

KARUK TRIBE
HEALTH BOARD MEETING AGENDA
Thursday, January 14, 2016 3 PM, Yreka, 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) CONSENT CALENDAR

EE) APPROVAL OF THE AGENDA

1. Agreement 16-A-017, California TeleHealth Network (Orleans Clinic)
2. Agreement 16-A-018, California TeleHealth Network (Yreka Clinic)
3. Agreement 16-A-019, California TeleHealth Network (Happy Camp Clinic)
4. Agreement 14-A-065 Modification (1) with Department of Veteran Affairs
5. Procurement, Tech Support \$7,284 (3 years support)

F) APPROVAL OF THE MINUTES (December 3, 2015)

H) GUESTS (Ten Minutes Each)

1. Jaclyn Ownsbey, Grant Writer/Resource Developer
2. Angela Baxter, Drug & Alcohol Program

I) OLD BUSINESS (Five Minutes Each)

- 1.

II) DIRECTOR REPORTS (Ten Minutes Each)

1. Pat Hobbs, Children & Family Services (written report)
2. Patricia White, RPMS Site Manager (written report)
3. Lessie Aubrey, Grants, Compliance, Accreditation Manager (written report)
4. Vickie Walden, Dental Office Manager (written report)
5. Eric Cutright, IT Director

K) REQUESTS (Five Minutes Each)

- 1.

M) INFORMATIONAL (*Five Minutes Each*)

1.

M) CLOSED SESSION (*Five Minutes Each*)

1. CHS (dinner break)
2. Vickie Simmons
3. Cheryl Husa
4. Joshua Stanshaw
5. Pat Hobbs
6. Fatima Abbas
7. Barbara Snider
8. Tribal Council Members

N) SET DATE FOR NEXT MEETING (*Thursday, February 11, 2016 at 3 PM in Happy Camp, CA.*)

OO) ADJOURN

**Karuk Tribe – Health Board Meeting
December 3, 2015 – Meeting Minutes**

Meeting called to order at 3:08pm by Chairman, Attebery.

Present:

Russell “Buster” Attebery, Chairman
Michael Thom, Secretary/Treasurer
Alvis Johnson, Member at Large
Renee Stauffer, Member at Large
Charron Davis, Member at Large
Josh Saxon, Member at Large

Absent:

Robert Super, Vice-Chairman (excused)
Elsa Goodwin, Member at Large (excused)
Arch Super, Member at Large (excused)

Prayer was done by Sonny Davis and Buster Attebery read the Mission Statement.

Agenda:

Josh Saxon moved and Renee Stauffer seconded to approve the agenda, 5 haa, 0 puuhara, 0 pupitihara.

Minutes of November 4, 2015:

Renee Stauffer moved and Bud Johnson seconded to approve the meeting minutes, 4 haa, 0 puuhara, 1 pupitihara (Michael Thom).

Directors Reports:

1.) Pat Hobbs, Children & Family Services:

Pat is not present, on travel status, report received.

Buster has questions regarding Pat’s report but she is not present so he will wait on reviewing her report.

Renee Stauffer moved and Sonny Davis seconded to approve Pat’s report, 5 haa, 0 puuhara, 0 pupitihara.

2.) Patti White, RPMS Site Manager:

Patti is present to review her report. She updated the Council on the PHR with Indian Health Services and the successful installation. They will begin testing it with the providers very soon.

Buster commented that during his TBIC meeting, he was updated on the Tribal Data Exchange. Patti reported to the Council that the clinical data exchange is moving along and that TBIC information he received is related to the PHR testing and now in implementation.

Raul commented that there will be a penalty if this is not met. Patti commented that this is a moot point. Meaningful Use will ensure minimum compliance.

Josh Saxon moved and Renee Stauffer seconded to approve Patti’s report, 5 haa, 0 puuhara, 0 pupitihara.

3.) Lessie Aubrey, Grants, Compliance & Accreditation Manager:

Lessie is present to review her report. She updated the Council on Debbie Bickford's enrollments into covered California. She overviewed the patient chart reviews and reports from each clinic.

Lessie provided the HRSA survey received from last year, attached to her report.

Lessie sought the Council's approval to use Native American pictures for the HRSA brochure.

Sonny Davis moved and Renee Stauffer seconded to authorize the release of Native American photos to CRIHB, 5 haa, 0 puuhara, 0 pupitihara.

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

4.) Raul Recarey, Health CEO:

Raul is present to provide his report. He submitted the digital record project. He noted that the new Project Manager will be working with those documents for implementation on the project. He would like to have signatures from each party that will be working toward the project charter. Raul reviewed the stakeholder's document and classification of the employees that will most likely be involved in projects identified. Raul would like to have changes that affect the timing of the project, and then the Council should have to approve that. He would like the project manager tasks to be implemented. He discussed the legal research with Fatima and due to her tasks; he would recommend obtaining outside legal counsel.

He then sought approval of Abigail Yeager to do marketing for the marketing/advertising package of the Clinics. Abigail responded to the bid, but it is over budget and would need to be increased \$200 monthly for 12 months. There is a 30 day out clause in the contract. Raul believes that this will provide a lot of exposure. It was determined that the document had not been reviewed internally nor assigned a number for internal purposes.

Josh asked about the notation of a Yreka Clinic Center Facebook page. Laura commented that having stable providers would be needed, before a huge advertising campaign. She would like to have providers available to see patients. Raul doesn't believe this is an issue at all. Buster asked if the Clinic is prepared to take more patients. Raul believes so.

He then reviewed his report. He updated the patient visit counts and reported the patient volume that has dropped. This was indicative of a provider not seeing patients, and some office closures from Holidays.

Josh asked if there are some measures that are provider specific or support staff specific. Raul believes that the report is indicative of "team" but he would be able to see an overwhelming issue if it was a provider.

Raul went on to review the patient numbers along with quality measures. Raul would recommend hiring Dr. Felker. Dr. Millington will be resigning and another provider has been hired. Fairchild Medical Center has not been able to finalize a provider for their dental clinic.

He provided a graph displaying the improvements since his implementation of a bonus program. He would like to recommend a different bonus system for next year. Paying 1st, 2nd, and 3rd place was easy to calculate. He would like to offer the "quality" to increase the provider's salary. He would recommend providers meeting quality scores of 75%, 85% or 90% (based on an approved

formula), then it would be an incentive for providers to provide quality care. It would only be tied to the quality metric. This would include the team. Laura noted that educating the providers on what they actually make is needed.

Josh Saxon moved and Sonny Davis seconded to approve Raul's report, 5 haa, 0 puuhara, 0 pupitihara.

5.) Vickie Walden, Dental Program Manager:

Not present, report provided.

Josh Saxon moved and Renee Stauffer seconded to approve Vickie's report, 5 haa, 0 puuhara, 0 pupitihara.

Renee Stauffer moved and Josh Saxon seconded to approve agreement 16-A-009, 5 haa, 0 puuhara, 0 pupitihara.

6.) Eric Cutright, IT Director:

Eric arrived and presented his report for review. The broadband position has been posted. He would like to go live with the new website. Josh would like to draft a Facebook policy that can be done and implemented in the manner in which it can be done. Josh would like to have a default to use Michelle's Facebook page.

A Management Team meeting will be held in January. Aan Chuuphan is moving along and they're getting more clients.

This year the Karuk Tribe will draft the USDA grant application for the Karuk Tribe. Josh recommends moving toward broadcasting Council Meetings and possibly having a portable system.

Eric advised that a backup system could be needed and the cost of the necessary equipment.

Michael Thom moved and Bud Johnson seconded to approve Eric's report, 5 haa, 0 puuhara, 0 pupitihara.

Closed Session:

Josh Saxon moved and Michael Thom seconded to approve the health program financial report, 5 haa, 0 puuhara, 0 pupitihara.

Renee Stauffer moved Josh Saxon seconded to approve resolution 15-R-147, 5 haa, 0 puuhara, 0 pupitihara.

Consensus: to have the Chairman ensure a fix is immediate for the Orleans DNR building. Either calling directly for a contractor for the fix or fast tracking it for completion by the crew.

Consensus: to issue the dam removal press release.

Josh Saxon moved and Sonny Davis seconded to authorize \$200 per month, in marketing campaign budget for health, 5 haa, 0 puuhara, 0 pupitihara.

Next Meeting Date: January 14, 2016, Yreka CA.

Josh Saxon moved and Renee Stauffer seconded to adjourn at 4:51pm, 5 haa, 0 puuhara, 0 pupitihara.

Respectfully Submitted,

Russell “Buster” Attebery, Chairman

Recording Secretary, Barbara Snider

Karuk Community Health Clinic

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

Karuk Tribe

**Administrative Office**

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

Karuk Dental Clinic

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

Karuk Tribe Consent Calendar Health Board Meeting – January 14th, 2016

Health: Agreements with CTN

- Requesting approval of agreement 16-A-017 with California Telehealth Network (Orleans Clinic)
- Requesting approval of agreement 16-A-018 with California Telehealth Network (Yreka Clinic)
- Requesting approval of agreement 16-A-019 with California Telehealth Network (Happy Camp Clinic)

Agreements increase internet speeds from 6 Megabits per second to 45 Megabits per second. Agreement provides low cost high speed internet so all clinics can communicate.

Health: Agreement with VA

- Requesting approval of agreement 14-A-065 modification #1 with Dept. of Veteran Affairs, VA Healthcare System. Modification provides changes to the language in the original agreement.

Health: Procurement

- Requesting approval to purchase Avast Endpoint Protection Suite from Inland Tech Support. Amount: \$7,284 (3 years of support)

Purchasing software as a three year bundle will save the tribe \$5,000.

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REQUEST FOR CONTRACT/ MOU/ AGREEMENT

Check One: Contract
 MOU
 Agreement
 Amendment

Karuk Tribe Number Assigned: 16-A- 1U-A-017
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: December 15, 2015

Department/Program: Karuk Tribe Health and Human Services Orleans

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

Effective Dates (From/To): January 1, 2016 December 31, 2018

Amount of Original: \$27,000.00

Amount of Modification: _____

Total Amount: \$27,000.00

Funding Source: Third Party 3900-00-7607-01

Special Conditions/Terms:
This agreement, if approved, will replace agreement 15-A-033.

Brief Description of Purpose:
This agreement provides the low cost high-speed internet circuits that allow the clinic in Orleans to all talk to the central servers in Happy Camp. This agreement is for speeds of 45 Megabits per second for \$750 a month. Our existing service through CTN is for speeds of 6 Megabits per second for \$250 a month.

**** REQUIRED SIGNATURES ****

Eric Cutright
Requestor 12/15/15
Date

Laura Mayton
**Chief Financial Officer 12-23-15
Date

Qualee Perez
**Director, Administrative Programs & Compliance 12/21/15
Date

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

Other _____
Date



California Telehealth Network Participation Agreement

This California Telehealth Network (“CTN”) Participation Agreement (“Agreement”) is entered into by and between CTN and Karuk Tribal Health, Orleans Health and Wellness Center (“Participant”).

Recitals

The California Telehealth Network (“CTN”) is a statewide, dedicated health care broadband network developed to ensure that California communities, especially rural communities, have access to a wide range of telemedicine and eHealth activities. Telemedicine is defined as the use of medical information exchanged from one site to another via electronic communications to improve a patient’s clinical health status. Telemedicine includes a growing variety of applications and services using two-way video conferencing, email, smart phones, wireless tools, and other forms of telecommunications technology that enable remote healthcare. Patient consultations via video conferencing, transmission of still images, e-health including patient portals, remote monitoring of vital signs, continuing medical education, electronic Health Information Exchange, consumer-focused wireless applications, and nursing call centers are examples of telemedicine and eHealth activities.

CTN was established as a result of a one-time grant of Federal Communication Commission (“FCC”) funds under the Rural Health Care Pilot Project (“RHCPP”), as well as other public and private funding sources. Universal Service Administrative Company (“USAC”) (<http://www.usac.org/default.aspx>) is the organization appointed by the FCC to be responsible for overseeing, administering and managing the successor FCC health care services program to the RHCPP, the Healthcare Connect Fund (“HCF” or “Program”) (<http://www.usac.org/rhc/healthcare-connect/default.aspx>) in accordance with FCC requirements. CTN is one of many networks authorized for funding under the HCF.

The California Public Utilities Commission (“CPUC”) has a program called the California Teleconnect Fund (“CTF”) which provides discounts for connectivity to eligible entities which may include CTN Participants. If eligible, a Participant may obtain discounts on connectivity through the CPUC’s CTF program.

CTN will provide the broadband connectivity necessary to access high quality, collaborative health services, continuing education, research, peer networking, and other related activities and services by Participants and its patients, clients and users. CTN’s fees represent volume discounts to its Participants and result in significant savings on connectivity.

Participant is committed to improving access to and the quality of healthcare in its community, including enhancing its offerings with telemedicine and eHealth activities.

In consideration of the foregoing, the parties agree as follows:

I. CTN Responsibilities

- 1) Comply with any applicable FCC HCF rules, regulations or guidelines (<http://www.usac.org/rhc/healthcare-connect/default.aspx>) and California Public Utilities Commission California Teleconnect Fund rules, regulations or guidelines (<http://www.cpuc.ca.gov/puc/telco/public+programs/ctf/>), if applicable.
- 2) Guarantee a minimum bandwidth (minimum baseline circuit capacity is defined at the T1 level) and Quality of Service (“QOS”) capabilities to provide high quality support for commonly used telehealth, eHealth and health-related applications.
- 3) Provide a minimum of sixty (60) days’ notice regarding changes in the fee schedule, and provide a formal mechanism for Participant comment during the notice period to ensure transparency in establishing fees necessary to sustain the CTN.

- 4) Notify Participant within fourteen (14) days of any change in management, funding change or other operational circumstances that may impact CTN operations.
- 5) CTN shall defend, indemnify and hold Participant harmless from and against any and all liability, loss, expense (including reasonable attorneys' fees), or claims for injury or damages arising out of the performance of this Agreement but only in proportion to and to the extent such liability, loss, expense, attorneys' fees, or claims for injury or damages are caused by or result from the negligent or intentional acts or omissions of CTN.

II. Participant Responsibilities

- 1) Comply with this Agreement and any requirements dictated by the Program or the CTF. Any prior agreements between CTF and participant are made superceded by this Agreement as of the effective date of this Agreement.
- 2) Submit timely payment of Participant Fees.
- 3) Comply with CTN policies and directives that do not conflict with this Agreement.
- 4) Obtain and maintain for all Participant's facilities that use services provided under this Agreement throughout the term of this Agreement such consents (including without limitation landlord and land owner consents) as are necessary to timely permit CTN or its contracted telecommunications or Internet Service Provider personnel (Service Provider) to obtain access to Participant's facilities, and to install, deliver, operate and maintain the service and necessary equipment on the Service Provider's side of the Minimum Point of Entry (MPOE) for the telecommunications provider of the demarcation point of a cable/broadband provider to provide the CTN services) at Participant's facilities. Participant shall permit CTN and its Service Providers reasonable access to its facilities at any time as needed to install, configure, upgrade, maintain or remove the equipment and other service components. Participant shall make all reasonable site preparations necessary to permit the installation, maintenance and operation of the service and any equipment that is required to provide the CTN services. Participant shall provide CTN's Service Provider with floor space, rack space, other space and clean power as is reasonably necessary for the installation and operation of equipment at the Participant's location(s) identified in a service order, for the term of the service order. Participant shall not charge CTN or its Service Provider, and will ensure that CTN or its Service Provider do not incur any fees or expenses whatsoever, in connection with Participant's provision of space, power, or access as described in this Agreement, or otherwise in connection with Participant's performance of its obligations; should any such fees or expenses be charged to CTN or its Service provider, Participant agrees to bear this fee or expense. When this agreement ends, Participant agrees to cooperate with CTN to grant access to remove equipment related to the services from Participant's facilities.
- 5) Install and maintain all inside wiring and on-site equipment necessary to complete connection to the CTN and its Services provided hereunder.
- 6) Maintain a designated technical contact at each Participant facility to work with CTN, and to implement reasonable security measures and procedures with respect to use of and access to services and equipment. Both parties agree to promptly notify each other of breaches of security.
- 7) Maintain all licenses, permits, certificates and credentials required by the laws of the United States, the State of California, the FCC and USAC Healthcare Connect Fund, and all other appropriate governmental agencies necessary for the Participant and each Participant site to maintain eligibility for the HCF.
- 8) Maintain comprehensive professional liability and general liability insurance.
- 9) Ensure that each Participant facility under this Agreement is a suitable and safe working environment, free of Hazardous Materials. "Hazardous Materials" means any substance or material capable of posing an unreasonable risk to health, safety or property or whose use, transport, storage, handling, disposal, or release is regulated by any law related to pollution of air, water, or soil, or health and safety. CTN, its employees, its agents or Service Providers shall not handle, remove or dispose of Hazardous Materials, and have no obligation to perform work at a location that is not a suitable and safe working environment. CTN shall not be liable for any Hazardous Materials. CTN reserves the right to terminate or suspend this Agreement if Hazardous Materials are present or suspected to be present at any Participant site until Participant removes and remediates Hazardous Materials at the Participant's sole expense in accordance with applicable law.

- 10) Notify CTN within fourteen (14) days of any organizational change that might alter Participant's FCC, USAC Program, or CTF health care services eligibility status.
- 11) Acknowledge that the authoritative source for designation of eligibility services shall be the FCC, USAC and the CPUC as to their respective programs.
- 12) Participant will indemnify CTN and its Affiliates, employees, subcontractors, directors and agents against all damages for bodily injury (including death) and damages to real and tangible property to the extent that such loss was proximately caused by any person for whose conduct the indemnitor is responsible and which arises from the performance or receipt of services under this Agreement. Participant agrees at its expense to defend or settle any third-party claim against CTN and its Affiliates, employees, directors, subcontractors, telecommunications vendors, and suppliers (all "CTN"), and to pay all compensatory damages that a court may finally award against CTN to the extent the claim: (a) arises out of the Participant's, its Affiliate's, or any authorized user's access to, or use of, the services and the claim is not directly attributable to the negligent acts or omissions and/or willful misconduct of CTN arising from the performance of services under this Agreement; (b) alleges that a service infringes any patent, trademark, copyright or trade secret, and is based on (i) Participant's, its Affiliate's or an authorized user's content, (ii) modifications to the service by the Participant, its Affiliates or third parties, or combinations of the service with any services or products not provided by CTN, (iii) CTN's adherence to Participant's, its Affiliate's or an authorized user's written instructions, or (iv) use of the services in violation of this agreement; or (c) alleges a breach by Participant, its Affiliates, or authorized users of a software license agreement covering software provided in connection with services provided under this Agreement.
- 13) Participant acknowledges that continued operation of CTN may be subject to the availability of continued support from funding sources and that CTN reserves the right to modify or curtail CTN services in total or in part at any time, at its sole discretion. To the extent feasible, CTN will provide written notice to Participant's in advance of modification or curtailment of services.

III. GENERAL PROVISIONS

- 1. **Service Activation.** Activation of service is dependent upon completion of all of the following: (a) Execution of this Agreement and (b) CTN's notification from the one of its telecommunications or Internet service provider vendors that broadband through the CTN is accessible to Participant site.
- 2. **Participant Fees and Terms.** By initialing below, Member agrees to pay a Participant subscription fee according to the schedule below. The Monthly Participant Fee and Monthly Circuit Fee are due and payable to CTN 45 days following receipt of invoice. A late charge of the greater of \$5 or 1.5% per month will apply to payments received sixty (60) days after date of invoice and monthly thereafter for unpaid balances. Payments not received within one hundred twenty (120) days shall result in termination of the connection and of this Agreement. Further, should either USAC or the California Public Utilities Commission fail to reimburse CTN for all or any portion of the circuit costs related to services rendered to Participant under this Agreement, Participant agrees to reimburse CTN for such unpaid fees within thirty (30) days.

Please initial desired bandwidth speed	Circuit Speed	Monthly circuit fee matching funds
	1.5 megabits per second (Mbps)	\$150.00
	10.0 Mbps	\$325.00
i	45.0 Mbps	\$750.00
	100.0 Mbps	\$900.00

Participant agrees and understands that it will be responsible for paying early termination fees, move fees, cancellation fees, turn-away charges and other special service fees in effect at the time of the termination, cancellation or turn-away in the event this Agreement is terminated prior to the end of the Agreement. Changes and all costs to circuit and supporting equipment are the sole responsibility of the Participant. Professional services not covered by this agreement, including custom programming charges as approved by CTN, shall be charged to the Participant at a CTN hourly rate in effect at the time of the requested professional service.

- 3. Term and Termination.** The initial term of Agreement is three (3) years from the effective date. This Agreement shall renew for successive one year terms, unless terminated by either party as specified below or as otherwise expressly provided in this Agreement:
- a) Either party may terminate this Agreement without cause upon thirty (30) days' written notice.
 - b) Either party may terminate this Agreement upon ten (10) days' prior written notice to the other party for "Cause" (as defined below) or upon the occurrence of any of the following events:
 - i. the other party becomes insolvent (for purposes of this Agreement, "insolvent" shall mean that the party is generally not paying its debts as such debts become due unless such debts are the subject of a bona fide dispute);
 - ii. a receiver is appointed for the assets of the other party;
 - iii. an assignment is made by the other party for the benefit of its creditors;
 - iv. any relief is taken or suffered by the other party as debtor under any bankruptcy or insolvency act and such proceeding has not been dismissed in sixty (60) days;
 - v. significant misuse, abuse or modification of the services, equipment or network by Participant.

