

# Indian Health Service All Tribal and Urban Indian Organization Leaders Call

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JULY 13, 2023



# Agenda

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- Opening Remarks – *Benjamin Smith, IHS Deputy Director*
- Introduction of New IHS Area Directors – *Joe Amiotte, Great Plains Area Director; and DuWayne Begay, Navajo Area Director*
- OFA Update – *Jillian Curtis, Director, Office of Finance and Accounting*
- Work Plan Update – *Corbrett Hodson, Chief Compliance Officer (Acting), IHS National Compliance Program*
- OEHE Update on the Small Ambulatory Program Consultation and Bipartisan Infrastructure Law Projects – *James Ludington PE, Director, Office of Environmental Health and Engineering and RADM Mark Calkins, PE, Director, Division of Sanitation Facilities Construction*
- Questions and Answers



# IHS Update



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BENJAMIN SMITH  
DEPUTY DIRECTOR  
INDIAN HEALTH SERVICE





# Introduction

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**Joe Amiotte**  
***Great Plains Area Director***



# Introduction

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**DuWayne Begay**  
*Navajo Area Director*





# Indian Health Service Budget Update

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JILLIAN E. CURTIS

CHIEF FINANCIAL OFFICER

JULY 13, 2023



# FY 2024 Appropriations Update

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The Fiscal Responsibility Act, 2023 includes specific requirements for the FY 2024 and FY 2025 appropriations:

- ❑ Keeps FY 2024 non-defense discretionary spending roughly flat with FY 2023; and
- ❑ Increases non-defense discretionary spending by 1% in FY 2025.
- ❑ These are government-wide funding levels. Funding for individual Agencies may ultimately differ depending on the outcome of final FY 2024 appropriations.

# FY 2024 Appropriations Update

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The Fiscal Responsibility Act also includes specific requirements for the appropriations process and timeline.

- ☐ Congress must pass full-year versions of all 12 appropriations bills by January 1, 2024.
- ☐ If Congress does not meet this requirement, the Fiscal Responsibility Act requires a 1% across the board reduction in funding.

# FY 2024 House Interior Mark Up

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Late yesterday (July 12), the House Interior Appropriations Subcommittee published the bill language for its FY 2024 Mark Up.

- ❑ The bill provides a total of \$7.1 billion for the IHS in FY 2024, which is \$149 million above FY 2023 Enacted.
- ❑ The bill also includes an advance appropriation for FY 2025 totaling \$5.9 billion, an increase of about +\$800 million above FY 2023.

# FY 2024 House Interior Mark Up (*cont.*)

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Late yesterday (July 12), the House Interior Appropriations Subcommittee published the bill language for its FY 2024 Mark Up.

- ☐ The bill does not reclassify the indefinite discretionary appropriations Contract Support Costs or Section 105(l) Agreements to mandatory funding.
- ☐ The report is not yet public.
- ☐ The Subcommittee will mark up the bill at 5pm ET today (July 13).

# FY 2024 Senate Mark Up

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The timing for the Senate Interior Appropriations Subcommittee mark up is not clear.

- ❑ Sen. Murray, Chair of the Senate Appropriations Committee, has publicly stated that the Senate will pass all 12 appropriations bills by Sept. 30.

# Advance Appropriations Implementation

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Implementation activities for Advance Appropriations continue.

- ❑ The IHS will post information on Advance Appropriations implementation on its website in the coming days.
- ❑ The Agency will also solicit input from IHS, Tribal, and urban Indian health programs on Advance Appropriations and their experiences closer to the end of the fiscal year. Stay tuned!



# Indian Health Service

## 2023 Agency Work Plan

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CORBRETT HODSON

CHIEF COMPLIANCE OFFICER (ACTING)

JULY 13, 2023





# Indian Health Service Reaffirms its Commitment to Tribes and Urban Indian Organizations with 2023 Agency Work Plan

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JANUARY 15, 2023 DIRECTOR TSO ANNOUNCED  
THE 2023 AGENCY WORKPLAN

# 2023 Agency Work Plan

## PRIORITIES

### Patient Safety

- Standardize patient safety and adverse event policies.
- Enhance standardization of the credentialing system.
- Enhance facility manager and safety officer training agency-wide.

### Human Capital

- Further develop the Diversity, Equity, Inclusion, and Accessibility program.
- Improve personnel security operations.
- Implement a workforce development plan.
- Implement a workforce wellness plan that aligns with retention efforts.

