

KARUK TRIBE
HEALTH BOARD MEETING AGENDA
Thursday, January 10, 2013, 3 PM, *Happy Camp, CA*

A) CALL MEETING TO ORDER – PRAYER - ROLL CALL

AA) HEALTH MISSION STATEMENT

The mission of the Karuk Tribal Health Program is to provide quality healthcare for Native Americans, and other people living in the communities we serve as resources allow. Our purpose is to appropriately assess or reassess conditions of illness, disease, or pain, provide culturally appropriate educational, preventative, and therapeutic services in an environment of continuous quality improvement.

CH) APPROVAL OF THE AGENDA

EE) APPROVAL OF THE MINUTES (*December 13, 2012*)

F) GUESTS (*Ten Minutes Each*)

- 1.

H) OLD BUSINESS (*Five Minutes Each*)

- 1.

I) DIRECTOR REPORTS (*Ten Minutes Each*)

1. Carolyn Ash, Dental Director
2. Annie Smith, Director of Community Services (written report)
3. Lester Alford, TANF Program
4. Vickie Simmons, Clinical Operations Administrator (written report)
5. Eric Cutright, IT Director
6. Lessie Aubrey, Executive Director of Health & Human Services (written report)
7. Patricia White, RPMS Site Manager

II) GUESTS: EMPLOYEE / NON HEALTH:

- 1.

K) REQUESTS (*Five Minutes Each*)

- 1.

M) INFORMATIONAL (*Five Minutes Each*)

- 1.

N) CLOSED SESSION (*Five Minutes Each*)

1. CHS (dinner break)

2. Barbara Snider
3. Tribal Council Members

OO) SET DATE FOR NEXT MEETING (Thursday, February 14, 2013 at 3 PM in Happy Camp)

P) ADJOURN

**Karuk Tribe – Health Board Meeting
December 13, 2012 – Meeting Minutes**

Meeting called to order at 3:00pm, by Chairman, Russell “Buster” Attebery.

Present:

Russell “Buster” Attebery, Chairman
Joseph “Jody” Waddell, Secretary / Treasurer
Crispen McAllister, Member at Large
Amos Tripp, Member at Large
Alvis “Bud” Johnson, Member at Large
Charron “sonny” Davis, Member at Large

Absent:

Dora Bernal, Member at Large (travel/excused)
Michael Thom, Vice-Chairman (travel/excused)
Elsa Goodwin, Member at Large (travel/excused)

Agenda:

Amos Tripp moved and Bud Johnson seconded to approve the agenda, 5 haa, 0 puuhara, 0 pupitihara.

Health Mission Statement was read aloud by Buster Attebery and the prayer was done by Sonny Davis.

Minutes for November 8, 2012:

Sonny Davis moved and Amos Tripp seconded to approve the minutes of November 8, 2012, 5 haa, 0 puuhara, 0 pupitihara.

Guests:

1.) Youth Council:

Breanna Conrad and Cassidy Little are present to introduce themselves. There are nine members on their Youth Council at this time. They will hold a Leadership Conference on March 8, 2012 with Bullying as their theme. They have a winter raffle coming up on January 19, 2013.

Buster inquired what their plans are for the rest of the year including different activities. Cassidy noted that they are going to be doing an iPod interactive prevention with the youth, which will be to utilize technology to prevent obesity. They will also run with Crispen. Laura Olivas noted that the group is looking at different fundraising possibilities; such as a paintball tournament. Buster noted that the youth should be considering resources from other casinos, golf and events such as this to raise money for their events throughout the year.

The Council thanked them for coming. Buster asked that the youth provide information in advance for the community youth to participate in their activities. He appreciates the update at the Health Board Meeting but the information should be forwarded and the council can assist in getting information out to the communities if the Youth Council would like. Crispen announced that he will be working with the youth. The youth generally attends the Council Meetings so that they are keeping the Council informed of their activities in each community.

2.) Laura Olivas, Bookkeeper:

Laura is present to seek approval of funding through PSA Title III in the amount of \$1,029 under resolution 12-R-131.

Amos Tripp moved and Jody Waddell seconded to approve resolution 12-R-131, 5 haa, 0 puuhara, 0 pupitihara.

3.) Dan Effman, Tribal Member:

Dan is present to discuss some issues with the membership that he is hearing in the community. He believes that it is important to identify some funding for the Elders toward some type of rest home. He has had three discussions with Dora previously, but then the casino development occurred and he understands that that is a major project for the Council. He is willing to volunteer his time to identify how many elders that are forced to leave their homes and the area, because of their age. He feels that this is important to the Native Americans. He thinks that a 5-10 bed facility may even be a start. This would create jobs and extend service to the Elders.

Director reports:

1.) Annie Smith, Director of Community Services:

Annie is not present but her report is provided for the Council to review. Annie is at a conference so Vickie provided her action item. It is a request for the purchase of a vehicle to replace their department vehicle.

Sonny asked if the Elders are being checked on. He noted that there was an Elder that was ill and not checked on and she had not been eating for one whole week. Sonny provided the name of the Elder and the health program will check on this situation.

The procurement was complete and there were five different bids taken.

Jody noted that the size worries him and not having a bid from Jim Wilson Ford when they provide the best quotes.

Amos Tripp moved and Bud Johnson seconded to allow the purchase of a vehicle from Ellis Brooks and to have it leased through Ishpook Leasing, 5 haa, 0 puuhara, 0 pupitihara.

Amos Tripp moved and Sonny Davis seconded to approve Annie's report, 5 haa, 0 puuhara, 0 pupitihara.

2.) Lester Alford, TANF Director:

Lester is present to review his written report. He noted that the active cases show at 73. He provided four work participation rates report and September, August and July were submitted to the Federal Government. He is reporting correctly to the agency. The work participation rate is up approximately 25% and it shows an increase because of the data being entered correctly. There will be interviews for the program vacancies. Training is taking place at each individual site. For the Thanksgiving Holiday the program provided 75 Holiday dinners from Raley's. They will be doing the same thing for Christmas.

Phil Albers has completed inventory for items to use in cultural projects. He is discussing what community members and/or TANF clients would like to see. In January there will be a schedule of cultural activities that individuals would like. Currently they are only being offered in Happy Camp and Yreka, because the Orleans participants can be brought up to Happy Camp, due to there not being enough participants to hold a separate event in Orleans.

The NEW program report was done and submitted. Lester is completing an actual application for the program and then he will receive training on website use to post it there as well as send them to the Yav Pa Anav group. The staff will be trained on how to complete them as well. He is targeting single parent facilities, at risk youth and low income families. He will be submitting a revised plan taking the age to 16 from 18. He would like to add a service to Descendants.

Crispen McAllister moved and Bud Johnson seconded to approve Lester's report, 5 haa, 0 puuhara, 0 pupitihara.

3.) Vickie Simmons, Clinical Operations Administrator:

Vickie highlighted her report for the Council. She noted that they had their bi-annual meeting which was good. The immunizations is low, in particular the flu vaccines. She is hoping to raise those numbers. Her budget is fine. No written complaints in the month of November.

There were five incidents, which included a needle stick and not enough vaccine that the providers needed. There has been work on vaccine inventory to ensure the clinics are not missing an opportunity to vaccinate the children. The needle stick incident was followed by the policies and procedures.

Crispen McAllister moved and Jody Waddell seconded to approve Vickie's report, 5 haa, 0 puuhara, 0 pupitihara.

4.) Eric Cutright, IT Director:

Eric is present to provide his report to the Council. He noted that he would like to purchase a new copier for the Yreka Clinic. He provided procurement with four bids and the service contract was lower cost as well as the overall purchase with Oce Cannon.

Amos Tripp moved and Crispen McAllister seconded to approve procurement and allow the purchase a copier from Oce Canon, 5 haa, 0 puuhara, 0 pupitihara.

Buster inquired about the time it has taken to get the copy machine for the Yreka Clinic. Eric noted that they have been down for a couple months but they have been making do.

He then presented an agreement with Verizon California for Orleans California. It is a pole attachment agreement which includes rent from the poles for fiber optic lines from Ishi Pishi Road through Orleans.

Amos Tripp moved and Sonny Davis seconded to approve agreement 13-A-013 with Verizon California Inc., 5 haa, 0 puuhara, 0 pupitihara.

Eric noted that the backups are working and being checked. Last night finance did not back up but it was caught this morning and repaired.

Amos Tripp moved and Crispen McAllister seconded to approve Eric's report, 5 haa, 0 puuhara, 0 pupitihara.

5.) Lessie Aubrey, EDHHS:

Lessie is present to seek approval of the revised Front Office Manager Position description.

Jody Waddell moved and Bud Johnson seconded to approve the position description, 5 haa, 0 puuhara, 0 pupitihara.

Lessie then went on to seek approval of K'imaw medical Center ambulance. She explained that they are seeking funding to offset their operational costs, with each Tribe contributing. She noted that they are putting in an effort to seek more permanent funding to offset their costs long term, but in the interim, they are requesting \$10,000 from each Tribe that utilizes the service. Lessie recommends \$5,000, possibly for six months. However, Laura would like to contribute \$5,000.

Lessie then provided information about a recruitment agency. There was information provided about a .com agency that provides information to other doctors. For \$250 a month the Tribe can be on this bulletin board. There was another agreement with a fee that will allow for services of recruitment and then pay a placement fee. Lessie inquired what the Council would like to do.

Jody Waddell moved and Sonny Davis seconded to approve the .com advertising, 5 haa, 0 puuhara, 0 pupitihara.

Sonny Davis moved and Amos Tripp seconded to contribute \$5,000 to the Hoopa Ambulance from Third Party, 5 haa, 0 puuhara, 0 pupitihara.

Lessie then provided a copy of agreement 13-A-012 between the Karuk Tribe and Raley's Pharmacy. It is for 340B drugs that are at reduced costs. There is an audit that is done that allows for tracking of the purchase of the medications. Lessie noted that the Tribe will probably get a payment every quarter. The staff is working on the tracking of the drug prices, to ensure reimbursement.

Amos Tripp moved and Jody Waddell seconded to approve agreement 13-A-012, 5 haa, 0 puuhara, 0 pupitihara.

Lessie noted that the HRSA grant was funded and will be non-competitive for the next five years.

Lessie then went on to note that Dr. Ash and Dr. Milton to the HDHP training in Palm Springs, CA.

She is having trouble with the fiscal reports, but she will seek training.

Bud Johnson moved and Jody Waddell seconded to approve Lessie's report, 5 haa, 0 puuhara, 0 pupitihara.

6.) Patti White, RPMS Site Manager:

Patti is present to highlight her report. She noted that she is receiving training and then will go live with the e-prescribing for medications. Patti then provided a training report on UDS training that she attended.

Her monthly reports are attached to her written report. She has been approached by Indian Health Services to be a test site for UDS. She would like to participate in this but she is waiting to hear back from OIT and an agreement will be brought at a later time.

Jody Waddell moved and Sonny Davis seconded to approve Patti's report, 5 haa, 0 puuhara, 0 pupitihara.

7.) Dr. Ash, Dental Director:

Vickie is present on behalf of Dr. Ash. She would like to seek approval of the dental fee schedule for 2013. This is past due by about 5 years, which explains the \$500 increase in one procedure, but that is because of the dental provider turnover.

She had this reviewed with the billing department as well as the dental providers. Amos inquired if the fee being comparable for private pay and Vickie agrees it's comparable to 96097 area.

Amos Tripp moved and Jody Waddell seconded to approve the Karuk Tribe Dental Fee Schedule 2013, 5 haa, 0 puuhara, 0 pupitihara effective January 1, 2013.

