

**INDIAN HEALTH SERVICE**  
Descriptions of Budget Line Items (aka, Sub-Sub Activities)

**SERVICES**

*Clinical Services*

**Hospital and Health Clinics (H&C)** – supports essential personal health services including inpatient care, routine and emergency ambulatory care, and medical support services including laboratory, pharmacy, nutrition, diagnostic imaging, medical records, physical therapy, etc. In addition, specialized programs for diabetes, maternal and child health, youth services, communicable diseases including HIV/AIDS, tuberculosis, and hepatitis, women's and elders' health, and disease surveillance.

**Indian Health Care Improvement Fund (IHCIF)** -- to address deficiencies in health status and resources of Indian tribes. IHCIF resources are allocated using the Federal Disparity Index, which considers Indian user counts, health status deficiencies, price benchmarks for mainstream health care insurance, geographic variations related to remoteness, and coverage by third parties. By targeting the greatest deficiencies, the IHCIF promotes greater equity of health care services among Indian tribes.

**Health Information Technology (IT)** – Provides critical IT support for the IHS, Tribal, and Urban (I/T/U) health care facilities that care for more than 2 million American Indian and Alaska Native (AI/AN) people across the Indian health system. It uses secure and reliable information technology in innovative ways to improve health care delivery and quality, enhance access to care, reduce medical errors, and modernize administrative functions.

**Dental Health** – supports the provision of dental care through clinic-based treatment and prevention services and community oral health promotion and disease prevention activities including water fluoridation and dental sealants. Actively enhances increased access to care and increased primary prevention of oral disease through promotion of Government Performance and Results Act and the specific dental objectives therein.

**Mental Health** – is a community-oriented clinical and preventive mental health service program that provides outpatient mental health and related services, crisis triage, case management, prevention programming and outreach services and health education activities. The most common program model is an acute, crisis-oriented outpatient service staffed by one or more mental health professionals.

**Alcohol and Substance Abuse** – aims to lower the incidence and prevalence of alcohol abuse and alcoholism among AI/AN to a level at or below the general U.S. population through a network of Indian community based emergency, inpatient, and outpatient treatment and rehabilitation services. In addition, supports the efforts of Tribes to develop their programs to cover the entire spectrum of alcohol and substance use disorders, from awareness and identification to recovery.

**Purchased/Referred Care** - supports the provision of care in IHS and Tribally-operated facilities with the acquisition of health care and medical services that are otherwise not available. The PRC program purchases medical care and urgent health care services from private, local, and community health care providers that include hospital care, physician services, outpatient services, laboratory, dental, radiology, pharmacy, and transportation services.

### ***Preventive Health***

**Public Health Nursing** - supports population-focused services to promote healthier communities through outreach activities including community screenings, home visits, well-child examinations, immunizations, prenatal care, postpartum care, case management, and follow-up visits for skilled nursing services.

**Health Education** – supports activities directed towards promoting healthy lifestyles, community capacity building, and the appropriate use of health services through public health education targeted at school health, employee health promotion, community health, and patient education. Develops patient education provider codes to enable the accurate and efficient documentation of patient health education.

**Community Health Representatives** – supports Tribally-administered program of AI/AN community members trained in basic disease control and prevention. These activities include serving as outreach workers with the knowledge and cultural sensitivity to effect change in community acceptance and utilization of health care resources and use community based networks to enhance health promotion/disease prevention.

**Alaska Immunization Program** – Hepatitis B program continues to monitor hepatitis B and C infection among Alaska Native peoples through outpatient clinics, video-conferences and field clinics. The Haemophilus Influenzae type b (Hib) Immunization program maintains high vaccine coverage at AK Tribal facilities and provides technical support, prevention materials, and compiles quarterly Immunization reports.

### ***Other Services***

**Urban Indian Health** – supports contracts and grants to 34 urban health programs funded under Title V of the Indian Health Care Improvement Act.

- Established in 1976, P.L. 94-437.
- Title V of this law targets specific funding for the development of programs to improve the health and well-being of American Indians/Alaska Natives (AIAN) residing in urban areas.
- Since passage, amendments to Title V have strengthened the program to expand into the provision of:
  1. Direct medical services
  2. Alcohol and substance abuse services
  3. Behavioral health services

4. Diabetes prevention
  5. Immunization, Methamphetamine and Suicide prevention
  6. HIV/AIDS services
  7. Health promotion and disease prevention services.
- Programs consists of non-profit 501 (c)(3) programs dispersed in urban centers nationwide. Three types of programs funded:
    1. Outreach and Referral
    2. Limited Ambulatory Care
    3. Full Ambulatory Care.

