

INDIAN HEALTH SERVICE



PROGRAMS, SERVICES, FUNCTIONS & ACTIVITIES (PSFA) MANUAL

**FOR USE IN
FISCAL YEAR (FY) 2015
NEGOTIATIONS**

BEMIDJI AREA IHS PSFA MANUAL – FY 2015
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BEMIDJI AREA IHS VISION

In partnership and collaboration with tribes, and in respect for the diversity of the Indian Health Service/Tribal/Urban (I/T/U) systems in the Bemidji Area, we envision a continued presence of the Bemidji Area Office which will continue contract oversight, budget formulation, advocacy for increased funding on behalf of the I/T/Us and other inherent Federal functions, and develop effective ways of doing business to meet I/T/U needs based upon, and as determined by, tribal share investment to include the following:

- Coordinate public health functions with I/T/Us.
- Assist I/T/Us with human resource development.
- Communicate with I/T/Us using compatible systems and a rational state-of-the-art, interactive management information system, also compatible with I/T/Us.
- Be an advocate in assisting and supporting in the collaboration of I/T/Us in dealing with federal/state issues so that Indian tribes and communities will have access to all federal health dollars available to them and to serve as a clearinghouse for technical assistance to meet the changing needs of the I/T/Us.

BEMIDJI AREA IHS MISSION STATEMENT

The mission of the Bemidji Area Office is to partner with I/T/Us in raising the health status of Indian people through consultation, support and advocacy.

IHS MISSION

In partnership with Tribes, to raise the physical, mental, social, and spiritual health of American Indian and Alaska Native people to the highest possible level.

IHS GOAL

To assure that comprehensive, culturally acceptable personal and public health services are available and accessible to American Indian and Alaska Native people.

IHS PRIORITIES

- Renew and strengthen our partnerships with Tribes
- Reform the IHS
- Improve the quality of and access to care
- Ensure that our work is transparent, accountable, fair, and inclusive

DEFINITIONS
BEMIDJI AREA INDIAN HEALTH SERVICE
Tribal Share Allocation Methodology

Bemidji Area Office Tribal Share: Resources managed by the Area Office that supports the delivery of services to American Indian/Alaska Native beneficiaries through health service delivery programs.

Tribal Share Allocation Methodology: The allocation methodology of distribution for Area Office shares to Title I and Title V Tribes that follow the Indian Health Service (IHS) Tribal Shares Transfer Policy and uses the published FY 2008 active patient count. The methodology also includes the Title I retained and the direct service transitional as explained below.

- A. Bemidji Area Office Budget:** The amount of funds allocated for Area Office functions including those funds which are spent supporting IHS and Tribal programs, including the amount for funds allocated to tribes under Title I and Title V Area Office shares.
- B. Residual:** The amount of resources allocated for maintaining the minimum federal activity required by statute when all Tribes compact for IHS programs, activities, functions, and services. Residual includes only those minimal activities that, by statute, must be carried out by a federal official.
- C. Self-Governance:** Self-Governance is the amount available for funding annual funding agreements with Tribes who have elected to enter into a Self-Governance compact with the United States pursuant to Title V, P.L. 93-638 as amended.
- D. 106(a)(1) Amount:** The amount of funds that are provided under the terms of Self-Determination contracts entered into pursuant to this Act shall not be less than the appropriations Secretary that they would have otherwise provided for the operation of the programs or portion thereof for the period covered by the contract. Self-Governance amounts also represent 106(a)(1).
- E. Non-contractible (also referenced as Title I Retained):** The non-contractible amount represents retained funding required for continued IHS administration Title I contracts. The retained amount provides for the staffing that is required to evaluate, negotiate, and award proposals for assumption of service unit programs, Area Office and Headquarters shares; and to negotiate annual funding agreements (AFAs) required under P.L. 104-413 (the amendments to P.L. 93-638).
- F. Amount Available:** Represents the amount of Area Office tribal shares available to be shared by tribes for assumption of Area Office programs, functions, activities and services under P.L. 93-638.
- G. Direct Service Transitional:** Residual and Non-contractible (i.e. Title I retained) funds that would be necessary if the tribes were to provide the same service under Title I. The direct service transitional amount will become available at the time that IHS no longer needs the funds to support IHS direct programs.

The direct service transitional amount is calculated as the total amount of funds needed to administer IHS direct programs minus the residual and Non-contractible (i.e. Title I retained) amounts required by IHS for programs when assumed by tribes.
- H. Funding Available:** Represents the funds which IHS can release to without a reduction in Bemidji Area Office services necessary to maintain fully accredited direct service/federally-operated programs.

DEFINITIONS (continued)

I. Facilities Appropriation Distribution:

- Division of Sanitation Facilities Construction (SFC): Projects (P.L. 86-121) are allocated by need either under the Housing Priority System or under the Sanitation Deficiency System. SFC program funding devoted to engineering support of SFC projects is driven by formulas based on the number and cost of projects.
- Division of Environmental Health Services: General environmental health services are driven by formulas based on the number and type of facilities served.
- Division of Health Facilities Engineering: Appropriations are based on workload, primarily by the modified University of Oklahoma formula. Some funding is devoted to biomedical repair contracts based on historical costs for IHS direct facilities. Some funding is devoted to equipment based on two systems that estimate medical equipment needs (new or existing).

J. Maintenance & Improvement: These funds are based on the operational nature and size of the health facilities by the modified University of Oklahoma formula.

K. Site Specific: Resources historically utilized at a particular location, within the Area and for particular activities (i.e., facilities appropriation, CHS, lab).

L. IHS Direct Programs: Programs where current federal management is responsible for the programs, functions, services and activities to Indian communities and individuals. IHS direct programs include the IHS operated service units and Office of Environmental Health and Engineering (OEHE) field programs. The IHS also provides federal management/administration for the Bemidji Area Office's diabetes program, and the alcohol/substance abuse treatment programs (i.e. adolescent treatment).

M. User Population:

The **Official Headquarters User Population** is an unduplicated count of individuals (each person is counted only once) and the individual:

- Is a federally-recognized American Indian/Alaska Native and has been properly registered at a tribal or IHS facility and,
- Resides in a contract health service delivery area (selected counties), and had a valid/documented encounter, i.e. ambulatory patient care at an IHS or tribal facility, Contract Health Service (CHS) (ambulatory or inpatient) encounter, direct inpatient stay at an IHS or tribal facility, or, had a dental visit within a certain three year period (usually at the end of the fiscal year, e.g. FY 2012 Headquarters User Population were active between 10/1/09-9/30/12).

The **Bemidji Area Patient Count** is a duplicated count of individuals (persons may be counted more than once). The duplicate counts allow for individuals who may have been seen at multiple facilities and counts them regardless of where they reside, and, the individual:

- Is a federally-recognized American Indian/Alaska Native and has been properly registered at a tribal or IHS facility, and,
- Had a valid/documented encounter, i.e. ambulatory patient care at an Area IHS or tribal facility, CHS (ambulatory or inpatient) encounter, direct inpatient stay at an IHS facility, or, had a dental visit within a certain three year period (usually three months after the Headquarters user time frame, i.e. 2012 Area Patient Count were active between 1/1/09 – 12/31/11).

DIRECT SERVICES TRANSITIONAL FUNCTIONS/SERVICES

This is defined as the difference between the costs of doing business today and when IHS no longer performs any function at a level other than required for fewer than 100% compacting (residual).

For the Bemidji Area, direct service transitional currently includes the support of maintaining services to three (3) federal sites (IHS-operated).

The positions identified may or may not be limited to the functions of the Deputy Director for Management Services and support staff, which provides direct supervision to these three sites. The support staff includes one Contracting Specialist (responsible for the overall procurement activities at these sites); one Management Information Systems Specialist (provide overall support in maintaining computer systems at sites); Office Services functions are also identified in providing general overall support of these federal sites; Contract Health Staff to provide technical assistance to Federal service units; Health professional recruitment; and the Area Director who provides advocacy and supervision.

<p style="text-align: center;">BEMIDJI AREA IHS RESIDUAL & MANDATED FUNCTIONS</p>
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- Bemidji Area Residual/Mandated P.L. 93-638 Title V Application Table – Hand-out
- Behavioral Health Program (Mandated) – Refer to page 15
- P.L. 94-437 Scholarship Coordination (Mandated) – Refer to page 17
- Diabetes Program with Health Promotion/Disease Prevention (Mandated) – Refer to page 19
- Catastrophic Health Emergency Fund Program (CHEF) (Residual) – Refer to page 21

<p style="text-align: center;">BEMIDJI AREA IHS PROGRAM SERVICES APPROPRIATION</p>

- Office of the Area Director
- Management Information Systems - Statistical/Health Planning
- Office of Clinical Support (OCS)
- OCS - Behavioral Health Program (mandated)
- Division of Administrative Support - Health Professions Recruitment/PL94-437 Scholarship
- OCS - Diabetes Program (mandated)
- Finance - Contract Health Services Officer
- Division of Administrative Support (DAS) - Deputy Director for Management Services
- DAS - Finance Office (Budget)
- DAS - Division of Contracting
- DAS - Office Services
- DAS - Management Information Systems (MIS)

**OFFICE OF THE AREA DIRECTOR:
AREA DIRECTOR and STAFF
Line 301**

WHAT PSFAs ARE RESIDUAL?

Advocacy, leadership and direction of the management of the health services including environmental health delivery systems. Implements national policy and program requirements by interpreting policy in light of unique tribal situations in the Area. Serves as liaison between tribes and Headquarters. Provides continuing support and leadership through ad hoc or standing committee assignments in the implementation and/or promotion of business management strategic initiatives, projects and standards of the Agency. Ensures the effective development and monitoring of administrative systems that will embrace regulatory controls and/or policy compliance, including the implementation of internal management controls to maintain the integrity of the Area program.

Demonstrates a proactive corporate effort as new initiatives are developed to restructure the total program including fiscal and manpower deployment.

Conducts tribal consultation activities with Tribal Leadership on current and emergent policy issues that will impact Indian communities and health delivery systems through the annual Area Pre-negotiation and Budget Formulation meetings. Planning and implementing information and consultative sessions through official Tribal Leadership forums and individual site visits. Plans and conducts Tribal Advisory Board (TAB) Meetings, Resource Allocation Committee (RAC) Meetings, etc. Legal consultation and services to meet requirements of law and regulations in fulfillment of responsibilities.

Through the Agency Lead Negotiator (ALN), provides leadership, advocacy and coordination in the implementation of all aspects of P.L. 93-638, the Indian Self-Determination and Education Assistance Act (ISDEAA), as amended, including Title I (Contracting) and Title V (Self-Governance) to Area Tribes including but not limited to shares calculations, Area tables development, etc. The ALN represents the Agency in all Title I and Title V negotiations. They are responsible for all administrative aspects of the Title V Compacts and Funding Agreements (FA). The ALN provides leadership, advocacy and coordination in the implementation of all aspects of P.L. 93-638, as amended for Title V (Self-Governance).

Through the Urban Program Project Officer, serves as Federal Project Officer to four contracted urban programs, authorized by Title V of the P.L. 94-437, Indian Health Care Improvement Act, as amended. Provides technical assistance, training opportunities, monitoring and oversight of urban programs including annual program reviews and consultation to programs in development of their health service delivery systems. Reviews reports and develops corrective action plans to improve the quality of services and address compliance issues.

Administration and management of Contract Support Costs (CSC) including fund analysis and distribution; negotiation of Indian Self-Determination (ISD) fund requests for submission to IHS Headquarters; analysis and resolution of policy issues; formulation of required and special reports for Congress and IHS Headquarters. Funds management and maintenance of the CSC/ISD database system.

Project Officer responsibilities for IHS Tribal Management Grants awarded to Bemidji Area Tribes.

**OFFICE OF THE AREA DIRECTOR:
AREA DIRECTOR and STAFF
Line 301**

WHAT PSFAs CAN BE TRANSFERRED TO TRIBES?

- **NON-CONTRACTIBLE (i.e. TITLE I RETAINED)**

Provision of technical assistance to newly reaffirmed tribal governments in capacity building of health programs is transitional for a period of time following recognition as a tribe.

- **DIRECT SERVICE TRANSITIONAL:**

Any requirements to provide data or other documentation to justify distribution of funds to direct service unit programs including tribal shares.

In addition, but not limited to:

Personnel Management: Supervision of federal employees. Service Unit and Area Office Administration including compliance with Equal Employment Opportunity (EEO) and EEO appeals, responding to Inspector General investigations, acting as reviewing official on personnel actions and grievances. Responsible for affirmative action programs including Indian preference, EEO, merit promotion and Americans with Disabilities Act (ADA).

Governing Body: Sets policy and has overall authority for the operation and performance of the federally-operated service units. Major responsibilities include determination of policy, adoption of bylaws, rules and regulations for the provision of health care and rights and responsibilities of patients, and the establishment of a financial management and accountability system.