Vickie then went on to note that the CHS dollars and the referrals are being spent at a high rate, which left under half for their dental budget and the fiscal year just began. The Managed Care Committee will monitor it and then they will identify a possible restriction in services moving forward. The highest cost is root canal procedures and providers out of dental school aren't familiar with the root canals so they need an extensive training plan before they can perform them onsite. Amos inquired if the numbers or costs are provided to the Council on the CHS budget or the budgets that are nearing spent. Vickie noted that no, it is not provided to the Council. She will provide that budget to the Council for next month's health board meeting. Amos would like to see what the CHS Dental Budget is. The pediatric dental treatment plan for youth is extensive however it is done the most cost effective means possible.

Buster inquired if the providers are required to have dentists with experience. Vickie noted that no there are no requirements specifically, it is offered in dental school and the providers must know these procedures for their license, however it takes dentists with experience. Vickie will find courses and higher education training and forward that information to Dr. Ash.

Amos has recently seen a report that referenced diabetes. His point is to emphasize the importance of diabetes and the health issues related to tooth decay as well as other health concerns, connecting the diagnoses may increase funding for better care or prevention.

Amos inquired how it is implemented in the health program; do they contribute the overall wellness in the community? How does the Tribe link the healthcare of the patients to the services that are provided by the Tribe? The biggest problem is communication. Vickie noted that in the past there was discussion on a health newsletter that is separate from the Tribes newsletter, and to the patients in the clinic.

Amos noted that the dances aren't promoted as wellness, but what is done there is healthy and free of alcohol, drugs and healthy traditional food. Vickie felt that that could be included in the strategic planning for the whole tribe and the health program overall. Amos noted that yes; it is everyone's job to promote health and wellness. Amos believes that there needs to be responsibility for wellness. Vickie believes that there is a push in the health field for facilities to improve healthcare but reduce costs. Amos noted that the Tribes are all working on an underfunded basis but effective communication is best. The Council will agendize this to seek some strategic planning.

Dan then asked why the Tribe doesn't have their meetings online. He commented that the Newsletter is not available online or if it is, not all people can access computers. Patti noted that

social networking is moving along and there is mass communication that is put out, so including that aspect could be a possibility.

Crispen McAllister moved and Jody Waddell seconded to approve Dr. Ash's report, 5 haa, 0 puuhara, 0 pupitihara.

Guests: Non-health:

1.) Patty Brown, Head Start

Patty is present to seek permission of a letter to be submitted to the Office of Head Start, not to change the three year cycle of Head Start funding or reduce it.

Amos Tripp moved and Jody Waddell seconded to approve the letter to the Office of Head Start, 5 haa, 0 puuhara, 0 pupitihara.

2.) Tiffany Ashworth, Dir. Of Admin Programs & Compliance:

Tiffany is present to seek approval of amendment (1) to 13-C-011.

Amos Tripp moved and Sonny Davis seconded to approve amendment (1) to 13-C-011, 5 haa, 0 puuhara, 0 pupitihara.

Tiffany did announce that this amendment is going to complete the spending on the budget set up, so she will work with Lessie and the health staff to ensure continued spending to be on track and that they ensure some funding for the project if they need it.

3.) Duke Arwood, Education Coordinator:

Duke noted that one parent provided a ride to the student which the parent did not have the funds to do. It was for the children to meet up with transportation for a visit to HSU. Buster authorized April to use her credit card for fuel for the parent and that cost is not allowable in Duke's program. The fuel/receipt needs approved from discretionary.

Amos Tripp moved and Sonny Davis seconded to approve \$60 gas receipt from discretionary, 5 haa, 0 puuhara, 0 pupitihara.

Duke then went on to seek approval of resolution 12-R-132 for \$3,000. The funding has been received and there was no resolution on file regarding that.

Amos moved and Crispen seconded to approve resolution 12-R-132 with edits to \$3,000 from \$6,000, 5 haa, 0 puuhara, 0 pupitihara.

Crispen McAllister moved and Jody Waddell seconded to approve resolution 12-R-133 in the amount of \$6,000, 5 haa, 0 puuhara, 0 pupitihara.

4.) Lisa Morehead, Grant Writer/Resource Developer:

Lisa is present to seek approval of resolution 12-R-134 which is teaching for food security and food preservation. This is for traditional native food security. Amos inquired about the fish budgeting and Lisa noted that she would not budget for it, however if it must be purchased then she has the funding.

Lisa commented that the intent of this grant is to learn and teach the traditional methods of gathering and storing in the emergency. Amos commented that if this is going to be done he

would like to see some merchandise developed that documents the teaching method to ensure there is a teaching method to pass down to others and individual families. She will be doing the trainings in each location.

Crispen McAllister moved and Bud Johnson seconded to approve resolution 12-R-134, 5 haa, 0 puuhara, 0 pupitihara.

Closed Session:

Amos Tripp moved and Crispen McAllister seconded to pay \$582.57 for CHS Case #246 from third party, 4 haa, 0 puuhara, 0 pupitihara.

Jody Waddell moved and Bud Johnson seconded to select employee #RM as the Medical Director and post the HC vacancy as a medical provider, 4 haa, 0 puuhara, 0 pupitihara.

Crispen McAllister arrived at 5:59pm.

Consensus: to discuss Tribal Member #390 request at the KTHA / Council joint meeting, Monday.

Crispen McAllister and Bud Johnson seconded to approve credentialing and privileging for Dr. Barceaa, 5 haa, 0 puuhara, 0 pupitihara.

Sonny Davis moved and Amos Tripp seconded to approve Buster and Dora to attend the WIGC February 5-7, 2012, 5 haa, 0 puuhara, 0 pupitihara.

Amos Tripp moved and Crispen McAllister seconded to approve a loan to Tribal Member #3260 in the amount of \$350, 5 haa, 0 puuhara, 0 pupitihara.

Crispen McAllister moved and Amos Tripp seconded to approve ½ day off for Monday, December 25, 2013 as Administrative Leave, 5 haa, 0 puuhara, 0 pupitihara.

Consensus: for Crispen McAllister to outline his intent and process for the upcoming run event, including papal account creation.

Consensus: to receive an update on the transportation suspension at Thursday's Planning Meeting.

Crispen McAllister moved and Sonny Davis seconded to seat Bill Tripp to the KCDC Board, 5 haa, 0 puuhara, 0 pupitihara.

Next Meeting Date: January 10, 2013 at 3pm in Happy Camp, CA.

Crispen McAllister moved and Sonny Davis seconded to adjourn at 7:07pm, 5 haa, 0 puuhara, 0 pupitihara.

Respectfully Submitted,

Russell "Buster" Attebery, Chairman

Recording Secretary, Barbara Snider



Karuk Tribe

Karuk Tribal Health and Human Services

Community Health Outreach

Health Board Report: January 10, 2013

Annie Smith PHN

Action Items:

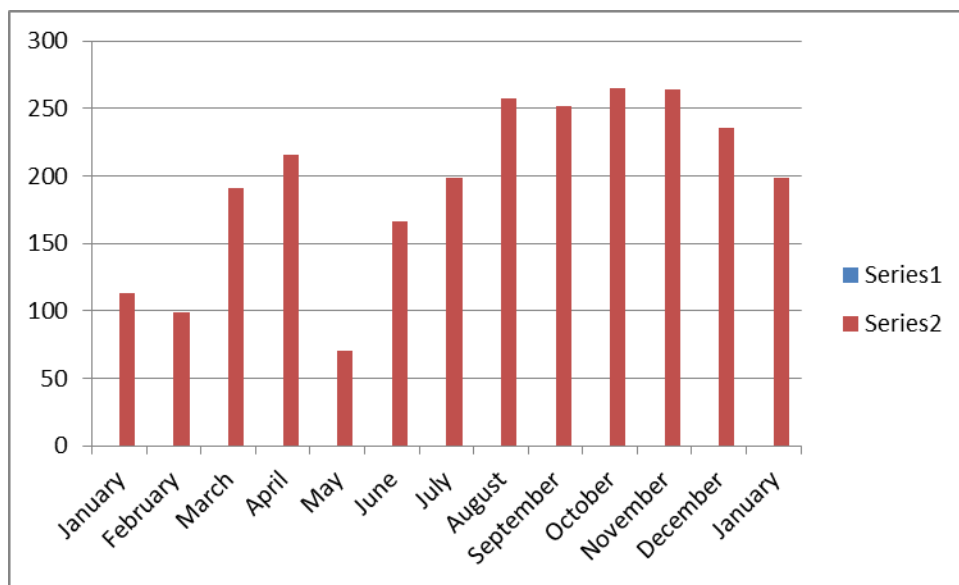
- Request for a full time additional CHR for the Yreka Area. Please consider a position that would add an additional person to work as a CHR/Elder Worker. We have more than twice the Elders and Tribal Members living within this area and only one CHR. Considering the great distances that need to be covered in order to meet the needs, a combined Elder Worker/CHR would be the answer. The CHR position description covers the Elder position. That is why I am asking for the CHR position. The funding will come out of the CHR budget and the Diabetes Prevention and Treatment budget with additional portions coming out of the Pregnancy Prevention Budget (REAL) funding. I have discussed this with Laura Mayton and she agreed this is workable.

December Activities:

- Thank you for the purchase of the new car for the Orleans CHR. I will rest much easier that she is safe while transporting Elders.
- I went to CRIHB with Kristen King-McCovey for our preparation for our Pregnancy Prevention Classes we are holding. We can finally start in February and we have 25 committed young adults ages 14-18 for this program. I am very excited for this kind of commitment from these young people.
- I am working on the year-end report for last year's Diabetes Prevention and Treatment Program. We have had many cases of our patients who have better control over their diabetes.

- I have been doing a lot of talking, telephone calls and delivering of information to parents to improve our immunization rates. The providers have been notifying me of any concerns that parents have that need education to improve their understanding of the need to immunize.
- I am happy to report our Department of Diabetes Prevention and Treatment Grant has been accepted. We are now just waiting for the award to arrive. The Federal Government has been rather slow at payments this year.
- I would like to thank my Team for the great job they have done in making sure our Elders in Happy Camp were prepared for winter prior to the snowstorm. I believe we could have had some more serious problems if they hadn't made the rounds as winter was setting in. Our visits continue. I appreciate the Council advising our Team whenever they hear of a need arising.
- I attended on-line classes this month as follows:
 1. I-Care Nuts and Bolts I & II dates 12/4 – 12/6/2012 This is a tracking software I use from IHS for tracking care for Elders, Immunizations, Diabetes patients, etc.
 2. CRIHB PREP Grant (REAL) 3 day class in Sacramento to prepare for the classes.

Workload Report:



Financial Report:

	Unencumbered Balance	Percent Used
IHS Diabetes Grant 2012:	Unavailable from IHS	Held up in Washington DC
Public Health Nurse:	\$ 72,919.80	13.22%
CHR:	\$ 213,455.08	13.67%

DEPARTMENT OF QUALITY MANAGEMENT

Karuk Tribal Health Board Meeting

January 10th, 2013

Vickie Simmons

I apologize for my absence. I will be volunteering at the long awaited community blood drive today (weather permitting).

ACTION ITEMS:

Approve Policy 17-000-01 to 17-000-07.

DECEMBER ACTIVITIES:

1. I submitted my Health Board Report on December 5th and my ACQI report on December 11th.
2. I attended the Orleans Clinic construction meeting on December 6th.
3. I attended the Health Board meeting on the 13th.
4. I attended the Karuk Christmas Party on the 7th and enjoyed myself. Thank you to the board for this special celebration.

DECEMBER CONFERENCE CALLS/WebEx'S/TRAININGS:

December 18 – Pap Webinar (not completed, technical difficulties)

ACQI COMMITTEE MEETING:

The ACQI meeting agenda, performance improvement projects, and reports for December are attached. September, October and November minutes are still not available.

