



April 12, 2022

Shannon Beyale  
Health System Specialist  
Indian Health Service  
Office of Urban Indian Health Programs  
5600 Fishers Lane, Mail Stop: 08E65D  
Rockville, MD 20857

*Submitted electronically via: [Shannon.Beyale@ihs.gov](mailto:Shannon.Beyale@ihs.gov)*

RE: IHS Annual Urban Indian Organization On-Site Review

Dear Shannon Beyale,

On behalf of the National Council of Urban Indian Health (NCUIH) and the 41 urban Indian organizations (UIOs)<sup>1</sup> we represent, we hereby submit our written comments and recommendations in response to Indian Health Service (IHS) February 11, 2022 notice and request for comment on the information collection titled "Urban Indian Organization On-Site Review," Office of Management and Budget Control Number 0917-00XX.<sup>2</sup>

## Background

NCUIH is the national representative of urban Indian organizations receiving grants under Title V of the Indian Health Care Improvement Act (IHCIA) and the American Indians and Alaska Natives (AI/ANs) they serve. Founded in 1998, NCUIH is a 501(c)(3) organization created to support the development of quality, accessible, and culturally sensitive health care programs for AI/ANs living in urban communities. NCUIH fulfills its mission by serving as a resource center providing advocacy, education, training, and leadership for UIOs. NCUIH strives to improve the health of the more than 70 percent<sup>3</sup> of the AI/AN population living in urban settings, supported by quality, accessible health care centers and governed by leaders in the Indian community.

## Comments

NCUIH appreciates the opportunity to provide comments and recommendations concerning the Urban Indian Organization On-Site Review Manual (Manual). Considering comments on the Manual, and making revisions consistent with these suggestions, is required by the Indian Health Care Improvement Act (IHCIA) and is sound public health policy. Pursuant to the IHCIA, "it is the policy of this Nation, in fulfillment of its special trust responsibilities and legal obligations to Indians . . . to ensure maximum Indian participation in the direction of health care services so as to render the persons administering such services and the services themselves more responsive to the needs and desires of Indian communities."<sup>4</sup> Further, "all actions under this chapter [the IHCIA] shall be carried out with active and meaningful . . . conference with urban Indian organizations, to implement this chapter and the national policy of Indian self determination."<sup>5</sup>

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<sup>1</sup> NCUIH represents 41 Urban Indian Organizations providing health care services pursuant to a grant or contract with the Indian Health Service under Title V of the Indian Health Care Improvement Act (25 U.S.C. §1651 et seq.).

<sup>2</sup> 87 FR 8020.

<sup>3</sup> The American Indian and Alaska Native Population. U.S. Census Bureau. Available at: <http://www.census.gov/prod/cen2010/briefs/c2010br-10.pdf>.

<sup>4</sup> 25 U.S.C. § 1602(3).

<sup>5</sup> *Id.* at § 1602(5).





The IHCA requires the Secretary of Health and Human Services, through the IHS, “to conduct an annual onsite evaluation of each urban Indian organization which has entered into a contract or received a grant under section 1653,” of the IHCA.<sup>6</sup> As part of this statutorily mandated process the IHS Office of Urban Indian Health Programs (OUIHP) drafts and publishes the Manual, which is used to accomplish the annual review of UIOs.<sup>7</sup> Accordingly, consideration of the below comments, which have been submitted based on NCUIH’s consultations with UIOs and NCUIH’s subject matter expertise, is required by the IHCA in order to make services rendered to AI/ANs in urban areas more responsible to the needs and desires of urban AI/AN communities and to ensure that the Manual and on-site review, carried out pursuant to the IHCA, are conducted with meaningful conference with UIOs.

