**Indian Health Service Tribal Self-Governance Advisory Committee**

**and Technical Workgroup Virtual Meeting**

**July 13, 2021**

**Tribal Talking Points**

**Health Information Technology (HIT) Modernization Efforts**

HIT remains a top priority for the TSGAC and, while progress seems imminent, there remain a few concerning matters for tribal leadership. In particular, TSGAC is concerned about the narrative shared with congressional members and other leaders regarding how the selected choice and the timeline incorporates the need of the entire Indian Health, Tribal, and Urban health system, when other stakeholders have not had an opportunity to participate in a meaningful assessment. It is unclear whether the tribally operated facilities will have input prior to a vendor selection and an initial site launch. It is also unclear whether IHS is communicating to Congress the need to reimburse tribes that have already invested considerable resources in their own IT modernization efforts. Building a system while collecting feedback will inevitably become more cost prohibitive and result in missed opportunities.

**Tribal asks:**

* TSGAC maintains our request that IHS host a separate meeting that specifically focuses on this project to allow for a more substantive and lengthy engagement on a vast and critical important subject.
* IHS should identify the appropriate method for tribes to iteratively contribute to the selection and implementation process.
* IHS must consult with Tribes on the divisibility and contractibility of any new funding committed to this project. A unilateral decision that this funding is not available for Tribes who currently operate systems or who intend to move from RPMS due to the lack of interoperability does not support the tenets and statutory requirements of Title V.

**Behavioral Health Programs**

Given the change in the Administration and the extension for existing Behavioral Health Program grantees, this Administration should reconsider the Agency’s previous position on Behavioral Health Program (BHP) grants. Tribes provided comments which overwhelmingly supported transitioning existing BHP grants. Yet the Agency determined that it would not change the funding mechanism without explanation.

**Tribal ask:**

* Is IHS willing to revisit this topic in tribal consultation or reconsider the consultation comments previously submitted?
* Will IHS provide specific comments regarding why the decision to maintain BHP grants in their current status adheres to tribal consultation comments previously received?
* When providing technical assistance to Congress regarding the special behavioral health programs legislation, IHS should remind Congress that the tribal preference is receive funding through self-determination and self-governance agreements. Further, IHS should be seeking tribal expertise to ensure that technical assistance is representative of the existing landscape.

**105(l) Lease Estimation Efforts**

While TSGAC has many outstanding requests regarding 105(l) leases, one issue seems timely to raise with IHS: the estimation used for the upcoming budgetary cycle. In working with Tribes, IHS has identified a need to estimate costs and to collect data in order to more precisely estimate need.

**Tribal ask:**

* When and how will IHS collect the necessary data to include in upcoming budget cycles?
* How will tribes be included in the final estimations proposed to OMB and Congress?

**Village Built Clinic Lease Estimation Efforts**

IHS is well aware that the chronic underfunding of Village Built Clinic (VBC) leases is a significant concern for all tribes in Alaska. While the TSGAC has not raised this issue in the past, equity demands that these leases be fully funded just like section 105(*l*) leases are now fully funded. The TSGAC has been told that Congress lacks the information necessary to understand how much funding is required to fully fund all VBC leases and that until that information is available Congress will not increase funds for VBC leases in the appropriations

**Tribal ask:**

* Can you commit to us that you will direct your staff to work collaboratively with Tribal representatives in Alaska and produce, on an urgent basis, the data needed to accurately calculate the shortfall for VBC lease funding, including the number of outstanding VBC facilities, their current funding levels, and the additional amounts needed to fully fund the eligible operating and ownership costs for all VBC facilities?

**Contract Support Costs Workgroup**

TSGAC was thankful to hear that IHS is considering reconstituting the workgroup to finalize issues that have lingered since statutory changes to the program. We are excited to learn when the workgroup will meet again.

**Tribal ask:**

* When and what method will IHS use to bring the workgroup together to address the remaining issues?
* Will IHS provide guidance on the treatment of the IDCSC as it relates to one-time Coronavirus funding?

**Inclusion of Coronavirus Funding in the Negotiation of Indirect Costs**

As an agency very familiar with Indirect Costs and the impact those rates have on IHS agreements and tribal operations, TSGAC is asking for support from IHS on what has become a technical and challenging discussion. As the agency is aware, tribal nations received an overwhelming amount of support from the federal government over the last 18 months. Coronavirus-related funding has created many administrative and programmatic burden for tribal nations, while immediate, community-level responses were absolutely necessary. Just recently, tribes have run across another administrative issue. Particularly, tribes are worried about the disallowance of IDC for the Coronavirus Relief Fund, . Such funding should be excluded from the direct base during IDC rate negotiations with cognizant agencies, as you know inclusion of a large direct costs base when indirect costs are not allowed will create significant swings in rate determinations over the next several years. During this time, it will be difficult for IHS and BIA to accurately project CSC needs. At a minimum, we need the Office of Management & Budget (OMB) to provide guidance to the Interior Business Center and other cognizant agencies, so that tribes may choose to include or exclude certain one-time funding from the IDC direct cost base calculation and that this should be a tribally-driven discussion.

**Tribal ask:**

* IHS should provide technical assistance to OMB to help communicate how the choice to include or exclude one-time direct cost base funding may effect IDC rates and how those rate changes could negatively impact tribal operations – particularly health operations – as a result.
* Will the guidance remain in place for future COVID related funding as well as other emergency funding to assist Tribes in recovering from health related emergencies?