

CHAPTER 77-1 FACILITIES SUPPORTABLE SPACE

77-1.1 INTRODUCTION..... 1
A. PURPOSE..... 1
B. INTENT..... 1
C. LEGISLATION..... 1
77-1.2 APPLICABILITY..... 2
A. REGIONAL SERVICES..... 2
B. QUARTERS..... 2
C. URBAN FACILITIES..... 2
D. NEW SPACE..... 2
E. LEASED SPACE..... 3
77-1.3 DEFINITIONS..... 3
77-1.4 GUIDANCE..... 4
77-1.5 METHODOLOGY..... 5
A. CALCULATING MAXIMUM SUPPORTABLE SPACE..... 5
B. DETERMINING IHS-APPROVED HEALTH PROGRAM SPACE..... 7
C. FACILITIES SUPPORTABLE SPACE VALUE..... 7
D. VALIDATION OF NEW SPACE..... 7

APPENDICES

Appendix A Space Validation Form 8
Appendix B Certification for New/Replaced/Added Space Form 9
Appendix C List of Disciplines Included in the 2008 HSP 11

77-1.1 INTRODUCTION

A. PURPOSE

This chapter establishes the Indian Health Service (IHS) guidelines for determining the maximum health care facilities space that is supported for allocation of maintenance and improvement (M&I) and equipment funds through the annual Facilities Appropriations. The resulting amount of space is generically called the Facilities Supportable Space (FSS). Although there is a correlation between programs, activities, personnel, and space, these guidelines only address space.

B. INTENT

These guidelines are to ensure that there is equity in the applicable Facilities Appropriation funding distributions.

C. LEGISLATION

Under the Indian Self-Determination and Education Act, P.L. 93-638, the IHS is required to make available to tribes assuming an activity the amount of funds that would have been provided for that activity (Section 106.a.1) if it were performed by the IHS. Further, the IHS must do so in a way that does not take funds that otherwise would be available to other tribes (Section 106.b.5).

77-1.2 APPLICABILITY

This Chapter is applicable to both IHS and tribal buildings with "IHS-Approved Health Program Space." Special cases with respect to the definitions and/or calculations are described below.

A. REGIONAL SERVICES.

Services provided in facilities that are regional in nature and serve multiple Service Units, often entire IHS Areas, are not included in the IHS-approved health program to determine FSS for any one Service Unit. However, the local primary services portion of such a facility is counted in the IHS-Approved Health Program FSS for that Service Unit.

In order to be recognized as a regional service, the regional nature of the function must be specified in the Area Health Services and Facilities Master Plan. Facilities providing access to regional services must be certified as a "regional facility" by DFPC in a memorandum to DFO. Currently, the only full-service facilities in the IHS providing access to regional services are Anchorage Native Medical Center (ANMC), Phoenix Indian Medical Center (PIMC), and Gallup Indian Medical Center (GIMC). The congressionally-mandated Youth Regional Treatment Centers (YRTC) provide access to regional alcohol and substance abuse treatment services and do not require regional certification.

Regional facilities space used for IHS-Approved Health Programs is fully supported under the Facilities Appropriations.

B. QUARTERS.

Maintenance and Improvement funding for Housing and other quarters-related units is provided from rents charged for their use. Quarters and Housing space is not included in Service Unit FSS calculations.

C. URBAN FACILITIES.

Urban programs receive separately identified funding and their space is not included in Service Unit FSS calculations.

D. NEW SPACE.

Before new or replacement space (whether owned or leased) may be counted as FSS, the space and the associated site must be free of major deficiencies, including safety, environmental, seismic, and structural. These spaces, at a minimum, must meet national building standards of either "Guidelines for Design and Construction of Hospital and Health Care Facilities," AIA Press (latest version), or GSA leasing criteria. A certification that the facility meets these criteria must be submitted to DFPC when additional space is proposed to be included in facilities supportable space (see Appendix B, "Certification for New/Replaced/Added Space Form").

