
TECHNICAL HANDBOOK FOR
ENVIRONMENTAL HEALTH AND ENGINEERING
VOLUME II – HEALTH CARE FACILITIES PLANNING
PART 13 - PLANNING DOCUMENTS AND REPORTS
CHAPTER 13-2 PROGRAM JUSTIFICATION DOCUMENT (PJD)

Chapter 13-2 PROGRAM JUSTIFICATION DOCUMENT (PJD)

This chapter contains the revised prototype Program Justification Document (PJD). This prototype incorporates the new Health Systems Planning (HSP) process, a generic "fill-in-the-blank" model that prompts for minimum essential information. The Indian Health Service (IHS), Tribes, and contractors are expected to use this prototype as a guide, inserting applicable HSP reports, and supplementing it with additional information as required for clarity. A PJD is required for each proposed health care facilities construction project and for all other projects exceeding \$1 million before a construction contract is signed. All PJDs are approved at the IHS Headquarters by the Director, Office of Environmental Health and Engineering, unless authority for approval is otherwise delegated.

If a construction contract is signed and the Notice To Proceed is issued before approval of the PJD, then the project will not be counted as supportable space and will not be eligible for maintenance and improvement funds. The space will not be placed into the IHS Real Property Inventory, IHS Staff will not be permitted to enter the new space, and Medicare and Medicaid funds may not be used to reimburse costs.

This document will be consistent throughout in the use of Imperial or Metric units. The determination of a system used will be a local decision.

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PROGRAM JUSTIFICATION DOCUMENT

INDIAN HEALTH SERVICE

[Name of Health Care Facility]

[Location], [State]

(Project No. [Number assigned by IHS HQ or Area depending on funding source and amount])

[Month] [Year]

(Note: Adjust font size to make page stand out some. This page only and be discrete.)

**[Name of Area] AREA INDIAN HEALTH SERVICE
INDIAN HEALTH SERVICE
DEPARTMENT OF HEALTH AND HUMAN SERVICES**

[Note To Planner: Remove very top header from this point on when using this template for a project. The bottom footer can be replaced with just page numbering.]

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PROGRAM JUSTIFICATION DOCUMENT
INDIAN HEALTH SERVICE
[Name of Health Care Facility]
[Location], [State]

RECOMMEND APPROVAL:

[Name and signature block for the Area Director]

Date

RECOMMEND APPROVAL:

**[Name And signature block for the Director
Division of Facilities Planning and Construction
Office of Environmental Health and Engineering]**

Date

APPROVE:

**[Name And signature block for the Director
Office of Environmental Health and Engineering]**

Date

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**PROGRAM JUSTIFICATION DOCUMENT
INDIAN HEALTH SERVICE**

[Name of Health Care Facility]
[Location], [State]

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TABS

[Notes to the Planner: Do not re-letter or delete a TAB if it is not used. In the Tab lists below, indicate “Not Used” beside the Tab name. Furthermore, do not provide a blank sheet in the Tab sections in the back of the document.]

TAB - Title

A. Maps

User Population and Workload

- B. HSP Discipline - User Population Report
- C. HSP Discipline – Workload Summary Report

Health Services

- D. Alternative Sources of Health Care
- E. Justification for Non-HSP Authorized IHS Health Care Services
- F. Cost Analysis of Direct Versus Contract Inpatient Health Care

Staffing

- G. Listing of Approved Staff Positions
- H. Resource Requirements Methodology – Summary pages only

Space

- I. HSP - Building Area Summary Report
- J. Justifications for Space Deviations
- K. Justifications for Tribal Programs and Space
- L. Justifications for Contract Programs and Space
- M. Facilities Cost Estimate

Other

- N. Program Justification Documents for Staff Quarters
- O. Master Plan Direct Care Summary
- P. Master Plan Crossover Summary Report
- Q. BEMAR/FEDS Deficiencies List
- R. M&I and Medical Equipment Life Cycle Costs

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PROGRAM JUSTIFICATION DOCUMENT
INDIAN HEALTH SERVICE
[Name of Health Care Facility]
[Location], [State]

LIST OF ABBREVIATIONS

[NOTE TO PLANNER: Add and delete abbreviations as appropriate to specific document.]

ADPL	average daily patient load	HFCPS	Healthcare Facilities Construction Priority System
AI/AN	American Indian & Alaska Native	HSP	Health Systems Planning Process
ALOS	average length of stay	HVSR	Housing Verification Survey Report
ARH	Alternative Rural Hospital	km	kilometers
BIA	Bureau of Indian Affairs	km ²	square kilometers
CEO	Chief Executive Officer	m	meters
CHR	Community Health Representative	m ²	square meters
CHS	Contract Health Services	PCPV	Primary Care Provider Visit
DES	Division of Engineering Services (Dallas or Seattle)	PSA	Primary Service Area
ESA	Extended Service Area	RPI	Real Property Inventory
FEDS	Facilities Engineering Deficiency System	RRM	Resource Requirements Methodology
FTE	Full Time Equivalent	SSER	Site Selection and Evaluation Report
FY	fiscal year	TJC	The Joint Commission
ha	hectares	WCNP	Women, Children & Infant Nutrition Program

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EXECUTIVE SUMMARY

[Note to the Planner: Limit the Executive Summary to a maximum ONE page. The Executive Summary is designed to be “pulled” from the PJD if needed. Therefore, there is no need for a roman numeral to set this page off from the remaining document. Also, if needed, reduce font to keep summary to one page.]

