

INDIAN HEALTH SERVICE - SMALL AMBULATORY PROGRAM

March 3, 2008

PROGRAM AUTHORIZATION: The Indian Health Service (IHS) Small Ambulatory Program (SAP) is authorized by Section 306 of the Indian Health Care Improvement Act, Title III, Public Law (P.L.) 94-437; as amended by the fiscal year (FY) 2001 appropriation, P.L. 106-291; the FY 2002 appropriation, P.L. 107-063; the FY 2003 appropriation, P.L. 108-007; the FY 2005 appropriation, P.L. 108-447; and the FY 2006 appropriation, P.L. 109-54. The SAP is available for American Indian and Alaska Native tribes or tribal organizations to competitively obtain funding for the construction, expansion, or modernization of tribally owned small ambulatory health care facilities.

LEGISLATIVE REQUIREMENTS: Funding can be provided only to eligible applicants who meet the program criteria and can demonstrate compliance with the following:

- ◆ Funding, under this authority, may be provided **only** to a Federally recognized Indian tribe or tribal organization, who **operates an Indian health care facility pursuant to a health care services contract** entered into **under** The Indian Self-Determination and Education Assistance Act, **P.L. 93-638**, when:
 - the facility is not owned or constructed by the IHS; or
 - the facility was not originally owned or constructed by the IHS and transferred to the tribe.
- ◆ The ambulatory health care facility in the proposed project is located apart from a hospital, and is not contiguous or immediately adjacent to a hospital.
- ◆ The proposed project has not received any funding already under Section 301 or Section 307 of P.L. 94-437.
- ◆ Upon completion of the proposed project, the health care facility will
 - have a total capacity appropriate for its projected service population;
 - serve no less than 500 eligible Indians annually; and
 - provide ambulatory care in a service area (specified in the services contract entered into under the P.L. 93-638) having not less than 2,000 eligible Indians.

[For the purposes of carrying out the SAP, the condition containing the phrase "no less than 500" is defined to mean that the proposed facility will serve no less than 500 active users as determined by the IHS User Population. Likewise, the phrase "not less than 2,000" relates to the IHS Service Population. The IHS Service Population is an approximate measure of the potential eligible Indians in a service area. These requirements are not applicable to a tribe or tribal organization, whose **tribal government offices** are located on an island.]

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- ◆ Be competitively selected from applications submitted in accordance with published selection criteria.
- ◆ Must be able to provide reasonable assurances, that upon completion of the proposed project, the applicant will:
 - have adequate financial support available for providing the services at the health care facility;
 - make the health care facility available to eligible Indians without regard to ability to pay or source of payment; and
 - provide services to non-eligible persons on a cost basis, in accordance with Federal Law, without diminishing the quality or quantity of services provided to eligible Indians.
- ◆ A need exists for increased ambulatory health care services.
- ◆ Currently, there is insufficient capacity to deliver needed services.

FY 2001 SELECTION PROCESS: Using a two-step application process, applications were reviewed, rated and ranked, using an objective review process, and selections were made in accordance with the criteria provided in the Application Kit.

FY 2002 AND FY 2003 SELECTION PROCESS: Pursuant to languages accompanying the respective FY 2002 and 2003 appropriations, the rank-order list established in the FY 2001 process was used for making selections for FYs 2002 and 2003.

FY 2005 AND FY 2006 SELECTION PROCESS: Pursuant to the language accompanying the FY 2005 appropriation, the IHS evaluated the lessons learned from the FY 2001 application process and developed a new application process which included the streamlining initiatives provided in the Federal Financial Assistance Management Improvement Act of 1999, P.L. 106-107. Complying with the FY 2005 appropriation language, this proposed new application process was sent for 30-day Tribal Consultation. All comments were individually addressed and the process was revised accordingly. On November 9, 2005, the Application Kit for the FYs 2005-2006 SAP was issued along with the Program Announcement. The Application Kit along with a copy of the Tribal Consultation responses was available for viewing and use by downloading from either of three web sites: <http://www.fedbizopps.gov>, or <http://www.dfpc.ihs.gov>, or <http://www.oehe.ihs.gov>. Applications in response to this announcement were due January 13, 2006.