BUDGETS:

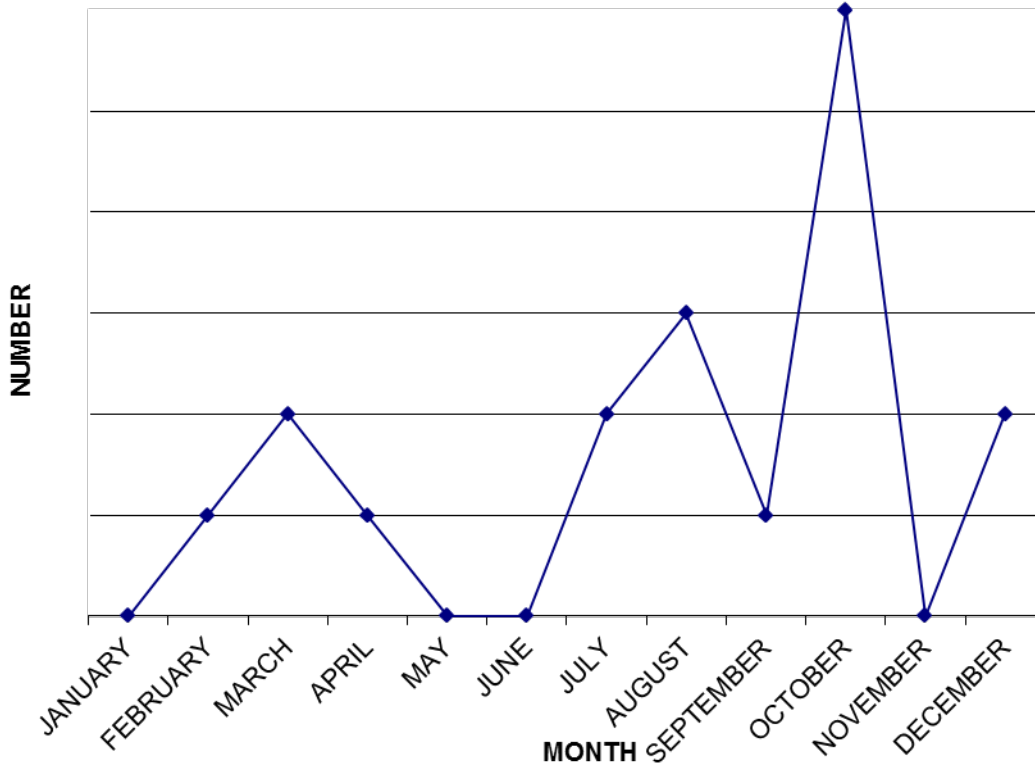
Well under budget at this time.

Program	CQI
Budget Code	300002
Program Year	2012-2013
Expenses to Date	\$14,356.08
Balance	\$199,158.99
Percent Used	6.8%

WRITTEN COMPLAINTS:

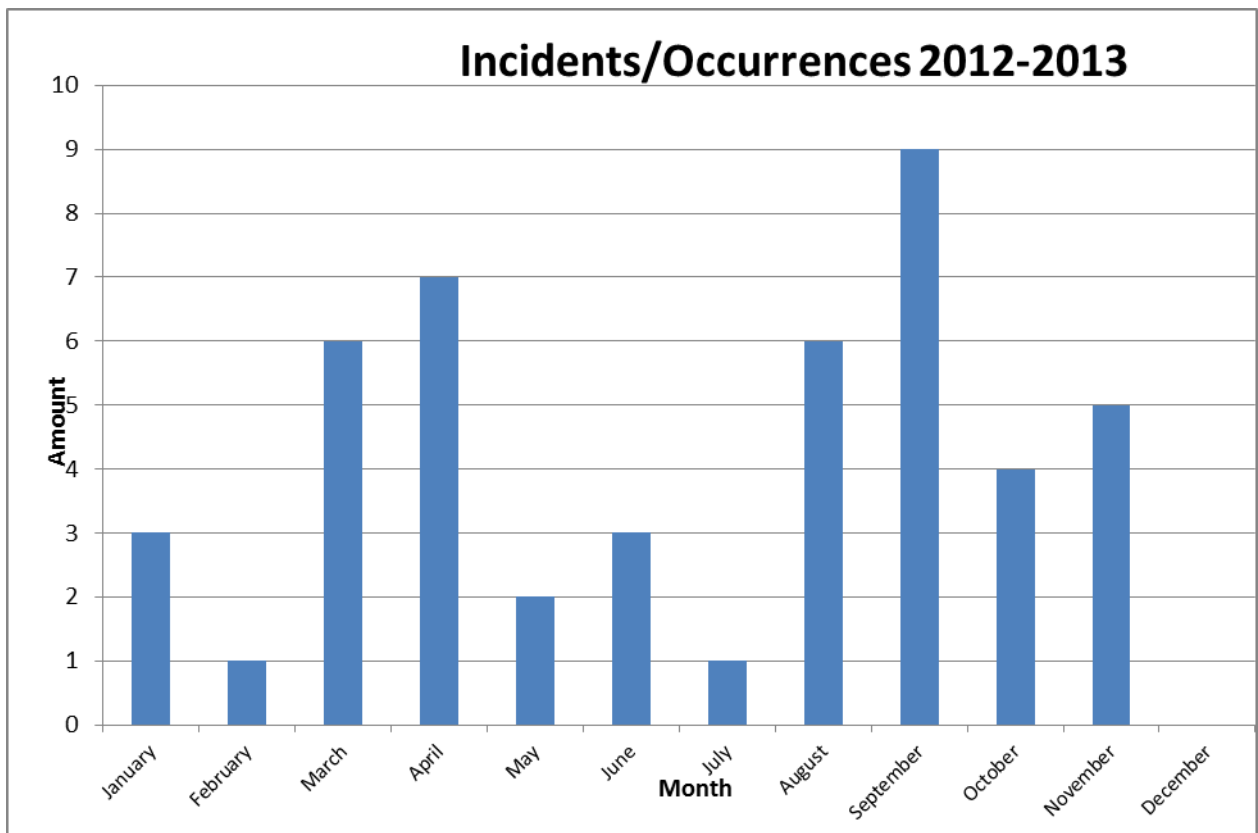
Complaints 2012-13	Provider	Employee	Services
January	0	0	0
February	1	0	0
March	1	1	0
April	1	0	0
May	0	0	0
June	0	0	0
July	2	0	0
August	1	1 1/2	1/2
September	1	0	0
October	1	1	4
November	0	0	0
December	1	1	0

COMPLAINTS 2011-2012



INCIDENTS/OCCURRENCES:

2011-2012	Miscellaneous
January	3
February	1
March	6
April	7
May	2
June	3
July	1
August	6
September	9
October	4
November	5
December	0



Respectfully Submitted,

Vickie Simmons
Clinical Operations Administrator

**Karuk Tribal Health & Human Services Program
ACQI Committee Meeting/Conference Call
KCHC Teleconference Room
December 12, 2012
9:00 am-10:00 am**



1. Call Meeting to Order - Vickie Simmons
2. Roll Call/Sign In – Vickie Simmons
3. Approve Agenda – Vickie Simmons
4. Approve Minutes of September 12, 2012, October 10, 2012 and November 7, 2012.
5. Performance Improvement Reports Due based on 3rd Quarter 2012-July to Sept. 2012
 - 5.1 Happy Camp/Orleans Eligibility Report-Nadine McElyea
 - 5.2 Yreka Eligibility Report-Sharon Denz
 - 5.3 Lower Total cost per Patient Project-Patti White
 - 5.4 Improve Childhood Imz Rates-Vickie Simmons
 - 5.5 Yreka Dental Records-Susan Beatty
 - 5.6 Happy Camp Dental Records-Cheryl Tims
6. New Business
 - 6.1 Yreka Clinic Lost Vaccines Improvement Project
 - 6.2 Revision of Injection Policy needed? MA Policies Needed?
7. Old Business
 - 7.1 _____
 - 7.2 _____
8. Complaints/Incidents/Suggestions –Vickie Simmons
9. Policy Approvals: CFS Policies and Procedures 17-000-01 through -07.
10. Next Meeting January 9, 2013 at 9 am- Reports Due based on 4th Quarter 2012-Oct., Nov., Dec. 2012 : GPRA Report and Clinical Benchmarking-Vickie Simmons, Increase Number of Patients Seen-Lessie Aubrey, HIV/Aids-Lisa Rugg, Dental Project-Vickie Simmons, Flu Vaccine-Jodi Henderson
11. Adjourn

Eligibility Report
ACQI Meeting
July – Sept. 2012
Dec. 6, 2012

During this period I have submitted SSI/SSD applications for six people; MediCal applications for three people and Path2Health (CMSP) applications for three more. Five people have been approved. SSI/SSD applications can take months (or even years). All applications are submitted online with verification documentation submitted via fax or by mail. People who apply for and receive SSI have MediCal attached, giving them medical coverage as well as income. I use a tickler system on the computer to track follow-up for people and call them with reminders. Some people are able to complete the follow-up and maintenance of their coverage for themselves and others need help.

I am available for appointments Monday through Friday. MediCal and Path2Health can require as much as 45 minutes to complete, while SSD and SSI applications take 30. Their Disability Report can take up to several hours depending on the number of jobs and doctors they have to document. They will then receive more requests for completion of forms such as a Function Report. Some people need help with that follow up.

There are two trainings that would be helpful for anyone helping people with their assistance applications. One is called the SOAR program which was designed by Social Security as a program to help the homeless. The system it provides will help track applications and provides a framework for working with the applicant’s doctors, family and other medical providers to get them SSD or SSI coverage. I haven’t yet found a training on the west coast for this process

The other is the HICAP program which works with people with Medicare to negotiate the complicated coverage system for their hospital, doctor and prescription coverage. There will be a two-day training in Redding in the spring. This is the program Babbie Peterson of the Nutrition Program uses to help seniors. I believe this training will give me information to better help people..

	July	August	September	TOTALS
MediCal	0	5	0	5
CMSP	0	3	2	5
SSD/SSI	0	2	4	6
TOTALS	0	10	6	16

Nadine McElyea, Administrative Assistant/Patient Eligibility Worker
Child and Family Services, Happy Camp

Activity
Progress Report 3rd Quarter
July, August and September 2012

Title Eligibility Report

Purpose: To provide good service to all clients as needed.

Problems: None for 3rd quarter.

Data pulled from the number of clients that I had processed for the various programs
Medi-Cal, CMSP for 3rd quarter.

Finding: Total applicants for 3rd quarter is (8)

July 2012 Total is (2) Clients 1 incompliant for CMSP, 1 Denial for CMSP.

August 2012 Total is (5) Clients 1incompliant for CMSP, (2) pending for CMSP, (2)
Denied for CMSP

September 2012 Total (1) Client Approved for Medi-Cal

Sharon Denz
Eligibility Worker for Yreka
12/06/2012



**Karuk Tribal Health & Human Services
Performance Improvement Project
Lower Total Cost per Patient
Prepared for December 12, 2012 ACQI Meeting**

1. Purpose of Study

The purpose of this performance improvement project is to lower the total cost per patient by 2% per year. In December of 2009, we began to look at medications ordered by our providers and paid for with CHS dollars. We created a medication formulary and policy to find low cost alternatives. For over a year, we looked at the Raleys statement and evaluated the high cost medications. We noticed that lower priced alternatives are being used, but this has not made an impact on total cost per patient. This only has helped CHS dollars go further. We are now looking at supplies used in our facilities to see if this will make an impact on total cost per patient.

