

MEMORANDUM

DATE: January 27, 2017

TO: Northwest Portland Area Indian Health Board (NPAIHB) Delegates, Tribal Health Directors and Tribal Chairs

FROM: Joe Finkbonner, NPAIHB Executive Director, RPH, and MHA

RE: Weekly NPAIHB "News and Information"

**To view a bulletin of interest, click on a title*

NPAIHB Delegates, Tribal Health Directors, Tribal Chairs

- ✦ NPAIHB Weekly Funding Opportunities Report, January 27, 2017
- ✦ IHS Letter and Report plan to expand use of community health aides
- ✦ IHS Interagency Agreement with U.S. Department of Veteran Affairs (VA)
- ✦ Seeking nominations for ACF Tribal Advisory Committee (TAC)

Seeking nominations – The Administration for Children and Families is seeking nominations from Alaska & Oregon States for the ACF Tribal Advisory Committee (ACF TAC)

- ✦ Save the Date – Summer Research Training Institute for American Indian and Alaska Native Health Professionals, Northwest Portland Area Indian Health Board, June 12-30, 2017, Portland, Oregon
- ✦ Funding Opportunity – OMH American Indian/Alaska Native Health Equity Initiative (AI/AN Health Equity Initiative)
- ✦ FDA ban on Powdered Gloves
- ✦ Native American Scholarships – Veri and Dorothy Miller Native American Scholarship, Howard Vollum American Indian Scholarship

Veri and Dorothy Miller Native American Vocational Scholarship Application Form

NPAIHB Delegates, Tribal Health Directors

- ✦ Save the Date – Direct Service Tribes Advisory Committee Quarterly Meeting Announcement, February 14-15, 2017, Arlington, Virginia

Agenda (*Draft*) – Indian Health Service Direct Service Tribes Advisory Committee (DSTAC), 2nd Quarterly Meeting, February 14-15, 2017, Arlington, VA

- ✦ Frequently Asked Question (FAQs) – Federal Funding for Services “Received Through” and HIS/Tribal Facility and Furnished in to Medicaid Eligible American Indians and Alaska Natives (SHO #16-002), January 18, 2017
- ✦ Save the Date – Patient Registration and Patient Benefits Coordination Training Information

Patient Registration & Patient Benefits Coordination Training, Sponsored by the Indian Health Service, April 18-21, 2017, Albuquerque, New Mexico

(*Draft Agenda*) – Patient Registration & Patient Benefits Coordination Training, Sponsored by the Indian Health Service, April 18-21, 2017, Albuquerque, New Mexico

NIPTC Hotels

- ✦ Save the Dates – American Indian Health Commission (AIHC), meeting dates and locations for the year
- ✦ Good Health and Wellness in Indian Country Tribal Resource Digest, Issue no. 103
- ✦ Good Health and Wellness in Indian Country Tribal Resource Digest, Issue no. 104
- ✦ Good Health and Wellness in Indian Country Tribal Resource Digest, Issue no. 105

Idaho Tribal Delegates, Tribal Health Directors

- ✦ Quarterly meeting minutes (*DRAFT*) – Idaho Tribes/State of Idaho Quarterly Meeting, November 3, 2016, Lapawi, Idaho
- ✦ Base Benchmark Plan Alignment
- ✦ Tribal Notice – 2017 COLA
- ✦ Tribal Medicaid Meeting Access
- ✦ Save the Date (*Draft Agenda*) - Idaho Tribes/Idaho Medicaid Meeting Quarterly Meeting, February 15, 2017, Boise, Idaho
- ✦ Safe the Date (*Draft Agenda*) – Tribal Self Reliance Meeting, February 16, 2017, IDHW offices, Boise, ID
- ✦ Notice posted from Division of Medicaid



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\$\$\$ ~ Weekly Funding Opportunities Report ~\$\$\$

Friday, January 27, 2017

To: Idaho Delegates, Oregon Delegates, Washington Delegates, Tribal Chairs and Tribal Health Directors

Greetings! The NPAIHB - Funding Opportunity is provided on the basis that when there is pertinent announcements that we are made aware of, received and researched for as part of our commitment to the health and well-being of our tribal members it is posted here for you. Every Friday, new posts will be available (unless there is nothing **"New"** **Funding Opportunity Information (is provided in this color code)**).

If you have a specific targeted goal, or urgent community needs and find yourself not knowing where to start looking our assistance is available anytime, and we would be very excited to assist you. Also, at the end of this announcement there are several funding organizations that do not have deadlines and do accept proposals all year round. Thank you for your time, please do not hesitate to contact me:

Tara Fox, Grant Specialist
E-mail: tfox@npaihb.org
Office Phone: (503) 416-3274



Injury Prevention Program
Indian Health Service [Funding Announcement Number: HHS-2017-IHS-IPP-0001]

DEADLINE: February 26, 2017

AMOUNT: Individual award amounts are anticipated from \$10,000 to \$25,000 for three years.

DESCRIPTION: The purpose of this IHS cooperative agreement is to promote the capability of Tribes, Indian organizations and urban Indian organizations to build and maintain sustainable, effective injury prevention programs:

- (a) Increase the understanding of the injury problem by Tribes/Indian organizations/urban Indian organizations;
- (b) promote Tribal capacity to implement effective strategies to prevent injuries in Tribal communities; and
- (c) to improve the quality of life of AI/AN people.

This cooperative agreement opportunity is available to any applicant that does not have a current IHS injury prevention cooperative agreement. There is no IHS user population requirement. Applicants will only be issued one award: Part II-IPP Effective Strategy Project. Applications should be sure to respond to the appropriate "Criteria" under Section V-Application Review Information. (Federal Register – announcement)



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OVW FY 2017 Consolidated Grant Program to Address Children and Youth Experiencing Domestic and Sexual Assault and Engage Men and Boys as Allies Solicitation Department of Justice Office on Violence Against Women

DEADLINE: Feb 16, 2017

AMOUNT: \$750,000

DESCRIPTION: This program is authorized by the FY 2012, 2013, 2014, 2015, and 2016 federal appropriation acts, which consolidated four previously authorized and appropriated programs into one comprehensive program. The Consolidated Youth and Engaging Men Program funds projects designed to provide coordinated community responses (CCR) that support child, youth and young adult victims through direct services, training, coordination and collaboration, effective intervention, treatment, response, and prevention strategies. The Consolidated Youth and Engaging Men Program provides the opportunity for communities to increase collaboration among non-profit victim service providers, community service organizations including those focused on engaging men as role models, schools, tribes and tribal governments, and local government agencies to enhance prevention, intervention, and response efforts in addressing sexual assault, domestic violence, dating violence and stalking in children, youth and young adults ages 0-24.

WEBSITE/LINK: <http://www.grants.gov/web/grants/view-opportunity.html?oppId=290959>

Domestic Violence Shelter Grant Program

DEADLINE: Domestic violence shelter grant applications are available from this web site or from The Mary Kay Foundation from January 15 to April 30 each year. We announce grant recipients in the fall to coincide with National Domestic Violence Awareness Month in October.

AMOUNT: Funds awarded by the foundation may be used for the operating budget of the applicant, with the exception of staff travel. The foundation will award a grant to at least one domestic violence shelter in every state. Any remaining funds will be distributed based on state population.

In 2016, the foundation awarded grants of \$20,000 to more than a hundred and fifty women's domestic violence shelters across the nation.

DESCRIPTION: The goal of the Mary Kay Foundation is to eliminate domestic violence. As part of this effort, the foundation makes grants to organizations in the United States that operate emergency shelters for victims of domestic violence. The grants are announced each October in observance of National Domestic Violence Awareness Month.

WEBSITE/LINK: <http://www.marykayfoundation.org/Pages/ShelterGrantProgram.aspx>



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AAFP Foundation Invites Applications for 2017 Immunization Grant Awards

DEADLINE: APRIL 12, 2017

AMOUNT: Each award provides \$11,200 in support. Up to ten awards will be presented to family medicine residency programs for use in enhancing residents' quality improvement and/or community health training while improving targeted immunization rates in either adolescent (age 11-21) or senior (age 65 and older) populations, especially those who are medically underserved.

DESCRIPTION: The American Academy of Family Physicians Foundation, the philanthropic arm of the American Academy of Family Physicians, works to advance the values of family medicine by promoting humanitarian, educational, and scientific initiatives that improve the health of all people.

In 2017, the foundation will award Immunization Awards in two categories: Adolescent Immunization and Senior Immunization.

1) Adolescent Immunization Awards: This program supports quality-improvement projects aimed at improving immunization rates in youth between the ages of 11 and 21 for the following vaccine-preventable diseases: influenza, tetanus-diphtheria-pertussis, human papillomavirus, and meningitis. This year marks the first time that the AAFP Foundation will be providing immunization awards to support FMRPs to improve immunization rates in adolescents.

2) Senior Immunization Awards: This program supports quality-improvement projects that include a community-based component aimed at improving influenza and pneumococcal immunization rates in people age 65 and older. The foundation has been providing Senior Immunization Awards since 2014. To be eligible, applicants must be a family medicine residency program. In addition, residents must be involved in the development, implementation, and reporting of the proposed project. See the AAFP Foundation website for complete program guidelines and application instructions.

WEBSITE/LINK: <http://www.aafpfoundation.org/foundation/our-work/grants-awards/all/immunization-awards/application.html>

Innovations in Mechanisms and Interventions to Address Mental Health in HIV Prevention and Care Continuum (R01) Department of Health and Human Services National Institutes of Health

DEADLINE: June 5

AMOUNT: See application.

DESCRIPTION: This Funding Opportunity Announcement (FOA) encourages applications focused on 1) advancing understanding of mechanisms by which mental health affects HIV prevention and treatment in order to identify modifiable intervention targets; and 2) developing and testing expanded interventions to improve both mental health and HIV outcomes along the entire HIV care continuum (from HIV testing to viral suppression). PA-17-136 uses the R01 grant mechanism while PA-17-137 uses the R21 mechanism. High risk/high payoff projects that lack preliminary data or utilize existing data may be most



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appropriate for the R21 mechanism, while applicants with preliminary data and/or include longitudinal analysis may wish to apply using the R01 mechanism.

WEBSITE/LINK: <http://www.grants.gov/web/grants/view-opportunity.html?oppld=291442>

Public Policy Effects on Alcohol-, Marijuana-, and Other Substance-Related Behaviors and Outcomes (R03) Department of Health and Human Services National Institutes of Health

DEADLINE: February 16, June 16

AMOUNT: See application.

DESCRIPTION: This Funding Opportunity Announcement (FOA) encourages applications to conduct research on the effects of public policies on health-related behaviors and outcomes associated with alcohol, marijuana, and other substances. The purpose of the FOA is to advance understanding of how public policy may serve as a tool for improving public health and welfare through its effects on behaviors and outcomes pertaining to alcohol and other drugs. This FOA is intended to support innovative research to examine policy effects that have the potential to lead to meaningful changes in public health. Research projects that may be supported by this FOA include, but are not necessarily limited to: causal analyses of the effects of one or multiple public policies; evaluations of the effectiveness of specific public policies as tools for improving public health through their effects on alcohol-, marijuana-, and other substance-related behaviors and outcomes; and research to advance methods and measurement used in studying relationships between public policies and alcohol-, marijuana-, and other substance-related behaviors and outcomes. The R03 Small Research Grant Program supports discrete, well-defined projects that realistically can be completed in two years and that require limited levels of funding. This program supports different types of projects including (but not limited to) pilot or feasibility studies; secondary analysis of existing data; small, self-contained research projects; and development of research methodology.

WEBSITE/LINK: <http://www.grants.gov/web/grants/view-opportunity.html?oppld=291415>

Validation of survey questions to distinguish type 1 and type 2 diabetes among adults with diabetes Department of Health and Human Services Centers for Disease Control and Prevention - ERA

DEADLINE: Feb 21, 2017 Electronically submitted applications must be submitted no later than 5:00 p.m., ET, on the listed application due date.

AMOUNT: \$500,000

DESCRIPTION: Most survey-based prevalence estimates of type 1 diabetes among adults have been based on self-reported information about a young age at diagnosis (e.g., <30 years and <40 years) and insulin use within a year of diagnosis. However, this estimation approach misses type 1 diabetes in adults with older age of onset and may misclassify some cases of type 2 diabetes as type 1 if insulin use begins soon after diagnosis. The major goal of this project is to evaluate the validity of survey questions (or algorithms based on them)



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to distinguish between adults (aged ≥18 years of age) with type 1 and type 2 diabetes in a representative sample of adult diabetic patients in a diabetes patient registry or database. Using a gold standard, validity will be assessed by examining the sensitivity, specificity, and positive predictive value of algorithms to identify type of diabetes across demographic strata such as age, sex, and race. A secondary goal is to validate definitions of type of diabetes using electronic health records.

WEBSITE/LINK: <http://www.grants.gov/web/grants/view-opportunity.html?oppId=288978>

CDC's Collaboration with Academia to Strengthen Public Health Workforce Capacity Department of Health and Human Services Centers for Disease Control - CSELS

DEADLINE: Mar 31, 2017 Electronically submitted applications must be submitted no later than 11:59 p.m., EST, on the listed application due date.

AMOUNT: \$1,000,000

DESCRIPTION: The purpose of this FOA is to advance the educational preparation of public health, medical, and baccalaureate and higher degree nursing students and provide opportunities that strengthen population health and public health practice competencies through innovative approaches which include, but are not limited to: 1) improved integration of public/population health concepts into health profession education, 2) hands-on experience for students and emerging health professionals, as well as faculty development opportunities, working with communities, professionals from related disciplines, and public health partners to address the leading causes of death and illness, 3) specific additional projects funded by CDC programs that provide workforce development opportunities in academic or public health practice settings or that introduce public health careers, and 4) programs that provide fellowships and rotational assignments at CDC's domestic offices, state, tribal, local, and territorial health departments, or in other community-based settings. The overall goal is to create the opportunities for academia to develop qualified, knowledgeable and experienced students and emerging health professionals suitably prepared to serve in governmental public health practice, or able to apply public health concepts in various healthcare or other settings, to collectively meet the challenge of improving the population's health.

WEBSITE/LINK: <http://www.grants.gov/web/grants/view-opportunity.html?oppId=291425>

Cooperative Agreements for Tribal Behavioral Health (Short Title: Native Connections) Department of Health and Human Services Substance Abuse and Mental Health Services Adminis

DEADLINE: Mar 09, 2017

AMOUNT: \$200,000

DESCRIPTION: The Substance Abuse and Mental Health Services Administration, Center for Mental Health Services (CMHS), and the Center for Substance Abuse Prevention (CSAP) are accepting applications for fiscal year (FY) 2017 Cooperative Agreements for Tribal Behavioral Health (Short Title: Native Connections). The purpose of this program is to



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prevent and reduce suicidal behavior and substance use, reduce the impact of trauma, and promote mental health among American Indian/Alaska Native (AI/AN) young people up to and including age 24. The goals of this program fall within two of SAMHSA's Strategic Initiatives: Prevention of Substance Abuse and Mental Illness, and Trauma and Justice. This program will help grantees reduce the impact of mental and substance use disorders and will foster culturally responsive models to reduce and respond to the impact of trauma on AI/AN communities through a public health approach. In addition, this grant will allow AI/AN communities to support youth and young adults as they transition into adulthood by facilitating collaboration among agencies. Native Connections grants are authorized under 520A and 516 of the Public Health Service Act, as amended. This announcement addresses Healthy People 2020 Mental Health and Mental Disorders Topic Area HP 2020-MHMD and/or Substance Abuse Topic Area HP 2020-SA.

WEBSITE/LINK: <http://www.grants.gov/web/grants/view-opportunity.html?oppId=291100>

National Lupus Outreach and Clinical Trial Education Program (Lupus Program)

DEADLINE: July 1, 2017

AMOUNT: \$250,000-\$325,000 for Priority A; \$450,000-\$550,000 for Priority B

DESCRIPTION: The Office of Minority Health (OMH) at the United States Department of Health and Human Services announces the availability of Fiscal Year 2017 grant funds for the National Lupus Outreach and Clinical Trial Education Program (Lupus Program). The Lupus Program seeks to reduce lupus related health disparities among racial and ethnic minority populations disproportionately affected by this disease by: (1) implementing a national health education program on lupus (Priority A); and (2) developing, piloting and assessing clinical trial education interventions for health care providers and paraprofessionals focusing on improving recruitment and retention rates in clinical trials for racial and ethnic minority populations affected by lupus (Priority B).

WEBSITE/LINK: <http://www.grants.gov/web/grants/view-opportunity.html?oppId=289374>

Partnerships to Achieve Health Equity (Partnership)

DEADLINE: March 31, 2017 by 5 p.m. Eastern Time

AMOUNT: \$400,000

DESCRIPTION: The Office of Minority Health (OMH), located within the Office of the Secretary of the United States Department of Health and Human Services (HHS or

Department), announces the anticipated availability of funds for Fiscal Year (FY) 2017 for grant awards for the Partnerships to Achieve Health Equity (Partnership program) under the authority of 42 U.S.C. § 300u-6 (Public Health Service Act § 1707). This notice solicits applications for the Partnership program.

The Partnership program is intended to demonstrate that partnerships between Federal agencies and organizations with a nationwide or regional reach, focus or impact can efficiently and effectively do one of the following: (1) improve access to and utilization of



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care by racial and ethnic minority and/or disadvantaged populations; (2) develop innovative models for managing multiple chronic conditions including health promotion and disease prevention for individuals with multiple chronic conditions that disparately affect racial and ethnic minorities and affect morbidity; (3) increase the diversity of the health workforce including health professionals, health researchers and health scientists through programs at the high school or 4 undergraduate level that focus on racial and ethnic health disparities and health equity, and which include mentoring as a core component; or (4) increase data availability and utilization of data that increases the knowledge base regarding health disparities and facilitates the development, implementation and assessment of health equity activities, including but not limited to the creation of new linked datasets, using longitudinal and/or linked data sets, design and test innovative models that explore the independent and interactive influences of social determinants of health on a) health behaviors, b) utilization of health services, and c) health conditions, such that causal relationships are demonstrated, and training and technical support in data use for community-based and/or public health partners engaged in health equity efforts.

Partnership projects' strategies should include innovative multi-partner collaboration, address social determinants of health, and incorporate the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (National CLAS Standards). 1

WEBSITE/LINK:

<https://www.grantsolutions.gov/gs/preaward/previewPublicAnnouncement.do?id=58588> <http://www.grants.gov/web/grants/view-opportunity.html?oppId=289362>

OVW FY 2017 Legal Assistance for Victims Grant Program Solicitation Department of Justice Office on Violence Against Women

DEADLINE: Feb 16, 2017

AMOUNT: \$800,000

DESCRIPTION: The Legal Assistance for Victims (LAV) Grant Program is intended to increase the availability of civil and criminal legal assistance needed to effectively aid adult and youth victims of sexual assault, domestic violence, dating violence, and stalking who are seeking relief in legal matters relating to or arising out of that abuse or violence, at minimum or no cost to the victims. LAV Grant Program funds may not be used to provide criminal defense services. Grant funds may be used to provide direct legal services to victims of sexual assault, domestic violence, dating violence, and stalking in matters relating to or arising out of that abuse or violence. The objective of the LAV Grant Program is to develop innovative, collaborative projects that provide quality representation to victims of sexual assault, domestic violence, dating violence, and stalking.

WEBSITE/LINK: <http://www.grants.gov/web/grants/view-opportunity.html?oppId=291021>



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Research on Reducing Violence in Communities

DEADLINE: March 15, 2017

AMOUNT: See website

DESCRIPTION: The purpose of this solicitation is to support research to produce sustainable community-level reductions in violence. NIJ seeks to develop scientific evidence and build practical knowledge of the factors that contribute to achieving enduring violence reductions in communities. NIJ is interested in receiving proposals for research with both empirical and theory-building elements that will lead to practical and generalizable recommendations. These recommendations should inform community-focused efforts to produce substantial and lasting violence reductions in communities that have suffered from persistently high levels of violence, including those funded by OJP such as the OJP Diagnostic Center and the Violence Reduction Network.

WEBSITE/LINK: <http://www.grants.gov/web/grants/view-opportunity.html?oppld=291017>

OVW FY 2017 Rural Sexual Assault, Domestic Violence, Dating Violence and Stalking Program Solicitation Department of Justice Office on Violence Against Women

DEADLINE: Feb 23, 2017

AMOUNT: \$750,000

DESCRIPTION: Victims of sexual assault, domestic violence, dating violence, and stalking in rural communities face unique challenges and barriers to receiving assistance rarely encountered in urban areas. The geographic isolation, transportation barriers, economic structure, particularly strong social and cultural pressures, and lack of available services in rural jurisdictions significantly compound the problems confronted by those seeking support and services to end the violence in their lives. These factors also complicate the ability of the criminal justice system to investigate and prosecute sexual assault, domestic violence, dating violence, and stalking cases. In addition, socio-cultural, economic, and geographic barriers create difficulties for victim services providers to identify and assist victims of these crimes. The United States Department of Justice, Office on Violence Against Women (OVW) (www.ovw.usdoj.gov) is pleased to announce that it is seeking applications for the Fiscal Year 2017 Rural Sexual Assault, Domestic Violence, Dating Violence, and Stalking Assistance Program. This program furthers the Department's mission by supporting projects designed to address and prevent sexual assault, domestic violence, dating violence, and stalking in rural jurisdictions.

