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Indian Health Service
Rockville, MD 20852

Charles W. Grim, D.D.S., M.H.S.A.
Chairperson
Facilities Appropriation Advisory Board
C/O Cherokee Nation Health Services
P.O. Box 948
Tahlequah, OK 74465-0948

Dear Chairperson Grim:

This letter is in response to your jointly signed, April 2-dated letter, which provides the FAAB's recommendation endorsing the revised Healthcare Facilities Construction Priority System (HFCPS) developed by a previous FAAB. The previous FAAB also made the same recommendation to my predecessor to endorse the HFCPS. The FAAB that participated in initial efforts to modify the priority system championed the revised system's flexibility, responsiveness, and ability to accommodate a wide variety of needs and capabilities.

Congressional language in H. Rept. 106-406, *Making Appropriations for the Department of The Interior and Related Agencies for the Fiscal Year Ending September 30, 2000, and for Other Purposes* states the following:

> "The managers expect the Service to work closely with the tribes and the Administration to make needed revisions to the facilities construction priority system. Given the extreme need for new and replacement hospitals and clinics, there should be a base funding amount, which serves as a minimum annual amount in the budget request. Issues which need to be examined in revising the current system include, but are not limited to, projects funded primarily by the tribes, anomalies such as extremely remote locations like Havasupai, recognition of projects that involve no or minimal increases in operational costs such as the Portland area pilot project, and alternative financing and modular construction options. It is the managers' intent that in asking the Service to re-examine the current system for construction of health facilities, a more flexible and responsive program can be developed that will more readily accommodate the wide variances in tribal needs and capabilities."

In terms of our progress in revising the HFCPS, I believe that Tribes, the IHS, and the FAAB, have addressed the stated Congressional expectations. Therefore, when the agency has a need to establish a new priority project list, we will utilize the revised HFCPS as the Agency project priority system for capital investment management purposes. It is understood that the priority order of the remaining projects on the "grandfathered" or pre-revision priority list will retain their existing ranking order. It is also understood that adapting the revised HFCPS for "New Authority" type projects may mean continued refinements and other adjustments will be needed to ensure the methodology continues to accommodate prioritization of all proposed health care facilities projects.

A similar letter is being sent to Vice-Chairperson Bean.

Sincerely,

/Robert G. McSwain/
Deputy Director

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I) Introduction

A) Overview

The Healthcare Facilities Construction Priority System (HFCPS) is the methodology that the Indian Health Service (IHS) uses to identify and prioritize the need for IHS and Tribal healthcare facilities. In response to a request from Congress, the methodology was revised. It is applied only to those facilities that are part of an IHS Area Health Services and Facilities Master Plan. The methodology determines need based on the size of the American Indian and Alaska Native population requiring access to services, hence the most significant factor in scoring and prioritizing need is a comparison of the size of the existing facility with the size of a facility required for the population. Other factors used to rank and prioritize need include:

- The population's health status,
- The isolation of the population
- the social and economic factors that hinder access to services at existing facilities,
- The size of the required facility (this factor increases the priority for smaller facilities), and
- A tribe's willingness to develop innovations for construction and/or operation of a facility.

This document provides an overview of the revised HFCPS methodology. The methodology formula is detailed in, Appendix II "The Healthcare Facilities Construction Priority System Methodology," but would be implemented using an internet database. Following each application of the HFCPS, the formula (including the data, calculations and results for each facility) would be posted on www.dfpc.ihs.gov.

B) Background

In Section 301 of the Indian Health Care Improvement Act (IHCIA), Public Law (P.L) 94-437, the Congress directs IHS to provide a list of the highest priority facilities construction projects. In order to comply with this directive, IHS established a version of the HFCPS in 1991. Other sections of the IHCIA enacted over the years have authorized a variety of other funding programs for healthcare facilities construction, including:

- The Joint Venture Program. Under this program, the IHS is authorized into enter into agreements with Tribes under which the Tribes agree to construct a facility and IHS agrees to provide staffing and operating funds using the same allocation process as is used for facilities constructed under Section 301 of the IHCIA.
- The Small Ambulatory Program. Under this program the IHS is authorized to provide funds to Tribes for construction, expansion, or modernization of outpatient facilities that meet certain requirements:
    - The facility must provide access for a population of at least 500 eligible Indians in a service area with at least 2,000 eligible Indians;
    - The facility may not be part of a hospital campus; and
    - The facility must meet other specified requirements
- Other programs that have been authorized but not funded.

In addition to prioritizing projects for these authorized facilities construction programs, the HFCPS results may be used to allocate funds for other programs for which Congress may appropriate funds. One program specifically identified during the review of the HFCPS would distribute funds, if and

when Congress specifically appropriates them for this purpose, to Area Offices to address high priority projects within the Area.

In fiscal year 2000, the Congress directed IHS, in consultation with the Tribes, to review the HFCPS. Based on this directive, the IHS, with input from various Tribal and IHS workgroups, developed a revision to the HFCPS and presented it for Tribal comment. The discussions and consultation process generated many and diverse comments. While all of these comments could not be incorporated into this document, all were considered.

C) Scope of the Revised HFCPS Methodology

The revised HFCPS methodology does two things:

- It provides a Comprehensive National Listing of Facility Need by identifying the total need for construction of IHS and Tribal healthcare facilities[1], and

- It provides a process for prioritizing that need for the authorized facilities construction programs.

The revised HFCPS is not intended to identify or prioritize the need for staffing and other resources, although the Congress usually provides an increase to the IHS recurring funding base when a facility is constructed.

The revised HFCPS does not prioritize the need for staff quarters; however, this need is evaluated and addressed prior to requesting construction funding for a facility. If staff quarters are needed at a facility and if Congress appropriates funds for them, they are planned, designed, and constructed at the same time as the facility.

The revised HFCPS can only evaluate, identify, and prioritize facilities that are part of an Area Health Services and Facilities Master Plan and that are reporting statistical data to the IHS National Patient Information Reporting System (NPIRS).

II) Definitions

See, Appendix I, "Glossary" for definitions used in this document.

III) HFCPS Process

The revised HFCPS consists of two phases. In Phase I, all health care facilities documented in IHS Area Healthcare Services and Facilities Master Plans, are evaluated and scored by IHS Headquarters using the HFCPS formula. This scored listing is referred to as the Comprehensive National Listing of Facility Need. Facilities on this list are categorized according to Table 10, "Facilities Categories," on page 11 of this document. This list is used to identify facilities for the more comprehensive Phase II planning analysis and prioritization that generates a comprehensive description of a required program and the facility required to support it.

[1] Construction includes replacing, expanding and/or modernizing existing facilities and constructing or otherwise acquiring new facilities.

In Phase II, facilities selected from the Comprehensive National Listing of Facility Need are reviewed by the HFCPS Validation Committee. Data for these facilities, obtained from approved Program Justification Documents (PJD), are applied to the HFCPS Phase II formula by IHS Headquarters to develop the Priority List.

