



TRIBAL HEALTH STEERING COMMITTEE FOR THE PHOENIX AREA IHS MEETING

Monday, June 25, 2018

1:00 P.M. – 4:30 P.M.

Tuesday, June 26, 2018

8:30 A.M – 1:30 P.M.

(AZ MST)

Poco Diablo Resort

1752 State Route 179

Sedona AZ 86336

T: (928) 282-7333

To join in the meeting VIA Teleconference:

Call-in Number: (800) 832-0736

Room I.D. Number: 2398154#

PURPOSE: *The Tribal Health Steering Committee for the Phoenix Area Indian Health Service (IHS) was officially confirmed in 1984 via a Memorandum of Understanding signed by Dr. Everett Rhodes, IHS Director, Dr. George Bluespruce, Phoenix Area IHS Director and Tribal Leaders representing the Intertribal Council of Nevada, the Inter Tribal Council of Arizona and the Tribes in Utah served by Phoenix Area IHS. The Committee is comprised of elected Tribal Leaders and an Urban Indian health program representative and provides advisement to the IHS on appropriations, policies and programs. Steering Committee meetings are open to all Tribal government and Urban Indian health program representatives. The meetings focus on American Indian health risks, issues and concerns in the Phoenix Area in order to discuss, prioritize and advise the Phoenix Area IHS.*

MEETING SUMMARY

Monday, June 25, 2018

The meeting convened at 1:12 pm with a prayer and welcome by Paul Russell, Vice- President, Fort McDowell Yavapai Nation and introductions by all participants..

Review Agenda/Meeting Materials (Meeting Notice & Agenda)

RADM Charles Ty Reidhead, MD, Area Director

Phoenix Area Indian Health Service

Area Director's Report and National & Phoenix Area IHS Strategic Plan

RADM Charles Ty Reidhead, MD, Area Director

National Strategic Plan:

The Area Director seeks the input of Tribes on the National IHS Strategic Plan FY 2018-2022. IHS will publish a Federal Register Notice (FRN) regarding the draft IHS Strategic Plan for Fiscal Years (FY) 2018-2022 for public review and comment. The draft strategic plan is intended to improve the management of the IHS and strategic direction over the next five years. What's occurred so far is that IHS developed an initial draft framework for comment based on an



environmental scan and review of available Agency documents and feedback from a Strengths, Weaknesses, Opportunities and Threats (SWOT) exercise with IHS leadership. During the initial framework comment period (September 15, 2017 to October 31, 2017), IHS held listening sessions, presented at tribal meetings and held conference calls with Tribal and Urban Indian organization leaders. Comments received as of October 31 and during the workgroup process were reviewed by the Federal-Tribal Workgroup. IHS will issue a Federal Register Notice (FRN) on the strategic plan in June or July. This is an opportunity for the IHS to gather additional feedback. See <https://www.ihs.gov/strategicplan/>. E-mail the IHS Strategic Plan Team at: IHSStrategicPlan@ihs.gov

Area Strategic Plan:

The Area Director spoke to the fluid process he envisions for developing the Phoenix Area Strategic Plan. This year he seeks to execute the process with the advisement of the Tribal Health Steering Committee (THSC). With the concurrence of the THSC of this process, it will now be distributed to the THSC, Tribal Leaders and CEO's at the Service Units. The goal is to discuss this at the formal Tribal Consultation on August 2018 and revise and release the plan in January 2019. It will include strategic measures for evaluation purposes of the role of the Phoenix Area Office in terms of meeting the IHS Mission in the Phoenix Area, partnering with Tribal Leaders, supporting S.U.'s, Tribes and Urban programs, increasing quality of care at the IHS facilities, and advancing the organization in relation to QI and data systems.

(Draft PHX Strategic Plan 2018_0627.pdf)

(PHX Ntl+PHX Strategic Plan 2018_0624.pptx)

Discussion:

THSC Member: A question raised was in regard to the term "partnership?" Does "partnership" dilute the government-to-government relationship? How does it affect Tribal Consultation?

Dr. Reidhead: Partnerships are visionary. It's what we do before, during and after consultation and conferring occurs. Our health care system is now run almost equally by IHS and Tribes and the urban programs are robust.

THSC Member: One barrier or challenge is advancing the relationship of the Tribes seen at the federal level which should be the same at the Area level.

THSC Member: Clear collaborations and strong coordination is needed in order to "partner." For example, the NW Portland Area IHS partners with the NW Portland Area Indian Health Board. I think the Tribes pay dues too. It's reported that most of the Tribes are very involved in the Board meetings. In our region, the Area office funds the THSC, but there's only one staff.

Dr Reidhead: We'll be reviewing draft charter and consider the NW model

THSC Member: An Advisory Board has been set up at my S.U. It is chaired by the Area Director. This is where we are able to have input. Does this happen with the 638's?



