

IHS TRIBAL SELF-GOVERNANCE ADVISORY COMMITTEE

c/o Self-Governance Communication and Education

P.O. Box 1734, McAlester, OK 74501

Telephone (918) 302-0252 ~ Facsimile (918) 423-7639 ~ Website: www.Tribalselfgov.org

INDIAN HEALTH SERVICE TRIBAL SELF-GOVERNANCE ADVISORY COMMITTEE AND TECHNICAL WORKGROUP QUARTERLY MEETING Tuesday, March 28, 2017 (8:00 am to 4:30 pm) Wednesday, March 29, 2017 (8:30 am to 12:45 pm)

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

Meeting Summary

Tuesday, March 28, 2017 (8:00 am to 4:30 pm)

**Meeting of Indian Health Service (IHS) Tribal Self-Governance Advisory Committee (TSGAC) and
Technical Workgroup with RADM Chris Buchanan, Acting IHS Director**

Tribal Caucus

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

Meeting Called to Order

Welcome

Invocation: Lindsey Manning, Chairman, Shoshone-Paiute Tribes of the Duck Valley

Roll Call:

Alaska: Jaylene Peterson-Nyren, Executive Director, Kenaitze Indian Tribe

Albuquerque: Raymond Loretto, DVM, Governor, Pueblo of Jemez

Bemidji: Jane Rohl, Tribal Council Secretary, Grand Traverse Band of Ottawa & Chippewa Indians

Billings: Calvin Jilot, Council Member, Chippewa Cree Tribe

California: Ryan Jackson, Chairman, Hoopa Valley Tribe

Great Plains: Vacant

Nashville: Marilyn "Lynn" Malerba, Chief, Mohegan Tribe of Connecticut (TSGAC Chair)

Navajo: Nathaniel Brown, Honorable Delegate of the 23rd Navajo Nation Council

Oklahoma 1: Kasie Nichols, Proxy for John Barrett Jr., Chairman, Citizen Potawatomi Nation

Oklahoma 2: Mickey Percy, Proxy for Gary Batton, Chief, Choctaw Nation

Phoenix: Lindsey Manning, Chairman, Shoshone-Paiute Tribes of the Duck Valley

Portland: W. Ron Allen, Chairman/CEO, Jamestown S'Klallam Tribe

Tucson: Daniel L.A. Preston III, Councilman, Tohono O'odham Nation

Introductions – All Participants & Invited Guests

TSGAC Opening Remarks

Marilyn "Lynn" Malerba, Chief, Mohegan Tribe, and Chairwoman, IHS TSGAC

- Appreciates all the Technical Workgroup's hard work to prepare for these Quarterly Meetings.

RADM Chris Buchanan, Acting Director, IHS

- Appreciates these meetings, especially since there are new things to be learned every time we meet.

-
- Though there are many Acting positions currently, everyone is still working hard and are dedicated to the IHS mission and serving American Indians and Alaska Natives (AI/AN).
 - Priorities Update
 - People:
 - Continuing work regarding recruitment and retention.
 - The Office of Management and Budget (OMB) gave some Federal hiring freeze exemptions for IHS, but there are still other areas, such as billers and coders, that we need to stress for an exemption.
 - Partnerships:
 - Very important to build, strengthen, and sustain a collaborative effort.
 - Quality:
 - Ensuring IHS is performing at a high level is an ongoing effort. Providing quality services is paramount and having sufficient resources can only help with that.
 - Personnel Updates
 - Johnathan Merrell: Acting Deputy Director for Quality Health Care
 - Dr. Nicole Laurie: Senior Advisor to the Acting Director
 - Government Accountability Office (GAO) Report
 - IHS, Bureau of Indian Affairs (BIA), and Bureau of Indian Education (BIE) were identified as high-risk.
 - Specifically noted the importance of the IHS Quality Framework.
 - Recommended IHS use a new method for allocating Purchased/Referred Care (PRC).
 - Administration will follow up and try to fully understand the issues outlined in the report.
 - Resources:
 - Developing a budget that addresses the needs of all Tribes and ensuring we have the needed resources for service is a large undertaking.
 - Will host a budget 101 webinar to go over IHS appropriations in early April.
 - HHS Secretary Price has identified mental health, childhood obesity, and the opioid crisis as his top priorities.
 - Contract Support Costs (CSC)
 - The CSC workgroup has been an important part of the work that has gone into CSC.
 - As of March 15, 2017, IHS has extended 1,472 settlement offers to Tribes and 1,357 settlements, totaling \$830.4 million, have been finalized.
 - Budget Update
 - In early March, a summary proposal to finalize the Fiscal Year (FY) 2017 budget was sent to Congress, which they are expected to take up in the coming weeks.
 - The FY 2018 Presidential Budget Blueprint has been published. It explicitly recognizes sovereignty and self-determination and identifies IHS as a top priority.
 - Both of those documents are available at www.whitehouse.gov.
 - Recent Visits and Upcoming Events
 - Looking forward to working with Tribal leaders in the IHS Albuquerque Area during the upcoming Area Annual Tribal Consultation.
 - In early April, Tribal Consultation will occur in the IHS California Area where Acting Director Buchanan will be hosting a listening session and providing updates on mental health, Youth Area Treatment Centers, and Urban Indian Health Programs.
 - Visited Choctaw Nation for a grand opening of their new Regional Medical Clinic, a Joint Venture project, which is the first Tribal clinic in the country to offer an ambulatory surgical facility.

- Visited the Riverside San Bernardino County Indian Health Inc., the San Diego American Indian Health Center, the Indian Health Council Inc. Rincon Clinic, and the Desert Sage Wellness Center in California, which was an eye opening experience and Acting Director Buchanan's first time visiting Indian health care facilities in the area.

TSGAC Committee Business

- Approval of Meeting Summary (January 2017)
 - Jamestown S'Klallam Tribe made a motion to approve the January 2017 Meeting Summary.
 - Sac and Fox Nation seconded the motion.
 - The motion passed without objection.
- TSGAC Committee Members Approval
 - Oklahoma Alternate Delegate: Kay Rhoads, Principal Chief, Sac and Fox Nation
 - Jamestown S'Klallam Tribe made a motion to approve the Oklahoma Alternate Delegate nomination.
 - Mohegan Tribe of Connecticut seconded the motion.
 - The motion passed without objection.
 - Bemidji Area Primary Delegate: Jane Rohl, Tribal Council Secretary, Grand Traverse Band of Ottawa & Chippewa Indians
 - Jamestown S'Klallam Tribe made a motion to approve the Bemidji Primary Delegate nomination.
 - Mohegan Tribe of Connecticut seconded the motion.
 - The motion passed without objection.
- IHS Information Systems Advisory Committee (ISAC) Member Nomination and Approval
 - No current nominations. Tribal leaders are encouraged to submit a name to serve as the TSGAC representative.
- National Institutes of Health Tribal Advisory Committee
 - Looking for an alternate representative to serve with Chief Malerba on the Committee, which meets in-person twice a year with monthly conference calls.
 - As it is a new committee, currently there is not much decision making and efforts are focused on education.

