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INDIAN HEALTH SERVICE/CALIFORNIA AREA OFFICE
TRIBAL ADVISORY COMMITTEE MEETING
July 16, 2013

EXECUTIVE SUMMARY

CATAC Members:		**Region Represented:**
Mr. John Green	Present	Northern
Mr. Peter Masten Jr.	Present	Northern
Mr. Stacy Dixon	Present	Northern
Mr. George Gholsen	Present	East Central
Ms. Bonnie Hale	Present	East Central
Mr. Robert Marquez	Absent	East Central
Mr. Silver Galleto	Present	West Central
Ms. Elizabeth Hansen	Absent	West Central
Ms. Crista Ray	Absent	West Central
Ms. Teresa Sanchez	Present	Southern
Mr. Chris Devers	Present	Southern
Ms. Diana Chihuahua	Present	Southern

All are primary representatives.

IHS Staff in Attendance:

Ms. Margo Kerrigan	Director, IHS California Area Office
Ms. Beverly Miller	Deputy Director, IHS California Area Office
Dr. Charles Magruder	Chief Medical Officer
Mr. Ed Fluette	Associate Director, Office of Environmental Health and Engineering
Ms. Jeanne Smith	Acting Associate Director, Office of Management Support
Mr. Steve Riggio	Associate Director, Office of Public Health
Mr. Travis Coleman	Acting Indian Self-Determination Program Manager

The California Area Tribal Advisory Committee (CATAC) meeting began at 1:30PM on July 16 in the Sonoma Room at the John E. Moss Federal Building, 650 Capitol Mall, Sacramento, California 95814. In addition to the tribal officials listed above, the meeting was attended by additional Indian Health Service (IHS) staff.

Mr. Devers opened the tribal consultation with a prayer and Ms. Kerrigan welcomed all members of the CATAC.

Ms. Kerrigan spoke briefly about the Dedication of the Land that was held earlier that morning of July 16 at the future site of the northern California youth regional treatment center (YRTC). She was happy with the turnout. Ms. Valencia complimented the site and said there is strong support for it. Ms. Kerrigan thanked the many people at the

dedication, and she apologized for not recognizing the CATAC members at the event. Ms. Valencia added that she and others attended in order to honor the elders and those who have passed who played a part in this project. Ms. Chihuahua said the event made some elders very emotional.

Mr. Dixon commented that attendance was great even though there were many other events happening at the time. There was good representation of elders, and the dancers were great. Mr. Masten counted over 120 attendees at the event.

Mr. Masten complimented Ms. Kerrigan on the invitation and its distribution. There was very good participation and he was glad to see Dr. Roubideaux in attendance. Mr. Masten asked about Dr. Roubideaux's reflection and Ms. Kerrigan reported she was very happy with her visit. She made a brief site visit to Northern Valley Indian Health, Inc. in Woodland. This is the closest site to the future YRTC and will be the source of the YRTC patients with primary healthcare.

Ms. Kerrigan thanked the CAO Executive Staff for organizing the event, Mr. Coleman especially, and Mr. Gary Ball for his work in creating the dirt path leading to the property.

Review Executive Summaries – February 27, 2013/March 11, 2013:

The CATAC members reviewed the Executive Summaries from February 27, 2013 and March 11, 2013 and approved them.

Ms. Kerrigan asked if the group finds the summaries useful, and the members of the group agreed that they do. Mr. Masten said they are very well done and helps with reports to the tribes.

Youth Regional Treatment Centers – North and South Updates:

Ms. Kerrigan introduced Gary Ball as IHS/CAO's architect. He played a video for the group showing a "fly by" of the YRTC and the arrangement of the buildings and common areas. Ms. Valencia asked if tribal sweats would be allowed at the YRTC and Ms. Kerrigan said yes, although IHS cannot fund this. She said tribal traditionists should build these sweats. Ms. Kerrigan added that they may not be able to burn a lot of sage due to fire hazards.

Mr. Ball played the "fly by" video a second time and identified main points of interest including the road way, entrance (which has since been updated), administration building, housing for families, residence for the youth, gymnasium, classrooms, dining room, therapy room, and lobby with windows. He explained that the residential building is set up as four pods containing four dormitory rooms so there can be a mix of males and females depending on the need (e.g. two pods for females and two for males or one for females and three for males). The dining room and counseling room have windows facing the courtyard, overlooking the cultural center there.

Mr. Galleto asked when the design would be finalized. Mr. Ball said this design was provided to the CAO on June 22. Working drawings will be complete in December.

Mr. Ball further explained that there are five family suites – three suites have one bedroom and two of the suites have two bedrooms. This gives the families some time to relax. It may be difficult for some families to be in a place that does not allow drugs or alcohol. The members of families will also be counseled. Ms. Valencia thinks this is important since healing involves the whole family. Ms. Kerrigan said this is also why there are two YRTCs being built. Two facilities ensure that one is always within driving distance.

Ms. Kerrigan said this same design will be used for the northern YRTC. Dr. Roubideaux was pleased to hear this, as it is saves design costs. Funding is still needed in FY 2014 for design and construction.

Ms. Nelson said the building looks nice, but is generic. She asked about Native influences. Ms. Kerrigan said a small percentage of the budget will be set aside for this. At that point, word of mouth will let artists know that the IHS is advertising for this type of service. Ms. Nelson noted that even paint can add a Native influence to the building. Ms. Kerrigan said this is not the finished product, and is just meant to show how the facility will be arranged. This is a more detailed version of the bubble diagram that was previously shown to the CATAC.

