

**PROGRAM JUSTIFICATION DOCUMENT
Yakutat Community Health
Center Yakutat, Alaska**

**May 2017
Project Number 428**



**ALASKA AREA INDIAN HEALTH SERVICE
INDIAN HEALTH SERVICE
DEPARTMENT OF HEALTH AND HUMAN SERVICES**

PROGRAM JUSTIFICATION DOCUMENT
Yakutat Community Health
Center Yakutat, Alaska

May 2017

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TABLE OF CONTENTS

Contents

EXECUTIVE SUMMARY.....	1
I. INTRODUCTION AND BACKGROUND.....	2
II. GENERAL.....	3
III. SERVICE UNIT AND SERVICE AREA DESCRIPTION.....	4
A. Location:	4
B. Demographics:.....	4
C. Access:	5
D. Climate:	6
E. Public Transportation:	6
F. Topography:	6
G. Utilities:	6
H. Communications:.....	6
I. Housing:.....	6
J. Public Facilities:	7
K. Economy and Employment:	7
L. Education:.....	7
M. Social Profile:	7
N. Political Profile:.....	7
O. Natural Resources:	7
IV. PROGRAM SERVICES	7
A. Health Status of Eligible Service Area Residents	7
B. Current and Proposed Health Service Programs.....	8



- V. PROGRAM JUSTIFICATION 10
 - A. Justification..... 10
 - B. Alternative Sources of Health Care 11
 - 1. IHS Alternatives:..... 11
 - 2. Non-IHS Alternatives: 11
 - 3. Evaluation of Alternatives: 11
 - C. Summary of Projected User Population and Workload 11
 - D. Staffing Requirements..... 13
 - E. Existing Health Care Facility: 13
 - 1. Location: 13
 - 2. Facility Description: 13
 - a. Health Care Facility: 13
 - b. Staff Quarters:..... 14
 - 3. Site Deficiencies:..... 14
 - 4. Space Deficiencies: 14
 - 5. Feasibility Study:..... 14
 - 6. Conclusions:..... 14
- VI. PROPOSED PROJECT 15
 - A. Scope/Quantity: 15
 - B. Proposed Project Site: 16
 - C. Proposed Health Care Facility: 16
 - D. Security Level:..... 16
 - E. Proposed Staff Quarters:..... 17
 - F. M&I and Equipment: 17
 - G. Project cost Estimate and Schedule: 18



TAB - Title

A. Maps

User Population and Workload

- B. HSP Discipline - User Population Report
- C. HSP Discipline – Workload Summary Report

Health Services

- D. Alternative Sources of Health Care
- E. Justification for Non-HSP Authorized IHS Health Care Services
- F. Cost Analysis of Direct Versus Contract Inpatient Health Care

Staffing

- G. Listing of Approved Staff Positions
- H. SACF Staff Table

Space

- I. HSP - Building Area Summary Report
- J. Justifications for Space Deviations
- K. Justifications for Tribal Programs and Space NA
- L. Justifications for Contract Programs and Space NA
- M. Facilities Cost Estimate

Other

- N. Program Justification Documents for Staff Quarters NA
- O. Master Plan Direct Care Summary NA
- P. Master Plan Crossover Summary Report NA
- Q. BEMAR/FEDS Deficiencies List NA
- R. M&I and Medical Equipment Life Cycle Costs

Appendix

- APPENDIX- 1
- APPENDIX -2
- APPENDIX -3



PROGRAM JUSTIFICATION DOCUMENT

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LIST OF ABBREVIATIONS

AANHS	Alaska Area Native Health System
ACS	Alaska Communications System
AI/AN	American Indian & Alaska Native
ANMC	Alaska Native Medical Center
CHA	Community Health Aides
CHR	Community Health Representative
DES	Division of Engineering Services (Dallas or Seattle)
DFPC	Division of Facilities Planning & Construction
EHR	Electronic Health Records
FBES	Facilities Budget Estimating System
FEDS	Facilities Engineering Deficiency System
FGI	Facility Guidelines Institute
FTE	Full Time Equivalent
FY	Fiscal year
EHR	Electronic Health Records
HCIA	Healthcare Improvement Act
HFCPS	Healthcare Facilities Construction Priority System
HSP	Health Systems Planning
IHCIA	Indian Health Care Improvement Act
IHS	Indian Health Service
ISC	Interagency Security Committee
JVCP	Joint Venture Construction Program
MUA	Medically Underserved Area
MUP	Medically Underserved Population
NDW	National Data Warehouse
OPDIV	Operating Division
PCPV	Primary Care Provider Visit
PJD	Program Justification Document
PRC	Purchased & Referred Care
RPI	Real Property Inventory
RRM	Resource Requirements Methodology



RRMNA Resource Requirements Methodology Needs Assessment
SACF Small Ambulatory Care Facility
SEARHC Southeast Alaska Regional Health Consortium
SSER Site Selection and Evaluation Report
THO Tribal Health Organization
VBC Village Based Clinic
YCHC Yakutat Community Health Center
YTT Yakutat Tlingit Tribe



Yakutat Community Health Center Yakutat, Alaska

EXECUTIVE SUMMARY

This Program Justification Document (PJD) authorizes the Indian Health Service (IHS) Joint Venture Construction Program (JVCP) Project for a new Small Ambulatory Care Facility (SACF) Large Health Station to be built on a 2.6-acre site in Yakutat, Alaska to serve the Yakutat Service Area. This new facility will expand the level of primary health care services specifically designed to meet the health care needs of the Yakutat Tlingit Tribe (YTT) and other eligible American Indians and Alaska Native (AI/AN). The new building will improve access and allow for expanded services in Primary, Behavioral Health and Dental care.

Yakutat is a remote isolated rural community in Alaska located on the eastern shores of the Gulf of Alaska. It is only accessible by air or ocean vessels and is 225 miles Northwest of Juneau and 366 miles Southeast of Anchorage, Alaska. Yakutat is in the Yakutat Service Area, and is a Medically Underserved Area (MUA) with a Medically Underserved Population (MUP) per Health Resources and Services Administration (HRSA) Data Warehouse which identifies geographic areas and populations with a lack of access to primary care services for medical, dental and mental health. Yakutat Community Health Center (YCHC) is the only provider of health care in the community. Due to the geographic isolation, it is imperative that YCHC offers high quality services on site. Consequently, the expansion of existing services and availability of providers 24/7 is essential.

The SACF Criteria is an IHS planning methodology used in the PJD for a population generating less than 4,400 Primary Care Provider Visits (PCPV), or less than two providers. Normally, the standard tools used by the IHS to plan and distribute resources based on the community's population and medical workload are the Resource Requirements Methodology (RRM) and the Health System Planning Software (HSP). However, the RRM thresholds were not met for this project. To meet the planning requirements with a consistent methodology, the SACF Criteria was utilized with approved deviations for behavioral health, pharmacy, wellness and preventive care. The HSP 2014(b) was used to evaluate and provide additional services and space as defined by the SACF derivatives criteria.

The proposed facility is planned for 20.5 total Full Time Equivalents (FTEs) in fiscal year (FY) 2026. The facility total gross size is approximately 10,900 square feet. All proposed spaces within this facility are IHS supportable and will support and enhance the delivery of health care to the residents of Yakutat. The proposed YCHC is to be located on 2.6 acres. Construction cost is estimated at \$9,600,000.



I. INTRODUCTION AND BACKGROUND

Under the authority of Section 818(e) of the Indian Health Care Improvement Act, Public Law (P.L.) 94-437, codified at 25 U.S.C. § 1680h(e), the IHS can make arrangements with Indian tribes to establish joint venture projects. Participating Indian tribes are required to expand tribal funds, private sector funds, or other available non-tribal or non-IHS resources, including loan guarantees to acquire or construct a tribally owned health care facility. In exchange, the IHS agrees to provide the supplies, and staffing for the operation and maintenance of the facility. The IHS and Indian tribes entering into joint venture agreements are required to enter into a 20 year no-cost lease for the health care facility and land incidental thereto to ensure that the facility will continue to be used to carry out IHS programs, services, functions, and activities (“PSFA”) during that period. Tribes may also take over the program under Title 1 or Title V compact, and the IHS provides staff funding appropriated by Congress. The purpose of this document is to develop a JVCP suitable for the population and health needs of the Yakutat Service Area.

The primary challenge for the region remains limited access to, and the provision of basic direct health services. Specifically, in Yakutat this challenge is considerable as there are no other health care facilities in the area. Waiting times to see a visiting provider are long and travel to other facilities is difficult and requires travel by air.

The YTT is a small but independent 638 Title V Tribe providing limited services at the YCHC. The South-East Alaska Regional Corporation (SEARHC) is the regional Tribal Health Organization (THO) that provides secondary level of care throughout the Mt. Edgecombe Service Unit through the IHS regional hospital in Sitka, Alaska. The majority of services at the YCHC are provided through SEARHC by itinerant providers including Physicians, Dental, Pediatrics, and Optometry.

The YTT IHS Funding Agreement provides funds for one Mid-Level Practitioner who also provides medical supervisor to the Community Health Aide/Practitioner. Most primary and specialty care services are provided through SEARHC by visiting providers including primary care, dental, and optometry. Services are intermittent and limited. In addition, the YCHC has pursued non-recurring grants through HRSA, SAMSHA, and the CBY which assist in providing locum providers. Residents are often left in need of care or must travel to SEARHC facilities in Juneau and Sitka, or the Alaska Native Medical Center in Anchorage.