Office of Tribal Self-Governance (OTSG) Update

Jennifer Cooper, Acting Director, Office of Tribal Self-Governance, IHS

- Partnerships are very important.
- Agency Lead Negotiator (ALN) Recommendations
 - Appreciates the recommendations provided and will be moving forward on some of those. Specifically, they will be looking to set up a meeting and formal process for passing on historical knowledge. Max Tahsuda, retired Oklahoma City Area ALN, also shared his knowledge and experiences during the last ALN call.
 - OTSG will be hosting a joint meeting with IHS Executive Officers and ALNs during the Annual Conference to discuss various operational issues from the past year.
- Began the year with pre-negotiation meetings in Alaska and are currently participating in several negotiations. No new Self-Governance Tribes yet, but expect a few by the Annual Conference.
- OTSG recognizes the need to update the Programs, Services, Functions, and Activities (PSFA) Manual, as there have been many changes in programs since the current 2002 version was implemented. They will be moving forward with that process and welcome any comments or discussions.
- Currently working on the next cycle of Planning and Negotiation Cooperative Agreement Grants and hope to have an announcement by the Annual Conference. Additionally, OTSG has seen

several Tribes who engaged in the Planning and Negotiation Cooperative Agreement Grants, are moving towards entering into Self-Governance.

- Tribal Comment: With the current application deadline, many Tribes are entering negotiations very late in the year, which causes issues with providing funding for certain things.
 - Response: Looking at addressing the issue through the front end with applications, (i.e., when those are made available) as well as considering a future transition to a two-year cycle.
- Tribal Comment: Can you elaborate on the operational issues you mentioned for discussion at the Annual Conference joint meeting?
 - Response: Annually, a meeting is held to look at any issues that came up during the past year's operations, such as issues with negotiations and payments to Tribes, with this year's meeting focusing on finance. It is typically a closed meeting and gives IHS officials an opportunity to come together to discuss those identified topics.
- Acting Director Buchanan will be testifying in the Senate Committee on Indian Affairs (SCIA) oversight hearing on "Diabetes within Native American Children."
 - Tribal Comment: Will you be including the Tribal requests for permanent reauthorization of the Special Diabetes Program for Indians (SDPI) and a \$50 million increase in reoccurring funding in your testimony?
 - Response: I can mention the Tribes priority separately from IHS's priority.
- Tribal Comment: Will you be updating the PSFA Manual and the Office of Information Technology (OIT) Service Catalog at the same time and how will that work out for data and technology shares?
 - Response: Ideally, the process for updating these documents would all coincide, and we will need to meet and develop a work plan to be addressed.
- IHS Insurance Status of Active Users Data
 - A request for this information was included in an August 2016 TSGAC letter, which IHS initially responded to, and it was identified as an issue in the IHS update letter to TSGAC.
 - Ran a new report and will be distributing it; however, there were limitations due to how much information could be shared legally.
 - Tribal Comment: Why is there a difference between the data coming from the Centers for Medicare & Medicaid Services (CMS) and the data coming from IHS?
 - Response: Will follow up with the Public Health Office.

Break

Veterans Affairs (VA) and Indian Health Service (IHS) Memorandum of Understanding (MOU)

Stephanie Birdwell, Director, Office of Tribal Government Relations, Department of Veterans Affairs

Terry Bentley, VA Tribal Government Relations Specialist, Pacific District

Mary Culley, VA Tribal Government Relations Specialist, Continental, Midwest and Southeast Districts

Peter Vicaire, VA Tribal Government Relations Specialist, Midwest, Continental and North Atlantic Districts

Homana Pawiki, VA Tribal Government Relations Specialist, Continental District

Clay Ward, VA Office of Tribal Government Relations Program Analyst (DC)

- VA Office of Tribal Governmental Relations (OTGR) Personnel and Operations Overview
 - Established in 2011, OTGR is in the VA Office of Public and Intergovernmental Affairs and serves as a staff office to the Secretary.
 - OTGR is not a part of the Veterans Health Administration (VHA), Veterans Benefits Administration (VBA), or the National Cemetery Administration, and has three primary goals, which are: (1) Facilitating the Tribal Consultation Policy; (2) Engaging in activities

- that promote economic sustainability for veterans living in Indian Country; and (3) Increasing access to care and benefits.
- National Update:
 - 2016 Tribal Consultations
 - Three consultations were held throughout the year regarding: (1) Identifying the Priorities for Serving Veterans in Indian Country; (2) Accreditation of Tribal Veterans Service Offices (VSO); and (3) Proposed Consolidation of non-VA Care into a more standardized system under the Veterans Access, Choice, and Accountability (Choice) Act.
 - The 2016 Tribal Consultation report is in the final stages and should be released soon. The report identified five priorities, which include: (1) Access to Health Care; (2) Addressing Housing for Homelessness; (3) Treatment for Post-Traumatic Stress Disorder (PTSD) and Mental Health; (4) Understanding Benefits including Benefits for Families; and (5) Transportation. Overall, the VA noted a theme in comments that additional VA understanding and familiarity of Tribal Nations and culture is necessary. Additionally, a breakdown of consultation priorities will be included in the report.
 - VA/IHS/Tribal Health Program (THP) Reimbursement Agreement Program
 - This program is part of a Congressional mandate for the VA to consolidate ways care in the community is purchased and, in December, the National Reimbursement Agreement was extended through June 2019.
 - Currently, there are 100 THP agreements, resulting in \$51 million in reimbursements impacting 7,941 unique Veterans, which have also been extended until June 30, 2019 without significant change.
 - 500 Housing and Urban Development-VA Supportive Housing (HUD-VASH) Homeless Vouchers have been released to Indian Country, totaling approximately \$5.9 million distributed to 26 grantees.
 - Title 38 part 14
 - Regulation identifying the entities eligible for recognition as Veterans Services Organizations, which was recently amended to specifically identify Tribes or Tribal Veterans Affairs Departments as eligible entities.
 - The VA collects data for the Geographic Distribution Index, which provides a breakdown of VA funding being distributed to each county in the United States and shows how valuable and beneficial having a local VSO is for helping Veterans with health care benefits.
 - Pacific District Update
 - Tribal Veterans Representative (TVR) training will be held May 9-11, 2017.
 - Veteran Summits will be held on June 14-16, 2017 Lewiston, Idaho and June 23-24, 2017 in Reno, Nevada.
 - Continental District Update
 - Veterans Training Summits scheduled for May 22-23, 2017 in Ohkay Owingeh, New Mexico and July 1-2, 2017 at the Dine College in Tsaile, Arizona.
 - CMS IHS/Tribal/Urban (I/T/U) Training in April during the Gathering of Nations Powwow and will include presenters from VHA and VBA.
 - The goal is to help Veterans get the benefits and programs they need, because these are earned benefits that Veterans have already put in their time for.
 - Midwest and Southeast District Update
 - Working with Tribes to address homelessness and its effects on Veteran's health by asking Tribes to develop a cultural component for the programs used to reach out to homeless populations.