This Program Justification Document (PJD) authorizes this Indian Health Service (IHS) project, including a new **[Indicate if the proposed health care facility is to be new, a modernization, an addition, or a combination of these and type of facility i.e. hospital, alternative rural hospital, health center, etc.]** health care facility and supporting staff quarters **[if applicable]**. **[Adapt to reflect what is in the project.]** **[Add an indication how the project will meet program needs.]** This proposed facility will increase access to health care for the communities served. Authorized health care programs and services are **[identify and list]**. A 100% designed staffing level of **[total staffing level authorized by the approved RRM]** IHS employees, plus **[number]** tribal positions, and **[number]** contract positions **[if applicable]**, for a total of **[number]** is authorized. (Note that the IHS will prepare a staffing budget which is not the same as the 100% designed staffing level. The total staffing budget (including new and existing staff) is based on the staff required for the opening year projected workload and is then reduced to 85%.) The preliminary gross size of the health care facility is **[number e.g. 99 999]** square meters. For the approved 100% designed staffing level, **[number]** staff quarters are authorized for the non-local employees, with a gross area of **[number]** square meters. With the approval of this PJD, IHS Headquarters concurrence is provided for the approved Phase I Site Selection and Evaluation Report, which indicates **[number]** hectares (ha) have been made available. The completed Phase I Report shall be submitted to HQ OEHE prior to PJD approval. The total estimated cost for this project is currently at **[\$amount]**, which is subject to annual updates until funded.

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I. INTRODUCTION AND BACKGROUND

[NOTE FOR PLANNER: Adapt this part to reflect what is in the project. This paragraph does not apply and is not needed if the project is funded with non-Congressional appropriated funds such as Medicare and Medicaid, third party collections, or tribal funds. However, a specific write-up will be needed and adapted to reflect the situation of the actual proposed project.]

In [year], Phases I and II of the IHS Healthcare Facilities Construction Priority System (HFCPS) were applied to health care delivery programs nationwide. The proposal to construct a new or replacement facility to provide health care services space at [name] was among those selected during Phases I and II for further evaluation. During Phases II and III, IHS assessed the health care needs of the AI/AN population at this location and evaluated the ability of the existing health care delivery system to meet those needs. The major issues evaluated during the HFCPS process are the utilization of the existing system; the size and condition of existing space; the ability and capacity of the existing space to support an accessible and modern health care delivery system; and the proximity of other health care facilities. The findings of this evaluation are that (a new facility is required at [name]) [or] (the existing facility [name] is inadequate and requires replacement, significant renovation, and/or expansion).

[NOTE FOR PROGRAMMER: Revise the following as appropriate to reflect the appropriate conditions.]

The project includes approximately [number] hectares of [type; e.g., Tribal Trust or purchased] land to meet the minimum land requirements; construction of a [new or replacement] [type of health care facility], having a gross size of approximately [number] square meters (m²); and [if applicable] the construction of [quantity] new staff quarters, having a collective total gross size of approximately [number] m². Services will be provided at the facility by [IHS and/or tribal staff]. See section V, paragraph D for details on proposed staffing levels. The new [type of health care facility] will provide [briefly state services to be provided], for the residents of the [identify the service area]. It will replace and or improve upon the services currently being provided [complete and revise as required to state the current conditions]. Following the opening of the new [type of health care facility], this new space will be added to the Real Property Inventory (RPI). Concurrent with the adding the new space, the RPI will be reduced by the space occupied by the existing facility [and any staff quarters]. [Identify what buildings are being disposed or transferred to the tribe and the corresponding space. A table may be appropriate for clarity.] The RPI will have a net increase of [number] m².

This PJD was prepared to delineate the health services necessary to meet the needs of the eligible population, to describe the methods for providing that service, and to present the reasoning to justify the (expansion) [and/or] (replacement) (of an existing [or] (construction of a new) facility. It also describes the requirements for staff quarters needed to support the (new/replacement/expanded) health care facility.

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II. GENERAL

The Indian Health Service (IHS) is an Operating Division (OPDIV) of the Department of Health and Human Services responsible for the administration of the principal Federal health care programs for American Indian and Alaska Native (AI/AN) people. The IHS provides a comprehensive health service delivery system for approximately 1.9 million American Indians and Alaska Natives, living on or near Federal Indian reservations or in traditional Indian country, such as in the states of Oklahoma and Alaska.

The organization and delivery of health care to Indian Tribes by the IHS has its basis in treaties and laws enacted by the Congress of the United States of America and judicial rulings. The Snyder Act of 1921 provides the authority for the IHS and links the IHS services to congressional appropriations which provide for the use of "...such monies as the Congress may from time to time appropriate, for the benefit, care and assistance of Indians..." The Congress has authorized services primarily for members of Federally recognized tribes who live on or near reservations, or in traditional Indian country.

In order to carry out its mission, attain its goals, and uphold its foundation, the IHS:

1. Assists Tribes in developing their health programs through activities such as health management training, technical assistance, and human resource development;
2. Assists Tribes in coordinating health planning, in obtaining health resources available through Federal, State, and local programs, and in operating comprehensive health care services and health programs;
3. Provides comprehensive health care services, including hospital and ambulatory medical care, preventive and rehabilitative services, and develops community sanitation facilities; and
4. Serves as the principal Federal advocate in the health field for AI/AN to ensure comprehensive health services for Indian people.

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III. SERVICE UNIT AND SERVICE AREA DESCRIPTION

[Note to Programmer: For projects from the Priority System, Joint Venture, Youth Regional Treatment Center, or projects costing more than \$10 million sections A through O are required. For projects under \$10 million, sections marked with a single asterisk will be required. Those with two asterisks will be optional unless noted otherwise and are recommended if it will strengthen the approval.]

A. Location:* The [name] Indian Reservation [or Nation] is located in [State]. Tribes served by the proposed facility include [list the tribe or tribes]. This location is within the [name of the Area Office] Area Office. The community of [where facility will be in] is located [location within Reservation]. The Service Area includes the counties of [names]. See Tab A for Area and Service Unit maps. **[NOTE FOR PROGRAMMER: Maps must show and highlight locations of existing and proposed health care facilities.]**

B. Demographics:* The estimated population of the service area is [number]. **[NOTE FOR PROGRAMMER: Explain the population trends of the reservation in terms of ages, births, and deaths in relation to the population of non-Indians in the state, and nation. Discuss Indian population concentrations and their distances, in kilometers, from the proposed new health facility and the next closest IHS health care facility.]**

Table [number] provides a list of communities to be served by the proposed new [hospital, ARH, health center] facility, the respective user populations for the base year, and the approximate distances to the proposed new site and to the nearest adequate IHS health care facility. [The base-year user populations are to be summarized from the HSP Discipline - User Population Report provided in Tab B.]

