



Rapid City Service Unit P.L. 93-638 Transition

**Frequently Asked
Questions about
P.L. 93-638,
Transition, and
Employment**



GPTCHB PHILOSOPHY STATEMENT

Hecel Oyate Kin Nipi Kte

“So That the People May Live”

GPTCHB VALUES

- **Traditional Cultural Values:** We will serve to uphold traditional cultural values by always seeking the wisdom of Creator for direction.
- **Integrity:** We choose to honor the people we serve and those who are dedicated to serving our tribes and tribal members by acting with fortitude and dedication to our mission at all times.
- **Generosity:** We choose to honor the people we serve and those who are dedicated to serving our tribes and tribal members by acting with generosity and selflessness at all times.
- **Respect:** We choose to honor the people we serve and those who are dedicated to serving our tribes and tribal members by treating them with dignity and compassion at all times.
- **Ethics:** We choose to act with honesty and fairness in every organizational decision, continually earning the trust of those we work with and those we serve.
- **Advocacy:** We will stand with conviction and courage to promote tribal sovereignty and equitable health and well-being for the tribal nations we serve and represent.
- **Humility:** We will always approach our work in the spirit of cooperation and collaboration in order to successfully achieve our mission.

SELF-GOVERNANCE AND SELF-DETERMINATION

1. What is Tribal Self-Governance?

Tribal Self-Governance is authorized under the Indian Self-Determination and Education Assistance Act, which was passed by the United States Congress in 1975. This federal law was designed to give tribes the ability to assume operations traditionally performed by the federal government in order to give tribes more authority to operate services for their own tribal communities. Self-Governance will allow the GPTCHB to capture the federal dollars associated with IHS operation of compacted Programs, Services, Functions, and Activities (PSFAs) to support the GPTCHB's operation of those services within tribal programming. Visit the IHS Office of Tribal Self-Governance Website for more information concerning the history and legal authorities for the Self-Governance program.

2. What is the difference between Title I Self-Determination contracts and Title V Self-Governance compacts?

Title I contracts do not provide redesign authority without IHS approval. Tribes and tribal organizations like the GPTCHB that enter into Title I contracts are generally referred to as “Self Determination” or “638” Tribes.

A Title V compact would provide the GPTCHB redesign and re-budgeting authority, without requiring IHS approval. With this enhanced authority, the GPTCHB can be responsive to the direct needs of tribal citizens. Title V also has more protections for tribal programs if there are disagreements over terms from year to year and offers opportunity for greater tribal flexibility and efficiencies. Tribes and tribal organizations that enter into a Title V compact are generally referred to as “Self Governance Tribes”.

Under both Title I and Title V, we will be able to negotiate the provisions and terms that are most likely to help the GPTCHB to meet the goals of the tribes who have authorized its assumption to improve health services throughout the Rapid City community and for the three authorizing tribes.

3. How many Self-Governance tribes are there?

More than 370 federally recognized tribes operate IHS programs under Self-Governance Compacts and Funding Agreements totaling nearly \$2.1 Billion. At least one tribes in every IHS area is carrying out IHS programs under a Self-Governance Compact and Funding Agreement.

4. Does Self-Governance or Self-Determination change the trust relationship with the Federal Government?

No. Federal law prohibits termination or reduction of the special Federal trust responsibility to Indian tribes and Indian people. The statute states: “The Secretary is prohibited from waiving, modifying, or diminishing in any way the trust responsibility of the United States with respect to Indian tribes and individual Indians that exists under treaties, Executive orders, other laws, or court decisions.” 25 U.S.C. § 458aaa-6(g). In addition, the compact or contract between the Secretary of Health and Human Services and the GPTCHB will expressly include statutory protection.

5. How will this transition affect funding levels for health care services?

The GPTCHB will be fiscally responsible for all funding that is associated with programs, services, functions and activities (also known as PSFAs) assumed by the GPTCHB, including funding provided through federal appropriations to the Service Unit, Area Office, and Headquarters, all carryover funds and any remaining third-party revenue. The GPTCHB will also receive contract support cost funding, on top of program funds, to pay for the administrative and overhead-type costs that the GPTCHB must spend to carry out the compact.

6. What is the GPTCHB doing in relation to Self-Governance?

GPTCHB is currently working on both tracks to pursue a Title I Contract (Self Determination) or a Title V Compact (Self Governance). GPTCHB and the tribes believes it meets the required criteria as stated in the ISDEAA for Title V Compacting. GPTCHB is continuing to advocate for its eligibility. It has obtained support from the Secretarial Tribal Advisory Committee, the Tribal Self-Governance Advisory Committee, and the National Indian Health Board.

