

Oneida Tribe of Indians of Wisconsin

BUSINESS COMMITTEE



Oneidas bringing several hundred bags of corn to Washington's starving army at Valley Forge, after the colonists had consistently refused to aid them.



UGWA DEMOLUM YATEHE
Because of the help of this Oneida Chief in cementing a friendship between the six nations and the colony of Pennsylvania, a new nation, the United States was made possible.

P.O. Box 365 • Oneida, WI 54155
Telephone: 920-869-4364 • Fax: 920-869-4040

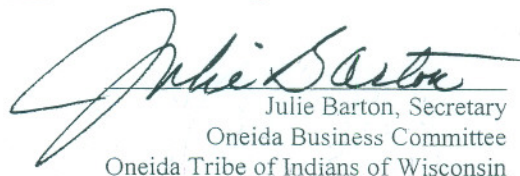
RESOLUTION # 7-13-05-F FY 2006 Indian Health Services Annual Funding Agreement

- WHEREAS,** the Oneida Tribe of Indians of Wisconsin is a federally recognized Indian government, a Treaty Tribe recognized by the laws of the United States, and a Self-Governance Tribe with the Department of the Interior's Bureau of Indian Affairs and with the Department of Health and Human Service's Indian Health Service; and
- WHEREAS,** the Oneida General Tribal Council is the governing body of the Oneida Tribe of Indians of Wisconsin; and
- WHEREAS,** the Oneida Business Committee has been delegated authority under Article IV, Section 1 of the Oneida Tribal Constitution by the Oneida General Tribal Council; and
- WHEREAS,** it is the mission of the Oneida Nation of Wisconsin to protect and improve the resources, the standards of living, and the environment in which the Oneida people live while maintaining, enforcing, and exercising the sovereign rights of the Oneida Nation; and
- WHEREAS,** the Oneida Business Committee has determined that entering into a Self-Governance Compact and Funding Agreement with the U.S. Government's Department of Health and Human Service's Indian Health Service pursuant to P.L. 93-638, as amended, supports and enhances the Oneida Nation's sovereignty.

NOW, THEREFORE, BE IT RESOLVED: that the Oneida Tribe of Indians of Wisconsin approves the Funding Agreement negotiated with the Department of Health and Human Services Indian Health Service for Fiscal Year 2006 and authorizes the Chairwoman to sign the Funding Agreement as negotiated.

C E R T I F I C A T I O N

I, the undersigned, as Secretary of the Oneida Business Committee, hereby certify that the Oneida Business Committee is composed of 9 members of whom 5 members constitute a quorum. 5 members were present at a meeting duly called, noticed, and held on the 13th day of July, 2005; that the foregoing resolution was duly adopted at such meeting by a vote of 4 members for, 0 members against, 0 members not voting; and that said resolution has not been rescinded or amended in any way.


Julie Barton, Secretary
Oneida Business Committee
Oneida Tribe of Indians of Wisconsin

FUNDING AGREEMENT
BETWEEN
ONEIDA TRIBE OF INDIANS OF WISCONSIN
AND
THE UNITED STATES OF AMERICA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FOR INDIAN HEALTH SERVICE PROGRAMS
OCTOBER 1, 2005 THROUGH SEPTEMBER 30, 2006

Section 1 - Preamble. This Funding Agreement (FA) is entered into by the Oneida Tribe of Indians of Wisconsin (hereinafter the Tribe) and the Director of the Indian Health Service (IHS) for the Secretary of Health and Human Services (HHS) of the United States of America pursuant to Title V of the Indian Self-Determination and Education Assistance Act (the Act), as amended, and governed by the Compact of Self-Governance entered into between the Tribe and the Secretary of Health and Human Services. The purpose of this Agreement is to set forth the programs, functions, services and activities (PFSAs), and their associated resources to be transferred from the IHS to the Tribe for the funding period October 1, 2005 through September 30, 2006; to identify the PFSAs, and associated resources to be retained by the IHS for the same funding period; and to identify any terms and conditions for implementation of this Agreement in addition to those in the Compact.

Section 2 - Tribal Programs and Services. The Tribe agrees to administer, provide, or otherwise be responsible for the PFSAs identified below in accordance with the terms of the Compact and this FA. Services will be provided to IHS-eligible persons as defined under applicable law. The Tribe is committed to providing quality patient care by maintaining qualified staff, state-of-the-art equipment, a well-functioning physical plant and the continuous supply of medical provisions required to provide quality patient care as defined in the standards of an accreditation organization such as the Joint Commission on Accreditation of Health Care Organizations (JCAHO) or the Accreditation Association for Ambulatory Health Care (AAAHC). As provided in Section 506(e) of the Act, as amended, the Tribe may redesign or consolidate PFSAs (or portions thereof) included in this Agreement pursuant to Section 505(b)(2) of the Act and reallocate or redirect funds for such PFSAs (or portions thereof) in any manner the Tribe deems to be in the best interest of the health and welfare of the Indian Community being served, but only if the redesign or consolidation does not have the effect of

denying eligibility for services to population groups otherwise eligible to be served under applicable Federal Law. The Tribe will provide the following services:

A. General Health Services

1. Ambulatory Medical Services
2. Dental Services
3. Pharmaceutical Services
4. Alcohol and Drug Treatment Services
5. Mental Health Services
6. Contract Health Care Reimbursements
7. Optical Services
8. Maternal and Child Health
9. Audiology

B. Preventative Health Services

1. Public Health Nursing
2. Health Education, Medical and Environmental
3. Community Health Representatives
4. Nutrition

C. Environmental Health Services

1. Waste Water Treatment and Disposal
2. Engineering Design Services
3. Surveying and Drafting
4. Site Inspection and Investigation
5. Sanitation Projects
6. Safety/Injury Prevention

D. Facilities

1. General Operation and Maintenance
2. Architectural and Engineering
3. Facilities Renovation
4. Drug and Alcohol Rehabilitation and Treatment
5. Nursing facility services at the Anna John Nursing Home to the same extent that skilled nursing or nursing facility services are covered services under the Medicare or Medicaid program.

