

January 26, 1995

To: Dr. Michael Trujillo, IHS Director
All Tribal Leaders

From: Joint Allocation Methodology Workgroup

Re: Submission of Final Report

Enclosed please find the final report of the Joint Allocation Methodology Workgroup (JAMW). The group held its final meeting this week in Las Vegas to review the comments received on the previous draft report dated November 15, 1994. The JAMW provided presentations at both the National Indian Health Board/IHS Tribal Consultation meeting held in Albuquerque this past November and to the IHS Council of Area and Associate Directors (CAAD) meeting held in mid-December. The JAMW received a number of written responses to the draft report. These comments have been summarized and included in the final report as an attachment.

The JAMW was charged with developing, through consensus, recommendations for distribution of all IHS Headquarters funding. The JAMW report summarizes the various options that were simultaneously presented for review to Tribal leaders.

During the five meetings held over a 7-month period, the JAMW was unable to reach a consensus recommendation on several of the Headquarters funding categories. Given the lack of consensus, the draft report dated November 15, 1994, provided options for review and comment by Tribal leadership. After lengthy discussion during the final JAMW meeting, many of the Tribal representatives, including the Tribal Co-Chair felt uncomfortable with the process of voting on a preferred recommendation among the proposed methods. However, a majority of the JAMW determined that the workgroup should provide preferred recommendations in the final report for each category of funding.

The workgroup adopted parliamentary procedures to select a recommended methodology for each category. Three workgroup members were so uncomfortable with this process, they chose to abstain from voting. Other workgroup members were also somewhat uncomfortable with this process and determined that each workgroup member should be encouraged to submit minority opinions and voice any objections they may have to the recommended methodology. These opinions can be found in Section IX of the report.

It should be clearly understood and emphasized that no member of the JAMW felt that these recommendations represent final policy recommendations of Tribes or the IHS. Many of the elected Tribal officials present at the National Indian Health Board Tribal Consultation meeting held in Albuquerque in November 1994 clearly stated that final decisions on the preferred resource allocation methods should be discussed by the Tribal leaders. This is a true representation and affirmation of the government-to-government relationship between the Tribes and the United States.

Additionally, JAMW makes special reference to the following as concerns which need to be addressed in reach closure to other significant issues:

- The IHS should endorse and support the definitions presented. These definitions should be adopted and promulgated into IHS policy, thereby establishing the basis for consistent education, understanding, and application of these concepts.
- A final decision regarding methods of allocation of HQ funding for fiscal year 1996 should be made by the IHS Director by March 31, 1995, to facilitate timely preparation for the upcoming 1996 Self Governance negotiations.
- Due to the dynamic, complex, and changing factors currently surrounding the IHS and its impact on funding, the distribution methods included in this final report should be periodically reviewed and evaluated. However, it should be noted that these efforts should not delay testing of the proposed formulas or in providing distribution of Tribal shares.
- With the recent passage of the amended Indian Self-Determination and Education Assistance Act (P.L. 103-413), the resource allocation model which has been developed throughout the Self-Governance Demonstration Project phase, as well as the recommendations included in this final report, each significantly impact all Tribes. As Title I contracting Tribes begin to access Headquarters funds, the recommendations and format included in this report can be used as a model in implementing and distributing these funds.
- The JAMW remains greatly concerned that efforts by of the Office of Environmental Health and Engineering staff at Headquarters and the Areas to develop alternative distribution formulas may be contrary to recommendations included for OEHE funds outlined in this report. The JAMW met with Headquarters OEHE representatives to discuss the options proposed by OEHE staff. The final recommendations included in this report are based on the results and discussions with the OEHE representatives and the JAMW.
- Long-term efforts should also focus on coordination with the Indian Health Design Team (IHDT). Some of the Design Team decisions will be interwoven with resource allocation methods and proposed recommendations. To the extent possible, the IHDT efforts should support simplification of resource allocation to Tribes.

The issue of resource allocation is not an easily-solved problem. It significantly impacts all Tribes no matter what method is developed. It is the hope of JAMW that the recommendations offered in this report will assist the Tribal leadership and the IHS in reaching decisions in the coming months. As of this writing, a Tribal leaders caucus has been scheduled for February 16, 1995 in Washington, D.C. to discuss these important policy decisions and to possibly make recommendations thereon.

Dorothy Dupree, IHS Co-Chair

Cyndi Holmes, Tribal Co-Chair

**IHS/TRIBAL
JOINT ALLOCATION METHODOLOGY WORKGROUP
ON
IHS HEADQUARTERS TRIBAL SHARES
DISTRIBUTION**

FINAL REPORT

Dated: January 26, 1995

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DISTRIBUTION METHODOLOGIES - SUMMARY TABLE
FY94 - HEADQUARTERS FUNDS

		(A)	(B)	(C)	(D)
Line #	Reimbursement/Competitive PROGRAM TITLE	FY94 Budget Estimate	Proposed Residual Amount	Amount Available	Tribal Share Allocation Methods

HEADQUARTERS

1	HQ General Pool	75,128,337	10,459,884	64,668,453	Method C (Tribal base adjustment)
2	Emergencies	4,000,000	0	4,000,000	Method C (Tribal base adjustment)
3	CHEF Fund	12,000,000	0	12,000,000	Option #1 (retroactive)
4	Equipment replacement - Medical	10,052,700	0	10,052,700	50% Active Users/25% Hospitals/15% Ctrs/10% Stations
5	Equipment replacement - Dental	270,000	0	270,000	50% Active Users/25% Hospitals/15% Ctrs/10% Stations
6	Assessments	35,278,941	0	35,278,941	To be reviewed further (add'l workgroup)
7	Special Pay	18,142,238	0	18,142,238	Revisions to ISDM 85-4
8	Permanent Change of Station	7,940,504	0	7,940,504	50% Users/25% Hosp/15% Ctrs/10% Station (AK differential)
9	Continuing Education	2,265,086	0	2,265,086	# of Eligible medial staff
10	RPMS/Data Processing	14,221,082	0	14,221,082	Method C (Tribal base adjustment)
11	Maintenance & Improvement	34,940,000	0	34,940,000	Oklahoma Formula with revisions to Project guidelines
12	Health Facilities Construction	86,161,000	0	86,161,000	Phase-in % of Tribal Shares during Demonstration phase
13	Sanitation Facilities Construction	85,051,000	0	85,051,000	Phase-in % of Tribal Shares during Demonstration phase
14	OEHE Support	10,073,000	4,378,100	5,694,900	Method C (Tribal base adjustment)
15	Environmental Health Support	700,000	0	700,000	Method C (Tribal base adjustment)
16	Facilities Support Account	667,977	0	667,977	Current IHS methodologies
17	Scholarships/Loan Repayments	27,406,000	0	27,406,000	Current IHS methodologies
18	Tribal Management Grants	5,195,000	0	5,195,000	Competitive basis (with inclusion in SG Compact)
	TOTAL FUNDS	429,492,865	14,837,984	414,654,881	

JOINT ALLOCATION METHODOLOGY WORKGROUP

Final Report Revised: 1/26/95

I. BACKGROUND:

The equitable distribution of Tribal shares of the Indian Health Service has been a matter of discussion since the Self Governance Demonstration Project was extended to include the IHS in 1991. Under Self Governance, Tribes have the right to negotiate the transfer from the IHS to Tribes all "programs, activities, functions, and services" at all levels of the IHS. Those funds historically held at the Headquarters and Area organizational levels of the IHS but to which the Tribes have rightful access under Self Governance came to be called collectively, Tribal shares.

The IHS and the Self Governance Tribes have a mutual interest in a specific government obligation under the Self Governance law. That obligation is to ensure that implementation of Self Governance does not limit or reduce in any way the services, contracts or funds that any non Self Governance Tribe is eligible to receive from the IHS.

Therefore, whether a participant in the Self Governance Demonstration Project or not, each federally recognized Tribe has an interest in an equitable and fair method to determine their share of those funds that IHS has historically held at both the Headquarters and Area level of IHS.

Since late 1993, the IHS, in conjunction with Tribal representatives, has been engaged in a process to develop methodologies for identification of Tribal shares for all Tribes. These Tribal shares would apply to compacting, contracting, and IHS-direct services delivery Tribes.

Distribution methods for many Headquarters line items have been developed under the Self Governance Demonstration Project. These methodologies were developed in the spirit of the government-to-government relationship mandated by the enabling legislation.

Project authority with the IHS was enacted in November 1992, and current legislation provides for research and demonstration for up to 30 Compacts in the IHS. For FY 1994, the IHS negotiated the first 14 Self Governance Compacts and Annual Funding Agreements. For FY 1995, an additional 15 Compacts with AFA's were negotiated for a total of 29 Tribes.

Tribal governments involved at this pioneering stage of Self Governance have made clear that this new Federal Indian policy is an administrative means to both strengthen and empower Tribal management capabilities. Self Governance represents the experimentation and refinement of Tribal governments' assuming the resources and responsibilities for direct service delivery to their Tribal communities.

As a result of the 1994 negotiations with the initial 14 Self Governance Tribes,

a Tribal Task Force was formed to research, analyze and develop recommendations to assist IHS and Tribes to determine Tribal shares for the unresolved and undistributed IHS Headquarters budget line items that were not made available during the 1994 negotiation process. These budget items have been described, generally, as reimbursement and competitive accounts and were re-categorized as "program formula" funds during the 1995 negotiations.

The original Task Force had representation from both large and small Tribes, Self Governance and non-participating Tribes, and consisted of a range of technical, policy, and legal representatives. The Task Force's final report, which was completed and submitted to the IHS Director on March 4, 1994, was the result of extensive meetings over a 4-month period with Tribal and IHS Headquarters staff.

Additionally, beginning in June 1993, an internal IHS workgroup developed recommendations for distribution of Tribal shares. This workgroup considered guiding principles, definitions, and different allocation methodologies. To enable a basis for starting the FY-94 Self Governance negotiations, this workgroup proposed an allocation methodology to the Council of Area and Associate Directors (CAAD) with the recommendation that an expanded committee be formed for further consideration of any allocation methodology. This recommendation suggested that an appropriated expanded committee would include representation from both Self Governance and non-Self Governance Tribes.

II. JOINT ALLOCATION METHODOLOGY WORKGROUP

A. Purpose and Charge:

The Joint Allocation Methodology Workgroup (JAMW) was formalized by Dr. Michael Trujillo, Assistant Surgeon General, IHS Director in April 1994 to coordinate and assist in developing, through consensus, acceptable allocation methods for identifying Tribal shares from all funding currently budgeted at Headquarters (HQ). The purpose of the joint IHS/Tribal workgroup was to allow broader input and collaboration of previously developed documents and recommendations. The JAMW members include both Tribal and IHS representation. Tribal representatives from both Self Governance and non-compacting Tribes, as well as large and small Tribes, have participated in this workgroup. Additionally, each workgroup meeting was open to participation to non-member Tribal representatives, Tribal leaders, and IHS staff. As documented in the meeting minutes, their opinions and suggestions were a valuable part of the discussions and, therefore, integrated into the options and recommendations presented. *[See Appendix A for summary of Tribal and IHS comments received.]* The group has interpreted this charge to include development of equitable distribution methods that protect Self Governance, contracting and other non-participating Tribes, regardless of size, as well as Tribally and federally-operated health programs, whether large or small.

On June 2, the IHS Director responded to the original Tribal Task Force recommendations on the 15 reimbursement/competitive HQ budget line items. In

many cases, the Director agreed in principle that Tribal shares be identified and further requested that the JAMW review and recommend a methodology for future negotiations.

The JAMW has been charged with developing a report during a series of meetings over a 5-month period for presentation at the IHS/Tribal Consultation Meeting in November 1994 and to the Council of Area and Associate Directors in December 1994. The report was edited to incorporate input received as a result of these meetings before final presentation to the Director.

B. Guiding Principles:

The JAMW held its initial meeting in Albuquerque in July 1994. At this meeting, the group developed basic guiding principles and definitions. Additionally, a format and structure for reviewing the HQ program and budgets was established; and common rules for formal consensus were adopted.

When establishing the guiding principles, a review of the background and development of both the statute and the legislative history relative to these principles and definitions was conducted by the JAMW. These guiding principles and definitions, including applicable legislative reference, are as follows:

1. All IHS expenditures are related either directly or indirectly to health care service provision to American Indians/Alaska Natives.

[Title I, Section 102(a)(1), (C), (D), and (E); Title I, Section 106(b)(3) and (4); Title III, Section 303(a)(6), HR 102-320 (H.R. 3394-BIA); H.R. 103-551 at 55 (BIA)]

2. All resources should be allocated to the lowest administrative level.

[Title III, Section 303(E); Colloquy S12669, Attachment 6]

3. All funds in the DHHS related to provision of health care to American Indians/Alaska Natives should be subject to Self-Governance (i.e., OGC, etc).

[H.R. 103-551 at 60]

4. Residual functions, tasks, and related amounts must be identified as purely as possible, detailed and consistently applied at Headquarters and within Areas.

[H.R. 103-551 at 60]

5. Tribal share formulas should be consistently applied to all Tribes whether programs are compacted, contracted or direct IHS-operated.

[Title III, Section 306; S.5536 at Attachment 4 and 5]

6. All Tribes will have the opportunity to participate in the identification of those resources required for retention by the IHS because workload estimates cannot be accurately anticipated until actual downsizing has been implemented. It is the intent that those resources will eventually be made available as Tribal shares.

[Title III, Section 306; S.5536 at Attachment 4 and 5]

7. In order to avoid documented reductions in services to any Tribe, the IHS must restructure or reduce personnel to fund Tribal shares.

[H.R. 103-551 at 55 and 59]

8. Identified Tribal shares should not be reduced as a result of any restructuring or downsizing attributable directly or indirectly to Self Governance compacting. Restructuring or downsizing should not result in the reduction of identified Tribal shares for compacting and contracting Tribes which have not yet accessed these funds.

[H.R. 103-551 at 55 and 59]

9. Formulas for distribution of Tribal shares of HQ funds may be re-allocated within an Area to support unique Tribal characteristics within that IHS geographic area if desired by the Tribes.

[No cite found.]

10. Demonstration project authority provides an opportunity for IHS and Tribes to develop new, innovative Tribal health service delivery systems and programs.

[Title III, Section 303(a)(2)]

11. Compacted and non-compacted functions and responsibilities must be identified in the Self Governance Annual Funding Agreements as clearly as possible to insure a clear understanding of IHS continuing responsibilities to compacting Tribes.

[Title III, Section 303(a)(4); H.R. 103-551 at 60]

C. Workgroup Members:

Dorothy Dupree, IHS Albuquerque Area Office (IHS Co-Chair)
Cyndi Holmes, Jamestown S'Klallam Tribe (Tribal Co-Chair)
James Armbrust, Alaska Area IHS
Dan Cameron, Oklahoma Area IHS
Kathy Desautel, Colville Conf Tribes
Charles Head, Cherokee Nation (Oklahoma)
Theodore Holappa, Sault Ste Marie Tribe of Chippewa
Dwayne Hughes, Chickasaw Nation

Rick Knorr, Coeur d'Alene Tribe
Valery Lam, Quinault Indian Nation
Steve LaPlante, Penobscot Nation
Keith Longie, Phoenix Area IHS
Dave Mather, Mather & Associates (Alaska)
Carolyn Michels, Norton Sound Health Corp
Jerry Waukau, Menominee Tribe
J. Mike Wood, Portland Area IHS

III. DEFINITIONS

Many of the basic Self Governance terms and definitions have been developed and reviewed by the JAMW relative to fulfilling the purpose and charge of the group. The JAMW strongly believes that common understanding of these terms and definitions, as well as consistency in application and use, are critical to dispel misinformation relative to Self Governance. These definitions include the following:

ANNUAL FUNDING AGREEMENT (AFA): (TITLE III, SEC 303(a), (4, 5)) An instrument which specifies the funds and services to be provided, the functions to be performed, and the responsibilities of the Tribe and the Secretaries pursuant to the Agreement; it also prescribes the authority of the Tribe and the respective Secretary and the procedures to be used to reallocate funds or modify budget allocations within any project year.

BASELINE MEASURES REPORT: Documentation of Tribal and IHS experiences under the Self-Governance Demonstration Project. The baseline measures report is to be used as a tool for evaluating the effectiveness and efficiency of operations. Criteria for baseline measures are to be mutually agreed upon by the Tribe and the Agency for those functions assumed by the Tribe and those functions retained by the Secretary.

COMPACT: The legal instrument which defines the government-to-government relationship between signing parties.

EARMARK: Funds which are appropriated by the congress with express statutory direction that they be expended for a particular activity, facility, or Tribal initiative. Earmarked funds shall be available for distribution as Tribal shares.

NON-COMPACTED: Those Tribal shares which Tribe(s) elect to leave with the IHS on a permanent or interim basis and can be of benefit to the common good or to the individual Tribal need.

RESIDUAL: Those activities, functions, and services necessary for the United States government to fulfill and maintain its moral and legal responsibilities based upon treaties; statutes, and Executive Orders and which must be carried out by Federal officials.

RETAINED TRIBAL SHARES: Those funds which support the activities, functions, and services which Tribes elect to leave with the Federal government to administer.

TRIBAL SHARES: Tribal shares of HQ and Area resources not determined to be residual and allocated to individual Tribes utilizing an agreed upon methodology (does not include Service Unit or program base).

USER POPULATION: The count of American Indians/Alaska Natives eligible for IHS services who have used those services at least once during the immediate three-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.

IV. FACTORS IN DETERMINING TRIBAL SHARES

During JAMW's initial review and discussion of its charge, it was determined that a review of all available Headquarters funding was necessary. This funding includes the reimbursement/competitive budget categories previously addressed by the Tribal Task Force as well as the larger Headquarters general funding pool. The group also reviewed the previous methodologies proposed by the Tribal Task Force plus those utilized during the Self Governance negotiations. Additionally, the JAMW identified multiple factors for application and use in determining Tribal shares. These factors were narrowed down to the following:

1. Active Users
2. Number of federally-recognized Tribes
3. Facilities (number of Hospitals, Health Stations, and Health Centers)
4. Historical allocation of specific HQ line items (i.e. Special Pay)
5. Recurring direct funding of health programs serving the Tribe(s)
6. Workload
7. Census population

The factors identified by the JAMW reflect simple, reasonably verifiable data related to each program line item. Proposed methodologies should have a functional as well as reasonable relationship to the particular funding category to which they are applied and should reflect careful consideration of relative roles and responsibilities. Simplicity serves to reduce confusion as well as Tribal and IHS costs associated with determining and verifying workload statistics. It is recognized, however, that these methods can be further refined as information is generated and provided to Tribes.

A key determination about the use of any particular factor is whether or not the resources and cost required to adequately develop, verify and maintain the necessary data on a national basis is justified. This cost may be too high or yield little value. However, some factors such as geographic isolation may be so significant that they require adjustments to the basic formulas. Finally, some programs and proposed formulas may require application of several factors.

This task is complicated by the fact that it affects over 500 Tribes, all with different demographic and health service/system characteristics. Small Tribes require formulas that are simple and yield an adequate administrative base to operate services. Large Tribes require formulas that adequately acknowledge the complexity of their health systems and the costliness of maintaining specialized services, particularly inpatient facilities.

The JAMW immediately recognized the difficulties in developing and establishing application of various factors in determining a Tribal share. Formulas such as 100% Active Users and a combination of Tribes and Active Users (30/70) had previously been established with the Self Governance Tribes during the 1994 and 1995 negotiations. Other formulas utilizing type of facility were also developed and employed during the negotiations.

There was not consensus on every issue; however, differences of opinion were not necessarily reflective of the size of the Tribe, whether representatives were participating in the Self Governance Demonstration Project or not, or whether they were Tribal or IHS. It is the intent of the JAMW to provide options and recommendations for proposed distributions.

It is too soon in the Demonstration Project to adequately evaluate and measure the outcome and benefits of the current methodologies. However, actual transfer of functions, responsibilities and financial resources from the IHS to the Tribes under Self Governance has occurred at all levels (HQ, Area, and Service Unit). Self Governance provides Tribal governments the flexibility to redesign programs and reallocate resources to meet the health needs of its Tribal community. These changes, along with the IHS restructuring efforts, compound the complexity in determining Tribal shares and reallocating financial resources.

The above seven factors were further narrowed down to variables as follows, which the JAMW felt would be rational and fair in distribution methodologies:

- **# of Active Users** - For each Tribal program, the number of people served has a strong influence on how a Tribal share should be determined. The number of patients served is very relevant (for example, the more people you serve the more resources it takes to meet their needs).
- **# of Tribes** - Many Tribal programs require a certain minimum amount of support in order to administer and operate a basic health program. In identifying Tribal shares of administrative-oriented functions, it is clear that the number of Tribes is very relevant (for example, it takes a certain amount of time to deal with each Tribal program regardless of size).
- **# of Facilities** - Additional factors to consider include the type and size of health facility (i.e. hospitals, health stations, and health centers) and the number and type of personnel. A facility-related formula recognizes the

significance related to the type of IHS or Tribally-owned facility.

- Health Services Recurring Base - The Health Services Program Base methodology would calculate HQ Tribal shares according to the distribution of the IHS health program funding currently allocated to provide services to each Tribe. This approach recognizes that IHS has traditionally utilized cost indexes, such as the Resource Requirement Methodology or HCFA, as factors in establishing funding levels for health program delivery.

V. STEPS FOR DETERMINING HEADQUARTERS TRIBAL SHARES:

The steps utilized in determining Headquarters Tribal shares are the following:

1. Identify IHS Headquarters program and budget amount
2. Determine any Headquarters residual amount
3. Calculate remaining amount available for Tribal share distribution (total appropriation less Headquarters residual amount)
4. Determine Tribal share distribution methodology to be applied to Headquarters funds
5. Calculate Headquarters Tribal share including earmark funds

In the process of determining Tribal share distribution methodologies, the JAMW considered the final Tribal Task Force Report (dated March 4, 1994); the IHS Director's response to the report (dated June 2, 1994); and the current HQ budget information utilized in the 1995 Self Governance negotiations. Additionally, the group requested and reviewed specific program information relative to many of the HQ reimbursement/competitive funds.

The budget categories utilized during the 1995 Self Governance negotiations and the respective amounts are outlined below:

VI. SUMMARY OF HQ FUNDS:

- Total HQ Base \$447 m

Subdivided into the following categories:

- Reimbursement/Competitive funds \$262 m

These funds were either not made available for Tribal shares (i.e. Assessments)

or distributed based on current IHS program formula methods (i.e. Special Pay). These funds were initially reviewed separately by the Tribal Task Force.

- General Headquarters Pool \$65 m

These funds are categorized by sub-sub activity and were made available as Tribal shares based on 100% Active Users during the 1994 and 1995 Self Governance negotiations.

- Residual \$15 m

A separate workgroup has been formed to identify these funds. This work is be coordinated with the JAMW.

- Earmarks - (identified in Congressional appropriations) \$105 m

[See Appendix B for complete line item breakdown of Headquarters funding.]

VII. SUMMARY OF SELF GOVERNANCE NEGOTIATIONS

An analysis of the Headquarters programs and budget line items reveals a combination of administrative, facility, and program-specific funding. Various distribution formulas were applied to the Headquarters funds during the 1994 and 1995 Self Governance negotiations as follows:

\$64,668,454	Distributed based on 100% Active Users to IHS Areas; some Areas such as Portland and Phoenix then re-distributed funding based on 30% # of Tribes/70% Active Users. This "Active User Pool" represents a combination of <i>administrative and program funding</i> .
14,221,082	Distributed based on 30% # of Tribes/70% Active Users. This funding methodology was applied to the <i>RPMS funds</i> based on Dr. Trujillo's final decision of June 22, 1994.
10,052,700	Distributed based on 50% Active Users/50% Type of Facility. This funding methodology was applied to the <i>Equipment Replacement funds</i> based on Dr. Trujillo's June 2, 1994 response to the Tribal Task Force report.
1,574,586	Distributed based on the number of eligible physicians and nurses. This funding methodology was applied to <i>Continuing Education funds</i> based on Dr. Trujillo's June 2, 1994 response to the Tribal Task Force report.
\$90,516,822	Total

- The User Population formula of 100% Active Users was only applied to 14% of the total \$447 million IHS Headquarters budget and made available to the Self Governance Tribes during the 1994 and 1995 negotiations. This formula has not been applied uniformly to all Tribes in all Areas.
- The balance of Headquarters funding, categorized as "reimbursement/competitive" funding or "program formula" funding, was made available based on current IHS allocation methods pending further review by the Joint Allocation Methodology Workgroup (JAMW).

VIII. RECOMMENDED ALLOCATION METHODS

The following list of methods have been reviewed and developed by the JAMW to be considered in determining Tribal shares of the HQ program and budget categories. The advantages and disadvantages of each method are noted below:

METHOD A: 30% # of Tribes/70% Active Users

While this approach is advantageous to the smaller user population Tribes, this distribution formula provides a base for fundamental governmental responsibilities for Tribal health care programs. This formula is adjusted by the user population to take into account the increased responsibilities of managing larger health care systems. The percentages were selected based on recommendations from an internal IHS workgroup as well as review and analysis conducted in the Portland and Phoenix Areas during the initial phase of the Self Governance Project. This formula was applied to other HQ budget line items during the Self Governance negotiations in FY94 and FY95. However, geographical cost differentials are not considered or factored into this formula.

METHOD B: 100% Active Users

This distribution formula provides an allocation relative to the size of the health care system and the number of users served. This formula does not take into consideration the higher cost of management services due to the loss of economies of scale for operation of smaller health care systems. Similar to the 30% Tribes/ 70% Active users distribution formula, geographical cost differentials are not factored into this formula.

METHOD C: Tribal Size Adjustment (Base/Active Users)

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.

For instance, utilizing the \$65 million HQ pool, .04% of the pool equates to an approximate base amount of \$26,000. This base would be incrementally decreased by \$10.00 per active user for populations up to approximately 2,600. Other variations of this method can be applied under this model. [See Appendix C for more detailed discussion and examples.]

METHOD D: % of Health Services Program Base

The Health Services Program Base methodology would calculate HQ Tribal shares according to the distribution of the IHS health program funding currently allocated to provide services to each Tribe. This approach recognizes that IHS has traditionally utilized cost indexes, such as the Resource Requirement Methodology or HCFA, as factors in establishing funding levels for health program delivery. This methodology is consistent with current IHS allocation practices for distribution of program increases in existing health programs which considers workload, users, and cost differentials. Although Self Governance is not intended to re-distribute funding, this method perpetuates all the allocation issues inherent in the base funding, including inequities.