- The publicity and transportation Tribes provide are a critical component of getting Veterans to Intertribal Stand Down events.
- VA is giving presentation on how to get a Veteran signed up and started, followed with a presentation for behavioral clinicians on how to treat traumatic brain damage and PTSD at the Southern Plains Health Association Conference.
- The Mississippi Band of Choctaw Indians is in joint-collaboration with the area VA office to develop a VA treatment center within their health and wellness center.
- Continental, Midwest, and Southeast District Update
 - For 24 years, States were illegally taxing Native American Veterans and legislation was introduced to fix this in the past, but it didn't go anywhere. Currently working with Tribes on new legislation that will completely fix the issue.
 - If you have any issues you would like included in the National Congress of American Indians (NCAI) Veterans Agenda, contact Peter Vicaire.
 - Having a quality VSO is very important, because they help make sure Veterans are getting the services they need as well as getting any back pay or issues resolved.
 - The District Office publishes a newsletter regarding Native Veterans and are happy to add anyone who is interested in Native Veterans' issues to the mailing list.
- Tribal Comment: The ability to partner with the VA to provide services to Native Veterans is extremely important, especially since the VA will be getting budget increases and IHS is looking at budget cuts.
- Tribal Comment: There is concern when the language of program policy only references Tribal organizations and not Tribes themselves, as sovereign nations. Wampanoag Tribe of Gay Head (Aquinnah) have struggled with establishing a Tribal Service Officer and have received a lot of push back regarding funding not being set aside for that. Has there been any thought to setting funding aside specifically for Tribal VSOs? Additionally, are there any provisions for scholarships to travel to the trainings being held and what financial support systems will you be implementing with the increase in funding the VA is expected to receive? Finally, relative to the Tribal Veterans Health Care Enhancement Act (S.304), IHS shouldn't be required to pay for services the VA provides to Native Veterans.
 - Response: Yes, Tribes are sovereigns. Title 38 part 14 doesn't automatically grant recognition to government entities of any kind. For a government organization to be recognized, they must have a stand-alone VSO whose sole purpose is to serve Veterans. The funding for Service Officers comes from Veterans' organizations or state governments, because the VA doesn't currently provide any funding for that; however, you could request that a portion of appropriations is set aside. Unfortunately, there aren't funds available to sponsor travel and scholarships for training summits, which is why they try to host them at the most local level.
 - Tribal Comment: We would disagree that IHS should be mandated to pay for VA co-pays, because the VA has a trust responsibility to those Native Veterans as well as a much larger budget to provide services to them.
 - Response: We will have to check with the Office of General Counsel (OGC), but the VA doesn't charge IHS, rather they charge it to the individual Veteran, because the VA is required by law to assess co-pays depending on how services provided are connected to a Veteran's service; however, you could push for a legislative fix.
 - Tribal Comment: That is the purpose behind our comments. S.304 is a proposed fix to current legislation, but it shouldn't be fixed to mandate IHS pay the co-pays, it should be fixed so that the VA covers those. You need to take back the message that the VA has a responsibility to Native Veterans and they can't push that responsibility onto another agency.

- Tribal Comment: We are requesting that the VA support and request that legislative change during their budget cycle, which agencies are allowed to do.
 - Response: Will have to follow up with OGC.
- Tribal Comment: The sentiment of Indian Country also needs to be included as part of the testimony when the S.304 goes in front of the Committee tomorrow. With these pieces of legislation and language, they try to treat everyone the same no matter what; however, we are different than everyone else and it is a Federal Trust Responsibility that AI/ANs have already paid the price for, especially when it comes to Native Veterans.
- Tribal Comment: Legislatively, we are already the payor of last resort so you need to access what your responsibility is in regard to the existing statute.
- Tribal Comment: We understand the importance of addressing these issues, because AI/ANs serve in the military at a higher rate than anyone else. We would also ask that you remind VA Secretary Shulkin we have provided specific recommendations in several different letters and request he provide more of a response than the one response we have received thus far.
- Tribal Comment: Tribes have concerns about the intention to consolidate agreements under the Choice Act. We believe our current agreements are superior to the Choice Act, because they are procurement type agreements, rather than just reimbursement agreements. Additionally, we believe that many provisions within the Choice Act, such as the pre-approval process, will actually hinder the provision of care to Veterans. As such, what is the process for IHS and Tribes to get involved in development of what the future agreement is going to be?
 - Response: The VA budget for purchasing care in the community is \$9 billion dollars and they have only reimbursed IHS and THPs \$55 million over a 4-year period. OTGR tries to share the message that this is very important funding for THPs. When looking at IHS and Tribes, you are working with a sovereign entity, so we believe that Tribal reimbursement agreements should be held harmless; however, we don't know if VHA will do that. There is also an option for Tribes to engage with the VA as a business entity or vendor to provide services to all Veterans in the area, which should then have discussions regarding what terms should govern that business relationship, whether it be the existing Tribal reimbursement agreement or a separate one under the CHOICE Act. VHA has expressed interest in continuing with consultation; however, the dates for such are not yet known. The VA is expected to participate in consultation for the future MOU and continue consultation regarding consolidation.
 - Tribal Comment: Choctaw Nation has both agreements, because they are providing care to both Native and Non-Native Veterans. This is working for them, but other Tribes may want to explore other options.
 - Response: If you aren't already engaging with the VA in some way, you really should begin those conversations, as there are many resources available to help Tribal economies and Veterans in Tribal communities.
- In northern Arizona, they have been able to set up programs that go beyond the reimbursement agreement to provide services and bring in more Veterans. We encourage you to really engage in partnership with the VA so you can do these different things until there is an overarching law.

Office of Information Technology (OIT)

CAPT Mark Rives, Chief Information Officer and Director, OIT, IHS

Randall Hughes, Tribal Liaison, OIT, IHS

LCDR Andrea Scott, Deputy Chief Information Officer and Deputy Director, OIT, IHS

- Although there have been improvements, Health Information Technology (IT) is still struggling to keep up with an ever-changing technology market. Patients will soon be asking IT to provide more services than ever before.

-
- IHS is the only federal health care system to be multi-year winners of the Surescripts White Coat of Quality Award.
 - Updates on Goals and Current Initiatives:
 - Strengthen IHS Health IT community, and we have done so by restarting the Health IT Conference, conducting training, and awarding a new Resources and Patient Management System (RPMS) support contract.
 - Improved communications through letters sent by the Acting Director, newsletters, and reestablishment of their Clinical Advisory Committee.
 - ISAC meeting Scheduled for June 28-29, 2017 in Chicago, Illinois.
 - Tribal Comment: What type of collaboration is taking place to bridge and improve the communications between the VA and IHS?
 - Response: OIT does participate in the Federal Health Information Exchange and has shared data with the VA in some regions; however, the VA did a regional roll out, rather than a national roll out, so some of their regions are farther ahead than others. A lot of times, many of the issues are due to lack of education on one side or the other in particular facilities, which OIT is happy to work with Tribes on.
 - Tribal Comment: Chickasaw Nation has a lot of IT issues, which they would like to discuss soon. Many of these issues revolve around Meaningful Use, old technology, lack of integration and patient engagement, and revenue generation. Because these issues have a major impact on health care delivery, it would be good to see a simple IHS IT plan identifying all of these issues and when and how they will be addressed. Overall, it is important that IHS help keep Tribes in the RPMS system if that is the system IHS will continue using.
 - Response: Protests to the changes in the contract structure that were implemented when the previous contracts supporting RPMS naturally came to an end has been one of the biggest things that has paused development efforts. Those issues have now been resolved; however, it resulted in a loss of about a year's worth of software development. A new contract has been awarded, they have scheduled development work, and will be publishing a timeline of when that work will take place on the OIT website. There are other issues with development due to difficulty finding RPMS people and the experience of the system at the local level being dependent on who's supporting it and their level of RPMS knowledge, which they hope to address now that regular RPMS training classes have been restarted. OIT has also had conversations with the VA, although it is unknown what they are planning to do with their system, and will be requesting ISAC form a workgroup to address what the future of IHS EHR. Need to keep in mind that RPMS was developed before the emphasis on revenue generation, and its strengths are in population health. RPMS does have weakness that need to be addressed, but perhaps we need to explore other options, such as alternative payment methods, that focus on patients' and population health, rather than following the health care industry and being a business of medicine.
 - Tribal Comment: The problem is that everyone must supplement funding from IHS with billing. There needs to be better data about population health and third-party reimbursement has evolved into a way to provide for that, which leads to competing priorities. It's also important that we aren't duplicating efforts when it comes to reporting.
 - Service Catalog Announcement and Consultation
 - The catalog has been reviewed and approved internally. There will be a Dear Tribal Leader Letter (DTLL) listing the webinars and consultation that will take place, information for which is currently available on the IHS website.
 - Currently, there are 404 sites using RPMS.

