

KARUK TRIBE
ANNUAL HEALTH BOARD MEETING AGENDA
Thursday, February 14, 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 (*January 10, 2013*)

F) GUESTS (*Ten Minutes Each*)

1. Davey Davis, Tribal Member

H) OLD BUSINESS (*Five Minutes Each*)

- 1.

I) DIRECTOR REPORTS (*Ten Minutes Each*)

1. Carolyn Ash, Dental Director (written report)
2. Annie Smith, Director of Community Services
3. Lester Alford, TANF Program (written report)
4. Vickie Simmons, Clinical Operations Administrator (written report)
5. Eric Cutright, IT Director
6. Suzanna Hardenburger, Business Office Manager (written report)
7. Flo Lopez, Safety Officer / Elders Worker (written report)
8. Lessie Aubrey, Executive Director of Health & Human Services (written report)
9. Patricia White, RPMS Site Manager (written report)
10. Robert Milton, Medical

II) GUESTS: EMPLOYEE / NON HEALTH:

1. Sara Spence, KTHA Administrative Assistant
2. Ashlee King, KTHA
3. Tiffany Ashworth, Dir. Admin Programs and Compliance
4. Craig Tucker, Klamath Campaign Coordinator
5. Patty Brown, Head Start Director

K) REQUESTS (*Five Minutes Each*)

1. Community Easter Egg Hunt, HC Community (written)

M) INFORMATIONAL (*Five Minutes Each*)

- 1.

N) CLOSED SESSION (*Five Minutes Each*)

1. CHS (dinner break)
2. Russell Justice
3. Laura Longstaff
4. Raymond Snapp
5. Tanya Busby
6. 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
January 10, 2013
Meeting Minutes**

Meeting called to order at 3:00pm, by Buster Attebery, Chairman

Present:

Russell “Buster” Attebery, Chairman
Michael Thom, Vice-Chairman
Crispen McAllister, Member at Large
Alvis “Bud” Johnson, Member at Large
Joseph “Jody” Waddell, Secretary/Treasurer
Charron “Sonny” Davis, Member at Large
Elsa Goodwin, Member at Large
Dora Bernal, Member at Large
Amos Tripp, Member at Large

Absent:

None

Sonny Davis completed the prayer and Buster Attebery read the Health Mission Statement for the audience.

Agenda:

Jody Waddell moved and Bud Johnson seconded to approve the agenda with changes, 8 haa, 0 puuhara, 0 pupitihara.

Minutes:

Amos Tripp moved and Bud Johnson seconded to approve the minutes of December 13, 2012, 6 haa, 0 puuhara, 2 pupitihara (Elsa and Michael).

Director Reports:

1.) Carolyn Ash, Dental Director:

Carolyn is present to provide her report to the Health Board. She noted that the continued clinic hours are doing well and the patients seem to like the facility being open 7:30 – 6:30pm. The providers are able to see emergency patients two times a week. When there are children that need to be seen due to pain or an emergent issue then they are being seen right away. The staff is allowed to add ½ hour exercise to their schedules which creates a better working environment.

Patti White continues to work on the EHR for dental. This will enable the system to interact and no longer make them work on double entries.

She and her staff continue to work on the dental health of the patients and specifically focusing on children that need to come back and be taken care of.

There was a CDHC visit, which was to produce a video that they plan to show the Council. Her budgets were provided.

Crispen noted that there is already a policy for exercising within the Tribe, which she should become familiar with. And he inquired how that is working. Carolyn noted that the staff asked

that it be done on 30 minutes lunch but the exercise was put into the schedule, so they are only taking a ½ hour lunch.

Amos Tripp moved and Jody Waddell seconded to approve Carolyn's report, 8 haa, 0 puuhara, 0 pupitihara.

2.) Annie Smith, Dir. of Community Services:

Annie is present to review her report with the Council. She produced a graph from Marsha on the Elders 60 years and older. The graph shows that there are 125 patients in Yreka, 45 in Orleans and 74 in Happy Camp. She is asking that the Council increase the amount of services for the Yreka area. She sees what a big help it is to have Michelle in the Happy Camp office. Annie has discussed this with Laura Mayton and Laura noted that it is doable. Annie has not done this before and so she is unsure of what is required. The Elder worker positions do not provide a medical side of services as much as a joint CHR/Elder. She would like all her CHR's to have the dual responsibilities to meet the needs. Annie confirmed that the funding that is available will cover this type of additional service in Yreka.

Michael noted that in Orleans there were reports of not enough services for that area. Annie clarified that she discussed this with Melodee and they confirmed that Michelle will be going to Orleans to assist in that area. Michelle will go to Orleans and provide services as well. They will also attempt to consolidate transports. Elsa commented that there should be some discussion in the duties of the CHR's and the Elder's workers. Annie noted that she discussed this with the employees at their evaluation time and she discussed this with them and there was a medical requirement to have this additional service. Next Thursday the staff will meet face to face to include the responsibilities and determine how they can all work together and have a strong system in place.

Michael Thom moved and Jody Waddell seconded to approve adding the additional CHR/Elders worker for Yreka, 8 haa, 0 puuhara, 0 pupitihara.

Annie then noted that Clarence's car has a lot of miles and is broken down. She would like to have the Council determine if she should purchase a vehicle or have the current one repaired. Then she would like the Council to know which size of vehicle she should seek.

Annie will determine how much she owes on the vehicle first. Annie called Jim Wilson Ford and will look at other options, completing required procurement. She will bring this forward at the next meeting.

Michael Thom moved and Jody Waddell seconded to approve Annie's report, 8 haa, 0 puuhara, 0 pupitihara.

3.) Lester Alford, TANF Director:

Lester is present to provide his report to the Health Board. He has a request for approval of the action items in his report. He provided highlights of his report including family projects. Lester asked if there was space in the new Orleans Wellness Center for TANF offices if there was any for use he would like to include his departments name in for some much needed offices. He would like to seek approval of the Site Manager in Yreka to receive additional training. He would also like the Site Manager to receive formal training on TAS. He then sought approval to travel to Sacramento CA in February in Sacramento CA.

Amos Tripp moved and Jody Waddell seconded to approve out of state travel for all three requests in Lester's report, 8 haa, 0 puuhara, 0 pupitihara.

He has worked with compliance issues on collection of debts by clients. If a client chooses to allow compliant deductions then there is tracking in place now so that that is reported accurately.

Lester provided an overview of the TANF drug testing duties, responsibilities and how that works.

He would like to have the application approved for the NEW Program.

Michael Thom moved and Jody Waddell seconded to approve the application and intake form for services for the NEW Program, 8 haa, 0 puuhara, 0 pupitihara.

He provided a copy of the letter that was sent to ACF regarding the NEW program. The letter was sent and then sent back to Lester in which he had to revise and submittal timelines. He will continue to work on this. The cultural specialist put on the first cultural event which had a low turnout but he believes that was from the holidays and further attendance will happen in the future.

Michael questioned the numbers that were provided to the Health Board in the report. Lester informed them it was pending status.

Michael Thom moved and Sonny Davis seconded to approve the TANF report, 8 haa, 0 puuhara, 0 pupitihara.

4.) Vickie Simmons, Clinical Operations Administrator:

Vickie is not present but her report was provided to the Health Board. She has one action item and it is a policy which is 17-000-01.

Jody Waddell moved and Bud Johnson seconded to approve the policy and procedures for obtaining behavioral health services through the child and family services department, 6 haa, 0 puuhara, 2 pupitihara (Dora and Elsa).

Amos Tripp moved and Jody Waddell seconded to approve Vickie's report, 8 haa, 0 puuhara, 0 pupitihara.

Lester then announced that CRIHB representative passed away, to which the Council noted their condolences.

5.) Eric Cutright, IT Director:

Eric is present to provide his report to the Health Board. The Orleans Wellness Center will have wiring needs as the project moves forward.

Eric noted that he is seeking approval of additional server space for \$5,722.40, which is purchasing five hard drives.

Amos Tripp moved and Michael Thom seconded to approve procurement and allow the purchase of back up equipment, 8 haa, 0 puuhara, 0 pupitihara.

He then provided a letter to the Council regarding Verizon. Eric has drafted a letter that will be sent back to Verizon to accept the consultation and will be scheduling the meeting to take further action on the needs of the Tribe. Crispen and Michael will attend the consultation meeting and it will be scheduled for them to attend. It will also include Buster if he is available.

The IT staff is in Orleans working on the installation of radios to ensure the Orleans Computer Center is up and running.

Jody inquired about the shut off to the timer to the building in Orleans. Eric commented that there is a timer and it just needs turned off when the staff is in that building for late meetings.

Amos Tripp moved and Sonny Davis seconded to approve IT's report, 8 haa, 0 puuhara, 0 pupitihara.

6.) Lessie Aubrey, EDHHS:

Lessie is present to review her report with the Health Board. She noted that Medical keeps sending information to seek a designee for the Medical program. Lessie was the designee previously but they are requesting a Tribal Leader designee. Lessie then went on to note that she may be a designee but it must be done by letter or resolution. She noted that it needs to be written for Michael to be on this and sent in a letter if that is what the Council chooses. This will be revised by letter and sent.

Pat Hobbs submitted her report for information.

She then presented a revised position description for The Social Services Administrative Assistant for the Yreka Clinic Social Services Department.

Crispen McAllister moved and Jody Waddell seconded to approve the revised position description, 8 haa, 0 puuhara, 0 pupitihara.

Jody Waddell moved and Bud Johnson seconded to approve Lessie's report, 8 haa, 0 puuhara, 0 pupitihara.

7.) Patti White, RPMS Site Manager:

Report emailed late, no action taken.

Non –Health Related Employees:

1.) Julie Burcell, People's Center Coordinator:

Julie is present to discuss having a weekend event for advertising the People's Center exhibit. The dates that are possible are January 19, January 16, or February 1, 2013.

She would like to request access for the gym and to have \$250 for supplies that may be needed.

Amos Tripp moved and Jody Waddell seconded to authorize the \$250 from discretionary and use of the gym, 8 haa, 0 puuhara, 0 pupitihara.

Julie then went on to seek approval of a credit card.

Amos Tripp moved and Crispen McAllister seconded to approve a credit card for Julie Burcell with the same limit as the former People's Center Coordinator, Helene Rouvier, 8 haa, 0 puuhara, 0 pupitihara.

Closed Session:

Consensus: to refer Tribal Member #JC to TERO, Lessie Aubrey and Dr. Ash for consideration and a recommendation to be presented to the Council.

Consensus: to table the request for an attorney contract to Thursday's Planning Meeting, when a written, signed off, and budget contract can be presented.

Informational: To have the Happy Camp provider vacancy posted as the Medical Director position.

Consensus: to table flat rate of compensation discussion to Thursday's Planning Meeting.

Consensus: to table the request to hire an ED for KCDC to Thursday's Planning Meeting.

Consensus: the Tribal Council would like better communication of the final interview panels selected.

Consensus: to write-up employee #4249 for excessive negligence in driving.

Amos Tripp moved and Crispen McAllister seconded to approve spending of \$643 from the youth leadership summit in the amount of \$643, from the youth leadership budget, 8 haa, 0 puuhara, 0 pupitihara.

Michael Thom moved and Crispen seconded to adjourn the regularly scheduling Health Board Meeting 7:18pm, 8 haa, 0 puuhara, 0 pupitihara.

Next Meeting Date: February 14, 2013 at 3pm in Happy Camp CA.

Crispen McAllister moved and Sonny Davis seconded to approve out of state travel for Elsa, Dora, Buster, Jody to Portland 1/14 and 1/15, 2013, 8 haa, 0 puuhara, 0 pupitihara.

Respectfully Submitted,

Russell "Buster" Attebery, Chairman

Recording Secretary, Barbara Snider



Karuk Tribe

Karuk Tribal Health Board Report For Meeting Date February 14, 2013



Dental Yreka Report as of January 31, 2013

1. Patti White has been working on acquiring an interface from Cimarron that will be of different origin for our Dentrix system than would have originally been planned and will save the tribe thousands of dollars. This interface will allow our two systems (Dentrix and RPMS), to communicate so that double entries are not required as has been done in the past. This interface was projected to deploy sometime in February. Of course there has been a slight deviation in plans as Dentrix has the “key” to the interface. The “key” is called an HL7 interface and is a bi-directional interface with allows us to communicate with medical and dental software systems. Apparently, when the Dentrix software was acquired, the HL7 interface was not appropriated for either financially or physically (due to the nature of the original Dentrix software). In other words, the interface is ineffective unless we have a key to access the Dentrix interface system. We didn’t have any foreknowledge of the expense that would be involved and this was a complete financial surprise, so we are attempting to work things out with the company to provide for this \$12,000 bill (have them offer a substantial discount and allow us to pay in our next fiscal year). We have discussed the need for a compromise due to the nature of the amount required by Dentrix and the fact that we weren’t prepared for this expense (and the fact that we have a contract with Cimarron and would suffer a tremendous fine if we withdrew). This is now being addressed and a solution will be forthcoming very soon.
2. Donita Hill, our Yreka dental hygienist, Dr. Ash and Dawn Mechling, RDA, did a Head Start Fluoride and Varnish clinic on the 30th of January. Additionally, each child was given a new toothbrush and timer. This clinic is the second in a series of three scheduled at the Head Start per the clinics’ MOA Agreement with Head Start for the school year 2012-2013. The findings from this field clinic are as follows:
 - a). Thirty-one children were served and twelve had no current active, or visible decay.
 - b). Of the twelve children, seven have had previous decay and had been treated.
 - c). Eighteen of the thirty-one children have active, visible decay and their parents have been notified with a written evaluation sheet and recommendation that their child see a dentist for treatment.
 - d). Five of the children screened have never had a dental caries experience (16%), while twenty-six of the children screened have active, untreated, dental caries and/or have had a previous dental caries experience (84%).

The Yreka clinic has one more Fluoride Varnish clinics scheduled at the Yreka Head Start on April 24, 2013. We will keep you updated as information is collected.

3. Jessica Courts, RDA, recently appealed to the council and TERO (as well as the dental clinic), for help in getting an advanced education in dental assisting called expanded functions. This education will take place over the next 9 months and will require Jessica to study and be skilled in the areas usually only reserved for dentists. The benefits of Jessica's expanded functions skilled will be seen over many areas, including fulfilling a lifelong dream for her to help her tribe as well as enabling the clinic to treat many more patients in a timely and compassionate manner.
4. The Yreka and Happy Camp Dental Clinics had their semi-annual meeting and addressed multiple issues of concern relative to Dentrux and solutions. We will have a printed copy of the meeting notes available within the next several weeks for the council to review. Several of the areas discussed will be directed to the ACQI committee for establishment of policy or protocol.

Dental Budget Report

1. <u>I.H.S. Budget 3000-41- Yreka Dental - Appropriations – \$902,326.26 year to date Expenditures \$274,249.77– Outstanding Encumbrances- \$ 901.03-Unencumbered Balance \$628,977.52 used 30.29 %</u>
2. <u>I.H.S. Budget 3000-42–HC Dental– Appropriations - \$593,071.50 - year to date Expenditures \$165,461.85 Outstanding Encumbrances- \$528.35- used 27.99%</u>
3. <u>HRSA Dental Supplies 3400-09-7500.03 No HRSA dental line items available.</u>
4. <u>HRSA budget 3400-09-7502.00 – Dental Lab/Pedodontist Referrals – Appropriations \$0.00year to date Expenditures \$ – Outstanding E. \$0.00– Unencumbered Balance - \$0.00. No budget yet.</u>
5. <u>Dental Lab Indian 3900-00-7600.00 – Appropriations \$ 85,000.00 –year to date Expenditures \$16,623.60– Outstanding E. \$23,405.92 – Unencumbered Balance \$44,970.48 -47.09% Used.</u>
6. <u>Dental Lab Non Indian 3900-00-7601.00 – Appropriations \$10,000.00 – year to date Expenditures \$1,505.80 – Outstanding encumbrances \$2,843.18–Unencumbered Balance -\$5,651.02– 43.49% used.</u>
7. <u>Yreka Dental supplies 3900-00-76.06- Appropriations \$20,000.00 – year to date Expenditures \$36,587.88 - Outstanding encumbrances \$19,735.80–Unencumbered Balance -\$36,323.68- <281.62%> used</u>
8. <u>HC Dental Supplies 3900-00-7600.07 – Appropriations \$10,000.00 – year to date Expenditures \$680.12 Outstanding Encumbrances \$3,999.39-Unencumbered Balance \$ 5,320.49-46.80 % used</u>



Karuk Tribal Health Dental Program FY Year 2012 Annual Health Board Report To be presented at Health Board Meeting on February 14, 2013

October 2011 Events and Activities

- Happy Camp Clinic dentist Dr Thanh Do resigned at the end of last month and his last day working with us was October 13, 2011.
- The job search for a new Happy Camp Dentist began within day of Dr Do's resignation. Applications came in, interviews were conducted and Dr Christine Shook DDS was hired to replace Dr Do. She will start as soon as she has obtained her California Dentist License.
- The Dental Staff is seeing patients, attending their meetings, which are: Managed Care (CHS); Pharmacy & Therapeutics; (ACQI) Quality Improvement; Dental Electronic Record Implementation; routine Dental Staff meetings; Executive Director Advisory Committee; Front Desk and Billing; two Biannual Training and etc. These meetings are scheduled in advance through the rest of 2011 and will continue through 2012.
- Staff Appreciation day was held on October 14, 2011.
- The Hygienist was still working in the CDHC (Community Dental Health Coordinator Program) and the Program Graduation was scheduled for November 12, 2011.
- Happy Camp Dental did the Karuk Head Start Screening on October 3, 2011
- Two new X-Ray Units were installed in Happy Camp Dental Clinic.
- Cheryl Tims was re-assigned to work in the CHS Department and will return back to HC Dental when the Dentist starts.

November 2011 Events and Activities

- November 16, dental staff attended the Health Program's Biannual Training.
- HC Dental does not have a start date for Dr Shook DDS she is still in the process of getting her California Dental License.
- The dental department still continued to work on buying Dental Electronic Records Software program.
- Dr Khera DDS will no longer be working at the Yreka Dental Clinic.

December 2011 Events and Activities

- Vickie and Susan were working hard to complete the dental data entry for this year; we hope to have it done before December 31, so that can be billed. Suzanna Hardenburger and Patti White will need the information for their program reports which work on in January and February to meet the reporting deadline.
- In December staff continued working on policies and AAAHC preparedness.
- The Annual Karuk Awards Banquet was held on December 16 in Orleans.
- Clinic Dentist Dr John Bardonner resigned.

January 2012 Events and Activities

- Dr Bardonner last day working at Yreka Dental was January 13, 2012
- Dr Christine Shook and Dr Carolyn Ash joined the Karuk Dental Department January 17, 2012 and they both started working at the Yreka Clinic.
- Cheryl Tims re-joined the HC Dental staff as Receptionist and Dental Records Clerk
- Dr Shook joined the Happy Camp Dental staff on January 30, 2012 and started seeing patients the next day.
- Health Staff continue reviewing and updating policies.

March 2012 Events and Activities

- Current Dental Director Dr Schoen resigned and we advertized for the Dental Director Position.
- Everything was business as usual.
- We are still working within our current budget, providing patient care and reviewing AAAHC Standards

April 2012 Events and Activities

- In Dr Schoen 's Directors report for Health Board Meeting Date he said:
It is with deep regret that I resigned my position as Dental Director, effect April 1, 2012.

I would like to thank the Health Board, Tribal Council and wonderful people in the Health Care program for the opportunity to have served as Dental Director. We made great strides in improving our dental program. In that capacity, last year we were recognized as one of the ten most improved dental programs in all of I.H.S. I am also very proud of our GRPA recognition. Last year we received two awards for meeting and surpassing our GPRA goals.

- We received notification that our AAAHC Review is scheduled for June 7th and June 8th.
- Dr Schoen reviewed our current Dental Fee Schedule and sent Vickie Walden his changes to the dental fee schedule. Vickie Walden will continue working on the changes.
- HC Dental Hygienist attended the California Dental Association's Dental Conference in Anaheim CA.
- HC Dental Hygienist Nikki completed and reported on her Elementary School Dental Screenings.
- Dr. Shearer joined the Yreka Dental Clinic as a contract dentist in Dr. Ash's absence.
-

May 2012 Events and Activities

- A majority of the Dental Staff attended the Annual Indian Health Services Dental Conference in Sacramento CA, which was held from May 14 through the 18, 2012. I.H.S is offering 26 CE Units at this training. During this week there will be one Dentist and an RDA working in Yreka. A Hygienist and one RDA working in Happy Camp.
- Dental Director Interviews were held on May 2nd and on May 18th
- Dr. Carolyn Ash became the Karuk Dental Director.
- Dr Shook asked for out of the area travel to attend a Dental Conference in Washington DC. The Travel request was approved.
- The Happy Camp Dental Hygienist completed all the Head Start Dental Screenings and Fluoride Varnish treatments for 2011/ 2012 year.

June 2012 Events and Activities

- Dr Ash is in the process of reviewing the current dental policies and has some suggestions for changes, which she presented at the June 14 Health Board Meeting.
- Dr Ash is reviewing the dentist's applicants for the dentist to fill the clinic dentist vacancy at the Yreka Clinic.
- AAAHC review was completed, we learned some new things, we have some fixes that need to be done but overall things went very well.
- There is an ADA/UCLA Program Onsite reviewed scheduled for July 9th and 10th.

July 2012 Events and Activities

- The ADA/UCLA Program Onsite review went very well and the equipment is now the property of the Karuk Tribe.

August 2012 Events and Activities

- On August 27, 2012 the Dental Staff attended Dentrix Training at the Yreka Dental Clinic and on August 30 we started using Dentrix to record out patients' treatment and treatment plans.
- HRSA Grant Application was completed and submitted.
- Karuk Tribal Reunion was held Saturday August 25th.
- Shannon Jones transferred from the front office to become a dental assistant in the back office in Yreka.
- Skyler McNeal was hired to fill the full-time front office position.

September 2012 Events and Activities

- HRSA Site Review was conducted on September 25th through the 27.
- Dr Shook resigned, she has taken another job.
- The dental department was still working within their budget current at this end of this fiscal year.
- Dr. Kimberly Walters joined our Yreka Dental Clinic staff full time
- Pat Doak, RDA moved from the Yreka Dental Clinic over to medical referrals
- Dawn Mechling, RDA, filled Pat's position as RDA full-time.

Karuk Dental Visit Report

I usually summarize this annual report with a patient visits' report from the RPMS Report system, but during this last year we've had challenges in getting accurate dental data from RPMS. This was due to scheduling errors. These scheduling errors have caused the system to note some of the visits as un-coded and they will sit in the system until merged with another or deleted, the last report I (Vickie Walden) ran shows there are 796 un-coded visits in the system. Another error occurs when patients are not checked in the appointment schedule and the last report I ran on appointments requiring action showed that 14 pages of patients still needed to be checked in, cancelled or recorded as no shows. So at this time I am unable to get accurate dental visit data from our computer systems.

Report respectively submitted by Vickie Walden RDA and Carolyn M. Ash, DDS, MS on February 6, 2013.

DAY SHEET (CHRONOLOGICAL)

Date: 02/06/2013

01/01/2012 - 12/31/2012
Providers <ALL> - <ALL>

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GRAND TOTALS:

	CURRENT	MONTH-TO-DATE	YEAR-TO-DATE	PREVIOUS MONTH
CHARGES:	493510.00	101650.00	493510.00	121063.00
APPLIED PAYMENTS:	-880.00	0.00	-880.00	0.00
SUSPENDED PAYMENTS:	0.00	0.00	0.00	0.00
APPLIED CREDIT ADJUSTMENTS:	-42071.00	-3810.80	-42071.00	-7952.60
SUSPENDED CREDIT ADJUSTMENTS:	-5840.20	-177.80	-5840.20	-790.40
CHARGE ADJUSTMENTS:	862.00	0.00	862.00	0.00
FINANCE CHARGES:	0.00	0.00	0.00	0.00
LATE CHARGES:	0.00	0.00	0.00	0.00
CHARGES BILLED TO INSURANCE:	4012.00	0.00	4012.00	0.00
NEW PATIENTS:	571	82	571	143
PATIENTS SEEN:	2438	567		
AVG PROD PER PATIENT:	202.42	179.27		
AVG CHG PER PROCEDURE:	61.14	54.94		
PREVIOUS BALANCE	0.00			
BALANCE AS OF 12/31/2012	445580.80			
NET CHANGE	445580.80			

ASH, CAROLYN - DRASH TOTALS:

	CURRENT	MONTH-TO-DATE	YEAR-TO-DATE	PREVIOUS MONTH
CHARGES:	196353.00	26976.00	196353.00	48743.00
APPLIED PAYMENTS:	-120.00	0.00	-120.00	0.00
APPLIED CREDIT ADJUSTMENTS:	-24698.40	-1828.00	-24698.40	-3919.00
CHARGE ADJUSTMENTS:	862.00	0.00	862.00	0.00
FINANCE CHARGES:	0.00	0.00	0.00	0.00
LATE CHARGES:	0.00	0.00	0.00	0.00
CHARGES BILLED TO INSURANCE:	1273.00	0.00	1273.00	0.00
NEW PATIENTS:	124	9	124	26
PATIENTS SEEN:	505	77		
AVG PROD PER PATIENT:	388.81	350.33		
AVG CHG PER PROCEDURE:	126.35	120.42		
PREVIOUS BALANCE	0.00			
BALANCE AS OF 12/31/2012	172396.60			
NET CHANGE	172396.60			



Karuk Tribe

Karuk Tribal Health and Human Services

Community Health Outreach

Annual Health Board Report 2012

February 14, 2012

Annie Smith PHN

Over the past year, things are finally falling into place and I have been learning more of the needs of our communities. Our Team has been stretched with its many developments, requirements and desire to reach further into the depths of those needs. Our Team is doing an excellent job of growing in our trust and reliance on each other and that in turn has broadened their ability to care for those of each of our communities. I am proud to be a part of this Team. I see us moving forward together and developing programs as they are needed. Each of our Team has both strengths and weaknesses and I see us also learning to help each other be better able to meet the needs before us.

I would again like to thank the Health Board for their support throughout this year. I know your responsibility load is heavy but you are all still connected to us at all levels.

Action Items:

- Request for Contract /MOU/Agreement with Siskiyou County Public Health Department Hospital Preparedness Program (HPP). This MOU is in addition to the Push Partners agreement we have in place that assures the mutual participation of all the medical entities, in the case of a disaster or emergency, for the sharing of resources beyond the authorized mutual aid agreements. This coalition partnership aims to strengthen and expand existing partnerships within our area.

