



OCT 5 2016

Dear Tribal Leader:

As you know, at IHS we have engaged a very substantial number of strategies to improve our performance over the past seven months. Today I am writing to let you know about a proposed realignment of IHS Headquarters offices and a 30-day comment period that is open for you to provide input. The Indian Health Service (IHS or Agency) honors the government-to-government relationship with Tribes, and, in accordance with our consultation policy, we value the input from Tribal leaders.

When I accepted the position of Principal Deputy Director, I was directed to focus on further strengthening the IHS in order to deliver on the mission of the Agency. The IHS mission is to raise the health status of American Indians and Alaska Natives to the highest level. To accomplish that, we must use resources efficiently and effectively to consistently provide high quality health care to American Indians and Alaska Natives across the country. While we are hopeful that the President's fiscal year (FY) 2017 proposed budget for IHS will be fully funded, our commitment is to ensure that we meet these expectations. To that end, for the past several months, IHS has reviewed its structure and lines of accountability, particularly in Headquarters.

In addition, Office of Inspector General (OIG) and Government Accountability Office reports have noted a lack of systematic Agency-wide oversight for ensuring compliance with various standards and requirements. After taking this into account and to achieve improvements in the Agency's performance, there are a set of changes that I am considering to better realign the Agency's structure and processes. I appreciate the opportunity to provide an overview of this proposed realignment with you and to obtain your feedback.

First, this realignment is intended to impact how Headquarters operates and accomplishes its oversight responsibilities, with clearer and more transparent lines of accountability. To improve efficiency and effectiveness of program operations, the realignment also moves some Division level components under different senior staff leadership. Specific changes include:

- Clearer lines of IHS Senior Leadership responsibility for administrative and/or programmatic functions that are readily apparent on the Agency's organizational chart. The new organizational chart depicts the senior leadership team members connected to the offices and functions for which they have responsibility. This is in contrast to all Deputy Director positions currently displayed in a single box at the top of the chart without connection to areas of responsibility. I want to be clear that the new depiction does not reflect a demotion. The new depiction does reflect the Chief Operating Officer, Chief Medical Officer, and the Associate Directors along with the Director and Deputy Director continuing to comprise the Agency's senior leadership team.

- Realigning specific functions under oversight of the Associate Director for Quality. Even though the Deputy Director of Quality currently oversees all quality functions at IHS, this responsibility is not reflected on the current organizational chart. The new chart reflects the functions that are relevant for the Associate Director of Quality from the Chief Medical Officer to the Associate Director for Quality, such as national credentialing. Additionally, the chart reflects the establishment of a permanent home for the Quality Framework responsibilities, a set of responsibilities that are crucial to being executed in order to further improve and sustain our performance in the delivery of high quality care. Strengthening our quality infrastructure is critical as noted by a recent OIG report that clearly noted that IHS is “missing opportunities to identify and remediate quality problems in its hospitals because it performs limited oversight activities regarding quality care. . .”
- Creating an Associate Director for Healthcare Workforce Development and realigning the Scholarships and Loan Repayment programs under this senior staff member. Moreover, based on clear challenges in fielding sufficient health care providers, there is much more we need to do to develop lasting strategies to build a pathway for an adequately sized workforce. Consequently, this organizational component also has responsibility for workforce strategy to ensure we are taking advantage of every authority available to us and ensuring a cadre of candidates for IHS positions for both the field or for our administrative and management positions.

In addition to these organizational changes, we are making management process changes as well to improve procurement planning and budget monitoring. This focus is critically important. For example, currently, Headquarters has limited knowledge of planned contracts to purchase goods and services in the Area Offices and service units and yet organizational leadership is rightly held accountable for procurement and budget. Consequently, we are implementing a process for reporting to Headquarters all planned procurements that cost more than \$25,000. This will also allow cross-Agency visibility into opportunities for better leveraging procurement expenditures.

There is a similar lack of visibility at the Headquarters level of service unit budget planning and monitoring. To improve fiscal accountability and promote efficient procurement across IHS, we are implementing a monitoring and reporting process in order for Headquarters to have comprehensive information about how funds are being spent at the Area and Service Unit levels. Neither of these new processes are intended to remove authority from the Area Directors, limit the Areas in what they can do, or create a roadblock for the Areas in accomplishing their work. Rather, these changes increase transparency, strengthen accountability and oversight and consequently will help IHS more effectively manage its limited resources.

Some tribal leaders have expressed concerns that these actions may have impacts on Tribes for example through impact Tribal shares funding and interactions with IHS. Let me assure you that the Headquarters budget as reflected on the Headquarters Tribal Shares tables is not impacted by this realignment and consequently does not change because of the realignment. Each Tribal

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shares line will remain intact, though it may appropriately fall under the responsibility of a different senior leader.

While, some of you heard me describe this information on the realignment on an All Tribes conference call on Thursday, September 29, for those of you who were unable to participate, I appreciate the opportunity to share the features of this realignment with you through this letter. Once the realignment chart and functional statements are final, they will be published as a notice in the Federal Register with an effective date 30 days after the publication date.

To help with your review of this realignment, please find enclosed the current organizational chart and associated functional statements, as well as, the draft updated organizational chart and associated functional statements for the realignment. In addition, I included a copy of an interim organizational chart that depicts the realignment using current senior staff titles and Office names to show how existing organizational units are realigned in the new structure. Comments will be accepted through November 5.

In addition, an in-person session is scheduled on Sunday, October 9, from 5:00 – 6:00 p.m. in Room 102 AB at the Phoenix Convention Center located at 100 North 3rd Street, Phoenix, Arizona. This is the location of the National Congress of American Indians' 73rd Annual Convention & Marketplace.

Thank you for your interest in working with IHS in partnership to improve health care for Native Americans across the country, and I look forward to receiving your comments.

Sincerely,

/Mary Smith/

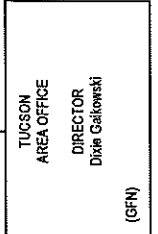
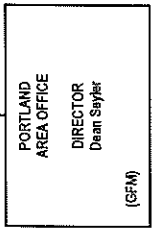
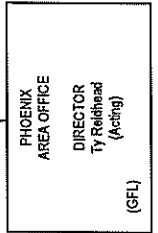
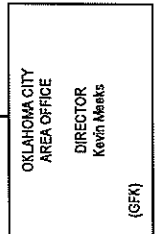
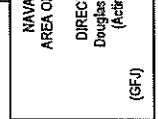
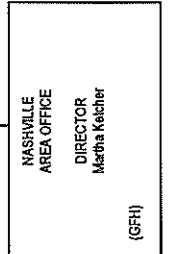
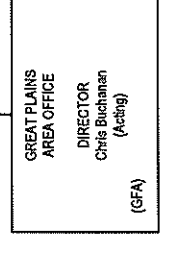
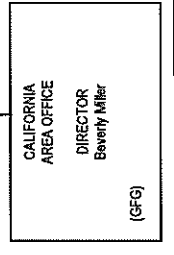
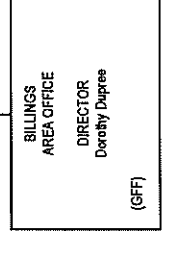
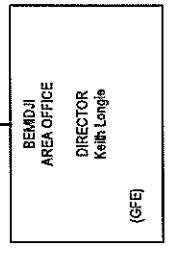
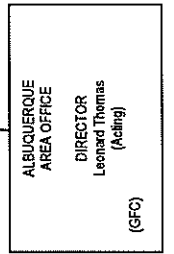
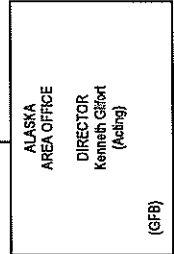
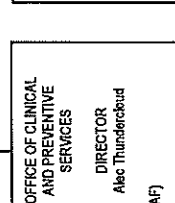
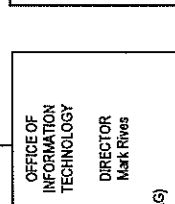
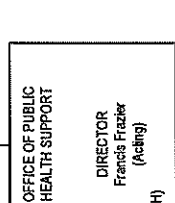
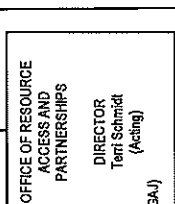
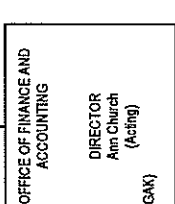
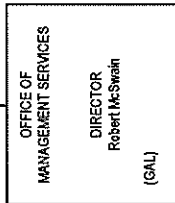
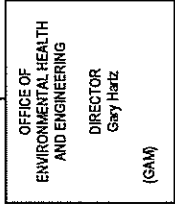
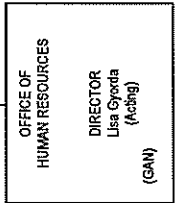
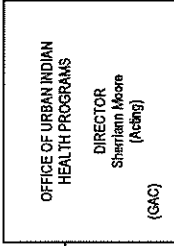
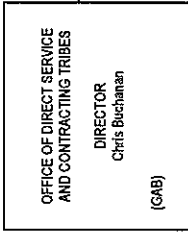
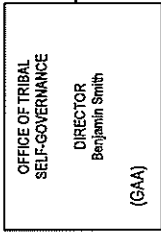
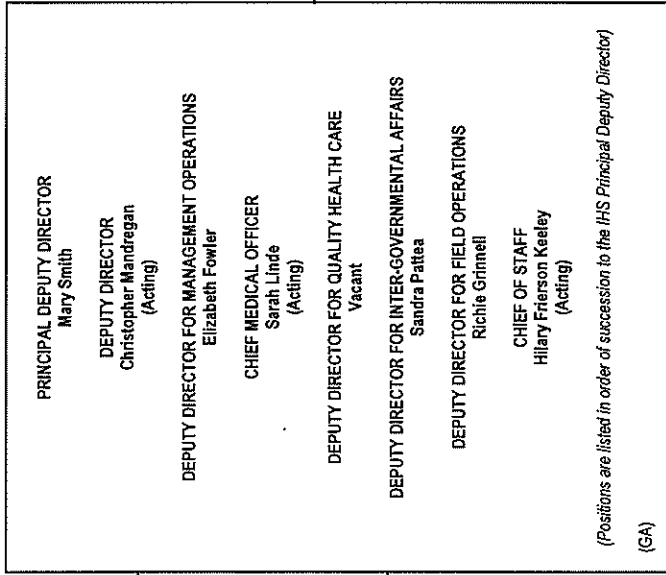
Mary L. Smith
Principal Deputy Director

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES INDIAN HEALTH SERVICE

7C

Approved: /Mary Smith/
Mary Smith
Date: June 15, 2016



NOTE: THE STANDARD ADMINISTRATIVE CODE IS LOCATED IN THE LOWER LEFT HAND CORNER OF EACH BOX.

Dated: October 11, 2005.

John Howard,

Director, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention.

[FR Doc. 05-20717 Filed 10-14-05; 8:45 am]

BILLING CODE 4163-19-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

Organization, Functions, and Delegations of Authority

Part G—Indian Health Service

Part G, of the Statement of Organization, Functions, and Delegations of Authority of the Department of Health and Human Services (HHS), as amended at 52 FR 47053-67, December 11, 1987, as amended at 60 FR 56606, November 9, 1995, as amended at 61 FR 67048, December 19, 1996, as amended at 69 FR 41825 July 12, 2004, and most recently as amended at 70 FR 24087 May 6, 2005 is hereby amended to reflect a reorganization of the Indian Health Service (IHS) Headquarters (HQ). The goal of the reorganization is to demonstrate increased leadership and advocacy, while improving the Agency's responsibilities for oversight and accountability. We have considered the President's Management Agenda, the Secretary's Workforce Restructuring Plan and recommendations from the Indian Health Design Team and the IHS Restructuring Initiatives Workgroup. Delete the functional statements for the IHS Headquarters in their entirety and replace with the following:

Chapter GA—Office of the Director

Section GA-10, Indian Health Service—Organization

The IHS is an Operating Division within the Department of Health and Human Services (HHS) and is under the leadership and direction of a Director who is directly responsible to the Secretary of Health and Human Services. The IHS Headquarters consists of the following major components:

Office of the Director (GA), Office of Tribal Self-Governance (GAA), Office of Tribal Programs (GAB), Office of Urban Indian Health Programs (GAC), Policy Formulation and Communications Groups (GAE), Office of Clinical and Preventive Services (GAF), Office of Information Technology (GAG), Office of Public Health Support (GAH), Office of Resource Access and Partnerships (GAJ), Office of Finance and Accounting (GAK), Office of Management Services

(GAL), Office of Management Services (GAL) and Office of Environmental Health and Engineering (GAM).

Section GA-20, Indian Health Service—Functions

Office of the Director (OD) (GA)

Provides overall direction and leadership for the IHS: (1) Establishes goals and objectives for the IHS consistent with the mission of the IHS and ensures Agency performance is managed through goals/objectives, achievements, and/or improved outcomes; (2) provides for the full participation of Indian Tribes in the programs and services provided by the Federal Government; (3) develops health care policy; (4) ensures the delivery of quality comprehensive health services; (5) advocates for the health needs and concerns of American Indians/Alaska Natives (AI/AN); (6) promotes the IHS programs at the local, State, national, and international levels; (7) develops and demonstrates alternative methods and techniques of health services management and delivery with maximum participation by Indian Tribes and Indian organizations; (8) supports the development of individual and Tribal capacities to participate in Indian health programs through means and modalities that they deem appropriate to their needs and circumstances; (9) the IHS will carry out the responsibilities of the United States to Indian Tribes and individual Indians; (10) affords Indian people an opportunity to enter a career in the IHS by applying Indian preference; and (11) ensures full application of the principles of Equal Employment Opportunity laws and the Civil Rights Act in managing the human resources of the IHS.

Office of Tribal Self-Governance (OTSG) (GAA)

Develops and oversees the implementation of Tribal self-governance legislation and authorities in the IHS, under Title V of the Indian Self-Determination and Education Assistance Act, Public Law 93-638, as amended; (2) develops and recommends policies, administrative procedures, and guidelines for IHS Tribal self-governance activities, with maximum input from IHS staff and workgroups, Tribes and Tribal organizations, and the Tribal Self-Governance Advisory Committee; (3) advises the IHS Director on Agency compliance with self-governance policies, administrative procedures and guidelines and coordinates activities for resolution of problems with appropriate IHS and

HHS staff; (4) provides resource and technical assistance to Tribes and Tribal organizations for the implementation of the Tribal Self-Governance Program (TSGP); (5) participates in the reviewing of proposals from Tribes for self-governance planning and negotiation grants and recommends approvals to the IHS Director; (6) determines eligibility for Tribes and Tribal organizations desiring to participate in the TSGP; (7) oversees the negotiation of self-governance compacts and annual funding agreements with participating Tribal governments; (8) identifies the amount of Headquarters managed funds necessary to implement the annual funding agreements and prepares annual budgets for available Tribal shares in conjunction with IHS Area and Headquarters components; (9) coordinates annual reconciliation of funding agreements with IHS Headquarters components, Area Offices, and participating Tribes; (10) serves as the principal IHS office for developing, releasing, and presenting information on behalf of the IHS Director related to the IHS Tribal self-governance activities to Tribes, Tribal organizations, HHS officials, IHS officials, and officials from other Federal agencies, State and local governmental agencies, and other agencies and organizations; (11) arranges national self-governance meetings to promote the participation by all AI/AN Tribes in IHS self-governance activities and program direction; (12) participates in meetings for Self-Governance Tribal delegations visiting IHS Headquarters; and (13) participates in cross-cutting issues and processes including, but not limited to emergency preparedness/security, budget formulation, self-determination issues, Tribal shares computations and resolutions of audit findings as may be needed and appropriate.

Office of Tribal Programs (PT) (GAB)

(1) Assures that Indian Tribes and Tribal organizations are informed regarding pertinent health policy and program management issues; (2) assures that consultation and participation by Indian Tribes and organizations occurs during the development of IHS policy and decision making; (3) provides overall Agency leadership concerning functions and responsibilities associated with self-determination contracting (Title I of the Indian Self-Determination Act); (4) advises the IHS Director and senior management on activities and issues related to self-determination contracting; (5) monitors Agency compliance with self-determination policies, administrative procedures, and guidelines; (6) provides Agency

leadership in planning and conducting a program of expert guidance, technical assistance, and support to Indian Tribes that continue to receive their health services directly from the IHS; (7) administers a national grant program designed to assist Tribes and Tribal organizations in beginning and/or expanding self-determination activities; (8) provides Agency leadership in the development of policy; (9) discharges operational responsibilities, with respect to the contract support cost (CSC) program administered by the IHS; (10) provides advice to the IHS Director and senior management on Tribal issues and concerns by acting as liaison with Tribal leaders, national Tribal organizations, inter-Tribal consortiums and Area health boards; (11) provides leadership in the management process of receiving visiting delegations of Tribal leaders and representatives to IHS Headquarters and provides staff assistance to the Office of the Director with respect to Tribal meetings at locations outside of Headquarters; (12) provides overall Agency leadership with respect to policy development and issues concerning the Federal recognition of new Tribes; (13) supports Tribes in managing health programs; (14) coordinates available support from other public and private agencies and organizations; (15) maintains a central database on relevant information to contact Tribal leaders, health programs, etc.; and (16) participates in cross-cutting issues and processes including, but not limited to emergency preparedness/security, budget formulation, self-determination issues, Tribal shares computations and resolution of audit findings as may be needed and appropriate.

Office of Urban Indian Health Programs (OUIHP) (GAC)

(1) Advises the IHS Director on the activities and issues related to the IHS' implementation of Title V, "Indian Health Care Improvement Act", as amended; (2) develops and recommends policies, administrative procedures, and guidelines for IHS services and activities for Urban Indian health programs and organizations; (3) assures that urban Indian health programs and organizations are informed of pertinent health policies; (4) ensures that consultation with urban Indian health programs and organizations occurs during the development of IHS policy to the extent allowed by law; (5) supports Urban Indian health programs and organizations in managing health programs; (6) coordinates support available from other public and private agencies and organizations; (7) advises

the IHS Director on Agency compliance with Urban Indian health program policies, administrative procedures, and guidelines; (8) maintains relevant information on urban Indian health programs and organizations; (9) coordinates meetings and other communications with urban Indian health program representatives; and (10) participates in cross-cutting issues and processes including, but not limited to emergency preparedness/security, budget formulation, self-determination issues, Tribal shares computations and resolution of audit findings as may be needed and appropriate.

Policy Formulation and Communications Group (PFCG) (GAE)

(1) Analyzes policy-related issues; (2) provides recommendations for resolving policy conflicts; (3) evaluates policy options and forecasts their costs, benefits, and long-term results; (4) ensures consistency between and within public agency statements, external correspondence, legislative and regulatory positions and internal policy development; (5) disseminates information to IHS consumers, stakeholders, and the general public regarding the activities of the IHS and the health status of AI/AN people and communities; and (6) participates in cross-cutting issues and processes including, but not limited to emergency preparedness/security, budget formulation, self-determination issues, Tribal shares computations and resolution of audit findings as may be needed and appropriate.

Public Affairs Staff (PAS) (GAE1)

(1) Serves as the principal advisor for strategic planning on communications, media relations, and public affairs policy formulation and implementation; (2) ensures IHS policy is consistent with directives from the Assistant Secretary for Public Affairs; (3) provides leadership and advocacy to establish and implement policy for internal and external dissemination of Agency information intended for public release or employee and stakeholder information; (4) serves as the central office for technical guidance and assistance to IHS staff for the development of public affairs and media communication; (5) coordinates public affairs activities with other public and private sector organizations; (6) coordinates the clearance of IHS public relations activities, campaigns, and communications materials; (7) represents the IHS in discussions regarding policy and public affairs initiatives/implementation; (8) provides technical assistance and advice relative

to the effect public affairs initiatives/implementation would have on the IHS; (9) collaborates with the Division of Regulatory Affairs, for review and response to media requests received under the Freedom of Information Act (FOIA) or the Privacy Act, and ensures the security of IHS documents used in such responses that contain sensitive and/or confidential information; and (10) serves as the IHS liaison office for press and public affairs with HHS, IHS Area Offices, media and other external organizations and representatives.

Diversity Management and Equal Employment Opportunity Staff (DMEEOS) (GAE2)

(1) Administers the IHS equal employment opportunity, civil rights, and affirmative action and alternative Dispute Resolution programs, in accordance with applicable laws, regulations, and HHS policies; (2) plans and oversees the implementation of IHS affirmative employment and special emphasis programs; (3) reviews data and advises IHS managers of possible discriminatory trends; (4) ensures immediate implementation of required actions on complaints of alleged sexual harassment or discrimination; (5) decides on accepting, for investigation, or dismissing discrimination complaints and evaluates accepted complaints for procedural sufficiency and investigates, adjudicates, and resolves such complaints; (6) evaluates accepted complaints for procedural sufficiency and investigates, adjudicates, and resolves such complaint; and (7) develops/administers equal employment opportunity education and training programs for IHS managers, supervisors, counselors, and employees.

Executive Secretariat Staff (ESS) (GAE3)

(1) Serves as the Agency's liaison with the Office of the Secretary's Executive Secretariat on IHS program, policy, and special matters; (2) reviews correspondence received by the IHS Director and assigns reply or follow-up action to appropriate IHS Headquarters program offices and IHS Area Offices; (3) ensures the quality (responsiveness, clarity, and substance) of IHS-generated correspondence prepared for the IHS Director's signature by coordinating the review of integrity and policy issues, and performing standard edits and revisions; (4) reviews and coordinates clearance of decision documents for the IHS Director's approval to ensure successful operations and policy-making within the Agency; (5) assists IHS officials as they prepare documents for the HHS Secretary's review, decision, and/or signature; (6) performs

special writing assignments for the IHS Director; (7) manages the flow of executive correspondence and related information to Tribes, Tribal organizations, heads of Federal departments and agencies, Congressional Staff offices, and members of Congress; (8) maintains official records for the IHS Director's correspondence and conducts topic research of files, as needed; (9) maintains an electronic document handling system to assist in managing the timely processing of internal and external executive correspondence; (10) conducts training to promote conformance by IHS Headquarters and Area staff to the IHS Executive Correspondence Guidelines and the electronic document handling system; and (11) tracks reports required by Congress.

Congressional and Legislative Affairs Staff (CLAS) (GAE4)

(1) Serves as the principal advisor to the IHS Director on all legislative and Congressional relations matters; (2) advises the IHS Director and other IHS officials on the need for changes in legislation and manages the development of IHS legislative initiatives; (3) serves as the IHS liaison office for Congressional offices, the HHS, the Office of Management and Budget (OMB), the White House, and other Federal agencies; (4) tracks all major legislative proposals in the Congress that would impact Indian health; (5) ensures that the IHS Director and appropriate IHS and HHS officials are briefed on the potential impact of proposed legislation; (6) represents the IHS in discussions regarding policy and legislative initiatives/implementation; (7) provides technical assistance and advice relative to the effect that initiatives/implementation would have on the IHS; (8) establishes collaborations with Headquarters Officers on programmatic and financial issues related to budget formulation; (9) conducts legislative analysis; (10) provides support and serves as liaison to the IHS Director relative to IHS appropriations efforts; (11) directs the development of IHS briefing materials for Congressional hearings, testimony, and bill reports; (12) analyzes legislation for necessary action within the IHS; (13) develops appropriate Legislative Implementation Plans; and (14) coordinates with IHS offices as appropriate to provide leadership, advocacy, and technical support to respond to requests from the public, including Tribal governments, Tribal organizations, and Indian community

organizations regarding IHS legislative issues.

Policy Support Staff (PSS) (GAE5)

(1) Organizes, facilitates, and supports stakeholder task teams to advise the IHS Director on major policy issues; (2) represents the IHS Director in meetings with IHS employees and high-level management officials within the IHS, the HHS, or other Federal agencies, Tribes, and other organizations; (3) provides staff support to the IHS Director, including preparation of presentations and briefings; (4) provides staff support to senior managers, councils and groups; (5) completes special assignments for the IHS Director that may require coordination with other IHS offices or other Federal agencies, Tribes, or Tribal organizations; (6) serves as the IHS liaison for inter-governmental and private sector initiatives that impact health care services and management of the IHS; and (7) participates on inter-governmental task forces.

Office of Clinical and Preventive Services (OCPS) (GAF)

(1) Serves as the primary source of national advocacy, policy development, budget development and allocation for clinical, preventive, and public health programs for the IHS, Area Offices, and Service Units; (2) provides leadership in articulating the clinical, preventive, and public health needs of AI/AN, including consultation and technical support to clinical and public health programs; (3) develops, manages, and administers program functions that include, but are not limited to, alcohol and substance abuse, behavioral health, chronic diseases such as diabetes, asthma, dental services, medical services, Health Promotion/Disease Prevention, domestic violence, pharmacy and pharmaceutical acquisition, community health representatives, emergency medical services, health records, disabilities, Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome, maternal health, child health, clinical nursing, public health nursing, women's health, nutrition and dietetics, and elder care; (4) investigates service delivery and community prevention evidence-based and best practice models for dissemination to community service locations; (5) expands the availability of resources available for AI/AN health by working with public and private entities as well as Federal agencies within and outside the HHS; (6) coordinates development of staffing requirements for new or replacement health care facilities and approves Congressional budget requests

for staffing, in collaboration with the Office of Environmental Health and Engineering; (7) provides program oversight and direction for the facilities planning and construction process; (8) develops and coordinates various Health Initiative and Nursing grant programs; (9) provides the national focus for recruitment and retention of health professionals and coordinates with the scholarship and loan repayment programs; (10) works with the Contract Health Services (CHS) program on CHS denial appeals to the IHS Director and in determining CHS medical priorities; (11) manages the clinical (medical, nursing, pharmacy, dental) features of medical tort claims against the IHS; (12) works with the Office of Management Services in managing the clinical aspects of the IHS workman's compensation claims; (13) oversees IHS efforts in a variety of quality assurance and improvement activities, including patient safety; (14) monitors approximately one-half of the IHS's Government Performance and Results Act (GPRA) indicators, overseeing indicator development, data collection, and reporting results; and (15) participates in cross-cutting issues and processes including, but not limited to emergency preparedness/security, budget formulation, self-determination issues, border health initiatives, Tribal delegation meetings, Tribal shares computations and resolution of audit findings as may be needed and appropriate.

Emergency Preparedness and Emergency Medical Services Staff (EPEMSS)

(1) Provides overall direction and leadership for the IHS in regard to establishing IHS goals and objectives consistent with those of the Department of Homeland Security and the HHS, addressing the mission critical elements of emergency preparedness; (2) provides leadership for the development of emergency preparedness plans, policies, and services, including the continuity of operations plans, deployment, public health infrastructure, and emergency medical services; (3) coordinates IHS activities and resources with the activities and available resources of other government and non-government programs for essential services related to homeland security and emergency preparedness; (4) advocates for the emergency preparedness needs and concerns of AI/AN and promotes these program activities at the local, State, national, and international levels; and (5) advocates and coordinates support for Tribal emergency medical services

programs, including training and equipment.

Division of Behavioral Health (DBH) (GAFA)

(1) Applies identified profession and program standards, monitors and evaluates community and Area-wide services provided through grants or contracts with AI/AN Tribes, villages, organizations, and direct IHS operations for mental health, social services, and alcohol/substance abuse; (2) coordinates AI/AN community behavioral health programs including alcohol/substance abuse prevention and treatment, mental health, and social work with program directors, division staff, Area staff, and other agencies and institutions; (3) coordinates contracts and grants for behavioral health services and monitors services provided; (4) makes program and policy changes using data analysis, recommendations from operational levels, research results, and coordinates resource allocation from program policies; (5) provides behavioral health program consultation to AI/AN groups and IHS staff; (6) provides leadership in the identification of behavioral change interventions and supports implementation at the community level; (7) coordinates with Federal, State, professional, private, and community organizations on alternate health care resources; (8) works with other Federal agencies and departments to provide additional Federal resources for AI/AN behavioral health programs; (9) provides financial resources and programmatic oversight for complying with the Americans With Disabilities Act through programs such as the Indian Children's Program, and for elders through partnerships with the Administration on Aging and the National Indian Council on Aging; (10) measures and evaluates the quality of behavioral health care services; and (11) prepares information on behavioral health for budgetary hearings and provides program evaluation results to the IHS Director, the Congress, and the Administration.

Division of Clinical and Community Services (DCCS) (GAFA)

(1) Manages, develops, and coordinates a comprehensive clinical, preventive and public health approach to clinical and community program focusing on maternal and child health, Indian children services including preventive health support services for Head Start and Early Head Start Health Programs, medicine, nutrition, HIV/AIDS, pharmacy, health records, health education, health promotion, and disease prevention; (2) develops

objectives, priorities, and methodologies for the conduct and evaluation of clinical, preventive, and public health for community health-based programs; (3) provides, develops, and implements IHS guidelines, standards, policies, and procedures on clinical, preventive, and public health for community based programs and initiatives; (4) monitors, evaluates, and provides consultation to clinical and community programs; (5) plans jointly with other programs and divisions of the IHS and other agencies on research and coordination of services; (6) coordinates professional staff recruitment and training needs, and scholarship recipient assignments and development to meet Area Office, Service Unit, and Tribal health professional human resource needs; (7) coordinates and monitors contracts and grants with IHS programs and other entities, in collaboration with the Division of Acquisitions Policy and the Division of Grants Operations; (8) develops and disseminates information and materials to IHS facilities and to Tribes and Urban Indian health programs; (9) develops program budget materials for resource management, program data collection, administrative system integrity and accountability and responds to Congressional and Departmental inquiries; and (10) manages the Veterans Affairs Pharmaceutical Prime Vendor Contract and IHS National Core Formulary.

Division of Nursing Services (DNS) (GAFC)

(1) Plans, develops, coordinates, evaluates, manages and advocates for Clinical and public health Nursing Services, including acute care, ambulatory care, and public health nursing services, Women's Health, and Community Health Representative Programs (CHR); (2) identifies and establishes standards for these programs; (3) provides leadership, professional guidance, and staff development; (4) plans, develops, coordinates, manages, and evaluates nursing CHR education to better meet the needs of nursing and CHRs in Indian Health programs; (5) coordinates professional staff, including nursing recruitment, scholarship recipients, assignment and development to meet Area Office, Service Unit, and Tribal needs in accordance with IHS policies and procedures; (6) provides guidance in planning, developing, and maintaining management information systems that will benefit documentation and data collection by and for nurses and community health workers; and (7) prepares budgetary data, analysis and program evaluations and prepares

information for program and budget presentations, as well as Congressional hearings.

Division of Oral Health (DOH) (GAFD)

(1) Plans, develops, coordinates, and evaluates dental health programs; (2) establishes staffing, procedural, facility, and dental contract standards; (3) coordinates professional recruitment, assignment, and staff development; (4) represents dental staff and Area Dental Programs in personnel matters, including the monitoring of personnel orders for both appointments and transfers, establishing promotion priority lists, processing special pay and retention bonus contracts, and serving as the HQ representative on adverse action cases; (5) improves effectiveness and efficiency of dental programs; (6) develops resource opportunities and monitors utilization of resources for dental health programs; (7) formulates, allocates and analyzes dental program budget and prepares information for program and budget presentations as well as Congressional inquiries; (8) advocates for oral health needs of the AI/AN population; (9) coordinates health promotion and disease prevention activities for the dental program; (10) monitors oral health status and treatment needs of the AI/AN population; (11) provides clinical and technical support to field staff by way of oral health surveys, provision of clinical trials, consultation on treatment cases, publication of quarterly newsletters and serving as liaison with public and private institutions, as well as major universities to evaluate new and existing strategies for addressing oral health problems in AI/AN; (12) serves as the IHS liaison for oral health issues with other Federal agencies; (13) serves as main source of information transfer to field staff via mediums including, but not limited to, teleconference hookups, electronics (email/listservs), conventional mail and meeting attendance; and (14) maintains and distributes information from the IHS centralized dental database, including workload, program resource directories and exploring the applicability of new health informatics technologies and systems.