The above four methods are not the only formulas considered by the JAMW. Other proposed options and formulas for specific HQ program and budget categories are summarized and provided separately in the following section.

IX. RECOMMENDED METHOD

Of the four methods presented above, the JAMW was unable to reach consensus on a single preferred method. Given the lack of consensus, the workgroup adopted parliamentary procedures to select a recommended methodology for each category. In the voting process, it became evident that the vote was consistently split as follows: **Method C - Tribal Size Adjustment** (7- Favor, 2 Opposed, 3 Abstentions)

The following statements present the rationale for each position:

1. In Favor of Method C:

Workgroup members who voted for the majority opinion were uncomfortable with abandoning the consensus process to develop a final recommendation from the workgroup. Despite this, these members felt that the workgroup had a responsibility to the Tribal leadership to provide a technical recommendation which would help with the difficult political process of developing a unified Tribal position on this issue.

Workgroup members who voted for the majority opinion (Method C - Tribal Size Adjustment) did so in a spirit of compromise. These workgroup members felt that Method C provided a viable middle ground between Methods A and B. This compromise required each representative to agree on a method which did not maximize resources to any individual Tribe, but rather was perceived as the most equitable to all Tribes.

2. Opposed to Method C:

Resources made available to Tribes as "Tribal shares" of IHS Headquarters and Area Offices have been used for additional direct health care services or for direct health care delivery system for Indian people. Historically, these funds have been justified and set aside by IHS for specific programs or purposes designed to serve "user populations". To be consistent with IHS policy, in selecting any funding allocation formula, the first and most important consideration should be the impact on the user population. Resource allocation methodologies must be both equitable and rational, with primary attention given to delivering quality health services to the user population.

The principles of Self Governance as dictated by law require that Tribes entering the program be qualified and have a demonstrated capacity to participate in the Self Governance Program. It was not designed to develop Tribal government infrastructure or bureaucratic capacity. Still, some small Tribes contend that they need a base. All Tribes have an operational base consisting of 638 contract funding (or its theoretical equivalent) and its associated Indirect Cost funding. Therefore, all Self Governance Tribes must necessarily have a funding base and a demonstrated capacity to conduct IHS programs and activities. Any extra funding to make up for small size would not be necessary funding -- it would be extra funding.

Many small Tribes or groups of small Tribes are now advocating a departure from the emphasis on user population as a basis for allocating resources in favor of a modified "30/70" type formula known as Method C, Tribal Size Adjustment, whereby a portion of the funding is allocated by Tribe, generally regardless of the size of its user population, and the balance of the funds are allocated based upon user population. The use of this method or any similar method for determining Tribal shares would result in a radical reallocation of IHS funds away from eligible users toward the support of bureaucracies of certain small Tribes: The larger the Tribe, the greater the impact on its user-members with per capita funding decreasing as user population increases. Thus, the Tribal Size Adjustment and the 30/70 formulas would benefit a relatively small percentage of the total IHS user population at the very considerable expense of Indian people who happen to be members of large Tribes. Adopting the Tribal Size Adjustment or 30/70 formula would also represent a philosophical shift in the way IHS allocates resources, by setting aside a portion of funds once dedicated to direct Indian Health care services to finance instead the building and maintenance of government "infrastructure" for the smaller Tribes.

A comparison of the Tribal Size Adjustment formula and the 100% Active Users formula clearly shows the advantage of using the 100% Active User Formula. Analysis shows that **89.73% of users would receive more resources using the 100% Active User Formula.** Defenders of the Tribal Size Adjustment or 30/70 formula have never adequately justified its use or explained why it is superior to, say a 5/95 or a 10/90 ratio. They simply say that a 30/70 type formula would fund the infrastructure and fixed costs necessarily incurred in any service program regardless of the size of the user population it serves.

3. Abstention:

Three of the Tribal representatives, including the Tribal Co-Chair, chose to abstain from forwarding a single, "majority" recommendation among the proposed methods where there was no clear consensus. The pros and cons of establishing voting procedures and expressing majority and minority opinions was discussed at several JAMW meetings. Because there was no consensus on a single method among the JAMW, the original draft report presented at the National Indian Health Board Tribal consultation meeting contained an explanation on all the proposed methods. The "preferred method" presented in this report is the majority of the JAMW only and not the results of a Tribal leadership decision.

Those JAMW members who chose to abstain from voting on a preferred recommendation did so based on their understanding of the direction provided from the Tribal leaders present at the National Indian Health Board/IHS Tribal consultation meeting held in Albuquerque in November 1994, i.e. that Tribal leaders would make the preferred recommendation based on a consensus decision.

GENERAL HQ POOL**\$64,688,453**

BACKGROUND AND PROGRAM DESCRIPTION: In reviewing the entire HQ budget categories (Hospitals and Clinics, Dental, Mental Health, etc), the JAMW reviewed the special reimbursement/competitive categories separately from the general HQ pool (formerly referred to as the HQ Active User pool).

- **Administrative activities (related to # of Tribes)** - Many of the HQ activities are administrative and managerial in nature requiring the same access regardless of the size of the Tribe (i.e. Office of Tribal Activities, Office of the Director).
- **Direct Program activities (related to Active Users)**- Other HQ programs are more directly related to program delivery and the population served (i.e. diabetes program, cancer prevention, nutrition training, health promotion/disease prevention).
- **Combination of both Administrative/Program** - Program such as recruitment, RPMS, and supply management would include both administrative and program factors.
- **Facilities** - Certain line items are clearly related to the type of facility (i.e. equipment replacement).

The group discussed the various political and technical difficulties in determining which allocation approach is the most appropriate for each program and activity. To assist in these efforts, the JAMW reviewed each budget activity and category line which HQ has broken down into each IHS sub-sub activity appropriation category. This exercise included assigning a relative percentage of the factors listed above to each individual line within the broader sub-sub activities.

The results of this exercise produced a proportional relationship between the administrative and program uses in each budget line item which ranged from, 24%/76% to 33%/67% based on the current IHS administrative structure. Additionally, approximately 10% of the overall budget was identified as related to facility type. Although it is recognized that this analysis is based on moving budget targets, it substantiates that each of the factors and variables identified by the group plays a significant role in determining applicable Tribal share methodologies.

PROPOSED DISTRIBUTION METHODOLOGIES:

Any of the previous Methods A through D outlined on pages 10 and 11 could be considered as options for this budget category:

1. Method A - 30% # of Tribes/70% Active User
2. Method B - 100% Active User
3. Method C - Tribal Size Adjustment (Base/Users)
4. Method D - % of Health Service Program Base

RECOMMENDED METHOD:

Method C - (7 Favor, 2 Opposed, 3 Abstentions)

Please see previous Section IX beginning on page 11 for explanation.

[See Appendix D for distribution breakdown of the HQ General Pool by Tribe.]

EMERGENCY FUNDS**\$ 4,000,000**

BACKGROUND AND PROGRAM DESCRIPTION: Emergency funds are those funds that the Director of IHS has determined to be necessary for unforeseen emergencies that may occur in the IHS or Tribal health programs. This fund is held in reserve at the Headquarters and presumably if the Director decides emergency needs exceed the reserve, IHS can seek to reprogram other funds to supplement this account.

CONCEPT AND RATIONALE: The JAMW reviewed three years history of emergency expenditures. This analysis revealed that in FY93 and FY94, 65% and 96%, respectively, of the emergency funds had been used for discretionary purposes (such as office furniture, training, special studies, and National Indian Health Summit). [See Appendix E for distribution of Director's Emergency Fund.]

RECOMMENDATIONS:

The JAMW recommends that the Emergency funds be narrowly defined and restricted to public health emergencies. A public health emergency is defined as an unexpected, actual or potential disease outbreak or environmental condition that has the possibility of affecting one or more communities. Additionally, rules and/or criteria should be established for the use and access to these funds.

The JAMW further recommends that prior to the end of the fiscal year, a summary report on the use of these funds be issued to the Tribes. A Tribal share should then be identified for any remaining balance and distributed accordingly.

PROPOSED DISTRIBUTION METHODOLOGIES:

Any of the previous Methods A through D outlined on pages 10 and 11 could be considered as options for this budget category:

1. Method A - 30% # of Tribes/70% Active User
2. Method B - 100% Active User
3. Method C - Tribal Size Adjustment (Base/Users)
4. Method D - % of Health Service Program Base

RECOMMENDED METHOD:

Method C - (7 Favor, 2 Opposed, 3 Abstentions)

Please see Section IX on page 11 for explanation.

CHEF

\$ 12,000,000

BACKGROUND AND PROGRAM DESCRIPTION: CHEF or Catastrophic Health Emergency Funds are administered from Headquarters within the overall Contract Health Service (CHS) operation and provide a resource that protects limited local CHS operating budgets from unexpected or catastrophic expenditures for high cost cases. By law, CHEF funds are provided to Tribal or federally operated programs to reimburse the programs for the costs of contract care to individual IHS beneficiaries when they exceed a defined threshold. This threshold was \$15,990 in FY94 and is indexed to the medical care component of the Consumer Price Index (CPI). At this time, the IHS Office of General Counsel has noted a statutory obstacle in 25 U.S.C. §1621a(a) (§ 202, P.L. 94-437). This opinion should be reviewed by both the IHS Office of General Counsel and Tribal attorneys based on the new Self Governance P.L. 103-413 legislative and report language.

CONCEPT AND RATIONALE: For the past several years the CHEF fund has been exhausted prior to the end of the fiscal year and claims submitted in the final quarter have often been denied due to the unavailability of funding regardless of the magnitude of the claim or of the impact on the contract care program. Some Area Offices establish local catastrophic funds to provide for year end coverage of claims from these Areas, however this has not been a consistent practice. All work group members felt this aspect of the current distribution methodology which uses a "first in first out" procedure until the fund is exhausted should be modified to insure that funding is provided consistently to all contract health programs throughout the fiscal year.

PROPOSED DISTRIBUTION FORMULAS:

The following two options are proposed by the JAMW:

Option #1: CHEF funds should continue to be retroactively reimbursed for catastrophic costs over the threshold limit established by law. Provision should be made in the fund, however, to insure all catastrophic claims received during a year are treated consistently. Initial reimbursement for claims should be a threshold level set to insure availability of funding for the entire year. At the end of the fiscal year, total claims could be reconciled against available funding and adjustments provided to distribute any remaining funds.

Work group members recommend that an analysis be completed to determine at what threshold level the CHEF fund could fully fund claims. Claims would be submitted at the current threshold but would initially be paid at the higher level which would insure sufficient funding to complete the fiscal year. At the end of the fiscal year, the claims could be reconciled against remaining available resources and the threshold payment-level adjustment to insure payment of all approved claims to the same level. Deficiencies in funding to the legislatively mandated threshold level could continue to

be funded by Area catastrophic funds where such funds are established.

Option #2: Tribal shares for these functions should be defined so each Tribe can determine if it wants to bear the risk of being primarily responsible to pay for catastrophic care. A Tribal share may in most cases be far too small for a Tribe to assume, given the potential financial liabilities. However, this should be a Tribal decision in the exercise of its own sovereignty. A Self Governance Tribe could use its annual Tribal share to obtain coverage either on the commercial market or from a self-insurance or risk-management pool. Tribes could also develop accounting methods by which an internal "safety net" could accrue for this purpose.

Without a proactively identified Tribal share, Tribes will not have access to the funds needed to redesign risk-sharing structures. For example, some Tribes may want the option to purchase commercial re-insurance or pool funds with other entities. Large Tribes may want to establish programs with higher deductibles or invest in arrangements with more budgetary certainty or less administrative costs. Negotiating Tribal shares of this fund will transfer the risk from the IHS-wide pool to the Tribe.

Any of the previous proposed methods A through D listed on pages 10 and 11 could be considered for distribution of the CHEF funds.

RECOMMENDED OPTION:

Option #1 - (9 For, 0 opposed, 3 Abstentions)

EQUIPMENT REPLACEMENT**MEDICAL \$ 10,052,700**
DENTAL \$ 270,000

BACKGROUND AND PROGRAM DESCRIPTION: IHS now uses this account for replacing equipment "already on the IHS list". While it is true that replacement costs can vary from year to year, they are often predictable and can be addressed in long-range budget planning. IHS reports within the IHS and Tribal health systems the operation of 50 hospitals, 171 school and other health centers, and 300 health stations-satellite clinics-Alaska village clinics.^{1/} Each facility needs a certain amount of equipment, whether it serves 5 or 5,000 people. A Tribal share of these funds were made available to the Self Governance Tribes during the 1994 and 1995 negotiations.

CONCEPT AND RATIONALE: All Tribes with equipment periodically must replace these machines or acquire more advanced technologies. A Tribe can allocate an annual amount to its replacement budget account derived from annual Tribal shares of this budget account. A Tribal share can also be used to make an outright purchase, to make downpayments or loan payments, or to meet lease payments for replacement equipment. This provides a Tribe the same flexibility that other health care providers have to amortize the cost of equipment over time by borrowing funds and then paying off the debt with funds anticipated from its Tribal share of IHS equipment replacement funds and from other sources. In this way, equipment needs are more immediately addressed than under the present IHS system.

Self Governance offers Tribes the opportunity to eliminate dependency on IHS-established expenditure priorities. Once a Tribal share is transferred to a Tribe, that Tribe would no longer participate in the IHS equipment replacement fund. The current IHS equipment list does not include equipment directly purchased by and titled to a Tribe. Regardless of a Tribe's current or future mix of direct and contract services, its health operation has a continuing cost for equipment replacement.

RECOMMENDATION: 50% active users; 25% hospitals; 15% health centers; 10% health stations. The JAMW concurred with the above distribution formula which was previously utilized in the 1994 and 1995 Self Governance negotiations. The weighted distribution allocates one half of the fund on the basis of number of active users (50%) and the other half according to the type of facility. This formula would be applied to both medical and dental equipment replacement funds.

¹ See, F.Y. 1994 Indian Health Service Justification of Estimates for Appropriations Committees, page IHS-19.

ASSESSMENTS**\$ 35,278,941**

BACKGROUND AND PROGRAM DESCRIPTION: The Assessment funds are used by IHS to support the costs for services provided by other offices within the Department of Health and Human Services such as the Office of the Secretary and the Public Health Service. No restrictions concerning these funds appear in the IHS budget justification to Congress nor in related Congressional reports. (See Appendix for complete listing of the Assessment categories.)

CONCEPT AND RATIONALE: These are funds that are identified by IHS and the Department as necessary to deliver health care to Indians. The law requires that the Secretary make available all funds "specifically related to the provision by the Secretary(s) of services and benefits to the (T)ribe and its members... As with any other negotiated "program, service, function or activity," there is a proportionate reduction in required Agency or *Support Agency* operation directly correlated to Self Governance transfers. The JAMW reviewed the list of programs and services in the Assessments categories. Each of these programs and services are primarily administrative support in nature and include items that should not be budgeted or categorized at the HQ level, but de-centralized by distribution to the Tribal level.

RECOMMENDATIONS:

The JAMW recommends that the IHS allocate the following resources and costs to the appropriate level:

- o Payroll
- o FTS
- o Rental of Office Space (SLUC)
- o Mailing Costs
- o Employee Accident Compensation

Additionally, a workgroup at the HHS/PHS level should be formalized to (a) examine the specific Assessment categories; (b) determine what resources should be allocated; (c) the method and process to accomplish this allocation; and (d) the approach to protect the cost savings relative to downsizing. This workgroup should be comprised of PHS, IHS, and Tribal representatives and proposed recommendations for transferring identified Tribal shares should be completed prior to the start of 1996 Self Governance negotiations. [See Appendix F for complete listing of Assessments.]

SPECIAL PAY**\$18,142,238**

BACKGROUND AND PROGRAM DESCRIPTION: Special Pay consists of several categories of pay which are available to physicians, dentists, nurses, nurse anesthetists, and optometrists who are active in clinical service delivery. These funds are used by IHS to enhance salary and compensation packages for certain medical professionals to encourage employment and retention in Indian and Native communities. The vast majority (over 85%) of Special Pay is obligated (budgeted under Hospitals and Clinics) for physician salaries. Special Pay is available to both Commissioned Corps and Civil Service employees, however it is computed using different methodologies. Special Pay is also available to directly hired employees (in the above clinical positions) of PL 93-638 contractors according to Indian Self Determination Memorandum (ISDM) 85-4. Special Pay is part of an eligible employees compensation package (salary). [See Appendix G for ISDM 85-4.]

In most cases, the IHS or Tribe has a legal obligation to the individual employee to continue payment of these costs from year to year. Tribal health professional employees are eligible for some categories on the same basis as are Federal health professionals for Special Pay. However, it has been the experience of Tribes that certain Area Offices apparently have not forwarded some Tribal requests for Special Pay to Headquarters and, even more troubling, many other Tribes are not aware of the IHS policy which makes their employees eligible for these funds on an equal basis with Federal employees.

CONCEPT AND RATIONALE: The IHS has been severely limited by the Commissioned Officer pay scale which is a military pay scale not designed to be used to recruit highly trained medical personnel. Special pay funds are used by IHS to construct a compensation package for physicians and other difficult-to-recruit clinical personnel to be somewhat competitive with private sector salaries offered to these personnel. Special Pay will often comprise 20% to 30% of a Commissioned Corps physicians salary. Special Pay has been provided based on retention (signing bonus), seniority, board certification, type of specialty, hardship posts, and other criteria.

Although Special Pay is a recurring obligation at the service delivery level, (i.e. part of clinical staff salaries), it has traditionally been managed at Headquarters on a reimbursable basis. Special Pay obligations to clinical personnel (or P.L. 93-638 contracts) working in each Area have been reimbursed to the Areas by Headquarters from funds budgeted at Headquarters for that purpose.

In P.L. 93-638 contracts, these funds have been managed by two separate mechanisms. First, if the eligible employee was an IPA or MOA, the costs were paid directly to the federal employee by the Area Office and reimbursed by Headquarters. In this case, the costs associated with Special Pay never were part of the P.L. 93-638 contract base despite the recurring obligation to the IPA/MOA employees of the contractor. In the second case of directly hired employees, the costs were reimbursed

to contractors based on ISDM 85-4 which defined the policy and procedures to be used for this process.

Although the stated intent of ISDM 85-4 was to reimburse P.L. 93-638 contractors for these special pay costs on an equitable basis, this has not been the experience for the past nine years. In fact, ISDM 85-4 does not make all categories of special pay available to P.L. 93-638 contractors. Additionally, little attempt was made to educate Tribal contractors on the availability of this category of funding and how to effectively qualify clinical staff for support. Reimbursement of special pay to P.L. 93-638 contractors requires compliance with IHS internal procedures which have no application in a P.L. 93-638 contract setting. A comparison of actual funding allocation of special pay costs in one Area Office for one fiscal year indicates that directly hired physicians on a per capita basis received less than one fifth (20%) of the special pay that is provided to federal physicians working either directly for the IHS or on an IPA or MOA.

RECOMMENDATION:

The current IHS reimbursement method and policy (ISDM 85-4) should be revised to include incentive special pays, and to simplify the documentation requirements to provide a fair allocation of these funds to both Tribal (supported in compacts or P.L. 93-638 contracts) and federally hired physicians and other eligible professions.

Consistent with the overall recommendation of generally budgeting resources to the lowest achievable level, the JAMW recommends that Special Pay be budgeted directly to the service delivery site where the balance of the compensation package is incurred. This should be done on a non-recurring basis for the next three years until the historical deficiencies caused by ISDM 85-4 are corrected. After three years, these funds should be allocated into all health program budgets on a recurring basis calculated on average historical allocations.

PERMANENT CHANGE OF STATION**\$ 7,940,504**

BACKGROUND AND PROGRAM DESCRIPTION: Permanent Change of Station (PCS) funds are used for reimbursement of moving costs (transportation of individuals, family and household effects) of IHS and Tribal employees. Eligibility for PCS support and the level of support for federal employees is regulated by the Civil Service and Commissioned Corps personnel system. PCS is also available to directly hired employees of P.L. 93-638 contractors according to ISDM 85-4. Reimbursement is usually available when the employee is transferring to a different stations or for initial hire when the local employment market does not contain individuals with the necessary skills, (such as physicians, nurses, etc.). These funds are generally limited to people who have to be recruited out of the area. Unlike Special Pay, there are no contractual obligations related to PCS funds.

CONCEPT AND RATIONALE: PCS funds are expended to support the transfer and moving costs to point of hire for employees in IHS and Tribal health facilities. These funds are budgeted at Headquarters and reimbursed to Areas due to the high variability of these costs across fiscal years.

These costs are an obligation for new hires or transfers in the Commission Corps personnel system. Civil Service and Tribal direct hires may be hired with or without an obligation to reimburse relocation expenses. However, in remote locations with high relocation costs, this can effectively function as a barrier to recruitment if not reimbursed as part of the employment agreement.

Certain Areas, such as Alaska, have historically expended a greater proportion of these funds due to the extremely high cost of relocation of personnel to very remote Alaskan Service Units where all personnel, and household effects must be transported by air.

Tribal operated health programs have experienced difficulty in accessing funding to support Tribal hired positions at the same level due to the complexity of the regulations governing moving expenses and the need for excessive documentation to be submitted to justify reimbursement claims. In addition, the budget allocation for PCS has traditionally been exhausted before the end of the year leaving claims for reimbursement of these expenses unfunded.

All Self Governance Tribes should have the right to obtain a Tribal share of these funds included in the AFA. Management and redesign of the use of these funds will significantly increase their usefulness in the recruitment and retention of staff which are hired by Tribes. By taking an annual Tribal share, a Tribe can accumulate a carryover to guard against variability of costs from year to year or could use its Tribal share for a comprehensive recruitment and retention package to retain or recruit professionals with difficult-to-find skills.

RECOMMENDATION:

50% Active Users/25% Hospital/15% Health Center/10% Health Station (with a differential applied to the Alaska Area)

The JAMW was able to obtain 2-year historical PCS expenditures from only five Areas. Of the five Areas reviewed, the cost per move for the Alaska Area was substantially greater than the other four Areas. In order to identify a valid cost differential for Alaska, the JAMW recommends that a analysis of all 12 Area office expenditures be performed.

Self Governance Tribes should be aware that if a Tribal share is taken from this fund, the Tribe will be required to reimburse the Area Office for moving expenses for IPA/MOA employees at the rate determined by application of the appropriate government employment regulations.

CONTINUING EDUCATION**\$ 2,265,086**

BACKGROUND AND PROGRAM DESCRIPTION: These funds are justified in the IHS budget request to Congress for use in reimbursing Area and Tribal health program professionals for Continuing Medical Education (CME). They include support for the IHS Clinical Support Center. This fund is held in reserve at Headquarters and the practice has been to reprogram or reallocate fund balances to other health priorities in the fourth quarter of each fiscal year, resulting in no funding for claims submitted for reimbursement by Area Offices near the end of the fiscal year. Each doctor in the lower 48 states is eligible for \$1,000 per year (\$1,300 in Alaska). Each nurse is allocated \$200 per year. The Task Force notes that smaller Tribal health operations often cannot afford to hire an on-staff physician, but instead rely heavily upon the key role played by nurse practitioners and physician assistants on their staff. These professionals also require ongoing professional certification and education and should be supported with CME funds.

CONCEPT AND RATIONALE: A Tribal share of these funds should be made available for distribution rather than reserving the entire fund for reimbursement to physicians, dentists, nurses and medical specialists employed by IHS or Tribal programs. The number of FTEs is not completely relevant in allocating these funds because many Tribes can only afford to hire a part-time professional; yet that individual needs the same CME accreditation whether employed full or part-time. A Tribal share of these funds could be utilized by a Tribe for purchase of continuing education resources for its program staff or for other purposes, according to Tribal priorities and timeframes.

PROPOSED DISTRIBUTION METHOD -- # of eligible medical staff. The Task Force proposes that IHS allow a Self Governance Tribe to identify at negotiations the number of eligible medical professionals it has on staff or expects to employ in the upcoming fiscal or calendar year period and be allocated a Tribal share equal to the current reimbursement rates utilized by IHS for individual allocation as follows (\$1,000 per doctor in the lower 48 states, \$1,300 per doctor in Alaska; \$500 per dentist in the lower 48 states, \$700 per dentist in Alaska; and \$200 per nurse). As previously recommended by the Tribal Task Force, the JAMW also recommends that mid-level practitioners also be included in the allocations.

RPMS/DATA PROCESSING**\$ 14,221,082**

BACKGROUND AND PROGRAM DESCRIPTION: Resource and Patient Management System (RPMS) funds are used by IHS to support an automated management system to meet both IHS and Tribal program requirements. RPMS applications are installed at more than two hundred IHS and Tribal health care delivery sites. Specific application configurations vary depending on the range of health services provided and the availability of adequate computer hardware and technical support. Approximately \$9 million of the RPMS funds now are annually applied to the purchase of hardware for IHS and Tribal operations.

CONCEPT AND RATIONALE: These funds were made available during 1994 negotiations based on 100% active user population with the understanding that this issue would be analyzed by this Task Force before the 1995 negotiations. Based on Dr. Trujillo's decision during the 1995 Self Governance negotiations, these funds were distributed based on 30% # of Tribes/70% Active Users as recommended by the Tribal Task Force.

PROPOSED DISTRIBUTION METHODOLOGIES:

Any of the previous Methods A through D outlined on pages 10 and 11 could be considered as options for this budget category:

1. Method A - 30% # of Tribes/70% Active User
2. Method B - 100% Active User
3. Method C - Tribal Size Adjustment or (Base/Users)
4. Method D - % of Health Service Program Base

RECOMMENDED METHOD:

Method C - (7 Favor, 2 Opposed, 3 Abstentions)

Please see Section IX beginning on page 11 for explanation.

MAINTENANCE & IMPROVEMENT**\$ 34,940,000**

BACKGROUND AND PROGRAM DESCRIPTION: This fund is appropriated for the purpose of maintaining IHS and Tribal owned health facilities. IHS utilizes a formula developed at the University of Oklahoma to determine the funding needed in this program. This formula uses size, intensity of use, and cost of replacement to determine appropriate funding levels for maintenance activities. IHS allocates these funds on a complex formula which provides some portion of the funds directly to the facility on a non-recurring basis for routine maintenance and some portion of the funds are placed in a pool which is used to fund larger competitive maintenance and improvement projects. The division of these funds between competitive projects and allocations for routine maintenance varies from 50/50 to 30/70 across different Area Offices of the IHS.

CONCEPT AND RATIONALE: These funds should be made available as part of the program funding in the AFA. Tribal Shares should also be available for the competitive portion of the M & I project funding. By obtaining an annual Tribal share of these funds, a Tribe would have the option to use its Tribal Share for these projects to fund alternative methods of financing the maintenance of facilities, such as depreciation accounts or building maintenance sinking funds.