2. Goal of this Performance Improvement Project

The new goal is to lower total cost per patient 2% per year by:

- a. Looking at the General Ledger from the Finance Department for medical and other supplies
- b. Evaluating the cost of supplies purchased
- c. Have a provider and staff meetings to see if there is some way to lower these costs

3. Description of Data

I went back to the first quarter of the fiscal year 2010-2011 (October 1, 2010 to December 31, 2010) and I looked at the medical supply ledger sheets and the EEA for each clinic. I set this quarter for the baseline for supply costs. Each quarter I extract the supply information and sort into a spreadsheet by month and total each quarter. I ran RPMS reports to see how many patients we saw and how many visits so that we could figure the cost per patient and cost per visit. This will not be the same as what is shown on the UDS, because UDS data includes all costs. This data will only reflect cost of supplies in relationship to patients and visits. Each quarter I will run the fiscal data, patient and visit data to compare to previous quarters. After a conference call with HRSA, we were told that they were only looking at data that applies to the cost per medical patient. I think that I should continue reporting on all for this year and not change the report until next year.

4. Evidence of Data

Data is extracted from fiscal budgets and RPMS.

5. Data Analysis:

a. Medical and Dental Supply:

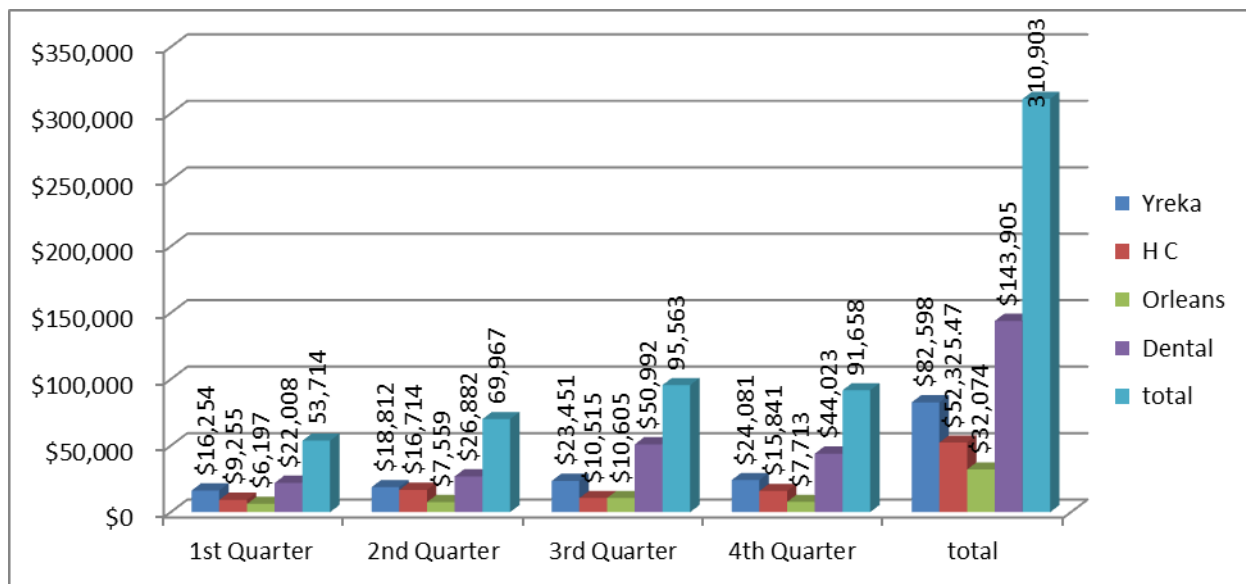
The total spent for Medical and Dental Supplies for the 1st quarter FY 2012 was \$53,714.28, 2nd quarter went up to \$69,996.41, 3rd quarter went up to \$95,563.41, and in the 4th quarter went down to \$86,849.29.. Total spent on Medical and Dental Supplies this fiscal year was \$310,093.39. I found that the Yreka Medical, Orleans Medical, and Dental all went down in this quarter and Happy Camp

Medical went up. Happy Camp bought a new Zoll Defibrillator that may have contributed to their increase. Yreka accounts for 27% Happy Camp for 17%, Orleans for 10% and Dental for 46% for 2012. I am not able to break dental supply data out by location so I have Yreka Medical, Happy Camp Medical (KCHC), Orleans Medical, and Dental shown in the chart and graph below.

Sorted by Quarter:

2011-2012 fiscal year

	Yreka	H C	Orleans	Dental	total
1st Quarter	\$ 16,254	\$ 9,255	\$ 6,197	\$ 22,008	\$ 53,714
2nd Quarter	\$ 18,812	\$ 16,714	\$ 7,559	\$ 26,882	\$ 69,967
3rd Quarter	\$ 23,451	\$ 10,515	\$ 10,605	\$ 50,992	\$ 95,563
4th Quarter	\$ 24,081	\$ 15,841	\$ 7,713	\$ 44,023	\$ 91,658
total	\$ 82,598	\$ 52,325	\$ 32,074	\$ 143,905	\$310,903



b. General Supply Line from Clinic Budgets

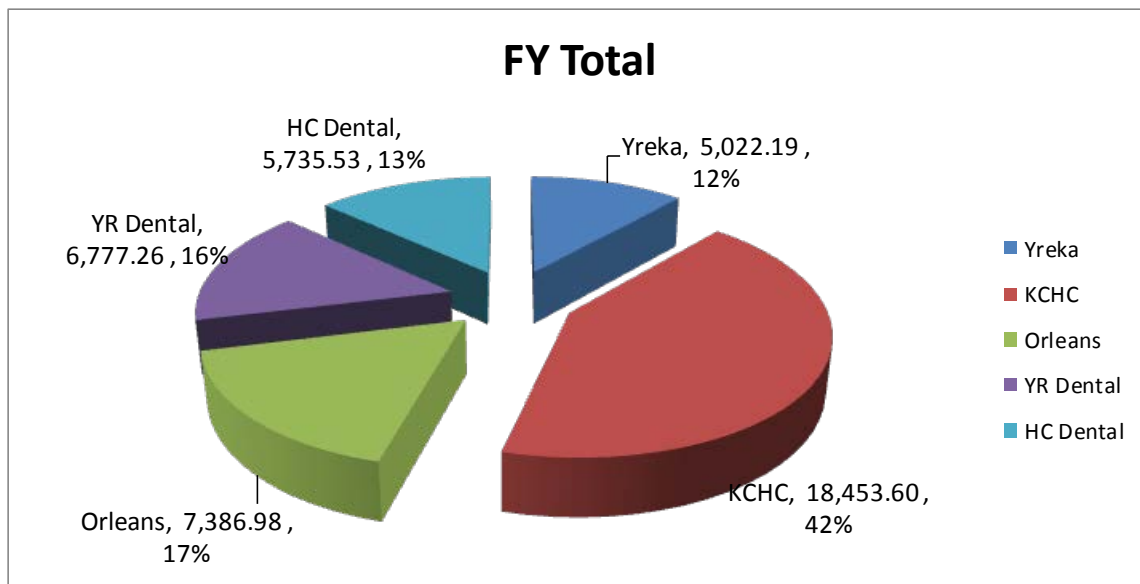
The total spent for General Supplies (office supplies, etc.) for FY2012 is \$ \$43,375.56. The 4th quarter is up from previous quarter. These are supplies from various vendors such as Medical Arts Press, Quill, AMA subscriptions, and anything that is put on the clinics supply line item “.7500”., but also noticed some these items were also could be coded to the Medical and Dental Supplies line items.

For FY 2012, Yreka Medical accounted for 16%, KCHC accounted for 42%, Orleans for 17%, Yreka Dental for 16 and Happy Camp Dental for 13%.

See the graphs and charts on the next page.

Sorted by Location/Clinic – FY 2012

Quarter	Yreka	KCHC	Orleans	YR Dental	HC Dental	Qtr. Totals
1st	1,287.29	6,981.31	2,043.61	1,613.97	1,099.18	13,025.36
2nd	1,266.55	2,191.45	1,898.79	1,937.02	371.93	7,665.74
3rd	564.82	4,152.14	1,830.94	719.33	3,477.69	10,744.92
4th	1,903.53	5,128.70	1,613.64	2,506.94	786.73	11,939.54
Clinic Totals	5,022.19	18,453.60	7,386.98	6,777.26	5,735.53	43,375.56



6. Comparison:

The medical and dental supply costs were added together and then divided by the number of patients and the number of visits to come up with a cost per patient and cost per visit. The total medical and dental supplies plus office supplies for FY 2012 through September 30, 2012 is \$354,278.95.

As stated in previous reports the cost per patient is high, because a patient is counted only once regardless of where they are seen. If a patient is seen in Yreka Medical and also in HC Dental, he is only counted as one patient.

Supply costs are directly linked to visits so we could lower the cost per visit in turn at the end of the year the cost per patient should also be lower. Our costs per visit ran between 6-9 dollars in FY 2011. I found that this data was inaccurate due to not having all the dental costs figured in. The first FY 2012 quarter the cost per visit was \$17.14, the 2nd quarter, it was down to \$16.61, but the cost per patient went up to 19.25 in the 3rd quarter and again up in the 4th quarter to \$23.05. The cost per patient was \$35.83 per patient in the first quarter, \$52.23 in the second quarter, up to \$71.61 in the 3rd quarter and up to \$23.05 in the 4th quarter. We have steadily gone up in both the cost per visit and cost per patient this fiscal year. To lower these averages we need reduce the supply costs. Each

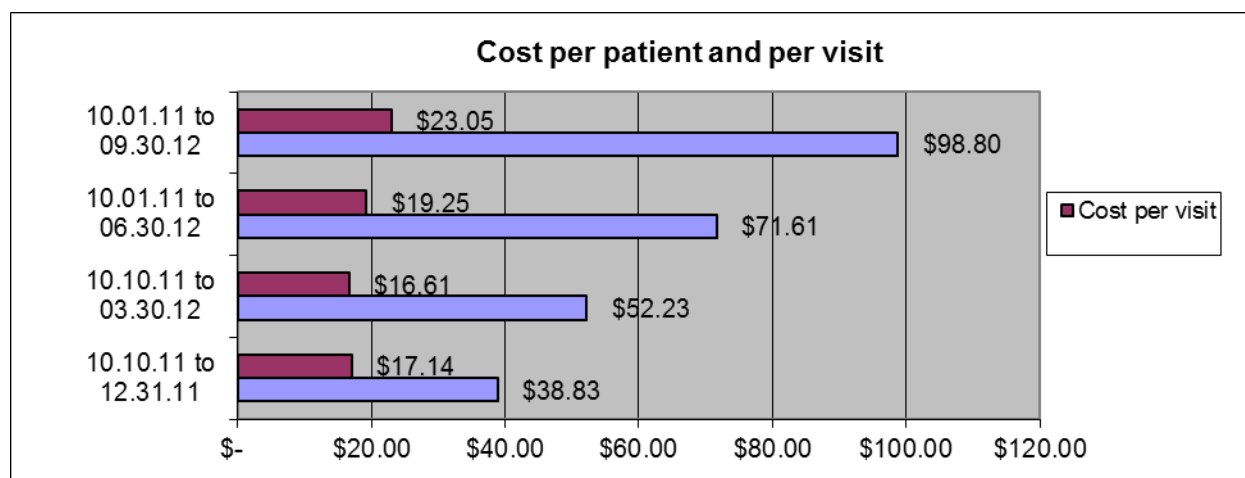
person ordering at the clinics should look at the costs as they order and research other sources that would give quality product for a lower cost. If the clinics could work together, order “in bulk”, and combine orders may be one way to reduce costs.

Patient and visit counts

*Note that the total patient count is an unduplicated count not a cumulative count.

Cost per patient and per visit compared to supply costs

	Patients	Visits	Cost per patient	Cost per visit
10.01.11 to 12.31.11	1863	3895	\$ 35.83	\$ 17.14
10.10.11 to 03.30.12	2813	6917	\$ 52.23	\$ 16.61
10.01.11 to 06.30.12	3475	12938	\$ 71.61	\$ 19.25
10.01.11 to 09.30.12	3586	15373	\$ 98.80	\$ 23.05



7. Implementation of corrective actions to Resolve

Providers will need to work with the staff that orders the supplies to find alternative sources that will give us reduced costs. It has been suggested that we look at centralizing ordering for all our facilities. This would allow us to take advantage of discounts for ordering in bulk and larger quantities to reduce cost.