The GPTCHB is collecting information and evaluating the services currently provided at the Sioux San Hospital for assumption by the GPTCHB. This part is normally referred to as the “planning phase.” It allows the GPTCHB to carefully analyze different types of information, including budgetary and legal information, and to evaluate organizational questions to decide whether to assume “all or a portion of” the programs, services, functions and activities under a Title V Self-Governance Compact and Funding Agreement. This stage has progressed to the point that the GPTCHB has submitted a proposal to the IHS under Title I (while still advocating for Title V) for assumption.

The GPTCHB anticipates that it will enter into the negotiations phase of Self-Determination or Self-Governance in October 2018. During this phase, the GPTCHB will continue to collect and analyze information and begin making decisions so that the GPTCHB can assume the management of the Hospital starting mid-February 2019.

7. What is involved in the planning process?

The GPTCHB has requested comprehensive information from the IHS so it can begin analyzing the services currently provided, including the resources available to provide these services, and make an informed decision on whether the GPTCHB should assume any or all those operations under tribal control. The planning process also includes intensive analysis of the budgetary feasibility for assuming operations. The goal of the planning process is to identify those opportunities for improvement under the GPTCHB management.

8. What is the step-by-step “How-to” to apply to be a Self-Governance tribe?

a. Planning. To begin the process, the GPTCHB conducts planning. Planning typically includes gathering information from IHS and studying that information to determine whether to assume IHS programs and activities. It also includes review of internal capacity and evaluation of improvements that may be needed or that would be desirable.

b. Eligibility Determination. The GPTCHB also requested a determination from the IHS Office of Tribal Self-Governance whether the GPTCHB satisfies eligibility criteria regarding financial stability and financial management capability. The GPTCHB recently received a letter on May 11, 2018 from the IHS Office of Tribal Self-Governance (OTSG) in

which it acknowledged that the GPTCHB has three audits that have no uncorrected significant and material audit exceptions, but based on its reading of the self-governance regulations, it requires that the programs audited include at least one program carried out under the Indian Self-Determination Act. GPTCHB immediately sent a response objecting to the IHS' narrow interpretation of this criteria to which the OTSG responded on August 3, 2018, that it "strictly complies" with the law and implementing regulations" ignoring the express Congressional directive in the Indian Self-Determination and Education Assistance Act to interpret the Act for the benefit of tribes. While the GPTCHB is proceeding to initiate negotiations under Title I in order to keep the process moving, it has not abandoned its efforts to be approved to participate in self-governance. We hope the support from the Secretarial Tribal Advisory Committee and the Tribal Self-Governance Advisory Committee will be helpful in this effort.

c. Contract/Compact Proposal and Negotiation. Without abandoning self-governance, on September 27, 2018, the GPTCHB submitted its proposal for assumption of the RCSU under Title I. IHS has 15 days to identify any missing information and 90 days to complete review of the proposal and either approve or decline it, in whole or part. Our first negotiation is scheduled for later in October.

d. Contract or Compact and Funding Agreement Approval. Upon signature by the Indian Health Service and the Board, GPTCHB will assume operations of the programs, services, functions, and activities.

GPTCHB/RAPID CITY SERVICE UNIT

P.L. 93-638 TRANSITION

1. How will tribal assumption under the Indian Self-Determination Act benefit the RCSU and its patients?

The Indian Self-Determination Act allows the GPTCHB more flexibility in policymaking, greater control over creating a more effective health system design and enhanced budgetary control over health program resources. Funding will be prioritized accordingly to fulfill patient and community needs, to meet accreditation survey requirements, and to synergize health service resources and improve health care. Self-Determination and Self-Governance strengthens tribal sovereignty through increased tribal control and involvement in all aspects of delivery of health services for the Great Plains communities. GPTCHB can seek additional funding from other resources, whereas IHS cannot or is limited.

2. What is the expected impact to services if the GPTCHB assumes IHS operations?

In addition to the work on assumption of the RCSU for the three tribes, the GPTCHB is thoroughly evaluating all IHS services to identify opportunities under the GPTCHB management. GPTCHB is not just committed to providing at least the same level of care provided under IHS but will identify and address short and long-term strategies to improve health services delivery for all tribal members.

3. What funding is available through a P.L. 93-638 Contract or Compact?

The GPTCHB will receive all funds for the PSFAs that it assumes that IHS would have spent had it continued to carry out the program directly including funding provided through federal appropriations to the Service Unit, Area Office, and Headquarters, plus contract support costs. This funding for the Rapid City Service Unit operations is often referred to as “the Secretarial amount” or the “106(a). This includes funding that is labeled recurring and non-recurring and program funds or tribal shares. The contract support costs are additional funds to support the

administrative and overhead costs, which fund the administrative and overhead-type costs that the GPTCHB must spend to prudently and lawfully carry out the compact.