Our Director of Administrative Programs had concerns regarding the current compensation costs/rates. The MOU is clear that equipment, supplies and personnel will be compensated at current compensated rates as set by the donor organization. These rates, of course, vary per current rate of pay at the time of such an emergency /disaster. We cannot list these separately

as they change frequently. Additionally the concern was stated to clarify how the Stafford Act Amendment affected this agreement and as far as I can see, the Stafford Act Amendment affirms that the Karuk Tribe is a sovereign Nation and can deal directly with the Federal Government, but in no way affects anything regarding these local agreements to care for our citizens. Please see attached agreement.

Continuing Programs:

Diabetes Program: We were again funded this year with the Diabetes Grant, \$157,554. Eye Care is still our Best Practice. Our numbers have improved thanks to the assistive efforts of the IT Department, especially Amy Coapman, who helped me to set up a clear path to capture the current data and the patients who saw outside providers. Additionally each camera operator has to be certified. This process has been difficult because the certifying entity, U. C. Berkeley had not had this program prior. I am now certified and am working to have at least one camera operator at each facility.

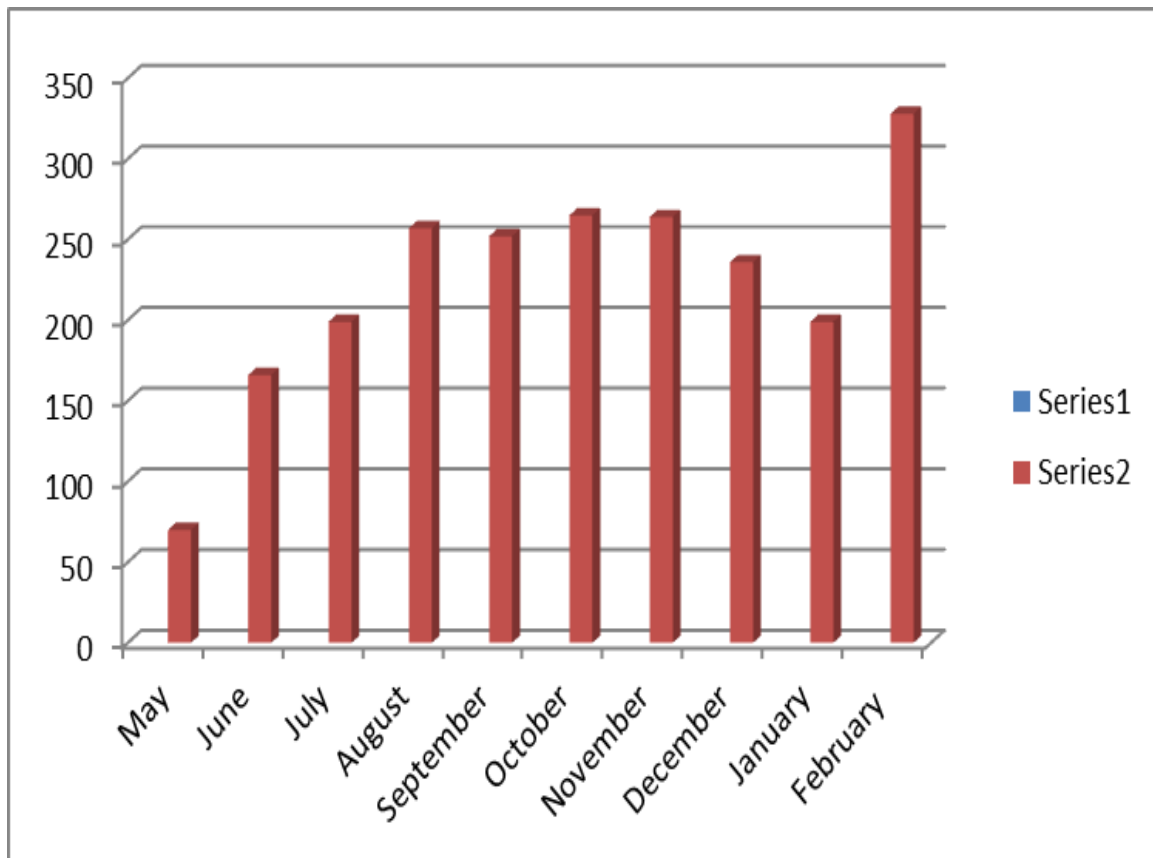
I am in the planning stages of changing the luncheon program for the Diabetes Grant to a teaching program and have us all cook our lunch together. This will help to better understand local available foods that can be incorporated into their diet.

I submitted the end of year report to the IHS Special Diabetes Prevention and Treatment grant department as required. This year they allowed a role-over of unspent funds which will help our program greatly.

Immunization: The clinics have all been working hard to improve our immunization rates. The employee immunization rate increased significantly, from 62% to 75%, and I am proud of the way they all responded and stepped up to the plate. Many employees received the first flu shot they ever had. I am thankful they received their immunizations because the viruses that came through have been significant and severe. All the clinics have been working on their call lists to remind parents when immunizations are due.

Emergency and Disaster Preparation: I have been meeting with Tom Fielden's group in our planning and implementation of this program. I look forward to all that will be accomplished. I am continuing to work with the Siskiyou County Public Health Department on the surge plans and the MOU's and amendments needed to ensure cooperative efforts in any disaster. The most recent issue is the MOU amendment that opens coordination with the local hospitals and clinics prior to the declaration of a disaster. This agreement is being addressed this month.

Community Health Workers: Our Team is working diligently to ensure all our Elders and Tribal Members are visited and cared for. We are going to hire a new CHR for Yreka. The home visits are up for our Team and this includes my visits as well.



I am happy to report that tracking the whereabouts and condition of our Elders is a part of our Disaster plan. We will continue to move forward with this project. We are also preparing to begin the interviews for the new CHR in Yreka. We have not set a date as yet.

Safety: We have had two meetings now since the formation of our emergency plan. Flo and I continue to make our safety drill and follow our safety program.

Public Health Nursing: I continue to follow the direction of our Provides in consults and referral s for visit to families and patients out in the community. Our consult system works very well. I also have many interactions with our County Public Health Departments of both counties. I am starting another hospice project in Orleans this week.

General Information: I continue to have weekly web-ex trainings for all my grants. Additionally I start a HANC project and will be traveling to Redding once a month for three months for a Continuity of Operation Planning meetings. I will report as I go.

Financial Report:

	Unencumbered Balance	Percent Used
IHS Diabetes Grant 2012:	Unavailable from IHS	Held up in Washington DC
Public Health Nurse:	\$ 61,265.91	27.09%
CHR:	\$ 179,774.77	27.29%

Karuk Community Health Clinic
64236 Second Avenue
Post Office Box 316
Happy Camp, CA 96039
Phone: (530) 493-5257
Fax: (530) 493-5270

Karuk Tribe

Karuk Dental Clinic
64236 Second Avenue
Post Office Box 1016
Happy Camp, CA 96039
Phone: (530) 493-2201
Fax: (530) 493-5364

Administrative Office
Phone: (530) 493-1600 • Fax: (530) 493-5322
64236 Second Avenue • Post Office Box 1016 • Happy Camp, CA 96039

REQUEST FOR CONTRACT/MOU/ AGREEMENT

Check One: Contract
 MOU
 Agreement
 Amendment

Karuk Tribe Number Assigned: 13-M-002
Get from Dir. Of Admin Prgms
Funder/Agency Assigned: _____
Prior Amendment: _____

REQUIRED → *Procurement Attached *Budget Attached N/A
*System for Award Management (SAM) (CONTRACTS ONLY) N/A

Requestor: Annie Smith RN, PHN Date: 1/25/13
Department/Program: HEALTH AND HUMAN SERVICES
Name of Contractor or Parties: SISKIYOU COUNTY
Effective Dates (From/To): 12/3/2012 on-going + + +
Amount of Original: _____
Amount of Modification: _____
Total Amount: \$0
Funding Source: (Use Fund Account Code)

Special Conditions/Terms: _____

Brief Description of Purpose: EXPANSION OF PREVIOUS MOU Is there a current compensation rate/administrative costs?

How does this affect or is affected by the Stafford Act amendment recently passed?

MOU requires chairmans signature - Annie Smith shall be POC with Thomas Felden, alternate.

Recommend Reso + council approval
1/25/2013
Date

REQUIRED SIGNATURES

Date

**Chief Financial Officer

**Director, Administrative Programs & Compliance

**Director of Self Governance (MOU/MOA) or TERO (Contracts)

Date

Also, Tom F. should be POC + reference council authorization to activate, _____
Request for Contract/MOU/Agreement
Updated October 25, 2012
This amended version supersedes all previous versions.

Siskiyou County
Hospital Preparedness Program Partnership Coalition
Mutual Aid Memorandum of Understanding for Healthcare Partners

Loaned Equipment:

The receiving entity shall return to the donor organization any and all equipment borrowed during the time of an emergency/disaster. Equipment shall be returned to the donor organization in the same condition in which it was received in a timely manner. If the loaned item has the potential of requiring maintenance of any sort (such as a vehicle, generator, lighting unit etc.), the donor organization and the receiving entity shall determine potential maintenance activities and reimbursement rates before the items are distributed. The receiving entity shall also pay for any costs related to shipping/transporting the equipment back to the donor organization.

Loaned Supplies, Materials or Pharmaceuticals (Consumables):

The receiving entity shall return to the donor organization as soon as feasibly possible an exact replacement inventory of borrowed consumables. The receiving entity shall store borrowed consumables according to the appropriate manufacturer/vendor guidelines (if necessary, provided by the donor organization). It shall be the receiving entity's responsibility to pay for any costs related to shipping the consumables back to the donor organization.

Loaned Personnel:

The receiving entity shall reimburse the donor organization compensation for all borrowed personnel during times of disasters. Reimbursement rates shall be based on the current compensation rate and administrative costs for personnel as provided by the donor organization. The receiving entity is only responsible to reimburse wages and administrative costs for personnel that are specifically requested. Personnel that arrive to assist without being specifically requested shall be considered volunteers.

} 

Please Note- Any deviation from the above process must be agreed upon by the receiving entity and donor organization in writing.

- c) **Activation of the Mutual Aid Memorandum of Understanding:** Only the Incident Commander (or designee) at each participating entity has the authority to activate this MOU.

- d) **Credentialed Personnel:** Each participating agency that wishes to request prescreened medical personnel, whose credentials are verified once every 24 hours, may request personnel through the Siskiyou County Public Health Department (SCPHD). SCPHD serves as the county administrator of the Disaster Healthcare Volunteers (DHV) of California. To request personnel, contact SCPHD DHV administration at (530) 841-2130 or (530) 598-2383.

Each participating agency is strongly encouraged to have their personnel register with the Siskiyou County unit of the DHV to ensure that there are always an

Siskiyou County
Hospital Preparedness Program Partnership Coalition
Mutual Aid Memorandum of Understanding for Healthcare Partners

adequate number of prescreened personnel during a disaster. Online registration is available at <https://medicalvolunteer.ca.gov/>

5) Region III Medical/Health Mutual Aid System

If assistance is not available on Operational Area (OA) level and through procedures identified in this MOU, participating agencies may request additional aid through the Region III medical/health mutual aid system. The process for requesting medical and health mutual aid resources will be coordinated by the Siskiyou County Medical Health Operational Area Coordinator (MHOAC) and the Region III Regional Disaster Medical Health Specialist (RDMHS). To request medical/health mutual aid from the MHOAC/RDHMS, participating agencies must meet requirements as outlined in Appendix A, which is made part of this memorandum.

6) Mutual Aid Memorandum of Understanding (MOU) Administration

Siskiyou County Public Health Department will maintain all of the original MOU documents and provide copies to all participating entities.

All correspondence with SCPHD should be sent to:

Siskiyou County Public Health Department
806 S. Main St.
Yreka, CA 96097
Attn: Lynn Corliss, PHN
Public Health Emergency Preparedness/ HPP Coordinator

7) Term and Termination

The terms of this agreement will commence on the date this agreement is signed and will continue in full force and effect from that date unless terminated or modified by mutual written agreement by all participating entities. An individual entity may elect to terminate its participation in this MOU by providing thirty (30) days written notice to other participating healthcare organizations of its intent to terminate.

8) References

- California Department of Public Health's (2010-11) Application Guidance for Local Health Departments and Local Hospital Preparedness Program Entities: U.S. Department of Health and Human Services (HHS) Assistant Secretary for Prevention and Response (ASPR) Hospital Preparedness Program (HPP)
- Cal-EMA Region III Medical/Health Mutual Aid Manual (2009)
- San Joaquin County Healthcare Coalition Memorandum of Understanding (2009)
- California Disaster Health Operations Manual (2012)

Siskiyou County
 Hospital Preparedness Program Partnership Coalition
 Mutual Aid Memorandum of Understanding for Healthcare Partners

Appendix A
Criteria to Request Medical/Health Mutual Aid through the MHOAC
(Outside of the Siskiyou County OA)

MHOAC Resource Requesting Process

The MHOAC Program coordinates medical and health disaster resources within the Operational Area. The MHOAC Program maintains an updated directory of medical and health resources, existing mutual assistance agreements, and key supplier contacts for their Operational Area. During an emergency, medical or healthcare providers request needed resources from local agencies consistent with local protocol. If the resource cannot be obtained locally, the MHOAC Program should be contacted.

The MHOAC Program attempts to locate the needed resources within the Operational Area and through all available suppliers. If the MHOAC Program cannot satisfy the request for additional resources through those mechanisms, the MHOAC Program may request medical and health resources from outside the Operational Area. Prior to submitting a resource request to the MHOAC, it is incumbent upon the requesting entity to confirm the following:

- | |
|---|
| 1) Is the resource need immediate and significant? |
| 2) Has the supply of the requested resource been exhausted, or is exhaustion imminent? |
| 3) Is the resource available from your internal, corporate supply chain? |
| 4) <u>Is the resource available through participating entities associated with this MOU or other existing MOU's your agency has in place?</u> |
| 5) Have payment/reimbursement issues been addressed? |

If the requesting entity has addressed the above criteria and still requires medical/health mutual aid assistance by way of the MHOAC and RDMHS, contact Information is as follows:

MHOAC
 Dr. Stephen Perlman (or designee)
 Siskiyou County Public Health Department
 806 S. Main St.
 Yreka, CA 95965
 (530) 598-0671
 (530) 841-2145
 (530) 841-2900 after hours
 sperlman@co.siskiyou.ca.us

Region III RDHMS
 Todd Frandsen
 Sierra Sacramento Valley EMS
 2775 Bechelli Lane
 Redding, CA 96002
 (530) 722-6615; (530)204-7049 (c)
 after hours, W/E and Holidays -
 (530)410-6008 and follow prompts
 Todd.frandsen@ssvems.com

Siskiyou County Hospital Preparedness Program (HPP) Partnership Coalition

Mission Statement: To plan and develop a coordinated and effective medical health response to any major medical disaster/emergency in Siskiyou County.

Overview of the HPP Partnership Coalition

The HPP Partnership Coalition consists of the local healthcare facilities, long-term care facilities, clinics, tribal health clinics, public health and other emergency response agencies including fire, law, EMS, pharmacies and mortuaries. This partnership will help to promote collaboration and improve emergency preparedness and response for a medical/health event within Siskiyou County.

The greatest burden on the healthcare system during emergencies/disasters will be a large surge of patients. To address this problem we must work together to effectively handle this surge of patients. Evacuation of a healthcare facility may be necessary requiring identification of sites, resources, staffing, and transportation for evacuees. With the collaboration of healthcare partners, planning can be accomplished to ensure all individual plans are incorporated into and coordinate with the County emergency operations plan.

Partnership goals

- To collaborate and work cooperatively to integrate plans and activities concerning emergency response for all participating partners.
- Develop common understanding of how information will be communicated, the specific role of each partner, and the process for requesting and sharing available resources during an emergency/disaster situation.
- Increase the medical surge capabilities within Siskiyou County (The California Department of Public Health [CDPH] has determined Siskiyou County will require an additional 76 surge beds).
- Identify and meet the needs of special populations.
- Ensure appropriate staff is trained in NIMS and ICS (HICS).
- Participation in coordinated drills and exercises that include partnership members including the Statewide Medical Health Exercise. Completion of after action reports and corrective action plans.
- Identify alternate care locations in South County, North County, Butte Valley/Tulelake Basin and the Klamath River corridor.

Partnership Deliverables (as required by CDPH)

- Participation of all partners in emergency response planning efforts.
- Review and integration of emergency response plans.
- Completion of an MOU for sharing of information, staff, and other resources that includes all identified partners.
- Coordinated plans, including plans addressing surge, mass fatality, mass casualty, special needs populations and other plans as identified by CDPH.

- To appropriately store and maintain all supplies and equipment purchased with HPP funds and to use them only in an emergency/disaster situation or during drills and exercises that enhance emergency response.
- Participation of all partnership members in at least one HPP exercise each year.

Facility Name:

KARUK TRIBE

Facility Contact:

Agnie Smith RN, PHN

Signature:

[Handwritten Signature]

Date:

12/3/12

Annie L. Smith

From: Lynn Corliss <lcorliss@co.siskiyou.ca.us>
Sent: Tuesday, November 27, 2012 3:24 PM
To: Gansel, Billy - MMCMS (Billy.Gansel@DignityHealth.org); Dave Jones (djones@mntnvalleyhc.org); Annie L. Smith; Lisa Estes (svadmin@foresightms.com); Darla Kolpacoff
Subject: HPP Partnership Goals and MOU
Attachments: Siskiyou County Hospital Preparedness Program mission and goals10-12.doc; Siskiyou County Partnership MOU 10182012.doc

Please see the attached HPP mission and goals to go along with the Partnership MOU. We have been required by the Feds and CDPH to expand our MOU to begin to encompass more partners including hospitals, clinics and long term care under one MOU. Please review the attached and complete and return to me. Page 5 of the MOU will require you to add information specific to your facility.

If you have any questions ,please feel free to contact me. Once this process has begun – all signatory facilities will receive copies of the signature pages for all facilities.

This does not replace the MOU already in place between FMC and MMS but adds to it for the overall medical health response. It is the overall goal to have all healthcare facilities signed on to this agreement in the very near future.

(For those wondering why FMC is not addressed in the addresses, they have completed and returned theirs already)

Lynn Corliss,PHN

Emergency Preparedness Coordinator

Siskiyou County Public Health

806 S. Main St

Yreka,CA 96097

530-841-2130 - office 530-841-4092 - FAX

530-598-2383-cell

lcorliss@co.siskiyou.ca.us

"Knowing is not enough; we must apply.

Willing is not enough; we must do." - Goethe

Electronic Privacy Notice: This e-mail, and any attachments, contains information that is, or may be covered by, the Electronic Communication Privacy Act, Title 18 U.S.C 2510-2521, and is also confidential and proprietary in nature. If you received this e-mail in error, please be advised that you are legally prohibited from retaining, using, copying, distributing, or otherwise disclosing this information in any manner. If you have received this e-mail in error, please contact sender indicating that you received this communication in error, and then immediately delete it. Thank you in advance for your cooperation.

I actually have no knowledge of the workings of FEMA. This agreement is to support Siskiyou County and its residents in the event of an emergency even if only local where there would be no involvement by FEMA.

We need to be able to provide the medical support needed for our residents in the best way we can and by all banding together and working together we will accomplish this.

If the tribal clinics step up as the other clinics around the county have been doing we will be able to provide the necessary medical countermeasures much quicker and easier. During an emergency is not the time to decide who will get treated and by who but to have it all in place prior to the event.

Hope this helps

Received 2/16/13
LL

Lynn Corliss,PHN

Emergency Preparedness Coordinator

Siskiyou County Public Health

806 S. Main St

Yreka,CA 96097

530-841-2130 - office 530-841-4092 - FAX

530-598-2383-cell

lcorliss@co.siskiyou.ca.us

"Knowing is not enough; we must apply.

Willing is not enough; we must do." - Goethe

KARUK TRIBE
Karuk Tribal TANF Program
January 2013 Monthly Report

Program Report Summary

February 5, 2013

Sites:

Active Clients (Program Totals) Report: (See attachment (A)) – KTCP-Active Cases as of 2/5/2013)

Work Participation Rate Report (WPR): (See attachment (B)) – KTCP – WPR – Monthly Summary for 12/2012)

Work Participation Rate for December 2012 was 42.31% due to week long Christmas holiday and increased case management of the client's Family Service Plan and tightening the adherence to program policy and procedures by both staff and clients.

Staffing/Training:

Current staffing shortages include – Program Service Manager

Currently, reviewing staffing and case load.

TAS training for Staff-

Site Individual Re-enforcement Training was provided - on January 29-30, 2013. Training that was provided: Assessments, income, TAS, child support, caseload tracking and management, time-on-aid, and other miscellaneous training.

On February 5-6, 2013, the site and case managers received training on Train the Trainer in Financial Literacy. I will be implementing the requirement from the policies and procedures in creating the family self-sufficiency plan for clients. Financial budgeting is a paramount part of the plan to be successful.

TANF Office Space – Requesting additional office space for the Orleans TANF office to address confidentiality and seeing client issues. Currently, both TANF staff employees occupy the same office. The two employees cannot see clients at the same time for different reasons, i.e., TANF business and substance abuse issues.

Since the ground breaking of the new clinic, TANF would like to request an additional office to remove the above issues.

Appeals, Complaints, and Grievances – None at this time.

KARUK TRIBE

Karuk Tribal TANF Program January 2013 Monthly Report

Case Management –

A 100% audit - (in progress).

All cases will be audited to ensure the case file is complete.

TAS System – Overpayments for non-TANF purposes.

TAS system accepts delinquency recoupments from clients who chose to start the repayment through TANF.

The delinquency list is being reviewed on a monthly basis and any TANF client active or closed will receive an entry to notify the case manager of pending overpayment, exists.

January TANF Event

Karuk Cultural Meeting – Phil Albers -

This event was a success, in that we had participants from all ages. A total of 7 participants, 3 adults and 4 children attended the class. Discussions were on what type of activities and classes they would be interested, establishing community unity and when the classes and activities should be given.

The next Cultural meeting will be held February 6, 2013, at the Yreka Housing Authority, from 3:30 to 4:30 p.m. This meeting includes storytelling, community unity and setting a schedule to follow, every 1st and 3rd Wednesday of the month. (Attachment (E))

February Travel

I will be attending the California Tribal TANF Coalition (CTTC) Meeting held in Sacramento, CA on Monday February 11th and the State meeting on Tuesday, February 12, 2013. (Attachment (E))

Yreka Site Manager is attending the Fatherhood Training from February 4-8, 2013 and then the Yreka Site Manager and the Orleans Site Manager, who is the 2nd Fatherhood facilitator, will be traveling to Sacramento, CA, to participate in the Shingle Springs Fatherhood training held on Thursday, February 14, 2013.

The Shingle Springs Fatherhood program has been in operation for about 5 years. Lisa and Clarence are excited to receive initial practical training and assistance from a successful program, which will help the tribes fatherhood start out successfully. (Attachment (F))

Substance Abuse

KARUK TRIBE
Karuk Tribal TANF Program
January 2013 Monthly Report

Substance abuse has been on the rise through the holidays, as evident, through our AOD testing, from a casual user or hard core use. Clients are being referred as soon as the results are confirmed by the lab.

Our AOD Case Manager, Clarence Hostler has been working with Kristen Aubrey in setting up regular scheduled meeting for our clients. January 2013 schedule will be posted shortly. (See attachment (C))

NEW Program

Re-Submission accepted by ACF

Re-submission of the projected time-line for the NEW Program, ACF has requested more details to the projected time-line of the implementation of the NEW program.

Have received 4 applications for the new program and have approved 1 so far. The word is getting out and individuals are signing up. I will be working on an individual basis to start then branch out to groups, i.e., youth.

Attached is a copy of the NEW Plan revision. I have sent a copy to ACF for their review. (Attachment (D))

Revisions –

Page 1 - Eligibility – added lineal descendants

Page 1 - Priority of Services – added unemployed single fathers,

Page 1 - At Risk Unemployed Youth – Change age to reflect 16-24 vice 18-24.

Page 3 - PART 4 – TANF vice TERO name

Page 3 - Changed “Work Force Development” Meeting to “Ya Pa’Anav Committee Meeting”.