The method for selecting facilities for Phase II review differs based on the different facilities construction funding programs and the requirements of each such program. For example, facilities selected for review for potential placement on the Section 301 program Priority List will be the highest scoring Phase I facilities on the Comprehensive National Listing of Facility Need. However, those selected for the Joint Venture Program will be the highest scoring facilities on Comprehensive National Listing of Facility Need where the Tribe(s) is capable of and willing to construct a facility in return for operation assistance from IHS[2]. (See "Facilities Evaluated in Phase II" on page 11 for details on selection criteria for these and other construction programs.)

Following each application of the HFCPS, the formula used (including the data, calculations and results for each facility reviewed) will be posted on www.dfpc.ihs.gov.

A) Explanation of Phasing

Implementing the HFCPS in two phases permits the IHS and the Tribes to use limited sources to review all healthcare facilities needs in Phase I, while concentrating more detailed analysis on the few facilities selected for Phase II.

Phase I is less resource-intensive than Phase II because:

- The "Required Space" element of the "Facility Deficiency Factor" is estimated using a simple formula (see Table 2, "Phase I Required Space Formula" on page 5) in Phase I, while a full application of the IHS Health System Planning Process (HSP) is used in Phase II.

- The "Innovation" Factor, which requires extensive resources to validate, is used in Phase II only, and

- The "Barriers to Services" element, which requires extensive resources to validate, is used in Phase II only.

In Phase I, the HFCPS methodology is used to rank all facilities based on the adequacy of the space available to provide access to services for the population. The adequacy of the existing space is determined by comparing the space available with the estimated Required Space for the population. The less adequate the space, the higher the Phase I score. Phase I results are reported as the "Comprehensive National List of Facility Need." The scores established in Phase I may not indicate the actual priority of a facility, but are used to identify facilities for a more comprehensive review and prioritization during Phase II.

In Phase II, the HFCPS methodology is applied to determine actual need for the highest scoring facilities selected from Phase I and to establish the priority of those facilities. This is done by comparing the space available with the actual space required for the population. Actual space requirements are determined through a comprehensive facilities planning process that includes development and approval of the PJD. Facilities identified as priority projects in Phase II are

[2] The IHS would request funds for equipment, staffing and operation for the tribally constructed facility.

incorporated into the IHS 5-Year Planned Construction Budget which is used to request appropriations for construction funding.

B) The Revised HFCPS Criteria

The HFCPS Methodology uses four criteria in Phase I and six criteria in Phase II (See Table 1, "HFCPS Evaluation Criteria and Weighting"). The weighting shown in Table 1 is the maximum that each criterion may add to the score. Weightings indicate the relative influence on the final score.[3]

Table 1, HFCPS Evaluation Criteria and Weighting

Evaluation Criteria		Evaluation Criteria Value		Phase I Criteria Weighting		Phase II Criteria Weighting		Score
Facility Resources Deficiency		1	X	400	or	400	=	
Health Status		2	X	200	or	200	=	
Isolation/ Barriers to Service	Isolation	3	X	100	or	100	=	
	Barriers to Service	4 Phase II only	X	0	or	50	=	
Facility Size		5	X	150	or	150	=	
Innovation		6 Phase II only	X	0	or	100	=	
Maximum Possible Score			+	850	or	1000	=	(850 or 1000 Maximum)
Use this table by obtaining a value from the appropriate value from the tables listed below. Place that value on the appropriate row under "Evaluation Criteria Value." Complete the calculations to obtain a score for either Phase I or Phase II.				1. See Table 3, Calculating the Facility Deficiency Criterion Value, 2. See Table 4, Calculating the Health Status Criterion Value 3. See Table 5, Calculating Isolation 4. See Table 6, Phase II Determining Barriers to Service 5. See Table 7, Facility Size Criterion Value Look up Table 6. See Table 9, Innovation Criterion.				

1) The Facility Resources Deficiency Criterion

The Facility Resource Deficiency Factor compares the existing size of a facility with the size required to provide access to healthcare services. Five pieces of data are needed to generate the Facilities Deficiency Factor. These are:

- The existing facility space in square meters (facility size)
- The facility age.
- The facility condition expressed in the cost to repair the facility.
- The cost to replace the existing facility
- The IHS User Population for the facility's service area.

The existing facility size, age and condition are used to calculate the "*Adjusted Existing Space*" for a facility. These data are obtained from the IHS Healthcare Facilities Data System (HFDS) data base. Tribes that do not participate in the IHS HFDS data base must provide this data, with

[3] The "Barriers to Service" and "Innovation" factors are not considered in Phase I because these criteria require significant resources to validate. They are included only in Phase II, when a limited number of facilities are evaluated.

documentation verified by a licensed professional (engineer, architect, etc.) For Tribes not participating in the IHS HFDS, size, age and condition data would be used as submitted in Phase I, but would be validated before used in Phase II. If there is a significant difference between data used during Phase I and the data validated during Phase II, a facility could be disqualified from Phase II. It would be re-ranked in Phase I based on the validated data.

The cost to replace a facility is determined using the existing facility size and two factors in the IHS Cost Estimating System[4]:

- unit cost based on facility type, and
- a locality factor.

The value of each of the factors varies from facility to facility. It may also change from year to year based on economic conditions. The value used for each facility in a specific application of the HFCPS would be shown in the formula posted at www.dfpc.ihs.gov.

User population is used to estimate a facility's "Required Space" and is obtained from the IHS National Patient Information Reporting System (NPIRS). User population for Tribes that are not currently participating in NPIRS will be verified, if possible; otherwise the latest statistically validated data available to IHS will be used. In Phase I, required space is estimated using the formula in Table 2, "Phase I Required Space Formula," on page 5. In Phase II, required space is determined using the IHS HSP.

Table 2, Phase I Required Space Formula

		Base size		Population Increment				Phase I Required Space
Required Space	=	200 m^2	+	(.8 m^2	X	user population	)	=

Table 3, "Calculating the Facility Deficiency Criterion Value," illustrates how the Facility Deficiency criterion will be calculated.

Table 3, Calculating the Facility Deficiency Criterion Value,

	Calculate the Facilities Resource Deficiency								Facility Resource Deficiency Value
Facility Resource Deficiency[5]	=	1	-	(	Adjusted Existing Space / Required Space	)	=		

[4] The IHS Cost Estimating System unit cost is based on facility type and may change from year to year based on economic conditions. The locality factor is obtained from the Federal Budget Estimating System and may also vary from year to year based the economy. Both the unit cost value and the locality factor are determined using the historical record and data from nationally recognized, private sector construction estimating organizations, such as R.S. Means, Marshall and Swift, and the McGraw Hill Engineering News Record.

[5] See, Appendix II, "The Healthcare Facilities Construction Priority System Methodology," on II—17," for details on developing the different elements of this formula.