RECOMMENDATION: Oklahoma formula

Funding which is provided in support of the routine maintenance of a federal or Tribal facility is part of the operational funding base of the IHS or Tribal Health program and should continue to be provided on a non-recurring basis under Self Governance regardless of whether or not a Self Governance Tribe elects to take the Tribal share of the competitive project funding.

The JAMW recommends that a Tribal share of all competitive project M & I funds be allocated to the Tribe based on the prorated share developed by application of the Oklahoma formula and Area allocation formulas.

However, IHS must establish controls over leaving and re-entering the pool for competitive M & I projects when providing Compacting Tribes a Tribal share of these funds. Because the capital projects funded by these funds have a useful life of over one year, Tribes could exploit the current system by taking a Tribal share for many years and then choosing to participate in the competition for projects when a large high priority maintenance project was necessary on a Tribally-operated facility.

Additionally, the JAMW recommends revision of the existing M & I project guidelines to provide flexibility to Compacting Tribes while maintaining equity in competition for M & I projects. The workgroup recommends achieving this by one or a combination of the following methods:

- Develop a priority funding formula for M & I projects which provides for a priority score adjustment based on continuous years of participation in the M & I competitive project pool.
- Limit selection to participate in the competitive pool versus selection of Tribal share to either the initiation of the Self Governance compact or an open "enrollment" period once every 5-7 years.
- Provide for "buy in" capabilities for Self Governance Tribes which have selected Tribal shares and determine that they wish to re-enter the competitive pool.

HEALTH FACILITIES CONSTRUCTION**\$ 86,161,000**

BACKGROUND AND PROGRAM DESCRIPTION: The objective of the IHS construction program for health care facilities is to provide functional, well-maintained IHS and Tribally-operated health care facilities and adequate staff housing at IHS health care delivery locations. IHS recommends to Congress which new facilities will be constructed according to the IHS Health Facilities Construction Priority System. This system ranks new and replacement facilities according ranking factors including isolation, current adequacy of existing facility and need for new space based on work load. After ranking the IHS develops specific functional space plans and costs estimates and submits these in priority order to Congress for funding. Currently separate priority lists are maintained by the IHS for inpatient facilities, outpatient health centers, and staff housing.

Funding for health facilities construction however has not kept pace with population growth, technological change and the need to replace aging and dangerously outdated facilities. The IHS currently estimates the construction backlog for all IHS and Tribal facilities to be well over a billion dollars. Tribes feel that available federal resources are concentrated in a few very large inpatient facilities and little opportunity is provided to use IHS resources in conjunction with loans or Tribal resources to increase the ability of IHS to meet the outstanding need for facilities. Tribes have increasingly turned to tribal resources to construct much needed health centers rather than wait decades for IHS constructed facilities. When this happens however the Tribe is penalized by being removed from the priority list and by such not qualifying for additional staffing which is normally provided by IHS to support new facilities

CONCEPT AND RATIONALE: IHS and Tribes should work with Congress to improve financing authorization options for the construction of new health facilities. The new financing model should permit a Tribe or IHS to construct sorely needed facilities and pay off the construction costs over time. In addition Tribes constructing needed new facilities should be eligible for additional staffing support on the same basis as Tribes receiving a new federally constructed facility. This could be done a number of ways including: the provision of Federal guarantees for construction loans obtained by Tribes; the provision of long-term funding commitments (annual contributions) by the United States to a Tribe obtaining a construction loan; or, by appropriation and allocation of annual life cycle replacement payments which a Tribe could use to repay construction debt costs. Such funds could be made available on a pilot Tribal share basis to Self Governance Tribes during the Self Governance Demonstration Project. If a Tribe exercised its option to obtain an annual Tribal share of these funds, it would withdraw from the IHS priority system and instead use its Tribal share to fund alternative methods of financing its facility construction.

Such mechanisms would implement the Secretary's obligation under Title III, P.L. 93-638, to permit Tribes to redesign and re prioritize IHS budgets related to

construction or renovation. Tribes would have more authority to determine when construction or renovation would occur.

Second, a Tribal share of construction and renovation funds would maximize the impact of the Federal contribution, providing an immediate benefit while amortizing the capital cost over time. This same goal is reflected in the Administration's proposed Health Security Act, which proposes a Federal commitment to develop alternative ways to finance a full-scale effort to construct or renovate health facilities serving Indians and Alaska Natives in order to bring them up to minimum national standards. There is already Federal precedent for such mechanisms in the form of FHA loan guarantees, Interior "Tribal priority allocations", and IHS "recurring base budgets" that function as guarantees of future funding levels to Tribal base budgets and other long-term funding commitments. With such a mechanism, IHS could guarantee under certain conditions that it would pay for a health facility construction mortgage debt service undertaken by a Tribe. In the interim, IHS should explore on a demonstration basis, through Title III Self-Governance authority, a comparable recurring Tribal share contribution which a Tribe would apply to its own priority construction needs or plans.

RECOMMENDATION - Special Line Items Phase-In and Negotiated Tribal Shares:

The JAMW concurs with the prior Task Force recommendation which recognizes that in recent years health facility construction appropriations have been limited to specifically-designated facility projects earmarked for construction by Congress. Accordingly, the JAMW also recommends that the IHS join with Tribes in FY 1996 and future years to seek a specific Self Governance capital acquisition and construction line items appropriation which would permit participating Tribes to draw down a negotiated Tribal shares of these funds to apply to current or future financing obligations associated with their new health facility construction activities. Such an effort could be on a pilot basis and could be phase-in. The distribution formulas developed during the phase-in Demonstration period should take into account a geographic adjustment factor. Any Tribe choosing to take their Tribal share would then be removed from the current IHS priority list.

Regardless of allocation methodologies, the JAMW has concluded that under the law, all health facility construction funds are eligible for Tribal administration under a Self Governance Compact and urges IHS to consistently implement that conclusion.

SANITATION FACILITIES**\$ 85,051,000**

BACKGROUND AND PROGRAM DESCRIPTION: IHS states that the objective of its programs for sanitation facilities is to provide functional, well-maintained IHS and Tribally-operated sanitation facilities and to reduce the incidence of environmentally-related illness in Indian and Native communities. As described in the FY1994 IHS budget justification, sanitation facilities construction funds are currently distributed as follows:

- ° \$500,000 is reserved for emergencies such as natural disasters or incidents which are an immediate threat to public health, and any funds left at the end of the fiscal year are distributed to the Areas to address priority list needs.
- ° Up to \$40.4 million is distributed by quarterly allocation to the Areas for new and rehabilitated homes based on the Housing Priority System (HPS).
- ° The remaining funds are distributed to the Areas by the Sanitation Deficiency Systems (SDS) formula which considers, among other things, the cost of facilities in the top 15% of each Area's priority list and the number of homes without water and/or sewer supplies.

IHS does not have legal authority to permit these project funds to be used to repay construction loans or service mortgage debts or bonds. Instead, construction is fully funded from governmental appropriations. Costs for sanitation systems vary widely, because of sharp differences in geography, climate and conditions among Indian and Native communities. IHS funds are sometimes combined with funds from other sources (States, EPA, BIA, HUD, etc.) to construct sanitation facilities.

The current system prevents a Tribe which builds facilities with borrowed or other non-IHS funds from receiving IHS facility funds because its "need" has been reduced. Such a Tribe has continuing needs for ongoing maintenance, renovation, and capital debt reduction that should be supported by IHS facility funds.

CONCEPT AND RATIONALE: IHS and Tribes should work with Congress to improve financing authorization options for the construction of sanitation facilities. The new financing model should permit a Tribe to borrow funds to construct much needed facilities and pay off the construction costs over the useful life of the project. This could be done any number of ways including: the provision of Federal guarantees for constructions loans obtained by Tribes; the provision of long-term funding commitments (annual contributions) by the United States to a Tribe obtaining a construction loan; or, by appropriation and allocation of annual life cycle replacement payments which a Tribe could use to repay construction debt costs. Such funds could be made available on a Tribal share basis to Self Governance Tribes on a pilot basis during the Self Governance Demonstration Project. If a Tribe exercised its option to obtain an annual Tribal share of these funds, it would withdraw from the IHS priority

system and instead use its Tribal share to fund alternative methods of financing its sanitation facility its sanitation facility construction.

Such mechanisms would implement the Secretary's obligation under Title III, P.L. 93-638, to permit Tribes to redesign and reprioritize IHS budgets related to construction or renovation. Tribes would have more authority to determine when construction or renovation would occur. Tribes could use these funds in combination with other funds and with tax exempt bonding authority to hasten critically-needed improvements in their health facilities. Tribes would very likely leverage IHS Tribal share funds with Tribal funds and other Federal or State or private funds to borrow the necessary capital to provide needed sanitation facilities.

RECOMMENDATION: Special Line Item Phase-In and Negotiated Tribal Shares

The JAMW concurred with the prior Task Force in that was unable to develop a Tribal share methodology for this construction account to apply on a national basis. JAMW recommends at this time that these funds continue to be allocated from Headquarters to Area using current IHS methodologies, a process that claims to recognize factors such as geographic location, construction cost differences, number of homes, and level of need. The Task Force has concluded that a more in-depth review of the HPS and SDS formulas is required. In the interim, it is recommended that within each Area, the IHS permit the funds allocated to the Area under the current IHS systems be divided among the Tribes in that Area according to Tribal shares as negotiated in that Area.

However, the JAMW also recommends that IHS join with Tribes in FY 1996 and future years to seek a specific Self Governance capital acquisition and construction line item appropriation which would permit participating Tribes to draw down a Tribal share of these funds to apply to current or future financing obligations associated with their new sanitation facility/system construction and capital acquisition activities. Such as effort could be on a pilot basis and could be phased-in.

Regardless of allocation methodologies, the JAMW has concluded that under the law, all health facility construction funds are eligible for Tribal administration under a Self Governance Compact and urges IHS to consistently implement that conclusion.

OEHE SUPPORT**\$ 5,694,900**

BACKGROUND AND PROGRAM DESCRIPTION: The Office of Environmental Health and Engineering (OEHE) support subactivity funds personnel and operating costs for Headquarters OEHE functions and for facilities-related direct support/management functions carried out for the IHS by the Public Health Service (PHS) Regional Office of Engineering Services (OES).

At Headquarters, personnel supported by OEHE funds provide managerial oversight to Area and local environmental health and facilities construction programs. This oversight includes budget and policy development, formation of priority lists for construction of health facilities, and other long range planning activities.

IHS-supported personnel at three regional Offices of Engineering Services (68 FTE's) provide Architect and Engineering oversight services, construction management, contracting, and other services in support of the IHS facilities management and construction program.

CONCEPT AND RATIONALE: OEHE support funds for Headquarters are provided for direct administrative and managerial support of environmental health programs at the local tribal level. A Tribal share of these funds is critical for ensuring that Self Governance Tribes have the resources necessary to insure the public health safety of Tribes and Tribal communities.

PROPOSED DISTRIBUTION METHODOLOGIES:

Any of the previous Methods A through D outlined on pages 10 and 11 could be considered as options for this budget category:

1. Method A - 30% # of Tribes/70% Active User
2. Method B - 100% Active User
3. Method C - Tribal Size Adjustment or (Base/Users)
4. Method D - % of Health Service Program Base

RECOMMENDED METHOD:

Method C - (7 Favor, 2 Opposed, 3 Abstentions)

Please see Section IX beginning on page 11 for explanation.

ENVIRONMENTAL HEALTH SUPPORT - HQ**\$ 700,000**

BACKGROUND AND PROGRAM DESCRIPTION: Environmental health support funds finance a broad scope of environmental health services and functions. These functions include sanitarians, injury prevention programs, on-site institutional inspections, water/waste water treatment training, etc. Most of these funds are allocated to Area Office, Service Unit and Tribal Health programs on a recurring basis. However a small amount (approximately \$700,000 in FY94) is retained at the HQ level to support training activities.

CONCEPT AND RATIONALE: A Tribal share of these funds is critical for ensuring that Self Governance Tribes have the resources necessary to insure the public health safety of Tribes and Tribal communities.

PROPOSED DISTRIBUTION METHODOLOGIES:

Any of the previous Methods A through D outlined on pages 10 and 11 could be considered as options for this budget category:

1. Method A - 30% # of Tribes/70% Active User
2. Method B - 100% Active User
3. Method C - Tribal Size Adjustment or (Base/Users)
4. Method D - % of Health Service Program Base

RECOMMENDED METHOD:

Method C - (7 Favor, 2 Opposed, 3 Abstentions)

Please see Section IX beginning on page 11 for explanation.

FACILITIES SUPPORT**\$ 667,977**

BACKGROUND AND PROGRAM DESCRIPTION: The facilities support account primarily funds personnel and operating costs at the Area and Service Unit levels to plan, operate and maintain IHS and Tribal health care facilities. A small reserve of funding is maintained at Headquarters to fund 10 engineering and construction management positions to supplement Area facilities planning and construction staff. Funding for these positions are allocated to Area Offices on a non-recurring basis depending on the workload that the Area is experiencing in planning and construction of new and replacement health facilities and major maintenance and improvement projects.

CONCEPT AND RATIONALE: Funds for these positions are not permanently allocated to Area Offices as there are wide variances in workload between Areas based on the scheduling of construction for new and replacement facilities and major maintenance and improvement projects.

RECOMMENDATION: The JAMW recommends that these funds continue to be allocated based on current IHS workload methods.

SCHOLARSHIP/LOAN REPAYMENT**\$ 27,406,000**

BACKGROUND AND PROGRAM DESCRIPTION: Section 104 authorizes scholarships to Indian and Native students who are enrolled or accepted for matriculation in health care professions. Section 108 authorizes the repayment of loans incurred by health professionals in exchange for service in IHS and its programs.

CONCEPT AND RATIONALE: The scholarship and loan repayment programs are an integral part of the recruitment and retention process. These programs provide additional incentives for health care specialists. However, under the current Congressional purpose and mission, the law targets individuals. Both federal and state recognized tribal members ("descendant, in the first or second degree") are eligible for these programs. Support is provided directly to the individual and only for as long as the particular authority the individual is funded under allows; (a maximum of 4 years for Scholarships and as long as eligible debt exists for Loan Repayment).

RECOMMENDATION: The JAMW concurs with the prior Task Force and recommends that current IHS methodologies for distribution be maintained and administered by the IHS.

TRIBAL MANAGEMENT GRANTS

\$ 5,195,000

BACKGROUND AND PROGRAM DESCRIPTION: This budget category provides funding to Tribes to complete work necessary to initiate new contracts or expand existing contracts. The funds support planning and developing Tribal management structures, staff training and development, and evaluation and feasibility studies. The fund offers grants on a competitive basis.

CONCEPT AND RATIONALE: The availability of these funds is an important stimulus to Tribal contracting (or compacting). Once studies are completed, Tribes are in a position to make a more informed decision regarding the contracting or compacting of various programs.

RECOMMENDATION: The JAMW recommends that the Tribal Management Grant program be continued on a competitive basis. However, grant funds should be included in a Tribe's Self Governance Annual Funding Agreement if they so chose.

CONTRACT SUPPORT

BACKGROUND AND PROGRAM DESCRIPTION: Appropriate funding of Contract Support Costs has historically been a major barrier to Tribal contracting for IHS functions. After years of dispute, this barrier was significantly diminished by the amendments to P.L. 93-638 provided in P.L. 100-472 which required the Secretary to add these funds to the amount the Secretary would have provided. This amount was for activities either not carried out by the Secretary, or carried on by the Secretary from resources other than those under contract. To fund this requirement, the IHS has established two funds, the Indian Self Determination Fund (ISD) for new and expanded contracts and the Contract Support Fund for recurring expenditures. In addition, Congress has required that the amount of contract support funds provided and any shortfall in funding be reported to Congress on an annual basis.

Because of the variety of accounting systems which exist among Tribal contractors and the flexibility permitted by OMB circular A-87, contract support costs are recovered by Tribal contractors as both direct and indirect costs. The proportion of contract support costs which are direct or indirect may vary among contractors depending on the characteristics of their accounting systems. Since 1992, these contract support costs (both direct and indirect) have been distributed to existing and new Tribal contractors under the policy defined in the Indian Self-Determination Memorandum 92-2.

In the initial round of negotiations for Self Governance Compacts, the IHS refused to provide contract support on the "Tribal share of Headquarters and Area" operations. Subsequently for the later FY94 and all FY95 negotiations, the IHS adopted the position that these funds were eligible for indirect cost support under the provision of ISDM 92-2.

In August of 1994 the Office of Tribal Activities offered a recommendation for yet another change in the IHS policy for providing contract support on Tribal shares in Title III compacts. This policy recommended that a pool of funds be retained from Tribal shares for funding of contract support costs on these additional funds. This recommendation was met with a storm of protest from compacting Tribes and, was not also, acceptable to the Council of Area and Associate Directors and therefore not implemented. The Office of Tribal Activities has recently called for additional consultation on this subject.

Recent amendments to Title I contracting in P.L. 93-638 will also require further clarification regarding the application of contract support funds to the additional funding for administrative functions which will be available to Title I contractors beginning in FY95.

RECOMMENDATIONS:

The JAMW recommends that Self Governance Compacts be eligible for contract support costs under the same guidelines provided to Title I contractors.

The JAMW recommends that IHS work with Title I and Title III Tribes to revise and clarify ISDM 92-2 to include provisions defining how Title I and Title III agreements are eligible for contract support costs. These revisions should carefully consider the changes in Title I contracts which are provided for in the Indian Self Determination Contract Reform Act of 1994.

The JAMW further recommends that the clarification specifically indicate that assumption of additional new functions from Area and Headquarters budgets qualifies both Title I and Title III Tribes for contract support funds from the ISD fund as a New or Expanded Contract (ISDM 92-2, Section 4).

APPENDIX

LISTING OF APPENDIX ITEMS

- A. LISTING OF TRIBAL AND IHS COMMENTS
- B. LINE ITEM BREAKDOWN OF FY 1994 - HEADQUARTERS FUNDS (USED FOR 1995 SELF GOVERNANCE NEGOTIATIONS)
- C. COMPARISON OF TRIBES AND IHS USERS (INCLUDING SAMPLE DISTRIBUTION FORMULA COMPARISON)
- D. SELF GOVERNANCE DISTRIBUTION FORMULA COMPARISON (BY TRIBE AND ACTIVE USER)
- E. FY 1992-1994 DISTRIBUTION OF DIRECTOR'S EMERGENCY FUND
- F. FY 1994 ASSESSMENTS
- G. ISDM 85-4 (ELEMENTS FOR CONSIDERATION IN DETERMINATION OF COMMISSIONED CORPS SALARY)

JAMWG Draft Report Comments Log

Received Date	From	Comments/Concerns	Distribution
12/20/94	Aaron Handler, IHS HQ		Members
12/20/94	Ed Rutledge, SG Coordinator Tanana Chiefs Conference 122 First Ave, Suite 600 Fairbanks AK 99701-4897	Comment Form completed 6 pages	Members
12/22/94	Nooksack Tribal Council	Resolution No. 94/55; support of the 30/70 funding allocation methodology	Members
12/22/94	Nooksack Tribal Council	Resolution No. 94/56; formal request that JAMWG identify only the most minimal funding possible as residual funding for the IHS Central Office	Members
12/12/94	Ric B. Broderick, OHP, IHS HQ (sent via Banyan)	I. Ask CAAD about Special Pay & PCS. 2. Suggests a method for distributing Dental Eqmt Funds: direct proportion to number of dental treatment rooms. 3. Supports the Continuing Dental Ed distribution proposed by JAMWG	Members
12/28/94	Lower Elwha S'Klallam Tribe 2851 Lower Elwha Rd Port Angeles WA 98362 (FAX)	Comment Form completed	Members
1/3/95	Bristol Bay Area Health Corp Kanakanak Hospital Box 130 Dillingham AK 99576 (3 pages)	Concerned about Option B (100% Active User) methodology, Options A, C and D are fair for Alaska. Some of Option D perhaps is most equitable for small and large tribes. Options C & D are compromise positions for Bristol Bay Area Corp.	Members
1/49/5	Alaska Native Health Board Anne Walker, Exec Dir 1345 Rudakot Circle, Ste 206 Anchorage AK 99508 (FAX 4 pgs)	Transmittal of ANHB position to all SG tribes. AK Tribes prefer Option A. AK Tribes will accept Options A, C, or D.	Members

1/9/95	Siseton-Wahpeton Sioux Tribe Health Administration Lake Traverse Reservation Box 509 Agency Village, SD 57262	Comment form completed. Several comments were made.	Members
1/20/95 FAX	Squaxin Island Tribe David Lopeman, Chairman SE 70 Squaxin Lane Shelton WA 98584	<ol style="list-style-type: none"> 1. Agree with formulas developed for programs of Equip Replacement, PCS, Cont Ed, M&I, Health Fac Const, SFC, Fac Support, and Scholarships 2. Tribal Mgt Grants should be done some other formula then competitive 3. Support Method C in fairness to all, but prefer Method A 	Members
1/24/95	Cherokee Nation Willma Mankiller Box Tahlequah OK	Letter of opposition to 30/70 methodology	Members
1/24/95 sent to Cyndi	Conf Tribes of Siletz Box 549 Siletz OR 97380	Favor Method C in interest and fairness to a majority of all tribes. Recognize that ALL tribes will never agree on 1 method, identify a method acceptable to the majority without adversely impacting any one entity.	Members
1/24/95 sent to Cyndi	Navajo Nation Health/Social Services Committee	Resolution HSSCN-126-94; Opposing the 30/70 formula for allocation of resources to compacting tribes under Self Governance to 'sustain' their tribal governments and recommending that the DHHS and IHS utilize a more equitable method of fund distribution for compacting resource allocation.	Members
1/25/95 sent to Charles Head	Choctaw Nation Hollis Roberts, Chief Drawer 1210 Durant, OK 74702	Support the allocation of funding on a user pop formula, and support those desiring to seek additional funding from congress in order to establish a base.	Members

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FY 1994 -- HEADQUARTERS FUNDS FOR FY 1995 COMPACT NEGOTIATIONS

SUMMARY BY APPROPRIATION

SUMMARY BY APPROPRIATION							TRIBAL COMPACT SHARES	
BUDGET ACTIVITY	FY 1994 HQ BASE/ RESERVE (1)	\$ AVAILABLE				USER		
		\$ RESIDUAL (2)	\$ EARMARK (3)	PROGRAM FORMULA (4)	USER POPULATION FORMULA (5)	POPULATION FORMULA TOTALS (6)	PROGRAM FORMULA TOTALS (7)	
INDIAN HEALTH SERVICES:								
Clinical Services								
— Hospitals & Clinics	\$112,760,970	\$455,000	\$947,682	\$86,634,851	\$24,723,438	\$4,459,045	\$0	
Dental	5,518,400	0	0	4,557,500	960,900	184,898	0	
Mental Health	3,498,300	0	746,000	706,400	2,045,900	494,937	0	
Alcoholism & Substance Abuse	4,725,100	0	438,000	632,000	3,655,100	905,968	0	
Total Clinical Svcs	\$126,502,770	\$455,000	\$2,131,682	\$92,530,751	\$31,385,338	\$6,044,848	\$0	
Preventive Health Services								
Public Health Nursing	\$1,352,000	\$0	\$0	\$644,700	\$707,300	\$171,440	\$0	
Health Education	1,098,400	0	0	44,600	1,053,800	261,199	0	
Community Health Representatives	2,252,000	0	0	0	2,252,000	558,190	0	
Total Preventive Hlth Svcs	\$4,702,400	\$0	\$0	\$689,300	\$4,013,100	\$990,828	\$0	
Indian Health Professions								
Tribal Management	27,406,000	0	0	27,406,000	0	0	0	
— Direct Operations	5,285,000	0	90,000	5,195,000	0	0	0	
	28,133,300	10,004,884	0	1,182,500	16,945,916	3,120,617	0	
Total Indian Health Services	\$192,029,470	\$10,459,884	\$2,221,682	\$127,003,551	\$52,344,354	\$10,156,294	\$0	
CONTRACT HEALTH CARE								
	\$33,324,100	\$0	\$14,000,000	\$7,000,000	\$12,324,100	\$2,219,422	\$0	
INDIAN HEALTH FACILITIES								
	\$221,291,977	\$4,378,100	\$89,161,000	\$127,752,877	\$0	\$0	\$0	
TOTAL HEADQUARTERS								
	\$446,645,547	\$14,837,984	\$105,382,682	\$261,756,428	\$64,668,454	\$12,375,716	\$0	

FY 1994 - HEADQUARTERS FUNDS FOR FY 1995 COMPACT NEGOTIATIONS

BUDGET ACTIVITY/CATEGORY	FY 1993 COMPACT BASE/HQ (1)	FY 1994 HQ BASE/ RESERVE (2)	\$ AVAILABLE			TRIBAL COMPACT SHARES	
			PROGRAM FORMULA (5)	USER POPULATION FORMULA (6)	PROGRAM FORMULA TOTALS (7)	USER POPULATION FORMULA TOTALS (8)	PROGRAM FORMULA TOTALS (9)
HOSPITALS & CLINICS:							
A. Emergency Reserve	\$3,513,700	\$4,000,000	\$0	\$0	\$0	\$0	\$0
B. OHPRD- Tucson	2,338,100	2,430,217	0	0	2,430,217	438,307	0
C. IHS Wide Program Reqmt:							
OFFICE OF ADMINISTRATION & MANAGEMENT							
ARMS Program	100,000	0	0	0	0	0	0
Assessments/Svc&Supply 1/	33,653,200	35,278,941	0	0	0	0	0
Equip Replacement Reqmt	9,950,000	10,052,700	0	0	0	0	0
Fed'l Register Printing	30,000	29,377	0	29,377	0	5,298	0
MOA w/PHS (Markowitz)	130,000	0	0	0	0	0	0
MOA's/IAA's (See attached list)	667,000	2,780,545	0	2,780,545	0	501,491	0
Perm. Change of Station	6,817,000	6,148,004	0	0	0	0	0
Project Officer	35,000	29,377	0	29,377	0	5,298	0
Renovation/Construction (Prog Exp)	100,000	146,884	0	146,884	0	26,492	0
Special Pay	13,417,100	15,371,538	0	15,371,538	0	0	0
Warm Sprgs-Joint Vent. (FY 93)	740,000	747,638	0	747,638	0	0	0
OFFICE OF THE DIRECTOR							
CDC Bemidji Area	400,000	404,129	0	404,129	0	72,887	0
MOA w/PHS (Anderson)	90,000	0	0	0	0	0	0
PHS Chief, Prof Dental Officer	90,000	88,130	0	88,130	0	15,895	0
Primary Care Conference	20,000	0	0	0	0	0	0
Rural Hlth Forum	15,000	0	0	0	0	0	0
Set Aside for Travel Reim	500,000	505,161	0	505,161	0	91,109	0
OFFICE OF HEALTH PROGRAMS							
ACOG Contract	93,000	91,068	0	91,068	0	16,425	0
AHA Dues	65,300	63,944	0	63,944	0	11,533	0
AIDS Incr (FY 91)	630,000	0	0	0	0	0	0
Billing Clerks	143,800	140,813	0	140,813	0	25,397	0
Cont Educ - Nursing	730,300	737,838	0	737,838	0	0	0
Cont Educ - Physician	700,000	836,748	0	836,748	0	0	0
Dr. Narva MOA in Albuquerque	33,000	0	0	0	0	0	0
HIV-AIDS (FY 92)	67,000	0	0	0	0	0	0
HP/DP Grants	1,040,000	1,018,396	0	1,018,396	0	183,675	0
HP/DP (FY 90)	702,000	681,967	0	681,967	0	122,998	0
Indian Children's Program	642,000	628,664	0	628,664	0	113,384	0
JCAH Dataset	20,000	19,585	0	19,585	0	3,532	0
MCH Review	8,000	7,834	0	7,834	0	1,413	0
Model Diabetes	52,000	133,371	0	133,371	0	24,054	0
NECI	1,027,300	1,027,364	0	1,027,364	0	185,292	0
1/ N/A in FY95. As fixed costs decrease, fund will be made available in future years.							
Nurse Initiat (FY 92)	1,314,000	1,276,036	0	1,276,036	0	230,142	0
Nursing Costops	468,000	458,278	0	458,278	0	82,654	0
Radiology Program	60,400	0	0	0	0	0	0
Salary cost for A. Koertyvessy	70,000	0	0	0	0	0	0
Senior Clinicians	265,700	250,388	0	250,388	0	45,159	0

