

VA



U.S. Department of Veterans Affairs
Office of Tribal Government Relations



2014 Tribal Consultation Report



Office of
Tribal Government
Relations





2014

Tribal Consultation Report

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Executive Summary

The Department of Veterans Affairs (VA) Office of Tribal Government Relations (OTGR) holds the responsibility of implementing VA's Tribal Consultation Policy and ensuring that VA maintains a government-to-government relationship with tribal governments across the country. OTGR also works with tribal nations to increase access to VA benefits by American Indian and Alaska Native (AI/AN) Veterans.

VA commits to consult meaningfully and regularly with tribal governments to gain tribal input on VA policies, programs, and services, and to discuss proposed VA actions that may impact AI/AN tribes, tribal lands and resources, or tribal interests.

In 2014, VA conducted two tribal consultation events pursuant to VA's Tribal Consultation Policy—one national event focusing on the implementation of the memorandum of understanding (MOU) between VA and the Indian Health Service (IHS), and one local consultation soliciting input on VA's proposed reconfiguration of services in the VA Black Hills Health Care System.

Consultation on VA-IHS MOU

VA notified all federally recognized tribes of the national consultation event in Albuquerque, NM, offering the opportunity to provide testimony and feedback on the VA-IHS MOU, which has been in effect since 2010. Tribes reported on the MOU's implementation, its effects in various communities, levels of awareness and understanding of the MOU, and remaining unmet needs for AI/AN Veterans. Tribes also offered recommendations on the national Reimbursement Agreement between VA and IHS and local reimbursement agreements that have been implemented between some VA medical centers and tribal health programs.

Consultation on VA Black Hills Health Care System Proposed Reconfiguration

In a local consultation in Pine Ridge, SD, tribes offered testimony and recommendations on VA's proposed reconfiguration of facilities and services within the VA Black Hills Health Care System, serving South Dakota and parts of North Dakota, Nebraska, and Wyoming. Input from this tribal consultation, along with information from environmental and historic preservation evaluations, will inform VA's decision on future services and facilities development within the VA Black Hills Health Care System.

Background Information

VA recognizes the sovereignty of AI/AN tribal nations and maintains an effective government-to-government relationship with federally recognized tribal governments. As part of that relationship, VA strives for collaboration, communication, and cooperation with tribes. Within a broad landscape of regular, informal, and ongoing communication between VA and tribes, government-to-government consultation holds a special place as a focused and formal process. In consultation, tribes and VA come together to share information and views openly and honestly and work toward reaching consensus in decision-making on specific policy matters at hand. Consultation also recognizes and records dissenting opinions when consensus cannot be reached.

VA policy and executive guidance define tribal consultation. OTGR facilitates and coordinates implementation of tribal consultation along with the designated VA program office.

In the **2011 Tribal Consultation Policy**, VA acknowledges that consultation must take place prior to any specific actions that may significantly affect tribal resources, rights, or lands. In addition, because VA programs and activities may affect AI/AN tribes and individuals, VA recognizes the need to communicate with tribes about specific policies, programs, and services on an ongoing basis through formal consultation sessions, as well as other means.

Established in 2011 under VA's Office of Public and Intergovernmental Affairs, **OTGR** implements VA's Tribal Consultation Policy and oversees the tribal consultation process. Along with conducting all formal consultation activities, OTGR also works to facilitate increased engagement between tribes and VA, working to build trust, share information and best practices, and continue to improve VA services to AI/AN Veterans by ensuring cultural sensitivity and addressing access issues. (See Appendix 1. About VA's Office of Tribal Government Relations for more information on OTGR and its activities.)

VA conducted formal tribal consultation sessions in September and November 2014.¹

- A national consultation session on the memorandum of **understanding (MOU) signed in 2010 between VA and IHS** took place in September 2014.
- A local consultation session on **the proposed reconfiguration of the VA Black Hills Health Care System** took place in November 2014.

¹ VA conducted an additional formal tribal consultation beginning on December 30, 2014. VA will discuss this subsequent consultation in a separate report.

Consultation on VA-IHS MOU

VA identified the VA-IHS MOU as the main topic for its national consultation efforts in 2014. VA and IHS signed the MOU in 2010, with the goal of increasing coordination, collaboration, and resource sharing between the two agencies to increase access to health care benefits and improve the quality of care for AI/AN Veterans.

Understanding the MOU: Collaboration Activities Within a Broad Cooperative Framework

The VA-IHS MOU is an agreement with the goal of establishing many levels of coordination and cooperation between VA and IHS. The MOU creates the opportunity for a broad range of collaborative activities, and it works to facilitate coordination between VA and IHS without imposing any limit on the projects or initiatives that could be undertaken within the MOU framework.

Many examples of VA-IHS collaboration under the MOU are available, and it is important to remember that each specific collaborative effort is only one part of the larger MOU, as illustrated in Figure 1.

Figure 1: Collaboration Opportunities Between VA, IHS, and Tribal Health Programs



The broad goals of the MOU include:

- Increasing access and improving quality of care to AI/AN Veterans;
- Encouraging patient-centered collaboration and communication;
- Improving health promotion and disease prevention, with a focus on community-based wellness;
- In consultation with tribes at regional and local levels, establishing effective collaborative activities and other contractual arrangements;
- Ensuring appropriate resources are available for services for AI/AN Veterans.

To achieve these goals, the MOU recognizes the necessary combination of coordinated efforts at a national level, between VA and IHS as federal agencies, as well as local implementation efforts within communities and among health facilities operated by VA, IHS, and tribes.

Currently, there are **many different areas of collaboration under the VA-IHS MOU** at national, regional, and local levels. For example, since the MOU was established, VA has worked with IHS to accomplish the following objectives:

- VA has processed 1,268,232 prescriptions for AI/AN Veterans served by IHS clinics;
- VA and IHS suicide prevention coordinators have contacted 11,500 Veterans through outreach activities;
- VA has reimbursed \$16.7 million for patient care delivered to eligible AI/AN Veterans through IHS and tribal health programs;
- VA and IHS created and distributed a video promoting outreach to tribes to 147 VA medical centers (VAMCs);
- VA and IHS created a cultural sensitivity workshop that has been delivered at 186 shared trainings;
- OTGR held regional training summits to connect AI/AN Veterans and tribal leaders to VA resources;

Local and National Reimbursement Agreements

- 68 signed reimbursement agreements
- 70 more reimbursement agreements in process
- \$16.7 million reimbursed to IHS and tribal health programs since the beginning of the reimbursement agreements
- 4,500 AI/AN Veterans served

- VA, IHS, and tribal health programs piloted joint telehealth clinics at seven locations; and
- VA trained more than 800 Tribal Veterans Representatives to connect Veterans in their communities to benefits and services.

Reimbursement Agreements: One Part of VA-IHS Collaboration

To increase the availability of health care services to eligible Veterans, VA has developed reimbursement agreements with tribal health programs, where VA reimburses tribal health care facilities for direct care services provided to eligible AI/AN Veterans. **Reimbursement agreements are one area of collaboration under the VA-IHS MOU** (see Figure 1) and they have been implemented at national and local levels.

In 2012, VA and IHS signed the “Agreement Between Department of Veterans Affairs Veterans Health Administration and Department of Health and Human Services Indian Health Service for Reimbursement for Direct Health Care Services” (hereafter, the national Reimbursement Agreement), which authorized VA reimbursement of direct care services provided by IHS facilities across the country. In addition to the national Reimbursement Agreement, VA created a Direct Care Services Reimbursement Agreement template (hereafter, the reimbursement agreement template) that offers tribes the opportunity to enter into reimbursement agreements with their local VAMC. The number of local reimbursement agreements across the Nation continues to grow.

Reimbursement agreements are a significant area of cooperation under the VA-IHS MOU, and authorizing the creation of a mechanism for reimbursements between VA and IHS and VA and tribal health facilities was an important goal of the MOU. But because of the interest and visibility that have focused on them, reimbursement agreements can overshadow other areas of collaboration in local and national dialogue. VA recognizes that there has been confusion about the scope of the VA-IHS MOU and the role of reimbursement agreements within it, and has been working on an ongoing basis to clarify these issues with the people and organizations who are touched by reimbursement agreements specifically, and by the VA-IHS MOU more broadly. It is important for Veterans, health facilities, tribal leaders, and readers of this report to recognize that reimbursement agreements are only one element of the many cooperative activities authorized by the VA-IHS MOU.

Albuquerque Consultation Event

VA’s national tribal consultation session took place on Monday, September 8, 2014, scheduled from 1 to 2:30 p.m. VA held the consultation in conjunction with the National Indian Health Board’s (NIHB’s) Annual Consumer Conference, which took place from

September 8 through 11, 2014, in Albuquerque, NM. The VA session was planned to last for 1.5 hours. However, participants requested more time, and the session continued formally for one extra hour, ending at 3:30 p.m. Approximately 180 people, including tribal leaders, Veterans and Veterans' representatives, and others, attended the consultation session. VA provided consultation materials to participants in advance of the meeting by mail and in person at the event. (See Appendix 2. VA-IHS MOU: Supporting Materials.)

The following VA representatives from OTGR and the Office of Public and Intergovernmental Affairs hosted the consultation session.

- **David Montoya, Deputy Assistant Secretary (DAS) of Intergovernmental Affairs.** Mr. Montoya represents the VA Secretary in VA's relationships with tribal governmental entities. Mr. Montoya assisted in facilitating the consultation session.
- **Stephanie Birdwell, Director of OTGR.** Ms. Birdwell leads VA in the implementation of the agency's Tribal Consultation Policy. Ms. Birdwell served as the primary facilitator for the consultation session.
- **Terry Bentley, OTGR Specialist for the Western Region, and LoRae Homana Pawiki, OTGR Specialist for the Southwest Region.**² Ms. Bentley and Ms. Pawiki listened for tribal concerns needing attention by OTGR at the regional level.

In addition to OTGR representatives, the following VA staff attended the consultation to represent VA administrations and offices most closely involved in implementation of the VA-IHS MOU.

- **Gina Capra, Director of Rural Health for the Veterans Health Administration.** VA's Office of Rural Health (ORH) serves as the lead coordinator for implementation of the VA-IHS MOU. ORH works to establish new access points to care and increase health care options for all rural Veterans.
- **Lori Amos, Chief Operating Officer of Chief Business Office Purchased Care.** VA's Chief Business Office (CBO) oversees reimbursement agreements.

The following IHS representative also joined the consultation.

- **Dr. Leonard Thomas, Chief Medical Officer of Albuquerque Area IHS.** Dr. Thomas, represented the IHS Albuquerque Area Office and brought expertise on VA-IHS MOU implementation based on his involvement in the MOU workgroup on coordination of care.

² Please see Appendix 1 for information on OTGR regions.

Questions for Consultation

VA requested advice and feedback on the following consultation questions pertaining to aspects of the VA-IHS MOU and its implementation. VA disseminated these questions by mail in advance of the consultation and provided printed copies to participants at the event. (See Appendix 2.)

1. What do you know about the 2010 VA-IHS MOU?
2. How did your community learn about the 2010 VA-IHS MOU?
3. What is the status of access to health care for Native Veterans in your community since the VA-IHS MOU was signed in 2010?
 - a. Has it improved?
 - b. Has it gotten worse?
 - c. No change?
 - d. Can you provide examples?
4. Specifically, is health care for Native Veterans in your community more accessible? Which aspects of the VA-IHS MOU are most critical to improving Native American access to health care?
5. Specifically, is there more coordination between your local health care facility and VA for the Veterans in your community?
6. Are there other aspects to quality of life in your community that have been impacted by the VA-IHS MOU?
7. How are the Reimbursement Agreements (under which VA reimburses IHS or a tribal health program for medical care provided to eligible Native Veterans in those facilities) helping Veterans in Indian Country?
8. What can VA and IHS do to better educate the community on the VA-IHS MOU?

VA received spoken and written testimony at the consultation event. In addition, the consultation record remained open until October 8, 2014, and tribal leaders submitted further written testimony after the event.

The upcoming sections are organized into three main topics:

- **Communications, Outreach, and Awareness**, covering consultation questions 1, 2, and 8;

- **Access to Care**, covering consultation questions 3, 4, 5, and 6; and
- **Reimbursement Agreements**, covering consultation question 7.

Under each topic, the report presents a summary of the consultation comments received as well as VA responses, which provide information regarding VA's efforts and accomplishments in each area.

Communications, Outreach, and Awareness

VA has conducted communications and outreach activities to promote awareness of the VA-IHS MOU and the many areas of collaboration it supports since the MOU was signed in 2010. To monitor the effectiveness and reach of these activities, and to determine what additional efforts might be needed, VA asked the following consultation questions.

Question 1: What do you know about the 2010 Veterans Affairs/Indian Health Service Memorandum of Understanding (MOU)?

Question 2: How did your community learn about the 2010 VA-IHS MOU?

Question 8: What can VA and IHS do to better educate the community on the VA-IHS MOU?

Comments received from consultation participants on this topic reported varying levels of individual and community awareness of the VA-IHS MOU. They also provided suggestions about how best to increase awareness of the MOU.

Current Awareness of the VA-IHS MOU

Some people reported awareness of the VA-IHS MOU at individual and community levels.

- Some tribes learned about the VA-IHS MOU through events conducted by local VAMCs and went on to share information about the MOU with their tribal Veterans.
- Tribes are still seeking more information about the VA-IHS MOU implementation process, as well as about the Veterans Choice Act and how it will become part of the MOU.

Tribal representatives reported insufficient awareness and knowledge of the VA-IHS MOU among communities, individuals, and VA and IHS health care providers.

RECURRING THEMES: Tribal Comments on Communications, Outreach, and Awareness

- In general, tribes desire more information about implementation of the VA-IHS MOU and how the Veterans Access, Choice, and Accountability Act of 2014 (Veterans Choice Act) will be incorporated.
- Tribes expressed concern that VA and IHS workers—people who work directly with Veterans at health care facilities—need to become better educated about the VA-IHS MOU.
- Tribes suggested that VA outreach through community forums, regional meetings, newsletters, and other means could help increase awareness of the VA-IHS MOU and its implementation.
- Participants commented that they had not learned about the VA-IHS MOU at all and would like to receive more information about it. Consultation participants asked if a VA staff person would be designated as responsible for communicating information to tribes on this subject.
- Tribal leaders expressed their perception that, while the administrators at top levels of VA and IHS may know about the VA-IHS MOU, patient registration and eligibility workers must become more informed about it, too.
- Consultation participants reported that elected tribal leaders may not understand that IHS or tribal programs that have reimbursement agreements can bill at the all-inclusive rate for eligible Veterans. Participants also felt that Veterans might like to know about the reimbursements generated by their visits to health care providers and which carrier or entity is being billed as the primary payer for their health care.
- With the Veterans Choice Act, tribes questioned whether VA will make it a priority that all providers and administrators understand the VA-IHS MOU. The Veterans Choice Act allows eligible Veterans to receive care from non-VA providers.

Increasing Awareness about the VA-IHS MOU

Consultation participants provided the following suggestions for how VA could provide increased information about the VA-IHS MOU to communities, health care providers, tribal health organizations, and Veterans:

- Community forums with panel members from IHS, Veterans Health Administration, and Congressional members knowledgeable of the VA-IHS MOU and the Veterans Choice Act;
- VA reports concerning the VA-IHS MOU at regional meetings, such as the Northwest Portland Indian Health Board Tribal Health Directors' Meeting;
- Communications materials translated into Native languages primarily spoken by AI/AN Veterans;
- Newsletter or other regular communications to Veterans from IHS service units and local VAMCs;
- Marketing and education efforts directed toward AI/AN Veterans and tribes, such as fact sheets, postcards, conference calls, enrollment events, and direct patient interaction;
- Appointment of a spokesperson to present regular progress reports or updates on the VA-IHS MOU implementation process.

VA Responses: Communications, Outreach, and Awareness

OTGR engages in ongoing outreach to increase awareness among tribal communities and AI/AN Veterans about all aspects of the VA-IHS MOU. Along with general outreach efforts about the MOU, OTGR also participates with ORH to share information about health care access under the MOU, and with CBO to help publicize reimbursement agreement opportunities under the MOU.

To increase awareness about the VA-IHS MOU, OTGR sponsored six regional Tribal Veteran Training Summits in Indian Country in 2014. At the training summits, representatives from VA, IHS, and tribal health programs provided information on the MOU, as well as specifically addressing the reimbursement agreement program, which is one of the many tools available through the MOU to promote increased access to care for AI/AN Veterans. These summits connected Veterans and their families to housing, cemetery and burial services, health care, and to information about VA benefits.

Outside of special training events, OTGR regional staff and VA representatives visit tribal communities and Veterans groups to promote the MOU and answer questions from Veterans and their families. In 2014, OTGR and ORH staff traveled to several tribal

communities in New Mexico and Arizona to learn about issues affecting Veterans, and to build relationships with the tribal health centers there that serve Veterans. Each OTGR regional specialist builds strong relationships with communities in their jurisdiction, and promotes VA services through outreach and education on an ongoing basis. (See Appendix 1. About VA's Office of Tribal Government Relations for tribes in each OTGR region.)

To maintain and promote awareness about MOU-related activities led by local VA facilities, ORH collects information on all tribal- or AI/AN-focused activities. Veterans Integrated Service Networks (VISNs) inventory their outreach and collaboration efforts with tribal communities and IHS through quarterly reporting. These quarterly reporting requirements encourage and validate the VISNs' activities that benefit AI/AN Veterans.

