IHS Budget Formulation 101

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Webinar Roadmap

• Legislative and Regulatory Authority on Urban Confer
• Overview of Budget Process
• Area Instructions
• UIO Participation in Process
• Best Practices and Learning from Past Experiences
Indian Health Care Improvement Act (IHCIA) Reauthorization:

• Included a requirement that the IHS "confer," to the maximum extent practicable," with UIOs in carrying out the IHCIA.
• The IHCIA, as amended, includes four provisions that require the IHS to confer with UIOs. The two broadest appear below:

  Indian Health Care Improvement Act, 25 U.S.C. § 1660d(b). "The Secretary shall ensure that the Service confers, to the maximum extent practicable, with urban Indian organizations in carrying out this [Act]."

  Indian Health Care Improvement Act, 25 U.S.C. § 1602(5). "Congress declares... that all actions under this [Act] shall be carried out with ... conference with urban Indian organizations, to implement this [Act]..."

IHS Annual Budget

• All federal agencies are required to submit a detailed budget request on or before the first Monday in February for the upcoming fiscal year beginning on October 1.
• The IHS Division of Budget Formulation (DBF) is responsible for preparing and managing the annual IHS budget justification to Congress.
• The IHS budget formulation process begins with the formal release of the tribal consultation/ urban confer recommendations (usually in March) and ends with the publication of the President’s Budget (usually the following February).
IHS Annual Budget

The annual budget request of the Indian Health Service is the result of the budget formulation and consultation process that involves IHS, Tribal and Urban Indian Health programs.

- IHS Areas are supposed to actively solicit the participation of Urban Indian Organizations in seeking input into the Area Budget Formulation activities.
- Priorities identified in the consultation/confer process are instrumental in creating the annual IHS Congressional Justifications.
- Congressional Appropriations
  - The annual IHS Congressional Justification is reviewed by the House and Senate Committees on Appropriations and assists them in making funding decisions.

Timeline of Tribal Budget Consultation Activities (Fiscal Year 2022)

- FY 2021 Evaluation FY 2022 Planning Meeting
  - June 27, 2019
- FY 2022 Area Budget Consultation Sessions
  - October-December 2019
- HHS Annual Tribal Budget Consultation
  - March 2020
- FY 2022 Area Budget Instructions sent out
  - August 2019
- FY 2022 National Tribal Budget Work session
  - February 13-14, 2020
- FY 2022 Evaluation FY 2023 Planning Meeting
  - June 2020
The National Tribal Budget Formulation Workgroup provides input and guidance to IHS in matters related to the budget formulation cycle and identifies national priorities, policies and budget recommendations.

- The Workgroup is comprised of two Tribal Representatives from each of the 12 areas. **Tribal representatives must be an elected/appointed tribal official.**
- Workgroup members are chosen annually at the individual Area budget Consultation sessions that occur October - December.
- **The workgroup meets twice a year at the:**
  - Evaluation/Planning Meeting (April-June)
  - National Tribal Budget Formulation Work Session (February)

**Tribal Budget Consultation Process: Step 1 Evaluation/Planning Meeting (April-June)**

This meeting is where workgroup members evaluate the previous budget process for FY 2021 and begin planning for the following budget cycle (FY 2022) that begins in August.

- **The planning portion of the meeting consists of:**
  - Drafting & Editing Area budget instructions and
  - Setting planning levels for the National Tribal budget recommendation
  - This meeting is typically attending by at least 1 tribal representative from the workgroup and technical team members.
  - The FY 2021 Evaluation and FY 2022 Planning Meeting was held on June 27, 2019 at the Reno-Sparks Tribal Health Center in Reno, Nevada.
TRIBAL BUDGET CONSULTATION PROCESS: STEP 2
AREA BUDGET INSTRUCTIONS SENT
(AUGUST)

Area Budget Instructions that were edited by the workgroup at the Evaluation/Planning meeting are sent to IHS Area budget teams and workgroup members.