WEBSITE/LINK: <http://www.grants.gov/web/grants/view-opportunity.html?oppld=291054>

NIJ FY17 Research and Evaluation on Violence Against Women: Teen Dating Violence, Sexual Violence, and Intimate Partner Violence Department of Justice National Institute of Justice

DEADLINE: Mar 20, 2017

AMOUNT: \$5,000,000



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DESCRIPTION: Violence Against Women research and evaluation is one of the major foci of NIJ's Violence and Victimization Research Division. The goals of the Violence Against Women program of research are to improve knowledge and understanding of teen dating violence, intimate partner violence, stalking, and sexual violence. NIJ strives to support objective and independent knowledge and validated tools to reduce violence against women and girls, and promote justice for victims of crime.

WEBSITE/LINK: <http://www.grants.gov/web/grants/view-opportunity.html?oppId=291274>

Massage Therapy Foundation Invites Applications for Community Service Grants

DEADLINE: APRIL 3, 2017

AMOUNT: Grants of up to \$5,000 will be awarded to nonprofit organizations that provide massage therapy to people who currently have little or no access to such services.

DESCRIPTION: The Massage Therapy Foundation advances the knowledge and practice of massage therapy through support for scientific research, education, and community service. To that end, the foundation is accepting applications for its 2015 Community Service grants program.

The program is designed to promote working partnerships between the massage therapy profession and community-based organizations. To be eligible, applicants must be a nonprofit 501(c)(3) organization or affiliate of an organization that has been in existence for at least a year and currently provides some therapeutic or other service programs to the community.

WEBSITE/LINK: <http://massagetherapyfoundation.org/grants-and-contests/community-service-grants>

Yale LGBT Studies Research Fellowship

DEADLINE: The application deadline for the 2017-2018 Fellowship is April 21, 2017.

AMOUNT: The fellowship provides an award of \$4,000, which is intended to pay for travel to and from New Haven and act as a living allowance.

DESCRIPTION: Lesbian, Gay, Bisexual, and Transgender Studies at Yale University is proud to announce the second annual Yale LGBT Studies Research Fellowship. The Fellowship is offered annually, and is designed to provide access to Yale resources in LGBT Studies for scholars who live outside the greater New Haven area.

Scholars from across the country and around the world are invited to apply for the Yale LGBT Studies Research Fellowship. This fellowship supports scholars from any field pursuing research in lesbian, gay, bisexual, transgender, and/or queer studies at Yale University, utilizing the vast faculty resources, manuscript archives, and library collections available at Yale. Graduate students conducting dissertation research, independent scholars, and all faculty are invited to apply. Scholars residing within 100 miles of New Haven are ineligible. Granted for one month, the fellowship must be taken up between September 1, 2017 and April 30, 2018. The recipient is expected to be in residence for a



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minimum of twenty days during the period of their award and is encouraged to participate in the activities of Yale University, including programs organized by Lesbian, Gay, Bisexual, & Transgender Studies, Women's, Gender, & Sexuality Studies, and the Yale Research Initiative on the History of Sexualities.

WEBSITE/LINK: <http://lgbs.yale.edu/research>

NOT HEALTH RELATED:

The Cross-Jurisdictional Sharing Small Grants Program

DEADLINE: Applications will be considered on a rolling basis from January 2 until March 31, 2017, or until all five small grants are awarded, whichever comes first.

AMOUNT: Awards will be up to \$10,000 for a project period of up to six months.

DESCRIPTION: The Center for Sharing Public Health Services (the "Center") is offering up to five small grants to organizations that wish to explore, plan, implement or improve some aspects of cross-jurisdictional sharing (CJS) in public health. This opportunity is available for 1) public health agencies, 2) organizations representing policymakers with the authority to enter into CJS agreements, or 3) their designated agents. Proposals must fall into one of two categories: 1) Proposals focused on the implementation of a specific CJS arrangement among multiple jurisdictions, or 2) Proposals that are not linked to a specific CJS arrangement but otherwise contribute to the achievement of the Center's goals described in this document.

WEBSITE/LINK: <http://phsharing.org/wp-content/uploads/2016/12/Small-Grant-Program-2017.pdf>

Voya Foundation Grants

DEADLINE: Grant requests are reviewed throughout the year. Grant applicants should check the online system for quarterly deadlines, which are subject to change.

AMOUNT: Value of grant requests must be a minimum of \$2,500.

DESCRIPTION: The Voya Foundation, the philanthropic arm of Voya Financial, works to ensure that youth are equipped with science, technology, engineering, and math (STEM) expertise and financial knowledge necessary to compete in the twenty-first century workforce and make smart financial decisions that lead to a secure retirement.

To that end, Voya is accepting applications from organizations that provide innovative and experiential K-8 STEM learning opportunities that promote an early interest in STEM career fields and improve teachers' capabilities in STEM; or that provide financial education curriculum to grade 9-12 students focused on navigating major financial milestones such as student debt, credit, home ownership, financial products and services/financial capability, and family needs.

1) STEM Education: The foundation supports organizations that fund high-quality experiential STEM learning opportunities for children in grades K-8. Programs are



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evaluated based on improvements in covered STEM concepts and increased interest in STEM careers generated over the course of the program.

2) Financial Literacy: Voya's financial literacy grants support organizations that provide financial literacy curriculum to students in high school (grades 9-12). Programs must cover student debt, credit, home ownership, investing, and understanding of financial products and services (financial capability), and family financial planning.

To be eligible, applicants must be considered tax exempt under Section 501(c)(3) of the Internal Revenue Code.

WEBSITE/LINK: <http://corporate.voya.com/corporate-responsibility/investing-communities/voya-foundation-grants>

2017 FEBRUARY

Paralyzed Veterans of America Education Foundation Invites Proposals for Innovative Educational Projects

DEADLINE: February 1, 2017

AMOUNT: The foundation supports one-year projects with a maximum of \$50,000; conferences and symposia are supported up to a maximum of \$15,000.

DESCRIPTION: Paralyzed Veterans of America advocates for better health care and benefits for paralyzed veterans, aids in their search for a truly satisfying career, and provides them with a path to adventure through adaptive sports. Through its charitable arm, the Paralyzed Veterans of America Education and Training Foundation, the organization supports educational projects that benefit, serve, and enhance the quality of life of individuals with spinal cord injury/disease, their families, and caregivers.

The foundation awards grants in five categories: consumer, caregiver, and community education; professional development and education; research utilization and dissemination; assistive technology; and conferences and symposia. Projects seeking funding should be designed to improve the quality of life for individuals with SCI/D, educate consumers about the consequences of and complications associated with SCI/D, improve the knowledge and skills of SCI/D healthcare professionals, and/or prevent the occurrence and complications of new SCI/D.

WEBSITE/LINK:

http://www.pva.org/site/c.ajIRK9NlCj2E/b.6305829/k.6E40/PVA_Education_Foundation.htm

Promoting Caregiver Health Using Self-Management (R01) - NIH

DEADLINE: February 5

AMOUNT: Application budgets are not limited but need to reflect the actual needs of the proposed project. The maximum project period is 5 years.

DESCRIPTION: The purpose of this initiative is to stimulate research in promoting caregiver health using self-management. Caregiving is an important science area since the



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number of people living longer with chronic conditions is growing. Informal caregivers (lay caregivers) are defined as unpaid individuals (spouses, partners, family members, friends, or neighbors) involved in assisting others with activities of daily living and/or medical tasks. Formal caregivers are paid, delivering care in one's home or care settings (daycare, residential care facility). This concept focuses on informal caregivers.

WEBSITE/LINK: <http://grants.nih.gov/grants/guide/pa-files/PA-17-062.html>

ELD INITIATED PROJECTS PROGRAM (DEVELOPMENT) - Department of Health and Human Services Administration for Community Living

DEADLINE: Feb 08, 2017 Electronically submitted applications must be submitted no later than 11:59 p.m., ET, on the listed application due date.

AMOUNT: \$200,000

DESCRIPTION: The purpose of the Field Initiated (FI) Projects program is to generate new knowledge through research or to develop methods, procedures, and rehabilitation technology that maximize the full inclusion and integration into society, employment, independent living, family support, and economic and social self-sufficiency of individuals with disabilities, especially individuals with the most severe disabilities. Another purpose of the FI Projects program is to improve the effectiveness of services authorized under the Rehabilitation Act of 1973, as amended. In carrying out a development activity under a FI Projects development grant, a grantee must use knowledge and understanding gained from research to create materials, devices, systems, methods, measures, techniques, tools, prototypes, processes, or intervention protocols, that are beneficial to the target population. Please note this will be the Funding Opportunity for FI Development proposals.

WEBSITE/LINK: <http://www.grants.gov/web/grants/view-opportunity.html?oppId=289877>

**Research Using Linked Data to Understand Motor Vehicle Injury Among Older Adults
Department of Health and Human Services Centers for Disease Control and
Prevention – ERA**

DEADLINE: Feb 13, 2017 Electronically submitted applications must be submitted no later than 5:00 p.m., ET, on the listed application due date.

AMOUNT: \$400,000

DESCRIPTION: Motor vehicle crashes are the second leading cause of unintentional injury death for adults aged 65 years and older. The Centers for Disease Control and Preventions National Center for Injury Prevention and Control (NCIPC) is soliciting investigator-initiated research that will help determine the utility of linked data for identifying risk factors, protective factors, and outcomes of motor vehicle crashes among older adults. A better knowledge of how motor vehicle crashes affect types of injuries and injury severity can increase the potential public health impact of motor vehicle crash prevention efforts. Effective data linkage models could be integrated into more comprehensive crash risk assessment and management strategies and, when adopted, help to decrease the rates of injuries and deaths among persons involved in motor vehicle crashes.



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WEBSITE/LINK: <http://www.grants.gov/web/grants/view-opportunity.html?oppId=286671>

Development and Evaluation of Sports Concussion Prevention Strategies Department of Health and Human Services Centers for Disease Control and Prevention - ERA

DEADLINE: Feb 16, 2017 Electronically submitted applications must be submitted no later than 5:00 p.m., ET, on the listed application due date.

AMOUNT: \$550,000 X 2 awards

DESCRIPTION: The purpose of this research is to either (a) develop and pilot test a new intervention OR (b) rigorously evaluate an existing intervention that targets young athletes participating in sports programs. Interventions should be social and behavioral in nature and can represent either primary prevention or secondary prevention of sports-related concussion. Primary prevention interventions aim to prevent sports-related concussions before they occur, while secondary prevention interventions aim to reduce the impact of concussions that have already occurred. Information gleaned from this research can inform mechanisms for change in the culture of youth sports and support multi-stakeholder approaches to promoting a positive (preventive) culture of sport to mitigate negative norms, beliefs, mores, and policies that may increase risks of concussion among young athletes.

WEBSITE/LINK: <http://www.grants.gov/web/grants/view-opportunity.html?oppId=286689>

NOT HEALTH RELATED-

FY17 Technology Innovation for Public Safety (TIPS) Addressing Precipitous Increases in Crime

Applications Due: February 7, 2017

For this solicitation, justice information-sharing technology refers to any technology (hardware and/or software, hosted residentially or remotely) that plays a role in the collection, storage, sharing, and analysis of criminal justice data.

Max. Award Amount: \$500,000

Match: No Match Required

This is not an equipment purchasing solicitation. Applications limited to equipment purchases will be ineligible and eliminated from funding consideration. To be eligible for funding under this solicitation applicants must propose solutions that will be deployed to jurisdictions that are currently experiencing precipitous or extraordinary increases in crime, in accordance with 42 U.S.C. § 3756(b)(1) to assist them in addressing these increases. To assist with the application process and verify the applicant's eligibility, a required maximum two-page document is required to be submitted with the application specifically identifying the increased crime(s) to be addressed and showing statistical data proving the increases over a two-year period.



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The TIPS Program is designed to support innovative applications of technology. It is not designed to support the purchase of new equipment, unless the equipment is directly related to the information sharing initiative, such as laptops, handheld devices, and communication equipment.

The following list includes several TIPS examples of concrete implementation targets that could address crime problems (such as violent crime, recidivism rates, cybercrimes, or increased drug trafficking) that would fall within scope of the solicitation (applicants are not limited to these areas):

- **Criminal Justice System Improvements** – Where precipitous or extraordinary increases in crime(s) can have a substantial impact on the functioning of the criminal justice system responding to such increases, it is important to invest in data-sharing technology that improves efficiency and effectiveness of information systems that facilitate exchange of information between system components. Collaboration among law enforcement, prosecutors, courts, and corrections can result in more effective crime control and identify systemwide opportunities for improvement. Enhancing the capacity of criminal justice system partners to share and analyze information seamlessly across organizational and jurisdictional borders is critical in responding to emerging crime threats.
- **Reducing Violent Crime** – Implementation of information-sharing technology solutions that enable agencies to effectively identify, assess, and respond to specific violent crime challenges. Depending on community needs, this may include targeting gun violence, aggravated assault and robberies, domestic violence, witness intimidation, or addressing violent offender recidivism and rehabilitation. DOJ's Violence Reduction Network (VRN) can provide insights into the challenges being faced by some of the country's most at-risk communities. In addition, BJA's Smart Policing Initiative (SPI) promotes effective gun violence reduction strategies (among other topics): "SMART Approaches to Reducing Gun Violence."
- **Crime Analysis and Predictive Analytics** – Even agencies that can share and collect information effectively often face challenges with understanding how to leverage that data for both tactical and strategic operations. Crime analysis is a critical tool that can help law enforcement interpret and act on information from a variety of sources to be more responsive to spikes in certain types of crime or crime within certain geographical areas. The capacity for an agency to adequately analyze data is critical to take full advantage of investments in records management systems, data integration, and software analytical tools.
- **Opioid Abuse** – The Office of National Drug Control Policy states that the considerable public health and safety consequences of nonmedical use, and inappropriate prescribing, of prescription opioids and the use of heroin and illicit fentanyl, underscore the need for action. The consequent spike in opioid overdose rates is having a profound impact on families, communities, and the criminal justice system throughout the country. Agencies facing precipitous increases in opioid-related crime may seek ways to advance their technology around data analytics and information sharing partners (such as drug courts) to deploy innovative tools and methods to make a real difference fighting the opioid epidemic. Proposals must clearly articulate how opioid use has translated to increased crime in their communities, and how proposed strategies will directly mitigate related criminal justice challenges.



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- The Economic, Cyber, High-Tech Crimes – Programs designed to enhance the capacity of state, local, territorial, and tribal criminal justice systems to prevent, investigate, and provide enforcement for economic, cyber, and high-tech crimes by implementing or enhancing programs. Emerging issues of interest to BJA include, but are not limited to, combating the commission of crimes using social networking websites, hand-held devices (e.g., cell phones, smart phones, etc.), proactive efforts to support infrastructure protection, and responsiveness should an intrusion occur. The successful applicant is expected to work with BJA's training and technical assistance (TTA) provider and other partners. This relationship is to provide real-life examples to the TTA providers to develop and enhance digital evidence resources and make them available to help educate the public safety agencies and their first responders, investigators, and the community. Applicants should address ethical and statutory requirements for collection of digital evidence, preparation of case materials for testimony, and proper format and evidence authenticated for introduction in court. A submission using this type of scenario is not intended to fund task force members' salaries, but should facilitate the sharing of data, resources, and expertise to assist their established partnerships in the investigation, prosecution, and prevention of these types of crimes.

2017 MARCH

Department of Health and Human Services Office of the Assistant Secretary for Health Announcement of Anticipated Availability of Funds for Family Planning Services Grants (Oregon entire state) Synopsis 3

DEADLINE: Mar 01, 2017 No Explanation

AMOUNT: \$100,000

DESCRIPTION: This announcement seeks applications from public and private nonprofit entities to establish and operate voluntary family planning services projects, which shall provide family planning services to all persons desiring such services, with priority for services to persons from low-income families. The Title X statute specifies that local and regional public or private nonprofit entities may apply directly to the Secretary for a Title X family planning services grant under this announcement. Funding of applications that propose to rely on other entities to provide services will take into consideration the extent to which the applicant indicates it can provide the required services and best serve individuals in need throughout the anticipated service area. For applicants that will not provide all services directly, the applicant must document the process and selection criteria it will use for providing an opportunity to receive subawards to qualified entities eligible to receive federal funds in providing services throughout the service area to meet the needs of project beneficiaries. Family planning services include clinical family planning and related preventive health services; information, education, and counseling related to family planning; and, referral services as indicated. Applicants should use the Title X legislation, applicable regulations, legislative mandates, current Program Guidelines (issued in 2014), OPA Program Policy Notices, program priorities, and other key issues included in this announcement to guide them in developing their applications.

WEBSITE/LINK: <http://www.grants.gov/web/grants/view-opportunity.html?oppId=287996>



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Department of Health and Human Services Office of the Assistant Secretary for Health Announcement of Anticipated Availability of Funds for Family Planning Services Grants (Washington entire state) Synopsis 3

DEADLINE: Mar 01, 2017 No Explanation

AMOUNT: \$100,000

DESCRIPTION: This announcement seeks applications from public and private nonprofit entities to establish and operate voluntary family planning services projects, which shall provide family planning services to all persons desiring such services, with priority for services to persons from low-income families. The Title X statute specifies that local and regional public or private nonprofit entities may apply directly to the Secretary for a Title X family planning services grant under this announcement. Funding of applications that propose to rely on other entities to provide services will take into consideration the extent to which the applicant indicates it can provide the required services and best serve individuals in need throughout the anticipated service area. For applicants that will not provide all services directly, the applicant must document the process and selection criteria it will use for providing an opportunity to receive subawards to qualified entities eligible to receive federal funds in providing services throughout the service area to meet the needs of project beneficiaries. Family planning services include clinical family planning and related preventive health services; information, education, and counseling related to family planning; and, referral services as indicated. Applicants should use the Title X legislation, applicable regulations, legislative mandates, current Program Guidelines (issued in 2014), OPA Program Policy Notices, program priorities, and other key issues included in this announcement to guide them in developing their applications.

WEBSITE/LINK: <http://www.grants.gov/web/grants/view-opportunity.html?oppId=287981>

Department of Health and Human Services Office of the Assistant Secretary for Health Announcement of Anticipated Availability of Funds for Family Planning Services Grants (Idaho entire state) Synopsis 3

DEADLINE: Mar 01, 2017 No Explanation

AMOUNT: \$100,000

DESCRIPTION: This announcement seeks applications from public and private nonprofit entities to establish and operate voluntary family planning services projects, which shall provide family planning services to all persons desiring such services, with priority for services to persons from low-income families. The Title X statute specifies that local and regional public or private nonprofit entities may apply directly to the Secretary for a Title X family planning services grant under this announcement. Funding of applications that propose to rely on other entities to provide services will take into consideration the extent to which the applicant indicates it can provide the required services and best serve individuals in need throughout the anticipated service area. For applicants that will not provide all services directly, the applicant must document the process and selection criteria it will use for providing an opportunity to receive subawards to qualified entities eligible to receive federal funds in providing services throughout the service area to meet the needs of project beneficiaries. Family planning services include clinical family planning and related



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preventive health services; information, education, and counseling related to family planning; and, referral services as indicated. Applicants should use the Title X legislation, applicable regulations, legislative mandates, current Program Guidelines (issued in 2014), OPA Program Policy Notices, program priorities, and other key issues included in this announcement to guide them in developing their applications.

WEBSITE/LINK: <http://www.grants.gov/web/grants/view-opportunity.html?oppId=287980>

Household Transmission of Influenza Viruses in the Community - Department of Health and Human Services, Centers for Disease Control and Prevention - ERA

DEADLINE: Mar 01, 2017 Electronically submitted applications must be submitted no later than 5:00 p.m., ET, on the listed application due date.

AMOUNT: \$500,000 X 3 awards

DESCRIPTION: Households constitute up to 30% of influenza virus transmission and monitoring influenza in households is important to track how influenza spreads among close contacts and to understand the clinical spectrum of influenza infection and disease. The purpose of this project is to enroll households with confirmed influenza and follow household contacts for up to two weeks to estimate the secondary infection risk and factors associated with risk of infection. This study will also estimate the effectiveness of the influenza vaccine in preventing influenza infection from close contacts. These findings are important to improve prevention and control of seasonal influenza, but also to be better prepared in the event of a future influenza pandemic.

WEBSITE/LINK: <http://www.grants.gov/web/grants/view-opportunity.html?oppId=285280>

Pilot Studies to Detect and Prevent Suicide Behavior, Ideation and Self-Harm in Youth in Contact with Juvenile Justice System (R34)

DEADLINE: March 16, 2017

AMOUNT: \$225,000

DESCRIPTION: This initiative supports research to test the effectiveness of combined strategies to both detect and intervene to reduce the risk of suicide behavior, suicide ideation, and non-suicidal self-harm (NSSI) by youth in contact with the juvenile justice system. Opportunities for detection and prevention start at early points of contact (e.g., police interaction, the intake interview) and continue through many juvenile justice settings (e.g., pre-trial detention, juvenile or family court activities, court disposition, placement and on-going care in either residential or multiple community settings.) This FOA invites intervention strategies that are designed to be delivered in typical service settings using typically available personnel and resources, to enhance the implementation of interventions that prove effective, enhance their future uptake in diverse settings, and thereby reduce risk of suicide and self-harm in this population.

