



2017 TRIBAL SELF-GOVERNANCE ANNUAL CONSULTATION CONFERENCE

APRIL 23-27, 2017 | SPOKANE CONVENTION CENTER-SPOKANE, WA
PROGRESSIVE PARTNERSHIPS: INVESTING IN TRIBAL NATION BUILDING

Recorder Form

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Recorder: Jennifer McLaughlin

Date: April 26, 2017

Session Title: Successfully Serving Native Veterans in Tribal Health Programs

Panelists:

Stephanie Birdwell, Director, VA Office of Tribal Government Relations, Washington DC

Rick Richards,

Majed Ibrahim, Acting Director Family and Special Veterans, Office of Community Care, Veterans Health Administration, Washington, DC

Rob Hard, External Affairs Manager, Seattle VA Regional Office, Seattle WA

Summary of Issues and Items Discussed:

Stephanie Birdwell –

Office of Tribal Government Relations part of the Veterans Administration

- Offices in DC and the field - Staffs the office to the Veterans Affairs Secretary to advise on all aspects of the VA on partnerships with Tribal governments. Stephanie Birdwell is based in Washington DC, Tribal Government Specialists are based in field offices based in Oregon, the Southwest, Oklahoma City, Northern Plains/Upper Midwest and the Northeast. Secretary has issued a mandate that all of the VA colleagues in the field work closely with the Tribal staff to provide assistance.
- VA Agreements - VA has over 100 agreements with tribal health programs. The program was launched in 2013 and the MOU Agreement was signed with the Indian Health Service in 2012. The total amount to date is about \$51 million and it affects almost 8,000 vets. Vets have to be enrolled in VA healthcare to receive IHS services.
- HUD-Vash pilot program – There are twenty-six (26) tribal grantees who receive over \$5 million to house homeless vets. Last month, the Rule was amended and it now provides that Tribal governments can establish their own Service Offices and be recognized by the VA. The Oneida Tribe of Wisconsin brings in \$1 million per year for vets in their community. The money they tap into for vets can be life changing.
- Transition/Appointees - Dr. David Shulkin was elevated to Secretary and plans to visit to Indian country in 2017. Scott Blackburn conducted a site visit with Taos Pueblo – so within 100 days made it out to Indian country.
- Three Tribal consultations were held in 2016 and there were three (3) primary goals:
 - Facilitate consultation policy (consult annual basis);
 - Facilitate activities that promote economic sustainability;
 - Facility housing.

The consultation sessions also identified priorities for serving vets in Indian country and will be distributed in the next month.

- They offer an accreditation of Tribal Veterans Service Officers.
- Congress mandated VA consolidate the way it purchases care in the community – CHOICE ACT. We have been consulting with Tribes to determine where the Reimbursement Agreement fits.
- Top five (5) priorities that were identified by Vets:
 - Access to health;
 - Address housing and homelessness;

- Treatment of PTSD and Mental Health;
- Understand benefits, including benefits for families; and,
- Transportation
- The needs of vets in Indian country reflect the needs of all vets but we are also educating the other VA staff and offices about the government-to-government relationship and to be culturally competent.
- Website: Tribal Government Relations www.va.gov/tribalgovernment – to access activities and the newsletter.
- Technical Assistance is available If needed or we also host veterans training summits upon request.
- Trainings - Every year office sponsors VA boot at Gathering of Nations Pow Wow – in 3 days the booth gets 1200 visits. Next week in San Diego train Regional Directors cultural competency and effective outreach. Briefings to Affiliated Tribes of NW Indians; Nez Perce Tribe representatives from VA state and other federal agencies summit and one in Nevada and annual event at Grand Ronde, Suquamish training, NCAI – Mohegan Sun, Midwest Alliance on Sovereign Tribes. Friday Hopi Code Talker Recognition Day, Vets Training Navajo and In Utah and Pueblo in May, confederated Tribe of Goshute, training in Albuquerque CMS tribal urban training and train on VA topics, Native Housing Conference in Nashville

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Rick Richards –

Healthcare Administrator for over 30 years but new to VA in Seattle and Spokane. Local VA Center has 70 beds at facility: two community based outpatient clinics; 3 rural clinics; 32,000 vets receive services and over 300,000 primary care visits in year. Locally – active American Indian Vet Advisory Council meets monthly –there are 6 Tribes: Couer d’alene, Nez Perce, Confederated Salish Kootenai , Colville, Spokane , Yakima Tribes. Veterans Training Summits and Affiliated Tribes of NW Indian events.

