

INA Agreement 2019-2021 Monitoring – Desk Reviews (Biennial)

Name of Tribe:

Date Desk Review Requested by HCA:

Date Desk Review Completed by HCA:

Meeting Date:

Meeting Attendees: Click or tap here to enter text.

Agreement Number: Click or tap here to enter text.

Date of Execution: Click or tap here to enter text.

General Monitoring for Schedule 1: Scope of Work for Behavioral Health Services			
Contract Section	Description	Monitoring Questions	Responses
INA SOW <i>(Schedule 1), Section 5</i>	Fiscal/Program Requirements and Tribal Plan	A. Was the SFY20 INA Tribal Plan submitted by the deadline (November 22, 2019)? B. Was the SFY21 INA Tribal Plan submitted by the deadline (April 1, 2020)? C. Were extensions requested and followed? D. Were the programs implemented according to the Tribal Plan? Provide explanations for any exceptions.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
INA SOW <i>(Schedule 1), Section 8</i>	Program Review	Did the Tribe accomplish the goals and objectives for SOW programs as reflected in: <ul style="list-style-type: none"> • Tribal Plan; • Requirements and goals set forth in federal and state statutes, state plans, and other applicable guidance documents; and • Annual Report. Provide explanations for any exceptions.	<input type="checkbox"/> Yes <input type="checkbox"/> No
INA SOW <i>(Schedule 1), Section 7.B.</i>	Reporting Requirements	A. Was the congruent service data entered into required data systems (e.g., Minerva for prevention programs and TARGET for treatment) according to the reporting timeline? B. Were extensions requested and followed? Provide explanations for any exceptions.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
INA SOW <i>(Schedule 1), Section 6.</i>	Funding and Costs	A. Were the Quarterly Expenditure Reports or Forms A-19 Invoice Vouchers (as applicable) submitted by the Indian Nation to HCA by the deadlines?	<input type="checkbox"/> Yes <input type="checkbox"/> No
INA SOW <i>Section 7.a.</i>	Payment and Reporting – Fiscal Reports	B. Would cost reimbursement (using Forms A-19 Invoice Vouchers) be more appropriate in future years due to missed Quarterly Expenditure Report deadlines? Provide explanations for any exceptions.	<input type="checkbox"/> Yes <input type="checkbox"/> No
INA <i>Section 25.</i>	Requirements	Based on fiscal and programmatic backup documentation provided by the Tribe for a sample of one quarter (e.g., the third quarter of the state fiscal year (January – March)), are the expenditures appropriate and considered allowable for the implementation of the program?	
INA SOW <i>(Schedule 1), Section 2.a.</i>	Allowable Costs		

		<p><i>Note: Allowable according to:</i></p> <ul style="list-style-type: none"> • 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. <p>Provide explanations for any exceptions.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
INA SOW (Schedule 1), Section 7.D.	Payment and Reporting - Annual Narrative	<p>Was the Annual Narrative submitted by the extended deadline of November 17, 2020?</p> <p>Provide explanations for any exceptions.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
INA Section 25.a. INA Section 27.e. INA SOW (Schedule 1), Section 2.f.	<p>Requirements</p> <p>Responsibilities of the Health Care Authority</p> <p>Single Audit Report</p>	<p>Does the Indian Nation have any findings in their most recent Single Audit report that relate to SOW Programs?</p> <p>Provide explanations for any exceptions.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
INA Section 12.	Debarment Certification	<p>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?</p> <p>Provide explanations for any exceptions.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Additional Block Grant Related Monitoring		
Law/Regulation Section	Regulation Title	Monitoring Questions and Responses
42 USC 300x-28(b) and 45 CFR 96.132(b))	Treatment Continuing Education	<p>Describe the Tribe's efforts during the SFY to ensure that training and continuing education is made available to treatment staff.</p> <p>Click or tap here to enter text.</p>
42 USC 300x-29(c) and 45 CFR 96.132(c)	Coordinating treatment services with other appropriate services	<p>Describe what activities or initiatives the Tribe implemented during the SFY to coordinate services for individuals in treatment.</p> <p>Click or tap here to enter text.</p>
42 USC 300x-27 and 45 CFR 96.131	Coordinating treatment services with other appropriate services	<p>Describe what activities the Tribe used during the SFY to raise public awareness of substance use disorders and treatment resources in the Tribal community.</p> <p>Click or tap here to enter text.</p>
42 USC 300x-22(b) (1) (C) and 45 CFR 96.124(c) (e))	Provide specialized services for pregnant women and women with dependent children	<p>Does the Tribe provide treatment services designed for pregnant women and women with dependent children?</p> <p>If so, please describe the services.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Click or tap here to enter text.</p>

