KARUK TRIBE
ANNUAL HEALTH BOARD MEETING AGENDA
Thursday, March 13, 2014 **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 *(February 13, 2014)*

F) GUESTS *(Ten Minutes Each)*

1.

H) OLD BUSINESS *(Five Minutes Each)*

1.

I) DIRECTOR REPORTS *(Ten Minutes Each)*

1. April Attebury, Children and Family Services
2. Dr. Vasquez, Medical Director
3. Suzanna Hardenburger, Business Office Manager (written report)
4. Annie Smith, Director of Community Services (written report)
5. Eric Cutright, IT Director (written report)
6. Lessie Aubrey, Executive Director of Health & Human Services (written report)
7. Patricia White, RPMS Site Manager (written report)
8. Rondi Johnson, Deputy Director (written report)
9. Flo Lopez, Safety Officer (written report)

II) REQUESTS *(Five Minutes Each)*

1.

K) INFORMATIONAL *(Five Minutes Each)*

1.

M) CLOSED SESSION *(Five Minutes Each)*

1. CHS (dinner break)
2. Barbara Snider

3. Tribal Council Members

N) SET DATE FOR NEXT MEETING ***(Thursday, April 10, 2014*** *at 3 PM in Happy Camp)*

OO) ADJOURN

Annual Health Board Report 2013

Business Office

Suzanna Hardenburger, CCS-P Manager

The year was very busy and at times bewildering. This set up the beginning of these next two years of payer transition; which hopefully will be easier then it appears. In the spring of 2013 Partnership Healthcare of California began having monthly meetings regarding the tranistion to Medi-cal managed care so as to make this move easier for all concerned. But the problem was soon realized when at each meeting, depending who was presenting the information, became more and more confusing as the information was in opposition to what had been presented at an earlier session. And there are still some factors we are attempting to work out to be able to receive full payment. But it is working out slowly and I look forward to 2014 becoming easier, but not so far.

We had restructured some of the department duties to obtain a more cohesive paperwork flow. And there has been more communication between the different departments and the business office. Sheila Super (Yreka data analyst) is coming along well in her position. As with the other two data analysts she is energetic and interested in learning and seems to enjoy and takes pride in keeping her data entry up to date. Billers seem to be struggling to keep up to speed with the transitions and are confused at times. On a whole the entire department personnel are extremely busy. Eileen Tiraterra is my backup and is very supportive in her position.

Items Accomplished: 2013

- Sliding fee income table was updated
- **Claim denials were kept more under control lending itself to more income**
- **Yreka data entry was kept up to date**
- **Began the billing process for the new medi-cal managed care**
- **Receptionists seem to be collecting better patient registration data**
- **Fee schedule was updated (helps to bring in more income)**
- **Eileen Tiraterra became department deputy in my absence**

Departmental Goals: 2014

- **Annual departmental income to reach $2,000,000.00**
- **Write a couple of needed billing/ accounts receivable policies**
- **All three clinics data entry up to date along with billed in a timely manner**

Departmental Goals: 2014 (continued)

- **Assist everyone to become more adept at using ICD 10 codes**
- **Encourage receptionists to collect more patient payments at time of visit**
- **Need to get our aged reports more under control, doubtful due to lack of patient payments at time of visit**
- **One more round of ICD 10 training if time and money allows**
- **Need to get up to speed on Medicare PQRS reporting**
- **Work more closely with KTHHSP Executive and Deputy Director as time permits**
- **Learn to do cost report, state reconciliations financial analysis**
- **Look into the benefits of becoming a Medicare Federally Qualified**

Respectfully submitted,

Suzanna Hardenburger, CCS-P

FY 2013 ANNUAL REVENUE REPORT **BUSINESS OFFICE**

	HAPPY CAMP	YREKA	ORLEANS	KTHP
Revenue Medical	$ 520,583.67	$ 825,506.73	$ 140,982.88	$ 1,487,073.28
Revenue Dental	$ 250,455.36	$ 497,460.12	$ -	$ 747,915.48
Revenue Mental Health	$ 35,334.12	$ 33,960.66	$ 7,349.08	$ 76,643.86
Telemed	$ 16.46		$ 33.60	$ 50.06
Revenue Grand Total	**$ 806,389.61**	**$ 1,356,927.51**	**$ 148,365.56**	**$ 2,311,682.68**

	HAPPY CAMP	YREKA	ORLEANS	KTHP
Billing Medical	$ 765,045.07	$ 1,124,191.98	$ 215,022.62	$ 2,104,259.67
Billing Dental	$ 638,212.60	$ 1,228,318.60	$ -	$ 1,866,531.20
Billing Mental Health	$ 73,230.35	$ 108,792.25	$ 21,865.66	$ 203,888.26
Billed Grand Total	**$ 1,476,488.02**	**$ 2,461,302.83**	**$ 236,888.28**	**$ 4,174,679.13**

BUSINESS OFFICE ANNUAL FY 2013 BUDGET

					AVAILABLE %	
PROGRAM	YEAR END ANNUAL	EXPENSES TO			Could be spent	
YEAR	BUDGET	DATE	BALANCE	% USED	at this date	
FY2013	$460,955.78	$449,063.65	$11,892.13	97.42%	100.00%	

KARUK TRIBAL HEATLH PROGRAM

BUSINESS OFFICE HEALTH BOARD REPORT

MEETING DATE MARCH 13, 2014

As we learn more and more about all the insurance changes that will be starting this year, it can be a little overwhelmingly confusing. There will definitely be a learning curve and we hope to make it as complete as possible. We are seeing more and more patients who have an HMO (Health Maintenance Organization) type of insurance. Since we are not a member of each of these individual plans we cannot bill them for our service. Also, there are more companies NOT allowing our out of network participation.

The workload in the department is greater due to the medi-cal managed care billing/payment that must be done now. Each medi-cal visit requires a minimum of TWO claims be created..one to Partnership HealthPlan of California (PHC) and one to medi-cal itself for our new decreased rate. If the medi-cal is secondary this means a third claim also. Then when David Arwood recieves the "explanation of benefits" for this billing to PHC processing is more complex and time consuming ie: we billed PHC for $25,646.00 and received $2,133.00 but this added up to 45 pages of adjudicted claims and took almost a week to be processed. PHC pays very little as most of the billing is just to prove what was done during the patient visit. Whereas this same amount of claims billed straight to medi-cal would take about 1 hour for David to process. This is why some of the tribes have hired a person or two to assist with all the increased workload within their billing departments.

Just as a reminder, the way managed medi-cal works is: PHC pays us a small monthly stipend (capitation) per patient just to have our patients enrolled through them..anywhere from $2.25-to $21.06 per month depending on age and gender. Then they adjudicated all our claims and pay a small amount of things that medi-cal does not normally cover to us. And then we bill DHCS for our decreased visit payment amount and at the end of the year we will complete a reconciliation report and the three forms of payment *should* add back up to our normal MOA rate. Time will tell.

Data entry is a little behind at the Karuk Community Health Clinic at this time. But the others are doing well. I have not yet had time to look at Dr Colas's documentation but I will do that in the near future.

Babbi seems to be doing a great job down at Orleans clinic so far. We are working with her to bring her up to speed on the front desk processes. This paper work flow is vitally important to the entire program.

We have not yet received our next payment for the CRIHB Care/Options Program. We just inquired with CRIHB and they said they are running about 4-5 months behind in payments.

Unfortunately Sheila Super and Eileen Tiraterra did not pass their AAPC certified coder exam. But they will have a second chance in the near future. It is very arduous to become a certified coder so we will be giving them extra study time probably 2-3 weeks before they go again to be tested.

I took my annual coder's certification exam and now all I need to do is turn in this years CEU credits and then I am a bonified Certified Coder again for another year. I personally will need to be totally recertified next year with AHIMA due to the national change to ICD 10. I do not look forward to that exam. It will be difficult as it is the hardest organization to be certified through for our jobs.

I want to take a few minutes to thank you for the privilege of having recenly taken an ICD 10 class sponsored by IHS in Sacramento taught by Merin McCabe. It was extremely important and timely. The entire process will be based, more than ever, on the Providers documentaion. So I will begin working with them a little next month. In preparation for ICD 10 IHS arranged a medical terminology and anatomy and physiology class on line that we are able to participate in for free and this will also

help me prepare for ICD 10. With this class that all the billers and coders have taken we will now be able to make more sense of this process and hopefully not find it as daunting as it seemed before. CRIHB should soon be having their annual coding/billing compliance training and I hope to be able to send majority of the department to that also.

Attached please find the departmental training reports, financial reports and Annual Reports.

Respectfully Submitted
Suzanna Hardenburger, CCS-P

	MONTHLY REVENUE REPORT			**BUSINESS OFFICE**		
	FEBUARY 2014	**Happy Camp**	**Yreka**	**Orleans**	**KTHP**	
	Revenue Medical	$65,927.72	$69,022.85	$912.71	$135,880.88	
	PHC Capitation	$5,089.13	$8,477.65	$1,506.70	$15,073.48	
	HPSA Quarterly Incentive	$0.00	$0.00	$0.00	$0.00	
	Revenue Dental	$35,339.81	$67,558.94	0	$102,898.75	
	Revenue Mental Health	$1,710.00	$465.20	$0.00	$2,175.20	
	Revenue Total	**$108,066.66**	**$145,524.64**	**$2,419.41**	**$256,010.71**	
		Happy Camp	**Yreka**	**Orleans**	**KTHP**	
	Billing Feb Medical	$100,476.49	$ 140,110.91	$6,350.41	$246,937.81	
	Billing Feb Dental	$98,237.20	$ 108,033.00	$0.00	$206,270.20	
	Billing Feb Mental Health	$12,293.55	$ 3,184.85	$218.00	$15,696.40	
	Billed Grand Total	**$211,007.24**	**$ 251,328.76**	**$6,568.41**	**$468,904.41**	
	BILLING DEPARTMENT BUDGET 2014					
					AVAILABLE %	
PROGRAM	YEAR END ANNUAL	EXPENSES TO			Could be spent	
YEAR	BUDGET	DATE	BALANCE	% USED	at this date	
FY 2014	**$491,898.13**	**$172,778.30**	**$318,831.77**	**35.18%**	**41.70%**	

ICD-10 Training
Sacramento February 25-27, 2014
Travel Report by Eileen Tiraterra

This was the first training I had on the new ICD-10 codes which will come into effect October 1, 2014. Although I begun the class with a little trepidation I ended up enjoying it immensely. ICD-10 is going to be a big change to the way we code and will bring with it a whole new set of problems with regard to our billing and our denials but by the end of the training I felt confident that our department will be able to handle this change.

There will have to be much more training for all departments (and physicians) as the time for implementation approaches but if we continue to go to classes as well taught as this one we will be fine.

Thank you for allowing me to attend this training.

Sincerely,
Eileen Tiraterra
Account Receivable/Billing Department

To whom it may concern: September 23, 2013

I had the opportunity to travel to Sacramento for a three day training session on ICD-10. This is the new codes that all practices will be required to use beginning 10/01/14.

Before the training I thought I had a pretty good grasp on what the codes would look like. After the training, I must say I have learned much more.

There are currently around 17,000 codes in ICD-9. When we change to ICD-10 it will be more like 700,000 and be better in some ways and more difficult in others.

The good: ICD-10 can capture injuries and sicknesses with one single code where in ICD-9 we must use several codes to indicate a situation.

There is only one code for immunizations in ICD-10 where now there is one for each immunization. Diabetic codes are going to be easier also. Just pick the correct one.

The bad: It may be difficult to pick the correct code because at times providers aren't as intricate in their description of an injury as will be needed. For example, M23.200 is for derangement of meniscus due to old tear or injury of the right knee. If the provider does not mention the fact that this is an old injury the code may inadvertently become S83.200D or S83.200S indicating a torn meniscus on the right knee but is currently being treated or the latter means it is the result of an old injury. Clarity in the providers' notes will be very important.

The last thing that I'd like to mention is that I learned much better how to go about finding codes and many rules about the coding manuals. They are much easier to use now and I plan to practice periodically in order to keep in mind what I learned.

Thank you for the chance to attend this training.

Sincerely

Diana Poeschel-biller

ICD 10 TRAINING

I would like to pass along a huge "thank you" for the opportunity to attend the ICD-10-CM training in Sacramento the week of February 24, 2014. The days were full of great information from our instructor Merin McCabe,CPC as she helped us get into the new ICD-10 codes that take effect October 1, 2014. On our first day we were given the "ICD-10-CM General Code Set Manual" which actually was our workbook to use during the classes. I just couldn't believe how helpful the manual became as we followed along with Merin. This was especially so as we completed the short tests and coded the scenarios each day that were included in the manual. We were able to code the scenarios just as if the notes were written by our own providers; thus showing us what will be needed in our documentation. Since we were able to bring it back to our office, the workbook will be a great resource to use in the future. Each day was a day of learning and Merin made the thought of doing away with the "old codes" and beginning with the "new codes" not so scary – even made it exciting and more than possible. I know she made ME feel as if I WILL be able to do it!! Once again – many thanks to the Council and my Supervisor, Suzanna Hardenburger, for the privilege to attend this excellent training. It was SO worth it!

Sharon K. Meager
Data Analyst I

TRAINING REPORT

ICD 10 IMPLEMENTATION AND CODE SET TRAINING

FEB 25-27, 2014

Sheila Super
Data Analyst

This was by far one of the best trainings I had been on. Great presentation of how ICD 10 codes will need to be implemented. The change for ICD 9 to ICD 10 will need to be take place on Oct. 1, 2014. We were able to practice the many new changes by working them out of a work book that was provided to us by IHS, to better help prepare and teach us all the new changes, and how the new rules will be applied in our coding world, how this will affect the billing on down to how we will be reimbursed for services. It is imperative to have all our Medical staff on board to these changes, from our providers who will need to be more focused on the specificity of documentation, and learning ICD 10 coding. Our MA's will need to know the ICD 10 coding as well as the medical records clerk and so on….And for my part, making sure the correct codes are in to match to the documentation provided by the providers.

ICD 10 was very intimidating to me before this training, and after the training I am ready to move forward with the ICD 10. It will be very exciting as soon as Oct 1, arrives.

Yootva,

Sheila Super
Data Analyst

ICD-10-CM Training
IHS Training
September 17 – 19, 2013

As a medical billing clerk, I found the training for the upcoming mandatory implementation of the new International Classification of Diseases (ICD-10-CM) invaluable.

The class was held in Sacramento and was taught by a highly competent and personable trainer who encouraged class participation in the form of questions and personal stories of the students related to the field of medical coding.

IDC-9 has been in use since the 1970's and the new ICD-10 now includes 21 chapters and more than 70,000 codes compared to the 17 chapters and 10,000 codes in ICD-9; these all reflect the current medical knowledge related to new diseases as well as reclassification or reassignment of certain diseases. The U.S. remains the only industrialized nation that has not yet implemented ICD-10. The importance of ICD-10 for a biller is to check billing codes and how they are used in order to submit medical claims with correct information to insurers for reimbursement in a timely manner.

On the first day of class we covered ICD-10 codes for the first 7 chapters of the new codes that included infectious and parasitic diseases, neoplasms, diseases of blood and blood-forming organs, endocrine, nutritional and metabolic diseases, behavioral disorders, diseases of the nervous system, and of the eye.

On the second day of training I was introduced to the new ICD-10 codes for diseases of the ear, circulatory, respiratory, digestive, musculoskeletal and genitourinary systems as well as diseases of the skin.

On the third and last day the class covered codes for pregnancy and perinatal conditions, malformations and deformations, symptoms and clinical findings, injury, poisonings and external causes and factors influencing health status.

Most importantly, I learned how to locate the codes, identify other codes to be added if needed, and when and how to use them properly so that I am able to bill the new ICD–10-CMS codes accurately.

As a member of the class I found that the many realistic scenarios that we worked through and discussed allowed me to grow my new coding skills as well as learn the idiosyncrasies of this new system that we will be using beginning October 1, 2014. Although I am relatively new to medical codes, I realize that learning in this field is truly an ongoing process and I am looking forward to more and better competancy on my part.

Thank you for your interest in my continuing education, which in turn, furthers the success of the Billing Department and the Karuk Tribe.

Michele Wrobleski

Karuk Tribe

Karuk Tribal Health and Human Services

Community Health Outreach

Annual Health Board Report for 2013

March 13, 2014

Annie Smith RN, BSN, PHN

This past year has been very busy for our team. We have been facing many staff changeovers in our Medical Staff and thereby trying to keep our patients focused on their health and seeing available providers in hopes of continued health screenings and visits. These changeovers are part of life and teaching our patient s to seek out health stability in spite of changeovers, is our goal.

Due to all the new healthcare implementation of the Affordable Care Act, many things have changed for our patients. I would like to put in a special thank you to those who have stepped forward to learn this very complicated system of healthcare for their time and effort in teaching this team and all the patients. This has been a very large project that is still in its infancy. The ultimate goal is to have our Tribal members have all the ease of access to the healthcare system without interruption.

I continue to be proud of the work this Team does daily and for the unique ways this Team responds to the needs of this Tribe.

We have been preparing for interviews to replace Michelle Cook CHR. She was a great asset to this Team and will be missed. I look forward to her personal growth in the Tribe and am sure she will carry her knowledge she learned through this Team to all those she encounters.

Continuing Programs Report:

Diabetes Program:

We recently ran our yearly audit and the numbers were declined for the first time in four years. I had a visit from the IHS California Diabetes Coordinator, Monica Giotta, and we attribute the decline to our Medical Staff turnover. We did not have an MD in Happy Camp, we had contract doctors in the interim and we had Fabian Alvarado leave in Orleans. When these staff overturns occur, it takes time to train new staff to administer the chronic care models that we have as standards for our patients.

In order to reestablish the screenings and care needed for our diabetes patients, I have developed an assigned program that we will be implementing this month through our CHR's. Each CHR will be assigned a number of diabetes patients and they will assist in the case management of each patient to insure they receive the needed control and screenings that are required to prevent the long term negative effects of diabetes. This program is intended to insure the needed care even if we have staff overturns. I believe that our patients received the care, but if not correctly entered into EHR, then the audits of the information do not reflect that care.

Our Monthly Diabetes Lunches continued through 2013, but I have been on travel for the past two months and have not had the lunches. I notified the patients that we will resume the lunches this month, March 2014. I look forward to these lunches as they are a great time for our patients to look to and rely on each other and discuss life issues surrounding dealing with diabetes everyday of their lives.

Community Health Representatives (CHR) Program:

Our CHR's have been working very hard to ensure all of our Elders and Tribal Members are cared for. We have made huge amounts of home visits, but recently we have been inundated with so many daily requests for transportation. Our patients have many referrals to other facilities for higher levels of care or treatment and with the economy in the declined condition and with the prospect of further decline in the future, we cannot keep up with the demand. I appreciate the Health Boards interest in this area and I am working with both Lessie and Rondi to present to you a request for transport positions. Our CHR's are well trained and they do take advantage of having the patients in their vehicle and pursue their medical, physical, and emotional needs during those transports. The quality care needed to really insure their medical needs are met cannot be done during transport.

This past year we sent one CHR to certified training and I am working on sending a second this year and hope to add at least one of the experienced CHR's for a refresher training. I

have those funds in my budget, it is just difficult to find nearby training and of course, to have the CHR be gone for the required weeks of training.

Immunizations:

I would like to take a moment to thank Chelsea Chambers PA for the persistent immunization coverage she has made for all of her patients. She continually has the highest rates of immunizations in the system. I know she is driven by the fact that diseases that are preventable through vaccines should not be a part of our patient's lives.

Our immunization rates have increased, especially our staff flu immunizations. I look forward to comparing those rates with sick days. I am happy to report employee immunization rates increased to 76.0% last year. The overall immunization rates remain acceptable but I continue to push increases. With our new Medical Director in full support of this program we can expect increased coverage. We all need to work toward improving the patient confidence in the quality of immunizations in this area.

Emergency and Disaster Preparation:

Flo and I attended the Department of Homeland Security (DHS) Domestic Preparedness classes for a full Nine days in Alabama. This was an excellent opportunity for us to interact and learn with many other members of Siskiyou County who we would work with in the event of any disaster. We received excellent training and I thank the DHS for allowing us this great opportunity

I continue on the KEEPR Team and attend meetings as my schedule allows. Tom's team is wonderful in their training available to our employees.

I am close to done with the Continuity of Operations (COOP) plans for each individual medical clinic. The plans are a direct reflection with interaction with Tom's Emergency Operations plan for the Tribe. Just a reminder that the COOP plans I am working on are to keep our clinics running under any emergency situation, from a large disaster to a broken water pipe. The object of the plan is to get back up and running as soon as possible.

Safety:

Safety and infection control committee has had all their required meetings. Some of the topics discussed include; •

- Review of Bio Hazard waste
- Immunization and flu shot push
- Wash Hands

- Who is Safety officer for the Administration? Discussion
- Current Emergency/fire drill report from Flo.

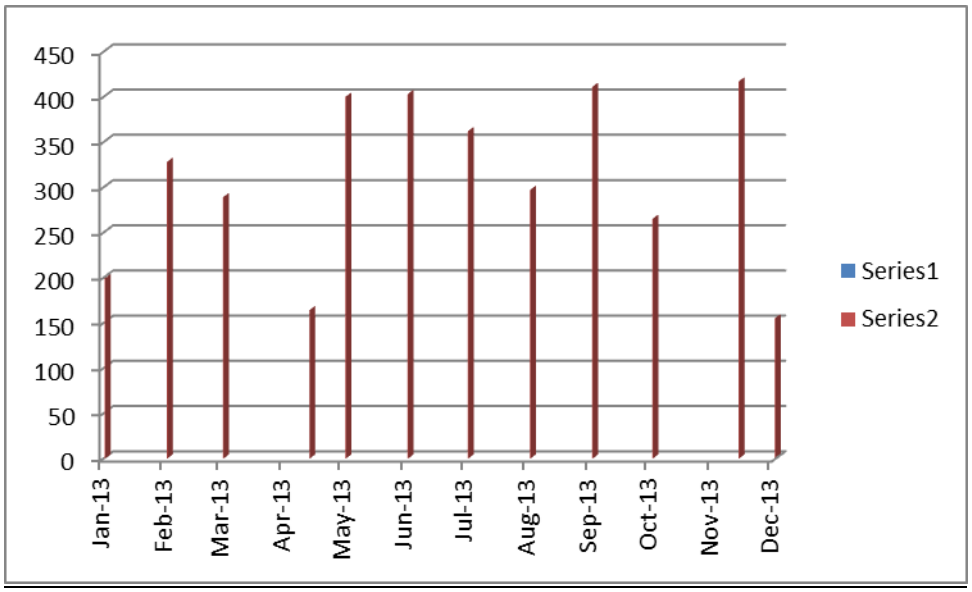
Flo will provide an annual report with this report.

Public Health Nurse:

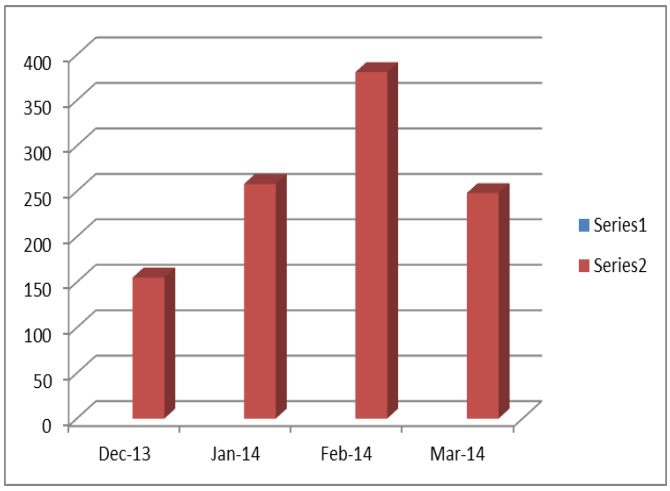
I regularly take web training classes offered by IHS, SDPI, California Department of Public Health, immunization oversight programs, the American Diabetes Association (ADA) and Outreach. I try to attend lunch web training at least two times a week. It is an excellent way to stay directly involved in the latest information for our patient.

