



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

PORTLAND AREA
INDIAN HEALTH SERVICE
1414 NW NORTHROP, Suite 800
PORTLAND, OREGON 97209

NOV 10 2010

Dear Tribal Leaders:

Enclosed you will find the revised Summary of Programs, Functions, Services, and Activities of the Portland Area Indian Health Service. The purpose of this document is to accurately describe for Tribes and tribal organizations residual and contractible Area-level Federal programs, functions, services, and activities (PFSAs) and associated tribal shares. The Portland Area PFSA summary originated in the early 90's to help Tribes determine which PFSAs to contract or compact. In January 2008, at the Quarterly Board Meeting of the Northwest Portland Area Indian Health Board, I announced the Area's intent to undertake the first revision of the document since 1999.

A select team of Area staff worked through the document line-by-line, editing for clarity and ensuring accurate descriptions of the PFSAs. On March 1, 2010 a team of tribal representatives convened at the Area Office to critique the document and offer their recommendations. Of particular concern was ensuring that Tribes and tribal organizations would find the document useful. The tribal team's review included a side-by-side comparison of the 1999 document and the updated version. Following another round of editing to incorporate the tribal reviewers' input, the document now is ready for distribution.

I thank Area staff who worked on this assignment, and I commend particularly their diligence. I especially thank the tribal representatives who participated for helping ensure a document that speaks to the needs of Tribes.

Sincerely,

A handwritten signature in black ink, which appears to read "Doni Wilder".

Doni Wilder
Director



PORTLAND AREA

A SUMMARY OF PROGRAMS, FUNCTIONS, SERVICES, AND ACTIVITIES

September 14, 2010

**Department of Health and Human Services
Indian Health Service**

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Background and Introduction

This document serves as a reference guide and resource manual to assist Indian Tribes and Tribal Organizations in understanding residual and contractible Federal programs, functions, services, and activities (PFSAs) at the Area level, pursuant to the Indian Self Determination and Education and Assistance Act (ISDEAA or Act) (P.L. 93-638, as amended). Indian Tribes and Tribal Organizations are encouraged to refer to, and use this document when considering whether to contract PFSAs and the associated Area-level shares from the Indian Health Service (IHS).

The PFSAs identified in this manual are administered by the IHS and delivered to members of federally-recognized Tribes, and other eligible beneficiaries. Through the ISDEAA, Tribes and Tribal organizations can assume the responsibility to provide and administer a majority of these PFSAs to Indian beneficiaries on behalf of the IHS. In certain instances, some PFSAs cannot be legally transferred to an Indian Tribe or Tribal Organizations pursuant to the ISDEAA because the PFSA are inherently Federal functions or not contractible. Those particular non-contractible PFSAs are identified as “residual”.

For the past four decades, the ISDEAA has afforded Indian Tribes and Tribal Organizations opportunities to demonstrate, exercise, and strengthen their ability to administer complex healthcare management systems, maintain fiscal accountability, and execute sound business practices while delivering appropriate healthcare services to American Indians/Alaskan Natives.

As Tribal governments have broadened their self-determination pursuits in the healthcare delivery arena, it has become necessary for the IHS at the Area level to clearly define and identify those PFSAs which can be lawfully contracted by Indian Tribes and Tribal Organizations. This manual represents the best assessment of the Portland Area IHS as to the PFSAs that Indian Tribes and Tribal Organizations are eligible to contract pursuant to P.L. 93-638, as amended.

Below are definitions of key terms used throughout this manual. Additional terminology and definitions can be found in 25 C.F.R. Part 900 (P.L. 93-638 Regulations) and the Act (25 U.S.C. 450 et.seq).

Programs, Functions,
Services, and Activities
(PFSAs)

PFSAs are those programs, services, functions, and activities that are contractible pursuant to P.L. 93-638, as amended, including those administrative activities supportive of, but not included as part of, service delivery programs that are otherwise contractible, without regard to the organizational level within the department that carries out such functions.

Tribal Share	An Indian Tribe's portion of all funds and resources that support secretarial PFSAs that are not required by the Secretary for performance of inherently Federal functions.
Retained Tribal Shares	Those funds that are available as a Tribal share but which the Tribe elects to leave with the IHS to administer.
Inherently Federal Functions	Those Federal functions which legally cannot be delegated to Indian Tribes or Tribal Organizations. This term is referred to as, or used interchangeably with, "residual." See Appendix A – OMB Definition of "inherently governmental functions"
Annual Funding Agreement	Annual Funding Agreement (AFA) means a document that represents the negotiated agreement of the Secretary to fund, on an annual basis, the programs, functions, service and activities transferred to an Indian tribe or tribal organization under the Act.

This Manual should be used in conjunction with:

1. ISDEAA (25 U.S.C. §450, et. seq..) Title I and Title V
2. 25 C.F.R. Part 900, et. seq. (ISDEAA Regulations), and
3. 42 C.F.R. Part 36, et. al. (Tribal Self-Governance Amendments of 2000, Final Rule
4. **INTERNAL AGENCY PROCEDURES HANDBOOK FOR NON-CONSTRUCTION CONTRACTING UNDER TITLE I OF THE INDIAN SELF DETERMINATION AND EDUCATION ASSISTANCE ACT**, jointly published by the Department of the Interior and the Department of Health and Human Services.
5. Portland Area Tribal Shares Allocation Methodology
6. Portland Area OEHE Budget Book

The purpose of this document is to share information and illustrate the spectrum of Programs, Functions, Services, and Activities (PFSA) that historically have been supported by the Portland Area Office.

This document is organized into five sections:

- I. The Mission, Goal, and Foundation of the Indian Health Service
- II. Portland Area Office Residual Criteria Assumptions
- III. Definitions
- IV. Area Office Functional Statements
- V. Appendix A

I. The Mission, Goal, and Foundation of the Indian Health Service

The Indian Health Service provides a comprehensive health services delivery system for American Indians and Alaska Natives with opportunity for maximum Tribal involvement in developing and managing programs to meet their health needs.

The mission of the Indian Health Service, in partnership with American Indian and Alaska Native people, is to raise their physical, mental, social, and spiritual health to the highest level.

The Indian Health Service goal is to ensure that comprehensive, culturally acceptable personal and public health services are available and accessible to all American Indian and Alaska Native people.