### Operational

- Improve the acquisition planning process.
- Expand Indian Self-Determination and Education Assistance Act training.
- Improve internal and external communication.
- Improve the policy clearance process.
- Assess for the most effective human resources structure.

### Financial

- Further develop a national 105(*I*) lease program.
- Improve the Purchased/Referred Care financial process.

### Compliance/Regulatory

- Implement governance standardization across the agency.
- Ensure a foundation of enterprise risk management.

### Strategic

- Manage an adaptable strategy and long term plan.
- Enhance partnerships with tribes and urban Indian organizations
- Enhance the sharing of data across the Indian health system.

**Our Mission:** to raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level

**Our Vision:** healthy communities and quality health care systems through strong partnerships and culturally responsive practices



*Quality of care is an agency priority, and IHS is committed to continuing its efforts to assure a high-performing health care delivery system for AI/AN people.*

*[~https://www.ihs.gov/quality/](https://www.ihs.gov/quality/)*



<sup>1</sup> <https://www.cms.gov/newsroom/press-releases/cms-selects-quality-improvement-organization-support-quality-improvement-indian-health-service>

# IHS 2023 Agency Work Plan Priority Workgroups

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1. Problem Statement:
  - Root Cause: What is our current reality? What happened that led to the current reality and why?
2. What do we want to accomplish?
  - Objective: What would ideal look like?
3. How do we know if a change was an improvement?
  - Targets and Measures
4. What changes can we make that will result in an improvement?
  - Plans, Milestones, and Monitoring



## Work Plan Aligned with IHS 2019-2023 Strategic Plan Goals and Objectives

IHS Strategic Plan Goal 1: To ensure that comprehensive, culturally appropriate personal and public health services are available and accessible to American Indian and Alaska Native people.

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Objective 1.1: Recruit, develop, and retain a dedicated, competent, and caring workforce.

- *Patient Safety*

- **Enhance standardization of the credentialing system.**

- Work Group Lead: Chief Medical Officer

- *Human Capital*

- **Improve personnel security operations.**

- Work Group Lead: Director, Office of Human Resources

- **Further develop the Diversity, Equity, Inclusion, and Accessibility program.**

- Work Group Lead: Director, Diversity Management and Equal Employment Opportunity Staff

- **Implement a workforce development plan.**

- Work Group Leads: Director, Office of Human Resources; and, Director, Office of Clinical and Preventive Services

- **Implement a workforce wellness plan that aligns with retention efforts.**

- Work Group Lead: Director, Office of Human Resources

- *Operational*

- **Assess for the most effective human resources structure.**

- Work Group Lead: Deputy Director for Management Operations



## Work Plan Aligned with IHS 2019-2023 Strategic Plan Goals and Objectives

IHS Strategic Plan Goal 2: To promote excellence and quality through innovation of the Indian health system into an optimally performing organization.

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Objective 2.2: Provide care to better meet the health care needs of American Indian and Alaska Native communities.

- *Patient Safety*
  - **Standardize patient safety and adverse event policies.**
    - Work Group Lead: Director, Office of Quality
  - **Enhance facility manager and safety officer training agency-wide.**
    - Work Group Lead: Director, Office of Environmental Health and Engineering
- *Operational*
  - **Improve the policy clearance process.**
    - Work Group Lead: Chief of Staff
- *Compliance/Regulatory*
  - **Implement governance standardization across the agency.**
    - Work Group Lead: Director, Office of Quality
  - **Ensure a foundation of enterprise risk management.**
    - Work Group Lead: Chief Medical Officer
- *Strategic*
  - **Manage an adaptable strategy and long-term plan.**
    - Work Group Lead: Director, Office of Public Health Support



## Work Plan Aligned with IHS 2019-2023 Strategic Plan Goals and Objectives

IHS Strategic Plan Goal 3: To strengthen IHS program management and operations.

Objective 3.1: Improve communication within the organization with Tribes, Urban Indian Organizations, and other stakeholders, and with the general public.

