Indian Health Service
Tribal Self-Governance Program

Office of Tribal Self-Governance Brochure

Contents

Updated October 2022

Tribal Self-Governance Produces Results

This brochure is designed to further your understanding of the Indian Health Service (IHS) Tribal Self-Governance Program (TSGP) by sharing its history and successes and answering some frequently asked questions. Tribes are in the best position to understand and address their own health care needs and priorities. The IHS TSGP produces results by enabling tribes to develop innovative solutions that address the health care delivery challenges facing their communities.

Through the IHS TSGP, tribes, or authorized tribal organizations, have the option to assume IHS program funds and manage them to best fit the needs of their beneficiaries. Tribes participating in the IHS TSGP assume full funding, control, and accountability, subject to applicable law, over specific programs, services, functions, or activities (PSFAs). Some of the many IHS TSGP's successes include:

New services and programs for remote areas to improve access to care through advanced technologies (such as telemedicine) or training programs in allied health fields.

Innovative wellness and disease prevention programs to provide information, education, and programs that encourage healthy lifestyles.

Enhanced chronic disease management programs for diabetes patients, including nutritional education, fitness programs, screenings, and weight management programs.

Improved well-baby programs and clinics to better provide infants and toddlers with early health screenings and immunizations.

Expanded elder care programs, which increase access to care through home health and transportation services.

Enhanced health-related information technology management through improved and expanded services.

Reduced costs through successful negotiation with private health care providers.

The TSGP is more than an IHS program; it is an expression of the sovereign nation-to-nation relationship between the United States and each Indian tribe.

1921

Snyder Act
(25 U.S.C. § 13)

Health services were authorized for American Indians and Alaska Natives.

1955

Transfer Act
(42 U.S.C. § 2001(a))

Indian health care moved from the U.S. Department of the Interior (DOJ) to the U.S. Public Health Service (USPHS).

1975

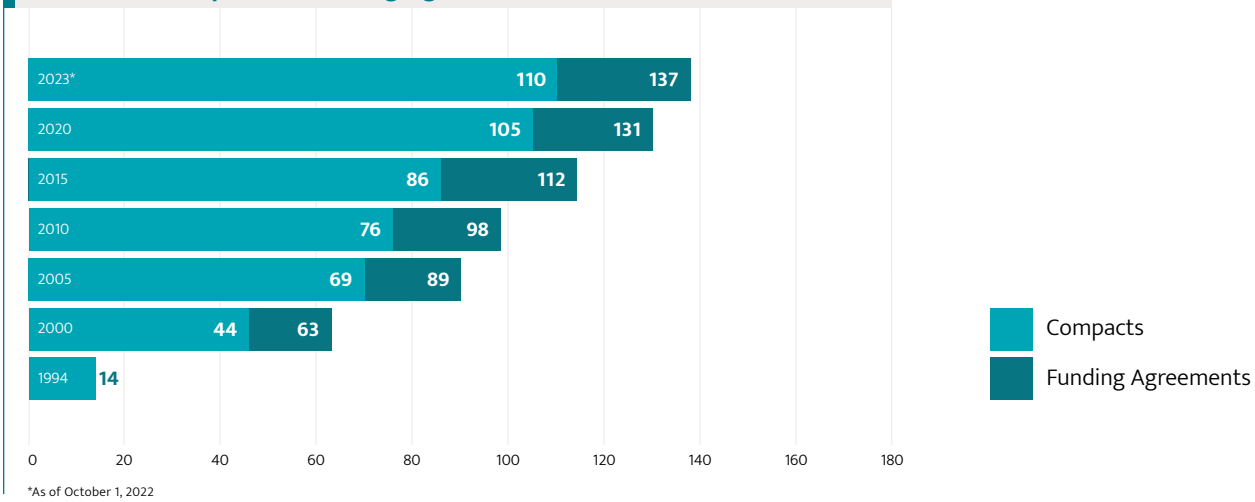
Indian Self-Determination and Education Assistance Act (ISDEAA)
(25 U.S.C. § § 5301 et seq.)

Tribes were authorized to contract with the IHS and the Bureau of Indian Affairs (BIA) to operate programs or portions of programs.