2) Health Status Criterion

The Health Status Criterion provides an advantage in scoring to those locations with a low health status. The following four indices are incorporated as part of the Health Status Criterion:

- Birth Disparities Indicator (BDI),
- Percent of the population over 55 years old (Pop>55),
- Composite Poverty Indicator (CPI)
- Disease Disparity Indicator (DDI).[6]

Table 4, "Calculating the Health Status Criterion Value," illustrates how the Health Status criterion is calculated.

Table 4, Calculating the Health Status Criterion Value

Health Status Indicators from the FDI				Health Status Value
Birth Disparities Index	X	.25	=	
Percent of Population over 55	X	.25	=	
Composite Poverty Index	X	.25	=	
Disease Disparities Index	X	.25	= +	
Total				Maximum of 1

3) Isolation Criterion

The Isolation Criterion provides an advantage to those facilities where the population is geographically isolated and does not have access to nearby healthcare services of any kind. It refers specifically to the amount of time it takes most people to get to a place where they can receive healthcare services. In the HFCPS, time is estimated using the distance from the Indian health facility or proposed facility to the nearest Level I, II, or III emergency room (Federal, Tribal or private sector)[7]. Facilities not on a road connecting to a Federal or State highway are assumed to be isolated. Table 5, "Calculating Isolation," illustrates how the Isolation Criterion value is calculated:

Table 5, Calculating Isolation

If the facility is:					Isolation Value
Less than 40 Km from an ER	Isolation	=	0	=	0
40-90 Km an ER	Isolation	=	Km to Alternatives ÷ 90 Kilometers	=	
More than 90 Km an ER	Isolation	=	1	=	1
Not on a road connecting to Federal or state highway	Isolation	=	1	=	1

[6] These four indices are those indicators related to health status used in the IHS Level of Need Funded calculations to allocate funds appropriated to the Indian Health Care Improvement Fund. These indices provide a comparison of the American Indian/Alaska Native population with the U.S. general population.

[7] The nearness of an emergency room does not mean that this emergency room would be the primary access to services for IHS and Tribal patients. The availability of an emergency room is used as a measure of isolation because it is assumed that any place supporting an emergency room would have healthcare services available.

4) Barriers to Service Criterion

The ability to access health care may be difficult for reasons besides the geographic distance to available services. Some IHS patients may find other hindrances to obtaining services in hospitals and clinics available to them. The Barriers-to-Care Criterion attempts to capture these situations by increasing the Priority Score by up to 50 points in Phase II. Information required to support Barriers-to-Service is documentation showing that IHS clients have been consistently turned away or not provided services at the available facilities. The documentation must show that there is a pattern of IHS clients not receiving services at the same level and with the same consistency as other patients at the available facilities.

Since determining whether or not barriers exist could be subjective, documentation will be verified and all claims validated by the Validation Committee before this criterion is applied to the formula in Phase II. Table 6, "Determining Barriers to Service," illustrates how the value for the Barriers to Service is determined:

Table 6, Phase II Determining Barriers to Service

If the Validation Committee:			Barriers To Service Value
Does not Verify Barriers to Service	Barriers to Service	=	0
Does Verify Barriers to Service	Barriers to Service	=	1

5) Facility Size Criterion

The Facility Size Criterion increases the total Priority Score for smaller facilities[8]. Facilities serving smaller populations receive up to 150 points, while facilities serving larger populations receive proportionally fewer points. The Facility Size Criterion is based on the IHS User Population for the facility Service Area. This information is obtained from the IHS National Patient Information Reporting System (NPIRS). Table 7, "Facility Size Criterion Value Look up Table," provides an approximate Facility Size Criterion Value for all facilities up to 25 200 m^2. The actual value can be calculated using the formula in Table 8, "Facility Size Criterion." This table can also be used to calculate The Facility Size Criterion Value for the three or four IHS and Tribal facilities larger than 25 200m2.

Table 7, Facility Size Criterion Value Look up Table

Facility Required Space In Square Meters (m^2)			Facility Size Value	Facility Required Space In Square Meters (m^2)			Facility Size Value	Facility Required Space In Square Meters (m^2)			Facility Size Value
Up to 1 200			1								
1 201	to	1 600	0.976	9 601	to	10 000	0.541	18 001	to	18 400	0.345
1 601	to	2 000	0.952	10 001	to	10 400	0.524	18 401	to	18 800	0.340
2 001	to	2 400	0.928	10 401	to	10 800	0.507	18 801	to	19 200	0.335
2 401	to	2 800	0.904	10 801	to	11 200	0.489	19 201	to	19 600	0.329
2 801	to	3 200	0.880	11 201	to	11 600	0.472	19 601	to	20 000	0.324
3 201	to	3 600	0.856	11 601	to	12 000	0.455	20 001	to	20 400	0.318
3 601	to	4 000	0.832	12 001	to	12 400	0.438	20 401	to	20 800	0.313
4 001	to	4 400	0.808	12 401	to	12 800	0.421	20 801	to	21 200	0.308
4 401	to	4 800	0.784	12 801	to	13 200	0.416	21 201	to	21 600	0.302

[8] The facility size is the required space. In Phase I required space is based on population for outpatient facilities and on workload (ADPL) for inpatient facilities. In phase II required space is determined using the HSP.

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Facility Required Space In Square Meters (m^2)			Facility Size Value	Facility Required Space In Square Meters (m^2)			Facility Size Value	Facility Required Space In Square Meters (m^2)			Facility Size Value
4 801	to	5 200	0.760	13 201	to	13 600	0.410	21 601	to	22 000	0.297
5 201	to	5 600	0.736	13 601	to	14 000	0.405	22 001	to	22 400	0.291
5 601	to	6 000	0.712	14 001	to	14 400	0.399	22 401	to	22 800	0.286
6 001	to	6 400	0.695	14 401	to	14 800	0.394	22 801	to	23 200	0.281
6 401	to	6 800	0.678	14 801	to	15 200	0.389	23 201	to	23 600	0.275
6 801	to	7 200	0.661	15 201	to	15 600	0.383	23 601	to	24 000	0.270
6 801 or more			Calculated using the same formula used for Table 8, Facility Size Criterion								

Table 8, Facility Size Criterion

If Required Space is	Use	Facility Size Value
0 to 1 200m^2	1	1
1 201m^2 – 6 000m^2	(1 – [(Required Space – 1 200 m2) X 0.000006])	
6 000 m^2 than 12 800m^2	(.712 - [(Required Space – 6000 m2) X 0.0000428])	
More than 12 800 m^2	(.416 - [(Required Space – 6000 m2) X 0.0000135)	

6) Innovation Criterion

The Innovation Criterion increases the Priority score during Phase II for Tribes and Service Units that identify and document innovative ways of providing of healthcare or acquiring healthcare facilities. For an innovation to be validated the Tribe or Service Unit must show that the innovation(s) significantly:

- Increases health promotion/disease prevention,

- Increases efficiency and/or effectiveness of healthcare services delivery, or

- Reduces federal cost in acquiring, operating and/or maintaining healthcare facilities.