E. Administration

1. General Program Administration
2. Special Project Administration

Section 3 - Amounts Available in Fiscal Year 2006. The amounts available to the Tribe pursuant to the Compact and Title V of the Act, as amended, for Fiscal Year 2006 are shown in Attachments #1, 2, and 3, Fiscal Year 2006 Detail Report. The parties to this Agreement recognize that the total amount of funding in this FA is subject to adjustment based on changes in appropriations by Congressional action in Appropriation Acts. The attached Self-Governance FA funding table has been incorporated into this FA. This table reflects estimated total funding levels and will be amended to reflect actual appropriations whether such appropriations are made by means of regular appropriations acts or continuing resolution. Upon enactment of relevant appropriation Acts or other law affecting availability of funds to the IHS, the Tribe will be notified and the total amount will be adjusted in accordance with the law. The Tribe shall also be eligible for new services, service increases, mandates, population growth, health services priority system, indirect contract support costs, and other non-recurring resources on the same basis as other Area tribes. Congressional increases that are distributed at the Area level will be distributed based on the Area Tribal Size Adjustment (TSA) % for a Tribe calculated using the most recent validated and approved Bemidji Area Patient Count (formerly titled the area user population). For FY2006, the Area TSA% was calculated using the Area FY2004 Bemidji Area Patient Count. It is recognized there may be errors in calculations or other mistakes regarding estimates of tribal funding shares which may need to be adjusted. Both parties agree to take action to correct such errors as they are identified.

A. Direct Program Funding. The estimated available funding for FY 2006 is as follows:

Headquarters Tribal Shares	\$ 219,320
Area Tribal Shares w/ Equipment	\$ 762,634
Aberdeen Area Office	\$ 28,620
Tribal Base Funding w/Direct CSC	\$ 7,828,137
Indirect Contract Support *	\$ 647,785
Total Shares Eligible for FY 2006:	\$ 9,486,496

*Indirect Contract Support Costs (CSC) are non-recurring and subject to Section 5 of this Agreement. OEH&E funds are program formula shares and will be distributed based on final 2006 workload data.

B. Tribal Shares Identified but not Compacted by Tribe. All shares identified but not compacted by the Tribe, including but not limited to, all general and mandatory increases, will be made available to the Tribe by IHS should the Tribe elect to add these funds to its FA in future years.

C. IHS Funding Currently not Identified as Tribal Shares. Any funding not identified as Tribal Shares will be made available to the Tribe when those funds are subsequently identified as Tribal Shares.

D. Existing and Future Non-recurring Funds. All new, and previously undistributed, non-recurring funds available for general distribution, will be added to the FA on the same basis as other Area tribes.

E. Other Headquarters Managed Funds. The Tribe is to remain eligible for distribution of Tribal Share Assessments, Workman's Compensation, Management Initiatives, and Emergency funds. Tribal Shares of the Management Initiatives and Emergency Funding shall be based on the IHS HQ TSA % for any balance in a fund at year-end. Tribal shares of Workman's Compensation may be allocated on final recommendations of a joint IHS/Tribal Workgroup.

Section 4 - Programs Retained.

The IHS will provide for continued connection of the Tribe's Resource and Patient Management System (RPMS), if any, to the IHS RPMS, through the Area Office. The Tribe will provide standard data from the Tribe's RPMS components, including Patient Registration, Patient Care Component (PCC) or Ambulatory Patient Care (APC), and Contract Health Service Management System (CHSMS).

The Tribe has elected to have the Secretary retain the following programs:

A. Area and HQ MIS & DIR Programs

~~B. Area Office Biomedical Engineering Services.~~

C. Headquarters and Area OEH & E (see Addendum #1).

D. Area Recruitment Services

E. National Indian Health Board

F. N.E.C.I.

Section 5 - Contract Support Funding. For purposes of this FA, the parties agree that CSC will be calculated and paid in accordance with Section 106 of the Act and IHS Circular 2004-03 or its successor subject to any statutory requirements imposed by Congress.

Section 6 - Special Earmarked Programs, Services and Functions. The Tribe is not authorized under this Agreement to redesign or to shift or transfer any of the funding for any PFSA's which are subject to special restrictions imposed by appropriations acts.

Section 7 - No Reduction in Programs, Services to Other Tribes. It is the intent of the parties that pursuant to Section 515(a) of the Act, as amended, nothing in this FA diminishes any programs, functions or services to other tribes.

Section 8 - Method of Payment. Except as provided in subsection (a) and (b) below, all funds identified will be paid to the Tribe in one (1) lump sum payment within thirty (30) days of apportionment to HHS with the exception of program formula payments. The PFSA shares that are distributed using a program formula will be paid within 30 days after apportionment of such funds to the Area.

A. Periodic Payments. Payment of funds otherwise due the Tribe under this FA, which are added or identified after the initial payment is made, will be made within 10 working days after distribution methodologies and other decisions regarding payment of those funds have been made by IHS.

B. Prompt Payments. All payments will be made in a prompt manner and will be subject to the terms of the Federal Prompt Payment Act, Chapter 39 of Title 31 U.S.C.

Section 9 - Emergency Reserve Funding. The Tribe will be eligible for a percentage of any Emergency Reserve Funding appropriated but not utilized in FY 2006.

Section 10 - Amendment or Modifications of this Agreement. Except as otherwise provided by this FA, the Compact, or by law, any modifications of this FA shall be in the form of a written amendment and shall require written consent of the Tribe and the Secretary.

Written consent of the Tribe and the Secretary shall not be required for issuing amendments which result from increases in actual appropriation levels or which represent an increase in funding for PFSA's identified in the Agreement. Such increases include, but are not limited to:

- # Program/Area/HQ Mandatories
- # Program/Area/HQ End-of-year Distributions
- # CHEF, CHS Deferred Services
- # Medicare and Medicaid Collections

When such an increase in funding occurs, the IHS will notify the Tribe of the increase in writing.

Section 11 - Current Commission Corps Personnel. To the extent permitted by Federal law, the parties to this Compact and FA agree to maintain the current staffing level of Commissioned Corp Officers at 2 FTEs.

Section 12- Waiver of Federal Law and Sovereignty. Nothing in this FA shall be construed as a waiver of Federal or Tribal sovereign immunity, or as an agreement by IHS to be bound by Tribal Law.

Section 13 -Health Status Reports. The Tribe agrees to report on the health status and service delivery in accordance with the requirements of section 507 (a)(1) of the Act. Government Performance and Results Act (GPRA) indicators will be used in measuring the relative costs and benefits of the activities undertaken by the Tribe in this FA. GPRA indicators to be used in FY 2006 are attached as Attachment 4.

Section 14 - Approval of FA. The resolution of the Oneida Tribal Business Committee approving the FY2006 FA appears as an attachment to this FA.