We also need to be consistent on where items are charged. I noticed that some office items are being line itemed to medical or dental supplies codes. In addition, I do not have access to all the accounts that have dental charges, so this is not completely accurate.

8. Remeasure

We have continued to measure cost each quarter and after two years I request that we look at other ways to improve in our program.

We have changed direction on this goal, by now looking at supplies not CHS medications. Each clinic needs to be aware of they are spending and what the money is being spent for. I have not seen much change in the data over the past year. Each department has a budget and for the

most part stay within their budgets. After two years of measuring the cost of CHS medications or supplies we have only lowered the cost by \$7.00 per medical patient.

9. Implementation of additional Corrective Actions if Performance Goals are not met.

We changed direction on this goal to look at supply costs, but still have not made significant impact in lowering the total cost per patient. As stated in item 8, I think it is time to look at other ways to improve our program.

10. Communication to Governing Body

This information will be included in Vickie Simmons Health Board Report.

Submitted by Patti White

KARUK TRIBAL HEALTH AND HUMAN SERVICES PROGRAM

2012

Create an Immunization Recall System

I. Purpose of the Study

The purpose of this study is to create an immunization recall system so that our childhood immunization rates for two year olds will increase by 2% or more per year from the 53% rate reported in 2008 on the UDS Report.

II. Identification of the Performance Goal

The Karuk GPRA 2008 immunization result (63%) for Native American, 19 to 35 month olds is low compared to the GPRA 2008 California Area Results (66%) and to the 2008 National Average Results (78%). The 2008 **UDS** for all two year olds was 53%. This low rate needs to be increased since it is important that children receive the appropriate vaccinations at an early age in order to prevent death and disability from transmissible and infectious childhood diseases. Low immunization rates can result in deadly epidemics that affect both the children who are patients of our clinics as well as children in the communities where our clinics are located.

In 2009 we considered an increase of 2% per year to be reasonable **and** achievable.

III. Description of the Data

The baseline data for this performance improvement project was taken from the 2008 UDS Report. This information came from results for both Native American and Non-Native American, two year old children. The UDS report now includes more vaccinations (increased by 3 in 2011) than the GPRA Report (see chart below). The GPRA report covers only Native American children, ages 19 to 35 months of age.

	4DTaP,3IPV,1MMR, 3Hib,3HepB	Plus 1VZV	Plus 4PCV	Plus 2HepA	Plus 2or3RV	Plus 2Flu
UDS	Yes	Yes	Yes	Yes	Yes	Yes
GPRA, past	Yes	No	No	No	No	No
GPRA, present	Yes	Yes	Yes	No	No	No

DTaP – Protects against diphtheria, tetanus, and pertussis (whooping cough)

IPV – Protects against polio

MMR – Protects against measles, mumps and rubella

Hib – Protects against *Haemophilus influenzae* type b.

HepB – Protects against Hepatitis B

VZV – Protects against chickenpox

PCV – Protects against pneumococcal disease
HepA- Protects against Hepatitis A
RV – Protects against rotavirus.
Flu – Protects against influenza.

HRSA requires that the children be properly immunized by their 2nd year and GPRA by their 3rd.

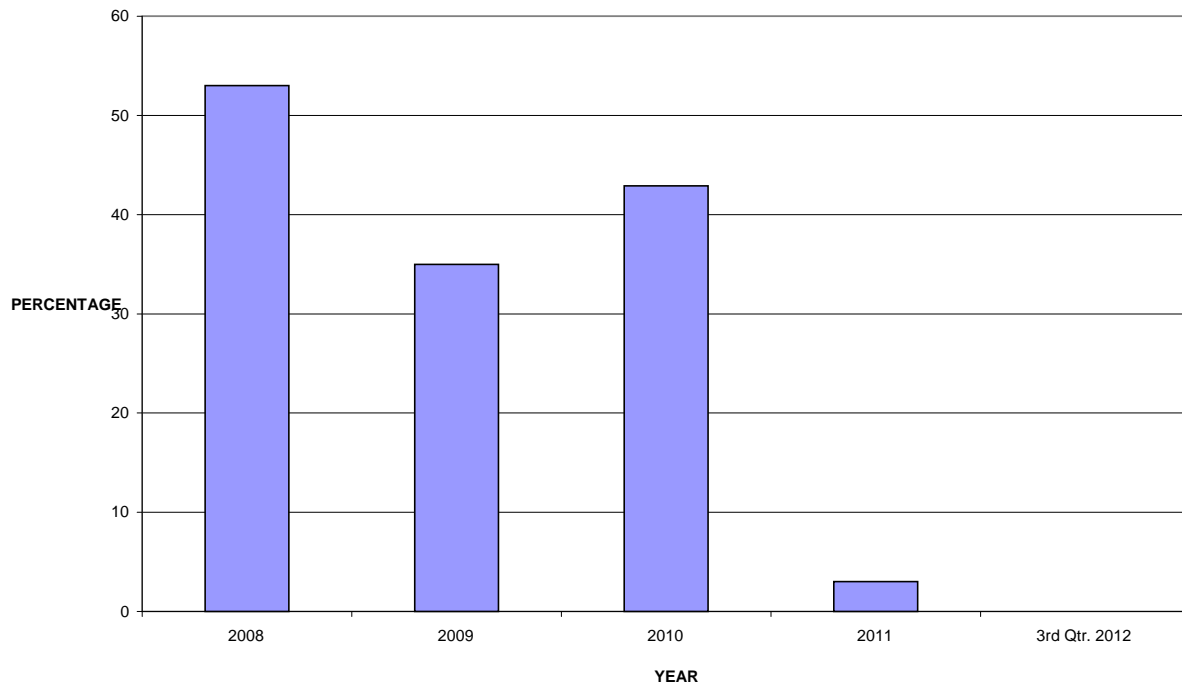
IV. Evidence of Data Collection

We are able to pull quarterly results from RPMS' UDS section so, in the future, we will be able to monitor improvement on a continuous basis. In addition, we can also pull GPRA results and monthly results for review.

V. Data Analysis

The 2008 UDS result for immunizations was 53%. The 2011 rate was 3%. This is drastically reduced from previous rates because HRSA increased the amount of required immunizations. The 2012 rate is presently ?% (the rate was unavailable at the time of this report). Our GPRA Report requires less vaccines than HRSA so the results are higher. However, our 2012 GPRA rate was 45.5% which was 11.6% lower than our 2011 rate. We are definitely losing ground. The 1st quarter 2013 GPRA report shows a result of 47.0%.

UDS: KARUK IMMUNIZATION RATE



The final 2012 GPRA results from IHS are out. If we compare our 2012 Karuk GPRA result (45.5%) to the 2012 California Area result (71.3%) and to the 2012 National result (76.8%) it shows substantial room for improvement.

VI. Comparison of Current Performance Against Performance Goal

Karuk had 53% compliance in 2009 and our goal was to improve by 2% per year. We did not meet this goal in 2009, but in 2010 we did improve. The 2011 rate was a dismal 3% so no improvement. The 2012 may increase slightly from 2011. Our problem area seems to be the lack of flu and Rota vaccines (short window of opportunity).

VII. Implementation of Corrective Action to Resolve Identified Problem

The following key steps will be initiated with the intended result that immunizations for **all** children who frequent our Karuk Clinics will be up to date by their 2nd birthday.

Are we doing any of the following?:

- Train clinic receptionists on how to open the schedule for recall appointments.
- Ensure that patients do not leave clinic without a follow-up appointment being made.
- Receptionists will make reminder calls the day before the appointment and also instruct the parent/guardian to bring current immunization card/record to appointment.
- A dynamic spreadsheet will be kept to track children's immunization needs using information gathered from RPMS.
- Reminder letters will be sent out to parents/guardians notifying them of the needed immunizations.
- Outreach workers will be sent out when parent/guardians do not respond.

VIII. Re-Measurement

Every three months (quarter) a UDS Table 6A Report or equivalent will be run for comparison with the last report. This is to determine whether the corrective actions have achieved the desired performance goal.

IX. Implementation of Additional Corrective Actions if Performance Goals Are Not Met

If the initial corrective actions did not achieve and/or sustain the desired improved performance, implement additional corrective actions and continue re-measurement until the problem is resolved.

X. Communication to Governing Bodies

Communicate findings of this quality improvement activity on a quarterly basis to the ACQI committee which in turn will report to the Tribal Health Board in the form of meeting minutes and report copies. In addition, these results will be posted on the ACQI bulletin board at each facility for review by clinic staff.

Respectfully Submitted by Vickie Simmons

Karuk Dashboard

2012 - Final

GPRA Report

2012 Final GPRA Dashboard						
	Karuk 2012-Final	Karuk 2011-Final	National 2012-Final	California Area 2012-Final	National 2012 Target	2012 Final Results - Karuk
DIABETES						
Diabetes Dx Ever	8.7%	9.0%	13.4%	10.7%	N/A	N/A
Documented A1c	86.3%	76.2%	84.9%	85.1%	N/A	N/A
Poor Glycemic Control	10.8%	10.0%	19.8%	15.4%	18.6%	Met
Ideal Glycemic Control	46.0%	35.4%	33.2%	38.3%	32.7%	Met
Controlled BP <130/80	36.0%	24.6%	38.9%	34.4%	38.7%	Not Met
LDL Assessed	69.8%	47.7%	71.0%	70.4%	70.3%	Not Met
Nephropathy Assessed	61.9%	45.4%	66.7%	58.7%	57.8%	Met
Retinopathy Exam	41.7%	40.8%	55.7%	52.2%	54.8%	Not Met
DENTAL						
Dental Access	40.4%	45.3%	28.8%	39.9%	26.9%	Met
Sealants	464	470	295,734	12,698	276,893	N/A
Topical Fluoride- Patients	427	503	169,083	11,032	161,461	N/A
IMMUNIZATIONS						
Influenza 65+	53.4%	44.2%	65.0%	54.9%	63.4%	Not Met
Pneumovax 65+	87.0%	83.1%	88.5%	83.7%	87.5%	Not Met
Childhood IZ	45.5%	57.1%	76.8%	71.3%	77.8%	Not Met
PREVENTION						
Pap Screening	54.4%	55.4%	57.1%	48.5%	59.5%	Not Met
Mammography Screening	45.4%	44.1%	51.9%	43.9%	51.7%	Not Met
Colorectal Cancer Screening	57.0%	52.4%	46.1%	40.7%	43.2%	Met
Tobacco Cessation	39.0%	33.8%	35.2%	30.4%	30.0%	Met
Alcohol Screening (FAS Prevention)	71.0%	66.4%	63.8%	53.0%	58.7%	Met
DV/IPV Screening	65.5%	62.5%	61.5%	55.5%	55.3%	Met
Depression Screening	66.0%	62.6%	61.9%	53.5%	56.5%	Met
CVD-Comprehensive Assessment	27.6%	25.0%	45.4%	47.1%	40.6%	Not Met
Prenatal HIV Screening	28.6%	6.3%	85.8%	72.1%	81.8%	Not Met
Childhood Weight Control ^a	23.1%	24.3%	24.0%	22.8%	N/A	N/A

^aLong-term measure as of FY 2009, next reported FY 2013

Results in italics represent measures with fewer than 20 patients in the denominator; use caution when interpreting these results.

Measures Met = 9

Measures Not Met = 10

MEDICAL RECORDS ANALYSIS REPORT
2nd QUARTER 2012
YREKA DENTAL DEPT

PURPOSE:

With the overload of patients and the hurry to get everyone seen as soon as possible, it is very easy to overlook the details of charting. The purpose for the review is to improve the thoroughness of charting and look for accuracy and care of our patient's charts.

GOAL:

To have our charts in order with the correct paperwork and everything signed so our reports show 90% completed.

