

The Indian Health Service Tribal Self-Governance Program



THE TRIBAL SELF-GOVERNANCE PROGRAM

Thank you for your interest in the Indian Health Service (IHS) Tribal Self-Governance Program (TSGP). This *Accordion* is designed to further your understanding of the TSGP by sharing its history and successes and by answering some frequently asked questions.

What is the Tribal Self-Governance Program?
The TSGP is more than an IHS program; it is an expression of the nation-to-nation relationship between the United States and each Indian Tribe. Through the TSGP, Tribes have the option to assume IHS program funds and manage them to best fit the needs of their Tribal communities. Tribes participating in the TSGP negotiate with the IHS and take on full funding, control, and accountability for those programs, services, functions, and activities (PSFAs), or portions thereof, that the Tribe chooses to assume.

Participation in the TSGP is one of three ways that Tribes can choose to obtain health care from the federal government for their members. Specifically, Tribes can choose to:

1. Receive health care services directly from the IHS.
2. Contract with the IHS to administer individual programs and services the IHS would otherwise provide (referred to as Title I Self-Determination Contracts).
3. Compact with the IHS to assume control over health care programs the IHS would otherwise provide (referred to as Title V Self-Governance Compacts or the TSGP).

These options are not exclusive; Tribes may choose to combine options based on their individual needs and circumstances. Participation in the TSGP affords Tribes the most flexibility to tailor health care services to the needs of their communities.

The TSGP is and has always been a tribally driven initiative, and strong Federal-Tribal partnerships have been critical to the program's success. Tribal leaders and representatives have been intimately involved in every stage of the program's development and implementation.

The Office of Tribal Self-Governance (OTSG) serves as the primary liaison and advocate for Tribes participating in the TSGP. Congress established the OTSG to implement Tribal Self-Governance legislation and authorities within the IHS, beginning with the IHS Tribal Self-Governance Feasibility Study authorized in 1991. The OTSG develops, directs and implements self-governance policies and procedures; provides information and technical assistance to Self-Governance Tribes; and advises the IHS Director on Agency compliance with TSGP policies, regulations, and guidelines.

TRIBAL SOVEREIGNTY AND THE NATION-TO-NATION RELATIONSHIP

What is Tribal Sovereignty?
Tribal sovereignty includes the inherent right to govern and protect the health, safety, and welfare of Tribal citizens. American Indians and Alaska Natives are citizens of sovereign Tribal nations that have a legal and political relationship with the US government.

Tribal sovereignty remains an inherent right and power of Indian Tribes; in fact, the US Supreme Court has held that Tribes maintain their sovereignty unless a Federal statute specifically removes that authority or a Federal court determines that the Tribe's exercise of that authority is inconsistent within the Federal framework.

What is the Nation-to-Nation Relationship?
The nation-to-nation relationship between Tribal governments and the US government has existed since the formation of the United States. This relationship has a strong historical foundation recognized in the US Constitution, treaties, Federal statutes, case law, executive orders, and administrative policies.

Tribal governments exercise their inherent rights through many means, including determining citizenship, establishing civil and criminal laws, developing and implementing regulations, and delivering services. Tribal governments are responsible for providing a wide range of activities and services, such as education, law enforcement, environmental protection, health care, and basic infrastructure.

Presidential administrations continue to reaffirm the nation-to-nation relationship between Tribal governments and the United States. All executive agencies interact with Indian Tribes as governments, not as special interest groups or individuals.

Self-governance and self-determination are essential for Tribal communities to protect their cultures and identities. Tribal cultures and traditions provide the foundation upon which Indian communities are governed.



Alaska Native Medical Center – Operating Since 1998 (350 Bed Hospital)

GETTING INTO TRIBAL SELF-GOVERNANCE

Eligibility

To be eligible to participate in the TSGP, a Tribe must:

1. Complete a Planning Phase

Each Tribe is required to complete a planning phase to the satisfaction of the Tribe. This planning phase must include legal and budgetary research and internal Tribal government planning and organizational preparation relating to the administration of health care programs. Funding may be available from the IHS to assist Tribes in the planning phase through TSGP Planning Cooperative Agreements.

2. Request Participation in the IHS Tribal Self-Governance Program

Each Tribe to be served must submit a Tribal resolution or other official action by the governing body of the Tribe requesting participation in the TSGP.