"Cause" is defined as not meeting the requirements of this Agreement, including a failure to comply with the CTN Participant Agreement Guide requirements.
 - c) Immediate termination may be initiated by CTN for compliance issues that substantially jeopardize the grant funding agreements with the FCC, CPUC or other CTN sponsors.
 - d) CTN shall have the right to immediately terminate this Agreement upon notice to Participant in the event that Participant, or any person with an ownership interest or in a management position with Participant, is excluded from participation in federal or state health care programs, debarred from receipt of federal or state funds, or convicted of a crime related to the above.
 - e) In the event a Participant continues to use equipment, software, or services following termination, Participant agrees to pay the current "fair share" cost for these services as determined by CTN, such fees to be levied on a monthly basis. The current "fair share" cost is defined as at least the cost of the services used by Participant absent any FCC or CPUC program discounts.
 - f) CTN shall have the right to immediately terminate this Agreement should Participant use Services in any manner that violates applicable law or causes CTN to violate applicable law.
- 4. Limitation of Liability.** CTN shall have no liability for consequential, exemplary, indirect, special, incidental or punitive damages, including loss of profits, revenues, data or use, incurred by Participant or any third party acting on behalf of Participant, whether based on contract, tort or any other legal theory, arising out of the vendor selection, or installation, operation, maintenance, failure to maintain, use, misuse, or malfunction of CTN.

CTN does not make and expressly disclaims all warranties with respect to the broadband communications link, whether express, implied or statutory, including without limitation the implied warranties of merchantability and fitness for a particular purpose.

- 5. Change in Legal Status:** In the event that FCC Program eligibility changes, Participant understands that this Agreement may be terminated by CTN if the change would result in noncompliance with FCC, USAC

or CPUC rules or the terms of the FCC or CPUC funding. Alternatively, if the Agreement is permitted to continue, Participant agrees to assume full responsibility for any financial obligation or other restitution that may be required under the applicable terms and conditions of CTN or its funding sources in accordance with the then-current CTN Participant Fee Schedule. Participant specifically agrees to pay in full for any services rendered under this Agreement absent any discounts from the FCC, USAC or the CPUC, if such discounts are found inapplicable due to Participant's eligibility for an agency's program.

6. **Delegation/Assignment:** Participant shall not assign or delegate any rights or obligations under this Agreement without CTN's prior written consent. Participant agrees to execute one or more Letters of Agency to continue delegation of authority as established through Participant's original Letter of Agency for CTN to act on Participant's behalf before the FCC and USAC in matters related to the Program.
7. **Use of Name.** Participant shall not use CTN's name in any advertising, promotional materials or statements to the press or public without CTN's prior written approval.
8. **Governing Law/Venue.** This Agreement shall be governed by and construed in accordance with the laws of the State of California. Venue shall be exclusively in the judicial district encompassing Sacramento, California.
9. **Partial Invalidity.** Should any provision of this Agreement be held to be invalid, void or unenforceable, in whole or in part, by a court of competent jurisdiction, all other remaining provisions shall remain in full force and effect and shall not be affected, impaired or invalidated.
10. **Independent Relationship.** Nothing in this Agreement is intended to create nor shall it be deemed or construed to create any relationship between the parties other than that of independent entities contracting with each other solely for the purpose of affecting the provisions of this Agreement. Neither of the parties, nor any of their respective officers, directors or employees shall, solely by virtue of this Agreement, be construed to be the agent, employee or representative of the other.
11. **Expenses.** The prevailing party in any cause of action or lawsuit brought to enforce or interpret this Agreement shall be entitled to recover from the non-prevailing party reasonable attorneys' fees, expenses and costs of suit or proceeding incurred by the prevailing party in such action or proceeding.
12. **Force Majeure.** Neither party shall be liable for any delay or failure in the performance of any obligation under the Agreement or for any loss or damage (including indirect or consequential damage) to the extent that such nonperformance, delay, loss or damage results from any contingency which is beyond the control of such party, provided such contingency is not caused by the fault or negligence of such party. A contingency for the purposes of this agreement shall be third-party communication network outages, Acts of God, fire, explosions, storms, wars, hostilities, blockades, public disorders, quarantine restrictions, embargoes, strikes or other labor disturbances, and compliance with any law, order or control of, or insistence by any governmental or military authority. The party claiming to be affected by such contingency shall give immediate notice to the other party, giving full particulars thereof. The existence of such contingencies shall justify the suspension of performance hereunder by either party; provided, however, that if such period of delay shall exceed sixty (60) days from the date of such notice, either party shall have the right to terminate this Agreement.
13. **Third Party Beneficiaries.** Nothing in this Agreement, whether express or implied, is intended to confer any rights or remedies under or by reason of this Agreement on any persons other than the parties to it and the respective permitted successors and assigns, nor is anything in this Agreement intended to relieve or discharge the obligation or liability of any third persons to any party to this Agreement, nor shall any provision give any third persons any right of subrogation or action over or against any party to this Agreement.
14. **Notices.** All notices required or permitted under this Agreement shall be in writing and shall be sufficient in all respects if delivered personally, by electronic facsimile, by email, by express courier (such as Federal Express) or by certified mail, return receipt requested, postage prepaid, addressed to a party as indicated below unless otherwise stated in this Agreement:

For CTN:	For Participant: (Insert Contact Information)
Eric Brown, President & CEO	Name: <u>Russell AHeberg, Chairman</u>
California Telehealth Network	Company: <u>Karuk Tribal Health Karuk Tribe</u>
2001 P Street, Suite 100	Address: <u>325 Asip Rd. / PO Box 249</u>
Sacramento, CA 95811	<u>Orleans, CA 95556</u>
(916) 341-3371 (phone); (916) 341-3378 (facsimile)	Phone/Fax: <u>530-627-3452 / 530-627-3446</u>
<u>ebrown@caltelehealth.org</u> (email)	Email: <u>baHeberg@karuk.us</u>

Participant agrees to provide and maintain an email address for the purpose of receiving communications from CTN, notifying CTN of any change in email address not less than ten (10) days prior to the change.

Notice shall be deemed to have been given upon transmittal thereof as to communications which are personally delivered or transmitted by electronic facsimile and, as to communications made by United States mail, on the third day after mailing (so long as the mailing was made in a metropolitan area in the State of California). The above addresses and emails may be changed by giving notice of such change in the manner provided above for giving notice.

15. **Cooperation.** The parties agree to cooperate in good faith and to perform any and all tasks which are reasonably necessary for the performance of this Agreement.
16. **Assignment or Transfer.** The parties may not assign or transfer this Agreement or their rights or obligations hereunder to any other entity without first obtaining written consent from the other party, which consent shall not be unreasonably withheld; provided however, that without Participant's consent, CTN may assign this Agreement to its successor-in-interest who acquires CTN's assets and operations.
17. **Authorized Representatives.** Each person signing this Agreement represents that he or she is authorized to enter into this Agreement on behalf of the party for which he or she is signing. Each party further represents and warrants that the information, drawings, site plans provided to CTN or its Service Providers do not contain any untrue or incorrect statement of material fact or fails to state a material fact.

IN WITNESS WHEREOF, the parties hereto agree to the terms and conditions included within this Agreement and have caused this Agreement to be duly executed as of the day and year first written below.

Participant Name: Karuk Tribal Health, Orleans Health and Wellness Center

CTN:

By: _____

By Eric Brown, President & CEO

Name: Russell AHeberg

Date: _____

Title: Chairman

Date: _____

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



Karuk Dental Clinic
64236 Second Avenue
Post Office Box 1016
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Fax: (530) 493-5364

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

REQUEST FOR CONTRACT/ MOU/ AGREEMENT

Check One: Contract
 MOU
 Agreement
 Amendment

Karuk Tribe Number Assigned: 16-A- 18

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: December 15, 2015

Department/Program: Karuk Tribe Health and Human Services Yreka

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

Effective Dates (From/To): January 1, 2016 December 31, 2018

Amount of Original: \$27,000.00

Amount of Modification: _____

Total Amount: \$27,000.00

Funding Source: Third Party 3900-00-7607-01

Special Conditions/Terms:
This agreement, if approved will replace agreement 15-A-034

Brief Description of Purpose:
This agreement provides the low cost high-speed internet circuits that allow the clinic in Yreka to all talk to the central servers in Happy Camp. This agreement is for speeds of 45 Megabits per second for \$750 a month. Our existing service through CTN is for speeds of 6 Megabits per second for \$250 a month.

** REQUIRED SIGNATURES **

Eric Cutright
Requestor Date: 12/15/15

Laura Mayton
**Chief Financial Officer Date: 12-23-15

Quall Perez
**Director, Administrative Programs & Compliance Date: 12/23/15

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

Other Date: _____



California Telehealth Network Participation Agreement

This California Telehealth Network (“CTN”) Participation Agreement (“Agreement”) is entered into by and between CTN and Karuk Tribal Health, Yreka Karuk Tribal Health Clinic (“Participant”).

Recitals

The California Telehealth Network (“CTN”) is a statewide, dedicated health care broadband network developed to ensure that California communities, especially rural communities, have access to a wide range of telemedicine and eHealth activities. Telemedicine is defined as the use of medical information exchanged from one site to another via electronic communications to improve a patient’s clinical health status. Telemedicine includes a growing variety of applications and services using two-way video conferencing, email, smart phones, wireless tools, and other forms of telecommunications technology that enable remote healthcare. Patient consultations via video conferencing, transmission of still images, e-health including patient portals, remote monitoring of vital signs, continuing medical education, electronic Health Information Exchange, consumer-focused wireless applications, and nursing call centers are examples of telemedicine and eHealth activities.

CTN was established as a result of a one-time grant of Federal Communication Commission (“FCC”) funds under the Rural Health Care Pilot Project (“RHCPP”), as well as other public and private funding sources. Universal Service Administrative Company (“USAC”) (<http://www.usac.org/default.aspx>) is the organization appointed by the FCC to be responsible for overseeing, administering and managing the successor FCC health care services program to the RHCPP, the Healthcare Connect Fund (“HCF” or “Program”) (<http://www.usac.org/rhc/healthcare-connect/default.aspx>) in accordance with FCC requirements. CTN is one of many networks authorized for funding under the HCF.

The California Public Utilities Commission (“CPUC”) has a program called the California Teleconnect Fund (“CTF”) which provides discounts for connectivity to eligible entities which may include CTN Participants. If eligible, a Participant may obtain discounts on connectivity through the CPUC’s CTF program.

CTN will provide the broadband connectivity necessary to access high quality, collaborative health services, continuing education, research, peer networking, and other related activities and services by Participants and its patients, clients and users. CTN’s fees represent volume discounts to its Participants and result in significant savings on connectivity.

Participant is committed to improving access to and the quality of healthcare in its community, including enhancing its offerings with telemedicine and eHealth activities.

In consideration of the foregoing, the parties agree as follows:

I. CTN Responsibilities

- 1) Comply with any applicable FCC HCF rules, regulations or guidelines (<http://www.usac.org/rhc/healthcare-connect/default.aspx>) and California Public Utilities Commission California Teleconnect Fund rules, regulations or guidelines (<http://www.cpuc.ca.gov/puc/telco/public+programs/ctf/>), if applicable.
- 2) Guarantee a minimum bandwidth (minimum baseline circuit capacity is defined at the T1 level) and Quality of Service (“QOS”) capabilities to provide high quality support for commonly used telehealth, eHealth and health-related applications.
- 3) Provide a minimum of sixty (60) days’ notice regarding changes in the fee schedule, and provide a formal mechanism for Participant comment during the notice period to ensure transparency in establishing fees necessary to sustain the CTN.

- 4) Notify Participant within fourteen (14) days of any change in management, funding change or other operational circumstances that may impact CTN operations.
- 5) CTN shall defend, indemnify and hold Participant harmless from and against any and all liability, loss, expense (including reasonable attorneys' fees), or claims for injury or damages arising out of the performance of this Agreement but only in proportion to and to the extent such liability, loss, expense, attorneys' fees, or claims for injury or damages are caused by or result from the negligent or intentional acts or omissions of CTN.

II. Participant Responsibilities

- 1) Comply with this Agreement and any requirements dictated by the Program or the CTF. Any prior agreements between CTF and participant are made superceded by this Agreement as of the effective date of this Agreement.
- 2) Submit timely payment of Participant Fees.
- 3) Comply with CTN policies and directives that do not conflict with this Agreement.
- 4) Obtain and maintain for all Participant's facilities that use services provided under this Agreement throughout the term of this Agreement such consents (including without limitation landlord and land owner consents) as are necessary to timely permit CTN or its contracted telecommunications or Internet Service Provider personnel (Service Provider) to obtain access to Participant's facilities, and to install, deliver, operate and maintain the service and necessary equipment on the Service Provider's side of the Minimum Point of Entry (MPOE) for the telecommunications provider of the demarcation point of a cable/broadband provider to provide the CTN services) at Participant's facilities. Participant shall permit CTN and its Service Providers reasonable access to its facilities at any time as needed to install, configure, upgrade, maintain or remove the equipment and other service components. Participant shall make all reasonable site preparations necessary to permit the installation, maintenance and operation of the service and any equipment that is required to provide the CTN services. Participant shall provide CTN's Service Provider with floor space, rack space, other space and clean power as is reasonably necessary for the installation and operation of equipment at the Participant's location(s) identified in a service order, for the term of the service order. Participant shall not charge CTN or its Service Provider, and will ensure that CTN or its Service Provider do not incur any fees or expenses whatsoever, in connection with Participant's provision of space, power, or access as described in this Agreement, or otherwise in connection with Participant's performance of its obligations; should any such fees or expenses be charged to CTN or its Service provider, Participant agrees to bear this fee or expense. When this agreement ends, Participant agrees to cooperate with CTN to grant access to remove equipment related to the services from Participant's facilities.
- 5) Install and maintain all inside wiring and on-site equipment necessary to complete connection to the CTN and its Services provided hereunder.
- 6) Maintain a designated technical contact at each Participant facility to work with CTN, and to implement reasonable security measures and procedures with respect to use of and access to services and equipment. Both parties agree to promptly notify each other of breaches of security.
- 7) Maintain all licenses, permits, certificates and credentials required by the laws of the United States, the State of California, the FCC and USAC Healthcare Connect Fund, and all other appropriate governmental agencies necessary for the Participant and each Participant site to maintain eligibility for the HCF.
- 8) Maintain comprehensive professional liability and general liability insurance.
- 9) Ensure that each Participant facility under this Agreement is a suitable and safe working environment, free of Hazardous Materials. "Hazardous Materials" means any substance or material capable of posing an unreasonable risk to health, safety or property or whose use, transport, storage, handling, disposal, or release is regulated by any law related to pollution of air, water, or soil, or health and safety. CTN, its employees, its agents or Service Providers shall not handle, remove or dispose of Hazardous Materials, and have no obligation to perform work at a location that is not a suitable and safe working environment. CTN shall not be liable for any Hazardous Materials. CTN reserves the right to terminate or suspend this Agreement if Hazardous Materials are present or suspected to be present at any Participant site until Participant removes and remediates Hazardous Materials at the Participant's sole expense in accordance with applicable law.

- 10) Notify CTN within fourteen (14) days of any organizational change that might alter Participant's FCC, USAC Program, or CTF health care services eligibility status.
- 11) Acknowledge that the authoritative source for designation of eligibility services shall be the FCC, USAC and the CPUC as to their respective programs.
- 12) Participant will indemnify CTN and its Affiliates, employees, subcontractors, directors and agents against all damages for bodily injury (including death) and damages to real and tangible property to the extent that such loss was proximately caused by any person for whose conduct the indemnitor is responsible and which arises from the performance or receipt of services under this Agreement. Participant agrees at its expense to defend or settle any third-party claim against CTN and its Affiliates, employees, directors, subcontractors, telecommunications vendors, and suppliers (all "CTN"), and to pay all compensatory damages that a court may finally award against CTN to the extent the claim: (a) arises out of the Participant's, its Affiliate's, or any authorized user's access to, or use of, the services and the claim is not directly attributable to the negligent acts or omissions and/or willful misconduct of CTN arising from the performance of services under this Agreement; (b) alleges that a service infringes any patent, trademark, copyright or trade secret, and is based on (i) Participant's, its Affiliate's or an authorized user's content, (ii) modifications to the service by the Participant, its Affiliates or third parties, or combinations of the service with any services or products not provided by CTN, (iii) CTN's adherence to Participant's, its Affiliate's or an authorized user's written instructions, or (iv) use of the services in violation of this agreement; or (c) alleges a breach by Participant, its Affiliates, or authorized users of a software license agreement covering software provided in connection with services provided under this Agreement.
- 13) Participant acknowledges that continued operation of CTN may be subject to the availability of continued support from funding sources and that CTN reserves the right to modify or curtail CTN services in total or in part at any time, at its sole discretion. To the extent feasible, CTN will provide written notice to Participant's in advance of modification or curtailment of services.

III. GENERAL PROVISIONS

1. **Service Activation.** Activation of service is dependent upon completion of all of the following: (a) Execution of this Agreement and (b) CTN's notification from the one of its telecommunications or Internet service provider vendors that broadband through the CTN is accessible to Participant site.
2. **Participant Fees and Terms.** By initialing below, Member agrees to pay a Participant subscription fee according to the schedule below. The Monthly Participant Fee and Monthly Circuit Fee are due and payable to CTN 45 days following receipt of invoice. A late charge of the greater of \$5 or 1.5% per month will apply to payments received sixty (60) days after date of invoice and monthly thereafter for unpaid balances. Payments not received within one hundred twenty (120) days shall result in termination of the connection and of this Agreement. Further, should either USAC or the California Public Utilities Commission fail to reimburse CTN for all or any portion of the circuit costs related to services rendered to Participant under this Agreement, Participant agrees to reimburse CTN for such unpaid fees within thirty (30) days.

Please initial desired bandwidth speed	Circuit Speed	Monthly circuit fee matching funds
	1.5 megabits per second (Mbps)	\$150.00
	10.0 Mbps	\$325.00
✓	45.0 Mbps	\$750.00
	100.0 Mbps	\$900.00

Participant agrees and understands that it will be responsible for paying early termination fees, move fees, cancellation fees, turn-away charges and other special service fees in effect at the time of the termination, cancellation or turn-away in the event this Agreement is terminated prior to the end of the Agreement. Changes and all costs to circuit and supporting equipment are the sole responsibility of the Participant. Professional services not covered by this agreement, including custom programming charges as approved by CTN, shall be charged to the Participant at a CTN hourly rate in effect at the time of the requested professional service.

- 3. Term and Termination.** The initial term of Agreement is three (3) years from the effective date. This Agreement shall renew for successive one year terms, unless terminated by either party as specified below or as otherwise expressly provided in this Agreement:
- a) Either party may terminate this Agreement without cause upon thirty (30) days' written notice.
 - b) Either party may terminate this Agreement upon ten (10) days' prior written notice to the other party for "Cause" (as defined below) or upon the occurrence of any of the following events:
 - i. the other party becomes insolvent (for purposes of this Agreement, "insolvent" shall mean that the party is generally not paying its debts as such debts become due unless such debts are the subject of a bona fide dispute);
 - ii. a receiver is appointed for the assets of the other party;
 - iii. an assignment is made by the other party for the benefit of its creditors;
 - iv. any relief is taken or suffered by the other party as debtor under any bankruptcy or insolvency act and such proceeding has not been dismissed in sixty (60) days;
 - v. significant misuse, abuse or modification of the services, equipment or network by Participant.

"Cause" is defined as not meeting the requirements of this Agreement, including a failure to comply with the CTN Participant Agreement Guide requirements.
 - c) Immediate termination may be initiated by CTN for compliance issues that substantially jeopardize the grant funding agreements with the FCC, CPUC or other CTN sponsors.
 - d) CTN shall have the right to immediately terminate this Agreement upon notice to Participant in the event that Participant, or any person with an ownership interest or in a management position with Participant, is excluded from participation in federal or state health care programs, debarred from receipt of federal or state funds, or convicted of a crime related to the above.
 - e) In the event a Participant continues to use equipment, software, or services following termination, Participant agrees to pay the current "fair share" cost for these services as determined by CTN, such fees to be levied on a monthly basis. The current "fair share" cost is defined as at least the cost of the services used by Participant absent any FCC or CPUC program discounts.
 - f) CTN shall have the right to immediately terminate this Agreement should Participant use Services in any manner that violates applicable law or causes CTN to violate applicable law.
- 4. Limitation of Liability.** CTN shall have no liability for consequential, exemplary, indirect, special, incidental or punitive damages, including loss of profits, revenues, data or use, incurred by Participant or any third party acting on behalf of Participant, whether based on contract, tort or any other legal theory, arising out of the vendor selection, or installation, operation, maintenance, failure to maintain, use, misuse, or malfunction of CTN.

CTN does not make and expressly disclaims all warranties with respect to the broadband communications link, whether express, implied or statutory, including without limitation the implied warranties of merchantability and fitness for a particular purpose.

