Special Requirements

Unified Financial Management System

The Unified Financial Management System (UFMS) is being implemented to replace five legacy accounting systems currently used across the Operating Divisions (OPDIV). 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. The Indian Health Service requests $10,553,262 to support these efforts in FY 2006.

The Program Management Office (PMO) and the Program Support Center (PSC) have commenced Operations and Maintenance (O&M) activities for UFMS in FY 2004. The PMO and the PSC will provide the O & M activities to support UFMS. The scope of proposed 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. On-going business operation services involve core functional support, training and communications, and help desk services. On-going technical services include the operations and maintenance of the UFMS production and development environments, on-going development support, and backup and disaster recovery services. The Indian Health Service requests $1,982,870 to support these efforts in FY 2006.

Research Coordinating Council

The Indian Health Service (IHS) is first and foremost a health care delivery organization and as such does not have a budget line item for health related research activity. In order to address the health related research interests and needs of American Indians and Alaska Natives (AI/AN) the IHS relies on other Operating Divisions within DHHS. In so doing the IHS performs a number of planning, facilitating, and coordinating functions. These and other liaisonic activities are done as in a partnership and in consultation with American Indian and Alaska Native Tribes and other DHHS Operating Divisions. Through participation on the Research Coordinating Council (RCC), the agency has received support in developing an IHS research agenda through which other Operating Divisions can participate in research with the IHS and Tribes. Common activities include clinical and community health research, health services research, pilot, demonstration and evaluation research activities that are important to AI/AN Tribes and that are aligned with the Director's, the Secretary's and the President's Priority Areas. IHS participation on the RCC has helped identify numerous areas of joint interest and potential collaboration.

The activities and recommendations made by the RCC workgroup encourages the expansion of research collaboration with the IHS and better coordination by agencies to

attract American Indians and Alaska Natives and other underrepresented minorities into health research and health related professions. An important example is the NARCH Initiative. NARCH stands for Native American Research Centers for Health and is based on partnerships with Tribes, NIH, other DHHS Operating Divisions and the Indian Health Service. Among other things a major purpose of these Centers is to increase the number of American Indian and Alaska Native health researchers through the provision of training and research opportunities to both Indian students and Indian faculty/researchers many of whom located at Academic Health Centers throughout the county.

The IHS will continue to work with the RCC to further develop and insure that American Indians and Alaska Natives are afforded the opportunity to participate in high quality, health related research and to ensure that AI/AN Tribes participate as full and equal partners.

Enterprise Information Technology Fund

The Indian Health Service's request includes funding to support the President's Management Agenda E-Gov initiatives and Departmental enterprise information technology initiatives. Agency funds will be combined with resources in the Information Technology Security and Innovation Fund to finance specific information technology initiatives identified through the HHS strategic planning process and approved by the HHS IT Investment Review Board. The enterprise information technology initiatives promote collaboration in planning and project management and achieve common goals such as secure and reliable communications and lower costs for the purchase and maintenance of hardware and software. Examples of HHS enterprise initiatives currently being funded are Enterprise Architecture, Enterprise E-mail, Network Modernization, and Public Key Infrastructure. (Also, see IT budget justification at IHS-74)

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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 (ISDA), 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 ISDA, 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 ISDA, 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 Section 102 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. Sixty-seven compacts and 87 funding agreements have been negotiated to date with 294 tribes.

IHS and Tribally-Operated Service Unit and Medical Facilities (See Table)

The total dollars administered under ISDA 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.

Self-Determination Implementation: Contract Support Cost Funding

Because the rate of T/TO entering into self-determination contracts and compacts has been steadily increasing, the demand for contract support cost (CSC) funding to support T/TO in their contracting/compacting has also increased. The CSC funding is authorized pursuant to Section 106(a)(2) of the ISDA. 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 primary growth in CSC since 2003 can be attributed to the need to maintain the current level of services. Additional increased needs for CSC is attributed to increased contracting and compacting by T/TO under both Title I and V of the ISDA, a stated goal of both the Congress and the IHS. 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.