Expansion of the IHS Tribal Self-Governance Program

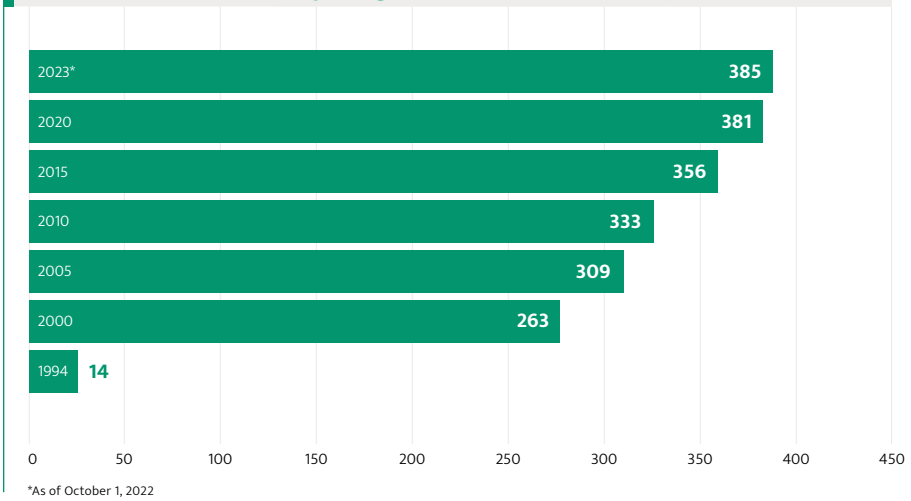
The IHS TSGP has grown dramatically since the execution of the initial 14 Compacts and Funding Agreements in Fiscal Year (FY) 1994. At the beginning of FY 2023, the IHS has entered into 110 Compacts and 137 Funding Agreements with self-governance tribes and tribal organizations across all 12 IHS Areas.

Number of Compacts & Funding Agreements (FY 1994–2023)



*As of October 1, 2022

Number of Tribes Participating in the IHS TSGP (FY 1994–2023)



*As of October 1, 2022

1976

Indian Health Care Improvement Act (IHCIA)
(25 U.S.C. § § 1601 et seq.)

Particular Indian health initiatives were authorized with the goal of improving health of American Indians and Alaska Natives.

1988

Tribal Self-Governance Demonstration Project
(P.L. 100-472)

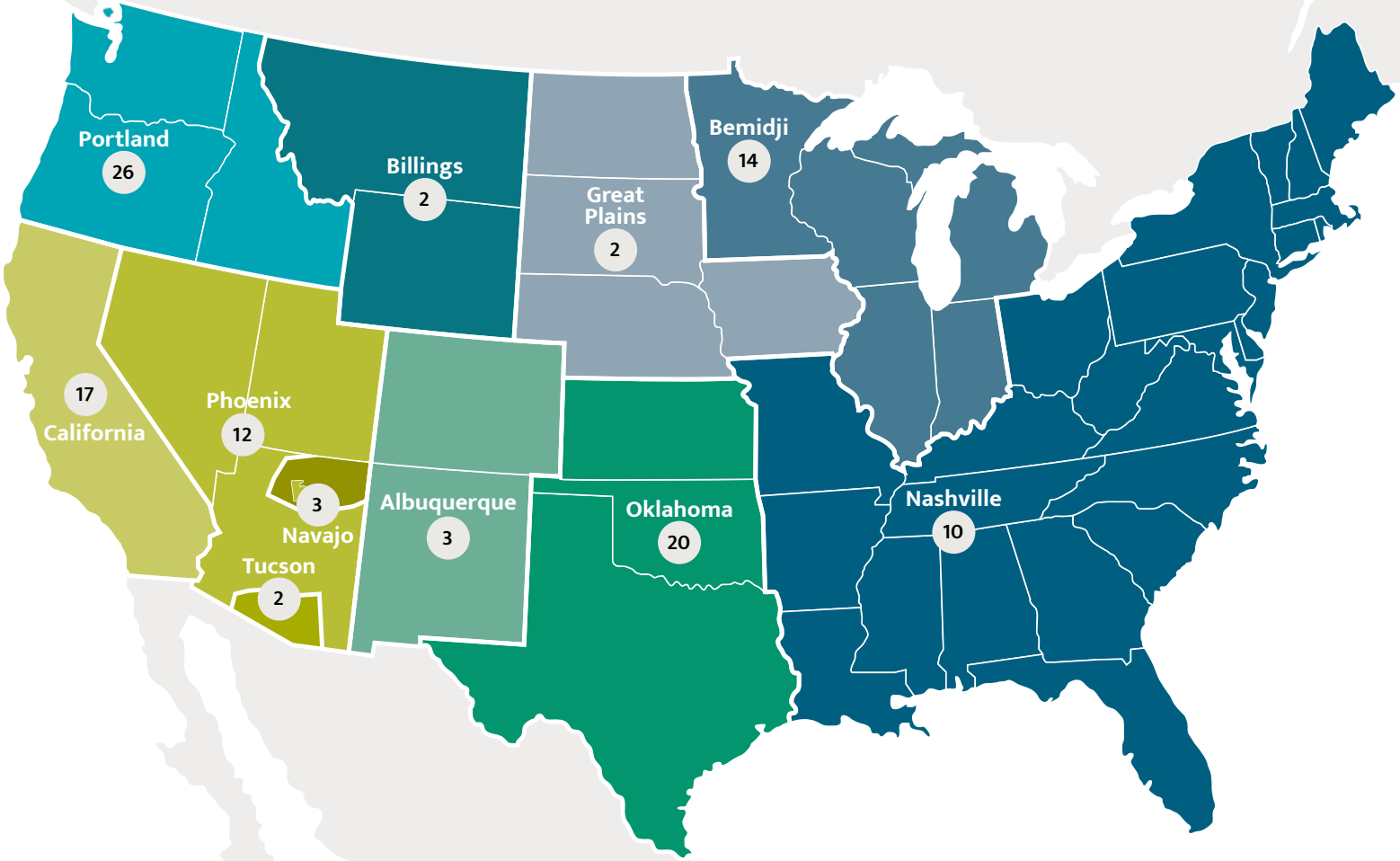
The BIA was authorized to negotiate Compacts with the tribes; tribes were given more flexibility in operation of programs.