- 5. Change in Legal Status:** In the event that FCC Program eligibility changes, Participant understands that this Agreement may be terminated by CTN if the change would result in noncompliance with FCC, USAC

or CPUC rules or the terms of the FCC or CPUC funding. Alternatively, if the Agreement is permitted to continue, Participant agrees to assume full responsibility for any financial obligation or other restitution that may be required under the applicable terms and conditions of CTN or its funding sources in accordance with the then-current CTN Participant Fee Schedule. Participant specifically agrees to pay in full for any services rendered under this Agreement absent any discounts from the FCC, USAC or the CPUC, if such discounts are found inapplicable due to Participant's eligibility for an agency's program.

6. **Delegation/Assignment:** Participant shall not assign or delegate any rights or obligations under this Agreement without CTN's prior written consent. Participant agrees to execute one or more Letters of Agency to continue delegation of authority as established through Participant's original Letter of Agency for CTN to act on Participant's behalf before the FCC and USAC in matters related to the Program.
7. **Use of Name.** Participant shall not use CTN's name in any advertising, promotional materials or statements to the press or public without CTN's prior written approval.
8. **Governing Law/Venue.** This Agreement shall be governed by and construed in accordance with the laws of the State of California. Venue shall be exclusively in the judicial district encompassing Sacramento, California.
9. **Partial Invalidity.** Should any provision of this Agreement be held to be invalid, void or unenforceable, in whole or in part, by a court of competent jurisdiction, all other remaining provisions shall remain in full force and effect and shall not be affected, impaired or invalidated.
10. **Independent Relationship.** Nothing in this Agreement is intended to create nor shall it be deemed or construed to create any relationship between the parties other than that of independent entities contracting with each other solely for the purpose of affecting the provisions of this Agreement. Neither of the parties, nor any of their respective officers, directors or employees shall, solely by virtue of this Agreement, be construed to be the agent, employee or representative of the other.
11. **Expenses.** The prevailing party in any cause of action or lawsuit brought to enforce or interpret this Agreement shall be entitled to recover from the non-prevailing party reasonable attorneys' fees, expenses and costs of suit or proceeding incurred by the prevailing party in such action or proceeding.
12. **Force Majeure.** Neither party shall be liable for any delay or failure in the performance of any obligation under the Agreement or for any loss or damage (including indirect or consequential damage) to the extent that such nonperformance, delay, loss or damage results from any contingency which is beyond the control of such party, provided such contingency is not caused by the fault or negligence of such party. A contingency for the purposes of this agreement shall be third-party communication network outages, Acts of God, fire, explosions, storms, wars, hostilities, blockades, public disorders, quarantine restrictions, embargoes, strikes or other labor disturbances, and compliance with any law, order or control of, or insistence by any governmental or military authority. The party claiming to be affected by such contingency shall give immediate notice to the other party, giving full particulars thereof. The existence of such contingencies shall justify the suspension of performance hereunder by either party; provided, however, that if such period of delay shall exceed sixty (60) days from the date of such notice, either party shall have the right to terminate this Agreement.
13. **Third Party Beneficiaries.** Nothing in this Agreement, whether express or implied, is intended to confer any rights or remedies under or by reason of this Agreement on any persons other than the parties to it and the respective permitted successors and assigns, nor is anything in this Agreement intended to relieve or discharge the obligation or liability of any third persons to any party to this Agreement, nor shall any provision give any third persons any right of subrogation or action over or against any party to this Agreement.
14. **Notices.** All notices required or permitted under this Agreement shall be in writing and shall be sufficient in all respects if delivered personally, by electronic facsimile, by email, by express courier (such as Federal Express) or by certified mail, return receipt requested, postage prepaid, addressed to a party as indicated below unless otherwise stated in this Agreement:

For CTN:	For Participant: (Insert Contact Information)
Eric Brown, President & CEO	Name: <u>Russell A Hebery, Chairman</u>
California Telehealth Network	Company: Karuk Tribal Health <u>Karuk Tribe</u>
2001 P Street, Suite 100	Address: <u>1519 S. Oregon St.</u>
Sacramento, CA 95811	<u>Yreka, CA 96097</u>
(916) 341-3371 (phone); (916) 341-3378 (facsimile)	Phone/Fax: <u>530-842-9200/530-842-9207</u>
<u>ebrown@caltelehealth.org</u> (email)	Email: <u>battebery@karuk.us</u>

Participant agrees to provide and maintain an email address for the purpose of receiving communications from CTN, notifying CTN of any change in email address not less than ten (10) days prior to the change.

Notice shall be deemed to have been given upon transmittal thereof as to communications which are personally delivered or transmitted by electronic facsimile and, as to communications made by United States mail, on the third day after mailing (so long as the mailing was made in a metropolitan area in the State of California). The above addresses and emails may be changed by giving notice of such change in the manner provided above for giving notice.

15. **Cooperation.** The parties agree to cooperate in good faith and to perform any and all tasks which are reasonably necessary for the performance of this Agreement.
16. **Assignment or Transfer.** The parties may not assign or transfer this Agreement or their rights or obligations hereunder to any other entity without first obtaining written consent from the other party, which consent shall not be unreasonably withheld; provided however, that without Participant's consent, CTN may assign this Agreement to its successor-in-interest who acquires CTN's assets and operations.
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IN WITNESS WHEREOF, the parties hereto agree to the terms and conditions included within this Agreement and have caused this Agreement to be duly executed as of the day and year first written below.

Participant Name: Karuk Tribal Health, Yreka Karuk Tribal Health Clinic

CTN:

By: _____

By Eric Brown, President & CEO

Name: Russell A Hebery

Date: _____

Title: Chairman

Date: _____

Karuk Community Health Clinic
64236 Second Avenue
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Phone: (530) 493-1600 • Fax: (530) 493-5322
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REQUEST FOR CONTRACT/ MOU/ AGREEMENT

Check One: Contract Karuk Tribe Number Assigned: 16-A-019
 MOU
 Agreement Funder/Agency Assigned: _____
 Amendment 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: October 15, 2015

Department/Program: Karuk Tribe Health and Human Services Happy Camp

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

Effective Dates (From/To): January 1, 2016 December 31, 2018

Amount of Original: \$27,000.00

Amount of Modification: _____

Total Amount: \$27,000.00

Funding Source: Third Party 3900-00-7607-01

Special Conditions/Terms:
This agreement, if approved, will replace agreement 15-A-035.

Brief Description of Purpose:
This agreement provides the low cost high-speed internet circuits that allow the clinics in Happy Camp, Orleans and Yreka to all talk to the central servers in Happy Camp. This agreement is for speeds of 45 Megabits per second for \$750 a month. Our existing service through CTN is for speeds of 6 Megabits per second for \$250 a month.

**** REQUIRED SIGNATURES ****

Eric Cutright
Requestor Date 12/15/15

Laura Mayton
**Chief Financial Officer Date 12-23-15

Qualee Perez
**Director, Administrative Programs & Compliance Date 12/23/15

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

Other Date _____



California Telehealth Network Participation Agreement

This California Telehealth Network (“CTN”) Participation Agreement (“Agreement”) is entered into by and between CTN and Karuk Tribal Health, Happy Camp Karuk Community Clinic (“Participant”).

Recitals

The California Telehealth Network (“CTN”) is a statewide, dedicated health care broadband network developed to ensure that California communities, especially rural communities, have access to a wide range of telemedicine and eHealth activities. Telemedicine is defined as the use of medical information exchanged from one site to another via electronic communications to improve a patient’s clinical health status. Telemedicine includes a growing variety of applications and services using two-way video conferencing, email, smart phones, wireless tools, and other forms of telecommunications technology that enable remote healthcare. Patient consultations via video conferencing, transmission of still images, e-health including patient portals, remote monitoring of vital signs, continuing medical education, electronic Health Information Exchange, consumer–focused wireless applications, and nursing call centers are examples of telemedicine and eHealth activities.

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CTN will provide the broadband connectivity necessary to access high quality, collaborative health services, continuing education, research, peer networking, and other related activities and services by Participants and its patients, clients and users. CTN’s fees represent volume discounts to its Participants and result in significant savings on connectivity.

Participant is committed to improving access to and the quality of healthcare in its community, including enhancing its offerings with telemedicine and eHealth activities.

In consideration of the foregoing, the parties agree as follows:

I. CTN Responsibilities

- 1) Comply with any applicable FCC HCF rules, regulations or guidelines (<http://www.usac.org/rhc/healthcare-connect/default.aspx>) and California Public Utilities Commission California Teleconnect Fund rules, regulations or guidelines (<http://www.cpuc.ca.gov/puc/telco/public+programs/ctf/>), if applicable.
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II. Participant Responsibilities

- 1) Comply with this Agreement and any requirements dictated by the Program or the CTF. Any prior agreements between CTF and participant are made superceded by this Agreement as of the effective date of this Agreement.
- 2) Submit timely payment of Participant Fees.
- 3) Comply with CTN policies and directives that do not conflict with this Agreement.
- 4) Obtain and maintain for all Participant's facilities that use services provided under this Agreement throughout the term of this Agreement such consents (including without limitation landlord and land owner consents) as are necessary to timely permit CTN or its contracted telecommunications or Internet Service Provider personnel (Service Provider) to obtain access to Participant's facilities, and to install, deliver, operate and maintain the service and necessary equipment on the Service Provider's side of the Minimum Point of Entry (MPOE) for the telecommunications provider of the demarcation point of a cable/broadband provider to provide the CTN services) at Participant's facilities. Participant shall permit CTN and its Service Providers reasonable access to its facilities at any time as needed to install, configure, upgrade, maintain or remove the equipment and other service components. Participant shall make all reasonable site preparations necessary to permit the installation, maintenance and operation of the service and any equipment that is required to provide the CTN services. Participant shall provide CTN's Service Provider with floor space, rack space, other space and clean power as is reasonably necessary for the installation and operation of equipment at the Participant's location(s) identified in a service order, for the term of the service order. Participant shall not charge CTN or its Service Provider, and will ensure that CTN or its Service Provider do not incur any fees or expenses whatsoever, in connection with Participant's provision of space, power, or access as described in this Agreement, or otherwise in connection with Participant's performance of its obligations; should any such fees or expenses be charged to CTN or its Service provider, Participant agrees to bear this fee or expense. When this agreement ends, Participant agrees to cooperate with CTN to grant access to remove equipment related to the services from Participant's facilities.
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- 8) Maintain comprehensive professional liability and general liability insurance.
- 9) Ensure that each Participant facility under this Agreement is a suitable and safe working environment, free of Hazardous Materials. "Hazardous Materials" means any substance or material capable of posing an unreasonable risk to health, safety or property or whose use, transport, storage, handling, disposal, or release is regulated by any law related to pollution of air, water, or soil, or health and safety. CTN, its employees, its agents or Service Providers shall not handle, remove or dispose of Hazardous Materials, and have no obligation to perform work at a location that is not a suitable and safe working environment. CTN shall not be liable for any Hazardous Materials. CTN reserves the right to terminate or suspend this Agreement if Hazardous Materials are present or suspected to be present at any Participant site until Participant removes and remediates Hazardous Materials at the Participant's sole expense in accordance with applicable law.

- 10) Notify CTN within fourteen (14) days of any organizational change that might alter Participant's FCC, USAC Program, or CTF health care services eligibility status.
- 11) Acknowledge that the authoritative source for designation of eligibility services shall be the FCC, USAC and the CPUC as to their respective programs.
- 12) Participant will indemnify CTN and its Affiliates, employees, subcontractors, directors and agents against all damages for bodily injury (including death) and damages to real and tangible property to the extent that such loss was proximately caused by any person for whose conduct the indemnitor is responsible and which arises from the performance or receipt of services under this Agreement. Participant agrees at its expense to defend or settle any third-party claim against CTN and its Affiliates, employees, directors, subcontractors, telecommunications vendors, and suppliers (all "CTN"), and to pay all compensatory damages that a court may finally award against CTN to the extent the claim: (a) arises out of the Participant's, its Affiliate's, or any authorized user's access to, or use of, the services and the claim is not directly attributable to the negligent acts or omissions and/or willful misconduct of CTN arising from the performance of services under this Agreement; (b) alleges that a service infringes any patent, trademark, copyright or trade secret, and is based on (i) Participant's, its Affiliate's or an authorized user's content, (ii) modifications to the service by the Participant, its Affiliates or third parties, or combinations of the service with any services or products not provided by CTN, (iii) CTN's adherence to Participant's, its Affiliate's or an authorized user's written instructions, or (iv) use of the services in violation of this agreement; or (c) alleges a breach by Participant, its Affiliates, or authorized users of a software license agreement covering software provided in connection with services provided under this Agreement.
- 13) Participant acknowledges that continued operation of CTN may be subject to the availability of continued support from funding sources and that CTN reserves the right to modify or curtail CTN services in total or in part at any time, at its sole discretion. To the extent feasible, CTN will provide written notice to Participant's in advance of modification or curtailment of services.

III. GENERAL PROVISIONS

- 1. **Service Activation.** Activation of service is dependent upon completion of all of the following: (a) Execution of this Agreement and (b) CTN's notification from the one of its telecommunications or Internet service provider vendors that broadband through the CTN is accessible to Participant site.
- 2. **Participant Fees and Terms.** By initialing below, Member agrees to pay a Participant subscription fee according to the schedule below. The Monthly Participant Fee and Monthly Circuit Fee are due and payable to CTN 45 days following receipt of invoice. A late charge of the greater of \$5 or 1.5% per month will apply to payments received sixty (60) days after date of invoice and monthly thereafter for unpaid balances. Payments not received within one hundred twenty (120) days shall result in termination of the connection and of this Agreement. Further, should either USAC or the California Public Utilities Commission fail to reimburse CTN for all or any portion of the circuit costs related to services rendered to Participant under this Agreement, Participant agrees to reimburse CTN for such unpaid fees within thirty (30) days.

Please initial desired bandwidth speed	Circuit Speed	Monthly circuit fee matching funds
	1.5 megabits per second (Mbps)	\$150.00
	10.0 Mbps	\$325.00
✓	45.0 Mbps	\$750.00
	100.0 Mbps	\$900.00

Participant agrees and understands that it will be responsible for paying early termination fees, move fees, cancellation fees, turn-away charges and other special service fees in effect at the time of the termination, cancellation or turn-away in the event this Agreement is terminated prior to the end of the Agreement. Changes and all costs to circuit and supporting equipment are the sole responsibility of the Participant. Professional services not covered by this agreement, including custom programming charges as approved by CTN, shall be charged to the Participant at a CTN hourly rate in effect at the time of the requested professional service.

- 3. Term and Termination.** The initial term of Agreement is three (3) years from the effective date. This Agreement shall renew for successive one year terms, unless terminated by either party as specified below or as otherwise expressly provided in this Agreement:
- a) Either party may terminate this Agreement without cause upon thirty (30) days' written notice.
 - b) Either party may terminate this Agreement upon ten (10) days' prior written notice to the other party for "Cause" (as defined below) or upon the occurrence of any of the following events:
 - i. the other party becomes insolvent (for purposes of this Agreement, "insolvent" shall mean that the party is generally not paying its debts as such debts become due unless such debts are the subject of a bona fide dispute);
 - ii. a receiver is appointed for the assets of the other party;
 - iii. an assignment is made by the other party for the benefit of its creditors;
 - iv. any relief is taken or suffered by the other party as debtor under any bankruptcy or insolvency act and such proceeding has not been dismissed in sixty (60) days;
 - v. significant misuse, abuse or modification of the services, equipment or network by Participant."Cause" is defined as not meeting the requirements of this Agreement, including a failure to comply with the CTN Participant Agreement Guide requirements.
 - c) Immediate termination may be initiated by CTN for compliance issues that substantially jeopardize the grant funding agreements with the FCC, CPUC or other CTN sponsors.
 - d) CTN shall have the right to immediately terminate this Agreement upon notice to Participant in the event that Participant, or any person with an ownership interest or in a management position with Participant, is excluded from participation in federal or state health care programs, debarred from receipt of federal or state funds, or convicted of a crime related to the above.
 - e) In the event a Participant continues to use equipment, software, or services following termination, Participant agrees to pay the current "fair share" cost for these services as determined by CTN, such fees to be levied on a monthly basis. The current "fair share" cost is defined as at least the cost of the services used by Participant absent any FCC or CPUC program discounts.
 - f) CTN shall have the right to immediately terminate this Agreement should Participant use Services in any manner that violates applicable law or causes CTN to violate applicable law.
- 4. Limitation of Liability.** CTN shall have no liability for consequential, exemplary, indirect, special, incidental or punitive damages, including loss of profits, revenues, data or use, incurred by Participant or any third party acting on behalf of Participant, whether based on contract, tort or any other legal theory, arising out of the vendor selection, or installation, operation, maintenance, failure to maintain, use, misuse, or malfunction of CTN.

CTN does not make and expressly disclaims all warranties with respect to the broadband communications link, whether express, implied or statutory, including without limitation the implied warranties of merchantability and fitness for a particular purpose.

- 5. Change in Legal Status:** In the event that FCC Program eligibility changes, Participant understands that this Agreement may be terminated by CTN if the change would result in noncompliance with FCC, USAC

or CPUC rules or the terms of the FCC or CPUC funding. Alternatively, if the Agreement is permitted to continue, Participant agrees to assume full responsibility for any financial obligation or other restitution that may be required under the applicable terms and conditions of CTN or its funding sources in accordance with the then-current CTN Participant Fee Schedule. Participant specifically agrees to pay in full for any services rendered under this Agreement absent any discounts from the FCC, USAC or the CPUC, if such discounts are found inapplicable due to Participant's eligibility for an agency's program.

6. **Delegation/Assignment:** Participant shall not assign or delegate any rights or obligations under this Agreement without CTN's prior written consent. Participant agrees to execute one or more Letters of Agency to continue delegation of authority as established through Participant's original Letter of Agency for CTN to act on Participant's behalf before the FCC and USAC in matters related to the Program.
7. **Use of Name.** Participant shall not use CTN's name in any advertising, promotional materials or statements to the press or public without CTN's prior written approval.
8. **Governing Law/Venue.** This Agreement shall be governed by and construed in accordance with the laws of the State of California. Venue shall be exclusively in the judicial district encompassing Sacramento, California.
9. **Partial Invalidity.** Should any provision of this Agreement be held to be invalid, void or unenforceable, in whole or in part, by a court of competent jurisdiction, all other remaining provisions shall remain in full force and effect and shall not be affected, impaired or invalidated.
10. **Independent Relationship.** Nothing in this Agreement is intended to create nor shall it be deemed or construed to create any relationship between the parties other than that of independent entities contracting with each other solely for the purpose of affecting the provisions of this Agreement. Neither of the parties, nor any of their respective officers, directors or employees shall, solely by virtue of this Agreement, be construed to be the agent, employee or representative of the other.
11. **Expenses.** The prevailing party in any cause of action or lawsuit brought to enforce or interpret this Agreement shall be entitled to recover from the non-prevailing party reasonable attorneys' fees, expenses and costs of suit or proceeding incurred by the prevailing party in such action or proceeding.
12. **Force Majeure.** Neither party shall be liable for any delay or failure in the performance of any obligation under the Agreement or for any loss or damage (including indirect or consequential damage) to the extent that such nonperformance, delay, loss or damage results from any contingency which is beyond the control of such party, provided such contingency is not caused by the fault or negligence of such party. A contingency for the purposes of this agreement shall be third-party communication network outages, Acts of God, fire, explosions, storms, wars, hostilities, blockades, public disorders, quarantine restrictions, embargoes, strikes or other labor disturbances, and compliance with any law, order or control of, or insistence by any governmental or military authority. The party claiming to be affected by such contingency shall give immediate notice to the other party, giving full particulars thereof. The existence of such contingencies shall justify the suspension of performance hereunder by either party; provided, however, that if such period of delay shall exceed sixty (60) days from the date of such notice, either party shall have the right to terminate this Agreement.
13. **Third Party Beneficiaries.** Nothing in this Agreement, whether express or implied, is intended to confer any rights or remedies under or by reason of this Agreement on any persons other than the parties to it and the respective permitted successors and assigns, nor is anything in this Agreement intended to relieve or discharge the obligation or liability of any third persons to any party to this Agreement, nor shall any provision give any third persons any right of subrogation or action over or against any party to this Agreement.
14. **Notices.** All notices required or permitted under this Agreement shall be in writing and shall be sufficient in all respects if delivered personally, by electronic facsimile, by email, by express courier (such as Federal Express) or by certified mail, return receipt requested, postage prepaid, addressed to a party as indicated below unless otherwise stated in this Agreement:

For CTN:	For Participant: (Insert Contact Information)
Eric Brown, President & CEO	Name: <u>Russell AHebery, Chairman</u>
California Telehealth Network	Company: <u>Karuk Tribal Health Karuk Tribe</u>
2001 P Street, Suite 100	Address: <u>PO Box 1016 / 64236 second Ave</u>
Sacramento, CA 95811	<u>Happy Camp, CA 96039</u>
(916) 341-3371 (phone); (916) 341-3378 (facsimile)	Phone/Fax: <u>530-493-1600 / 530-493-5322</u>
ebrown@caltelehealth.org (email)	Email: <u>bahebery@karuk.us</u>

Participant agrees to provide and maintain an email address for the purpose of receiving communications from CTN, notifying CTN of any change in email address not less than ten (10) days prior to the change.

Notice shall be deemed to have been given upon transmittal thereof as to communications which are personally delivered or transmitted by electronic facsimile and, as to communications made by United States mail, on the third day after mailing (so long as the mailing was made in a metropolitan area in the State of California). The above addresses and emails may be changed by giving notice of such change in the manner provided above for giving notice.

