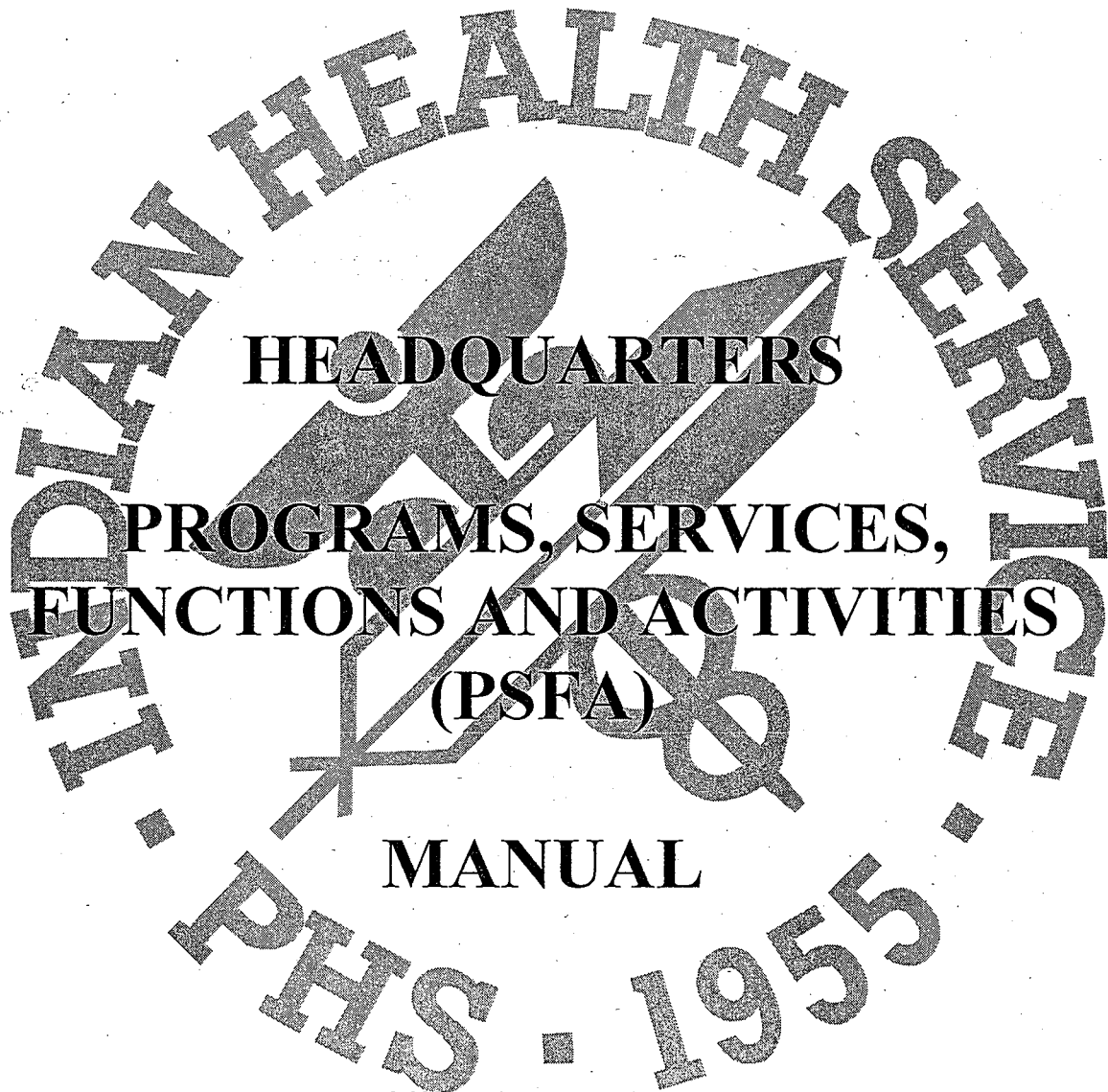


INDIAN HEALTH SERVICE



HEADQUARTERS

**PROGRAMS, SERVICES,
FUNCTIONS AND ACTIVITIES
(PSFA)**

MANUAL

**Updated:
June 2002**

Background & Purpose

The Indian Health Service (IHS) Headquarters (HQ) Programs, Services, Functions and Activities (PSFA) Manual was first published in May 1997 with the intent of sharing the entire HQ managed programs and funding information with all Tribes and Tribal organizations. This information will allow Tribes and Tribal organizations to be more fully informed to make decisions regarding available resources and programs to best meet the health care needs of their respective Tribal communities.