As a result of its administration of reimbursement agreements consistent with the goals of the VA-IHS MOU, CBO conducts outreach and awareness activities directed toward local reimbursement agreements. Since the signature of the VA-IHS national Reimbursement Agreement on December 5, 2012, CBO has been actively seeking to facilitate local agreements based on the Direct Care Services Reimbursement Agreement national template between interested tribal health care facilities and their local VAMC for reimbursement of direct care services provided to eligible AI/AN Veterans. To increase awareness and encourage interest in this opportunity, CBO has coordinated with OTGR to

VA Accomplishments in Outreach, Communications, and Awareness

- 18,000+ AI/AN Veterans and family members impacted by VA and IHS tribal contacts, outreach events, and trainings in FY 2014 (*Native Inventory Reports*)
- 11,500 contacts made through suicide prevention outreach activities (*WG Reports*)
- 726 trainees attended educational presentations from the Posttraumatic Stress Disorder workgroup (*WG Reports*)
- 186 shared trainings between VA and IHS in FY 2014 (*WG Reports*)
- 147 VAMCs received videos that promote outreach to tribes (*WG Reports*)
- 800+ TVRs trained since 2000 (*ORH historical info*)
- Six tribal summits conducted by OTGR in FY 2014 (*OTGR*)
- Reimbursement agreement trainings for tribal health programs (*CBO*)

present information concerning reimbursement agreements at multiple outreach and tribal events over the past 2 years. In addition, CBO has designated an email address (tribal.agreements@va.gov) from which CBO has responded to hundreds of questions sent by interested tribes and tribal providers. CBO has coordinated over 120 Provider Orientations for interested tribes. Further, CBO has published fact sheets and distributed these fact sheets with OTGR collaboration. The Veterans Health Administration recently released a letter to tribal leaders to help them become more aware of current progress and how to start the process of implementing a local reimbursement agreement.

CBO's outreach and marketing efforts have led to the successful negotiation and signature of 68 reimbursement agreements with tribally operated health sites throughout the continental United States and Alaska. Currently, CBO is working with IHS, OTGR, and ORH to further expand outreach efforts. CBO is in final stages of publishing a Providers' Guide that will assist providers and tribal health facilities in learning all aspects of the reimbursement agreements, including how to submit claims and get reimbursed. CBO is also adding information on reimbursement agreements to both the CBO and OTGR websites. Finally, CBO will continue to provide training and orientations to all interested tribes. At present, CBO offers a recurring eligibility and enrollment training on a monthly basis and provides multiple Provider Orientations to interested tribes that contact CBO through the organizational email (tribal.agreements@va.gov).

Access to Health Care

Under the VA-IHS MOU, improving the health status of AI/AN Veterans through increased VA-IHS coordination is a primary goal. To learn from tribes about the status of health care access for AI/AN Veterans and other factors, such as local coordination, that can influence health care access, VA asked the following consultation questions.

Question 3: What is the status of access to health care for Native Veterans in your community since the VA-IHS MOU was signed in 2010?

- a. Has it improved?
- b. Has it gotten worse?
- c. No change?
- d. Can you provide examples?

Question 4: Specifically, is health care for Native Veterans in your community more accessible? Which aspects of the VA-IHS MOU are most critical to improving Native American access to health care?

Question 5: Specifically, is there more coordination between your local health care facility and the VA for the Veterans in your community?

RECURRING THEMES: Tribal Comments on Access to Care

- Tribes uniformly wish to continue increasing coordination between VA and IHS or tribal health facilities, but may be uncertain about how to initiate or improve the process.
- Tribes prioritize referrals and eligibility determinations as important access issues to address, but because of substantial differences in VA and IHS requirements, more training and information is needed to support these processes.
- Tribes expressed concern over several hindrances in access to care for AI/AN Veterans, including: provider and specialist shortages in IHS and tribal health programs, transportation issues, difficulties in sharing health records, and racism and a lack of culturally sensitive care in some VA settings.

Question 6: Are there other aspects to quality of life in your community that have been impacted by the VA/IHS MOU?

Access Issues

Some tribal leaders and representatives reported increased access to care consistent with the goals of the VA-IHS MOU, while others reported no change or continuing challenges in access to care. Participants also described specific access difficulties, which include doctor shortages, lack of cultural sensitivity in care, and transportation challenges. Finally, they offered recommendations to address access issues, including improving outreach and having benefits coordinators assist Veterans.

Increased Access to Care

Some people reported a heightened access to care, and ascribed the increase in care to reimbursement agreements. However, tribal leaders identified some continuing issues.

- Some tribal leaders and representatives reported that access to care for AI/AN Veterans has increased.
- Some tribes said they have difficulty measuring access to care, but reported that improved coordination with local VAMCs has helped facilitate better outcomes for patients.

- Consultation participants agreed that AI/AN Veterans should be encouraged to sign up for and use the services they are eligible for, but that some Veterans may choose to bypass needed services because they do not wish to share demographic or billing information.
- Some tribes reported that, because of the VA-IHS MOU, they have increased their awareness of the AI/AN Veterans in their care systems, so they can more closely case manage care for these Veterans.

No Change in Access to Care

Some reported no measurable changes in Veterans' access to care.

- Some tribal leaders reported that they see no significant changes in access. They explained that Veterans who had previously received care at VA facilities continue to do, while Veterans who have not applied for health care benefits through VA continue to seek care at IHS.
- Tribal leaders and representatives noted that IHS or tribal program intake staff do not always ask whether a patient is a Veteran.
- Tribal leaders felt that high turnover among IHS providers can complicate the continuity of care, and that ensuring that IHS staff have sufficient education about current policy changes may be a challenge.

Challenges in Access to Care

Many people reported that, under the VA-IHS MOU, challenges in access to care still persist. In certain cases, tribal leaders reported that the MOU seemed to cause additional difficulties.

- AI/AN Veterans and tribal leaders reported difficulties in access to health care, including dental and behavioral health care, through IHS and VA, despite Veterans' eligibility for services.
- Some AI/AN Veterans said they felt frustrated at being "bounced" between VA and IHS facilities. They reported that they might be referred to VA by IHS and then get referred back to IHS by VA without receiving care in either facility.
- Some tribes said that they support the VA-IHS MOU, but do not feel that local IHS units prioritize VA-IHS MOU goals. They believe that a lack of local IHS support may be why reimbursements from VA remain lower than anticipated.

- Tribal leaders and Veterans advocates recommended that strategic community-based health systems planning take place under the VA-IHS MOU. Such planning would include an immediate internal and external environmental scan of what is and is not available in VA and IHS health care delivery systems, as well as in tribal, public, and private sectors, especially in rural and frontier areas. This information could shed light on the service-mix limitations of Federal (IHS and VA) health care delivery systems, as well as when and how to use contracted health care providers. It could also identify needs related to dental and behavioral health services. Strategic community-based planning should take place with representation from the tribes and intertribal health care advocates.

*A 100% disabled Veteran who had gone to VA since 1983 started going to his IHS clinic when the VA-IHS MOU started. When he needed services that IHS would not cover, he returned to VA. They said he needed to reapply since he had not been there in a year. **He told them he had been going to IHS because of the VA-IHS MOU, and VA staff said, “What’s that?”** Eventually, they got him re-signed up, but told him he had to come back once a year for reevaluation. The Veteran said, **“Seems like somebody in the business office still doesn’t understand the MOU.”** The VA facility in this account is one of three VA hospitals in the United States named after American Indian Veterans.*

—oral testimony received at the Albuquerque, NM, tribal consultation

Shortages of Doctors and Specialists

Consultation participants said that doctor shortages, in both primary and specialty care, caused challenges in access to health care within IHS. These shortages can increase the likelihood that an AI/AN Veteran will be referred to VA to access specialty care.

- Tribal leaders explained that IHS faces a great shortage of doctors. One tribe reported having 5.5 doctors to serve over 9,800 tribal members, plus eligible descendants.
- One tribal leader recommended that VA improve the VA-IHS MOU by doing three things: First, create an Office of Indian Affairs at headquarters level. Second, deploy VA providers to Indian Country clinics and hospitals. Third, fully fund the MOU.

- Tribal representatives shared that IHS must rely on contracted services from the private sector for specialty care because of a shortage of specialist providers. Because of specialist shortages, IHS may continue to rely on VA to access specialty care for Veteran patients.

Cultural Training and Access to Culturally Sensitive Care

Some participants raised the issue of culturally sensitive care in VA centers. Participants also asked about access to, and billing for, cultural and traditional healing practices and how the VA-IHS MOU could facilitate that access.

- Tribal leaders said that AI/AN Veterans may prefer IHS care over VA care because they find IHS facilities and services more familiar and culturally appropriate.
- Consultation participants shared that some AI/AN Veterans experienced unsatisfactory care when visiting urban VA facilities. They believed this was because VA staff need additional training on sensitivity to the cultures, needs, and practices of AI/AN Veterans.
- Tribal representatives explained that after experiencing racism or poor quality of care at VA facilities, AI/AN Veterans may not return to VA for care and may also discourage others in their communities from seeking VA care.
- AI/AN Veterans reported difficulty in accessing care for post-traumatic stress disorder (PTSD), and they believed it was because VA staff may not be aware of the ways that AI/AN Veterans experience PTSD. AI/AN Veterans reported that they have experienced, and expect, racial bias when they are evaluated for PTSD by VA doctors.
- Consultation participants shared that, particularly with referred contract medical care, AI/AN Veterans have experienced racism from providers.
- Tribal leaders expressed that traditional and cultural practices, like sweat lodges, have had excellent successes in treating PTSD and suicidal tendencies for AI/AN and non-AI/AN Veterans. They recommended that VA allow billing for these practices, and suggested that VA share these best practices with the Centers for Medicare and Medicaid Services.
- Consultation participants asked how traditional treatments such as sweat lodges are referred, when they are available, and who determines the referrals. They expressed concern over whether responsibility for the referral would lie with IHS doctors, who may be more familiar with traditional practices, or with VA doctors, who may be less familiar.

Transportation

Consultation participants reported that because rural Veterans may live great distances from health care facilities, access to adequate transportation can impact a Veteran's health care access. Questions arose concerning whether rural Veterans have the ability to shoulder the cost of long trips to medical care facilities, and whether this issue could also hinder access to care.

- Tribal leaders shared that IHS and tribal facilities may lack resources to serve Veterans on reservations, especially specialized mental health services. Many Veterans still must travel long distances to VA facilities to access health care services.
- Some tribal leaders suggested transportation services, like a bus to VA facilities, would be of assistance to rural AI/AN Veterans.

PTSD, Behavioral Health, and Substance Abuse Treatment

Consultation participants expressed concern over the lack of services available for PTSD, substance abuse treatment, and other behavioral health issues.

- Tribal leader testimony expressed that the high rates of alcohol and substance abuse, mental health disorders, suicide, violence, and behavior-related chronic diseases in AI/AN communities are well documented, and significantly affect families and communities. Tribal leaders asked how IHS, tribal programs, states, and VA can work together strategically to address behavioral health.
- Consultation participants emphasized that AI/AN Veterans need better PTSD treatment. They explained that cultural practices, like sweat lodges, have been shown to be effective forms of PTSD treatment for some Veterans. They recommended that VA research traditional practices, initiate a pilot program to test the treatment of PTSD using sweat lodges, and remain open-minded about cultural practices.
- Tribal leaders and representatives stated that Veterans with PTSD need treatments such as long-term health care, including access to appropriate medications and counseling services. Because medications for PTSD include the possibility of addiction, a consultation participant recommended that Veterans with PTSD have access to inpatient substance abuse programs as well.

- Tribal leaders explained that tribes served by IHS facilities often do not have mental health providers for Veterans with PTSD. They recommended that, if IHS and tribal programs receive VA reimbursements, those facilities should plan and develop programs, services, and staffing for Veterans' behavioral health needs. Some participants described serious concerns with current PTSD and mental health procedures. A mother of a young Veteran reported that she called a Veterans' suicide hotline for help because her son had talked about suicide, however, she received music playing over and over.
- Tribal leaders recommended that Substance Abuse and Mental Health Services Administration (SAMHSA) representatives attend VA tribal consultations to address mental health and substance abuse issues.
- Consultation participants were concerned that Veterans receive evaluation, treatment, help, and services from people who understand their experiences, especially in light of the risk of incarceration.

*A Marine Corps Veteran returned after being deployed to Iraq. **He wanted to talk with someone, but he lived on the reservation with limited access to health care.** He did not want to go to the tribal clinic and struggled to get health care at a nearby VA hospital. **Over time, his condition worsened and he wanted to commit suicide.** He tried to “commit suicide by cop,” threatening a tribal police officer and hoping to provoke a lethal response. Thank goodness he was not successful, but he was incarcerated. Behavioral health counselors, tribal police, and tribal judiciary were afraid of him and did not know how to help a Veteran with PTSD. VA, IHS, tribal, and state safety net hospitals failed him **until VA used a unique way to get him help.***

—written testimony received at the Albuquerque, NM, tribal consultation

Spirituality

Some tribal leaders expressed concern that the VA-IHS MOU does not address spirituality, a critical component of healing and health for AI/AN Veterans.

- One tribal leader explained that spirituality is foundational to who AI/AN people are, influencing their decision to serve in the military and their health needs after military service. He expressed concern that the VA-IHS MOU does not address spirituality or provide for the cost of seeing medicine men for healing.

- Another tribal representative stated that tradition and ceremony have helped Veterans quit drinking, reach sobriety, and achieve greater health.

Benefit Outreach and Coordination

Participants mentioned the need for assistance in understanding VA benefits and learning how to sign up. They suggested knowledgeable, community-based “navigators” or benefits coordinators, with a full understanding of services and requirements in both VA and IHS.

- Tribal leaders and representatives believe that Veterans in rural communities would benefit from community-based tribal health care advocates, or tribal Veteran patient navigators, to assist with outreach and education, filing for benefits and appeals, in-home follow-up services, appointment setting, transportation, and more.
- Consultation participants recommended that outreach include education about services, benefits, and eligibility for both VA and IHS, since VA and IHS regulations can differ greatly.
- Participants suggested that mobile outreach would be effective in rural areas.
- A Veterans advocate described a tribal Veteran patient navigator as a community-based specialist who speaks the community’s AI/AN language and can speak with senior Korean War, Vietnam, and World War II Veterans in their own languages.
- A tribal representative recommended that VA develop and implement a state or Federal Veterans’ center that reaches out to rural communities to assist AI/AN Veterans by providing counseling, outreach, education, medical referrals, homeless services, employment, and VA benefit referrals.

A Vietnam Veteran on the reservation struggled each day to live with little or no income. Years ago, he had been denied VA benefits and never challenged VA for eligibility. He sought health care only when he was seriously ill. He had no health insurance for his family or grandchildren. No one helped him and his family until a volunteer Tribal Veterans Service Officer visited him at his home one day.

—written testimony received at the Albuquerque, NM, tribal consultation

Sharing Agreements

Participants asked how VA and IHS will take concrete action on implementing the “sharing agreements” described in the VA-IHS MOU and the Affordable Care Act.

- Consultation participants cited the Affordable Care Act, which mentions resource sharing, and stated that sharing medical facilities would enable tribal medical staff to overcome facility limitations in IHS and tribal programs. Participants expressed concern that there has been little discussion of how to negotiate the “contracts and sharing agreements” identified in the VA-IHS MOU. In particular, they mentioned that the August 1, 2014, Notice of Consultation did not mention “sharing agreements,” and this topic was not discussed during the consultation event.

Coordination Between Local Facilities and VA

In addressing access to care, participants also reported on coordination between local health care facilities and VA. They shared coordination concerns that they deem as impacting access to care, including sharing records, determining eligibility, and making referrals.

Current Levels of Coordination

Some participants reported improvements in their collaborative relationship with VA because of the VA-IHS MOU and local reimbursement agreements, but some reported that coordination was low.

- Some tribes reported more coordination and growing collaboration with key individuals in local VA facilities.
- Participants expressed concern that, if VA and IHS facilities do not already have a strong collaborative relationship in a local area, tribes may not know how to start the process.

The Veterans Choice Act of 2014 and the VA-IHS MOU

After the passage of the Veterans Choice Act, consultation participants had questions about how this legislation would impact VA-IHS MOU implementation.

- Tribal leaders asked how the Veterans Choice Act will become part of the VA-IHS MOU. They also asked about how VA and IHS will coordinate across systems, which now includes private providers because of the Act.
- Because the Veterans Choice Act may allow Veterans to access care at non-VA facilities, like tribal clinics, tribal leaders explained that IHS and tribal facilities need support to provide this care because they can be ill-equipped to serve Veterans on reservations, especially in terms of personnel such as counselors.

Records

Participants reported issues with lack of access to health care records and service records, dating from past overseas service and continuing to present-day electronic health records, which have interfered with Veteran care on an ongoing basis.

- Some tribal leaders reported the perception that IHS and VA do not share patient medical records effectively and that, as a result, patients do not receive the services and prescriptions they need. They recommended that VA and IHS work together to streamline the process.
- If Veterans need to be re-examined every year, consultation participants commented that VA and IHS should accomplish this through collaboration and by linking their medical records.

Eligibility and Referrals

Participants made recommendations to address the complex eligibility process and streamline requirements between IHS, VA, and tribal providers.

- Tribal consultation participants recommended that VA conduct a review of VA, IHS, and tribal policies and regulations for conflicts that could prevent eligibility and referrals between the Federal (VA and IHS), tribal, public, and private health care delivery systems, especially in rural and frontier areas. They further recommended that based on this review, VA should develop an action plan to waive or fix conflicting policies.
- Tribal leaders asked if VA would work with tribes to establish a procedure for tribes to verify VA coverage or eligibility. Tribes desire the ability to confirm VA eligibility so they know what care they can bill.
- Consultation participants reported that front-line IHS staff who refer patients to outside health care providers often do not understand eligibility requirements for Veterans.
- Because of the different rules for eligibility—IHS versus VA versus tribal 638 eligibility—consultation participants urged VA to work to fully understand tribal and IHS eligibility rules and their differences.