15. **Cooperation.** The parties agree to cooperate in good faith and to perform any and all tasks which are reasonably necessary for the performance of this Agreement.
16. **Assignment or Transfer.** The parties may not assign or transfer this Agreement or their rights or obligations hereunder to any other entity without first obtaining written consent from the other party, which consent shall not be unreasonably withheld; provided however, that without Participant's consent, CTN may assign this Agreement to its successor-in-interest who acquires CTN's assets and operations.
17. **Authorized Representatives.** Each person signing this Agreement represents that he or she is authorized to enter into this Agreement on behalf of the party for which he or she is signing. Each party further represents and warrants that the information, drawings, site plans provided to CTN or its Service Providers do not contain any untrue or incorrect statement of material fact or fails to state a material fact.

IN WITNESS WHEREOF, the parties hereto agree to the terms and conditions included within this Agreement and have caused this Agreement to be duly executed as of the day and year first written below.

Participant Name: Karuk Tribal Health, Happy Camp
Karuk Community Clinic

CTN:

By: _____

By: _____
Eric Brown, President & CEO

Name: Russell AHebery

Date: _____

Title: Chairman

Date: _____

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



Karuk 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

14-A-065 #1

Check One: Contract Karuk Tribe Number Assigned: Get from Dir. Of Admin Pgrms
 MOU Funder/Agency Assigned: Depart. Of Veteran Affairs
 Agreement Prior Amendment: _____
 Amendment

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

Requestor: Lessie Aubrey Date: December 14, 2015

Department/Program: Health and Human Services

Name of Contractor or Parties: Depart. Of Veteran Affairs CA VA Healthcare System

Effective Dates (From/To): October 8, 2015 October 8, 2016

Amount of Original: _____
Amount of Modification: N/A \$0
Total Amount: #VALUE!

Funding Source: (Use Fund Account Code)

Special Conditions/Terms: _____

Brief Description of Purpose: Amendment Changes and one year ^{extension} ~~expansion~~ of Agreement. Attached amendment adds language to original agreement.

**** REQUIRED SIGNATURES ****

Lessie Aubrey Lessie Aubrey
Requestor

12/14/2015
Date

Laura Mayton
**Chief Financial Officer

12-24-15
Date

Ornella Olvera
**Director, Administrative Programs & Compliance

12/23/15
Date

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

Other _____
Date

Amendment 1
Direct Care Services Reimbursement Agreement
Between
Department of Veterans Affairs Northern California VA Healthcare System
And
Karuk Tribal Health and Human Services Program

1. In accordance with Section 11.2 Term, this agreement is extended for an additional one year option period through **10/8/2016**.
2. In accordance with Section 11.3 Amendment:
 - a. Effective 10/9/2015, Section 6.3.3 is revised as follows:

6.3.3 Outpatient Hospital Services and Freestanding Clinic Services. VA shall pay for outpatient and free standing clinics services provided to Eligible AI/AN Veterans at the all-inclusive rate approved each year by the Director of IHS, under the authority of sections 321(a) and 322(b) of the Public Health Service Act (42 U.S.C. §§ 248 and 249(b)), Public Law 83-568 (42 U.S.C., § 2001(a)), and the Indian Health Care Improvement Act (25 U.S.C. § 1601 et seq.). This rate is published annually in the Federal Register under the title: Outpatient Per Visit Rate (Excluding Medicare).

- b. Effective 10/9/2015, Section 6.3.5.1 is revised as follows:

6.3.5.1 Formulary. VA shall reimburse THP only for pharmaceutical drugs on the formulary used by VA in accordance with National VHA and Veterans Integrated Service Network (VISN) policy for medication orders. The Pharmacy Benefits Management Services (<http://www.pbm.va.gov/nationalformulary.asp>) webpage contains the VA National Formulary. Requests for reimbursement of pharmaceutical drugs not on the VA formulary shall be submitted by THP for approval by VA in advance of the request for reimbursement to VA Pharmacy and processed in accordance with VA policy on non-formulary drugs. If THP is requesting reimbursement for a VA Non-Formulary pharmaceutical, THP must attach the approval documentation with the submitted pharmacy claims.

- c. Effective 10/9/2015, Section 6.3.5.2 is revised as follows:

6.3.5.2 Outpatient Pharmacy Services. VA shall reimburse the actual cost of the drugs for outpatient emergent need prescriptions or other outpatient prescriptions dispensed by the tribal facility to Eligible AI/AN Veterans. This includes reimbursement of long term prescriptions (medications that are more than 30 days).

- d. Effective 10/9/2015, Section 6.3.5.3 Referral to CMOP is deleted in its entirety.

- e. Effective January 31, 2016, Section 6.5.1 is revised as follows:

6.5.1 Basic Requirements. VA and the THP agree to automate all processes for claim submission and processing within two years of the execution of this agreement. Claims for reimbursement should be submitted to VA electronically unless not feasible. All claims submitted for reimbursement must be billed in accordance with Medicare's National Correct Coding Initiative (NCCI) and must include DRG codes. If electronic submission is not feasible, claims submitted in paper form shall comply with the format required for the submission of claims under title XVIII of the Social Security Act. For example, claims submitted in paper may be printed on forms such as a CMS 1450, ADA, CMS 1500, or NCPDP. Claims submitted electronically shall comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) standards for electronic transactions. If a THP facility is unable to file electronically, VA will work with the THP facility to submit claims until THP can establish electronic processes. Except as provided in section 6.5.3, VA's payment will be reduced by a \$15 per claim process fee for any and all paper claims.

- f. The following Section 6.5.3 is added after Section 6.5.2 and becomes effective on January 31, 2016:

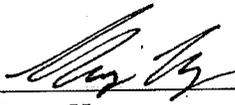
6.5.3 Until such time that VA is able to accept pharmacy claims electronically, pharmacy claims submitted in paper format are not subject to the \$15 paper claims processing fee delineated in section 6.5.1. This exemption will expire 120 days from the date that VA notifies THP that VA is able to accept electronic or Electronic Data Interchange (EDI) pharmacy claims submission, after which the \$15 paper claims processing fee delineated in section 6.5.1 will apply to pharmacy claims submitted in paper format.

Karuk Tribal Program:

Department of Veterans Affairs,
Veterans Health Administration:

Russell A. Attebery
Tribal Chairman

Date

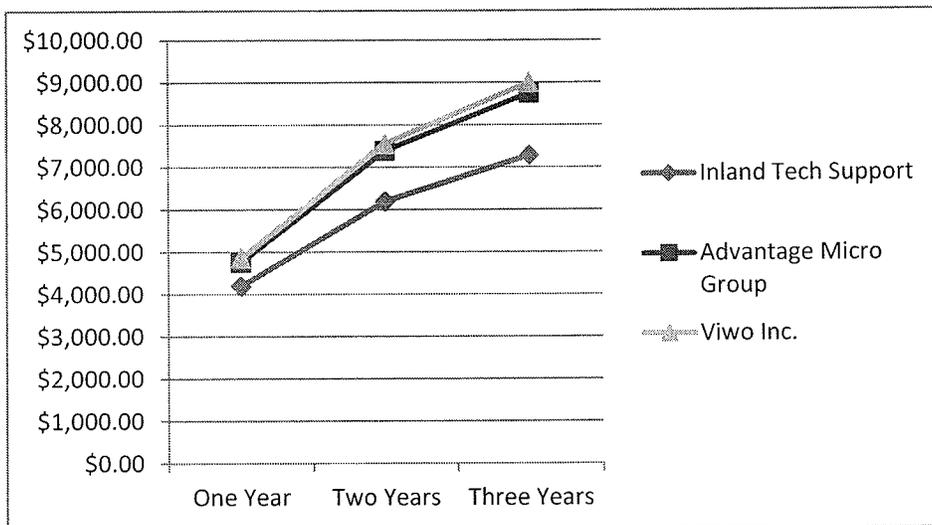


Royce Ng
VHA Contracting Officer

12/14/15
Date

Company Name	Date	Price	Contact/Phone	Indian Y/N
Inland Tech Support	12/22/2015	\$7,284.00	(909) 260-4052	N
Advantage Micro Group	12/22/2015	\$8,748.24	(520) 290-0595	N
Viwo Inc.	12/23/2015	\$8,998.20	(310) 422-8142	N

Company Name	One Year	Two Years	Three Years
Inland Tech Support	\$4,193.00	\$6,191.00	\$7,284.00
Advantage Micro Group	\$4,757.04	\$7,387.04	\$8,748.24
Viwo Inc.	\$4,858.20	\$7,558.20	\$8,998.20



Inland Tech Support
 77 Wares Bridge Road
 Church View VA, 23032
 909-260-4052

Invoice No. quote

INVOICE

Customer

Name Karuk Tribe
 Address POBOX 1016
 City Happy Camp State CA ZIP 96039
 Phone

Misc

Date 12/22/2015
 Order No.
 Rep
 FOB

Qty	Description	Unit Price	TOTAL
1	Avast EndPoint Protection Suite Plus 1 yr renewal 360 seats \$4761.00 before discount	\$4,193.00	\$ 4,193.00
1	Avast EndPoint Protection Suite Plus 2 yr renewal 360 seats \$7407.04.00 before discount	\$6,191.00	\$ 6,191.00
1	Avast EndPoint Protection Suite Plus 3 yr renewal 360 seats \$8818.24 before discount	\$7,284.00	\$ 7,284.00

SubTotal \$ 17,668.00
 Shipping

Payment

Other

Tax Rate(s)

Comments

Name

CC #

Expires

TOTAL \$ 17,668.00

Office Use Only

*Inland Tech support is not responsible for software or hardware outside the scope of work performed.
 Any software or hardware installed is subject to the manufacturers warranty only.*

Thank You for choosing Inland Tech Support

ADVANTAGE MICRO CORP

150 S CAMINO SECO STE 118
 TUCSON, AZ 85710-4473
 520 290 0595

Estimate

DATE	ESTIMATE...
12/22/2015	13769

NAME / ADDRESS
Karuk Tribe of California PO Box 1016 Happy Camp, CA 96039

Ship To
Dale Josephson 530-493-1600 x2050 djosephson@karuk.us

TERMS	REP	Contact
net 30 days	JR	

DESCRIPTION	QTY	COST	TOTAL
avast EPSP #110585900 - 2/3/2016			
avast! Endpoint Protection Suite Plus, covers File servers, MS Exchange servers, and workstations: includes firewall and spam filter, 1 year subscription (renewals at 30% discount)	360	26.99	9,716.40T
avast! 30% Governmental Entity Discount	-1	2,914.92	-2,914.92T
avast! 30% renewal discount #110585900	-1	2,044.44	-2,044.44T
SUBTOTAL @ 1 YEAR = \$4757.04			4,757.04
SUBTOTAL @ 2 YEAR = \$7387.04			
SUBTOTAL @ 3 YEAR = \$8748.24			
Karuk Tribe of California - Tribal Government http://www.karuk.us/images/docs/hr-files/Tribal%20Government%20Profile%20and%20Summary.pdf			
			\$4,757.04
	(0.00)		\$0.00
TOTAL			\$4,757.04

I was able to retrieve those data. Here are the estimates for the 1, 2 and 3 years : Let me know which one you would want to proceed with and I can send you an invoice for it. Once processed I can give you a license file for them.

1 Year

Product	Maintenance	Quantity	Price per license	Discount		End user price
Avast Endpoint Protection Suite Plus - 1 year		360	26.99 USD	50.00 %		4858.20 USD

2 Years

Product	Maintenance	Quantity	Price per license	Discount		End user price
Avast Endpoint Protection Suite Plus - 2 years		360	41.99 USD	50.00 %		7558.20 USD

3 Years.

Product	Maintenance	Quantity	Price per license	Discount		End user price
Avast Endpoint Protection Suite Plus - 3 years		360	49.99 USD	50.00 %		8998.20 USD

Rob Naficy

VIWO

O. 888.898.4787

M. 310.422.8142

www.viwoinc.com



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Zoho allows your company to Manage Clients, Improve Business Process, Lower Spending & Optimize Online Advertising

The original on 2nd page did not fit on one piece of paper so I copied it onto a word document. All I lost was the date 12/23/15
Dale Joseph

Dale Josephson

From: Rob Naficy <rob@viwoinc.com>
Sent: Wednesday, December 23, 2015 11:34 AM
To: Dale Josephson
Subject: Re: Request for quote

I was able to retrieve those dale. Here are the estimates for the 1, 2 and 3 years : Let me know which one you would want to proceed with and I can send you an invoice for it. Once processed I can give you a license file for them.

1 Year

Product	Maintenance	Quantity	Price per license	Discount		End user
Avast Endpoint Protection Suite Plus - 1 year		360	26.99 USD	50.00%		4858.20

2 Years

Product	Maintenance	Quantity	Price per license	Discount		End user
Avast Endpoint Protection Suite Plus - 2 years		360	41.99 USD	50.00%		7558.20

3 Years.

Product	Maintenance	Quantity	Price per license	Discount		End user
Avast Endpoint Protection Suite Plus - 3 years		360	49.99 USD	50.00%		8998.20

Rob Naficy



O. 888.898.4787
M. 310.422.8142

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Zoho allows your company to Manage Clients, Improve Business Process, Lower Spending & Optimize Online Advertising

On Wed, Dec 23, 2015 at 11:30 AM, Dale Josephson <djosephson@karuk.us> wrote:

Hi Rob,

REQUEST FOR TRIBAL COUNCIL AUTHORIZATION TO SUBMIT PROPOSAL TO FUNDING SOURCE

REQUESTOR: Debbie Bickford

DATE: 1/8/2016

DEPARTMENT: Grants Department

DEADLINE _____ **DATES** _____
E: 1/20/16 **AMOUNT:** \$373,096 **FROM:** 5/18/2016 **TO:** 5/19/2018

BRIEFLY DESCRIBE PURPOSE OF PROPOSAL:

Karuk Health and Human Services submits a proposal for Cooperative Agreement Connecting Kids to Coverage that will enroll and/or renew enrollment in insurance for approxiamtely 200 Tribal Children ages 0-19.

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

COMMENTS:

COMPLIANCE:

CFO:

OTHER:

REQUIRED SIGNATURES*

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

**RESOLUTION OF THE
KARUK TRIBE**

**Resolution No: 16-R-
Date Approved: January 14th, 2016**

RESOLUTION AUTHORIZING THE SUBMISSION OF A PROPOSAL IN SUPPORT OF THE CONNECTING KIDS TO COVERAGE OUTREACH AND ENROLLMENT COOPERATIVE AGREEMENT TO THE DEPARTMENT OF HEALTH AND HUMAN SERVICES IN THE AMOUNT OF \$373,096 TO PROVIDE HEALTH INSURANCE OUTREACH, ENROLLMENT AND RENEWAL SERVICES.

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

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

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

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

WHEREAS; although United States governmental treaties and laws have promised to provide American Indians and Alaska Natives with medical care, a relatively high proportion of Native peoples lack access to health care; and

WHEREAS; in Article 24 of the 2008 adopted Declaration on the Rights of Indigenous People, the United Nations declared that indigenous individuals have an equal right to the enjoyment of the highest attainable standard of physical and mental health; and

WHEREAS; the Declaration furthermore contends that States shall take the necessary steps with a view to achieving progressively the full realization of this right; and

WHEREAS; the Karuk Tribal Council endorsed the United Nations' Declaration on the Rights of Indigenous People on January 26, 2012; and

WHEREAS; the Karuk Tribal Council supports the health and well-being of Tribal Members, Descendants and Non-Tribal members in our communities; and

WHEREAS; the Karuk Tribe seeks funding to support outreach and enrollment services offered in Yreka, Happy Camp, and Orleans; now

THEREFORE BE IT RESOLVED; that the Department of Health and Human Services has provided the opportunity for the Karuk Tribe to submit an application for funding that will support this effort of the Karuk Tribal Health and Human Services Program; now

THEREFORE BE IT FINALLY RESOLVED; that the Karuk Tribal Council authorizes the submission a proposal in support of the Connecting Kids to Coverage to the Department of Health and Human Services in the amount of \$373,096 to provide health insurance outreach, enrollment and renewal services.

CERTIFICATION

I, the Chairman, hereby certify the foregoing resolution 16-R- which was approved at a regularly scheduled Health Board meeting on January 14th, 2016, was duly adopted by a vote of _____ AYES, _____ NOES, _____ ABSTAIN, and said resolution has not been rescinded or amended in any way. The Tribal Council is comprised of 9 members of which _____ voted.

Russell Attebery, Chairman

Date

Project Abstract-

The proposed Connecting Kids project will focus on *Engaging schools in outreach, enrollment and retention activities*. The project will also place emphasis on incorporating health coverage outreach and enrollment into the routine activities of tribal programs, however; the primary focus will be on engaging schools.

The goal of Connecting Kids is to provide outreach, enrollment and renewal to 200 Karuk Tribal members and descendants, ages 0-19 over the 24 month project period. The project seeks to increase enrollment of eligible American Indian children in Medicaid and CHIP by offering a comprehensive approach and launching a community wide campaign targeting AI children, ages 0-19 over the 24 month project period which will result in the outreach, enrollment and renewal of approximately 200 children. Additional avenues will be utilized as needed to reach those who are homeschooled or not yet enrolled in school. The plan includes providing family opportunities for outreach, enrollment or renewal by providing a Family Fun and Fitness program and allowing the children to work towards an end of the school year goal. The children will be able to acquire points throughout the year and participate in end of the year activities.

A budget of \$373,096 provides a reasonable and adequate cost approach for carrying out the proposed activities. Local organizations such as Family Resource Centers and TANF have been challenged to rise to the occasion to work side by side with the Karuk Tribe as we work together for the betterment of the American Indian children in our community.

Project Narrative (70 points, total of i - iv below)

i. Description of Need (10 points)

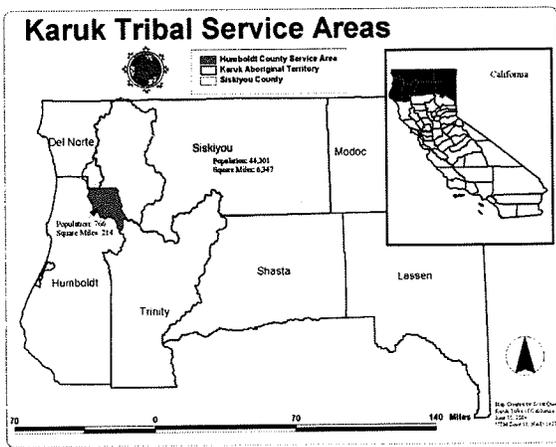
Describe the target population and provide data on the number and/or rate of uninsured children, as well as estimates of the number and/or percent of eligible children who are not enrolled in Medicaid and CHIP. If such data do not exist, provide other demographic data that can support the target population's need for health coverage. Supportive data may include poverty data, school lunch participation data, and other data, as appropriate. Identify barriers to enrollment and retention of target population.

The Karuk Tribe is a federally recognized Tribe located in far northwestern California, nestled within the Klamath Mountains. The service area (See Figure Below) is centralized in the community of Happy Camp (Siskiyou County, pop. 1,251; 28.5% American Indian/Alaska Native), with additional program offices 75 miles to the east in Yreka (the Siskiyou County Seat, pop. 10,031; 9.5% American Indian/Alaska Native), and 40 miles to the south in Orleans (Humboldt County, pop. 605; 39.2% American Indian/Alaska Native). With 3,780 enrolled members, it is the second largest tribe by population in California.

The communities served by the Karuk Tribe have suffered from high unemployment and subsequent poverty, drug abuse, domestic violence, child abuse, and other related issues. For the year 2014, Siskiyou County had an annual average unemployment rate of 11.3%, this equates to approximately 2,030 people unemployed and is almost double the U.S. average unemployment rate for 2014 of 6.15%.

Programs and services provided by the Karuk Tribe include a comprehensive Health Program with three medical clinics and two dental clinics, a Low Income Assistance Program, the Department of Natural Resources (water quality monitoring, watershed restoration, fire

management), Affordable Housing rentals, lease, and homeownership assistance, Karuk Language and Culture, Education, Temporary Assistance for Needy Families (TANF), Transportation, Information Technology (IT), Libraries and Museums, Land Management, Tribal Court and Justice System, Child and Family Services, Tribal Employment Rights Ordinance (TERO), and the Karuk Community Development Corporation. See more information about these programs at www.karuk.us.



The Karuk Tribe is proposing to continue successful activities that have been implemented in the 2014 Connecting Kids to Coverage American Indian/Alaska Native Project. Since the implementation of this project X number of children ages 0-14 have been enrolled and X number of children ages 0-14 have been assisted with the renewal process.

The Karuk Tribe Health Program collects data on all of the patients we serve. This data indicates that there are X number of children ages 0-19 uninsured. Additional data from www.kidsdata.org indicates that 50% of students in Siskiyou County are eligible for free meals, and an additional 10.8% are eligible for reduced price meals.

There is a high need for assistance with enrollment and retention in health insurance programs for children. This is supported by the unemployment data, that data from the Karuk Tribe Health Program and the current Connecting Kids to Coverage data, as well as the high percentage of students eligible for free and reduced price lunches.