Instructions are sent solely for information and preparation purposes, all work on the worksheets and templates will be completed at the Area budget consultation sessions.

- Area budget instructions and guidance typically consist of these deliverables:
  - National Budget worksheet
  - Budget justification template
  - Hot Issues template
  - Area report presentation template
  - Area tribal representatives template

- Specific Information on each deliverable will be discussed in later slides.

TRIBAL BUDGET CONSULTATION PROCESS: STEP 3
AREA BUDGET CONSULTATION SESSIONS
(OCTOBER-DECEMBER)

Each IHS Area schedules a budget consultation session that involves working with IHS, Tribal and Urban stakeholders to develop a budget recommendation based on their local & national needs.

IHS Areas should actively solicit the participation of Tribes and Tribal organizations, and Urban Indian Organizations in seeking input into the Area Budget Formulation activities.

Area budget consultation activities typically include:

- Identifying priorities and completing the National Budget recommendation worksheet and associated templates for their area.
- Choosing two tribal representatives and technical team members to represent their Area as a part of the National Tribal Budget formulation workgroup.
- Providing information on the IHS budget consultation process.

IHS Area budget teams will send in the dates of the Area Budget Consultation session to IHS HQ, so they can be posted on the IHS website: https://www.ihs.gov/budgetformulation/meetings/
TRIBAL BUDGET CONSULTATION PROCESS: STEP 3
AREA BUDGET CONSULTATION SESSIONS
TRIBAL REPRESENTATIVES

Two tribal representatives along with technical members are chosen at the Area Budget Consultation Sessions.

Tribal Representatives must be an elected or appointed tribal official or a representative of a tribal official with a letter stating their appointment by the tribe.

- **Tribal Representative Roles and Responsibilities:**
  - Must be in communication with the IHS Area office prior to the National Tribal Budget Work Session to review the National budget roll up and discuss how their area recommendations fit within the consolidated document.
  - Attend the National Tribal Budget Work Session prepared to discuss/justify funding recommendations and be knowledgeable about health challenges in their area.
  - Have the authority to negotiate specific budget lines on behalf of the tribes in their area so the workgroup can achieve an inclusive recommendation in a timely manner.
  - One representative must attend the Evaluation/Planning Meeting.
  - **Technical Support Team** must prepare area representatives for the National Budget Work Session by explaining materials, checking materials for accuracy and providing information about the budget formulation process.

TRIBAL BUDGET CONSULTATION PROCESS: STEP 4
NATIONAL TRIBAL BUDGET FORMULATION WORK SESSION
(FEBRUARY)

This is a 2-day annual meeting where the two tribal representatives from each area come together to review and consolidate all the Area’s budget recommendations into a comprehensive set of national health priorities and budget recommendations.

- **Work session activities include:**
  - Tribal Caucus occurs where the tribal workgroup co-chairs are selected.
  - Tribal representatives from each area give a brief Area report presentation to the group.
  - Discussion on determining priorities and budget recommendation.
  - Decisions are made by consensus from workgroup members. Only the two tribal representatives that are a part of the workgroup are allowed to partake in voting.
In the past, NCUIH has given a presentation on behalf of UIOs.
The workgroup will meet with IHS Principal Deputy Director and other IHS leadership to discuss health priorities and budget recommendations.
At least one tribal representative from each Area along with technical team members will be chosen to complete work with NIHB (National Indian Health Board) on the budget recommendation and testimony that will be presented to HHS leadership in March.
NCUIH has worked with NIHB to complete the urban Indian health portions of the budget recommendation.

