

**Department of Veterans Affairs (VA)
Advisory Committee of Tribal and Indian Affairs (ACTIA)
Recommendations**

VA's Consolidated Responses to the ACTIA November 2022 Recommendations

Recommendation 1A: Tribal Consultation Policy

The TAC recommends that VA incorporate recommendations from the VA TAC and tribal leaders' input for the revision of the VA Tribal consultation policy in fiscal year (FY) 2023. VA should post the final VA Tribal consultation policy and disseminate to the 574 tribes through a Dear Tribal Leader Letter as soon as possible after the 60-day comment period.

VA Response: Concur.

VA will post the final tribal consultation policy and disseminate the policy to the 574 tribes through a tribal leader letter as soon as the policy has been revised to comply with the Biden Administration's Memorandum on Tribal Consultation and Strengthening Nation-to-Nation Relationships (January 26, 2021) as well as the Memorandum on Uniform Standards for Tribal Consultation (November 30, 2022). The anticipated delivery for the final VA tribal consultation policy will be end of calendar year 2023.

Recommendation 1B: Requirement for VA Functional Area Leadership to Attend Advisory Committee on Tribal and Indian Affairs (TAC) Meetings

VA Response: Concur.

VA agrees that VA functional area leadership will participate in all TAC meetings.

VA Loan Guaranty Service (LGY) has developed a working relationship with TAC over the past year and would welcome the opportunity to attend TAC meetings, subject to the availability of travel funds. LGY notes the briefings provided over the last year have provided an incredible opportunity to gain committee member feedback, which has been used to improve the Veteran experience.

Recommendation 1C: Interagency Collaboration Under VHA-IHS MOU

The TAC recommends that the Secretary require each Veterans Integrated Services Network (VISN) Director to partner annually with at least one Indian Health Service (IHS), Tribal, Urban or Native Hawaiian health program to meet a specific goal or objective as described in the current Veterans Health Administration (VHA) - IHS Memorandum of Understanding (VHA-IHS MOU). This requirement should be implemented in FY 2023.

VA Response: Concur in Principle.

VA Office of Tribal Government Relations (OTGR), Veterans Health Administration (VHA) Office of Tribal Health (OTH) and the Office of Rural Health concur in principle with this recommendation. We recommend that Network Directors submit an annual report to the Executive Committee of the VHA/Indian Health Service (IHS) Memorandum of Understanding (MOU) Interagency Workgroup documenting compliance with this recommendation. The VHA/IHS MOU Interagency Workgroup will then provide an annual summary report of these efforts to VA's Tribal Advisory Committee.

Recommendation 1D: Urban Confer Policy

The TAC recommends that the VA develop an Urban Confer Policy in order to partner with urban Indian organizations (UIOs) more effectively in their provision of health services to Native Veterans living in urban areas. This recommendation should be implemented by December 2023.

VA Response: Concur in Principle.

VA will research the processes and authorities used by other Federal agencies to create the urban confer policy.

Recommendation 1E: Inclusion of Native Hawaiian Veterans in Language Supporting Indigenous Communities

Like AI/AN, the TAC recommends that in accordance with applicable Federal law, VA include Native Hawaiian communities in all VA actions resulting from TAC recommendations as appropriate.

VA Response: Concur.

VA will include Native Hawaiian communities in all VA actions resulting from TAC recommendations as appropriate, in accordance with applicable Federal law.

Recommendation 1F: Cultural Awareness Training

The TAC recommends that VHA and IHS partner with tribes in each VISN to develop a cultural awareness training curriculum specific to those "local" tribes and Hawaiian Native communities and that attendance at such training should be required and included as an element in federal officials' performance rating plan. Agency action on this recommendation should begin no later than October 1, 2023, and be fully implemented by the end of federal fiscal year 2024.

VA Response: Concur in Principle.