By law, the GPTCHB is entitled to and will receive and manage the same funding amount currently appropriated and allocated for the Rapid City Service Unit. The current funding base will not be diminished except by Congressional decreases in appropriations.

4. What IHS functions will the GPTCHB assume?

Self-Governance does not require an all or nothing approach, but instead provides the GPTCHB flexibility to design tribal programming to best meet the needs of its members. Therefore, the planning process allows the GPTCHB to review all IHS programs at each administrative level, including the Rapid City Service Unit, Great Plains Area Office and IHS Headquarters in Rockville, MD. This review will allow the GPTCHB to determine which operations to assume, and which operations the GPTCHB may want to leave under IHS control.

Additionally, there are three tribally managed programs (Native Women's, CHR Program and Native Healing Program) that are being considered for transition to GPTCHB management. Placing these programs under the GPTCHB umbrella will allow opportunity to enhance these services under a more holistic approach. If they remain under separate tribal management, the GPTCHB will coordinate and collaborate closely with them.

5. When will the GPTCHB decide what PSFAs to assume?

As the negotiations proceed, final decisions will be made about which PSFAs to assume, in whole or in part at the time of initial assumption. Any PFSA that the Board does not assume now can be reconsidered later.

6. When will the GPTCHB assume the chosen operations?

The GPTCHB is planning to assume the selected PSFAs in mid-February 2019.

7. Will the GPTCHB be assuming the PSFAs of the Office of Environmental Health and Engineering (OEHE)?

Yes, it is the GPTCHB's intention to assume many PSFAs of OEHE. While final decisions about specific PSFAs will not be made until we more thoroughly review them with IHS during negotiations, we have decided that we will not assume responsibility for the sanitation facilities construction (SFC) program.

8. What is the expected impact to services if the GPTCHB assumes IHS operations?

The GPTCHB intends to provide at least the same level of services provided by the IHS when it assumes management of the PSFAs. However, our goal is to ultimately improve the quality of care and design programs which are more responsive to the needs of our Tribal members. Therefore, the GPTCHB is thoroughly studying all IHS services to assess and strategically plan for ways to improve the services GPTCHB believes need be improved. We will actively seek Tribal input in this process.

9. When the GPTCHB assumes the RCSU, who will be responsible for administering services under GPTCHB management?

The GPTCHB will ultimately be responsible for administering and managing the PSFAs assumed for the Rapid City Service Unit (RCSU). The GPTCHB has created the Mni Luzahan Wicozani Advisory Committee to guide management and the Board. It has been active in every step of the planning process and will continue to play an important role during negotiations and program operation. The GPTCHB will be modifying its structure to effectively manage the RCSU, along with its existing programs and services to assure the most effective management of the RCSU and of its Area wide programs. Throughout the planning process, the GPTCHB will identify areas within the Rapid City Service Unit where we can strengthen the management structure to successfully operate all programs and services benchmarked against nationally recognized standards of care. It is in the best interest of the Rapid City Service Unit to maintain stability by retaining current personnel within the RCSU who have demonstrated a record of success and commitment to tribal assumption. In addition, GPTCHB will be looking to strengthen oversight of services through process improvement, strategic alignment and

adopting a patient-centered care model, which focuses on quality and access to services.

10. What role will GPTCHB staff play in Sioux San management?

GPTCHB Executive staff will provide corporate oversight to the Rapid City Service Unit. Fiscal management, quality assurance, quality improvement, human resources, and work-force development will be key functions. GPTCHB will provide similar support services as currently provided by Great Plains Area Office and IHS Headquarters.

11. How will Purchased/Referred Care work if the GPTCHB takes over that Program?

The GPTCHB will receive the same amount of funds for the Purchase/ Referred Care (PRC) program that IHS has had, but not more. In order to improve the PRC program, GPTCHB is already thinking about how to redesign the programs to increase prevention activities and the direct care it can offer to reduce reliance on PRC. It will also work with the PRC providers to improve financial and programmatic relationships that lead to decreased expenditure. As our direct services grow so does revenue that may be used to increase funding for the PRC program or direct services that may decrease demand for care from other providers. We also expect to be able to work with the patients to improve their access to third-party coverage, including Medicaid, Medicare, Veterans Health Administration, and private insurance.

The GPTCHB will apply IHS eligibility rules for PRC; however, we will be actively building relationships with referral providers so that PRC issues are minimized.