- **AREA SHARES:**

Funds utilized to support staff, materials development, and travel related to National and local initiatives and Tribal requests for assistance.

CONTACT: Keith Longie, Area Director, (218) 444-0452
E-mail: Keith.Longie@ihs.gov

Deanna Dick, Agency Lead Negotiator, (218) 444-0463
Email: Deanna.Dick@ihs.gov

MIS – HEALTH STATISTICS/PLANNING & EVALUATION

Line 302

PURPOSE: Health Statistics includes managing an Area-wide statistical information system through the collection, processing, analysis, and presentation of American Indian/Alaska Native mortality, natality, morbidity, and population & demographic data for the Bemidji Area. Other activities include coordination and analysis of data and preparation of reports on user population for the Area and HQ, analysis and processing requests for Contract Health Service Delivery Area (CHSDA) requests, development of annual Area reports on health status, and epidemiologic data analysis. Planning & Evaluation includes forecasting future program requirements utilizing the IHS Resource Requirements Methodology, development of resource allocation strategies utilizing the IHS resources allocation methodology distribution techniques, and assisting tribes in planning and evaluating health care delivery systems.

HEALTH STATISTICS

Analyze workload and population data to determine Area Patient Count and Headquarters User Population counts and census/service population for operating units. Analyze health statistics to identify health needs of tribes. Produce ad-hoc requests utilizing various national data repositories of Native American Health Data including the National Institutes of Health, State and National Centers for Disease Control, US Census, IHS databases, etc. Compile and manage database of patient care and demographic data for routine and special reports.

Provide data analysis, consultation, and technical assistance on new or expanded CHSDA request and shared tribal CHSDA issues. Maintain documentation of CHSDA and population issues and changes.

Provide data analysis and technical support to Bemidji Area IHS clinical specialists to develop health programs and interventions for tribes and service units as needed.

Prepare statistical reports for Congressional and budget formulation requests and uses other uses as requested. Compiles the data and graphs, designs the publication and coordinates the production of the Bi-Annual Bemidji Area Trends publication.

Maintain updated IHS Standard Code Book with new and revised codes for IHS and tribal facilities and other RPMS-related coding systems.

PLANNING & EVALUATION

Responsible for the coordination of and working together with staff from the Office of Environmental Health and Engineering Division of Facility and Construction Planning, the Office of Public Health Support, the Office of Clinical and Preventive Services to develop proposals for health facilities.

Serves as the principle advisor for development of Area-wide long and short range program plans including preparation of justification of staffing needs for new health facilities. Administer the application of the IHS Resource Requirements Methodology (RRM) and Health Systems Planning (HSP) software to project staffing and space requirements for facilities. Develop and prepare the Program Justification Documents (PJD) and Program of Requirements (POR) to determine space, equipment, and staffing allocation for new, replacement, and modernized health facilities including planned services, analysis of alternate resources, cost analysis, details of planned space to be constructed or renovated and planned staffing requirements.

<p style="text-align: center;">MIS – HEALTH STATISTICS/PLANNING & EVALUATION Line 302 (continued)</p>

Collaborate with Bemidji Area tribes and service units in development and evaluation of master planning and feasibility studies. Provide technical assistance and evaluation services to tribal health programs regarding preparation of tribal specific health plans including development of planning methodologies, cost-benefit analyses, and evaluation of health activities and programs.

Consultation service to tribe, in collaboration with Area facility management, on new facility development and prepare program justification documents for operating units that qualify for new construction consideration via IHS.

Provide consultation and technical assistance to newly reaffirmed tribes in planning for health care delivery systems to meet current and future needs; in establishing their service delivery area and facilitation of meetings to negotiate splits in shared counties with multiple tribes. Coordination of consultation services to tribes on the IHS research grant application process for submission to HQ for review and award.

Liaison to state and regional health planning agencies, including state health departments, health systems agencies, children's programs and vital statistics departments, regarding health systems planning to assess level of service or impact of program changes on Bemidji Area Indian populations.

WHAT PSFAs ARE RESIDUAL?

Functions related to planning and statistical documentation including development and application of resource allocation methodologies, analysis of workload and population to calculate tribal proportion of direct and administrative funds, preparation of statistical reports for Congress and in support of budget requests.

WHAT PSFAs ARE TRANSFERRABLE TO TRIBES?

- **NON-CONTRACTIBLE (i.e. TITLE I RETAINED):** Not applicable.
- **DIRECT SERVICE TRANSITIONAL:** Compiles statistical data and provides evaluation and analysis to management staff as long as there is a direct service presence in the Area.
- **AREA SHARE:** All evaluation funds could be transferred to tribes. Projects that would be developed, selected, and performed by individual tribes. The Area-wide planning and statistical functions are not provided to individual tribes but are regional in scope and serve the entire program. At the Headquarters level, the IHS has identified a portion of planning resources that the Agency is prepared to make available to tribes.

CONTACT: Jason Douglas, Statistician/Health Planner; (218) 444-0550
Email: jason.douglas@ihs.gov

**Office of Clinical Services (OCS) -
CHIEF MEDICAL OFFICER (CMO)
Line 304**

PURPOSE: The Chief Medical Officer/Deputy Area Director (CMO/DD) provides executive direction, leadership, policy formation, advocacy, and program administration/management in the delivery of health services.

WHAT PSFAs ARE RESIDUAL?

- Serves as the principle advisor to the Area Director (AD) on medical, public health, & professional matters.
- Is the Area Medical Consultant, providing clinical guidance, policy development, and policy interpretation support to the Area Director and Indian Health Service.
- Serves in an Advocacy role for inter-agency and inter-governmental relations:
 - Promotion for and education on Indian Health Care at the local, state, and national levels; Public Health liaison for Indian Health Service/Tribal/Urban (ITU), IHS Headquarters, inter-agency, and inter-governmental relations.
 - Representative to IHS National Council of Chief Medical Officers; includes national policy development related to clinical care.
 - Medical-legal liaison between health programs and the HHS Regional Office of General Counsel (OGC).
- Risk Management Duties
 - Responds to Office of Inspector General (OIG) investigations on health care related issues
 - Area POC for Federal Tort Claims Act (FTCA) related malpractice claims, provides guidance, preliminary case review
- Administrative/Supervision Duties
 - Supervises the Office of Clinical Support (OCS) and Division of Environment Health and Engineering (OEHE), including professional training and staff development.
 - PHS Commissioned Corps activities (e.g. annual evaluations, PHS basic readiness and deployments, TA/guidance, etc.)
- Liaison Activities
 - Supports liaison activities for ITU programs with their respective state operated health programs and other health organizations.
 - Promotes consultation and involvement of Tribes in planning and policy development at the Area, State and Federal level.

WHAT PSFAs ARE TRANSFERRABLE TO TRIBES?

- **NON-CONTRACTIBLE (i.e. TITLE I RETAINED):**
Federal supervision of federal clinical MOA/IPA positions at Tribal programs. OCS collaborates on preparation of annual clinical MOA/IPA agreements. Involved in annual performance evaluations (i.e. Commissioned Officer's Effectiveness Report "COER"), personnel issues, and PHS deployments.

Office of Clinical Support (OCS) – CMO
Line 304 (continued)

- **DIRECT SERVICE TRANSITIONAL:**

Risk Management Duties

- Processing of subpoenas/court orders for federally operated clinical programs and requests for testimony/depositions of federal employees within the clinical professions.
- Provides consultation on professional medical-legal issues and inquiries (i.e. licensing, credentialing/privileging, clinical peer review process, professional ethics/conduct and adverse action reporting), regulatory, compliance, and risk management concerns for federal programs/staff (including MOA/IPA)

Program Management

- Responsible for OCS strategic planning, budget formulation, resource allocation, policies, procedures, and activities in support of Area programs. This includes oversight of: 1) Public health and clinical initiatives; 2) Quality improvement/ Government Performance Results Act (GPRA) reporting by federal programs; 3) Health Promotion/ Disease Prevention activities, Diabetes Program/Chronic Disease management, & the Improving Patient Care (IPC) initiative; 4) Environment Health and Engineering.
- POC/Facilitator for IHS-HQ-Area Women’s Health/Maternal Child Health, Immunization activities.
- Member of each federally operated service unit’s Governing Board; responsible for governance of clinical operations and performance.

Liaison: Creates linkages through networking, provides public health advice, and coordination of training.

- **AREA SHARE:**

Serves as the point of contact (POC) for tribes to consult on a wide range of public health and medical administrative matters. Collaborates with tribes on quality of care, health initiatives, medical priorities, and decision-making processes.

Provides telephone/email consultation on professional medical-legal issues and inquiries (i.e. licensing, credentialing/privileging, clinical peer review process, professional ethics/conduct and adverse action reporting), regulatory, compliance, and risk management concerns.

CONTACT: RADM Dawn L. Wyllie, MD, MPH – Area Chief Medical Officer, (218) 444-0491
Email: dawn.wyllie@ihs.gov

Paula Jourdain, Program Assistant, (218) 444-0489
Email: paula.jourdain@ihs.gov

OCS - BEHAVIORAL HEALTH PROGRAM (Mandated)
Line 305

PURPOSE: This program is responsible for Area activities related to Behavioral Health (mental health and chemical dependency/addiction/substance abuse), including clinical expertise/leadership, state liaison, development of quality improvement efforts, and support to behavioral health (BH) aspects of information technology.

WHAT PSFAs ARE RESIDUAL?

Area Adolescent Treatment Program (Mandated): Is responsible for managing the Area adolescent treatment and after care programs as authorized under P.L. 99-570 and 100-690. These activities include rate negotiation and monitoring of referral treatment programs, assistance in developing local adolescent treatment and aftercare programs, and responding to requests on program specific issues. Is responsible for evaluation of contracted adolescent group home(s) and their compliance with standards of care.

Federal Project Officer/Contracting Officer's Representative (COR): Monitors, conducts reviews, provides advocacy and TA to the commercial Urban Alcohol grants (formerly National Institute on Alcohol Abuse and Alcoholism [NIAAA]), Title V Urban Indian Health Alcohol Programs, and serves as the Area subject matter expert/POC for Behavioral Health special initiative grants (i.e. 4 in 1 Prevention, MSPI, DVPI, etc.).

WHAT PSFAs ARE TRANSFERRABLE TO TRIBES?

- **NON-CONTRACTIBLE (i.e. TITLE I RETAINED):** Not applicable.
- **DIRECT SERVICE TRANSITIONAL:**
 - Behavioral Health Liaison: Acts as advocate and liaison for Indian Health, Tribal, and Urban (ITU) programs with IHS-HQ, inter-agency (i.e. BIA, BIE, SAMHSA, DOJ), and inter-governmental (state) programs; collaborates in partnerships for continuum of care particularly with the Improving Patient Care (IPC) Care and Health Promotion / Disease Prevention Initiatives. Participates in federally required program and peer reviews.
 - Note: May provide Tribal behavioral health program reviews as arranged on a full cost recovery basis
 - Information Technology (IT): Provides support to Bemidji Area Management of Information System (MIS) Department as point of contact and for daily clinical operational use/process of the Behavioral Health RPMS package for IHS facilities. Responsible for assisting with implementation, coordination, and training on this package for BH case management, meaningful use, and data collection.
 - Quality Improvement: Works closely with SUs providing technical assistance (TA) in the development of QI programs for Behavioral Health components as requested. Facilitates multi-disciplinary approaches/training for Behavior Health staff and other health professionals involved in BH care. This training enhances quality care and promotes counselor credentialing. Supports Area IPC and Government Performance Results Act (GPRA) initiatives. May provide program/peer review as arranged.
- **AREA SHARE:**
 - Quality Improvement: Works closely with tribes, providing technical assistance (TA) in the development of QI programs for Behavioral Health components as requested. Facilitates multi-

OCS - BEHAVIORAL HEALTH PROGRAM (Mandated)
Line 305 (continued)

disciplinary approaches/training for Behavior Health staff and other health professionals involved in BH care. This training enhances quality care and promotes counselor credentialing.

Supports Area IPC and Government Performance Results Act (GPRA) initiatives. May provide program/peer review as arranged.

Information Technology (IT): Provides support to Bemidji Area Management of Information System (MIS) Department as point of contact and for daily operational use/process of the Behavioral Health RPMS package for Tribal operated programs. Responsible for implementation, coordination, and training on this package for BH case management, meaningful use, and data collection.

Adolescent treatment program funding is contractible, but not divisible.

CONTACT: VACANT – Area Behavioral Health Consultant, Please contact Dr. Wyllie MD, MPH – Area Chief Medical Officer, (218) 444-0491, Email: dawn.wyllie@ihs.gov

OMS - HEALTH PROFESSIONS RECRUITMENT/SCHOLARSHIP Line 306
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The Area recruitment program provides assistance to federal service units, Tribal programs and Urban programs in the recruitment of physicians, dentists, other clinical provider staff (i.e. nurse practitioner/physician assistant, podiatry), and allied health staff (i.e. pharmacists). The primary goals/services are aimed at the timely recruitment of staff (minimizing vacancy periods), and helping to ensure qualified, appropriate candidates for Area programs, which optimizes staff retention potential.