Mr. Masten suggested slightly rounding the corners of the roof of the facility. He also suggested separating the men's and women's quarters. He thinks the close quarters may create problems for whoever is in charge. He also thinks the bathrooms should be separated to the ends of the buildings. The architect told him that this offers security issues. Mr. Devers mentioned that these concerns will be addressed with various security measures such as monitors and locks on the doors. The tribal leaders in southern California have discussed what it will take to observe the movements of these kids. Mr. Masten understands there will be safeguards, but believes more is needed because kids are smart. Mr. Devers admitted that these types of kids need special attention. Ms. Sanchez said she knows from personal experience that the kids cannot even go to the bathroom alone. Ms. Kerrigan said the budgets are finite, but the IHS will make every effort to consider these options and see if they are doable. Mr. Fluette warned that the limited budget will require something to be deducted every time something is added.

Ms. Nelson said the process in the north may be smoother as all will learn from the southern California YRTC design and construction.

Mr. Ball said the professionals on the design team have discussed it with the tribal officials. Mr. Devers added that modifications have been made since this "fly by" video was created. The buildings are slightly more round, the entrance is different, some of the hidden corners have been removed, and the residence has been reviewed again. Mr. Ball invited anyone interested to review the blueprints upstairs in the CAO. Mr. Fluette noted

that the video does not do the design justice. The design team could show much more and make changes on the spot.

Ms. Nelson asked if there is an Indian professional architect on the team, and Mr. Ball said there is and she attended the Dedication of the Land.

Mr. Masten asked about the square footage cost, as the architect could not tell him. Mr. Ball did not know either.

Ms. Nelson asked if the Maidu are indigenous to the site of the northern YRTC. Ms. Kerrigan said the closest tribe to the northern site is Yocha Dehe and the Patwin (Pomo). She said there are Maidu in the area, but the closest reservation is Wilton Rancheria (which is about 20 miles away in Sacramento County). Mr. Nelson suggested incorporating their Native American designs and Ms. Kerrigan said this is the purpose of the round house. The tribes have been invited to add whatever they feel is meaningful. She added that the YRTC team is not yet ready to gather this information from the tribal governments, but reiterated that a small part of the budget is for artistry.

Ms. Nelson asked Mr. Devers if the southern tribes have been considered during this design process and he said they have all played some sort of role in this. The southern tribal leaders have selected relaxing earth tones for the buildings so they may blend in with the surrounding area. The layouts have been discussed, but there is still work to be done. There will be two more meetings with the tribal leaders in southern California. The tribes have met separately to discuss how the round house will represent all of them. They are considering posting all of the tribes' flags, for example. These enhancements would come after construction. Mr. Ball said the architect will eventually need to know is how the roundhouse will function for the tribes.

Mr. Devers asked if Dr. Roubideaux offered any thoughts on the budgetary process and Ms. Kerrigan said Dr. Roubideaux is pushing for construction funds in 2014. The funds are in the President's proposed budget, but design and construction funding is still needed for the northern YRTC. Dr. Magruder added that, according to Dr. Roubideaux, the House Budget Subcommittee is actively promoting this. Mr. Fluette said the proposed budget request actually represents a small increase. Plus, compared to other facilities, this is a cheap project for the IHS and Dr. Roubideaux knows this.

Mr. Green asked about the materials for landscaping. Mr. Ball said drought-resistant plants and indigenous plants are in the design. Mr. Devers said they are also considering local plant life for the southern YRTC. Mr. Devers encouraged Mr. Green to suggest plants that are native in the north during design of the landscape for the northern YRTC.

ACTION ITEM:

Gary Ball will calculate cost of YRTC per square foot.

Update on California Indian Health Care Issues:

Ms. Cynthia Gomez, Advisor to Governor Jerry Brown, and Ms. Heather Hostler, Chief Deputy, joined the meeting. Ms. Gomez said they have been busy as there are only two of them in the office, but they try to respond to all calls. She thanked the group for inviting her. Ms. Gomez said her job is to find partnership opportunities which benefit both the tribes and the state.

Last year, a bill passed through the legislature to exempt medical staff from California licensure credential. The Governor signed the bill with no reluctance. Ms. Gomez hopes this will help clinics, especially ones in rural areas that have a difficult time recruiting staff.

Another bill, which is supported by CRIHB, allows tribal governments and other tribal healthcare organizations to seek reimbursement for administration fees involved in making patients eligible for the Medi-Cal (California's Medicaid program). If the bill passes both houses, Ms. Gomez will advise the Governor. She is hoping it will pass.

In a recent meeting with California tribes, Ms. Gomez was asked to assist in meeting three main issues:

- Many tribes asked for updates on the consultation policies of the agency. Ms. Gomez has met with Secretary Dooley who has assigned staff to work on a consultation policy. Ms. Gomez and Ms. Hostler have met with these staff and discussed how to proceed. They looked at how Cover California conducted their tribal consultation process (since that process got good reviews). As Governor Brown restructured and reduced the size of many state agencies, the state's Health & Human Services agency was affected. For this reason, the workgroup was advised to hold off on creating a tribal consultation policy. There will be a tribal consultation soon, and Ms. Gomez is urging all to attend. The new policy will override the old policy and apply to all departments. She does not yet have dates for this tribal consultation, but will notify IHS as soon as they know. The dates for the tribal consultation will also be posted on the state's webpage. Mr. Devers asked if the policy being revised is the same one that was presented four or five years ago. Ms. Gomez said that was the Department's policy, but the one that is being created is the Agency's policy, led by California Health and Human Services Secretary Dooley.
- Many tribes asked the state to work with IHS on connecting health information systems. The tribes want to know what the state currently has in place or is planning to put in place. She said that she was told at the last meeting that the tribes' data system is not compatible with the county's or other states' systems. Ms. Gomez has met with IHS and is going to meet with her staff and the state to further discuss. At the very least, the state should explain what it is doing so the IHS will know how to effectively move forward. She knows some health clinics use the Resource & Patient Management System (RPMS) and some use different systems. Ms. Gomez has also spoken to the California Technology Agency and they said they would be willing and available to discuss this further. She also

spoke to the state's Health & Human Services agency and they are also ready to help. Mr. Devers mentioned that some southern tribes are being asked to look at systems that are compatible with the VA, but these systems are burdensome and expensive. Ms. Gomez said she has also met with the VA's Secretary and will mention this concern. She will also look into funding and training opportunities for this. She said the state received funding to consolidate all of their Department's systems (such as those from DHS and Coverage California). She needs to talk to the Department's Chief Information Officer to obtain the timeframes for this. On the subject of the VA, the tribes also mentioned that veterans have been asking for county and other services that are more culturally sensitive (especially in urban areas). Ms. Gomez said they are looking into this.

