RESOLUTION OF THE
NAABIK'ÍYÁTI' COMMITTEE OF THE
NAVAJO NATION COUNCIL

23rd NAVAJO NATION COUNCIL - Second Year, 2016

AN ACTION

RELATING TO HEALTH, EDUCATION AND HUMAN SERVICES AND NAABIK'ÍYÁTI'; REQUESTING THE NAVAJO AREA INDIAN HEALTH SERVICES AND THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES TO PERMIT THE NAVAJO NATION EMERGENCY MEDICAL SERVICES USE OF ADEQUATE OFFICE SPACE AT THE TOHATCHI HEALTH CENTER (IHS)

WHEREAS:

A. The Health, Education and Human Services Committee (HEHSC) is a standing committee of the Navajo Nation Council. It is empowered to review and recommend resolutions regarding certain matters, including health, education and social services. 2 N.N.C. §§ 164 (A)(9), 400 (A), 401 (B)(6)(a) (2012); *see also* CO-45-12.

B. The Naabik'íyáti' Committee is a standing committee of the Navajo Nation Council. Among other statutory powers, the committee has the delegated responsibility to "review and continually monitor the programs and activities of federal and state departments and to assist development of such programs designed to serve the Navajo People and the Navajo Nation through intergovernmental relationships between the Navajo Nation and such departments." 2 N.N.C. § 701 (A)(7) (2012); *see also* CO-45-12.

C. On April 13, 1987, in regards to a "functionally inadequate" Indian Health Services facility at Tohatchi, New Mexico, the Indian Health Services (IHS) submitted plans to the U.S. Department of Health and Human Services for a new IHS health center in Tohatchi. See Exhibit "A." Regarding the proposal, *Program Justification Documents* (PJD) were submitted defining the project, which included the construction of a new IHS health center as well as expansion of the existing one. *Id.* (Exhibit "A" contains

relevant portions of PJDs). Justification for expansion and a new IHS health center included the matter of "emergency services." *Id.* More particularly, the PJD provided that the Navajo EMS program would be using a "120" sq. ft. space at the new IHS facility. *Id.*

D. The *Program Justification Documents* submitted for a new IHS health center in Tohatchi, New Mexico were accepted by the U.S. Department of Health and Human Services on June 23, 1987. Exhibit "A," memorandum dated June 23, 1987. In accepting the PJD, the U.S. Department of Health and Human Services stated that its approval was "based on the inadequate size of the present facility and the need for additional space as documented in the PJD." *Id.*

E. In accordance with the *Program Justification Documents*, the Tohatchi Health Center was constructed and opened in 1994. Today the facility "provides 40-hour per week ambulatory care for approximately 8,000 nearby residents." *www.ihs.gov/Navajo/index*.

F. The Navajo Nation Emergency Medical Services (EMS) is one of eight programs within the Navajo Nation Division of Public Safety. It currently has a Public Law 638 contract with the U.S. Department of Health and Human Services. Under the contract, Navajo Nation EMS provides emergency medical services for IHS facilities, including the new facility in Tohatchi, New Mexico. *Agreement Between the Secretary of the Department of Health and Human Services and the Navajo Nation.* Exhibit "B." However, EMS does not operate out of the new Tohatchi Health Center. It administers its program out of another building in spite of original plans under the PJD (*i.e.*, plans to have emergency services provided out of the new IHS facility).

G. Regarding the use of IHS facilities by Navajo Nation EMS, the 638 contract for emergency services provides that upon request of the Navajo Nation, the U.S. Department of Health and Human Services and the Navajo Nation "shall enter into a separate joint use agreement to address the shared use ... of real or personal property that is not reasonably divisible." Section B(8)(c), *Agreement Between the Secretary of the Department of Health and Human Services and the Navajo Nation.* Exhibit "B."

Similarly, the related *Annual Funding Agreement* states: "... the IHS and the Navajo Nation shall enter into Joint Use Agreements (JUA), Revocable Licenses, and/or Memorandum of Understanding (MOU) to address the shared use by the parties of certain office space and living quarters at NAIHS facilities where the Navajo Nation operates programs identified in Attachment A to this AFA. IHS shall make such space available to the Navajo Nation in accordance with the standards and regulations under the Occupational Safety and Health Administration, including but not limited to janitorial services, internet/intranet and telephone/fax, on terms set forth in the JUAs, Revocable Licenses, and MOUs." Section 6, *Annual Funding Agreement Between the Navajo Nation Division of Public Safety Emergency Medical Services and the United States of America, Secretary of the Department of Health and Human Services, Calendar year 2016."* See Exhibit "C" (entirety of AFA incorporated by this reference; *Attachment "A"* provided herein).

NOW THEREFORE BE IT RESOLVED THAT:

The Navajo Nation requests the Navajo Area Indian Health Services and the U.S. Department of Health and Human Services to allow the Navajo Nation Emergency Management Services to use space at the Tohatchi Health Center as originally intended and indicated through *Program Justification Documents*. The use of adequate office space for purposes of administering emergency services is further mandated by the applicable *Public Law 638 contract* and *Annual Funding Agreement*. Otherwise, the Navajo Nation requests that the PJD be appropriately amended and to have emergency funds allocated for purposes of locating or constructing a new facility for Navajo Nation Emergency Medical Services.

CERTIFICATION

I hereby certify that the foregoing resolution was duly considered by the Naabik'íyáti' Committee of the 23rd Navajo Nation Council at a duly called meeting in Window Rock, Navajo Nation (Arizona), at which a quorum was present and that the same was passed by a vote of 13 in favor, 0 oppose, this 26th day of May, 2016.

Leonard Tsosie, Pro Temp Chairperson
Naabik'íyáti' Committee

Motion: Honorable Davis Filfred
Second: Honorable Edmund Yazzie

NAVAJO NATION

RCS# 420

5/26/2016

Naa'bik'iyati Committee

04:53:47 PM

Amd# to Amd#

Legislation No. 0151-16

PASSED

MOT Filfred

SEC Yazzie

Requesting the NAIHS and the U.S. Department of Health & Human Services to Permit

Yea : 13 **Nay : 0** **Not Voting : 11**

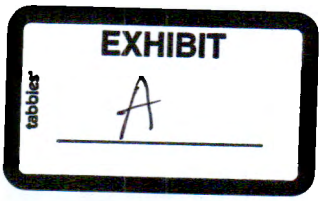
Yea : 13

Bates	Chee	Hale	Tso
Begay, K	Damon	Jack	Witherspoon
BeGaye, N	Filfred	Slim	Yazzie
Bennett			

Nay : 0

Not Voting : 11

Begay, NM	Daniels	Phelps	Tsosie
Brown	Perry	Shepherd	Vacant
Crotty	Pete	Smith	



TOHATCHI HEALTH CENTER

PROGRAM JUSTIFICATION DOCUMENT

MARCH 1987

Tohatchi Health Center

Program Justification Document

Document Dated: March 1987

Approved:

4/1/87

Everett R. Rhoades, M.D.
Assistant Surgeon General
For Director, Indian Health Service

Date

for 4/13/87

David N. Sundwall, MD
Administrator
Health Resources and Services Administration

Date

6/23/87

Robert E. Windom, M.D.
Assistant Secretary for Health

Date

PROGRAM JUSTIFICATION DOCUMENT

NEW CONSTRUCTION

TOHATCHI, NEW MEXICO

I. JUSTIFICATION FOR PROGRAM

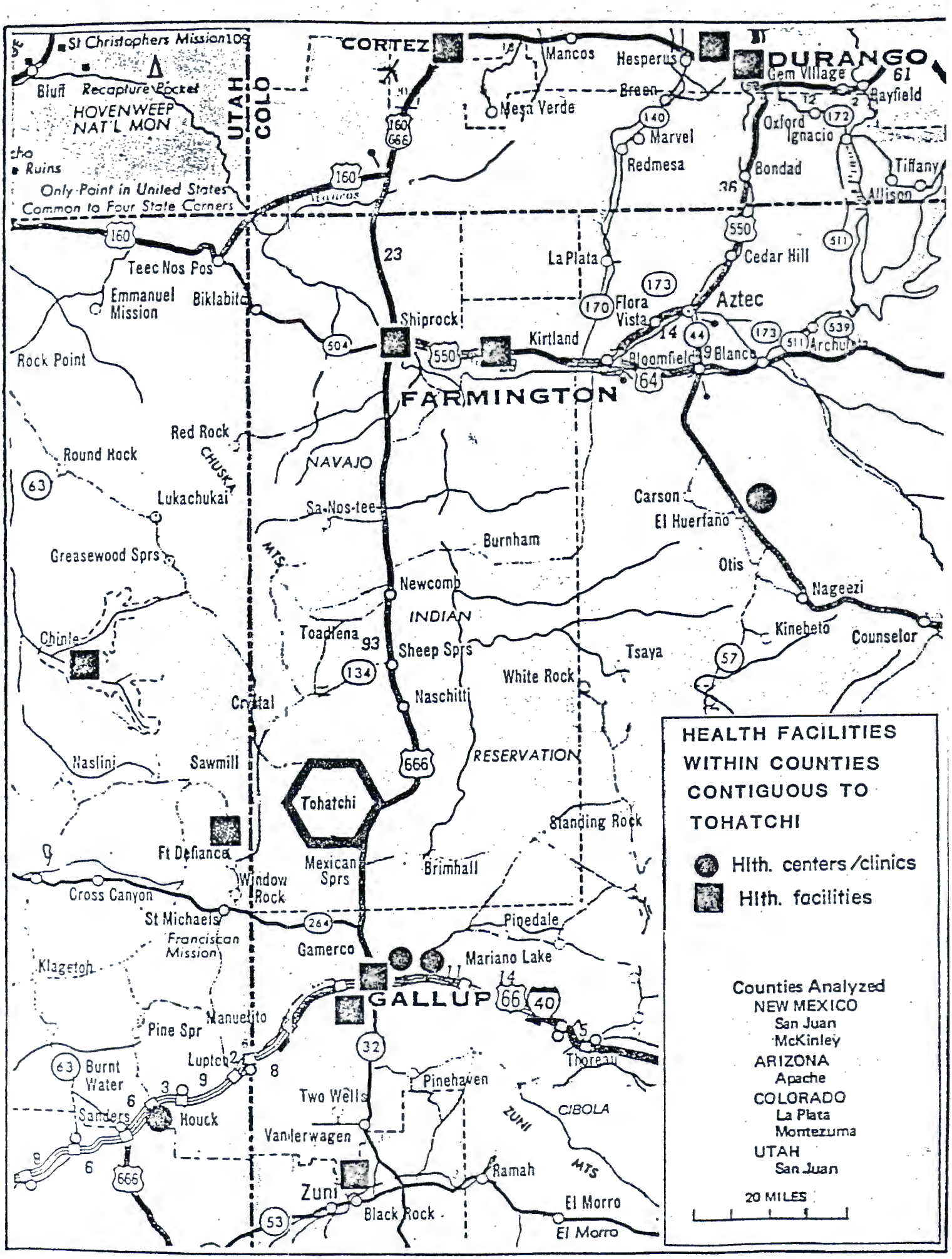
This document is intended to justify the need for a new Health Center at Tohatchi, New Mexico. The new facility will provide improved access to ambulatory health care services for approximately 9,000 Navajos residing in the Tohatchi Service Area of the Gallup Service Unit. In addition, the new facility will relieve the increasing burden of outpatient care at the Gallup Indian Medical Center (GIMC), shifting that demand for services back to Tohatchi for the residents of the Service Area. The current Health Center provides minimal ambulatory care, dental services, and community health programs.