WEBSITE/LINK: <http://www.grants.gov/web/grants/view-opportunity.html?oppId=284225>



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Russell Sage Foundation - The Social, Economic, and Political Effects of the Affordable Care Act

DEADLINE: Letter of Inquiry Deadline-January 9, 2017 (11am PT). Invited Proposal Deadline-March 13, 2017 (11am PT). Funding Decision- June 2017.

AMOUNT: Applications should limit budget requests to no more than a two-year period, with a maximum of \$150,000 (including overhead) per project. Presidential Awards, with a maximum budget of \$35,000 (no overhead allowed) are also available.

DESCRIPTION: Funding is available for secondary analysis of data or for original data collection. We are especially interested in novel uses of existing data, as well as analyses of new or under-utilized data. Proposals to conduct laboratory or field experiments, in-depth qualitative interviews, and ethnographies are also encouraged. Smaller projects might consist of exploratory fieldwork, a pilot study, or the analysis of existing data. The Foundation encourages methodological variety and inter-disciplinary collaboration. All proposed projects must have well-developed conceptual frameworks and research designs. Analytical models must be specified and research questions and hypotheses (where applicable) must be clearly stated.

The Affordable Care Act (ACA) of 2010 represents the most significant reform of the U.S. health care system in decades. It was enacted with the goals of increasing access to health insurance, enhancing the quality of care and moderating the growth in costs. The new law is likely to have far reaching effects, beyond the way health insurance markets operate and beyond its impact on population health outcomes. It is those other effects of the ACA that we seek to understand.

This Russell Sage Foundation initiative will support innovative social science research on the social, economic and political effects of the Affordable Care Act. We are especially interested in funding analyses that address important questions about the effects of the reform on outcomes such as financial security and family economic well-being, labor supply and demand, participation in other public programs, family and children's outcomes, and differential effects by age, race, ethnicity, nativity, or disability status. We are also interested in research that examines the political effects of the implementation of the new law, including changes in views about government, support for future government policy changes, or the impact on policy development outside of health care. Funding is available for secondary analysis of data or for original data collection. We welcome projects that propose novel uses of existing data, as well as projects that propose to analyze newly available or underutilized data. We will not fund research on the effects of the ACA on health care delivery or health outcomes (e.g., barriers to implementation, changes in the quality of care and health status, or trends in enrollment and affordability); other funders already do that.

Examples of the kinds of topics and questions that are of interest include, but are not limited to, the following:

Financial Security and Family Economic Well-Being

The Affordable Care Act represents a significant transfer of resources to low and moderate income families, in the form of subsidized health insurance. In theory, this transfer should increase total resources for target households while reducing their exposure to the



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financial risks associated with high medical bills. Is there evidence that the coverage expansion reduces risk and improves material well-being among low and moderate-income families? Do these effects translate into improved credit scores, a reduction in material hardships or even a reduction in bankruptcy rates? Do increased coverage and new subsidies for previously insured families reduce their need for precautionary savings? Do the subsidies free up financial resources for other purposes, such as greater investments in child care or education or retirement savings?

Labor Market Outcomes

Given the links between health insurance and employment, the ACA may have significant effects on both labor supply and labor demand. Does the increased availability of affordable individually purchased insurance alleviate various forms of “job-lock”? Specifically, does the reform lead to an increase in early retirement or a shift toward voluntary part-time work? Does the ACA increase self-employment and entrepreneurship? How does the availability of coverage as a dependent until age 26 affect the labor market decisions of young adults? Do the implicit tax rates associated with means-tested subsidies reduce the labor supply of lower income workers? Does the availability of insurance increase the average duration of family leave tied either to the birth of a child or the illness of other family members?

On the demand side of the market, larger firms will be subject to penalties if they do not provide affordable coverage to all employees who work more than 30 hours per week. To what extent do employers shift low-wage workers to part-time schedules to avoid these penalties? Does the employer mandate cause firms to make less use of such workers altogether? Do workers who gain employer-sponsored insurance implicitly pay for this new coverage through reduced wages or reduced total compensation? Is there a shift to smaller enterprises to avoid the penalty that the law imposes on large firms that do not provide insurance? Do employers thin out their insurance offerings (for example, move to insurance plans with greater employee cost-sharing) to hold down costs or to avoid the “Cadillac tax” on high cost plans? Do employers cease to offer insurance coverage for dependents? Does the Cadillac tax change patterns of collective bargaining by private- or public-sector unions?

Public Program Participation

The ACA’s Medicaid expansion not only extends coverage to low-income adults who were previously ineligible, but will likely also increase coverage among people who were already eligible for Medicaid but were not enrolled. Will outreach efforts aimed at enrolling people in Medicaid lead to an increase in enrollment for other means-tested programs such as the Supplemental Nutrition Assistance Program or the Earned Income Tax Credit? How does the availability of Medicaid or subsidized private health insurance affect applications for the Social Security Disability (SSDI) program or Supplemental Security Income (SSI)?

How does it affect the likelihood that individuals on SSDI or SSI will leave these programs since they will now be able to obtain coverage without remaining on one of these programs? Will the availability of insurance coverage increase labor supply among those eligible for these programs?

Family and Children’s Outcomes



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Given the potentially large impact of the ACA's coverage expansions on the financial well-being of lower income families, there may also be effects on union formation, divorce and fertility. Does the greater availability of affordable individual insurance options lead to an increase in divorce by reducing the need to remain in an unhappy marriage in order to maintain insurance coverage? Does the change in eligibility for Medicaid in states that expanded eligibility lead to an increase in marriage among women who were previously eligible for Medicaid only as single parents? To what extent do the new subsidized insurance options mitigate the negative economic consequences of divorce for women? How does increased access to effective contraception affect fertility outcomes?

To the extent that the expansion of insurance coverage improves financial well-being and reduces stress for affected families, are children in those families positively affected? For example, does reduced parental stress contribute to improved cognitive development or a reduction in problem behaviors for children? Does it improve educational outcomes?

Immigrant Outcomes

The ACA will expand the coverage options for some, but not all, immigrant groups. Undocumented immigrants will not be allowed to enroll in Medicaid, nor will they be eligible to purchase coverage through the health insurance exchanges. Thus, most of the unauthorized foreign-born will likely remain uninsured. In addition, adult legalized permanent residents currently face a five-year waiting period to qualify for most public benefits, including health insurance coverage. What does this mean for the goals of immigrant integration? What are short- and long-term costs of excluding those whose legal status is not regularized from access to health care? How will differential enrollment policies affect social and economic outcomes for mixed-status families? Will differential enrollment policies affect immigrants understanding of, and attitudes towards, the new law?

Effects on Politics, Political Culture, and Public Policy

The U.S. has a long history of channeling public support through private sector mechanisms and the tax code. Measures of public opinion show that, when asked abstract questions, Americans oppose "big government" and any infringement on "individual liberties." What explains disaffection for the ACA by both conservatives and many progressives? How much of this disaffection depends on knowledge of the law versus partisanship or ideology? How do Americans perceive the ACA—as a government program, as a system of private insurance, or otherwise? How might support for the ACA change over time? Do those who have personally benefited from ACA provisions feel differently about the law? What does the experience of states that have already implemented health exchanges suggest?

As implementation moves forward in an increasing number of states, how will Americans' personal experiences with the ACA affect their support for the law, their views of government generally, and their attitudes about future reform efforts? Does the availability of health insurance through the exchanges increase support for other reforms such as increasing the Medicare eligibility age? Will there be political pressure in non-Medicaid expansion states to expand Medicaid?

Outcomes for Underserved Groups



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Homeless adults and former inmates stand to gain coverage via the expansion of Medicaid. Many of these adults have mental health and substance abuse problems that often go untreated. Prior to the ACA they were typically uninsured. Does the ACA's increased coverage for these treatments promote re-entry for ex-offenders and promote stability among the homeless? Does improved access to health care result in better employment and family outcomes and reduced recidivism?

WEBSITE/LINK: <http://www.russellsage.org/research/funding/affordable-care-act>

2017 APRIL

Runnerclick Scholarship

DEADLINE: No later than April 30, 2017

AMOUNT: \$2000

DESCRIPTION: First a little about Runnerclick. We aim to bring you reviews on the latest and greatest from brands such as Brooks, Asics, Adidas, Nike, Saucony and many others. We also review and blog about a lot more than just running shoes, such as GPS watches, shoes made for walking, trails, standing or zumba – the list goes on.

We also offer a growing running blog with contributions from sport familiar writers, where you will find great pointers on how to successfully achieve a healthy, get rid of plantar fasciitis and active lifestyle, as well as further enhance the one you may already lead. Although our content is mostly aimed at runners of all experience levels, we believe that the information that our writers provide could be helpful to all, in general.

We feel that maintaining a healthy lifestyle, and remaining active in sports as well as other outdoor activities can be beneficial in building a strong mind and good character through sportsmanship. That is why we are proud to announce the Runnerclick scholarship, awarded to three qualified applicants each year, for an amount of \$2000 (two thousand U.S. Dollars) to each of the three winners.

We are happy to help with the growth and education that will turn out more healthy and productive members of our society, also keeping alive an athletic and competitive traditions as we develop.

We encourage anyone who is interested to apply, however there are a few necessary requirements that must be fulfilled in order to be seriously considered for one of the three annual awards. Below you will find a more specific breakdown of the scholarship details, as well as the requirements for eligibility and guidelines for your essay. If you decide to apply, you'll just need to completely follow the steps below to submit your application.

Good luck!

WEBSITE/LINK: <http://runnerclick.com/runnerclick-scholarship/>



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2017 JUNE

Regional Partnership Grants to Increase the Well-Being of, and to Improve the Permanency Outcomes for, Children Affected by Substance Abuse in American Indian/Alaska Native Communities \Department of Health and Human Services Administration for Children and Families - ACYF/CB

DEADLINE: Jun 06, 2017 Electronically submitted applications must be submitted no later than 11:59 p.m., ET, on the listed application due date.

AMOUNT: \$600,000 X 6 awards

DESCRIPTION: The purpose of this forecasted funding opportunity announcement (FOA) is to provide competitive grant funds for projects of up to 5 years, authorized by the Child and Family Services Improvement and Innovation Act (Pub. L. 112-34). This Act includes a targeted grants program (section 437(f)) that directs the Secretary of Health and Human Services to reserve funds for regional partnership grants (RPGs) to improve the well-being of children affected by substance abuse. These targeted grants will be awarded to regional partnerships that provide, through interagency collaboration and integration of programs and services and activities that are designed to increase the well-being of, improve permanency outcomes for, and enhance the safety of children who are in out-of-home placements or are at risk of entering out-of-home placements as a result of a parent's or caretaker's substance abuse. Native communities face service delivery issues that are complicated by several barriers such as, lack of early intervention for American Indian/Alaska Native (AI/AN) communities, distances to services, and lack of access to programs and services. The goal of the program, services, and activities supported by these funds is to improve the well-being of children and families affected by parental substance abuse in AI/AN communities. Per the legislative requirements, RPGs are required to select and report on performance indicators and evaluation measures to increase the knowledge that can be gained from the program. Partnerships will: Use specific, well-defined, and evidence-based programs and/or promising practices that are also trauma-informed and targeted to the identified population; Conduct an evaluation that is sufficiently rigorous to contribute to the evidence base on service delivery, outcomes and costs associated with the project's chosen interventions; Participate in the national cross-site evaluation, which includes an implementation and partnership study, an outcomes study, and an impact study. PLEASE SEE ALSO FORECAST FOR REGIONAL PARTNERSHIP GRANTS TO INCREASE THE WELL-BEING OF, AND TO IMPROVE THE PERMANENCY OUTCOMES FOR, CHILDREN AFFECTED BY SUBSTANCE ABUSE.

WEBSITE/LINK: <http://www.grants.gov/web/grants/view-opportunity.html?oppId=288214>



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2017 - FORECASTED GRANTS

Community Approaches to Reducing Sexually Transmitted Diseases (CARS)

Department of Health and Human Services

Centers for Disease Control - NCHHSTP

DEADLINE: Apr 01, 2017 Electronically submitted applications must be submitted no later than 5:00 p.m., ET, on the listed application due date.

AMOUNT: \$312,500

DESCRIPTION: The Centers for Disease Control and Prevention (CDC) announces the availability of Fiscal Year (FY) 2017 funds for a cooperative agreement with organizations with demonstrated experience and capacity of implementing community engagement methods (e.g. community-based participatory research) and multi-sector partnerships to promote sexual health, advance community wellness, influence sexual health behavior and practices, and reduce STI disparities. In accordance with the Healthy People 2020 Goals for the nation, this FOA focuses on reducing the proportion of adolescents and young adults with Chlamydia trachomatis infections, reducing Chlamydia rates among females aged 15-44 years, reducing gonorrhea rates, reducing sustained domestic transmission of primary and secondary syphilis, congenital syphilis, GC incidence, and reducing the proportion of young adults with genital herpes infection due to herpes simplex type 2. The new FOA provides support in five focus areas. These focus areas are: (1) implementation of community engagement methods (e.g. community-based participatory research) to achieve health equity; (2) identification and implementation of systems and environmental change strategies that (a) promote sexual health and support healthy behaviors and (b) facilitate community-clinical linkages to build support for interventions to prevent and reduce STI disparities; (3) enhancement and sustainability of partnerships; (4) support for communication strategies to promote STD program successes and leverage additional resources for STI control and prevention; and (5) evaluation of the efficacy of this approach and intervention implementation. Measureable outcomes are: 1. Community Engagement: Community members actively participate in and are satisfied with Community Advisory Board (CAB); perceived power among CAB members; community social determinants of health priority are identified; community involved in design of interventions to reduce STD disparities; increased linkages with and access to target groups. 2. Identification and implementation of system and environmental strategies: Existing clinical resources identified; community priorities and effective community-designed interventions are implemented, evaluated, and sustained; positivity and treatment rates from community events and STD screenings are documented; decrease in exposure to social disorder (e.g., presence of trash, lack of community cooperation); decrease in risky sexual behavior; decrease in STD disparities; 3. Multi-sectorial partnerships: New and stable partnerships are formed; partner resources and influence are used to implement, evaluate, and community-designed interventions; 4. Communication: Increased awareness of STD disparities and sexual health issues through mixed-modal communication methods including social media; increased access to and use of community health resources and support services by target groups most impacted by STD disparities; increased access to and use of educational opportunities by target groups; implementation of effective health equity and sexual health communication methods. This FOA is designed to begin on September 30, 2017 and replaces FOA PS14-1406



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WEBSITE/LINK: <http://www.grants.gov/web/grants/view-opportunity.html?oppId=290103>

2017- MAY

Interventions for Health Promotion and Disease prevention in Native American Populations (R01)

DEADLINE: May 12, 2017, by 5:00 PM local time of applicant organization.

AMOUNT: Application budgets are not limited, but need to reflect the actual needs of the proposed project. The project period is limited to five years.

DESCRIPTION: The purpose of this funding opportunity announcement (FOA) is to develop, adapt, and test the effectiveness of health promotion and disease prevention interventions in Native American (NA) populations. NA populations are exposed to considerable risk factors that significantly increase their likelihood of chronic disease, substance abuse, mental illness, oral diseases, and HIV-infection. The intervention program should be culturally appropriate and promote the adoption of healthy lifestyles, improve behaviors and social conditions and/or improve environmental conditions related to chronic diseases, the consumption of tobacco, alcohol and other drugs, mental illness, oral disease, or HIV-infection. The intervention program should be designed so that it could be sustained within the entire community within existing resources, and, if successful, disseminated in other Native American communities. The long-term goal of this FOA is to reduce mortality and morbidity in NA communities. For the purposes of this FOA Native Americans include the following populations: Alaska Native, American Indian, and Native Hawaiian. The term 'Native Hawaiian' means any individual any of whose ancestors were natives, prior to 1778, of the area which now comprises the State of Hawaii.

WEBSITE/LINK: <http://grants.nih.gov/grants/guide/pa-files/PA-14-260.html>

Food Protection Task Force (FPTF) and Integrated Food Safety System (IFSS) Project Grant Program (R18) - Department of Health and Human Services Food and Drug Administration

DEADLINE: May 16, 2017

AMOUNT: \$10,000 x 20

DESCRIPTION: This Funding Opportunity Announcement (FOA), issued by the Food and Drug Administration under the support for Research Demonstration and Dissemination Projects (R18), is to solicit applications from organizations that propose to develop, test, and evaluate food safety and food defense health service activities and to foster the application of existing knowledge for the control of categorical and food related diseases and illnesses. Grantees will also organize Food Protection Task Force meetings and support related research activities, foster communication, cooperation and collaboration within the States among federal, state, local, tribal and territorial food protection, public health, agriculture, and regulatory agencies.

WEBSITE/LINK: <http://www.grants.gov/web/grants/view-opportunity.html?oppId=283029>



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2017 JUNE

2017 - FORECASTED GRANTS

Occupational Safety and Health Research (R01) - Department of Health and Human Services, Centers for Disease Control and Prevention - ERA

DEADLINE: Jun 05, 2017 Electronically submitted applications must be submitted no later than 5:00 p.m., ET, on the listed application due date.

AMOUNT: \$400,000 X 16 awards

DESCRIPTION: The purpose of this grant program is to develop an understanding of the risks and conditions associated with occupational diseases and injuries, to explore methods for reducing risks and for preventing or minimizing exposure to hazardous conditions in the workplace, and to translate significant scientific findings into prevention practices and products that will effectively reduce work-related illnesses and injuries.

WEBSITE/LINK: <http://www.grants.gov/web/grants/view-opportunity.html?oppId=290108>

Hospice and Palliative Nurses Foundation

DEADLINE: July 1, 2017

AMOUNT: A single grant of up to \$15,000 will be awarded.

DESCRIPTION: The Hospice and Palliative Nurses Foundation, the charitable arm of the Hospice and Palliative Nurses Association, is accepting applications for its Certification Research Grant program.

The HPNF Certification Research Grant is intended to provide investigators with resources to conduct exploratory, pilot, or feasibility studies that will lead to larger scale projects linking certification with patient outcomes. Examples include collecting preliminary data about the distribution of certification qualifications among staff of different types of organizations or examining datasets from healthcare systems for patterns of staffing and outcomes. To be eligible, the principal investigator must be actively involved in some aspect of hospice and palliative care practice, education, or research; hold a master's or doctoral degree or be enrolled in a doctoral program; and have a project that is consistent with the purpose of the research grant. Preference will be given to HPNA members.

For complete program guidelines and application instructions, see the HPNF website.

WEBSITE/LINK: <http://hpnf.advancingexpertcare.org/research/research-grant-opportunities/>



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2017 JULY

Global Infectious Disease Research Training Program (D43)

DEADLINE: Letter of Intent Due Date(s) -30 days prior to the application due date. July, 27, 2017

AMOUNT: Applications budgets are limited to \$230,000 per year for new awards and \$276,000 per year for renewal awards (total direct costs). The maximum project period is up to 5 years.

DESCRIPTION: This Funding Opportunity Announcement (FOA) encourages applications for the Global Infectious Disease Research Training program from U.S. and LMIC research institutions. The application should propose a collaborative research training program that will strengthen the capacity of a LMIC institution to conduct infectious disease research that focuses on 1) major endemic or life-threatening emerging infectious diseases 2) neglected tropical diseases 3) infections that frequently occur as co-infections in HIV infected individuals or 4) infections associated with non-communicable disease conditions of public health importance in LMICs. FIC will support innovative research training programs that are designed to build sustainable infectious disease research capacity at an institution in an endemic LMIC. Sustainable infectious disease research capacity is known to require a critical mass of scientists and health research professionals with in-depth scientific expertise and complementary leadership skills that enable the institution to conduct independent, internationally-recognized infectious disease research relevant to the health priorities of their country.

WEBSITE/LINK: <http://grants.nih.gov/grants/guide/pa-files/PA-17-057.html>

NO DEADLINE - GRANT RESOURCE INFORMATION:

Evidence for Action: Investigator-Initiated Research to Build a Culture of Health

DEADLINE:

Informational Web Conferences:

Lessons Learned from a Year of Evidence for Action Grant Reviews

February 18, 2016 from 1:30-2:30 p.m. ET (10:30-11:30 a.m. PT)

Registration is required.

Archived Web Conferences

Informational Web Conferences were scheduled for June 3, 2015 and July 22, 2015
Recordings for both events are now available.

June 3, 2015 web conference recording available here.

July 22, 2015 web conference recording available here.



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Timing: Since applications are accepted on a rolling basis, there is no deadline for submission. Generally, applicants can expect to be notified within 6-8 weeks of their LOI submission. Applicants invited to the full proposal stage will have 2 months to submit their proposal once they receive notification. Full proposal funding decisions will generally be made within 6-8 weeks of the submission deadline.

