

## IHS TRIBAL SELF-GOVERNANCE ADVISORY COMMITTEE

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Yvette Roubideaux, M.D., M.P.H., Director  
Indian Health Service  
Department of Health and Human Services  
The Reyes Building  
801 Thompson Avenue, Suite 400  
Rockville, MD 20852

### **RE: Summary of Self-Governance Issues and Follow up from the Tribal Self-Governance Advisory Committee January 2011 Meeting**

Dear Dr. Roubideaux:

In preparation for the upcoming 2011 Annual Self-Governance Conference to be held in a few short weeks in Palm Springs, CA, I am writing on behalf of the Tribal Self-Governance Advisory Committee (TSGAC) to summarize the priority issues for Self-Governance Tribes, including those items that were discussed with you during our last TSGAC quarterly meeting held in January 2011. We look forward to continuing our interactive dialogue with you at the upcoming Self-Governance Conference to address many of these outstanding issues.

First, let me note that we have not yet received any formal correspondence from you to the TSGAC letter dated November 12, 2010 in which many of our on-going issues were raised and discussed. I am attaching a copy of that letter as reference as it sets the framework for the items noted again in this letter.

We are pleased once again to present our issues as they pertain to the top priorities of the Indian Health Service (IHS). To assist in collectively advancing our work and in keeping with that structure, the following summarizes the main issues, actions and next steps:

#### **Priority #1: To Renew and Strengthen Our Partnership with Tribes**

- a) 2011 National Self-Governance Strategic Plan – The TSGAC has updated the most recent National Tribal Self-Governance Strategic Plan & Priorities for the Obama Administration (2012-2013). The Plan was finalized and shared with the Self-Governance Tribes the end of February 2011. The Plan is a Tribally-driven document which summarizes the top issues and priorities identified by the Self-Governance Tribal leadership. This Plan is a “work in progress” and is reviewed and updated based on input received during the Self-Governance Annual Conference, the Fall Strategic Planning Session and the quarterly Tribal Self-Governance Advisory Committee meetings. We look forward to reviewing the issues, actions and next steps with you.

**Next Steps:** We agree that any strategic planning and issues are most effective and best advanced through action, discussion and identification of concrete tasks and timelines. We would like to get your input on how best to work with IHS to advance our partnership and the Self-Governance Tribal priorities identified in the 2011-12 National Self-Governance Strategic Plan and how we can collaborate in the existing framework of IHS priorities as you have identified.

- b) Self-Governance Negotiations – As we noted in our TSGAC November 12, 2010 correspondence, we think it's imperative to continue to streamline the Self-Governance negotiations. We continue to experience growth in Self-Governance. In FY2011, four new Tribes have entered into Self-Governance: Stockbridge-Munsee Community (Bemidji Area); Native Village of Eyak (Alaska Area); Chickaloon Native Village (Alaska Area); and, Cowlitz Indian Tribe (Portland Area). With 334 Self-Governance Tribes and annual negotiations fast approaching, what steps have been taken within the Agency to streamline and improve the negotiations process?

## **Priority #2: To Reform the Indian Health Service**

Implementation of the Affordable Care Act (ACA) and the Indian Health Care Improvement Act (IHCA) – As you know, Self-Governance Tribes have been very active as we move forward in implementation of ACA and the IHCA. We have raised several priorities issues at our past several meetings, including:

- 1. IHCA Section 157 – Access of Federal Insurance.** Tribes continue to raise concerns about exceedingly slow implementation of Section 157 – Access to Federal Insurance. On October 5, 2010, the IHS and the U.S. Office of Personnel Management (OPM) initiated a consultation process and issued a survey for completion by Tribes within 30 days. We are concerned that there has not been any significant information about the results of that survey or how Tribes can begin preparing to take advantage of this important provision. In the interim, although IHS is not directly impacted by this provision, Tribes are currently paying more for health benefits than they might need to be, resulting in higher costs to the federal government than is necessary. We are interested in learning more about any collaborative strides the IHS had made to assist the OPM in implementing this important IHCA provision.
- 2. Response to Tribal Input & Recommendations on the Affordable Care Act (ACA) and the Indian Health Care Improvement Act (IHCA)** - The TSGAC, as well as, numerous American Indian and Alaska Native Tribes and Tribal Organizations have requested that IHS provide specific information in writing about priorities, issues and comments that have been submitted to IHS from Tribes relative to ACA and IHCA. To date nothing, except brief verbal comments by you, has been given to Tribes to indicate what these priorities are in order to assist Tribes in planning our own priorities.
- 3. Exchange Quality Health Plans** - The TSGAC requests that IHS prioritize work with Medicare and Medicaid Policy Committee (MMPC) to develop and advocate for policies that will facilitate the participation of IHS, Tribal, and Urban providers in Exchange Qualified Health Plans. Most of the interaction regarding exchange planning will happen between States and Tribal health programs. It is imperative that financing for this important work be addressed by all stakeholders.