The Indian Health Service mission and goal are based on its foundation to uphold the Federal Government's obligation to promote healthy American Indian and Alaska Native people, communities, and cultures, and to honor and protect the inherent sovereign rights of Indian Tribes.

In order to carry out its mission, attain its goal, and uphold its foundation, the Indian Health Service:

- Assists Tribes in developing their health programs through activities such as health management training, technical assistance, and human resource development.
- Assists Tribes in coordinating health planning, in obtaining and using health resources available through Federal, State, and local programs, and in operating comprehensive health care services and health programs.
- Provides comprehensive health care services, including hospital and ambulatory medical care, preventive and rehabilitative services, and development of community sanitation facilities.
- Serves as the principal Federal advocate in the health field for Indians to ensure comprehensive health services for Indian people.

II. Portland Area Office Residual Criteria Assumptions

Below are the assumed conditions for a Portland Area Office operating at residual level:

1. **All** Indian Tribes or Indian Organizations have compacted all PFSA's available under Title V of the Indian Self Determination and Education Assistance Act (ISDEAA), as amended.
2. **No** Federal employees are detailed to a Tribal program under an Intergovernmental Personnel Agreement (IPA) or Memorandum of Agreement (MOA).
3. **All** real and personal property is owned and operated by the Tribal programs with the exception of property or leasehold interest to support the residual Area Office PFSA.
4. **No** Area resources for contingencies are retained - resources from other agencies, or from a regional or headquarters office would be used to respond to natural disasters or major health crises.
5. The Agency is responsible for reporting, or assisting Indian Tribes and Tribal Organizations to report, to the U.S. Department of Health and Human Services or to Congress on the health status of the populations served, and it supports initiatives to elevate health status to the highest level possible consistent with Executive Branch initiatives.
6. All Indian Tribes acquire, manage, and dispose of property, supplies, pharmaceuticals, motor vehicles, etc. without support or assistance from the Agency. Retained Service Agreements and Buy-Back Agreements are not in place.

III. Definitions

Residual: “Those activities, functions, and services necessary for the United States government to fulfill and to maintain its moral and legal responsibilities based on treaties, statutes, and Executive Order that must be carried out by Federal officials.”*

* Report on the IHS/Tribal Residual Workgroup, February 1995 and Joint Allocation Methodology Workgroup, Final Report, January 25, 1995.

Title I Retained: “Title I Retained represents funding required for continued IHS administration of existing and future Title I contracts. The Title I Retained Amount provides for staffing that is required to evaluate, negotiate, and award proposals for assumption of Service Unit programs, Area Office and Headquarters shares; and to negotiate Annual Funding Agreements (AFA’s) required under P.L. 103-413, the Amendments to P.L. 93-638.”

Direct Service Transitional: “The amount of funds required for Indian Health Service-Portland and Area Office to administer IHS-direct programs, thereby avoiding reduction of their project or activities for those programs. This amount is in addition to the Residual and Title I Retained funds, which would be necessary if the tribes were to provide the same service under Title I. The Direct Service Transitional Amount will become available to share among Tribes at the time the IHS no longer needs the funds to support IHS direct programs. Direct Service Transitional Amount is calculated as the amount of funds needed to administer IHS direct programs minus the residual and Title I. retained amounts required by IHS for programs when assumed by tribes.”

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EXECUTIVE DIRECTION

Area Budget Line Item: 2(a) and 44(a)

Purpose

The executive direction of the Portland Area Indian Health Service (IHS) is to pursue the Agency's mission and goals and overall responsibility for management of all IHS programs. This includes ensuring fiscal integrity and responsibility and advocacy within the Agency for the interests of Portland Area Tribes, as well as planning, designing, and implementing programs and services to carry out the Federal functions necessary to provide health care to eligible American Indian and Alaska Natives in Oregon, Washington, and Idaho. To carry out this work, the Office of the Area Director consults with Area Tribes and advocates in support of their health care needs; evaluates program compliance with applicable regulations and established standards; provides consultation on operations, including equipment, workflow, safety, procurement, staffing, and standards of care; provides technical assistance with development, management, and evaluation of programs, including disease prevention, sanitation facilities construction, health facilities construction, environmental health, clinic operations, data collection and analysis, clinical peer review, and accreditation pre-surveys; advocates and networks with collaborative partners, including state health departments, universities, and other Federal agencies and organizations to enhance services; recruits, and assists in retaining, professionals and provides information on continuing education opportunities.

The Executive Direction PFSA includes:

- Management of the Area health care system, including clinical oversight, expertise, and technical assistance, and planning, implementing, coordinating, and evaluating all aspects of the Area health care delivery system, including epidemiology services. Providing primary leadership on IHS health program initiatives and on achieving IHS health goals and objectives.
- Providing consultation on health care reform, managed care, quality assurance/quality improvement, and risk management.
- Coordinating field activities regarding primary care and prevention-focused health care strategies.
- Guiding and furthering program effectiveness through strategic deployment and application of all available resources to provide direct patient care, contract health

services, public health, public health education, communicable disease control, and environmental health services.

- Initiating communication with Federal and non-Federal entities to develop interagency agreements in support of health care for American Indians/Alaska Natives and maximize resources for Area programs.
- Providing technical assistance and support in matters related to clinical care, accreditation, and credentialing and privileging.
- Collaborating with the Area's counsel on legal matters, including responding to subpoenas and other legal documents and on tort claim issues and questions of malpractice.
- Ensuring, within budget limitations, adequate staffing of health activities and establishing standards for all health delivery system programs; providing leadership and guidance in identifying program deficiencies and formulating corrective action plans.
- Communicating the mission and objectives of the organization both internally and externally; providing leadership and management for all residual programming, and supervision of remaining Federal employees, and ensuring fiscal integrity.
- Formulating budgets, ensuring effective and accurate formulation of annual budget estimates with prescribed level of Tribal consultation.
- Planning, implementing, and managing a program that ensures compliance with data collection and reporting requirements; and to allow fair and equitable distribution of resources, planning and initiating improvements in services that permit regular, periodic assessments of the health status of Portland Area American Indians/Alaska Natives.
- Providing leadership, supporting implementation, and/or promotion of Agency strategic initiatives, projects, and standards. Supporting and implementing corporate effort as new initiatives are developed and implemented.
- Ensuring effective implementation and monitoring of systems that provide regulatory controls or that assure policy compliance, including internal management controls to preserve Agency integrity; participating as required in audits and investigations.
- Supporting Tribal governments in the self determination process, with capacity development, and with management of health delivery programs; managing retrocession activities.
- Securing counsel and representation from the Office of the General Counsel on such issues as self-determination, procurement, contracting, personnel, tort claims, and Equal Employment Opportunity (EEO) complaints or cases.