- The process for requesting data from the National Data Warehouse (NDW) and the National Patient Information Reporting System (NPIRS) is published on www.ihs.gov and will be provided via email.
 - Tribal Comment: Previously Tribes could request specific reports, such as workload, and requests have had to go through the Institutional Review Boards (IRB). Is that something new and how much time does it add to the process?
 - Response: Requesting workload reports doesn't come from NPIRS, rather it comes from the usual process of requesting support from the Area Office, which hasn't been changed. That is for requesting specific data from the NDW.
 - Tribal Comment: Do you collaborate and share information with the Tribes that have developed RPMS system improvements that work well?
 - Response: They have done some collaboration and do value Tribal partnerships. It has been mentioned that OIT needs to improve how they collaborate and share information, which they would like ISAC to look into the best ways for doing so.
- The information shared by OIT will be published on the website and they will send out a PowerPoint that goes into detail regarding the updates that are scheduled for RPMS.

TSGAC Members' Executive Session with Acting IHS Director

Office of Environmental Health and Engineering (OEHE)

Gary Hartz, Director, Office of Environmental Health and Engineering, IHS

- Joint Venture Project Update
 - Many of the project agreements signed over the last 8 years have been completed or are in progress to complete, which has provided approximately \$900 million and 1.7 million square feet for facilities.
 - Tribes have advocated for reopening the solicitation; however, that is still on hold until they see what happens with the FY 2018 budget.
 - Joint Venture Project Construction Template Updates
 - Lease agreements are still required due to regulations within the law; however, they are working on a template that will streamline the process and allow for concurrent signing of the lease agreement and joint venture agreement (JVA).
 - Tribal Comment: It's not the lease agreements that are the problem, rather it's the things that are required to be included in the template for construction. Many Tribes don't understand the construction process and template and have to hire outside consultants to complete it. It needs to be a simpler process that Tribes can actually use, which they have been continually asking about.
 - Response: They are working on updating the Health System Planning guides to a web-based system, which will make it more accessible and user friendly.
 - Tribal Comment: Choctaw Nation sent a letter recommending that IHS change how they solicit and choose joint venture projects so that it doesn't create a list that never gets completed, the highest priority projects always get funding, and Tribes can reapply if they aren't granted a project.
 - Response: They have tried sticking to a 3-year cycle, which means the next solicitation would be in FY 2018; however, the next steps for solicitation will depend on how the budget affects the 6 projects currently in the queue.
 - Tribal Comment: What is the dollar amount, minus Cherokee Nation, for the employment packages of the remaining projects in the queue?
 - Response: For the remaining 6 that haven't been notified to proceed it's approximately \$70 - \$75 million total.

- Tribal Comment: Tribes have the authority to design and redesign programs how they see fit, so why do we have to use the current planning and design template, which is for Federal facilities, when it requires special justification for needed design elements, such as outpatient surgery in an outpatient facility, that aren't included in the template and result in double the work for Tribes? Tribes have said this for several years and there has never been meaningful discussion around it. There has to be a way for IHS to accept a design for a facility that the Tribe is going to build and equip without it being required to model a Federal facility.
 - Response: Yes, Tribes can redesign programs and deviate from the Federal standard, but it still has to be looked at from a Federal perspective, because they have to staff the facility based on how the Secretary would have staffed it. At that point, it just comes down the details of what the will and won't allow, which is where agreements have to be reached; however, they believe that the overall process will get easier once it transitions to a web-based program.
- Tribal Comment: Is there a timeline for the transition to a web-based program?
 - Response: At the end of January it was 60% complete and they're hoping to start initial testing by the end of the fiscal year.
- Sanitation Facilities Construction (SFC) Fund Distribution Methodology
 - Within the facilities appropriation there are line item appropriations for maintenance and improvement, health care facility construction, sanitation facilities construction, the facilities program's Federal and Tribal staffing and operation, and equipment.
 - Appropriations language for those line items has stated that resources need to be distributed based on workload and need.
 - Base budgets have been established where Tribes have indicated they want them through the Environmental Health Support account; however, to stay consistent with Congress, resources from that account have been set aside to address workload adjustments. Is the Tribal request that there needs to be more base funding for sanitation facilities delivery from this account?
 - Tribal Comment: Tribes have identified that a more dependable way of funding needs to be established for the operation of this program. Citizen Potawatomi Nation and for other Tribes in the Oklahoma City Area have had ongoing issues regarding funding priorities they have identified. Although these funding priorities are a major need for them, it doesn't seem to rise as a need for consideration at the national level.
 - Response: The \$99 million for sanitation facilities is distributed to two accounts, 40% for new and like-new, non- HUD housing needs and 60% for existing community and housing needs. The Indian Health Care Improvement Act (IHCIA) specifies a process for determining deficiency and project prioritization. Current total need is \$3.4 billion with a feasible project list totaling \$1.7 billion. They receive all of those projects, then look at the percentage of total Area need compared to percentage of national need and distribute funding based on those percentages.
 - Tribal Comment: Choctaw Nation expressed concerns with the way deficiency is calculated and how Indian and non-Indian communities are defined. First, the Draft guidance refers communities with less than 50% Indian homes as non-Indian and automatically treats them as a lower deficiency level, which is not the case. Therefore, they request that those references be removed.
 - Response: Meeting in Oklahoma was beneficial for understanding these issues. Until they started looking at historical data, they believed deficiencies were the same. Many things are already happening to address it, such as GAO visits, and, they commit to reviewing, addressing, and fixing those inconsistencies, which are common across Indian Country.

