Alaska Tribal Health Compact

Handbook

The Alaska Tribal Health Compact is a legal agreement between the Indian Health Service and the 25 Non-profit Tribal Health Entities that outlines the authority, accountability, and fiscal responsibility of each party to carry out health services for native beneficiaries in Alaska. The 25 Tribal Health Entities that have signed on to the Compact are referred to as the "Co-signers," or "Compactors." This process is authorized through Title V of Public Law 93-638 of the Indian Self-Determination and Education Assistance Act.

The following information was assembled to provide Tribal leaders and representatives attending the Alaska Tribal Health Compact Negotiations with additional background information on the process. It is provided for informational purposes only.

Table of Contents **Page**

Alaska Tribal Health Compact

Principles

The Alaska Tribal Health Compact (ATHC) has adopted several "guiding principles" used by Co-Signers throughout the negotiation process:

Government-to-Government Relationship – The ATHC negotiations are built on the Government-to-Government relationship between the federal government and the Alaska Native Tribes and Tribal organizations represented in the Alaska Tribal Health Compact.

Respect for All Participants – All Tribes and Tribal organizations will have the opportunity to participate through their designated Co-Signer. Decisions affecting the negotiation are addressed in tribal caucus. Tribal caucus is open to all Alaska Native Tribal representatives.

Formal Consensus – The Co-Signers act through a formal consensus process for common issues affecting the ATHC. All Co-Signers agree to participate in the formal consensus process. However, formal consensus does not prevent co-signers from adopting individual positions.

Access to Information- The Alaska Native Health Board (ANHB) works disseminate pertinent information to all members of the ATHC. Through ANHB, the Co-Signers agree to share Funding Agreements (FAs) and amendments to the extent possible. During tribal caucus and negotiations, Co-Signers agree to allow access to the expertise of individual Co-Signer specialists and Compact consultants.

Transparency – the co-signers have adopted the practice of analysis and understanding the actions and decisions of the IHS (agency) that affect budgets and other issues critical to the Co-Signers based on agreements with the agency and participation in national self-governance meetings. This provides the ATHC with a more complete understanding of the IHS actions and often offers opportunity for input earlier in the agency decision process when the agency may be more responsive to tribal recommendations.

Unity- To the fullest extent possible, the ATHC will adopt a unified position when approaching the decision-making process of the IHS on resource allocation to the maximum benefit to the entire Alaska Area.

Uniqueness- the ATHC agrees to discuss the unique character of the Alaska Tribal Health System (ATHS) and to develop solutions on resource distribution and other issues addressing this uniqueness and support desirable characteristics and values of the statewide system.

Alaska Tribal Health Compact
Tribal Caucus Process

Overview

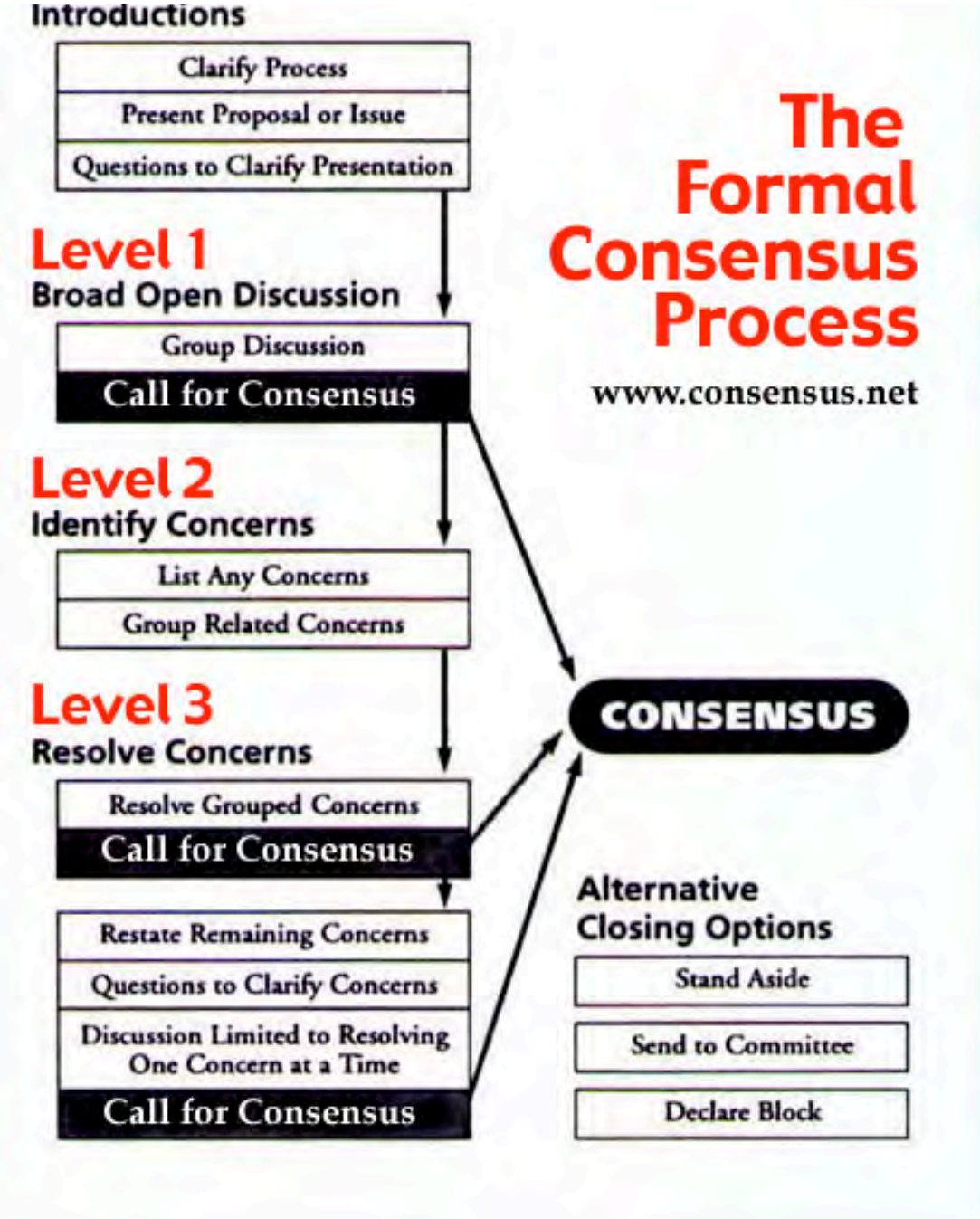
As needed, Tribal leaders will call for a special Tribal Caucus. These are convened to discuss items in need of urgent attention (i.e. national policy, funding allocations). During national conferences and Tribal consultation, Alaska tribal caucus meetings are scheduled for the purpose of reaching statewide consensus on issues of national interest. The ANHB facilitates the Alaska tribal caucus meetings.