- *Operational*

- **Expand Indian Self-Determination and Education Assistance Act training.**

- Work Group Leads: Director, Office of Tribal Self-Governance; and, Director, Office of Direct Service and Contracting Tribes

- **Improve internal agency communication.**

- Work Group Lead: Director, Nashville Area

- **Improve external agency communication.**

- Work Group Lead: Deputy Director for Intergovernmental Affairs

- *Strategic*

- **Enhance partnerships with tribes and urban Indian organizations.**

- Work Group Lead: Deputy Director for Intergovernmental Affairs



## Work Plan Aligned with IHS 2019-2023 Strategic Plan Goals and Objectives

IHS Strategic Plan Goal 3: To strengthen IHS program management and operations.

Objective 3.2: Objective 3.2: Secure and effectively manage the assets and resources.

- *Operational*
  - **Improve the acquisition planning process.**
    - Work Group Lead: Director, Office of Management Services
- *Financial*
  - **Further develop a national 105(I) lease program.**
    - Work Group Lead: Director, Office of Finance and Accounting
  - **Improve Purchased/Referred Care financial process.**
    - Work Group Lead: Director, Office of Resource Access and Partnerships

Objective 3.3: Modernize information technology and information systems to support data driven decisions.

- *Strategic*
  - **Enhance the sharing of data across the Indian health system.**
    - Work Group Lead: Director, Office of Information Technology



