

**HIGH RISK INDIAN PROGRAMS: PROGRESS AND
EFFORTS IN ADDRESSING GAO'S
RECOMMENDATIONS**

HEARING

BEFORE THE

COMMITTEE ON INDIAN AFFAIRS

UNITED STATES SENATE

ONE HUNDRED FIFTEENTH CONGRESS

FIRST SESSION

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HIGH RISK INDIAN PROGRAMS: PROGRESS AND EFFORTS IN ADDRESSING GAO'S RECOMMENDATIONS

WEDNESDAY, SEPTEMBER 13, 2017

U.S. SENATE,
COMMITTEE ON INDIAN AFFAIRS,
Washington, DC.

The Committee met, pursuant to notice, at 2:59 p.m. in room 628, Dirksen Senate Office Building, Hon. John Hoeven, Chairman of the Committee, presiding.

OPENING STATEMENT OF HON. JOHN HOEVEN, U.S. SENATOR FROM NORTH DAKOTA

The CHAIRMAN. Today, the Committee is holding an important hearing on follow up to our May 17, 2017 hearing on the Government Accountability Office, GAO, and their High Risk List, which included for the first time, three Indian programs.

In this hearing, we will examine the progress of the Bureau of Indian Affairs, the Bureau of Indian Education, and the Indian Health Service in addressing the GAO's open recommendations for these agencies programs. We want all of these programs to be successful.

I want to thank the GAO for bringing forward their recommendations and the numerous challenges facing these Federal Indian programs, not just identifying the problem but also providing recommendations.

We want to work with the agencies in finding a path forward on these issues. Any further guidance from the GAO is welcome. That is why we appreciate having you here today. I also want to thank the witnesses for getting their testimony in on time.

On February 15, 2017, the GAO issued its biannual High Risk List, which included Indian energy, Indian education, and Indian health care. These programs were considered high risk because they were vulnerable to fraud, waste, abuse and mismanagement.

These programs are vitally important to Native Americans. They affect the safety of school buildings and facilities, the quality of health care, education, and the advancement of Indian energy development projects.

These high risk programs put the health and safety of Native Americans at risk. By implementing the GAO recommendations, the risks identified should be diminished. Likewise, the affected

agencies can be strengthened in delivering programs and services to Native Americans.

According to the GAO, there are 23 open recommendations for Indian education, 14 open recommendations for Indian health and 13 open recommendations for Indian energy. The GAO stated in its previous testimony that it uses five criteria to determine if a program should be removed from the High Risk List.

To be removed from this list, the agency must demonstrate leadership commitment, agency capacity and resources, an action plan, monitoring and, of course, progress.

We will continue to closely monitor the progress and commitment of these agencies as they work with the GAO in efficiently closing out the open recommendations. I also expect any future recommendations by the GAO will be taken seriously and implemented by the agencies.

I know there is still more work to be done by the agencies; however, I am encouraged by recent updates by the GAO that these agencies are making progress in satisfying the open recommendations, especially at BIE and IHS.

I am still concerned that there are open recommendations and also am concerned about progress in regard to Indian energy.

Again, I welcome our witnesses today and look forward to hearing what progress we have made and also how we can make more progress. Rest assured, this will not be the last hearing on this subject.

With that, I will turn to Vice Chairman Udall.

**STATEMENT OF HON. TOM UDALL,
U.S. SENATOR FROM NEW MEXICO**

Senator UDALL. Thank you, Chairman Hoeven.

Here at the beginning, I would like to recognize now the Navajo Nation Council delegate, Walter Phelps from Arizona, who is attending this hearing today.

This hearing starts where we left off after our first hearing on the GAO High Risk Report in May. Thank you for calling GAO, the BIE and the IHS back here so the agencies can update the Committee on their progress towards addressing GAO's open recommendations so that we can examine how and whether they have been adequately focusing resources and expertise to improve their Indian programs.

Before I get into discussing the high risk designation, I want to share a bit of information. The Santa Fe Indian School has a graduation rate of 96 percent; 88 percent of their students go on to attend a post secondary institution.

At the Kiawah Public Health Corporation, a longer 30-minute visit standard is making visits meaningful for patients and providers. In the Albuquerque service area, providers are tracking patient wait times electronically and deploying customer satisfaction surveys to ensure they are meeting the needs of their patients.

A team of pre-engineering students at the Southwestern Indian Polytechnic Institute recently competed against 20 colleges from across the Country winning a national NASA robotics competition.

These success stories show the persistence and tenacity of tribal communities. They underscore the need for better sharing of best

practices within Federal Indian programs and most of all, they should remind this Committee that tribal communities can and do succeed despite the agency level administrative shortcomings they face.

I would ask my colleagues here today to imagine how much more could be accomplished if their Federal partners were offering them needed support instead of getting in their way. For years, GAO's work has provided evidence of something many tribal communities have long reported, that bureaucratic barriers at agencies like the BIA, the BIE and the IHS reduce the effectiveness of Indian programs across the Federal Government.

BIE schools have reported that agency hiring directives continue to prevent them from filling key staff positions. IHS facilities in the Great Plains are still in CMS certification limbo as Native patients face uncertainty.

The lack of necessary modern IT infrastructure affects everything from education to energy, grinding some tribal communities to a bureaucratically-induced halt. Unfortunately, these agencies have not taken a proactive approach to responding to tribal concerns. This high risk designation proves they were not committing themselves to resolving GAO's findings.

I read the GAO's testimony today and was pleased to learn that BIA, BIE and IHS programs have benefited from the additional scrutiny put on them since they have been labeled high risk. It appears progress can only be made when Congress keeps the pressure on. Mr. Chairman, I appreciate you doing that. That is why I appreciate the Chairman's follow through on this topic.

The members of this Committee must do all we can to address the Federal Government's shortcomings to improve its accountability and administration of Indian programs. I am looking forward to hearing what progress has been made to address GAO's recommendations. I thank the Federal witnesses for being here today.

Thank you, Mr. Chairman.

The CHAIRMAN. Thank you, Vice Chairman Udall.

Are there other opening statements?

[No audible response.]

The CHAIRMAN. Then we will turn to our witnesses.

Our witnesses today are: Ms. Melissa Emrey-Arras, Director, U.S. Government Accountability Office, Washington, D.C.; Mr. Michael S. Black, Acting Assistant Secretary, Indian Affairs, U.S. Department of the Interior; Rear Admiral Michael D. Weahkee, Acting Director, Indian Health Service, U.S. Department of Health and Human Services, Rockville, Maryland; and Mr. Tony Dearman, Director, Bureau of Indian Education, U.S. Department of the Interior.

Ms. EMREY-ARRAS. we will turn to you.

STATEMENT OF MELISSA EMREY-ARRAS, DIRECTOR, EDUCATION, WORKFORCE, AND INCOME SECURITY ISSUES, U.S. GOVERNMENT ACCOUNTABILITY OFFICE; ACCOMPANIED BY FRANK RUSCO, DIRECTOR, NATURAL RESOURCES AND ENVIRONMENT TEAM; AND KATHY KING, DIRECTOR, HEALTH CARE

Ms. EMREY-ARRAS. Thank you for inviting me here today to discuss a new area we added to our High Risk List this year: improving Federal management of programs that serve tribes and their members. We added this area to our High Risk List this past February in response to serious problems in Federal management and oversight of Indian education, energy resources and health care programs which were highlighted in several prior reports.

Overall, our High Risk Program has served to identify and help resolve serious weaknesses in areas involving substantial resources and providing critical services to the public. Today, I will focus on Interior and HHS's efforts to address our recommendations.

In our High Risk Report, we cited nearly 40 recommendations that were not implemented. Since then we have made an additional 12 recommendations in two new reports on BIE school safety and construction, published in May of this year. While Interior and HHS have taken some steps to address these recommendations, only one has been fully implemented.

We are happy to report that we just closed a recommendation we made to HHS to develop specific agency-wide standards for patient wait times. HHS developed these standards and published them on the IHS Indian Health Manual website just last month. This recommendation is now closed as fully implemented. The other recommendations, however, remain open.

In some cases, the agencies have made plans or taken preliminary steps to address the recommendations, but have not fully implemented them. For example, in the area of Indian education, we recommended in 2014 that Interior develop procedures to oversee school spending for major programs. In May, the BIE director noted that the agency planned to complete this recommendation by the middle of 2019. Last month, officials reported to us that they had drafted procedures but further review and revision were needed before the procedures could be finalized and implemented.

Also, in some cases, the agencies have yet to provide us supporting documentation that they have fully implemented our recommendations. Such documentation is needed for us to verify that the agency actions have occurred.

For example, in the area of Indian energy, we recommended that BIA take steps to complete its GIS mapping module in its database to identify who owns and uses resources. On August 31, BIA officials told us that they had added this mapping capability to the database but the officials did not provide us with the supporting documentation to enable us to determine if the GIS capability addresses our recommendation. We are now working with BIA to obtain this needed documentation to determine if this function will comply with our recommendation.

In other cases, however, an agency may not have taken any action on our recommendations. For example, in the area of Indian health care, IHS had agreed with two of our recommendations to

make the allocation of Purchased/Referred Care (PRC) funds more equitable but has not yet taken action to implement them.

Our experience has shown that among the key elements needed to make progress in high risk areas is top level attention by the Administration and agency leaders. As the Chairman mentioned, we have five key elements we look at to decide whether or not an area should be removed from our High Risk List. These are: leadership commitment; capacity, which is having the people and resources to resolve the risk; having a corrective action plan; monitoring; and demonstrating progress.

If the agencies can demonstrate significant improvement in these areas, they can be taken off the High Risk List. Likewise, individual issues can be removed if sufficient progress is made. For example, if sufficient progress is made in Federal management of Indian energy programs, Indian energy issues can be removed from the list, even if Indian education and health care issues remain on the list.

We plan to continue monitoring the agencies' efforts to address the approximately 50 recommendations that remain open. We look forward to continuing our work with this Committee in overseeing Interior and HHS to improve services to tribes and their members.

My colleagues and I would be happy to answer any questions you may have.

[The prepared statement of Ms. Emrey-Arras follows:]

GAO Highlights

Highlights of GAO-17-790T, a testimony before the Committee on Indian Affairs, U.S. Senate

Why GAO Did This Study

GAO's High-Risk Series identifies federal program areas needing attention from Congress and the executive branch. GAO added federal management of programs that serve Indian tribes and their members to its February 2017 biennial update of high-risk areas in response to serious problems with management and oversight by Interior and HHS.

This testimony identifies GAO's recommendations to Interior and HHS from prior GAO reports on the federal management and oversight of Indian education, energy resources, and health care that remain unimplemented. It also examines agencies' recent actions to address the recommendations and the extent to which these actions address GAO's recommendations. To conduct this work, GAO reviewed and analyzed agency documentation on actions taken to implement the recommendations and conducted interviews with agency officials.

What GAO Recommends

GAO cited nearly 40 unimplemented recommendations in its February 2017 High Risk report, on federal programs for Indian tribes in education, energy development, and health care, and added 12 recommendations in two new reports on BIE school safety and construction in late May of this year. Sustained focus by Interior and HHS in fully implementing these recommendations and continued oversight by Congress are essential to achieving progress in these areas.

View GAO-17-790T. For more information, contact Melissa Emrey-Arras at (517) 788-0534 or memreyarra@gao.gov.

September 13, 2017

HIGH RISK

Status of Prior Recommendations on Federal Management of Programs Serving Indian Tribes

What GAO Found

As discussed in the 2017 High Risk report, GAO has identified numerous weaknesses in how the Department of the Interior (Interior) and the Department of Health and Human Services (HHS) manage programs serving Indian tribes. Specifically, these weaknesses were related to Interior's Bureau of Indian Education (BIE) and Bureau of Indian Affairs (BIA)—under the Office of the Assistant Secretary-Indian Affairs (Indian Affairs)—in overseeing education services and managing Indian energy resources, and HHS's Indian Health Service (IHS) in administering health care services. GAO cited nearly 40 recommendations in its 2017 High Risk report that were not implemented, and has since made an additional 12 recommendations in two new reports on BIE school safety and construction published in late May of this year. Interior and HHS have taken some steps to address these recommendations but only one has been fully implemented.

- Education.** GAO has found serious weaknesses in Indian Affairs' oversight of Indian education. For example, in 2016, GAO found that the agency's lack of oversight of BIE school safety contributed to deteriorating facilities and equipment in school facilities. At one school, GAO found seven boilers that failed inspection because of safety hazards, such as elevated levels of carbon monoxide and a natural gas leak. In 2017, GAO found key weaknesses in the way Indian Affairs oversees personnel responsible for inspecting BIE school facilities for safety and manages BIE school construction projects. Of GAO's 23 recommendations on Indian education—including recommendations cited in GAO's 2017 High Risk report and in two late May reports—none have been fully implemented.
- Energy resource management.** In three prior reports on Indian energy, GAO found that BIA inefficiently managed Indian energy resources and the development process, thereby limiting opportunities for tribes and their members to use these resources to create economic benefits and improve the well-being of their communities. GAO categorized concerns associated with BIA management of energy resources and the development process into four broad areas, including oversight of BIA activities, collaboration, and BIA workforce planning. GAO made 14 recommendations to BIA to address its management weaknesses, which were cited in the 2017 High Risk report. However, none have been fully implemented.
- Health care.** GAO has found that IHS provides inadequate oversight of its federally operated health care facilities and of its Purchased/Reformed Care program. For example, in 2016 and 2017, GAO found that IHS provided limited and inconsistent oversight of the timeliness and quality of care provided in its facilities and that inconsistencies in oversight were exacerbated by significant turnover in area leadership. GAO also found that IHS did not to equitably allocate funds to meet the health care needs of Indians. Of GAO's 13 recommendations on Indian health care cited in GAO's 2017 High Risk report, one has been fully implemented.

Chairman Hoeven, Vice Chairman Udall, and Members of the Committee:

I am pleased to be here today to discuss the status of our recommendations to the Departments of the Interior (Interior) and Health and Human Services (HHS) on programs that serve tribes and their members. As you know, we added this area to our High Risk list in February 2017 in response to serious problems in these agencies' management and oversight of Indian education, health care programs, and energy resources, which were highlighted in various prior reports.¹

In particular, we have found numerous weaknesses in how Interior's Bureau of Indian Education (BIE) and Bureau of Indian Affairs (BIA) and HHS's Indian Health Service (IHS) have administered education and health care services, which has put the health and safety of American Indians served by these programs at risk. These weaknesses included poor conditions at BIE school facilities that endangered students, and inadequate oversight of health care that hindered IHS's ability to ensure quality care to Indian communities. In addition, we have reported that BIA has mismanaged Indian energy resources and thereby limited opportunities for tribes and their members to use those resources to create economic benefits and improve the well-being of their communities. As a result of these weaknesses, we cited nearly 40 recommendations we made in prior reports in our February 2017 High Risk report that were not implemented. We also made an additional 12 recommendations in two new reports on BIE school safety and construction in late May of this year.² As I will discuss, Interior and HHS have taken some steps to address these recommendations, but only one has been fully implemented.

In 2016, Congress found in the Indian Trust Asset Reform Act that "through treaties, statutes, and historical relations with Indian tribes, the United States has undertaken a unique trust responsibility to protect and

¹GAO, *High-Risk Series: Progress on Many High-Risk Areas, While Substantial Efforts Needed on Others*, GAO-17-317 (Washington, D.C.: Feb. 15, 2017).