- Many tribes asked about appointments to state health boards. Ms. Hostler has been working with the appointment secretary of the Governor's office to look for tribal representation. This Governor has appointed more native people than any other governor in the history of California. Ms. Gomez said she has had difficulty recruiting natives to these boards. She thinks it is because everyone is busy already, but asked for recommendations from the community. She will send out a listing of board openings so CATAC members can recommend tribal members that may be interested. She noted that this does not always mean those recommended will be chosen for the board(s). She encouraged the group to visit http://www.gov.ca.gov and click on the tab that lists boards and commissions for all of California. Ms. Gomez agreed to send this list to Mr. Coleman to forward to the group. Appointments require an online application that cannot be saved (so it must be completed in one sitting). This may take up to one hour. There will be a drop-down menu for the applicant to identify the particular board (or more than one board) on which they are interested in participating. Ms. Gomez encouraged the group to notify her office if they know of someone who is applying. This way, she can advocate for that person. She also suggested all applicants identify which tribe(s) or tribal healthcare organization(s) are supporting their respective nomination as this sometimes makes it easier to move those names forward.

Mr. Devers asked if anyone in the state is working with staff from Covered California and educating them on the difference between California Indian and non-California Indian (such as entitlements of federally-recognized tribes outside of California compared to those living in California). Even he gets confused as to their rights. Ms. Gomez said there has been a lot of discussion about this and she even forwarded information to the Governor. Governor Brown wrote a letter to the President and IHS portraying the state's support for the broader definition of Indian. Ms. Gomez agreed to forward a copy of this letter to the group. Mr. Devers said this is important for basic care and contract care, especially since there is a lack of money. Ms. Gomez said many patients are concerned they will no longer be able to receive service from their clinics. She added that there was just a ruling last week about optional benefits. The Governor supports the Health & Human Services agency to find a solution for more reimbursement. Ms. Gomez urged the group to provide options and alternatives since they are more familiar with the clinics than she is.

Dr. Magruder asked about the state program being developed for health information technology. Ms. Gomez said she is not intimately involved in this, and just knows that it comes from the federal government. She is working on bringing the important people to the table. He asked if she is aware of any state agency that has successfully shared data with the VA or some other organization, and Ms. Gomez said she does not know, but has spoken to someone who is involved with the work of other states (Washington and Oregon) regarding this.

Ms. Gomez mentioned that she testified before the California Broadband Commission to look at funding and see if broadband can be improved for tribal communities. She also asked them to develop a taskforce for the tribes. The Commission is open to do this and periodically asks tribes if they will allow the Commission to evaluate the tribe's current services. These evaluations may lead to more funding.

Ms. Nelson asked about the broader definition of Indian and what this means and Ms. Gomez said the purpose is to revise the current wording of the Medi-Cal definition. The new definition should include non-recognized tribes and those from out-of-state. Hopefully, patients could be eligible by showing their ancestry or just by having received federal health services in the past.

Mr. Devers asked if additional expenses would be covered and Ms. Gomez said the government already pays for expenses through the Medi-Cal program. The patient population in some clinics is over 60% non-Indian (or not federally-recognized). Those health clinics may have a financial increase for which they cannot be reimbursed. If the definition is broadened, health clinics can charge Medi-Cal costs for those patients. Ms. Gomez knows this is only a partial solution and will not solve the issue with optional benefits. She reiterated that this is not the state's decision, but she was able to get Governor Brown to write a letter in support.

Ms. Gomez thanked the group again for inviting her and Ms. Hostler. She invited all members of the CATAC to visit her office and share ideas. She insists that this is a great administration with which to work.

ACTION ITEM:

Forward letter from the Governor (regarding the definition of an Indian) and information on state health boards to CATAC upon receipt from Ms. Gomez.

The group adjourned at 3:50pm.

July 17, 2013

Ms. Kerrigan reconvened the meeting at 9:20am by reviewing the evaluation summary from the 2013 Annual Tribal Consultation.

Review the evaluations for the 2013 Tribal Leader's Consultation Conference:

Mr. Dixon suggested that Ms. Kerrigan emphasize to Dr. Roubideaux how many tribes there are in California. It would be beneficial for Dr. Roubideaux to attend next year's tribal consultation with the tribal officials and meet with the tribes that are here.

Ms. Kerrigan said Pala has been the easiest hotel to work with because they offer the government rate for guest rooms, have reasonable meeting room rates, and have great A/V technical support. In past years, the IHS/CAO has had poor experiences with other locations. The IHS/CAO has discussed moving the meeting around the state, but there are limited options north of Sacramento that will work for this. Mr. Dixon asked about Thunder Valley Casino and Ms. Kerrigan said they were unwilling to work with the IHS or the VA in the past. Thunder Valley Casino can make more revenue from their "high rollers". This revenue issue exists at other facilities as well.

Mr. Coleman mentioned that this is the second year in a row that this event coincided with the National RES Conference. Ms. Kerrigan said that the turnout in Pala was good despite that event. Mr. Masten added that Pala is a nice place to visit. Mr. Dixon said the hotel is nice, but it is situated between the two major airports so it can be difficult to get there. Ms. Nelson agreed that it is hard to travel there.

Ms. Nelson asked about the location of next year's event and Ms. Valencia asked if there will be one next year. Ms. Kerrigan said there may not be one next year because the IHS already spends a significant amount of money on tribal consultation.