New services will support full time providers and support staff as well as visiting professionals, greatly expand dental, preventive and behavioral health care as well as a preventive/ wellness component and emergency medical service. Facility management and property and supply capabilities are also anticipated.

The existing YCHC is currently located within a leased facility owned by Yak-tat Kwaan, Inc. The YCHC occupies the first floor of the 4,071 square- foot facility while the US Forest Service occupies the second floor. Space is limited and crowded as the building layout is not suitable for medical services. Providers, patients, and staff often have to go outside the building to access



other parts of the building.

The existing YCHC facility is limited in space to offer any of the additional needed and/or expanded services. It also limits existing provision of care due to functional challenges. One of many challenges is the elevator that bisects the clinic floor-plan, separating reception and business office functions from the emergency and treatment room functions. Administrative offices are across the hall from exam rooms threatening patient privacy. Most importantly, the facility is not owned by the Tribe and does not lend itself to any additions or renovations.

The proposed facility size is based on the IHS 2014(b) HSP software for Small Ambulatory Care criteria plus space for approved deviations. The proposed design of the facility is approximately 10,900 gross square-feet (gsf) and will be built on 2.6 acres.

The new proposed Large Health Station will provide primary care, dental, behavioral health, preventive care, and administrative/facility support for the residents of the Yakutat Service Area. As a remote Alaska, stand-alone facility, it will also provide tribal health administration, community health aides, patient holding, morgue, and itinerant staff quarters.

There will be no change to the Real Property Inventory (RPI) due to this project since the new facility will be tribally owned and the existing facility is leased. There are no existing structures to be disposed of since all services and functions are delivered from leased space.

This PJD was prepared to delineate the health services necessary to meet the needs of the eligible population, to describe the methods of providing that service, and to present the reasoning to justify the replacement of existing leased space with the construction of a new tribally owned facility through the Joint Venture Construction Program.

II. GENERAL

The Indian Health Service (IHS) is an Operating Division (OPDIV) of the Department of Health and Human Services (DHHS) responsible for the administration of the principal Federal health care programs for American Indian and Alaska Native (AI/AN) people. The IHS provides a comprehensive health service delivery system for approximately 1.9 million American Indians and Alaska Natives. As a component of the DHHS, the IHS is responsible for the administration of the principal Federal health care programs for AI/AN people. The IHS provides a unique health delivery system which is comprehensive for approximately 1.9 million AI/AN people. The organization and delivery of health care to Indian tribes by the IHS has its basis in treaties and laws enacted by the Congress of the United States of America and Judicial rulings. The Snyder Act of 1921 is the authorizing authority for the IHS and links the IHS services to congressional appropriations which provide for the use of such monies as the congress may from time to time appropriate, for the benefit, care and assistance of Indians. The Mission of the IHS is to raise the physical, mental, social and spiritual health of American Indians and Alaska Natives to the highest level. With the Goal of assuring that comprehensive, culturally acceptable personal and public health services are available and accessible to AI/AN people.



The Mission and Goal are based on our foundation to uphold the Federal Government's obligation to promote healthy AI/AN people, communities, and cultures and to honor and protect the inherent sovereign rights of tribes.

In order to carry out its mission, attain its goals, and uphold its foundation, the IHS:

1. Assists Tribes in developing their health programs through activities such as health management training, technical assistance, and human resource development;
2. Assists Tribes in coordinating health planning, in obtaining health resources available through Federal, State, and local programs, and in operating comprehensive health care services and health programs;
3. Provides comprehensive health care services, including hospital and ambulatory medical care, preventive and rehabilitative services, and develops community sanitation facilities; and
4. Serves as the principal Federal advocate in the health field for AI/AN to ensure comprehensive health services for Indian people.

III. SERVICE UNIT AND SERVICE AREA DESCRIPTION

Yakutat is organized within the IHS Mt. Edgecumbe Service Unit. In addition to Yakutat, Mt. Edgecumbe Service Unit covers the Ketchikan Indian Community, Metlakatla as well as the SEARHC for a total of 16,328 active users

A. Location:

The Yakutat Tlingit Tribe is in Yakutat, Alaska. The community of Yakutat is located 225 miles northwest of Juneau and 220 miles southeast of Cordova, at the mouth of Yakutat Bay. See Tab A for Area and Service Unit maps.

B. Demographics:

As of 2005, Alaska has an estimated population of 663,661, which is an increase of 5,906, or 0.9%, from the prior year and an increase of 36,730, or 5.9%, since the year 2000. This includes a natural increase since the last census of 36,590 people (53,132 births minus 16,542 deaths), and an increase due to net migration of 1,181 people into the state. Immigration from outside the United States resulted in a net increase of 5,800 people, and migration within the country produced a net loss of 4,619 people. As of 1 January 2012, Alaska had a population of 731,449, and its 2017 population is estimated at 739,818.

Based upon the 2010 census, the total population of Yakutat was 662. The racial makeup of the service area population is predominantly Alaska Native and Caucasian (330/332) and the median age is 39 with an equal split between male and female. The community is immersed in the local tribal (Tlingit) culture. The fishing season brings in tourists from around the world as well as commercial fishing and supporting jobs.



The Yakutat annual unemployment rate of 2015 was 8.3%. this rate drops during the fishing season (June, July and August) to 7%. Yakutat wages are among the lowest in

Alaska and a big percentage (24%) of the population are uninsured per the 5-year American Community Survey.

The YTT user population is fairly small and any changes may have significant impact to the workload. The Yakutat community is experiencing a baby boom. The YCHC is currently providing pre-natal visits to thirteen pregnancies; much higher than the HSP projected five pregnancies per year. This trend has been consistent as evident in the increase of student population at the school. Yakutat also experiences a high level of seasonal crossover and migration due to the commercial and sport fishing industry. The impact of these numbers are discussed in more detail in section V, Program Justification.

The YCHC is also the only health care provider in the Yakutat Service Area and provides health care to anyone in need as authorized under the 2010 reauthorization of the IHCA. The non-IHS beneficiary user pop listed in the 2016 NDW report is 89 which, is a fairly insignificant. The user pop and workload numbers used in this PJD do not include non-IHS beneficiaries.

Table 1 provides a list of communities to be served by the proposed new YCHC facility, the respective user populations for the base year, and the approximate distances to the proposed new site and to the nearest adequate IHS health care facility.

TABLE 1- Communities Served by the Proposed YTT Community Health Clinic

Community of Resident	Distance (miles)		* User Population
	To Existing Facility	To New Facility	
Yakutat	N/A	N/A	434
*There are no other communities within the Yakutat Service Area			

*434 is the 2016 official NDW User population but is likely under-estimated. See Section V.C for further discussion.

There is a limited road system in Yakutat that does not connect outside of the community or service area. Travel into or out of the service area is by air or ocean vessel.

C. Access:

Yakutat is isolated among the lowlands along the Gulf of Alaska and has no road or rail access. The community itself consists of a 101square-mile stretch of land located at 59°32'49" N 139°43'38" W, which is surrounded by the Yakutat Borough with an area of 9,463 square miles. The airport is located three miles south of town and has daily commercial jet service to Juneau and Anchorage via Cordova. The borough operates the boat harbor and the Ocean Cape Dock, which provides service to Yakutat. Barges deliver goods monthly during the winter and more frequently in summer.



D. Climate:

The average high temperature in the summer is 54.3 degrees Fahrenheit (°F). Rain falls on 240 days of the year, for an average of 155 inches annually, whereas snow falls on 64 days for an annual average 12.5 feet. Barges deliver goods less frequently during the bad weather in the winter months, which increases the need for storage space.

E. Public Transportation:

Public Transportation to Yakutat is limited commercial jet, Small plan charter flights and ferry services. The Yakutat airport is owned, operated, and maintained by the State of Alaska. It is the only facility through which regularly scheduled transportation access for Yakutat residents is available, as there is no road connecting with other towns and ferry service is infrequent. If individual citizens need transportation, there is limited private taxi service and rental cars. Elders ages 60 and over may reserve rides through the Yakutat Senior Center Transportation Program. In certain situations, the Social Services Division of the Yakutat Tlingit Tribe may also provide transportation to elders or tribal members with disabilities of any age. The Yakutat School District (784-3371) has one school bus and may use the bus to transport student to school related sports events within the district.

F. Topography:

The Yakutat borough boundaries extend for 167 miles along the northern Gulf of Alaska and feature surging glaciers, ragged mountains, and giant fault lines as part of its geography. Except for Yakutat and Icy Bays, this coastline is exposed to the open ocean

of the Gulf of Alaska. The Hubbard Glacier is Northern American's longest tide- water glacier and is in Disenchantment Bay near Yakutat Bay. The Hubbard Glacier is currently advancing (last 100 years), while most Alaskan glaciers are retreating (95%).

G. Utilities:

Electricity is provided by Yakutat Power, Inc., using four diesel-fueled generators. Water is derived from four wells and is treated and piped to all homes and schools in the community. A 750,000-gallon water storage tanks provide pressure to the water system. Sewage collection is completed through multiple lift stations to the primary/secondary treatment plant prior to being discharged through an ocean outfall.

H. Communications:

The incumbent local exchange carrier is Alaska Communications Systems (ACS), which operates microwave communications links in geographically isolated areas in rural Alaska. ACS provides telephone, internet, and wireless services to the community.

I. Housing:

Per Alaska Department of Labor 2008-2012 American Community survey 5-Year Estimates there were 368 housing units in Yakutat. Of these, 259 were occupied. About 70 percent of the 368 housing units are single-family homes. The Tlingit Haida Regional Housing Authority also manages around 20 apartments at Sunrise Apartments.