EY 1994 -- HEADQUARTERS FUNDS FOR FY 1995 COMPACT NEGOTIATIONS

BUDGET ACTIVITY/CATEGORY	FY 1993 COMPACT BASE/HQ (1)	FY 1994 HQ BASE/ RESERVE (2)	\$ RESIDUAL (3)	\$ EARMARK (4)	\$ AVAILABLE			TRIBAL COMPACT SHARES	
					PROGRAM FORMULA (5)	POPULATION FORMULA (6)	USER POPULATION FORMULA TOTALS (7)	PROGRAM FORMULA TOTALS (8)	
Women's Hlth Conference	50,000	0					0		0
OFFICE OF HLTH PROGRAM RESEARCH & DEVELOPMENT	600,000								0
Research Projects		500,450		0		500,450	90,260		0
OFFICE OF HUMAN RESOURCES									
AAIP Contract	25,000	24,481				24,481	4,415		0
Clinical Support Ctr	1,553,705	1,560,933				1,560,933	281,525		0
Costeops-Non Phy	154,500	78,554				78,554	14,168		0
Physician Residency	255,000	249,703				249,703	45,036		0
Recruitment	1,828,400	1,537,109				1,537,109	277,228		0
Recruitmt/Reten Eval Studies	100,000	0				0	0		0
Recruit/Retention (FY 93)	991,000	401,229				401,229	72,364		0
U Of S. Dakota (OHR)	198,000	200,044		200,044		0	0		0
USUHS, etc. 2/	2,800,000	2,741,836				2,741,836	494,509		0
OFFICE OF INFORMATION RESOURCE MANAGEMENT									
RPMS	8,827,000	8,946,120	0		8,946,120		0		0
OFFICE OF PLANNING, EVAL & LEGISLATION									
Census Database	81,000	0					0		0
Evaluation	1,188,800	1,080,943				1,080,943	194,956		0
OFFICE OF TRIBAL ACTIVITIES									
Contract Support Costs	725,800	0				0	0		0
Detail of S. Poorthunder	50,000	0				0	0		0
Nat'l Ind Hlth Board	468,000	458,278				458,278	82,654		0
Sub-Total IHS Wide Reqmt	\$94,782,305	\$96,734,398	\$0	\$947,682	\$77,371,889	\$18,414,827	\$3,321,243		\$0
D. HEADQUARTERS-WEST									
OFFICE OF ADMINISTRATION & MANAGEMENT									
Records Management	65,000	65,847	65,000			847	153		0
Hdqtrs West Admin.	340,200	328,690	0			328,690	59,282		0
Supply Management	577,500	585,022	195,000			390,022	70,343		0
ARMS Project	300,000	202,605				202,605	36,541		0
System Internal Review	500,000	0				0	0		0
Property Management	425,800	330,043	195,000			135,043	24,356		0
OFFICE OF HEALTH PROGRAMS									
Nutrition Trng Ctr	326,800	331,056				331,056	59,708		0
Diabetes Program	900,800	854,081		0		854,081	154,039		0
Cancer Prevention	590,600	614,905		0		614,905	110,902		0
Health Records	93,100	94,313	0			94,313	17,010		0
AIDS Program	187,700	392,750				392,750	70,835		0
Handicapped Children	319,200	323,357				323,357	58,320		0
Traditional Medicine	90,000	91,172				91,172	16,444		0
ASAB	51,100	0				0	0		0
OFFICE OF HUMAN RESOURCES									
Personnel Management	0	119,553	0			119,553	21,562		0
OFFICE OF INFORMATION RESOURCE MANAGEMENT									
RPMS	2,980,500	3,064,903	0		3,064,903		0		0
Data Processing	2,169,800	2,198,059	0		2,198,059		0		0
Sub-Total Hdqtrs-West	9,918,100	9,596,356	455,000	0	5,262,962	3,878,394	699,495		0

FY 1994 -- HEADQUARTERS FUNDS FOR FY 1995 COMPACT NEGOTIATIONS

BUDGET ACTIVITY/CATEGORY	\$ AVAILABLE				TRIBAL COMPACT SHARES	
	FY 1993 COMPACT BASE/HQ (1)	FY 1994 HQ BASE/ RESERVE (2)	\$ RESIDUAL (3)	\$ EARMARK (4)	USER	
					PROGRAM FORMULA TOTALS (7)	PROGRAM FORMULA TOTALS (8)
TOTAL - HOSPITALS & CLINICS	\$110,552,205	\$112,760,970	\$455,000	\$947,682	\$86,634,851	\$24,723,438
						\$4,459,045
						\$0

2/ The funds for USUHS medical students and out-of-service residents are committed to the salary costs of 15 students and 30 residents for FY94 & 95. There will be no new admissions to these programs in FY95 and beyond. The IHS will begin phase down in FY96, with uncommitted funds reverting to undistributed reserve and available for tribal shares.

FY 1994 -- HEADQUARTERS FUNDS FOR FY 1995 COMPACT NEGOTIATIONS

BUDGET ACTIVITY/CATEGORY	FY 1993 COMPACT BASE/HQ (1)	FY 1994 HQ BASE/ RESERVE (2)	\$ RESIDUAL BASE/RESERVE (3)	\$ EARMARK (4)	\$ AVAILABLE			TRIBAL COMPACT SHARES	
					PROGRAM FORMULA (5)	USER POPULATION FORMULA (6)	USER POPULATION FORMULA TOTALS (7)	PROGRAM FORMULA TOTALS (8)	
DENTAL PROGRAM:									
HQ West (Personnel Costs)	\$263,514	\$267,900		\$0		\$267,900	\$51,550		\$0
Contract Support Costs	40,400	0				0	0		0
Long Term Training	292,000	232,000				232,000	44,642		0
COTA Training	158,000	115,000				115,000	22,129		0
Residency	128,000	128,000				128,000	24,630		0
Dental Assist. Trng	22,000	21,000				21,000	4,041		0
RPMS	56,000	12,000	0		12,000	0	0		0
Consultant Travel	85,000	197,000	0			197,000	37,907		0
Equipmnt Replacement	200,000	270,000	0		270,000	0	0		0
Research	47,000	0				0	0		0
Perm. Change of Station	853,000	918,000	0		918,000	0	0		0
Special Pay	1,537,000	1,667,000	0		1,667,000	0	0		0
Unmet Need		1,000,000	0		1,000,000	0	0		0
Continued Education	570,000	690,500	0		690,500	0	0		0
TOTAL - DENTAL PROGRAM	\$4,251,914	\$5,518,400	\$0	\$0	\$4,557,500	\$960,900	\$184,898		\$0

FY 1994 - HEADQUARTERS FUNDS FOR FY 1995 COMPACT NEGOTIATIONS

BUDGET ACTIVITY/CATEGORY	FY 1993 COMPACT BASE/HQ (1)	FY 1994 HQ BASE/ RESERVE (2)	\$ RESIDUAL (3)	\$ EARMARK (4)	\$ AVAILABLE				TRIBAL COMPACT SHARES	
					PROGRAM FORMULA (5)	USER POPULATION FORMULA (6)	USER POPULATION FORMULA TOTALS (7)	PROGRAM FORMULA TOTALS (8)		
MENTAL HEALTH PROGRAM:										
HQW Personnel & Operations	\$1,219,500	\$1,250,000				\$1,250,000	\$302,396	\$0		
National Conference	100,300	92,500				92,500	22,377	0		
CMI Grants	400,000	388,400		0		388,400	93,960	0		
Child Abuse Grants	200,000	200,000		0		200,000	48,383	0		
Navajo Sexual Abuse Project	298,000	298,000		298,000		0	0	0		
Hopi Sexual Abuse Project	199,000	199,000		199,000		0	0	0		
Bay Mills Sexual Abuse Project	99,000	99,000		99,000		0	0	0		
Washoe Sexual Abuse Project	150,000	150,000		150,000		0	0	0		
Contract Support Costs	24,000	0				0	0	0		
Soc Svc Training Funds	0	115,000				115,000	27,820	0		
Perm. Change of Station	268,000	303,400		0	303,400	0	0	0		
Special Pay	382,800	403,000		0	403,000	0	0	0		
TOTAL - MENTAL HEALTH	\$3,340,600	\$3,498,300	\$0	\$746,000	\$706,400	\$2,045,900	\$494,937	\$0		

FY 1994 --- HEADQUARTERS FUNDS FOR FY 1995 COMPACT NEGOTIATIONS

BUDGET ACTIVITY/CATEGORY	FY 1994		FY 1994		\$ AVAILABLE		TRIBAL COMPACT SHARES	
	COMPACT BASE/HQ (1)	HQ BASE/ RESERVE (2)	\$ RESIDUAL (3)	\$ EARMARK (4)	PROGRAM FORMULA (5)	POPULATION FORMULA (6)	USER POPULATION FORMULA TOTALS (7)	PROGRAM FORMULA TOTALS (8)
DIRECT OPERATIONS:								
Director	\$2,915,352	\$3,301,231	\$2,186,513			\$1,114,718	\$205,277	\$0
OAM	6,751,132	6,270,403	2,763,503			3,506,900	645,801	0
OPEL	2,666,602	2,893,761	1,444,987			1,448,774	266,794	0
OIRM	2,518,600	2,453,896	1,616,740			837,156	154,164	0
OTA	1,438,500	1,393,000	0			1,393,000	256,523	0
OHR	2,988,313	3,573,966	1,048,141			2,525,825	465,135	0
OHP	4,435,100	4,514,243	750,000			3,764,243	693,191	0
OHPRD	687,549	720,500	0			720,500	132,681	0
HQWEST	1,799,400	1,829,800	195,000			1,634,800	301,051	0
Sub-Total Direct Operations	\$26,200,548	\$26,950,800 1/	\$10,004,884	\$0	\$0	\$16,945,916	\$3,120,617	0
Perm. Change of Station	617,700	481,800	0		481,800	0	0	0
Special Pay	666,000	700,700	0		700,700	0	0	0
Sub-Total PCS/Pay	1,283,700	1,182,500	0	0	1,182,500	0	0	0
TOTAL - DIRECT OPERATIONS	\$27,484,248	\$28,133,300	\$10,004,884	\$0	\$1,182,500	\$16,945,916	\$3,120,617	\$0

1/ Reflects FY 94 Budget Marks as of 04/29/94 + Compacted funds

FY 1994 - HEADQUARTERS FUNDS FOR FY 1995 COMPACT NEGOTIATIONS

BUDGET ACTIVITY/CATEGORY	FY 1993 COMPACT BASE/HQ (1)	FY 1994 HQ BASE/ RESERVE (2)	\$ AVAILABLE		TRIBAL COMPACT SHARES	
			PROGRAM FORMULA (5)	USER POPULATION FORMULA (6)	USER POPULATION FORMULA TOTALS (7)	PROGRAM FORMULA TOTALS (8)
OFFICE OF ENVIRON HLTH & ENGRG:						
OEHE Support	\$9,836,700	\$10,073,000	\$5,694,900 1/	\$0	\$0	\$0
Environmental Hlth Support	2,223,752	700,000	700,000 2/	0	0	0
Perm. Change of Station	950,000	699,000	699,000 3/	0	0	0
Facilities Support	650,173	667,977	667,977	0	0	0
Maintenance & Improvement	32,166,000	37,940,000 4/	34,940,000 5/ 7/	0	0	0
Sanitation Facilities	85,051,000	85,051,000	85,051,000 6/ 7/	0	0	0
Health Care Facilities		86,161,000	0	0	0	0
TOTAL - ENV HLTH & ENGRG	\$130,877,625	\$221,291,977	\$127,752,877	\$0	\$0	\$0

1/ Distribution based on workload.

2/ Distribution based on a combination of congressional mandates and reimbursements.

3/ Distribution based on actual costs incurred.

4/ Distribution based on congressional mandates & National priority.

5/ Distrib. based on M&I allocation formula (Note: \$500,000 reserved for Emer Projects)

6/ Distrib. based on congressional mandated priorities by project.

7/ Not Hdqtrs funds; Amts available are established at the Area level.

FY 1994 - HEADQUARTERS FUNDS FOR FY 1995 COMPACT NEGOTIATIONS

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BUDGET ACTIVITY/CATEGORY	FY 1993 COMPACT BASE/HQ (1)	FY 1994 HQ BASE/ RESERVE (2)	\$ RESIDUAL (3)	\$ EARMARK (4)	\$ AVAILABLE		TRIBAL COMPACT SHARES		
					PROGRAM FORMULA (5)	USER POPULATION FORMULA (6)	USER POPULATION FORMULA TOTALS (7)	PROGRAM FORMULA TOTALS (8)	
PUBLIC HLTH NURSING:									
Preventive Hlth Initiatives	\$443,600	\$444,000				\$444,000	\$107,619	\$0	
Contract Support Costs	68,800	0				0	0	0	
Supplies	38,700	28,600				28,600	6,932	0	
Equipment	50,000	0				0	0	0	
Training	44,000	0				0	0	0	
UNICOR	140,000	140,000				140,000	33,934	0	
NLN/CHAP	0	60,000				60,000	14,543	0	
Other	90,600	34,700				34,700	8,411	0	
Unmet Need	0	600,000			600,000	0	0	0	
Perm. Change of Station	176,600	44,700	0		44,700	0	0	0	
TOTAL - PUBLIC HLTH NRSG	\$1,052,300	\$1,352,000	\$0	\$0	\$644,700	\$707,300	\$171,440	\$0	

FY 1994 -- HEADQUARTERS FUNDS FOR FY 1995 COMPACT NEGOTIATIONS

BUDGET ACTIVITY/CATEGORY	FY 1993 COMPACT BASE/HQ (1)	FY 1994 HQ BASE/ RESERVE (2)	\$ RESIDUAL (3)	\$ EARMARK (4)	\$ AVAILABLE		TRIBAL COMPACT SHARES	
					PROGRAM FORMULA (5)	USER POPULATION FORMULA (6)	USER POPULATION FORMULA TOTALS (7)	PROGRAM FORMULA TOTALS (8)
HEALTH EDUCATION:								
HERMS Data Proc Svc	\$35,000	\$70,000				\$70,000	\$17,350	\$0
National Conference	15,000	15,000				15,000	3,718	0
RPM Roundtable	15,000	15,000				15,000	3,718	0
Travel	29,600	29,600				29,600	7,337	0
Training	20,000	25,000				25,000	6,197	0
Projects	20,000	20,000				20,000	4,957	0
FAS to Aberdeen Area	10,000	10,000				10,000	2,479	0
PHY Fit (Youth)	60,000	60,000				60,000	14,872	0
Cancer Prev.	887,000	156,700				156,700	38,840	0
Prev. Hlth Initiative	109,700	0	0			0	0	0
Contract Support Costs	53,200	44,600			44,600	0	0	0
Perm. Change of Station	513,000	538,000				538,000	133,351	0
AIDS	42,500	54,500				54,500	13,509	0
Other								
TOTAL - HEALTH EDUCATION	\$1,870,000	\$1,098,400	\$0	\$0	\$44,600	\$1,053,800	\$261,199	\$0

FY 1994 -- HEADQUARTERS FUNDS FOR FY 1995 COMPACT NEGOTIATIONS

BUDGET ACTIVITY/CATEGORY	FY 1993 COMPACT BASE/HQ (1)	FY 1994 HQ BASE/ RESERVE (2)	\$ RESIDUAL (3)	\$ EARMARK (4)	\$ AVAILABLE		TRIBAL COMPACT SHARES	
					PROGRAM FORMULA (5)	POPULATION FORMULA (6)	USER POPULATION FORMULA TOTALS (7)	PROGRAM FORMULA TOTALS (8)
COMMUNITY HLTH REPRESENTATIVES:								
CHRIS	\$329,600	\$329,600		\$0		\$329,600	\$81,696	\$0
Program Reviews	8,000	8,000				8,000	1,983	0
Annual Conference	31,500	31,500				31,500	7,808	0
Contract Support Costs	34,700	0				0	0	0
CHR-PSG	29,500	29,500				29,500	7,312	0
FAS	10,000	10,000				10,000	2,479	0
Quarterly Report	18,000	8,000				8,000	1,983	0
Annual Report	15,000	25,000				25,000	6,197	0
RPM & CHRIS III	288,000	116,400				116,400	28,851	0
Training	1,413,700	1,506,400				1,506,400	373,382	0
Travel/PD of CHR's/Coord.		106,600				106,600	26,422	0
IAA w/PHS on Med. Info. Lab.		65,000				65,000	16,111	0
Consultant-History & Impact of CHR		16,000				16,000	3,966	0
Other	0	0				0	0	0
TOTAL - CHR	\$2,178,000	\$2,252,000 1/	\$0	\$0	\$0	\$2,252,000	\$558,190	\$0

1/ Tentative distribution; CHR Program to confirm numbers

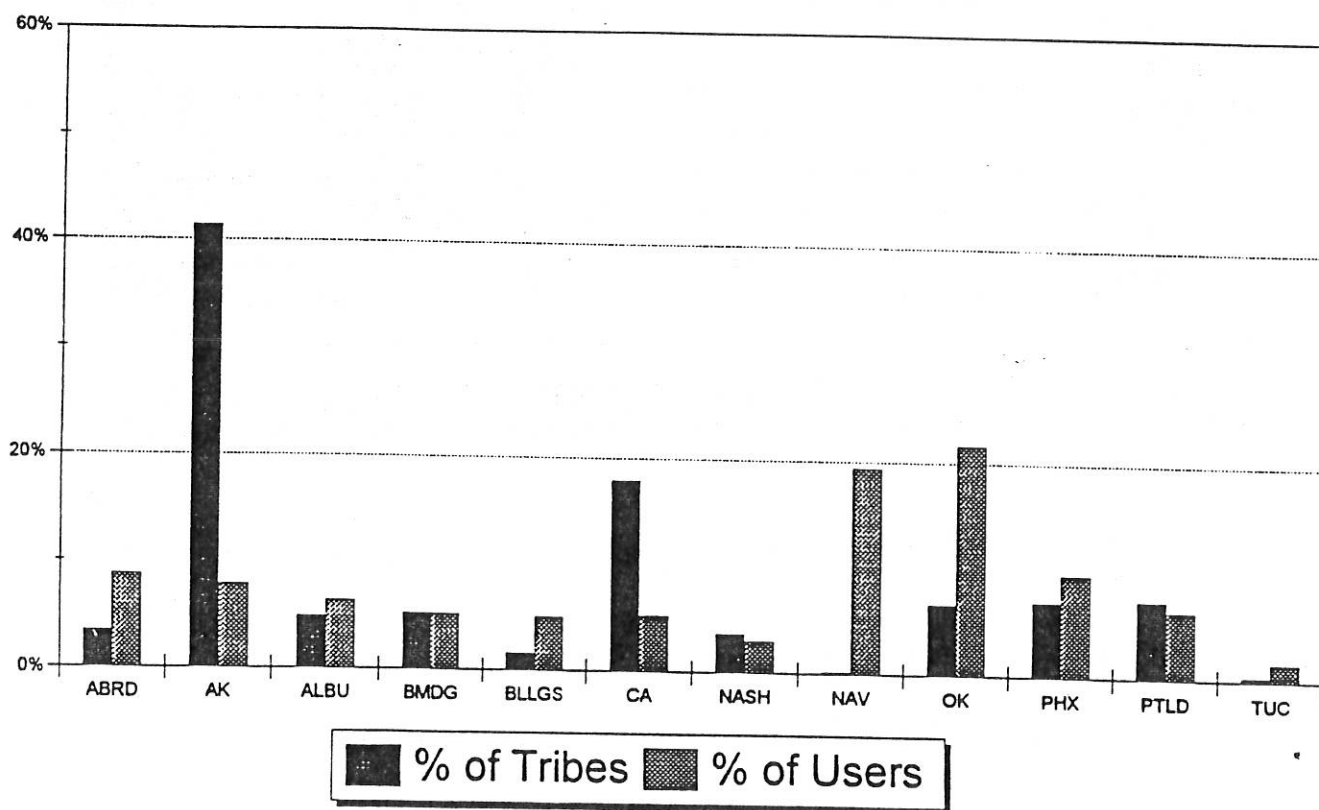
FY 1994 -- HEADQUARTERS FUNDS FOR FY 1995 COMPACT NEGOTIATIONS

BUDGET ACTIVITY/CATEGORY	FY 1993 COMPACT BASE/HQ (1)	FY 1994 HQ BASE/ RESERVE (2)	\$ AVAILABLE			TRIBAL COMPACT SHARES		
			\$ RESIDUAL (3)	\$ EARMARK (4)	PROGRAM FORMULA (5)	USER POPULATION FORMULA (6)	USER POPULATION FORMULA TOTALS (7)	PROGRAM FORMULA TOTALS (8)
INDIAN HEALTH PROFESSIONALS:								
Sec. 102 - Recruitmt Prog								
INMED Program	\$414,200	\$435,000			\$435,000	\$0	\$0	\$0
INMED Replication Program	204,800	215,000			215,000	0	0	0
MPH Projects	280,700	295,000			295,000	0	0	0
Sub-Total Recruitment	899,700	945,000	0	0	945,000	0	0	0
Sec. 105 - Extern Program	1,204,300	1,265,000		0	1,265,000	0	0	0
Sec. 103 - Preparatory Program	3,078,500	3,496,000		0	3,496,000	0	0	0
Sec. 104 - Scholarship Program								
Scholarship Program	7,578,300	7,702,000			7,702,000	0	0	0
Consultant Travel/Fees	50,000	70,000			70,000	0	0	0
Carryover for Conferences	200,000	200,000			200,000	0	0	0
Sub-Total Scholarship	7,828,300	7,972,000	0	0	7,972,000	0	0	0
Sec. 110 - Tribal Recruitment/Retention	540,700	567,000		0	567,000	0	0	0
Sec. 112 - Nursing Program	1,557,500	1,635,000		0	1,635,000	0	0	0
Sec. 108 - Loan Repaymnt Prog								
Office Staff & Operations	524,000	550,400			550,400	0	0	0
Grants to Loan Recipients	10,459,000	10,975,600			10,975,600	0	0	0
Sub-Total Loan Repayment	10,983,000	11,526,000	0	0	11,526,000	0	0	0
TOTAL - INDIAN HLTH PROFESSIONS	\$26,092,000	\$27,406,000	\$0	\$0	\$27,406,000	\$0	\$0	\$0

FY 1994 -- HEADQUARTERS FUNDS FOR FY 1995 COMPACT NEGOTIATIONS

BUDGET ACTIVITY/CATEGORY	FY 1993 COMPACT BASE/HQ (1)	FY 1994 HQ BASE/ RESERVE (2)	\$ RESIDUAL (3)	\$ EARMARK (4)	\$ AVAILABLE		TRIBAL COMPACT SHARES	
					PROGRAM FORMULA (5)	USER POPULATION FORMULA (6)	USER POPULATION FORMULA TOTALS (7)	PROGRAM FORMULA TOTALS (8)
TRIBAL MANAGEMENT:								
Review Applications	\$24,000	\$90,000		\$90,000			\$0	\$0
Workshop on Grant Writing	8,843	0		0			0	0
Tribal Management Grants	5,127,915	5,195,000		0	5,195,000		0	0
TOTAL - TRIBAL MANAGEMENT	\$5,160,758	\$5,285,000	\$0	\$90,000	\$5,195,000		\$0	0
TOTAL HEADQUARTERS	FY 1994 \$344,120,620	\$446,645,547	\$14,837,984	\$105,382,682	\$261,756,428	\$64,668,454	\$12,375,716	\$0

COMPARISON OF TRIBES & IHS USERS BY AREA



COMPARISON OF TRIBES AND IHS ACTIVE USERS

AREA	# OF TRIBES	%	USER POP	%
Aberdeen	19	3.5%	104,443	8.8%
Alaska	227	41.4%	93,722	7.9%
Albuquerque	27	4.9%	76,253	6.4%
Bemidji	29	5.3%	62,057	5.2%
Billings	9	1.6%	60,021	5.0%
California	98	17.9%	62,569	5.2%
Nashville	20	3.6%	35,302	3.0%
Navajo	1	0.2%	230,974	19.4%
Oklahoma	37	6.8%	257,421	21.6%
Phoenix	39	7.1%	114,202	9.6%
Portland	40	7.3%	75,866	6.4%
Tucson	2	0.4%	19,707	1.7%
Total	548	100.0%	1,192,537	100.0%

- There are 12 IHS Areas serving 548 Tribes and 1,192,537 Active Users (FY93 data)
- The average Active User count per Tribe is 2,176
- 80% of Tribes have populations under 2,176 Active users
20% of Tribes have populations over 2,176 Active Users
- Areas such as Navajo and Oklahoma have a higher percentage of Active users compared to Tribal governments
- Areas such as Alaska and California have a higher percentage of Tribal governments compared to Active users
- There are unique geographic factors and health delivery systems across and within each IHS Area

Discussion of Distribution Methodologies Used in Indian Health Service Self Governance Compacts

A distribution methodology is a formula used to calculate resources for individual tribal compacting of compactable resources from Indian Health Service. There are three formulae available for shared resources categories that do not already have a specific distribution method; the 30/70 Distribution, the 100% Active User population, and the Adjusted User Size Population Distribution methodology as proposed by the Joint Tribal/IHS Allocation Methodologies Workgroup.