Submitted By:



Lester Lee Alford, Jr.
TANF Executive Director

Karuk Tribal TANF Program
Active Cases as of
02/05/2013

Orleans TANF Office

Total number of Child Only/Non-Needy families	3
Total number of One Parent families	2
Total number of Two Parent families	1
Total number of cases is	6

Happy Camp TANF Office

Total number of Child Only/Non-Needy families	3
Total number of One Parent families	8
Total number of Two Parent families	1
Total number of cases is	12

Yreka TANF Office

Total number of Child Only/Non-Needy families	10
Total number of One Parent families	34
Total number of Two Parent families	15
Total number of cases is	59

Total number of Child only cases program wide is	16
Total number of 1-Parent cases program wide is	44
Total number of 2-Parent cases program wide is	17

Total number of cases program wide is **77**

Karuk Tribal TANF Program

WPR - Monthly Summary for 12 / 2012

2/5/2013

Type of Family for Work Participation

One parent families	36
Two parent families	18
Child Only Family	16
Total Cases Reported for this Period	70

Current Case Load by Site

Humboldt	3
Siskiyou	67
*Total Cases: 70	

Work Participation for All Families

Cases that did the hours required	22
Cases required to work	52
Work Participation Rate	42.31 %
2012 Work Participation Rate is 25%	

Current Case Load by Staff

CHOSTLER	4
IMIRANDA	21
KKING	2
LAUBREY	10
MCHARLES	21
RBAILEY	9

Client TANF Payments

Total Payments	\$46,510.00
-----------------------	--------------------

Number of Clients Participating by Activity Type

049 - Unsubsidized employment	20
050 - Subsidized Private Sector Employment	0
051 - Subsidized Public Sector Employment	0
052 - Work Experience	2
053 - On-the-Job-Training	0
054 - Job Search - Job Readiness	1
055 - Community Service Programs	1
056 - Vocational Education Training	0
057 - Job Skills Training Directly Related to Employment	1
058 - Education Directly Related to Employment - No HSD/GED	4
059 - Satisfactory School Attendance For Individuals - No HSD/GED	1
060 - Providing Child Care to TANF Clients participating in a Community Service program	1
062 - Other Work Activities	19

February 2013

February 2013							March 2013						
Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa
3	4	5	6	7	8	9	3	4	5	6	7	8	9
10	11	12	13	14	15	16	10	11	12	13	14	15	16
17	18	19	20	21	22	23	17	18	19	20	21	22	23
24	25	26	27	28			24	25	26	27	28	29	30
							31						

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Jan 27	28	29	30	31	Feb 1	2
3	4	5	6	7	8	9
	10:00am 12:00pm TANF Group @ Yreka 10am - 12 pm		10:00am 12:00pm Red Road Group @ Yreka 10 am - 12 pm	10:00am 2:00pm Happy Camp TANF Group 10 am - 2 pm 1:00pm 2:30pm Relapse Prevention Yreka 1pm - 2:30 p	10:30am 12:00pm Anger Mngmt-Men 10:30 - 12pm 2:30pm 4:00pm Anger Mngmt-Women 2:30 - 4pm	
10	11	12	13	14	15	16
	10:00am 12:00pm TANF Group @ Yreka 10am - 12 pm		10:00am 12:00pm Red Road Group @ Yreka 10 am - 12 pm	10:00am 2:00pm Happy Camp TANF Group 10 am - 2 pm 1:00pm 2:30pm Relapse Prevention Yreka 1pm - 2:30 p	10:30am 12:00pm Anger Mngmt-Men 10:30 - 12pm 2:30pm 4:00pm Anger Mngmt-Women 2:30 - 4pm	
17	18	19	20	21	22	23
	10:00am 12:00pm TANF Group @ Yreka 10am - 12 pm		10:00am 12:00pm Red Road Group @ Yreka 10 am - 12 pm	10:00am 2:00pm Happy Camp TANF Group 10 am - 2 pm 1:00pm 2:30pm Relapse Prevention Yreka 1pm - 2:30 p	10:30am 12:00pm Anger Mngmt-Men 10:30 - 12pm 2:30pm 4:00pm Anger Mngmt-Women 2:30 - 4pm	
24	25	26	27	28	Mar 1	2
	10:00am 12:00pm TANF Group @ Yreka 10am - 12 pm		10:00am 12:00pm Red Road Group @ Yreka 10 am - 12 pm	10:00am 2:00pm Happy Camp TANF Group 10 am - 2 pm 1:00pm 2:30pm Relapse Prevention Yreka 1pm - 2:30 p		

Lynn Parton

ATTACHMENT (C)

**NATIVE EMPLOYMENT WORKS (NEW)
PROGRAM PLAN FOR THE KARUK TRIBE
FOR THE PERIOD OF JULY 1, 2010 ~ JUNE 30, 2013
Amendment**

PART 1 – PROGRAM ADMINISTRATION

The Tribe submitting this plan is the Karuk Tribe

The department, within the applicant tribe that is responsible for administering the NEW program, is the Karuk Tribal TANF Program (TANF)

The time period covered by this plan is July 1, 2010 – June 30, 2013

The contact person for the grantee’s NEW program and plan is:

Lester Alford, TANF Executive Director
Karuk Tribe
P.O. Box 1016
64236 Second Avenue
Happy Camp, CA 96039
530 493-1440 extension 6005
530 493-1441 (fax)
llalford@karuk.us

PART 2 – SERVICE AREA AND SERVICE POPULATION/ELIGIBILITY

The geographic area to be served by the NEW program is the BIA designated service area of Siskiyou County and northeast Humboldt County. Additional service area includes the remaining areas of Humboldt County due to the California Indian Manpower Consortium, Inc. relinquishing service to Karuk tribal members within the entire county.

The population eligible for services under the NEW program is unemployed members **and their lineal descendants** of the Karuk Tribe. We anticipate that the demand for services may exceed available resources, so we will set priority for services in the following order:

1. Unemployed single mothers
2. **Unemployed single fathers**
3. Unemployed persons participating in the Karuk Tribe’s General Assistance program
4. **At-risk unemployed youth ages 16 – 24 (“at-risk” is defined as youth who are exposed to the chances of delinquency; high school graduates without aspirations; potential drop-outs from college; youth without direction due to socio-economic status)**
5. All other eligible persons

PART 3 – ACTIVITIES AND SERVICES TO BE PROVIDED BY THE NEW PROGRAM

NEW clients will be assessed for employability based on their skills and needs. NEW participants will receive job counseling, career counseling and will assist in the development of their case plan.

The below listed work activities will be provided under the NEW program are:

These are the educational activities, training and job readiness activities, and employment activities that will be provided by/through the NEW program to help clients prepare for and obtain employment.

Work activities made available to NEW program participants will depend on their need and available NEW funds. Activities include, but limited to:

Educational Training

- GED pre/post testing fees, tutoring
- Remedial education including costs for tutoring, costs for mentoring
- To supplement the adult vocational training program that is funded by the BIA, which pays up to \$1000 in tuition costs only. NEW funds will be the secondary resource for needed supplies and/or basic living allowance for rent or dorm fee costs specifically related to the adult vocational training program. (up to \$500.00 lifetime)

Jobs Skills & Readiness Training Activities

- job skills training (Certificate programs)
- Job Readiness/Search Training (workshops addressing job interviewing, resume writing building, proper work attire and behavior)
- On-the-Job training with entities of the Tribe and arranged with local employers that is intended to lead to permanent employment

Employment activities

- job search, physical and internet
- job development and placement, including working with the Tribe and local businesses to create and fill job positions
- work exposure activities including field trips or on-site visits for orientation of skills required for career choice of NEW participants
- subsidized and unsubsidized public and private sector work experience

The supportive and job retention services that will be provided/available under the NEW program and funded by the NEW grant are described below – these are the supportive and job retention services that will be provided to NEW clients using NEW funds and/or by persons supported by NEW funds.

Depending on the needs of the participant and availability of funds, supportive and job retention services are employment related services necessary to enable participants to participate in the NEW program and to prepare to obtain and/or retain employment.

- **transportation assistance such as bus passes, payments for gasoline purchase, car repair (up to \$200 per lifetime)**
- **clothing, uniforms, shoes/boots, and tools/gear needed for training or employment**
- **medical/optical/dental services (for example, eye exams and purchase of eyeglasses)**
- **career/job/life counseling**
- **supplies needed for education, training, work activities or for employment, including books**
- **fees: driver’s license fees, professional occupational license or permit fees specifically necessary for the participant to obtain work**

PART 4 – PROGRAM COORDINATION

The **Temporary Assistance to Needy Families (TANF)** will coordinate NEW services by utilizing the existing programs and entities of the Karuk Tribe. Other agencies, educational institutions, organizations, and entities will be coordinated as is determined by the needs of the NEW participant. Through the initial orientation and intake process, NEW participants will undergo an assessment of their skills and needs. They will be assessed for employability and will participate in the development of their case plan.

The NEW program administrator will take each case plan to the Ya Pa’ Anav committee meetings that are held on a regular basis to gain an integrated service plan and to coordinate NEW participant case plans with other tribal programs to ensure a holistic approach in addressing the needs of the NEW participant. The NEW participants will participate in appropriate NEW services and will be referred to other programs as necessary and begin their journey to self-sufficiency and unsubsidized employment. NEW participants will be tracked for progress with their plan and will meet with the NEW program administrator to ensure follow up and implementation of their case plan. Below are the programs and entities represented in the Karuk Tribe’s **Ya Pa’ Anav Committee Meetings**:

- **Karuk Tribe Tribal Employment Rights Office (TERO) – funded through a fee imposed on all tribal contracts**
- **Karuk Tribe Temporary Assistance for Needy Families (TANF) – State and Federal funded**
- **Karuk Tribe Child Care Program – Federal funded (CCDF)**

- Karuk Tribe Head Start – Federal funded
- Karuk Community Computer Center- funded through Administration for Native Americans (ANA) and private organizations
- College of the Siskiyou – a partner with the Karuk Community Computer Center
- Karuk Tribe General Assistance program - Federal funds
- Siskiyou Training Employment Program (STEP) –State funded
- Northern California Indian Development Corporation – Private and Federal grant funded
- Karuk Community Development Corporation- State, Federal and privately funded

The coordination between the NEW program and these programs and entities is described below

Coordinating Entity	Coordination Activities, and Activities/Services Provided by Coordinating Entity
Karuk Tribe TERO -	Jointly exchange/ refer clients; advertise information on available activities, services and job opportunities. Convene workforce development meetings to ensure coordination; provide trainings, job readiness activities, job supportive and job retention services; exchange information
Karuk Tribe TANF - administration and coordination of NEW funding.	Jointly exchange / refer clients; provide trainings, job readiness activities, job retention activities, job placement activities, job supportive activities; exchange information
Karuk Tribe Child Care Program	Jointly exchange / refer clients; provide child care subsidy; exchange information
Karuk Tribe Head Start	Jointly exchange / refer clients; provide job placements, training; exchange information
Karuk Community Computer Center	Jointly exchange /refer clients; provide training; provide distance education services, job search, job readiness, GED services, adult tutoring; exchange information
College of the Siskiyou	Provide education and training as needed
Karuk General Assistance Program	Jointly exchange / refer clients; provide job readiness and job search; exchange information
Siskiyou Training Employment Program	Jointly exchange / refer clients; provide job

	readiness and job search; provide training
Northern California Indian Development Corp.	Jointly exchange / refer clients; provide job readiness and job search; provide training; exchange information
Karuk Community Development Corporation	Jointly exchange / refer clients; provide training, job creation and placement; exchange information
Adult Vocational Training Program - BIA	Tuition assistance

PART 5 – PROGRAM OUTCOMES

The overall goals of the NEW program are:

The NEW program will assist unemployed persons to become self-sufficient and to gain and retain employment.

The NEW program will provide training, education and work experience activities that prepare clients for work.

The NEW program will provide workshop activities to engage clients to become job ready.

The NEW program will provide supportive and job retention services and activities that enable clients to prepare for and obtain employment.

The planned outcomes that will be used to determine the extent to which the NEW program goals have been achieved each year are:

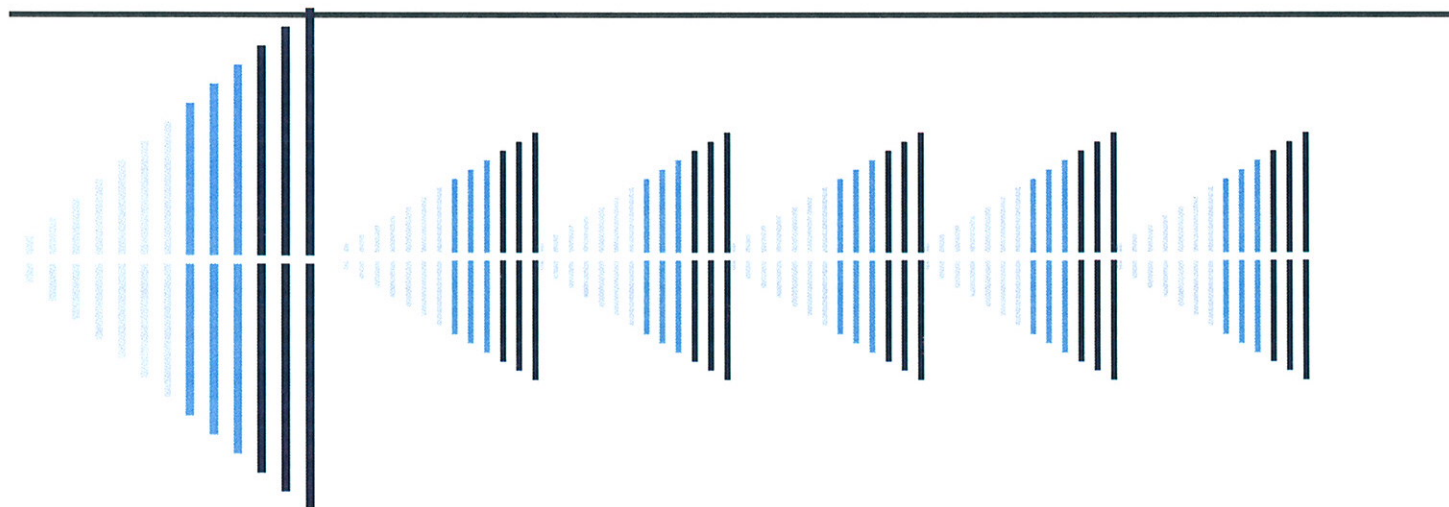
100% of NEW clients will be assessed for employability based on their skill and needs. NEW participants will receive job counseling, career counseling and will assist in the development of their case plan.

50% of NEW clients will successfully complete job readiness workshops, vocational training, on-the-job training and / or work experience.

10% of NEW clients will obtain unsubsidized employment.

PART 6 – SIGNATURE AND STANDARD ASSURANCES/CERTIFICATIONS

See Attachments



Karuk Storytelling

Community Welcome

February 6th 3:30-4:30 pm

Yreka Karuk Tribal Housing Authority

1836 Apsuun St Yreka

- Story of Robin; Story of Buzzard; Baby Stories
- Refreshments
- Establish Community Unity
- Meet TANF Hours
- 1st & 3rd Wednesday of every month

Contact Yreka TANF Office for more information
(530) 842-4775—Transportation available upon
request by February 4, 2013 (TANF Clients only)

California Tribal TANF Coalition Meeting

Monday, February 11, 2013 (10:00 am – 5:00 pm)

Shingle Springs Rancheria Tribal TANF Office

2030 "J" Street, Sacramento, CA 95811

Phone: 916.760.1660

A G E N D A

- I. Invocation
- II. Welcome/Introductions
- III. Announcements
- IV. Additions/Deletions to Agenda
- V. State of California DSS/Tribal Administrators Agenda – 2.12.13 - Discussion
- VI. New Business
 - a. Indian Trust Settlement Income (Cobell, other) – Discussion - All
 - b. DHHS Tribal Consultation Meeting – March 6-8, Washington DC – All
 - c. DHHS Regional Tribal Consultation Meeting – March 26-28, Phoenix, AZ - All
- VII. Old Business
 - a. California Department of Social Services MOU Language Revisions - All
 - b. TANF Reauthorization Extension – Updates - Glenn Basconillo, OVDCO COO
 - c. NCAI Tribal Task Force – Elaine Fink, Northfork Rancheria Tribal Chairperson – All
 - Strategy development for the next TANF Task Force meeting at NCAI Winter Executive Session – March 4 – 8, Washington DC
 - d. MEDS/IEVS Updates – All
 - e. TANF Plan Renewals – All
 - Requirement of new Tribal Resolutions for plan renewals – All
 - f. Subsidized Employment – follow up – All
 - g. Summer Youth Employment – Discussion – All

- LUNCH BREAK -



Afternoon Session – 1:30 pm

VIII. Work Group Meetings

Administration/ IT/Facilities/HR

Program – TANF Services

IX. Career Pillar - Empowering Job Seekers – Presentation - Edgar Blunt

X. Roundtable Discussion – All

XI. Next Meeting: Monday, June 10, 2013

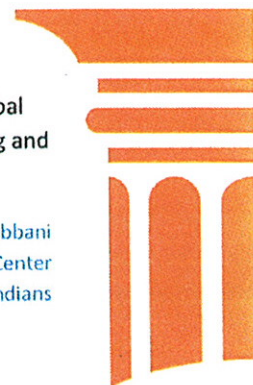
XII. Adjournment

- 
- CDSS and Tribal TANF Administrators Meeting – Tuesday, February 12th - 9:00 am- 12:00 pm

744 P Street, OB 9 Room 1804, Sacramento, CA 95814

"Career Pillar tutorials have helped our tribal members overcome their fear of interviewing and positively affected their confidence."

Kathy Kabbani
Director of Career Development Center
Picayune Rancheria of the Chukchansi Indians



WHAT IS IT?

Career Pillar is a cloud-based training tool for job seekers. The full suite of courses is comprised of a deep inventory of videos, quizzes, and worksheets, intertwined into an interactive format to address all areas of the job pursuit process. All content is driven by our community of customers with new courses being continually added to address their changing needs. Not only is this a self-paced, single-user training program, it also is used as workshop curriculum and administrative management tool for service providers.

HOW DOES IT WORK?

Through an internet connection, users can access courses and be guided through a series of virtual instructor and example-based videos while being asked to complete worksheets. The worksheets become their personalized strategy for finding and retaining their jobs. Quizzes throughout the courses test retention and allow the administrator to track user progress and improvement needs in real-time. The program, designed by education, workforce, and human resource professionals, requires the user to take an active role in the learning process and encourages self-accountability.

HOW IS IT IMPLEMENTED?

Career Pillar can be integrated into an existing program or as a stand-alone curriculum. It can be a valuable addition to a current workshop series. Or, since it is web-based, it can also be used as a supplement program that your members can use at their own pace, in the comfort of their homes.

Additional implementation items include: IT Department Synthesis, Administrator Training, User Awareness, Surveys and Report Creation. A typical rollout time frame is 2-4 weeks.

RESULTS

Research tells us that (1) low confidence leads to poor communication skills and (2) elevated confidence levels improve mental function and communication. Experience tells us that confidence builds connection and rapport. Additionally, research and experience tell us that (3) interview answer content is critical in determining whether or not a job seeker moves forward in the hiring process.

Two organizational case-studies showed an increase in user confidence and response content as a result of going through the program. 88% of Fresno State study participants displayed an increase in perceived confidence while 85% the Fresno WIB participants self-reported an increase in self-confidence.



CAREER PILLAR COURSE LIST

Job Search Mentor

Creating a Personalized Plan

Clearly Defining What You Want

Setting Realistic Goals

Creating a Daily System

Effective Networking

Maximizing Your Personal Network

Optimizing Your Social Media Approach

Leveraging Conferences and Luncheons

Proper Job and Career Fair Tactics

Utilizing Unique Resources

Working with Employment Agencies

Utilizing Not-for-Profit Programs and Organizations

Manipulating Job Boards

Developing a Winning Mindset





Impressions Mentor

Creating Your Personal Brand

Your Physical Brand

Appearance

Hygiene

Body Language

Verbal Communication

Your Professional Brand (01/30/2013 completion)

Job-related accomplishments

Professional References

Interview Preparation

Personal etiquette

Job Retention (01/15/2013 completion)

Personal Life Situations

Teamwork and Attitude

Professional Ethics

Growth and Promotion

Interview Mentor: General Questions

Top 10 Interview Questions: Intermediate experience

- Tell Me About Yourself
- Why Should We Hire You?
- Why Do You Want to Work Here?
- What is Your Greatest Weakness?
- Where do You See Yourself in Five Years?
- What Are Your Salary Expectations?
- What is Your Ideal Job?
- Why Did You Leave Your Last Job?
- Share an Example of Workplace Conflict Resolution
- Do You Have Any Questions?

Top 5 Entry-Level Interview Questions

- Tell Me About Yourself
- Why Should We Hire You?
- Why do You Want to Work Here?
- What is Your Greatest Weakness?
- Describe a Conflict and its Resolution



Interview Mentor: Industry or Job Specific PODS

Bank Teller (Top 3 Interview Questions)

What Are Your Cash-Handling Skills?

How Would You Rate Yourself in Terms of Customer Service?

How is Teamwork Important in a Bank Job?

Elder Care (Top 3 Interview Questions)

What Draws You to Caregiving?

What is Your Top Priority?

How do You Handle an Uncomfortable Experience?

Internship (Top 4 Interview Questions)

Why did You Choose Your Major?

Describe Your Hardest Class.

What are Your Other Plans During the Internship?

What do You Expect From Our Company?

Teacher-Elementary (Top 3 Interview Questions)

What is Your Classroom Management Philosophy?

What Role Does Assessment Play in Your Classroom?

How do You Differentiate Instruction to Reach All Learners?

Food Service (Top 3 Interview Questions) (12/15/2012 completion)

Describe a Time When You Went Above and Beyond Your Normal Job

Describe an Interaction With a Difficult Customer

Describe an Experience When You had to Multitask During a Busy Time

Interview Mentor: Industry or Job Specific PODS (continued)

Long Term Unemployed (Top 4 Interview Questions) (12/15/2012 completion)

Aren't You Overqualified for This Position?

How Will You Feel Reporting to Someone With Less Experience?

How Have You Been Staying Current With Our Industry?

Why Have You Been Unemployed for So Long?

Retail Sales (Top 3 Interview Questions) (12/15/2012 completion)

Describe a Time When You Went Above and Beyond Your Normal Job

Describe an Interaction With a Difficult Customer

Describe an Experience When You had to Multitask During a Busy Time

Luxury Sales (Top 3 Interview Questions) (01/15/2013 completion)

How Are You Motivated by a Commission Pay Structure?

Describe Your Selling Style

Tell Me About One of Your Personal Interests

Military Veterans (Top 4 Interview Questions) (01/15/2013 completion)

What Were Your Career Plans After the Military?

How Can Your Military Service Replace a College Degree?

How Has Your Military Service Benefitted You Personally?

How Will Your Military Skills Benefit You in This Job?



THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

January 28, 2013

Dear Tribal Leader:

I write to invite you to the *15th U.S. Department of Health and Human Services (HHS) Annual Tribal Budget Consultation (ATBC)* which will take place from March 6 to March 8, 2013, in the Great Hall of the Hubert H. Humphrey Building at 200 Independence Avenue, SW, Washington, DC, as well as to our *2013 Annual Regional Tribal Consultations* held across the country. As we did last year, we will once again offer one-on-one consultation for individual tribes at the ATBC as well as at each of the regional sessions. This year we will also include a Tribal Resource Day at each regional session across the country.

As in previous years, HHS will continue to work with you to improve the consultation process. The Department understands the importance of hearing from tribes on national crosscutting issues, regional perspectives, as well as tribal-specific concerns. Below you will find a brief description of the ATBC as well as details for the Regional Tribal Consultation sessions. HHS will begin hosting planning calls for the ATBC on Wednesday, January 23 at 3:00 p.m. EST. Additional details are included in the enclosure.

15th U.S. Department of Health and Human Services (HHS) Annual Tribal Budget Consultation (ATBC)

The consultation session will provide a forum for tribes to collectively share their views and priorities with HHS officials on national health and human services funding priorities and recommendations for the Department's FY 2015 budget request. We hope the consultation will provide a venue for a two-way conversation between tribal leaders and HHS officials on program issues and concerns that will lead to recommended actions. The schedule for this year's consultation is as follows:

Tribal Resource Day: Wednesday, March 6, 2013

The session is designed to give an overview of the programs, grants, and services that the Department provides to tribes. This session is particularly helpful for newly-elected tribal leaders or others who want a comprehensive introduction to HHS. We will also include an overview and training focused specifically on how the Affordable Care Act affects tribes.

One-on-one meetings with HHS Divisions: Thursday, March 7, 2013

Building off of the success of last year's one-on-one sessions, we will once again be providing tribes with time for one-on-one meetings to share their specific health and human service issues with HHS officials. This session will occur from 8:00 a.m. to noon. Officials from various HHS agencies will be available to listen and add to the conversation. For this specific portion of the consultation we ask that you pre-register so that all tribes have an opportunity to meet with HHS representatives. Please note that the amount of time that you are allotted to meeting with individual HHS officials will be determined by the volume of requests. To pre-register for one-on-one meeting time, please email your request, and include the agency/agencies you would like to meet, to consultation@hhs.gov.

Dear Tribal Leader Letter
January 16, 2013
Page 2

Annual Budget Consultation: Thursday, March 7 and Friday, March 8, 2013

At 1:30 p.m. on Thursday, March 7, 2013, we will begin the consultation session. HHS will identify specific issues on which we would like to consult with tribes and will send them to you in the next few weeks so that you can prepare your thoughts, ideas, and recommendations.

2013 Annual Regional Tribal Consultations (RTC)

In addition to the ATBC, the Department will again host Regional Tribal consultation sessions to address how the Department can continue to improve our outreach and coordination and to discuss programmatic issues and overall concerns with tribes. Regional sessions will include one-on-one time with the Regional Directors, as well as a tribal resource day similar to the session held during the ATBC. Additional details are included in the enclosure. Below are the dates for the consultations.

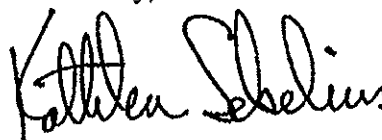
Dates and Locations

February 6 -7, 2013, Arlington, VA (Region 1, 2, 4, and 6)
March 26 - 28, 2013, Phoenix, AZ (Region 9)
April 2 - 4, 2013, Denver, CO (Region 7 & 8)
April 10 - 12, 2013, Tulsa, OK (Region 6 and 7)
April 22 - 24, 2013, Minneapolis, MN (Region 5)
May 14 - 16, 2013, Seattle, WA (Region 10)
Navajo Area Date TBD

Thank you for your continued support of the consultation process. We look forward to your participation and ongoing partnership.

Please contact Stacey Ecoffey, Principal Advisor for Tribal Affairs, at 202-690-6060 or consultation@hhs.gov with any questions.

Sincerely,



Kathleen Sebelius

Enclosures

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
15th HHS ANNUAL TRIBAL BUDGET CONSULTATION
WASHINGTON, D.C.**

The U.S. Department of Health and Human Services will host the 15th Annual Tribal Budget Consultation (ATBC) for Fiscal Year 2015 in March. The three-day session will include a *Tribal Resource Day on Wednesday, March 6, 2013* and the *Annual Tribal Budget Consultation Session on March 7 and 8, 2013*. Below is a summary of the 2012 Consultation Session as well as the planning call schedule.

Summary of 14th HHS Annual Tribal Budget Consultation

On March 7-9, 2012, HHS hosted the 14th in Washington, D.C. The 170 registered participants were tribal leaders and representatives, Indian organization leaderships and staff, such as the National Congress of American Indians and the National Indian Health Board, and HHS leadership and staff.

During the Tribal Resource Day on March 7th, HHS presented on topics selected to assist tribes in understanding HHS, the federal government, and the resources available, specifically presentations on HHS, budget, performance and congressional appropriations, grants, and agency presentations from SAMHSA, NIH, CMS, and HRSA. The Tribal Resource Day provided HHS staff and tribal representatives a valuable opportunity to directly interact.

On March 8th, one-on-one sessions were held between Tribal Leaders and HHS agency leadership from ACF, AoA, CMS, HRSA, IHS, NIH, and SAMHSA. The new format allowed direct dialogue on issues specific to each participating tribe, and it received positive feedback from the participating tribes.

In the afternoon, Secretary Sebelius addressed all participants and stated her commitment to working with tribes. She provided comments on consultation, the FY 2013 President's Budget, HHS's efforts to provide greater access to federal resources for tribes, and relationships with states. In response, President Keel noted that the FY 2013 IHS budget increase of +\$116 million is significant, and also said in the past Indian policy was made by non-Indians, but during the current administration Indians have had a seat at the table. The IHS Budget formulation workgroup presented their FY14 recommendations to HHS Senior Leadership.