Last year’s NCUIH budget formulation presentation included data from each region as well as some of the following requests:

- Increased funding of urban Indian line item to at least $116M
- Ensuring grants continue for Title V UIOs (in case of requests for direct funding)
- Implementation of unfunded IHCIA provisions
- Ensure UIOs are held harmless from unrelated budget shortfalls and assessments (including 105(l) leases)

**Priority Areas**
- Advance appropriations
- SDPI
- Substance use and mental health
- Opioids funding
TRIBAL BUDGET CONSULTATION PROCESS: STEP 5
HHS TRIBAL BUDGET AND POLICY CONSULTATION (MARCH)

This is an annual consultation session with tribes in regards to the HHS budget and has been conducted to give Indian Tribes and Tribal organizations the opportunity to present their Health and Human services budget priorities and recommendations to the Department.

- Co-chairs will present the National Tribal Budget Recommendation that was decided upon at the National Tribal budget work session.
- Prior year National Tribal Budget Recommendation testimonies are available on the NIHB website: https://www.nihb.org/legislative/budget_formulation.php
- NCUIH submits written testimony to HHS on behalf of UIOs – this testimony focuses on IHS funding as well as programs under other HHS agencies that impact UIOs

HHS TRIBAL BUDGET AND POLICY CONSULTATION (CONT’D)

- NCUIH independently submits written testimony to HHS on behalf of UIOs – this testimony focuses on IHS funding as well as programs under other HHS agencies that impact UIOs
- Some examples of requests in NCUIH’s testimony on last year’s HHS Budget Consultation include:

  - HHS
    - Urban Confer
  - IHS
    - Increase urban Indian health to $116M
    - Increase access to additional IHS sources of funding
    - Advance appropriations
    - SDPI
    - Hold UIOs harmless from unrelated cost assessments (i.e. 105(i) leases)
    - Preserve behavioral health funding
  - Centers for Medicare and Medicaid Services
    - Extend 100% FMAP to services at UIOs
    - Preserve Medicaid benefit (exempt AI/ANs from work requirements)
    - Avoid narrow definition of AI/AN
  - Substance Abuse and Mental Health Services Administration
    - Include UIOs in federal opioid programs
  - Health Resources and Services Administration
    - Preserve 340B and prioritize UIOs for health center grants and new access point grants
  - Centers for Disease Control and Prevention
    - Support Good Health and Wellness in Indian Country and ensure UIOs are directly eligible for grants
    - I/T/U funding from HIV/AIDS, Viral Hepatitis, STI, and TB Prevention efforts
  - Administration for Native Americans
    - Increase funding to enable UIOs to receive more funding
**WHAT HAPPENS AFTER THE NATIONAL TRIBAL BUDGET RECOMMENDATION IS SUBMITTED?**

- **May-June:** IHS uses the Tribal recommendation and OMB/HHS guidelines to submit a budget request, referred to as the HHS Justification.
- **July-September:** After response from HHS, IHS along with HHS will submit a budget request to OMB (OMB Justification). OMB will then provide a response and IHS can accept or appeal.
- **December-February:** The decided upon budget submission is then used to develop the Congressional Justification (President’s Budget) and is submitted to Congress on the 1st Monday of February.
- **March-September:** House and Senate subcommittees hear testimony from IHS, Tribal and Urban stakeholders. House and Senate Appropriation committees work out a final appropriation bill to send to the President to sign by September 30th.
- If the bill is not signed by Sep 30th a Continuing Resolution (CR) may be enacted.

**CURRENT & PRIOR YEAR BUDGET INFORMATION**

- **Congressional Justifications (President’s Budget):**
  [https://www.ihs.gov/budgetformulation/congressionaljustifications/](https://www.ihs.gov/budgetformulation/congressionaljustifications/)
- **HHS website has IHS and other agency budget and budget documents:**
  [https://www.hhs.gov/about/budget/index.html](https://www.hhs.gov/about/budget/index.html)
AREA BUDGET FORMULATIONS

5 DELIVERABLES:

1. NATIONAL BUDGET WORKSHEET
2. BUDGET JUSTIFICATION NARRATIVE
3. HOT ISSUES
4. AREA TRIBAL REPRESENTATIVES
5. AREA REPORT PRESENTATIONS

FY 2022 AREA BUDGET INSTRUCTIONS

The FY 2022 Area Budget Instructions are sent to IHS Area Budget Teams to distribute at the Area Budget consultation/confer sessions taking place October-December 2019.