Accountability

Several participants remarked that accountability measures should exist to ensure that money received by IHS or tribal facilities as reimbursement for Veteran care is used to create additional services for Veterans.

- One Veterans advocate recommended that IHS facilities use VA reimbursements to develop additional Veterans' health care services within the IHS service unit, and for other needs such as construction.
- Several participants expressed concern that IHS be held accountable to VA standards if they receive VA dollars. They worried that IHS may not be held accountable for serving Veterans, even if Veterans' reimbursements are generating additional income for them.

VA Accomplishments in Access to Health Care

- 1,268,232 prescriptions dispensed to IHS patients through the VA's Consolidated Mail Outpatient Pharmacy (CMOP) program since the program's inception in FY 2009 *(WG reports)*
- VA and IHS established telemedicine direct Point-to-Point connectivity *(WG reports)*
- Continued growth of shared space and telehealth clinics between IHS, VA, and tribal health programs. *(WG reports)* Locations include:
 - ◇ Hopi Tribe
 - ◇ Southeast Alaska Regional Health Consortium
 - ◇ VA telemental health clinics in Tuba City Regional Healthcare Corporation facility
 - ◇ VA Home-Based Primary Care serving Mississippi Choctaw
 - ◇ Joint mental health clinics with tribal communities on Montana reservations
 - ◇ Eastern Band of Cherokee collaboration with Asheville VAMC
 - ◇ Warm Springs collaboration with Portland VAMC

VA Responses: Access to Health Care

VA, IHS, and tribal health programs are collaborating to address these challenges for AI/AN Veterans to access health care. VA and IHS currently work with tribal health programs to increase access to health care through reimbursement for direct care services to AI/AN Veterans, telemedicine initiatives to maximize access, pharmacy services, cultural sensitivity trainings, outreach efforts, and transportation initiatives.

Addressing Access Issues

VA's efforts to address access to health care for AI/AN Veterans include many different activities consistent with the goals of the VA-IHS MOU. While the national and local reimbursement agreements provide increased resources for IHS and tribal clinics, there are other VA activities that promote and maintain access as well, including transportation initiatives, telemedicine efforts, support for benefits and outreach coordinators, and more.

- 186 shared trainings between VA and IHS in FY 2014 to promote cultural sensitivity (*WG Reports*)
- Reduced travel time and increased access to VA services due to reimbursement agreements and shared clinics
- Expanded use of CMOP increases convenience and reduces travel for prescriptions
- Reimbursement agreements encourage facilities to focus on and recognize Veterans
- MOU encourages greater cultural competency within VA

VA Reimbursement Agreements

Reimbursements provided by VA for direct care services for AI/AN Veterans have enabled IHS clinics and tribal health programs to care for Veterans. The national Reimbursement Agreement between VA and IHS, as well as numerous local reimbursement agreements between tribal health facilities and VAMCs, have facilitated the reimbursement of \$16.7 million (as of December 2014) from VA for direct care services provided to AI/AN Veterans. CBO continues outreach to tribal health programs to establish new reimbursement agreements that would expand VA reimbursements even further.

Expanding Access Through Telemedicine

VA and IHS have worked together to establish point-to-point telemedicine connectivity at four pilot sites. Telemedicine (or telehealth) capacities allow for patients to receive care from health providers through telecommunications technology. For example, an AI/AN Veteran who lived a great distance from VA health facilities could visit a nearby IHS clinic that was a telemedicine site and receive care from VA provider in another location using telemedicine technology. VA and IHS telehealth initiatives expand the reach of current providers by creating virtual paths to access health care for Veterans who live in rural locations. The continued increase of telemedicine will allow VA to better meet the health care needs of Veterans served by IHS and tribal health programs.

Providing Trainings on Cultural Sensitivity

To promote cultural sensitivity in caring for AI/AN Veterans, VA and IHS are working together to increase awareness of military, Veteran, and AI/AN cultures within both agencies. VA and IHS shared 186 trainings between the two agencies in FY 2014 to build common understandings and awareness.

VA and IHS collaborated with SAMHSA to produce two webinars promoting the “American Indian/Alaska Native Culture Card.” These webinars led to a 400% increase in visits to the culture card website. Culture cards familiarize and help providers learn more about some of the cultural considerations in caring for AI/AN Veterans. VA and IHS are also producing a tribal Veteran-specific health promotion and disease prevention quick reference and resource book to be distributed to providers.

Transportation

To address Veteran transportation challenges, VA CBO established the Veterans Transportation Service (VTS). VTS provides Veterans transportation to VA facilities and works with Veterans Service Organizations to establish a network of transportation options. VTS is operational in 45 locations, including states with large AI/AN Veteran populations such as Alaska, Arizona, Montana, and Oklahoma. VTS also serves many rural areas. Communities that want to know more about potential transportation options may work with their local VA transportation service representative to develop solutions.

PTSD, Behavioral Health, and Substance Abuse Treatment

VA is pursuing a variety of activities to ensure that the behavioral health care needs of AI/AN Veterans are addressed effectively. In FY 2014, the VA-IHS MOU workgroup on addressing PTSD distributed copies of the “Partnership for Healing” video to all VAMCs, and 200 copies were provided to IHS for distribution. The video promotes outreach to tribes and awareness of clinical services available through VA and IHS. These videos also highlight some of the cultural considerations for providing care to AI/AN Veterans.

The PTSD Consultation Program is available to clinicians outside of the VA who are treating Veterans with PTSD. Clinicians treating AI/AN Veterans with PTSD can speak directly with experts from the National Center for PTSD about evidence-based treatment, clinical management, training opportunities, and transitioning Veterans to VA care. There are web-based training courses, patient and provider handouts, training manuals, and other resources available on the PTSD Consultation Program website at <http://www.ptsd.va.gov/professional/consult>.

VA and IHS Suicide Prevention Coordinators are working together to further enhance outreach efforts to Veterans. The VA-IHS workgroup on suicide prevention developed AI/AN Veteran-specific suicide prevention brochures, and reported making 11,500 outreach contacts through outreach events.

Local reimbursement agreements authorize VA to reimburse tribal health program facilities for direct care services provided to eligible AI/AN Veterans, including mental and behavioral health services. The Local Implementation Plan, a key component to the reimbursement agreements, calls for close coordination of care between the tribal facility and the respective VAMC, including for PTSD, substance abuse, and mental health care.

Spirituality

Under VA’s reimbursement agreements with tribal health programs, VA reimburses for direct care services provided under the Medical Benefits package available to eligible Veterans. VA strives to provide culturally appropriate care and services as requested by all Veterans. Defining what this means to tribal communities and AI/AN Veterans is most often a local arrangement. Some tribes and AI/AN Veterans are very private about sharing spiritual matters with non-tribal entities while others are more open or have established contractual arrangements with local VAMCs (e.g., sweat lodges providing traditional services through VA’s Chaplain’s service). Decisions regarding reimbursement for spiritual care services, which may also intersect with ceremonies or rituals used to promote healing for AI/AN Veterans, are made at the local facility level in consultation with the local AI/AN Veteran or tribal community.

Benefits Outreach and Coordination

Along with national and regional outreach efforts by OTGR to increase awareness of VA benefits and programs, described above under Communications, Outreach, and Awareness, VA continues to support the Tribal Veteran Representative (TVR) training. TVRs work within their communities to help Veterans access VA services and benefits including transportation. VA has trained over 800 TVRs since 2000. Alaska has 200 trained TVRs serving their communities.

Other Contractual Arrangements

VA, IHS, and tribal health programs have already developed reimbursement agreements and other contractual arrangements in and near some tribal communities to share space, equipment, and personnel. These arrangements promote greater collaboration and communication, as well as directly increasing the resources available that VA, IHS, and tribal programs can use to provide patient care. For example, in Tuba City, AZ, the Tuba City Regional Health Care Corporation provides VA clinic space to deliver telehealth services to Veterans. VA encourages and promotes reimbursement agreements and other contractual arrangements to provide better access and care coordination for Veterans.

Improving Coordination Between Local Facilities and VA

Effective coordination between local health facilities and VA can be critical in ensuring access to care for AI/AN Veterans. There are many areas where VA is currently working to improve this coordination, including supporting local reimbursement agreements and collaborative efforts, developing shared standards for electronic records, and providing eligibility information.

Supporting Successful Local Reimbursement Agreements

CBO provides assistance for tribal health programs that participate or want to participate in local reimbursement agreements, including holding regular meetings to address logistical and communication challenges that may arise in their cooperation with local VA facilities. CBO also provides regular technical assistance calls where tribal health programs can access information on reimbursement eligibility and accreditation requirements. These technical assistance activities facilitate coordination between tribal health programs and VAMCs.

Other Collaborative Local Relationships

There are many other examples where VA and local health care facilities are collaborating to increase access to health care for AI/AN Veterans. For example, In North Carolina, the Asheville VAMC works closely with the Cherokee Indian Hospital Authority. VA staff attend meetings to promote working relationships and referrals at the Cherokee Indian Hospital. Cooperative activities such as these are occurring in the context of working relationships that VA facilities have developed with IHS and tribal programs in many areas.

Sharing Records

VA and IHS are working together to develop consistent Health Information Exchange standards that will facilitate future electronic transfer of health information.

Improving Veteran Counts

Regarding the development of improved baseline information and Veteran counts to collect more reliable AI/AN Veteran demographic data from local IHS and tribal health facilities, VA is working with IHS and tribal health programs to include Veteran information in the standard intake forms and to include Veteran counts in reporting systems. IHS has engaged their technical personnel to modify reporting systems to include Veteran-specific information. Tribal health programs and IHS facilities are also incentivized to count Veterans to maximize potential reimbursement from VA.

Supporting Accurate Eligibility Determinations

CBO has already established a process for tribes to check eligibility for Veterans associated with their facilities. Depending on the number of Veterans involved, the tribal facility can either check with the respective medical center for eligibility or submit to VA through an IHS-secured portal a list of names for eligibility determination. These two methods are published in the orientation slides as well as in the implementation guide and the soon-to-be-finalized “Providers’ Guide.” Tribal health facilities can also work with their respective VAMC on enrollment, as explained during Provider Orientation provided through CBO.

Reimbursement Agreements

Local reimbursement agreements are one area of collaboration identified under the VA-IHS MOU. In the 2014 consultation activities, VA asked for information on tribes' experiences with reimbursement agreements with the following consultation question:

Question 7: How are the Reimbursement Agreements (under which the VA reimburses the IHS or a Tribal Health Program for medical care provided to eligible Native Veterans in those facilities) helping Veterans in Indian Country?

Tribal comments on reimbursement agreements included reports of improved care and resources, questions about VA's template for local reimbursement agreements, and comments on the scope of current reimbursement efforts.

Increased Reimbursements Under the Agreements

Some consultation participants reported that reimbursements were making a positive difference in their communities.

- Tribal leaders explained that reimbursement agreements help Veterans in Indian Country by providing the opportunity for tribes and IHS to bill for direct care services, which leads to the creation and expansion of services for the tribal health care system.

Comments on the National Reimbursement Agreement Template

Many comments on reimbursement agreements raised questions about VA's national reimbursement agreement template, used to establish reimbursement agreements between tribal health programs and local VAMCs, and how it relates to other Federal laws that mention reimbursements to Indian health facilities.

Consultation on the Reimbursement Agreement Template

Some participants requested that VA have meaningful consultation with tribes on the reimbursement agreement template and its terms.

- Some tribal representatives commented that when addressing reimbursement agreements in consultation, VA focuses on outreach to educate tribes on the availability of reimbursement agreements, rather than on efforts to negotiate any terms beyond the standard template. They recommended that VA increase flexibility to negotiating the terms of the individual agreements with tribes.

RECURRING THEMES: Tribal Comments on Reimbursement Agreements

- Some tribes are using reimbursement agreements successfully and increasing resources for tribal health programs.
- Tribes insist that VA allow for the negotiation of terms in local reimbursement agreements based on the national template, and that VA initiate consultation with tribes on the national template.
- Some tribes recommended that all reimbursement agreements must reflect the breadth of health care reimbursements described under the law, not just reimbursements for direct care services.
- Tribal leaders recommended that further efforts to consult on reimbursement agreement terms should be done through a working group, not a listening session, to allow for more substantive negotiation.
- Tribal leaders shared that the U.S. Government Accountability Office conducted a performance audit of the VA-IHS MOU from July 2012 to April 2013 and found that VA should develop a process to ensure that tribal consultation on the MOU is effective.
- Tribal representatives reported that IHS legal counsel challenged many aspects of the current reimbursement agreement template, including the direct care limitation, the AI/AN eligibility limitation, and why an agreement is needed at all when the Affordable Care Act establishes that IHS and tribal facilities should receive reimbursements from other payers. Representatives asked whether IHS and VA are still discussing contract health services reimbursements and non-AI/AN patients of tribal programs. They also requested that, if these discussions were not ongoing at a national level, that VA engage in these discussions directly with tribes.

Negotiating Reimbursement Rates

Tribes recommended that consultation on the reimbursement agreement template also include consultation and negotiation on reimbursement rates.

- Tribal leaders stated that consultation on the reimbursement agreement template should also include negotiations between tribes and VA over the appropriate rates of reimbursement.
- Consultation participants explained that because the Affordable Care Act does not specify rates of reimbursement for Indian tribes, they believe that these rates should be subject to negotiation.

ACA Reimbursement Policy and the Reimbursement Agreement Template

Tribal leaders and representatives raised concerns about whether the current VA reimbursement agreement template accurately reflects the reimbursement policy for tribal facilities established under the Affordable Care Act of 2010 (ACA).

- Consultation participants expressed their view that ACA's reimbursement provisions reflect a policy decision that tribal health care budgets are to be preserved as payers of last resort (25 USC Section 1623), as well as their view that Section 1645(c) states that VA shall reimburse tribal programs for services provided to dual eligible individuals. Reimbursements are not limited to AI/AN patients; they require reimbursements for services to any patient of a tribal program with dual eligibility under VA. Based on this reading of the ACA, consultation participants recommended that the next reimbursement template reflect the breadth and intent of these provisions.
- Tribal leaders stated that ACA statutes reflect clear Congressional policy to conserve limited tribal health care resources. While reimbursement agreements may help implement these rights, they explained that they consider "shall be reimbursed" as a mandatory rule that is not optional or contingent upon a separate agreement. Tribal representatives asked VA to address how it will handle reimbursements for tribes who do not have an agreement with VA.
- Tribal leaders expressed that because ACA does not exclude contract or referral care, the current VA template should be revised to include reimbursement for contract health services care.

- ACA tribal reimbursement rights were in effect in 2010, and tribal leaders expressed concern that reimbursement templates do not address reimbursements retroactive to that time. They recommended that the template be revised to reflect reimbursements dating back to the ACA effective date. They also recommended that VA establish a mechanism for tribes to seek reimbursements for periods before an agreement is entered into.

Reservation of Rights Clause

Tribes voiced concern that the current reimbursement agreement template does not include a reservation of rights clause, and recommended adding this clause to the template.

- Tribal leaders and representatives explained that the current template for reimbursement agreements is limited to direct service care only, and applies only to AI/AN patients at tribal programs. As these limitations do not appear in the reimbursement statutes themselves, tribal leaders strongly encouraged VA to incorporate a standard “reservation of rights” provision that unequivocally confirms that a tribe that accepts reimbursements for direct care services under the current reimbursement agreement does not waive any other rights that the tribe may be entitled to under the law.

Dispute Resolution

Several participants expressed concern that a VA representative, and not a neutral party, conducts dispute resolution under the current template.

- Tribal representatives pointed out that the current template requires tribes to allow VA’s contracting officer to decide any disputes that arise and recommended that it be revised to reflect neutrality and equal deference to tribal decisions.

Comments on Local Reimbursement Agreements

Participants commented on whether VA is considering expanding the reimbursement agreements to cover new areas of care and asked about accreditation standards.

Coverage for Non-AI/AN Patients

Participants recommended that the reimbursement agreement template cover care for eligible non-AI/AN patients.

- Consultation participants expressed their concern that the reimbursement agreement template excludes care that many programs provide to non-AI/ANs, such as prenatal services for a non-AI/AN woman pregnant with a tribal member’s child. They recommended revising the template to include all patients, not just AI/AN patients.

- Some clinics who currently have reimbursement agreements would like to expand them to allow non-AI/AN Veterans to access their services, including medical, dental, behavioral health, optometry, lab and x-ray, and pharmaceutical services.

Reimbursement Agreements with Urban Indian Facilities

A representative asked whether reimbursement agreements will be available between VA and urban Indian facilities.

- A participant recommended that VA consider reimbursement agreements with urban programs, as well as IHS and tribal programs.

Accreditation

Tribal leaders said that tribal health programs had experienced inconsistencies in what counts as proper accreditation under the reimbursement agreement template, and that these accreditation issues can interfere with the ability of tribal programs that have reimbursement agreements to bill for Veteran care.

