

# Indian Health Service

## ISDEAA Title I Process

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AND CONTRACTING TRIBES  
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# What is ISDEAA?

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- Public Law No: 93-638 (01/04/1975) **Indian Self-Determination and Education Assistance Act**  
- Declares that the Congress recognizes a Federal obligation to be responsive to the principle of self-determination through Indian involvement, participation, and direction of educational and service programs. It gave Indian tribes the authority to contract with the Federal government to operate programs serving their tribal members and other eligible persons.
- Under the ISDEAA, Tribes and Tribal Organizations have the option to either (1) administer programs and services the IHS would otherwise provide (referred to as **Title I Self-Determination Contracting**) or (2) assume control over health care programs and services that the IHS would otherwise provide (referred to as **Title V Self-Governance** Compacting or the TSGP). These options are not exclusive; Tribes may choose to combine them based on their individual needs and circumstances.
  - **NOTE: The Office of Tribal Self-Governance (OTSG)** oversees the Title V program within IHS, they are providing a presentation on Title V, during this conference.
    - **Jennifer Cooper**, Director, Office of Tribal Self-Governance

# Self Determination 101

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OVER OF THE TITLE I PROCESS AND TRIBAL MANAGEMENT GRANTS



# Major Indian Health Legislation

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## **Snyder Act , Pub. L. 67-85 (1921)**

The Snyder Act is a general and broad statutory mandate authorizing IHS to "expend such moneys as Congress may from time to time appropriate, for the benefit, care, and assistance of Indians" and for the "relief of distress and conservation of health." (25 U.S.C. § 13)

## **Transfer Act, Pub. L. 83-568 (1955)**

Transferred the responsibility for Indian health care from the Bureau of Indian Affairs (BIA) to HHS (formerly Health, Education and Welfare or "HEW") and ultimately to the IHS. 42 U.S.C. § 2001(a)

# Major Indian Health Legislation

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## **Indian Health Care Improvement Act (25 U.S.C. § 1601 et seq.; Pub. L. 94-437 & Pub. L. 111-148)**

- Sets forth the legislative framework for the development of policies to provide services to American Indians & Alaska Natives
- Authorizes many specific programs and services provided by the Indian Health Service
- Reauthorized in 2010 as part of the Patient Protection and Affordable Care Act (Pub. L. 111- 148)

# Major Indian Health Legislation

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## **Indian Sanitation Facilities Act 42 U.S.C. § 2004a; Pub. L. 86-121 (1959)**

- The passage of this Act was a milestone in Indian health legislation and led to the creation of a Sanitation Facilities Construction (SFC) Program within the Indian Health Service (IHS).
- Public Law 86-121 authorizes the SFC Program to provide essential water supply and sewage and solid waste disposal facilities for American Indian and Alaska Native homes and communities.

# Major Indian Health Legislation

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## **Indian Self-Determination and Education Assistance Act PL 93-638 (1975)**

- Congress recognized the obligation of the United States to respond to the strong expression of self-determination by Indian people.
- Assures maximum Indian participation in the direction of educational as well as other Federal services delivered Indian communities.
- Ensure services are more responsive to the needs and desires of Indian communities. SEC. 3 [25 USC 450a].
- The Congress declares its commitment to the maintenance of the unique government to government relationship with, and responsibility to, individual Indian tribes and to the Indian people as a whole.
- Congress' intent is accomplished through the establishment of a meaningful Indian self-determination policy to ensure orderly transfer of Programs, Services, Functions and Activities (PSFA).

# Title I Contracting Process

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- Authorizing Authorities
- Proposal Requirements
- Declination Criteria
- Tribal Management Grants



# Proposal Requirements

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- The proposal process is spelled out in the: **Internal Agency Procedures Handbook for Non-construction Contracting Under Title I of the ISDEAA (this is located on the ODSCT webpage)**
- Tribal Resolution
- The full name, address, and telephone number of the Indian tribe or tribal organization proposing to contract.
- If the tribal organization is not an Indian tribe, the proposal must include:
  - • A copy of the tribal organization's organizational documents (e.g. charter, articles of incorporation, bylaws, etc.).
  - • The full name of the Indian tribe(s) with which the tribal organization is affiliated.
  - • The full name(s) of the Indian tribe(s) proposed to be served.
  - • A copy of the authorizing resolution from the Indian tribe(s) to be served.
  - • The name, title, and signature of the authorized representative of the tribe or tribal organization submitting the proposal.

