



STATE OF WASHINGTON
HEALTH CARE AUTHORITY

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

March 13, 2025

Dear Tribal Leader:

SUBJECT: Indian Nation Agreement Closeout and Restatement

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

In October of 2019, HCA partnered with Tribal governments to create the first Indian Nation Agreement focused on behavioral health services, modeling after the long standing Consolidated Intergovernmental Agreements with the Department of Social and Health Services during integration of the Division of Behavioral Health and Recovery to the HCA. During this process, the Tribes and HCA agreed to an INA structure that was comprised of an umbrella agreement outlining general terms and conditions (GTC), and an INA scope of work for Behavioral Health Services. The INA was set up as a 5-year agreement with the ability to continue for the past 5 years if no changes were needed.

Since this negotiation, there have been some changes to our INA structure and the INA volume of programs and amendments have expanded exponentially, necessitating the close-out of existing agreements and the need for revisions of the GTC. Overall, HCA intends to maintain much of the INA GTCs and program SLAs language substantively close to the current agreement. Our goal is to bring the GTC to the current state with process improvements to the structure. Improvement efforts include:

- Update INA structure to improve organization and clarity of various scopes of work through a task order structure called Service Level Agreements.
- Update monitoring section to align with new [risk assessment](#) process negotiated in 2023.
- Move and clarify INA negotiated terms to the GTCs for SLA streamlining across programs.
 - Clarify task order structure with appropriate numbering and language to distinguish INA SLA projects within the GTC umbrella agreement
 - Quarterly reporting options and timelines
 - One plan across SLAs rather than multiple plans
 - SLA template across all behavioral health projects and scopes of work
 - Update risk assessment to accurately reflect risk levels

HCA has reserved the following dates and times for three INA work groups, a roundtable and a Consultation. All documents will be available one week prior to the first workgroup via email and posted on the INA site and we will be accepting feedback until the Consultation on April 17, 2025. The INA can be further negotiated by each Tribe following Consultation. HCA's goal is to have these completed by the end of April so that we can successfully close out current INAs and start new restatements on 7/1/2025. If we are not able to achieve this goal, we will further amend the current INAs to ensure funding agreements continue timely.

Meetings Details

- **Workgroup #1:** March 27, 2025, from 2pm to 4pm
- **Workgroup #2:** March 28, 2025, from 10am – noon
- **Workgroup #2:** April 1, 2025, from 3:30pm – 5pm
- **Roundtable:** April 9, 2025, from 3:30pm – 5pm
- **Consultation:** April 17, 2025, from 3pm – 5pm

All meetings will be held virtually over zoom at the following link.

<https://us02web.zoom.us/j/3039662143?omn=89486440782>

Comments and Questions

We deeply value your partnership and look forward to your insights and contributions. Please feel free to share this invitation with any other interested parties within your community.

If you have any questions or need additional information, please contact Aren Sparck at aren.sparck@hca.wa.gov.

Sincerely,



MaryAnne Lindeblad, BSN, MPH
Acting Director

cc: Lou McDermott, Deputy Director, EXO, HCA
Teesha Kirshbaum, Division Director, DBHR, HCA
Aren Sparck, Tribal Affairs Administrator, OTA, HCA
Rachelle Amerine, Compliance and Oversight Manager, DAIO/OCE, HCA
Andria Howerton, Deputy Section Manager, DLS, HCA
Christine Winn, Deputy Tribal Affairs Administrator, OTA, HCA
Lucilla Mendoza, Tribal Behavioral Health Administrator, OTA, HCA

Attachment 1

Workgroup, Roundtable and Consultation Meetings Details

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Tribal-State Sovereign Nation Agreement Workgroup, 4th Thursday of each Month:

- Update risk assessment to accurately reflect risk levels
- Accounting/billing A-19 and QER reporting forms
- Improvements and alignment of programmatic data entry
- INA/SNA routing process improvements
- Communication regarding compliance
- Expending past the end of State/Federal fiscal years due to contract delay – process improvements
- HCA indirect policy and federally negotiated indirect rates