- The agenda is drafted by the Co-Lead negotiators and Facilitator
- Consensus is used for decisions in tribal caucus
- Tribal caucus is open to all tribal representatives, employees, and consultants
- Workgroups- are appointed by the ATHC as needed, (i.e. tribal shares, legal, language, ad hoc workgroups)
- Co-Lead Negotiators are authorized to represent the ATHC

Roles in Tribal Caucus

- Facilitator – designated ANHB staff facilitates the tribal caucus and, as in serving as an impartial facilitator to the process, does not express bias or opinion regarding the content and is limited in tribal discussion to these roles:
    - Tracks agenda items by category and prioritize by importance for completing negotiations;
    - Participates in the pre-meeting information gathering and agenda planning;
    - Prepares the meeting location bringing necessary equipment and meeting materials;
    - Maintains meeting records, and preparation of required correspondence;
    - Maintains a centralized repository of information concerning current developments and events;
    - Be a resource and information referral service for various public and private agencies involved with services related to the ATHC;
    - Be a mechanism for the U.S. Department of Health and Human Services and its associated agencies to consult with Alaska tribes and tribal organizations; and
    - At the completion of the ATHC negotiations, orchestrates appropriate follow-up activities.
- Co-Lead Negotiators- two (2) Co-Signers (one Tribal and one Technical) are appointed as the co-lead negotiators and authorized to represent the ATHC.
    - The co-lead negotiators provide the tribal position to the Indian Health Service (IHS) on commonly negotiated language and funding issues.
    - The co-lead negotiators may call on other experts in the room for explanation or further discussion of issues.

Alaska Tribal Health Compact
Formal Consensus Process



Alaska Tribal Health Compact
Negotiations Process

Overview

Pre and Final negotiations are held annually with tribal caucus being held prior to the negotiation process. Individual Tribes and Tribal Consortia are authorized to negotiate annual appropriated funding and assume management and control of programs, services, functions, and activities (or portions thereof) that would otherwise be managed by the federal government. The Indian Self-Determination and Education Assistance Act, P.L. 93-638, allows Tribes, as sovereign nations, to take program funds and manage them to best fit the needs of their citizens and Tribal communities.

- Pre-Negotiations are held for 2 days in March where information is exchanged and potential issues between IHS and the ATHC are identified.
- Final Negotiations is held for 5 days in May to negotiate common issues and all co-signers funding agreements.
  - Common issues are addressed at the beginning of the week to review any proposed ATHC changes and any common funding agreement changes. This negotiation is led by the Co-lead Negotiators.
  - Individual Negotiations occur after common negotiations are completed, and normally start during the afternoon of the third day. Individual negotiations are led by the individual Co-Signer.
- Open Items List – The list is disseminated during pre and final negotiations to review on-going issues from past years and to add new items for the current year. It is a matrix-formatted, living document tracking the status of the ATHC and funding agreement related issues. The first page of the open items provides background notes, in addition to an overview of the status indicators.
- Issues among Co-Signers- Only items that need to be resolved among Co-Signers, including those between Co-Signers and the Alaska Native Tribal Health Consortium (ANTHC) carrying out its Tribal Area Office functions are tracked.
- Review of Funding Agreements – Funding agreements may not have to have a page-by-page review; the most contentious issues will be discussed first.

Information Management

- General information related to tribal caucus and negotiation documents are available on the ANHB website: www.anhb.org. Click on “Members” and enter the password.
- For those who do not have web access, hard copies of all documents will be available.

Contentious Issues

- When a contentious issue arises, a workgroup made up of both IHS and Tribal participants will meet to work out a solution.
- The workgroup will have a definite time set to meet so those in the larger groups can take care of other items or break for a set amount of time.