- Implementing a program that ensures compliance with EEO laws and affirmative action employment objectives.
- Fulfilling the requirements of Homeland Security Presidential Directive 5 to enhance the ability of the United States to manage domestic incidents by establishing a single, comprehensive national incident management system.

Is this PFSA transferable to Indian Tribes or Tribal Organizations?

No, except for the available annual fundable amount of administrative support for line items 2(a) and 44(a). See Annual Tribal Shares Allocation Methodology.

As Indian Tribes continue to contract or compact eligible PFSA and associated Area shares, the Office of the Director will continue to downsize in response to reduced workload. This PFSA is considered residual.

SELF DETERMINATION SERVICES

Area Budget Line Item: 22 and 58

Purpose

The Area Self Determination PFSA fulfills responsibilities related to compliance and coordination of the Indian Self Determination and Education Assistance Act, (Public Law 93-638, as amended), as it pertains to the contracting and compacting of Indian Health Service (IHS) programs. Major responsibilities include the following:

- Coordinating all activities under P.L. 93-638 related to contracting and compacting of IHS PFSA's, including responding to correspondence, reviewing proposals submitted by Indian Tribes and Tribal Organizations, providing and coordinating technical assistance, and ensuring that statutory timelines are met with respect to contracting activity.

Serve as the designated program official for the Agency for negotiating with Indian Tribes and Tribal Organizations for assumption of IHS programs, functions, services, and activities; coordinate with IHS Headquarters on assumptions of Headquarters programs, functions, services, and activities; develop Contract Support Cost (CSC) proposals and reports; coordinate service unit or program transfers; and coordinate any retrocession or declination of issues with the IHS leadership team.

Coordinates Tribal Consultation on IHS policy/program changes that impact tribal governments/organizations and tribal health programs. Supports and advocates for implementation of Self Determination tribes/tribal organization for assumption of IHS PFSA's.

Is this PFSA transferable to Indian Tribes or Tribal Organizations?

Yes., except for minimal inherently governmental functions, e.g. processing annual funding agreements and amendments included in Area budget line items 2(a) and 44(a).

Note: This PFSA is performed by the Office of Tribal and Service Unit Operations.

FINANCIAL MANAGEMENT

Area Budget Line Item: 2(c) and 44(c)

Purpose

Provides direction, coordination, and execution of the financial management program that ensures accountability of Federal funds by maintaining the necessary financial, accounting and internal controls consistent with applicable Federal Government standards, rules and policies

For general financial management activity, this PFSA entails:

Providing financial reports that reflect the status of Indian Health Service appropriations, reimbursable, and donated funds; protecting financial resources from fraud, waste, and abuse through compliance with Federal audit requirements under the Inspector General Act (Public Law 95-452) and other security requirements; administering Federal accounting and financial management systems; interpreting policies, guidelines, manual issuances, and directives issued by Indian Health Service, Office of Management and Budget, Department of the Treasury, General Accountability Office, Office of Personnel Management, and the Congress of the United States.

For accounting activity this PFSA entails:

Maintaining accounting services (e.g. posting obligations, cash receipts, expenditures, transfers), preparing accounting data, and processing entries into the accounting systems; reconciling general ledger accounts (cash, real and personal property, etc); processing all required payments for compacts and contracts, travel, procurement, permanent change of station, etc.

For budget activity this PFSA entails:

Annually formulating budget estimates for the national budgeting process, including the annual budget consultation process with Tribes; executing the budget through allocation of funds, monitoring obligations and expenditures of Area resources, including position and FTE control.

Is this PFSA transferable to Indian Tribes or Tribal Organizations?

No. As Indian Tribes continue to contract and compact Area Office Tribal shares the overall financial management program will continue to downsize in response to reduced workload. This PFSA is considered residual

INFORMATION RESOURCES MANAGEMENT

Area Budget Line Item: 3 and 45

Purpose

The Area Office Division of Information Resources Management provides technical support and maintenance of Indian Health Service (IHS) information technology and telecommunications systems.

For the Resource Patient Management System (RPMS) this PFSA includes:

Technical support, installation, and maintenance, including IHS-supported applications such as the IHS Electronic Health Record and VistA Imaging; coordinates trainings with the IHS Office of Information Technology.

For the network this PFSA includes:

Technical support, installation, and maintenance of Local Area Networks, the IHS Wide Area Network, and telecommunication (voice/data) systems; establishes and maintains connectivity to resources such as RPMS and other IHS network-based applications.

For information technology security this PFSA includes responsibility for compliance and coordination of security mandates.

Is this PFSA transferable to Indian Tribes or Tribal Organizations?

Yes, except for those activities and functional components that directly support continued operation of Area Office and that required for reporting and transmission of data on the health status of the Indian population of the Portland Area..

Note: Support for specific RPMS applications are found in other PFSA's. For example, Third Party Billing and Accounts Receivable are activities performed in the Business Office; Pharmacy and Dental are with the Office of Health Programs.

COMMISSIONED CORPS LIAISON

Area Budget Line Item: 10

Purpose

Assist commissioned corps officers and their supervisors with personnel or employment-related actions and activities.

Is this PFSA transferable to Indian Tribes or Tribal Organizations?

No. Commissioned Corps Liaison is an inherently Federal function

Note: The Commissioned Corps Liaison PFSA for the Portland Area is obtained through an agreement with the Alaska Area IHS.

AREA SUPPORT SERVICES

Area Budget Line Item: 2(b) and 44(b)

Purpose

Area Support Services provides guidance and support for programs to ensure effective implementation of administrative systems.

Is this PFSA transferable to Indian Tribes or Tribal Organizations?

Yes. except as follows:

- **Property Management:** organization, administration, planning, and coordination of property management activities, including acquisition, accountability, protection, and disposition of personal property and supplies
- **Administrative Support:** office equipment coordination, including printing services, mailroom services, management and archiving of records, forms management, Document and Directives Control Officer, Freedom of Information Act compliance officer, Privacy Act compliance officer, coordination of Agency agreements, and management of government-owned vehicles

As Tribes continue to contract or compact Area Office Tribal shares the Area Support Services will downsize in response to reduced workload

CENTRAL SUPPLY SERVICES

Area Budget Line Item: 12

Purpose

Historically this PFSA involved staffing and operation of the Supply Service Center (Area warehouse) which served as a source of administrative, general medical, dental, pharmaceutical, and housekeeping products in support of IHS-administered health centers and various Tribal contractors and compactors.