# Indian Health Service Work Plan Status Report – 2<sup>nd</sup> Quarter

As of 6/1/23

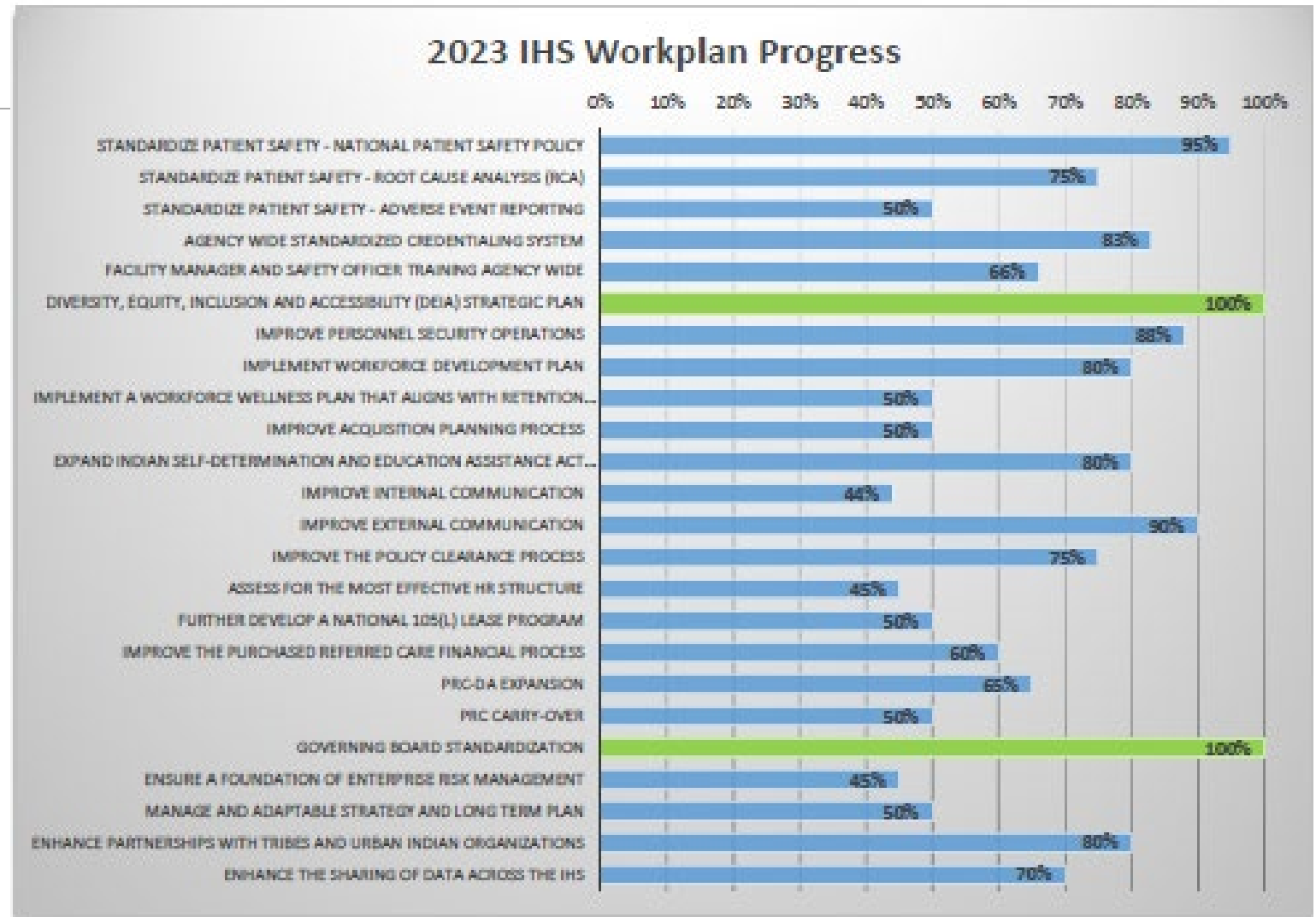
Total Number: 24

Complete: 2

On Track To Reach Goal (>50%): 20

Needing Progress: 2

Percent Complete or On Track to Reach Goal: 92%



# Work Plan Accomplishments YTD!

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Standardized governing board bylaws across all direct service facilities to provide for oversight and accountability while increasing efficiency and effectiveness of governing board meetings.

The Office of Quality enhances the agency's ongoing efforts to ensure the delivery of quality health care at federally operated facilities serving American Indians and Alaska Natives.

- National Patient Safety Policy submitted for final agency approval.
- Transitioned to the IHS Safety Tracking and Response (I-STAR) system, a centralized system for reporting of patient safety data.
- Developing agency-wide standardized root cause analysis processes.
- Completion of 2023 agency risk assessment with identified risk list.
- Established a National Compliance Program that serves as the focal point for coordinating and promoting agency-wide compliance activities.
- Implemented a nationwide electronic provider credentialing system that modernizes provider credentialing and privileging within federally-operated hospitals and clinics.



# Work Plan Accomplishments YTD!

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- The Office of Human Resources implemented an electronic security manager system to track personnel background investigations. Cases pending for more than 90 days have been reduced by 78%, with a goal that all pending cases greater than 90 days will be completed by Sept. 30, 2023.
- Developed a Purchased/Referred Care delivery area expansion workflow map and identified opportunities for a goal to reduce cycle time for review of requests from 23 months to nine months.
- Developed an operational plan that is updated annually through tribal consultation and urban confer to ensure that performance measures include appropriate measurable targets in the new IHS and Veterans Affairs MOU.
- Currently reviewing nominations for the first IHS Executive Leadership Program to commence in October 2023.
- Established tribal delegation meeting process improvements to ensure sufficient time to capture concerns from tribes and tribal organizations, evaluate responses, obtain information, and schedule and track follow-up action items.





# Indian Health Service Small Ambulatory Program

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JULY 2023



# SAP

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1. The Law

2. Comments

3. Proposed Process

# **Law § 1636. Grant program for construction, expansion, and modernization of small ambulatory care facilities**

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**(2) A grant under paragraph (1) may only be made to a tribe or tribal organization operating an Indian health facility pursuant to a contract entered into under the Indian Self-Determination Act [25USC 450f et seq.].**

**(b) (1) (c)**

**(ii) serve no less than 500 eligible Indians annually; and**

**(iii) provide ambulatory care in a service area (in the contract...) with a population of not less than 2,000 eligible Indians.**

# Area Comments

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- The proposal would over-tax Area staff with no additional funds to complete the work.
- The Tribal needs for SAP funds are not consistent year after year. Allocating funding to every Area may take resources away from other identified needs across the country.
- The distribution formula should account for what portion of the user population receives primary care from TI/TV programs rather than direct service facilities.
- Changing the funding distribution would largely reduce SAP funding to Areas already receiving less than their fair share of HCFC funds, and increase SAP funding to Areas already receiving more than their fair share of HCFC.
- This alteration changes our relationship with tribes for this funding (if just perceived)

# Background

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Tribal Consultation occurred from April 4-21 to solicit Tribal leaders' input on:

- The proposal of managing the SAP at the Area level
- Options of the allocation of the SAP funding to the IHS Areas. These options were distribution:
  1. By the Tribal Size Adjustment (TSA) formula,
  2. Distribution by providing funding for one project in each Area, and
  3. Distribution to the Areas proportional to the last three rounds of SAP awards.
- The increase of the maximum SAP award from \$2 million to \$3.5 million.
- The distribution of unawarded SAP funds.