Evaluation Tool

Feedback from Co-Signers will be used to further improve the negotiation process.

Alaska Tribal Health Compact
Ground Rules

Overview
Ground rules are to be adhered to be all participants in the negotiations process. Standing ground rules include:

- Be respectful
- All Co-signers are represented at the table (two representatives per tribe or tribal organization)
- Daily schedule 8am-6pm with a lunch break at 12:00 noon
- Daily open mike at 4:00 p.m.
- All documents must be marked with the Date/Time/Source
- Cell phones on silent
- No use of acronyms
- No side conversations: Conference Room 3 and seating in the hall is available
- Speakers:
    - Must be recognized by facilitator prior to speaking
    - Must speak through the Co-signer
    - Must use the microphone for digital recording
    - Must state name and organization

Alaska Tribal Health Compact 101

"Tribal Self-Governance Works"

2

Presentation Overview

- Purpose
- Introduction and Overview
- Principles
- Negotiation Process
- Participants
- Documents
- References

- Purpose
- Introduction and Overview
  - History of Self- Governance
  - History of ATHC
- Principles
- Negotiation Process
  - Participants
  - Schedule
  - Process
- Key Documents
- Summary
- References and Glossary

2

3

Purpose and Objectives

- Purpose
- Introduction and Overview
- Principles
- Negotiation Process
- Participants
- Documents
- References

- Purpose
  - Provide an introduction for new participants in the Alaska Tribal Health Compact and to increase understanding and participation in the compacting process.
- Objectives.
  - Provide a history to IHS Self Governance Compacting and the Alaska Tribal Health Compact (ATHC)
  - Provide an introduction to the Alaska processes and schedule for yearly negotiations
  - Provide an understanding of the ground rules for participants in the Alaska Tribal Health Compact (ATHC)
  - Increase comfort level and participation by new participants

3

4

Introduction and Overview

- Purpose
- Introduction and Overview
- Principles
- Negotiation Process
- Participants
- Documents
- References

Objectives - continued

- History of Self Governance Legislation
- Tribal shares concept at Headquarters and Area Offices
- Process of establishing the Headquarters Residual and Headquarters Tribal Shares
- National IHS Self Governance Office and Tribal Self Governance Advisory Committee

4

5

History of National Self Determination Legislation

- Purpose
- Introduction and Overview
- Principles
- Negotiation Process
- Participants
- Documents
- References

- In 1970, President Nixon, in a "Special Message to Congress on Indian Affairs" laid the foundation of a new federal tribal policy to promote Self Determination. Since that time this has been the policy of the Federal Government.
- 1975 Congress passed the Indian Self Determination and Educational Assistance Act (P. L. 93-638) to allow tribes to take full responsibility for managing and operating the programs of IHS and BIA which were offered for the benefit of Indians.
- Tribal Self Governance was a tribally driven initiative to expand and improve Self-Determination that arose to:
  - Increase tribal control over the planning and delivery of IHS and BIA services
  - Decrease agency oversight and control over tribally operated services, and
  - Access to all federal funds appropriated to IHS and BIA programs, functions, services and activities, (PFSAs) including such funds held at Area Offices and Headquarters (tribal shares).

5

6

History of Self Governance Legislation

- Purpose
- Introduction and Overview
- Principles
- Negotiation Process
- Participants
- Documents
- References

- In 1988 amendments to the Indian Self Determination Act (ISDA) created the first Self Governance Demonstration Project in the BIA
  - Self Governance authority was made permanent in the BIA with the passage of Title III of the Indian Self Determination Act in 1994
  - Self Governance authority was expanded in 1996 to allow contracting under it's authority for any programs in the Department of Interior (DOI) provided for the benefit of Indians
- 1992 Amendments to the Indian Self Determination Act extended the self-governance demonstration to the IHS
  - Participation was initially limited to 30 tribes
- In 2000 an amendment to the ISDA created Title V in the ISDA, making Self Governance permanent in the DHHS for IHS.
  - The 2000 amendment also created Title VI of the ISDA authorizing a feasibility study on extending self governance to any DHHS program provided for the benefit of Indians.

6

7

Tribal Shares Concept at Area Office and Headquarters

- Purpose
- Introduction and Overview
- Principles
- Negotiation Process
- Participants
- Documents
- References

- The Self Governance Act provided, for the first time, that the IHS must make available to tribes funds which were spent in the Area Office and Headquarters in support of programs operated by the tribe or on behalf of the tribe –as long as these funds were not spent to support "inherent federal function" (often defined as functions which could only be carried out by a federal employee).
- This required the IHS to annually:
  - Identify all Area Office and Headquarters funds
  - Determine what amount of these funds was spend on inherent federal functions (called the "residual")
  - Identify a formula to allocate these funds to individual co-signers (called the tribal share formula)

7

8

Tribal Shares Concept at Area Office and Headquarters

- Purpose
- Introduction and Overview
- Principles
- Negotiation Process
- Participants
- Documents
- References