- Tribal Comment: Since it is a draft guidance how soon will you be able to clarify that issue and will you issue a memo or supplemental draft guidance until the final version is issued?
 - Response: Hoping to finish before the end of the fiscal year and will have to check one providing a supplemental document, but they should be able to do that.
- Tribal Comment: Are you in agreement about opening the Sanitation Deficiency System (SDS) system so Tribes can see all the data? As a way of improving accountability and transparency, those imputing data should be able to see the entire system and how things are being ranked.
 - Response: Some of that data is already available; however, there are concerns with opening up the system due to some very high levels of need in certain areas and discussions with other Tribes need to take place first.
 - Tribal Comment: There are Tribal representatives from across the country in attendance; however, we will follow up in writing. An offline discussion would be beneficial to discuss any sensitivities that exist.
- Small Ambulatory Health Center Grants
 - Resources were included in the President's budget request for FY 2017. The Senate marked it up and included a request for \$10 million; however, the outcome of that request has yet to be seen.
 - Addition of staffing has been discussed. At the last Facilities Appropriation Advisory Board meeting it was determined that staffing is included in the revised methodology for health care facilities construction; however, current discussion has been focused on the budget request.
- Table 4F Development and Full Implementation of Title V
 - Recognize that not everyone is understanding this and are willing to distribute information about how you track Tribal shares from headquarters to the Tribes.
 - Tribal Comment: Every year Tribes need to be able to track their shares and how they are being implemented. Regarding implementation of Title V, we are referring to stable base budgets, which haven't been implemented in OEHE, and it is an issue Tribes have continually asked about. OEHE isn't exempted and previous processes of distribution don't preclude transitioning to stable base budgets.
 - Response: The understanding is that most of that is already in the Facilities Support Account already.
 - Tribal Comment: The issue is that it is recalculated every year and hasn't been implemented in other line items.
 - Response: Not recalculated for Tribes that have taken it as base budgets, which means you are already receiving it as a reoccurring amount. It has been implemented in the Environmental Health Support Account, except for \$5 million, which is distributed based on workload to account for annual changes and stay consistent with Congress's direction to do so. Of the \$73 million appropriated, approximately \$67 million is distributed out, with Tribes who have taken base budgets receiving it as such.
 - Tribal Comment: That is not our understanding so further discussions are needed. A presentation focusing on a walkthrough of that should be given at our next meeting.
 - Response: The delay of appropriations has caused many issues regarding Tribal shares and further discussion would be beneficial.

Contract Support Costs Update (CSC)

Lia C. Carpeneti, Associate, Sonosky, Chambers, Sachse, Miller, Monkman & Flannery, LLP

Geoff Strommer, Partner, Hobbs, Dean, Strauss, and Walker

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

- CSC Appropriations
 - IHS originally estimated the amount needed was \$800 million, which about \$82-\$96 million too high. This overestimate is extremely concerning because the funding cannot be used for other IHS programs and was scored against the budget, upsetting Congressional appropriators. There are people working to fix this issue and get that funding reallocated; however, the chances of reallocation this late in the appropriations process are very slim.
 - Currently there isn't a cap in the appropriation language for CSC; however, Congress could decide they are no longer comfortable with that language and get rid of it, especially with these overestimations and the message it sends about IHS's ability to manage funding. Moving forward, IHS and Tribes need to work together in developing future CSC calculation methodologies to prevent this from happening again.
 - Tribal Comment: Do you know the difference between the overestimate calculations IHS made and those others outside IHS have made?
 - Response: Outside calculations show about \$96-\$97 million and IHS calculations estimate about \$82 million.
- CSC Litigation
 - Tribes hold the view they are entitled to CSC for health programs that are funded with third-party revenue; however, IHS disagrees. In October in the *Sage* litigation, a New Mexico district court sided in favor of a tribe and ruled that IHS had to pay CSC for those programs. This currently only applies to that one Tribe and IHS has indicated that they will appeal the decision. In light of this, the recommendation is that Tribes be cautious about closing out their 2014 CSC claims.
- Due to the many changes made in the new CSC policy, the CSC workgroup requested more rigorous training be developed to assist Tribes; however, we don't currently know the status of that request. Additionally, the workgroup agreed to reconvene, which has yet to happen, and work on reaching agreements for each of the backup calculation tabs that were previously deferred. As such, when will the workgroup reconvene to do that work?
 - IHS Response: IHS is working to implement trainings around the new CSC policy, which they hope to do before the end of the fiscal year. However, to address the immediate request for training, they are in the process of filming training segments that will be accessible online and are trying to have ready by the Annual Conference in April. In regards to a CSC workgroup meeting, templates were provided to the workgroup previously, which they would like to receive comments on so they can determine which parts of the template need to be addressed and how much time needs to be scheduled.
 - Tribal Comment: Can we schedule a workgroup call or a webinar to kick off that process and determine if a meeting is needed?
 - Response: Yes, we can work with you to determine what would be the best date for a call.
 - Tribal Comment: Additionally, there is time set aside at the Annual Conference for CSC training so will there be someone available to provide that?
 - Response: We can have more discussions regarding that.
- IHS Response: The reason the CSC estimation is \$800 million is due to the budget proposing CSC be appropriated as specific, mandatory funds. As a result IHS had to ensure they would have enough authority to cover CSC if the need was greater than they expected; however, if the indefinite, discretionary appropriation of CSC continues, there will need to be more precise estimations. Complications also arise from the number of CSC claims that are still open, which establishes the start point of estimated need for the next year. Additionally, an expectation that

several larger Tribes would be joining Self-Governance and the ability of Tribes to renegotiate their Direct CSC were factors in the process.

Indian Health Service Budget Update

Elizabeth Fowler, Deputy Director for Management Operations, IHS

- IHS FY 2017 Funding and Continuing Resolution (CR)
 - The House and Senate have been working on IHS appropriations provisions; however, IHS is not aware of the details of those provisions.
- President's FY 2018 Budget Blueprint
 - A brief description of IHS is listed under the Department of Health and Human Services (HHS); however, it doesn't give enough information to determine how it will translate to a full budget request. The full Presidential Budget Request is expected to be released mid-May.
 - Tribal Comment: The description of IHS as a safety net is very problematic and negates to acknowledge the Trust Responsibility. Therefore, we encourage you to emphasize in your budget request how important IHS is and that it needs to be funded to fulfill that responsibility.
 - Response: We agree. The development of the Blueprint was done on a high level, which didn't allow for operating division participation opportunities.
- FY 2019 National Budget Formulation Evaluation and planning for the FY 2020 session is scheduled for April 24-25, 2017 in Spokane, Washington.
- Area Budget Formulation Pilot Project
 - This was an initial idea to address Area needs not reaching the national level; however, the workgroup has decided to forgo further work on this particular process and encourage recommendations on other ways to address the issue be submitted, especially during the evaluation meeting at the Annual Conference.

Patient Protection and Affordable Care Act (ACA) Implementation Update

Cyndi Ferguson, Self-Governance Specialist/Policy Analyst, SENSE Incorporated
Doneg McDonough, Consultant, TSGAC

- Outreach and Education Project Update
 - Health Care Reform Website Overview
 - Updated continuously so that all information is up-to-date and available. The latest information, such as analysis and timelines, is located under the 2017 Actions Tab.
 - List of all scheduled webinars is available as well as recordings of and supplemental documents from past webinars.
 - There is also a Q & A page where you can submit any general questions and includes a Frequently Asked Questions section.
 - Other Resources page lists different letters and documents that have been developed in relation to the ACA.
 - Finally, there is a success stories page where you can read and print stories coming from several different Tribes.
- Timeline of Potential Administration and Congressional Action on ACA Repeal/Replace Legislation
 - Although the House Bill was withdrawn, we need to stay vigilant of other actions taking place such as the budget and proposals to raise the Federal debt limit that would require an equal amount of funding be placed into savings.
 - Due to rising litigation regarding cost-sharing provisions, we must continue advocating the importance of those provisions and that republicans will have to be proactive in order to protect them.

