

Indian Nation Agreement (INA)

2023-2025 Monitoring — Desk Reviews (Biennial)

Please complete this Desk Monitoring Tool and submit the Tribe's responses to the HCA Office of Tribal Affairs. Follow-up communications will occur via email or virtual meetings. Please submit this form to HCA by email at TribalReports@hca.wa.gov [REDACTED]

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General information

Name of tribe

Date desk review requested by HCA Date desk review completed by HCA Meeting Date

Meeting attendees

Agreement number

Date of execution

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General Monitoring for Schedule 1.a: Scope of Work for BH services

Fiscal/Program Requirements and Tribal Plan: INA SOW (Schedule 1.a.) Section 5

A. Was the SFY24 INA Tribal Plan submitted by the deadline (April 1, 2023)?

Yes No N/A

B. Was the SFY25 INA Tribal Plan submitted by the deadline (extended to May 3, 2024)?

Yes No N/A

C. Were extensions requested and followed?

Yes No N/A

Provide explanations for any exceptions

Program Review: INA SOW (Schedule 1.a.), Section 9

- A. Did the Tribe accomplish the goals and objectives for SOW programs as reflected in:
- Tribal Plan;
 - Requirements and goals set forth in federal and state statutes, state plans, and other applicable guidance documents; and
 - Annual Report.

Yes No N/A

Provide any summaries or explanations for any exceptions

Reporting Requirements: INA SOW (Schedule 1.a.), Section 7.b.

- A. Was the congruent service data entered into required data systems (e.g., Minerva for prevention programs and TARGET for treatment)

Yes No N/A

- B. Were extensions requested and followed?

Yes No N/A

Provide explanations for any exceptions

Funding and Costs: INA SOW (Schedule 1.a.), Section 7.

Payment and Reporting – Fiscal Reports: INA SOW Section 7.a.

- A. Were the Quarterly Expenditure Reports or Forms A-19 Invoice Vouchers (as applicable) submitted by the Indian Nation to HCA by the deadlines?

Yes No N/A

- B. Would cost reimbursement (using Forms A-19 Invoice Vouchers) be more appropriate in future years due to missed Quarterly Fiscal Report deadlines?

Yes No N/A

Provide explanations for any exceptions

Funding and Costs: INA Section 25.

Payment and Reporting – Fiscal Reports: INA SOW (Schedule 1.a.), Section 7.a.

Based on fiscal and programmatic backup documentation provided by the Tribe for a sample of one quarter (e.g., the fourth quarter of the state fiscal year (April – June)), are the expenditures appropriate and considered allowable for the implementation of the program?

Note: Allowable according to:

- Federal funds, under 2 CFR Part 200
- HHS funds, under CFR Part 75;
- State funds (if no federal funds), under the INA and Tribal Plan.

Yes No N/A

Provide explanations for any exceptions

Payment and Reporting - Annual Narrative: INA SOW (Schedule 1.a.), Section 7.c.

Was the Annual Narrative submitted by the extended deadline?

Yes No N/A

Provide explanations for any exceptions

Requirements: INA Section 25.a.

Responsibilities of the Health Care Authority: INA Section 27.e.

Single Audit Report: INA SOW (Schedule 1.a.), Section 2.f.

Does the Indian Nation have any findings in their most recent Single Audit report that relate to SOW Programs?

Yes No N/A

Provide explanations for any exceptions

Debarment Certification: INA Section 12.

Has the Indian Nation been placed on any federally published list of entities that have been debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded?

Yes No N/A

Provide explanations for any exceptions



Only complete if the INA Tribal Plan outlined treatment services

Treatment Continuing Education: 42 USC 300x-28(b) and 45 CFR 96.132(b))

Describe the Tribe's efforts during the SFY to ensure that training and continuing education is made available to treatment staff.

Coordinating treatment services with other appropriate services: 42 USC 300x-29(c) and 45 CFR 96.132(c)

Describe what activities or initiatives the Tribe implemented during the SFY to coordinate services for individuals in treatment.

Coordinating treatment services with other appropriate services: 42 USC 300x-27 and 45 CFR 96.131

Describe what activities the Tribe used during the SFY to raise public awareness of substance use disorders and treatment resources in the Tribal community.