As part of this manual, Budget Table #3 entitled "Break Down of HQ Allowances" has also been included which provides line item detail for all HQ accounts and categories. It is intended that subsequent versions of the Headquarters budget table will also align with this Manual and crosswalk information will be provided when any revisions are made.

Since 1997, the HQ budget tables have been updated annually to include the most current available fiscal year information based on final Congressional changes to IHS' appropriations. During this same time period, both Tribal and federal representatives, including the Agency Lead Negotiators for Self-Governance negotiations, the Tribal Self-Governance Advisory Committee and the Office of Tribal Self-Governance (OTSG), have recommended further changes to the format of this Manual to improve its usefulness and provide a more succinct explanation of PSFA's which can be compacted or contracted.

On August 18, 2000, Title V of The Tribal Self-Governance Amendments of 2000, Public Law 106-260, was enacted providing for a permanent Self-Governance program within the IHS. Section 514 of this Act requires the Secretary of the Department of Health and Human Services to submit a written report to the Committee on Indian Affairs of the Senate and the Committee on Resources of the House of Representatives regarding the administration of Title V. As part of this report, the Act specifically states under this Section that the report shall include:

“(C) the funds transferred to each self-governance Indian Tribe and the corresponding reduction in the Federal bureaucracy;

(D) the funding formula for individual Tribal shares of all headquarters funds, together with the comments of affected Indian Tribes or Tribal organizations, developed under subsection (c); and

(E) amounts expended in the preceding fiscal year to carry out inherent Federal functions, including an identification of those functions by type and location;”

As a result, this revised Manual has been updated to reflect these recommended changes in order to meet the goals of: (1) streamlining the HQ program and funding information; and (2) complying with the Title V requirements for reporting specific information to both Congress and the Administration.

While this Manual reflects the most current information available through FY2001, it is recognized that a continued review and update of certain HQ programs will be required based on the most recent IHS decision memorandums.

Definitions & Terms

AT-LARGE-USER: An At-Large-User in the Tribal Size Adjustment formula is an American Indian/Alaska Native who is unaffiliated with a Tribe which may compact or contract the program or a part of the program in which the AI/AN is counted as a user.

BUY-BACKS: Voluntary action from a Tribe or Tribal organization to request the IHS provide goods or services pursuant to an executed Compact under Title V or contract under Title I on a reimbursable basis.

EARMARK: Funds which are appropriated by the Congress with express statutory direction that they may be expended for a particular activity, facility or Tribal initiative. *(Source: Joint Allocation Methodology Workgroup (JAMW) Report - 1/26/96).*

ENCUMBERED: Encumbered resources are defined as those portions of Programs, Services, Functions and Activities (PSFAs) funding that are currently committed as compensation (including employees' severance compensation) for on-duty permanent employees or as payment for goods and services in binding contracts. *(Source: Business Plan Workgroup Memorandum - 12/2/96).*

INHERENT FEDERAL FUNCTIONS (OFTENTIMES REFERRED TO AS RESIDUAL): Those Federal functions which cannot legally be delegated to Indian Tribes. *(Source: Section 501 of P.L. 106-260, Title V, Tribal Self-Governance Amendments of 2000.)*

PROGRAM FORMULA: Funds that are distributed based on a formula using either a workload or a level of need criteria, or a combination thereof.

PROGRAMS, SERVICES, FUNCTIONS AND ACTIVITIES (PSFA): PSFAs are those programs, services, functions and activities that are contractible under the Indian Self-Determination and Education Assistance Act, as amended, including those administrative activities supportive of, but not included as part of, service delivery programs that are otherwise contractible, without regard to the organizational level within the department that carries out such functions, (as authorized under P.L. 93-638, as amended.). *(Source: Indian Health Circular No. 2000-01).*

RESIDUAL: See definition for Inherent Federal Functions above.

RETAINED TRIBAL SHARES: Those funds which support the programs, services, functions and activities which Tribes elect to leave with the Federal government to administer. *(Source: Joint Allocation Methodology Workgroup Report - 1/26/96).*

TRIBAL SHARES: An Indian Tribe's portion of all funds and resources that support Secretarial programs, services, functions and activities (or portions thereof) that are not required by the Secretary for performance of inherent Federal functions. *(Source: Section 501 of P.L. 106-260, Title V, Tribal Self-Governance Amendments of 2000.)*

TRIBAL SIZE ADJUSTMENT (TSA) FORMULA: This distribution formula provides a base to smaller Tribes for fundamental governmental responsibilities for Tribal health care services and programs. This formula incrementally decreases the base amount by a fixed amount per active user as the population size increases. This base supplement is provided only to the small Tribes as the formula is adjusted by the user population to fund the increased responsibilities of managing large health care systems. (*Source: JAMW Report - 1/26/96*).