12. Who will enforce the HIPAA and Privacy Act laws?

GPTCHB will be responsible for following applicable health privacy laws. For federal employees working for GPTCHB under an Intergovernmental Personnel Act assignment (IPA) or Memorandum of Agreement (MOA), there may be additional federal procedures to be followed. All employees, federal and direct hire, will be provided routine orientation and training to assure full compliance with applicable health privacy laws.

13. Will assumption of the RCSU trigger tribes taking over their own service units when they may not have enough capacity?

With adequate technical assistance and support, tribes across Indian Country have successfully assumed their tribal health facilities. Tribes have improved and expanded health services for the tribal members. In the history of Self-Governance, there is no record of a tribe that has returned their program back to IHS management. We expect the RCSU assumption to provide a model for other tribes in our Area that may be interested in assumption by demonstrating both the capacity that is needed and the many steps that need to be taken to be fully prepared.

14. How can the community be assured that the politics of OST, RST, and CRST does not negatively impact GPTCHB?

The resolutions enacted by OST, RST and CRST authorizing the GPTCHB to assume responsibility have the legal effect of transferring control to the GPTCHB for so long as the resolutions are in effect. Under the terms of the resolutions they cannot be withdrawn by any of the tribes for at least three years after assumption and then only with a full year's notice. This creates the longevity and stability needed for effective management. That said close relations with the tribes remain important. That is achieved through the Mni Luzahan Wicozani Advisory Committee (MLWAC), which includes representatives appointed by each tribe and Community Members from Rapid City chosen by the MLWAC. The members of the MLWAC will assure regular communication and opportunities to resolve issues as they arise.

15. What experience does the GPTCHB have in managing healthcare?

Federal funding associated with the Rapid City Service Unit requires the same oversight as many of the current GPTCHB federal grants, cooperative agreements and contracts. The decisions by OST, RST and CRST to authorize GPTCHB to manage Rapid City Service Unit were based on their knowledge of the GPTCHB's exemplary record of fiscal and operational management. Each of the members of the executive management team has extensive experience in health care and hospital management both in the IHS and private sector. The team has a combined 54 years of healthcare management experience.

16. Will GPTCHB track the number of patient complaints and keep data on them?

Yes, GPTCHB will implement performance measures to ensure patient safety and quality of care as a Board priority. We will also build in opportunities for feedback and response to community questions and concerns.

17. How will GPTCHB ensure competitive compensation in order to recruit and retain providers?

P.L. 93-638 allows tribes the flexibility to create unique employment packages for providers, whereas IHS is constrained by Federal employment laws and regulations limiting their ability attract providers willing to work in rural communities. Other tribes have used such flexibility to recruit providers and other staff successfully. While recruiting health providers remains a national industry-wide challenge for everyone, the GPTCHB will receive 100% of the funds that IHS receives to provide these programs, and GPTCHB will have the ability to reallocate resources between budget lines to ensure that we are competitive in the marketplace for quality providers. In addition, GPTCHB will ensure that effective third-party billing services are implemented in order to maximize third revenue opportunities. These new revenues may also be redirected to high priority needs such as provider salaries. The initiatives of the GPTCHB to support education in health careers is also creating a path for American Indians in our Area to get their health career education and move directly into a tribal workforce.

18. Will GPTCHB help with school/community issues?

GPTCHB will strive to develop positive relationships with community services that promote the wellness of our relatives.

19. How will tribal elections affect the Rapid City Service Unit in the future?

Tribal elections are an important part of the GPTCHB's governance as they determine who will sit on the GPTCHB Board of Directors. The three tribes formed the Mni Luzahan Wicozani Advisory Committee (MLWAC) to guide decisions related to the transition and management

of the Rapid City Service Unit. The Advisory Committee consists of two tribally designated members from each of the three tribes as well as three Rapid City community members and one alternate to serve on this committee. The MLWAC will make recommendations to help guide and facilitate the assumption to the Rapid City Service Unit. The intent is to provide governance and guidance that allows each of the tribes have a voice in the oversight of the Rapid City Service Unit but does not interfere with the management responsibilities of GPTCHB. GPTCHB is researching similar successful Tribal models in order to learn from their experiences and to build the strongest governance structure necessary to provide proper policy oversight of the RCSU.

20. Why hasn't GPTCHB begun recruiting for Sioux San vacancies?

It is the GPTCHB's intention that all Federal vacancies continue to be posted and filled as usual, to prevent unnecessary delays in recruitment or disruption in service delivery. We encourage the IHS to fill positions which remain vacant. Until GPTCHB has signed the Contract or Compact with the IHS, it has no authority to hire staff at the RCSU; however, we have taken steps to recruit positions within the GPTCHB to build the management structure, which will be needed once we assume management.

