



Prairie Band Potawatomi Nation Elder Assistance Program

This policy shall set forth guidelines for the distribution of funds, including additional budgeted funding or contributions received for the express purpose of paying expenses covered by this program, if any, and for amounts budgeted or received in subsequent years.

Assistance for Medical, Dental, Vision & Other Health Care Expenses

This policy shall set forth eligibility and procedures for the disbursement of Elder Assistance Program funds to, for, or on behalf of eligible Prairie Band Potawatomi tribal members. As such, the program will reimburse or directly pay for medical, dental, vision, and other health care expenses not otherwise paid for or covered by insurance, the Purchased Referred Care Program (PRC), or through other tribal, state or federal benefit programs. Eligible recipients must follow the PRC program process in order to rule out the use of PRC or alternate resources. The PRC Committee has complete final discretion to authorize payment or reimbursement for qualified health care expenses as further described in this policy.

Examples of health care expenses that could be subject to consideration for assistance are the following:

- Acupuncture
- Substance Abuse Disorder treatment (not otherwise available through tribe's Behavioral Health Program).
- Artificial limbs or other prosthetics
- Chiropractors
- Christian Science or other Spirituality based practitioner fees
- Costs for physical or mental illness residential stays (Acute Psychiatry, Rehabilitation, etc.)
- Crutches
- Provider recommended Medical devices (walkers, respirators, wheel chairs, nebulizers, etc.)
- Hearing Aids or devices
- Deductibles
- Dental fees for dental services PBPHC Dental Clinic is unable to provide.
- Dentures
- Diagnostic fees
- Dietary supplements with doctor's letter of medical necessity
- Drug and medical supplies (i.e. syringes, needles, etc.)
- Eye surgery (cataracts, LASIK, PRK, etc.)
- Prescription eye glasses
- Hearing devices and batteries
- Hospital bills
- Laboratory fees
- Oral surgery
- Orthodontic fees
- Orthopedic devices
- Oxygen
- Physician fees
- Psychiatric care
- Psychologist fees
- Surgical fees

- Vitamins with doctor's letter of medical necessity
- Weight-loss programs with doctor's letter of medical necessity

Examples of health care expenses that do not qualify for assistance are:

- Cosmetic surgery and procedures
- Dental bleaching
- Over-the-counter items, drugs, or medications that are not medically necessary or are not prescribed by a physician.
- Weight loss programs without a Doctor's letter of medical necessity or prescription
- Tattoo removal

Eligible Tribal Member

Eligible tribal member means an enrolled member of the Prairie Band Potawatomi Nation who has attained the age of 60 years or older at the time expenditures qualifying for reimbursement under this policy are incurred.

Annual Assistance Limitations

All assistance provided pursuant to this Program is subject to the availability of funds. Financial assistance is limited to an aggregate annual amount of five thousand dollars (\$5,000) per individual eligible tribal member and is subject to change from time to time, at the discretion of the Tribal Council. Individual eligible tribal members are limited to one use of the annual aggregate total amount in any 12-month period.

Disbursement Procedures

Disbursements under this program will be made only upon approval of an application from an eligible tribal member. Because it is the general preference of the Tribe to pay a third-party provider for services directly, disbursement directly to the third party is the preferred method of delivering benefits. However, assistance may be provided in the form of reimbursement to the eligible tribal member as further set forth in this policy. In these cases, the tribal member will need to complete an IRS form W-9.

Application Requirement

An applicant must submit a written application in accordance with the requirements established by the PRC Committee pursuant to this program. Completed applications will be accepted in person, by mail, email, or facsimile. Eligible tribal members applying for assistance under the Elder Assistance Program will also need to follow the PRC process to include applying for alternate resources if/when applicable.

All applications must be signed and dated by the applicant. The application must include receipts, contracts, invoices, bills or other documentation deemed necessary by the PRC Committee to substantiate the medical and health care assistance and the expense incurred by the applicant or payment due from the applicant to a third-party provider. If reimbursement of an expenditure is requested, proof of payment must also be attached. Furthermore, the applicant must complete any additional forms required by the PRC Committee necessary to determine eligibility and to permit release of information from a third-party including HIPAA-related releases where applicable.

Multiple requests from the same individual require separate applications; for example, an Elder requesting glasses and a hearing aid must submit two applications. No requests will be approved outside of a PRC committee meeting.