3. Demonstrate Three Years of Financial Stability and Financial Management Capability

For the three years prior to participation in the TSGP, the Tribe must show evidence that there have been no uncorrected significant and material audit exceptions in the required annual audit of the Tribe's Self-Determination Contracts or Self-Governance Funding Agreements with any Federal agency.

A Tribe may also choose to authorize another Indian Tribe, an inter-Tribal consortium, or a Tribal organization to participate in the TSGP on its behalf (see 25 U.S.C. §458aaa(b)). For additional information on eligibility for the TSGP, please see

Section 503 of the Indian Self-Determination and Education Assistance Act (ISDEAA), 25 U.S.C. §458aaa-2, and the accompanying regulations found at 42 C.F.R. §§137.15-26.

Importance of Planning

The planning stage is vital to successful negotiation of a Self-Governance Compact and Funding Agreement. A careful and thorough planning stage makes the rest of the negotiations process more timely and efficient. It helps to identify issues in advance and ensures that the Tribe is fully prepared for the transfer of IHS PSFAs to the Tribal health program. The ultimate goal of the planning stage is to ensure that the Tribe is aware of the implications of assuming IHS PSFAs.

Negotiations

Through the negotiation process, Tribal and Federal teams work together to reach agreement on the terms of the Tribe's Compact and Funding Agreement (FA). The Compact sets forth the general terms of the nation-to-nation relationship. The FA (1) describes the length of the agreement (whether it will be annual or multi-year), (2) identifies the PSFAs, or portions thereof, that the Tribe will assume, (3) specifies the amount of funding associated with those PSFAs, and (4) includes terms required by Federal statute and other terms agreed to by the parties. Either document can be renegotiated at the request of the Tribe.

Implementation

Through the TSGP, a Tribe has a great deal of flexibility to redesign programs, consolidate and assign program funds, and adopt revised policies. The TSGP provides a Tribe with the opportunity to make decisions in the best interests of the health and welfare of its community with minimal Federal involvement.

THE BENEFITS OF PARTICIPATION IN THE IHS TRIBAL SELF-GOVERNANCE PROGRAM

How has the Tribal Self-Governance Program Improved the Quality of and Access to Health Care?

Self-Governance Tribes overwhelmingly agree that creating a comprehensive approach to health services is the single greatest benefit of the TSGP. Other benefits include:

- Improving communication and coordination between Tribal programs to eliminate duplication of services, maximize funds, enhance the efficacy of service delivery, and expand health care services.
- Increasing resources by leveraging TSGP funding to secure private and public grant money; partnering with state and local governments to provide more comprehensive community-wide services; improving third-party billing revenues; and forming consortia to pool program funding.
- Development of innovative health programs and services and specialty clinics, including telemedicine services, specialized health aid programs, long-term care initiatives, wellness and prevention programs, state of the art dental clinics, and traditional healing practices.

IHS Tribal Self-Governance Program Growth

Since the first IHS Tribal Self-Governance Demonstration Project agreements were signed in 1993, the IHS TSGP has seen tremendous growth. As of December 2011, 337 Tribes are participating in the TSGP. That's nearly 60% of the 566 federally recognized Tribes in the United States. In Fiscal Year (FY) 2011, approximately one-third of the total IHS budget appropriation was transferred to Tribes to support 81 TSGP Compacts and 105 TSGP Funding Agreements.

The TSGP is still growing. With the addition of two new IHS Areas since 2009, the TSGP is now operating in 10 of the 12 IHS Areas. In fiscal year 2011, nine new Tribes and Tribal organizations joined the TSGP.

FREQUENTLY ASKED QUESTIONS

Does the TSGP Fit into the Health Care Reform Agenda?

Yes. Tribal health programs reflect many aspects of the health care reform agenda. Tribes are successful in the health care business, in part because of their ability to form effective partnerships with Federal, state, and private health

care programs that maximize their resources. Tribal health programs are adaptable; they assess the needs of their communities and design facilities, programs, services and outreach efforts that are directly responsive to their citizens. Tribes are on the forefront of culturally appropriate care, integrating holistic and traditional healing methods unique to American Indian and Alaskan Native people into their services. Health care reform has also resulted in new authorities for Tribal health programs through the 2010 Patient Protection and Affordable Care Act [ACA] (which also reauthorized and expanded the Indian Health Care Improvement Act [IHCA]). Tribal and Federal negotiation teams are working collaboratively to effectively integrate these new authorities into TSGP agreements.