- A. Participates in the placement of approved health professionals for MOA (Memorandum of Agreement, PHS/Commissioned Officers) positions with tribal programs.
- B. The Area Recruiter plans, develops, implements, coordinates, and evaluates systems and techniques for recruitment, placement, and retention of health professionals for I/T/U programs. Works with relevant individuals in the development of medical residency rotations, medical student clerkships, clinical preceptorships, and volunteers that promote successful future recruitment.
- C. Provides technical assistance on the IHS Loan Repayment Program (LRP), Title 38, and credentialing and privileging of licensed health professionals. National practitioner data bank (NPBD) queries are performed for those programs requesting this service on a full cost recovery basis.
- D. The Area Recruiter works with I.H.S. Federal sites and HR in the hiring process of health professionals that are direct hire eligible (Medical Officers, Pharmacists, Nurse Practitioners, Clinical Nurse, Licensed Practical Nurse and Diagnostic Radiology Technician/Technologist). The Recruiter works with provider and Federal site on possible use of “Above the Minimum” and Market Pay/Special Pay when necessary then submits all completed documents to HR, ready to go for hiring process.
- E. Recruiter works with I/T/Us, HQ and NHSC (National Health Service Corps) offices to promote that ITUs (which are all approved designated NHSC sites) establish and maintain their online NHSC profile web page for possible placement of NHSC scholars or health professionals seeking student loan reimbursement.
- F. Program efforts include collaboration with the Area Chief Medical Officer, MOA coordinating staff, Area personnel staff, HQ staff, and I/T/U programs, and support of Area GPRA administrative initiatives.

WHAT PSFAs ARE RESIDUAL/MANDATED?

Coordination of Area activities for the IHS scholarship program authorized by P.L. 94-437. Includes serving as Area Liaison to I/T/U programs, IHS Headquarters (HQ), and students; providing appropriate materials/applications to interested applicants and consultation to I/T/U programs, HQ, colleges and universities (via presentations, materials/resource development, and technical assistance). Annual applications are organized, examined, and processed prior to submission to HQ for national review and scoring. Provides on-going support to students regarding stipend, curriculum issues, and problem resolution. Coordinates Commissioned Officer Student Training and Extern Program (COSTEP) and Extern programs in the Area as well as placement assistance.

WHAT PSFAs ARE TRANSFERRABLE TO TRIBES?

- **NON-CONTRACTIBLE (i.e. TITLE I RETAINED):** MOA functions (Related to items A and F)

DAS - HEALTH PROFESSIONS RECRUITMENT/SCHOLARSHIP
Line 306 (continued)

- **DIRECT SERVICE TRANSITIONAL:** All non-residual functions and those related to MOA/IPAs. (Items A, B, C, D, and F)
- **AREA SHARE:** Health Professions Recruitment activities (items B and E)

CONTACT: Anthony Buckanaga, Health Professions Recruiter/Scholarship Coordinator,
(218) 444-0486; Email: tony.buckanaga@ihs.gov

OCS - DIABETES AND HEALTH PROMOTION PROGRAM (Mandated)
NO PSFA/BUDGET LINE

PURPOSE: The Area Diabetes Program and the Area Health Promotion/Disease Prevention Program (HPDP) are inter-related having shared responsibility to develop, implement and evaluate appropriate diabetes/chronic prevention and treatment programs. Consultants serve as project officers and liaisons between the national programs and the ITU facilities, help coordinate multidirectional information flow, and orientation for new ITU program managers.

Health Promotion forms the core content for diabetes and chronic disease prevention, and the Director has mandated Area HP/DP Consultants through funding with diabetes program resources.

The Chronic Care Model (CCM) is the most effective strategy for chronic disease treatment and prevention, and its implementation is incorporated into the IHS Improving Patient Care (IPC) initiative. The IPC initiative supports the creation of a “medical home” for patients and their families, integrates clinical care, behavior health, and community services.

WHAT PSFAs AREA RESIDUAL?

Federal Project Officer/Contracting Officer Representative (COR): The Area Diabetes Consultant (ADC) serves as Project Officer/COR for the Special Diabetes Program for Indians (SDPI) grants across the Bemidji Area and serves as subject matter expert for special initiative grants (i.e. 4 in1 Prevention grants).

The Area Diabetes and HPDP Programs Management:

- The ADC and HPDP Consultant are responsible for strategic planning, budget formulation, resource allocation, policies, procedures, and activities in support of area programs.
- The ADC provides diabetes surveillance, quality improvement, provider education, technical assistance, and liaison services.
- The Area Diabetes Program oversees and collaborates with the Health Promotion/Disease Prevention initiatives, and provides clinical assistance to the Area HP/DP Consultant, as needed.
- The Health Promotion Disease Prevention (HP/DP) Area Consultant collaborates with Area ITU programs to build AI/AN Community capacity in the area of healthier lifestyles, through the use of current initiatives, such as Health Coaching, Digital Story Telling and the Physical Activity Kit (PAK).

Advocacy (inter-agency and inter-governmental relations):

- Both the ADC and HPDP Consultants are responsible for the promotion, education and advocacy of Bemidji Area ITU’s and their health needs at the local, state, and national levels, including inter-agency and inter-governmental relations.
- The ADC provides representation to the IHS Division of Diabetes Treatment and Prevention, including national policy development and clinical care issues.
- The HPDP Consultant provides representation to IHS National HPDP Program; includes national policy development related to IHS Prevention Task Force.

OCS - DIABETES AND HEALTH PROMOTION PROGRAM (Mandated)
NO PSFA/BUDGET LINE (continued)

WHAT PSFAs ARE TRANSFERRABLE TO TRIBES?

- **NON-CONTRACTIBLE:** Not applicable.
- **DIRECT SERVICE TRANSITIONAL:** Not applicable.
- **AREA SHARE:** Not applicable.

CONTACT: Deb Smith, RN, PHN, MSN - Area Diabetes Consultant, (218) 444-0454
Email: deb.smith@ihs.gov

Michelle Archuleta, MA - HPDP Consultant, (218) 444-0492
Email: michelle.archuleta@ihs.gov

**Finance - Contract Health Services Officer (CHSO)
Line 309**

PURPOSE: The primary function of this office is to carry out mandated Area residual functions and to provide coordination, consultation/technical assistance on Contract Health Services (CHS) in support of Indian Health Service and Tribal programs. This includes interpretation of CHS regulations, program functions, allocation methods, Area/local policy formulation, responding to inter-governmental inquiries on CHS concerns, addressing contract health service delivery area (CHSDA) and beneficiary access issues, CHS staff orientation, providing data collection/quality assurance, and responsibility for the following elements:

- A. Catastrophic Health Emergency Fund (CHEF) Case Management (Residual):** Reviews and processes all Area CHEF cases.
- B. Unmet Need Services Coordination:** Provides consultation and data formulation to assist tribal and Federal service units in establishing deferred services processes and creating an annual list of unmet need, submitted as documentation for potential year-end IHS-HQ resource allocation.
- C. CHS Appeals/Denials:** Assists programs and patients with appeal/denial questions to understand the process. Collaborates with CMO on federally operated program appeals referred for Area level decisions.
- D. Contract Health Services Liaison:** Acts as a CHS advocate and liaison for I/T programs with IHS Headquarters, Area, local, State and Federal programs. Collaborates in partnerships on specific CHS issues. Member of Contract Health Services Officer committee, Contract Health Service Management Information System (CHSMIS) workgroup, and other various local/National committees. Provides networking, education and coordination of specific CHS training.
- E. Contract Health Service Program Management:**
 - Performs administrative reviews as arranged
 - Assists CHS programs and patients with health care eligibility determination, application of medical priorities, and identification of alternative resources
 - Provides TA to programs in their negotiation process for agreement/contracts with external entities/vendors and managed care provider networks (via needs analysis, process development, data formulation for presentations, etc.) and advocacy for CHS/vendor problem resolution. Collaborates with Area Contracting staff on Business Associate Agreements for federally operated programs. Assists programs in the basic operations of their CHS programs. Manages Bemidji Area Office operated tribal CHS programs.

WHAT PSFAs ARE RESIDUAL? CHEF management as mandated under P.L. 102-574, Sec 202; inter-governmental function (Items A and B)

WHAT PSFAs ARE TRANSFERRABLE TO TRIBES?

- **NON-CONTRACTIBLE (i.e. TITLE I RETAINED):** Not applicable
- **DIRECT SERVICE TRANSITIONAL:** CHS program management, deferred services coordination, CHS appeals/denials and Contract Health Services Liaison (Items B, C, D, E).
- **AREA SHARE:** All non-residual elements can be transferred to tribes as assumptions occur (Items C, D, E)

CONTACT: CDR Josie Begay, Contract Health Service Officer, (218) 444-0474
Email: josie.begay@ihs.gov

<p style="text-align: center;">OFFICE OF MANAGEMENT SERVICES (OMS) DEPUTY DIRECTOR FOR MANAGEMENT SERVICES Line 310</p>
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PURPOSE: The primary function of this office is to provide leadership, direction, and supervision for the program service divisions within the Area Office, liaison services to the Servicing Personnel Office, IHS service unit operations, and the Shared Service Agreement with Aberdeen Area. The four divisions are Budget/Finance (including Business Office and Contract Health Service), Management Information Systems, Division of Contracting, and Office Services. Office also supervises Area Recruitment and Scholarship office.

This Office advises the Area Director on all matters relating to Area management and administrative support activities on a day-to-day basis. Maintains necessary liaison with various components of the IHS and PHS and other activities in the furtherance of the Area's management activities.

Serves as the direct line supervisor for three IHS (federal) Service Unit Directors. Serves as principal advisor to the Area Director in the operation of a comprehensive health care program for the Bemidji Area. Assists the Area Director in policy making, administering, directing, and, evaluating the planning, organization and management functions of the IHS service units. Provides leadership in direction and evaluation of the management functions of the IHS service units.

WHAT PSFAs ARE RESIDUAL? Functions related to executive direction, policy formulation, inter-agency function, inter-governmental functions, Office of Inspector General inquiries, Ethics and Equal Employment Opportunities Program (EEO), budget formulation, advocacy and personnel management. In addition, those functions in support of day-to-day activities of the Area Office staff, such as mail, supplies, equipment, travel, records management, delegations/directives program and all other service agreements. In addition, functions related to Federal Staffing, Employee and Labor Relations, and Payroll.

WHAT PSFAs ARE TRANSFERRABLE TO TRIBES?

- **NON-CONTRACTIBLE (i.e. TITLE I RETAINED):** Supervision of those activities necessary to support the Title I contracting process and those services provided by the financial process.
- **DIRECT SERVICE TRANSITIONAL:** Federal service unit management and governing body function.
- **AREA SHARE:** All functions related to federal service units if tribes assume them.

CONTACT: Bryce Redgrave, Deputy Director for Management Services, (218) 444-0473
Email: bryce.redgrave@ihs.gov

OMS - FINANCE OFFICE
Line 311

PURPOSE: The Bemidji Area Finance Office provides support to the Area, Service Units, Tribes and Urban programs on financial management including program policy interpretation in budget formulation and execution, preparation of program planning and budgeting data and financial management of tribal and urban grants and contracts. The Purchased Referred Care (formerly Contract Health Services) is under the Finance Office group. .

WHAT PROGRAMS, FUNCTIONS AND SERVICES ARE RESIDUAL? Functions include the interpretation of policies and guidelines related to the fiscal management of Area resources and provide Area coordination of Federal Managers Financial Integrity Act (FMFIA).

The primary residual functions of the finance office are federal budget formulation to budget execution as outlined under the Budget and Accounting Act of 1921, as modified by the Congressional Budget Act of 1974 and the Budget Enforcement Act of 1990. In addition, OMB Circulars A-11 and A-34 apply to these functions.

The budget formulation and execution starts with receiving and recording of advice of allowance sheets received from Headquarters and distributing this information to appropriate federal staff. The Finance Office assists in organizing, developing, coordinating and preparing budget formulations and distributing funds for tribal and urban health programs in accordance with the Bemidji Area Director's instructions. This includes encoding, processing and monitoring obligations for Urban/Tribal contracts and Tribal compacts through the Unified Financial Management System (UFMS). The budget execution continues with certifying fund availability for tribal or urban organizations and Buy Indian contracts through purchase requisitions and implementing electronic transfers, expenditure transfers, accounting, auditing and reconciliation activities in coordination with the Aberdeen Area Finance Office.

Also included, as a residual function, is the federal responsibility of monitoring federal positions, including IPA/MOAs for the Bemidji Area and providing reports accordingly. This is covered under Section 5, Federal Workforce Restructuring Act of 1994 (P.L. 103-226), which provides for limitations on federal employment. Specific agency control and guidelines are contained in OMB circulars A-11 and A-34.