Each innovation identified is worth up to 1/5 (or 20 percent) of the Innovation Criterion value. Documentation supporting each innovation must show that it increases efficiency, effectiveness, community involvement, etc. General examples of innovation that might be used are listed below:

- Planning/Coordination with another Tribe or Primary Service Area (PSA) for sharing major Health Delivery programs with written use agreements.

- Developing a written shared use agreement with private or other non-IHS health delivery organizations involving major diagnostic or treatment departments, e.g. one health program providing diagnostic imaging while the other would establish and maintain a burn unit.

- Developing other health delivery innovations that involve major medical departments or programs and partnering with State or Local Health Programs.

- Providing a portion of the cost of construction or operation (at least 15% of the total acquisition cost, or at least 15% of the annual recurring costs for the life of the facility; i.e., operation, maintenance, and staffing. A proportionally fewer number of points are assigned for lesser contributions. Greater contributions do not generate more points.

- Reducing the new construction costs by 25% (capital investment) by reusing parts of the existing facility. Proportionally fewer points are assigned for lesser construction savings. Greater savings do not affect scoring.

- Developing, administering, and funding a public health initiative or program.

- Other types of innovative approaches.

Innovation should not be limited to a pre-conceived definition. Tribes, Areas, Service Units, Tribal consortia, etc., are encouraged to develop innovative approaches to providing services and/or facilities. These will be reviewed by the Validation Committee during the Phase II process. Table 9, Innovation Criterion, illustrates how the Innovation Criterion Value is calculated.

Table 9, Innovation Criterion

Innovation Elements (up to 5)		Value per Element (max of 0.2 per Element)
Element 1 Verified by Validation Committee	+	
Element 2 Verified by Validation Committee	+	
Element 3 Verified by Validation Committee	+	
Element 4 Verified by Validation Committee	+	
Element 5 Verified by Validation Committee	+	
Total		(Maximum of 1)

IV) Implementation

A) The HFCPS Formula

For each facility considered, the HFCPS Formula incorporates the weighting for each factor and sums the factors to obtain the score (see Table 1, "HFCPS Evaluation Criteria and Weighting"). In Phase I only Facility Resource Deficiency, Health Status, Isolation, and Facility Size are summed. In Phase II, these factors as well as Barriers to Service and Innovation are summed. Table 1, "HFCPS Evaluation Criteria and Weighting," on page 4 shows the weightings and how the factors are summed in both Phase I and Phase II.

B) Phase I

1. Time Line

The IHS will run Phase I of the HFCPS every five years to maintain a relatively up-to-date Comprehensive National Listing of Facility Need. During those five years, modifications to Area Master Plans may generate minor changes in the Phase I scores.

Implementation of Phase I should take approximately 6 months, after all Area Health Services and Facilities Master Plans are updated. The IHS will notify all Tribes and Areas to finalize any updates to Master plans at least 24 months prior to implementation of Phase I.

2. Facilities Evaluated in Phase I

During Phase I of the HFCPS, every facility identified on Area Health Services and Facilities Master Plans, including urban program facilities, are reviewed and ranked according to the Phase I evaluation criteria. Urban facilities are ranked on a separate list and are not forwarded to Phase II of any facilities construction program. The listing of Urban Program facilities need is provided to the IHS Urban Program for use in the budget process.

3. Data Used

The data required for completion of Phase I are:

- User population from the IHS National Patient Information Reporting System;
- Existing facility size, age, and condition from the IHS Facility Data System;
- The following indicators from the FDI:
- The Birth Disparities Indicator,
- The FDI Percent of the population over 55 years old,
- The Composite Poverty Indicator, and
- The Disease Disparity Indicator; and
- The distance from the proposed facility to the nearest emergency room.

4. Validation

Phase I data would not be validated by a headquarters review; however, the data used would be obtained from existing IHS databases or would be verified by qualified professionals under contract to or hired by the tribe, e.g., certified professional engineers, architects, etc. Data used during Phase I would be included in a database available for public viewing and assessment.

5. Application of Data

For Phase I, the IHS Headquarters Staff uses an internet based database to apply the data to the HFCPS formula shown on page 4 in Table 1, "HFCPS Evaluation Criteria and Weighting," using weighting factors in the column headed "Phase I Criteria Weighting." The "Innovation" and "Access-to-Care" criterion are not evaluated during Phase I.

The way data are applied for each facility would be viewable on the public internet data base.

6. Scoring

Every facility reviewed during Phase I is ranked on the Comprehensive National Listing of Facility Need according to the Phase I scoring. They are then categorized according to type of facility as identified in the Area Master Plans (see Table 10, Facilities Categories). This categorization may be different than the type of facility that is finally planned and constructed, but will serve to assist in making decisions about which facilities are placed in Phase II for specific programs.

Table 10, Facilities Categories

Following Phase I scoring, all facilities are placed in an initial category by type of facility. Each facility category is then [describe how] further evaluated during the selection process for Phase II.	Category	Category Abbreviation	Description
	Comprehensive Health Care Center	Category A	An ambulatory care facility operating a minimum of 40 hours per week, staffed with a basic health team offering services for acute and chronic ambulatory problems and which may act as a referral center to other levels (higher acuity and specialty) of care. A Comprehensive Health Care Center could include an alternative rural hospital for purposes of the IHS construction priority system.
	Comprehensive Inpatient Facility	Category B	A facility providing inpatient services, ambulatory care, and a range of inpatient and ambulatory specialty care. The facility must meet IHS average daily patient load (ADPL))≥ 15 policy and usually provides general surgery and full service OB/GYN. Patients for these facilities are routinely referred from Health Centers.
	Small Health Care Clinic	Category C	An ambulatory care facility designed to serve populations less than 1320.
	Other	Other	Facilities other than those described above, e.g. Youth Regional Treatment Centers, Dental Units, etc.

7. Uses of Scoring

The Phase I scoring would be used by all funded healthcare facilities construction programs to identify facilities for review in Phase II. These programs include the line-item program authorized under Section 301 of the IHCIA, Public Law (P.L) 93-437, the Small Ambulatory Program, authorized under Section 316, the Joint Venture Program authorized under Section 818, etc. These will also be used within each Area to identify the projects for the "Area Distribution Program" described on page 13.

C) Phase II

1. Time Line

The IHS anticipates running Phase II of the HFCPS every year to assure a dynamic list of high priority projects for each facilities construction program. However, given the fluctuation in funding for programs, there may not be a need to add projects to the list every year. In a year when appropriated funding is less than anticipated for a program, the IHS may not implement Phase II so that a large backlog of unfunded projects do not "clog" the process.

Application of Phase II, which includes development and finalization of a PJD for each project, should take approximately 1 year.

2. Facilities Evaluated in Phase II

Each of the congressionally authorized facilities construction programs has different requirements. To ensure that the requirements of each are addressed, Phase II would be implemented and applied slightly differently for each. Although the basic formula will remain the same, other factors, identified in law and regulations, would be used to select projects for Phase II review.