E. LEASED SPACE.

Only "nominal/no cost" or "dollar-a-year" leased space that meets FSS requirements as stated elsewhere in this guidance is eligible for Facilities Appropriations maintenance and improvement funding support. Nominal/no cost and dollar-a-year leased space is counted in the FSS for the respective Service Unit. These leases and full service leases are eligible for medical equipment funding support. Full service leases are not eligible for M&I funding support under the Facilities Appropriations.

77-1.3 DEFINITIONS

FACILITY. The buildings and grounds at a location where services are provided.

FACILITIES SUPPORTABLE SPACE (FSS). The maximum supportable space (MSS) or the total IHS-approved health program space for a service unit, whichever is less. The space used in allocation of applicable national facilities funds (e.g., Maintenance and Improvement, replacement medical equipment) distribution allocations.

HEALTH SYSTEMS PLANNING PROCESS (HSP). The software program used by the IHS to determine services and space to be provided for the eligible user population of the defined service area or service unit, including small facilities.

IHS-APPROVED HEALTH PROGRAMS. The health program disciplines contained in the HSP. These programs are typically housed in "IHS-Approved Health Program Space" and are eligible for use in estimating the "Facilities Supportable Space". See Appendix C, "List of Disciplines Included in the 2008 HSP" as a reference list for these disciplines.

IHS-APPROVED HEALTH PROGRAM SPACE. The space actually utilized by IHS-approved health programs and otherwise eligible for the specific type of Facilities Appropriation funding.

MAXIMUM SUPPORTABLE SPACE (MSS). The maximum amount of space, by Service Unit, approved to support IHS-approved health programs based on workload and user population.

HSP WITHOUT DEVIATION. A size determination for a facility generated through use of the current version of the HSP without the addition of any service or population overrides. The only size-determining inputs are the communities served (or to be served) by the facility and the services provided by other nearby medical facilities.

SERVICE AREA. An area whose locus is a specific health care facility and whose size is defined by the communities whose population obtain

the health care services of a specific discipline or group of disciplines at that facility. Clinics typically only have one Service Area, a Primary Care Service Area (PSA). Hospitals typically have at least two Service Areas, a PSA and an inpatient Service Area, where the PSA are the communities served by the Primary Care disciplines and the Inpatient Service Area is a larger group of communities that the facility serves for Emergency, Labor and Delivery and Inpatient Care. A facility could possibly serve different population bases or service areas for every discipline.

PRIMARY SERVICE AREA (PSA). An area whose locus is a specific facility and whose size is defined by the communities whose population obtain primary health care services at that facility

SERVICE UNIT. An administrative subunit of an IHS Area overseeing the delivery of health care to a specific geographic area. It will incorporate one or more service areas.

TRIBE. One of the approximately 560 federally recognized tribes.

TRIBE OR TRIBAL ORGANIZATION (T/TO). An entity with which IHS may enter into a P.L. 93-638, Title I contract or Title V Self Governance compact.

USER POPULATION. The official unduplicated count by residence of American Indian and Alaskan Native registrants who have had a direct or contract inpatient, ambulatory, or dental encounter with the health system during the last three years. This data is computed annually by the IHS Headquarters (HQ), Division of Program Statistics.

77-1.4 GUIDANCE

Health facilities space that supports IHS programs, as defined in the IHS health planning methodology, is eligible for funding support through the annual Facilities Appropriations. The basis for determining eligibility for funding support is the IHS HSP. Using the HSP is the preferred method for determining eligibility; however, tribes and service units may choose to use a simple formula described in Section 7-1.5, "Methodology," as an alternative method of determining eligibility.

For tribal facilities, only the portion of space that conforms to the IHS health planning methodology is eligible for funding support. In some cases, tribes and tribal organizations have obtained the use of space that exceeds the size provided for or that is used for disciplines not eligible as determined using HSP or the alternative formula as described in Section 7-1.5. This space is not eligible. Tribal administrative space/functions that are paid as indirect cost or contract support cost are similarly not eligible.