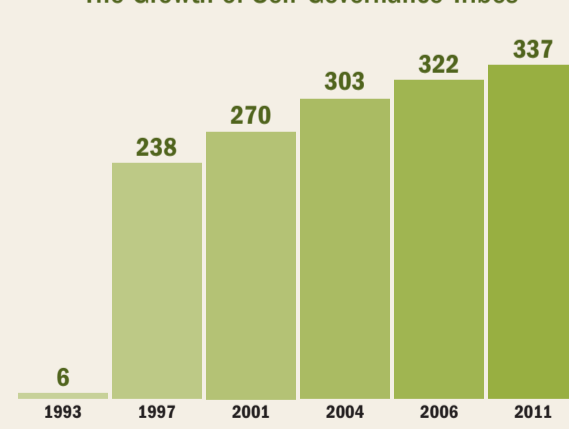
Does the Tribal Self-Governance Program Terminate the Federal Trust Responsibility?

No. It has never been the intent of the TSGP to terminate or reduce the Federal trust responsibility to Indian Tribes and individual Indians. The ISDEAA clearly states: "The Secretary is prohibited from waiving, modifying, or diminishing in any way the trust responsibility of the United States with respect to Indian Tribes and individual Indians that exists under treaties, Executive Orders, other laws, or court decisions." (25 U.S.C. §458aaa-6(g)).

How does Title V Compacting Differ from Title I Contracting?

In general, the TSGP provides Tribes with greater autonomy and control. With the exception of a few mandatory terms required by the ISDEAA, each TSGP Compact and FA is different. There is no model Compact or FA like the Title I model Contract. In the TSGP, a Tribe may redesign or consolidate PSFAs and reallocate or redirect funding without IHS approval (in accordance with the ISDEAA). In the TSGP there is no routine performance monitoring. The only mandatory reports are an annual single agency audit and health status reports as required by the ISDEAA.

The Growth of Self-Governance Tribes



* There are 566 federally recognized Tribes in the United States.

IN CLOSING

The TSGP has proven to have a significant positive impact on the health and well-being of participating Tribal communities. Because Tribal communities are in the best position to understand and address their own health care needs and priorities, Tribes continue to develop innovative solutions that address the health care delivery challenges facing their communities. Tribally managed health programs are successful and the number of success stories grows each year. How can your community benefit from participation in the IHS Tribal Self-Governance Program?



ADDITIONAL RESOURCES

The OTSG welcomes your questions, comments, and feedback. You are welcome to contact us any time, and we encourage you to visit our website at www.ihs.gov/selfgovernance.

FOR MORE INFORMATION

Office of Tribal Self-Governance
Indian Health Service
US Department of Health and Human Services
The Reyes Building
801 Thompson Ave., Suite 240
Rockville, MD 20852

Tel. (301) 443-7821
Fax. (301) 443-1050

www.ihs.gov/selfgovernance

TRIBAL SELF-GOVERNANCE LEGISLATIVE HISTORY

What is the Legislative History of the Tribal Self-Governance Program?

American Indian and Alaska Native peoples exercised their inherent rights to self-determination and self-governance long before the arrival of the non-indigenous peoples to the Americas. Later, the US government recognized in the US Constitution that Tribes are distinct political entities. Hundreds of treaties, Federal laws, and court cases have reaffirmed that Indian nations retain their inherent right and power to govern themselves and their territories subject only to limitations imposed by Federal law.

1975 The Indian Self-Determination and Education Assistance Act (ISDEAA) (Public Law [Pub. L. No.] 93-638) was signed into law. This landmark legislation recognized the longstanding nation-to-nation relationship between the United States and each Tribal nation. The Act provided Tribes with the option to exercise their right to self-determination by assuming control and management of programs previously administered by the Federal government.

1988 A group of visionary Tribal leaders presented a proposal to Congress that would build on Pub. L. No. 93-638, by changing the role of the Federal government from administration of contracts to a true nation-to-nation partnership. This resulted in the initial Self-Governance Demonstration Project (Pub. L. No. 100-472) within the US Department of the Interior (DOI).