Ms. Kerrigan said there are more than a dozen IHS workgroups, and the IHS funds travel for workgroup members. She told Dr. Roubideaux at the Dedication of the Land that the cost to send individuals to these workgroups is expensive, especially since California and Washington D.C. are on opposite sides of the country. Plus, many of these individuals are traveling and donating their own time and are not getting any compensation for this. Ms. Nelson said she is conscientious of the costs and travels by red eye flights so as not to waste additional days. Mr. Masten says he does the same. Ms. Kerrigan said the real cost is with the airfare, so more conferences will be via teleconference. For example, the CATAC meetings may be compressed, or they may just be via conference call. Ms. Valencia said her Tribe uses Adobe Connect so this is not a problem for her. Mr. Coleman said most of the programs do have this capability. According to Ms. Kerrigan, another option is to have members convene at different locations throughout California. Many tribal members have virtual capacity, but many do not. Mr. Masten suggested having three meetings instead of four because he thinks the interaction is better in-person. Ms. Nelson agreed and said more is accomplished during face-to-face interactions. Ms.

Valencia said eye contact makes a difference and teleconferences often contain distracting background noises (e.g. dogs barking).

Ms. Kerrigan does not know what to expect for the budget in 2014. The President's Budget proposes an increase for the IHS in 2015. Until then, the IHS must exist on current funds and all must be conscious of this. All cuts are made across the board and do not target individual programs.

Mr. Masten insists that tribal consultation should be the agency's top priority. He addressed this to Dr. Roubideaux in a letter about the FAB. Mr. Coleman said Alaska has addressed her regarding more consultation as well. He also stated that consultation with tribes is still IHS's number one priority.

Mr. Dixon asked about site selection in northern California for the next Annual Tribal Consultation, and Ms. Kerrigan said this is an issue because there are few large hotels with conferencing capability. The event requires two large ballrooms and up to four breakout rooms. Some facilities offer guest rooms at the government rate, but do not have adequate meeting space. Ms. Nelson suggested Reno and Ms. Kerrigan agreed that it is easy to travel there. The IHS has used the Silver Legacy, the Reno Convention Center, and the Nugget. Ms. Kerrigan mentioned that the meeting must remain under $20,000 so it does not need to be approved by the DHHS Secretary. Ms. Valencia said she is happy with Reno or Pala and Ms. Kerrigan again noted that Robert Smith treated them well at Pala. Ms. Kerrigan said she will consider the group's recommendation and will look into the aforementioned alternatives. There are some government restrictions that the IHS/CAO must consider. Ms. Kerrigan asked for Mr. Dever's input on hosting the meeting in Reno. He said he does not have an opinion about this, but will relay to the tribes in the south that this is just a suggestion. Ms. Kerrigan said Sacramento is another option, but guests would be spread out among multiple hotels. Mr. Devers suggested conducting research on locations. Ms. Kerrigan would like to know how much the tribes spend to send individuals to this event. She said the IHS knows per diem rates and can justify Reno by comparing rates to Sacramento.

Review Federal Advisory Committee Act (FACA)/ IHS/HHS Boards, Committees, and Workgroup Discussion:

Mr. Coleman said there are up to eight positions that need to be filled on boards/ committees/workgroups. Ms. Kerrigan explained that some members have lost their eligibility to serve because of FACA. She asked the group to think about individuals that would serve the committee well (someone who is interested in California Indian health, is familiar with self-determination/self-governance, and can travel if needed). Dr. Roubideaux told her that it is her intent to only convene workgroups when there is a decision to be made, as opposed to three or four meetings throughout the year. Ms. Kerrigan stated that all CATAC representatives and tribal members need to gain permission before nominating an individual to serve on a workgroup.

Ms. Kerrigan thanked Ms. Nelson for her years of service since this is her last meeting on the CATAC. Ms. Nelson said it has been a privilege and she truly cares about people in California and has worked hard to defend them in Washington D.C. She insists that more data is needed related to AI/AN and diabetes. New Congressmen are naïve about Indians. In September 2014, the SDPI funding will end. She said the IHS desperately needs SDPI funding, and establishing 17 gardens is not enough. Mr. Masten acknowledged her strong support and asked if she would consider serving a second term in this position. Ms. Nelson said her doctor suggested she not mobilize much. Ms. Kerrigan asked Ms. Nelson to consider serving as the alternate representative, with Ms. Valencia as the primary representative. This way, she could stay on the CATAC and limit travel to only local meetings. Ms. Nelson will consider this.

Ms. Nelson and Ms. Valencia explained that no new funding is being added for the Special Diabetes Program for Indians (SDPI) even though there are new tribes. This means some new tribes are receiving the funding instead of the old programs and some tribes must compete with their neighboring tribes.

Mr. Devers asked if most of the committees include CATAC members and Ms. Kerrigan confirmed this. He asked which ones require elected officials and she explained that a letter from the Chairman is enough to be FACA compliant. She then detailed the needs of the other boards/committees/workgroups:

- Contract Support Cost Workgroup - One tribal representative and one technical representative is needed
- IHS Budget Formulation Workgroup – Mr. Dixon is the primary representative and Mr. Dennis Heffington is his alternate
- IHS Contract Health Services Workgroup – Mr. Johnny Hernandez left and Mr. Devers was his alternate. Mr. Devers agreed to act as the primary representative. Mr. Molin Malicay was the technical representative, but no longer works for Sonoma County Indian Health Project. Mr. Jim Crouch was the other technical representative, but will be retired by January 2014. Mr. Dixon suggested Mr. Mark LeBeau serve as a technical representative. Mr. LeBeau said he is open to this and willing to provide a resume to the group

Ms. Kerrigan asked for nominations from the group, but asked the group to first confirm that all nominees are FACA-compliant and willing to travel. She further explained that she appoints members to these workgroups – they are not elected by the tribes. All nominees must be an elected official or have a letter from their Tribe.