Division of Diabetes Treatment and Prevention (DDTP) (GAFE)

(1) Plans, manages, coordinates, and evaluates a comprehensive clinical and community program focusing on type 2 diabetes in AI/AN communities; (2) plans, manages, develops, coordinates, and evaluates the Congressionally-mandated Special Diabetes Program for Indians, a large grant program focused

on the prevention and treatment of diabetes; (3) coordinates and monitors contracts and grants with IHS, Tribal, Urban Indian health programs and other entities; (4) develops objectives, priorities and methodologies for the conduct of clinical and community diabetes programs; (5) monitors, evaluates, and provides consultation to clinical and community diabetes grant programs and other new initiatives; (6) provides leadership, professional guidance, and staff development to Area Diabetes Consultants, Model Diabetes Programs and IHS, Tribal, Urban diabetes program providers; (7) coordinates diabetes training needs for Area Offices, Service Units, and Tribes; (8) develops and implements IHS standards of care, clinical guidelines, policies, and procedures for diabetes and diabetes-related conditions; (9) coordinates model diabetes program sites; (10) develops and disseminates diabetes-related information and materials to IHS, Tribes and Urban Indian health programs; (11) is responsible for preparing budgetary data, analysis and program evaluations for budget presentations and Congressional hearings; and (12) coordinates a chronic disease strategic plan initiative for the IHS.

Office of Information Technology (OIT) (GAG)

(1) Provides Chief Information Officer (CIO) services and advises the IHS Director on all aspects of information resource management and technology ensuring Agency compliance with related Federal laws, regulations and policies; (2) directs the development, implementation, and maintenance of policies, procedures, standards, and architecture for information resource management, technology activities, and services in the IHS; (3) directs strategic planning and budgeting processes for information resources and technology; (4) leads IHS efforts in the development and implementation of information resource and technology management initiatives in IHS; (5) directs the design, development, acquisition, implementation, and support of information systems and services used in the IHS; (6) directs the activities of the IHS Information Technology Investment Review Board in assessing, implementing, and reviewing the Agency's information systems; (7) contracts for information resource and technology-related software, equipment and support services in collaboration with appropriate acquisition authorities; (8) provides project management support for information resource and technology initiatives; (9) directs the

development, implementation and management of the IHS Information Technology Security program to protect the information resources of the IHS; (10) provides information technology services and support to IHS, Tribal, and Urban Indian health programs; (11) ensures accessibility to information technology services; (12) represents the IHS and enters into information technology agreements with Federal, Tribal, State and other organizations; and (13) participates in cross-cutting issues and processes including, but not limited to emergency preparedness/security, budget formulation, self-determination issues, Tribal shares computations, and resolution of audit findings as may be needed and appropriate.

Division of Information Technology (DIT) (GAGA)

Provides Chief Technology Officer services and advises the CIO on all aspects of information technology; (2) develops, implements, and maintains policies, procedures and standards for information resource management and technology products and services in the IHS; (3) develops and maintains information technology strategic planning documents; (4) develops and maintains the IHS enterprise architecture; (5) develops and implements information technology management initiatives in IHS; (6) ensures IHS information technology infrastructure resource consolidation and standardization efforts support IHS healthcare delivery and program administration; (7) represents the IHS to Federal, Tribal, State, and other organizations; and (8) participates in cross-cutting issues and processes that involve information technology.

Division of Information Resources Management (DIRM) (GAGB)

(1) Advises the CIO on all aspects of information resources management; (2) develops information resource policies and procedures; (3) develops the IHS information technology budget and related documents; (4) provides budget analyses and reports to the CIO; (5) develops strategies for presenting the IHS information technology budget to IHS, Tribal, and Urban Indian health programs; (6) provides technical analyses, guidance, and support for IHS capital planning and investment control activities; (7) manages the IHS portfolio management tool; (8) manages the activities of the IHS Information Technology Investment Review Board in assessing, implementing and reviewing the Agency's information systems; (9) represents the IHS to Federal, Tribal,

State, and other organizations; and (10) participates in the cross-cutting issues and processes that involve information resources management.

Division of Enterprise Project Management (DEPM) (GAGC)

(1) Advises the CIO on all aspects of information technology project management; (2) develops project management policies and procedures; (3) identifies alternatives among internal and external sources and recommends the best sources to supply information resource and technology products and services to IHS; (4) develops information resource and technology project governance structures, management plans, evaluations, protocols, documentation guides, and related materials to support effective project management; (5) provides project management and related support for IHS developed and acquired information resource and technology products and services; (6) provides customer relationship management support to project stakeholders; (7) provides quality assurance and risk management support; (8) provides contract management support for information technology initiatives; (9) provides contract liaison services to appropriate acquisition authorities; (10) represents the IHS to Federal, Tribal, State, and other organizations, and (11) participates in cross-cutting issues and processes that involve information resources and technology project management.

Division of Information Security (DIS) (GAGD)

(1) Advises the CIO on all aspects of information security; (2) develops, implements and monitors the IHS Information Technology Security program to protect the information resources of the IHS; (3) develops and maintains cyber security policies and guidance for hardware, software, and telecommunications within the IHS; (4) reviews IHS security plans for sensitive systems; (5) evaluates safeguards to protect major information systems and the information technology infrastructure; (6) monitors all IHS systems development and operations for security and privacy compliance; (7) establishes and leads IHS teams to conduct reviews of Agency programs to protect IHS cyber and personnel security programs; (8) conducts vulnerability assessments of IHS information technology infrastructure; (9) coordinates activities with internal and external organizations reviewing the IHS's information resources for fraud, waste, and abuse; (10) develops,

implements, and evaluates an employee cyber security awareness and training program; (11) establishes and leads the IHS Computer Security Incident Response Capability team; (12) represents the IHS to Federal, Tribal, State, and other organizations; and (13) participates in cross-cutting issues and processes that involve information security.

Office of Public Health Support (OPHS) (GAH)

(1) Advises and supports the IHS Director on policy, budget formulation, and resource allocation regarding the operation and management of IHS, Tribal, and Urban Indian health programs; (2) provides IHS-wide leadership, guidance and support for public health program and activities including strategic planning, evaluation, Government Performance and Results Act (GPRA), research, epidemiology, statistics, and health professions; (3) provides Agency-wide leadership and consultation to IHS, Tribal, and Urban Indian health programs on IHS goals, objectives, policies, standards, and priorities; (4) advocates for the public health needs and concerns of AI/AN and promotes quality health care; (5) manages and provides national leadership and consultation for IHS on assessments of public health medical services, research agendas, special pay, and public health initiatives for the Agency; (6) provides national leadership for the IHS scholarship and loan repayment programs, including physician recruitment; (7) supports and advocates for AI/AN to access State and local public health programs; and (8) participates in cross-cutting issues and processes including, but not limited to emergency preparedness/security, budget formulation, self-determination issues, Tribal shares computations and resolution of audit finding as may be needed and appropriate.

Division of Epidemiology and Disease Prevention (GAHA)

(1) Prevents and controls chronic and communicable disease through epidemiology and applied public health practice; (2) builds capacity in Tribal communities through a network of Tribal Epidemiology Centers; (3) collaborates with the Centers for Disease Control and Prevention (CDC) and directs staff detailed to the IHS from the CDC; (4) describes causes, patterns, and risk factors for disease and death, and develops public health policy and interventions; (5) serves IHS and Tribal communities through disease surveillance, health data management, analysis and reporting, community

surveys, emergency response, training in public health practice and epidemiology, consultation to clinicians and technical support for public health activities and assessment of public health system performance; (6) supports epidemiology, disease control, and prevention programs for chronic diseases, including cancer, tobacco control, cardiovascular disease, diabetes, kidney disease, environmental health, maternal health, child health, and others; and (7) supports epidemiology, disease control, and prevention programs for communicable diseases, including tuberculosis, HIV/AIDS, sexually-transmitted diseases, hepatitis, hantavirus, antibiotic-resistant infections, immunizations, bioterrorism preparedness and others.

Chronic Disease Branch (CDB)

Support epidemiology, disease control, and prevention programs for chronic diseases, including cancer, tobacco control, cardiovascular diseases, diabetes, kidney disease, environmental health, maternal health, child health, and others.

Infectious Disease Branch (IDB)

Supports epidemiology, disease control, and prevention programs for communicable diseases, including tuberculosis, HIV/AIDS, sexually-transmitted diseases, hepatitis, hantavirus, antibiotic-resistant infections, immunizations, bioterrorism preparedness, and others.

Division of Program Statistics (DPS) (GAHB)

(1) Plans, develops, directs, and coordinates an analytical statistical reporting program to provide data for measuring the health status and unmet health needs of the AI/AN population; (2) develops and coordinates the collection, processing, and analysis of demographic, patient care, and clinical data for the Agency; (3) maintains, analyzes, makes accessible, and publishes results from national demographic and clinical analyses; and (4) provides statistical and analytical consultation to other divisions and agencies.

Demographics Statistics Staff (DS)

(1) Plans, develops and executes a major nation-wide statistical program for the collection, processing, analysis and dissemination of demographic characteristics of the AI/AN population located throughout the United States; (2) coordinates with the National Center for Health Statistics the analysis and reporting of vital event information for the AI/AN population; and (3) provides

statistical and analytical consultation to other divisions and agencies.

Patient Care Statistics Staff (PCSS)

(1) Plans, develops and executes a major nation-wide statistical program for the collection, processing, analysis and dissemination of patient care data and special studies with emphasis on health and demographic characteristics of the AI/AN population located throughout the United States; (2) evaluates facility workload trends and participates in the development of methodologies for constructing long-range estimates of inpatient and ambulatory care workloads for use in facility construction and planning; and (3) coordinates with the IHS National Data Repositories, the analysis and reporting of program, patient care and clinical data for the Agency.

Division of Planning, Evaluation and Research (DPER) (GAHC)

(1) Develops and coordinates Agency strategic planning and performance measurement efforts (including GPRA and Program Assessment Rating Tool) with budgeting requirements in consultation with IHS program staff; (2) provides consultation and coordination on the IHS budget formulation activity for planning and data purposes; (3) conducts, facilitates, solicits, coordinates, and evaluates community-oriented practice-based research related to health problems and the delivery of care to AI/AN people and communities with a major focus on improving the health status and systems of care; (4) provides guidance and support for IHS-wide program evaluation projects; and (5) provides support for public health planning services, facilities and staffing.

Division of Health Professions Support (DHPS) (GAHD)

(1) Develops and implements IHS programs to recruit, select, assign, and retain health care professionals and coordinates these activities with the respective disciplines; (2) assesses professional staffing needs and coordinates the development of strategies and systems to satisfy these needs; (3) coordinates the planning and development of IHS strategies and systems to improve the morale and retention of all professionals; (4) coordinates Headquarters activities for physician residency and training programs; (5) coordinates the IHS National Health Service Corps (NHSC) program, including liaison and assignment of NHSC scholarship recipients to IHS; (6) develops priority sites for the loan repayment program; (7) coordinates placement of professionals

with loan repayment obligations; (8) serves as IHS coordinator for pre-medical and medical school IHS scholarship recipients; (9) retrieves, establishes, and manages information and data on the IHS work force; and (10) conducts work force data analyses, including trends and projections, identifying work force needs by major personnel systems, categories, and disciplines.

Health Professions Support Branch (HPSB)

(1) Develops the IHS program to recruit, select, assign, and retain health care professionals, in accordance with policies and guidance provided by the Division of Human Resources; (2) assesses IHS professional staffing needs; (3) provides research and analysis functions for Chief Medical Officers, Clinical Directors, and senior clinicians; (4) manages and supports health professions education programs and activities; and (5) develops and administers Indian Health Professions programs authorized by the Indian Health Care Improvement Act (IHCA), as amended.

Loan Repayment Branch (LRB)

(1) Awards, monitors, places (in IHS, Tribal, and Urban sites), and processes waivers and defaults of participants in the Loan Repayment Program (LRP) as mandated by Section 108 of the IHCA; (2) coordinates the LRP payment and debt management function with the Program Support Center; and (3) coordinates program administration with the IHS Area Office and Service Unit personnel, particularly recruitment and retention activities, including Clinical Directors, Chief Medical Officers, and professional recruiters.

Scholarships Branch (SB)

Develops, administers, and evaluates programs in the IHS Scholarship Program authorized under the IHCA: Section 102 (Health Professions Recruitment Program for Indians), Section 103 (Health Professions Preparatory Scholarship Program for Indians), Section 104 (Indian Health Professions Scholarship Program), Section 105 (IHS Externs Program), Section 120 (Matching Grants to Tribes for Scholarship Programs), Section 217 (Indians Into Psychology Program), and other funded programs authorized under the IHCA.

Office of Resource Access and Partnerships (ORAP) (GAJ)

(1) Provides Agency-wide leadership and consultation to the IHS direct operations and Tribal programs on IHS

goals, objectives, policies, standards and priorities regarding the operations and management of the Business Office Service (BOS) and the Contract Health Services (CHS) and the IHS Partnership programs; (2) develops and implements objectives, priorities, standards, measures and methodologies for the BOS and CHS and Partnership program; (3) manages and provides leadership, advocacy, consultation and technical support to Headquarters, IHS Areas and local levels on the full scope of BOS, CHS and Partnership activities; (4) represents the IHS at meetings and in discussions regarding policy, legislation and other national issues; (5) provides oversight and monitors the BOS and CHS programs regarding compliance requirements, utilization reviews, revenue measures and reports; (6) formulates and analyzes BOS and CHS budgets and prepares information for program budget presentations; (7) collaborates and coordinates with IHS information technology staff and external organizations on new technologies, applications and business practices; (8) develops resource opportunities through partnerships and coordinates the BOS and CHS activities with other governmental and non-governmental programs, promoting optimum utilization of all available health resources; (9) maintains a database of all inter-agency agreements, intra-agency agreements, memoranda of agreement and memoranda of understanding with external organizations; and (10) participates in cross-cutting issues and processes including, but not limited to emergency preparedness/security, budget formulation, self-determination issues, and resolution of audit findings as may be needed and appropriate.

Division of Business Office Enhancement (DBOE) (GAJA)

(1) Serves as the primary focal point for BOS program operations and policy issues and represents BOS in national forums; (2) provides consultation to Headquarters and Area Offices and is liaison to Tribal organizations, HHS and Office of Management and Budget (OMB) regarding BOS issues; (3) reviews and improves the efficiency of access to resources and provides support for local capacity building through technical assistance, training, consultation and information systems support; (4) develops, disseminates, and maintains BOS policy and procedures manuals; (5) provides national leadership for Medicare, Medicaid, and private insurance reimbursement policy and procedures; (6) services as the primary liaison with the Center for Medicaid/

Medicare Services for rate setting; (7) serves as the focal point regarding the impact of existing and proposed Laws, Regulations and Policies of Medicare and Medicaid managed care activities, including the review, evaluation, and monitoring of Sections 1115 and 1915(b) Medicaid waiver proposals and other State and Federal health care reform activities; (8) provides programmatic management, review and analysis of information systems for patient registration and billing and collections systems; (9) assures training on operations, various regulatory issues and negotiated managed care provider agreements; and (10) develops third-party budget materials and responds to Tribal, Congressional and HHS inquiries relating to third-party issues.

Division of Contract Care (DCC) (GAJB)

(1) Plans, develops, and coordinates the CHS program and required business practices; (2) develops, disseminates, and maintains CHS policy and procedures manuals; (3) formulates and monitors the CHS budget and distribution methodologies; (4) administers the Catastrophic Health Emergency Fund; (5) administers the CHS Quality Assurance Fund; (6) administers the CHS claims adjudication activity for the IHS Headquarters; (7) monitors the implementation of the IHS payment policy and reports the status to the Director, ORAP; (8) administers the IHS Fiscal Intermediary contract; (9) conducts data analysis and national utilization review and utilization management of CHS services rendered by private sector providers; and (10) provides consultation to Headquarters and Area Offices, and responds to inquiries from the Congress, Tribes, and other Federal agencies.

Office of Finance and Accounting (OFA) (GAK)

(1) Develops and prepares the budget submission for the Indian Health Service and Facilities appropriation to the HHS, OMB and the Presidents budget; (2) participates with HHS officials in budget briefings for the OMB and the Congress; (3) distributes, coordinates, and monitors resource allocations; (4) develops and implements budget, fiscal, and accounting procedures and conducts reviews and analyses to ensure compliance in budget activities in collaboration with Headquarters officials and the Tribes; (5) provides cost advisory and audit resolution services in accordance with applicable statutes and regulations; and (6) supports the Agency's Medicare Cost

Report efforts by providing necessary financial data to the contractor preparing the cost reports; and (7) participates in cross-cutting issues and processes including, but not limited to emergency preparedness/security, budget formulation, self-determination issues, Tribal shares computations, and resolution of audit findings as may be needed and appropriate.

Division of Audit (DA) (GAKA)

(1) Develops and recommends policies and procedures for Chief Financial Officer (CFO) audits; (2) develops and recommends policies and procedures for Tribes and Tribal organizations audit resolution within IHS; (3) provides advice, technical consultation, and training to IHS Headquarters, Area Offices, Tribal, and Urban Indian Health organizations for Title I, Title V, and Agency CFO audits; (4) provides audit resolution services in accordance with applicable statutes and regulations; (5) advises the Director, OFA, of proposed legislation, regulations, directives, and timelines that will affect audits within IHS, as well as how current legislation affects handling of audit-related issues; (6) manages the IHS Audit Information Management System (AIMS) and conducts analysis of data for reports and/or responses to internal and external inquiries; (7) serves as the IHS contact point to the HHS for the AIMS Report and the Accountability Report; (8) coordinates the collection of disallowed costs cited in Tribes and Tribal organizations audits; (9) coordinates the correction of non-monetary findings coded by the HHS in Tribes and Tribal organizations audits; (10) coordinates receipt of audits from all organizations funded by IHS; (11) formulates Corrective Action Plans for CFO audit deficiencies; (12) coordinates resolutions of deficiencies with IHS Headquarters senior managers and Area Directors; and (13) reports status of corrective actions to the IHS Headquarters senior managers and to the HHS.

Division of Budget Formulation (DBF) (GAKB)

(1) Interprets policies, guidelines, manual issuances, OMB circulars, and instructions from Congress, OMB, HHS, and IHS on formulation of preliminary, Departmental, and Congressional budget requests for the IHS and Indian Health Facilities appropriation requests; (2) directs the collection, review, and analysis of program and financial data from Headquarters, Area Offices, Tribes, Tribal and Urban Indian Health organizations used in determining

resource requirements; (3) coordinates the preparation of the IHS preliminary, Departmental and Congressional budget justifications for the Indian Health Service and Facilities appropriations; (4) prepares witness information for hearings before the House and Senate Appropriations Committees, House Resource Committee on Interior and Insular Affairs, the Senate Committee on Indian Affairs, and other Congressional committees as requested; (5) coordinates development of responses and inserts to be used for the record by and for Congressional appropriations hearings; (6) coordinates development of briefing materials in response to Congressional concerns and hearings; and (7) develops, implements, and maintains IHS policies and procedures for Congressional budget liaison activities.

Division of Budget Execution (DBE) (GAKC)

(1) Interprets policies, guidelines, and directives from Congress, OMB, Government Accounting Office (GAO), Treasury, and the HHS on Tribal shares and execution; (2) recommends and coordinates IHS Area Budget Execution; (3) prepares apportionment requests for the Indian Health Service and Indian Health Facilities appropriations; (4) consults with the Headquarters officials on Area funding allocations; (5) monitors fund control at the appropriation level; (6) reviews IHS Headquarters memorandum of agreements for proper accounting; (7) prepares reprogramming requests; (8) advises the Director, OFA on Agency compliance with self-determination policies, administrative procedures and guidelines; (9) coordinates activities for resolution of problems with appropriate IHS Headquarters and Area staff; and (10) analyzes various operating costs and provides Program Support Center (PSC) with Area breakouts.

Division of Systems Review and Procedures (DSRP) (GAKD)

(1) Reviews, interprets and comments on policies, guidelines, and manual issuances of Congress, Treasury, GAO, the HHS and IHS on systems of fiscal management, including the Unified Financial Management System (UFMS), and the CORE Accounting System (CORE); (2) plans, directs, and implements fiscal policies and procedures on Headquarters and field accounting; (3) Supports costs accounting activities in IHS; (4) reviews and analyzes accounting and financial management systems and trains Headquarters staff on related system interfaces; (5) supports the conversion of financial information from CORE to

UFMS; (6) provides and assists Area accounting staff with accounting system transactions, correcting errors and system related emergencies; (7) serves as the Agency liaison between Agency components concerning the interface of administrative and other feeder applications with Oracle/UFMS; (8) serves as the liaison between IHS, the PSC and the HHS for reporting of prompt payment, debt management, and cash reconciliation processes; (9) coordinates, regulates, and manages the issuance of financial codes for IHS; and (10) coordinates year-end "roll-over" activities with PSC and IHS Headquarters and Area staffs.

Division of Financial Operations (DFO) (GAKE)

(1) Manages the IHS travel program, provides training, interprets travel regulations, conducts reviews and updates travel policy and procedures; (2) processes Headquarters travel orders and vouchers, including permanent change of station and international travel; (3) coordinates Area Directors' travel orders and vouchers; (4) coordinates the conference management functions for the Agency; (5) provides support and technical assistance to Headquarters operational components in the development of Headquarters operations budgets; (6) provides fund certification and maintains commitment registers for Headquarters components; (7) performs fund reconciliations and assists in coordination of discrepancies with financial officials; and (8) maintains Headquarters staffing status reports.

Office of Management Services (OMS) (GAL)

(1) Provides IHS-wide leadership, guidance and support for the management of human resources, grants, acquisition, records management, personal property and supply, and the regulations program; (2) formulates, administers, and coordinates the review and analysis of IHS-wide policies, delegations of authority, and organizations and functions development; (3) develops and oversees the implementation of policies, procedures and delegations of authority for IHS grants management activities, including grants added to self-governance compacts; (4) ensures that Agency policies and practices for the administrative functions identified above are consistent with applicable regulations, directives and guidance from higher echelons in the HHS and other Federal oversight agencies; (5) advises the IHS Director, in conjunction with the Office of the General Counsel

(OGC), on the resolution of statutory and regulatory issues related to the IHS and coordinates resolution of IHS legal issues with the OGC, IHS staff, and other Federal agencies; (6) assures that IHS appeal systems meet legal standards, in conjunction with the Office of the General Counsel; (7) provides leadership and direction of activities for continuous improvement of management accountability and administrative systems for effective and efficient program support services IHS-wide; (8) ensures the accountability and integrity of grants and acquisition management, records management, personal property utilization and disposition of IHS resources; (9) assures that the IHS management services, policies, procedures, and practices support IHS Indian Self-Determination Act policies; (10) assists in the assurance of Indian access to State, local, and private health programs; (11) provides leadership and advocacy of the IHS mission and goals with the HHS, Administration, Congress, and other external authorities; and (12) participates in cross-cutting issues and processes including, but not limited to emergency preparedness/security, budget formulation, self-determination issues, Tribal shares computations and resolution of audit findings as may be needed and appropriate.

Program Integrity and Ethics Staff (PIES) (GAL1)

(1) Directs the fact-finding and resolution of allegations of impropriety such as mismanagement of resources, fraud, waste, and abuse violations of the Standards of Ethical Conduct, Hatch Act and political activity and other forms of waste; (2) advises the IHS Director and IHS management of appropriate corrective and remedial actions to correct improprieties; (3) directs and provides leadership in the formulation of plans, guidance and evaluation of the IHS Personnel Security and Drug Testing Programs; (4) administers the IHS-wide management of the Agency hotline reports of allegations; (5) serves as the Agency coordinator for the HHS Office of the Inspector General (OIG), Office of Investigations; (6) manages and directs the IHS "Ethics Program", including the implementation of all requirements, providing advice to the IHS Director and serving as the Agency liaison with all outside investigative organizations such as the Office of Special Counsel, the General Accounting Office and the OIG; and (7) develops and implements IHS directives and training for Standards of Ethical Conduct, Hatch Act and political activity, allegations and investigations

of administrative fraud, waste and abuse, drug testing, and personnel security.

Grants Policy Staff (GPS) (GAL2)

(1) Initiates new and modifies existing IHS grants administration policies and procedures in accordance with HHS grants policies; (2) provides assistance to IHS staff and grantee organizations regarding policies and procedures pertinent to the administration of IHS grants to ensure stewardship of Federal funds; (3) provides guidance to and articulates grants management policy for IHS staff on the effective utilization of financial assistance mechanisms (grants and cooperative agreements); (4) provides assistance to IHS staff on program announcement requirements as issued by OMS and HHS Grants Review and Oversight; (5) develops and maintains IHS Grants Operations/Grants Policy Web site; and (6) posts all IHS funding opportunities on IHS Grants Operations/Grants Policy Web site for Grants.gov.

Management Policy and Internal Control Staff (MPICS) (GAL3)

(1) Formulates, administers, and supports IHS-wide policies, delegations of authority, and organizations and functions development; (2) provides leadership, on behalf of the IHS Director, to functional area managers at IHS Headquarters in developing, modifying, and overseeing the implementation of IHS policies and procedures; (3) provides analysis, advisory, and assistance services to IHS managers and staff for the development, clearance, and filing of IHS directives and delegations of authority; (4) serves as principal advisor and source for technical assistance for establishment or modification of organizational infrastructures, functions, and Standard Administrative Code configurations; (5) administers the IHS's Management Control Program for assuring IHS compliance with management control requirements in the Federal Managers' Financial Integrity Act; (6) coordinates the development, clearance, and transmittal of IHS responses and follow-up to reports issued by the Office of Inspector General (OIG), the General Accounting Office (GAO), and other Federal internal and external authorities; (7) provides assistance and support to special assigned task groups; (8) conducts special program or management integrity reviews as required; and (9) oversees and coordinates the annual development and submission of the Agency's Federal Activities Inventory Reform Act report to the HHS.

Division of Commissioned Personnel Support (DCPS) (GALA)

(1) Acts as the liaison between IHS and the Office of Commissioned Corps Operations, the Office of Commissioned Corps Force Management, and the Office of Commissioned Corps Officers Support HHS; (2) advises the IHS Director, supervisors, administrators, managers, officers and dependents regarding commissioned personnel benefits, policies, procedures, and regulations, as the IHS primary point of contact for commissioned personnel management; (3) develops policies, procedures, and recommendations to the Office of Commissioned Corps Operations, the Office of Commissioned Corps Force Management, and the Office of Commissioned Corps Officers Support HHS; (4) provides direct support to the IHS Director and/or the Agency representative to the Office of the Surgeon General; and (5) produces resource materials and conducts training sessions on commissioned personnel issues for officers, supervisors, and commissioned personnel specialists in IHS Area Offices.

Division of Administrative Services (DAS) (GALB)

(1) Plans, develops and directs program support and general services programs; (2) develops and disseminates policy and procedural guidelines for uniform administrative services and practices; (3) provides guidance and support in the development, planning, and implementation of administrative functions; (4) serves as liaison with the HHS and the General Services Administration (GSA) on logistics issues affecting the IHS; (5) monitors, evaluates, and reports on administrative programs and services; (6) manages a variety of special projects; (7) provides leadership and guidance for the Agency Records Management Program; (8) develops and recommends policies and procedures for the protection and disposition of IHS records and oversees the evaluation of records management activities in the IHS; (9) develops and implements a management control system for evaluation of records management functions agency-wide; (10) provides leadership for special projects and inter-and intra-agency activities; and (11) provides guidance and oversight to the IHS on the control and safeguard of classified national security information.

Office Services Branch (OSB)

(1) Administers physical security, facility management, and space

management services real property and GSA lease management, telecommunication service, parking management, employee credentialing program, and employee transit subsidy program for Headquarters; (2) administers the agency forms, mail and printing program for Headquarters; (3) develops and implements policy and procedures for uniform office service; (4) provides leadership and coordination in the planning, development, operation, oversight, and evaluation of special office support projects in office relocations, and lease acquisition, and inter- and intra-agency activities; and (5) prepares reports on commercial printing and mail.

Property and Supply Management Branch (PSMB)

(1) Plans, develops, and administers the IHS policies on personal property and supply management in conformance with Federal personal property and supply management laws, regulations, policies, procedures, practices, and standards; (2) interprets regulations and provides advice on execution and coordination of personal property and supply management policies and programs; (3) administers management systems and methods for planning, utilizing, and reporting on administrative personal property and supply management programs, including the IHS personal property and supply accountability and controls systems; (4) provides guidance and serves as principal administrative authority on federal personal property and supply management laws, regulations, policies, procedures, practices, and standards, in conjunction with the Office of the General Counsel; (5) conducts surveys and studies involving evaluation and analysis of the personal property and supply management activities Agency-wide; (6) maintains liaison with the HHS and the GSA on personal property and supply management issues and programs affecting the IHS; (7) prepares reports on IHS personal property and supply; and (8) develops statements for annual budget formulation and presentation; (9) plans, develops, and administers an integrated IHS personal property and supply system; and (10) manages the Headquarters motor vehicles, personal property, special projects and inter/intra agency activities.

Division of Acquisition Policy (DAP) (GALC)

(1) Develops, recommends, and oversees the implementation of policies, procedures and delegations of authority for the acquisition management

activities in the IHS, consistent with applicable regulations, directives, and guidance from higher echelons in the HHS and Federal oversight agencies; (2) advises the Director, Office of Management Services, of proposed legislation, regulations, and directives that affect contracts in the IHS; (3) provides leadership for compliance reviews of all IHS acquisition operations; (4) oversees completion of necessary corrective actions; (5) manages for the Agency, the HHS acquisition training and certification program; (6) supports and maintains the IHS Contract Information System and controls entry of data into the HHS Contract Information System; (7) serves as the IHS contact point for contract protests and the HHS contact for contract-related issues; (8) reviews and makes recommendations for approval/disapproval of contract-related documents such as: pre- and post-award documents, unauthorized commitments, procurement planning documents, Justification for Other Than Full and Open Competition waivers, deviations, and determinations and findings that require action by the Agency Head of Contracting activity, or the Office of the Secretary; (9) processes unsolicited proposals for the IHS; (10) coordinates the IHS Small Business programs; and (11) oversees compliance with the Buy Indian Act.

Division of Grants Operations (DGO) (GALD)

(1) Directs grants management and operations for the IHS; (2) awards and administers grants and cooperative agreements for IHS financial assistance programs; (3) provides assistance for the resolution of audit findings for grant programs; (4) manages for the Agency, the HHS grants training and certification program; (5) assesses continuously grants operations; (6) oversees completion of necessary corrective action plans; (7) reviews and makes recommendations for improvements in grantee and potential grantee management systems; (8) serves as the IHS liaison with the HHS and the public for grants and other financial assistance programs with the IHS; (9) maintains the Catalog of Federal Domestic Assistance for IHS financial assistance programs; (10) conducts grants-related training for IHS staff, grantees, and potential grantees; (11) coordinates payment to grants, including scholarship recipients; and (12) establishes and maintains the IHS automated Grants Information System and controls data entry into the HHS automated Grants Information System.