CHR Activity:

2013



2014



Financial Report: February 2014

	Unencumbered Balance	Percent Used
Public Health Nurse:	$ 65,025.50	30.66,5 %
CHR:	$ 196,141.48	32.57%
IHS Diabetes Grant:	$ 118,656.49	24.69%

IT Department Health Board Report **March 6, 2014**
Eric Cutright, IT Director

Action Items:

- Agreement 14-A-033 an agreement with the County of Contra Costa for Nurse Advice Services for the period of February 2012 through January 2014. This agreement was used to meet the HRSA requirement for after-hours care until the providers starting providing that care last month.
- Agreement 14-A-036 a letter of agency to ask the California Telehealth Network to seek funding from the FCC on behalf of the Karuk Tribe
- Agreement 14-A-037 an application to PG&E for power service at the site of the broadband tower in Orleans

Current Activities:

- The Verizon phone lines in Orleans at DNR did not fail significantly in February. Some phone drops were reported on the Verizon lines at the Orleans Clinic, and I reported these drops to the California Public Utilities.
- DNR has been experiencing worse than usual internet outages in Orleans. During these outages, e-mail and internet access fails, but phone service and local file access functions. IT has spent a lot of time troubleshooting these problems, but a good solution will not be available until the broadband project completes later this year.
- The Transportation and KTHA offices in Orleans have also suffered internet and e-mail outages. Transportation has also experienced numerous phone outages that are not related to Verizon. IT has been diligently attempting to determine the cause for these outages, and we believe we are closer to a fix. However, this office too may have to wait for the broadband project to complete for a good solution.
- The Orleans Broadband project is getting close to construction, and also close to its deadline sometime this August. An application to PG&E for power service at the tower site in Orleans is attached to this report.
- Advanced Security Systems has installed cameras in Orleans at the clinic, senior nutrition center, and the council chambers buildings. The installation for cameras at DNR will occur in the second week of March.
- The system of secure after-hours access for providers to use EHR has been implemented and received at least one call. The system is now fully operational and verified.

Current project priorities for the IT department:

1) Dealing with real-time outages and emergencies
2) Monitoring internet access in Orleans
3) Starting Construction and finishing the Orleans Broadband Project
4) Deploying a server for KTHA in the Yreka Education Center
5) Continuing the KRRBI Project
6) Upgrading all older computers and servers before they expire in April
7) Fix the Wi-Fi access in Orleans
8) Fiber optic deployment on the HC Admin Campus
9) Software updates for software to all computers in the network
10) Closeout of the Fiber Project in Happy Camp

Budget Report for 1020-15 for January 31, 2013

- Total annual budget: $313,183.26
- Expenses to date: $125,418.91
- Balance: $187,764.35
- Percent Used: 40.05%
- Percent of Fiscal Year: 41.66%

Budget Report for 1020-15 for 2013 Fiscal Year

- Total annual budget: $308,001.59
- Expenses: $307,783.48
- Balance: $218.11
- Percent Used: 99.93%
- Percent of Fiscal Year: 100.00%

Budget Report for USDA RUS Community Connect Grant 2061-00 for January 31, 2013

- Total budget: $1,141,870.00
- FY 2012 expenses: $ 102,405.30
- FY 2013 expenses: $ 204,447.59
- FY 2014 expenses to date: $ 31,231.83
- Total Expenses so far: $ 338,084.72
- Balance: $ 803,785.28
- Percent Used: 29.61%
- Percent of Project Period: 80.55%

Attachments:

- Cell phone usage log for January

ık 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

REQUEST FOR CONTRACT/ MOU/ AGREEMENT

Check One:
- ☐ Contract
- ☐ MOU
- ☑ Agreement
- ☐ Amendment

Karuk Tribe Number Assigned: 14-A-033

Funder/Agency Assigned:

Prior Amendment:

REQUIRED →
- *Procurement Attached ☐
- *Budget Attached ☐
- *Excluded Parties List System Attached (CONTRACTS ONLY) ☐
- *KCDC/ KTHA Notification/ review required ☐ Yes ☐ No

Requestor: **Eric Cutright** Date: **February 25, 2014**

Department/Program: **Karuk Tribe Health and Human Services**

Name of Contractor or Parties: **The County of Contra Costa, California**

Effective Dates (From/To): **February 1, 2012** **Janunary 31, 2014**

Amount of Original: **$9,120**

Amount of Modification:

Total Amount: **$9,120**

Funding Source: **Third Party 3900**

Special Conditions/Terms:

#10-A-019 Expired 1/31/12 - services still used thru Jan 2014 w/o contract/Agreement

Brief Description of Purpose:

This agreement is for Nurse Advice services provided to residents of Humboldt County that are patients at Karuk Tribe medical clinics. The Nurse Advice Line provides health advice while the clinic is closed.

**** REQUIRED SIGNATURES ****

Eric Cutright — Requestor — Date: 2/25/14

**Chief Financial Officer — Date:

Summi Otheim — **Director, Administrative Programs & Compliance — Date: 2-25-14

Jaclyn Goodwin — **Director of Self Governance(MOU/MOA) or TERO (Contracts) — Date: 3/3/14

Rossie Cerely — Other — Date: 2-25-14

Contra Costa County

ADVICE NURSE SERVICES CONTRACT

Number: 29-786-1

1. **Contract Identification.**
Department: Health Services Department - Contra Costa Health Plan
Subject: Advice Nurse Services

2. **Parties.** The County of Contra Costa, California (County), for its Department named above, and the following named Agency Requiring Service (Plan) mutually agree and promise as follows:

Agency: **Karuk Tribal Health Clinics**

Capacity: Non-Profit Corporation

Address: 39051 Highway 96, Orleans, California 95556

3. **Term.** The effective date of this Contract is **February 1, 2012** and it terminates **January 31, 2014** unless sooner terminated as provided herein.

4. **Termination.** This Contract may be terminated by either party, at its sole discretion, upon thirty (30) days advance written notice thereof to the other, or cancelled immediately by written mutual consent.

5. **Agency's Obligations.** In consideration of County's provision of services, as described below, Plan shall reserve funds for the estimated cost of Advice Nurse services. Plan shall pay County quarterly for services provided hereunder upon submission by County of a properly documented demand for payment.

6. **County's Obligations.** County shall provide Advice Nurse Services in accordance with the per-unit costs expressed in the Additional Provisions, which is attached hereto and incorporated herein by reference. County will bill Plan quarterly as set forth in the Additional Provisions for the services it performs under this Contract.

7. **Indemnification.**

A. The Plan shall defend, save harmless and indemnify the County and its officers, agents and employees from all liabilities and claims for damages for death, sickness or injury to persons or property, including without limitation all consequential damages from any cause whatsoever arising from or connected with the operations or the services of the Plan hereunder, resulting from the conduct, negligent or otherwise, of the Agency, its Plan or employees.

B. The County shall defend, save harmless and indemnify the Plan and its officers, agents and employees from all liabilities and claims for damages for death, sickness or injury to persons or property, including without limitation all consequential damages from any cause whatsoever arising from or connected with the operations or the services of the County hereunder, resulting from the conduct, negligent or otherwise, of the County, its agents or employees.

8. **Sovereign Immunity**: This Agreement is not intended nor will it be so interpreted to be a waiver of Sovereign Immunity of the Plan, or their employees, officials and agents. Nothing in this Agreement subjects or limits the sovereign rights of the Plan.

9. **Independent Contractor Status.** This Contract is by and between two independent contractors and is not intended to and shall not be construed to create the relationship of agent, servant, employee, partnership, joint venture, or association.

ADVICE NURSE SERVICES CONTRACT

Number: 29-786-1

10. **Legal Authority**. This Contract is entered into under and subject to the following legal authorities: California Government Code Section 26227.

11. **Signatures**. These signatures attest the parties' agreement hereto:

COUNTY OF CONTRA COSTA, CALIFORNIA	KARUK TRIBAL HEALTH CLINICS
By_____	By_____
Designee	
	(Designate official capacity)

Recommended by Department

By_____
Designee

Approved: County Administrator

By_____
Designee

Approved: County Counsel

By_____
Designee

Number: 29-786-1

ADDITIONAL PROVISIONS

1. **Scope of Services**. County shall provide Advice Nurse services to designated members ("Plan Members") of the Karuk Tribal Health Clinics, who identify their primary medical provider at the Orleans Clinic, in Humboldt County.

2. **County's Obligations**. County shall provide the following services:

   a. **Advice Nurse Services**. County shall provide licensed registered nurses who have the experience and qualifications to serve as advice nurses, as determined by County in its sole discretion ("Advice Nurses"). County's Advice Nurses will provide the following services to Plan Members:

      (1) Supply information about how to access urgent care services;

      (2) Authorize emergency services;

      (3) Give clinical advice; and

      (4) As appropriate, forward a written record of the call to the Plan Member's Primary Care Physician.

   b. **Hours of Service.** County shall provide Advice Nurse services in accordance with the following schedule:

      (1) Seven (7) days a week, twenty-four (24) hours per day, including Holidays.

   c. **Telephone Access and Standards**.

      (1) County shall provide a nation-wide, toll-free dedicated telephone number for Plan Members to call;

      (2) County agrees to provide access to interpretive language services for non-English speaking members; and

      (3) County agrees to provide access to telephone services for hearing impaired members with TDD devices.

   d. **Billing for Services**. County shall bill Plan **quarterly**, at the end of each quarter, for services provided under this Contract.

Initials: _____ _____
Plan County Dept

ADDITIONAL PROVISIONS

3. **Plan's Obligations**.

a. **Referral of Plan Members**. Plan shall provide oral and written information to Plan Members regarding the after-hours Advice Nurse services and telephone number which are available pursuant to this Contract.

b. **Eligibility**. An "Eligible Call" shall be a call from a patient that identifies his/her primary medical provider as being located at the Orleans Clinic.

c. **Payment to County**. Upon County's written submission of a quarterly invoice in the time, form, and manner acceptable to Plan and County, Plan shall pay County in an amount not to exceed $10,000, as follows:

(1) For the period from February 1, 2012 through January 31, 2014;

A. $**380.00** per month for up to 20 Eligible Calls; and
B. **$ 23.00** for each additional call after hours, exceeding the 20 Eligible Calls per month.

(2) County understands and agrees that in the event telephone calls are received from non-eligible individuals, County will refer caller back to the Plan and the Plan will not pay County for any such calls.

4. **Reports**. The following reports shall be developed and provided in the time, form, and manner mutually agreeable to County and Plan:

a. Where possible, Plan shall provide to County monthly Emergency Room and Urgent Care cost and utilization information for Plan Members in the Advice Nurse Program.

b. County shall provide to Plan monthly reports that include information on average waiting times and data regarding initial intent versus outcome.

5. **Advice Nurse Protocols.** County shall provide copies of its Health Reference Information System Advice Nurse Protocols to Plan for review and approval only. County and Plan agree that the Advice Nurse Protocols are the property of County. Plan agrees not to duplicate the Protocols and to return the Protocols to County immediately upon termination of this Contract for any reason.

6. **Discrimination Prohibited.** County shall not differentiate or discriminate in the rendering of services hereunder to Plan Members, nor shall County discriminate on the basis of race, religion, sex, disability, or age. County shall render health services to Plan Members in the same manner, in accordance with the same

Initials:_____ _____
Plan County Dept

standards, and within the same time availability as offered to all its other patients, except as limited by existing Medi-Cal Program restrictions.

7. **No Reimbursement from State**.

   a. County and Plan agree to indemnify, defend, and save harmless the State of California, and their respective officers, agents, and employees from any claims or losses for materials and/or services rendered by any subcontractor, person, or firm performing or supplying services, materials, or supplies to County and Plan in connection with this Contract.

   b. County shall hold harmless the State of California and Plan Members in the event Plan cannot or will not pay for covered services rendered by County pursuant to the terms of this Contract.

8. **Records**. County shall maintain for each Plan Member who receives covered services, a legible record of services rendered, kept in detail consistent with appropriate professional practice. County shall maintain such records for at least five (5) years from the termination date of this Contract.

9. **Inspection Rights**. County shall make all books and records pertaining to the goods and services furnished pursuant this Contract, available for inspection, examination, and audit or copying:

   a. By Plan's Consultant Team, the State Department of Health Services and the United States Department of Health and Human Services;

   b. At all reasonable times at County's normal place of business or at such other mutually agreeable location in California;

   c. In a form consistent with the general standards applicable to such book or record keeping; and

   d. For at least five (5) years from the termination date of this Contract.

10. **Confidentiality of Member Information**. Notwithstanding any other provision of this Agreement, names of persons receiving public social services are confidential and are to be protected from unauthorized disclosure in accordance with Title 42. CFR. Section 431.300 et seq. and Section 14100.2, Welfare and Institutions Code and regulations adopted thereunder. For the purposes of this Agreement, all information records, data and data elements collected and maintained for the operation of the Agreement and pertaining to Plan Members shall be protected by County and its staff from unauthorized disclosure, as set forth below.

    With respect to any identifiable information concerning a Plan Member under this Agreement that is obtained by County, County (1) shall not use any such information for any purpose other than carrying out the express terms of this Agreement, (2) shall promptly transmit to Plan all requests for disclosure of such

information, (3) shall not disclose, except as otherwise specifically permitted by this Agreement, any such information to any party other than Plan, the U.S. Department of Health and Human Services, or the State Department of Health Services without the prior written authorization of Plan specifying that the information is releasable under Title 42, CFR, Section 431.300 et seq. and Section 14100.2, Welfare and Institutions Code and regulations adopted thereunder, (4) shall, at the expiration or termination of this Agreement, return all such information to Plan or maintain such information according to written procedures sent to County by Plan.

11. **Subcontracts**. County shall maintain and make available to Plan, the State Department of Health Services, and the U.S. Department of Health and Human Services upon request, all subcontracts of this Contract and shall ensure that all subcontracts are in writing and require that the subcontractor:

    a. Make all books and records pertaining to the goods and services furnished pursuant to the subcontract available at all reasonable times for inspection, examination, or copying by Plan, the U.S. Department of Health and Human Services and the State Department of Health Services; and

    b. Retain such books and records at least five (5) years from the termination of the subcontract.

12. **Failure to Meet Obligations.** Contract Paragraph 4. (Termination) notwithstanding, in the event that either party defaults in the performance of any duties or obligations hereunder, including the inability or refusal to provide services hereunder, and the default or breach has not been cured within thirty (30) days of the non-defaulting party's giving of written notice of default, specifying the nature of the alleged default or breach, the non-defaulting party may give thirty (30) days written notice of intent to terminate this Contract.

13. **Attendance at Meetings**. County and Plan shall provide operations staff to attend meetings as needed, at times and locations mutually agreed upon by the parties, for early problem identification and resolution.

Initials: _____ _____
Plan County Dept

Contra Costa County
Health Services Department
Contra Costa Health Plan
595 Center Ave. #100
Martinez, CA 94553

Responsible Party:

Kaurk Tribal Health Clinic
P.O. Box 1016
Happy Camp, CA 96039
Attn: Lessie Aubrey / R. Johnson

Contract 29-786-1
Contract Period: 2/1/12 - 1/31/14
(6112-8239)

Invoice Date: 01/22/14

Advice Nurse
Karuk Tribal Calls 2/2012 - 12/2013

Year	Month	# Calls Rcvd	0-20 Calls per month
			Amt due per Contract terms
2012			
	February	3	$380.00
	March	0	$380.00
	April	3	$380.00
	May	0	$380.00
	June	2	$380.00
	July	3	$380.00
	August	0	$380.00
	September	2	$380.00
	October	2	$380.00
	November	3	$380.00
	December	1	$380.00
	Totals	19	**$4,180.00**
2013			
	January	1	$380.00
	February	4	$380.00
	March	4	$380.00
	April	1	$380.00
	May	0	$380.00
	June	0	$380.00
	July	3	$380.00
	August	6	$380.00
	September	2	$380.00
	October	1	$380.00
	November	0	$380.00
	December	0	$380.00
	Totals	22	**$4,560.00**

Grand Total **Remittance Due** **$8,740.00**

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: 14-A-036

Funder/Agency Assigned:

Prior Amendment:

REQUIRED → ***Procurement Attached** ☐ ***Budget Attached** ☐
***Excluded Parties List System Attached (CONTRACTS ONLY)** ☐
***KCDC/ KTHA Notification/ review required** ☐ **Yes** ☑ **No**

Requestor: **Eric Cutright** **Date: March 3, 2014**

Department/Program: **Karuk Tribe Health and Human Services**

Name of Contractor or Parties: **California Telehealth Network (CTN)**

Effective Dates (From/To): **March 1, 2014** **March 1, 2019**

Amount of Original: **$0**
Amount of Modification:
Total Amount: **$0**

Funding Source: **N/A**

Special Conditions/Terms:

Brief Description of Purpose:

As a CTN member, the Karuk Tribe Health Clinics receive internet connections at incredible discounts over normal pricing, as much as 80% off through federal subsidies. This letter authorizes the CTN to seek additional funding on behalf of the Karuk Tribe in order to continue to offer these subsidized services.

**** REQUIRED SIGNATURES ****

Eric Cutright — Requestor — 3/3/14 Date

Laura Mayton — **Chief Financial Officer — 3-5-14 Date

— **Director, Administrative Programs & Compliance — 3-5-14 Date

— **Director of Self Governance(MOU/MOA) or TERO (Contracts) — 3/5/14 Date

Other — Date

Karuk Community Health Clinic
64236 Second Avenue
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Karuk Tribe

Administrative Office
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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

California Telehealth Network
Eric P. Brown, Project Coordinator
2001 P Street
Suite 100
Sacramento, CA 95811

Re: Letter of Agency to (1) Seek Eligibility Determination (Form 460); (2) Seek Bids for Services (Form 461); and (3) Submit Funding Request and Manage Invoicing and Payments (Forms 462 and 463) in the Healthcare Connect Fund

By this letter, the **Karuk Tribe** confirms its participation in the California Telehealth Network. The **Karuk Tribe** hereby authorizes **California Telehealth Network (CTN)** hereinafter, **CTN**, to act on its behalf before the Federal Communications Commission (FCC) and the Universal Service Administrative Company's Rural Health Care Division in matters related to the Consortium's participation in the Healthcare Connect Fund.

Karuk Tribe authorizes **CTN** to:

- submit the FCC Form 460, Eligibility and Registration, on its behalf, which is used to determine eligibility to participate in the Healthcare Connect Fund;
- submit the FCC Form 461, Request for Services, on its behalf and prepare and post the request for proposal on its behalf for purposes of the Healthcare Connect Fund;
- submit the FCC Form 462, Funding Request, on its behalf, for purposes of the Healthcare Connect Fund.
- submit FCC Form 463, Invoice and Request for Disbursement, on its behalf, to manage invoicing and payments for purposes of the Healthcare Connect Fund.
- submit any other necessary documentation required to obtain funding through the Healthcare Connect Fund.

Existing FCC Pilot Projects seeking funding through the Healthcare Connect Fund are eligible to request funding for services provided as of July 1, 2013. Pilot Projects may

seek new bids for services that will be funded through the Healthcare Connect Fund. Forms can be filed as of April 1, 2013. To ensure an orderly transition from the Pilot Program to the Healthcare Connect Fund, Pilot Projects are permitted to use the Pilot Program forms (FCC Forms 465, 466-A, 467 and USAC Invoice) to seek bids and request funding through the Healthcare Connect Fund, until such time as the Healthcare Connect Fund forms are available for use. Therefore, the **Karuk Tribe** authorizes the **CTN** to file the 465 Package, 466-A Package and any other documentation necessary for the **CTN** to seek bids and/or request funding for services and disbursements through the Healthcare Connect Fund. The **Karuk Tribe** also authorizes **CTN** to make certifications included on the FCC Forms 465, 466-A, 467 and USAC Invoice on behalf of the Karuk Tribe.

This Letter of Agency is effective for five (5) years from the date of this letter.

If the **CTN** changes its designated Consortium Leader for purposes of the FCC Healthcare Connect Fund, the LOA may be assigned to the new Consortium Leader upon thirty (30) days notice to the **Karuk Tribe**.

By this Letter of Agency, the **Karuk Tribe** authorizes **CTN** to make the certifications included in the FCC Forms 460, 461, 462 and 463 on behalf of the **Karuk Tribe**. Those certifications are:

a) The person signing this Letter of Agency is authorized to submit this letter on behalf of the **Karuk Tribe**.

b) The **Karuk Tribe** is non-profit or public.

c) The person signing the application is authorized to submit the application on behalf of the applicant and has examined the form and all attachments, and to the best of his or her knowledge, information, and belief, all statements of fact contained therein are true.

d) The applicant has followed any applicable state, Tribal, or local procurement rules.

e) The supported connections, infrastructure and /or equipment associated with this request for funding will be used solely for purposes reasonably related to the provision of health care service or instruction, for which support is intended, and that the health care provider is legally authorized to provide under the law of the state in which the services were provided and will not be sold, resold, or transferred in consideration for money or any other thing of value.

f) The applicant satisfies all of the requirements under section 254 of the Act and applicable Commission rules.

g) The applicant has reviewed all applicable requirements for the program and will comply with those requirements.

h) The health care provider has considered all bids received and selected the most cost-effective method of providing the requested services as defined in the FCC's rules and instructions.

i) The **Karuk Tribe** is not requesting support for the same service from either the Telecommunications Program or Internet Access Fund and the Healthcare Connect Fund.

j) The applicant understands that any letter from the Universal Service Administrative Company (USAC), the Administrator of the Healthcare Connect Fund, that erroneously commits funds for the benefit of the applicant may be subject to rescission.

k) To the best of the applicant's knowledge, information and belief, the health care provider has received the network build-out or related services itemized on the submitted and the 35 percent minimum funding contribution for each item on the invoice was funded by eligible sources as defined in the FCC's rules and has been provided to the service provider.

l) All documentation associated with the forms must be kept for a period of five years (including a copies of the submitted Forms), including but not limited to,

For Form 461: any bids/contract resulting from the Form 461 posting, scoring sheet, and other information that was used in the decision–making process) from the last day of the funding year; and

For Form 462: all bids, contracts, scoring matrices, and other information associated with the competitive bidding process, and all billing records for services received.

Karuk Tribe

Signature _____
Name Russell Attebery
Title of Authorized Person Chairman
Address PO Box 1016
City, State, ZIP Happy Camp, CA 96039
Phone Number 530-493-1600
Additional Number _____
Fax Number 530-493-5322
Email Address battebery@karuk.us

Date _____

☒ I am the authorized person for multiple physical locations operating under the same tax ID who wish to participate in the California Telehealth Network.

Karuk Tribe Member Sites:

Karuk Tribal Health Clinic
1519 S. Oregon St.
Yreka, CA 96097
530-842-9200

Karuk Community Health Clinic
64236 Second Ave. Suite 101
Happy Camp, CA 96039
530-493-5257

Orleans Health and Wellness Center
325 Asip Rd.
Orleans, CA 95556
530-627-3452

Technical Contact:

Name	Eric Cutright
Title	IT Director
Address	PO Box 1016
City, State, ZIP	Happy Camp, CA 96039
Phone Number	530-493-1604
Additional Number	530-598-8006
Fax Number	530-493-1635
Email Address	ecutright@karuk.us

Billing Contact:

Name	Accounts Payable
Title	Accounts Payable
Address	PO Box 1016
City, State, ZIP	Happy Camp, CA 96039
Phone Number	530-493-1600
Additional Number	
Fax Number	530-493-5322
Email Address	jorge@karuk.us

Additional Contact 2:

Name	Amy Coapman
Title	Clinic Application Coordinator
Address	1519 S. Oregon St.
City, State, ZIP	Yreka, CA 96097
Phone Number	530-842-9200 x6105
Additional Number	530-598-4799
Fax Number	
Email Address	acoapman@karuk.us

CALIFORNIA TELEHEALTH NETWORK

CTN Membership Checklist

Thank you for your interest in CTN membership. To determine program eligibility and find the best solution to fit your needs, please complete the form below including certification and licenses to assist in documentation of eligibility requirements.