J. Public Facilities:

The Yakutat community features typical borough services such as a post office, chamber of commerce, city offices, and senior center, as well as U.S. Forest Service, U.S. Park Service, and Alaska Fish & Game offices. The two grocery stores have automated teller machines (ATMs), though there is no bank branch to serve the community. The area is also supported by a hardware store, auto shop, and various local art outlets and souvenir stores.

K. Economy and Employment:

Yakutat's economy is dependent on fishing, fish processing, government services, and tourism. In 2010, 153 residents held commercial fishing permits. North Pacific Processors is the major private employer. Recreational fishing opportunities, both saltwater and freshwater, are world-class.

L. Education:

Yakutat K-12 School is accredited by the Northwest Accreditation Commission and provides elementary to high school education. In 2004, the tribe received a Language Preservation Grant to teach the Tlingit language, which was renewed in 2007 with an expanded role in the school.

M. Social Profile:

The area maintains a traditional Tlingit culture with influences from the original Eyak Athabascans, as well Russian, English, and American traders and miners. Fishing and subsistence activities are prevalent.

N. Political Profile:

Initially established in 1983, the Yakutat Native Association was formed as a non-profit organization to provide tribal services to the community. In 1993, The Yakutat Tlingit Tribe became a Federally Recognized Tribe on the Department of Interior Federal Register. YTT took over management of the clinic in 1997. YTT began negotiation with IHS their funding agreement in 2001 and finalized in 2003 and eventually became part of Alaska Tribal Health Compact. YTT has a strong working relationship with the City and Borough of Yakutat which is a Home Rule Borough.

O. Natural Resources:

Fish, timber, and furs are the focus of commercial exports from the area. Most residents depend on subsistence hunting and fishing. Salmon, halibut, shellfish, deer, moose, bear, and goats are harvested.

IV. PROGRAM SERVICES

A. Health Status of Eligible Service Area Residents

The health status of the YTT and other AI/ANs residing in the Yakutat Services Area is typical of an economically depressed and medically under-served areas. These realities are exacerbated by isolation and harsh weather conditions. Limited access to health care and sporadic access to secondary care coupled to the harsh weather conditions create constant



unmet need. Predominant diagnoses for patients coming to the clinic include:

- Hypertension
- Diabetes
- Heart Disease
- Eustachian Tube Disorders
- Chronic Bronchitis and Emphysema
- Anxiety Disorders including PTSD
- Other Mental Disorders, excluding drug or alcohol dependence
- Depression and other Mood Disorders
- Seasonal Flu

The remote location of Yakutat and limited access to health care directly impacts the health status of the residents. Transportation to other medical facilities is costly and unaffordable to many residents. This leads to many cases where high costs of health care could have been avoided by prevention especially as related to Diabetes and Hypertension in both youth and adults.

There is also a high rate of obesity due to the lack of educational nutrition programs and the lack of physical activities in the area.

B. Current and Proposed Health Service Programs

Current services at the existing YCHC are limited. Most providers and services are funded and provided through SEARHC or third party grants. The YTT employs a small limited number of staff which are funded mostly by non-IHS funding sources. Recruitment and retention of providers is an ongoing challenge. Three Mid-Level Providers assist in delivering care while the clinic is open as well as emergency care during non-clinic hours. Two of these positions are currently vacant, placing extraordinary burden on the lone resident provider. The emergency services referenced above are required for AI/ANs as well as other non-native residents and visitors in the community (such as sport fisherman, tourists, workers at the canneries, etc.) EMS is provided on a volunteer basis by the city, though coverage is limited and responders are not always reliable. The City Borough of Yakutat owns an ambulance that is used throughout the community for emergency responses. Community Health Aides (CHA) support the mid-levels in their mission. Visiting professionals provide most services including optometry and dental care. Minimal Behavioral Services are being provided with non-IHS dollars.

The proposed health care delivery program will expand existing services and introduce new services at YCHC. It will also allow YTT to provide many of the services currently provided by SEARHC. The proposed facility will increase the number of exam rooms from 3 to 4. Dedicated office space will be included for mid-level providers as well as visiting professionals. The number of dental operatories will increase from 2 to 3 with one being enclosed. Services will increase from a limited visiting dental to full-time dental services with hygienist support. Dedicated preventive care space will be provided, increasing public health and community



health work spaces from 1 to 2 offices. Additionally, dedicated behavioral health offices and exam rooms will be increased from 0 to 1. Support space will be increased in property and supply, conference, and administration. Finally, due to the remote location, patient holding space, and morgue

The SACF allows for itinerate quarters for visiting health care professionals due to the remote isolation of the community. The YCHC will continue to use itinerate providers for specialty care such as optometry, physical therapists, pediatricians, Otorhinolaryngology, and locum providers. Itinerant quarters are not the same as staffing quarters as they are not long term residencies and are not leased facilities. They are used only short term (2-5 days) for visiting health care professionals.

Overall clinic building gross square feet will increase from the present leased space of 4,071 square feet to 10,900 square feet, an increase of 6,829 square feet.

The proposed facility will provide space for a design staffing level for 2026 that includes IHS staffing of 20.5 full time equivalents (FTE). Currently the IHS funds one FTE. The facility will also accommodate non-IHS funded staff. The IHS will request appropriations for 85% of the design staff upon completion of the facility.

New services and/or space authorized at Yakutat include behavioral health, social services, purchased and referred care (PRC), clinical engineering, facility management, property and supply, public health nursing, patient holding, morgue, driver, and itinerant staff quarter.

Table 2 lists the specific services that exist and/or proposed for the new health care facility.



TABLE 2- Existing and Proposed New Services

Existing Services	New Services	Existing under SEARHC/ Third Party/PRC	Justification Requirements		
			** Existing Limited Service YTT	New Service supported by SAC or HSP	Authorized Deviations
Primary Care		X	X		
Visiting Professionals		X	X		
Dental		X	X		
Optometry		X	X		
Behavioral Health		X	X		
	Alcohol and substance Abuse			X	X
	Social Services			X	
	Tele medicine				X
	Pharmacy				X
Tribal Health Administration			X		
	Information Management		X		
Health Information Management			X		
PRC		X		X	
	Clinical Engineering			X	
	Facility Management			X	
	Housekeeping			X	
	Property and Supply			X	
Community Health Aides			X		



Existing Services	New Services	Funded under SEARCH/ Third Party/PRC	Justification Requirements		
			** Existing Limited Service	New Service supported by SAC or HSP	Authorized Deviations
	Public Health				X
	Driver			X	
	Patient Holding			X	
	TYD Quarters			X	
	Morgue			X	
	Public Health Nursing			X	
	Emergency Medical Services			X	

** Although listed as an existing service, YTT received only \$2,794 in FY 2016 in Dental, Mental Health, ASA, PHN, Health Education, CHR and Immunization as part of the compacted Area Tribal Shares

V. PROGRAM JUSTIFICATION

A. Justification

YCHC is the only provider of medical care in the community and the service area. The nearest primary care providers are in Cordova to the north (a 45 minute, 213 air mile flight) and Juneau to the south (a 1 hour, 220 air mile flight). Cordova is a small community and very limited services. Northbound patients may need to continue to Anchorage to find a provider that offers all the services they need (a 2½ hour, 366 air mile flight). There are no other medical, dental, behavioral health, pharmacy or ancillary service providers in the service area. Without YCHC, there would be no local health care services.

The YCHC leases approximately 4,071 square-feet on the first floor of a two-story building. The facility has outlived its usefulness and no longer supports the workload needs of the service area resulting in long wait times for patients to see primary care providers. The population and demand for health services at YCHC has grown such that existing space is now beyond its capacity and efficiencies cannot be achieved. Site constraints and restrictions by the facility owner does not support expansion of the building footprint and/or additional spaces needed for expanded services. In addition, the YTT leases this space at a cost of approximately \$8,700/month but only receives approximately \$2,560 in support from



the IHS through the Village Based Clinic (VBC) program.

Since the current facility is being leased, and does not belong to the YTT, new construction of a new facility on a new site was determined to be the most viable option and the preferred solution.

Site selection was completed by evaluating several proposed sites based on multiple criteria including, design and geotechnical constraints, access to utilities, public access, and future development. The process also included two public meetings to obtain local knowledge and buy-in of the sites. Details can be found in the Site Selection and Evaluation Report (SSER).

The proposed health care facility will provide space to support a modern and adequately staffed health care delivery program. This will improve access to the basic medical services that are necessary to maintain and promote health status and quality of life for the residents of the service area.

B. Alternative Sources of Health Care

1. IHS Alternatives:

There are no local IHS alternative inpatient or outpatient facilities in Yakutat Service area. The nearest IHS Hospital is Alaska Medical Center (AMC) in Anchorage followed by Mt. Edgecumbe Hospital operated by SEARHC in Sitka.

2. Non-IHS Alternatives:

There are no local non-IHS alternative care facilities in Yakutat Service area. The nearest non-IHS alternative source of inpatient service is Bartlett Regional Hospital in Juneau.

3. Evaluation of Alternatives:

There are no other medical, dental, behavioral health, pharmacy or ancillary service providers in the service area. Without YCHC, there would be no local health care services. Refer to TAB D for additional information.