Division of Regulatory Affairs (GALE)

(1) Manages the IHS's overall regulations program and responsibilities, including determining the need for and developing plans for changes in regulations, developing or assuring the development of needed regulations, and maintaining the various regulatory planning processes; (2) serves as IHS liaison with the Office of the Federal Register on matters relating to the submission and clearance of documents for publication in the Federal Register; (3) assures proper Agency clearance and processing of Federal Register documents; (4) informs management and program officials of regulatory activities of other Federal agencies; (5) manages the IHS review of non-IHS regulatory documents that impact the delivery of health services to Indians; (6) advises the IHS Director and serves as liaison with the Office of the General Counsel (OGC) on such matters as litigation, regulations, related policy issues, and administrative support issues; (7) determines the need for and obtains legal clearance of IHS directives and other issuances; (8) coordinates legal issues with the OGC, IHS, HHS components, and other Federal agencies, including the identification and formulation of legal questions and advising on the implementation of OGC opinions; (9) assures that IHS appeals processes meet legal standards; (10) advises on and participates in Indian Self-Determination and Education Assistance Act appeals and hearings; (11) provides guidance and assistance on State and Federal health reform efforts, including access and civil rights aspects and State Medicaid waiver applications; (12) advises on the administration of the contract health services (CHS) appeals system and is a participant in the IHS Director's CHS appeal decisions; (13) manages the retrieval and transmittal of information in response to requests received under the FOIA or the Privacy Act, in collaboration with the Public Affairs Staff; (14) ensures the security of sensitive and/or confidential information when responding to FOIA or Privacy Act issues; and (15) advises the IHS Director regarding requests for IHS employees to serve as expert witnesses when IHS is not a party to the suit.

Regulations and Records Access Branch (RRAB)

(1) Manages the Agency's regulation program and responsibilities; (2) serves as liaison with the Office of the Federal Register; (3) advises on the need for or changes in current regulations; (4)

develops or assures the development of IHS regulations; (5) keeps IHS officials informed on relevant regulatory activities of other agencies of the Government; (6) coordinates regulations activities with agencies within the HHS that impact on the delivery of health services to Indians; (7) maintains and updates various regulatory agendas; (8) assures that all IHS materials for publication in the **Federal Register** are properly cleared, processed, and in proper format; (9) manages the retrieval, review, and appropriate transmittal of information in response to FOIA requests, including ensuring the appropriate security of such documents; (10) manages, administers, implements and monitors the Agency's Paperwork Reduction Act (PRA) and OMB information collection/activities; (11) provides guidance and technical assistance to IHS regarding information collection requirements and procedures for obtaining OMB approvals and extensions for IHS information collections; and (12) coordinates the implementation and the application of Privacy Act requirements, including but not limited to Health Insurance Portability and Accountability Act implementation and compliance.

Policy Liaison Branch (PLB)

(1) Coordinates the resolution and development of legal advice to the IHS Director on IHS legal issues with the OGC, IHS senior staff, and other Federal agencies; (2) provides liaison with the OGC in such matters as litigation, regulations, legislation, policy review, civil rights, and administrative appeals; (3) provides advice on the development and implementation of non-personnel appeals processes to assure they meet legal standards; (4) maintains and distributes the Compendium of Legal Opinions; (5) reviews IHS directives and other issuances for needed legal clearances; (6) advises on the impact on IHS and the Indian community of State and Federal health reforms; and (7) provides policy review and advice on the need for or application of legal opinions.

*Division of Human Resources (DHR)
(GALG)*

(1) Provides overall leadership and direction for the IHS Human Resources (HR) program; (2) evaluates, establishes and implements HR policies for Agency-wide use and provides leadership to ensure implementation; (3) provides advice, consultation, guidance and assistance to the Director, IHS, on civil service HR issues, programs and policies; (4) provides leadership and direction to the IHS Regional HR

Centers; (5) assures compliance with Indian Preference statutory and policy requirements in HR practices; (6) provides HR services throughout the IHS, to include, but not limited to, strategic human capital and workforce planning, succession planning, E-government HR initiatives, HR program evaluation and oversight, management advisory services, HR leadership, classification and pay administration, staffing and placement, personnel and payroll action processing, labor-management and employee relations, benefits administration, and performance management and recognition programs; (7) provides advice, consultation, and assistance to IHS management and when requested to Tribal officials on tribal health program HR issues; (8) provides HR services, to include technical support, guidance, and assistance to IHS Headquarters staff, Regional HR Centers and other organizations and customers; (9) plans, conducts and evaluates HR programs; (10) plans and implements HR responsibilities for IHS programs covered by the headquarters appointing authority; and (11) represents the IHS in matters involving HR program services and responsibilities.

*Division of Human Resources, Regional
Human Resource Centers*

(1) Provides overall leadership and direction for the IHS Human Resources (HR) program within the established region; (2) administers HR policies and regulations and provides leadership to ensure implementation; (3) provides advice, consultation, guidance and assistance to Area Directors, management officials, employees and other customers on civil service HR issues, programs and policies; (4) provides leadership and direction to the Human Resource staff throughout the Region; (5) assures compliance with Indian Preference statutory and policy requirements in HR practices; (6) provides HR services throughout the region, to include, but not limited to, strategic human capital and workforce planning, succession planning, E-government HR initiatives and strategic planning, HR program evaluation and oversight; strategic consultation, management advisory services, HR leadership, classification and pay administration, staffing and placement, personnel and payroll action processing, labor-management and employee relations, benefits administration and performance management; (7) provides advice, consultation, and assistance to management and when requested to Tribal officials on tribal health program HR issues; (8) plans, administers and

evaluates HR programs; (9) plans and implements HR responsibilities for IHS programs covered by the region's appointing authority; and (10) represents the region in matters involving HR program responsibilities.

*Western Region (GALG1)
Northern Plains (GALG2)
Southwest Region (GALG3)
Navajo Region (GALG4)
Southeast Region (GALG5)*

*Office of Environmental Health and
Engineering (OEHE) (GAM)*

(1) Advises and supports the IHS Director on policy, budget formulation, and resource allocation regarding environmental health and engineering activities of IHS and Tribal facilities programs; (2) provides Agency-wide leadership and consultation to IHS, Tribal, and Urban Indian health programs on IHS goals, objectives, policies, standards, and priorities; (3) represents the IHS within the HHS and external organizations for purposes of liaison, professional collaboration, cooperative ventures, and advocacy; (4) serves as the primary source of technical advice for the IHS Director, Headquarters, Area Offices, Tribal, and Urban Indian health programs on the full scope of health care facilities construction and operations, sanitation facilities construction and management, environmental health services, environmental engineering, clinical engineering, and realty services management; (5) develops and recommends policies, administrative procedures and guidelines for Public Law 93-638 construction activities; (6) develops objectives, priorities, standards, and methodologies to conduct and evaluate environmental health, environmental engineering, and facilities engineering and management activities; (7) coordinates the formulation of the IHS Facilities appropriation budget request and responds to all inquiries about the budget request and programs funded by the IHS Facilities appropriation; (8) maintains needs-based and workload-based methodologies for equitable resource distribution for all funds appropriated under the IHS Facilities appropriation; (9) provides leadership, consultation, and staff development to assure functional, safe, and well-maintained health care facilities, a comprehensive environmental health program, and the availability of water, sewer, and solid waste facilities for Indian homes and communities; (10) coordinates the IHS OEHE responsibilities in responding to disasters and other emergency situations, in collaboration with the

Office of Clinical and Preventive Services; and (11) participates in cross-cutting issues and processes including, but not limited to emergency preparedness/security, budget formulation, self-determination issues, Tribal shares computations and resolution of audit findings as may be needed and appropriate.

Division of Sanitation Facilities Construction (DSFC) (GAMA)

(1) Develops, implements, and manages the environmental engineering programs, including the Sanitation Facilities Construction (SFC) program, and compliance activities associated with environmental protection and historic preservation legislation; (2) provides Agency-wide management assistance and special support/consultation to address special environmental public health problems for environmental engineering/construction activities, and for compliance with environmental legislation; (3) works closely with other Federal agencies to resolve environmental issues and maximize benefits to Tribes by coordinating program efforts; (4) develops, implements, and evaluates Agency program activities, objectives, policies, plans, guidelines, and standardized data systems for SFC activities; (5) consults with Tribal groups/organizations in the development and implementation of SFC policies and initiatives, and in the identification of sanitation needs; (6) maintains a national inventory of current Tribal sanitation facilities needs, and past and present projects to address those needs; and (7) allocates financial resources Agency-wide based on need and workload using the national data inventories, in collaboration with the OFA.

Division of Facilities Operations (DFO) (GAMB)

(1) Develops, implements, and manages the programs affecting health care facilities operations, including the routine maintenance and improvement, real property asset management, realty, facilities environmental, quarters, and clinical engineering programs; (2) develops, implements, monitors and evaluates Agency program activities, objectives, policies, plans, guidelines, and standardized data systems for health care facilities operations; (3) serves as the principal resource for coordination of facilities operations and provides consultation to IHS and the Tribes on health care facilities operations; (4) maintains real property asset leasing, and quarters management systems; (5) maintains clinical

engineering management systems; (6) formulates financial resources allocation methodologies Agency-wide based on need and workload data; (7) maintains Agency-wide data on Federal and Tribal facilities for program budget justification; (8) develops and evaluates technical standards and guidelines for health care facilities operations; and (9) monitors the improvement, alternation, and repair of health care facilities.

Division of Facilities Planning and Construction (DFPC) (GAMC)

(1) Develops, implements, and manages the IHS Health Care Facilities Planning and Construction program, including the facilities planning process, facilities design process, facilities acquisition, and construction project management; (2) develops, implements, monitors, and evaluates Agency program activities, objectives, policies, plans, guidelines, and standardized data systems for health care facilities planning and construction; (3) develops and maintains construction priority systems, and with the Division of Engineering Services, develops project budget documents for the health care facilities construction program; (4) services as the principal resource in providing leadership, guidance, and coordination of health care facilities engineering activities for the IHS Headquarters, Area Offices, Tribal and Urban Indian health programs; (5) evaluates justifications for major improvement and alteration projects and other large scale construction activities; (6) develops and evaluates technical standards and guidelines for health care facilities construction.

Division of Environmental Health Services (DEHS) (GAMD)

(1) Develops, implements, and manages the IHS Environmental Health Services programs, including the Injury Prevention and Institutional Environmental Health programs; (2) serves as the primary source of technical and policy advice for IHS Headquarters and Area Offices on the full scope of environmental health issues and activities; (3) maintains relationships with other Federal agencies and Tribes to maximize responses to environmental health issues and maximize benefits to Tribes by coordinating program efforts; (4) provides leadership in identifying and articulating environmental health needs of AI/AN populations and support efforts to build Tribal capacity; (5) provides personnel support services and advocates for environmental health providers; (6) maintains, analyzes, make accessible, and publishes results from

national databases; (7) manages resource allocation activities in accordance with established criteria based on workload; (8) develops and evaluates standards and guidelines for environmental health programs and activities; and (9) performs functions related to environmental health programs such as injury prevention, emergency response, water quality, food sanitation, occupational health and safety, solid and hazardous waste management, environmental health issues in health care and non-health care institutions, and vector control.

Division of Engineering Services (Dallas/Seattle) (DES) (GAME)

(1) Administers all IHS new health care facilities engineering and construction projects and some repair and improvement construction projects for specified Area Offices and administers the engineering and construction of certain projects for other Federal agencies through inter-agency agreements, as negotiated; (2) carries out management activities relating to IHS-owned and utilized health care facilities, including construction, contracting, realty, and leasing services; (3) serves as the source of engineering and contracting expertise for assigned programs/projects and other technical programmatic areas affecting the planning, design, alteration, leasing, and construction of IHS health care and sanitation facilities for Indian homes and communities; (4) assists in the development of Area Office annual work plans, studies, investigations, surveys, audits, facilities planning, and technical standards development, for IHS-owned and Tribal health care facilities; and (5) designated as the IHS authority having jurisdiction for all code interpretations required to resolve conflicts that arise from interpreting and applying various codes and other related criteria in all IHS facilities and design/construction projects.

Section GA-30, Indian Health Service—Order of Succession

During my absence or disability of the IHS Director or in the event of a vacancy in that office, the following IHS Headquarters officials, in the order listed below, shall act as the IHS Director. In the event of a planned extended period of absence, the IHS Director may specify a different order of succession. The order of succession will be:

- (1) Deputy Director
- (2) Deputy Director for Indian Health Policy
- (3) Deputy Director for Management Operations

(4) Chief Medical Officer

Section GA-40, Indian Health Service—Delegations of Authority

All delegations of authority and re-delegations of authority made to IHS officials that were in effect immediately prior to this reorganization, and that are consistent with this reorganization, shall continue in effect pending further re-delegation.

Chapter GF—IHS Area Offices

Section GF-00, Indian Health Service Area Offices—Mission

The IHS Area Offices carry out the mission of the IHS by providing a system of health care unique to the Area population.

Section GF-10, Indian Health Service Area Offices—Organization

An Area Office is a second echelon organization under the direction of an Area Director, who reports to the IHS Director.

The following are the Area Offices of the IHS:

- Aberdeen Area Office (GFA); Alaska Area Office (GFB); Albuquerque Area Office (GFC); Bemidji Area Office (GFE); Billings Area Office (GFF); California Area Office (GFG); Nashville Area Office (GFH); Navajo Area Office (GFI); Oklahoma City Area Office (GFK); Phoenix Area Office (GFL); Portland Area Office (GFM); and Tucson Area Office (GFN).

Section GF-20, Indian Health Service Area Offices—Functions

The specific functions of the IHS Area Offices vary, however, each Area Office includes functions organized to support major categories of administrative management and clinical activities. Examples include:

Administration and Management—Financial management, administrative and office services, contract/grant administration, procurement, personnel management, facilities management, management information systems, contract health services, and equal employment opportunity;

Program Planning, Analysis and Evaluation Programs—Program planning, statistical analysis, legislative initiatives, research and evaluation, health records, management information systems, and patient registration/third party collection;

Tribal Activity Programs—Provision of Pub. L. 93-638, Indian Self-Determination and Education Assistance Act, health services delivery, community health representative services, Urban Indian health,

alcoholism and substance abuse, and health education;

Health Programs—Primary care, clinical activities, mental health, nursing services, health promotion, disease prevention, professional recruitment, community services, and the Joint Commission on Accreditation of Healthcare Organizations;

Environmental Health/Sanitation Facilities Programs—Environmental health and engineering/sanitation facilities construction programs; and

Information Resources Management Programs—Automated data processing (ADP), ADP planning and operations, management information systems, office automation systems, and voice/data telecommunications management.

Section GF-30, Indian Health Service Area Offices—Order of Succession

The order of succession for Area Directors at the IHS Area Offices is determined by each Area Director and continues in effect until changed.

Section GF-40, Indian Health Service Area Offices—Delegations of Authority

All delegations and re-delegations of authority made to officials in the IHS Area Offices that were in effect immediately prior to this reorganization, and that are consistent with this reorganization, shall continue in effect pending further re-delegation.

This reorganization shall be effective on October 17, 2005.

Dated: October 5, 2005.

Robert G. McSwain, Deputy Director, Indian Health Service. [FR Doc. 05-20584 Filed 10-14-05; 8:45 am] BILLING CODE 4165-16-M

DEPARTMENT OF HOMELAND SECURITY

Customs and Border Protection

Quarterly IRS Interest Rates Used in Calculating Interest on Overdue Accounts and Refunds on Customs Duties

AGENCY: Customs and Border Protection, Department of Homeland Security.

ACTION: General notice.

SUMMARY: This notice advises the public of the quarterly Internal Revenue Service interest rates used to calculate interest on overdue accounts (underpayments) and refunds (overpayments) of customs duties. For the calendar quarter beginning October 1, 2005, the interest rates for overpayments will be 6 percent for

corporations and 7 percent for non-corporations, and the interest rate for underpayments will be 7 percent. This notice is published for the convenience of the importing public and Customs and Border Protection personnel.

EFFECTIVE DATES: October 1, 2005.

FOR FURTHER INFORMATION CONTACT: Trong Quan, National Finance Center, Collections Section, 6026 Lakeside Boulevard, Indianapolis, Indiana 46278; telephone (317) 614-4516.

SUPPLEMENTARY INFORMATION:

Background

Pursuant to 19 U.S.C. 1505 and Treasury Decision 85-93, published in the Federal Register on May 29, 1985 (50 FR 21832), the interest rate paid on applicable overpayments or underpayments of customs duties must be in accordance with the Internal Revenue Code rate established under 26 U.S.C. 6621 and 6622. Section 6621 was amended (at paragraph (a)(1)(B) by the Internal Revenue Service Restructuring and Reform Act of 1998, Pub. L. 105-206, 112 Stat. 685) to provide different interest rates applicable to overpayments: one for corporations and one for non-corporations.

The interest rates are based on the Federal short-term rate and determined by the Internal Revenue Service (IRS) on behalf of the Secretary of the Treasury on a quarterly basis. The rates effective for a quarter are determined during the first-month period of the previous quarter.

In Revenue Ruling 2005-62, the IRS determined the rates of interest for the calendar quarter beginning October 1, 2005, and ending December 31, 2005. The interest rate paid to the Treasury for underpayments will be the Federal short-term rate (4%) plus three percentage points (3%) for a total of seven percent (7%). For corporate overpayments, the rate is the Federal short-term rate (4%) plus two percentage points (2%) for a total of six percent (6%). For overpayments made by non-corporations, the rate is the Federal short-term rate (4%) plus three percentage points (3%) for a total of seven percent (7%). These interest rates are subject to change for the calendar quarter beginning January 1, 2005, and ending March 31, 2005.

For the convenience of the importing public and Customs and Border Protection personnel the following list of IRS interest rates used, covering the period from before July of 1974 to date, to calculate interest on overdue accounts and refunds of customs duties, is published in summary format.

Dated: April 28, 2005.

Phyllis Eddy,

Acting Deputy Director, Indian Health Service.

[FR Doc. 05-9013 Filed 5-5-05; 8:45 am]

BILLING CODE 4165-16-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

Organization, Functions, and Delegations of Authority

Part G—Indian Health Service

Part G, of the Statement of Organization, Functions, and Delegations of Authority of the Department of Health and Human Services (HHS), as amended at 52 FR 47053-47067, December 11, 1987, as amended at 60 FR 56606, November 9, 1995, and most recently amended at 61 FR 67048, December 19, 1996, is hereby amended to reflect a reorganization of the Indian Health Service (IHS) Headquarters (HQ). The goal of the reorganization is to demonstrate increased leadership and advocacy, while improving the Agency's responsibilities for oversight and accountability. We have considered the President's Management Agenda, the Secretary's Workforce Restructuring Plan and recommendations from the Indian Health Design Team and the IHS Restructuring Initiatives Workgroup. Delete the functional statements for the IHS Headquarters in their entirety and replace with the following:

Chapter GA

Office of the Director

Section GA-10, Indian Health Service—Organization

The IHS is an Operating Division within the Department of Health and Human Services (HHS) and is under the leadership and direction of a Director who is directly responsible to the Secretary of Health and Human Services. The IHS Headquarters consists of the following major components:

Office of the Director (GA)
Office of Tribal Self-Governance (GAA)
Office of Tribal Programs (GAB)
Office of Urban Indian Health Programs (GAC)
Policy Formulation and Communications Group (GAE)
Office of Clinical and Preventive Services (GAF)
Office of Information Technology (GAG)
Office of Public Health Support (GAH)
Office of Resource Access and Partnerships (GAJ)

Office of Finance and Accounting (GAK)
Office of Management Services (GAL)
Office of Environmental Health and Engineering (GAM)

Section GA-20, Indian Health Service—Functions

Office of the Director (OD) (GA)

Provides overall direction and leadership for the IHS: (1) Establishes goals and objectives for the IHS consistent with the mission of the IHS; (2) provides for the full participation of Indian Tribes in the programs and services provided by the Federal Government; (3) develops health care policy; (4) ensures the delivery of quality comprehensive health services; (5) advocates for the health needs and concerns of American Indians/Alaska Natives (AI/AN); (6) promotes the IHS programs at the local, State, national, and international levels; (7) develops and demonstrates alternative methods and techniques of health services management and delivery with maximum participation by Indian Tribes and Indian organizations; (8) supports the development of individual and Tribal capacities to participate in Indian health programs through means and modalities that they deem appropriate to their needs and circumstances; (9) ensures the responsibilities of the United States are not waived, modified, or diminished, in any way with respect to Indian Tribes and individual Indians, by any grant, contract, compact, or funding agreement awarded by the IHS under the Indian Self-Determination and Education Assistance Act, Public Law (Pub. L.) 93-638, as amended; (10) affords Indian people an opportunity to enter a career in the IHS by applying Indian preference; and (11) ensures full application of the principles of Equal Employment Opportunity laws and the Civil Rights Act in managing the human resources of the IHS.

Office of Tribal Self-Governance (OTSG) (GAA)

(1) Develops and oversees the implementation of Tribal self-governance legislation and authorities in the IHS, under Title V of the Indian Self-Determination and Education Assistance Act, Pub. L. 93-638, as amended; (2) develops and recommends policies, administrative procedures, and guidelines for IHS Tribal self-governance activities, with maximum input from IHS staff and workgroups, Tribes and Tribal organizations, and the Tribal Self-Governance Advisory Committee; (3) advises the IHS Director on Agency compliance with self-

governance policies, administrative procedures and guidelines and coordinates activities for resolution of problems with appropriate IHS and HHS staff; (4) provides resource and technical assistance to Tribes and Tribal organizations for the implementation of the Tribal Self-Governance Program (TSGP); (5) participates in the reviewing of proposals from Tribes for self-governance planning and negotiation grants and recommends approvals to the IHS Director; (6) determines eligibility for Tribes and Tribal organizations desiring to participate in the TSGP; (7) oversees the negotiation of self-governance compacts and annual funding agreements with participating Tribal governments; (8) identifies the amount of Area Office and Headquarters managed funds necessary to implement the annual funding agreements and prepares annual budgets for available Tribal shares in conjunction with IHS Area and Headquarters components; (9) coordinates semi-annual reconciliation of funding agreements with IHS Headquarters components, Area Offices, and participating Tribes; (10) serves as the principal IHS office for developing, releasing, and presenting information on behalf of the IHS Director related to the IHS Tribal self-governance activities to Tribes, Tribal organizations, HHS officials, IHS officials, and officials from other Federal agencies, State and local governmental agencies, and other agencies and organizations; (11) arranges national self-governance meetings to promote the participation by all AI/AN Tribes in IHS self-governance activities and program direction; (12) participates in meetings for Self-Governance Tribal delegations visiting IHS Headquarters; and (13) participates in cross-cutting issues and processes including, but not limited to emergency preparedness/security, budget formulation, self-determination issues, Tribal shares computations and resolution of audit findings as may be needed and appropriate.

Office of Tribal Programs (OTP) (GAB)

(1) Assures that Indian Tribes and Tribal organizations are informed regarding pertinent health policy and program management issues; (2) assures that consultation and participation by Indian Tribes and organizations occurs during the development of IHS policy and decision making; (3) provides overall Agency leadership concerning functions and responsibilities associated with self-determination contracting (Title I of the Indian Self-Determination Act); (4) advises the IHS Director and senior management on activities and issues related to self-determination

contracting; (5) monitors Agency compliance with self-determination policies, administrative procedures, and guidelines; (6) administers a national grant program designed to assist Tribes and Tribal organizations in beginning and/or expanding self-determination activities; (7) provides Agency leadership in the development of policy; (8) discharges operational responsibilities, with respect to the contract support cost (CSC) program administered by the IHS; (9) provides advice to the IHS Director and senior management on Tribal issues and concerns by acting as liaison with Tribal leaders, national Tribal organizations, inter-Tribal consortiums and Area health boards; (10) provides leadership in the management process of receiving visiting delegations of Tribal leaders and representatives to IHS Headquarters and provides staff assistance to the Office of the Director with respect to Tribal meetings at locations outside of Headquarters; (11) provides overall Agency leadership with respect to policy development and issues concerning the Federal recognition of new Tribes; (12) supports Tribes in managing health programs; (13) coordinates available support from other public and private agencies and organizations; (14) maintains a central database on relevant information to contact Tribal leaders, health programs, etc.; and (15) participates in cross-cutting issues and processes including, but not limited to emergency preparedness/security, budget formulation, self-determination issues, Tribal shares computations and resolution of audit findings as may be needed and appropriate.

Office of Urban Indian Health Programs (OUIHP) (GAC)

(1) Advises the IHS Director on the activities and issues related to the IHS' implementation of Title V, "Indian Health Care Improvement Act", as amended; (2) develops and recommends policies, administrative procedures, and guidelines for IHS services and activities for Urban Indian health programs and organizations; (3) assures that Urban Indian health programs and organizations are informed of pertinent health policies; (4) ensures that consultation with Urban Indian health programs and organizations occurs during the development of IHS policy; (5) supports Urban Indian health programs and organizations in managing health programs; (6) coordinates support available from other public and private agencies and organizations; (7) advises the IHS Director on Agency compliance with Urban Indian health program

policies, administrative procedures, and guidelines; (8) maintains relevant information on Urban Indian health programs and organizations; (9) coordinates meetings and other communications with Urban Indian health program representatives; and (10) participates in cross-cutting issues and processes including, but not limited to emergency preparedness/security, budget formulation, self-determination issues, Tribal shares computations and resolution of audit findings as may be needed and appropriate.

Policy Formulation and Communications Group (PFCG) (GAE)

(1) Coordinates the review and analysis of policy-related issues; (2) provides recommendations for resolving policy conflicts; (3) evaluates policy options and forecasts their costs, benefits, and long-term results; (4) ensures consistency between and within public agency statements, external correspondence, legislative and regulatory positions and internal policy development; (5) disseminates information to IHS consumers, stakeholders, and the general public regarding the activities of the IHS and the health status of AI/AN people and communities; and (6) participates in cross-cutting issues and processes including, but not limited to emergency preparedness/security, budget formulation, self-determination issues, Tribal shares computations and resolution of audit findings as may be needed and appropriate.

Public Affairs Staff (PAS) (GAE1)

(1) Serves as the principal advisor for strategic planning on communications, media relations, and public affairs policy formulation and implementation; (2) ensures IHS policy is consistent with directives from the Assistant Secretary for Public Affairs; (3) provides leadership and advocacy to establish and implement policy for internal and external dissemination of Agency information intended for public release or employee and stakeholder information; (4) serves as the central office for technical guidance and assistance to IHS staff for the development of internal and external communications; (5) coordinates public affairs activities with other public and private sector organizations; (6) coordinates the clearance of IHS public relations activities, campaigns, and communications materials; (7) represents the IHS in discussions regarding policy and public affairs initiatives/implementation; (8) provides technical assistance and advice relative to the effect public affairs initiatives/

implementation would have on the IHS; (9) collaborates with the Division of Regulatory Affairs, Records Access and Policy Liaison for review and response to media requests received under the Freedom of Information Act (FOIA) or the Privacy Act, and ensures the security of IHS documents used in such responses that contain sensitive and/or confidential information; and (10) serves as the IHS liaison office for press and public affairs with HHS, IHS Area Offices, media and other external organizations and representatives.

Equal Employment Opportunity and Civil Rights Staff (EEO) (GAE2)

(1) Administers the IHS equal employment opportunity, civil rights, and affirmative action programs, in accordance with applicable laws, regulations, and HHS policies; (2) plans and oversees the implementation of IHS affirmative employment and special emphasis programs; (3) reviews data on IHS employee personnel actions and advises IHS managers of possible discriminatory trends; (4) ensures immediate implementation of required actions on complaints of alleged sexual harassment or discrimination; (5) decides on accepting, for investigation, or dismissing discrimination complaints and evaluates accepted complaints for procedural sufficiency and investigates, adjudicates, and resolves such complaints; and (6) develops EEO education and training programs for IHS managers, supervisors, counselors, and employees.

Executive Secretariat Staff (ESS) (GAE3)

(1) Serves as the Agency's liaison with the Office of the Secretary's Executive Secretariat on IHS program, policy, and special matters; (2) reviews correspondence received by the IHS Director and assigns reply or follow-up action to appropriate IHS Headquarters program offices and IHS Area Offices; (3) ensures the quality (responsiveness, clarity, and substance) of IHS-generated correspondence prepared for the IHS Director's signature by coordinating the review of integrity and policy issues, and performing standard edits and revisions; (4) reviews and coordinates clearance of decision documents for the IHS Director's approval to ensure successful operations and policy-making within the Agency; (5) assists IHS officials as they prepare documents for the HHS Secretary's review, decision, and/or signature; (6) performs special writing assignments for the IHS Director; (7) manages the flow of executive correspondence and related information to Tribes, Tribal organizations, heads of Federal

departments and agencies, Congressional Staff offices, and members of Congress; (8) maintains official records for the IHS Director's correspondence and conducts topic research of files, as needed; (9) maintains an automated document tracking and reporting system (ATS) to assist in managing the timely processing of internal and external executive correspondence; (10) conducts training to promote conformance by IHS Headquarters and Area staff to the IHS Executive Correspondence Guidelines and the ATS system; and (11) tracks reports required by Congress.

Congressional and Legislative Affairs Staff (CLAS) (GAE4)

(1) Serves as the principal advisor to the IHS Director on all legislative and Congressional relations matters; (2) advises the IHS Director and other IHS officials on the need for changes in legislation and manages the development of IHS legislative initiatives; (3) serves as the IHS liaison office for Congressional and legislative affairs with Congressional offices, the HHS, the Office of Management and Budget (OMB), the White House, and other Federal agencies; (4) tracks all major legislative proposals in the Congress that would impact Indian health; (5) ensures that the IHS Director and appropriate IHS and HHS officials are briefed on the potential impact of proposed legislation; (6) represents the IHS in discussions regarding policy and legislative initiatives/implementation; (7) provides technical assistance and advice relative to the effect that initiatives/implementation would have on the IHS; (8) establishes collaborations with Headquarters Offices on programmatic and financial issues related to budget formulation; (9) conducts legislative analysis; (10) provides support and serves as liaison to the IHS Director relative to IHS appropriations efforts; (11) directs the development of IHS briefing materials for Congressional hearings, testimony, and bill reports; (12) analyzes legislation for necessary action within the IHS; (13) develops appropriate Legislative Implementation Plans; and (14) coordinates with IHS offices as appropriate to provide leadership, advocacy, and technical support to respond to requests from the public, including Tribal governments, Tribal organizations, and Indian community organizations regarding IHS legislative issues.

Management Policy and Internal Control Staff (MPICS) (GAE5)

(1) Formulates, administers, and supports IHS-wide policies, delegations of authority, and organizations and functions development; (2) provides leadership, on behalf of the IHS Director, to functional area managers at IHS Headquarters in developing, modifying, and overseeing the implementation of IHS policies and procedures; (3) provides analysis, advisory, and assistance services to IHS managers and staff for the development, clearance, and filing of IHS directives and delegations of authority; (4) serves as principal advisor and source for technical assistance for establishment or modification of organizational infrastructures, functions, and Standard Administrative Code configurations; (5) administers the IHS Management Control Program for assuring IHS' compliance with management control requirements in the Federal Managers' Financial Integrity Act; (6) coordinates the development, clearance, and transmittal of IHS responses and follow-up to reports issued by the Office of Inspector General (OIG), the General Accounting Office (GAO), and other Federal internal and external authorities; (7) provides assistance and support to special assigned task groups; (8) conducts special program or management integrity reviews as required; and (9) oversees and coordinates the annual development and submission of the Agency's Federal Activities Inventory Reform Act report to the HHS.

Policy Support Staff (PSS) (GAE6)

(1) Organizes, facilitates, and supports stakeholder task teams to advise the IHS Director on major policy issues; (2) represents the IHS Director in meetings with IHS employees and high-level management officials within the IHS, the HHS, or other Federal agencies, Tribes, and other organizations; (3) provides staff support to the IHS Director, including preparation of presentations and briefings; (4) provides staff support to senior managers, councils and groups; (5) completes special assignments for the IHS Director that may require coordination with other IHS offices or other Federal agencies, Tribes, or Tribal organizations; (6) serves as the IHS liaison for inter-governmental and private sector initiatives that impact health care services and management of the IHS; and (7) participates on inter-governmental task forces.

