

TRANSMITTAL NOTICE-CALIFORNIA AREA INDIAN HEALTH SERVICE TN-04-01

BACKGROUND:

This circular is to establish a circular on Area Representatives to National IHS and HHS Workgroups and to describe the purpose and responsibilities. This circular also extracts the sections relating to workgroup responsibilities from the Tribal Advisory Committee Circular.

/Margo D. Kerrigan/

Director
California Area Office

MATERIAL TRANSMITTED:

California Area Indian Health Service Circular No. 04-01

MATERIAL SUPERSEDED:

California Area Indian Health Service Circular No. 02-03

MANUAL MAINTENANCE:

Add this circular to the Manual of Circulars. Log in and file the Transmittal Notice (TN).

Distribution: All CAIHS Employees, Tribal/Urban Health Programs,
Master Manual

Date: May 11, 2004

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Indian Health Service

CALIFORNIA AREA INDIAN HEALTH SERVICE CIRCULAR NO. 04-01

California Area Representatives to
National IHS and HHS Workarounds

Sec.

1. Purpose
2. Background
3. Workgroup Responsibilities
4. Exhibits
5. Supersession

1. PURPOSE. The principle focus for tribal consultation and participation activities of the California Area Indian Health Service (CAIHS) is with individual tribal governments and with tribal organizations composed of multiple tribal governments that contract/compact for the provision of health services to IHS eligible patients in California. Because there are over 100 federally-recognized tribal governments in California, it is necessary for the CAIHS Director to Director to appoint representatives to serve on national IHS workgroups to provide tribal advice and recommendations, and to involve tribes in IHS decision-making processes and policy development.
2. BACKGROUND. In accordance with the IHS policy on tribal consultation, policy making decisions are made based upon recommendations from national joint tribal/federal workgroups composed of tribal representatives who can best contribute to a desired outcome and/or provide a representative perspective on a variety of programmatic and administrative concerns.
3. WORKGROUP RESPONSIBILITIES. Another form of tribal consultation is to have tribal participation in various and multiple IHS and HHS workgroups charged by the Office of Intergovernmental Affairs and/or other agencies. IHS workgroups are convened and charged by the Director of the IHS. The CAIHS Director will appoint representatives and California tribal leaders who can serve on issue-specific IHS workgroups to deliberate and identify options to the Director of the IHS. There is an increasing political requirement for elected tribal chairpersons and tribal council members (instead of health program administrators,

Distribution: All CAIHS Employees, Tribal/Urban Health Programs, Master Manual

Date: May 11, 2004

attorneys, or consultants) to serve on IHS national workgroups. Because California has over 100 tribes, we are fortunate to have such a wide array of potential representatives from varied backgrounds and expertise who are capable of providing input at these critical workgroup sessions to ensure that California is involved at all levels to affect IHS policy. While most of these workgroups are time specific, they will require the California Area representative to set aside significant time resources and commit to substantial travel, usually up to four times per year. These assignments are considered voluntary. The CAIHS Director will rely on best judgment and recommendations from the California Area Tribal Advisory Committee (CATAC) in appointing an Area representative capable of serving in these capacities, based on the special skills, expertise, and accomplishments of the individual.

The responsibilities of the Area representative on an IHS workgroup are as follows:

- A. Be prepared. Study background material and seek additional information. Do not hesitate to ask questions.
- B. Coordinate your travel needs with an assigned IHS staff person. Ensure that your respective health program understands that travel will be reimbursed to the representative's respective contractor/compactor by modification based on submission of the "travel reimbursement form" found in Exhibit A.
- C. Bring back all materials. Prepare a brief one-page report that can be distributed at the CATAC meeting and captured in the Executive Summary.
- D. In the event that an Area representative is unable to attend a scheduled IHS workgroup meeting, it is his/her responsibility to notify the CAIHS Director as soon as possible so arrangements can be made for an alternate to attend. The designation of an alternate is at the discretion of the CAIHS Director, not the representative who will miss the workgroup meeting. This practice ensures that California will not miss any opportunities to make the California Area perspective

known to the rest of Indian country and in every national venue where tribal consultation is occurring. Travel costs will not be reimbursed for self-appointed alternates.

- E. Attend CATAC meetings and provide a one-page report for the CATAC and California tribal leaders.
- 4. EXHIBIT. Exhibit A, Travel Reimbursement Form.
- 5. SUPERSESSION. This circular supercedes California Area Indian Health Service Circular No. 02-03, dated February 28, 2002.
- 6. EFFECTIVE DATE. This policy is effective on the date of signature.

Margo D. Kerrigan, M.P.H.
Director
California Area Office