Critical Event Analysis Form

Office of Tribal Affairs

Tribal Consultation and Urban Indian Health Program Confer Process

In accordance with the OHA-ODHS Tribal Consultation and Urban Indian Health Program Confer Policy (Tribal Consultation and Urban Indian Health Program Confer Policy), the state must consult with the Nine Federally Recognized Tribes in Oregon and confer with the Urban Indian Health Program on critical events that impact them, before agency decisions are made. This analysis form guides staff to determine **what may or may not** be a critical event and what next steps to take once the analysis has been completed.

Step 1: Program staff are responsible for filling out this form. Please work with the designated Tribal Liaison (OHA Handbook)/(ODHS Handbook) to answer the questions and collectively make a tier determination:
Tier 1 requires a Dear Tribal Leader Letter (DTLL).
Tier 2 requires a Memorandum or a Meeting agenda request.
Tier 3 the information can be shared in an email from the designated Tribal Liaison or Office of Tribal Affairs (OTA).

Step 2: Program Managers are responsible for reviewing and approving their staff's analysis.

Step 3: When the form is complete (after the Program Manager has approved) it should be e-mailed from the designated Tribal Liaison to the respective Office of Tribal Affairs designee (OHA-Tribal Health Policy Analyst or ODHS-Strategic Director of Tribal Initiatives or both if it is a joint agency event).

Name of Program Staff filling out this form: Click or tap here to enter text.
Program Name: Click or tap here to enter text.

This Critical Event Analysis Form should be used to identify items that might be a critical event, including but not limited to items that: (Consultation Policy VI. Policy, page 7)

1. Have significant, specific, and/or disproportionate implications on Indian or Tribal Members of the Nine Federally Recognized Tribes in Oregon, or
2. Have implications on the Indian Health Service, Tribal health programs or urban Indian health program, or
3. Have a direct effect on one or more Tribes, or
4. Have a direct effect on the relationship between the state and Tribes, or
5. Have a direct effect on the distribution of power and responsibilities between the state and Tribes, or
6. Are a federally or statutorily mandated proposal or change in which OHA or ODHS, has flexibility in implementation, or
7. Any topic area that is on the OHA or ODHS Tribal Priority List.

A critical event must be formally identified by an agency or Tribal Representatives. Questions to consider when filling out this form:

- Is there a clear impact on Tribes?
- Do we think it may impact Tribes but are not 100% sure?

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- Does it impact Tribes, and is a federal or statutorily mandated change with flexibility in implementation?
- Does official notification need to be sent to appropriate officials as listed in the policy?

Event Category

Please check the box below for the type of event this analysis covers (Consultation Policy VII Tribal Consultation Process, page 7-8).

☐**Policy development impacting Tribes.**
☐ **Program activities impacting Tribes.**
☐ **State Plan Amendment** (SPAs are automatically a Tier 1. A DTLL will be required regardless of Tribal impact).
☐ **Waiver or other demonstration proposal or renewal** (Waivers are automatically Tier 1. A DTLL will be required regardless of Tribal impact).
☐ **Other state Medicaid regulation changes with a compliance cost or impacting Tribes.**
☐ **Results of monitoring, site visits or audit findings impacting Tribes.**
☐ **Data collection and reporting activities impacting Tribes.**
☐ **Funding or budget developments impacting Tribes, including writing Tribes/UIHP into grants.** (OHA and ODHS shall provide set-aside funding to Tribes whenever possible. If there is a set-aside it is automatically Tier 1. A DTLL will be required).
☐ **Rulemaking impacting Tribes. (all permanent rulemaking will be shared with Tribes per policy)**
☐ **Other event with significant, specific, and/or disproportionate impact to Tribes.**

Event description

Please provide a brief 2-3 sentence description of the event: Click or tap here to enter text.

Please provide brief answers to the following questions:

1. **What is the purpose of the proposal/change?**
   Click or tap here to enter text.

2. **What is the proposed implementation plan?**
   Click or tap here to enter text.

3. **Is it a federal or statutorily mandated change?**
   ☐No
   ☐Yes
   Please describe: Click or tap here to enter text.

4. **What is the geographic impact of the event?**
   ☐National
   ☐Statewide
   ☐Regional/limited to a specific area of Oregon.

   Please indicate which region of Oregon will be impacted:
   Click or tap here to enter text.

5. **Is there a significant, specific and/or disproportionate impact on Tribes?** (please work with the designated Tribal Liaison to determine)
   - ☐Yes
   - ☐No
   - ☐Unclear at this time/will be determined as the work is developed.

6. **If you answered Yes to question 5, please indicate which Tribe(s) and/or Urban Indian Health Program may be impacted. Check all that apply.**
   - ☐ All Nine Federally Recognized Tribes in Oregon
   - ☐ Burns Paiute Tribe
   - ☐ Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians
   - ☐ Confederated Tribes of Grand Ronde
   - ☐ Confederated Tribes of Siletz Indians
   - ☐ Confederated Tribes of the Umatilla Indian Reservation
   - ☐ Confederated Tribes of Warm Springs
   - ☐ Coquille Indian Tribe
   - ☐ Cow Creek Band of Umpqua Tribe of Indians
   - ☐ The Klamath Tribes
   - ☐ Native American Rehabilitation Association of the Northwest (NARA-NW)
   - ☐ All Nine Tribes and NARA-NW

7. **Please detail any complexity, time constraints, deadlines and/or issues.**
   Click or tap here to enter text.

Determining communication options

Please select the appropriate Tier based on your analysis (please work with the designated Tribal Liaison to determine).

☐ **Tier 1:** This is an identified Critical Event. A Dear Tribal Leader Letter is required immediately work with the designated Tribal Liaison to draft a DTLL using the DTLL template and DTLL checklist,(OTA Handbook)/(ODHS Handbook).

☐ **Tier 2:** Not a critical event, but important to share information with the Tribes, from Office of Tribal Affairs, one of two ways.

- Work with the designated Tribal Liaison to draft a memorandum using the memorandum template, (OTA Handbook)/(ODHS Handbook), to communicate with Tribal Health and/or Respective Tribal Program Directors (social services, housing, community services, education, etc.) or
- For OHA, fill out a meeting agenda request form for the OHA Tribal Monthly Meeting

☐ **Tier 3:** Not a critical event, the information can be shared in an email from the designated Tribal Liaison (see gov-to-gov handbook) or OTA, with the respective cc. to the Office of Tribal Affairs.

Approval Routing

When the form is complete (after the Program Manager has approved) it should be e-mailed from the designated Tribal Liaison to the respective Office of Tribal Affairs designee (OHA-Tribal Health Policy Analyst or ODHS-Strategic Director of Tribal Initiatives or both if it is a joint agency event).

Tier 1: DTLLs must be sent to OTA within 7 calendar days of identifying a critical event.

Role	Name	Approved	Date
Tribal Liaison			
Program Director/Manager			
Sent to OTA			

Tier 2: Memos and Agenda Requests should be sent ASAP.

Role	Name	Approved	Date
Tribal Liaison			
Program Director/Manager			
Sent to OTA			

Tier 3: Work with OTA to decide who will send the email.

Role	Name	Approved	Date
Tribal Liaison			
Program Director/Manager			
Sent to OTA			

Please contact the Office of Tribal Affairs if you would like to get this document in other languages, large print, braille or a format you prefer.