This PFSA has changed from a central distribution warehouse to a procurement-based system with vendors delivering directly to clinics. The authority and processes to procure items needed in the field are under the oversight of the Division of Acquisition. Examples of a procurement-based system include: Prime Vendor for pharmaceuticals, Government Printing Office for printing, purchase cards for monthly supply needs, purchase orders for large inventory needs (i.e. flu vaccine), and use of HHS Strategic Sources.

Is this PFSA transferable to Indian Tribes or Tribal Organizations?

Yes. This PFSA includes staffing and overhead operational cost. This line item does not include the cost of inventory.

If IHS operates the service unit, the shares are retained by IHS to oversee the procurement-based system, until the service unit is no longer operated by IHS.

ACQUISITION

Area Budget Line Item: 2(e) and 44(e)

Purpose

The Area Office Division of Acquisition procures supplies, equipment, and services; provides interpretation and guidance on Federal acquisition laws, regulations, procedures, and policies; oversees procurement processes and annual acquisition planning, reporting on procurement actions, and administration of awarded actions (including contract claims, audit resolution, reviews, payment approval and reconciliation, and records retention).

Services include construction projects related to sanitation facilities or facility maintenance, utilities, personal services contracts, and operating services not performed by Indian Health Service personnel (e.g. repairs, specialists), Public Law 93-638 contracts, etc.

Is this PFSA transferable to Indian Tribes or Tribal Organizations?

Yes, except for those activities and functional components that directly support continued operation of Area Office residual PFSA's. However, as Indian Tribes continue to contract or compact Area Office Tribal shares, the overall acquisition program will continue to downsize in response to reduced workload.

HUMAN RESOURCES

Area Budget Line Item: 2(d) and 44(d)

Purpose

The Area Division of Human Resources provides overall management and maintenance of Federal personnel systems. This PFSA is structured as follows:

Client Services

- Coordinate advertisement and recruiting for both Federal direct and IPA/MOA replacement employees. Provide Federal classification system consultation
- Process Reductions In Force (RIF). Provide counseling on RIF
- Coordinate background security investigations
- Maintain official personnel records and process personnel actions for Civil Service
- Provide, on request, general consultation and support on personnel issues
- Implement Portland Area responsibilities set forth in the Indian Health Service (IHS) Succession Plan
- Implement Portland Area responsibilities related to IHS Development of Human Capital Initiative

Workforce Relations

- Manage employee relations, including performance management, employee benefit programs (retirement counseling and calculations, etc.), Worker's Compensation, incentive awards, ethics and conduct, suitability adjudications, Merit Systems Protection Board (MSPB) representation, third party representation, Employee Assistance Program, Family Medical Leave Act (FMLA) consultation, and labor relations
- Process payroll, including assisting timekeepers, assuring transmission of payroll for all Civil Service employees, and correcting pay and leave errors
- Issue government ID cards or proof of Federal employment

- Provide assistance in managing employee absences due to on the job injuries
- Initiate and assure completion of suitability investigations as needed on Federal employees and personal services contractors.

Is this PFSA transferable to Indian Tribes or Tribal Organizations?

Yes, except for those activities and functional components that directly support continued operation of Area Office residual PFSA's. However, as Indian Tribes continue to contract or compact Area Office Tribal shares, the overall Human Resources program will continue to downsize in response to reduced workload.

No, this PFSA is an inherently governmental function however, as Tribes continue to compact Area Office Tribal shares the overall Human Resources program will downsize in response to reduced workload.

LABORATORY AND RADIOLOGY

Area Budget Line Item: 8

Purpose

The Area Laboratory and Radiology provides consultation and other services to Federal and Tribal operated service units as follows:

- Technical assistance in development, management, and evaluation of laboratory and radiology programs, including laboratory and medical imaging services as they relate to applicable industry standards and accrediting agencies (Clinical Laboratory Improvement Act, Accreditation Association for Ambulatory Healthcare, COLA, etc.)
- Provide Indian Health Service Electronic Health Record Laboratory package installation and support, and contract laboratory interface support
- Provide VistA Imaging/Radiology support and training
- Recruiting and retention services

Is this PFSA transferable to Indian Tribes or Tribal Organizations?

Yes.

Note: VistA Imaging/Radiology hardware is supported by DIRM (lines 3 and 45).

MATERNAL AND CHILD HEALTH

Area Budget Line Item: 9 and 50

Purpose

Maternal and Child Health provides clinical leadership and support in the delivery of maternal and child health services at the Area-level; accomplishes linkages and liaison with state and national health organizations (state health departments, Centers for Disease Control, immunization programs, national cancer programs, registries, and other medical organizations such as AAP) to support local, regional, and national health objectives; and provides leadership regarding clinical data systems that enhance patient care and management in such areas as immunizations, pap smears mammography, and other health services for women and children.

Is this PFSA transferable to Indian Tribes or Tribal Organizations?

This PFSA is transferable as follows:

Maternal and child health program development, and data systems to support development and delivery of special services for women and children.

Is this PFSA residual?

No. Any minimal residual PFSA to report and analyze health status is included in Area Budget Line Items 2(a) and 44(a).

Note: Direct Ops Funding (Line 50) is administrative support for this PFSA.

Note: This task functionally is closely associated with the Area Epidemiology Center. Portions of MCH and Epidemiology functions have been contracted to the Northwest Portland Area Indian Health Board.

PHARMACY SERVICES

Area Budget Line Item: 11 and 51

Purpose

The Pharmacy Services PFSA evaluates pharmacy program compliance with applicable regulations and established standards and provides consultation on pharmacy operations, including equipment, workflow, safety, procurement, staffing, standards of care, and pharmacoeconomics.

This PFSA entails:

Technical assistance in development, management, and evaluation of programs, including disease prevention, clinic operations, data collection and analysis, clinical peer review, and accreditation pre-surveys.

Advocacy and networking with collaborative partners, including state health departments, universities, and other Federal agencies and organizations to enhance services.