**4. Process for Communication & Outreach with Tribes on ACA/IHCIA Implementation**

– We express our concern about the recent expiration of the contract with the National Indian Health Board, National Congress of American Indians and National Council of Urban Indian Health that ended this past March. How does the IHS plan to move forward with communication and outreach to Tribes on ACA/IHCIA implementation?

**5. IHS and U.S. Department of Veterans Affairs (VA) Memorandum of Understanding (MOU)**

- You sent out a Dear Tribal Leader Letter on November 12, 2010 requesting comments on the 2010 IHS - VA MOU. Unfortunately, Tribes and Tribal health programs were not represented in the team that undertook the work of the updated MOU. We are concerned that many provisions only address the relationship between IHS and VA with no specific reference to Tribes and Tribal and urban Indian health programs.

- a. This TSGAC requests that IHS and VA work with Tribal representatives to amend the IHS VA MOU to reflect concerns identified in responses to the November 12<sup>th</sup> letter.
- b. The TSGAC also requests that the Joint Implementation Task Force (identified in the MOU) that will identify the strategies and plans for accomplishing the tasks of the MOU include at least one representative selected by each of the twelve IHS areas. Task force members should be included in all meetings between IHS and VA leadership involving the determination of priority areas within the MOU and any actions regarding implementation.

**Next Steps:** As you know, we have scheduled a General Assembly presentation and several break-out sessions at the upcoming 2011 Annual Self-Governance Conference in Palms Springs, CA. We hope that you will be able to address and provide an update on these and other efforts to advance the ACA and IHCIA.

**Priority #3: To Improve the Quality of and Access to Care**

- a.) Improvements to Grants Process – We have identified conflicts in authority between Self-Governance agreements, Grants Management Branch (GMB), and national program offices that have negatively impacted Tribal programs in the operation of grant programs. In our November 12, 2010 letter to you, the TSGAC provided recommendations to improve the grant process for your consideration.

**Next Steps:** What has IHS done to improve this process and address these concerns?

- b.) Contract Support Costs (CSC) – During our TSGAC January 2011 quarterly meeting, we shared our concerns regarding the unfortunate loss of institutional knowledge of CSC within the IHS Office of Direct Service and Contracting Tribes (ODSCT). We recommended that the IHS reconvene the CSC Workgroup the possibility during the Annual Self-Governance Conference.

**Next Steps:** Will you provide an update on the status of the ODSCT, as well as, report any progress on what has been done to reconvene the IHS CSC Workgroup and ensure Tribal involvement?

**Priority #4: To Make all our Work Accountable, Transparent, Fair and Inclusive**

- a) Advancement of Self-Governance under Title VI – We remain pleased and encouraged with the discussions occurring within the Department of Health and Human Services (HHS); specifically with the Administration for Families and Children on ways to design and advance Self-Governance demonstration projects. Title VI remains a top legislative priority for Self-Governance Tribes and we appreciate your assistance and any other efforts by IHS to support these demonstration projects.

**Next Steps:** During the TSGAC meeting in January 2011, we identified a team of Tribal leaders and representatives to work with the HHS/IHS to develop timelines and design a framework for Title VI demonstration projects. We have listed the names and contact information as an attachment to this letter.

- b) Collaboration and Strengthening Communication with Direct Services Tribes Advisory Committee (DSTAC) – We have invited DSTAC Chairman George Howell to the Annual Self-Governance to present on behalf of Direct Service Tribes and the on-going efforts of the DSTAC. He has graciously agreed to make a presentation during the General Assembly.

**Next Steps:** We appreciated your recommendation to convene a joint TSGAC and DSTAC meeting to identify and to discuss ways to work together to address Indian health issues; and to reach a common understanding about the strengths that each represents to advocate for more effective health care programs. We have tentatively scheduled this meeting for July 12-13, 2011, immediately preceding the next TSGAC quarterly meeting.

**In closing,** we look forward to meeting with you at the upcoming Annual Tribal Self-Governance Conference in Palm Springs, CA; and to your further written responses on these issues. If you have questions, you can reach me by telephone at (580) 436-7232; or by email at: [lt.gov@chickasaw.net](mailto:lt.gov@chickasaw.net) Thank you.

Sincerely,



Jefferson Keel, Lt. Governor, Chickasaw Nation  
and Chairman, Tribal Self-Governance Advisory Committee (TSGAC)

cc: Ms. Hankie Ortiz, Director, Office of Tribal Self-Governance, IHS  
TSGAC Members  
TSGAC Technical Workgroup Members

Attachments: Tribal Title VI Team  
TSGAC November 12, 2010 Correspondence to IHS Director

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