DATA:

Twenty charts are randomly pulled to collect information in the following areas.

1. Full Name, Chart Number on the outside of chart.
2. Current Year Label
3. **Current Face Sheet**
4. **Medical History Updated and Signed**
5. **Provider Review**
6. Dental Exam Form. Part 1 Demographics
7. Dental Exam Form Part 2 Medical Alert/Update
8. Dental Exam Form Part 3 Oral Diagnosis
9. Dental Exam Form Part 4 Prevention Assessment
10. Dental Exam Form Part 5 Treatment Plan
11. **X-ray Label Complete**
12. **Progress Notes Complete**
13. Staff Initials
14. **Informed Consents Endo/Extraction**
15. Errors Strike through.
16. Medical Alert Labels

FINDINGS:

Our findings have noted that we have come down in six areas.

1. Current Face Sheet – one chart did not have a current one
2. Medical History Form – one chart had no provider signature and the other didn't have the patients signature.
3. Provider Review – four charts didn't have providers signatures.
4. Progress Notes – one chart didn't have the patient identifier marked.

5. X-rays – one chart didn't have the x-ray label marked with name,hrn number,provider or date.
6. Informed Consents – one chart didn't have the RCT consent form filled out.

All the other areas we either stayed the same or went up as you can see by the graph. Compared to our past numbers we have come down in a few areas and that is due to staff change and learning the new system.

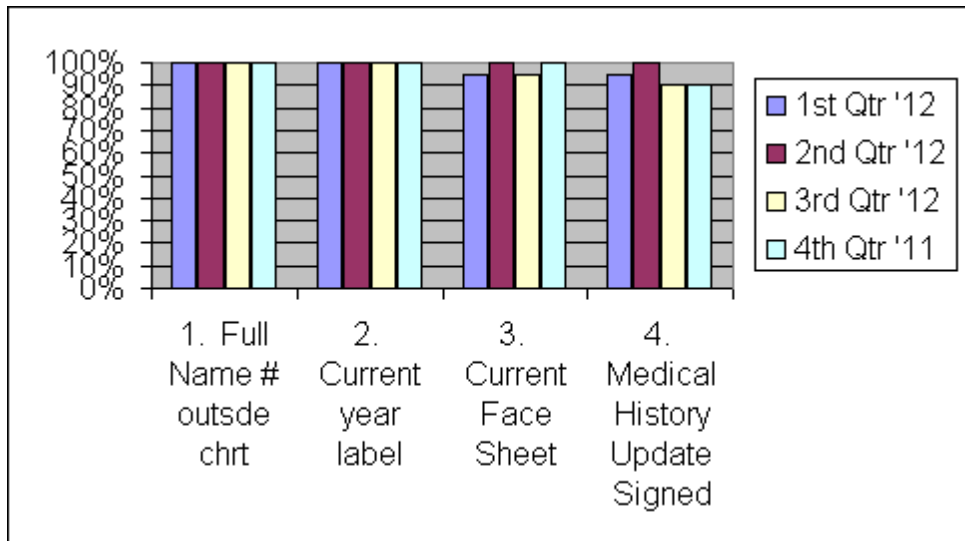
MEDICAL ALERT LABELS We have done well this quarter for our labels. We improved in all areas being at 100%. . See Chart Attached.

We will also communicate the problem with our staff, governing body and throughout the organization. This way everyone is aware of the areas of concern and to show them we are striving to improve in those areas. This will also raise out level of thoroughness.

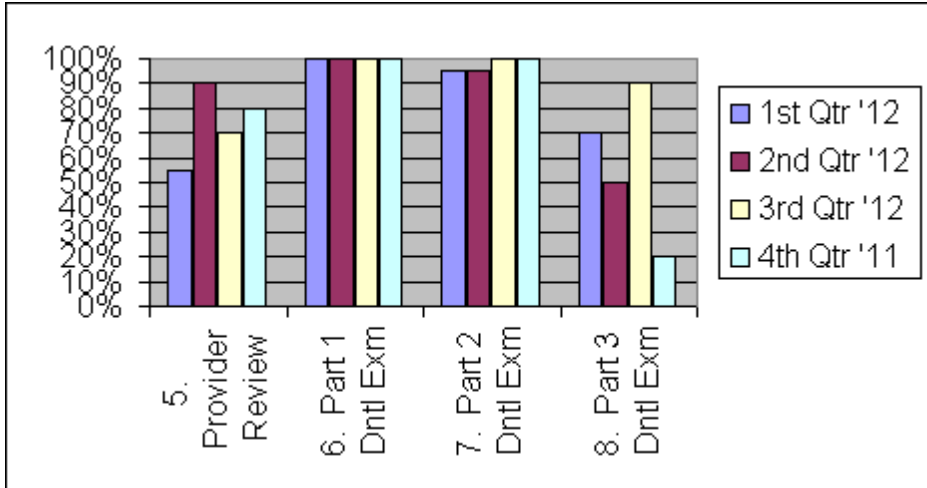
Respectively Submitted,
Susan Beatty, RDA

2nd QUARTER CHART REVIEW 2012 / YREKA DENTAL OFFICE

	1st Qtr '12	2nd Qtr '12	3rd Qtr '12	4th Qtr '11
1. Full Name # outside chrt	100%	100%	100%	100%
2. Current year label	100%	100%	100%	100%
3. Current Face Sheet	95%	100%	95%	100%
4. Medical History Update Signed	95%	100%	90%	90%

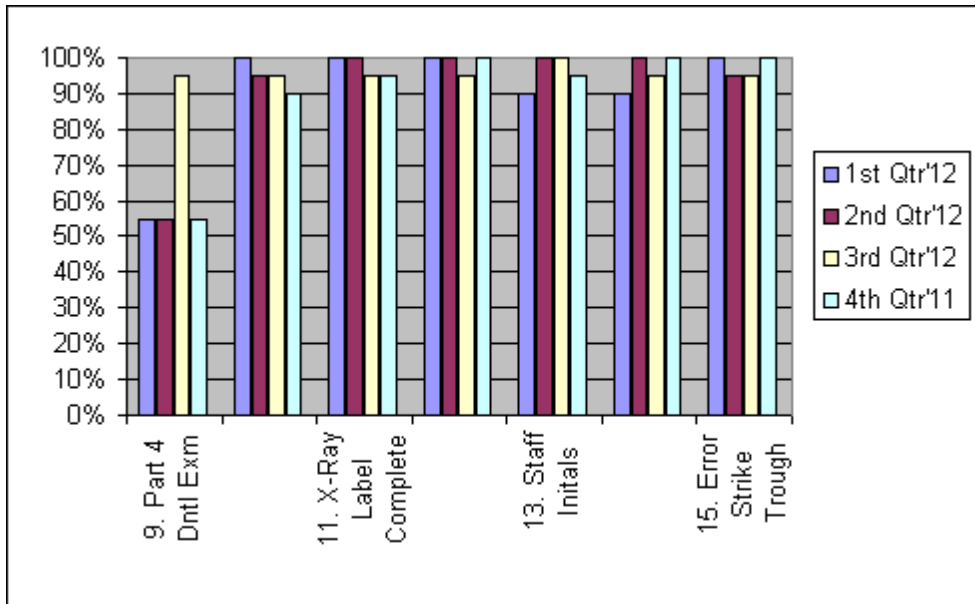


	1st Qtr '12	2nd Qtr '12	3rd Qtr '12	4th Qtr '11
5. Provider Review	55%	90%	70%	80%
6. Part 1 Dntl Exm	100%	100%	100%	100%
7. Part 2 Dntl Exm	95%	95%	100%	100%
8. Part 3 Dntl Exm	70%	50%	90%	20%



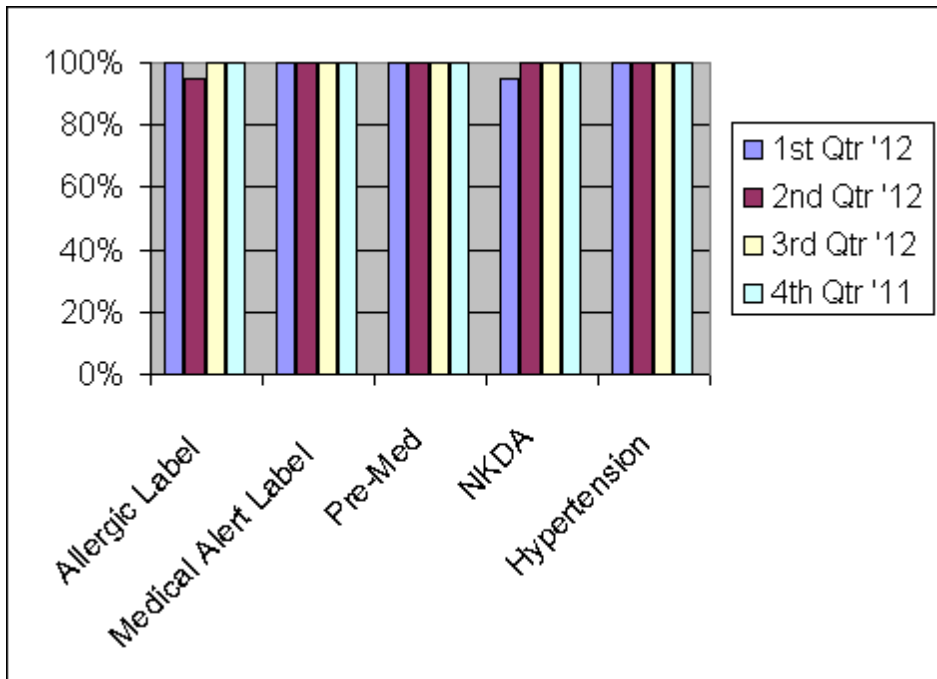
	1st Qtr'12	2nd Qtr'12	3rd Qtr'12	4th Qtr'11
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9. Part 4 Dntl Exm	55%	55%	95%	55%
10. Part 5 Dntl Exm	100%	95%	95%	90%
11. X-Ray Label Complete	100%	100%	95%	95%
12. Progress Notes Complete	100%	100%	95%	100%
13. Staff Initials	90%	100%	100%	95%
14. Informed Consents Endo/Ext	90%	100%	95%	100%
15. Error Strike Trough	100%	95%	95%	100%



Medical Alert Labels

	1st Qtr '12	2nd Qtr '12	3rd Qtr '12	4th Qtr '11
Allergic Label	100%	95%	100%	100%
Medical Alert Label	100%	100%	100%	100%
Pre-Med	100%	100%	100%	100%
NKDA	95%	100%	100%	100%
Hypertension	100%	100%	100%	100%



Performance Improvement Project
BLOOD PRESSURES
3rd Quarter 2012
Yreka Dental Dept

PURPOSE:

Our policy states that we are to take blood pressures on every hypertensive patient that we see and we are falling behind in this area. The purpose of our review is to see how we are doing and to improve on the taking of blood pressures on hypertensive patients.

GOAL:

To ensure that our patients have their blood pressure taken at every visit and to raise our percentage up to 90%.

DATA:

Twenty charts were randomly pulled for each quarter to collect the data for this report.

FINDINGS:

1st Qtr: 19/20 or 95% were correct.

2nd Qtr: 19/20 or 95% were correct.

3rd Qtr: 17/20 or 85% were correct.

4th Qtr: 15/20 or 75% were correct.

Out of the twenty charts for each quarter reviewed either the blood pressure was not taken or they didn't have one taken at every visit within that quarter.