Recruiting and assisting in retaining professionals and providing information on continuing education opportunities.

Is this PFSA transferable to Indian Tribes or Tribal Organizations?

Yes.

Note: Direct Ops Funding (Line 51) is administrative support for this PFSA.

ALCOHOL AND SUBSTANCE ABUSE PROGRAM

Area Budget Line Items: 16 and 54

Purpose

The Area Alcohol and Substance Abuse Program provides consultation and other services, as outlined below, to direct Federal and Tribal operated service units to improve the health status of the populations served.

The Alcohol and Substance Abuse Program PFSA encompasses supervisory functions and activities for commissioned corps officers assigned to Tribal programs.

The program:

- Provides technical assistance with development, management, and evaluation of alcohol and substance abuse programs and prevention plans with measurable goals;
- Includes interactions with local and national program leaders to establish IHS policy on care, and to translate it to local programs.
- Advocates and networks with collaborative partners, including state health departments, universities, and other Federal agencies and organizations to enhance alcohol and substance abuse services;
- Recruits, and assists in retaining, behavioral health professionals and provides and coordinates continuing education;
- Analyzes data for Agency reporting purposes and to provide feedback to programs;
- Monitors market for sources of alcohol and substance abuse resources to support treatment services for eligible clientele;
- Provides guidance on counselor certification criteria and substance abuse treatment standards.

Is this PFSA transferable to Indian Tribes or Tribal Organizations?

Yes, however there is a minimal residual PFSA to report or analyze health status is included in Area Budget Line Items 2(a) and 44(a).

Note: Direct Ops Funding (Line 54) is administrative support for this PFSA.

MENTAL HEALTH

Area Consultant Services

Area Budget Line Item: 29 and 53

Purpose

- The Area Mental Health PFSA provides consultation and other services to Federal and Tribal operated service units as follows:
- Provide Federal supervision for MOA officers assigned to Tribal programs.
- Interact with local and national program leaders to establish Indian Health Service policy on care, and translate policy to local programs.
- Technical assistance in development, management, and evaluation of behavioral health programs, including clinic operations, data collection and analysis, and clinical peer review.
- Advocate and network with collaborative partners, including state health departments, universities, and other Federal agencies and organizations to enhance services.
- Recruit and assist in retaining behavioral health professionals and provide and coordinate continuing education.
- Coordinate the Director's Behavioral Health Initiatives.

Is this PFSA transferable to Indian Tribes or Tribal Organizations?

Yes, however there is a minimal residual PFSA to report or analyze health status is included in Area Budget Line Items 2(a) and 44(a).

Note: Direct Ops Funding (Line 53) is administrative support for this PFSA.

PUBLIC HEALTH NURSING

Area Consultant Services

Area Budget Line Items: 13 and 38

Purpose

The Area Public Health Nursing PFSA provides consultant and other services to direct Federal and Tribal operated service units as follows:

- Serve as Federal supervisor for commissioned corps officers assigned under Memoranda of Agreement to Tribal programs. Interact with local and national program leaders in establishing Indian Health Service policy on care, and translating that to local programs.
- Provide technical assistance with development, management, and evaluation of programs, including disease prevention, data collection and analysis, and clinical peer review.
- Advocate and network with collaborative partners, including state health departments, universities, and other Federal agencies and organizations to enhance services.
- Recruit and assist in retaining professionals and provide and coordinate continuing education.

Is this PFSA transferable to Indian Tribes or Tribal Organizations?

Yes, however there is a minimal residual PFSA to report or analyze health status is included in Area Budget Line Items 2(a) and 44(a).

Note: Hospital and Clinics Funding (Line 13) is administrative support for this PFSA.

DENTAL PROGRAM, AREA CONSULTANT SERVICES

Area Budget Line Items: 26 and 52

Purpose

The Area Dental Program PFSA provides for consultation and other services, as outlined below, to direct Federal and Tribal operated service units to improve the oral health status of the populations served.

The Dental Program PFSA encompasses supervisory functions and activities for commissioned corps officers assigned to Tribal programs.

This PFSA provides:

- Technical assistance in the development, management, and evaluation of dental programs, including dental disease prevention, dental clinic operations, data collection and analysis, clinical peer review, and accreditation pre-surveys.
- For interaction with local and national dental program leaders in establishing IHS policy on dental care, and translating it to local programs.
- Advocacy and networking with collaborative partners, including state health departments, universities, and other Federal agencies and organizations to enhance dental services.
- Recruitment of, and assistance in retaining, dental professionals and coordinating continuing education.

Is this PFSA transferable to Indian Tribes or Tribal Organizations?

Yes.

Note: Direct Ops Funding (Line 52) is administrative support for this PFSA.

SPECIAL DIABETES PROGRAM FOR INDIANS (SDPI)

Area Budget Line Item: 15

Congressional Earmarked Funds

Purpose

The Special Diabetes Program for Indians focuses on: (1) treatment of diabetes and its complications, and 2) preventing diabetes through clinical and community outreach efforts,

This PFSA entails technical assistance in development, management, and evaluation of diabetes programs, including prevention activities, patient registry development, and data management; reviewing audit outcomes to ensure compliance with accepted standards of clinical care; providing technical support and guidance to improve diabetes programs; review and approval of Area diabetes grant reports and applications; contributing to development of Indian Health Service diabetes standards of care and best practices of clinical care; providing education services, including workshops and presentations, to patients and to care providers.

Is this PFSA Residual?

No. Any minimal residual PFSA to report or to analyze health status is included in Area Budget Line Items 2(a) and 44(a).

Is this PFSA transferable to Indian Tribes or Tribal Organizations?

No, the program is an “earmark” activity.

SANITATION FACILITIES CONSTRUCTION SUPPORT

OEHE Budget Book, Line Items: 73 and 74

Purpose

The Sanitation Facilities Construction Support PFSA entails project development to meet a deficiency identified by the Sanitation Deficiency System or project development for new housing. This PFSA also provides technical assistance for Tribal operation and maintenance (O&M) organizations, and coordinates with other Federal, state and local programs to deliver projects and O&M support. Program support accounts for functions and services provided by the SFC Program that are not directly related to a project.

Is this PFSA residual?

This PFSA is residual as follows:

- Review and submission of the Sanitation Deficiency System for existing Indian homes in accordance with the Indian Health Care Improvement Act.
- Review of the inventory of approved and funded projects in the Project Data System, the Operation & Maintenance Data System, and the Solid Waste Open Dumps on Indian Lands.
- Allocation of Area construction project funds.