Program Eligibility Determination

The Elder Assistance Program is available only to Elders age 60 and above who are enrolled members of the Prairie Band Potawatomi Nation. The PRC Staff shall confirm the eligibility of each tribal member who applies for assistance under this program through enrollment records or other pertinent records of the Tribe and/or through verification of tribal membership by member services. The PRC staff shall date stamp the application upon receipt. The applicant will be notified in writing, of his/her determination of eligibility for assistance benefits. The PRC committee shall have sole authority to determine whether any request is eligible for payment or reimbursement under this policy and may prioritize the disbursement and management of any eligible funds at its complete discretion. Eligibility determinations shall be made at regular monthly meetings of the PRC Committee or at any other intervening dates set by the PRC Committee. The PRC committee will award up to \$25,000 in assistance per Quarter (or 25% of annual budget allocations). Un-awarded amounts shall be added to the next quarter.

Other Considerations

Limitation on Liability. Any agreement or contract for work performed in connection with this program is solely between the eligible tribal member and a third party. The Tribe shall not be liable for any loss or damages whatsoever resulting from services performed in connection with assistance provided to an eligible tribal member under this program and no legal relationship shall be created between the Tribe and a third party on behalf of an eligible tribal member. Satisfaction of any monetary duty or obligation to a third party shall be owed and remain at all times with the eligible tribal member.

Discrimination. The Assistance provided under this program shall be made available to enrolled PBPB members only, as set forth in the policy. Assistance decisions shall not be, made, influenced by, or determined based on associations, affiliations, or social or economic ties to any entities or individuals.

Nepotism. The PRC committee's roles and responsibilities are set forth in the Purchased Referred Care Policy. Pursuant to the PRC policy and the PBPB Employee Handbook, Committee Members will self-disclose when an immediate relative has an EAP application under review for an approval decision, an appeal, or other action by the committee or when other potential conflicts of interest exist. Immediate relatives are defined as: spouse, parents, in-laws (mother, father, sister, brother), children, siblings, grandparents, grandchildren, and step or foster family members. PRC staff members will not enter purchase orders for EAP approvals that are for immediate relatives as defined above.

Tax Free Benefits. It is the Tribe's intent that the assistance provided pursuant to this program shall be a tax exempt benefit under Internal Revenue Code Section 139D (Indian health care benefits), 139E (Indian General Welfare Act of 2014), and/or Revenue Procedure 2014-35 (including any subsequent Internal Revenue Service guidance). All assistance provided under this program shall not be lavish or extravagant because of the annual assistance limitation and because of the nature of the assistance provided. As a matter of tribal policy, the payment of reasonable and necessary health care assistance are not lavish or extravagant.

Severability. If any provision of this policy, or the application thereof to any person or circumstance, shall be held invalid, only the invalid provision shall be severed and the remaining provision and language of this policy shall remain in full force and effect.

No Waiver of Immunity. All inherent sovereign rights of the PBPN as a federally recognized Indian tribe with respect to provisions authorized in this policy and are hereby expressly reserved, including sovereign immunity from unconsented suit. Nothing in this policy shall be construed to be a waiver of the Prairie Band Potawatomi Nation's sovereign immunity from unconsented suit.

References.

- *Purchased Referred Care Policy.* Prairie Band Potawatomi Health Center Policy, October 5, 2019.
- *Health Insurance Portability & Accountability Act Policy.* Prairie Band Potawatomi Health Center Policy, July 25, 2018.
- *Prairie Band Potawatomi Nation Employee Handbook,* Revised September 9, 2019.

Elder Assistance Program Application



Tribal Member Name: _____ Date: _____

Date of Birth: _____ Enrollment Number: _____
(must be 60 years of age or older)

Current Mailing Address: _____

Telephone Number: _____ Email: _____

Provide a Summary of the Assistance Requested (add additional page if necessary):

Amount Requested: _____

- Check if Request for payment to Third Party (Attach bill(s), invoice, contract, etc.)
- Check if Request for Reimbursement. (Attach receipt(s), and proof of payment)

Name of Third Party: _____

Current Mailing Address: _____

Attach any other receipts, contracts, invoices, bills or other documentation.

Certification: *I hereby certify that the expenditures requested herein are not otherwise covered or paid by insurance or through other tribal, state or federal benefit programs.*

Tribal Member Signature

Date

Approval by PRC Committee:

Signature

Date

Name