Organization Information	
Organization Name:	**Karuk Tribe**
Primary Contact Name:	**Babbie Peterson**
Primary Contact Telephone:	**530-627-3452 x3205**
Primary Contact E-mail:	**bpeterson@karuk.us**
Site Address:	**325 Asip Rd Orleans, CA 95556**

1. Please indicate provider type:

- ☐ Public Healthcare Provider
- ☐ Not-for-Profit Healthcare Provider
- ☐ For-Profit Healthcare Provider
- ☐ Other, Please specify Tribal Health Clinic

2. Documentation (provide all that are available to your agency)

(Your identifier numbers are needed for documenting what type of organization you represent)

Documentation Information	
Tax ID:	**94-2576572**
OSHPD Number:	**N/A**
National Provider ID (NPID):	**1386726032**
Clinic License # (from CA Dept. of Public Health):	**N/A**
Hospital License # (from CA Dept. of Public Health):	**N/A**
Other License (i.e. Dept. of Mental Health):	**N/A**
Taxonomy Code:	**261QP2300X**

3. On a monthly basis, please indicate whether and to what extent the supported connection(s) will be used for telemedicine, exchange of EHRs, participation in a health information exchange, remote training, and other telehealth applications.

Telemedicine	☐ Frequently (20+ times)	☐ Occasionally (10+ times)	☑ Rarely (less than 5+ times)
EHR	☑ Frequently (20+ times)	☐ Occasionally (10+ times)	☐ Rarely (less than 5+ times)
Health Information Exchange	☐ Frequently (20+ times)	☐ Occasionally (10+ times)	☑ Rarely (less than 5+ times)
Remote Training	☑ Frequently (20+ times)	☐ Occasionally (10+ times)	☐ Rarely (less than 5+ times)

Below is a list of publicly available license information through the Office of Statewide Health Planning (OSHPD) Automated Licensing Information and Report Tracking System (ALIRTS). **If you are able to check one or more of the boxes below then you do not need to submit any eligibility documentation at this time.** We will use ALIRTS to document your eligibility. If you are unsure whether you have one of the licenses listed below you can search for your health care facility's license type(s) at the following website: http://www.alirts.oshpd.ca.gov/AdvSearch.aspx

4. Please check all that apply:

Hospital Licensure:

- ☐ GAC – General Acute Care
- ☐ CDRH – Chemical Dependency Recovery Hospital
- ☐ PSYCH – Acute Psychiatric Facility
- ☐ PHF – Psychiatric Health Facility

Primary Care Clinic Licensures:

- ☑ FQHC
- ☐ COMM – Community Clinic
- ☐ FREE – Free Clinic
- ☐ Community Health Center

Specialty Care Clinic Licensures:

- ☐ CDC – Chronic Dialysis Clinic
- ☐ REHAB – Rehabilitation Clinic
- ☐ PSYC – Psychology Clinic
- ☐ SURG – Surgery Clinic
- ☐ ABC – Alternate Birthing Center

If your organization is not licensed by the state under one of the categories listed above, please submit evidence that your organization is involved in the provision of healthcare when you return your signed LOA.

Acceptable documentation can include, but is not limited to the following:

- CMS Certified Rural Health Clinic
- Federally Qualified Health Center
- Federally Qualified Health Center Look-alike
- JCAHO Certification (must also be public or not for profit)
- Local Health Department or Agency
- Mobile clinic
- Documentation of onsite medical provider at school based health center
- Documentation that your facility provides health care on a part-time basis even though you are not a typical healthcare facility

CALIFORNIA TELEHEALTH NETWORK

CTN Membership Checklist

Thank you for your interest in CTN membership. To determine program eligibility and find the best solution to fit your needs, please complete the form below including certification and licenses to assist in documentation of eligibility requirements.

Organization Information	
Organization Name:	**Karuk Tribe**
Primary Contact Name:	**Susanna Greeno**
Primary Contact Telephone:	**530-493-1655 x4013**
Primary Contact E-mail:	**sgreeno@karuk.us**
Site Address:	**64236 Second Ave Happy Camp, CA 96039**

1. Please indicate provider type:

- ☐ Public Healthcare Provider
- ☐ Not-for-Profit Healthcare Provider
- ☐ For-Profit Healthcare Provider
- ☐ Other, Please specify Tribal Health Clinic

2. Documentation (provide all that are available to your agency)

(Your identifier numbers are needed for documenting what type of organization you represent)

Documentation Information	
Tax ID:	**94-2576572**
OSHPD Number:	**N/A**
National Provider ID (NPID):	**1952483406**
Clinic License # (from CA Dept. of Public Health):	**N/A**
Hospital License # (from CA Dept. of Public Health):	**N/A**
Other License (i.e. Dept. of Mental Health):	**N/A**
Taxonomy Code:	**261QP2300X**

3. On a monthly basis, please indicate whether and to what extent the supported connection(s) will be used for telemedicine, exchange of EHRs, participation in a health information exchange, remote training, and other telehealth applications.

Telemedicine	☐ Frequently (20+ times)	☐ Occasionally (10+ times)	☑ Rarely (less than 5+ times)
EHR	☑ Frequently (20+ times)	☐ Occasionally (10+ times)	☐ Rarely (less than 5+ times)
Health Information Exchange	☐ Frequently (20+ times)	☐ Occasionally (10+ times)	☑ Rarely (less than 5+ times)
Remote Training	☑ Frequently (20+ times)	☐ Occasionally (10+ times)	☐ Rarely (less than 5+ times)

Below is a list of publicly available license information through the Office of Statewide Health Planning (OSHPD) Automated Licensing Information and Report Tracking System (ALIRTS). **If you are able to check one or more of the boxes below then you do not need to submit any eligibility documentation at this time.** We will use ALIRTS to document your eligibility. If you are unsure whether you have one of the licenses listed below you can search for your health care facility's license type(s) at the following website: http://www.alirts.oshpd.ca.gov/AdvSearch.aspx

4. Please check all that apply:

Hospital Licensure:

- ☐ GAC – General Acute Care
- ☐ CDRH – Chemical Dependency Recovery Hospital
- ☐ PSYCH – Acute Psychiatric Facility
- ☐ PHF – Psychiatric Health Facility

Primary Care Clinic Licensures:

- ☑ FQHC
- ☐ COMM – Community Clinic
- ☐ FREE – Free Clinic
- ☐ Community Health Center

Specialty Care Clinic Licensures:

- ☐ CDC – Chronic Dialysis Clinic
- ☐ REHAB – Rehabilitation Clinic
- ☐ PSYC – Psychology Clinic
- ☐ SURG – Surgery Clinic
- ☐ ABC – Alternate Birthing Center

If your organization is not licensed by the state under one of the categories listed above, please submit evidence that your organization is involved in the provision of healthcare when you return your signed LOA.

Acceptable documentation can include, but is not limited to the following:

- CMS Certified Rural Health Clinic
- Federally Qualified Health Center
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- JCAHO Certification (must also be public or not for profit)
- Local Health Department or Agency
- Mobile clinic
- Documentation of onsite medical provider at school based health center
- Documentation that your facility provides health care on a part-time basis even though you are not a typical healthcare facility

CALIFORNIA TELEHEALTH NETWORK

CTN Membership Checklist

Thank you for your interest in CTN membership. To determine program eligibility and find the best solution to fit your needs, please complete the form below including certification and licenses to assist in documentation of eligibility requirements.

Organization Information	
Organization Name:	**Karuk Tribe**
Primary Contact Name:	**Amy Coapman**
Primary Contact Telephone:	**530-842-9200 x6105**
Primary Contact E-mail:	**acoapman@karuk.us**
Site Address:	**1519 S. Oregon St. Yreka, CA 96097**

1. Please indicate provider type:

- ☐ Public Healthcare Provider
- ☐ Not-for-Profit Healthcare Provider
- ☐ For-Profit Healthcare Provider
- ☐ Other, Please specify Tribal Health Clinic

2. Documentation (provide all that are available to your agency)

(Your identifier numbers are needed for documenting what type of organization you represent)

Documentation Information	
Tax ID:	**94-2576572**
OSHPD Number:	**306474001**
National Provider ID (NPID):	**1730279423**
Clinic License # (from CA Dept. of Public Health):	**230000068**
Hospital License # (from CA Dept. of Public Health):	**N/A**
Other License (i.e. Dept. of Mental Health):	**N/A**
Taxonomy Code:	**261QP2300X**

3. On a monthly basis, please indicate whether and to what extent the supported connection(s) will be used for telemedicine, exchange of EHRs, participation in a health information exchange, remote training, and other telehealth applications.

Telemedicine	☐ Frequently (20+ times)	☐ Occasionally (10+ times)	☑ Rarely (less than 5+ times)
EHR	☑ Frequently (20+ times)	☐ Occasionally (10+ times)	☐ Rarely (less than 5+ times)
Health Information Exchange	☐ Frequently (20+ times)	☐ Occasionally (10+ times)	☑ Rarely (less than 5+ times)
Remote Training	☑ Frequently (20+ times)	☐ Occasionally (10+ times)	☐ Rarely (less than 5+ times)

Below is a list of publicly available license information through the Office of Statewide Health Planning (OSHPD) Automated Licensing Information and Report Tracking System (ALIRTS). **If you are able to check one or more of the boxes below then you do not need to submit any eligibility documentation at this time.** We will use ALIRTS to document your eligibility. If you are unsure whether you have one of the licenses listed below you can search for your health care facility's license type(s) at the following website: http://www.alirts.oshpd.ca.gov/AdvSearch.aspx

4. Please check all that apply:

Hospital Licensure:

- ☐ GAC – General Acute Care
- ☐ CDRH – Chemical Dependency Recovery Hospital
- ☐ PSYCH – Acute Psychiatric Facility
- ☐ PHF – Psychiatric Health Facility

Primary Care Clinic Licensures:

- ☑ FQHC
- ☐ COMM – Community Clinic
- ☐ FREE – Free Clinic
- ☐ Community Health Center

Specialty Care Clinic Licensures:

- ☐ CDC – Chronic Dialysis Clinic
- ☐ REHAB – Rehabilitation Clinic
- ☐ PSYC – Psychology Clinic
- ☐ SURG – Surgery Clinic
- ☐ ABC – Alternate Birthing Center

If your organization is not licensed by the state under one of the categories listed above, please submit evidence that your organization is involved in the provision of healthcare when you return your signed LOA.

Acceptable documentation can include, but is not limited to the following:

- CMS Certified Rural Health Clinic
- Federally Qualified Health Center
- Federally Qualified Health Center Look-alike
- JCAHO Certification (must also be public or not for profit)
- Local Health Department or Agency
- Mobile clinic
- Documentation of onsite medical provider at school based health center
- Documentation that your facility provides health care on a part-time basis even though you are not a typical healthcare facility

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: 14-A-036

Funder/Agency Assigned:

Prior Amendment:

REQUIRED → ***Procurement Attached** ☐ ***Budget Attached** ☐
***Excluded Parties List System Attached (CONTRACTS ONLY)** ☐
***KCDC/ KTHA Notification/ review required** ☐ Yes ☐ No

Requestor: **Eric Cutright** **Date: March 6, 2014**

Department/Program: **Orleans Broadband Project**

Name of Contractor or Parties: **Pacific Gas and Electric (PG&E)**

Effective Dates (From/To):

Amount of Original: **$0**
Amount of Modification:
Total Amount: **$0**

Funding Source: **N/A - Later funding to come from USDA Community Connect Grant 2061**

Special Conditions/Terms:

Brief Description of Purpose:
This application is to have PG&E provide an estimate for engineering services and power services to the location of the new broadband tower in Orleans. There is no application fee, but an agreement for power services will be submitted later once PG&E has reviewed the applciation.

**** REQUIRED SIGNATURES ****

Eric Cutright — Requestor — 3/6/14 Date

**Chief Financial Officer — Date

Director, Administrative Programs & Compliance — 3-6-14 Date

Director of Self Governance(MOU/MOA) or TERO (Contracts) — 3/6/14 Date

Other — Date

Electric Sample Form No. 62-0685
Application for Service -- Commercial/Industrial Development

Please Refer to Attached
Sample Form

Application for Service

Commercial / Industrial Development

Please complete this application and submit the completed form and attachments to PG&E Application for Service at P.O. Box 24047, Fresno, CA, 93706-2010. You may also submit applications at www.pge.com/mybusiness/customerservice/otherrequests/newconstruction/ or call 1-877-PGE-SRVC.
**Indicates optional fields.*

Project Type

☑ Commercial Service (new) ☐ Commercial/Industrial Development ☐ Commercial/Industrial Service Upgrade (additional load / equipment)

☐ Industrial Service (new) ☐ Mixed Use Commercial/Residential Number of Buildings 1 Number of Electric Services 1

Project Information

☐ Gas Service ☑ Electric Overhead Service ☑ Electric Underground Service Date Initial Service Needed 3/15/2014

Project Address or Lot Number 15 Lower Camp Creek Road City Orleans County Hum Zip 95556

Nearest Cross Street Highway 96

*Assessor's Parcel No. 529-151-003 * Building Permit No. 14-3-B-6

Applicant / Company Name Karuk Tribe

◯ Individual ◯ Partnership ◯ Corporation ◯ Limited Liability Corporation ◯ Governmental Agency

◯ Sole Proprietor ◉ Other Tribal Government

Day Phone (530) 493-1604 *Cell Phone (530) 598-8006 *Fax (530) 493-5322 *Email address ecutright@karuk.us
(Correspondence will be sent via e-mail)

Applicant Address PO Box 1016 City Happy Camp State CA Zip 96039

Contract Information

Legal name to appear on contract Karuk Tribe

◯ Individual ◯ Partnership ◯ Corporation ◯ Limited Liability Corporation ◯ Governmental Agency

◯ Sole Proprietor ◉ Other Tribal Government

*State of incorporation or LLC

Name of person authorized to sign contracts Russel Attebery * Title Chairman, Karuk Tribe
(First Name, Middle Initial, Last Name)

Mailing address for contract PO Box 1016 City Happy Camp State CA Zip 96039

Representative Information (Party who will relay project information and updates to the PG&E representative)

Name of Representative Penny Eckert

Day Phone (530) 605-8964 *Cell Phone (425) 241-0415 *Fax *Email address pjeckert@enertribe.com

Mailing address P.O. Box 164 City Orleans State CA Zip 95556

*Contractor's Name *Contractor's Phone

Credit Information (Party responsible for energy use after the meter is installed)

Name/Company Karuk Tribe Name to appear on bill Karuk Tribe
(First Name, Middle Initial, Last Name)

Day Phone (530) 493-1600 *Evening Phone (530) 493-1600

( ) Individual ( ) Partnership ( ) Corporation ( ) Limited Liability Corporation ( ) Governmental Agency

( ) Sole Proprietor (•) Other Tribal Government

Mailing address for bill PO Box 1016 City Happy Camp State CA Zip 96039

Does the customer currently have service with PG&E? ☐ No ☑ Yes

*If yes, please provide the PG&E Account Number 2151074493-7

*Do you want the new service included on your existing bill? ☑ No ☐ Yes

*NAICS (North America Industrial Classification System) Code _____ *Business Activity _____

*Desired Electric Rate Schedule _____ *Desired Gas Rate Schedule _____

If you want additional information on rate options or want to request a free rate analysis, visit *http://www.pge.com/mybusiness/myaccount/rates/* or call 1-877-PGE-SRVC. If a rate schedule is not selected, PG&E will select an applicable rate schedule.

Applicant Design and Installation Options

As an applicant for new gas or electric service, you can choose either PG&E or a qualified contractor to design new gas/electric distribution and/or service facilities. You can also choose either PG&E or a qualified contractor to construct all or a portion of new gas/electric distribution and/or service facilities. PG&E will provide you with a bid for the design and the construction work, to assist you in making a selection. You will then have the opportunity to choose either a qualified contractor to perform the design/or construction work.
In accordance with PG&E's filed tariffs, electric trenching, conduits, substructures and gas service trenching are the applicant's responsibility. Once you make a decision about who will perform the work, if you subsequently change your selection, you will be responsible for any re-engineering charges incurred as a result of that change.

You should become familiar with the applicant design installation requirements, including PG&E's Applicant Design Guide and General Terms and Conditions, before you make your selection. For copies of these documents and/or for additional information, visit Document, Preliminary Statement Part A *www.pge.com/newconstruction/processguide/step1/appdes.shtml* or request information by calling 1-877- PGE-SRVC.

PG&E must provide project specific information to design contractors. PG&E can provide this information sooner if we know whether or not you are considering using a design contractor to design gas/electric distribution or service facilities.

Providing this information on this Application is voluntary and is not binding. PG&E will provide you with a bid for the design work regardless of whether or not you answer this question now and will not require a final decision from you until later in the process.

Are you currently planning to use a design contractor? ☐ *Yes* ☐ *No*

Construction Information

**Please note if you have selected "Electric Overhead Service" without "Gas Service" all trench related questions become optional fields.

Joint trench drawing to be prepared by: ( ) Applicant (•) PG&E ( ) Not required

Who will trench and backfill for the distribution facilities? (•) Applicant / Elec ( ) PG&E / Elec ☐ Date Joint Trench Required _____

Proposed distribution trench occupants or joint pole occupants: (check all that apply) ☑ Electric ☐ Gas ☐ Phone ☐ CATV

☑ Other Telecommunications

Who will install distribution conduit and substructures? (•) Applicant ( ) PG&E

Who will trench and backfill for the service facilities? (•) Applicant / Gas ( ) PG&E / Gas ☐ Date Joint Trench Required _____

Proposed service trench occupants or joint pole occupants: (check all that apply) ☑ Electric ☐ Gas ☐ Phone ☐ CATV

☑ Other Telecommunications

Who will install service conduit and substructures? ◉ Applicant ○ PG&E

*Transformer type requested: ◉ Padmounted ○ Subsurface (additional Special Facilities charges may apply)

Water, sanitary sewer, storm drain, low pressure gas, oil or other fluid carrying piping or facilities or private utilities (e.g. fire alarm, private streetlight systems, private phone, private CATV or gate controllers) are not permitted in a PG&E occupied joint trench.

General Construction Information

Include on this application any eligible Rule 20B or Rule 20C conversion work or any eligible relocation work.

*Will temporary electric service be required? ☑ No ☐ Yes Date needed_____

*Will temporary gas service be required? ☑ No ☐ Yes Date needed_____

If, yes please complete the following:

*Will Temporary Service power be operated for less than one year? ☐ No ☐ Yes

Have you ever completed a temporary power project with us before? ☐ No ☐ Yes

*Who will trench and backfill for Temporary Service?

○ Applicant/Gas ○ PG&E/Gas

○ Applicant/Electric ○ PG&E/Electric

Electric Temporary Services

*Panel, Main Breaker Size _____amps

*Will Applicant or Contractor Install Pole? ☐ No ☐ Yes

Gas Temporary Services

*Gas Service Delivery Pressure Requested: ☐ ¼ psig ☐ other_____

*Number of Meters at each service location?_____

*Total Gas Load_____

Will existing PG&E electric overhead facilities require under grounding?

☐ No ☐ Yes ☐ Not Sure Date needed_____

Will any existing PG&E gas or electic facilities require relocation or removal?

☐ No ☐ Yes ☐ Not Sure Date needed_____

Load Information

Square footage of building (including all floors) 160 Number of stories of building 1

IN THE EVENT THAT APPLICANT SHALL MAKE ANY MATERIAL CHANGE EITHER IN THE AMOUNT OR CHARACTER OF THE APPLIANCES OR APPARATUS INSTALLED UPON THE PREMISES TO BE SUPPLIED BY PG&E, INCLUDING PANEL SIZE OR HOURS OF OPERATION. APPLICANT SHALL IMMEDIATELY GIVE PG&E WRITTEN NOTICE OF THIS FACT.

Operating Hours Hours per day 24 Days per week 7 Months per year 12

Typical daily operating hours: From 12:00 AM To 11:59 PM

Please describe other operating characteristics

Electric Load Information

Main Switch Size (Service Termination Enclosure) 100 amps Number of meters at each service location 1

Voltage: (select one)
(●) 120/240 Volt, 3-wire, 1Ø ( ) 120/208Volt, 3-wire, 1Ø ( ) 240/120 Volt, 4-wire, 3Ø ( ) 208/120 Volt, 4-wire, 3Ø

( ) 480/277 Volt, 4-wire, 3Ø ( ) Primary voltage (> 2,400 Volts) ( ) Other (specify)_____

Single Largest 1Ø Motor (n/a hp) Total 1Ø Motors (_____hp) Single Largest 3Ø Motor (hp) Total 3Ø Motors (n/a hp)

Single Largest 1Ø Air Conditioning (2 tons) Single Largest 3Ø Air Conditioning (_____ tons)

Total Lighting (.5 kW) Parking Lot Lighting (.5 kW) Streetlights (n/a kW)

Receptacles (5 kW) Water Heating (n/a kW) Cooking (n/a kW)

Additional electric load (if additional space is needed please attach a spread sheet using same format as below)

Number of Appliances	Phase	Description of Appliance	Connected Load		Units	
1	☑ 1Ø ☐ 3Ø	Rectifier_____at _____	6	☑ kW	☐ hp	☐ tons
_____	☐ 1Ø ☐ 3Ø	_____at _____	_____	☐ kW	☐ hp	☐ tons
_____	☐ 1Ø ☐ 3Ø	_____at _____	_____	☐ kW	☐ hp	☐ tons
_____	☐ 1Ø ☐ 3Ø	_____at _____	_____	☐ kW	☐ hp	☐ tons

*Please provide motor codes for motors that have reduced voltage starting or are 25 hp and greater.

Street Light Load Information

Number of street lights to be added in development_____Watts per lamp_____Number of existing street lights to be removed_____

Bulb type: ( ) High Pressure Sodium Vapor ( ) Low Pressure Sodium Vapor ( ) Mercury Vapor ( ) Metal Halide

( ) Incandescent (●) Other_____

What rate schedule will the lights be placed on? ( ) LS1 ( ) LS2 ( ) OL1 ( ) LS3 ( ) Other_____(additional forms may be required)

Who is responsible for the street light billing?_____

Billing address for streetlights:_____City:_____State:_____Zip:_____

Important Note: *For city or county owned street lighting, a letter will be required from the city/county accepting ownership of the lighting, which includes the date of acceptance and states they will be responsible for the billing. Until the letter is received and dated with the city/county acceptance, the billing will be placed in the applicant's name and billed according to the rate schedule requested once the lights have been energized.*

Natural Gas Load Information

Natural gas standard service delivery pressure is provided at ¼ psig (7" water column). Requests for elevated service delivery pressure require PG&E's review and approval. If granted, elevated service delivery pressure may be reduced at any time due to PG&E operational needs. Special Facilities costs and cost-of-ownership charges may apply for elevated service delivery pressure. For further information, contact your local PG&E office and refer to Gas Rule 2. MBtu/h = 1,000 Btu/h

Gas Service Delivery Pressure Requested: ◯ ¼ psig ◯ Other (_____psig)

Number of meters at each service location_____

Check all that apply: (If additional space is required please attach a spreadsheet using same format as below)

☐ Space Heating Equipment (_____MBtu/h) ☐ Boilers (_____MBtu/h) ☐ Water Heating (_____MBtu/h)

☐ Air Conditioning (_____MBtu/h) ☐ Cooking (_____MBtu/h) ☐ Dryers (_____MBtu/h)

Other gas load (specify)_____

IMPORTANT NOTE: Do NOT install your electric main switch or gas house line until the meter location is approved by PG&E.

Self-Generation and Net Metering Options

If you are planning to install any self generation equipment, photovoltaic, or wind generation, additional applications for interconnection to PG&E's electric system must be submitted and approved by PG&E prior to engineering for your new construction project. The information you provide on your generation interconnection application may affect the final PG&E design for your project.