- **Identification of the residual was part of a multiyear process** between the IHS and tribes which reviewed all expenditures at both Area and Headquarters.
- Development of the formula to allocate Headquarters Tribal Share funds was also part of a national tribal consultation process. This process resulted in a Tribal Size Adjustment Formula being adopted which is used to distribute Headquarters Tribal Shares.
  - This formula relies on the number of active users to distribute about 85% of the funds with the remaining percentage distributed by number of tribes to provide more support to small tribes
  - Alaska representative participated in the initial workgroups that developed both the Headquarters residual and the tribal size adjustment formula

8

9

History of the Alaska Tribal Health Compact

- Purpose
- Introduction and Overview
- Principles
- Negotiation Process
- Participants
- Documents
- References

- The ATHC was and is the only multi-party compact in the nation. It is a single compact covering multiple tribes and tribal organizations, known as Co-Signers, and now has 26 individual funding agreements one for each Co-Signer.
- It was established with 13 Co-Signers in 1995 to preserve and strengthen the Alaska Tribal Health System and to avoid the competition for limited slots in the Self Governance Demonstration project.
- The ATHC was established early in the Self Governance process and has led the nation in resolving many difficult issues which have arisen in the process of implementing Self Governance Compacts

9

10

History of the Alaska Tribal Health Compact

- Purpose
- Introduction and Overview
- Principles
- Negotiation Process
- Participants
- Documents
- References

- Initial negotiations were time consuming and difficult as the ATHC Co-Signers and IHS had to resolve such issues as:
  - Establishing residuals for IHS Headquarters and Area Office
  - Downsizing Area Office and establishing a transition plan for the Area Office
  - Developing a formula to allocate Area Office tribal shares
  - Establishing a continuing service plan for IHS services
  - Establishing a “retained residual” to continue to pool statewide resources in support of selected activities
  - Dealing with Contract Support Cost issues on tribal shares
  - Dealing with the impact of Sections 325 and 326 of PL 105-83 on the ATHC agreements.

10

11

Principles of the Alaska Tribal Health Compact

- Purpose
- Introduction and Overview
- Principles
- Negotiation Process
- Participants
- Documents
- References

- The ATHC is built on several fundamental principles which have been supported and preserved throughout the history of the ATHC. These include:
  - Government to Government Relationship- The ATHC negotiations are built on the Government to Government relationship between the Federal Government and the Tribal governments represented in the ATHC.
  - Respect for all participants- every tribe and their representatives will have the opportunity to participate through a designated tribal representative
    - Decisions affecting the negotiations are made in the tribal caucus of the ATHC. This caucus is open to all tribal representatives from Alaska.
  - Consensus- decisions in the ATHC tribal caucus are made using the formal consensus process. It is the responsibility of all tribal participants to understand the rules of this process

11

12

Principles of the Alaska Tribal Health Compact- cont.

- Purpose
- Introduction and Overview
- Principles
- Negotiation Process
- Participants
- Documents
- References

- **Transparency**- The Co-Signers have shared analysis and information on the IHS to provide a full understanding of the actions of the agency and the impacts of these actions on all Co-Signers.
- **Unity**- The Co-Signers have adopted a unified approach to the maximum extent possible to support and enhance the Alaska Tribal Health System and to increase influence nationally within the IHS.
- **Access to Information-** The Co-Signers work to provide access and analysis of information to all ATHC members. This includes sharing funding agreements and open negotiations for individual agreements.
- **Uniqueness**- The Co-Signers have developed unique solutions to ATHC problems when necessary and recognizes the individual sovereignty of each member of the ATHC.

12

13

Negotiation Process.

- Purpose
- Introduction and Overview
- Principles
- Negotiation Process
- Participants
- Documents
- References

- Pre-negotiation and final negotiation
- Consensus is used for decisions in Tribal Caucus-
- Negotiators, authorized Co-Signer representatives
- Common negotiations
- Individual negotiations
- Schedule for final negotiations
- Tribal Caucus can be called by either side at any time
- Tribal caucus is open to all tribal representatives and employees and consultants
- All individual FAs are available to all participants
- Workgroups - tribal share, legal, language, ad hoc workgroups are appointed by caucus as needed.

13

14

Negotiation Process.

- Purpose
- Introduction and Overview
- Principles
- Negotiation Process
- Participants
- Documents
- References

- Compact negotiation normally consist of a short pre-negotiation and a week long final negotiation
  - Pre-negotiations –normally includes a tribal caucus and is held for 2 or 3 days in March or April where information is exchanged and potential issues between the IHS and Co-Signers or among co-signers are identified.
  - Final Negotiation – normally one week in May where all Co-Signer agreements are negotiated
    - Common negotiations – take place at the beginning of the week and include any Compact change and any funding agreement changes which are common to all or substantially all Co-Signers. This negotiation is led by the co-lead negotiators appointed by the tribal caucus.
    - Individual Negotiations- take place after common negotiations at the end of the week. The negotiation is led by the individual Co-Signers.

14

15

Negotiation Process.