VA welcomes the opportunity to gain a better understanding of customs, traditions and beliefs of Native Americans and Native Hawaiians. However, there is some concern that this recommended cultural awareness training be required and included as an element in performance rating plans. The recommendation that VHA partner with “local” tribes, Native Hawaiian communities and IHS to develop the curriculum is problematic because there is no guarantee that those groups would be willing and/or able to partner in developing curriculums. Also, several Veterans Integrated Service Networks (VISN) do not have any Federal or state recognized tribes. Thus, having it as a required element in performance rating plans in those areas would not be feasible.

Recommendation 2A: Native American Direct Loan Program

The TAC recommends that VA subsidize the cost of construction or the loan itself. This would allow more Native American Veterans, living in rural and very rural Indian Country to qualify for these loans. An increase in approved loans to Native American Veterans living in rural areas would meet the intent of the program by making more homes available to Veterans and their family, creating another success in the VA portfolio.

VA Response: Concur in Principle.

VA supports continued efforts to ensure Veterans have access to the Native American Direct Loan (NADL) Program. VA is also supportive of efforts to improve outreach and awareness of the NADL Program and other loan programs, like those offered by the Department of Agriculture and Department of Housing and Urban Development (HUD), for Native American Veterans.

On July 13, 2022, VA testified before the Senate Committee on Veterans Affairs on S.4505, then an unnamed bill, and cited staffing resources as a factor that would hinder its ability to carry out the proposed legislation “as the staffing resources necessary to implement and oversee the grant program would deplete VA’s ability to carry out the other NADL Program functions.”

For the NADL program, VA currently has resources for seven full-time employees and does not have discretionary authorization for resources to carry out the feasibility study recommended by this Committee. It is noted that LGY reports for loan volume generally are not reported by VISN. LGY recommends TAC work with LGY for further review of the data if it is provided in this report.

Recommendation 2B: Tribal Representative Expansion Project

The TAC recommends that a checklist, similar to the one used by the VA Office of General Counsel (OGC) for the accreditation process, and a brief training package on using VBMS should be created to educate/train new users on how to

navigate the system. Once a TVSO/R is accredited under OGC, they would be provided with a copy of a checklist that would guide them through the process. The OGC and VBA can work jointly to develop this list. Additionally, once a new TVSO/R is accredited, formal notification to the VARO would be sent by OGC to notify them of a newly accredited TVSO/R and that personnel will be seeking assistance with obtaining a PIV card and may require limited technical support to load Citrix client software on non-VA technical assets. The TAC recommends implementation of this recommendation by September 30, 2023.

VA Response: Concur.

VA has a procedure in place to facilitate the process of requesting VA recognition as a tribal Veteran Service Organization (VSO) and provides interested tribes with a checklist of what to include with their requests. In addition, a fact sheet on applying for accreditation as an agent or attorney can be found on OGC's webpage at <https://www.va.gov/OGC/docs/Accred/HowtoApplyforAccreditation.pdf>.

The Veterans Benefits Administration (VBA) has distributed an infographic (see Attachment) to the Power of Attorney (POA) community explaining the process flow of the required steps for POA onboarding and has made the infographic available to OGC for future distribution. During the latter part of 2021, VBA conducted a pilot to test a tool designed to standardize and formalize VBA system access provisioning for all potential systems users who request systems access based on their status as a VA-accredited representative of a VSO, attorney, agent or an unaccredited person who has been specially authorized by the General Counsel or is part of the support staff for a VA-recognized VSO or a VA-accredited attorney or agent. The new tool guides VBA employees through each step of the onboarding process for potential VBA system users from the receipt of the initial request to the required paperwork, including the steps for fingerprinting, background investigation, obtaining a personal identity verification identification badge and both VBA Network and virtual private network access provisioning. Following the successful pilot, VBA launched the tool in August 2022 to all VBA regional offices.

After accreditation or special authorization, users requiring system access will need to complete the Training, Responsibility, Involvement and Preparation of Claims (TRIP) training. VSOs and other VA-accredited representatives should coordinate with their local Regional Office [TRIP Coordinator](#) for assistance with establishing a [TRIP Portal account](#) if they have any questions. Accredited representatives who need access to VA systems can email their requests to the regional office of the jurisdiction listed on the following website [Regional Benefit Office POCs for Accredited Representatives \(VSOs, Attorneys and Claims Agents\) - Compensation \(va.gov\)](#).