30/70 Distribution Methodology:

This formula has been in use for the past two years in compact negotiations. This formula divides the available resources in two parts, 30% for Tribal Entities and 70% for Active Users. The Tribal Entities part is then proportionately allocated by the total number of tribes. The Active User part is proportionately allocated by the number of active users in the tribe (or tribal service area) to the total Active User population. The resources are added to give the 30/70 distribution amount. The feature of this formula is that it recognizes a fixed resource base for each tribe regardless of size and a variable resources based on population size.

100% Active User Methodology:

This formula has been in limited use in compact negotiations. This formula simply takes the number of Active Users of the tribe in proportion to the total number of active users. The feature of this formula is its simplicity and understanding that it is entirely based on tribal size, the larger the tribe, the greater the proportionate resources.

Adjusted User Size Population Distribution Methodology

This formula recognizes the strengths of both of the existing formulae, and divides the resources variably based on the Tribal Size Adjustment amount and the Active User amount. This formula adjusts resources at three levels:

1. for very small tribal populations (less than 25), resources are the tribal size amount is distributed at a flat rate of \$1,000 per user plus their proportionate share of the total number of active users,
2. for active user populations between 25 and 2,500, resources, the tribal size amount is distributed on a declining proportionate scale up to 2,500, plus the tribes proportionate share of the Active User amount,
3. for populations over 2,500, the distribution is based solely on the proportionate number of active users.

The feature of this method is that it recognizes small population groups just as the 30/70 methodology does, but also recognizes large population groups just as the 100% active user methodology.

COMPARISON OF TRIBES AND IHS ACTIVE USERS

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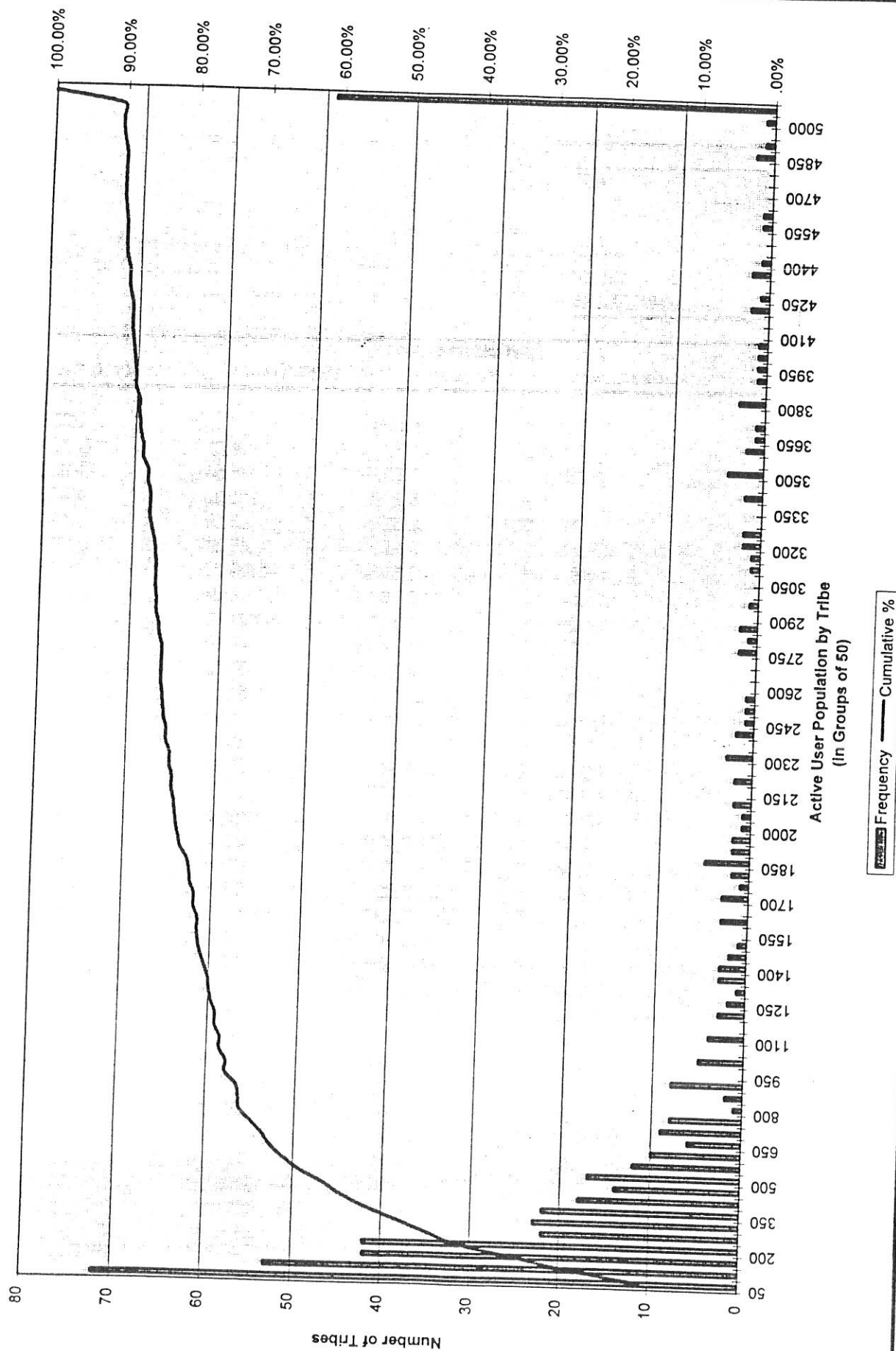
Self Governance Distribution Formula Comparison
Example Tribal Population
Abbreviated Table

Variables:

Flat Rate Amount	\$	1,000
Tribal Population Break Point		25
User Increment	\$	10
Base Percentage		0.04%
Ceiling	\$	25,000
Distribution Amount	\$	64,668,454

Tribe/ Consortium	Active Users	Adjusted User			30/70 Dist.
		Pop. Dist.	100% User Pop		
Tribe	0 \$	- \$	- \$		38,724
Tribe	20 \$	20,504 \$	516 \$		39,085
Tribe	40 \$	25,608 \$	1,033 \$		39,446
Tribe	60 \$	25,912 \$	1,549 \$		39,808
Tribe	80 \$	26,216 \$	2,065 \$		40,169
Tribe	100 \$	26,520 \$	2,582 \$		40,531
Tribe	1,000 \$	40,199 \$	25,816 \$		56,795
Tribe	1,020 \$	40,503 \$	26,332 \$		57,156
Tribe	1,040 \$	40,807 \$	26,848 \$		57,517
Tribe	1,060 \$	41,111 \$	27,365 \$		57,879
Tribe	1,080 \$	41,415 \$	27,881 \$		58,240
Tribe	2,000 \$	55,398 \$	51,632 \$		74,866
Tribe	2,020 \$	55,702 \$	52,148 \$		75,227
Tribe	2,040 \$	56,006 \$	52,664 \$		75,589
Tribe	2,060 \$	56,310 \$	53,180 \$		75,950
Tribe	2,080 \$	56,614 \$	53,697 \$		76,311
Tribe	2,400 \$	61,477 \$	61,958 \$		82,094
Tribe	2,420 \$	61,781 \$	62,474 \$		82,456
Tribe	2,440 \$	62,085 \$	62,990 \$		82,817
Tribe	2,460 \$	62,389 \$	63,507 \$		83,178
Tribe	2,480 \$	62,693 \$	64,023 \$		83,540
Tribe	2,500 \$	62,997 \$	64,539 \$		83,901
Tribe	2,520 \$	63,501 \$	65,056 \$		84,263
Tribe	2,540 \$	64,005 \$	65,572 \$		84,624
Tribe	2,560 \$	64,509 \$	66,088 \$		84,985
Tribe	2,580 \$	65,013 \$	66,605 \$		85,347
Tribe	2,600 \$	65,517 \$	67,121 \$		85,708
Tribe	3,000 \$	75,597 \$	77,447 \$		92,937
Tribe	4,000 \$	100,796 \$	103,263 \$		111,008
Tribe	5,000 \$	125,995 \$	129,079 \$		129,079
Tribe	6,000 \$	151,193 \$	154,895 \$		147,150
Tribe	7,000 \$	176,392 \$	180,710 \$		165,221
Tribe	8,000 \$	201,591 \$	206,526 \$		183,292
Tribe	9,000 \$	226,790 \$	232,342 \$		201,363
Tribe	10,000 \$	251,989 \$	258,158 \$		219,434
	2,505,000	\$64,668,454	\$64,668,454		\$64,668,454

Frequency Distribution of Active Users per Tribe



**Adjusted User Pop. Dist. vs.
100% Active User Population vs.
30/70 Distribution Methodologies**

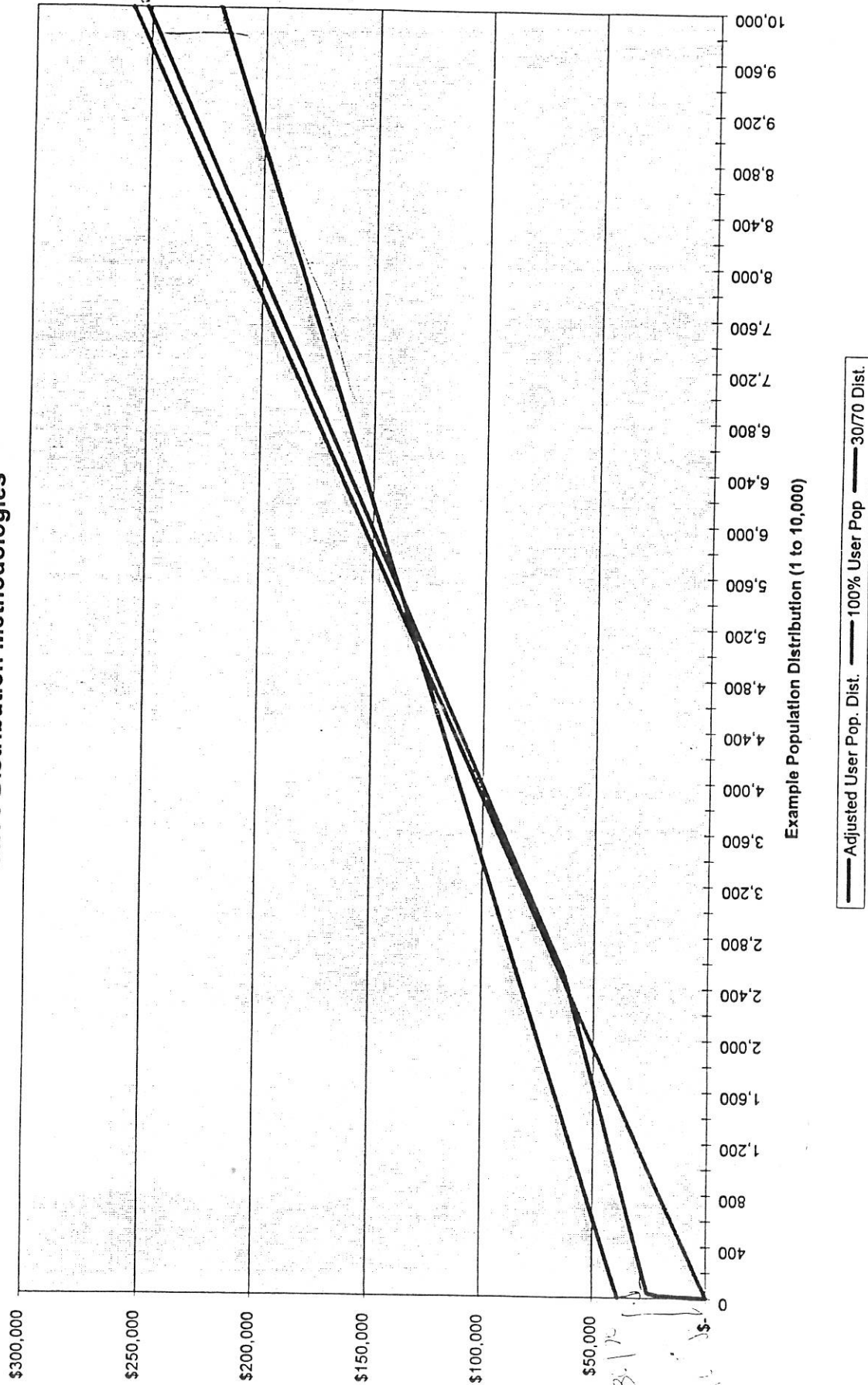
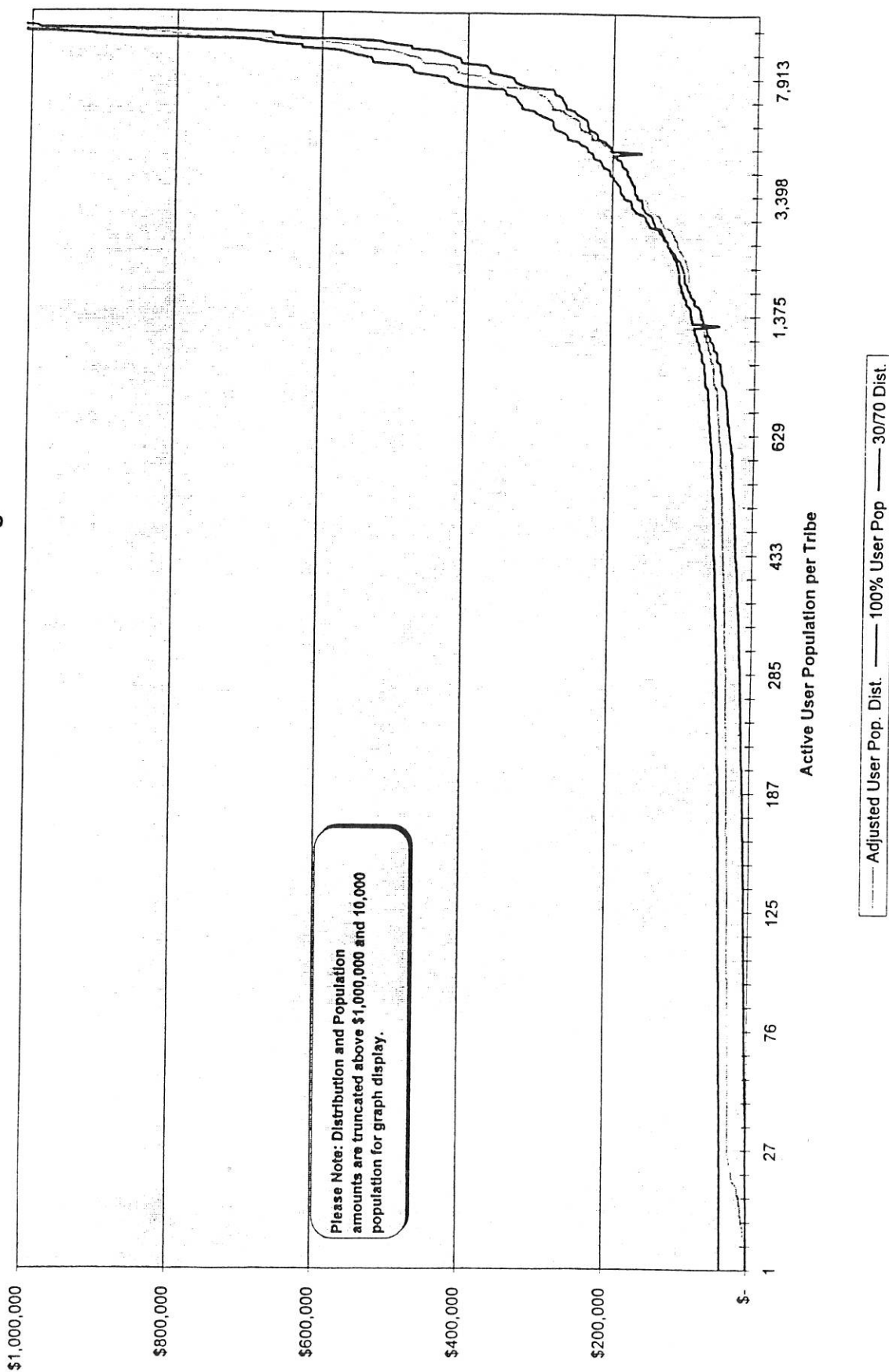


Chart 1, 1 to 10,000 Population

Adjusted User Pop. Dist. vs. 100% Active User Population vs. 30/70 Distribution Methodologies



**Adjusted User Pop. Dist. vs.
100% Active User Population vs.
30/70 Distribution Methodologies**

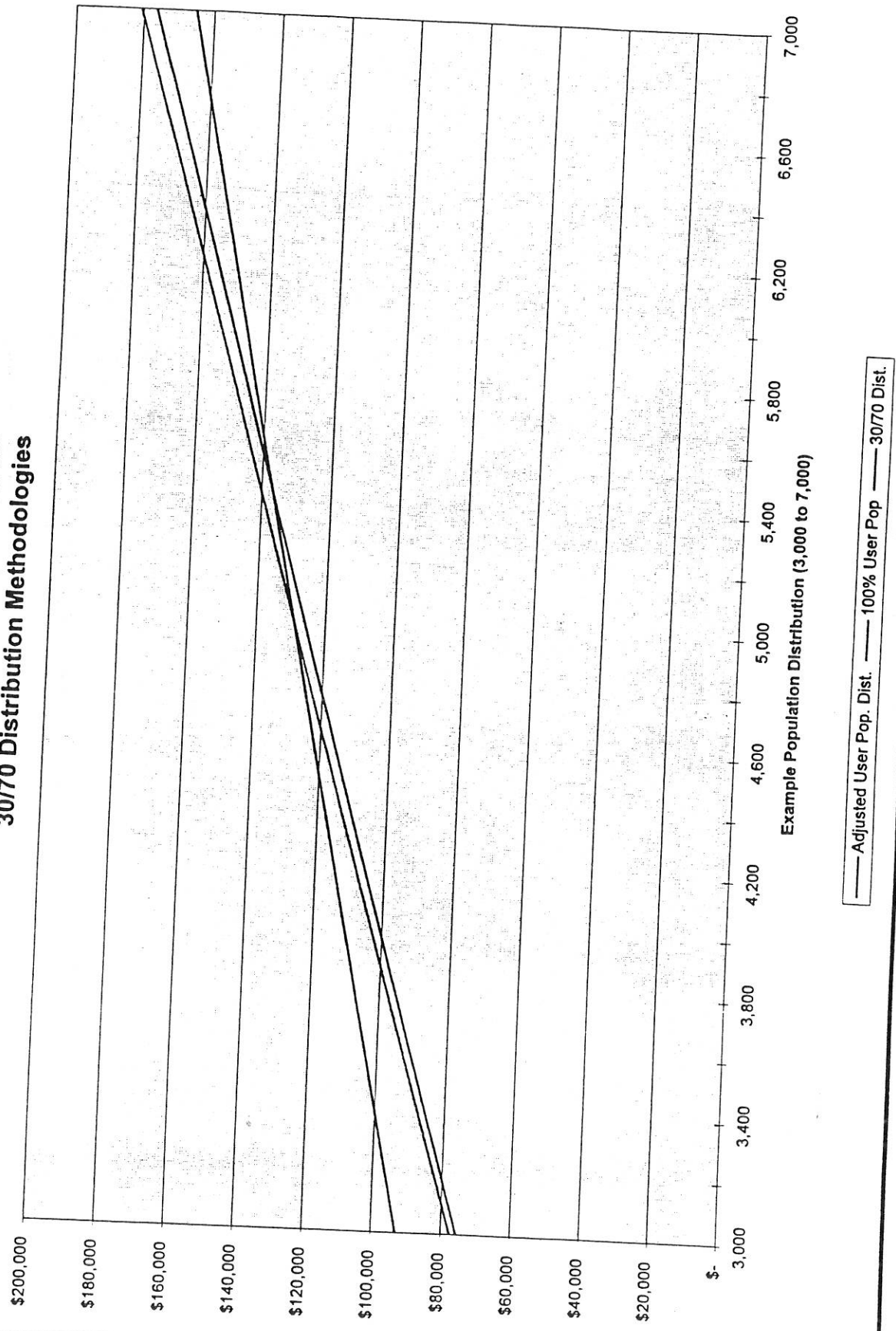


Chart 3, Expansion of Detail, 3,000 to 7,000 of 10,000 Total Population

**Adjusted User Pop. Dist. vs.
100% Active User Population vs.
30/70 Distribution Methodologies**

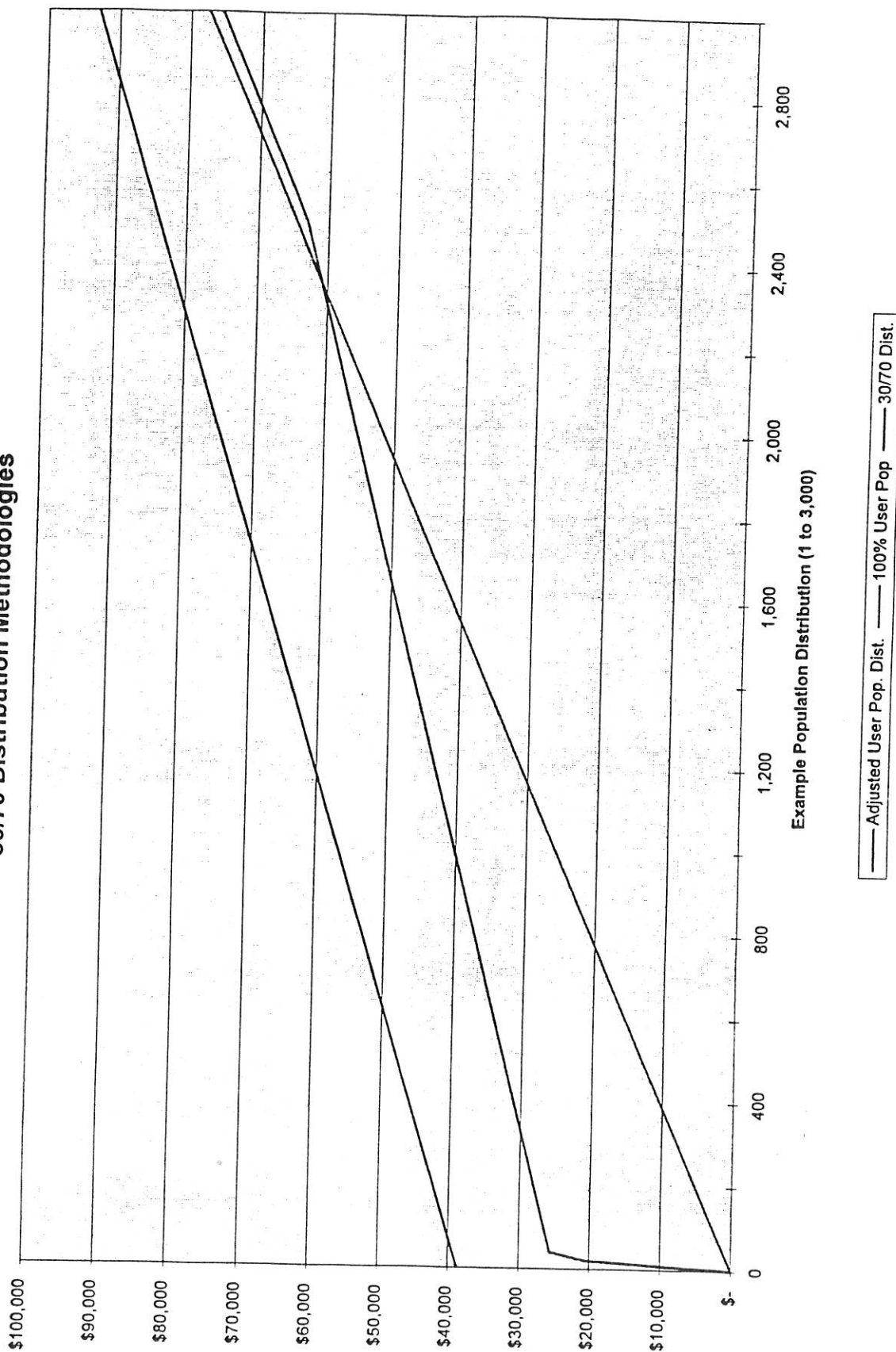


Chart 2, Expansion of Detail, 1 to 3,000 of 10,000 Total Population

Governance Distribution Formula Comparison Annual Tribal Population Amounts

Tables:

Rate Amount	\$	1,000
Annual Population Break Point		25
Rate Increment	\$	10
Rate Percentage		0.04%
Starting	\$	25,000
Distribution Amount	\$	64,668,454

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Tribal Consortium	Active Users	Adjusted User		100% User Pop	30/70 Dist.
		Pop.	Dist.		
ka - Tribes	1	\$	1,047	\$	54
ka - Tribes	1	\$	1,047	\$	54
ka - Tribes	1	\$	1,047	\$	54
mit Lake Reservation	1	\$	1,047	\$	54
Tribe	1	\$	1,047	\$	54
Tribe	1	\$	1,047	\$	54
Tribe	1	\$	1,047	\$	54
Tribe	1	\$	1,047	\$	54
ka - Tribes	2	\$	2,094	\$	108
ka - Tribes	2	\$	2,094	\$	108
ka - Tribes	2	\$	2,094	\$	108
ka - Tribes	2	\$	2,094	\$	108
ka - Tribes	2	\$	2,094	\$	108
Tribe	2	\$	2,094	\$	108
Tribe	4	\$	4,189	\$	217
ka - Tribes	4	\$	4,189	\$	217
ka - Tribes	4	\$	4,189	\$	217
Tribe	5	\$	5,236	\$	271
ka - Tribes	5	\$	5,236	\$	271
ka - Tribes	6	\$	6,283	\$	325
ka - Tribes	7	\$	7,331	\$	379
ka - Tribes	7	\$	7,331	\$	379
ka - Tribes	7	\$	7,331	\$	379
ka - Tribes	8	\$	8,378	\$	434
Tribe	8	\$	8,378	\$	434
Tribe	8	\$	8,378	\$	434
Tribe	8	\$	8,378	\$	434
Tribe	9	\$	9,425	\$	488
Tribe	9	\$	9,425	\$	488
Tribe	10	\$	10,472	\$	542
Tribe	10	\$	10,472	\$	542
Tribe	11	\$	11,520	\$	596
ka - Tribes	12	\$	12,567	\$	651
Tribe	12	\$	12,567	\$	651
ka - Tribes	13	\$	13,614	\$	705
Tribe	13	\$	13,614	\$	705
Tribe	16	\$	16,756	\$	867
ka - Tribes	18	\$	18,850	\$	976
ka - Tribes	19	\$	19,898	\$	1,030
ka - Tribes	20	\$	20,945	\$	1,084
Tribe	20	\$	20,945	\$	1,084
ka - Tribes	21	\$	21,992	\$	1,138