1991

IHS Funded to Perform Feasibility Study
(P.L. 102-184)

A feasibility study was funded on extending tribal self-governance to the IHS and the Office of Tribal Self-Governance (OTSG) established within the IHS.

Number of Funding Agreements by IHS Area



1992

Self-Governance Authority Extended to IHS
(P.L. 102-573)

The IHS was authorized to negotiate Compacts with tribes through the Tribal Self-Governance Demonstration Project, which gave tribes more flexibility in operating programs.

1994

Technical Amendments to Title III Section 301 and Section 302(a)
(P.L. 103-435)

The Tribal Self-Governance Demonstration Project was extended to 18 years; 30 tribes per fiscal year were to participate.

1996

Tribal Self-Governance Advisory Committee (TSGAC)

The IHS established the TSGAC to advocate for self-governance tribes, suggest policy guidance on the implementation of the IHS TSGP, and advise the IHS Director on issues of concern to all self-governance tribes.

Current Self-Governance Tribes and Tribal Organizations

The following tribes and authorized tribal organizations currently participate in the IHS TSGP. They are listed by IHS Area and the fiscal year they entered the IHS TSGP.

Alaska (26)

Aleutian Pribilof Islands Association (1995)
Bristol Bay Area Health Corporation (1995)
Chugachmiut (1995)
Copper River Native Association (1995)
Kodiak Area Native Association (1995)
Maniilaq Association (1995)
Native Village of Eklutna (1995)
Norton Sound Health Corporation (1995)
Seldovia Village Tribe (1995)
Southcentral Foundation (1995)
Southeast Alaska Regional Health Consortium (1995)
Tanana Chiefs Conference (1995)
Yukon-Kuskowim Health Corporation (1995)
Eastern Aleutian Tribes (1997)
Metlakatla Indian Community (1997)
Arctic Slope Native Association (1998)
Ketchikan Indian Corporation (1998)
Alaska Native Tribal Health Consortium (1999)
Council of Athabascan Tribal Governments (2000)
Mount Sanford Tribal Consortium (2000)
Yakutat Tlingit Tribe (2003)
Kenaitze Indian Tribe (2006)
Knik Tribal Council (2009)
Chickaloon Native Village (2011)
Native Village of Eyak (2011)
Tanana Tribal Council (2023)

Albuquerque (3)

Pueblo of Sandia (2010)
Taos Pueblo (2010)
Pueblo of Jemez (2011)

Bemidji (14)

Grand Traverse Band of Ottawa and Chippewa Indians of Michigan (1994)
Mille Lacs Band of Ojibwe Indians (1994)
Fond Du Lac Band of Lake Superior Chippewa (1995)
Sault Ste. Marie Tribe of Chippewa Indians (1995)
Oneida Nation of Wisconsin (1997)
Bois Forte Band of Chippewa Indians (1999)
Keweenaw Bay Indian Community (2002)
Shakopee Mdewakanton Sioux Community (2004)
Forest County Potawatomi Community (2005)
Little River Band of Ottawa Indians (2009)
Stockbridge-Munsee Community (2011)
Ho-Chunk Nation (2017)
Match-E-Be-Nash-She-Wish Band of Pottawatomi Indians of Michigan (Gun Lake Tribe) (2018)
Nottawaseppi Huron Band of the Potawatomi (2018)