For information on PG&E's net metering programs, including eligibility guidelines, generation interconnection program application forms, links to the California Public Utilities Commission, Energy Commission and the US Department of Energy, visit *www.pge.com/b2b/newgenerator/* or contact PG&E's Generation Interconnection Services at (415) 972-5676.

Are you planning on installing any self generation equipment? Yes ☐ No ☑

If yes, please provide us with an estimate of the Generation proposed for this project.

*Total # of generation units_____*Total output of all generation (_____kW) *Generation Type_____

Attachment – 2 copies required

A. Complete set of site improvement plans, including grading plans. (Include 3 ½" high-density disk with AutoCAD 2000i.dwg file of the site plan.)
B. Building floor plan and exterior elevations.
C. Electric drawings and schedules with complete breakdown of equipment; include single line drawing if available.
D. Electric switchboard drawings. (Must be approved by PG&E prior to manufacturing the main panel.)
E. Plumbing plans.
F. Assessors parcel map showing all easements, rights-of-way, property lines, etc.
G. Detailed site plan showing roads, sidewalk, driveways, location of fire hydrants and other structures, proposed location of gas and electric meters, building elevations, and proposed future improvements. (Meter locations are subject to PG&E approval).
H. Landscaping plans including sprinkler controller meter location.
I. Streetlight and traffic signal plans.
J. Title 24 Utility Report or building permit.
K. Copies of all environmental permits and/or conditions of approval.
Applicant is responsible for identifying all environmental requirements within said permits, approvals and/or conditions. For additional information visit *www.pge.com/mybusiness/customerservice/otherrequests/newconstruction.*

Agreement to Pay and Signature

I understand that service will be engineered and installed based upon the information provided here. I agree to pay PG&E, on demand, for all work PG&E performs and all costs PG&E incurs for this application for service. PG&E may cancel this Application for Service (a) if the application is incomplete and I do not provide all necessary supporting documents and project data after being notified by PG&E, (b) if I fail to provide an engineering advance within ninety days after one is requested by PG&E, or (c) if PG&E sends a proposed contract and I do not return the contract, with the required payment, within ninety days. If the project is postponed or cancelled, by either party, I will pay PG&E for all such work and costs incurred by PG&E prior to the postponement or cancellation. PG&E's costs may include, for example, labor, material and supplies, (including long lead time materials), transportation, and other direct costs which PG&E allocates to such work. Incomplete information or any changes made at my request during the engineering, or after it is completed, will subject me to additional charges and may delay the establishment of service. I further agree to pay for any damage to new or existing PG&E facilities caused by my contractors or me. Service shall be subject to all of PG&E's applicable tariff schedules on file with and authorized by the California Public Utilities Commission (CPUC) and shall at all times be subject to such changes or modifications as the CPUC may direct from time to time in the exercise of its jurisdiction.

Agreement to Pay and Signature continued

I understand that PG&E may require an engineering advance to cover some or all of its costs for project review, design work and cost development in connection with this application for service. I understand that any advance will be based upon current costs and the amount of work anticipated by PG&E based upon the information submitted in this application. I understand that any advance will be credited against the amount I owe, applied to the amount I may owe on the resulting line extension agreement, or refunded to me without interest when PG&E has completed its engineering work or if the project has been cancelled or postponed.

I have read the above information. I understand and agree with the provisions and my responsibilities.

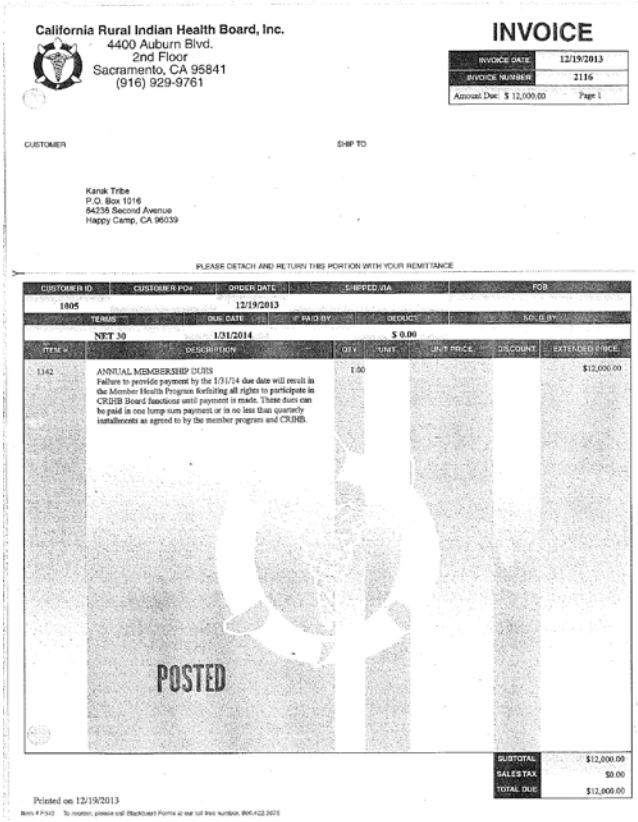
Applicant's Signature Russell R. Atteberry Print Name Russell R. Atteberry Date 3-6-14

First Name, Middle Initial, Last Name

……

I am away in Reno at the Tribal Consultation with IHS and Michael Thom

Action Items



California Rural Indian Health Board, Inc.
4400 Auburn Blvd.
2nd Floor
Sacramento, CA 95841
(916) 929-9761

INVOICE

INVOICE DATE	12/19/2013
INVOICE NUMBER	2116
Amount Due: $ 12,000.00	Page 1

CUSTOMER

SHIP TO

Karuk Tribe
P.O. Box 1016
64236 Second Avenue
Happy Camp, CA 96039

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR REMITTANCE

CUSTOMER ID	CUSTOMER PO#	ORDER DATE	SHIPPED VIA	FOB
1005		12/19/2013		

TERMS	DUE DATE	P. PAID BY	DEDUCT	SO. # BY
NET 30	1/31/2014		$ 0.00	

ITEM #	DESCRIPTION	QTY	UNIT	UNIT PRICE	DISCOUNT	EXTENDED PRICE
1342	ANNUAL MEMBERSHIP DUES Failure to provide payment by the 1/31/14 due date will result in the Member Health Program forfeiting all rights to participate in CRIHB Board functions until payment is made. These dues can be paid in one lump sum payment or in no less than quarterly installments as agreed to by the member program and CRIHB.	1.00				$12,000.00

POSTED

SUBTOTAL	$12,000.00
SALES TAX	$0.00
TOTAL DUE	$12,000.00

Printed on 12/19/2013

CRIHB Annual membership Dues $12,000.00

Need approval to pay CRIHB dues.

2. Procurement Document

3. Contract

3. FNP Student Internship with Lisa Rugg – Canceled

……

Tuesday lunch meetings continue with IHS. We are have way through these afternoon trainings, and in April two people will be sent to Arizona for hands on training. I suspect this will be clinic staff who are in the main stream of the PCMH process.

……

N. CA Rural Roundtable

On February 6 and 7th I attended the HANC Roundtable in Anderson, CA. All FQHC northern clinics attend and share their issues, concerns and experiences. In addition, we receive training from one another. The CA Primary Care Association was there to hear our concerns and to discuss what they have done ad are working on. Partnership Health Plan was also present to discuss problems that Clinics are having with Managed Care. These meetings are very informative.

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February 12, 2014

I attended a Program Director's meeting in Oroville at Feather River to discuss tribal Consultation on March 10-14. RPMS staff were invited to discuss the problems with the system and the RPMS EHR. Amy Coapman attended with me to attend the RPMS portion of the meeting. I attended the Program Director's meeting where we discussed the issues for consultation. It was a worthwhile meeting.

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Executive Director Of Health and Human Services

Board Report March 13, 2014 Lessie Aubrey, EDHHS

……

Orleans Clinic Visit

Rondi, Suzanna Hardenburger and I traveled to Orleans on May 20 to see how the clinic was running with the new doctor. A few front office issues were discussed and now have improved. Babbie is a positive presence in the clinic in which many have commented on that fact. Dr. Colas is working out well and I happy to have him aboard.

……

ANNUAL REPORT for CY 2013
Patricia C. White - RPMS Site Manager
Health Board Meeting - March 13, 2014

With requirements needed for the Affordable Care Act, HRSA, and others, the past year has been very busy for Health IT. Amy Coapman, CAC, and I have been busy working on numerous projects to upgrade RPMS, EHR, and EDR. We often need to be a back up to each other. I most recently have been doing online webinars and training to be able to back up Amy.

Between 2009 when I previously was the RPMS Site Manager to September 2012, when I came back to the position, the duties have become much more technical. It takes both Amy and I to do what I did previously as Site Manager. Some tasks need support from the rest of the IT department to do which include from adding and configuring user access to building web based servers for the health program.

Program Accomplishments for 2013

- Practice Management Application (BMW)-Dale has built a web based server to house patient registration and scheduling. We have not yet linked to RPMS.
- We have been given access to the California Area Office (CAO) IHS portal system. We can submit tickets for assistance directly to them. We are usually called back or contacted within 24 hours of submitting a request. More often than not we have issues resolved within a few hours. There are portals for GPRA, Site Managers, and Dental.
- UDS Report for calendar year 2012.
- HIPAA Security Training for 2013. Program provided by IHS.
- Blue Shield Core Support Grant Impact Report - April\May 2013.
- Bi Directional Lab Interface with Quest Labs. This interface allows is to place lab orders electronically and receive results electronically. We receive most results within 1 day of the order.
- New Dental Fee Schedule loaded into both Dentrix and RPMS (June 2013).
- New Medical Fee Schedule loaded into RPMS (August 2013)
- VistA Imaging Agreement (13-A-063) -We entered into agreement with IHS in August to move ahead with configuration and installation of a program that allows us to scan documents into EHR. Still in process.
- Completion of the RPMS-Dentrix interface that allows data to cross between the two programs. Dentrix is an electronic dental record. In 2012 Dentrix, was purchased from Henry Schein as a standalone program. In order for data to get to RPMS, dental staff had to do double entry, once in
- the IHS interface. We contracted with Cimarron Medical Informatics to build this interface. The interface was completed 12/3/13. We will have continued support from Cimarron for one year. Vickie Walden is doing most of the trouble shooting for this interface. Without her knowledge of the dental program, the task would have been much harder.
- Completion of Risk Analysis for Meaningful use in November 2013. This was a security risk assessment of our program that covered threat, vulnerabilities, likelihood of a threat, and impact. We had InfoGard Laboratories come and do an analysis of our Happy Camp operations. From what we learned with this site visit, we were able to do assessments of Yreka and Orleans, also. Infogard was contracted with IHS, so we received the service at no cost.
- Meaningful Use (MU)-We were able to complete Stage 1 year 1for the medical providers in Yreka. We have received $51,000 to date and expect $17,000 more per Amy Coapman. No other providers or sites were eligible for MU in CY2013.

RPMS Program Goals for 2014

- Adopt/Implement/Upgrade (A/I/U) for Meaningful Use in Dental. We will A/I/U for Dr Walters and Dr. Brassea. In Medical we may be able to attest for Dr. Vasquez. In 2014 we will attest Stage1 Year 2 for Dr. Milton, Lisa Rugg FNP, and Dr. North. No other providers will be eligible in 2014.
- 2014 HIPAA Security Training from IHS
- UDS report for CY 2013. This report is in review status at this time.
- Risk Analysis review and update by December 2014. We will mitigate any findings from the 2013 Report. This is required by HIPAA to be reviewed, updated, and findings mitigated on an annual basis.
- Find resources and funding sources for RPMS needs
    - Hardware and infrastructure growth
    - Staff pc upgrades as needed
    - Scanning equipment for VistA, if needed.
- Completion of Practice Management Application (BMW)-A program that incorporates and combines the Patient Registration package and Scheduling Package. We have a ticket into California Area Office IHS for assistance on completion of the program install.
- 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.
- Personal Health Record Implementation. This is a tool that will be used by patients to view their health information online. IHS is in the development and testing stage for the program. They are looking at release later this summer.
- Continue to improve my IT skills to contribute more to the department. Continually work with IHS for new health programming as it becomes available.

Operations Summary CY 2013:

Each month I run an Operations Summary to show what is being done in our program. Below is a summary for CY 2013

In fiscal year 2013:

- 18,122 Registered Patients (+2.2%) (FY2012-17,118)
  5,853Active Patients

- Visits 21,862 (+2.2%) (FY2011-20,852)
    - 52.5 % of these visits were for Native American patients
- Top Diagnosis:
    - Dental (any dental dx)
    - Hypertension
    - Vaccine for Influenza
- 1.078 injury visits (+0.8%) (FY2011- 767)
- 2,109 patients seen for dental care (-9.1%) (FY2011-2,206)

Respectfully Submitted,

Patricia White,
RPMS Site Manager

DEPARTMENT OF QUALITY MANAGEMENT

Karuk Tribal Health Board Meeting
March 13, 2013
Rondi L. Johnson
2013 Annual Report

Annual Report:

AAAHC: We're working steadily toward the goal of re-accreditation of the Karuk Health and Human Services Program in 2015. This achievement is will be accomplished by the wonderful efforts of our dedicated staff.

Credentialing and Privileging: In 2013 Vickie Simmons credentialed and privileged three providers. Two of our staff members were re-appointed. Four locum tenens were privileged after background checks, etc. were performed. Approximately five providers were extensively investigated but were not hired as providers or used as locum tenens. Some didn't pass, one didn't show up for work and some declined half way through the process.
It takes approximately four to eight weeks to perform a full investigation on a potential hire. Waiting for references and background checks took the most time this year.

ACQI: We officially finished up one performance improvement project last year. We will be ending some projects soon and,

Complaints/Incidents: There were a total of 26 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 27 incident reports over the last year. Incident/occurrences can be risk situations. These incidents ranged in importance from slip and falls to used needles brought into the medical office and an employee being stuck.

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 medical program throughout the year. We have nice new additions to the medical clinic in Dr. Vasquez, Dr. Colas and PA Donna Wilcox. In the dental program we have yet to replace Dr. Ash and Dr. Shearer. Interviews are expected in the near future.

Bi-Annual Meetings: Patti White, Vickie Simmons and many other health employees helped me with these two meetings. 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,
Rondi Johnson
Deputy Director of Health & Human Services

COMPLAINTS:

Complaints 2013	Provider	Employee	Services
January	0	4	0
February	0	2	1
March	0	2	1
April	0	0	1
May	0	2	0
June	0	3	0
July	2	0	1
August	1	0	0
September	0	0	0
October	2	0	1
November	1	0	1
December	0	0	1
Total	6	13	7

INCIDENTS/OCCURRENCES:

2013	Miscellaneous
January	0
February	1
March	2
April	2
May	3
June	3
July	1
August	7
September	3
October	3
November	1
December	1
Total	27

DEPARTMENT OF QUALITY MANAGEMENT

Karuk Tribal Health Board Meeting
March 13, 2014
Rondi Johnson
Feb Report

ACTION ITEMS: Travel request for 2014 Tribal Self Governance Consultation in Arlington, VA , May 3-9, 2014.

FEBRUARY ACTIVITIES:

Financial Meeting March 4th, AAAHC Workgroup February 5th, HC Ofc Meeting February 6th, IPC5 Workgroup meeting February 7th, ACQI Meeting February 12th, HC Ofc Meeting February 13th, 2014 Reunion Planning Meeting February 13th, Health Board Meeting February 13th, Mid-Level Interviews February 14th, HC Ofc Meeting February 20th, Organizational Chart Meeting February 20th, Orleans Clinic visit February 20th, Yreka Clinic visit February 28th

FEBRUARY TRAININGS/CONFERENCES & WEBINARS:

Conference Call with VA February 3rd, IPC5 Webinar February 4th , Tribal Leaders Conf Call 2014 FY Appropriations February 7th, IPC5 Webinar February 11th, IPC5 Webinar February 18th, Medi

-Cal Indian Health Annual Designee Meeting February 25th-26th, CPCA Meeting February 27th

ACQI COMMITTEE MEETING:

The February 12th, ACQI meeting agenda, performance improvement projects, minutes and reports are attached.

BUDGETS:

See below. Budget through 2/28/14. At this time I'm well under budget.

Program	**CQI**
Budget Code	300002
Program Year	2013-2014
Expenses to Date	57,058.49
Balance	136,303.84
Percent Used	29.59
Period Usage	5 months

Respectfully Submitted,
Rondi Johnson
Deputy Director of Health & Human Services

KARUK TRIBE

Travel Advance/Reimbursement Request

Employees Name: Rondi L. Johnson **Destination:** Arlington,VA
Departure Date: 5/3/2014 **Time:** **Return Date:** 5/9/2014 **Time:**
Program Charged: CQI **Account:** 3000-02-7300.00
Description & Purpose of Travel: 2014 Tribal Self Governance Consultation Conference

** CHECK ITEMS NEEDED **

	ADVANCE	RECEIPTS	DUE TO FROM
☒ **PERDIEM:** X	$ -		$ -
No. of Quarters Rate			
☒ **LODGING:** X	TVISA -		$ -
No. of Nights 6 Rate			
☐ *Check this box if you DO NOT have a Tribal Credit Card or Personal Credit/Debit Card. (Needed to determine lodging deposit)*			
☒ **MILEAGE:** X	TV -	$ -	$ -
No. of Miles			
	FROM:	TO:	
OTHER:			
☒ Registration:			
☒ Airfare: (If yes, which airport?)			
☒ Shuttle/Taxi/Tolls:			$ -
☐ Gasoline:	TV		
☒ Parking:		$ -	$ -
☐ Other			
TOTAL:	$ -		$ -

I certify that the estimated costs are reasonable and needed to conduct program activities. In the event I fail to complete this travel or if I terminate employment, I authorize the Karuk Tribe to deduct **actual** costs of this travel from any monies due me at termination of employment. I also certify that any travel for which I have requested an advance/reimbursement was completed as outlined above. **I authorize the Karuk Tribe to deduct from my payroll check any part of this advance not substantiated by original receipts within 10 days of my return from this trip.**

Traveler: Rondi L Johnson **Date:** 2/24/14

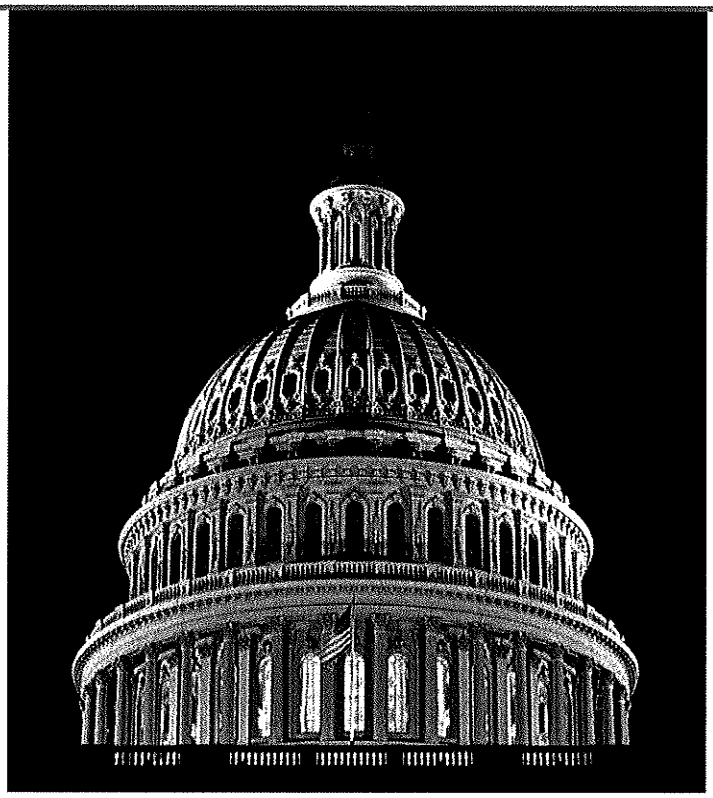
*** **TRAVEL WILL NOT BE PROCESSED WITHOUT THIS SECTION COMPLETED** ***

Is this travel reimbursable by another agency? Yes (No)
If yes, which agency?
Contract modification required? Yes (No)

*** **MANDATORY AUTHORIZATIONS** ***

Supervisor Approval: Jessie Aubrey **Date:** 3-5-14
Program Director (if different): **Date:**
Tribal Chairman Approval: **Date:**

Revised 4.18.2008



2014 Tribal Self-Governance Consultation Conference

Where

Crystal Gateway Marriott Hotel
1700 Jefferson Davis Highway
Arlington, Virginia 22202 USA

Attire

Business Attire

Fees

View Event Fees
View Event Summary
View Event Agenda

RSVP

Friday, April 11, 2014

Please respond by clicking one of the buttons below

YES NO

Pre-Registration Closes April 11th at midnight CST.