# Proposal Requirements Cont'd

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- The date of submission
- Designated Tribal Official - individual designated by the Tribe to serve as the Tribe's representative for notices, proposed amendments to the contract, and other purposes for the contract
- A brief statement of the PFSAs, including specific details
- The amount of funds requested (Secretarial amount & CSC)
- Proposed start date
- Planned use of federal personnel and federal resources
- Assurances federal medical confidentiality laws will be applied.
- Informational Budget

# Declination Criteria

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- The service to be rendered to the Indian beneficiaries of the particular program or function to be contracted will not be satisfactory;
- Adequate protection of trust resources is not assured;
- The proposed project or function to be contracted for cannot be properly completed or maintained by the proposed contract;
- The amount of funds proposed under the contract is in excess of the applicable funding level for the contract, as determined under section 5321(a) of this title; or
- The PFSA (or portion thereof) that is the subject of the proposal is beyond the scope of PFSAs covered under paragraph (1) because the proposal includes activities that cannot lawfully be carried out by the contractor.

# Audit Requirement

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- In accordance with OMB A-133, a Single Audit is required of All non-Federal entities that expend \$750,000 or more in a given year.
- the Single Audit is required to be submitted to the Federal Audit Clearinghouse and HHS/OIG National External Audit Review Center (NEAR) with courtesy copy to the Indian Health Service, 9 months after each Fiscal or Calendar year.

# Report to Indian People

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- Section 5(c) of P.L. 93-638, as amended, 25 U.S.C. Section 5305, requires tribal contractors to make reports and information available to the Indian people in a manner deemed adequate by the Secretary. This report should include an overview of services provided and overall costs incurred.
- Provide a courtesy copy of the Annual Report to the Indian People to the Indian Health Service 90 days after expiration of each AFA funding period.

# Monitoring Visits

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- Monitoring and the Single Agency Audit Report
  - To the extent possible visits should not duplicate the work of the Tribes annual audit
- Goal of a Monitoring visit is to assess the provision of services under the contract and to provide the Tribe with feedback.
- The Progress for Indian Tribes Act – PL 116-180 – authorized two monitoring visits

# Contract Support Costs (CSC)

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The ISDEAA, 25 U.S.C. § 5325(a)(1)-(3), (5), (6), authorizes funding of an award, including the Secretarial amount and CSC. 25 U.S.C. § 5325(a)(1). 25 U.S.C. § 5325(a)(2) authorizes CSC funding.

Contract Support Costs shall consist of an amount for the reasonable costs for activities which must be carried on by a Tribal organization as a contractor to ensure compliance with the terms of the contract and prudent management, but which--

- normally are not carried on by the respective Secretary in his [or her] direct operation of the program; or
- are provided by the Secretary in support of the contracted program from resources other than those under contract.

**IHS HQ CSC Team:**

Johnnita Tsabetsaye, Division Director  
Johanna Sanchez Zoeller, Financial Manager

**NOTE:** The CSC Team will be providing a presentation during this Partnership Conference.


# 105(I) Lease

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Section 105(I) of the Indian Self-Determination and Education Assistance Act (ISDEAA) outlines what are commonly referred to as 105(I) “leases.” These instruments are essentially long-term funding agreements for Tribal-owned facilities. Tribes with 638 Contracts have a significant opportunity to receive recurring annual payments on 105(I) leases from the U.S. Government

A 105(I) lease is not a traditional lease, but an agreement between IHS and a Tribe or Tribal Organization to reimburse facility costs. Costs may be reimbursed when a facility (or part of a facility) is used to carry out ISDEAA approved programs, functions, services, or activities (PFSAs).

To qualify for a 105(I) lease for a facility, the facility must already be built, and the following criteria must be met:

- The Tribe has title to, a leasehold interest in, or a trust interest in the facility.
  - The facility must be used for the administration and delivery of services under ISDEAA.
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# Area Contract Proposal Liaison Officers (CPLO)

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The CPLO is the primary contact for all Title I Contract proposals submitted under P.L. 93-638. The CPLOs are also responsible for dissemination of information to tribes.

