

INDIAN HEALTH SERVICE

HEADQUARTERS

**PROGRAMS, SERVICES,
FUNCTIONS AND ACTIVITIES
(PSFA)**

MANUAL

**Updated:
June 2002**

Background & Purpose

The Indian Health Service (IHS) Headquarters (HQ) Programs, Services, Functions and Activities (PSFA) Manual was first published in May 1997 with the intent of sharing the entire HQ managed programs and funding information with all Tribes and Tribal organizations. This information will allow Tribes and Tribal organizations to be more fully informed to make decisions regarding available resources and programs to best meet the health care needs of their respective Tribal communities.

As part of this manual, Budget Table #3 entitled “Break Down of HQ Allowances” has also been included which provides line item detail for all HQ accounts and categories. It is intended that subsequent versions of the Headquarters budget table will also align with this Manual and crosswalk information will be provided when any revisions are made.

Since 1997, the HQ budget tables have been updated annually to include the most current available fiscal year information based on final Congressional changes to IHS’ appropriations. During this same time period, both Tribal and federal representatives, including the Agency Lead Negotiators for Self-Governance negotiations, the Tribal Self-Governance Advisory Committee and the Office of Tribal Self-Governance (OTSG), have recommended further changes to the format of this Manual to improve its usefulness and provide a more succinct explanation of PSFA’s which can be compacted or contracted.

On August 18, 2000, Title V of The Tribal Self-Governance Amendments of 2000, Public Law 106-260, was enacted providing for a permanent Self-Governance program within the IHS. Section 514 of this Act requires the Secretary of the Department of Health and Human Services to submit a written report to the Committee on Indian Affairs of the Senate and the Committee on Resources of the House of Representatives regarding the administration of Title V. As part of this report, the Act specifically states under this Section that the report shall include:

“(C) the funds transferred to each self-governance Indian Tribe and the corresponding reduction in the Federal bureaucracy;

“(D) the funding formula for individual Tribal shares of all headquarters funds, together with the comments of affected Indian Tribes or Tribal organizations, developed under subsection (c); and

“(E) amounts expended in the preceding fiscal year to carry out inherent Federal functions, including an identification of those functions by type and location;”

As a result, this revised Manual has been updated to reflect these recommended changes in order to meet the goals of: (1) streamlining the HQ program and funding information; and (2) complying with the Title V requirements for reporting specific information to both Congress and the Administration.

While this Manual reflects the most current information available through FY2001, it is recognized that a continued review and update of certain HQ programs will be required based on the most recent IHS decision memorandums.

Definitions & Terms

AT-LARGE-USER: An At-Large-User in the Tribal Size Adjustment formula is an American Indian/Alaska Native who is unaffiliated with a Tribe which may compact or contract the program or a part of the program in which the AI/AN is counted as a user.

BUY-BACKS: Voluntary action from a Tribe or Tribal organization to request the IHS provide goods or services pursuant to an executed Compact under Title V or contract under Title I on a reimbursable basis.

EARMARK: Funds which are appropriated by the Congress with express statutory direction that they may be expended for a particular activity, facility or Tribal initiative. *(Source: Joint Allocation Methodology Workgroup (JAMW) Report - 1/26/96).*

ENCUMBERED: Encumbered resources are defined as those portions of Programs, Services, Functions and Activities (PSFAs) funding that are currently committed as compensation (including employees' severance compensation) for on-duty permanent employees or as payment for goods and services in binding contracts. *(Source: Business Plan Workgroup Memorandum - 12/2/96).*

INHERENT FEDERAL FUNCTIONS (OFTENTIMES REFERRED TO AS RESIDUAL): Those Federal functions which cannot legally be delegated to Indian Tribes. *(Source: Section 501 of P.L. 106-260, Title V, Tribal Self-Governance Amendments of 2000.)*

PROGRAM FORMULA: Funds that are distributed based on a formula using either a workload or a level of need criteria, or a combination thereof.

PROGRAMS, SERVICES, FUNCTIONS AND ACTIVITIES (PSFA): PSFAs are those programs, services, functions and activities that are contractible under the Indian Self-Determination and Education Assistance Act, as amended, including those administrative activities supportive of, but not included as part of, service delivery programs that are otherwise contractible, without regard to the organizational level within the department that carries out such functions, (as authorized under P.L. 93-638, as amended.). *(Source: Indian Health Circular No. 2000-01).*

RESIDUAL: See definition for Inherent Federal Functions above.

RETAINED TRIBAL SHARES: Those funds which support the programs, services, functions and activities which Tribes elect to leave with the Federal government to administer. *(Source: Joint Allocation Methodology Workgroup Report - 1/26/96).*

TRIBAL SHARES: An Indian Tribe's portion of all funds and resources that support Secretarial programs, services, functions and activities (or portions thereof) that are not required by the Secretary for performance of inherent Federal functions. *(Source: Section 501 of P.L. 106-260, Title V, Tribal Self-Governance Amendments of 2000.)*

TRIBAL SIZE ADJUSTMENT (TSA) FORMULA: This distribution formula provides a base to smaller Tribes for fundamental governmental responsibilities for Tribal health care services and programs. This formula incrementally decreases the base amount by a fixed amount per active user as the population size increases. This base supplement is provided only to the small Tribes as the formula is adjusted by the user population to fund the increased responsibilities of managing large health care systems. *(Source: JAMW Report - 1/26/96).*

USER POPULATION: The count of American Indians/Alaska Natives eligible for IHS services who have used those services at least once during the immediate 3-year period. The User Population are those patients who receive direct or contract health services from IHS or Tribally-operated programs and are registered in a verifiable patient registration system.

Budget Line Item: 101
OFFICE OF THE DIRECTOR
EMERGENCY FUND

DESCRIPTION OF PSFA:

The Emergency Fund provides the Office of the Director (OD) with a limited reserve to address some of the emergencies involving IHS facilities and IHS/Tribal delivery of health services. The funds are not intended for administration, maintenance, construction, or for any other purposes that are not related to emergencies within IHS facilities or the delivery of IHS/Tribal health services.

A summary of the final year-end allocations of the Director's Emergency Fund for each fiscal year is available for Tribes/Tribal organizations from the Office of Management Support/Divisional of Financial Management at (301) 443-1270.

WHAT PSFAs ARE RESIDUAL?

None. The OD manages this reserve fund.

WHAT PSFAs CAN BE TRANSFERRED TO TRIBES?

All undistributed funds are held in reserve until fiscal year end. Any remaining balances at the end of the fiscal year are made available for Tribal shares.

PROGRAM FORMULA FOR CALCULATING THE TRIBAL SHARE:

Any remaining funds are allocated to the Tribes based on the TSA formula.

Budget Line Item: 102
OFFICE OF MANAGEMENT SUPPORT
HQ ASSESSMENTS AND UTILITIES

DESCRIPTION OF PSFA:

These funds provide for the fixed costs centrally-billed to the IHS which are essential to its operation as a government Agency. In 1998, the IHS HQ Division of Financial Management allocated certain funds that had been previously budgeted at HQ to the Area Offices to pay for these centrally-paid expenses. Costs and services are listed below, but not limited to the following:

- Rent
- Federal Telecommunications Services (FTS) costs
- Financial Management Systems, including accounting services and Account For Pay and Information Systems and Technology
- Personnel and Payroll Services
- Commissioned Officer Personnel Services Costs
- Administrative Operation Costs, including HQ charges for procurement, property, communications, GSA space and utilities
- U.S. Mail Costs
- Human Resources
- Audit Resolution
- Secretary's Assessments

WHAT PSFAs ARE RESIDUAL?

None. An IHS/Tribal Centrally-Paid Expenses/Assessments Workgroup was formed in January 2000 to examine the need to reallocate these resources to support centrally-paid expenses and provide guidelines for future allocation of budget resources to Area Offices and to the local program level. Their report to the IHS Director dated November 16, 2000 provides a series of findings and general and categorical recommendations. The recommendations of the workgroup were approved on May 10, 2002 with one revision. The last sentence of the original recommendation #8 was deleted referencing seeking funding from direct contract support cost for insufficient Federal Telecommunication System (FTS) funding.

WHAT PSFAs CAN BE TRANSFERRED TO TRIBES?

Please refer to the Final Report of the Workgroup on Centrally Paid Expenses/Assessments and the document of approval attached to this manual.

Budget Line Item: 103
OFFICE OF MANAGEMENT SUPPORT
WORKERS' COMPENSATION

DESCRIPTION OF PSFA:

This category provides funds for the costs associated with occupational illness and injury of IHS employees. These are charge-backs from the Department of Labor for costs incurred two years previous to the current fiscal year, which may be paid with prior year funds. If prior year funds are not available or are insufficient, the IHS must use current year funds. Costs will not be shared with Tribal contracts or compacts.

WHAT PSFAs ARE RESIDUAL?

None.

WHAT PSFAs CAN BE TRANSFERRED TO TRIBES?

These funds are designated as a continuing commitment and not available as Tribal shares. As of FY2001, bills are being centrally paid by HQ for Workman's Compensation from current year funds after all prior year funds have been exhausted. If any current year funds remain, they will be obligated for any subsequent or unanticipated workman compensation billings IHS receives after the end of the fiscal year.

PROGRAM FORMULA FOR CALCULATING THE TRIBAL SHARE:

Not applicable.

Budget Line Item: 104
OFFICE OF MANAGEMENT SUPPORT
IHS INTER-AGENCY AGREEMENTS (IAAS)

DESCRIPTION OF PSFA:

The Economy Act of 1932 permits the IHS to draw on the expertise and resources of other federal entities to support the total IHS program. This line item provides funds for Inter-Agency Agreements (IAAs) between the IHS and other federal entities, which are entered into under the provisions of the Economy Act.

Some IAAs allow for collaborative public health efforts that include services directly provided to IHS operating units and are considered indivisible. For example, the IHS has five IAAs with the Centers for Disease Control (CDC) and Prevention that permit health promotion/chronic disease prevention activities, epidemiological studies, HIV/AIDS education for American Indian/Alaska Native Youth and training for all health providers, and diabetes prevention and training.

Other IAAs allow for retention of services essential to the ability of the IHS to do business as a government agency. For example, there are agreements for services from the Office of General Counsel, the Inspector General and the National Archives and Records Administration.

Copies of these Agreements are available for Tribes/Tribal organizations.

WHAT PSFAs ARE RESIDUAL?

None.

WHAT PSFAs CAN BE TRANSFERRED TO TRIBES?

These funds are designated as a continuing commitment and not available as Tribal shares. A list of IAAs and their respective costs will be provided to Tribes prior to negotiations. Tribes that have accessed shares in the past from this line item have a continued commitment from IHS to receive the funds in their funding agreement.

PROGRAM FORMULA FOR CALCULATING THE TRIBAL SHARE:

Any remaining funds are allocated to the Tribes based on the TSA formula.

Budget Line Item: 105
OFFICE OF THE DIRECTOR
MANAGEMENT INITIATIVES

DESCRIPTION OF PSFA:

This line item provides funds for the Office of the Director to meet a range of special, immediate initiatives/obligations such as the following, but not limited to:

1. Special meetings with Tribes which are covered through reimbursements, i.e. Regional Consultation Meetings;
2. Medical consultants and Traditional Medicine consultants;
3. Meeting facilitators and speakers;
4. Congressional requests for special studies;
5. IHS Strategic Planning Activities;
6. Special investigative studies and financial audits (CFO/CIO);
7. Tribal/Urban health work groups and other special work groups; and
8. Executive Leadership Development Program

A summary of the final year-end distribution of the Management Initiative Fund for each fiscal year is available for Tribes/Tribal organizations.

WHAT PSFAs ARE RESIDUAL?

None.

WHAT PSFAs CAN BE TRANSFERRED TO TRIBES?

Any monies remaining in this fund at the end of the fiscal year will be made available for Tribal shares.

PROGRAM FORMULA FOR CALCULATING THE TRIBAL SHARE:

Any remaining funds are allocated to the Tribes based on the TSA formula.

Budget Line Item: 106
OFFICE OF PUBLIC HEALTH
AMERICAN COLLEGE OF OBSTETRICS & GYNECOLOGY (ACOG) CONTRACT

DESCRIPTION OF PSFA:

This line item provides funds for a contract with the American College of Obstetrics and Gynecology (ACOG) to provide curriculum and staff support for an annual week long training program for nurses and primary care providers. The training provides IHS and Tribal staff with essential and current education regarding management of maternal and child health issues. This training ultimately contributes to improvements in maternal and child care in AI/AN communities.

WHAT PSFAs ARE RESIDUAL?

None.

WHAT PSFAs CAN BE TRANSFERRED TO TRIBES?

All funds are transferrable to Tribes. Tribes which elect to take their shares from this account will be required to pay their own costs to participate in this training at a higher registration fee.

PROGRAM FORMULA FOR CALCULATING THE TRIBAL SHARE:

Tribes are eligible for shares under the TSA formula.

Budget Line Item: 107
OFFICE OF PUBLIC HEALTH
HEALTH PROMOTION/DISEASE PREVENTION INITIATIVES

DESCRIPTION OF PSFA:

The Health Promotion/Disease Prevention (HP/DP) Initiatives supports training activities, community based HP/DP initiatives, regional surveillance activities, and selected initiatives of national significance including obesity prevention/proper nutrition, mental health education, substance abuse prevention, hepatitis C prevention and surveillance, women's health and elder health activities.

WHAT PSFAs ARE RESIDUAL?

None.

WHAT PSFAs CAN BE TRANSFERRED TO TRIBES?

All functions, services, and activities are transferrable to Tribes who take their shares.

PROGRAM FORMULA FOR CALCULATING THE TRIBAL SHARE:

Tribes are eligible for shares based on the TSA formula.

Budget Line Item: 108
OFFICE OF PUBLIC HEALTH
INDIAN CHILDREN'S PROGRAM

DESCRIPTION OF PSFA:

This program was originally funded in 1978 as a collaborative demonstration effort between the Bureau of Indian Affairs (BIA) and the IHS. The IHS portion of the program underwent restructuring in the mid-1980's and as a result, evaluation services for children were discontinued. Consequently, a suit was brought in Federal District Court and an injunction was issued, requiring the IHS to re-establish the program (Civil No. 86-1182-JB).

The IHS and BIA continue to have a Memorandum of Agreement to fund the services. However, the BIA funds are no longer transferred annually to the IHS to fund the service contract and have been absent for five years. Consultative services for disabled children are provided with the funds from IHS to Utah State University, Department of Disabilities, who in turn subcontract to Northern Arizona State University and University of New Mexico. These services for disabled children and their families are provided to the Navajo, Hopi and Pueblos in the Albuquerque, Navajo and Phoenix Areas through these contract providers.

WHAT PSFAs ARE RESIDUAL?

None. While this service is not residual, the IHS continues to be under the Federal Court Order to continue the services. The Federal court order to IHS in 1997 is very specific and designated a five year continuation. Legal procedural requirements necessary to alter the existing program have not been implemented. The IHS Office of General Counsel, BIA, IHS and affected Tribes need to be involved in specific dialog regarding the program and responsibilities regarding any modification of this program.

To date, that request has not come from the designated Tribes or the Federal agencies affected. IHS currently has a three year contract with the University of Utah to continue services in the previously described Tribal areas.

The contract with the University of Utah ends in FY 2005.

WHAT PSFAs CAN BE TRANSFERRED TO TRIBES?

All funds are identified under Continuing Commitments. Until the Federal Court Order is lifted, the IHS cannot transfer any PSFAs to Tribes. Once the Court Order is lifted, only Tribes receiving services from the program will have a 106 (A) (1) amount identified for Tribal shares.

PROGRAM FORMULA FOR CALCULATING THE TRIBAL SHARE:

Not applicable until the court order is lifted.

Budget Line Item: 109
OFFICE OF PUBLIC HEALTH
DIABETES PREVENTION TRANSLATION

DESCRIPTION OF PSFA:

Diabetes Prevention Translation:

These funds support a five-year clinical research study, called the Diabetes Prevention Program (DPP), and the three-year post-study translational research with the National Institute of Diabetes and Digestive and Kidney Diseases in 4 American Indian communities: Pueblo of Zuni, NM, Shiprock, NM, Community of Navajo Nation, Gila River Indian Community, AZ, and Salt River Indian Community, AZ comprising the Southwest American Indian Center for Diabetes Prevention; one of 27 centers in the United States. The study determined that Type 2 diabetes can be prevented or delayed in people who are at high risk for developing diabetes. One hundred seventy one American Indians participated in the study. Results showed a 58% reduction in those who modified their lifestyle with exercise and low fat diets while there was a 31% reduction with the medication metformin (Glucophage^R). IHS funded about 20 percent of the Southwest American Indian Center Diabetes Prevention Program which allowed IHS and participating Tribes to participate in the design of the study to make sure that the results would be clinically useful to AI/AN patients with diabetes. These results were published in the February 7, 2002 issue of the New England Journal of Medicine. The IHS National Diabetes Program is working with the Southwest American Indian Center for Diabetes Prevention to interview the American Indian participants and find out what made them successful in their attempts to prevent diabetes. This information will guide future prevention efforts within the agency.