Number of Service Units and Facilities
Operated by IHS and Tribes, October 1, 2003

Type of Facility	TOTAL	IHS Total	TRIBAL Total	TRIBAL Title I [a]	TRIBAL Title V [b]	TRIBAL Non-638 Contract [c]
Service Units	**157**	65	92	--	--	--
Hospitals	**48**	34	14	0	14	--
Ambulatory	**591**	112	479	175	296	8
Health Centers	238	59	179	99	80	--
School Health Centers	6	3	3	1	2	--
Health Stations	167	50	117	67	50	--
Alaska Village Clinics	180	--	180	8	164	8

[a] Operated under P.L. 93-638, Self Determination Contracts
[b] Operated under P.L. 106-260, Tribal Self-Governance Amendment of 2000
[c] Mechanism used by Alaska to fund tribally operated clinics not eligible for Title I funding

Indian Health Service
FY 2003*

Direct Care Admissions

	IHS	Tribal	TOTAL
IHS TOTAL	**38,969**	**20,796**	**59,765**
Aberdeen	5,481		5,481
Alaska		10,832	10,832
Albuquerque	2,455		2,455
Bemidji	607		607
Billings	2,910		2,910
California			-
Nashville		1,329	1,329
Navajo	13,114	3,565	16,679
Oklahoma	6,200	4,403	10,603
Phoenix	7,483	667	8,150
Portland			-
Tucson	719		719

Direct Care Outpatient Visits

	IHS	Tribal	TOTAL
IHS TOTAL	**4,427,418**	**4,402,876**	**8,830,294**
Aberdeen	715,577	69,925	785,502
Alaska		1,090,215	1,090,215
Albuquerque	433,109	73,081	506,190
Bemidji	191,081	473,285	664,366
Billings	470,420	97,494	567,914
California		422,473	422,473
Nashville	4,257	316,006	320,263
Navajo	1,106,834	69,035	1,175,869
Oklahoma	584,968	1,108,440	1,693,408
Phoenix	592,089	245,289	837,378
Portland	234,632	417,068	651,700
Tucson	94,451	20,565	115,016

*Preliminary Data excluding CHS

IHS Estimated Expenditures for Immunizations

	FY 2004 Estimated	FY 2005 Estimated	FY 2006 Estimated	Increase or Decrease
Infants and Children ($)	10,396,519	10,781,190	11,136,969	+355,779
Adults ($)	1,439,524	1,492,786	1,542,048	+49,261
Total:	11,836,043	12,273,976	12,679,017	+405,041

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.

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.