21. Is there going to be a community forum where we can provide input on new building construction?

GPTCHB is committed to engaging staff and community input on every aspect of health program as well as the building of the new facility. The Mni Luzahan Wicozani Advisory Committee will be conducting multiple surveys and focus groups to ensure community input and voice.

22. Where is our new building going to be located?

A local benefactor donated GPTCHB 20 acres for building the new Rapid City Service Unit. The location is near the Western Dakota Technical College and Menards on the eastern border of Rapid City. GPTCHB is currently engaged in a site selection process with the IHS, which will determine whether the new facility will be built on the donated location or at its current location. Regardless of this decision, GPTCHB will engage tribal and community input in order to determine how the current Sioux San campus would be utilized.

23. What are the timeframes for the change over?

The GPTCHB is targeting mid-February 2019 as the effective date for the transfer of RCSU health programs, services, functions and activities. Because there are Federal notice requirements for changes in employment status and we know employees will want to understand their options and make decisions soon, the GPTCHB is targeting to have employment decisions about IHS employees made no later than early December so everyone can enjoy the holidays.

The new Health Facility is anticipated to be completed in 2021.

EMPLOYMENT – Civil Servant IPAs and MOAs

1. What are Intergovernmental Personnel Act Agreements (IPAs) or Memoranda of Agreements (MOAs)?

An IPA agreement is an agreement that is entered with IHS that will allow a federal civil service employee to be assigned (also referred to as “detailed”) to the GPTCHB. A MOA is an agreement that is entered with IHS that will allow federal commissioned officers to be assigned to the GPTCHB. In both cases, the employee retains his or her federal employment status, including compensation, insurance, and retirement benefits.

2. Are there other Tribal facilities with IPA or MOA staff?

Yes. It is quite common for tribes to retain federal employees as IPA or MOA staff when they assume operations of IHS programs. MOA staff is easy to spot in tribally run facilities as they continue to wear the Commissioned Corps uniform.

3. What is the effective timeframe for an IPA, under GPTCHB? Can IPAs be extended, after the initial IPA?

For the purpose of IHS budgetary planning the length of an IPA is usually two years, with the initial IPA estimated to begin effective February 17, 2019. IPAs may be extended beyond 2 years if the GPTCHB, IHS, and the employee are in agreement.

4. Will IPAs and MOAs be covered by the Federal Tort Claims Act (FTCA)?

The Federal Tort Claims Act (FTCA) covers all Federal employees, including those under IPAs and MOAs. It also covers all Tribal direct hires who are performing services under the Contract or Compact. The templates used for these agreements are Federal templates, and although it is mentioned in one and not the other, coverage is provided for in the law, and the template agreements do not affect the applicability of the FTCA.

5. I have been with IHS for 20 years and I don't know if I am IPA or MOA?

Federal civil service employees are employed by the Indian Health Service and are assigned to a tribe with an Intergovernmental Personnel Act Agreement (IPA). Commissioned Corps officers are employed by the Public Health Service and are assigned to a tribe with a Memorandum of Agreement (MOA.)

6. How are IPA/MOA staff paid?

Any federal personnel assigned to the GPTCHB under IPAs or MOAs continue to receive their paychecks and all benefits from the federal agency – in this case, IHS. The GPTCHB will be invoiced by IHS for IPA/MOA staff and will reimburse the agency for these costs.

7. Will the IHS employees still be covered under unions that are currently in effect? How will my rights be affected?

The GPTCHB does not interact with employee unions. However, any IHS employee who is a member union and who retains federal employment may remain members of a union for purposes of interacting with the federal government

8. How are Commissioned Officers deployed?

Voluntary deployments are approved by the GPTCHB then by the Area Office.

10. I applied for a job at IHS and was offered a position. Does this mean the offer is only temporary?

No. Eligible federal employees holding positions that are to be transferred to the GPTCHB will be eligible to pursue an IPA/MOA to retain their federal employment status or achieve direct hire.

11. What kind of job security do IHS employees have?

The GPTCHB is pleased to offer Intergovernmental Personnel Act agreements (IPA) or Memorandum of Agreement (MOA) to IHS employees at the Rapid City Service Unit who are eligible for one under IHS rules and the GPTCHB employment standards. Current IHS employees who do not accept an IPA or MOA do have rights under Federal employment law. Additional information regarding this process will be provided directly to affected employees, as it comes available, prior to the GPTCHB's assumption of the Sioux San Hospital.

12. What will happen to current IHS employees if the GPTCHB assumes operations?

To maintain stability in staffing of any PSFAs assumed, the GPTCHB, to the greatest extent feasible, will offer the opportunity to continue employment to all current and eligible IHS employees, using Intergovernmental Personnel Act agreements, Memoranda of Agreement, or direct hire employment. The GPTCHB will be conducting several meetings with current IHS employees to discuss employee options and provide real-time information regarding the progress of the assumption. Transparency is of the utmost importance in this process, and the GPTCHB is committed to ensuring IHS employees are treated with value and respect as we move forward together.