Table [insert number]. Communities Served by the Proposed [name of facility]

Community of Residence	Distance, km To Existing Facility	Distance, km To New Facility	User Population
(Names of Communities)			

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The major cities within driving distance of the proposed facility are [NOTE FOR PROGRAMMER: Give the name, state, distance, direction, and population of the cities. A table may be appropriate for clarity.]

C. Access: [NOTE FOR PROGRAMMER: Describe the Service Area in terms of isolation, land size, condition, and general maintenance of roads. Include the type and frequency of restricted driving conditions or road closures due to weather, etc. Describe the availability of public transportation if any.]

D. Climate: * The average high temperature in the summer is [degrees in Celsius], and the average low temperature in the winter is [degrees]. [NOTE FOR PROGRAMMER: Describe any unusual weather conditions that are common to the area, such as winds, fog, rain, etc. If weather plays a factor in providing additional space, provide the details.]

E. Public Transportation:* [NOTE FOR PROGRAMMER: List the name (s) and describe the type of public transportation services if available in the community. Discuss any future planned or expansion of public transportation services.]

F. Topography:** [NOTE FOR PROGRAMMER: Provide a description of the site's geographic features, for example, the altitude [in meters or kilometers], terrain, natural resources, etc.]

G. Utilities:** [NOTE FOR PROGRAMMER:] List the name(s) of utilities that are available to the community. Outline a percentage breakdown of utilities, i.e. water, sewer, electricity, natural gas, etc., that are reaching reservation households. Describe any alternative fuel services that may be available.]

H. Communications:** [NOTE FOR PROGRAMMER: List the name (s) of communication services that are available to the community. Outline a percentage breakdown of communications, i.e. telephone, cable TV, newspaper, radio etc., are reaching reservation households.]

I. Housing:** [NOTE FOR PROGRAMMER: Describe the local housing area and its availability along with any planned future housing developments. This section is required if the project involves new or replacement quarters.]

J. Public Facilities:** [NOTE FOR PROGRAMMER: Describe and list services available in the community, such as grocery/convenience stores, service stations, restaurants, post office, police and fire departments, churches, etc. Elaborate on any future plans for community development.]

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K. Economy and Employment: ** [NOTE FOR PROGRAMMER: Describe the economy of the service area. Outline the major sources of income for the population (i.e. grants, natural resources, gaming.) Provide the unemployment rates for the population.]

L. Education: ** [NOTE FOR PROGRAMMER: Describe the school systems for both on/off reservation. List the grade levels of the schools with estimated number of students. Provide an estimated level of education for the reservation population. Are any new schools being planned and/or funded?]

M. Social Profile: ** [NOTE FOR PROGRAMMER: Describe the social profile of the reservation i.e. events, cultural ceremonies, activities.]

N. Political Profile: ** [NOTE FOR PROGRAMMER: Describe the political profile of the reservation. Give a brief history of the tribe, when it was federally recognized, and its current political structure.]

O. Natural Resources: ** [NOTE FOR PROGRAMMER: Describe the natural resources on the reservation.]

IV. PROGRAM SERVICES

A. Health Status of Eligible Service Area Residents: The health status of the [tribe(s)] and other AI/AN residing in the [name] Service Area is typical of an economically depressed and medically under-served area. [NOTE FOR PROGRAMMER: Describe the reasons for the poor health status of the residents.]

B. Current and Proposed Health Service Programs: Services at the [name of facility] are limited. [NOTE FOR PROGRAMMER: Describe the current operation of the health care delivery program and services available through direct and contract care.]

The proposed health care delivery program will expand existing services at [facility name] and will include additional services to provide [comprehensive health care/primary health care] for the residents of the service area. The proposed facility will increase the number of exam rooms from [number] to [number]. The number of dental operatories or chairs will increase from [number] to [number]. The proposed facility will provide space for a potential staffing level (design level) of [number] full time equivalents(FTE), compared to a staff level of [number] FTE in the existing facility. [NOTE FOR PROGRAMMER: Give a brief description of new services authorized by the new HSP process and indicate those services that will continue to be provided by contract. Summarize the services being proposed, which are other than those authorized by the HSP.]

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Table [number] lists the specific services that exist and/or proposed for the new health care facility.

[NOTE FOR PROGRAMMER: Provide Table number. Modify the sample table below, list appropriate existing and proposed new services by column. Use the same service designations as used in the HSP process, if applicable.]

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TABLE [insert number]

Existing Service	New Service	Service Area (PSA or ESA)	Justification: Existing Service at ---- - No Justification required*	Justification: New Service supported by HSP or RRM	Justification: Non-Authorized IHS Service – see Tab E	Justification: Tribal Program and space – see Tab K	Justification: Contract Program and space – see Tab L
Family Practice			X				
Internal Medicine			X				
Pediatric			X				
OB/GYN			X				
	Specialty Care Clinic			X			
Dental			X				
Optometry			X				
	Podiatry				X		
	Audiology			X			
Mental Health			X				
Social Services			X				
Alcohol & Substance Abuse						X	
Laboratory Services							
Clinical Lab			X				
Microbiology			X				
Blood Bank			X				
Pharmacy			X				
Diagnostic Imaging							
Radiographic			X				
Ultrasound			X				
Mammography				X			
Physical Therapy				X			
Occupational Therapy							
SLP							
Administration			X				
Information Management			X				
Health Information Management			X				
Business Office			X				

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Existing Service	New Service	Service Area (PSA or ESA)	Justification: Existing Service at ---- - No Justification required*	Justification: New Service supported by HSP or RRM	Justification: Non-Authorized IHS Service – see Tab E	Justification: Tribal Program and space – see Tab K	Justification: Contract Program and space – see Tab L
Contract Health			X				
Clinical Engineering			X				
Facility Management			X				
Property & Supply			X				
Public Health Nursing			X				
Public Health Nutrition			X				
Environmental Health			X				
Health Education			X				
	Case Management				X		

[* If an existing service is not HSP authorized, justification will be required.]

