



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE

INDIAN HEALTH AREA OFFICE
301 POST OFFICE & COURT HOUSE BLDG.
OKLAHOMA CITY, OKLAHOMA 73102

REFER TO:

April 20, 1967

Dear

During a series of meetings held during the week of April 10 it became very evident that there were lapses in communication. In an effort to partially remedy this situation the following information is given you so that you may pass it on to all of the Indians with whom both of us work:

One question that has constantly recurred has been "who is eligible," "who is entitled to service?" This letter will attempt to clarify this situation as simply as possible.

Public Health Service Regulations provide that:

"(A) In general:

- (1) Services will be made available, as medically indicated, to persons of Indian descent, belonging to the Indian community served by the local facilities and programs, and non-Indian wives of such persons.
- (2) Generally, an individual may be regarded as within the scope of the Indian Health and medical service program if he is regarded as an Indian by the community in which he lives as evidenced by such factors as tribal membership, enrollment, residence on tax exempt land, ownership of restricted property, active participation in tribal affairs, or other relevant factors.

If the applicant's condition is such that immediate care and treatment are necessary, services shall be provided pending identification as an Indian beneficiary.

- (3) Blood quantum is a factor only with members of the Five Civilized Tribes. For many years this has been one-half degree. Effective immediately this is reduced to one-quarter degree blood quantum. The highest priority will be given to those of half degree or more.

In the past, services have not been extended to residents of Oklahoma City and Tulsa as well as certain other localities. On January 20, 1967 this restriction was lifted with a bulletin which says, 'Effective immediately, residency as a qualification for admission to our facilities for direct service will not be considered. If an Indian who otherwise falls within the priorities for service applies at a Division of Indian Health outpatient department, hospital, clinic or other facility, we will provide the necessary care in the Indian Health facility to the best of our ability.'

This means that if an Indian from Oklahoma City, Tulsa or other localities where service has not been provided comes to our facility for care it will be provided. We will continue to encourage these individuals to make use of the facilities available to them in their own community from other agencies, but will not use this as a basis of denial of direct services at an Indian Health facility.

- (4) Likewise, residency in other service unit does not serve as a basis for denial of direct services at an Indian Health facility. It must be emphasized that the above applies to service rendered at a Division of Indian Health facility and not at private or community hospitals. Service at other than Indian Health facilities must be authorized by the Service Unit Directors.
- (5) Indian wives of non-Indian husbands and the children of such marriages will be provided service.

The Division of Indian Health Manual establishes as one of the guidelines in determining priority for services the following: 'Determine whether the beneficiary has financial resources or insurance coverage to be able to pay, without impairing his prospects for economic independence, all or part of the cost of private medical care.'

In an effort to assist the Service Unit Director in making this determination, in the past there were set some income figures which were to be used as guidelines. In some cases these figures have been used too rigidly. Effective immediately we are removing income as a basis for establishing priority for services. We believe and hope that those individuals who are financially able through their own, continue to use such resources which will allow our facilities to better care for those who are less fortunate. In the event it becomes necessary to establish priorities, emergencies will always be first in the provision of care.

- (6) The Service Unit Director or his professional designee are the only individuals who are authorized to deny services. If it is determined that services are not available, the applicant must be notified in writing, giving the reason. The letter shall also inform him that if he has additional information which might effect the decision, he may submit it to the Indian Health Area Director for consideration. The name and address to which this appeal may be sent shall be clearly stated."

This in part will answer some of the questions. We earnestly request your cooperation in getting this information to all Indians. Working together we can accomplish a great deal and avoid many of the problems we mutually encounter. We will be glad to have representatives of the Area Office or Service Unit staffs come to your council meetings to discuss with you any of these subjects or others which you may want explained.

Please contact Mr. Calvin Beames, Chief, Office of Tribal Affairs, 301 Old Post Office Bldg., Oklahoma City, Oklahoma 73102, or call him at CEntral 6-2311, extension 676.

We want to work with you in reaching the objective of all of us, "To elevate the health status of the American Indian to the highest possible level."

Sincerely yours,

Benjamin E. McBrayer, M.D.

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Indian Health Area Director