FY 2005 IHS Self-Governance Compacts					
Compacts by State	**FY 2005 Compact Amounts**				
	IHS Services	**IHS Facilities**	**Contract Support Costs DIRECT**	**Contract Support Costs INDIRECT**	**Total**
Alabama	**$3,464,000**	**$214,000**	**$115,000**	**$61,000**	**$3,854,000**
Poarch Band of Creek Indians	$3,464,000	$214,000	$115,000	$61,000	$3,854,000
Alaska	**$301,887,000**	**$16,567,000**	**$19,872,000**	**$62,547,000**	**$400,873,000**
Alaska Native Tribal Health Consortium	$76,385,000	$13,757,000	$3,230,000	$5,229,000	$98,601,000
Aleutian/Pribilof Islands Association, Inc.	$2,016,000	$19,000	$251,000	$523,000	$2,809,000
Arctic Slope Native Association	$6,776,000	$62,000	$907,000	$2,366,000	$10,111,000
Bristol Bay Area Health Corporation	$18,206,000	$289,000	$1,577,000	$5,454,000	$25,526,000
Chugachmiut	$3,232,000	$27,000	$193,000	$1,132,000	$4,584,000
Copper River Native Association	$1,668,000	$11,000	$158,000	$487,000	$2,324,000
Council of Athabascan Tribal Government	$992,000	$5,000	$29,000	$460,000	$1,486,000
Eastern Aleutian Tribes, Inc.	$1,929,000	$20,000	$91,000	$332,000	$2,372,000
Ketchikan Indian Corporation	$4,314,000	$39,000	$733,000	$1,620,000	$6,706,000
Kodiak Area Native Association	$5,225,000	$38,000	$324,000	$1,135,000	$6,722,000
Maniilaq Association	$23,146,000	$217,000	$2,009,000	$7,640,000	$33,012,000
Metlakatla Indian Community	$2,519,000	$22,000	$109,000	$554,000	$3,204,000
Mount Sanford Tribal Consortium	$642,000	$1,000	$46,000	$174,000	$863,000
Native Village of Eklutna	$145,000	$1,000	$4,000	$20,000	$170,000
Norton Sound Health Corporation	$16,483,000	$210,000	$1,438,000	$4,026,000	$22,157,000
Seldovia Village Tribe	$758,000	$3,000	$18,000	$248,000	$1,027,000
Southcentral Foundation	$46,909,000	$326,000	$2,616,000	$11,339,000	$61,190,000
Southeast Alaska Regional Health Corporation	$30,294,000	$370,000	$2,272,000	$5,684,000	$38,620,000
Tanana Chiefs Conference	$24,394,000	$458,000	$1,235,000	$3,476,000	$29,563,000
Yakutat Tlingit Tribe	$262,000	$5,000	$22,000	$72,000	$361,000
Yukon-Kuskokwim Health Corporation	$35,592,000	$687,000	$2,610,000	$10,576,000	$49,465,000
Arizona	**$18,860,000**	**$2,758,000**	**$1,229,000**	**$3,001,000**	**$25,848,000**
Gila River Indian Community	$18,860,000	$2,758,000	$1,229,000	$3,001,000	$25,848,000
California	**$12,345,000**	**$750,000**	**$707,000**	**$4,216,000**	**$18,018,000**
Hoopa Valley Tribe	$3,792,000	$306,000	$183,000	$944,000	$5,225,000
Karuk Tribe of California	$2,106,000	$176,000	$66,000	$1,025,000	$3,373,000