[Tab E contains justifications for non-authorized HSP services. **[NOTE FOR PROGRAMMER: If not applicable, provide a Tab E, but note on the tab page that it is “Not Applicable” for the project.]**]

V. PROGRAM JUSTIFICATION

A. Justification

The existing [number] gsm, [year built], [name of facility] no longer supports workload needs of the service area. In addition to long wait times for patients to see primary care providers the population and demand for health services at [facility name] has grown such that existing space is now beyond its capacity and efficiencies cannot be achieved. Site constraints cannot support expansion of staff or programs without additional space. The FY [YEAR] base workload for the existing facility reflects a user population of [number]; [number] primary care provider visits and [number] outpatient visits. The current facility and supporting buildings are in [give condition; poor, fair, good] condition with the overall campus Condition Index (CI) at [number]. These structures [if there are more than one] can no longer support the health care delivery needs of the native population, and are functionally inadequate, in need of major repairs to remain in compliance with applicable codes and healthcare

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delivery standards. This facility is mission critical. A site selection study was completed reporting all of the site, utility, and seismic requirements. The new space and services are in accordance with the [IHS Area Name] master plan. Life Cycle Costs Analysis (LCCA) was also performed. Of the [give number] alternatives considered; [give number and identify i.e. (Renovation/New Construction Mix, New Construction, and Leasing)] were viable while the remaining [give number i.e. (Status Quo-Current Operations, Renovation, and Contracting Services Out)] were non-viable. New construction [if this is accurate] was determined to be the optimum preferred alternative. The proposed acquisition method will be [give proposed method if known i.e. design-build, design-bid-build] unless the tribes with joint resolutions request to construct the building through a PL 93-638 contract.

The proposed health care facility will provide space to support a modern and adequately staffed health care delivery program. This will improve access to the basic medical services that are necessary to maintain and promote health status and quality of life for the residents of the service area.

B. Alternative Sources of Health Care

1. **IHS Alternatives:** [NOTE FOR PROGRAMMER: State if there are/are not other IHS health care facilities] within the IHS accessibility radius for [inpatient/ambulatory] care services and discuss.] The nearest IHS alternate source of [inpatient/ambulatory] service is [name of facility and distance and direction from population center of service area]. [NOTE FOR PROGRAMMER: Give brief description of access to these facilities, addressing road conditions, weather conditions, means of transportation, age and condition of facilities, and ability to accommodate the health care needs of the service area population.] Other IHS facilities at [name and location] cannot accommodate the health care needs of the service area population.
2. **Non-IHS Alternatives:** [NOTE FOR PROGRAMMER: State if there are/are not non-IHS health care facilities within the IHS accessibility radius for (inpatient/ambulatory) care services and discuss.] The nearest non-IHS alternative source of inpatient service is [name of facility and distance and direction from population center of service area]. [NOTE FOR PROGRAMMER: Give brief description of access to these facilities, addressing road conditions, weather conditions, means of transportation, age and condition of facilities, and ability to accommodate the health care needs of the service area population.]
3. **Evaluation of Alternatives:** Tab D contains data for the available alternate sources of health care for this service area. (NOTE FOR PROGRAMMER:

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Discuss the results of the analysis which will detail the consideration of other sources of health care.)

C. Summary of Projected User Population and Workload

The table below highlights some of the key service drivers. Tab B contains the “HSP Discipline - User Population Report” and Tab C contains the “HSP Discipline - Workload Summary Report. [NOTE FOR PROGRAMMER: Provide Table number. At a minimum the table below should contain the Primary Care Provider Visits (PCPVs), and Dental minutes. Other key services should be included as needed to help clarify the project service areas or programs. The key services may be limited to the Primary Service Area (PSA) or they may require Extended Service Areas (ESA) based on the specific services thresholds and the appropriate population. There may be more than one ESA in some projects therefore indicate if it is ESA 1 or ESA 2 based on the project plan. This table should be adjusted according to the needs of the project.]

Table [insert number]

Key Service Drivers	Service Area	User Population Current FY	User Population Projected FY	Current Workload	Projected Workload
Dental Minutes	PSA				
Physical Therapy Visits	PSA				
Specialty Care Visits	ESA 1				
ER Visits	ESA 1				
OB/GYN Deliveries	ESA 1				
Surgical Cases	ESA 2				
Ave Daily Patient Load	ESA 2				

D. Staffing Requirements.

- 1. Resource Requirements Methodology Needs Assessment (RRMNA):** The staffing requirements for this project were established in accordance with the IHS Resource Requirements Methodology (RRM). The software used to reflect

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the RRM methodology is called the Resource Requirements Methodology Needs Assessment. The approved 100 percent design staffing level is [number] FTE positions, as determined by the RRM, for IHS staff, [number] positions for tribal programs, and [number] contract [type] personnel, for a total of [number] positions.

The following table is a listing of current FTEs and proposed additional FTEs for the project. Tab H contains the approved staff that supports the 100 percent design FTEs shown for the IHS positions. The table below contains a summary of the authorized staffing for the project.

[Notes to the Planner: Provide Table number. Please see Tab G for definitions and instructions in determining the FTE count for each category on the following table.]

Table [insert number]

SUMMARY OF 100% DESIGN STAFFING

SERVICE STAFF BY FUNDING SOURCE	CURRENT STAFF FY	PROPOSED DESIGN STAFF FY
TOTAL - DIRECT IHS FEDERAL STAFF		
TOTAL - INDIRECT FEDERAL FUNDED STAFF		
TOTAL - NON-IHS FEDERAL FUNDED STAFF		
TOTAL - FEDERAL GRANT PROGRAMS		
TOTAL - NON-FEDERAL PROGRAMS TRIBAL STAFF		
TOTAL -OTHER		
GRAND TOTAL		

See Tab G for detail listing.

