

## Summary of the main issues and actions discussed during the March 2023 TSGAC meeting:

1. TSGAC Strategic Planning Initiative. To enhance the effectiveness and efficiency of the TSGAC, the committee has been developing a strategic plan that will include various priorities identified by the Committee, such as *Self-Governance v. Grant Mechanisms for the Delivery of Funds* and *Timely Distribution of Funds, Information, and Responses*.

TSGAC requested that IHS provide information that compares the agreed upon date for the receipt of funds in funding agreements and the actual date that funds were disbursed, including section 105(l) and CSC, for fiscal years 2022 and 2023.

2. TSGAC Operations. The Committee reviewed the Nomination Process for membership as currently identified in the TSGAC Protocols and noted that each Area handles it somewhat differently.

Tribal representatives from each TSGAC Area were asked to identify and document their nomination process. The nomination processes for each Area will be included as attachments to the TSGAC protocols.

3. Updating the PSFA Manual. OTSG reported that it started to update the Programs, Services, Functions, and Activities (PSFAs) manual. Once that initial review is complete, the IHS will work with a small workgroup to review the PSFA manual before initiating Tribal consultation.

TSGAC supports efforts to update the Headquarters PSFA manual and requests a timeline on when the manual will go to the small workgroup and consultation.

4. Access to the OTSG Funds Management System. TSGAC appreciates IHS addressing issues with Tribal Nations accessing their documents on the OTSG Funds Management System. During the meeting the IHS said they were hoping to correct FY 2020-2023 files in the next 30-60 days.

TSGAC requests an update from OTSG on whether the issues have been fixed.

5. IHS Work Plan. TSGAC supports IHS efforts to develop training materials related to the ISDEAA. The IHS discussed developing a centralized plan and information so that all agencies within HHS have access to resources on the ISDEAA. TSGAC and SGCTC are willing to assist IHS in this endeavor.

6. Behavioral Health & Substance Abuse Disorder Resources. TSGAC previously shared its concerns regarding the IHS decision to distribute behavioral health funds through a grant mechanism. TSGAC developed a workgroup that is looking to identify how the current process is working and how it can be adjusted into a formula-based model.

As part of TSGAC's strategic plan and priority area *Self-Governance v. Grant Mechanisms for the Delivery of Funds*, it was suggested that a small subgroup be formed to look at grants at IHS, including the behavioral health grants, and determine how it can be distributed through a formula-based model. We invite the IHS to join the workgroup and explore ways on how Tribal Nations can determine how they receive these funds.

7. Health IT Modernization. TSGAC appreciates the update regarding the Health IT Modernization project. We remind the IHS that comparing Tribal governments with the Veteran's Affairs (VA) is not always appropriate. Tribal governments negotiate ISDEAA agreements and have the right to perform these functions. In addition, TSGAC believes having dialog with Tribal leadership is important and that IHS needs to allocate enough time during consultations to allow for this critical input.

Regarding the focus group, TSGAC encourages the IHS to have a disclosure form that there are no conflicts between groups and the procurement process.

8. Sanitation Facilities Construction (SFC) Funding. TSGAC wants to find ways to help offset Tribal administrative costs associated with SFC projects. In our discussion, the IHS indicated that the Affordable Care Act specifically states that IHS will distribute funding using the same methodology for all Tribal Nations – regardless of whether they administer programs under Self-Governance agreements or rely on IHS to administer programs to their communities. The Infrastructure Investment Jobs Act identified a 3% inclusion for IHS administrative project support; however, it did not permit IHS to transfer those funds to Tribal Nations. In 2022, IHS asked Congress to reprogram regular appropriations to Tribal Nations. From those funds, the IHS subtracted 3% (or \$21 million) from 2022 to be distributed to Tribes with these projects.

TSGAC appreciates the 2022 reprogramming and requests IHS to provide information on how future years will be funded.

9. Coronavirus Response and Relief Supplemental Appropriations Act (CRRSAA). TSGAC requests a timeline on when the IHS will roll out the system for Tribes to submit their spending plan and quarterly reports as required by the CRRSAA.
10. Long-term Care. In our discussion, TSGAC members expressed concerns that IHS does not provide resources specifically for elder care. We discussed how our society is aging and that Alzheimer's, Parkinson's, and cancer are plaguing our elders and that there needs to be treatment and education available for our elders and their families so that people can recognize these diseases. Traditionally, the family takes care of our elders. The Administration for Community Living provides some resources, such as best practices and workshops but those resources are inadequate to address the issues.

The IHS should consider its role in elder care and work with the Administration, sister agencies, and Tribal Nations to identify opportunities for funding culturally appropriate care for our aging populations.

11. Ambulance Services. Tribal Nations operate ambulance services that provide vital services to our communities. Rural areas especially rely on ambulance services to provide lifesaving services. These programs are not funded, and scarce third-party revenue only pays for a portion of the services.

TSGAC would like to work with the IHS to identify opportunities to fund Tribal EMS/ambulance services.

12. Veteran Affairs (VA) Negotiations. The VA is working on a two-pronged negotiation strategy to update its Tribal sharing and reimbursement agreements with IHS and Tribal providers. In doing so, it initiated one process with Alaska providers and one with the lower 48 states' providers. There are areas where the two negotiations cover common ground, such as discussions relating to services VA wishes to exclude from the encounter rate. TSGAC believes the IHS should be involved in the negotiations to

ensure that something negotiated by one team does not impact the other negotiation, such as PRC reimbursement, medical flight, exclusion of OMB rate.