SPEAKER REGISTRATION FEES

Speaker
$275.00

ATTENDEE REGISTRATION FEES

Pre-Registration
$375.00

DRAFT AGENDA-AT-A-GLANCE

Crystal Gateway Marriott Hotel
1700 Jefferson Davis Highway
Arlington, VA 22202

Sunday, May 4, 2014

10:00 AM Registration Opens
1:00 PM Self-Governance 101 Training
5:00 PM Tribal Caucus

Monday, May 5, 2014 – HHS-IHS Day

7:30 AM Registration Opens
8:00 AM Department of Health and Human Services - Indian Health Service General Assembly
Barack Obama, President, United States of America *(Invited)*
Kathleen Sebelius, Secretary, Department of Health and Human Services *(invited)*
Yvette Roubideaux, Acting Director, Indian Health Service *(invited)*
12:00 PM Lunch

Concurrent Breakout Session Tracks

- Evolving Policy, Legislative and Budget Strategies
- Sharing Tribal Best Practices
- Improving Program Delivery
- Advancing Tribal/Federal Partnerships & Initiatives

1:30 PM Concurrent Breakout Sessions #1
3:00 PM Networking Break
3:30 PM Concurrent Breakout Sessions #2

Tuesday, May 6, 2014– HHS-IHS Day

7:00 AM Healthy Walk
8:00 AM Registration Opens
9:00 AM Concurrent Breakout Sessions #3
10:30 AM Networking Break
11:00 AM Concurrent Breakout Session #4
12:00 PM Lunch
1:30 PM General Assembly
4:00 PM Tribal Caucus
6:00 PM Reception

Wednesday, May 7, 2014– DOI-BIA Day

7:30 AM Registration Opens
8:00 AM Department of Interior – Indian Affairs General Assembly
Sally Jewell, Secretary, Department of the Interior (*Invited)*
Kevin Washburn, Assistant Secretary, Bureau of Indian Affairs, Department of Interior *(Invited)*
12:00 PM Lunch
1:30 PM Concurrent Breakout Sessions #5
3:00 PM Networking Break
3:30 PM Concurrent Breakout Sessions #6

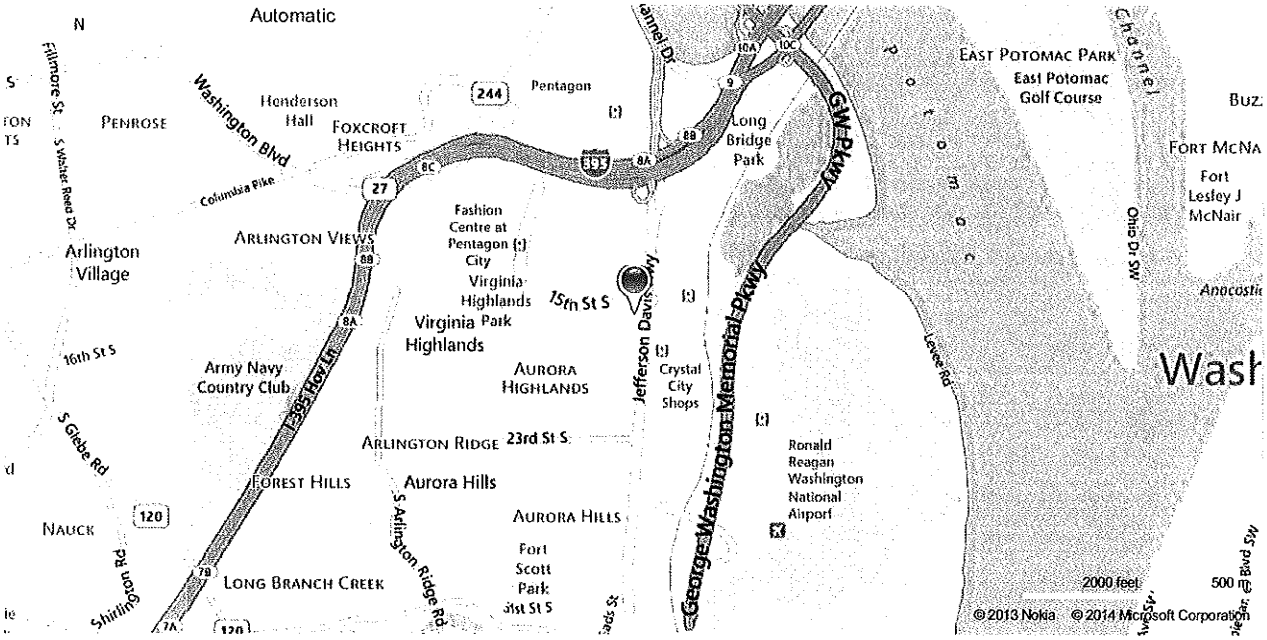
Thursday, May 8, 2014– DOI-BIA Day

9:00 AM Concurrent Breakout Sessions #7
10:30 AM Networking Break
11:00 AM General Assembly
12:00 PM Lunch
1:30 PM General Assembly

4:00 PM Adjourn Meeting

LOCATION MAP

Crystal Gateway Marriott Hotel
1700 Jefferson Davis Highway
Arlington, Virginia 22202 USA



ADDITIONAL INFORMATION

Karuk Tribal Health & Human Services Program
ACQI Committee Meeting/Conference Call
KCHC Teleconference Room
February 12, 2014
9:00 am-10:00 am

1. Call Meeting to Order – Rondi Johnson

2. Roll Call/Sign In – Debbie Bickford

3. Approve Agenda – Rondi Johnson

4. Approve Minutes of December 11, 2013& January 15, 2014 – Rondi Johnson

5. Performance Improvement Reports Due
   5.1 HTN– TABLED
   5.2 KCHC Medical Records Audit – Carrie Davis
   5.3 Orleans Medical Records Audit – Isha Goodwin - TABLED
   5.4 Yreka Medical Records Audit – Charleen Deala
   5.5 EHR Reminders – Mike Lynch

6. GPRA Reports
   6.1 Increase Pap Smears Project – Vickie Simmons

7. New Business
   7.1 Complaints/Incidents/Suggestions –Rondi Johnson

8. Old Business
   8.1 HIV/AIDS – Lisa Rugg/Mike Lynch
   8.2 Yreka Dental Records – Susan Beatty
   8.3 Happy Camp Dental Records – Cheryl Asman

9. Next Meeting March 13, 2014 at 9:00 am

10. Adjourn

Karuk Tribe

Karuk Tribal Health & Human Services Program
ACQI Committee Meeting/Conference Call
KCHC Teleconference Room
February 12, 2014
9:00 am-10:00 am

MINUTES

Meeting called to Order by Rondi at 9:01 am.

In Attendance:
Happy Camp: Debbie Bickford, Elsa Goodwin, Tony Vasquez, Dr. Brassea, Vickie Simmons, Rondi Johnson, Cheryl Asman, and Vickie Walden
Yreka: Mike Lynch, Dr. Milton, Charlene Deala, Dr. Walters, and Susan Beatty
Orleans: none

Agenda approved by Mike Lynch, seconded by Vickie Simmons
Minutes from December 11, 2013 approved by Vickie Simmons and Mike Lynch
Minutes from January 15, 2014 , correction by Mike Lynch, (not a doctor) approved by Vickie Simmons and Mike Lynch

Performance Improvement Reports Due

5.1 HTN– TABLED
5.2 KCHC Medical Records Audit – *Carrie Davis* (TABLED)
5.4 Orleans Medical Records Audit – *Isha Goodwin* (TABLED)
5.4 Yreka Medical Records Audit – *Charleen Deala*
- See attached Audit. Everyone did very well. A few files needed work.
- Blood Pressure Check – person came in ONLY for BP check

5.5 EHR Reminders – *Mike Lynch*
- See Performance Improvement Project Report for 4th Qtr
- Dr. Milton and Dr. Hess see an average two patients per hour. Directly related by performance on documentation. Dr. North sees one per hour.
- Expect improvements, if not, revisit the process
  - *Vickie Simmons* – good data to have for upcoming IPC. Will need a data board. Needs to be a TEAM being reviewed. TEAM = IPC Team (whoever works closely – provider, MA)
  - *Mike Lynch* - Sometimes one MA for two providers. Visit from Lessie and Rondi regarding time for meetings and other improvements. Need more discussion and communication with the Tribe. Issues that information has not been properly dispersed. Only choice few are informed. For example, change in which pharmacy to use. We are all terribly busy.
    - We need a communication protocol that works, from front office to back office and everything in between.
    - We need training. We don't have time to provide adequate training.
    - Additional staff for support.
- *Rondi* to talk to Anna about pharmacy issue and get back to Mike. *Vickie Walden* called CHS Office and was told to use Medical Center Pharmacy. Private Insurance is a patient's choice. HRSA is still paying for native prescriptions only.

.

6. GPRA Reports Increase Pap Smears Project – *Vickie Simmons (see attached report)*
    - Want to increase these by 2% per year for women ages 24-64.
    - Need to go further than doctor's notes. Hopefully, Data Entry to help out.
    - Define when pap smears are due, get info to providers and MA.
    - HPV not being done? Point of Care of send it out? Need to check with Lisa.
    - Need consistent way to contact patients. Need to decide what to say and how to distribute. Also, if using incentives and what account to take it out of.

7. New Business
    7.1 Complaints/Incidents/Suggestions –Rondi Johnson
    - Plenty of complaints. Appears that everyone needs to take some sort of course that helps with assisting patient's needs.
    - Couple of rave reports for MA in Yreka and Medical Clinic in Happy Camp.

8. Old Business
    8.1 HIV/AIDS – Lisa Rugg/Mike Lynch (see attached report)
    - 15 active patients, 4 females, 10 males, and 1 transgender
    - All on highly active antiretroviral medications
    - With one exception, all have had excellent DC4s and low or undetectable viral loads.
    - All screened for vitamin D levels with 10 patients found deficient.

    8.2 Yreka Dental Records – Susan Beatty (see attached report)
    - 20 random charts
    - Medical History Update and Signed – we went down from 90% down t o75%, with 5 charts not having the dentist initials on the visit dates.
    - Medical Alerts dropped from 85% to 65%
    - Medications Alert dropped from 70% to 60%
    - Goal is to be at 90% in all areas by 4th quarter report in 2013.

    8.3 Happy Camp Dental Records – Cheryl Asman (see report)
    - 10 random adult dental records – dropped to 90% with 1 Tx plan not completed
    - 10 random children dental records remain at 100%
    -

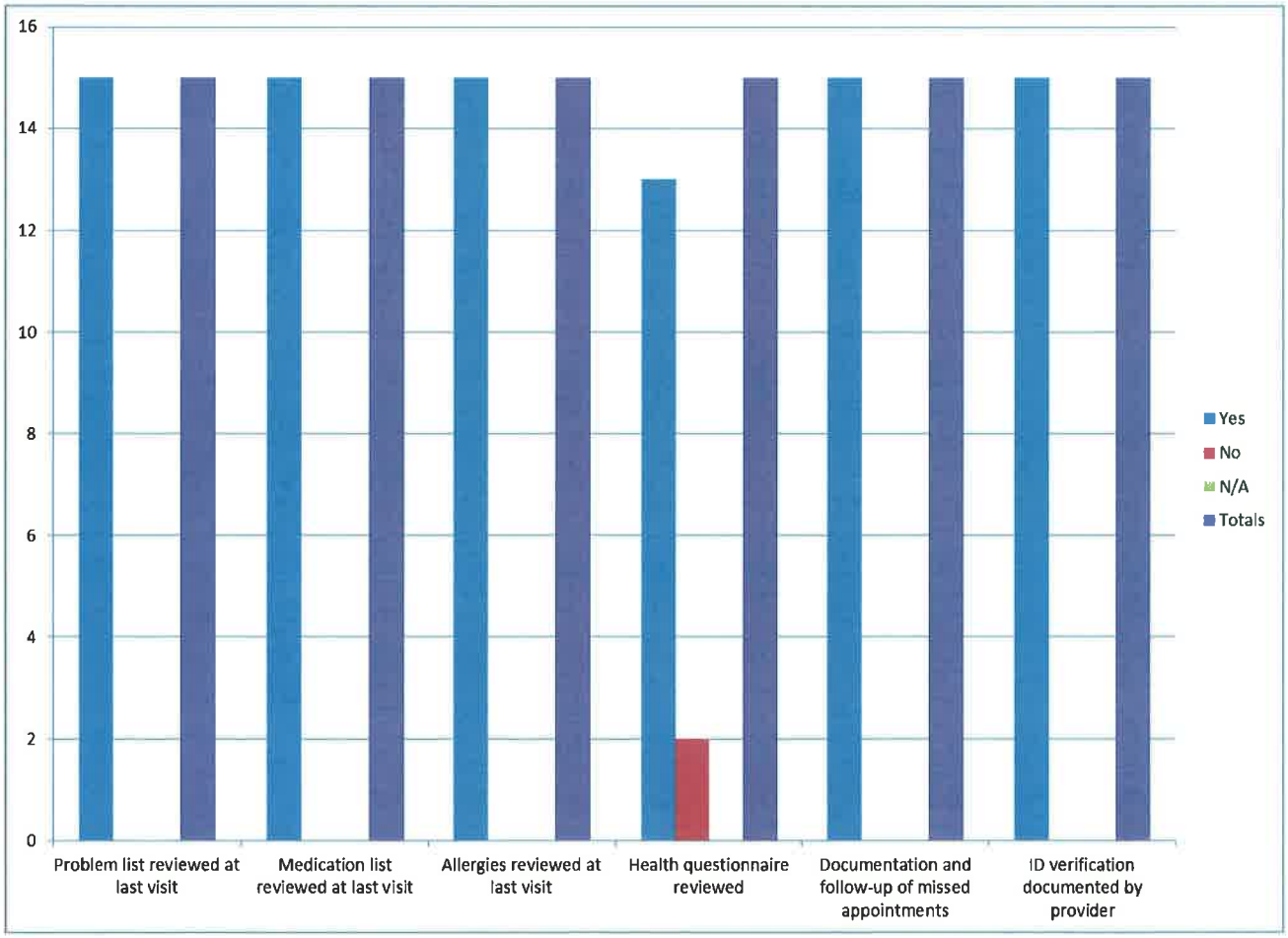
9. Next Meeting March 13, 2014 at 9:00 am

10. Adjourn

Medical Records Audit
4th Quarter 2013

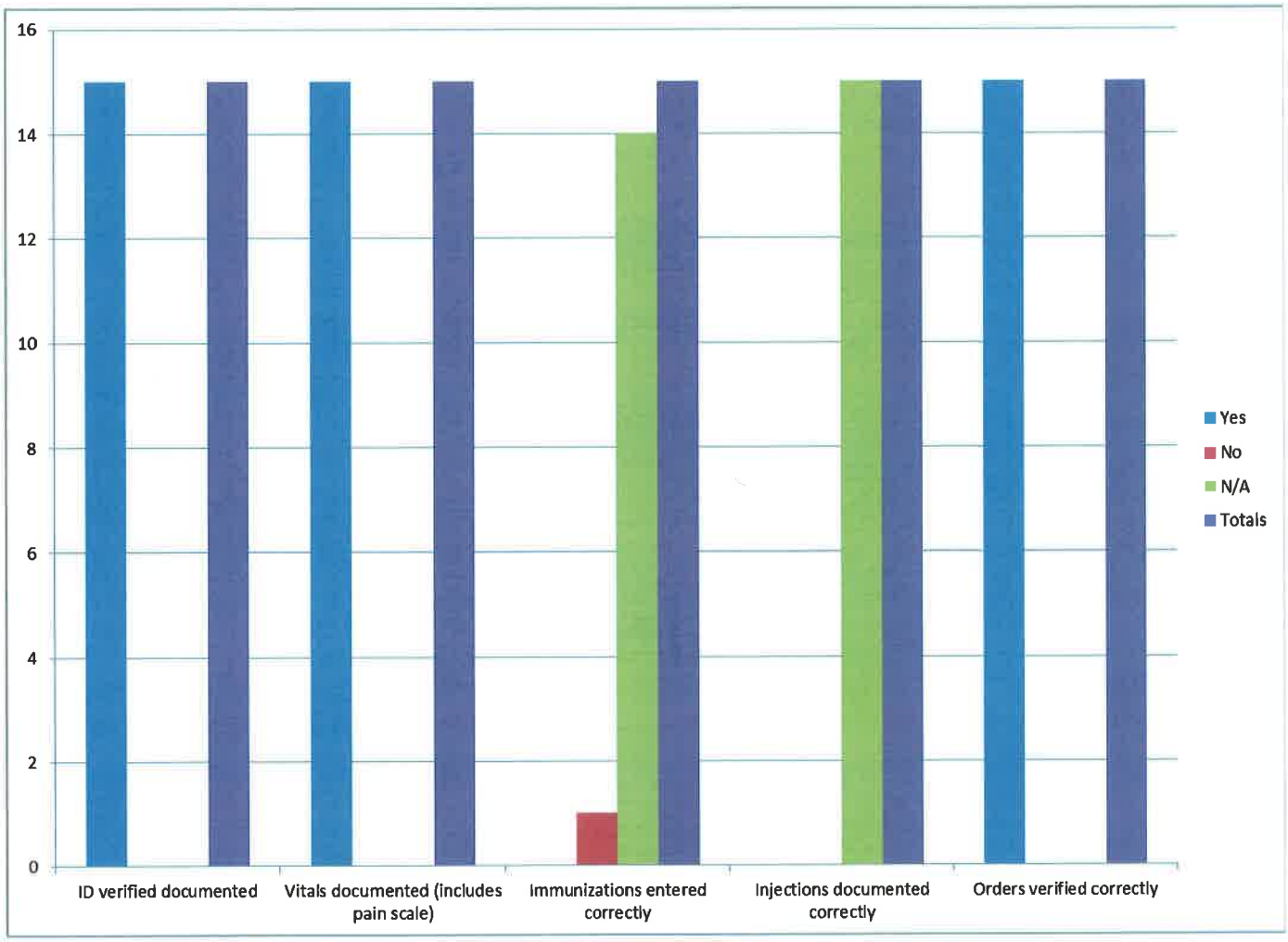
Dr. Milton

	Yes	No	N/A	Totals
Problem list reviewed at last visit	15	0	0	15
Medication list reviewed at last visit	15	0	0	15
Allergies reviewed at last visit	15	0	0	15
Health questionnaire reviewed	13	2	0	15
Documentation and follow-up of missed appointments	15	0	0	15
ID verification documented by provider	15	0	0	15



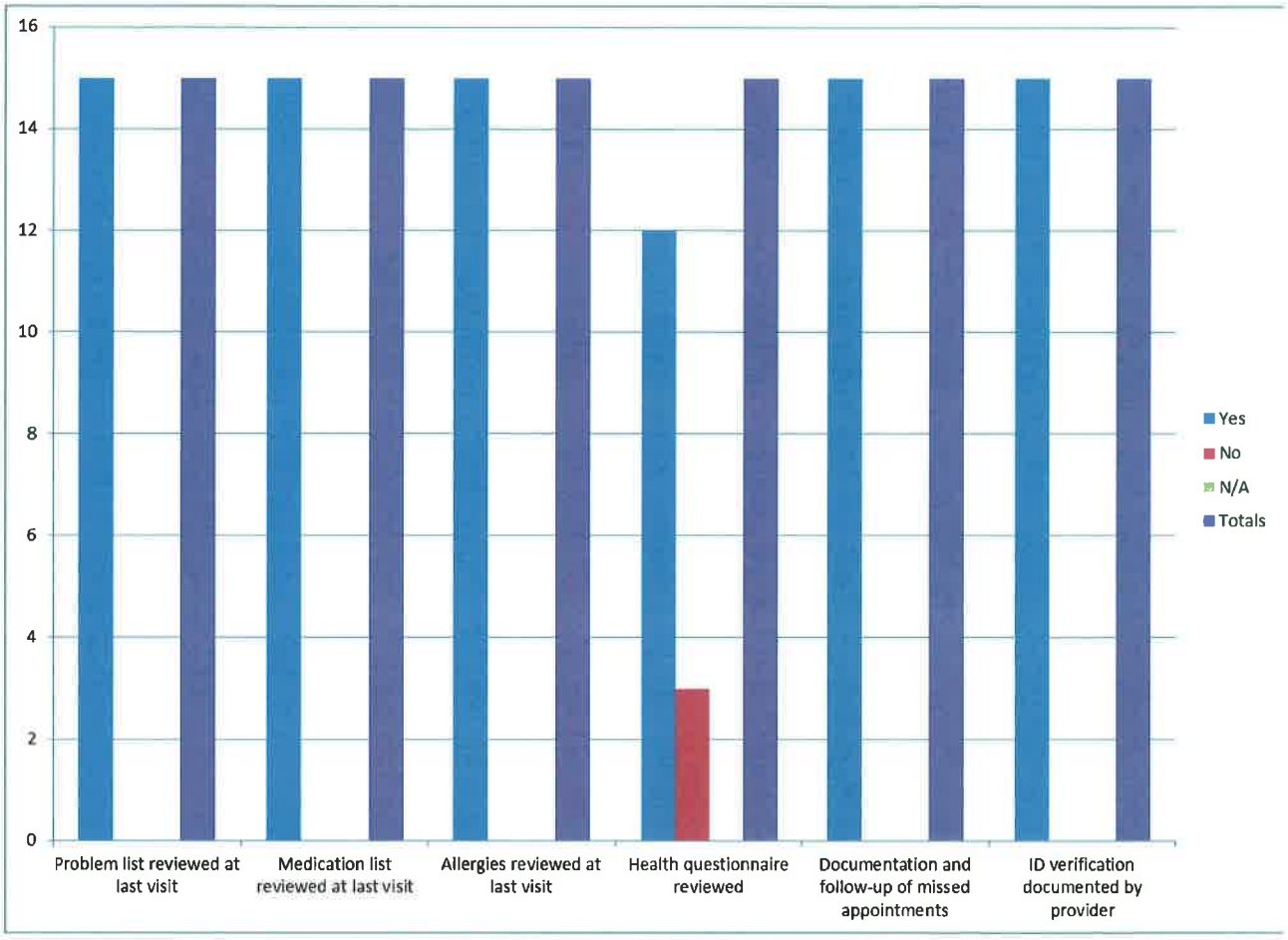
Dr. Milton's LVN/MAs

	Yes	No	N/A	Totals
ID verified documented	15	0	0	15
Vitals documented (includes pain scale)	15	0	0	15
Immunizations entered correctly	0	1	14	15
Injections documented correctly	0	0	15	15
Orders verified correctly	15	0	0	15



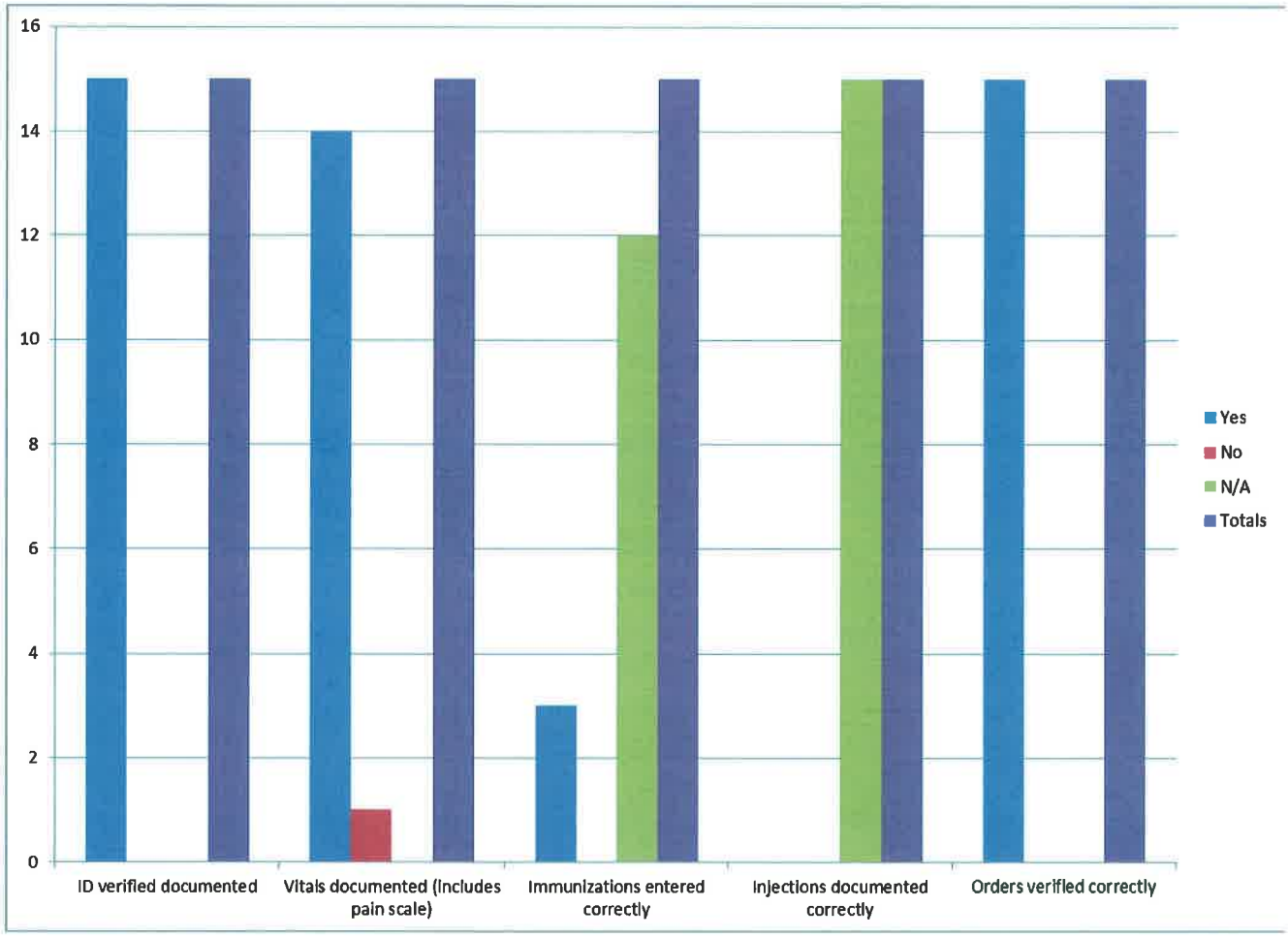
Dr. North

	Yes	No	N/A	Totals
Problem list reviewed at last visit	15	0	0	15
Medication list reviewed at last visit	15	0	0	15
Allergies reviewed at last visit	15	0	0	15
Health questionnaire reviewed	12	3	0	15
Documentation and follow-up of missed appointments	15	0	0	15
ID verification documented by provider	15	0	0	15



