

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

DESCRIPTION OF PSFA:

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

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

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

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

WHAT HQ PSFAs ARE RESIDUAL?

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

WHAT HQ PSFAs CAN BE TRANSFERRED TO TRIBES?

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

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

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

PROGRAM FORMULA FOR CALCULATING THE TRIBAL SHARE:

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

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

HQ Facilities and Clinical Engineering Support Available for Tribal Shares

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

HQ Real Property Support Available for Tribal Shares

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

where

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

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

DESCRIPTION OF PSFA:

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

WHAT PSFAs ARE RESIDUAL?

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

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

WHAT PSFAs CAN BE TRANSFERRED TO TRIBES?

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

PROGRAM FORMULA FOR CALCULATING THE TRIBAL SHARE:

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

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

DESCRIPTION OF PSFA:

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

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

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

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

WHAT HQ PSFAs ARE RESIDUAL?

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

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

WHAT HQ PSFAs CAN BE TRANSFERRED TO TRIBES?

Funding for project management associated with line item Congressionally funded new health facilities is available to the respective Tribe based on established IHS work standards. The amount transferred is based on the workload actually assumed by the Tribe. Workload assumed is individually negotiated and funds are distributed as part of the P.L. 93-638 contract or through

a funding agreement amendment. There are no general Tribal shares associated with these funds.

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

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

PROGRAM FORMULA FOR CALCULATING THE TRIBAL SHARE:

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

Engineering Services Available as Tribal Shares

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

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

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

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

DESCRIPTION OF PSFA:

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

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

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

WHAT HQ PSFAs ARE RESIDUAL?

None.

WHAT HQ PSFAs CAN BE TRANSFERRED TO TRIBES?

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

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

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

PROGRAM FORMULA FOR CALCULATING THE TRIBAL SHARE:

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

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

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

Detailed HQ Accounts	HQ Initial Allowance 1	Residual 2	Continued Commitments 3	Allocated by			% Liquid 7	Note and whether shares are recurring (R) or non-recurring (NR) 8
				Field Pass-through 4	Program Formula 5	TSA Formula 6		
Tribal Management	<u>\$2,406,000</u>	<u>\$0</u>	<u>\$2,406,000</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>		
1201 Tribal Management Grants	<u>\$2,406,000</u>	0	2,406,000	0	0	0	0%	Competitive grants to qualifying Tribes. NR
Direct Operations	<u>\$29,988,938</u>	<u>\$14,527,916</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>	<u>\$15,461,022</u>		
1301 Direct Operations - Rockville	<u>\$29,988,938</u>	14,527,916	0	0	0	15,461,022	15%	R
Self-Governance	<u>\$9,876,000</u>	<u>\$0</u>	<u>\$9,876,000</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>		
1401 Self-Governance	<u>\$9,876,000</u>	0	9,876,000	0	0	0	0%	OTSG, shortfall and planning grants. NR
Contract Support Costs	<u>\$21,474,610</u>	<u>\$0</u>	<u>\$0</u>	<u>\$21,474,610</u>	<u>\$0</u>	<u>\$0</u>		
1501 Contract Support Costs	<u>\$21,474,610</u>	0	0	21,474,610	0	0	0%	na
Maint. & Improvement	<u>\$3,500,000</u>	<u>\$0</u>	<u>\$0</u>	<u>\$3,500,000</u>	<u>\$0</u>	<u>\$0</u>		
2101 Maintenance & Improvement	<u>\$3,500,000</u>	0	0	3,500,000	0	0	100%	Envr. Remediation, demolition NR
Facilities & Envr. Hlth. S	<u>\$13,616,000</u>	<u>\$1,961,650</u>	<u>\$3,066,270</u>	<u>\$2,522,726</u>	<u>\$6,065,354</u>	<u>\$0</u>		
2401 San. Facilities Constr. Support	<u>\$2,341,368</u>	528,136	0	0	1,813,232	0	18%	Incl. \$331,150 relmb. Env Hlth Supt NR
2402 Environ. Health Services Support	<u>\$3,352,364</u>	452,689	0	1,779,000	1,120,675	0	18%	Incl. \$418,650 relmb EHS & \$1,779K IPP Grants NR
2403 Facilities & Realty Support	<u>\$2,038,615</u>	301,792	0	0	1,736,823	0	18%	Incl. \$200K reimbursable Fac Supt NR
2404 Facilities Engineering Support	<u>\$1,706,865</u>	679,033	0	0	1,027,832	0	18%	NR
2405 Engineering Services Support	<u>\$4,178,788</u>	0	3,066,270	743,726	366,792	0	18%	\$743,726 Eng Supt for AB,CA,NA, NS NR
Equipment-Biomedical	<u>\$6,230,000</u>	<u>\$0</u>	<u>\$1,230,000</u>	<u>\$5,000,000</u>	<u>\$0</u>	<u>\$0</u>		
2501 Equipment	<u>\$6,230,000</u>	0	1,230,000	5,000,000	0	0	100%	\$730K TRANSAM, \$500K Ambulances, \$5.0M new tribal const. Fac. NR
Grand Total	<u>\$360,492,877</u>	<u>\$17,516,976</u>	<u>\$77,924,046</u>	<u>169,144,481</u>	<u>\$20,511,279</u>	<u>\$75,396,095</u>		