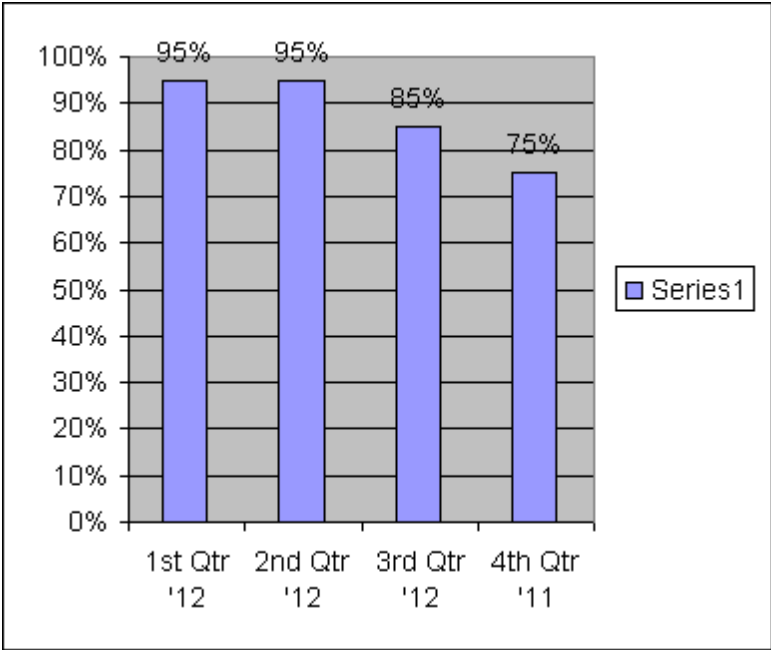
CORRECTIVE ACTIONS:

To communicate the problem with our staff so they are aware of the problem and can try to correct the problem. We will also communicate with our governing body and throughout the organization.

Respectively Submitted,
Susan Beatty, RDA

3rd Quarter 2012 CQI Project - Blood Pressures	
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1st Qtr '12	95%
2nd Qtr '12	95%
3rd Qtr '12	85%
4th Qtr '11	75%



**Karuk Tribal Health and Human Services Program
Hypertension Project 2012
Dec 12, 2012**

Fourth Quarter 2012

1. Purpose of the Study: To determine the proportion of adult hypertensive patients, 18 to 85 years of age, that had an adequately controlled blood pressure (less than 140/90) at the time of the last reading.
2. Goal of this Performance Improvement Study: The goal is to have the blood pressure of all adult hypertensive patients adequately controlled.
3. Description Data: Proportion of adult patients, 18 to 85, diagnosed with hypertension (HTN) whose BP was less than 140/90 at the time of last reading. (Although we may use different measures for quality assurance process for diabetic and other patient groups, for the purpose of Uniform Data Systems (UDS) reporting, the 140/90 measure must be used.)
 - a. Numerator: Number of patients with last systolic blood pressure measurement <140 mm Hg and diastolic blood pressure <90 mm Hg during the measurement year among those patients included in the denominator
 - b. All patient 18 to 85 years of age as of December 31 of measurement year with a diagnosis of HTN, who have been *seen for medical services at least twice during the reporting year, and who had a diagnosis of hypertension before June 30 of the measurement year.*
4. Data Analysis: Of **746** patients seen for medical services at least twice this year, and who had a diagnosis of hypertension before June 30 of the measurement year, **67%** had a last systolic blood pressure measurement <140 mm Hg and diastolic blood pressure <90 mm Hg.
5. Comparison: Data still show an improvement of 7% since the first quarter of this year and 6% improvement when compared to UDS report for 2011. However, there was decline of 10% during the third quarter of 2012.
6. Implementation of Corrective Actions, if applicable: Open to discussion.
7. Re-measure: We will continue to audit our patient records for the remainder of 2012 and compare to previous year's data. Final report will be presented during the first quarter of 2013.
8. Implementation of Additional Corrective Actions if Performance Goals are not met.
9. Communication to Governing Body: This information is being shared with the Karuk Tribal Health Board each quarter in Clinical Operations Administrators Report.

Submitted by Fabian Alvarado

Karuk Health and Human Services Policy Manual

Policy Reference Code: 01 () 02 () 03 () 04 () 13 () 14 () 15 () 16 ()	05 () 06 () 07 () 08 () 17 (X) 18 () 19 () 20()	09() 10 () 11 () 12 () 21() 22()
Function: Behavioral Health	Policy #: 17-000-01 to 17-000-07	Policy Title: Child and Family Services Clinical Social Work
Tribal Chairman: Date: Signature:	Medical Director: Date: Signature:	Cross References:
Supersedes 17-001-960 CFS Service Plan dated 07/30/2009		

POLICIES AND PROCEDURES FOR OBTAINING BEHAVIORAL HEALTH SERVICES THROUGH THE CHILD AND FAMILY SERVICES DEPT.

17-000-01 Screening at Initial Contact

Procedure:

Administrative Assistant will obtain initial information and assist potential client with requested services. Child and Family Services Department will maintain a current waiting list, to be evaluated on a monthly basis.

17-000-02 Eligibility / Intake and Assessment

No person shall be refused services or discriminated against because of race, creed, color, religion, sexual orientation, or disability.

All adults and minor children with parental permission, may access Behavioral Health Services at any site where the Karuk Tribe maintains a licensed clinical social worker. Referrals from other Tribal entities or outside programs will be accepted.

Procedure:

All new patients may telephone or contact the Child and Family Services Office of their choice to schedule an Intake and Assessment appointment.

All new patients must complete the Patient Registration packet, containing documents needed before they can be seen. Patients shall be advised of the necessary supporting documents needed to obtain services.

Referred patients shall be contacted by the Child and Family Services Administrative Assistant and scheduled for an appointment. Intake packets may be requested via mail or in person. All new patients will be required to fill out this packet upon their first visit.

Patients refusing to complete the necessary paperwork may be refused services.

Once a year a new assessment will be conducted and a review of the treatment plan will be conducted.

Discharge planning will be discussed with the patient at the appropriate stage of treatment.

17-000-03 Payment

All patients referred to or seeking Behavioral Health Services will need to comply with payment policies of the Karuk Tribe Health Program.

Procedure:

Upon scheduling and before being seen, all clients must present proof of insurance or submit the necessary documentation to be approved for other payment related programs available through the Tribe or other sources.

If needed, the Administrative Assistant or Eligibility Worker may be available to help the client seek insurance or other coverage in order to receive services.

Copayments must be paid at the time of the appointment.

17-000-04 Scheduling Appointments

Scheduling appointments are performed according to assessment by the therapist and taking the patient's views and needs into account. Decisions as to session frequency and duration of care are based upon the professional discretion of the therapist.

Procedure:

Scheduling will be performed by the Administrative Assistant according to instructions given by the therapist. Clients shall be given appointment cards specifying the date and time of their appointment. Reminder calls will be made when possible.

17-000-05 **Privacy Rights of Patients**

Child and Family Services provider will adhere to all HIPPA requirements and patient privacy standards.

Procedure:

All protected health information developed in the Child and Family Services Department will be secured according to applicable State and Federal laws.

17-000-06 **Closing Charts**

Procedures:

Patient's mental health chart will be placed on an inactive status if there has been no contact or request for services for 1 year. Patient's mental health chart shall be closed after 3 years of inactivity. A letter of intended inactive status will be mailed to the patient with instructions on how to re-access services if necessary.

A discharge summary will be completed and placed in the chart along with a note indicating termination of services.

17-000-07 **Crisis Services**

Procedures:

A sign will be posted outside of the Child and Family Services building indicating how to obtain crisis services after hours. The main telephone line will have instructions on how to obtain crisis services after hours.

2013 Committee Meeting Schedule

All meetings will be held in the Teleconference rooms unless stated otherwise

<p><u>January 9, 2013</u> 8:15 - 9:00 P&T - CHS Managed Care 9:00 - 10:00 ACQI Meeting</p> <p><u>January 16, 2013</u> 8:15 - 9:45 Provider/Compliance Audit 9:45 - 10:45 Disaster Preparedness</p> <p><u>January 22, 2013 Tuesday</u> 8:15 ED Advisory Committee-Modular Conference Room</p> <p><u>January 23, 2013</u> 8:15 - 9:15 Safety & Infection Control</p> <p><u>January 30, 2013</u></p>	<p><u>February 6, 2013</u></p> <p><u>February 13, 2013</u> 9:00 - 10:00 ACQI Meeting</p> <p><u>February 20, 2013</u> 8:15 - 9:15 Medical Records</p> <p><u>February 26, 2013 Tuesday</u> 8:15 ED Advisory Committee-Modular Conference Room</p> <p><u>February 27, 2013</u></p>	<p><u>March 6, 2013</u></p> <p><u>March 13, 2013</u> 8:15 - 9:00 P & T - CHS Managed Care 9:00 - 10:00 ACQI Meeting</p> <p><u>March 20, 2013</u> 8:15 - 9:15 Front Office/Billing</p> <p><u>March 26, 2013 Tuesday</u> 8:15 ED Advisory Committee-Modular Conference Room</p> <p><u>March 27, 2013</u></p>
<p><u>April 3 2013</u></p> <p><u>April 10, 2013</u> 8:15 - 10:00 ACQI Meeting 10:00 - 11:0</p> <p><u>April 17, 2013</u> 8:15 - 9:45 Provider/Compliance Audit 9:45 - 10:45 Disaster Preparedness</p> <p><u>April 23, 2013 Tuesday</u> 8:15 ED Advisory Committee-Modular Conference Room</p> <p><u>April 24, 2013</u> 8:15 - 9:15 Safety & Infection Control</p>	<p><u>May 1, 2013</u></p> <p><u>May 8, 2013</u> 8:15 - 9:00 P & T - CHS Managed Care 9:00 - 10:00 ACQI Meeting</p> <p><u>May 15, 2013</u> 9:30 - 3:30 Biannual Health & Human Services Staff Meeting</p> <p><u>May 21, 2013 Tuesday</u> 8:15 ED Advisory Committee-Modular Conference Room</p> <p><u>May 22, 2013</u> 8:15 - 9:15 Medical Records</p> <p><u>May 29, 2013</u></p>	<p><u>June 5, 2013</u></p> <p><u>June 12, 2013</u> 8:15 - 10:00 ACQI Meeting</p> <p><u>June 20, 2013</u> 8:15 - 9:15 Front Office-Billing</p> <p><u>June 25, 2013 Tuesday</u> 8:15 ED Advisory Committee- Modular Conference Room</p> <p><u>June 26, 2013</u></p>
<p><u>July 3, 2013</u></p> <p><u>July 10, 2013</u> 8:15 - 9:00 P & T - CHS Managed Care 9:00 - 10:00 ACQI Meeting</p> <p><u>July 17, 2013</u> 8:15 - 9:45 Provider/Compliance Audit 9:45 - 10:45 Disaster Preparedness</p> <p><u>July 23, 2013 Tuesday</u> 8:15 ED Advisory Committee-Modular Conference Room</p> <p><u>July 24, 2013</u> 8:15 - 9:15 Safety & Infection Control</p> <p><u>July 31, 2013</u></p>	<p><u>August 7, 2013</u></p> <p><u>August 14, 2013</u> 8:15 - 10:00 ACQI Meeting</p> <p><u>August 21, 2013</u></p> <p><u>August 27, 2013 Tuesday</u> 8:15 ED Advisory Committee-Modular Conference Room</p> <p><u>August 28, 2013</u> 8:15 - 9:15 Medical Records</p>	<p><u>September 4, 2013</u></p> <p><u>September 11, 2013</u> 8:15 - 9:00 P & T - CHS Managed Care 9:00 - 10:00 ACQI Meeting</p> <p><u>September 18, 2013</u> 8:15 - 9:15 Front Office-Billing</p> <p><u>September 24, 2013 Tuesday</u> 8:15 ED Advisory Committee-Modular Conference Room</p> <p><u>September 25, 2013</u></p>
<p><u>October 2, 2013</u></p> <p><u>October 9, 2013</u> 9:00 - 10:00 ACQI Meeting</p> <p><u>October 16, 2013</u> 8:15 - 9:45 Provider/Compliance Audit 9:45 - 10:45 Disaster Preparedness</p> <p><u>October 22, 2013 Tuesday</u> 8:15 ED Advisory Committee-Modular Conference Room</p> <p><u>October 23, 2013</u> 8:15 - 9:15 Safety & Infection Control</p> <p><u>October 30, 2013</u></p>	<p><u>November 6, 2013</u> 8:15 - 9:00 P & T - CHS Managed Care 9:00 - 10:00 ACQI Meeting</p> <p><u>November 13, 2013</u> 9:30 - 3:30 Biannual Health & Human Services Staff Meeting</p> <p><u>November 19, 2013 Tuesday</u> 8:15 ED Advisory Committee-Modular Conference Room</p> <p><u>November 20, 2013</u> 8:15 - 9:15 Medical Records</p> <p><u>November 27, 2013</u></p>	<p><u>December 4, 2013</u></p> <p><u>December 11, 2013</u> 9:00 - 10:00 ACQI Meeting</p> <p><u>December 17, 2013 Tuesday</u> 8:15 ED Advisory Committee-Modular Conference Room</p> <p><u>December 18, 2013</u> 8:15 - 9:15 Front Office-Billing</p> <p><u>December 25, 2013</u> *CHRISTMAS DAY*</p>