Impact of the 2012 Consultation:

HHS leadership noted that at last year's consultation behavioral health and Contract Health Services were two of the top priorities identified by tribes, and they both received increased funding in the FY 2013 President's Budget. HHS leadership stated that tribal recommendations are taken very seriously and pointed out that they were reflected in the FY 2013 President's Budget.

Planning Conference Call Schedule

- January 30, 2013 @3:00 PM EST
- February 6, 2013 @ 3:00 PM EST
- February 13, 2013 @ 3:00 PM EST
- February 20, 2013 @ 3:00 PM EST
- February 27, 2013 @ 3:00 PM EST

Conference Call Number (for every call)

Call In Number: 888-606-9538

Participant Code: 7679710

Deadline for Testimony Submission

Please have a copy of your testimony submitted to the Office of Intergovernmental and External Affairs no later than ***Friday, February 22, 2012***. Testimony can be emailed to consultation@hhs.gov. Please note that if you do not meet the submission deadline, we will accept the testimony, but you will need to bring 200 copies to the session for distribution. The consultation record will remain open for 30 days after the formal face-to-face consultation session wherein additional testimony will also be accepted.

**U.S. Department of Health & Human Services
2013 HHS Regional Tribal Consultation
INFORMATION**

Combined Regional Session: Washington, DC

Regions: **1,2,4&6**
Date: **February 04-07, 2013**
Location: **TBA**
IHS Area: **Nashville Area**

Regional Contact Info:

Fiona Teller
Email: Fiona.Teller@hhs.gov
Phone: 202-401-1917

Region 9: Phoenix, AZ

Date: **March 26-28, 2013**
Location: **TBA**
IHS Areas: **Phoenix and California**

Regional Contact Info:

Steven Wiener
Email: Steven.Wiener@hhs.gov
Phone: 415-437-8518

Region 8: Denver, CO

Date: **April 02-04, 2013**
Location: **TBA**
IHS Areas: **Billings and Aberdeen**

Regional Contact Info:

Doyle Forrestal
Email:
Doyle.Forrestal@hhs.gov
Phone: 303-844-7335

Region 6 and 7: Tulsa, OK

Date: **April 10-12, 2013**
Location: **TBA**
IHS Area: **Albuquerque, Oklahoma and Aberdeen**

Regional Contact Info:

Julia Lothrop (Region 6)
Email: Julia.Lothrop@hhs.gov
Phone: 214-767-3190

Region 5: Minneapolis, MN

Date: **April 22-24, 2013**
Location: **TBA**
IHS Area: **Bemidji Area**

Regional Contact Info:

Suzanne Krohn
Email:
Suzanne.Krohn@hhs.gov
Phone: 312-353-5132

Region 10: Seattle, WA

Date: **May 14-16, 2013**
Location: **TBA**
IHS Areas: **Alaska and Portland**

Regional Contact Info:

Carrie Glover
Email: Carrie.Glover@hhs.gov
Phone: 206-615-2773

Combined Regional Session: Window Rock,

AZ

Regions: **6, 8 & 9**
Date: **TBA**
Location: **TBA**
IHS Area: **Navajo**

Regional Contact Info:

Steven Wiener
Email: Steven.Wiener@hhs.gov
Phone: 415-437-8518

CONSULTATION FORMAT

Day 1: One on One with Regional Director

On the first day of the regional consultation we will provide individual Tribes time for one-on-one meetings with HHS Regional Directors and Regional staff on health and human service issues that are specific to their individual tribe. Each respective region will be responsible for coordinating this time with you, an email from the Regional office regarding coordination of these meetings will be sent out to each tribe in the very near future. Please note that the amount of time that you are allotted to meeting with individual HHS officials will be determined by the volume of requests.

Day 2: Regional Tribal Consultation

Each year the Department hosts regional tribal consultation sessions to address, at a more local level, how the Department can continue to improve our outreach and coordination and to discuss programmatic

issues and overall concerns with tribes. We have greatly improved on these sessions over the years. Items for discussion at each session are included in the agenda outline below. More information from the respective regions is forthcoming.

Agenda:

- 1. Regional Updates**
- 2. HHS Updates**
 - a. National Updates
 - b. ICNAA Updates
- 3. Tribal Advisory Committee Updates**
 - a. STAC
 - b. CMS TTAG
 - c. SAMSHA TTAC
 - d. CDC TAC
 - e. HRAC
- 4. Tribal Leader Comments**
- 5. Human Service Discussion**
- 6. Affordable Care Act**
- 7. Tribal Leaders Comments**
- 8. Closing Remarks**

Day 3: Tribal Resource/Technical Assistance Day

In an effort to improve our assistance to you we will be including a Tribal Resource/Technical Assistance day with each Regional Consultation this year. The Tribal Resource Session is designed to give an overview of the programs, grants, and services that the Department provides to tribes. This session is particularly helpful for newly-elected tribal leaders or others who want a comprehensive introduction to the U.S. Department of Health and Human Services. We will also be including an Affordable Care Act overview and training focused specifically on how the law affects tribes.

744 P Street, OB 9 Room 1804, Sacramento, CA 95814

DEPARTMENT OF QUALITY MANAGEMENT

Karuk Tribal Health Board Meeting

February 14, 2013

Vickie Simmons

January and 2012 Annual Report

ACTION ITEMS:

None

JANUARY ACTIVITIES:

1. On January 8th I attended Deon's TERO meeting with John Navarro as speaker. Mr. Navarro was informative and presented some excellent ideas.
2. I attended the P & T and ACQI Meetings on January 9th. On January 18th I was invited to a meeting regarding CFS with Buster, Michael, Lessie, April and Kim. On the 29th I attended Lessie's ED meeting.
3. I submitted my monthly immunization report to the clinics on January 8th, the ACQI GPRA report on the 8th, the IHS immunization reports on the 18th and the 2nd Quarter GPRA report on the 25th.

JANUARY TRAININGS:

HRSA Call – January 15th.

HRSA Call – January 17th

ACQI COMMITTEE MEETING:

The ACQI meeting agenda, performance improvement projects, and reports for January are attached. The Meeting Minutes for September, October and November 2012 are attached.

BUDGETS:

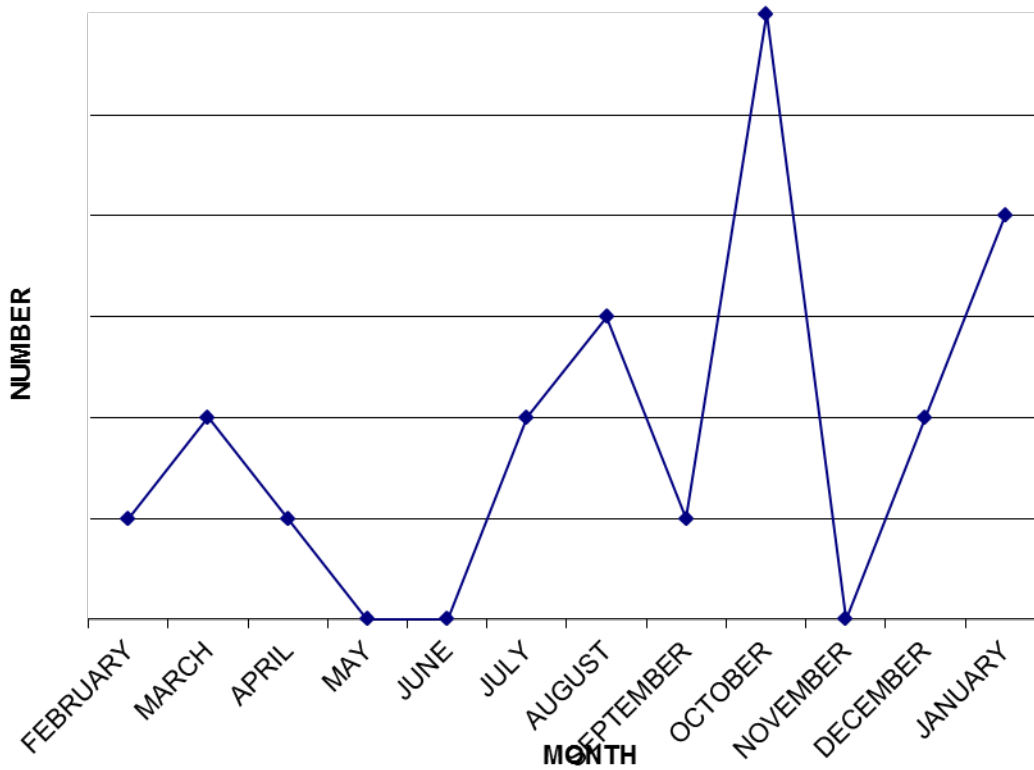
See below. Budget through 1/31/13.

Program	CQI
Budget Code	300002
Program Year	2012-2013
Expenses to Date	\$26,954.93
Balance	\$186,560.14
Percent Used	12.7%

COMPLAINTS:

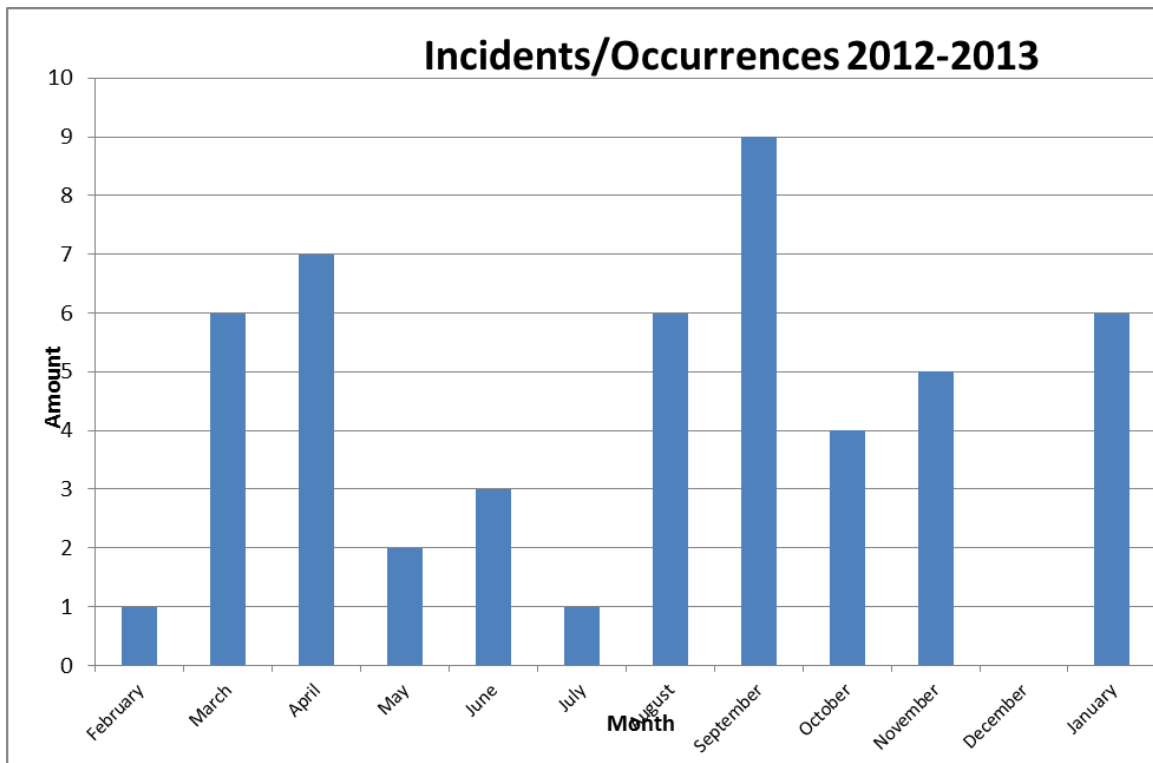
Complaints 2012-13	Provider	Employee	Services
February	1	0	0
March	1	1	0
April	1	0	0
May	0	0	0
June	0	0	0
July	2	0	0
August	1	1 1/2	1/2
September	1	0	0
October	1	1	4
November	0	0	0
December	1	1	0
January	0	4	0

COMPLAINTS 2012-2013



INCIDENTS/OCCURRENCES:

2012-2013	Miscellaneous
February	1
March	6
April	7
May	2
June	3
July	1
August	6
September	9
October	4
November	5
December	0
January	6



Annual Report:

AAAHHC: After working steadily toward the goal of accreditation the Karuk Health and Human Services Program was granted the maximum amount allowed of three years. This was achieved by the wonderful efforts of our dedicated staff.

Credentialing and Privileging: We have reappointed two providers this last year and appointed six. Re-appointments continue on a two year cycle. Also, new this year, was the privileging of three locum tenens doctors.

ACQI: We officially finished up one performance improvement project last year. We will be ending some projects soon and, with the help of the new deputy director, new projects will be developed.

Complaints/Incidents: There were a total of 18 official complaints this year. Official complaints are written complaints from our patients which I investigate or ask the provider's peer to investigate. I fielded more calls from patients, some of which resulted in official complaints, some which the patients did not want to pursue via official methods, but most were calls that I was able to resolve with the help of our devoted providers and staff. I received a total of 47 incident reports over the last year. Incident/occurrences can be risk situations. These incidents ranged in importance from refrigerator temperatures not being checked to patient threats of violence.

GPRA/Diabetic Audit/Immunization Reports: All of the required reports were submitted on time.

Personnel Issues: This year's challenge has been a higher than normal rate of job shifting, turnover and the hiring of qualified personnel. The high rate of turnover was especially noticeable in the dental program. In the medical program we have yet to replace Dr. Burns. A more aggressive approach to advertising the job is needed.

Bi-Annual Meetings: Patti White and many other health employees helped me with these two meetings. Lessie organized speakers for the second meeting and I emceed this meeting in Lessie's absence. These meetings are required by policy. This is our opportunity to teach, inform, meet new employees and interact with all health employees.

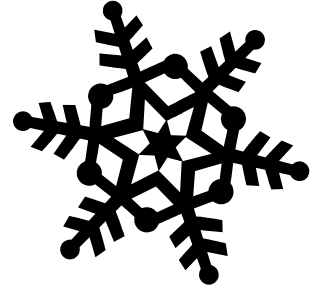
Peer Review: This process requires the providers to spend a good amount of time evaluating their peer's care of patients and paperwork. Each provider is told the results of their review by their reviewer. Once this has been completed the reviews are sent to me for compiling.

Budget: I did not exceed my yearly budget.

Respectfully Submitted,

Vickie Simmons
Clinical Operations Administrator

**Karuk Tribal Health & Human Services Program
ACQI Committee Meeting/Conference Call
KCHC Teleconference Room
January 9, 2013
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, November 7, 2012 and December 12, 2012.
5. Performance Improvement Reports Due based on 4th Quarter 2012-Oct., Nov., Dec. 2012
 - 5.1. GPRA Report and Clinical Benchmarking-Vickie Simmons
 - 5.2. Increase Number of Patients Seen-Lessie Aubrey
 - 5.3. HIV/Aids-Lisa Rugg
 - 5.4. Dental Project Based on 2nd Half 2012 (Jul to Dec, 2012) -Vickie Walden
 - 5.5. Flu Vaccine-Jodi Henderson
6. New Business
 - 6.1. Tele-psychiatry – Dr. Andrews (Tracie Lima and Mike Lynch)
 - 6.2. _____
7. Old Business
 - 7.1. Happy Camp Dental Records-Cheryl Tims – Tabled last month
 - 7.2. Approve changes to the 2013 Meeting Calendar
 - 7.3. Yreka Clinic Lost Vaccines Improvement Project
8. Complaints/Incidents/Suggestions –Vickie Simmons
9. Policy Approvals:
10. Next Meeting February 13, 2013 at 9 am- Reports Due based on 4th Quarter 2012-Oct., Nov., Dec. 2012 :KCHC Medical Records Audit – Carrie Davis; Orleans Medical Records Audit – Isha Goodwin; Yreka Medical Records Audit – Charleen Deala; Increase Pap Smears Project – Vickie Simmons; HTN Project – Fabian Alvarado
11. Adjourn

Karuk Tribal Health Program
ACQI Meeting Minutes
September 12, 2012

1. Call Meeting to Order by Vickie Simmons at 9 am
2. Roll Call/Sign done by Vickie Simmons- attending in Happy Camp was: Vickie Walden, Vickie Simmons, Nadine McElyea, Lessie Aubrey, Chelsea Chambers and Dr Shook. In Yreka was: Shannon Claymer, Laura Longstaff, Amy Coapman, and Mike Lynch. In Orleans was: Fabian Alvarado.
3. Approve Agenda – Vickie Simmons – no additions some items tabled.
4. Approve Minutes of August 8, 2012-Tabled
5. Performance Improvement Reports-Based on April May and June 2012 Data
 - 5.1 Happy Camp Eligibility Report –Nadine McElyea
 - 5.1.1 Nadine started working on July 23rd of this year and she has information for during the month of April – June period. Nadine stated that in the month of August she began to see people seeking coverage for medical, dental and mental health care. Currently she is working on ongoing SSI/SSD applications for two people and Medial/Path2Health applications for two people. She is available for appointments to do applications Monday through Friday. She will have more information for the next reporting period, which is for July-September. Vickie Walden asked about SSI Applications and commented that she had not seen where of other eligibility workers did SSI applications. Nadine said she thought that she was the only current eligibility worker that knows how to do them.
 - 5.2 Yreka Eligibility Report-Sharon Denz (2 reports due-Jan to Mar 2012 and Apr to Jun 2012). Mike Lynch presented both of Sharon’s reports and her written reports were attached to this meeting packet. Mike said that the report was self explanatory, that there were no problems in either quarter and there were not very many applicants. Mike went on to say he wanted to talk their meeting with the County CMSP person. He said she gave them their procedure information on how to do and process CMSP Applications and there was some discussion within committee about the report content and the report is attached to this meeting packet.
 - 5.3 Lower Total Cost per Patient-Patti White is on vacation and her report was presented by Vickie Simmons.
 - 5.3.1 Vickie asked the group to go to page 3 of Patti’s report and in the third paragraph we would see that: 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. She found that the 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. The cost per patient was \$38.83 per patient in the first quarter, \$52.23 in the second quarter and up to \$71.61 in the 3rd quarter. 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.
 - 5.3.2 Corrective Actions: 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.
- 5.3.3 There were comments and suggestions one of which was how much it would benefit us to have a central purchasing agent that could buy supplies in larger quantities.
 - 5.3.4 Re-measure: We will continue to look at on a quarterly basis. Each clinic needs to be aware of they are spending and what the money is being spent for. I will compare this fiscal years data to the future data to see if we are making progress. I may change the focus to Calendar Years to match HRSA Guidelines after this year concludes.
 - 5.4 Improve Childhood Immunizations Rates-Vickie Simmons
 - 5.4.1 Vickie asked that we just review the highlights of this report and asked the group to look under #5, which is highlighted in yellow. It shows: The 2012 rate is presently **0%**. Our 2008 **GPRA** rate was 63%, most likely higher because we concentrated on Native American children and we had until their 3rd year to gather the results. The 2009 rate increased to 69%. The 2010 GPRA rate fell to 54.5%, a result (I believe) of increasing the number of vaccines required. The 4th quarter 2012 GPRA report shows a result of **45.5%**.
 - 5.4.2 Vickie S said we should be permitting Flu shots now and be working to find a way to improve our numbers. There was group discussion on the different Immunizations we are reporting on; where we are at now and what can we do to improve our numbers.
 - 5.4.3 Vickie S. full written report was attached to this meeting packet.
 - 5.4.4 Fabian asked if Sharon was going to order Vaccines with out preservatives for Orleans Clinic. Amy check with Sharon and the answer was yes she has ordered 50 flu vaccines with out preservatives for Orleans. Sharon has ordered flu vaccines for all the clinics.
 - 5.4.5 Also part of the discussion was on how we could capture vaccines given to our patients by outside providers.
 - 5.5 Yreka Dental Records Audit-Susan Beatty- Vickie Walden presented Susan's Report. The report shows that Yreka Dental was at 100% in 15 of the 16 record areas Susan reviewed and that was on the dental exam, part 3 Oral Diagnosis. In that area they dropped from 70% to 50%. The drop was due to: incomplete documentation.
 - 5.6 There was discussion within the group about the impact Dentrux (our Electronic Dental Record Program) the dental record documentation and this report as soon as dental finishes refining the program set up.
 - 5.7 Yreka Dental Blood Pressure 2nd Quarter 2012:
 - 5.7.1 Goal: To ensure that our patients have their blood pressure taken at every visit and to raise our percentage up to 90%.
 - 5.7.2 Data: Twenty charts were randomly pulled for each quarter to collect the data for this report
 - 5.7.3 Findings: 1st Qtr: 19/20 or 95% were correct.
2nd Qtr: 19/20 or 95% were correct.
3rd Qtr: 14/20 or 70% were correct.
 - 5.7.4 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 4th Qtr: 15/20 or 75% were correct.
 - 5.8 Happy Camp Dental Records Audit-Cheryl Tims - [Tabled](#)
 - 5.9 Increase Number of Patients Seen-Lessie Aubrey/Vickie Walden - [Tabled](#)

- 5.10 Dental Project 2012 Vickie Walden- Dental Exam and Completed Treatment Plans.
 - 5.10.1 Vickie said that there have been no improvement showing in this report due to several issues in the dental; the main ones were dentist retention, a large number of our patients' need for complex treatment, the high number emergency walk-in's at the Yreka Clinic, high cancellation rate , high no show rate, all of which affects our patients access to care. Vickie said she included some corrective actions/recommendations in her report. There was group discussion on what we could do to help retain dentist i.e. housing availability in Happy Camp and access to care.
- 5.11 HTN Project – Fabian Alvarado Tabled in August
 - 5.11.1 Fabian said that this third quarter report shows a 17 % improvement over the second quarter report data and also when comparing this years UDS data to last years it shows we've improved by 16%.
- 6. New Business- None
- 7. Old Business- None
- 8. AAAHC Update-Vickie Simmons said that the new certificates have been ordered and should be in soon. Mike Lynch asked if we have received the report yet and Vickie S. said she would send it out to the AAAHC Committee soon.
- 9. Incidents/Suggestions –Vickie Simmons- Tabled until next meeting
- 10. Policy Approvals:
 - 10.1 17-000-01 through -07 Child and Family Services Policy and Procedure-Traci Lima- Group discussion, recommendations for wording changes and returned back the Traci to review and revise the wording and re-submit the policy to the committee. Vickie S. and Laura Longstaff will work with Traci on the working. Policy not approved.
 - 10.2 02-001-045 Credentialing and privileging Policy and Procedures- completed needs Dr Burns signature
 - 10.3 23-001-001 Senior Services Program – completed needs Dr Burns's signature.
- 11. Next Meeting October 10, 2012 at 8:15am- Reports Due based on 3rd Quarter 2012-July to Sept. 2012 : GPRA Report -Vickie Simmons, Increase number of patients seen- Lessie Aubrey/Vickie Walden, HIV Report-Amy Coapman, Flu Vaccine Report (if data available)- Jodi Henderson
- 12. Adjourn- Vickie Walden made motion to adjourn, which was seconded by Dr Burns, motion carries with no objections or abstentions.

**Karuk Tribal Health & Human Services Program
ACQI Committee Meeting/Conference Call
Meeting Minutes for October 10, 2012**

1. Call Meeting to Order - Vickie Simmons called the meeting to order at 8:25 AM
 2. Roll Call/Sign In – Attending in Yreka was: Dr Milton, Annie Smith, and Michael Lynch. In Happy Camp attending was: Chelsea Chambers, Vickie Simmons, Cheryl Tims and Jody Henderson. Joining the meeting was Laura Longstaff and Tracy from Social Services.
 3. Approve Agenda – Agenda approved. On addition under New Business.
 4. Approve Minutes of August 8, 2012 approved with the addition of Chelsea to the attendees.
 5. **Performance Improvement Reports-Based on July, August & September 2012 Data**
 - 5.1 **Unofficial GPRA 1st Quarter Report 2013 -Vickie Simmons**
 - 5.1.1 Karuk Dash Board, Vickie S said we are not required to turn in a first quarter report but we do turn in a second, third and fourth quarter report. So the dashboard report attached to this meeting packet looks blank on the left side. However it does show the target goals for 2013 and states that this report may have a new look in the future with the new GPRAMA measures. We are now in the second quarter of the 2013 GPRA Year. This report also shows our % for the first quarter of 2013 GPRA Year. Vickie S. said that we have four measures in the new GPRAMA that we are going to have to meet. Vickie S. went to review our first 1st Quarter numbers, there is some improvement in
 - 5.2 **Increase number of patients seen- Lessie Aubrey/Vickie Walden- Tabled**
 - 5.3 **HIV Report-Amy Coapman – Tabled**
 - 5.4 **Flu Vaccine Report (if data available)-Jodi Henderson Improve Childhood**
 - 5.4.1 Jody reported that, they got all our Nomo and flu vaccine in. this does not include Orleans Report, they received the BFC, the perchest and they have been giving them out like crazy. They implemented the changes discussed last time she was here. Now they match their lot numbers each time they give an injection, enter them in the book, Sharon and April are the final check point, if or when they find something that hasn't been signed off, they report it back to medical and medical research's the information to find out what happened. Vickie S. asked if this same thing that is being done at the other clinics, Mike L said yes this is being done the same in Yreka. Jody asked what the goal is our goal for this project. There was discussion and the conclusion was that our goal will be 50%. There was more discussion on what we can do to collect the information on patients who got their flu shot at an outside establishment. I was suggested that providers ask their patients at each visit if the got their flu shot and if so find out where so it can be entered into their record as historical data. Vickie S. said that she ran a report on health staff flu immunizations and our numbers are up, the increase may have been due to Annie's going to the Karuk Offices and giving flu shots.
 - 5.4.2 Mike Lynch commented, losing Judy and other provider changes over in the health providers may impact the GPRA Numbers.
 - 5.4.3 Mike Lynch asked if any of the clinics need BFC Vaccine for influenza. Jody said they could use some in the future, Mike said there is some available through Kara from CHDP in Yreka, that we can contact her and ask for some. Jody Henderson will call her and set something up.
 - 5.4.4 Annie said that they will be sending out letters to patients about the flu clinic in Yreka, which is scheduled a week from this Friday.
 - 5.5 **HC Dental Record Report- Cheryl Tims-** Cheryl's report covered the second quarter of 2012 and she found only 1 incomplete adult chart, thanks to Dr Shook's detailed chart entries.
6. **New Business**
 - 6.1 **Annie Smith - Hemoglobin a1c:**
 - 6.1.1 Annie said that they ran across a concern with the amount paid by the cash paying patients: They have to pay \$55.00 and it only costs \$12 to send it to the lab. This needs to be followed-up with the billing department to see if this something we can change. Vickie S will review and follow-up on this with billing.
7. Old Business- None

8. **Complaints/Incidents/Suggestions –Vickie Simmons**

- 8.1 Vickie said that we received one official complaint in September. The peer review results were that there was a communication issue.
- 8.2 Vickie S reviewed the process for reviewing complaints and that she does keep a log book on the complaint made by phone calls that never become a written formal report. She is willing to share that with any providers if they are interested and Chelsea said she was willing to look a very brief summary.
- 8.3 Suggestions: Vickie said that 50% of the suggestions that come in do not have anything to do with the health program i.e. Drug testing for employees, she sent this suggestion on to the Chairman.
- 8.4 Incidents and Occurrences: There was quite a few that came in last month: i.e. patient left the clinic without getting their visit/test results, went home and complained to her Mother about it when he or she got home, this was handled by the clinic; out of control pt in a clinic; employee fell down and got hurt; lost tribal cars keys; patient called and left a nasty message on employee phone, two used syringes left on the counter in a exam room; gas stolen from a tribal car; and found injection needles in an employee bathroom.