The post-study translational research will focus on answering additional important clinical questions. The main question to answer is if further diabetes prevention can be achieved if one adds metformin to people already doing the lifestyle changes. This will guide clinical treatment of AI/AN patients at risk for diabetes and will help the Indian health system use its limited resources most wisely (for instance, not spending money on the medication metformin if it does not add additional prevention to lifestyle changes). The post-study translation research will continue for at least 3 years, being funded mostly by the NIH. IHS will continue to contribute funds to this important project in order to be able to participate in further design and focus of the project.

Model Diabetes Programs

In 1978 the National Commission on Diabetes, authorized by Congress, recommended the establishment of model diabetes care programs for Indian Health Service (IHS). The primary mission for the model diabetes programs was to translate research into diabetes care activities, develop strategies for diabetes prevention and management, and to share successful approaches within the American Indian/Alaska Native Tribal communities. Sites were selected to represent a spectrum of I/T/U facilities and settings. In 1992, through Public Law 102-573 Indian Health Care Improvement Act, the Secretary continued to maintain through FY 2000 each model diabetes program in existence (total of 19 in 23 different sites) on the date of enactment of the

Indian Health Amendments of 1992. Contributions of the model diabetes programs include 1) providing state-of-the-art clinical care and treatment through a team approach and comprehensive care, 2) providing patient and family diabetes education and nutritional counseling, 3) providing professional and paraprofessional education, 4) providing diabetes prevention programs, 5) providing opportunities for involvement with community lay health workers, 6) providing technical assistance to Tribal community programs, and 7) providing cultural and literacy appropriate diabetes education materials.

Area Diabetes Consultants

In 1988 an amendment to the Indian Health Care Improvement Act authorized the Secretary to employ in each IHS Area a full-time Diabetes Control Officer, now called Area Diabetes Consultant (ADC). The ADC is responsible for coordinating diabetes related activity within each respective IHS Area which includes tracking diabetes prevalence/surveillance, disseminating diabetes related clinical and program information, and providing technical assistance. With the inception of the 1997 Balanced Budget Act (BBA) Special Diabetes Programs for Indians grant program, the ADCs were given responsibility for oversight of all of the diabetes grant programs within their respective IHS Area.

WHAT PSFAs ARE RESIDUAL?

None.

WHAT PSFAs BE TRANSFERRED TO TRIBES?

The funding for the Model Diabetes Program and the Area Diabetes Consultants is earmarked by Congress under Section 204 of P.L. 102-573, and is not available for Tribal shares.

PROGRAM FORMULA FOR CALCULATING THE TRIBAL SHARE:

Not applicable.

Budget Line Item: 110
OFFICE OF PUBLIC HEALTH
NURSE EDUCATION CENTER FOR INDIANS (N.E.C.I.) - SECTION 118

DESCRIPTION OF PSFA:

The Indian Health Care Improvement Act, Nursing-Section 118 funds provide present nursing staff with the opportunity to obtain professional degrees in the field of nursing, (i.e. Nurse Practitioners, Midwives, Public Health, or administrative training). **The NECI program** funds students to obtain associate's, bachelor's, specialty certification, or master's degrees in nursing. Each nurse selected for training incurs a three year **payback** obligation to IHS or Tribal program for each year of education funded.

This program impacts the ability of the IHS and Tribal programs to retain a stable work force in remote and rural facilities. The program helps assure a cadre of nurses who have demonstrated a desire to continue employment in the field of nursing who are committed to Indian communities. Approximately 95% of the individuals selected for the program are able to remain in their Indian communities. Seventy five percent (75%) of the graduates over the last 20 years continue to be employed in IHS or Tribal programs, with many in leadership positions. It is estimated that the minimum cost per student for one year's education is approximately \$21,000 (e.g. tuition, books, fees, living expenses, etc).

WHAT PSFAs ARE RESIDUAL?

None.

WHAT PSFAs CAN BE TRANSFERRED TO TRIBES?

Tribes electing to take their shares from this line item must cover their own costs to participate in the training opportunities and can not benefit from the retention opportunities that the program provides.

PROGRAM FORMULA FOR CALCULATING THE TRIBAL SHARE:

Tribes are eligible for shares under the TSA formula.

Budget Line Item: 111
OFFICE OF PUBLIC HEALTH
NURSING INITIATIVES

DESCRIPTION OF PSFA:

The Nurse Education Initiatives established under the 1989 Appropriation Act provides funds that specifically target critical nursing shortages in the IHS. The Nursing Initiatives include: (1) training of nurses in obstetrics (OB), intensive care units (ICU), and the operating room (OR); (2) recruitment and retention; and, (3) special efforts to prepare new graduates for duty.

The Division of Nursing developed short term training programs and provided the training, travel and per diem via contractors in order to meet specific training needs in OB, OR and ICU. IHS and Tribal nurses are funded to participate in these short-term training programs.

Recruitment and retention of nurses to remote and rural IHS and Tribal facilities are major concerns as nursing positions remain unfilled and the vacancy rate increases. It is estimated that it costs the IHS approximately \$25,000 to recruit one nurse. While the private sector figures vary, depending on the mechanism utilized to recruit nurses, some agencies charge as much as \$10,000 per nurse. Funds from this line item provide a cost effective means of recruiting nurses on a national level to meet the ongoing needs of IHS and Tribal programs. This national level nurse recruitment program provides job advertisements placed in national medical and nursing journals, 800 phone numbers for applicants to respond to the advertisements, regionalized nurse recruiters knowledgeable about IHS and Tribal positions available, mailings to potential applicants with appropriate information and applications, and referral of applicants to sites with vacancies.

WHAT PSFAs ARE RESIDUAL?

None.

WHAT PSFAs CAN BE TRANSFERRED TO TRIBES?

All PSFAs and funds are available for Tribal shares. Tribes electing to take their shares from this line item must pay the costs to have their nurses participate in the training opportunities or receive assistance from IHS in this nation wide recruitment programs.

PROGRAM FORMULA FOR CALCULATING THE TRIBAL SHARE:

Tribes are eligible for shares under the TSA formula.

Budget Line Item: 112
OFFICE OF PUBLIC HEALTH
COMMISSIONED OFFICER STUDENT TRAINING AND EXTERN PROGRAM
(COSTEP) - NURSING

DESCRIPTION OF PSFA:

The Nursing COSTEP Program provides funds for nursing students to gain professional work experience as junior level commissioned officers with IHS and Tribal programs. The COSTEP program provides the IHS and Tribal programs with nursing recruitment opportunities and with student workers in nursing units/programs. The IHS and Tribal sites elect to have students participate in their programs, and are provided with COSTEP students at no cost to the program. Approximately 30% of COSTEP students apply for IHS/Tribal employment upon graduation. The COSTEP program is advertised nationally on university campuses.

WHAT PSFAs ARE RESIDUAL?

None.

WHAT PSFAs CAN BE TRANSFERRED TO TRIBES?

Tribes electing to take their shares from this account will be required to cover their own costs to participate in this recruitment opportunity to have nursing student work in their facilities and communities.

PROGRAM FORMULA FOR CALCULATING THE TRIBAL SHARE:

Tribes are eligible for shares under the TSA formula.

Budget Line Item: 113
OFFICE OF PUBLIC HEALTH
CHIEF CLINICAL CONSULTANT
(FORMERLY SENIOR CLINICIANS)

DESCRIPTION OF PSFA:

This line item provides funds to support recruitment, credentialing, advocacy, training, and quality assurance activities of the IHS Chief Clinical Consultants (CCC). The IHS CCC are senior level clinical providers in the field at IHS and Tribal facilities who have assumed added responsibilities for the Agency in specialized areas which include surgery, ob-gyn, pediatrics, internal medicine, family medicine, podiatry, physical therapy, optometry, and physician assistants. This activity enables the IHS and Tribal programs to have the expertise of these professionals in health leadership roles, without having them perform full time administrative duties in a Headquarters position. These efforts increase the recruitment effectiveness of the organization and provide significant advocacy to professional societies and organizations with interests in Indian health, such as the American College of Obstetricians and Gynecologists, the American Academy of Pediatricians and many others.

WHAT PSFAs ARE RESIDUAL?

None.

WHAT PSFAs CAN BE TRANSFERRED TO TRIBES?

All PSFAs and funds are available for Tribal shares.

PROGRAM FORMULA FOR CALCULATING THE TRIBAL SHARE:

Tribes are eligible for shares under the TSA formula.

Budget Line Item: 114
OFFICE OF PUBLIC HEALTH
EPIDEMIOLOGY CENTER

DESCRIPTION OF PSFA:

These funds enhance chronic and infectious disease control and prevention through established components of six regional epidemiology centers. Centers are mandated by P.L. 103-437, and amended by P.L. 102-573, 25 U.S.C., §214 Epidemiology Centers. These centers are located in:

1. Northwest Portland Area Indian Health Board, Portland, OR;
2. Inter-Tribal Council of Arizona, Phoenix, AZ;
3. Seattle Indian Health Board, Seattle, WA (focus on Urban population);
4. United South and Eastern Tribes, Nashville, TN;
5. Great Lakes Inter-Tribal Council, Lac du Flambeau, WS; and
6. Alaska Native Health Board, Anchorage, AK

The activities for the centers include:

1. Central data collections and disease surveillance;
2. Cooperation with other public health programs in health surveys and disease prevention;
3. Technical assistance provision to Tribes in epidemiology, statistics, and disease control ;
4. Analysis and dissemination of results;
5. Evaluation of progress toward Healthy People 2010 goals; and
6. Investigation of epidemics and disease outbreaks.

WHAT PSFAs ARE RESIDUAL?

None. However, funds are earmarked by Congressional mandate per language contained in the FY 1996 Appropriations conference committee report P.L.104-402.

WHAT PSFAs CAN BE TRANSFERRED TO TRIBES?

Funding for epidemiology centers is not divisible per TSA formula, because of the Congressional earmark and the mandates in the IHCA for epidemiology centers which require regional activities to cover more than one Tribe.

PROGRAM FORMULA FOR CALCULATING THE TRIBAL SHARE:

The IHS may contract with a Tribe for operation of an epidemiology center. However, if a single Tribe in a region is proposing to contract with IHS to operate an epidemiology center, then resolutions from all Tribes in the area are necessary before IHS can award the contract.

Budget Line Item: 115
OFFICE OF PUBLIC HEALTH
EMERGENCY MEDICAL SERVICES

DESCRIPTION OF PSFA:

This line item funds Headquarters-sponsored Emergency Medical Services (EMS) training activities for physicians and all levels of EMS paraprofessionals, i.e., EMTs, paramedics, etc. The Clinical Support Center in Phoenix, AZ coordinates EMS training activities. In addition, funds are used to support the efforts of the National Native American EMS Association to provide continuing education to Tribal EMS providers as well as to provide technical assistance to Tribes related to obtaining ambulances.

Training for physicians includes courses in Advanced Cardiac Life Support (ACLS) and Medical Direction for physicians who are Medical Directors of EMS programs. Courses for EMS providers fall into two categories: 1) courses to train individuals to be EMS providers; or 2) courses to train individuals to be EMS instructors. Since most EMS programs are Tribally operated, these training courses are specifically targeted to Tribal EMS personnel.

The National Native American EMS Association and IHS have entered into a collaborative agreement in which the Association provides continuing education for Tribal EMS personnel at their annual educational conference. Technical assistance is provided to Tribes to support ambulance fleet including negotiations with the General Services Administration for the procurement of new and replacement ambulances through lease agreements and the development of specifications and requisitions for the replacement of specific vehicles.

WHAT PSFAs ARE RESIDUAL?

None.

WHAT PSFAs CAN BE TRANSFERRED TO TRIBES?

All PSFAs and funds are available for Tribal shares.

PROGRAM FORMULA FOR CALCULATING THE TRIBAL SHARE:

Tribes are eligible for shares under the TSA formula.

Budget Line Item: 116
OFFICE OF PUBLIC HEALTH
COLLECTION & BILLING SYSTEM

DESCRIPTION OF PSFA:

This line item was established in FY 1996 and is identified in Congressional appropriation language to enhance the collection and billing activities in the IHS. These funds focus on increasing third party revenue on a national basis for both Tribal and Federal programs by supporting collections and billing activities. The benefits are increased revenue from third party collections by improving management/operations/IT systems, cost reporting and CMS rate justification and capacity building and training. Below are examples of some activities supported by this fund:

- Reviews and assessments of Business Office operations and assisting in the formulation and implementation of improvement strategies for billing and collections.
- Start up costs for cost report preparation at 47 hospitals and a number of provider based clinics to support M/M rate preparation and justification.
- Supports Areas and Service Unit initiatives to improve the third party revenue cycle (Coding , provider documentation training, RPMS software development and training, accounts receivable software package training, etc.).
- Compliance /policy and procedures development and training
- Leadership and Management training on how to improve the third party process and increase revenue
- Medicare Part B implementation and training
- Supports the National Business Office Committee that provides leadership and direction in this area. and supports sub-committees that identify and recommend systems and operational changes to improve this activity.
- Supports contracts and staff that provide technical assistance and systems development and implementation.

WHAT PSFAs ARE RESIDUAL?

None.

WHAT PSFAs CAN BE TRANSFERRED TO TRIBES?

These funds are used to support national business office activities that enhance third party revenue

generation. Both Tribal and Federal health care facilities benefit from these activities.

PROGRAM FORMULA FOR CALCULATING THE TRIBAL SHARE:

These funds are designated as Field Pass-Through. Tribes should contact their Area Directors regarding distribution of these funds and/or services available from the Areas.

Budget Line Item: 117
OFFICE OF PUBLIC HEALTH
TRADITIONAL ADVOCACY PROGRAM

DESCRIPTION OF PSFA:

These funds support the activities of the Traditional Cultural Advocacy Program (TCAP). The TCAP coordinates the analysis and implementation of approaches to recognizing and supporting traditional cultural practices in the health of all American Indians and Alaska Natives.

WHAT PSFAs ARE RESIDUAL?

None.

WHAT PSFAs CAN BE TRANSFERRED TO TRIBES?

All PSFAs and funds are available for Tribal shares.

PROGRAM FORMULA FOR CALCULATING THE TRIBAL SHARE:

Tribes are eligible for shares under the TSA formula.

Budget Line Item: 118
OFFICE OF PUBLIC HEALTH
RESEARCH PROGRAM

DESCRIPTION OF PSFA:

The IHS Research Program is a component of the Office of Program Support, Office of Public Health. The Research Program funds are used primarily for providing programmatic expertise in clinical, biomedical, and other types of research that affect the American Indian and Alaska Native (AI/AN) population. Specific PSFAs for the program include:

1. Protection of American Indian/Alaska Native (AI/AN) individuals and communities from excessive risks of research, while assuring that AI/AN individuals and communities receive maximum benefits from research that is performed. All IHS sponsored research is reviewed to assure human research subjects the appropriate protection. All concerns and complaints regarding research are investigated. All research manuscripts are reviewed for compliance with IHS policy. Training and technical assistance for protection of communities and individuals involved in research is available to IHS and Tribes.
2. Promotion and implementation of high quality, community-oriented, practice-based research of national relevance and importance and with primary focus to improve the AI/AN health status and systems of care. Facilitates the transmission of knowledge gained from research studies.
3. Empowerment and assistance for Tribes in developing and increasing their capacity to do research that is meaningful to them.

WHAT PSFAs ARE RESIDUAL?

None.

WHAT PSFAs CAN BE TRANSFERRED TO TRIBES?

All PSFAs and funds are available for Tribal shares.

PROGRAM FORMULA FOR CALCULATING THE TRIBAL SHARE:

Tribes are eligible for shares under the TSA formula.

Budget Line Item: 119
OFFICE OF MANAGEMENT SUPPORT
ASSOCIATION OF AMERICAN INDIAN PHYSICIANS (AAIP) CONTRACT

DESCRIPTION OF PSFA:

This line item provides financial support for the Association of American Indian Physicians (AAIP). The AAIP provides culturally relevant training for American Indian medical students, as well as, provides an annual national meeting for American Indian medical students, residents, and physicians. The national meeting provides participants with traditional medicine practices and with continuing medical education credits. This national meeting also provides American Indian physicians, residents, and medical students an opportunity to network and allows for mentoring relationships among American Indians in the medical profession.

The AAIP funds medical students and residents that have an interest in attending the national meeting. It also provides a newsletter and tracks American Indian physicians, residents, and medical students. It is therefore, a recruitment source of American Indian physicians for the IHS and Tribal programs.

WHAT PSFAs ARE RESIDUAL?

None.

WHAT PSFAs CAN BE TRANSFERRED TO TRIBES?

All PSFAs and funds are available for Tribal shares.

PROGRAM FORMULA FOR CALCULATING THE TRIBAL SHARE:

Tribes are eligible for shares under the TSA formula.