These programs offer culturally appropriate services addressing the unique social, cultural, and health needs of AI/ANs residing in urban settings.

**Indian Health Professions** - manages the Scholarship, Extern, Loan Repayment programs and health professions training related grants activities for IHS. These national programs work together to recruit, train, place and retain health care professionals in Indian communities.

Scholarship Program (Sec. 103 and 104 of IHCIA) is designed to provide health professionals to Indian communities by funding the training of American Indian and Alaska Native (AI/AN) students to become health care professionals.

- Scholarships include the preparatory and pre-graduate scholarship programs that prepare students for health professions training programs.
- Graduate students and junior- and senior-level undergraduate students are given priority for funding, unless specified otherwise.
- Health Professions Scholarship Program, which provides financial support consisting of tuition, fees and a monthly stipend for AI/AN students from federally recognized Tribes enrolled in health profession or allied health profession programs.
- Students accepting funding for programs under Section 104 incur a 2- to 4-year service obligation and payback requirement.

In FY 2013, the Scholarship Program awarded a total of 384 scholarships including 109 preparatory and pre-graduate scholarships and 275 health professions scholarships.

Extern Program, Section 105 of IHCIA, is designed to give Section 103 and 104 scholars and other health professions students the opportunity to gain clinical experience with IHS and Tribal health professionals in their chosen discipline.

- Program is open to IHS scholars and non-scholars.
- Students are employed up to 120 days annually, with most students working during the summer months.

In FY 2013, the Extern Program funded a total of 140 student externs in site throughout the country.

Loan Repayment Program (LRP), Section 108 of the IHCA, is designed to provide health professionals to Indian communities by offering health care professionals the opportunity to ease the burden of qualified health professions related student loans.

- Applicants agree to serve two years at an Indian health program in exchange for up to \$20,000 per year in loan repayment funding (and up to an additional \$4,000 per year to offset the tax liability).
- LRP contract may be renewed annually after the initial contract, if the health professional has addition eligible health profession loans.
- In FY 2013, the LRP had 1,327 loan repayment recipients providing health care services in Indian communities. This included 832 new and continuation contracts awarded in FY 2013 and 495 health professionals awarded contracts in FY 2012 that were completing the second year of their two-year service commitment.

And, there are three grant programs, Sections 112, 114 and 217 of the IHCA, designed to provide health professionals to Indian communities by providing funding to colleges and universities to encourage AI/AN student to enter the health professions and to train nurses and clinical psychologists. The three grant programs include:

1. Quentin N. Burdick American Indians into Nursing Program (Section 112)
2. Indians into Medicine Program (Section 114) and
3. American Indians into Psychology Program (Section 217).

Students accepting funding for programs under Sections 112 and 217 incur a 2- to 4-year service obligation and payback requirement.

In FY 2014, (1) four schools participated in the Quentin N. Burdick American Indians into Nursing Program grant program, (2) three schools participated in the Indians into Medicine Program grant program and (3) three schools participated in the American Indians into Psychology Program grant program.

**Tribal Management Grants** – is a grant program to assist federally-recognized Tribes and Tribal organizations (T/TO) in assuming all or part of existing IHS programs, services, functions, and activities to further develop and improve their management capability.

Tribal Management Grants are competitive grants available to T/TO for:

- obtaining technical assistance from providers designated by the Tribe (including tribes that operate mature contracts) for the purpose of planning and evaluation, including the development of any management systems necessary for contract/compact management and the development of cost allocation plans for indirect cost rates; and
- planning, designing, and evaluating Federal health programs serving the tribe, including Federal administrative functions.

**Direct Operations** - supports the IHS in carrying out its responsibility of providing leadership, oversight, executive direction and administrative support to 12 regional

offices (aka, Area Offices) serving approximately 2.2 million AI/AN across the United States.