Is this PFSA transferable to Indian Tribes or Tribal Organizations?

This PFSA is transferable as follows:

- Development of project scope of work (including documents to address initial and continuing NEPA and related environmental determinations) with a description of the project need, the proposed facilities, and associated cost estimate
- Environmental engineering services, such as review of engineering plans and specifications, conducting sanitary surveys, providing utility master planning,

technical reviews of feasibility studies, assistance with grant applications, and responding to sanitation facility emergencies

- Construction management services for funded sanitation projects
- Technical consultation and training on the operation and maintenance of Tribal water supply and sewage/waste disposal systems
- Use and manage data in the online databases (e.g. Sanitation Deficiency System, Project Data System, Operation & Maintenance Data System, HPS, and Homeowner Inventory Tracking System) to manage the Sanitation Facilities Construction program

SANITATION FACILITIES CONSTRUCTION – PROJECTS

OEHE Budget Book, Line Items: 71 and 72

Purpose

The Sanitation Facilities Construction – Projects PFSA entails allocating construction project funds to Tribes through individual projects prioritized per the Sanitation Deficiency System. These projects provide essential sanitation facilities, including water, sewer, and solid waste disposal. These services are provided on an individual and community basis. Projects are executed per mutually agreed Project Scope of Work that includes an Environmental Review.

Is this PFSA transferable to Indian Tribes or Tribal Organizations?

Yes, construction project funds can be transferred to Tribes in accordance with 25 CFR 900, Subpart j, of the Indian Self Determination Act.

FACILITIES AND REAL PROPERTY SUPPORT

OEHE Budget Book Line Items: 1, 2, 3, 11, 12, 13, 14, 17,

Purpose

The Facilities Support Account PFSA supports Area engineering, technical support, and facility management for health facilities. This PFSA also supports facility operations costs and real property management.

Is this PFSA residual?

This PFSA is residual as follows:

- Preparation of budget and supporting program justification for the health facilities program budget and allocating program resources, including facilities and equipment deficiencies database for budget formulation; appropriations justification; funds allocation; responding to program inquiries; and internal management. Includes administration, management, and development of the Health Facilities Data System.
- Managing and monitoring Federal leased realty.

Is this PFSA transferable to Indian Tribes or Tribal Organizations?

This PFSA is transferable to Tribes as follows:

- Facility operations, maintenance, and improvement activities; purchasing medical equipment; and managing distribution of Department of Defense surplus equipment
- Developing and implementing data systems to support budget preparation and resource allocation
- Executing NEPA functions for Title V self-governance programs
- Developing and implementing operational policies and procedures for the facility management program
- Providing technical assistance and new technology assessment and clinical engineering

- Training for healthcare center personnel in preparation for accreditation
- Filing medical device failure reports with Food and Drug Administration (FDA) and manufacturer
- Obtaining information on FDA medical device alerts and manufacturers' recall notices and disseminating appropriate materials
- Developing management policy for personnel quarters, including establishing rental rates, and determining collection procedures for quarters that have been transferred from Federal ownership

Note: A related PFSA, Facilities Planning and Construction Support, was removed from the book in its entirety because no funds are available.

MAINTENANCE AND IMPROVEMENT

OEHE Budget Book Line Items: 41, 42, 43, 44

Purpose

The Area Maintenance & Improvement (M&I) PFSA supports maintenance and improvement (repair) of health facilities (real property). M&I pays for maintenance and repair work to prevent deterioration of a facility. M&I ensures that healthcare facilities meet building codes and standards. For federally-owned facilities, M&I ensures compliance with laws and regulations covering areas such as energy conservation, seismic codes, environmental requirements, handicapped accessibility, historic preservation, and security. These funds do not support salaries or utility costs.

Is this PFSA transferable to Indian Tribes or Tribal Organizations?

Yes, for buildings that are owned and managed by the Tribal health program under authority of P.L. 93-638, as amended.

Note: Program management funds to administer the allocation of these funds are included in the budget line item for "Facilities and Realty Support."

EQUIPMENT REPLACEMENT

OEHE Budget Book Line Item 59

Purpose

The Equipment Replacement PFSA purchases new and replacement equipment at existing health facilities. This PFSA is also referred to as Medical Equipment Funds. Medical Equipment Funds for ongoing replacement of medical equipment are transferred to the Tribes annually. This PFSA includes no funds for staffing costs (personnel salaries), nor any funds for the clinical engineering or biomedical engineering PFSA.

Is this PFSA transferable to Indian Tribes or Tribal Organizations?

This PFSA is transferable as follows:

- Tribes that construct a replacement health facility without Indian Health Service (IHS) funding and submit a timely application are eligible for funds to support equipping the facility under the General Equipment Funds for Tribal Replacement Facilities.
- Equipment acquired under the TRANSAM program is available to all Tribes' programs. As equipment becomes available, lists are circulated to Tribal and Indian Health Service programs to match available items with program needs. Distribution of equipment is accomplished on a "round robin" request basis.
- The ambulance program works cooperatively with GSA to subsidize the addition of ambulance bodies to truck chasses. EMS programs then lease the completed vehicles from GSA at a reduced rate equivalent to the truck body only.

ENVIRONMENTAL HEALTH SERVICE (EHS)

OEHE Budget Book, Line Items : 61, 62, 63, 64
(Linked to Headquarters Line Item: 2402)

Purpose

The purpose of these services is to assist in identifying and correcting existing and potential harmful environmental conditions, thereby reducing the incidence of disease and injury caused by environmental conditions.

Is this PFSA residual?

This PFSA is residual as follows”

- Maintaining the Facility Data System for determining the Resource Requirement Methodology as a basis of resource allocation.
- Providing a compilation and analysis of environmental status indicators as reported by the Tribes.
- Conducting safety management activities as required by OSHA for all Federal employees.
- Providing periodic reports to Indian Health Service (IHS) Headquarters and Congress.

Is this PFSA transferable to Indian Tribes or Tribal Organizations?