Office of Clinical and Preventive Services (OCPS) (GAF)

(1) Serves as the primary source of national advocacy, policy development, budget development and allocation for clinical, preventive, and public health programs for the IHS, Area Offices, and Service Units; (2) provides leadership in articulating the clinical, preventive, and public health needs of AI/AN, including consultation and technical support to clinical and public health programs; (3) develops, manages, and administers program functions that include, but are not limited to, alcohol and substance abuse, behavioral health, chronic diseases such as diabetes, asthma, dental services, medical services, domestic violence, pharmacy and pharmaceutical acquisition, community health representatives, emergency medical services, health records, disabilities, Human Immunodeficiency Virus (HIV)/Acquired Immune Deficiency Syndrome (AIDS), maternal health, child health, clinical nursing, professional credentialing, public health nursing, women's health, nutrition and dietetics, and elder care; (4) investigates service delivery and community prevention evidence-based and best practice models for dissemination to community service locations; (5) expands the availability of resources available for AI/AN health by working with public and private entities as well as Federal agencies within and outside the HHS; (6) coordinates development of staffing requirements for new or replacement health care facilities and approves Congressional budget requests for staffing, in collaboration with the Office of Environmental Health and Engineering; (7) provides program oversight and direction for the facilities planning and construction process; (8) develops and coordinates various Health Initiative and Nursing grant programs; (9) provides the national focus for recruitment and retention of health professionals and coordinates with the scholarship and loan repayment programs; (10) works with the Contract Health Services (CHS) program on CHS denial appeals to the IHS Director and in determining CHS medical priorities; (11) manages the clinical (medical, nursing, pharmacy, dental) features of medical tort claims against the IHS; (12) works with the Office of Management Services in managing the clinical aspects of the IHS workman's compensation claims; (13) oversees IHS efforts in a variety of quality assurance and improvement activities, including patient safety; (14) monitors approximately one-half of the IHS' Government Performance and

Results Act (GPRA) indicators, overseeing indicator development, data collection, and reporting results; and (15) participates in cross-cutting issues and processes including, but not limited to emergency preparedness/security, budget formulation, self-determination issues, border health initiatives, Tribal delegation meetings, Tribal shares computations and resolution of audit findings as may be needed and appropriate.

Emergency Preparedness and Emergency Medical Services Staff (EPEMSS)

(1) Provides overall direction and leadership for the IHS in regard to establishing IHS goals and objectives consistent with those of the Department of Homeland Security and the HHS, addressing the mission critical elements of emergency preparedness; (2) provides leadership for the development of emergency preparedness plans, policies, and services, including the continuity of operations plans, deployment, public health infrastructure, and emergency medical services; (3) coordinates IHS activities and resources with the activities and available resources of other government and non-government programs for essential services related to homeland security and emergency preparedness; (4) advocates for the emergency preparedness needs and concerns of AI/AN and promotes these program activities at the local, State, national, and international levels; and (5) advocates and coordinates support for Tribal emergency medical services programs, including training and equipment.

Division of Behavioral Health (DBH) (GAFA)

(1) Applies identified profession and program standards, monitors and evaluates community and Area-wide services provided through grants or contracts with AI/AN Tribes, villages, organizations, and direct IHS operations for mental health, social services, and alcohol/substance abuse; (2) coordinates AI/AN community behavioral health programs including alcohol/substance abuse prevention and treatment, mental health, and social work with program directors, division staff, Area staff, and other agencies and institutions; (3) coordinates contracts and grants for behavioral health services and monitors services provided; (4) makes program and policy changes using data analysis, recommendations from operational levels, research results, and coordinates resource allocation from program policies; (5) provides behavioral health program consultation to AI/AN groups

and IHS staff; (6) provides leadership in the identification of behavioral change interventions and supports implementation at the community level; (7) coordinates with Federal, State, professional, private, and community organizations on alternate health care resources; (8) works with other Federal agencies and departments to provide additional Federal resources for AI/AN behavioral health programs; (9) provides financial resources and programmatic oversight for complying with the Americans With Disabilities Act through programs such as the Indian Children's Program, and for elders through partnerships with the Administration on Aging and the National Indian Council on Aging; (10) measures and evaluates the quality of behavioral health care services; and (11) prepares information on behavioral health for budgetary hearings and provides program evaluation results to the IHS Director, the Congress, and the Administration.

Division of Clinical and Community Services (DCCS) (GAFB)

(1) Manages, develops, and coordinates a comprehensive clinical, preventive and public health approach to clinical and community programs focusing on maternal and child health, Indian children services including Head Start and Early Head Start Health Programs, medicine, nutrition, HIV/AIDS, pharmacy, laboratory, health records, health education, health promotion, and disease prevention; (2) develops objectives, priorities, and methodologies for the conduct and evaluation of clinical, preventive, and public health for community health-based programs; (3) provides, develops, and implements IHS guidelines, standards, policies, and procedures on clinical, preventive, and public health for community based programs and initiatives; (4) monitors, evaluates, and provides consultation to clinical and community programs; (5) plans jointly with other programs and divisions of the IHS and other agencies on research and coordination of services; (6) coordinates professional staff recruitment and training needs, and scholarship recipient assignments and development to meet Area Office, Service Unit, and Tribal health professional human resource needs; (7) coordinates and monitors contracts and grants with IHS programs and other entities, in collaboration with the Division of Acquisitions Policy and the Division of Grants Operations; (8) develops and disseminates information and materials to IHS facilities and to Tribes and Urban Indian health

programs; (9) is responsible for resource management, program data collection, administrative system integrity and accountability by developing program budget materials and responding to Congressional and Departmental inquiries; and (10) manages the Veterans Affairs Pharmaceutical Prime Vendor Contract and IHS National Core Formulary.

Division of Nursing Services (DNS) (GAFC)

(1) Plans, develops, coordinates, evaluates, manages and advocates for the Nursing Services, Women's Health, and Community Health Representative Programs; (2) identifies and establishes standards for these programs; (3) provides leadership, professional guidance, and staff development; (4) plans, develops, coordinates, manages, and evaluates nursing education; (5) coordinates professional staff, including nursing recruitment, scholarship recipients, assignment and development to meet Area Office, Service Unit, and Tribal needs in accordance with IHS policies and procedures; (6) provides guidance in planning, developing, and maintaining management information systems; and (7) prepares budgetary data, analysis and program evaluations and prepares information for program and budget presentations, as well as Congressional hearings.

Division of Oral Health (DOH) (GAFD)

(1) Plans, develops, coordinates, and evaluates dental health programs; (2) establishes staffing, procedural, facility, and dental contract standards; (3) coordinates professional recruitment, assignment, and staff development; (4) represents dental staff and Area Dental Programs in personnel matters, including the monitoring of personnel orders for both appointments and transfers, establishing promotion priority lists, processing special pay and retention bonus contracts, and serving as the HQ representative on adverse action cases; (5) improves effectiveness and efficiency of dental programs; (6) develops resource opportunities and monitors utilization of resources for dental health programs; (7) formulates, allocates and analyzes dental program budget and prepares information for program and budget presentations as well as Congressional inquiries; (8) advocates for oral health needs of the AI/AN population; (9) coordinates health promotion and disease prevention activities for the dental program; (10) monitors oral health status and treatment needs of the AI/AN population; (11) provides clinical and technical support to field staff by way

of oral health surveys, provision of clinical trials, consultation on treatment cases, publication of quarterly newsletters and serving as liaison with public and private institutions, as well as major universities to evaluate new and existing strategies for addressing oral health problems in AI/AN; (12) serves as the IHS liaison for oral health issues with other Federal agencies; (13) serves as main source of information transfer to field staff via mediums including, but not limited to, teleconference hookups, electronics (email/listservs), conventional mail and meeting attendance; and (14) maintains and distributes information from the IHS centralized dental database, including workload, program resource directories and exploring the applicability of new health informatics technologies and systems.

Division of Diabetes Treatment and Prevention (DDTP) (GAFE)

(1) Plans, manages, develops, coordinates, and evaluates a comprehensive clinical and community program focusing on type 2 diabetes in AI/AN communities; (2) plans, manages, develops, coordinates, and evaluates the Congressionally-mandated Special Diabetes Program for Indians, a large grant program focused on the prevention and treatment of diabetes; (3) coordinates and monitors contracts and grants with IHS, Tribal, Urban Indian health programs and other entities; (4) develops objectives, priorities and methodologies for the conduct of clinical and community diabetes programs; (5) monitors, evaluates, and provides consultation to clinical and community diabetes grant programs and other new initiatives; (6) provides leadership, professional guidance, and staff development to Area Diabetes Consultants, Model Diabetes Programs and Diabetes Field Coordinators; (7) coordinates diabetes training needs for Area Offices, Service Units, and Tribes; (8) develops and implements IHS standards of care, clinical guidelines, policies, and procedures for diabetes and diabetes-related conditions; (9) coordinates model diabetes program sites; (10) develops and disseminates diabetes-related information and materials to IHS, Tribes and Urban Indian health programs; and (11) is responsible for preparing budgetary data, analysis and program evaluations for budget presentations and Congressional hearings.

Office of Information Technology (OIT) (GAG)

(1) Provides Chief Information Officer (CIO) services and advises the IHS

Director on all aspects of information resource management and technology ensuring Agency compliance with related Federal laws, regulations and policies; (2) directs the development, implementation, and maintenance of policies, procedures, standards, and architecture for information resource management, technology activities, and services in the IHS; (3) directs strategic planning and budgeting processes for information resources and technology; (4) leads IHS efforts in the development and implementation of information resource and technology management initiatives in IHS; (5) directs the design, development, acquisition, implementation, and support of information systems and services used in the IHS; (6) directs the activities of the IHS Information Technology Investment Review Board in assessing, implementing, and reviewing the Agency's information systems; (7) contracts for information resource and technology-related software, equipment and support services in collaboration with appropriate acquisition authorities; (8) provides project management support for information resource and technology initiatives; (9) directs the development, implementation and management of the IHS Information Technology Security program to protect the information resources of the IHS; (10) provides information technology services and support to IHS, Tribal, and Urban Indian health programs; (11) ensures accessibility to information technology services; (12) represents the IHS and enters into information technology agreements with Federal, Tribal, State and other organizations; and (13) participates in cross-cutting issues and processes including, but not limited to emergency preparedness/security, budget formulation, self-determination issues, Tribal shares computations, and resolution of audit findings as may be needed and appropriate.

Division of Information Technology (DIT) (GAGA)

(1) Provides Chief Technology Officer services and advises the CIO on all aspects of information technology; (2) develops, implements, and maintains policies, procedures and standards for information resource management and technology products and services in the IHS; (3) develops and maintains information technology strategic planning documents; (4) develops and maintains the IHS enterprise architecture; (5) develops and implements information technology management initiatives in IHS; (6) ensures IHS information technology

infrastructure resource consolidation and standardization efforts support IHS healthcare delivery and program administration; (7) represents the IHS to Federal, Tribal, State, and other organizations; and (8) participates in cross-cutting issues and processes that involve information technology.

Division of Information Resources Management (DIRM) (GAGB)

(1) Advises the CIO on all aspects of information resources management; (2) develops information resource policies and procedures; (3) develops the IHS information technology budget and related documents; (4) provides budget analyses and reports to the CIO; (5) develops strategies for presenting the IHS information technology budget to IHS, Tribal, and Urban Indian health programs; (6) provides technical analyses, guidance, and support for IHS capital planning and investment control activities; (7) manages the IHS portfolio management tool; (8) manages the activities of the IHS Information Technology Investment Review Board in assessing, implementing and reviewing the Agency's information systems; (9) represents the IHS to Federal, Tribal, State, and other organizations; and (10) participates in the cross-cutting issues and processes that involve information resources management.

Division of Enterprise Project Management (DEPM) (GAGC)

(1) Advises the CIO on all aspects of information technology project management; (2) develops project management policies and procedures; (3) identifies alternatives among internal and external sources and recommends the best sources to supply information resource and technology products and services to IHS; (4) develops information resource and technology project governance structures, management plans, evaluations, protocols, documentation guides, and related materials to support effective project management; (5) provides project management and related support for IHS developed and acquired information resource and technology products and services; (6) provides customer relationship management support to project stakeholders; (7) provides quality assurance and risk management support; (8) provides contract management support for information technology initiatives; (9) provides contract liaison services to appropriate acquisition authorities; (10) represents the IHS to Federal, Tribal, State, and other organizations; and (11) participates in cross-cutting issues and processes that involve information

resources and technology project management.

Division of Information Security (DIS) (GAGD)

(1) Advises the CIO on all aspects of information security; (2) develops, implements and monitors the IHS Information Technology Security program to protect the information resources of the IHS; (3) develops and maintains cyber security policies and guidance for hardware, software, and telecommunications within the IHS; (4) reviews IHS security plans for sensitive systems; (5) evaluates safeguards to protect major information systems and the information technology infrastructure; (6) monitors all IHS systems development and operations for security and privacy compliance; (7) establishes and leads IHS teams to conduct reviews of Agency programs to protect IHS' cyber and personnel security programs; (8) conducts vulnerability assessments of IHS' information technology infrastructure; (9) coordinates activities with internal and external organizations reviewing the IHS' information resources for fraud, waste, and abuse; (10) develops, implements, and evaluates an employee cyber security awareness and training program; (11) establishes and leads the IHS Computer Security Incident Response Capability team; (12) represents the IHS to Federal, Tribal, State, and other organizations; and (13) participates in cross-cutting issues and processes that involve information security.

Office of Public Health Support (OPHS) (GAH)

(1) Advises and supports the IHS Director on policy, budget formulation, and resource allocation regarding the operation and management of IHS, Tribal, and Urban Indian health programs; (2) provides IHS-wide leadership, guidance and support for public health program and activities including strategic planning, evaluation, Government Performance and Results Act (GPRA), research, epidemiology, statistics, and health professions; (3) provides Agency-wide leadership and consultation to IHS, Tribal, and Urban Indian health programs on IHS goals, objectives, policies, standards, and priorities; (4) advocates for the public health needs and concerns of AI/AN and promotes quality health care; (5) manages and provides national leadership and consultation for IHS on assessments of public health medical services, research agendas, special pay, and public health initiatives for the Agency; (6) provides national leadership

for the IHS scholarship and loan repayment programs, including physician recruitment; (7) supports and advocates for AI/AN to access State and local public health programs; and (8) participates in cross-cutting issues and processes including, but not limited to emergency preparedness/security, budget formulation, self-determination issues, Tribal shares computations and resolution of audit findings as may be needed and appropriate.

Division of Epidemiology (GAHA)

(1) Prevents and controls chronic and communicable disease through epidemiology and applied public health practice; (2) builds capacity in Tribal communities through a network of Tribal Epidemiology Centers; (3) collaborates with the Centers for Disease Control and Prevention (CDC) staff detailed to the Division of Epidemiology from the CDC; (4) describes causes, patterns, and risk factors for disease and death, and develops public health policy; (5) serves IHS and Tribal communities through disease surveillance, health data management, analysis and reporting, community surveys, emergency response, training in public health practice and epidemiology, consultation to clinicians and technical support for public health activities and assessment of public health system performance; (6) supports epidemiology, disease control, and prevention programs for chronic diseases, including cancer, tobacco control, cardiovascular disease, diabetes, kidney disease, environmental health, maternal health, child health, and others; and (7) supports epidemiology, disease control, and prevention programs for communicable diseases, including tuberculosis, HIV/AIDS, sexually-transmitted diseases, hepatitis, hantavirus, antibiotic-resistant infections, immunizations, bioterrorism preparedness and others.

Chronic Disease Branch (CDB)

Supports epidemiology, disease control, and prevention programs for chronic diseases, including cancer, tobacco control, cardiovascular disease, diabetes, kidney disease, environmental health, maternal health, child health, and others.

Infectious Disease Branch (IDB)

Supports epidemiology, disease control, and prevention programs for communicable diseases, including tuberculosis, HIV/AIDS, sexually-transmitted diseases, hepatitis, hantavirus, antibiotic-resistant infections, immunizations, bioterrorism preparedness, and others.

Division of Program Statistics (DPS) (GAHB)

(1) Plans, develops, directs, and coordinates an analytical statistical reporting program to provide data for measuring the health status and unmet health needs of the AI/AN population; (2) develops and coordinates the collection, processing, and analysis of demographic, patient care, and clinical data for the Agency; (3) maintains, analyzes, makes accessible, and publishes results from national demographic and clinical analyses; and (4) provides statistical and analytical consultation to other divisions and agencies.

Demographics Staff (DS)

(1) Plans, develops and executes a major nation-wide statistical program for the collection, processing, analysis and dissemination of demographic characteristics of the AI/AN population located throughout the United States; (2) coordinates with the National Center for Health Statistics the analysis and reporting of vital event information for the AI/AN population; and (3) provides statistical and analytical consultation to other divisions and agencies.

Patient Care Statistics Staff (PCSS)

(1) Plans, develops and executes a major nation-wide statistical program for the collection, processing, analysis and dissemination of demographic data and special studies with emphasis on health and demographic characteristics of the AI/AN population located throughout the United States; (2) evaluates facility workload trends and participates in the development of methodologies for constructing long-range estimates of inpatient and ambulatory care workloads for use in facility construction and planning; and (3) coordinates with the IHS National Data Repositories, the analysis and reporting of program, patient care and clinical data for the Agency.

Division of Planning, Evaluation and Research (DPER) (GAHC)

(1) Develops and coordinates Agency strategic planning and performance measurement efforts (including GPRA and Program Assessment Rating Tool) with budgeting requirements in consultation with IHS program staff; (2) provides consultation and coordination on the IHS budget formulation activity for planning and data purposes; (3) conducts, facilitates, solicits, coordinates, and evaluates community-oriented practice-based research related to health problems and the delivery of care to AI/AN people and communities with a major focus on improving the

health status and systems of care; and (4) provides guidance and support for IHS-wide program evaluation projects.

Division of Health Professions Support (DHPS) (GAHD)

(1) Develops and implements IHS programs to recruit, select, assign, and retain health care professionals and coordinates these activities with the respective disciplines; (2) assesses professional staffing needs and coordinates the development of strategies and systems to satisfy these needs; (3) coordinates the planning and development of IHS strategies and systems to improve the morale and retention of all professionals; (4) coordinates Headquarters activities for physician residency and training programs; (5) coordinates the IHS National Health Service Corps (NHSC) program, including liaison and assignment of NHSC scholarship recipients to IHS; (6) develops priority sites for the loan repayment program; (7) coordinates placement of professionals with loan repayment obligations; (8) serves as IHS coordinator for pre-medical and medical school IHS scholarship recipients; (9) retrieves, establishes, and manages information and data on the IHS work force; and (10) conducts work force data analyses, including trends and projections, identifying work force needs by major personnel systems, categories, and disciplines.

Health Professions Support Branch (HPSB)

(1) Develops the IHS program to recruit, select, assign, and retain health care professionals, in accordance with policies and guidance provided by the Division of Human Resources; (2) assesses IHS professional staffing needs; (3) provides research and analysis functions for Chief Medical Officers, Clinical Directors, and senior clinicians; (4) manages and supports health professions education programs and activities; and (5) develops and administers Indian Health Professions programs authorized by the Indian Health Care Improvement Act (IHCIA), as amended.

Loan Repayment Branch (LRB)

(1) Awards, monitors, places (in IHS, Tribal, and Urban sites), and processes waivers and defaults of participants in the Loan Repayment Program (LRP) as mandated by Section 108 of the IHCIA; (2) coordinates the LRP payment and debt management function with the Program Support Center; and (3) coordinates program administration with the IHS Area Office and Service

Unit personnel, particularly placement activities, including Clinical Directors, Chief Medical Officers, and professional recruiters.

Scholarships Branch (SB)

Develops, administers, and evaluates programs in the IHS Scholarship Program authorized under the IHCIA: Section 102 (Health Professions Recruitment Program for Indians), Section 103 (Health Professions Preparatory Scholarship Program for Indians), Section 104 (Indian Health Professions Scholarship Program), Section 105 (IHS Externs Program), Section 120 (Matching Grants to Tribes for Scholarship Programs), Section 217 (Indians Into Psychology Program), and other funded programs authorized under the IHCIA.

Office of Resource Access and Partnerships (ORAP) (GAJ)

(1) Provides Agency-wide leadership and consultation to the IHS direct operations and Tribal programs on IHS goals, objectives, policies, standards and priorities regarding the operations and management of the Business Office Services (BOS) and the Contract Health Services (CHS) programs; (2) develops and implements objectives, priorities, standards, measures and methodologies for the BOS and CHS programs; (3) manages and provides leadership, advocacy, consultation and technical support to Headquarters, IHS Areas and local levels on the full scope of BOS and CHS activities; (4) represents the IHS at meetings and in discussions regarding policy, legislation and other national issues; (5) provides oversight and monitors the BOS and CHS programs regarding compliance requirements, utilization reviews, revenue measures and reports; (6) formulates and analyzes BOS and CHS budgets and prepares information for program budget presentations; (7) collaborates and coordinates with IHS information technology staff and external organizations on new technologies, applications and business practices; (8) develops resource opportunities and coordinates the BOS and CHS activities with other governmental and non-governmental programs, promoting optimum utilization of all available health resources; (9) maintains a database of all inter-agency agreements, intra-agency agreements, memoranda of agreement and memoranda of understanding with external organizations; and (10) participates in cross-cutting issues and processes including, but not limited to emergency preparedness/security, budget formulation, self-determination issues,

and resolution of audit findings as may be needed and appropriate.

Division of Business Office Enhancement (DBOE) (GAJA)

(1) Serves as the primary focal point for BOS program operations and policy issues and represents BOS in national forums; (2) provides consultation to Headquarters and Area Offices and is liaison to Tribal organizations, HHS and Office of Management and Budget (OMB) regarding BOS issues; (3) reviews and improves the efficiency of access to resources and provides support for local capacity building through technical assistance, training, consultation and information systems support; (4) develops, disseminates, and maintains BOS policy and procedures manuals; (5) provides national leadership for Medicare, Medicaid, and private insurance reimbursement policy and procedures; (6) serves as the primary liaison with the Center for Medicaid/Medicare Services for rate setting; (7) serves as the focal point regarding Medicare and Medicaid managed care activities, including the review, evaluation, and monitoring of Sections 1115 and 1915(b) Medicaid waiver proposals and other State and Federal health care reform activities; (8) provides programmatic management, review and analysis of information systems for patient registration and billing and collections systems; (9) assures training on operations, various regulatory issues and negotiated managed care provider agreements; and (10) develops third-party budget materials and responds to Tribal, Congressional and HHS inquiries relating to third-party issues.

Division of Contract Care (DCC) (GAJB)

(1) Plans, develops, and coordinates the CHS program and required business practices; (2) develops, disseminates, and maintains CHS policy and procedures manuals; (3) formulates and monitors the CHS budget and distribution methodologies; (4) administers the Catastrophic Health Emergency Fund; (5) administers the CHS Quality Assurance Fund; (6) administers the CHS claims adjudication activity for the IHS Headquarters; (7) monitors the implementation of the IHS payment policy and reports the status to the Director, ORAP; (8) administers the IHS Fiscal Intermediary contract; (9) conducts data analysis and national utilization review and utilization management of CHS services rendered by private sector providers; and (10) provides consultation to Headquarters and Area Offices, and responds to

inquiries from the Congress, Tribes, and other Federal agencies.

Office of Finance and Accounting (OFA) (GAK)

(1) Develops and prepares the budget submission for the Indian Health Service and Facilities appropriation to the HHS, OMB and the Presidents budget; (2) participates with HHS officials in budget briefings for the OMB and the Congress; (3) distributes, coordinates, and monitors resource allocations; (4) develops and implements budget, fiscal, and accounting procedures and conducts reviews and analyses to ensure compliance in budget activities in collaboration with Headquarters officials and the Tribes; (5) provides cost advisory and audit resolution services in accordance with applicable statutes and regulations; and (6) participates in cross-cutting issues and processes including, but not limited to emergency preparedness/security, budget formulation, self-determination issues, Tribal shares computations and resolution of audit findings as may be needed and appropriate.

Division of Audit (DA) (GAKA)

(1) Develops and recommends policies and procedures for Chief Financial Officer (CFO) audits; (2) develops and recommends policies and procedures for Tribes and Tribal organizations audit resolution within IHS; (3) provides advice, technical consultation, and training to IHS Headquarters, Area Offices, Tribal, and Urban Indian Health organizations for Title I, Title V, and Agency CFO audits; (4) provides audit resolution services in accordance with applicable statutes and regulations; (5) advises the Director, OFA, of proposed legislation, regulations, directives, and timelines that will affect audits within IHS, as well as how current legislation affects handling of audit-related issues; (6) manages the IHS Audit Information Management System (AIMS) and conducts analysis of data for reports and/or responses to internal and external inquiries; (7) serves as the IHS contact point to the HHS for the AIMS Report and the Accountability Report; (8) coordinates the collection of disallowed costs cited in Tribes and Tribal organizations audits; (9) coordinates the correction of non-monetary findings coded by the HHS in Tribes and Tribal organizations audits; (10) coordinates receipt of audits from all organizations funded by IHS; (11) formulates Corrective Action Plans for CFO audit deficiencies; (12) coordinates resolutions of deficiencies with IHS

Headquarters senior managers and Area Directors; and (13) reports status of corrective actions to the IHS Headquarters senior managers and to the HHS.

Division of Budget Formulation (DBF) (GAKB)

(1) Interprets policies, guidelines, manual issuances, OMB circulars, and instructions from Congress, OMB, HHS, and IHS on formulation of preliminary, Departmental, and Congressional budget requests for the IHS and Indian Health Facilities appropriation requests; (2) directs the collection, review, and analysis of program and financial data from Headquarters, Area Offices, Tribes, Tribal and Urban Indian Health organizations used in determining resource requirements; (3) coordinates the preparation of the IHS preliminary, Departmental and Congressional budget justifications for the Indian Health Service and Facilities appropriations; (4) prepares witness information for hearings before the House and Senate Appropriations Committees, House Resource Committee on Interior and Insular Affairs, the Senate Committee on Indian Affairs, and other Congressional committees as requested; (5) coordinates development of responses and inserts to be used for the record by and for Congressional appropriations hearings; (6) coordinates development of briefing materials in response to Congressional concerns and hearings; and (7) develops, implements, and maintains IHS policies and procedures for Congressional budget liaison activities.

Division of Budget Execution (DBE) (GAKC)

(1) Interprets policies, guidelines, and directives from Congress, OMB, Government Accounting Office (GAO), Treasury, and the HHS on Tribal shares and execution; (2) recommends and coordinates IHS Area Budget Execution; (3) prepares apportionment requests for the Indian Health Service and Indian Health Facilities appropriations; (4) consults with the Headquarters officials on Area funding allocations; (5) maintains fund control; (6) establishes and maintains IHS Headquarters memorandum-accounts-of-obligations; (7) prepares reprogramming requests; (8) coordinates and maintains relevant information on IHS Headquarters and Area Tribal shares; (9) consults with Headquarters and Area components on Tribal share allocations; (10) advises the Director, OFA on Agency compliance with self-determination policies, administrative procedures and guidelines; (11) coordinates activities for resolution of problems with

appropriate IHS Headquarters and Area staff; (12) participates in the review and reconciliation of Tribal funding agreements and certifies IHS Headquarters funding of proposals from Tribal governments in conjunction with the Office of Tribal Self-Governance and the Office of Tribal Programs; (13) manages the financial review of Tribal agreements to identify sources of funds necessary to implement the Tribal funding agreements; and (14) participates in meetings with Tribal delegations as requested.

Division of Systems Review and Procedures (DSRP) (GAKD)

(1) Reviews, interprets and comments on policies, guidelines, and manual issuances of Congress, Treasury, GAO, the HHS and IHS on systems of fiscal management, including the Unified Financial Management System (UFMS), Common Accounting Numbers/Budget and Accounting Classification Structure Crosswalk and the CORE Accounting System (CORE); (2) plans, directs, and implements fiscal policies and procedures on Headquarters and field accounting; (3) coordinates the cost accounting system for IHS; (4) reviews and analyzes accounting and financial management systems and related system interfaces; (5) supports the conversion of financial information from CORE to UFMS; (6) provides and assists Area accounting staff with accounting system transactions, correcting errors and system related emergencies; (7) serves as the Agency liaison between Agency components concerning the interface of administrative and other feeder applications with Oracle/UFMS; (8) serves as the liaison between IHS, the Program Support Center (PSC) and the HHS for reporting of prompt payment, debt management, and cash reconciliation processes; (9) coordinates, regulates, and manages the issuance of financial codes for IHS; and (10) coordinates year-end "roll-over" activities with PSC and IHS Headquarters and Area staffs.

Division of Financial Operations (DFO) (GAKE)

(1) Manages the IHS travel program, provides training, interprets travel regulations, conducts reviews and updates travel policy and procedures; (2) processes Headquarters travel orders and vouchers, including permanent change of station and international travel; (3) coordinates Area Directors' travel orders and vouchers; (4) coordinates the conference management functions for the Agency; (5) processes all Memoranda of Understanding (or Agreement) to verify accounting data

and ensure proper payment/collection; (6) prepares reports and analyzes third-party collection data for management; (7) analyzes various operating costs and provides PSC with Area breakouts; (8) monitors PSC disbursements to assure proper accounting; (9) participates in the development of Medicare cost reports with Headquarters, Area Offices, Service Units and contractors; (10) provides contractor with data from various data systems; (11) provides support and technical assistance to Headquarters operational components in the development of Headquarters operations budgets; (12) provides fund certification and maintains commitment registers for Headquarters components; (13) performs fund reconciliations and assists in coordination of discrepancies with financial officials; (14) maintains Headquarters staffing status reports; and (15) serves as coordinator and conducts training for the Headquarters Administrative Resource and Management System.

**Office of Management Services (OMS)
(GAL)**

(1) Provides IHS-wide leadership, guidance and support for the management of human resources, grants, acquisition, records management, personal property and supply, and the regulations program; (2) develops and oversees the implementation of policies, procedures and delegations of authority for IHS grants management activities, including grants added to self-governance compacts; (3) ensures that Agency policies and practices for the administrative functions identified above are consistent with applicable regulations, directives and guidance from higher echelons in the HHS and other Federal oversight agencies; (4) advises the IHS Director, in conjunction with the Office of the General Counsel (OGC), on the resolution of statutory and regulatory issues related to the IHS and coordinates resolution of IHS legal issues with the OGC, IHS staff, and other Federal agencies; (5) assures that IHS appeal systems meet legal standards, in conjunction with the Office of the General Counsel; (6) provides leadership and direction of activities for continuous improvement of management accountability and administrative systems for effective and efficient program support services IHS-wide; (7) ensures the accountability and integrity of grants and acquisition management, records management, personal property utilization and disposition of IHS resources; (8) assures that the IHS management services, policies, procedures, and practices

support IHS Indian Self-Determination Act policies; (9) assists in the assurance of Indian access to State, local, and private health programs; (10) provides leadership and advocacy of the IHS mission and goals with the HHS, Administration, Congress, and other external authorities; and (11) participates in cross-cutting issues and processes including, but not limited to emergency preparedness/security, budget formulation, self-determination issues, Tribal shares computations and resolution of audit findings as may be needed and appropriate.