[NOTE FOR PROGRAMMER: after providing the summary table above, describe and discuss existing staffing levels as these relate to actual and projected workload. Describe how insufficient program space (if appropriate) is contributing to any problems existing staff has with delivery of health care services.]

E. Cost Analysis of Direct Versus Contract Inpatient Health Care

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[NOTE FOR PROGRAMMER: Information is required only if the new or replacement facility will include inpatient services. If inpatient services are to be provided, summarize findings of cost analysis and describe how it supports direct health care and this construction project. Then close paragraph with:]

See Tab F for detailed cost analysis.

[or]

[NOTE FOR PROGRAMMER: If no inpatient services are included, use:] A cost analysis is not applicable for this project since inpatient services are not being provided. Accordingly, no information is provided in Tab F.

- F. Existing Health Care Facility: **[NOTE FOR PROGRAMMER: Identify any existing facility, which will be described below.]**
1. **Location:** The existing health facility is located **[NOTE FOR PROGRAMMER: State where the facility is located on the reservation and with respect to the population centers, and the condition of access routes to it.]**
 2. **Facility Description**
 - a. **Health Care Facility:** **[NOTE FOR PROGRAMMER: Describe the existing health care facility in terms of type of construction, number of buildings, age of buildings, gross size in square meters, bed capacity, functional limitations of capacity, structural condition, and utilities, noting deficiencies of each. If there are several buildings, develop a table listing each building with its total BEMAR or FEDS deficiencies. In addition, the tab shall include for each building, the building number, facility replacement value, the Condition Index (CI), the annual Operating Cost, Utilization Rate, Active Status (Active or Inactive), and Mission Criticality. Also indicate the disposition plan of each building/structure by indicating if it will be demolished or transferred to the tribe. Place this table in a TAB Q and reference it in the PJD text.**

Identify number and cost of deficiencies identified in the Facilities Engineering Deficiency System (FEDS) and note what impact the correction of these FEDS deficiencies may have on the structural and functional adequacy of the existing facility to accommodate

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proposed health care service programs. Discuss any expansions, renovations, improvements, etc. If available and applicable, insert color photographs highlighting deficiencies of existing facility.]

- b. Staff Quarters: [NOTE FOR PROGRAMMER: Describe the existing staff quarters in terms of type of construction, number of buildings, age of buildings, gross sizes in square meters, any functional limitations of capacity, structural condition, and utilities, noting deficiencies of each. Identify number and cost of deficiencies identified in the FEEDS and note what impact correction of these deficiencies may have on the structural and functional adequacy of the existing quarters. Discuss any expansions, renovations, improvements, etc. If available and applicable, insert color photographs highlighting deficiencies of existing quarters.]**

- 3. Site Deficiencies: [NOTE FOR PROGRAMMER: Describe the general conditions of the existing facility site with regard to location, size, access roads, parking areas, utilities, facility communications infrastructure, etc. Discuss if the site is large enough to accommodate the proposed facility expansion, and, if not, if adjacent land is available.]**

- 4. Space Deficiencies: [NOTE FOR PROGRAMMER: As applicable, describe the existing facility size in terms of the purpose for which it was originally designed, explain how usage of the space has changed, and describe deficiencies related to facility size and its current use. As applicable, describe how the present facility fails to support a modern health care delivery system in terms of adequate space for existing services, new services, and to accommodate existing and new staff. As applicable, explain why the lack of space, inadequate room sizes, and the floor plan do not support a well-functioning health care program.]**

- 5. Feasibility Study: [NOTE FOR PROGRAMMER: State if a feasibility study is being done, has been done, will be done, has not been done yet, or will not be done, and the appropriate reasons, using one of the following guides:]**

[If a study is being done, has been done, will be done or has not been done yet, use an appropriate adaptation of the following:]
Engineering Services - [Seattle or Dallas or the Area] is conducting a feasibility study to determine the future use of the existing facility. It is anticipated that the existing facility will [Describe what the final disposition of

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the existing facility will be, e.g., replaced, expanded, renovated, transferred to tribe, or razed. The Department is requiring that all facilities/buildings reach a CI of 90 or higher. A statement as to why none of the buildings, if any, cannot be re-used will be required if renovation is not cost effective.]

[If a study will not be done, use:]

The noted space deficiencies indicate the need for a feasibility study is not required, so the Engineering Services - [Seattle or Dallas or the Area] will not conduct such. **[NOTE FOR PROGRAMMER: Then describe what the final disposition of the existing facility will be, e.g., replaced, expanded, renovated, transferred to tribe, or razed.]**

- 6. Conclusions: [NOTE FOR PROGRAMMER: Summarize conclusions about the existing health care facility and explain why the existing health care facility cannot support a modern health care delivery system or facility does not have the capacity to meet the demand for health care services.]**

VI. PROPOSED PROJECT

A. Scope/Quantity

[NOTE FOR PROGRAMMER: In an opening paragraph, describe how the proposed project will meet program needs. Indicate if the proposed facility is to be new, a modernization, an addition, or a combination of these.]

The proposed [number] square meter health facility has been planned for a projected user population of [number] generating [number] primary care provider visits and [number] outpatient visits. The replacement facility will be a modern, technologically advanced facility with the required staff to provide an expanded level of health care services specifically designed to meet the health care needs of the [Service Unit Name] Service Unit. The facility will include [# of beds and type i.e. acute care, birthing beds, etc., if provided] for a total of [number] beds. New services are [e.g. the two-bed low risk birthing unit, physical therapy, telemedicine, podiatry, Ultra-sound, ambulatory procedures, computerized tomography (CT), and mammography]. The existing services that will be continued are short stay acute care nursing, dietetics, emergency room, ambulatory care-medical care, dental clinic, pharmacy, optometry, audiology, laboratory, radiology-diagnostic imaging, health education, nutrition, mental health, social services, administration, contract health services, patient business office, and quality management.]