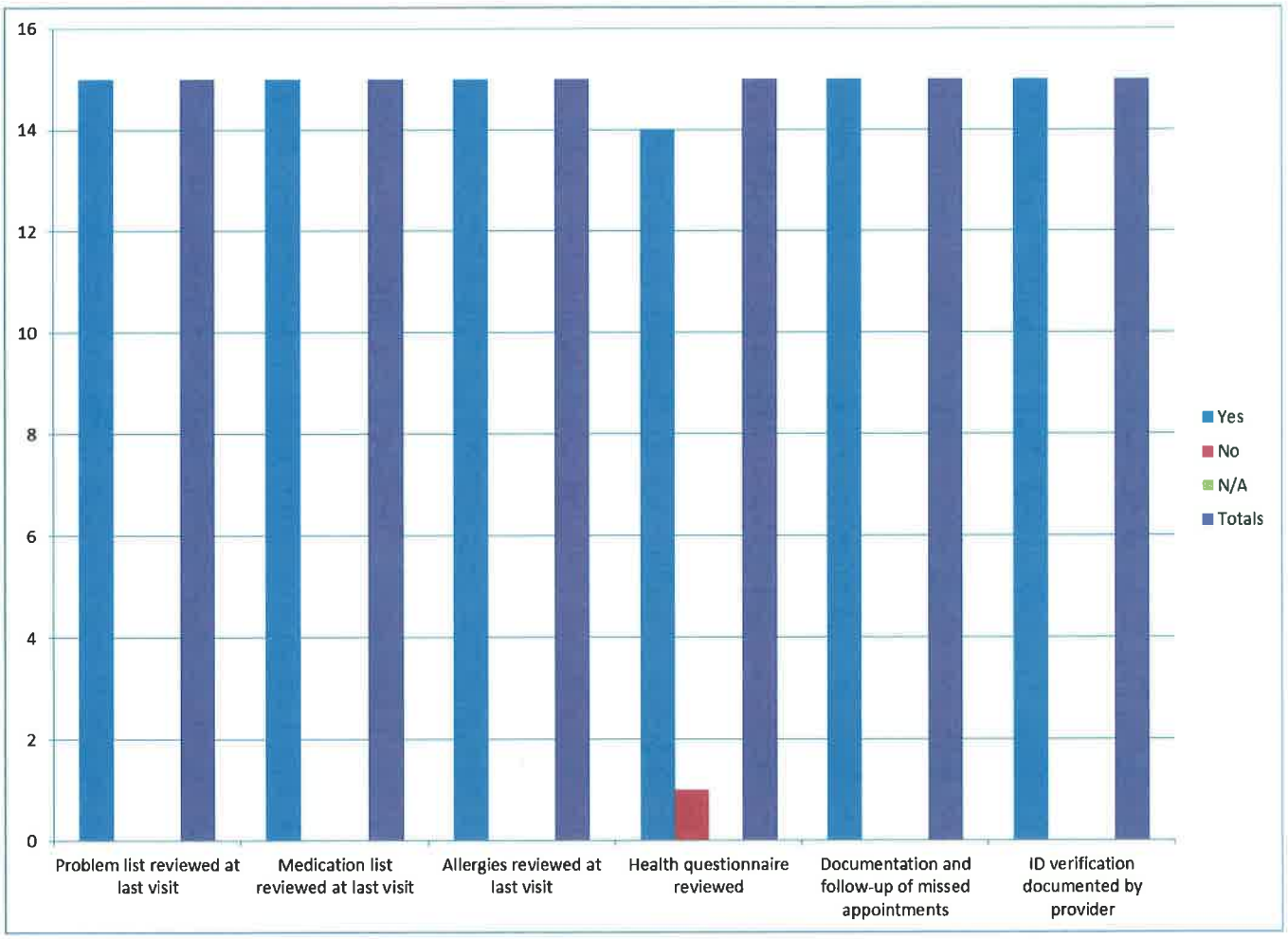
Dr. North's LVN/MAs

	Yes	No	N/A	Totals
ID verified documented	15	0	0	15
Vitals documented (includes pain scale)	14	1	0	15
Immunizations entered correctly	3	0	12	15
Injections documented correctly	0	0	15	15
Orders verified correctly	15	0	0	15



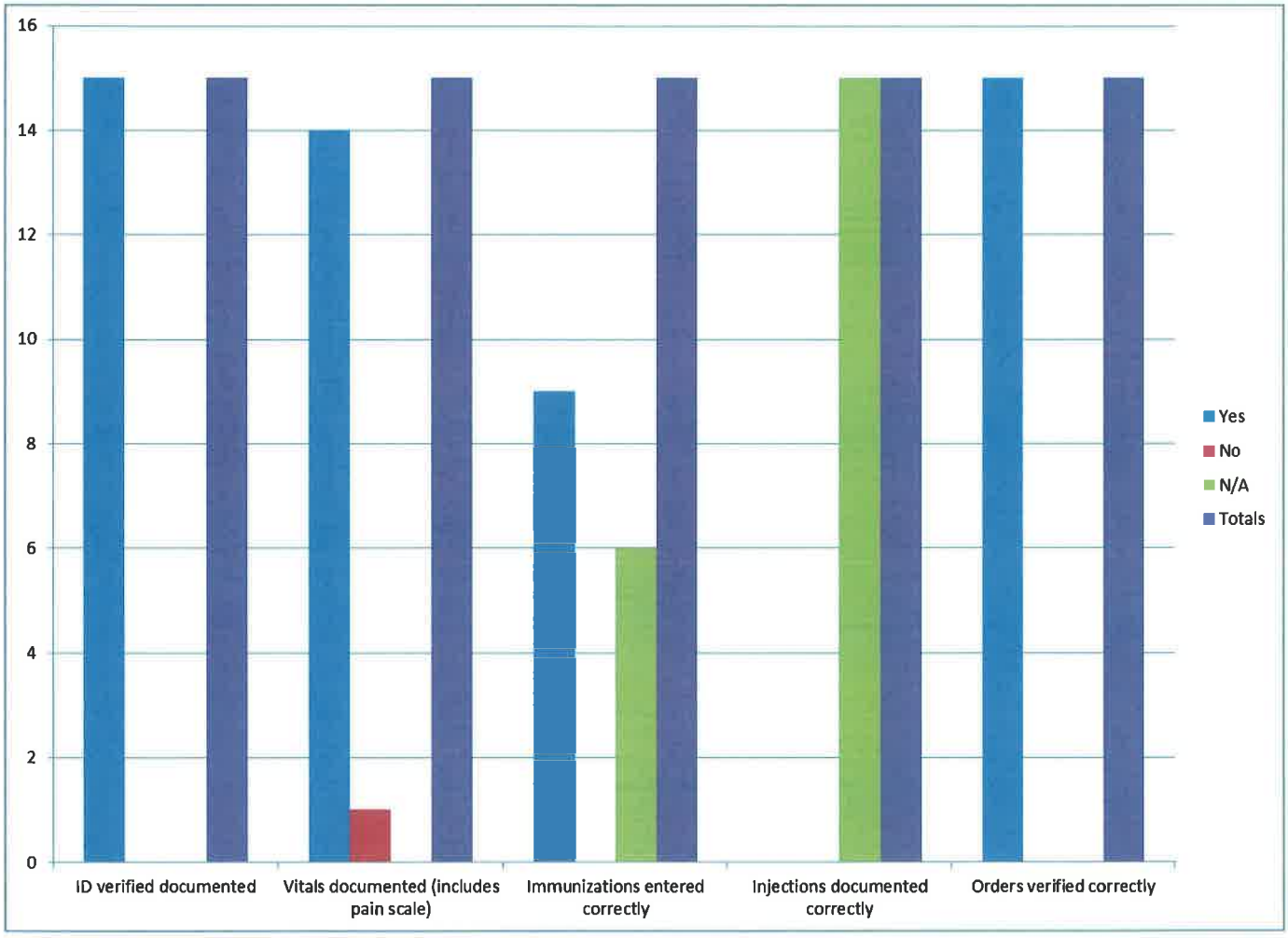
Lisa

	Yes	No	N/A	Totals
Problem list reviewed at last visit	15	0	0	15
Medication list reviewed at last visit	15	0	0	15
Allergies reviewed at last visit	15	0	0	15
Health questionnaire reviewed	14	1	0	15
Documentation and follow-up of missed appointments	15	0	0	15
ID verification documented by provider	15	0	0	15



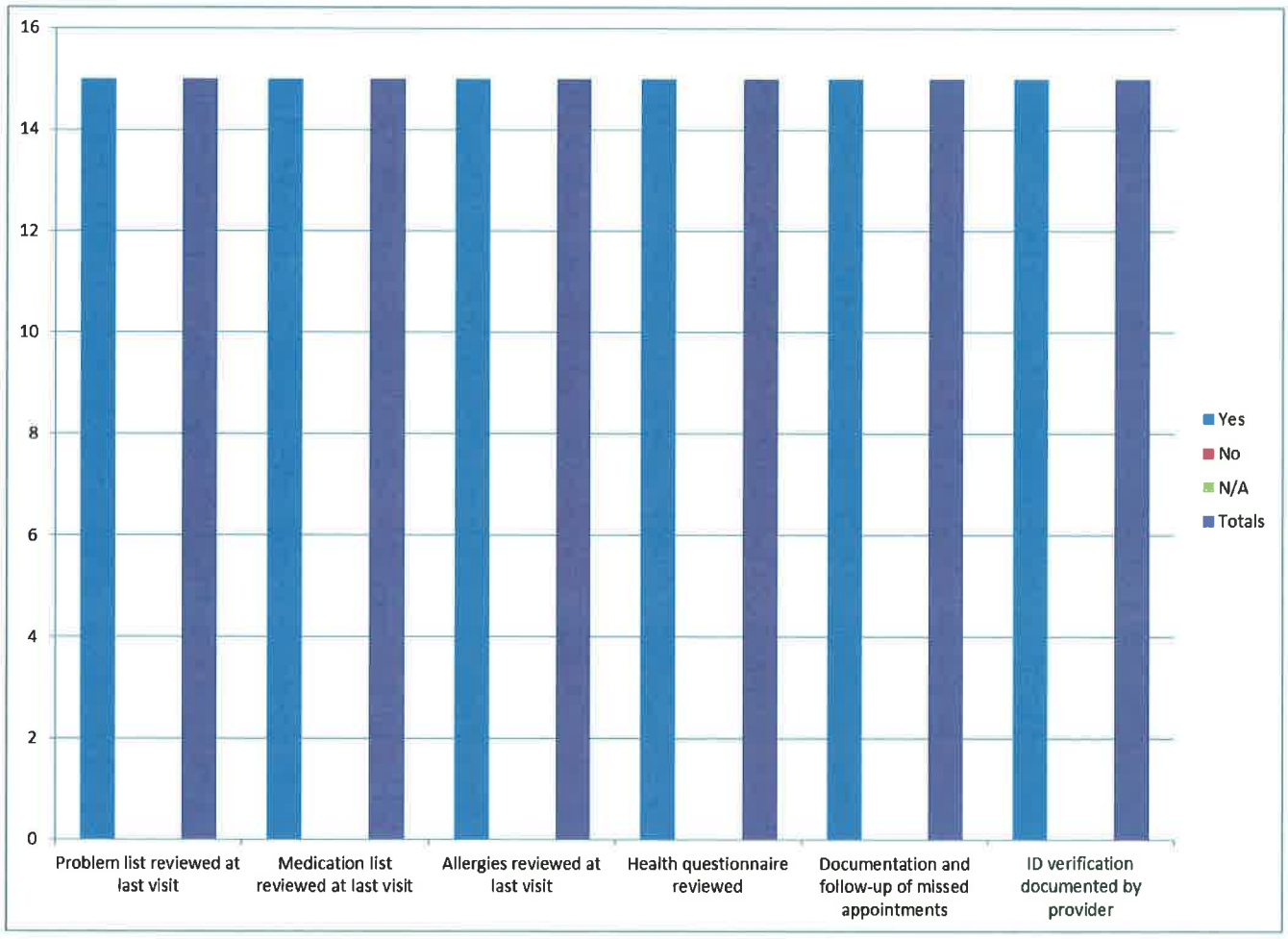
Lisa's LVN/MAs

	Yes	No	N/A	Totals
ID verified documented	15	0	0	15
Vitals documented (includes pain scale)	14	1	0	15
Immunizations entered correctly	9	0	6	15
Injections documented correctly	0	0	15	15
Orders verified correctly	15	0	0	15



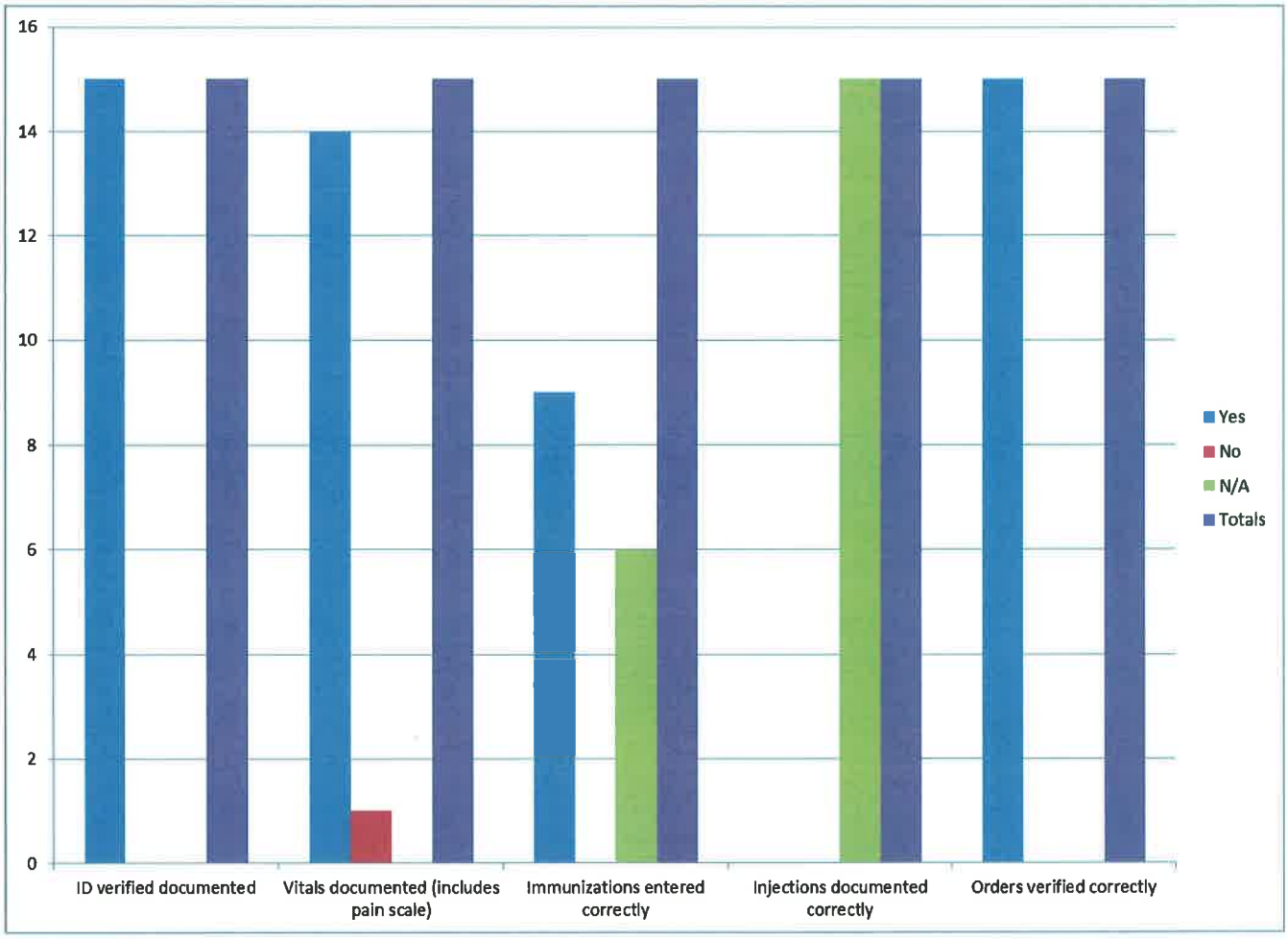
Dr. Hess

	Yes	No	N/A	Totals
Problem list reviewed at last visit	15	0	0	15
Medication list reviewed at last visit	15	0	0	15
Allergies reviewed at last visit	15	0	0	15
Health questionnaire reviewed	15	0	0	15
Documentation and follow-up of missed appointments	15	0	0	15
ID verification documented by provider	15	0	0	15



Dr. Hess's LVN/MAs

	Yes	No	N/A	Totals
ID verified documented	15	0	0	15
Vitals documented (includes pain scale)	15	0	0	15
Immunizations entered correctly	2	1	12	15
Injections documented correctly	0	0	15	15
Orders verified correctly	15	0	0	15



Performance Improvement Project
Yreka Medical Clinic
4th Quarter CY2013

Project Purpose: The project was implemented to help improve performance regarding provider completion of reminders as they appear on patient EHRs.

Rationale:

- Reminders are designed to assure that the key health issues, specific to each patient, are addressed during the course of the current examination. Unresolved reminders can pose a medical risk to the client, and can place the Tribe in legal jeopardy.
- Reminders are also directly tied to our performance on federal grants. Certain unresolved reminders reduce our grant-related performance rates, potentially placing future funding in jeopardy.

Measures Selected for Performance Improvement:

- Height (BMI calculation) [NOTE: Discontinued in 4th quarter CY2013 due to consistently high performance.]
- Lipid profile – female (CVA screen)
- Lipid profile – male (CVA screen)
- Pap smear (cancer screen)
- Mammogram (cancer screen)
- Colon cancer (cancer screen)
- DM foot exam (DM screen)
- DM eye exam (DM screen)
- DM HgbA1c (DM screen)

Measures selected were those which are related to the greatest health risk of our clients, and are current grant-related performance standards. The data was compiled by Amy Coapman regarding performance during the period 7/1/2013 through 9/30/2013. Monitoring the height measure was discontinued this quarter, due to consistent high performance, and to the exceptional work of our LVN/MA staff members.

The chart on the following page presents performance-by-provider on the eight reminder types listed above. It presents the percentage of reminders that were resolved during applicable examinations for the period. The legend also includes the number of patient visits by that provider for which a reminder was present. With one exception Lisa's performance was superior, followed closely by Dr. North on most measures. As mentioned last month, when a comparison was done for providers in all Tribal clinics, it appears that, the more time spent with clients per visit, the better the performance. Further analysis of this issue is recommended.

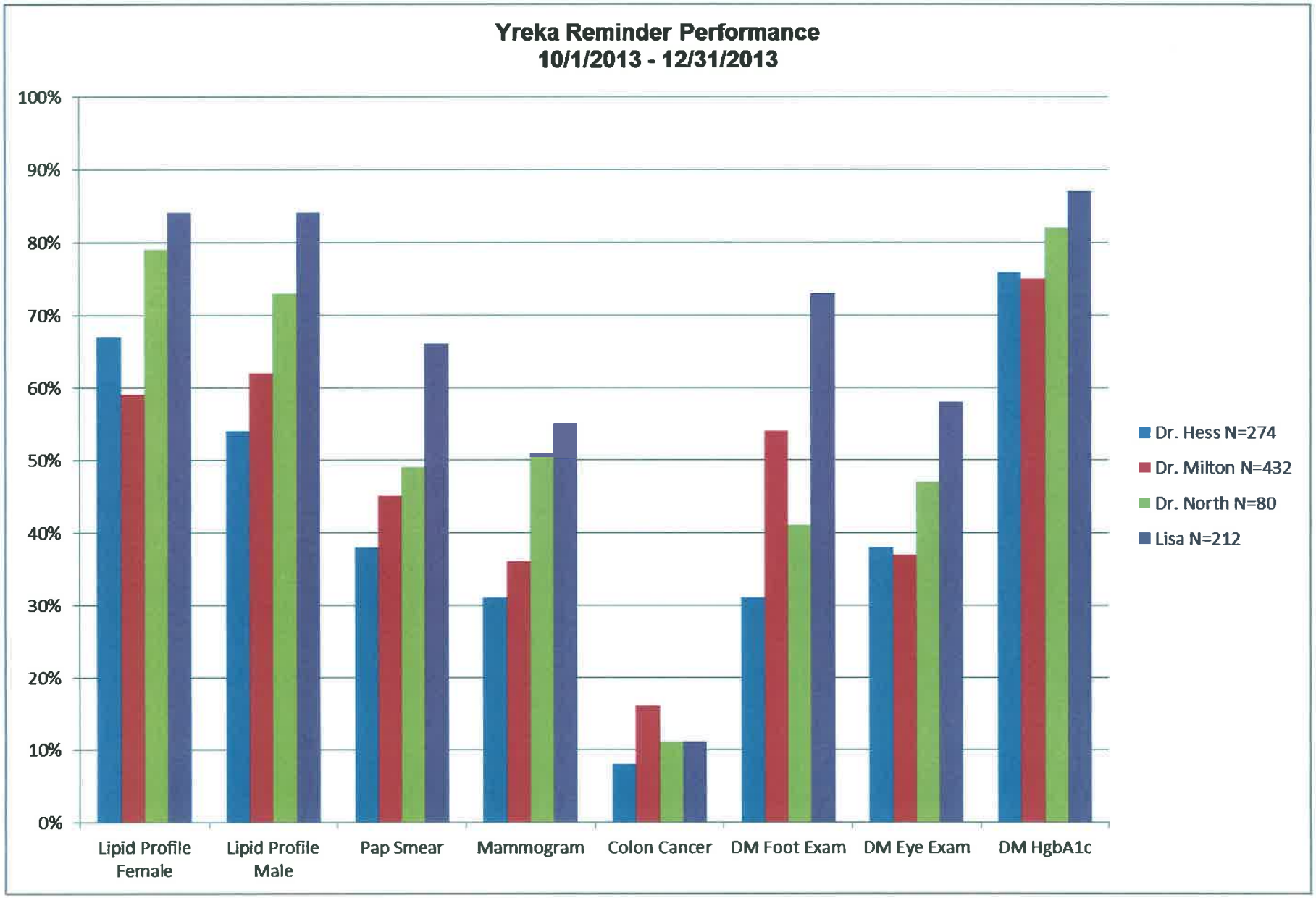
The first chart on the following pages present individual provider performance comparisons, from the first report period (2nd quarter FY2013) through this report period (1st quarter FY2014). Dr. Milton's data indicates, comparing the last two quarters, some improvement on three measures, equal or near-equal performance on two measures, and significant decreases on three measures. When the last quarter is compared to the first quarter, significant decreases occurred in all but one measure HgbA1c. An especially significant drop occurred in colon cancer screening.

Dr. North's performance throughout the year has generally been steadily improving. Decreases occurred in four measures, but the most significant were Pap smears and diabetic foot examinations. The drop in the latter was extremely significant. Lisa's data indicates near-equal or better performance on most issues. Two significant exceptions are diabetic foot examinations and colon cancer screenings. A precipitous drop occurred in the latter, although improvements were evident when the last quarter is compared to the previous two quarters. Dr. Hess left the Tribe at the end of 2013, and an analysis of his performance was not completed, since improvements cannot be anticipated for a provider who leaves the organization.