Additional videos and resources on Veterans Benefits Management System (VBMS) are available for VSOs to review on the webpages [VSO Corner - VBMS \(va.gov\)](#) and [Frequently Asked Questions - SEP \(va.gov\)](#).

Recommendation 3A: Behavioral Health/Suicide Prevention

The TAC recommends that VA provide information on its efforts to collect data on 1) Veteran suicides that occur on tribal lands which can be included in the VA/IHS MOU operational plan; and 2) American Indian and Alaska Native Veteran suicides that occur in urban areas. Data concerning urban city of Native Veteran suicides needs greater specificity. VA data indicates that the suicide rate in rural versus urban areas was 14.6% lower for American Indian or Alaska Native Veterans, but how VA defines these areas is unclear. VA should begin collecting data by October 2023, publish its first report by October 2024, then annually publish the results at the beginning of each fiscal year thereafter in October of each calendar year.

VA Response: Concur in Principle.

VA supports the goals of this recommendation and requests the opportunity to discuss and coordinate regarding avenues for enhancing available data sources to broaden accurate and reliable reporting on suicides among American Indian and Alaska Native Veterans. VA annual reporting on Veteran suicide by race includes information specific to American Indian/Alaska Native Veterans. The most recent information is available from the 2022 National Veteran Suicide Prevention Annual Report. Ongoing work to enhance VA suicide reporting includes reviews regarding available data sources, including for American Indian and Alaska Native Veterans. This allows for enhancements to the annual report, while ensuring that data meet reporting standards for data quality.

At present, VA is not aware of resources needed to identify whether Veteran suicide deaths occur on tribal lands. Veteran suicide deaths are identified from joint VA/Department of Defense searches of the Centers for Disease Control and Prevention's National Death Index (NDI). The NDI compiles death certificate data from the Vital Statistics offices of each state. However, the NDI does not provide more specific information regarding the location of deaths than the state of death. In case it is helpful, please note that internal VA analyses suggest that among American Indian/Alaska Native Veterans who had VHA care in the year of death or the prior year, rolling 5-year suicide rates were elevated for individuals residing in rural areas, as compared to those in urban areas from 2005 through 2017, and they were higher for those in urban areas in 2018-2020.

VA OTGR and VHA OTH will provide a plan of action by the end of the second quarter of FY 2024.

Recommendation 3B: Cultural Healers/Natural Helpers

The TAC recommends that:

1. VA, incorporating input gathered in tribal consultation and urban confer, amend VA policy and relevant Veterans Health Administration (VHA) Directives to champion and/or allow the use of traditional healing as a legitimate and evidence-based practice that promotes the wellbeing of American Indian, Alaska Native and Native Hawaiian Veterans. VA should complete this recommendation by October 2024; and
2. VA incorporate traditional healing for American Indian, Alaska Native, and Native Hawaiian Veterans as part of its Whole Health expansion and work with the TAC to develop a timeline identifying the steps and process necessary to include spiritual healers, cultural healers, and natural helpers in reimbursement agreements that support the goals of Memorandum of Understanding between VHA and Indian Health Service (VHA-IHS MOU). VA should complete this recommendation by January 2024; and
3. VA should create objectives in the operations plans of each region to increase Whole Health offerings by 3% each year with at least .5 % increase in American Indian, Alaska Native and Native Hawaiian communities. VA should provide quarterly updates with information on progress made or a justification on why the goal was not reached. VA should gather information on the number of American Indians, Alaska Natives and Native Hawaiians that currently receive Whole Health services, including their tribal affiliation. VA would create a trending chart when tracking its response to the VA High Risk List Action Plan Update—Managing Risks and Improving VA Health Care report to the U.S. Government Accountability Office (GAO). VA should complete this part of the recommendation by March of 2024; and
4. VHA should work with the TAC to design a program that would bring American Indian, Alaska Native and Native Hawaiian spiritual leaders equal to the VA Chaplain program by January 2025.