1992 Congress extended the Self-Governance Demonstration Project to the IHS. Tribes began working with the IHS to initiate budget research and planning activities. The first Demonstration Project agreements were signed on September 30, 1993.

1994 Congress enacted permanent self-governance authority within the DOI under Pub. L. No. 103-413, (Title IV), Tribal Self-Governance.

1996 The Tribal Self-Governance Advisory Committee (TSGAC) was created to advise and provide assistance to the IHS Director on the implementation of self-governance authorities within the IHS. In 2000, the functions of the TSGAC were expanded through passage of Pub. L. No. 106-260.

2000 Congress enacted permanent authority for the IHS Tribal Self-Governance Program under Pub. L. No. 106-260, (Title V), Tribal Self-Governance Amendments of 2000, 25 U.S.C. 458aaa.

2002 The IHS promulgated regulations to implement Title V, 42 C.F.R. Part 137.

2010 Congress passed the Patient Protection and Affordable Care Act (ACA), Pub. L. No. 111-148. The ACA contained several Indian-specific provisions and reforms that will positively affect many American Indians and Alaska Natives. The ACA also permanently reauthorized, revised, and expanded the Indian Health Care Improvement Act (IHCA), including new authorities for Tribes participating in the TSGP.

The Office of Tribal Self-Governance (OTSG)
Indian Health Service (IHS)
US Department of Health and Human Services (HHS)
Tel: (301) 443-7821
www.ihs.gov/selfgovernance



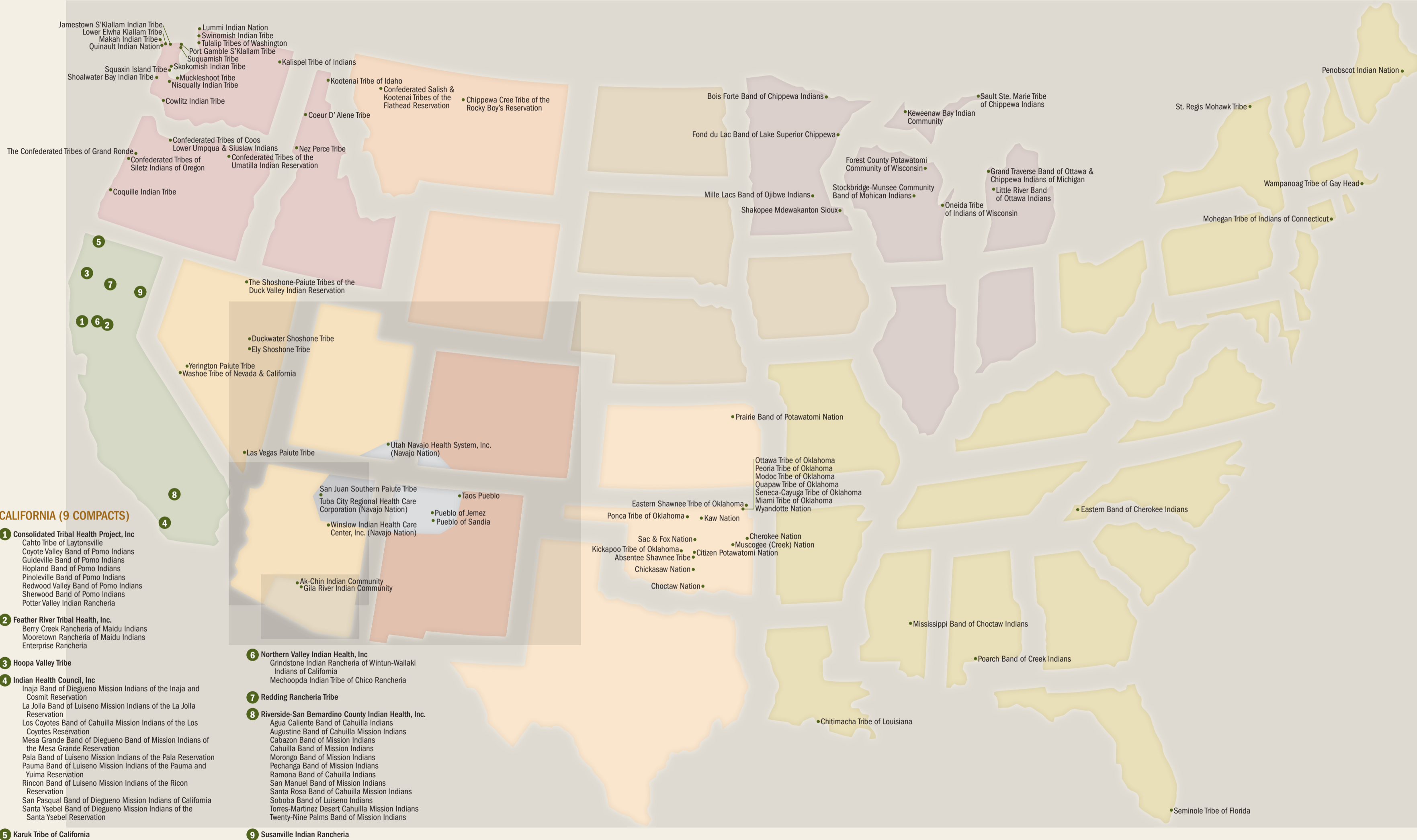
Successful Connections –
Lasting Partnerships

