





Welcome to the IHS/CAO Tribal Consultation

Court Reporter

Please provide your name, Tribal affiliation, and your position when speaking at the floor microphone

Welcome Ms. Dupree and the Nevada Tribal Governments





HEALTH SEAMUCH

consultation@ihs.gov

- Affordable Care Act (ACA)/Indian Health Care Improvement Act (IHCIA)
- Contract Support Costs (CSC)
- Purchased/Referred Care (formerly CHS)
 - Catastrophic Health Emergency Fund (CHEF) Workgroup
- Facilities Appropriation Advisory Board (FAAB)
- Report to Congress Administration of Self Governance
- Community Health Representative (CHR) Training
- Medicare-Like Rates
- Special Diabetes Program for Indians (SDPI) FY 2015 Funding Distribution
- Policy conferring with urban healthcare organizations
- VA Reimbursement Direct care by IHS/TRIBAL





Conferring with the Urban Indian Health Care Programs

- On July 12, 2012, IHS posted a draft policy on conferring with urban Indian organizations in the Federal Register and sent a letter to Tribes requesting consultation input
- On January 22, 2013, IHS held a listening session at IHS Headquarters in Rockville, MD on the draft policy on conferring with urban Indian organizations
- The draft policy is currently under agency review





DHHS Secretary's Tribal Advisory Committee

California Primary Representative: Elaine Fink, Chairperson North Fork Rancheria

California Alternate Representative: Stacy Dixon, Chairman Susanville Indian Rancheria

> For more information contact: Stacey Ecoffey DHHS Office of Intergovernmental Affairs (202) 690-7410 stacey.ecoffey@hhs.gov

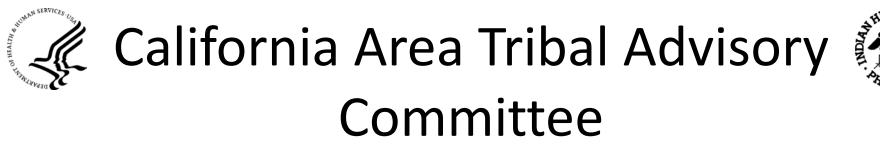




DHHS REGION IX (California, Nevada, and Arizona)

- Director Herb Schultz, DHHS Region IX, appointed by the President and reports to the Immediate Office of DHHS Secretary Sebelius
- DHHS Region IX Tribal Consultation scheduled for April 9-10 in Las Vegas, Nevada





Northern Region					
<u>Primary</u> John Green Peter Masten Jr. Stacy Dixon	Elk Valley Rancheria Hoopa Valley Tribe Susanville Indian Rancheria	Alternate Cheryl Seidner Wiyot Tribe Larry Hendrix Yurok Tribe Michael Thom Karuk Tribe			
East Central Region					
<u>Primary</u> George Gholson Bonnie Hale Robert Marquez	Timbisha Shoshone North Fork Cold Springs	<u>Alternate</u> David Moose Gayline Hunter Glenda Nelson	Big Pine Tule River Enterprise		
West Central Region					
<u>Primary</u> Silver Galleto Elizabeth Hansen Crista Ray	Cloverdale Redwood Valley Scotts Valley	<u>Alternate</u> Vickey Marcias Loretta Harjo Leora Treppa-Diego	Cloverdale Hopland Habematolel		
Southern Region					
<u>Primary</u> Chris Devers Teresa Sanchez Diana Chihuahua	Pauma Morongo Torres-Martinez	<u>Alternate</u> Robert Smith Desiree Schunke Veronica Hicks	Pala Morongo Santa Rosa Cahuilla 7		





California Area Tribal Advisory

Two year terms completed by:

Primary	Alternate	
Pete Masten Jr.	Larry Hendrix	
Stacy Dixon	Michael Thom	
Bonnie Hale	Gayline Hunter	
Robert Marquez	Glenda Nelson	
Crista Ray	Leora Treppa-Diego	
Chris Devers	Robert Smith	
	David Moose	



California Representatives to National IHS Boards/Committees/Workgroups March 2013



Workgroup	Representatives	
Contract Support Costs	Silver Galleto, Vice-Chairman Cloverdale Rancheria of Pomo Indians	
	<u>Alternate:</u> Michelle Hayward, Tribal Secretary Redding Rancheria	
Budget Formulation	Stacy Dixon, Chairman Susanville Indian Rancheria	
	<u>Alternate:</u> Mark Romero, Chairman Mesa Grande Band of Diegueno Mission Indians	
Purchased/Referred Care (Formerly CHS)	Mark Romero, Chairman Mesa Grande Band of Diegueno Mission Indians	
	<u>Alternate:</u> Chris Devers, Former Chairman Pauma Yuima Band of Mission Indians	