9. **Policy Approvals:**

- 9.1 17-000-01 through -07 Child and Family Services Policy and Procedure-
 - 9.1.1 Tracy and Laura Longstaff Family and Children’s Policy Review and Approval. Policy # 17-000-01 through -07 Tracy said that she made four changes in working and punctuation. Then she re-worded the second page regarding the time frame for closing patient cases/inactivating patients and /or inactive records and retaining patients records, area and was asking the committee to approve the policy with the corrections/changes. She is suggesting that they change the working to say; Patients Mental Health Chart will be placed on an inactive status if there has been no contact or request for services for one year. This would address her liability concerns. Her second suggestion was that the Patients Mental Health Record be closed after three years of inactivity. Vickie S asked if she researched the current Tribal policies and the I.H.S. current policies. Tracy will find the policies and re-review her purposed policy. Tracy will follow-up and re-submit the purposed policy at the next months ACQI Meeting.

- 10. **Next Meeting November 7, 2012 at 9 am-** Reports Due based on 3rd Quarter 2012-July to Sept. 2012 : KCHC Medical Audit – Carrie Davis, Orleans Medical Records – Isha Goodwin, Yreka Medical Records – Charleen Deala, Increase Pap Smears Project-Vickie Simmons, Dental Project 2012-Vickie Walden, HTN Project-Fabian Alvarado
- 11. Adjourn Motion made to adjourn by Annie Smith, seconded by Chelsea Chambers and motion carries with no abstentions or objections.

Meeting minutes typed and respectively submitted by Vickie Walden on 1/24/2013



ACQI Meeting Minutes for November 7, 2013

1. Call Meeting to Order - Vickie Simmons
2. Roll Call/Sign In – by Vickie Simmons- In Yreka- Dr Milton, Mike Lynch, Charlene Deala, and Annie Smith. In Orleans Fabian Alvarado. In Happy Camp- Lessie Aubrey, Vickie Simmons, Nadine McElyea, Caries Davis and Vickie Walden.
3. Approve Agenda – approved with one addition with a motion made by Lessie Aubrey and 2nd by Annie Smith, motion carries with no objections or abstentions.
4. Approve Minutes of September 12, 2012 and October 10, 2012.- [Tabled](#)
5. Performance Improvement Reports Due based on 3rd Quarter 2012-July to Sept. 2012
 - 5.1 KCHC Medical Audit – Carrie Davis
 - 5.1.1 Carrie Davis said due to the absence of Dr Burns Absence, their numbers were down in the patients’ record for the providers to note the review and/or update of the patients Health Questionnaire.
 - 5.1.2 Carrie commented that having April in their office has helped bring their numbers up because she reminds them to enter their immunizations correctly. There were questions from Vickie S and Annie Smith on why there were non-applicable patient counts in the immunization part of her report. Carrie said they were non-applicable because seven of the random records she audited did not need any immunizations at the time of their visit, so she noted them as non-applicable. Carries written report is attached to this written report.
 - 5.2 Orleans Medical Records – Isha Goodwin
 - 5.2.1 Isha report that Orleans for the most part things went well in the 3rd Quarter. July and August went really well, but because of staff vacancies in September they did not do as well as they did in the first two months. There was a slow down in getting everything into the system because Fabian was working alone. Their only area of concern was completion of the Health Questionnaires. Isha’s written report is attached to this meeting packet. Vickie S. asked if they had a lot of people needing immunizations and she said yes. Then there was a discussion on the immunizations reports and what out current numbers were, Vickie S said that Jody Henderson will do that report at a future meeting. There was more discussion on auditing processes being used to review patients’ records and how data was being recorded for these reports. It was confirmed by all of the records clerks that were using the same processes for data collection and analyzes.
 - 5.3 Yreka Medical Records – Charleen Deala
 - 5.3.1 Charleen report that their areas of concern were the Health Questionnaire (their numbers were better then last quarter but they have not reached their goal); Vitals- missing in this area was the heights and weights. Vickie Walden asked if there was a written narrative for her report, all committee got was her graphs. Carrie Davis’ asked why there were five non-applicable patients on Dr North’s graph in the ID Verification section. There discussion on this: it was pointed out the information was not being documented by Dr North’s LVN/MA; Charleen was asked by Vickie S. why would she think this was non-applicable and Charlene’s response was: some of the patients were children. It was understandable why Charleen determined that there were non-applicable patients in this area. The discussion on Patients ID Verification included: that every ID Verification will be done for every patient; that for children we must ask the person with the child the ID Verification questions; and that ID Verification should only be documented with a yes or no answer. In the future Charlene’s report will be done with yes and no answers for the ID Verification area. Mike will review the process with his LVN.MA staff.
 - 5.3.2 Annie Smith commented Dr North’s LVN/MA report, which showed there were three vitals and two immunizations not documented correctly. She commented, considering that this is a quality improvement issue, do we need to address how we can improve on this. There was discussion and the conclusion was that we would continue doing the report watch to see if the problem continues then decide wither we need to do a performance improvement project in this area. Vickie S. brought up on this issue, was that “How could the LVM/MA’s improve in this area if they do not know what the errors are and what corrections are needed. Mike Lynch said he needed some clarification from Charleen on what was not being entered, and then he will review this with the

staff at their staff meeting. Lessie commented that they can try to improve in the deficiencies found in the medical records audit and if they continue happening then consider doing an performance improvement project on those areas. But Charleen might want to focus on this area in her next report.

- 5.3.3 Vickie S. said that we should use the information collected in the audits to improve in the areas of concern.
- 5.3.4 The conclusion of if the discussions was that the reports should be reviewed at the regular staff meetings or with the staff responsible for completing the information in the patients records.
- 5.3.5 Lessie said that he could for spot checks Mike Lynch said he might start a peer review process, where at the end of the day each MA looks at each others documentation and that would allow them to get the information quicker.
- 5.3.6 Vickie S asked that Charleen send her the written report/narrative so that she has it for the ACQI Record and Charleen said that she would.

5.4 Increase Pap Smears Project-Vickie Simmons

- 5.4.1 Vickie S reported that when looking at the UDS for January through November 5, 2012, it shows our PAP was 44.8%. While the GPRA Report for 1st Quarter of 2013 shows that our Native American patients PAP rate is lower at 41.1%. So we only have November and December to get the numbers up and above last year's numbers. There was some discussion on this and Vickie S. clarified that even though a PAP may have been done by a provider, they are not counted until the lab results have been entered into the system. That the numbers may increase when the back log of data entry has been caught up.
- 5.4.2 Vickie S. reported that 2012 GPRA was 54.4% and UDS through 2011 was 53.2% and her Blue chart attached to this report is the UDS Report.

5.5 Dental Project 2012-Vickie Walden – Not due yet.

- 5.5.1 Vickie Walden said that her last report was done for the first 6 months of this year and the next report will cover July through December 2012 and its due in January 2013.

5.6 HTN Project - Fabian Alvarado – [Tabled](#)

- 5.6.1 Fabian left this meeting to attend the E-Prescribing Meeting

5.7 Increase number of patients seen- Lessie Aubrey/Vickie Walden (Tabled at last mtg.)

- 5.7.1 Lessie said we have been on a learning curve with the collection of data and UDS. That the data collected in 2009 was incorrect so she is omitting from this report, but in 2010 and 2011 data was taken from the annual UDS Reports, when we combined each quarter, patients were counted multiple times and the data in her last report did not work, so she changed to this report. Date for 2012 is not available until 2013.
- 5.7.2 In Lessie's written on page one second graph she took the original projected numbers done during the HRSA Site Visit and compared them to the UDS unduplicated visit count for 2010 and 2011. the data show we have never met our 5% target goal in the medical department; however we did have some unusual circumstances with staffing that contributed to lower numbers.
- 5.7.3 The Dental Department almost reached the 5% goal for 2011, however 2010 was quite low and this may have been due to staffing issues.
- 5.7.4 Child and Family Services data was not projected but we included them. Since we had no projections Lessie took the 2012 data and added 5%. Even at that the goal was not met. There are more variables in this department because of length of their appointment and number of required appointments needed to treat their patients. So she doesn't expect their numbers to increase by much.
- 5.7.5 Lessie said we may have set our goal too high. From another report she found that for unduplicated visits 1% would have more accurate. Lessie said Amos Tripp told her there is a place on the internet that she could go to and get projections for our area.
- 5.7.6 Lessie said that AAAHC stated this is not a CQI report, but a report on of our status, so she did not use the AAAHS format for this report.
- 5.7.7 This information is being reported to this committee and will be included in Health Board Report.

5.8 HIV Report-Amy Coapman (Tabled at last mtg.)

- 5.8.1 Amy sent in a written report for the 4th quarter of 2012 report period. There were 16 active patients, 13 men and 3 women, which was 2 less than the 3rd quarter. One patient was dropped because of non-compliance and the other is being seen at another clinic. They are at 100% in their CD4 and at 67% in their Pap Smears (2 of the 3 clients, with the #3 just due now). they will

continue to monitor CD4 counts and hepatitis surveillance on nearly all clients. Pap Smears continue to show good currency. In a discussion with Lisa Rugg , FNP, they have decided to choose new, more relevant quality measures and substance abuse screening rates for a couple of cycles and see how they are doing with those. Then examine whether interventions are being implemented and how effective they are.

5.8.2 Vickie S. reports that Amy wants to step down from this project and to hand it over to Lisa Rugg.

6. New Business
 - 6.1 Patient Satisfaction Survey – Lessie Aubrey
 - 6.1.1 Lessie said we need to start setting up for a new patient satisfaction survey. Lessie and Vickie S. will look at the old survey and the recommendations AAAHC made during their review of our program and make revisions to the old survey and bring it back to the next meeting for review.
7. Old Business
 - 7.1 Lessie Aubrey- Review our Health Program and Clinic Performance Projects
 - 7.1.1 Lessie said that we really need to revamp our current ACQI Program and Performance Projects. AAAHC survivors said our current performance projects really do not go any where, that we are not showing any improvements. That performance improvement projects should be individualized, need to be able to show improvement.
 - 7.1.2 Lessie said that she noticed the Yreka patient’s waiting room is too small and suggested that when there is an overload of patients in the waiting room, they could move some of them into the meeting/conference room rather than having an overcrowded waiting room or having the patients wait outside the clinic. Mike said that was a good idea and he would talk with Dr Ash about it. Lessie also said that they should make sure that there was nothing in the conference room that the patients might be tempted to walk off with.
8. Complaints/Incidents/Suggestions –Vickie Simmons
 - 8.1 Complaints- for October. complaint #11 for the year – a patient wanted unnecessary antibiotics, and was complaining about the provider; # 12 patient had a partial that did not fit and could not get an answer from the clinic; #13 patient thought the CHW turned them in for child neglect; #14 - patient needed a partial repair, there was no response to the patients calls; #15 – the patient was late 12 minutes, coming from Oregon and the clinic would not see the patient due to clinic policy (Vickie S. stated she understands the need for our policy but sometimes there is special circumstances and maybe in this case the clinic should have followed a little bit further). Vickie Walden stated that in Happy Camp if someone is late they talk with the dentist and explain the patient’s circumstances and in some of these cases we ask the provider if they have enough time left to do the scheduled procedure or would they consider do a shorter procedure. As long as it does not interfere with other scheduled patients appointment time; #16 the patient was upset because the clinic would not see her that morning (a letter was sent to the patient explaining our appointment and walk-in schedules to the patient);
 - 8.2 Incidents- for October there were 4. – Upset employee; test results was handed to the wrong patient; on 10/09/12 a T-dap was given instead of a D-tap; and on 10/29/12 sent by Fairchild was sent to a wrong fax # (the clinic worked with Fairchild to correct this issue). We received 5 non-official (non-written) complaints and they were resolved or dealt with by the Vickie S. and/or the involved staff.
 - 8.3 There was one suggestion but it so vague, that there was no way to address it.
9. Policy Approvals: None
10. Next Meeting December 12, 2012 at 9 am- Reports Due based on 3rd Quarter 2012-July to Sept. 2012 : Happy Camp/Orleans Eligibility Report-Nadine McElyea, Yreka Eligibility Report-Sharon Denz, Lower Total cost per Patient Project-Patti White, Improve Childhood Imz Rates-Vickie Simmons, Yreka Dental Records-Susan Beatty, HC Dental Records Audit-Cheryl Tims
11. Adjourn – Motion to adjourn was made by Lessie, 2nd by Annie Smith, motion carries with no objections or abstentions.

Meeting minutes typed and submitted by Vickie Walden on January 28, 2013

Karuk Dashboard

2013 - 2nd Qtr.

GPRA Report Unofficial

TO: ACQI Committee

FROM: Vickie Simmons, Clinical Operations Administrator

DATE: January 8, 2013

SUBJECT: GPRA 2nd Quarter Report 2013

Please find the **unofficial** 2013 GPRA 2nd Quarter Report below.

With the new GPRAMA measures this report may have a new look in the future. We have now entered the second quarter of the 2013 GPRA year.

GY2013 1st Qtr. Dashboard	End of Year Karuk	End of Year National Avg.	End of 2nd Qtr. Karuk	GPRA13 Target	Goal 2013	2013 End of 2nd Qtr. Results - Karuk
DIABETES	<u>2012</u>	<u>2012</u>	<u>2013</u>			
Diabetes Dx Ever	8.7%	13.4%				
Documented HbA1c	86.3%	84.9%				
Poor Glycemic Control >9.5	10.8%	19.8%				
Good Glycemic Control <8	46.0%	33.2%	44.4%	Baseline		
Controlled BP <140/90	36.0%	38.9%	51.6%	Baseline		
LDL Assessed	69.8%	71.0%	40.3%	68.0%		NOT MET
Nephropathy Assessed	61.9%	663.7%	40.3%	64.2%		NOT MET
Retinopathy Exam	41.7%	55.7%	22.6%	56.8%		NOT MET
DENTAL						
General Access	40.4%	45.3%	27.9%	26.9%		MET
Sealants	464	470	5.8	Baseline		
Topical Fluoride- Patients	427	503	14.7	Baseline		
IMMUNIZATIONS						
Influenza 65+	53.4%	44.2%	59.1%	62.3%		NOT MET
Pneumovax 65+	87.0%	83.1%	89.6%	84.7%		MET
Childhood Izs	45.5%	57.1%	44.4%	Baseline		
PREVENTION						
Pap Screening	54.4%	55.4%	57.5%	Baseline		
Mammogram Rates	45.4%	44.1%	41.1%	49.7%		NOT MET
Colorectal Cancer Screening	57.0%	52.4%	31.3%	Baseline		
Tobacco Cessation	39.0%	33.8%	27.1%	Baseline		
FAS Prevention	71.0%	66.4%	31.6%	61.7%		NOT MET
IPV/DV Screen	65.5%	62.5%	28.8%	58.3%		NOT MET
Depression Screening	66.0%	62.6%	33.6%	58.6%		NOT MET
Comp. CVD-related Assessment	27.6%	25.0%	3.8%	32.3%		NOT MET
Prenatal HIV Screening	28.6%	6.3%	33.3%	82.3%		NOT MET
Childhood Weight Control	23.1%	24.3%		24.0%		
Measures Met = 2 Measures Not Met = 10 Unknown = 8						



Karuk Tribe

Karuk Dental Performance Report On Dental Comprehensive Evaluations and Treatment Plans Completed For CQI Meeting Date January 9, 2013

1. Purpose of this report is to meet a HRSA Grant Reporting Requirement for Oral Health Performance Measure- All Comprehensive Oral Exam –Completed Treatment Plan in a 12 month period.


We would like to ensure that our patients are receiving full comprehensive dental evaluations. Are informed of their treatment options and that is acknowledged by their signature and the dentist signature on the dental exam/treatment plan form. We are going to report on the patients have a Comprehensive Dental Evaluation/ Exam in the year of 2011 through 2012 and how many patients' treatment plans were completed within those two calendar years.

2. Description Data


I ran RPMS dental report for Karuk Dental, the search included:

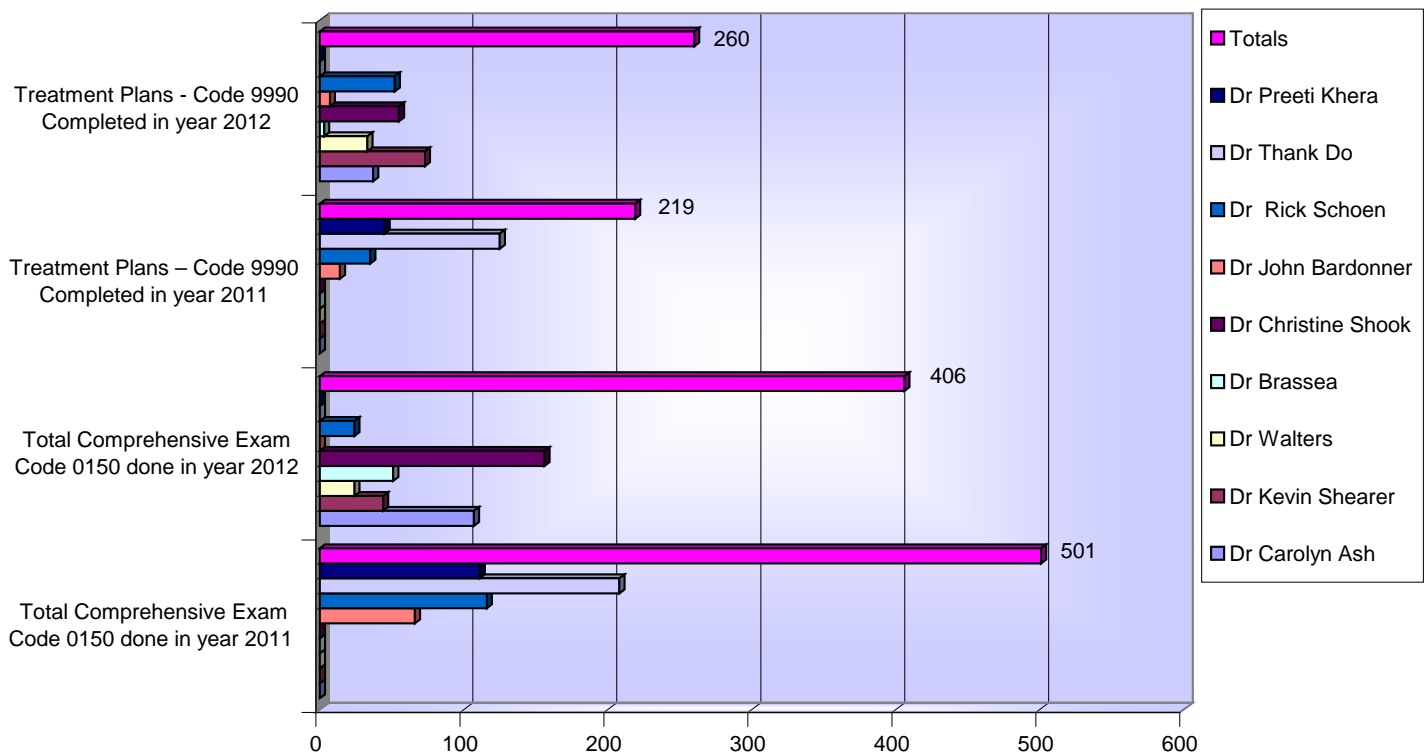
- a. ADA CDT Code D0150- Comprehensive Oral Evaluation/ Exam and for Treatment Complete code 9990, for the reporting period calendar year 2011 and for year 2012.

3. Evidence of Data for calendar year 2012- Note- Yreka Data Entry has not been completed for December of 2012 so the report I ran does not include all the data for the year of 2012. I will do an update on this report at the next ACQI Meeting in February 2012, which will include all the December data.

1 st 6 months 2012 	Comprehensive Exam Code 0150 Jan – June 2012	Treatment Plans Completed Code 9990 Jan – June 2012	2 nd 6 months 2012 	Comprehensive Exam Code 0150 July – Dec 2012	Treatment Plans Completed Code 9990 July – Dec 2012
Dr Carolyn Ash	79	10	Dr Carolyn Ash	28	27
Dr John Bardonner	0	2	Dr Kevin Shearer	31	67
Dr Rick Schoen	24	50	Dr Walters	24	33
Dr Kevin Shearer	13	6	Dr Brassea	51	3
Dr Christine Shook	132	26	Dr Shook	24	29
Totals	248	94	Totals	158	159

4. Year 2011 through 2012 Comparison

2011-2012 	Total Comprehensive Exam Code 0150 done in year 2011	Total Comprehensive Exam Code 0150 done in year 2012	Treatment Plans – Code 9990 Completed in year 2011	Treatment Plans – Code 9990 Completed in year 2012
Dr Carolyn Ash	0	107	0	37
Dr Kevin Shearer	0	44	0	73
Dr Walters	0	24	0	33
Dr Brassea	0	51	0	3
Dr Christine Shook	0	156	0	55
Dr John Bardonner	66	0	14	7
Dr Rick Schoen	116	24	35	52
Dr Thank Do	208	0	125	0
Dr Preeti Khera	111	0	45	0
Totals	501	406	219	260



5. Data Analysis Variables:

- Exams are done and providers are not able to complete patients treatment plans due to:
 - *We started a new Dental Electronic Patient Record/Office Management Soft Ware package on August 30, 2012, for which, we had 4-ten hour days of setup and training on using the program. After that we had to work with the new Dentrix software program for a while, and then determine what data was going to be entered into our existing RPMS system, that we use for billing and data transfer to IHS. There was a learning curve for Dentrix and implementing it created more steps in our data entry process; slowed down the entering of the dental visit; which slowed down the billing process and we are working on the visit entries December 2012. Currently we are working in two systems and have to do double entry in the schedules and the patient's records. We are in the process of buying a bridge computer program that will connect RPMS and Dentrix Software systems, and then we will no longer have to do double data entry. In the mean time we are going to be doing our best to maintain both system and cleanup any errors we find.*
 - The continuing high rate of emergency walk in's, cancelled appointments (reasons vary) and no shows
 - The dental providers do not always remember to code 9990 once they have completed their patients' treatment and that is the only way we have to track patients and collect data.
 - Over these past tow reporting 2 years we've had four dentist leave and four new dentists join the staff.
 - When a dentist leaves that means the new dentist either continues the previous dentist treatment plans or in most cases they do their own/new comprehensive or periodic exam and treatment plan. That's one of the reasons our data shows a high number of exams being done and a lower number of treatment plans being completed.

6. Re-measure

If this report is not a specific requirement by HRAS for the next five year grant, I would like to the committee's ok to discontinue this report as of today. If not I will re-measure and do the next report at the end if the first twelve months of calendar year 2013

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

If this report is no longer required there will be no corrective actions needed and if not I will continue to monitor the comprehensive exams (D0150) and the completion (9990), through the 2013 calendar year and recommend that we do the following.

- a. Consider doing a formal end of employment or closing interview with the departing staff. The information collected in that kind of interview may help us identify reasons for our staff turnover.*
- b. Implement, monitor and maintain an ongoing Dental Coding and Billing Compliance Program like Karuk Medical has.*
- c. More in-depth Dentrix Training on how to do reports, their billing program and on how to use the Treatment Planner.*
- d. That we install the bridge from RPMS to Dentrix as soon as possible in order to reduce: the amount double entry we are currently doing; the patient registration errors and scheduling errors that are happening when we're transferring patient data from one program to the other.*
- e. That we re-do the plan for this report.*

Communication to Governing Body

This report will be attached to the ACQI Meeting Minutes which go to into the CQI Department Health Board Report.

Report submitted by Vickie Walden RDA on January 09, 2013



Karuk Dental Records Report
CQI Meeting Date 1/9/13
4TH Quarter Report by Cheryl Tims

1. Purpose of the report.

We would like to ensure that we have a complete, well organized Dental Record, which includes:

- a. Patient identifiers and contact information,
- b. Patient medical information including but not limited to: health history, allergies, dental history, medications and etc.
- c. Accurate visit documentation including provider signatures, visit dates, and POV-Purpose of visit.
 - i. Documentation of appropriate oral evaluations and re-evaluations: that include; existing oral conditions, periodontal evaluations, cancer/soft tissue evaluation, x-rays, findings, diagnosis, treatment plans and/or treatment, oral hygiene instruction, referrals & follow, treatment rendered and recommendations, and etc.
 - ii. Indicators and Contra Indicators for Treatment
- d. Informed consents
- e. Treatment Plans
- f. Patient Consents
- g. Insurance / discount information

2. Description Data Collection

- a. I reviewed and collected data from ten adult dental records.
- b. I reviewed and collected data from ten children dental records

3. Evidence of Data

The data was collected from the visits in the fourth quarter of calendar year 2012

Ten Adult Charts

		Record Count	complete	incomplete	NA	Percent
1	name HR#	10	10	0	0	100%
2	yr label	10	10	0	0	100%
3	Face Sheet	10	10	0	0	100%
4	Medical Hx Form	10	10	0	0	100%
5	Medical Hx review	10	10	0	0	100%
6a	Allergic labels	10	6	0	4	100%
6b	Medical Alert labels	10	8	0	2	100%
6c	Pre-Med	10	0	0	10	100%
6d	NKA	10	4	0	6	100%
7	Part I Exam Form pt demographics	10	10	0	0	100%
8	Part II Exam Form Medical Alert	10	10	0	0	100%
9	Part III Exam Form	10	6	4	0	100%
10	Part IV Exam Form Prevention Assessment	10	8	2	0	100%
11	Part V Exam Form-Treatment Plan	10	9	0	1	100%
12	Progress/Encounters Form	10	10	0	0	100%
13	Chart Entries-staff initials & date	10	10	0	0	100%
14	Errors-done correctly	10	0	0	10	100%
15	X-rays label complete	10	4	0	6	100%
16	Informed Consents complete	10	10	0	0	100%

Ten Child charts

		Record Count	complete	incomplete	NA	Percent
1	Pt name & HR#	10	10	0	0	100%
2	yr label	10	10	0	0	100%
3	Face Sheet	10	10	0	0	100%
4	Medical Hx Form	10	9	1	0	90%
5	Medical Hx review	10	9	1	0	90%
6a	Allergic labels	10	0	0	10	100%
6b	Medical Alert labels	10	0	0	10	100%
6c	Pre-Med	10	0	0	10	100%
6d	NKA	10	10	0	0	100%
7	Part 1 Exam Form pt demographics	10	10	0	0	100%
8	Part II Exam Form Medical Alert	10	10	0	0	100%
9	Part III Exam Form	10	10	0	0	100%
10	Part IV Exam Form Prevention Assessment	10	10	0	0	100%
11	Part V Exam Form-Treatment Plan	10	9	0	1	100%
12	Progress/Encounters Form	10	10	0	0	100%
13	Chart Entries-staff initials & date	10	10	0	0	100%
14	Errors-done correctly	10	0	0	10	100%
15	X-rays label complete	10	8	0	2	100%
16	Informed Consents complete	10	9	0	1	100%

4. With Happy Camp Dental switching over to Dentrix, we have either improved in our charts or I am just not reading it right. We are 100% in our adult charts and there is only 2 areas that recorded at 90%. I am still learning how to read the charts in Dentrix.