For the Environmental Health program generally, this PFSA is transferable to Tribes as follows:

- Environmental health surveys of and technical assistance provided to public, commercial, and Tribal facilities.
- Promotion of health policies and practices to minimize potential for public health risks

For the institutional Environmental Health program, this PFSA is transferable to Tribes as follows:

- Provide safety services related to day-to-day activities in health care facilities (radiation protection, occupational safety and health, infection control, plan reviews, accreditation [AAAHHC, JCAHO, CAP]).
- Develop policy and procedures to maintain compliance with OSHA and /or JCAHO, to provide notice of changes in regulations, to assist with emergency preparedness assessments, hazard surveillance/safety audits.

For the community Injury Prevention program, this PFSA is transferable to Tribes as follows:

- Development of injury prevention programs and strategies, conducting severe injury surveillance and investigations, and establishing community action groups and initiatives.
- Coordinating the Injury Control program, including compilation and evaluation of data from police, emergency medical service, and Tribal clinic; providing consultant services on questions specific to injury control; promoting and implementing intervention strategies.

For Environmental Health program management, this PFSA is transferable to Tribes as follows:

- Advocating on behalf of the Tribe within IHS and other Federal, state, and local agencies on environmental health issues
- Providing training related to Environmental Health Service programs

ENGINEERING SERVICES (MAJOR M&I) SUPPORT

OEHE Budget Book Line Item 15

Purpose

The Engineering Services Support PFSA supports project management, technical evaluation, statement-of-work development, and construction administration functions related to major maintenance and improvement projects.

Is this PFSA residual?

As may be required by congress in funding language or authorizing language, this PFSA includes establishing and implementing Title I Subpart J and Title V project funding agreements for design and construction, including the award and administration of a 638 Subpart J construction contract (Title V Tribes can choose 638 Subpart J construction contracting), and implementing and maintaining national program policies and methodologies related to resource allocation.

Is this PFSA transferable to Indian Tribes or Tribal Organizations?

Tribes can assume the responsibilities for project management, contracting, and related services associated with M&I projects.

HEALTH PROGRAMS MANAGEMENT

Area Budget Line Item: 49

Purpose

The Area Office of Health Programs (OHP) PFSA provides consultation and other services to Federal and Tribal-operated service units to improve the health status of populations served.

This PFSA includes:

- Providing Federal supervision for MOA and IPA employees; interacting with local and national program leaders in establishing Indian Health Service policy on care, and translating that policy to/for local programs.
- Developing epidemiological studies to enhance health care or to determine health status of American Indians and Alaska Natives (AI/AN).
- Providing consultation and assistance in understanding and meeting accreditation standards.
- Providing subject matter expertise and consultation as needed with respect to quality improvement, regulations, legislation, and delivery of clinical services.
- Recruiting and assisting in retaining health professionals, including P.L. 437 students.
- Providing subject matter expertise and consultation as needed with HIPAA.

Is this PFSA transferable to Indian Tribes or Tribal Organizations?

Yes, except for development of epidemiological studies to enhance health care or to determine the health status of American Indians and Alaskan Natives (AI/AN). Also, as Tribes continue to contract and compact Area Office Tribal shares, and as the Area Office continues to downsize, this function will be converted to epidemiology.

HEALTH INFORMATION NETWORK

Area Budget Line Item: 19

Purpose

The Health Information Network PFSA was created to combine Area activities formerly in the Division of Research and Evaluation located in Seattle, Washington and the Area Statistical Branch.

This PFSA provides for links with other agencies and groups to obtain information on the health status of service populations. Information and recommendations developed by this PFSA are used to set priorities to reduce disease burden and lost years of productive life. This PFSA also provides consultation and guidance on epidemiological activities as requested by Tribes.

Is this PFSA residual?

No.

Is this PFSA transferable to Indian Tribes or Tribal Organizations?

Yes.

COMMUNITY HEALTH REPRESENTATIVES

Area Budget Line Item: 17

Purpose

The Area Community Health Representative (CHR) program provides advocacy and coordination of CHR program activities.

The CHR Program was implemented to improve the health knowledge, attitudes and practices of Indian people by promoting, supporting, and assisting the IHS in delivering a total health care program. The efforts of CHR program staff have produced an American Indian and Alaska Native health service delivery system, which provides for follow-up and continued contact with the health care delivery system at the community level, thereby meeting the most basic needs of the American Indian and Alaska Native population.

The goal of the CHR Program is to address health care needs through the provision of community-oriented primary care services, including traditional Native concepts in multiple settings, utilizing community-based, well-trained, medically-guided health care workers.

- To provide curative, preventive, and rehabilitative services in those areas of health care in which services would not otherwise be available to the American Indian and Alaska Native people.
- To provide home health care services.
- To provide transportation within the local community to/from an IHS or tribal hospital or clinic for routine, non-emergency problems, to a patient without other means of transportation, when necessary.
- To act as a liaison/advocate for the communities served by Federal, State, and local agencies. The liaison/advocate motivates and assists the agencies by clarifying the role of Native traditions, value systems, and cultural beliefs, to meet the health care needs of the communities, thereby reducing the potential for conflict and misunderstanding regarding the health conditions of American Indian and Alaska native people.
- To interpret languages, if necessary, when the community-based language and the language used by other health care providers differ.
- To facilitate communications between community members and health care providers, thereby enhancing accessibility and acceptability of health care facilities. The CHRs

assist IHS and non-IHS health agencies to design and/or redesign services to ensure greater responsiveness to the needs of American and Alaska Native communities.

- To provide and retain community-based health care providers to meet reservation and community health care needs as part of their community's health care system and to ensure that program training and performance meet established national standards, as specified in the Indian Health Manual, Indian Self-Determination Memorandum (ISDM), 81-4, and Section 107 of P.L. 100-713, dated November 23, 1988.
- To develop annual program plans which address specific community health care needs.
- To assess community health care resources, both IHS and non-IHS, and to facilitate appropriate utilization of those resources.
- To ensure availability of appropriate IHS medical guidance to CHR Programs.
- To ensure compliance with the requirements of a CHR data collection plan.
- To provide and/or assist in demonstrations, conduct training sessions and community meetings in the areas of safety, nutrition/dietetics, environmental health, and in other areas of health concerns.
- To provide health care education and facilitate understanding by using the Native language when appropriate, thereby fostering greater cross-cultural understanding.
- To provide extensive health promotion/disease prevention information and instruction in self-help services that address chronic health problems.

Is this PFSA transferable to Indian Tribes or Tribal Organizations?

Yes.