Ms. Kerrigan explained that there are a number of tribes that have not submitted letters of support for FACA compliance. She knows they are busy and many are not interested in pursuing government funding (because they know the federal government has no more to offer). She reviewed the FACA regulations with the group in the form of a Dear Tribal Leader letter from Dr. Roubideaux. Since the group meets under the function of tribal consultation, it needs representatives that are not federal employees and are willing to seek FACA compliance with their respective tribal government. She said the tribes are more likely to consider this if the request comes from the tribal group members than if it

comes from her. It is difficult to fill workgroup positions because there are not many tribal officials that are not already engaged and too busy.

Ms. Kerrigan suggested waiting to fill these positions until the next consultation in March 2014. Until then, all can be proactive in recruiting tribal leaders. In the past, there have even been two individuals per workgroup in case one was not able to attend a meeting.

ACTION ITEM:

All will consider recruiting tribal officials for IHS/HHS Boards, Committees, and Workgroups.

Affordable Care Act presentation:

Mr. Mark LeBeau and Ms. Virginia Hedrick joined the group to present on the implications of the Affordable Care Act (ACA).

Mr. LeBeau introduced himself as an enrolled tribal member from Pit River who studied at California State University, Sacramento and University of California, Davis. He recently obtained his PhD and completed his dissertation on California Indian healthcare systems and the policies that drive the formation of those systems. He has worked for CRIHB for 14 years and worked as a Health Policy Analyst prior to his position as Executive Director in training.

Ms. Hedrick introduced herself as an enrolled member of the Yurok Tribe. She will soon begin her MPH at Drexel University. Prior to her current position, she worked as the Tribal Epidemiology Coordinator. She works for CRIHB as Associate Health Policy Analyst. She has worked with Mr. LeBeau for a few years and is not new to this work.

Mr. Masten asked if tribal healthcare programs can assist financially with low-income subsidies and Mr. LeBeau said yes. Tribal clinics/businesses/governments can choose to pay a monthly premium for a segment of the business or patient population. This way, patients will have access to a series of new, essential health benefits. Health insurance companies must provide these essential health benefits. Prior to the Affordable Care Act, insurance companies were notorious for not accepting sick individuals and removing individuals from their health insurance plans when they got sick.

Mr. Devers asked if California Indians would still receive funding for basic healthcare coverage and Mr. LeBeau said yes. Contract health services and similar funding streams will continue. The California Indian eligibility criteria still apply. He also mentioned that, as of 2014, contract health services will be called the Preferred & Referred Care Program.

Mr. Masten asked about purchasing segments of the Affordable Care Act, and Mr. LeBeau said small segments can be purchased at a lower cost. He said clinics can use third-party revenue or even IHS sources to provide coverage.

Mr. Devers asked if anyone has researched the current state of healthcare coverage for California Indians (e.g. the percent of Indians with coverage and the percent of Indians that rely on tribal clinics for regular care or care provided by contract health services funding). Mr. LeBeau said 30-40% of Indians nationally do not have healthcare coverage. It is difficult to obtain the data in California, but there is similar coverage here. Mr. Devers mentioned that deferrals and denials were tracked in California a couple of years ago, and this may provide some insight into what is happening to Indians here.

Dr. Magruder said there may be a sizable portion of the population that will not want to pay because of the services they are accustomed to. He thinks it might be beneficial for tribes to pay the premium for some members of their communities, and consider using contract health service funding to do so. Mr. Masten agreed and suggested comparing the amount spent on contract health service in previous years and how much the premiums would cost. A very small percentage of contract health service funding might be needed for this.

Ms. Valencia asked about co-pays, and Mr. LeBeau explained that there will be still be co-pays for some Indian patients. A user of the IHS system can receive coverage, but only members of federally recognized tribes are exempt from co-pays.

Mr. Devers asked about the benefits for enrolled members of federally-recognized tribes. Ms. Hedrick said they will not be penalized for not having health insurance. Mr. LeBeau added that CMS ruled last month that if a patient is seen at an IHS clinic, he/she does not have to buy health insurance. Also, those individuals that are up to 3% of the poverty level and receive services from IHS will not need to pay co-pays (unless they go to Kaiser, etc.).

Mr. Devers asked if Mr. LeBeau attended the Covered California meetings and he said yes. At those meetings, the state was not sure how to define California Indians for coverage. Mr. LeBeau said it is clear now and any California Indian seen at a tribal clinic is not required to buy health insurance; however, the co-pays and other costs may apply to non-federally recognized tribal members. Ms. Hedrick added that the census shows 300,000 Indians in California, but only 88,000 are active users in the IHS system. Mr. LeBeau explained that while patients would have more choice, the lack of co-pays and deductibles are additional incentives to receive care at their tribal clinic.

Ms. Valencia suggested that the broader definition of Indian may add more patients to the clinic and services may suffer. Mr. LeBeau said the definition of Indian will be the one currently in use. The intent for advocating for the broadest definition of Indian was so they would not be required to buy health insurance.

Once patients easily apply for health coverage on www.coveredca.com, other social services may be available to them. They need only to enter basic information such as income level and the head of household. In the future, this form will include Indian exemptions. The Covered California Tribal Advisory Workgroup should be cognoscente of this.

Dr. Magruder suggested that some Indians have private health insurance, and the cost for private health insurance will increase dramatically. Also, there is not yet a final solution on how subsidies will be paid for and they will not last for an extended period of time. At some point, each state will need to take on these costs. At that time, there could be dramatic changes in benefits. Mr. LeBeau agreed and said all of these programs must be self-sustaining. The workgroup is preparing for all of this and is extending exemptions. Dr. Magruder believes the real question is how each state will accomplish this. Mr. LeBeau noted that the state of California just reinstated dental services; they brought back the specialty package for dental care. This may be an indicator of what will happen in the future, and the state legislature is supportive.