Tribes/ Consortium	Active Users	Adjusted User Pop. Dist.	100% User Pop	30/70 Dist.
CA - Tribe	21 \$	21,992 \$	1,138 \$	37,892
CA - Tribe	21 \$	21,992 \$	1,138 \$	37,892
Alaska - Tribes	23 \$	24,086 \$	1,247 \$	37,968
Alaska - Tribes	23 \$	24,086 \$	1,247 \$	37,968
Alaska - Tribes	24 \$	25,134 \$	1,301 \$	38,005
CA - Tribe	24 \$	25,134 \$	1,301 \$	38,005
CA - Tribe	24 \$	25,134 \$	1,301 \$	38,005
Modoc Tribe of Oklahoma	26 \$	25,968 \$	1,410 \$	38,081
CA - Tribe	27 \$	26,005 \$	1,464 \$	38,119
Alaska - Tribes	27 \$	26,005 \$	1,464 \$	38,119
Alaska - Tribes	28 \$	26,043 \$	1,518 \$	38,157
Alaska - Tribes	30 \$	26,117 \$	1,626 \$	38,233
CA - Tribe	32 \$	26,192 \$	1,735 \$	38,309
CA - Tribe	32 \$	26,192 \$	1,735 \$	38,309
CA - Tribe	32 \$	26,192 \$	1,735 \$	38,309
Skull Valley Reservation	33 \$	26,229 \$	1,789 \$	38,347
CA - Tribe	34 \$	26,266 \$	1,843 \$	38,385
Yomba Reservation	34 \$	26,266 \$	1,843 \$	38,385
Alaska - Tribes	35 \$	26,303 \$	1,897 \$	38,423
Alaska - Tribes	35 \$	26,303 \$	1,897 \$	38,423
Alaska - Tribes	35 \$	26,303 \$	1,897 \$	38,423
CA - Tribe	35 \$	26,303 \$	1,897 \$	38,423
CA - Tribe	36 \$	26,341 \$	1,952 \$	38,461
CA - Tribe	36 \$	26,341 \$	1,952 \$	38,461
Alaska - Tribes	41 \$	26,527 \$	2,223 \$	38,651
CA - Tribe	42 \$	26,564 \$	2,277 \$	38,689
Kaibab Reservation	42 \$	26,564 \$	2,277 \$	38,689
Alaska - Tribes	43 \$	26,601 \$	2,331 \$	38,726
Alaska - Tribes	48 \$	26,787 \$	2,602 \$	38,916
Alaska - Tribes	49 \$	26,825 \$	2,656 \$	38,954
Alaska - Tribes	53 \$	26,974 \$	2,873 \$	39,106
Alaska - Tribes	55 \$	27,048 \$	2,982 \$	39,182
Alaska - Tribes	55 \$	27,048 \$	2,982 \$	39,182
Alaska - Tribes	56 \$	27,085 \$	3,036 \$	39,220
Alaska - Tribes	58 \$	27,160 \$	3,144 \$	39,296
Alaska - Tribes	58 \$	27,160 \$	3,144 \$	39,296
Alaska - Tribes	58 \$	27,160 \$	3,144 \$	39,296
Prairie Island	60 \$	27,234 \$	3,253 \$	39,372
Alaska - Tribes	60 \$	27,234 \$	3,253 \$	39,372
Alaska - Tribes	61 \$	27,272 \$	3,307 \$	39,410
CA - Tribe	62 \$	27,309 \$	3,361 \$	39,448
Hoh	62 \$	27,309 \$	3,361 \$	39,448
Alaska - Tribes	64 \$	27,383 \$	3,470 \$	39,523
Alaska - Tribes	64 \$	27,383 \$	3,470 \$	39,523
Alaska - Tribes	64 \$	27,383 \$	3,470 \$	39,523
Alaska - Tribes	65 \$	27,420 \$	3,524 \$	39,561
Upper Sioux	66 \$	27,458 \$	3,578 \$	39,599
CA - Tribe	66 \$	27,458 \$	3,578 \$	39,599
CA - Tribe	66 \$	27,458 \$	3,578 \$	39,599
Alaska - Tribes	67 \$	27,495 \$	3,632 \$	39,637
Alaska - Tribes	68 \$	27,532 \$	3,686 \$	39,675
CA - Tribe	68 \$	27,532 \$	3,686 \$	39,675
		27,532 \$	3,686 \$	39,675

Tribe/ Consortium	Active Users	Adjusted User		100% User Pop	30/70 Dist.
		Pop. Dist.			
Alaska - Tribes	70 \$	27,607	\$	3,795	\$ 39,751
Alaska - Tribes	72 \$	27,681	\$	3,903	\$ 39,827
Alaska - Tribes	74 \$	27,756	\$	4,012	\$ 39,903
CA - Tribe	75 \$	27,793	\$	4,066	\$ 39,941
Alaska - Tribes	76 \$	27,830	\$	4,120	\$ 39,979
Alaska - Tribes	76 \$	27,830	\$	4,120	\$ 39,979
CA - Tribe	77 \$	27,867	\$	4,174	\$ 40,017
CA - Tribe	78 \$	27,905	\$	4,229	\$ 40,055
CA - Tribe	80 \$	27,979	\$	4,337	\$ 40,131
Alaska - Tribes	82 \$	28,054	\$	4,445	\$ 40,206
Alaska - Tribes	83 \$	28,091	\$	4,500	\$ 40,244
Alaska - Tribes	83 \$	28,091	\$	4,500	\$ 40,244
Alaska - Tribes	84 \$	28,128	\$	4,554	\$ 40,282
CA - Tribe	84 \$	28,128	\$	4,554	\$ 40,282
Sac and Fox Tribe Missouri in Ka	85 \$	28,165	\$	4,608	\$ 40,320
Kootenai	85 \$	28,165	\$	4,608	\$ 40,320
CA - Tribe	86 \$	28,202	\$	4,662	\$ 40,358
CA - Tribe	87 \$	28,240	\$	4,716	\$ 40,396
CA - Tribe	87 \$	28,240	\$	4,716	\$ 40,396
Alaska - Tribes	87 \$	28,240	\$	4,716	\$ 40,396
Alaska - Tribes	89 \$	28,314	\$	4,825	\$ 40,472
Alaska - Tribes	90 \$	28,351	\$	4,879	\$ 40,510
Alaska - Tribes	90 \$	28,351	\$	4,879	\$ 40,510
Alaska - Tribes	93 \$	28,463	\$	5,042	\$ 40,624
Alaska - Tribes	94 \$	28,500	\$	5,096	\$ 40,662
Shakopee	95 \$	28,538	\$	5,150	\$ 40,700
Alaska - Tribes	95 \$	28,538	\$	5,150	\$ 40,700
Alaska - Tribes	96 \$	28,575	\$	5,204	\$ 40,738
Warner Mountain	97 \$	28,612	\$	5,259	\$ 40,776
CA - Tribe	99 \$	28,687	\$	5,367	\$ 40,852
CA - Tribe	102 \$	28,798	\$	5,530	\$ 40,965
CA - Tribe	104 \$	28,873	\$	5,638	\$ 41,041
Alaska - Tribes	105 \$	28,910	\$	5,692	\$ 41,079
Alaska - Tribes	106 \$	28,947	\$	5,746	\$ 41,117
CA - Tribe	107 \$	28,984	\$	5,801	\$ 41,155
Alaska - Tribes	107 \$	28,984	\$	5,801	\$ 41,155
Alaska - Tribes	107 \$	28,984	\$	5,801	\$ 41,155
Alaska - Tribes	107 \$	28,984	\$	5,801	\$ 41,155
Alaska - Tribes	107 \$	28,984	\$	5,801	\$ 41,155
Alaska - Tribes	109 \$	29,059	\$	5,909	\$ 41,231
CA - Tribe	112 \$	29,171	\$	6,072	\$ 41,345
Alaska - Tribes	112 \$	29,171	\$	6,072	\$ 41,345
Alaska - Tribes	112 \$	29,171	\$	6,072	\$ 41,345
Alaska - Tribes	114 \$	29,245	\$	6,180	\$ 41,421
Alaska - Tribes	115 \$	29,282	\$	6,234	\$ 41,459
Goshute Reservation	115 \$	29,282	\$	6,234	\$ 41,459
CA - Tribe	116 \$	29,320	\$	6,289	\$ 41,497
Alaska - Tribes	118 \$	29,394	\$	6,397	\$ 41,573
Alaska - Tribes	118 \$	29,394	\$	6,397	\$ 41,573
Alaska - Tribes	119 \$	29,431	\$	6,451	\$ 41,611
Alaska - Tribes	121 \$	29,506	\$	6,560	\$ 41,686
Alaska - Tribes	121 \$	29,506	\$	6,560	\$ 41,686
Alaska - Tribes	121 \$	29,506	\$	6,560	\$ 41,686

Tribe/ Consortium	Active Users	Adjusted User		100% User Pop	30/70 Dist.
		Pop.	Dist.		
Sokaogon/Mole Lake	121	\$	29,506	\$ 6,560	\$ 41,686
Tonto apache Tribe	121	\$	29,506	\$ 6,560	\$ 41,686
CA - Tribe	125	\$	29,655	\$ 6,777	\$ 41,838
Alaska - Tribes	125	\$	29,655	\$ 6,777	\$ 41,838
Alaska - Tribes	126	\$	29,692	\$ 6,831	\$ 41,876
Paiute Tribe of Utah	129	\$	29,804	\$ 6,993	\$ 41,990
Alaska - Tribes	130	\$	29,841	\$ 7,048	\$ 42,028
Alaska - Tribes	132	\$	29,915	\$ 7,156	\$ 42,104
Alaska - Tribes	132	\$	29,915	\$ 7,156	\$ 42,104
Duckwater Shoshone Tribe	132	\$	29,915	\$ 7,156	\$ 42,104
CA - Tribe	133	\$	29,953	\$ 7,210	\$ 42,142
Alaska - Tribes	136	\$	30,064	\$ 7,373	\$ 42,256
Alaska - Tribes	137	\$	30,102	\$ 7,427	\$ 42,294
Stillaguamish	138	\$	30,139	\$ 7,481	\$ 42,332
CA - Tribe	139	\$	30,176	\$ 7,535	\$ 42,370
CA - Tribe	142	\$	30,288	\$ 7,698	\$ 42,483
CA - Tribe	145	\$	30,400	\$ 7,861	\$ 42,597
CA - Tribe	148	\$	30,511	\$ 8,023	\$ 42,711
Alaska - Tribes	149	\$	30,548	\$ 8,078	\$ 42,749
Alaska - Tribes	151	\$	30,623	\$ 8,186	\$ 42,825
Alaska - Tribes	151	\$	30,623	\$ 8,186	\$ 42,825
Shoalwater Bay	151	\$	30,623	\$ 8,186	\$ 42,825
Tunica-Biloxi	152	\$	30,660	\$ 8,240	\$ 42,863
Alaska - Tribes	153	\$	30,697	\$ 8,294	\$ 42,901
Alaska - Tribes	155	\$	30,772	\$ 8,403	\$ 42,977
Alaska - Tribes	157	\$	30,846	\$ 8,511	\$ 43,053
Chemehuevi Tribe	157	\$	30,846	\$ 8,511	\$ 43,053
CA - Tribe	158	\$	30,884	\$ 8,566	\$ 43,091
CA - Tribe	159	\$	30,921	\$ 8,620	\$ 43,129
Wampanoag of Gayhead	160	\$	30,958	\$ 8,674	\$ 43,166
Alaska - Tribes	160	\$	30,958	\$ 8,674	\$ 43,166
Alaska - Tribes	160	\$	30,958	\$ 8,674	\$ 43,166
Alaska - Tribes	161	\$	30,995	\$ 8,728	\$ 43,204
Alaska - Tribes	166	\$	31,182	\$ 8,999	\$ 43,394
Alaska - Tribes	167	\$	31,219	\$ 9,053	\$ 43,432
Fort Sill Apache Tribe of Oklaho	171	\$	31,368	\$ 9,270	\$ 43,584
CA - Tribe	171	\$	31,368	\$ 9,270	\$ 43,584
Alaska - Tribes	171	\$	31,368	\$ 9,270	\$ 43,584
Alaska - Tribes	172	\$	31,405	\$ 9,324	\$ 43,622
Winnemucca colony	173	\$	31,442	\$ 9,379	\$ 43,660
CA - Tribe	174	\$	31,479	\$ 9,433	\$ 43,698
Alaska - Tribes	175	\$	31,517	\$ 9,487	\$ 43,736
Alaska - Tribes	175	\$	31,517	\$ 9,487	\$ 43,736
Alaska - Tribes	175	\$	31,517	\$ 9,487	\$ 43,736
Kalispel	175	\$	31,517	\$ 9,487	\$ 43,736
Alaska - Tribes	179	\$	31,666	\$ 9,704	\$ 43,887
Micmac	179	\$	31,666	\$ 9,704	\$ 43,887
CA - Tribe	179	\$	31,666	\$ 9,704	\$ 43,887
Alaska - Tribes	181	\$	31,740	\$ 9,812	\$ 43,963
Forrest co. Potawatomi	181	\$	31,740	\$ 9,812	\$ 43,963
CA - Tribe	183	\$	31,815	\$ 9,921	\$ 44,039
Burns Paiute	184	\$	31,852	\$ 9,975	\$ 44,077
Alaska - Tribes	187	\$	31,964	\$ 10,138	\$ 44,191

Tribe/ Consortium	Active Users	Adjusted User		100% User Pop	30/70 Dist.
		Pop. Dist.			
Alaska - Tribes	189 \$	32,038 \$		10,246 \$	44,267
Alaska - Tribes	190 \$	32,075 \$		10,300 \$	44,305
Alaska - Tribes	191 \$	32,112 \$		10,354 \$	44,343
Alaska - Tribes	191 \$	32,112 \$		10,354 \$	44,343
Alaska - Tribes	198 \$	32,373 \$		10,734 \$	44,609
Alaska - Tribes	199 \$	32,410 \$		10,788 \$	44,646
Alaska - Tribes	199 \$	32,410 \$		10,788 \$	44,646
Sauk-Suiattle	199 \$	32,410 \$		10,788 \$	44,646
NW Band of Shoshone	201 \$	32,485 \$		10,897 \$	44,722
Alaska - Tribes	202 \$	32,522 \$		10,951 \$	44,760
Lovelock Colony	208 \$	32,746 \$		11,276 \$	44,988
Alaska - Tribes	209 \$	32,783 \$		11,330 \$	45,026
Picuris Pueblo	216 \$	33,043 \$		11,710 \$	45,292
Miami Tribe of Oklahoma	217 \$	33,081 \$		11,764 \$	45,330
Alaska - Tribes	222 \$	33,267 \$		12,035 \$	45,519
Alaska - Tribes	223 \$	33,304 \$		12,089 \$	45,557
Moapa Reservation	223 \$	33,304 \$		12,089 \$	45,557
Alaska - Tribes	225 \$	33,379 \$		12,198 \$	45,633
Lac Vieux Desert/Watersmeet	227 \$	33,453 \$		12,306 \$	45,709
CA - Tribe	227 \$	33,453 \$		12,306 \$	45,709
CA - Tribe	232 \$	33,639 \$		12,577 \$	45,899
Alaska - Tribes	233 \$	33,676 \$		12,631 \$	45,937
Alaska - Tribes	234 \$	33,714 \$		12,686 \$	45,975
Alaska - Tribes	234 \$	33,714 \$		12,686 \$	45,975
Kickapoo Tribe, Texas Band	236 \$	33,788 \$		12,794 \$	46,051
Alaska - Tribes	237 \$	33,825 \$		12,848 \$	46,088
Pequot	242 \$	34,012 \$		13,119 \$	46,278
Alaska - Tribes	243 \$	34,049 \$		13,174 \$	46,316
Alaska - Tribes	249 \$	34,272 \$		13,499 \$	46,544
CA - Tribe	250 \$	34,310 \$		13,553 \$	46,582
Alaska - Tribes	251 \$	34,347 \$		13,607 \$	46,620
Lower Sioux	251 \$	34,347 \$		13,607 \$	46,620
CA - Tribe	256 \$	34,533 \$		13,878 \$	46,810
CA - Tribe	256 \$	34,533 \$		13,878 \$	46,810
Alaska - Tribes	256 \$	34,533 \$		13,878 \$	46,810
CA - Tribe	258 \$	34,607 \$		13,987 \$	46,885
Pojoaque Pueblo	260 \$	34,682 \$		14,095 \$	46,961
Alaska - Tribes	262 \$	34,756 \$		14,204 \$	47,037
CA - Tribe	265 \$	34,868 \$		14,366 \$	47,151
Coushatta	267 \$	34,943 \$		14,475 \$	47,227
CA - Tribe	268 \$	34,980 \$		14,529 \$	47,265
Alaska - Tribes	270 \$	35,054 \$		14,637 \$	47,341
Alaska - Tribes	274 \$	35,203 \$		14,854 \$	47,493
Alaska - Tribes	275 \$	35,240 \$		14,908 \$	47,531
Ely shoshone council	277 \$	35,315 \$		15,017 \$	47,606
Alaska - Tribes	278 \$	35,352 \$		15,071 \$	47,644
Alaska - Tribes	279 \$	35,389 \$		15,125 \$	47,682
Alaska - Tribes	280 \$	35,427 \$		15,179 \$	47,720
Alaska - Tribes	282 \$	35,501 \$		15,288 \$	47,796
Yavapai-Prescott Tribe	285 \$	35,613 \$		15,450 \$	47,910
CA - Tribe	286 \$	35,650 \$		15,505 \$	47,948
CA - Tribe	290 \$	35,799 \$		15,721 \$	48,100
Northern Ponca Tribe of Nebraska	295 \$	35,985 \$		15,993 \$	48,290

Tribe/ Consortium	Active Users	Adjusted User		100% User Pop	30/70 Dist.
		Pop. Dist.			
Alaska - Tribes	305	\$ 36,358	\$	16,535	\$ 48,669
CA - Tribe	305	\$ 36,358	\$	16,535	\$ 48,669
Alaska - Tribes	306	\$ 36,395	\$	16,589	\$ 48,707
Tonkawa Tribe of Oklahoma	308	\$ 36,469	\$	16,697	\$ 48,783
Jamestown S'Klallam	312	\$ 36,618	\$	16,914	\$ 48,935
Alaska - Tribes	314	\$ 36,693	\$	17,023	\$ 49,011
CA - Tribe	316	\$ 36,767	\$	17,131	\$ 49,086
Alaska - Tribes	317	\$ 36,804	\$	17,185	\$ 49,124
Alaska - Tribes	321	\$ 36,953	\$	17,402	\$ 49,276
Alaska - Tribes	321	\$ 36,953	\$	17,402	\$ 49,276
Alaska - Tribes	322	\$ 36,991	\$	17,456	\$ 49,314
Houlton Band of Maliseet	322	\$ 36,991	\$	17,456	\$ 49,314
Alaska - Tribes	323	\$ 37,028	\$	17,510	\$ 49,352
Chitimacha	330	\$ 37,289	\$	17,890	\$ 49,618
Alaska - Tribes	332	\$ 37,363	\$	17,998	\$ 49,694
Alaska - Tribes	333	\$ 37,400	\$	18,053	\$ 49,732
Alaska - Tribes	334	\$ 37,438	\$	18,107	\$ 49,769
Grand Portage	336	\$ 37,512	\$	18,215	\$ 49,845
CA - Tribe	337	\$ 37,549	\$	18,269	\$ 49,883
Tesuque Pueblo	341	\$ 37,698	\$	18,486	\$ 50,035
Alaska - Tribes	344	\$ 37,810	\$	18,649	\$ 50,149
CA - Tribe	346	\$ 37,884	\$	18,757	\$ 50,225
Alaska - Tribes	354	\$ 38,182	\$	19,191	\$ 50,528
Alaska - Tribes	358	\$ 38,331	\$	19,408	\$ 50,680
Alaska - Tribes	360	\$ 38,406	\$	19,516	\$ 50,756
Alaska - Tribes	360	\$ 38,406	\$	19,516	\$ 50,756
Alaska - Tribes	364	\$ 38,555	\$	19,733	\$ 50,908
Ottawa Tribe of Oklahoma	364	\$ 38,555	\$	19,733	\$ 50,908
Alaska - Tribes	365	\$ 38,592	\$	19,787	\$ 50,946
CA - Tribe	365	\$ 38,592	\$	19,787	\$ 50,946
Alaska - Tribes	371	\$ 38,815	\$	20,113	\$ 51,174
Iowa Tribe of Kansas and Nebras	378	\$ 39,076	\$	20,492	\$ 51,439
CA - Tribe	385	\$ 39,337	\$	20,872	\$ 51,705
Sandia Pueblo	387	\$ 39,411	\$	20,980	\$ 51,781
Alaska - Tribes	389	\$ 39,486	\$	21,088	\$ 51,857
CA - Tribe	389	\$ 39,486	\$	21,088	\$ 51,857
Chehalis	392	\$ 39,597	\$	21,251	\$ 51,970
Alaska - Tribes	394	\$ 39,672	\$	21,360	\$ 52,046
CA - Tribe	394	\$ 39,672	\$	21,360	\$ 52,046
Upper Skagit	396	\$ 39,746	\$	21,468	\$ 52,122
Peoria Tribe of Oklahoma	403	\$ 40,007	\$	21,847	\$ 52,388
Alaska - Tribes	407	\$ 40,156	\$	22,064	\$ 52,540
Alaska - Tribes	412	\$ 40,342	\$	22,335	\$ 52,729
Alaska - Tribes	412	\$ 40,342	\$	22,335	\$ 52,729
Las Vegas Colony	419	\$ 40,603	\$	22,715	\$ 52,995
Alaska - Tribes	429	\$ 40,975	\$	23,257	\$ 53,375
Alaska - Tribes	433	\$ 41,124	\$	23,474	\$ 53,526
Delaware Tribe of Oklahoma	434	\$ 41,161	\$	23,528	\$ 53,564
Ysleta Del Sur Pueblo	439	\$ 41,347	\$	23,799	\$ 53,754
Coquille	441	\$ 41,422	\$	23,908	\$ 53,830
Hannahville MI Potawatomi	445	\$ 41,571	\$	24,124	\$ 53,982
Alaska - Tribes	447	\$ 41,645	\$	24,233	\$ 54,058
Alaska - Tribes	447	\$ 41,645	\$	24,233	\$ 54,058

Tribe/ Consortium	Active Users	Adjusted User		100% User Pop	30/70 Dist.
		Pop. Dist.			
Alaska - Tribes	449	\$ 41,720	\$ 24,341	\$ 54,134	
Alaska - Tribes	451	\$ 41,794	\$ 24,450	\$ 54,209	
Alaska - Tribes	454	\$ 41,906	\$ 24,612	\$ 54,323	
Wyandotte Tribe of Oklahoma	457	\$ 42,018	\$ 24,775	\$ 54,437	
CA - Tribe	458	\$ 42,055	\$ 24,829	\$ 54,475	
CA - Tribe	459	\$ 42,092	\$ 24,883	\$ 54,513	
Alaska - Tribes	459	\$ 42,092	\$ 24,883	\$ 54,513	
Yavapai-Apache	466	\$ 42,353	\$ 25,263	\$ 54,779	
CA - Tribe	467	\$ 42,390	\$ 25,317	\$ 54,817	
Coos	469	\$ 42,465	\$ 25,425	\$ 54,893	
Miccosukee	472	\$ 42,576	\$ 25,588	\$ 55,006	
Alaska - Tribes	476	\$ 42,725	\$ 25,805	\$ 55,158	
Alaska - Tribes	478	\$ 42,800	\$ 25,913	\$ 55,234	
CA - Tribe	481	\$ 42,911	\$ 26,076	\$ 55,348	
Alaska - Tribes	483	\$ 42,986	\$ 26,184	\$ 55,424	
Nambe Pueblo	483	\$ 42,986	\$ 26,184	\$ 55,424	
Alaska - Tribes	495	\$ 43,433	\$ 26,835	\$ 55,879	
Alaska - Tribes	497	\$ 43,507	\$ 26,943	\$ 55,955	
Havasupai Tribe	507	\$ 43,880	\$ 27,486	\$ 56,335	
San Ildefonso Pueblo	510	\$ 43,991	\$ 27,648	\$ 56,448	
Iowa Tribe of Oklahoma	516	\$ 44,215	\$ 27,973	\$ 56,676	
Santa Ana Pueblo	519	\$ 44,327	\$ 28,136	\$ 56,790	
Yerington Reservation & colony	530	\$ 44,736	\$ 28,732	\$ 57,207	
Quileute	531	\$ 44,773	\$ 28,787	\$ 57,245	
Alaska - Tribes	533	\$ 44,848	\$ 28,895	\$ 57,321	
Ak-Chin	533	\$ 44,848	\$ 28,895	\$ 57,321	
Alaska - Tribes	536	\$ 44,960	\$ 29,058	\$ 57,435	
Kickapoo Tribe of Kansas	538	\$ 45,034	\$ 29,166	\$ 57,511	
Suquamish	543	\$ 45,220	\$ 29,437	\$ 57,701	
Squaxin Island	544	\$ 45,257	\$ 29,491	\$ 57,739	
Shawnee Tribe, Eastern Oklahom	552	\$ 45,555	\$ 29,925	\$ 58,042	
Alaska - Tribes	553	\$ 45,593	\$ 29,979	\$ 58,080	
Alaska - Tribes	553	\$ 45,593	\$ 29,979	\$ 58,080	
Alaska - Tribes	554	\$ 45,630	\$ 30,033	\$ 58,118	
Alaska - Tribes	554	\$ 45,630	\$ 30,033	\$ 58,118	
Narragansett	559	\$ 45,816	\$ 30,305	\$ 58,308	
Alaska - Tribes	565	\$ 46,039	\$ 30,630	\$ 58,536	
Alaska - Tribes	580	\$ 46,598	\$ 31,443	\$ 59,105	
Cocopah Tribe	585	\$ 46,784	\$ 31,714	\$ 59,295	
McDermitt Reservation	594	\$ 47,119	\$ 32,202	\$ 59,636	
Alaska - Tribes	607	\$ 47,603	\$ 32,907	\$ 60,129	
Fort Mohave Tribe	618	\$ 48,013	\$ 33,503	\$ 60,547	
Cow Creek	621	\$ 48,125	\$ 33,666	\$ 60,661	
Fort McDowell reservation	629	\$ 48,423	\$ 34,099	\$ 60,964	
Alaska - Tribes	642	\$ 48,907	\$ 34,804	\$ 61,458	
Alaska - Tribes	645	\$ 49,019	\$ 34,967	\$ 61,571	
Alaska - Tribes	651	\$ 49,242	\$ 35,292	\$ 61,799	
Alabama-Coushatta	651	\$ 49,242	\$ 35,292	\$ 61,799	
Quapaw Tribe of Oklahoma	679	\$ 50,285	\$ 36,810	\$ 62,862	
Alaska - Tribes	684	\$ 50,471	\$ 37,081	\$ 63,051	
Alaska - Tribes	686	\$ 50,545	\$ 37,189	\$ 63,127	
Zia Pueblo	688	\$ 50,620	\$ 37,298	\$ 63,203	
Swinomish	690	\$ 50,694	\$ 37,406	\$ 63,279	