B. Proposed Project Site: The Phase I Site Selection and Evaluation Report (SSER) indicates that [number] ha of land are needed for this project and recommends that the proposed

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facility be constructed on approximately [quantity] ha of [**type, such as trust**] land that has been set-aside by the BIA and is located in [city/town name] in [name] County in the State of [name]. **The selected site** at the [**describe general location**], will be legally described in the Phase II SSER, that supports the approved Program of Requirements (POR) for this project. With the approval of this PJD, the Phase I SSER, that was prepared and submitted by the Area's Director for the Division of Facilities Management on [date], and approved by the Associate Director, Office of Environmental Health and Engineering, [name] Area IHS, on [date], is concurred with and accepted by the IHS Headquarters, by the approval of this PJD. The project location is shown on maps in Tab A.

C. Proposed Health Care Facility: The HSP process has generated a preliminary estimate of [number] square meters for the building gross area for the proposed health care facility. Tab I contains the HSP "Building Area Summary" for the health care facility portion of this project. The justifications for any space deviations are contained in Tab J. Justifications for and information about any tribal programs are contained in Tab K.

D. Security Level: [The Facility Security Level should be determined for a planned facility and included in the Program Justification Document. The determination will be based on the Interagency Security Committee (ISC) Standard *Facility Security Level Determinations for Federal Facilities*, dated February 21, 2008. This level is determined by a preliminary assessment based on the proposed facility and program, site environment, and community location. Contact IHS Emergency Services for assistance in determining the facility security level.

The ISC Standard has been designated as a For Official Use Only (FOUO) document and therefore is not available for general distribution.]

E. Proposed Staff Quarters: For the proposed [number] staff quarters units, the estimated total gross area is approximately [number] square meters. The total estimated cost is [dollar]_____. See Tab N for additional details for the staff quarters. **[NOTE FOR PROGRAMMER: If the project does not include staff quarters, so indicate in this paragraph.]**

F. M&I and Equipment: [Notes to the Planner: Include a table either here or in Tab R detailing the annual M&I and medical equipment based on Technical Handbook Chapters: 70-6 Maintenance and Improvement Funding Allocation and 51-2 Equipment Funding Allocation (with any offsets shown for existing building removed from the inventory of M&I-EQ eligibility). The Planner should consult with the OEHE staff for this information. Per OMB Budget Guidance, full life cycle costs/total costs of ownership is required. See example in Tab R.]

G. Project Cost Estimate and Schedule: The project cost estimate is based on the IHS Facilities Budget Estimating System utilizing the HSP estimated space requirements and the below schedule. Below is a summary of the current cost estimates for each component of this project, as

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prepared by the ES-[Seattle or Dallas] on [date] for the health care facility and on [date] for the staff quarters. See Tab M for Cost Estimate.

PORTION OF PROJECT	DESIGN (\$000)	CONSTRUCTI ON (\$000)	EQUIPMENT (\$000)	TOTAL (\$000)
Health Care Facility				
Staff Quarters				
Project Total				

The estimated time schedule for the proposed project is: **[NOTE FOR PROGRAMMER: If the project does not include staff quarters, indicate N/A in table. Also, indicate the preferred method of acquisition as stated in Section V, paragraph A. Justification. If “design-build” is the preferred method, then the “Bid Time” is zero.]**

SCHEDULED ITEMS	NUMBER OF MONTHS FOR HEALTH CARE FACILITY	NUMBER OF MONTHS FOR STAFF QUARTERS
Design time		
Bid time		
Construction time		

Note: The life cycle of the health care facility is expected to last 50 years. The design and construction should reasonably reflect this cycle.

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TAB A

MAPS

[NOTE FOR PROGRAMMER: Include map(s) showing the general areas of the region, reservation, respective IHS Area, Service Unit, Service Area, and the location of the existing and proposed facilities].

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TAB B

HSP DISCIPLINE USER POPULATION REPORT

[NOTE FOR PROGRAMMER: Insert this report generated in the PJD component of the HSP.]

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TAB C

HSP DISCIPLINE WORKLOAD SUMMARY REPORT

[NOTE FOR PROGRAMMER: Insert this report generated in the PJD component of the HSP.]

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TAB D

**ALTERNATIVE SOURCES
OF
HEALTH CARE**

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TAB D
ALTERATIVE SOURCES OF HEALTH CARE

1. Ratios of Physicians to Total Population in the Area:

- a. The fiscal year (FY) [year] ratio of physicians to residents for the [name] Service Unit [is/was] [number] to [number] people ratio. (There are [number] physicians for a population of [number])
- b. The FY [year] ratio of physicians to all residents for the [number] principal counties of the service unit (is/was) [number] to [number] ratio. [NOTE FOR PROGRAMMER: If more than one county, show separate subparagraphs with requested information.]
- c. There are no known pending applications for additional health services through the Rural Health Initiative or National Health Service Corps programs for any county in the area. [NOTE FOR PROGRAMMER: State if applicable.]

2. Other IHS facilities that provide health care services in this service unit:

a. Inpatient

FACILITY NAME/LOCATION	DISTANCE FROM PROPOSED SITE (km)	TRAVEL TIME (hr:min)	BEDS (#)	ADPL FY92	TJC (Y/N)
[____, ____]	[] ([direction])	[:]	[]	[]	[]
[____, ____]	[] ([direction])	[:]	[]	[]	[]

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b. Ambulatory (Outpatient)

FACILITY NAME/LOCATION	DISTANCE FROM PROPOSED SITE (km)	TRAVEL TIME (hr:min)
[_____ , _____]	[] ([direction])	[:]
[_____ , _____]	[] ([direction])	[:]
[_____ , _____]	[] ([direction])	[:]

[NOTE FOR PROGRAMMER: Give a brief synopsis of the programs in the above facilities and state whether they can/cannot support the health care delivery program at the service unit.]