The Tohatchi Health Center is located in the Gallup Service Unit, 20 miles north of Gallup, New Mexico, in McKinley County. The Tohatchi Service Area is located in the southeastern portion of the Navajo Nation, along the New Mexico-Arizona border. Although the Gallup Service Unit covers parts of three counties (McKinley and San Juan Counties in New Mexico and Apache County in Arizona), the Tohatchi Service Area is completely within McKinley County. Gallup is the second largest of the eight Navajo Area Service Units and contains the Navajo Area tertiary care center, the GIMC. The Navajo Nation, with a 1986 Indian Health Service (IHS)-estimated population of 171,423 is divided into 108 geographic "Chapters," or units of community-level government. Each Service Unit contains several Chapters. There are 16 Chapters in the Gallup Service Unit, five of which are in the Tohatchi Service Area.

The McKinley County total All Races population was approximately 56,000 as of the 1980 Census, and thus the average population density was 10 persons per square mile. The Gallup Service Unit population in 1986 was 25,419. With approximately 2,000 square miles, the Service Unit had a population density of about 12.1 persons per square mile. The Tohatchi Service Area population in 1986 was estimated to be 8,066, with population concentrations in the communities of Twin Lakes, Tohatchi, Naschitti, and Mexican Springs, distances as far as 50 miles north of Gallup.

In 1984, 85.5 percent of the Gallup Service Unit population resided in McKinley County. Those Navajos residing in the McKinley County portion of the Gallup Service Unit comprised 36.8 percent of the total county population.

Poverty is a way of life among Navajo people. The overall unemployment rate for the Navajo Nation is 52.4 percent as of January 1985. Based on 1980 Census data, McKinley County had 36.8 percent of its total population below the poverty level. The overall Navajo Nation poverty rate was 49.7 percent for 1985.


St Christophers Mission 109
CORTEZ
Mancos
Hesperus
DURANGO
Gem Village
61
Bayfield
Breen
Mesa Verde
140
Marvel
Oxford
Ignacio
172
Redmesa
Bondad
Tiffany
Allison
36
Bluff
Recapture Pocket
HOVENWEEP NAT'L MON
Ruins
Only Point in United States Common to Four State Corners
UTAH
COLO
160
666
Teec Nos Pos
Emmanuel Mission
Biklabito
23
La Plata
550
Cedar Hill
511
173
Flora Vista
170
Aztec
Shiprock
504
Kirtland
14
44
Bloomfield
9
Blanco
539
Archuleta
64
Rock Point
FARMINGTON
Red Rock
Round Rock
CHUSKA
NAVAJO
63
Lukachukai
Sa-Nos-tee
Carson
El Huerfano
Burnham
Greasewood Sprs
MTS
Otis
Nageezi
Newcomb
INDIAN
Chinle
Toadlena
93
Sheep Sprs
Kinebeto
Counselor
Tsaya
57
134
White Rock
Crystal
Naschitti
Naslini
Sawmill
RESERVATION
Tohatchi
Standing Rock
Ft Defiance
Mexican Sprs
Brimhall
Window Rock
Cross Canyon
St Michaels
Franciscan Mission
264
Pinedale
Gamerco
Mariano Lake
Klagetoh
GALLUP
66
40
Manuelito
Pine Spr
32
Thoreau
Burnt Water
Lupton
Pinehaven
Two Wells
Sanders
Houck
CIBOLA
ZUNI
MTS
Vanderwagen
Ramah
Zuni
El Morro
Black Rock
53
HEALTH FACILITIES WITHIN COUNTIES CONTIGUOUS TO TOHATCHI
Hlth. centers/clinics
Hlth. facilities
Counties Analyzed
NEW MEXICO
San Juan
McKinley
ARIZONA
Apache
COLORADO
La Plata
Montezuma
UTAH
San Juan
20 MILES

The health status of Navajos and other American Indians residing in the Tohatchi Service Area is characteristically poor in relation to both New Mexico and the general U.S. population. The 1983 infant mortality rate is 18.9 infant deaths per 1,000 live births for the Gallup Service Unit, as compared to 11.2 for U.S. All Races in 1983. The rate was 12.8 for the Navajo Area and 13.2 (in 1980) for New Mexico. Gallup accounted for 27.3 percent of all Navajo Area births in 1985. It should be noted that the FY 1985 Gallup Service Unit birth rate (live births per 1,000 population) is 3.3 times the 1983 U.S. All Races birth rate, that is, 51.4 compared to 15.5. However, Gallup Service Unit birth rates and infant mortality rates tend to be skewed on the high side because of the tertiary care status of GIMC.

The following table indicates the leading causes of outpatient visits for the Tohatchi Health Center for FY 1985. The high rate of visits in the "supplemental" category, and the large number of prenatal care visits, explain the increasing emphasis among Navajo people and Navajo Area Indian Health Service (NAIHS) health care providers on health promotion/disease prevention activities.

TOHATCHI HEALTH CENTER
LEADING CAUSES OF OUTPATIENT VISITS
FY 1986

CLINICAL IMPRESSIONS	NUMBER	PERCENT DISTRIBUTION
TOTAL, ALL CLINICAL IMPRESSIONS	17,300	100.0
SUPPLEMENTAL:	2,035	11.8
WELL CHILD CARE	475	
OTHER PREVENTIVE HEALTH SERVICES	253	
PHYSICAL EXAMINATION	558	
TESTS ONLY (LAB., X-RAY)	608	
ALL OTHERS	141	
RESPIRATORY SYSTEM DISEASES:	3,724	21.5
UPPER RESPIRATORY INFECTION	2,036	
RESPIRATORY ALLERGY, ASTHMA	209	
ALL OTHERS	1,479	
NERVOUS SYSTEM AND SENSE ORGAN DISEASES:	2,272	13.1
ACUTE OTITIS MEDIA	1,251	
ALL OTHERS	1,021	
PREGNANCY, CHILDBIRTH & PUERPERIUM:	510	2.9
PRENATAL CARE	381	
ALL OTHERS	129	

CLINICAL IMPRESSIONS (continued)	NUMBER	PERCENT DISTRIBUTION
ACCIDENTS, POISONING & VIOLENCE:	767	4.4
LACERATION	232	
SUPERFICIAL CONTUSION	238	
DISLOCATION, SPRAIN, STRAIN	196	
FRACTURES	40	
ALL OTHERS	61	
ALL OTHERS	7,992	46.2

The two-story health facility at Tohatchi was originally operated by the Bureau of Indian Affairs (BIA), and, until it closed in 1962, had a complement of 14 beds and 4 cribs. The current Health Station was opened in 1955. The old hospital building was used for staff quarters for a period then abandoned. A dental clinic building was added to the complex in 1976.

A new facility would permit the expansion of direct services by making available services that Tohatchi residents now seek at the GIMC outpatient clinic. The latter facility is severely overloaded since this tertiary care center was never intended to serve an ambulatory care function of the current magnitude.

The Tohatchi Health Center is functionally inadequate to provide the needed outpatient health care services to the Navajo people of the area. The current base facility, including both buildings, has approximately 5,800 gross square feet. The 1986 Facilities Condition Survey update estimates that it would cost $424,300 to correct all deficiencies, and the facility would still be far too small and outdated.

The new health center will replace the old, overcrowded one with a modern well-equipped facility. Specialty referrals will continue to be made to GIMC as appropriate. The new facility will provide the full set of acute, preventive, and rehabilitative care services available in a health center offering comprehensive health care.

The Navajo Nation does not have the facilities or the resources to construct a health center at Tohatchi to meet the demand for health care. Nor has the tribe expressed an interest in providing acute health care via Public Law 93-638, having made a policy decision in 1983 to concentrate Tribal resources on health promotion/disease prevention in community health settings.

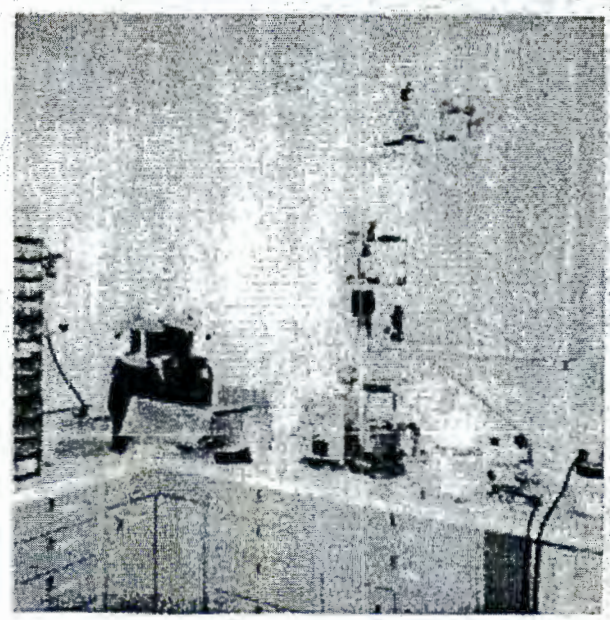
II. CONSIDERATION OF ALTERNATIVES

Located in Gallup are two private outpatient medical clinics: Gallup-Lovelace Clinic and Cibola Medical Foundation. Rehoboth McKinley Christian Hospital, 2 miles east of Gallup, does not have an outpatient department, although it does have an emergency room for emergencies. Tohatchi Service Area residents also receive routine outpatient care at the GIMC ambulatory care clinic and, to a lesser extent, at the Fort Defiance Hospital outpatient clinic, 50 miles distant. The only

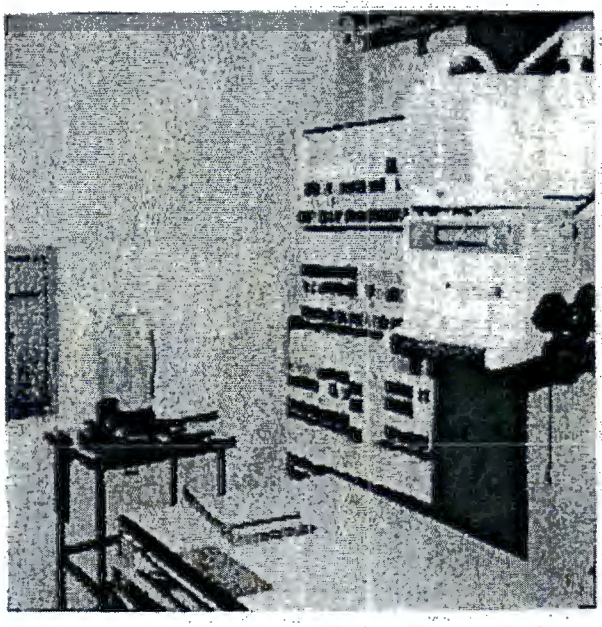
WAITING AREAS AND HALLWAYS: Waiting areas are small and generally full. Hallways are often used for patient waiting and as can be seen in the picture, are narrow and generally congested.

