DEPARTMENT OF HEALTH AND HUMAN SERVICES
INDIAN HEALTH SERVICE
FY 2007 Performance Budget Submission

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
Indian Health Service
FY 2007 Discretionary State/Formula Grants
(dollars in hundreds)

CFDA Number/Program Name: 93:237; 93:442; 93:219 - Special Diabetes Program for Indians, and 93:954, 93:228, 93:193, 93:284, 93:933 - Indian Tribes

STATE/MANDATORY	FY 2005 Actual	FY 2006 Appropriation	FY 2007 Request	Difference +/- 2006
Alaska	$9,298,691	$9,298,691	$9,298,691	$0
Arizona	$22,696,094	$22,696,094	$22,696,094	$0
California	$11,043,152	$11,043,152	$11,043,152	$0
Colorado	$941,268	$941,268	$941,268	$0
Iowa	$518,266	$518,266	$518,266	$0
Idaho	$1,105,806	$1,105,806	$1,105,806	$0
Illinois	$201,393	$201,393	$201,393	$0
Kansas	$1,110,762	$1,110,762	$1,110,762	$0
Massachetts	$156,323	$156,323	$156,323	$0
Michigan	$2,563,163	$2,563,163	$2,563,163	$0
Minnesota	$5,084,178	$5,084,178	$5,084,178	$0
Mississippi	$397,100	$397,100	$397,100	$0
Montana	$6,924,426	$6,924,426	$6,924,426	$0
North Carolina	$1,175,894	$1,175,894	$1,175,894	$0
North Dakota	$2,973,997	$2,973,997	$2,973,997	$0
Nebraska	$1,668,467	$1,668,467	$1,668,467	$0
New Mexico	$9,220,445	$9,220,445	$9,220,445	$0
Nevada	$3,006,280	$3,006,280	$3,006,280	$0
New York	$816,323	$816,323	$816,323	$0
Oklahoma	$20,290,178	$20,290,178	$20,290,178	$0
Oregon	$2,646,635	$2,646,635	$2,646,635	$0
South Dakota	$7,223,197	$7,223,197	$7,223,197	$0
Tennessee	$11,092,932	$11,092,932	$11,092,932	$0
Texas	$423,320	$423,320	$423,320	$0
Utah	$1,739,063	$1,739,063	$1,739,063	$0
Washington	$6,093,509	$6,093,509	$6,093,509	$0
Wisconsin	$4,273,951	$4,273,951	$4,273,951	$0
Wyoming	$747,878	$747,878	$747,878	$0
Subtotal:	$135,432,691	$135,432,691	$135,432,691	$0
Indian Tribes	$25,423,464	$25,423,464	$27,609,896	$2,186,432

INDIAN HEALTH SERVICE
Detail of Full-Time Equivalent Employment (FTE)
By Headquarters, Area Office, and Service Unit

	FY 2005 Actual	FY 2006 Estimate	FY 2007 Estimate
Headquarters	394	394	394
Area Offices	1,133	1,133	1,133
Service Units	13,722	14,022	14,295
Total, FTEs	15,249	15,549	15,822

Average GS Grade

2002.....	8.2
2003.....	8.1
2004.....	8.1
2005.....	8.2

INDIAN HEALTH SERVICE
DETAIL OF PERMANENT POSITIONS

	2005 Actual	FY 2006 Estimate	2007 Estimate
ES-5	2	2	2
ES-4	3	3	3
ES-3	4	4	4
ES-2	5	5	5
ES-1	7	7	7
Subtotal	21	21	21
Total - ES Salaries	$3,134,061	$3,231,217	$3,302,304
GS/GM-15	394	394	394
GS/GM-14	400	400	400
GS/GM-13	380	390	400
GS-12	761	782	800
GS-11	1,328	1,364	1,397
GS-10	487	500	512
GS-9	1,424	1,463	1,498
GS-8	231	237	243
GS-7	852	875	896
GS-6	1,110	1,140	1,167
GS-5	1,875	1,925	1,971
GS-4	1,120	1,150	1,178
GS-3	228	234	240
GS-2	40	41	42
GS-1	1	1	1
Subtotal	10,631	10,896	11,138
Total - GS Salaries	$602,209,970	$635,894,393	$663,599,947
Assistant Surgeon General CO-08	5	5	5
Assistant Surgeon General CO-07	2	2	2
Director Grade CO-06	418	418	418
Senior Grade CO-05	605	606	606
Full Grade CO-04	572	572	572
Senior Assistant Grade CO-03	410	410	410
Assistant Grade CO-02	118	118	118
Junior Grade CO-01	20	20	20
Subtotal	2,150	2,151	2,151
Total - CO Salaries	$220,431,713	$227,265,096	$232,264,928
Ungraded	1,254	1,288	1,319
Total - Ungraded Salaries	$45,327,631	$46,687,460	$48,088,084
Average ES level	ES-02		
Average ES salary	$149,241		
Average GS grade	8		
Average GS salary	$56,647		

INDIAN HEALTH SERVICE
Performance Budget Crosswalk
(Dollars in Thousands)

Performance Program Area	Budget Activity	FY 2005 Enacted	FY 2006 Appropriation	FY 2007
Treatment	Hospitals & Health Clinics	$1,289,418	$1,339,539	$1,429,772
	Dental Health	109,023	117,731	126,957
	Mental Health	55,060	58,455	61,695
	Alcohol & Substance Abuse	139,073	143,198	150,634
	Contract Health Services	498,068	517,297	554,259
	Urban Health	31,816	32,744	0
	Indian Health Professions	30,392	31,039	31,697
	Tribal Management	2,343	2,394	2,488
	Self Governance	5,586	5,668	5,847
	Contract Support Costs	263,683	264,730	270,316
	Medicare/Medicaid/Private Insurance Collections	570,626	576,156	576,156
	Direct Operations	0	62,194	63,804
	Special Diabetes	150,000	150,000	150,000
	Subtotal	3,145,088	3,301,145	3,423,625
Prevention	Public Health Nursing	45,015	48,959	53,043
	Health Education	12,429	13,584	14,490
	Community Health Representatives	51,365	52,946	55,790
	Immunization AK	1,572	1,621	1,708
	OEHE Support	0	551	575
	Environmental Health Support	19,715	20,094	21,130
	Subtotal	130,096	137,755	146,736
Capital Programming/ Infrastructure	Maintenance & Improvement	49,204	51,633	52,668
	Sanitation Facilities	91,767	92,143	94,003
	Health Care Facilities Construction	88,597	37,779	17,664
	Facilities Support	59,074	79,521	86,578
	Environmental Health Support	33,797	37,316	39,240
	OEHE Support	2,299	13,227	13,810
	Equipment	17,337	20,947	21,619
	Medicare/Medicaid/Private Insurance Collections	100,699	101,675	101,675
	Quarters	6,225	6,288	6,288
	Subtotal	448,999	440,529	433,545
Partnerships, Consultation, Core Functions, and Advocacy	Direct Operations	61,649	0	0
	Facilities Support	14,769	0	0
	Environmental Health Support	2,817	0	0
	OEHE Support	9,198	0	0
	Subtotal	88,433	0	0
IHS Total Program Level Funding		$3,812,616	$3,879,429	$4,003,906