- The instructions are completed by IHS/Tribal/Urban organizations together at the Area budget consultation sessions.
- IHS Area budget teams are responsible for sending in completed instructions to IHS HQ by the designated due dates.
**AREA INSTRUCTIONS TIMELINE**

**Area Consultation meeting dates/locations** are sent to IHS HQ.
- October 4, 2019

**Deliverables #2-#5** are sent to IHS HQ.
- #2: Budget Narrative
- #3: Hot Issues
- #4: Area Tribal Representatives
- #5: Area Report Presentations
- January 10, 2020

**FY 2022 National Tribal Budget Formulation Work Session** (Crystal City, VA)
- February 13-14, 2020

**December 13, 2019**
- Deliverable #1: National Budget Worksheet is sent to IHS HQ.

**January 15, 2020**
- IHS HQ will send final rollup of the National Tribal budget recommendation to Area Tribal representatives and IHS Area budget teams.

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**AREA BUDGET INSTRUCTION DELIVERABLES**

**Deliverable #1: National Budget Worksheet**

This is an excel worksheet to enter your Area’s program increases by budget line item.

**Per the workgroup’s decision at the Evaluation/Planning Meeting on June 27, 2019, the target funding level for this year is +30% over the FY 2021 National Tribal Budget Recommendation for a total recommendation of $11.9 Billion.**

- The worksheet is prefilled with formulas to indicate the target funding level as well as informational columns with previous years budget numbers.
- Column and Row headers are linked to other worksheets in the same excel file which provide explanation and definitions.
- Current Service and Binding Obligation estimate numbers are included in the worksheet for informational purposes only.
- The workgroup requests full funding for current services and binding obligations every year; meaning that the total will be added over the +30% program increase budget priorities.
- Negative Numbers will skew results so the workgroup advises against including them in your recommendation.
AREA BUDGET INSTRUCTION DELIVERABLES
DELIVERABLE #2: BUDGET JUSTIFICATION NARRATIVE

This is a justification document that describes and supports the budget priorities that are reflected in the National budget Worksheet (Deliverable #1).

Suggested key points to include are:

▪ How the recommended budget increases should be allocated
  ▪ Include any effects of previous year’s increases and/or include data that highlights those effects
▪ Any linkage to the IHCIA provisions, where applicable
▪ Any linkage to GPRA performance targets and outcomes
▪ Linkage to the IHS Strategic Plan

AREA BUDGET INSTRUCTION DELIVERABLES
DELIVERABLE #3: HOT ISSUES

This is where each Area has the opportunity to highlight any hot issues (regardless if related to funding) that are unique to their area.

▪ **Hot issues are limited to one page per issue; there is no limit on the number of hot issues an Area may submit.**

▪ **Format:**
  ▪ **Issue:** Provide a brief description of issue
  ▪ **Background:** Include historical information or data that explains the issue in more detail
  ▪ **Recommendation:** Link to a recommended budget recommendation or provide action that needs to be taken to address the issue

▪ Hot Issues that are submitted are included in the National Tribal Budget Formulation Testimony booklet that is presented to HHS in addition to the National Tribal Budget Recommendation.
SAMPLE HOT ISSUES

NCUIH included the following Hot Topics / Requests in last year’s National Budget Formulation – many of which were absent or not a focus in Area presentations

- Increased funding of urban Indian line item to at least $116M
- Ensuring grants continue for Title V UIOs (in case of requests for direct funding)
- Implementation of unfunded IHCIA provisions
- Ensure UIOs are held harmless from unrelated budget shortfalls and assessments (including 105(l) leases)
- Including funds for Title V UIOs in funding initiatives (opioid funding, behavioral health funding)
- 100% FMAP for UIOs
- Funds for UIOs to modernize health IT
- Suicide and substance use disorder among youth

Area Budget Instruction Deliverables
Deliverable #4: Area Tribal Representatives

The contact information of two Tribal representatives along with technical members that are chosen at the Area Budget Consultation Sessions are sent.