Section 15 – Reassumption. The parties agree that the Secretary will reassume operation of a PFSA (or portion thereof) and associated funding transferred from the IHS to the Tribe in this FA only in the event that the requirements of Section 507(a)(2) of the Act are met.

Section 16 –Statutorily Mandated Grants. In accordance with section 505(b)(2) of Title V and its implementing regulations, the parties agree that the Secretary will add any statutorily mandated grant awarded through the IHS to Tribe to this FA after these grants have been awarded. Grant funds will be paid to the Tribe as a lump sum advance payment through the PMS grants payment system. The Tribe will use interest earned on such funds to enhance the specific ~~statutory mandated grant program including allowable administrative costs. The Tribe will~~ comply with all the terms and conditions of the grant award for statutory mandated grants, including reporting requirements, and will not reallocate grant funds nor redesign the grant program.

Dated this 13 th day of July, 2005.

By: _____
Cristina Danforth, Chairwoman
Oneida Tribe of Indians of Wisconsin

By: _____
Dr. Charles Grim, DDS
United States of America Department of
Health and Human Services
Indian Health Service

SELF-GOVERNANCE FA TABLE

Tribe: Oneida Tribe

FY: 2006 AFA #:67G970045

Date June 29, 2005

SUB-SUB ACTIVITY	PROGRAM			AREA			HEADQUARTERS			TOTALS		
	AFA Amount (1)	Retained Services (2)	Pgm Total Amount to Be Rec'd (3)	AFA Amount (4)	Retained Services (5)	Area Total Amount to Be Rec'd (6)	AFA Amount (7)	Retained Services (8)	HQ Total Amount to Be Rec'd (9)	AFA Amount (10)	Retained Services (11)	AFA Total Amount to Be Rec'd (12)
(1) Hospitals & Clinics	4,916,103	-319,600	4,596,503	203,540	-83,030	120,510	226,040	-133,552	92,488	5,345,683	-536,182	4,809,501
(2) Dental	197,430	0	197,430	0	0	0	5,838	0	5,838	203,268	0	203,268
(3) Mental Health	39,520	0	39,520	0	0	0	10,154	0	10,154	49,674	0	49,674
(4) Alcohol & Subst Abuse	314,680	0	314,680	100,000	0	100,000	20,441	0	20,441	435,121	0	435,121
(5) Reimbursements	0	0	0	0	0	0	0	0	0	0	0	0
(6) Public Health Nursing	115,660	0	115,660	0	0	0	4,167	0	4,167	119,827	0	119,827
(7) Health Education	22,490	0	22,490	122,900	0	122,900	5,188	0	5,188	150,578	0	150,578
(8) Community Health Reps.	263,910	0	263,910	0	0	0	11,064	0	11,064	274,974	0	274,974
(9) Immunization AK	0	0	0	0	0	0	0	0	0	0	0	0
(10) Direct Operations	0	0	0	0	0	0	74,964	-12,294	62,670	74,964	-12,294	62,670
(11) Contr Supp Costs-Direct	230,724	0	230,724	0	0	0	0	0	0	230,724	0	230,724
(12) Contr Supp Costs-Indirect	647,785	0	647,785	0	0	0	0	0	0	647,785	0	647,785
(13) Self-Governance	0	0	0	0	0	0	0	0	0	0	0	0
(14) Other, Services (Annual)	0	0	0	0	0	0	0	0	0	0	0	0
(15) Total, Services	6,748,302	-319,600	6,428,702	426,440	-83,030	343,410	357,856	-145,846	212,010	7,532,598	-548,476	6,984,122
(16) Contract Health Services	2,046,220	0	2,046,220	0	0	0	7,310	0	7,310	2,053,530	0	2,053,530
(17) Environ Hlth Support	1,000	0	1,000	216,396	-160,396	56,000	11,519	-11,519	0	228,915	-171,915	57,000
(18) Facilities Support	0	0	0	45,513	-45,513	0	3,418	-3,418	0	48,931	-48,931	0
(19) SFC Support	0	0	0	0	0	0	0	0	0	0	0	0
(20) Maint & Improvement	0	0	0	273,210	0	273,210	0	0	0	273,210	0	273,210
(21) Sanit Facilities - Housing	0	0	0	0	0	0	0	0	0	0	0	0
(22) Sanit Facilities - Regular	0	0	0	0	0	0	0	0	0	0	0	0
(23) Equipment	0	0	0	90,014	0	90,014	0	0	0	90,014	0	90,014
(24) Total, Indian Hlth Facil	1,000	0	1,000	625,133	-205,909	419,224	14,937	-14,937	0	641,070	-220,846	420,224
(25) Catastrophic	0	0	0	0	0	0	0	0	0	0	0	0
(26) Medicare	0	0	0	0	0	0	0	0	0	0	0	0
(27) Medicaid	0	0	0	0	0	0	0	0	0	0	0	0
(28) Other	0	0	0	0	0	0	0	0	0	0	0	0
(29) Total, No-year IHS	0	0	0	0	0	0	0	0	0	0	0	0
(30) Quarters	0	0	0	0	0	0	0	0	0	0	0	0
(31) Contract Hlth Svs (pr yr)	0	0	0	0	0	0	0	0	0	0	0	0
(32) Indian Hlth Facil (pr yr)	0	0	0	0	0	0	0	0	0	0	0	0
(33) Other 1/	0	0	0	28,620	0	28,620	0	0	0	28,620	0	28,620
(34) Total, Other	0	0	0	28,620	0	28,620	0	0	0	28,620	0	28,620
(35) GRAND TOTAL, AFA	8,795,522	-319,600	8,475,922	1,080,193	-288,939	791,254	380,103	-160,783	219,320	10,255,818	-769,322	9,486,496

Remarks:

1/ AAO Shares

Certification:

Robert Aitken, Budget Officer, BAO

Table #4:

HQ PFSAs for FY 2006 TSA and Program Formula Lines **\$ in Pool, Eligible Shares, and Prior Payment**

Based on FY 2005 IHS Appropriation

ONEIDA

Shares Allocable to AFA

\$380,103

Eligible for 2006

\$ 380,103

ONEIDA

TSA PF BB	\$ Pool TSA+PF	Eligible Shares	Paid in 2005	Elig. in 2006	Leave 2006	Due 2006
-----------	-------------------	--------------------	-----------------	------------------	---------------	-------------