Billings (2)

Confederated Salish and Kootenai Tribes of the Flathead Nation (1994)
Chippewa Cree Tribe of the Rocky Boy's Reservation (1995)

California (17)

Hoopa Valley Tribe (1994)
Redding Rancheria Tribe (1997)
Karuk Tribe of California (1998)
Northern Valley Indian Health, Inc (2004)
Riverside San-Bernardino County Indian Health, Inc. (2005)
Consolidated Tribal Health Project, Inc. (2006)
Indian Health Council, Inc. (2006)
Susanville Indian Rancheria (2007)
Feather River Tribal Health, Inc. (2011)
Chapa-De Indian Health Program, Inc. (2013)
Santa Ynez Band of Chumash Mission Indians – Santa Ynez Tribal Health Clinic (2015)
Southern Indian Health Council, Inc. (2015)
Lake County Tribal Health Consortium, Inc. (2018)
Pinoleville Pomo Nation (2018)
Paskenta Band of Nomlaki Indians – Rolling Hills Clinic (2019)
Round Valley Indian Tribes – Round Valley Indian Health Center, Inc. (2020)
Pit River Tribe – Pit River Health Service, Inc. (2022)

Great Plains (2)

Spirit Lake Tribe (2016)
Winnebago Tribe of Nebraska (2018)

2000

Title V
(25 U.S.C. § § 5381, et seq.)

A permanent TSGP was created within the IHS.

2002

Title V Regulations
(42 C.F.R. Part 137)

Tribal Self-Governance Regulations promulgated to implement Title V.

2010

Patient Protection and Affordable Care Act
(P.L. 111-148)

IHCIA authorities were permanently reauthorized and expanded.

First 14 Tribes to Enter Self-Governance with the IHS in 1994

1. Grand Traverse Band of Ottawa & Chippewa Indians of Michigan
2. Mille Lacs Band of Ojibwe Indians
3. Confederated Salish and Kootenai Tribes of the Flathead Nation
4. Hoopa Valley Tribe
5. Cherokee Nation
6. Sac and Fox Nation
7. Absentee Shawnee Tribe of Oklahoma
8. Duckwater Shoshone Tribe
9. Ely Shoshone Tribe
10. Confederated Tribes of the Siletz Indians of Oregon
11. Jamestown S'Klallam Indian Tribe
12. Lummi Nation
13. Makah Indian Tribe
14. Port Gamble Band of S'Klallam Indians

Nashville (10)

Mississippi Band of Choctaw Indians (1995)
Penobscot Indian Nation (1995)
Chitimacha Tribe of Louisiana (1998)
Poarch Band of Creek Indians (1999)
Mohegan Tribe of Indians of Connecticut (2001)
Seminole Tribe of Florida (2001)
Wampanoag Tribe of Gay Head (Aquinnah) (2001)
Eastern Band of Cherokee Indians (2002)
St. Regis Mohawk Tribe (2003)
Mashantucket Pequot Tribal Nation (2023)

Navajo (3)

Tuba City Regional Health Care Corporation (2011)
Utah Navajo Health System, Inc. (2011)
Winslow Indian Health Care Center, Inc. (2011)

Oklahoma (20)

Cherokee Nation (1994)
Sac and Fox Nation (1994)
Absentee Shawnee Tribe of Oklahoma (1994)
Chickasaw Nation (1995)
Choctaw Nation (1995)
Kaw Nation (1995)
Wyandotte Nation (1995)
Kickapoo Tribe of Oklahoma (1997)
Citizen Potawatomi Nation (1998)
Modoc Tribe of Oklahoma (2000)
Ponca Tribe of Oklahoma (2000)
Northeastern Tribal Health System (2002)
Muscogee (Creek) Nation (2003)
Prairie Band Potawatomi Nation (2004)
Osage Nation (2016)
Quapaw Tribe of Oklahoma (2017)
Seminole Nation of Oklahoma (2017)
Iowa Tribe of Kansas and Nebraska (2019)
Pawnee Nation of Oklahoma (2022)
Wichita & Affiliated Tribes (2022)

Phoenix (12)