**Program Integrity and Ethics Staff (PIES)
(GAL1)**

(1) Directs the fact-finding and resolution of allegations of impropriety such as mismanagement of resources, fraud, waste, and abuse violations of the Standards of Ethical Conduct, Hatch Act and political activity and other forms of waste; (2) advises the IHS Director and IHS management of appropriate corrective and remedial actions to correct improprieties; (3) directs and provides leadership in the formulation of plans, guidance and evaluation of the IHS Personnel Security and Drug Testing Programs; (4) administers the IHS-wide management of the Agency hotline reports of allegations; (5) serves as the Agency coordinator for the HHS Office of the Inspector General (OIG), Office of Investigations; (6) manages and directs the IHS "Ethics Program", including the implementation of all requirements, providing advice to the IHS Director and serving as the Agency liaison with all outside investigative organizations such as the Office of Special Counsel, the General Accounting Office and the OIG; and (7) develops and implements IHS directives and training for Standards of Ethical Conduct, Hatch Act and political activity, allegations and investigations of administrative fraud, waste and abuse, drug testing, and personnel security.

Division of Commissioned Personnel Support (DCPS) (GALA)

(1) Acts as the liaison between IHS and the Program Support Center, Division of Commissioned Personnel, HHS; (2) advises the IHS Director, supervisors, administrators, managers, officers and dependents regarding commissioned personnel benefits, policies, procedures, regulations, as the IHS primary point of contact for commissioned personnel management; (3) develops policies, procedures, and recommendations to the Division of Commissioned Personnel, HHS; (4) provides direct support to the IHS

Director and/or the Agency representative to the Office of the Surgeon General; and (5) produces resource materials and conducts training sessions on commissioned personnel issues for officers, supervisors, and commissioned personnel specialists in IHS Area Offices.

**Division of Administrative Services
(DAS) (GALB)**

(1) Plans, develops and directs program support and general services programs; (2) develops and disseminates policy and procedural guidelines for uniform administrative services and practices; (3) provides guidance and support in the development, planning, and implementation of administrative functions; (4) serves as liaison with the HHS and the General Services Administration (GSA) on logistics issues affecting the IHS; (5) monitors, evaluates, and reports on administrative programs and services; (6) provides advice and technical assistance on design, layout, inventories, and print order tracking for IHS publications; and (7) manages a variety of special projects.

Office Services Branch (OSB)

(1) Administers physical security, supply, and space management services for Headquarters; (2) develops and disseminates policy and procedural guidelines for uniform office service programs; (3) provides leadership and coordination in the planning, development, operation, and evaluation of special office support programs in small purchase acquisitions, facilities management, office relocations, lease acquisition, GSA supplies, equipment, furniture, telecommunications, transportation, mail management, forms management, photocopying, and printing; (4) manages the Headquarters facilities program, physical security, motor vehicles, personal property, special projects and inter-agency activities; (5) develops and recommends policies and procedures for the protection and disposition of IHS records and oversees the evaluation of records management activities in the IHS; (6) provides leadership for special projects and inter-agency activities; (7) develops and recommends policies and procedures for the protection and disposition of IHS records; (8) oversees the evaluation of records management activities in the IHS; (9) provides leadership and guidance for the Agency Records Management Program; and (10) develops and implements a management control system for evaluation of records management functions Agency-wide.

Property and Supply Management
Branch (PSMB)

(1) Plans, develops, and administers the IHS policies on personal property management in conformance with Federal personal property management laws, regulations, policies, procedures, practices, and standards; (2) interprets regulations and provides advice on execution and coordination of personal property management policies and programs; (3) administers management systems and methods for planning, utilizing, and reporting on administrative personal property management programs, including the IHS personal property accountability and controls systems; (4) provides guidance and serves as principal administrative authority on Federal personal property management laws, regulations, policies, procedures, practices, and standards, in conjunction with the Office of the General Counsel; (5) conducts surveys and studies involving evaluation and analysis of the personal property management activities Agency-wide; (6) maintains liaison with the HHS and the GSA on personal property management issues and programs affecting the IHS; (7) prepares reports on IHS personal property; and (8) develops statements for annual budget formulation and presentation.

Division of Acquisitions Policy (DAP)
(GALC)

(1) Develops, recommends, and oversees the implementation of policies, procedures and delegations of authority for the acquisition management activities in the IHS, consistent with applicable regulations, directives, and guidance from higher echelons in the HHS and Federal oversight agencies; (2) advises the Director, Office of Management Services, of proposed legislation, regulations, and directives that affect contracts in the IHS; (3) provides leadership for compliance reviews of all IHS procurement operations; (4) oversees completion of necessary corrective actions; (5) manages for the Agency, the HHS acquisition training and certification program and the project officer training program; (6) supports and maintains the IHS Contract Information System and controls entry of data into the HHS Contract Information System; (7) serves as the IHS contact point for contract protests and the HHS contact for contract-related issues; (8) reviews and makes recommendations for approval/disapproval of contract-related documents such as: Pre- and post-award documents, unauthorized commitments,

procurement planning documents, Justification for Other Than Full and Open Competition documents, waivers, deviations, and determinations and findings that require action by the Agency Principal Official Responsible for Acquisition, the Agency Head of Contracting, or the Office of the Secretary; (9) processes unsolicited proposals for the IHS; (10) coordinates the IHS Small, Disadvantaged, and Women-Owned Business programs; (11) oversees compliance with the Buy Indian Act; and (12) provides advice to Agency officials negotiating inter- and intra-agency agreements, in accordance with the IHS agreements program.

Division of Grants Operations (DGO)
(GALD)

(1) Directs grants management and operations for the IHS; (2) awards and administers grants and cooperative agreements for IHS financial assistance programs; (3) provides leadership for the resolution of audit findings for grant programs; (4) manages for the Agency, the HHS grants training and certification program; (5) continuously assesses grants operations; (6) oversees completion of necessary corrective action plans; (7) reviews and makes recommendations for improvements in grantee and potential grantee management systems; (8) serves as the IHS liaison with the HHS and the public for grants and other financial assistance programs within the IHS; (9) maintains the Catalog of Federal Domestic Assistance for IHS financial assistance programs; (10) conducts grants-related training for IHS staff, grantees, and potential grantees; (11) coordinates payment to grantees, including scholarship recipients; and (12) establishes and maintains the IHS automated Grants Information System and controls data entry into the HHS automated Grants Information System.

Division of Regulatory Affairs, Records
Access and Policy Liaison (GALE)

(1) Manages the IHS' overall regulations program and responsibilities, including determining the need for and developing plans for changes in regulations, developing or assuring the development of needed regulations, and maintaining the various regulatory planning processes; (2) serves as IHS liaison with the Office of the Federal Register on matters relating to the submission and clearance of documents for publication in the **Federal Register**; (3) assures proper Agency clearance and processing of **Federal Register** documents; (4) informs management and program officials of regulatory activities of other Federal

agencies; (5) manages the IHS review of non-IHS regulatory documents that impact the delivery of health services to Indians; (6) advises the IHS Director and serves as liaison with the Office of the General Counsel (OGC) on such matters as litigation, regulations, related policy issues, and administrative support issues; (7) determines the need for and obtains legal clearance of IHS directives and other issuances; (8) coordinates legal issues with the OGC, IHS, HHS components, and other Federal agencies, including the identification and formulation of legal questions and advising on the implementation of OGC opinions; (9) assures that IHS' appeals processes meet legal standards; (10) advises on and participates in Indian Self-Determination and Education Assistance Act appeals and hearings; (11) provides guidance and assistance on State and Federal health reform efforts, including access and civil rights aspects and State Medicaid waiver applications; (12) advises on the administration of the contract health services (CHS) appeals system and is a participant in the IHS Director's CHS appeal decisions; (13) manages the retrieval and transmittal of information in response to requests received under the FOIA or the Privacy Act, in collaboration with the Public Affairs Staff; (14) ensures the security of sensitive and/or confidential information when responding to FOIA or Privacy Act issues; and (15) advises the IHS Director regarding requests for IHS employees to serve as expert witnesses when IHS is not a party to the suit.

Regulations and Records Access Branch
(RRAB)

(1) Manages the Agency's regulation program and responsibilities; (2) serves as liaison with the Office of the Federal Register; (3) advises on the need for or changes in current regulations; (4) develops or assures the development of IHS regulations; (5) keeps IHS officials informed on relevant regulatory activities of other agencies of the Government; (6) coordinates regulations activities with agencies within the HHS that impact on the delivery of health services to Indians; (7) maintains and updates various regulatory agendas; (8) assures that all IHS materials for publication in the **Federal Register** are properly cleared, processed, and in proper format; (9) manages the retrieval, review, and appropriate transmittal of information in response to FOIA requests, including ensuring the appropriate security of such documents; (10) manages, administers, implements and monitors the Agency's Paperwork

Reduction Act (PRA) and OMB information collection/activities; (11) provides guidance and technical assistance to IHS regarding information collection requirements and procedures for obtaining OMB approvals and extensions for IHS information collections; and (12) coordinates the implementation and the application of Privacy Act requirements, including but not limited to Health Insurance Portability and Accountability Act implementation and compliance.

Policy Liaison Branch (PLB)

(1) Coordinates the resolution and development of legal advice to the IHS Director on IHS legal issues with the OGC, IHS senior staff, and other Federal agencies; (2) provides liaison with the OGC in such matters as litigation, regulations, legislation, policy review, civil rights, and administrative appeals; (3) provides advice on the development and implementation of non-personnel appeals processes to assure they meet legal standards; (4) maintains and distributes the Compendium of Legal Opinions; (5) reviews IHS directives and other issuances for needed legal clearances; (6) advises on the impact on IHS and the Indian community of State and Federal health reforms; and (7) provides policy review and advice on the need for or application of legal opinions.

Division of Human Resources (DHR) (GALG)

(1) Advises the IHS Director on personnel management issues, programs and policies for civil service and commissioned corps personnel programs; (2) assures implementation of the Indian preference policy in all personnel practices; (3) develops personnel management policies, programs, and reports in accordance with applicable laws, regulations, and policies; (4) provides personnel management and services throughout IHS, to include, but not limited to, manpower planning and utilization, staffing, recruitment, compensation, classification, human resource development, pay administration, labor, and employee relations; (5) provides advice, consultation, and assistance to IHS management and Tribal officials on Tribal health program personnel policy issues; (6) provides technical support, guidance, and assistance on all personnel programs to IHS Headquarters operations and other organizations as necessary; and (7) represents IHS in all personnel management matters.

Human Resources Advisory Branch (HRAB)

(1) Plans, conducts, and evaluates personnel functional programs; (2) develops IHS personnel policies, programs, and reports; (3) provides personnel program and policy advice and assistance throughout IHS; (4) provides advice and assistance to IHS management and Tribal officials on Tribal health program personnel policies; and (5) develops and implements Indian preference policies and procedures.

Human Resources Operations Branch (HROB)

(1) Plans and implements personnel servicing responsibilities for IHS programs covered by the Headquarters appointing authority, including staffing, recruitment, classification, pay administration, and employee relations; (2) provides staff support for the establishment and recruitment of Senior Executive Service positions, including performance management, compensation and award nominations; (3) processes personnel actions and appoints all civil service employees; and (4) provides advice and training on timekeeping and pay administration.

Office of Environmental Health and Engineering (OEHE) (GAM)

(1) Advises and supports the IHS Director on policy, budget formulation, and resource allocation regarding environmental health and engineering activities of IHS and Tribal facilities programs; (2) provides Agency-wide leadership and consultation to IHS, Tribal, and Urban Indian health programs on IHS goals, objectives, policies, standards, and priorities; (3) represents the IHS within the HHS and external organizations for purposes of liaison, professional collaboration, cooperative ventures, and advocacy; (4) serves as the primary source of technical advice for the IHS Director, Headquarters, Area Offices, Tribal, and Urban Indian health programs on the full scope of health care facilities construction and operations, sanitation facilities construction and management, environmental health services, environmental engineering, clinical engineering, and realty services management; (5) develops and recommends policies, administrative procedures and guidelines for Pub. L. 93-638 construction activities; (6) develops objectives, priorities, standards, and methodologies to conduct and evaluate environmental health, environmental engineering, and facilities engineering and management

activities; (7) coordinates the formulation of the IHS Facilities appropriation budget request and responds to all inquiries about the budget request and programs funded by the IHS Facilities appropriation; (8) maintains needs-based and workload-based methodologies for equitable resource distribution for all funds appropriated under the IHS Facilities appropriation; (9) provides leadership, consultation, and staff development to assure functional, safe, and well-maintained health care facilities, a comprehensive environmental health program, and the availability of water, sewer, and solid waste facilities for Indian homes and communities; (10) coordinates the IHS OEHE responsibilities in responding to disasters and other emergency situations, in collaboration with the Office of Clinical and Preventive Services; and (11) participates in cross-cutting issues and processes including, but not limited to emergency preparedness/security, budget formulation, self-determination issues, Tribal shares computations and resolution of audit findings as may be needed and appropriate.

Division of Sanitation Facilities Construction (DSFC) (GAMA)

(1) Develops, implements, and manages the environmental engineering programs, including the Sanitation Facilities Construction (SFC) program, and compliance activities associated with environmental protection and historic preservation legislation; (2) provides Agency-wide management assistance and special support/consultation to address special environmental public health problems for environmental engineering/construction activities, and for compliance with environmental legislation; (3) works closely with other Federal agencies to resolve environmental issues and maximize benefits to Tribes by coordinating program efforts; (4) develops, implements, and evaluates Agency program activities, objectives, policies, plans, guidelines, and standardized data systems for SFC activities; (5) consults with Tribal groups/organizations in the development and implementation of SFC policies and initiatives, and in the identification of sanitation needs; (6) maintains a national inventory of current Tribal sanitation facilities needs, and past and present projects to address those needs; and (7) allocates financial resources Agency-wide based on need and workload using the national data inventories, in collaboration with the OFA.

**Division of Facilities Operations (DFO)
(GAMB)**

(1) Develops, implements, and manages the programs affecting health care facilities operations, including the routine maintenance and improvement, real property asset management, quarters, and clinical engineering programs; (2) develops, implements, monitors and evaluates Agency program activities, objectives, policies, plans, guidelines, and standardized data systems for health care facilities operations; (3) serves as the principal resource for coordination of facilities operations and provides consultation to IHS and the Tribes on health care facilities operations; (4) maintains real property asset and quarters management systems; (5) maintains clinical engineering management systems; (6) formulates financial resources allocation methodologies Agency-wide based on need and workload data; (7) maintains Agency-wide data on Federal and Tribal facilities for program budget justification; (8) develops and evaluates technical standards and guidelines for health care facilities operations; and (9) monitors construction activities and the improvement, alteration, and repair of health care facilities.

**Division of Facilities Planning and
Construction (DFPC) (GAMC)**

(1) Develops, implements, and manages the IHS Health Care Facilities Planning and Construction program, including the facilities planning process, facilities design process, facilities acquisition, and construction project management; (2) develops, implements, monitors, and evaluates Agency program activities, objectives, policies, plans, guidelines, and standardized data systems for health care facilities planning and construction; (3) develops and maintains construction priority systems, and with the Division of Engineering Services, develops project budget documents for the health care facilities construction program; (4) serves as the principal resource in providing leadership, guidance, and coordination of health care facilities engineering activities for the IHS Headquarters, Area Offices, Tribal and Urban Indian health programs; (5) evaluates justifications for major improvement and alteration projects and other large scale construction activities; and (6) develops and evaluates technical standards and guidelines for health care facilities construction.

**Division of Environmental Health
Services (DEHS) (GAMD)**

(1) Develops, implements, and manages the IHS Environmental Health Services programs, including the Injury Prevention and Institutional Environmental Health programs; (2) serves as the primary source of technical and policy advice for IHS Headquarters and Area Offices on the full scope of environmental health issues and activities; (3) maintains relationships with other Federal agencies and Tribes to maximize responses to environmental health issues and maximize benefits to Tribes by coordinating program efforts; (4) provides leadership in identifying and articulating environmental health needs of AI/AN populations and support efforts to build Tribal capacity; (5) provides personnel support services and advocates for environmental health providers; (6) maintains, analyzes, makes accessible, and publishes results from national databases; (7) manages resource allocation activities in accordance with established criteria based on workload; (8) develops and evaluates standards and guidelines for environmental health programs and activities; and (9) performs functions related to environmental health programs such as injury prevention, emergency response, water quality, food sanitation, occupational health and safety, solid and hazardous waste management, environmental health issues in health care and non-health care institutions, and vector control.

**Division of Engineering Services
(Dallas/Seattle) (DES) (GAME)**

(1) Administers health care facilities engineering and construction projects for specified Area Offices and administers the engineering and construction of certain projects for other Federal agencies through inter-agency agreements; (2) carries out management activities relating to IHS-owned and utilized health care facilities, including construction, contracting, realty, and leasing services; (3) serves as the source of engineering and contracting expertise for assigned programs/projects and other technical programmatic areas affecting the planning, design, alteration, leasing, and construction of IHS health care and sanitation facilities for Indian homes and communities; and (4) assists in the development of Area Office annual work plans, studies, investigations, surveys, audits, facilities planning, and technical standards development, for IHS-owned and Tribal health care facilities.

**Section GA-30, Indian Health Service—
Order of Succession**

During my absence or disability of the IHS Director or in the event of a vacancy in that office, the following IHS Headquarters officials, in the order listed below, shall act as the IHS Director. In the event of a planned extended period of absence, the IHS Director may specify a different order of succession. The order of succession will be:

- (1) Deputy Director.
- (2) Deputy Director for Indian Health Policy.
- (3) Deputy Director for Management Operations.
- (4) Chief Medical Officer.

**Section GA-40, Indian Health Service—
Delegations of Authority**

All delegations of authority and re-delegations of authority made to IHS officials that were in effect immediately prior to this reorganization, and that are consistent with this reorganization, shall continue in effect pending further re-delegation.

Chapter GF

IHS Area Offices

**Section GF-00, Indian Health Service
Area Offices—Mission**

The IHS Area Offices carry out the mission of the IHS by providing a system of health care unique to the Area population.

**Section GF-10, Indian Health Service
Area Offices—Organization**

An Area Office is a bureau-level organization under the direction of an Area Director, who reports to the IHS Director.

The following are the Area Offices of the IHS:

- Aberdeen Area Office (GFA)
- Alaska Area Office (GFB)
- Albuquerque Area Office (GFC)
- Bemidji Area Office (GFE)
- Billings Area Office (GFF)
- California Area Office (GFG)
- Nashville Area Office (GFH)
- Navajo Area Office (GFI)
- Oklahoma City Area Office (GFK)
- Phoenix Area Office (GFL)
- Portland Area Office (GFM)
- Tucson Area Office (GFN).

**Section GF-20, Indian Health Service
Area Offices—Functions**

The specific functions of the IHS Area Offices vary, however, each Area Office includes functions organized to support major categories of administrative management and clinical activities. Examples include:

Administration and Management—Financial management, administrative

and office services, contract/grant administration, procurement, personnel management, facilities management, management information systems, contract health services, and equal employment opportunity;

Program Planning, Analysis and Evaluation Programs—Program planning, statistical analysis, legislative initiatives, research and evaluation, health records, management information systems, and patient registration/third party collection;

Tribal Activity Programs—Provision of Pub. L. 93-638, Indian Self-Determination and Education Assistance Act, health services delivery, community health representative services, Urban Indian health, alcoholism and substance abuse, and health education;

Health Programs—Primary care, clinical activities, mental health, nursing services, health promotion, disease prevention, professional recruitment, community services, and the Joint Commission on Accreditation of Healthcare Organizations;

Environmental Health/Sanitation Facilities Programs—Environmental health and engineering/sanitation facilities construction programs; and

Information Resources Management Programs—Automated data processing (ADP), ADP planning and operations, management information systems, office automation systems, and voice/data telecommunications management.

Section GF-30, Indian Health Service Area Offices—Order of Succession

The order of succession for Area Directors at the IHS Area Offices are determined by each Area Director and continue in effect until changed.

Section GF-40, Indian Health Service Area Offices—Delegations of Authority

All delegations and re-delegations of authority made to officials in the IHS Area Offices that were in effect immediately prior to this reorganization, and that are consistent with this reorganization, shall continue in effect pending further re-delegation.

This reorganization shall be effective on August 23, 2004.

Dated: April 28, 2005.

Phyllis Eddy,

Acting Deputy Director, Indian Health Service.

[FR Doc. 05-9012 Filed 5-5-05; 8:45 am]

BILLING CODE 4165-16-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health, National Library of Medicine

Notice of Meeting

Pursuant to section 10(a) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), notice is hereby given of the fifth meeting of the Commission on Systemic Interoperability.

The meeting will be open to the public, with attendance limited to space available. Individuals who plan to attend and need special assistance, such as sign language interpretation or other reasonable accommodations, should notify the Contact Person listed below in advance of the meeting.

The mission of the Commission on Systemic Interoperability is to submit a report to the Secretary of Health and Human Services and to Congress on a comprehensive strategy for the adoption and implementation of health care information technology standards that includes a timeline and prioritization for such adoption and implementation. In developing that strategy, the Commission will consider: (1) The costs and benefits of the standards, both financial impact and quality improvement; (2) the current demand on industry resources to implement the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 and other electronic standards, including HIPAA standards; and (3) the most cost-effective and efficient means for industry to implement the standards.

Name of Committee: Commission on Systemic Interoperability.

Date: May 18, 2005.

Time: 8 a.m. to 4 p.m.

Agenda: Healthcare Information Technology Standards.

Place: Hubert H. Humphrey Building, Room 800, 200 Independence Avenue, Washington, DC 20201.

Contact Person: Ms. Dana Haza, Director, Commission on Systemic Interoperability, National Library of Medicine, National Institutes of Health, Building 38, Room 2N21, Bethesda, MD 20894, 301-594-7520.

Any interested person may file written comments with the committee by forwarding the statement to the Contact Person listed on this notice. The comments should include the name, address, telephone number and, when applicable, the business or professional affiliation of the interested person.

Dated: April 28, 2005.

Anna Snouffer,

Deputy Director, Office of Federal Advisory Committee Policy.

[FR Doc. 05-9047 Filed 5-5-05; 8:45 am]

BILLING CODE 4140-01-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Center for Scientific Review; Notice of Closed Meetings

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), notice is hereby given of the following meetings.

The meetings will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: Center for Scientific Review Special Emphasis Panel, Dental-Biology and Material Sciences.

Date: May 11, 2005.

Time: 11 a.m. to 3 p.m.

Agenda: To review and evaluate grant applications.

Place: National Institutes of Health, 6701 Rockledge Drive, Bethesda, MD 20892, (Telephone Conference Call).

Contact Person: Tamizchelvi Thyagarajan, PhD, Scientific Review Administrator, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 4016K, MSC 7814, Bethesda, MD 20892, (301) 451-1327, thyagar@csr.nih.gov.

This notice is being published less than 15 days prior to the meeting due to the timing limitations imposed by the review and funding cycle.

Name of Committee: Center for Scientific Review Special Emphasis Panel, PA-04-002: ICOHRTA.

Date: May 27, 2005.

Time: 9 a.m. to 12 p.m.

Agenda: To review and evaluate grant applications.

Place: National Institutes of Health, 6701 Rockledge Drive, Bethesda, MD 20892, (Telephone Conference Call).

Contact Person: Dan D. Gerendasy, PhD, Scientific Review Administrator, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 5132, MSC 7843, Bethesda, MD 20892, (301) 594-6830, gerendad@csr.nih.gov.

Name of Committee: Genes, Genomes, and Genetics Integrated Review Group, Molecular Genetics B Study Section.

Date: June 2-3, 2005.

Time: 8 a.m. to 5 p.m.

Agenda: To review and evaluate grant applications.

Place: The Admiral Fell Inn, 888 South Broadway, Historic Fell's Point, Baltimore, MD 21231.

Contact Person: Richard A. Currie, PhD, Scientific Review Administrator, Center for

of the grant, the terms and conditions of the award, the effective date of the award, and the budget/project period.

2. Administrative Requirements

Grants are administered in accordance with the following documents:

- This Program Announcement.
- 45 CFR part 74, "Uniform Administrative Requirements for Awards to Institutions of Higher Education, Hospitals, Other Non-Profit Organizations, and Commercial Organizations."
- Grants Policy Guidance: HHS Grants Policy Statement, January 2007.
- "Non-Profit Organizations" (Title 2 part 230).
- *Audit Requirements*: OMB Circular A-133, "Audits of States, Local Governments, and Non-Profit Organizations."

3. *Indirect Costs*: This section applies to indirect costs in accordance with HHS Grants Policy Statement, Part 11-27. The IHS requires applicants to have a current indirect cost rate agreement in place prior to award. The rate agreement must be prepared in accordance with the applicable cost principles and guidance as provided by the cognizant agency or office. A current rate means the rate covering the applicable activities and the award budget period. If the current rate is not on file with the awarding office, the award shall include funds for reimbursement of indirect costs. However, the indirect costs portion will remain restricted until the current rate is provided to the DGO.

If an urban Indian organization has questions regarding the indirect costs policy, please contact the DGO at (301) 443-5204.

4. Reporting

A. *Progress Report*. Program progress reports are required semi-annually. These reports will include a brief comparison of actual accomplishments to the goals established for the period, reasons for slippage (if applicable), and other pertinent information as required. A final report must be submitted within 90 days of expiration of the budget/project period.

B. *Financial Status Report*. Semi-annual financial status reports must be submitted within 30 days of the end of the half year. Final financial status reports are due within 90 days of expiration of the budget period. Standard Form 269 (long form) will be used for financial reporting.

Failure to submit required reports within the time allowed may result in suspension or termination of an active agreement, withholding of additional

awards for the project, or other enforcement actions such as withholding of payments or converting to the reimbursement method of payment. Continued failure to submit required reports may result in one or both of the following: (1) The imposition of special award provisions; and (2) the non-funding or non-award of other eligible projects or activities. This applies whether the delinquency is attributable to the failure of the organization or the individual responsible for preparation of the reports.

Telecommunication for the hearing impaired is available at: TTY 301-443-6394.

VII. Agency Contacts

For program-related and general information regarding this announcement: Danielle Steward, Health Systems Specialist, Office of Urban Indian Health Programs, 801 Thompson Avenue, Room 200, Rockville, MD 20852, (301) 443-4680 or danielle.steward@ihs.gov.

For specific grant-related and business management information: Denise Clark, Senior Grants Management Specialist, 801 Thompson Avenue, TMP 360, Rockville, MD 20852, 301-443-5204 or denise.clark@ihs.gov.

Dated: July 8, 2008.

Robert G. McSwain,
Director, Indian Health Service.
[FR Doc. E8-16051 Filed 7-16-08; 8:45 am]
BILLING CODE 4165-16-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

Organization, Functions, and Delegations of Authority, Part G, Indian Health Service, Proposed Functional Statement

Office of Information Technology (OIT) (GAG)

(1) Provides Chief Information Officer (CIO) services and advises the Director, Indian Health Service (IHS), on all aspects of information resource management and technology; (2) ensures Agency compliance with related Federal laws, regulations, and policies; (3) directs the development, implementation, and maintenance of policies, procedures, standards, and architecture for information resource management, technology activities, and services in the IHS; (4) directs strategic planning and budgeting processes for information resources and technology;

(5) leads IHS efforts in developing and implementing information resource and technology management initiatives in IHS; (6) directs the design, development, acquisition, implementation, and support of robust information systems and services used in the IHS; (7) directs the activities of the IHS Information Technology Investment Review Board (ITIRB) in assessing, implementing, and reviewing the Agency's information systems; (8) contracts for information resource and technology-related software, equipment, and support services in collaboration with appropriate acquisition authorities; (9) provides project management support for information resource and technology initiatives; (10) directs the development, implementation, and management of the IHS Information Technology Security program to protect the information resources of the IHS; (11) provides information technology (IT) services and support to IHS, Tribal, and Urban Indian Health Programs (UIHP), including the Resource and Patient Management System (RPMS), Electronic Health Record (EHR), and the National Patient Information Reporting System (NPIRS); (12) ensures accessibility to IT services; (13) represents the IHS and enters into IT agreements with Federal, Tribal, State and other organizations; and (14) participates in cross-cutting issues and processes including, but not limited to, emergency preparedness/security, budget formulation, self-determination issues, Tribal shares computations, and resolution of audit findings as may be needed and appropriate.

Division of Information Technology (GAGA)

(1) Provides Chief Technology Officer IT services and advises the CIO on all aspects of IT; (2) develops clinical and business practice healthcare applications such as the RPMS and the EHR; (3) develops healthcare statistical applications for NPIRS; (4) obtains system and business requirements from stakeholders for system design; (5) provides quality assurance and risk management for software development; (6) develops, implements, and maintains policies, procedures, and standards for system development and technology products and services in the IHS; (7) develops and maintains IT strategic planning documents; (8) develops and maintains the IHS enterprise architecture; (9) develops and implements IT management initiatives in IHS; (10) ensures IHS IT infrastructure resource consolidation and standardization efforts support IHS healthcare delivery and program

administration; (11) represents the IHS to Federal, Tribal, State, and other organizations; and (12) participates in cross-cutting issues and processes that involve IT.

Division of Program Management and Budget (GAGB)

(1) Advises the CIO on all business aspects of information resources and project management; (2) develops information resource policies and procedures; (3) develops the IHS IT budget and related documents; (4) provides budget analyses and reports to the CIO; (5) develops strategies for presenting the IHS IT budget to IHS, Tribal, and UIHP; (6) provides technical analyses, guidance, and support for IHS capital planning and investment control activities; (7) manages the IHS portfolio management tool; (8) manages the activities of the IHS ITIRB in assessing, implementing and reviewing the Agency's information systems; (9) develops project management policies and procedures; (10) identifies alternatives among internal and external sources and recommends the best sources to supply information resource and technology products and services to IHS; (11) develops information resource and technology project governance structures to support effective project management; (12) provides project management and related support for IHS developed and acquired information resources and technology products and services; (13) provides contract management support for IT initiatives; (14) provides contract liaison services to appropriate acquisition authorities; (15) participates in cross-cutting issues and processes that involve IT; and (16) represents the IHS to Federal, Tribal, State, and other organizations.

Division of Information Technology Operations (GAGC)

(1) Advises the CIO on all aspects of implementing and deploying computer systems including RPMS; (2) installs and maintains enterprise computer systems and associated hardware and operating systems; (3) installs and maintains enterprise application software; (4) furnishes IRS-wide video conferencing solutions and services; (5) delivers desktop and office automation support; (6) provides 24 x 7 helpdesk support for RPMS and office applications; (7) maintains LISTserv capabilities; (8) provides customer relationship management support for IT systems; (9) performs Web monitoring and filtering services; (10) designs and implements Web sites in compliance with Section 508 Accessibility regulations; (11) operates and maintains

data centers; (12) installs and supports e-mail, file, and print services; (13) provides Domain Name Services; (14) designs, implements, and maintains IHS's backbone network infrastructure; (15) monitors network infrastructure for anomalies; (16) provides project management support for systems design and deployment to ensure customer satisfaction; (17) represents the IRS to Federal, Tribal, State, and other organizations; and (18) participates in cross-cutting issues and processes that involve information resources and technology project management.

Division of Information Security (GAGD)

(1) Advises the CIO on all aspects of information security; (2) develops, implements, and monitors the IHS Information Security program to ensure adequate protection of information; (3) develops and maintains information security policies, procedures, and guidelines to safeguard information and IT systems; (4) develops and reviews IHS IT security plans; (5) assesses the risk and magnitude of harm that could result from unauthorized access, use, disclosure, disruption, modification, or destruction of information and information systems that support the operations and assets of IHS; (6) ensures that security and privacy have been incorporated in information system lifecycle plans; (7) conducts vulnerability assessment of IHS's IT infrastructure; (8) coordinates activities with internal and external organizations reviewing the IHS's information resources for fraud, waste, and abuse; (9) develops and implements employee information security awareness training programs; (10) manages the IHS Information Security Incident Response Team; (11) represents the IHS to Federal, Tribal, State, and other organizations regarding information security; and (12) participates in cross-cutting issues and processes that involve information security.