Hospitals & Clinics

			<u>\$55,119,661</u>	<u>\$226,040</u>	<u>\$92,488</u>	<u>\$226,040</u>		
101	Emergency Fund	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	\$4,000,000					
104	Inter-Agency Agreements	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$0	\$5,769	\$5,769	\$5,769	0	5769
105	Management Initiatives	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	\$2,065,000					
106	A.C.O.G. Contract	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$99,238	\$458	\$458	\$458	0	458
107	H.P./D.P. Initiatives	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$3,753,346	\$8,321	\$8,321	\$8,321	0	8,321
110	N.E.C.I.	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$1,106,250	\$5,120		\$5,120	5,120	0
111	Nurse Initiatives	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$1,290,700	\$5,828	\$5,828	\$5,828	0	5,828
112	Nursing Costeps	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$619,025	\$2,864	\$2,864	\$2,864	0	2,864
113	Chief Clinical Consultant	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$278,402	\$1,289	\$1,289	\$1,289	0	1,289
115	Emergency Medical Svcs	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$555,195	\$2,054	\$2,054	\$2,054	0	2,054
117	Traditional Advocacy Program	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$101,251	\$468	\$468	\$468	0	468
118	Research Projects	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$1,267,019	\$5,833	\$5,833	\$5,833	0	5,833
119	A.A.I.P. Contract	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$26,906	\$125	\$125	\$125	0	125
120	Clinical Support Center-Phoenix	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$1,611,791	\$7,892	\$7,892	\$7,892	0	7,892
121	Costeps-Non Physicians	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$78,100	\$362	\$362	\$362	0	362
123	Physician Residency	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$277,593	\$1,285	\$1,285	\$1,285	0	1,285
124	Recruitment/Retention	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$2,073,338	\$9,596	\$9,593	\$9,596	0	9,596
125	U.S.U.H.S., etc.	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$3,047,355	\$14,105	\$14,105	\$14,105	0	14,105
126	D.I.R. Support Fund	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$19,268,795	\$89,199		\$89,199	89,199	0
127	Evaluation	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$1,066,600	\$4,937	\$4,937	\$4,937	0	4,937
128	National Indian Health Board	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$462,125	\$2,124		\$2,124	2,124	0
129	Albuq/HQ Administration	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$889,800	\$4,655	\$4,655	\$4,655	0	4,655
130	Nutrition Training Center	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$347,185	\$1,738	\$1,738	\$1,738	0	1,738
131	Diabetes Program-Albuq/HQ	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$1,239,771	\$5,981	\$5,981	\$5,981	0	5,981
132	Cancer Prevention-Albuq/HQ	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$700,790	\$3,403	\$3,403	\$3,403	0	3,403
133	Health Records	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$137,170	\$501	\$501	\$501	0	501
134	AIDS Program	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$425,743	\$3,332	\$3,332	\$3,332	0	3,332
135	Handicapped Children	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$348,100	\$1,694	\$1,694	\$1,694	0	1,694
137	National DIR Support-Albuq/HQ	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$7,983,073	\$37,109		\$37,109	37,109	0

Dental Health

			<u>\$5,022,803</u>	<u>\$5,838</u>	<u>\$5,838</u>	<u>\$5,838</u>		
201	IHS Dental Program	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$994,603	\$5,838	\$5,838	\$5,838	0	5,838
202	IHS Dental Program - PgmFormula	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	\$4,028,200					

Mental Health

			<u>\$2,175,707</u>	<u>\$10,154</u>	<u>\$10,154</u>	<u>\$10,154</u>		
301	Technical Assistance	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$1,445,007	\$6,773	\$6,773	\$6,773	0	6,773
302	C.M.I.- Grants	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$624,000	\$2,888	\$2,888	\$2,888	0	2,888
303	National Conference	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$106,700	\$493	\$493	\$493	0	493

Alcohol/Sub. Abuse

			<u>\$3,487,208</u>	<u>\$20,441</u>	<u>\$20,441</u>	<u>\$20,441</u>		
401	Clinical Advocacy	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$2,728,813	\$18,685	\$18,685	\$18,685	0	18,685
402	Collaborative Initiatives	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$758,395	\$1,756	\$1,756	\$1,756	0	1,756

ONEIDA

				<u>\$ Pool</u>	<u>Eligible</u>	<u>Paid in</u>	<u>Elig. in</u>	<u>Leave</u>	<u>Due</u>
		<u>TSA PF BB</u>		<u>TSA+PF</u>	<u>Shares</u>	<u>2005</u>	<u>2006</u>	<u>2006</u>	<u>2006</u>
Contract Health Care				<u>\$8,475,691</u>	<u>\$7,310</u>	<u>\$7,310</u>	<u>\$7,310</u>		
501	Fiscal Intermediary	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		\$6,008,325	\$0		\$0	0	0
504	C.H.S. Reserve & Undistributed	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		\$2,467,366	\$7,310	\$7,310	\$7,310	0	7,310
Public Health Nursing				<u>\$3,311,000</u>	<u>\$4,167</u>	<u>\$4,167</u>	<u>\$4,167</u>		
601	Preventive Health Initiatives	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		\$911,000	\$4,167	\$4,167	\$4,167	0	4,167
602	Preventive Health Initiatives - PgmFo	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		\$2,400,000					
Health Education				<u>\$1,110,000</u>	<u>\$5,188</u>	<u>\$5,188</u>	<u>\$5,188</u>		
701	IHS Health Education Program	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		\$1,110,000	\$5,188	\$5,188	\$5,188	0	5,188
CHR				<u>\$2,385,000</u>	<u>\$11,064</u>	<u>\$11,064</u>	<u>\$11,064</u>		
801	IHS CHR Program	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		\$2,385,000	\$11,064	\$11,064	\$11,064	0	11,064
Direct Operations				<u>\$16,205,907</u>	<u>\$74,964</u>	<u>\$62,671</u>	<u>\$74,964</u>		
1301	Direct Operations - Rockville	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		\$16,205,907	\$74,964	\$62,671	\$74,964	12,294	62,670
Facilities & Envr. Hlth. S				<u>\$6,353,897</u>					
2401	San. Facilities Constr. Support	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		\$1,896,848		See Table 4F	7,527	7,527	0
2402	Environ. Health Services Support	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		\$1,160,420		See Table 4F	3,992	3,992	0
2403	Facilities & Realty Support	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		\$1,823,233		See Table 4F	355	355	0
2404	Facilities Engineering Support	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		\$1,086,121		See Table 4F	0	0	0
2405	Engineering Services Support	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		\$387,275		See Table 4F	3,063	3,063	0
Other:								0	0
				<u>TSA</u>	<u>\$76,746,265</u>				
				<u>Program Formula</u>	<u>\$26,900,609</u>				
				<u>Total</u>	<u>\$103,646,874</u>	<u>\$365,166</u>	<u>\$219,322</u>	<u>\$380,103</u>	

Revised Total

160,783 219,320

The IHS negotiator is responsible for pro-rating Program, Functions, Services Activities (PFSA) amount IF: 1) the Tribe elects not to take 100% of the respective PFSA, and/or 2) the period is not a full year.