Consideration of these comments is critical to improve the overall efficiency of the review process and to ensure that the information collected from each UIO accurately reflects the work they are doing to improve the health of urban AI/ANs. The current Manual has not been updated since 2013.<sup>8</sup> In the nine years that the current Manual has been in use, UIOs have experienced significant changes, including adapting to the COVID-19 pandemic, and relevant standards of national healthcare accrediting organizations like the Association for Ambulatory Health Care (AAAH) have changed. Many UIOs find the questions and requirements contained in the Manual to be out of date and inefficient in effectively capturing data about UIOs. NCUIH is confident that the recommendations below, which come directly from UIOs’ experience with the Manual and the annual review process, will inform the IHS on necessary areas of modification in the Manual, while also guiding IHS efforts to optimize the activities and objectives of each UIO.

NCUIH makes the following specific comments, requests, and recommendations in response to the February 11, 2022 notice, with further explanation and evidence below. These comments are based on NCUIH’s consultations with UIOs and NCUIH’s subject matter expertise.

NCUIH recommends the following:

- Update the Manual regularly and as needed to remain consistent with other relevant accreditation processes
- Provide greater flexibility in the Manual to accommodate diverse UIO program/facility goals and services
- IHS to provide a consolidated list of requirement documents to UIOs prior to the on-site review
- Ensure that UIOs can use existing administrative or site visit data in meeting the requirements of the Manual

In addition to the preceding recommendations regarding the Manual itself, NCUIH also requests that OUIHP host an Urban Confer with UIOs to learn about their experiences with the on-site review process. NCUIH also wishes to submit the following general recommendations concerning the annual review process for OUIHP’s consideration:

- Provide a timeline for processing information collected in the annual review process
- Improve overall review by ensuring reviewers are licensed medical providers
- Improve instructions on the limited annual waiver process

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<sup>6</sup> 23 U.S.C. 1655(b).

<sup>7</sup> Indian Health Service Office of Urban Indian Health Programs, *Urban Indian Organization On-Site Review Manual* (Dec. 2013), [Urban Indian Organization On-Site Review Manual \(ihs.gov\)](https://www.ihs.gov/urban-indian-organization-on-site-review-manual/).

<sup>8</sup> *Id.*





## Update the Manual Regularly and As Needed to Remain Consistent with Other Relevant Accreditation Processes

NCUIH recommends that OUIHP regularly update the Manual, in addition to intermediate updates as needed to remain consistent with other relevant accreditation processes. The Manual is used “to determine compliance with crucial safety and quality requirements.”<sup>9</sup> However, the current Manual has been in use for nearly a decade and many UIOs report that many of the standards it tracks are no longer relevant or reflective of current best practices in governance and patient care. Updating the Manual regularly will enhance the quality, utility, and clarity of the information collected at UIOs.

In addition, the Manual is supposed to be “based on relevant, current standards of national healthcare accrediting organizations . . . [including] the Accreditation Association for Ambulatory Health Care (AAAHC), The Joint Commission (TJC), The Commission on the Accreditation of Rehabilitation Facilities (CARF) and The Healthcare Facilities Accreditation Program (HFAP).” However, many of these accrediting organizations frequently update their standards and because the Manual has not been updated since 2013, UIOs find that the Manual is often no longer aligned with other accreditation standards. For example, AAAHC recently published the forty-first version of its Accreditation Handbook (Handbook) with an effective date of November 1, 2020.<sup>10</sup> The Handbook is periodically updated, historically on a three-year time frame. In fact, the Handbook was recently updated on July 1, 2021 to address issues with clarification and redundancy.<sup>11</sup> Because the AAAHC Handbook is usually updated every three (3) years, the Manual is now behind two to three (2-3) changes in AAAHC standards, despite claiming to be based on the relevant and current AAAHC standards.

NCUIH urges OUIHP to revise and update the Manual on a regular basis to reflect contemporary standards in safety and quality requirements. Regular updates should be preceded by an Urban Confer and associated comment period so that UIOs can provide OUIHP with feedback and recommended improvements concerning the Manual and the Annual Review process. A regularly updated Manual will ensure a more streamlined, efficient process and will also allow IHS to adapt the Manual to relevant survey questions and requirements for UIOs. In addition, NCUIH recommends that OUIHP update the Manual as needed, to incorporate intervening updates to relevant current standards of national healthcare accrediting organizations.