Information obtained during the current Connecting Kids to Coverage Grant indicate that major barriers to enrollment in insurance include lack of transportation, belief that the Tribe will pay for everything, and a variety of reasons related to misunderstandings such as "not wanting to give the government any information", "Not Caring", "Not knowing who to talk to", and "I will sign up when I need". Our Outreach and Enrollment Coordinator has made great strides in overcoming these barriers by developing a strong rapport with the community including both the children and their parents. The Outreach and Enrollment Coordinator is able to make home visits for families without transportation and is able to explain all of the benefits of signing up for health insurance so people feel more comfortable with the process.

Statement of Project Goals (10 points)

Specify the measurable goals for your proposed project, including the number of children that will be enrolled and the number that will be retained in Medicaid and CHIP as a result of the project.

The goal of the Karuk Connecting Kids to Coverage Project will be to enroll and complete the renewal and retention for 200 number of Karuk Tribal Members and Descendants ages 0-19 over the 24 month project period.

Provide adequate justification for how you determined these goals. Specify the number of eligible parents your project will enroll and retain in health coverage, if applicable.

We have successfully provided direct enrollment and retention assistance to X number of children during the 2014 Connecting Kids to Coverage and that is how we developed the targeted numbers above.

An additional benefit will be enrollment and retention of approximately 25 adults. Our Outreach and Enrollment Coordinator and Assistant will target children, but when they have the opportunity to assist the parents at the same time they are able to do this with little additional time or information.

iii. Capacity to implement the project (10 points)

Describe the applicant's capacity to implement the proposed project. Include information about the applicant's level of knowledge about Medicaid and CHIP eligibility and enrollment procedures, as well as information about the applicant's past experience conducting health coverage outreach and enrollment activities. (Information about the applicant's experience conducting outreach and enrollment activities for other public benefit programs is also helpful). Describe the applicant's readiness to implement the project if the proposal is successful.

The Karuk Tribe has been providing direct outreach and enrollment services since 2013 through a Health Resources and Services Administration (HRSA) Expanded Services Grant. Through this program we hired a full-time Outreach and Enrollment Coordinator. Since that time we received the 2014 Connecting Kids to Coverage Grant for American Indian/Alaska Natives to provide direct outreach and enrollment to get more children enrolled and retained in health

insurance programs. Our Outreach and Enrollment Coordinator is a certified Health Insurance Counseling & Advocacy Program (HICAP) Counselor, as well as a Certified Enrollment Counselor for Covered California Applications. Topics covered during the Certified Enrollment Counselor certification include Affordable Care Act, Certified Enrollment Counselor Role, Uninsured Demographics, Compliance Standards, Handling Personal Health Information, Eligibility, Plan Options, Enrollment Support, Post Enrollment, and Program System Training—CalHEERS.

Since 2007 we have had a full-time Patient Eligibility Worker to work with uninsured patients to identify alternate resources such as Medi-Cal, CMSP, Healthy Families, and others. This position's goal is to improve patient access to third-party resources.

If the proposal is successful the Karuk Tribe will be able to begin implementing the project immediately with our current Outreach and Enrollment Coordinator as well as a Patient Eligibility Worker. We will expand and enhance current Outreach and Enrollment activities by hiring an additional 1.0 Full-Time Equivalent (FTE) Outreach and Enrollment Assistant. Our current Outreach and Enrollment Coordinator is constantly on the go and at maximum capacity. An additional Outreach and Enrollment Coordinator would allow for more activities within the schools and the community which will increase enrollment and retention for children in health insurance programs such as CHIP and Medicaid.

The current Connecting Kids to Coverage Grant 2014 AI/AN has allowed our Outreach and Enrollment Coordinator to build a strong relationship with the unique communities we serve, including local schools in Orleans, Somes Bar, Happy Camp, Seiad Valley, Horse Creek, and Yreka. Additionally we have utilized office space within our Health Clinics to allow the Outreach

and Enrollment Coordinator to be available for patients to enroll or renew enrollment when they go to the doctor's office. We are in a strong position to be able to begin project activities and most importantly begin enrolling and renewing applications for children in insurance programs right away.

iv. Outreach and Enrollment Plan (40 points)

Describe the year round strategies that will be used to enroll and retain eligible children in Medicaid and CHIP. Describe specific efforts your project will undertake to make the most of the following two important periods for conducting outreach and enrollment activities aimed at enrolling eligible children in Medicaid and CHIP. (Note that the Connecting Kids to Coverage National Campaign will be providing materials and other support to grantees)

The Outreach and Enrollment Coordinators (O/E) will continue to use the same approach of "Activity Waves" developed by the Connecting Kids to Coverage National Campaign(www.insurekidsnow.gov). This strategy has proven to be successful in our current Connecting Kids to Coverage Grant.

Activity Waves will be used during the appropriate times of year as suggested by the Insure Kids Now website and materials will be used for information and outreach in schools and community health facilities. The O/E Coordinators will engage families and children at school events where both parents and children are present. They will provide customized information to remind them that they can enroll in Medicaid and CHIP year round. They will also have business cards and office hours available so parents can set up appointments if necessary.

At each of our clinics (Orleans, Happy Camp and Yreka) we will have customized posters and other outreach materials that will include faces of local children to catch their attention. Our

O/E Coordinator and Assistant will also be available in our clinics on certain days of the week and our receptionist will be able to provide patients information about how to get assistance from our O/E Coordinator and Assistant.

“Back to School” night at each of the local schools (Orleans, Somes Bar, Happy Camp, Seiad Valley, Horse Creek, and Yreka) will be a major event for the O/E Coordinator and Assistant to do a presentation on enrollment in insurance programs and will be able to assist parents on the spot or schedule follow-up appointments for enrollment.

In coordination with the local elementary schools and the Family Resource Centers the O/E Coordinator and Assistant will attend Family Fun Nights to provide outreach, enrollment and renewal services to parents. A healthy and nutritious meal will be served and family centered activities will be conducted. Providing a meal for families will be an excellent way to get families engaged and promoting healthy meals will help to get them in the mindset of healthy living.

Comment [JG1]: Maybe this would be the cooking event? This language was taken from the old grant.

The O/E Coordinator and Assistant will bring their laptops and outreach materials to educate families on the enrollment process and why it is important to enroll.

Comment [JG2]: Will you be able to provide enrollment at the back to school night and the family fun nights? Or will you have to schedule sessions?

The O/E Coordinators will work with the local schools to incorporate insurance information on to the free and reduced school lunch applications as a means for identifying eligible children. Contact information will be provided. This is a great way to be sure the parents will review the information.

The current O/E Coordinator has partnered with the Tribal Temporary Assistance For Needy Families program (TANF) to provide incentive based activities to gain participation and involve

families. We will continue this activity as it has been a great way to bring the children and parents out and then we are able to engage with them on insurance enrollment information.

Activities will include nutrition and fitness activities conducted by the O/Enrollment Coordinators. These activities will be conducted throughout the year and children will build up points for participation. At the end of the school year students who have participated and gained points will get to join in special activity sponsored by TANF. This incentive will help ensure that the children will want to participate.

1. Following Marketplace open enrollment period

(to remind families that enrollment in Medicaid and CHIP remain Available year round) and;

2. Back-to-School time.

Discuss the settings in which outreach and enrollment activities will take place, emphasizing why chosen settings are believed to be places where activity will be most productive.

Describe how application and renewal assistance will be delivered directly to families and the strategies that will be used to track and report on the number of children and parents the project assists and the outcome of those interactions.

Demonstrate the ability to modify and refine outreach, enrollment, and renewal strategies based on an ongoing self-assessment of the effectiveness of those strategies.

Discuss how the applicant will sustain the proposed efforts beyond the grant period using additional funding or in-kind support from sources other than the federal government, or through the adoption of ongoing systemic changes in the process or system for applying for or renewing coverage. While not a requirement, planning for ways outreach and enrollment activities can become part of the routine work of community organizations and institutions enhances the project's value.

We will sustain the efforts of the enrollment and renewal assistance program through the following ways. Outreach and Enrollment information and materials will continue to be available in each of our clinics. Our Patient Eligibility Worker will continue to assist all patients with enrollment and renewal applications. In the last 6 months of the Connecting Kids to

Coverage Project (November 2017) Health Program Staff will evaluate the current enrolment data for children ages 0-19. If it is determined that there is still a need for the O/E Coordinator we will work to identify necessary funds to continue that the outreach and enrollment activities that really engage families. Funding sources may include our HRSA Grant, Indian Health Services funding, or third-party revenue.

b. Data Collection and Reporting Plan (20 points)

Describe how required data (discussed in Section II(3)(c)) will be collected. Also describe any non-required data/metrics the project will collect and report, why the data is useful, how it will be collected and reported and how it will be used.

Data will be collected through sign in sheets and will be summarized in excel worksheets. Additionally Project Staff will work with the Karuk Clinics to identify patient's insurance information. This information will be provided in spreadsheets as well. Project staff will also collect information throughout the project using short surveys. This information will help with the ongoing evaluation of project activities such as better ways to provide enrollment assistance to families.

c. Work Plan and Timeline (15 points)

The work plan section of the application should document activities, reasonable milestones and timeframes that are likely to lead to achievement of the stated project goal and identify the parties responsible for performing the activities.

Evaluation (15 points)

Describe how the project will be evaluated. Discuss what data will be used to determine whether goals are being met and whether changes need to be made during the project to remain on course. Discuss how changes will be made, if necessary.

Evaluation of the project will be done on an ongoing basis. The O/E Coordinators will keep track of all direct enrollment and renewal assistance that they provide using an excel spreadsheet.

Numbers will be collected on the following:

1. The number of children assisted by the project in applying for health coverage.
2. The number of children enrolled in Medicaid and CHIP as a direct result of the project.
3. The number of children directly assisted in renewing Medicaid or CHIP.
4. The number of children successfully retained in Medicaid or CHIP as a direct result of the project.

Additionally, each activity/event that the O/E Coordinators participate in will have a sign-in sheet to see how many families were served and have an option for families to request a follow-up contact from one of the O/E Coordinators. A questionnaire on bright colored paper will be distributed at the beginning of the school year with emergency contact packets. Students will receive an incentive of a new pencil if they return the form to their teacher. Teachers will use a tracking sheet to identify each student (with an ID# if the names are not allowed to be used). This will track whether or not the form was returned and prize awarded. The questions asked are:

- Number of children in household
- Does your family have private insurance?
- Is your family covered by Medicaid?
- Would you like assistance in obtaining either Medicaid or private insurance?
- If yes, please list your phone number or easiest way to contact you.

- Is this child American Indian or Alaska Native (optional)?

Based on the results of the initial form the O/E Coordinators will be able to follow up and determine next steps for the child or family; whether it is outreach, enrollment or renewal services. The O/E Coordinators will continually evaluate the effectiveness of the project over the 24 month project period to determine if the project is meeting the proposed goals. The Karuk Tribe will support the efforts of CMS and cooperate with the CMS evaluator to conduct an overall evaluation of Connecting Kids to Coverage – O/E Cooperative Agreements. This cooperation is demonstrated by a signed Tribal Resolution.

f. Staffing Plan (15 points)

Describe how the project will be staffed, including the number of staff, their skills and credentials and how they will be deployed. Include brief job descriptions for the Project Director and Assistant Director and a statement of the percentage of time that each person will be working on this project and the percentage of time that is spent on duties outside of the cooperative agreement activities.

Currently funded by the Connecting Kids to Coverage AI/AN grant, the O/E Coordinator is the Project Coordinator for ongoing activities that focus on engaging families to enroll in Medicaid and CHIP. The O/E Coordinator now has three (3) years of experience with providing outreach, enrollment and renewal services and has already cultivated relationships with all of the participating schools and tribal departments. The O/E Coordinator has strong buy-in with community members, especially the children as they love all of the fun activities that have been provided as a part of the current project. Additionally, the O/E Coordinator has completed the required Certified Enrollment Counselor certification (CEC), and will continue to get recertification as necessary. Having an individual in place, certified and experienced in providing

the proposed services will enhance the project as they will be ready to provide outreach, enrollment and renewal immediately upon award notification.

The Karuk Tribe's Health and Human Services Department will use the Connecting Kids to Coverage O/E Cooperative Agreement to employ an additional 1.0 full-time equivalent (FTE) O/E Assistant to augment and coordinate those limited outreach and enrollment services currently provided in the Karuk Tribe's large and remote Ancestral Territory. One hundred percent (100%) of their time will be dedicated to this project and will include coordination on all activities including the many "Activity Waves", data collection, direct enrollment and renewal assistance. Upon hiring of a new O/E Assistant, they will be scheduled to receive the Certified Enrollment Counselor (CEC) Training and other health program training including Health Insurance Portability and Accountability Act (HIPAA) to be sure all patient information is protected and confidentiality is maintained. They will be able to assist the current O/E Coordinator with implementation of project activities including data collection and coordination of events.

The Karuk Tribe currently employs an O/E Coordinator Funded by the Connecting Kids to Coverage AI/AN Grant which will expire in November of 2016. At that time we will continue to support both positions out of the Connecting Kids to Coverage Cooperative Agreement and one hundred percent (100%) of their time will be dedicated to the project. The current O/E Coordinator has completed all necessary training and will be in an excellent position to conduct the proposed outreach and enrollment activities. Additionally the Karuk Tribe employs 1.0 full-time equivalent (FTE) Patient Eligibility Worker. As mentioned above the Patient Eligibility

Worker is located in our Yreka Health Clinic and helps uninsured patients to identify alternate resources such as Medi-Cal, CMSP, Healthy Families, and others. The Patient Eligibility Worker has also completed the Covered California Certified Enrollment Counselor Training.

The Karuk Tribe's 2016 Connecting Kids to Coverage Timeline

Goal: Expand current outreach and enrollment assistance activities and facilitate enrollment of 200 eligible Karuk children and service area residents into affordable health insurance coverage through the Medicaid or Children's Health Insurance Program.

Activities that must occur to accomplish the goal.	Timeframe	Person/Area Responsible	Milestones
1. Hire one (1) Outreach and Enrollment (O/E) Assistant <i>(This will be in addition to the current O/E Coordinator)</i>	May 2016-June 2016	Executive Director of Health and Human Services, (EDHHS), Outreach and Enrollment (O/E) Coordinator and Human Resources Manager (HRM)	By the end of month one Outreach and Enrollment (O/E) Assistant will be hired and trained.
2. Meet with School Superintendents/Principal to calendar out proposed events for the entire school year	May 2016-June 2018	O/E Coordinator and School Staff	Completed school calendar with Connecting Kids events for each participating school.
3. Make appointments to enroll uninsured community members, with emphasis on Tribal members and descendants. O/E Coordinator will continue to make appointments and rotate between the three communities of Yreka, Happy Camp and Orleans.	May 2016- May 2, 2018 Now and Ongoing	O/E Assistant and O/E Coordinator	This is an ongoing activity, with the ultimate goal of providing outreach, enrollment and renewal to 200 Karuk Tribal members and descendants, ages 0-19 over the 24 month project period.

The Karuk Tribe's 2016 Connecting Kids to Coverage Timeline

Activities that must occur to accomplish the goal.	Timeframe	Person/Area Responsible	Milestones
4. Advertise that the Karuk Tribal Health and Human Service Program (KTHHSP) can offer assistance to enroll uninsured and others into health plans. This will be accomplished through Town Meetings, posters at the school, Chamber of Commerce meetings, in Clinic Lobbies, Media and Newspaper	May 20, 2016- May 19, 2018 Now and Ongoing	O/E Assistant	This is an ongoing activity, with the ultimate goal of providing outreach, enrollment and renewal to 200 Karuk Tribal members and descendants, ages 0-14 over the 24 month project period.
5.	July-August 2016	O/E Coordinator, O/E Assistant and other Tribal Staff	# of children enrolled and applications renewed
6. O/E Coordinator and O/E Assistant will attend Karuk Math and Science Camp, Karuk Tribal Reunion and County Fair during the months of July-August to conduct further outreach, enrollment and renewal.	September 2016	O/E Coordinator and O/E Assistant	Completed certificate of renewal and new certification for the new O/E Coordinator
7. O/E Coordinator and O/E Assistant will attend Certified Enrollment Counselor re-certification/renewal	Fall 2016	O/E Coordinator and O/E Assistant	# of children enrolled and applications renewed
8. Health Fair during Fall of 2016 and 2017-Health Fair will be provided at the local schools and will include fun healthy activities such as making snacks, exercise booth, BMI Measurements, Personal Hygiene information, and direct enrollment assistance.			

Comment [161]: Please plug in actual date of CEC Training, for both renewal and new certification.

The Karuk Tribe's 2016 Connecting Kids to Coverage Timeline

Activities that must occur to accomplish the goal.	Timeframe	Person/Area Responsible	Milestones
9. Jr. Ambassador Program- O/E Coordinators will recruit Jr. Ambassador(s) who will help engage youth and support and promote Medicaid/CHIP Enrollment.	September 2016-May 2018	O/E Coordinator and O/E Assistant, Selected Jr. Ambassador(s)	# of events and activities attended by Jr. Ambassadors where children are enrolled in Medicaid/CHIP and # of children enrolled in Medicaid/CHIP/Insurance Programs.
10. Dental Health Month: Think Teeth, utilizing the Insure Kids Now promotional materials the O/E Coordinator will partner with Karuk Dental Clinics to promote dental health and insure eligible children and families.	February 2017	Karuk Dental Clinics, Community Health Worker	Enroll at least 5 kids at each Dental Clinic for a total of 15 enrolled kids.
11. Media Blitz-O/E Coordinators will work with the local schools to engage students to make posters, speeches and radio commercials. This will be a contest and incentives will be provided.	March 2017-June 2017	O/E Coordinators and participating school staff	
12. O/E Coordinators will advertise services, activities and schedule of events in the Karuk Tribe newsletter. The newsletter is sent out on a quarterly basis to all Karuk Tribal members and descendants.	December 2016, March 2017, June 2017 and September 2017	Karuk Tribal Enrollment Office, Human Resources, O/E Coordinator	This is an ongoing activity, with the ultimate goal of providing outreach, enrollment and renewal to 200 Karuk Tribal members and descendants, ages 0-19 over the 24 month project period.
13. O/E Coordinators will conduct enrollment activities at each schools Open House events to kick off the new school year.	August -September 2016	O/E Coordinators and School Staff	Number of children re enrolled

The Karuk Tribe's 2016 Connecting Kids to Coverage Timeline

Activities that must occur to accomplish the goal.	Timeframe	Person/Area Responsible	Milestones
14. Complete Annual Report	May 20, 2016- May 19, 2018	O/E Coordinators	Report data on number of children assisted utilizing the web-based tool by CMS
15.			
16. Family, Fun and Fitness Week- Participating schools will be engaged in the months of November through February during Open Enrollment so that tribal and non-tribal members are eligible to enroll.	November-February 2017	O/E Coordinator, participating school staff, and Family Resource Centers	# of children enrolled at completion of Family Fun and Fitness Week
17. O/E Coordinators will attend Karuk Math and Science Camp, Karuk Tribal Reunion and County Fair during the months of July–August to conduct further outreach, enrollment and renewal.	July-August 2017	O/E Coordinator and Tribal Staff	# of children enrolled and applications renewed
18. O/E Coordinators will conduct enrollment activities at each school's Open House events to kick off the new school year.	August –September 2017	O/E Coordinators and School Staff	Number of children renewed/retained
19. Complete Semi-Annual Report	November 2017	O/E Coordinators	Report data on number of children assisted utilizing the web-based tool by CMS

The Karuk Tribe's 2016 Connecting Kids to Coverage Timeline

<p>20. Dental Health Month: Think Teeth, utilizing the Insure Kids Now promotional materials the O/E Coordinators will partner with Karuk Dental Clinics to promote dental health and insure eligible children and families.</p>	<p>February 2018</p>	<p>O/E Coordinator and Dental Clinic Staff</p>	<p>Enroll at least 5 kids at each Dental Clinic for a total of 15 enrolled kids.</p>
<p>21. Complete Final Report to CMS</p>	<p>May 2018</p>	<p>Community Health Worker</p>	<p>Final evaluation. Report data on number of children assisted utilizing the web-based tool by CMS</p>

Budget Narrative – Year 1

Personnel: Personnel costs include .3 FTE for Outreach and Enrollment Coordinator (May-November) and 1 FTE December-May at \$45,000 salary ; 1 FTE Outreach and Enrollment Assistant at salary of \$35,000. These positions will follow the duties of the attached job descriptions.

