

## Intergovernmental and Tribal Affairs

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### **TRIBAL TECHNICAL ADVISORY GROUP CHARTER**

#### **MISSION STATEMENT:**

Federal delivery of health services and funding of programs to maintain and improve the health of American Indians and Alaska Natives (AI/AN) are consonant with and required by the Federal Government's historical and unique legal relationship with Indian Tribes, as reflected in the Constitution of the United States. The Centers for Medicare & Medicaid Services (CMS) is establishing the Tribal Technical Advisory Group (TTAG) to enhance the Government-to-Government relationship, honor Federal trust responsibilities and obligations to Tribes and AI/AN people, and increase understanding between CMS and Tribal health programs, including those administered by the Indian Health Service (IHS).

The TTAG will serve as an advisory body to CMS, providing expertise on policies, guidelines, and programmatic issues affecting the delivery of health care for AI/ANs served by Titles XVIII, XIX, and XXI of the Social Security Act or any other health care program funded (in whole or in part) by CMS.

#### **SCOPE:**

The TTAG charter complies with the statutory provisions as set forth at 2 U.S.C. Sec. 1534(b)<sup>1</sup> (1) & (2), and therefore will not implicate the Federal Advisory Committee Act (FACA). The method for selecting Tribal members of the TTAG is designed to acknowledge the role of Tribal governments and their elected officials with regard to consultation on policy issues.

The TTAG will provide a forum for meetings between Federal officials and elected Tribal leaders (or their designated employees with authority to act on their behalf), as well as representatives of Washington associations designated by Tribal leaders to act on their behalf. The meetings will serve to facilitate the exchange of views, information, or advice concerning the intergovernmental responsibilities in the implementation and/or administration of CMS'

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<sup>1</sup> 2 U.S.C. § 1534 (b) provides: *The Federal Advisory Committee Act (5 U.S.C. app.) shall not apply to actions in support of intergovernmental communications where –*

- (1) *meetings are held exclusively between Federal official and elected officers of State, local and Tribal governments (or their designated employees with authority to act on their behalf) acting in their official capacities; and*
- (2) *such meetings are solely for the purposes of exchanging views, information, or advice relating to the management or implementation of Federal programs established pursuant to public law that explicitly or inherently share intergovernmental responsibilities or administration.*

programs, including those that arise explicitly or implicitly under statute, regulation or Executive Order. The scope of the TTAG meetings includes any meetings called for purposes relating to intergovernmental responsibilities or administration. Such meetings include, but are not limited to, seeking consensus, exchanging views, information, advice, and/or recommendations; or facilitating any other interaction relating to intergovernmental responsibilities or administration. Meetings may be face-to-face or via conference call.

TTAG meetings will complement and not supplant the Tribal consultation process between CMS and the Tribes.

### **ACTIVITIES AND CROSS LIAISON FUNCTIONS:**

The Government-to-Government relationship between the Federal Government and Federally-recognized Tribes requires a balanced relationship. The TTAG becomes more effective when it provides linkages to other governmental activities, both in the Federal and Tribal Governments. Furthermore, it is important to build capacity within Indian Country to:

- Identify evolving issues and barriers to access, coverage and delivery of services to AI/ANs, payment and other concerns related to CMS programs;
- Propose clarifications and other recommendations and solutions to address issues raised at Tribal, regional and national levels;
- Serve as a forum for Tribes and CMS to discuss these issues and proposals for changes to CMS laws, regulations, policies and procedures;
- Participate in other CMS committees or workgroups as may be determined appropriate by CMS leadership;
- Identify priorities and provide advise on appropriate strategies for Tribal consultation on issues at the Tribal, regional and/or national levels;
- Respond to CMS on technical issues regarding Medicaid, Medicare and SCHIP programs and their impact on tribes;
- Ensure that pertinent issues are brought to the attention of Tribal Leaders, Tribes, Tribal Health Directors and area national and regional Tribal organizations, and that timely feedback is obtained;
- Participate in joint meetings, discussions, and conferences with State Medicaid TAGs and workgroups where appropriate and recommended by CMS; and
- Coordinate with CMS Regional Offices' Tribal consultation initiatives.