USER POPULATION: The count of American Indians/Alaska Natives eligible for IHS services who have used those services at least once during the immediate 3-year period. The User Population are those patients who receive direct or contract health services from IHS or Tribally-operated programs and are registered in a verifiable patient registration system.

Budget Line Item: 126
OFFICE OF MANAGEMENT SUPPORT
DIVISION OF INFORMATION RESOURCE (DIR)
INFORMATION RESOURCES MANAGEMENT (IRM) SUPPORT FUND

DESCRIPTION OF PSFA:

This line item provides the necessary resources to maintain a national Information Technology (IT) infrastructure that supports IHS, Tribal and Urban (I/T/U) programs. The primary expenditures of this account are procuring equipment (new and upgrades), hardware and software licenses, and providing technical support through contracting. Funds are also used for information technology sharing agreements with the Department of Defense and Veterans Administration and for accommodating special requests from IHS and Tribal programs.

Major functions/services associated with the IRM Support Fund along with the associated costs for each function are listed below. Costs are identified as a percentage of the total funds for the line item. A detailed description of each item is available upon request by calling (505) 248-4804 or (505) 248-4360 for more information.

MAJOR FUNCTION	ASSOCIATED COST (% OF LINE ITEM TOTAL)
<i>National Database Services</i> Maintain/Manage Central Databases Process National Applications Provide Workload/Statistical Info (Outputs) Provide Technical Assistance and Problem Resolution	5.0%
<i>Telecommunications Management Services</i> Provide Telecommunications Network Provide for Data Movement Provide Technical Assistance and Problem Resolution	40.0%
<i>Software Development and Maintenance Services</i> RPMS Applications Related Support Software Upgrades/Patches Distribution Operating System Related Support and Software Licenses Coordination	45.0%
<i>System Support/Training Services</i> Support Distributed Application Systems Provide Technical Support and Training	10.0%

Budget Line Item: 126 (continued)
OFFICE OF MANAGEMENT SUPPORT
DIVISION OF INFORMATION RESOURCE (DIR)
INFORMATION RESOURCES MANAGEMENT (IRM) SUPPORT FUND

WHAT PSFAs ARE RESIDUAL?

None.

WHAT PSFAs CAN BE TRANSFERRED TO TRIBES?

All PSFAs and funds are available as Tribal shares.

PROGRAM FORMULA FOR CALCULATING THE TRIBAL SHARE:

Tribes are eligible for shares under the TSA formula.

Budget Line Item: 137
OFFICE OF MANAGEMENT SUPPORT
DIVISION OF INFORMATION RESOURCES
NATIONAL (DIR) SUPPORT - ALBUQUERQUE/NATIONAL PROGRAM

DESCRIPTION OF PSFA:

In support of the IHS mission, a component of the Division of Information Resources located in Albuquerque, NM, directs the planning, development, operation and maintenance of computer and telecommunications systems. This office also maintains national databases in Albuquerque, NM at the Information Technology Support Center (ITSC) which provides information in support of health care statistics and budget activities. In addition to maintaining statistical and workload database, other activities include applications software development, office automation, and operating system support.

Major functions/services associated with these funding sources are listed below. Costs are identified as a percentage of the total funds for the line item. A detailed description of each item is available upon request, call (505) 248-4804 or (505) 248-4360 for more information.

MAJOR FUNCTION	ASSOCIATED COST (% OF LINE ITEM TOTAL)
<i>National Database Services</i> Maintain/Manage Central Databases Process National Applications Provide Workload/Statistical Info (Output) Provide Technical Assistance and Problem Resolution	35.0%
<i>Telecommunication Management Services</i> Provide Telecommunication Network Provide for Data Movement Provide Technical Assistance and Problem Resolution	16.0%
<i>Software Development and Maintenance Services</i> RPMS Applications Related Support Software Upgrades/Patches Distribution Operating System Related Support and Software Licenses Coordination	24.0%
<i>System Support/Training Services</i> Support Distributed Application Systems Provide Technical Support and Training	25.0%

Budget Line Item: 137 (continued)
OFFICE OF MANAGEMENT SUPPORT
DIVISION OF INFORMATION RESOURCES
NATIONAL (DIR) SUPPORT - ALBUQUERQUE/HQ

WHAT PSFAs ARE RESIDUAL?

None.

WHAT PSFAs CAN BE TRANSFERRED TO TRIBES?

All PSFAs and funds are available for Tribal shares.

PROGRAM FORMULA FOR CALCULATING THE TRIBAL SHARE:

Tribes are eligible for shares under the TSA formula.

