  - Plan to implement the policy by end of the calendar year.
  - Received 40 written comments to the policy
  - Training has been provided to all Federal ISDEAA Staff
  - Training was also provided to Tribes in the Great Plains
  - Next funding reconciliation is occurring July 25<sup>th</sup>

- Close out process for FY14 and FY15
  - Complete the ACC template with final information
- Will be looking for new dates because of conflicts.
  - Topics for the meeting will be:
    - Tribal Consultation Comments
    - Review Templates that support the ACC
    - Training for internal and external customers
  - Request that IHS send out full comments, rather than a summary, prior to the meeting.
- Review of outstanding Tribal concerns outlined in the June 9<sup>th</sup> TSGAC Letter

### **Draft Policy to Expand Community Health Aide Program**

*Mickey Peercy, Executive Director of Self-Governance, Choctaw Nation*

*Alec Thundercloud, Director, Office of Clinical and Preventive Services, IHS*

*Carol Bassim, Dental Officer, Office of Clinical and Preventive Services, IHS*

- Certification of Tribal Community Health Aide Programs (CHAP)
- Purpose and Goal of Expansion of CHAP oversight described in [IHS June 1 letter to Tribal Leaders](#)
- There is some concern about ability to ensure quality and billable opportunities for the different “mid-level” providers
- How do these providers fit into the quality framework to support IHS’ new initiative?
  - This has not been available
- Perhaps IHS should offer an in-person Tribal consultation at one of the upcoming national meetings in August.
- IHS needs to work with CMS on the process to make sure some or all of these providers are approved providers.
  - This upfront work would make sure Tribes don’t have to do advocacy on the back end.
  - TSGAC Request that there be discretion
- Alaska is concerned that a nationalization of the program does not affect the current Alaska program.
  - IHS expressed that it did not want to diminish the Tribes authority

### **Joint TSGAC and IHS Principal Deputy Director Discussion**

- Employer Mandate
  - There’s no official position of the IHS, but there is a proposal in the IHS FY17 budget to streamline the definition of “Indian.”
- Contracting of Plains Hospitals
  - Status of staff
    - All current federal staff will have a job within the system.
  - Does Indian Preference apply to contracting process?
    - No, it does not. However, it is open to everyone and Indian contractors and Tribes are encouraged to apply.
  - Does the Buy Indian Act apply?
    - The agency does have the option, but generally you have to have a market survey that shows Indian businesses are available to provide the service.
    - Limits the scope of the competition.
  - What happens if the entire facility is contracted?
    - The Tribe could assume or enter into a new contract, but the question remains what the status of the employees are.
  - Who manages the contract?
    - A federal employee on the ground, a Contract Officer, and other technical experts.

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- VA Concerns
    - Concern with aggressiveness in treating Tribes like any other contractor.
      - IHS wants and is committed to:
        - Renewing current MOU and expanding it to include PRC.
        - Supportive of increasing number of tribal MOUs.
        - Finding solution on co-pay issue.
        - Expanding linkages between IHS and VA for telemedicine services.
        - CMOP
    - Contracts with Tribes on CMOP
      - VA is not willing to contract with Tribes, which has raised a lot of issues for Tribes, especially during transition.
      - How should we go about advancing the discussion?
        - IHS has also brought up these concerns and suggests strategizing how to structure a meeting with the VA.
  - Look into setting up a joint DSTAC and TSGAC Meeting
  - Community Health Aide Program
    - Comments deadline has been extended.
    - Possibly form a workgroup to review the comments.
  - CHEF Rule
    - What will be the final date on CHEF comments
  - IHS Budget
    - It is important for IHS to raise the LNF and FDI concern in the President's Budget
    - Request information for staffing for facilities and fixed cost increases
  - Professional Housing shortages
    - There are serious limitations to what NAHASDA funding.
    - A taskforce may be necessary to work on determining what is available for Tribes to use to build professional housing.
  - Title VI Expansion
    - We are still annoyed that this is not being pursued more aggressively.
    - Maybe we need a report to include in our transition.
  - New Regulation: Payment for Physician and Other Health Care Professional Services Purchased by Indian Health Programs and medical Charges Associated with Non-Hospital-Based Care – Option to opt-in described in [IHS May 24 letter to Tribal Leaders](#) – ISDEAA Funding Agreement Language
    - Are you still considering removing the requirement to include this in Funding Agreement?
      - Just because the rule has not been codified, doesn't mean the rule isn't final.
      - The law is clear that inclusion of circulars and policies must be included in the funding agreement.

### **TSGAC Members' Executive Session with IHS Principal Deputy Director**

#### **Closing Remarks**

*Chief Marilyn (Lynn) Malerba, Mohegan Tribe of Indians of Connecticut and Chairwoman, IHS TSGAC  
Mary Smith, Principal Deputy Director, Indian Health Service*

#### **Adjourn TSGAC Meeting**