Tribal Size Adjustment (TSA) LINES: The amount shown in the Shares column was determined based on the TSA formula during April 1997 (FY 1997 budget). Since then, annual adjustments were made to shares that are proportional to increases/decreases in the IHS appropriations for the relevant budget sub-activity. Annual adjustments will be applied to shares when the new IHS appropriations bill is enacted.

PROGRAM FORMULA (PF) LINES: The amounts shown in the Shares column is determined annually by separate program formula. In many program formula lines, results differ from year to year. If zero shares appear in any program formula line at the time of negotiations, keep in mind that the AFA may (or may not) qualify later in the fiscal year (depending results when the formula is applied). The Facilities and Environmental Health Support, lines 2401 - 2401, are recomputed annually with program formula - Table 4F.

BASE BUDGET (BB) COLUMN: Stable funding level over a multi-year period to operate IHS PFSA's under Title III Compact

TRIBE: ONEIDA (10/01/04-09/39/05)

DATE: 6/29/05 7:40

Prepared by Office of Self-Determination

BEMIDJI AREA

2006 AFA DETAIL BY ACCOUNT

Based on 2005 Appropriations

Final

Negotiated

6/28/05

A	B	C	D	E	F	G	H	I
	AFA SHARES BY AREA ACCOUNT		2005 BAO Total Starting Base	2006 Initial Shares	2005 Mandatory Increases	2006 Shares Eligible	2006 Retained Amount	2006 Negotiated Amount
300	Health Services Account							
301	Area Director		237,750	19,660	0	19,660		19,660
302	Program Planning		92,740	7,670	0	7,670		7,670
303	OSD		110,420	9,130	0	9,130		9,130
304	CMO/OCS Support		263,290	21,770	0	21,770		21,770
305	Behavioral Health		193,610	16,010	0	16,010	16,010	0
306	Recruitment		145,510	12,030	0	12,030		12,030
307	Non-Contractable		472,000	39,030	0	39,030		39,030
308	Diabetes		0	0	0	0		0
309	Health Resources Management		139,790	11,560	0	11,560		11,560
310	Executive Officer & Support		355,010	29,360	0	29,360		29,360
311	Budget		332,440	27,490	0	27,490		27,490
312	Contracting		480,030	39,700	0	39,700		39,700
313	Office Services		314,540	26,010	0	26,010		26,010
314	MIS		810,220	67,020	0	67,020	67,020	
316	TOTAL HEALTH SERVICES ACCOUNT		3,475,360	326,440	0	326,440	83,030	243,410
317	Catastrophic (CHEF) 75X0390.06,01.40							
318	AREA OEHE*							
319	Facility Support		1,991,673	26,747	0	26,747	26,747	
320	Environmental Health Support		286,400	10,568	0	10,568	10,568	
321	Engineering Services		179,720	18,766	0	18,766	18,766	
322	SFC Area		234,418	9,750	0	9,750	9,750	
323	TOTAL AREA OEHE		2,692,211	65,831	0	65,831	65,831	0
324	AREA MANAGED*							
325	Alcohol Reg. Trmt. C			0	0	100,000		100,000
326A	OEHS Sanitarian (Field)		570,329	56,000	0	56,000		56,000
326B	OEHS Sanitarian (District)		170,000	6,273		6,273	6,273	
327	SFC Field OEHS Engineer		1,840,078	133,805	0	133,805	133,805	
328	M&I		3,251,604	273,210	0	273,210		273,210
328A	Equipment		908,199	90,014	0	90,014		90,014
329	TOTAL AREA MANAGED		6,740,210	559,302	0	659,302	140,078	519,224
330	BES OPERATING UI		2005 Starting	2006 Initial	2005	2006		
	BASE FUNDING		Base	Base	Increases	Eligible		
331	Hospitals & Clinics ^{1/2}	100.0000%	65,012,508	4,814,066	102,037	4,916,103	319,600	4,596,503
332	Dental	100.0000%	3,303,079	197,160	270	197,430	0	197,430
333	Mental Health	100.0000%	1,800,133	39,350	170	39,520	0	39,520
334	Health Education	100.0000%	492,759	22,040	450	22,490	0	22,490
335	Alcohol/Substance Abuse	100.0000%	8,163,627	310,150	4,530	314,680	0	314,680
336	Public Health Nursing	100.0000%	1,738,850	115,470	190	115,660	0	115,660
337	Community Health Reps.	100.0000%	4,080,267	261,620	2,290	263,910	0	263,910
338	Contract Health Service	100.0000%	33,473,910	1,951,110	95,110	2,046,220	0	2,046,220
339	Direct Contract Support Costs	100.0000%	2,997,544	230,724		230,724	0	230,724
340	Indirect Contract Support ³	100.0000%	9,083,886	647,785		647,785	0	647,785
341	Environmental Health	100.0000%	33,000	1,000		1,000	0	1,000
342	TRIBE BASE TOTAL		130,179,563	8,590,475	205,047	8,795,522	319,600	8,475,922
343	TOTAL BEMIDJI AREA		143,087,334	9,542,048	205,047	9,847,095	608,539	9,238,556
344	Aberdeen Area		280,270	28,620	0	28,620	0	28,620
	Total (including Aberdeen)			\$9,570,668	\$205,047	\$9,875,715	\$608,539	\$9,267,176

^{1/2}Withheld: Biomed (\$29,580) + MOA/IPA (\$283,400+ Adm. Fee of \$6,620 for 2 FTE = \$290,020) = \$319,600

²Base funding increases includes recurring paycost increases, IHClA funds and CHS increases.

³Indirect Contract Support Costs (IDC) includes .01394% congressional mandated rescission.

⁴Indirect Contract Support Costs (IDC) are nonrecurring, must be justified annually, and can only be used for IDC.