VA Response: Concur in Principle.

VHA looks forward to supporting evidence-based traditional healing in alignment with VHA's Whole Health System of Care. VHA has suggested changes to language in this recommendation.

In the second bullet, above, recommended removing the phrase “established under” to “supports the goals of,” as the Reimbursement Agreements are not under the VA-IHS MOU.

In the third bullet, above, recommend replacing “program” with services here to accurately reflect how the Whole Health approach is often incorporated into other visits (e.g., Primary Care, Mental Health) in addition to sometimes being a “standalone” (program) encounter.

Recommendation 3B – 1 & 2: VHA should champion and/or allow the use of traditional healing as a legitimate and evidence-based practice that promotes the wellbeing of American Indian, Alaska Native and Native Hawaiian Veterans. VA should complete this recommendation by October 2024 and

[VHA should] work with the TAC to develop a timeline identifying the steps and process necessary to include spiritual healers, cultural healers and natural helpers in reimbursement agreements established under the Memorandum of Understanding between VHA and Indian Health Service (VHA-IHS MOU).

VA Response: Concur.

Traditional healing practices are unique and tailored to individual tribe practices and rituals. VA is a leader at the National level in purchasing Native healing services. VHA currently has a program to pay for spiritual/traditional healing for Natives and other religious groups, which is operated by Chaplain Services. Chaplains work directly with their unique local community and execute contracts to provide needed culturally sensitive services tailored to the needs.

Reimbursement for traditional healing is not something Medicare covers, has rates for or is calculated as part of the IHS All Inclusive Rate, which proved to be a barrier when this was considered for the Community Care Network.

VA could agree to adopt spiritual/traditional healing at rates developed by the Centers for Medicare and Medicaid Services, if/when that occurs, to pay or reimburse for these services.

Chaplain Service remains available to partner with tribes and expand the number of contracts for spiritual/traditional healing. VHA would value TAC’s assistance and participation in educating tribes and practitioners of these local opportunities.

Recommendation 3B – 4: VHA should work with the TAC to design a program that would bring American Indian, Alaska Native and Native Hawaiian spiritual leaders equal to the VA Chaplain program by January 2025.

Many pathways are currently available for Native Practitioners to meet the qualification standards for VA chaplains. The National Chaplain Service looks forward to collaborating with Native Practitioners to provide them with information on the available pathways and assist them in connecting with possible resources to help them attain their goal of becoming a VA chaplain.

Chaplain Service can partner to assist with identifying and educating Native Practitioners concerning the pathway to VA Chaplaincy while continuing to provide contractual pathway for spiritual care.

Recommendation 3C: Homelessness as a Health Disparity

The TAC recommends that VHA Homeless Programs Office amend its Strategic Plan to target a 5% increase in Stand Downs located on tribal lands, rural communities, Native Hawaiian communities and in urban areas with a high population of American Indians and Alaska Natives. VA should create objectives in the operations plans of each region to ensure the target increase percentage in Stand Downs can be met. VA should provide quarterly updates with information on progress made or a justification on why the goal was not reached. VA should gather information on the number of American Indians, Alaska Natives and Native Hawaiians that attend each event, including their tribal affiliation. VA should complete this recommendation by October 2025.

VA Response: Concur in Principle.

The VHA Homeless Program Office Strategic Plan addresses this in Objective 6.5, which states “Coordinate with the Bureau of Indian Affairs (BIA), United States Interagency Council on Homelessness, HUD and the White House Council on Native American Affairs to identify how current programs that address Native Veteran homelessness could be strengthened, and whether new programs or deliverables are needed.”

In addition, staff will ensure that messaging is provided to BIA when an event is planned, apply for VA specific purpose funding for local Stand down events and work collaboratively with local providers to gather information on the number of American Indians, Alaska Natives and Native Hawaiians that attend each event, including their tribal affiliation.