AMOUNT: Approximately \$2.2 million will be awarded annually. We expect to fund between five and 12 grants each year for periods of up to 30 months. We anticipate that this funding opportunity will remain open for at least a period of three years; however, decisions about modifications to the program and the duration of the program will be made by RWJF at its sole discretion.

DESCRIPTION: Evidence for Action: Investigator-Initiated Research to Build a Culture of Health is a national program of RWJF that supports the Foundation's commitment to building a Culture of Health in the United States. The program aims to provide individuals, organizations, communities, policymakers, and researchers with the empirical evidence needed to address the key determinants of health encompassed in the Culture of Health Action Framework. In addition, Evidence for Action will also support efforts to assess outcomes and set priorities for action. It will do this by encouraging and supporting creative, rigorous research on the impact of innovative programs, policies and partnerships on health and well-being, and on novel approaches to measuring health determinants and outcomes.

WEBSITE: http://www.rwjf.org/en/library/funding-opportunities/2015/evidence-for-action-investigator-initiated-research-to-build-a-culture-of-health.html?rid=3u0aFeLLcJROtLce2ecBeg&et_cid=469879

Changes in Health Care Financing and Organization: Small Grants

DEADLINE: Grants are awarded on a rolling basis; proposals may be submitted at any time.

AMOUNT: This solicitation is for small grants of \$100,000 or less.

DESCRIPTION: Changes in Health Care Financing and Organization (HCFO) supports research, policy analysis and evaluation projects that provide policy leaders timely information on health care policy, financing and organization issues. Supported projects include:

examining significant issues and interventions related to health care financing and organization and their effects on health care costs, quality and access; and

exploring or testing major new ways to finance and organize health care that have the potential to improve access to more affordable and higher quality health services.

Eligibility and Selection Criteria

Researchers, as well as practitioners and public and private policy-makers working with researchers, are eligible to submit proposals through their organizations. Projects may be initiated from within many disciplines, including health services research, economics, sociology, political science, public policy, public health, public administration, law and business administration. RWJF encourages proposals from organizations on behalf of



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researchers who are just beginning their careers, who can serve either individually as principal investigators or as part of a project team comprising researchers or other collaborators with more experience. Only organizations and government entities are eligible to receive funding under this program.

Preference will be given to applicants that are either public entities or nonprofit organizations that are tax-exempt under Section 501(c) (3) of the Internal Revenue Code and are not private foundations as defined under Section 509(a).

Complete selection criteria can be found in the Call for Proposals.

WEBSITE: <http://www.rwjf.org/en/grants/funding-opportunities/2011/changes-in-health-care-financing-and-organization--small-grants.html>

The National Children's Alliance

Deadline: <http://www.nationalchildrensalliance.org/>

Amount: See website

Description: The National Children's Alliance has a Request for proposals to help support the development of CACs and Multidisciplinary Teams. NACA encourages all tribal communities to apply. They can offer FREE technical support to help you with your application.

➤ Common Wealth Fund

The Commonwealth Fund encourages and accepts unsolicited requests on an ongoing basis. The Fund strongly prefers grant applicants to submit letters of inquiry using the online application form. Applicants who choose to submit letters of inquiry by regular mail or fax should provide the information outlined in a two- to three-page document.

They fund:

- Delivery System Innovation and Improvement
- Health Reform Policy

➤ Health System Performance Assessment and Tracking

<http://www.commonwealthfund.org/Grants-and-Programs/Letter-of-Inquiry.aspx>

➤ Kaboom! Invites Grant Applications to Open Previously Unavailable Playgrounds

Deadline: **KaBOOM!** is inviting grant applications from communities anywhere in the United States working to establish joint use agreements to re-open playground and recreational facilities previously unavailable due to safety and upkeep concerns. (No specific deadline.)

Amount: Let's Play Land Use grants of \$15,000 and \$30,000 will support creation of joint-use agreements between local governments and school districts that address cost concerns related to safety, vandalism, maintenance, and liability issues to re-open previously unavailable playgrounds and recreational facilities.



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The \$15,000 grants will support the opening of at least four playgrounds in cities with populations of less than 100,000 people. The \$30,000 grants will support the opening of at least eight playgrounds in larger communities.

Description: Grants can be used for training and technical assistance, utilities and other building related to the extra use of the facility, legal fees, contract security

services, and marketing campaigns related to the joint-use agreement. Grant recipients must commit to opening the playgrounds within twelve months of the grant decision.

Complete grant application guidelines are available on the KaBOOM! website:

http://kaboom.org/about_kaboom/programs/grants?utm_source=direct&utm_medium=surl

➤ **Meyer Memorial Trust**

Deadline: Monthly (Except January, April and August)

Amount: Range generally from \$40,001 to \$300,000 with grant periods from one to two (and occasionally three) years.

Description: Responsive Grants are awarded for a wide array of activities in the areas of human services, health, affordable housing, community development, conservation and environment, public affairs, arts and culture and education. There are two stages of consideration before Responsive Grants are awarded. Initial Inquires are accepted at any time through MMT's online grants application. Applicants that pass initial approval are invited to submit full proposals. The full two-step proposal investigation usually takes five to seven months. <http://www.mmt.org/program/responsive-grants>

➤ **Kellogg Foundation Invites Applications for Programs that Engage Youth and Communities in Learning Opportunities**

Deadline: No Deadline

Amount: No Amount Specified

Description: The W.K. Kellogg Foundation is accepting applications from nonprofit organizations working to promote new ideas about how to engage children and youth in learning and ways to bring together community-based systems that promote learning. The foundation will consider grants in four priority areas: Educated Kids; Healthy Kids; Secure Families; and Civic Engagement.

Educated Kids: To ensure that all children get the development and education they need as a basis for independence and success, the foundation seeks opportunities to invest in early child development (ages zero to eight) leading to reading proficiency by third grade, graduation from high school, and pathways to meaningful employment.



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Healthy Kids: The foundation supports programs that work to ensure that all children grow and reach optimal well-being by having access to fresh, healthy food, physical activity, quality health care, and strong family supports.

Secure Families: The foundation supports programs that build economic security for vulnerable children and their families through sustained income and asset accumulation.

Civic Engagement: The foundation partners with organizations committed to inclusion, impact, and innovation in solving public problems and meeting the needs of children and families who are most vulnerable.

See the Kellogg Foundation Web site for eligibility and application guidelines.

http://foundationcenter.org/pnd/rfp/rfp_item.jhtml?id=411900024#sthash.8WbcfRk.dpuf

• W.K. Kellogg Foundation

Deadline: The Kellogg Foundation does not have any submission deadlines. Grant applications are accepted throughout the year and are reviewed at their headquarters in Battle Creek, Michigan, or in our regional office in Mexico (for submissions focused within their region).

Amount: NO LIMIT (Please read restrictions/What they won't fund.)

Description: What to Expect Once they receive your completed online application, an automated response, which includes your WKKF reference number, will be sent to you acknowledging its receipt. Their goal is to review your application and email their initial response to you within 45 days. Your grant may be declined or it may be selected for further development.

As part of review process you may be asked to submit your organization's financial reports and/or IRS Form 990. While this information may be required, it is not intended to be the overall determining factor for any funding. You will not be asked to provide any financial reports or detailed budget information during this initial submission. They will only request this information later if needed as part of the proposal development.

If you would like to speak with someone personally, please contact the Central Proposal Processing department at (269) 969-2329. <http://www.wkkf.org/>

+ **AHRO Research and Other Activities Relevant to American Indians and Alaska Natives**

<http://www.ahrq.gov/research/findings/factsheets/minority/amindbrf/index.html>

Community Grant Program- WALMART

DEADLINE: The 2016 grant cycle begins Feb. 1, 2016 and the application deadline to apply is Dec. 31, 2016. **Application may be submitted at any time during this funding cycle. Please note that applications will only remain pending in our system for 90 days.**



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AMOUNT: Awarded grants range from \$250 to \$2,500.

DESCRIPTION: Through the Community Grant Program, our associates are proud to support the needs of their communities by providing grants to local organizations.

WEBSITE: <http://giving.walmart.com/apply-for-grants/local-giving>

SCHOLARSHIP:

The Meyerhoff Adaptation Project -

The Meyerhoff Scholars Program is open to all high-achieving high school seniors who have an interest in pursuing doctoral study in the sciences or engineering, and who are interested in the advancement of minorities in the sciences and related fields. Students must be nominated for the program and are most typically nominated by their high school administrators, guidance counselors, and teachers. Awards range from \$5,000 – \$22,000 per year for four years.

The Meyerhoff Selection Committee considers students academic performance, standardized test scores, recommendation letters, and commitment to community service. Scholars are selected for their interests in the sciences, engineering, mathematics, or computer science, as well as their plans to pursue a Ph.D. or combined M.D./Ph.D. in the sciences or engineering. Reviewing the freshman class profile may provide an idea of the kinds of students who are admitted to UMBC and the Meyerhoff Scholars Program.

Applicants are expected to have completed a strong college preparatory program of study from an accredited high school. The minimum program of study should include:

English: four years

Social Science/History: three years

Mathematics*: three years

Science: three years

Language other than English: two years

*Students are strongly recommended to have completed four years of mathematics, including trigonometry, pre-calculus, and/or calculus.

Eligibility Criteria

To be considered for the Meyerhoff Scholars Program, prospective students must have at least a “B” average in high school science or math courses, and many applicants have completed a year or more of calculus. Preference is given to those who have taken advanced placement courses in math and science, have research experience, and have strong references from science or math instructors. In recent years, a strong preference has been given to those students interested in the Ph.D. or M.D./Ph.D. (over the M.D.).

Students must meet all eligibility requirements:



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Minimum of 600 on the Math component of the SAT

Cumulative High School GPA of a 3.0 or above

Aspire to obtain a Ph.D. or M.D./Ph.D. in Math, Science, Computer Science, or Engineering

Display commitment to community service

Must be a citizen or permanent resident of the United States

WEBSITE:

<http://meyerhoff.umbc.edu/how-to-apply/benefits-and-eligibility/>

~ONLY FOR WASHINGTON STATE UNIVERSITY~

First Scholars – The Suder Foundation

DEADLINE:

AMOUNT: The goal of the First Scholars program is to help first-generation college students succeed in school, graduate, and have a life complete with self-awareness, success and significance. Scholars receive personalized support, including a four-year renewable scholarship of \$5,000. The program is open to incoming first-time, full-time freshmen whose parents have no more than two years of education beyond high school and no post-secondary degree.

DESCRIPTION: The First Scholars™ Program is available to incoming first-time, full-time freshmen whose parents have no more than two years of education beyond high school and no post-secondary degree. Participation in First Scholars™ includes a four-year renewable scholarship, half disbursed in the fall semester and half disbursed in the spring semester. Students can receive the award depending on eligibility requirements for a total of 4 years if program requirements are met.

This scholarship is open to Washington residents who enroll at Washington State University - Pullman full-time during the 2016-2017 academic year. The program requires that the recipients live on campus in a specified residence hall for the 2016-2017 academic year, and outside of the family home the following three academic years in order to renew the scholarship.

First-generation students represent a cross-section of America and college campus demographics. First Scholars come from diverse cultural, socioeconomic, geographic and family backgrounds and experiences. First-gen students are found in all departments and colleges of virtually every major public university across the country. Our affiliate universities have an average 30-50% first-gen enrollment and the number keeps rising. However, the average national graduation rate for first-generation students is only 34%, compared with 55% for the general student population.

WEBSITE: <http://firstscholars.wsu.edu/>

Education Award Applications –The American College of Psychiatrists

DEADLINE: June 30



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AMOUNT: (SEE WEBSITE)

DESCRIPTION: The Award for Creativity in Psychiatric Education is open to any creative/innovative program for psychiatric education that has been in operation for at least two years, and has been a part of a U.S. or Canadian approved psychiatric residency training program. Trainees may include: medical students, residents, other physicians, allied mental health professionals, or members of the community. The Committee selects an awardee in the fall; all applicants are notified of the Committee's decision by November 15.

WEBSITE: <http://www.acpsych.org/awards/education-award-applications-deadline-december-1>

VETERANS

VFW Accepting Applications From Veterans for Emergency Financial Assistance

DEADLINE: Open

AMOUNT: Grants of up to \$5,000 will be awarded to active and discharged military service members who have been deployed in the last six years and have run into unexpected financial difficulties as a result of deployment or other military-related activity or natural disaster....

DESCRIPTION: As the nation's largest organization of combat veterans, we understand the challenges veterans, service members and military families can face and believe that experiencing financial difficulties should not be one of them. That's the premise behind the VFW's Unmet Needs program.

Unmet Needs is there to help America's service members who have been deployed in the last six years and have run into unexpected financial difficulties as a result of deployment or other military-related activity. The program provides financial aid of up to \$5,000 to assist with basic life needs in the form of a grant -not a loan- so no repayment is required. To further ease the burden, we pay the creditor directly.

Since the program's inception, Unmet Needs has distributed over \$5 million in assistance to qualified military families, with nearly half of those funds going directly toward basic housing needs.

The needs of our veterans, service members and their families should never go unmet. Let us offer you a hand up when you need it!

Please review the Unmet Needs eligibility criteria to see if you or someone you know qualifies for a grant through the Unmet Needs program.

WEBSITE:

<http://www.vfw.org/UnmetNeeds/?gclid=CjwKEAIAhPCyBRctwMDS5tzT03gSJADZ8VjRw5RxJw1br5NTowrY1NFzylowGtdvOagXa3LHyYK PRoCB4Hw wCB>



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RWJF: Submit a Pioneering Idea Brief Proposal - Throughout the year, we welcome Pioneering Ideas Brief Proposals that can help us anticipate the future and consider new and unconventional perspectives and approaches to building a Culture of Health.

DEADLINE: Open

AMOUNT: See site

DESCRIPTION: The goal of the Pioneering Ideas Brief Proposal funding opportunity is to explore; to look into the future and put health first as we design for changes in how we live, learn, work and play; to wade into uncharted territory in order to better understand what new trends, opportunities and breakthrough ideas can enable everyone in America to live the healthiest life possible.

While improving the status quo is vital to the health and well-being of millions of Americans now, the Pioneering Ideas Brief Proposal opportunity reaches beyond incremental changes to explore the ideas and trends that will influence the trajectory and future of health. Ultimately, we support work that will help us learn what a Culture of Health can look like—and how we can get there.

What is a Pioneering Idea?

Good question! We don't want to provide a checklist that limits your thinking—or ours. We do want to give you as clear a picture as we can about the kinds of proposals we hope to see, so you can best assess whether submitting an idea through our Pioneering Ideas Brief Proposal process is the right next step for you. Our application form allows you to introduce your idea; if it seems to be a fit for our portfolio we will reach out for more information.

We share some examples below of Pioneering Ideas we have funded in the past to give you a sense of where we've been. Keep in mind that ultimately, we need you to challenge us, and to tell us where we should be going and what ideas have the most potential to transform the way we think about health. As you review the examples below, you may notice some shared themes or characteristics which:

Challenge assumptions or long-held cultural practices.

Take an existing idea and give it a new spin—or a novel application.

Offer a new take or perspective on a long-running, perplexing problem.

Apply cutting-edge ideas from other fields to health.

Explore the potential for emerging trends to impact our ability to build a Culture of Health.

WEBSITE/LINK: http://www.rwjf.org/en/how-we-work/submit-a-proposal.html?rid=CR0RfoW1kVrIxFKudcSYjL9Zh7yWU63VdhdaVE2UAc&et_cid=639126



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IDAHO & WASHINGTON - ONLY

ASPCA Northern Tier Shelter Initiative Coalition Grants

DEADLINE: No Deadline

AMOUNT: Grant amounts will vary depending on project. A site visit may be required as part of the review process or as a condition of receiving the grant funds. Consultation services may be offered as part of a grant package.

DESCRIPTION: Priority will be given to coalitions working toward long-term, systemic, and sustainable community/regional improvements in animal welfare services. This may include (but not limited to) programs that:

Increase capacity to provide quality animal care and services by:

Improving protocols around vaccination on intake, disease spread prevention, decreased length of stay, physical and behavioral care of sheltered pets

Improving capacity to provide basic health services including spay/neuter and vaccines for animals at risk in the community.

Increase coalition live release rate via:

Fee-waived adoption programs and policies

High-volume adoption events

Foster programs

Relocation initiatives within the seven Northern Tier target states

Decrease shelter intake via:

Lost and found programs

Return to owner in the field

Pet retention assistance, such as safety net programs

Re-homing assistance

WEBSITE: <http://aspcapro.org/grant/2016/05/06/aspcanorthern-tier-shelter-initiative-coalition-grants>



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Healthy Native Babies Outreach Stipend Application

DEADLINE: Applications will be accepted on a rolling basis as funds are available.

AMOUNT: \$1500

DESCRIPTION: The Healthy Native Babies Project, a project of the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD), has created culturally appropriate materials with safe infant sleep messages for American Indian and Alaska Native communities. These materials can be tailored for local communities by selecting various photos, graphic designs, and phrases in Native languages from the Healthy Native Babies Project Toolkit Disk. Outreach stipends are available for printing customized outreach materials to disseminate in your community. Recipients must be from one of the following Indian Health Service (IHS) Areas: Alaska, Bemidji, Billings, Great Plains, and Portland. Information on IHS Areas can be found at: <https://www.ihs.gov/locations/>.

WEBSITE/LINK: <http://files.constantcontact.com/913a319f001/8e50ceae-d3be-462e-be3d-3216455225bc.pdf?ver=1470849886000>

Good Sports Accepting Applications for Sports Equipment Program

DEADLINE: *ROLLING FUNDING*

AMOUNT: While the equipment, apparel, and footwear received through the program are free, recipients are expected to pay shipping and handling costs, which amount to roughly 10 percent of the donation value, with a maximum fee of \$1,500.

DESCRIPTION: Good Sports helps lay the foundation for healthy, active lifestyles by providing athletic equipment, footwear, and apparel to disadvantaged young people nationwide. By working closely with teams, coaches, and community leaders across the United States, the organization is able to focus on the respective needs of each individual program and help offset the main factors causing the greatest challenges.

Good Sports is accepting applications from organizations and schools for equipment, apparel, and footwear for a wide range of sports. Organizations that are approved will have access to equipment, apparel, and footwear inventory for a two-year period. During that time, organizations can make up to six separate donation requests — as long as need is well documented, donations will be granted. There is no need to resubmit a full application again during the two-year period.

To be eligible, applicants must directly serve youth between the ages of 3 and 18; serve youth in an economically disadvantaged area; be located in North America (the U.S. and Canada); and operate an organized sport, recreational activity, or fitness program that offers consistent and structured opportunity for play to large groups of children. Schools must apply as a whole; applications for individual programs within a school will not be considered. Donation requests for short-term events such as sports camps and tournaments or to individual athletes will not be considered.

Applications are reviewed on a rolling basis. It is recommended, however, that organizations apply at least eight weeks prior to the start of their particular season or program to ensure the desired equipment can be accessed and shipped on time.



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WEBSITE/LINK: <https://www.goodsports.org/apply/>

Good Sports Accepting Applications for **Athletic Equipment Grants**

DEADLINE: *ROLLING FUNDING*

AMOUNT: You will be required to sign a release form and pay a shipping and handling fee with each donation. This will always equal 10% of the total retail value of the items; for example, if the total value of your items equals \$2,000, you will be asked to provide \$200, etc.

DESCRIPTION: Good Sports in Quincy, Massachusetts, is a nonprofit whose mission is to increase youth participation in sports, recreation, and fitness activities.

To that end, the organization provides sports equipment, apparel, and footwear to youth organizations offering sports, fitness, and recreational programs to youth in need.

To be eligible, organizations must directly serve youth between the ages of 3 and 18 in an economically disadvantaged area; be located in North America (U.S. and Canada); and operate an organized sport, recreational activity, or fitness program that offers consistent and structured opportunity for play to large groups of children. Winning organizations may make up to six equipment requests within a two-year period. Winners will be responsible for operational costs, including equipment shipping, up to \$1,500.

WEBSITE/LINK: <http://www.goodsports.org/apply/>

The Indian Health Service posted a Dear Tribal Leader Letter and Report that outlines the process the agency will use to finalize a policy and implementation plan to expand the use of community health aides in American Indian and Alaska Native health programs across the country.

This letter is available via the below link at the Tribal Leader Letter page on the IHS website.

[The Principal Deputy Director writes to Tribal Leaders to provide an update to the June 1, 2016, letter which initiated a Tribal Consultation on the Indian Health Service draft policy statement on creating a national IHS Community Health Aide Program.](#) [PDF - 102 KB]

- [Enclosure: Report on the Tribal Consultation for the Indian Health Service Policy Statement on Creating a National Indian Health Service Community Health Aide Program.](#) [PDF - 52 KB]

On January 6, the Indian Health Service issued a Dear Tribal Leader Letter to announce that the IHS recently signed an Interagency Agreement with the U.S. Department of Veterans Affairs (VA) authorizing the IHS to use the VA Veterans Health Administration's Consolidated Mail Outpatient Pharmacy (CMOP). With this development, Tribes and Tribal organizations with Indian Self-Determination and Education Assistance Act (ISDEAA) agreements will now be able to access the CMOP through the National Supply Service Center (NSSC).