Budget Line Item: 120
OFFICE OF MANAGEMENT SUPPORT
CLINICAL SUPPORT CENTER (PHOENIX)

DESCRIPTION OF PSFA:

The Clinical Support Center (CSC) located in Phoenix, Arizona provides cost effective and culturally specific training and educational opportunities for both Tribal and IHS health care providers to meet continuing education license requirements. Specific activities include:

1. **The Publication of the IHS Primary Care Provider and the Continuing Education (CE) Coordinator's Bulletin.** The Provider is an IHS clinical and administrative communication tool published and distributed monthly to approximately 6,500 subscribers, as well as to medical and nursing schools, IHS scholarship recipients and the Library of Congress. Technical and scientific editing support is provided to contributing authors. The CE Bulletin is published as needed and distributed to Indian health program coordinators and planners to provide them with practical, useful and timely information to assist in producing high quality continuing education.
2. **Accreditation and Sponsorship.** The CSC is accredited by the Accreditation Council for Continuing Medical Education, the American Nurses Credentialing Center Commission on Accreditation, and the American Council on Pharmaceutical Education. Accreditation by these entities allows the CSC to sponsor CE activities throughout the Indian health system for physicians, nurses and pharmacists and other health professionals. In serving as the accredited sponsor, the CSC provides assistance with the planning, development, management, and evaluation of more than 300 activities annually. This sponsorship enables CSC to serve as a partner to produce quality CE activities and to award the appropriate CE credits for CSC sponsored activities. Additionally, CSC under Memorandum of Understanding provides accreditation for other federal agencies' CE activities including the US Coast Guard and Immigration and Naturalization Service. Lastly, CSC extends this service to the annual meeting of the Commissioned Officer's Association of USPHS.
3. **Continuing Education Meetings.** The CSC conducts CE activities and other activities such as the annual CE seminar for physician assistants, advanced practice nurses; the nationally recognized IHS Pharmacy Practice Training Program; the IHS Southwest Regional Pharmacy Continuing Education Seminar, the annual combined meeting of the National Councils and others.
4. **Meeting Support.** The CSC provides meeting support services and travel support for a number of IHS meetings such as the Annual Combined Councils (NCCD/ NCSUD/ NCCMO) meeting; 437 Scholarship Orientation meetings; Annual IHS Research Conference; Annual IHS/ITSC Technology Fair; and the periodic discipline-specific meetings of the various Chief Clinical Consultants. CSC also does support for episodic and one time only special meetings, such as palliative care, Crafting the Future and 638 re-authorization consultation meetings.
5. **Tort Claim Review.** The CSC has for the last six years provided coordination and

consultation for the review of the medical care-related tort claims that are filed against the IHS. Duties include initial review of medical records and arranging for both site (where claim occurred) and peer reviews of these records, and presenting these reviews at a monthly meeting of the PHS Quality Review Panel (also acting as a standing member of this panel to review claims from other PHS agencies). This also involves working with the PHS Claims Branch and attorneys both in DHHS Office of General Counsel and US Department of Justice in reaching decisions on disposition of these claims. Approximately 75 to 80 claims are handled on an annual basis through CSC.

6. **Pharmacy Recruitment.** The CSC has spearheaded recruitment for pharmacists since 1997. CSC created a national team for following applicants through the personnel system from initial contact, through selection, and placement. This team, supported by CSC, acts as the primary recruiting body for interacting at national pharmacy meetings and at schools of pharmacy in the United States. CSC duties also include maintaining the Pharmacy Vacancy List and coordinating ;with Tribal programs to ensure those position vacancies are promoted as well.
7. **Executive Leadership Development Program (ELDP).** CSC provides leadership training and support for Indian health care executives in federal, Tribal and urban health care systems through the Executive Leadership Development Program. The purpose of ELDP is to provide a forum where participants learn new skills and encounter different approaches to reduce barriers, increase innovation, ensure a better flow of information and ideas, and lead change. ELDP coordinates six sessions per year in addition to taking on new initiatives as directed.
8. **Dental Assisting Education Programs.** CSC provides dental assisting education for dental assistants in federal, Tribal and urban dental programs. The purpose of the Dental Assisting Education program is to provide credible, dependable, and useable educational training materials. The Dental Assisting Education Program is accredited by the National Dental Assisting Board (DANB). In addition, continuing education courses are designed specifically for assistants to teach a variety of effective and efficient dental assisting skills. CSC has recently been tasked with coordinating continuing education for dentists and hygienists. The dental CE program is accredited by the Academy of General Dentistry.

WHAT PSFAs ARE RESIDUAL?

None.

WHAT PSFAs CAN BE TRANSFERRED TO TRIBES?

All PSFAs and funds are available for Tribal shares.

PROGRAM FORMULA FOR CALCULATING THE TRIBAL SHARE

Tribes are eligible for shares under the TSA formula.

Budget Line Item: 121
OFFICE OF MANAGEMENT SUPPORT
COMMISSIONED OFFICER STUDENT TRAINING ? PROGRAM
(COSTEP) NON-PHYSICIANS

DESCRIPTION OF PSFA:

This line item is an IHS-Wide Recruitment Program that provides for non-physician college students in health professions to gain professional work experience as junior level commissioned officers with IHS and Tribal programs. The COSTEP Program provides the IHS and Tribal programs with recruitment opportunities and with student workers in programs such as pharmacy, dietetics, social work, medical technology, health records administration, nursing, and computer science. The IHS and Tribal sites that elect to have students participate in their programs are provided with the COSTEP students at no cost to the program.

WHAT PSFAs ARE RESIDUAL?

None.

WHAT PSFAs CAN BE TRANSFERRED TO TRIBES?

All PSFAs and funds are available for Tribal shares.

PROGRAM FORMULA FOR CALCULATING THE TRIBAL SHARE:

Tribes are eligible for shares under the TSA formula.

Budget Line Item: 123
OFFICE OF MANAGEMENT SUPPORT
PHYSICIAN RESIDENCY

DESCRIPTION OF PSFA:

This line item is an IHS-Wide Recruitment Program that provides resources for medical physicians to travel to IHS and Tribal sites to work as residents in their required clinical residency rotations. Medical residents gain exposure to practicing medicine in IHS and Tribal programs, and are physicians who can ultimately be recruited to work in Indian health programs.

WHAT PSFAs ARE RESIDUAL?

None.

WHAT PSFAs CAN BE TRANSFERRED TO TRIBES?

All PSFAs and funds are available for Tribal shares.

PROGRAM FORMULA FOR CALCULATING THE TRIBAL SHARE:

Tribes are eligible for shares under the TSA formula.

Budget Line Item: 124
OFFICE OF MANAGEMENT SUPPORT
RECRUITMENT/RETENTION

DESCRIPTION OF PSFA:

This line item supports an IHS-Wide Health Professional Recruitment and Retention Program which provides a number of services including recruitment and travel of locum tenens (short-term) physicians, as well as, a full range of activities related to recruitment and retention of physicians and other health professionals for IHS and Tribal programs. The intent of this line item is to increase the number of physicians and other health professionals providing health care to American Indians and Alaska Natives at IHS and Tribal sites.

WHAT PSFAs ARE RESIDUAL?

None.

WHAT PSFAs CAN BE TRANSFERRED TO TRIBES?

All PSFAs and funds are available as Tribal shares. If funds are transferred to Tribes, the services of the area's professional recruiter are not available. The Tribe will not be eligible to participate in the IHS's contracts with the American Medical Association and the American College of Obstetrics and Gynecologists to locate and place short-term physicians.

PROGRAM FORMULA FOR CALCULATING THE TRIBAL SHARE

Tribes are eligible for shares under the TSA formula.

Budget Line Item: 125
OFFICE OF MANAGEMENT SUPPORT
UNIFORMED SERVICES UNIVERSITY OF HEALTH SCIENCES (USUHS)

DESCRIPTION OF PSFA:

This line item funds an IHS-Wide Health Professional Recruitment and Retention Program providing sponsorship of medical students and some Masters of Public Health students at the Uniformed Services University of Health Sciences (USUHS), and the required internship, residency, and fellowship training that follow. Sponsored students incur an obligation to serve in an IHS or Tribal program once their training is completed. The intent of the line item is to increase the number of health professionals, especially physicians, available to the IHS and Tribes to provide American Indians and Alaska Natives with health care.

WHAT PSFAs ARE RESIDUAL?

None.

WHAT PSFAs CAN BE TRANSFERRED TO TRIBES?

All PSFAs and funds are available as Tribal shares.

PROGRAM FORMULA FOR CALCULATING THE TRIBAL SHARE:

Tribes are eligible for shares under the TSA formula.

Budget Line Item: 126
OFFICE OF MANAGEMENT SUPPORT
DIVISION OF INFORMATION RESOURCE (DIR)
INFORMATION RESOURCES MANAGEMENT (IRM) SUPPORT FUND

DESCRIPTION OF PSFA:

This line item provides the necessary resources to maintain a national Information Technology (IT) infrastructure that supports IHS, Tribal and Urban (I/T/U) programs. The primary expenditures of this account are procuring equipment (new and upgrades), hardware and software licenses, and providing technical support through contracting. Funds are also used for information technology sharing agreements with the Department of Defense and Veterans Administration and for accommodating special requests from IHS and Tribal programs.

Major functions/services associated with the IRM Support Fund along with the associated costs for each function are listed below. Costs are identified as a percentage of the total funds for the line item. A detailed description of each item is available upon request by calling (505) 248-4804 or (505) 248-4360 for more information.

MAJOR FUNCTION	ASSOCIATED COST (% OF LINE ITEM TOTAL)
<i>National Database Services</i> Maintain/Manage Central Databases Process National Applications Provide Workload/Statistical Info (Outputs) Provide Technical Assistance and Problem Resolution	5.0%
<i>Telecommunications Management Services</i> Provide Telecommunications Network Provide for Data Movement Provide Technical Assistance and Problem Resolution	40.0%
<i>Software Development and Maintenance Services</i> RPMS Applications Related Support Software Upgrades/Patches Distribution Operating System Related Support and Software Licenses Coordination	45.0%
<i>System Support/Training Services</i> Support Distributed Application Systems Provide Technical Support and Training	10.0%

Budget Line Item: 126 (continued)
OFFICE OF MANAGEMENT SUPPORT
DIVISION OF INFORMATION RESOURCE (DIR)
INFORMATION RESOURCES MANAGEMENT (IRM) SUPPORT FUND

WHAT PSFAs ARE RESIDUAL?

None.

WHAT PSFAs CAN BE TRANSFERRED TO TRIBES?

All PSFAs and funds are available as Tribal shares.

PROGRAM FORMULA FOR CALCULATING THE TRIBAL SHARE:

Tribes are eligible for shares under the TSA formula.

Budget Line Item: 127
OFFICE OF PUBLIC HEALTH
EVALUATION FUNDS PROGRAM

DESCRIPTION OF PSFA:

This line item funds an IHS-wide evaluation program which provides IHS policy makers, AI/AN Tribes and organizations, and HHS and other Federal agencies with valid and reliable information to improve programs, to evaluate their effectiveness, and implement long range plans. The program facilitates the evaluation of the effectiveness of an activity, a product, or a program, measuring the data, and using the results for planning, further evaluation, and to provide policy at the national level.

WHAT PSFAs ARE RESIDUAL?

None.

WHAT PSFAs CAN BE TRANSFERRED TO TRIBES?

All PSFAs and funds are available for Tribal shares.

PROGRAM FORMULA FOR CALCULATING THE TRIBAL SHARE:

Tribes are eligible for shares under the TSA formula.

Budget Line Item: 128
OFFICE OF DIRECTOR
OFFICE OF TRIBAL PROGRAMS
NATIONAL INDIAN HEALTH BOARD (NIHB)

DESCRIPTION OF PSFA:

This line item funds the cooperative agreement between the IHS and the National Indian Health Board (NIHB). The NIHB Board of Directors is comprised of Tribal leaders and representatives from each of the 12 Area Offices of the IHS. The NIHB staff offices are located in Denver, Colorado. In 2002, the NIHB will also open an office in Washington, D.C. The NIHB is closely allied with the National Congress of American Indians through a memorandum of agreement and represents NCAI on health policy issues.

The NIHB advocates on behalf of all Federally-recognized Tribes in the development of national Indian health policy. This is accomplished through resolutions passed by the Board, participation in advisory committees and workgroups formed by the IHS advocacy information provided to Congress and the Administration and information dissemination at regional and national Indian meetings.

Another important role for the NIHB is providing information and training to Tribes and inter-Tribal organizations. Working through the Area Health Boards and other organizations, the NIHB distributes information about proposed legislation and Federal policy issues of interest to Indian health advocates. The NIHB publishes a periodic newsletter "The Reporter" as a means of information dissemination to Tribal leaders and consumers on pertinent health care issues. In addition, the NIHB website (www.nihb.org) is an excellent source of information about the organization and Indian health care activities and issues. The NIHB is now working with Area Health Boards to provide (through a grant with the Administration of Native Americans) each Health Board video-conferencing units to improve communication and collaboration among Tribal leaders and representatives with an interest in improving the health status of Indian people. The NIHB also sponsors an annual Consumer Conference for Tribal leaders, Tribal representatives and health care program staff and Federal and State policy makers and program managers.

WHAT PSFAs ARE RESIDUAL?

None.

WHAT PSFAs CAN BE TRANSFERRED TO TRIBES?

All PSFAs and funds are available for Tribal shares.

PROGRAM FORMULA FOR CALCULATING THE TRIBAL SHARE

Tribes are eligible for shares under the TSA formula.

Budget Line Item: 129
OFFICE OF MANAGEMENT SUPPORT
ALBUQUERQUE/NATIONAL PROGRAMS

DESCRIPTION OF PSFA:

This line item reflects partial costs associated with the operation of the IHS Headquarters administrative and national program offices located in Albuquerque, New Mexico. This office site requires administrative support and space for selected activities where it is less costly to maintain operations and station employees instead of Rockville, MD.

This function services the IHS Information Technology Support Center where all IHS patient information data are sent, processed, and stored; Diabetes National program; Cancer National program; and the Epidemiological National program. The IHS administrative personnel for this line item are based in the Albuquerque Area Office through a Memorandum of Understanding with the Area and reimbursed by Headquarters in Rockville, MD.

WHAT PSFAs ARE RESIDUAL?

None.

WHAT PSFAs CAN BE TRANSFERRED TO TRIBES?

All PSFAs and funds are available for Tribal shares.

PROGRAM FORMULA FOR CALCULATING THE TRIBAL SHARE:

Tribes are eligible for shares under the TSA formula.

Budget Line Item: 130
OFFICE OF PUBLIC HEALTH
NUTRITION AND DIETETICS TRAINING CENTER

DESCRIPTION OF PSFA:

This line item is an IHS Headquarters function that provides support staff and other costs at the nutrition and dietetics training program in Santa Fe, New Mexico. The program provides culturally competent orientation and training to both Tribal and Federal staff in medical nutrition therapy, public health nutrition strategies, community nutrition interventions, cultural awareness, and community mobilization. Training is primarily provided to Tribal Cooks (Head Start, elder meals, jails); IHS Hospital Cooks; Nutrition Professionals; Healthcare Providers; Commodity Food Program Staff, and Diabetes Para-professionals to maximize utilization of available resources and to maintain the highest quality nutrition services possible to IHS and Tribal customers. The training program's long-term goal is to empower and build the capacity of American Indian/Alaska Native people to enable them to eventually successfully assume this Headquarters nutrition training function. This training meets the requirements of Section 203 of P.L. 102-573.

WHAT PSFAs ARE RESIDUAL?

None.

WHAT PSFAs CAN BE TRANSFERRED TO TRIBES?

All PSFAs and funds are available for Tribal shares.

PROGRAM FORMULA FOR CALCULATING THE TRIBAL SHARE:

Tribes are eligible for shares under the TSA formula.

Budget Line Item: 131
OFFICE OF PUBLIC HEALTH
DIABETES PROGRAM

DESCRIPTION OF PSFA:

The National Diabetes Program (NDP) at Albuquerque/National Program provides comprehensive diabetes surveillance, research translation, training, network coordination and health care provider/ consumer education resources to IHS, Tribal and urban health programs. In addition, the NDP serves as the key IHS contact and source of information for outside organizations and agencies working on issues of diabetes and disparities related to diabetes and its complications. The Albuquerque/National Program component is staffed by a Director, Public Health Nutritionist, Nurse Consultant, Program Analyst, Prevention Specialist, Adult Nurse Practitioner, Visual Information/Web Specialist and two administrative assistants. The national program staff works closely with the Area and Model Diabetes Program staff which include IHS Area Diabetes consultants, liaisons, coordinators and teams of health providers in nineteen model Diabetes Programs, as identified in Section 204 - Diabetes Prevention, Treatment and Control of the Indian Health Care Improvement Act (IHCIA). The national program staff also work closely with their counterparts at NIH/NIDDK, CDC, USDA, National Diabetes Prevention Center, the Native American Diabetes Program (UNM), American Podiatric Association, American Diabetes Association, the American Association of Diabetes Educators and the American Dietetic Association.