²In a May 2017, we also published a report related to road conditions on tribal lands and how these conditions relate to students' school attendance, which included 8 recommendations to Interior to improve collection of data on roads on tribal lands, among other issues. For more information, see GAO, *Tribal Transportation: Better Data Could Improve Road Management and Inform Indian Student Attendance Strategies*, GAO-17-423 (Washington, D.C.: May 22, 2017).

support Indian tribes and Indians.³ As further stated in that act, the fiduciary responsibilities of the United States to Indians arise in part from commitments made in treaties and agreements, in exchange for which Indians surrendered claims to vast tracts of land, and this history of federal-tribal relations and understandings has benefitted the people of the United States and established "enduring and enforceable [f]ederal obligations to which the national honor has been committed." Through improvements to federal management of programs that serve tribes and their members, agencies can improve the efficiency of federal programs under which services are provided to tribes and their members. This would be consistent with the expressed view of Congress as to the federal government's trust responsibilities, and would strengthen confidence in the performance and accountability of our federal government. In light of this unique trust responsibility and concern about the federal government ineffectively administering Indian education and health care programs and mismanaging Indian energy resources, we added these programs as a high-risk area because they uniquely affect tribal nations and their members.

The focus of our high risk issue area is on management weaknesses within federal agencies that administer programs that serve tribes and their members. However, not all federal programs are administered by federal agencies. In accordance with federal Indian policy that recognizes the right of Indian tribes to self-government and supports tribal self-determination, a number of tribes have elected to take over administration of certain federal programs and services from BIA, BIE, and IHS. Our recommendations identified in the high risk issue area do not necessarily reflect on the performance of programs administered by tribes.

My testimony today will discuss our recommendations to Interior and HHS on these issues. We will also describe the actions that these agencies have taken to implement our recommendations, as well as our evaluation of the extent to which these actions address our recommendations.

This testimony draws on recent updates we have received from Interior and HHS on our prior recommendations summarized in our High Risk report in February 2017 and recommendations in two reports on BIE

³Pub. L. No. 114-178, § 101 (2016)(codified at 25 U.S.C. § 5601).

school safety and construction published in late May of this year.⁴ To conduct our prior issued work, we reviewed relevant federal laws, regulations, and policies; reviewed and analyzed federal data; and interviewed tribal, federal, and industry officials, among others. More detailed information on our scope and methodology can be found in each of the cited reports.⁵

We conducted the work on which this testimony is based in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions.

Background

In 1990, GAO began a program to report on government operations that we identified as "high risk." Since then, generally coinciding with the start of each new Congress, we have reported on the status of progress addressing previously identified high-risk areas and have updated the High-Risk List to add new high-risk areas. Our most recent high-risk update in February 2017 identified 34 high-risk areas.⁶

Overall, our high-risk program has served to identify and help resolve serious weaknesses in areas that involve substantial resources and provide critical services to the public. Since the program began, the federal government has taken high-risk problems seriously and has made long-needed progress toward correcting them. In a number of cases, progress has been sufficient for us to remove the high-risk designation.

To determine which federal government programs and functions should be designated high risk, we use our guidance document, *Determining Performance and Accountability Challenges and High Risks*.⁷ In making

⁴GAO, *Indian Affairs: Further Actions Needed to Improve Oversight and Accountability for School Safety Inspections*, GAO-17-421 (Washington, D.C.: May 24, 2017); and GAO, *Indian Affairs: Actions Needed to Better Manage Indian School Construction Projects*, GAO-17-447 (Washington, D.C.: May 24, 2017).

⁵For a list of related reports, see GAO-17-317, GAO-17-421, and GAO-17-447.

⁶GAO-17-317.

⁷GAO, *Determining Performance and Accountability Challenges and High Risks*, GAO-01-159SP (Washington, D.C.: November 2000).

this determination, we consider whether the program or function is of national significance or is key to the performance and accountability of the federal government, among other things.

Our experience has shown that the key elements needed to make progress in high-risk areas are top-level attention by the administration and agency leaders grounded in the five criteria for removal from the High-Risk List, as well as any needed congressional action.⁸ The five criteria for removal that we identified in November 2000 are listed in table 1 below.

Table 1: Criteria for Removal from GAO's High Risk List

Leadership Commitment	Demonstrated strong commitment and top leadership support.
Capacity	The agency has the capacity (i.e., people and resources) to resolve the risk(s).
Action Plan	A corrective action plan exists that defines the root cause, solutions, and provides for substantially completing corrective measures, including steps necessary to implement solutions we recommended.
Monitoring	A program has been instituted to monitor and independently validate the effectiveness and sustainability of corrective measures.
Demonstrated Progress	Ability to demonstrate progress in implementing corrective measures and in resolving the high-risk area.

Source: GAO, [GAO-17-7907]

In each of our high-risk updates, we have assessed agencies' progress to address the five criteria for removing a high-risk area from the list using the following definitions:

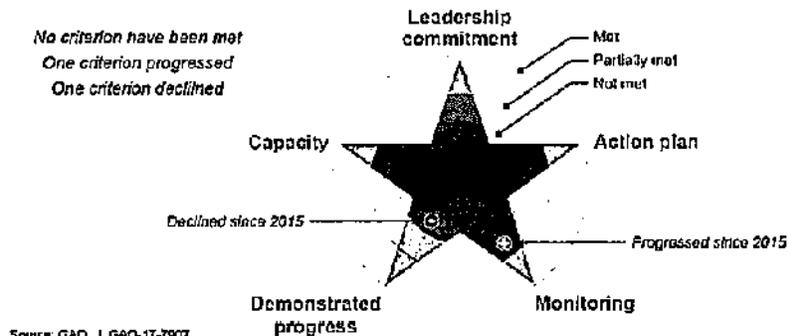
- **Met.** Actions have been taken that meet the criterion. There are no significant actions that need to be taken to further address this criterion.
- **Partially Met.** Some, but not all, actions necessary to meet the criterion have been taken.

⁸GAO-01-159SP.

- **Not Met.** Few, if any, actions towards meeting the criterion have been taken.

Figure 1, which is based on a general example, shows a visual representation of varying degrees of progress in each of the five criteria for a high-risk area. We use this system to assess and track the progress of all agencies with areas on our High Risk list. When we rate Interior and HHS's progress on Improving Federal Management of Programs that Serve Tribes and Their Members for the first time in our 2019 High Risk report, we will provide similar information.

Figure 1: High-Risk Progress Criteria Ratings



Source: GAO. | GAO-17-7907

Note: Each point of the star represents one of the five criteria for removal from the High-Risk List and each ring represents one of the three designations: not met, partially met, or met. An unshaded point at the innermost ring means that the criterion has not been met, a partially shaded point at the middle ring means that the criterion has been partially met, and a fully shaded point at the outermost ring means that the criterion has been met.

Status of GAO's Recommendations on Indian Education

As we have previously reported, the Office of the Assistant Secretary-Indian Affairs (Indian Affairs), through BIE, is responsible for providing quality education opportunities to Indian students and oversees 185 elementary and secondary schools that serve approximately 41,000 students on or near Indian reservations in 23 states, often in rural areas and small towns. About two-thirds of BIE schools are operated by tribes, primarily through federal grants, and about one-third are operated directly by BIE. BIE's Indian education programs originate from the federal government's trust responsibility to Indian tribes. It is the policy of the

United States to fulfill this trust responsibility for educating Indian children by working with tribes to ensure that education programs are of the highest quality and, in accordance with this policy, Interior is responsible for providing children a safe and healthy environment in which to learn.

All BIE schools—both tribally- and BIE-operated—receive almost all of their operational funding from federal sources—namely, Interior and the Department of Education (Education)—totaling about \$1.2 billion in 2016. Indian Affairs considers many BIE schools to be in poor condition.

BIE is primarily responsible for its schools' educational functions, while their administrative functions—such as safety, facilities, and property management—are divided mainly between two other Indian Affairs' offices: BIA and the Office of the Deputy Assistant Secretary of Management.

As discussed below, we have made 23 recommendations to Interior on Indian education—including recommendations cited in GAO's 2017 High Risk report and included in two late May reports. Interior generally agreed with our recommendations. However, none have been fully implemented.

Indian Affairs' Management and Accountability for BIE Schools

In our 2017 High Risk report, we cited 3 recommendations from a 2013 report on management challenges facing Indian Affairs, with which Interior agreed, and these recommendations remain unimplemented as of late August 2017.⁹ These recommendations were based on our findings of Indian Affairs' poor management and lack of accountability for BIE schools. In particular, we found that BIE did not have procedures in place specifying who should be involved in making key decisions, resulting in inaccurate guidance provided to some BIE schools about the appropriate academic assessment required by federal law. We also found that Indian Affairs had not developed a strategic plan with specific goals and measures for itself or BIE or conducted workforce analysis to ensure it has the right people in place with the right skills to effectively meet the needs of BIE schools. Further, we found that fragmented administrative services for BIE schools and a lack of clear roles for BIE and Indian Affairs' Office of the Deputy Assistant Secretary for Management

⁹GAO, *Indian Affairs: Better Management and Accountability Needed to Improve Indian Education*, GAO-13-774 (Washington, D.C.: Sept. 24, 2013). This report also made 2 recommendations that we closed prior to our 2017 High Risk report because the agency had fully implemented them.

contributed to delays in BIE schools acquiring needed materials, such as textbooks. As a result, we recommended that Indian Affairs develop decision-making procedures and a strategic plan for BIE and revise its workforce plan, among other areas.

Of the 3 unimplemented recommendations we made to Interior on Indian Affairs' management and accountability for BIE schools, agency officials reported that they have taken several actions to address them, including drafting written procedures for BIE decision-making; starting to develop a strategic plan for BIE; and conducting workforce planning. Indian Affairs' actions to implement our recommendations to develop decision-making procedures and a strategic plan for BIE had not been completed as of late August. Indian Affairs officials told us they believed they had fully implemented our recommendation on strategic workforce planning. However, in reviewing their supporting documentation, we determined that their actions did not address our recommendation to ensure that the staff who are responsible for providing administrative support to BIE schools have the requisite skills and knowledge and are placed in the appropriate offices. For a full description of the agency's actions and our evaluation of these actions, see recommendations in table 2 in appendix I.

Oversight of BIE School Spending

We made 4 recommendations in a 2014 report on BIE's oversight of school spending, none of which have been implemented.¹⁰ These recommendations were based on our findings of key weaknesses in Indian Affairs' oversight of BIE school spending. In particular, we found that BIE lacked sufficient staff with expertise to oversee school expenditures, and as a result, these staff told us they lacked the knowledge and skills to understand the audits they needed to review. We also found that some staff did not have access to some of these audits. In addition, we found that BIE lacked written procedures and a risk-based approach to overseeing school spending—both integral to federal internal control standards—which resulted in schools' misuse of federal funds. For example, external auditors identified \$13.8 million in unallowable spending at 24 schools. Auditors also found that one school lost about \$1.7 million in federal funds that were improperly transferred to off-shore accounts. As a result, we recommended that Indian Affairs take several

¹⁰GAO, *Indian Affairs: Bureau of Indian Education Needs to Improve Oversight of School Spending*, GAO-15-121 (Washington, D.C.: Nov. 13, 2014).

actions to address these oversight weaknesses, including developing written procedures and a risk-based approach to monitor school spending and a process to share relevant information, such as audit reports, with all BIE staff responsible for overseeing BIE school spending, among other areas.

Of the 4 unimplemented recommendations we made to Interior on the oversight of BIE school spending, agency officials reported taking several actions, including providing their auditors with needed access to schools' audit reports. Officials also said they would put in place written procedures and a risk-based approach to improve the financial monitoring of BIE schools. As of late August 2017, officials had not provided us with documentation of any steps they have taken to improve oversight of school spending. For a full description of the agency's actions and our evaluation of these actions, see recommendations in table 2 in appendix I.

Safety and Health at Indian School Facilities

We made 4 recommendations in a 2016 report on the safety and health of BIE school facilities, none of which have been implemented.¹¹ These recommendations were based on our findings that Indian Affairs was not annually inspecting all BIE schools, as required by Indian Affairs' policy. We also found that the agency did not have a plan to monitor safety inspections across its regions to ensure that inspection practices were consistent and supported the collection of complete and accurate inspection information. Further, we found the agency had not taken steps to assist BIE schools to build their capacity to address identified safety deficiencies. Some school officials we spoke to reported lacking staff with the knowledge and skills necessary to understand and address safety issues. Further, at one school we visited, we found seven boilers that failed inspection because of multiple high-risk safety deficiencies, including elevated levels of carbon monoxide and a natural gas leak. Four of the boilers were located in a student dormitory, and three were located in classroom buildings. All but one of the boilers were about 50 years old. Although the poor condition of the boilers posed an imminent danger to the safety of students and staff, most of them were not repaired until about 8 months after failing their inspection, prolonging safety risks to students and staff. As a result of these findings, we recommended that

¹¹GAO, *Indian Affairs: Key Actions Needed to Ensure Safety and Health at Indian School Facilities*, GAO-16-313 (Washington, D.C.: Mar 10, 2016).

Indian Affairs take several actions, including developing a plan to build BIE schools' capacity to address safety hazards identified by BIA inspectors, among other areas.

Of the 4 unimplemented recommendations we made to Interior on ensuring safety and health at BIE schools, Indian Affairs completed safety inspections at all BIE schools in 2016, among other actions. However, based on our review of the agency's actions, we determined that several steps remain for these recommendations to be fully implemented. For example, as of late August 2017 the agency had not provided us with documentation that it has developed a plan for monitoring safety inspections across its regions to ensure that inspection practices are consistent. Further, Indian Affairs did not provide documentation that it had taken any actions to develop a plan to build BIE schools' capacity to address safety and health problems identified with their facilities. For a full description of the agency's actions and our evaluation of these actions, see recommendations in table 2 in appendix I.

We also made 6 recommendations in a May 2017 report on oversight and accountability for BIE school safety inspections, none of which have been implemented.¹² These recommendations were based on our findings of key weaknesses in Indian Affairs' oversight of school safety inspections. In particular, we found that Interior and Indian Affairs had not taken actions to address identified weaknesses in BIA's safety program, despite internal evaluations since 2011 that consistently found it to be failing. For example, no Indian Affairs office routinely monitored the quality or timeliness of inspection reports, and BIA employees were not held accountable for late reports despite a new employee performance standard on timely report submission. We found that 28 of 50 inspection reports we reviewed were incomplete, inaccurate, or unclear, including reports in which inspectors did not include all school facilities or incorrectly gave schools a year to fix broken fire alarms instead of the required 24 hours. We concluded that unless steps are taken to address safety program weaknesses, the safety and health of BIE students and staff may be at risk. As a result, we recommended that Indian Affairs take steps to address weaknesses in BIA's safety program, including establishing processes to monitor the quality and timeliness of BIE school inspection reports, among other areas.

¹²GAO-17-421.

Of these 6 unimplemented recommendations we made to Interior to improve its oversight of school safety inspections, Indian Affairs reported taking several actions. In particular, Indian Affairs reported that its safety office had established a procedure to monitor the timeliness of inspection report submissions to schools, and that BIA is currently developing a corrective action plan to address findings and recommendations from a 2016 Interior review of BIA's safety program. However, as of late August 2017, Indian Affairs had not provided us with any documentation on these two actions. For a full description of the agency's actions and our evaluation of these actions, see recommendations in table 2 in appendix I.