Dr. Reidhead: There's no direct communication taking place at the 638 governing board meetings.

THSC Member: With all of the meetings, the results need to be action oriented and result in a policy change and increase funding.

THSC Member: A hurdle we have in Nevada is that we are not able to adequately respond to and analyze health policies, either proposed by HHS, IHS or by the state. Can a 638 ask IHS for assistance? What if there's a difference of opinion between IHS and Tribes? ITCN does not have the staffing. THD's are asked to do this, but we aren't able to meet all of the deadlines for comments due to our busy schedules. THSC staff member is disseminating information on what's happening, but not responding to policy impacts specific to the state of Nevada. The Area office staff can help, but Tribal perspective is needed when we respond to the state.

Dr. Reidhead: Carol Chicharello and staff can help, but IHS personnel need to provide information, not opinions.

Steering Committee Charter Review Update and Plan

RADM Charles Ty Reidhead, MD, Area Director

Dr. Reidhead: An update on the progress to develop the draft Charter was provided. He noted his appreciation for the assistance of the Tribal Leaders (Martin Harvier (Salt River) and Len George (Fallon) that took time to participate on the subcommittee conference calls to develop the current draft. Maria Dadgar, Alida Montiel and I provided edits for the leaders to consider. The Tribal Health Steering Committee (THSC) provides a forum for information sharing and discussion between Phoenix Area IHS officials, elected Tribal Leaders (or their designated representatives) and UIO program representatives. The THSC is comprised of Tribal Leaders and a UIO member that reflect the range of Tribal and IHS funded and operated health care facilities and programs in the Phoenix Area.

[\(THSC Charter_2018v.6.pdf\)](#)

Ms. Montiel provided an overview of each of the 17 sections of the draft document. A principal change is to establish periods of service at 3 years. Members must be elected Tribal officials, but they may appoint a representative to attend two meetings per year on their behalf. Quarterly meetings will occur and at least one time per year, a meeting will be held in each of the three states covered by the Phoenix Area. A section was added to establish subcommittees, principally involving Tribal Health Directors or other health officials. Tribal leaders noted that their assistance is important.

No additional recommendations were voiced by the meeting participants.

Phoenix Area Tribal Consultation Meeting (August 28-30, 2018)

To seek advice on overall format and schedule for the Consultation Meeting

Cynthia Claus, Ph.D., Director

Office of Health Programs, Phoenix Area Indian Health Service

Ms. Claus: The proposed agenda for the consultation was shared. She engaged the leaders to provide advisement to plan the annual tribal consultation meeting that will be held in August 2018. Past positive



and negative experiences were identified. Then she asked the leaders what IHS could be better.

Positive:

- Willingness to hear different topics and a chance for Tribal Leaders to provide opinions and to identify priorities.
- Area Office listening to comments.
- PIMC willingness to share possibilities and discuss barriers and challenges.
- Feels like we're getting closer to what we are trying to accomplish, but there are urgent issues.
- Accommodations for a 2 day meeting

Negative:

- Materials are not sent in advance of the sessions.
- AV limitations can create problems.
- Define acronyms
- No consultation minutes.

Do Better:

- Resolve negatives listed above.
- Send out invitation letter to TL's regarding topics and logistics.
- Provide travel reimbursement promptly.
- Suggested agenda topics: 1) medical marijuana policy, 2) what PMC "is" now and in the future, 3) pending issues identified by the national workgroups, 4) implementing AZ CHSDA, 5) THSC Charter, 6) BIA reconfiguration – does it affect IHS?

Phoenix Area Master Plan

*Deswood Etsitty, Healthcare Facilities Planner
Facilities Design & Construction Branch,
Phoenix Area Indian Health Service*

RADM Charles Ty Reidhead, MD, Area Director

Mr. Etsitty: The changing environment affects our health care system and the resources needed to address our health care facility needs. Title V has changed the landscape and needs at the Tribes have changed. The presentation informed the Tribal Leaders that the Area will be implementing a process to update the Master Plan that was last completed in 2007. There are competing facility priorities that must all be brought to fruition and numerous specific needs, and the goal will be to plan out how much of those needs may be met by 2023. The phases of the two year project include:

1. Developing and obtaining agreement on a Phoenix Area Conceptual Health Services Master Plan
2. Developing a Phoenix Area Detailed Health Services Master Plan
3. Developing and resubmitting the Phoenix Indian Medical Center PJD & POR to IHS Headquarters

(THSC PAO Master Plan 2018-06-25-FINAL.pptx)

THSC Member: In Nevada specialty care access remains an issue. Developing an outpatient surgical facility has long been considered an alternate to our reliance on PRC. The Master Plan should focus on keeping people out of higher levels of care.