- Purpose
- Introduction and Overview
- Principles
- Negotiation Process
- Participants
- Documents
- References

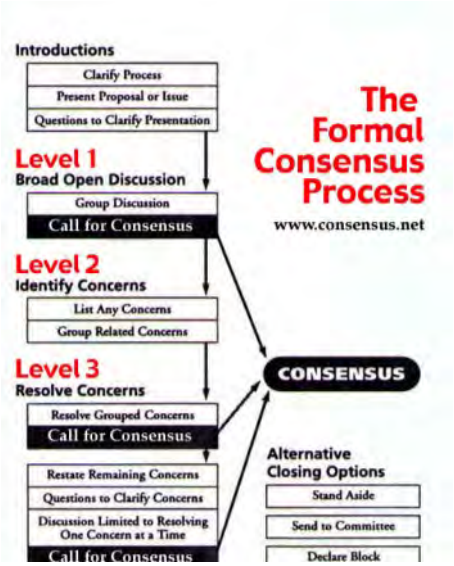
- Consensus – The ATHC has agreed to use the formal consensus process to conduct business during the negotiations.
  - Training has been offered on several occasion by the ANHB to support this process.
  - Participants in the ATHC members should familiarize themselves with the rules of the consensus process.
  - For a more complete review of the rules of formal consensus please see (link to consensus book).

15

16

Negotiation Process -Consensus

- Purpose
- Introduction and Overview
- Principles
- Negotiation Process
- Participants
- Documents
- References



16

17

Negotiation Process.

- Purpose
- Introduction and Overview
- Principles
- Negotiation Process
- Participants
- Documents
- References

- Negotiators- The ATHC has appointed two co-lead negotiators to speak for the caucus when engaged in negotiations with IHS. During common negotiations, all Co-Signers have agreed to speak through the co-lead negotiators during common negotiations.
- Authorized Co-Signer representative – each Co-Signer has appointed a lead negotiator who speaks for that co-signer in individual negotiations.
- Tribal attorneys and financial consultants are available to provide technical support and analysis on request of Co-Signers.
- Open microphone- at a designated time each day an open microphone is available for any tribal or federal participant in the process who wishes to address the group on any relevant topic.

17

18

Negotiation Process – Final Negotiations

- Purpose
- Introduction and Overview
- Principles
- Negotiation Process
- Participants
- Documents
- References

- Common items- are identified during pre-negotiations and at the beginning of final negotiations. Common items affect all Co-Signers are negotiated jointly. In the past these have included:
  - Any Compact language changes
  - Funding Agreement changes requested by IHS because of change in law, regulation or policy
  - Funding Agreement changes requested by Co-Signers which may affect all Co-Signers

18

19

Negotiation Process – Final Negotiations

- Purpose
- Introduction and Overview
- Principles
- Negotiation Process
- Participants
- Documents
- References

- Individual negotiations- Normally start after common negotiations are concluded.
  - Individual Co-Signers select order of negotiations by lottery.
  - Only IHS and authorized individual Co-Signer participate although the negotiation is open to all tribal caucus members to observe.
  - The IHS has agreed to make available any funding agreement position agreed to with any Co-Signer available to all Co-Signers before finalizing individual Co-Signer agreements on request.
  - IHS and Co-Signer take as much time as necessary to conclude individual negotiations unless there is agreement between IHS and the Co-Signer to table one or more issues and return to them later either during or after the close of final negotiations.

19

20

Negotiation Process – Ground Rules

- Purpose
- Introduction and Overview
- Principles
- Negotiation Process
- Participants
- Documents
- References

- Negotiations begins with an invocation-
- Each day is scheduled to go from 8:00 AM to 8:00 PM in negotiations. Caucuses or workgroups may be scheduled outside these hours at the discretion of the chair if necessary.
- Cell phones must be turned off or placed on quiet
- Have respect for all participants – no cheap shots
- Each Co-Signer should have its lead negotiator seated at table - other tribal staff should be seated around the room
- Co-Signer participants should speak through or be recognized by lead negotiator in common negotiations
- Acronyms should not be used in negotiations

20

21

Negotiation Process – Ground Rules

- Purpose
- Introduction and Overview
- Principles
- Negotiation Process
- Participants
- Documents
- References

- Everyone should use a microphone when speaking - always.
- A caucus can be called by the lead negotiator on either side at any time
- Tribal caucus is open to all tribal representative and employees and consultants
- All documents including individual FAs are available to all participants
- Workgroups - tribal share, legal, language, ad hoc workgroups are appointed by caucus as needed
  - Standing workgroups exist for language and tribal shares
  - Workgroups are open to all tribal representatives that wish to attend
  - Recommendations of workgroups must be validated by the full tribal caucus
- Negotiations are closed to the press and public
- After final negotiations final documents are exchanged on a mutually agreeable schedule
- Final negotiations ends with formal closing comments from both sides

21

22

Participants

- Purpose
- Introduction and Overview
- Principles
- Negotiation Process
- Participants
- Documents
- References

- Indian Health Service
  - Agency Lead Negotiator (Jim Armbrust)- the lead negotiator for the IHS
  - Area Director and Area Support Staff- Provides direction, and technical support to ALN- speaks through the Agency ALN
  - Agency Ratifier – Designated by IHS Director available to resolve impasses between ALN and Tribes.
  - Representative of IHS Office of Self- Governance
- Tribal Co-Signers
  - Co-lead negotiators appointed by Tribal caucus to speak for tribal caucus on common issues
  - Authorize representative from each Co-Signer
  - Governance, support and technical staff designated to attend by Co-Signers
  - Any other tribal representative wishing to attend.
- ANHB- Facilitation and support