Indian Affairs' Oversight of School Construction Projects

We made 6 recommendations in a May 2017 report on school construction projects, none of which have been implemented.¹³ These recommendations were based on our findings of key weaknesses in Indian Affairs' oversight of school construction projects. In particular, we found that Indian Affairs did not have a comprehensive capital asset plan to guide the allocation of funding for school construction projects. We concluded that until Indian Affairs develops such a plan, it risks using federal funds inefficiently and not prioritizing funds to schools with the most pressing needs. Additionally, we found that Indian Affairs has not consistently used accountability measures or conducted sufficient oversight to ensure that BIE school construction projects are completed on time, within budget, and meet schools' needs. For instance, Indian Affairs has not always used accountability measures, such as warranties, to have builders replace defective parts or repair poor workmanship, and project managers do not always understand how to use accountability measures because Indian Affairs had not provided them guidance. We concluded that until Indian Affairs develops and implements guidance to ensure accountability throughout the school construction process and improves its oversight of construction projects, it will have little assurance they are completed satisfactorily and meet the needs of students and staff. As a result, we recommended that Indian Affairs take several actions, including developing a comprehensive capital asset plan and guidance on the effective use of accountability measures for managing BIE school construction projects, among other areas.

¹³GAO-17-447.

Of these 6 unimplemented recommendations that we made to Interior to improve its oversight of BIE school construction projects, Indian Affairs reported taking several actions. For example, Indian Affairs reported that to support the effective use of accountability measures, it established new oversight mechanisms, hired staff with expertise in construction contracting, and administered training for contracting staff. As of late August 2017, however, Indian Affairs had not provided us any documentation of these steps, so we cannot verify that the actions were responsive to our recommendations. Further, Indian Affairs did not report taking any actions to develop guidance on the effective use of accountability measures, which our recommendation specifies. Indian Affairs also reported that it is currently in the process of establishing a new work group to focus on asset management and will continue working to develop a capital asset management plan. Finally, the agency reported it was planning to take several other actions to address our recommendations. For a full description of the agency's actions and our evaluation of these actions, see recommendations in table 2 in appendix 1.

Status of GAO's Recommendations on Indian Energy

As we have previously reported, some tribes and their members hold abundant energy resources and have decided to develop these resources to meet the needs of their community, in part because energy development provides opportunities to improve poor living conditions, decrease high levels of poverty, and fund public services for tribal members. While tribes and their members determine how to use their energy resources, if the resources are held in trust or restricted status, BIA—through its 12 regional offices, 85 agency offices, and other supporting offices—generally must review and approve leases, permits, and other documents required for the development of these resources.

In the past 2 years, we have reported that BIA has mismanaged Indian energy resources held in trust, thereby limiting opportunities for tribes and their members to use those resources to create economic benefits and improve the well-being of their communities.¹⁴ Specifically, we issued 3 reports that identified concerns associated with BIA management of energy resources and categorized those concerns into the following four

¹⁴Trust resources are held for the beneficial interest of the tribe or a member, and restricted resources are owned by the tribe or a member but subject to restrictions on alienation. Trust and restricted resources generally cannot be leased without approval of the Secretary of the Interior, who has generally delegated this authority to BIA.

areas: (1) BIA's data and technology; (2) oversight of BIA activities; (3) collaboration and communication; and (4) BIA's workforce planning.¹⁶

As discussed below, we made 14 recommendations to BIA to help address BIA management weaknesses that were cited in our 2017 High Risk report. BIA generally agreed with these recommendations. However, none have been fully implemented.

BIA's Data and Technology

We made 2 recommendations related to data and technology for which BIA has taken some actions and made some progress to implement. However, neither of these recommendations has been fully implemented.¹⁶ We made these recommendations based on our June 2015 findings that BIA did not have the necessary geographic information systems (GIS) mapping data and that BIA's federal cadastral surveys cannot be found or are outdated.¹⁷ According to Interior guidance, GIS mapping technology allows managers to easily identify resources available for lease and where leases are in effect. However, we found that BIA did not have the necessary GIS mapping data for identifying who owns and uses resources, such as existing leases. We also found that BIA could not verify who owned some Indian resources or identify where leases were in effect in a timely manner because, in part, federal cadastral surveys could not be found or were outdated.¹⁸ In addition, we found the extent of this deficiency was unknown because BIA did not maintain an inventory of Indian cadastral survey needs, as called for in Interior guidance.

Of the 2 unimplemented recommendations to help ensure that BIA can verify ownership in a timely manner and identify resources available for development, BIA has taken several actions. Regarding GIS data, BIA

¹⁶GAO, *Indian Energy Development: Additional Actions by Federal Agencies Are Needed to Overcome Factors Hindering Development*, GAO-17-43 (Washington, D.C.: Nov. 10, 2016); GAO, *Indian Energy Development: Interior Could Do More to Improve Its Process for Approving Revenue-Sharing Agreements*, GAO-16-553 (Washington, D.C.: June 13, 2016); and GAO, *Indian Energy Development: Poor Management by BIA Has Hindered Energy Development on Indian Lands*, GAO-15-502 (Washington, D.C.: June 8, 2015).

¹⁸GAO-15-502.

¹⁷Cadastral surveys are the means by which land is defined, divided, traced, and recorded.

¹⁸GAO-15-502.

officials told us that the agency has integrated and deployed data viewing and map creation capabilities into its database for recording and maintaining historical and current data on ownership and leasing of Indian land and mineral resources—the Trust Asset and Accounting Management System (TAAMS)—on August 31, 2017. We will work with BIA to obtain the documentation needed to determine if the deployed GIS capability has the functionality for us to consider this recommendation as fully implemented. Regarding cadastral surveys, according to a BIA official, the agency requested that each of its 12 regions review and identify historic survey requests from a data system that has not been fully maintained or consistently used since 2011 to determine if the requests are still valid. BIA officials told us the next step is to create a new database that will track cadastral survey needs and a reporting mechanism for each BIA region to use when making new survey requests. According to BIA officials, the agency anticipates the new database and reporting mechanism will be deployed by September 30, 2017. For a full description of the agency's actions and our evaluation of these actions, see table 3 in appendix II.

BIA's Oversight of Its Review Process for Energy Development

We made 5 recommendations to BIA related to its review process for energy development, none of which have been fully implemented. In June 2015 and June 2016,¹⁹ we found that BIA did not have a documented process or the data needed to track its review and response times throughout the development process, including the approval of leases, rights-of-way (ROW) agreements,²⁰ and communitization agreements (CA).²¹ The ability to track and monitor the review of permits and applications is a best practice to improve the federal review process.

Of the 5 unimplemented recommendations we made to help ensure that BIA fulfills its responsibilities concerning the review and approval of documents related to energy development in an efficient and transparent

¹⁹GAO-15-502 and GAO-16-553.

²⁰A ROW is an authorization to a qualified individual, business, or government entity to use a specific area of land for a specific amount of time for a certain purpose and with certain restrictions.

²¹The federal government, tribes, Indian mineral owners, state governments, and private landowners can lease land to companies for the development of oil and gas resources. A revenue-sharing agreement, known as a communitization agreement—may be necessary for royalty allocation when federal or Indian leases are involved that cannot be independently developed.

manner, BIA has taken some actions and identified other actions it plans to take. For example, on May 17, 2017, the Acting Assistant Secretary-Indian Affairs testified before this committee that a group of BIA subject matter experts have been working to modify TAAMS, incorporating the key identifiers and data fields needed to track and monitor review and response times for oil and gas leases and agreements. The Acting Assistant Secretary also stated that BIA is in the process of evaluating and reviewing the current realty tracking system and TAAMS to improve efficiencies and timeliness in processing workloads. BIA identified actions to track and monitor review and response times for oil and gas leases and agreements; however, BIA did not indicate whether it intends to track and monitor its review of other energy-related documents, such as ROW agreements, that must be approved before tribes can develop resources.

In another example, on May 17, 2017, the Acting Assistant Secretary-Indian Affairs testified before this committee that a National Policy Memorandum has been developed that establishes time frames for review and approval of Indian CAs. The Acting Assistant Secretary also stated that such time frames will also be incorporated into the BIA Fluid Mineral Estate Procedural Handbook and the Onshore Energy and Mineral Lease Management Interagency Standard Operating Procedures. However, in our review of the National Policy Memorandum we did not find that it establishes time frames for review and approval of Indian CAs. In response to our request for clarification, a BIA official told us the agency is in the process of drafting suggested time frames. For a full description of the agency's actions and our evaluation of these actions, see table 3 in appendix II.

BIA's Collaboration and Communication

We made 5 recommendations related to collaboration and communication in our June 2015 and November 2016 reports. BIA has taken some actions, but the actions are generally limited in scope and none of these recommendations have been fully implemented. We found in our November 2016 report that BIA has taken steps to form an Indian Energy Service Center that is intended to, among other things, help expedite the permitting process associated with Indian energy development.²² However, we found several weaknesses in BIA's collaboration processes and structure. For example, in November 2016, we reported that BIA did not coordinate with other key regulatory agencies that can have a role in

²²GAO-17-43.

the development of Indian energy resources, including Interior's Fish and Wildlife Service (FWS), the Army Corps of Engineers (Corps), and the Environmental Protection Agency (EPA). As a result, the Service Center was neither established as the central point for collaborating with all federal regulatory partners generally involved in energy development, nor did it serve as a single point of contact for permitting requirements.²³

In addition, BIA did not include the Department of Energy (DOE) in a participatory, advisory, or oversight role in the development of the Service Center.²⁴ Further, although Interior's Office of Indian Energy and Economic Development (IEED) developed the initial concept and proposal for the Service Center and has special expertise regarding the development of Indian energy resources, BIA did not include IEED in the memorandum of understanding (MOU) establishing the Service Center. BIA also did not document the rationale for key management decisions or the alternatives considered in forming the Service Center—a leading practice for effective organizational change.²⁵ In addition, several tribal leaders and tribal organizations made suggestions that were not currently reflected in BIA's Service Center. Without documentation on alternatives considered, it was unclear whether these requests were appropriately considered.

Of the 5 unimplemented recommendations to help improve efficiencies in the federal regulatory process, BIA reported that it has taken some actions. For example:

- According to a BIA official, the agency has initiated discussions with FWS, EPA, and the Corps in an effort to establish formal agreements. BIA has a target of December 31, 2017, to establish these agreements. However, in its current structure, the Service Center is not serving as a lead agency or single point of contact to coordinate and navigate the regulatory process. Without additional information, it is unclear if the formal agreements alone will allow the Service Center to serve this role. We will continue to work with BIA officials to understand how the formal agreements with other regulatory agencies will help to transform the Service Center into a central point of contact for Indian energy development.

²³GAO-16-502 and GAO-17-43.

²⁴GAO-17-43.

²⁵GAO-17-43.

"Inherently federal functions"—one provision of Interior's regulations tribes have identified as unclear. For a full description of the agency's actions and our evaluation of these actions, see table 3 in appendix II.

BIA's Workforce Planning

We made 2 recommendations on workforce planning to BIA in November 2016,²⁸ neither of which has been fully implemented. In our November 2016 report we found BIA had high vacancy rates at some agency offices and that the agency had not conducted key workforce planning activities consistent with Office of Personnel Management standards and leading practices identified in our prior work.²⁹

Of the 2 unimplemented recommendations to help ensure that it has a workforce with the right skills, appropriately aligned to meet the agency's goals and tribal priorities, BIA has reported several actions it plans to take. On May 17, 2017, the Acting Assistant Secretary- Indian Affairs testified before this committee that BIA is in the process of identifying and implementing a workforce plan regarding positions associated with the development of Indian energy and minerals.³⁰ Specifically, the Acting Assistant Secretary stated that the Service Center will collect data directly from BIA, Bureau of Land Management (BLM), the Office of Natural Resources Revenue (ONRR), and the Office of Special Trustee (OST) employees in an effort to identify workload and necessary technical competencies. Then, the Service Center will work with partner bureaus to assess skills and competencies needed for energy and mineral workforce standards. BIA's target for completion of the activities is the end of 2017. BIA stated it is taking steps to identify workload and technical competencies, but without additional information, it is unclear if these actions will identify potential gaps in its workforce or result in the establishment of a documented process for assessing BIA's workforce composition at agency offices. For a full description of the agency's actions and our evaluation of these actions, see table 3 in appendix II.

²⁸GAO-17-43.

²⁹GAO-17-43.

³⁰Testimony of Mike Black, Acting Assistant Secretary- Indian Affairs, Department of the Interior, before the Committee on Indian Affairs, United States Senate, on "High Risk, No Reward: GAO's High Risk List for Indian Programs" on May 17, 2017.

Status of GAO's Recommendations on Indian Health Care

- As we have previously reported, the Indian Health Service (IHS), an agency within the Department of Health and Human Services (HHS), is charged with providing health care to approximately 2.2 million Indians. IHS oversees its health care facilities through a decentralized system of area offices, which are led by area directors and located in 12 geographic areas. In fiscal year 2016, IHS allocated about \$1.9 billion for health services provided by federally and tribally operated hospitals, health centers, and health stations. Federally operated facilities—including 26 hospitals, 56 health centers, and 32 health stations—provide mostly primary and emergency care, in addition to some ancillary or specialty services.

When services are not available at federally operated or tribally operated facilities, IHS may, in some cases, pay for services provided through external providers through its Purchased/Referred Care (PRC) program—previously referred to as the Contract Health Services program. The PRC program is funded through annual appropriations and must operate within the limits of available appropriated funds. To be eligible for PRC services, recipients must generally meet several criteria, including being a member or descendant of a federally recognized tribe or having close social and economic ties with the tribe, and living within a designated PRC area. Although funding available for the PRC program has recently increased, we have reported that the program is unable to pay for all eligible services, and that these gaps in services sometimes delay diagnoses and treatments, which can exacerbate the severity of a patient's condition and necessitate more intensive treatment.

As discussed below, we made 13 recommendations to IHS that were unimplemented when we issued our 2017 High Risk report, with which HHS generally agreed. One has been fully implemented.

Estimating PRC Program Needs

In our February 2017 High Risk report, we cited 2 recommendations from a 2011 report on the accuracy of data used for estimating PRC needs, with which HHS agreed.³¹ These recommendations remain unimplemented as of late August 2017. We based these

³¹GAO, *Indian Health Service: Increased Oversight Needed to Ensure Accuracy of Data for Estimating Contract Health Service Need*. GAO-11-787 (Washington, D.C., Sept. 23, 2011). This report also made 6 recommendations that we closed prior to our 2017 High Risk report because the agency had fully implemented them.

recommendations on our finding that IHS's estimates of the extent to which unmet needs exist in the PRC program were not reliable because of deficiencies in the agency's oversight of the collection of data on deferred and denied PRC program services. As a result, we made several recommendations for IHS to develop more accurate data for making these estimates and improving agency oversight.

Of the 2 recommendations not yet fully implemented that we made to IHS on estimating PRC program needs, HHS officials reported that updated policy and procedural guidance will be issued to all IHS sites by September 30, 2017. We will evaluate the policy and procedural guidance when it is issued. For a full description of the agency's actions and our evaluation for these unimplemented recommendations, see table 4 in appendix III.

Ensuring Equitable Allocation of PRC Program Funds

We made 3 recommendations to IHS to help make its allocation of PRC program funds more equitable, none of which have been implemented.³² We also raised a matter for Congress to consider requiring IHS to develop and use a new PRC funding allocation methodology. These recommendations and matter for Congress to consider were based on our findings of wide variations in PRC funding across the 12 IHS areas, that these variations were largely maintained by IHS's long-standing use of its base funding methodology, that variation in PRC funding was sometimes not related to the availability of IHS-funded hospitals, that IHS's estimate of PRC service users was imprecise, and that IHS allowed area offices to distribute program increase funds to local PRC programs using different criteria than the PRC allocation formula without informing IHS.³³ As a result, we suggested that Congress consider requiring IHS to

³²GAO, *Indian Health Service: Action Needed to Ensure Equitable Allocation of Resources for the Contract Health Services Program*. GAO-12-446 (Washington, D.C.: June 15, 2011).