This reorganization shall be effective July 17, 2008.

Dated: July 8, 2008.

Robert G. McSwain,

Director, Indian Health Service

[FR Doc. E8-16353 Filed 7-16-08; 8:45 am]

BILLING CODE 4160-16-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Center for Scientific Review; Amended Notice of Meeting

Notice is hereby given of a change in the meeting of the Center for Scientific Review Special Emphasis Panel, July 29, 2008, 7 a.m. to July 29, 2008, 7 p.m., National Institutes of Health, 6701 Rockledge Drive, Bethesda, MD, 20892, which was published in the **Federal Register** on June 9, 2008, 73 FR 32589-32590.

The meeting title has been changed to "EPR Shared Instrumentation Study Section."

The meeting is closed to the public.

Dated: July 3, 2008.

Jennifer Spaeth,

Director, Office of Federal Advisory Committee Policy.

[FR Doc. E8-15821 Filed 7-16-08; 8:45 am]

BILLING CODE 4140-01-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Center for Scientific Review; Notice of Closed Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), notice is hereby given of the following meeting.

The meeting will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: Center for Scientific Review Special Emphasis Panel; Special Topics in Neural Drug Discovery.

Date: July 18, 2008.

Time: 1 p.m. to 5 p.m.

Agenda: To review and evaluate grant applications.

Place: National Institutes of Health, 6701 Rockledge Drive, Bethesda, MD 20892, (Telephone Conference Call).

Contact Person: Mary Custer, PhD, Scientific Review Officer, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 4148, MSC 7850, Bethesda, MD 20892-7850, (301) 435-1164, *custerm@csr.nih.gov*.

DEPARTMENT OF HEALTH AND HUMAN SERVICES**Agency for Healthcare Research and Quality****Notice of Meeting**

In accordance with section 10(d) of the Federal Advisory Committee Act (5 U.S.C., Appendix 2), announcement is made of a Health Care Policy and Research Special Emphasis Panel (SEP) meeting.

A Special Emphasis Panel is a group of experts in fields related to health care research who are invited by the Agency for Healthcare Research and Quality (AHRQ), and agree to be available, to conduct on an as needed basis, scientific reviews of applications for AHRQ support. Individual members of the Panel do not attend regularly-scheduled meetings and do not serve for fixed terms or a long period of time. Rather, they are asked to participate in particular review meetings which require their type of expertise.

Substantial segments of the upcoming SEP meeting listed below will be closed to the public in accordance with the Federal Advisory Committee Act, section 10(d) of 5 U.S.C., Appendix 2 and 5 U.S.C. 552b(c)(6). Grant applications for the Accelerating Implementation of Evidence-Based Findings through AHRQ networks (R18) applications are to be reviewed and discussed at this meeting. These discussions are likely to reveal personal information concerning individuals associated with the applications. This information is exempt from mandatory disclosure under the above-cited statutes.

SEP Meeting on: Accelerating Implementation of Evidence-Based Findings through AHRQ networks (R18).

Date: July 23, 2010 (Open on July 23 from 12 p.m. to 12:15 p.m. and closed for the remainder of the meeting).

Place: Doubletree Bethesda Hotel & Executive Meeting Center, 8120 Wisconsin Avenue, Conference Room TBD, Bethesda, Maryland 20852.

Contact Person: Anyone wishing to obtain a roster of members, agenda or minutes of the non-confidential portions of this meeting should contact Mrs. Bonnie Campbell, Committee Management Officer, Office of Extramural Research, Education and Priority Populations, AHRQ, 540 Gaither Road, Room 2038, Rockville, Maryland 20850, Telephone (301) 427-1554.

Agenda items for this meeting are subject to change as priorities dictate.

Dated: June 23, 2010.

Carolyn M. Clancy,
Director.

[FR Doc. 2010-15792 Filed 6-30-10; 8:45 am]

BILLING CODE 4160-90-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES**Substance Abuse and Mental Health Services Administration****Center for Substance Abuse Treatment; Notice of Meeting**

Pursuant to Public Law 92-463, notice is hereby given that the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Treatment (CSAT) National Advisory Council will meet July 14, 2010, 1-3 p.m. via teleconference.

The meeting will include discussion and evaluation of grant applications reviewed by Initial Review Groups. Therefore, the meeting will be closed to the public as determined by the Administrator, SAMHSA, in accordance with Title 5 U.S.C. 552b(c)(6) and 5 U.S.C. App. 2, Section 10(d).

Substantive program information, a summary of the meeting and a roster of Council members may be obtained as soon as possible after the meeting, either by accessing the SAMHSA Committee Web site at <https://nac.samhsa.gov/CSATCouncil/index.aspx>, or by contacting the CSAT National Advisory Council Designated Federal Official, Ms. Cynthia Graham (*see* contact information below).

Committee Name: SAMHSA's Center for Substance Abuse Treatment National Advisory Council

Date/Time/Type: July 14, 2010, 1-3 p.m.: Closed.

Place: SAMHSA Building, 1 Choke Cherry Road, Rock Creek Room, Rockville, Maryland 20857.

Contact: Cynthia Graham, M.S., Designated Federal Official, SAMHSA CSAT National Advisory Council, 1 Choke Cherry Road, Room 5-1035, Rockville, Maryland 20857, Telephone: (240) 276-1692, Fax: (240) 276-1690, E-mail: cynthia.graham@samhsa.hhs.gov.

Toian Vaughn,

Committee Management Officer, Substance Abuse and Mental Health, Services Administration.

[FR Doc. 2010-15940 Filed 6-30-10; 8:45 am]

BILLING CODE 4162-20-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES**Indian Health Service****Organization, Functions, and Delegations of Authority; Part G; Indian Health Service; Proposed Functional Statement****Program Integrity and Ethics Staff (PIES) (GAL1)**

(1) Directs the fact-finding and resolution of allegations of impropriety such as mismanagement of resources, fraud, waste, and abuse, violations of the Standards of Ethical Conduct, Hatch Act and political activity and other forms of waste; (2) advises the IHS Director and IHS management of appropriate corrective and remedial actions to correct improprieties; (3) directs and provides leadership in the formulation of plans, guidance, and evaluation of the IHS Personnel Security and Drug Testing Programs; (4) administers the IHS-wide management of the Agency hotline reports of allegations; (5) manages and directs the IHS "Ethics Program," including the implementation of all requirements, providing advice to the IHS Director and serving as the Agency liaison with all outside investigative organizations such as the Office of Special Counsel, the Government Accountability Office (GAO) and HHS Office of Inspector General (OIG); (6) develops and implements IHS directives and training for Standards of Ethical Conduct, the Hatch Act and political activity, allegations and investigations of administrative fraud, waste and abuse, drug testing, and personnel security; and (7) serves as the IHS liaison with the OIG and GAO, and coordinates the development, clearance, and transmittal of IHS responses and follow-up to matters and reports issued by the OIG, the GAO, and other Federal internal and external authorities.

Management Policy and Internal Control Staff (MPICS) (GAL3)

(1) Formulates, administers, and supports IHS-wide policies, delegations of authority, and organizations and functions development; (2) provides leadership, on behalf of the IHS Director, to functional area managers at IHS Headquarters in developing, modifying, and overseeing the implementation of IHS policies and procedures; (3) provides analysis, advisory, and assistance services to IHS managers and staff for the development, clearance, and filing of IHS directives and delegations of authority; (4) serves as principal advisor and source for

technical assistance for establishment or modification of organizational infrastructures, functions, and Standard Administrative Code configurations; (5) administers the IHS's Management Control Program for assuring IHS compliance with management control requirements in the Federal Managers' Financial Integrity Act; (6) provides assistance and support to special assigned task groups; (7) conducts special program or management integrity reviews as required; and (8) oversees and coordinates the annual development and submission of the Agency's Federal Activities Inventory Reform Act report to the HHS.

Division of Grants Management (DGM) (GALD)

(1) Directs grants management and operations for the IHS; (2) initiates new and modifies existing IHS grants administration policies and procedures in accordance with HHS grants policies; (3) provides assistance to IHS staff and grantee organizations regarding policies and procedures pertinent to the administration of IHS grants to ensure stewardship of Federal funds; (4) provides guidance to and articulates grants management policy for IHS staff on the effective utilization of financial assistance mechanisms (grants and cooperative agreements); (5) advises and provides technical support to IHS staff on program announcement requirements as issued by OMS and HHS Grants Review and Oversight; (6) develops and maintains IHS Grants Operations/Grants Policy website; (7) posts all IHS funding opportunities on IHS Grants Operations/Grants Policy website for Grants.gov; (8) administers grants and cooperative agreements for all IHS grant recipients; (9) awards and administers grants and cooperative agreements for IHS financial assistance programs; (10) provides assistance for the resolution of audit findings for grant programs; (11) manages for the IHS, the HHS grants training and certification program; (12) performs internal controls assessments on all facets of the IHS grant programs and issues and oversees the completion of necessary corrective action plans; (13) reviews and makes recommendations for improvements in grantee and potential grantee management systems; (14) serves as the IHS liaison with the HHS and the public for grants and other financial assistance matters within the IHS; (15) maintains the Catalog of Federal Domestic Assistance for IHS financial assistance programs; (16) conducts grants-related training for IHS staff, grantees, and potential grantees; (17) coordinates payment to grantees, including

scholarship recipients; and (18) establishes and maintains the IHS automated Grants Information System and controls data entry into the HHS automated Grants Information System.

Section GA-30, Indian Health Service—Order of Succession

During my absence or disability of the IHS Director or in the event of a vacancy in that office, the following IHS Headquarters officials, in the order listed below, shall act as the IHS Director. In the event of a planned extended period of absence, the IHS Director may specify a different order of succession. The order of succession will be:

- (1) Deputy Director
- (2) Deputy Director for Management Operations
- (3) Chief Medical Officer
- (4) Deputy Director for Field Operations

Section GA-40, Indian Health Service—Delegations of Authority

All delegations of authority and re-delegations of authority made to IHS officials that were in effect immediately prior to this reorganization, and that are consistent with this reorganization, shall continue in effect pending further re-delegation.

This reorganization shall be effective June 2, 2010.

Dated: June 2, 2010.

Yvette Roubideaux,
Director, Indian Health Service.

[FR Doc. 2010-15973 Filed 6-30-10; 8:45 am]

BILLING CODE 4165-16-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Institute of Mental Health; Notice of Request for Information

Notice is hereby given of a Request for Information (RFI): Updating the Interagency Autism Coordinating Committee Strategic Plan for Autism Spectrum Disorder (ASD) Research, NOT-MH-10-025, issued by the National Institute of Mental Health on behalf of the Interagency Autism Coordinating Committee (IACC).

The purpose of this RFI is to request input from ASD stakeholders to inform the next update of the Strategic Plan in 2011. Please see the official RFI notice at <http://grants.nih.gov/grants/guide/notice-files/NOT-MH-10-025.html> for more information and instructions for responding by the deadline of July 30, 2010. All responses must be submitted electronically via the Web-based form

found at <http://www.acclaroresearch.com/oarc/2010rfi/>.

Contact Person: Attention: RFI on Updating the Strategic Plan for ASD Research, Office of the Autism Research Coordination, National Institute of Mental Health, NIH, 6001 Executive Boulevard, Room 8185, Bethesda, MD 20892-9669, or e-mail IACCRFI@mail.nih.gov.

Information about the IACC is available on the Web site: <http://iacc.hhs.gov>.

Dated: June 25, 2010.

Jennifer Spaeth,
Director, Office of Federal Advisory Committee Policy.

[FR Doc. 2010-16035 Filed 6-30-10; 8:45 am]

BILLING CODE 4140-01-P

DEPARTMENT OF HOMELAND SECURITY

Federal Emergency Management Agency

[Docket ID FEMA-2010-0009]

Agency Information Collection Activities: Submission for OMB Review; Comment Request, OMB No. 1660-NEW; Environmental and Historic Preservation Environmental Screening Form

AGENCY: Federal Emergency Management Agency, DHS.

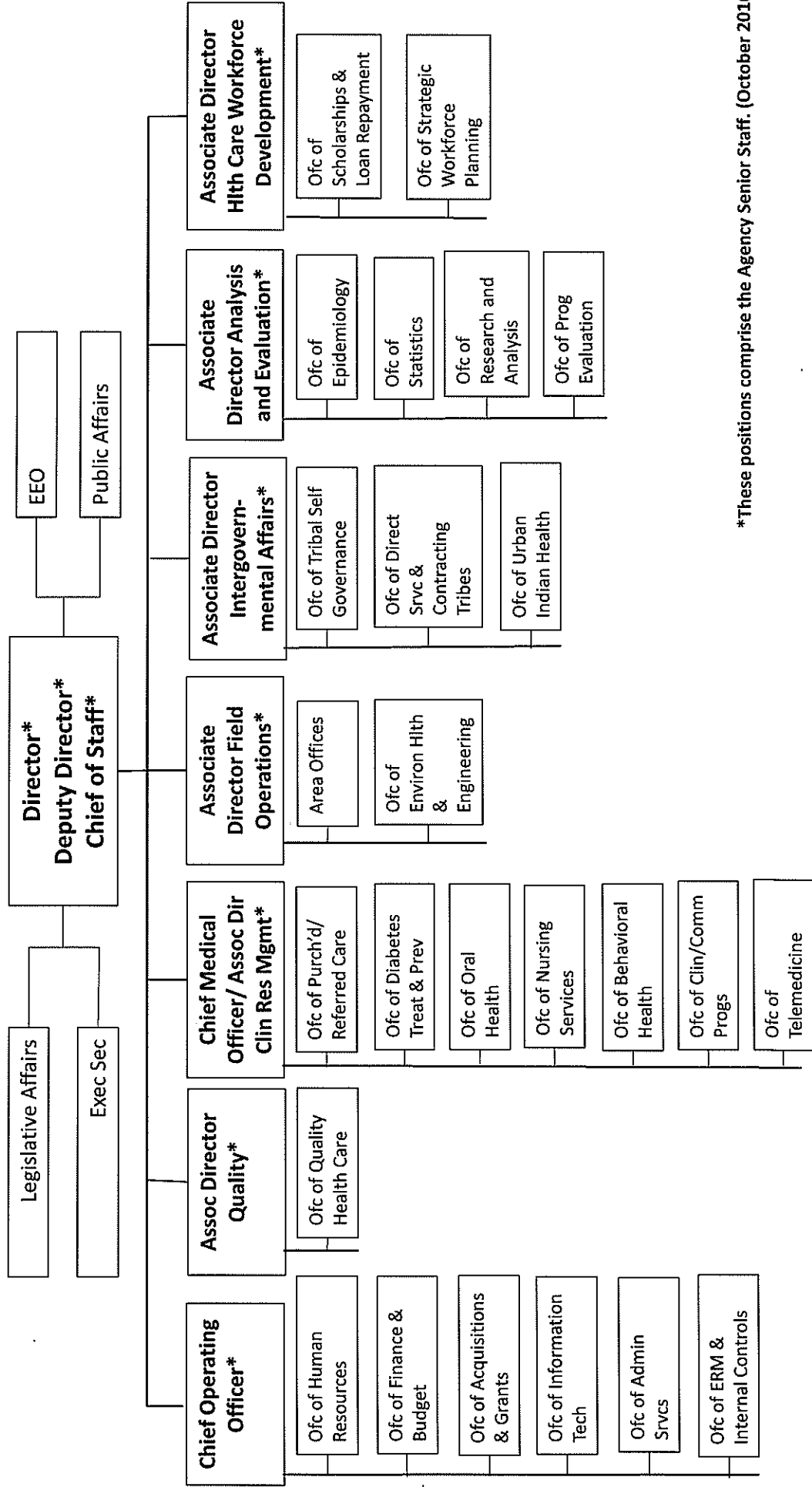
ACTION: Notice; 30-day notice and request for comments; new information collection; OMB No. 1660-NEW; FEMA Form 024-0-1, Environmental and Historic Preservation Environmental Screening Form.

SUMMARY: The Federal Emergency Management Agency (FEMA) has submitted the information collection abstracted below to the Office of Management and Budget for review and clearance in accordance with the requirements of the Paperwork Reduction Act of 1995. The submission describes the nature of the information collection, the categories of respondents, the estimated burden (*i.e.*, the time, effort and resources used by respondents to respond) and cost, and the actual data collection instruments FEMA will use.

DATES: Comments must be submitted on or before August 2, 2010.

ADDRESSES: Submit written comments on the proposed information collection to the Office of Information and Regulatory Affairs, Office of Management and Budget. Comments should be addressed to the Desk Officer

INDIAN HEALTH SERVICE HEADQUARTERS



*These positions comprise the Agency Senior Staff. (October 2016)

Enclosure – DRAFT Functional Statements – IHS Headquarters Realignment (October 2015)

Part G—Indian Health Service

Part G, of the Statement of Organization, Functions, and Delegations of Authority of the Department of Health and Human Services (HHS), as amended at 52 FR 47053–67, December 11, 1987, as amended at 60 FR 56606, November 9, 1995, as amended at 61 FR 67048, December 19, 1996, as amended at 69 FR 41825 July 12, 2004, as amended at 70 FR 24087 May 6, 2005, and most recently as amended at _____ is hereby amended to reflect a reorganization of the Indian Health Service (IHS) Headquarters (HQ). The goal of the reorganization is to ensure clear lines of authority to senior leadership and improve the Agency’s responsibilities for oversight and accountability. Delete the functional statements for the IHS Headquarters in their entirety and replace with the following:

Chapter GA – Office of the Director

Section GA-10, Indian Health Service—Organization

The IHS is an Operating Division within the Department of Health and Human Services (HHS) and is under the leadership and direction of a Director who is directly responsible to the Secretary of Health and Human Services. The IHS Headquarters consists of the following major components:

Office of the Director (GA), Chief Operating Officer (Gxx), Associate Director Quality (Gxx), Chief Medical Officer (Gxx), Associate Director Field Operations (Gxx), Associate Director Intergovernmental Affairs (Gxx), and Associate Director Analysis and Evaluation (Gxx).

Section GA-20, Indian Health Service—Functions

Office of the Director (OD) (GA)

Provides overall direction and leadership for the IHS: (1) Establishes goals and objectives for the IHS consistent with the mission of the IHS and ensures Agency performance is managed through goals/objectives, achievements, and/or improved outcomes; (2) provides for the full participation of Indian Tribes in the programs and services provided by the Federal Government; (3) develops health care policy; (4) ensures the delivery of quality comprehensive health services; (5) advocates for the health needs and concerns of American Indians/Alaska Natives (AI/AN); (6) promotes the IHS programs at the local, State, national, and international levels; (7) develops and demonstrates alternative methods and techniques of health services management and delivery with maximum participation by Indian Tribes and Indian organizations; (8) supports the development of individual and Tribal capacities to participate in Indian health programs through means and modalities that they deem appropriate to their needs and circumstances; (9) the IHS will carry out the responsibilities of the United States to Indian Tribes and individual Indians; (10) affords Indian people an opportunity to enter a career in the IHS by applying Indian preference; and (11) ensures full application of the principles of Equal Employment Opportunity laws and the Civil Rights Act in managing the human resources of the IHS.

Legislative Affairs (LA) (GAxx)

(1) Serves as the principal advisor to the IHS Director on all legislative and congressional relations matters; (2) advises the IHS Director and other IHS officials on the need for changes in legislation and

Enclosure – DRAFT Functional Statements – IHS Headquarters Realignment (October 2015)

manages the development of IHS legislative initiatives; (3) serves as the IHS liaison office for congressional and legislative affairs with Congressional offices, the HHS, the Office of Management and Budget (OMB), the White House, and other Federal agencies; (4) tracks all major legislative proposals in the Congress that would impact Indian health; (5) ensures that the IHS Director and appropriate IHS and HHS officials are briefed on the potential impact of proposed legislation; (6) develops legislative strategy for key policy and legislative initiatives; (7) provides technical assistance and advice relative to the effect that initiatives/implementation would have on the IHS; (9) provides support and collaborates with OFA relative to IHS appropriations efforts; (10) directs the development of IHS briefing materials for congressional hearings, testimony, and bill reports; (11) analyzes legislation for necessary action within the IHS; (12) develops appropriate legislative implementation plans; and (13) coordinates with IHS Headquarters and Area offices as appropriate to provide leadership, advocacy, and technical support to respond to requests from the public, including Tribal governments, Tribal organizations, and Indian community organizations regarding IHS legislative issues.

Executive Secretariat (ES) (GAXX)

(1) Manages the processing of executive correspondence and related information to the IHS Director from Tribes and Tribal governments, Tribal and Urban Indian organizations, Federal departments and agencies, Congress and congressional staff offices, attorneys, patients, schools, universities, employees, grantees, contractors, and the general public; (2) reviews and monitors correspondence received by the IHS Director and assigns reply or follow-up action to appropriate IHS Headquarters program offices and IHS Area Offices; (3) ensures the quality (responsiveness, clarity, and substance) of IHS-generated correspondence prepared for the IHS Director's signature by coordinating the review of integrity and policy issues, and performing standard edits and revisions; (4) reviews and coordinates clearance of decision documents for the IHS Director's approval to ensure successful operations and policy-making within the Agency; (5) assists IHS officials as they prepare documents for the HHS Secretary's review, decision, and/or signature; (6) serves as the Agency's liaison with the HHS Office of the Secretary's Executive Secretariat on IHS program, policy, and special matters; (7) performs special writing assignments for the IHS Director; (8) maintains official records of the IHS Director's correspondence and conducts topic research of files, as needed; (9) oversees an electronic document handling system to assist in managing the timely processing of internal and external executive correspondence; (10) conducts training to promote conformance by IHS Headquarters and Area staff to the IHS Executive Correspondence Guidelines; (11) tracks reports required by Congress; (12) formulates, administers, and supports IHS-wide policies, delegations of authority, and organizations and functions development; (13) provides leadership, on behalf of the IHS Director, to functional area managers at IHS Headquarters in developing, modifying, and overseeing the implementation of IHS policies and procedures; (14) provides analysis, advisory, and assistance services to IHS managers and staff for the development, clearance, and filing of IHS directives and delegations of authority; (15) serves as principal advisor and source for technical assistance for establishment or modification of organizational infrastructures, functions, and Standard Administrative Code configurations; (16) manages the IHS' overall regulations program and responsibilities, including determining the need for and developing plans for changes in regulations, developing or assuring the development of needed regulations, and maintaining the various regulatory planning processes; (17) serves as IHS liaison with the Office of the Federal Register on matters relating to the submission and clearance of documents for publication in the Federal Register; (18) assures proper Agency clearance and processing of Federal Register documents; and (19) manages the IHS

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review of non-IHS regulatory documents that impact the delivery of health services to Indians including but not limited to access and civil rights aspects and State Medicaid waiver applications by coordinating with the OGC Public Health Division.

Equal Employment Opportunity (EEO) (GAxx)

(1) Administers the IHS equal employment opportunity, civil rights, and affirmative action and alternative Dispute Resolution programs, in accordance with applicable laws, regulations, and HHS policies; (2) plans and oversees the implementation of IHS affirmative employment and special emphasis programs; (3) reviews data and advises IHS managers of possible discriminatory trends; (4) ensures immediate implementation of required actions on complaints of alleged sexual harassment or discrimination; (5) decides on accepting, for investigation, or dismissing discrimination complaints and evaluates accepted complaints for procedural sufficiency and investigates and resolves complaints; (6) evaluates accepted formal complaints of discrimination for procedural sufficiency and adjudicates and resolves complaints; and (7) develops/administers equal employment opportunity education and training programs for IHS managers, supervisors, counselors, and employees.

Public Affairs (PA) (GAxx)

Serves as the principal advisor for strategic planning on communications, media relations, and public affairs policy formulation and implementation; (2) ensures IHS policy is consistent with directives from the Assistant Secretary for Public Affairs; (3) provides leadership and advocacy to establish and implement policy for internal and external dissemination of Agency information intended for public release or employee and stakeholder information; (4) serves as the central office for technical guidance and assistance to IHS staff for the development of public affairs and media communication; (5) coordinates public affairs activities with other public and private sector organizations; (6) coordinates the clearance of IHS public relations activities, campaigns, and communications materials; (7) represents the IHS in discussions regarding policy and public affairs initiatives/implementation; (8) provides technical assistance and advice relative to the effect public affairs initiatives/ implementation would have on the IHS; (9) collaborates with the Division of Regulatory Affairs, for review and response to media requests received under the Freedom of Information Act (FOIA) or the Privacy Act, and ensures the security of IHS documents used in such responses that contain sensitive and/or confidential information; and (10) serves as the IHS liaison office for press and public affairs with HHS, IHS Area Offices, media and other external organizations and representatives.

Chief Operating Officer (COO) (Gxx)

The Chief Operating Officer (COO): (1) oversees and supervises the human resources, finance and budget, acquisitions and grants, information technology, and administrative services functions; (2) oversees development and implementation of administrative policies and procedures; (3) ensures Agency compliance with applicable laws, regulations, policies, and procedures governing the COO functions; (4)

Office of Human Resources (OHR) (Gxxx)

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(1) Advises the Director, IHS, on HR goals, objectives, policies, and priorities of the Agency and the HR profession; (2) provides leadership, direction, and oversight of Agency-wide HR activities that support the IHS organization and programs; (3) develops and maintains strategic and operational HR plans to ensure a current and future work force for management, program delivery, and administrative support systems; (4) furthers the Agency's Indian Preference by ensuring compliance with Indian Preference statutory and policy requirements; (5) develops, promulgates, and administers Agency HR guidelines, and instructions in accordance with Office of Personnel Management (OPM), HHS, Public Health Service policies and the Indian Health Care Improvement Act (IHCIA), as amended; (6) ensures consistency in recruitment, training, and development applications, approaches, and outcomes by administering an Agency-wide HR system of functional responsibility, authority, and accountability; (7) issues standards to monitor and evaluate all IHS training and development activities and ensures that expenditures for recruitment, training, and development support the Agency's mission and goals; (8) provides Agency-wide policy guidance, consultation, and technical assistance on all IHS HR management, recruitment, and retention activities; (9) manages Agency work force information and conducts analyses, including trends analysis and forecasting necessary for Agency HR planning, management, and evaluation; (10) administers an Agency-wide information clearinghouse on HR recruitment, training, and development that serves all IHS organizations and Tribal health programs; (11) oversees the programs authorized under IHCIA Section 1612, administering the Agency-wide scholarship, loan repayment, professional recruitment and retention, training, and development systems; (12) administers human resources management operations and services for HQ organizational units; (13) ensures a safe, healthy, and productive work environment for IHS personnel to carry out their assigned duties and responsibilities, and that HR factors are part of the Agency's decision making processes; (14) establishes and maintains liaison and coordination with a variety of public and private organizations to provide the IHS with up-to-date HR recruitment, management, training, retention and development technologies; (15) ensures that organization and program changes involve assessments of appropriate HR requirements, including work design, knowledge, skills, abilities, and work load; (16) prepares reports and studies reflecting IHS HR activities in response to the Congress, other Federal agencies, and Tribal Governments; and (17) provides leadership and direction to the IHS Regional HR Offices; (18) manages recruitment and performance management activities for Senior Executive Service positions; and (19) participates in cross-cutting issues and processes, including but not limited to, emergency preparedness/security, budget formulation, self-determination issues, Tribal shares computations and resolution of audit findings as may be needed and appropriate.

Division of Personnel Security and Ethics (DPSE) (Gxxxx)

(1) Advises the IHS Director and IHS management and supervisors of appropriate corrective and remedial actions to address or correct improprieties by Agency employees; (2) directs and provides leadership in the formulation of plans, guidance and evaluation of the IHS Personnel Security and Drug Testing Programs; (3) manages and directs the IHS "Ethics Program", including the implementation of all ethics requirements, providing advice to the Agency on actions necessary to ensure compliance with ethics laws and policies, reviewing and approving public financial disclosure statements, supervising and auditing the confidential financial reports filed by regular and special government employees, reviewing and clearing all requests for approval of outside activity and requests to accept travel expenses from non-Federal sources, and training Agency employees on ethics statutes and regulations; (4) serves as the Agency liaison

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with all outside investigative organizations related to personnel matters, such as the Office of Special Counsel, the Government Accountability Office (GAO) and the Office of Inspector General (OIG); and (5) administers and coordinates the IHS personnel security program including, administering and coordinating all background checks and adjudicates findings, coordinating with OPM on tracking background checks for all Agency personnel, and provides guidance for determining position sensitivity in accordance with OPM requirements for position sensitivity and public trust.

Division of Commissioned Personnel Support (DCPS) (Gxxxx)

(1) Acts as the liaison between IHS and the Office of the Surgeon General (OSG), Division of Commissioned Corps Personnel and Readiness (DCCPR), and Division of Systems Integration; (2) advises the IHS Director, Senior Staff, HQ Office Directors, Area Directors, supervisors, administrators, managers, officers and dependents regarding commissioned personnel benefits, policies, procedures, and regulations, as the IHS primary point of contact for commissioned personnel management; (3) develops Agency policies, procedures, and recommendations to Agency senior leadership regarding commissioned personnel management and provides recommendations to DCCPR regarding Commissioned Corps policy; (4) provides direct support to the IHS Director and/or the Agency representative to the Surgeon General's Policy Advisory Council; (5) evaluates learning needs, produces resource materials and conducts training sessions on commissioned personnel issues for officers, supervisors, and commissioned personnel specialists in IHS Area Offices; (6) manages the Agency honor and service awards program for commissioned personnel; (7) facilitates and monitors the progress of Agency commissioned personnel adverse actions to assure accurate and timely completion; (8) prepares reports reflecting IHS Commissioned Corps activities in response to requests from Agency leadership, Congress, other Federal agencies, and Tribal Governments; (9) reviews and processes all commissioned personnel actions for the Agency; (10) develops and manages all Agency commissioned personnel direct access positions; (11) provides oversight and coordination of Temporary, Permanent, and Exception Proficiency Promotion processes; (12) acts as a subject matter expert and advises Agency travel officials on commissioned personnel travel and Joint Travel Regulations; (13) coordinates with DCCPR on all Agency deployment processes, obtains Agency approvals for officer deployments, and communicates with Agency leadership and officer supervisors on the status of deployment requests and operations; (14) facilitates and monitors all medical and compensation processes (including special pays) for accuracy, timeliness, and completion; and (15) advises Agency supervisors on the performance, discipline, and conduct of commissioned personnel.

Division of Human Resources Operations and Systems (DHROS) (Gxxxx)

(1) Provides overall leadership and direction for the IHS Headquarters HR program; (2) administers HR policies and regulations and develops Headquarters HR procedures as appropriate; (3) provides advice, consultation, guidance and assistance to IHS Headquarters Leadership on civil service HR issues, programs and policies; (4) provides leadership and direction to the IHS Regional HR Centers on HR systems; (5) manages the overall IHS personnel and pay action functions for civil service employees; (6) advises IHS leadership on HR systems solutions for IHS business needs; (7) provides project management for enterprise HR systems

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and functional aspects of IHS public and internal web sites; (8) collaborates with business process owners to perform requirements analysis, selection, testing, implementation, deployment, and support and recommend future enhancements for HR systems and reporting solutions; (9) analyzes HR metrics/benchmarks, business practices, processes, and programs to enable the organization to make better decisions concerning our human capital resources; (10) provides HR advice regarding core operational functions and services (in the areas of strategic recruitment, staffing, delegated examining, position classification, payroll, timekeeping, performance management, awards, and Federal benefit programs), strategic human capital and workforce planning, succession planning, e-government HR initiatives and strategic planning for IHS HQ Offices; (11) provides advice, consultation, guidance and assistance to HQ Office Directors, management officials, employees and other customers on HR operational services, programs, and policies; (12) interfaces with staff of the other OHR Divisions and Branches to provide for a full range of HR operational services to the HQ; and (13) complies with Indian Preference statutory and policy requirements in HR practices.