Tribal Representatives must be an elected or appointed Tribal official or a representative of a tribal official with a letter stating their appointment by the tribe.

- Tribal Representative Roles and Responsibilities:
  - Must be in communication with the IHS Area office prior to the National Tribal budget work session to review the National budget roll up and discuss how their area recommendations fit within the consolidated document.
  - Attend the National Tribal budget work session prepared to discuss/justify funding recommendations and be knowledgeable about health challenges in their area
  - Have the authority to negotiate specific budget lines on behalf of the tribes in their area so the workgroup can achieve an inclusive recommendation in a timely manner.
  - One representative must attend the Evaluation/Planning Meeting.

- Technical support team must prepare Area representatives for the National budget work session by explaining materials, checking materials for accuracy and providing information about the budget formulation process.
Area Budget Instruction Deliverables
Deliverable #5: Area Report Presentations

This is a presentation that summarizes your Area’s budget priorities and hot issues.

- The workgroup decided that there will be no limit on the number of slides & Tribal Organizations should provide input on budget recommendations at the Area budget consultation sessions and not in separate presentations at the work session.
- There will be webinars held for each Area to present their report to a larger audience before the National Tribal Budget Work session; **Time limit will be 15 min.**
- Representatives will also have the opportunity to present during the National Tribal Budget Work session; **Time Limit 5 min.**

- Optional template:
  - Summary of Service area and demographic information
  - Summary of Funding/Health priorities
  - Summary of Area Hot topics
  - Success stories

- You can find previous years Area reports on the IHS website: https://www.ihs.gov/budgetformulation/meetings/area-tribal-budget-recommendations/

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**“Can you speak a bit about how representatives from Urban Indian Organizations participate in the Area and National Budget Formulation? How can UIOs ensure their priorities are reflected at the National level?”**

– **Sunny Stevenson, NCUIH Policy Consultant**

- voice of Christina Francisco, IHS Office of Finance and Accounting, Division of Budget Formulation
THIS CONCERNING STATEMENT MAKES IT EVEN MORE IMPORTANT TO PARTICIPATE IN THE BUDGET FORMULATION PROCESS!

- The IHS Tribal Budget Formulation webpage:
  - Area Budget Formulation Meeting dates: https://www.ihs.gov/BudgetFormulation/meetings/

- National Tribal Budget Recommendations (prior years and current):
  https://www.nihb.org/legislative/budget_formulation.php

- IHS Event Calendar: https://www.ihs.gov/ihscalendar/

**IHS Budget and Federal Budget Process Information**

- Congressional Justifications (President's Budget) posted:
  https://www.ihs.gov/budgetformulation/congressionaljustifications/

- IHS website has the annual budget and budget in briefs from IHS and other agencies posted here:
  https://www.ihs.gov/about/budget/index.html

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**NATIONAL TRIBAL MEMBERS SERVICES – CY 2017:**

- **Total Tribal Members Unduplicated Users (only counted ONCE)**
  
<table>
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<tr>
<th></th>
<th>CY16</th>
<th>CY17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Ambulatory</td>
<td>58,799</td>
<td>59,704</td>
</tr>
<tr>
<td>Limited Ambulatory</td>
<td>4,543</td>
<td>4,748</td>
</tr>
<tr>
<td>Outreach &amp; Referral</td>
<td>1,395</td>
<td>1,637</td>
</tr>
<tr>
<td></td>
<td>64,737</td>
<td>66,089</td>
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</table>