- If they can put the Reinsurance Program, which offsets the costs associated with high risk people, into place before June 2017, it will help to stabilize the marketplace and bring insurers back in.
- Employer Mandate
 - Currently, no employer has paid the mandate, because the Federal government didn't bill employers. Unknown if the new Administrations will start billing employers, which means it's a liability for Tribes and advocacy for exemption must continue.
 - Tribal Comment: The fact that you would be required to pay the employer mandate penalty, even if all your employees receive health care through IHS, would be a huge burden.
- Administration and Congressional ACA Related Actions in 2017 and 2018
- Moving Forward
 - We expect HHS Secretary Price to be granting State waivers regarding provision requirements.
 - Keep in mind there are 16 States with Federally Recognized Tribes that chose not to expand Medicaid and are standing between a Federal entitlement and people receiving care. We don't need to request funding for this because it already exists under Federal law, it just needs to be implemented.
 - Tribes should continue any plans for establishing Tribal Premium Sponsorship. Even if the House Bill passed, there would be two and a half years before tax credits and cost-sharing ended.
 - An enrollment kit for Tribes interested in Premium Sponsorship has been developed, which includes everything that needs to be considered on a Tribal level and a fast track that provides information on the program, model documents, and analysis which will be available online soon.
- Tribal Comment: We need to think about how the Administration will readdress this, what our priorities are for strengthening it, and what kind of policy and legislation recommendations we want to make.
- Tribal Comment: Although the House Bill was pulled from the floor, the President signed an Executive Order (EO) that ordered HHS to minimize the burdens of the ACA. This directed HHS Secretary Price, to the extent of the law, to waive or defer provision with large economic burdens. We need to keep this EO and the effects it will have on program revenue in mind.

2017 Self-Governance Annual Consultation Conference Discussion

- Registration closes on April 1, 2017. If you are unsure about your registration, you can ask Tami. She can also tell you if you have a hotel room for the conference.
- Still looking for sponsors.
- Looking for moderators and notetakers. It's very important to have notes from the sessions, especially because they are used often by those who can't attend in person. Please let us know if you would be willing to serve in this capacity.

Preparation for Discussion with Acting IHS Director

- Melanie Fourkiller, TSGAC Tribal Technical Workgroup Co-Chair, reviewed items of discussion identified in Tribal Caucus. Talking points for tomorrow's meeting will be provided in the morning.

Recess until March 29, 2017

Wednesday, March 29, 2017 (8:30 am – 12:45 pm)

**Meeting of IHS Tribal Self-Governance Advisory Committee (TSGAC) and Technical Workgroup
with RADM Chris Buchanan Acting IHS Director**

Invocation: Kay Rhoads, Principal Chief, Sac and Fox Nation

Welcome and Introductions

*Marilynn “Lynn” Malerba, Chief, Mohegan Tribe, and Chairwoman, IHS TSGAC
RADM Chris Buchanan, Acting Director, IHS*

Congressional and Legislative Office Update

June Tracy, Director, Congressional and Legislative Office, IHS

- Since it's the beginning of the 115th Congressional session, activity is just getting started.
- H.R. 235 – Indian Health Service Advance Appropriations Act
 - Bill reintroduced by Congressman Young that would give authorization to provide advanced funding for IHS operations. IHS testified to Congress when this bill was previously introduced; however, no additional specific committee hearings have occurred.
- There are a few specific interest bills, such as Land Transfer Bills in Alaska and State of Virginia Federal Recognition Bills.
- H.R. 981 – Indian Health Service Hiring Freeze Exemption Act
 - Bill introduced by Congresswoman Torres that proposes to exempt IHS positions from the Presidential Memorandum regarding the Federal Hiring Freeze.
- S. 465 – Independent Outside Audit of the Indian Health Service Act
 - Bill introduced by Senator Rounds that proposes an extensive audit of IHS, which arises from the circumstances in the Great Plains Area and the interests of specific offices on the Hill for more information on agency budgets and operational issues.
- S. 304 – Tribal Veterans Health Care Enhancement Act
 - Bill introduced by Senator Thune authorizing use of PRC dollars to pay for services provided to Native Veterans using VA facilities. SCIA is holding a hearing on this bill today and they expect it to be marked up and favorably reported. Originally introduced and marked up in the last Congress, but no final action was taken before the end of the Congressional session.
- SCIA is holding an oversight hearing on the Special Diabetes Program for Indians (SDPI).
 - Purpose is to put the valuable work of the SDPI on record. IHS Acting Director Buchanan will be testifying along with Tribal witnesses. They hope to highlight the major accomplishments that have been achieved thus far.
- Tribal Comment: When there is going to be a Congressional inquiry or hearing, it would be nice if IHS would communicate that information so Tribes can advocate around those critical issues.
 - Response: It's always good that we all work with the same information and have consistent messaging. IHS Acting Director Buchanan agrees that communication is important.
- Tribal Comment: Can updates from Ms. Tracy and her office be made a regular part of our quarterly meetings?
 - Response: Yes

- Tribal Comment: Can you explain more about S. 304, Senator Thune's bill? Is it good or bad and what kind of impact will it have?
 - Response: The purpose is to make it easier for Native Veterans to receive the care they need. It will have an impact because it requires IHS to use PRC dollars for those services. However, that impact will vary depending on how widely the programs are used.
- Tribal Comment: Since IHS is the payer of last resort, why wouldn't the VA be the ones to cover the cost, especially since the VA's budget is exempt from sequestration and continues to grow with the population? As a committee, we need to look at the language and decide how to address it.
 - Tribal Comment: It makes sense to remove restrictions on that funding. Perhaps it should be language where IHS initially pays for the services, ensuring Veterans receive them, with the VA then reimbursing IHS for the funding paid out.
 - Tribal Comment: PRC has already been an issue within the current IHS-VA MOU and clarification is needed to ensure Veterans are receiving needed care.

Joint TSGAC and Acting IHS Director Discussion

- Returning Funds to Treasury
 - Tribal Comment: We appreciate the IHS update letter and the information that has already provided; however, we need further discussion on how we can avoid returning funds in the future and what is needed for Tribes to help facilitate those efforts and what you think caused the spike this past year, which seems to be out of the norm. Additionally, we need to put the percentage of funding being returned into perspective and discuss the comparison to funding amounts being returned by other agencies.
 - Response: Not returning significant amounts of funding. It's a complicated process that is specific to the appropriations law. Most funding is appropriated as one year funds that they then have 5 years to use. The \$3.8 million returned this past year comes from closing out FY 2011 funds and is 0.14% of the total IHS budget for that fiscal year and approximately 0.002% of the current overall IHS operation budget, which includes third-party collections and the like. Funds usually returned are in relation to contracts or services purchased that year, which weren't used in their entirety, and are not funds from the service unit level.
 - Tribal Comment: When you go to Congress with this information will it say that x amount of money was returned for x reason and are funds from x level of service? It's important to make sure the facts and situation aren't getting misrepresented.
 - Response: Yes, that is how we believe it will be handled. Additionally, we are taking other actions to continue improvement, such as implementing the Hyperion Accounting System.
 - Tribal Comment: Are funds being returned restricted to a specific thing? If so, is there a way to review those policies so the language is less restrictive and allows them to be redistributed? Additionally, are the DTLLs being distributed to the people heading up these issues? It's important that the right people have all the information so these issues can be addressed.
 - Response: We agree and are working to improve communications.
 - Tribal Comment: Can you outline the fluctuations in the budget a little more?
 - Response: From 2006 to 2011 there appears to be a gradual incline, which could be from appropriations increases as well as purchases and contracts.
- S. 465 – Independent Outside Audit of the Indian Health Service Act
 - Tribal Comment: We understand this is driven by Great Plains Tribes. No one should have to deal with the issues in care they are dealing with and we support those issues being addressed; however, we have major concerns with an extensive audit. Overall we

would recommend: 1) the audit have more time to occur; 2) that work with Congress to hold them accountable for fully funding IHS continues; and 3) that IHS be proactive in responding to Congress. As such, does Congress feel they aren't getting the information needed and that IHS isn't being responsive to their requests?