Northern Valley Indian Health, Inc.	$1,625,000	$173,000	$52,000	$589,000	$2,439,000
Redding Rancheria	$4,822,000	$95,000	$406,000	$1,658,000	$6,981,000
Connecticut	**$1,560,000**	**$12,000**	**$0**	**$31,000**	**$1,603,000**
Mohegan Tribe of Indians of Connecticut	$1,560,000	$12,000	$0	$31,000	$1,603,000
Florida	**$4,568,000**	**$354,000**	**$193,000**	**$956,000**	**$6,071,000**
Seminole Tribe of Florida	$4,568,000	$354,000	$193,000	$956,000	$6,071,000
Kansas	**$1,904,000**	**$13,000**	**$5,000**	**$19,000**	**$1,941,000**
Prairie Band of Potawatomi Nation	$1,904,000	$13,000	$5,000	$19,000	$1,941,000
Idaho	**$10,886,000**	**$812,000**	**$848,000**	**$1,521,000**	**$14,067,000**
Coeur D'Alene Tribe	$4,131,000	$315,000	$492,000	$828,000	$5,766,000
Kootenai Tribe of Idaho	$467,000	$26,000	$54,000	$85,000	$632,000
Nez Perce Tribe	$6,288,000	$471,000	$302,000	$608,000	$7,669,000
Louisana	**$874,000**	**$88,000**	**$36,000**	**$121,000**	**$1,119,000**
Chitimacha Tribe of Louisana	$874,000	$88,000	$36,000	$121,000	$1,119,000
Maine	**$2,494,000**	**$239,000**	**$128,000**	**$525,000**	**$3,386,000**
Penobscot Indian Nation	$2,494,000	$239,000	$128,000	$525,000	$3,386,000
Massachusetts	**$525,000**	**$35,000**	**$159,000**	**$246,000**	**$965,000**
Wampanoag Tribe of Gay Head	$525,000	$35,000	$159,000	$246,000	$965,000
Michigan	**$15,009,000**	**$1,095,000**	**$174,000**	**$1,624,000**	**$17,902,000**
Grand Traverse Band of Ottawa and Chippewa Indians	$2,155,000	$262,000	$46,000	$422,000	$2,885,000
Keweenaw Bay Indian Community	$2,357,000	$223,000	$72,000	$309,000	$2,961,000
Sault Ste. Marie Tribe of Chippewa Indians	$10,497,000	$610,000	$56,000	$893,000	$12,056,000
Minnesota	**$11,874,000**	**$938,000**	**$376,000**	**$936,000**	**$14,124,000**
Bois Forte Band of Chippewa Indians	$1,924,000	$174,000	$56,000	$302,000	$2,456,000
Fond du Lac Band of Lake Superior Chippewa	$6,273,000	$327,000	$255,000	$523,000	$7,378,000
Mille Lacs Band of Ojibwe	$2,989,000	$401,000	$53,000	$111,000	$3,554,000
Shakopee Mdewakanton Sioux Community	$688,000	$36,000	$12,000	$0	$736,000
Mississippi	**$12,214,000**	**$902,000**	**$943,000**	**$1,768,000**	**$15,827,000**
Mississippi Band of Choctaw Indians	$12,214,000	$902,000	$943,000	$1,768,000	$15,827,000
Montana	**$18,838,400**	**$5,725,600**	**$1,378,000**	**$2,966,000**	**$28,908,000**
Chippewa Cree Tribe of the Rocky Boy's Reservation	$7,989,400	$45,600	$804,000	$1,360,000	$10,199,000
Confederated Salish and Kootenai Tribes of Flathead	$10,849,000	$5,680,000	$574,000	$1,606,000	$18,709,000