Duckwater Shoshone Tribe (1994)
Ely Shoshone Tribe (1994)
Duck Valley Shoshone-Paiute Tribes (1995)
Las Vegas Paiute Tribe (2001)
Yerington Paiute Tribe of Nevada (2001)
Gila River Indian Community (2003)
Washoe Tribe of Nevada and California (2003)
Reno-Sparks Indian Colony (2014)
Fort McDermitt Paiute and Shoshone Tribe (2017)
Salt River Pima-Maricopa Indian Community (2017)
Ak-Chin Indian Community (2019)
Paiute Indian Tribe of Utah (2022)

Portland (26)

Confederated Tribes of the Siletz Indians of Oregon (1994)
Jamestown S'Klallam Indian Tribe (1994)
Lummi Nation (1994)
Makah Indian Tribe (1994)
Port Gamble Band of S'Klallam Indians (1994)
Coeur d'Alene Indian Tribe (1995)
Confederated Tribes of Grand Ronde (1995)
Quinault Indian Nation (1995)
Squaxin Island Indian Tribe (1995)
Nisqually Indian Tribe (1997)
Swinomish Indian Tribal Community (1997)
Coquille Indian Tribe (1998)
Suquamish Tribe (1998)
Shoalwater Bay Indian Tribe (1999)
Kootenai Tribe of Idaho (2001)
Nez Perce Indian Tribe (2001)
Lower Elwha Klallam Tribe (2002)
Skokomish Indian Tribe (2002)
Tulalip Tribes of Washington (2002)
Muckleshoot Tribe (2003)
Confederated Tribes of the Coos, Lower Umpqua and Siuslaw Indians (2005)
Confederated Tribes of the Umatilla Indian Reservation (2005)
Kalispel Tribe of Indians (2006)
Cowlitz Indian Tribe (2011)
Cow Creek Band of Umpqua Tribe of Indians (2015)
Samish Indian Nation (2018)

Tucson (2)

Tohono O'odham Nation (2016)
Pascua Yaqui Tribe (2018)

Tribes are in the best position to understand and address their own health care needs and priorities.

Eligibility

Tribes must meet the following **eligibility criteria** to participate in the IHS TSGP. A tribe may also choose to authorize another Indian tribe, an inter-tribal consortium, or a tribal organization to participate in the IHS TSGP on its behalf.

Specifically, the tribe or tribal organization must:

1 Complete a Planning Phase

The planning phase must be conducted to the satisfaction of the tribe, include legal and budgetary research, and include internal tribal government planning and organizational preparation relating to the administration of health care programs.

2 Request Participation in the IHS Tribal Self-Governance Program

Each tribe to be served must submit a tribal resolution or other official action by the governing body of the tribe requesting participation in the IHS TSGP.

3 Demonstrate Three Fiscal Years of Financial Stability and Financial Management Capability

Tribes must provide evidence that for three years prior to participation in the IHS TSGP, the tribe has had no uncorrected significant and material audit exceptions in the required annual audit of the tribe's self-determination contracts or self-governance Funding Agreements with any federal agency.

A tribe or tribal organization may request the OTSG review their financial audits while in the planning phase. All necessary documents must be submitted to the OTSG for review in order to determine eligibility for the IHS TSGP. Once all eligibility criteria are met, the OTSG provides notice to the tribe or tribal organization that they are eligible to participate in the IHS TSGP and that they may proceed with negotiating an ISDEAA Title V Compact and Funding Agreement.

For additional information on eligibility for the IHS TSGP, please see Section 503 of the ISDEAA, 25 U.S.C. § 5383, and the accompanying regulations found at 42 C.F.R. §§ 137.15–26.

Frequently Asked Questions

What options do tribes have to obtain health care for their members?

Participation in the TSGP is one of three ways that tribes can choose to obtain health care from the federal government for their members. Specifically, tribes can choose to:

1. Receive health care services directly from the IHS.
2. Contract with the IHS to administer programs and services the IHS would otherwise provide (referred to as Title I Self-Determination Contracting).
3. Compact with the IHS to assume control over health care programs the IHS would otherwise provide (referred to as Title V Self-Governance Compacting or the IHS TSGP).

These options are not exclusive; tribes may choose to combine them based on their individual needs and circumstances. The IHS TSGP affords tribes the most flexibility to tailor health care services to the needs of their communities.

How do you get started with the TSGP?

Visit the IHS OTSG online at: https://www.ihs.gov/selfgovernance/staff/ to connect with an analyst assigned to work with your respective IHS Area. The OTSG can connect you with the appropriate Agency Lead Negotiator (ALN) who will serve as the main point of contact in coordinating the agency's responses.

More information about the ALN's role is also available in the IHS TSGP Negotiations Handbook, which is a practical, user-friendly guide to negotiating IHS Title V Self-Governance Compacts and Funding Agreements available online at: https://www.ihs.gov/selfgovernance/resources.