The NDP provides technical support to I/T/U sites nationwide through bulletins, updates and website information, monitors prevalence and incidence of diabetes and diabetic complications across Indian country, and promotes quality assurance/ improvement activities in clinical and community programs. The Program provides resource information on a full complement of training opportunities including specialized training related to primary outpatient treatment models of diabetes management. The Program develops, field tests and distributes Native American-specific diabetes education printed and audio-visual materials to I/T/U. In FY 2001, over 6,500 diabetes education materials were sent to over 300 I/T/U programs nationwide.

WHAT PSFAs ARE RESIDUAL?

None.

WHAT PSFAs CAN BE TRANSFERRED TO TRIBES?

All PSFAs and funds are available as Tribal shares.

PROGRAM FORMULA FOR CALCULATING THE TRIBAL SHARE:

Tribes are eligible for shares under the TSA formula.

Budget Line Item: 132
OFFICE OF PUBLIC HEALTH
CANCER PREVENTION

DESCRIPTION OF PSFA:

This line item provides funds for staff and support for the IHS Cancer Prevention Program. The Cancer Prevention Program staff provide cancer statistics and surveillance, training and technical assistance to I/T/U communities and facilities, and development and dissemination of cancer education materials. Examples of on-going training programs include: Provider Colposcopy Training; Cancer Support Group Leadership Training; and Native Researchers Cancer Control Training. These programs are available at no cost to Tribes that have not taken their Tribal shares. The Program has also been successful in advocating for additional funding for American Indian/Alaska Native communities to treat and prevent cancer, such as the CDC grants for Breast and Cervical Cancer Early Detection, Comprehensive Cancer Control, and Tobacco Control. The capacity of the IHS Cancer Prevention staff is enhanced by Intra-Agency Agreements with CDC that provide additional funds and staff to serve the cancer control needs of I/T/U.

WHAT PSFAs ARE RESIDUAL?

None.

WHAT PSFAs CAN BE TRANSFERRED TO TRIBES?

All PSFAs and funds are available for Tribal shares.

PROGRAM FORMULA FOR CALCULATING THE TRIBAL SHARE:

Tribes are eligible for shares under the TSA formula.

Budget Line Item: 133
OFFICE OF PUBLIC HEALTH
MEDICAL/HEALTH RECORDS

DESCRIPTION OF PSFA:

This line item provides for staff and support for the IHS Medical/Health Records Program. The Program staff person is responsible for planning, developing, and carrying out the Agency's total Medical Records Program. The Program staff formulates, establish and assure implementation of IHS policies, standards and procedures. The Program staff also ensures that the medical records of Tribes and IHS meet legal requirements, as well as, the requirements of accrediting agencies. The Program is committed to excellence in the management of health information for the benefit of patients, providers and facility.

Funds support a Headquarters Medical/Health Records professional whose major responsibilities include program reviews, recruitment and retention of area and facility health record staff, management of five IHS RPMS systems and the Release of Information Package, oversight of patient care forms, assurance of data integrity and quality, and adherence to the Privacy Act, Health Insurance Portability and Accountability Act (HIPAA) ICD-9-CM, CPT, HCPCS coding and training. The staff person also represents IHS on the Inter Agency Committee on Medical Records (ICMR) and the DHHS Privacy Council Committee on the implementation of HIPAA.

In conjunction with the Business Office, the program enhances billing and collection for IHS medical services.

WHAT PSFAs ARE RESIDUAL?

None.

WHAT PSFAs CAN BE TRANSFERRED TO TRIBES?

All PSFAs and funds are available for Tribal shares.

PROGRAM FORMULA FOR CALCULATING THE TRIBAL SHARE:

Tribes are eligible for shares under the TSA formula.

Budget Line Item: 134
OFFICE OF PUBLIC HEALTH
HIV/AIDS PROGRAM

DESCRIPTION OF PSFA:

The IHS HIV/AIDS Program is committed to preventing the spread of HIV disease in American Indians and Alaska Natives. The Headquarters component of the program is located in Rockville and staffed by one coordinator. The coordinator works with a network of 12 Tribal and IHS Area AIDS Coordinators. The National Program provides technical support for prevention activities (primary, secondary, and tertiary) and monitors HIV/AIDS incidence across Indian Country. No part of the funds from this account are used to support treatment services.

WHAT PSFAs ARE RESIDUAL?

None.

WHAT PSFAs CAN BE TRANSFERRED TO TRIBES?

All PSFAs and funds are available for Tribal shares.

PROGRAM FORMULA FOR CALCULATING THE TRIBAL SHARE

Tribes are eligible for shares under the TSA formula.

Budget Line Item: 135
OFFICE OF PUBLIC HEALTH
HANDICAPPED CHILDREN

DESCRIPTION OF PSFA:

In the past, these funds supported personnel and associated costs of staff that served as the Project Officer and contact for the Disabled Indian Children's Program; that is the reason for the label "Handicapped Children." These are reserve funds used to support various field projects. In FY 2001, the dollars remaining after Tribal shares were sent to the Northwest Portland Area Indian Health Board to support the development of the Tribal community assessment tool which is being used by Tribes to assess the health status of their communities. This assessment provides a benchmark to measure the impact of various community-based programs to elevate the Tribal communities' health.

WHAT PSFAs ARE RESIDUAL?

None.

WHAT PSFAs CAN BE TRANSFERRED TO TRIBES?

All PSFAs and funds are available for Tribal shares.

PROGRAM FORMULA FOR CALCULATING THE TRIBAL SHARE:

Tribes are eligible for shares under the TSA formula.

Budget Line Item: 137
OFFICE OF MANAGEMENT SUPPORT
DIVISION OF INFORMATION RESOURCES
NATIONAL (DIR) SUPPORT - ALBUQUERQUE/NATIONAL PROGRAM

DESCRIPTION OF PSFA:

In support of the IHS mission, a component of the Division of Information Resources located in Albuquerque, NM, directs the planning, development, operation and maintenance of computer and telecommunications systems. This office also maintains national databases in Albuquerque, NM at the Information Technology Support Center (ITSC) which provides information in support of health care statistics and budget activities. In addition to maintaining statistical and workload database, other activities include applications software development, office automation, and operating system support.

Major functions/services associated with these funding sources are listed below. Costs are identified as a percentage of the total funds for the line item. A detailed description of each item is available upon request, call (505) 248-4804 or (505) 248-4360 for more information.

MAJOR FUNCTION	ASSOCIATED COST (% OF LINE ITEM TOTAL)
<i>National Database Services</i> Maintain/Manage Central Databases Process National Applications Provide Workload/Statistical Info (Output) Provide Technical Assistance and Problem Resolution	35.0%
<i>Telecommunication Management Services</i> Provide Telecommunication Network Provide for Data Movement Provide Technical Assistance and Problem Resolution	16.0%
<i>Software Development and Maintenance Services</i> RPMS Applications Related Support Software Upgrades/Patches Distribution Operating System Related Support and Software Licenses Coordination	24.0%
<i>System Support/Training Services</i> Support Distributed Application Systems Provide Technical Support and Training	25.0%

Budget Line Item: 137 (continued)
OFFICE OF MANAGEMENT SUPPORT
DIVISION OF INFORMATION RESOURCES
NATIONAL (DIR) SUPPORT - ALBUQUERQUE/HQ

WHAT PSFAs ARE RESIDUAL?

None.

WHAT PSFAs CAN BE TRANSFERRED TO TRIBES?

All PSFAs and funds are available for Tribal shares.

PROGRAM FORMULA FOR CALCULATING THE TRIBAL SHARE:

Tribes are eligible for shares under the TSA formula.

Budget Line Item: 140
OFFICE OF PUBLIC HEALTH
DIABETES INITIATIVE EARMARK

DESCRIPTION OF PSFA:

The Balanced Budget Act of 1997 created a \$30 million grant program called the *Special Diabetes Program for Indians* for the prevention and treatment of diabetes in American Indians/Alaska Natives (AI/AN). The Consolidated Appropriations Act of 2001 added an additional \$70 million in 2001 and 2002, and \$100 million in 2003 to this program. More than 300 new and innovative diabetes programs were implemented with these grant funds.

The IHS National Diabetes Program (NDP) and the Area Diabetes Consultants (ADCs) provide the core of program administrative duties for these funds. The NDP coordinates national evaluation activities for the grants (as required by Congress), develops grant application materials, coordinates the application process, develops and manages the data analyses of several quantitative and qualitative datasets relating to the grants, and is responsible to prepare the final reports to Congress on this entire activity. The ADCs coordinate regional diabetes grant activities in their areas, make sure that grant applications are reviewed, and offer technical assistance to those applicants whose applications are not accepted at first review.

WHAT PSFAs ARE RESIDUAL?

None. However, funds are earmarked by Congressional mandate per language contained in the 1997 Balanced Budget Act P.L. 105-33 and the Consolidated Appropriations Act of 2001, P.L. 106-554.

WHAT PSFAs CAN BE TRANSFERRED TO TRIBES?

Congressional language in the Balanced Budget Act of 1997 *Special Diabetes Program for Indians* states that these funds are to be used to provide grants “for the prevention and treatment of diabetes” in American Indians/Alaska Natives (AI/AN). The Consolidated Appropriations Act of 2001 indicated that these were supplemental funds for the same purpose. Under this legislation, Tribes are eligible to apply for grants through these funds. The Indian Health Service is charged with administering these grants.

PROGRAM FORMULA FOR CALCULATING THE TRIBAL SHARE:

Tribal share is determined yearly through a special formula. Area consultations are held, their recommendations compiled and considered by the Tribal Leaders Diabetes Committee who presents a final set of recommendations to the Director, Indian Health Service. The Director makes a final decision regarding the formula for distribution of these funds.

Budget Line Item: 143
OFFICE OF MANAGEMENT SUPPORT
REIMBURSEMENT FOR FIELD PERSONNEL TEAM

DESCRIPTION OF PSFA:

The Personnel Field Support Team was established to assist IHS in developing work plan regarding organizational redesign and implementation. The work plan includes a combination of marketing/public relations; assessments; agency-wide policy development; and training for Area Labor Relations/Employee Relations personnel and Area managers. These funds represent the cost of supporting this Team and their activities, including salary, travel and support costs.

WHAT PSFAs ARE RESIDUAL?

None.

WHAT PSFAs CAN BE TRANSFERRED TO TRIBES?

These funds are designated as a continuing commitment and are historically not available as Tribal shares. However, if an Area did not deduct the respective Area Tribal shares prior to transfer to Headquarters, these funds would be available for that particular Tribe.

If a Tribe chooses to take their Tribal share for this line item, they will continue to have the technical services available to them to provide the third party representation particularly in EEO cases, Merit System Protection Board cases and also to handle the labor relations issues. All of these would continue with the IPA's. In addition, in order to provide technical services/assistance to commissioned officers on MOAs, the field support provides the orientation for the officers, ensures the proper processing of paperwork, whether related to hiring, terminations or employee relations cases. In general, the Tribe will be able to maintain the liaison with the Department's Division of Commissioned Personnel.

PROGRAM FORMULA FOR CALCULATING THE TRIBAL SHARE:

If this line item is found to be available for Tribal shares based on an Areas' actions prior to transfer to Headquarters, program formula would depend on the individual Area to be consistent with other Tribes in its area.

Budget Line Item: 144

OFFICE OF PUBLIC HEALTH

HEALTH INITIATIVES

DESCRIPTION OF PSFA:

In the past five years, these funds have supported grants tied to special health care initiatives which included funds for the IHS Elder, Youth and Women Health Care Initiatives. Just as in 1996 when the Director's special initiative funds were requested, these three areas continue to meet needs that may not otherwise be addressed in the budget.

1. The goal of the Elder Health Care Initiative is to support the development of high-quality services for American Indian and Alaska Native elders by acting as a consultation, education and liaison resource for IHS, Tribal, and urban Indian health programs. The core activities of the Elder Care Initiative are in information and referral, technical assistance and education, and advocacy. IHS Headquarters' Elder Care Initiative activities include collecting data, establishing baselines, evaluating outcomes and best practices in long-term care (LTC), and other elder health care issues to include those reported in the Government Performance and Results Act (GPRA) measures. These activities are accomplished in partnership with a variety of Tribal, state, federal, and academic programs.
2. The American Indian and Alaska Native Children and Adolescent Initiative, referred to as the "Youth Initiative," demonstrates the IHS Director's commitment to addressing the challenges facing the health status and quality of life of Indian children and adolescents. Many objective indicators show an alarming disparity in the health status and the general well-being of Indian youth as compared to that of other American youth. The indicators focus interest on the broader quality of life issues for Indian children and adolescents, encompassing their physical, mental, social, educational, environmental, economic, cultural, and spiritual well-being. The agency is promoting a multi-agency approach to addressing the disparity issues.
3. The IHS Director identified Indian women's health as a program emphasis area in 1994. The Indian Women's Health Initiative focuses on increasing access to preventive services; increasing surveillance and screening for diseases; increasing community education; increasing the number of female providers; and establishing support groups and mentoring programs for young women in their communities. There is also emphasis on increasing access to direct services and networking with the Public Health Service (PHS) Office on Women's Health, other PHS agencies, and private organizations on Indian women's health.

While these funds have helped make progress on these issues, the agency has a continuing need to substantiate progress through the Government Performance and Results Act (GPRA) and most recently, the Director's DHHS Annual Performance Contract. For a GPRA measure to be considered 'successful' by DHHS, all indicators within that GPRA measure must be rated 'successful'. Therefore, a 'successful' rating is essential for maintaining or increasing funding appropriations. Accordingly, Health Initiatives funding is directly tied to the availability of timely and accurate data and supports the Director's initiative for investment in information technology.

These funds support essential activities for the agency to respond to legislative and budget requirements as well as for providing information necessary to support advocacy efforts by Tribes, national organizations, and other interested parties.

WHAT PSFAs ARE RESIDUAL?

None.

WHAT PSFAs CAN BE TRANSFERRED TO TRIBES?

These funds are designated as a continuing commitment and not available as Tribal shares.

PROGRAM FORMULA FOR CALCULATING THE TRIBAL SHARE:

Not applicable.

Budget Line Item: 145
OFFICE OF PUBLIC HEALTH
EPIDEMIOLOGY-ALBUQUERQUE/NATIONAL PROGRAMS

DESCRIPTION OF PSFA:

The terms of the Cooperative Agreements stipulate that the National Epidemiology Program will provide project officers, technical assistance, training, access to National datasets, and coordination for the Tribal Epidemiology Centers. In addition, the National Program provides access to CDC expertise through a number of professional staff who are detailed to IHS from CDC. The innovative Tribal Epidemiology Center program was authorized by Congress as a way to provide significant support to multiple Tribes in each of the IHS Areas. Six Tribal Epidemiology Centers are now funded through Cooperative Agreements with IHS (see list under BLI #114).

The National Epidemiology Program also provides technical assistance and training to all I/T/U for issues related to epidemiology, immunizations, communicable diseases, and chronic diseases. Since funds under this line item are extremely limited, much of the support for this activity comes through Intra-Agency Agreements with CDC.

WHAT PSFAs ARE RESIDUAL?

None.

WHAT PSFAs CAN BE TRANSFERRED TO TRIBES?

Funding for epidemiology centers is not divisible per TSA formula, because of the Congressional earmark and the mandates in the IHCA for epidemiology centers which require regional activities to cover more than one Tribe.

PROGRAM FORMULA FOR CALCULATING THE TRIBAL SHARE:

If a tribe is contracting for Budget Line Item 114, then that tribe is eligible to receive their proportionate share of this PSFA. Otherwise, this line is a continued commitment. Reduction of this PSFA may have impact on continuation of the Inter-agency agreement with the Centers for Disease Center (CDC).

Budget Line Item: 146
OFFICE OF MANAGEMENT SUPPORT
RECORDS, PROPERTY AND SUPPLY MANAGEMENT

DESCRIPTION OF PSFA:

This line item reflects the personnel costs for the IHS Records Management program, personnel costs of the IHS Personal Property Management staff, and the IHS Supply Management program. Description of services is as follows:

1. The **Records Management** program plans, develops, and implements directives and procedural guidelines for systematic and uniform records management practices. The program is responsible for assuring that the General Records Schedule and the IHS Records Management Manual are utilized, assisting in the transfer/retrieval of IHS Headquarters records with National Archives and Records Administration. In addition the records management program conducts records management training, provides technical assistance, performs compliance reviews, and provides professional guidance to records management staff. The Records Management program staff also represent the Agency in records management matters with other Federal agencies and non-Federal organizations.

2. The **Personal Property Management** staff plan, develop, and direct IHS policies on personal property management. The staff also interpret regulations and provide advice on execution and coordination of property management directives and programs. The development of methods and techniques for planning, organizing, controlling, monitoring, reporting for personal property, and motor vehicle management is also provided. Personal property includes the management of medical, scientific, electronic, technical and mechanical equipment.