THSC Member: FAAB is seeking funding for the specific projects that are listed on the Priority List as well as M&I. We should begin to identify our facility needs that are not on the Priority List. Don't hold back on informing IHS what you need for the new Priority List.



THSC Member: Some of our existing facilities need renovation. We have to advocate for these needs too.

THSC Member: What's appropriate for PIMC? Is PIMC a Service Unit or a medical referral center? We should contract or compact PIMC. Is it able to meet all of the outpatient need?

Phoenix Indian Medical Center

*Ms. Deanna Dick, Acting Chief Executive Officer
Phoenix Indian Medical Center*

Ms. Dick: PIMC management and the governing board are examining these issues. We are preparing for accreditation in 2020. We have to address infrastructure and our ability to deliver health care because maintenance is a constant issue. Outpatient services have grown, but delivering quality inpatient care is still our focus.

THSC Member: Let's involve the urban programs in this discussion and planning. Let's take a closer look at the Tribes contracting PIMC.

(Day 1 of the meeting concluded at 4:45 P.M).

Tuesday, June 26, 2018

Briefing on the Secretary's Tribal Advisory Committee (STAC)

*Chester Antone, Councilmember,
Tohono O'odham Nation, National Co-Chair, STAC*

*Vinton Hawley, Chairman,
Pyramid Lake Paiute Tribe, Phoenix Area Representative, STAC*

Mr. Antone: On May 9th, at the Secretary's Tribal Advisory Committee (STAC) meeting, the focus was on tribal concerns regarding CMS' stance on requiring work and community engagement requirements, on tribal members by States in order to receive Medicaid benefits. He noted that CMS staff stated they are committed to working with Tribes on a government-to-government basis, but that they could not approve a tribal exemption because it would unfairly favor a group of people based on their race (a civil rights violation). CMS is actively considering state proposals that only apply to those enrolled in the managed care program, as well as exempting IHS beneficiaries that receive services from and IHS facility. And while no state has actually proposed to exempt IHS beneficiaries on this basis, CMS would actively consider it. CMS reiterated it would be highly unlikely that there would be an approval of a blanket exemption. Mr. Antone noted that CMS staff had indicated that the Arizona application is the next one they'll be reviewing.

[\(CMS Tribal Issue Letter_Rep Cole w Signatures.051518\)](#)
[\(TTAG Ltr_Memo on Civil Rights Concerns.021418\)](#)

Ms. Chicharello: A presentation was provided on states' approaches to work requirements, specifically AZ, NV and UT. So far UT and AZ submitted work requirement proposals to CMS.

[\(THSC_Medicaid Work Rqts_062618.Chicharello.pdf\)](#)

Current IHS Headquarters' Tribal Consultation Underway

- **Alternative Methods for Calculating Indirect Costs for Recurring Service Unit Shares (Dear Tribal Leader Letter - 4.13.18)**
- **Purchased Referred Care Policy Update to the Indian Health Manual (IHM) (Dear Tribal Leader Letter - 5.18.18)**
- **Funding distribution methodology for behavioral health grant funding (Dear Tribal Leader Letter – 5.18.18)**
- **Revised formula for the allocation of funds appropriated for the Indian Health Care Improvement Fund (IHCIF) (Dear Tribal Leader Letter – 6.8.18)**

Ms. Montiel: The content of each Dear Tribal Leader Letter (DTLL) was described and due dates for comments noted.

Consultation on Phoenix Area Shares

Orientation on consultation topic and seek advice on schedule and methods for consultation.

*RADM Charles Ty Reidhead, MD, Area Director
Phoenix Area Indian Health Service*

Dr. Reidhead: A presentation on why the PAO plans to engage Tribes on the Area Office Tribal Shares methodology was provided. PAO is seeking advice on the format and agenda for consultation, efficient and complete consultation, number of meetings and anticipated questions so that his staff may better prepare. The topic of Tribal Shares will be one of the principal topics at the August session. PAO is seeking responses on some specific questions that will be posed to the Tribes.

The current PAO operating budget is \$13.1 million. The portion of the dollars that's contractible is \$5.8 million. At the present time \$4 million is categorized as "residual" and not available for shares. A total of \$2.8 million has been awarded to 9 Tribes that have partial 638 contracts and 1 Tribe that's fully 638 contracted under Title I of the ISDEAA and to 11 Tribes that are compacted under Title V of the ISDEAA. The goal is to determine if there will be changes to the 70/30 methodology, which means that the Tribal Shares table. If the 70/30 methodology is maintained each Tribe would receive a table that would specify that 70% of the contractible dollars would be distributed per the Tribe's percentage of the Area User Pop and 30% of the dollars would be divided equally to each Tribe that has not taken their shares. Plus if Tribes agree PAO suggests freezing at current user pops to ease calculations. After shares are established, the operating budget, contracted amounts, shares available and congressional increases/decreases will adjusted on an annual basis. The revised tables will be used for FY2019 negotiations.

