
Overview of Budget Formulation Process



Agenda

- Describe California area tribal budget formulation process
- Review national IHS budget formulation process
- Explain Government Performance and Results Act (GPRA) and its link to the IHS budget
- Outline plans for regional work sessions the week of December 19-23:
 - North (Redding)
 - South (Escondido)
 - West Central (Sacramento)
 - East Central (Sacramento)





Agency Priorities

1. To renew and strengthen our partnership with Tribes
2. To reform the IHS
3. To improve the quality of and access to care
4. To make all our work accountable, transparent, fair and inclusive

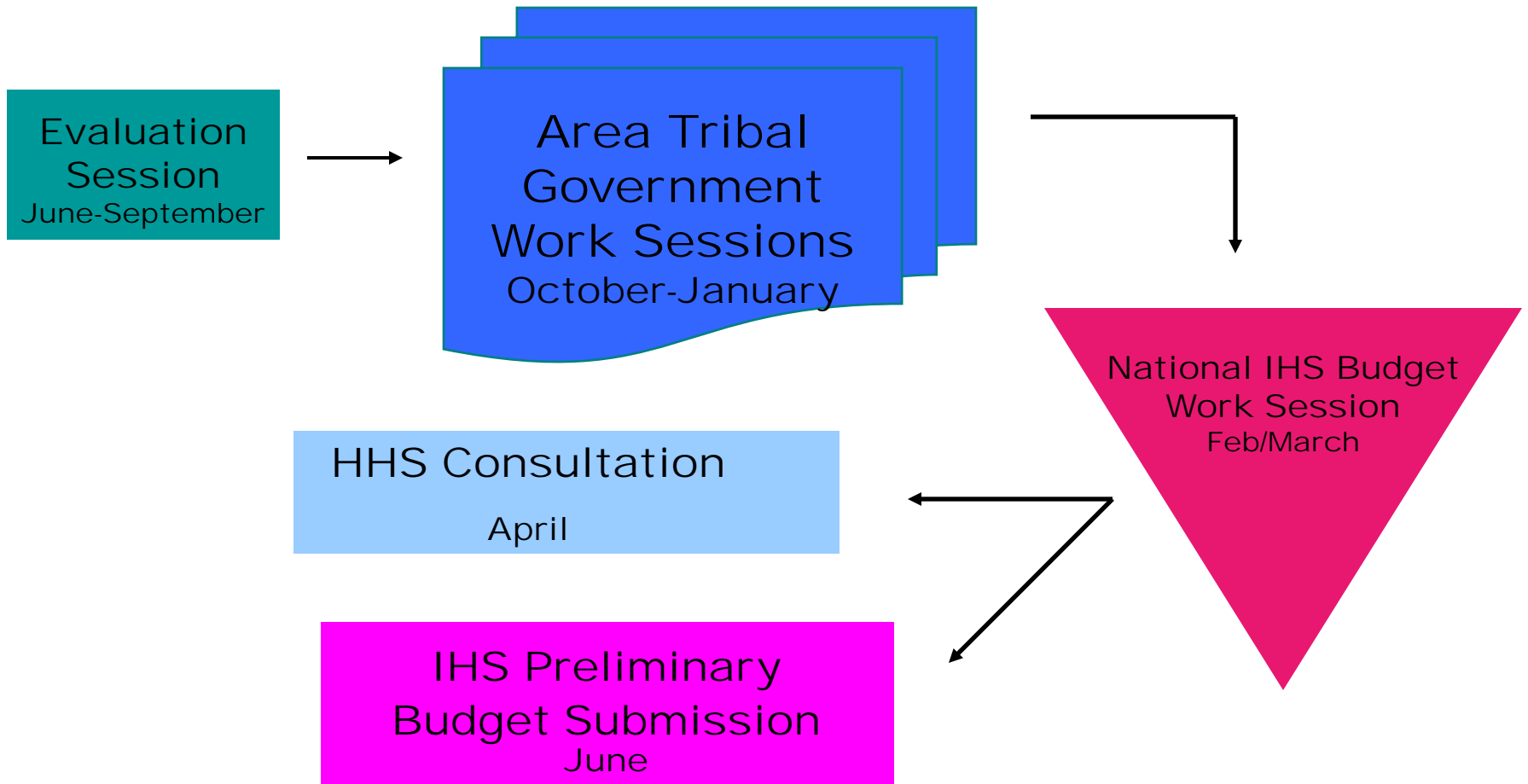


California Tribal Budget Formulation for FY 2014

- Today's Webinar September 9, 2011 will introduce you to the federal budget formulation process
- IHS is planning four budget work sessions in four California regions in December 2011



IHS Tribal Consultation Policy – Budget Formulation Process



IHS Process Step-by-Step

**Evaluation
Session**
June - September

- Budget workgroup evaluates how the process has worked and makes recommendations for improvement to IHS leadership
- The California Area representative to the IHS Budget Formulation Workgroup is Chairman Stacy Dixon of the Susanville Indian Rancheria; need an alternate
- Their recommendations are incorporated into the planning for the next fiscal year's process



IHS Process Step-By-Step



**Tribal Government
Work Sessions**
October - January

- Based on Tribal consultation with all 103 federally-recognized tribes, the California Area develops a set of health/budget priorities and makes budget recommendations within a designated amount to the National Budget Formulation Workgroup