Summary of Feedback and HCA Agreements

Clarify language to differentiate between the managers of the SNA and the managers of the individual SLAs.	HCA agrees with this request and updated the definitions and section 2.14.	See “Agreement Manager”, “Service Level Agreement Manager”, and section 2.14 Agreement Management . Struck “ non formal ” communications from 2.14 Agreement Management and section to further clarify difference between Agreement Manager and SLA Manager.
Ensure SLA naming convention is passed to A-19	HCA can agree to this request and will be completed in the A-19 process outside of the SNA language.	To be discussed during INA/SNA Tribal Workgroup
Consider breaking out SLAs by funding source and by program	HCA can agree to consider breaking out SLAs as best fit for Tribes if it reduces complexity. SLAs will be distinct in the SLA structure to help with organization of the SNA.	See SLA Template. To be discussed further upon request from Tribes.
Request for summary page by funding source for budget tracking purposes. Do not include a maximum consideration for full INA	HCA agrees to create a summary page per Service Level Agreement that will be drafted by the SLA HCA program manager. HCA asks for any	See SLA Template: ATTACHMENT #: SLA FUNDING SUMMARY

	templates if Tribes have examples.	
Improve ways to modify points of contact at Tribe and HCA	HCA agrees and will include this topic for the INA workgroup. HCA	To be discussed during INA/SNA Tribal Workgroup
Provide provision to outline a written notice for any changes to funding within 10 business days.	HCA agrees to this language and adds section 2.11.1 to the SNA template.	See 2.11 Changes Due to Funding 2.11.1. HCA will provide written notice of such changes no less than ten (10) Business Days following HCA's receipt of notice of the change.
Improve and guarantee timeliness of contracts delivery and A-19 invoices by HCA and include in the SNA language	HCA is committed to timely delivery agreement and is working on timeliness for 7/1/2025 allocation either by amendment or new SNAs. Please see <i>next steps</i> section.	See Consultation Close-out "Next Steps"
Recommend HCA adopt a de minimis policy to match federal government at 15% and honor federally negotiated indirect rates for Tribes.	HCA's Division of Behavioral Health and Recovery (DBHR) is working on an updated indirect policy and thanks Tribal partners for the recommendations. HCA will consider the recommendations and share the draft indirect policy with Tribal partners once the draft is available.	To be discussed during INA/SNA Tribal Workgroup
Recommend that the statement of Governing Law section 2.18. in adding a venue conflict with the no waiver of sovereign immunity related to jurisdiction.	HCA struck entire language as requested.	Section 2.18 Governing Law Jurisdiction for any action related in any way to this Agreement will be the United States District Court, and venue will be proper only in the Western District of Washington in Tacoma.
Request adding language to include both HCA and SNA Agreement Managers in any legal notice.	HCA agrees and adds to the section 2.22.3 Legal Notice.	Section 2.22 Legal Notice 2.22.3. In addition to the contacts listed above, any notice or similar communication as indicated in subsection 2.21.1 above must also be sent <u>to both the HCA and Sovereign Nation Agreement Managers</u> , as identified on page one of this Agreement.
Request HCA to acknowledge and add a provision for exceptions when underspending may be a result of late INA/SNA	HCA agrees to this request and adds language to section 2.23.4.	Section 2.23.4 Tribal Funding Remedies and Underspending If funds are not utilized in an applicable fiscal year due to

administrative processes, such as late Agreement distribution or late delivery of invoices/QERs.		delays in HCA documentation or processes that fiscal year under-spend shall not be included in the consecutive two (2) year period referenced in Section 2.22.4, Tribal Funding Remedies and Underspending.
<p>Request to update the Tribal Funding Remedies and Underspending section to HCA “<i>may</i>” calculate a new funding amount instead of “<i>will</i>” calculate a new funding amount to allow for flexibility and further negotiation and remedies with Tribe that have 2 consecutive years of underspending.</p> <p>Please check language for “shall” and “will” throughout to ensure appropriate use.</p>	<p>HCA agrees to this request and updates the language from will to may.</p> <p>HCA will review language for “shall” and “will” to confirm appropriate use.</p>	<p>Section 2.23.4 Funding Remedies and Underspending If in any consecutive two (2) year period, a Tribe has consistently under-expended the available funding by more than sixty (60) percent, the affected program <u>may</u> will calculate a new funding amount based on the average of the last two years.</p> <p>HCA will update 4 instances moving shall/will to may.</p>
Please include CFDA numbers in the SLA cover page for easy access to this information.	HCA agrees and added a place holder for this information on the SLA cover page template.	Attachment 5: Federal Subaward Information – CFDA #[]