C. Summary of Projected User Population and Workload

The IHS Official user population has been underestimated and does not represent the actual or projected workload for Yakutat. SEARHC is the primary source for interim providers which includes pediatrics, physicians, dental, optometry, pharmacy, behavior health, and other visiting specialists. In addition, SEARHC provides, ancillary, support, and contract health services to Yakutat residents at their Mt. Edgecombe facility in Sitka, Alaska. The YCHC relies on SEARHC to correctly submit workload data to the NDW. Analysis of historical data submittals by the Alaska Area Native Health Service (AANHS) Planning, Evaluation, and Health Statistics has revealed consistent under-reporting and large gaps of data not reported to the NDW. For Example; SEARHC has not submitted workload data for Dental or Optometry



for YCHC for over two years.

The AANHS assisted YCHC to submit data to the NDW for the first time in 2016. However, it is still not a complete snapshot of the true numbers. Table 3 below illustrates the 2016 official NDW user population and workload as well as the estimated user population and workload based on known missing data. Additional discussion on the user population and workload is included in the December 02, 2016 YTT letter to the IHS and is included as appendix 2 of this report.

The HSP 2014(b) is limited to a projection of 2025. IHS normally uses a ten year projection horizon to establish expected user population and workload. The user population and workload listed in Table 3 PCPVs have been projected to 2026 using the HSP growth rates of 1.52% and 1.53% respectively.

In addition, the HSP 2014(b) uses the NDW 2013 user population as its base projection. The HSP did not allow for user population overrides for the SACF program and therefore could not consider the corrected 2016 user population. In order to accommodate this shortcoming, user population from a community with like growth rates was borrowed to establish the correct base population. This method was completed in collaboration with the IHS program manager for the HSP program.

The YTT has received concurrence from the IHS to use these numbers as listed. Further discussion is included in the February 02, 2017 IHS letter is included as appendix 3 of this report.

TABLE 3- Yakutat User Population

The table below highlights some of the key service drivers.

Key Service Drivers	Service Area	AI/AN User Population		Workload	
		FY2016	FY2026	Current	Projected
PCPV	PSA	434	510	2050	2465
**Estimate	PSA	512	595	2050	2447

** Estimated User Population: NDW (434), migration/crossover (46), unaccounted youth (9), and current pregnancies (14), missing registrants (9) and HSP annual growth rate of 1.52%.

TAB B contains the “HSP Discipline - User Population Report” and **TAB C** contains the “HSP Discipline - Workload Summary Report”.



D. Staffing Requirements.

1. Resource Requirements Methodology Needs Assessment (RRMNA): The IHS RRM model is not a suitable model for the needs assessment of smaller facilities. IHS developed the SACF to model facilities too small for the RRM model to apply. The staffing requirements for this project were established in accordance with the IHS SACF for a large health station using the HSP 2014(b) software. . In addition to the base SACF-LHS provisions, Yakutat also qualifies for several derivatives allowed under the SACF criteria to accommodate the remote isolation and independent tribal status. The HSP 2014(b) determined 17 FTEs. An additional 3.5 FTEs are authorized as approved deviations. Justifications for the approved deviations are provided in **TAB E**.

The following **Table 4** is a listing of current FTEs and proposed additional FTEs for the project.

TABLE 4 -Summary of Existing and Authorized Staffing

SERVICE STAFF BY FUNDING SOURCE	CURRENT	PROPOSED
TOTAL DIRECT IHS FEDERAL FUNDING	1.0	20.5
TOTAL OTHER*	0	0.0
GRAND TOTAL	1.0	20.5

*The YTT receives grant money through HRSA and SAMSHA to help with locum providers. However, these grants are non-recurring and are not guaranteed from one year to another.

See **TAB G** for detail listing of approved staff positions.

For additional information on current funding sources, see letter dated March 24th from the Department of Health and Human Services under Appendix (1)

E. Existing Health Care Facility:

1. Location:

The existing health facility is located at 712 Ocean Cape Road, Yakutat, within the population center of the Service Unit. The only access to Yakutat is by plane or ocean vessel; there is no road access.

2. Facility Description:

a. Health Care Facility:

The existing health clinic encompasses 4,071 square-feet situated on the ground floor of a two-story facility. The clinic’s primary entry is via the main lobby (which serves both levels). An “Emergency” entry for ambulance/patient transports provides a covered one-door entrance near the Treatment/Procedures Room. The recently remodeled Dental



Clinic has a dedicated entry. Building systems are located on both levels. The ground level contains the public elevator (located in the main lobby) and elevator equipment room. The sprinkler mechanical room is located on the ground level underneath the lobby stairway (leading to the second level). The remaining space is dedicated to the clinic for administrative, treatment, storage, and professional offices. The main mechanical room is located on the second level, along with the offices of the US Forest Service. Overall, no significant architectural or program issues were noted with the facility in a 2011 Alaska Rural Primary Care Facility Assessment and Inventory Survey Report. Prominent deficiencies recorded in the 2011 Assessment entailed building systems, notably the heating-ventilation system and electrical grounding. The building control system does not allow adequate control over the building temperature or ventilation system. A water leak in the sprinkler system has also damaged the interior of the building.

b. Staff Quarters:

NA

3. Site Deficiencies:

The site of the current health care facility site does not permit expansion. It is easily accessible from the main roads of Yakutat, but there is no road access to the city from outside. Parking is very limited.

4. Space Deficiencies:

Space is maximized throughout the clinic. Circulation patterns do not allow for efficient flow of patients and staff, and rooms are not sufficient for the current workloads. The most prominent program deficiency recorded in the 2011 Assessment entailed reorganizing clinic space to provide for efficient health records storage and any additional workspace for additional staff

5. Feasibility Study:

The space deficiencies identified indicate a feasibility study is not required. Therefore, IHS engineering Services will not conduct such. The existing leased facility will be vacated once the new clinic is occupied.

6. Conclusions:

The existing health care facility is centrally-located in Yakutat at 712 Ocean Cape Road, where the clinic leases 4,071 square feet on the ground floor of a two-story building. The site is not much larger than the building itself, which limits parking availability and prohibits future expansion opportunities. Leasing space makes the delivery of health care dependent on yearly increases in rent and the potential of having no space at all. The building is inadequate for the appropriate delivery of health care services authorized by the HSP for the residents of Yakutat, Functional layout is poor and prohibits staff efficiency, growth, patient privacy and adequate care. Prominent deficiencies with the current building Include: inadequate building control system (heating & ventilation), leak in the emergency sprinkler system, and electrical grounding. Many of the building



deficiencies are due to building components requiring preventive maintenance and scheduled services which are the responsibility of the facility owner. Rent costs have increased in the past ten years and YTT is paying four times in rent what they receive from IHS under the VBC lease.

VI. PROPOSED PROJECT

A. Scope/Quantity:

The proposed 10,900 square-foot health facility has been planned for a projected user population of 510 generating 2,465 primary care provider visits

The new facility will provide improved and extended health care service delivery to community of Yakutat and the surrounding Borough. The facility is planned to allow collocated and expanded services of primary and dental care as well as space for visiting providers, community health aides, preventive care, behavioral health and supporting administrative and facility services in one location. A wellness center supporting the preventive health component of the facility is also planned to support the health care delivery of patients of this community. The new YCHC will include expanded hours and services to the community. The proposed center will expand the number of exam rooms from (3) to (4), it will include a total of (2) procedure rooms, dedicated offices for mid-level providers as well as visiting professionals. Dental services will expand to be full time. Dedicated preventive care spaces in conjunction with a wellness component used by both the patients and the staff will be provided. Additionally, dedicated behavioral health offices/exam rooms will be increased.

Support spaces will be increased for property and supply and administration. Finally, a much-needed holding space, morgue, and collocated itinerant staff quarters will greatly increase clinic functionality. The YTT intends to construct a new, modern and state of the art replacement facility that will reflect the Tribal values and the community it serves.

The new facility will promote healthy life styles and proactively address obesity problems through nutrition and wellness programs. Facility and equipment needs will be identified and



addressed during the design phase of the project.

The project shall conform to the codes and standards as listed in the 2016 edition of the Indian Health Service Architect/Engineer design guide. It shall also conform to all applicable State and local codes and standards. The current edition of the Facility Guidelines Institute (FGI) Guidelines for Construction and Equipment of Hospital and Medical Facilities is adopted as the primary standard for health care facility. Other standards for HIPAA Compliance, Patient Handling and Infection Control will be adhered and followed.

B. Proposed Project Site:

The basis for land requirements are found in the IHS Technical Handbook for Environmental Health & Engineering Volume II Health Care Facilities Planning, Part 13 Site Selection and Evaluation process.

Space evaluation is provided in detail in the Site Selection and Evaluation Report (SSER). The IHS's SSER guideline recommends a 9 to 1 ratio of space to facility footprint. Worst case scenario of a full single story building estimates a 2.25- acre site. The conceptual facility layout estimates a two story facility with an estimated 8,700 square foot print estimating 1.8 acres.

The IHS guideline also recommends a minimum of 5 parking spaces per 1,076 square feet of building space. This calculates to 51 parking spaces.

The selected site is a 2.6-acre parcel located in U.S.S. 5630 near the main intersection of Yakutat Airport Road and Forest Highway No. 10. It is approximately one block away from the existing clinic and one block from the Senior Center.

Soil conditions on the site are typical of the area and consist of well-drained alluvial deposits and outwash plains typical of glacial deposits. The deposits primarily include well-sorted beds of sandy pebble gravel and fine grained deposits of sand. There are no standing water ponds located on the property.

Utilities run along the Yakutat Airport Road including water, power, and telecommunication. The sewer main is located close-by located along Ocean View Cape road. In addition, the site is located near the Yakutat power plant which may be utilized for waste heat.