The number and type of facilities evaluated in Phase II will depend on the program for which Phase II is being applied. For the budget line-item program authorized in Section 301 of the IHCIA, the facilities selected will depend primarily on the scoring in the Phase I "Comprehensive National Listing of Facility Need." However, because some types of facilities are funded more

quickly than others, selection may be limited to certain categories of facilities (see Table 10 "Facilities Categories"). The actual number of facilities selected for Phase II depends on the number of facilities already on the Priority List, on the cost to complete these projects, and on what is expected to be appropriated over the subsequent years.

Below is a summary of some of the Phase II selection criteria for other authorized programs:

- Before a facility may be considered in Phase II for the Small Ambulatory Program funding, it must meet specific ownership, size, and population criteria and must not be connected to a hospital. It should be noted that in the past, when funds are appropriated, the Congress has specified the amount that can be expended on each project;

- Before a facility may be considered in Phase II for the Joint Venture Program, a Tribe must show a capability and willingness to enter into an agreement with the IHS. Under the Joint Venture agreement the Tribe will acquire the facility and lease it, at no cost for 20 years, to the IHS; in return, the IHS will equip the facility and provide resources for its staffing and operation using the same allocation process as is used for facilities constructed under Section 301 of the IHCIA.

- Other authorized programs have never been funded by the Congress, but these, too, have requirements that may restrict selection for Phase II.

3. Data Used

During Phase II, data from the approved PJD would be used. This data should be solidly based on the Phase I data but may be applied differently to reflect more accurately the situation and the expected service population. For example, to estimate the required space in Phase II, the IHS will use the more comprehensive Health System Planning Process (HSP) instead of the simpler formula used in Phase I. The HSP provides a more detailed and accurate analysis of a population than the space formula used in Phase I.

In addition, Phase II would incorporate two additional factors that are not part of Phase I:

- Innovation

- Barriers to Service

Tribes or service units with facilities evaluated in Phase II that wish to increase the score based on these two factors, would be asked to submit supporting documentation.

The Joint Venture, Small Ambulatory, and some other programs may require Tribes and service units to provide other, additional information during Phase II. These requirements are usually specified in authorizing and/or appropriations Law. In addition, IHS and HHS policies and regulations may require additional information that needs to be considered during Phase II.

4. Validation:

Each PJD must be approved by the Director, Office of Environmental Health and Engineering, IHS, to ensure consistency with Master Plans and IHS planning guidelines. The HFCPS Validation Committee (see the Glossary page I—16) will review the documentation supporting Innovation and Barriers to Service proposals. The Validation Committee will also review any

Tribal facilities information that is not included in the FDS (i.e., existing space, facility condition, and facility age).

Facilities that do not have approved PJDs when the Validation Committee meets to review projects for Phase II would be removed from Phase II consideration at that time. They would remain on the Comprehensive National Listing of Facility Need, and may be selected for subsequent Phase II review. These facilities could be bypassed for subsequent review, if there has not been sufficient progress on developing an approvable PJD. If this occurs, the next facility that has not been reviewed or that has made adequate progress in developing a PJD, would be selected for Phase II review.

Facilities with Phase II scores lower than their Phase I score following validation of the data may be removed from Phase II consideration. These facilities would be re-ranked on the "Comprehensive National Listing of Facility Need" using the validated data. They may be considered for subsequent Phase II applications, based on their Phase II scores.

5. Application of Data

The IHS Headquarters Staff applies approved and validated data to the HFCPS formula shown on page 4 in Table 1, "HFCPS Evaluation Criteria and Weighting."

6. Ranking in Phase II

During Phase II, facilities under consideration are prioritized according to their scores and placed on the Priority List in rank order immediately following any facility already on the list.

D) Area Distribution Program

The Area Distribution Program provides a methodology for allocating funds to Area Offices to address the highest priority projects within the Area. It is initiated only if and when the Congress appropriates construction funds specifically for this purpose. These funds must be distributed to the highest priority Area Office facilities where the Area and Tribes agree that only limited new staffing is required. The reason for this is that, upon completion of Area Distribution Program projects, the IHS requests funding for 50%[9] of the Resource Requirements Methodology (RRM) staffing for the facility at its opening. The Area Distribution Program funds would be allocated as follows:

In a given year, the Area Offices where the congressionally appropriated line-item amount in the Facilities Appropriation exceeds 20% of the total appropriations for facilities construction may not participate in the Area Distribution Program. For those Areas that receive 20% or less of the annual line-item facilities appropriation, the Area Distribution Program funds are initially calculated as follows:

[9] In their recommendation to finalize the HFCPS, the IHS Facilities Appropriation Advisory Board (FAAB) recommended that staffing for Area Distribution Program, if and when it is implemented, should not exceed 50% of RRM at opening of the facility.

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Table 11, Area Distribution Formula

Area Allocation	=	Total Area Distribution Funds appropriated	X	Area User population X Avg. Area locality factor Sum all the participating Area's (Area User population X Avg. Area locality factor)

Actual allocation to the Areas would be based on the capability for completing the highest priority projects with the funding available. Area Distribution allocations are distributed, so that at least one Area can complete its highest priority project with the funds appropriated. If sufficient funds are appropriated to fund projects in two Areas, these Areas would receive their allocation. After an Area receives an Area Distribution allocation, it would not be eligible for another Area Distribution Allocation until the highest priority in all Areas had been addressed. This means that there may be some adjustment of allocations among Areas from year-to-year in order to ensure that projects are fully funded.

After a project is funded under the Area Distribution Program, it is re-scored and re-ranked in the Phase I HFCPS based on planned size and condition of the facility after completion of the project.

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Appendix I. Glossary

Area Distribution Program – A program under which the Congress would appropriate funds to be allocated to IHS Area Offices using a pro-rata formula.

Comprehensive National Listing of Facility Need – A listing of all IHS and Tribal health care facilities in which each facility is scored according to need. Each facility's score is developed during Phase I and is based on estimated space requirements and Master Planning data.

FDI – Federal Health Benefits Plan Disparities Index – An index used to allocate Indian Health Care Improvement funds that includes a health status indicator. The index is based on the relative difference between the federal employee's benefits package and the resources available for treatment of American Indians and Alaska Natives.

FEDS – Facilities Engineering Deficiency System – One segment of the Healthcare Facilities Data System (See HFDS) that defines facilities deficiency categories requiring repair or renovation and provides cost estimates.

HFCPS (Healthcare Facilities Construction Priority System) – The IHS process for evaluating and scoring the need for healthcare facilities to provide access to health services for American Indians and Alaska Natives.

HFDS (Healthcare Facilities Data System) – A database that contains real property and repair backlog information on all IHS and some Tribal facilities.

HSP (Health Systems Planning Process) – A software package designed to provide the documents necessary for the government or its representative to plan and acquire approval for a medical program and collate and communicate the necessary information to an Architect/ Engineer for the design of a facility.

