



Facilities Condition Assessments and Small Ambulatory Program (SAP) UPDATES

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PROGRAM DIRECTORS MEETING
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Before I start, a QUICK NOTE about Regional Specialty Centers Feasibility Study

- When Innova Group originally sent out the site questionnaire in Jan 2023, we had 15 responses.
- We have some Tribal and Urban health programs with known data issues who have not provided their user population, and data from HSP is not accurate.
 - To have the most accurate data possible, we need user population data from these programs.
- We are reaching out one last time to these programs THIS WEEK to get updated eligible user population data.
 - Not everybody receiving this request – just about 10 Tribal and Urban programs who didn't report before, but who have known data issues.
- One week to respond – **if you received one of these requests, please respond ASAP** – this is important to the study!

THANK YOU!

- (Now back to regular scheduled programming...)



Facilities Condition Assessments Update

What is a Facilities Condition Assessment?

“A FCA is a comprehensive evaluation of a building’s physical condition. The purpose of a FCA is to identify any existing or potential problems that could affect the building’s performance or integrity and to provide recommendations with cost estimates for addressing those issues.”

- FCA \cong Physical Exams
- Other names for FCAs: Deep Look Surveys, Facilities Safety Evaluations, Engineers Inspection Reports, Condition Index Report, Code Compliance Reports...etc.

What is a Facilities Condition Assessment?

- Facilities deficiencies related to:
 - Life Safety Compliance
 - Seismic Measures (Earthquake Mitigation)
 - Handicapped Compliance/ADA Checklist
 - Structural and Foundation
 - Mechanical and Building Envelope
 - Electrical and Lighting
 - Exterior Walls and Roof
 - Interior Finishes such as floors, walls and ceilings
 - Office furniture and medical equipment are **not included**



Why participate in Area Wide FCAs?

- Identify, document and report facilities deficiencies for improved building operations
- Facilities related accreditation requirements are corrected
- Improve physical environment to enhance healthcare delivery experience
- Verify facilities are safe and hazards are reduced to optimize work environment
- Extend life cycle of existing facilities



Why participate in Area Wide FCAs?

FCA Data = Funding Opportunities

FCA Data = More BEMAR Funding for your Tribal Health Program and potential for reimbursements under (a)-(h) 105l Lease line item method

FCA's Are Due – or Past Due

Facilities Condition Assessments are supposed to be conducted every 5 years

- ❑ 10 Programs had their last FCA in 2018
 - 5 years ago – on time
- ❑ 21 Programs had their last FCA in 2012
 - 11 years ago – 6 years overdue
- ❑ 5 Programs had their last FCA even earlier (2002)
or NEVER



Recent Decrease in BEMAR Funds

FY 2022 BEMAR* Funding to California Area:	\$3,239,000
<u>FY 2023 BEMAR* Funding to California Area:</u>	<u>\$2,147,539</u>
Decrease in BEMAR* Funds:	\$1,091,461

What's Driving this Decrease?

- 1. Facilities Deficiencies not updated in HFDS**
2. More programs entering 105L leases
3. Alaska underfunding adjustment



*BEMAR = Backlog of Essential Maintenance, Alterations and Repairs

Outcomes of FCA's

- List of all Deficiencies to get your facilities 100% compliant, safe and functional
- More BEMAR Funding for California Area
- More BEMAR Funding for Your Program in Future Years (non-105L)
- List of Deficiencies you can get fully reimbursed to correct (105L a-h only)



Funding Proposal - BEMAR

- We are using FY 23 BEMAR Funds to pay for FCA's for all non-105L Programs

Estimated Cost of FCA's (non-105L): \$1,119,034

Leftover BEMAR to Distribute: \$1,010,004

Balancing Proposal

- Some programs' FCA is estimated higher than their share of BEMAR; Others' FCA is lower than their share of BEMAR
- Proposal is to fund 100% of FCA's with BEMAR, and distribute the rest to those programs that received less than their fair share
- Currently projecting a maximum BEMAR "offset" of about \$4,000 per program



105L Programs

- Programs under 105L leases* (*in 2023) do not qualify for BEMAR Funding
- Will need to self-fund FCA under an Agreement with IHS
 - **This will be a Buyback Agreement – see next slide**
- If program has an a-h lease, the cost of the FCA is fully reimbursable under your 105L lease
- If program has an FMR lease, the cost of FCA is reimbursable, but you MUST re-negotiate to change to combination FMR / a-h lease if desired (on one-time basis)
- NOTE: Work to remedy any deficiencies noted in the FCA can be later reimbursed through an a-h lease