*OEHE funds are based on workload and change each year

DIR/ITSC METHOD FOR DETERMINING TRIBAL SHARES

Introduction

Enclosed you will find interrelated spreadsheets that have been developed to assist you in your negotiating efforts. The spreadsheets will calculate the share amounts per tribe for the functions and services tribes select to take. As you proceed through the spreadsheet, the functions and services that are available for contracting are highlighted so that you may click on those items and get a more in-depth definition of each item. If you should have any questions or difficulty in using this tool, please feel free to contact Bruce Parker @

Instructions

To clarify the use of the following spreadsheets we will start with the information provided by the Division of Financial Management (DFM) Table #4, 'HQ PFSA's for FY 2002 TSA and Program Formula Lines'. The Area Office ISC or ALN will use the following worksheets to determine the distribution of various Tribal shares as they relate to the Division of Information Resources (DIR), Information Technology Support Center (ITSC) Shares.

The DIR worksheet #1 uses input from DFM Table #4. Place the figures from the appropriate Budget Line Items (#126, #137, and #1301) from Table #4 into the appropriate shaded spaces in worksheet #1. Once those figures are entered, worksheet #2 and the Service Level Agreement #3 worksheet will be automatically populated.

After all three spreadsheets are populated DIR worksheet #3 is then used to determine the level of service that is required as the table relates to the DIR-ITSC Product Packages or Core Packages. After following the instructions in worksheet #3 that requires the selected support level shares to be reentered on the next line (this double entry enables the spreadsheet to automatically accumulate and total the selected shares), the DIR worksheet #3 becomes the document that is then used to track DIR, ITSC support for a given Tribe.

To review additional information relating to the Core Packages double click on the highlighted areas of worksheet #1.

To review additional information relating to the Service Level Agreements double click on the highlighted areas of worksheet #3.

RECAP - DIR/ITSC CORE PACKAGE SERVICES

FOR 2006 NEGOTIATIONS

TITLE I or V

(DIR worksheet # 1)

AVAILABLE FY-2006 D.I.R.* TRIBAL SHARES

Oneida
Oneida, WI

\$138,602

BUDGET LINE ITEM	#126		#137		#1301		TOTAL DIR SHARES AVAILABLE
	IRM		STAFF/OPERATIONS		STAFF/OPERATIONS		
	SUPPORT FUND		HQW FUND		HQE FUND		
					(HQ DIR Ops Share)		
					\$74,964		
</							

AVAILABLE FY-2006 D.I.R.* TRIBAL SHARES

Oneida
Oneida WI

\$138,602

BUDGET LINE ITEM

BUDGET LINE ITEM		#126		#137		#1301			
		IRM		STAFF/OPERATIONS		STAFF/OPERATIONS			
		SUPPORT FUND		HQW FUND		HQE FUND		TOTALs	
FUNCTIONS/SERVICES	SUPPORT PACKAGE	\$89,199	100.0%	\$37,109	100.0%	\$12,294	100.0%	\$138,602	
	1 2 3								
NATIONAL DATABASE SERVICES		\$4,460	5.0%	\$12,988	35.0%	\$3,074	25.0%	\$20,522	14.81%
Maintain/Manage Central Databases	X X X	\$2,498	56.0%	\$7,273	56.0%	\$1,721	56.0%	\$11,492	8.29%
Process National Applications	X X	\$1,070	24.0%	\$3,117	24.0%	\$738	24.0%	\$4,925	3.55%
Provide Workload/Statistical Info (Outputs)	X	\$758	17.0%	\$2,208	17.0%	\$522	17.0%	\$3,489	2.52%
Provide Tech Assistance/Problem Resolution	X	\$134	3.0%	\$390	3.0%	\$92	3.0%	\$616	0.44%
Subtotal		\$4,460	100.0%	\$12,988	100.0%	\$3,074	100.0%	\$20,522	
TELECOMMUNICATIONS MGMT SERVICES		\$35,680	40.0%	\$5,937	16.0%	\$3,688	30.0%	\$45,305	32.69%
Provide Telecommunications Network	X X X	\$14,629	41.0%	\$2,434	41.0%	\$1,512	41.0%	\$18,575	13.40%
Provide for Data Movement	X X	\$12,488	35.0%	\$2,078	35.0%	\$1,291	35.0%	\$15,857	11.44%
Provide Tech Assistance & Problem Resolution	X	\$8,563	24.0%	\$1,425	24.0%	\$885	24.0%	\$10,873	7.84%
Subtotal		\$35,680	100.0%	\$5,937	100.0%	\$3,688	100.0%	\$45,305	
SOFTWARE DEVELOPMENT AND MAINTENANCE SERVICES		\$40,140	45.0%	\$8,906	24.0%	\$3,074	25.0%	\$52,119	37.60%
Operating Syst Supt & Sftwr Licenses Coord	X X X	\$8,429	21.0%	\$1,870	21.0%	\$645	21.0%	\$10,945	7.90%
Software Upgrades/Patches distribution	X X	\$7,627	19.0%	\$1,692	19.0%	\$584	19.0%	\$9,903	7.14%
RPMS Applications related support	X	\$24,084	60.0%	\$5,344	60.0%	\$1,844	60.0%	\$31,272	22.56%
Subtotal		\$40,140	100.0%	\$8,906	100.0%	\$3,074	100.0%	\$52,119	
SYSTEMS SUPPORT/TRAINING SERVICES		\$8,920	10.0%	\$9,277	25.0%	\$2,459	20.0%	\$20,656	14.90%
Support Distributed Application Systems	X X	\$6,690	75.0%	\$6,958	75.0%	\$1,844	75.0%	\$15,492	11.18%
Provide Tech Support & Training	X	\$2,230	25.0%	\$2,319	25.0%	\$615	25.0%	\$5,164	3.73%
Subtotal		\$8,920	100.0%	\$9,277	100.0%	\$2,459	100.0%	\$20,656	
TOTAL SHARES AVAILABLE		\$89,199	100.0%	\$37,109	100.0%	\$12,294	100.0%	\$138,602	100.00%

Recap of Total DIR Shares

\$138,602

* DIVISION OF INFORMATION RESOURCES

Name/Site:

TITLE I or V

(DIR worksheet # 3)