Tribe/ Consortium	Active Users	Adjusted User		100% User Pop	30/70 Dist.		
		Pop. Dist.					
	694	\$	50,843	\$	37,623	\$	63,431
Alaska - Tribes	694	\$	50,843	\$	37,623	\$	63,431
Alaska - Tribes	704	\$	51,216	\$	38,165	\$	63,810
Nooksack	710	\$	51,439	\$	38,491	\$	64,038
Port Gamble Klallam	714	\$	51,588	\$	38,707	\$	64,190
Alaska - Tribes	716	\$	51,662	\$	38,816	\$	64,266
Santee Sioux	730	\$	52,184	\$	39,575	\$	64,797
Passamaquoddy-Ind. Township	731	\$	52,221	\$	39,629	\$	64,835
Skokomish	734	\$	52,333	\$	39,792	\$	64,949
Alaska - Tribes	743	\$	52,668	\$	40,280	\$	65,290
Kaw Tribe of Oklahoma	764	\$	53,450	\$	41,418	\$	66,087
Alaska - Tribes	826	\$	55,759	\$	44,779	\$	68,440
Seneca-Cayuga Tribe of Oklaho	842	\$	56,354	\$	45,647	\$	69,047
Oneida Tribe of New York	851	\$	56,690	\$	46,134	\$	69,389
Sac & Fox of Iowa	851	\$	56,690	\$	46,134	\$	69,389
St. Croix	851	\$	56,690	\$	46,134	\$	69,389
Bay Mills	859	\$	56,987	\$	46,568	\$	69,692
Grand Traverse	875	\$	57,583	\$	47,436	\$	70,300
Lower Elwha	885	\$	57,956	\$	47,978	\$	70,679
Passamaquoddy-Pleasant Pt.	888	\$	58,067	\$	48,140	\$	70,793
Alaska - Tribes	889	\$	58,105	\$	48,195	\$	70,831
Alaska - Tribes	956	\$	60,600	\$	51,827	\$	73,373
Nett Lake/Bois Ft	977	\$	61,382	\$	52,965	\$	74,170
CA - Tribe	978	\$	61,419	\$	53,019	\$	74,208
Cochiti Pueblo	980	\$	61,493	\$	53,128	\$	74,284
Alaska - Tribes	991	\$	61,903	\$	53,724	\$	74,702
Walker River	1,062	\$	64,547	\$	57,573	\$	77,396
CA - Tribe	1,065	\$	64,659	\$	57,736	\$	77,510
Penobscot	1,073	\$	64,956	\$	58,170	\$	77,813
CA - Tribe	1,091	\$	65,627	\$	59,145	\$	78,496
Potawatomi Tribe, Prairie Band,	1,155	\$	68,010	\$	62,615	\$	80,925
Nisqually	1,157	\$	68,084	\$	62,723	\$	81,001
Red Cliff	1,197	\$	69,574	\$	64,892	\$	82,519
Wichita Tribe of Oklahoma	1,228	\$	70,728	\$	66,572	\$	83,695
Keweenaw Bay/L'anse	1,238	\$	71,101	\$	67,115	\$	84,075
Duckvalley Shoshone Tribe	1,262	\$	71,994	\$	68,416	\$	84,986
Fallon Reservation & Colony	1,326	\$	74,378	\$	71,885	\$	50,320
Navajo (Alamo)	1,327	\$	74,415	\$	71,939	\$	87,452
Mille Lacs	1,335	\$	74,713	\$	72,373	\$	87,756
Trenton Service Area (Turtle Mt.	1,367	\$	75,904	\$	74,108	\$	88,970
Pyramid Lake Reservation	1,375	\$	76,202	\$	74,542	\$	89,274
Saginaw/Mt. Pleasant	1,399	\$	77,096	\$	75,843	\$	90,185
Bad River	1,406	\$	77,357	\$	76,222	\$	90,450
Makah	1,418	\$	77,804	\$	76,873	\$	90,906
Caddo Tribe of Oklahoma	1,468	\$	79,665	\$	79,583	\$	92,803
Apache Tribe of Oklahoma	1,574	\$	83,613	\$	85,330	\$	96,826
Lower Brule Sioux	1,580	\$	83,836	\$	85,655	\$	97,053
CA - Tribe	1,588	\$	84,134	\$	86,089	\$	97,357
Flandreau Santee Sioux	1,663	\$	86,927	\$	90,155	\$	100,203
Poarch Band Creek	1,681	\$	87,597	\$	91,130	\$	100,886
Hualapai Tribe	1,696	\$	88,156	\$	91,944	\$	101,455
Canoncito Navajo	1,745	\$	89,980	\$	94,600	\$	103,315
Klamath	1,752	\$	90,241	\$	94,979	\$	103,580
TE MOAK Tribes of Western Sho							

Tribe/ Consortium	Active Users	Adjusted User		100% User Pop	30/70 Dist.		
		Pop. Dist.					
Taos Pueblo	1,780	\$	91,284	\$	96,497	\$	104,643
Santa Clara Pueblo	1,830	\$	93,146	\$	99,208	\$	106,540
Alaska - Tribes	1,832	\$	93,220	\$	99,316	\$	106,616
Santa Fe Urban	1,832	\$	93,220	\$	99,316	\$	106,616
Navajo (Ramah)	1,840	\$	93,518	\$	99,750	\$	106,920
Winnebago Tribe of Wisconsin	1,843	\$	93,630	\$	99,913	\$	107,034
San Juan Pueblo	1,874	\$	94,784	\$	101,593	\$	108,210
Jemez Pueblo	1,876	\$	94,859	\$	101,702	\$	108,286
Alaska - Tribes	1,904	\$	95,901	\$	103,220	\$	109,349
Otoe-Missouri Tribe of Oklahoma	1,937	\$	97,130	\$	105,009	\$	110,601
Alaska - Tribes	1,957	\$	97,875	\$	106,093	\$	111,360
Washoe Tribes of CA & NV	2,026	\$	100,444	\$	109,834	\$	113,978
Stockbridge-Munsee	2,065	\$	101,897	\$	111,948	\$	115,458
Southern Ute Tribe	2,087	\$	102,716	\$	113,141	\$	116,293
Umatilla	2,166	\$	105,658	\$	117,423	\$	119,291
CA - Tribe	2,190	\$	106,551	\$	118,724	\$	120,202
Seminole	2,266	\$	109,381	\$	122,844	\$	123,086
Lac Du Flambeau	2,272	\$	109,605	\$	123,170	\$	123,314
Muckleshoot	2,288	\$	110,201	\$	124,037	\$	123,921
Spokane	2,379	\$	113,589	\$	128,970	\$	127,374
Tulalip	2,390	\$	113,999	\$	129,567	\$	127,791
CA - Tribe	2,444	\$	116,010	\$	132,494	\$	129,841
Pawnee Tribe of Oklahoma	2,484	\$	117,499	\$	134,663	\$	131,359
Quinault	2,523	\$	119,182	\$	136,777	\$	132,839
San Felipe Pueblo	2,730	\$	128,960	\$	147,999	\$	140,694
Quechan Tribe	2,741	\$	129,479	\$	148,595	\$	141,111
Lac Courte Oreilles	2,793	\$	131,936	\$	151,414	\$	143,085
Coeur D'Alene	2,827	\$	133,542	\$	153,257	\$	144,375
Ute Mountain Tribe	2,835	\$	133,920	\$	153,691	\$	144,679
Isleta Pueblo	2,914	\$	137,652	\$	157,974	\$	147,676
Pascua Yaqui Tribe	3,063	\$	144,690	\$	166,051	\$	153,331
Nez Perce	3,123	\$	147,524	\$	169,304	\$	155,608
Reno/Sparks Colony	3,184	\$	150,406	\$	172,611	\$	157,923
Crow Creek Sioux	3,191	\$	150,737	\$	172,991	\$	158,188
Alaska - Tribes	3,208	\$	151,540	\$	173,912	\$	158,833
CA - Tribe	3,229	\$	152,532	\$	175,051	\$	159,630
Alaska - Tribes	3,381	\$	159,712	\$	183,291	\$	165,398
Alaska - Tribes	3,398	\$	160,515	\$	184,212	\$	166,043
Omaha Tribe of Nebraska	3,465	\$	163,680	\$	187,845	\$	168,586
Yankton Sioux	3,481	\$	164,436	\$	188,712	\$	169,193
Jicarilla Apache	3,487	\$	164,719	\$	189,037	\$	169,421
CRIT Reservation	3,494	\$	165,050	\$	189,417	\$	169,687
Winnebago Tribe of Nebraska	3,556	\$	167,978	\$	192,778	\$	172,039
Lummi	3,597	\$	169,915	\$	195,001	\$	173,595
Alaska - Tribes	3,642	\$	172,041	\$	197,440	\$	175,303
Acoma Pueblo	3,676	\$	173,647	\$	199,283	\$	176,593
Shoshone tribe	3,758	\$	177,521	\$	203,729	\$	179,705
Mescalero Apache	3,762	\$	177,709	\$	203,946	\$	179,857
Chippewa Cree Tribe	3,780	\$	178,560	\$	204,921	\$	180,540
Uintah-Ouray Reservation	3,892	\$	183,850	\$	210,993	\$	184,790
Fond Du Lac	3,950	\$	186,590	\$	214,138	\$	186,991
Sac and Fox Tribe of Oklahoma	3,975	\$	187,771	\$	215,493	\$	187,940
Grand Ronde	4,019	\$	189,850	\$	217,878	\$	189,609

Tribe/ Consortium	Active Users	Adjusted User		100% User Pop	30/70 Dist.
		Pop. Dist.			
Salt River Reservation	4,158 \$	196,416 \$		225,414 \$	194,884
Ponca Tribe of Oklahoma	4,178 \$	197,360 \$		226,498 \$	195,643
Haskell Health Center	4,214 \$	199,061 \$		228,450 \$	159,915
Gros-Ventre & Assinibone Tribes	4,314 \$	203,785 \$		233,871 \$	200,804
Santo Domingo Pueblo	4,327 \$	204,399 \$		234,575 \$	201,298
St. Regis Mohawk	4,389 \$	207,328 \$		237,937 \$	203,650
Warm Springs	4,514 \$	213,232 \$		244,713 \$	208,394
Devil's Lake Sioux	4,579 \$	216,303 \$		248,237 \$	210,861
Seneca	4,814 \$	227,404 \$		260,977 \$	219,778
Kickapoo Tribe of Oklahoma	4,847 \$	228,963 \$		262,766 \$	221,031
Siletz	4,869 \$	230,002 \$		263,958 \$	221,866
Alaska - Tribes	4,967 \$	234,631 \$		269,271 \$	225,585
Osage Tribe of Oklahoma	5,139 \$	242,756 \$		278,596 \$	232,112
Menominee	5,176 \$	244,504 \$		280,602 \$	233,516
Three Affiliated Tribes (Mandan/	5,209 \$	246,063 \$		282,390 \$	234,768
Sisseton-Wahpeton Sioux	5,211 \$	246,157 \$		282,499 \$	234,844
Laguna Pueblo	5,237 \$	247,386 \$		283,908 \$	235,831
Shoshone-Bannock	5,364 \$	253,385 \$		290,793 \$	240,650
Seminole Nation of Oklahoma	5,514 \$	260,471 \$		298,925 \$	246,342
Arapaho Tribe	5,636 \$	266,234 \$		305,539 \$	250,972
Puyallup	5,695 \$	269,021 \$		308,738 \$	253,211
Colville	5,990 \$	282,956 \$		324,730 \$	264,406
Red Lake	5,991 \$	283,003 \$		324,784 \$	264,444
White earth	6,048 \$	285,696 \$		327,874 \$	266,607
Absentee-Shawnee Tribe of Okla	6,095 \$	287,916 \$		330,422 \$	268,390
Oneida	6,130 \$	289,569 \$		332,320 \$	269,719
Norther Cheyenne	6,191 \$	292,451 \$		335,627 \$	272,033
Choctaw Tribe of Mississippi	6,399 \$	302,276 \$		346,903 \$	279,927
Sault Ste Marie	6,409 \$	302,749 \$		347,445 \$	280,306
Hopi Tribe	6,483 \$	306,244 \$		351,457 \$	283,114
Comanche Tribe of Oklahoma	7,287 \$	344,224 \$		395,043 \$	313,625
Leech Lake	7,595 \$	358,773 \$		411,740 \$	325,313
Confederated Salish and Kooten	7,817 \$	369,260 \$		423,775 \$	333,738
Cheyenne River Sioux	7,869 \$	371,716 \$		426,595 \$	335,711
Potawatomi Tribe, Citizen Band,	7,913 \$	373,795 \$		428,980 \$	337,381
Sioux & Assinibone Tribes	8,333 \$	393,635 \$		451,749 \$	353,319
Zuni Pueblo	8,730 \$	412,388 \$		473,271 \$	368,384
Standing Rock Sioux	8,748 \$	413,238 \$		474,247 \$	369,068
Kiowa Tribe of Oklahoma	8,813 \$	416,309 \$		477,771 \$	371,534
Cherokee Tribe of North Carolina	8,915 \$	421,127 \$		483,300 \$	375,405
Rapid City Hospital	9,770 \$	461,516 \$		529,652 \$	407,851
Crow Tribe	9,794 \$	462,649 \$		530,953 \$	408,762
Cheyenne-Arapaho Tribes of Okl	9,849 \$	465,247 \$		533,934 \$	410,849
San Carlos apache Tribe	10,168 \$	480,316 \$		551,228 \$	422,954
Blackfeet Tribe	10,398 \$	491,181 \$		563,697 \$	431,682
Yakima	10,660 \$	503,557 \$		577,900 \$	441,625
Turtle Mountain Chippewa	11,583 \$	547,158 \$		627,938 \$	476,651
Rosebud Sioux	11,586 \$	547,300 \$		628,101 \$	476,765
Chickasaw Nation of Oklahoma	12,387 \$	585,138 \$		671,524 \$	507,162
White Mountain Apache tribe	12,941 \$	611,307 \$		701,558 \$	528,185
Gila River Reservation	15,664 \$	739,937 \$		849,177 \$	631,519
Tohono O'odham Tribe	16,644 \$	786,230 \$		902,305 \$	668,708
Albuquerque Urban	17,593 \$	831,059 \$		953,752 \$	667,627

Tribe/ Consortium	Active Users	Adjusted User		100% User Pop	30/70 Dist.
		Pop. Dist.			
Ogalala Sioux	19,836	\$ 937,014	\$	1,075,350	\$ 789,840
Alaska - Tribes	25,029	\$ 1,182,321	\$	1,356,873	\$ 986,906
Creek Nation of Oklahoma	25,324	\$ 1,196,256	\$	1,372,866	\$ 998,101
Phoenix Service Area (PIMC)	34,347	\$ 1,622,485	\$	1,862,021	\$ 1,303,415
Choctaw Nation of Oklahoma	37,983	\$ 1,794,242	\$	2,059,136	\$ 1,478,490
CA Other Tribal	38,736	\$ 1,829,812	\$	2,099,957	\$ 1,507,065
Cherokee Nation of Oklahoma	97,374	\$ 4,599,756	\$	5,278,843	\$ 3,732,285
Navajo	230,974	\$ 10,910,757	\$	12,521,571	\$ 8,802,194
	1,192,880	\$ 64,668,454	\$	64,668,454	\$ 64,668,454

07/06/94

FY 1994
DISTRIBUTION OF DIRECTOR'S EMERGENCY FUND
HOSPITALS & CLINICS ONLY

<u>DATE OF ADVICE</u>	<u>AREA</u>	<u>AMOUNT</u>	<u>REC/N-R</u>	<u>COMMENTS</u>
BEGINNING BALANCE		\$4,000,000		In Reserves
02/09/94	HQE	(75,000)	N/R	Women's Health Program Travel/Conference Expenses
04/26/94	HQE	(26,000)	N/R	Nat'l Indian Hlth Board Grant Nat'l Summit on Indian Hlth Care Reform
06/07/94	Nashville	(165,000)	N/R	Mississippi Band of Choctaw TB Control Initiative
06/15/94	HQE	(25,000)	N/R	Inter-Agency Agreement w/BIA Alcohol Prevention Project at Pine Ridge
BALANCE 07/07/94		\$3,709,000		

FY 1993
DISTRIBUTION OF DIRECTOR'S EMERGENCY FUND
HOSPITALS & CLINICS FUNDS ONLY

<u>DATE OF ADVICE</u>	<u>AREA OFFICE</u>	<u>AMOUNT</u>	<u>COMMENTS</u>
	BEGINNING BALANCE	\$4,000,000	
	LESS ALLOCATIONS:		
11/30/92	Tucson	(306,000)	REC Pascua Yaqui - Tribal Hlth Program
		(400,000)	REC Tohono O'odham - EMS Program
01/21/93	Hdqtrs-East	(37,000)	N/R Detail of Suzanne Caviness
		(25,000)	N/R EEO Manual & Trng of Staff
		(25,000)	N/R EEO Trng Sexual Harassment
03/03/93	Hdqtrs-West	(445,000)	N/R Telecomm. Costs New Office Space
03/17/93	Hdqtrs-East	(60,000)	N/R Supplement LT Efficacy BCG Vaccine Study - John Hopkins
03/31/93	Nashville	(100,000)	N/R TB Program - Choctaw Indians
04/09/93	Hdqtrs-East	(160,000)	N/R JCAHO Survey Readiness Trng Classes
04/15/93	Hdqtrs-East	(28,000)	N/R TB Prev. Project Study
05/21/93	Hdqtrs-East	(25,000)	N/R IAA W/HRSA Clin'l/Acad. Clkships
06/09/93	Hdqtrs-East	(29,200)	REC Additional USUHS Medical Students
07/13/93	Aberdeen	(400,000)	N/R Wagner Service Unit
09/15/93	All Areas	(350,900)	N/R Add'l Spec. Pay Reimb. for Sept Est.
09/15/93	Hdqtrs-East	(100,000)	N/R Actuarial Contr: Hlth Care Reform
09/16/93	Phoenix	(400,000)	N/R Schurz SU & On-Going Program Needs
09/16/93	Portland	(100,000)	N/R Shoalwater Bay Research Study

BALANCE AVAILABLE 09/18/93 \$1,008,900

(1,008,900) N/R To Areas for Misc. Reimbmts
for PCS, Special Pay, Travel
and Other Program Needs.

DRM/BEB/Gatling

F Y 1992
DISTRIBUTION OF DIRECTOR'S EMERGENCY FUND
HOSPITALS & CLINICS ONLY

<u>DATE OF ADVICE</u>	<u>AREA OFFICE</u>	<u>AMOUNT ADVISED</u>	<u>STATUS</u>	<u>EXPLANATION</u>
09/22/92	Albuquerque	\$62,900	N/R	8/13/92 Per ARAM Distribution for existing programs and one time purchases. These funds are not to be used to establish new programs.
09/22/92	California	159,700	N/R	
09/22/92	Nashville	55,000	N/R	
09/22/92	Phoenix	150,300	N/R	
09/22/92	Bemidji	97,200	N/R	
09/22/92	Navajo	469,100	N/R	
09/22/92	Billings	62,000	N/R	
09/22/92	Portland	139,300	N/R	
09/22/92	Alaska	194,200	N/R	
09/22/92	Tucson	41,600	N/R	
09/22/92	Oklahoma	587,600	N/R	
09/22/92	Aberdeen	281,100	N/R	
09/18/92	Headquarters	24,300	N/R	Dev. Data set review goals & obj. ASAPB YR 2000
09/21/92	Headquarters	1,000,000	N/R	
09/15/92	Headquarters	150,000	N/R	
09/16/92	Various Areas	169,600	N/R	
01/14/92	Tucson	400,000	REC	
04/30/92	Tucson	306,300	REC	IAA w/GSA for Ambulances & Med Transport Vans Consultant to Define IHS Indirect Costs Additional PCS Allocations Tohono O'Odham Emerg. Med. Ser. Enhancement Three positions for Pascua Yaqui Tribe
TOTAL EMERGENCIES		\$4,350,200		

FY 94 IHS BUDGET BASE: ASSESSMENTS AND SERVICE AND SUPPLY FUND
SOURCE OF FUNDS: H & C (Except Where Noted)

SERVICES FOR ALL IHS AREAS	FY 93 PHS COST BREAKDOWN REPORT USED	FY 93 IHS ACTUALS	FY 1994 IHS ESTIMATE (or) PHS estimate	COST DISTRIBUTION METHODOLOGY
WORKING CAPITAL FUND				Note: FY 94: ALL COSTS FEE-FOR-SERVICE
Payroll	\$9,403,000	\$3,043,000	\$3,424,000	Workload units established by ASPER - \$ amount for each W-2 processed.
Charges for processing of W-2 forms	(\$138.20 @ acct'l (W-2) per year)			FY 92 costs are fee-for-service
Regional Personnel	2,302,000	0	Included above	Fee for service
Staffing, classification & compensation, employee relations, labor relations & processing actions	(533.80 @ regional person/acct @ yr.)			
EEO Complaint Investigation	514,000	98,000	24,000	Based on # of cases identified
Charges for EEO complaint cases conducted	(\$5,644.6 @ case)			
PMS	4,100,000	12,000	20,000	Fee for service
Payment Management System - Computerized system of grants & contracts to institutions/universities & states	(cost varies)			
Finance and Accounting	1,310,000	98,000	108,000	Workload units - FY 92 costs are allocable
Regional acct'g. system under Headquarters for FARS # of records kept in FARS database & Central Registry-based on Central Registry database (Payment/procurement/DCIS)	(allocable)			
Regional Finance and Administration	5,493,000	221,000	196,000	Based on workload units in regions
Transactions, including obligations, payments, advances, A/R etc. in system & small purchases/contracting dispute resolution. Small business utilization studies	(allocable)			FY 92 costs are allocable - FY 93 fee-for-service
Audit Resolution	265,000	12,000	12,000	Allocable
Responsible for resolving audit findings on grantee & contractor organizations which effect programs of more than one HHS OPDIV or Federal agency	(allocable)			
Mail/Information Locator	77,000	0	76	
Mail units processed & information location calls				
Unique Supplies	0	55,000	8,000	Based on IHS purchases/requisitions at warehouse
Charges for DHHS forms (HHS 99,355,651 etc.), badges, flags				
Reprographics	7777	15,869	15,000	Based on actual requests for printing/reprographics
Charges for printing and reproduction (specifics ordered by agency)				
TOTAL WORKING CAPITAL FUND	23,464,000	3,654,869	3,807,076	

**FY 94 IHS BUDGET BASE: ASSESSMENTS AND SERVICE AND SUPPLY FUND
SOURCE OF FUNDS: H & C (Except Where Noted)**

ADMINISTRATIVE SERVICES/SERVICE SYSTEMS	FY 93 PHS COST BREAKDOWN/ REPORT USED	FY 93 IHS ACTUALS	FY 1994 IHS ESTIMATE (or) PHS estimate	COST DISTRIBUTION METHODOLOGY
Relocation Relocation fees for employees transferring from other areas.	%age of assessment of house	410,303	0	Billed by relocation mgmt. companies based on percentage of final assessment of house (COST RECOVERED FROM AREAS)
Secretary's Assessments				
Safety Management Information System (93-S-3) (94-S-3) Department-wide computerized accident & injury reporting & analysis system required by DOL regulations.	22,330	6,500	6,500	Based on full-time equivalents
Safety, Health & Environment Prog. (93-S-4) (94-S-4) Department-wide environmental assessment of OPDIV/STAFFDIV compliance with federal, state & local environmental protection laws and regulations.	34,089	9,900	9,900	Based on full-time equivalents
Automated Information System Security (93-S-9) Joint HHS & contractor teams will review Automated Information Systems (AIS) and/or AIS facilities & develop specific security guidance as needed.	28,073	8,200	0	Based on full-time equivalents
Executive and Management Dev. Program (93-S-11) (94-S-11) Provides training & development activities for Senior Executives, candidates for SES, employees in Women's Management Training Initiative, & other Dept. l. mgmt. programs.	289,979	14,200	14,450	Based on total executive positions
Media Outreach (93-S-12) (94-S-12) Provides funding to Asst. Sec'y. for Public Affairs to support Secretarial Initiatives. (Public Service Announcements (PSAs), video news reports etc.	56,250	7,031	4,219	Distributed evenly to all PHS agencies
Procurement Management Reviews (93-S-13) (94-S-13) Implements ASMB's oversight mission in assuring Department compliance with Federal & HHS assistance (grants & coop agreements) procurement & logistics policies & 7 sub-projects.	398,022	39,800	21,850	Distributed based on procurement dollars

SECRETARY'S ASSESSMENTS CONTINUED ON PAGE 3

FY 94 IHS BUDGET BASE: ASSESSMENTS AND SERVICE AND SUPPLY FUND
SOURCE OF FUNDS: H & C (Except Where Noted)