## Provide Greater Flexibility in the Manual to Accommodate Local UIO Program/Facility goals and Services

NCUIH recommends that OUIHP build in greater flexibility into the Manual, so that it is adaptable to the unique needs of the UIO and services of each UIO under review. UIOs operate four (4) types of facilities designated by OUIHP: full ambulatory care, limited ambulatory care, outreach and referral, and residential treatment centers. Each UIO's scope of work is based on their service population, the health status of that population, and documented unmet needs of the urban AI/AN community they serve, which means that there is great diversity among UIOs even within the four categories previously described. The Manual must reflect this diversity and exempt UIOs from sections which are inapplicable to that specific UIO.

<sup>9</sup> Indian Health Service Office of Urban Indian Health Programs, *Urban Indian Organization On-Site Review Manual* 1 (Dec. 2013), [Urban Indian Organization On-Site Review Manual \(ihs.gov\)](https://www.ihs.gov/urban-indian-organization-on-site-review-manual/).

<sup>10</sup> Accreditation Association for Ambulatory Health Care, *Accreditation Handbook for Medicare Deemed Status, v41*, 2020. [https://www.peninsulasurgerycenter.com/wp-content/uploads/AAAHC/AAAHC-2020-MDS-Handbook-v41\\_FINAL.pdf](https://www.peninsulasurgerycenter.com/wp-content/uploads/AAAHC/AAAHC-2020-MDS-Handbook-v41_FINAL.pdf)

<sup>11</sup> Accreditation Association for Ambulatory Health Care, *AAHC Releases Minor Revisions to v41 Handbooks*, <https://www.aaahc.org/news/aaahc-releases-minor-revisions-to-v41-handbooks/>.





For example, during a recent focus group NCUIH held with UIOs regarding the Manual, smaller UIOs, like outreach and referral facilities, stated that the current Manual is strenuous and burdensome because of the lack of relevancy to their UIO. The Manual currently requires UIOs to provide rosters of members of five (5) Standing Committees, meeting minutes for those Committees from the last year, and rationales for any missed monthly meetings. Smaller UIOs, especially those in smaller service areas, struggle to find enough board members to fill these standing committees and to regularly hold meetings. Moreover, even larger UIOs have noted that the Standing Committee requirements ask UIO board members to commit several hours without any compensation for volunteering. Additionally, some UIO boards are so small that multiple people are on multiple committees. UIOs have stated that this is not a valuable use of board member time. The Manual should be adaptable enough to accommodate UIOs' "need for flexibility to meet local community health needs," as well as "UIO innovation and creative approaches for operating in a complex and demanding environment."<sup>12</sup>

Flexibility in the Manual is permitted by the Indian Health Manual (IHM). Pursuant to the IHM, "[i]t's possible that all sections of the program evaluation criteria may not be needed."<sup>13</sup> When there are no major changes in a UIO's scope of work or in the policies and procedures, some sections of the Manual may be identified as not applicable.<sup>14</sup> The reviewing officer "can make a professional judgment that a comprehensive review using the IHS Urban Program Review Manual criteria was not required."<sup>15</sup> NCUIH requests that this permitted flexibility be recognized and incorporated into the Manual itself. Doing so will provide greater clarity to UIOs and reviewing officials and allow UIOs to expediently identify areas of the Manual which are not applicable in advance of annual reviews.