Division of Workforce Relations and Policy (DWRP) (Gxxxx)

(1) Develops, administers and evaluates OHR policies for Agency-wide use and provides leadership to ensure implementation; (2) provides advice, consultation, guidance and assistance to IHS Leadership on OHR issues, programs and policies; (3) provides advisory and consulting services to IHS Leadership and Areas on policy and programs designed to recruit, compensate, and retain a highly qualified, motivated, and diverse workforce; (4) provides support and assistance to IHS leadership with planning and preparing IHS workforce programs; (5) responsible for the management of OHR delegations of authority; (6) develops and provides guidance and oversight for policy for Title 5 employment mechanisms, and coordinates HR programs and policies with HHS; (7) manages the IHS Labor-Management Relations program to include representing the IHS in matters involving labor organizations; (8) manages the IHS Employee Relations program, developing ER-related policies and guidance, providing training, and representing the IHS before third parties; and (9) responds to a variety of OHR issues and cases that arise from the IHS HQ and Areas that are precedent-setting, controversial, and/or require sensitive handling.

Regional Human Resources Offices (RHRO) (Gxxxx)

Western Region (Gxxxxx); Northern Plains Region (Gxxxxx); Southwest Region (Gxxxxx); Navajo Region (Gxxxxx); Southeast Region (Gxxxxx)

(1) Provides overall leadership and direction for the IHS HR program within the established Region; (2) administers HR policies and regulations and provides leadership to ensure implementation; (3) provides advice, consultation, guidance and assistance to Area Directors, management officials, employees and other customers on civil service HR issues, programs and policies; (4) provides leadership and direction to the HR staff throughout the Region; (5) assures compliance with Indian Preference statutory and policy requirements in HR practices; (6) provides HR services throughout the Region, to include, but not limited to, strategic human capital and workforce planning, succession planning, E-government HR initiatives and strategic planning, HR program evaluation and oversight; strategic consultation, management advisory services, HR leadership, classification and pay administration, staffing and placement, personnel

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and payroll action processing, labor-management and employee relations, benefits administration and performance management; (7) provides advice, consultation, and assistance to management and when requested to Tribal officials on Tribal health program HR issues; (8) plans, administers and evaluates HR programs; (9) plans and implements HR responsibilities for IHS programs covered by the Region's appointing authority; and (10) represents the Region in matters involving HR program responsibilities.

Division of Recruitment and Outreach (DRO) (Gxxxx)

(1) Develops and implements goals, objectives, and priorities to support IHS programs to recruit and retain health care professionals and coordinates these activities with the respective disciplines and/or national council; (2) assesses professional staffing needs and coordinates the development of recruitment and retention strategies through national marketing, social media, and professional sourcing outlets; (3) provides research and analysis functions related to recruitment and retention of health professionals; (4) generates and tracks applicant leads through various marketing sources in collaboration with IHS Regional offices, Areas, and recruiters; (5) assesses recruitment strategies and provides workforce planning data and reports on key metrics for data driven decision making and cost savings; (6) conducts workforce data analyses, including trends and projections, identifying workforce needs by personnel systems, categories, and disciplines; (7) conducts national/global recruitments for health professional positions; (8) provides advice, consultation, and guidance regarding national recruitments and outreach strategies; (9) manages, advises, develops, and administers student Pathways program recruitments IHS-wide; and (10) develops the IHS program to recruit and retain health care professionals, in accordance with policies and guidance provided by the DWRP.

Office of Finance and Budget (OFB) (Gxxxx)

(1) Develops and prepares the budget submission for for all IHS appropriations/accounts to HHS, OMB and the Congress (Presidents Budget); (2) participates with HHS officials in budget briefings for the OMB and the Congress; (3) distributes, coordinates, and monitors resource allocations; (4) develops and implements budget, fiscal, and accounting procedures and conducts reviews and analyses to ensure compliance in budget activities in collaboration with Headquarters officials and the Tribes; (5) provides cost advisory and audit resolution services in accordance with applicable statutes and regulations; (6) supports the Agency's Medicare Cost Report efforts by providing necessary financial data to the contractor preparing the cost reports; and (7) participates in cross-cutting issues and processes including, but not limited to emergency preparedness/security, budget formulation, self-determination issues, Tribal shares computations, and resolution of audit findings as may be needed and appropriate.

Division of Audit (DA) (Gxxxx)

(1) Develops and recommends policies and procedures for Chief Financial Officer (CFO) audits; (2) develops and recommends policies and procedures for Tribes and Tribal organizations audit resolution within IHS; (3) provides advice, technical consultation, and training to IHS Headquarters, Area Offices, Tribal, and Urban Indian Health organizations for Title I, Title V, and Agency CFO audits; (4) provides audit resolution services in accordance with applicable statutes and regulations; (5) advises the Director, OFB, of proposed legislation, regulations, directives, and timelines that will affect audits within IHS, as well as how current legislation affects

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handling of audit-related issues; (6) manages the IHS Division of Audit Resolution Management Information System (DARMIS) and the OIG Stewardship Reports and conducts analysis of data for reports and/or responses to internal and external inquiries; (7) serves as the IHS contact point to the HHS for the DARMIS, OIG Stewardship Reports, and the HHS Agency Financial Report; (8) coordinates the collection of disallowed costs cited in Tribes' and Tribal organizations audits; (9) coordinates the correction of all findings coded by the HHS in Tribes' and Tribal organizations' audits; (10) coordinates receipt of audits from all organizations funded by IHS; (11) coordinates corrective action plans for CFO audit deficiencies and provides status updates to the IHS Headquarters' senior managers and to the HHS; (12) coordinates resolution of deficiencies with IHS Headquarters' senior managers and Area Directors; (13) administers the Agency's internal control program in compliance with the Federal Managers' Financial Integrity Act, OMB Circular No. A-123, and other applicable requirements; and (14) coordinates and performs Contract Support Costs litigation claim analyses.

Division of Budget Formulation (DBF) (Gxxxxx)

(1) Interprets policies, guidelines, manual issuances, OMB circulars, and instructions from Congress, OMB, HHS, and IHS on formulation of preliminary, Departmental, and Congressional budget requests for all IHS appropriations/accounts; (2) directs the collection, review, and analysis of program and financial data from Headquarters, Area Offices, Tribes, Tribal and Urban Indian Health organizations used in determining resource requirements; (3) coordinates the Agency's Tribal budget consultation process ; (4) coordinates the preparation of the IHS preliminary, Departmental and Congressional budget justifications for all IHS appropriations/accounts; (5) prepares witness information for hearings before the House and Senate Appropriations Committees, House Resource Committee on Interior and Insular Affairs, the Senate Committee on Indian Affairs, and other Congressional committees as requested; (6) coordinates development of responses and inserts to be used for the record by and for Congressional appropriations hearings; (7) coordinates development of briefing materials in response to Congressional concerns and hearings; and (8) develops, implements, and maintains IHS policies and procedures for Congressional budget liaison activities.

Division of Budget Execution (DBE) (Gxxxx)

(1) Interprets policies, guidelines, and directives from Congress, OMB, Government Accounting Office (GAO), Treasury, and the HHS on Tribal shares and execution; (2) recommends and coordinates IHS-wide Area Budget Execution; (3) prepares apportionment requests for all IHS appropriations/accounts; (4) consults with Headquarters officials on and issues Area funding allocations; (5) monitors fund control at the appropriation level; (6) reviews IHS Headquarters memorandum of agreements for proper accounting; (7) provides fund certifications; (8) prepares reprogramming requests; (9) advises the Director, OFB on Agency compliance with self-determination policies, administrative procedures, and guidelines; (10) coordinates activities for resolution of budget execution issues with appropriate IHS Headquarters and Area staff; (11) analyzes various operating costs and provides Program Support Center (PSC) with Area breakouts; (12) manages and processes Intra-Governmental Payment and Collection transactions; and (13) prepares and responds to Budget Data Requests from HHS and OMB.

Division of Financial Systems (DFS) (Gxxxxx)

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(1) Provides detailed data and analysis required to support IHS cost accounting activities; (2) coordinates with the Federal Enterprise Systems Management (FESM) within the HHS Office of Finance and to support the Unified Financial Management System (UFMS) change and release management process; (3) designs and develops training materials for the UFMS, HHS Consolidated Acquisition Solution (HCAS), and Financial Business Intelligence System (FBIS), and schedules and executes training for relevant users; (4) provides technical support to analyze reconciliation programs, reports, and extracts, and collaborate and develop solutions to ensure accurate information is available for Agency reconciliation activities; (5) provides direct support, expertise, and coordination to ensure successful implementation of new software, upgrades to existing software, and technical and functional application changes within UFMS, HCAS, FBIS, and interfacing applications; (6) supports end users of UFMS, HCAS, and FBIS to resolve technical and functional issues encountered through use of the applications; and (7) plans, directs, and coordinates the month-end and year-end closing and opening of UFMS.

Division of Financial Operations (DFO) (Gxxxx)

(1) Manages the IHS travel program, provides training, interprets travel regulations, conducts reviews and updates travel policy and procedures; (2) processes Headquarters travel orders and vouchers, including permanent change of station; (3) reviews and manages Agency-wide requests for travel allowances that require special approvals, such as international travel; (4) coordinates the conference management functions related to travel for the Agency; (5) provides support and technical assistance to Headquarters operational components in the development and maintenance of Headquarters operations budgets; (6)) recommends Headquarters funding allocations; (7) performs fund certification for Headquarters ; (8) monitors the status of Headquarters funds and assists with reconciliations and resolution of discrepancies; and (9) reviews and processes Headquarters vendor payments.

Division of Financial Policy and Reporting (DFRP) (Gxxxx)

(1) Reviews, interprets, and comments on policies, guidelines, and manual issuances of Congress, Treasury, the Government Accountability Office (GAO), the HHS, and the IHS on systems of fiscal management, including the Unified Financial Management System (UFMS); (2) develops Agency-wide policies, procedures, and standards for financial management areas such as cash management, debt management, and payment and disbursement activities and functions; (3) prepares quarterly and annual financial statements, monitors budgetary and proprietary accounts, and performs reconciliations to meet statutory and regulatory requirements; (4) assures the adequacy of IHS internal controls related to financial management; (5) specializes in the analysis and reporting of accounting data, preparation and distribution of financial reports, audited financial statements, financial statement notes, and supplemental information.

Division of Third Party Reimbursements (DTPR) (Gxxxx)

(1) Serves as the primary focal point for Agency-wide business office program operations and policy issues; (2) provides consultation to Headquarters and Area Offices and is liaison to Tribal organizations, HHS and Office of Management and Budget (OMB) regarding business office issues; (3) reviews and implements strategies to improve the efficiency of access to resources

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and provides support for local capacity building through technical assistance, training, consultation and information systems support; (4) develops, disseminates, and maintains business office policy and procedures manuals; (5) provides national leadership for Medicare, Medicaid, and private insurance reimbursement policy and procedures; (6) serves as the primary liaison with the Center for Medicare & Medicaid Services for rate setting; (7) serves as the focal point regarding the impact of existing and proposed laws, regulations and policies of Medicare and Medicaid managed care activities, including the review, evaluation, and monitoring of Sections 1115 and 1915(b) Medicaid waiver proposals and other State and Federal health care reform activities; (8) provides programmatic management, review and analysis of information systems for patient registration and billing and collections systems; (9) assures training on operations, various regulatory issues and negotiated managed care provider agreements; and (10) develops third-party budget materials and responds to Tribal, Congressional and HHS inquiries relating to third-party issues.

Office of Grants and Acquisitions (OGA) (Gxxx)

(1) Develops, recommends, and oversees the implementation of policies, procedures and delegations of authority for the acquisitions and grants management activities in the IHS, consistent with applicable regulations, directives, and guidance from higher echelons in the HHS and Federal oversight agencies; (2) fulfills the Agency Head of Contracting Activity responsibilities; (3) fulfills the Agency Grants Management Officer responsibilities; (4) manages the acquisitions and grants training programs; (5) manages the acquisitions and grants systems; and (6) coordinates the processing of Inter- and Intra-agency Agreements as well as Memoranda of Understanding.

Division of Acquisitions Management (Gxxxxx)

(1) develops, recommends, and oversees the implementation of policies, procedures and delegations of authority for the acquisitions management activities in the IHS, consistent with applicable regulations, directives, and guidance from higher echelons in the HHS and Federal oversight agencies; (2) advises the Chief Operating Officer and other senior staff of proposed legislation, regulations, and directives that affect contracting in the IHS; (3) provides leadership for compliance reviews of all IHS acquisition operations; (4) oversees completion of necessary corrective actions; (5) manages for the Agency, the HHS acquisition training and certification program; (6) supports and maintains the IHS Contract Information System and controls entry of data into the HHS Contract Information System; (7) serves as the IHS contact point for contract protests and the HHS contact for contract-related issues; (8) reviews and makes recommendations for approval/disapproval of contract-related documents such as: pre- and post-award documents, unauthorized commitments, procurement planning documents, Justification for Other Than Full and Open Competition waivers, deviations, and determinations and findings that require action by the Agency Head of the Contracting Activity, or the Office of the Secretary; (9) processes unsolicited proposals for the IHS; (10) coordinates the IHS Small Business programs; (11) oversees compliance with the Buy Indian Act; and (12) manages the processing of Inter- and Intra-agency agreements as well as Memoranda of Understanding.

Division of Grants Management (Gxxxxx)

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(1) Directs grants management and operations for the IHS; (2) awards and administers grants and cooperative agreements for IHS financial assistance programs; (3) provides assistance for the resolution of audit findings for grant programs; (4) manages for the Agency, the HHS grants training and certification program; (5) continuously assesses grants operations; (6) oversees completion of necessary corrective action plans; (7) reviews and makes recommendations for improvements in grantee and potential grantee management systems; (8) serves as the IHS liaison with the HHS and the public for grants and other financial assistance programs within the IHS; (9) maintains the Catalog of Federal Domestic Assistance for IHS financial assistance programs; (10) conducts grants-related training for IHS staff, grantees, and potential grantees; (11) coordinates payment to grantees, including scholarship recipients; and (12) establishes and maintains the IHS automated Grants Information System and controls data entry into the HHS automated Grants Information System.

Office of Information Technology (OIT) (Gxxx)

(1) Provides Chief Information Officer (CIO) services and advises the Director, Indian Health Service (IHS), on all aspects of information resource management and health information technology (HIT) in compliance with related Federal laws, regulations, and policies; (2) directs the development, implementation, and maintenance of policies, procedures, standards, and architecture for information resource management, technology activities, and services in the IHS; (3) directs strategic planning and budgeting processes for information resources and technology; (4) leads IHS efforts in developing and implementing information resource and HIT management initiatives in IHS; (5) provides executive leadership and direction for health informatics throughout IHS; (6) directs the design, development, acquisition, implementation, operations, maintenance, and support of robust information systems and services used in the IHS; (7) directs the activities of the IHS Information Technology Investment Review Board (ITIRB) in assessing, implementing, and reviewing the Agency's information systems; (8) contracts for information resource and technology-related software, equipment, and support services in collaboration with appropriate acquisition authorities; (9) provides project management support for information resource and technology initiatives; (10) directs the development, implementation, and management of the IHS IT Security program to protect the information resources of the IHS; (11) provides IT services and support to IHS, Tribal, and Urban Indian Health Programs (UIHP), including the Resource and Patient Management System (RPMS), Electronic Health Record (EHR), and the National Patient Information Reporting System (NPIRS); (12) oversees the IHS Section 508 program; (13) represents the IHS through development and procurement management of IT/HIT agreements with Federal, Tribal, Urban, State and other organizations; and (14) develops, implements, and maintains policies for Health Information Management (HIM) and provides HIM program direction across the IHS; (15) provides liaison services with and develops strategies for presenting the IHS IT budget and services to the IHS, Tribal, and UIHP; (16) advises the Office of Human Resources and Area IT programs on IT workforce issues, recruitment and training, (17) oversees the development and maintenance of the IHS enterprise architecture; and (18) participates in cross-cutting issues and processes including, but not limited to, emergency preparedness/security, budget formulation, self-determination issues, Tribal shares computations, and resolution of audit findings as may be needed and appropriate.

Division of Health Information Technology (DIT) (Gxxxx)

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(1) Provides Chief Technology Officer IT services and advises the CIO on all aspects of HIT; (2) develops clinical and business practice healthcare applications such as the RPMS and the EHR; (3) develops, implements, and supports health data interoperability applications and services; (4) develops, implements, and supports patient engagement and patient access applications and services; (5) develops healthcare statistical and quality reporting applications for NPIRS; (6) obtains system and business requirements from stakeholders for system design; (7) focuses on improving the HIT systems user experience to improve the usability and adoption of HIT; (8) provides quality assurance and risk management for software development; (9) supports enterprise wide implementations and enterprise wide support of HIT systems including deployment, configuration, and administration of IHS EHR systems; (10) ensures IHS IT infrastructure resource consolidation and standardization efforts support IHS healthcare delivery and program administration; (11) participates in cross-cutting issues and processes that involve HIT; (12) supports IHS program offices in ensuring compliance with Federal certification and accreditation requirements for HIT; and (13) represents the IHS to Federal, Tribal, Urban, State, and other organizations.

Division of Healthcare Information and Informatics (DHI) (Gxxxx)

(1) Provides Chief Health Informatics services and advises the CIO on all aspects of health informatics; (2) shapes the future of IHS clinical information systems through deliberate application of health informatics and HIT to deliver solutions that transform health care delivery; (3) provides leadership, direction, facilitation, and coordination for clinical informatics activities throughout IHS and coordinates Clinical Application Coordinator (CAC) activities across the enterprise; (4) facilitates and coordinates inter-agency agreements, federated trust agreements, contracts, and third-party clinical informatics services (i.e., ePrescribing, health information exchange, release of information, etc.) in support of the Agency's health informatics and HIT requirements; (5) provides leadership, strategic direction, and support for the IHS' efforts at modernization HIT; (6) supports the programmatic requirements for clinical information systems, with emphasis on the development and deployment of HIT solutions; (7) ensures alignment of Agency health informatics requirements and policies with Federal privacy and security laws, regulations, and policies; (8) provides education and mentoring to Federal, Tribal, and Urban stakeholders to accelerate the use of data for clinical operations, performance improvement, and decision making; (9) supports Agency quality initiatives, including developing measures to track clinical and other outcomes aligned to evidence-based practice; (10) leads IHS efforts to improve the adoption and meaningful use of HIT; (11) provides subject matter expertise and oversight of International Classification of Diseases (ICD) Coding System and other medical nomenclature implementation; and (12) represents the IHS to Federal, Tribal, Urban, State, and other organizations.

Division of Project Management and Budget (DPMB) (Gxxxx)

(1) Advises the CIO on all business aspects of information resources and project management; (2) develops and maintains the IHS enterprise architecture; (3) develops the IHS IT budget and related documents; (4) provides budget analyses and reports to the CIO; (5) provides technical analyses, guidance, and support for IHS capital planning and investment control activities; (6) manages the IHS portfolio management tool; (7) manages the activities of the IHS ITIRB in

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assessing, implementing and reviewing the Agency's information systems; (8) identifies alternatives among internal and external sources and recommends the best sources to supply information resource and technology products and services to IHS; (9) develops information resource and technology project governance structures, policies, and procedures to support effective project management; (10) provides project management and related support for IHS developed and acquired information resources and technology products and services; (11) provides centralized IT acquisition guidance for all IT/HIT procurement actions; (12) provides contract management support for IT initiatives; (13) provides contract liaison services to appropriate acquisition authorities; (14) provides enterprise software licensing support for IHS; (15) serves as IHS' Section 508 program for compliance assurance, policy-setting on accessibility requirements, and the use of accessibility tools; (16) participates in cross-cutting issues and processes that involve IT; (17) responsible for the procurement management of IT/HIT agreements; and (18) represents the IHS to Federal, Tribal, State, and other organizations.

Division of Information Technology Operations (DITO) (Gxxxxx)

(1) Advises the IHS CIO on all matters related to IHS IT infrastructure support services including data center services, network operations, telecommunications services, messaging services, web services, and the IT national service desk (including HQ user support) services; (2) provides data center support services by hosting HIT, enterprise and administrative applications utilized by health care facilities throughout the IHS; (3) provides network operations support services that provides for network connectivity for Federal, Tribal, and Urban healthcare facilities; (4) provides enterprise-wide messaging services; (5) provides web services by developing and sustaining the IHS internet web presence including web based applications used for engagement and interaction; (6) provides enterprise wide service desk services by providing 24 x 7 IT-related support services; (7) participate in cross-cutting technology improvements and process that involve information resources and enterprise technology project management services; and (8) represents the IHS to Federal, Tribal, State, and other organizations.

Division of Information Security (DIS) (Gxxxxx)

(1) Provides the Chief Information Security Officer (CISO) cybersecurity services and advises the CIO on all aspects of IT and HIT information security; (2) provides agency-wide leadership in maintaining and improving the availability, confidentiality and integrity of data maintained in the Agency's information systems; (3) develops and maintains enterprise-wide information security governance, policies, procedures, and guidelines to safeguard information and IT systems; (4) develops and oversees a risk management framework process for the Agency; (5) maintains and serves as the Agency's official repository for Plans of Action and Milestones (POA&M) to address weaknesses disclosed by Federal Information Security Management Act (FISMA) reviews, audits, security authorizations and Federal Managers Financial Management Integrity Act (FMFIA) annual certifications related to IT security matters; (6) provides system security engineering support to system owners and developers, and maintains cybersecurity process coordination within the Agency's System Development Life Cycle (SDLC); (7) assembles and validates security authorization packages and makes recommendations to the CIO and the IHS Authorizing Official; (8) coordinates activities with internal and external organizations reviewing IT information resources for fraud, waste, and abuse; (9) defines cybersecurity

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curricula and provides specialized security training for the Agency's technical staff and general security awareness/orientation training required of all Agency employees; (10) manages and coordinates agency-wide IT security incident identification, reporting and response activities, and serves as the cybersecurity liaison with the Office of General Counsel, US Computer Emergency Response Team (US-CERT), the Federal Bureau of Investigation, Office of Inspector General and other external law enforcement agencies concerning IT security incident reporting and follow-up activities; (11) develops and oversees an enterprise-wide disaster recovery and contingency planning framework for IT systems; (12) monitors acquisition and budget execution for operational cybersecurity programs and projects to ensure fiscally responsible usage of funds; (13) participates in cross-cutting issues and processes that involve IT; and (14) represents the IHS to Federal, Tribal, Urban, State, and other organizations.

Office of Administrative Services (OAS) (Gxxxx)

(1) Administers physical security, facility management, space management services, parking management, including the employee transit subsidy program, the IHS mail and commercial printing programs, and HSPD-12 badge issuance for Headquarters; (2) coordinates with OIT to provide telecommunication services to Headquarters; (3) serves as liaison with the HHS and the GSA on logistics issues affecting the IHS; (4) provides guidance and oversight to the IHS on the control and safeguard of classified national security information; (5) plans, develops and administers the IHS-wide Homeland Security Presidential Directive 12 (HSPD-12) program to include providing leadership on the Physical Access Control Systems, and the Physical Security Program; (6) provides special transportation and security; (7) provides leadership and guidance for the IHS Forms Management Program; (8) provides leadership and coordination in the planning, development, operation, oversight, and evaluation of special office support projects for office relocations, and inter-and intra-agency activities; (9) plans, develops, and administers the IHS policies on supply management in conformance with Federal supply management laws, regulations, policies, procedures, practices, and standards; (10) interprets regulations, policies, procedures, practices and standards, and provides advice on execution and coordination of supply management policies and programs; (11) administers management systems and methods for planning, utilizing, and reporting on administrative supply management programs, including the IHS supply accountability and controls systems; (16) conducts surveys and studies involving evaluation and analysis of the supply management activities IHS-wide; (17) maintains liaison with the HHS and the GSA on supply management issues and programs affecting the IHS; ; (20) plans, develops, and administers the IHS personal property management program in conformance with Federal personal property management laws, regulations, policies, procedures, practices, and standards; (21) interprets regulations and provides advice on execution and coordination of personal property management policies and programs; (22) administers management systems and methods for planning, utilizing, and reporting on personal property programs, including the precious metals recovery program and IHS personal property accountability and control systems; (23) provides guidance and serves as principal administrative authority on Federal personal property management laws, regulations, policies, procedures, practices, and standards, in conjunction with the OGC; (24) conducts surveys and studies involving evaluation and analysis of the personal property management activities IHS-wide; (25) maintains liaison with the HHS and the General Services Administration (GSA) on personal property management issues and programs affecting the IHS; (26) plans, develops and administers the IHS Fleet Management Program; (27) prepares reports on IHS personal property activities; and (28) administers

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the local Headquarters personal property management program to include receiving, tagging, storage and disposal in addition to conducting the annual inventory for all HQ locations.

Office of Enterprise Risk Management and Internal Controls (OERMIC) (Gxx)

(1) Coordinates with key Headquarters Offices to ensure cross cutting agency strategic planning, enterprise risk management (ERM), and management of internal control across IHS; (2) ensures IHS' portfolio of enterprise risks are appropriately and effectively managed by identifying accountable individual risk owners; (3) provides the Agency Chief Risk Officer to advise on risk management and provide expertise, advice, and assistance to the Director, IHS, Office Directors, Area Directors and other key staff at both Headquarters and Area levels on ERM matters; (4) develops goals and objectives for the ERM program, integrates them with broader IHS-wide strategic goals/objectives, and tracks progress toward achieving them; (5) evaluates and monitors systems of internal control across IHS and uses the assessments of the internal control program as an integral part of ERM to effectively manage risks across IHS.

Associate Director Quality (ADQ) (Gxx)

The Associate Director Quality (ADQ): (1) provides operational and management information and expertise necessary for the formulation of quality policies, goals and objectives, and operational strategies, and in program and resource allocation decisions which impact the quality approach for the organization. (2) Works to identify issues, deficiencies, and requirements to be used as a basis for planning new programs, the expansion, contraction, or elimination of ongoing programs, and for determining program effectiveness through evaluation, which includes the utilization of data analytics and reporting. (3) Proactively evaluates current state, existing compliance, quality, risk, reliability, and safety information in an actionable value-driven manner to better facilitate sound decision making, to better focus priorities, and to develop forward-looking policies. (4) Advises the IHS Director on strategies that will position the IHS as a leader in the provisioning of safe and high quality care delivery in the backdrop of reform and the context of the healthcare community. (5) Leverages best industry practices to accelerate needed organizational change. (6) Acts on behalf of the IHS Director on expert panels, and in negotiations to reconcile conflicting policies and assures utilization of all possible resources, including those gained through collaborative efforts with other HHS Operating Divisions. (7) Interacts with or represents HHS Agency and Department officials as well as high level representatives of other Federal Agencies, including the National Indian Health Board, the Office of Management and Budget (OMB), the Congress, States, Tribal and inter-Tribal Governments, and other individuals and groups active and influential in shaping opinions, policies and actions in Indian health. (8) Manages mission, organization programs and compliance requirements of health care delivery systems, and directs health care programs at a national level. (9) Oversees, directs, and guides healthcare management areas to influence and provide input on healthcare policy and plans, workforce management, strategic planning, risk management and budget for the IHS health care delivery system. (10) Advises the IHS Director on intersecting clinical and business processes, medical quality assurance, quality improvement methods, and application of improvement science. (11) Derives evidence-based decisions that lead to quality results by applying critical thinking, performance measurement system and communication methods, calculating risks, and understanding customer expectations and demands. (12) Integrates information sources for organizational performance improvement through data analysis

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from quantitative and qualitative sources and research studies, display and interpretation of data dashboards, and Health Information Technology and Health Information Exchange resources, including data networks, database management, and operating systems and interfaces.

Office of Quality Health Care (OQHC) (Gxxx)

(1) Implements and routinely updates the IHS Quality Framework, integrating feedback and inputs from various levels of the organization and Tribal/Urban Indian Health Programs partners; (2) oversees accreditation readiness activities and compliance with accreditation requirements for all IHS Direct Service facilities, to include periodic mock surveys and formal accreditation surveys; (3) conducts training and informational activities that promote skills development in quality improvement, quality assurance, and performance improvement; (4) routinely assesses and reports on patient satisfaction and experience using standardized survey instruments and processes, and facilitates improvement activities based on survey results; (5) coordinates and organizes participation of IHS facilities and staff in interagency quality improvement activities; (6) monitors quality improvement and assurance metrics for healthcare delivery processes and outcomes, and advises other IHS Offices on quality improvement methods to improve support and outcomes of IHS administrative functions and processes; (7) assess, address, and continuously improve systems and processes to reduce and improve patient wait times in all related healthcare settings; (8) consult on and provide guidance for standardization of healthcare delivery policies and protocols; (9) oversee patient safety management and reporting systems and processes, sentinel event investigations/root cause analyses, and clinical risk management; (10) oversee and manage credentialing of licensed independent practitioners via standardized methods and a uniform system; and (11) institutionalize patient-centered care processes, engagement of patients as partners in care, and patient activation through self-management support and involvement in delivery service improvements.

Division of National Credentialing (DNC) (Gxxxx)

(1) Manages credentialing standards and policy; (2) acquires and maintains centralized credentialing software system; (3) ensures unification of credentialing officers/prime source verification officers; (4) ensures standardized training and support resources for credentialing officers.

Division of Facility Standards and Compliance (DFSC) (Gxxxx)

(1) Manages and coordinates mock surveys; (2) ensures accreditation services coordination; (3) provides accreditation resource management; (4) provides survey corrective action plan development assistance and coordination; (5) manages accreditation and certification survey reports; (6) ensures multidisciplinary integration of survey readiness support activities; (7) ensures unification of Area Quality Managers and Service Unit QAPI Officers.

Division of Healthcare Facility Management (DHFM) (Gxxxx)

(1) Coordinates training and support resources for healthcare facility management staff; (2) standardizes position descriptions and competencies for management staff; (3) standardizes management tools and resources; (4) provides Just Culture model education, training and application; (5) provides leadership development and skill-building; (6) facilitates change management to support quality assurance and quality improvement.

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(1) Employs strategies that reduce the possibility of a specific loss; (2) systematically gathers and utilizes data; (3) implements proactive and reactive components to prevent losses and mitigates impact of losses; (4) implements strategies to reduce the risk of harm to patients, liability exposure of healthcare providers, and financial loss to the IHS; (5) performs incident identification and reporting; (6) identifies and addresses potential tort claims, sequestering medical records, and investigation of medical adverse events; (7) reviews patient grievances concerning quality of care; (8) performs sentinel event/root cause analysis review and documentation; (9) analyzes methods for dismissal of patients from care; (10) reviews outside requests for medical records; (11) responds to inquiries from governmental agencies, media, and advocacy groups; (12) ensures compliance with regulatory, accreditation, and contractual agreements; (13) examining issue related to determination of “standards of care”; (14) represents IHS when claims are presented for review by the Malpractice Claims Review Panel chartered by the Department of Health and Human Services; (15) maintains case files and a malpractice claims database; (16) provides case summaries, peer review, outcome information, and feedback of risk management recommendations; (17) disseminates information about the review process; (18) responds to outside organizations requesting tort claim-involvement histories on former employees; (19) assists providers with Malpractice Claims Review Panel; (20) submits payment reports to the National Practitioner Data Bank.