Stand downs are a collaborative effort depending upon partnership among Federal and state organizations, Tribal entities and non-profit organizations, among others. VA is committed to increasing the number of stand downs in targeted areas with high populations of American Indians and Alaska Natives. Starting in FY 2023, VA will begin sharing stand down data with the TAC.

VHA HUD-VA Supportive Housing agrees with the replacement of BIA with “IHS, Urban Indian Organizations and Tribal Health Programs.”

VHA Homeless Program Office (HPO) will encourage UIOs, IHS, and where appropriate, tribes to participate in existing stand down development and implementation. VHA HPO will collaborate with and support UIOs, IHS and tribes interested in developing stand downs. VHA HPO has developed and will provide an

educational and outreach tool (VHA stand down presentation) to assist UIOs and IHS in developing tribal specific stand downs.

VHA HPO would recommend that Tribes who are interested in tribal specific stand downs request the assistance of VA OTGR.

Recommendation 3D: Joint Advisory Committee Meetings

The TAC recommends that VA facilitate regular joint meetings and recommendations between its Advisory Committee on Tribal and Indian Affairs and Advisory Committee on Homeless Veterans, as well as its Advisory Committee on Women Veterans, to increase understanding, opportunities for collaborative efforts and the development of effective strategies that strengthen common goals and objectives. VA should begin facilitating these joint meetings by October 2023.

VA Response: Concur in Principle.

The Department recognizes the value of Federal advisory committees and supports them by providing dedicated resources, access to information, subject matter experts and facilitating their interaction with stakeholders. However, the Federal Advisory Committee Act (FACA) Final Rule does not authorize the Department to facilitate joint Federal advisory committee meetings and/or recommendations with the desired impact the Committee recommends.

Joint meetings/recommendations between the Advisory Committee on Tribal and Indian Affairs, the Advisory Committee on Homeless Veterans and the Advisory Committee on Women Veterans with the scope the Committee recommends would violate FACA as the assembled advisory groups would themselves be considered an unauthorized advisory committee (for example, acting without a Designated Federal official (DFO), charter, balance plan, appointed members, Federal Register notice of meeting, public participation or an explicit Federal Government authority). Additionally, the FACA Final Rule prohibits the Department from mandating its Federal advisory committee members to participate in an activity of this level because it may impact the participants' independent judgement as advisory committee members on the information and issues their respective committees find germane to the recommendations and/or advice they provide the Agency head. Each Committee must work within the confines of their authorizing statute (for statutory committees) and charter (discretionary committees) and there is potential that joint meetings with other Committees would cause one or all of the Committees to work outside of the scope of their legal authority.

VA strongly advocates (for example through annual FACA 101 briefings to Committees, facilitating Committee Chairs testifying and/or visiting other committees and DFOs annual training and office visits with the Advisory Committee Management Office – (ACMO)) its Federal advisory committees engage in cross committee collaboration at the subcommittee level. These FACA permissive activities ensure the Department's

committees operate in accordance with multiple laws, have the best opportunity to incorporate cross committee collaboration in their business practices and data gathering activities and ultimately incorporate what they learn in their reports to the Agency head.

Recommendation 3E: Advance Appropriations for IHS

The TAC recommends that VA support the Administration by:

- 1. Writing to the to the House and Senate Budget, Appropriations and authorizing committees, affirming that advance appropriations for the VHA have reduced budget uncertainty effects of continuing resolutions and government shutdowns, as reported by the GAO.**
- 2. Affirming to OMB and the White House that advance appropriations have helped the Veterans Health Administration.**
- 3. Providing budget formulation and execution technical support upon request to the IHS.**

VA Response: Concur.

VA OTGR and VHA OTH understand that Congress authorized advanced appropriations for IHS.

