



STATE OF WASHINGTON  
**HEALTH CARE AUTHORITY**

626 8th Avenue, SE • P.O. Box 45502 • Olympia, Washington 98504-5502

May 5, 2025

Dear Tribal Leader:

**SUBJECT: Indian Nation Agreement (INA) Desk Monitoring Reviews SFY 2024-2025**

In accordance with chapter 43.376 RCW and the Washington State Centennial Accord of 1989 regarding collaboration with Indian tribes in the development of policies, agreements, and program implementation that directly affect Indian tribes and the Tribal Consultation and Communication Policy of the Health Care Authority (HCA), the HCA seeks your input and partnership to advance initiatives impacting Tribal communities.

**Purpose**

The HCA is preparing to perform biennial desk monitoring of the activities funded under the Indian Nation Agreement (INA), as outlined in Section 18 of the INA and Section 9a. of the INA Scope of Work for Behavioral Health Services. Under 45 CFR Part 75, HCA is legally obligated to monitor the activities of subrecipients of federal funds for compliance with applicable federal rules, including 2 CFR Part 200 and 45 CFR Part 75.

During Tribal Consultation in 2023, HCA developed a risk assessment form that updated our monitoring process to be based on level of risk. Regular biennial monitoring is required for Tribes with medium or high-level monitoring risk scores. You are receiving this letter because your risk level for the period of state fiscal year 2024-2025 (July 1, 2023 – June 30, 2025) indicated a medium or high-level risk score and we are reaching out to begin desk monitoring with your tribe for your INA

Enclosed is the Desk Monitoring Tool that HCA will use for the federally required monitoring activities. HCA is offering to conduct these desk monitoring activities in either of two ways, at the option of the Tribe:

1. Tribal staff meet virtually with HCA-Office of Tribal Affairs (OTA) to review the questions in the Desk Monitoring Tool and review tool together.
  - *Our Regional Tribal Liaisons will be happy to schedule these meetings.*
2. OTA staff complete the Desk Monitoring Tool and submit to the Tribe, with follow-up communications via email or virtual meetings.

To complete HCA's monitoring activities, HCA may also request supporting fiscal and programmatic documentation for all Tribal programs and activities funded under the INA for the

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May 5, 2025

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period from April 1, 2024, through June 30, 2024. Examples of supporting documentation include:

- Fiscal ledgers for the requested time frame
- Receipts for activities conducted during the time frame
- Sign in sheets for activities implemented
- Training flyers

Our Regional Tribal Liaisons will reach out to your Tribal INA managers to answer any questions, request supporting fiscal and programmatic documentation, and to ask which option the Tribe would prefer to use for these desk monitoring activities.

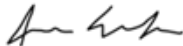
### **Comments and Questions**

HCA would appreciate any input or concerns that Tribal representatives wish to share regarding this desk monitoring process. To return any comments, please contact Lucilla Mendoza, Tribal Behavioral Health Administrator, via email at [lucilla.mendoza@hca.wa.gov](mailto:lucilla.mendoza@hca.wa.gov).

If you have other comments or concerns, please contact Aren Sparck, Tribal Affairs Administrator, via email at [aren.sparck@hca.wa.gov](mailto:aren.sparck@hca.wa.gov)

Please forward this information to any interested party.

Sincerely,



Aren Sparck  
Tribal Administrator

cc: Christine Winn, Deputy Tribal Administrator, OTA, HCA  
Henry Roy, Tribal Contract Portfolio Manager, OTA, HCA

# 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](mailto: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