- Response: The IHS Great Plains Area is a very challenging issue. The challenges they face didn't happen overnight and are long standing issues. Agree IHS needs to be proactive and take the opportunity to tell their story. IHS can do better at responding to the GAO and continue working on improving communication.
- Tribal Comment: If an audit is done, it will likely be performed by an outside person who isn't familiar with Tribal issues or communities. In addition, the cost to perform the audit will likely come out of the HHS budget, which will probably then be filtered down to IHS. As they begin to outline this process can you provide details of what they are planning, especially around how and when it will be funded?
 - Response: Yes, we can and it would be a good topic for our IHS monthly update calls.
- Tribal Comment: Have you not received a request to provide this information? You say you would provide it, so does that mean you haven't provided it yet?
 - Response: Correct, I would respond with the information, but have not been asked for it yet.
- Tribal Comment: Can you explain what the process is for responding to Congressional requests? It sounds like you are being responsive; however, there is a running idea in Congress that IHS isn't responsive. Therefore, it seems that there is a disconnect somewhere between you and Congress that isn't allowing that information to go through.
 - Response: We work very closely with the department to provide this information and some requests don't have to go through OMB. Currently we don't have any records showing requests regarding the Great Plains and as such, we encourage any requests that are made to the Area office be passed on to headquarters. When we do receive a request, the information is provided to them in a very timely manner, especially when it is information such as user numbers. Sometimes it can be more difficult to provide information due to the way questions are asked.
- Tribal Comment: A great way to be proactive in providing this information is to provide these update letters to the SCIA. You can also use the monthly update calls to address some of the hot topics.
 - Response: Increasing our communication and providing information before it is requested is something we can improve on to be proactive. In the Great Plains, we are already having monthly update calls with Congressional staffers so that we can provide that information.
- Tribal Comment: We appreciate efforts to respond to Congressional requests and understand it can get difficult when you ask for more information and clarification. We also understand that sometimes things come from a specific Tribe or facility and it's important that all of us, including Direct Service, Urban, and our other organizations, work together to improve things and reinforce the nuances of these issues.
- Tribal Comment: The United South and Eastern Tribes, Inc. (USET) isn't looking at returning funds in isolation. We can see that there is a target on IHS, which was prevalent in Department of the Interior Secretary Zinke's confirmation hearing. We don't take a position that there aren't efficiencies to be achieved within IHS; however, we are unsure if the detractors of IHS have the same end goal of Tribes, which is a better IHS, and want to emphasize that you have to be proactive in providing information and preventing an unwanted stigma from being established.

- GAO High Risk Report Recommendations
 - Tribal Comment: In terms of quality care, are all Tribes using the Improving Patient Care (IPC) Program?
 - Response: IPC is a model for improvement and there is one in each of the 12 IHS Areas. In terms of an overall dashboard that provides quality metrics, we are in the process of development. In the GAO report, there is reference to standards, such as wait time standards, which we are working on developing. Those would only apply to direct service facilities, however.
 - Tribal Comment: Providing information on action plans and what has already been done is another area to be proactive. In addition to providing information to Congress, such as this letter about the funds being returned, if you can provide those progress reports to Tribes, we can then provide those to Congress as well.
 - Response: We would love for you to do that and will work to get those reports to you.
- Contract Support Costs (CSC) Workgroup Meeting
 - Tribal Comment: How do we get to better budgeting and prediction for CSC so that we can avoid the gross overestimation that has occurred and how can the CSC Workgroup engage on these issues?
 - Response: The first step would be setting another workgroup meeting. Currently we are working on developing a webinar that will cover these topics and provide the information Tribes need.
 - Tribal Comment: Would it be possible to do this in a series of webinars that can address the fact that not all Tribes have the same level of knowledge regarding CSC calculation?
 - Response: Yes, we can probably accommodate that request and perhaps add it to our monthly update calls.
 - Tribal Comment: Are you having the conversation with Congress regarding the restrictive language and the possibility to reappropriate the funding at the end of the year if you have already fully funded CSC? IHS funding is currently one year funding, so does that mean that CSC is also only one year funding?
 - Response: Yes, currently CSC is one year funding, but it is an indefinite appropriation, which allows us to go to Congress and make a request if we need more; however, calculation of CSC is a difficult process because of all the factors involved.
 - Tribal Comment: The main issue is how much discretion you have with funding and for how long. We should try to preserve it at the least, but if we can get to 2 or 3 year status, inclusive of CSC, it would be better. If it is helpful for TSGAC or another organization to send a letter educating Congress on the complexities of the situation, please let us know.
 - Response: That is a good thing to hear. We are looking into work with outside contractors, such as Cliff Wiggins for Level of Need Funded (LNF), and open to workgroups to address those issues. We would appreciate any recommendations you may have about what that should look like.
 - Tribal Comment: We understand there is some restriction on how IHS can reprogram and utilize funding. Are those policies administrative or statutory in nature? Additionally, if Tribes were to make a request for more flexibility, who would we make it to and what form should it take?
 - Response: There is language around reprogramming; however, we will need to get back to you with the exact information.
 - Tribal Comment: Has Congress provided guidance regarding what would be an acceptable deviation rate from the forecasted amount? If not, that needs to be