13. Does the GPTCHB wish to retain all of the existing federal staff?

While there is a great deal of work, the GPTCHB's staff and leadership are committed to ensuring that transition of programs operation occurs

smoothly and successfully without disruption. In addition to qualified and dedicated GPTCHB staff, the eligible IHS staffs who are currently providing these health services are being extended the offer to retain their Federal employment status and keep working in the RCSU health programs once the GPTCHB assumes operations under a contract or compact. The GPTCHB highly values the existing IHS staff, and a high priority has been placed on retaining federal staff that has been serving in health programs benefiting the GPTCHB's citizens.

14. When will more information be available about my employment options?

The GPTCHB will be conducting several meetings with current IHS employees to discuss employee options and provide real-time information regarding compacting progress. Transparency is of the utmost importance in this process, and the GPTCHB is committed to ensuring IHS employees are treated with value and respect as we move forward together. More detailed information will be supplied as it becomes available.

15. How will I know if I am eligible for an IPA or MOA position?

IHS decides which employees are eligible for an IPA or MOA position in accordance with its own internal policies, but most IHS employees are generally eligible for these opportunities. You may not be eligible if: (1) you are a federal employee holding a time-limited, temporary or term appointment; or (2) your current summary performance ratings are less than fully satisfactory and/or unacceptable. For more information, contact your IHS Human Resources contact or review the IHS Personnel Aspects of the ISDEAA Handbook. In addition,

The GPTCHB makes decisions about whether RCSU employees are eligible to be offered an IPA/MOA or direct employment. For IHS employees who are eligible under IHS rules, GPTCHB will require a background check, a drug test and consent to the GPTCHB drug-free workplace policy, which includes random drug testing.

16. Must I be a federal employee for a certain length of time before I qualify for an IPA or MOA?

No. There is no length of federal employment required to become an IPA or MOA. Special purpose IPA assignments may be made for full-time, part-time, and intermittent employees serving under career or conditional (competitive or equivalent excepted) appointments.

17. Will there be one-on-one meetings with affected employees?

Yes. The IHS and the GPTCHB will coordinate on dates so that employees may have the opportunity to meet with representatives from both organizations.

18. During individual employee sessions, will there be specific compensation and benefit details, to assist employees in determining whether to take a Tribal direct hire position or remain IPA or MOA?

Yes, in individual sessions, IHS and GPTCHB HR staff can answer any questions on pay and benefits and make estimates of pay deductions for optional benefits.

19. Will IHS employees retain their federal employment or change to Tribal employees?

Whether to accept an IPA agreement or MOA is an option for employees who are eligible for such agreements. Employees who do not accept an IPA or MOA and who are eligible for Tribal direct hire may choose to work directly for the GPTCHB. Those who accept an IPA or MOA will maintain their federal employment and continue to receive Federal benefits. Direct hires will be employees of the GPTCHB and receive benefits similar to other GPTCHB employees. While assigned to the GPTCHB under the IPA or MOA, the federal employee will work at the direction of a tribal supervisor, just as other tribal employees do, and adhere to applicable GPTCHB policies.

20. Will federal personnel also have the option to become a Tribal direct hire employee?

Yes. Existing federal staff holding positions that are to be transferred to the GPTCHB will have the option to transfer to a Tribal direct hire.

A Tribal direct hire position can be attractive to certain employees, depending on their career goals and federal tenure. For example, a federal employee eligible for retirement may wish to consider retiring from federal employment to begin receiving retirement benefits, and then become a Tribal direct hire employee.

21. Will we lose our years of service with the Government?

For IPA or MOA employees, there will be no change in years of service. During the planning process, the GPTCHB will evaluate options for the treatment under tribal policy of the tenure of federal employees who continue working at the Sioux San Hospital as Tribal direct hires.

22. If I retire, will there be an opportunity for me to come back as a part time employee?

If the position is vacated and full-time effort is still necessary, the GPTCHB will likely fill the position as a full-time position. However, the GPTCHB will consider on a case-by-case basis, as retention of all employees is a high priority.

23. Will current duties change?

For the vast majority of staff, there will be little change in job duties, whether an IPA, MOA or a Tribal direct hire. Additionally, all IPA, MOA, and Tribal direct hire employees will work under a GPTCHB job description.

24. For employees currently working for Great Plains Area Office at Sioux San, what would their duties be as a tribal employee?

Great Plains Area Office staff stationed at the Sioux San facility will continue with their IHS positions and duties.

