Bemidji Area Indian Health Service

The Facilities Appropriation

Office of Environmental Health & Engineering

FY 2013 Pre-Negotiation Meeting May 16, 2012

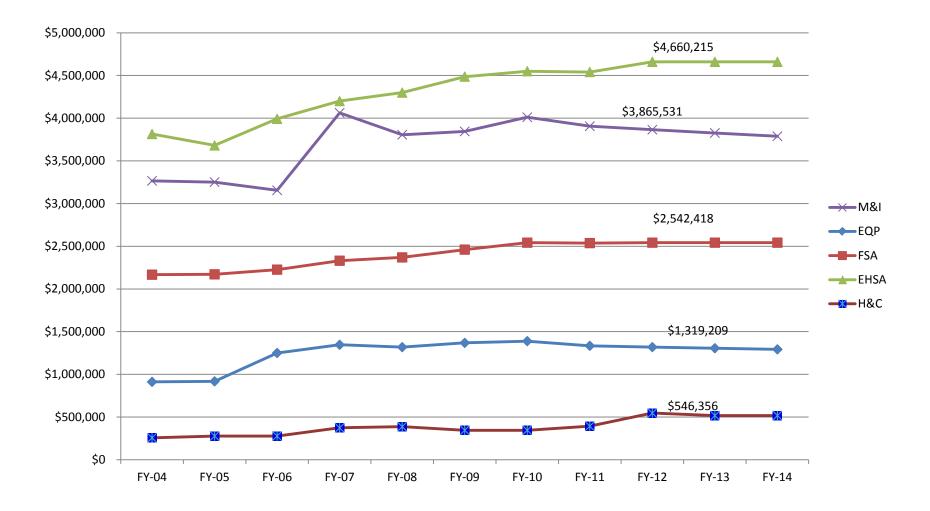
Facilities Appropriation - Funding Lines

(with Area Detail Sheet Line Item Numbers)

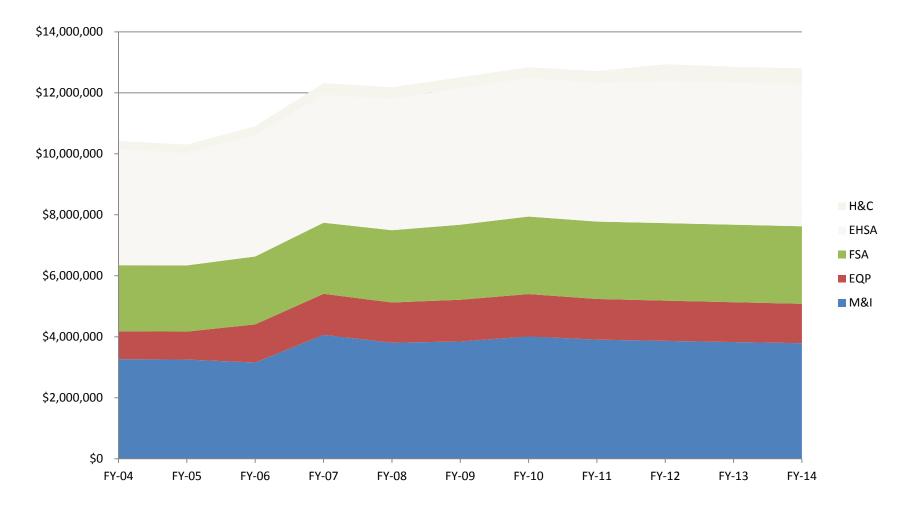
- M&I Maintenance & Improvement (Line 328)
- FSA Facilities Support
 - Facility Support Account (FSA) (Line 319)
 - ES Engineering Services (Line 321)
- Medical Equipment New & Replacement (Line 328A)
- Medical Equipment Management H&C (Line 331)
- EHSA Environmental Health Support
 - DSFC Program- Project & Non Project (Lines 327 & 322)
 - DEHS Program- Field, District, Area & Injury Prevention (Lines 326a, 326b, 320, & 341)

Bemidji Area OEH&E Funding

Trend from FY-2004 to FY-2012 (projected to 2014)



Bemidji Area — Facilities Appropriations OEH&E Programs - Cumulative Funding



Workload Methodologies

- Tribal Shares are determined by workload methodologies for all funding lines.
 - Resource Requirements Methodology (RRM)
 - Estimated in Staff-Years or Staff-Days
 - Building Related Factors
 - Space, Intensity of Use, Age of building, Location, replacement costs, etc.
 - Program Considerations
 - Outpatient Visits, Inpatient Days, CHAPs, etc
- Workload data from the previous fiscal year is used to estimate tribal shares available for the next fiscal year.