C. Proposed Health Care Facility:

The HSP process has generated a preliminary estimate of 10,900 square feet for the building gross area for the proposed health care facility. **TAB I** contain the HSP "Building Area Summary" for the health care facility portion of this project. The justifications for any space deviations are contained in **TAB J**. Justifications for and information about any tribal programs are contained in **TAB K**.

D. Security Level:

The proposed Facility Security Level for the new YCHC is Level II. This determination is based on the Interagency Security Committee (ISC) Standard Risk Assessment for Federal Facilities,



dated August 2013. This level is determined by the preliminary assessment based on the facility and program, site environment and community location.

E. Proposed Staff Quarters:

There are no Staff Quarters required with this project. There is adequate local housing for all permanent staff as described in section III.I Housing of this report. Should quarters be required at some future date, it will be the liability of YTT and not IHS's.

The SACF does allow temporary quarters due to the high reliance of itinerant staff to meet the health care needs of the tribe. These are not leased facilities or used for long term occupancies. Itinerant quarters will be used on an as-needed basis when required. If the need for additional housing is required, it will be the responsibility of the YTT and not the IHS.

F. M&I and Equipment:

The new YCHC will be eligible for IHS supported M&I, Facility Support Account (FSA), and Biomedical Equipment funds same as all JVCP facilities. Any M&I allocations will be consistent IHS methodologies and congressional appropriations. A Facility Management staff has been approved for 1 FTE. This person will provide the expected maintenance and warehouse duties. It is YTT's intent to bring the Facility Manager on during the construction phase to acquire firsthand knowledge of all pertinent systems as they are being installed and tested.

The current facility is leased so it does not receive M&I funds. It does receive IHS allocation for biomedical equipment. The FY2016 biomedical distribution report is included as Tab R.

The YTT will provide the initial equipment and installation cost. YTT will contract with one of the regional tribal health organizations or another third party for biomedical equipment services.

Life cycle cost analysis are not required under JVCP projects and are excluded from the Joint Venture Agreement.



G. Project cost Estimate and Schedule:

Below is a summary of the current cost estimate for this project.

See **TAB M** for a detailed cost estimate.

COST ESTIMATE SUMMARY

PROJECT	DESIGN COST	CONSTRUCTION COST	EQUIPMENT COST	TOTAL COST
Yakutat Community Health Clinic	\$761,119	\$6,974,507	\$1,864,375	\$9,600,000

PROJECT SCHEDULE

The YCHC intends to use the Construction Manager-Contractor at Risk methodology to build the JVCP facility. The Contractor will be procured through a Request for Proposal process and will be evaluated for best value and maximum guaranteed price. Therefore, no bid date is included in the proposed schedule.

SCHEDULED ITEMS	HEALTH CLINIC	STAFF QUARTERS
Design	6 Months	NA
Bid	NA	NA
Construction	18 Months	NA



TAB A MAPS



MAPS

* Wikipedia.org

MAP - Yakutat Location, Transport Options and Distance



The distance from Cordova to Juneau is relatively the same as San Francisco and between Los Angeles and San Diego (Pictured in the far right of the map).

Yakutat Airport averages 2 flights per day over the past year. Anchorage and Juneau are the two top destination airports. Travel between the airports over the past year was as follows:

3,810 passengers flew between Yakutat & Juneau, 860 passengers flew between Cordova & Juneau, 150 passengers flew between Yakutat & Cordova.

* 3,810 passengers flew between Anchorage & Yakutat, 3,540 between Juneau & Yakutat and 110 between Cordova & Yakutat.



MAPS





MAPS

PROPOSED LOCATION FOR THE YAKUTAT COMMUNITY HEALTH CLINIC





TAB B HSP DISCIPLINE USER POPULATION REPORT

The HSP 2014(b) has limited ability to model SACF projects. Two of these limitations are the ability to override the default 2013 user population database and a limited projection to 2025. Considerable effort was put forth to correct the under-reported user population which resulted in an approximate 45% increase between 2015 and 2016. In order to correctly project the 2026 user population and workload, a community with similar growth rate was added and projected out to 2025. The same HSP growth rate was then applied to project out to 2026. This method was completed in consultation with the IHS program manager for the HSP and JVCP programs.



HSP DISCIPLINE- USER POPULATION REPORT (Projected to2025)

Program Justification Document
Project Name: Yakutat JVCP Health Clinic - Yakutat, ALASKA
Project Number:

Current / Projected User Population...PSA - (PC)

(Acute Care, Audiology, Behavioral Health, Dental Care, Diagnostic Imaging - BMD, Diagnostic Imaging - CT, Diagnostic Imaging - MAMMOGRAPHY, Diagnostic Imaging - MRI, Emergency, Emergency Medical Services, Eye Care, Health Education, Intensive Care, Labor & Delivery/Nursery, Primary Care, Psychiatric Nursing, Public Health Nursing, Public Health Nutrition, Rehab - Occupational Therapy, Rehab - Physical Therapy, Rehab - Speech Pathology, Specialty Care - Cardiology, Specialty Care - Dermatology, Specialty Care - ENT, Specialty Care - General Surgery, Specialty Care - Neurology, Specialty Care - Ophthalmology, Specialty Care - Orthopedic, Specialty Care - Other Medical, Specialty Care - Other Surgical, Specialty Care - Urology, Surgery, Wellness Center)

MT EDGE CUMBE - KETCHIKAN (Ketchikan Gateway Borough) MS: cur) 8.0% prj) 8.0%

Male	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	Total
cur) 2013		4	9	10	9	10	16	11	14	11	7	101
prj) 2025		5	11	12	11	12	19	13	17	13	8	121
Female												
cur) 2013		6	9	10	9	11	16	14	14	12	11	112
prj) 2025		7	11	12	11	13	19	17	17	14	13	134

MT EDGE CUMBE - YAKUTAT (Yakutat City and Borough) MS: cur) 100.0% prj) 100.0%

Male	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	Total
cur) 2013		2	9	6	8	14	16	21	14	31	16	137
prj) 2025		2	11	7	10	17	19	25	17	37	19	164
Female												
cur) 2013	1	3	8	16	7	12	15	14	14	16	29	135
prj) 2025	1	4	10	19	8	14	18	17	17	19	35	162



HSP DISCIPLINE- USER POPULATION REPORT

Program Justification Document
Project Name: Yakutat JVCP Health Clinic - Yakutat, ALASKA
Project Number:

Current / Projected User Population...PSA - (PC)

(Acute Care, Audiology, Behavioral Health, Dental Care, Diagnostic Imaging - BMD, Diagnostic Imaging - CT, Diagnostic Imaging - MAMMOGRAPHY, Diagnostic Imaging - MRI, Emergency, Emergency Medical Services, Eye Care, Health Education, Intensive Care, Labor & Delivery/Nursery, Primary Care, Psychiatric Nursing, Public Health Nursing, Public Health Nutrition, Rehab - Occupational Therapy, Rehab - Physical Therapy, Rehab - Speech Pathology, Specialty Care - Cardiology, Specialty Care - Dermatology, Specialty Care - ENT, Specialty Care - General Surgery, Specialty Care - Neurology, Specialty Care - Ophthalmology, Specialty Care - Orthopedic, Specialty Care - Other Medical, Specialty Care - Other Surgical, Specialty Care - Urology, Surgery, Wellness Center)

Totals...

Male	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	Total
Cur) 2013		6	18	16	17	24	32	32	28	42	23	238
Prj) 2025		7	22	19	21	29	38	38	34	50	27	285
Female												
Cur) 2013	1	9	17	26	16	23	31	28	28	28	40	247
Prj) 2025	1	11	21	31	19	27	37	34	34	33	48	296
Combined												
Cur) 2013	1	15	35	42	33	47	63	60	56	70	63	485
Prj) 2025	1	18	43	50	40	56	75	72	68	83	75	581

Average Age for the Service Unit: 38.1

The Mt. Edgecumbe (Ketchikan and Yakutat) combined Area User Population was chosen as the population baseline for population planning. The software does not allow for Workload overrides.

See attached letter dated December 15th 2016 from the Yakutat Tlingit Tribe for supporting information to this PJD in the Appendix 2.



TAB C

HSP DISCIPLINE

WORKLOAD SUMMARY REPORT



HSP DISCIPLINE- WORKLOAD SUMMARY REPORT

The HSP 2014(b) has limited ability to model SACF projects. Two of these limitations are the ability to override the default 2013 user population database and a limited projection to 2025. Considerable effort was put forth to correct the under-reported user population which resulted in an approximate 45% increase between 2015 and 2016. In order to correctly project the 2026 user population and workload, a community with similar growth rate was added and projected out to 2025. The same HSP growth rate was then applied to project out to 2026. This method was completed in consultation with the IHS program manager for the HSP and JVCP programs.

Below are projected 2015 workloads obtained through HSP.

Workload By Community (2025)

Primary Care Provider Visits

Community	Workload		Community	Workload		Community	Workload	
	Cur) 2013	Prj) 2025		Cur) 2013	Prj) 2025		Cur) 2013	Prj) 2025
MT EDGE CUMBE			KETCHIKAN	857	1,023	YAKUTAT	1,134	1,361
Total for MT EDGE CUMBE							1,991	2,384

Workload Summary (2025)

Workload Unit	Year	Workload	Contacted Due To...		Unmet Needs	Cross Over...	Facility Workload	Projected / Estimated
			Acuity	Threshold				
Primary Care Provider Visits	Cur) 2013	1,991			1,991	2	2,039	2,039
Primary Care Provider Visits	Prj) 2025	2,384			2,384	2	2,442	2,442
Justification	*** No comment/justification specified ***							



TAB D ALTERNATIVE SOURCES OF HEALTH CARE



ALTERNATIVE SOURCES OF HEALTH CARE

1. Ratios of Physicians to Total Population in the Area:

- a. The fiscal year 2016 ratio of physicians to residents for the **Yakutat** Service Unit **zero** as there are no primary care physicians based in Yakutat. The YCHC has long been staffed only by mid-level medical providers.
- b. There are no known pending applications for additional health services through the Rural Health Initiative or National Health Service Corps programs for any county in the area.

