



# *Successful Connections – Lasting Partnerships*



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Tribal Self-Governance works. It creates opportunities for Tribes to exercise administratively their inherently sovereign powers, with minimal federal oversight and involvement. To support the Indian Health Service (IHS) Self-Governance activities, the Office of Tribal Self-Governance (OTSG) is committed to providing resources and technical assistance to Tribes and Tribal organizations for the implementation of Tribal Self-Governance.

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## Eligibility for the IHS Tribal Self-Governance Program

To be eligible to participate in the Tribal Self-Governance Program (TSGP), a Tribe must:

### 1. Complete a Planning Phase

Each Tribe is required to complete a planning phase to the satisfaction of the Tribe. This planning phase must include legal and budgetary research and internal Tribal government planning and organizational preparation relating to the administration of health care programs. Funding may be available from the IHS to assist Tribes in the planning phase through TSGP Planning Cooperative Agreements.

### 2. Request Participation in the IHS Tribal Self-Governance Program

Each Tribe to be served must submit a Tribal resolution or other official action by the governing body of the Tribe requesting participation in the TSGP.

### 3. Demonstrate Three Years of Financial Stability and Financial Management Capability

For the three years prior to participation in the TSGP, the Tribe must show evidence that there have been no uncorrected significant and material audit exceptions in the required annual audit of the Tribe's Self-Determination Contracts or Self-Governance Funding Agreements with any Federal agency.

A Tribe may also choose to authorize another Indian Tribe, an inter-Tribal consortium, or a Tribal Organization to participate in the TSGP on its behalf (see 25 U.S.C. §458aaa(b)). For additional information on eligibility for the TSGP, please see Section 503 of the Indian Self-Determination and Education Assistance Act (ISDEAA), 25 U.S.C. §458aaa-2, and the accompanying regulations found at 42 C.F.R. §§137.15-26.



*“I support self-governance because it strengthens the nation-to-nation relationship between the United States and Indian Tribes. I respect the choices of Self-Governance Tribes to take on the responsibility of providing health care services to their communities. The challenges we face are great, but I am confident we can find solutions together in partnership.”*

— Yvette Roubideaux, M.D., M.P.H.  
Director, Indian Health Service

### Tribal Self-Governance Produces Results

The results are real — the Indian Health Service (IHS) Tribal Self-Governance Program (TSGP) has proven to have a significant positive impact on the health and well-being of participating Tribal communities. The TSGP produces results because Tribal communities are in the best position to understand and address their own health care needs and priorities. Through the TSGP, Tribes continue to develop innovative solutions that address the health care delivery challenges facing their communities. Some of the TSGP’s many successes include the following:

- Improved and expanded services through collaboration between Tribal governments, the IHS, and other Federal, state, and local resources.
- New services and programs improving access to care in remote areas through advanced technologies (such as telemedicine) or training programs in allied health fields.
- Innovative wellness and prevention programs.
- Enhanced chronic disease management programs for diabetes patients, including nutritional education, fitness programs, screenings, and weight management programs.
- Improved well-baby programs and clinics to better serve infants and toddlers with early health screenings and immunizations.
- Expanded elder care programs, which increase access to care through home health and transportation services.
- Reduced costs through successful negotiation with private health care providers.

Tribally managed health programs are successful, and the number of success stories grows each year. How can your community benefit from participation in the IHS Tribal Self-Governance Program?

### Office of Tribal Self-Governance

The Office of Tribal Self-Governance was established to implement Tribal Self-Governance legislation and authorities within the IHS, beginning with the IHS Tribal Self-Governance Feasibility Study authorized in 1991. Since that time, the OTSG has overseen the implementation of the IHS Tribal Self-Governance Demonstration Project, development of a permanent IHS Tribal Self-Governance Program as authorized by Title V of the Indian Self-Determination and Education Assistance Act (ISDEAA), and promulgation of Title V regulations. Today, OTSG provides information, technical assistance, and policy coordination in support of IHS Self-Governance activities and serves as an advocate for Tribal concerns regarding the delivery of health care.