INDIAN HEALTH SERVICE

SUMMARY OF FULL COST*

(Dollars in Millions)

Performance Program Area	FY 2005	FY 2006	FY 2007
TREATMENT and PREVENTION	3,275.2	3,438.9	3,570.4
Measures 1-6	821.6	838.8	856.3
Measures 7-9	12.5	27.8	28.8
Measure 10	19.5	19.9	20.0
Measure 11	1.6	1.6	2.0
Measures 12-15	109	118.9	128.4
Measure 16	2.2	2.4	2.5
Measure 17 and 19	4.6	5.0	5.5
Measure 18 *	3.6	10.2	20.2
Measure 20	648.2	648.2	648.2
Measure 21	6.0	6.1	6.1
Measure 23	45	49.5	53.6
Measure 24-26	8.6	9.7	9.9
Measure 27-28	40.5	42.0	44.0
Measure 29**	28.0	28.5	78.6
Measure 30-32	4.8	4.9	3.4
Measure 33	3.6	2.0	2.0
Measure 34	0.2	0.3	0.3
Measure 42	0.7	0.7	0.7
CAPITAL PROGRAMMING/INFRASTRUCTURE	449.0	440.5	433.5
Measure 35	91.8	93.1	95.0
Measure 36	88.6	38.2	38.2
CONSULT., PARTNER., CORE FUNCT., ADV.	88.4	0	0
Measure 37	elim.	elim.	elim.
Measure 38	elim.	elim.	elim.
Measure 39	0.1	elim.	elim.
Measure 40	elim.	elim.	elim.
Measure 41	elim.	elim.	elim.
Full Cost Total	3,812.6	3,879.4	4,003.9

- * measure changed to depression screening
- ** measure changed to comprehensive cardiovascular care
- IHS has chosen to combine the treatment and prevention categories based upon the continuum of care model that is used within our health delivery system.

Allocation Methodology Explanation:

Specific measure calculations are either based on line item budget items, or calculated using peer reviewed published clinical costs, when available. If this cost data is not available, IHS used best estimates to arrive at full cost data.

Full cost data for the measures under each performance program are shown as non adds. The sum of full costs of performance measures may not equal the full cost of the performance area. This reflects the extent to which the program has elements that have no current performance measures.

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Unified Financial Management System (UFMS): +$11,037,000 for the IHS' share of additional costs for both the Operations and Maintenance costs for the UFMS project and for additional costs to the Program Management Office of the UFMS project due to the extension of the implementation dates for both the Program Support Center (October 2006) and the Indian Health Service (October 2007).

UFMS is being implemented to replace five legacy accounting systems currently used across the HHS Operating Divisions (Agencies). The UFMS will integrate the Department's financial management structure and provide HHS leaders with a more timely and coordinated view of critical financial management information. The system will also facilitate shared services among the Agencies and thereby, help management reduce substantially the cost of providing accounting service throughout HHS. Similarly, UFMS, by generating timely, reliable and consistent financial information, will enable the component agencies and program administrators to make more timely and informed decisions regarding their operations. UFMS has reached a major milestone in April 2005 with the move to production for the Centers for Disease Control and Prevention and the Food and Drug Administration. IHS' FY 2007 budget includes a total of $5,474,000 for this purpose.

Accounting Operations

Operations and Maintenance (O&M) activities for UFMS commenced in FY 2005. The Program Support Center will provide the O&M activities needed to support UFMS. The scope of O&M services includes post-deployment support and ongoing business and technical operations services. Post-deployment services include supplemental functional support, training, change management and technical help desk services. Ongoing business operation services involve core functional support, training and communications, and help desk services. Ongoing technical services include the operations and maintenance of the UFMS production and development environments, ongoing development support, and backup and disaster recovery services. IHS' FY 2007 budget includes a total of $8,800,327 for this purpose.

Automating Administrative Activities

HHS agencies have been working to implement automated solutions for a wide range of administrative activities. As UFMS development and implementation move toward completion, there are added opportunities to improve efficiency through automating the transfer of information from administrative systems to the accounting system. IHS' FY 2007 budget includes a total of $7,408,744 to support coordinated development of these improved atomated linkages and administrative systems.

Enterprise Information Technology Fund: The IHS request includes funding to support the President's Management Agenda Expanding E-Government and Departmental enterprise information technology initiatives. Operating Division funds will be combined to create an Enterprise Information Technology (EIT) Fund to finance specific information technology initiatives identified through the HHS strategic planning process and approved by the HHS IT Investment Review Board. These enterprise information technology initiatives promote collaboration in planning and project management and achieve common HHS-wide goals. Examples of HHS enterprise initiatives funded by the EIT Fund are Enterprise Architecture, Capital Planning and Investment Control, Enterprise E-mail, Grants Management Consolidation, and Public Key Infrastructure.

Department of Health & Human Services
Indian Health Service

Number of Service Units and Facilities
Operated by IHS and Tribes, October 1, 2004

2007 CJ

Type of Facility	TOTAL	IHS	TRIBAL			
		Total	Total	Title I [a]	Title V [b]	Other [c]
Service Units	**167**	63	104	17	11	5
Hospitals	**48**	33	15	3	12	0
Ambulatory	**581**	92	489	190	287	12
Health Centers	272	52	220	113	103	4
School Health Centers	11	2	9	7	2	0
Health Stations	136	38	98	62	35	1
Alaska Village Clinics	162	0	162	8	147	7

[a] Operated under P.L. 93-638, Self Determination Contracts

[b] Operated under P.L. 106-260, Tribal Self-Governance Amendment of 2000

[c] Operated by a local government, not a tribe, for some Alaska Native villages through a standard procurement contract

Indian Health Service
FY 2004*

Direct Care Admissions

	IHS	Tribal	TOTAL
IHS TOTAL	**39,382**	**21,263**	**60,645**
Aberdeen	5,673		5,673
Alaska		11,068	11,068
Albuquerque	2,342		2,342
Bemidji	652		652
Billings	2,672		2,672
California			*
Nashville		1,286	1,286
Navajo	13,658	3,591	17,249
Oklahoma	6,483	4,719	11,202
Phoenix	7,117	599	7,716
Portland			*
Tucson	785		785