Provide specialized services for pregnant women and women with dependent children:

42 USC 300x-22(b) (1) (C) and 45 CFR 96.124(c) (e))

Does the Tribe provide treatment services designed for pregnant women and women with dependent children?

Yes

No

N/A

If so, please describe the services.

Describe how the tribe makes prenatal care and childcare available for individuals in treatment (e.g., onsite childcare services, referral systems).

Preference in admission given to pregnant and parenting women: 42 USC 300x-27 and 45 CFR 96.131

Describe the Tribe's procedures or processes used to ensure that pregnant and parenting women receive interim services within 48 hours if no SUD treatment services are available for the individual.

Describe how the Tribe's maintains contact with pregnant and parenting women awaiting admission to treatment.

Services to Individuals who use Intravenous Drugs: 45 CFR 96.126

Describe how the Tribe ensures treatment admission is provided within 14 days from the date of request for individuals who use intravenous drugs.

Describe activities or initiatives in place to ensure that individuals who use intravenous drugs receive treatment, referrals, or interim service. (This narrative may include descriptions of outreach, waiting list(s), education, risk reduction, detoxification, and methadone maintenance).

If the individuals who use intravenous drugs are not admitted within 120 days because of lack of beds, describe how the Tribe keeps them engaged enough to receive treatment when a bed is available?

! Only complete if the INA Tribal Plan outlined SOR treatment services

SOR II - Oct 1, 2023-Sept 29, 2024, SOR II ending Sept 29, 2025.

GPRA Reporting: INA SOW (Schedule 1.a.), Exhibit D, Section D.3.

- A. Did the Tribe complete GRPA data reporting for services provided to individuals (not prevention) using SOR funds?

Yes No N/A

- B. Was reporting completed by the required deadlines?

Yes No N/A

Provide explanations for any exceptions

HIV and viral hepatitis: INA SOW (Schedule 1.a.), Exhibit D, Section D.4.

Were HIV and viral hepatitis testing and appropriate treatment provided (upon positive testing) for those receiving treatment services that are funded by SOR funds?

Yes No N/A

Provide explanations for any exceptions

! Only complete if your INA has a Trueblood Housing Vouchers Scope of Work

Purpose: INA Trueblood SOW Schedule 2.a.

A. Were goals and objectives for programs implemented by the Tribe as reflected in:

- INA Trueblood Statement of Work?
- Program reports?

Yes No N/A

B. Did these services assist with the diversion of individuals being jailed?


Yes No N/A

C. What were the outcomes of the program (describe successful outcomes)?

Yes No N/A

Provide any summaries or explanations for any exceptions

Name of Scope of Work:

 **Only complete if your INA has a Scope of Work**

Performance Work Statement: INA

(contract section)

Statement of Work: INA

(contract section)

Were goals and objectives for programs implemented by the Tribe as reflected in:

- INA Statement of Work?
- Program reports?

Yes No N/A

Provide any summaries or explanations for any exceptions

Statement of Work: INA


(contract section)

Were the data collection requirements submitted by the deadlines according to the INA Statement of Work?

Yes No N/A

Provide explanations for any exceptions

Name of Scope of Work:

 **Only complete if your INA has a Scope of Work**

Performance Work Statement: INA

(contract section)

Statement of Work: INA

(contract section)

Were goals and objectives for programs implemented by the Tribe as reflected in:

- INA Statement of Work?
- Program reports?

Yes No N/A

Provide any summaries or explanations for any exceptions

Statement of Work: INA


(contract section)

Were the data collection requirements submitted by the deadlines according to the INA Statement of Work?

Yes No N/A

Provide explanations for any exceptions

Name of Scope of Work:

 **Only complete if your INA has a Scope of Work**

Performance Work Statement: INA

(contract section)

Statement of Work: INA

(contract section)

Were goals and objectives for programs implemented by the Tribe as reflected in:

- INA Statement of Work?
- Program reports?

Yes No N/A

Provide any summaries or explanations for any exceptions

Statement of Work: INA

(contract section)

Were the data collection requirements submitted by the deadlines according to the INA Statement of Work?

Yes No N/A

Provide explanations for any exceptions