California Representatives to National IHS Boards/Committees/Workgroups March 2013







2013 California Area Profile

- Indian Healthcare System:
 - Tribally-operated healthcare services:
 - 10 Title V compacts representing 42 Tribes
 - 35 Title I contracts representing 67 Tribes
 - 8 Urban healthcare services and resource centers
 - 8 Adult alcohol treatment programs
- Population served:
 - Members of 104 federally recognized Tribes
 - 86,959 American Indians and Alaska Natives residing on or near reservations/rancherias
 - 6,833 American Indians in Urban clinics (users)





2013 California Area Profile

- Annual Patient Services (Tribal facilities)
 - Inpatient Admissions: N/A
 - Outpatient visits: 532,557
 - Dental visits: 198,519
- Area Office budget Appropriations:
 - FY 2011: \$182,711,687
 - FY 2012: \$195,566,945
- Per capita personal health care expenditures comparisons:
 - CAO user population: \$2,018 (excludes OEHE \$)
 - IHS user population \$2,690
 - Total U.S. population \$7,026 (CMS Report)









YRTC



- North: Dedicated the land on 07/16/13
 - Environmental Studies
 - Program of Requirements
 - Need appropriation for design and construction of the Northern YRTC
- South: Dedicated the land on 03/09/12
 - Complete Construction Documents by June
 - Need congressional appropriation for construction funding





Medi-Cal and Out-of-State YRTCs

State of California Department of Health Care Services has agreed, as of 2/10/14, to reimburse for American Indian adolescents who are in inpatient treatment facilities and are members of Medi-Cal.

ArizonaDesert VisionsNevadaNevada SkiesWashingtonHealing Lodge





Contract Health Services (CHS) name has been changed to Purchased/Referred Care (PRC)

The change in nomenclature will not otherwise change the program. All current policies, practices, and improvements will apply.



Purchased/Referred Care



California CHEF Cases by Diagnosis for FY 2013

CATASTROPHIC ILLNESS		CHEF		
OR EVENT	No.	ΑΜΟ	JNT	
Diagnosis-Circulatory System, Not Specified	1	\$	36,434	
Diseases-Respiratory System	1	\$	53,284	
TOTAL		\$	89,718	





Purchased/Referred Care

California Deferrals and Denial Cases Reported

	Deferred	Denied
FY 2013 (23 sites)	290	8,704
FY 2012 (24 sites)	589	7,927

 Collecting and reporting accurate PRC deferral and denial data drives the PRC unmet need analysis for Congress for IHS budget increases in its annual PRC appropriation





Affordable Care Act Outreach Recent Enrollment Figures

- 728,410 consumers enrolled statewide in CA thru Jan 31st, 2014
- 27,853 of these have enrolled from mostly rural Northern CA
 - This represents a 41 percent increase from 19,732 thru December 31, 2013
 - Improving rate of enrollment partially attributed in part to enhanced customer service initiatives
 - 25,188 of these consumers are eligible for financial subsidies



IHCIA Reauthorization Key Benefits



- Authorizes appropriations for IHCIA programs indefinitely
- Reinforces the federal goal ensuring the highest possible health status for Indian, including urban Indians
- Authorizes direct third-party collections from Medicare, Medicaid, and other third-party insurers
- For tribal governments and healthcare programs: comprehensive behavioral health and treatment authorized
- New opportunities for tribal governments and healthcare programs to apply for grants



IHS/CAO Annual Report for FY 2013









Budget Transparency

IHS/California Area Office Budget Fiscal Year 2013

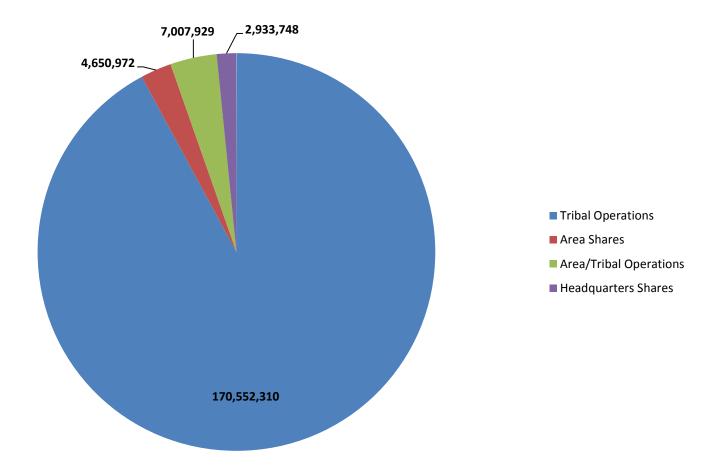
Activity			Recurring Budget
Clinical Services		\$	86,259,833
Preventive Health			3,239,119
Contract Health Care			42,837,066
Contract Support Cost			43,737,231
Direct Operations			2,475,474
Urban Health			6,674,127
Environmental Health Support			3,582,075
Facilities Support			1,179,793
Total Recurring Budget	\$ 189,984,718	3	