Ms. Hedrick presented on tribal sponsorship of the ACA. She said this presentation is available on the CRIHB webpage and began by describing the benefits of the ACA for AI/AN. For example, Indians will be able to enroll and un-enroll at any time.

Mr. Galleto asked how Indian money such as non-gaming money would be considered. Ms. LeBeau said judgment funds would not be calculated as part of MAGI and eligibility for services. Also, allotment land (such as growing hay and selling it, or fishing and selling it) cannot be used toward calculating eligibility towards health care. This means these patients will not be placed in a higher income category and will still be eligible for services. Ms. Valencia asked about scholarships that originate from gaming and vending machines. According to Ms. Hedrick, this would be included in the same way taxes would be included. If the scholarship is being given to the institution, that would not be income for the student. Ms. Valencia may reconsider how this scholarship money is distributed.

Ms. Hedrick noted that the applications will not all be online, so there will be options available for everyone. Those who file taxes and apply online will be able to see all of their information already in the system.

There may be some instances where tribes will sponsor patients and then they will be required to pay the money back. Tribes must consider whether or not they will ask the patients for the money back. This is all reconciled in taxes, so it may just be that the patient does not get the tax credit.

Tribal sponsorship can apply to specific carriers and does not need apply to all carriers. Tribes may consider only sponsoring the most expensive patients or only active users. The group is encouraged to visit www.nativeexchange.org, use password **Native1,** and click **Tribal Sponsorship**. The website provides excel spreadsheets that can be used to calculate whether or not tribal sponsorship would be beneficial based on a number of factors. For example, the benefit of tribal sponsorship depends on who the Tribe chooses to sponsor. Some tribes may choose to sponsor everyone. The strategy recommendations listed in the PowerPoint presentation are based on what will generate the most revenue.

Tribes should require that patients use their clinic(s) for plans they sponsor so revenue comes back into the clinic and the clinic can bill private insurance. Ms. Hedrick and Mr. LeBeau confirmed that this is legal. Mr. LeBeau added that all tribal clinics should be included in qualified health plans. Mr. Devers agreed and said that this is essential for his community. He thought the VA would fix this problem, but patients will not travel to the VA hospital. Ms. Valencia explained that patients are accustomed to visiting their own clinic.

Ms. Hedrick noted that there is much more detail available on this, and her presentation only covered some of the highlights from a number of presentations. Additional resources are available at www.nativeexchange.org and all are welcome to call her or Mr. LeBeau.

Ms. Hedrick agreed to create a guide for the Covered California Tribal Advisory Committee that includes all of the federal protections for tribes under the ACA. This way, the committee can make more informed recommendations. She will also complete an assessment of all of the current tribal government leaders and invite them to a tribal consultation meeting. They recently submitted a proposal for $300,000 for outreach and education.

Dr. Magruder complimented Ms. Hedrick and Mr. LeBeau on presenting the key points of the ACA. He asked about the skills needed on each community's workgroup and also about the key data points needed to understand the best path for their communities. Mr. LeBeau said the Board of Directors of Covered California has created a funding mechanism for local community advocators to obtain training. Covered California will send out public notices to urge entities to send individuals to the training. The resources on the Native Exchange webpage will also be important as there are short videos and documents to review with CEOs and CFOs. In summary, tribes should send navigators to trainings and have them watch the video clips. Ms. Hedrick agreed with these recommendations.

Mr. LeBeau spoke about ACA incentives for tribal businesses. All large businesses (50 or more staff) must purchase healthcare coverage for their employees. Dr. Magruder said this may have changed recently, and Mr. LeBeau said he will look into this. These large businesses will be assessed fees if they do not provide healthcare coverage for their employees. If the business has fewer than 50 employees, they will not be assessed. There are cost and tax credit opportunities for the small businesses that do provide healthcare coverage, so he urged tribal businesses to do this. This will help staff to be healthier and more productive and bring more funding opportunities to the clinics. For 50 employees, the assessment will be $2,000 per employee beyond the first 30 employees. For small businesses with fewer than 25 employees, where each employee makes an average of $50,000 and the employer provides healthcare coverage, the business will be eligible for a 25-35% business tax credit.

Ms. Nelson asked if CRIHB does the work for the tribes they represent, and Mr. LeBeau said they do the work for all 31 tribes they represent. Representatives from those tribes

meet every three months to provide guidance. Ms. Valencia believes CRIHB will help anyone.

The group recessed for lunch at 12:00pm and reconvened at 1:15pm.

Review IHS/CAO Circulars for Tribal Consultation, CATAC and Workgroups:

All CATAC members were provided three circulars to review. Ms. Kerrigan proposed combining these into one policy. She said the IHS/CAO requested tribal consultation on these circulars on two occasions and received no responses. She asked the group if they approved the approach of combining these and later reviewing the composite version. The group agreed to this.

Ms. Kerrigan said the changes would be minor. The circulars are meant to represent long-term practices and not just those while she is Area Director. She has not heard criticism or received any positive input, so she assumes all are okay with these. She suggested all CATAC members review the circulars and provide their edits to her at a later time.

Mr. Devers stated that the CATAC is not a replacement for tribal consultation since not all tribes are represented in the group. Ms. Kerrigan said CATAC meetings are not in lieu of tribal consultation, but rather in addition to tribal consultation. CATAC meetings are considered tribal consultation since the group is FACA-compliant. Unfortunately, there are not many other individuals interested in these issues because tribal leaders have other priorities. She appreciates the members that have stayed involved for many years and said she looks forward to these meetings. The meeting summaries are sent to all the tribal officials in the state. Mr. Devers appreciates the meeting summaries, which allow him to share the information discussed with the southern tribes and obtain their input. He said it will be much more difficult if these meetings occur via telephone.

ACTION ITEM:

Ms. Kerrigan will combine circulars and re-distribute to the CATAC for review.