Oneida

	NATIONAL DATABASE SERVICES	TELECOMM. MANAGEMENT SERVICES	SOFTWARE DEVELOPMENT & MAINTENANCE SERVICES	SYSTEM SUPPORT & TRAINING SERVICES	DIR/ITSC RETAINED SHARES
<u>SUPPORT PACKAGE # 1</u>	<u>PREMIER</u>	<u>PREMIER</u>	<u>PREMIER</u>	<u>PREMIER</u>	
Tribal Shares Available	\$20,522 100%	\$45,305 100%	\$52,119 100%	\$20,656 100%	
RE-ENTER Select Share(s)	\$20,522	\$45,305	\$52,119	\$20,656	\$138,602
<u>SUPPORT PACKAGE # 2</u>	<u>REGULAR</u>	<u>REGULAR</u>	<u>REGULAR</u>	<u>REGULAR</u>	
Tribal Shares Available	\$16,417 80.0%	\$34,432 76.0%	\$20,848 40.0%	\$5,164 25.0%	
RE-ENTER Select Share(s)	\$0	\$0	\$0	\$0	\$0
<u>SUPPORT PACKAGE # 3</u>	<u>ECONOMY</u>	<u>ECONOMY</u>	<u>ECONOMY</u>		
Tribal Shares Available	\$11,492 56.0%	\$18,575 41.0%	\$10,945 21.0%		
RE-ENTER Select Share(s)	\$0	\$0	\$0		\$0
			100% ----->	TOTAL RETAINED	\$138,602
				TOTAL AVAILABLE	\$138,602

OVERVIEW OF SERVICE LEVELS

Based on the above package selection, the Indian Health Service and Tribe have both acknowledged and accept the terms and responsibilities required for effective and efficient service delivery. Should there be a need to modify the level of support, this will be done by designated individuals/teams of each party.

Note: The above support packages are based on aggregate available FY2003 DIR Tribal Shares. It will be left to the discretion of the Lead Negotiator or Area Office Representative to break down the dollar amounts to more detail if required by customer.

TOTAL AVAILABLE FY-2003 DIR & AO TRIBAL SHARES

SAMPLE WORKSHEET

Oneida → \$177,683
 Oneida WI

BUDGET LINE ITEM	DIR HQ SHARES SHARES *	AREA OFFICE SHARES **	TOTAL DIR & AO SHARES AVAILABLE
SUPPORT PACKAGE			
FUNCTIONS/SERVICES	\$138,253 100.0%	\$39,430 100.0%	\$177,683
	1 2 3		
NATIONAL DATABASE SERVICES			
IHS HEADQUARTERS	\$12,988 35.0%		\$12,988
Maintain/Manage Central Databases	X X X		
Process National Applications	X X		
Provide Workload/Statistical Info (Outputs)	X		
Provide Tech Assist & Problem Resolution	X		
AREA OFFICE DATABASE SERVICES		\$1,972 5.0%	\$1,972
Process Statistical files and transmit to NPIRS	X X X	90.0%	
Provide tech. Asst. for data integrity	X X	8.0%	
Provide Ad Hoc reporting	X	1.0%	
Provide Tech Assist & Problem Resolution	X	1.0%	
Value-added services			
Backing up of Files/Databases	X X X		
Re-export missing data	X X X		
Data recovery	X X X		
Manage & support Area Database(s)	X X X		
Manage files at facilities	X X		
Vendor coordination & support	X		
TELECOMMUNICATIONS MGMT SERVICES			
IHS HEADQUARTERS	\$6,937 16.0%		\$2,592
Provide Telecommunications Network	X X X		
Provide for Data Movement	X X		
Provide Tech Assist & Problem Resolution	X		
AREA OFFICE TELECOMM SERVICES		\$7,886 28.0%	\$7,886
Provide Telecommunications Network	X X X	65.0%	
Provide for FTS support and Internet access	X X	25.0%	
Provide Tech Assist & Problem Resolution	X	10.0%	
Value-added services			
Circuit cost	X X X		
TC Equipment	X		
Local telecom partnerships	X		
Vendor coordination & support	X		
SOFTWARE DEVELOPMENT AND MAINTENANCE SERVICES			
IHS HEADQUARTERS	\$8,906 24.0%		\$8,906
Operating Syst Supt & Sftwr Licenses Coord	X X X		
Software Upgrades/Patches distribution	X X		
RPMS Applications related support	X		
AREA OFFICE SOFTWARE SERVICES		\$19,715 58.0%	\$19,715
Operating Syst Supt & Sftwr Licenses Coord	X X X	10%	
Software Upgrades/Patches distribution	X X	60.0%	
RPMS Applications related support	X	30.0%	
Value-added services			
Distribution/Installation of operating system	X X X		
Peripheral support	X X		
Basic site management support	X X		
Local software development (expand this item)	X		
National software development	X		
Interfacing RPMS with non-RPMS systems	X		
Distribution/Installation of COTS, to include training	X		
Vendor coordination & support	X		
SYSTEM SUPPORT/TRAINING SERVICES			
IHS HEADQUARTERS	\$9,277 25.0%		\$9,277
Support Distributed Application Systems	X X		
Provide Tech Support and Training	X		
AREA OFFICE SUPPORT SERVICES		\$9,858 26.0%	\$9,858
Support Distributed Application Systems	X X	20.0%	
Provide Tech Support and Training	X	80.0%	
Value-added services			
Consultation on new/existing facilities	X X		
Vendor coordination & support	X		
Installation of hardware	X		
Hardware problem resolution	X		
RECAP OF TOTAL SHARES AVAILABLE	\$37,109 100.0%	\$38,430 100.0% check:	\$73,194 \$76,539

* This figure is automatically brought from WorkSheet #1

** AO shaded area to be filled in by IHS ALN with Area Office Share Information

INDIAN HEALTH SERVICE
FY 2006 GOVERNMENT RESULTS AND PERFORMANCE INDICATORS FOR NEGOTIATION

Performance Indicator	2006 Target	Check to Select
Diabetes: Poor Glycemic Control: Assure that the proportion of patients with diagnosed diabetes that have poor glycemic control does not increase [intermediate outcome]	During FY 2006, assure that the proportion of patients with diagnosed diabetes that have poor glycemic control does not increase over FY 2005 level. Data Source: Clinical Reporting System (CRS)	✓
Diabetes: Ideal Glycemic Control: Address the proportion of patients with diagnosed diabetes that have demonstrated glycemic control at the ideal level. [intermediate outcome]	During FY 2006, maintain the proportion of patients with diagnosed diabetes that have demonstrated ideal glycemic control at the FY 2005 level. Data Source: Clinical Reporting System (CRS)	✓
Diabetes: Blood Pressure Control: Address the proportion of patients with diagnosed diabetes that have achieved blood pressure control. [intermediate outcome]	During FY 2006, maintain the proportion of patients with diagnosed diabetes that have achieved blood pressure control at the FY 2005 level. Data Source: Clinical Reporting System (CRS)	✓
Diabetes: Dyslipidemia Assessment: Address the proportion of patients with diagnosed diabetes assessed for dyslipidemia. [intermediate outcome]	During FY 2006, maintain the proportion of patients with diagnosed diabetes assessed for dyslipidemia (LDL cholesterol) at the FY 2005 level. Data Source: Clinical Reporting System (CRS)	✓
Diabetes: Nephropathy Assessment: Address the proportion of patients with diagnosed diabetes assessed for nephropathy. [intermediate outcome]	During FY 2006, maintain the proportion of patients with diagnosed diabetes assessed for nephropathy at the FY 2005 level. Data Source: Clinical Reporting System (CRS)	✓