**BUYBACK AGREEMENT
BETWEEN
CALIFORNIA AREA INDIAN HEALTH SERVICE
AND
[THProgram]**

1. **Authority.** Under the authority of the Indian Self-Determination and Education Assistance Act (“ISDEAA”), 25 U.S.C. § 5301 et seq., and the Consolidated Appropriations Act for the applicable year, the [THProgram], (“Tribal Health Program”) and the California Area Indian Health Service (“IHS”) hereby enter into this Buyback Agreement.
2. **Buybacks Generally.** The Tribal Health Program has determined that it wishes to carry out its responsibilities to provide certain programs, functions, services and activities (“PFSAs”), or portions thereof, included in Contract No [ISDEAA Contract No.] by and between the Tribal Health Program and the IHS utilizing the personnel, supplies, supply sources or other resources of the Federal Government (each a “Buyback Services,” and collectively the “Buyback Services”). These services may include some services that are expected to be used throughout the year, those that may be used for a limited period, and other more incidental services that may be identified by the Tribal Health Program on an as-needed basis and provided by the IHS when the IHS has the capacity to do so. The Buyback Services that the IHS and the Tribal Health Program have agreed upon are identified below. The cost of providing the purchased services to the Tribal Health Program shall be determined as described below.
3. **No Incorporation.** This Buyback Agreement is not incorporated into the Tribal Health Program’s [ISDEAA contract or annual funding agreement (Title I)/ ISDEAA compact or funding agreement (Title V)].
4. **Term.** This Agreement is effective on the date it is executed by both parties and expires upon completion of all deliverables.

Buyback Agreement Template (105L only)

- Shared with 105L Programs who opted-in in June
- Received feedback from a couple of programs’ attorneys
- Updated template Buyback Agreement in July – re-sent for comments
- No additional comments received so far
- Will be sent out when we get final pricing
- Will need to be executed before FCA can commence.

Current BEMAR Distribution / FCA Cost Estimate Table

(Updated Sept 2023)

Health Program	105 L	Proposed FY 23 BEMAR Distribution	FCA Estimate	FY 23 BEMAR Funds toward FCA	FCA Cost (105L only)	Distribution of BEMAR Funds (Estimated)
1	Y	\$18,500				\$18,500
2	N	\$298,491	\$133,691	\$133,691		\$160,714
3	N	\$11,092	\$19,616	\$19,616		\$0
4	Y	\$0	\$39,462	\$0	\$39,462	
5	N	\$8,489	\$5,976	\$5,976		\$0
6	N	\$16,498	\$11,678	\$11,678		\$735
7	N	\$174,593	\$70,776	\$70,776		\$99,732
8	N	\$0	\$100,937	\$0	\$100,937	
9	N	\$69,797	\$28,134	\$28,134		\$37,578
10	N	\$265,975	\$148,602	\$148,602		\$113,287
11	N	\$10,291	\$11,124	\$11,124		\$0
12	N	\$260,609	\$105,047	\$105,047		\$151,476
13	Y	\$0	\$109,350	\$0	\$109,350	
14	N	\$74,563	\$41,763	\$41,763		\$28,714
15	Y	\$0	\$68,195	\$0	\$68,195	
16	Y	\$0	\$86,739	\$0	\$86,739	
17	N	\$124,738	\$62,405	\$62,405		\$58,248
18	N	\$148,204	\$96,414	\$96,414		\$47,705
19	Y	\$0	\$90,935	\$0	\$90,935	
20	N	\$20,703				\$20,703
21	Y	\$96,667	\$205,226	\$96,667	\$108,559	
22	N	\$10,412	\$46,353	\$46,353		\$0
23	N	\$49,134	\$31,794	\$31,794		\$13,255
24	N	\$229,174	\$96,602	\$96,602		\$128,486
25	Y	\$0				\$0
26	N	\$67,194	\$27,545	\$27,545		\$35,564
27	Y	\$0				\$0
28	N	\$139,515	\$63,965	\$63,965		\$71,464
29	Y	\$0	\$15,234	\$0	\$15,234	
30	Y	\$0	\$84,644	\$0	\$84,644	
31	Y	\$0	\$40,917	\$0	\$40,917	
32	N	\$8,049				\$8,049
33	N	\$21,344	\$8,612	\$8,612		\$8,646
34	Y	\$0				\$0
35	N	\$23,506	\$12,270	\$12,270		\$7,150
	Totals	\$2,147,539	\$1,864,006	\$1,119,034	\$744,972	\$1,010,004