FY 2008 SELECTION PROCESS: The rank order list established in the FY 2005 – 2006 SAP will be used for making selections for FY 2008.

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AWARD PROCESS: Adapted Subpart “J” construction contracts, administered pursuant to the conditions of The Indian Self-Determination and Education Assistance Act, P.L. 93-638, and applicable (as determined by the IHS) sections of 25 CFR Part 900, are being used for providing the SAP Federal assistance.

APPROPRIATION HISTORY:

FY 2001: \$9,978,000.

FY 2002: \$10,000,000.

FY 2003: \$4,967,500.

FY 2004: None

FY 2005: \$4,930,538

FY 2006: \$6,897,013

FY 2007: None

FY 2008: \$2,500,000

Total SAP Funding to date: \$39,273,051

SAP PROJECTS SUMMARY:

16 Completed

10 in design/construction

1 in award process

1 or 2 to be selected in FY2008

Project Breakdown by Area: 4 in Alaska, 1 in Albuquerque, 3 in Bemidji, 1 in Billings, 5 in California, 1 in Nashville, 2 in Oklahoma, 2 in Phoenix, and 8 in Portland.

States which have received SAP Projects: Alaska, California, Minnesota, Montana, Nevada, New Mexico, Oklahoma, Oregon, Rhode Island, Washington, and Wisconsin.

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PROGRAM STATUS:

FY 2001 AND FY 2002 SAP: On January 21, 2003, the IHS completed making the FY 2001 and FY 2002 awards to 17 tribes, with one project in Alaska, five in California, one in Minnesota, two in Nevada, one in New Mexico, two in Oklahoma, one in Oregon, three in Washington, and one in Wisconsin. The individual award amounts ranged from \$312,000 to \$2,000,000. During the fall of Year 2001, tribes submitted applications requesting \$93 million of Federal assistance for 61 projects having a total estimated cost of \$163 million. Early in Year 2002, competitive selections were made. The amounts appropriated in FYs 2001 and 2002 could fund only 17 of the 61 projects. For these highest ranking 17 projects, the \$19.7 million of Federal assistance, that was provided through these awards, funded approximately 42.7 % of the total estimated projects cost of \$46,132,346. The projects receiving awards for the FY 2001 and FY 2002 SAP are:

1. Yukon-Kuskokwim Health Corporation, in the amount of \$1,500,000, for the new satellite Toksook Bay Sub-Regional Clinic in Toksook Bay, AK. [Alaska Area IHS]

2. Pueblo of Jemez, in the amount of \$650,000, for the expansion and modernization of the Pueblo of Jemez Health and Dental Clinic, in Jemez Pueblo, NM. [Albuquerque Area IHS]

3. Bois Forte Band (Nett Lake) of the Minnesota Chippewa Tribe, in the amount of \$190,000, for the modernization of the Bois Forte Health Clinic, in Nett Lake, MN. [Bemidji Area IHS]

4. Ho-Chunk Nation, in the amount of \$2,000,000, for replacement of the Ho-Chunk Health Care Center, in Black River Falls, WI. [Bemidji Area IHS]

5. Indian Health Council, Inc., in the amount of \$809,000, for the replacement of the Santa Ysabel Health Care Facility, on the Santa Ysabel Reservation, CA. [California Area IHS]

6. Karuk Tribe of California, in the amount of \$750,000, for the modernization and expansion of the Yreka Clinic, in Yreka, CA. [California Area IHS]

7. Mariposa, Amador, Calaveras, Tuolumne (MACT) Health Board, Inc., in the amount of \$312,816, for the expansion and modernization of the Mariposa Indian Health Clinic, in Mariposa, CA. [California Area IHS]

8. Southern Indian Health Council, Inc., in the amount of \$1,275,000, for the replacement of the Campo Satellite Clinic, in Campo, CA. [California Area IHS]

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9. The Chickasaw Nation, in the amount of \$1,412,490, for a new satellite Purcell Outpatient Clinic, in Purcell, OK. [Oklahoma Area IHS]