These functions also insure that the Anti-deficiency Act, Balanced Budget and Emergency Deficit Control Act of 1985, have not been violated by balancing and reconciling all accounts at the end of the quarter and end of the fiscal year.

WHAT PSFAs ARE TRANSFERRABLE TO TRIBES?

- **NON-CONTRACTIBLE (I.E. TITLE I RETAINED):**
The Finance Office develops and provides budget and financial information, tracking sheets and allowance status reports to the Bemidji Area Director and Tribal organizations. Finance duties also include distributing and maintaining financial documentation. Other services include providing technical assistance to Area staff and Tribal or Urban organizations regarding financial management issues.
- **DIRECT SERVICE TRANSITIONAL:** The Finance Office develops and provides budget and financial information along with tribal share allocation activities for all Tribes and Urban programs. They also, receive, distribute, interpret and maintain financial documentation for the Area office,

OMS - FINANCE OFFICE
Line 311 (continued)

IHS-Service Units, Tribal and Urban organizations. If requested, the Finance Office will also provide technical assistance to Tribal organizations and Area staff regarding financial management issues as they relate to federal policies and guidelines.

- **AREA SHARE:** The Finance Office provides direction and guidance for general financial operations. Each tribe performs their own financial functions completely independent of the Area Office.

CONTACT: Jeff Bingham, Area Finance Supervisor, (218) 444-0466
Email: jeff.bingham@ihs.gov

Dawn Branchaud, Financial Management Specialist, (218) 444-0469
Email: dawn.branchaud@ihs.gov

Tammy King, Financial Management Specialist, (218) 444-0467
Email: tammy.king@ihs.gov

Rochelle Atkinson, Accounting Technician, (218) 444-0470
Email: rochelle.atkinson@ihs.gov

Stephanie Wallace, Accounts Payable Technician, (218) 444-3096
Email: stephanie.wallace@ihs.gov

OMS - DIVISION OF CONTRACTING
Line 312

PURPOSE: To provide acquisition management oversight, acquisition planning, implementation of inherently governmental functions including: federal commercial Sanitation Facilities and Facilities Construction, P.L. 93-638 Title I Construction, P.L. 93-638 Title I Health Care, Title V Urban Health and Urban Alcohol contracts, simplified acquisition, personal and non-personal services (PSC) contracts, large contracts, and the HHS/IHS Government-wide Purchase Card Program.

WHAT PSFAs ARE RESIDUAL? All acquisitions activities that are inherently federal functions including activities related to commercial and construction contracting, Urban program contract management, Alcohol program contract management, and audit resolution.

WHAT PSFAs ARE TRANSFERRABLE TO TRIBES?

• **NON-CONTRACTIBLE (i.e. TITLE I RETAINED):**

The full disclosure of FSA'S related to the Contracting Office role in P.L. 93-638 Title I is found in 25 CFR, Part 900 (Federal Register/Vol. 61 No. 122/June 24, 1996). Some of the retained PFSA'S described there are:

- A. **Pre-proposal planning:** Planning of program transfer strategies through proposal review process; determine proposal completeness and existence of declination issues; review proposal to determine proposed amount is within estimated funding levels; reviewing the proposed contract agreement and Annual Funding Agreement (AFA); determining eligibility for mature contract status; as the Resolution Official of audit findings, assuring timely resolution of audit findings as mandated by the Single Audit Act of 1984.
- B. **Negotiations:** Plan and establish a negotiation schedule in accordance with the regulations; after completion of negotiations, recommend decision to award to the Area Director.
- C. **Approval and Contract Award:** The Contracting Officer, as the Awarding Official, prepares and executes contract agreements and AFA coordinates necessary staffing agreements including IPA'S and/or MOAs.
- D. **Declination:** Coordinate potential declination issues with Area staff and Headquarters Leadership Team (HQLT) including development of declination decision letter and review by HQLT prior to issuance. Plans and conducts monitoring site visits and provides technical assistance to the tribe to overcome any potential declination issue. Draft declination letter for Area Director with concurrence of the DHHS Office of General Council (OGC).
- E. **Post Award:** Perform post award duties including performing on site monitoring visits as required or requested; issue letters of authorization for federal sources of supply and coordinate issuance of GSA Screener Cards and Bill Office Address Code (BOAC) numbers for GSA vehicle leases.
- F. **Audit Resolutions:** Issues OMB Circular A-133 Single Audit Act resolution final determinations. The Bemidji Area Chief Contracting Officer (CCO) is the Action Official for the IHS Headquarters Resolution Official (HRO). The CCO assists contractors to resolve audit findings assigned for resolution by the DHHS National External Audit Review Office and provides findings and determinations for the HRO toward seeking securing audit resolution Official Clearance Documents as necessary.

OMS - DIVISION OF CONTRACTING
Line 312 (continued)

G. Evaluations and Partnerships: Develops collaborative partnerships and administers program evaluations and special projects to determine needs assessments, health status and evaluation of health care delivery systems.

H. Technical Assistance: Policy Analyses and Technical Assistance: To the Bemidji Area Director and staff and tribal governments in the implementation of the P.L. 93-638, Indian Self-Determination and Education Assistance Act, as amended, and impact of proposed legislation/regulations, tribal shares methodologies, and processes to facilitate full disclosure of the Area and IHS Headquarters programs and budget data through consultation meetings, twice yearly orientation sessions and on site visits upon request as well as regular mailings.

- **DIRECT SERVICE TRANSITIONAL:** Acquisition oversight and management for all procurement; Government-wide Purchase Card operations, CHS signatures for federal units, Sanitation Facilities and Facilities construction.
- **AREA SHARE:** All acquisition functions that provide services to health programs that are assumed as tribal operations by tribal governments would be transferred to tribes without regard to procurement limits.

CONTACT: William Fisher, Chief Contracting Officer, (218) 444-0478
Email: william.fisher@ihs.gov

Merri Barrett, Administrative Contract Specialist, (218) 444-0476
Email: merri.barrett@ihs.gov

Rose Cournoyer, Administrative Contract Specialist, (218) 444-0477
Email: rose.cournoyer@ihs.gov

Leah Azure, Construction/Commercial Contracting Specialist, (218) 444-0482
Email: leah.azure@ihs.gov

Karen McDonald, Commercial Contracting Specialist, (218) 444-0479
Email: karen.mcdonald@ihs.gov

OMS - OFFICE SERVICES Line 313

PURPOSE: Provide support and management services as well as administering a widely diverse office services program for the Area Office, service units, OEHE, and field offices. Functions and services include directives and delegations; management of the mail, supplies and records; reports for office services, service units, and the Area Office. Oversight is provided for GSA vehicle maintenance and scheduling; travel management; property management; for property and supplies; printing/reproduction management; service contracts maintenance; manual maintenance; forms management; GSA contact point, and laborer services. A consultant to service units regarding office services. Responsible for maintenance and oversight of all Area policies and the IHS manual.

Assist with training functions for the Bemidji Area which includes: service units (Cass Lake, Red Lake, and White Earth), OEHE, and field offices. The following trainings are provided: EEO, Ethics, No Fear Act, Diversity Management, ADAA training, Reasonable Accommodations, GovTrip, and travel card. Privacy Act/FOIA coordinator for BAO; Ethics Officer for the BAO; and Travel Card A/OPC (Agency Organizational Program Coordinator) for BAO, service units, and field offices which includes distribution of card, maintenance of monthly travel card report, and card set up. Property Management Officer for the area office, three service units, field offices, and OEHE. Supply Management Officer for the three service units (Cass Lake, Red Lake and White Earth). Lead FATA (Federal Agency Travel Administrator) for GovTrip; provide business travel technical support to area office, federal service units, and the field offices.

WHAT PSFAs ARE RESIDUAL?

Functions outlined are residual functions in order to maintain support to a residual staff in overall day-to-day management of office functions.

WHAT PSFAs ARE TRANSFERRABLE TO TRIBES?

- **NON-CONTRACTIBLE (i.e. TITLE I RETAINED):** Not applicable
- **DIRECT SERVICES TRANSITIONAL:** Those services that impact the service unit directly are the administrative review (internal control) for records management, travel card/GovTrip management, property management, and supply management. Lead FATA (Federal Agency Travel Administrator) for GovTrip, provide business travel technical support to Area office, service units, OEHE, and the field offices.
- **AREA SHARE:** Forms management is currently the only identified function that has been transferred to tribal programs.

CONTACT: Vacant, Management Analyst – Contact Bryce Redgrave, Deputy Director for Management Services, (218) 444-0473, Email: bryce.redgrave@ihs.gov

MANAGEMENT INFORMATION SYSTEMS (MIS)

Line 314

PURPOSE: The Management Information System Section provides consulting, planning, implementation, management and continued support of the Resource Patient Management System (RPMS), the Indian Health Service wide area network (WAN) and telecommunication needs (voice and data) of federal and tribal health facilities in the Bemidji Area. Information systems provides these same services for the Bemidji Area Office along with support for the local area network (LAN), operational support, Area computer systems, software packages, property management of computer equipment and management of the Area ADP security program. Major functions provided for tribal and federal health facilities are hardware and operating systems management, RPMS software verification, distribution, installation and support, Area ADP and telecommunications training, telecommunications network management, application development and management as well as research and development. Specific details of MIS primary responsibilities and consultant services as listed below.

A. RPMS Server

- Primary responsibilities – technology assessment of RPMS server platforms and associated hardware; installation of server software and associated hardware (tape back up, printer configuration); problem resolution; site manager training
- Consulting capacity – Provide technical guidance for procurement of RPMS server and recommended RPMS server maintenance; recommend server configurations.

B. Cabling, Local Area Network, Terminals and Personal Computers

- Consulting capacity – planning for new and existing facilities (MIS) plan review; recommendations for wiring; connectors/wall jacks; communications hardware and software; server room recommendations.

C. RPMS-EHR Software

- Primary responsibilities – consultation/coordination with facilities on installation of RPMS-EHR software, training of users; help desk support, resolution of errors.
- Consulting capacity – Technical assistance on the management of RPMS-EHR Cache database.

D. RPMS Training

- Serves as the program manager for all OIT sponsored training in the use of the Resource Patient Management System (RPMS) - EHR clinical software programs and the improvement of electronic health data.
- Serves as the training planner/initiator for new patches installed on RPMS servers, to provide additional knowledge of understanding of patch enhancements to various RPMS packages.

E. Data Base Management

- Primary responsibilities – planning for IHS RPMS-EHR Cache software; installation of IHS RPMS-EHR Cache software; configuration guidance; installation of IHS RPMS-EHR revisions and patches; database expansion; resolving software related system errors.
- Consulting capacity – procurement of Cache software; monitoring of hard disk space.

F. Telecommunications and Wide Area Network (WAN)

- Primary responsibilities – provide technical guidance on the procurement of WAN hardware, software and cabling in accordance with Indian Health Service WAN security requirements; WAN hardware and software installation; connectivity problem resolution; liaison for GSA contracted circuits (voice and data).

MIS
Line 314 (continued)

- Consulting – Provide guidance on WAN circuit designing and costs
- Serves as the point of contact for Interconnection Security Agreements (ISA) and Memorandum of Understanding (MOU) for new and existing Interconnection with Indian Health Service.

WHAT PSFAs ARE RESIDUAL? Activities and functional components in support of residual functions of Area Office including management of information systems, training, support of local area network and wide area network, telephone system, security and ADP property management.

WHAT PSFAs ARE TRANSFERRABLE TO TRIBES?

- **NON-CONTRACTIBLE (i.e. TITLE I RETAINED):** Not applicable.
- **DIRECT SERVICE TRANSITIONAL:**
 - Hardware and operating systems management for RPMS.
 - RPMS software verification, distribution, installation, training and support.
 - Area ADP and telecommunications support.
 - Wide Area Network (WAN) management.
- **AREA SHARE:** All of the above except residual functions.

CONTACT: Robina Henry, Chief Information Officer, Phone: 218-444-0552
Email: Robina.Henry@ihs.gov

For assistance, please use the following and the appropriate MIS staff member will follow-up:

bemhelpdesk@ihs.gov – addresses servers, computers, and network issues

bemrpmshelpdesk@ihs.gov – addresses RPMS packages, EHR, Ensemble issues

FACILITIES APPROPRIATIONS AND PROGRAMS

Facilities - Health Care Facilities Maintenance

- Maintenance & Improvement (M&I)
 - Routine M&I
 - Project M&I
 - Environmental Remediation (for Health Care Facilities)

Health Care Facilities Construction

- Small Ambulatory Program (SAP)
- New Facilities Construction
- Joint Venture
- Dental Facilities Construction

Facilities Support

- Planning and Construction Support
 - Engineering Services
- Real Property Support
 - Engineering Services

Equipment – Medical Equipment (New and Replacement)

Sanitation Facilities Construction - (SFC) – Project Based Funding

- Regular Project Funds
- Housing Project Funds
- Special Project Funds
- Emergency Project Funds

Environmental Health Support

- Environmental Health Support Account (EHSA)
 - Sanitation Facilities Construction program
 - Environmental Health program

<p style="text-align: center;">FACILITIES - MAINTENANCE & IMPROVEMENT (M&I) Line 328</p>
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NOTE: These are funds managed by the Area for distribution to field sites and/or projects. M&I includes Environmental Remediation funds which are distributed by IHS Headquarters on a nonrecurring basis.

