



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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To: Idaho Council on Indian Affairs

From: Ron Beecher, Regional Director North
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Subject: Department Tribal Relations Overview

Honorable Council Members,

Itemized below is a summary of various involvements that the Department has with the Tribes in Idaho. This document is respectfully submitted this date (February 9th, 2011) and gives an overview of several of the Department's major formal relationships:

Involvement Overview:

The Department has a number of formal and informal relationships, legal and regulatory involvements with Idaho's Tribal Nations. These relationships cross Divisional responsibilities. I have bulleted a number of these involvements below (the list is not comprehensive but covers most major areas of mutual interest)

- **Child Welfare (Child Protection)** – Indian Child Welfare Act. This Act was created in late 70s and describes Department requirements regarding child protection activities and placement of American Native children. The Tribal Relations position assists in development, organization and detail execution of annual conferences and quarterly participation in Indian Child Welfare Act Council.
- **TANF (Welfare Reform Public Assistance Funds)** – these Federal funds are a distribution of monies for individual tribal cash assistance and work programs for Native low income families. The Division of Welfare contracts, distributes and monitors this funding source to Tribal TANF programs.
- **Medicaid/Tribal** – Division of Medicaid is heavily involved with these meetings, setting agendas and organizing meeting details. Welfare also participates to represent eligibility process and issues. Indian Health Services have clinics that are Medicaid Providers. Federal requirements include a State relationship for Tribal Consultation on policy development that affects coverage in Tribal clinics.
- **Title 4-D Programs (Federally Recognized Child Support Programs)** – Division of Welfare's Child Support Program has relationships with tribes as they build individual Child Support programs within their reservations. The Nez Perce have an operating program on the reservation

for both Tribal and Non-tribal residents in this geographic location. The Coeur d Alene Tribe just started a Tribal 4-D program this past December. Shoshone-Bannock are considering same but have not approached council to date.

- **Title 4-B and 4-E Programs (Foster Care Programs)** – Division of Family and Children Services involve CP and Foster Care placement with HHS funds. Tribes can access these funds.
- **WIC (Women, Infant and Children’s Program)** – Division of Health has contracts with several tribes for these FNS funds.
- **EBT (Electronic Benefit Transfers)** – Tribal locations to issue EBT cards with an MOU with ITDS.
- **FQHC (Federal Qualifying Health Clinics) and IHS (Indian Health Services)**– Involves Medicaid and Welfare with Indian Health Services at several clinic locations.
- **ICCP (Idaho Child Care Program)** – Child Care registration and funding are handled by Division of Welfare contract with University of Idaho STARS program.
- **LIHEAP (Federal Energy Assistance and Weatherization)** – energy assistance contracts and funding (Division of Welfare)

Tribal Relations Goals:

- **Involvements** – maintain, support and enhance existing relationships shown above
- **Mutual interests** – tribes have excellent locations in rural areas where we have had to close offices; hence work with them to develop agreements to improve consumer access to DHW programs in these areas
- **Direct supports** – continue to facilitate organizational support; conference development; and, communication networking for ICW conferences, and TANF quarterly meetings.
- **Divisional facilitation** – attend and participate in Medicaid quarterly meetings
- **Recognition** – tribal sovereignty is an important issue with Tribes and therefore respect and acknowledgment for cultural differences will be paramount in our approach to Tribal Relations
- **Approach** – deal with Tribes when possible as individual nations

Examples of some Current Objectives:

- **AARA Compliance** – Division of Medicaid – an MOU regarding an agreement for policy “consultation” has been signed by both the Division of Medicaid and Welfare and is pending approval by Tribal Council chairs. The concept of consultation is included in federal language (American Recovery and Reinvestment Act of 2009, which amended §1902(a) (73) of the Social Security Act) that requires state agencies working with Tribal health clinics to incorporate a process for involving tribal leadership into said agency’s policy development in a consultant role. ACF just had a national meeting with the tribes in Washington DC September 23rd regarding “consultation”. I feel this issue may become broader as federal interpretation of elements of ARRA rules around tribal programs evolve.
- **Medicaid Access** - Division of Welfare – Outstation eligibility **access to Medicaid** for applicants using Indian Health Services has become an issue with the larger tribes. Northwest Portland Area Indian Health Board (NPAIHB) issued a white paper on this topic June 3rd of this year citing Section 1905(I)(2)(B) of the Social Security Act to support the position that the State needs to provide either on-site staff or an equivalent effort and effect to support Medicaid access. Several meetings have been held with individual tribes and Welfare over the summer and this issue was agenda item at the Medicaid/Tribal meeting at Fort Hall in August. Welfare put forth an alternative plan which appears viable. This plan has been reduced to writing by Welfare and implemented with Tribal Health Care clinics and appears to operational and working.