³³Most PRC funding, which IHS refers to as "base funding," is allocated based on past funding history. Each year, each of the 12 IHS area offices receives an allocation of base funding equal to the total amount of all PRC funds they received the previous fiscal year. According to IHS, base funding is intended to maintain existing levels of patient care services in all areas. IHS officials have told us they do not know the exact origins of the base funding policy, but that it dates back to the 1930s, when the health programs were under the Bureau of Indian Affairs. In years when sufficient funding is available, IHS allocates a program increase to each IHS area office using the allocation formula. The allocation formula is based on a combination of factors, including variations in the number of people using health care services, geographic differences in the costs of purchasing health care services, and access to IHS or tribally operated hospitals.

develop and use a new method to allocate all PRC program funds to account for variations across areas, and recommended that IHS use actual counts of PRC users and variations in levels of available hospital services in allocation formulas, and develop written policies and procedures to require area offices to notify IHS when changes are made to the allocations of funds to PRC programs.

In response to our matter for Congress to consider, a bill that would have addressed this matter was introduced in the House and reported out of committee in 2016, but the bill did not become law. In response to our recommendations, HHS officials told us that a tribal/federal workgroup is currently discussing the PRC fund allocation issues. In July 2017, we requested additional information about the workgroup and any discussion that has occurred or decisions that have been made about PRC funding allocation since we made the recommendation 5 years ago, but as of late August 2017, we have not received any information. As the workgroup continues to discuss the PRC fund allocation issues, we will evaluate any decisions that are made to determine if they address this recommendation. For a full description of the agency's actions and our evaluation for these recommendations, see table 4 in appendix III.

Revising IHS Payment Rates for Nonhospital Services

We made 1 recommendation to IHS in a 2013 report on IHS payment rates for nonhospital services through the PRC program, which has not been fully implemented, as well as a matter for Congress to consider.³⁴ The recommendation and matter for Congress to consider were based on our finding that IHS primarily paid nonhospital providers, including physicians, at their billed charges, despite an IHS policy—in place since 1986—that stated that area offices should attempt to negotiate with providers at rates that are no higher than Medicare rates. As a result, we suggested that Congress consider imposing a cap on payments for physician and other nonhospital services made through IHS's PRC program that is consistent with the rates paid by other federal agencies. We also recommended that IHS monitor PRC program patient access to physician and other nonhospital care in order to assess how any new payment rates may benefit or impede the availability of care.

³⁴GAO, *Indian Health Service: Capping Payment Rates for Nonhospital Services Could Save Millions of Dollars for Contract Health Services*. GAO-13-272 (Washington, D.C.: Apr. 11, 2013).

In response to our recommendation, HHS officials told us that the agency has developed an online PRC rates provider tracking tool that enables PRC programs to document providers that refuse to contract for their most favored customer rate or accept the Medicare-like rate. We have requested documentation of this provider tracking tool, but as of late August 2017, we have not yet received information sufficient to consider the recommendation implemented. For a full description of the agency's actions and our evaluation for these recommendations, see table 4 in appendix III.

Ensuring Successful Outreach to Increase Enrollment in Expanded Coverage Options

In our February 2017 High Risk report, we cited 1 recommendation from a 2013 report on the eligibility and enrollment of American Indians in expanded health care programs, with which HHS neither agreed nor disagreed.³⁵ This recommendation remains unimplemented as of late August 2017. We reported that the expansion of Medicaid and new coverage options under the Patient Protection and Affordable Care Act (PPACA) may allow many American Indians to obtain additional health care benefits for which they were not previously eligible, resulting in IHS facilities receiving increased reimbursements from third-party payers and an increased workload for IHS facility staff responsible for processing these payments.³⁶ We also found that IHS did not have an effective plan in place to ensure that a sufficient number of facility staff were prepared to assist with enrollment and to process increased third-party payments. As a result, we recommended that IHS realign its resources and personnel to increase its capacity to assist with increased enrollment and third-party billing.

IHS has not reported taking any new action to implement the remaining recommendation. In response to our request for an update, IHS again provided a copy of a planning template it developed for facility Chief Executive Officers (CEO) that encourages them to assess the need for staffing changes in light of new and expanded coverage options available under PPACA. IHS previously explained, during the course of our review,

³⁵GAO, *Indian Health Service: Most American Indians and Alaska Natives Potentially Eligible for Expanded Health Coverage, but Action Needed to Increase Enrollment*. GAO-13-553 (Washington, D.C.: Sep. 5, 2013). This report also made 1 recommendation that we closed prior to our 2017 High Risk report because the agency had fully implemented it.

³⁶See Pub. L. No. 111-148, 124 Stat. 119 (2010), as amended by the Health Care and Education Reconciliation Act of 2010, Pub. L. No. 111-152, 124 Stat. 1029 (2010).

that its planning template is a guidance document that facility CEOs may, but are not required, to use. We agree that developing a template to aid facilities in their planning for PPACA implementation is a good step. However, considering the large, system-wide growth in eligibility for new and expanded coverage options described in our report, we expect to see a system-wide response. Under its current approach, preparing for increased eligibility is dependent on the discretion of facility CEOs. IHS has not provided any evidence that this approach has resulted in the realignment of personnel needed to address an increased need for application assistance and third party billing. For a full description of the agency's actions and our evaluation for these recommendations, see table 4 in appendix III.

Improving IHS's PRC Program

We made 2 recommendations in a 2013 report on opportunities for IHS to improve the PRC program, neither of which has been fully implemented.³⁷ Our recommendations were based on our finding that determining eligibility for PRC funding—including the need to ascertain each time a referral is received whether the patient met residency requirements and the service met medical priorities—is inherently complex. As a result, we recommended that IHS take steps to improve the PRC program, including separately tracking IHS referrals and self-referrals, and revising its practices to allow available funds to be used to pay for PRC program staff.

HHS agreed with our recommendation to separately track IHS referrals and self-referrals, but not to revise its practices to allow available funds to be used to pay for PRC program staff. HHS agreed to our recommendation to proactively develop potential options to streamline program eligibility requirements. IHS has not yet fully implemented these recommendations. HHS officials told us that IHS is developing 2 new measures that will track and measure PRC authorized referrals and self-referrals to time of payment for each type of referral. We will review the proposed changes when they are available. For a full description of the agency's actions and our evaluation for these recommendations, see table 4 in appendix III.

³⁷GAO, *Indian Health Service: Opportunities May Exist to Improve the Contract Health Services Program*. GAO-14-57 (Washington, D.C.: Dec. 11, 2013).

Improving IHS Oversight of Patient Wait Times

We made 2 recommendations in a 2016 report on IHS oversight of patient wait times, one of which was implemented in August 2017.³⁸ These recommendations were based on our finding that IHS had not set any agency-wide standards for patient wait times at IHS federally operated facilities. We found that, while individual facilities had taken steps to help improve patient wait times, IHS had not monitored the timeliness of patient care on an agency-wide scale. As a result, we recommended that IHS 1) develop specific agency-wide standards for patient wait times, and 2) monitor patient wait times in its federally operated facilities and ensure corrective actions are taken when standards are not met.

In response to our first recommendation, HHS developed specific standards for patient wait times and published them to the IHS Indian Health Manual website in August 2017. As a result of this action, we consider this recommendation to be fully implemented. In response to our second recommendation, in early September 2017 HHS officials told us that data collection tools for monitoring are under development. We will review IHS's monitoring of facility performance, as well as any corrective actions, when these steps have been completed. For a full description of the agency's actions on the unimplemented recommendation and our evaluation, see table 4 in appendix III.

Improving IHS Oversight of Quality of Care

We made 2 recommendations in a 2017 report on IHS's oversight of quality of care in its federally operated facilities, neither of which has been fully implemented.³⁹ These recommendations were based on our finding that IHS's oversight of the quality of care provided in its federally operated facilities has been limited and inconsistent, due in part to a lack of agency-wide quality of care standards. We found that these inconsistencies were exacerbated by significant turnover in area leadership and that the agency had not defined contingency or succession plans for the replacement of key personnel, including area directors. As a result, we recommended that IHS develop agency-wide standards for quality of care, systematically monitor facility performance in meeting these standards, enhance its adverse event reporting system,

³⁸GAO, *Indian Health Service: Actions Needed to Improve Oversight of Patient Wait Times*, GAO-16-333 (Washington, D.C.: Mar. 29, 2016).

³⁹GAO, *Indian Health Service: Actions Needed to Improve Oversight of Quality of Care*, GAO-17-181 (Washington, D.C.: Jan. 9, 2017).

and develop contingency and succession plans for the replacement of key personnel.

HHS agreed with our recommendations, and IHS officials reported that the development of agency-wide measures, goals, and benchmarks are nearing completion. According to HHS, it is also developing a system-wide dashboard of performance accountability metrics for use at the enterprise, area, and facility levels. HHS officials told us that the enhancements to their adverse event reporting system are delayed because key personnel on the project became unavailable due to deployment. Finally, HHS officials told us that all IHS headquarters offices and area offices established a succession plan that identified staff and development needs to prepare for future leadership opportunities. We requested documentation of these succession plans, but as of late August 2017, we have not received any. For a full description of the agency's actions and our evaluation for these recommendations, see table 4 in appendix III.

In conclusion, although Interior and HHS have taken some actions to address our recommendations related to federal programs serving Indian tribes, 49 recommendations discussed in this testimony have not yet been fully implemented. We plan to continue monitoring the agencies' efforts to address these unimplemented recommendations.

In order for the Federal Management of Programs that Serve Tribes and Their Members to be removed from our High-Risk List, Interior and HHS need to show improvement on the five key elements described earlier: leadership commitment, capacity, action plan, monitoring, and demonstrated progress. These five criteria form a road map for agencies' efforts to improve and ultimately address high-risk issues.

We look forward to continuing our work with this committee in overseeing Interior and IHS to ensure that they are operating programs for tribes in the most effective and efficient manner, consistent with the federal government's trust responsibilities, and working toward improving services for tribes and their members.

Chairman Hoeven, Vice Chairman Udall, and Members of the Committee, this completes my prepared statement. My colleagues and I would be pleased to respond to any questions that you may have.

Appendix I: Status of Unimplemented Recommendations to the Department of the Interior on Indian Education

Table 2: The Status of Unimplemented Recommendations in Prior GAO Reports to the Department of the Interior (Interior) on Management and Oversight of Indian Education

Category and recommendation	Report number	Status
Management Challenges Facing Bureau of Indian Education (BIE)		
1. The Secretary of the Interior should direct the Assistant Secretary-Indian Affairs to develop and implement decision-making procedures for the Bureau of Indian Education (BIE) that specify who should be involved in the decision-making process for key decisions that affect BIE and its schools to ensure that BIE has effective management controls, is accountable for the use of federal funds, and complies with federal laws and regulations. Such procedures should be clearly documented in management directives, administrative policies, or operating manuals.	GAO-13-774	Interior agreed with this recommendation. In August 2017, BIE officials stated that they have developed decision-making procedures for BIE in consultation with staff from across the bureau. They indicated that the procedures will be implemented in the coming weeks, pending final approval from the Office of Regulatory Affairs and Collaborative Action and the Office of the Assistant Secretary-Indian Affairs. We reviewed Indian Affairs' draft procedures, which they plan to incorporate into Indian Affairs' policy manual. The procedures identify, by position, BIE leaders whose involvement in the decision-making process is necessary and define roles and responsibilities of such individuals, among other areas. We will consider whether Indian Affairs' actions fully address this recommendation once the agency provides us with its finalized procedures.
2. The Secretary of the Interior should direct the Assistant Secretary-Indian Affairs to develop a strategic plan that includes detailed goals and strategies for BIE and for those offices that support BIE's mission, including the Bureau of Indian Affairs, to help Indian Affairs effectively implement its realignment. Development of the strategic plan should incorporate feedback from BIE officials and other key stakeholders.	GAO-13-774	Interior agreed with this recommendation. In August 2017, Indian Affairs officials stated that the draft strategic plan for BIE developed by the agency several years ago did not address our recommendation. Officials also told us they began holding strategic planning sessions in March 2017, which they said would continue through late September 2017. Indian Affairs has drafted several key elements of its new strategic plan for BIE, which they provided to us. The draft includes information on its mission, vision, values and goals. According to agency officials, they are currently developing additional elements to include milestones, measures, and specific action plans. Officials also noted that BIE has reached out to external subject matter expert organizations, such as the Council of Chief State School Officers, in developing its strategic plan. Officials reported they expect to implement the new plan no later than the end of calendar year 2017. We will continue to monitor Indian Affairs' efforts to implement this recommendation.

Appendix B: Status of Unimplemented Recommendations to the Department of the Interior on Indian Education

Category and recommendation	Report number	Status
<p>3. The Secretary of the Interior should direct the Assistant Secretary-Indian Affairs to revise its strategic workforce plan to ensure that employees providing administrative support to BIE have the requisite knowledge and skills to help BIE achieve its mission and are placed in the appropriate offices to ensure that regions with a large number of BIE schools have sufficient support.</p>	GAO-13-774	<p>Interior agreed with this recommendation. In August 2017, Indian Affairs officials reported that they had fully implemented this recommendation by completing a strategic workforce plan in 2016.</p> <p>However, as we communicated to Indian Affairs officials several times in 2016 and 2017, based on the documentation we received, we do not believe that the plan Indian Affairs provided to us addresses our recommendation. Specifically, we indicated that the revised strategic workforce plan the agency provided us in September 2016 lacked information about key workforce needs—such as staff vacancies and skills or knowledge gaps—of the Indian Affairs offices that provide administrative support to BIE and its schools. We will continue to monitor the agency's efforts to implement this recommendation. We will continue to monitor Indian Affairs' efforts to implement this recommendation.</p>
BIE's oversight of school spending		
<p>1. The Secretary of the Interior should direct the Assistant Secretary-Indian Affairs to develop a comprehensive workforce plan to ensure that BIE has an adequate number of staff with the requisite knowledge and skills to effectively oversee BIE school expenditures.</p>	GAO-16-121	<p>Interior agreed with this recommendation. In May 2017, the BIE Director reported that an internal working group would draft a comprehensive workforce plan that is aligned with BIE's strategic plan. They did not specify whether such a plan would include a focus on BIE administrative offices responsible for oversight of school expenditures. In late August 2017, BIE officials indicated that they would revisit the strategic workforce planning effort by Indian Affairs. They did not provide further information on what actions BIE will take to address this recommendation. However, the BIE Director noted in May of this year that the agency planned to complete its work on this recommendation no later than the end of 2018.</p> <p>We will continue to monitor Indian Affairs' efforts to implement this recommendation.</p>