Performance Indicator	2006 Target	Check to Select
<p><u>Diabetic Retinopathy*</u>: Address the proportion of patients with diagnosed diabetes who receive an annual diabetic retinal examination. [intermediate outcome]</p> <p>* Reports from Designated Sites - none in Bemidji but programs can still track with CRS program.</p>	<p>During FY 2006, maintain the proportion of patients with diagnosed diabetes who receive an annual retinal examination at designated sites at the FY 2005</p> <p>.Data Source: Clinical Reporting System (CRS)</p>	✓
<p><u>Cancer Screening: Pap Smear Rates:</u> Address the proportion of eligible women patients who have had a Pap screen within the previous three years. [intermediate outcome]</p>	<p>During FY 2006, maintain the proportion of female patients ages 21 through 64 without a documented history of hysterectomy who have had a Pap screen within the previous three years at the FY 2005 level.</p> <p>Data Source: Clinical Reporting System (CRS)</p>	✓
<p><u>Cancer Screening: Mammogram Rates:</u> Address the proportion of eligible women who have had mammography screening within the last 2 years. [intermediate outcome]</p>	<p>During FY 2006, maintain the proportion of female patients ages 50 through 64 who have had mammography screening within the last 2 years at the FY 2005 level.</p> <p>Data Source: Clinical Reporting System (CRS)</p>	✓
<p><u>Cancer Screening: Colorectal Rates:</u> Address the proportion of eligible patients who have had appropriate colorectal cancer screening. [intermediate outcome]</p>	<p>During FY 2006, establish baseline rate of colorectal screening for clinically appropriate patients ages 50 and older.</p> <p>Data Source: Clinical Reporting System (CRS)</p>	✓
<p><u>Alcohol Screening (FAS Prevention):</u> Address screening for alcohol use in appropriate female patients. [intermediate outcome]</p>	<p>During FY 2006, increase the screening rate for alcohol use in female patients ages 15 to 44 over the FY2005 rate.</p> <p>Data Source: Clinical Reporting System (CRS)</p>	✓
<p><u>Dental Access:</u> Address the proportion of patients who obtain access to dental services.</p>	<p>During FY 2006, maintain the proportion of patients that obtain access to dental services at the FY 2005 level.</p> <p>Data Source: Clinical Reporting System (CRS)</p>	✓

Performance Indicator	2006 Target	Check to Select
<u>Dental Sealants:</u> Address the number of sealants placed per year in American Indian and Alaska Native patients. [intermediate outcome]	During FY 2006, maintain the number of dental sealants placed per year in American Indian and Alaska Native patients at the FY 2005 level. Data Source: Clinical Reporting System (CRS)	✓
<u>Diabetes: Dental Access:</u> Address the proportion of patients diagnosed with diabetes who obtain access to dental services. [intermediate outcome]	During FY 2006, maintain the proportion of patients diagnosed with diabetes who obtain access to dental services at the FY 2005 level. Data Source: Clinical Reporting System (CRS)	✓
<u>Domestic (Intimate Partner) Violence Screening:</u> Address the proportion of women who are screened for domestic violence at health care facilities. [intermediate outcome]	During FY 2006, increase the screening rate for domestic violence in female patients ages 15 through 40 over the FY 2005 rate. Data Source: Clinical Reporting System (CRS)	✓
<u>Childhood Immunizations:</u> Address rates for recommended immunizations for AI/AN children 19-35 months. [intermediate outcome]	During FY 2006, maintain baseline rates for recommended immunizations for American Indian and Alaska Native children 19-35 months compared to FY 2005. Data Source: Clinical Reporting System (CRS)	✓
<u>Adult Immunizations: Influenza:</u> Address influenza vaccination rates among non-institutionalized adult patients aged 65 years and older. [intermediate outcome]	In FY 2006, maintain FY 2005 rate for influenza vaccination levels among adult patients aged 65 years and older. Data Source: Clinical Reporting System (CRS)	✓
<u>Adult Immunizations: Pneumovax:</u> Address pneumococcal vaccination rates among non-institutionalized adult patients age 65 years and older. [intermediate outcome]	In FY 2006, maintain the FY 2005 rate for pneumococcal vaccination levels among non-institutionalized adult patients age 65 years and older. Data Source: Clinical Reporting System (CRS)	✓
<u>Suicide Surveillance:</u> Support suicide prevention by collecting comprehensive data on the incidence of suicidal behavior. [intermediate outcome]	During FY 2006, establish baseline data on suicide using the RPMS suicide reporting tool. Data Source: Clinical Reporting System (CRS)	✓

Performance Indicator	2006 Target	Check to Select
<u>CVD Prevention: Cholesterol:</u> Support clinical and community-based cardiovascular disease prevention initiatives. [intermediate outcome]	During FY 2006, increase the proportion of patients ages 23 and older that receive blood cholesterol screening. Data Source: Clinical Reporting System (CRS)	✓
<u>Obesity Assessment:</u> Support clinical and community-based obesity prevention initiatives. [intermediate outcome]	During FY 2006, decrease the obesity rates in children, ages 2-5 years. Data Source: Clinical Reporting System (CRS) (Under review: may be revised)	✓
<u>Tobacco Use Assessment:</u> Support local level initiatives directed at reducing tobacco usage. [intermediate outcome]	During 2006, establish the rates if tobacco using patients that receive tobacco cessation intervention. Data Source: Clinical Reporting System (CRS)	✓
<u>HIV Screening:/Status</u> Support screening for HIV infections in appropriate population groups. [intermediate outcome]	<u>Prenatal HIV Screening:</u> In FY 2006, increase the screening rates for HIV in pregnant female patients. Data Source: Clinical Reporting System (CRS)	✓