Self-Governance Tribes (337 Tribes) in the United States



ALASKA TRIBES

- Afognak
- Ahtook
- Akiachak
- Akiak
- Akutian
- Alakanuk
- Alatna
- Aleknaqik
- Algaaciq
- (St. Mary's)
- Alakaleet
- Ambler
- Anakutuvuk
- Andreafski
- Angoon
- Aniak
- Anvik
- Arctic Village
- Asa' carsarmiut
- Atka
- Amnatluak
- Atkasuk
- (Atkasook)
- Barrow
- Beaver
- Bekkofski
- Bill Moore's
- Birch Creek
- Brevig Mission
- Buckland
- Cantwell
- Central Council
- Tlingit & Haida Indian Tribes of Alaska
- Chalyitsik
- Chanega
- Cheesh-Na
- Chefornak
- Chevak
- Chickaloon
- Chignik
- Chignik Lagoon
- Chignik Lake
- Chilkat (Klukwan)
- Chilkoot Haines
- Chinik (Golovin)
- Chuathbaluk
- Chulounawick
- Circle
- Clarks Point
- Cook Inlet Region
- Council
- Craig
- Crooked Creek
- Curyung
- Deering
- Diomedea
- Dot Lake
- Douglas
- Eagle
- Ek
- Egegik
- Eklutna
- Ekuik
- Ekwok
- Elm
- Emmonak
- Evansville
- Eyak (Cordova)
- False Pass
- Fort Yukon
- Gakona
- Galena
- Gambell
- Georgetown
- Goodnews Bay
- Grayling



CALIFORNIA (9 COMPACTS)

- 1 Consolidated Tribal Health Project, Inc**
Cahto Tribe of Laytonville
Coyote Valley Band of Pomo Indians
Guideville Band of Pomo Indians
Hopland Band of Pomo Indians
Pinoleville Band of Pomo Indians
Redwood Valley Band of Pomo Indians
Sherwood Band of Pomo Indians
Potter Valley Indian Rancheria
- 2 Feather River Tribal Health, Inc.**
Berry Creek Rancheria of Maidu Indians
Mooretown Rancheria of Maidu Indians
Enterprise Rancheria
- 3 Hoopa Valley Tribe**
- 4 Indian Health Council, Inc**
Inaja Band of Diegueno Mission Indians of the Inaja and Cosmit Reservation
La Jolla Band of Luiseno Mission Indians of the La Jolla Reservation
Los Coyotes Band of Cahuilla Mission Indians of the Los Coyotes Reservation
Mesa Grande Band of Diegueno Band of Mission Indians of the Mesa Grande Reservation
Pala Band of Luiseno Mission Indians of the Pala Reservation
Pauma Band of Luiseno Mission Indians of the Pauma and Yuma Reservations
Rincon Band of Luiseno Mission Indians of the Rincon Reservation
San Pasqual Band of Diegueno Mission Indians of California
Santa Ysabel Band of Diegueno Mission Indians of the Santa Ysabel Reservation
- 5 Karuk Tribe of California**