Category and recommendation	Report number	Status
<p>2. The Secretary of the Interior should direct the Assistant Secretary-Indian Affairs to develop a process to share relevant information, such as single audit reports, with all BIE staff responsible for overseeing school expenditures to ensure they have the necessary information to identify schools at risk for misusing funds.</p>	GAO-15-121	<p>Interior agreed with this recommendation. In late August 2017, agency officials reported that it had developed and implemented a SharePoint-based system for sharing single audit reports and to ensure that all key staff have access to this system. The agency is exploring other technological options for providing staff with access to single audit reports. The BIE Director noted in May of this year that the agency planned to complete its work on this recommendation no later than the end of 2018.</p> <p>While this is a step in the right direction, as we have communicated to BIE officials, the SharePoint system includes audit reports on fewer than half of all tribally-operated schools. Such reports are a vital source of information for monitoring how schools use federal funds. Without relevant BIE staff having access to audit reports for the majority of tribally-operated schools, it is unclear to us how such a system can support effective oversight of spending at these schools. We will continue to monitor Indian Affairs' efforts to implement this recommendation.</p>
<p>3. The Secretary of the Interior should direct the Assistant Secretary-Indian Affairs to develop written procedures for BIE to oversee expenditures for major programs, including Interior's Indian School Equalization Program. These procedures should include requirements for staff to consistently document their monitoring activities and actions they have taken to resolve financial weaknesses identified at schools.</p>	GAO-15-121	<p>Interior partially agreed with this recommendation. In response to our report, Interior stated that BIE already had written procedures in place related to the Indian School Equalization Program (ISEP). However, we found the procedures did not relate to overseeing schools' ISEP expenditures. In late August 2017, agency officials reported taking several steps to address this recommendation. In particular, officials reported that the agency had drafted written procedures for overseeing BIE school spending. However, these officials noted that further review and revision to the procedures are necessary before they can be finalized and implemented. Officials did not provide us with a draft of the procedures to review. The BIE Director noted in May of this year that the agency planned to complete its work on this recommendation by the middle of 2019.</p> <p>We will continue to monitor Indian Affairs' efforts to implement this recommendation.</p>
<p>4. The Secretary of the Interior should direct the Assistant Secretary-Indian Affairs to develop a risk-based approach to oversee BIE school expenditures to focus BIE's monitoring activities on schools that auditors have found to be at the greatest risk of misusing federal funds.</p>	GAO-15-121	<p>Interior agreed with this recommendation. In late August 2017, agency officials reported that they had begun drafting a risk assessment policy and procedures for monitoring BIE school expenditures. However, they noted that further review and revision to the policy is necessary before it can be finalized and implemented. Officials did not provide us with a draft of those documents to review. The BIE Director noted in May of this year that the agency planned to complete its work on this recommendation by the middle of 2019.</p> <p>We will continue to monitor Indian Affairs' efforts to implement this recommendation.</p>

Category and recommendation	Report number	Status
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Safety and health at Indian school facilities

<p>1. To support the collection of complete and accurate safety and health information on the condition of BIE school facilities nationally, the Secretary of the Interior should direct the Assistant Secretary-Indian Affairs to ensure that all BIE schools are annually inspected for safety and health, as required by its policy, and that inspection information is complete and accurate.</p>	<p>GAO-15-313 Interior agreed with this recommendation. In September 2016, Indian Affairs reported that it had completed annual safety inspections of all BIE school locations for the first time in at least 15 years. In late August 2017, officials reported that Indian Affairs was on course to complete all inspections in 2017 but did not provide documentation on its progress. Further, Indian Affairs stated that it understands the need to ensure that completing school inspections does not detract from inspection quality. However, as of August 2017 we had not received documentation that the agency had taken steps to ensure that its safety personnel collect inspection information that is complete and accurate.</p> <p>We believe the steps Indian Affairs has taken to prioritize the completion of safety inspections at all BIE schools are important ones. However, we believe it is also important that the agency take specific steps to ensure that the inspection information it collects is complete and accurate. Without complete and accurate information, BIE schools may not have the information they need on potential safety hazards, which may endanger students and staff. We will continue to monitor Indian Affairs' efforts to implement this recommendation.</p>
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Category and recommendation	Report number	Status
<p>2. To support the collection of complete and accurate safety and health information on the condition of BIE school facilities nationally, the Secretary of the Interior should direct the Assistant Secretary-Indian Affairs to revise its inspection guidance and tools to ensure that they are comprehensive and up-to-date; require that regional safety inspectors use them to ensure all vital areas are covered, such as school fire protection; and monitor safety inspectors' use of procedures and tools across regions to ensure they are consistently adopted.</p>	GAO-16-313	<p>Interior agreed with this recommendation. In June 2016, Indian Affairs implemented new comprehensive guidelines for safety and health inspections and testing and maintaining fire prevention systems. The guidelines, which we reviewed, detail specific inspection procedures which all relevant safety personnel are required to follow. Indian Affairs provided training in May and June of 2017 to relevant staff on using the guidelines. According to the guidelines, Indian Affairs' safety office is required to monitor safety staff compliance with the new inspection procedures.</p> <p>We believe these are important steps to ensuring that regional inspectors have clear procedures in place for conducting BIE school inspections. However, Indian Affairs has not provided us with documentation, such as a plan, for how its safety office will monitor inspections to ensure inspection procedures are consistently followed across regions. For example, such monitoring could help ensure that all inspectors conduct a close out meeting with relevant school staff at the conclusion of an on-site safety inspection. We believe such monitoring is important to ensure that the practices of its safety inspectors consistently align with its procedures and result in inspection information that is complete and accurate. We will continue to monitor Indian Affairs' efforts to implement this recommendation.</p>
<p>3. To ensure that all BIE schools are positioned to address safety and health problems with their facilities and provide student environments that are free from hazards, the Secretary of the Interior should direct the Assistant Secretary-Indian Affairs to develop a plan to build schools' capacity to promptly address safety and health problems with facilities. Such a plan could prioritize assistance to schools to improve the expertise of facility staff to maintain and repair school buildings.</p>	GAO-16-313	<p>Interior agreed with this recommendation. As of late August 2017, Indian Affairs had not provided us any documentation that it had taken steps to implement our recommendation.</p> <p>We will continue to monitor Indian Affairs' efforts to implement this recommendation.</p>
<p>4. To ensure that all BIE schools are positioned to address safety and health problems with their facilities and provide student environments that are free from hazards, the Secretary of the Interior should direct the Assistant Secretary-Indian Affairs to consistently monitor whether schools have established required safety committees.</p>	GAO-16-313	<p>Interior agreed with this recommendation. In July 2017, Indian Affairs officials told us that they are developing a system that would enable them to monitor whether schools have established required safety committees. They also noted that Indian Affairs' new inspection procedures require that inspectors check to see if schools have established safety committees. Finally, the BIE Director told us that he would send a memorandum to all BIE schools reminding them about Indian Affairs' requirement to establish safety committees.</p> <p>We will review and evaluate Indian Affairs' actions when the agency has provided us with supporting documentation.</p>

Category and recommendation	Report number	Status
1. The Secretary of the Interior should direct the Assistant Secretary-Indian Affairs to develop and take corrective actions, in consultation with Interior's Designated Agency Safety and Health Official, to address BIA safety program weaknesses identified in prior Interior evaluations.	GAO-17-421	Interior agreed with this recommendation. In early August 2017, Indian Affairs reported that BIA is currently developing a corrective action plan to address specific findings and recommendations from a 2016 Interior review of BIA's safety program. Indian Affairs reported that its safety office will track BIA's progress on a monthly basis and provide a report to the Assistant Secretary-Indian Affairs and Interior's Designated Agency Safety and Health Official. Indian Affairs reported a target date of July 31, 2018 for implementing this recommendation. As of late August 2017, the agency had not provided documentation that it had drafted a corrective action plan. We will continue to monitor Indian Affairs' efforts to implement this recommendation.
2. The Secretary of the Interior should direct the Assistant Secretary-Indian Affairs to assign responsibility to a specific office or official to develop and implement a plan to assess employees' safety training needs and monitor employees' compliance with Indian Affairs' safety training requirements.	GAO-17-421	Interior agreed with this recommendation. In early August 2017, Indian Affairs reported that BIA regional leadership, in collaboration with Indian Affairs' safety office, will develop and publish a safety training plan for all Indian Affairs employees with responsibilities for safety inspections. Additionally, Indian Affairs reported that BIA and BIE will develop and implement a policy to ensure that first-line supervisors monitor and report on whether employees have completed the training requirements. Indian Affairs reported a target date of January 31, 2020, for implementing this recommendation. We will continue to monitor Indian Affairs' efforts to implement this recommendation.
3. The Secretary of the Interior should direct the Assistant Secretary-Indian Affairs to ensure that BIA's employee performance standards on inspections are consistently incorporated into the appraisal plans of all BIA personnel with safety program responsibilities.	GAO-17-421	Interior agreed with this recommendation. In early August 2017, Indian Affairs reported that BIE and BIA, in coordination with Indian Affairs' safety office, will incorporate consistent safety inspection performance standards into the appraisal plans of all personnel with safety program responsibilities. Indian Affairs reported a target date of June 30, 2018 for implementing this recommendation. We will continue to monitor Indian Affairs' efforts to implement this recommendation.
4. The Secretary of the Interior should direct the Assistant Secretary-Indian Affairs to develop a performance standard on inspection report quality and establish a process to routinely monitor the quality of inspection reports. Monitoring could include, but not be limited to, the following areas: accuracy of risk levels and abatement timeframes assigned to deficiencies and clarity of language to describe safety hazards and recommended corrections.	GAO-17-421	Interior agreed with this recommendation. In early August 2017, Indian Affairs reported that BIA will amend its 2017 performance standards for safety inspectors to comply with the standards in Indian Affairs' recently updated safety inspection and fire system guidelines. Additionally, Indian Affairs reported that its safety office, BIA, and BIE will develop a comprehensive performance standard for inspection reports and a formal and uniform process for monitoring the quality of safety inspection reports. Indian Affairs reported a target date of June 30, 2020 for implementing this recommendation. As of late August 2017, the agency had not provided documentation regarding updates to its safety performance standards. We will continue to monitor Indian Affairs' efforts to implement this recommendation.
5. The Secretary of the Interior should direct the Assistant Secretary-Indian Affairs to require safety inspectors to document when inspection reports are sent to schools and establish a process to routinely monitor the timeliness of reports against Indian Affairs' required 30-day timeframe.	GAO-17-421	Interior agreed with this recommendation. In early August 2017, Indian Affairs reported that it had implemented updated safety guidelines in May 2017, which require safety inspectors to complete and submit a safety inspection certification and a transmittal memorandum to schools. Indian Affairs reported that all safety inspectors had received training on the guidelines and that its safety office had established a procedure for monitoring the timeliness of inspection reports sent to schools. As of late August 2017, the agency had not provided documentation regarding these actions. We will continue to monitor Indian Affairs' efforts to implement this recommendation.
6. The Secretary of the Interior should direct the Assistant Secretary-Indian Affairs to use information gathered from monitoring the timeliness of school safety inspection reports to assess the performance of employees with safety program responsibilities and hold them accountable.	GAO-17-421	Interior agreed with this recommendation. In early August 2017, Indian Affairs reported that BIE, BIA, and the Indian Affairs safety office will take steps to ensure that all safety personnel performance plans include its standard on inspection report timeliness. First-line supervisors will use data collected by the safety office to hold employees accountable. Indian Affairs reported a target date of September 1, 2019 for implementing this recommendation. We will continue to monitor Indian Affairs' efforts to implement this recommendation.
Oversight of BIE school construction projects		

Category and recommendation	Report number	Status
<p>1. To ensure accountability for BIE school facility funds, the Secretary of the Interior should direct the Assistant Secretary-Indian Affairs to develop a comprehensive long-term capital asset plan to inform its allocation of school facility funds. Such a plan should include a prioritized list of school repair and maintenance projects with the greatest need for funding.</p>	GAO-17-447	<p>Interior agreed with this recommendation. In early August 2017, Indian Affairs reported that its Office of Facilities, Property, and Safety Management is undergoing a reorganization to establish a work group focused on asset management and will continue to work with the Office of Management and Budget to develop a capital asset management plan. Indian Affairs has reported a target date of June 30, 2018 for implementing this recommendation. As of late August 2017, the agency had not provided documentation on the actions it is taking to develop a capital asset plan.</p> <p>We will continue to monitor Indian Affairs' efforts to implement this recommendation.</p>
<p>2. To ensure accountability for BIE school facility funds, the Secretary of the Interior should direct the Assistant Secretary-Indian Affairs to provide more details in Indian Affairs' annual congressional budget justifications on specific needs at BIE schools, including information on proposed capital expenditures, and updates on previous school construction projects.</p>	GAO-17-447	<p>Interior agreed with this recommendation. In early August 2017, Indian Affairs reported that its Office of Facilities, Property, and Safety Management will work with Indian Affairs' budget office and BIE to incorporate more details in its fiscal year 2019 budget justification on the specific needs at BIE schools and proposed and updated capital expenditures. Indian Affairs reported a target date of September 30, 2018, for implementing this recommendation.</p> <p>We will continue to monitor Indian Affairs' efforts to implement this recommendation.</p>
<p>3. To ensure accountability for BIE school facility funds, the Secretary of the Interior should direct the Assistant Secretary-Indian Affairs to develop and implement guidance for its project managers and contracting officers regarding effective use of accountability measures.</p>	GAO-17-447	<p>Interior agreed with this recommendation. In early August 2017, Indian Affairs reported that it had taken a range of actions, including establishing new oversight mechanisms, hiring staff with expertise in construction contracting, and administering training for contracting staff, among other actions to enhance the use of accountability measures in contracting. Indian Affairs reported a target date of February 28, 2018 for implementing this recommendation. As of late August 2017, the agency had not provided documentation regarding the actions described above. Further, Indian Affairs did not report taking any actions to develop guidance for its project managers and contracting officers on the effective use of accountability measures, which our recommendation specifies.</p> <p>We will continue to monitor Indian Affairs' efforts to implement this recommendation.</p>

Category and recommendation	Report number	Status
4. To ensure accountability for BIE school facility funds, the Secretary of the Interior should direct the Assistant Secretary-Indian Affairs to clarify Indian Affairs' design handbook requirements to explain when and how school designs can deviate from specific requirements—such as heating and cooling systems with complex features—when the life cycle cost analysis demonstrates the requirements are not cost-effective or practical given such factors as the technical capacity of school facility staff.	GAO-17-447	<p>Interior did not agree with this recommendation because it said its draft design handbook—once finalized—would address the process for requesting design deviations but was not intended to include every situation where deviations could be requested. We reviewed a version of the agency's draft handbook in May 2017 and found it did not adequately address our recommendation because it did not explain how Indian Affairs would allow for deviations, including how deviations could be based on life cycle cost analysis.</p> <p>In early August 2017, Indian Affairs reported that its revised handbook will clearly explain the process for requesting deviations from specific requirements for designing schools. We will review its updated guidance when the agency provides us a finalized version.</p>
5. To ensure accountability for BIE school facility funds, the Secretary of the Interior should direct the Assistant Secretary-Indian Affairs to improve oversight and technical assistance to tribal organizations to enhance tribal capacity to manage major construction projects.	GAO-17-447	<p>Interior agreed with this recommendation. In early August 2017, Indian Affairs reported that its Division of Facilities Management and Construction will develop a project tracking and monitoring process for all projects above a certain monetary threshold. Additionally, Indian Affairs reported that this office will work with BIA and BIE officials to identify common challenges that tribes face in managing projects and provide appropriate technical assistance. Indian Affairs reported a target date of June 30, 2018 for implementing this recommendation.</p> <p>We will continue to monitor Indian Affairs' efforts to implement this recommendation.</p>
6. To ensure accountability for BIE school facility funds, the Secretary of the Interior should direct the Assistant Secretary-Indian Affairs to develop and implement guidance for maintaining complete contract and grant files for all BIE school construction projects.	GAO-17-447	<p>Interior agreed with this recommendation. In early August 2017, Indian Affairs reported that it will take several actions to address the recommendation, including developing guidance for maintaining complete grant files on tribally-managed school construction projects. Additionally, it reported that a new Interior policy requires that all new contract files from January 1, 2017, forward be maintained electronically, which will enhance Indian Affairs' ability to maintain contract files. Indian Affairs reported a target date of March 31, 2019 for implementing this recommendation.</p> <p>We will continue to monitor Indian Affairs' efforts to implement this recommendation.</p>