77-1.5 METHODOLOGY

Establishing the Facilities Supportable Space value is a three-step process. The first step is to calculate the maximum supportable space value (MSS) for a Service Unit. The second is to quantify the existing IHS-approved health program space that serves the Service Unit. Finally, the maximum supportable space value and the IHS-approved health program space are compared to determine the FSS.

A. CALCULATING MAXIMUM SUPPORTABLE SPACE

The MSS for an eligible population is determined at the Service Unit level. The MSS is determined as a whole for a Service Unit and not on a building-by-building or individual tribal basis.

Three options are available to calculate the MSS: the HSP calculation without deviations, the HSP calculation based on the approved PJD, or the maximum supportable space formula (SSF). The only difference between the two HSP calculations is the planning analysis used to develop data. The HSP without deviations generates a value for MSS using a turn-key implementation of the HSP. It is based on general planning assumptions used to develop the HSP, but does not address some issues specific to the facility and service area. It may be used if a PJD has not been recently approved for a facility. The HSP calculation based on the approved PJD generates a value that incorporates the actual planning assumptions for a specific facility. These assumptions are documented in the PJD.

The HSP calculation incorporates an analysis of user population data as a part of the process to develop the MSS. The SSF, on the other hand, provides a quicker, but less precise MSS using user population without analysis. The Service Unit or the Area Office may decide which of these methods should be used for calculating MSS, and the value obtained is used as the MSS for a Service Unit.

If the SSF is used to calculate the MSS value for any service area in a Service Unit, it must be used to calculate the value for all service areas in that Service Unit. It may not be mixed with an HSP calculation. Items 1, 2, and 3 below describe how each method may be used to establish the MSS.

1. HSP Calculations for a Service Unit without a congressionally-funded new or replacement health care project:

The MSS is calculated using the HSP software without any deviations for the entire Service Unit. If the Service Unit is comprised of multiple service areas, the HSP may be applied to generate the space for the entire Service Unit as a single entity, or it may be applied to each service area and the value summed for a total MSS. If it is applied to the service areas and summed, it may treat each

service area as a separate "Service Unit" and may generate a Service Unit administrative module for each. In calculating Maximum Allowable Space for a Service Unit, the space for only one Service Unit administrative module may be included.

Space operated by Tribes or Tribal Organizations under a separate Title I contract or Title V compact within the Service Area or Service Unit will not be included in the calculation for the Service Unit MSS. These Tribes or Tribal Organizations will maintain their own MSS. The Area Office or Service Unit must submit any new MSS to IHS HQ, Division of Facilities Planning and Construction (DFPC) for validation.

2. HSP Calculations for a service unit with a congressionally-funded new or replacement health care facility:

The HSP is used in the PJD approval process to determine the space for the new facility. This space may include certain deviations from the standard implementation of the HSP. For Service Units comprising a single service area, the HSP value obtained from the approved PJD is used as the MSS.

For Service Units with multiple service areas, the MSS value for the Service Unit is the sum of the HSP calculations for each service area. For facilities with an approved PJD, the PJD value is used; for service areas that do not have a recently approved PJD, the HSP without deviations is used. The total MSS is calculated by adding the size of the new facilities plus the HSP value for the other service areas in the service unit. If the HSP values for the other service areas are not calculated, then the PJD-approved HSP value is used as the MSS for the entire Service Unit. Because the HSP may treat each service area as a separate "Service Unit" it may generate a Service Unit administrative module for each. In calculating Maximum Allowable Space for a Service Unit, only one Service Unit administrative module may be included.

Space operated by Tribes or Tribal Organizations under a separate Title I contract or Title V compact within the Service Area or Service Unit will not be included in the calculation for the Service Unit MSS. However, these Tribes or Tribal Organizations will maintain their own MSS.

3. The Supportable Space Formula

The SSF is used to calculate a value for the entire Service Unit as follows:

$$[(\text{User Population}) * 0.8] + [(\# \text{ Tribes in Service Unit}) * 200]$$

Space operated by Tribes or Tribal Organizations under a separate Title I contract or Title V compact within the Service Area or

Service Unit will not be included in the calculation for the Service Unit MSS. However, these Tribes or Tribal Organizations will maintain their own MSS.