22

23

ATHC Members

- Purpose
- Introduction and Overview
- Principles
- Negotiation Process
- Participants
- Documents
- References

- **Since FY 1995**
  - APIA
  - BBAHC
  - CHUGACHMIUT
  - CRNA
  - KANA
  - MANIILAQ
  - Native Village of Eklutna
  - NSHC
  - Seldovia Village Tribe
  - SCF
  - SEARHC
  - TCC
  - YKHC
- **Since FY 1997**
  - EAT
  - Metlakatla Indian Comm.
- **Since FY 1998**
  - ASNA
  - Ketchikan Indian Comm.
- **Since FY 1999**
  - ANTHC
- **Since FY 2000**
  - CATG
  - MSTC
- **Since 2003**
  - Yakutat Tlingit Tribe
- **Since 2006**
  - Kenaitze Indian Tribe

23

24

Key Documents

- Purpose
- Introduction and Overview
- Principles
- Negotiation Process
- Participants
- Documents
- References

- Alaska Tribal Health Compact- Common perpetual document which applies to all Co-Signers. Amended periodically as needed but not necessarily every year.
- Funding Agreements – Individual Co-Signer agreements, can be multiyear or amended at each annual negotiation. The Funding Agreement generally includes a highly individualized scope of work as well as common and other individual provisions.
- Funding Tables -Appendix A to Funding Agreement – Documents that provide the beginning funding amounts for each annual funding period. Funding allocations for Tribal Shares for each Co-Signer are recalculated based on the approved Alaska tribal share distribution formula and Co-Signer selections for retained services and buyback services from IHS.
- Continuing Services Agreement- An appendix to the Funding Agreement- An annual description of the scope and extent of services which will continue to be provided by IHS Area Office to Co-Signers and the other Alaska tribes.

24

25

Key Documents

- Purpose
- Introduction and Overview
- Principles
- Negotiation Process
- Participants
- Documents
- References

- Buyback/Withhold Agreement- An Appendix to the Funding Agreement – Describes the services, costs and payment terms for services which the Co-Signers wish to purchase from the IHS including federal employees under Intergovernmental Personnel Act or Memorandum of Agreement assignment and other services.
- Facilities List – Describes all facilities owned or used by the Co-Signer in which programs or activities are provided under the Funding Agreement.
- Open Items List – This is a key negotiation tool maintained by Myra Munson which includes a description of each issue under discussion during the negotiations and the status of each. When items are closed in negotiations the final agreement is recorded in the open item list. Items not resolved are left open for monitoring or discussion in the subsequent year.

25

26

Key Documents – Open Items list

- Purpose
- Introduction and Overview
- Principles
- Negotiation Process
- Participants
- Documents
- References

Open Items List

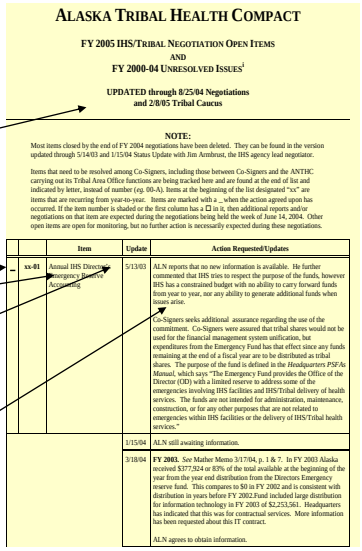
Header describing the date of issue

Item number – reference for all discussion

Item name

Update – date of action or update

Action /Update description of the issue and agency and Co-Signers position or agreement



ALASKA TRIBAL HEALTH COMPACT

FY 2005 IHS/TRIBAL NEGOTIATION OPEN ITEMS AND FY 2000-04 UNRESOLVED ISSUES[1]

UPDATED through 8/25/04 Negotiations and 2/8/05 Tribal Caucus

NOTE:

Most items closed by the end of FY 2004 negotiations have been deleted. They can be found in the version updated through 5/14/03 and 1/15/04 Status Update with Jim Armbrust, the IHS agency lead negotiator.

Items that need to be resolved among Co-Signers, including those between Co-Signers and the ANTHC carrying out its Tribal Area Office functions are being tracked here and are found at the end of list and indicated by letter, instead of number (eg. 00-A). Items at the beginning of the list designated "xx" are items that are recurring from year-to-year. Items are marked with a _ when the action agreed upon has occurred. If the item number is shaded or the first column has a ☐ in it, then additional reports and/or negotiations on that item are expected during the negotiations being held the week of June 14, 2004. Other open items are open for monitoring, but no further action is necessarily expected during these negotiations.