This letter is available on the IHS website on the Tribal Leader Letters page via the link below.

January 6, 2017

The Principal Deputy Director writes to Tribal Leaders to announce that the Indian Health Service (IHS) recently signed and Interagency Agreement with the U.S. Department of Veterans Affairs (VA) authorizing the IHS to use the VA Veterans Health Administration's Consolidated Mail Outpatient Pharmacy (CMOP). [PDF - 727

KB]

- [Enclosure: VA and IHS CMOP Interagency Agreement](#) [PDF - 422 KB

Dear Colleagues:

The Administration for Children and Families (ACF) is seeking nominations [from Alaska & Oregon States](#) for the **ACF Tribal Advisory Committee** (ACF TAC). The purpose of the ACF TAC is to strengthen the government-to-government relationships and guide the Assistant Secretary for ACF and the principals of the program offices in their administration of programs and services to benefit American Indian and Alaska Natives. Discussions held by the ACF TAC do not take the place of tribal consultation, but serve to increase understanding between the federal government and tribes on the myriad programs administered by ACF.

Due to a recent reorganization of the TAC areas, we have 20 positions to fill. The attached letter had the details on the nomination process. For more information about the TAC please visit <http://www.acf.hhs.gov/initiatives-priorities/tribal>

Sincerely,

Ms. Stacey Ecoffey
Acting Deputy Assistant Secretary for Native American Affairs
Administration for Native Americans
Administration for Children and Families
U.S. Department of Health and Human Services



ADMINISTRATION FOR
CHILDREN & FAMILIES

Office of the Assistant Secretary | 330 C Street, S.W., Suite 4034
Washington, DC 20201 | www.acf.hhs.gov

January 5, 2017

Dear Tribal Leader:

The Administration for Children and Families (ACF) is seeking nominations for the ACF Tribal Advisory Committee (TAC). The purpose of the TAC is to strengthen the government-to-government relationships and guide the Assistant Secretary of ACF and the principals of the program offices in their administration of programs and services to benefit American Indian and Alaska Natives. Discussions held by the TAC do not take the place of tribal consultation, but serve to increase understanding between the federal government and tribes on the myriad programs administered by ACF.

Because ACF funds and administers a diverse array of grant programs and contracts to expand and enhance programs to improve the quality, availability, and range of children, youth, and family services in local communities, we are interested in achieving a balance of representation of tribal leaders with experience or interest in community services, domestic violence, child support enforcement, Head Start, child care, child welfare, Temporary Assistance for Needy Families, and other ACF-related program areas for this committee.

ACF will arrange travel of the selected TAC members to attend TAC meetings in person. Please be advised that travel expenses are subject to the availability of funds.

Due to a recent reorganization of the TAC areas, we have 20 positions to fill. Attached is a description of the areas where we need representatives and the selection process for TAC membership as outlined in our updated TAC Charter. All nomination letters (including At-Large nominations) must be signed by a tribal leader in their capacity as a tribal leader. Please submit nominations by **February 3, 2017**, to:


Ms. Stacey Ecoffey
Acting Deputy Assistant Secretary for Native American Affairs
Administration for Native Americans
Administration for Children and Families
330 C Street, SW, MS-4126
Washington, DC 20201
E-mail: ANACommissioner@acf.hhs.gov

For more information about the TAC, please visit the ACF Tribal webpage at:
<http://www.acf.hhs.gov/initiatives-priorities/tribal>.

Page 2 – Tribal Leader

We look forward to working with you.

Sincerely,



Mark H. Greenberg
Acting Assistant Secretary
for Children and Families

Enclosure: ACF TAC Selection Process

Terms to serve January 2017—December 2019

Alaska Area: primary and alternate representing federally recognized tribes in Alaska

Albuquerque: primary and alternate representing federally recognized tribes in Colorado and New Mexico

Bemidji Area: primary and alternate representing federally recognized tribes in Minnesota, Wisconsin, and Michigan

Billings Area: primary and alternate representing federally recognized tribes in Montana and Wyoming

Nashville Area: primary and alternate representing federally recognized tribes in Massachusetts, Maine, Connecticut, Rhode Island, New York, Mississippi, Alabama, Florida, North Carolina, South Carolina, Virginia

National At-Large Members: primary and alternate terms ending in 2018

Terms to Serve (January 2017—December 2018)

Oklahoma Area: primary and alternate representing federally recognized tribes in Kansas, Oklahoma and Texas

Phoenix Area: primary and alternate representing federally recognized tribes in Arizona, Nevada, and Utah

National At-Large Members primary and alternate terms ending in 2018

Seeking alternates only for terms expiring December 2018:

Great Plains Area: representing federally recognized tribes in Iowa, Nebraska, North Dakota and South Dakota

Portland Area: representing federally recognized tribes in Idaho, Oregon, and Washington

ACF TAC Selection Process:

The names of each ACF TAC delegate and alternate from each of 11 IHS areas are to be submitted to the Administration for Native Americans (ANA) in an official letter from the Tribe.

The DAS/ANA Commissioner and the Assistant Secretary will be responsible for selecting and finalizing the body of members.

Regional Representatives:

Regional Representatives should be an elected official or designated representative that is qualified to represent the views of the Indian Tribes in the respective area for which they are being nominated. Nominations will be considered for selection in the priority order listed below. In the event that there is more than one nomination in the priority list, individuals whom had a letter of support from regional tribal organizations will be taken into consideration when selecting the primary and alternate delegates.

1. Tribal President/Chairperson, Governor, Chief
2. Tribal Vice-President/Vice-Chairperson, Lt. Governor, Sub-chief
3. Elected or Appointed Tribal Official
4. Designated Tribal Official

National At-Large Members

In order to achieve the broadest coverage of ACF-related national perspectives and views, the ACF TAC will include three positions for National At-Large Members (NALM). The NALM should be an elected official or designated representative that is qualified to represent the views of tribes on a national, collective perspective, including but not limited to such views of groups like National Congress of American Indians, National Indian Health Board, Tribal Self Governance Advisory Committee, National Urban Indian Family Coalition, National Indian Child Welfare Association, and the National Indian Head Start Director's Association.

Nominations will be considered for selection in the priority order listed below. In the event that there is more than one nomination in the priority list, individuals whom had a letter of support from tribal organizations will be taken into consideration when selecting the primary and alternate delegates.

1. Tribal President/Chairperson/Governor
2. Tribal Vice-President/Vice-Chairperson/Lt. Governor
3. Elected or Appointed Tribal Official
4. Designated Tribal Official

2017



Save the Dates

June 12-30, 2017

Summer Research Training Institute for American Indian and Alaska Native Health Professionals

Northwest Portland Area Indian Health Board

Portland, Oregon

Sponsored by:

- Northwest Portland Area Indian Health Board
- Native American Research Centers for Health
- Oregon Health & Science University, Center for Healthy Communities
- Indian Health Service

For more information:

Visit: www.npaihb.org/training/narch_training OR Email: tfiremoon@npaihb.org



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EpiData, STATA, and SAS
Epidemiology methods
Human subjects protection
Indian health policy
Indigenous ways of knowing
Introduction to epidemiology
Maternal and child health
Measuring quality improvement
Program evaluation
Qualitative research design
Questionnaire design
Research design & grant development
Substance use disorders
Scientific writing

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for new
courses in
2017!!

For more information, visit our website:

www.npaihb.org/summer_institute
or email us: tfiremoon@npaihb.org

We welcome participation from other Native groups, including Native Hawaiians, Pacific Islanders, and First Nations/Inuit/Metis.

If you would like to be added to our mailing list, please fill in your name and email, place a stamp on the upper right hand corner of this card, and mail back to us.

Name: _____

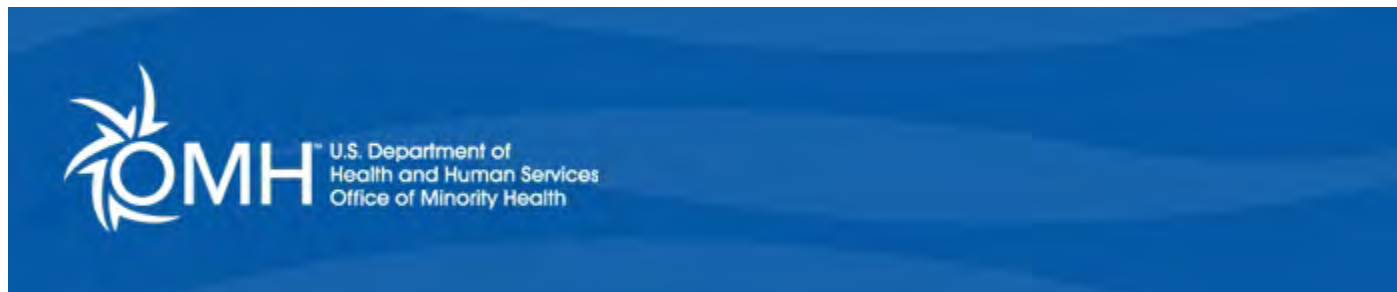
Email: _____

Mail To:

**Summer Research Institute
Tanya Firemoon
2121 SW Broadway, Suite 300
Portland, OR 97201**



Having trouble viewing this email? [View it as a Web page.](#)



FY 2017 Funding Opportunity Announcement

The U.S. Department of Health and Human Services Office of Minority Health (OMH) administers grant programs to support projects that implement innovative models to improve minority health and reduce health disparities.

OMH has released a new funding opportunity announcement (FOA) for which applications are now being accepted. Applications are due by April 3, 2017 at 5:00 pm ET.

Announcement Number: MP-AIA-17-001

Opportunity Title: [American Indian/Alaska Native Health Equity Initiative \(AI/AN Health Equity Initiative\)](#)

Estimated Funding Level: \$2 million per budget period

The Office of Minority Health (OMH) at the United States Department of Health and Human Services announces the availability of Fiscal Year 2017 grant funds for the American Indian/Alaska Native Health Equity Initiative (AI/AN Health Equity Initiative). The purpose of the AI/AN Health Equity Initiative is to support tailoring or developing, and implementing, of evidence-based models and/or promising practices to help address trauma (historical and generational) existing in AI/AN communities through innovative programs.

[Learn more about this FOA and how to apply.](#)

Save the date for a technical assistance webinar for interested applicants on **February 8, 2017 at 3:00-4:00 pm ET.**

Register here: <https://attendee.gotowebinar.com/register/1248024142376826115>

An additional technical assistance webinar on "Evaluation – Review the Basics" will be held on **February 23, 2017 at 3:00-4:30 pm ET.**

Register here: <https://attendee.gotowebinar.com/register/4463287512730060547>

The U.S. Department of Health and Human Services Office of Minority Health (OMH) administers grant programs to support projects that implement innovative models to improve minority health and reduce health disparities.

OMH has released a new funding opportunity announcement (FOA) for which applications are now being accepted. Applications are due by April 4, 2017 at 5:00 pm ET.

Announcement Number: MP-YEP-17-001

Opportunity Title: [Minority Youth Violence Prevention II \(MYVP II\): Integrating Social Determinants of Health and Community Policing Approaches](#)

Estimated Funding Level: \$3.6 million per budget period

The Office of Minority Health (OMH) at the United States Department of Health and Human Services announces the availability of Fiscal Year (FY) 2017 grant funds for Minority Youth Violence Prevention II (MYVP II): Integrating Social Determinants of Health and Community Policing Approaches. The purpose of the MYVP II program is to build upon lessons learned from MYVP grants originally funded in FY 2014 and to identify innovative approaches to significantly reduce the prevalence and impact of youth violence among racial and ethnic minority and/or disadvantaged at-risk youth.

[Learn more about this FOA and how to apply.](#)

Save the date for a technical assistance webinar for interested applicants on **February 23, 2017 at 5:00-6:00 pm ET.**

Register here: <https://attendee.gotowebinar.com/register/2367074091933294851>

An additional technical assistance webinar on “Evaluation – Review the Basics” will be held on **February 23, 2017 at 3:00-4:30 pm ET.**

Register here: <https://attendee.gotowebinar.com/register/4463287512730060547>

Rhonda Martinez-McFarland, FNP-BC, ARNP | CDR, U.S. Public Health Service | Native American Contact, Seattle Regional Office for Medicaid & Child Health Insurance Program | Centers for Medicare & Medicaid Services | 701

Fifth Ave, Suite 1600 | Seattle, WA 98104

Office: (206) 615-2267 | fax: (443) 380-7528 | e-mail: rhonda.martinez-mcfarland@cms.hhs.gov



Good morning therapists please read and take the appropriate action to avoid unexpected consequences. The FDA just recently formalized the ban on Powdered Gloves. No doubt this will impact all of our clinical programs.

The US Food and Drug Administration (FDA) on Friday issued a final rule banning powdered medical gloves beginning on 19 January 2017 - See more at: <http://raps.org/Regulatory-Focus/News/2016/12/16/26391/FDA-Bans-Powdered-Gloves/#sthash.uxfMJ8Of.dpuf>

Given that many dentists use powdered gloves I am going to put out an announcement to the Corps. I will disseminate to Dental Chiefs in the IHS, USCG, and ICE.

I think we need to put out a message to ensure compliance to mitigate adverse health outcomes and liability.

Please let me know if you have questions.

V/R...mbm

Mercedes Benitez McCrary, MS - CCC- SLP, MPHc, | Captain | **Chief Professional Officer, Therapy Category** | USPHS | Senior Advisor | Center for Medicare & Medicaid Services | 7205 Windsor Blvd | WB-02-07 | Woodlawn, Maryland 21244 | Tel: 410 786-5716 | BB: 410-707-2669 | WBB: 443-827-6266 | Email: mbenitezmccrary@cms.hhs.gov



NATIVE AMERICAN SCHOLARSHIPS

Verl and Dorothy Miller Native American Scholarship

Eligible Students

Native American residents of Oregon attending or planning to attend an accredited career or technical program in Oregon

Awards

\$3,000 / year - Students may apply and compete for the scholarship for up to four years

Criteria

- Aptitude for a particular trade or vocation
- Strong work ethic and good moral character; dependable and responsible
- Participation in school or community activities
- Academic promise
- Open to students with a Certification of tribal enrollment or descendants of enrolled members

Howard Vollum American Indian Scholarship

Eligible Students

Native American residents of Clackamas, Multnomah, Washington and Clark counties seeking postsecondary education or training in science, technology, engineering or mathematics

Awards

\$3,000 / year - Students may apply and compete for the scholarship for up to four years

Criteria

- Academic promise
- Essays and interview with selection committee
- Participation in school or community activities
- Personal accomplishments or achievements
- Preference given to students who have a demonstrated commitment to and involvement in the Native American community
- Open to students with a Certification of tribal enrollment or descendants of enrolled members

How to Apply

Applications and instructions are available on OCF's website at:

<http://www.oregoncf.org/grants-scholarships/scholarships>

Open to high school seniors, current college students and others returning to school.

Deadline

Scholarship applications are due **March 1st** each year.

Questions?

Call OCF scholarship staff at 503.227.6846 or email mchee@oregoncf.org.

Check out other available scholarships at www.oregonstudentaid.gov

Verl and Dorothy Miller Native American Vocational Scholarship Application

Eligibility Requirements	For Native American/American Indian students. Planning to attend or attending an educational institution in Oregon. Planning to pursue or pursuing a trade or vocational study. Recipients may be attending school either full time or part time. Note: Graduate students are not eligible.		
Award Information	Award amount varies. Prior recipients must reapply to renew their scholarship. Renewal is possible for up to four years.		
Due Date for Application Submission	March 1	Today's Date	

Student Name	Last Name	First Name	Middle Initial
Tribal Affiliation			
Student Mailing Address			
Student Email Address			
Student Home Phone		Student Cell Phone	

School Information

Name and City/State of High School Attended			
College, University, or Educational Program You Plan to Attend			
Mailing Address of Institution			
Intended Major			
Intended Profession or Career			
Student ID (at college), if known			
Year in College Next Year (freshman, sophomore, etc.)		Estimated Cost of Attendance Next Year (tuition, fees, books, housing, etc.)	

Activities Chart

Please list below the activities in which you have participated. Start with most recent activities and list in reverse chronological order. Add or delete rows as needed.

Type of Activity	Dates From-To	Time Spent		Responsibilities / Accomplishments
		Hours per Month or Week	Total Hours	
School/Family/Community Activities:				
(1)				
(2)				
(3)				
Volunteer Service:				
(1)				
(2)				
(3)				
Work for Pay:				
(1)				
(2)				
(3)				

Achievements and Honors List

Please detail below notable achievements, accomplishments, honors or awards related to academics or leadership. Start with most recent first and list in reverse chronological order. Add or delete rows as needed.

	Date	Achievement / Honor
(1)		
(2)		
(3)		
(4)		

You may be eligible for other scholarships through the Office of Student Access and Completion. See www.oregonstudentaid.gov for information.

Financial Status

Please list below a summary of your financial status.

For which calendar year is this summary?		
Family Assets	Total balance in cash, savings and checking:	\$
	Net worth (value minus debt) of investments, including real estate:	\$
	Total Assets:	\$
Family Gross Income	Father:	\$
	Mother:	\$
	Student:	\$
	Total Income:	\$
Number of households supported by gross income:		
Number of dependents supported by gross income:		
Number of siblings attending college next year:		
Did you complete the Free Application for Federal Student Aid (FAFSA)? If so, please answer the questions to the right.	What is your Expected Family Contribution (EFC)?	\$
	Are you eligible for a Pell Grant?	
	Are you eligible for an Oregon Opportunity Grant?	
You may use the space below to describe your family's financial situation if you wish, but please do not exceed the space provided.		

Demographic Information

Please check the boxes.

Date of Birth ¹		Gender ¹	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Trans Female/Trans Woman <input type="checkbox"/> Trans Male/Trans Man <input type="checkbox"/> Non-binary/Genderqueer/Gender non-conforming <input type="checkbox"/> Different Identity: _____ <input type="checkbox"/> Choose Not to Say
Ethnicity ¹	<input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Black or African-American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Multi-ethnic <input type="checkbox"/> Choose Not to Say	

¹ The demographic information is being collected to analyze aggregate data on students who apply and receive scholarships from OCF. This information will be kept confidential and will not be used to influence scholarship award decisions.

You may be eligible for other scholarships through the Office of Student Access and Completion. See www.oregonstudentaid.gov for information.

Family Education History¹	Highest school your father completed	Highest school your mother completed
	<input type="checkbox"/> Elementary School	<input type="checkbox"/> Elementary School
	<input type="checkbox"/> Middle School	<input type="checkbox"/> Middle School
	<input type="checkbox"/> High School	<input type="checkbox"/> High School
	<input type="checkbox"/> College or Beyond	<input type="checkbox"/> College or Beyond
	<input type="checkbox"/> Don't Know	<input type="checkbox"/> Don't Know

Personal Statements

On a separate sheet of paper, please write five short essays addressing the following topics. Identify your essays by number or begin each with the essay topic, so that we know which essay is connected with each topic. The essays must be a maximum of 150 words each, in 10- to 12-point Times New Roman font.

1. What are your specific educational plans and career goals and why? What inspires you to achieve them?
2. What have you done for your family or community that you care about the most and why?
3. Describe a personal accomplishment and the strengths and skills you used to achieve it.
4. Describe a significant change or experience that has occurred in your life. How did you respond and what did you learn about yourself?
5. How do you view your cultural heritage and its importance to you?

Requirements for Submission

A complete application packet must include the following, please check the box to confirm you have included each piece.

<input type="checkbox"/>	Complete Application form
<input type="checkbox"/>	Personal Statements
<input type="checkbox"/>	Unofficial School Transcript(s) (However, we reserve the right to request Official Transcripts)
<input type="checkbox"/>	<p>Certification of tribal enrollment, descendancy or American Indian ancestry is required. Applications will not be considered without it. Please include with this application packet is ONE of the following:</p> <p>(1) a copy of your tribal enrollment card OR (2) a Johnson O'Malley student eligibility form OR (3) a letter from your tribe stating blood quantum and/or enrollment number of parent or grandparent or other descendancy paperwork</p>

By signing this form, I, the applicant, certify the accuracy of the information I have provided. Also, I authorize (1) OCF to share this information with scholarship staff, donors and selection committee members and (2) OCF or scholarship selection committee members to contact school officials for additional information, if needed.

Applicant Signature and Date

Publicity release: If selected to receive a scholarship, I give permission for a publicity release.

You may be eligible for other scholarships through the Office of Student Access and Completion. See www.oregonstudentaid.gov for information.

Please Submit Application Packet to:

Maka Chee
The Oregon Community Foundation
1221 SW Yamhill St. Ste. 100
Portland, OR 97205
503.227.6846
mchee@oregoncf.org

Scholarship Information

The Verl and Dorothy Miller Scholarship was established in 2002, to award vocational scholarships to Native Americans residents of Oregon, for use in the pursuit of vocational education or training at an accredited institution in Oregon.