The intent of the 200 figure in the above formula is to provide a minimum-sized facility to a single small tribe, and is not intended to encourage conglomeration of tribal assets into larger units.

B. DETERMINING IHS-APPROVED HEALTH PROGRAM SPACE

The IHS-Approved Health Program Space is calculated by evaluating and verifying the actual use of the facility and the programs supported in the space. Only the actual space, stated in gross square meters, in use by IHS-approved health programs is considered when determining IHS-approved health program space. Refer to the most current version of the HSP for the health program disciplines that qualify as IHS-approved health programs. The Space Validation Form in Appendix A should be used to document existing IHS-Approved Health Program Space.

The calculation for IHS-Approved Health Program Space may include an estimate of mechanical space in accordance with the IHS Architect/Engineer Design Guide, which limits this kind of space to 12% of the total program gross floor area. When a building also serves other than IHS-approved programs, the space is prorated based on the relative usage. Refer to the IHS Architect/Engineering Design Guide for procedures to calculate the gross or net area in a building.

C. FACILITIES SUPPORTABLE SPACE VALUE

The FSS for a Service Unit is the total IHS-approved health program space capped at the MSS (i.e., the FSS can not exceed the MSS). Annually, Area Offices review the total IHS-approved health program space to ensure that the value for each service unit is at or below the MSS value.

D. VALIDATION OF NEW SPACE

When construction or renovation activities change the eligible supportable space for an IHS-supported medical installation, the change requires validation using Appendix B "Certification for New/Replaced/Added Space Form." Only one submission per Service Unit will be considered per year. The DFPC must review and validate the proposed change before it is eligible as IHS-approved program space.

Appendix A Space Validation Form

IHS Area: _____

**Space Validation
IHS-Approved Program Space**

Inclusion Criteria: Having space in use by IHS-approved health programs under PL 93-638 and primarily used by IHS-funded staff.

1)	Tribe or Tribal Organization:		
2)	Identification of building meeting inclusion criteria above (name, number, etc). Use separate form for each building.		
3)	Location of building (city, state, etc).		
4)	Ownership of building (tribe, private, other). Include lease/rental type where applicable.		
5)	Building construction type. Choose from: trailer, fire resistant, masonry with wood, wood frame.		
6)	Gross square meters of entire building.		gsm
7)	Gross square meters of actual space in use by IHS-approved health programs under PL 93-638 and primarily used by IHS-funded staff.		gsm
8)	Annual average hours of use per week by IHS-approved health programs under PL 93-638 and primarily used by IHS-funded staff.		hrs
9)	Maintenance and repair funds currently provided under contract budget, either specifically or as part of rental/lease payments.		\$
10)	Briefly describe below the health services provided under the PL 93-638 contract:		
Certified by:		Date:	
Mailing address:			
Phone with area code:		FAX number:	
E-mail address if available:			

Appendix B Certification for New/Replaced/Added Space Form

IHS Area: _____

**Certification for New /Replaced/Added Space
IHS-Approved Program Space**

<u>Inclusion Criteria:</u>	Having space in use by IHS-approved health programs under PL 93-638 and primarily used by IHS-funded staff.
1)	Tribe or Tribal Organization:

Check One

- NEWLY ACQUIRED BUILDING**
Not replacing or adding to a building already in the M&I/Equipment database.
- REPLACED EXISTING BUILDING**
Replacing a building already in the M&I/Equipment database. At the end of this form identify the existing building that was/is being replaced. Describe new building below.
- ADDED SPACE TO EXISTING BUILDING**
Adding space to building already in the M&I/Equipment database. At the end of this form, identify existing building being added to. Include only increased amount of space below

Describe the space proposed to be added into the M&I/E inventory. For additions to existing buildings, only include the additional space here. Existing building will be identified at the end.