Appendix II: Status of Unimplemented Recommendations to the Department of the Interior on Indian Energy

Table 3: The Status of Unimplemented Recommendations in Prior GAO Reports to the Department of the Interior's (Interior) Bureau of Indian Affairs (BIA) on Management and Oversight of Indian Energy Resources

Category and recommendation	Report number	Status
BIA's data and technology		
1. BIA should take steps to complete its geographic information system (GIS) mapping module in TAAMS.	GAO-15-502	<p>According to BIA officials, the agency integrated and deployed data viewing and map creation capabilities into its database for recording and maintaining historical and current data on ownership and leasing of Indian land and mineral resources—the Trust Asset and Accounting Management System (TAAMS)—on August 31, 2017.</p> <p>We will continue to monitor BIA's deployment of the GIS capability and will work with the agency to determine if BIA's actions address our recommendation.</p>
2. BIA should work with BLM to identify cadastral survey needs.	GAO-15-502	<p>According to a BIA official, the agency requested each of its 12 regions to review and identify historic survey requests from a data system that has not been fully maintained or consistently used since 2011 to determine if the requests are still valid. A BIA official stated that the agency's next step is to create a new database that will track cadastral survey needs and a reporting mechanism for each BIA region to use when making new survey requests. According to BIA officials, the agency anticipates the new database and reporting mechanism will be deployed by September 30, 2017.</p> <p>We will continue to monitor BIA's progress and will work with the agency to determine if its actions fully implement our recommendation.</p>
BIA's oversight of its review process for energy-related documents		
1. BIA should develop a documented process to track its review and response times.	GAO-15-502	<p>On May 17, 2017, the Acting Assistant Secretary- Indian Affairs testified before the Senate Committee on Indian Affairs that a group of BIA subject matter experts have been working to modify TAAMS, incorporating the key identifiers and data fields needed to track and monitor review and response times for oil and gas leases and agreements. The Acting Assistant Secretary also stated that BIA is in the process of evaluating and reviewing the current reality tracking system and TAAMS in order to improve efficiencies and timeliness in processing workloads.</p> <p>BIA is taking actions to track and monitor review and response times for oil and gas leases and agreements; however, BIA did not indicate whether it intends to track and monitor its review of other energy-related documents, such as rights-of-way (ROW) agreements that must be approved before tribes can develop resources.</p>

Category and recommendation	Report number	Status
2. BIA should enhance data collection efforts to ensure it has data needed to track its review and response times.	GAO-15-502	On May 17, 2017, the Acting Assistant Secretary-Indian Affairs testified before the Senate Committee on Indian Affairs that BIA is in the process of evaluating the data collection efforts used by various systems. In addition, the Acting Assistant Secretary stated that efforts are underway with subject matter experts to analyze and develop recommendations for improving data collection, tracking and business processes.
3. BIA should establish required time frames for the review and approval of Indian communalization agreements (CA) to ensure a more timely CA process.	GAO-16-553	On May 17, 2017, the Acting Assistant Secretary-Indian Affairs testified before the Senate Committee on Indian Affairs that a National Policy Memorandum has been developed that establishes time frames for review and approval of Indian CAs. The Acting Assistant Secretary also stated that such time frames will also be incorporated into the BIA Fluid Mineral Estate Procedural Handbook and the Onshore Energy and Mineral Lease Management Interagency Standard Operating Procedures. BIA's target date for completing these actions is September 30, 2018. However, in our review of the National Policy Memorandum we did not find that it establishes time frames for review and approval of Indian CAs. In response to our request for clarification, a BIA official told us the agency is drafting suggested time frames for the Indian CA review process.
4. BIA should develop a systematic mechanism for tracking Indian CAs through the review and approval process to determine, among other things, whether the revised CA process meets newly established time frames.	GAO-16-553	On May 17, 2017, the Acting Assistant Secretary-Indian Affairs testified before the Senate Committee on Indian Affairs that BIA is developing a systematic mechanism to track Indian CAs through the review and approval process and in the meantime would use a centralized tracking spreadsheet. According to a BIA official, the agency has identified enhancements to make within TAAMS that will allow the agency to track Indian CAs through the review process and the proposed enhancements will be discussed at the TAAMS Change Management Board meeting in November 2017. BIA's target date for completing the systematic mechanism to track Indian CAs is September 30, 2018.
5. BIA should assess whether the revised CA process is achieving its objective to improve the timeliness of the review and approval of Indian CAs, and if not, make changes as appropriate.	GAO-16-553	On May 17, 2017, the Acting Assistant Secretary-Indian Affairs testified before the Senate Committee on Indian Affairs that upon completion of the systematic mechanism for tracking Indian CAs that is described above and targeted for completion by September 30, 2018, BIA and the Bureau of Land Management (BLM) will monitor and assess the results of the efforts to streamline the Indian CA review and approval process.
BIA's collaboration and communication		
1. BIA should include the other regulatory agencies in the Service Center, such as FWS, EPA, and the Corps, so that the Indian Energy Service Center (Service Center) can act as a single point of contact or a lead agency to coordinate and navigate the regulatory process.	GAO-17-43	According to a BIA official, the agency has initiated discussions with Interior's Fish and Wildlife Service (FWS), the Environmental Protection Agency (EPA), and the Army Corps of Engineers (Corps) in an effort to establish formal agreements. BIA has a target of December 31, 2017, to establish these agreements.

Category and recommendation	Report number	Status
2. BIA should establish formal agreements with Interior's Office of Indian Energy and Economic Development (IEED) and the Department of Energy (DOE) that identify, at a minimum, the advisory or support role of each office involved with the Service Center.	GAO-17-43	According to a BIA official, the agency developed and is currently reviewing an addendum to expand an existing MOU between DOE and IEED to include the Service Center. However, the existing MOU between DOE and IEED does not identify the role for these agencies as related to the Service Center. As such, the addendum, as currently described by BIA officials, will not fully implement our recommendation.
3. BIA should establish a documented process for seeking and obtaining input from key stakeholders, such as BIA employees, on the Service Center activities.	GAO-17-43	On May 17, 2017, the Acting Assistant Secretary- Indian Affairs testified before the Senate Committee on Indian Affairs that the Service Center is developing a process that allows key agencies to provide input and requests for service. The Acting Assistant Secretary also reported that the process will also include guidance on the prioritization of task orders and that Service Center officials are currently drafting intake forms, which will be distributed to obtain input regularly from stakeholders. BIA provided us a draft intake form. As currently drafted, this form is designed for BIA offices to request assistance with specific tasks. It does not appear to be designed as a mechanism to obtain input regularly from stakeholders.
4. BIA should document the rationale for key decisions related to the establishment of the Service Center, such as alternatives and tribal requests that were considered.	GAO-17-43	BIA reported it has taken actions needed to implement our recommendation. On May 17, 2017, the Acting Assistant Secretary- Indian Affairs testified before the Senate Committee on Indian Affairs that Interior considers this recommendation implemented because (1) the development of the Service Center was the result of a concept paper produced by a multi-agency team and (2) a multi-agency team held a tribal listening session, received written comments, and conducted conference calls in an effort to gather input from relevant stakeholders. We do not agree these actions meet the intent of the recommendation. BIA's actions have not resulted in documentation on the alternatives considered, whether tribal input and requests were considered, and the rationale for not incorporating key suggestions.

Category and recommendation	Report number	Status
5. Interior, through either BIA or IEED, should provide additional energy development-specific guidance on provisions of Tribal Energy Resource Agreement (TERA) regulations that tribes have identified to Interior as unclear.	GAO-16-502	On May 17, 2017, the Acting Assistant Secretary- Indian Affairs testified before the Senate Committee on Indian Affairs that Interior is working to provide additional energy development-specific guidance on provisions of TERA regulations that tribes have identified to the Department as unclear. As part of this effort, the Acting Assistant Secretary reported that IEED continues to perform training and technical assistance on the TERA regulations, and will issue guidance on those provisions of TERA that have been identified as unclear. As of September 8, 2017, Interior has not issued additional guidance and several Interior officials told us it is unlikely it will issue guidance to clarify "inherently federal functions"—one provision of Interior's regulations tribes have identified as unclear.
BIA's workforce planning		
1. BIA should incorporate effective workforce planning standards by assessing critical skills and competencies needed to fulfill BIA's responsibilities related to energy development and by identifying potential gaps.	GAO-17-43	On May 17, 2017, the Acting Assistant Secretary- Indian Affairs testified before the Senate Committee on Indian Affairs that the BIA is in the process of identifying and implementing a workforce plan regarding positions associated with the development of Indian energy and minerals. Specifically, the Acting Assistant Secretary stated that the Service Center will collect data directly from BIA, the Bureau of Land Management (BLM), the Office of Natural Resources Revenue (ONRR), and the Office of Special Trustee (OST) employees in an effort to identify workload and necessary technical competencies. Then, the Service Center will work with partner bureaus to assess skills and competencies needed for energy and mineral workforce standards. BIA's target for completion of the activities is the end of 2017. BIA identified steps it plans to take to identify workload and technical competencies, but without additional information it is unclear if these actions will identify potential gaps in workforce or result in the establishment of a documented process for assessing BIA's workforce composition at agency offices.
2. BIA should establish a documented process for assessing BIA's workforce composition at agency offices taking into account BIA's mission, goals, and tribal priorities.	GAO-17-43	BIA identified the same actions to implement this recommendation as the prior recommendation.

Appendix III: Status of Unimplemented Recommendations to the DHHS on the Indian Health Service

Table 4: Status of Unimplemented Recommendations in Prior GAO Reports to the Department of Health and Human Services (HHS) on Management and Oversight of the Indian Health Service (IHS)

Category and recommendation	Report number	Status
Estimating Purchased/Referred Care (PRC) program needs		
1. To develop more accurate data for estimating the funds needed for the PRC program and improving IHS oversight, the Secretary of Health and Human Services should direct the Director of IHS to develop a written policy documenting how IHS evaluates need for the PRC program and disseminate it to area offices and PRC programs to ensure they understand how unfunded services data are used to estimate overall program needs.	GAO-11-767	HHS agreed with our recommendation. According to HHS officials, specific policy and procedural guidance is under development for this recommendation, and updated guidance will be issued to all IHS sites by September 30, 2017. We will evaluate the policy and procedural guidance when it is issued.
2. To develop more accurate data for estimating the funds needed for the PRC program and improving IHS oversight, the Secretary of Health and Human Services should direct the Director of IHS to provide written guidance to PRC programs on a process to use when funds are depleted and there is a continued need for services, and monitor to ensure that appropriate actions are taken.	GAO-11-767	HHS agreed with our recommendation. According to HHS officials, specific policy and procedural guidance is under development for this recommendation, and updated guidance will be issued to all IHS sites by September 30, 2017. We will evaluate the policy and procedural guidance when it is issued.
Ensuring equitable allocation of PRC program funds		
1. To make IHS's allocation of PRC program funds more equitable, the Secretary of Health and Human Services should direct the Director of the Indian Health Service to require IHS to use actual counts of PRC users, rather than all IHS users, in any formula for allocating PRC funds that relies on the number of active users.	GAO-12-446	HHS disagreed with our recommendation. In its written comments on our report, HHS stated that HHS's combined count of all users of IHS direct care services and PRC users is intended to reflect the health care needs of those eligible for PRC services. HHS officials told us that IHS partners with tribal leaders in making PRC fund allocation decisions for federally operated facilities, and that a tribal/federal workgroup is currently discussing the PRC fund allocation issues. In addition, HHS officials told us that the agency engages broad tribal representation by keeping this issue on a national agenda for overall accountability of both the agency and the tribal/federal workgroup. As the tribal/federal workgroup continues to discuss the PRC fund allocation issues, we will evaluate any decisions that are made to determine if they address this recommendation. Because PRC program increases are intended to reflect variations in the numbers of PRC users among areas, we continue to believe that IHS should use counts of actual PRC users in determining program increases.

Category and recommendation	Report number	Status
<p>2. To make IHS's allocation of PRC program funds more equitable, the Secretary of Health and Human Services should direct the Director of the Indian Health Service to require IHS to use variations in levels of available hospital services, rather than just the existence of a qualifying hospital, in any formula for allocating PRC funds that contains a hospital access component.</p>	GAO-12-446	<p>HHS agreed with our recommendation in 2012 but has not yet taken action to implement it. According to HHS, the agency partners with tribal leaders in making PRC fund allocation decisions for directly operated programs. Officials told us that a tribal/federal workgroup is currently discussing the PRC fund allocation issues. In addition, HHS officials told us that the agency engages broad tribal representation by keeping this issue on a national agenda for overall accountability of both the agency and the tribal/federal workgroup.</p> <p>In July 2017, we requested additional information about the tribal/federal workgroup and any discussion that has occurred or decisions that have been made about PRC funding allocation since we made the recommendation in 2012, but we have not received any information. As the tribal/federal workgroup continues to discuss the PRC fund allocation issues, we will evaluate any decisions that are made to determine if they address this recommendation.</p>
<p>3. To make IHS's allocation of PRC program funds more equitable, the Secretary of Health and Human Services should direct the Director of the Indian Health Service to develop written policies and procedures to require area offices to notify IHS when changes are made to the allocations of funds to PRC programs.</p>	GAO-12-446	<p>HHS agreed with our recommendation in 2012 but has not yet taken action to implement it. According to HHS, the agency partners with tribal leaders in making PRC fund allocation decisions for directly operated programs. Officials told us that a tribal/federal workgroup is currently discussing the PRC fund allocation issues. In addition, HHS officials told us that the agency engages broad tribal representation by keeping this issue on a national agenda for overall accountability of both the agency and the tribal/federal workgroup.</p> <p>As the tribal/federal workgroup continues to discuss the PRC fund allocation issues, we will evaluate any decisions that are made to determine if they address this recommendation.</p>

Category and recommendation	Report number	Status
Revising IHS payment rates for nonhospital services		
<p>1. Should the Congress decide to cap payments for physician and other nonhospital services made through IHS's PRC program, the Secretary of Health and Human Services should direct the Director of IHS to monitor PRC program patient access to physician and other nonhospital care in order to assess how any new payment rates may benefit or impede the availability of care.</p>	GAO-13-272	<p>HHS agreed with our recommendation. In response, officials told us that IHS has developed an online PRC Rates Provider Tracking tool, and that the use of this tool enables PRC programs to document providers that refuse to contract for their most favored customer rate or accept the Medicare-like rate. In addition, IHS provided training to the area PRC officers.</p> <p>We have requested documentation of this provider tracking tool, but have not yet received information sufficient to close the recommendation. We need documentation showing how the tool is used to track patient access to physician and other nonhospital care, and how it allows IHS to assess how PRC payment rates may impede the availability of care. This documentation could include, for example, an agency-wide memorandum or procedural guidance document describing the tool, or a copy of the tool. In addition, we would like to review the training materials provided to area PRC officers.</p>