2013 Committee Meeting Schedule

<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></p> <p><u>February 26, 2013 Tuesday</u> 8:15 ED Advisory Committee-Modular Conference Room</p> <p><u>February 27, 2013</u> 8:15 - 9:15 Medical Records</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 19, 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>

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

Committee: Members and Descriptions

<u>ACQI Core Committee</u>	<u>ACQI-Accreditation and Continuous Quality Improvement</u>																												
<table border="1"> <tr> <td>Chairman-Deputy Director</td> <td></td> </tr> <tr> <td>Lessie Aubrey-EDHHS</td> <td>x2042</td> </tr> <tr> <td>Vacant - Medical Director</td> <td></td> </tr> <tr> <td>Patti White, RPMS Site Mgr.</td> <td>x2115</td> </tr> <tr> <td>Robert E Milton MD Acting Medical Dir</td> <td>x6108</td> </tr> <tr> <td>Fabian Alvarado, FNP</td> <td>x3011</td> </tr> <tr> <td>Vickie Walden-Recorder</td> <td>x2111</td> </tr> <tr> <td>Annie Smith, PHN</td> <td>x6121</td> </tr> <tr> <td>Carolyn Ash, DDS</td> <td>x6203</td> </tr> <tr> <td>Chelsea Chamber PA</td> <td>x4017</td> </tr> <tr> <td>Mike Lynch, RN</td> <td>x6102</td> </tr> <tr> <td>Others as needed for reports</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

Provider/Compliance Audit

Medical Director – Chairman	
Lessie Aubrey EDHHS	x2042
Chelsea Chambers, PA	x4017
Pat Hobbs, LCSW	x5001
Tracie Lima, LCSW	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	

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.

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.

Front Office/Billing 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	x4010
Gina Allen	x6100
Cheryl Tims	x2150
Skylar McNeal	x6200
Laura Longstaff	x6300
Nadine McElyea	x5000
Vickie Walden	x2111
Mike Lynch	x6102

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.

Medical Records Committee

Charleen Deala - Chairman	x6106
Carrie Davis	x4011
Isha Goodwin	x3015
Sharon Meager	x2154
April Spence	x4022
Sheila Super	x6111
Laura Longstaff	x6300
Nadine McElyea	x5000
Patti White	x2115
Vickie Walden	x2111
Susan Beatty	x6205
Cheryl Tims	x2150

Medical Records Committee

This committee will meet quarterly on the 4th Wednesday of the month beginning February 27, 2013. Meeting Time: 8:15am-9:15am

The Medical Records committee will focus on issues of the patient medical record whether printed or electronic. The purpose of this committee is to protect patient information from intrusion by unauthorized individuals. Areas of responsibility include confidentiality, security, and the physical safety of the medical record.

This committee coordinates the use of forms and procedures and enforces information management policies throughout the organization.

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	4019/4024
Mike Lynch, RN	x6102
Maintenance Rep & IT Rep as needed	

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 Manager	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.

DRAFT

Yreka Medical Clinic Undocumented Immunizations Improvement Project

Summary: By comparing our EHR records for each lot number of each vaccine, we can determine if we have missed documenting an immunization in the EHR.

Background: At the Yreka clinic, immunizations administered are documented in the EHR and in vaccine log books in the laboratory, where our vaccines are stored and drawn. We keep the log books in the laboratory for inventory control.

After performing a periodic vaccine inventory, I ask Amy to query the EHR if the number of doses in the log book differs from the number of doses in stock. Amy's query lists the names of those people who received an immunization for the specified vaccine, lot number, and/or time period. With Amy's report, I can determine which doses were not logged and can correct the log book.

I usually ask Amy to run reports for specific time periods for a given vaccine; consequently, not everyone who received vaccine from a given lot number is necessarily listed. After the last inventory, I asked her to run a report on those who received an immunization for an entire lot number of a particular vaccine. I was able to reconcile the inventory, but I also noticed that some of the doses listed in the log book were not on Amy's report. Consequently, that indicated that some of the immunizations were not documented in the EHR. With this information we were able to correct the EHR records also.

Conclusion: By comparing our EHR records for every lot number of every vaccine, we can determine if we have missed documenting any immunizations in the EHR, as well as in the log book. Consequently, the chances of a missing immunization in the EHR would be very low, which could minimize duplicative immunizations, and could improve our GPRA immunization performance.

Drawback: This activity will not have a baseline, since we do not know how many immunizations have been undocumented in the past. We will only be able to say, on an ongoing basis, how many undocumented immunizations we discovered and corrected. This is an improvement; however, since we do not have a baseline, I do not know if this fits the criteria as a project.

Annual Health Board Report 2012

Business Office

Suzanna Hardenburger, CCS-P Manager

This has been a difficult year for the Department. The most significant of which was the loss of the Data Analyst person in the Yreka medical clinic, leaving that practice about two months behind. Then hiring a person, who after training began and numerous special accommodations, went out on FMLA and after a twelve week delay she was still found to be of poor enough health to remain off on a permanent basis at that time. This was a very sad situation, since we actually wanted her to succeed not only for her benefit but also for ours. At that time we had offered overtime to the regular data analyst folks to help catch us up with the data entry so billing could be done in a timely manner. Also, the billers and myself were assisting with the data entry to also help catch these visits up, but since it is not our regular task we were quite slow more or less just treading water. We then waited another lengthy period to be able to have Sheila Super assume that position. She had to wait until the new receptionist was trained and then began her intense training with regards to the data position. Ultimately it was a pretty shaky beginning. Then the Department top billing clerk retired leaving a large deficit in the Department. So, it was a year of change. Now we have survived a new telephone system and computer upgrades that have been very detrimental to the Department. But, we survived as should be expected.

Departmental Goals: 2012

- ❖ Annual Department income to reach \$2,000,000.00
- ❖ Write and update sliding fee policy.
- ❖ Keep 120+day aged report under \$100,000.00
- ❖ Continue to improve claim denial reconciliation and 3rd party payer communication.
- ❖ Learn more managerial skills and learn to delegate more.
- ❖ Bring Yreka clinic data entry and billing up to current status.
- ❖ Begin working with the providers towards ICD-10.
- ❖ Studying the state's plan for medi-cal transition to a managed care system.
- ❖ Learn more about the insurance exchange programs.
- ❖ Work with receptionists to collect patient's data and prepayments.
- ❖ Update our fee schedule.

Items Accomplished:

- ❖ Able to hire a billing clerk that seems to be catching on to procedures satisfactorily.
- ❖ Sliding fee policy has been written and updated.
- ❖ 120+ day aged report is only slightly over \$60,000.00 at the end of September.
- ❖ YREKA DATA ENTRY AND BILLING ARE UP TO DATE FOR THE FIRST TIME IN YEARS!!!
If not first time ever..As of January 4th, 2013.!!!
- ❖ All medical clinics data entry and billing is up to date at this time.

Items accomplished: (continued)

- ❖ Redistributed data entry workload to more evenly divide responsibility and speed process.
- ❖ Fee schedule has been updated and the plan is to continue to do that annually.
- ❖ I am personally doing a little better at delegating some of the load to others.
- ❖ The entire Department has now had some version of medical terminology and anatomy training.

Goals 2013:

- ❖ **Need to train a person in the Department to be able to take over some of my tasks in my absence.**
- ❖ **Need to train a person to do the electronic billing, nothing so important should be left to only one individual; will probably be the same as above.**
- ❖ **Need to be able to get IT on the issues so we can submit the extreme number of claims we have pending in Medicare. The new telephone system seemed to have ended our ability to do so.**
- ❖ **Make sure everyone has ICD-10 training this year, prior to September 2013.**
- ❖ **Work on documentation and Medicare regulations with the providers.**
- ❖ **Encourage ICD-10 training for Providers also.**
- ❖ **Keep up to date on medical managed care since it is to take place this summer.**
- ❖ **Raise fees again as HRSA suggested.**
- ❖ **Get more study materials and give Sheila time to study to be able to pass her coding certification test.**
- ❖ **Write 1-2 more departmental policies.**

Challenges Faced:

- ❖ **IT must get us up to speed on electronic submission as soon as possible for Medicare. There are timeliness issues ensuing, by the end of February.**
- ❖ **ALL staff must have ICD-10 training; costly and time consuming.**
- ❖ **We must stay abreast of the medical and private insurance exchange issues as well as medical home practices; otherwise we may not be able to arrange what will hopefully be a good position for us. Governmental changes are numerous and can be intimidating.**
- ❖ **Need to bring the providers up to speed with their documentation before the ICD-10 transition. Documentation is more important than ever.**
- ❖ **Our rates are still far behind for medical services; and we must be competitive.**
- ❖ **We must get the receptionists to collect ALL the necessary patient data and monies required; some are hesitant and other training may be required. Patients should not have the option to NOT complete registration data.**
- ❖ **Work more closely with KTHHSP Executive and Deputy Director as time permits.**
- ❖ **Learn to do cost reports for better financial analysis.**

Respectfully Submitted,

Suzanna Hardenburger, CCS-P

FY 2012 ANNUAL REVENUE REPORT

BUSINESS OFFICE

	HAPPY CAMP	YREKA	ORLEANS	KTHP
Revenue Medical	\$ 453,674.01	\$ 644,827.56	\$ 110,151.67	\$ 1,208,653.24
Revenue Dental	\$ 177,219.64	\$ 429,795.72	\$ -	\$ 607,015.36
Revenue Mental Health	\$ 1,764.83	\$ 38,856.81	\$ 824.80	\$ 41,446.44
Revenue Grand Total	\$ 632,658.48	\$ 1,113,480.09	\$ 110,976.47	\$ 1,857,115.04

	HAPPY CAMP	YREKA	ORLEANS	KTHP
Billing Medical	\$ 687,964.90	\$ 1,003,444.48	\$ 203,283.69	\$ 1,894,693.07
Billing Dental	\$ 353,829.10	\$ 977,160.50	\$ -	\$ 1,330,989.60
Billing Mental Health	\$ 7,579.00	\$ 106,475.21	\$ 3,262.00	\$ 117,316.21
Billed Grand Total	\$ 1,049,373.00	\$ 2,087,080.19	\$ 206,545.69	\$ 3,342,998.88

BUSINESS OFFICE ANNUAL FY 2012 BUDGET

					AVAILABLE %	<i>icd 10</i>
PROGRAM	YEAR END ANNUAL	EXPENSES TO			Could be spent	<i>classes</i>
YEAR	BUDGET	DATE	BALANCE	% USED	at this date	<i>not</i>
						<i>available</i>
FY2012	\$461,448.16	\$417,243.37	\$44,204.79	90.42%	100.00%	



Karuk Tribal Health Safety Officers' Annual Report 2012

I have taken on this position as Karuk Tribal Health Safety Officer now for 1 year.

I do a lot of research and reading to insure the Karuk Tribal Health Clinics are the Safest Place for our Patient's , visitors' along with our Tribal Staff.

I have attended two (0) trainings:

I'm looking forward to going to Safety Officer training; unknown date at this time.

For the Six Karuk Tribal Clinics Three Medical and two Dental and Behavioral Health Building :

* Annual Electrical Safety Inspection at all three clinics (Medical & Dental)

* Happy Camp Clinic & Dental had the Fire Alarm Systems, annual inspection & repair.

* Orleans we did a full alarm fire & burglary test: the system does work.

- * Held Fire Drills at all locations. The Clinic Staff are all great to work with.
- * At the Bi-Annual Health Staff Meeting held on November 14, 2012; I had invited Judith Warren from Humboldt State University Regional Institution Training Department give her Living On Shaky Grounds teaching; everyone had a lot of good questions for her, all employees enjoyed her presentation.
- * Environmental walk-through and safety checks at all six clinics.

I want to get a Safety Committee together; this does not have to include the Doctors; a staff member from each clinic and a person from CHS, along with myself. Some of the current policies refers to a safety committee, we do not have one. I feel this would be a great idea, this will allow staff to be involved in the safety of the clinic's in their home town. The committee could be just staff not directors or doctors. 2 from Yreka Clinics. 2 from Happy Camp Clinics, 1 from Orleans and 1 from CHS, 1 from Behavioral Health the Safety Committee would need to meet face/face to get established then could meet by telephone, then again when we have our Bi-Annual Health Staff Meetings.

I am trying very hard to get the Safety Officer position clear in my head, in order to have a good safety program for our Tribal Clinics, Tribal Clinic Staff and the communities we serve.

I continue to teach CPR and First Aid.

I also continue to do home visits on the Happy Camp Community, Seiad Valley and Hamburg.

I have broken the clients down by area they live in, then I will map them all out; this will be the best resource guide if a disaster hits our Tribal Lands. To ensure everyone is accounted for; and their needs can be met; such as : can they walk on own, need help and/or Emergency Medical help for any wheel chair or bed ridden folks, people with children, and the pets, they also need help in disasters.

If you have any questions please feel free to call me at 493.1600 x 2132 or stop by my office, in the Modular Building.

Respectfully Submitted;

Flo Lopez

Safety Officer

Karuk Tribal Health

Executive Director of Health and Human Services

Annual Board Report

February 14, 2013

Lessie Aubrey, EDHHS

For the Record!

December 20, 2012 a serious storm rolled in bringing wet and heavy snow to the HC Area for over a week, knocking out power lines and stranding residents. The town of Happy Camp was covered in about 3 feet of snow. After the snow fall and the skies cleared we were confronted with freezing weather. I believe that this set us back some so we are now submitting our annual reports in February.

Summary of 2012:

Medi-Cal issues were the major factor again this year. Optional benefits, 7 visits per year, Indian co-pays, bypassing the State and working directly with the Federal Government, entitlement funds, and the resolution enacted by NCAI We were given consultations with HHS Region IX the DHCS, State Medi-Cal, and IHS CAO and Headquarters.

Medi-Cal is looking at a 5.1 billion dollar cut for 2012 -2013.

The goal of the DHCS Budget Proposals is to improve Medi-cal and Medicare dual eligible into a managed care program.

We lost our Director of Child and Family Services to retirement in February.

CRIHB wanted to implement a Tribal Health Program wide Low Income Health Plan, but programs did not respond well to the proposal.

Jacob Applesmith a Senior Advisor to Governor Brown was replaced by Cynthia Gomez, of Sacramento. She has been appointed Governor's Tribal Advisor and executive secretary for the

Native American Heritage Commission. She is a member of the Shingle Springs Rancheria.

I attended an Epidemiology Conference in Phoenix, AZ Feb 23, 2012.

The HRSA exercise class continues on Monday and Wednesday evenings in Happy Camp.

Karuk discussed Legal Action with State Medi-Cal with other Tribal Health Programs with Consolidated in the lead. We sent \$500.00 as our first payment.

A Parenting Class agreement was made with the Community Service Council to assist parents with the reunification of their children.

Annual IHS Tribal consultation was held in Pala March 5-9, 2012.

HANC is providing training on Managed Care and Primary Medical Homes.

We learned in Region XI Consultation that they stopped co-pays to Native Americans.

Sixty nine employees received the flu vaccine this year. A flu immunization policy was developed and approved.

HR sponsored customer service training for staff. It was excellent training.

IV-B budget was revised and sent to fiscal. The IV-B report was completed and we received additional monies. Social workers attended IV-E Training. Later, CFS staff attended local training on IV-E.

Executive Director of Health and Human Services

Annual Board Report

February 14, 2013

Lessie Aubrey, EDHHS

A comprehensive Needs Assessment was developed and completed. HRSA remarked it was one of the best they have seen and that the number of responses was very good.

The Karuk Tribe was not awarded a grant to build a new clinic in Happy Camp again. This is a priority.

Sami Goodwin attended MA Training.

Richard Warmer, IHS visited on July 10, 2012 to discuss facility needs.

I completed ICS 100 and 200 as directed.

Annie Smith, PHN and I attended a meeting hosted by the CDC on Public Health Accreditation in Portland, Oregon June 19th and 20th.

Much work was done on the log building: heat, security, building maintenance, fire wood, and ability to share building with other staff.

I met with Veteran Representatives at the Family Resource Center July 12, 2012. No results have come out of meeting thus far.

AAAH Accreditation was awarded to the Karuk tribe for the next three years. This was great news!

Budget reviews were completed in July to get ready for the new HRSA application.

The AOD Program continues to receive assistance under CRIHB CAIRS Program.

Florence Conrad was placed in CRIHB Hall of Fame.

Strategic Planning held up and is still on hold. However, HRSA said that they will provide us with T and A for Strategic Planning.

Michael Thom and I traveled to Denver the week of August 6, 2012. The first two days were Tribal Consultation with Dr. Roubideaux IHS Medical Officer. The 3rd day was about the Affordable Care Act and the Health Care Insurance Exchange.

There was much staff turnover; staff taking other positions and staff leaving the organization.

Capture Rx is up and rolling and we have received approximately \$9,000.00 so far.

The HRSA Site visit was conducted on September 25-27, 2012. They said our deficiencies are easily fixable. Sounds like they thought we were a strong program.

Several of our staff listened into a webinar on the FTCA Medical Malpractice Webinar provided by ECRI Institute. This is a requirement of HRSA for FTCA.

Dr. Burns left the organization and locum tenens have filled his vacancy. We have hired Michael Hess, MD to work 20 hours per week in Yreka.

Suzanna Hardenburger and I traveled to Jackson Rancheria Hotel and Casino on October 24, 2012 to attend the Annual CRIHB meeting.

Executive Director of Health and Human Services

Annual Board Report

February 14, 2013

Lessie Aubrey, EDHHS

California reported on their GPRA scores. Out of 19 measures, California met 8, which is 21% of the requirements.

We were one of the programs who received the Meaningful Use Funds thanks to Amy Coapman's hard work. We received well over \$100,000.00.

In 2012, California was at 54.9%, the National Final was 65.0% and the National 2012 target was 63.4%.

The Hoopa Valley Tribe continues seeking funding for their 24/7 ambulance services. The Karuk Tribe recently donated \$5,000.00.

Suzanna Hardenburger and I attended the Managed Care meeting with the Department of Health Care Services and other pertinent individuals on Friday November 29, 2012.

MY hopes to hire CFS Director are still awaiting a decision from Council.

Threats of sequestration erupted. This act is an authorization of the Budget Control Act of 2011. Right now there is talk of an 8.2% sequestration across the board with the only exemptions being entitlement programs like Medicare and Social Security. I hear March may be the month of decision.

HANC held a conference call on the CPCA becoming a partnership. The views of the audience were that they are moving too fast and not considering the membership.

On January 15, we had a HRSA grantee call with our new project director, Nahleen Heard. She asked us many questions and offered to help us. She said we will be having these calls quarterly. Michael Thom sat in on the call. Thanks Michael.

Then on January 16, I attended an Emergency Repose Team meeting at Headway. Much information was covered and I was placed on the logistics team.

I have been on calls with HANC, Steve Viramontes from IHS concerning EHR, CRIHB with Dr. KIM regarding Telemedicine, the State and IHS.

I have been contacted by many locum agencies now, and the search for a new Medical Director continues.

The health program has requirements to meet with AAAHC and HRSA and will be very busy working on them.

Budget Codes 3000 to 3900 are well within the percentage for this time of year. Other than these numbers I can't get anything to load up for me. Again I will try to get Laura and Eric to help me.

Tribal Consultation will be held around March 15, location TBA. Will Michael or Buster be attending with me this year? I will provide update just as soon as I receive them.

February 14, 2013 Report

New Deputy Director, Rondi Johnson began working for us on February 4, 2013.

TERO presented an excellent program on hiring Indians and cultural differences. He addressed many challenges in the workplace.



ANNUAL REPORT
Patricia C. White - RPMS Site Manager
February 14, 2013

Program Goals 2013

- Risk Analysis for Meaningful use-Analysis of our program and locations to comply with meaningful use requirements.
- UDS Reports 2012. (In process now as it is due 02/15/13)
- Dentrix/RPMS interface
- Annual HIPAA Security Training
- Find resources and funding sources for RPMS needs
 - Hardware and infrastructure growth
 - Staff pc upgrades as needed
- Practice Management Application (BMW)-A program that incorporates and combines the Patient Registration package and Scheduling Package.
- Immunization Data Exchange with California Immunization Registry (CAIR). We now have the programming to export immunization information to CAIR. We are in the process of signing up with them for this exchange. Currently we enroll and sign up our patients with CAIR and manually enter the data. When we complete the paperwork, we will be able to export directly to them. At this time it is a unidirectional interface, but we anticipate in the near future having the bidirectional interface so that we can download data from CAIR on our enrolled patients directly into RPMS. Amy Coapman has taken the lead on this project.
- Completion of the bidirectional interface for the lab package. We currently have a unidirectional interface with Quest Labs, where results are imported directly into RPMS for our patients. We have been working with Quest to have the ability to order labs directly from them. Currently we have to use another program that is independent of RPMS to do this. Amy Coapman has been working on this project.
- VistA Imaging installation and deployment-Vista Imaging provides a functional tool, allowing for documents to be electronically placed into the EHR. Scanned/uploaded documents will become a part of the legal health record. This is the program that IHS is using for their clinics and sites.
- We will be moving forward with Meaningful Use and enrolling our dental providers in the program this year.
- Continue to improve my IT skills to contribute more to the department.

Accomplishments:

- E-Prescribing-This allows our providers to order patient medications electronically and at the time of the visit. They are able to transmit to any pharmacy the patient requests. Certain narcotic medications cannot be ordered electronically. We were losing 1% from Medicare on certain claims until we were able to do this. We went live on November 16, 2012 with the Orleans Clinic, followed by the Yreka and Happy Camp Clinics within a few days. Credit must go to Amy Coapman for her work and efforts to attain this goal.
- 2011 UDS Report Completed In February 2012.
- HIPAA Security Training-Again in 2012 this was provided for the Tribe from IHS.

- Interconnection Security Agreement (ISA) with IHS. Federal law mandates that there be agreement in place to protect federal information systems. The ISA establishes an agreement between KTHHSP and Indian Health Services.
- Electronic Dental Record (EDR)-The *Dentrix Enterprise* system was purchased from Henry Schein Practices Solutions, Inc. and was deployed in our Dental Clinics in 2012. This project was headed up by the previous site manager and the previous dental director. Dr. Ash, the current Dental Director and others completed the project by going live in September.
- Capture RX – 340 B pricing was established for the KTHHSP. Amy runs monthly reports for this program and does an export. Lessie Aubrey, ED was the lead on this project.
- Amy Coapman reestablished the interface with Fairchild Medical Center for the *Merge PACs* system. This allows our medical providers to view X-rays electronically.

Operations Summary:

Each month I run an Operations Summary to show what is being done in our program. I have attached the summary for the whole of FY 2012.

In fiscal year 2012:

- 17,118 Registered Patients (+4.4%) (FY2011-16,262)
6,287 Active Patients
- 20,852 Visits (-2.6%) (FY2011-21,345)
- Top Diagnosis: The top 3 diagnosis' were the same as in 2011
 - Dental (any dental dx)
 - Hypertension
 - Substance abuse
- 772 injury visits (+0.8%) (FY2011- 767)
- 2000 patients seen for dental care (-9.1%) (FY2011-2,206)

Budget: Period ending January 31, 2013

Program	RPMS
Budget Code	3000-75
Program Year	2012-2013
Appropriation	\$235,220.84
Expenses to Date	\$51,208.60
Balance	\$184,012.24
Percent used	21.77%

Also attached is my travel report for *Site Manager Training* that I attended in January.

Respectfully Submitted,

Patricia White,
RPMS Site Manager

**OPERATIONS SUMMARY FOR KARUK TRB HP Service Unit
FOR FY2012**

Oct 01, 2011 - SEP 30, 2012

(Note: In parentheses following each statistic is the percent increase or decrease from the same time period in the previous year. '**' indicates no data is present for one of the two time periods.)

PATIENT REGISTRATION

There are 17,118 (+4.6) living patients registered at this SU. This number does not represent the 'Active User Population' which is found elsewhere in PCC Reports. There were 802 (-9.6) new patients, 30 (-53.8) births, and 45 (+9.8) death(s) during this period. Data is based on the Patient Registration File.

THIRD PARTY ELIGIBILITY

There were 2,618 (+0.6) patients enrolled in Medicare Part A and 2,513 (+0.7) patients enrolled in Part B at the end of this time period.

There were 62 (+17.0) patients enrolled in Medicare Part D.

There were also 5,606 (+4.4) patients enrolled in Medicaid and 4,134 (+3.1) patients with an active private insurance policy as of that date.

CONTRACT HEALTH SERVICES

Total CHS expenditures (obligations adjusted by payments) for this period were 709,318.29 (+12.8). The number and dollar amount of authorizations by type were:

57 - DENTAL	110	82301.83
64 - NON-HOSPITAL SERVICE	12607	627016.46

DIRECT INPATIENT

[NO DIRECT INPATIENT DATA TO REPORT]

AMBULATORY CARE VISITS

There were a total of 20,852 ambulatory visits (-1.9) during the period for all visit types except CHS.