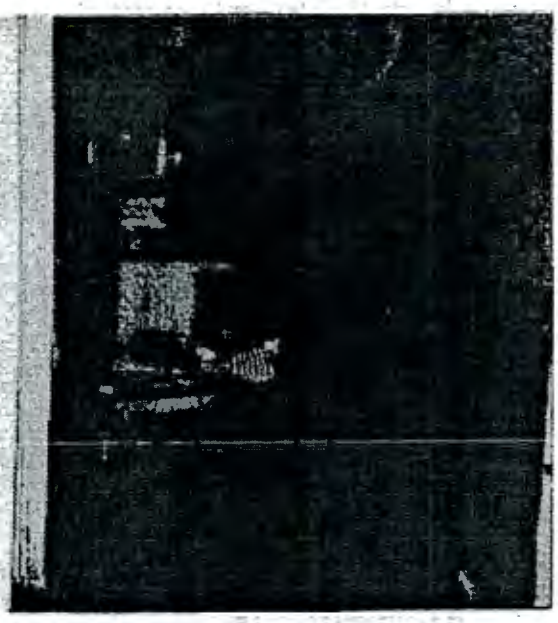
EXTERNAL ENVIRONMENT: The external apperance of the existing facility does look good and has been well maintained. As can be seen in the picture to the right, planks have been laid down so the patients may access the building during bad weather.

EXAMINATION ROOMS AND TREATMENT ROOMS: These areas within the existing facility are not sized nor can they be used in an effective manner. The exam rooms are small, they are used as offices for the practitioners, there is no storage space so all equipment is kept in the area also. The treatment rooms are to small to adequately meet the needs of the practitioners and the patients. They are multi-purpose rooms and are to congested for proper useage during peak workload hours and during true emergencies.



DENTAL DEPARTMENT: This department is small for the volume of patients seen daily. The department is congested and all space available is being used as work space, lab, reception, storage, etc.





LABORATORY AND RADIOLOGY DEPARTMENTS: These two departments are extremely small and are minimally equipped. There are no patient waiting areas, patients must use the restrooms designated for everyones use and privacy basically does not exist. The practitioners are required to do their own lab and x-rays because the facility does not have permanent staff assigned to these departments.

PHARMACY AND MEDICAL RECORDS DEPARTMENTS: These two departments are extremely small and as can be seen in the pictures, are crowded and space is being utilized to the maximum benefit. Storage space in these departments does not exist.

alternatives to these resources are local private physicians and dentists in Gallup. Widespread poverty and unemployment make use of fee-for-service practitioners an unacceptable alternative for needed primary medical and dental care.

The two private outpatient clinics in Gallup do not offer satisfactory alternatives for care to Tohatchi residents because, first, the travel distance for most patients in the Tohatchi Service Area to Gallup is usually 20-50 miles, depending upon homesite locations, which can be quite isolated in areas served by dirt roads made almost impassable in inclement weather. A second consideration is that neither clinic can offer the range of health and health-related services required by IHS comprehensive care facility standards. Services that are currently offered are not linked to any system of community-based outreach which would allow patient follow-up in the Tohatchi Service Area. Third, NAIHS does not pay for contract health care services at either clinic, since the outpatient clinic at GIMC has far greater capability to provide needed care. GIMC, even though its facility is inadequate for this purpose, could be expanded to handle the increased workload, if such an alternative were deemed acceptable. The two private clinics could not handle the required contract services workload with existing staff and facilities and presumably would themselves have to expand or contract out services to a variety of other private providers. Finally, evidence suggests that needed ambulatory care services can be provided less expensively by NAIHS directly rather than through contract with the private sector.

III. DESCRIPTION OF PROGRAM SERVICES

Health care services provided to the Tohatchi Service Area population at the current time are extremely limited. Most major services are provided through and from GIMC 20 miles south of Tohatchi. The types of services currently offered include routine medical care, nursing support, laboratory, radiology, and minimal specialty care. The facility serves as an extension of the existing programs at GIMC.

The services to be provided are identical to those currently available.

TOHATCHI HEALTH CENTER
EXISTING AND PLANNED SERVICES

EXISTING SERVICES 1/	NEW SERVICES
Ambulatory Services:	None
Outpatient	
Community Health	
Dental	
Pharmacy	
Physical Therapy 2/	
Diagnostic Services:	
Laboratory	
Radiology	

EXISTING SERVICES (Continued)

Administrative Services:
- Administration
- Health Records
- Employee Facilities
- Consulting/Training
- Public Facilities

Support Services:
- Central Stores
- Housekeeping
- Maintenance/Biomedical
- Building Services

1/ The existing health station at Tohatchi is currently minimally staffed and provides limited services as a direct extension of ambulatory care at GIMC; the Service Area population has not had the full benefit of complete and comprehensive health programs targeted to meet its needs. Therefore, the new facility will be adequately staffed and will provide a full level of services to the Service Area population.

2/ Physical Therapy Justification

The Tohatchi Service Area is part of the Gallup Service Unit. The 1986 census population for Gallup is 25,419, of which 32 percent or 8,066 are within the 30 miles/30 min. access standard of Tohatchi.

The population above justifies a physical therapy service in this proposed replacement facility. The RRM requirements for staffing (25,840 PCPVs) would require 2.0 FTEs.

The Gallup Service Unit, according to the FY 87 RRM application, shows a Service Unit requirement of 9.4 FTEs but actually has available only 4.0 FTEs. Therefore, a 57 percent deficiency in the PT department for the Service Unit already exists. Also, RRM does not take in account specialty physical therapy services such as pediatrics, home care therapy, etc, as are delivered at GIMC.

HP/DP activities currently being initiated in each Service Unit on the Navajo Area also require physical therapy participation, such as diabetic footcare, cardiopulmonary testing, exercise and physical fitness consultation and training of community exercise leaders, etc.

The Gallup Service Unit physical therapy department currently provides consultative services to two handicap school programs within the Tohatchi Service Area. These two programs have the capability of housing 135 handicapped individuals at any given time. Due to the understaffed program at GIMC, the actual needs of these students are not being met.

In summary, the Gallup Service Unit cannot take care of its requirements for physical therapy, nor handle the required workload as the Navajo Area referral center, all due to deficiencies in staff. Therefore, any new additional staff and support services which are being planned may relieve or assist in meeting the program deficiencies which already exist.

A summary of the workload for the existing facility for FY 1985 is presented in the table below and compared with the workload for the planned facility for FY 1994. The workload forecasts were calculated by the NAIHS and were reviewed and verified by the IHS Program Statistics Branch. See Tab B for detailed workload data and statistical analyses.

TOHATCHI HEALTH CENTER
WORKLOAD SUMMARY

STATISTICS	FY 1986	FY 1994 1/
Population (Service Area)	8,066	9,802
Outpatient Visits	14,326	36,848
Primary Care Provider Visits	11,397	25,840

1/ 29,406 PCPVs are projected for 1994 utilizing the IHS "Lower Limit" rate of 3.0 PCPVs/population. Of the 29,406, 25,840 PCPVs are projected to be provided in the new proposed facility and 3,566 are expected to be provided at GIMC. This increase from 1985 to 1994 includes a 3 percent growth factor per year plus the returning of Tohatchi Service Area patients from GIMC. See Tab A for workload and statistical data.

IV. FACILITIES SUMMARY DATA

The proposed site is located a mile east of the existing facility. It will be on a mesa near the BIA residential area and the Chuska Boarding School on East Highway 666. The size of the proposed site is 15 acres.

Departmental Space Requirements:

	Department Net Area	Department Gross Area		Floor Gross Area
Diagnostic Services	1,585	2,181	x 1.2	2,617
Ambulatory Services	12,370	15,900	x 1.2	19,080
Administrative Services	6,006	7,085	x 1.2	8,502
Support Facilities	3,200	3,550	x 1.2	4,260
TOTAL	23,161	28,716		34,459
TOTAL FLOOR GROSS AREA				34,459
	TOTAL FLOOR GROSS AREA			
Major Mechanical Space	34,459	x 0.08		2,757
Garage				750
Total Gross Area				37,966

See Tab B for Space Summary.

Project cost estimates based on the new IHS Budget Cost Estimating System are listed in the following table:

Design	$ 542,000
Construction	7,042,000
Group II and III equipment	902,000
TOTAL	$ 8,486,000

The projected design and construction schedule is:

Design completion	Jan 1990
Construction begin	April 1990
Construction completion	Oct 1991

V. QUARTERS FOR STAFF

No quarters are required.

VI. STAFFING AND OPERATING COST IMPLICATIONS

The first full year of operation is estimated to be May 1992. The present and projected operating cost is in the following table:

	Existing Program 1986	Projected Program 1994*	Increase 1994 over 1986*
Staffing	10	10 - 88	0 - 78
Salaries/Benefits	331,168	420,590 - 3,701,192	89,422 - 3,370,024
Operating Budget	22,988	29,195 - 257,006	6,207 - 234,018
Total Budget	$ 354,156	$ 449,785 - 3,958,198	$ 95,629 - 3,604,042

*Projected and increased costs range from a low by using 1986 staff to a high by using 1994 staff. See Tab C for Methodology.

See Tab D for Staffing Summary.

VII. TOTAL COST IMPLICATIONS

	1986 Staff	1994 Staff
Staffing and operations (Increase over 1986)	$ 95,629	$ 3,604,042
Facility construction	8,485,982	8,485,982
Total	$ 8,581,611	$12,090,024

Tohatchi Health Center

OUTPATIENT WORKLOAD PROJECTION

1. PCP Visits

Fiscal Year	Direct To Facility & Expected To Remain	Direct To Nearby IHS Facility & Expected To Return	Contract Expected To Become Direct	Total	3-Year Average
1986	11,397	3,232	0	14,629	
1985	12,252	3,014	0	15,266	
1984	10,355	2,383	0	12,738	
TOTAL	34,004	8,629	0	42,633	14,211

2. Projection to Planning Year

A. Base Period PCP Visit Rate = $\frac{\text{3-Year Avg. PCP Visits}}{\text{1986 POPL}} = \frac{14,211}{8,066} = 1.76$

B. Planning Year PCP Visits = PCP Visit Rate x 1994 POPL
3.0 (IHS lower limit) x 9,802 = 29,406 1/

3. Conversion to Total Outpatient Visits

= Planning Year PCP Visits x IHS Standard Factor
25,840 x 1.426 = 36,848

1/ 29,406 PCPVs are projected for 1994 utilizing the IHS "Lower Limit" rate of 3.0 PCPVs/population. Of the 29,406; 25,840 PCPVs are projected to be provided in the new proposed facility and 3,566 are expected to be provided at GIMC. This increase from 1986 to 1994 includes a 3 percent growth factor per year plus the returning of Tohatchi Service Area patients from GIMC.