3. Private clinical facilities that are potential sources of health care services to the targeted population:

a. Inpatient

FACILITY NAME/LOCATION	DISTANCE FROM PROPOSED SITE (km)	TRAVEL TIME (hr:min)	BEDS (#)	ADPL FY92	TJC (Y/N)
[_____ , _____]	[] ([direction])	[:]	[]	[]	[]
[_____ , _____]	[] ([direction])	[:]	[]	[]	[]

[NOTE FOR PROGRAMMER: Give a brief synopsis of the programs in the above facilities and state whether they can/cannot support the health care delivery program at the service unit.]

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b. Ambulatory (Outpatient)

FACILITY NAME/LOCATION	DISTANCE FROM PROPOSED SITE (km)	TRAVEL TIME (hr:min)
[_____ , _____]	[] ([direction])	[:]
[_____ , _____]	[] ([direction])	[:]

[NOTE FOR PROGRAMMER: Give a brief synopsis of the programs in the above facilities and state whether they can/cannot support the health care delivery program at the service unit. Then, use these facts to discuss how the proposed facility can best meet Service Unit health care needs. Include in Tab A map(s) showing locations of all noted facilities in relation to the proposed facility].

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TAB E

**JUSTIFICATIONS
FOR
NON-HSP AUTHORIZED
IHS HEALTH CARE SERVICES**

[NOTE FOR PROGRAMMER: Include, as applicable, data and methodology to justify the need for proposed new health care services that are not generated and/or authorized by the HSP]

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TAB F

COST ANALYSIS OF DIRECT VERSUS CONTRACT INPATIENT HEALTH CARE

[NOTE FOR PROGRAMMER: See IHS Technical Handbook For Environmental Health and Engineering, Volume II, Part 11, Chapter 11-5, "Cost Analysis Methodology - Direct Versus Contract Inpatient Care," for instructions and sample cost analysis worksheet. Also you can click on this link; [PDF Document: Part 11-5 Cost Analysis Methodology - Direct Versus Contract Inpatient Care](#)

The completed cost analysis worksheet is to be included here for an inpatient health care facility. If the project is not for an inpatient health care facility, do not delete this Tab, but include the Tab cover sheet and just note that it is not applicable for the project.]

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TAB G

**LISTING
OF
APPROVED STAFF POSITIONS**

[NOTE FOR PROGRAMMER: Provide a detailed listing of all staff positions by department that have been approved for the project. Include the design FTEs generated by the approved RRMNA, tribal positions, and any contract positions. Definitions and instructions have been provided to assist in the FTE determination.]

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PJD Staff Planning Definitions and Instructions

General Instructions: Using the following definitions, prepare the table in Tab G and transfer the totals from the table to the

Direct, IHS Federal Staff

1. **Current** is the number of staff positions that are funded with direct appropriations for Clinical Health Services, Preventive Health, and Facilities. These positions may include hospitals and health clinic staff, dental, mental health, A&SA and others if provided as direct IHS staff. Those programs which are indirectly funded will be addressed below. Separation of these FTE by funding source will help with future budget determinations.

The direct IHS staff does not include positions funded by third party collections. Unfilled direct staff positions and those filled by contractors but funded out of direct staff funds will be included as current staff. Some programs may have staff funded by both direct and indirect sources; the number from each source needs to be determined and recorded.

2. **Proposed** is the number of staff that the RRM projects to the design year for the service/program/department.

Indirect, Federal Funded Staff

1. **Current** is the number of positions staffed by the Tribe, which receive funds through 638 or contract agreements with the IHS for programs included in the current version of the HSP/RRM. Some programs may have staff funded by both direct and indirect sources; the number from each source needs to be determined and recorded.

Examples of programs traditionally funded through indirect funding include CHR, Public/Community Health, EMS, Behavioral Health, and A&SA. In some locations the majority of the programs may be Indirect, Federal Funded Staff.

2. **Proposed** is the number of staff that the RRM determines for the service/program as if it were a Direct IHS program. Space for staff in excess of the RRM determined amount will not be provided unless a specific deviation has been approved.

Note: All Non-IHS Federal, Federal Grant Program, Non-Federal Tribal Program and Other Planned staff must be medically related and materially aid the achievement of the IHS mission to provide healthcare to AI/AN; furthermore they must coordinate services with other direct or indirect funded services/programs. No RRM staffing is recognized and none is provided for these positions. They will require approved deviations for space to be included in the project.

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Non-IHS, Federal Funded Program Staff

1. **Current** is the number of staff which is funded by a Federal agency or department, other than the IHS or HHS. For example the Department of Agriculture's Women, Infants and Children program.
2. **Proposed** is the number of staff required to provide the services which are funded by the non-IHS Federal Agency and have been granted a deviation to be included in the project plan.

Federal Grant Programs

1. **Current** is the number of staff which a Federal grants program funds. An example is the Diabetes Grant Program.
2. **Proposed** is the number of staff funded by the grant program that has received authorization for a deviation to the HSP for space planning.

Non-Federal, Tribal Program Staff

1. **Current** is the positions which are not funded directly or indirectly with Federal funds through Tribes. These are programs which Tribes provide with their own funds and have no basis in the RRM or HSP and receive no direct or indirect Federal funds.
2. **Proposed** is the number of staff that the Tribe has requested space for in the facility plan. A deviation approval must be issued to include space in the project plan.

Other Planned Staff

1. **Current** is the positions funded by a non-Federal grant or other sources not covered above but meets the requirements of being medical related and materially aids in the achievement of the IHS mission.
2. **Proposed** is the number of staff funded by the grant program or other source which has received authorization for a deviation to the HSP for space planning.

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DETAILED STAFFING FOR SPACE DESIGN BY FUNDING SOURCE

Instructions:

The below table should be adapted to each project. Include only those services that will be provided at the facility and assign them to the proper funding source. The services will be based on the current version of the RRM and any approved deviations. Fill in the Current and Proposed columns with the number of staff in each service category. Indicate the current (base) FY and the proposed FY.