10. Choctaw Nation of Oklahoma, in the amount of \$1,043,590, for a new satellite Stigler Clinic, in Stigler, OK. [Oklahoma Area IHS]

11. Las Vegas Tribe of Paiute Indians, in the amount of \$550,000, for the replacement of the Las Vegas Paiute Colony Health Care Facility, in Las Vegas, NV. [Phoenix Area IHS]

12. Reno-Sparks Indian Colony, in the amount of \$2,000,000, for the replacement of the Reno-Sparks Indian Colony Clinic, in Reno, NV. [Phoenix Area IHS]

13. The Klamath Tribes, in the amount of \$750,000, for the replacement the existing Tribal Medical and Dental Clinic, in Chiloquin OR. [Portland Area IHS]

14. Confederated Tribes and Bands of the Yakama Nation of Yakama Reservation of Washington, in the amount of \$1,475,375, for the replacement of the White Swan Health Clinic, in White Swan, WA. [Portland Area IHS]

15. Confederated Tribes of the Colville Reservation, in the amount of \$2,000,000, for the replacement of the Inchelium Health Care Facility, in Inchelium, WA. [Portland Area IHS]

16. Quinault Indian Nation, in the amount of \$968,931, towards part of the replacement of the Roger Saux Health Center, in Taholah, WA. [Portland Area IHS]

FY 2003 SAP: Language accompanying the FY 2003 appropriation allowed the IHS to use the rank-order list generated for the FY 2001 process for FY 2003 awards. Projects receiving awards for FY 2003 are:

1. Chugachmiut, representing the Native Village of Chenega, in the amount of \$1,230,015, for the replacement of the Chenega Bay Health Clinic, in Chenega Bay, AK [Alaska Area IHS]

2. Narragansett Indian Tribe of Rhode Island, in the amount of \$1,375,105, for the replacement of the Narragansett Indian Health Center, in Charlestown, RI [Nashville Area IHS]

3. Chippewa Cree Tribe, in the amount of \$2,000,000, for the replacement of the Chippewa Cree Health Center, on the Rocky Boy's Indian Reservation, in Bonneau Village, MT [Billings Area IHS]

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FYs 2005-2006 SAP: Pursuant to the languages accompanying the FYs 2005 and 2006 appropriations, projects will be selected in accordance with the administrative procedures contained in the new Application Kit that has been issued. The amounts appropriated in FYs 2005 and 2006 could fund only 7 of the 19 submitted projects. For those highest ranking 7 projects, the \$11.7 million of Federal assistance provided through these awards, funded approximately 33.7% of the total estimated projects cost of \$34,738,935.

Projects receiving awards for FY 2005-2006 are:

1. Native Village of Hooper Bay in the amount of \$1,700,000. [Alaska Area IHS]
2. Cowlitz Indian Tribe in the amount of \$1,013,500. [Portland Area IHS]
3. Cow Creek Band of Umpqua Tribe of Indians in the amount of \$1,000,000. [Portland Area IHS]
4. Shingle Springs Rancheria in the amount of \$2,000,000. [California Area IHS]
5. SEARHC (Kake) in the amount of \$2,000,000. [Alaska Area IHS]
6. Confederated Tribes of Siletz Indians in the amount of \$2,000,000. [Portland Area IHS]
7. Makah Tribe in the amount of \$2,000,000. [Portland Area IHS]
8. Lac du Flambeau Band of Lake Superior Chippewa Indians in the amount of \$2,000,000. [Bemidji Area IHS]

FY 2008 SAP: Using the FY2005-2006 rank order list, the next one or two highest ranking projects will be selected for award of the available FY 2008 SAP funding and any remaining prior year SAP funds.

PROGRAM MANAGEMENT: The SAP is managed by the Division of Facilities Planning and Construction, Office of Environmental Health and Engineering (OEHE), at the IHS Headquarters in Rockville, MD. The IHS Facilities Managers in the respective IHS Areas are providing project administration with the assistance of the Division of Engineering Services, OEHE, IHS, offices in Dallas, TX and Seattle, WA. Whenever additional funding is appropriated by the Congress, information about the SAP will be available on the IHS, OEHE/DFPC web site at <http://www.dfpc.ihs.gov>.