They are broken down below by Type, Location, Service Category, Clinic, Provider Discipline and leading Diagnoses. These do not equate to 'official' APC Visits which are identified in other PCC Reports.

<u>By Type:</u>			
TRIBE-638 PROGRAM	20,848		(-1.9)
IHS	3		(**)
OTHER	1		(**)

By Location:

YREKA	12,175	(+3.1)
KARUK COMM HEALTH CLINIC	7,019	(-10.1)
ORLEANS	1,658	(+1.3)

By Service Category:

AMBULATORY	20,522	(-1.2)
TELECOMMUNICATIONS	329	(-28.2)
TELEMEDICINE	1	(-66.7)

By Clinic Type:

PHYSICIAN	5,772	(-8.4)
DENTAL	5,379	(-15.2)
FAMILY NURSE PRACTITIONER	3,917	(-14.5)
PHYSICIAN ASSISTANT	1,691	(**)
ALCOHOL AND SUBSTANCE	1,528	(+0.0)
NURSE CLINIC	926	(+59.7)
MENTAL HEALTH	701	(-45.6)
CHR	257	(-13.5)
PHARMACY	179	(+477.4)
TRANSPORT	162	(+575.0)
TELEPHONE CALL	138	(-13.2)
CHART REV/REC MOD	132	(+91.3)
PHN CLINIC VISIT	27	(+3.8)
TELEMEDICINE	19	(+11.8)
BEHAVIORAL HEALTH	9	(**)
NO CLINIC	6	(**)
HOME VISIT	4	(-42.9)
LABORATORY SERVICES	2	(+0.0)
TELEBEHAVIORAL HEALTH	1	(**)
TRIAGE	1	(**)
WOMEN'S HEALTH SCREENING	1	(**)

By Provider Type (Primary and Secondary Providers):

HEALTH AIDE	6,776	(-21.9)
MD	6,119	(-6.8)
DENTIST	5,432	(-15.1)
NURSE PRACTITIONER	4,001	(-19.2)
LICENSED PRACTICAL NURSE	3,587	(+76.4)
PHYSICIAN ASSISTANT	2,033	(**)
ALCOHOLISM/SUB ABUSE COUNSELOR	1,561	(-6.9)
UNKNOWN	1,355	(**)
DENTAL HYGIENIST	1,256	(-16.0)
LICENSED CLINICAL SOCIAL WORK	699	(-0.7)
PHARMACIST	458	(**)
COMMUNITY HEALTH REP	418	(+29.0)
HEALTH RECORDS	72	(-81.2)
CLINIC RN	66	(-32.7)

The ten leading purposes of ambulatory visits by individual ICD Code are listed below. Both primary and secondary diagnoses are included in the counts.

By ICD Diagnosis		
1).	DENTAL EXAMINATION	5,380 (-15.1)
2).	HYPERTENSION NOS	1,515 (+14.3)
3).	ALCOHOL ABUSE-UNSPEC	1,009 (-10.9)
4).	VACCIN FOR INFLUENZA	876 (+15.0)
5).	DMII WO CMP NT ST UNCNR	764 (-2.1)
6).	HYPERLIPIDEMIA NEC/NOS	708 (+12.4)
7).	VACCINATION FOR DTP-DTAP	656 (+17.6)
8).	TOBACCO USE DISORDER	637 (+6.3)
9).	LUMBAGO	618 (+6.6)
10).	DEPRESSIVE DISORDER NEC	612 (+3.2)

CHART REVIEWS

There were 14,217 (+10.5) chart reviews performed during this time period.

INJURIES

There were 772 visits for injuries (+0.8) reported during this period. Of these, 165 were new injuries (+1,962.5). The five leading causes were:

1).	OVERXRT-SUDN STREN MVMT	27 (-67.9)
2).	ACC-CUTTING INSTRUM NEC	21 (-25.0)
3).	NONVENOM ARTHROPOD BITE	18 (-70.5)
4).	OBJ W-W/O SUB FALL NEC	18 (+28.6)
5).	DOG BITE	12 (+200.0)

EMERGENCY ROOM

[NO EMERGENCY ROOM VISITS TO REPORT]

DENTAL

There were 2,000 patients (-9.1) seen for Dental Care. They accounted for 5,379 visits (-15.2). The seven leading service categories were:

1).	PATIENT REVISIT	3,505 (-17.5)
2).	FIRST VISIT OF FISCAL YEAR	1,902 (-9.7)
3).	INTRAORAL PERIAPICAL, SINGLE FILM	1,733 (-2.2)
4).	HYPERTENSION SCREENING	1,732 (+27.8)
5).	SEALANT - PER TOOTH	1,271 (+15.4)
6).	LOCAL ANESTHESIA IN CONJUNCTION WITH	1,154 (-22.9)
7).	PREVENTIVE PLAN AND INSTRUCTION	1,122 (-3.5)

IN-HOSPITAL VISITS

There were a total of 3 In-Hospital visits (+200.0) during the period for all visit types, including CHS.

They are broken down below by Type, Location, Service Category, Clinic, Provider Discipline and leading Diagnoses.

By Type:		
TRIBE-638 PROGRAM	3	(+200.0)
By Location:		
YREKA	2	(**)
HAPPY CAMP	1	(+0.0)
By Outside Location:		
---Not entered---	3	(+200.0)
By Provider Type (Primary and Secondary Providers):		
MD	2	(**)
HEALTH AIDE	1	(**)

The ten leading purposes of In-Hospital visits by individual ICD Code are listed below. Both primary and secondary diagnoses are included in the counts.

By ICD Diagnosis		
1). UNCODED DIAGNOSIS	3	(**)

PHARMACY

There were 17,511 new prescriptions (+3.6) and 27 refills (-73.0) during this period.

Basic Site Manager Training

California Area Office Indian Health Services

Sacramento, CA

January 9-11, 2012

The class, hosted by Indian Health Services provided site managers with a comprehensive introduction of the duties of an RPMS Site Manager, the hardware, and software used to run RPMS. Christine Saddler, IT Specialist was the facilitator and the instructor on site. Carletta Segay, IT Specialist was another instructor who conferenced in by telephone. These two women have over 30 years' experience working with IHS and RPMS.

In the past, classes that I have taken were focused on running reports and navigating through the RPMS. This class focused on the database structure, operations management, and a greater and bigger view of RPMS. As time has gone by the site manager needs to be knowledgeable in greater aspects of information technology.

A few of the items covered in the three days included:

- RPMS Concepts and Terminology
- Kernel overview- The kernel consists of programs that functions as a set of standard software tools. These tools provide interfaces between the operating system and the RPMS applications.
- Site Manager and CAC responsibilities
- User management
 - Adding and deactivating users
 - Providers
 - Key management/access
- Routine tasks
 - Backup
 - Scheduling tasks
 - Clean-up
- Hardware
 - Networks
 - Servers, peripherals
- Programmer Functions
 - Kernel Installation and Distribution System (KIDS)
 - Viewing recent patches/updates
 - Loading a patch/distribution
 - Package installation
 - Error Trapping

I look forward to using the tools and techniques that were provided at this class to better do my job. As always I am thankful for the opportunities provided by the Tribe to attend trainings to further my knowledge and skills.

Patricia White
RPMS Site Manager

Karuk Community Health Clinic
64236 Second Avenue
Post Office Box 316
Happy Camp, CA 96039
Phone: (530) 493-5257
Fax: (530) 493-5270



Karuk Dental Clinic
64236 Second Avenue
Post Office Box 1016
Happy Camp, CA 96039
Phone: (530) 493-2201
Fax: (530) 493-5364

Administrative Office

Phone: (530) 493-1600 • Fax: (530) 493-5322
64236 Second Avenue • Post Office Box 1016 • Happy Camp, CA 96039

REQUEST FOR CONTRACT/ MOU/ AGREEMENT

Check One: **Contract** **Karuk Tribe Number Assigned:** **13-C-**
 MOU
 Agreement **Funder/Agency Assigned:** **HUD IDCGB Yreka Wellness**
 Amendment **Prior Amendment:** **No**

REQUIRED → ***Procurement Attached** ***Budget Attached**
 ***System for Award Management (SAM) (CONTRACTS ONLY)**
 ***KCDC/ KTHA Notification/ review required** **Yes** **No**

Requestor: **Erin Hillman** **Date:** **February 11, 2013**

Department/Program: **Housing**

Name of Contractor or Parties: **KAS & Associates**

Effective Dates (From/To): **February 14, 2013** **May 31, 2014**

Amount of Original: **\$145,860**
Amount of Modification: **\$0**
Total Amount: **\$145,860**

Funding Source: **HUD IDCGB Yreka Wellness Center Grant**

Special Conditions/Terms:

Brief Description of Purpose:
Architectural Design and Structural Engineering for the Yreka Wellness Center facility.

**** REQUIRED SIGNATURES ****

Requestor _____ **Date** _____

****Chief Financial Officer** _____ **Date** _____

****Director, Administrative Programs & Compliance** _____ **Date** _____

****Director of Self Governance(MOU/MOA) or TERO (Contracts)** _____ **Date** _____

Other _____ **Date** _____

Karuk Community Health Clinic
 64236 Second Avenue
 Post Office Box 316
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 Fax: (530) 493-5364

Administrative Office
 Phone: (530) 493-1600 • Fax: (530) 493-5322
 64236 Second Avenue • Post Office Box 1016 • Happy Camp, CA 96039

Requestor: Erin Hillman **Date:** February 11, 2013

Program: Karuk Tribe Housing Authority **Funding Source:** ICDBG Yreka Wellness

Check One: Small Purchase (less than \$5,000) Large Purchase (more than \$5,000)**
 Construction Contract Other:
 Independent Contractor Under \$2,000
 Independent Contractor Over \$2,000**

****Tribal Council approval is required for: all purchases exceeding \$5,000, all Agreements and all Contracts exceeding \$2,000.**

Procurement #/Type: _____ Three quotes Sealed Bid Competitive Proposal

COMPARATIVE SUMMARY (Minimum of Three Required)				
Company Name	Date	Price	Contact/Phone	Indian Owned
Pacific Affiliates	1/22/13	\$ 98,480.00	Schneider	No
KAS & Associates	1/23/13	\$ 145,860.00	Scott Pingle	No
Kibler & Kibler	1/23/13	\$ 149,000.00	Jamie Gurney	No
Nichols, Melburg & Rosetto	1/23/13	\$ 178,542.00	Dan Rosetto	No
Steele & Associates	1/23/13	\$ 198,500.00	Jeff Wellman	No
WH Pacific	1/23/13	\$ 205,052.00	Ronald Clarke	Yes
Blossom Design Group	1/23/13	\$ 286,219.00	Robert Mendez	Yes

Name of Selected Vendor: KAS & Associates

Basis: Lowest Price Best Qualified Vendor
 Superior Product/Service Delivery Service Provided
 Based on Annual Price Comparisons
 Sole Source Provider (*MUST Attach Detailed Justification*)
 Only Qualified Local Provider Due to Geographic Disadvantage

Comments: See attached evaluation.

**** REQUIRED SIGNATURES ****

*** By affixing your signature, you acknowledge that you have reviewed the attached documentation for presentation to Tribal Council.*

Requestor _____ Date _____

**Chief Financial Officer _____ Date _____

**Director, Administrative Programs & Compliance _____ Date _____

**Director of Self Governance(MOU/MOA) or TERO (Contracts) _____ Date _____

Other _____ Date _____

To: Tribal Council

From: Yreka Wellness Center Evaluation Committee
(Erin Hillman, Steve Mitchell, Richard Black, Fred Burcell, Tiffany Ashworth,
Dion Wood, and Sara Spence)

Date: February 11, 2013

RE: A&E Service Proposal Evaluation

On January 23 bidding concluded for the A&E services associated with the construction of the Yreka Wellness Center. On January 28 all staff listed above met to review the proposals. A total of seven proposals were received, of which three were less than the budgeted amount of \$150,000: Pacific Affiliates, KAS & Associates, and Kibler & Kibler.

There were questions on two of the proposals requiring clarification before they could be fully evaluated. All three bidders received the same questions and were given the opportunity to respond. On February 7 Erin, Steve, Richard, Tiffany, and Sara (Fred was ill and Dion was unavailable) reconvened to review the responses received.

Pacific Affiliates was the low bidder for the project by a nearly \$50,000 margin. Their proposal was very vague in detailing their approach and rationale for completing the necessary tasks for the project. A detailed scope of work was not included and the timeline proposed completion within 30 days which is unrealistic, leaving the group to believe that they have either purposely underbid the project or they have not included all of the necessary items for a successful project.

There was a very close comparison between the KAS & Associates (\$145,860) and Kibler & Kibler (\$142,400). Kibler included a construction staking option with an added cost in their proposal that we requested further clarification on to determine if their base bid included the minimum level of staking we had requested in the solicitation documents. They responded by indicating that nothing related to staking was included unless the additional amount was included raising their bid to \$149,000 and leaving KAS & Associates as the lower bid of the two.

It is our recommendation to move forward with KAS & Associates as the most responsive and responsible bidder with a cost that is within budget.

Transparency is important to us, which is why we developed this fee schedule so you can easily see how we plan to deliver our services at each phase of the project and who will actually be spending the time performing the work. As we mentioned earlier in our package, our ability to use some of the latest technology available, allows us to perform more work at a lower overall cost than other firms. Based on our long history of working with other Architects & Engineers in the area, we are confident these fees are considerably lower than other firms which have been known to charge anywhere from 15%-20% of the value of construction without including Construction Administration or 3D modeling!

Team Member	Scope	Bill Rate	Hours	Amount
Ken Ogden	Programming	\$140	48	\$6,720
Jason Berrey, Jeff Bender	Design	\$75	240	\$18,000
Jason Berrey	Topographical Site Survey	\$95	32	\$3,040
Corey Matson	R-2 Soils Report	\$140	24	\$3,360
Travis Schneider, David Wilkerson	Production Management	\$140	76	\$10,640
Jason Berrey, Josh Sizemore	Drafting	\$95	308	\$29,260
Jason Berrey, Dave Stevens	Drafting/Specs	\$95	124	\$11,780
Corey Matson	Structural Engineering	\$140	44	\$6,160
Travis Schneider, Jim Roemer	Construction Admin	\$140	68	\$9,520
Total				\$98,480

Pacific Affiliates





Lump Sum Fixed-Price

NOTE:
Lump Sum Fixed-Price Quotation
received from KAS & Associates, Inc.
will remain in effect from
January 23, 2013 through
March 31, 2013 (60 days minimum).

1. Architectural Design & Structural Engineering	\$ 61,200.00
2. Civil Engineering	\$ 7,500.00
3. Geotechnical Engineering	\$ 3,800.00
4. Surveying	\$ 2,500.00
5. Electrical, Mechanical & Plumbing Design	\$ 68,000.00
6. TERO Fee 2%	<u>\$ 2,860.00</u>

TOTAL BID AMOUNT

\$145,860.00

This Lump Sum Fixed-Price Quotation equals 5.5% of the \$2.6 million dollar project budget, plus the TERO Fee of 2%.



Fee Proposal & Schedule

Fee Proposal

Civil Design Fee (See Exhibit 1)	\$15,400.00
(Includes boundary survey, topographical mapping, map, civil plans, on-site, and off-site (water & sewer only))	
Design Fees	\$127,000.00
(Includes architectural, structural, mechanical, plumbing, electrical design, and geotechnical fees)	
Fire Alarm System Design Fee	Included
Fire Sprinkler Design Fee	Included
Geotechnical Report Fee	Included
Construction Plans and Specifications Fee	Included
(Includes 1 set of construction plans and specifications)	
Total Fee	\$142,400.00

*Note:

- 1) The above Fees include the required 2% TERO Fee for Design Fees and Civil Design Fee.
- 2) Additional Construction Plans and Specifications will be provided to the Karuk Housing Authority if requested and invoiced as a Reimbursable Expense.
- 3) The above Fees does not include Building Department Plan Check Fees or Building Permit Fees.
- 4) The above Fees does not include Utility Company Design Fees, (Including Pacific Power and Siskiyou Telephone).

Optional Additional Services

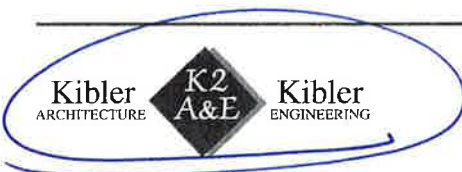
Construction Staking Fee	\$6,500.00 +130 TERO
Building Commissioning Fee	\$12,000.00 \$149,030
(Required by the California Green Building Code for buildings over 10,000 square feet)	
Additional Site Visits Fee	\$880.00/each visit
(Two site visits during the Design Phases and two site visits during the Construction Phase are included in the Design Fee)	
Construction Change Orders	Time & Expenses
(Prepare Construction Change Orders requested by the Owner)	

HOURLY RATE SCHEDULE

Principal Architect/Engineer	\$120.00 per hour
Project Architect/Engineer	\$110.00 per hour
Staff Architect/Engineer	\$100.00 per hour
CAD Draftsman	\$85.00 per hour
Administrative Assistant	\$50.00 per hour

REIMBURSABLE EXPENSES

Prints/Copies	Cost + 15%
Mailing	Cost + 15%
Mileage (out of town)	\$0.65/mile
Reimbursable Consultant Fees	Cost + 5%
Government Agency Fees	Cost + 5%





Construction Staking Clarification

February 11, 2013

Our firm interpreted RFI #1, Item #11, that the Construction Staking was the responsibility of the Building Contractor. For our firm to include the Construction Staking, our base bid amount would be \$149,000 (which includes the Construction Staking amount of \$6,500 plus the 2% TERO fee).



9. Fee Proposal

INTRODUCTION

As with all of our projects, for this project NMR would seek to negotiate a fee which is fair and reasonable, and which provides us and our consultants with the resources necessary to produce the results desired by the Karuk Tribe. We have reviewed the RFP carefully, and are familiar with the project, the site, the design goals, and the consultant scope of services desired by the Karuk Tribe.

The Architectural fee for this project is typically in the 7% to 9% range for new buildings. NMR technically provides 'superior' quality service for the 'economy' range of fee, which means our fees are generally far below comparable competitors. We propose a fee of approximately 7.80% for your project including Civil Engineering and Soils Analysis, distributed as follows:

At this preliminary stage, without complete data for the project at this time, we are providing an assumed place marker for a construction cost projection for discussion:

YREKA WELLNESS CENTER - PRELIMINARY CONSTRUCTION COST

Component	Area	Cost / Sq. Ft.	Sub-Total
Building Shell	18,000 SF.	\$64.00	\$1,152,000
Interior Improvements	17,500 SF.	\$55.00	\$962,000
Site Work			\$175,000
Total			\$2,289,000

ARCHITECTURAL / ENGINEERING BASIC SERVICES (1)

PROJECT	P H A S E				Total (2) (100%)
	Schematic Design (30%)	Construction Documents (50%)	Bid Phase (5%)	Construction Administration (10%)	
Wellness Center	\$53,562	\$98,198	\$8927	\$17,855	\$178,542

Footnotes:

(1) A&E Basic Services include Architectural, Structural, Mechanical, Electrical, Interior Design, Civil Engineering, Survey of the site, and Geotechnical studies.

(2) Architectural Fee = \$2,289,000 x 7.8% = \$178,542

As always, we would be happy to work with the Karuk Tribe to refine our scope of services and fees, so that both are fully responsive to the Karuk Tribe's needs.

Nichols, Melburg & Rosetto



Proposed Budget and Schedule

Section 6

Proposed Fixed Design Fee

Please review our proposed lump sum fee below which is all inclusive for programming, conceptual design, engineering and final design (architectural, civil engineering, landscape design, interior design, structural engineering, mechanical & electrical engineering and cost estimating). There are no hidden fees. We have used the fees of our preferred and trusted consultants due to our strong working relationships and their familiarity with the Karuk Tribe and Health and Wellness Center Design. With that said we are open and flexible should you have any concerns about our scope, fees and/or consultants. The intent is to provide you with the best team and service at a competitive price.

Summary of Our Services

- Engage Karuk Tribe in Multiple Client Meetings
- Prepare Programming Documentation
- Prepare Site Grading/Drainage/Utility Plans
- Prepare Landscape Plan
- Perform and Document Site, Zoning & Building Code Analysis
- Prepare an Efficient, Flexible Floor Plan
- Provide Conceptual Design for PEMB Building Elevations with Colors and Materials
- Provide Structural Building Evaluation & Design Engineering for PEMB Foundations
- Provide Mechanical Electrical / Technology Design
- Prepare Full 3D Color Site & Building Model
- Prepare Cost Estimate at Each Phase & Anticipated Construction Schedule
- Our team will provide complete construction support services to insure the project is built correctly and the Tribe is well represented
- Review Final Operations & Maintenance Data

Lump Sum Fee

Our Lump Sum Fee for Professional Design Services & Cost Estimating:

\$198,500

"Your staff has taken the time to meet regularly with our citizens design team . . . this citizens group is diverse in its representation, all with different backgrounds in building construction and educational program delivery. These meetings have allowed us to clarify the purposes of the facility, designing efficient educational space, while understanding its uses and needs. Your firm has listened to the group's concerns as they arise and then incorporated answers into the design. I am impressed."

Tim Deboodt, Staff Chair
OSU Crook County Extension

Steele & Associates

WHPacific
 6501 Americas Parkway NE
 Suite 400
 Albuquerque, NM 87110

Design Fee Proposal
 For
 Tribal Wellness Center
 Karuk Indian Tribe

1/22/2013

Complete A/E Services		
The following is WHPacific Design Team's Fee proposal for Architectural and Engineering services for the design of the New Tribal Wellness Center.		
A/E Design Fee Proposal		
Civil Engineering		\$15,300
Structural Engineering		\$18,500
Architectural Design & Project Management		\$77,265
Mechanical Engineering		\$21,420
Electrical Engineering		\$19,890
Landscape Architecture		\$6,325
Food Services		\$4,500
Soils Investigation		\$3,500
Subtotal		\$166,700
Fee by Phase		
Planning & Programming / Schematic Design		\$41,675
Design Development		\$16,670
Construction Documents		\$108,355
Design Phase		\$166,700
Bidding & Negotiation		\$10,002
Construction Administration		\$40,008
Post Occupancy		\$3,334
Construction Phase		\$53,344
Other Direct Cost (ODC)		
Reproduction		\$2,217
A&E (Design Phase Travel)		\$13,155
A&E (Construction Phase Travel)		\$22,980
Subtotal		\$38,352
SUB-TOTAL FEE		\$205,052
TERO	0%	
TOTAL PROJECT FEE		\$205,052
Additional Site Visits (per visit) if requested.		\$1,240

Notero

Not included in this fee proposal are the following items: 1. LEED Certification / Commissioning, 2. Site Survey 3. Renderings 4. Models (Additional If Requested). 5. Material Testing



 Ronald A. Clarke, AIA, DBIA

21-Jan-13

WHPacific

Architectural and Engineering Services to Construct a Wellness Center
 in the Karuk Tribe Housing Authority's Yreka Community

FEE PROPOSAL AND SCHEDULE

FEE PROPOSAL

1. SCHEMATIC DESIGN	\$108,773
2. DESIGN DEVELOPMENT	\$42,393
3. CONSTRUCTION DOCUMENTS	\$40,074
4. CONSTRUCTION ADMINISTRATION	\$94,979
TOTAL	\$286,219

HOURLY RATE SCHEDULE

BLOSSOM DESIGN GROUP	PRINCIPAL - ROBERT L. MENDEZ	\$100
DAHLIN GROUP	PRINCIPAL - LAURI MOFFET-FEHLBERG	\$190
	SENIOR ARCHITECT - RITCH VOSS	\$160

Blossom Design

Summary

Indian Community Development Block Grant (ICDBG)

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577-0191
(exp. 2/29/2012)

See Instructions and Public Reporting Statement on back.

1. Name of Applicant (as shown in Item 5, Standard Form 424) Karuk Tribe		2. Application/Grant Number (to be assigned by HUD upon submission) B-12-SR-06-1785	
3. <input type="checkbox"/> Original (check here if this is the first submission to HUD)		<input checked="" type="checkbox"/> Revision (check here if submitted with implementation schedule as part of pre-award requirements)	
<input type="checkbox"/> Amendment (check here if submitted after HUD approval of grant)		Date (mm/dd/yyyy)	
4. Project Name & Project Category (see instructions on back) a	ICDBG Amount Requested for each activity b	Program Funds (in thousands of \$)	
		Other Source Amount for each activity c	Other Source of Other Funds for each activity d
Community Facilities:	\$	\$	
Yreka Wellness Center:			
Environmental Assessment	15,000.00		
Design and Planning	150,000.00		
Site Improvements	152,300.00		
Facility Construction	287,700.00	2,001,601.32	Karuk Tribe Housing Authority-IHBG-
		7,085.00	and KTHA Discretionary (non-IHBG)
5. Administration			
a. General Management and Oversight			
b. Indirect Costs: Enter indirect costs to be charged to the program pursuant to a cost allocation plan.			
c. Audit: Enter estimated cost of Program share of A-133 audits.			
Administration Total *	0.00	0.00	
6. Planning The Project description must address the proposed use of these funds.			
7. Technical Assistance Enter total amount of ICDBG funds requested for technical assistance. **			
8. Sub Total Enter totals of columns b. and c.	\$ 605,000.00	\$ 2,008,686.32	
9. Grand Total Enter sum of column b. plus column c.			\$ 2,613,686.32

* The total of items 5 and 6 cannot exceed 20% of the total ICDBG funds requested.

** No more than 10% of ICDBG funds requested may be used for technical assistance. If funds are requested under this line item, a separate project description must accompany the application to describe the technical assistance the application intends to obtain. Only technical assistance costs associated with the development of a capacity to undertake a specific funded program activity are eligible (24 CFR 1003.206).

Search Results

Current Search Terms: "KAS & Associates Inc.*"

No records found for current search.

SAM | System for Award Management 1.0

IBM v1.610.20130129-1039

Note to all Users: This is a Federal Government computer system. Use of this system constitutes consent to monitoring at all times.