Category and recommendation	Report number	Status
Ensuring successful outreach to increase enrollment in expanded coverage options		
<p>1. To help ensure successful outreach efforts resulting in significant new enrollment, the Secretary of Health and Human Services should direct the Director of IHS to prepare for the increase in eligibility for expanded Medicaid and new coverage options, and the need for enrollment assistance and billing capacity, by realigning current resources and personnel to increase capacity to assist with these efforts.</p>	GAO-13-353	<p>HHS neither agreed nor disagreed with this recommendation, but HHS has not reported taking any new action to implement it. In response to our request for an update, IHS again provided a copy of a planning template it developed for facility Chief Executive Officers (CEO) that encourages them to assess the need for staffing changes in light of new and expanded coverage options available under the Patient Protection and Affordable Care Act (PPACA). IHS previously explained, during the course of our review, that its planning template is a document that facility CEOs have been directed to use.</p> <p>We agree that developing a template to aid facilities in their planning for PPACA implementation is a good step. However, considering the large, system-wide growth in eligibility for new and expanded coverage options described in our report, we expect to see a system-wide response. Under its current approach, preparing for increased eligibility is dependent on the discretion of facility CEOs. IHS has not provided any evidence that this approach has resulted in the realignment of personnel needed to address an increased need for application assistance and third party billing.</p>

Category and recommendation	Report number	Status
Improving IHS's PRC program		
<p>1. In an effort to ensure that IHS has meaningful information on the timeliness with which it issues purchase orders authorizing payment under the PRC program and to improve the timeliness of payments to providers, the Secretary of the Department of Health and Human Services should direct the Director of IHS to: (1) modify IHS's claims data system to separately track IHS referrals and self-referrals, revise the Government Performance Results Act measure for the PRC program so that it distinguishes between these two types of referrals, and establish separate timeframe targets for these referral types; and (2) improve the alignment between PRC staffing levels and workloads by revising its current practices, where appropriate, to allow available funds to be used to pay for PRC program staff.</p>	GAO-14-57	<p>HHS agreed with our recommendation to modify IHS's claims data system to separately track IHS referrals and self-referrals, revise the Government Performance Results Act measure for the PRC program so that it distinguishes between these two types of referrals, and establish separate timeframe targets for these referral types. HHS did not agree with revising its current practices, where appropriate, to allow available funds to be used to pay for PRC program staff. HHS officials told us that agency officials are developing two new Government Performance and Results Act (GPRAs) measures that will track and measure PRC authorized referrals and self-referrals to time of payment for each type of referral. IHS plans to alpha- and beta-test the software changes and provide a patch release to accomplish baseline reporting for 2017.</p>
<p>2. As HHS and IHS monitor the effect that new coverage options available to IHS beneficiaries through PPACA have on PRC program funds, the Secretary of HHS should direct the Director of IHS to proactively develop potential options to streamline program eligibility requirements.</p>	GAO-14-57	<p>We will review the proposed software changes and baseline reports when they are available.</p> <p>HHS agreed with our recommendation. HHS officials told us that, in response to this recommendation, the agency worked to ensure that hospital presumptive eligibility is available as a way for individuals to access coverage. In addition HHS officials told us that they worked to disseminate information to patients to inform them that IHS beneficiaries enrolled in state Medicaid programs do not have to go through the PRC authorization process for Medicaid approved services.</p> <p>We agree that hospital presumptive eligibility is a step in the right direction, but we expect to see further steps taken to streamline eligibility requirements. For example, establishing a set of defined benefits for IHS beneficiaries, which would alleviate the need for PRC programs and providers to carry out time-consuming medical priority determinations. Other possible steps include issuing eligibility cards to PRC-eligible patients to help providers understand when to send claims to IHS, and to which local PRC program a claim should be sent.</p>

Category and recommendation	Report number	Status
Improving IHS oversight of patient wait times		
1. To help ensure that timely primary care is available and accessible to AI/AN people, the Secretary of HHS should direct the Director of IHS to monitor patient wait times in its federally operated facilities and ensure corrective actions are taken when standards are not met.	GAO-16-333	HHS agreed with our recommendation. In early September 2017, HHS officials told us that data collection tools for monitoring patient wait times are being developed and that, once completed, they will take steps to ensure corrective actions are taken when standards are not met. We will review IHS's monitoring of patient wait times, as well as corrective actions taken, after these procedures have been established and implemented.
Improving IHS oversight of quality of care		
1. To help ensure that quality care is provided to AI/AN people, the Secretary of HHS should direct the Director of IHS to, as part of the implementation of its quality framework, ensure that agency-wide standards for the quality of care provided in its federally operated facilities are developed, that facility performance in meeting these standards is systematically monitored over time, and that enhancements are made to its adverse event reporting system.	GAO-17-161	HHS agreed with this recommendation and reported that agency-wide measures, goals and benchmarks are nearing development completion, and that they build on best practices and external benchmarks from comparable organizations. According to HHS, also nearing completion is the development of a system-wide dashboard of performance accountability metrics, for use at the enterprise, area, and facility levels. HHS officials told us that the enhancements to or replacement of their adverse event reporting system continues, but is delayed because key personnel on the project became unavailable due to deployment. We will review IHS's agency-wide standards for the quality of care, the subsequent monitoring of facility performance, and enhancements to its adverse event reporting system when they are completed.

Category and recommendation	Report number	Status
2. To help ensure that quality care is provided to AI/AN people, the Secretary of HHS should direct the Director of IHS to develop contingency and succession plans for the replacement of key personnel, including area directors.	GAO-17-181	HHS agreed with this recommendation, and HHS officials have told us that they have implemented it. Specifically, officials told us that all IHS headquarters offices and area offices established a succession plan that identified staff and development needs to prepare for future leadership opportunities. IHS headquarters and area offices determined the key leadership positions and the competencies associated with each position in their respective office, and identified employees who possess or have the potential to develop the competencies to qualify for target positions in the immediate, short, and long-term. Officials also told us that they created development and training opportunities to encourage candidates to be more competitive and achieve the critical competencies needed for anticipated leadership vacancies. They also told us that updated succession plans from headquarters office directors and area directors will be required to be submitted to IHS on an annual basis. We responded to HHS in July 2017 that, in order to determine whether IHS has implemented this recommendation, we need to receive documentation of contingency and succession plans that have been put in place for key personnel. We explained that some possibilities include agency-wide policy memos on requirements for contingency and succession planning and actual written contingency and succession plans. As of late August 2017 we have not received any documentation.

Source: GAO, IGIG-17-797

The CHAIRMAN. Thank you.
Next is Acting Assistant Secretary Black.

STATEMENT OF MICHAEL S. BLACK, ACTING ASSISTANT SECRETARY, INDIAN AFFAIRS, U.S. DEPARTMENT OF THE INTERIOR

Mr. BLACK. Good afternoon, Chairman Hoeven, Vice Chairman, and members of the Committee.

Thank you for the opportunity to come back and present an update on behalf of the Department of Interior regarding Indian Affairs' role in the development of Indian energy and our continued commitment to address the high risk designation in the Government Accountability Office High Risk Report.

As we stated in my testimony in May, the Department agreed with GAO's recommendations and we continue to address the recommendations in order to help foster energy independence among tribes who are developing their resources.

As the High Risk Report notes, GAO made 14 recommendations to the Bureau of Indian Affairs via three reports. I am happy to note that we have made some progress on a number of those recommendations and plan to submit closure packages for those recommendations in the near future.

I acknowledge that we have a significant amount of work to do. My testimony today will update the Committee on our progress towards implementation of the various recommendations.

GAO recommended the development and implementation of a GIS mapping module that could be included in our Trust Asset Accounting Management System or TAAMS. In response, we have developed a GIS Map Viewer to work along with our TAAMS system.

The Viewer was successfully tested and deployed on August 31, 2017. A closure package for this recommendation has been signed and is in the process of being submitted for consideration of closure.

In addition, we will be providing a demonstration of that system to GAO tomorrow in order to better demonstrate the capabilities of the system.

GAO has also recommended that we provide additional guidance related to the Tribal Energy Resource or TERA Agreements. As a result, the Office of Indian Energy and Economic Development has reviewed the tribal comments it has received and found that the inherently Federal functions is one of the number one issues that tribes have identified in need of clarity.

In consultation with Department's Office of Solicitor, it was determined that the term can only truly be defined on a case-by-case basis when tribes have made a request to take over a specific Federal program, function, service or activity.

In order to provide additional guidance, IEED, our Indian Energy and Economic Development Office, has placed on its website additional guidance related to TERA for those tribes interested in assuming energy-related functions.

In addition, I have talked to my staff in the Indian Energy and Economic Development Program about the possibility of developing a primer or some type of guidance on conducting additional training opportunities for tribes interested in pursuing TERA.

In order to respond to the GAO's recommendation to include other Federal agencies in the activities of the Indian Energy and Economic Development Program or IESC Service Center, we have

been working to implement memoranda of understanding or MOUs with the appropriate department bureaus and other Federal agencies involved in development of Indian energy and mineral resources and to define roles and responsibilities regarding the development of those resources on trust lands.

MOUs are being developed with Fish and Wildlife, the Environmental Protection Agency and the Army Corps of Engineers. In addition, not too long ago, we signed a MOU between the Division of Energy and Mineral Development and the Department of Energy. Included in that, we are trying to look at the Indian Energy Service Center as becoming a participatory party to that MOU.

IESC has prepared an addendum to the MOU with IEED and DOE in order to finalize the agreement. The addendum is currently the review process. We do need to make sure the MOU clearly identifies the roles of the different offices in relation to executing the Indian Energy Program.

GAO has also identified the need to establish a documented process for seeking input from key stakeholders. In response, the IESC has developed a process including intake forms that allow key agencies to provide input and requests for service received on behalf of tribes and other agencies.

This information will allow the service center to prioritize work tasks based on a standard set of criteria contained in the IESC referral priority assessment. The priority assessment considers the potential work items' relative benefit to expediting an Indian energy project. The IESC began utilizing intake forms in August to obtain input regularly from stakeholders.

In addition, the BIA is continuing the process of identifying and implementing the workforce plan regarding positions associated with the development of Indian energy and minerals.

As I testified in May before the Committee, the IESC will collect data directly from BIA, BLM, ONRR and OST employees in an effort to identify workload and necessary technical competencies.

The IEMSC will work with the partner bureaus to assess skills and competencies needed for energy and mineral workforce standards as well as identifying any existing gaps that may exist out there. An initial survey was distributed in August 2017 to key employees across the bureaus to identify workload and necessary technical competencies. The results are currently being analyzed. The BIA is on target and expects to complete this recommendation by the end of 2017.

Thank you for the opportunity to present an update on our progress. I look forward to answering any questions.

Thank you.

[The prepared statement of Mr. Black follows:]

PREPARED STATEMENT OF MICHAEL S. BLACK, ACTING ASSISTANT SECRETARY, INDIAN AFFAIRS, U.S. DEPARTMENT OF THE INTERIOR

Chairman Hoeven, Vice Chairman Udall, and Members of the Committee, my name is Michael Black and I am the Acting Assistant Secretary for Indian Affairs at the Department of the Interior. Thank you for the opportunity to come back and present an update on behalf of the Department of the Interior (Department or DOI) regarding Indian Affairs' role in the development of Indian energy and our continued commitment to address the high risk designation in the Government Accountability Office (GAO) High Risk Report (GAO-17-317 High Risk Series).

As we stated in our testimony in May, the Department agreed with GAO's recommendations and we continue to address the recommendations by implementing widespread reform to help foster energy independence among Tribes who are interested in developing their resources.

As the High Risk report notes, GAO made fourteen recommendations to the Bureau of Indian Affairs (BIA), via three reports. I am happy to note that we've made progress on a number of the recommendations and plan to submit closure packages for those recommendations in the near future.

As the former Director of BIA and current Acting Assistant Secretary, I know these issues well and acknowledge that we have a significant amount of work to do. My testimony today will update the Committee on our progress towards implementation of the various GAO recommendations.

GAO 15-502

Recommendation 1: To ensure it can verify ownership in a timely manner and identify resources available for development, BIA should take steps to complete its GIS mapping module in TAAMS.

Previously, Indian Affairs testified that the Trust Asset and Accounting Management System (TAAMS) was not designed as a geospatial mapping system, but is simply a system to reflect legal descriptions as they appear on documents recorded as required by federal law.

In our previous testimony we also stated that the BIA would not be building out the GIS mapping module in TAAMS. Rather, the BIA would utilize commercially available, off-the-shelf mapping technology to integrate data viewing and map creation capabilities into TAAMS at the desktop. The GIS Map Viewer is based upon verified legal land descriptions and ownership data available in TAAMS with base reference data for mapping.

We are pleased to announce that the Indian Affairs Information Technology Change Advisory Board and Architectural Review Committee granted the Authority to Operate the GIS Map Viewer and that the GIS Map Viewer has been deployed, as of August 31, 2017. The GAO closure package is currently being prepared.

Recommendation 2: To ensure it can verify ownership in a timely manner and identify resources available for development, BIA should work with BLM to identify cadastral survey needs.

The BIA and the BLM, in a coordinated and focused effort, prepared a Reimbursable Service Agreement between the two agencies to identify and deliver the much needed survey-related products and services. We are continuing to evaluate the cadastral survey inventories and our FY17 survey requests have been approved for funding and completion by BLM.

An example of our progress is the Nevada Native Nations Land Act of 2016, passed by Congress last year, which transferred 71,137 acres of BLM and Forest Service lands to six different tribes; these lands are being surveyed now by BLM to establish tribal trust land descriptions and boundaries.

Recommendation 3: To improve the efficiency and transparency of its review process, BIA should develop a documented process to track its review and response times.

We previously stated that the BIA was in the process of evaluating and reviewing the current realty review and approval process and information stored in TAAMS in order to improve efficiencies and timeliness in processing workloads. BIA subject matter experts have been developing requirements for tracking proposed mineral documents within TAAMS. Due to the fact that modifications to data systems must be reviewed by multiple entities within the Department, a request for an extension of time has been requested until the end of FY18. The BIA is waiting to hear whether this extension has been granted.

Recommendation 4: To improve the efficiency and transparency of its review process, BIA should enhance data collection efforts to ensure it has data needed to track its review and response times.

The Indian Energy Service Center has been working closely with BIA, ONRR, and BLM IT personnel to navigate system and software access challenges. Currently, access testing is ongoing but preliminary results indicate the IESC experiences significant efficiency gains as the office gains access to systems and software. For example, IESC ONRR staff has access to the BIA TAAMS system allowing for greater efficiency and transparency for each of the offices in the processing of Indian oil and gas projects.

Recommendation 5: Provide additional energy development-specific guidance on provisions of Tribal Energy Resource Agreement (TERA) regulations that tribes have identified to Interior as unclear.

After the previous hearing, the Office of Indian Energy and Economic Development (IEED) reviewed Tribal comments regarding the term, “inherently federal functions.” We noticed that the term “inherently federal functions” is the only provision of the TERA regulations that Tribes have described to IEED as unclear. IEED consulted with the Department’s Office of the Solicitor (SOL), which determined that this term can only be defined on a case-by-case basis when tribes have made a request to take over a specific federal program, function, service and activity (PFSAs). On August 31, 2017, IEED placed on its web site guidance to tribes with an approved TERA or which seek to assume energy-related administrative functions under Public Law 93–638. The GAO closure package is currently being prepared.

GAO 16-553

Recommendation 6: Establish required timeframes for the review and approval of Indian Communitization Agreements (CAs) to ensure a more timely CA process.