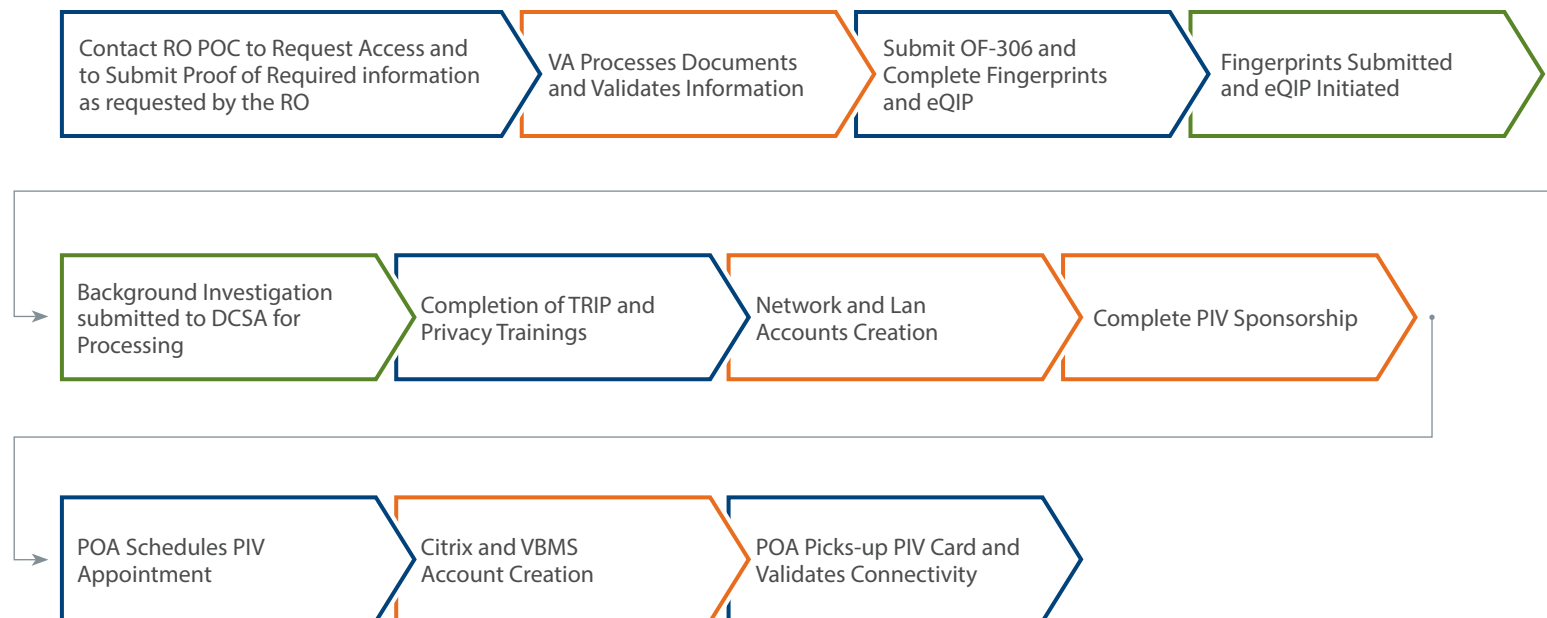
Office of Business Integration (OBI)

Process for Power of Attorney (POA) Access Requests

This information provides guidance for requesting access to VBA systems, training, background investigations, and PIV card issuance.

To Initiate VBA Systems Access:

1. Contact Regional Office (RO) **point of contact** (POC) to request access and submit any required information as requested by the RO to include **VA Form 20-0344**
2. The requesting POA will be contacted by the VBA Suitability/ Personnel Security Office with guidance on the completion of the OF-306 and Background Investigation requirements
3. Complete and submit VA Form 20-0344 and Trainings:
 - **VA 10176 – VA Privacy and Information Security Awareness and Rules of Behavior**
 - **Training, Responsibility, Involvement, and Preparation of Claims (TRIP training)**
4. VBA network account establishment
5. Initiate PIV process
6. VBA application access
7. Remote Network Access (Citrix Access Gateway) request submission
8. Access confirmation



● POA Access Request Actions ● VBA POC Actions ● VBA Personnel Security Actions

**Estimated time for completion: 90 days*