- **Total Treaty Health Services (Visits counted)**
  
<table>
<thead>
<tr>
<th></th>
<th>CY16</th>
<th>CY17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Ambulatory</td>
<td>593,615</td>
<td>604,856</td>
</tr>
<tr>
<td>Limited Ambulatory</td>
<td>29,946</td>
<td>30,004</td>
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<tr>
<td>Outreach &amp; Referral</td>
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<tr>
<td></td>
<td>630,868</td>
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</table>

- **Average AI/AN Tribal member Visits per Patient**
  
  CY16—9.75  CY17—9.74

**Source of Data: Office of Urban Indian Health Programs (IHS) CY16-17 Data Report**

**NOTE:** the NIAAA program data is NOT included in CY17 Data
Allocation of Funds - SERVICES

**Treaty Health Services** provided by Urban Indian Health Programs:
- Primary Medical Care (Women, Men, Children)
- In House Labs
- Prenatal – Coming of the Blessing; Family Spirit
- Behavioral Health (Mental Health and Addictions (Substance Abuse)
- Domestic Violence Services / Meth/Suicide Services
- Dental – Vision
- Transportation
- Diabetes Special Care (Fitness Centers, Nutrition,)
- Residential Treatment Center
- Youth Programs/Counseling Services
- Cultural Community Events

Allocation of Funds - NEED

- Urban Indian Health Programs UIHPs get funding from Line Item
- IHS added 6 new programs to the Title V budget line item due to IHCIA
  - 15% program number increase with no funding increase to match
- Payment for (UIHPs) differs from IHS and Tribal
  - UIHP's do NOT get AIR rate, some programs receive lower than $100 per encounter
  - Urban Programs have to pay for Malpractice Insurance, more money taken away from patients
  - All States did NOT Expand Medicaid (7 of 19 states include UIHP's)
    - SD, NE, KS OK, TX and UT
- UIHP's need funding level to compete with community health programs
  - Community Health Centers 330 Programs
  - Fully Funded Services (primary, behavioral, dental, vision)
  - Millions $$ distributed to them – including infrastructure funds
Allocation of Funds - REQUEST

Please:
• Make the Urban line item on the top 5 Priority list
• Increase Urban line item line to $83,011,000, which is the National Tribal Budget Formulation Recommendation

Think of family tribal members who live off your reservation. Where do they get health care and help?

SUGGESTIONS FOR SHARING AT YOUR AREA BUDGET FORMULATION MEETING

• Cite Indian Health Care Improvement Act
• Summary of Service Area and Demographic Information
  • Provide map of service area
  • Share Area health and demographic statistics
  • Population
  • How many tribes?
  • How many I/T/U facilities? Name all UIOS in your Area
  • GPRA/Performance information
  • State number of UIO patients and visits as “Tribal Relatives (Users/ Patients)” and “Treaty Health Services (Visits)”**
• Highlight any expansion of services, patients, growth
• Urban Area Improvements Needed
  • State some of your financial needs and what your Area would do with an increase
• Allocation of Funds – Patient Impact Voices
  • Share local feedback
• Hot Topics
  • Suggest hot topics local to your Area

** Use “treaty” language only if it is uncontroversial in your Area. Also note that NIAAA program data is NOT included in the HIS Office of Urban Indian Health Programs CY16-17 Data Report, which is the most recent version.
BEST PRACTICES AND LEARNING FROM PAST EXPERIENCES

• What tips do you have for fellow Urban Indian health leaders who will be attending their first Area Budget Formulation meeting?

• Please share any successes you have seen or experienced at an IHS budget formulation consultation/confer.

• Have you had a negative experience attempting to advocate for Urban Indian health funding during the IHS budget formulation process?
  • Please share your experience and let’s identify opportunities to ensure history does not repeat.

• Hot Topics Brainstorming: What are current hot topics in your Area?

ANY QUESTIONS?

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THANK YOU