Tohatchi Health Center

SPACE SUMMARY

	Department Net Area	Department Gross Area		Floor Gross Area
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	TOTAL FLOOR GROSS AREA			
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Garage				750
Total Gross Area				37,966

See Appendix I for justification for space deviations from HFPM space criteria.

DEPARTMENT NUMBER	DEPARTMENT NAME	DEPARTMENT NET AREA (NSF)	DEPARTMENT FACTOR	DEPARTMENT GROSS AREA (DGSF)
I.	DIAGNOSTIC SERVICES			
21.0	Laboratory	780	x 1.3	1,014
22.0	Radiology	805	x 1.45	1,167
	TOTAL	1,585		2,181
II.	AMBULATORY SERVICES			
32.0	Outpatient Department	4,035	x 1.35	5,447
33.0	Community Health	3,235	x 1.2	3,882
34.0	Dental Clinic	2,690	x 1.3	3,497
35.0	Pharmacy	1,190	x 1.25	3,497
36.0	Physical Therapy	1,220	x 1.3	1,586
	TOTAL	12,370		15,900
III.	ADMINISTRATIVE SERVICES			
41.0	Administration Services	1,000	x 1.25	1,250
42.0	Health Records	1,560	x 1.2	1,872
43.0	Employee Facilities	911	x 1.15	1,048
44.0	Consulting/Training	Included in Community Health		
45.0	Public Facilities	2,535	x 1.15	2,915
	TOTAL	6,006		7,085
V.	SUPPORT SERVICES			
52.0	Central Stores	2,090	x 1.1	2,299
54.0	Housekeeping & Linen	410	x 1.1	451
55.0	Maintenance	680	x 1.15	690
56.0	Building Services	100	x 1.1	110
	TOTAL	3,200		3,550
TOTAL	ALL DEPARTMENTS	23,161		28,716

JUSTIFICATION FOR SPACE DEVIATIONS

The following areas deviate from the HFPM standards:

Criteria Number	Room Name	Area NSF	Justification
Laboratory			
41.03	Office, Laboratory	+ 20	All new IHS facilities are incorporating automated systems in their operations. The HFPM does not provide computer space for small facility laboratories. Extra space is being added for a terminal and printer.
Outpatient Department			
31.01	Treatment Room	+300	No emergency department is being provided. Two oversized treatment rooms are provided for treating non-life threatening emergencies. The cast room, plaster and splint supply, patient toilet, and public toilet are justified under emergency department and are added to the outpatient department. The patient toilet is sized to meet handicapped requirements.
32.02	Cast Room	+150	
31.04	Plaster & Splint Supply	+ 20	
11.12	Patient Toilet	+ 45	
45.03	Public Toilet	+ 30	
	EMS Office Space	+120	Emergency Medical Services is a Tribal function and staffed by the tribe. Space is provided for this staff.
32.01	Nurses Station OPD	+ 20	Space provided for computer terminal/printer.
11.22	Soiled Utility	+ 40	Space is added so that a sterilizer can be accommodated.
41.01	Office - Nurse Supervisor	+100	Under new staffing criteria, a nurse supervisor is authorized for this department. Also there is no Director/Assistant, Director of Nurses provided and the nurse supervisor is responsible for those duties. An office is being provided the nurse supervisor.

Community Health

44.03	Conference/ Consultation Room	+200	Most of the patient training is conducted by Community Health Nursing and, therefore, the consulting/training space is being combined with Community Health support space.
44.06	Storage/Projection Room	+ 20	
	Nutritional Demonstration	+ 60	
	Computer Terminal Printer	+ 20	
33.03	Office - Tribal WIC Nutrition	+100	Staff for these programs is provided by the tribe. Space is provided for the Tribal staff.
41.03	Office - Open Plan	+240	

Dental

52.01	Storage	+220	The dental program is authorized 13 operatories. Ten of the operatories are in the facility and the other three are itinerate operatories consisting of mobile equipment that are rotated to various Tribal chapter houses. Storage space is for cleaning and storing equipment when not in use.
44.04	Staff/Patient Teaching	+220	There is an extensive oral hygiene education program in the Tohatchi service area. Classes are conducted on a scheduled basis where patients are instructed in good oral hygiene. Space is provided for this program.
34.01	Reception	+ 20	Space added for computer terminal/printer.
41.01	Office, Dental Support Staff Supervisor	+100	There is a large support staff for the dental program. The senior member has supervisory responsibilities and, therefore, requires a private office.

Pharmacy

35.01	Reception	+ 20	Space added for computer terminal/printer.

Health Records

42.04	Work Space - Records	+ 20	Space added for computer terminal/printer.

Public Facilities

45.01	Waiting Area	+120	Waiting space added to outpatient waiting area for family members accompanying emergency patients.

Building Services

56.02	Telephone Switch Gear Room	+100	Since the IHS is now purchasing its own communication equipment, space is required for the telephone switch gear.

Tohatchi Health Center

COST METHODOLOGY

1. Average Salary

1986

$\frac{331,168}{10} = \$33,117$

1994

1986 salary raised to 1994 using a 3 percent Annual Inflation Rate [multiply 1986 average salary by $(1.03)^8$]. 1/

$\$33,117 \times 1.27 = \$42,059$

2. Projected 1994 Salary Cost

1986 Staffing

$\$42,059 \times 10 = \$420,590$

1994 Staffing

$\$42,059 \times 88 = \$3,701,192$

3. Operating Cost (the increase in operating cost is determined by taking the percent increase in staffing cost and applying it to the actual operating cost).

Increase in staffing cost for 1986 staff is 27 percent.

$\$22,988 \times 1.27 = \$29,195$

Increase in staffing cost for 1994 staff is 1,018 percent.

$\$22,988 \times 11.18 = \$257,006$

1/ The Senate Budget Committee is proposing a 3 percent increase for FY 1988 and FY 1989. FY 1990-1994 is projected based on the FY 1988 increase.

Tohatchi Health Center

STAFFING SUMMARY FOR PROJECTED WORKLOAD
(FY 1994)

SERVICE	Total RRM Requirements	Current Authorized Positions	Additional Required Positions
Ambulatory			
Outpatient	13.5	3.0	10.5
Physical Therapy	1.0	-	1.0
Dental	18.0	5.0	13.0
Optometry	4.0	-	4.0
Audiology	-	-	-
Housekeeping	3.5	-	3.5
Maintenance	3.0		3.0
TOTAL AMBULATORY	43.0	8.0	35.0
Ancillary			
Laboratory	3.0	-	3.0
Radiology	1.0	-	1.0
Pharmacy	4.0	-	4.0
TOTAL ANCILLARY	8.0	-	8.0
Community Health			
Community Health Nursing	11.0	2.0	9.0
PH Nutrition	3.0	-	3.0
Environmental Health 1/	-	-	-
Mental Health & Social Services	8.0	-	8.0
Health Education	1.0	-	1.0
TOTAL COMMUNITY HEALTH	23.0	2.0	21.0
Administrative Support			
Service Unit Management	2.0	-	2.0
Finance/Personnel	1.0	-	1.0
Office Services	2.0	-	2.0
Data Process/RPMS	2.0	-	2.0
TOTAL ADMIN SUPPORT	7.0	-	7.0
Support			
Health Records	5.0	-	5.0
Central Stores	2.0	-	2.0
TOTAL SUPPORT	7.0	-	7.0
FACILITY TOTAL:	88.0	10.0	78.0

1/ Environmental Health staff will be provided out of GIMC.

he 29,406, 25,840 PCPVs are projected to be provided in the new proposed facility and 3,566 are expected to be provided at Gallup Indian Medical Center. This increase from 1986 to

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Memorandum

Date

RECD

From : Director
Division of Facilities Planning and Construction

Subject : Program Justification Document (PJD)

To : Program Manager
Facilities Management Program
Navajo Area

The Tohatchi, New Mexico PJD, which was approved by Dr. Robert E. Windom on June 23, is attached for your information and use. Please address the attached comments by the Office of Assistant Secretary for Health facilities staff during development of the Program of Requirements.

If you have any questions, please contact Gary Radtke, P.E. on FTS 443-1850.

for Arthur A. DiPadova
Thomas G. Gallegos, P.E.

Attachment

AUG 1 - 1987

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Memorandum

Date JUN 23 1987

From Assistant Secretary for Health

Subject Approval of Program Justification Document (PJD)
Tohatchi, NM, IHS Health Center

To Administrator, HRSA/PHS

I have approved and signed the attached PJD for the new health center at Tohatchi, New Mexico. We are in agreement with the decision to expand and upgrade the facility at Tohatchi in lieu of expanding the outpatient facilities of the Gallup Hospital.

This approval is based on the inadequate size of the present facility and the need for additional space as documented in the PJD. The question as to whether to renovate and expand the existing structure or to build a completely new replacement facility must be thoroughly evaluated in the Program of Requirements (POR) and Site Selection report.

In the preparation of the POR, please consider the attached comments prepared by OASH facilities staff, which expand on this and other related issues.

Robert E. Windom, M.D.

Attachments

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Memorandum

Date : JUL - 9 1987

From : Director
Division of Facilities Planning and Construction

Subject : Approved Tohatchi Program Justification Document

To : Chief, Program Planning Branch
Navajo Area

Enclosed is a copy of the approved Program Justification Document for the Health Center at Tohatchi, New Mexico. In preparing the Program of Requirements (POR) documentation, please address the issues raised in the attached "Technical Comments" prepared by the Division of Facilities Planning and Construction. When the POR is completed, forward a copy to me and to the Office of Engineering Services - Dallas for review.

for Arthur A Di Padova
Thomas G. Gallegos, P.E.

Enclosures

RECEIVED JUL 14 1987
OES - DALLAS

JUL 16

Attachment

TECHNICAL COMMENTS

PROGRAM JUSTIFICATION DOCUMENT
TOHATCHI, NEW MEXICO, IHS HEATLH CENTER

1. How will the existing facility be used after the new health center is occupied? The PJD states that the proposed site is located one mile east of the existing facility. Why should the new facility be located a mile away? If a site adjacent to the present facility were selected, could the existing site and structure be re-used in conjunction with the new facility?

   While the PJD justifies the need for a larger facility at Tohatchi, it does not make a case for abandoning the existing facility, built in 1955 and 1976. The PJD indicates that it is a basically sound structure, and that it would cost $424,300, or about $73 per gross square foot, to bring it up to standards. This is relatively inexpensive compared to the estimated square-foot cost of the proposed new building at about $228/gsf. It appears that about $900,000 could be saved by renovating and re-using the existing facility along with an addition. We recognize that additional costs may be involved in altering the existing building to meet new program needs.