Is there funding available to help with participating in the IHS TSGP?

Yes. To help defray costs, the OTSG offers a limited number of competitive Planning and Negotiation Cooperative Agreements annually. The Planning Cooperative Agreement helps with the costs associated with the mandatory planning phase. Tribes are not required to receive a Planning Cooperative Agreements to participate in the IHS TSGP. A tribe may use its own resources to meet the planning requirement. The Negotiation Cooperative Agreement assists with the costs of the negotiations process. A tribe may also use its own resources to develop and negotiate its Compact and Funding Agreement. Tribes that receive Planning or Negotiation Cooperative Agreements are in no way obligated to enter into the IHS TSGP. A tribe may elect to delay participation or not participate at all.

How does a tribe apply for these Cooperative Agreements?

Announcements are made through a *Federal Register* notice, posted on http://www.grants.gov, and on the OTSG website located online at: http://www.ihs.gov/selfgovernance. Announcements contain information on the number of agreements available, how to apply, deadlines, eligibility requirements, and scoring criteria. Generally, each award period is 12 months.

If a tribe has already received a Planning or Negotiation Cooperative Agreement, can the tribe apply for an additional award?

Yes, a tribe can apply for an additional award if the tribe is planning to add a new program or expand an existing program.

What is a Tribal Self-Governance Compact?

A self-governance Compact is a legally binding and mutually enforceable written agreement that affirms the government-to-government relationship between a self-governance tribe and the United States. The Compact is executed before or at the same time as a Funding Agreement.

What is a Funding Agreement (FA)?

The FA: 1) describes the length of the agreement (whether it will be annual or multiyear); 2) identifies the PSFAs, or portions thereof, that the tribe will assume; 3) specifies the amount of funding being transferred by IHS; and 4) includes terms required by federal statute and other terms agreed to by both parties. A tribe may choose not to renegotiate its FA, even at the conclusion of its specified term. Funding Agreements remain in effect until a subsequent FA is executed, absent notification from the tribe that it is withdrawing from the TSGP or retroceding the operation of one or more PSFAs to the IHS, 25 U.S.C. § 5385(e).

Can a tribe obtain copies of existing Compacts and FAs?

Current Title V tribes are often willing to share their documents with other tribes. The OTSG can help to make an appropriate referral. A tribe can also file a Freedom of Information Act (FOIA) request online at: https://www.ihs.gov/FOIA/.

Does tribal self-governance impact any federal trust responsibility?

The ISDEAA clearly 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. § 5387(g).

Where can I find the law and regulations related to the IHS TSGP?

The statute can be found in Title 25 of the United States Code at 25 U.S.C. § 5381. The regulations can be found in the Code of Federal Regulations at 42 C.F.R. Part 137.

What opportunities are available to connect with other tribes and tribal organizations participating in the IHS TSGP?

Tribal Self-Governance Advisory Committee (TSGAC): The TSGAC advocates for self-governance tribes, suggests policy guidance on the implementation of the TSGP, and advises the IHS and OTSG Director on issues of concern to all self-governance tribes. The TSGAC meets quarterly with the IHS to discuss issues related to tribal administration of federal programs and services, exchange ideas, and develop solutions to improve the tribal-federal partnerships. The quarterly meetings are open and tribes and tribal organizations interested in the IHS TSGP are encouraged to attend and observe the TSGAC meetings as part of their planning activities. More information about the TSGAC is located online at: https://www.tribalselfgov.org/tsgac.

Self-Governance Communication and Education Tribal Consortium (SGCETC): The SGCETC is a consortium of tribal nations that elected to use self-governance for the delivery of programs and services for their citizens and communities. More information on the SGCETC can be found online at: https://www.tribalselfgov.org.

Title I Contracting vs. Title V Compacting

Both Title V and Title I provide for tribal administration of programs formerly administered by the IHS. One of the major differences is a matter of oversight. Under Title V (or the IHS TSGP), a tribe may redesign or consolidate PSFAs and reallocate or redirect funding without IHS approval in accordance with the ISDEAA. In contrast, Title I tribes are required to propose redesign programs. The programs are not exclusive. Tribes can choose which PSFAs (or portions thereof) to combine Title V, Title I, and direct services to best meet the needs of their communities.

This chart is a quick-reference guide for illustrative purposes. Citations are provided to assist the reader, not to replace the statute, regulations, or legal counsel.

