



STATE OF WASHINGTON

Indian Nation Agreement Risk Assessment Consultation

06/28/2023

Hosted by the Health Care Authority

Tribal Government Attendees:

- Cowlitz Indian Tribe – Brenda Martin, Health Director; Melissa Halvorsen, Youth Program Manager
- Lummi Nation – Vanda Patterson, Health Policy
- Muckleshoot Indian Tribe – Allison Laird, Grants and Contracts Director; Kevin Cronk, Controller; Michelle Getty, Grant Analyst
- Nooksack Indian Tribe - Jodie Owsley, Chemical Dependency Program Manager; Michael Napolitano Jr., Controller
- Puyallup Tribe of Indians – Mona Miller, Director of the Reentry Program; Lori Bridgers
- Quileute Indian Nation – Jolene Winger, Health Director
- Shoalwater Bay Tribe - Kim Coombs, Health Director; Judy Lawrence, Grant Accountant
- Skokomish – Marguerite Donaldson, Behavioral Health Director
- Snoqualmie Indian Tribe - Libby Watanabe, Health Director; Alisa Burley, Health and Wellness Administrator
- Spokane Tribe of Indians – Shad St. Paul, Behavioral Health Director
- Squaxin Island Tribe – Faye Smith, Grants Management; Julie Goodwin, Accounts Receivable Manager; Elizabeth Egan, Grant Writer; Jenn Ogno, Budget Coordinator
- Stillaguamish Tribe of Indians – Danielle Zimmerman, Grant Writer and Administrator
- Swinomish Indian Tribal Community - Brandy Solomon, Grants Manager; Sarah Sullivan, Health Policy Director, didg^wálic Wellness Center

Tribal Organizations/non-Tribal Indian Health Care Provider Attendees:

- American Indian Health Commission – Vicki Lowe, Executive Director; Pam Priest, Consultant
- NATIVE Project of Spokane - Maureen Rosette, Chief Operating Officer

State Agencies:

- Department of Children Youth and Families – Tleena Ives, Director of Tribal Relations
- Department of Social and Health Services – Tim Collins, Office of Indian Policy Senior Director
- Health Care Authority - Sue Birch, Director; Lou McDermott, Deputy Director; Charissa Fotinos; Medicaid and Behavioral Health Medical Director; Keri Waterland, Division Director, Behavioral Health and Recovery; Aren Spark, Tribal Affairs Administrator; Christine Winn, Deputy Tribal Affairs Administrator; Lucilla Mendoza, Tribal BH Administrator; Lena Nachand, Medicaid Transformation Tribal Liaison; Mike Longnecker- Claims and Billing Technician; Auddie Gugle, Tribal Liaison, South Cascade, South Puget Sound and King Regions; Raina Peone, Tribal

Liaison, Eastern Washington; Nicole Earls, Regional Tribal Liaison, Peninsula and Coastal Regions; Annette Squetinkin-Anquoe, Tribal Grants and Contracts Coordinator; Rachelle Amerine, Compliance and Oversight Manager; Will Sogge, External Audit Liaison; Kari Summerour, External Audit and Compliance Manager

Meeting Minutes

Welcome and Introductions

- **Welcome and Land Acknowledgement by:** Aren Sparck, HCA-OTA, Tribal Affairs Administrator
- **Introduction and Opening Statements of Elected Tribal Officials:** No elected officials were present.
- **Introduction and Opening Statements of Tribal Leaders and Representatives:** Invitation for Leaders to introduce themselves.
 - **Libby Watanabe** – Would like to thank the Health Care Authority for convening this Consultation so that Tribal representatives can weigh in on the Risk Assessment document.
- **Introduction and Opening Statements of HCA Leadership**
 - **Lou McDermott, Deputy Director:** Our leadership team, thank all Tribal elected officials and Tribal health leaders for participating in the past workgroup and roundtables and today's Consultation. Our government-to-government relationship with the Tribes is extremely important to the Agency and we are committed to supporting efforts to increase health funding to Tribal health programs through the Indian Nation Agreement. We look forward to the discussion today.
 - **Charissa Fotinos, Medicaid and Behavioral Health Director:** I echo Lou's statements and want to add is that although these INA processes get us back into compliance for monitoring pass through funding, we have clear messages that the legislature would like for our Agency to show our work and we continue to work on program integrity efforts across the agency. We continue to get information from the federal government and commit to having ongoing conversations, so we are not creating unnecessary burden that are not already mandated. We appreciate our partnerships with the Tribes to continue talking about any barriers to discuss and improve upon.
 - **Keri Waterland, Behavioral Health Authority, Assistant Director of DBHR:** Also echo the appreciation from our leadership team. We are pleased with the growth of the INA to be able to pass down federal block grant, discretionary dollars and state funds. The INA has allowed us to quickly pass down funds through the INA creating an avenue for new projects in partnership with the Tribes. I would like to thank the team that working on adapting the risk assessment to fit the needs of tribes, in efforts to reduce administrative burden when not necessary. We look forward to being back in compliance and to continue to partner with the Tribes to support projects through the INA.