   The entire question of potential re-use of the existing facility should be addressed in detail in the Program of Requirements as well as in the Phase I Site Selection Report.

2. The cost estimate appears to be somewhat high, unless there are unusual site development costs which are not mentioned in the PJD or in the Phase I Site Selection Report. Using the Hanscomb System, DHFP staff estimates the total project cost for an entirely new facility to be around $7.5 million at the mid-point of construction, or about $900,000 less than the PJD estimate. (We note that the PJD states that the P.L. 93-638 process will not be used for this project.) We recommend that OES review and refine the cost estimate, as suggested in Dr. Sundwall's memorandum of April 13, to include alternates for all new construction and renovation and expansion of the existing facility. The updated estimate, using the Hanscomb forms, should be furnished to this office as the POR is developed.

3. The PJD proposes a health center which exceeds the standard size outlined in the Health Facilities Planning Manual (HFPM) by about 2,300 nsf. The additional space is principally for emergency services, community and dental health education programs, and computer terminals for several departments. While DHFP is concerned about a general size "creep" in IHS facilities, the four basic areas of deviation from the HFPM in this PJD seem justified by the statements in the document. From the information provided in the PJD, it is not possible to verify the space calculations and further analyze the size of the proposed facility. The POR should contain the details of the space calculations and reflect further consideration of any exceptions to the HFPM to assure that they are unique to Tohatchi.

DHFP/ORM/OM
June, 1987

HEALTH RESOURCES AND SERVICES ADMINISTRATION

APR 13 1987

Administrator

Program Justification Document for a Replacement Health Center at Tohatchi, New Mexico - ACTION

The Assistant Secretary for Health
Through: ES/PHS_____

Attached for your review and approval is the Program Justification Document (PJD) for a replacement Indian Health Service (IHS) Health Center in Tohatchi, New Mexico. The proposed health center, number eight on the IHS health center/facility priority list, will replace the current health station which was opened in 1955 and which is functionally inadequate to provide the needed outpatient health care services to the approximately 9,000 Navajos of the area. Population who use this health center are located in the Tohatchi Service Area, a subservice unit of the Gallup Service Unit, 20-50 miles north of the Gallup Indian Medical Center (GIMC). Because GIMC has inadequate staff and space to absorb the additional primary care workload from the Tohatchi Service Area without a major space expansion and because of the excessive distance of some population centers from GIMC, we recommend providing primary health care at Tohatchi and referring secondary cases to GIMC.

The net square footage (nsf) requested for this facility is 23,151. Included in this amount is 2,305 nsf of space which is not currently defined in the IHS Health Facilities Planning Manual (HFPM). Examples of this space include: two oversized treatment rooms and a cast room instead of an emergency department; storage space for cleaning and storing mobile dental equipment; and computer terminal/printer space. While in the process of a comprehensive update of the HFPM, we request approval of these exceptional spaces.

The preliminary cost estimate for this project is $3,485,000. As the program of requirements is fully developed, we will continue to update and refine this cost estimate. If you agree with the program

justification for replacing the Tohatchi health station, please sign the PJD approval page.

/s/ John Kelso

David N. Sundwall, M.D.
Assistant Surgeon General

Attachment

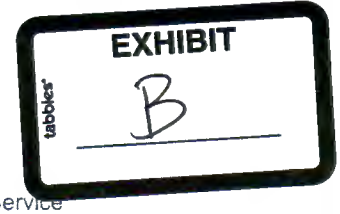
Prepared by:HRSA/BRD/OES/KMartin:4/9/87:443-6395
Contact:HRSA/BRD/OES/KMartin:4/9/87:443-6395

Prepared by:HRSA/BRD/OES/KMartin:0137Z:4/9/87:443-6395:cs

cc:
H Official
HRSA Official
ES/PHS
HRSA/ES
BRD/ES

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service



DEC 3 0 2015

Navajo Area
Indian Health Service
P.O. Box 9020
Window Rock, Arizona 86515-9020

To be hand delivered to Navajo Nation OMB on 12-30-2015

Cordell Shortey, Contracting Officer
Contracts and Grants Section
Office of Management and Budget
THE NAVAJO NATION
P.O. Box 646
Window Rock, Arizona 86515

RE: AFA Agreement between Navajo Nation (EMS) & NAIHS

Dear Mr. Shortey,

Our office is sending the Navajo Nation (1) signed original set of the AFA Agreement w/ Attachments A, B, C and D between authorized Navajo Nation Division of Public Safety Emergency Medical Services and the Navajo Area Indian Health Service Calendar Year 2016.

Please confirm by e-mail that you have received. It has been a pleasure working with the Navajo Nation. If you have any questions, please give our office a call at (928) 871-1444.

Sincerely,

Alva R. Tom, Director
Office of Indian Self Determination, NAIHS

cc: Douglas Peter, MD Deputy Director/CMO, NAIHS
Floyd Thompson, Executive Officer, NAIHS
Patrick D. Stewart, Assistant Regional Counsel, HHS/OGC
Carey Tso, Financial Management Officer, NAIHS
Margaret Shirley-Damon, Acting Chief Contracting Officer, NAIHS

ANNUAL FUNDING AGREEMENT
BETWEEN
THE NAVAJO NATION
DIVISION OF PUBLIC SAFETY
EMERGENCY MEDICAL SERVICES
AND
THE UNITED STATES OF AMERICA
SECRETARY OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES

CALENDAR YEAR 2016

This Annual Funding Agreement ("AFA") is entered into between the Navajo Nation and the United States Department of Health and Human Services, pursuant to the agreement between the Navajo Nation and the Indian Health Service ("IHS") for Emergency Medical Services, pursuant to Title I of the Indian Self-Determination and Education Assistance Act ("ISDA"), as amended (hereinafter referred to as the "Contract").

1. SCOPE OF WORK

A. The Navajo Nation shall administer the programs identified in the Scope of Work, attached hereto and incorporated by reference herein as Attachment A, during the term of this AFA in accordance with the provisions of the Contract and this AFA and any attachments hereto.

B. To the extent the PSFA descriptions in the AFA conflict with the new descriptions or definitions provided in the Indian Health Care Improvement Act (IHCIA), 25 USC §1601, *et seq.*, as amended, the IHCIA shall prevail unless they conflict with the ISDA.

C. The Navajo Nation is committed to and shall continue to provide quality health services that meet applicable standards as otherwise provided by law.

2. PROGRAM FUNDING

A. Consistent with the program plan and budget previously submitted to the IHS area office, IHS shall provide the direct program funding as set forth in Attachment B of this AFA, exclusive of any Headquarters Tribal shares, direct contract support, startup costs and indirect costs, in one lump sum payment to the Navajo Nation in accordance with Article B, Section 6 of the Contract. Full payment shall be made by wire transfer within the first 10 working days of the calendar year, or within (20) days of receipt of advice of allowances from IHS headquarters of the fiscal year 2016 IHS Appropriation, whichever is later. Accounting and budget data are attached hereto and incorporated by reference herein as Attachment B.

Notwithstanding the foregoing, the parties agree that, in the event the IHS is operating under a continuing resolution for any portion of CY 2016, then the Agency shall only be obligated to pay the Navajo Nation that portion of its AFA funding that is made available to IHS through the appropriations it receives pursuant to any such continuing resolution(s). The IHS shall pay the

Navajo Nation other amounts due including any program formula amounts, mandatories (i.e., annual scheduled or inflationary increases in appropriations), and other add-ons and funding increases as provided in paragraph C of this section. Accounting and budget data are attached hereto and incorporated by reference as Attachment B.

B. In addition to the amount in Paragraph 2 of this AFA, the Navajo Nation anticipates using an estimated $200,000 in program income in CY 2016 to further the general purposes of the Contract.

C. The funding amounts referenced inthis AFA and its attachments are subject to increase based upon IHS FY 2016 appropriations. Within twenty (20) calendar days of receipt of advice to the Area of adjustments to the FY 2016 base, the Navajo Nation shall be eligible for funding for new services, service increase, inflation increases on the same basis as NAIHS, service units, operating units, or all other tribes and tribal organizations. Amendments reflecting payment of these funds shall be provided to the Navajo Nation after any such funds are added to the AFA.

3. TRIBAL SHARES In addition to the amount referred to in Paragraph 2 of this AFA, IHS shall provide Headquarters Tribal Shares in the amount set forth in Attachment C to this AFA. The Prompt Payment Act shall apply to any late payments made pursuant to the terms of this Section 3.

4. Direct and Indirect Contract Support Costs

A. In accordance with 25 U.S.C. § 450j-1, contract support costs (CSC) are the reasonable costs for activities which the Navajo Nation must carry out to ensure compliance with the terms of the contract and prudent management and which do not duplicate funding provided under 25 U.S.C. § 450j-1(a)(1). As of the date of execution of this agreement, and based upon the best available data, the Navajo Nation's CSC requirement under the foregoing statutory provisions for the fiscal year covered by this agreement has been estimated to be $ 1,936,984 including $ 546,712 for direct CSC and $ 1,390,272 for indirect or indirect-like CSC. This estimate shall be recalculated as necessary to reflect the full CSC required under 25 U.S.C. § 450j-1, and, to the extent not inconsistent with the Indian Self-Determination Act, as specified in IHS Manual Part 6, Chapter 3 (approved Apr. 6, 2007).

B. From the amount Congress appropriates for CSC for FY 2013, and, to the extent not inconsistent with applicable law, employing the allocation procedures specified in IHS Manual Part 6, Chapter 3 (approved Apr. 6, 2007), and treating the Navajo Nation on the same basis as all other tribes and tribal organizations, IHS will pay $ 1,936,984 to the Navajo Nation for the fiscal year covered by this agreement, including $ 546,712 for direct CSC and $ 1,390,272 for indirect or indirect-like CSC, provided that such payment shall be subject to adjustment based on 25 U.S.C. § 450j-1(b) and the actual amount Congress appropriates for CSC, and that adjustments to the payment will be reflected in future amendments to this agreement. In no event shall the preceding payment exceed 100 percent of the Navajo Nation's recalculated CSC requirement. (see Attachment D).

C. Pursuant to 25 U.S.C. § 450m-1(a), (d), the Navajo Nation retains the right to file a damages claim under the ISDEAA, this agreement and the Contract Disputes Act, 41 U.S.C. § 7101 *et seq.*, to the extent there is a difference between the CSC requirement recalculated under subparagraph A, and the amount actually paid under subparagraph B, and to take such other action as may be authorized under 25 U.S.C. § 450m-1(a). Nothing in this agreement shall be construed as a waiver of Navajo Nation's rights under 25 U.S.C. § 450j-1.

5. **CONGRESSIONAL APPROPRIATIONS**

A All funding under this AFA is subject to the availability of Congressional appropriations. Funding under this AFA may be reduced only according to the provisions of Section 106 (b) of P.L. 93-638, as amended.