AREA	ISDEAA TITLE I CONTRACTING	ISDEAA TITLE V COMPACTING (IHS TSGP)
Program Authority	Title I of the ISDEAA 25 U.S.C. §§ 5301-5322; 25 C.F.R. Part 900	Title V of the ISDEAA 25 U.S.C. §§ 5381-5399; 42 C.F.R. Part 137
Program Summary	Federally recognized tribes or tribal organizations contract with the IHS to plan, conduct and administer one or more eligible programs, functions, services or activities (PFSAs), or portions thereof. 25 U.S.C. § 5321	Federally recognized tribes or tribal organizations compact with the IHS to assume control over eligible programs, services, functions or activities (PSFAs), or portions thereof. 25 U.S.C. § 5384-5385(b)
Eligibility	Any federally recognized tribe, or authorized tribal organization, is eligible for Title I contracting upon request of the tribe by tribal resolution. 25 U.S.C. § 5321(a)(1); 25 C.F.R. § 900.8	Tribe or tribal organizations must (1) successfully complete a planning phase, (2) request participation in the TSGP by tribal resolution or other official action by the governing body of each tribe to be served, and (3) demonstrate three fiscal years of financial stability and financial management capability. 25 U.S.C. § 5383; 42 C.F.R. §§ 137.15-23
Documents Required	(1) A Contract that includes the model agreement in the ISDEAA and any other provisions agreed to by the parties, and (2) an Annual Funding Agreement (AFA) describing all PFSAs to be performed or administered, the associated funding, and method of payment. 25 U.S.C. § 5329; 25 C.F.R. § 900.8	(1) A Compact that sets forth the general terms of the nation-to-nation relationship between the tribe or tribal organization and the Secretary, and (2) an annual or multi- year Funding Agreement (FA) that generally identifies the PSFAs to be performed or administered by the tribe, the financial terms and conditions, and the responsibilities of the Secretary. There is no model Compact, but the ISDEAA does require some mandatory provisions.
Process	The eligible tribe or tribal organization submits a Letter or Notice of Intent. Technical assistance is provided as necessary. The tribe or tribal organization submits a Self-Determination proposal for review. A draft Contract and AFA are produced, and negotiations are held with the tribe or tribal organization. Within 90 days (or an authorized extension of time) after receipt of the proposal, the IHS must either approve the proposal and award the Contract or provide written declination of the proposal based on the five ISDEAA declination criteria. In the event of a declination, the IHS must sever and award any portion of the proposal not declined. See generally 25 U.S.C. §§ 5321-5332; 25 C.F.R. Part 900	The tribe or tribal organization produces a draft Compact and FA. The IHS ALN assembles a negotiation team and reviews the draft. Following pre-negotiation discussions, the ALN negotiates with the tribe or tribal organization on behalf of the IHS Director. See generally 25 U.S.C. §§ 5381-5399; 42 C.F.R. Part 137