California Representatives to National IHS and HHS Workgroup List and Reports:

Ms. Kerrigan asked for volunteers to represent California on boards/committees/ workgroups until other representatives are identified. The group nominated Ms. Sanchez and she said she is flexible and willing. Ms. Kerrigan said many of these workgroups will not meet and resources will be dedicated to the ACA. There is not yet a workgroup for the ACA, but this is a possibility. The CHS workgroup needs a technical representative and Ms. Kerrigan suggests Mr. Inder Wadhwa from Northern Valley Indian Health. Ms. Nelson agreed with this suggestion. An alternate is also needed so the group was asked about other program directors that might be appropriate. Ms. Nelson asked if Mr. Wadhwa has agreed to this and Ms. Kerrigan said she has not yet asked him. She asked the group if there was any opposition. He would be representing California in the business aspects and allocations of CHS and would not be the tribal representative.

She thinks he would also be good for TTAG (technical advisory workgroup). Mr. Jim Crouch formerly held that position. She thinks Mr. LeBeau might not be able to dedicate his time for this.

Ms. Valencia provided cards to all CATAC members urging them to submit them to their Congressmen. She also agreed to send the cards to the group electronically.

Dr. Magruder suggested the Director of Preventive Medicine at Toiyabe Indian Health Project to represent California on one of the workgroups. Toiyabe recently won a large CDC grant for developing primary prevention programs. This is closely associated with the diabetes efforts. He is a good writer, especially with grants. Ms. Kerrigan said she generally avoids asking physicians to serve as technical representatives because they cannot dedicate their time. Dr. Magruder said this individual does not perform clinical work, but has great knowledge of public health issues.

Ms. Kerrigan added that not all workgroups have technical and tribal representatives. Some workgroups only have tribal representatives. The expectation is to include tribal officials, and that is her priority. More tribal officials are needed. It is difficult to convince individuals to join because they don't know what to expect. If tribal leaders had a better understanding of the CATAC, they might be more involved. Most of the workgroup/committee members come from the CATAC because CATAC members have the knowledge and experience working with tribal governments. Ms. Kerrigan agreed to keep the group posted on the workgroup situation.

Review the 2012 CAO Annual Report:

Mr. Vinay Behl, IHS/CAO Chief Financial Officer, presented on the FY 2012 IHS/CAO Annual Report, which is intended to mimic that of the commercial sector. The first 20 pages of the report focus on the IHS/CAO's vision, mission, strategy, and accomplishments. These reports come from the Area Director, Area Deputy Director, and Chief Medical Officer. The reports emphasize development of the YRTCs and how the IHS California Area is leveraging technology. The next portion of the document consists of reports from IHS/CAO divisions, including the Office of Public Health, Information Resource Management, Office of Environmental Health & Engineering, and Office of Management Support. The next section of the document consists of the financial report, which includes the Chief Financial Officer's report and a complete detail of financial numbers. Each program can use these numbers to reconcile the year and plan for the next year. All feedback about this document (regarding format, template, additions, etc.) can be sent to Mr. Behl.

Mr. Fluette is impressed with the report, as older versions only listed the financials. Now, the document lists accomplishments, key staff, and addresses what is happening at the IHS/CAO. Ms. Kerrigan said this report describes every penny and dollar that comes through the office. Plus, it is updated every year and contains the most current information. Ms. Valencia commented that the report is both user-friendly and

beneficial. Ms. Kerrigan added that this makes it easier to make a statement for the YRTCs. Ms. Nelson thanked Mr. Behl for his hard work on this.

2012 California GPRA Report:

All group members were provided the Government Performance & Results Act (GPRA) Report, showing a comparison of data for all California healthcare programs reporting via the Clinical Reporting System (CRS). All of the data reported is captured through the Resource & Patient Management System (RPMS). One challenge is gathering this information from non-RPMS healthcare programs. The report explains all of IHS's preventive health measures. Many of these are responsible for the social determinants of health. For example, smoking is addressed with the Tobacco Cessation measure. If anyone is interested in reviewing individual performance measures, the IHS/CAO can prepare a presentation and explain what is being measured.

HHS Region IX Director:

Mr. Herb Schultz presented via telephone. He thanked Ms. Kerrigan and Mr. Coleman for inviting him to join the meeting. His presentation is meant to provide an update on ACA implementation and DHHS's tribal partners. He urged the group to focus on October 1 instead of January 1. As of October, many people will have access to a comprehensive healthcare plan for the first time. Either subsidies or Medi-Cal will help pay for this.

Under the ACA, all will need healthcare coverage, but no one will be dismissed for having a preexisting condition. There is an exemption for individual Indians. Congress has the ultimate ability to clarify who qualifies as an American Indian (and therefore who will be exempt). If a patient is eligible for IHS, tribal, or urban clinics, he/she will be exempt from purchasing health insurance. This is a big victory for Indian Country. More Indians will now qualify based on income alone, some will qualify for Covered California, and some will qualify for no co-payments. Indian country continues to be exempt from co-pays and deductibles.

The FEHB now applies to tribal employers who want to provide healthcare coverage to federal employees. This is a result of the reauthorization of the Indian Health Care Improvement Act (IHCIA).

Childless adults who make less than $16,000 a year will now qualify for an expanded Medicaid program. Low-income families will also be eligible for no out-of-pocket costs (copays or deductibles).

Covered California will benefit individuals and small employers (businesses with fewer than 50 FTEs, 30 hours/week). Enrollment begins October 1 and coverage begins in January 2014. Patients can calculate the cost of this now.
Mr. Devers asked about tribal and governmental employees working for tribal governments that have fewer than 50 employees. Mr. Schultz said they can access the

SHOP marketplace. Mr. Devers then asked about the obligation of the tribal government and Mr. Schultz said the broader plan has a value of about 60%. This will mean approximately 40% out-of-pocket costs, but there are many ways to calculate this. Mr. Devers said tribes will combat this problem by only employing individuals part-time. If the employer does not offer health insurance, individuals can go to Covered California, but there is no penalty for the small employer. Mr. Schultz said 96% of businesses in the United States have 50 employees or less and are exempt from the law.

