

# **COQUILLE INDIAN TRIBAL CODE**

## **Chapter 167**

### **Part 1 – General Governmental Affairs**

#### **Health Services Reserve Fund**

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**167.010 Authority**

The Tribal Council of the Coquille Indian Tribe is authorized by the Constitution of the Coquille Indian Tribe to enact ordinances. Article VI – Tribal Council, Section 1. The Constitution provides, in part, that “There shall be a Tribal Council which shall have the power to exercise all legislative authority except that vested in the General Council, and all executive authority of the Tribe, including the right to delegate authorities as the Tribal Council deems appropriate.”

Tribal Constitution, Article VI, Paragraph 3(b)(8) provides that “All final decisions of the Tribal Council on matters of general and permanent interest to the members of the Coquille Indian Tribe shall be embodied in ordinances. The ordinances shall be collected and made available to Tribal members and others affected upon reasonable request.”

**167.020 Fund Name**

The name of this fund shall be the Health Services Reserve Fund (HSRF).

**167.030 Purposes and Intent**

The Tribal Council considers the continuity of health care a high priority; however, nothing in this Ordinance is intended to relieve the United States government of its obligation to provide health care services to members of the Coquille Indian Tribe or to bind the Coquille Indian Tribe to augment or pay for health care from its own resources. Amounts provided under this Ordinance shall always be subject to the availability of appropriations

The Tribal Council established HSRF to provide a supplemental funding source for Contract Health Services patient care costs in the event actual patient care costs exceed budgeted appropriations or resources available in any given fiscal year and to ensure that Contract Health Services eligible individuals receive quality health care as defined by the Tribe’s current Contract Health Services Delivery Plan. The HSRF is a Tribal-funded source for Contract Health Services patient care costs and, as such, may be accessed only after all federal, third party and other required funding sources for Contract Health Services patient care costs have been exhausted.

**167.050 Fund Description**

The Tribal Council appropriates funding each fiscal year for programs to provide services to Tribal members based on priorities established in the Tribe’s Strategic Plan and other needs. Providing high quality health care to Tribal families is high among these priorities. The Tribe’s Contract Health Services program manages a pool of funds for patient care costs that pays for Tribal families living in the Tribe’s Contract Health Services Delivery Area to receive authorized medical services received outside of the Tribe’s Community Health Center. Annual appropriations for patient care costs are established based on past usage, medical inflation rates, Tribal population growth trends, anticipated service levels and available resources. Unknown

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factors, however, such as higher than anticipated usage, unreimbursed catastrophic health events, etc., could cause actual patient care costs to significantly exceed budget appropriations. In addition, Congressional action could reduce federal funding available to the Tribe from the Indian Health Service for patient care costs or reimbursement for catastrophic health events. The Tribal Council establishes the HSRF to provide the Coquille Indian Tribe with a supplemental funding source for patient care costs in the event actual costs significantly exceed budgeted appropriations or resources available in any given fiscal year. The HSRF is an expendable fund that must be replenished to the Target Fund Balance after it is used or depleted, as set forth in this Ordinance.

**167.100 Fund Authorization**

The Tribal Council authorizes the HSRF pursuant to CITC 160.200.3 for the specific purpose and uses established by this Ordinance. The HSRF shall be accounted for as general fund type with a committed fund balance in accordance with Generally Accepted Accounting Principles as promulgated by the Government Accounting Standards Board.

**167.200 Fund Contributions**

HSRF shall be established on April 1, 2011 with an initial contribution comprised of the balance of the Health Services Permanent Fund as of March 31, 2011. The Tribal Council shall authorize additional contributions to the HSRF by appropriation action. Fund earnings (and losses) shall be allocated to the HSRF and be available for authorized uses.

**167.210 Fund Custody**

Contributions, assets and earnings of the HSRF shall be custodied in a bank account, brokerage account or trust account of an institutional trust company, or any combination thereof, selected by the Chief Financial Officer and approved by the Tribal Council. Each such account shall be in the name of the Coquille Indian Tribe. HSRF assets shall be invested in accordance with CITC 160.300 and may be commingled with other Tribal assets to facilitate efficient management, provided they have similar duration, liquidity and risk constraints.