VA Accomplishments on Reimbursement Agreements

- \$16.7 million reimbursed to IHS and tribal health programs since the beginning for the reimbursement program *(as of December 2014)*
- FY12: \$0.1M
- FY13: \$1.8M
- FY14: \$11.4M
- so far in FY15: \$3.4M
- 4,500 Veterans served through the reimbursement program *(as of December 2014)*
- 68 local reimbursement agreements in place with tribal health programs *(as of February 2015)*

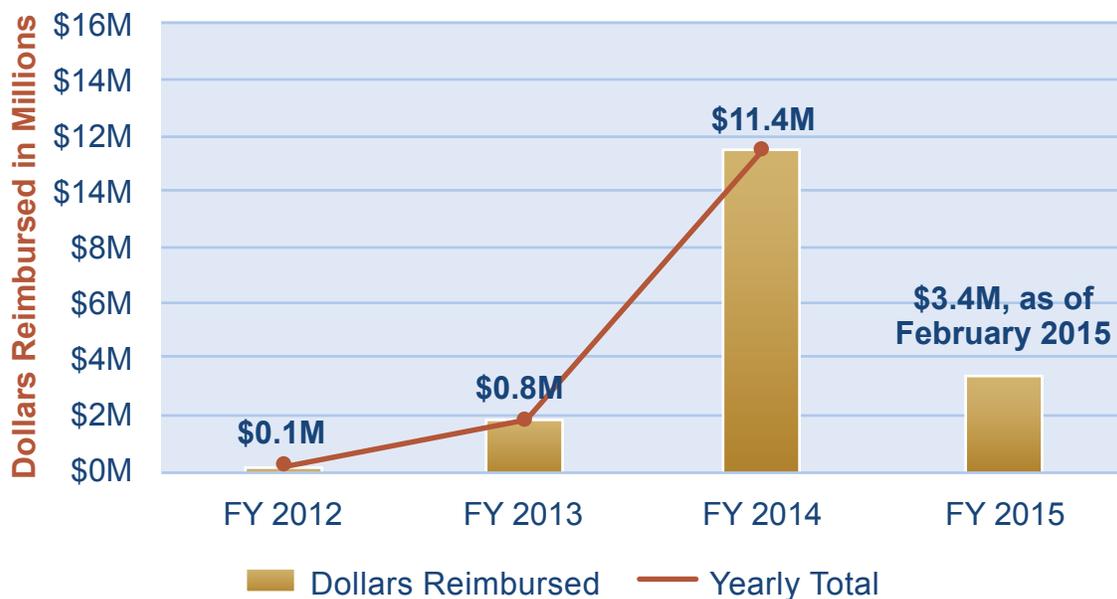
- One tribal leader described a 638 clinic that was accredited by Medicaid, which he thought should meet VA's accreditation requirements; however, VA has not reimbursed this clinic for medical services.

Electronic Health Records and Electronic Billing

Some representatives commented on needs related to electronic health records and electronic billing.

- Some tribal facilities reported an inability to mark electronic health records as belonging to a Veteran who qualifies for VA benefits and to match those records in VA's database.
- Some VA facilities require tribal or IHS facilities to pay a \$15.00 filing fee per claim and to file claims on paper. Tribal facilities who experienced this reported that they would prefer filing claims electronically.

VA Reimbursements to IHS and Tribal Health Programs



VA Responses: Reimbursement Agreements

Reimbursement agreements, including the 2012 national Reimbursement Agreement between VA and IHS and local agreements between tribal health programs and local VAMCs, have opened a significant new channel to bring VA reimbursement funds into tribal and IHS health facilities, as well as allowing AI/AN Veterans to receive care in facilities that may be more accessible. The national Reimbursement Agreement between VA and IHS facilities has been implemented at all IHS-operated health programs across the country. As of February 2015, 68 reimbursement agreements are in place between tribally operated health facilities and local VAMCs. Over 70 more of these local reimbursement agreements are in progress, and CBO continues outreach and technical assistance support to increase interest in this opportunity among tribes. Since the beginning of the reimbursement agreements, \$16.7 million has been reimbursed to IHS and tribal health programs, and 4,500 AI/AN Veterans have been served. The total reimbursements by VA continues to grow rapidly each year, from \$0.1 million reimbursed in FY 2012 to \$11.4 million in FY 2014. As of February, \$3.4 million in reimbursements have already been issued for 2015. VA will continue its outreach efforts to expand reimbursement agreements to more tribal health programs in 2015, and we will also provide ongoing support and technical assistance for existing reimbursement agreements, ensuring that they continue to function smoothly.

Currently the Direct Care Services Reimbursement Agreement template is used as the basis for negotiating individual reimbursement agreements with tribal health programs. VA leadership is currently considering expanding provisions of the reimbursement agreement template consistent with applicable authorities and policy.

Section 102(c) of the Veterans Choice Act requires VA and IHS to jointly submit a report to Congress on the feasibility and advisability of entering into agreements or contracts with IHS, urban Indian health programs, and Indian tribes or tribal organizations under which VA would reimburse those entities for providing care to Veterans who are not Indians. VA is actively evaluating all feasible options in determining points of access to health care services for Veterans, including non-AI/AN Veterans. This may include providing direct care services to both eligible Indian and non-Indian Veterans in areas where additional capacity is needed and where it will not result in a reduction of services or harmful impact for patients who are eligible for care through IHS.

Regarding questions on accreditation requirements, the local reimbursement agreements require tribal health program facilities to meet Centers for Medicare and Medicaid Services (CMS) certification and CMS conditions of participation, or have accreditation through the Joint Commission or Accreditation Association for Ambulatory Health Care (AAAHC).

Consultation on VA Black Hills Health Care System Proposed Reconfiguration

In November 2014, VA conducted a second tribal consultation session that addressed the local issue of a proposed facilities reconfiguration in the VA Black Hills Health Care System, which covers a wide area in the north central United States.

The Proposed Reconfiguration

The VA Black Hills Health Care System serves Veterans in a 100,000-square-mile service area that includes South Dakota, and parts of North Dakota, Nebraska and Wyoming. Currently, two VAMCs serve this area, along with nine community-based outpatient clinics and a number of rural outreach clinics. The Hot Springs VAMC is located in Hot Springs, SD, and the Fort Meade VAMC is near Sturgis, SD.

By reconfiguring the services and facilities in the Black Hills Health Care System, VA aims to expand points of access to health care in the service area and better serve Veteran populations who will live there over the next 20 to 30 years. An important aspect of this reconfiguration includes ensuring that high quality services remain close to where Veterans currently reside, as well as continued future availability based upon projected Veteran populations and demographics. Other reconfiguration concerns relate to maintaining the quality and safety of Veterans' care, replacing aging buildings that house services, and recruiting and retaining qualified staff at service locations.

VA's Decision-Making Process

VA has identified seven potential action alternatives ³ for how this reconfiguration may take place, and each alternative involves how to distribute various medical and other services between Hot Springs and Rapid City, SD, and other locations in South Dakota, Nebraska, and Wyoming.

³ For a description of these seven alternatives, see page 2 of Appendix 4.5. Information Sheet: Environmental Impact Statement.

Each of the seven alternatives is currently under evaluation. This rigorous evaluation process includes several parts that are required by law.

- Because the reconfiguration may have a substantial impact on tribes in the area, VA's tribal consultation policy requires **tribal consultation** between VA and affected tribes.
- Because the reconfiguration involves the Hot Springs VAMC campus, a historic property designated as a National Historical Landmark, the National Historic Preservation Act (NHPA) requires that VA gather **input from the public** on how the reconfiguration may affect the Hot Springs VAMC campus.
- The National Environmental Policy Act (NEPA) requires an environmental impact statement that compares the environmental consequences of all seven alternatives, along with an eighth alternative of taking no action. The environment impact statement process also requires **meetings for public comments and input.**⁴

Provisions under NHPA allow for Section 106 historic consultation to be combined under the NEPA Environment Impact Statement process. Due to the potential significance of the various alternatives affecting the National Historical Landmark, along with considerable regulatory requirement similarities, VA elected to combine these processes in this decision-making process. This means that consultation on the environmental impacts of the proposed reconfiguration and consultation on the impact of the proposed reconfiguration on national historical landmarks are being conducted simultaneously. This combination integrates and streamlines the public input process without changing or lessening any requirements under NHPA or NEPA for environmental or historic protection.

The tribal consultation process is different than the consultation processes required by NHPA or NEPA. VA's requirement to consult with AI/AN tribes springs from VA's own tribal consultation policy and the Federal requirements for tribal consultation under Executive Order 13175. Accordingly, VA has conducted tribal consultation activities separately from activities under NHPA and NEPA. The consultation session described in this report falls under tribal consultation.

VA will weigh the input from both of these processes—tribal consultations, and national historic preservation and environmental impact consultations—as well as other factors in making a final decision about which proposed reconfiguration alternative to put into action.

⁴ For a detailed description of the environmental impact statement process, including public comment opportunities, please see Appendix 4.5. Information Sheet: Environmental Impact Statement.

Tribal Consultation Process

Because of the local scope of the proposed reconfiguration of the VA Black Hills Health Care System, VA has communicated with and conducted tribal consultation activities with tribes that may be affected. Generally, VA has requested input from tribes located in South Dakota, North Dakota, Montana, Wyoming, Minnesota, Oklahoma, and Nebraska.⁵ VA also sent information and invitations to tribes outside the local area identified as having potential historical ties. VA first provided information to tribal leaders by letter and then scheduled, announced, and conducted the November in-person consultation session.

On August 18, 2014, VA sent a Dear Tribal Leader Letter to local tribes potentially affected by the proposed realignment. This letter requested that tribal government representatives submit preliminary comments and requests related to the proposed reconfiguration to VA by September 12, 2014, in preparation for a formal tribal consultation in the fall. Comments received from tribal leaders helped determine the agenda and location of the November in-person consultation session. The letter also included information on the consultation and input process related to historic preservation, and invited tribal leaders to request information and updates from VA on this process.

A second Dear Tribal Leader letter, sent on October 15, 2014, invited tribal leaders and tribal government representatives to attend VA's November in-person consultation session. Tribal leaders and representatives unable to attend the in-person consultation session could continue to submit written comments to VA by December 19, 2014. The October mailing also provided supplemental information, including a copy of VA's notice of intent to prepare an environmental impact statement (May 2014) and an information sheet on the environmental impact statement process.

For copies of both Dear Tribal Leader letters, as well as supplemental information on the local consultation process, see Appendix 4. VA Black Hills Health Care System Proposed Reconfiguration: Supporting Materials.

Pine Ridge Consultation Event

The in-person tribal consultation session took place on Wednesday, November 19, from 8 a.m. to 10 a.m. The session was held at the Billy Mills Hall in Pine Ridge, SD, on the Pine Ridge Indian Reservation. National VA OTGR staff, as well as staff representatives from

⁵ Appendix 4.1. Tribes Invited to the Black Hills Consultation lists the tribes who received communications from VA related to the proposed reconfiguration of the VA Black Hills Health Care System.

RECURRING THEMES: Tribal Comments on the Proposed Reconfiguration

- Local tribes have a high degree of concern about ensuring that Veterans receive quality care.
- Consultation representatives reported that IHS facilities in the area suffer from provider shortages and lack specialty care, and they feel that access to the Hot Springs VAMC addresses these needs for local Veterans.
- Veterans hold the Hot Springs VAMC in very high regard because it provides high quality, culturally sensitive care that is accessible to rural reservation Veterans.
- Consultation participants explained that treaty rights require VA to ensure access to health care for Veterans. They worry that reconfiguring services at the Hot Springs VAMC will move services further away and decrease access for local AI/AN Veterans, which violates these treaty rights.

the VA Black Hills Health Care System, attended the consultation session. The following VA staff were present.

- **David Montoya, DAS of Intergovernmental Affairs**
- **Stephanie Birdwell, Director of OTGR**
- **Peter Vicaire, OTGR Specialist for the Central Region**
- **Connie Moffitt, VISN 23 Lead Minority Veterans Program Coordinator, VA Black Hills Health Care System**
- **Steve DiStasio, Director, VA Black Hills Health Care System**
- **Jo-Ann Ginsberg, Associate Director of Patient Care Services, VA Black Hills Health Care System**

For this consultation, VA did not request participants to respond to formal questions for consultation. Instead, participants and VA staff had an open discussion about issues related to the facilities reconfiguration.

Consultation Comments Received

VA received spoken and written testimony at the Pine Ridge consultation event. This testimony is summarized below, organized by headings based on main topics. VA responses follow the testimony at the end of this section.

Veteran Health Care Needs

Consultation participants expressed a high level of concern about meeting Veterans' health care needs by providing accessible services that include Western and traditional healing practices.

- Tribal representatives reported that Pine Ridge Reservation has a growing population of Veterans with medical and behavioral health issues. They believe that these needs must be addressed by their local VA health care facilities.
- Tribal representatives stated that American Indian Veterans deserve the best health care possible, including both Western medicine and traditional healing practices.
- Consultation participants expressed concern that Veterans have been exposed to toxic chemicals, or were even deliberately given medications that made them sick and passed illnesses down to their children, and this has happened from Vietnam to Desert Storm.
- Representatives said that when Veterans went into the service, VA promised to take care of them when they got back, but taking away the Hot Springs VAMC does not fulfill that promise.

Services at the Hot Springs VAMC

Participants, many of them Veterans themselves, reported appreciation for the comprehensive and high quality health care services they had received through Hot Springs VAMC. They strongly support the facility, continuing to provide a wide range of medical services, and worry that the decision to close it has already been made.

- Consultation participants expressed that Veterans from Pine Ridge rely on the care delivered at the VA Hot Springs facility, and that local Veterans have been receiving exceptional and comprehensive health care services at the Hot Springs location since U.S. troops returned from Vietnam.

- Tribal representatives reported that Veterans in rural communities on and near the Pine Ridge Reservation need access to a nearby clinic to avoid traveling to Wyoming for services. They explained that while Hot Springs VAMC may seem like an isolated location, it provides care access to Veterans from Wyoming, Montana, Nebraska, North Dakota, and sometimes beyond.
- Representatives testified that their Veterans feel proud to use the facilities at Hot Springs, and that the hundred-year-old VA building on the Hot Springs campus has been beautifully kept and maintained.
- Veterans and tribal representatives reported that providers at the Hot Springs VAMC demonstrate a high level of cultural sensitivity when serving American Indian Veterans, and providers support and encourage the use of traditional Lakota healing practices.
- Consultation representatives shared that the Hot Springs VA facility has a sweat lodge, which offers very successful treatment to Veterans for PTSD and alcoholism. They expressed pride in this facility because very few VA facilities have sweat lodges available.
- Veterans representatives said that the services available at Hot Springs VAMC have steadily decreased since the 1990s, and that the cuts have continued even after former VA Secretary Shinseki said to stop them. They asked how VA can help Pine Ridge Veterans without providing these health services.
- Tribal representatives reported that every district on the Pine Ridge Reservation says they do not want the Hot Springs VA facility to close. Older Veterans and younger Veterans alike want to continue receiving their health care there, and they do not want to go to Rapid City.
- A consultation participant asked if closing the Hot Springs VA facility has already been decided. He expressed the concern that VA may be “checking a box” by holding this consultation session when, in fact, they have already decided the outcome.

Local IHS Facilities Are Not Perceived As Adequate

Consultation participants expressed that Veterans with the choice of receiving health care services at the Hot Springs VAMC strongly prefer it over local IHS facilities and wish to retain that choice.

- The Oglala Sioux Tribe is very disappointed with the quality of care delivered by local IHS facilities. The tribe believes that the failures, mistakes, and delays in management of health care at these facilities are equivalent to the national scandal over care delivery by VA’s health care system.

- Tribal representatives explained that Veterans do not want to go to IHS facilities to receive care, because they had IHS care before they became Veterans.
- Representatives reported that Veterans prefer to receive care from the Hot Springs VAMC because IHS, and particularly Aberdeen Area, is an overwhelmed system that cannot address the specialized care that Veterans require.
- Tribal representatives said that Veterans go to Hot Springs VAMC for specialized care, such as dermatology, vision, and hearing, which local IHS facilities do not offer.

Concerns About VA Services

Participants reported several specific stories about substandard care, issues in cooperating with IHS, and service delays at local VA facilities.

- The Pine Ridge Tribal Veterans Committee reported a story that they have great concern about: After losing a leg in military service, a Veteran needed assistance with his prosthetic leg. He went to the VA facility in Fort Meade and nothing was done for him for over 30 days.
- Veterans representatives said that the Hot Springs VAMC facility has not cooperated well with local IHS facilities. They shared stories where some Veterans had to make multiple 50-mile trips to pick up prescriptions that should have been available and were not.

Treaty Rights and Health Care

Consultation participants strongly expressed that treaty rights require health care services to remain available to American Indian Veterans and that VA has a treaty obligation to continue providing these services.

- A tribal representative and expert in Oglala Sioux treaties and history explained that because of the treaties between Indian tribes and the Federal Government, the Federal Government owes health care to American Indian individuals. For American Indian Veterans, that debt doubles. The tribal representative stated that obligation of treaty rights, including providing health care, extends not just to IHS but to VA and all Federal agencies.

- Tribal representatives said that closing Hot Springs VA facilities means that Veterans must travel further to receive care they are entitled to, which violates treaty rights.
- Consultation participants said that if VA denies the health care services that American Indians need, they are committing another act of genocide against Indian people.
- The treaty expert from Oglala Sioux explained that Article 6 of the U.S. Constitution makes treaties the supreme law of the land. After the Red Cloud War, the Oglala Sioux signed a treaty at Fort Laramie in 1868. Hot Springs VAMC is on treaty territory, she explained, and VA must continue providing services they have promised to the tribe.

Transportation Needs

Because of their rural location and challenges with transportation, Veterans in South Dakota have difficulty accessing VA health care.

- Veterans from Pine Ridge report that they do not have transportation to the Hot Springs VA facility, especially since a transport van that used to run from Rosebud no longer comes through Pine Ridge. They expressed the concern that if the Hot Springs VA facility closes, Veterans will face difficulty in traveling the greater distance to Fort Mead or Rapid City, and that finding transportation to these locations will cause even greater hardship.
- Tribal representatives shared that young Veterans in the area have a great deal of needs, and they do not sign up for services or access health care. Representatives felt that encouraging the young Veterans to access the health and behavioral health care they need will be harder if health care facilities are farther away.