Staff provide guidance and serve as the IHS administrative authority of Federal personal property management laws, regulations, policies, procedures, practices, and standards. This includes provision of technical assistance to Indian Tribes/Tribal organizations and surveys/studies to evaluate IHS-wide personal property management activities. Maintain liaison with DHHS, and the General Services Administration on personal property management issues affecting the IHS.

3. The **Supply Management** program administers and operates the Agency Supply Services Centers that support IHS and Tribal health facilities. The Supply Management program develops directives, establishes management control systems, and security for all categories of controlled substances handled under the license and control of the Drug Enforcement Agency. Staff ensure that IHS and Tribal health facilities receive the best supply support at the lowest cost and determines the requirements for Agency-wide procurement supply contracts.

Budget Line Item: 146 (CONTINUED)
OFFICE OF MANAGEMENT SUPPORT
RECORDS, PROPERTY AND SUPPLY MANAGEMENT

WHAT PSFAs ARE RESIDUAL?

All funds are residual.

WHAT PSFAs CAN BE TRANSFERRED TO TRIBES?

These funds are designated as residual and not available as Tribal shares.

PROGRAM FORMULA FOR CALCULATING THE TRIBAL SHARE:

Not applicable.

Budget Line Item: 147
OFFICE OF PUBLIC HEALTH
PHARMACY RESIDENCY

DESCRIPTION OF PSFA:

Pharmacy residencies are one year, post-graduate training programs designed to provide intensive experience and training to new pharmacy graduates. Residency programs are accredited by the American Society of Health-System Pharmacists (ASHP) and generally require a facility with at least 3-5 pharmacists and a progressive and diverse pharmacy practice.. In FY2000, the Congress appropriated \$400,000 for the establishment of a pharmacy residency program within the IHS. One intent of Congress in appropriating these funds was to help address the significant pharmacist shortage in the IHS. In FY2000, seven sites were selected to implement the pharmacy residency training programs. In FY2001, the Congress appropriated an additional \$222,000 for this Program. An additional five sites were selected.

There are now 12 sites including the Pharmacy Residency in Phoenix. Funds were not increased in FY2002 and there are now 3 residency programs that were partially funded in the past with a request for additional funds to keep their residency operational in FY2003.

WHAT PSFAs ARE RESIDUAL?

None.

WHAT PSFAs CAN BE TRANSFERRED TO TRIBES?

These funds are designated as Field Pass-through and are not available as Tribal shares. Funding is earmarked for the continuation of the on-going of the IHS residency programs. If additional funds become available, Tribal and IHS facilities will be requested to submit proposals for new pharmacy residency sites.

PROGRAM FORMULA FOR CALCULATING THE TRIBAL SHARE:

Based on new funding for additional sites.

Budget Line Item: 151
OFFICE OF DIRECTOR
INDIAN HEALTH CARE IMPROVEMENT FUND

DESCRIPTION OF PSFA:

In FY1999, the IHS developed a new model to estimate the full costs associated with providing health care for Indian people. The model uses an actuarial cost calculation to estimate the per capita cost to provide Indian people a health benefits package that is comparable to a mainstream employer sponsored benefits plan. In addition, the model also estimates the costs of those public health services not provided by a typical employer sponsored benefits plan. This amount will be used to begin to address those disparities that exist among Tribes in the current distribution of the IHS budget.

Since these funds were appropriated, the IHS established a Workgroup and embarked on an extensive Tribal consultation process regarding the distribution of these funds.

WHAT PSFAs ARE RESIDUAL?

None.

WHAT PSFAs CAN BE TRANSFERRED TO TRIBES?

These funds are designated as Field Pass-through. Tribes are eligible for these funds based on current distribution standards that have been developed through extensive Tribal consultation and approved by the IHS Director. Funds may be used for the purposes of: (1) eliminating the deficiencies in health status and resources of all Tribes; (2) eliminating backlogs in the provision of health care services to Indians; (3) meeting the health needs of Indians in an efficient and equitable manner; and (4) augmenting the ability of IHS to meet the health service responsibilities either through direct or contract care or through contract/compacts.

PROGRAM FORMULA FOR CALCULATING THE TRIBAL SHARE:

Funds are currently allocated to all Areas on a recurring basis based on the IHS Director's April 17, 2001 memorandum which provides for the IHCIF allocation methodology. This memorandum provides the specific criteria that will be used in determining Tribal amounts for this fund.

Budget Line Item: 152
OFFICE OF MANAGEMENT SUPPORT
NEW CONGRESSIONAL INCREASES

DESCRIPTION OF PSFA:

As programs are appropriated by Congress and there is no earmark as to location within the IHS, increases will be placed in this line until such time they are identified for recurring allocations. They are held in reserve in Headquarters until a distribution plan has been developed.

A specific listing of these new Congressional increases can be found on Table #3: Break Down of HQ Allowances; Detailed HQ Accounts and Categories for Tribal shares on Line 152. They will also be identified on the "Crosswalk - HQ Managed Funds" table on an annual basis.

WHAT PSFAs ARE RESIDUAL?

None.

WHAT PSFAs CAN BE TRANSFERRED TO TRIBES?

These are identified as Field Pass-through and historically are available only through the field.

PROGRAM FORMULA FOR CALCULATING THE TRIBAL SHARE:

Tribes should contact their Area Director regarding distribution of these funds and/or services from the Area.

Budget Line Item: 201
OFFICE OF PUBLIC HEALTH
DENTAL PROGRAM

DESCRIPTION OF PSFA:

The Dental Program is committed to raising the oral health status of the American Indian/Alaska Native population to the highest level possible through the provision of high quality preventive and treatment services at the community and clinic level. The dental program supports provision of continuing dental education for I/T/U dental staff, short and long-term training opportunities, recruitment of dental personnel in direct and Tribal programs, management of dental data through the RPMS dental data software, and policy and advocacy efforts. Technical assistance is provided to Tribal and direct programs service for dental health promotion and disease prevention, periodontal disease prevention, and dental epidemiology to support the direct provision of dental services.

WHAT PSFAs ARE RESIDUAL?

None.

WHAT PSFAs CAN BE TRANSFERRED TO TRIBES?

All PSFAs and funds are available for Tribal shares. Tribes which elect to take their shares from this account will not be eligible for continuing dental education, training, recruitment, and technical assistance.

PROGRAM FORMULA FOR CALCULATING THE TRIBAL SHARE:

\$300,000 is earmarked for diabetes projects. Balance of PSFAs are eligible for Tribal shares under the TSA formula.

Budget Line Item: 202
OFFICE OF PUBLIC HEALTH
DENTAL PROGRAM - PROGRAM FORMULA FUNDS

DESCRIPTION OF PSFA:

The Dental Program under Program Formula include:

1. Recurring dental funds for Tribes and services units;
2. Community Water Fluoridation programs;
3. Dental Residency Program Funding;
4. Periodontal Disease and Diabetes Model Program Awards
5. Dental Clinical and Preventive Support Centers; and
6. Dental data software development and management

WHAT PSFAs ARE RESIDUAL?

None.

WHAT PSFAs CAN BE TRANSFERRED TO TRIBES?

These funds are designated as Field Pass-Through. Tribes should contact their Area Directors regarding distribution of these funds and/or services available from the Areas.

PROGRAM FORMULA FOR CALCULATING THE TRIBAL SHARE

Several grants and awards are discretionary and offered to Tribes on a competitive basis. Funds for the community water fluoridation program and dental residency programs are shown in the list of PSFAs. The funds for these two programs were distributed to Tribal and IHS directed programs based upon distribution formulas and are not available for Tribal shares, as Headquarters no longer controls the funds. The agency used discretionary distributions as a vehicle to distribute funds for periodontal disease and disease prevention model program awards as well as for dental clinical and preventative support centers. Dental funds for Tribes and Service Units have already been distributed on a recurring basis.

Budget Line Item: 301
OFFICE OF PUBLIC HEALTH
MENTAL HEALTH/SOCIAL SERVICES TECHNICAL ASSISTANCE

DESCRIPTION OF PSFA:

These funds support policy development and implementation, budget formulation and distribution methodology, liaison and advocacy to external collections and revenue generation for Mental Health and Social Services.

National Model Projects - Develops projects of national scope and provides contact and consultation on for such projects. Develop and disseminate publications reflecting mental health and social services issues of national importance

Services and Funding - Develops the Mental Health and Social Services budget formulation and distribution methodology. Provides information for IHS official responses to congressional and executive inquiries on mental health and social service program issues.

Liaison - Advocates for services and funding from various federal agencies to be made available to Tribes and the IHS service population. Informs IHS and other federal agencies' on policies which address various psycho/social issues such as child abuse and neglect, aging, mental health, suicide and others. Provides information, presentations, and advocacy on issues related to programs and services for American Indian/Alaska Native populations served by IHS and Tribally-contracted programs.

Recruitment and Education Services Support - Assists in the referral and recruitment of prospective professional staff to Tribal and IHS programs. Provides consultation and review for advanced degree applications for the IHS Scholarship and Loan Repayment Program as well as for graduate student field placements.

WHAT PSFAs ARE RESIDUAL?

None.

WHAT PSFAs CAN BE TRANSFERRED TO TRIBES?

All PSFAs and funds are available for Tribal shares.

PROGRAM FORMULA FOR CALCULATING THE TRIBAL SHARE:

Tribes are eligible for shares under the TSA formula.

Budget Line Item: 302
OFFICE OF PUBLIC HEALTH
CHRONIC MENTALLY ILL (CMI) DEMONSTRATION GRANTS

DESCRIPTION OF PSFA:

This line item provides funds for mental health services to children and families and for information technology. These funds will continue to be utilized to provide direct and support services for mentally ill patients in need of treatment and services.

WHAT PSFAs ARE RESIDUAL?

None.

WHAT PSFAs CAN BE TRANSFERRED TO TRIBES?

All funds for this PSFA are available for Tribal shares.

PROGRAM FORMULA FOR CALCULATING THE TRIBAL SHARE:

Tribes are eligible for shares under the TSA formula.

Budget Line Item: 303
OFFICE OF PUBLIC HEALTH
MENTAL HEALTH/SOCIAL SERVICES NATIONAL CONFERENCE

DESCRIPTION OF PSFA:

Conference costs related to the annual national conference on behavioral health, including mental health and social services and alcoholism and substance abuse. The annual conference is a national opportunity for behavioral health providers serving AI/AN that offers Continuing Education Credits for licensure and certification. The conference provides training on mental health and social service and alcoholism and substance abuse issues including serious and persistent mental and emotional illness, child abuse/neglect, traditional healing of emotional problems, suicide, alcoholism and substance abuse/dual diagnosis and domestic violence, disabilities and elder care issues.

WHAT PSFAs ARE RESIDUAL?

None.

WHAT PSFAs CAN BE TRANSFERRED TO TRIBES?

All funds for this PSFA are available for Tribal shares.

PROGRAM FORMULA FOR CALCULATING THE TRIBAL SHARE:

Tribes are eligible for shares under the TSA formula.

Budget Line Item: 304
OFFICE OF PUBLIC HEALTH
WHITE HOUSE MENTAL HEALTH INITIATIVE

DESCRIPTION OF PSFA:

This Initiative was established in 2000 to support American Indian and Alaska Native children's mental health and safety needs. This effort was initiated through the White House Domestic Policy Council to provide Tribes and Tribal organizations with easy-to-access assistance in developing innovative strategies that focus on the mental health, behavioral, substance abuse, and community safety needs of American Indian and Alaska Native youth and families. No special congressional appropriations were made to support these grants. Currently, these grants are available on a competitive basis: funds support eight three-year discretionary grants to Tribes and Tribal organizations. Current grantees report significant benefit of these grants for the development and services to address child abuse and children's mental illness. Additionally, some Tribes report that they would be unable to establish appropriate and effective services for children without such discretionary grant programs.

WHAT PSFAs ARE RESIDUAL?

None.

WHAT PSFAs CAN BE TRANSFERRED TO TRIBES?

These funds are designated as a continuing commitment and not available as Tribal shares.

PROGRAM FORMULA FOR CALCULATING THE TRIBAL SHARE

Not applicable.

Budget Line Item: 401
OFFICE OF PUBLIC HEALTH
ALCOHOL/SUBSTANCE ABUSE CLINICAL ADVOCACY

DESCRIPTION OF PSFA:

Current services under this line item include:

1. **Technical Assistance-** this supports the salaries and personnel costs of the alcoholism and substance abuse support staff at Headquarters West for technical assistance at regional treatment centers, urban commercial contract\grant programs, Tribal and service units.
2. **Training-** Four training seminars are conducted for primary care providers on their role in chemical dependency primary prevention, early screening, referral, treatment and aftercare. The four training seminars, approximately 25 providers each, focus on physicians and nurses in acute care hospital/clinic settings and co-dependency training for nurses, with a special emphasis on PHNs who work closely with family members of alcohol and substance abusers. An annual substance abuse conference, with collaboration between other federal agencies, i.e. BIA and IHS, is provided. Training on clinical supervision in alcohol/substance abuse settings and counselor certification training is also available. The line item also funds a substance abuse newsletter from the BIA.
3. **Information Systems -** provide Office of Information Resorce Management (OIRM) Technical support to the Alcoholism and Substance Abuse Program Branch Chemical Dependency Management Information System (CDMIS). And the continued integration into a Behavioral Health Management Information System (BHMIS) to include mental health, social services and general medical behavioral health related services.
4. **Research/Evaluation Projects-**Funds support research/evaluation of prevention and training projects developed through SAMHSA/CSAP MOA, BIA MOA, and other on-going prevention programs, including a child abuse initiative and the "None for the Road" initiative, Gathering of Native Americans (GONA) and BIA youth prevention collaborative conferences. Research and evaluation activities are designed to collect and analyze data and information that guides and supports program.
5. **Regional Treatment Center (RTC)-** adaptation and development of culturally appropriate treatment criteria related to placement of adolescent patients in community & regional treatment settings and continuing care (Aftercare) protocols based on the American Society of Addiction Medicine (ASAM) Patient Placement Criteria.
6. **Outpatient Treatment Initiative -** expand the development and emphasis for effective outpatient treatment models, case management, related family diagnostic/treatment services, aftercare/continuing care and continuity of care services. Current and appropriate suicide protocols and standards are also developed and provides an ongoing surviellance of potential cluster community and areas..
7. **Tele-Medicine Consultation -** provide support to video conferencing projects which

establish cost-effective patient consultation and staff training at regional IHS and contracted program sites.

WHAT PSFAs ARE RESIDUAL?

None.

WHAT PSFAs CAN BE TRANSFERRED TO TRIBES?

All PSFAs and funds are available for Tribal shares.

PROGRAM FORMULA FOR CALCULATING THE TRIBAL SHARE:

Tribes are eligible for shares under the TSA formula.

Budget Line Item: 402
OFFICE OF PUBLIC HEALTH
ALCOHOL/SUBSTANCE ABUSE COLLABORATIVE INITIATIVES

DESCRIPTION OF PSFA:

These funds provide for the following services:

1. **FAS/CDC/MOA** - supports an MOA with the Center for Disease Control (CDC) to provide information on Fetal Alcohol Syndrome (FAS) among Native American Indians. The IHS has proposed a negotiated agreement to match CDC spending to support surveillance work and prevention programs in the Aberdeen, Albuquerque, and Navajo Areas.
2. **SPECIAL INITIATIVES**- supports alcohol/substance abuse special initiatives such as a tobacco cessation project, a methadone project in Tucson Area, the diabetes project in Winnebago, and projects in Tulsa and Rapid City.
3. **SUPPORT SERVICES** - provide for Albuquerque and Aberdeen Area staff support for IHS/BIA therapeutic boarding schools.

WHAT PSFAs ARE RESIDUAL?

None.

WHAT PSFAs CAN BE TRANSFERRED TO TRIBES?

The balance of funds for this PSFA are available for Tribal shares.

PROGRAM FORMULA FOR CALCULATING THE TRIBAL SHARE:

Funds related to the increase in this PSFA for FY2001, were distributed based on the IHS Director's June 8, 2001 letter to Tribal Leaders. Based on this letter, \$3 million has been set aside for data and the balance (after the Congressional recession adjustment) is to be distributed to Areas based on each Area's proportional share of the total alcohol budget for FY2000. In the June 8, 2001 letter, Dr. Trujillo agreed to convene a national summit to discuss the Tribal leadership's goals for the alcohol activities over the next 3-5 years and to determine a distribution plan for subsequent years.

Budget Line Item: 403
OFFICE OF PUBLIC HEALTH
FETAL ALCOHOL SYNDROME (FAS) -UNIVERSITY OF WASHINGTON/GALLUP

DESCRIPTION OF PSFA:

This Alcohol and Substance Abuse project provides funds to support FAS research by the University of Washington and an FAS project in Gallup, New Mexico. The FAS research projects provide psychological and coordinated multi-disciplinary assessments for FAS/FAE and other birth defects related to substance abuse. The projects also assist in the production of training and materials for health care providers.