Majed Ibrahim –

- Work for the Office of Community Care – manage the care outside of the VA medical center. Program Manager for the IHS Tribal Health Program.
- Program provide reimbursement for Tribal Health Programs and Indian Health Service Facility for care for AI/AN vets.
- In place since 2013- in 2012 initiated agreements in AK. There were 100 agreements nationally and 26 in AK.
- National Indian Health Services 82 IHS sites covering 104 facilities.
- Reimburse \$51 million dollars. Would like to do more.
- Many AI/AN vets still need to cover 40,000 touched 8,000 so far. These are earned benefits.
- We do outreach events with Office of Tribal Government VA and describe program.
- Tribes need to have individual agreement. Template is in place that was negotiated. 1st step send an email to Tribal.agreements@va.gov and it will begin process. Respond within 24 hours, orientation brief, identify nearest medical center and invite all parties to have a briefing and then launch process to sign agreement. Once signed can reimburse tribes. 60% Tribes and 40% HIS is reimbursed. Resource sharing agreements at local level but managed at national level.

Rob Hard –

- Vets are entitled to myriad of benefits. Indian Warriors need healthcare but often other concerns, financial, homes, job training, education and all benefits fall under purview of veterans benefits.
- Have offices throughout country often one regional office.
- Local contact – takes many people to serve all vets in WA state but especially warriors. We know through history lot of barriers for Tribal warriors so make sure folks are given opportunities.
- Work through communities make sure vets have equal opportunities. Work with Tribes in WA state for 15 years.
- Long history go back 30 or more years Tribes came and said need help being overlooked. Led to creation of special committee made up of Tribal reps and VA reps to work at listening to concerns and work collaboratively to make things better. In some ways fortunate had long standing relationship with 29 Tribes in WA State. Know more work to be done.
- Clients two major concerns: 1. Don’t know what I am entitled to – served on active duty and when people explain it is so complicated I don’t understand. Our community work is about getting past those barriers. We need to rely heavily on our Tribal vet reps to be our cultural ambassadors to urge tribal vets to persist. The weakest step to the top step before sunrise is always strongest before the storm. We try

and listen more than we speak. Always benefit from collaboration. Other services can really help our warriors. There are other kinds of financial benefits available. We want to care for vets as a whole person. Provide options so we can treat people as complete people.

Questions from the Audience:

Q. Wish there was more material for more information sharing.

Q. There is to be a Tribal VA Workgroup convening to discuss renewal process and reimbursement process – what is being planned?

A. September 28 consultation discussed about plan. We are planning roundtable discussion with AK in August and lower 48 in July.

Q. Mandate to consolidate Agreements under Choice Act? There is no mandate and Indian Health Care improvement act has its own authority

A. Sent out amendment to agreements renewing through June 2019 so we talk about agreements. Until now we move forward with separate agreements. Tribes have chosen to join CHOICE provider and this will help Tribes provide treatment to non-Native vets. For native vets provide reimbursement under agreements.

Q. AK Tribe first Tribe sign MOU with VA – established pilot project and provided vouchers for vets to come to facility and no one came. 12,000 people and over 1,000 vets in region and they come to Ketchikan for help. We had the AK VA come down to community and train Tribal representatives. Glad to see come out with document about the 23 priorities we discussed with the VA. Top five priorities listed are very important points we need to address. We know lot of mental health and PTSD issues and access to care problem. Get full benefits under VA and state retired. Had vets in VFW raise hand to go to Ketchikan for health cause don't want to go to Seattle or Anchorage. Just signed extension of VA MOU until June 2019. Hope non beneficiaries will come to seek help at our facility. If non-bennies choose our facility for coverage will you cover it with reimbursement? We already decided use non-native VA funds to provide the service. In Ketchikan, we sat in on the pilot to develop the pilot program for VASH in Alaska. We built a vet triplex recently and we have visions of using it to secure a good foundation for homeless vets and we have too many living on kids couches or boats. We have homeless vets and thought voucher help. The VA chose to do pilot in Juneau, Bethel – didn't get any in Ketchikan and in pilot they have unused vouchers and I am trying to communicate with them to get access to the vouchers. We are still waiting for transition to end so we can communicate with staff. Hope vets choose KIC as provider. We were torn between using providers to provide care for beneficiary native people and why put non-natives into mix and reduce access to doctors so we may do Saturday access clinic and or use additional revenue to hire another provider if we get 300 one or two visits a year we could probably hire a new provider. We need AK VA in place. Looking forward to seeing document 2016 report. We need to do a better provision of escorts to vets many have disabilities not caring for them or the families left at home. Figure out how help families while vets seek medical attention. How care for escorts that travel with vets to facilities. Vets coming down with Agent Orange and irregularities in health. Ships transported agent orange and full of petroleum and other product and dying and widows are left with nothing. Exposure we are not taking into effect.