The scholarship is awarded on the basis of the following:

- Financial need
- Aptitude for a particular trade or vocation
- Personal qualities, including strong work ethic, dependability, stability, good moral character and responsibility
- Participation in school or community activities
- Academic promise



Direct Service Tribes Advisory Committee Quarterly Meeting Announcement

Meeting Dates February 14-15,
2017 (2 days) **Location** Courtyard Crystal
2899 Jefferson Davis Hwy,
Arlington, VA 22202
Meeting Room:

Purpose

The Direct Service Tribes Advisory Committee (DSTAC) will hold its quarterly meeting on February 14-15, 2017 at the Courtyard Marriott Hotel. During this meeting the IHS Acting Director will provide updates on Agency priorities and continue discussions regarding DSTAC health priorities.

Travel

All Advisory Committee Representatives are encouraged to attend this meeting and must contact their respective Area Federal Liaisons for air travel arrangements and reimbursement requirements for lodging, per diem, local transportation, etc.

Lodging Options

Attendees are responsible for making their own hotel reservations and should request the special rate of \$182 per night. A block of sleeping rooms has been reserved at the Courtyard Marriott Hotel, 2899 Jefferson Davis, Arlington, VA 22202.

For reservations, call (800) 331-3131 and request the "**DSTAC Quarterly Meeting**" room block. Reservation cut-off date is February 1, 2017. To make online reservations click the link below:

[Book your group rate for 2017 Direct Service Tribes Advisory Committee Meeting - Courtyard Crystal City](#)

Transportation

The hotel is located near DCA and is within 3 miles from Pentagon City and Arlington National Cemetery. The hotel is close to several restaurants and has a dining option within the facility. The hotel provides shuttle transportation from/to DCA or the metro every 20 minutes.

Recommended Airports

Ronald Reagan Washington National Airport (DCA), which is a 1.9 mile drive (about 5 mins).

For more information contact Emmalani Longenecker, Management Analyst, ODSCT, IHS at 301-443-1104 or Emmalani.Longenecker@ihs.gov.

INDIAN HEALTH SERVICE
DIRECT SERVICE TRIBES ADVISORY COMMITTEE (DSTAC) – 2nd Quarterly Meeting
February 14-15, 2017

Location: Courtyard Arlington Crystal City/Reagan National Airport;
2899 Jefferson Davis Hwy., Arlington, VA 22202

Conference Line: 866-752-7820; **Passcode:** 9269951
Meeting Room: Blueridge

DAY 1 - Tuesday, February 14, 2017		
8:30 a.m. – 9:00 a.m.	Opening Remarks	Nick Barton, DSTAC Chairman Ben Smith, Deputy Director for Intergovernmental Affairs, IHS
9:00 a.m. – 9:30 a.m.	Office of Direct Service and Contracting Tribes Update	Roselyn Tso, Director, Office of Direct Service and Contracting Tribes, IHS
9:30 a.m. – 10:30 a.m.	DSTAC Business & Election for DSTAC Secretary	DSTAC
10:30 a.m. – 10:45 a.m.	Break	
10:45 a.m. – 12:00 p.m.	IHS Quality Improvement Update	Dr. Nicole Lurie, Acting Deputy Director of Quality Health, IHS
12:00 p.m. – 1:30 p.m.	Lunch (on your own)	
1:30 p.m. – 2:00 p.m.	Tribal Self-Governance Advisory Committee Update	Marilynn “Lynn” Malerba, Chief, Mohegan Tribe of Connecticut, TSGAC Chairwoman (<i>via teleconf.</i>)
2:00 p.m. – 2:45 p.m.	Tribal Behavioral Health Agenda Update	Mirtha Beadle, Deputy Administrator for Operations, SAMHSA
2:45 p.m. – 3:00 p.m.	Break	
3:00 p.m. – 4:15 p.m.	NIHB Update on the Presidential Transition Plan	Stacey Bohlen, Executive Director, NIHB
4:15 p.m. – 4:45 p.m.	Veterans Affairs Update	Stephanie Birdwell, Director, Office of Tribal Governmental Relations, VA Wilbur Woodis, Office of the Director, IHS
4:45 p.m. – 5:00 p.m.	Summary of Day 1 & Closing Remarks	Chairman Nick Barton, DSTAC

INDIAN HEALTH SERVICE
DIRECT SERVICE TRIBES ADVISORY COMMITTEE (DSTAC) – 2nd Quarterly Meeting
February 14-15, 2017

Location: Courtyard Arlington Crystal City/Reagan National Airport;
2899 Jefferson Davis Hwy., Arlington, VA 22202

Conference Line: 866-752-7820; **Passcode:** 9269951
Meeting Room: Blueridge

DAY 2 – Wednesday, February 15, 2017		
8:30 a.m. – 10:45 a.m.	Area Budget Formulation Update	Rosetta Tracey, Office of Finance and Accounting, IHS
10:45 a.m. – 11:00 a.m.	Break	
11:00 a.m. – 12:00 p.m.	DSTAC Strategic Planning	DSTAC
12:00 p.m. – 1:30 p.m.	Lunch (on your own)	
1:30 p.m. – 2:45 p.m.	DSTAC Strategic Planning Continued	DSTAC
2:45 p.m. – 3:00 p.m.	Break	
3:00 p.m. – 3:30 p.m.	DSTAC Preparation for Executive Session with IHS Principal Deputy Director	DSTAC
3:30 p.m. – 4:50 p.m.	IHS DSTAC Leadership Executive Session with IHS Principal Deputy Director	RADM Chris Buchanan, Acting Director, IHS DSTAC
4:50 p.m. – 5:00 p.m.	Closing Remarks	Chairman Nick Barton, DSTAC
5:00 p.m.	Adjourn	

Frequently-Asked Questions (FAQs)

Federal Funding for Services “Received Through” an IHS/Tribal Facility and Furnished to Medicaid-Eligible American Indians and Alaska Natives (SHO #16-002)

January 18, 2017

On February 26, 2016, the Center for Medicaid and CHIP Services (CMCS) issued a [State Health Official letter](#) (SHO) to inform state Medicaid agencies and other state health officials about an update in payment policy affecting federal funding for services received by Medicaid-eligible individuals who are American Indian or Alaska Native (AI/AN) through facilities of the Indian Health Service (IHS), whether operated by IHS or by Tribes. Under the updated policy, IHS/Tribal facilities may enter into written care coordination agreements with non-IHS/Tribal providers to furnish certain services for their patients who are AI/AN Medicaid beneficiaries. Amounts paid by the state Medicaid program for services requested by facility practitioners in accordance with those agreements are eligible for federal matching funds at the enhanced federal matching rate (FMAP) of 100 percent.

This FAQ document addresses common questions related to the provisions at pages 5-6 of the SHO letter relating to Medicaid billing and payments to non-IHS/Tribal providers. Questions related to other provisions of the SHO letter will be addressed in subsequent FAQs.

Q1. When services are furnished to an AI/AN Medicaid beneficiary by a non-IHS/Tribal provider under the terms of a written care coordination agreement with an IHS/Tribal facility that meets the requirements of the SHO letter, what are the options for billing for the services?

A1. There are two options for billing the state Medicaid program. The first is for the non-IHS/Tribal provider to bill the state Medicaid program directly. In this case, the provider would be reimbursed at the rate authorized under the Medicaid state plan applicable to the provider type and the service rendered, not at the facility rate that the IHS/Tribal facility would receive. The second option is for the IHS/Tribal facility to enter into an arrangement with the non-IHS provider, under which the provider assigns its claim for payment to the facility in return for payment from the facility, and the facility bills the state Medicaid program for the service. In that case, the IHS/Tribal facility would have to identify services provided by non-IHS/Tribal providers under the care coordination agreement that are within the scope of covered services of the IHS/Tribal facility and separate them from those services that are not. The facility can claim and receive reimbursement from the state for services that can properly be claimed as services of the IHS/Tribal facility (“IHS/Tribal facility services”) at the facility rate authorized under the Medicaid state plan. The facility would be directly responsible to the extent of any overpayments resulting from such services that were not, in fact, covered under the state plan. The facility can claim and receive reimbursement from the state for those services that do not qualify as IHS/Tribal facility services at the rate under the Medicaid state plan applicable to the provider type and service rendered. The circumstances under which off-site services may be considered facility services are described in the response to question number four.

Q2. If the non-IHS/Tribal provider is willing to accept the Medicaid program payment rate for his or her service, is there any reason for the IHS/Tribal facility to bill the state Medicaid program for the service at the facility rate?

A2. No. In this circumstance, the first option above could apply. The non-IHS/Tribal provider could bill the state directly at his or her provider rate, the IHS/Tribal facility would not have to bill the state at the facility rate on the non-IHS/Tribal provider's behalf and the remaining FAQs would not be relevant.

Q3. Does the availability of 100 percent FMAP depend on whether the service furnished by the non-IHS/Tribal provider is billed directly by the non-IHS/Tribal provider or by the IHS/Tribal facility?

A3. No. If all of the requirements of the SHO letter are met, then federal matching funds are available to the state at the 100 percent rate for the amount paid by the state Medicaid program, regardless of whether the service is billed directly by the non-IHS/Tribal provider or by the IHS/Tribal facility. This is a separate issue than the amount paid by the state for the service, which will depend on the provider type and service rendered.

Q4. When may IHS/Tribal facilities claim services furnished by non-IHS/Tribal providers delivering services offsite under written care coordination agreements as IHS/Tribal facility services at the facility rate?

A4. As stated in the SHO letter, the circumstances under which IHS/Tribal facilities may claim services as their own are the same as those that apply for other similar facilities in the state (e.g., inpatient or outpatient hospitals, nursing facilities, clinics, Federally Qualified Health Centers, etc.). For IHS facilities, services furnished by non-IHS providers outside of an IHS facility generally cannot be claimed as IHS facility services. For Tribal facilities, whether services furnished by non-Tribal providers can be billed as facility services depends on whether the Tribal facility is enrolled in the state Medicaid program as a provider of "clinic services" or as a Federally Qualified Health Center (FQHC). If the Tribal facility is enrolled in the state Medicaid program as a provider of "clinic services", the Tribal facility may not bill for the services furnished outside the facility by a non-Tribal provider at the facility rate for clinic services even if a written care coordination agreement is in place. The reason is that, as CMS has interpreted section 1905(a)(9) of the Social Security Act in its regulation at 42 CFR 440.90, "clinic services" do not include services furnished outside of the "four walls" of the clinic, except if the services are furnished by clinic personnel to a homeless individual. If, on the other hand, the Tribal facility is enrolled in the state Medicaid program as an FQHC, and if the Tribal facility has a contract in effect with the non-Tribal provider, the Tribal facility may properly claim payment for services furnished outside of the facility by the non-Tribal provider at the facility rate. For example, if a Tribal FQHC contracts with a cardiologist whose practice is offsite, and if the cardiologist treats an AI/AN Medicaid beneficiary as a patient of the FQHC, the Tribal facility may bill the Medicaid program for the cardiologist's service at the facility rate, not at the Medicaid rate for that cardiologist's service, and 100 percent FMAP would apply to the state's payment for the service. A Tribal facility that is enrolled as a "clinic services" provider may enter into a written care coordination agreement with an off-site non-Tribal provider and bill the state Medicaid program for the services furnished as an assigned claim by that provider, but the payment rate for the service would be the state plan rate applicable to the furnishing provider and the service, not the applicable Medicaid state plan Tribal facility rate.

Q5. Does the contract between a Tribal FQHC and an offsite non-Tribal provider need to meet the requirements of the written care coordination agreement under the SHO letter in order for the Tribal FQHC to bill the state for the services furnished to Medicaid beneficiaries at its facility rate?

A5. No. The contract between the Tribal FQHC and the offsite non-Tribal provider for this kind of arrangement is different than a written care coordination agreement; it must establish that the non-Tribal provider is a Tribal facility contractor furnishing services of the facility offsite. Since the services would be services of the Tribal facility for purposes of this Medicaid billing policy, we would expect that the Tribal facility would coordinate and monitor such services in the same manner as it does any other facility services. The amount paid by the state for these Tribal FQHC services to an AI/AN Medicaid beneficiary would qualify for 100 percent FMAP.

Q 6. For what services may a Tribal FQHC contract? If the contracting offsite non-Tribal provider is a specialist, may the services qualify as FQHC services?

A6. Yes. FQHC services are defined in section 1905(l)(2)(A) of the Social Security Act as “services of the type described in subparagraphs (A) through (C) of section 1861(aa)(1) when furnished to an individual as a patient of a Federally-qualified health center...” Section 1861(aa)(1)(A) describes “physicians services”, which include services furnished by specialists as well as those furnished by primary care physicians. As discussed in FAQ #4, above, the Tribal FQHC may bill for the services furnished by the contracting non-Tribal specialist at the Tribal FQHC’s facility rate, and the amount paid by the state for the FQHC service would qualify for 100 percent FMAP. For example, a Tribal FQHC could contract with a neurologist or orthopedist or dentist and bill for the services provided by those specialists at their offsite practice locations at the Tribal FQHC’s facility rate.

Q7. Most Tribal facilities are now enrolled in state Medicaid programs as “clinic services” providers. As explained in A4, if these Tribal facilities seek to bill for services furnished by off-site non-Tribal providers at the facility rate, they will have to bill for those services as FQHCs, not as “clinic services” providers. How does a Tribal facility change its provider enrollment designation to FQHC?

A7. Under section 1905(l)(2)(B) of the Social Security Act, outpatient health programs or facilities operated by a Tribe or Tribal organization under the Indian Self-Determination Act (Public Law 93-638) are by definition FQHCs. Tribal facilities may enroll in state Medicaid programs as FQHCs, but they are not required to do so. A Tribal facility that elects to enroll in a state Medicaid program as an FQHC bills Medicaid for covered services on a per-visit basis at a rate determined by the state Medicaid program using the Prospective Payment System (PPS) methodology, whether those services are furnished at the facility or by off-site providers under contract to the FQHC. The decision as to whether to enroll in the Medicaid program as a “clinic services” provider (to the extent that the state plan covers the optional clinic services benefit) or as an FQHC is solely that of the Tribal facility. Tribal facilities that wish to bill for services furnished to their AI/AN patients outside of their “four walls” will need to change their provider enrollment designation from “clinic” to FQHC by notifying their state Medicaid agency. The state will then need to determine the applicable FQHC payment rate under its state plan. The treatment of tribal clinics as FQHCs without any change in actual provider enrollment for purposes of the eligibility of physicians for Electronic Health Record (EHR) Incentive Payments, as indicated in a June 17, 2011 CMCS Information Bulletin, is not applicable for purposes of determining facility payment under the state plan.

Q8. Does a Tribal facility that wishes to change its provider enrollment designation to FQHC need to enroll in Medicare as an FQHC?

A8. No. An outpatient health program or facility operated by a Tribe or Tribal organization under P.L. 93-638 is qualified under the Medicaid statute to participate as an FQHC. There is no requirement that the facility enroll as an FQHC under the Medicare program. For purposes of being recognized as an FQHC by Medicaid, Tribal facilities need not meet any requirement other than being operated by a Tribe or Tribal organization under P.L. 93-638.

Q9. Does a Tribal facility that wishes to change its provider enrollment designation to FQHC need to meet the requirements for receipt of grant funds under section 330 of the Public Health Service Act or for designation as a “look alike” by the Health Resources and Services Administration (HRSA)?

A9. No. The Medicaid FQHC status of an outpatient health program or facility operated by a Tribe or Tribal organization under P.L. 93-638 is specified in the Medicaid statute. HRSA rules for receipt of section 330 grant funding or “look alike” status do not apply. A Tribal facility may in addition choose to apply for section 330 grant funding or for designation as a “look alike;” in this case, it must meet the relevant HRSA requirements. For purposes of being recognized as an FQHC by Medicaid, however, Tribal facilities need not meet any requirement other than being operated by a Tribe or Tribal organization under P.L. 93-638.

Q10. If a Tribal facility elects to enroll in the Medicaid program as an FQHC, what is its facility rate?

A10. In general, FQHCs are paid at rates that are based on the Prospective Payment System (PPS) methodology. However, under the authority of section 1902(bb)(6) of the Social Security Act, state Medicaid agencies and FQHCs have the ability to agree to use an Alternative Payment Methodology to determine rates. Under this authority, Tribal facilities and the state Medicaid agency may agree that the Tribal provider’s facility rate is the IHS All-Inclusive Rate (AIR) rather than the Tribal provider’s PPS rate. The AIR rate would apply to all of the Tribal facility’s Medicaid visits, not just those by AI/AN Medicaid beneficiaries; the 100 percent FMAP would apply only to the costs of facility visits by AI/AN beneficiaries.

Q11. May a State pay a Tribal facility at the AIR rate for services furnished to AI/AN beneficiaries and at the FQHC PPS rate for non-AI/AN beneficiaries?

A11. No. A Tribal facility may be only one type of provider (either a “clinic services” provider or an FQHC) and receive only one reimbursement rate that applies to all Medicaid beneficiaries. Whatever rate a Tribal FQHC facility and the state Medicaid agency agree upon, whether PPS or AIR, that same rate must be applied to all Medicaid beneficiaries who receive services through the facility.

Q12. What must the state Medicaid agency do to operationalize this change in provider enrollment designation?

A12. If a Tribal facility is enrolled in the state Medicaid program as a “clinic services” provider, and notifies the state agency that it wishes to change its designation to an FQHC, the state Medicaid agency must simply change the designation of the facility in its Medicaid Management Information System (MMIS) from clinic services provider to FQHC. The Tribal facility is not required to re-enroll in the program, and the state Medicaid agency is not required to process a new enrollment or re-screen the

facility. If the state Medicaid agency and one or more Tribal FQHCs agree to use the IHS AIR rate as the facility rate, the state agency will have to submit a state plan amendment (SPA) to designate payment for Tribal FQHC services at the IHS AIR as an Alternative Payment Methodology. The Medicaid agency will also be required to assign a PPS rate to the Tribal facility so that the agency can demonstrate on an annual basis that the APM is higher than the PPS rate. The Tribal facility would not be required to report its costs for purposes of establishing a PPS rate. Under 42 CFR 430.20(b)(2) and 42 CFR 447.256(c), an approved SPA will be effective not earlier than the first day of the calendar quarter in which an approvable amendment is submitted.

Q13. Some Tribal facilities enrolled in state Medicaid programs as “clinic services” providers have been billing at facility rates for services that are furnished by facility employees or non-Tribal providers outside the “four walls” of the facility (for example, behavioral health services provided to children in schools). Will CMS seek to recover overpayments from state Medicaid programs that pay for such “clinic services” at facility rates or from the Tribal facilities that bill for such “clinic services” at facility rates?

A13. As noted in Q4 above, the Medicaid statute and regulations require that “clinic services” be provided at the clinic – i.e., within the “four walls” of the facility – unless the beneficiary is homeless. Services furnished outside of the “four walls,” even services furnished by an off-site non-Tribal practitioner under a written care coordination agreement that meets the requirements of the SHO letter, may not be billed as “clinic services” or reimbursed at the facility rate (unless the beneficiary receiving the service is homeless). CMS recognizes that it has not given tribal-specific guidance on this issue or outreach, and that as a result policies and practices vary. CMS further recognizes that some states and tribes will need to make legislative or regulatory policy changes, provide public notice, define services, make systems changes, and potentially make programmatic and staffing changes. For this reason, CMS has no present intention to review claims by Tribal “clinic services” providers for services furnished outside of the “four walls” before January 30, 2021 unless there is clear evidence of bad faith efforts to engage in improper claiming procedures in violation of this guidance. Tribal facilities that are enrolled in Medicaid as “clinic services” providers and bill for services furnished outside the “four walls,” whether by facility employees or by non-Tribal providers under contract, will either need to discontinue billing for those services or change their enrollment status to FQHC before that date. If a Tribal facility wishes to change its enrollment status to FQHC, it should notify the state Medicaid agency of its intent to change its status no later than one year from the date of this letter. Tribal facilities that are enrolled in Medicaid as “clinic services” providers that do not bill for services furnished outside the “four walls” will not need to change their provider enrollment status.

Q14. In many IHS areas, the IHS or Tribes operate a hospital that has remote health centers or health stations on the reservation affiliated with it that bill for their services to AI/AN Medicaid beneficiaries through the hospital. Do the rules described above relating to “clinic services” apply to these health centers or clinics?

A14. In most cases, these health centers or health stations participate and are enrolled in Medicaid as outpatient departments of the hospital, not “clinic services” providers. The hospital, and not the health center or health station, would bill for the services furnished at the remote site as a hospital outpatient service. Hospital services are not affected by the “four walls” limitation on the “clinic services” benefit.

Q15. What billing and payment rules apply if the AI/AN Medicaid beneficiary is enrolled in a Medicaid managed care plan?