The OTSG is responsible for a wide range of Agency functions that are critical to IHS’ relationship with Tribes, Tribal Organizations, and other American Indian and Alaska Native groups. In all its functions, the OTSG supports the four IHS priorities: to renew and strengthen our partnerships with Tribes; to reform IHS; to improve the quality of and access to care; and to make all of our work accountable, transparent, fair and inclusive.

OTSG functions include:

- Developing and overseeing the implementation of Tribal Self-Governance legislation and authorities in the IHS.
- Participating in nation-to-nation negotiations of ISDEAA Title V Compacts and Funding Agreements and providing oversight of the Agency Lead Negotiators (ALNs).
- Reviewing eligibility requirements for Tribes to participate in the TSGP and applications for TSGP Planning and Negotiation Cooperative Agreements.
- Providing resources and technical assistance to Tribes and Tribal Organizations for the implementation of Tribal Self-Governance.
- Coordinating Self-Governance Tribal Delegation Meetings for the US Department of Health and Human Services (HHS), IHS Headquarters, and Area senior officials.
- Developing and recommending policies, administrative procedures, and guidelines for the IHS TSGP and advising the IHS Director on TSGP actions and activities.

- Arranging national Tribal Self-Governance meetings, including an annual conference in partnership with the Department of the Interior (DOI), to promote the participation by all American Indian and Alaska Native Tribes in IHS Tribal Self-Governance activities.
- Developing, publishing, and presenting information related to the IHS TSGP to Tribes, Tribal Organizations, state and local governmental agencies, and other interested parties, including TSGP training.
- Supporting the activities of the IHS Director’s Tribal Self-Governance Advisory Committee (TSGAC).
- Collaborating with Tribal and Federal partners to address crosscutting issues and processes, including budget formulation; self-determination issues; Tribal shares methodologies; resolution of audit findings; and emergency preparedness, response, and security.

*“No right is more sacred to a nation, to a people, than the right to freely determine its social, economic, political, and cultural future without external interferences. The fullest expression of this right occurs when a nation freely governs itself.”*

— Joseph B. DeLaCruz  
Quinault Indian Nation

For more information about the IHS Tribal Self-Governance Program, please contact the Office of Tribal Self-Governance:

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Indian Health Service  
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## History of Tribal Self-Governance Legislation

- 1921 Snyder Act (Pub. L. No. 67-85)**  
Authorized health services for American Indians and Alaska Natives.
- 1955 Transfer Act (Pub. L. No. 83-568)**  
Indian health care moved from the US Department of the Interior (DOI) to the US Public Health Service (USPHS), IHS.
- 1975 Indian Self-Determination and Education Assistance Act (Pub. L. No. 93-638)**  
Authorized Tribes to Contract with IHS and the Bureau of Indian Affairs (BIA) to operate programs or portions of programs.
- 1976 Indian Health Care Improvement Act (IHCA) (Pub. L. No. 94-437)**  
Implemented Federal responsibility for the care and education of Indian people.
- 1988 Tribal Self-Governance Demonstration Project (Pub. L. No. 100-472)**  
Authorized the Bureau of Indian Affairs (BIA) to negotiate Compacts with Tribes; gave Tribes more flexibility in operation of programs.
- 1991 IHS Funded to Perform Feasibility Study (Pub. L. No. 102-184)**  
Feasibility study funded on extending Tribal Self-Governance to IHS.
- 1992 Self-Governance Authority Extended to IHS (Pub. L. No. 102-573)**  
IHS authorized to negotiate Compacts with Tribes through the Tribal Self-Governance Demonstration Project; gave Tribes more flexibility in operation of programs.
- 1994 Technical Amendments to Title III Section 301 and Section 302(a) (Pub. L. No. 103-435)**  
Extended Tribal Self-Governance Demonstration Project to 18 years; 30 Tribes per fiscal year to participate.
- 2000 Title V (Pub. L. No. 106-260)**  
Created a permanent Tribal Self-Governance Program (TSGP) within IHS.
- 2002 Title V Regulations (42 C.F.R. Part 137)**  
Tribal Self-Governance Regulations promulgated to implement Title V.
- 2010 Patient Protection and Affordable Care Act (Pub. L. No. 111-148)**  
Permanently reauthorized and expanded the IHCA authorities.





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