Programs that OPTED OUT

105L Programs that OPTED IN

Non-105L Programs that OPTED IN

Facilities Condition Assessment Contract

- A Facility Condition Assessment (FCA) includes a complete visual inspection of all architectural, civil/structural, mechanical and electrical components of each facility.
 - The inspection shall include determinations of compliance with the National Fire Protection Association Life Safety Code (NFPA 101), the Americans with Disabilities Act (ADA), and all other applicable codes.
- The Energy Audit Report (optional) shall include documented inspection of, but not limited to, the site, building envelope, interior, and use and operation, observation of all mechanical, electrical, lighting, and water systems, HVAC components, and interview of maintenance supervisor.
- A written report presenting the survey data, findings, and recommendations shall be prepared for the California Area Office (CAO) and each respective health program.
- A Multi-Year Maintenance and Repair Plan shall be provided which forecasts all work required to maintain and repair facilities within 10 years, unconstrained of available funding limitations.
- The Contractor shall verify data currently filed in the government facilities database, Facility and Equipment Deficiency System (FEDS). The Contractor will also be responsible for uploading new deficiencies identified at over \$1,000 onto the database.
- The Contractor shall complete the required work within 12 calendar months from the Notice to Proceed.

FCA Contract Status

- California Area in process to award a contract to prepare FCA's for every federal and tribal health program and facility in California that opted-in
 - 2 Federal facilities OPTED IN
 - 28 Tribal programs OPTED IN
 - 10 105L programs
 - 18 non-105L programs
 - 6 Tribal programs OPTED OUT
 - 4 105L programs
 - 2 non-105L programs
- Request for Contracting Action for FCA's was sent to DES on August 14th
 - Hoping to award contract later this month



Next Steps

- After Facilities Condition Assessment (FCA) Contract is awarded:
 - We will schedule an introductory Zoom meeting to talk about the process of scheduling the assessments (and transferring payment, for 105L programs)
 - Contractor will reach out to Tribal programs and IHS staff directly for scheduling each site visit
 - We are planning for at least one IHS staff member to be in attendance at each FCA
 - 105L programs – your FCA will not be scheduled until Buyback Agreement is signed and funds received
 - Remember, you can have cost of FCA covered in your 105L lease
 - It is still be possible to change your mind and OPT-OUT
 - (Not the preferred option)



Next Steps

- Once the contract commences, here's what you can expect:
 - 21-days prior to a Tribal Health Program's scheduled site visit, IHS will make available to the Contractor relevant background information
 - Record Drawings, Previous FCA's or other Inspection Reports, etc.
 - 7-days prior to Tribal Health Program's scheduled site visit, the Contractor, Health Program and IHS shall have a conference call to discuss:
 - Questions generated by the Contractor's background information review.
 - Facility condition related issues or concerns the Tribal Health Program may have.
 - Required Participants: Contractor's on-site team lead, COR, and local Facility Manager. Others may join as requested.
 - Throughout site visit, Tribal Facility Manager (and any other relevant staff) need to be fully available (to unlock doors, provide access, answer questions, etc). *Make sure the scheduling works to ensure the appropriate individuals' participation!*



Options to fix facilities deficiencies

- Programs under M&I and BEMAR: deficiencies will be inputted into database automatically then programs can prioritize then spend their M&I and BEMAR funds to fix deficiencies as they see fit.
- Programs under 1051 Lease with (a)-(h) Actual Expenses method can request for funds to fix O&M and fixed equipment deficiencies under applicable (a)-(h) line item. Prior approval from 1051 agency lead negotiator is required.
- Programs under 1051 Leases with Fair Market Rent (FMR) method can request to switch to (a)-(h) Actual Expenses method at next annual lease renewal period. Programs under 1051 FMR method are not eligible to request for funds to fix facilities deficiencies.

NOTE: all funds are subject to availability of congressional appropriations and not guaranteed. All facilities deficiencies will be reviewed by I.H.S. team to determine funds eligibility.

What Can I Do to Improve our Chances for Funding?