25. Who will be my supervisor if I am assigned under an IPA agreement or MOA to the GPTCHB?

IPAs and MOAs assigned to the GPTCHB are directed by the GPTCHB in their day-to-day activities. On a daily basis, an IPA/MOA (federal) employee may be supervised by a GPTCHB employee, or a GPTCHB employee may be supervised by an IPA/MOA employee, as determined by the GPTCHB's organizational structure.

Each IPA and MOA is also assigned a federal supervisor, for purposes of reviewing and approving all federal personnel actions, such as timekeeping. This supervisor is assigned by the IHS Great Plains Area to process any necessary federal personnel action during the assignment.

26. I am thinking of entering becoming an IPA and am a front-line supervisor. Will I be the tribal supervisor?

Probably, yes. Most supervisor/reporting relationships will remain the same. You would also have a federal supervisor since all IPAs must.

27. As a supervisor, will I be supervised by a Tribal direct hire employee?

Maybe. An employee will be supervised by the employee type (Tribal direct hire, IPA, or MOA) of the individual that holds the position the employee is reporting to.

28. If I become an IPA or MOA, who determines my schedule?

Once programs are assumed by the GPTCHB, hours of operation and work schedules for all staff (including IPA and MOA staff) will be determined by the GPTCHB.

29. Will pay change?

For IPA and MOA employees, pay will remain unchanged. For offers as Tribal direct hire, offers will be made in accordance with the GPTCHB's Human Resources policy and salary schedule.

30. Will the pay stay the same? Will grade increases still be there if available?

IPA and MOA employees will be paid according to the same federal pay scale and will remain eligible to receive increases in wages, just as if they had continued to work in a federally operated service unit. While the GPTCHB has not approved the salary schedules for tribal employees at the Sioux San Hospital, the GPTCHB expects that salaries will be competitive. Any increases for a Tribal direct hire would be in accordance with GPTCHB's policy.

31. How will pay date be impacted by transition?

IHS pay period ends on a Saturday.

For IPAs and MOAs, the pay date is unaffected. For employees electing a Tribal direct hire position, the pay date will coincide with the GPTCHB's pay schedule.

32. Is entering an IPA a qualifying event for purpose of a change in benefits?

No.

33. Will IPA employees continue to receive federal recruitment, retention and recognition (3Rs) incentives until the incentives scheduled termination date? Will IPA employees receive the 3Rs compensation on top of annual salary?

Yes, if the agreement was made, only I.H.S will terminate. The GPTCHB's intention is to continue benefit for recruitment or incentive.

34. What will happen to the leave balance? Will we still get the same hours that we would with the Government?

IPA and MOA employees will receive annual leave according to Federal policy. During the planning process, the GPTCHB will evaluate options for leave accrual under tribal policy for federal employees who continue working at the Hospital as tribal direct hires.

35. Will IHS be closed during Tribal Holidays? If not, do IPA employees get holiday pay?

GPTCHB policy currently observes the Federal Holiday Schedule. IPA employees will be subject to the same Holiday Schedules as GPTCHB employees. IPAs will continue to receive holiday pay on the Federal schedule.

36. Will health programs, clinics or the Sioux San Hospital be closed on Holidays?

Not necessarily. Patient care areas may remain open on a Holiday to meet patient care needs.

37. If an IPA works on the GPTCHB's holidays is there any special pay?

The GPTCHB uses the Federal holiday schedule. The employee will be compensated in accordance with the Federal schedule.

38. Would we lose our retirement? What about the life insurance/medical insurance?

For IPA or MOA employees, benefits will stay the same. Employees hired by the GPTCHB will receive the same benefits as other GPTCHB employees.

39. How can I find out about the GPTCHB's benefits?

The GPTCHB will be conducting several meetings with current IHS employees to discuss employee options. You can also contact the GPTCHB's Human Resources Department with specific questions at (605) 721-7552.

40. Why are employees, who are electing IPAs and MOAs, being asked to sign a "Release of Information"?

The GPTCHB will be constructing personnel records on all employees, including those assigned under IPAs and MOAs. A Release of Information will authorize the transfer of information to GPTCHB to construct a personnel record and supply information for eligibility determinations.

41. When will individual appointments be made?

The GPTCHB is requesting employees turn in a completed questionnaire and authorization for release of information as soon as possible after the initial presentations so that the GPTCHB can consider their eligibility for an offer of direct hire or an IPA/MOA. We will try to notify everyone when we set a cut-off date for submission of the completed questionnaire and authorizations, but the sooner the better. Following submission of the questionnaire and release of information, individual meetings will be scheduled.