**Alaska** - Lanie Fox

**Albuquerque** – Randall Morgan

**Bemidji** - Dr. Chris Poole

**Billings** - Jennifer LaMere

**California** - Wesley Simmons

**Great Plains** - Dan Davis

**Nashville** – Ashley Metcalf

**Navajo** - Marquis Yazzie

**Oklahoma** - Lindsay King

**Phoenix** - Hope Johnson

**Portland** - Rena Macy

# Indian Health Service Tribal Management Grant Program

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OVERVIEW OF THE TRIBAL MANAGEMENT GRANT PROGRAM

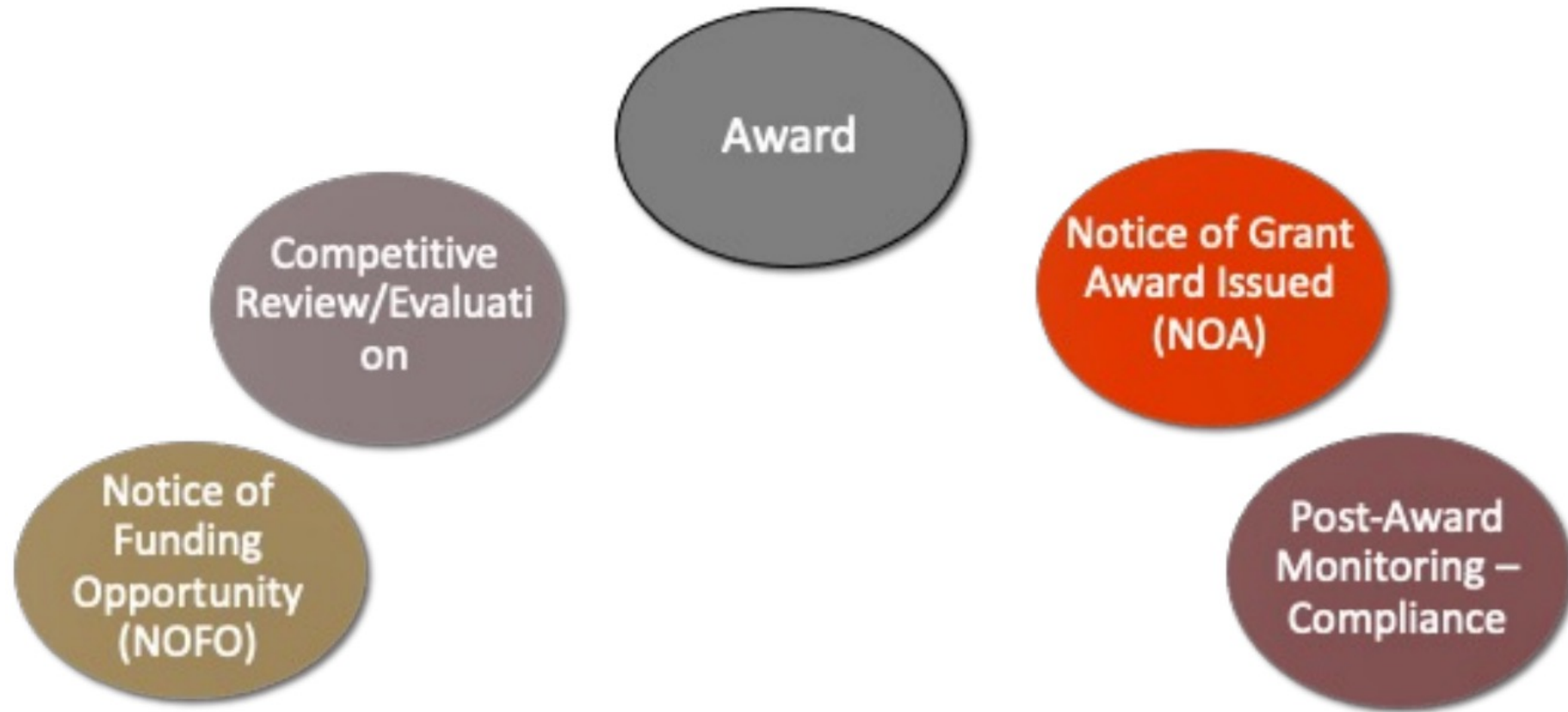
# Purpose

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- The Tribal Management Grant (TMG) program is authorized through the ISDEAA
- The overall purpose of the TMG program is to assist Federally-recognized Indian Tribes and/or Tribal organizations (T/TO) in assuming all or part of existing IHS programs, services, functions and activities (PSFAs) to further develop and improve their health management capability.

# TMG Cycle

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# TMG Eligibility

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- Any federally recognized Indian Tribe or Tribally sanctioned Tribal organization.
- Tribal organizations that operate mature contracts that are designated by a Tribe to provide technical assistance and/or training.
- Other requirements and restrictions will be outlined in the Funding Opportunity Announcement.