# Tribal Consultation Results

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114 comments were received. On the topic of -

The SAP managed at the Area level, 26 comments were received. Of those:

- 11 commented that the management of the SAP should remain at Headquarters;
- 6 commented that the management could be moved to the Areas if funds were allocated to fund staffing to manage the program in the Areas;
- A different 6 commented that they wanted to move the management to the Areas;
- 3 requested more information to make a decision.

The distribution of SAP funding to the Area, 26 comments were received. Of those:

- 8 requested that the distribution not be made using the TSA formula;
- 7 said it should be based on the TSA formula, 6 requested more information before they could decide on a method;
- 2 commented that the last three rounds of the SAP awards were not an advisable way to distribute the funding;
- 1 wanted the distribution to be based solely based on user population;
- 1 comment said that no distribution should be made.

Increasing the award from \$2 million to \$3.5 million, 23 comments, all agreed with increasing the maximum award amount.

How the unawarded SAP funds should be distributed, 11 comments were received. Of those:

- 3 were against redistribution
- 7 in favor of redistribution; and
- There was no consensus on what method should be used to make that distribution.

# Proposed SAP Process

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- Increase the maximum award amount from \$2.0 million to \$3.5 million.
- Areas work with the Tribes to receive the applications and that the Objective Review Board (ORB) should be held nationally so the scorings will be standardized and consistent.
- One award be made in each IHS Area to the highest scoring application in that Area and the remaining funds be awarded to the next highest scored application nationally.
- All SAP award letters will be signed by the Area Directors and announced by HQ Public Affairs.
- HQ OEHE will continue to provide the Areas technical assistance for the SAP.



# **Infrastructure Investment and Jobs Act (IIJA) Update**

Tribal and Urban Indian Organizations Call

RADM Mark Calkins, P.E.  
HQ - Director, DSFC

July 13, 2023

# Outline



- Infrastructure Investment and Jobs Act Funding Summary
- FY2023 SFC Project Funding Summary
- FY2023 Timeline/Process
- DSFC IIJA Project Dashboard

# Infrastructure Investment and Jobs Act Funding Summary



## Funding Summary: 2022-2026

Funding Category	Annual Amount	Total Amount
Projects	\$675,500,000	\$3,377,500,000
Salaries, Expenses, and Administration (3% Total)	\$21,000,000	\$105,000,000
DHHS OIG (0.5% Total)	\$3,500,000	\$17,500,000
<b>Total</b>	<b>\$700,000,000</b>	<b>\$3,500,000,000^</b>

*^Provided further, that of the amounts made available under this heading, up to \$2,200,000,000 shall be for projects that exceed the economical unit cost and shall be available until expended.*

# Sanitation Facilities Construction FY 2023 Project Funding Summary



## FY 2023 IIJA Project Funding

FY 2023 IIJA Project Funds	\$675,500,000
FY 2022 Undispersed IIJA Project Funds	\$2,599,832
<b>Total FY 2023 IIJA Project Funds</b>	<b>\$678,099,832</b>

## FY 2023 Consolidated Appropriation Act (Enacted) Funding

Regular (SDS Project) Funds	\$70,975,000
Sanitation Facilities for New and Like New- Homes	\$85,000,000
Congressionally Directed Spending (CDS)	\$15,192,000
Reprogramming for Salaries, Expenses, and Administration	\$21,000,000
Special Projects	\$1,500,000
Emergency Projects	\$2,500,000
<b>Total CAA Appropriation</b>	<b>\$196,167,000</b>