PURPOSE: Maintenance and improvement (M&I) resources are limited to M&I funding for maintenance and repair of health facilities (real property). M&I funds are distributed to field sites based on an allocation methodology – the University of Oklahoma formula (UofO). Funds in excess of the UofO amount (if any) are considered Project M&I. When the overall Area funding for M&I is less than 115% of the UofO amount, Project M&I is decided by formula according to Area Policy. The Area M&I pool is created from Project M&I for Federal Service and participating tribes. The M&I Pool is distributed competitively by project. M&I earmarks are determined according the annual Facilities Engineering Plan (FEP) and distributed or applied accordingly.

Environmental remediation funds are earmarked by Congressional appropriation language. Environmental assessments are performed upon request subject to shares taken. Remediation projects are identified and prioritized by Agency Headquarters following accomplishment of environmental assessments. Funds are allocated to projects based on danger to personal health, risk to the environment and compliance with public law as directly pertaining to the operation of IHS or IHS contractor-operated health care facilities.

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

WHAT PSFAs ARE RESIDUAL?

None - no M&I funds are residual. Any programmatic inherent governmental responsibilities associated with M&I are funded through the Facilities Support Account (FSA). Responsibility for resource distribution of M&I funds as well as other activities associated with tracking and monitoring and distribution of M&I is included in the FSA residual.

National Environment Policy Act (NEPA) responsibilities are not residual; however, without a waiver of sovereign immunity for NEPA related activities, those responsibilities are essentially treated as Title I retained amounts in the FSA.

WHAT PSFAs ARE TRANSFERRABLE TO TRIBES?

- **NON-CONTRACTIBLE (i.e. TITLE I RETAINED):** None - no M&I funding is Title I retained. Any program responsibilities associated with Title I for M&I are funded through FSA. Responsibility for execution of M&I as well as other activities associated with acquiring maintenance and repair functions, e.g. technical review, NEPA determinations, and any contracting related responsibilities associated with Title I Subpart J agreements.
- **DIRECT SERVICES TRANSITIONAL:** None.
- **AREA SHARE:** All M&I resources (Routine and Project) can be transferred to tribes for those buildings which are solely-owned and managed by the tribal health program under authority of P.L. 93-638. Tribally-operated health care facilities are eligible for environmental remediation and sustainability funds on the same basis as all other facilities (competitive projects).

CONTACT: Todd Scofield, P.E., Director, Division of Facilities Management, (218) 444-0531;
Email: Todd.Scofield@ihs.gov

FACILITIES SUPPORT ACCOUNT (FSA) Lines 319 & 321

PURPOSE: The Facilities Support Account includes two funding lines: Facility Support (319) and Engineering Services (321). The percentages for the account are based on historical levels derived during the establishment of the Facilities Support Account. The distributable amounts are as follows: After Earmarks and Residual: 90% to Federal Service Units, 10% to Tribes - each distributed by the overall historical percentages. The PFSAs for Engineering Services were derived from the IHS OEH&E - Office of Engineering Services and the fund amount has not been adjusted since it was made available. Of that, 72% is available as tribal shares. Although there are two funding lines, they are, essentially, both Facility Support Account (FSA) funds. Further, FSA is has been historically grouped into two categories:

Planning & Construction Support - Support of the national health care facilities planning and construction program (included would be budget line items for engineering services (ES) support and health care facilities construction). Congress individually funds new health care facility projects and provides funds for Joint Venture and Small Ambulatory Grants. Resources in this line item provide program management for those projects.

Real Property Support: Management and support of the health facilities and real property program. Workload is also derived from the activities associated with the M&I, environmental remediation, environmental sustainability, and medical equipment replacement funds.

WHAT PSFAs ARE RESIDUAL?

Planning & Construction Support

- Preparing the budget and supporting program justification as part of the Area OEHE program budget and providing responses to Congressional and executive inquiries.
- Maintaining the Health Facilities Construction Priority System (HFCPS) as required by Congress and other priority setting systems for use in funding construction of new and replacement facilities. Serve as Area Point of Contact for the Small Ambulatory Program.
- Maintaining the Health Systems Planning (HSP) and the Technical Handbook for Health Facilities used for facilities planning and construction.
- Coordinating and preparing reports required by law or executive order.
- Implementing the health care facilities construction program including approval of Program of Requirements (POR), Program Justification Documents (PJD), Area facility justification documents, Area Health Services Master Plan, and facility site selections for federally funded projects.

Real Property Support

- Prepare budget and support program justification as part of the Area OEHE program.
- Maintain and implement national program policies, methodologies and priority systems for allocation of resources at regional level.
- Allocate program resources to include: 1) facility operations, maintenance and improvement activities, 2) the Facilities Support Account 3) and earmarked environmental assessment, remediation and sustainability funds.
- Maintain realty inventories and databases (facilities and equipment) critical for activities to accomplish or support budget formulation, appropriations justification, funds allocation, respond to program inquiries, and internal management issues.
- Manage/monitor federal and leased realty. Process approvals for leases for space utilized by residual staff.
- Support advocacy role for health facility engineering needs.

<p style="text-align: center;">FSA - FACILITIES PLANNING & CONST. SUPPORT Line 319 & 321 (continued)</p>
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WHAT PSFAs ARE TRANSFERRABLE TO TRIBES?

- **NON-CONTRACTIBLE (i.e. TITLE I RETAINED):**

The Title I retained amount is the resources required to fund remaining IHS responsibilities were 100 percent of the tribes to contract for all available FSA PSFAs under Title I of P.L. 93-638. The Title I retained responsibilities are, as the name implies, in addition to inherently governmental functions that are identified as the Title V core residual. For the FSA fund, no specific amounts have been yet been identified as Title I retained. The FSA is largely devoted to funding the building operation and maintenance of the three federally services units (it was derived from each service unit's H&C funding). The estimated levels of Title I retained amounts for the entirety of FSA presently have not been determined.

Planning & Construction Support

- Analyze Area-wide budget in relation to identified resource deficiencies and prepare requests for future year funding.
- Analyze resource deficiencies in meeting health care need and advise program management of relative deficiencies between various operating units and operational methods.
- Advise Area management of development of all Area-wide Health Services master plans.
- Application of the Health Facilities Priority System (HFPS) for new facilities to include Joint Venture and Small Ambulatory Grants.
- Collect consistent reliable data on the health status of AI/AN population by operating unit and/or tribe for the Area. Develops Area-wide statistical reports and prepares studies in support of management, program activities and as required by higher government levels. Prepares Area profile for distribution to Congress, IHS and clients (I/T/Us).
- Conducting Environmental Reviews and Environmental Assessments. Making Findings of No Significant Impact for IHS undertakings that occur related to IHS Funded construction. Without a waiver of sovereign immunity for NEPA related activities, those responsibilities are essentially treated as Title I retained amounts in the FSA.
- The above items are collaborative with the Area Statistical/Health Planning PFSA.

Real Property Support

- Review and approval of contract proposals related to program activities, Project M&I undertakings conducted under contract on behalf of tribes, activities associated with M&I Pool projects and Activities associated with M&I remediation and M&I sustainability projects.
- Approval of planning documents related to program activities to be conducted under a contract on behalf of a tribe of a P.L. 93-638 agreement.
- Assist in preparation of P.L. 93-638 proposals, review proposals and prepare scopes of service. Periodic review of deliverables as specified in scope of work.

FSA - FACILITIES PLANNING & CONST. SUPPORT Line 319 & 321 (continued)
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- **DIRECT SERVICES TRANSITIONAL:** None Available.

Planning & Construction Support and Real Property Support

Encumbered Resources. The Encumbered Resources are also known as transitional resources. These are resources that would otherwise be available to tribes, but are retained by the IHS to meet current obligations during an interim period while IHS restructures and/or downsizes. These are resources that would be derived from the facilities appropriation. The level, amount and timelines of resources that would be encumbered is highly dependent on the schedule and scale of the assumption of the program by a tribe, number of tribes or tribal consortium. Smaller scale assumptions of the program may not result in any transitional encumbering of resources while larger scale assumptions may result in significant transitions.

- **AREA SHARE:**

Planning & Construction Support

When Congress funds a new health care facility construction project the following activities are available:

- Support for planning services and construction management services.
- Support for post occupancy evaluations of newly constructed health facilities.
- Develop documents of unmet health program space needs.
- Development and review of PJD/POR documents.
- Construction of new IHS health facilities can be constructed under Title I per requirements of Subpart J of the Act.
- Developing and implementing data systems and provide field data to support budget preparation, resources allocation, responses to Congressional and other inquiries.
- Developing and implementing operational policies and procedures for the facilities management program, including quality management, program guidance, and review.
- Providing technical assistance and new technology assessment and clinical engineering.
- Providing operations, maintenance and accountability training for health care facilities personnel including activities related to accrediting reviews by JC, AAAHC, CMS, or other accreditation organizations.

Real Property Support

- Developing quarters management policy, establishing rental rates, determining collection procedures for quarters rent and distributing funds for quarters maintenance and operation, daily maintenance and management of utilities and energy.
- Managing and accounting for realty utilized by Self-Governance tribe. It should be noted that as long as tribal programs operate in federally-owned or leased space, realty reports such as Randolph-Sheppard, work space management and budget justification plans, annual inventories, etc., must be prepared and the space managed as if federally operated.

<p style="text-align: center;">FSA - FACILITIES PLANNING & CONST. SUPPORT Line 319 & 321 (continued)</p>
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- Responsibility for project management activities of funded new health care facilities construction projects, such as:
 - Provision of technical assistance in developing project architectural and engineering criteria and concepts, site selections, feasibility studies, cost estimates, etc., for projects involving construction of new or major renovations of existing tribal health care facilities.
 - Construction management services for construction projects, e.g. administrative coordination and monitoring oversight of the planning, design, and construction process, including coordination and information exchange between the tribe and the federal government and determine compliance with the construction contract.
 - Conduct post occupancy evaluations for newly constructed and renovated health facilities.

CONTACT: Todd Scofield, P.E., Director, Division of Facilities Management, (218) 444-0531
Email: Todd.Scofield@ihs.gov

EQUIPMENT (MEDICAL) Line 328A
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PURPOSE: Funds to modernize or replace existing equipment or provide newer equipment in existing programs are provided in the Facilities Appropriation. These funds are allocated to tribal programs on a pro rata share basis to supplement ongoing replacement of existing medical equipment.

In addition, IHS sets aside some funds to procure, transport, and store excess Department of Defense (DOD) medical equipment so that it can be inventoried and provided to IHS facilities and tribes that need it (i.e. the TRANSAM Medical Equipment Program).

Appropriates occur for equipping newly constructed expansion or replacement facilities when projects are funded using non-IHS funding sources. For more information, please go to <https://webehrs.ihs.gov/external/erds>

WHAT PSFAs ARE RESIDUAL?

None - No Medical Equipment Funds are residual. Any programmatic inherent governmental responsibilities associated with Equipment Funds is included with FSA. Responsibility for resource distribution of Equipment funds as well as other activities associated with tracking and monitoring and distribution of Equipment funds is included in the FSA residual.

WHAT PSFAs ARE TRANSFERRABLE TO TRIBES?

- **NON-CONTRACTIBLE:** Not applicable
- **DIRECT SERVICES TRANSITIONAL:** None.
- **AREA SHARE:**
 - Equipment funds are distributed based on workload formulas for the replacement equipment funds are a direct pass through to the Tribes.
 - Equipment funds for Tribally built facilities with non-IHS funds are distributed based on a formula that identifies need based on a percent of the total non-IHS funded construction cost and the total request compared to the total amount available for distribution.
 - Filing medical device failure reports with FDA and manufacturer (programmatically funded under the FSA)
 - Obtaining information on FDA medical device alerts and manufacturers recall notices and disseminating appropriate materials (programmatically funded under the FSA).

CONTACT: Robert Allard, Branch Manager, Clinical Engineering Services, (218) 444-0188
Email: robert.allard@ihs.gov

SANITATION FACILITIES CONSTRUCTION (SFC)

(No Line Item – Project Funded)

PURPOSE: Provides funding for P.L. 86-121 sanitation facilities construction projects nationwide. Funding distributed by Headquarters, in bulk, to Areas through national needs-based program formula processes. IHS appropriations for SFC Construction are distributed as Regular, Housing, Special, or Emergency project funds. (Program management funds are included in the line item for the Environmental Health Support Account – SFC).