WHAT PSFAs ARE RESIDUAL?

None.

WHAT PSFAs CAN BE TRANSFERRED TO TRIBES?

None. These funds are designated as continuing commitment and funds were earmarked by Congress in the FY 1996 conference report P.L. 104-402. The Congressional language is specific to transfer funds to the University of Washington and to Gallup. The Congressional language is specific to transfer funds to the University of Washington and to Gallup. This a continuing earmark based on existing appropriation language.

PROGRAM FORMULA FOR CALCULATING THE TRIBAL SHARE:

Not applicable.

Budget Line Item: 501
OFFICE OF PUBLIC HEALTH
CONTRACT HEALTH SERVICES-FISCAL INTERMEDIARY

DESCRIPTION OF PSFA:

The Fiscal Intermediary supports a national contract to process Contract Health Services (CHS) claims for all Indian Health Service (IHS) Service Units, and for Tribal programs electing to utilize this resource. (The FI contract originated as a result of reviews of the IHS/CHS program by the Inspector General, the Health and Human Services Office of Management, and the General Accounting Office. All of these reviews pointed to deficiencies in the IHS/CHS program, and the IHS was encouraged to take corrective action and resolve the deficiencies. One of the corrective actions taken was the establishment of an IHS payment policy that mandated the use of contractual arrangements with CHS providers to reimburse CHS claims at or below current Medicare payment rates. The implementation of this complex policy made it necessary for the IHS to utilize an FI to process and pay CHS claims).

The FI contract includes: processing and payment of medical and dental CHS claims, coordination of benefits, assist with provider contract negotiations, calculating the complex Medicare methodology, post payment review of claims, prepayment edits, appropriateness of care, trend analysis of health care conditions, medical and financial management collecting, analyzing, and reporting workload and financial data, and provision of statistical and financial reports. The contract is used to ensure compliance with IHS payment policies, such as IHS being payor of last resort, utilizing prevailing Medicare reimbursement rate, and eligibility of patient and claim for services. The current Contractor Blue Cross, Blue Shield of New Mexico and the contract expires in September 2003.

WHAT PSFAs ARE RESIDUAL?

None.

WHAT PSFAs CAN BE TRANSFERRED TO TRIBES?

All PSFAs and funds are available for Tribal shares. The FI services are available to Tribes if they choose to use the service. If a Tribe chooses to use the FI, they can either leave their Tribal shares or buy back the services.

PROGRAM FORMULA FOR CALCULATING THE TRIBAL SHARE:

A workload based, program formula has been utilized to distribute Tribal shares of the FI. Program Formula:

Tribal % of 1993 Total Claims	x	Current FI Expenditures	=	Tribal Shares
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Budget Line Item: 502
OFFICE OF PUBLIC HEALTH
CONTRACT HEALTH SERVICES-QUALITY ASSURANCE

DESCRIPTION OF PSFA:

This line item provides funds to conduct Quality Assurance (QA) studies for the purpose of evaluating the cost and quality of care American Indians/Alaska Natives receive with Contract Health Service funds from contract providers and in contract facilities. These funds are also used to support contracts with State peer review organizations (PRO) or equivalent medical professions.

WHAT PSFAs ARE RESIDUAL?

None.

WHAT PSFAs CAN BE TRANSFERRED TO TRIBES?

These funds are distributed to Areas, Tribes and Service Units based on a competitive process (non-recurring QA projects).

PROGRAM FORMULA FOR CALCULATING THE TRIBAL SHARE:

Funding QA projects are made on a competitive process under the authority provided by OMB Circulars A-102, HHS grants. All IHS and Tribal CHS programs are given an opportunity to compete for QA projects to evaluate the cost and quality of care acquired with CHS funds. Such measures are otherwise not available or allowable through limited local budgets.

The CHS program declares the availability of QA funds through an RFP process. Once proposals are received, Medical health professionals from both IHS and Tribal programs are selected to evaluate the proposals. Each proposal is rated on a point system according to content of program need, goal, objectives, methodology, budget, and outcomes that evaluate non-IHS health care services purchased with CHS funds for patients and measure performances of private health care providers. Each proposal's strengths and weaknesses are identified and ranked. Awards are then made going from the highest-ranking score on down until the fund is depleted leaving some projects not funded. Projects are funded on a non-recurring basis.

Budget Line Item: 504
OFFICE OF PUBLIC HEALTH
CONTRACT HEALTH SERVICES-RESERVES & UNDISTRIBUTED

DESCRIPTION OF PSFA:

This line item holds funds in reserve at Headquarters at the beginning of the fiscal year to address unforeseen Contract Health Service situations that may occur during the course of the fiscal year. These situations include: lawsuit settlements, natural disasters (e.g. Lame Deer Clinic destroyed by fire), and medical catastrophes.

WHAT PSFAs ARE RESIDUAL?

None.

WHAT PSFAs CAN BE TRANSFERRED TO TRIBES?

All PSFA's and funds are available for Tribal shares.

PROGRAM FORMULA FOR CALCULATING THE TRIBAL SHARE:

Tribes are eligible for shares under the TSA formula.

Budget Line Item: 505
OFFICE OF PUBLIC HEALTH
CONTRACT HEALTH SERVICES-CATASTROPHIC HEALTH EMERGENCY FUND

DESCRIPTION OF PSFA:

The fiscal year 1987 Appropriation Act for the IHS, Public Law 99-591, established the Indian Catastrophic Health Emergency Fund (CHEF), for the purpose of meeting the extraordinary medical costs associated with the treatment of victims of disasters and catastrophic illnesses falling within the responsibility of the IHS or Tribal program. These funds provide a significant and complementary resource to support limited local CHS operating budgets from unexpected or overwhelming expenditures for certain high cost cases. Patients must be eligible for both direct care and contract health services (CHS), and the cost of the case must exceed the established dollar threshold.

WHAT PSFAs ARE RESIDUAL?

None.

WHAT PSFAs CAN BE TRANSFERRED TO TRIBES?

Funds for this PSFA are available to Tribal programs for expenditures on patients who incur extraordinary medical costs.

PROGRAM FORMULA FOR CALCULATING THE TRIBAL SHARE:

Tribes are eligible for funding based on the CHEF qualifying criteria.

Budget Line Item: 506
OFFICE OF PUBLIC HEALTH
CONTRACT HEALTH SERVICES - PROGRAM INCREASE

DESCRIPTION OF PSFA:

The Contract Health Service (CHS) line item is intended for purchasing health care services from the private sector for eligible beneficiaries. Use of CHS funding is governed by special regulations that are more restrictive than other IHS services. For example, CHS can only be used for eligible beneficiaries who live in a CHS Delivery Area and alternate resources must be used first. In some cases, CHS is used to contract for services that are delivered in an Indian health facility. For example, it may be more cost effective to contract for a physician in private practice to hold a cardiac clinic in an IHS facility once a week, rather than referring patients to a cardiologist for appointments at the physician's office. In FY2001, Congress appropriated an additional \$40 million increase for CHS funding.

In FY2001, \$34,910,137 was available to Areas/Tribes, one half was distributed based on the existing formula used since 1994 and the other half was distributed based on the above Workgroup's proposed formula (see CHS Allocation Workgroup Final Report dated February 2001). In FY 2002, new CHS programs increases went out to each Area on non-recurring pending the establishment of a new CHS Workgroup to be established in FY 2002. By using this approach, the Director hopes that the IHS can continue its dialogue on the outstanding issues related to the disparity between need and the resources available for CHS. The Director's goal is to develop an allocation formula that addresses as many health cares issues and concerns as possible and allow for timely distribution of future CHS funds. The Director supports the re-establishment of a Tribal workgroup to address recurring allocations for FY2003.

Included in these funds are set asides for newly-recognized Tribes.

WHAT PSFAs ARE RESIDUAL?

None.

WHAT PSFAs CAN BE TRANSFERRED TO TRIBES?

These are identified as Field Pass-through and historically are available only through the field.

PROGRAM FORMULA FOR CALCULATING THE TRIBAL SHARE:

Tribes should contact their Area Director regarding distribution of these funds and/or services from the Area.

Budget Line Item: 601
OFFICE OF PUBLIC HEALTH
NURSING - PREVENTIVE HEALTH INITIATIVES

DESCRIPTION OF PSFA:

The Nursing preventive health initiatives line item provides funds to specifically address the unique needs of the IHS Public Health Nursing (PHN) program. Current public health emphasis areas for the PHN program include elder care, infectious disease control and care, immunizations, and adolescent and prenatal care in our communities.

The line item also provides a one year PHN internship program for IHS/Tribal nurses. The role of the PHN in Indian health is unique and essential to the comprehensive delivery of care in Indian communities. Professional training for Registered Nurses in academic settings does not capture the important role nurses in IHS/Tribal programs play. The one year PHN internship program for IHS/Tribal nurses allows nurses to gain the public health and community health skills necessary to become an effective PHN. As health care delivery moves more to the communities, there is a growing need to train more PHNs and to address health care issues at a community level (i.e. caring for our increased numbers of elders, preventing, treating, and reporting the increasing numbers of tuberculosis patients). Special community focus prevention projects funds are available and in the past have addressed such needs as increased breastfeeding, elderly and child safety, prevention of teenage pregnancy and diabetes teaching.

WHAT PSFAs ARE RESIDUAL?

None.

WHAT PSFAs CAN BE TRANSFERRED TO TRIBES?

All PSFAs and funds are available for Tribal shares.

PROGRAM FORMULA FOR CALCULATING THE TRIBAL SHARE:

Tribes are eligible for shares under the TSA formula.

Budget Line Item: 602
OFFICE OF PUBLIC HEALTH
NURSING - PREVENTIVE HEALTH INITIATIVES - PROGRAM FORMULA

DESCRIPTION OF PSFA:

The Nursing preventive health initiatives line item provides funds to specifically address the unique needs of the IHS Public Health Nursing (PHN) program.

WHAT PSFAs ARE RESIDUAL?

None.

WHAT PSFAs CAN BE TRANSFERRED TO TRIBES?

These funds are Congressionally mandated awards and are not available for Tribal shares. In FY 2000, there were 35 awards for a two year period.

PROGRAM FORMULA FOR CALCULATING THE TRIBAL SHARE:

Funds are distributed as continuation of FY2000 grants.

Budget Line Item: 701
OFFICE OF PUBLIC HEALTH
IHS HEALTH EDUCATION PROGRAM

DESCRIPTION OF PSFA:

The Health Education Program provides funds for the following activities:

1. **HIV Prevention** - funds are provided to support the prevention of HIV infection through community education. The dollars are distributed to each Area Office through the Hospital and Clinic account.
2. **IHS Patient Education Project**- this health education project provides standardized documentation and coding for all education provided by I/T/U providers. Among the many purposes of this project is to assist IHS and Tribal sites to meet JCAHO and AAAHC standards on “Patient and Family Education” standards.
3. **Health Education Resource Management System (HERMS)** is a computerized, statistical reporting system available to health education programs.
4. **ORYX Indicators** have been developed to track the efficacy and accountability of health education and patient education within the Indian Health Service.

WHAT PSFAs ARE RESIDUAL?

None.

WHAT PSFAs CAN BE TRANSFERRED TO TRIBES?

All PSFA’s and funds are available for Tribal shares.

PROGRAM FORMULA FOR CALCULATING THE TRIBAL SHARE:

Tribes are eligible for shares under the TSA formula.

Budget Line Item: 801
OFFICE OF PUBLIC HEALTH
IHS COMMUNITY HEALTH REPRESENTATIVES (CHR) PROGRAM

DESCRIPTION OF PSFA:

Services provided by these funds include:

1. **CHR Training Program-** funds provide for national and area training for the CHR Program. National training includes a three week Basic Training Course for new CHRs and Distance Delivery Training. Area training includes the Refresher Training and Specialty Training. Training is provided in accordance with P.L. 100-713, popularly known as the Snyder Act. The training resources are allocated under the authority of the Snyder Act (November 2, 1921-25 U.S.C. 13).
2. **Patient Care Component (PCC) Support-** funds provide for the development, implementation, and evaluation of electronic technology of the CHR PCC. The non-recurring funds are used to purchase computer hardware and equipment to allow CHR Programs to report actual services provided. The reporting is utilized by health care providers and IHS or Tribal management to assure quality of care and continuity of care, and to utilize in compiling financial and statistical reporting.
3. **Health Care Practices-** provides funds for CHRs to participate in the joint/annual national meeting of the National Association of CHR (NACHR), and participation in designated national workgroups of the CHR Program, i.e. Training Group, and Transitional Management Advisory Group. Funds also provide for program reviews as required by the Federal Managers Financial Integrity Act. In addition these resources provide reports to the field and cover any unforeseen expenses during the course of the fiscal year.
4. **Technical Support-** funds support agreements made in accordance with P.L. 100-713, to provide data entry, data base maintenance, software development, and technical support essential to the implementation of the CHR PCC.

WHAT PSFAs ARE RESIDUAL?

None.

WHAT PSFAs CAN BE TRANSFERRED TO TRIBES?

All PSFA's and funds are available for Tribal shares.

PROGRAM FORMULA FOR CALCULATING THE TRIBAL SHARE:

Tribes are eligible for shares under the TSA formula.

Budget Line Item: 1001
OFFICE OF DIRECTOR
URBAN INDIAN HEALTH

DESCRIPTION OF PSFA:

The IHS Urban Indian Health Program supports contracts and grants to 34 urban health programs funded under Title V of the Indian Health Care Improvement Act. Approximately 100,000 American Indians/Alaska Natives (AI/AN) use 23 Title V Urban Indian health programs and are not able to access hospitals, clinics or contract health services administered by IHS and Tribal health programs because they either do not meet IHS eligibility criteria or reside outside of IHS and Tribal service areas. Another 49,000 AI/AN use 11 Title V programs in cities that are located in IHS or Tribal service delivery areas.

The 34 programs engage in a variety of activities, ranging from the provision of outreach and referral services to the delivery of comprehensive ambulatory health care. These services include: dental, community outreach, alcohol and substance abuse prevention, education and treatment and mental health and social services.

WHAT PSFAs ARE RESIDUAL?

None.

WHAT PSFAs CAN BE TRANSFERRED TO TRIBES?

None.

PROGRAM FORMULA FOR CALCULATING THE TRIBAL SHARE:

These funds are limited to Urban programs, projects and staff based on Title V of the Indian Health Care Improvement Act.

Budget Line Item: 1101

OFFICE OF MANAGEMENT SUPPORT

INDIAN HEALTH PROFESSIONS

DESCRIPTION OF PSFA:

The Indian Health Professions appropriations (P.L. 94-437, as amended, Sections 102-105, 108, 110, 112, 114, & 217) provide nationally competitive grants and contracts to individuals, academic institutions, Tribes, and Tribal programs to:

Increase the number of Indians entering the health professions and to assure an adequate supply of health professionals to the IHS, Indian Tribes, Tribal organizations, and Urban Indian organizations involved in the provision of health care to Indian people. (See Title I - Indian Health Manpower: Purpose, Indian Health Care Improvement Act P.L. 94-437).

Section 102, Health Professions Recruitment Program - Provides that the IHS “shall make grants to public or non-profit private health or educational entities or Indian Tribes or Tribal organizations.” This requires a nationally competitive grant, which cannot be made available to any individual or entity, including Tribes, without competition.

Section 103, Health Professions Preparatory Scholarship Program - This section provides that the IHS “shall make scholarship grants to Indians.” This requires individual Indians to compete for the grants; and, as Section 102.

Section 104, Indian Health Professions Scholarship - This section provides that the IHS “shall make grants to Indians.” The grants must be competed. Scholarship recipients under this authorizing section must serve an active duty service obligation in: IHS; a Tribe contracting under P.L. 93-638, the Indian Self Determination Act, as amended; a Urban Indian program funded under Title V of P.L. 94-437, the Indian Health Care Improvement Act (IHCIA), as amended; or in private practice in a health professional shortage area serving a substantial number of Indians.

Section 105, Indian Health Service Extern Programs - This authorizing provision provides for individuals enrolled in a course of study to be employed in the Indian Health Service during a non-academic period. Section 104 (Indian Health Professions) recipients are entitled to this employment experience. Moreover, Section 105 requires that the employment experience be in a health care facility that meets the service obligation requirements of Section 104.

Section 108, Indian Health Service Loan Repayment Program - Provides that individuals apply for the loan repayment program through IHS, and as a quid pro quo for the repayment of their loans, serve an active duty service obligation in an Indian Health Program: IHS, Tribal contracting (P. L. 93-638) ISDA program; Urban Indian Programs funded under Title V (P.L. 94-437) of the IHCIA, or a “Buy Indian” (25 U.S.C. 47) contractor program. Section 108 is a competitive program, with statutory requirements, e.g., positions in Indian health programs must be prioritized and ranked; within the ranked programs Indians and health professionals recruited by Indian Tribes and Tribal programs receive preference.