* No inpatient facilities in FY04

Direct Care Outpatient Visits

	IHS	Tribal	TOTAL
IHS TOTAL	**4,404,394**	**5,029,888**	**9,434,282**
Aberdeen	687,955	59,806	747,761
Alaska		1,240,481	1,240,481
Albuquerque	444,669	78,993	523,662
Bemidji	228,083	555,871	783,954
Billings	481,627	107,495	589,122
California		492,663	492,663
Nashville	2,300	339,675	341,975
Navajo	1,009,585	218,338	1,227,923
Oklahoma	628,635	1,197,439	1,826,074
Phoenix	607,685	274,333	882,018
Portland	231,053	449,131	680,184
Tucson	82,802	15,663	98,465

IHS Estimated Expenditures for Immunizations

	FY 2004 Estimated	FY 2005 Estimated	FY 2006 Estimated	FY 2007 Estimated	Increase or Decrease
Infants and Children ($)	10,396,519	10,781,190	11,136,969	$11,582,447	+$445,478
Adults ($)	1,439,524	1,492,786	1,542,048	$1,603,729	+$61,681
Total:	11,836,043	12,273,976	12,679,017	$13,186,176	+$507,159

The following method was used to estimate expenditures for immunization services in the Indian Health Service (IHS). Since the IHS patient care data system is not structured to measure itemized costs for the treatment of various conditions, an indirect method was used to compute this estimate based on estimates of the patient population and the amount of staff time required to administer the immunizations as well as the cost of those immunizations not available through the Vaccines for Children Program.

Immunization costs were categorized into two target populations. These include infants and children (3 to 27 months of age) and adults (≥65 years of age).

By combining these two groups, an estimate of $10,540,043 was calculated for IHS immunization expenditures in FY 2004. An inflation rate of 3.7% was added to FY 2004 estimates to arrive at estimates for FY 2005 expenditures. An inflation rate of 3.3% was added to FY 2005 estimates to arrive at estimates for FY 2006 expenditures 4% was added to FY 2006 to arrive at the 2007 amount.

This amount is likely an under estimate for several reasons: 1) Individuals outside these target groups are regular recipients of immunizations (e.g., HBg immunization for health care workers and those at specific risk for other vaccine-preventable diseases), however, there is not a good way to estimate the size of these groups; 2) no measure is available for the cost of monitoring (e.g., immunization registries); and 3) no attempt was made to estimate indirect costs or administrative overhead associated with the administration of immunizations, or operation of the immunization program.

Indian Health Service
Self Governance Funded Compacts FY 2005

Compacts by State Name of Compacting Party	IHS Services	IHS Facilities	Contract Support Costs Direct	Contract Support Costs Indirect	Total
Alabama	**$3,112,000**	**$220,000**	**$115,000**	**$610,000**	**$4,057,000**
Poarch Band of Creek Indians	$3,112,000	$220,000	$115,000	$610,000	$4,057,000
Alaska	**$342,750,000**	**$20,575,000**	**$19,872,000**	**$62,544,000**	**$445,741,000**
Alaska Native Tribal Health Consortium	$99,408,000	$14,782,000	$3,230,000	$5,229,000	$122,649,000
Aleutian/Pribilof Islands Association, Inc.	$2,112,000	$62,000	$251,000	$523,000	$2,948,000
Arctic Slope Native Association	$6,996,000	$63,000	$907,000	$2,366,000	$10,332,000
Bristol Bay Area Health Corporation	$18,901,000	$649,000	$1,577,000	$5,454,000	$26,581,000
Chugachmiut	$3,434,000	$53,000	$193,000	$1,131,000	$4,811,000
Copper River Native Association	$1,765,000	$24,000	$158,000	$487,000	$2,434,000
Council of Athabascan Tribal Government	$1,032,000	$8,000	$29,000	$460,000	$1,529,000
Eastern Aleutian Tribes, Inc.	$2,672,000	$24,000	$91,000	$332,000	$3,119,000
Ketchikan Indian Corporation	$4,425,000	$107,000	$733,000	$1,620,000	$6,885,000
Kodiak Area Native Association	$5,481,000	$79,000	$324,000	$1,135,000	$7,019,000
Maniilaq Association	$23,732,000	$565,000	$2,009,000	$7,640,000	$33,946,000
Metlakatla Indian Community	$5,171,000	$723,000	$109,000	$554,000	$6,557,000
Mount Sanford Tribal Consortium	$654,000	$2,000	$46,000	$174,000	$876,000
Native Village of Eklutna	$148,000	$1,000	$4,000	$19,000	$172,000
Norton Sound Health Corporation	$19,074,000	$478,000	$1,438,000	$4,026,000	$25,016,000
Seldovia Village Tribe	$776,000	$9,000	$18,000	$248,000	$1,051,000
Southcentral Foundation	$50,561,000	$637,000	$2,616,000	$11,339,000	$65,153,000
Southeast Alaska Regional Health Corporation	$31,543,000	$874,000	$2,272,000	$5,684,000	$40,373,000
Tanana Chiefs Conference	$26,305,000	$109,000	$1,235,000	$3,475,000	$31,124,000
Yakutat Tlingit Tribe	$267,000	$7,000	$22,000	$72,000	$368,000
Yukon-Kuskokwim Health Corporation	$38,293,000	$1,319,000	$2,610,000	$10,576,000	$52,798,000
Arizona	**$19,123,000**	**$2,758,000**	**$1,229,000**	**$3,113,000**	**$26,223,000**
Gila River Indian Community	$19,123,000	$2,758,000	$1,229,000	$3,113,000	$26,223,000
California	**$26,960,000**	**$1,096,000**	**$1,314,000**	**$7,974,000**	**$37,344,000**
Hoopa Valley Tribe	$4,080,000	$308,000	$183,000	$944,000	$5,515,000
Karuk Tribe of California	$2,186,000	$182,000	$66,000	$1,025,000	$3,459,000
Northern Valley Indian Health, Inc.	$1,704,000	$174,000	$52,000	$589,000	$2,519,000
Redding Rancheria	$4,903,000	$98,000	$406,000	$1,629,000	$7,036,000
Riverside-San Bernardino County Indian Health, Inc.	$14,087,000	$334,000	$607,000	$3,787,000	$18,815,000
Connecticut	**$1,618,000**	**$12,000**	**$0**	**$31,000**	**$1,661,000**
Mohegan Tribe of Indians of Connecticut	$1,618,000	$12,000	$0	$31,000	$1,661,000
Florida	**$6,342,000**	**$354,000**	**$193,000**	**$956,000**	**$7,845,000**
Seminole Tribe of Florida	$6,342,000	$354,000	$193,000	$956,000	$7,845,000
Kansas	**$2,067,000**	**$13,000**	**$5,000**	**$19,000**	**$2,104,000**
Prairie Band of Potawatomi Nation	$2,067,000	$13,000	$5,000	$19,000	$2,104,000
Idaho	**$11,456,000**	**$812,000**	**$848,000**	**$1,582,000**	**$14,698,000**
Coeur D'Alene Tribe	$4,406,000	$315,000	$492,000	$889,000	$6,102,000
Kootenai Tribe of Idaho	$474,000	$26,000	$54,000	$85,000	$639,000
Nez Perce Tribe	$6,576,000	$471,000	$302,000	$608,000	$7,957,000
Louisana	**$989,000**	**$89,000**	**$36,000**	**$167,000**	**$1,281,000**
Chitimacha Tribe of Louisana	$989,000	$89,000	$36,000	$167,000	$1,281,000
Maine	**$2,562,000**	**$242,000**	**$128,000**	**$525,000**	**$3,457,000**
Penobscot Indian Nation	$2,562,000	$242,000	$128,000	$525,000	$3,457,000
Massachusetts	**$530,000**	**$35,000**	**$162,000**	**$246,000**	**$973,000**
Wampanoag Tribe of Gay Head	$530,000	$35,000	$162,000	$246,000	$973,000
Michigan	**$14,898,000**	**$1,087,000**	**$678,000**	**$1,624,000**	**$18,287,000**
Grand Traverse Band of Ottawa and Chippewa Indians	$2,189,000	$256,000	$46,000	$422,000	$2,913,000
Keweenaw Bay Indian Community	$2,407,000	$219,000	$72,000	$309,000	$3,007,000
Sault Ste. Marie Tribe of Chippewa Indians	$10,302,000	$612,000	$560,000	$893,000	$12,367,000
Minnesota	**$12,263,000**	**$975,000**	**$389,000**	**$1,100,000**	**$14,727,000**
Bois Forte Band of Chippewa Indians	$1,959,000	$174,000	$56,000	$302,000	$2,491,000
Fond du Lac Band of Lake Superior Chippewa	$6,437,000	$372,000	$268,000	$523,000	$7,600,000