IHS Area - One of the 12 regional administration units within the United States organized by the Indian Health Service to administer the various healthcare programs in partnership with the Tribes.

NPIRS (National Patient Information Reporting System) – The medical information system used by IHS to collect, store and disseminate all related medical data.

PJD (Program Justification Document) – A detailed planning document that describes the program and the general facility plan. It is developed by IHS and Tribal using the HSP as a tool.

Priority List – A list authorized in Section 301 of the Indian Health Care Improvement Act, that IHS uses to request funding from Congress

PSA (Primary Service Area) – A geographical area where residents of Indian communities receive medical care at a healthcare facility staffed by primary care providers. Outpatient facilities are located within reasonable travel distance from the communities.

Required Space – The space necessary to provide access to healthcare services for a given population.

Validation Committee (Healthcare Facilities Validation Committee) – The Healthcare Facilities Validation Committee or Validation Committee is a standing committee consisting of seven individuals appointed by the Director of IHS. Membership may include but not be limited to IHS Headquarters and Area Offices, Tribal, and other health oriented professionals. Members would be asked to serve on the Validation Committee for at least 5 years initially, with no other limit on terms of service.

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Appendix II. The Healthcare Facilities Construction Priority System Methodology

Table of Figures

Overview

This document describes the formula used in the HFCPS methodology. It provides a step by step review of the formula and includes look-up tables as shortcuts some of the calculations. The lookup tables will not always provide the most accurate score. They are developed using calculations from the HFCPS formula, but are not intended to reflect every situation exactly. There are likely to be slight differences between scores generated using the lookup tables and those that use the calculations on which the tables are based. The HFCPS formula would be implemented using an internet database, which would use the formula. Following each application of the HFCPS, the formula (including the data, calculations and results for each facility) would be posted on www.dfpc.ihs.gov.

HFCPS Methodology Formula

Each facility identified in a Services and Facilities Master Plan is evaluated in Phase I using Figure 1, "Calculating the Phase I Score."

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Figure 1, Calculating the Phase I Score

Enter the Facility Deficiency, Health Status, Isolation, and Facility Size criterion values on the appropriate line under the column headed "Evaluation Criteria Value. " Complete the calculation for lines A, B, C, and D. as indicated. Enter each result on the appropriate line in the column headed Score. Add the scores for lines A, B, C, D and enter the result in line E under Score.	Line	Evaluation Criteria	Evaluation Criteria Value		Criteria Weighting		Score
	A	Facility Deficiency		x	400	=	
	B	Health Status		x	200	=	
	C	Isolation		x	100	=	
	D	Facility Size		x	150	=	
	E	Phase I Total Score The Total Score is the sum of the scores on lines A, B, C, and D.					(850Maximum)

The Evaluation Criteria values used on this table can be determined as follows:
For Line A see Figure 4, "Calculating the Facility Deficiency Criterion Value" Calculating this value is fairly complex and will also require the use of Figure 5, "Estimating Required Space for Phase;" Figure 6, "Calculating Adjusted Existing Space;" Figure 7, "Look-Up: Age Factor;" Figure 8, "Calculate Weighted Age for Multi Building Facilities;" and Figure 9, "Calculate Condition Adjustment Factor for Existing Facilities."
For Line B see Figure 10, "Calculating the Health Status Criterion Value."
For Line C see Figure 11, "Calculating the Isolation Criterion Value."
For Line D see Figure 13, "Facility Size Criterion Value Look up Table."

After scoring each facility in Phase I, they are placed in categories shown in Figure 2, "Facilities Categories."

Figure 2, Facilities Categories

Following Phase I scoring, all facilities are placed in an initial category. This initial placement is used as a part of the selection process for Phase II.	Category	Category Abbreviation	Description
	Comprehensive Health Care Center	Category A	An ambulatory care facility operating a minimum of 40 hours per week, staffed with a basic health team offering services for acute and chronic ambulatory problems and which may act as a referral center to other levels (higher acuity and specialty) of care. A Comprehensive Health Care Center could include an alternative rural hospital for purposes of the IHS construction priority system.
	Comprehensive Inpatient Facility	Category B	A facility providing inpatient services, ambulatory care, and a range of inpatient and ambulatory specialty care. The facility must meet IHS ADPL ≥ 15 policy and usually provides general surgery and full service OB/GYN. Patients for these facilities are routinely referred from Health Centers.
	Small Health Care Clinic	Category C	An ambulatory care facility designed to serve populations generating 4400 primary care provider visits or less.
	Other	Other	Facilities other than those described above, e.g. Youth Regional Treatment Centers, Dental Units, etc.

The highest scoring facilities identified in Phase I are selected for review for Phase II. Figure 3, "Calculating the Phase II Score," is used during Phase II to prioritize these facilities.

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Figure 3, Calculating the Phase II Score

Enter the Facility Deficiency, Health Status, Isolation, Barriers to Service Facility Size and Innovation criterion values in column headed "Evaluation Criteria Value" for lines A, B, C, D, E, and F respectively.

Complete the calculation for lines A, B, C, D, E, and F as indicated. Enter each result on the appropriate line in the column headed Score.

Add the scores for lines A, B, C, D, E, and F and enter the result in line G under Score.

Line	Evaluation Criteria	Evaluation Criteria Value		Criteria Weighting		Score
A	Facility Deficiency		x	400	=	
B	Health Status		x	200	=	
C	Isolation		x	100	=	
D	Barriers to Service		x	50	=	
E	Facility Size		x	150	=	
F	Innovation		x	100	=	
G	Phase II Total Score					(1000 Maximum)

The Evaluation Criteria values used on this table can be determined as follows:
For Line A see Figure 4, "Calculating the Facility Deficiency Criterion Value" Calculating this value is fairly complex and will also require the use of Figure 6, "Calculating Adjusted Existing Space;" Figure 7, "Look-Up: Age Factor;" Figure 8, "Calculate Weighted Age for Multi Building Facilities;" and Figure 9, "Calculate Condition Adjustment Factor for Existing Facilities." In addition, the required space in the approved Program Justification Document will be needed.
For Line B see Figure 10, "Calculating the Health Status Criterion Value."
For Line C see Figure 11, "Calculating the Isolation Criterion Value."
For Line D see Figure 12, "Calculating the Barriers to Service Criterion Value."
For Line E see Figure 13, "Facility Size Criterion Value Look up Table."
For line F see Figure 15, "Innovation Criterion Value"

Facility Deficiency Criterion Calculations

Figure 4, Calculating the Facility Deficiency Criterion Value

During Phase I, Required Space is estimated using Figure 5, "Estimating Required Space for Phase I." During Phase II Required Space is estimated using the Health System Planning Process (HSP) with no deviations. During both phases, Figure 6, "Calculating Adjusted Existing Space" is used to obtain values for Adjusted Existing Space.