Committee: Members and Descriptions

<u>ACQI Core Committee</u>	<u>ACQI-Accreditation and Continuous Quality Improvement</u>																												
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Chairman-Deputy Director</td> <td></td> </tr> <tr> <td>Lessie Aubrey-EDHHS</td> <td style="text-align: center;">x2042</td> </tr> <tr> <td>Vacant - Medical Director</td> <td></td> </tr> <tr> <td>Patti White, RPMS Site Mgr.</td> <td style="text-align: center;">x2115</td> </tr> <tr> <td>Robert E Milton MD Acting Medical Dir</td> <td style="text-align: center;">x6108</td> </tr> <tr> <td>Fabian Alvarado, FNP</td> <td style="text-align: center;">x3011</td> </tr> <tr> <td>Vickie Walden-Recorder</td> <td style="text-align: center;">x2111</td> </tr> <tr> <td>Annie Smith, PHN</td> <td style="text-align: center;">x6121</td> </tr> <tr> <td>Carolyn Ash, DDS</td> <td style="text-align: center;">x6203</td> </tr> <tr> <td>Chelsea Chamber PA</td> <td style="text-align: center;">x4017</td> </tr> <tr> <td>Mike Lynch, RN</td> <td style="text-align: center;">x6102</td> </tr> <tr> <td>Others as needed for reports</td> <td></td> </tr> <tr> <td> </td> <td></td> </tr> </table>	Chairman-Deputy Director		Lessie Aubrey-EDHHS	x2042	Vacant - Medical Director		Patti White, RPMS Site Mgr.	x2115	Robert E Milton MD Acting Medical Dir	x6108	Fabian Alvarado, FNP	x3011	Vickie Walden-Recorder	x2111	Annie Smith, PHN	x6121	Carolyn Ash, DDS	x6203	Chelsea Chamber PA	x4017	Mike Lynch, RN	x6102	Others as needed for reports				<p>ACQI meets the 2nd Wednesday of every month (except in Nov. it will be on 1st Wed. to accommodate the Biannual Staff Meeting & Thanksgiving). Meeting time: 9:00am-10:00 am.</p> <p>The committee responsibilities include:</p> <ul style="list-style-type: none"> -Compliance with AAAHC Performance standards -Monitoring other committees -Setting goals and priorities for PI in accordance with organizations mission, vision, values, and goals -Performance improvement activities -The performance improvement plan -Policy review and approval 		
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Provider/Compliance Audit

Medical Director – Chairman	
Lessie Aubrey EDHHS	x2042
Chelsea Chambers, PA	x4017
Pat Hobbs, LCSW added	x5001
Tracie Lima, LCSW added	x6304
Robert E. Milton MD	x6108
Barbara North, MD	x6102
Lisa Rugg, FNP	x6110
Carolyn Ash DDS-Dental Director	x6204
Fabian Alvarado, FNP	x3011
Suzanna Hardenburger as needed for audits	x2106
Other Dental providers as needed	

Provider/Compliance Audit

The Provider/Compliance Audit Committee will meet quarterly on the 3rd Wednesday of the month beginning in January 16, 2013. Meeting time: 8:15am-9:45am. ½ hour long enough

The purpose of this committee is to focus on standards of patient care and to provide a forum where medical; dental and substance abuse providers collaborate to discuss patient care issues along with pain management.

Compliance audits will be will be a part of this committee as this committee’s responsibility is to establish fair billing practices, compliance to federal and state laws or regulations, and the prevention of Fraud and Abuse as it relates to the reimbursements for medical and dental services.

Disaster Preparedness Committee

Chairman ?????	
Babbie Peterson	627-3056
Clarence Barger	x7006
Laura Longstaff	x6300
Flo Lopez Safety Officer	x2132
Eric Cutright IT	x2049
Don Banhart LVN	x6114
And others as required	

Disaster Preparedness Committee

This committee will meet quarterly on 3rd Wednesday beginning January 16, 2013 - Meeting time: 9:45am – 10:45am.

The purpose of this committee is to establish policies and procedures in the event of a disaster in any of our communities. This committee will work closely with State and County Agency to develop a plan. This committee also collaborates with the Karuk Tribe’s administrative disaster plan committee.

Front Office/Billing Committee

Suzanna Hardenburger-Chairman	x2106
Diana Poeschel	x2107
Eileen Tiraterra	x2108
David Arwood	x2104
Sharon Meager	x2154
April Spence	x4022
Shelia Super	x6111
Isha Goodwin	x3015
Virginia Moehring	493-5251 x4010
Gina Allen	x6100
Cheryl Tims	x2150
Skylar McNeal	x6200
Laura Longstaff	x6300
Nadine McElyea	493-5151 x5000
Vickie Walden	x2111
Mike Lynch	x6102

Front Office/Billing Committee

This committee will meet quarterly on the 3rd Wednesday of the month - Meeting Time: 8:15am to 9:15am

The purpose of this meeting is to address any issues, concerns, or problems with patient registration, front office, and billing in medical, dental, and social services. The committee is made up of billing and A/R staff, receptionists, and data entry clerks/analysts.

Safety & Infection Control

Annie Smith-Chairman	x6121
Flo Lopez-Safety Officer	x2132
Jodi Henderson	x4018
Mike Lynch	x6102
Malinda Bennett	x3012
Debbie Whitman	x2133
Donita Hill YR Dental	x6201
Don Banhart	x6114
Sharon West	x6122
Cindy Hayes	x6120
Susanna Greeno	x4013
Tracy Burcell	x4019/4024
Mike Lynch, RN	x6102
Maintenance Rep & IT Rep	

Safety & Infection Control

The committee will meet quarterly on 4th Wednesday of the month beginning January 23, 2013 - Meeting Time: 8:15 to 9:15am

The Safety and Infection Control Committee is responsible for complying with the Environment of Care and Surveillance, Prevention, and Control of Infection Standards, and the development of policies and procedures to comply them.

ED Advisory

ED Advisory

Lessie Aubrey EDHHS Chairman	x2042
Vickie Simmons	x2134
Amy Coapman, CAC	x6105
Eric Cutright, IT	x2049
Carolyn Ash-Dental	x6203
Kristin Aubrey AOD	x6303
Babbie Peterson, Sr Svc	627-3056
Suzanna Hardenburger-Business Office	x2106
Anna Myers-CHS	x2156
Vickie Walden-Dental	x2111
Flo Lopez-Safety Officer	x2132
Annie Smith-PHN	x6121
Patti White-RPMS	x2115
Mike Lynch-Yreka Clinic Mgr	x6102
Laura Longstaff, Social Services	x6300

The Executive Directors Advisory Committee will meet monthly in the Modular Conference Room on the 4th Tuesday of each month - Meeting time: 8:15 am to end

This is a meeting where the EDHHS meets with department heads to talk about what is happening within the health program.

Action Item

Kim Dodge and I will be presenting a contract for legal assistance in the Social Service program. This may be a closed session item.

1. Office Hours with IHS Steve Viramontes, PHN on Electronic Health Records.
 2. Telehealth Services from UC Davis on specialties and sharing of time and expense with other programs. Thomas Kim from CRIHB.
-

Snowed In

During the month of December I was snowed in 25% of the month. This included week-ends and snow days and a couple vacation days.



This is outside my front door.

Action Item

MediCal Designee

I served as the designee for 2 years and asked the Council to appoint someone in my place because they kept asking for elected Tribal officials. The Council has never appointed anyone, so if you would like me to continue as your designee I will need a resolution. This is considered Tribal consultation and is very important. Whoever you designate must be consistent in getting me the information presented.

Dr. Oliver

We have enjoyed having Dr. Oliver here with us for a short time. His last day is Friday Jan 4, 2012.

Michael Hess, MD

Dr. Michael Hess started working at the Karuk Clinic in Yreka yesterday. He will begin with orientation and then move on to seeing patients. I believe he will be an asset to the organization.

Evaluations

I am in the process of completing my staff evaluations. It is taking a lot of work since I have the added CFS staff to do this year.

CFS

We will be interviewing for a director for this program soon. Kim and Shannon are busy with the Social work, while Tracie and Pat are busy with LCSW functions. I heard that Nadine fell, at home, and broke her ankle and I'm very sorry to hear this. Angela Baxter is the new DUI Instructor and I hear she is doing well. Kristin and Robert are moving forward with their duties. Otherwise things have been quiet.

10% Discount

I have asked for a discount on the registration for the Medical Staff Leadership and Credentialing and Privileging conference, and they have offered us a 10% discount. This would amount to a \$170.00 deduction. For three individuals it would amount to a \$510.00 discount. I believe that I will only send Dr. Milton and myself to cut down further on cost.

Webinars Attended

**KARUK TRIBE HEALTH AND HUMAN SERVICES
BUSINESS OFFICE HEALTH BOARD REPORT
MEETING DATE JANUARY 10, 2013**

Data entry remains behind. Medical and dental clinics remain about one month behind . All medical, dental and mental health are making an effort to complete their records for 2012. I will be going out to Yreka periodically for a while. The past two months Sheila has made a concerted effort to speed her entry and remain as accurate as she can. She will be working with Dr Hess and completing his data entry. Sharon Meager continues to do the data entry for Fabian and Lisa Rugg, Yreka FNP.

Billing is into December at this time. This is a more difficult time of year as regulations are changing as well as there are numerous deadlines to meet.

I will be looking for trainings for ICD 10 that we can attend.

We must keep abreast of all these changes and coordinate our choices and behavior appropriately to assure our future success in our health programs.

Attached is the month financial reports.

Respectfully submitted.

Suzanna Hardenburger, CCS-P

JANUARY 2013 BUDGET REPORT			BUSINESS OFFICE	
DECEMBER 2012	Happy Camp	Yreka	Orleans	KTHP
Revenue Medical	\$41,482.68	\$44,760.96	\$3,537.01	\$89,780.65
Revenue Dental	\$2,187.02	\$34,384.00	\$0.00	\$36,571.02
Revenue Mental Health	\$2,247.00	\$1,234.50	\$123.20	\$3,604.70
Revenue Grand Total	\$45,916.70	\$80,379.46	\$3,660.21	\$129,956.37
	Happy Camp	Yreka	Orleans	KTHP
Billing DECEMBER Medical	\$39,320.22	\$123,813.11	\$12,683.27	\$175,816.60
Billing DECEMBER Dental	\$52,545.00	\$125,295.00	0	\$177,840.00
Billing DECEMBER Mental Health	\$4,528.00	\$22,038.00	\$1,975.00	\$28,541.00
Billed Grand Total	\$96,393.22	\$271,146.11	\$14,658.27	\$382,197.60