		Item	Update	Action Requested/Updates
–	xx-01	Annual IHS Director's Emergency Reserve Accounting	5/13/03	ALN reports that no new information is available. He further commented that IHS tries to respect the purpose of the funds, however IHS has a constrained budget with no ability to carry forward funds from year to year, nor any ability to generate additional funds when issues arise. Co-Signers seeks additional assurance regarding the use of the commitment. Co-Signers were assured that tribal shares would not be used for the financial management system unification, but expenditures from the Emergency Fund has that effect since any funds remaining at the end of a fiscal year are to be distributed as tribal shares. The purpose of the fund is defined in the *Headquarters PSFAs Manual*, which says "The Emergency Fund provides the Office of the Director (OD) with a limited reserve to address some of the emergencies involving IHS facilities and IHS/Tribal delivery of health services. The funds are not intended for administration, maintenance, construction, or for any other purposes that are not related to emergencies within IHS facilities or the delivery of IHS/Tribal health services."
			1/15/04	ALN still awaiting information.
			3/18/04	**FY 2003.** See Mather Memo 3/17/04, p. 1 & 7. In FY 2003 Alaska received $377,924 or 83% of the total available at the beginning of the year from the year end distribution from the Directors Emergency reserve fund. This compares to $0 in FY 2002 and is consistent with distribution in years before FY 2002.Fund included large distribution for information technology in FY 2003 of $2,253,561. Headquarters has indicated that this was for contractual services. More information has been requested about this IT contract. ALN agrees to obtain information.

27

Key Documents – Appendix A

- Purpose
- Introduction and Overview
- Principles
- Negotiation Process
- Participants
- Documents
- References

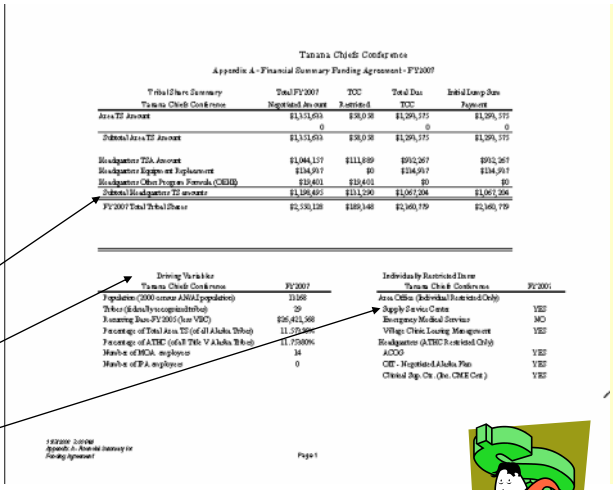
Appendix A

Appendix A is a 6 page funding summary which provides funding detail for each funding agreement.

•Total funding summary

•Formula Driving Variables

•Co-Signer Restricted PFSAs



Tanana Chiefs Conference

Appendix A - Financial Summary Funding Agreement - FY2007

Tribal Share Summary Tanana Chiefs Conference	Total FY2007 Negotiated Amount	TCC Retrieved	Total Due TCC	Initial Lump Sum Payment
Area TS Amount	$1,331,693	$38,038	$1,293,375	$1,293,375
	0		0	0
Subtotal Area TS Amount	$1,331,693	$38,038	$1,293,375	$1,293,375
Headquarters TSA Amount	$1,044,137	$111,939	$932,267	$932,267
Headquarters Equipment Replacement	$134,917	$0	$134,917	$134,917
Headquarters Other Program Formula (CHSD)	$19,401	$19,401	$0	$0
Subtotal Headquarters TS amounts	$1,198,495	$131,290	$1,067,204	$1,067,204
FY 2007 Total Tribal Shares	$2,530,128	$169,348	$2,360,579	$2,360,579

Driving Variables Tanana Chiefs Conference	FY2007
Population (2000 census AIAN population)	11168
Tribes (federally recognized tribes)	29
Remaining Base-FY 2005 (less VBC)	$26,421,568
Percentage of Total Area TS (of all Alaska Tribes)	11.57130%
Percentage of ATHC (of all Title V Alaska Tribes)	11.77500%
Number of HCA employees	16
Number of PFA employees	0

Individually Restricted Items Tanana Chiefs Conference	FY2001
Area Office (Individual Restricted Only)	
Supply Service Costs	YES
Emergency Medical Services	NO
Village Clinic Leasing Management	YES
Headquarters (ATHC Restricted Only)	
ACCO	YES
CHT - Negotiated Alaska Plan	YES
Clinical Sup. Ctr. (Inc. CME Cost)	YES

28

New Co-singers – Things to think about

- Purpose
- Introduction and Overview
- Principles
- Negotiation Process
- Participants
- Documents
- References

- Tribal Resolutions must specify Title V authority
- Certain “statewide” services may not be contracted from IHS due to section 325.
- The ATHC Co-Signers should be notified of your intent to join the Compact at the earliest opportunity.
- Review scope of work for liability and language issues
- Review impact of change on Contract Support Cost and prepare any requests for new and expanded CSC

28

29

Glossary of Terms

- Purpose
- Introduction and Overview
- Principles
- Negotiation Process
- Participants
- Documents
- References

- **ALASKA TRIBAL SHARE FORMULA:** A distribution formula developed and agreed to by the Alaska Tribal Health Compact Co-Signers to distribute both Area and Headquarters tribal shares. The formula relies on a weighted mathematical formula of - 30% # of tribes/35% 2000 census pop./35% rec. base (less VBC). The caucus has agreed to review this formula every year and has left it unchanged since it was adopted in 1995.
- **BUYBACK/WITHHOLD**: Voluntary action from a Tribe or Tribal organization to request the IHS provide goods or services on reimbursable basis pursuant to an executed compact under Title V or contract under Title I.
- **EARMARK:** Funds which are appropriated by the Congress with express statutory direction that they may be expended for a particular activity, facility or Tribal initiative. *(Source: Joint Allocation Methodology Workgroup (JAMW) Report - 1/26/96).*