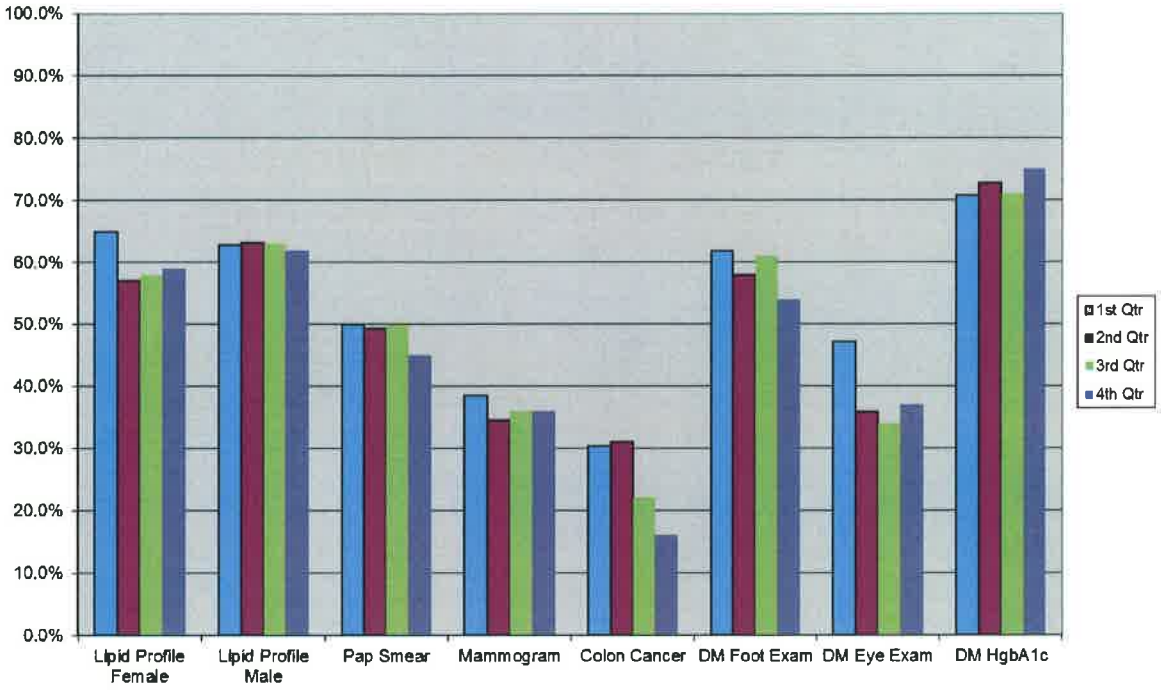
Now that a year's worth of data is available, a more comprehensive analysis is possible, allowing a chance to develop more effective solutions. Several options are evident, but the following action steps are proposed.

1. Present these results to each provider for review, requesting the preparation of a response to each reminder included in the information presented.
2. Convene a meeting of all Yreka medical clinic providers, the IT EHR specialist, the clinic manager, and, if desirable, a representative from administration to discuss reminder performance issues. The anticipated outcomes of this meeting, and possible subsequent meetings, would include:
    a. Understanding of the reasons why performance on reminder measurements is not meeting GPRA targets.
    b. Prioritizing reminders identified for improvement.
    c. Determining solutions for continuous improvement, for each measure identified.
3. Develop action plans for each measure identified.
4. Implement action plans, in priority order, if all actions cannot be implemented immediately.
5. Continue to monitor performance on reminders identified for improvement, with the expectation of improvement in the first quarter following the quarter in which the action plan was implemented.
6. Adjust action plans that fail to render the desired improvement; i.e., meeting GPRA standards; and implement the identified revisions.

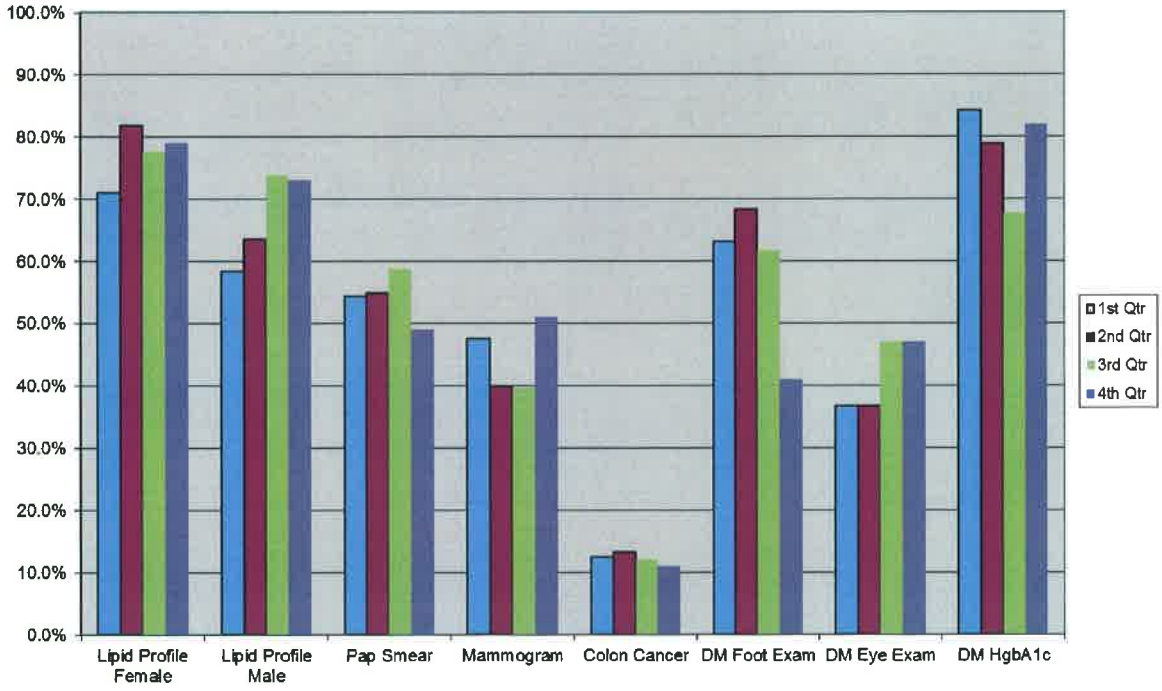
Concurrent with these actions, weekly meetings of the entire Yreka clinic's medical staff should be convened. It is anticipated that the need for these meetings will decrease in frequency, possibly to once or twice a month.


Yreka Reminder Performance
10/1/2013 - 12/31/2013
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Lipid Profile Female
Lipid Profile Male
Pap Smear
Mammogram
Colon Cancer
DM Foot Exam
DM Eye Exam
DM HgbA1c
Dr. Hess N=274
Dr. Milton N=432
Dr. North N=80
Lisa N=212

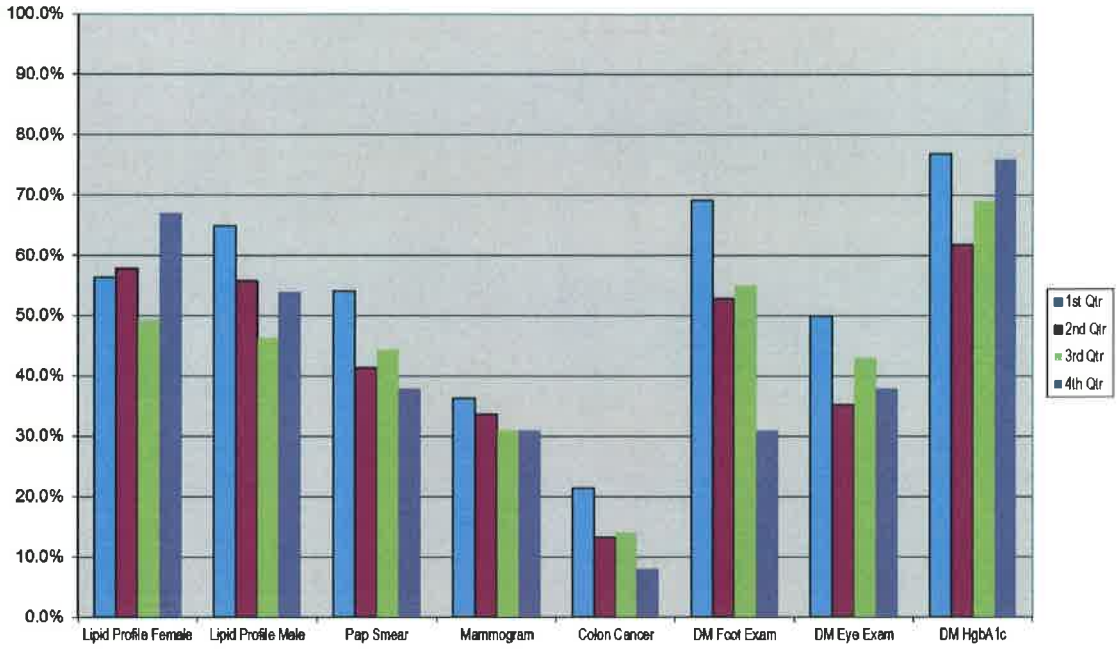
Dr. Milton Reminder Performance - Quarterly Comparison



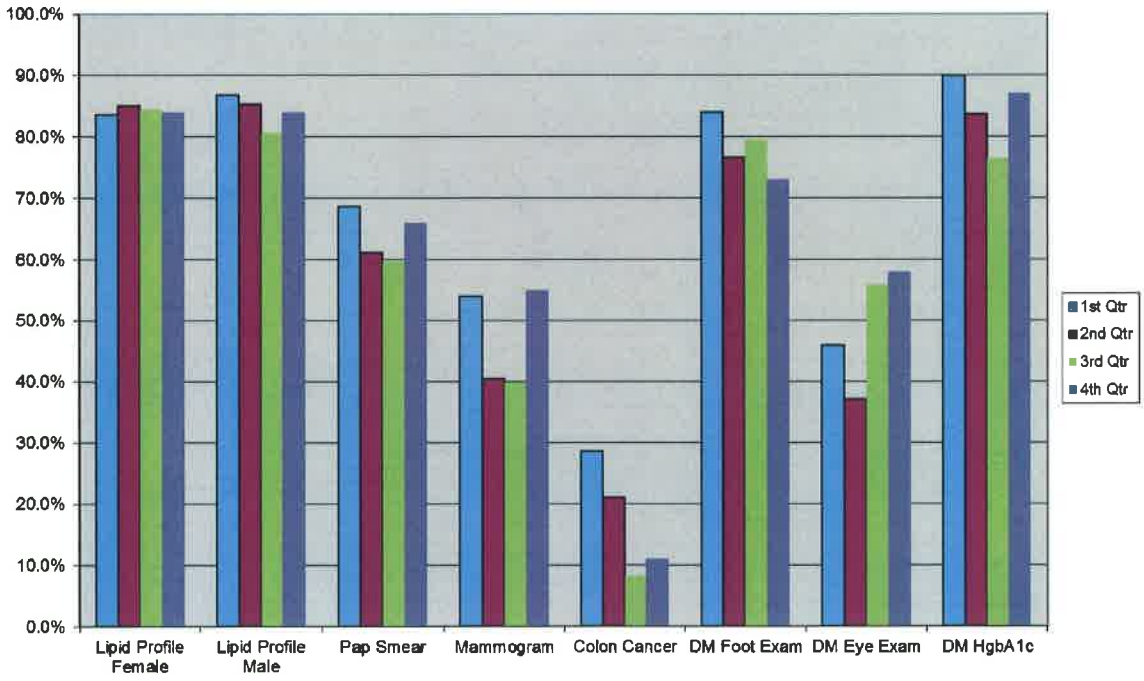
Dr. North Reminder Performance - Quarterly Comparison



Dr. Hess Reminder Performance - Quarterly Comparison



Lisa Rugg Reminder Performance - Quarterly Comparison



KARUK TRIBAL HEALTH AND HUMAN SERVICES PROGRAM

February 12, 2014

Major Change to CQI Project in 2013

Pap Smear Rates: Will increase by 2% per year for women 24 to 64 years of age

I. Purpose of Study

The purpose of this performance improvement project is to increase by 2% per year the number of women who receive a Pap smear once every three years or in the case of women age 30 to 64 years every five years if accompanied by an HPV test. This is a HRSA goal (for all women **ages 24 to 64**). See attached.

II. Identification of the Performance Goal

The goal is to increase our UDS Cervical Cancer Screening results by 2% each year. Past data indicates that this may be possible. However, the 2013 Cervical Cancer Screening Measure has changed and so 2013 will be our baseline year.

Past Data: The UDS report for 2008 indicated that 36% **(41.5% in 2009, 45.2% in 2010, 53.2% in 2011, 48.6% in 2012 and 41.8% in 2013)** of our female population received a pap smear. The Karuk Tribal Health and Human Services (KTHHSP) program serviced 935 **(853 in 2009, 757 in 2010, 767 in 2011, 771 in 2013)** female patients between the ages of 24 and 64 in 2008. A Pap test can save a woman's life. Pap tests can find the earliest signs of cervical cancer. If caught early, the chance of curing cervical cancer is very high. Pap tests also can find infections and abnormal cervical cells that can turn into cancer cells. Treatment can prevent most cases of cervical cancer from developing.

Getting regular Pap tests is one service KTHHSP providers can do for our female patients to prevent cervical cancer. In fact, regular Pap tests have led to a major decline in the number of cervical cancer cases and deaths.

III. Description of the Data

The baseline data for this performance improvement project will be taken from the 2013 final UDS Report.

IV. Evidence of Data Collection

We will use 2013 data as our baseline for future reports. The KTHHSP computer system has the capability of monitoring Pap test data. The program will use the UDS report data to track our Pap smear rates.

V. Data Analysis

We will use the 2013 result of 41.8% as our baseline for future reports.

VI. Comparison of Current Performance Against Performance Goal

Patti White pulled a 2013 UDS report. Our Pap rate was **41.8%.** Since this will now be our baseline we do not yet have anything to compare it with.

VII. Implementation of Corrective Actions to Resolve Identified Problem

The following key steps will be instituted with the intended result that our Pap smear rates will increase by 2% per year

- Define when pap smears are due (i.e. every three years or every 5) and define parameters for providers.

    1. Parameters to be given to the Karuk providers and their assistants by 2/12/14. See attached.
    2. Find out what is involved in HPV testing of 30 to 64 year old women. Should we have an EHR reminder for this?

- Identify women needing Paps. **(EHR reminders, lists, WH package)**

    1. Vickie Simmons will interoffice mail the entire list to the providers in confidential folders. However, until we are empanelled properly the list will not be by provider.

- Contact patients in need of Paps by phone/letter to schedule appointment during Pap clinics.

    1. Decide how this will be done and by whom.

- Update the list of women who have had hysterectomies.

    1. Vickie will work on this and ask for help as needed.

- Send out letters explaining the importance of cancer screens and offering incentives to women who are compliant each year; small non-coercive incentives. Begin as soon as possible.

    1. Ideas needed.
    2. Account number needed.

VIII. Re-Measurement

At the designated re-measurement time, repeat steps IV and V. Compare the results of the second round of data collection and analysis to the performance goal identified in step II, and determine whether the corrective actions have achieved the desired performance goal.

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

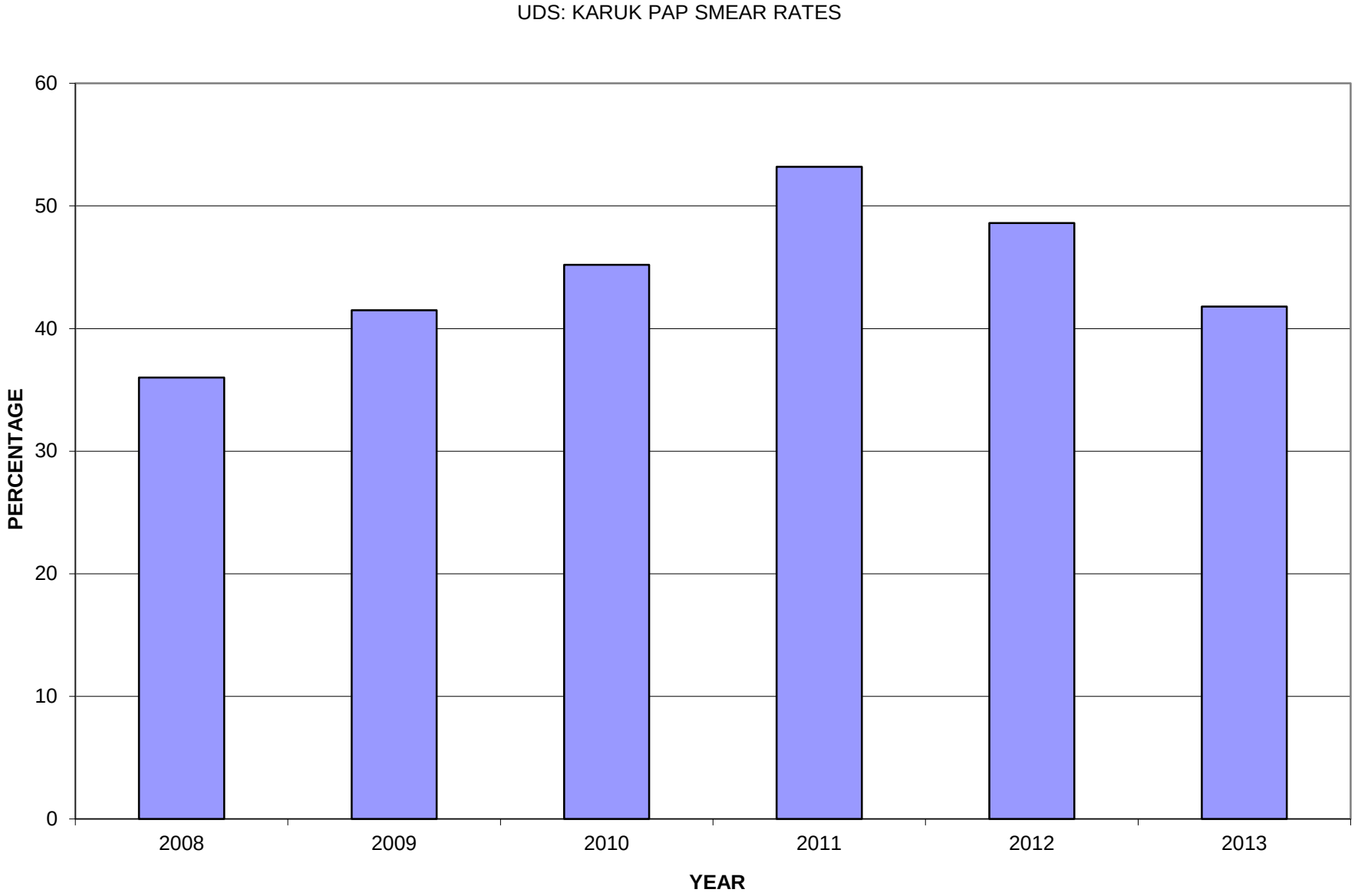
If the initial corrective actions did not achieve and/or sustain the desired improvement in performance, implementation of additional corrective actions and continued re-measurement will be instituted until the problem is resolved.

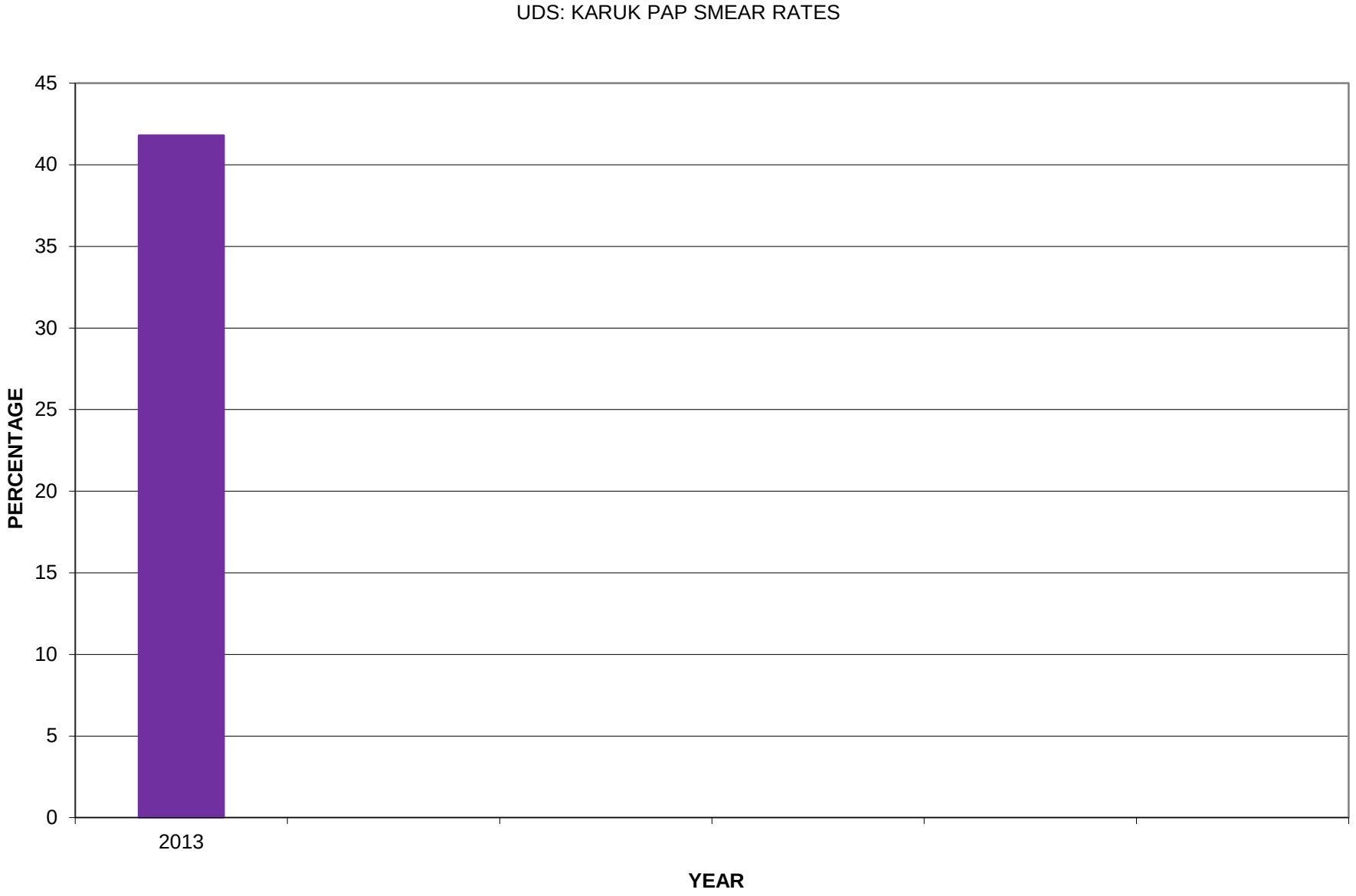
X. Communication to Governing Body

All performance improvement projects are reported monthly to our ACQI Committee and to the Tribal Council.

Respectfully Submitted,

Vickie Simmons


UDS: KARUK PAP SMEAR RATES
60
50
40
30
20
10
0
PERCENTAGE
2008
2009
2010
2011
2012
2013
YEAR


UDS: KARUK PAP SMEAR RATES
45
40
35
30
25
20
15
10
5
0
PERCENTAGE
2013
YEAR

1. Cervical cancer screening

Count as compliant women age 24 to 64 years with a Pap test every 3 years and women age 30 to 64 years who choose a 5 year interval for Pap tests when accompanied by an HPV test.

Whereas the current measure counts as compliant women age 24 to 64 years with 3 year intervals between screenings, the revision allows 5 year intervals for women age 30 to 64 years with a Pap test accompanied by an HPV test. This change aligns with the 2012 recommendation of the U.S Preventive Services Task Force.