Compacts by State Name of Compacting Party	IHS Services	IHS Facilities	Contract Support Costs Direct	Contract Support Costs Indirect	Total
Mille Lacs Band of Ojibwe	$3,064,000	$393,000	$53,000	$227,000	$3,737,000
Shakopee Mdewakanton Sioux Community	$803,000	$36,000	$12,000	$48,000	$899,000
Mississippi	**$13,168,000**	**$916,000**	**$943,000**	**$1,784,000**	**$16,811,000**
Mississippi Band of Choctaw Indians	$13,168,000	$916,000	$943,000	$1,784,000	$16,811,000
Montana	**$27,005,000**	**$1,021,000**	**$1,378,000**	**$3,402,000**	**$32,806,000**
Chippewa Cree Tribe of the Rocky Boy's Reservation	$9,156,000	$454,000	$804,000	$1,676,000	$12,090,000
Confederated Salish and Kootenai Tribes of Flathead	$17,849,000	$567,000	$574,000	$1,726,000	$20,716,000
Nevada	**$15,988,000**	**$986,000**	**$1,107,000**	**$2,973,000**	**$21,054,000**
Duck Valley Shoshone-Paiute Tribe	$6,009,000	$634,000	$574,000	$1,398,000	$8,615,000
Duckwater Shoshone Tribe	$872,000	$55,000	$144,000	$555,000	$1,626,000
Ely Shoshone Tribe	$959,000	$40,000	$45,000	$259,000	$1,303,000
Las Vegas Paiute Tribe	$2,622,000	$58,000	$97,000	$254,000	$3,031,000
Washoe Tribe of Nevada and California	$3,990,000	$126,000	$172,000	$236,000	$4,524,000
Yerington Paiute Tribe of Nevada	$1,536,000	$73,000	$75,000	$271,000	$1,955,000
New York	**$5,825,000**	**$350,000**	**$181,000**	**$440,000**	**$6,796,000**
St. Regis Mohawk Tribe	$5,825,000	$350,000	$181,000	$440,000	$6,796,000
North Carolina	**$16,108,000**	**$1,350,000**	**$756,000**	**$2,857,000**	**$21,071,000**
Eastern Band of Cherokee Indians	$16,108,000	$1,350,000	$756,000	$2,857,000	$21,071,000
Oklahoma	**$174,217,000**	**$9,259,000**	**$7,672,000**	**$23,327,000**	**$214,475,000**
Absentee Shawnee Tribe of Oklahoma	$4,542,000	$112,000	$585,000	$474,000	$5,713,000
Cherokee Nation	$40,592,000	$1,635,000	$1,120,000	$4,370,000	$47,717,000
Chickasaw Nation	$36,630,000	$2,187,000	$1,574,000	$6,132,000	$46,523,000
Choctaw Nation of Oklahoma	$45,704,000	$4,248,000	$2,371,000	$5,205,000	$57,528,000
Citizen Potawatomi Nation	$7,171,000	$286,000	$570,000	$1,277,000	$9,304,000
Kaw Nation	$936,000	$68,000	$143,000	$196,000	$1,343,000
Kickapoo Tribe of Oklahoma	$4,033,000	$84,000	$112,000	$1,130,000	$5,359,000
Modoc Tribe of Oklahoma	$109,000	$0	$4,000	$35,000	$148,000
Muscogee (Creek) Nation	$20,701,000	$473,000	$845,000	$2,607,000	$24,626,000
Northeastern Tribal Health System	$5,373,000	$70,000	$111,000	$752,000	$6,306,000
Ponca Tribe of Oklahoma	$2,752,000	$21,000	$118,000	$394,000	$3,285,000
Sac and Fox Nation	$4,388,000	$21,000	$93,000	$504,000	$5,006,000
Wyandotte Nation	$1,286,000	$54,000	$26,000	$251,000	$1,617,000
Oregon	**$17,905,000**	**$913,000**	**$1,785,000**	**$6,035,000**	**$26,638,000**
Coquille Indian Tribe	$1,497,000	$71,000	$167,000	$708,000	$2,443,000
Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians of Oregon	$1,362,000	$38,000	$158,000	$316,000	$1,874,000
Confederated Tribes of Grand Ronde	$4,367,000	$230,000	$391,000	$2,384,000	$7,372,000
Confederated Tribes of Siletz Indians of Oregon	$5,562,000	$171,000	$539,000	$1,254,000	$7,526,000
Confederated Tribes of the Umatilla Reservation	$5,117,000	$403,000	$530,000	$1,373,000	$7,423,000
Washington	**$31,568,000**	**$2,370,000**	**$1,797,000**	**$8,917,000**	**$44,652,000**
Jamestown S'Klallam Indian Tribe	$809,000	$55,000	$66,000	$267,000	$1,197,000
Lower Elwha Klallam Tribe	$1,381,000	$106,000	$73,000	$293,000	$1,853,000
Lummi Indian Nation	$5,949,000	$530,000	$186,000	$1,495,000	$8,160,000
Makah Indian Tribe	$634,000	$76,000	$36,000	$129,000	$875,000
Muckleshoot Indian Tribe	$3,359,000	$110,000	$151,000	$0	$3,620,000
Nisqually Indian Tribe	$1,583,000	$82,000	$84,000	$495,000	$2,244,000
Port Gamble S'Klallam Tribe	$1,532,000	$130,000	$103,000	$457,000	$2,222,000
Quinault Indian Nation	$4,188,000	$394,000	$166,000	$1,950,000	$6,698,000
Shoalwater Bay Indian Tribe	$1,522,000	$53,000	$212,000	$638,000	$2,425,000
Skokomish Indian Tribe	$1,550,000	$77,000	$85,000	$350,000	$2,062,000
Squaxin Island Indian Tribe	$2,235,000	$185,000	$149,000	$805,000	$3,374,000
Suquamish Tribe	$1,197,000	$54,000	$112,000	$496,000	$1,859,000
Swinomish Indian Tribal Community	$1,930,000	$175,000	$134,000	$651,000	$2,890,000
Tulalip Tribes of Washington	$3,699,000	$343,000	$240,000	$891,000	$5,173,000
Wisconsin	**$9,736,000**	**$759,000**	**$241,000**	**$670,000**	**$11,406,000**
Forest County Potawatomi Community	$860,000	$112,000	$10,000	$22,000	$1,004,000
Oneida Tribe of Indians of Wisconsin	$8,876,000	$647,000	$231,000	$648,000	$10,402,000
Grand Total	**$756,190,000**	**$46,192,000**	**$40,829,000**	**$130,896,000**	**$974,107,000**