Presentation and Purpose: Overview of purpose of the consultation

- Meet federal requirements to monitor “subrecipient grantees” based on risk, 2 CFR 200.332(b).
- Address State Audit findings for noncompliance with risk assessments by OTA.

- Partnered with Audit team and DBHR to create an INA/UIO risk assessment aligned with minimum federal standards. Draft sent via DTLL May 24, 2023.
- Current state - All Tribes are monitored the same based on the negotiated INA.
<https://www.hca.wa.gov/assets/program/indian-nation-agreement-final-20191120.pdf>
- These risk assessments will not impact past monitoring activities including completion of the FY22-23 desk monitoring activities. The risk assessment will impact future monitoring practices.

Overview of Feedback from Risk Assessment Workgroup

- Discussion of timeline – HCA has agreed to update the timeline rather than July 1, 2023, or along with the desk review as originally intended.
- Discussion of final decision on risk level – HCA has the final decision on risk score due to needing to have an independent analysis of risk by the federal pass-through entity (HCA).
- Findings that are not of significance or material to the program – HCA updated this language in the draft.
- Specify federal awarding agency focus – HCA updated the language to include focus on the federal agency relevant to the subrecipient funds or a separate federal awarding agency but regarding general administration of federal funds.
- Impact to score if there is no site visit from a federal awarding agency – HCA would score this at a low risk.
- Weight of timely versus accurate reporting – HCA modified language to reflect nuances related to timeliness and accuracy and noted no impact to delays caused by HCA.
- Request to align form with NPAIHB – HCA is looking into this for future draft in alignment of update to the INA FY 2025.
 - HCA thanks the Tribal representative for the feedback and request for alignment. HCA requested the risk assessment tool from the NPAIHB. Due to short timelines and the need to complete the risk assessments as soon as possible to get back into compliance for FY24, HCA would like to request that this request be considered as we prepare to being working on the update to the Indian Nation Agreement umbrella agreement FY25 – FY30 to start 7/1/2024. The current INA term ends 6/30/2024.
 - OTA and the Audit team reviewed the form and found the following:
 - The NPAIHB has the same questions that we are asking in a different format as they are yes/no rather than the ability to score low, medium, or high. The risk scores allow us to reduce monitoring of Tribes by employing different levels of monitoring based on these risk scores.
 - Our tool has a monitoring activity plan that align with the risk scores to help the contracts manager implement monitoring based on risk which is not in the tool by the NPAIHB.
 - The form includes contractor intake questions that is not included in our new form. We typically do not have the Tribe complete the form as we have access to the Tribes information and it is gathered by the Contracts managers, however we also would be happy to include this.
 - Tribe Comment: Thank the OTA for taking the time to provide due diligence on looking into this request further.

Review of the Risk Assessment Tool

- Overview of the Risk Assessment tool instructions. Clarified that the tool is completed by the OTA contracts manager. HCA will share the completed tool with Tribe; however, decision making is with the HCA as an independent review of information to identify the HCA's risk assessment.
- Discussion of the risk assessment category "Reporting Timelines and Funding Utilization", statement "HCA will consider delays due to HCA internal processes".
 - Tribe Comment – Can this comment be included in a DTLL that goes out to Tribal leaders?
 - HCA Response – Yes, we can include this statement in a DTLL.
- HCA reviewed the full risk assessment scoring tool and monitoring plan section. HCA asked if there are any objections to moving forward with this risk assessment with the changes made as a result of the workgroup and Consultation.
- Tribe Comment/Question: How does the Behavioral Health Attestation impact or connect with this tool?
- HCA Response: The BH attestation is not considered in this risk assessment and is not a category identifying level of risk. This is not required by the CFR, and we would not want this to impact the INA risk assessment.
- AIHC Comment: I agree with Sarah regarding the BH attestation. It seems like this risk assessment is missing something. It seems like there is something missing about Tribal sovereignty.
- HCA Response: Perhaps this can go into a preamble section that acknowledges Tribal sovereignty and has this statement. Lucy will work with both Sarah and Vicki to review the language before finalizing.
- Tribe Comment: Want to thank the HCA for incorporating the feedback provided during the workgroup and consultation.
- Tribe Comment: Thank you for an informative Tribal Consultation-I support HCA moving forward with developing the risk assessment.

Next Steps

- Implement as soon as possible in preparation of the FY24 contract amendment execution.
- Begin monitoring FY24 subrecipient amendments based on risk assessment.
- Work with the NPAIHB to align subrecipient risk assessment forms. Work through a workgroup with Tribes and incorporate in Consultation for FY2025.

Closing Statements

Sue Birch:

- We want to again thank those that participated in our Consultation today.
- Please know, that any tribe is also welcome to connect with us following this meeting for any questions or concerns related to this Risk Assessment process or any other topics you wish to discuss.

Keri Waterland:

- We value this relationship and the services that are provided by the Tribes, and we intend to continue to support this critical work to address behavioral health outcomes by passing

through funds through the INA and other HCA initiatives and payment structures. We appreciate Tribal partners support to move this the process to get us back into compliance.

Meeting Adjourned by Aren Sparck, Office of Tribal Affairs Administrator