Databases used to collect Workload Information

- Health Facilities Data System (HFDS)
 - M&I
 - Equipment
- wStars
 - Project Data System (PDS) SFC Projects
- WebEHRS
 - Environmental Health Data new version was installed in 2012

Maintenance & Improvement (M&I) Workload

- Routine M&I: Determined by the University of Oklahoma formula,
- Project M&I: The difference between the Total M&I and the Routine M&I.
 - Pool projects are funded from project M&I
 - Project M&I is applied to BEMAR

University of Oklahoma Formula Routine M&I =(FA) X (CI) X (II) X (LI) X (URV)

• FA = Facility Area (in area units – sq ft or m²)

• CI=Construction Index

- Fire Resistant=0.011; Masonry & Wood=0.013; Wood Frame=0.0175; Temp Space= 0.02
- II = Intensity Index

Unoccupied=0.25; Normal Use=1.0; 24 hour operation = 1.5

- LI = Location Index
 - Construction Industry standard based on distance from suppliers.
- URV=Unit Replacement Value (\$/unit area)
 - Construction standard based on present day costs and type of construction.

M&I Distributions

- Routine M&I
 - Distributed to Every Stakeholder (owners of health care space)
- Project M&I
 - Distributed to those who do not participate in the M&I Pool
 - Pooled for Federal Service Units and those tribes participating in the M&I Pool
- M&I Earmarks
 - 2012 Earmark is \$170,000 as discussed in FEP 1 used for Facility Condition Surveys (\$89,000 for Facility Condition Survey),
 - \$81,000 is earmarked before distribution of Project M&I basically funded from the overall appropriation.
 - \$89,000 is earmarked after distribution of Project M&I basically funded from the M&I Pool.

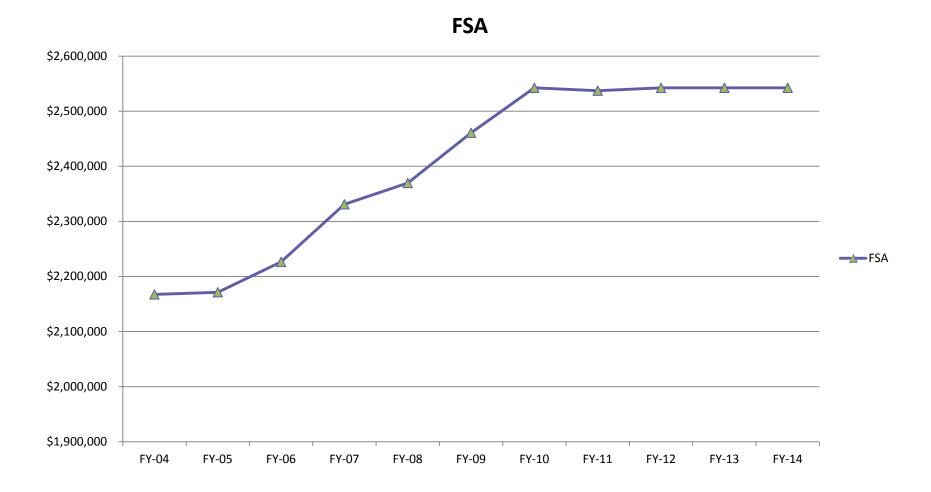
Facility Support Workload

- Conversion from H&C in 1994.
- Conversion was based on historical workload considerations. Subsequent proportional adjustments are made according to funding levels.
 - ~ 80% to Federal Facilities
 - Red Lake, White Earth, Cass Lake
 - ~ 10% targeted for Tribal Activities
 - Relative to M&I Funding
 - ~ 10 % Bemidji Area Facilities Program

Engineering Services

- The program funds used by Engineering Services included FSA funds to implement M&I projects. The are received in the FSA allowance.
- The overall amount was determined in the Mid 1990's and has not been adjusted since.

Facility Support Account



Bemidji Area OEH&E - Tribal Shares

BioMedical Equipment Management Program (Biomed)

- Tribes may elect to participate in the Medical Equipment Management Program,
- Costs are determined by actual costs to deliver the services assessed through workload factors:

Clinical Space at the Health Care Facility Variability in Travel Costs

 Funds are retained by Bemidji Area IHS from H&C funds. OEH&E manages the program.

Medical Equipment Program (a.k.a. the Biomed Program)

 Base Costs for the Medical Equipment Management Program are based on facility size and with an escalation for estimated intensity of usage. Additionally, factors are included to account for the variability in travel costs. For 2012, two options were available – PMs only and Full Service.