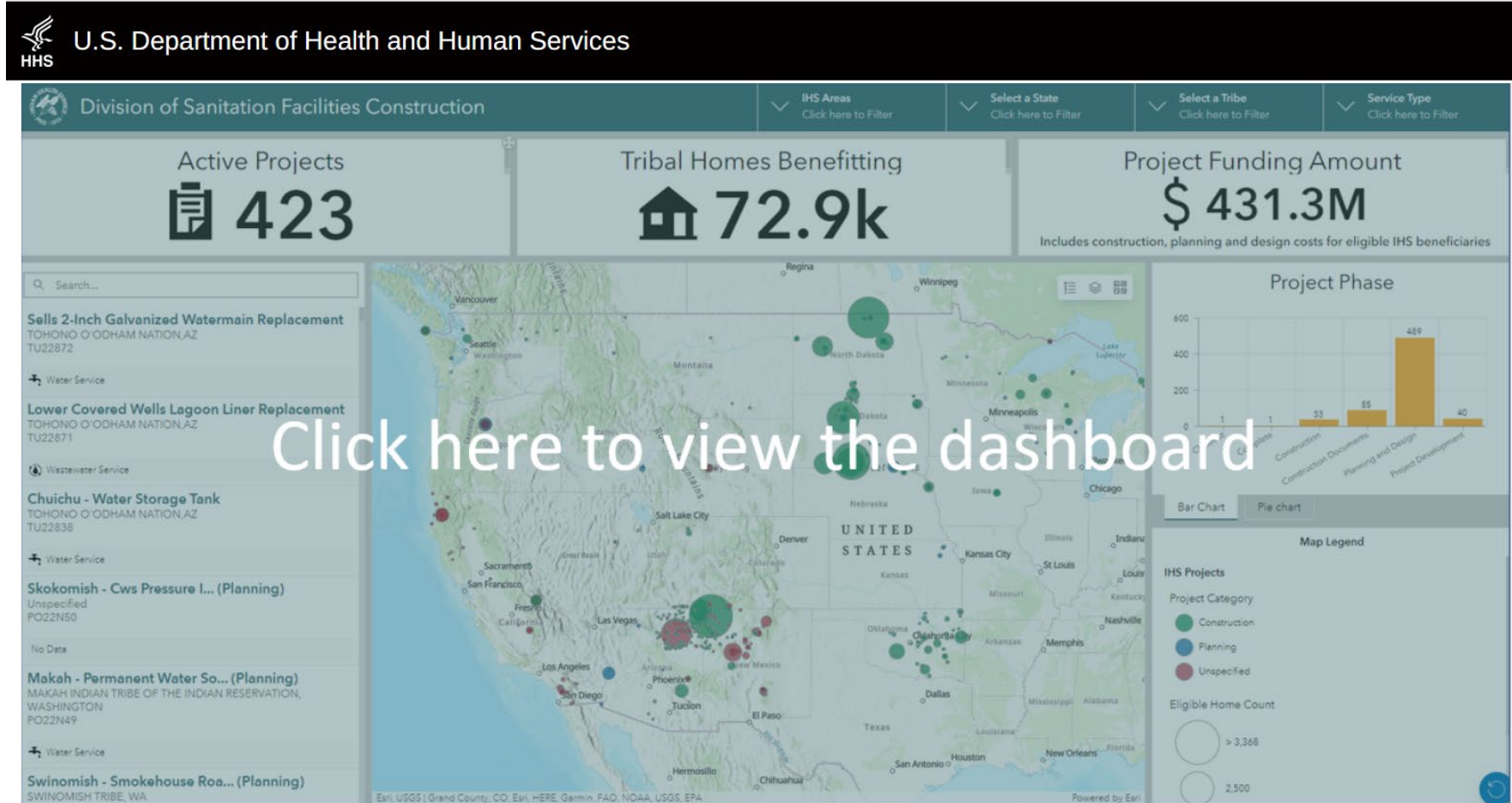
1. Total FY 2023 IIJA + Enacted funding available for SDS Tier 1 project construction, design & construction documents, Tier 2 project planning, and project shortfall on previously funded SFC projects is \$749,074,832.
2. FY 2023 Decision Memo for the allocation of FY 2023 funding is currently being reviewed by IHS leadership.

# FY 2023 IIJA Timeline/Process

## **Timeline/Process**

- Week of April 5: Announce Tribal Consultation/Listening Session
- Week of April 12: Tribal Consultation/Listening Session
- Tribal Consultation comments due April 28
- April 28: Draft decision memo submitted to OFA for comments
- Week of July 10:
  - Draft decision memo submitted to ESS for review/clearance
  - Director/senior staff briefing on final spend plan options and decision memo, IHS Director's signature on decision memo
  - Draft DTLL provided to small group for review
  - Clear DTLL within IHS including ESS
  - Receive comments back from OFA on draft spend plan
- July 17-28: ASFR/HHS and OMB review spend plan and DTLLs
- Week of July 31: Congressional notification of spend plan
- Week of July 31: DTLL/rollout posted publicly
- Week of July 31: Distribute FY 2023 Project Funding to Areas

# DSFC IIJA Project Dashboard



<https://dsfc-ihs-gis.hub.arcgis.com/>

# Questions/Comments

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# Questions & Answers

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Next Tribal and UIO Leader Call:

Aug. 3, 2023