# TMG Project Types

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- **Feasibility Study**: Maximum funding/project period: \$70,000/12 months
- **Planning Project**: Maximum funding/project period: \$50,000/12 months
- **Evaluation Study**: Maximum funding/project period: \$50,000/12 months
- **Health Management Structure**: Average funding/project period: \$100,000/12 months; maximum funding/project period: \$300,000/36 months

# Feasibility Study

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- Study of a specific IHS program or segment of a program to determine if Tribal management of the program is possible
- The study must include the following four components: - Health care needs and services assessments, Management analysis, Financial analysis, Decision statement/report

# Planning Project

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- Entail a collection of data to establish goals and performance measure for the operation of current health programs or anticipated PSFAs under a Title I contract
- Planning will specify the design of health programs and the management systems



# Evaluation Study

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- Must include a systematic collection, analysis and interpretation of data for the purpose of determining the value of a program
- The extent of the evaluation study could relate to the goals and objectives, policies and procedures, or programs regarding targeted groups

# Health Management Structure

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- The Health Management Structure component allows for implementation of systems to manage or organize PFSA's
- Includes: health department organizations, health boards and financial management systems including systems for accounting, personnel, third party billing, medical records, management information systems, etc.

# TMG Priority Levels

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Priority I – Any Indian Tribe that has received Federal recognition within the past 5 years

Priority II – T/TO with the sole purpose of addressing audit material weaknesses

Priority III – Eligible Direct Service and Title I T/TO

Priority IV – Eligible Title V Self Governance T/TO

# Office of Direct Service & Contracting Tribes (ODSCT)

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OVERVIEW OF THE ODSCT OFFICE AND FUNCTIONS

# ODSCT - Responsibilities

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- Provides Agency leadership and advocacy for ***Direct Service Tribes***.
- Provides Agency leadership and policy development for ***Title I- Indian Self-Determination and Education Assistance Act, Contracts***.
- Assures that Indian Tribes and Tribal organizations are informed regarding pertinent health policy and program management issues.
- Provides technical assistance, support & oversight to IHS Area Offices and to Tribes in administering health programs.
- Provides Agency leadership for Contract Support Costs.
- Administers Tribal Management Grants.

# Direct Service Tribes

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**Direct Service Tribes (DST)** receive primary health care services from the Indian Health Service. These services includes: direct patient care such as internal medicine, pediatrics, women's health, and dental and optometry services.

**Direct Service Tribes Advisory Committee (DSTAC)** was established in 2005 to provide leadership that advises the Indian Health Service (IHS) Director on the development of health policy and participates in IHS decision-making that affects the delivery of health care. DSTAC also offers advocacy and policy guidance by regularly providing recommendations to the Agency. The DSTAC is comprised of elected/appointed Tribal Leaders from nine (9) IHS Areas with Direct Service Tribes. Technical assistance for the DSTAC is provided by IHS Headquarters and Area-level staff.

- Meet Quarterly each FY and conduct one National meeting
- Provide Technical & Administrative Support
- Address issues and provide recommendations
- Conduct Executive Sessions with Agency Director

# Tribal Delegation Meetings (TDM's)

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The IHS participates in a TDM to renew and strengthen partnerships with Tribes. The TDM is a means for Tribes to directly discuss Tribal issues or concerns on a government-to-government basis.

The Office of Direct Service and Contracting Tribes (ODSCT) or the Office of Tribal Self-Governance (OTSG) that is in charge of coordinating the TDM shall follow-up on all action items and ensure status updates are relayed to the Tribe or Tribal Organization in a timely manner.

Upon receipt of a TDM request, ODSCT/OTSG will:

- Obtain the necessary information, including Tribal Organization information and topics of discussion.
- Schedule a mutually convenient meeting date/time for IHS Director and the Tribe/Tribal Organization
  - Include the Area Director and any/all relevant IHS Program Directors
  - Facilitate the meeting.
  - Follow up and monitor any follow up items, including an acknowledgement letter summarizing topics discussed or requests made at the TDM.

# The ODSCT Team

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**Terri Schmidt**, Director

**Tina Conners**, Deputy Director

**Michelle Begay**, Policy Analyst – DST's

**Ken Coriz**, Policy Analyst – Tribal Organizations

**Marvin Kee**, Program Analyst

**Ed Chasing Hawk**, Program Analyst

**Kristine Whittaker**, Financial Analyst (currently on detail to the DDIGA)

**Eric Spuck**, Staff Analyst

**CSC Team:**

**Johnnita Tsabetsaye**, Division Director

**Johanna Sanchez Zoeller**, Financial Manager



# Questions?

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## **Terri Schmidt, RN**

Director, Office of Direct Service and Contracting Tribes

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