43. Will the pay stay the same? Will grade increases still be there if available?

MOA employees will be paid according to the same federal pay scale and will remain eligible to receive increases in wages, just as if they had continued to work in a federally operated service unit. While the GPTCHB has not approved the salary schedules for tribal employees at the Sioux San Hospital, the GPTCHB expects that salaries will be competitive. Any increases for a Tribal direct hire would be in accordance with GPTCHB's policy.

44. Can an employee be dismissed by GPTCHB?

The GPTCHB cannot terminate the employment of a detailed employee. However, the GPTCHB can terminate an IPA/MOA, initiate the federal disciplinary process or recommend reassignment of a detailed employee. For Tribal direct hires, terminations must comply with the GPTCHB's Human Resources Policy.

45. Whom can I contact with questions about this transition?

You can contact the GPTCHB's staff directly by email for questions at RCSU@gptchb.org

EMPLOYMENT – Direct Hire

1. Will contract employees remain and will they be offered a Tribal direct hire position or ability to re-negotiate contracts?

Contractors are not eligible for IPA agreements, and the GPTCHB will handle these on a case-by-case basis. The GPTCHB may either continue a contract relationship or make an offer for Tribal direct hire position, depending upon the need for the services. The intention of the GPTCHB is to maintain stability to the extent possible.

2. Will Physicians who choose Tribal direct hire have to go through the application process?

Yes, but it will be an abbreviated application form and process. The GPTCHB's effort is to make the transition for employees as seamless as possible.

3. Do I have to be AI/AN to accept direct hire?

No. All employees, whether AI/AN or not, will have the option to accept a Tribal direct hire position.

4. Will any of the current incentives be available through direct hire?

For Tribal direct hire positions, wages, benefits, holiday pay, leave, etc. are provided in accordance with the GPTCHB policy.

5. Will federal personnel also have the option to become a Tribal direct hire employee?

Yes. Existing federal staff holding positions that are to be transferred to the GPTCHB will have the option to transfer to a Tribal direct hire. A Tribal direct hire position can be attractive to certain employees, depending on their career goals and federal tenure. For example, a federal employee eligible for retirement may wish to consider retiring from federal employment to begin receiving retirement benefits, and then become a Tribal direct hire employee.

6. How can I find out about the GPTCHB's benefits?

The GPTCHB will be conducting several meetings with current IHS employees to discuss employee options. You can also contact the GPTCHB's Human Resources Department with specific questions at (605) 721-7552.

7. As a Tribal Direct Hire, what federal benefits can I keep?

Tribal direct hires will receive Tribal benefits rather than Federal benefits. For questions about the Tribal benefits package, please contact the GPTCHB's Human Resources Department at (605) 721-7552.

8. For Tribal direct hires, are there Exempt employees who are not permitted overtime pay? What professions are they?

Yes, any position that meets the legal criteria for exemption from overtime will not receive overtime pay. Overtime will only be paid to non-exempt, hourly employees.

9. Can an employee opt out from medical insurance?

GPTCHB direct hires will follow the GPTCHB medical benefit eligibility policies.

10. Will current Tribal employees be affected?

The GPTCHB currently has a number of employees providing Health and related services under existing tribal programs. These employees will continue to be needed to deliver these vital programs and services. All existing tribal employees' employment, including compensation and benefits levels will not be reduced as a result of this project.

11. Will current duties change?

For the vast majority of staff, there will be little change in job duties. Tribal direct hire employees will work under a GPTCHB job description and job titles.

12. Will pay change?

Tribal direct hire employees will be paid in accordance with the GPTCHB's Human Resources policy and salary schedule.

13. Can a position be reviewed if an employee thinks their current pay does not compensate for duties and responsibilities?

As a Tribal employee, position review may occur in accordance with the GPTCHB policy.

14. How will my pay date be impacted by transition?

Tribal direct hire positions will continue to be paid on the day that coincides with the GPTCHB's pay schedule.

15. Will health programs, clinics or the Sioux San Hospital be closed on Holidays?

Not necessarily. Patient care areas may remain open on a Holiday to meet patient care needs.



WHO WE ARE

Established in 1986, the Great Plains Tribal Chairmen's Health Board (GPTCHB) is an organization representing the 18 tribal communities in the four-state region of South Dakota, North Dakota, Nebraska, and Iowa.

Through public health practices and the formation of tribal partnerships, we work to improve the health of the American Indian peoples we serve by providing public health support and health care advocacy.

Serving as a liaison between the Great Plains Tribes and the various Health and Human Services divisions including the Great Plains Area Indian Health Service, GPTCHB works to reduce public health disparities and improve the health and wellness of the American Indian peoples who are members of the 18 Great Plains tribal nations and communities.



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