## Provide a Consolidated List of Required Documents

NCUIH requests that the Manual include a consolidated list of documents that UIOs must provide during their annual review. While the current IHS Manual includes list of documents needed for each review session, NCUIH notes that these documentation requirements are not presented in an easy-to-follow manner. The document lists are contained in narrow cells of a larger chart and span multiple pages with difficult to follow breaks. In addition, the current "Document" section on the Manual also includes a note that "additional documents may be requested based on findings of initial review," but does not give any indication of what those documents might be.<sup>16</sup> Further, lists of required documents may be found in several locations throughout the Manual, which can be confusing. For example, Appendix E – Medical Staff Credential File Review and Appendix F – Human Resource File Review are both located 150 pages after other document lists contained in the "on-site activities" section.<sup>17</sup>

NCUIH encourages IHS to create a similar "Document Requirement" list like the AAACH manual.<sup>18</sup> This list is vertically orientated, references the relevant sections of the Manual, and provides a space to record whether the document exists. A similar consolidated checklist in the Manual would help UIOs ensure that they have the appropriate written documentation required to comply with the IHS Manual standards.

<sup>12</sup> Indian Health Service, Office of Urban Indian Health Programs Strategic Plan 2017–2021.

[https://www.ihs.gov/sites/urban/themes/responsive2017/display\\_objects/documents/IndianHealthServiceOfficeofUrbanIndianHealthProgramsStrategicPlan.pdf](https://www.ihs.gov/sites/urban/themes/responsive2017/display_objects/documents/IndianHealthServiceOfficeofUrbanIndianHealthProgramsStrategicPlan.pdf).

<sup>13</sup> Indian Health Service, *Indian Health Manual* 3–19.3F, <https://www.ihs.gov/IHM/pc/part-3/p3c19/>.

<sup>14</sup> *Id.*

<sup>15</sup> *Id.*

<sup>16</sup> Indian Health Service Office of Urban Indian Health Programs, *Urban Indian Organization On-Site Review Manual* 4–20 (Dec. 2013),

[https://www.ihs.gov/sites/urban/themes/responsive2017/display\\_objects/documents/OUIHPRReviewManual.pdf](https://www.ihs.gov/sites/urban/themes/responsive2017/display_objects/documents/OUIHPRReviewManual.pdf).

<sup>17</sup> *Id.* at 173–74.

<sup>18</sup> Accreditation Association for Ambulatory Health Care, *Accreditation Handbook* 169–174 (2020), [https://www.peninsulasurgerycenter.com/wp-content/uploads/AAAHC/AAAHC-2020-MDS-Handbook-v41\\_FINAL.pdf](https://www.peninsulasurgerycenter.com/wp-content/uploads/AAAHC/AAAHC-2020-MDS-Handbook-v41_FINAL.pdf).







## Ensure that UIOs Can Use Existing Administrative or Site Visit Data in Meeting the Requirements of the Manual

NCUIH recommends that IHS revise the Manual so that it is easier to incorporate relevant existing data already collected for other accreditation processes. During NCUIH's recent focus group concerning the Manual, UIOs that previously went through the HRSA On-Site review process stated that they were well prepared for the IHS On-Site review. UIOs noted that the HRSA review process is very thorough and rigorous. Other UIOs similarly stated that the AAAHC accreditation process was very comprehensive and prepared them well for the OUIHP on-site review. However, all UIOs reported frustration with having to re-package information in different formats for each review. One UIO noted that between HRSA, then the OUIHP on-site review, then their AAAHC audit, they spent roughly six (6) months being evaluated, which placed an unsustainable burden on their staff. UIOs requested that the Manual make it easier for UIOs to use relevant data from other accreditation review to facilitate a more efficient and consistent review process.

NCUIH recognizes that UIOs which are accredited by a body recognized by the IHS may request a limited waiver which relieves some of the reporting burdens they face.<sup>19</sup> However, NCUIH urges OUIHP to revise the Manual so that UIOs may use existing data and reports to fulfill the sections which remain even after a waiver is granted (Legislative Review, Governance, Administration, and Financial). Both the IHCIA and the IHM provide OUIHP with a great deal of flexibility in performing the annual review of UIOs.<sup>20</sup> Accordingly, NCUIH recommends that IHS consider using existing administrative data or site visit information from other agency or accreditation site-visits to streamline the process, making it more efficient for all parties involved.