Areas allocate funds to tribes through individual projects prioritized through two prioritization systems: IHS Area Sanitation Deficiency Systems (SDS) and the Housing Priority System (HPS). These prioritization systems include considerations that include tribal priority, health impacts, feasibility, and need. Projects provide essential sanitation facilities including: 1) individual and community water supplies and facilities, 2) wastewater treatment and wastewater disposal facilities together with necessary appurtenances and fixtures and 3) solid waste collection and disposal systems for Indian homes, communities, and lands. Projects are executed in accordance with a Memorandum of Agreement (MOA), which includes a mutually agreed upon project scope of work and methodology for funding. Funding for a constructed project can occur through provisions of the MOA, direct federal procurement, or in accordance with P.L. 93-638 Subpart J or N.

WHAT PSFAs ARE RESIDUAL?

None - no SFC Construction funds are residual. Any programmatic inherent governmental responsibilities associated with SCF construction is funded through the DSFC portion of EHSA and the residual is described there.

NEPA responsibilities are not residual; however, without a waiver of sovereign immunity for NEPA related activities, those responsibilities are essentially treated as Title I retained amounts in the DSRC portion of EHSA.

WHAT PSFAs ARE TRANSFERRABLE TO TRIBES?

- **NON-CONTRACTIBLE (i.e. TITLE I RETAINED):** **None** - No SFC Construction funds are Title I retained. A description of Title I Add-on is included EHSA section as Title I retained. Any program responsibilities associated with Title I for SFC construction are funded through EHSA.
- **DIRECT SERVICES TRANSITIONAL:** None Available.
- **AREA SHARE:** None. Self-Governance tribes are eligible for sanitation facilities construction projects through their respective IHS Area on the same basis as other tribes.

CONTACT: Craig Morin, P.E., Director, Division of Sanitation Facilities Construction,
(218) 444-0504, Email: craig.morin@ihs.gov

**ENVIRONMENTAL HEALTH SUPPORT ACCOUNT (EHSA)
DIVISION OF SANITATION FACILITIES CONSTRUCTION SERVICES
(DSFC)
Line 322 & 327**

PURPOSE: To provide engineering and project management support for water, wastewater and solid waste projects in the Bemidji Area and to allocate resources fairly among all the tribes in the Bemidji Area.

WHAT PSFAs ARE RESIDUAL?

- The Area DSFC program maintains Sanitation Deficiency System inventories (SDS) for existing Indian homes in accordance with the Indian Health Care Improvement Act. This includes confirmation of tribal data and determination of O&M scoring levels to ensure project eligibility and scoring criteria are consistently and fairly applied to all tribes in the Area, and advocating to Agency on regional issues impacting SDS.
- The Area DSFC program maintains a Housing Priority System (HPS) for Housing support eligible homes in accordance with the Criteria Manual for Sanitation Facilities Construction. The Area HPS is a resource allocation methodology applied to SFC Housing funds for distribution across the Bemidji Area.
- The Area DSFC program maintains an inventory of projects under construction known as the project data system (PDS). Compacted Title V tribes provide the data. Area SFC program allocates Area construction project funds within the Area and advocates for the tribes to Agency Headquarters for the allocation of special and emergency project funds.
- The Area DSFC develops and/or coordinates P.L. 93-638 Subpart N construction project agreements. Government Financial accounting for construction projects occurs through the Project Accounting (PA) Module of UFMS. The creation, monitoring, and conclusion of PA financial projects that correspond to the Subpart N constructed project is accomplished by Area DSFC.
- Earmarks similar to and treated much the same residual. There is a congressional O&M Earmark in the DSFC portion of the EHSA fund in the amount of \$49,000.

WHAT PSFAs ARE TRANSFERRABLE?

- **NON-CONTRACTIBLE (i.e. TITLE I RETAINED)?**
Title I Add-on: The Title I add-on is the resources required to fund IHS responsibilities required by statute and regulation under Title I of P.L. 93-638 were 100 percent of tribes to contract for all available IHS PSFAs through Title I. Title I Add-on responsibilities are, as the name implies, in addition to inherently governmental functions identified as the Title V residual. It is anticipated that for construction contracting the Title I Add-on is larger than the Title V residual.

Title I Add-ons are the responsibilities which the IHS must perform to meet responsibilities required by 25 CFR 900, Indian Self-Determination and Education Act Amendments; Final Rule. These responsibilities are in addition to inherently governmental functions, the Title V residual. IHS Title I Add-ons are most significant in the area of construction and contracting. Within the SFC Program Title I Add-ons are based on the funding for IHS staff needed to support and administer construction project activities required by 25 CFR 900, Subpart J. The Title I Add-on is different from and in addition to the Title V residual, which is based on inherently governmental functions that remain when a tribe takes the entire program under a Title V agreement.

**ENVIRONMENTAL HEALTH SUPPORT ACCOUNT (EHSA)
DIVISION OF SANITATION FACILITIES CONSTRUCTION SERVICES
(DSFC)
Line 322 & 327 (Continued)**

The Title I Add-on is calculated on a consistent basis for all tribes in the Bemidji Area. The overall calculation is made assuming all the tribes in the Area have elected to operate their own SFC Programs under Title I contracts. Once the Area DSFC EHSA residual and Title I Add-on has been calculated, project workload is used to establish a specific tribe's share of the program resources available to a tribe for available (contractible) programs, functions, services and activities at the field, Area and Headquarters level.

The Title I Add-on is dynamic. It can change based on project workload. If there are no projects, there is no Title I Add-on. The Title I Add-on varies based on such factors as: number of construction projects, complexity of projects, economy of scale, changes in regulations, tribal practices in implementing Title I construction contracts.

The Title I add-on includes:

- Review and approval of contract proposals related to program activities and SFC project related costs to be conducted under the contract.
 - Approval of planning documents related to program activities to be conducted under the contract.
 - Conducting Environmental Reviews and Environmental Assessments. Making Findings Of No Significant Impact for IHS undertakings that occur related to SFC construction.
 - Construction contracting negotiation process.
 - Construction contract monitoring/oversight.
 - Assists in preparation of P.L. 93-638 proposals, review of proposals and prepares scopes of service. Periodic review of deliverables as specified in scope of work.
 - Area DSFC develop and/or coordinate P.L. 93-638 Subpart J construction contracts with or without program components. The Financial accounting for all construction projects occurs through the Project Accounting (PA) Module of UFMS.
 - The creation, monitoring, and conclusion of PA financial projects that corresponds to each P.L. 86-121 construction project is accomplished by DSFC Staff including final inspection.
- **DIRECT SERVICES TRANSITIONAL:** None Available.

Encumbered Resources. The Encumbered Resources are also known as transitional resources. These are resources that would otherwise be available to tribes, but are retained by the IHS to meet current obligations during an interim period while IHS restructures and/or downsizes. These are resources that would be derived from the facilities appropriation. The level, amount and timelines of resources that would be encumbered are highly dependent on the schedule and scale of the assumption of the program by a tribe, number of tribes or tribal consortium. Smaller scale assumptions of the program may not result in any transitional encumbering of resources while larger scale assumptions may result in significant encumbrances.

**ENVIRONMENTAL HEALTH SUPPORT ACCOUNT (EHSA)
DIVISION OF SANITATION FACILITIES CONSTRUCTION SERVICES
(DSFC)**

Line 322 & 327

(Continued)

• **AREA SHARE:**

- Development of sanitation facilities construction projects using an addendum to the annual funding agreement (AFA) as a funding process. This includes developing a project scope (including documents to address initial and continuing National Environment Policy Act (NEPA) and related environmental requirements), working with other agencies to obtain supplemental funding, and complying with other agency program requirements, services coordination and related responsibilities.
- Environmental engineering services such as review of engineering plans and specifications, sanitary surveys, utility master planning, technical reviews of feasibility studies and assistance with grant applications.
- Design and construction management services for the construction of safe drinking water and adequate waste disposal facilities. Services include selecting appropriate alternatives, soils testing, surveying, obtaining construction permits, preparing drawings, preparing specifications and other contract documents under the direction of a licensed engineer, ensuring ongoing compliance with applicable codes and environmental regulations, managing the construction and start-up of the facilities, and training.
- Technical consultation and training at the Area level to tribal employees on the operation and maintenance of tribal water supply and waste disposal systems.
- On-site response to sanitation facility emergencies. IHS will endeavor to assist with emergencies within the limits of available resources.
- Data on new and existing homes for the Sanitation Deficiency System (SDS) and semiannual project progress reports for PDS, which are used to allocate resources and justify SFC program appropriations. IHS will no longer prepare documentation necessary for tribal projects to be placed on IHS funding priority lists.
- NEPA responsibilities can only be transferred to tribes with a tribally approved waiver of sovereign immunity for NEPA related activities.

CONTACT: Craig Morin P.E., Director, Division of Sanitation Facilities Construction;
(218) 444-0504. Email: craig.morin@ihs.gov

**ENVIRONMENTAL HEALTH SUPPORT ACCOUNT (EHSA)
DIVISION OF ENVIRONMENTAL HEALTH SERVICES (DEHS)
Line 320, 326, 326a, & 326b**

PURPOSE: The DEHS is dedicated, through shared decision-making, to enhancing the health and quality of life of tribal communities to the highest possible level by eliminating environmentally related disease and injury.

Using evidence-based strategies and best practices, the DEHS prioritizes and implements a comprehensive environmental health program for American Indian/Alaska Native families and communities and to IHS facilities. The purpose of these preventive services is to identify environmental risk factors and provide technical assistance in their correction/mitigation. The program provides services in three broad categories: 1) general environmental health, 2) institutional environmental health, and, 3) community injury prevention.

WHAT PSFAs ARE RESIDUAL?

- Manage WEBEHRS, a web-based database of public, commercial and governmental facilities and documentation of services provided for these facilities, including audits, surveys, technical assistance, sampling, investigations, and training. IHS and Tribal environmental health staff provide raw data for verification. Workload factors generated from this database determine distribution of DEHS tribal shares.
- Assure that EH staffs WEBEHRS facilities are up to date; encourage the same for tribal EH staff. Conduct quality assurance reviews of staff's technical activities and provide recommendations for improvement. Provide training to field staff in use of WEBEHRS.
- Respond to requests from tribes for program and budget. Prepare tribal shares tables.
- Ensure environmental compliance of IHS-owned facilities. Assess the environmental compliance status of all IHS-owned facilities and coordinate all environmental compliance activities.
- Conduct safety management activities as required by OSHA and IHS for all federal employees. Ensure that Area incident reporting requirements are met through the WebCident system. Provide oversight and assist IHS facilities in training and use of WebCident for the residual federal employees.
- Develop RFP, solicit and review submittals for injury prevention project funds and allocate funds for selected projects.
- Develop annual DEHS program budget.
- Serve as Federal Project Officer for IHS Injury Prevention cooperative agreements.
- Provide emergency response investigations and technical assistance during environmental health crises (food- and water-borne illness outbreaks, communicable disease outbreaks, etc.).
- Coordinate an Employee Health Program for OEHE employees.
- Address Executive Orders and other mandates that will reduce IHS facility operating costs and reduce the environmental impact of Federal operations
- Function as Federal Project Officer for IHS Injury Prevention cooperative agreements.
- Earmarks are similar to residual. There is an Injury Prevention Earmark in the DEHS portion of the EHSA fund in the amount of \$91,300. Of that earmark, \$33,000 has been identified as base budget to 33 tribes as equalized shares and the balance is used for competitive projects.

EHSA - DEHS (continued)

WHAT PSFAs CAN BE TRANSFERRED TO TRIBES?

- **NON-CONTRACTIBLE (i.e. TITLE I RETAINED): None** - The Title I retained amount is the resources required to fund remaining IHS responsibilities were 100 percent of the tribes to contract for all available DEHS PSFAs under Title I of P.L. 93-638. The Title I retained responsibilities are, as the name implies, in addition to inherently governmental functions that are identified as the Title V core residual. For the DEHS portion of the EHSA fund, no specific amounts have been yet been identified as Title I retained. All PSFAs are transferred to tribes as Field, District or Area level shares regardless of the status of a Tribe's P.L. 93-638 agreement (Title I or V).
- **DIRECT SERVICES TRANSITIONAL:** None Available.

Encumbered Resources. The Encumbered Resources are also known as transitional resources. These are resources that would otherwise be available to tribes, but are retained by the IHS to meet current obligations during an interim period while IHS restructures and/or downsizes. These are resources that would be derived from the facilities appropriation. The level, amount and timelines of resources that would be encumbered are highly dependent on the schedule and scale of the assumption of the program by a tribe, number of tribes or tribal consortium. Smaller scale assumptions of the program may not result in any transitional encumbering of resources while larger scale assumptions may result in significant encumbrances.