Other Needs

Consultation participants also reported other needs for Veterans services, including homeless services, Veterans cemetery funding, hospice care, and increased local cooperation and communication between VA and IHS.

- Consultation participants reported that Pine Ridge Reservation needs another homeless shelter in Kyle, SD, in the middle of the reservation, so that homeless Veterans can stay closer to their families.
- Tribal representatives shared that Pine Ridge has a Veterans cemetery, but the tribe cannot provide ongoing funding for the cemetery.

- Pine Ridge Veterans do not know if a reimbursement agreement has been established between the Pine Ridge IHS hospital and VA. If one has been established, they said, the community needs more information on how it operates.
- Tribal representatives reported that Veterans need hospice care, and that need will continue to grow over time as more Veterans age. They also explained that Veterans would prefer to receive hospice care from VA.

VA Responses

In response to concerns over whether local Veterans could continue to access care at Hot Springs, VA explained that under all reconfiguration alternatives, the same, or even expanded, medical clinic and services will remain in Hot Springs. These services may possibly be provided in the same building on the same campus, or possibly elsewhere in the town of Hot Springs.

Regarding the question of whether VA has already decided to close Hot Springs VAMC, VA staff at the consultation responded that the decision will be made at a national level, not by VA Black Hills staff. Tribal consultation is one factor in that decision, but other factors include the environmental impact statement and historic preservation concerns.

In response to concerns about delays in care local to Pine Ridge, VA staff at the consultation session declined to share details about specific cases to protect employee and Veteran confidentiality. VA is, however, committed to investigating these cases according to the law, and carrying out appropriate disciplinary measures if necessary.

Conclusion

As a result of consultation activities conducted in 2014, VA received valuable comments from tribal leaders, representatives, AI/AN Veterans, and tribal Veterans advocates about VA's policies and activities in Indian Country. VA remains committed to honoring its government-to-government relationship with tribal governments through regular opportunities for meaningful consultation and by responding to concerns and issues raised by tribes during consultation activities.

In a national consultation effort, VA requested feedback from tribes on the VA-IHS MOU, its implementation, and its effects. VA received comments about tribal awareness and understanding of the VA-IHS MOU, impacts to health care access for AI/AN Veterans, and the ongoing process of building cooperation between VA, IHS, and tribal health programs on a local and national scale. In this report, VA offered responses to tribal concerns, as well as describing current and ongoing activities to expand and improve the implementation of the MOU. VA also reported tribal comments about the reimbursement agreements between tribal health care programs and VAMCs, and commented on the successes, challenges, and ongoing activities of these local reimbursement efforts. The VA-IHS MOU is a powerful tool to improve health care access and resources for AI/AN Veterans, and VA is committed to maintaining and expanding the wide range of collaborative efforts that take place under it.

In a regional consultation process on a proposed facilities reconfiguration in the VA Black Hills Health Care System, VA received comments and input from tribes that may be affected. In this report, VA has addressed questions and comments where possible, and has described the overall decision-making process and regulatory requirements so that tribal leaders can clearly understand the role of tribal consultation in the final decision on facilities reconfiguration in the Black Hills Health Care System. Comments received in this tribal consultation process, along with input from historic preservation and environmental impact statement processes, will continue to inform VA as it moves toward a final decision on this issue.

VA thanks tribal leaders and representatives, AI/AN Veterans, Veterans advocates, and Veterans service providers who contributed comments and testimony to VA consultation efforts in 2014, and who, by those efforts, have helped continue the dialogue between VA and tribes about how to improve services to AI/AN Veterans in Indian Country.

Appendix 1. About VA's Office of Tribal Government Relations

OTGR's national and regional staff work to strengthen the relationship between VA, tribal governments, and other federal, state, private, and nonprofit entities. Their goal is to successfully and respectfully serve AI/AN Veterans and to support the special government-to-government relationship between the United States and tribal governments.

OTGR implements the VA Tribal Consultation Policy and conducts VA's national and local tribal consultation activities. Tribal officials and Veterans are warmly invited to contact OTGR staff for assistance with Veterans' services, other VA policy matters, or input on VA programs and how they can more effectively serve Veterans in Indian Country. Interested parties can contact OTGR's national office, or identify the appropriate regional specialist.

Contacting the OTGR National Office

- **Website:** va.gov/tribalgovernment

The Office of Tribal Government Relations website can provide information about the office, including helping you find the specialist for your region.

- **Email:** tribalgovernmentconsultation@va.gov

This email is a direct way to contact OTGR. It is checked daily by staff and is an excellent way to make inquiries and request information regarding VA's engagement with Indian Country.

- **Phone:** 202-461-7400

- **Establishing a Reimbursement Agreement with VA:**

http://www.va.gov/TRIBALGOVERNMENT/reimbursement_agreements.asp

or <http://www.va.gov/PURCHASEDCARE/programs/veterans/nonvacare/ihs/index.asp>

Fact sheets, provider orientation information, and an agreement template are available online to provide information for tribally operated health programs who wish to establish a reimbursement agreement with their local VAMC. Also, e-mails concerning establishing a reimbursement agreement may be sent to tribal.agreements@va.gov.

OTGR Regions and Tribes (as of 2014)

Eastern Region Tribes

OTGR's Eastern Region is comprised of 11 states with Indian reservations.

Alabama (1)

- Poarch Creek Band of Indians

Connecticut (2)

- Mashantucket Pequot
- Mohegan

Florida (2)

- Miccosukee Tribe of Indians
- Seminole Tribe of Florida

Louisiana (4)

- Chitimacha Tribe
- Coushatta Tribe
- Jena Band of Choctaw Indians
- Tunica Biloxi

Maine (5)

- Aroostook Band of Micmac
- Penobscot
- Indian Township (Passamaquoddy)
- Pleasant Point (Passamaquoddy)
- Houlton Band of Maliseet

Massachusetts (1)

- Wampanoag (Gay Head)

Mississippi (1)

- Mississippi Band of Choctaw Indians

New York (6)

- Seneca
- Cayuga
- Oneida
- Onondaga
- St. Regis Mohawk
- Tuscarora

North Carolina (1)

- Eastern Band of Cherokee Indians

South Carolina (1)

- Catawba Indian Nation

Rhode Island (1)

- Narragansett

Central Region Tribes

OTGR's Central Region is comprised of nine states with Indian reservations.

Iowa (1)

- Sac & Fox Tribe of the Mississippi in Iowa (Meskwaki)

Kansas (4)

- Iowa Tribe of Kansas
- Kickapoo Tribe of Kansas
- Prairie Band Potawatomi of Kansas
- Sac and Fox Tribe of Kansas

Michigan (12)

- Bay Mills Indian Community
- Grand Traverse
- Hannahville
- Keweenaw Bay
- Lac Vieux Desert Band
- Little River Band
- Little Traverse
- Match-e-be-nash-she-wish Band of Pottawatomi
- Nottawaseppi Huron Band of the Potawatomi
- Saginaw Chippewa Indian Tribe
- Sault Ste. Marie Tribe of Chippewa Indians
- Pokagon Band of Potawatomi Indians

Minnesota (11)

- Lower Sioux Indian Community
- Bois Forte
- Fond du Lac
- Grand Portage
- Leech Lake
- Mille Lacs Band
- White Earth
- Prairie Island Indian Community
- Red Lake Band
- Shakopee Mdewakanton Sioux Community
- Upper Sioux Community

Montana (7)

- Blackfeet
- Crow
- Flathead
- Fort Belknap
- Fort Peck
- Northern Cheyenne Reservation
- Rocky Boy's

Nebraska (4)

- Omaha Tribe
- Ponca Tribe
- Santee Sioux Nation
- Winnebago (Ho-Chunk)

North Dakota (4)

- Spirit Lake (Devil's Lake)
- Three Affiliated Tribes of the Fort Berthold Reservation
- Standing Rock Sioux Tribe* (also in SD)
- Turtle Mountain Band of Chippewa

South Dakota (8)

- Cheyenne River
- Crow Creek
- Flandreau Santee Sioux
- Lower Brule
- Pine Ridge - Oglala Sioux
- Rosebud Sioux
- Sisseton-Wahpeton Oyate (Lake Traverse)
- Yankton Sioux

Wisconsin (11)

- Bad River
- Forest County Potawatomi Community
- Ho-Chunk
- Lac Courte Oreilles Band of Lake Superior Chippewa
- Lac du Flambeau
- Menominee Indian Tribe of Wisconsin
- Mole Lake (Sokaogon Chippewa Community)
- Oneida Tribe of Indians of Wisconsin
- Red Cliff Band of Lake Superior
- St. Croix Chippewa Indians
- Stockbridge Munsee Community

Wyoming (1)

- Wind River (Arapahoe Tribe and Shoshone Tribe)

Southwest Region Tribes

OTGR's Southwest Region is comprised of six states with Indian reservations.

Arizona (21)

- Ak-Chin Indian Community of the Maricopa (Ak-Chin) Indian Reservation, Arizona
- Cocopah Tribe of Arizona
- Colorado River Indian Tribes of the Colorado River Indian Reservation, Arizona and California
- Fort McDowell Yavapai Nation, Arizona
- Fort Mojave Indian Tribe of Arizona, California & Nevada
- Gila River Indian Community of the Gila River Indian Reservation, Arizona
- Havasupai Tribe of the Havasupai Reservation, Arizona
- Hopi Tribe of Arizona
- Hualapai Indian Tribe of the Hualapai Indian Reservation, Arizona
- Kaibab Band of Paiute Indians of the Kaibab Indian Reservation, Arizona
- Navajo Nation, Arizona, New Mexico and Utah
- Pascua Yaqui Tribe of Arizona

- Quechan Tribe of the Fort Yuma Indian Reservation, California and Arizona
- Salt River Pima-Maricopa Indian Community of the Salt River Reservation, Arizona
- San Carlos Apache Tribe of the San Carlos Reservation, Arizona
- San Juan Southern Paiute Tribe of Arizona

- Tohono O’odham Nation of Arizona
- Tonto Apache Tribe of Arizona
- White Mountain Apache Tribe of the Fort Apache Reservation, Arizona
- Yavapai-Apache Nation of the Camp Verde Indian Reservation, Arizona
- Yavapai-Prescott Indian Tribe

Colorado (2)

- Southern Ute Indian Tribe of the Southern Ute Reservation, Colorado
- Ute Mountain Tribe of the Ute Mountain Reservation, Colorado, New Mexico and Utah

New Mexico (21)

- Jicarilla Apache Nation, New Mexico
- Kewa Pueblo, New Mexico (previously listed as the Pueblo of Santo Domingo)
- Mescalero Apache Tribe of the Mescalero Reservation, New Mexico
- Ohkay Owingeh, New Mexico (previously listed as the Pueblo of San Juan)
- Pueblo of Acoma, New Mexico
- Pueblo of Cochiti, New Mexico
- Pueblo of Isleta, New Mexico
- Pueblo of Jemez, New Mexico
- Pueblo of Laguna, New Mexico
- Pueblo of Nambe, New Mexico
- Pueblo of Picuris, New Mexico
- Pueblo of Pojoaque, New Mexico
- Pueblo of San Felipe, New Mexico
- Pueblo of San Ildefonso, New Mexico
- Pueblo of Sandia, New Mexico
- Pueblo of Santa Ana, New Mexico
- Pueblo of Santa Clara, New Mexico
- Pueblo of Taos, New Mexico
- Pueblo of Tesuque, New Mexico
- Pueblo of Zia, New Mexico
- Zuni Tribe of the Zuni Reservation, New Mexico

Oklahoma (39)

- Absentee Shawnee
- Alabama Quassarte Tribal Town
- Apache Tribe
- Caddo Tribe
- Cherokee Nation
- Cheyenne-Arapaho Tribes
- Chickasaw Nation
- Choctaw Nation
- Citizen Potawatomi Nation
- Comanche Tribe
- Delaware Nation
- Delaware Tribe of Indians
- Eastern Shawnee Tribe
- Ft. Sill Apache Tribe

- Iowa Nation
- Kaw Nation
- Kialegee Tribal Town
- Kickapoo Tribe
- Kiowa Tribe
- Miami Nation
- Modoc Tribe
- Muscogee (Creek) Nation
- Osage Nation
- Otoe-Missouri Tribe
- Ottawa Tribe
- Pawnee Nation
- Peoria Tribe
- Ponca Nation
- Quapaw Tribe
- Sac and Fox Nation of Oklahoma
- Seminole Nation
- Seneca-Cayuga Tribe
- Shawnee Tribe
- Thlopthlocco Tribal Town
- Tonkawa Tribe
- United Keetoowah Band of Cherokees
- Wichita & Affiliated Tribes
- Wyandotte Nation
- Yuchi (Euclidean) Tribe

Utah (5)

- Confederated Tribes of the Goshute Reservation, Nevada and Utah
- Northwestern Band of Shoshoni Nation
- Paiute Indian Tribe of Utah
- Skull Valley Band of Goshute Indians of Utah
- Ute Indian Tribe of the Uintah and Ouray Reservation, Utah

Texas (3)

- Alabama Coushatta Tribe
- Kickapoo Traditional Tribe of Texas
- Ysleta Del Sur Pueblo of Texas

Western Region Tribes

OTGR's Western Region is composed of five states. Of the 404 tribal governments in the Western Region, 229 are located in the state of Alaska.

Alaska (229)

- Native Village of Afognak
- Agdaagux Tribe of King Cove
- Native Village of Akhiok
- Akiachak Native Community (IRA)
- Akiak Native Community (IRA)
- Native Village of Akutan
- Village of Alakanuk
- Alatna Village
- Native Village of Aleknagik
- Algaaciq Native Village
- Allakaket Village
- Native Village of Ambler
- Village of Anaktuvuk Pass
- Yupiit of Andreafski
- Angoon Community Association
- Village of Aniak
- Anvik Village
- Asa'carsarmiut Tribe

- Native Village of Atka
- Village of Atmautluak
- Atqasuk Village
- Native Village of Barrow Inupiat Traditional Gvmt.
- Beaver Village Council
- Native Village of Belkofski
- Native Village of Bill Moore's Slough
- Birch Creek Tribal Council
- Native Village of Brevig Mission
- Native Village of Buckland (IRA)
- Native Village of Cantwell
- Chalkyitsik Village Council
- Cheesh-Na Tribal Council
- Village of Chefnak
- Chenega IRA Council
- Chevak Native Village
- Chickaloon Native Village
- Native Village of Chignik
- Chignik Lagoon Council
- Chignik Lake Village Council
- Chilkat Indian Village (Klukwan)
- Chilkoot Indian Association
- Chinik Eskimo Community
- Chitina Traditional Indian Village Council
- Native Village of Chuathbaluk
- Chuloonawick Native Village
- Circle Native Community (IRA)
- Village of Clarks Point
- Kawerak, Inc.
- Craig Community Association (CCA)
- Native Village of Crooked Creek
- Curyung Tribal Council
- Native Village of Deering (IRA)
- Native Village of Diomedea (IRA) (aka Inalik)
- Village of Dot Lake
- Douglas Indian Association (DIA)
- Native Village of Eagle (IRA)
- Native Village of Eek
- Egegik Village
- Eklutna Native Village
- Native Village of Ekuk
- Ekwok Village
- Elim IRA Council
- Emmonak Village
- Evansville Village
- Native Village of Eyak
- Native Village of False Pass
- Native Village of Fort Yukon (IRA)
- Native Village of Gakona
- Gambell IRA Council
- Native Village of Georgetown
- Native Village of Goodnews Bay
- Organized Village of Grayling (IRA)
- Gulkana Village
- Native Village of Hamilton
- Healy Lake Village
- Holy Cross Village
- Hoonah Indian Association (HIA)
- Native Village of Hooper Bay
- Hughes Village
- Huslia Village Council
- Hydaburg Cooperative Association
- Igiugig Village
- Village of Iliamna
- Inupiat Community of Arctic Slope (IRA)
- Iqurmiut Traditional Council
- Ivanoff Bay Village Council
- Kaguyak Village
- Organized Village of Kake
- Kaktovik Village
- Village of Kalskag
- Kaltag Tribal Council

- Native Village of Kanatak (IRA)
- Native Village of Karluk (IRA)
- Organized Village of Kasaan
- Native Village of Kasigluk
- Kenaitze Indian Tribe (IRA)
- Ketchikan Indian Community
- Native Village of Kiana
- King Island Native Community (IRA)
- King Salmon Tribe
- Native Village of Kipnuk
- Native Village of Kivalina (IRA)
- Klawock Cooperative Association
- Native Village of Kluti-Kaah (aka Copper Center)
- Knik Village
- Kobuk Traditional Council
- Kokhanok Village
- Kongiganak Traditional Council
- Village of Kotlik
- Native Village of Kotzebue (IRA)
- Native Village of Koyuk (IRA)
- Koyukuk Native Village
- Organized Village of Kwethluk (IRA)
- Native Village of Kwigillingok
- Native Village of Kwinhagak (IRA)
- Larsen Bay Tribal Council
- Lesnoi Village
- Levelock Village
- Lime Village Traditional Council
- Louden Tribal Council
- Village of Lower Kalskag
- Manley Hot Springs Village
- Manokotak Village
- Native Village of Marshall
- Mary's Igloo Traditional Council
- McGrath Native Village Council
- Native Village of Mekoryuk (IRA)
- Mentasta Lake Tribal Council
- Native Village of Minto (IRA)
- Naknek Native Village
- Native Village of Nanwalek (aka English Bay)
- Native Village of Napaimute
- Native Village of Napakiak (IRA)
- Native Village of Napaskiak
- Nelson Lagoon Tribal Council
- Nenana Native Association
- New Koliganek Village Council
- New Stuyahok Village
- Newhalen Village
- Newtok Traditional Council
- Nightmute Traditional Council
- Nikolai Village
- Native Village of Nikolski (IRA)
- Ninilchik Traditional Council
- Native Village of Noatak (IRA)
- Nome Eskimo Community
- Nondalton Village
- Noorvik Native Community (IRA)
- Northway Village
- Native Village of Nuiqsut
- Nulato Tribal Council
- Nunakauyarmiut Tribe
- Native Village of Nunam Iqua
- Native Village of Nunapitchuk (IRA)
- Ohogamuit Traditional Council
- Village of Old Harbor
- Orutsararmiut Native Council
- Oscarville Tribal Council
- Native Village of Ouzinkie
- Native Village of Paimiut
- Native Village of Paimiut
- Pauloff Harbor Village