**167.220 Fund Uses**

The HSRF shall be used for Contract Health Services patient care costs, as authorized by the Contract Health Services Delivery Plan currently in effect, whenever actual patient care costs significantly exceed or are expected to significantly exceed budgeted appropriations in any given fiscal year. The Health Advisory Board, in consultation with the Health and Human Services Administrator, Chief Financial Officer and Executive Director, shall recommend use of the HSRF to the Tribal Council after analyzing alternatives to accessing the HSRF, such as reducing or eliminating costs and/or considering other available funding resources. The Tribal Council may authorize transfer to the Contract Health Services program of all or a portion of the HSRF by motion after considering Health Advisory Board's recommendation. At the beginning of each fiscal year, any unused amounts transferred from the HSRF in the prior fiscal year shall be

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returned to the HSRF. Amounts transferred to the Contract Health Service program from the reserve shall, at a minimum, be afforded that same status and provider pricing as federal Contract Health Service funds.

**167.250 Reporting Requirements**

The Chief Financial Officer shall provide reports on the HSRF to the Tribal Council upon request, but no less frequently than annually.

**167.300 Target Fund Balance**

The HSRF target fund balance shall be thirty percent (30%) of average Contract Health Services patient care costs for the prior five (5) fiscal years. The actual fund balance may not be less than the target for more than two (2) consecutive fiscal years. If the actual fund balance exceeds the target, the Tribal Council may authorize, by motion or resolution, the transfer of a portion or all of the excess to the Tribal general fund.

**167.400 Fund Ordinance Review**

The Chief Financial Officer, in consultation with the Health and Human Services Administrator and the Health Advisory Board, shall review this HSRF Ordinance at least once every five (5) years and recommend to Tribal Council any amendments, restatements or other changes.

**167.500 No Waivers**

- (a) No entitlements intended. The programs financed pursuant to this Title are not entitlement programs. The Tribe has made provision to fund the program by establishing the funds for the program within the Tribal budget, but the program may be changed or eliminated as determined to be necessary or appropriate and no tribal member or his or her estate has any vested interest in potential or unused benefits available under the programs. Neither approval of applications or receipt of benefits of program resources creates a vested right in the applicant, the members of the applicant household, their estate or their heirs at law.
- (b) This program shall be unfunded for tax purposes. The program will be administered in a manner to avoid premature taxation through the IRS doctrines of constructive receipt and economic benefit. Benefits hereunder shall not be subject to alienation, encumbrance, assignment, garnishment, or levy.
- (c) Amounts made available for transfer to provide for services under this Ordinance shall be limited to the amounts appropriated and to such limitations as shall be set forth within the Tribal budget.
- (d) No waiver of tribal sovereign immunity. In establishing the HSRF authorized pursuant to this Ordinance, the Tribe has not waived its sovereign immunity from

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- unconsented suit and has not consented to suit or the jurisdiction of any state or federal court or administrative body.
- (e) The Tribe shall not be liable for payment of any medical care obtained by Tribal Members unless such care is authorized pursuant to Tribal policy. This Ordinance makes provisions for reserves to provide for transfer of funds to the Contract Health Service program only. Obligations for medical care may only be authorized through the Contract Health Service program. No obligations may be made directly from the HSRF. No obligations may be made in the anticipation of transfer from the HSRF unless such transfer has first been approved by the Tribal Council pursuant to 170.220.
- (f) The Tribe shall not be liable for continuation of or transfer from the HSRF beyond budgetary resources appropriated by the Tribal Council.

**167.750 Severability**

If a court determines any provision of this Ordinance, or its application, to be invalid, the remainder of this ordinance will continue to be effective.

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History of Amendments to Chapter 167 Tribal Health Services Reserve Fund Ordinance:

Approved 12/16/2010, CY10126

Adopted 2/10/2011, CY1112