Facility Deficiency	Facilities Deficiency Formula
	$= 1 - \left(\frac{\text{Adjusted Existing Space}}{\text{Required Space}} \right)$

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Figure 5, Estimating Required Space for Phase I

Outpatient: During Phase I the estimated size for any outpatient facility will be at least 200m^2, with and additional .8m^2 per user population. The IHS user population for a facility is the IHS User Population obtained from the IHS National Patient Information Reporting System. Enter the IHS user population for the facility on line B. Multiply Line A (0.8 m2) times Line B and enter the result on line C. Add line D (200 m2) to line C and enter the result on line E.	Line			
	A		IHS Average Space per User Population	0.8 m^2
	B	x	User Population	
	C		User Population Space	
	D	+	Base Facility Size	200 m^2
	E		Estimated Required Space for an outpatient facility	
Inpatient: During Phase I the estimated size for any inpatient facility will be at least 5 500m^2, with and additional 3.5m^2 per annual inpatient bed days (ID). The estimated space for the outpatient component of an inpatient facility has been included as part of the calculations F-J. The IHS ABD for a facility is the ID obtained from the IHS National Patient Information Reporting System. Enter the IHS ID for the facility on line G. Multiply Line F (3.5 m2) times Line G and enter the result on line H. Add line I (5 500 m2) to line G and enter the result on line J.	Line			
	F		IHS Average Space per ID	3.5 m^2
	G	x	ID	
	H		IDL Space	
	I	+	Base Facility Size	5 500 m^2
	J		Estimated Required Space for an inpatient facility	

Figure 6, Calculating Adjusted Existing Space

If there is no existing facility, enter 0as the Adjusted Existing Space on Line E. If there is an existing facility: • Refer to Figure 7, "Look-Up: Age Factor" and Figure 8, "Calculate Weighted Age for Multi Building Facilities," to obtain the Age Adjustment Factor for Line A, • Refer to Figure 9, "Calculate Condition Adjustment Factor for Existing Facilities" to obtain the Condition Adjustment Factor for line B. • Add lines A and B. If the result is 1 or less, enter the result in line C. If the result is greater than 1, enter 1 on line C. • Enter 1 on line D. • Subtract Line D from Line C and enter the result on line E • Enter the Existing Space on Line F. Existing space is obtained from the IHS FDS data base or, for Tribal facilities, is the documented gross size in square meters. • Multiply line E times Line F and enter the result on line G.	Line			
	A		Age Adjustment Factor	
	B	+	Condition Adjustment Factor	
	C	=	Space Adjustment Factor	
	D	-	1	
	E	=	Space adjustment	
	F	*	Existing Space	
	G	=	Adjusted Existing Space	

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Figure 7, Look-Up: Age Factor

If the facility consists of only one building use the age of that building to obtain the Age Factor using the lookup table to the right. If the facility consists of multiple buildings, obtain the Weighted Facility Age from Figure 8, "Calculate Weighted Age for Multi Building Facilities," and use that value in the look up table to determine the Age Factor.	Weighted Facility Age	Age Factor
	0-10 years	0
	11-50 years	0.0125
	51 or more years	.5

Figure 8, Calculate Weighted Age for Multi Building Facilities

The weighted age of a facility consisting of only one building is the age of that building. The weighted age of a facility with multiple buildings is calculated using this table as follows: Calculate the weighted age of each building by dividing its size by the total size of the facility then multiplying that value times the building age. Use a separate sheet for additional buildings. Sum the Weighted Building Age of all the buildings to obtain the Weighted Facility Age. Information for this table may be obtained from the FEDS data base or, for facilities not participating in FEDS, from documentation.	Building Size		Facility Size		Building Age		Weighted Building Age
		÷		x		=	
		÷		x		=	
		÷		x		=	
		÷		x		=	
		÷		x		=	
		÷		x		=	
		÷		x		=	
	Weighted Facility Age = Sum of Weighted Building Age						

Figure 9, Calculate Condition Adjustment Factor for Existing Facilities

To determine the Facility Condition Adjustment Factor:

- Enter the cost to correct each FEDS deficiency listed in columns A through K. For facilities not participating in the FEDS, use the documented cost to repair any deficiencies that meet the definitions of the FEDS Categories listed.
- Add lines A through K and enter the result in line L.
- Enter the Existing Facility size (unadjusted) on Line M.
- Divide line L by line M and enter the result on line N.
- Enter the Cost to replace on Line O. Obtain from the IHS Budget Cost Estimating System.
- Divide Line N by Line O and enter the result on line P.

If the Condition Adjustment Factor (line P) is greater than .75, then change it to 1, otherwise use the value calculated.

Line	Table A, Applicable FEDS Codes and Categories			
	FEDS Code	FEDS Category		Cost
A	2	Life Safety Compliance		
B	3	General Safety		
C	4	Environmental Compliance		
D	7	Handicapped Compliance		
E	8	Energy Conservation		
F	10	Architectural Maintenance and Repair		
G	11	Structural Maintenance and Repair		
H	12	Mechanical Maintenance and Repair		
I	13	Electrical Maintenance and Repair		
J	14	Utilities Maintenance and Repair		
K	17	Roof Maintenance and Repair		
L	**Total FEDS Deficiency**			
M	**Existing Facility Size**		÷	
N	**Cost per m^2 to Repair**			
O	**Cost per m^2 to Replace**		÷	
P	**Condition Adjustment Factor**			

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Health Status Criterion Calculations

Figure 10, Calculating the Health Status Criterion Value

The Health Status Criterion is the ¼ the sum of the following four indices from the Federal Employees Health Benefits Disparities Index (FDI) :
Birth Disparities,
Percent of Population 55 or older,Composite Poverty Index,
and Disease Disparities Index.
Calculate the Health Status Criterion by Entering the FDI value for each indicator in lines A,B, C, and D.

- Complete the calculations on lines A, B, C, and D.
- Sum health status Column, rows A, B, C, and D.Enter the result in line E

Line	Health Status Indicators from the FDI	Index Value				Health Status Value
A	Birth Disparities Index		x	.25	=	
B	Percent of Population over 55		x	.25	=	
C	Composite Poverty Index		x	.25	=	
D	Disease Disparities Index		x	.25	=	
E	Health Status Criterion					

Maximum value = 1

Isolation Criterion Calculations

Figure 11, Calculating the Isolation Criterion Value

The isolation of a population is indicated by the average distance most people need to travel for healthcareservices.

If the facility is:					Isolation Value
Less than 40 Km from an ER	Isolation	=	0	=	0
40-89 Km from an ER	Isolation	=	Km to Alternatives ÷ 90 Kilometers	=	
90 or more Km from an ER	Isolation	=	1	=	1
Not on a road connecting to Federal or state highway	Isolation	=	1	=	1

Figure 12, Calculating the Barriers to Service Criterion Value

If the barriers to service are documented and the documentation is validated by the Validation Committee, the value is 1, otherwise it is 0.