- **AREA SHARE:**
 - A. Field:** Field Level Environmental Health (EH) Program:
 - Provide technical assistance and environmental health and safety audits, surveys, special investigations, etc., to owners/operators and tribal programs of public, commercial and governmental facilities, celebrations, private housing, and other facilities as defined by WEBEHRS.
 - Provide technical assistance and coordination of other services such as animal control, sampling, assessment of environmental hazards, etc.
 - Investigate/respond to EH-related disease outbreaks and crises.
 - Provide food safety, injury prevention, safety, and other EH and safety training.
 - Assist tribes in the development of injury prevention coalitions, data collection and analysis, implementation of evidence-based interventions, and evaluation of injury prevention initiatives.
 - Provide technical assistance to healthcare facilities in meeting accreditation requirements, for example: assessment/trending of occupational safety and health incidents, development of policies and procedures, development of safety management plans and indicators, participation in safety committee meetings, etc.
 - Conduct plan review for new construction or remodeling, notification of changes in regulations, consultation specific to the facility, employee, patient and visitor safety evaluations, emergency preparedness assessments, hazard surveillance/safety audits.
 - Special investigations to investigation/provide recommendations to reduce occupational safety and health related diseases and problems
 - Keep WEBEHRS facility inventories up to date to ensure accurate calculation of tribal shares.

EHSA - DEHS (continued)

B. District: District Level EH Program:

- Provide technical assistance and training to field staff in responding to EH emergencies/outbreaks: food- and water-borne illness investigation, flooding, communicable disease, etc. Provide technical assistance and training to field staff in responding to acute/emergent indoor air quality, ergonomics, mold, and other complaints.
- Assist field staff in conducting plan review for new or remodeled facilities (except institutional facilities such as schools, day cares, and health care occupancies).
- Provide training to EH staff in conducting basic field surveys, audits, investigations, report-writing, etc. Review and sign off on reports for staff that lack their professional registration.
- Provide consultation to field staff and health directors in field EH program planning.

C. Area: Area Level EH Program:

- Conduct audits and surveys of healthcare radiation safety programs, including performance testing of medical, mobile, and dental X-ray units, evaluation of patient radiation exposures, and dosimetry programs.
- Conduct special investigations, sampling, and provide technical assistance such as indoor air quality assessments of healthcare and other facilities, assist facilities in development of occupational safety and health management plans, etc.
- Conduct plan review for institutional facilities such as healthcare, day care and schools.
- Assess and analyze available environmental health data for trends used in developing guidance on program priorities. Track selected environmental health indicators.
- Develop and update Area DEHS program administrative and technical guidelines, policies, and templates. Develop standard training modules and presentations that can be used Area-wide.
- Provide required reports to IHS Headquarters.
- Supervise and evaluate IHS federal field Environmental Health staff (District).

CONTACT: Tim Duffy, Director, Division of Environmental Health Services,
(218) 444-0503; Email: Tim.Duffy@ihs.gov

**BEMIDJI AREA IHS
TITLES I & V TRIBAL SHARES**

**ALLOCATION METHODOLOGY
FOR AREA OFFICE SHARES**

- HQ User Pop and Area Patient Counts data for Shares Distribution ('10, '11, '12, '13) – Hand-out
- FY 2015 Bemidji Area Title I & V Planning Options Sheet – Hand-out
- OEH&E Table 1 FY2015 (Estimated Budget Levels) – Hand-out
- OEH&E Table 4, FY2015 (Estimate for Negotiations) – Hand-out

BEMIDJI AREA IHS SUPPLEMENTAL SECTION

Area Buyback Services and other information. Services noted are optional and are funded through withheld amount from a participant Tribe's H&C Program Base. Information is reflected on a Tribe's Area Pre-negotiation/Detail by Account sheet.

- H&C – Clinical Engineering Support Biomed
- Business Office Coordinator (BOC)
- Clinical Application Coordinator (CAC)
- Health Information Management (HIM)
- VistA Imaging
- Pharmacy Clinical Applications Coordinator (Pharmacy CAC)
- Meaningful Use Consultant (MU Consultant)
- MOA/IPA Agreements with Tribes (transitional)

<p style="text-align: center;">H&C – BIOMEDICAL EQUIPMENT MANAGEMENT PROGRAM & CLINICAL ENGINEERING SUPPORT</p> <p style="text-align: center;">BIOMED</p> <p style="text-align: center;">Line 331</p>
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PURPOSE: Management and support of health facilities, to include selection, acquisition, maintenance, and monitoring of patient care equipment's operation and functions. Services are delivered in accordance with the scope of services for the Medical Equipment Management Program. The scope of services includes the funding methodology for the program. Services are provided in two service levels: Option 1 and Option 2

Option 1: The program includes only the Preventive Maintenance and Electrical Safety/Inspection Testing (Category 1 only). Costs will be determined on clinical space where services are provided:

1. Preventive Maintenance and Electrical Safety/Inspection Testing
 - Annual maintenance recommended by manufacturer
 - Annual electrical safety for patient care including visual check
 - Minor repairs and adjustments identified during the PM check
 - Semi-Annual electrical safety for surgery areas
 - Quarterly WIC/Infant patient scale testing

Option 2: Includes Option 1 and the additional Categories below (2, 3, 4, 5 and 6). Costs will be determined on clinical space where services are provided in addition to costs derived from travel related to services delivered beyond the preventative maintenance program for equipment at the facility:

1. Preventive Maintenance and Electrical Safety/Inspection Testing
 - Annual maintenance recommended by manufacturer
 - Annual electrical safety for patient care including visual check
 - Minor repairs and adjustments identified during the PM check
 - Semi-Annual electrical safety for surgery areas
 - Quarterly WIC/Infant patient scale testing
2. Medical Device Repairs: As needed due to failure
 - Health facility is responsible for materials and equipment costs.
 - The BESS does not provide repairs to medical x-ray, laboratory analyzers, optical and audiology sophisticated equipment, freezers/refrigerators, fume hoods, incubators, and mammography equipment due to the complexity and certification requirements of the equipment.
3. Equipment Removal and/or Replacement: As needed due to failure, scheduled replacement, equipment past life expectancy and/or no replacement parts
 - Health facility is responsible for materials and equipment replacement costs.
4. New Equipment Installations: due to new technology, additional functions, facility expansions, etc.
 - Health facility is responsible for materials and equipment replacement costs.
5. Equipment Re-location: temporarily re-locating equipment – taking out of service and placing back in service at a later date, relocation of equipment from existing space to a new location, equipment take down, equipment storage, equipment set up, and equipment start up.
 - Health facility is responsible for material costs and incidentals.

**H&C – BIOMEDICAL EQUIPMENT MANAGEMENT PROGRAM &
CLINICAL ENGINEERING SUPPORT
BIOMED
Line 331 (continued)**

6. Technical Assistance. As needed due to on-going activities like master planning, strategic planning, renovations, new construction, etc.
- Assistance with the planning and design of health facility space for medical/dental equipment, i.e. medical exam rooms, dental operatories, etc.

AREA AMOUNT: The positions for the Medical Equipment Program are funded from the tribal contributions of H&C funds. Participation in this program and is at the discretion of the tribe. The overall program depends on tribal participation through annual agreements in a sufficient number to continue the program. Were a tribe to elect to not participate in the program, no additional funds beyond the identified amounts in line 331 would be available for distribution to the tribe.

CONTACT: Robert Allard, Branch Manager, Clinical Engineering Services, (218) 444-0488
Email: robert.allard@ihs.gov

Business Office Coordinator (BOC)

PURPOSE: This position serves as the Bemidji Area Business Office Coordinator (BOC). This position provides technical assistance (TA)/consultation on all aspects of Business Office (BO) administration to Tribal Operating Units/Urban Programs. This involves interpretation of BO regulations, program functions, Area/local policy formulation, responding to inter-governmental inquiries on BO concerns, addressing beneficiary access issues, providing data collection/quality assurance, and responsibility for the following elements:

- A. Patient Registration:** Provide consultation and technical assistance in establishing processes to enhance patient registration data quality.
- B. Third Party Billing/Accounts Receivable:** Provide consultation and technical assistance in establishing process to enhance revenue generation and accounts receivable programs.
- C. Business Office Liaison:** Acts as an advocate and liaison with IHS Headquarters, Area, local, State and Federal programs. Collaborates in partnerships on specific issues. Member of National Business Office Committee and other various local/National committees. Provides networking, education and coordination of specific training.
- D. Business Office Program Management:**
 - Assists BO Tribal operating units/Urban Programs and their patients with health care eligibility determination, and identification of alternative resources. Keeps current with regulatory changes.
 - Provides TA in negotiation process for agreement/contracts with external entities/payers and managed care provider networks and advocacy for BO/Payer problem resolution
 - Assists in the basic operations of BO programs. Provides guidance in daily operations, new/changed situations, and the application of new alternative methods of business office functions.

WHAT IS THE BUDGET ESTIMATE FOR THE UPCOMING YEAR?

\$116,097 (includes salary, benefits, travel, training, etc.)

WHAT IS THE PARTICIPATION AMOUNT PER ORGANIZATION?

Participation is optional and is a shared cost to cover the budget estimate. Participation amount is a flat rate calculation based upon the number of participant organizations.

CONTACT: Leslie Reece, Area Business Office Coordinator; (218) 444-0509
Email: Leslie.Reece@ihs.gov

Clinical Applications Coordinator (CAC)

PURPOSE: The Bemidji Area Indian Health Service (BAIHS), Management Information System Section (MIS) provides consulting, planning, training, implementation assistance, and continued support of the Indian Health Service (IHS), Electronic Health Record (EHR). Specific details of MIS primary responsibilities and consultant services regarding EHR are listed below.

A. Consulting

Primary responsibilities – providing guidance and technical assistance on all aspects of EHR including: initial preparation, training, implementation, and ongoing technical assistance.

B. Planning

Primary Responsibility – serve as the point of contact for EHR initial planning, pre-implementation assistance, and follow up after implementation. Coordinate EHR software installs with BAIHS MIS and IHS HQ, Office of Information Technology (OIT).

C. RPMS EHR Assistance

Primary responsibilities – RPMS EHR Assistance and training may be provided via phone, webinar and onsite Coordinate OIT technical support for BAIHS sites.

D. Continued Support

Primary Responsibility – to serve as the technical liaison for EHR between OIT, BAIHS, and health care facilities. Provide ongoing technical assistance on daily operation and modifications to EHR.

WHAT IS THE BUDGET ESTIMATE FOR THE UPCOMING YEAR?

\$79,851 (includes salary, benefits, travel, training, etc.).

WHAT IS THE PARTICIPATION AMOUNT PER ORGANIZATION?

Participation is optional and is a shared cost to cover the budget estimate. Participation amount is a flat rate calculation based upon the number of participant organizations.

CONTACT: Teresa Chasteen, Area CAC, (218) 444-0538

Email: Teresa.Chasteen@ihs.gov

Additional Area CAC resource:

Interested persons can sign-up for the CAC listserv at
http://www.ihs.gov/listserv/topics/signup/?list_id=286

Health Information Management (HIM)

PURPOSE: The functions of the Health Information Management include assistance regarding policies and procedures for the maintenance of health records (both electronic and paper). The primary functions are to manage and provide assistance to Bemidji Area programs in upcoming ICD-10 implementation, policy and procedure for VistA Imaging implementation; code set versioning, EHR archiving and storage policy, HIPAA and personal health record security.

The major duties and responsibilities of this position are:

- Plans, organizes, implements and evaluates the health records program. Determines the nature and scope of the program, and develops operational policies.
- Establishes standardization procedures and systems to insure uniformity and proper function for the health record system including statistical data processing and reporting.
- Develops Staffing needs and personnel utilization to maintain production of current, correct and complete health records at Federal, Tribal and Urban Programs. Orients and educates the professional staff in production and improvement of health records and diagnostic recording.
- Provides health records consultation and guidance in matters pertaining to medical audit, continuous quality improvement and professional standards review as applicable for all health record programs.
- Serves as the Bemidji Area Health Information Management (HIM) Vista Imaging Liaison and assist with development of HIM Vista Imaging Policy and Procedures and Guidelines.
- Provides health record consultation, guidance and assistance to enable Federal, Tribal and Urban medical record staff (medical record administration specialists, medical record technicians, clerks and data entry technicians), and other personnel regarding health records and third party needs to meet the requirements of accrediting agencies, American Health information Management Association (AHIMA), Centers for Medicare and Medicaid (CMS), and local Quality Improvement Organization (QIO).
- Routinely analyzes and evaluates health records and disease classification (nosology), the standards established by the Joint Commission, the American Cancer Society, and AHIMA.
- Serves as the expert for PCC Data Entry, Supervisor Data Entry and Management Reports. Working knowledge of the Resource Patient Management System (RPMS) Electronic Health Record (EHR). Provides guidance on managing reports for Consults, Test Integration Utilities (TIU), Orders and Alerts.
- Ensures Service Units, Tribal and Urban (I/T/U) programs are documenting correctly Government Performance Results Act (GPRA) measures so the data may be accurately collected for documenting care and reporting.
- Serves as both Privacy Act and Health Insurance Portability and Accountability Act (HIPAA) Liaison for the Bemidji Area. Reviews subpoenas, subpoena duces tecums, court orders and records according to medico legal and IHS requirements.
- Plans and present workshops, conferences and other training program directed towards the improvement of documentation of the healthcare provided in hospitals, health centers, health stations, community health programs, contract health services and tribal programs; health records programs and new automation requirements and practices, medico legal issues including confidentiality.
- Plans work, sets priorities and schedules. Responsible for monthly, quarterly and annual reports as identified by incumbent and as assigned by Supervisor. Performs other position related duties as assigned.