Compacts by State Name of Compacting Party	IHS Services	IHS Facilities	Contract Support Costs Direct	Contract Support Costs Indirect	Total

Brief Description of Services Provided: The services compacted by the various Tribes include, but are not limited to, all health services, which includes ancillary and support services, formerly administered directly by the Indian Health Service, in hospitals, health centers and stations and school health stations. Representative services include hospital admissions and follow-up, obstetrics, pharmaceutical, alcohol and other drug treatment, public health nursing, health education, contract health care and facilities management. In addition, Tribes receive Contract Support Costs to fund the administrative costs of operating their health programs.

Indian Health Service
FY 2005 Self-Governance Funding Agreements
By Area

as of 9/30/05

Area	Tribal User Pop	Program Tribal Shares	Area Tribal Shares	Headqtrs Tribal Shares	Contract Support Costs (Direct)	Contract Support Costs (Indirect)	**TOTAL**
Alaska	$116,385	$340,623,000	$11,774,000	$10,927,000	$19,872,000	$62,544,000	**$445,740,000**
Aberdeen	0	0	128,000	0	0	0	**128,000**
Bemidji	29,091	33,323,000	4,716,000	1,631,000	1,308,000	3,318,000	**44,296,000**
Billings	15,096	24,822,000	1,809,000	1,395,000	1,378,000	3,402,000	**32,806,000**
California	9,307	24,963,000	1,912,000	1,180,000	1,315,000	7,973,000	**37,343,000**
Nashville	29,844	46,553,000	5,475,000	1,817,000	2,515,000	7,592,000	**63,952,000**
Oklahoma	237,023	167,424,000	8,419,000	9,711,000	7,677,000	23,348,000	**216,579,000**
Phoenix	21,120	35,962,000	1,488,000	1,406,000	2,335,000	6,086,000	**47,277,000**
Portland	39,676	57,220,000	4,841,000	2,863,000	4,429,000	16,633,000	**85,986,000**
Total, IHS	**$497,542**	**$730,890,000**	**$40,562,000**	**$30,930,000**	**$40,829,000**	**$130,896,000**	**$974,107,000**

INDIAN HEALTH SERVICE
Reimbursements, Assessments, and Purchases

Reimbursement for Services Purchased within HHS

(In dollars)

Description of Reimbursement for Services

Service and Supply Fund: The HHS Service and Supply Fund (SSF) is a revolving fund authorized under 42 U.S.C. 231. The SSF does not receive appropriated resources, but is funded entirely through charging HHS agencies, as well as other Federal agencies and departments, for usage of goods and services. Major services of the SSF include Human Resources Service (HRS), Financial Management Service (FMS), Administrative Operations Service (AOS) Strategic Acquisitions Service (SAS), Federal Occupational Health Service (FOHS) and the Human Resource Centers (HRC).

Office of General Counsel: The agreement with the Office of General Counsel is to provide funding for legal services of licensed attorneys and paralegals to represent the Indian Health Service.

Unified Financial Management System: The Unified Financial Management System (UFMS) is an initiative to integrate the Department's financial systems in order to reduce the resources and infrastructure needed to perform financial operations, reduce the number of information flows between the administrative and core financial systems, streamline both internal and external financial reporting and enable consolidated HHS

financial reporting, and take advantage of advanced technical capabilities. All HHS Operating Divisions participate in the initiative are responsible for contributing to the cost.

HHS Enterprise Infrastructure: The Department is implementing improvements in its information technology enterprise infrastructure. These funds are combined with resources in the Information Technology Security and Innovation Fund to promote collaboration in planning and project management and to achieve common goals such as secure and reliable communication and lower costs for the purchase and maintenance of hardware and software. Beginning in FY 2006, $310,000 of IHS funding for Enterprise Infrastructure will be used to support government-wide E-Government Initiatives including Government to Citizens Portfolio, E-Travel, and Federal Health Architecture.

Major Service	HHS Total Estimated Usage	Percent used by IHS
Human Resources Service	67	16.39%
Financial Management Service	61.8	15.53%
Administrative Operations Service	103	2.43%
Strategic Acquisitions Service	92.9	4.63%
Federal Occupational Health Service	187.5	0.64%
Human Resource Centers	53	3.00%
Total	**$565.60**	**5.34%**

The above table shows IHS' FY 2006 estimated usage and cost, as compared to total estimated usage for HHS customers and other Federal agencies.