Position	Name	Annual Salary/Rate	Level of Effort	Cost
Outreach and Enrollment Coordinator	Debbie Bickford	\$45,000/year	.3 FTE May-November 2016 1 FTE December-May 2017	\$30,988
Outreach and Enrollment Assistant	To Be Selected	\$35,000/year	1 FTE May 2016-May 2017	\$35,000
			Total	\$65,988

Fringe Benefits: This rate is based on the annual salary. The State Unemployment rate is based on 6.2% of the first \$7,000, which comes to \$434. The rate for Workman's Compensation is taken from the Tribe's list of rates for similar positions and workplaces. For a breakdown of these benefits, see below:

Fringe	Rate	Amount
Outreach and Enrollment Coordinator (\$30,988)	FICA (6.2 %)	\$1,921
	Medicare Tax	\$450
	Work Comp	\$1,527
	Health	\$4,701
	Retirement	\$1,549
	Unemployment (6.2%)	\$434
Outreach and Enrollment Assistant (\$35,000)	FICA (6.2 %)	\$2,254
	Medicare Tax	\$527
	Work Comp	\$222
	Health	\$7,356
	Retirement	\$1,818
	Unemployment (6.2%)	\$434
Total Fringe:		\$12,610

Supplies: To support outreach and enrollment assistance, the following supplies will be needed: Cell Phone- Cell Phone is calculated at \$100/month x 12 months = \$1200 per year. Cell phone is needed to remain in contact with prospective clients while O/E Assistant is conducting events and traveling between sites. Cell Phone is budgeted at \$1200 per year. Laptop and Portable scanner is needed to print information and process applications. To support outreach activities the following supplies will be needed:

Jr. Ambassador Program	Youth Ambassadors will be used to promote Enrollment and Outreach Activities costs will include	\$5000
Media Blitz	Posters, Speeches, 1 Minute Commercials-includes prizes, supplies, honorariums for volunteers	\$5000

Family Fun Fitness activities	Family Fun and Fitness Week held at each of the local schools- Includes incentives for participation and materials. Budget includes \$5.00 per kid to purchase incentives. We anticipate service 1075 kids x \$5.00/ kid = \$5,375	\$5375
Healthy Foods Cooking Events	3 Healthy Cooking Events held in conjunction with Afterschool Program @ \$900 each costs include food and honorariums for volunteers	\$2700
Healthy Kids Sports	Sports Clinic Tournament to enroll kids; 3 events/year @ \$1,875 each include cones, whistles, protective gear, t-shirts, referee cards, sport specific balls/equipment such as soccer net, bats, etc.	\$5250
Hoop It Up	Hula Hoop Group 4 Performance @ \$1,875 Each, Touring Hula Hoop Group will perform at 4 of the local schools and serve as an outreach and enrollment opportunity for the O/E Coordinator and Assistant	\$7500
Siskiyou County Fair	Display and promote Free Dental Check Ups/Sports Physicals pamphlet \$300 Rental Space, Booth and Table \$200, Brochures \$100, Incentives such as water bottles, whistles, wristbands \$400	\$1000
Health Fair Supplies	Health Fair to be held at local schools (Orleans, Junction, Happy Camp, Yreka) in the fall of 2016, types of booths will include Dental Care, Blood Pressure and Weight Check, Exercise DVD and/or Kinect Videogame, Healthy Snack Station X 4 Events	\$10000
Portable Printer	Portable printer needed for processing applications and printing at remote sites.	\$500.00
Laptop	Laptop computer will be used for on-the-go application processing.	\$650
Cell Phone	Cell phone is needed to remain in contact with clients while traveling within the Service Area.	\$1,200 per year
Office Supplies	Office supplies needed to conduct activities with Resource Centers, Schools, Media and other marketing materials.	\$3320
	Total:	\$48995

Travel:

Local Area Travel - The O/E Coordinator and Assistant will be coordinating activities in Happy Camp, Orleans and Yreka. These service areas span 70 miles one-way. Approximately 49 trips (2-3 trips per month – approximately 24 trips to Yreka and 24 to Orleans) 49 trips x 141 miles round trip = 6,934 x .54 miles = \$3,744. The Karuk Tribe's mileage rate for our area is **\$0.54** (based on GSA Rates). The O/E Coordinator and Assistant will travel to either and sometimes both Yreka and Orleans once a week to provide services. Occasionally the O/E Coordinator and Assistant will stay overnight in Yreka when activities and appointments are scheduled two days in a row. \$380 has been budgeted for overnight stay in a hotel. \$81/night x 3 nights = \$243. Per diem is \$46 per day x 75%= \$34.50 for one day travel away from official station for more than 12 hours. \$34.50 x 4 days = \$138. Total = \$381

NIHB Conference - Washington DC NIHB Airfare: \$550 Hotel: \$222/night x 3 nights(\$666) Per diem (\$69/day/(3/4 for travel day)per diem(\$241.50) x 2 people = \$2915

Out of Area Travel - Staff travel to Redding for fingerprinting as required for Certified Enrollment Coordinator 340 mile roundtrip (.54/mile)= \$184.00

Total Travel: \$4125

Purpose of Travel	Location	Item	Rate	Cost
Outreach and Enrollment Services	Local Area- Orleans, Happy Camp, Yreka	Estimated 6,934 miles	\$.54/mile	\$3744
Outreach and	Yreka	Hotel 3 nights and	\$81/night and	\$624

Enrollment Services		perdiem 4 days @ .75	\$34.50 day	
NIHB Conference	Washington DC	Hotel, Perdim and Airfare x 2 people	Airfare \$550; Hotel \$222/night; Perdiem \$69/day	\$2915
Fingerprinting Services	Redding, CA	340 miles Round Trip	\$.54/mile	\$184
				TOTAL \$7224

Indirect Costs are calculated at 50% of wages, this is the Karuk Tribe's currently Negotiated Indirect Cost Rate. Total Wages \$65,988 x 50% = \$32,944
Total cost Year 1 of the Karuk Tribe's Connecting Kids Project: \$178,393.00

The Karuk Tribe

Connecting Kids To Coverage - Year 1

Budget Item	Computation	Year One	
		Federal Request	Total
Personnel			\$65,988
Outreach and Enrollment Coordinator	.3 FTE @\$45,000 for first 6 months and 1.0 FTE @ \$45,000 for second 6 months	\$30,988	
Outreach and Enrollment Assistant	1.0 FTE @ \$35,000/ year	\$35,000	
Fringe			\$23,193
Outreach and Enrollment Coordinator	FICA (6.2 %)	\$1,921	
	Medicare Tax	\$450	
	Work Comp	\$1,527	
	Health	\$4,701	
	Retirement	\$1,549	
	Unemployment (6.2%)	\$434	
	Total	\$10,583	
Outreach and Enrollment Assistant	FICA (6.2 %)	\$2,254	
	Medicare Tax	\$527	
	Work Comp	\$222	
	Health	\$7,356	
	Retirement	\$1,818	
	Unemployment (6.2%)	\$434	
	Total	\$12,610	
Travel and Training Cost			\$7,224
Out of Area Travel	Staff travel to Redding for fingerprinting as required for Certified Enrollment Coordinator 340 mile roundtrip (.54/mile)	\$184	

NIHB Conference	Washington DC NIHB Airfare: \$550 Hotel: \$222/night x 3 nights(\$666) Perdiem (\$69/day/(3/4 for travel day)perdiem(\$241.50) x 2 people = \$2915.	\$2,915	
Local Travel	GSA Rates used. \$0.54/miles x6,934 miles and hotel \$243 and perdiem \$138	\$4,125	
Supplies			\$48,995
Jr. Ambassador Program	Must show proof of Medical or apply in order to participate. Youth Ambassador for Healthy Activities and promoting Enrollment	\$5,000	
Media Blitz	Posters, Speeches, 1 Minute Commercials-includes prizes, supplies, honoriums	\$5,000	
Healthy Foods Cooking Event	3 Healthy Cooking Events held in conjunction with Afterschool Program @ \$900 each	\$2,700	
Healthy Kids Sports	Sports Clinic/Tournament to Enroll Kids 3 / year @ \$1,750 per event	\$5,250	
Hoop It Up	Hula Hoop Group 4 Performances @ \$1,875 each	\$7,500	
Siskiyou County Fair Enrollment Outreach	Display and promote Free Dental Check Ups/Free Sports Physicals	\$2,500	
Family Fun & Fitness Activity	1075 kids x \$5.00/kid = \$5375	\$5,375	

Health Fair Supplies	Types of booths: Head Lice, Dental Care, Blood Pressure/Weight. Exercise DVD or Kinect Game, Healthy Snack Station	\$10,000	
Office supplies	Office supplies needed to conduct activities with Resource Centers, Schools, Media and other marketing materials.	\$3,320	
Cell Phone	Cell Phone to remain in contact with clients while traveling between sites	\$1,200	
Portable Scanner	Portable scanner is needed to print materials multiple sites	\$500	
Laptop	Laptop for Enrollment on the Go	\$650	
Direct Costs		\$145,399	\$145,399
Indirect Costs	Karuk Negotiated IDC 50% of Wages	\$32,994	\$32,994
Total Project		\$178,393	\$178,393

Budget Narrative – Year 2

Personnel: Personnel costs include 1FTE for Outreach and Enrollment Coordinator at \$45,0000 salary; 1 FTE Outreach and Enrollment Assistant at salary of \$35,000. These positions will follow the duties of the attached job descriptions.

Position	Name	Annual Salary/Rate	Level of Effort	Cost
Outreach and Enrollment Coordinator	Debbie Bickford	\$45,000/year	1 FTE	\$45,000
Outreach and Enrollment Assistant	To Be Selected	\$35,000/year	1 FTE	\$35,000
			Total	\$65,988

Fringe Benefits: This rate is based on the annual salary. The State Unemployment rate is based on 6.2% of the first \$7,000, which comes to \$434. The rate for Workman’s Compensation is taken from the Tribe’s list of rates for similar positions and workplaces. For a breakdown of these benefits, see below:

Fringe	Rate	Amount
Outreach and Enrollment Coordinator (\$30,988)	FICA (6.2 %)	\$2,898
	Medicare Tax	\$678
	Work Comp	\$1,527
	Health	\$6,220
	Retirement	\$1,751
	Unemployment (6.2%)	\$434
Outreach and Enrollment Assistant (\$35,000)	FICA (6.2 %)	\$2,254
	Medicare Tax	\$527
	Work Comp	\$222
	Health	\$7,356
	Retirement	\$1,818
	Unemployment (6.2%)	\$434
Total Fringe:		\$26,118

Supplies: To support outreach and enrollment assistance, the following supplies will be needed: Cell Phone- Cell Phone is calculated at \$100/month x 12 months = \$1200 per year. Cell phone is needed to remain in contact with prospective clients while O/E Assistant is conducting events and traveling between sites. Cell Phone is budgeted at \$1200 per year. To support outreach activities the following supplies will be needed:

Jr. Ambassador Program	Youth Ambassadors will be used to promote Enrollment and Outreach Activities costs will include	\$5000
Media Blitz	Posters, Speeches, 1 Minute Commercials-includes prizes, supplies, honorariums for volunteers	\$5000

Family Fun Fitness activities	Family Fun and Fitness Week held at each of the local schools- Includes incentives for participation and materials. Budget includes \$5.00 per kid to purchase incentives. We anticipate service 1075 kids x \$5.00/ kid = \$5,375	\$5375
Healthy Foods Cooking Events	3 Healthy Cooking Events held in conjunction with Afterschool Program @ \$900 each costs include food and honorariums for volunteers	\$2700
Healthy Kids Sports	Sports Clinic Tournament to enroll kids; 3 events/year @ \$1,875 each include cones, whistles, protective gear, t-shirts, referee cards, sport specific balls/equipment such as soccer net, bats, etc.	\$5250
Hoop It Up	Hula Hoop Group 4 Performance @ \$1,875 Each, Touring Hula Hoop Group will perform at 4 of the local schools and serve as an outreach and enrollment opportunity for the O/E Coordinator and Assistant	\$7500
Siskiyou County Fair	Display and promote Free Dental Check Ups/Sports Physicals pamphlet \$300 Rental Space, Booth and Table \$200, Brochures \$100, Incentives such as water bottles, whistles, wristbands \$400	\$1000
Health Fair Supplies	Health Fair to be held at local schools (Orleans, Junction, Happy Camp, Yreka) in the fall of 2016, types of booths will include Dental Care, Blood Pressure and Weight Check, Exercise DVD and/or Kinect Videogame, Healthy Snack Station X 4 Events	\$10000
Cell Phone	Cell phone is needed to remain in contact with clients while traveling within the Service Area.	\$1,200 per year
Office Supplies	Office supplies needed to conduct activities with Resource Centers, Schools, Media and other marketing materials.	\$3320
	Total:	\$41,545

Travel:

Local Area Travel - The O/E Coordinator and Assistant will be coordinating activities in Happy Camp, Orleans and Yreka. These service areas span 70 miles one-way. Approximately 49 trips (2-3 trips per month – approximately 24 trips to Yreka and 24 to Orleans) 49 trips x 141 miles round trip = 6,934 x .54 miles = \$3,744. The Karuk Tribe's mileage rate for our area is **\$0.54** (based on GSA Rates). The O/E Coordinator and Assistant will travel to either and sometimes both Yreka and Orleans once a week to provide services. Occasionally the O/E Coordinator and Assistant will stay overnight in Yreka when activities and appointments are scheduled two days in a row. \$380 has been budgeted for overnight stay in a hotel. \$81/night x 3 nights = \$243. Per diem is \$46 per day x 75%= \$34.50 for one day travel away from official station for more than 12 hours. \$34.50 x 4 days = \$138. Total = \$381

NIHB Conference - Washington DC NIHB Airfare: \$550 Hotel: \$222/night x 3 nights(\$666) Per diem (\$69/day/(3/4 for travel day)per diem(\$241.50) x 2 people = \$2915

Total Travel: \$4125

Purpose of Travel	Location	Item	Rate	Cost
Outreach and Enrollment Services	Local Area- Orleans, Happy Camp, Yreka	Estimated 6,934 miles	\$.54/mile	\$3744
Outreach and Enrollment Services	Yreka	Hotel 3 nights and per diem 4 days @ .75	\$81/night and \$34.50 day	\$624
NIHB Conference	Washington DC	Hotel, Per diem and Airfare x 2 people	Airfare \$550; Hotel \$222/night; Per diem \$69/day	\$2915
				TOTAL \$7040

Indirect Costs are calculated at 50% of wages, this is the Karuk Tribe's currently Negotiated Indirect Cost Rate. Total Wages \$80,000 x 50% = \$40,000
Total cost Year 2 of the Karuk Tribe's Connecting Kids Project: **\$194,703**

The Karuk Tribe

Connecting Kids To Coverage - Year 2

Budget Item	Computation	Year One	
		Federal Request	Total
Personnel			\$80,000
Outreach and Enrollment Coordinator	1.0 FTE @ \$45,000/ year for half year	\$45,000	
Outreach and Enrollment Assistant	1.0 FTE @ \$35,000/ year	\$35,000	
Fringe			\$26,118
Outreach and Enrollment Coordinator	FICA (6.2 %)	\$2,898	
	Medicare Tax	\$678	
	Work Comp	\$1,527	
	Health	\$6,220	
	Retirement	\$1,751	
	Unemployment (6.2%)	\$434	
	Total	\$13,508	
Outreach and Enrollment Assistant	FICA (6.2 %)	\$2,254	
	Medicare Tax	\$527	
	Work Comp	\$222	
	Health	\$7,356	
	Retirement	\$1,818	
	Unemployment (6.2%)	\$434	
	Total	\$12,610	
Travel and Training Cost			\$7,040
NIHB Conference	Washington DC NIHB Airfare: \$550 Hotel: \$222/night x 3 nights(\$666) Perdiem (\$69/day/(3/4 for travel day)perdiem(\$241.50) x 2 people = \$2915.	\$2,915	
Local Travel	GSA Rates used. \$0.54/miles x6,934 miles and hotel \$243 and perdiem \$138	\$4,125	

Supplies			\$41,545
Jr. Ambassador Program	Youth Ambassador for Healthy Activities and promoting Enrollment	\$5,000	
Media Blitz	Posters, Speeches, 1 Minute Commercials-includes prizes, supplies, honoriums	\$5,000	
Healthy Foods Cooking Event	3 Healthy Cooking Events held in conjunction with Afterschool Program @ \$900 each	\$2,700	
Healthy Kids Sports	Sports Clinic/Tournament to Enroll Kids 3 / year @ \$1,750 per event	\$5,250	
Siskiyou County Fair Enrollment Outreach	Display and promote Free Dental Check Ups/Free Sports Physicals	\$2,500	
Family Fun & Fitness Activity	1075 kids x \$5.00/kid = \$5375	\$5,375	
Health Fair Supplies	Health Fair at 4 local schools	\$10,000	
Office supplies	Office supplies needed to conduct activites with Resource Centers, Schools, Media and other marketing materials.	\$3,320	
Cell Phone	(2)Cell Phones to remain in contact with clients while traveling between sites	\$2,400	
Direct Costs		\$154,703	\$154,703
Indirect Costs	Karuk Negotiated IDC 50% of Wages	\$40,000	\$40,000
Total Project		\$194,703	\$194,703

Recovery is Possible

KARUK SUBSTANCE ABUSE PROGRAM
533 Jacobs Way Happy Camp, CA 96039
325 Asip Orleans, CA 95556



SUBSTANCE ABUSE RECOVERY SERVICES

We provide group and individual services tailored to the client. Our certified counselors help clients and their families heal from the chaos, fear and isolation of addiction. Our services in Happy Camp and Orleans include:

Assessment: Evaluation of substance use disorder. This is the doorway to services and referral, when appropriate, to residential or detox facilities.

Individual Counseling: Private, client centered sessions with your primary counselor.

Relapse Prevention: This group is designed to assist in maintaining abstinence by delivering information, support and guidance.

Drug Testing:
Urine and Breath Alcohol testing provided on site.

SUPPORTIVE SERVICES

- Individualized Treatment
- Culturally Appropriate
- Healthy Living Skills
- Social Support
- Referral

DRIVING UNDER THE INFLUENCE PROGRAM

A fee based service offered to those individuals needing to complete a court or DMV ordered program in order to regain their driving privileges. Programs include:

Wet & Reckless (12 Hours)

First Time Offenders: 3 Month 6 Month 9 Month

Multiple Offenders: 18 Month

Call 530-493-1450 Ext. 5002 for more information

DUI service are NOT offered in Orleans

PHONE NUMBERS

HAPPY CAMP
530-493-1450
EXT. 5002

ORLEANS
530-627-3452
EXT. 3212

BATTERERS' INTERVENTION PROGRAM

This program emphasizes domestic harmony. Clients will explore their thoughts, feelings and behaviors, in regard to their interactions with others, over 52 sessions. These sessions meet for two hours each week.

This program is certified in both Siskiyou and Humboldt counties.

We believe...



Recovery is possible.

Addiction is a disease that is chronic, progressive and sometimes fatal. We also believe that it is treatable.

By providing group and individual treatment our certified counselors help clients and their families heal from the chaos, fear and isolation of addiction.

Our tribal specific services help clients understand how addiction affects the spiritual self and aims to reconnect clients with traditional Karuk heritage.

At the Karuk Substance Abuse Program, clients can begin the path to recovery, gain skills to live a balanced life and establish lifelong connections for staying healthy.

MISSION STATEMENT

To preserve and strengthen the children and families of the Karuk Tribe and other Native American tribes through an effective social welfare system that empowers individuals and families to work toward and achieve self-sufficiency.



Karuk Substance Abuse Program

MAIN OFFICE
1519 South Oregon Street
Yreka, CA 96097
Phone: 530-841-3141
Fax: 530-841-5150
Email: abaxter@karuk.us

Karuk Tribe

Substance Abuse Programs



“To preserve and strengthen,...”

Substance Abuse Recovery Services

Assessment: This is the doorway to services and referral to residential or detox facilities when appropriate.

Individual Counseling: Client centered sessions with a counselor.

Early Recovery Skills: Learn many of the basic skills needed to achieve initial sobriety.

Relapse Prevention: Designed to assist in maintaining abstinence by delivering information, support and guidance.

Family Education: Based on the Fatherhood is Sacred/Motherhood is Sacred curriculum, clients will learn healthy family coping skills.

Social and Cultural Support: A group to aid clients in connecting with their unique cultural identities and re-learn socialization skills in a familiar, safe environment.

Drug Testing: Urine and Breath Alcohol testing provided on site.

Yreka:
530-841-3141 Ext. 6305

Happy Camp & Orleans:
530-493-1450 Ext. 5002

Driving Under the Influence Program

This program exists to provide persons convicted of DUI offense with: a quality program licensed by the State of California; education, counseling and referral to assist the person in self-evaluation of an alcohol and/or drug problem; knowledge to prevent subsequent DUI offenses; support in achieving total abstinence from alcohol and other drugs while in the DUI program and to protect the public health and safety upon the highways

Individuals seeking services for DUI must have a court referral specifically for the Karuk Tribe DUI Program or Transfer Documents and a DMV H-6 print out.

The following programs are available and pricing is based on the number of services to be delivered:

Wet & Reckless (12 Hours)
3 Months
6 Months
9 Months
18 Months

Yreka:
530-841-3141 Ext. 6303

Happy Camp:
530-493-1450 Ext. 5002

NO DUI SERVICES IN ORLEANS

Batterers' Intervention Program

The Karuk Tribe emphasizes domestic harmony and promotes peace and safety while providing support and guidance to the participant.

Batterers' Intervention Program's participants will explore their thoughts, feelings, and behaviors in regard to their interactions with others over 52 weekly sessions.

Individuals ordered to complete a 52-week course will meet once a week for two hours.

*Certified in Siskiyou and Humboldt counties.

Yreka:
530-841-3141 Ext.6305

Happy Camp & Orleans
530-493-1450 Ext. 5002

Recovery is Possible

KARUK SUBSTANCE ABUSE PROGRAM
530-841-3141 1519 South Oregon Street Yreka, CA 96097

SUBSTANCE ABUSE RECOVERY SERVICES

We provide group and individual services tailored to the client. Our certified counselors help clients and their families heal from the chaos, fear and isolation of addiction. Our services include:

Assessment: Evaluation of substance use disorder. This is the doorway to services and referral, when appropriate, to residential or detox facilities.

Individual Counseling: Private, client centered sessions with your primary counselor.

Early Recovery Skills: Participants learn many of the basic skills needed to achieve initial sobriety.