Services by Funding Source	Current FY	Proposed FY
Direct, IHS Federal Staff		
Clinical Health Services		
Inpatient Physicians		
Inpatient Surgeons		
Inpatient Nursing		
Emergency Department		
Ambulatory Nursing		
Ambulatory Physicians		
Ambulatory Nutrition		
Ambulatory Surgery		
Nursing Ambulatory		
Specialty Care Clinic		
Eye Care		
Audiology		
Clerical Pool (Audio & Eye)		
Physical Therapy		
Dental		
Laboratory Services		
Pharmacy		
Diagnostic Imaging		
Clerical Pool (Lab, Pharm, & DI)		
Health Information Management		
Respiratory Therapy		
Preventive Health Services		
Wellness Center		
Public Health Nutrition		
OEHE		
Administration and Facilities		
Administration		

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Services by Funding Source	Current FY	Proposed FY
Financial Management		
Office Services		
Contract Health Services		
Business Office		
Telemedicine		
Information Technology		
Quality Management		
Central Supply		
Interpreters		
Drivers		
Housekeeping		
Facility Maintenance		
Clinical Engineering		
Laundry		
Food Services		
Property and Supply		
Staff Health		
Clerical Pool (Facility support)		
Security		
Emergency Medical Services		
Total: Direct, IHS Federal Staff		
Indirect, Federal Funded Staff		
Clinical Health Services		
Mental Health		
Social Services		
Alcohol and Substance Abuse		
Administrative Support		
Preventive Health		
Public Health Nursing		
Health Education		
Public Health Nutrition		
CHR		
Total: Indirect, Federal Funded Staff		

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Services by Funding Source	Current FY	Proposed FY
Non-IHS Federal Funded Programs (No RRM Staff-space only)		
Women, Infants and Children Nutrition		
Total: Non-IHS, Federal Funded Staff		
Federal Grant Programs (No RRM staff-space only)		
Diabetes Prevention Program		
Total: Federal Grant Programs		
Others (No RRM staff-space only)		
John Hopkins University		
Total: Other		

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TAB H

RESOURCE REQUIREMENTS METHODOLOGY

[NOTE FOR PROGRAMMER: First, insert a copy of the approved latest version of the Resource Requirements Methodology Report for the project. Then, provide details backing up the approved RRMNA Report; provide, also, details and justifications for any deviations.]

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TAB I

HSP BUILDING AREA SUMMARY REPORT

[NOTE FOR PROGRAMMER: Insert this report generated in the POR component of the HSP.]

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TAB J

JUSTIFICATIONS FOR SPACE DEVIATIONS

[NOTE FOR PROGRAMMER: If there are no space deviations for this project, include this Tab cover sheet and just note that it is “Not Applicable” for the project.]

Below are justifications for space deviations from that specified in the HSP process. With the approval of the POR, identified space deviations are approved.

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TAB K

JUSTIFICATIONS FOR TRIBAL PROGRAMS AND SPACE

[NOTE FOR PROGRAMMER: If there are no Tribal programs for this project, include this Tab cover sheet and just note that it is “Not Applicable” for the project.]

Below are justifications for tribal programs and space. With the approval of the POR, identified Tribal programs and space are approved for inclusion in this project.

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TAB L

JUSTIFICATIONS FOR CONTRACT PROGRAMS AND SPACE

[NOTE FOR PROGRAMMER: If there are no Tribal programs for this project, include this Tab cover sheet and just note that it is “Not Applicable” for the project.]

Below are justifications for contract programs and space. With the approval of the POR, identified contract programs and space are approved for inclusion in this project.

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TAB M

FACILITIES COST ESTIMATE

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TAB N

**PROGRAM JUSTIFICATION
DOCUMENT
FOR
STAFF QUARTERS**

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TAB N

PROGRAM JUSTIFICATION DOCUMENT FOR STAFF QUARTERS

[NOTE FOR PROGRAMMER: Use IHS Technical Handbook for Environmental Health and Engineering, Volume II, Part 13, Chapter 13-6 for prototype Program Justification Document for Staff Quarters (PJDQ) as a guide for the content of this Tab. Also you can click on this link: [PDF Document: Chapter 13-6 Program Justification Document For Staff Quarters](#) If there are no staff quarters to be provided as part of this project, do not include a PJDQ, but do include this Tab cover sheet and just note that it is “Not Applicable” for the project.]

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TAB O

**MASTER PLAN
DIRECT CARE SUMMARY**

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VOLUME II – HEALTH CARE FACILITIES PLANNING
PART 13 - PLANNING DOCUMENTS AND REPORTS
CHAPTER 13-2 PROGRAM JUSTIFICATION DOCUMENT (PJD)

TAB P

**MASTER PLAN
CROSS-OVER REPORT**

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BEMAR / FEDS DEFICIENCIES LIST

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M&I and Equipment

Life Cycle Cost

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M & I and Equipment Life Cycle Cost Table

Location	RP Det Desc	Status	BLS NO	SM	M&I Elig	Equip Elig	QTRS	SPAC	CONST	INTENS	LOC INDEX	Replc Cost	M&I Alloc	Hosp Adms	IPD	OPV	CHAPS	Equip Alloc									
41254, Eagle Butte New Health Center, EAGLE BUTTE, SD	Health Center	Planned	P0002	12,871	Y	Y	4	1	0.011	1.0	0.96	3391	\$ 460,897	74	269	50326	0	\$ 101,750									
13170, PHS Indian Hospital, EAGLE BUTTE, SD	Hospital, 5 - 50 beds	Existing	00001	2,372	Y	Y	4	1	0.011	1.5	0.96	3391	\$ 127,414	74	269	50326	0	\$ 58,403									
Additional M&I and Medical Equipment Funding Requirement for Planned Facilities Totals																						\$ 333,483					\$ 43,347

Note to the Planner: The numbers in this particular example are made up and the table is shortened as there are actually more buildings that would be listed. The source for actual numbers can be found in the M&I data base which the areas have access. All buildings will need to be listed. Re-orient the page to Landscape if necessary.