- 6 Northern Valley Indian Health, Inc**
Grindstone Indian Rancheria of Wintun-Wailaki Indians of California
Mechopa Indians Tribe of Chico Rancheria
- 7 Redding Rancheria Tribe**
- 8 Riverside-San Bernardino County Indian Health, Inc.**
Agua Caliente Band of Cahuilla Indians
Augustine Band of Cahuilla Mission Indians
Cabazon Band of Mission Indians
Cahuilla Band of Mission Indians
Morongo Band of Mission Indians
Pechanga Band of Mission Indians
Ramona Band of Cahuilla Indians
San Manuel Band of Mission Indians
Santa Rosa Band of Cahuilla Mission Indians
Soboba Band of Luiseno Indians
Torres-Martinez Desert Cahuilla Mission Indians
Twenty-Nine Palms Band of Mission Indians
- 9 Susanville Indian Rancheria**

ALABAMA Poarch Band of Creek Indians (C)	(251) 368-9136	MISSISSIPPI Mississippi Band of Choctaw Indians (H, C)	(601) 656-2250
ALASKA Alaska Native Tribal Health Consortium (H**, C) Aleutian/Pribilof Islands Association, Inc. (C) Arctic Slope Native Association (H, C) Bristol Bay Area Health Corporation (H, C) Chickaloon Native Village Chugachmiut (C) Copper River Native Association (C) Council of Athabascan Tribal Governments (C) Eastern Aleutian Tribes, Inc. (C) Kenaitze Indian Tribe (C) Ketchikan Indian Community (C) Knik Tribal Council (C) Kodiak Area Native Association (C) Maniilaq Association (H, C) Metlakatla Indian Community (C) Mount Sanford Tribal Consortium (C) Native Village of Eklutna (C) Norton South Health Corporation (H, C) Seldovia Village Tribe (C) Southeast Alaska Regional Health Corporation (H, C) Tanana Chiefs Conference (C) Yakutat Tlingit Tribe (C) Yukon-Kuskokwim Health Corporation (H, C)	(907) 729-1900 (907) 729-1408 (907) 852-2762 (907) 842-5201 (907) 745-0704 (907) 562-4155 (907) 822-5241 (907) 622-2587 (907) 277-1440 (907) 335-7200 (907) 225-5158 (907) 352-6000 (907) 486-9870 (907) 442-3311 (907) 886-4741 (907) 822-5399 (907) 688-6031 (907) 424-3275 (907) 443-3206 (907) 234-7898 (907) 265-4938 (907) 463-4040 (907) 452-8251 (907) 784-3238 (907) 543-6000	MONTANA Chippewa Cree Tribe of the Rocky Boy's Reservation (C) Confederated Salish and Kootenai Tribes of Flathead (C)	(406) 395-4486 (406) 675-2700
ARIZONA Gila River Indian Community (H, C) Tuba City Regional Health Care Corp. (C) Winslow Indian Health Care Center, Inc. (C)	(520) 562-9840 (928) 283-2501 (928) 289-4646	NEVADA Duck Valley Shoshone-Paiute Tribe (C) Duckwater Shoshone Tribe (C) Ely Shoshone Tribe (C) Las Vegas Paiute Tribe (C) Washoe Tribe of Nevada and California (C) Yerington Paiute Tribe of Nevada (C)	(755) 757-2415 (775) 863-0222 (775) 289-4133 (702) 382-0784 (775) 265-4215 (775) 463-3301
ARIZONA Consolidated Tribal Health Project, Inc. (C) Hoopa Valley Tribe (C) Indian Health Council (C) Karuk Tribe of California (C) Northern Valley Indian Health, Inc. (C) Redding Rancheria (C) Riverside-San Bernardino County Indian Health, Inc. (C) Susanville Indian Rancheria (C)	(707) 485-5115 (505) 625-4211 (760) 749-1410 (530) 493-1600 (530) 934-9293 (530) 242-4502 (951) 849-4761 (530) 257-2542	NEW MEXICO Pueblo of Jemez (C) Pueblo of Sandia (C) Taos Pueblo (C)	(575) 834-7413 (505) 867-4696 (575) 758-9593