	FY 93 PHS COST BREAKDOWN/ REPORT USED	FY 93 IHS ACTUALS	FY 1994 IHS ESTIMATE (or) PHS estimate	COST DISTRIBUTION METHODOLOGY
Quality Grants Management Project (93-S-17) (94-S-17) Establishes professional requirements for Grants Mgmt. Occupation, including training & certification. Part of total Quality Management Project of the President's Council on Management Improvement.	160,271	12,800	12,800	Based on number of grants management employees
Quality of Worklife Initiative (93-S-21) (94-S-21) Activities in support of Sec'y. Sullivan's Quality of Worklife Initiative. Includes: administration of Human Resources Mgmt. Index to measure morale, support of TOM, training courses for Quality Improvement Teams, workforce literacy	88,230	25,700	32,836	Based on full-time equivalents
Departmental Connectivity (93-S-22) (94-S-22) Develop umbrella network to improve computer connectivity in Department. Includes: Local Area Networks (LAN), software and fees.	39,512	4,939	5,000	Distributed evenly to all PHS agencies
Energy Program Review (94-S-9) Contract to allow OPD's access to expert in energy conservation & provide OIS with assistance needed for program initiatives		0	4,250	
President's Initiative on Rural Development (93-S-6) (94-S-6) Announced in Jan. '90 by President Bush. Involves all Cabinet Dep'ts, except State & Justice. Develops State Rural Development Councils to support rural America. Collaborates with Federal, State local gov'ts, & pvt. sector.	288,932	36,117	36,117	Distributed evenly to all PHS agencies (except OASH)
SUB-TOTAL ASSESSMENTS		185,197	147,922	

FY 94 IHS BUDGET BASE: ASSESSMENTS AND SERVICE AND SUPPLY FUND
SOURCE OF FUNDS: H & C (Except Where Noted)

	FY 93 PHS COST BREAKDOWN/ REPORT USED	FY 93 IHS ACTUALS	FY 1994 IHS ESTIMATE (or) PHS estimate	COST DISTRIBUTION METHODOLOGY
OASH Assessments				
Data Management System (92-H-1) (93-H-8) (94-H-10) Funds needed to support the Budget Information Table System (BITS) and Health Facilities System	100,000	33,511	33,511	Number of line items on the All Purpose Tables Total agency facilities maintained in the system
Office of Women's Health (92-H-2) (93-H-6) Continue activities of monitoring, overseeing and implementing goals & objectives of PHS Action Plan for Women's Health	600,000	57,000	0	Prorated to IHS based on FY 92 appropriation
National Academy of Sciences (92-H-3) (93-H-3) PHS provides funds to help sustain certain boards and committees affiliated with the Natl.Acad.Sci.	436,800	62,400	0	Distributed evenly to all PHS agencies (except OASH)
Federal Construction Council (92-H-4) (93-H-1) (94-H-7) Conducts studies & prepares evaluations of construction efforts & problems common to construction projects throughout the Federal Government	49,050	21,582	22,000	Based on percent of buildings and facilities
Information Collection Planning & Track System (92-H-5) (93-H-15) (94-H-05) Review & approval of all PHS agency information collection requests submitted for OMB approval & development & execution of PHS annual Information Collection Budget (ICB)	39,000	2,000	2,000	Based on annual distribution of projects for clearance & number of proposals in Information Collection Budget
PHS Employee Benefits Statements (92-H-6) Personalized statement of employee benefits sent to civilians. Included are: dollar value of benefits, annual/sick leave balances, health plan coverage and cost, disability & retirement benefits	60,000	DISCONTINUED	DISCONTINUED	Based on employment
Health Professional Credential Program (92-H-9) (93-H-2) (94-H-2) Contract with Federation of State Medical Boards and AMA to perform credentialing checks on PHS physicians & nurses	10,800	8,168	6,948	Proration to PHS agencies based on FY 91 usage.
International Health Bilateral Activities (92-H-10) (93-H-7) (94-H-3) Services directed toward meeting agency needs (Courtesy Associates Contract) as well as services provided by Off. of Intl. Health to fulfill Intl. program requirements	2,040,208	5,111	5,980	Based on workload estimates & IHS level of participation in Intl. health programs

FY 94 IHS BUDGET BASE: ASSESSMENTS AND SERVICE AND SUPPLY FUND
SOURCE OF FUNDS: H & C (Except Where Noted)

	<u>FY 93 PHS COST BREAKDOWN/ REPORT USED</u>	<u>FY 93 IHS ACTUALS</u>	<u>FY 1994 IHS ESTIMATE (or) PHS estimate</u>	<u>COST DISTRIBUTION METHODOLOGY</u>
EEO Activities (92-H-12) (93-H-12) (94-H-1) Office of Equal Opportunity operates and updates Affirm. Action Planning & Fed. EEO Recruitment Prog. & Mgmt. Inform. & Eval. Reports (MISER) System. Utilize automated research library.	65,000	18,926	18,526	Based on full-time equivalents
Procurement System Reviews (92-H-13) (93-H-4) (94-H-8) Perform procurement system reviews of PHS contracting offices by PHS staff and contractors	150,000	15,000	8,000	Prorated to IHS based on percentage of PHS obligations for contracts & purchases.
Standard Administrative Code System (92-H-16) (93-H-10) (94-H-12) Cost for operation and maintenance of PHS Standard Administrative Code System	22,000	3,000	3,000	Number of codes in system and number of code changes
Forms Management System (92-H-17) (93-H-11) (94-H-16) Operates as a PHS-wide on-line inventory of all forms available for use & production of PHS Forms catalog	22,600	2,300	2,350	Distribution of costs based on number of forms maintained in system.
TRACER System (92-H-18) (93-H-16) (94-H-16) ADP support services and supplies for the PHS Executive Secretariat's computerized correspondence tracking system	108,000	4,000	4,000	Prorated to IHS based on tally of vol. of controlled correspondence processed by TRACER (Computerized Tracking System)
National Disaster Medical System Task Force (92-H-19) (93-H-13) (94-H-6) Task Force from DoD, FEMA, VA & PHS to work toward establishing single natl. medical response dealing with national security emergencies	50,000	6,250	6,250	Distributed evenly to all PHS agencies
Office of Surgeon General (92-H-23) (93-H-09) (94-H-9) High priority initiatives related to mission of PHS agencies (substance abuse, pediatric AIDS, underage drinking, etc)	575,000	55,200	52,900	Prorated to IHS based on proportion of funds appropriated to PHS for FY 92.
Minority Male Grant Program (92-H-26) Complex health problems in minority males: shortened life expectancy, hypertension, incarceration, poverty, low insurance coverage, high unemployment	1,990,000	DISCONTINUED	0	Each agency should fund at least one coalition grant
SUBTOTAL OASH ASSESSMENTS		237,136	164,365	

NOTE: NEW OASH MEMO NUMBERS ASSIGNED EACH FY

FY 94 IHS BUDGET BASE: ASSESSMENTS AND SERVICE AND SUPPLY FUND
SOURCE OF FUNDS: H & C (Except Where Noted)

	FY 93 PHS COST BREAKDOWN REPORT USED	FY 93 IHS ACTUALS	FY 1994 IHS ESTIMATE (or) PHS estimate	COST DISTRIBUTION METHODOLOGY
Unemployment Compensation Compensation given to an employee who is released from job		679,655	700,000	Based on claims filed with DOL if employee was released. (filed by state) Two year lag period CHARGED TO PRIOR YEAR FUNDS
GPO Printing Printing for required direct patient care health forms		981,105	1,000,000	Based on demand for printing Some costs recovered from areas
Goals User Charges Charges to use GOALS Network to transmit data to Treasury		14,671	14,625	
Grants Training Program Training courses taken through Grants Mgmt. Branch		20,026	31,193	Includes Areas Estimates submitted to DRM from Grants Mgmt. Branch
Project Officer Training Training courses taken through Contracts & Grants Policy Branch		3,512	6,240	HQE ONLY Estimates submitted to DRM from DCGP
Procurement Training		12,972	18,800	HQE ONLY Estimates submitted to DRM from DCGP
Federal Register Changes to rules & regulations in gov't are printed here		23,125	23,000	Billed via OPAC (On-Line Payment & Collection) based on job
National Practitioner Data Bank Charges for areas & tribal facilities to query the data bank		10,634	24,072	\$10.00 per query
TOTAL ADMIN. SERVICES SYSTEM		2,615,638	2,130,211	

**FY 94 IHS BUDGET BASE: ASSESSMENTS AND SERVICE AND SUPPLY FUND
SOURCE OF FUNDS: H & C (Except Where Noted)**

SERVICE AND SUPPLY FUND	FY 93 PHS COST BREAKDOWN/ REPORT USED	FY 93 IHS ACTUALS	FY 1994 IHS ESTIMATE (or IHS estimate)	COST DISTRIBUTION METHODOLOGY
Auto Data Processing Umbrella System (Data Mgmt)	FORMULA	3,498,553	3,421,526	Total transactions from OFM-021 Report (%age) times
Charges for entries generated in acc'tg system for @ qtr.				Accrued expenses from SHR-131 report (Appropriation Project Status Report)
Fiscal Services	FORMULA	1,665,088	919,131	Accrued expenses from SHR-131 report plus Capital equip. & depreciation expenses.
Charges for financial and accounting reporting services				Memos sent to Branch Chiefs to distribute costs to agency.
Commissioned Officer Personnel	41.2%	2,126,614	2,435,423	FY 94 ESTIMATE BASED ON FY 93 ACTUAL
Prorated charges for Commissioned Corps officers based on payroll, billets, etc.				SHR-131 Report - Percentages provided by OASH
Computer Utilization by PCC:				
Direct Services	ACTUAL CHARGE	522,774	454,648	Contract agreement IHS & PCC- charges based on services provided for DCU
People with direct hook-up to PCC to maintain their database	16.8%	30,973	28,644	Contract agreement IHS & PCC- charges based on 16.8% of total PHS charges
PHS Grants & Data Reporting				
OASH database used to keep electronic file on Grants	7.5%	180,822	164,796	SHR-131 Report - Percentages provided by OASH
Regional Costs				
Charges based on what %age of regional employees are IHS employees	30.0%	352,947	452,578	SHR-131 Report - Percentages provided by OASH based on workload analysis done by facilities office
ASC Facilities Services				
Costs incurred to review plans for construction and renovation of facilities in PHS				
Fiber Optic Cable Contract		17,277	0	One time charge in FY 93
SUB-TOTAL SERVICE & SUPPLY FUND (ALL AREAS)		8,338,048	7,976,846	

FY 94 IHS BUDGET BASE: ASSESSMENTS AND SERVICE AND SUPPLY FUND
SOURCE OF FUNDS: H & C (Except Where Noted)

FEDERAL SERVICES ADMINISTRATION	FY 93 PHS COST BREAKDOWN/ REPORT USED	FY 93 IHS ACTUALS	FY 1994 IHS ESTIMATE (or) PHS estimate	COST DISTRIBUTION METHODOLOGY
Federal Communications (FTS) Federal Telecommunications System long-distance calls	GSA FORMULA	3,913,833	4,985,926	Based on phone usage & request for New Service Orders nationwide. Phone usage for lines based on GSA formula. FY 94 estimate based on actuals thru 3/31/94
Rental Space (SLUC) Charges for square footage for GSA assigned space for: Office, Storage, Parking, Special Use, ADP, Food	cost varies with location	8,081,470	9,763,377	Amount based on square footage FY 94 est. from Eleanor Matney; Not including projected space Includes reduction for Nashville
SUB-TOTAL FEDERAL SERVICES ADMIN.		11,995,303	14,749,303	
U.S. POSTAL SERVICE Mailing Costs Postage used by agencies	7,358,550	1,875,869	2,700,000	Pinney Bowes contract charges - actual meter usage FY 93 charges do not include: Alaska or overnight & express mail
LABOR DEPARTMENT/BEC Employee Accident Compensation Compensation given to an employee or spouse as a result of injury or death on the job	12,196,136	3,566,266	4,394,874	Based on actual claims filed by employee injured or killed on job. Filed with Personnel Office. Charges are for payments made 2 years prior CHARGED TO PRIOR YEAR FUNDS

FY 94 IHS BUDGET BASE: ASSESSMENTS AND SERVICE AND SUPPLY FUND
SOURCE OF FUNDS: H & C (Except Where Noted)

SERVICES FOR HEADQUARTERS - EAST ONLY	FY 93 PHS COST BREAKDOWN/ REPORT USED	FY 93 IHS ACTUALS	FY 1994 IHS ESTIMATE (of PHS estimate)	COST DISTRIBUTION METHODOLOGY
ADMINISTRATIVE SERVICES/SERVICE SYSTEMS				
Employee Counseling Service Program (EAP)				
Service provided by Federal Occupational Health Program (FEOHP) Part of PHS Parklawn Community charges	\$30.89/person	11,682	10,740	Per capita charges \$29.65 x 394 persons (Parklawn & Twinbrook bldgs.) (FY 93)
Parklawn Health Unit				
Part of agreement for Federal Employee Occupational Health Program Part of PHS Parklawn Community charges	Per capita (unavailable)	35,854	35,399	Employee population Parklawn/Twinbrook buildings x per capita charges \$93.00 x 394 persons
United Parcel Service				
Charges incurred when parcels are mailed	COST VARIES	6,489	8,983	Actual parcels
OPM Investigations				
Charges for security investigations (including NACI) for employees		20,679	62,000	Based on memo from Aaron Poolaw
GSA Supplies				
Supplies ordered from GSA		60,000	100,000	CHARGED TO D.O.P.S. FY 94 AMOUNT Per J. Gatling
Project Expansion				
Charges for: office renovations, boxes, laborers, reconfigure some workstations due to relocation of IHS employees in Twinbrook & Parklawn buildings		207,298	142,900	Based on work orders, moving companies, & systems furniture prices
SUB-TOTAL ADMIN SERVICES/SERV SYSTEMS		422,032	360,022	

FY 94 IHS BUDGET BASE: ASSESSMENTS AND SERVICE AND SUPPLY FUND
SOURCE OF FUNDS: H & C (Except Where Noted)

SERVICE AND SUPPLY FUND	FY 93 PHS COST BREAKDOWN/ REPORT USED	FY 93 IHS ACTUALS	FY 1994 IHS ESTIMATE (or) PHS estimate	COST DISTRIBUTION METHODOLOGY
Parklawn Personnel Office (Central) Cost for operation and management of Parklawn Training Center	5.8%	139,664	126,878	SHR-131 Report - Percentages provided by OASH based on population FY 94 estimates based on actuals thru 3/31/94
Administrative Service Center Cost for building operation, maintenance, security, parking office, library, includes Workforce Data.	7.4%	2,036,292	2,080,599	SHR-131 Report - Percentages provided by OASH FY 94 estimates based on actuals thru 3/31/94
Overtime Utilities (ASC) Part of building management. Cost for utilities used on overtime basis.	MEMO	7,229	2,755	Based on memo from Carolyn Austin's office (ASC) Prepared quarterly FY 94 estimates based on actuals thru 3/31/94
Parklawn Training Center (Technical Classes) Cost for technical classes (Lotus, Wordperfect etc) given by Parklawn Training Center	COST VARIES	7,095	8,186	Based on cost for each class IHS people take at Training Center - Training form HHS-350 CHARGED TO D. OPS.
Copier Paper Cost for copier paper used by each office.	18.90/box	14,604	17,928	CHARGED TO D. OPS. based on actual boxes per month per office
Carpet, Padding, Installation Cost for carpeting, padding and installation requested by office		17,693	35,000	Charged to Project Expansion (J942600) based on carpet installed.
Telephone Services: WITS (Washington Interagency Telecommunications System) Contract negotiated by GSA... Won by C&P to provide telecomm. service to move phones, disconnect phones, purchase & install phones in the Parklawn complex		49,316	0	Based on actual charges for IHS. Billed for Maintenance & Service monthly DISCONTINUED IN FY 94
GSA (Charges for dial tones and actual installation of lines)		147,469	7,000	Based on actual line charges & special feature equipment. Billed monthly FY 94 AMOUNT TO INCLUDE SMALL CHARGES FOR NON-RECURRING SERVICE
TIP (Telecommunication Improvement Project) Replaces WITS & GSA in FY 94. Charged monthly for system & optional phone costs... (Includes all new phone systems installed in IHS)		140,939	469,558	Part of G & P - TO REPLACE GSA AND WITS IN FY 94 FY 94 ESTIMATES INCLUDE ACTUALS THRU 3/31 & ESTIMATES FROM ANN FRENCH
Sub-total: SERVICE & SUPPLY FUND (H&C)		2,880,302	2,747,904	

FY 94 IHS BUDGET BASE: ASSESSMENTS AND SERVICE AND SUPPLY FUND
SOURCE OF FUNDS: H & C (Except Where Noted)

TELEPHONE/UTILITIES	FY 93 PHS COST BREAKDOWN REPORT USED	FY 93 IHS ACTUALS	FY 1994 IHS ESTIMATE (or) PHS estimate	COST DISTRIBUTION METHODOLOGY
ATT Private Line Service (2) lines: Rockville/Vernon Valley, Albuquerque/Window Rock		25,263	8,274	Based on actual usage Per Tom Fisher: lines disconnected 3/15/94
C & P Toll Calls from Area Code 301 (toll calls, message units, directory assistance, overseas calls, conference calls)		105,817	101,260	Based on actual usage
BELL ATLANTIC Cellular Phone charges for cellular & portable phone for Director, IHS		1,948	2,005	Based on actual usage
SW BELL Charges for 7 lines		16,513	1,525	Based on actual usage Discontinued as of 11/29/93: Per Ralph Hamblin, Oklahoma
US WEST COMMUNICATIONS Leased line from Albuquerque to San Mateo Blvd.		2,652	568	Based on actual usage Per Tom Fisher: Line cancelled 12/29/93
US WEST COMMUNICATIONS Circuit used to support INTERNET (ARIZONA) Circuit used to support INTERNET (NEW MEXICO)		0 0	4,500 3,600	Based on actual usage (installed Jan. 94) Based on actual usage (installed Apr. 94)
TOHONO O'ODHAM UTILITY AUTHORITY Charge for phone service		0	0	Based on actual usage
Sub Total: Telephone		152,184	121,733	
GRAND TOTAL		35,057,490	38,887,774	
ADJUSTED TOTAL (Less PY funds + D.Ops.)		30,729,900	33,666,800	ROUNDED

**ELEMENTS FOR CONSIDERATION
IN DETERMINATION OF
COMMISSIONED CORPS SALARY**

All categories (professions) share the same basic elements of pay. These are (with amounts for FY 1993) as follows:

<u>ELEMENT</u>	<u>RANGE OF PAY</u>	<u>HOW AMOUNT DETERMINED</u>
Base Pay	\$19,137 - \$69,703 per year. The first amount is for an O-1 with less than 2 years of service; the second, for an O-6 with more than 26 years of service.	Temporary Grade, determined by training and experience (undergraduate education, graduate education, and post-graduate education related to profession. For example, premed, medical school, residency)
Basic Allowance for Quarters	\$3,841 - \$9,716 per year. The first amount is for an O-1 with no dependents; the second, for an O-6 with dependents.	Different amounts for officers with dependents and who live in government quarters. This pay is non-taxable.
Subsistence Allowance	\$1,709 per year	All officers receive the same amount. This pay is non-taxable.
Variable Housing Allowance	FY 1994 amounts for this pay are not available.	The Division of Commissioned Personnel surveys all officers to determine the cost of living in duty station areas. The results of the survey are then compiled into amounts which are paid according to the Zip code of each duty station. This pay is nontaxable.
Cost of Living Allowance (COLA) Payable in Alaska only	Varies with grade, length of service, and duty station of the officer	Paid as a percentage of the officer's base pay.

Additional pays are available to members of some categories. These are as follows:

<u>CATEGORY</u>	<u>PAY</u>	<u>RANGE OF PAY</u>	<u>HOW AMOUNT DETERMINED</u>
Medical	Variable Special Pay	\$5,000 - \$12,000 per year.	Years of creditable service
Medical	Retention Special Pay	\$15,000 per year	Single amount for all officers
Medical	Board Certified Pay	\$2,000 - \$4,000 per year	Whether board certified and years of creditable

service			
<u>CATEGORY</u>	<u>PAY</u>	<u>RANGE OF PAY</u>	<u>HOW AMOUNT DETERMINED</u>
Medical	Incentive Special Pay - Hardship	\$8,000 - \$16,000 per year.	Site at which stationed (Only some sites eligible)
Medical	Incentive Special Pay - Specialty	\$3,000 - \$36,000 per year. First amount is for a FF or IM; the second for an orthopedic surgeon.	Specialty - OB is the only primary care specialty to receive this pay.
Medical	Multi-Year Retention Bonus	\$2,000 - \$14,000 per year. The first amount is for a Preventive Medicine specialist who signs a 1-year contract; the second, for an orthopedic surgeon who signs a 4-year contract.	Specialty and length of contract signed
Dental	Variable Special Pay	\$1,200 - \$6,000 per year	Officer's years of creditable service
Dental	Board Certified Pay	\$2,000 - \$4,000 per year	Officer's years of creditable service
Dental	Additional Special Pay	\$6,000 - \$10,000 per year	Have at least 3 years of creditable service and be on active duty for at least 3 years
Nurse	Accession Bonus	\$5,000 (one-time payment)	Sign contract to serve as commissioned officer for at least 4 years
Nurse Anesthetist	Nurse Anesthetist Pay	\$6,000 per year	Sign contract to remain on duty for at least 1 year
Optometrist	Special Pay	\$1,200 per year	Payable to all Optometrists on active duty

In addition to these pays, officers and civil service employees may be eligible to participate in the IHS Loan Repayment Program. Its benefits are as follows:

All Professions	Loan Repayment	up to \$30,000 per year, plus 30% of the contract amount, to go to the IRS for tax purposes	Profession, specialty, duty station
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Finally, P.L. 100-713 authorized the IHS to pay a Retention Bonus to physicians and nurses. We have been working with a committee to develop guidelines for the implementation of this bonus. A draft IHS policy issuance was circulated for comment and is now in process for final review. A summary of this authority follows.

<u>CATEGORY</u>	<u>PAY</u>	<u>RANGE OF PAY</u>	<u>HOW AMOUNT DETERMINED</u>
Medical and Nurse	Retention Bonus	Up to \$25,000 per year. This special pay is unique in that the legislation specifically requires that the full amount of the contract be paid at the beginning of the contract.	Requires that employee have been in the IHS for at least 3 years to be eligible and that they be stationed at a site which has been designated as one for which recruitment and retention are difficult. Factors to be considered in <u>determination of amount to be paid include duty station and length of contract signed.</u>

- for full
- for
- for

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
HEALTH RESOURCES AND SERVICES ADMINISTRATION
INDIAN HEALTH SERVICE
ROCKVILLE, MARYLAND

INDIAN SELF-DETERMINATION MEMORANDUM NO. 35-4

FUNDING OF NON-RECURRING PERSONNEL COSTS
UNDER P.L. 93-638 CONTRACTS

- Sec. 1. - Purpose
2. - Background
3. - Policy
4. - Effective Date

1. PURPOSE: To clarify the availability of funds to meet certain non-recurring personnel costs under P.L. 93-638 contracts and the requirements for obtaining such funding.
2. BACKGROUND: In addition to the amount budgeted for Indian Health Service (IHS) direct operations, funds are made available to meet certain non-recurring costs associated with personnel actions. Since the costs in this category cannot be predicted with any reasonable degree of accuracy, funds to meet these costs are currently made available on an as-indicated basis. Such costs are: (A) Commissioned Corps Retention Special Pay (Physicians); (B) Commissioned Corps Continuation Pay (Dentists); (C) Moving Cost for First Post of Duty; and (D) Continuing Medical Education (CME).

Funding for these non-recurring costs has not been made available to P.L. 93-638 contractors since the costs could not appropriately be included in the recurring base of the contract. It appears, however, that such similar costs could be reasonable and allowable costs incurred by the contractor.

Further study of this issue suggests that parity of treatment for P.L. 93-638 contractors and IHS direct operations requires that these non-recurring costs should be made available to P.L. 93-638 contractors on a basis comparable to IHS direct operations. Such fund availability should be subject to the same conditions as prescribed for the IHS, to insure that comparable obligations are assumed by the tribal employees who are receiving comparable benefits.

Distribution: IHS 110-129 Tab D, Tribes, Tribal Organizations
Date: September 20, 1985

09/20/85

INDIAN SELF-DETERMINATION MEMORANDUM NO. 85-4

Page 3

The standards by which IHS will evaluate the P.L. 93-638 contractor's personnel system regarding CME are the standards used for IHS direct operations.

To the extent available, non-recurring funds to support these costs (RSPE, CPE, Moving Costs for First Post of Duty, CME) will be considered when documented and requested by the contractor.

4. EFFECTIVE DATE: This policy will apply to P.L. 93-638 contracts with a period of performance beginning on or after the effective date of this policy (September 20, 1985).

Robert C. Krueger, M.D.
for G. H. Ivey
Acting Director
Indian Health Service

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
HEALTH RESOURCES AND SERVICES ADMINISTRATION
INDIAN HEALTH SERVICE
ROCKVILLE, MARYLAND

INDIAN SELF-DETERMINATION MEMORANDUM NO. 85-4

FUNDING OF NON-RECURRING PERSONNEL COSTS
UNDER P.L. 93-638 CONTRACTS

- Sec. 1. - Purpose
- 2. - Background
- 3. - Policy
- 4. - Effective Date

1. PURPOSE: To clarify the availability of funds to meet certain non-recurring personnel costs under P.L. 93-638 contracts and the requirements for obtaining such funding.
2. BACKGROUND: In addition to the amount budgeted for Indian Health Service (IHS) direct operations, funds are made available to meet certain non-recurring costs associated with personnel actions. Since the costs in this category cannot be predicted with any reasonable degree of accuracy, funds to meet these costs are currently made available on an as-indicated basis. Such costs are: (A) Commissioned Corps Retention Special Pay (Physicians); (B) Commissioned Corps Continuation Pay (Dentists); (C) Moving Cost for First Post of Duty; and (D) Continuing Medical Education (CME).

Funding for these non-recurring costs has not been made available to P.L. 93-638 contractors since the costs could not appropriately be included in the recurring base of the contract. It appears, however, that such similar costs could be reasonable and allowable costs incurred by the contractor.

Further study of this issue suggests that parity of treatment for P.L. 93-638 contractors and IHS direct operations requires that these non-recurring costs should be made available to P.L. 93-638 contractors on a basis comparable to IHS direct operations. Such fund availability should be subject to the same conditions as prescribed for the IHS, to insure that comparable obligations are assumed by the tribal employees who are receiving comparable benefits.

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Date: September 20, 1985

The standards by which IHS will evaluate the P.L. 93-638 contractor's personnel system regarding CME are the standards used for IHS direct operations.

To the extent available, non-recurring funds to support these costs (RSPE, CPE, Moving Costs for First Post of Duty, CME) will be considered when documented and requested by the contractor.

4. EFFECTIVE DATE: This policy will apply to P.L. 93-638 contracts with a period of performance beginning on or after the effective date of this policy (September 20, 1985).

Robert C. Krausberg M.D.
for G. H. Ivey
Acting Director
Indian Health Service