FY 2005 IHS Self-Governance Compacts					
Compacts by State	**FY 2005 Compact Amounts**				
	IHS Services	**IHS Facilities**	**Contract Support Costs DIRECT**	**Contract Support Costs INDIRECT**	**Total**
Nevada	**$14,846,000**	**$986,000**	**$1,107,000**	**$2,761,000**	**$19,700,000**
Duck Valley Shoshone-Paiute Tribe	$5,539,000	$634,000	$574,000	$1,398,000	$8,145,000
Duckwater Shoshone Tribe	$854,000	$55,000	$144,000	$430,000	$1,483,000
Ely Shoshone Tribe	$941,000	$40,000	$45,000	$234,000	$1,260,000
Las Vegas Paiute Tribe	$2,252,000	$58,000	$97,000	$226,000	$2,633,000
Washoe Tribe of Nevada and California	$3,753,000	$126,000	$172,000	$236,000	$4,287,000
Yerington Paiute Tribe of Nevada	$1,507,000	$73,000	$75,000	$237,000	$1,892,000
New York	**$5,530,000**	**$338,000**	**$181,000**	**$440,000**	**$6,489,000**
St. Regis Mohawk Tribe	$5,530,000	$338,000	$181,000	$440,000	$6,489,000
North Carolina	**$15,579,000**	**$1,342,000**	**$720,000**	**$2,667,000**	**$20,308,000**
Eastern Band of Cherokee Indians	$15,579,000	$1,342,000	$720,000	$2,667,000	$20,308,000
Oklahoma	**$163,365,000**	**$9,280,000**	**$7,671,000**	**$23,325,000**	**$203,641,000**
Absentee Shawnee Tribe of Oklahoma	$3,468,000	$112,000	$585,000	$474,000	$4,639,000
Cherokee Nation	$39,121,000	$1,635,000	$1,120,000	$4,370,000	$46,246,000
Chickasaw Nation	$33,697,000	$2,187,000	$1,574,000	$6,132,000	$43,590,000
Choctaw Nation of Oklahoma	$43,124,000	$4,248,000	$2,371,000	$5,205,000	$54,948,000
Citizen Potawatomi Nation	$6,670,000	$286,000	$570,000	$1,276,000	$8,802,000
Kaw Nation	$750,000	$68,000	$143,000	$196,000	$1,157,000
Kickapoo Tribe of Oklahoma	$3,921,000	$84,000	$112,000	$1,130,000	$5,247,000
Modoc Tribe of Oklahoma	$42,000	$0	$4,000	$35,000	$81,000
Muscogee (Creek) Nation	$20,160,000	$473,000	$845,000	$2,606,000	$24,084,000
Northeastern Tribal Health System	$4,312,000	$91,000	$110,000	$752,000	$5,265,000
Ponca Tribe of Oklahoma	$2,660,000	$21,000	$118,000	$394,000	$3,193,000
Sac and Fox Nation	$4,194,000	$21,000	$93,000	$504,000	$4,812,000
Wyandotte Nation	$1,246,000	$54,000	$26,000	$251,000	$1,577,000
Oregon	**$15,583,000**	**$875,000**	**$1,627,000**	**$5,717,000**	**$23,802,000**
Coquille Indian Tribe	$1,426,000	$71,000	$167,000	$707,000	$2,371,000
Confederated Tribes of Grand Ronde	$4,274,000	$230,000	$391,000	$2,384,000	$7,279,000
Confederated Tribes of Siletz Indians of Oregon	$5,221,000	$171,000	$539,000	$1,254,000	$7,185,000
Confederated Tribes of the Umatilla Reservation	$4,662,000	$403,000	$530,000	$1,372,000	$6,967,000
Washington	**$29,919,000**	**$2,368,000**	**$1,697,000**	**$8,916,000**	**$42,900,000**
Jamestown S'Klallam Indian Tribe	$653,000	$55,000	$66,000	$267,000	$1,041,000
Lower Elwha Klallam Tribe	$1,359,000	$105,000	$73,000	$293,000	$1,830,000
Lummi Indian Nation	$5,435,000	$530,000	$186,000	$1,495,000	$7,646,000
Makah Indian Tribe	$629,000	$76,000	$36,000	$128,000	$869,000
Muckleshoot Indian Tribe	$3,149,000	$110,000	$151,000	$0	$3,410,000
Nisqually Indian Tribe	$1,527,000	$82,000	$83,000	$495,000	$2,187,000
Port Gamble S'Klallam Tribe	$1,500,000	$130,000	$103,000	$457,000	$2,190,000
Quinault Indian Nation	$3,946,000	$394,000	$166,000	$1,950,000	$6,456,000
Shoalwater Bay Indian Tribe	$1,489,000	$52,000	$212,000	$638,000	$2,391,000
Skokomish Indian Tribe	$1,515,000	$77,000	$85,000	$350,000	$2,027,000
Squaxin Island Indian Tribe	$2,104,000	$185,000	$149,000	$805,000	$3,243,000
Suquamish Tribe	$1,161,000	$54,000	$112,000	$496,000	$1,823,000
Swinomish Indian Tribal Community	$1,886,000	$175,000	$134,000	$651,000	$2,846,000
Tulalip Tribes of Washington	$3,566,000	$343,000	$141,000	$891,000	$4,941,000
Wisconsin	**$8,545,000**	**$723,000**	**$231,000**	**$648,000**	**$10,147,000**
Oneida Tribe of Indians of Wisconsin	$8,545,000	$723,000	$231,000	$648,000	$10,147,000
Grand Total	**$670,669,400**	**$46,414,600**	**$39,397,000**	**$125,012,000**	**$881,493,000**

2005 Self-Governance Funding Agreements

By Area

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	295,844,000	11,723,000	10,890,000	19,872,000	62,544,000	400,873,000
Aberdeen	0	0	128,000	0	0	0	128,000
Bemidji	29,091	31,205,000	4,764,000	1,584,000	1,284,000	3,208,000	42,045,000
Billings	15,096	21,371,000	1,801,000	1,392,000	1,378,000	2,966,000	28,908,000
California	9,307	11,481,000	1,024,000	590,000	708,000	4,215,000	18,018,000
Nashville	29,844	42,499,000	5,475,000	1,808,000	2,476,000	7,364,000	59,622,000
Oklahoma	237,023	157,016,000	8,323,000	9,222,000	7,676,000	23,346,000	205,583,000
Phoenix	21,120	34,565,000	1,488,000	1,398,000	2,335,000	5,762,000	45,548,000
Portland	39,676	52,916,000	4,744,000	2,780,000	4,172,000	16,156,000	80,768,000
Total, IHS	497,542	646,897,000	39,470,000	29,664,000	39,901,000	125,561,000	881,493,000

As of 1/11/05

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