Relapse Prevention: This group is designed to assist in maintaining abstinence by delivering information, support and guidance.

Family Education: Based on the Fatherhood is Sacred Motherhood is sacred curriculum, clients will practice healthy coping skills in a dynamic group.

Drug Testing: Urine and Breath Alcohol testing provided on site.

Social and Cultural Support: A group to aid clients in connecting with their unique cultural identities and re-learn socialization skills in a familiar and safe environment.

Men's and Women's Process Group: Designed to address the specific needs unique to each gender.



SUPPORTIVE SERVICES

- Individualized Treatment
- Culturally Appropriate
- Family Education Groups
- Gender Specific Groups
- Healthy Living Skills
- Social Support
- Referral

DRIVING UNDER THE INFLUENCE PROGRAM

A fee based service offered to those individuals needing to complete a court or DMV ordered program in order to regain their driving privileges. Programs Include:

Wet & Reckless (12 Hours)

First Time Offenders:	3 Month	6 Month	9 Month
Multiple Offenders:	18 Month		

Please call 841-3141-ext. 6303 for more information

BATTERERS' INTERVENTION PROGRAM

This program emphasizes domestic harmony. Clients will explore their thoughts, feelings and behaviors, in regard to their interactions with others, over 52 sessions. These sessions meet for two hours each week.

This program is certified in both Siskiyou and Humboldt counties.

PHONE NUMBERS

530-841-3141

Substance Abuse
Services:
Ext.6305

DUI Services:
Ext. 6303

Batterers'
Intervention
Program:
Ext. 6305

	Monday	Tuesday	Wednesday	Thursday	Friday
Phase I WEEKS 1-4 1 individual per week	Relapse Prevention 10:30am-12:00pm	Early Recovery Skills 10:30am-12:00pm	Individuals FIS/MIS 1:00pm-3:00pm BIP 3:30pm-5:00pm	Early Recovery Skills 10:30am-12:00pm	Relapse Prevention 10:30am-12:00pm
Phase II WEEKS 5 -8 1 individual per week	Relapse Prevention 10:30am-12:00pm	Women's Process Group 9:00am-10:30am	Individuals FIS/MIS 1:00pm-3:00pm BIP 3:30pm-5:00pm	Men's Process Group 9:00am-10:30am	Relapse Prevention 10:30am-12:00pm
Phase II WEEKS 9-12 1 individual per week	Relapse Prevention 10:30am-12:00pm BIP 3:30pm-5:00pm	Women's Process Group 9:00am-10:30am DUI 3:00pm-5:00pm	Individuals FIS/MIS 1:00pm-3:00pm BIP 3:30pm-5:00pm	Men's Process Group 9:00am-10:30am DUI 3:00pm-5:00pm	Relapse Prevention 10:30am-12:00pm
Phase III WEEKS 12-16 1 individual per month	Relapse Prevention 10:30am-12:00pm Culture 1:00pm-3:00pm BIP 3:30pm-5:00pm	Women's Process Group 9:00am-10:30am DUI 3:00pm-5:00pm	Individuals BIP 3:30pm-5:00pm	Men's Process Group 9:00am-10:30am DUI 3:00pm-5:00pm	Relapse Prevention 10:30am-12:00pm
Phase IV WEEKS 17-24 1 individual per month	Culture 1:00pm-3:00pm BIP 3:30pm-5:00pm	Women's Process Group 9:00am-10:30am DUI 3:00pm-5:00pm	Individuals BIP 3:30pm-5:00pm	Men's Process Group 9:00am-10:30am DUI 3:00pm-5:00pm	
Counselor Schedule	Relapse Prevention 10:30am-12:00pm Culture 1:00pm-3:00pm BIP 3:30pm-5:00pm Intakes	Early Recovery Skills 10:30am-12:00pm Women's Process Group 9:00am-10:30am DUI 3:00pm-5:00pm Intakes	Individuals FIS/MIS 1:00pm-3:00pm BIP 3:30pm-5:00pm	Early Recovery Skills 10:30am-12:00pm Men's Process Group 9:00am-10:30am DUI 3:00pm-5:00pm Intakes	Relapse Prevention 10:30am-12:00pm DUI-R 3:00pm-4:00pm *one time a month Intakes

POLICY

The program shall utilized funding that is approved by council to pay for residential treatment. Staff shall refer clients to residential treatment facilities that are approved by the Program Coordinator.

PROCEDURE

- A. Staff shall conduct a substance abuse assessment by using the Addiction Severity Index assessment tool to determine the level of treatment the client may need.
 - 1. **Criteria One** shall be based on the information that is gathered at the time of the assessment.
 - 2. **Criteria Two** shall be based on the Diagnostic Criteria from the DSM 5.

- B. When a client meets the criteria of moderate or severe, staff shall discuss the case in its entirety to determine the appropriate level of treatment.
 - 1. Once it is determined the client meets the criteria for residential treatment, the appropriate referral will be made.

POLICY

When funding is available KSAP shall provide transportation to and from residential treatment.

KSAP shall not be responsible to provide transportation for clients who leave treatment before their completion date. Clients who leave treatment before their completion date will be responsible for their own transportation.

PROCEDURE

- A. KSAP shall provide either a train ticket or bus ticket to and from the referred residential treatment program only.

POLICY

Clients who leave treatment before their completion date will not be eligible for treatment funds that are provided by KSAP for a period of one year from the date they leave treatment.

PROCEDURE

KSAP staff shall coordinate and refer clients to other funded programs such as IHS or other agencies that provide free substance abuse treatment.

**Karuk Child and Family Services
Health Board Report
Patricia Hobbs LCSW
January 2016**

Action Items:

Credit card request for Gail Balzell Child Welfare Social Worker
Permission to present to Siskiyou Behavioral Health Task Group on our progress with integrating behavioral health with primary care.

General Updates and Information:

We are continuing coordination with tribal staff and the owner of the Shasta building for office space. We have come to some agreements regarding who is taking the lead on negotiating the lease and identifying costs associated with the move. This building allows for our entire department to be located at one site in Yreka which will greatly improve our service delivery to tribal and community members while making available to other programs one office at the Karuk Housing Authority and 4 – 5 office spaces in the Karuk Medical Clinic. The move also brings us more in compliance with confidentiality regulations related to Drug and Alcohol and Mental Health treatment.

Child Welfare Services:

Gail Balzell-Long accepted the position of Child Welfare Social Worker in the Yreka office. She comes with a wealth of experience with foster family agencies, work with elders and child welfare. She is passionate about her work and will be a good asset to our department.

Mary Gowen, Social Worker has transferred to Happy Camp and will also be working with Humboldt County cases until that position is filled.

Substance Abuse Program

Paul Janke joined the Karuk Substance Abuse Program as a counselor. He brings 30 plus years of experience in the Social Services arena including being the co-founder of CASA. He has experience with youth in group treatment centers.

The Substance Abuse Program is set to launch an intensive outpatient treatment model in the Yreka area later this month.

Angela Baxter has temporarily postponed her entry in to a graduate program.

Mental Health

I have been researching the ability for our department to hire interns and Marriage and Family Therapists so that we may expand our search for mental health providers. Suzanna Hardenburger is also assisting me to ensure that our positions are able to bill insurance for services provided.

Position for Licensed Clinical Social Worker or Psychologist funded by HRSA and Administration for Children and Families have been posted. We have some interest which I will be consulting with you about in closed session.

Administration for Children and Families Tribal TANF Child Welfare Coordination Grant

Patricia Hobbs and Laura Olivas (along with council member Arch Super and Lester Alford) attended the ACF grant kick off in Maryland in December. The grant will allow for more collaboration among tribal programs including Child Welfare, AOD, Mental Health and TANF as well as other tribal departments as needed.

A Child Welfare Social Worker has been hired to fill one of the positions in this grant.

We continue to recruit for a Licensed Clinical Social Worker for this grant.

One of our primary goals for this grant period is to provide training on Trauma Informed Care with an emphasis on Historical Trauma.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Patricia Hobbs LCSW". The signature is written in a cursive, flowing style.

Patricia Hobbs LCSW
Director – Child and Family Services

ACTIVITY REPORT FOR MENTAL HEALTH PROGRAM

RECORD DATES: DEC 01, 2015 TO DEC 31, 2015

PATS is the total number of unique, identifiable patients when a patient name was entered on the record. # served is a tally of the number served data value.

	# RECS	ACT TIME (hrs)	# PATS	# SERVED

AREA: CALIFORNIA TRIBE/638				
SERVICE UNIT: KARUK TRB HP				
FACILITY: YREKA				
PROVIDER: HOBBS, PATRICIA (LICENSED CLINICAL SOCIAL WORK)				
13-INDIVIDUAL TREATMENT/COUNS	5	5.3	3	5
22-CASE MANAGEMENT-PATIENT PR	4	2.6	2	4
31-CASE MANAGEMENT-PATIENT NO	1	0.8	1	1
56-RECORDS/DOCUMENTATION	4	0.3	4	4
	=====	=====	=====	=====
PROVIDER TOTAL:	14	8.9	10	14
PROVIDER: KINNEY, BENTON (PHYSICIAN ASSISTANT)				
99-INDIVIDUAL BH EHR VISIT	17	0.0	17	17
	=====	=====	=====	=====
PROVIDER TOTAL:	17	0.0	17	17
PROVIDER: WALTER, KAREENA (LICENSED CLINICAL SOCIAL WORK)				
11-SCREENING-PATIENT PRESENT	1	1.5	1	1
12-ASSESSMENT/EVALUATION-PATI	3	4.5	2	3
13-INDIVIDUAL TREATMENT/COUNS	19	23.0	11	19
15-INFORMATION AND/ OR REFERR	2	5.5	2	2
35-COLLABORATION	1	0.7	1	1
56-RECORDS/DOCUMENTATION	8	2.7	8	8
71-TRAVEL RELATED TO PATIENT	3	12.0		3
97-HEALTH PROMOTION	1	4.2		1
	=====	=====	=====	=====
PROVIDER TOTAL:	38	54.1	25	38
	=====	=====	=====	=====
FACILITY TOTAL:	69	63.0	52	69
FACILITY: ORLEANS				
PROVIDER: HOBBS, PATRICIA (LICENSED CLINICAL SOCIAL WORK)				
12-ASSESSMENT/EVALUATION-PATI	1	1.0	1	1
13-INDIVIDUAL TREATMENT/COUNS	9	7.6	6	9
56-RECORDS/DOCUMENTATION	6	0.5	5	6
71-TRAVEL RELATED TO PATIENT	1	5.0		5
	=====	=====	=====	=====
PROVIDER TOTAL:	17	14.1	12	21
	=====	=====	=====	=====
FACILITY TOTAL:	17	14.1	12	21
FACILITY: KARUK COMMUNITY HEALTH CLINIC				
PROVIDER: HOBBS, PATRICIA (LICENSED CLINICAL SOCIAL WORK)				
13-INDIVIDUAL TREATMENT/COUNS	2	2.0	1	2
56-RECORDS/DOCUMENTATION	1	0.1	1	1
64-STAFF CONSULTATION	1	4.0		2

PH

ACTIVITY REPORT FOR MENTAL HEALTH PROGRAM

RECORD DATES: DEC 01, 2015 TO DEC 31, 2015

PATS is the total number of unique, identifiable patients when a patient name was entered on the record. # served is a tally of the number served data value.

	# RECS	ACT TIME (hrs)	# PATS	# SERVED
12-ASSESSMENT/EVALUATION-PATI	2	3.5	2	2
13-INDIVIDUAL TREATMENT/COUNS	6	6.8	5	6
56-RECORDS/DOCUMENTATION	2	0.3	2	2
71-TRAVEL RELATED TO PATIENT	2	8.2		3
PROVIDER TOTAL:	12	18.7	9	13
FACILITY TOTAL:	16	24.8	11	18
SU TOTAL:	102	101.8	75	108
AREA TOTAL:	102	101.8	75	108

RUN TIME (H.M.S): 0.0.2

Karuk Substance Abuse Program
Monthly Report for December 2015

AOD	Total Number of client for each area
Yreka	13
Happy	13
Orleans	3

Total Number of AOD clients 29

BIP	Total Number of client for each area
Yreka	15 Men 7 women
Happy	2 Men
Orleans	1 Men

Total Number of BIP clients 25

DUI	Total Number of client for each area
Yreka	1
Happy Camp	5

Total Number of DUI clients 6

Number of no Shows & Cancellations

	Yreka	Happy Camp	Orleans	Total
Angela Baxter	6			9
Cheryl Bearchild	10			10
Anthony Ballard	X	8	3	11
				30

Successes

1. The youth KSAP sent to rehab for 90 days has successfully completed their program and will continue aftercare services with our program.
2. Client we referred to the Friendship House has successfully completed their 90 day program and will continue aftercare services with KSAP.
3. Client is being admitted into the Friendship House 01/05/2015.

KSAP and TANF have collaborated on all three of these cases to get them in to treatment. The MOA with TANF is working well.

4. Two DUI clients successfully completed their 18 month program.

Thank you for allowing me to be of service,

Angela Baxter BA, CADDC II

***** CONFIDENTIAL PATIENT INFORMATION *****

AVB

JAN 04, 2016 Page 1

ACTIVITY REPORT FOR CHEMICAL DEPENDENCY or A/SA PROGRAM

RECORD DATES: DEC 01, 2015 TO DEC 31, 2015

PATS is the total number of unique, identifiable patients when a patient name was entered on the record. # served is a tally of the number served data value.

	# RECS	ACT TIME (hrs)	# PATS	# SERVED

AREA: CALIFORNIA TRIBE/638				
SERVICE UNIT: KARUK TRB HP				
FACILITY: YREKA				
PROVIDER: BALLARD, ANTHONY (UNKNOWN)				
91-GROUP TREATMENT	14	2.0	14	14
	=====	=====	=====	=====
PROVIDER TOTAL:	14	2.0	14	14
PROVIDER: BAXTER, ANGELA V (ALCOHOLISM/SUB ABUSE COUNSELOR)				
12-ASSESSMENT/EVALUATION-PATI	2	3.5	2	2
13-INDIVIDUAL TREATMENT/COUNS	25	15.5	17	25
31-CASE MANAGEMENT-PATIENT NO	7	1.8	7	7
66-CLINICAL SUPERVISION RECEI	1	1.5	1	1
91-GROUP TREATMENT	45	9.0	25	45
	=====	=====	=====	=====
PROVIDER TOTAL:	80	31.3	51	80
PROVIDER: BEARCHILD, CHERYL R (ALCOHOLISM/SUB ABUSE COUNSELOR)				
12-ASSESSMENT/EVALUATION-PATI	3	3.5	3	3
13-INDIVIDUAL TREATMENT/COUNS	8	5.1	6	8
22-CASE MANAGEMENT-PATIENT PR	1	0.3	1	1
31-CASE MANAGEMENT-PATIENT NO	8	2.3	6	8
56-RECORDS/DOCUMENTATION	1	3.0	1	1
71-TRAVEL RELATED TO PATIENT	1	2.0	1	1
72-TRAVEL NOT RELATED TO PATI	1	12.0	1	1
91-GROUP TREATMENT	83	15.5	27	83
	=====	=====	=====	=====
PROVIDER TOTAL:	106	43.7	43	106
PROVIDER: JANKE, PAUL (ALCOHOLISM/SUB ABUSE COUNSELOR)				
12-ASSESSMENT/EVALUATION-PATI	4	6.0	2	4
13-INDIVIDUAL TREATMENT/COUNS	4	5.0	2	4
91-GROUP TREATMENT	84	16.4	33	84
	=====	=====	=====	=====
PROVIDER TOTAL:	92	27.4	37	92
	=====	=====	=====	=====
FACILITY TOTAL:	292	104.4	145	292
FACILITY: ORLEANS				
PROVIDER: BALLARD, ANTHONY (UNKNOWN)				
12-ASSESSMENT/EVALUATION-PATI	2	3.0	2	2
13-INDIVIDUAL TREATMENT/COUNS	4	1.8	2	4
91-GROUP TREATMENT	2	0.0	2	2
	=====	=====	=====	=====
PROVIDER TOTAL:	8	4.8	6	8
	=====	=====	=====	=====

FACILITY TOTAL:

8

4.8

6

8

FACILITY: KARUK COMMUNITY HEALTH CLINIC
PROVIDER: BALLARD, ANTHONY (UNKNOWN)

***** CONFIDENTIAL PATIENT INFORMATION *****

AVB

JAN 04, 2016 Page 2

ACTIVITY REPORT FOR CHEMICAL DEPENDENCY or A/SA PROGRAM

RECORD DATES: DEC 01, 2015 TO DEC 31, 2015

PATS is the total number of unique, identifiable patients when a patient name was entered on the record. # served is a tally of the number served data value.

	# RECS	ACT TIME (hrs)	# PATS	# SERVED
11-SCREENING-PATIENT PRESENT	1	1.5	1	1
13-INDIVIDUAL TREATMENT/COUNS	14	6.0	7	14
31-CASE MANAGEMENT-PATIENT NO	2	0.5	2	2
91-GROUP TREATMENT	62	24.0	15	62
=====	=====	=====	=====	=====
PROVIDER TOTAL:	79	32.0	25	79
PROVIDER: BEARCHILD, CHERYL R (ALCOHOLISM/SUB ABUSE COUNSELOR)				
13-INDIVIDUAL TREATMENT/COUNS	3	0.8	3	3
71-TRAVEL RELATED TO PATIENT	1	2.0		1
91-GROUP TREATMENT	7	4.2	5	7
=====	=====	=====	=====	=====
PROVIDER TOTAL:	11	7.0	8	11
=====	=====	=====	=====	=====
FACILITY TOTAL:	90	38.9	33	90
=====	=====	=====	=====	=====
SU TOTAL:	390	148.1	184	390
=====	=====	=====	=====	=====
AREA TOTAL:	390	148.1	184	390

RUN TIME (H.M.S): 0.0.0

RPMS
Karuk Tribal Health and Human Services Program

Health Board Meeting-Happy Camp
January 14, 2016
Patricia White, RPMS Site Manager

JANUARY



Workload reports

Below is the November 2015 "Operations Summaries" and Tribal Statistics. During November 2015 there were 1699 visits at all locations. This is a decrease of 445 visits over October 2015 Operations Summary. Happy Camp was down by 131 visits, Yreka was down by 266 visits, and Orleans was down by 48 visits. Medical visits were down by 181 visits and Dental was down by 138 visits. During this period a medical provider left Yreka and the Locum Tenen in Orleans left accounting for 41% of the difference. 670 of these visits were for Native American Patients (40%). See Tribal Statistic chart at the end of the operations summary.

Meeting / Conference Calls / Training December 2015

- 12/03 – Health Board Meeting, Orleans
- 12/10 – UDS Training in Sacramento, CA (See report below)
- 12/11 – Staff Party in Yreka
- 12/14 – PHR/Direct Messaging conference call
- 12/17 – RPMS/EHR Office hours
- 12/23 to 12/31 - Annual Leave

Projects in Process

HIE-Direct Messaging-PHR – We continue to work on this project with IHS. We have tested most applications with success, but have not gotten a go ahead to go live yet. We continue to work with staff and will need to provide training to them on the processes of messaging and the patient portal.

- **Message Agent**-Person(s) at the site who receives, triages, and share messages as appropriate. This person will act as a go-between for the patient and the provider.
- **PHR Registrar**-Person(s) who connects the patient's PHR account with his/her medical record and provide ongoing support to patients.
- **Facility Address Designee**-Person at local site who receives, triages, and share messages set to the facility Direct Address. Each facility has its own RPMS Direct Address configured in the IHS Direct system.

Uniform Data Systems (UDS) –

- **UDS Training Report**-Eileen and I traveled to Sacramento for training on the 2015 UDS Report. The *California Primary Care Association* hosted the one-day training on December 10, 2015 for changes and new reporting requirements for calendar year 2015 report.

As a 330e HRSA grantee, (Community Health Center grantee), we are required to report to *Bureau of Primary Health Care* annually for reviewing the operation and performance of our program. The report contains 12 tables that cover patient demographics, staffing and utilization, diagnosis and services, quality of care measures, health outcomes and disparities, and financial reports. In the Quality of Care table there are 14 separate measures we must report such as obesity in children and adults, childhood immunizations, asthma, heart disease to name a few.

The training went over each table and discussed any changes that had been made for 2015. For example we must now report on prenatal care patients even though prenatal and delivery is not part of our scope of services. When I first did the UDS report 10 years ago there were only 3 measures included in the report, now there are 14 Quality of Care measures and 3 Health Outcomes and Disparities measures.

Eileen will focus on the health financial data reporting on all the patient related revenue and also assist with the patient demographics. The patient related revenue is a very labor intensive report, where data needs to be sorted by insurer types and managed care. Other revenue data will be obtained from the fiscal department as needed.

We also are assigned to one consultant, who reviews our data and provides support to us as needed. For the past 10 years the same consultant, Art Stickgold, JSI has handled all Tribal reports and has again been assigned to us.

The training was intense and covered a lot of information in one day. There are other trainings online that we can access if refresher is needed.

- **IHS-UDS Beta Testing "Action Item"**-IHS must patch our reporting program for the UDS report each year to make necessary changes. The UDS has some built in reports in RPMS that helps in gathering the data. IHS plans on patching the reports on or about January 29, 2015. They have approached us as being a beta test site for this report prior to that date.