- Pedro Bay Village Council
- Native Village of Perryville Tribal Council
- Petersburg Indian Association (PIA)
- Pilot Point Tribal Council
- Pilot Station Traditional Village
- Native Village of Pitka's Point
- Platinum Traditional Village Council
- Native Village of Point Hope (IRA)
- Native Village of Point Lay (IRA)
- Port Graham Village Council
- Native Village of Port Heiden
- Native Village of Port Lions
- Portage Creek Village Council
- Qagan Tayagungin Tribe of Sand Point Village
- Qawalangin Tribe of Unalaska
- Rampart Village
- Village of Red Devil
- Ruby Tribal Council
- St. George Traditional Council
- Native Village of St. Michael (IRA)
- Aleut Community of St. Paul Island
- Village of Salamatoff
- Native Village of Savoonga (IRA)
- Organized Village of Saxman (OVS)
- Scammon Bay Traditional Council
- Selawik IRA Council
- Seldovia Village Tribe (IRA)
- Shageluk Native Village (IRA)
- Native Village of Shaktoolik (IRA)
- Native Village of Shishmaref (IRA)
- Native Village of Shungnak (IRA)
- Sitka Tribe of Alaska
- Skagway Tribal Council
- Sleetmute Traditional Council
- Solomon Traditional Council
- Native Village of South Naknek
- Stebbins Community Association (IRA)
- Native Village of Stevens (IRA)
- Village of Stony River
- Sun'aq Tribe of Kodiak
- Takotna Village
- Tanacross Village Council
- Native Village of Tanana (IRA)
- Native Village of Tatitlek (IRA)
- Native Village of Tazlina
- Telida Village
- Teller Traditional Council
- Native Village of Tetlin
- Pelican Tlingit & Haida Community Council
- Traditional Village of Togiak
- Tuluksak Native Community (IRA)
- Tuntutuliak Traditional Council
- Tununak IRA Council
- Twin Hills Village Council
- Native Village of Tyonek (IRA)
- Ugashik Traditional Village Council
- Umkumiut Native Village
- Native Village of Unalakleet (IRA)
- Unga Tribal Council
- Native Village of Venetie Tribal Government (IRA)
- Arctic Village Council
- Venetie Village Council
- Village of Wainwright
- Native Village of Wales (IRA)
- Native Village of White Mountain (IRA)
- Wrangell Cooperative Assn. (IRA)
- Yakutat Tlingit Tribe
- Metlakatla Indian Community

California (109)

- Agua Caliente Band of Cahuilla Indians
- Alturas Indian Rancheria
- Augustine Band of Cahuilla Indians
- Barona Band of Mission Indians
- Bear River Band of Rohnerville Rancheria
- Utu Utu Gwaitu Paiute Tribe of the Benton Paiute
- Berry Creek Rancheria of Maidu Indians
- Big Lagoon Rancheria
- Big Pine Paiute Tribe of the Owens Valley Paiute
- Shoshone Indians"
- Big Sandy Rancheria of Mono Indians
- Big Valley Rancheria of Pomo Indians
- Bishop Paiute Tribe
- Blue Lake Rancheria
- Bridgeport Indian Colony
- Buena Vista Rancheria of Me-wuk Indians
- Cabazon Band of Mission Indians
- Cahto Indian Tribe of Laytonville Rancheria
- Cahuilla Band of Mission Indians
- California Valley Miwok Tribe
- Campo Band of Diegueno Mission Indians
- Cedarville Rancheria
- Chemehuevi Indian Tribe
- Chicken Ranch Rancheria of Me-wuk Indians
- Cloverdale Rancheria of Pomo Indians
- Cold Springs Rancheria of Mono Indians
- Cachil DeHe Band of Wintun Indians (Colusa Rancheria)
- Cortina Rancheria of Wintun Indians
- Coyote Valley Band of Pomo Indians
- Dry Creek Rancheria of Pomo Indians
- "Elem Indian Colony of Pomo Indians of Sulphur
- Bank Rancheria"
- Elk Valley Rancheria
- Enterprise Rancheria of Maidu Indians
- Ewiiapaayp Band of Kumeyaay Indians
- Federated Indians of Graton Rancheria
- Fort Bidwell Indian Community
- Fort Independence Indian Community of Paiute
- Fort Mojave Indian Tribe of AZ, CA & NV
- Greenville Rancheria of Maidu Indians
- Grindstone Rancheria of Wintun-Wailaki Indians
- Guidiville Rancheria of California
- Habematolel Pomo of Upper Lake
- Hoopa Valley Tribe
- Hopland Band of Pomo Indians
- Inaja Band of Diegueno Mission Indians
- Lone Band of Miwok Indians
- Jackson Rancheria of Me-wuk Indians
- Jamul Indian Village of California
- Karuk Tribe of California
- La Jolla Band of Luiseno Indians
- La Posta Band of Diegueno Mission Indians
- Paiute-Shoshone Indians of the Lone Pine Community
- Los Coyotes Band of Cahuilla & Cupeno Indians

- Lower Lake Rancheria
- Lytton Rancheria of California
- Manchester - Point Arena Band of Pomo Indians
- Manzanita Band of Diegueno Mission Indians
- Mechoopda Indian Tribe of the Chico Rancheria
- Mesa Grande Band of Diegueno Mission Indians
- Middletown Rancheria of Pomo Indians
- Mooretown Rancheria of Maidu Indians
- Morongo Band of Mission Indians
- North Fork Rancheria of Mono Indians
- Pala Band of Luiseno Mission Indians
- Paskenta Band of Nomlaki Indians
- Pauma/Yuima Band of Mission Indians
- Pechanga Band of Luiseno Mission Indians
- Picayune Rancheria of Chukchansi Indians
- Pinoleville Pomo Nation
- Pit River Tribe
- Potter Valley Tribe
- Quartz Valley Indian Community
- Ramona Band of Cahuilla Mission Indians
- Redding Rancheria
- Redwood Valley Rancheria of Pomo Indians
- Resighini Rancheria
- Rincon Band of Luiseno Mission Indians
- Robinson Rancheria of Pomo Indians
- Round Valley Indian Tribe
- Rumsey Indian Rancheria of Wintun Indians
- San Manuel Band of Mission Indians
- San Pasqual Band of Diegueno Mission Indians
- Santa Rosa Band of Cahuilla Indians
- Santa Rosa Indian Community
- Santa Ynez Band of Chumash Mission Indians
- lipay Nation of Santa Ysabel
- Scotts Valley Band of Pomo Indians
- Sherwood Valley Rancheria of Pomo Indians
- Shingle Springs Band of Miwok Indians
- Smith River Rancheria
- Soboba Band of Luiseno Indians
- Kashia Band of Pomo Indians of Stewarts Point Rancheria
- Susanville Indian Rancheria
- Sycuan Band of the Kumeyaay Nation
- Table Mountain Rancheria
- Death Valley Timbisha Shoshone Tribe
- Torres-Martinez Desert Cahuilla Indians
- Cher-Ae Heights Indian Community of Trinidad Rancheria
- Tule River Indian Tribe
- Tuolumne Band of Me-Wuck Indians
- Twenty-Nine Palms Band of Mission Indians
- United Auburn Indian Community
- Viejas Band of Capitan Grande Band of Mission Indians
- Wilton Rancheria
- Wiyot Tribe
- Woodfords Community/Washoe Tribe

- Yurok Tribe
- Chemehuevi Indian Tribe

- Fort Mojave Indian Tribe of AZ, CA & NV
- Woodfords Community/Washoe Tribe

Idaho (4)

- Coeur D'Alene Tribe
- Shoshone-Bannock Tribes of Fort Hall Reservation
- Kootenai Tribe of Idaho
- Nez Perce Tribe

Nevada (24)

- Duckwater Shoshone Tribe
- Ely Shoshone Tribe of Nevada
- Fallon Paiute Shoshone Tribal Business Council
- Fort McDermitt Paiute and Shoshone Tribes
- Las Vegas Tribe of Paiute Indians
- Lovelock Paiute Tribe
- Moapa Band of Paiute Indians
- Summit Lake Paiute Tribe
- Te-Moak Tribe of Western Shoshone Indians
- Battle Mountain Band Council
- Elko Band of Te-Moak Tribe of Western Shoshone Indians
- South Fork Band of Te-Moak Tribe
- Wells Indian Colony Band Council
- Pyramid Lake Paiute Tribe
- Reno-Sparks Indian Colony
- Walker River Paiute Tribe
- Washoe Tribe of Nevada and California
- Carson Community Council
- Dresslerville Colony/Washoe Tribe
- Stewart Community/Washoe Tribe
- Winnemucca Indian Colony of Nevada
- Yerington Paiute Tribe
- Yomba Shoshone Tribe
- Shoshone-Paiute Tribes of Duck Valley Reservation

Oregon (9)

- Burns Paiute Tribe of the Burns Paiute Indian Colony
- Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians
- Coquille Tribe of Oregon
- Cow Creek Band of Umpqua Indians
- Confederated Tribes of the Grand Ronde Community
- Klamath Tribe
- Confederated Tribes of Siletz Indians
- Confederated Tribes of the Umatilla Indian Reservation
- Confederated Tribes of the Warm Springs Reservation

Washington (29)

- Confederated Tribes of the Chehalis Reservation
- Confederated Tribes of the Colville Reservation
- Cowlitz Indian Tribe
- Hoh Indian Tribe
- Jamestown S'Klallam Tribe
- Kalispel Indian Community
- Lower Elwha Tribal Community Lummi Tribe
- Makah Indian Tribe
- Muckleshoot Indian Tribe
- Nisqually Indian Tribe
- Nooksack Indian Tribe
- Port Gamble Indian Community
- Puyallup Tribe
- Quileute Tribe
- Quinault Tribe
- Samish Indian Nation
- Sauk-Suiattle Indian Tribe
- Shoalwater Bay Tribe
- Skokomish Indian Tribe
- Snoqualmie Tribe
- Spokane Tribe
- Squaxin Island Tribe
- Stillaguamish Tribe of Washington
- Suquamish Indian Tribe
- Swinomish Indians of Swinomish Reservation
- Tulalip Tribes of the Tulalip Reservation
- Upper Skagit Indian Tribe
- Confederated Tribes and Bands of the Yakama Nation

Appendix 2. VA-IHS MOU: Supporting Materials

Appendix 2.1. Dear Tribal Leader Letter, August 1, 2014



810 Vermont Avenue
Washington, DC 20420

August 1, 2014

Dear Tribal Leader:

The Department of Veterans Affairs (VA) is committed to engaging in regular and meaningful consultation with tribal governments. VA's tribal consultation policy was established in 2011, and continues to guide efforts to consult with tribal governments on all VA policies and actions that may have an impact on tribes.

VA is initiating tribal consultation on the **Memorandum of Understanding (MOU) between VA and the Indian Health Service (IHS) and how the MOU has affected health care for Native Veterans**. The MOU was signed in 2010 to establish coordination, collaboration, and resource sharing between VA and IHS. Its goal is to bring together the strengths and expertise of each agency to actively improve the care and services provided by both of them.

The tribal consultation session will take place on **September 8, 2014, from 1:00 p.m. to 2:30 p.m.** at the Hyatt Regency Albuquerque Hotel, located at 330 Tijeras NW, Albuquerque, NM 87102. The session is being held in conjunction with the National Indian Health Board (NIHB) Annual Consumer Conference.

The purpose of the consultation is to assess the level of awareness tribes have about the VA/IHS MOU and its impact on Veteran care, as well as the MOU's role in promoting access to care for Veterans in Indian Country.

Leadership from the Veterans Health Administration (VHA) Office of Rural Health, VHA Chief Business Office, and VA Office of Public and Intergovernmental Affairs/Office of Tribal Government Relations, will be representing the agency seeking input from tribal leaders on the attached questions.

For those tribal leaders and representatives unable to attend the event, VA invites written comments on the consultation questions. **Written comments may be submitted** as follows:

Email: tribalgovernmentconsultation@va.gov

Mail: U.S. Department of Veterans Affairs
Office of Intergovernmental Affairs (075F)
810 Vermont Avenue, NW Suite 915G
Washington, DC 20420

Written comments should be submitted **no later than October 8, 2014**. For any questions, please contact the Office of Tribal Government Relations at 202-461-7400 or at the email address listed above.

Page 2.

Testimony and comments presented at the tribal consultation event or received via email or letter will receive consideration and response from the agency. All 2014 consultation testimony, as well as official responses from VA, will be shared with tribal governments through a VA tribal consultation report to be disseminated in 2015. VA respects the continued engagement of tribal governments in our collective efforts to serve our Veterans and ensure they have access to the benefits, services, and recognition they have earned through their military service.

Sincerely,

//signature//

Joshua P. Taylor
Acting Assistant Secretary of Public &
Intergovernmental Affairs

Enclosures: Questions for Consultation
Information Briefing: VA-IHS 2010 Memorandum of Understanding

Appendix 2.2. VA-IHS MOU Consultation Agenda

Department of Veterans Affairs Tribal Consultation National Indian Health Board Annual Consumer Conference

Albuquerque Hyatt Regency, Fiesta Room
Monday, September 8, 2014, 1–2:30 p.m.

Opening Prayer

Elder

Welcome and Introduction of Consultation Topics **1:05 p.m.–1:15 p.m.**

VA Facilitators

Stephanie E. Birdwell, Director, Office of Tribal Government Relations,
Facilitator

David M. Montoya, Deputy Assistant Secretary for Intergovernmental Affairs,
Facilitator

VA Representatives

Gina Capra, Director, VA Office of Rural Health

Lori Amos, Chief Operating Officer, Veterans Health Administration Chief
Business Office Purchased Care

Indian Health Service Representative

Dr. Susan Karol, Chief Medical Officer

Questions for consultation are printed on the reverse side of this document.

Consultation **1:15 p.m.–2:20 p.m.**

Questions and Answers
Open Dialogue

Closing Remarks and Prayer **2:20 p.m.–2:30 p.m.**

Appendix 2.3. VA-IHS MOU Info Briefing

VA-IHS 2010 Memorandum of Understanding

Full text available: http://www.va.gov/TRIBALGOVERNMENT/docs/Signed2010VA-IHSMOU_r.pdf

Goals

The MOU was signed in 2010 to establish coordination, collaboration, and resource sharing between VA and IHS. Its goal is to bring together the strengths and expertise of each agency to actively improve the care and services provided by both of them.

The MOU is a far-reaching agreement to establish many levels of coordination, collaboration, and resource-sharing between VA and IHS to better serve American Indian and Alaska Native Veterans, and to ensure that they have access to the VA health benefits they have earned through their service.

The MOU recognizes many possible opportunities for collaboration between VA and IHS, including:

- Increase access and quality of care to American Indian and Alaska Native Veterans
- Improve health promotion and disease prevention
- Encourage patient-centered collaboration and communication
- Consult with tribes at the regional and local levels
- Ensure appropriate resources for services for American Indian and Alaska Native Veterans
- Leverage interagency strengths

Accomplishments and Highlights

- **Increasing Access and Resources.** Care for 3,197 different Veterans at IHS and tribal health programs has been covered under the MOU.
- **Pharmacy Services.** VA has processed 803,000 prescriptions for American Indian and Alaska Native Veterans under the MOU agreement since June 2010.
 - VA filled 50,000 more prescriptions this year than last year.
- **Suicide Prevention.** VA and IHS Suicide Prevention Coordinators contacted 12,000 Veterans through outreach activities since the beginning of FY 2013.
- **Outreach.** VA and IHS recorded and distributed a video promoting outreach to tribes and awareness of clinical services to 147 VA medical centers in FY 2014.
- **Cultural Competency.** VA and IHS developed joint cultural competency webinars and distributed to multiple service agencies in FY 2014.

Collaboration and Partnership Examples

The Albuquerque IHS Area has partnered with the Albuquerque VA Medical Center and University of New Mexico Hospital to train Native psychology interns.

The Fort Belknap IHS Hospital provides secure space where eligible Veterans can receive psychiatric services from a VA provider via telehealth technology.

Reimbursement Agreements

The 2010 MOU specifically identifies the need to improve reimbursement mechanisms, where VA dollars pay for the health care benefits of eligible American Indian and Alaska Native Veterans. To address this need, agreements have been created to establish reimbursement mechanisms, practices, and rates between VA and IHS health facilities, and between VA medical centers and tribally operated health programs.

History of Reimbursement Agreements

October 1, 2010 – The current MOU between VA and IHS was signed.

Fall 2012 – By fall 2012, tribes had already begun developing reimbursement agreements with local VA medical centers, based on a Direct Care Services Reimbursement Agreement template supplied by VA. There were 28 signed agreements between VA facilities and THPs, and another 25 agreements were in process. This number has continued to grow.

December 5, 2012 – VA and IHS signed the **VA-IHS National Reimbursement Agreement** to establish reimbursement by VA to IHS for health care provided to eligible American Indian and Alaska Native Veterans, with ongoing implementation at IHS facilities across the country.