29

30

Glossary of Terms

- Purpose
- Introduction and Overview
- Principles
- Negotiation Process
- Participants
- Documents
- References

- **ENCUMBERED:** Encumbered resources are defined as those portions of Programs, Services, Functions and Activities (PSFAs) funding that are currently committed as compensation (including employees' severance compensation) for on-duty permanent employees or as payment for goods and services in binding contracts. *(Source: Business Plan Workgroup Memorandum - 12/2/96).*
- **INHERENT FEDERAL FUNCTIONS (OFTEN REFERRED TO AS RESIDUAL):** Those Federal functions which cannot legally be delegated to Indian Tribes. *(Source: Section 501 of P.L. 106-260, Title V, Tribal Self-Governance Amendments of 2000.)*
- **PROGRAM FORMULA:** Funds that are distributed based on a formula using either a workload or a level of need criteria, or a combination thereof.
- **RESIDUAL:** The resources required to perform inherent federal functions. See, also, definition for Inherent Federal Functions above.

30

31

Glossary of Terms

- Purpose
- Introduction and Overview
- Principles
- Negotiation Process
- Participants
- Documents
- References

- **PROGRAMS, SERVICES, FUNCTIONS AND ACTIVITIES (PSFA):** PSFAs are those programs, services, functions and activities that are contractible under the Indian Self-Determination and Education Assistance Act, as amended, including those administrative activities supportive of, but not included as part of, service delivery programs that are otherwise contractible, without regard to the organizational level within the department that carries out such functions, *(as authorized under P.L. 93-638, as amended.). (Source: Indian Health Circular No. 2000-01).*
- **RETAINED TRIBAL SHARES:** Those funds which support the programs, services, functions and activities which Tribes elect to leave with the Federal government to administer. *(Source: Joint Allocation Methodology Workgroup Report - 1/26/96).*
- **TRIBAL SIZE ADJUSTMENT (TSA) FORMULA:** An IHS Headquarters tribal share distribution formula that provides a base to smaller Tribes for fundamental governmental responsibilities for Tribal health care services and programs. This formula incrementally decreases the base amount by a fixed amount per active user as the population size increases.

31

32

Glossary of Terms

- Purpose
- Introduction and Overview
- Principles
- Negotiation Process
- Participants
- Documents
- References

- **TRIBAL SIZE ADJUSTMENT (TSA) FORMULA-continued:** This base supplement is provided only to the small Tribes as the formula is adjusted by the user population to fund the increased responsibilities of managing large health care systems. *(Source: JAMW Report - 1/26/96).*
- **USER POPULATION:** The count of American Indians/Alaska Natives eligible for IHS services who have used those services at least once during the immediate 3-year period. The User Population are those patients who receive direct or contract health services from IHS or Tribally-operated programs and are registered in a verifiable patient registration system.
- **TRIBAL SHARES:** An Indian Tribe's portion of all funds and resources that support Secretarial programs, services, functions and activities (or portions thereof) that are not required by the Secretary for performance of inherent Federal functions. *(Source: Section 501 of P.L. 106-260,Title V, Tribal Self-Governance Amendments of 2000.)*

32

33

Glossary of Acronyms

- Purpose
- Introduction and Overview
- Principles
- Negotiation Process
- Participants
- Documents
- References

CHS- Contract health services
CSC- Contract support costs
FDI Federal Disparity Index
OMB- Office of Management and Budget
OTSG- Office of Tribal Self Governance (IHS)
ISDA- Indian Self-Determination Act, as amended
OPM- Office of Personnel Management
Sec 325- Section 325 of PL 105-83
CFR – Code of Federal Regulations
LNF- Level of Need Funded
OEHE- Office of Environmental Health & Engineering
CHAP- Community Health Aide Program
H&C- Hospital and Clinics (an IHS funding category)

33

34

Glossary of Acronyms

- Purpose
- Introduction and Overview
- Principles
- Negotiation Process
- Participants
- Documents
- References

FTCA- Federal Tort Claims Act
GPRA- Government Performance and Results Act
IHS- Indian Health Service
DHHS- Department of Health and Human Services
DOI- Department of Interior
OGC- Office of General Counsel (federal attorneys)
OIT-Office of Information Technology
PSFA- Programs, Services, Functions and Activities

34

35

Additional References

- Purpose
- Introduction and Overview
- Principles
- Negotiation Process
- Participants
- Documents
- References

- Alaska Tribal Health Compact
- Model Funding Agreement w/attachments
- ISDA, statute, regulations
- Section 325 of PL 105-83 (http://www.anthc.org/ref/laws/upload/Section-325-of-Public-Law-105-83.pdf)
- Headquarters PSFA Manual
- Proud Nations, Celebrating Tribal Self Governance- (Book available through EBay and Amazon)
- Self Governance Works (Don's video)
- Tribal Perspectives of Indian Self-Determination and Self- Governance- NIHB
- 2006/2007 Tribal Self Governance Legislative Strategy
- Rules for Formal Consensus

(these documents should be included in the negotiation web site and linked to this document when available electronically)

35