

**PIT RIVER HEALTH SERVICE, INC.
TRADITIONAL HEALTH POLICY**



Approved: May 11, 2023

Pauni Hayward

Health Board Chairperson

06/15/2023

Date

Loran Elley

Chief Executive Officer

5/15/23

Date

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SECTION 1: PURPOSE

The purpose of the Pit River Health Service, Inc. Traditional Health program is to help assist Tribal members who are residing within the PRHS Service area to have access to Traditional Healers/Practitioner, attend cultural events and ceremonies.

SECTION 2: BACKGROUND AND INTENT

The Pit River Health Service, Inc. witnesses the growing and desire to have access to Traditional Healer/Practitioners, attend cultural events and ceremonies. It is the intent to ensure that the Tribal Members have Pit River Health Service, Inc. access to Healers/Practitioners and healing ceremonies. These funds are limited and as such, they are intended to supplement Tribal Members in obtaining traditional healing services. PRHS will not be liable regardless of the outcome from receiving traditional healing services. Traditional healing services are consistent with the goals to help preserve, protect, and revitalize the cultural and spirituality of the Pit River people.

SECTION 3: DELEGATED AUTHORITY

The Traditional Health budget will be overseen by the Health Board.

- a. To make provision for disbursement of program funds in accordance with this policy.
- b. To adopt amend, appropriate forms for application and other documents required for the proper administration of the program.

SECTION 4: AUTHORIZED PROGRAMS AND SERVICES

- a. Prior approval must be obtained by the Pit River Health Board in writing before services are rendered.
- b. Payment will be made directly to the individual requester.

SECTION 5: AMOUNT, DISTRIBUTION AND REPORTING OF BENEFITS

Amount of Benefits: The amount of benefits provided by the program shall be set forth within the annual budget. The following amounts may be requested by any Pit River Tribal member per fiscal year.

1. Individual Request cultural ceremonies and events - \$200.00

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2. Family Request cultural ceremonies and events - \$300.00
3. Traditional Healer request in state - \$200 individual and \$400 for a family
4. Traditional Healer request out of state - \$400 individual and \$600 for a family

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SECTION 6: MISCELLANEOUS PROVISIONS

- a. No entitlements intended. The programs authorized pursuant to this policy are not entitlement programs. The Pit River Health Service, Inc. has made provision to fund the program by establishing the funds for the program within the Pit River Health Service, Inc. budget, but the program may be changed or eliminated as determined to be necessary or appropriate by the Board of Directors.

Pit River Tribal Gatherings/Events

1. Coonrod Gathering
 2. Medicine Lake
 3. Ancestral Run/Up River
- b. Amounts made available to provide services under this policy shall be limited to the amounts appropriated for the programs and to such limitations as shall be set forth within the Pit River Health Service, Inc.
 - c. Requests are reviewed and approved by the Board of Directors.

PROCEDURES

1. Requests can be made for out of state events
2. Funds will be tiered for traditional healer: \$200I and \$400F to see a traditional healer in state, \$400I and \$600F to see a traditional healer out of state.
3. For traditional healer, the Requestor must appear in front of the board in addition to a formal requests.
4. Request must contain:
 - a. Purpose and reason for request
 - b.
5. Andrew- Make a Traditional Health Request Form
 - a. Must contain name of traditional healer and location of the healer

SECTION 7: Procedures

- a. Applicants must submit a Traditional Medicine Request Form and for Treatment by a Traditional Healer also a Traditional Medicine Consent and Release of Liability Form (see attached forms) 20 or more days before the date of the event or seeing the healer (see attached forms). In addition, the request form needs to have copy of their enrollment card. This information must be submitted to the PRHS Board Assistant.:
- b. PRHS Board Assistant will verify eligibility of tribal enrollment and assure that application materials are complete and then email them to the Board of Directors for review and approval at the next PRHS Board meeting.
- c. PRHS Board Assistant will insure that that requestors for Traditional Medicine Healer requests are invited to the Board meeting to discuss with the Board their application.
- d. If approved, Board Assistant will process P.O. for Finance to prepare check to the requestor in the appropriate amount, and give the check to requestor once check is produced.