AREA	ISDEAA TITLE I CONTRACTING	ISDEAA TITLE V COMPACTING (IHS TSGP)
Grants	Grants cannot be added to Title I Contracts or AFAs.	Statutorily mandated grants may be added to FAs, but are subject to certain restrictions. 25 U.S.C. § 5385(b); 42 C.F.R. §§ 137.75-77
Appeals	If a Contract proposal is declined, the tribe or tribal organization must be provided with a written statement of any objections, assistance to overcome the stated objections and a hearing on the record. A tribe or tribal organization may also initiate an action in federal district court. 25 U.S.C. §§ 5321(b), 5331; 25 C.F.R. §§ 900.28-31	If issues arise on which the parties cannot reach agreement, the tribe or tribal organization may submit a final offer to the IHS. Within 45 days, the IHS must make a determination on the final offer in accordance with the ISDEAA. A tribe or tribal organization may appeal a decision to reject all or part of a final offer with an agency hearing on the record, and the right to engage in full discovery. A tribe or tribal organization may also initiate an action in federal district court. 25 U.S.C. §§ 5387(b)-(d), 5331; 42 C.F.R. §§ 137.131-150
Redesign & Funding Reallocation	A tribe or tribal organization may redesign PFSAs with IHS approval and may rebudget funding to meet Contract requirements without IHS approval in accordance with the ISDEAA. 25 U.S.C. §§ 5324(j) & 5325(o)	A tribe or tribal organization may redesign or consolidate PSFAs and reallocate or redirect funding without IHS approval in accordance with the ISDEAA. 25 U.S.C. §§ 5385 & 5386(e); 42 C.F.R. § 137.185
Performance Monitoring	Generally, for routine monitoring, the IHS is limited to not more than two performance-monitoring visit per Contract; exceptions apply. 25 U.S.C. § 5329(c)(b)(7)(C)	No routine monitoring is required.
Mandatory Reporting	An annual agency audit as required by the Single Agency Audit Act of 1984 and a brief annual program report. All other reporting requirements are negotiable. 25 U.S.C. § 5305(c); 25 C.F.R. § 900.65	Annual single agency audit as required by the Single Agency Audit Act of 1984 and Health Status Reports. 25 U.S.C. §§ 5386(c) & 5387(a)(1); 42 C.F.R. §§ 137.165—173 & 137.200—207
Retrocession	A tribe or tribal organization may choose to retrocede individual PFSAs or the entire Contract award to the IHS. 25 U.S.C. § 5324(e); 25 C.F.R. §§ 900.240-245	A tribe or tribal organization may choose to partially or fully retrocede to the IHS any PSFA, or portion thereof, included in the FA. 25 U.S.C. § 5386(f); 42 C.F.R. § 137.185
Reassumption by the IHS	There are two types of reassumption, emergency and non-emergency, in which the IHS may rescind a Contract, in whole or in part, and take control of operating the PFSA involved. A reassumption is considered an emergency reassumption, i.e., immediate, if the IHS finds that: 1) there is an immediate threat of imminent harm to the safety of any person; and 2) such threat arises from the failure of the tribe or tribal organization to fulfill the requirements of the contract. A reassumption is considered a non-emergency reassumption if there is: 1) a violation of rights or endangerment of the health, safety, or welfare of any persons; or 2) gross negligence or mismanagement in the handling or use of Contract funds. 25 U.S.C. § 5330; 25 C.F.R. §§ 900.246-256	There are two types of reassumption, emergency and non-emergency, in which the IHS may assume the operation of a PSFA and its associated funding. The IHS may immediately reassume operation of a PSFA and its associated funding if there is a finding: 1) of imminent substantial and irreparable endangerment of the public health caused by an act or omission of the Indian tribe, and 2) the endangerment arises out of a failure to carry out the Compact or FA. The IHS may reassume operation of a PSFA and its associated funding on a non-emergency basis if there is a specific finding of: 1) imminent endangerment of the public health caused by an act or omission of the tribe or tribal organization and arising out of a failure to carry out the Compact or FA; or 2) gross mismanagement of the funds transferred to the tribe or tribal organization by the Compact and FA. 25 U.S.C. § 5387(a)(2); 42 C.F.R. §§ 137.255-265

About the IHS Office of Tribal Self-Governance

The OTSG provides information, technical assistance, and policy coordination in support of IHS self-governance activities authorized under Title V of the ISDEAA, and serves as an advocate for self-governance tribes within the IHS regarding the delivery of health care.

The OTSG is responsible for a wide range of agency functions that are critical to the agency's relationship with tribes, tribal organizations, and other American Indian and Alaska Native groups. Some of the OTSG functions include:

1. Participating in nation-to-nation ISDEAA Title V Compact and Funding Agreement negotiations and executing agreements, amendments, and payments as well as providing oversight of the ALN activities.
2. Reviewing eligibility requirements for tribes and tribal organizations to participate in the IHS TSGP and applications for the IHS TSGP Planning and Negotiation Cooperative Agreements.
3. Providing resources and technical assistance to tribes and tribal organizations for the implementation of tribal self-governance.
4. Coordinating Tribal Delegation Meetings for self-governance tribes with IHS senior officials to discuss health-related concerns on a nation-to-nation basis.
5. Developing, directing, implementing, reviewing, and recommending policies, administrative procedures and guidelines for the IHS TSGP that may affect the IHS TSGP and self-governance tribes, including advising the IHS Director on TSGP activities.
6. Arranging national ISDEAA-related meetings, including trainings, conference calls, and the Annual Tribal Self-Governance Consultation Conference in partnership with the Department of the Interior to promote the participation by all American Indian and Alaska Native tribes in IHS TSGP activities.
7. Submitting reports to Congress on the administration of the IHS TSGP, as required by 25 U.S.C. § 5394.
8. Promoting the IHS TSGAC activities by participating on the Tribal/Federal Technical Workgroup that supports the TSGAC by researching and reviewing policy issues.
9. Collaborating with tribal and federal partners to address crosscutting issues and processes, including budget formulation; self-determination issues; tribal shares methodologies; audit resolution; and emergency preparedness, response, and security.

The IHS OTSG was established to implement tribal self-governance legislation and authorities within the IHS, beginning with the IHS Tribal Self-Governance Feasibility Study authorized in 1991.

Contact Us

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