Allocation of Funds



FY Ending September 30, 2013







Budget Sequestration

- Budget sequestration is a procedure that limits the size of the federal budget
- Sequestration has been authorized by Congress under the Budget Control Act of 2011
- Macro Picture:
 - Total federal budget is \$ 3.8 trillion,
 - Proposed cut of \$ 1.2 trillion in next 10 years,
 - Proposed cut in 2013 \$ 110 billion
 - IHS agency budget cut- \$ 220 million
 - California's share is 5% of total area budget
 - \$200Mx5%= \$10million
- Sequestration resulted in cuts ranging from 2%-8% cut across all government departments and agencies in 2013
- Entitlement programs like Medicare, Social Security, Food Stamps etc. are exempt
- No cuts proposed in 2014 for sequestration





Current Status of MOU Development

Veterans Administration

- Four tribal healthcare organizations have executed MOU's with the VA
 - Indian Health Council, Inc.
 - Southern Indian Health Council, Inc.
 - United Indian Health Services, Inc.
 - Toiyabe Indian Health Project, Inc.
- As of last report, only one site has initiated billing to date
 - Indian Health Council, Inc.





Current Status of MOU Development

Veterans Administration

- Ten tribes or tribal healthcare programs have initiated MOU's and are in various stages of development:
 - Karuk Tribe
 - Hoopa Valley Tribe
 - Shingle Springs Band of Miwok Indians
 - Greenville Rancheria Tribal Health Program
 - Northern Valley Indian Health, Inc.
 - Quartz Valley Indian Reservation
 - Lake County Tribal Health Consortium, Inc.
 - Feather River Tribal Health, Inc.
 - Riverside/San Bernardino County Indian Health, Inc.
 - Santa Ynez Tribal Health





Feasibility Study

Regional Ambulatory Surgical and Specialty Health Care

...what services are appropriate for regional healthcare

....populations **appropriately grouped** to maximize their offering

...determine **how many points of regional healthcare are ideal** for American Indian/Alaska Natives who reside in California.

...potential increase of LNF from

54% to 93%





Contract Support Costs (CSC)

- 2014 IHS Budget includes full funding for CSC
- Full funding for the estimated amount of CSC for new and expanded contracts and compacts in FY 2015
- CSC tribal consultation this morning with Assistant Secretary, Department of the Interior, and Acting Director, Indian Health Service





Health Facilities Engineering (HFE)

In FY 2013, the IHS/CAO managed:

- 5 facility improvement projects using M&I funds
- 7 new facility construction/expansion projects
- 14 new facility construction projects: planning and design
- 5 proposals for new/replacement facility construction projects in FY 2014

In FY 2013, the IHS/CAO distributed \$5.51 million to improve Indian healthcare facilities throughout California. Of that total:

- \$1,550,000
- \$ 792,000
- \$ 425,000

Maintenance & Improvement (M&I) projects

- Annual medical equipment needs
 - Medical equipment for 7 Indian health programs, based on new tribal construction



Division of Environmental Health Services (DEHS)



The DEHS is currently staffed with 6 professional environmental health officers, stationed at IHS field offices throughout California. In 2013, 422 environmental health and safety surveys were conducted in Indian communities and at tribal health programs throughout California.

- Food service facilities (278)
- Healthcare facilities (15)
- Grocery/convenience stores (11)
- Motels/hotels (5)
- Accreditation support surveys (12)
- General food safety training (23 courses and 356 trained

- Head start programs (17)
- Swimming pools (11)
- Indian gaming facilities (25)
- Other facilities (44)
- Industrial hygiene assessments (4)





- A ten year snapshot from 2003 to 2013 of services completed includes:
 - 227 water and sewer projects
 - 14,393 homes served
 - \$73.4 million of IHS and outside agency contributions