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e. Approved funding is considered financial travel assistance for gas, meals or lodging and not donations/gifts for Healer.

f. The assistance toward the travel costs to help the patient in obtaining Traditional Healing assistance per household will be based on the following:

1. Out-of-state travel up to \$600 per household/family, and up to \$400 for individual request.

.2. In-state travel up to \$400 per household/ Family and up to \$200 for individual request.

3. These funds must be used for the patient to travel to the Traditional Healer or to bring the Traditional Healer to the PRHS area to provide Traditional Healer services.

Last edit approved by the BOD on 5/11/2023

**PRHS TRADITIONAL MEDICINE
CONSENT AND RELEASE OF LIABILITY**

Name of Applicant: _____ Age: _____

The undersigned, being of legal age and sound mind, hereby knowingly and voluntarily agrees to the terms of this Release as follows:

1. I would like to apply for a travel assistance donation from the Traditional Medicine Services program of the Pit River Health Service (PRHS). Under this program, and if the application is approved, the PRHS will agree to provide a assistance up to **\$600 per household/Family or \$400 for individual** to assist the patient with travel assistance out of state, or up to **\$400 per household/Family or \$200 for individual** to obtain Traditional Healer Services in State. The donation assistance can only be used for travel-related expenses to take the patient to the healer or to bring the healer to the patient. If two or more persons from the same household are requesting assistance for the same healing services, the Health Board may limit the amount of assistance given. The 'household' is defined as those family members, including extended family and significant others who are living under the same roof who are informally related. The family members do not have to be immediate family members as defined by PRHS Personnel Policies, since the Traditional Medicine Policy is not addressing nepotism in the workplace.
2. I understand and have been instructed by PRHS personnel that my decision to seek assistance from a traditional Native American healer is **strictly voluntary and solely a personal decision** that I have made. I understand that I am ultimately in charge of making decisions about my own health care. I understand and acknowledge that the PRHS has advised me to continue with any medical treatment prescribed or recommended by PRHS medical doctors.
3. I understand that it is solely my decision to select a traditional Native American healer. Even though consulting with a Native American healer may benefit my health and the healing process, I understand there is a potential risk, injury or liability in doing so, whether or not it is the result of negligence or intentional acts of myself or others.
4. As a precondition and in consideration of requesting and receiving any travel donation funds to see a traditional Native American healer, I hereby release and hold harmless the Pit River Tribe, PRHS, and the Indian Health Service, the U.S. Public Health Service, and all doctors, employees, contract employees, staff, officials, or agents of these organizations from any and all liability of any type associated with, arising out of, or related to my decision to seek treatment from a traditional Native American healer. This release shall apply to all my successors, devisees, personal representatives, heirs, legal representatives, and legal guardian with equal force.

IN WITNESS WHEREOF, I certify that I have read, and I understand and accept, the contents of this Release.

Patient's Signature

Date

Legal Guardian's Signature (if applicable)

Date

Witness's Signature

Date

Medical/Dental Clinic
36977 Park Avenue
Burney, CA 96013
(530) 335-3651
(800) 843-7447



Administrative Office
369977 Park Avenue
Burney, CA 96013
(530) 335-5090
Fax: (530) 335-5241
FTS: (530) 551-5091

PRHS Board of Directors Traditional Health Request

Next Meeting Date and Time: _____

Requestor: _____ Phone: _____

Mailing Address: _____

Reason for Request: _____

Location: _____

Amount or Donation Needed: _____

Attendee's: _____

Requestor's Signature: _____ Date: _____

Received Date: _____ Signature: _____

Board Response: _____ Date: _____

Approved _____ Amount Approved: _____

Denied (Reason): _____