



STATE OF WASHINGTON
HEALTH CARE AUTHORITY

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

April 29, 2025

Dear Tribal Leader:

SUBJECT: Indian Nation Agreement Restatement Consultation Closeout

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

On March 13, 2025, HCA sent a Dear Tribal Leader Letter (DTLL) announcing the request for Consultation for HCA's work to restate the Indian Nation Agreement (INA). Main purposes of the INA Restatement were to update key sections that have changed over the duration of the INAs in the last 6 years and close out existing agreements that have expanded exponentially.

Overall, HCA intends to maintain much of the INA General Terms and Conditions (GTC) and programmatic statements of work, bringing the INA up to date while creating structural and process improvements. Key updates include:

- Change name from Indian Nation Agreement to Sovereign Nation Agreement (SNA).
- Update agreement structure to improve organization and clarity of various statements of work through a task order structure called Service Level Agreements (SLA).
- Update monitoring section to align with new [risk assessment](#) process negotiated in 2023.
- Add INA negotiated terms within the original Schedule 1 Statement of Work for Behavioral Health Services to the new SNA GTCs to align across all SLAs. This includes:
 - Quarterly reporting timelines by payment options, including Advance Payment, Cost Reimbursement, and Lump Sum payment types.
 - Annual Plan.
 - An SLA template for all behavioral health statements of work.

HCA provided four work sessions, including a roundtable prior to the Consultation. Based on the feedback provided, HCA updated the SNA draft prior to Consultation. In Attachment 1 below, you can find a summary of feedback that includes HCA responses and agreement changes due to the feedback.

Next Steps:

HCA's goal is to close out the INAs by June 30, 2025, and open new SNAs by July 1, 2025, using the agreed upon template.

We thank all Tribal leaders and staff that work on INAs as well as the American Indian Health Commission for participating in feedback during this Consultation process. We documented representation from eighteen Tribes, including Tribal attorneys, grants and contracts, program managers, directors, and Tribal leaders.

In addition to the Consultation process, HCA will begin an INA/SNA *workgroup starting May 2025* to continue discussions for INA/SNA improvements outside of the agreement language that was discussed during the Consultation process.


Comments and Questions

Please see the Consultation meeting minutes, final PowerPoint slide deck, and Consultation close-out letter. [Consultations and meetings | Washington State Health Care Authority](#).

We deeply value your partnership and look forward to our continued partnership on behavioral health agreements.

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

Sincerely,



Aren Sparck
Administrator
Office of Tribal Affairs

cc: MaryAnne Lindeblad, Interim Director, EXO, HCA
Lou McDermott, Deputy Director, EXO, HCA
Teesha Kirchbaum, Division Director, DBHR, HCA
Andria Howerton, Deputy Contracts Administrator, OCP, HCA
Rachelle Amerine, Compliance and Oversight Manager, DAIO, HCA
Christine Winn, Deputy Administrator, OTA, HCA

Attachment 1

Workgroup, Roundtable and Consultation 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

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 #[]