1. Purchased and Referred Care Workgroup Meeting Update and GAO Report
2. Practice of IHS shifting recurring appropriations to competitive grants, rather than recurring base increases, and payment of CSC on these funds
	1. $40 million in Behavioral Health funding has been shifted to grants since 2008, which represents over half of all recurring increases to BH.
3. Status of IHS Director Nomination/Hearing
4. IHS Strategic Plan Workgroup – DTLL
* Timeframe is very short, goal is that whatever comes out of workgroup will go out for broad tribal consultation.
* There is some disagreement on the priorities that IHS should have.
* Need to request that IHS send the notices to the TSGAC
* What about the structural/organizational changes that were proposed under Mary Smith’s administration?
* How does the ‘HHS Reimagine Initiative’ interact or coordinate with this?
1. Tribal Consultation on Sanitation Deficiency System Guidance – DTLL
* TSGAC had a specific commitment to remove the definition of ‘non Indian community’ by Mr. Hartz in person, however the IHS continues to use this to downgrade Sanitation Deficiency Levels in this interim.
1. Level of Need Funded Workgroup and Process – DTLL
* Workgroup has been formed and first meeting set for late this month.
* No agenda as of this time
* Have the Workgroup members been provided with a compilation of the topics IHS received via Tribal Consultation?
* Request a call-in line for Tribes to participate/listen in
1. CMS Medicaid Work Requirements –
* Office of Civil Rights (OCR) has determined that there cannot be an exemption for AI/AN from Medicaid Work Requirements that states may propose
* The Tribes and IHS must weigh in with OCR on this issue – that we are not race based classification, but that exemption is appropriate because we are governments.
* Send a letter and have a meeting with OCR and Tribal Leaders
* Request IHS also weigh in with CMS on these Medicaid proposals that do not work in Indian Country – specifically work requirements.
1. Policy Decisions Must Include Tribal Consultation First.
* There has been a recent pattern of unilateral decisions by IHS without first consulting with the Tribes. These have included
	1. **Contract Support Costs**
		1. The IHS has announced in December that it is unilaterally suspending a portion of the policy carefully negotiated with Tribes and approved with Tribal Consultation (the 97/3 option for determining duplication)
		2. Although the CSC Workgroup is set to meet in March to discuss, the IHS should not suspend or alter the policy without Tribal Consultation prior. We consider that an exercise of bad faith.
	2. **EMS Interagency Agreement**
		1. Tribes have received letters announcing that IHS has decided *not to renew* its interagency agreement for the shared cost ambulance program
		2. This agreement greatly offset the cost for ambulances. Consequently, lease costs have gone up a great deal for Tribes, a financial burden that was unplanned and unnecessary.
		3. Why was this agreement not renewed, and why were Tribes not consulted in advance.

* 1. **Payment Deadline for Self-Governance Funds**
		1. Title V specifically provides that the Tribe has the option to be paid within 10 days of apportionment.
		2. IHS taking position that 10 days of apportionment does not apply to Continuing Resolutions, but only applies when Congress appropriates a full year of funding at the beginning of a year. If that position were correct, a Tribe would never be eligible for timely payment.
		3. In our view, this is a complete misinterpretation of the provisions of Title V. A Tribe has challenged the decision, and it has implications for all Tribes.

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1. Budget Caps and Sequestration
* With the tax bill, it is likely that we will reach budget caps and perhaps sequestration.
* We need IHS to work aggressively with us to be exempted from sequestration.
* Also need a letter to the House approps subcommittee to remind them that IHS should be exempted.
1. Reauthorization of Special Diabetes Program for Indians (SDPI) – only authorized/funded through the end of March 2018. We remain concerned that SDPI has not been reauthorized.