- **Numerator:** Number of female patients 24-64 years of age receiving one or more Pap tests during the measurement year or during the two years prior to the measurement year, among those women included in the denominator; OR for women 30-64 years, received a Pap test accompanied with an HPV test done during the measurement year or four years prior
- **Denominator:** Number of female patients 24-64 years of age as of December 31 of the measurement year who were seen for a medical encounter at least once during the measurement year and were first seen by the grantee before their 65th birthday

There is no change to Table 6B shown below:

Section D – Cervical Cancer Screening				
Pap Tests		Total number of Female Patients 24-64 years of Age (a)	Number Charts Sampled or EHR total (b)	Number of Patients Tested (c)
11	MEASURE: Female patients aged 24-64 who received one or more Pap tests to screen for cervical cancer			

Plumas County HIV/AIDS Project
3th Quarter CY 2013

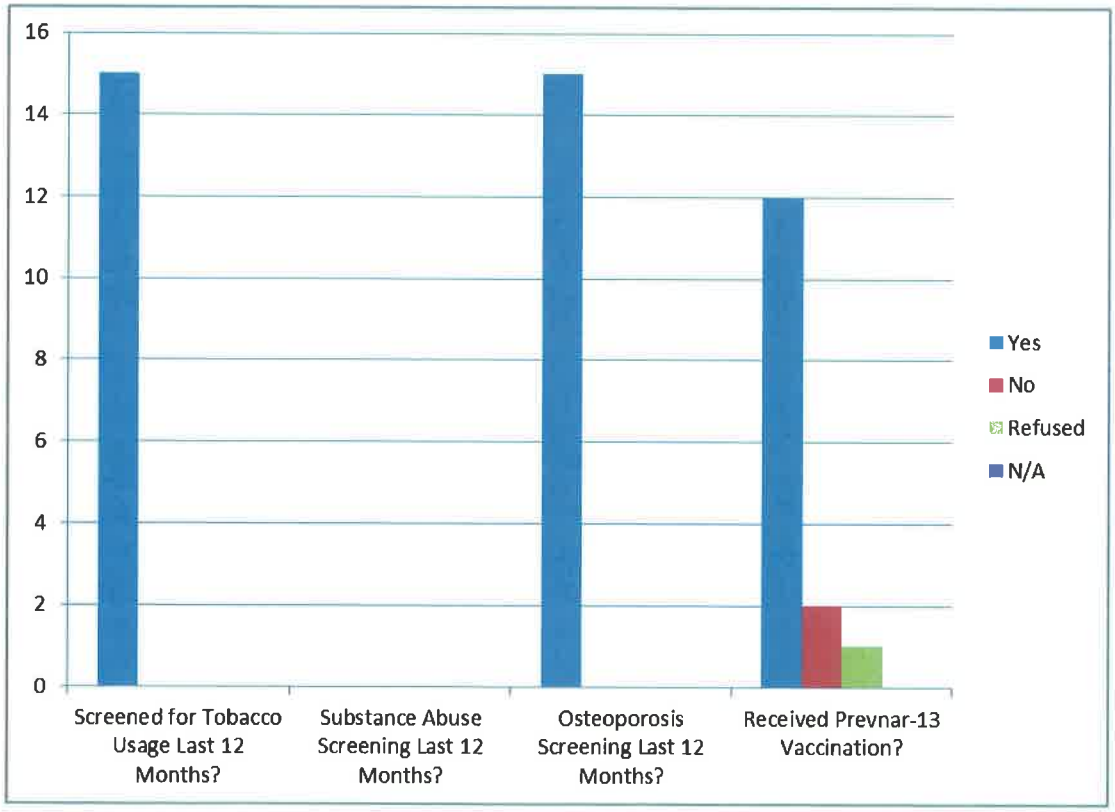
For the 2nd quarter reporting period (10/1/2013-12/31-2013) the Karuk Medical Clinic had 15 active patients, 4 females, 10 males, and one transgender patient. One male has transferred care to the Ryan White site in Mt. Shasta, since he lives there and has no transportation. One client has moved to Klamath Falls, Oregon, but continues to receive care at this clinic. All patients are on highly active antiretroviral medications. With one exception, all have had excellent CD4s and low or undetectable viral loads.

Findings

Osteoporosis Screening: All patients have been screened for vitamin D levels with 10 patients found deficient, with 25 hydroxy-vitamin D levels <30. All of these patients have begun vitamin D supplementation. Only one of five patients, for whom further testing with Dexa scan have been ordered, have complied with the recommendation. This is the most pressing concern regarding this group.

PCV 13 Vaccinations: 12 patients have had expanded pneumococcal immunization recommended by the CDC for immunocompromised patients. Of the remaining three patients, one has just become eligible, one has refused immunization, and one has not yet returned for immunization.

Quality Improvement Measure Performance



Comments:

1. An error in substance abuse screening calculation has been identified and will be corrected this quarter, and presented in the next report. Consequently, we are unable to report on this issue.
2. Eight patients smoke tobacco, with three of these actively trying to quit.

MEDICAL RECORDS ANALYSIS REPORT
4TH Quarter 2013
YREKA DENTAL DEPT

PURPOSE:

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

GOAL:

To have our charts in order and correct in the paper charts as well as EDR so our reports show our goal of 90%.

DATA:

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

1. Full Name, Chart Number on the outside of chart.
2. Current Face Sheet
3. Medical History Updated and Signed
4. Dental Exam Record Complete
5. Treatment Plans Signed/Dated
6. Chart Entries Initialed by Staff
7. Clinical Notes Signed by Provider
8. Local Anesthesia Noted
9. X-ray Label Complete
10. Informed Consents Endo/Extraction

MEDICAL ALERT LABELS Since we have EDR we have changed and added some of our Alert Labels to look for. See Chart Attached.

FINDINGS: This quarter we went down in three areas.

1. Medical History Update and Signed – we went from 90% down to 75%, with 5 charts not having the dentist initials on the visit dates.
2. Medical Alerts –
    a. Medical alert – dropped from 85% to 65%
    b. Medications – dropped from 70% to 60%

CORRECTIVE ACTIONS:

.

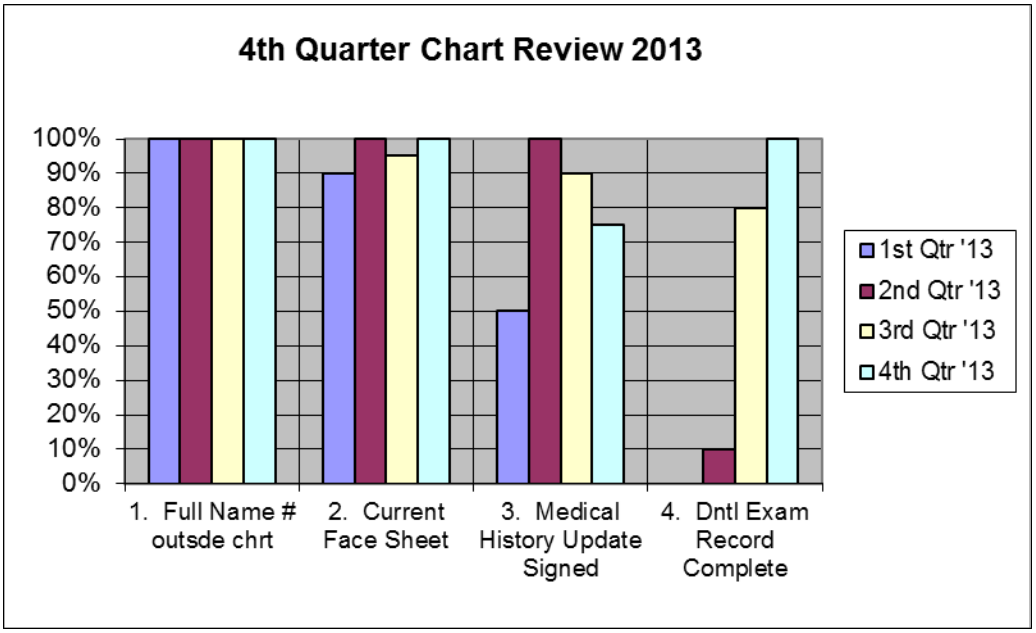
1. Goal is to be at 90% in all areas by our 4th quarter report in 2013.

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

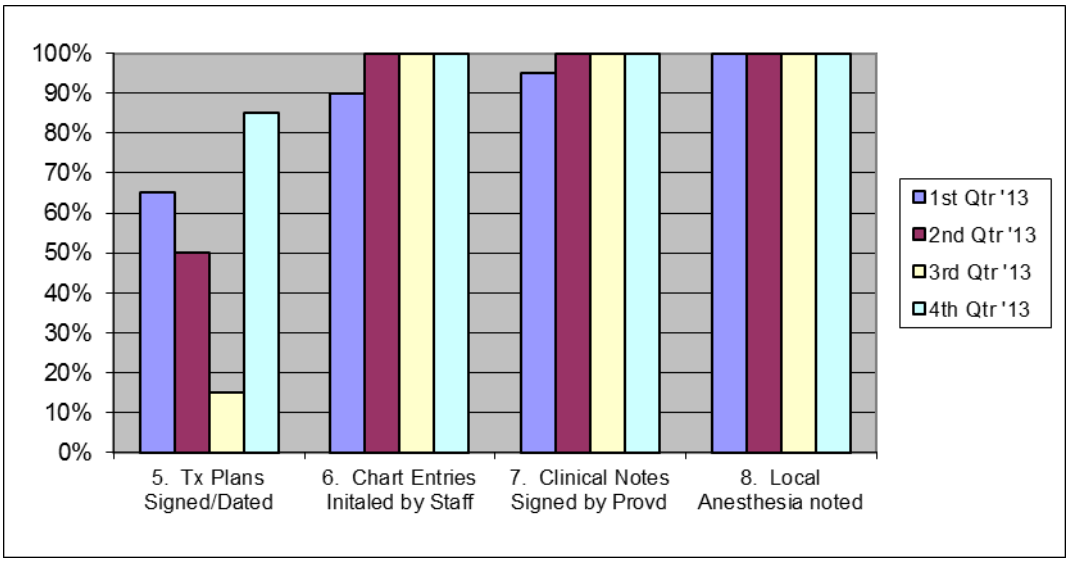
Respectively Submitted, Susan Beatty, RDA

4TH QUARTER CHART REVIEW 2013 / YREKA DENTAL OFFICE

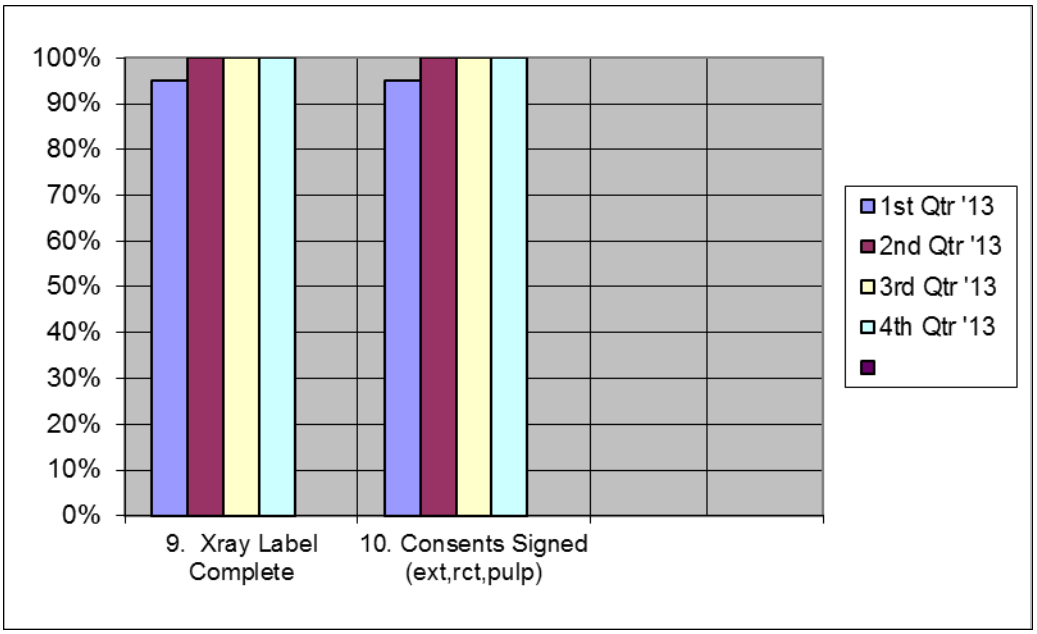
	1st Qtr '13	2nd Qtr '13	3rd Qtr '13	**4th Qtr '13**
1. Full Name # outsde chrt	100%	100%	100%	**100%**
2. Current Face Sheet	90%	100%	95%	**100%**
3. Medical History Update Signed	50%	100%	90%	**75%**
4. Dntl Exam Record Complete		10%	80%	**100%**



	1st Qtr '13	2nd Qtr '13	3rd Qtr '13	**4th Qtr '13**
5. Tx Plans Signed/Dated	65%	50%	15%	**85%**
6. Chart Entries Initaled by Staff	90%	100%	100%	**100%**
7. Clinical Notes Signed by Provd	95%	100%	100%	**100%**
8. Local Anesthesia noted	100%	100%	100%	**100%**

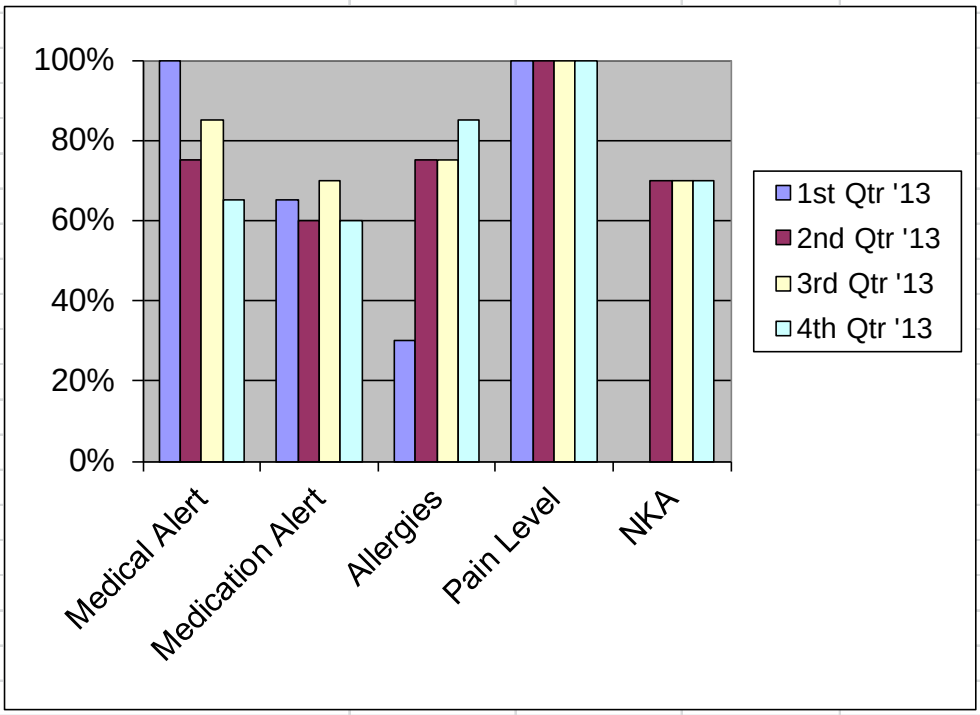


	1st Qtr '13	2nd Qtr '13	3rd Qtr '13	**4th Qtr '13**
9. Xray Label Complete	95%	100%	100%	**100%**
10. Consents Signed (ext,rct,pulp)	95%	100%	100%	**100%**



Medical Alert Labels

	1st Qtr '13	2nd Qtr '13	3rd Qtr '13	**4th Qtr '13**
Medical Alert	100%	75%	85%	**65%**
Medication Alert	65%	60%	70%	**60%**
Allergies	30%	75%	75%	**85%**
Pain Level	100%	100%	100%	**100%**
NKA	0%	70%	70%	**70%**



Performance Improvement Project
BLOOD PRESSURES
4th Qtr 2013
Yreka Dental Dept

PURPOSE:

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

GOAL:

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

DATA:

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

FINDINGS:

1st Qtr 2013: 80% were correct
2nd Qtr 2013: 75% were correct
3rd Qtr 2013: 70% were correct
4th Qtr 2013: 70% were correct

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

CORRECETIVE ACTIONS:

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

Respectively Submitted,
Susan Beatty, RDA

Karuk Tribe

Karuk Dental Records Report
ACQI Meeting Date 2/12/14
3RD Quarter Report of 2013 by Cheryl Asman

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

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 third quarter of calendar year 2013

Ten Adult Charts		Record Count	complete	incomplete	N/A	Percent
1	Full name and health record number on outside tab of chart	10	10	0	0	100%
2	Current Face sheet (Within last 12 months)	10	10	0	0	100%
3	Medical history updated within 12 months + Update review box initialed within Quarter	10	10	0	0	100%
4a	Medical Alerts	10	10	0	0	100%
4b	Medications	10	8	0	2	100%
4c	Allergic to	10	4	0	6	100%
4d	Pain Level	10	10	0	0	100%
4e	NKA	10	7	0	3	100%
4f	Pre-Med noted	10	1	0	9	100%
5	Dental Examination for patients that have exam within reporting period is complete	10	3	0	7	100%
6	Completed Tx Plan	10	4	1	5	90%
7	All Chart entries include provider and/or staff initials	10	10	0	0	100%
8	Dentrix Clinic notes show provider who saw patient & signed	10	10	0	0	100%
9	Local anesthesia used	10	7	0	3	100%
10	X-rays label complete	10	5	0	5	100%

11	Informed consents completed & signed by patients and providers	10	10	0	0	100%		

Ten Child charts		Record Count	complete	incomplete	NA	Percent
1	Full name and health record number on outside tab of chart	10	10	0	0	100%
2	Current Face sheet (Within last 12 months)	10	10	0	0	100%
3	Medical history updated within 12 months + Update review box initialed within Quarter	10	10	0	0	100%
4a	Medical Alerts	10	5	0	5	100%
4b	Medications	10	0	0	10	100%
4c	Allergic to	10	2	0	8	100%
4d	Pain Level	10	10	0	0	100%
4e	NKA	10	8	0	2	100%
4f	Pre-Med noted	10	0	0	10	100%
5	Dental Examination for patients that have exam within reporting period is complete	10	5	0	5	100%
6	Completed Tx Plan	10	5	0	5	100%
7	All Chart entries include provider and/or staff initials	10	10	0	0	100%
8	Dentrix Clinic notes show provider who saw patient & signed	10	10	0	0	100%
9	Local anesthesia used	10	0	0	10	100%
10	X-rays label complete	10	4	0	6	100%
11	Informed consents completed & signed by patients and providers	10	10	0	0	100%

4. In the 3rd quarter of 2013, we fell by only 10% in the adult charts, with only one Tx plan not completed. We are still at 100% with the childrens charts.

Karuk Tribe

Karuk Dental Records Report
ACQI Meeting Date 2/12/14
4th Quarter Report of 2013 by Cheryl Asman

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

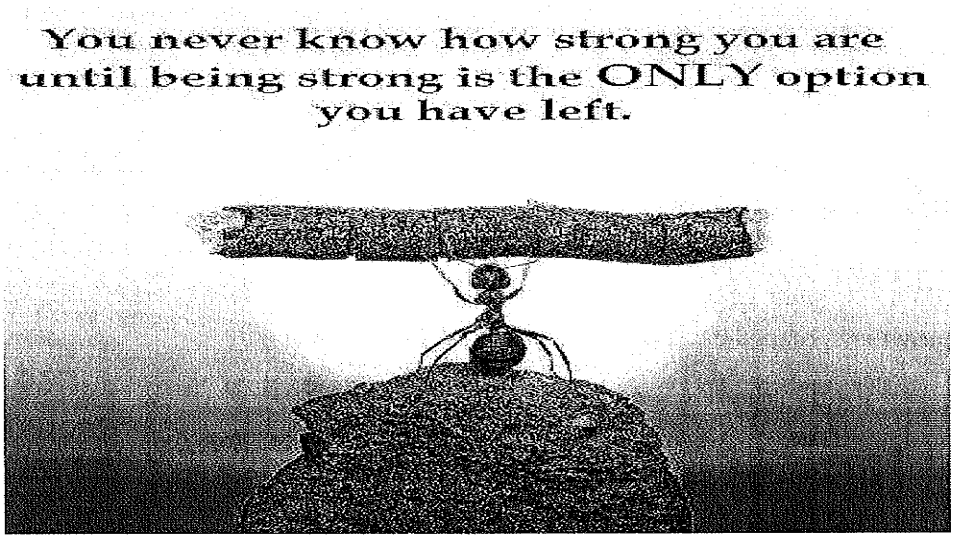
2. **Description Data Collection**
   a. I reviewed and collected data from ten adult dental records.
   b. I reviewed and collected data from ten children dental records
3. **Evidence of Data**
   The data was collected from the visits in the fourth quarter of calendar year 2013

Ten Adult Charts		Record Count	complete	incomplete	N/A	Percent
1	Full name and health record number on outside tab of chart	10	10	0	0	100%
2	Current Face sheet (Within last 12 months)	10	10	0	0	100%
3	Medical history updated within 12 months + Update review box initialed within Quarter	10	10	0	0	100%
4a	Medical Alerts	10	10	0	0	100%
4b	Medications	10	8	0	2	100%
4c	Allergic to	10	4	0	6	100%
4d	Pain Level	10	10	0	0	100%
4e	NKA	10	7	0	3	100%
4f	Pre-Med noted	10	2	0	8	100%
5	Dental Examination for patients that have exam within reporting period is complete	10	7	0	3	100%
6	Completed Tx Plan	10	5	1	4	90%
7	All Chart entries include provider and/or staff initials	10	10	0	0	100%
8	Dentrix Clinic notes show provider who saw patient & signed	10	10	0	0	100%
9	Local anesthesia used	10	4	0	6	100%
10	X-rays label complete	10	5	0	5	100%

11	Informed consents completed & signed by patients and providers	10	10	0	0	100%		

Ten Child charts		Record Count	complete	incomplete	NA	Percent
1	Full name and health record number on outside tab of chart	10	10	0	0	100%
2	Current Face sheet (Within last 12 months)	10	10	0	0	100%
3	Medical history updated within 12 months + Update review box initialed within Quarter	10	10	0	0	100%
4a	Medical Alerts	10	5	0	5	100%
4b	Medications	10	0	0	10	100%
4c	Allergic to	10	2	0	8	100%
4d	Pain Level	10	10	0	0	100%
4e	NKA	10	8	0	2	100%
4f	Pre-Med noted	10	0	0	10	100%
5	Dental Examination for patients that have exam within reporting period is complete	10	5	0	5	100%
6	Completed Tx Plan	10	5	0	5	100%
7	All Chart entries include provider and/or staff initials	10	10	0	0	100%
8	Dentrix Clinic notes show provider who saw patient & signed	10	10	0	0	100%
9	Local anesthesia used	10	0	0	10	100%
10	X-rays label complete	10	4	0	6	100%
11	Informed consents completed & signed by patients and providers	10	10	0	0	100%

4. In the 4th quarter of 2013, we are still down by 10% in the adult charts, with one Tx plan not completed. We are still at 100% with the children's charts.



Safety Report Karuk Tribal Health 2014

Karuk Health Clinic's all had the required Fire Drills; Yreka had an Emergency Drill with CPR in Progress, Happy Camp Clinic also had an Emergency Drill with CPR in progress. Orleans Clinic did not have its annual Emergency Drill with CPR in progress, had no provider. It's okay.

The Modular Building has its window for the medicine pick up, this will keep the front entrance door locked during the day; a safety issue for staff from the pass. Visitors to see staff will be screened, then the staff member will be called by telephone to see if in or not, want to see the visitor. This will prevent someone storming into the office to a staff member's office, yelling and threating people. At this time the side door (deck) will be unlocked during business hours for other staff to enter the modular building.

CPR FIRST AID TRAINING: I have trained over 200 people, along the River Community. I have new thoughts for the training I learned from my Alabama Training, a Pre-Test will be given then the TEST at the end of class. A doubled sided sword; I see how much the students learned in class also I see if I need to go over the information in greater detail. My goal is for everyone to have the knowledge and skills to save someone, if need be.

Attending Health Meetings; ED, Safety & Infection as needed, also Health Board when possible.

Department of Homeland Security, Center for Domestic Preparedness Training February 8 through February 16, 2014 a lot of intense training, what an experience I had; most outside of my safety zone, LOL no kidding. The class in which I attended: Emergency Medical Operations for CBRNE Incidents; also Integrated Capstone Event (EMO). I wore the full body suit (SCBA FULL FACE RESPIRATOR, SPLASH SUIT) I had a bit of a time when they put on the face mask, had it taken off then put back on; out of my safety zone, however I overcame and wore it for 8 hours, the oxygen tank itself weighed 60 pounds, so yes