CALIFORNIA San Juan Southern Paiute Tribe Tuba City Regional Health Care Corporation (Navajo Nation) Winslow Indian Health Care Center, Inc. (Navajo Nation) Al-Chin Indian Community Gila River Indian Community		NEW YORK St. Regis Mohawk Tribe (C)	(518) 358-3141
CONNECTICUT Mohegan Tribe of Indians of Connecticut (C)	(860) 862-6100	NORTH CAROLINA Eastern Band of Cherokee Indians (H, C)	(828) 497-9163
FLORIDA Seminole Tribe of Florida (C)	(954) 966-6300	OKLAHOMA Absentee Shawnee Tribe of Oklahoma (C) Cherokee Nation (H, C) Chickasaw Nation (H, C) Choctaw Nation of Oklahoma (H, C) Citizen Potawatomi Nation (C) Kaw Nation (C) Kickapoo Tribe of Oklahoma (C) Modoc Tribe of Oklahoma (C) Muscogee (Creek) Nation (H, C) Northeastern Tribal Health System (C) Ponca Tribe of Oklahoma (C) Sac and Fox Nation (C) Wyandotte Nation (C)	(405) 447-0300 (918) 453-5391 (580) 436-3980 (580) 924-8280 (405) 273-5236 (580) 362-1039 (405) 964-4227 (918) 542-1655 (918) 756-4333 (918) 542-1655 (580) 765-2501 (918) 968-9531 (918) 678-2282
KANSAS Prairie Band of Potawatomi Nation (C)	(785) 966-8200	OREGON Coquille Indian Tribe (C) Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians of Oregon (C) Confederated Tribes of Grand Ronde (C) Community of Oregon (C) Confederated Tribes of Siletz Indians of Oregon (C) Confederated Tribes of the Umatilla Indian Reservation (C)	(541) 888-9494 (541) 888-7502 (503) 879-2002 (541) 444-1030 (541) 966-9830
IDAHO Coeur d'Alene Tribe (C) Kootenai Tribe of Idaho (C) The Nez Perce Tribe (C)	(208) 686-1931 (208) 267-5223 (208) 843-2271	UTAH Utah Navajo Health System, Inc. (C)	(435) 651-3291
LOUISIANA Chitimacha Tribe of Louisiana (C)	(337) 923-9955	WASHINGTON Cowlitz Indian Tribe (C) Jamestown S'Klallam Indian Tribe (C) Kalispel Tribe of Indians (C) Lower Elwha Klallam Tribe (C) Lummi Nation (C) Makah Indian Tribe (C) Muckleshoot Indian Tribe (C) Nisqually Indian Tribe (C) Port Gamble S'Klallam Tribe (C) Quinalt Indian Nation (C) Shoalwater Bay Indian Tribe (C) Skokomish Indian Tribe (C) Squaxin Island Indian Tribe (C) Suquamish Tribe (C) Swinomish Indian Tribal Community (C) Tulalip Tribes of Washington (C)	(360) 575-8275 (360) 681-3406 (509) 447-7111 (360) 452-8471 (360) 384-0464 (360) 645-2233 (253) 939-3311 (253) 456-5221 (360) 297-2646 (360) 276-4405 (360) 267-6766 (360) 426-5755 (360) 427-9006 (360) 598-3311 (360) 466-3163 (360) 716-4000
MAINE Penobscot Indian Nation (C)	(207) 817-7440	WISCONSIN Forest County Potawatomi Community (C) Oneida Tribe of Indians of Wisconsin (C)	(715) 478-4300 (920) 869-2711
MASSACHUSETTS Wampanoag Tribe of Gay Head (C)	(508) 645-9265	MINNESOTA Bois Forte Band of Chippewa Indians (C) Fond du Lac Band of Lake Superior Chippewa (C) Mille Lacs Band of Ojibwe (C) Shakopee Mdewakanton Sioux Community (C)	(218) 757-3650 (218) 879-1227 (320) 532-7741 (952) 496-6110
MICHIGAN Grand Traverse Band of Ottawa and Chippewa Indians (C) Keweenaw Bay Indian Community (C) Little River Band of Ottawa Indians (C) Sault Ste. Marie Tribe of Chippewa Indians (C)	(231) 534-7129 (906) 353-8700 (231) 723-8299 (906) 632-5200		

* For the Alaska Area Compact and Navajo Nation Compact, all cosigners to the Compact are listed. ** Jointly Operated Hospital