IHS Process Step-by-Step

- At the National Budget Formulation Workgroup, the 12 sets of Area recommendations are consolidated into one set of national recommendations
 - Health Priorities
 - Budget Priorities
- Two representatives from each Area participate



**National IHS Budget
Work Session**
Feb/March



IHS Process Step-by-Step

HHS Consultation April

- The Department of Health and Human Services (HHS) has semi-annual Tribal Consultations, which includes all HHS operating divisions such as CMS, FDA, ACF, NIH, etc.
- Typically the Budget Formulation Workgroup co-chairs and its members present the recommendations for the IHS budget from the National Workgroup at these consultations
- HHS provides the opportunity for Tribal governments to participate in the formulation of the IHS budget, with the Tribal leads being NCAI/NIHB



IHS Process Step-by-Step

IHS Preliminary Budget Submission June

- Tribal priorities are established to serve as the foundation of budget formulation
- IHS' official budget submission to HHS is used throughout the budget formulation cycle
- It is also used to justify and support other initiatives or opportunities that arise



2013 California Tribal Priorities

- Health/Disease Priorities:
 - Contract Health Service (Pharmaceuticals)
 - Indian Health Care Improvement Fund (Pharmaceuticals)
 - Obesity/Diabetes + Complications (Dialysis)
 - Behavioral Health (Substance Abuse, Suicide Prevention, Domestic Violence)
 - Cancer
 - Heart Disease
 - Dental
- Critical Priorities: (there are two first priorities)
 - Water/Sanitation Projects – Maintenance & Improvement
 - Health Facilities Construction Priority System Area Distribution (HFC – Ambulance program)
 - Small Ambulatory (recommend \$8 –10 million per project)
 - Injury Prevention



How Does IHS Determine Its Budget Request?

Tribal/Urban Priorities

- Area budget formulation sessions for Tribal governments to develop and recommend the health priorities
- National Budget Formulation Work Session consolidation of Area recommendations takes place in the month of February

HHS Budget Guidance

- Includes
 - Direction on funding levels for budget request
 - Administration budget priorities
 - Technical instructions, e.g., pay raise assumptions



IHS Budget Request to HHS



Levels of Review/Recommendation

Execution

Present to Congress

Formulation

Planning

IHS, Tribal Governments,
and Tribal and urban Indian
health programs



Conference Committee
Full House & Senate
Appropriations Sub-Committee/
Full Committee



OMB



HHS



IHS



IHS, Tribal Governments,
and Tribal and urban Indian
health programs

Government Performance and Results Act (GPRA) and the Budget

- Federal law passed in 1993 and updated in 2010
- Federal agencies must demonstrate that they are using congressional appropriations effectively and efficiently
- Federal agencies must have a 5-year strategic plan
- Requires agencies to also submit an Annual Performance Plan with budget request
 - Describes what IHS intends to do to meet strategic plan goals
 - Contains specific clinical performance measures for I/T/Us
- Requires federal budgets to be integrated with performance reporting



Government Performance and Results Act (GPRA) and the Budget

- GPRA requires federal budgets to be integrated with performance
- Regular GPRA briefings are provided to the National Tribal Budget Formulation Workgroup (NTBFWG)
- NTBFWG asked that GPRA information be shared with Area tribes, so they can understand budget formulation and performance integration concepts
- IHS selected performance measures that reflect the healthcare provided to IHS eligibles



GPRA and the Budget, cont.

- Federal agencies must develop and submit an Annual Performance Report with their budget request
 - Describes how IHS compares to the performance targets set in the Annual Performance Plan
 - GPRA reporting and performance are directly linked to the annual budget requests for IHS



GPRA and the Budget

- Each IHS budget request:
 - Includes discussion of performance measures to “justify” funding request
 - Links performance measures to the IHS Strategic Plan
 - Identifies new and continuing resources needed to meet strategic plan goals
 - Provides detailed information about every GPRA performance measure, including descriptions and targets in the Online Performance Appendix (OPA)



Dental Access Example in FY 2012 IHS Online Performance Appendix

Measure	FY	Target	Result
13: Dental Access: Percent of patients who receive dental services. (Outcome)	2011	27.0%	N/A
	2010	27%	25% (Target Not Met)
	2009	24%	25% (Target Exceeded)
	2008	25%	25% (Target Met)
	2007	24%	25% (Target Exceeded)
	2006	24%	23% (Target Not Met)



Dental Access Example in FY 2012 Discussion

- The IHS did not meet its FY 2010 target for dental access
- In FY 2010, 25% of patients received dental care services, maintaining the rate from FY 2009, but missing the FY 2010 target of 27%
- The target for dental access is a rate of 23.0% for FY 2011 and 2012
- These targets are ambitious, given the challenges of ensuring continued access to dental services, with high provider vacancy rates



Four Regional Meetings

- Half day sessions
- Review previous priorities
- Review current area-level data;
 - GPRA clinical measure performance
 - Office of Environmental Health and Engineering (OEHE) workload information
 - Contract Health Service data
 - CMO analysis of conditions/needs



Four Regional Meetings, cont.

- Complete an exercise to establish/revise the IHS/CAO health priorities
- Crosswalk the health priorities to the proposed budget
- Determine allocation of proposed increases among the health priorities
- Finalize regional recommendations



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Questions??