HEALTH EDUCATION

Area Budget Line Item: 14 and 41

Purpose

The Area Health Education PFSA provides consultation and other services (as outlined below) to direct Federal and tribal operated service units to improve the health status of populations served.

This PFSA provides:

- Technical Assistance with development, management, and evaluation of Health Education programs
- Assistance with the development of health education policies, procedures, and standards. Consultation to communities to develop the knowledge, skills, and capabilities that promote responsible public health practices
- Coordination of data collection in support of the Indian Health Service Health Education Resource Management System (HERMS), a reporting system that collects data on patient and non-patient program activity for health education programs

Is this PFSA transferable to Indian Tribes or Tribal Organizations?

Yes.

Note: Hospital and Clinics (Line 14) is administrative support for this PFSA.

PHYSICIAN RECRUITMENT

Area Budget Line Item: 7

Purpose

The Physician Recruitment PFSA provides support in the recruitment of physicians and other health care providers and assures that candidates meet eligibility criteria of Agency programs, including, but not limited to, membership on clinical staff for primary providers.

This PFSA includes maintaining a list of locations that require placements and establishing contacts with potential candidates. Sources of contacts include residency programs, family practice meetings, and other professional conferences. Support also includes credential validation, coordination of site visits, and other activities that would enable sites to employ medical providers.

Is this PFSA transferable to Indian Tribes or Tribal Organizations?

Yes.

BUSINESS OFFICE

Area Budget Line Item: 18(b)

Purpose

The Business Office:

- Supports coordination of third party billing and collection systems
- Provides end-user training, technical assistance, and management of RPMS software (e.g. Patient Registration, Third Party Billing, Accounts Receivable)
- Provides oversight and guidance for the Agency's statutory right to recover costs through third party collections
- Provides technical assistance for IHS eligibility requirements and third party revenue
- Provides liaison activities with regional and national offices (state agencies, private insurance carriers, and other vendors)
- Assists in formulating agreements with external entities (Medicare/Medicaid, private insurers) to enhance services for patients

Is this PFSA transferable to Indian Tribes or Tribal Organizations?

Yes.

Note: The Information Resources Management PFSA provides infrastructure support to this PFSA.

CONTRACT HEALTH SERVICE

Area Budget Line Item: 18(a) and 55

Purpose

The Area Contract Health Service (CHS) PFSA provides consultation and other services, as outlined below, to direct Federal and Tribal-operated service units to improve the health status of the populations served.

This PFSA

- Provides technical assistance with program development, management, and evaluation of CHS programs
- Advocates and networks with collaborative partners
- Provides and coordinates continuing education
- Analyzes data for Agency reporting purposes and to provide feedback to programs
- Analyzes, monitors, and processes Catastrophic Health Emergency Funds (CHEF) requests for reimbursement
- Reviews, researches, and responds to CHS appeals for federally operated programs
- Oversees the development of operating policy and procedures of CHS programs
- Provides guidance in applying medical priorities
- Consults on case management
- Provides CHS eligibility guidance
- Provides software application assistance and training on the CHS Resource Patient Management System (RPMS)
- Coordinates Fiscal Intermediary activities to develop methods for proper payment of claims

Is this PFSA transferable to Indian Tribes or Tribal Organizations?

Yes, except for coordination of CHEF reimbursements.

CHS, CONTRACT LAB SERVICES - REFERENCE LABORATORY SUPPORT

Area Budget Line Item: 61

(Location specific service to enhance direct health care)

Purpose

The reference laboratory contract supports Indian Health Service direct care sites by enhancing their ability to diagnose and treat patients. Laboratory services at federally operated units collect specimens to send to reference labs for tests that cannot be performed on site. Reference lab funding becomes available to the contracting Tribe upon assumption of the direct service clinic's operations. This multi-year, Area-wide contract lowers costs through volume discounts, reducing the number of individual contracting actions that are needed, efficiencies in payment through central management, and comparative utilization analysis between federally operated service units. While primarily contracted for federally operated sites, the contract was written to allow Tribal programs to access the same prices and guarantees as Federal participants.

Is this PFSA transferable to Indian Tribes or Tribal Organizations?

Yes, except for those activities and functional components that directly support continued operation of Area Office support of remaining federal Service Units. However, as Indian Tribes continue to contract or compact Area Office Tribal shares, the overall program will continue to downsize in response to reduced workload.

CONTRACT HEALTH SERVICE, PURCHASE OF SERVICES

Area Budget Line Item: 62

Purpose

This PFSA is unobligated contract health service (CHS) funds used for program shortfalls caused by catastrophic cases and other unusual and unanticipated CHS claims. Availability of these funds is on a program-by-program basis after the Area Office reviews program expenditures and determines need. Criteria used for review include eligibility criteria, appropriate use of CHS funds for care within medical and dental CHS priorities, use of CHEF, and use of alternate resources.

Is this PFSA transferable to Indian Tribes or Tribal Organizations?

Yes.

V. Appendix A

OMB Definition of “inherently governmental functions**”

Policy Letter 92-1, September 23, 1992

“A function that is so intimately related to the public interest as to mandate performance by Government employees. These functions include those activities that require either the exercise of discretion in applying government authority or the making of value judgements in making decisions for the Government. Governmental functions normally fall into two categories: (1) the act of governing, i.e., the discretionary exercise of Government authority, and (2) monetary transactions and entitlements.

An inherently governmental function involves, among other things, the interpretation and execution of the laws of the United States so as to:

- (a) bind the United States to take or not to take some action by contract, policy, regulation, authorization, order, or otherwise;
- (b) determine, protect, and advance its economic, political, territorial, property, or other interests by military or diplomatic action, civil or criminal judicial proceedings, contract management, or otherwise;
- (c) significantly affect the life, liberty, or property of private persons;
- (d) commission, appoint, direct, or control officers or employees of the United States;
or
- (e) exert ultimate control over the acquisition, use, or disposition of the property, real or personnel, tangible or intangible, of the United States, including the collection, control, or disbursement of appropriated and other Federal funds.

Inherently governmental functions do not normally include gathering information for or providing advice, opinions, recommendation, or ideas to Government officials. They also do not include functions that are primarily ministerial and internal in nature, such as building security; mail operations, operations of cafeterias, housekeeping, facility’s operations and maintenance, warehouse operations, motor vehicle fleet management and operations, or other routine electrical or mechanical services.”

* See appendix for full text of OMB Policy Letter 92-1.