## Additional Recommendations from UIOs

During NCUIH's recent focus group on the Manual, UIOs also provided several other areas of the annual review process more generally that could be improved. NCUIH specifically requests that OUIHP host an Urban Confer with UIOs to learn directly from UIO leaders about their experiences with the Manual and overall review process. NCUIH relates these suggested improvements below.

### Improve Timeline for Processing Information Collected in the Annual Review Process

The written report containing the findings of OUIHP's review of a UIO is to be completed within thirty (30) calendar days of the Exit Conference, which in turn is supposed to take place at the end of the on-site review.<sup>21</sup> However, UIOs noted that IHS has not consistently processed the information collected from on-site visits in a useful and timely fashion. One UIO mentioned that receiving the results from the review has taken anywhere between three (3) months after the on-site review to one (1) month before the next year's review. These inconsistencies in timelines for UIOs to receive feedback makes it difficult for UIOs to address any noted deficiencies before beginning the next annual review. NCUIH recommends that OUIHP more closely align with the thirty (30) calendar day deadline for issuing written reports found in the Manual.

<sup>19</sup> Indian Health Service Office of Urban Indian Health Programs, *Urban Indian Organization On-Site Review Manual* 5 (Dec. 2013), [https://www.ihs.gov/sites/urban/themes/responsive2017/display\\_objects/documents/OUIHPReviewManual.pdf](https://www.ihs.gov/sites/urban/themes/responsive2017/display_objects/documents/OUIHPReviewManual.pdf).

<sup>20</sup> See 23 U.S.C. 1655(b); Indian Health Service, *Indian Health Manual* 3-19.3F, <https://www.ihs.gov/IHM/pc/part-3/p3c19/>.

<sup>21</sup> Indian Health Service, *Indian Health Manual* Appendixes B-C, <https://www.ihs.gov/IHM/pc/part-3/p3c19/>.





## Improve Overall Review by Ensuring Reviewers are Licensed Medical Providers

Some UIOs reported that in recent years their on-site reviews were not conducted by licensed medical providers. UIOs also stated that they believed that it should be required for a licensed medical provider to either conduct or be involved with the annual review. Given that a significant portion of the on-site review requires the reviewing officer to evaluate the quality of care provided by the UIO, it is difficult to understand how a non-medical reviewer could properly assess a UIO. For example, a reviewer who is not a licensed medical provider would most likely not be able to accurately assess areas of review requiring medical expertise, like whether “health care provided is consistent with current standards of care,” whether UIO staff “use methods to assess pain consistent with patient age, condition, and ability to understand,” or if “dental services are appropriate to the needs of the patients.”<sup>22</sup> NCUIH recommends that OUIHP ensure that licensed medical providers conduct the portions of the on-site review which require expert medical evaluation, like the “quality of care provided requirements.”

## Improve Instructions on the Waiver Process

Some UIOs were entirely unaware of the waiver process detailed in the Manual,<sup>23</sup> while others were unsure about how to complete it. Given the potential to reduce administrative burden on both UIOs and OUIHP, NCUIH suggests that IHS include a better explanation of the waiver process in the Manual. NCUIH also recommends that OUIHP host an annual training review session for UIOs that outlines the process of submitting a waiver so that UIOs can be informed on how to efficiently submit waivers to reduce the shared burden for both UIOs and OUIHP.

## Conclusion

NCUIH appreciates the opportunity to provide these recommendations on behalf of UIOs. A well-designed Manual and efficient on-site evaluation can provide valuable information for UIOs and OUIHP. NCUIH thanks OUIHP for accepting written comments regarding the Manual and looks forward to continuing to work with OUIHP to evaluate and revise the Manual for the benefit of all parties. Please contact our Director of Federal Relations, Chandos Culleen, at [cculleen@ncuih.org](mailto:cculleen@ncuih.org) with any questions.

Sincerely,

A handwritten signature in black ink, reading "Francys Crevier".

Francys Crevier  
Chief Executive Officer

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<sup>22</sup> *Id.* at 95-106.

<sup>23</sup> *Id.* at 2.