Division of Quality Improvement (DQI) (Gxxxx)

(1) Trains healthcare staff and support team members in the Model for Improvement to rapidly test small scale changes at the local level for improvement in clinical processes to improve patient outcomes, experience of care, and resource utilization; (2) leads change management for practice transformation to embrace new models of care delivery and to enhance efficiency of the care delivery process; (3) improves patient and staff satisfaction with healthcare service delivery; (4) establishes and monitors metrics to evaluate improvement efforts and outcomes and ensures all staff members understand the metrics for success; (5) builds capability in all staff to support improvement and ensure that patients, families, providers and care team members are involved in quality improvement activities; (6) optimizes use of health information technology and data to continuously improve performance, quality and service (Resource and Patient Management System and iCare); (7) implements and enhances patient empanelment to facilitate care management and population health; (8) develops continuous and team-based healing relationships in which roles are well defined and tasks are distributed among multidisciplinary care team members to reflect the skills, abilities and credentials of the individual team members; (9) fosters patient-centered interactions through expanded patient roles in decision making, health-related behaviors and self-management; (10) reduces barriers to accessing care through more efficient service delivery processes, alternative care delivery methods, expanded access to the care team, and appointment scheduling flexibility; (11) boosts care coordination through community resource linkages, integrating specialty care referral and coordination processes, assisting with referral-related processes, and assuring completion of all elements of care; (12) reduces all types of hospital acquired conditions through technological innovation, attention to detail, and implementation of high reliability science; (13) reduces

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avoidable hospital readmissions through enhanced transition-of-care planning and coordination, communication with primary care, and management of community-based resource delivery.

Chief Medical Officer (CMO) (Gxx)

The Chief Medical Officer (CMO) (1) :serves as the primary source of national advocacy, policy development, budget development and allocation for clinical, preventive, and public health programs for the IHS, Area Offices, and Service Units; (2) provides leadership in articulating the clinical, preventive, and public health needs of AI/AN, including consultation and technical support to clinical and public health programs; (3) develops, manages, and administers program functions that include, but are not limited to, alcohol and substance abuse, behavioral health, chronic diseases such as diabetes, asthma, dental services, medical services, Health Promotion/Disease Prevention, domestic violence, pharmacy and pharmaceutical acquisition, community health representatives, emergency medical services, health records, disabilities, Human Immunodeficiency Virus/ Acquired Immune Deficiency Syndrome, maternal health, child health, clinical nursing, public health nursing, women’s health, nutrition and dietetics, and elder care; (4) investigates service delivery and community prevention evidence-based and best practice models for dissemination to community service locations; (5) expands the availability of resources available for AI/AN health by working with public and private entities as well as Federal agencies within and outside the HHS; (6) coordinates development of staffing requirements for new or replacement health care facilities and approves Congressional budget requests for staffing, in collaboration with the Office of Environmental Health and Engineering; (7) provides program oversight and direction for the facilities planning and construction process; (8) develops and coordinates various Health Initiative and Nursing grant programs; (9) provides the national focus for recruitment and retention of health professionals and coordinates with the scholarship and loan repayment programs; (10) works with the Contract Health Services (CHS) program on CHS denial appeals to the IHS Director and in determining CHS medical priorities; (11) manages the clinical (medical, nursing, pharmacy, dental) features of medical tort claims against the IHS; (12) works with the Office of Management Services in managing the clinical aspects of the IHS workman’s compensation claims; (13) oversees IHS efforts in a variety of quality assurance and improvement activities, including patient safety; (14) monitors approximately one-half of the IHS’s Government Performance and Results Act (GPRA) indicators, overseeing indicator development, data collection, and reporting results; and (15) participates in cross-cutting issues and processes including, but not limited to emergency preparedness/security, budget formulation, self-determination issues, border health initiatives, Tribal delegation meetings, Tribal shares computations and resolution of audit findings as may be needed and appropriate.

Office of Purchased and Referred Care (OPRC) (Gxxx)

(1) Plans, develops, and coordinates the PRC program and required business practices; (2) develops, disseminates, and maintains PRC policy and procedures manuals; (3) establishes eligibility criteria for Federal PRC benefits and determining PRC eligibility under such criteria; (4) formulates and monitors the PRC budget and distribution methodologies; (5) administers the Catastrophic Health Emergency Fund; (6) administers the PRC Quality Assurance Fund; (7) administers the PRC claims adjudication activity for the IHS Headquarters; (8) monitors the implementation of the IHS payment policy and reports the status to the Chief Medical Officer; (9) administers the IHS Fiscal Intermediary contract; (10) conducts data analysis and national utilization review and utilization management of PRC services rendered by private

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sector providers; and (11) provides consultation to Headquarters and Area Offices, and responds to inquiries from the Congress, Tribes, and other Federal agencies.

Office of Diabetes Treatment and Prevention (ODTP) (Gxxxx)

(1) Plans, manages, coordinates, and evaluates a comprehensive clinical and community program focusing on type 2 diabetes in AI/AN communities; (2) plans, manages, develops, coordinates, and evaluates the Congressionally-mandated Special Diabetes Program for Indians, a large grant program focused on the prevention and treatment of diabetes; (3) coordinates and monitors contracts and grants with IHS, Tribal, Urban Indian health programs and other entities; (4) develops objectives, priorities and methodologies for the conduct of clinical and community diabetes programs; (5) monitors, evaluates, and provides consultation to clinical and community diabetes grant programs and other new initiatives; (6) provides leadership, professional guidance, and staff development to Area Diabetes Consultants, Model Diabetes Programs and IHS, Tribal, Urban diabetes program providers; (7) coordinates diabetes training needs for Area Offices, Service Units, and Tribes; (8) develops and implements IHS standards of care, clinical guidelines, policies, and procedures for diabetes and diabetes-related conditions; (9) coordinates model diabetes program sites; (10) develops and disseminates diabetes-related information and materials to IHS, Tribes and Urban Indian health programs; (11) is responsible for preparing budgetary data, analysis and program evaluations for budget presentations and Congressional hearings; and (12) coordinates a chronic disease strategic plan initiative for the IHS.

Office of Oral Health (OOH) (Gxxxx)

(1) Plans, develops, coordinates, and evaluates dental health programs; (2) establishes staffing, procedural, facility, and dental contract standards; (3) coordinates professional recruitment, assignment, and staff development; (4) represents dental staff and Area Dental Programs in personnel matters, including the monitoring of personnel orders for both appointments and transfers, establishing promotion priority lists, processing special pay and retention bonus contracts, and serving as the HQ representative on adverse action cases; (5) improves effectiveness and efficiency of dental programs; (6) develops resource opportunities and monitors utilization of resources for dental health programs; (7) formulates, allocates and analyzes dental program budget and prepares information for program and budget presentations as well as Congressional inquiries; (8) advocates for oral health needs of the AI/AN population; (9) coordinates health promotion and disease prevention activities for the dental program; (10) monitors oral health status and treatment needs of the AI/AN population; (11) provides clinical and technical support to field staff by way of oral health surveys, provision of clinical trials, consultation on treatment cases, publication of quarterly newsletters and serving as liaison with public and private institutions, as well as major universities to evaluate new and existing strategies for addressing oral health problems in AI/AN; (12) serves as the IHS liaison for oral health issues with other Federal agencies; (13) serves as main source of information transfer to field staff via mediums including, but not limited to, teleconference hookups, electronics (email/listservs), conventional mail and meeting attendance; and (14) maintains and distributes information from the IHS centralized dental database, including workload, program resource directories and exploring the applicability of new health informatics technologies and systems.

Office of Nursing Services (ONS) (Gxxxx)

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(1) Plans, develops, coordinates, evaluates, manages and advocates for Clinical and public health Nursing Services, including acute care, ambulatory care, and public health nursing services, Women's Health, and Community Health Representative Programs (CHR); (2) identifies and establishes standards for these programs; (3) provides leadership, professional guidance, and staff development; (4) plans, develops, coordinates, manages, and evaluates nursing CHR education to better meet the needs of nursing and CHRs in Indian Health programs; (5) coordinates professional staff, including nursing recruitment, scholarship recipients, assignment and development to meet Area Office, Service Unit, and Tribal needs in accordance with IHS policies and procedures; (6) provides guidance in planning, developing, and maintaining management information systems that will benefit documentation and data collection by and for nurses and community health workers; and (7) prepares budgetary data, analysis and program evaluations and prepares information for program and budget presentations, as well as Congressional hearings.

Office of Behavioral Health (OBH) (Gxxxx)

(1) Applies identified profession and program standards, monitors and evaluates community and Area-wide services provided through grants or contracts with AI/AN Tribes, villages, organizations, and direct IHS operations for mental health, social services, and alcohol/substance abuse; (2) coordinates AI/AN community behavioral health programs including alcohol/substance abuse prevention and treatment, mental health, and social work with program directors, division staff, Area staff, and other agencies and institutions; (3) coordinates contracts and grants for behavioral health services and monitors services provided; (4) makes program and policy changes using data analysis, recommendations from operational levels, research results, and coordinates resource allocation from program policies; (5) provides behavioral health program consultation to AI/AN groups and IHS staff; (6) provides leadership in the identification of behavioral change interventions and supports implementation at the community level; (7) coordinates with Federal, State, professional, private, and community organizations on alternate health care resources; (8) works with other Federal agencies and departments to provide additional Federal resources for AI/AN behavioral health programs; (9) provides financial resources and programmatic oversight for complying with the Americans With Disabilities Act through programs such as the Indian Children's Program, and for elders through partnerships with the Administration on Aging and the National Indian Council on Aging; (10) measures and evaluates the quality of behavioral health care services; (11) manages the Tele-Behavioral Health Program; and (11) prepares information on behavioral health for budgetary hearings and provides program evaluation results to the IHS Director, the Congress, and the Administration.

Office of Clinical and Community Programs (OCCP) (Gxxxx)

(1) Manages, develops, and coordinates a comprehensive clinical, preventive and public health approach to clinical and community program focusing on maternal and child health, Indian children services including preventive health support services for medicine, nutrition, HIV/ AIDS, pharmacy, health records, health education, health promotion, and disease prevention; (2) develops objectives, priorities, and methodologies for the conduct and evaluation of clinical, preventive, and public health for community health-based programs; (3) provides, develops, and implements IHS guidelines, standards, policies, and procedures on clinical, preventive, and public health for community based programs and initiatives; (4) monitors, evaluates, and provides consultation to clinical and community programs; (5) plans jointly with other programs and divisions of the IHS and other agencies on research and

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coordination of services; (6) coordinates professional staff recruitment and training needs, and scholarship recipient assignments and development to meet Area Office, Service Unit, and Tribal health professional human resource needs; (7) coordinates and monitors contracts and grants with IHS programs and other entities, in collaboration with the Division of Acquisitions Policy and the Division of Grants Operations; (8) develops and disseminates information and materials to IHS facilities and to Tribes and Urban Indian health programs; (9) develops program budget materials for resource management, program data collection, administrative system integrity and accountability and responds to Congressional and Departmental inquiries; and (10) manages the Veterans Affairs Pharmaceutical Prime Vendor Contract and IHS National Core Formulary.

Office of Telemedicine (OT) (Gxxx)

(1)

Associate Director Field Operations (ADFO) (Gxx)

The Associate Director Field Operations (ADFO): (1) oversees and supervises the IHS Area Offices; (2) oversees and supervises the Headquarters Office of Environmental Health and Engineering; (3) advises the Director and other senior staff on key activities, concerns, and needs that arise in the Areas and OEHE; (3) provides leadership and serves as liaison to the Area Directors to address issues, coordinate responses, manage deployment of Area staff to assist national or local efforts, and monitor Area and service unit procurements and budgets; and (4) provides expert advice and recommendations from the field perspective for initiatives, program needs, process improvements, etc. as requested.

Area Offices (AO) (Gxx)

Each Area Office: (1) plans, develops, directs program support to ensure the provision of preventive, curative and rehabilitative health services; (2) manages the transfer of programs, services, functions, and activities and related funding to Tribes through Title I Self Determination contracts; (3) builds partnerships with the Tribes within its region; and (4) assures Area Office and service unit compliance with all applicable laws, regulations, policies, etc. in carrying out operational duties.

Office of Environmental Health and Engineering (OEHE) (Gxx)

(1) Advises and supports the IHS Director on policy, budget formulation, and resource allocation regarding environmental health and engineering activities of IHS and Tribal facilities programs; (2) provides Agency-wide leadership and consultation to IHS, Tribal, and Urban Indian health programs on IHS goals, objectives, policies, standards, and priorities; (3) represents the IHS within the HHS and external organizations for purposes of liaison, professional collaboration, cooperative ventures, and advocacy; (4) serves as the primary source of technical advice for the IHS Director, Headquarters, Area Offices, Tribal, and Urban Indian health programs on the full scope of health care facilities acquisition construction and operations, sanitation facilities acquisition construction and management, environmental health services, environmental engineering, clinical engineering, and realty services management; (5) develops and recommends policies, administrative procedures and guidelines for Public Law 93-638 construction activities; (6) develops objectives, priorities, standards, and methodologies to conduct and evaluate environmental health, environmental engineering, and facilities

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engineering and management activities; (7) coordinates the formulation of the IHS Facilities appropriation budget request and responds to all inquiries about the budget request and programs funded by the IHS Facilities appropriation; (8) maintains needs-based and workload-based methodologies for equitable resource distribution for all funds appropriated under the IHS Facilities appropriation; (9) provides leadership, consultation, and staff development to assure functional, safe, and well-maintained health care facilities, a comprehensive environmental health program, and the availability of water, sewer, and solid waste facilities for Indian homes and communities; (10) coordinates the IHS OEHE responsibilities in responding to disasters and other emergency situations, in collaboration with the Office of Clinical and Preventive Services; (11) participates in cross-cutting issues and processes including, but not limited to emergency preparedness/security, budget formulation, self-determination issues, Tribal shares computations and resolution of audit findings as may be needed and appropriate; and (12) provides leadership, coordination and representation for the IHS Sustainability Program.

Division of Sanitation Facilities Construction (DSFC) (Gxxxx)

(1) Develops, implements, and manages the environmental engineering programs, including the Sanitation Facilities Construction (SFC) program, and compliance activities associated with environmental protection and historic preservation legislation; (2) provides Agency-wide management assistance and special support/ consultation to address special environmental public health problems for environmental engineering/ construction activities, and for compliance with environmental legislation; (3) works closely with other Federal agencies to resolve environmental issues and maximize benefits to Tribes by coordinating program efforts; (4) develops, implements, and evaluates Agency program activities, objectives, policies, plans, guidelines, and standardized data systems for SFC activities; (5) consults with Tribal groups/organizations in the development and implementation of SFC policies and initiatives, and in the identification of sanitation needs; (6) maintains a national inventory of current Tribal sanitation facilities needs, and past and present projects to address those needs; and (7) allocates financial resources Agency-wide based on need and workload using the national data inventories, in collaboration with the OFA.

Division of Facilities Operations (DFO) (Gxxxx)

(1) Develops, implements, and manages the programs affecting health care facilities operations, including the routine maintenance and improvement, real property asset management, realty, facilities environmental, staff quarters, and clinical engineering programs; (2) develops, implements, monitors and evaluates Agency program activities, objectives, policies, plans, guidelines, and standardized data systems for health care facilities operations; (3) serves as the principal resource for coordination of facilities operations and provides consultation to IHS and the Tribes on health care facilities operations; (4) maintains real property asset and quarters management systems; (5) maintains clinical engineering management systems; (6) maintains resources allocation methodologies for the Facilities appropriation Agency-wide based on supportable space and workload data; (7) maintains Agency-wide data on Federal and Tribal facilities for program budget justification; (8) develops and evaluates technical standards and guidelines for health care facilities operations; and (9) monitors the improvement, alternation, and repair of health care facilities.

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(1) Develops, implements, and manages the IHS Health Care Facilities Planning and Construction program, including the facilities planning process, facilities design process, facilities acquisition, and construction project management; (2) develops, implements, monitors, and evaluates Agency program activities, objectives, policies, plans, guidelines, and standardized data systems for health care facilities planning and construction; (3) develops and maintains construction priority systems, and with the Division of Engineering Services, develops project budget documents for the health care facilities construction program; (4) services as the principal resource in providing leadership, guidance, and coordination of health care facilities engineering activities for the IHS Headquarters, Area Offices, Tribal and Urban Indian health programs; (5) evaluates justifications for major improvement and alteration projects and other large scale construction activities; (6) develops and evaluates technical standards and guidelines for health care facilities construction.

Division of Environmental Health Services (DEHS) (Gxxxx)

(1) Develops, implements, and manages the IHS Environmental Health Services programs, including the Injury Prevention and Institutional Environmental Health programs to identify environmental hazards and risk factors in tribal communities and propose control measures to prevent adverse health effects; (2) serves as the primary source of technical and policy advice for IHS Headquarters and Area Offices on the full scope of environmental health issues and activities; (3) maintains relationships with other Federal agencies and Tribes to maximize responses to environmental health issues and maximize benefits to Tribes by coordinating program efforts; (4) provides leadership in identifying and articulating environmental health needs of AI/AN populations and support efforts to build Tribal capacity; (5) provides personnel support services and advocates for environmental health providers; (6) maintains, analyzes, make accessible, and publishes results from national databases; (7) manages resource allocation activities in accordance with established criteria based on workload; (8) develops and evaluates standards and guidelines for environmental health programs and activities; and (9) provide technical assistance and consultation to Federal and Tribal programs on a variety of program elements such as food safety, health housing, community facilities, community injury prevention, water quality, waste management, occupational safety in healthcare and non-healthcare institution, mass gatherings, vectorborne and communicable disease control, and emergency management.

Division of Engineering Services (DES) (Gxxxx)

(1) Administers the acquisition and project management of the design and construction of all IHS new construction health care facilities projects; (2) administers the acquisition of all IHS A/E services and construction contracts greater than \$150,000, including maintenance and improvement, sanitation facilities construction, Medicare & Medicaid, Non-recurring Expense Fund, and other IHS-funded projects; (3) administers the Agency Lease Program, including the management of the Lease Priority System Committee, approval of all IHS space requests, and executing all Agency leases with GSA, and as authorized under P.L. 93-638 and P.L. 94-437, as amended; (4) serves as the source of engineering and contracting technical expertise for Agency programs/projects and other technical programmatic areas affecting the planning, design,

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alteration, leasing, and construction of Agency health care and sanitation facilities for Indian homes and communities; (5) designated as the IHS Authority having Jurisdiction (AHJ) for all code interpretations required to resolve conflicts that arise from interpreting and applying various codes and other related criteria in all Agency facilities and design/construction projects.

Associate Director Intergovernmental Affairs (ADIA) (Gxx)

Office of Tribal Self-Governance (OTSG) (Gxxx)

Develops and oversees the implementation of Tribal self-governance legislation and authorities in the IHS, under Title V of the Indian Self-Determination and Education Assistance Act, Public Law 93–638, as amended; (2) develops and recommends policies, administrative procedures, and guidelines for IHS Tribal self-governance activities, with maximum input from IHS staff and workgroups, Tribes and Tribal organizations, and the Tribal Self-Governance Advisory Committee; (3) advises the IHS Director on Agency compliance with self-governance policies, administrative procedures and guidelines and coordinates activities for resolution of problems with appropriate IHS and HHS staff; (4) provides resource and technical assistance to Tribes and Tribal organizations for the implementation of the Tribal Self-Governance Program (TSGP); (5) participates in the reviewing of proposals from Tribes for self-governance planning and negotiation grants and recommends approvals to the IHS Director; (6) determines eligibility for Tribes and Tribal organizations desiring to participate in the TSGP; (7) oversees the negotiation of self-governance compacts and annual funding agreements with participating Tribal governments; (8) identifies the amount of Headquarters managed funds necessary to implement the annual funding agreements and prepares annual budgets for available Tribal shares in conjunction with IHS Area and Headquarters components; (9) coordinates annual reconciliation of funding agreements with IHS Headquarters components, Area Offices, and participating Tribes; (10) serves as the principal IHS office for developing, releasing, and presenting information on behalf of the IHS Director related to the IHS Tribal self-governance activities to Tribes, Tribal organizations, HHS officials, IHS officials, and officials from other Federal agencies, State and local governmental agencies, and other agencies and organizations; (11) arranges national self-governance meetings to promote the participation by all AI/AN Tribes in IHS self-governance activities and program direction; (12) participates in meetings for Self-Governance Tribal delegations visiting IHS Headquarters; and (13) participates in cross-cutting issues and processes including, but not limited to emergency preparedness/security, budget formulation, self-determination issues, Tribal shares computations and resolutions of audit findings as may be needed and appropriate.

Office of Direct Service and Contracting Tribes (ODSCT) (Gxxx)

(1) Assures that Indian Tribes and Tribal organizations are informed regarding pertinent health policy and program management issues; (2) assures that consultation and participation by Indian Tribes and organizations occurs during the development of IHS policy and decision making; (3) provides overall Agency leadership concerning functions and responsibilities associated with self-determination contracting (Title I of the Indian Self-Determination Act); (4) advises the IHS Director and senior management on activities and issues related to self-determination contracting; (5) monitors Agency compliance with self-determination policies, administrative procedures, and guidelines; (6) provides Agency leadership in planning and conducting a program of expert guidance, technical assistance, and

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support to Indian Tribes that continue to receive their health services directly from the IHS; (7) administers a national grant program designed to assist Tribes and Tribal organizations in beginning and/or expanding self-determination activities; (8) provides Agency leadership in the development of policy; (9) discharges operational responsibilities, with respect to the contract support cost (CSC) program administered by the IHS; (10) provides advice to the IHS Director and senior management on Tribal issues and concerns by acting as liaison with Tribal leaders, national Tribal organizations, inter-Tribal consortiums and Area health boards; (11) provides leadership in the management process of receiving visiting delegations of Tribal leaders and representatives to IHS Headquarters and provides staff assistance to the Office of the Director with respect to Tribal meetings at locations outside of Headquarters; (12) provides overall Agency leadership with respect to policy development and issues concerning the Federal recognition of new Tribes; (13) supports Tribes in managing health programs; (14) coordinates available support from other public and private agencies and organizations; (15) maintains a central database on relevant information to contact Tribal leaders, health programs, etc.; and (16) participates in cross-cutting issues and processes including, but not limited to emergency preparedness/security, budget formulation, self-determination issues, Tribal shares computations and resolution of audit findings as may be needed and appropriate.

Office of Urban Indian Health (OUIHP) (Gxxx)

(1) Advises the IHS Director on the activities and issues related to the IHS' implementation of Title V, "Indian Health Care Improvement Act", as amended, for IHS-funded urban Indian organizations; (2) develops and recommends policies, administrative procedures, and guidelines for IHS services and activities for urban organizations; (3) assures that urban Indian organizations are informed of pertinent health policies; (4) ensures that conferring with urban Indian organizations occurs during the development of IHS policy to the extent allowed by law; (5) supports urban Indian organizations in managing health programs; (6) coordinates support available from other public and private agencies and organizations; (7) advises the IHS Director on Agency compliance with urban Indian organization policies, administrative procedures, and guidelines; (8) maintains relevant information on urban Indian organizations; (9) coordinates meetings and other communications with urban Indian organization representatives; and (10) participates in cross-cutting issues and processes including, but not limited to emergency preparedness/security, budget formulation, onsite reviews and compliance issues, and resolution of audit findings as may be needed and appropriate.

Associate Director Analysis and Evaluation (ADAE) (Gxx)

The Associate Director Analysis and Evaluation (ADAE) is responsible for (1) providing IHS-wide leadership, guidance and support for public health program and activities including strategic planning, evaluation, Government Performance and Results Act (GPRA), research, epidemiology, and statistics; (2) providing Agency-wide leadership and consultation to IHS, Tribal, and Urban Indian health programs on IHS goals, objectives, policies, standards, and priorities; (3) advocates for the public health needs and concerns of AI/AN and promotes quality health care; (4) manages and provides national leadership and consultation for IHS on assessments of public health or medical services, research agendas, and public health initiatives for the Agency; (5) supports and advocates for AI/AN to access State and local public health programs to build public health capacity; and (6) participates in cross-cutting issues and processes including, but not limited to emergency preparedness/security, budget formulation, self-

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determination issues, Tribal shares computations and resolution of audit findings as may be needed and appropriate.

Office of Epidemiology and Disease Prevention (DEDP) (Gxxx)

(1) Builds public health capacity in Tribal communities through a network of Tribal Epidemiology Centers; (2) serves IHS and Tribal communities through disease surveillance, health data management, analysis and reporting, and providing technical support for a broad range of public health activities; (3) establishes and maintains core public health surveillance and related data systems to support situational awareness of chronic and infectious disease occurrence of public health importance and aligned with Agency priorities; (4) generates diverse public health data to support assessment of public health system performance and improvement for national IHS programs; and (5) determines and responds to contemporary and established public health problems among AI/AN populations and coordinates and integrates response with other relevant public health partners (e.g., CDC, NIH, Tribal, state and local health departments).

Office of Program Statistics (OPS) (Gxxxx)

(1) Plans, develops, directs, and coordinates an analytical statistical reporting program to provide data for measuring the health status and unmet health needs of the AI/AN population; (2) develops and coordinates the collection, processing, and analysis of demographic, health, and related spatial data for the Agency; (3) maintains, analyzes, makes accessible, and disseminates data from national AI/AN health centered geographic and service delivery related collections of data and analyses; and (4) provides statistical decision support and business intelligence to internal and external partners.

Office of Planning and Evaluation (OPE) (Gxxxx)

(1) Develops and aligns Agency strategic planning with performance measurement and program evaluation activities; (2) provides guidance and support for IHS-wide program evaluation with a focus on improving systems of care; (3) provides support for facilities and staffing planning and serves as liaison to Area and Tribal Planning Officers; (4) conducts regular reviews of progress on Agency strategic goals; (5) makes available to the public resources for planning and evaluation; and (6) supports data-driven decision-making and evidence-driven health system improvement through coordination of the collection and analysis of program data.

Office of Research and Analysis (ORA) (Gxxxx)

(1) Supports national health research activities, including community-oriented practice-based research, human subject research protections, and research related to health problems and the delivery of care to AI/ANs; (2) provides assistance in designing and conducting analytical studies to address a wide range of operational and management challenges; (3) provides decision support and analytics functions to the agency in the areas related to resource allocation, budget formulation, data/information quality, and business analytics; (4) helps to build capacity within the organization for using data and evidence to inform management decision-making; and (5) identifies and evaluates innovative strategies that lead to accessible, effective, and culturally appropriate care.

Associate Director for Healthcare Workforce Development (ADHWD) (Gxx)

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The Associate Director for Healthcare Workforce Development (ADHWD): (1) oversees the IHS Scholarship and Loan Repayment programs; (2) provides expert advice and guidance related to strategic workforce development; (3) develops and manages partnerships with universities, states, and non-profits to provide student mentoring, residency, fellowship, and other programs designed to draw students to employment with the IHS;

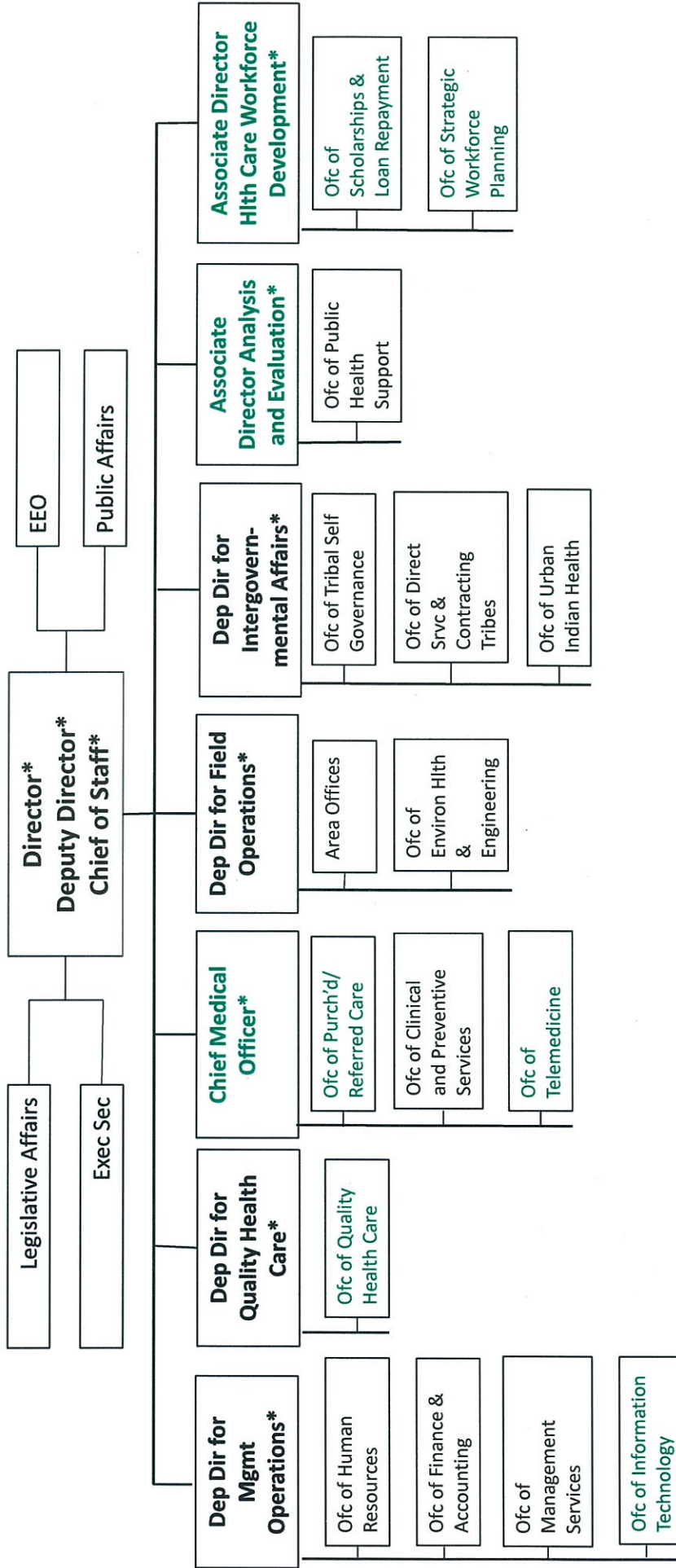
Office of Scholarships and Loan Repayment (OSLR) (Gxxx)

(1) Manages the Agency-wide scholarship and loan repayment programs; (2) coordinates HQ activities for residency and training programs; (3) partners with the National Health Service Corps (NHSC) program, including liaison and assignment of NHSC scholarship recipients to IHS; (4) coordinates the updating of Health Professional Shortage Area site scores IHS-wide; (5) coordinates placement of professionals with loan repayment and scholarship obligations; (6) serves as IHS coordinator for preparatory, pre-graduate and health professions IHS scholarship recipients; (7) processes waivers and defaults of participants in IHS scholarship programs and the IHS loan repayment program (LRP) consistent with authorizing legislation; (8) coordinates the debt management function with the HHS Program Support Center; (9) manages and supports health professions education programs and activities; (10) coordinates scholarship and LRP program administration in collaboration with the Division of Recruitment and Outreach with the IHS Area Office and Service Unit staff, including Chief Medical Officers, Clinical Directors, and professional recruiters; (11) develops, administers, and evaluates all IHS scholarship programs; and (12) coordinates the evaluation of scholarship and loan repayment priorities with the respective disciplines and national councils.

Office of Strategic Workforce Planning (OSWP) (Gxxx)

(1) Builds relationships with universities, non-profit, and state organizations to establish residency, fellowship, or other training programs for students to be placed in IHS; (2) coordinates with HRSA's National Health Service Corps (NHSC) program to ensure IHS site scores are updated appropriately to facilitate the assignment of NHSC scholars and loan repayment recipients to IHS and Tribe locations; (3) coordinates with the OHR Division of Recruitment and Outreach on recruitment strategies such as advertising, direct contacts, use of search committees, etc. for increasing applicants to vacancy announcements; (4)

INDIAN HEALTH SERVICE HEADQUARTERS



Interim organizational chart (October 2016)

*These positions comprise the Agency Senior Staff.