Budget Line Item: 1301
INDIAN HEALTH SERVICE - HEADQUARTERS
DIRECT OPERATIONS

DESCRIPTION OF PSFA:

This line item includes all HQ Direct Operations funds and represents what was previously identified as nine components. HQ Direct Operations includes PSFAs associated with the following line items:

The Office of the Director (OD) provides overall direction and leadership to the IHS by: (1) establishing goals and objectives for the IHS consistent with the mission of the IHS; (2) providing leadership during the development of health care policy; (3) providing leadership to ensure the delivery of quality comprehensive health services; (4) coordinating the IHS activities and resources internally and externally with the activities and available resources of other governmental and non-governmental programs, promoting optimum utilization of all available health resources; (5) advocating for the health needs and concerns of American Indians and Alaska Natives (AI/AN) and promoting the IHS programs at the local, State, national, and international levels; (6) developing and demonstrating alternative methods and techniques of health services management and delivery with maximum participation by Indian Tribes and Indian organizations; (7) supporting the development of individual and Tribal capacities to participate in Indian health programs through means and modalities that they deem appropriate to their needs and circumstances; (8) affording Indian people an opportunity to enter a career in the IHS by applying Indian preference; (9) disseminating information to IHS consumers and the general public regarding the activities of the IHS and the health status of AI/AN people and communities; and (10) ensuring full application of the principles of Equal Employment Opportunity laws and the Civil Rights Act in managing the human resources of the IHS.

The Office of Management Support (OMS) (1) Provides advice and support to the Director and IHS managers on administrative and management regulations, policies, and procedures; (2) provides IHS-wide leadership, guidance, and support in the management of financial, human, personal property, supply, and information resources; (3) formulates, administers, and supports IHS-wide policies, delegations of authority, and organizations and functions development; (4) provides leadership, direction, and coordination of activities for continuous improvement of management accountability and administrative systems and for effective and efficient program support services IHS-wide; (5) administers a program for assuring the integrity of IHS employees in performance of their official duties and responsibilities that conforms with applicable laws, regulations, and guidance from within the Department and from other Federal oversight agencies, and directs the process for personnel security and suitability in the IHS; (6) ensures the accountability and integrity of acquisition and grants management, personal property utilization, and disposition of IHS resources; (7) assures that the IHS management services, policies, procedures, and practices support IHS Indian Self-Determination policies; (8) administers the control and quality of IHS reports, correspondence, and publications charged to

Headquarters' officials for internal or external dissemination, including regular and special reports required by the Department and the Congress; (9) advises the Director on statutory and regulatory issues related to the IHS and coordinates resolution of IHS legal issues with the Office of General Counsel (OGC), IHS staff, and other Federal agencies; (10) provides leadership and advocacy of the IHS mission and goals with the Department, Administration, Congress, and other external authorities; (11) assures that IHS appeal systems meet legal standards; (12) assists in the assurance of Indian access to State, local, and private health programs; (13) manages IHS compliance with ethics requirements including the Federal Managers Financial Integrity Act; and (14) assures that access to IHS records meet statutory requirements.

The Office of Public Health (OPH) (1) Advices and supports the Director, IHS on policy, budget formulation, and resource allocation regarding the operation and management of IHS direct, Tribal and urban public health programs, quality assurance, and self-determination; (2) provides agency-wide leadership and consultation to IHS direct, Tribal, and urban public health programs on IHS goals, objectives, policies, standards, and priorities; (3) represents the IHS within the HHS and external organizations or purposes of liaison, professional collaboration, cooperative ventures, and advocacy; (4) manages and provides national leadership and consultation for IHS and Area Offices on strategic and tactical planning, program evaluation and assessment, public health and medical services, research agendas, and special public health initiatives for the agency; (5) manages the design, development, and assessment, for facilities implementation of resource requirements and resource allocation methodology models for the agency; (6) carries out IHS responsibilities as required by the United States Federal Response Plan under Emergency Support Function No. 8; (7) assures agency compliance with the Code of Federal Regulations 45, Part 46, Protection of Human Subjects; and (8) administers the functions related to clinical services, managed care, hospitals and ambulatory care centers, community and environmental health, and facilities and environmental engineering.

WHAT PSFAs ARE RESIDUAL?

Approximately 48.5% of the funds for these PSFA's are identified as residual.

WHAT PSFAs CAN BE TRANSFERRED TO TRIBES?

All remaining non-residual funds are available for Tribal shares.

PROGRAM FORMULA FOR CALCULATING THE TRIBAL SHARE:

Tribes are eligible for shares for these non-residual funds under the TSA formula.