Karuk Community Health Clinic

64236 Second Avenue
Post Office Box 316
Happy Camp, CA 96039
Phone: (530) 493-5257
Fax: (530) 493-5270

Karuk Tribe



Administrative Office

Phone: (530) 493-1600 • Fax: (530) 493-5322
64236 Second Avenue • Post Office Box 1016 • Happy Camp, CA 96039

Karuk Dental Clinic

64236 Second Avenue
Post Office Box 1016
Happy Camp, CA 96039
Phone: (530) 493-2201
Fax: (530) 493-5364

AGREEMENT FOR INDEPENDENT CONTRACTOR SERVICES

Contract Number: 13-C-_____

This Agreement, dated as of February 14, 2013, is between the Karuk Tribe (hereinafter “the TRIBE”) and KAS & Associates, Inc. (hereinafter “INDEPENDENT CONTRACTOR”), who agree as follows:

1. **Description of Services:** The Tribe hereby retains Independent Contractor to provide the services described in the attached *Description of Independent Contractor Services and Activities*.
2. **Duration:** The term of this Agreement shall be from February 14, 2013 through May 31, 2014.
3. **Compensation:** Independent Contractor will be compensated as provided in the attached *Description of Independent Contractor Services and Activities*, not to exceed One Hundred Forty Five Thousand, Eight Hundred, Sixty dollars and zero cents (\$145,860.00). All invoices must be submitted no later than thirty (30) days past the end date of this Agreement as stated in Clause 2 above. The Executive Director of the Karuk Tribe Housing Authority and/or Authorized Designee shall be responsible for overseeing this Agreement and approving invoices for payment.
4. **Claims for Compensation:** Independent Contractor agrees that he/she shall not be entitled to and shall not claim compensation for services performed under this Agreement from another federally funded source of compensation for the same work performed, same working hour(s) or same working day(s). It is further agreed by the Independent Contractor that any claim for compensation submitted in violation of this clause shall, if paid, be recoverable by the Tribe.
5. **Warranty, Indemnity and Hold Harmless:** Independent Contractor warrants and represents that it has every legal right to enter into the Agreement and to perform in accordance with its terms and that it is not and will not become a party to any Agreement with anyone else which would be in violation of the rights granted to the Tribe hereunder. Independent Contractor will indemnify and hold the Tribe harmless from and against any losses, damages and liabilities, including reasonable attorney’s fees for Independent Contractor’s negligent performance or unexcused failure to perform services under this agreement. The Tribe makes no warranty, indemnity or hold harmless agreement.
6. **Independent Contractor Status:** It is understood and agreed between the parties that the Tribe shall not be obligated to withhold any federal, state or local taxes from fees paid to the Independent Contractor, nor shall the Tribe have any liability for such withholding. Further, any required public liability, public damage and/or Worker’s Compensation Insurances shall be the sole responsibility of the Independent Contractor.

7. **Confidential Information:** Independent Contractor will not disclose directly or indirectly to or use for the benefit of any third party any secret or confidential information, knowledge or data acquired by virtue of its relationship with the Tribe without the prior written approval of the Tribe. It is understood and agreed by the parties that the obligations of this paragraph shall survive the expiration or termination of the Agreement.
8. **Non-Assignability:** This Agreement may not be assigned or transferred by either party without the prior written approval of the other party.
9. **Authority:** Independent Contractor's authority to act under this Agreement can be suspended upon written or verbal notice by the Tribal Chairman of the Tribe or his/her designee. If verbal notice is given, it shall be confirmed in writing within five (5) working days.
10. **Termination:** This Agreement may be terminated at any time, with or without cause, by either party, upon notice in writing. Any such termination shall be effective immediately. Independent Contractor shall invoice the Tribe within thirty (30) days of agreement termination for satisfactory work performed up to termination date.
11. **Complete Agreement:** This Agreement constitutes the entire agreement between the parties, and no amendment or modification hereof shall be effective unless reduced to writing and signed by both parties.
12. **Severability:** Should any provision of this Agreement be held invalid or unenforceable, such a holding shall not affect the validity or enforceability of any other provision thereof.
13. **Copyrights:** All original materials, written, photographed, recorded or otherwise collected or produced by the Independent Contractor pursuant to this Agreement are instruments of Professional Services, and shall be the sole property of Tribe.
14. **Expertise Certification:** The Independent Contractor assures the Tribe that they and all their approved sub-contractors possess the expertise, and resources necessary for satisfactory completion of the activities described in the *Description of Independent Contractor Services and Activities*.
15. **Certification Regarding Debarment, Suspension and Related Matters:** The Independent Contractor hereby certifies to the best of their knowledge that it or any of its officers or contractors or sub-contractors:
 1. Are not presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from covered transaction by any Federal department or agency;
 2. Have not within a three (3) year period preceding this Agreement been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain or performing a public (Federal, State or local) transaction or agreement under a public transaction; violation of federal or state

antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements or receiving stolen property;

3. Are not presently indicted for or otherwise criminally or civilly charged by a government entity (Federal, State or local) with commission of any of the offenses enumerated in Paragraph 2 of this certification; and
4. Have not within a three (3) year period preceding this Agreement had one or more public (Federal, State or local) transactions terminated for cause or default.
16. **Applicable Law:** This Agreement shall be governed by the laws of the United States of America and by Karuk Tribal law. In the absence of Federal or Tribal law, relevant laws of the State of California shall be applicable. Independent Contractor is required to comply with Office of Management and Budget Circular A-102 and is responsible for understanding and compliance with applicable grant administration requirements as set forth in the Federal agency codifications of the grants management common rule. This provision is not intended to waive the Tribe's sovereign immunity status or submit the Tribe to any jurisdiction inconsistent with such status.
17. **Indian Preference:** This Contract shall be executed in accordance with the Indian Preference Act of 1934 (Title 25, USC, Section 47) and/or the Tribal Employment Rights Ordinance (TERO), based on funding source requirements.
18. **Tribal Employment Rights Ordinance (TERO):** Independent Contractor acknowledges that a two percent (2%) TERO fee will be imposed on the gross value of any contract initiated within the interior/exterior boundaries of the Karuk Ancestral Territory, provided that the total contract or annual gross revenues meet or exceed \$2,500.00.
19. **Sovereign Immunity:** Nothing in this Agreement shall be construed or interpreted to relinquish the sovereign immunity of the Tribe.

In consideration of the mutual promises of the parties this Agreement is executed on the date first above written, in duplicate, intending each duplicate to be an original.

INDEPENDENT CONTRACTOR

KAS & Associates, Inc.
304 S. Holly Street
Medford, OR 97501
TIN:

KARUK TRIBE

Russell Attebery, Chairman
64236 Second Avenue
Happy Camp, CA 96039
(530) 493-1600

Signature and Date

Signature and Date

Description of Independent Contractor Services and Activities (Scope of Work)

SCOPE OF WORK

The Karuk Tribe wishes to retain KAS & Associates, Inc. for the lump sum price of One Hundred Forty Five Thousand, Eight Hundred, Sixty Dollars and zero cents (\$145,860.00) to provide Architectural Design and Structural Engineering Services for the construction of the Yreka Wellness Center as outlined in the attached Scope of Work labeled pages 3 through 9.



ARCHITECTURAL

Scope of Work

The design of this modern public Wellness Center in the Karuk Tribe Housing Authority's Yreka Community will incorporate the following intended uses:

- o Gymnasium large enough for High School regulation basketball games and other sports such as Volleyball, tennis, and dodge ball
- o Men's and Women's Locker Rooms
- o Spectator Men's and Women's Toilet Rooms
- o Exercise Room with cardio machines and weights
- o Commercial Kitchen area to accommodate serving 100 to 150 people
- o Two (2) offices for program staff to provide preventative health, education and wellness offerings, culturally appropriate crime prevention and intervention activities, job training, skills and local employment opportunities
- o Reception Area and Incidental Support Spaces

The building will be designed to promote sustainability through cost effective, energy efficient, environmentally friendly, and universally ADA accessible design. The Architectural Services shall be provided in the phases as outlined below:

Phase I Information Gathering/Space Planning/ Schematic Design

- o Two (2) meetings with Key participants with the Karuk Tribe to confirm and solidify the building program requirements
- o Investigation/research of existing site conditions and infrastructure affecting the project
- o Prepare Schematic Design Drawings/Documents to address client needs and space planning requirements
- o Coordinate Exploration of Mechanical and Electrical Systems options
- o Coordinate Topographical Surveying and Geotechnical Exploration of the site

Phase II Design Development

- o Review and refine planning concepts-fine tune building floor plans
- o Review and refine building massing/elevations-finalize aesthetics/concepts
- o Review and refine site planning issues
- o Investigate building system types
- o Design Development cost estimates for project
- o Prepare a Design Development financing package to be used for funding agencies, appraisals, and Preliminary Review application/processes



Phase III Construction Documents

- o Coordinate Refinement of Mechanical and Electrical Systems and associated costs
- o Prepare Architectural Construction Drawings, Details and Specifications
- o Coordinate Structural Engineering Construction Document preparation
- o Coordinate Civil Engineering Construction Document preparation
- o Coordinate Plumbing, Mechanical and Electrical Construction Document preparation
- o Prepare and Submit Complete Construction Document Package for Review
- o Revise Construction Document Package as required and Submit Final Construction Document Package for Bidding Purposes

Phase IV Bidding/Negotiation (As requested or directed by Owner)

- o Assist Owner in set-up and conducting the pre-bid conference (site visit)
- o Respond to RFI's (Request For Information) during bidding
- o Assist Owner in reviewing Bids

Phase V Construction Administration Services (As requested or directed by Owner)

- o Set-up and Conduct Pre-Construction Conference (site visit)
- o Shop Drawing, submittals and product data review and administration
- o Architectural and Engineering review of work in progress (Two site visits)
- o Review and Processing of applications for payments
- o Contract Change Order preparation
- o Final Observation and review for processing certificate of substantial completion (site visit)
- o As-built drawings and reproducible record copies

Structural

The decision to use a Pre-Engineered Metal Building System for the primary structure greatly reduces the scope and cost of the structural engineering for this project. This prudent decision will also result in construction cost savings and shorten the construction schedule.

Phase I Information Gathering/Space Planning/ Schematic Design

- o Coordinate with Architect on Schematic Design

Phase II Design Development

- o Coordinate with Architect on Final Design



Phase III
Construction Documents

- o Coordination with a reputable Metal Building Company to obtain preliminary building reactions to use for the design of the foundation (Metal Building Manufacturer's do NOT provide foundation design for their buildings)
- o Vertical and Lateral structural calculations for interior and exterior building elements that are NOT part of the Metal Building package.
- o Prepare Preliminary Foundation Plan
- o Prepare Structural Drawings and Details for Non Metal Building systems, as required.
- o Prepare Performance Based Metal Building Specifications (Important for setting the standards the Metal Building Suppliers must meet or exceed). This also allows many Metal Building Companies to Bid on the project.
- o Prepare Structural specifications for Non Metal Building systems

Phase IV
Bidding/Negotiation
(As requested or directed by Owner)

- o Respond to RFI's (Request For Information) both verbally or in writing

Phase V
Construction Administration Services
(As requested or directed by Owner)

- o Respond to RFI's (Request For Information) both verbally or in writing
- o Review Metal Building submittals and compare ACTUAL building reactions to the PRELIMINARY building reactions used in preparation of the foundation plan
- o Modify Foundation Plan and Structural Calculations as required
- o Provide two (2) on-site observations of the structural systems during construction (most likely to observe the foundation formwork and reinforcing steel prior to placing concrete and to verify other structural framing systems prior to covering)

Civil

Civil engineering activities include developing all on-site and off-site utilities, parking and surrounding areas to provide inviting, aesthetically pleasing, safe and accessible access by pedestrians and vehicles to this multi-use facility.

Phase I
**Information Gathering/Space Planning/
Schematic Design**

- o Coordinate surveying and geotechnical activities and prepare base mapping for the Architect
- o Coordinate with utility purveyors as to the availability and requirements for connection to this project

Phase II
Design Development

- o Coordinate with Architect in refining site planning issues
- o Provide preliminary site improvements including parking layout, circulation, driveways and pedestrian facilities and coordinating dry utilities.



Phase III
Construction Documents

- Prepare Horizontal Control Site Plan
- Prepare Off-Site Utility Plan and Profile drawings, as required to extend utilities to the site and submit to reviewing Agencies
- Prepare Utility Plan showing all wet and dry utility connection and services, including a probable fire line and fire hydrants and fire sprinkler vault and fire department connection and propane tank locations
- Prepare comprehensive grading and drainage plan with erosion control details and notes
- Prepare Final Civil Engineering Drawings and Specifications for the Bid package

Phase IV
Bidding/Negotiation
(As requested or directed by Owner)

- Respond to RFI's (Request For Information) both verbally or in writing (2 Hour Allowance)

Phase V
Construction Administration Services
(As requested or directed by Owner)

- Respond to RFI's (Request For Information) both verbally or in writing (8 Hour Allowance)
- Provide two (2) full day trips to the site to meet with client and contractors and/or local utility representatives for coordination and presentations.

Geotechnical

The geotechnical/soils investigation and report shall address potential impacts to structures from construction on the site soils and will provide appropriate foundation and utility trench construction recommendations for construction.

Phase I
**Information Gathering/Space Planning/
Schematic Design**

- Ground-level reconnaissance by a licensed geotechnical engineer/geologist
- Review of geotechnical and geologic information for the site and vicinity
- Utility locates using one-call (private utilities on site will be the responsibility of the owner)
- Test pit explorations, laboratory testing, engineering studies
- Recommendations for foundations, cuts/fills, grading, retaining walls and asphaltic pavements

Phase V
Construction Administration Services
(As requested or directed by Owner)

- Geotechnical services allow two (2) site visits to address situations that may arise during construction.



SURVEYING

All surveying services will be closely coordinated with the Architect, Engineer, Owner and Contractor, as appropriate and will be performed in the Phases noted below.

Phase I Information Gathering/Space Planning/ Schematic Design

- o Engage a title company to perform research regarding easements or other encumbrances for the project area.
- o Recover and/or set permanent project control
- o Obtain topographic data for approximately four acres to include adjacent streets and any utilities that are evident and from utility locates
- o Prepare topographic mapping of project area. Mapping shall include; 1 foot contours with spot elevations, existing utilities that are evident, all prominent ground features, and property lines near or adjacent to the project area

Phase V Construction Administration Services (As requested or directed by Owner)

- o Set permanent horizontal and vertical project control to facilitate complete construction staking by the building contractor.

Electrical, Mechanical & Plumbing

Electrical construction documents and specifications will be created for the power, lighting, fire alarm and telephone/data systems. Mechanical construction documents and specifications will be created for the HVAC, plumbing and fire sprinkler systems. Specifications will be provided in 8 1/2"x11" book form along with Title 24 Energy Reports.

Phase I Information Gathering/Space Planning/ Schematic Design

- o Visit site to determine the existing conditions
- o Calculate loads, identify major equipment and components, develop single-line main electrical distribution diagram, prepare outline specifications
- o Preliminary coordination with utility companies

Phase II Design Development

- o Prepare recommended convenience receptacle, telephone/data outlet, cable, public address, and fire alarm device layouts
- o Prepare recommended HVAC unit and water heater locations, and air duct and plumbing layouts
- o Recommend lighting control-operating schemes
- o Recommend a light fixture schedule describing selected fixture and lamp types, physical configurations, and photometric performance
- o Recommend equipment and fixture schedules describing selected types and physical configurations for mechanical, plumbing and fire sprinkler systems.
- o Provide a brochure of selected fixtures



Phase III
Construction Documents

- Prepare construction documents to include power and signal systems, complete connections of all lighting systems and fire/intrusion alarm, HVAC, ventilation, plumbing, and fire sprinkler systems, including drawings and specifications, coordinated with architectural, structural and civil
- Provide lighting fixture layouts indicating luminaire placement by type and mounting conditions for interior and exterior locations
- Prepare lighting calculations to ensure compliance with design criteria, lighting levels, and energy consumption
- Prepare Title 24 calculations and conformance documents
- Prepare electrical, mechanical and plumbing specifications

Phase IV
Bidding/Negotiation
(As requested or directed by Owner)

- Prepare addenda, if required
- Respond to Contractor questions regarding the bid, by phone

Phase V
Construction Administration Services
(As requested or directed by Owner)

Services During Construction will be performed as directed by the Architect. Below is a list of possible services:

- Assist Architect in generation of clarifications and change orders
- Respond to field questions from Contractor and inspecting authorities
- Perform job site visits, as requested
- Generate punch list at the close out job site inspection



INDIAN PREFERENCE:

Neither KAS & Associates, Inc. nor any of the other Team Member can provide any evidence that their business is at least 51% Indian owned and controlled

This Design Team is committed to providing Indian preference, to the extent feasible, in:

- o Award of contracts and sub-contracts to Indian Organizations and Indian Owned economic enterprises
- o Job training opportunities
- o Employment opportunities

Within 10 days of execution of this Contract, KAS & Associates, Inc. will contact Dion Wood, TERO Director with the Karuk Tribe's Tribal Employment Rights Office (TERO) for a TERO packet and instructions.

We are eager to discuss possible opportunities for Job Shadowing and participation in a Career Day or other educational/informational opportunities.

REQUEST FOR TRIBAL COUNCIL AUTHORIZATION TO SUBMIT PROPOSAL TO FUNDING SOURCE

REQUESTOR: Patty Brown

DATE: 2/8/2013

DEPARTMENT: Karuk Head Start

DEADLINE: 2/14/13 **DATES:** 1/1/2013 **TO:** 12/31/2013
E: **AMOUNT:** \$ 1,819.00

BRIEFLY DESCRIBE PURPOSE OF PROPOSAL:

To submit for Supplemental funding to attend the AIAN Head Start Collaboration Advisory Meeting in washington, DC. In the amount of \$1,516.00 with applicant share totaling \$1,819.00

REVIEW:	COMPLIANCE	CFO	OTHER:
NARRATIVE:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BUDGET:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INDIRECT COST:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MATCH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DOCUMENTATION:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TRIBAL RESOLUTION:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS:

COMPLIANCE:

CFO:

OTHER:

REQUIRED SIGNATURES*

REQUESTOR*		DATE	
CFO*		DATE	
COMPLIANCE*		DATE	
CHAIRMAN		DATE	
OTHER		DATE	

Karuk Community Health Clinic

64236 Second Avenue
Post Office Box 316
Happy Camp, CA 96039
Phone: (530) 493-5257
Fax: (530) 493-5270

Karuk Tribe

**Administrative Office**

Phone: (530) 493-1600 • Fax: (530) 493-5322
64236 Second Avenue • Post Office Box 1016 • Happy Camp, CA 96039

Karuk Dental Clinic

64236 Second Avenue
Post Office Box 1016
Happy Camp, CA 96039
Phone: (530) 493-2201
Fax: (530) 493-5364

RESOLUTION OF THE KARUK TRIBE

Resolution No: 13-R-007
Date Approved: February 14, 2013

RESOLUTION AUTHORIZING THE SUBMISSION OF THE SUPPLEMENTAL FUNDING APPLICATION FOR TRAVEL TO ATTEND THE HEAD START AIAN COLLABORATION ADVISORY MEETING IN WASHINGTON D.C. TO THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES AND ADMINISTRATION FOR CHILDREN AND FAMILIES IN THE AMOUNT OF \$1,819.00.

WHEREAS; the Karuk Tribe is a Sovereign Aboriginal People, that have lived on their own land since long before the European influx of white men came to this continent; and

WHEREAS; the members of the Karuk Tribe have approved Article VI of the Constitution delegating to the Tribal Council the authority and responsibility to exercise by resolution or enactment of Tribal laws all the inherent sovereign powers vested in the Tribe as a Sovereign Aboriginal People, including negotiating and contracting with federal, state, Tribal and local governments, private agencies and consultants; and

WHEREAS; the members of the Karuk Tribe have approved Article VIII of the Constitution assigning duties to the Chair, Vice Chair, and Secretary/Treasurer including signing and executing all contracts and official documents pertaining to the Karuk Tribe; and

WHEREAS; the Karuk Tribe is a federally recognized Tribe and its Tribal Council is eligible to and is designated as an organization authorized to Contract pursuant to P.L. 93-638 on behalf of the Karuk Tribe; and

WHEREAS; the Karuk Tribe identified the need to administer the Head Start program in 1994; hereby, known as the Karuk Tribal Head Start program; and

WHEREAS; the Karuk Tribe has provided two Head Start center locations within each Tribal Housing Development in Happy Camp and Yreka, California; and

WHEREAS; the Karuk Tribe continues to provide Head Start services to community children with a priority on the development and nurturing of its Native American children, children who are in foster care, kinship, and children with disabilities; and

WHEREAS; the Karuk Tribal Council supports activities to enhance early learning experiences, school readiness, and comprehensive services for children and families; and

WHEREAS; THE Office of Head Start has requested proposals from Region XI American Indian/Alaskan Native Head Start Programs; now

THEREFORE BE IT RESOLVED; that the Karuk Tribe authorizes the Karuk Tribal Head Start to submit a Supplemental Funding application to ensure continued collaboration to support American Indian and Alaskan Native children and families; now`

THEREFORE BE IT FINALLY RESOLVED; that the Karuk Tribal Council authorizes the submission of the Supplemental Funding Application for travel reimbursement to the AIAN Collaboration Advisory Meeting in Washington DC to the U.S. Department of Health and Human Services and Administration for Children and Families in the amount of \$1,819.00.

CERTIFICATION

I, the Chairman, hereby certify the foregoing resolution [Resolution Number] which was approved at a Health Board Meeting on February14, 2013 was duly adopted by a vote of _____ AYES, _____ NOES, _____ ABSTAIN, and said resolution has not been rescinded or amended in any way. The Tribal Council is comprised of 9 members of which _____ voted.

Russell Attebery, Chairman

Date

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED 2/14/2013	Applicant Identifier 90CI0179
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 90CI0179-000

5. APPLICANT INFORMATION

Legal Name: Karuk Tribe	Organizational Unit: Department: HHS: Office of Head Start
Organizational DUNS: 145307930	Division: HHS: Office of Head Start
Address: Street: 632 Jacobs Way PO Box 1148 City: Happy Camp County: Siskiyou State: California Zip Code: 96039	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Middle Name: First Name: Patricia Last Name: Brown Suffix:
Country: USA	Email: pbrown@karuk.us

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 93-2576572	Phone Number (give area code) 530-493-1490	Fax Number (give area code) 530-493-1491
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8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)	7. TYPE OF APPLICANT: (See back of form for Application Types) Other (specify) K
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10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Head Start/Early Head Start	93-6000	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Application for Supplemental Funding for travel to attend the AIAN Head Start Collaboration Advisory Meeting in Washington, DC February 19-22, 2013.
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12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Happy Camp, Yreka, Siskiyou County, California
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13. PROPOSED PROJECT Start Date: 1/01/2013 Ending Date: 12/31/2013	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 1 and 2 b. Project 2
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15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 1,516. ⁰⁰ b. Applicant \$ 303. ⁰⁰ c. State \$. ⁰⁰ d. Local \$. ⁰⁰ e. Other \$. ⁰⁰ f. Program Income \$. ⁰⁰ g. TOTAL \$. ⁰⁰	a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input checked="" type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative		
Prefix	First Name Russell	Middle Name
Last Name Attebery	Suffix	
b. Title Chairman	c. Telephone Number (give area code)	
d. Signature of Authorized Representative	e. Date Signed	

BUDGET INFORMATION - Non-Construction Programs

OMB Approval No. 0348-0044

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		Total (g)
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	
1. Supplemental Funding	93.600	\$ 0.00	\$ 0.00	\$ 1,519.00	\$ 303.00	\$ 1,819.00
2.		0.00	0.00	0.00	0.00	0.00
3.		0.00	0.00	0.00	0.00	0.00
4.		0.00	0.00	0.00	0.00	0.00
5. Totals		\$ 0.00	\$ 0.00	\$ 1,519.00	\$ 303.00	\$ 0.00

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY					Total (5)
	(1)	(2)	(3)	(4)	(5)	
a. Personnel	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
b. Fringe Benefits	0.00	0.00	0.00	0.00	0.00	0.00
c. Travel	1,519.00	303.00	0.00	0.00	0.00	1,819.00
d. Equipment	0.00	0.00	0.00	0.00	0.00	0.00
e. Supplies	0.00	0.00	0.00	0.00	0.00	0.00
f. Contractual	0.00	0.00	0.00	0.00	0.00	0.00
g. Construction	0.00	0.00	0.00	0.00	0.00	0.00
h. Other	0.00	0.00	0.00	0.00	0.00	0.00
i. Total Direct Charges (sum of 6a-6h)	1,519.00	303.00	0.00	0.00	0.00	1,819.00
j. Indirect Charges	0.00	0.00	0.00	0.00	0.00	0.00
k. TOTALS (sum of 6i and 6j)	\$ 1,519.00	\$ 303.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 1,819.00
7. Program Income	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

Authorized for Local Reproduction

SECTION C - NON-FEDERAL RESOURCES

(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS
8. NFS	\$ 303.00	\$ 0.00	\$ 0.00	\$ 303.00
9.	0.00	0.00	0.00	0.00
10.	0.00	0.00	0.00	0.00
11.	0.00	0.00	0.00	0.00
12. TOTAL (sum of lines 8-11)	\$ 303.00	\$ 0.00	\$ 0.00	\$ 303.00

SECTION D - FORECASTED CASH NEEDS

	SECTION D - FORECASTED CASH NEEDS				
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$ 0.00	\$ 1,519.00	\$ 0.00	\$ 0.00	\$ 0.00
14. Non-Federal	0.00	303.00	0.00	0.00	0.00
15. TOTAL (sum of lines 13 and 14)	\$ 0.00	\$ 1,819.00	\$ 0.00	\$ 0.00	\$ 1,819.00

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT

(a) Grant Program	FUTURE FUNDING PERIODS (Years)				
	(b) First	(c) Second	(d) Third	(e) Fourth	
16.	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	0.00
17.	0.00	0.00	0.00	0.00	0.00
18.	0.00	0.00	0.00	0.00	0.00
19.	0.00	0.00	0.00	0.00	0.00
20. TOTAL (sum of lines 16-19)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	0.00

SECTION F - OTHER BUDGET INFORMATION

21. Direct Charges: Travel costs to attend ALAN Collaboration Advisory Meeting	22. Indirect Charges:
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23. Remarks:

Karuk Tribal Head Start Program

Grant #90C10179

Funding Period: 01/01/2013-12/31/2013

Supplemental Funding
Budget Justification

Federal

Non-Federal

Travel Expenses for ALAN Collaboration Advisory Committee Meeting in Washington DC February 19-22, 2013

Airfare	\$563.72		
Baggage Fees	\$50.00		2 @ \$25.00 (roundtrip)
Hotel Fee	\$628.62		3 nights @ \$183.00 (GSA)
Shuttle	\$26.00		Round trip (13.00 each way)
Per Diem MIE	\$248.00		GSA Per Diem Rate for DC \$71.00 per Day
Total	\$1,516.34		
Total Non-Federal		\$303.00	Parent Volunteer
Total	\$1,819.34		