42 USC 300x-22(b) (1) (C) and 45 CFR 96.124(c) (e))	Provide specialized services for pregnant women and women with dependent children	Describe how the tribe makes prenatal care and childcare available for individuals in treatment (e.g., onsite childcare services, referral systems). Click or tap here to enter text.
42 USC 300x-27 and 45 CFR 96.131	Preference in admission given to pregnant and parenting women	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. Click or tap here to enter text.
42 USC 300x-27 and 45 CFR 96.131	Preference in admission given to pregnant and parenting women	Describe how the Tribe's maintains contact with pregnant and parenting women awaiting admission to treatment. Click or tap here to enter text.
45 CFR 96.126	Services to Individuals who use Intravenous Drugs	Describe how the Tribe ensures treatment admission is provided within 14 days from the date of request for individuals who use intravenous drugs. Click or tap here to enter text.
45 CFR 96.126	Services to 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). Click or tap here to enter text.
45 CFR 96.126	Services to Individuals who use Intravenous Drugs	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? Click or tap here to enter text.

Additional SOR Grant Related Monitoring Amendment Oct 1, 2020 – June 30, 2021			
Contract Section	Description	Monitoring Questions	Responses
INA SOW (Schedule 1), Exhibit D, Section 1.E.2	GPRA Reporting	A. Did the Tribe complete GRPA data reporting for services provided to individuals (not prevention) using SOR funds? B. Was reporting completed by the required deadlines? Provide explanations for any exceptions.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
INA SOW (Schedule 1), Exhibit D, Section 1.E.3	HIV and viral hepatitis	Were HIV and viral hepatitis testing and appropriate treatment provided (upon positive testing) for those receiving treatment services that are funded by SOR funds? Provide explanations for any exceptions.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Trueblood Housing Vouchers			
Contract Section	Description	Monitoring Questions	Responses
INA Trueblood SOW <i>Section 2.</i>	Purpose	<p>A. Were goals and objectives for programs implemented by the Tribe as reflected in:</p> <ul style="list-style-type: none"> • INA Trueblood Statement of Work? • Program reports? <p>B. Did these services assist with the diversion of individuals being jailed?</p> <p>C. What were the outcomes of the program (describe successful outcomes)?</p> <p>Provide explanations for any exceptions.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
INA Trueblood SOW <i>Section 4.</i>	Reporting	<p>Was a reporting spreadsheet submitted by the deadlines according to the INA Trueblood Statement of Work?</p> <p>Provide explanations for any exceptions</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Crisis Counseling Program (CCP)			
Contract Section	Description	Monitoring Questions	Responses
INA CCP SOW <i>Section 3.</i>	Performance Work Statement	<p>Were goals and objectives for programs implemented by the Tribe as reflected in:</p> <ul style="list-style-type: none"> • INA CCP Statement of Work? • Program reports? <p>Provide explanations for any exceptions.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
INA CCP SOW <i>Section 4.</i>	Statement of Work	<p>Were the data collection requirements submitted by the deadlines according to the INA CCP Statement of Work?</p> <p>Provide explanations for any exceptions.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
INA CCP SOW <i>Section 4.1</i>	Statement of Work	<p>A. Were staffing levels maintained as outlined in the CCP Statement of Work?</p> <p>B. Did all CCP staff participate in required training as outlined the INA CCP Statement of Work?</p> <p>Provide explanations for any exceptions.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>