THSC Member: Will shares of environmental health and RPMS/IT be calculated and available for Title I and Title V agreements?

Dr. Reidhead: No.

THSC Member: Why is "user pop" rather than "service pop" utilized?

Dr. Reidhead: Historical.

THSC Member: How does patient migration effect available shares?

Dr. Reidhead: No impact. IHS eligible patients must be served.

THSC Member: Will the Tribes that are already operating TI and TV programs see increases or decreases?

Dr. Reidhead: The new method will apply to the 19 Tribes that have not taken their shares.

Mr. Swain: How do we prepare? How do we know if the 70/30 methodology is the best one for my Tribe and all Tribes in the region so that we have consensus?



Dr. Reidhead: Going forward we seek to calculate shares tables based on one methodology.
Ms. Montiel: ITCA staffed a Tribal Shares/Residual Workgroup in the 90's. Mr. Davis' staff provided sample draft shares tables at 60/40, 70/30 and 80/20. The workgroup recommended to the leadership to adopt the 70/30. At the time it was agreed to be the most appropriate.
Mr. Marshall: My Tribe compacted in 1995. It's a good time to relook at the methodology. Tribal Shares Tables work, but everyone should understand what they're based on.
THSC Member: Councilmember Ricardo Leonard read a statement in behalf of the Salt River Pima Maricopa Indian Community. The Tribe recommended the following:

- Schedule three face-to-face meetings with Tribes in each state (UT, NV and AZ).
- Schedule one teleconference for all leaders that didn't attend the other meetings
- Schedule a written comment period
- Provide information on at least 2 other Areas on how their shares work.
- Provide clear descriptions on what Area shares fund – Hospitals & Clinics, Direct Operations, and Categoricals and how the 70/30 methodology is applied. Describe what line items are included under "categoricals."
- Provide an orientation package, including information on the impact of changing the methodology.
- Inform Tribes that Service Unit shares are not a part of this consultation.

Dr. Reidhead: After clarifying the recommendation he asked the THSC if they concurred. There was concurrence on these steps.

Opioid Policy Progress (115th U.S. Congress)

*Alida Montiel, Health Policy Director
Inter Tribal Council of Arizona, Inc.*

Ms. Montiel: The THSC was briefed on the following documents pertaining the the opioid crisis and legislation considered by the current U.S. Congress.

[\(Briefing Paper Opioid Crisis_051818 ITCA.Updated.pdf\)](#)
[\(115th Congress \(2017-2018\) Opioid Policy_100118.Updated.pdf\)](#)

Report on Tribes' Efforts to Address CHR/Health Education Funding

*Alida Montiel, Health Policy Director
Inter Tribal Council of Arizona, Inc.*

Ms. Montiel: The THSC was briefed on efforts by the Tribes to restore funding to the FY2019 CHR/Health Education line items that were zeroed out in the IHS Budget Request. An advocacy packet was developed by THSC and ITCA staff. Numerous contributions to the document were received from Tribes in the region. It assisted Tribes voiced their concerns.

[\(CHR Advocacy Packet_061818_Revised.pdf\)](#)

As of 8/10/18, the following is an update on CHR/Health Ed appropriations:

H.R. 6147 - Department of the Interior, Environment, and Related Agencies Appropriations Act, 2019
<https://www.congress.gov/bill/115th-congress/house-bill/6147>



The full House Appropriations Committee marked up the Interior bill on 6/14/18, restoring the CHR and Health Education line items to current levels. (CHR: \$59.9 million) (Health Education: \$18.5 million). The bill passed the House of Representatives by a vote of 217-199 on 7/19/18 and it was transmitted to the Senate. H.R. 6147 was voted on by the U.S. Senate on 8/1/18 and it passed by a vote of 92-6.

House Report 115-765, which accompanies H.R. 6147, provides more direction and detail about FY2019 spending. The BIA/BIE section starts on page 38, the Office of Special Trustee is on page 46 and the IHS section is on page 78.

S.3073 - Department of the Interior, Environment, and Related Agencies Appropriations Act, 2019
<https://www.congress.gov/bill/115th-congress/senate-bill/3073>

The bill was introduced in the Senate on 6/14/18. It is accompanied by Senate Report 115-276. The BIA/BIE section starts on page 45, the Office of Special Trustee is on page 56 and the IHS section is on page 89. It appears that the Senate took action on the House Appropriations bill.

Closing Comments and Evaluation:

RADM Charles Ty Reidhead, MD, Area Director

Draft
10/4/18
a.m.