2)	Identification of new building meeting inclusion criteria above (name, number, etc). Write in "ADDITION" when applicable.	
3)	Location of new building (city, state, etc). Leave blank for additions.	
4)	Ownership of building (tribe, private, other). Include lease/rental type where applicable.	
5)	Building construction type. Choose from: trailer, fire resistant, masonry with wood, wood frame.	
6)	Gross square meters of addition or entire building, as applicable.	
7)	Gross square meters of actual space in use by IHS-approved health programs under PL 93-638 and primarily used by IHS-funded staff.	gsm
8)	Annual average hours of use per week by IHS-approved health programs under PL 93-638 and primarily used by IHS-funded staff.	hrs
9)	Maintenance and repair funds currently provided under contract budget, either specifically or as part of rental/lease payments.	\$

TECHNICAL HANDBOOK FOR ENVIRONMENTAL HEALTH AND ENGINEERING
 VOLUME VI - FACILITIES ENGINEERING
PART 77 - FACILITIES SUPPORTABLE SPACE

10)	Briefly describe below the health services provided under the PL 93-638 contract:

Checklist of certifications to attach for space proposed to be added into the M&I/E inventory.

	BUILDING CODES and STRUCTURAL Attach Certificate of Occupancy or other evidence of meeting national building codes, satisfactory structural condition, and safety standards.	Cost to bring to standard:	\$
--	--	----------------------------	----

	SEISMIC (EARTHQUAKE) Attach seismic survey if applicable; otherwise, provide basis for exemption.	Cost to bring to standard:	\$
--	---	----------------------------	----

	ENVIRONMENTAL Attach environmental assessment, including land, if applicable or basis for exemption.	Cost to bring to standard:	\$
--	--	----------------------------	----

	AS-BUILT SCALE DRAWING Attach as-built scaled drawing. Use metric units and scale.	Date of drawing:
--	---	------------------

Certified by:	Date:
Mailing address:	
Phone with area code:	FAX number:
E-mail address if available:	

For replacements and additions, identify existing building below.

11)	Identification of existing building which is being replaced or being added on to. (name, number, etc).	
12)	Location of existing building (city, state, etc). Leave blank for additions.	

TECHNICAL HANDBOOK FOR ENVIRONMENTAL HEALTH AND ENGINEERING
VOLUME VI - FACILITIES ENGINEERING
PART 77 - FACILITIES SUPPORTABLE SPACE

Appendix C List of Disciplines Included in the 2008 HSP

Reference Only -- Consult the current HSP for the current listing of approved services.

Disciplines in the HSP

Discipline Code	Discipline Name	Workload Group
AD	Administration	Administration
BO	Business Office	Administration
HIM	Health Information Management	Administration
IM	Information Management	Administration
SEC	Security	Administration
AU	Audiology	Ambulatory
DC	Dental Care	Ambulatory
ER	Emergency	Ambulatory
EC	Eye Care	Ambulatory
PC	Primary Care	Ambulatory
SC	Specialty Care	Ambulatory
DI	Diagnostic Imaging	Ancillary
LB	Laboratory	Ancillary
PH	Pharmacy	Ancillary
PT	Physical Therapy	Ancillary
RT	Respiratory Therapy	Ancillary
SG	Surgery	Ancillary
MH	Mental Health	Behavioral
SW	Social Work	Behavioral
CE	Clinical Engineering	Facility Support
FM	Facility Management	Facility Support
AC	Acute Care	Inpatient
IC	Intensive Care	Inpatient
LD	Labor & Delivery/Nursery	Inpatient
PN	Psychiatric Nursing	Inpatient
SA	Sub-Acute	Inpatient
EH	Environmental Health	Preventive
HE	Health Education	Preventive
PHN	Public Health Nursing	Preventive
PNT	Public Health Nutrition	Preventive
SAC	Small Ambulatory Care	Small Ambulatory
DT	Dietary	Support Services
EGC	Education & Group Consultation	Support Services
EF	Employee Facilities	Support Services
HL	Housekeeping & Linen	Support Services
MS	Medical Supply	Support Services
PS	Property & Supply	Support Services
PF	Public Facilities	Support Services