Dr. Magruder asked about private employers and if individuals would have a choice to maintain their preferred health insurance. He asked if Mr. Schultz had any data that suggests that this change in mandatory benefits would result in increased premiums and therefore individuals dropping insurance coverage. Mr. Schultz said initial rates for individual plans are 3% above to 29% below current rates for better coverage. New York City will offer rates 50% below current rates. Some individuals will notice a slight increase and some individuals will notice a slight decrease. He believes these ideas are not popular, but dominating the airwaves. There is an ongoing risk adjustment program.

Mr. Devers asked about the plans individuals are purchasing and Dr. Schultz said it depends on the state. In California, individuals cannot purchase limited benefit plans. In other states, individuals can. These other packages do not have preventive care or the other minimum standards that will occur under the ACA.

Mr. Devers acknowledged that this is a lot to digest. Ms. Kerrigan noted that the group listened to an ACA presentation earlier from CRIHB. Both presentations were helpful, as one approached the situation from the IHS perspective and the other approached the situation from the perspective of the entire country.

Emerging Issues:

Ms. Kerrigan thanked everyone for attending the meeting. She said every agency needs to actively choose what to focus on, but she appreciates everyone's thoughts and will take everything suggested under advisement. She will also combine the circulars and distribute a draft to the group.

Ms. Nelson mentioned a workgroup that is beginning to meet regarding historical trauma and the effect on diabetes. Mr. Rick Frey is now leading these calls.

Ms. Valencia will talk to Ms. Helen Maldonado about inviting Dr. Andrew Narva to present at the next meeting. Ms. Nelson mentioned her concern for the lack of dialysis units in California, and Dr. Magruder said there is one in Toiyabe. Ms. Valencia insists there needs to be more options. It may take a patient with kidney disease up to 20 years before they need dialysis and there are many issues with dialysis. Patients need more options and providers need more education. Other options have proven to be successful, such as home dialysis. Ms. Kerrigan would like Dr. Magruder to be involved in this.

Ms. Kerrigan suggested having Dr. David Sprenger present on Post-Traumatic Stress Disorder (PTSD) at the next meeting, and noted that he is still working part time.

ACTION ITEMS:

Ms. Kerrigan will invite Dr. Narva and Dr. Sprenger to present during the next meeting.

Additional Tribal members, Indian Health Service staff, and guests in attendance during the CATAC meeting included:

Name	
Dominica Valencia	Alternate Tribal Leaders Diabetes Committee member
Wanda Green	Elk Valley Rancheria member

IHS/CAO staff	
Gary Ball	Staff Architect
Rachel Pulverman	Student Trainee (Public Health Analyst)

INDIAN HEALTH SERVICE
CALIFORNIA AREA TRIBAL ADVISORY COMMITTEE MEETING
John E. Moss Federal Building
650 Capitol Mall, Suite 7-100
Sonoma Room
Sacramento, CA 95814
July 16-17, 2013

July 16, 2013 **Location: Sonoma Room**

1:30 PM	**Invocation** **Roll Call** **Introductions-All Participants and Guests**	**TBA** **Mr. T. Coleman**
	Opening Remarks	**Ms. M. Kerrigan**
1:45 PM	**Review Executive Summary-February 27, 2013** **Review Executive Summary-March 11, 2013** **Tab 2**	**Mr. T. Coleman**
2:00 PM	**Youth Regional Treatment Centers** **North and South updates** **Tab 3**	**Mr. G. Ball**
3:00 PM	**Update on California Indian** **Health Care issues** **Tab 4**	**Ms. C. Gomez**
3:30 PM	**Break**	
3:45 PM	**Review the evaluations for the 2013 Tribal Leader's Consultation Conference** **Tab 5**	**Ms. M. Kerrigan**
4:00 PM	**Review Federal Advisory Committee Act (FACA)** **Tab 6**	**Mr. T. Coleman**
4:15 PM	**IHS/HHS Boards, Committees, and Workgroup Discussion** **Tab 7**	**Ms. M. Kerrigan**
4:45 PM	**Adjourn for the day, reconvene at 9:00 AM**	

INDIAN HEALTH SERVICE
CALIFORNIA AREA TRIBAL ADVISORY COMMITTEE MEETING
John E. Moss Federal Building
650 Capitol Mall, Suite 7-100
Sonoma Room
Sacramento, CA 95814
July 16-17, 2013

July 17, 2013 **Location: Sonoma Room**

9:00 AM	**Recap July 16**	**Mr. T. Coleman**
9:15 AM	**Review IHS/CAO Circulars for Tribal Consultation, CATAC and Workgroups Tab 8**	**Ms. M. Kerrigan**
10:00 AM	**Affordable Care Act presentation Tab 9**	**Mr. M. LeBeau Ms. V. Hedrick**
12:00 noon	**Lunch**	
1:30 PM	**California Representatives to National IHS and HHS Workgroup List and Reports**	
	CMS	**TTAG**
	Contract Support Costs	**CSC**
	Behavioral Health	**BHWG**
	Budget Formulation	**BFWG**
	Contract Health Services	**CHS**
	Diabetes Committee	**TLDC**
	Workgroup on Tribal Consultation	**TCW**
	Self-Governance	**TSGAC**
	Facilities Appropriation	**FAAB**
	HHS Secretary's Tribal Advisory Committee Tab 10	**STAC**
2:30 PM	**HHS Region IX Director (conference call/slides)**	**Mr. H. Schultz**
3:30 PM	**Review the 2012 CAO Annual Report Tab 11**	**Mr. V. Behl**
4:15 PM	**Emerging Issues Tab 12**	**Ms. M. Kerrigan**
4:30 PM	**Adjourn**	

Tab Index