2. Other IHS facilities that provide health care services in this service unit:

c. **Inpatient and outpatient**

Major cities with comprehensive inpatient and outpatient health care facilities not discussed above include Mt. Edgecumbe Hospital in Sitka (235 miles) and Alaska Indian Medical Center in Anchorage (397 miles). Both exceed the IHS travel time and distance standards for inpatient and ambulatory care. Both locations are only accessible by air travel. Non- native patients can also travel to Juneau (274 miles) to Bartlett Regional Hospital.

3. Other Nearby Health Facilities:

YCHC regularly collaborates and coordinates care of patients with South East Alaska Regional Health Consortium (SEARHC) for physician and dental visits and referrals to hospital and specialist in Sitka, Alaska. However, none of SEARHC sites are near Yakutat. YCHC also communicates with the Native Village of Eyak Ilanka Community Health clinic in Cordova, the nearest Clinic that shares similar challenges.

Moreover, there are no Rural Health Clinics or Critical Access Hospitals in the area that serve as a primary referral site.



**TAB E
JUSTIFICATIONS
FOR
NON-HSP AUTHORIZED
IHS HEALTH CARE SERVICES**



JUSTIFICATIONS FOR NON-HSP AUTHORIZED IHS HEALTH CARE SERVICES

The minimum thresholds for providing services under the normal IHS planning tools (HSP and RRM) are not met for YCHC.

Therefore, the Small Ambulatory Care Facility (SACF) criteria is an alternative IHS planning methodology used in this PJD for a population generating less than 4,400 Primary Care Visits (PCPV's), or less than two providers.

To meet the planning requirements with a consistent methodology, the SACF is utilized with the following deviations for Public Health Nutrition/Wellness, Behavioral Health (Alcohol and Substance Abuse), Telemedicine, Pharmacy and emergency Medical Services (EMS).

ALCOHOL AND SUBSTANCE ABUSE PROGRAM

Significant changes to Behavioral Health Program have occurred since the development of the SACF criteria. The Alcohol and Substance Abuse (ASA), Behavioral Health, and Suicide Prevention services were not included.

The SACF does suggest and allows for both ASA and BH to be added into the SACF authorized programs, staff, and space as a derivative. Therefore, these programs should not be considered a deviation, but as a supplemental requirement where appropriate. The HSP model for the SACF derivative recommends 2.0 FTEs for these behavioral health services.

TELEMEDICINE

The telemedicine program was just being developed when the SAC criteria were established and the needs were not included. Since this time IHS has re-established its RRM formula and authorization. The telemedicine program was developed particularly for small remote facilities such as the YCHC. Staffing requirements for telemedicine were established in the 2005 RRM criteria and set a minimum of 0.5 FTE for each facility. The telemedicine program is used for multiple clinical disciplines at the YCHC including follow-up patient care visits, pre-surgery consultations, behavioral health, and emergency medical services to stabilize patients waiting for medivac services.

PHARMACY

The SACF criteria for a Large Health Clinic includes pharmacy space however there are



no pharmacy staff. The PSFAs require YTT to dispense medication and plans on a Scripts dispenser. The YCHC requests 0.2 FTEs for pharmacy technician to support the local and visiting professionals.

PUBLIC HEALTH NUTRITION/ WELLNESS CENTER

Public Health Nutrition program has significantly changed since the SACF criteria were established. Nutrition is now recognized in the overall need to promote health and disease prevention as well as physical fitness.

The needs for Wellness Center program are not included in the 2003 SACF criteria program but were added to the HSP/RRM criteria in 2007. Wellness Centers support the IHS goals for proper health education and disease prevention initiatives by providing education and practical experience in wellness in a variety of preventive activities, health education, nutrition, behavior change, and physical activities.

Public Health Nutrition services will be integrated within the Wellness Center. Both will support the YTT's goal of reducing the high rate of diabetes and obesity among its members by providing hands on education on nutrition, healthy lifestyle education, physical activities, and behavior changes that will result a healthier and happier tribal member.

EMERGENCY MEDICAL SERVICES (EMS)

The SACF allows for EMS in remote and isolated areas such as Yakutat. The HSP provides EMS space but does not add staffing as it does with other derivatives. Therefore, EMS staff could be considered as part of the approved derivative rather than an additional deviation.

The YHCF is the only medical provider in the service area. There are no medical, dental, behavioral health, pharmacy or ancillary service providers. All emergency cases that need medivac must fly out to either Anchorage 280 miles north or Juneau 220 miles south. The City & Borough of Yakutat operates a volunteer EMS squad with no funds dedicated. It is a volunteer program. The EMS volunteers are the first responders on the scene and they get the patient to the clinic. There are no dedicated personnel or funds to manage the program. The RRM formula recommends 2.0 fixed FTE per 1,000 service population. YTT is requesting 1.0 FTE for a licensed Emergency Medical Technician (EMT).



TAB F
COST ANALYSIS OF DIRECT
VERSUS CONTRACT
INPATIENT HEALTH CARE

NOT APPLICABLE



**TAB G
LISTING
OF
APPROVED STAFF POSITIONS**



LISTING OF APPROVED STAFF POSITIONS

Services by Funding Source		Current FY 2016	Proposed FY 2026
Direct, IHS Federal Staff			
Clinical Health Services			
	Ambulatory Nursing	1.0	1.0
	Ambulatory Physicians (mid-level provider)		1.0
	Visiting Professionals		0.2
	Dental		3.3
	Optometry		0.2
	Community Health Aides		2.0
	Mental Health		2.0
	Social Services		0
	Pharmacy		0.2
Preventive Health Services			
	Wellness Center/ Public Health Nutrition		1.0
	Public Health Nursing		2.0
Administration and Facilities			
	Tribal Health Administration		0.5
	Health Information Management		1.0
	Information Technology		1.0
	Business Office		1.0
	Telemedicine		0.3
	Drivers		0.7
	Housekeeping		1.0
	Facility Maintenance		0.5
	Clinical Engineering		0.1
	Property and Supply		0.5
	Security		0
	Emergency Medical Services		1.0
Total: Direct, IHS Federal Staff		1.0	20.5



TAB H

SACF STAFF TABLE



SACF STAFF Large Health
Clinic
Between 3,000 - 9000 PCPV's
PROPOSED STAFF

Small Ambulatory Care Facility (SACF) Line	Staff Position	IHS Funded		
		IHS SACF Criteria	SACF Derivatives* Deviations	IHS Funded Total
Ambulatory Physician	Primary Care Provider (Midlevel)	0.6	1.0	1.0
Ambulatory Physician	Registered Nurse, Core Activities	1.0	1.0	1.0
Ambulatory Physician	Clerical Support	0.2	1.0	0.2
Dental	Dentist	1.0	1.0	1.0
Dental	Dental Assistant	2.0	2.0	2.0
Dental	Dental Clerical	0.3	0.3	0.3
Optometry	Optometrist (note 1)	0.1		0.2
Pharmacy	Pharmacy Technician (note 2)	0.0	0.2	0.2
Medical Records	Medical Records Technician	0.7	1.0	1.0
Medical Records	PCC Data Entry Personnel	0.3		0.0
Public Health Nursing	Public Health Nurse Clerical Support	0.1	1.3	1.0
Public Health Nursing	Public Health Nurse	1.0	1.0	1.0
Public Health Nursing	PHN - School	0.1		0.0
Public Health Nursing	PHN - Home	0.1		0.0
Public Health Nursing	Community Health Aids	0.0	2.0	2.0
Public Health Nursing	Public Health Nutrition (note 3)	0.0	0.0	0.4
Behavioral Health *	Alcohol & Substance Abuse (note 4)	0.6	2.0	2.0
Behavioral Health	Social Services	0.2		0.0
Business Office	Business Manager	0.0		0.0
Business Office	Patients Registration (note 5)	0.0		0.3
Business Office	Benefits Coordinator (note 5)	0.0		0.3
Business Office	Billing Clerk	0.0		0.3
Information Technology	Computer/ Program Analyst	0.7	1.0	1.0
Telemedicine *	Telemedicine	0		0.3
Driver	Driver	0.7	1.0	0.7
Housekeeping	Janitor/ Housekeeping (note 6)	0.7	1.0	1.0
Facility Management	Maintenance Staff (note 6)	0.1		0.5



Facility Management	Warehouseman (note 6)	0.4	0.4	0.5
Clinical engineering	Clinical Engineering Staff	0.1		0.1
Administration	Administrative Assistant (note 7)	0.0		0.5
Emergency Medical Services	EMS Staff (note 8)	0.0		1.0
Wellness Center	WC Staff (note 9)	0.0		0.6
Total		11	17.0	20.40
IHS SUPPORTABLE TOTAL			20.5	

*Derivative - These additions to the SACF criteria are listed as "Additional Services" in the Small Ambulatory Care Facility Criteria, typically IHS builds space for these services.

(Note 1) SACF criteria for Large Health Clinic provides 0.1 FTE for optometry. Due to the 2 full days of travel for Yakutat, YTT is requesting 0.2 FTE to cover travel costs for the visiting provider.