<p style="text-align: center;">Health Information Management (HIM) (continued)</p>
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WHAT IS THE BUDGET ESTIMATE FOR THE UPCOMING YEAR?

\$150,953 (includes salary, benefits, travel, training, etc.)

WHAT IS THE PARTICIPATION AMOUNT PER ORGANIZATION?

Participation is optional and is a shared cost to cover the budget estimate. Participation amount is a flat rate calculation based upon the number of participant organizations.

CONTACT: Phillip Talamasy, Medical Records Administrator (HIM), (218) 444-0459
Email: Phillip.Talamasy@ihs.gov

Additional Area HIM resource:

BEM-HIM@listserv.ihs.gov – HIM has a listserv that provides updates and people can post issues related to HIM or contribute to the listserv. Interested persons can sign-up for HIM listserv at http://www.ihs.gov/listserv/topics/signup/?list_id=286

VistA Imaging

PURPOSE: The primary function is to serve as the technical expert to support all Bemidji Area I/T/U facilities in the support, training and maintenance of VistaA Imaging software and hardware. Vista Imaging is a highly specialized, FDA certified system that is used almost exclusively within the VA and IHS. This includes Picture Archiving and Communications System (PACS), management and maintenance support of interfaces, diagnostic/clinical workstation requirements, and Vista Imaging software. Services provided are system maintenance, optimize performance and functionality, diagnose problems and provide customer assistance for technical issues, anticipate problems and initiate preventive or corrective actions.

The VistA Imaging program is provided on a full cost recovery basis for all programs who wish to purchase the storage and staffing for EHR archiving.

The major duties and responsibilities of this position are:

- The primary function is to serve as the technical expert to support all Bemidji Area I/T/U facilities in the support, training and maintenance of VistaA Imaging software and hardware.
- This includes Picture Archiving and Communications System (PACS), management and maintenance support of interfaces, diagnostic/clinical workstation requirements, and Vista Imaging software.
- Services provided are system maintenance, optimize performance and functionality, diagnose problems and provide customer assistance for technical issues, anticipate problems and initiate preventive or corrective actions.

WHAT IS THE BUDGET ESTIMATE FOR THE UPCOMING YEAR?

\$119,588 (includes salary, benefits, travel, training, etc.)

WHAT IS THE PARTICIPATION AMOUNT PER ORGANIZATION?

Participation is optional and is a shared cost to cover the budget estimate. Participation amount is a flat rate calculation based upon the number of participant organizations.

CONTACT: Jeff Longie, Information Technology Specialist (VistA), (218) 444-0553
Email: Jeff.Longie@ihs.gov

Pharmacy Clinical Applications Coordinator (Pharmacy CAC)

PURPOSE: Serves as Area Pharmacy Clinical Applications Coordinator, Bemidji Area Indian Health Service (IHS). As Area Pharmacy Clinical Applications Coordinator (PCAC), the incumbent plays a crucial role in both implementing and supporting the IHS Electronic Health Record (IHS-EHR) at local sites, with special emphasis on the pharmacy related packages, working closely with all local site Clinical Applications Coordinators (CAC), Medical, and Pharmacy Staff. PCAC also supports sites with limited local CAC capability in collaboration with the Bemidji Area CAC. Primary duties include:

- A. Responsible for providing ongoing support of the latest Resource and Patient Management System (RPMS) Pharmacy and Adverse Reaction Tracking (allergies and other adverse drug reactions) Packages at local sites, including all pharmacy related preparatory work necessary for implementing the IHS-EHR, and/or Electronic Prescribing (E-prescribing). This includes pre-installation file preparations, installation itself, and post-installation testing, modification and optimization.
- B. . Coordinates with Information Technology staff, and other application coordinators, to implement integrated packages, resolve conflicts, provide secondary support on related software modules, and facilitate alignment with and optimization of the packages to the site's clinical operations in areas where package scope overlaps or is integrated with other services' function.
- C. Provide consultative analysis of site clinical operations and workflow to assist sites in best aligning the EHR to clinical process in order to maximize the utility of and benefit from the E-Prescribing, RPMS/EHR Pharmacy, Point of Sale, and Adverse Reaction Packages. Manages the customization of the local site parameters, and addresses integration issues with other software packages. Periodically reviews site parameters and site specific files for accuracy and completeness.
- D. Coordinates and delivers training, implementation, patch up-keep, package maintenance, and ongoing support for RPMS/EHR E-Prescribing, Pharmacy, Point of Sale and Adverse Reaction Packages for site end users to ensure optimal functionality of and maximal benefit to the site from the EHR.
- E. Serves as a liaison between each site and Area CAC and IT staff, as well as OIT Consultants and IT staff to assist in the implementation, maintenance, and optimization of the E-Prescribing, Pharmacy, Point of Sale, and Adverse Reaction Packages.
- F. Supports sites use of the Pharmacy Point of Sale package and assists sites in resolving Point of Sale issues.
- G. Serve as a consultant to sites requesting evaluations of all aspects of Pharmacy Operations including regulatory compliance, operational efficiency, and utilization of resources. Provide assistance with drug formulary design and management to support cost effective and clinically efficacious use of medications.

WHAT IS THE BUDGET ESTIMATE FOR THE UPCOMING YEAR: Cost for the service is estimated at \$99,778 to include salary, benefits, travel, training, etc. for 2 staff.

WHAT IS THE PARTICIPATION AMOUNT PER ORGANIZATION: Participation is optional and is a shared cost to cover the budget estimate. Participation amount is a flat rate calculation based upon the number of participant organizations.

CONTACT: CDR Michael Verdugo, LCDR Joanna Ferraro, (218) 444-0468;
Email: BEM_AOPharmacyCAC@ihs.gov

Meaningful Use Consultant (MU Consultant)

PURPOSE: The Area Meaningful Use (MU) Consultant position will serve as one of the Area Office's leading resources on improving patient care through meaningful use of an electronic health record (EHR). "Meaningful Use" refers to the Centers for Medicare & Medicaid Services (CMS) Financial Incentive program for eligible professionals, eligible hospitals, and critical access hospitals (CAHs) that adopt and demonstrate meaningful use of certified Electronic Health Record (EHR) technology. There are two basic types of incentive programs, one for Medicare, and one for Medicaid. The incentive programs begin in 2011 and run through 2016 for Medicare and 2021 for Medicaid.

The Area MU Consultant serves as a member of the Indian Health Service (IHS) National MU Team. The Area MU Consultant will work with members of the National, Area, and local MU teams to inform and support the Meaningful Use effort throughout the Area, under the day-to-day guidance of the Area MU Coordinator.

DUTIES AND RESPONSIBILITIES

- A. Under direction of the Area MU Coordinator, work with:
 - a. IHS National MU Team;
 - b. National Indian Health Board (NIHB) and State Regional Extension Centers (RECs);
 - c. IHS, Area, and Tribal Facility MU Coordinators & MU Teams, and other I/T/U leadership;
 - d. CMS Medicare-Medicaid program and State Medicaid programs;
 - e. Tribes/Tribal Organizations supporting MU in their facilities;
 - f. State Health Information Exchanges (HIEs);
 - g. Public Health Departments; and
 - h. State Immunization Registries.
- B. Under direction of the Area MU Coordinator, maintain ongoing communication with state agencies to determine state-specific requirements for health information exchange (HIE) and Medicaid EHR Financial Incentive programs. Communicate state requirements to area and national IHS OIT.
- C. Work with the IHS Federal Tribal, and Urban (I/T/U) facilities to assess current status of EHR and MU readiness in terms of:
 - a. EHR applications deployed;
 - b. Whether the facilities have implemented a certified EHR, and if so, which product
 - c. General skills in using the EHR applications; and
 - d. Specific skills for using the EHR application to improve care (e.g., use of iCare to construct meaningful lists of patients needing follow-up) and achieve MU.
- D. Assist facilities with using the tools that will be added to RPMS EHR for reporting of MU measures, including clinical quality measures and assist with reporting the information as required to CMS and/or the states. Assist facilities not using RPMS EHR with information about the measures that must be reported in order to demonstrate MU.
- E. Help facilities determine which incentives they should apply for and whether they meet eligibility requirements.
- F. Stay abreast of changes to and clarifications of Federal guidance regarding meaningful use and EHR certification criteria.
- G. Assist sites in determining business process changes needed in order to meet the requirements for demonstrating MU.

MU Consultant (continued)

- H. Identify training needs and potentially develop and coordinate the training. Assist Area MU Coordinator with scheduling, designing, and delivering training sessions for I/T/U health programs. Schedule and present on-site and remote quality improvement (QI) training sessions for I/T/U health program staff. Develop strategies for remote and onsite sharing of Improving Patient Care methods and tools with quality improvement leadership at I/T/U health programs.
- I. Assist with development of an Indian Health System learning community to support the MU of the EHR to improve patient care. Work with Area Improvement Support Team (IST) leadership to increase awareness and usage of pertinent QI tools. Provide information about training opportunities to site MU coordinators. Maintain and communicate a broad knowledge of lessons learned and best practices to help build a learning community for adaptation of an EHR to meet MU.
- J. Identify clinical documentation training topics, schedule speakers and sessions, arrange for Continuing Medical Education (CME) approval, and publicize training.
- K. Develop and manage Area MU shared information.

WHAT IS THE BUDGET ESTIMATE FOR THE UPCOMING YEAR: Cost for the service is \$150,000 which represents the Bemidji Area Office's contribution to the IHS national contract.

WHAT IS THE PARTICIPATION AMOUNT PER ORGANIZATION: Participation is optional and is a shared cost to cover the budget estimate. Participation amount is a flat rate calculation based upon the number of participant organizations.

CONTACT: Jason Douglas, MU Coordinator, 218-444-0550
Email: Jason.Douglas@ihs.gov

MOA/IPA AGREEMENTS WITH TRIBES (transitional)

PURPOSE: To provide the necessary Personnel functions to support federal Commissioned Officer (CO) and Civil Servant (CS) employees who have Memorandum of Agreement (MOA) or Inter-governmental Personnel Act (IPA) agreements respectively with tribes. Currently there are a number of tribes that utilize this service and desire the placement of federal health providers at their tribal facility.

The MOA/IPA function is a collaboration of various employees and departments of the Bemidji Area Office. The process is designed to provide associated technical assistance, maintain informational logs, issue updates, and terminate MOA's for Commissioned Officers and Federal and Tribal programs as directed.

- The Area Director approves new and vacant MOA/IPA positions
- OCS Recruitment assists with position descriptions, placements of clinical staff, & processing of initial personnel documents.
- OEH&E is responsible for PDs & federal supervision of engineers & sanitarians
- Personnel issues the announcement, develops the panel & other personnel forms
- OCS and OEHE prepare annual MOA/IPA agreements
- Finance prepares the annual estimated costs
- Contracting negotiates each agreement
- The Area time-keeper is responsible for maintenance of CS IPA leave records
- The CO liaison provides TA, leave maintenance duties, and maintains MOA files
- The Chief Medical Officer is the federal supervisor of clinical MOA/IPAs

There is an administrative cost per MOA/IPA to tribes who chose to participate in this service (based upon BAO annual cost analysis and HQ assessments). Any tribal on-site visits to address CO supervisory issues will be arranged on a full cost recovery basis.

WHAT PSFAs ARE RESIDUAL? Not applicable.

WHAT PSFAs CAN BE TRANSFERRED TO TRIBES?

- **NON-CONTRACTIBLE (i.e. TITLE I RETAINED):** All personnel and supervisory functions required to support federal employees under MOA or IPA agreements with tribes. These functions are carried out by a number of staff in various programs within the Bemidji Area Office.
- **DIRECT SERVICE TRANSITIONAL:** All personnel and supervisory functions required to support federal employees under MOA or IPA agreements with tribes.
- **AREA AMOUNT:** All MOA/IPA positions can be converted to direct tribal positions.

CONTACT: Anthony Buckanaga - Health Professions Recruiter, (218) 444-0486
Email: Tony.Buckanaga@ihs.gov

Leah Dudley - CO Liaison, (218) 444-0500
Email: Leah.Dudley@ihs.gov

RADM Dawn L. Wyllie, MD, MPH – CMO, (218) 444-0491
Email: dawn.wyllie@ihs.gov