In the Prgm	Option	FY-2013		Total Annual Cost	
-		TRIBE	TITLE	to Tribe	
✓	2	Bad River	I	16,193	
✓	2	Bois Forte	V	20,291	
✓	2	Bay Mills		20,651	
√	2	Fond Du Lac	V	44,433	
✓	2	Forest County	I	26,647	
✓	2	Grand Portage		4,445	
	0	Grand Traverse	V	0	
	0	Gun Lake	I	0	
✓	2	Hannahville	I	12,102	
✓	2	Ho-Chunk		52,380	
	0	Huron		0	
✓	2	Keweenaw Bay	V	15,880	
√	2	Lac Courte Oreilles	I	12,846	
√	2	Lac Du Flambeau	I	20,534	
√	2	Lac Vieux Desert		4,558	
	0	Leech Lake		0	
	0	Little River		0	
✓	2	Little Traverse	I	13,586	
		Lower Sioux	I	0	
	0	Maehnowesekyah		0	
✓	2	Menominee	I	26,418	
✓ ✓	2	Mille Lacs	V	19,583	
✓	2	Oneida	V	60,429	
	0	Prairie Island		0	
	0	Shakopee\Prior Lake	V	0	
	0	Pokagon		0	
✓	2	Red Cliff		9,803	
	0	Red Lake Tribal		0	
✓	1	Saginaw Chippewa		27,175	
√	2	Sault Ste Marie	v	69,948	
 ✓	2	Sokaogon/Mole Lake	, , , , , , , , , , , , , , , , , , ,	7,453	
· ✓	1	Stockbridge-Munsee		14,652	
	2	St Croix		17,573	
•	0	Upper Sioux Band	 	0	
	0	White EarthTribal	I	0	
		TOTALS		\$ 517,580	

H&C - Medical Equipment Management Program



Bemidji Area OEH&E - Tribal Shares

Medical Equipment Funds

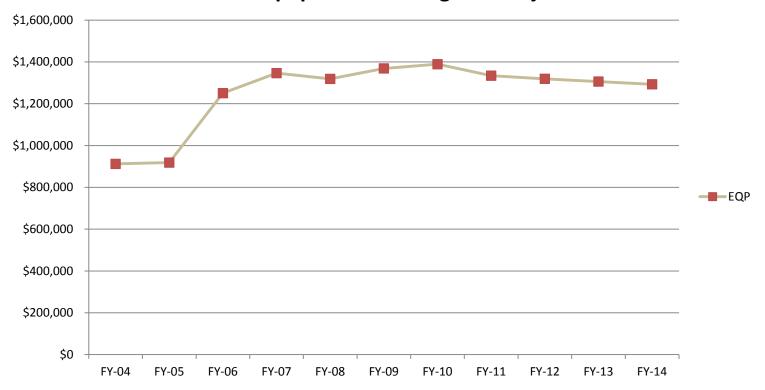
- Funding amounts are based on workload and facility size using a standard formula.
- Workload Formula Factors:
 - GSM = Facility Size (m²)
 - OPV = Annual Outpatient Visits
 - ESS = Equipment Supportable Space (m²)
 - Qtr = Quarters of the year the facility is in operation
 - CHAP = Community Health Aid Program Visits
 - IPD = Annual Inpatient Days
 - HA = Annual Hospital Admissions

Medical Equipment Funds

• Standard Empirical Formula:

Allocation = $\{(5.1 \times ESS \times GSM \times Qtr/4) + 6 \times [.25 \times CHAP + OPV + 2 \times IPD + 4 \times HA] + 0.5\}$

- Formula is applied to data contained in the HFDS,
- Allocation results are reported in HFDS.



Medical Equipment Funding –Bemidji Area

Bemidji Area OEH&E - Tribal Shares

Sanitation Facilities Construction

- Workload:
 - Project RRM
 - Projects with active RRM counts
 - Non-Project RRM
 - Number of O&M Systems
 - Number of Feasible SDS Projects
 - Number of Communities

Sanitation Facilities Construction

Project RRM (Tabular Formula)

SFC Project Workload Formula (RRM)							
Project Funding Ranges	Funding Range Workload Rate	Total Project Workload					
(\$)	(staff-days per \$1,000)	(staff-days)					
\$0	Minimum staff-days per eligible project	40					
first \$0 - 200,000	2 staff-days per \$1,000	40 - 440					
next \$200,000 - 400,000	add 1staff-day per \$1,000	440 - 640					
next \$400,000 - 1.5 million	add 0.5 staff-day per \$1,000	640 - 1,190					
next \$1.5 million - 5 million	add 0.1 staff-day per \$1,000	1,190 - 1,540					
greater than \$5 million	add 0 staff-day per \$1,000	1,540 (maximum)					

Sanitation Facilities Construction

Project RRM (Graphical Formula)

Sanitation Facilities Construction

• Project RRM Distribution

Fiscal Year	FY-2010	FY-2011	FY-2012	FY-2013	FY-2014	FY-2015
RRM Year	0	1	2	3	4	5
Distribution of Project Workload	0%*	0%	20%	50%	30%	0%
Description of Project Phase	Pre-Planning**	Planning**	Pre-Design	Design/Construction	Construction / Project Closure	