B. In the event that funding of this AFA is reduced because of Congressional action, the Navajo Nation retains the option to renegotiate the Scope of Work with IHS contained in Attachment A of this AFA, consistent with section B.5 of the Contract.

C. To the extent that any shortfalls exist in funding, contract support or otherwise, owed to the Navajo Nation, IHS shall report such shortfalls to Congress, consistent with Section 106 of P.L. 93-638, as amended.

D. Nothing in this AFA shall be deemed to be a waiver of any right the Navajo Nation may have under the ISDA to receive 100% of its funding, contract support or otherwise, as determined under Section 106.

6. **OFFICE SPACE AND EQUIPMENT** Pursuant to Article B, section 8.C of the Contract, the IHS and the Navajo Nation shall enter into Joint Use Agreements (JUA), Revocable Licenses, and/or Memorandum of Understanding (MOU) to address the shared use by the parties of certain office space and living quarters at NAIHS facilities where the Navajo Nation operates programs identified in Attachment A to this AFA. IHS shall make such space available to the Navajo Nation in accordance with the standards and regulations under the Occupational Safety and Health Administration, including but not limited to janitorial services, internet/intranet and telephone/fax, on terms set forth in the JUAs, Revocable Licenses, and MOUs.

7. **TRANSPORTATION** Pursuant to Article B, section 10 of the Contract, the Secretary shall authorize the Navajo Nation to obtain interagency motor vehicles and related services for performance of any activities carried out under the Contract. The IHS and the Navajo Nation shall enter into JUA, Revocable Licenses, or MOU to address the Navajo Nation's temporary use of NAIHS ambulances in emergency situations.

8. **ACCOUNTING SYSTEM** The Navajo Nation shall maintain a fiscal accounting system which will provide accurate, current and complete information with respect to this AFA, consistent with federal statutory and regulatory requirements.

9. **PERSONNEL** Unless otherwise stated elsewhere in this AFA or through an approved and executed Intergovernmental Personnel Act Agreement (for federal civil service employees) or through an approved and executed Memorandum of Agreement (for Commissioned Officers of the United States Public Health Service), all personnel employed by the Navajo Nation to carry out the Contract, AFA, Scope of Work and any other attachments hereto shall meet the qualifications set forth by the Navajo Nation Department of Personnel Management. Further, all personnel employed by the Navajo Nation under this AFA will adhere to applicable Navajo Nation personnel policies and procedures, including sick leave, holidays, pay schedules and pay tables.

10. **NAVAJO PREFERENCE** Consistent with ISDA Section 7(c), the Navajo Business Preference Law (5 N.N.C. Section 201, et seq.) and the Navajo Preference in Employment Act (15 N.N.C. Section 601, et seq.) shall apply to the administration of the Contract and this AFA.

11. **NOTICES** The following individuals are designated by the respective parties to receive notices and other information with respect to this AFA:

For the Navajo Nation:

Contracting Officer - Contracts and Grants Section
Office of Management and Budget
The Navajo Nation
P.O. Box 646
Window Rock, Arizona, 86515

For Indian Health Service:

Director, Office of Indian Self Determination
Navajo Area Indian Health Service
P.O. Box 9020
Window Rock, Arizona 86515

12. APPLICABLE LAW In the performance of the Contract and this AFA, the Navajo Nation agrees to comply with all applicable federal and Navajo Nation regulations and executive orders. The parties shall renegotiate and modify the language of this AFA to conform with any applicable federal and Navajo Nation laws which are enacted after the effective date of this agreement.

13. **FEDERAL TORT CLAIMS ACT**

A. For purposes of Federal Tort Claims Act coverage, the Navajo Nation and its employees (including individuals performing personal services contracts with the Navajo Nation to provide health care services) are deemed to be employees of the Federal government while performing work under Contract #HHS124520 1 2 00008C. This status is not changed by the source of the funds used by the Navajo Nation to pay the employee's salary and benefits unless the employee receives additional compensation for performing covered services from anyone other than the Navajo Nation.

B. Under Contract# HHS1245201200008C. the Navajo Nation employees may be required to provide as a condition of employment services to non-IHS beneficiaries in order to meet contractual obligations. These services may be provided in either Navajo Nation or non-Navajo Nation facilities. Employee status for Federal Tort Claims Act purposes is not affected so long as the services are provided to non-Indians under the authority of the Indian Health Care Improvement Act, 25 U.S.C. § 1680c, or the employee is providing incidental care to non-Indians when required to do so as a condition to maintaining hospital privileges that are needed in order to provide inpatient care to eligible Indian beneficiaries.

14. **REPORTS** During the course of this AFA, the Navajo Nation shall submit semi-annual program and financial reports and an annual financial report within 120 days of the close of this AFA and comply with the Single Audit Act.

15. **SEVERABLE PROVISIONS** The provisions of this AFA are severable. If any provision of this AFA is determined to be invalid or unenforceable by a court of competent jurisdiction, such invalidity shall not affect the remainder of the AFA.

16. **SOVEREIGN IMMUNITY** Nothing in this AFA shall be construed as waiving the sovereign immunity of the Navajo Nation. The parties agree that nothing in this AFA shall waive any rights of the parties under applicable federal law.

17. **EFFECTIVE DATES** This AFA shall be effective as of January 1, 2016 and remain in effect through December 31, 2016.

THE NAVAJO NATION:

Russell Begaye, President
The Navajo Nation

12/29/15
Date

THE UNITED STATES OF AMERICA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
INDIAN HEALTH SERVICE:

John Hubbard, Jr., Area Director
Navajo Area IHS

12/30/15
Date

NAVAJO AREA INDIAN HEALTH SERVICE
SENIOR CONTRACTING OFFICER

for Margaret Shirley-Damon, Acting Contracting Officer

12/30/2015
Date

Attachment A: Scope of Work
Attachment B: 106(a)(l) Funding-Recurring Base Funding
Attachment C: Headquarters Shares
Attachment D: Contract Support Cost

NAVAJO NATION DIVISION OF PUBLIC SAFETY
DEPARTMENT OF EMERGENCY MEDICAL SERVICE
SCOPE OF WORK - CALENDAR YEAR 2016
Attachment A

I. INTRODUCTION

The Navajo Nation Department of Emergency Medical Service (Department) System is defined as services provided by Licensed Emergency Medical Technicians (EMTs), EMT Interns (under supervision by Licensed EMTs), and Licensed Paramedics to provide and/or assist in the treatment, care and transportation of the sick and/or injured.

The Department is one of seven departments within the Navajo Division of Public Safety. It consists of an Administrative section, two Field Operations Offices, the Office of Training and Technical Assistance, a Third Party Billing Office, the Property Office, Office of Accounting, Emergency Medical Service (EMS) Medical Director, fourteen EMS Field Offices (See Exhibit "A"). These offices are managed by the Department. Staffing at the field offices includes EMTs and/or Paramedics, an Office Assistant or Office Specialist and the EMT Supervisor.

The Department is a region-wide system authorized by Navajo Nation legislation, which is managed and operated within the territorial jurisdiction of the Navajo Nation and contiguous lands.

II. GOAL

The goal of the Department is to provide for the continued development of a comprehensive Public Safety and EMS System to advance the quality of care and transportation of the sick and/or injured.

III. MISSION STATEMENT

The Department is a dedicated, progressive service focused on quality care. Expanded advanced life support capabilities and transport services are preeminent. We consist of a well-organized structure of dedicated personnel determined to provide elite services.

IV. REGULATION AND POLICY

A. Legislative Authority

The Indian Self-Determination and Education Assistance Act (ISDEAA), Public Law 93-638, enacted by the 93rd United States Congress on January 04, 1975, and amendments thereto, have allowed this Department to maintain operations through federal funding and to obtain continued federal funding.

The Navajo Nation Council has supplemented the ISDEAA by enacting legislation which establishes funding, regulations, and policies and procedures for the Department. Further, the Navajo Nation Council, through the Naa'bik'iyati' Committee and Law & Order Committee, recommends, accepts and confirms the funding from the Navajo Area Indian Health Service (NAIHS) under the ISDEAA in order to provide emergency medical services on the Navajo Nation.

B. Lead Agencies

1. Navajo Nation. Employer of all department personnel.

2. Navajo Nation Division of Public Safety. One of several Divisions within the Executive Branch of the Navajo Nation.

3. The Department. Authorized by Navajo Nation legislation to manage and operate as the primary first response program for pre-hospital /emergency ambulance needs.

4. Navajo Area Indian Health Service (NAIHS). Contractor for Emergency Medical Service under ISDEAA and PL-93-638. The NAIHS provides Medical oversight of emergency health care of patients. NAIHS also contracts for health services under P.L. 93-638 in Tuba City, Ft. Defiance, AZ and Winslow, Arizona.

5. Certification and Licensing agencies include:

a. University of New Mexico (UNM)- Health Sciences Center, School of Medicine, EMS Academy
b. Central New Mexico
c. San Juan College
d. Eastern New Mexico University
e. Northern Arizona University
f. National Registry of Emergency Medical Technicians, Columbus, Ohio
g. New Mexico Department of Health EMS Bureau, Santa Fe, New Mexico is the Department's lead licensing agency for all EMT classifications.

C. Operational Policies and Procedures

1. The Department has in place operational policies and procedures to ensure that its organizational structure has direction at the administrative and field office level.

2. The Department currently operates under the guidelines of a Scope of Work that outlines the responsibilities and authority of the Department, staff and legislative oversight. The Scope of Work details the primary responsibility of the Department's system.

3. The Department has continued formal relationships with the New Mexico Department of Health EMT Bureau and the certification agencies listed in Section IV. B. 5 above. The Department adheres to the standards of practice established for EMS programs by the State of New Mexico.

4. Department personnel are subject to Department policies and the Navajo Nation Personnel Policies Manual.

5. The integrated efforts at the local, state and federal levels continue to be instrumental in the success and continued development of the Department.

6. Must possess a current NM EMT Basic or Intermediate/Advanced, or Paramedic License as a condition of employment.

D. Administration and Management

1. Facility Improvement - operation of safe, and appropriate facilities and infrastructure.

2. Special Projects - initiation of special projects to improve the quality and effectiveness of management and service delivery.

3. Financial Management - maintenance and monitoring of a comprehensive financial management system in compliance with established laws, policies and standard accounting practices.

4. Alternative Financing Projects/Plans - including third party collections and reimbursement initiative and other revenue generating plans including seeking additional funds.

5. Purchasing, Acquisition

V. ORGANIZATIONAL STRUCTURE

A. At the Health Care Facility level, all efforts must be closely coordinated if the emergency care needs of patients are to be met. The functioning of an effective pre-hospital and clinical emergency care system depends on clearly defined and mutually accepted roles and responsibilities of Department personnel and Health Care Facility. Successful implementation requires mutual respect and understanding between the personnel.

B. Each Health Care facility may have a committee to address and solve local emergency care problems.

C. Each Health Care Facility will provide an EMT Medical Director and nursing staff to coordinate and evaluate the quality of patient care delivered by the Department's System. A chain of command system (attached, Exhibit "B") will be maintained and utilized.