Budget Line Item: 1101 (CONTINUED)
OFFICE OF MANAGEMENT SUPPORT
INDIAN HEALTH PROFESSIONS

Section 110, Tribal Recruitment and Retention Program - Provides that “The Secretary, acting through the Service, shall fund, on a competitive basis, projects to enable Indian Tribes, Tribal and Indian organizations to recruit, place, and retain health professionals.” This authorization requires that the grants to Tribes and Tribal or Indian organizations be on a competitive basis.

Section 112, Nursing: Quentin N. Burdick American Indians Into nursing - Provides that “The Secretary, acting through the Service, shall provide grants to” public and private nursing schools, Tribally controlled community colleges, and public and private nurse midwife and nurse practitioner programs. This authorization requires that the grants to Tribes and Tribal or Indian organizations be on a competitive basis. This program also requires the scholarship recipients to serve an active duty service obligation in: IHS; a Tribal ISDA contractor; a Urban Indian Title V (IHClA) program; or in private practice as a nurse in a health professional shortage area serving a substantial number of Indians.

Section 114, Indians into Medicine (INMED) Program - The authorization provides that “The Secretary . . . provide grants” to colleges and universities for the purpose of recruiting American Indians into health careers. This authorization requires that the grants to Tribes and Tribal or Indian organizations be on a competitive basis.

Section 120, Matching Grants to Tribes for Scholarship Programs – Provides that the IHS may make grants to Tribes and Tribal organizations to assist them in educating Tribal members to serve as health professionals in Indian communities. Grantees are required to provide 20 percent of the scholarship costs, while the government provides 80%. Up to 5% of the funds appropriated for the scholarships in Section 104 may be used for this purpose. Recipients of these scholarships incur the same service obligation as do recipients under Section 104.

Section 217, American Indians Into Psychology Program - This authorization provides that the Secretary “provide grants” for the purpose of developing and maintaining American Indian Psychology career recruitment programs as a means of encouraging Indians to enter the mental health field. This authorization requires that funding be provided to colleges and universities on a competitive basis.

WHAT PSFAs ARE RESIDUAL?

None.

WHAT PSFAs CAN BE TRANSFERRED TO TRIBES?

None.

PROGRAM FORMULA FOR CALCULATING THE TRIBAL SHARE:

These funds are distributed as competitive educational grants to individual Indians, to Tribes, to Tribal organizations, to Urban Indian organizations or to colleges/universities as per the IHCIA.

Budget Line Item: 1201
OFFICE OF MANAGEMENT SUPPORT
TRIBAL MANAGEMENT GRANTS

DESCRIPTION OF PSFA:

Tribal Management Grants funds are established under the authority of Section 103(b)(2) and Section 103(e) of the Indian Self Determination and Education Assistance Act, P.L. 93-638, as amended. The grants provide Tribes and Tribal organizations with funds to obtain assistance to aid improving management capacity to enter into a Title I contract (including Tribes that operate mature contracts) and to plan, design, and evaluate federal health programs serving the Tribe, including federal administrative functions. Headquarters Office of Management Support (HQ OMS) performs the following functions in making the Tribal Management Grants program available:

1. HQ OMS administers this national, competitive grant program to provide funds to Tribes and Tribal organizations to develop their capacity to manage and operate health care programs.
2. HQ OMS provides requested analysis of grant program requests for use in budget formulation; appropriations justification; responding to requests from Congress, and Tribes; and internal program management.
3. HQ OMS awards Tribal Management competitive funds to eligible Tribes and Tribal organizations through an objective review of applicants from eligible Tribes and Tribal organizations.
4. HQ OMS prepares the budget and program justification, serving as Tribal advocates in the budget process and other decision-making processes impacting Tribes.
5. HQ OMS maintains and implements national program policy needed for competitive allocation of Tribal Management funds.

WHAT PSFAs ARE RESIDUAL?

None.

WHAT PSFAs CAN BE TRANSFERRED TO TRIBES?

Qualifying Tribes may access these funds through the competitive grants process.

PROGRAM FORMULA FOR CALCULATING THE TRIBAL SHARE:

Funding from this budget activity is distributed through a national competitive grant program, which is announced to all Tribes in the second quarter of each fiscal year.

Budget Line Item: 1301
INDIAN HEALTH SERVICE - HEADQUARTERS
DIRECT OPERATIONS

DESCRIPTION OF PSFA:

This line item includes all HQ Direct Operations funds and represents what was previously identified as nine components. HQ Direct Operations includes PSFAs associated with the following line items:

The Office of the Director (OD) provides overall direction and leadership to the IHS by: (1) establishing goals and objectives for the IHS consistent with the mission of the IHS; (2) providing leadership during the development of health care policy; (3) providing leadership to ensure the delivery of quality comprehensive health services; (4) coordinating the IHS activities and resources internally and externally with the activities and available resources of other governmental and non-governmental programs, promoting optimum utilization of all available health resources; (5) advocating for the health needs and concerns of American Indians and Alaska Natives (AI/AN) and promoting the IHS programs at the local, State, national, and international levels; (6) developing and demonstrating alternative methods and techniques of health services management and delivery with maximum participation by Indian Tribes and Indian organizations; (7) supporting the development of individual and Tribal capacities to participate in Indian health programs through means and modalities that they deem appropriate to their needs and circumstances; (8) affording Indian people an opportunity to enter a career in the IHS by applying Indian preference; (9) disseminating information to IHS consumers and the general public regarding the activities of the IHS and the health status of AI/AN people and communities; and (10) ensuring full application of the principles of Equal Employment Opportunity laws and the Civil Rights Act in managing the human resources of the IHS.

The Office of Management Support (OMS) (1) Provides advice and support to the Director and IHS managers on administrative and management regulations, policies, and procedures; (2) provides IHS-wide leadership, guidance, and support in the management of financial, human, personal property, supply, and information resources; (3) formulates, administers, and supports IHS-wide policies, delegations of authority, and organizations and functions development; (4) provides leadership, direction, and coordination of activities for continuous improvement of management accountability and administrative systems and for effective and efficient program support services IHS-wide; (5) administers a program for assuring the integrity of IHS employees in performance of their official duties and responsibilities that conforms with applicable laws, regulations, and guidance from within the Department and from other Federal oversight agencies, and directs the process for personnel security and suitability in the IHS; (6) ensures the accountability and integrity of acquisition and grants management, personal property utilization, and disposition of IHS resources; (7) assures that the IHS management services, policies, procedures, and practices support IHS Indian Self-Determination policies; (8) administers the control and quality of IHS reports, correspondence, and publications charged to

Headquarters' officials for internal or external dissemination, including regular and special reports required by the Department and the Congress; (9) advises the Director on statutory and regulatory issues related to the IHS and coordinates resolution of IHS legal issues with the Office of General Counsel (OGC), IHS staff, and other Federal agencies; (10) provides leadership and advocacy of the IHS mission and goals with the Department, Administration, Congress, and other external authorities; (11) assures that IHS appeal systems meet legal standards; (12) assists in the assurance of Indian access to State, local, and private health programs; (13) manages IHS compliance with ethics requirements including the Federal Managers Financial Integrity Act; and (14) assures that access to IHS records meet statutory requirements.

The Office of Public Health (OPH) (1) Advices and supports the Director, IHS on policy, budget formulation, and resource allocation regarding the operation and management of IHS direct, Tribal and urban public health programs, quality assurance, and self-determination; (2) provides agency-wide leadership and consultation to IHS direct, Tribal, and urban public health programs on IHS goals, objectives, policies, standards, and priorities; (3) represents the IHS within the HHS and external organizations or purposes of liaison, professional collaboration, cooperative ventures, and advocacy; (4) manages and provides national leadership and consultation for IHS and Area Offices on strategic and tactical planning, program evaluation and assessment, public health and medical services, research agendas, and special public health initiatives for the agency; (5) manages the design, development, and assessment, for facilities implementation of resource requirements and resource allocation methodology models for the agency; (6) carries out IHS responsibilities as required by the United States Federal Response Plan under Emergency Support Function No. 8; (7) assures agency compliance with the Code of Federal Regulations 45, Part 46, Protection of Human Subjects; and (8) administers the functions related to clinical services, managed care, hospitals and ambulatory care centers, community and environmental health, and facilities and environmental engineering.

WHAT PSFAs ARE RESIDUAL?

Approximately 48.5% of the funds for these PSFA's are identified as residual.

WHAT PSFAs CAN BE TRANSFERRED TO TRIBES?

All remaining non-residual funds are available for Tribal shares.

PROGRAM FORMULA FOR CALCULATING THE TRIBAL SHARE:

Tribes are eligible for shares for these non-residual funds under the TSA formula.

Budget Line Item: 1401
OFFICE OF DIRECTOR
OFFICE OF TRIBAL SELF-GOVERNANCE

DESCRIPTION OF PSFA:

In FY 1992, IHS was instructed by Congress to initiate planning activities with Tribal governments with approved Department of Interior self-governance compacts for the development of a Self-Governance Demonstration Project (SGDP) as authorized by P.L. 100-472. Through enactment of P.L. 102-573, the Indian Health Care Amendments of 1992, authority to fund the Tribal self-governance demonstration projects (SGDP) was extended to IHS and the Office of Tribal Self-Governance was established. In FY 2000, through the enactment of P.L. 106-260, the Tribal Self-Governance Amendments of 2000, permanent authority was given to Title V, Tribal Self-Governance.

Line 1401 provides for staffing and related costs, planning and negotiation cooperative agreements and shortfall funding. The Office of Tribal Self-Governance (OTSG) serves as tribal advocates and is charged with the implementation of Self-Governance.

WHAT PSFAs ARE RESIDUAL?

These funds are designated as a continuing commitment and are not available for Tribal shares.

WHAT PSFAs CAN BE TRANSFERRED TO TRIBES?

Not applicable.

PROGRAM FORMULA FOR CALCULATING THE TRIBAL SHARE:

Tribes may apply for planning and negotiation cooperative agreements.

Shortfall funding is managed and distributed by the OTSG. The provision of shortfall is a direct result of advocacy by self-governance tribes. Congressional language guides the distribution of shortfall funds. Shortfall funding is provided because in some cases there cannot be a direct transfer of funds from IHS to the tribes in support of self-governance compacts without jeopardizing the support provided by IHS to other tribes. The purpose of shortfall funding and identification of tribal shares, is to assure that funding of self-governance compacts does not adversely impact tribes who are not participating in self-governance.

Budget Line Item: 1501
OFFICE OF MANAGEMENT SUPPORT
CONTRACT SUPPORT COSTS (CSC)

DESCRIPTION OF PSFA:

Section 106(a)(2) of the Indian Self-Determination and Education Assistance Act, as amended, authorizes the Secretary, DHHS, to pay for the reasonable costs of continuing Self-Determination contractors and Self-Governance compactors for activities which must be carried out by contractors/compactors to ensure compliance with the terms of their contract/compact and prudent management. It is designed to pay for costs which the contractor/compactor experiences but the Secretary does not, or to pay for costs which the Secretary pays for from sources other than those available at the contracting/compacting level from the IHS.

Section 106(a)(2) of the Indian Self Determination and Education Assistance Act, as amended also authorizes the Secretary to pay for the reasonable costs of new and expanded Self Determination contractors for activities which must be carried out by contractors to ensure compliance with their agreements; to pay for costs which the contractor experiences but the Secretary does not; or to pay for costs which the Secretary pays for from sources other than those available at the contracting level.

WHAT PSFAs ARE RESIDUAL?

None.

WHAT PSFAs CAN BE TRANSFERRED TO TRIBES?

All PSFA's are available for Tribal programs.

PROGRAM FORMULA FOR CALCULATING THE TRIBAL SHARE:

Total appropriation of funds from this line item are allocated to Tribes per the provisions of the allocation methodology described in the Indian Self-Determination Circular No. 2000-01, entitled "Contract Support Cost" which was issued in February 2000, as revised by Circular No. 2001-05, signed July 6, 2001 or by a successor directive in the IHS circular format.

Additionally, self-governance Tribes are eligible to negotiate and participate in CSC pilot projects. Recommended guidelines regarding two options were developed by a IHS/Tribal CSC Workgroup and approved by the Director in June 2001.

Budget Line Item: 2101
OFFICE OF ENVIRONMENTAL HEALTH & ENGINEERING
INDIAN HEALTH FACILITIES
Maintenance & Improvement (M&I)
(Environmental Compliance and Demolition)

DESCRIPTION OF PSFA:

The overall Maintenance and Improvement (M&I) line item funds four activities: routine maintenance, M&I projects, environmental compliance, and demolition. No staffing (personnel salaries) costs are included in this line item.

The first two activities (routine maintenance and M&I projects) are managed at the Area level for the purchase of materials and contract services to keep Federal and Tribal facilities in good repair, to perform preventive maintenance on facilities and building equipment, to accomplish program improvement activities, and to enact public law requirements.

The last two activities (environmental compliance and demolition) are distributed competitively at the Headquarters level.

WHAT HQ PSFAs ARE RESIDUAL?

None.

WHAT HQ PSFAs CAN BE TRANSFERRED TO TRIBES?

Tribes are eligible for environmental remediation projects for sites that provide health care services under a P.L. 93-638 contract. Tribes may also contract or compact to perform environmental remediation or demolition projects that are awarded to Federally owned sites.

PROGRAM FORMULA FOR CALCULATING THE TRIBAL SHARE:

There are no Tribal shares for the Headquarters managed M&I funds. Environmental compliance funds are allocated competitively to projects based on danger to personal health, risk to the environment, and compliance with public law. Tribes may compete on the same basis as Federal sites.

Demolition funds have been specifically earmarked by the Congress for Federally owned sites. Tribes may contract or compact to perform demolition projects which are competitively awarded to Federal sites.

Budget Line Item: 2401
OFFICE OF ENVIRONMENTAL HEALTH & ENGINEERING
SANITATION FACILITIES CONSTRUCTION
(SFC)

DESCRIPTION OF PSFA:

The SFC Program is the environmental engineering component of the IHS. The SFC provides technical and financial assistance to AI/AN communities for cooperative development of safe water, wastewater and solid waste systems, and related support facilities. The HQ SFC Program manages and supports the national SFC Program. This line item funds salaries and expenses for permanent staff to provide program management for Budget Line Item 2200 for Sanitation Facilities.

The Headquarters component of the SFC Program assists and supports the Area Offices by establishing policy and providing guidance to ensure high quality, consistent, and equitable program implementation nationwide. Headquarters SFC Program management activities which are inherently governmental functions (residual) are listed below. The Headquarters SFC programs, functions, services and activities that are not inherently governmental are recruitment and retention activities for Area and field SFC professional staff; career development of Area and field SFC staff through technical and long term training; technical training of Tribal operation and maintenance (O&M) organizations; technical assistance to SFC program and O&M organizations on fluoridation, O&M and other aspects of the SFC program; on coordination with other federal agencies; and meetings with Tribes, congressional staff, and other Federal agencies on Tribal specific issues. Headquarters SFC Program staff do not perform any project specific activities.

WHAT PSFAs ARE RESIDUAL?

1. Maintaining consolidated national sanitation deficiency inventories (SDI) and a national inventory of past and present projects to address those deficiencies based on Area SDI's and project inventories for use in resource allocation; appropriations justification; responding to requests for general program information from Congress, Tribes, and other agencies; and internal program management.
2. Allocating funds to the Areas to support program paid staff based on the Resource Requirements Methodology and project funding allocation in bulk for construction projects and by individual project for special and emergency projects.
3. Preparing budget and supporting program justification component of overall OEHE program budget, serving as AI/AN advocates in the budget process and other statutory and rule-making processes impacting Tribes.

4. Maintaining and implementing national program policies needed for fair allocation of resources based on need, and performing internal reviews and evaluations of Area SFC programs as part of that implementation process.
5. Provide national coordination of the National Environmental Policy Act.
6. Implementing IHS responsibilities as required by the Emergency Support Function (ESF)-8 of the Federal Emergency Response Plan, and responding to requests for emergency assistance from the Tribes and areas within the available resources.

WHAT PSFAs CAN BE TRANSFERRED TO TRIBES?

1. Answering requests for detailed Tribal specific information from Congress, Tribal members and other agencies concerning Tribal SFC programs, projects and local sanitation issues.
2. Recruitment and retention activities for Tribal SFC staff.
3. Career development of Tribal SFC program staff, through identification of training needs and conducting classroom based technical training and long term training, which could result in college degrees..
4. Identifying training needs and conducting classroom based technical training for Tribal O&M organization staff.
5. Providing technical assistance and support guidelines, graphics, and other documents related to fluoridation, O&M, and other aspects of the Tribal SFC program.
6. Assuming IHS coordination/implementation requirements under Interagency Agreements to provide engineering and administrative support for sanitation facilities construction to the (a) BIA Housing Improvement Program, (b) Indian Housing Authorities, and (c) EPA Clean Water Act and Safe Drinking Water Act construction grants program.