Two Reimbursement Agreements: National and Local

- The **VA-IHS National Reimbursement Agreement** is a national agreement signed in December 2012 that sets forth reimbursement practices between VA and IHS. The agreement was implemented in phases during 2013, starting with selected IHS facilities and gradually being expanded to others.
- **Tribal Health Program Reimbursement Agreements** are negotiated between tribal programs and VA medical centers at a local level. VA has created a reimbursement agreement template based on the national agreement with IHS, available at www.va.gov/tribalgovernment, to help facilitate this process.

Current Status of Reimbursement Agreements

VA has reimbursed IHS and tribal health programs **\$9.3 million dollars** for direct care provided to **3,197 Veterans** as of July 2014.

- The VA-IHS National Reimbursement Agreement has been implemented at 82 IHS facilities and to date has reimbursed \$5.56 million.
- There are 57 active tribal health program reimbursement agreements, and 69 agreements in process as of July 2014. VA has reimbursed \$3.75 million to tribal health programs as of July 2014.

VA and IHS estimate that **about 48,000 American Indian and Alaska Native Veterans** could be covered by local reimbursement agreements with tribal health programs and the National Reimbursement Agreement covering IHS facilities.

Appendix 3. Consultation Comments Received on Other Topics

Consultation participants raised questions and comments that did not relate directly to the VA IHS MOU or the consultation questions. VA has received these comments and will work to address them in its other activities on an ongoing basis.

Medical and Service Records

- The VA-IHS MOU mentions enhanced telecommunications infrastructure to support collaboration in remote areas. Consultation participants asked if VA has plans to support IHS in developing the necessary infrastructure because currently many rural IHS and tribal facilities do not have the infrastructure for submitting documents electronically.
- Consultation participants asked what VA is doing to recover Veterans' information that burned in the St. Louis fire.
- Tribal leaders commented that many Vietnam Veterans came out of the service without any service-related records for conditions treated in Vietnam, and that without those records, Veterans struggle to access care for the same conditions today.

Diabetes

- Consultation participants recommended that, since many AI/AN Veterans suffer from diabetes, VA should create something like the WIC program⁶ where Veterans with diabetes would receive vouchers to purchase fruits and vegetables.
- Tribal health advocates testified that if VA is serious in its commitment to providing health care to AI/AN Veterans, it should make available more treatment for type 2 diabetes, because AI/AN people have the highest prevalence of diabetes among U.S. racial and ethnic groups. Diabetes often leads to other complications, like cardiovascular disease and renal failure, and heart disease and diabetes are among the four leading causes of AI/AN mortality.

Housing

- A consultation participant said that tribes often have housing issues, and Veterans may depend on VA loans, but if VA denies it, a Veteran may have few other options.
- A tribal representative said that VA has a 620 credit score cutoff on home loans, but many American Indians who live on reservations have credit issues because of issues of multiple jurisdictions. He recommended that VA rethink its credit score requirements.

⁶ The U.S. Department of Agriculture, Food and Nutrition Service, Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) provides assistance, such as checks or vouchers to purchase specific foods for certain low-income women and children at nutritional risk.

Recognition of Veterans and Families

- A tribal representative recommended that VA find ways to celebrate elderly Veterans, like sending them birthday cards from other Veterans around the United States. She said that they should also recognize family members, because families of Veterans suffer, especially if their Veteran is hurting, or has died by suicide. Sending a card would say, “We are thinking about you today.” In general, she explained, VA should work to encourage the family members of Veterans, even as they thank Veterans for their service—in public places as well as individually.

Consultation Process

- Consultation participants said that the consultation session needs more time, and that an hour-and-a-half [at the Albuquerque consultation] was not enough.
- Participants who submitted written testimony said that numerous clients and representatives would like to weigh in, but that VA must offer time beyond the October 8, 2014, deadline for written testimony, to allow these parties to secure proper input from the various tribal interests and leadership.
- Tribal leaders recommended that VA engage in substantive consultation directly with tribal governments, tribal health care facilities, and tribal organizations and representatives to achieve specific, measurable, and targeted goals that can further the VA-IHS MOU.
- Tribal representatives recalled that VA and IHS collaborated in the development of the VA-IHS MOU and the reimbursement agreement template, but they said that VA discussions with IHS cannot substitute them for consultation with tribal governments, because IHS and tribal health programs differ in many respects. The representatives explained that a direct relationship between tribes and VA is consistent with the Indian Self-Determination and Education Assistance Act policies of tribal self-determination, and is ultimately needed for tribes and VA to reach common ground and improve the coordination of health care delivery.

Other Concerns

- Tribal leaders reported that Veterans and their families have difficulty understanding the legal language of the VA-IHS MOU, other letters from VA, and the process of applying for benefits generally.
- Consultation participants expressed concern that VA does not have an accurate count of Veterans in Indian Country.
- A consultation participant expressed that IHS, tribal, and VA programs should be accredited health programs providing care to AI/AN Veterans. Advisory health board members should have a background check before serving as health board members, he explained, and he recommended that VA verify that IHS or tribal programs have fulfilled their health care accreditation status prior to reimbursing them for the Veterans they have seen.

Appendix 4. VA Black Hills Health Care System Proposed Reconfiguration: Supporting Materials

Appendix 4.1. Tribes Invited to the Black Hills Consultation

The consultation invitation was sent to 41 tribes in the Black Hills region.

- Apache Tribe of Oklahoma
- Assiniboine and Sioux Tribes of the Fort Peck Indian Reservation
- Blackfeet Tribe of the Blackfeet Indian Reservation
- Bois Fort Band
- Cheyenne and Arapaho Tribes, Oklahoma
- Cheyenne River Sioux Tribe of the Cheyenne River Reservation
- Chippewa-Cree Indians of the Rocky Boy's Reservation
- Comanche Nation
- Confederated Salish and Kootenai Tribes of the Flathead Reservation
- Crow Creek Sioux Tribe of the Crow Creek Reservation
- Crow Tribe of Montana
- Shoshone Tribe of the Wind River Reservation (Eastern Shoshone Tribe)
- Flandreau Santee Sioux Tribe of South Dakota
- Fond du Lac Band
- Fort Belknap Indian Community of the Fort Belknap Reservation of Montana
- Grand Portage Band
- Kiowa Indian Tribe of Oklahoma
- Leech Lake Band
- Lower Brule Sioux Tribe of the Lower Brule Reservation
- Lower Sioux Indian Community in the State of Minnesota
- Mille Lacs Band
- Arapaho Tribe of the Wind River Reservation (Northern Arapaho Tribe)
- Northern Cheyenne Tribe of the Northern Cheyenne Indian Reservation
- Oglala Sioux Tribe
- Omaha Tribe of Nebraska
- Ponca Tribe of Indians of Oklahoma
- Ponca Tribe of Nebraska
- Prairie Island Indian Community in the State of Minnesota
- Red Lake Band of Chippewa Indians
- Rosebud Sioux Tribe of the Rosebud Indian Reservation
- Santee Sioux Nation
- Shakopee Mdewakanton Sioux Community of Minnesota
- Sisseton-Wahpeton Oyate of the Lake Traverse Reservation
- Spirit Lake Tribe
- Standing Rock Sioux Tribe of North and South Dakota
- Three Affiliated Tribes of the Fort Berthold Reservation (Mandan, Hidatsa, Arikara)
- Turtle Mountain Band of Chippewa Indians of North Dakota
- Upper Sioux Community
- White Earth Band
- Winnebago Tribe of Nebraska
- Yankton Sioux Tribe of South Dakota

Appendix 4.2. Dear Tribal Leader Letter, August 18, 2014



Department of Veterans Affairs
ASSISTANT SECRETARY FOR PUBLIC AND INTERGOVERNMENTAL AFFAIRS
WASHINGTON DC 20420

August 18, 2014

Dear Tribal Leader:

The Department of Veterans Affairs (VA) is sending this communication to provide information regarding upcoming consultations on the Proposed Reconfiguration of the VA Black Hills Health Care System (BHHCS).

Proposal and Recent Efforts

The proposal would involve reconfiguring existing services and expanding points of access to health care within the VA Black Hills Health Care System (BHHCS) service area to better serve the health care needs and distribution of Veterans in the VA BHHCS service area over the next 20 to 30 years. That area includes portions of South Dakota, Nebraska, and Wyoming. More information is available on the BHHCS website (<http://www.blackhills.va.gov/vablackhillsfuture/>).

As required by the National Environmental Policy Act (NEPA), an Environmental Impact Statement (EIS) is being prepared to analyze the environmental consequences of the proposal. A series of NEPA public seeing meetings were held throughout the service area in June. The purpose of public seeing is to ensure the EIS evaluates the range of potential issues associated with the proposal. The public seeing period ended August 16.

Evaluating the potential effect(s) or impact(s) of this proposal is a comprehensive effort that involves outreach efforts, consultations, and compliance with several applicable laws and regulations. To assist in understanding these processes, VA would like to take this opportunity to clarify the term "consultation", which appears in several of these laws and regulations. With respect to the proposal to reconfigure the Black Hills Health Care System, there are two distinct, yet interrelated, sets of consultations.

National Historic Preservation Act Consultation

The regulations implementing Section 106 of the National Historic Preservation Act (NHPA) discuss "consultation" as the process "to identify historic properties potentially affected by the undertaking, assess its effects and seek ways to avoid, minimize or mitigate any adverse effects on historic properties." This consultation process focuses exclusively on effects to historic properties. NHPA recognizes the government-to-government relationship between the Federal government and the tribes.

Page 1 of 3

Since a key component of this BHHCS proposal involves the VA Hot Springs campus, which is designated as a National Historic Landmark, VA is following the “substitution” process described in the handbook issued jointly by the Council on Environmental Quality and the Advisory Council on Historic Preservation for integrating NEPA and NHPA Section 106 (dated March 2013). This substitution does not lessen any of the NHPA requirements, rather, it provides a more integrated and streamlined mechanism to accomplish the same.

Tribal Consultation

Consultation, as prescribed by Executive Order 13175 and by VA Directive 8603, covers a much broader range of potential tribal concerns and/or issues with respect to the proposed Federal action than just historic preservation. These consultation topics and scope extend well beyond the historical aspects of a particular facility or location. Formal tribal consultation in this sense is a documented process in which input is sought from tribal officials on proposed VA actions which may: (1) require tribal and VA senior leadership involvement; (2) involve the potential for widespread, direct and substantial impact upon more than one tribe or on the relationship between VA and tribes; (3) affect tribal resources, rights, or land; (4) entail policy, legislative, or legal actions involving tribes; or (5) change the distribution of authority and responsibilities between VA and Indian tribes.

Participation in the Section 106 Process for Historic Properties

If you indicate an interest in the NHPA Section 106 consultation process, you will be provided additional details about the relevant schedule and milestones in future correspondence. Please recognize the focus of the Section 106 consultations is limited to evaluation of the potential adverse effects to the Hot Springs campus and other historic properties that may be identified. **Please notify the VA of your interest in the Section 106 process by referencing this letter and identifying your selected point of contact for Section 106 coordination, by either an email to vablackhillsfuture@va.gov, or a letter to Staff Assistant to the Director, VA Black Hills Health Care System, 113 Comanche Road, Fort Meade, SD 57741.** We welcome your interest and would appreciate receiving your response within 15 days of your receipt of this letter.

Participation in Tribal Consultation Pursuant to Executive Order 13175

VA is preparing to initiate formal Tribal Consultation this summer as well, possibly as soon as late August or early September. To prepare for these efforts, VA is requesting input from tribes located in South Dakota, North Dakota, Montana, Wyoming, Minnesota, Oklahoma, and Nebraska. The input would be focused on primary topics of concern to the affected tribes and would help craft the agenda, identify venues, and ensure that key VA leadership and personnel attend.

We very much look forward to your input. Based upon the communications to date, VA anticipates Tribal Consultation subjects of interest to include, but not be limited to, the following:

- Tribal government concerns specific to the Hot Springs campus itself;
- Potential for Tribal government interest in the use or actual acquisition of part or all (with some exceptions) of the Hot Springs campus, if the decision to vacate some or all is reached;
- Specific concerns surrounding access, timeliness, and quality of medical care to American Indian Veterans through facilities on or near reservations;
- Other mechanisms for provision of medical care to American Indian Veterans;
- Any effect on other Veterans benefits and services available to American Indian Veterans (for example, through VA's Veterans Benefits Administration or VA's National Cemetery Administration) as a result of the proposal.

In order to properly prepare for the upcoming Tribal Consultation under Executive Order 13175, please provide your comments and requests by September 12, 2014.

Comments and requests may be sent electronically to tribalgovernmentconsultation@va.gov, by fax (202) 273-5716 or mail: Department of Veterans Affairs, Office of Tribal Government Relations, 810 Vermont Ave. NW Suite 915e, Washington, DC 20420.

VA recognizes the value of dialogue and importance of communication with American Indian tribes and looks forward to receiving your input. If you have any questions regarding this communication you may contact Peter Vicaire, Office of Tribal Government Relations Specialist, Central Region at (651) 405-5676 or Peter.Vicaire@va.gov.

Sincerely,



Josh Taylor
Acting Assistant Secretary
Office of Public and Intergovernmental Affairs

Appendix 4.3. Dear Tribal Leader Letter, October 15, 2014



OFFICE OF TRIBAL GOVERNMENT RELATIONS (075F)

October 15, 2014

Dear Tribal Leader:

The U.S. Department of Veterans Affairs (VA) is holding a tribal consultation session on **Wednesday, November 19, 2014, from 8:00am-10:00am** at the Billy Mills Hall in Pine Ridge, South Dakota. Billy Mills Hall- (605) 867-2589 - is just off Highway 18 in the center of Pine Ridge. This consultation session was previously announced in a Dear Tribal Leader Letter from VA mailed on August 18, 2014.

The consultation topic involves the potential realigning of VA services out of the Hot Springs, South Dakota facility, which could include, but is not limited to: (1) tribal government concerns specific to the Hot Springs campus; (2) concerns surrounding access, timeliness, and quality of medical care; and (3) any effect on other Veteran benefits and services. Representatives of the Veterans Health Administration (VHA) and Office of Public and Intergovernmental Affairs/Office of Tribal Government Relations (OTGR) will be present to receive input.

This consultation session is being held in conjunction with an environmental impact consultation session on that same date, which will run immediately after the VA consultation, from 10:00am-12:00pm. This consultation is being done to evaluate the potential environmental impact(s) this proposal will have on the historic property of the Hot Springs facility itself.

For those tribal leaders and representatives unable to attend the event, VA welcomes written comments. These comments should be submitted no later than December 19, 2014. For any additional questions, please contact OTGR at the contact information provided below.

VA respects the continued engagement of tribal governments in our collective efforts to serve our Veterans and ensure they have access to the benefits, services, and recognition they have earned through their military service.

Page2
Black Hills Follow-Up

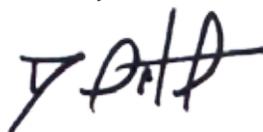
Email: tribalgovernmentconsunation@va.gov

Phone: 202-461-7400

OTGR Point of Contact: Peter Vicaire, Peter.Vicaire@va.gov

Mail: U.S. Department of Veterans Affairs
Office of Intergovernmental Affairs (075F)
810 Vermont Avenue, NW Suite 915G
Washington, DC 20420

Sincerely,



David M Montoya
Deputy Assistant Secretary for
Intergovernmental Affairs

Tribes Invited to Consultation:	
Apache Tribe of Oklahoma	Mille Lacs Band of Ojibwe
Assiniboine and Sioux Tribes of the Fort Peck Indian Reservation	Northern Arapaho Tribe
Blackfeet Nation	Northern Cheyenne Tribe of the Northern Cheyenne Indian Reservation
Bois Fort Reservation	Oglala Sioux Tribe of the Pine Ridge Reservation
Cheyenne and Arapaho Tribes, Oklahoma	Omaha Tribe of Nebraska
Cheyenne River Sioux Tribe of the Cheyenne River Reservation	Ponca Tribe of Indians of Oklahoma
Chippewa-Cree Indians of the Rocky Boy's Reservation	Ponca Tribe of Nebraska
Comanche Nation	Prairie Island Indian Community In the State of Minnesota
Confederated Salish and Kootenai Tribes of the Flathead Reservation	Red Lake Nation
Crow Creek Sioux Tribe of the Crow Creek Reservation	Rosebud Sioux Tribe of the Rosebud Indian Reservation
Crow Tribe of Montana	Santee Sioux Nation
Eastern Shoshone	Shakopee Mdewakanton Sioux Community
Flandreau Santee Sioux Tribe of South Dakota	Sisseton-Wahpeton Oyate of the Lake Traverse Reservation
Fond du Lac Band of Lake Superior Chippewa	Spirit Lake Sioux Tribe
Fort Belknap Indian Community of the Fort Belknap Reservation of Montana	Standing Rock Sioux Tribe of North and South Dakota
Grand Portage Reservation	Three Affiliated Tribes of the Fort Berthold Reservation (Mandan, Hidatsa, Arikara)
Kiowa Indian Tribe of Oklahoma	Turtle Mountain Band of Chippewa Indians of North Dakota
Leech Lake Band of Ojibwe	Upper Sioux Community
Lower- Brule Sioux Tribe	White Earth Nation
Lower- Sioux Indian Community In the State of Minnesota	Winnebago Tribe of Nebraska
	Yankton Sioux Tribe of South Dakota

Appendix 4.4. Environmental Impact Statement Notice of Intent, May 2014

DEPARTMENT OF VETERANS AFFAIRS

Billing Code: 8320-01

Notice of Intent to Prepare an Integrated Environmental Impact Statement for the Department of Veterans Affairs, Black Hills Health Care System Proposed Improvements and Reconfiguration, Hot Springs and Rapid City, South Dakota

AGENCY: Department of Veterans Affairs (VA).