A. AK Tribal agreements cover non-native agreements. Native can choose to go to facility and non-native needs preauthorization. Reimbursed 30 million to AK Tribes 2700 non-Native vets. Active in AK.

Q. Template for Agreement – Can we negotiate those Agreements?

A. They can only be negotiated to a point. When we deviate too far from the template it takes an extended amount of time year or more and go back to step one. Negotiation is limited.

Q.

A. Choice allows lower 48 Tribes to serve non-Natives. Due to rural nature of AK and one major medical center you could justify expansion of non-natives in lower 48. But right now in lower 48 have to become CHOICE provider.

Q. What are the advantages of CHOICE program? We were told if go with CHOICE clinics bill at lower rate.

A. Under Choice if reimbursement for Native American Vets than VA Agreements should be vehicle for that. CHOICE you can become a provider to all vets – if want expansion you go through CHOICE and rate will be lower.

Q. Senator Thune Bill S304 authorize payment to VA for copayment of vets. The trust relationship of US is agency-wide so why can't VA waive Copayments?

A. Under Regulations we can't waive co-payment by law. We don't even ask the question. Under IHS authority they are looking to see if they can waive it or cover it. Under Agreement if vet get care in Tribal health they don't have to pay copay only if go to VA facility or for specialty care.

Q. Are VA hands tied by regulation or statute?

A. Under current regulation we can't waive the co-pay. If IHS decides to pay the VA will accept that payment.

Q. Problem is HIS is funded way lower than VA.

A. Under their regulation they are not able to pay so that is why the bill was introduced

Q. Can A Tribe have both an Agreement and CHOICE Agreement?

A. Yes, you can have an Agreement and a CHOICE Agreement – charge for Tribal vets under Agreement at higher rate and then under CHOICE non-Natives at the lower rate. In AK the Agreements allow you to see non-Natives but a referral has to happen. Rate under Agreement is typically higher than under CHOICE cause choice is under Medicare while Agreement is IHS all-inclusive rate.

Q. How will provide vets services medical center priority levels

A. A recent change in the law allows Tribal vet representatives: recognizes sovereignty of Tribal nations and members of the Tribes can submit claims for service for disability, etc. on their own. Benefits are complicated so we make sure we train people. There is more local autonomy and information at your fingertips with this change. Lets members of Tribe represent warriors with VA. How does it marry up with priority classifications with VA medical center. One way crosses over – any disability or chronic illness related to service – warrior can receive free healthcare for those conditions. Second part is within VA healthcare assign greater priority with access and payments for warriors and vets with higher levels of disabilities. Many come back from war with severe injuries but other serve and never go to combat and many people only serve 4 years and things that happen as adult may not be related to your service when 18. Highest priority to vets rated 50% or more and other criteria if have other healthcare and resources.

Q. A lot of vets are not receiving their VA pay, A gentleman served 20 years in Army was in Vietnam and has hearing and PTSD issues. Only receive 20% of pay. Why are so many vets not receiving their pay. Is there somebody within your department helps?

A. General comments – VA disability compensation is the primary program most people are aware of – if on active duty and health impacted for it we can help you. Folks can request service connection for any condition they have and we go through process to determine if related to service and if condition mild moderate or severe and that determines the amount of money they receive monthly. We do that for every condition. If someone receives 20% it may mean service connected disabilities are on the mild side. We do have Tribal vet reps across the country and counterparts in most areas. Every state has an office and a minority coordinator who coordinate with all of the Tribes in that area.

A. Also raises an issue – if Tribal health program consider if host Tribal Service officer, state or county service officer with dedicated hours, information at local health facility. If not doing it people can miss out on information they or their families may need. If not sure and need technical assistance we are happy to visit with you and make sure it happens monthly

Explore.va.gov – website covers every entitlement and sit down with vet and in 3 minutes get a curated list of everything they are entitled to. Benefits change over time so it is individual specific. Website can be the first door for people to understand what is available. You can drill down into details and has videos that explain the programs in 2-3 minutes. You can also stay within website and apply directly for benefits.

Follow Materials, Documents, Websites for Reference:

Tribal Government Relations www.va.gov/tribalgovernment

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