- addressed so you don't continue to receive feedback even though it's improving. Also, is there a way to include Actuaries in the complex forecasting model process?
- Response: No, there isn't an established number regarding deviation; however, all those topics sound like great items for the CSC workgroup.
- We would like to have a combined meeting of DSTAC, TSGAC, and Urban Programs.
 - IHS Headquarters and Area Assessments
 - Tribal Comment: We don't disagree that some of these assessments are necessary, but we request that they be applied fairly across IHS Areas; are for things that benefit Tribes, rather than the Agency's social media and email security; and are recalculated on a monthly basis for Inter-Governmental Personnel Acts (IPAs) and Memorandums of Agreement (MOAs).
 - Response: I would need to get more familiar with how this is done and what is being assessed in different Areas. I will follow up with you on that.
 - Level of Need Funded (LNF)
 - Tribal Comment: We appreciate the effort you have put in so far and are happy to hear that you are reaching out to Cliff Wiggins. Are you looking to include Health Economists in this conversation? We recommend that there is a Tribal workgroup established.
 - Tribal Comment: We also respectfully request that the facilities project list is published publicly on the website by May 1, 2017. Doing so will increase transparency and accountability as well as put Tribes at ease regarding how projects are being prioritized.
 - VA-IHS MOU Outstanding Issues
 - Tribal Comment: We have many concerns with S. 304 and don't agree that our services should be consolidated, because the VA is assisting in carrying out the trust responsibility. We have made these concerns known and urge you to push back with the VA on these issues and concerns.
 - Response: We have heard those concerns and Ben Smith has been tasked to work with the VA on these issues. We have heard that the VA is mandated by legislation to charge co-pays, which does serve as a barrier to care. Perhaps, instead of the current legislation introduced there should be legislation that allows the VA to cover those co-pays.
 - Tribal Comment: We mentioned to the VA that they should include that legislative language change in their budget justification. Perhaps IHS should do the same.
 - Tribal Comment: The VA did commit to having someone with authority at the next Committee meeting. However, it's concerning that they continue to give non-responses to these issues. It's also very disturbing that the VA, who has a budget that is so much larger, refuses to pay for these services.
 - Response: We will reach out to the VA before the next meeting and have that conversation with them.
 - Catastrophic Health Emergency Fund (CHEF) Rule
 - Tribal Comment: We request that IHS delay issuing a finalized rule until the *Redding* case is decided.
 - Response: That makes sense and we agree.
 - Executive Orders Re: Hiring freeze, Regulatory Mandate, and Reorganization
 - Tribal Comment: Before the hiring freeze, IHS was already understaffed and there are many people not in provider positions that make sure health care systems run. How is the Administration going to hear that from you and our committee?
 - Response: We try to provide that information in the DTLL. With reorganization, some last-minute things were done and we believe Tribal consultation needs to be held before we move forward. For identifying a regulatory person, we have an IHS Division of Regulatory Affairs who will handle that issue.
 - Tribal Comment: Who would be the person in Regulatory Affairs?

- Response: Carl Mitchell is the Director.
- Tribal Comment: We are very happy to hear your comments on Tribal consultation for reorganization.
 - Response: It goes with what we heard from HHS Secretary Price about patients, people, and partnerships. We understand that partnerships are very important and we have to utilize the work and experience of everyone involved so that we can truly make things better.
- Workforce Issues
 - Tribal Comment: How many positions are actually vacant in IHS?
 - Response: That is a good question and it depends on how you ask the question. Currently, there are about 15,000 employees and 18,000 commissioned officers. As for an exact number, we don't have that answer today.
 - Tribal Comment: It's important to have that number, even if a rough estimate, so that we can include it in our advocacy effort. Something that would be helpful is a breakdown of those vacancies, including what kind of vacancies are present in each Area. We want to be your partner and help you address these issues, but we need that information.
 - Response: Currently doing monthly reports and as of February, overall target number of employees is 17,850 with 3,214 vacancies equaling an 18% overall vacancy rate. Medical Officers is 27%, Nurse Practitioners is 35%, Certified Registered Nurse Anesthetists is 21%, Nurse Midwives is 26%, Dentists is 23%, Pharmacists is 11%, and Physician Assistants is 28%. Information for each Area is also available.
 - Tribal comment: We would like to have that information as well as the turnover rates by category and attrition. It would be valuable for us to see it, especially how the vacancies are distributed by Areas.
 - Response: This information is Federal sites only and a position could be filled by a contractor, which wouldn't appear on the Federal vacancy list. The last information was updated in September and is located in the IHS Director speeches, but we will work to get newer information. Will also need to work on including the vacancy rates of Tribal and Urban facilities; however, that may be difficult because it isn't something Tribes are asked to report and Urban Programs are authorized by IHClA grants, which makes them a little bit different.
 - Tribal Comment: Is there any incentives for people to work in these rural areas? Additionally, are you looking at other positions that aren't considered as important, but play a major role in health care?
 - Tribal Comment: In language of scholarship and loan reimbursement, is it statutory or regulatory and who can modify that language? It's not user friendly, which causes many people to back away from it and doesn't cover positions such as those in administration, which you need to include. Additionally, housing continues to be a barrier to bringing health care providers to rural areas.
 - Response: These are widespread issues we are continuing to work on.
- Partnerships
 - Tribal Comment: Are any conversations taking place regarding interagency agreements and Federal funds transfers?
 - Response: Currently, participating in the Executive Council on Quality Care, which works with the Health Resources and Services Administration (HRSA) and the Substance Abuse and Mental Health Services Administration (SAMHSA). When we see opportunities to utilize other departments who have already addressed some issues, we do what we can to work with them. As far as funding, we don't have that information right now.

- Tribal Comment: There has been a history of IHS not receiving funds from other agencies. Are you saying there hasn't been a change in that precedence?
 - Response: Not familiar with that issue
- Other Questions or Issues:
 - Tribal Comment: Thank you for taking our recommendation and working to repopulate past correspondence on the webpage; however, there are still some missing.
 - Response: We are working on it and letters from 2008-2017 are currently up.

Closing Remarks

RADM Chris Buchanan, Acting Director, IHS

P. Benjamin Smith, Deputy Director for Intergovernmental Affairs, IHS

- We are committed to keeping our promises and are working on improving communications through the update letters, which we will work to have out sooner.
- We were asked to develop an operations report, which will be coming out soon.
- Conducted consultation in 2008 regarding inclusion of the PSFA Handbook in the IHS manual; however, we learned that wasn't the way to go because health care technology is constantly changing. How do you think we could update it so that we can provide a set of guidelines for negotiations? Could we open it for a 45-day comment period with some national calls and then have it updated annually? These handbooks have developed on an Area level and we would like to create a similar tool at the national level, because it's unacceptable for us to be operating under a document from 2002.
 - Tribal Comment: Could we include it as a consultation session at the Annual Conference?
 - Response: Yes, I think we can do that.
 - Tribal Comment: We appreciate your emphasis on Tribal Consultation. You must continue engaging in consultation and we appreciate any you would like to hold.
 - Response: The idea came from this Committee when it was formed in 1996. We needed to have tools and engaging in consultation is the only way to go.
 - Tribal Comment: Since this is the first major update, we recommend that you work with a technical group before publishing a draft for review. For updating annually, that will become a more established process that can be shortened. Additionally, we appreciate that many information items are available on the OTSG website; however, we request that an established document detailing information often requested, such as user population data, be developed and distributed to all Tribes.
- Tribal Comment: It's important that we stay in an area of transparency and with the conversations we had yesterday with facilities, we aren't getting that. The push back we have received is a paternalistic viewpoint that is trying to control how Tribal Leaders operate. We need all the information, even if it isn't desirable, and it's disrespectful to justify withholding information as a way of "protecting" Tribes. Additionally, if there are people who believe and think that way, perhaps there isn't a place for them within IHS.
 - Response: We hear your point and will have to review what was said.
- Tribal Comment: Has the vacancy rate always been what it is currently and has there been an analysis on what the issues with recruitment and retention are? If so, what are those issues?
 - Response: We will have to review the information again to provide an answer regarding the vacancy rate. Another area we can improve on is conducting exit interviews to determine why someone chooses to leave after just a few months. I don't believe there has been a comprehensive review, but that is something we can work on to further improve our proactiveness.

Closing Invocation: Floyd Gomez, Tribal Secretary, Taos Pueblo

Lunch

TSGAC Technical Workgroup Working Session

Adjourn TSGAC Meeting