A15. The previous FAQs assume that the AI/AN Medicaid beneficiary is receiving services on a fee-for-service basis. In the case of beneficiaries that are enrolled in a Medicaid managed care organization (MCO), a prepaid inpatient health plan (PIHP), or prepaid ambulatory health plan (PAHP), the following rules apply. As set forth in the SHO letter on page 6, the non-IHS Tribal provider with a care coordination agreement would have to participate in the MCO's or PIHP's or PAHP's provider network and would have to be paid at a rate consistent with the provider's contractual agreement with the managed care plan. However, if the Tribal facility elects to enroll in the state Medicaid program as an FQHC, the Tribal FQHC may properly bill the MCO for services furnished by a non-Tribal provider with which it contracts as a facility service. The rate of payment to the Tribal FQHC by the managed care plan would be the amount the plan pays an FQHC that is a network provider. The FQHC may also be entitled to a supplemental payment from the State Medicaid agency as required under sections 1902(bb) and 1932(h)(2)(C)(i) of the Social Security Act. This payment rule applies whether or not the Tribal facility participates in the provider network of the MCO, PIHP, or PAHP.

Good afternoon,

The following message and attached *Save-the-Date* document serve to provide information regarding the **Patient Registration and Patient Benefits Coordination Training** that will be conducted on April 18-21, 2017 in Albuquerque, NM. The intended audience is staff who is directly responsible for patient registration and/or patient benefits coordination functions within the Indian Health Service, Tribal Health Programs Operated under P.L. 93-638, and Urban Indian Health Programs. This may include staff from the Business Office, Purchased/Referred Care, Health Information Management, and/or other departments.

The training is sponsored by the Indian Health Service – Office of Resource Access and Partnerships and is being coordinated in partnership with the National Business Office Committee. A draft agenda is attached. Please note that times and topics are subject to change slightly. A final agenda will be posted to the registration site when it becomes available.

Registration is available for **in-person** (classroom) participation and **remote** (eLearning) participation. The respective registration details may be accessed by clicking the training class topic, “Patient Registration and Patient Benefits Coordination Training,” at <https://www.ihs.gov/RPMS/index.cfm?module=Training>. Registration is limited for both methods of participation. If your request for registration is approved and you later determine that you cannot attend, please send a cancellation request directly to IHSBusinessOffice@ihs.gov. That may allow for another person on the wait list to attend.

Lodging accommodations and transportation arrangements are to be made on your own. There is no hotel room block for this training. Attached is a lodging attachment titled, “NIPTC Hotels,” which was provided by the National Indian Programs Training Center that you may refer to if you choose.

If you have a question that is not addressed on the registration site or the documents attached, you may send your question via e-mail to IHSBusinessOffice@ihs.gov.

Please forward this information to the Indian Health Service, Tribal Health Programs Operated under P.L. 93-638, and Urban Indian Health Program staff that may be interested in this training opportunity. Thank you for your time and consideration.

Thank you,

Carol Chicharello

Acting Director

Division of Business Office Enhancement

Office of Resource Access and Partnerships

Indian Health Service – Headquarters Office

5600 Fishers Lane, Mail Stop 10E85C

Rockville, MD 20857

Office: (301) 443-1044

carol.chicharello@ihs.gov

SAVE-THE-DATE

Patient Registration & Patient Benefits Coordination Training

Date: April 18-21, 2017

Location: National Indian Programs Training Center
1011 Indian School Road, NW Suite 254
Albuquerque, NM 87104

Purpose: The training will provide information, techniques and resources which are essential to successful patient registration and patient benefits coordination functions within IHS, Tribal Health Programs Operated under P.L. 93-638, and Urban Indian Health Programs.

Intended Audience: The training is primarily geared toward staff responsible for patient registration and benefits coordination functions.

Registration: Registration for in-person participation and remote participation may be accessed at <https://www.ihs.gov/RPMS/index.cfm?module=Training> under, “Patient Registration and Patient Benefits Coordination Training.”

This training is sponsored by the Indian Health Service and coordinated by the National Business Office Committee.

Patient Registration & Patient Benefits Coordination Training

Sponsored by the Indian Health Service

National Indian Programs Training Center – Albuquerque, New Mexico

April 18-21, 2017

DRAFT Agenda¹

All Times are in Mountain Daylight Time

Tuesday, April 18, 2017 – Day One

<u>Time</u>	<u>Topic</u>
8:00 am – 9:00 am	<i>Training Registration</i>
9:00 am – 10:00 am	Welcoming Remarks & Keynote Address
10:00 am – 10:15 am	<i>Morning Break</i>
10:15 am – 11:00 am	Review of Beneficiary & Non-Beneficiary Requirements
11:00 am – 12:00 pm	Patient Registration Basics
12:00 pm – 1:00 pm	<i>Lunch (on your own)</i>
1:00 pm – 1:30 pm	Patient Registration Basics (continued)
1:30 pm – 3:00 pm	Information Systems & the End User – Patient Registration Focus
3:00 pm – 3:15 pm	<i>Afternoon Break</i>
3:15 pm – 4:00 pm	Insurance Elements, Insurance Verification, Coordination of Benefits
4:00 pm – 4:30 pm	PBC Referrals

Wednesday, April 19, 2017 – Day Two

<u>Time</u>	<u>Topic</u>
8:00 am – 9:00 am	Patient Benefits Coordination Basics
9:00 am – 10:00 am	Documentation for Patient Benefit Coordination Activities
10:00 am – 10:15 am	<i>Morning Break</i>
10:15 am – 11:30 am	Types of Coverage, Covered Services and Enrollment Periods
11:30 am – 12:00 pm	Presumptive Eligibility
12:00 pm – 1:00 pm	<i>Lunch (on your own)</i>
1:00 pm – 2:00 pm	Training Resources - Benefits Counseling & Application Assistance
2:00 pm – 3:30 pm	Effective Outreach and Enrollment Strategies
3:30 pm – 3:45 pm	<i>Afternoon Break</i>
3:45 pm – 5:00 pm	Outreach, Education and Enrollment: How to Overcome Barriers

¹Times and Topics are Subject to Change

Patient Registration & Patient Benefits Coordination Training

Sponsored by the Indian Health Service

National Indian Programs Training Center – Albuquerque, New Mexico

April 18-21, 2017

DRAFT Agenda¹

All Times are in Mountain Daylight Time

Thursday, April 20, 2017 – Day Three

<u>Time</u>	<u>Topic</u>
8:00 am – 9:00 am	Required Patient Documents and Types of Scanned Documents
9:00 am – 9:30 am	Privacy & Confidentiality Preferences
9:30 am – 9:45 am	<i>Morning Break</i>
9:45 am – 10:15 am	Your Role in the Revenue Cycle
10:15 am – 10:45 am	Internal & External Audits
10:45 am – 12:00 am	Direct Care vs. PRC Eligible and Resources
12:00 pm – 1:00 pm	<i>Lunch (on your own)</i>
1:00 pm – 1:30 pm	Reports for Patient Registration Staff
1:30 pm – 2:30 pm	Reports for Patient Benefits Coordination Staff
2:30 pm – 2:45 pm	<i>Afternoon Break</i>
2:45 pm – 3:45 pm	Position Descriptions
3:45 pm – 5:00 pm	Guidance for Writing Policies and Procedures

Friday, April 21, 2017 – Day Four

<u>Time</u>	<u>Topic</u>
8:00 am – 9:00 am	Impact of MACRA Requirements
9:00 am – 10:00 am	Best Practices for Collaboration
10:00 am – 11:30 am	How to Provide Internal and External Customer Service
11:30 am – 12:00 pm	Closing Remarks and Adjournment

¹Times and Topics are Subject to Change

**DOI University/National Indian Programs Training Center
1011 Indian School Road NW, Ste. 254
Albuquerque, New Mexico 87104**

Area Hotels

MCM Elegante
Hotel and Event Center
2020 Menaul NE
505-884-2511
Toll free 866-650-4900

*Holiday Inn Express
2300 12th Street NW
505-842-5000 or 1-800-465-4329
Within walking distance-
to the NIPTC

Hotel Albuquerque at Old Town
800 Rio Grande NW
505-843-6300

La Quinta Inn and Suites
2011 Menaul NE
505-761-5600

Best Western Rio Grande
1015 Rio Grande NW
505-843-9500

Clubhouse Inn
1315 Menaul NE
505-345-0010

Candlewood Suites
3025 Menaul NE
505-888-3424

Fairfield Inn by Marriott
1760 Menaul NE
505-889-4000

Sheraton Albuquerque Airport
2910 Yale Blvd. SE
505-244-8558

Ground (Shuttle and Taxicab) Transportation

Airport Shuttle
505-765-1234

Albuquerque Cab
505-883-4888

Checker Taxi
505-243-7777

Yellow Cab
505-247-8888

Directions to DOI University/NIPTC

12th Street and Menaul Blvd.
One block north of I-40 off of 12th Street
Across from the Indian Pueblo Cultural Center

Below please find the AIHC delegates meeting dates and locations for the year. I don't have the date for August because Canoe Journey runs through the 11th and I will be in Canada. Also, we don't have the room at Muckleshoot scheduled yet. I should have those next week but wanted to get these in your calendar for now. Let me know if you have any questions or see any date conflicts.

Thanks,
Vicki

AIHC Delegates Meeting Dates 2017:

Feb 9th, Thursday 9 am- 3 pm
Suquamish- Clearwater Casino & Resort

April 14th Friday 9 am- 3 pm
Squaxin Island- Little Creek Casino & Resort

June 8th Thursday 9 am – 3 pm
The NATIVE Project- Spokane

August Thursday 9 am- 3 pm
To be Determined-date conflicted with Canoe Journey

October 13th Friday 9 am to 3 pm
Muckleshoot- tentatively

December 14th, Thursday 9 am- 3 pm
ANNUAL MEETING!
Jamestown S'Klallam Tribe

Vicki Lowe
Executive Director
American Indian Health Commission
808 N. 5th Avenue
Sequim, WA 98382
360-477-4522
360-460-3580 (cell)



The American Indian Health Commission (AIHC) is a Tribally-driven, non-profit organization in Washington State. The AIHC is comprised of delegates appointed by resolutions from 28 Tribes and two Urban Indian Health Organizations. The AIHC's mission is to improve the overall health of American Indian and Alaska Natives through advocacy, policy and programs to advance best practices.

Welcome to Centers for Disease Control and Prevention's (CDC) tribal resource digest for the week of January 9, 2017. The purpose of this digest is to help you connect with the tools and resources you may need to do valuable work in your communities.



Site Visit San Carlos Apache Tribe

The Traditional Diet Project showed visitors how to harvest various ingredients for this lunch menu item. Wild spinach with prickly pear, pine nuts, wild onions, and sumac.

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Grants to Tribal Governments to Exercise Special Domestic Violence Criminal Jurisdiction (SDVCJ)		PHAP Host Site Recruitment	
Indigenous—Project LAUNCH		Contact Information	3

Request for Photos

Please send any photos of GHWIC work (community gardens, events, team meetings, etc.) to Anisha Quiroz, AQUIROZ@cdc.gov with a short description of the photo.

Announcements

Powwow for Hope: Dancing for Life, Love, & Hope

Powwow for Hope is a community fundraising event that honors loved ones who have battled cancer or are fighting cancer and provides an opportunity to learn more about cancer prevention and resources. Read more [here](#). Register [here](#).

When: **May 6, 2017**

Where: **Base Camp Facility in Minneapolis, MN**



Disparities Leadership Program

The Disparities Leadership Program (DLP) is a year-long, hands-on executive education program focused exclusively on helping health care leaders achieve equity in quality. The program is designed to help you translate the latest understanding of disparities into realistic solutions you can adopt within your organization. Read more [here](#).

Application Deadline: **February 10, 2017**



Love Your Life

The bilingual Navajo- and English-language campaign, **liná Ayóó'íiní'ní, which translates as Love Your Life, uses modern media to share traditional Navajo teachings of honoring life and aspiring to live a healthy and full life of 102 years. Follow Becky's Story [here](#). Read more [here](#).**

Funding Opportunities

Grants to Tribal Governments to Exercise Special Domestic Violence Criminal Jurisdiction (SDVCJ)

Grant support and technical assistance to tribes for planning, developing, and implementing changes in tribal criminal justice systems necessary to exercise Special Domestic Violence Criminal Jurisdiction (SDVCJ). The focus is on coordination between tribal criminal justice systems and victim service providers to ensure victim safety and offender accountability. Read more [here](#).

Application Deadline: **January 25, 2017**

Indigenous—Project LAUNCH

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS) is accepting applications for FY 2017 Linking Actions for Unmet **Needs in Children's Health in American Indian/Alaskan (AI/AN) Native Communities and U.S. Territories and Pacific Jurisdictions Cooperative Agreements** (Short title: Indigenous Project LAUNCH). The purpose of this program is to promote the wellness of young children from birth to eight years within tribes, territories and Pacific Island jurisdictions by addressing the physical, social, emotional, cognitive and behavioral aspects of their development. The goal of Project LAUNCH is for children to be thriving in safe, supportive environments, and entering school ready to learn and able to succeed. Read more [here](#).



Winter 2017 CDC/ATSDR Tribal Advisory Committee (TAC) Meeting and 16th Biannual Tribal Consultation Session

This TAC meeting provides a forum where tribal representations and CDC/ATSDR staff exchange information about public health issues in Indian country, identify urgent public health needs, and discuss collaborative approaches to address these issues and needs. In addition to assisting CDC/ATSDR in the planning and coordination of tribal consultation sessions, the TAC will advise CDC/ATSDR regarding will government-to-government consultation process and will help to ensure that CDC/ATSDR activities or policies that impart Indian country are brought to the attention of tribal leaders. Register [here](#).

Deadline: **January 13, 2017**



Four Directions Summer Research Program

This is an exciting summer research opportunity at Harvard **Medical School and Brigham and Women's Hospital (BWH)** for undergraduate students with a commitment to the health of Native American communities. The FDSRP is in its 24th year, and has brought over 190 students to Boston during this time. We invite students to join us for 8 weeks to engage in basic science or translational research projects under the supervision of Harvard Medical School faculty advisers. Read more [here](#).

Webinar

Menominee Youth Empowerment Program: Addressing Disparities in At-Risk Tribal Youth

The Menominee Youth Empowerment Program includes the involvement of various community agencies to hone and **broaden the students' skills and experiences that contribute to** more positive lifestyles and enhance their capacity to make healthier choices. This webinar will highlight how data was used extensively as a lever to improve the program and tailor it to improve health outcomes in children, the result of evaluations and interviews with students, and the successes and challenges the program has faced. Register [here](#).

When: **January 25, 2017, 3-4pm ET**

Employment Opportunities

Bee-INSPIRED Summer Research Program

Georgia Tech is announcing their Bee-Inspired 2017 Summer Undergrad experience. This 10-week research and service experience will be held May 21-July 28, 2017 on the campus of Georgia Tech in Atlanta, Georgia. Read more [here](#).



PHAP Host Site Recruitment

We invite you to partner with CDC as we launch the 2017 Public Health Associate Program (PHAP) host site recruitment period. PHAP is a two-year, on-the-job training program for early-career public health professionals who are employed by CDC and work in state, tribal, local, and U.S. territorial public health departments; community-based organizations; public health institutes and associations; academic institutions; and CDC quarantine stations. PHAP is focusing its recruitment efforts on identifying exceptional prospective host sites and increasing tribal involvement. Read more [here](#).

Application Period: **January 3-19, 2017**

Contact Information

National Center for Chronic Disease Prevention and Health Promotion

Office of the Medical Director
4770 Buford Highway, MS F80
Atlanta, GA 30341
(770) 488-5131

<http://www.cdc.gov/chronicdisease/index.htm>

The digest serves as your personal guide to repositories of open and free resources where you can find content to enrich your program or your professional growth. Please note that CDC does not endorse any materials or websites not directly linked from the CDC website. Links to non-Federal organizations found in this digest are provided solely as a courtesy. CDC is not responsible for the content of the individual organization web pages found at these links.

If you have comments or suggestions about this weekly update, please email Anisha Quiroz at AQUIROZ@cdc.gov with the words "TRIBAL DIGEST" in the subject line.

Welcome to Centers for Disease Control and Prevention's (CDC) tribal resource digest for the week of January 16, 2017. The purpose of this digest is to help you connect with the tools and resources you may need to do valuable work in your communities.



*Traditional Navajo Food
 Photo Courtesy of pinterest.com*

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Funding Opportunities	2	The Aspen Institute Summer Internship Program	
AI/AN Health Equity Initiative		2017 IHS Virtual Career Fair	
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Request for Photos

Please send any photos of GHWIC work (community gardens, events, team meetings, etc.) to Anisha Quiroz, AQUIROZ@cdc.gov with a short description of the photo.

Announcements

APHA 2017 Annual Meeting & Expo

The American Public Health Association is now accepting abstracts for the APHA 2017 Annual Meeting & Expo. The theme of the meeting is Creating the Healthiest Nation: Climate Changes Health. Authors are encouraged to submit abstracts on the theme and current and emerging public health issues. Read more [here](#).

When: **November 4 - 8, 2017**
Where: **Atlanta, GA**



Seeds of Native Health Partners with AmeriCorps VISTA

The Shakopee Mdewakanton Sioux Community (SMSC) is excited to announce a new partnership with the Corporation for National and Community Service and the Indigenous Food and Agriculture Initiative to create a cadre of "Native Food Sovereignty Fellows." Read more [here](#).



Indian Health Service Plans to Expand Community Health Aide Program

Patients will benefit from increased access to quality health care services in their communities. The Indian Health Service (IHS) today published a report that outlines the process the agency will use to finalize a policy and implementation plan to expand the use of community health aides in American Indian and Alaska Native health programs across the country. Read more [here](#).

Funding Opportunities

American Indian/Alaska Native Health Equity Initiative (AI/AN Health Equity Initiative)

The purpose of the AI/AN Health Equity Initiative is to support tailoring or developing, and implementing, of evidence-based models and/or promising practices to help address trauma (historical and generational) existing in AI/AN communities through innovative programs that: 1) employ culturally appropriate and effective public health interventions designed to improve the physical, social, emotional and cultural well-being of AI/AN adolescents (ages 12 to 16 at the beginning of the program); 2) build and strengthen cultural competency among healthcare professionals and paraprofessionals serving AI/AN adolescents, their caregivers and communities; and 3) disseminating evidence-based practices to accomplish these goals. Read more [here](#).

Application Deadline: **April 3, 2017 by 5:00pm ET**



Collaborative Research Center for American Indian Health 2017 Call for Posters

Collaborative Research Center for American Indian Health (CRCAIH): Call for posters for the 5th Annual CRCAIH Summit, Reflect, Connect, Inspire. Read more [here](#).

Deadline: **February 28, 2017**
When: **April 5-6, 2017**
Where: **Sioux Falls, SD**

Webinar

Menominee Youth Empowerment Program: Addressing Disparities in At-Risk Tribal Youth

The Menominee Youth Empowerment Program includes the involvement of various community agencies to hone and **broaden the students' skills and experiences that contribute to** more positive lifestyles and enhance their capacity to make healthier choices. This webinar will highlight how data was used extensively as a lever to improve the program and tailor it to improve health outcomes in children, the result of evaluations and interviews with students, and the successes and challenges the program has faced. Register [here](#).

When: **January 25, 2017, 3-4pm ET**

Employment Opportunities

PHAP Host Site Recruitment

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Application Period: **January 3-19, 2017**



The Aspen Institute Summer Internship Program

The Aspen Institute Summer Internship Program is an excellent opportunity for college students to gain experience in a fast-paced, highly stimulating setting, while also benefitting from the richness of programming hosted on the Aspen Meadows campus each summer. The Institute employs 15 college juniors and seniors (or recent college graduates) during the summer months in Aspen, Colorado to work with the Institute staff to produce and execute dozens of world-class events. Read more [here](#).

Application Period: **January 31, 2017**



2017 IHS Virtual Career Fair

IHS is hiring! Meet one-on-one with recruiters to learn more about the Indian Health Service — an innovative, dynamic, nationwide network of dedicated health professionals working to meet the health care needs of American Indians and Alaska Natives. Read more [here](#).

Live Chat: **January 26, 2017, 12-2pm ET**

Contact Information

National Center for Chronic Disease Prevention and Health Promotion

Office of the Medical Director
4770 Buford Highway, MS F80
Atlanta, GA 30341
(770) 488-5131

<http://www.cdc.gov/chronicdisease/index.htm>

The digest serves as your personal guide to repositories of open and free resources where you can find content to enrich your program or your professional growth. Please note that CDC does not endorse any materials or websites not directly linked from the CDC website. Links to non-Federal organizations found in this digest are provided solely as a courtesy. CDC is not responsible for the content of the individual organization web pages found at these links.

If you have comments or suggestions about this weekly update, please email Anisha Quiroz at AQUIROZ@cdc.gov with the words "TRIBAL DIGEST" in the subject line.

Welcome to Centers for Disease Control and Prevention's (CDC) tribal resource digest for the week of January 23, 2017. The purpose of this digest is to help you connect with the tools and resources you may need to do valuable work in your communities.



Healthy Native Youth

A new resource for AI/AN teachers and health educators

Read more on page 2

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Request for Photos

Please send any photos of GHWIC work (community gardens, events, team meetings, etc.) to Anisha Quiroz, AQUIROZ@cdc.gov with a short description of the photo.

Announcements

Traditional Animal Foods of Indigenous Peoples of Northern North America

A new open-access encyclopedia of more than 500 animal species that are part of traditional food systems of Indigenous Peoples in northern North America has just been launched – **a tool for teachers and researchers of all kinds. It's based**, in part, on close to 500 ethnographic sources – some going back about a century. It provides a picture of traditional foods in the past and present that can be searched by region, by culture or by animal. Read more [here](#).