If the Validation Committee:				Barriers To Service Value
Does not Verify Barriers to Service	Barriers to Service	=		0
Does Verify Barriers to Service	Barriers to Service	=		1

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Facility Size Criterion Calculations

Figure 13, Facility Size Criterion Value Look up Table

The Facility Size criterion increases the overall score. It is designed so smaller facilities benefit more than large facilities. The look-up table below provides a general estimate the factor used to increase the score.

Facility Required Space In Square Meters (m^2)			Facility Size Value	Facility Required Space In Square Meters (m^2)			Facility Size Value	Facility Required Space In Square Meters (m^2)			Facility Size Value
Up to 1 200			1								
1 201	to	1 600	0.976	9 601	to	10 000	0.541	18 001	to	18 400	0.345
1 601	to	2 000	0.952	10 001	to	10 400	0.524	18 401	to	18 800	0.340
2 001	to	2 400	0.928	10 401	to	10 800	0.507	18 801	to	19 200	0.335
2 401	to	2 800	0.904	10 801	to	11 200	0.489	19 201	to	19 600	0.329
2 801	to	3 200	0.880	11 201	to	11 600	0.472	19 601	to	20 000	0.324
3 201	to	3 600	0.856	11 601	to	12 000	0.455	20 001	to	20 400	0.318
3 601	to	4 000	0.832	12 001	to	12 400	0.438	20 401	to	20 800	0.313
4 001	to	4 400	0.808	12 401	to	12 800	0.421	20 801	to	21 200	0.308
4 401	to	4 800	0.784	12 801	to	13 200	0.416	21 201	to	21 600	0.302
4 801	to	5 200	0.760	13 201	to	13 600	0.410	21 601	to	22 000	0.297
5 201	to	5 600	0.736	13 601	to	14 000	0.405	22 001	to	22 400	0.291
5 601	to	6 000	0.712	14 001	to	14 400	0.399	22 401	to	22 800	0.286
6 001	to	6 400	0.695	14 401	to	14 800	0.394	22 801	to	23 200	0.281
6 401	to	6 800	0.678	14 801	to	15 200	0.389	23 201	to	23 600	0.275
6 801	to	7 200	0.661	15 201	to	15 600	0.383	23 601	to	24 000	0.270
7 201	to	7 600	0.644	15 601	to	16 000	0.378	24 001	to	24 400	0.264
7 601	to	8 000	0.626	16 001	to	16 400	0.372	24 401	to	24 800	0.259
8 001	to	8 400	0.609	16 401	to	16 800	0.367	24 801	to	25 200	0.254
8 401	to	8 800	0.592	16 801	to	17 200	0.362	25 201	to	25 600	0.248
8 801	to	9 200	0.575	17 201	to	17 600	0.356	25 601	to	26 000	0.243
9 201	to	9 600	0.558	17 601	to	18 000	0.351	26 001	to	26 400	0.237
6 801 or more			Calculated using the same formula used for this table. See Table 8, Facility Size Criterion								

Figure 14, Facility Size Criterion Formula

If Required Space is	Use	Facility Size Value
0 to 1 200m^2	1	1
1 201m^2 – 6 000m^2	(1 – [(Required Space – 1 200 m2) X 0.00006])	
6 000 m^2 than 12 800m^2	(.712 - [(Required Space – 6000 m2) X 0.0000428])	
More than 12 800 m^2	(.416 - [(Required Space – 6000 m2) X 0.0000135)	

Innovation Criterion Calculations

Figure 15, Innovation Criterion Value

Evaluation Criteria		Innovation Value
Element 1 Verified by Validation Committee	20% or	.20
Element 2 Verified by Validation Committee	20% or	.20
Element 3 Verified by Validation Committee	20% or	.20
Element 4 Verified by Validation Committee	20% or	.20
Element 5 Verified by Validation Committee	20% or	.20
Total	100 % or	(Maximum of 1)

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Figure 16, Facility Condition Factor Lookup Table

Budget Cost Estimating System Cost per M to replace>	$25-$49	$50-$74	$75-99	$100-$124	$125-$149	$150-$174	$175-$199	$200-$224	$225-$249	$250-$274	$275-$299	$300-$324	$325-$349	$350-$374	$375-$399	$400-$424	$425-$450	$450-$474	$475-$499	$500-$524	$525
FEDS Cost / M																					
$0-$24	1.00	0.50	0.33	0.25	0.20	0.17	0.14	0.13	0.11	0.10	0.09	0.08	0.08	0.07	0.07	0.06	0.06	0.06	0.05	0.05	0.05
$25-$49	1.00	1.00	0.67	0.50	0.40	0.33	0.29	0.25	0.22	0.20	0.18	0.17	0.15	0.14	0.13	0.13	0.12	0.11	0.11	0.10	0.10
$75-$99	1.00	1.00	1.00	0.75	0.60	0.50	0.43	0.38	0.33	0.30	0.27	0.25	0.23	0.21	0.20	0.19	0.18	0.17	0.16	0.15	0.14
$100-$124	1.00	1.00	1.00	1.00	1.00	0.67	0.57	0.50	0.44	0.40	0.36	0.33	0.31	0.29	0.27	0.25	0.24	0.22	0.21	0.20	0.19
$125-$149	1.00	1.00	1.00	1.00	1.00	1.00	0.71	0.63	0.56	0.50	0.45	0.42	0.38	0.36	0.33	0.31	0.29	0.28	0.26	0.25	0.24
$150-$174	1.00	1.00	1.00	1.00	1.00	1.00	1.00	0.75	0.67	0.60	0.55	0.50	0.46	0.43	0.40	0.38	0.35	0.33	0.32	0.30	0.29
$175-$199	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	0.70	0.64	0.58	0.54	0.50	0.47	0.44	0.41	0.39	0.37	0.35	0.33
$200-$224	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	0.73	0.67	0.62	0.57	0.53	0.50	0.47	0.44	0.42	0.40	0.38
$250-$274	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	0.75	0.69	0.64	0.60	0.56	0.53	0.50	0.47	0.45	0.43
$275-$299	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	0.71	0.67	0.63	0.59	0.56	0.53	0.50	0.48
$300-$324	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	0.73	0.69	0.65	0.61	0.58	0.55	0.52
$325-$349	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	0.75	0.71	0.67	0.63	0.60	0.57
$350-$374	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	0.72	0.68	0.65	0.62
$350-$374	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	0.74	0.70	0.67
$375-$399	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	0.75	0.71
$400-$424	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
$425-$450	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
$450-$474	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
$475-$499	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
$500-$524	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
$524-$549	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
$550-$574	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
$575-$599	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
$600-$624	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
$625-$649	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00

The Indian Health Service

Revised Health Care Facilities Construction Priority System

Budget Cost Estimating System Cost per M to replace>	$25-$49	$50-$74	$75-99	$100-$124	$125-$149	$150-$174	$175-$199	$200-$224	$225-$249	$250-$274	$275-$299	$300-$324	$325-$349	$350-$374	$375-$399	$400-$424	$425-$450	$450-$474	$475-$499	$500-$524	$525
$650-$674	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
$675-$699	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
$700-$724	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
725	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00