VI. DEPARTMENT RESPONSIBILITIES

In addition to activities and duties noted in other sections of this Scope of Work, the Department's responsibilities include:

A. The Department's primary responsibility and number one priority is pre-hospital emergency medical care.

B. Department responsibilities include but are not limited to vehicle maintenance and administrative functions required to ensure quality emergency responses.

C. EMT personnel will provide pre-hospital emergency medical services. A minimum of two EMTs (one licensed in the State of New Mexico) will be on duty.

D. The Department may request for a private ambulance service to augment pre-hospital response when the multi casualty incident requires additional resources.

E. THE ED/Urgent Care physician and/or the ER/Urgent Care nurse are to be notified of any change, unavailability of manpower and/or equipment.

F. EMTs will inform the ED on-line control physician when responding to an emergency call or performing other transport duties. The Physician will provide medical direction, as needed, to the EMTs.

G. During the pre-hospital response, the EMTs will notify the ED/Urgent Care physician/nurse of the assessment and status of all patients being brought in:

EXAMPLES:

1. Situations requiring on-line control with a physician (e.g., patient refusal, pre-hospital advance directive, etc.) as defined by the New Mexico Department of Health EMS Bureau and Health Care Facilities requirements.

2. Physician guidance and instructions on care of patient enroute;

3. Patients in obvious distress, i.e., exhibition of bizarre behavioral conditions, victims of sexual assault, altered mental status.

4. Any intention to discontinue or change an emergency (911) response.

5. After evaluation not to transport.

H. If not involved in a pre-hospital response or preparation of required reports, community education programs, or other required Department duties, the EMTs will assist in the ED/Urgent Care if requested by and under the supervision of the ED/Urgent Care physician. EMT patient care duties in ED/Urgent Care area may include:

1. Translating the Navajo/English language for patients and staff;

2. Assist the ED Physician with managing wounds;

3. Assisting in the movement of patients within the ER/Urgent Care to other departments; and

4. Other activities as defined in Section VIII.

I. EMTs will perform in Health Care Facilities all procedures within the scope of their licensure. A record of skills performed will be documented on the Navajo Nation EMS Competency Skills Sheet.

J. EMTs will complete all required reports, such as the Department's Service Report, after proper transfer of patients to the ER staff. Health Care Facilities may request a copy of the departments' service report to be placed in the patient's medical records.

K. The Department may provide back up to the Health Care Facility in providing inter-facility transports when there is no other transport option available.

1. The Department's emergency calls will take priority over such transports, including stand-by requests by the Navajo Department of Law Enforcement, Navajo Department of Fire and Rescue Services, and other public safety entities.

2. The decision to utilize the Department for such transports will be made collaboratively by the EMS staff, the on-line control physician and the nursing personnel usually involved in arranging such transports.

L. A Department representative will participate and serve on the Service Unit's Injury Prevention Committee.

M. It is the responsibility of the EMT, Paramedic and EMT Instructor to obtain requirements of re-licensure according to the New Mexico State Department of Health, Emergency Medical Service Bureau.

VII. DEPARTMENT AUXILIARY SUPPORT

The Department's Auxiliary Support are, but not limited to:

A. Bike Medic Team The Department has EMTs on bikes that are mobile, quick and get into areas where an ambulance cannot.

B. Rapid Response Team A term used by the DEMS to deploy staff at a moments' notice to events or activities needing emergency medical service.

VIII. PROCEDURES PERFORMED BY EMTs IN FEDERALLY FUNDED FACILITIES

A. Training supplied by the Health Care Facility level staff only covers EMT participation while in the Health Care Facility.

B. EMTs shall not perform phlebotomies, suturing and starting IVs in the ED and/or out-patient clinic or do any casting unless under the direct supervision of designated Health Care Facility level physicians.

C. In an emergency situation in the facility requiring the participation of EMTs, the EMS Medical Director, the ED Director, or the ED on-line control physician will decide the degree of EMT involvement in emergencies which will be defined in the Health Care Facility's Disaster Plan and related policies.

IX. TRANSPORTATION

The Department utilizes a ground transport system consisting of Type II & Type III ambulances.

X. COMMUNICATION

The Department continues to update effective radio communication and technology utilizing radio components of the UHF-VHF radio communication system and satellite phones.

XI. PUBLIC INFORMATION AND EDUCATION

The Department continues to provide public information, community awareness and education. The personnel provide public information on system access and injury/illness prevention.

Department field offices conduct presentations such as methods of early access to emergency medical services, bike safety, child seat safety, first aid, CPR, and Health Promotion/Disease Prevention programs.

The targeted areas are infancy through high school, industrial, commercial, the private sectors, local communities and Navajo Nation facilities/governmental agencies.

Continued and coordinated efforts are needed from IHS or Health Care facilities, the Navajo Nation, and the Department to have an effective and comprehensive injury/illness prevention and HP/DP program.

XII. EVALUATION

The Department continues to utilize a quality improvement program to ensure the ongoing effectiveness of pre-hospital care within each field office.

Exhibit "A":

Department Field Offices:

1. Chinle, AZ.
2. Crownpoint, NM
3. Ft. Defiance, AZ
4. Kayenta, AZ
5. Shiprock, NM
6. Red Mesa, AZ
7. Tohatchi, NM
8. Tuba City, AZ
9. Winslow, AZ
10. Tohajiilee, NM
11. Inscription House, AZ
12. Pinon, AZ
13. Torreon, NM
14. Newcomb, NM

ATTACHMENT "B"

NAVAJO EMERGENCY MEDICAL SERVICES (EMS) PROGRAM

106 (a)(1) Base Funding

CALENDER YEAR 2016

	Total FY 2015 Funding Base	FY2015 Program Increase	FY2016 Less Across the Board (ATB) Reduction .2108%	Total FY 2016 Funding Base
Hospital & Clinics	$ 3,884,376	$ 6,345	$ (8,202)	$ 3,882,519
Purchased Referred Care	$ 3,504,349	$ 300,000	$ (8,020)	$ 3,796,329
TOTAL	**$ 7,388,725**	**$ 306,345**	**$ (16,222)**	**$ 7,678,848**

NOTES

All the numbers above reflect the Fiscal Year 2015 appropriations, including the FY2015 Program Increase & FY2016 Across the Board (ATB) Reduction amount.

Table #4:

HQ PFSAs for FY 2016 TSA and Program Formula Lines Budget, Eligible Shares, and Previous Negoiated Amount

Interim Estimates Based on FY 2015 IHS Appropriation

Navajo - Navajo Nation Health D

TSA Shares allocable to this contract or compact **$1,710,433**

01-Hospitals & Clinics	*TSA*	*PF*	*Budget*	*TSA Shares*	*Last Nego.*	*Retain*	*Contract*
0101 - Emergency Fund	☐	☑	$3,917,812				
0105 - Management Initiatives	☐	☑	$2,028,923				
0106 - A.C.O.G. Contract	☑	☐	$97,203				
0107 - H.P./D.P. Initiatives	☑	☐	$3,429,033				
0110 - N.E.C.I.	☑	☐	$1,091,987				
0111 - Nurse Initiatives	☑	☐	$1,264,180				
0112 - Nursing Costeps	☑	☐	$636,707				
0113 - Chief Clinical Consultant	☑	☐	$273,439				
0115 - Emergency Medical Svcs	☑	☐	$458,676	$61,633	$61,633		
0117 - Traditional Advocacy Program	☑	☐	$99,174	$16,673	$16,673		
0118 - Research Projects	☑	☐	$1,260,920		$151,619		
0119 - A.A.I.P. Contract	☑	☐	$26,355				
0120 - Clinical Support Center-Phoenix	☑	☐	$1,707,688				
0121 - Costeps-Non Physicians	☑	☐	$80,214				
0123 - Physician Residency	☑	☐	$271,905				
0124 - Recruitment/Retention	☑	☐	$2,023,608				
0125 - U.S.U.H.S., etc.	☑	☐	$3,010,303				
0126 - D.I.R. Support Fund	☑	☐	$24,496,788				
0127 - Evaluation	☑	☐	$1,047,570		$116,014		
0128 - National Indian Health Board	☑	☐	$452,654				
0129 - Albuq/HQ Administration	☑	☐	$878,068				
0130 - Nutrition Training Center	☑	☐	$340,197				
0131 - Diabetes Program-Albuq/HQ	☑	☐	$1,267,694				
0132 - Cancer Prevention-Albuq/HQ	☑	☐	$705,701				
0133 - Health Records	☑	☐	$134,359				
0134 - AIDS Program	☑	☐	$417,020	$118,573	$118,573		
0135 - Handicapped Children	☑	☐	$340,947				
0137 - National DIR Support-Albuq/HQ	☑	☐	$8,175,823				
			$59,934,948	***$196,880***	***$464,512***		

02-Dental Health	*TSA*	*PF*	*Budget*	*TSA Shares*	*Last Nego.*	*Retain*	*Contract*
0201 - IHS Dental Program	☑	☐	$1,004,546				

0202 - IHS Dental Program - PgmFormula	☐	☑	$5,152,515			
			$6,157,061			

03-Mental Health	TSA	PF	Budget	TSA Shares	Last Nego.	Retain	Contract
0301 - Technical Assistance	☑	☐	$1,478,861				
0302 - C.M.I. Grants	☑	☐	$611,608				
0303 - National Conference	☑	☐	$104,693				
			$2,195,162				

04-Alcohol/Sub. Abuse	TSA	PF	Budget	TSA Shares	Last Nego.	Retain	Contract
0401 - Clinical Advocacy	☑	☐	$2,907,956	$723,206	$723,206		
0402 - Collaborative Initiatives	☑	☐	$779,687	$65,538	$65,538		
			$3,687,643	$788,743	$788,744		

05-Purchased/Referred C	TSA	PF	Budget	TSA Shares	Last Nego.	Retain	Contract
0501 - Fiscal Intermediary	☐	☑	$8,206,272				
0504 - PRC Reserve & Undistributed	☑	☐	$3,053,841				
			$11,260,113				

06-Public Health Nursing	TSA	PF	Budget	TSA Shares	Last Nego.	Retain	Contract
0601 - Preventive Health Initiatives	☑	☐	$898,469	$149,260	$14,926		
0602 - Preventive Health Initiatives - PgmF	☐	☑	$2,364,041				
			$3,262,510	$149,260	$14,926		

07-Health Education	TSA	PF	Budget	TSA Shares	Last Nego.	Retain	Contract
0701 - IHS Health Education Program	☑	☐	$1,105,824	$187,744	$187,744		
			$1,105,824	$187,744	$187,744		

08-CHR	TSA	PF	Budget	TSA Shares	Last Nego.	Retain	Contract
0801 - IHS CHR Program	☑	☐	$2,301,590	$387,806	$387,806		
			$2,301,590	$387,806	$387,806		