- The Human Resources Service provides an extensive array of personnel systems, administration and management, training, and payroll services. These include automated personnel and payroll systems support, equal employment opportunity, and workforce development.

- The Financial Management Service supports the financial operations through the provision of grant payment services for Departmental and other Federal grant and program activities; accounting and fiscal services; debt and travel management services; and rate review, negotiation, and approvals for departmental and other Federal grant and program activities to HHS and other Federal agencies.

- The Administrative Operations Service provides a wide range of administrative and technical services within the Department, both in headquarters and in the regions, and to customers throughout the Federal Government. The major areas of service are real and personal property management, technical support and communications management, and management of regional contracts for administrative support.

- Strategic Acquisition Service is responsible for providing leadership, policy, guidance, and supervision to the procurement operations of the PSC and for improving procurement operations within HHS. The SAS provides strategic sourcing services; acquisition management; and provides pharmaceutical, medical, and dental supplies to HHS and other Federal agencies. The SAS will streamline procurement operations in HHS through activities such as the reduction of duplicate contracts, the use of consolidated contracts, and implementation of new procurement practices designed to provide higher quality procurement services.

- The Federal Occupational Health Service provides occupational health services, including health, wellness, employee assistance, work/life, safety, and environmental and industrial hygiene-related services to more than 174 Federal components across the country.

- The Human Resource Centers represent a consolidation of human resources services within the Department, with sites located in Rockville, Baltimore, and Atlanta. In cooperation with their customers, the Centers have implemented human capital strategies that identify, recruit, hire, and retain employees with the skills to accomplish the mission of HHS.

Tri-Council (CFOC,CIOC,PEC)	52,806	49,876	52,806	
Federal Employment Services	25,758	27,393	25,758	
President's Council on Bioethics	22,145	22,145	22,145	
TOTAL:	**$100,709**	**$99,414**	**$100,709**	
$ Change over Prior Year	($11,642)	($1,295)	$1,295	
Percent change over Prior Year	(11.56%)	(1.30%)	1.29%	

Description of Government-Wide Administrative Functions

Tri-Council: Funding for these interagency management councils has been authorized through the Treasury / General Government Appropriations Act. Agencies each contribute to a central fund administered by the General Services Administration to fund the approved projects of each council.

Funds for the Chief Financial Officers Council (CFOC) support the Federal Audit Clearinghouse, the Joint Financial Management Improvement Program, and Grants Streamlining.

Funds for the Chief Information Officers Council (CIOC) support Program Management/ Capital Planning and Investment Management activities, the Federal Enterprise Architecture Program Management Office, and Human Capital and IT Workforce activities.

Funds for the Procurement Executives Council (PEC) support building of the Federal acquisition management information system (FAMIS), the Procurement Acquisition Career Management System and the posting of contract award documents on the Internet to promote transparency of Federal contracting activity.

Federal Employment Services: OPM provides various government-wide job recruitment activities, primarily the maintenance and enhancement of USAJOBS, a single website listing all Federal job openings. Public Law 104-52 authorizes OPM to charge fees to Federal agencies to cover the cost of providing these services.

President's Council on Bioethics: The Council was created November 2001 by Executive Order 12327 and its purpose is to advise the President on bioethical issues related to advances in biomedical science and technology. It is composed of 17 leading scientists, doctors, ethicists, lawyers and theologians.

HHS-Wide Assessments

(In dollars)

	FY 2004 Actual	FY 2005 Estimate	FY 2006 Estimate	FY 2007 Estimate
Quality of Work Life/Human Capital Initiative	14,571	14,272	14,571	14,877
Safety Management Information System	2,987	2,926	2,987	3,050
Safety, Health & Environmental Management	18,213	17840	14571	14,877
Energy Program Review	16,999	16,650	16,999	17,356
IT Access for Disabled Persons	49,540	48,524	49,540	50,580
Media Outreach	2,498	2,498	2,498	2,550
National Rural Development Partnership	19,092	18,994	19,092	19,493
Federal Executive Board, Dallas	29,348	29,523	29,348	29,964
Audit Resolution	33,707	44,000	45,000	47,000
Information Technology Service Center	0	0	1,071,000	2,192,000
Web Management Team	311,516	1,001,000	1,080,000	1,130,000
Small Business Consolidation	0	75,000	181,000	176,000
Tracking Accountability Government Grants System	72,326	71,000	75,000	76,000
Departmental Contract Information System	139,650	172,000	178,000	184,000

Acquisition Integration Modernization	0	0	251,000	254,000
Commissioned Corps Force Management	5,734,000	5,779,000	6,147,000	6,279,000
TOTAL:	**$6,444,447**	**$7,293,227**	**$9,177,606**	**$10,490,747**
$ Change over Prior Year	$6,175,646	$848,780	$1,884,379	$1,313,142
Percent change over Prior Year	95.83%	11.64%	20.53%	12.52%

Description of HHS-Wide Assessments

Quality of Work Life: The Quality of Work Life (QWL) Initiative was created to help HHS employees deal with the multitude of changes impacting the worksite. This initiative has three objectives: to improve employee satisfaction, strengthen workplace learning, and better manage ongoing change and transition. To meet these objectives, these funds support: the Work/Life Center at headquarters; the QWL Internet site on the HHS Home Page; an annual survey of HHS employees; the Department-wide Conference on Diversity and the Secretary's Conference on Family-Friendly Work Practices; activities of the HHS Union-Management Partnership Council; and consultation and skills training to human resource management professionals and change agents throughout HHS.

Safety Management Information System: The Safety Management Information System (SMIS) is a Department-wide, computerized accident and injury reporting and analysis system required by Department of Labor (DOL) regulations and Executive Order 12196. SMIS enables OPDIVs and STAFFDIVs to verify the accuracy of workers' compensation claims charged to HHS by DOL; it also assists in identifying deficiencies in the Department's accident prevention program and in focusing accident prevention efforts. SMIS interfaces with DOL's Federal Employee System and is available to OPDIVs and STAFFDIVs to download the DOL data.

Safety, Health and Environmental Management: The Safety, Health and Environmental Management funds enable the Department to continue conducting program evaluations and environmental compliance assessments of occupational safety and health, as required by pertinent laws, regulations and standards. CFR Title 29, Part 1960, requires the heads of Federal agencies to provide safe healthful working environments for Federal employees; it also requires regularly scheduled safety program evaluation surveys. In order to ensure the effectiveness of these programs and conduct the required evaluations of them, the services of safety professionals are obtained through a contract or interagency agreement funded with these funds.