- Improve data collection and transmittal of Native users population to I.H.S. HQ
 - Accurate Native users populations reporting is a major driver for additional facilities appropriations
 - Electronic Health Records (EHR) transmitting data to National Data Warehouse (NDW) then to National Patient Information Reporting System (NPIRS) then to Health System Planning (HSP) software
- Continuously work on facilities planning documents in preparation for potential facilities appropriations:
 - Facilities Condition Assessments (every 5 years) – **working on this now**
 - Energy & Water Audit Reports (every 5 years) – **working on this now**
 - Report to Congress (every 5 years) – next due in 2026
 - Facilities Master Plans (every 5 years) - due prior to implementing revised facilities priority system
 - Environmental Hazards Assessments – as needed; testing for Asbestos, Lead, Radon...etc.

Small Ambulatory Program Update



Small Ambulatory Program (SAP)

- Section 306 of the IHCIA, P.L. 94-437, authorizes the IHS to award funds to Tribes and/or Tribal organizations for construction, expansion, or modernization of ambulatory health care facilities.
- Note the changes for the SAP funding this year:
 - 2022 and 2023 funding are pooled together into a single application process -- \$50 million in SAP funds are available this funding cycle.
 - The maximum amount that can be awarded for a single project has increased from \$2 million to \$3.5 million.
 - Each IHS Area will be guaranteed at least one SAP award if there is a qualifying application submitted.

Small Ambulatory Program (SAP)

Participants in this program are selected competitively from eligible applicants who meet the following criteria

- Only federally recognized Tribes that operate non-IHS outpatient facilities under P.L. 93-638 contracts are eligible to apply for this program.
- Facilities for which construction is funded under Section 301 or Section 307 of P.L. 94- 437 are not eligible for this type of program.
- Priority will be given to Tribes that can demonstrate a need for increased ambulatory health care services and insufficient capacity to deliver such services.
- The completed facility will be available to eligible Indians without regard to ability to pay or source of payment.
- The applicant can demonstrate the ability to financially support services at the completed facility.
- The completed facility will:
 - Have sufficient capacity to provide the required services.
 - **Serve at least 500 eligible AI/AN people annually. (User Population) and**
 - **Provide care for a service area with a population of at least 2,000 eligible person. (Service Population)**

Small Ambulatory Program (SAP)

Evaluation and Selection Process:

Objective Review Team (ORT) will evaluate applications with the following factors:

- Need for project. (Maximum 40 points)
- Delivery capability. (Maximum 40 points)
- Construction capability. (Maximum 15 points)
- Applicant Financial Contribution. (Maximum 5 points)

Small Ambulatory Program (SAP)

- **Please submit Sections A and B using the Grant Solutions Online Platform** (<http://new.grantreviewinfo.net/content/2022and2023-ih-small-ambulatory-program-application>) once you click on the link you will be asked to fill out your first and last name with an email address. Then you shall receive a temporary password to login.
- **Section C needs to be submitted as a PDF** to IHSSapApplications@ih.gov with a cc to Jonathan Rash and Ali Ali.
- The link for the HSP training to complete your SAP application is attached. In case you cannot open it, the details of the meeting are as follows:
 - **October 5, 2023, 11 am PT (TOMORROW)**
 - <https://ih.gov.zoomgov.com/j/1604160142?pwd=cjd4enFZa0tOSnc0VVczZ21Ob093Zz09>
 - Meeting ID: 160 416 0142
 - Passcode: 646111

Small Ambulatory Program (SAP)

- This is a competitive application process.
 - Auditor's Summary of Findings of last Single Agency Audit
 - Tribal Resolution
 - User Population Report from HSP (projected 10 years into the future)
 - Building Area Summary Report from HSP
- California Area Office will be responsible for Environmental/NEPA compliance for Title I and Title V under SAP.
- **SAP Applications are DUE: Oct. 13, 2023**
- Source: <https://www.ihs.gov/dfpc/programs/#sap>

Small Ambulatory Program (SAP)

APPLICATION AND AWARD PROCESS SCHEDULE:

The estimated activities schedule for the FY 2022 & 2023 SAP is:

- | | |
|---|--------------------------|
| - Application Kit issued | August 7, 2023 |
| - Application Kit available on web sites: | August 7, 2023 |
| - Preferred due date to applicable IHS Area for review/approval | October 13, 2023 |
| - Due date for Application, (With IHS Area approval letter) | November 10, 2023 |
| - Complete eligibility determination, (HQ Review) | November 17, 2023 |
| - Complete rating and ranking: | December 22, 2023 |
| - Final selection: | December 29, 2023 |
| - Notice of selections issued: | January 3, 2024 |
| - Complete contract awards: | February 15, 2024 |

All dates after the due date for the application are tentative and are subject to change.

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Any Questions?

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