Healthy Native Youth

This new resource contains health promotion curricula and resources for American Indian and Alaska Native youth. The site is designed for tribal health educators, teachers, and parents – providing the training and tools needed to access and deliver effective, age-appropriate programs.

Read more [here](#).

Webinar

The National Native Network E-cigarettes and the Community

The Inter-Tribal Council of Michigan's National Native Network and the Indian Health Services Clinical Support Center (Accredited Provider) present a webinar series: Cancer Risk Reduction in Indian Country. Learn more [here](#). Register [here](#).

By the end of the webinar, participants will be able to:

1. Differentiate between traditional and commercial tobacco/e-cigarettes.
2. Identify FDA approved cessation resources from other products on the market.
3. Explain and communicate the harms of e-cigarettes to their patients.

Date: **March 7, 2017, 3-4pm, EDT**

NCCDPHP TRIBAL DIGEST—WEEK OF 1/23/2017

Funding Opportunities

Alaska Native-Serving and Native Hawaiian-Serving Institutions Education Competitive Grants Program (ANNH)

The purpose of this program is to promote and strengthen the ability of Alaska Native-Serving Institutions and Native Hawaiian-Serving Institutions to carry out education, applied research, and related community development programs. Read more [here](#).

Deadline: **March 21, 2017**



Two New Grant Opportunities Available Under First Nations' Native Ag and Food Systems Initiative

First Nations will award up to 12 grants of up to \$35,000 each to support projects that aim to strengthen local food-system control: increase access to local, healthy and traditional foods; and decrease food insecurity and food deserts, all with an emphasis on serving Native American children and families.

Also First Nations will award up to 10 grants of up to \$15,000 each to Native communities looking to conduct food sovereignty assessments in order to gain a better knowledge and understanding about the historical, current and future state of their local food systems.

Read more [here](#). And [here](#).

Deadline for both: **February 17, 2017**

Employment Opportunities

IHS Health Professions Scholarship Program

The IHS Scholarship Program provides qualified American Indian and Alaska Native health professions students an opportunity to establish an educational foundation for each stage of your pre-professional careers. Since IHS began providing scholarship support to American Indian and Alaska Native students to pursue health profession careers in 1978, the program has grown to support, educate and place health care professionals within medically underserved Indian health programs throughout the continental United States and Alaska. Read more [here](#).

Deadline: **March 28, 2017**



IHS Pre-Graduate Scholarship Program

The Pre-Graduate Scholarship Program provides financial support for American Indian and Alaska Native (federally or state-recognized) students to enroll in courses leading to a **bachelor's degree in specific pre-professional areas** such as pre-medicine, pre-dentistry, and others as needed by Indian health programs. Read more [here](#).

Deadline: **March 28, 2017**



IHS Preparatory Scholarship

The Pre-Graduate Scholarship Program provides financial support for American Indian and Alaska Native (federally or state-recognized) students to enroll in courses leading to a **bachelor's degree in specific pre-professional areas** such as pre-medicine, pre-dentistry, and others as needed by Indian health programs. Read more [here](#).

Deadline: **March 28, 2017**

Contact Information

National Center for Chronic Disease Prevention and Health Promotion

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IDAHO TRIBES/STATE OF IDAHO QUARTERLY MEETING
Nimiipuu Health, 111 Bever Grade Road, Lapwai, ID
November 3, 2016

Attendees: Matt Wimmer, Trish Reynolds, Leta Campbell, Angie Sanchez, Jackienna Hopkins, Jamielou Delavan, Wanda Dixey, Johnna Pokibro, Joyce Broadsword, Rebecca Crocker, John Rowland, Artrette Sampson, Eva Davison, Vesta Moe, Lindsey Holt, Jennifer Williams, Tina Bullock, Gina Smith, Nicole Massey, Sharon Randle, Jaye-Lynn Green, Eva Hayes, Amando Jaime, Kristy Kuehfuss, LaDawna Rose, Camille Schiller, Cathlin Stewart, Sam Penney, Kylena Guffie

On Call: Ann Lindroth-Jim, Rhonda Martinez-McFarland, Aisha Martin, Dora Truchot, Morianna Waushakie, Laura Platero, Crystal Campbell, Emily Smith, Tiffany Kinzler, Suzette Driscoll, Ross Edmunds, Rosie Andueza, Cody Cockerum, David Welsh

Welcome and Introductions – Matt Wimmer, Administrator, Division of Medicaid

- Matt welcomed all in attendance

Nez Perce Tribal Presentation – Councilman Sam Penney

- Currently serves as the VP of human resources subcommittee, sits on the Board of Directors for the Boys and Girls club in Lewis Clark valley and is the President of The Healing Lodge
- Presented facts and Federal treaties about the Nez Perce Tribe
- Treaty specified that the Nez Perce Tribe occupies 13.2 million acres

Medicaid Benefits Overview – Matt Wimmer

- Alternative Benefit plans – covers all essential health benefits
 - Ambulance/transportation
 - Physical Therapy
 - Outpatient and Inpatient Hospital services
 - Maternity and Newborn care – more than half children born in Idaho are covered by Medicaid
 - Dental
 - Dental for Pregnant women, children and adults with special health needs
 - Basic dental coverage for well adults
 - Preventive health and lifestyle/Diabetes education
 - Tobacco cessation
 - Behavioral health – Optum for outpatient only
 - In-patient - psychiatrist care for children up to age 21 through EPSDT
 - Prescription Drugs
 - Durable Medical Equipment (DME) and supplies
 - Vision services for children
- Waiver services – covers things that are not usually covered to help people stay in their own homes or the community
 - Skilled nursing
 - Extends to private duty nurse and care services
- Developmental Disability (DD) Waivers Services
 - Respite – parent who are taking care of children with DD
 - Habilitative support
 - Family education and training
 - Crisis support

It was requested to have someone to speak, in detail, about children who qualify for Behavioral health on the Children's DD services benefits

Matt presented an oversight of the Medicaid Encounters (Handout) - Matt Wimmer

- Federal basis for what's in an encounter rate and what's encounter rate eligible (Social Security Act)
- Outpatient health program or facility operated by a tribe or tribal organization under the Indian Self-Determination Act (Public Law 93-638) or by an urban Indian organization receiving funds under title V of the Indian Health Care Improvement Act for the provision of primary health services are eligible for encounter rate payment
- The term “physicians’ services” means professional services performed by physicians (broadly defined), including surgery, consultation, and home, office, and institutional calls and includes
 - Doctor of Medicine or Osteopathy
 - Dental surgery or medicine
 - Podiatric
 - Optometry
 - Chiropractor
- The credentials for a Clinical Social Worker to be encounter eligible
- Clinical psychologist services and supplied incident to clinical psychologist services
- For encounter rate changes – Indian Health Service determines what the encounter rate is and they never release it prospectively – it is always retrospective
- Laura will find out how the rates are determined federally

NPAIHB Policy Updates – Laura Platero

- Laura gave an update on the status of the FY 2017 IHS continuing resolution
- The VA is proposing to combine all the VA's multiple reimbursement programs including IHS and Tribal programs into one community care program
 - Asked to send out comments opposing this – due November 5th
 - Comments are also being accepted on IHS realignment plan.
 - Department of HHS Secretary Tribal Advisory Committee has been focused on the transition plan for next year into the next administration.
 - Employer Mandate – Currently, Tribal advocates are seeking a partial exemption from the mandate.
- Portland Area budget formulation meeting is in Portland on November 29th
- CMS just issued a new Indian Health addendum for managed care facilities and they are seeking comments from tribes. There is a call November 9th

IBHP 1915(b) Waiver– Matt Wimmer

Matt reviewed the elements of the Proposed Standard Terms and Conditions for Idaho Behavioral Health Plan (handout)

- Indian Managed Care Entities for Tribes in Idaho
- Indian Healthcare Providers (IHCP) Clinical Care Autonomy
- Freedom of choice and access to Indian Healthcare providers
- Cost sharing protections
- Right of Recovery
- Network Adequacy
- Prompt Payment Requirement
- Payment at the encounter rate
- Access to out of State IHCP's

- Prior authorization and Referrals
- Offers to contract/Indian addendum
- Exemption of Resources from Eligibility determinations
- Tribal Technical advisory boards

Medicaid Updates–Matt Wimmer, Division of Medicaid

Administrative Rules

- Home health and Durable Medical Equipment (DME) – little impact on tribes
 - Nurse practitioners writing for DME needs to get a physician's signature
- Drug Pricing, rebates
 - 340B drugs get rebates separately through the 340B program
- Changes to Hospice reimbursement rates – little impact on tribes
- Personal Needs Allowance (PNA) – Living in own home share of costs

Upcoming Administrative Rules

- Changing reference for nursing facility (RUG) Resource Utilization Group

State Plan Amendments

- Long Acting Reversible Contraceptives (LARC) – High expected impact on tribes
- Recovery Audit Contract Program (RAC)
- Community Based Rehabilitation Service (CBRS) – change to who can supervise

Upcoming State Plan Amendments

- Adult 1915(i) HCBS updates (Sept)
- Medicare-Medicaid Coordinated Plan (MMCP) Service Area Reduction
- Prescription Drug related
- Changing references for nursing facility RUG (Resource Utilization Group) Working on draft prop/temp rule

Waiver Amendments

- 1915(b) IBHP waiver renewal
- 1915(c) Adult DD, HCBS Waiver Amendment
- 1915(b) Idaho Smiles Dental Waiver Renewal
 - Would like a Tribal workgroup to participate in working through documents

Upcoming Waiver Amendments

- 1915(c) Adult A&D and DD Waiver Renewals (April)

Division of Behavioral Health (DBH) Update on the GAIN – Crystal Campbell and Emily Smith

- Memo sent out regarding the GAIN survey
 - A workgroup will be developed to find a better tool to replace the GAIN
 - Would like equal representation from the Tribes
 - If you have questions, concerns or comments contact Emily
 - There are some SAMHSA Grants
 - Crystal will send out info on these
 - Worked with Judy Thorn, the HIV educator, and she would like to form additional pilot projects and has free test kits for communities and provide education to communities
 - She would like to present at the next Tribal meeting if the Tribes want her to
 - The YES program – transitioned from Jeff D
 - Had the first parent network workshops in October, which represented regions throughout the State to insure experiences with parents with children with SED
 - If parents interested in this contact the Federation of Families
 - The YES project team is soliciting input on the YES website

- If you have input contact Pat Martelle

Telligen – Quality Improvement Organization - Transition from Qualis - Cody Cockrum, Medicaid

- Review cases, submitted by providers, for medical necessity for reimbursement from Medicaid
 - Telligen running smoothly – no major complaints
 - Working with providers to use website
 - Web address: <http://idmedicaid.telligen.com/>

Idaho Medicaid Contracts update – Dori Boyle, David Taylor

- Transportation – transition to Veyo – rough at first but improving
 - Veyo is doing outreach to groups of people to work directly with them to help solve transportation issues
 - Sara Stith had tribal call and was going to follow up
 - Web Address: <http://Idahotransport.com>
 - Contact is Dori Boyle at (208) 364-1835 or Dori.Boyle@dhw.idaho.gov
- Dental contract signed and effective October 3, 2016 – 3 years then up to 7 years
 - Managed Care of North America – new contractor
 - Reviewing additional imports at this time and scheduled to go live on February 2, 2017
 - Continue to bill Dentaquest, MCNA will give more info on last days
 - Contact is David Taylor at (208) 947-3355 or David.Taylor2@dhw.idaho.gov

Medicaid Administrative Match Contracts – Cody Cockrum, Medicaid

- If you are helping people getting eligible for Medicaid there are contracts to draw on Medicaid funds
 - Fill out a time survey
 - Once finished email Cody.Cockrum@dhw.idaho.gov or fax (208) 332-7280 to Cody
- Covers anything Medicaid outreach related or administrative activities for Medicaid related purposes
- Covered at 50% of the cost for the Tribe up to the total amount of the contract \$75,000

Next meetings 2017:

- Boise at Medicaid push to later in February – because of rules presentations, February 15th and 16th – would like to hold at Elder if possible
 - NPAIHB offered to help with the Holiday Inn a while back, not able to confirm. May have to use the State building downtown as legislative activities are occurring at the same time as this meeting.



C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

IDAHO DEPARTMENT OF HEALTH & WELFARE

MATT WIMMER - Administrator
DIVISION OF MEDICAID
Post Office Box 83720
Boise, Idaho 83720-0009
PHONE: (208) 334-5747
FAX: (208) 364-1811

January 20, 2017

Dear Tribal Representative:

The purpose of this letter is to give notice that Idaho Medicaid intends to submit a State Plan Amendment (SPA). Idaho's Alternative Benefit Plans (ABPs) are indexed to a Base Benchmark Plan selected by Idaho Medicaid, the Preferred Blue PPO Small Group Plan, offered by Blue Cross of Idaho Health Service, Inc. (BCI). Although this SPA is intended to align the ABPs with minor changes made in 2014 to the Base Benchmark Plan, the amendment is not expected to result in any significant and material changes to member benefits under the State Plan.

We intend to submit the SPA no later than March 31, 2017. The effective date of these changes is January 1, 2017.

The bulk of the changes are to align Idaho's Alternative Benefit Plans (ABPs) with revisions by BCI to the Lifetime Limits, Amount Limits, Authorization Requirements, and/or Scope Limits for certain benefits being offered under this plan. Other changes to the ABPs are being made to clarify benefits or policies, to reflect amendments to federal regulations or state administrative rules, or to correct typographical or technical errors in the current versions on file.

Idaho Medicaid's development of the proposed SPA will be reviewed as part of the Policy Update at the next quarterly Tribal meeting, tentatively scheduled for February 16, 2017. Idaho Medicaid is interested in receiving your comments, questions, or suggestions relating to this change. Should you have questions about this letter or the upcoming SPA submission, please contact Clay Lord at (208) 364-1979 or by e-mail at Clay.Lord@dhw.idaho.gov prior to February 28, 2017.

Sincerely,

MATT WIMMER
Administrator

MW/cl



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

MATT WIMMER - Administrator
DIVISION OF MEDICAID
Post Office Box 83720
Boise, Idaho 83720-0009
PHONE: (208) 334-5747
FAX: (208) 364-1811

January 24, 2017

Dear Tribal Representative:

In accordance with section 1902(a)(73)(A) of the Social Security Act regarding the solicitation of advice prior to the submission of any Medicaid State Plan Amendment (SPA) or waiver likely to have a direct effect on Indians, Indian Health Programs, or Urban Indian Organizations, the Idaho Department of Health and Welfare (IDHW) notifies you that Idaho Medicaid intends to submit a SPA, to the Centers for Medicare and Medicaid Services (CMS).

Purpose

Idaho is required to adjust its resource and income limits, based on the Cost of Living Adjustments (COLA) and other federal guidance, and submit a SPA based on this guidance. This is to inform you that IDHW intends to submit a SPA in order to update the 2017 COLA increase and change in resource limits. We intend to submit the SPA no later than March 1st, 2017.

Anticipated Impact on Indians/Indian Health Programs/Urban Indian Organizations

There is little to no anticipated impact on Indians, Indian Health Programs, or Urban Indian Organizations and will be part of the policy update at the next quarterly Tribal meeting scheduled for February 16th, 2017.

Copy Available on Request

IDHW is in the process of completing the SPA. A copy of the draft SPA will be provided upon request made to Camille Schiller at (208) 334-5969 or by email at Camille.Schiller@dhw.idaho.gov.

Comments or Questions

Idaho Medicaid is interested in receiving your comments, questions or suggestions relating to this change. Should you have questions about this letter or the upcoming waiver submission, please contact Camille Schiller, Program Manager for Health Coverage Assistance at Camille.Schiller@dhw.idaho.gov, 208-334-5969, prior to March 1st, 2017.

Sincerely,

MATT WIMMER
Administrator

MW/cs

We were able to secure locations for the Boise meeting in the Pete T Cenarrusa Building located at 450 West State Street for the Medicaid meeting on February 15th. The Tribal Medicaid Meeting will be held on the 7th Floor. The Self Reliance meeting will be the next day (February 16th) and will be held in the same building, but in the 2nd Floor Conference Room.

I will be sending a list of names to Capitol Mall Security so that they can give you a name badge and allow you access to the meeting room(s). The entrance to the building is on the State Street side, however parking may be slightly difficult. I am requesting parking permits that allow meeting participants to park in the parking garage. I will also ask for a map that shows other locations that are not metered spaces so that you do not get a parking ticket.

I am attaching the draft agendas and I am hopeful that you would be willing to suggest any additions and/or changes for either. We want to continue to have productive meetings that are useful to all attendees and help us support the work that we do for tribal members in Idaho. Please let me know if you have additional items that you would like to discuss at either meeting so that we can make sure to get the right people from the State at the table. I also created a new "Contact List" in Outlook so please take a moment and make sure that I have the appropriate people on the distribution list to represent the Tribes that you work for. If there is someone I may have missed, please feel free to forward this invitation to them and let me know their contact information so that I can add them to future distributions.

Thank you so much for your time.

Trish

Trish Reynolds
Tribal Relations Program Specialist
208-799-4338
New Email Address
trish.reynolds@dhw.idaho.gov

Providing quality customer service is important to me. If you have suggestions for improvement, please contact me. If you'd like to contact my supervisor about my services to you, you may email her at joyce.broadsword@dhw.idaho.gov or contact her at 208-816-2230.

The information in this email may be privileged, confidential or otherwise protected from disclosure. All persons are advised that they may face penalties under state and federal law for sharing this information with unauthorized individuals. If you receive this email in error, please reply to the sender that you have received this information in error and delete this email after replying to the sender.

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Idaho Tribes/Idaho Medicaid Meeting Quarterly Meeting Agenda
February 15, 2017
Idaho Dept. of Health and Welfare Offices~450 W. State Street, Boise, ID
7th Floor Conference Room
9:00 – 3:30 MT,

Conference Line: 1-877-820-7831
Guest Passcode: 301388#

Time	Topic	Speaker
9:00 AM	Welcome and Introductions	Matt Wimmer Administrator Division of Medicaid
9:15 AM	Medicaid Updates Policy Changes and Tribal Letters	
10:00 AM	1915B Update and Discussion	
10:30 AM	Break	
10:45 AM	NPAIHB Update	NPAIHB
11:15 AM	DD Services	Art Evans
12:00 PM	Lunch brought in for Working Lunch	
12:30 PM	Dental Contract Changes/Implementation MCNA (Managed Care North America)	Sara Stith and MCNA Staff
1:30 PM	Division of Public Health Update	Jamie Delavan Health Program Specialist Division of Public Health
1:45 PM	Behavioral Health Update	Crystal Campbell Program Specialist, ATR Division of Behavioral Health
2:15 PM	Break	
2:30 PM	Optum/Gain Assessment Update	Division of Behavioral Health
3:00 PM	<ul style="list-style-type: none"> • Next meeting topics and schedule • Open discussion 	Matt Wimmer
3:30 PM	Adjourn	

Tribal Self Reliance Meeting
February 16, 2017
IDHW Offices ~ 450 W State St, 2nd Floor Conference Room, Boise, ID

DRAFT Meeting Agenda:
Dial In: 877-820-7831
Host Code (Trish) 5272571
Participant Code 930306

<p>9 a.m. Welcome and Introductions (Prayer)</p> <p>9:15 a.m. Tribal Updates and Program Requests</p> <ul style="list-style-type: none"> • Nez Perce Tribe TANF Child Support Child Care Other Programs • Shoshone-Paiute Tribes TANF Child Support Child Care Other Programs • Shoshone-Bannock Tribes TANF Child Support Child Care Other Programs • Coeur d'Alene Tribe TANF Child Support Child Care Other Program • Other Tribes Attending <p>10:15 a.m. Break</p> <p>10:30 a.m. Office of Indian Education</p>	<p>11:00 a.m. HHS Region 10 Updates</p> <ul style="list-style-type: none"> • Child Care • Child Support • TANF • Any other Updates from Region X/Federal <p>11:30 a.m. DHW Program Updates</p> <ul style="list-style-type: none"> • TANF • Child Care • Food Stamps • Medicaid • Contracts – TANF/EWS, etc. • Child Support <p>Working Lunch</p> <p>12:30 p.m. Tribal D Data Base Demonstration</p> <p>1:30p.m. Idaho Careline Report</p> <p>2:00p.m. Agenda Items/Next steps for next meeting</p> <p>2:30 p.m. Future Meeting Dates/Locations</p> <p>Currently: May: Coeur d'Alene Tribe August: Shoshone-Bannock Tribes November: Nez Perce Tribe</p> <p>3:00 Adjourn</p>
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The attached notice was posted to <http://healthandwelfare.idaho.gov/meditribe/> on 1/26/2017.

It is no longer necessary to log in to view this page.

Thank you,

Dea Kellom

Division of Medicaid

Administrative Assistant to George Gutierrez

(208) 364-1836

Dea.Kellom@dhw.idaho.gov

Coin a new catchphrase: Choose less ordinary!

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