Energy Program Review: The National Energy Act of 1992 and Executive Order 12902, "Energy Efficiency and Water Conservation at Federal Facilities," mandate a myriad of requirements for energy and water conservation in HHS facilities. To do this, professional engineers and energy managers must be used to evaluate the status of OPDIV and STAFFDIV energy conservation programs, to assist in the development of stronger programs, and to ensure compliance with reporting requirements. The services

of such professionals are obtained through a contract or interagency agreement support with these funds.

IT Access for Disabled Persons: Section 508 of the Rehabilitation Act Amendments of 1998 requires Federal agencies to ensure that individuals with disabilities have access to electronic and information technology (EIT) systems and equipment that is comparable to the access enjoyed by people without disabilities, unless doing so would pose an undue burden on the agency. These funds support the establishment of a baseline of compliance and vulnerabilities as well as the development of governance rules for Section 508 across HHS.

Media Outreach: These funds support Secretarial public affairs initiatives, including the production and distribution of: public service announcements (PSAs) and video news reports, for airing on radio and television; PSAs in Spanish; and media materials directed at disadvantaged and minority audiences. These funds also help defray the costs of media activities that cut across OPDIV lines, including: printed materials informing the public of major health and human services issues; contracts for services such as studio maintenance and camera crews; and charges incidental to satellite transmission.

National Rural Development Partnership: This Partnership (originally called the President's Rural Development Initiative) is managed by USDA's Rural Development Administration. It consists of 18 Federal departments and independent agencies, 37 State Rural Development Councils (SRDCs), and numerous non-governmental organizations. Under the Partnership, States develop SRDCs to support rural development through cooperation among Federal, State and local governments; the goal is to have SRDCs in all 50 States. This initiative also includes the National Rural Development Council (NRDC), a Federal-level interagency workgroup that addresses the policy and regulatory impediments to rural development raised by the SRDCs. HHS has been active in this initiative since its inception; staffs from HRSA and IGA serve on the NRDC and on the executive board of the Partnership, while Regional Directors serve on the SRDCs as needed. These funds support both the SRDC and management of this initiative.

Federal Executive Board, Dallas: One new assessment has been added: the Federal Executive Board (FEB) office in Dallas-Forth Worth (DFW). The President's Management Council has delegated responsibility for funding this FEB to HHS; therefore, this assessment will be used to provide an avenue for various Federal agencies in the DFW area to coordinate similar activities at the local level (e.g., promoting public service) and to be a forum for the exchange of information between Washington and the field.

The FEBs were established in 1961 by a Presidential Directive to improve coordination among Federal activities and programs outside of Washington DC. There are currently 28 FEBs across the country, in cities that are major centers of Federal activity. The operations of all FEBs are overseen by OPM. In 1996, the President's Management Council asked Federal agencies to fund the FEBs; HHS agreed to support the Dallas-Fort Worth FEB, including salaries and benefits for the Executive Director and Executive

Assistant positions, plus office expenses. Currently, CMS is providing the Executive Assistant, and office support is provided by IGA. For several years, GSA covered the cost of the Executive Director; however, GSA has advised HHS that we must now reimburse GSA for this cost. This TAP covers the costs of the Executive Director position.

Audit Resolution: Resolves audit findings on grantee and contractor organizations affecting the programs of more than one OPDIV or Federal agency, as mandated by P.L. 96-304 and P.L. 98-502. Recommends corrections and ensures corrective action is taken on deficiencies in grantee/contractor accounting systems, internal controls, or other management systems. Assists OPDIVs on the PMA scorecard initiative to reduce improper payments which includes: completing program risk assessments, developing appropriate methodologies for estimating improper payments, and engaging in contract recovery auditing activities. Provides functional leadership for completing and coordinating with OIG the Annual Management Report on Final Action to Congress on audit findings and with OMB on the annual update to the A-133 Compliance Supplement.

Information Technology Service Center: Provides common IT infrastructure and technology services to seven OPDIVs (ACF, AoA, AHRQ, HRSA, SAMHSA, OIG, OS and PSC), including e-mail, wide area network, web hosting, remote access (including Internet access), local area networks (LAN), personal computers, COTS software, Help Desk services, Call Center services, and IT training. Beginning in FY 2005 and FY 2006, the ITSC will establish an enterprise-wide e-mail system and HHS-Net across the Department.

Web Management Team: As a result of the Web Portal Project, funded under the IT Security and Innovation Fund, the Web Management Team was added as an activity of the Fund effective on April 1, 2004. The activity will continue efforts resulting from the Web Portal Project, such as refocusing the HHS website to be citizen-centric, leverage existing HHS web content, and empower users to locate information easily across the entire Department. Specific projects of the Web Management Team include procurement of a new search engine, identifying other HHS-wide sites, establishing a partnership between HHS and Web-MD to enhance dissemination of health information, and pilot implementation of a comprehensive Web management tool.

Small Business Consolidation: The consolidation of the Small Business function, effective on October 1, 2004, will align the Small Business Program with the "One HHS" goal and will create operational efficiencies and improved work allocation. The consolidation will permit Small Business specialists to have autonomy and independence from HHS acquisition offices. The Small Business policy function will continue to reside within the General Departmental Management account.

Tracking Accountability in Government Grants System (TAGGS): Compiles grant information for HHS management, including application, award, financial and accounting information. Supports interagency efforts that will directly benefit every Federal agency involved in making grants to a variety of recipients, including State and local

governments, Tribes, universities, research institutions, nonprofit organizations and others.

Departmental Contracts Information System (DCIS): Compiles contract information to produce geographically based reports to the Office of Management and Budget (OMB) and Congress under P.L. 93-400. Provides procurement information for Freedom of Information Act (FOIA) requests from OMB, the Congress, State governments, and HHS management.

Acquisition Integration and Modernization: Creates a seamless integration of acquisition policies, procedures and contract vehicles to serve employees, customers and vendors. AIM will develop a uniform way of performing acquisition services, facilitate mobility among HHS acquisition personnel, minimize duplication and leverage HHS spending opportunities, capture knowledge and utilize best practices within the acquisition workforce. The AIM activity was added to the SSF effective October 1, 2004.

Commissioned Corps Force Management: Under OPHS leadership, a new Corps personnel structure, formerly under the Division of Commissioned Corps Personnel of the PSC, was formulated and is now operational. Under the new structure, several DCP functions and appropriate staff were transferred from PSC to OPHS. Also, under the new structure, the Office of Commissioned Corps Force Management (OCCFM), which reports to the ASH, was created to develop and carry out a comprehensive force management program. The Office of Commissioned Corps Operations, under the direction of the Surgeon General, was created to manage the day-to-day operations of the Corps. Both of these offices are funded in the Office of the Secretary Service and Supply Fund under the title of Commissioned Corps Force Management (CCFM). CCFM provides management and personnel support for active-duty Public Health Service (PHS) Commissioned Corps officers, retired officers, and annuitants. Additionally, CCFM focuses on creating an effective and flexible force that is ready to respond to public health and emergency needs, both in this country and around the world.