(Note 2) SACF criteria for Large Health Clinic provides pharmacy space but no pharmacy staff. This position will allow the pharmacy to be maintained and supplied. Technician will support local providers and visiting pharmacist in the operation of the Pharmacy.

(Note 3) Public Health Nutrition criteria has significantly changed since the SACF criteria were established. This position is required to promote good health, healthy lifestyles, lower diabetes and other disease prevention.

(Note 4) Significant changes to the Behavioral Health Program have occurred since the development of the SACF criteria. The Alcohol and Substance Abuse (ASA), Behavioral Health and Suicide Prevention were not included. The HSP model for the SAC derivative recommends 2.0 FTEs.

(Note 5) SACF criteria assumes facility will be satellite facility for larger organization. At YTT this is not true. The Staff deviation proposed provides a part time local FTE to cover these positions.

(Note 6) There are no available options for contract services of these functions. Maintenance staff are often called upon for snow removal or sanding or responding to emergency services such as power blackouts. A warehouse person is required for receiving, inventory control and warehouse distribution with a larger than normal supply due to limited access into Yakutat. The SAC LHS criteria allows for 0.1 FTE



maintenance staff and 0.4 FTE warehouse staff. YTT plans for these services to be combined into one position and request one full FTE for this function.

(Note 7) Admin functions are allowed under the SAC criteria for non-satellite facilities. The YCHC is an independent P.L. 93-638 title V Tribe. Space criteria are defined for Tribal Health Administration and is listed in the derivative section of the SACF criteria. However, there are no guidelines for associated staffing or suggestions from the HSP model. The YCHC currently employs a fulltime Facility/Clinical Director and Office Services Manager. The Health Center criteria are used as the basis for determination for the YCHC which specifies a minimum of 5.5 FTEs. YTT is requesting 1.0 FTEs for these functions.

(Note 8) The SAC allows EMS as a derivative when no other EMS are available. The YCHC is the only medical provider in the service area. All EMS response patients are brought to the YCHC for medivac transport. Yakutat has ~ 50 medivacs annually and over 60 EMS response calls. The City-Borough provides an EMS response vehicle. EMS responders are community volunteers. There are no dedicated personnel or funds to manage the program. The RRM formula recommends 2.0 fixed FTE per 1,000 service population. YTT is requesting 1.0 FTE for a licensed Emergency Medical Technician (EMT).

(Note 9) Wellness Center not included in the SAC. Wellness center would support YTT Health education and disease prevention efforts. YTT requests one FTE to cover this function in combination with the Public Health Nutrition.



TAB I BUILDING AREA SUMMARY REPORT



**SMALL AMBULATORY CLINIC
LARGE HEALTH STATION
BUILDING AREA SUMMARY REPORT**



Program of Requirements					
Yakutat JVCP Health Clinic-Yakutat, Alaska					
Project Number					
Space Program... <i>Small Ambulatory Care - SACLHS</i>					
Space Name	RFN Code	Room Qty	Area	Total	Remarks
Public					
CONTROL, RECEPTION	CNRC1	1	89	89	
OFFICE RECEPTION	OFOR1	1	43	43	
AV/EQUIPMENT STORAGE	STAV1	1	22	22	
STORE, PHARMACY		1	75	75	
PUBLIC TOILET - FEMALE TLMF1	TLMF1	1	54	54	
PUBLIC TOILET - MALE TLMM1	TLMM1	1	54	54	
COMMON WAITING	WTGN1	6	18	108	
WAITING	WTGN1	1	86	86	
Patient Care					
MINOR PROCEDURE ROOM	DER_ESMP	1	248	248	Derivative - Emergency Medical Services
PATIENT TOILET	DER_PHTO	1	75	75	Derivative - Patient Holding Space
EXAM	EXGM1	2	104	208	Deviation - Additional Exam Room
EXAM, ISOLATION	EXIS1	1	102	102	
PROCEDURE, MINOR/LAB	PRMN1	1	144	144	
VITAL SIGNS	PRVT1	1	83	83	
TOILET, PATIENT	TLPP1	1	53	53	
Patient Care Support					
ALCOVE, STRETCHER,	ALSW1	1	28	28	
CONTROL, NURSE	CNNC1	1	86	86	
HOUSEKEEPING	HSKP1	1	65	65	
OFFICE, PROFESSIONAL	OFPR1	1	103	103	
OFFICE, PROVIDER	OFPR1	1	102	102	
OFFICE SUPERVISOR	OFSP1	1	104	104	
SOILED LINEN		1	65	65	
UTILITY, CLEAN/MEDS	UTCL1	1	97	97	
PHARMACY SPACE		1	100	100	Deviation - Space for Pharmacy Support & Storage
Staff Support					
BUNK ROOM	DER_ISBR	1	301	301	Derivative - Itinerant Staff Quarters
LIVING/KITCHEN	DER_ISLK	1	237	237	Derivative - Itinerant Staff Quarters
TOILET/SHOWER	DER_ISTS	1	75	75	Derivative - Itinerant Staff Quarters
EMPLOYEE LOUNGE	LGST1	1	129	129	
EMPLOYEE LOCKER	LKST1	10	6	60	
EMPLOYEE TOILETS - FEMALE	TLMF1	1	97	97	
TOILET, STAFF,M	TLPS1	1	54	54	
Dental					
ALCOVE CHARTS	ALCH1	1	12	12	
CONFERENCE FAMILY	CFFM1	1	96	96	
FILM PROCESSING	FPDN1	1	60	60	
LAB DENTAL	LBDN1	1	97	97	
PROCEDURE DENTAL,	PRDC1	1	113	113	
PROCEDURE, DENTAL, OPEN	PRDO1	2	115	230	
PANOREX	PRPC1	1	65	65	
UNIT SUPPLY	STUS1	1	54	54	
WORKROOM STERILE	WRSD1	1	97	97	
OFFICE WAITING	WTGN1	1	108	108	



Program of Requirements						
Yakutat JVCP Health Clinic-Yakutat, Alaska						
Project Number						
Space Program... <i>Small Ambulatory Care - SACLHS</i>						
Space Name	RFN Code	Room Qty	Area	Total	Remarks	
Administration						
DUPLICATING EQUIPMENT &	ALCP1	1	43	43		
BUSINESS MANAGER	DER_THBA	1	118	118	Derivative - Tribal Health Administration	
BUSINESS MANAGER	DER_THBA	1	118	118	Derivative - Tribal Health Administration	
CONTRACT HEALTH CLERK	DER_THCH	1	65	65	Derivative - Tribal Health Administration	
COPIER	DER_THCO	1	43	43	Derivative - Tribal Health Administration	
HEALTH DIRECTOR	DER_THHD	1	183	183	Derivative - Tribal Health Administration	
MAILROOM	DER_THMR	1	43	43	Derivative - Tribal Health Administration	
PATIENT ACCOUNTS	DER_THPA	1	97	97	Derivative - Tribal Health Administration	
RECEPTIONIST	DER_THRE	1	97	97	Derivative - Tribal Health Administration	
SUPPLY	DER_THSU	1	86	86	Derivative - Tribal Health Administration	
WAITING	DER_THWA	1	43	43	Derivative - Tribal Health Administration	
ACCREDITED RECORDS	OFOC1	6	11	66		
CHIEF, MED RECORDS	OFTY1	1	97	97		
RECORD STORAGE	STRC1	1	97	97		
Back of House						
EMS GARAGE	DER_ESGA	1	624	624	Derivative - Emergency Medical Services	
EMS WORKROOM	DER_ESWR	1	118	118	Derivative - Emergency Medical Services	
BODY HOLDING	DER_MOBH	1	32	32	Derivative - Morgue	
PATIENT HOLDING SPACE	DER_PHSP	1	118	118	Derivative - Patient Holding Space	
PROPERTY & SUPPLY	DER_SR	1	291	291	Derivative - Storage Requirements	
RECEIVING, MATERIAL,	RCMH1	1	129	129		
MEDICAL GAS	STMG1	1	43	43		
Community Health						
WORKSTATION - COMMUNITY	DER_WS	2	65	130	Derivative - Workstation	
PUBLIC HEALTH NURSE	OFTY1	2	97	194		
Mental Health						
CONFERENCE GROUP	CFGT1	1	258	258		
EXAM, MENTAL HEALTH	EXMH1	1	151	151		
Wellness Center						
Wellness Center		1	1258	1258	Deviation - Approved Wellness Center	
TOTALS				Discipline Net Sq. Ft.	8621	
				Net to Net Conversion Factor	1.15	
				Major Mechanical	1.1	
				Discipline Gross Sq. Ft.	10,906	



Program of Requirements
Project Name: Yakutat JVCP Health Clinic - Yakutat, ALASKA
Project Number:

Space Program... Small Ambulatory Care - SACLHS

<u>Space Name</u>	<u>RFN Code</u>	<u>Room Qty</u>	<u>Area</u>	<u>Total</u>	<u>Remarks</u>
Public					
CONTROL, RECEPTION	CNRC1	1	89.00	89.00	
OFFICE RECEPTION	OFOR1	1	43.00	43.00	
AV/EQUIPMENT STORAGE	STAV1	1	22.00	22.00	
STORE, PHARMACY		1	75.00	75.00	
PUBLIC TOILET - FEMALE TLMF1	TLMF1	1	54.00	54.00	
PUBLIC TOILET - MALE TLMM1	TLMM1	1	54.00	54.00	
COMMON WAITING	WTGN1	6	18.00	108.00	
WAITING	WTGN1	1	86.00	86.00	
Patient Care					
MINOR PROCEDURE ROOM	DER_ESMP	1	248.00	248.00	Derivative - Emergency Medical Services
PATIENT TOILET	DER_PHTO	1	75.00	75.00	Derivative - Patient Holding Space
EXAM	EXGM1	1	104.00	104.00	
EXAM, ISOLATION	EXIS1	1	102.00	102.00	
PROCEDURE, MINOR/LAB	PRMN1	1	144.00	144.00	
VITAL SIGNS	PRVT1	1	83.00	83.00	
TOILET, PATIENT	TLPP1	1	53.00	53.00	
Patient Care Support					
ALCOVE, STRETCHER,	ALSW1	1	28.00	28.00	
CONTROL, NURSE	CNNC1	1	86.00	86.00	
HOUSEKEEPING	HSKP1	1	65.00	65.00	
OFFICE, PROFESSIONAL	OFFPR1	1	103.00	103.00	
OFFICE, PROVIDER	OFFPR1	1	102.00	102.00	
OFFICE SUPERVISOR	OFSP1	1	104.00	104.00	
SOILED LINEN		1	65.00	65.00	
UTILITY, CLEAN/MEDS	UTCL1	1	97.00	97.00	
Staff Support					
BUNK ROOM	DER_ISBR	1	301.00	301.00	Derivative - Itinerant Staff Quarters
LIVING/KITCHEN	DER_ISLK	1	237.00	237.00	Derivative - Itinerant Staff Quarters
TOILET/SHOWER	DER_ISTS	1	75.00	75.00	Derivative - Itinerant Staff Quarters
EMPLOYEE LOUNGE	LGST1	1	129.00	129.00	
EMPLOYEE LOCKER	LKST1	10	6.00	60.00	
EMPLOYEE TOILETS - FEMALE	TLMF1	1	97.00	97.00	
TOILET, STAFF,M	TLPS1	1	54.00	54.00	
Dental					
ALCOVE CHARTS	ALCH1	1	12.00	12.00	
CONFERENCE FAMILY	CFFM1	1	96.00	96.00	
FILM PROCESSING	FPDN1	1	60.00	60.00	
LAB DENTAL	LBDN1	1	97.00	97.00	
PROCEDURE DENTAL,	PRDC1	1	113.00	113.00	



Program of Requirements
Project Name: Yakutat JVCP Health Clinic - Yakutat, ALASKA
Project Number:

Space Program... Small Ambulatory Care - SACLHS

<u>Space Name</u>	<u>RFN Code</u>	<u>Room Qty</u>	<u>Area</u>	<u>Total</u>	<u>Remarks</u>
PROCEDURE, DENTAL, OPEN	PRDO1	2	115.00	230.00	
PANOREX	PRPC1	1	65.00	65.00	
UNIT SUPPLY	STUS1	1	54.00	54.00	
WORKROOM STERILE	WRSD1	1	97.00	97.00	
OFFICE WAITING	WTGN1	1	108.00	108.00	
Administration					
DUPLICATING EQUIPMENT &	ALCP1	1	43.00	43.00	
BUSINESS MANAGER	DER_THBA	1	118.00	118.00	Derivative - Tribal Health Administratio
BUSINESS MANAGER	DER_THBA	1	118.00	118.00	Derivative - Tribal Health Administratio
CONTRACT HEALTH CLERK	DER_THCH	1	65.00	65.00	Derivative - Tribal Health Administratio
COPIER	DER_THCO	1	43.00	43.00	Derivative - Tribal Health Administratio
HEALTH DIRECTOR	DER_THHD	1	183.00	183.00	Derivative - Tribal Health Administratio
MAILROOM	DER_THMR	1	43.00	43.00	Derivative - Tribal Health Administratio
PATIENT ACCOUNTS	DER_THPA	1	97.00	97.00	Derivative - Tribal Health Administratio
RECEPTIONIST	DER_THRE	1	97.00	97.00	Derivative - Tribal Health Administratio
SUPPLY	DER_THSU	1	86.00	86.00	Derivative - Tribal Health Administratio
WAITING	DER_THWA	1	43.00	43.00	Derivative - Tribal Health Administratio
ACCREDITED RECORDS	OFOC1	6	11.00	66.00	
CHIEF, MED RECORDS	OFTY1	1	97.00	97.00	
RECORD STORAGE	STRC1	1	97.00	97.00	
Back of House					
EMS GARAGE	DER_ESGA	1	624.00	624.00	Derivative - Emergency Medical Services
EMS WORKROOM	DER_ESWR	1	118.00	118.00	Derivative - Emergency Medical Services
BODY HOLDING	DER_MOBH	1	32.00	32.00	Derivative - Morgue
PATIENT HOLDING SPACE	DER_PHSP	1	118.00	118.00	Derivative - Patient Holding Space
PROPERTY & SUPPLY	DER_SR	1	291.00	291.00	Derivative - Storage Requirements
RECEIVING, MATERIAL,	RCMH1	1	129.00	129.00	
MEDICAL GAS	STMG1	1	43.00	43.00	
Community Health					
WORKSTATION - COMMUNITY	DER_WS	2	65.00	130.00	Derivative - Workstation
PUBLIC HEALTH NURSE	OFTY1	2	97.00	194.00	
Mental Health					
CONFERENCE GROUP	CFGT1	1	258.00	258.00	
EXAM, MENTAL HEALTH	EXMH1	1	151.00	151.00	
Totals...					
	Discipline Net Sq. FT. :			7,159.00	
	Net to Gross Conversion Factor :			1.15	
	Discipline Gross Sq. FT. :			8,233.00	



TAB J JUSTIFICATIONS FOR SPACE DEVIATIONS



JUSTIFICATIONS FOR SPACE DEVIATIONS

Below are justifications for space deviations from that specified in the HSP process. With the approval of the POR, identified space deviations are approved.

PRIMARY CARE ADDITIONAL EXAM ROOM

The YCHC will still rely on interim and visiting specialty providers. Space demands will increase during these times due to the increase in services and number of patients being serviced. An additional exam room of 104 square feet is requested which will decrease the waiting period, increase the efficiency and allow visiting providers to see more patients.

PHARMACY

The SAC-LHS model provides 75 square feet for pharmacy but no staffing. A 0.2 FTE for a visiting pharmacist to stock and maintain a Pix Dispenser and most common prescriptions has been approved as part of this PJD. Additional 25 square feet for a total of 100 square feet is being requested to accommodate the additional space needed for the Pix dispenser.

WELLNESS CENTER

The Wellness Center is defined around four key elements: Behavior modification; nutrition education; health education; and physical activity. The approach will be to influence individuals and develop community support through health education, nutrition counseling, and providing physical activity opportunities that will promote healthy life styles.

The Wellness Center is approved to support health education and disease prevention. It will also support the Public Health Nutrition program, Physical Therapy, and healthy life style education. A full (1.0) FTE has been approved for this function. A total of 1,446.7 Departmental Gross Square Feet is being planned to accomplish the Wellness Center "mission".



**TAB K
JUSTIFICATIONS FOR
TRIBAL PROGRAMS AND SPACE
NOT APPLICABLE**



TAB L
JUSTIFICATIONS FOR CONTRACT PROGRAMS
AND SPACE

NOT APPLICABLE



TAB M

FACILITIES COST ESTIMATE



FACILITIES COST ESTIMATE

YAKUTAT JVCP COST ESTIMATE April 10, 2017						
Item	% of Budget	Base Item Cost	Location Factor	Adj Item Cost	Item Totals	
Design:						
PM, Admin	0.70%	71,576	1	71,576		
PM Expenses	0.10%	9,674	1	9,674		
A/E Design Fee	6.40%	379,179	1.63	618,062		
Design Contingency (10%)	0.60%	37,918	1.63	61,806		
				Total Design	761,118	
				Design Percent	8%	
Construction:						
Building Construction	62%	3,631,802	1.63	5,919,837		
Other Misc Cost	0.90%	51,259	1.63	83,552		
Commissioning (1%)	0.60%	36,318	1.63	59,198		
Construction Contingency (10%)	6.20%	363,180	1.63	591,983		
				Total Construction	6,654,571	
				Construction Percent	69%	
Construction Admin/Misc						
A/E Const. PM/CM, Admin	1.30%	76,177	1.63	124,169		
PM/Admin	1.70%	161,350	1	161,350		
PM Expenses	0.20%	22,000	1	22,000		
CA/Misc Contingency (10%)	0.10%	7,618	1.63	12,417		
				Total Construction Admin	319,936	
				CA/Misc Percent	3%	
Equipment:						
Group II and III Equipment	12.90%	761,363	1.63	1,241,022		
Special Equipment	5.20%	308,925	1.63	503,548		
Cultural Arts	0.30%	19,034	1.63	31,025		
Equipment Contingency (5%)	0.90%	54,466	1.63	88,780		
				Total FF&E	1,864,374	
				Equipment Percent	19%	
Total	100%	5,935,799		9,600,000		
ASSUMPTIONS:						
Construction Start	18-Apr					
Location Factor	1.63					



**TAB N
PROGRAM JUSTIFICATION
DOCUMENT
FOR
STAFF QUARTERS

NOT APPLICABLE**



**TAB O
MASTER PLAN
DIRECT CARE SUMMARY**

**NOT
APPLICABLE**



**TAB P
MASTER PLAN
CROSS-OVER REPORT**

**NOT
APPLICABLE**



**TAB Q
BEMAR / FEDS
DEFICIENCIES LIST**

**NOT
APPLICABLE**



TAB R

M&I and Equipment Life Cycle Cost



APPENDIX 1



APPENDIX 2



APPENDIX 3