I am requesting that we be allowed to act as a beta test site for the UDS report for Calendar Year 2015. There is no formal agreement only a checklist to be completed on each table as we work through the report. The checklist will be submitted to IHS along with copies of our report.

This benefits us by getting the latest version of the IHS report earlier and allows us to get the report done in a timely manner. We could have that latest version as early as this week. The final report is due February 15, 2016.

Budget: December 2015

Program	RPMS
Budget Code	3000-75
Program Year	2015-2016
Appropriation	\$234,558.49
Expenses year to Date	\$51,086.57
Balance	\$183,444.14
Percent used	21.79%

Respectfully Submitted,

Patricia C White,
RPMS Site Manager

OPERATIONS SUMMARY FOR KARUK TRB HP Service Unit
FOR NOV 2015
Prepared for January 14, 2016
Health Board Meeting - Yreka, CA

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

PATIENT REGISTRATION

There are 19,556 (+4.4) living patients registered at this SU. This number does not represent the 'Active User Population' which is found elsewhere in PCC Reports. There were 68 (+58.1) new patients, 0 (**) births, and 6 (+500.0) death(s) during this period. Data is based on the Patient Registration File.

THIRD PARTY ELIGIBILITY

There were 2,952 (+0.1) patients enrolled in Medicare Part A and 2,808 (-0.3) patients enrolled in Part B at the end of this time period.

There were 150 (+22.0) patients enrolled in Medicare Part D.

There were also 7,574 (+4.8) patients enrolled in Medicaid and 6,723 (+5.0) patients with an active private insurance policy as of that date.

CONTRACT HEALTH SERVICES

Total CHS expenditures (obligations adjusted by payments) for this period were 71,501.73 (+100.5). The number and dollar amount of authorizations by type were:

57 - DENTAL	14	9797
64 - NON-HOSPITAL SERVICE	1093	61704.73

DIRECT INPATIENT

[NO DIRECT INPATIENT DATA TO REPORT]

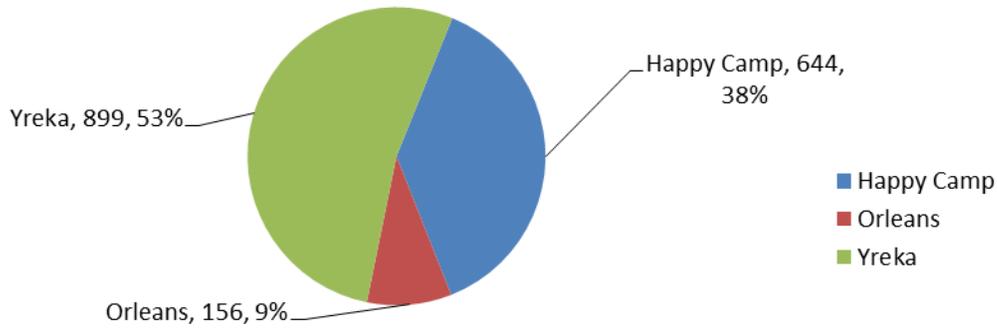
AMBULATORY CARE VISITS

There were a total of 1,699 ambulatory visits (+7.7) during the period for all visit types except CHS.

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

By Type:			
TRIBE-638 PROGRAM	1,699	(+7.7)	
By Location:			
YREKA	899	(+9.6)	
KARUK COMMUNITY HEALTH CLINIC	644	(+3.0)	
ORLEANS	156	(+18.2)	

Visits by Location November 2015



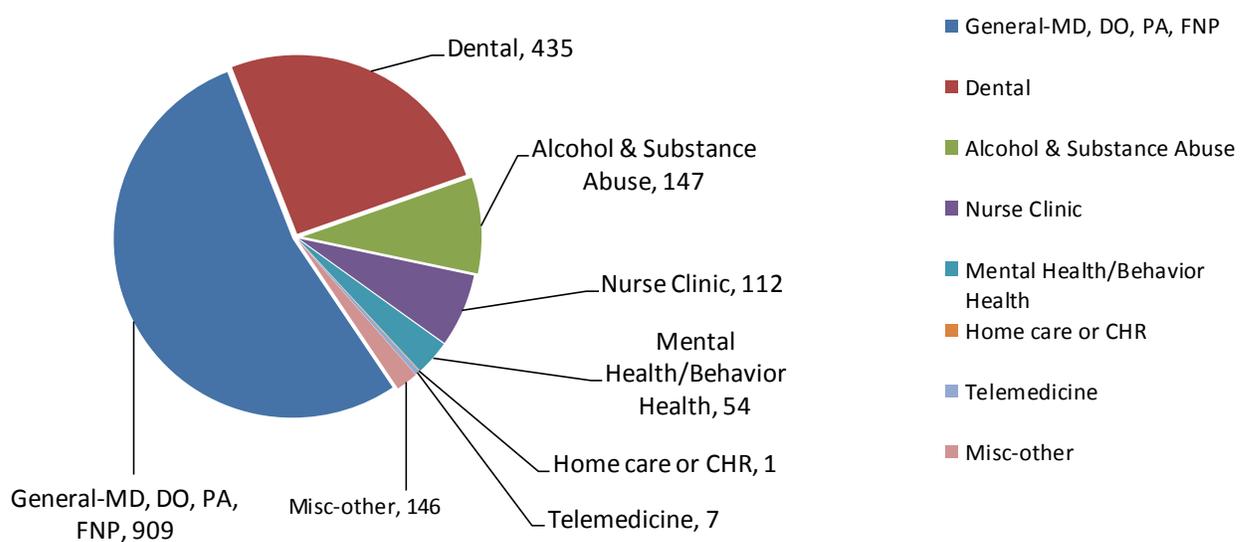
By Service Category:

AMBULATORY	1,676	(+7.3)
TELECOMMUNICATIONS	23	(+53.3)

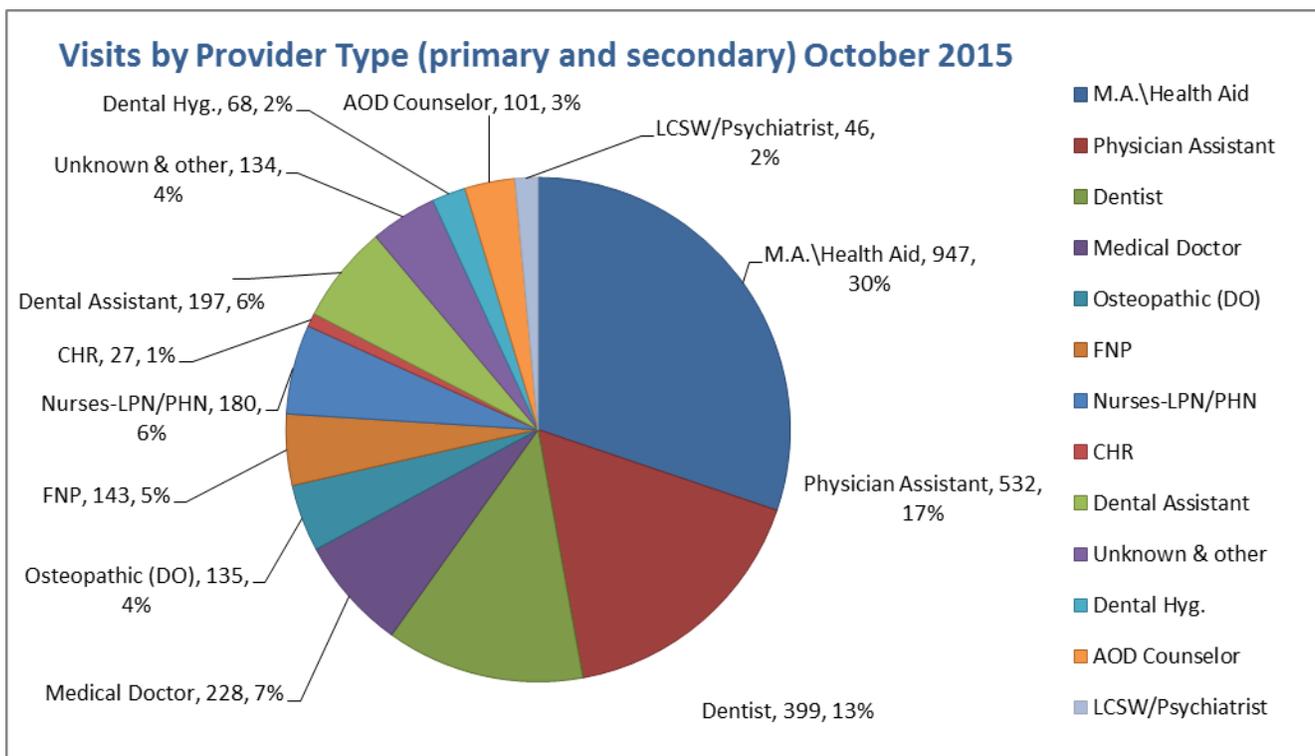
By Clinic Type:

GENERAL	909	(+107.1)
DENTAL	435	(+29.5)
ALCOHOL AND SUBSTANCE	147	(+77.1)
NURSE CLINIC	112	(-12.5)
BEHAVIORAL HEALTH	46	(**)
OTHER	26	(-67.9)
MENTAL HEALTH (PSYCHIATRY)	8	(-87.9)
TELEPHONE CALL	6	(+200.0)
TELEMEDICINE	4	(-50.0)
TELEBEHAVIORAL HEALTH	3	(+200.0)
CHART REV/REC MOD	1	(-50.0)
HOME CARE	1	(-94.7)
PHYSICAL THERAPY	1	(-83.3)

Visits by Clinic Type November 2015



By Provider Type (Primary and Secondary Providers):		
MEDICAL ASSISTANT	762	(+39.6)
PHYSICIAN ASSISTANT	532	(+9.0)
DENTIST	399	(+25.9)
MD	228	(-42.1)
DENTAL ASSISTANT	197	(+114.1)
HEALTH AIDE	185	(+39.1)
LICENSED PRACTICAL NURSE	176	(-6.4)
NURSE PRACTITIONER	143	(**)
OSTEOPATHIC MEDICINE	135	(+7.1)
ALCOHOLISM/SUB ABUSE COUNSELOR	101	(+21.7)
UNKNOWN	98	(-18.3)
DENTAL HYGIENIST	68	(-35.2)
LICENSED CLINICAL SOCIAL WORK	46	(-11.5)
MEDICAL STUDENT	35	(+1,650.0)
COMMUNITY HEALTH REP	27	(-72.7)
PUBLIC HEALTH NURSE	4	(-60.0)
OTHER	1	(**)



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

By ICD Diagnosis		
1). Encounter for immunization	172	(**)
2). DENTAL EXAMINATION	160	(-50.5)
3). Encounter for dental exam and clean	111	(**)
4). Essential (primary) hypertension	106	(**)
5). Dental caries, unspecified	77	(**)
6). Type 2 diabetes mellitus without co	72	(**)
7). Low back pain	69	(**)
8). Adult physical abuse, confirmed, su	69	(**)
9). Encounter for dental exam and clean	67	(**)
10). Long term (current) use of anticoag	52	(**)

CHART REVIEWS

There were 1,039 (+30.2) chart reviews performed during this time period.

INJURIES

There were 125 visits for injuries (+101.6) reported during this period. Of these, 25 were new injuries (+108.3). The five leading causes were:

- 1). Bitten by dog, initial encounter 2 (**)
- 2). Assault by unarmed brawl or fight, 2 (**)
- 3). Civilian activity done for income o 2 (**)
- 4). Pasngr of SUV injured in clsn w sta 1 (**)
- 5). Unspecified fall, initial encounter 1 (**)

EMERGENCY ROOM

[NO EMERGENCY ROOM VISITS TO REPORT]

DENTAL

There were 342 patients (+19.2) seen for Dental Care. They accounted for 435 visits (+29.5). The seven leading service categories were:

- 1). PATIENT REVISIT 196 (+44.1)
- 2). FIRST VISIT OF FISCAL YEAR 191 (+12.4)
- 3). HYPERTENSION SCREENING 191 (+87.3)
- 4). INTRAORAL - PERIAPICAL FIRST RADIOG 127 (+44.3)
- 5). LIMITED ORAL EVALUATION - PROBLEM F 104 (+100.0)
- 6). INTRAORAL - PERIAPICAL EACH ADDITIO 103 (+94.3)
- 7). LOCAL ANESTHESIA IN CONJUNCTION WIT 103 (+47.1)

IN-HOSPITAL VISITS

[NO IN-HOSPITAL VISITS TO REPORT]

PHARMACY

There were 1,756 new prescriptions (+32.9) and 0 refills (**) during this period.

Tribal Statistics November 2015

	Registered Indian Patients November	Indian Patients Receiving Services November	APC Visits by Indian Patients November
Karuk	2116	374	325
Descendants residing in CA	1908	198	160
All other Tribes	2240	98	76
Total	6264	670	561

Grants, Compliance and Accreditation

Board Meeting

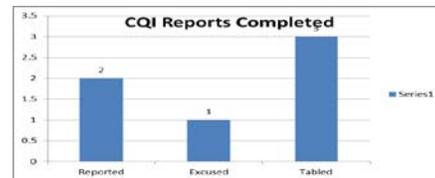
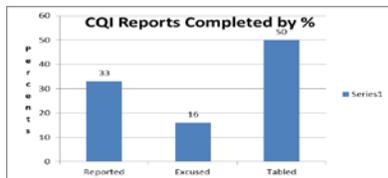
January 14, 2016

Lessie Aubrey, Manager

CQI Reports:

1. HC Child Health and Disability Prevention: Tracy Burcell reported that the delinquencies have decreased by 5 patients leaving them with a total of 7 delinquencies or 5%. Last month they were at 11%, so it shows good improvement.
2. Create and Immunization Recall System: Vickie Simmons reports that we are up to 53.1% from 51.4%. She reports that the rate has increased by 1.7% and our goal was 1%. So we have met our goal.

There were only 2 out of 6 reports prepared for the committee. One was excused for a disability and the other 3 were tabled. This is what it looks like:



We are in the process of selecting new CQI studies which must be something our health program needs to improve. Selection criteria is ranked as high volume, high risk or problem prone or any or all of them. One area of interest is “pain management”. More to come next month.

Webinars: Credentialing and Privileging 101 and Managing 10,000 Medications: A Prescription Risk

These trainings will help in the next FTCA application as Risk Management training.

I met with Buster on Monday. He request that I be available to answer his questions and meet with him once a week to answer any questions he may have during the CEO vacancy.

CA Primary Care Association (CPCA) Workforce Survey was completed as they requested.

HANC survey on Patient Centered Medical Home was completed as requested. They will use this data to plan PCMH training for their member clinics. This was also something I requested of them.

I’m working on staff evaluations and hope to have them completed by the end of December, 2 have not been completed. One had a problem with their job description so I couldn’t proceed.

Different departments, and Cal Trans pitched in to help out in an urgent situation caused by the road slide. The interdepartmental mail was walked across the slide by Cal Trans to staff on the Orleans side. They delivered the contents appropriately without incidence. No findings/case closed.

Budget is in good standing.

	MONTHLY REVENUE REPORT			BUSINESS OFFICE	
	DECEMBER 2015	Happy Camp	Yreka	Orleans	KTHP
	Revenue Medical	\$65,371.28	\$138,775.04	\$25,261.50	\$229,407.82
	PHC Capitation	\$8,035.99	\$13,090.38	\$2,511.71	\$23,638.08
	HPSA Quarterly Incentive	\$5,329.65	\$404.98	\$0.00	\$5,734.63
	Revenue Dental	\$36,202.29	\$45,558.05	\$0.00	\$81,760.34
	Revenue Mental Health	\$5,612.82	\$17,502.82	\$1,133.08	\$24,248.72
	Revenue Telehealth	\$482.77	\$0.00		\$482.77
	Revenue Homecare	\$0.00	\$0.00	\$0.00	\$0.00
	Revenue Total	\$121,034.80	\$215,331.27	\$28,906.29	\$365,272.36
		Happy Camp	Yreka	Orleans	KTHP
	Billing DEC Medical	\$114,608.90	\$ 180,416.21	\$36,638.60	\$331,663.71
	Billing DEC Dental	\$32,941.20	\$ 167,905.30	\$0.00	\$200,846.50
	Billing DEC Mental Health	\$9,334.80	29,925.25	\$7,770.30	\$47,030.35
	Billing DEC Telehealth	\$93.75	\$83.00	\$0.00	\$176.75
	Billing DEC Homecare				
	Billed Grand Total	\$156,978.65	\$ 378,329.76	\$44,408.90	\$579,717.31
	BILLING DEPARTMENT BUDGET 2016				
					AVAILABLE %
PROGRAM	YEAR END ANNUAL	EXPENSES TO			Could be spent
YEAR	BUDGET	DATE	BALANCE	% USED	at this date
FY 2016	\$510,468.37	\$120,443.44	\$399,968.06	23.18%	24.99%



Karuk Tribal Health Board Report For Meeting Date January 14, 2016

1. Dental Department General Activities Report

- a. Dental Director Vacancy – The search is still ongoing.
- b. Yreka Hygienist Vacancy - The search for an Yreka Dental Hygienist is still on going and so far we've had no applications. Happy Camp Dental Hygienist Nikki Hokanson continues to work two day at the Yreka Clinic providing Hygiene services.
- c. Orleans Hygiene Clinic Update - Due to Happy Camp Dental Hygienist's current split schedule we will not be scheduling the Orleans hygiene clinic until later in the year.
- d. Yreka Dentist Resignation - Dr. Robert Millington submitted his resignation to Mr. Recarey in November 2015 and his last day working for us is February 12, 2016.
- e. New Hire Start Date – Dentist Dr. Patel DDS and she has agreed to take a Clinic Dentist Position at Karuk Yreka Dental Clinic and her start date is February 4, 2016.
- f. Yreka Clinic Dentist Dr. Felker was hired through an agency and has been working at the Yreka Clinic since October 31, 2015. Before Mr. Recarey left in December 2015 he completed the paperwork for Dr. Felker to become a Karuk full time employee.
- g. Dental Assistants National Recognition Week is March 6 through the 12, 2016.

2. Training for Dental Assistants

- a. The search for dental assistant training has been difficult.
- b. Within a year date hired they are required to attend a California Dental Board approved, Infection Control and Dental Law training (each must be an 8 hour class). We had one new dental assistant that needed training in Infection Control and Dental Law and Mr. Recarey told me I could not send this new staff member to training until their probation had ended. A couple of months before their probation ended we began searching for a California Dental Board Approved Training and was not able to find any until we called Lalani Ratnayake at CRIHB's Dental Support Center she sent us the application for a training given by the Foundation for Dental Education known as FADE. Karuk Dental Assistant Bridget Koons attended the FADE Dental law and Infection Control class on November 7, 2015 and CRIHB's Dental Support Program reimbursed us for the travel expenses.

3. Vickie Walden's activities:

- a. Task #1 (Daily) –Dental Visit Coding and Entry- First on my daily task list is the competition of the Happy Camp Dental visit entries. In the month of October I was learning how to use and enter ICD-10 codes for dental services. I am getting to the point where my ICD-10 coding cheat sheet is almost complete and I am getting faster with the coding and entries. Once we get past the ICD-10 learning curve, we have a team that's ready to developing dental provider procedure templates in Dentrix, once these are completed they will allow the staff entering visit information by a point and click process to auto fill in most of their visit narrative. These new templates will contain the patients' complaint; type of evaluation done; the patients existing health conditions; evaluation findings; documentation of care given to the patient and other narrative that made needed to support ICD-10 and CDT coding for billing.

- b. **Task #2 - Preparing for Employee Evaluations**- This is a work in progress.
- c. **Task #3 -Dental Provider Peer Review** – Third on my task list is: Revising the process and forms for dental provider peer review, for which I have a hand written draft from Dr. Millington to convert to typed format. Target date for competition is January 31, 2016
- d. **Task #4: Is to update the CDT Dental codes** in Dentrix and add fees to the new codes that started on January 1, 2016. I will be working with Dr. Millington on the fee updates. Target date for competition is January 31, 2016
- e. **Yreka Expansion Project** - This is at a standstill until we have a new CEO on Board to continue this project.
- f. **Follow up** on Conversation from independent Dentrix system with a Cimarron interface to the IHS version of Dentix/interface is still a possibility. I forwarded an email from I.H.S regarding this to Eric and Patti White this week and hope to hear from soon. I am not sure where we are at on this. I will be following up on this with Patti and Eric.

4. Dental Budget Report as of December 31, 2015 no budget issues at this time.

✚ I.H.S. Budget 3000-41- Yreka Dental – Appropriations: 1, 249,874.52 and we are at 15.89% used

✚ I.H.S. Budget 3000-42–HC Dental– Appropriations: \$ 664,401.07 and we are at 22.54% used

✚ Third Party Dental Budget:

- Indian Lab - Line Item 3900-00-7600.00 - Appropriations: \$ 110,000.00 - 20.73 % used
- Yreka Dental Supplies – Line Item 3900-00-7600.06 - Appropriations: \$ 70,000.00 – 28.74% used
- Happy Camp Dental Supplies – Line Item 3900-00-7600.07 - Appropriations: \$20,000 – 1.04 % used
- Non-Indian Dental Lab – Line Item 3900-00-76.01.00 - Appropriations: \$15,000 – 43.13% used

Report Respectfully Submitted by Vickie Walden RDA. - Completed on 01/7/2016