PROGRAM FORMULA FOR CALCULATING THE TRIBAL SHARE:

HQ Program funds for the SFC Program are allocated to the Tribes based on their pro-rata share of the national SFC workload.

HQ Sanitation Facilities Construction Support Available for Tribal Shares

$$= A \times [B / C]$$

where

A	= HQ Sanitation Facilities Construction Support Available
B	= Tribal Sanitation Facilities Construction Support Allocation
C	= National Total (non-HQ) Sanitation Facilities Construction Support

Budget Line Item: 2402
OFFICE OF ENVIRONMENTAL HEALTH & ENGINEERING
INDIAN HEALTH FACILITIES
ENVIRONMENTAL HEALTH SERVICES (EHS) SUPPORT

DESCRIPTION OF PSFA:

The EHS Program is the environmental health component of the IHS public health system. The EHS Program provides community and institutional environmental health services to individuals, AI/AN governments, and IHS and Tribally operated health care facilities. The EHS Program has three programmatic components: the General Environmental Health program provides a variety of public health prevention and consultative services such as safe water supply and waste disposal, food protection, vector control, and communicable disease control; the Injury Prevention Program works collaboratively with community coalitions to develop strategies and programs to address sources of injuries in communities; and the Institutional Environmental Health Program works in health care and other institutional settings to assure safe conditions for employees and visitors.

The Headquarters EHS Program manages and supports the national EHS Program. This line item funds salaries and expenses for permanent staff to provide program management for Budget Line Item 2402. The Headquarters component of the EHS Program assists and supports the Area Offices by establishing policy and providing guidance to ensure high quality, consistent, and equitable program implementation nationally.

Headquarters EHS Program activities that are inherently governmental functions (residual) are listed below. The HQ EHS Program functions, services, and activities that are not inherently governmental (residual) include: staff recruitment and retention activities for IHS and Tribal EHS programs; career development for professional staff through short and long term training and other career development opportunities; developing the capacity of Tribes to address their Injury Prevention and environmental health problems through training courses and technical assistance; development of cooperative agreements with Federal agencies and private sector foundations and organizations to secure services and resources to enhance the EHS services provided to AI/AN communities; technical assistance to Tribal Head Start Programs through the model Tribal Environmental Health Code; technical assistance in radiation protection for Tribal and IHS medical and dental x-ray equipment and staff; technical assistance to IHS Tribal Injury Prevention Infrastructure Grantees; technical assistance in developing and implementing software and procedures to conduct community environmental health program assessments; technical assistance in developing and implementing IHS and Tribal facility incident reporting and employee injury tracking software; coordination and technical assistance in developing community highway safety strategies; and meeting with Tribes, congressional staff, and other Federal agencies on Tribal specific issues.

WHAT PSFAs ARE RESIDUAL?

1. Maintaining a national database containing an Area and Tribal specific inventory of public, commercial, and governmental facilities and services provided by EHS staff and programs. The database, WebEHRS, is used for workload assessment, resource allocation, program planning, and community environmental health assessment (IHS GPRA measure), complying with Congressionally mandated activities.
2. Preparing budget and supporting program justification component of overall OEHE program budget, serving as AI/An advocates in the budget process and other statutory and rule-making processes impacting Tribes.
3. Maintaining and implementing national program policies needed for fair allocation of resources based on need, and performing internal reviews and evaluations of Area EHS programs and components as part of the implementation process.
4. Reviewing and approving policy and program activities for residual elements within the Areas and at Headquarters and performing internal reviews and evaluations of Area EHS programs as part of the process.
5. Implementing IHS responsibilities as required by Emergency Support Function (ESF)-8 of the Federal Emergency Response Plan, and responding to requests for emergency assistance from the Tribes and Areas within available resources.

WHAT PSFAs CAN BE TRANSFERRED TO TRIBES?

1. Recruitment and retention activities for Tribal EHS staff.
2. Career development for Tribal staff through short and long term training and other career development opportunities.
3. Developing the capacity of Tribes to address their Injury Prevention and environmental health problems through training courses and technical assistance.
4. Assuming IHS coordination of cooperative agreements with the National Highway Safety Administration, Agency on Aging, American Indian Program Bureau of the Head Start Bureau, Center of Disease Control and Prevention, US Fire Administration, Bureau of Indian Affairs, National Safe Kids Foundation, Food and Drug Administration, Agency for Toxic Substance and Disease Registry, Federal Occupational Health, the National Park Service, and Uniform University of the Health Sciences for the delivery services and resources to enhance the EHS services provided to Tribal programs.
5. Providing technical assistance and support to Tribal Head Start Programs through the model Tribal Environmental Health Code.

6. Providing technical assistance in radiation protection for Tribal medical and dental x-ray equipment and staff.
7. Providing technical assistance to Tribal IHS Injury Prevention Infrastructure Grantees.
8. Providing technical assistance to Tribal environmental health programs in the development and implementation of software and procedures to conduct community environmental health program assessments.
9. Providing technical assistance to Tribal health care facilities in the development and implementation of a facility incident reporting and employee injury tracking software.
10. Coordination and technical assistance in developing Tribal community highway safety strategies.
11. Answering requests for detailed Tribal specific information from Congress, Tribal members, and other agencies concerning Tribal EHS programmatic issues, and local community member concerns and specific issues.

PROGRAM FORMULA AND CALCULATING THE TRIBAL SHARE:

HQ Program funds for the EHS program are allocated to the Tribes based on their pro-rata share of the Area EHS workload.

Budget Line Item: 2403
OFFICE OF ENVIRONMENTAL HEALTH & ENGINEERING
INDIAN HEALTH FACILITIES
OEHE Support - Facilities Operations
(Facilities Engineering, Clinical Engineering, and Real Property)

DESCRIPTION OF PSFA:

The Facilities Operations line funds Headquarters staffing for three activities: facilities engineering, clinical engineering, and real property. At the Area level these three activities are funded under the Facilities Support Account (FSA).

The overall mission of the Facilities Engineering Program is to manage the engineering operation of buildings and grounds so that health care services can be effectively provided to the user population. This includes operation, maintenance, repair, and improvement of physical structures, utility systems, and grounds, and minimizing building equipment-related failures. HQ activities are primarily in direct support of field activities and are mainly involved with budget development and justification to Congress, distribution of appropriated funds to Areas, and development and implementation of national policies and procedures for effective operation of the overall Facilities Engineering Program. Training activities are also supported by the HQ program.

The overall mission of the Clinical Engineering Program is to manage the medical technologies used by clinicians to efficiently and effectively diagnose and treat illnesses. HQ activities are primarily in direct support of field activities and include budget development and justification to the Congress, distribution of appropriated funds to the Areas, and development of national policies and procedures for the overall Clinical Engineering Program. Training activities are also supported by the HQ program.

The overall mission of the Real Property Program is to manage the IHS administrative and health facility space on a nationwide basis. The Real Property Program is comprised of three subprograms including: Government owned space, Government leased space, and Government quarters. The management of the Government owned real property consists of implementing applicable laws and regulations affecting utilization and accountability. The IHS leasing program consists of creating, renewing, and managing leases with Tribes and others for space used by IHS programs. The management of quarters includes interpreting and implementing laws and regulations applicable to quarters management, establishing and implementing an effective quarters management program with appropriate rents, and representing IHS quarters management interests on the Interagency National Quarters Council. The Real Property Program also deals with acquisition of property and easements for new construction and assistance to Tribes acquiring surplus property and in acquiring IHS facilities by P.L. 93-638 transfer.

WHAT HQ PSFAs ARE RESIDUAL?

1. Preparation of budget and support program justification as part of the overall OEHE program.
2. Allocation of program resources to include: (a) facility operations, maintenance and improvement activities, (b) purchase medically related equipment and manage distribution of DOD surplus equipment, and (c) earmarked environmental remediation and demolition funds.
3. Maintenance and implementation of national program policies, methodologies, and priority systems for fair allocation of resources.
4. Maintenance of real property inventories, and the facilities and equipment deficiencies database for budget formulation; appropriations justification; funds allocation; respond to program inquiries; and internal management.
5. Management and monitoring of Federally-owned and leased real property and approval of leases for space utilized by residual staff.

WHAT HQ PSFAs CAN BE TRANSFERRED TO TRIBES?

Facilities Engineering responsibilities supporting the Area and local management of the engineering operation of buildings and grounds can be transferred to Tribes, along with associated training functions supported by HQ.

Clinical Engineering responsibilities supporting the Area and local management of medical technologies can be transferred to Tribes, along with associated training functions supported by HQ.

Most Federal Real Property responsibilities are eliminated when a Tribe accepts ownership of a Federal building or cancels a lease with IHS. Tribes assume a corresponding set of responsibilities, based on local circumstances.

PROGRAM FORMULA FOR CALCULATING THE TRIBAL SHARE:

HQ Facilities Engineering and Clinical Engineering Program funds are available to Tribes in proportion to the Facilities Support Account (FSA) funds that the facility receives. As a result of Congressional action, FSA consists only of funds that local facilities transferred from the Services Appropriation. Those facilities, IHS and Tribal, that did not transfer funds into FSA continue to be supported through the Services Appropriation.

HQ Real Property Program funds are available to a Tribe in proportion to the number of facilities transferred from Federal ownership to the Tribe, and the number of Federal leases for buildings that are canceled, thereby reducing Federal responsibilities and workload. HQ resources will be utilized to oversee the transfer functions. If new leases are implemented or building leases are transferred back to the Federal government, the Tribe will need to buy back the necessary services to effect the lease.

HQ Facilities and Clinical Engineering Support Available for Tribal Shares

$$= A \times [B / C]$$

HQ Real Property Support Available for Tribal Shares

$$= D \times [E / F]$$

where

A	= HQ Facilities and Clinical Engineering Support Available
B	= Tribal Facilities Support Account Allocation
C	= National Total Facilities Support Account
D	= HQ Real Property Support Available
E	= Tribal Net Number of Building Transactions = p + q - r
F	= Total Number of IHS Owned & IHS Leased Buildings
p	= number of IHS Owned Buildings Transferred to Tribe
q	= number of IHS Leases Ended With Tribe
r	= number of New IHS Leases with Tribe

Budget Line Item: 2404
OFFICE OF ENVIRONMENTAL HEALTH & ENGINEERING
INDIAN HEALTH FACILITIES
FACILITIES PLANNING & CONSTRUCTION SUPPORT

DESCRIPTION OF PSFA:

The overall mission of the Health Care Facilities Construction Program is to construct and equip new and replacement health care facilities and employee quarters and to perform other activities for additional space at existing facilities, so that health care services can be effectively provided to the user population. Program management activities are funded under this line item, whereas funds for actual construction are provided under the Health Care Facilities Construction line item. HQ program management activities include: developing and applying priority system methodologies, developing and justifying budgets to the Congress, maintaining the Health Facilities Planning Manual, approving planning documents, monitoring design and construction activities, evaluating new facility equipment needs, evaluating completed construction projects, and providing technical assistance and support to Areas and Tribes.

WHAT PSFAs ARE RESIDUAL?

1. Preparing the budget and supporting program justification as part of the overall OEHE program budget and providing responses to Congressional and Executive inquiries.
2. Maintaining the Health Care Facilities Construction Priority System as required by the Congress and other priority setting systems for use in funding construction of new and replacement facilities.
3. Maintaining the Health Facilities Planning Manual and the Technical Handbook for Health Facilities used for facilities planning and construction.
4. Participating with other Federal health care agencies and non-Federal groups on the development of National Standards health care facilities.
5. Coordinating and preparing reports required by law or executive order.
6. Implementing the health care facilities construction program, including approval of Program of Requirements, Program Justification Documents, Area Facilities Master Plans, Post Occupancy Evaluations, and Facility Site Selections.

Funds associated with residual functions are identified as residual on the budget tables.

WHAT PSFAs CAN BE TRANSFERRED TO TRIBES?

Coordination and technical review services for the Pre-design, Concepts and Schematic phases associated with line item Congressionally funded new health facilities is available to the respective Tribe(s) based on IHS work standards.

PROGRAM FORMULA FOR CALCULATING THE TRIBAL SHARE:

There are no general Tribal shares associated with these funds. The funding transferred will be negotiated based on the functions, services and activities assumed by the Tribe.

Budget Line Item: 2405
OFFICE OF ENVIRONMENTAL HEALTH & ENGINEERING
INDIAN HEALTH FACILITIES
ENGINEERING SERVICES SUPPORT

DESCRIPTION OF PSFA:

The Engineering Services Support line directly funds staffing for two activities: project management for line item new health care facilities and quarters construction projects, which are individually funded by the Congress, and contracting services for maintenance and improvement (M&I) projects. The Engineering Services activity also receives funds from some Areas for project management related to M&I construction.

The first activity (project management for new facilities) provides professional project management and related services for planning, design, and construction of line item Congressionally funded new construction projects.

The second activity (contracting services for M&I) provides contracting and related services for maintenance and improvement projects otherwise handled outside of ES.

Funds for the third activity (project management for M&I projects) are handled at the Area level. Most Areas directly handle the professional project management and related services for planning, design, and construction of maintenance and improvement projects. In some cases the Area has transferred the associated funds and responsibilities to the Engineering Services activity.

WHAT HQ PSFAs ARE RESIDUAL?

Establishing and implementing Construction Project Agreements for design and construction of space, including the award, maintenance, and monitoring of Federal design and construction contracts, for the IHS programmatic responsibilities required by Congress.

Maintenance and implementation of national program policies and methodologies for the fair allocation of resources.

WHAT HQ PSFAs CAN BE TRANSFERRED TO TRIBES?

Funding for project management associated with line item Congressionally funded new health facilities is available to the respective Tribe based on established IHS work standards. The amount transferred is based on the workload actually assumed by the Tribe. Workload assumed is individually negotiated and funds are distributed as part of the P.L. 93-638 contract or through a funding agreement amendment. There are no general Tribal shares associated with these funds.

Tribes may assume the responsibilities for contracting and related services associated with M&I projects.

Project management functions for M&I projects are available through the respective Area Offices. Associated HQ support funds are included under Budget Line Item 2403a, OEHE Support – Facilities Operations – Facilities Engineering.

PROGRAM FORMULA FOR CALCULATING THE TRIBAL SHARE:

Engineering Services M&I contracting support funds are available to Tribes in proportion to the amount of M&I funds they receive and the functions they assume.

Engineering Services Available as Tribal Shares

$$= A \times [B / C]$$

A	= Engineering Services Support Available (M&I Contracting Support)
B	= Tribal M&I Allocation
C	= National Total M&I Allocation

Note: M&I Pool: Tribes not in an Area M&I pool and receiving M&I project shares may obtain ES M&I contracting support resources in their initial funding agreement. Tribes participating in an Area M&I project pool receive annual Tribal shares related to M&I contracting support based on routine maintenance only. Such Tribes may receive additional funds via an amendment to the funding agreement when a project is awarded from the pool.

Budget Line Item: 2501
OFFICE OF ENVIRONMENTAL HEALTH & ENGINEERING
INDIAN HEALTH FACILITIES
EQUIPMENT

DESCRIPTION OF PSFA:

The overall Equipment line item funds four activities: purchasing new and replacement equipment at existing health facilities, equipping replacement Tribal health facilities, operating the TRANSAM project, and subsidizing replacement ambulances. No staffing (personnel salaries) costs are included in this line item.

The first activity (purchasing new and replacement equipment) is managed at the Area level for the purchase of new and routine replacement of biomedical equipment at existing Tribal and IHS health facilities.

The remaining activities are Congressional earmarks managed at the Headquarters level: providing financial support for equipping replacement Tribal health facilities constructed without IHS funding; operating the TRANSAM project which evaluates, acquires, stores, and distributes DOD medical equipment; and subsidizing the conversion of vehicles to ambulances through GSA for EMS programs.

WHAT HQ PSFAs ARE RESIDUAL?

None.

WHAT HQ PSFAs CAN BE TRANSFERRED TO TRIBES?

Tribes which construct a replacement health facility without IHS funding and submit a timely application are eligible for funds to support equipping the facility.

Equipment acquired under the TRANSAM program is available to all Tribes programs. As equipment becomes available, lists are circulated to Tribal and IHS programs to match available items with program needs. Distribution of equipment is accomplished on a "round robin" request basis.

The ambulance program works cooperatively with GSA to subsidize the addition of ambulance bodies to truck chasses. EMS programs then lease the completed vehicles from GSA at a reduced rate equivalent to the truck body only.

PROGRAM FORMULA FOR CALCULATING THE TRIBAL SHARE:

There are no Tribal shares for the Headquarters managed equipment funds. Support for equipping newly constructed Tribal health facilities is allocated among eligible Tribes who apply for this funding using an established application procedure.

Equipment acquired under the TRANSAM program is distributed on a “round robin” request basis and is delivered to the recipient Tribal or IHS program.

To the extent funds are available, existing ambulances used by EMS programs are replaced through GSA when they are 10 years old or have accumulated 100,000 miles, or have been severely damaged in an accident. New EMS programs may be assisted after existing update needs have been met.