ACTION: Notice of Intent

SUMMARY: Pursuant to the National Environmental Policy Act (NEPA) of 1969 (42 U.S.C. 4331 et seq.); the Council on Environmental Quality Regulations for Implementing the Procedural Provisions of NEPA (40 CFR Parts 1500-1508); VA's NEPA Implementing Guidance (38 CFR Part 26); Section 106 of the National Historic Preservation Act (NHPA) of 1966 (16 U.S.C. Part 470F); and the Advisory Council on Historic Preservation Procedures for the Protection of Historic Properties (36 CFR Part 800 et seq.), VA intends to prepare an integrated environmental impact statement (EIS) for the proposed improvements to and reconfiguration of the VA Black Hills Health Care System (VA BHHCS) services in the Hot Springs and Rapid City, South Dakota, vicinities. The proposed action would involve reconfiguring existing services and expanding points of access to health care within the VA BHHCS service area to better serve the health care needs and distribution of Veterans in the VA BHHCS service area over the next 20 to 30 years. That area includes parts of South Dakota, northwestern Nebraska, and eastern Wyoming. The effects and impacts to be addressed will include those identified in 40 CFR Part 1508.8; i.e., ecological, aesthetic, historic, cultural, economic, social, and health, whether direct, indirect, or cumulative. Both beneficial and detrimental effects of the proposed action will be identified as well. As part of the seeping process, VA seeks public input on the relative importance of these and other areas of environmental concern, and suggestions regarding additional environmental impacts that should be evaluated.

DATES: With the publication of this notice, VA is initiating the seeping process to identify issues and concerns to be addressed in the integrated EIS. Federal, state, and local agencies, environmental organizations, businesses, other interested parties and the general public are encouraged to submit their written comments identifying specific issues or topics of environmental concern that should be addressed. VA will hold two or more public seeping meetings within the VA BHHCS service area; the dates, times, and locations of which will be announced and published at least 14 days prior to the meetings. All written comments on the proposal should be submitted by [INSERT DATE 30 DAYS AFTER DATE OF PUBLICATION IN FEDERAL REGISTER]. VA will consider all comments received during the 30-day public comment period in determining the scope of the integrated EIS.

ADDRESSES: Submit written comments on VA's notice of intent to prepare an integrated EIS through www.Regulations.gov or vablackhillsfuture@va.gov. Please refer to: "VA BHHCS Notice of Intent to Prepare an Integrated EIS". Comments may also be submitted to Staff Assistant to the Director, VA Black Hills Health Care System, 113 Comanche Rd., Fort Meade, SD 57741

FOR FURTHER INFORMATION CONTACT: Staff Assistant to the Director, VA BHHCS, at the address above or by telephone, 605-720-7170. Documents related to the VA BHHCS proposed reconfiguration will be available for viewing on the VA BHHCS web site: <http://www.blackhills.va.gov/VABlackHillsFuture/>

SUPPLEMENTARY INFORMATION: In December 2011, VA made public a proposal to improve and reconfigure the Black Hills Health Care System services. The purpose of this proposed action is to enhance and maintain the quality and safety of care for Veterans in the 100,000 square-mile VA BHHCS service area, replace aging buildings for Veterans in Residential Rehabilitation and Treatment Programs (RRTP) and Community-Based Outpatient Clinics (CBOC), increase access to care closer to Veterans' homes, and reduce out-of-pocket expenses for Veterans' travel. VA BHHCS served approximately 18,650 Veterans in fiscal year 2012, a decrease from 20,500 in fiscal year 2009. VA projections estimate that within 10 years VA BHHCS will serve about 19,750 Veterans in the two hospitals (Hot Springs and Fort Meade) and nine CBOCs currently in operation.

The need for the reconfiguration of services is further substantiated by the following facts: 1) Veteran population centers are not in the same location as current VA facilities; 2) Difficulty recruiting and retaining qualified staff at current Hot Springs facility; 3) Difficulty maintaining high-quality, safe, and accessible care; 4) Long distances and travel times to receive specialty care; 5) Current residential treatment facilities and locations limit care available to Veterans; and 6) Higher operating costs than financial allocations.

At VA Hot Springs there are approximately 2,800 Veterans that receive primary care. About 5,500 Veterans visit the

facility annually for some aspect of care. The operation of this small, highly rural facility located in a community of approximately 3,900 persons raises concerns about safety, quality of care, sustainability over time, recruitment and retention of staff, and cost of operations and maintenance and upgrades to the facility. Contributing factors are the difficulty complying with rules and laws governing handicapped access, and the increasing age and cost of operating, maintaining and improving buildings ranging from 40 to over 100 years old.

At present, VA has identified seven potential action alternatives to be analyzed in the EIS: *Alternative A* would involve building/leasing a CBOC in Hot Springs and a Multi-Specialty Outpatient Clinic (MSOC) and 100-bed RRTP in Rapid City. *Alternative B* would involve building/leasing a 100-bed RRTP in Hot Springs and a MSOC in Rapid City. *Alternative C* would entail renovating Building 12 for a CBOC and the Domiciliary for a 100-bed RRTP at Hot Springs and building/leasing a MSOC at Rapid City. *Alternative D* would involve building/leasing a CBOC and 24-bed RRTP at Hot Springs and a MSOC and 76-bed RRTP at Rapid City. *Alternative E* would involve implementing a proposal put forward by the "Save the VA" committee, a Hot Springs public interest group, to repurpose VA Hot Springs as a multifaceted national demonstration project for Veterans care in a rural environment. *Alternative F* would be an as yet unidentified alternative use that might be proposed during the EIS process. *Supplemental Alternative G* would entail repurposing all or part of the Hot Springs campus through an enhanced-use lease or other agreement with another governmental agency or private entity in conjunction with Alternatives A through F. In addition to the above seven action alternatives, the EIS also will evaluate the impacts associated with the No Action or "status quo" alternative (Alternative H) as a basis for comparison to the action alternatives.

Potential issues and impacts to be addressed in the EIS will include, but not be limited to, physical and biological resources, cultural and historic resources, land use, socioeconomic, community services, transportation and parking, and cumulative effects. Relevant and reasonable measures that could alleviate or mitigate adverse effects and impacts also will be included. VA will undertake necessary consultations with other governmental agencies and consulting parties pursuant to the NHPA, Endangered Species Act, Clean Water Act, and other applicable environmental laws. Consultation will include, but not be limited to, the following Federal, Tribal, state, and local agencies: State and Tribal Historic Preservation Officers; U.S. Fish and Wildlife Service; U.S. Environmental Protection Agency; National Park Service; and the Advisory Council on Historic Preservation. Information related to the EIS process, including notices of public hearing and other informational meetings and hearings, will be available for viewing on the VA BHHCS web site: <http://www.blackhills.va.gov/VABlackHillsFuture/>

VA anticipates that many of the issues to be addressed in assessing the impacts of the various alternatives will be broadly cultural in character; that is, they will involve potential impacts on the cultural environment as perceived by Veterans, their families, Indian tribes and communities of the area. Such impacts may include, but are not limited to: a) impacts on historic properties; b) impacts on the cultural values ascribed to the Hot Springs and Fort Meade campuses by Veterans, local residents, Indian tribes and others; c) impacts to ongoing or traditional cultural uses of such locations; and d) impacts on archaeological, historical, and scientific data.

In the interests of efficiency, completeness, and facilitating public involvement, it is VA's intention that all cultural impacts be addressed together, in consultation with all appropriate parties. To facilitate this inclusive process, VA will incorporate into its NEPA analysis process the review procedures for historic properties usually carried out separately under 36 CFR Parts 800.3 through 6 of the NHPA Section 106 implementing regulations. This process is described in 36 CFR Part 800.8(c) of those procedures and in the Council on Environmental Quality and Advisory Council on Historic Preservation handbook for integrating NEPA and Section 106 dated March 2013.

Signing Authority:

The Secretary of Veterans Affairs, or designee, approved this document and authorized the undersigned to sign and submit the document to the Office of the Federal Register for publication electronically as an official document of the Department of Veterans Affairs. Jose D. Riojas, Chief of Staff, Department of Veterans Affairs, approved this document on May 6, 2014, for publication.

Dated: May 13, 2014

Robert C. McFetridge,
Director, Regulation Policy and Management
Office of the General Counsel
Department of Veterans Affairs

Appendix 4.5. Information Sheet: Environmental Impact Statement



INFORMATION SHEET

Environmental Impact Statement for
VA Black Hills Health Care System Reconfiguration



October 27, 2014

Visit our website or contact us for more information:

Website: <http://www.blackhills.va.gov/VABlackHillsFuture/>

Phone: 605-720-7170 **Email:** VABlackHillsFuture@va.gov

Mail:

Attn: Director's Office
113 Comanche Rd
Fort Meade, SD 57741

National Environmental Policy Act (NEPA)

- Federal agency must consider environmental impacts of their proposal in deciding what action to take
- Prepare an Environmental Impact Statement (EIS) to determine if the proposed action or alternatives have potential to significantly impact the natural and human (social, economic) environment
- Identify reasonable measures to avoid or minimize environmental harm

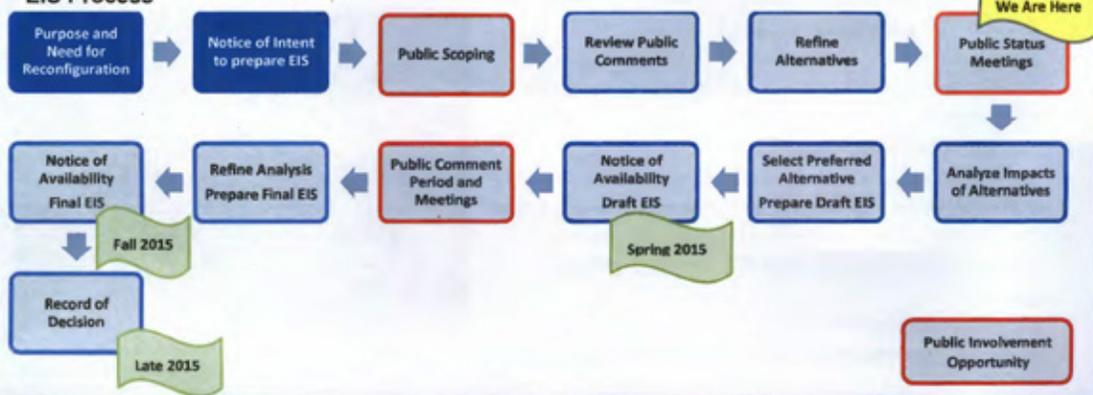
Scoping Process

- Involve public with identifying the issues and resources to evaluate in the EIS
- Receive public and agency input on alternatives, impacts, and mitigation options
- Use comments in preparing EIS

Purpose of and Need for Health Care System Reconfiguration

- **Purpose:** Provide quality, safe, accessible health care for Veterans well into the 21st century by:
 - Enhancing and maintaining quality and safety of care in the 100,000-square-mile service area
 - Replacing aging and ADA-noncompliant buildings for Veterans in Residential Rehabilitation and Treatment Programs and Community-Based Outpatient Clinics
 - Increasing access to care closer to Veterans' homes
 - Reducing out-of-pocket expenses for Veterans' travel
- **Need:**
 - Veteran population centers are not in the same location as current VA facilities
 - Difficulty recruiting and retaining qualified staff at Hot Springs facility
 - Difficulty maintaining high-quality, safe, and accessible care
 - Long distances and travel times to receive specialty care
 - Current residential treatment facilities and locations limit care available to single parent Veterans and handicapped Veterans, and limit enhancements of the recovery model of care
 - Higher operating costs than financial allocations

EIS Process



Alternatives

	Hot Springs	Rapid City
A	CBOC – build/lease; vacate VA campus	MSOC, RRTP (100 beds) – build/lease
B	CBOC, RRTP (100 beds) – build/lease; vacate VA campus	MSOC – build/lease
C	CBOC – renovate Bldg 12; RRTP (100 beds) – renovate Domiciliary	MSOC – build/lease
D	CBOC, RRTP (24 beds) – build/lease; vacate VA campus	MSOC, RRTP (76 beds) – build/lease
E*	RRTP (200 beds) – renovate Domiciliary; Bldg 12 (inpatient) – renovate; other upgrades/renovations – new programs & services	no change
F	to be determined	to be determined
G**	future re-use of all or part of VA campus	no change
H	no action – status quo	no action – status quo

* "Save the VA" ** Supplement to Alternatives A–D
 MSOC – Multi Specialty Outpatient Clinic CBOC – Community Based Outpatient Clinic
 RRTP – Residential Rehabilitation Treatment Program

"Save the VA" Alternative

- Renovate existing hospital and domiciliary instead of construction or lease of a new facility.
- Expand and restore hospital healthcare services at Hot Springs VA for a length of time (recommended 10 years) to get baseline data regarding Veteran need for and access to healthcare, on which to support future alignment plans.
- Engage Compensated Work Therapy (CWT) Veterans and teach historic building preservation standards and methods to support VA maintenance program of the National Historic Landmark and other recognized historic structures in the Black Hills.
- Expand on educational opportunities for Veterans and staff in the catchment area, including the Pine Ridge Indian Reservation.
- Undertake expanded study of effectiveness of PTSD/TBI/ Substance Abuse Treatment in a therapeutic rural setting.
- Utilize expanded work-therapy programs, educational opportunities, and physical and mental programs to treat homeless Veterans, and assist unemployed and underemployed Veterans.

National Historic Preservation Act (NHPA)

- Requires a federal agency to determine the effects of their action on historic properties
- Regulations permit "substitution" of NEPA review for the Section 106 compliance process
- Identify consulting parties during scoping process
- Identify and evaluate historic properties concurrently with other resources
- Consult with tribal governments
- Assess potential effects to Battle Mountain Sanitarium National Historic Landmark and other cultural resources
- Opportunities for input from consulting parties and public before releasing Draft EIS (see EIS process graph)
- Commit to mitigation strategy in Record of Decision if preferred alternative affects a historic property

Analysis of Environmental Resources

Human Environment	
Aesthetics	Community Services
Cultural Resources	Solid / Hazardous Materials
Noise	Transportation / Parking
Land Use	Utilities
Socioeconomics	Environmental Justice
Physical Environment	
Air Quality	Geology / Soils
Floodplains / Wetlands	Hydrology / Water Quality
Biological Environment	
Wildlife / Habitat	



Photos: Battle Mountain Sanitarium Building 1 – Rotunda (top); vintage aerial view (bottom)

Appendix 5. Policy Background

Affordable Care Act (ACA)

Two pieces of legislation (the Patient Protection and Affordable Care Act, P.L. 111-148, and the Health Care Education and Reconciliation Act of 2010, P.L. 111-152) that together make up “health care reform,” as enacted under President Barack Obama in 2010.

Full text of the ACA is available here:
<http://www.hhs.gov/healthcare/rights/law/>

Indian Self-Determination and Education Assistance Act of 1975 (ISDEA)

This Act (P.L. 93-638) allows certain Government agencies to enter into contracts with federally recognized Indian tribes for the purpose of giving tribes greater control over administering funds for health care, education, and other programs, and increasing tribal self-governance.

Full text of the ISDEA is available here:
<http://www.bia.gov/cs/groups/mywcsp/documents/collection/idc017334.pdf>

National Environmental Policy Act of 1969 (NEPA)

This Act (P.L. 91-190) requires Federal agencies to evaluate significant environmental impacts of their proposed actions through the use of environmental impact statements. Regulations implementing the NEPA authorizes Federal agencies to combine the NEPA evaluation process with the Section 106 process under the National Historic Preservation Act (NHPA).

Full text of the NEPA is available here:
<http://energy.gov/nepa/downloads/national-environmental-policy-act-1969>

National Historic Preservation Act (NHPA)

This Act (P.L. 89-665) preserves historical and archaeological sites in the United States and created the National Register of Historic Places.

Section 106 defines the process of evaluating the impact of governmental actions on historic properties and consulting with individuals or agencies that have an interest in the historic property about such impacts.

Full text of the NHPA is available here:
<http://www.achp.gov/nhpa.html>

Veterans Access, Choice, and Accountability Act of 2014 (the Veterans Choice Act)

The Veterans Choice Act allows certain Veterans to access and VA to reimburse for health care provided through non-VA entities. It also contains provisions relating to care for AI/AN Veterans and care provided to Veterans through tribal health facilities.

Full text of the Veterans Choice Act is available here:

<https://www.congress.gov/bill/113th-congress/senate-bill/2424/text>

Appendix 6. Abbreviations, Terms, and Definitions

CBO	VA Chief Business Office
CMS	Centers for Medicare & Medicaid Services
FY	Fiscal Year
HUD-VASH	Housing and Urban Development-VA Supportive Housing, a housing voucher program to assist homeless Veterans.
IGA	VA Office of Intergovernmental Affairs
IHS	Indian Health Service
MOU	Memorandum of Understanding
NCA	National Cemetery Administration
NCAI	National Congress of American Indians
NIHB	National Indian Health Board
ORH	Veterans Health Administration's Office of Rural Health
OTGR	VA Office of Tribal Government Relations
PTSD	Post-traumatic stress disorder, a mental disorder related to exposure to trauma, with diagnostic criteria defined in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM-5). See: http://www.ptsd.va.gov/professional/PTSD-overview/dsm5_criteria_ptsd.asp
SAMHSA	Substance Abuse and Mental Health Services Administration
Sweat lodge	A building used to conduct American Indian traditional ceremonial and healing steam baths, often accompanied by songs, prayer, or other ceremonial elements.



TVR	Tribal Veteran Representative
VA	Department of Veterans Affairs
VAMC	VA Medical Center
VBA	Veterans Benefits Administration
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network, VA's regional administrative units.



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