**Self-Governance** –is authorized to provide oversight of the IHS Tribal Self-Governance Program (TSGP) by providing information, technical assistance, and policy coordination and serves as an advocate for Tribal concerns regarding the delivery of health care. Supported by this budget line, the OTSG functions include:

- Determining eligibility for Tribes to participate in the TSGP based on meeting applicable statutory requirements.
- Participating in nation-to-nation negotiations of ISDEAA Title V compacts and funding agreements.
- Providing oversight and support of the Agency Lead Negotiators (ALNs) during ISDEAA Title V negotiations.
- Providing resources and technical assistance to Tribes and Tribal Organizations for the implementation of Tribal Self-Governance
- Administers grants by funding Planning and Negotiation Cooperative Agreements for Tribes entering Self-Governance or seeking to expand the programs, services, functions or activities under an ISDEAA Title V compact and funding agreement.
- Funding the Government Performance and Results Act pilot projects to assist Tribally-operated health programs enhance performance reporting and quality improvement.
- Coordinating IHS Tribal Consultation activities, including Tribal Delegation Meetings.
- Developing and recommending policies, administrative procedures, and guidelines for the IHS TSGP and advising the IHS Director on TSGP actions and activities.
- Support an IHS Tribal Self-Governance Advisory Committee (TSGAC) that meets quarterly.
- Arranging national Tribal Self-Governance meetings, including an annual conference in partnership with the Department of the Interior (DOI), to promote the IHS TSGP.
- Developing, publishing, and presenting information related to the IHS TSGP to Tribes, Tribal Organizations, state and local government, and others, including TSGP training.
- Supports a staff of 14 FTE and operations of the OTSG.

**Contract Support Costs (CSC)** – Provides reasonable costs for activities which are carried out by the Tribes and Tribal organizations, as contractors and compactors, to assure compliance with the terms of the contracts and prudent management.

CSC funds are available for eligible direct and indirect costs, and the IHS is prohibited from duplicating funding by providing CSC funding for costs that are included in the transfer of the program (the “Secretarial” or “106(a)(1)” amount).

- Direct CSC funding is available for the reasonable, eligible costs incurred for direct program expenses (i.e., workers’ compensation and unemployment insurance paid for IHS-funded employees).

- Indirect CSC funding is available for the reasonable, eligible costs incurred by Tribal contractors for additional administrative or related expenses related to the operation of the IHS-funded program.

## **FACILITIES**

See the attached Health Care Priorities table that illustrates how increases for health care priorities impact the facilities appropriation budget activities.

**Maintenance and Improvement** - funds the maintenance and improvement of IHS and tribal health care facilities. In FY 2014: There are 525 federal and 828 tribal facilities (i.e., buildings) that are maintained.

**Sanitation Facilities Construction** - funds essential sanitation facilities including water supply, sewage, and solid waste disposal facilities to AI/AN homes and communities.

- Sanitation facilities construction needs for tribes are prioritized using a database which contains needed water, sewer, and solid waste projects for all existing homes; plus sanitation needs for new homes. The backlog of economically feasible projects is \$1.72 billion and the total need is \$3.09 billion.

**Health Care Facilities Construction** – funds the construction costs of health care facilities and staff quarters, support Tribal construction of facilities under the Joint Venture Construction Program (JVCP), provide construction funding for Tribal small ambulatory care facilities projects, and provide funding to construct new and replacement dental units. Funds for projects to replace health care facilities are placed on existing priority lists and are shown on the “5-Year Plan”.

**Facilities and Environmental Health Support** - supports personnel who provide facilities and environmental health services throughout IHS at the Area, district, and service unit levels, and to pay operating costs associated with provision of those services and activities. FEHS has three sub-activities:

1. Facilities Support – provides for staff and management activities.
2. Environmental Health Support – provides support to sanitation facilities construction.
3. Office of Environmental Health and Engineering Support – provides for headquarters management activities and real property asset management.

**Equipment** - funds maintenance and replacement of biomedical equipment at IHS and Tribal health care facilities.

- New and expanded programs may require medical equipment that can be estimated based on a requirement for new space. Currently IHS does not budget for equipment this way. This budget activity line item also does not include the clinical engineers to support the use of this equipment (see FEHS).

- Replaces medical equipment, provides for the transfer of excess Department of Defense medical equipment to IHS and tribal programs, replaces ambulances, and provides \$5 million for equipping tribal facilities constructed with non-IHS funding.
- Annual replacement need is about \$23 million, considering useful life of equipment averages six years.