Detailed HQ Accounts	HQ Initial Allowance 1	Residual 2	Continued Commitments 3	Allocated by			% Liquid 7	Note and whether shares are recurring (R) or non-recurring (NR) 8
				Field Pass-through 4	Program Formula 5	TSA Formula 6		

Table #3: Descriptive Key

Purpose: Shows details of Headquarters managed accounts to match total HQ allowances shown on Table #2. Reading down the columns identifies PFSA's within a budget activity. For instance, there are more than 25 subcategories within the Hospitals and Clinics budget item. A sum over rows within a budget activity for TOTAL INITIAL ALLOWANCE, should match the allowance \$ for that budget activity on Table #2. The Hospitals and Clinics, and Direct Operations totals will exceed the table #2 allowance because a HQ PFSA from the Phoenix Area allowances are included on Table #3. The sum of amounts reading across columns (columns 2 - 6) should match the total allowance in column 1.

HQ PFSA lines are listed as rows on the left side of this table with line number codes.	1: ALLOWANCE Total allowance in each line item. This is an estimate based on the most recent appropriation.	2: RESIDUAL Shows that portion of funds in each line that are for residual federal functions.	3: COMMITMENTS Shows commitments that must be obligated at HQ and that are not allocable directly to tribes/AFAs because: a) law does not provide for awards to tribes, b) continuation of Congressional earmarks, c) continued contracts, d) court orders. Scholarships awards to individual Indians is an example.	4: FIELD PASS-THROUGH Funds allocated to field sites, including AFAs, using competitive criteria. These funds are used and obligated in the field. Two examples are: new CSC \$; CHEF funds reimburse qualifying high cost CHS cases during the FY. Field pass-through \$ may be either recurring or non-recurring depending on the criteria.	5: PROGRAM FORMULA Allocable through a competitive program formula (different from the TSA formula). Formula results are sometimes unavailable at the time of the negotiation. Ex. are CHS FI, Equipment, and Environmental Health Support. Program formula allocations may be either recurring or non-recurring depending on the criteria..	6: TSA FORMULA Allocable to tribes/AFAs through the TSA formula. TSA shares are recurring. The TSA shares are sometimes called the Section 106(a)(1) amount.	7: % LIQUID Shows that portion of funds in each line that are not encumbered (can immediately transfer). IHS must first downsize before transferring non-liquid shares. The IHS' Tribal Share Transfer Policy requires full payment for ALL shares no later than 24 months.
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*Table #2:
Breakdown of Appropriation for **2002**
Allowances to Areas and through HQ*

Initial budget allowances are assigned to more detailed accounts by each Area Office and HQ. Funds in accounts are in turn allocated to Service Units, Contracts, and Compacts from Areas and HQ.

<i>Budget Activities</i>	<i>2002 Appropriation 1</i>	<i>Initial Allowance Through Areas 2</i>	<i>Initial Allowance Through HQ 3</i>	<i>Notes 4</i>
100 Hospitals & Clinics	<u>\$1,153,711,000</u>	\$1,044,487,983	\$109,223,017	
200 Dental Health	<u>\$95,305,000</u>	\$89,986,000	\$5,319,000	
300 Mental Health	<u>\$47,142,000</u>	\$44,479,916	\$2,662,084	
400 Alcohol/Sub. Abuse	<u>\$135,005,000</u>	\$101,466,174	\$33,538,826	
500 Contract Health Care	<u>\$460,776,000</u>	\$386,190,900	\$74,585,100	
600 Public Health Nursing	<u>\$37,781,000</u>	\$34,470,400	\$3,310,600	
700 Health Education	<u>\$10,628,000</u>	\$9,518,900	\$1,109,100	
800 CHR	<u>\$49,789,000</u>	\$47,403,400	\$2,385,600	
900 Immunization Ak.	<u>\$1,526,000</u>	\$1,526,000	\$0	
1000 Urban Indian Health	<u>\$30,947,000</u>	\$20,843,998	\$10,103,002	
1100 Indian Health Professions	<u>\$31,165,000</u>	\$0	\$31,165,000	
1200 Tribal Management	<u>\$2,406,000</u>	\$0	\$2,406,000	
1300 Direct Operations	<u>\$55,323,000</u>	\$25,334,062	\$29,988,938	
1400 Self-Governance	<u>\$9,876,000</u>	\$0	\$9,876,000	
1500 Contract Support Costs	<u>\$268,234,000</u>	\$246,759,390	\$21,474,610	
2100 Maint. & Improvement	<u>\$46,331,000</u>	\$42,831,000	\$3,500,000	
2200 Sanitation Facilities	<u>\$93,827,000</u>	\$93,827,000	\$0	
2300 Health Care Facilities	<u>\$86,260,000</u>	\$86,260,000	\$0	
2400 Facilities & Envr. Hlth. Support	<u>\$126,775,000</u>	\$113,159,000	\$13,616,000	
2700 Equipment-Biomedical	<u>\$16,294,000</u>	\$10,064,000	\$6,230,000	
	<u>\$2,759,101,000</u>	<u>\$2,398,608,123</u>	<u>\$360,492,877</u>	