13-Direct Operations	TSA	PF	Budget	TSA Shares	Last Nego.	Retain	Contract
1301 - Direct Operations - Rockville	☑	☐	$16,267,101				
			$16,267,101				

24-Facilities & Envr. Hlt	TSA	PF	Budget	TSA Shares	Last Nego.	Retain	Contract
2401 - San. Facilities Constr. Support	☐	☑	$2,270,138				
2402 - Environ. Health Services Support	☐	☑	$1,553,376				
2403 - Facilities & Realty Support	☐	☑	$2,226,313				
2404 - Facilities Engineering Support	☐	☑	$1,331,342				
2405 - Engineering Services Support	☐	☑	$469,272				
			$7,850,441				

Other:	Note: For shares in line 2401-2405, please refer to Table 4F to be provided by Area.	Retain	Contract

Negotiated Total	Retain	Contrac
		1

These notes clarify guidance that has been printed on Table #4 since 1997. The clarification more fully describes but does not alter policies. The term "contracted" here means both contract and compact agreements. Freestanding and Connected PSFA: Column 7 of Table #3 identifies whether a headquarters (HQ) based PSFA is freestanding or intricately connected with a field based PSFA. The majority, 60 of 77 HQ based PSFAs, are independent of field based PSFA. The value to a Tribe of contracting a freestanding HQ PSFA may be weighed independently of its plans for local level PSFAs. Alternatively, 17 HQ based PSFA are intricately connected with a corresponding field based PSFA. The value to a Tribe of contracting connected PSFA may be weighed together with its plans for corresponding local level PSFAs. The ALN may be able to identify benefits of contracting them together or potential trade-offs of contracting one without the other. Partial Shares: If a Tribe chooses to contract for a portion of a HQ based PSFA and retain the HQ to carry out the remaining portion, the ALN should record negotiated terms of the portion to be carried out by HQ. If the period of performance is not a full year, the ALN should negotiate a pro-rated amount proportionate to the period of performance. Tribal Size Adjustment (TSA) Formula: The TSA is a general formula applicable to any HQ based PSFA for which a unique formula is impractical. Shares were calculated for most HQ based PSFA using the TSA formula in 1997. In accordance with Section 508(d)(1)(C)(ii) of the ISDEAA, shares are protected from reductions except for narrow reasons specified in statute. Annually thereafter, each Tribe's shares are adjusted higher if additional appropriations are provided to maintain current services levels, e.g., inflation, etc., or adjusted lower for any rescission and sequester that may apply in that year. Such annual adjustments apply proportionately. However, if funds are added to expand a HQ based PSFA beyond current levels and such funds are not earmarked or narrowly constrained; the TSA formula is recalculated to allocate the new funds as additional shares. Program Formula (PF) PSFA: A program specific formula may apply for certain HQ based PSFA. The Program Formula allocation may be non-recurring and differ annually. If calculations are incomplete at time of negotiations, blanks will be displayed on Table 4, but shares may be awarded later. For instance, Facilities and Environmental Health Support, lines 2401 - 2401, are recomputed annually and will be displayed in separate Table 4F. Every HQ based PSFA to which the TSA formula applies automatically defaults to base budget status whether expressly designated or not. Rounding: Amounts may not exactly match due to rounding. Rounding errors of $0 - $3 are typical and may cause a slight difference between "Shares" and "Last Negotiated". In such cases, the "Shares" amount is considered definitive.

Attachment D

Navajo Emergency Medical Services (EMS) Program
Contract Support Costs
Fiscal Year 2016 - AFA

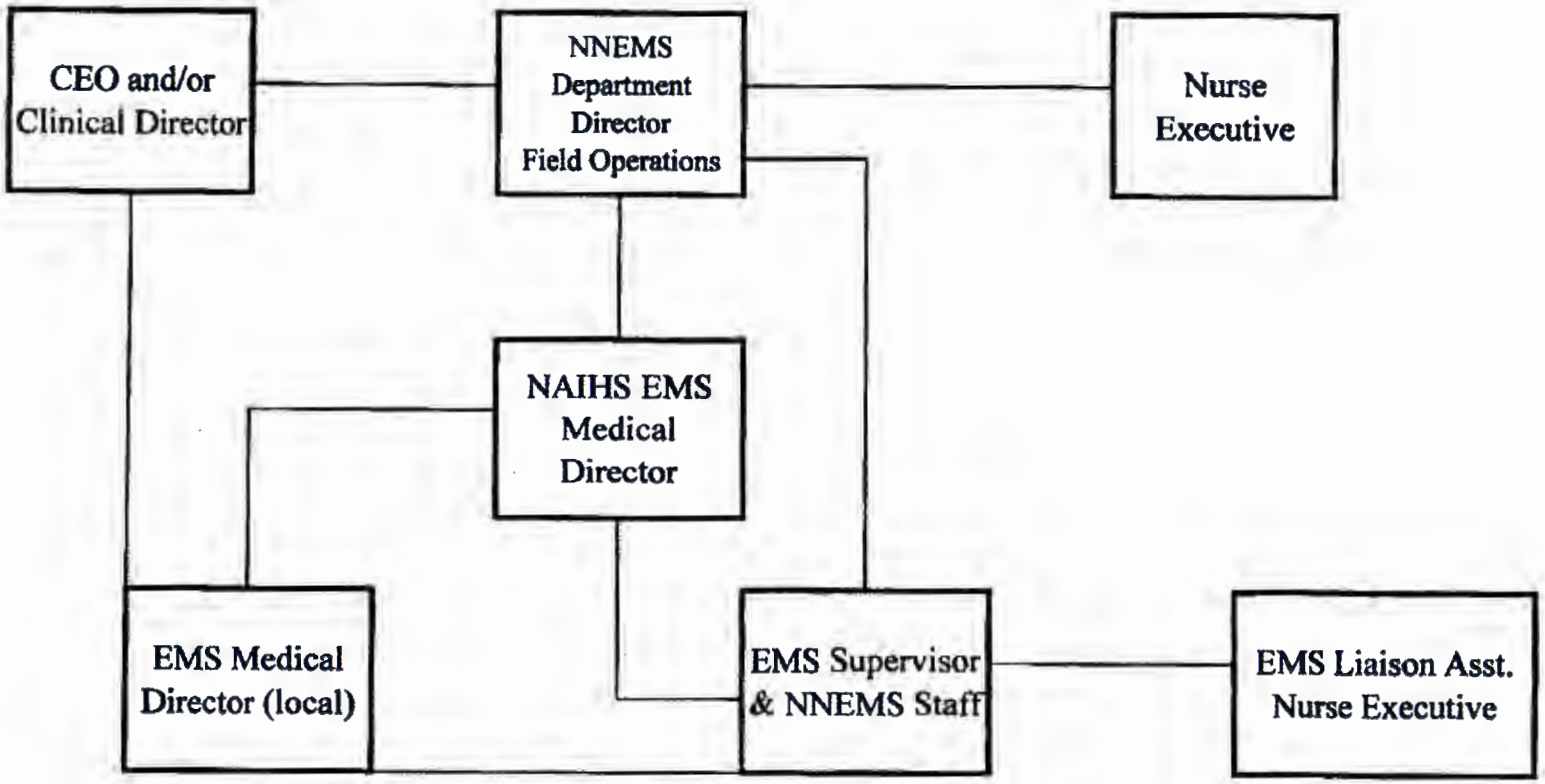
	Total FY 2015 Funding	FY 2016 Less Across the Board (ATB) Reduction @ .2108%	Total FY 2016 Funding
Direct CSC (Recurring)	$ 547,867	$ (1,155)	$ 546,712
Indirect CSC (Non - Recurring)	$ 1,393,209	$ (2,937)	$ 1,390,272
TOTAL	$ 1,941,076	$ (4,092)	$ 1,936,984

NOTES
All the numbers above reflect the Fiscal Year 2015 appropriations, including using the IHS CSC Calculatioin Tool, the ACC Template and FY 16 ATB Reduction Amount

	NN - EMS	
Tribe:	**2015**	**Remarks to Estimates**
Program (Recurring) excl. Tribal Shares	7,695,070	Program Recurring amount, less retained
Total Area Tribal Shares	0	Less Retained amounts
Total HQ Tribal Shares	61,633	Less Retained amounts
Total Program (Non-Recurring)	57,200	Non-recurring paid amounts, like M&IE or any other amounts
Less 20% Tribal Shares (or negotiated amount)	12,327	Based on the 80/20 split per CSC Policy, if applicable
2014 DCSC Negotiated Need	2015 DCSC Negotiated Need	Per DCSC Negotiation or last reported need
Inflation Factor	1.6%	Last known (projected) non-medical Inflation Rate
2015 DCSC Negotiated Estimated Need	547,867	DCSC estimated need based on previous year's need and inflation factor OR if renegotiated, above inflation factors are not applied and newly negotiated amount is manually inserted here. Paragraph 1 estimate in Post-Ramah Language
DCSC Funding Paid	547,867	need. Or if during the year after initial payment, only enter current amount paid to Tribe.
DCSC Deficiency	0	Estimated deficiency, based on funding and estimated DCSC need
Program Base	8,349,443	Program Recurring amount + Area Shares + HQ Shares + Non-Recurring - 20% of Tribal Shares + DCSC Estimated Need = Program Base
Less Other Exclusions and Pass-Thru	57,200	Exclusions consistent with rate agreement and rate proposal information, reasonable Tribal documention, or lastly the default list determined and agreed upong by the CSC workgroup
Direct Cost Base	8,292,243	Program base less all exclusions and pass-thru
Most current IDC rate	16.95%	Current IDC Rate, as noted in box to the right
Estimated IDC Need (Non-Recurring) Based on IDC Rate	1,405,535	Direct Cost Base x IDC Rate
Indirect CSC Type Costs Negotiated (Non-Recurring)	0	N/A if an applicable IDC Rate is available. Enter current amount negotiated with Tribe (negotiated amount is only good for 4 years)
Total 20% Tribal Shares or Neg Amt	12,327	Already available for indirect costs
Estimated Indirect CSC Need	1,393,209	Estimated total IDC need less all duplicative costs, Paragraph 1 estimate
Indirect CSC Funding Paid	1,393,209	Projected funding to be paid in CY 2015, should equal 100% of identified need. Or if during the year, only enter the current amount paid to Tribe.
Indirect CSC Deficiency	(0)	Estimated deficiency, based on funding and estimated ICSC need
Total Estimated CSC Need	1,941,075	Total estimated need for DCSC and ICSC
Total CSC Funding Available for CSC Need	1,941,076	Projected funding to be paid when used during negotiations/amount already paid when used throughout the year, should equal 100% of identified need.
TOTAL ESTIMATED CSC DEFICIENCY	(1)	projected funding to be paid, should be $0. If positive number then the Tribe is owed more, if negative number is shown there will be an overpayment.

EXHIBIT "B"

Chain of Command
NNEMS/Health Care Facility



This is a general purpose Chain of Command structure, the actual may differ at your facility.