EHSA - Sanitation Facilities Construction Bemidji Area Workload

- Project RRM (Staff-Days)
 - Presently (2012), DSFC is tracking 594 active SFC Projects for 34 tribes (7 planning, 70 in design, 81 in construction, 263 construction completed and 173 pending final report). A total of 155 projects have active RRM counts (2008 and newer).
 - Project RRM is calculated for each tribe
- Non-Project RRM (Staff Days)
 - 65 Wastewater & 81 Water Systems
 - 248 SDS Projects (173 Feasible)
 - 522 Communities for 34 tribes
 - Non-Project RRM is calculated for each tribe.

Environmental Health Services

• RRM

- Raw RRM (in Staff Days)
 - From data contained in WebEHRS
 - Tribal Program Percentages are based on Raw RRM
 - Tribal%= (Tribal Raw RRM/Bemidji Area Total Raw RRM)
- Other RRM (in Staff Days)
 - Other RRM = IEH RRM + 26.5% PB + IP RRM + Admin RRM
 - IEH RRM (Institutional Environmental Health)
 - 26.5% PB (Program Base)
 - IP RRM (Injury Prevention)
 - Admin RRM (Administrative)
- Total RRM = Total Raw RRM + Total Other RRM
- Tribal RRM = Tribal Raw RRM + (Tribal%)X(Total Other RRM)

EHSA RRM Proportions

- The EHS RRM is compiled,
- The SFC RRM is compiled,
- SFC and EHS RRM are added together and percentages for each program are determined,
- RRM Percentages for program funds are based on an average of RRM for three fiscal years.
- The three year average is applied to the EHSA Allowance to obtain EHS and SFC Allowance.

DEHS Tribal Shares

- Residual and earmarks are subtracted from the EHS Portion of the Allowance.
- EHS RRM percentages for each tribe are applied to the remaining EHS Portion of the Allowance to determine Field, District, and Area Tribal shares.

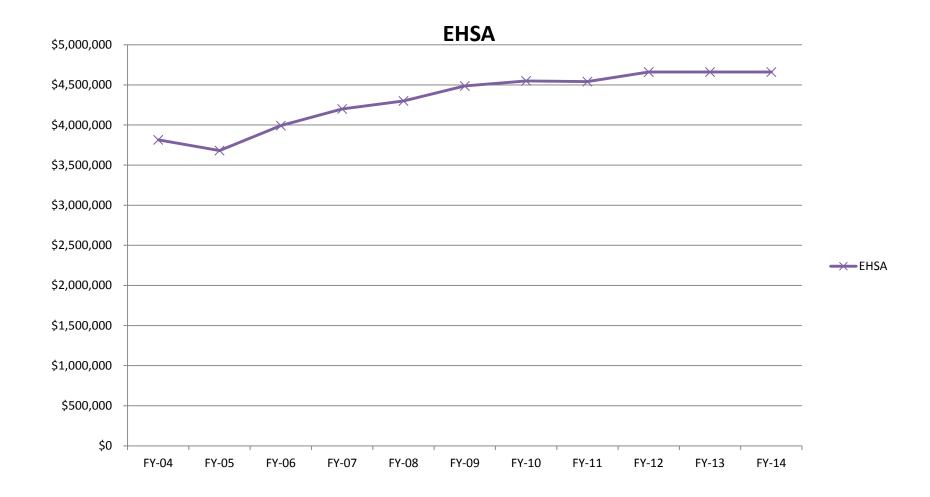
DSFC Tribal Shares

- Residual and earmarks are subtracted from the SFC Portion of the EHSA Allowance.
- SFC RRM percentages for each tribe are applied to the remaining SFC Portion of the EHSA Allowance to determine Project and Non-Project Tribal shares.

Tribal Shares Available

- All Bemidji Area OEH&E Tribal shares are determined in separate worksheets; however, they are consolidated in the worksheet known as OEHE Table 4 – Available Title V Tribal Shares,
- Table 4 is completed with known workload data and estimated funding levels for Self Governance Negotiations (and inclusion in the annual publication of the PFSA Manual),
- Table 4 is again calculated as **actual** allocations and/or allowances are received.

Environmental Health Support Account DSFC & DEHS



Bemidji Area OEH&E - Tribal Shares

Questions??

Louis Erdrich, P.E., Director, OEH&E

DSFC - Craig Morin, P.E., Director, DSFC TUC Pgm - Scott Snell, Assistant Director, DSFC DEHS - Diana Kuklinski, R.S., Director, DEHS DFM - Todd Scofield, P.E., Director, DFM Biomed Pgm - Robert Allard, Manager, Med Eqp Pgm