INDIAN HEALTH SERVICE
Summary of Reimbursements, Assessments, and Purchases
FY 2005
(dollars in hundreds)

	Object Class								FY 2005	FY 2006	FY 2007
	11.1 & 12.1	21.0	22.0	23.2 & 23.3	24.0	25.3	26.0	31.0	Estimate	Estimate	Estimate
Reimbursement for Services Purchased within HHS											
Service & Supply Fund				156,523		33,063,477			33,220,000	34,910,000	32,370,000
Office of General Counsel	1,201,163	99,393	37		1,563	885,824	2,680	42,884	2,233,544	2,351,181	2,400,556
Unified Financial Management System						12,364,798			12,364,798	11,536,132	18,683,071
HHS Enterprise						1,441,000			1,441,000	1,441,000	1,441,000
Total, Reimbursements	**$1,201,163**	**$99,393**	**$37**	**$156,523**	**$1,563**	**$47,755,099**	**$2,680**	**$42,884**	**$49,259,342**	**$50,238,313**	**$54,894,627**
Government-wide Administrative Functions											
Tri-Council (CFOC, CIOC, PEC)						49,876			49,876	52,806	53,915
Federal Employment Services						27,393			27,393	25,758	26,299
President's Council on Bioethics						22,145			22,145	22,145	22,610
Total, GAF	**$0**	**$0**	**$0**	**$0**	**$0**	**$99,414**	**$0**	**$0**	**$99,414**	**$100,709**	**$102,824**
HHS-wide Assessments											
Quality of Work Life						14,272			14,272	14,571	14,877
Safety Management Information						2,926			2,926	2,987	3,050
Safety, Health & Environmental Programs						17,840			17,840	14,571	14,877
Energy Program Review						16,650			16,650	16,999	17,356
IT Access for the Disabled						48,524			48,524	49,540	50,580
Media Outreach						2,498			2,498	2,498	2,550
Nat'l Rural Development Partnership						18,994			18,994	19,092	19,493
Federal Executive Board-Dallas						29,523			29,523	29,348	29,964
Audit Resolution						44,000			44,000	45,000	47,000
Information Technology Service Center						0			0	1,071,000	2,192,000
Web Management						1,001,000			1,001,000	1,080,000	1,130,000
Small Business						75,000			75,000	181,000	176,000
Tracking Accountability Government Grants System						71,000			71,000	75,000	76,000
Departmental Contract Information System						172000			172,000	178,000	184,000
Acquisition Integration Modernization						0			0	251,000	254,000
Commissioned Corps Force Management						5,779,000			5,779,000	6,147,000	6,279,000
Total, Assessments	**$0**	**$0**	**$0**	**$0**	**$0**	**$7,293,227**	**$0**	**$0**	**$7,293,227**	**$9,177,606**	**$10,490,747**
Grand Total	**$1,201,163**	**$99,393**	**$37**	**$156,523**	**$1,563**	**$55,147,740**	**$2,680**	**$42,884**	**$56,651,983**	**$59,516,628**	**$65,488,198**

Object Class Description:
11.1 & 12.1 -- Salaries & Benefits
21.0 -- Travel
22.0 -- Transportation of Things
23.2. & 23.3-- Rental Payments, Communications, Utilities
24.0 -- Printing & Reproduction
25.3 -- Purchases of goods and servics from Gov't Accounts
26.0 -- Supplies & Materials
31.0 -- Equipment

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SELF-DETERMINATION

Indian Health Service Philosophy

The Indian Health Service (IHS) has implemented the Indian Self-Determination and Education Assistance Act (ISDEAA), Public Law 93-638, as amended, in the spirit by which the Congress recognized the special legal relationship and the obligation of the United States to American Indian and Alaska Native peoples. In keeping with the concept of tribal sovereignty, the ISDEAA, as amended, builds upon IHS policy that maximizes opportunities for tribes to exercise their right to manage and operate IHS health programs, or portions thereof, under Title I and Title V, as well as those tribes who choose their health services to be provided directly by the IHS. The IHS recognized that tribal decisions to contract/compact or not to contract/compact are equal expressions of self-determination.

Title I Contracts and Title V Self-Governance Compacts

The IHS contracts/compacts with tribes and tribal organizations (T/TO) pursuant to the authority provided under Title I and Title V of the ISDEAA, as amended. This Act allows T/TO to enter into contracts/compacts with the Government to plan, conduct, and administer programs that are authorized under Sections 102 and 503 of the Act. The IHS has been contracting with T/TO pursuant to the authority of P.L. 93-638 since its passage in 1975. Today, the IHS currently administers self-determination contracts under Title I and compacts authorized under Title V valued at more than $1.6 billion. Title V provides authorization to sign self-governance compacts for a specific number of tribes who meet certain criteria. Seventy-one compacts and 91 funding agreements have been negotiated to date with 312 tribes.

IHS and Tribally-Operated Service Unit and Medical Facilities

The total dollars administered under ISDEAA contracts and compacts have nearly doubled in recent years and the scope of services managed and provided by tribal programs has also expanded greatly. Tribes have historically assumed control of community services first and then expanded into medical care. For example, the CHR program and community-based components of the alcohol programs have been almost 100 percent tribally operated. Tribally operated hospitals have now started to rise, and over 20 percent of the hospitals funded by IHS are managed by tribes. This trend is expanding their scope and is also reflected in the increasing number of ambulatory medical facilities now managed by tribes. See facilities list at page SUP-10.

Self-Determination Implementation: Contract Support Cost Funding

The CSC funding is authorized pursuant to Section 106(a)(2) of the ISDEAA. This funding has been used by T/TO to develop strong, stable tribal governments that have in turn enabled them to professionally manage their contracts/compacts and the

corresponding services to their communities. Additionally, through the funding of CSC, the IHS has helped in the development of T/TO who are maturing and now achieving greater levels of self-sufficiency in all areas.

The Agency has taken steps to ensure that funding provided is allowable, allocable, reasonable, and necessary and has recently adopted standards for the review and approval of CSC. This has proven beneficial in maintaining consistency in the determination of tribal CSC requirements. The T/TO are continuing to support an appropriate share of administrative streamlining. The IHS has provided administrative shares of its budget to T/TO associated with their contracting and compacting activities since 1995.