### **COMPOSITION:**

Membership on the TTAG (for both members and alternate members) is limited to elected Tribal leaders (or their designated employees with authority to act on their behalf), as well as representatives of Washington associations designated by Tribal leaders to act on their behalf. The TTAG will be limited to 15 members.

National representation is a priority for composition of the TTAG, therefore membership will be selected from the 12 administrative units (Area Offices) of the IHS. Additionally, one representative and one alternate from each Washington association -- the National Congress of American Indians (NCAI), the National Indian Health Board (NIHB) and the Tribal Self-Governance Advisory Committee (TSGAC) -- is authorized, if the Association has been

designated by elected Tribal leaders to act on their behalf. An alternate may participate in TTAG meetings on behalf of the principle member when that member cannot attend.

### **APPOINTMENT PROCESS:**

IHS Area Directors will work with Tribal leaders within each of the 12 Area Offices of the IHS to identify and appoint one Tribal leader representative and one alternate to serve on the TTAG.<sup>2</sup> Washington association Tribal Leader representatives will be appointed by the respective Tribal Leaders of each Association.

The names of each TTAG representative and alternate from each of the 12 Area Offices of the IHS are to be submitted to the CMS Intergovernmental and Tribal Affairs Office (IGTA) in an official letter from each IHS Area Director. The names of each Tribal Leader representative and alternate of the Washington associations are to be forwarded to IGTA under the Association letter head and signed by the Chairperson of the respective Association.

The names of each representative and alternate, listed by Area, will be attached as an addendum to this Charter.

### **LEADERSHIP**

**Chair:** A Chair will be elected by and from among the 12 IHS Area representative TTAG members for a one calendar-year term of service. The number of terms is not limited.

**Co-Chair:** The Co-Chair will be elected by and from among the 12 IHS Area representative TTAG members for a one calendar-year term of service. The number of terms is not limited.

**Reelection:** The Chair and Co-Chair may be reelected by the TTAG.

### **PERIOD OF SERVICE:**

Terms for TTAG members will be two calendar years, expiring on December 31. Terms will be staggered, with a lottery method used to assign one-year terms to half the people initially appointed to the TTAG. TTAG members may be reappointed to serve successive, consecutive terms.

**Vacancy:** When a vacancy occurs, Tribal and Washington association leaders will be notified of the vacancy by CMS and the effected IHS Area Office and/or Washington association will be asked to work with their respective Tribal Leadership to elect another representative. The IHS Area Director and/or association chairperson will notify CMS' IGTA in writing as to the name and contact information of the new appointee. In the event of a vacancy, the alternate will attend meetings until such a time as the vacancy is officially filled.

**Removal:** If a designated representative does not participate in a meeting or teleconference on three successive occasions, the appointing body will be notified by CMS IGTA and requested to replace their representative with one who is able to participate regularly.

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<sup>2</sup> This was the preferred process identified by Tribal Leaders in the Tribal position paper submitted to the Secretary DHHS on December 6, 2002.

**MEETINGS:**<sup>3</sup>

Depending on availability of funds, it is anticipated the TTAG will convene up to three face-to-face meetings on a fiscal year basis. Conference calls will be held as needed.

**CMS and IHS SUPPORT:**

CMS technical staff, as determined by the Administrator or his/her designee, shall serve in an advisory capacity to provide technical assistance and guidance to the TTAG in carrying out its duties and responsibilities. IGTA will have the primary responsibility to coordinate and staff each TTAG meeting.

Due to the complexity of its programs, CMS will work to ensure that subject matter technical experts are available, including those of the IHS, as needed to assist the TTAG in fulfilling its mission.

**TTAG BUDGET:**

The TTAG budget, including travel, per diem, communication and other related expenses, will be proposed to CMS on an annual basis for each subsequent fiscal year.

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<sup>3</sup> Pursuant to Section 204(b) of the Unfunded Mandates Reform Act (2 U.S.C. Sec 1534(b)), members of the public may be present at committee meetings, i.e., in the audience as observers, but, since members of the public are not allowed on the committee, they may not participate in any committee discussions, or any other committee business, during the meeting.