The Department is continuing its work to ensure CA processes are timely. A National Policy Memorandum (Memorandum) was issued that establishes a tracking mechanism to monitor the existing timeframes for review and approval of Indian CAs. This tracking mechanism will provide the data which will be used to establish standard and reasonable timeframes for CA review and approval. The timeframes will also be incorporated into the BIA Fluid Mineral Estate Procedural Handbook and the Onshore Energy and Mineral Lease Management Interagency Standard Operating Procedures as updates to this document occur. On April 27, 2017, the Department received notice that an extension was granted by OIEA to extend the target date to the end of FY18.

Recommendation 7: Develop a systematic mechanism for tracking Indian CAs through the review and approval process to determine, among other things, whether the revised CA process meets newly established timeframes.

The BIA is still developing a systematic mechanism to track Indian CAs through the review and approval process. Until TAAMS can be modified to incorporate the key identifiers and data fields, the BIA is utilizing a centralized tracking spreadsheet on the Google platform. BIA leads the development and deployment of this tracking spreadsheet in consultation and coordination with BLM. We received an extension from GAO to complete this recommendation by the end of FY18 and are on track to meet our target.

Recommendation 8: Assess whether the revised CA process is achieving its objective to improve the timeliness of the review and approval of Indian CAs, and if not, make changes as appropriate.

BIA and BLM will continue to use the tracking spreadsheet mentioned above, and, upon completion, the enhanced TAAMS capabilities, to monitor and assess the results of the efforts to streamline the Indian CA review and approval process. The bureaus will continue to coordinate to establish a process for review of the collected data, which will assist in identifying and implementing any necessary process modifications.

GAO 17-43

Recommendation 9: Include the other regulatory agencies in the Service Center, such as Fish and Wildlife Services, the Environmental Protection Agency, and the Army Corps of Engineers, so that the Service Center can act as a single point of contact or a lead agency to coordinate and navigate the regulatory process.

The Indian Energy Service Center (IESC) is working to implement Memoranda of Understanding (MOU) with the appropriate Department bureaus and other Federal agencies involved in the development of Indian energy and mineral resources and to define roles and responsibilities regarding the development of those resources on trust lands. MOUs are being developed with the Fish and Wildlife Service (FWS), Environmental Protection Agency (EPA), Army Corps of Engineers (Corps), as well as IEED and Department of Energy (DOE).

The BIA/IESC, through the Indian Energy Minerals Steering Committee (IEMSC), has also established Federal Partners Groups, where needed, which include: BIA, BLM, Office of Natural Resource Revenue (ONRR), Corps, FWS, and EPA. These groups provide field knowledge on energy and mineral issues and serve to facilitate and focus the single point of contact desired by the respective parties regarding the processing of energy development for each region.

Currently, Federal Partner Groups are being established for the Navajo Region, the Southwest Region, and the Rocky Mountain Region. Federal Partner Groups for

the Great Plains Region, the Eastern Oklahoma/Southern Plains Regions, and the Western Region are currently meeting on a regular basis.

Recommendation 10: Direct the Bureau of Indian Affairs to establish formal agreements with IEED and DOE that identify, at a minimum, the advisory or support role of each office.

BIA recognizes that in addition to the identification of potential energy resources, there must be organized coordination between agencies to fully develop and/or protect Indian energy and mineral resources.

In an effort to improve communication between the two offices, an MOU was recently signed between IEED and DOE outlining a partnership going forward. The IESC reviewed this MOU with the intent of also entering into the existing agreement. The IESC prepared an addendum to the MOU with IEED and DOE to finalize the agreement. The addendum is currently in the surname process.

Recommendation 11: Direct Bureau of Indian Affairs to establish a documented process for seeking and obtaining input from key stakeholders, such as BIA employees, on the Service Center activities.

The IESC developed a process that allows key agencies to provide input and requests for service received on behalf of tribes from the IESC. The process includes guidance on the prioritization of task orders. The Executive Management Group of the IESC, is comprised of the directors of the BIA, BLM, ONRR, and Office of the Special Trustee for American Indians (OST), are engaged in this effort. The IESC began utilizing the intake forms in August, to obtain input regularly from stakeholders, and currently has no data to report.

Recommendation 12: Direct the Bureau of Indian Affairs to document the rationale for key decisions related to the establishment of the Service Center, such as alternatives and tribal requests that were considered.

The development of the IESC was the result of a concept paper produced by a multi-agency team formed by the IEMSC. The multi-agency team held a tribal listening session, received written comments, and conducted conference calls in an effort to gather input from relevant stakeholders. The final version of the concept paper also included an organization chart which set forth the IESC chain-of-command. The IEMSC accepted and approved the concept paper as presented by the multi-agency team. At this point, the BIA believes this recommendation is complete and the GAO closure package is currently being prepared.

Recommendation 13: Direct the Bureau of Indian Affairs to incorporate effective workforce planning standards by assessing critical skills and competencies needed to fulfill BIA's responsibilities related to energy development and by identifying potential gaps.

The BIA is continuing the process of identifying and implementing a workforce plan regarding positions associated with the development of Indian energy and minerals. As we testified in May before the Committee, the IESC will collect data directly from BIA, BLM, ONRR, and OST employees in an effort to identify workload and necessary technical competencies. Then, the IESC will work with partner bureaus to assess skills and competencies needed for energy and mineral workforce standards. The initial survey was distributed in August 2017 to key employees across BLM, ONRR, OST and BIA; results are being analyzed. The BIA is on target and expects to complete this recommendation by the end of 2017.

Recommendation 14: Direct the Bureau of Indian Affairs to establish a documented process for assessing BIA's workforce composition at agency offices taking into account BIA's mission, goals, and tribal priorities.

The BIA is assessing the BIA Indian energy and mineral workforce composition using the same process as described in Recommendation 13. This includes collecting data directly from BIA, BLM, ONRR, and OST employees. The BIA is on target to complete this assessment by December 31, 2017.

Conclusion

Thank you for the opportunity to present an update on our progress in addressing the GAO recommendations from past reports and the GAO High Risk Report (GAO-17-317 High Risk Series). I would be glad to answer any questions the Committee may have.

The CHAIRMAN. Thank you, Assistant Secretary Black.
I will now turn to Rear Admiral Michael Weahkee.

**STATEMENT OF REAR ADMIRAL MICHAEL D. WEAHKEE,
ACTING DIRECTOR, INDIAN HEALTH SERVICE, U.S.
DEPARTMENT OF HEALTH AND HUMAN SERVICES**

Mr. WEAHKEE. Good afternoon, Chairman Hoeven, Vice Chairman Udall and members of the Committee.

I am pleased to provide testimony before the Committee today and would like to thank you for elevating the importance of delivering quality health care throughout the IHS. The IHS is committed to overcoming the longstanding, systemic problems hindering our efforts to provide quality health care for American Indians and Alaska Natives.

I am proud to report that our concerted efforts are producing results. As of September 1, the Rosebud Indian Health Service Hospital is no longer under a Systems Improvement Agreement. We are striving to achieve a similar result for the Pine Ridge and Omaha Winnebago hospitals.

Also in August, I signed the Official Patient Wait Times Policy and GAO has agreed to close that recommendation.

The GAO identified a number of challenges facing the IHS in administering our health care programs. To overcome these challenges, we developed a Quality Framework and have worked diligently to refine and operationalize it.

In less than a year, we have updated governing board bylaws, acquired a credentialing software system, developed a standard patient experience of care survey, developed patient wait time standards, and developed a performance accountability dashboard.

We are on course to address the four key GAO recommendations on improvement of agency oversight of quality health care. In December 2016, IHS developed contingency and succession plans for the replacement of key personnel, including our area director positions. These succession plans are currently being updated and will be updated on a semi-annual basis. We will provide GAO with the copy they need as evidence of completion. We have requested closure of this recommendation.

The second and third recommendations I would like to address concern patient wait times for appointments. The official patient wait times policy is now in effect. This policy finalizes the interim standards initially established in July of this year.

The fourth quality-related recommendation is the agency-wide oversight of quality. We developed a performance accountability dashboard and acquired a practitioner credentialing software system. Dashboard metrics will allow oversight and management of compliance with policy and regulatory requirements that ensure quality and safety of care. The system-wide dashboard will be in full operation in the fall of 2017.

The national provider credentialing and privileging system standardizes and streamlines the credentialing process across the IHS. We are implementing it in four IHS areas with plans to expand it to the rest of the agency by the end of 2017.

I am also happy to report that the agency has made progress in addressing the ten key GAO recommendations on the improvement of our Purchased and Referred Care Program. To address the first of these three recommendations, IHS modified the data system that

tracks PRC referrals and emergency self referrals. We will report baseline data for calendar year 2017.

IHS is also researching industry standards and will develop separate payment timeframe targets for these two referral types. We will request closure of this recommendation when that work is completed.

GAO's second recommendation was for PRC funds to be used to pay for program staff. Historically, IHS' internal policy was to use PRC funds solely for the purchase of health care services. Any change in the current use of PRC should be balanced with the continuing need to assure access to services we cannot provide in our facilities.

In response to the third recommendation, we provide patients with current information regarding opportunities for new coverage options. While we agree with the premise of the GAO's recommendation, we have reservations about the specifics and would like to discuss this further with the GAO. The agency has requested closure of these two recommendations.

The recommendation to cap payment rates has been implemented. Since capping PRC payment rates for non-hospital services, the IHS and participating tribes have realized a savings of more than \$178 million so far in this calendar year. The additional savings realized enabled IHS and tribes to increase access to more health care services.

IHS also developed an online PRC rate provider tracking tool to monitor patient access to care. We look forward to demonstrating that tool for the GAO. IHS has requested closure of this recommendation.

I would like to address GAO's three recommendations on the allocation of PRC program resources by describing the Federal-tribal administration of PRC funds. Approximately 60 percent of the PRC funds are distributed through Indian Self-Determination awards and are protected from unilateral reductions or reallocation by the agency.

Any future changes in the PRC allocation methods, such as the two recommended by the GAO, will require tribal consultation. IHS has requested closure of these recommendations.

We are also taking steps to address the third recommendation related to development of written PRC allocation policies and procedures. To assure transparency, IHS routinely directs area directors through official PRC allocation of funds distribution memos.

These memos are official policy guidance and become part of the PRC policy chapter of the Indian Health Manual. The revised chapter is currently under final agency review. The agency has requested closure of this recommendation.

We continue to address the remaining recommendations not discussed above: one related to the enrollment processes improvement and two focused on oversight for estimating need. Closure of these recommendations will be requested when we complete the steps necessary to document the changes and improvements we have made since 2011.

I am very proud of the dedication and commitment of our IHS staff, at all levels of the agency, who have accomplished these objectives in the past year. I want to thank you again for your com-

mitment to improving quality, safety and access to health care for American Indians and Alaska Natives.

I am happy to answer any questions the Committee may have. Thank you, sir.

[The prepared statement of Admiral Weahkee follows:]

PREPARED STATEMENT OF REAR ADMIRAL MICHAEL D. WEAHKEE, ACTING DIRECTOR,
INDIAN HEALTH SERVICE, U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Chairman and Members of the Committee:

Good afternoon, Chairman Hoeven, Vice-Chairman Udall, and Members of the Committee. I am RADM Michael D. Weahkee, Acting Director of the Indian Health Service (IHS). I am pleased to provide testimony before the Senate Committee on Indian Affairs on "High Risk Indian Programs: Progress and Efforts in Addressing GAO's Recommendations". I would like to thank you, Chairman Hoeven, Vice-Chairman Udall, and Members of the Committee for elevating the importance of delivering quality care through the IHS.

I am an enrolled member of the Zuni Tribe. Most recently, I served as the Chief Executive Officer (CEO) of the Phoenix Indian Medical Center, leading the largest federally-operated IHS hospital in the nation. I have previously served at IHS headquarters in a variety of posts. Before that, I served in leadership roles on behalf of the California Rural Indian Health Board. I am honored to be a veteran of the United States Air Force, where I served as a Public Health Specialist. I am also proud of the fact that I was born at the IHS hospital in Shiprock, New Mexico, and grew up as an active user of the IHS health care system. Essentially, Indian health care and public health have been my lifelong pursuits and are my passion.

IHS is a distinctive agency in the Department of Health and Human Services (HHS), established to carry out the responsibilities, authorities, and functions of the United States to provide health care services to American Indians and Alaska Natives. It is the only HHS agency whose primary function is direct delivery of health care. The mission of IHS, in partnership with American Indian and Alaska Native people, is to raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level. The IHS system consists of 12 Area offices, which oversee 170 Service Units that provide care at the local level. Health services are provided through facilities managed by IHS, by Tribes and tribal organizations under authorities of the Indian Self-Determination and Education Assistance Act (ISDEAA), and through contracts and grants awarded to urban Indian organizations authorized by the Indian Health Care Improvement Act.

IHS is steadfastly committed to overcoming the longstanding systemic problems that have hindered our efforts to provide quality health care to American Indians and Alaska Natives, and I am proud to report that our concerted efforts are producing results. As of September 1, the Rosebud IHS Hospital is no longer under a Centers for Medicare & Medicaid Services (CMS) Systems Improvement Agreement. CMS determined that the hospital had substantially met all of the Medicare Conditions of Participation. We are striving to achieve a similar result for Pine Ridge and Omaha Winnebago IHS Hospitals.

IHS is also committed to doing all that is necessary to be removed from GAO's High Risk list. The GAO's High Risk Report cited 14 recommendations that focus on IHS, derived from seven reports issued over a period of six years (2011 to 2017). Although all 14 recommendations remain open at this time, we have made substantial progress and are continuing to press forward. In July, IHS provided an update to GAO and requested closure of seven recommendations. GAO requested additional documentation concerning those requests that we are currently providing, and we will continue to submit additional responses to address the remaining GAO recommendations. I will describe the actions we are taking to address the recommendations and strengthen the IHS' ability to ensure quality health care.

Ensuring Quality Care

GAO identified a number of challenges facing IHS in administering Indian health care programs that have hindered our ability to ensure quality of care to Indian communities. To overcome these challenges, IHS developed a Quality Framework—a plan to develop, implement and sustain quality-focused compliance programs at all of our hospitals and clinics. The Framework incorporates quality standards from national experts, including best practices and expertise from across the IHS system of care. Core elements of the Framework focus on strengthening our organizational capacity to improve quality of care and systems, meeting and maintaining accreditation for IHS Direct Service Facilities, aligning our service delivery processes to im-

prove patient experience, ensuring patient safety, and improving transparency and communication about patient safety and quality to IHS stakeholders.

IHS has worked diligently to refine and operationalize the Quality Framework. In less than a year, we have updated Governing Board Bylaws, acquired a credentialing software system, developed a standard patient experience of care survey and an implementation strategy using electronic tablets, developed patient wait time standards for the primary care setting, developed a quality assurance accountability dashboard (the data reporting tool is currently undergoing functional testing), and are nearing award of a master contract for accreditation of hospitals. The Deputy Director for Quality Health Care provides senior leadership oversight of critical quality improvement strategies related to accreditation/certification, patient safety, and quality care.

IHS has made remarkable progress and will continue to pursue implementation of the Quality Framework at all levels of IHS and in partnership with Tribal/Urban Indian organization partners as a key priority. Our leadership team is focused on ensuring quality in all that we do as an agency, and I expect this perspective and commitment will continue to produce results.

We are strengthening the agency's use of standards by developing new policies that define the standards and implementing system level reporting and oversight through Agency-wide improvements. We are on course to address the four key GAO recommendations on improvement of agency oversight of quality of care, and requested closure of one of these four recommendations in July.

The first recommendation I would like to address concerns succession planning for key leadership personnel. In December 2016, IHS developed contingency and succession plans, including skills gap analyses and appropriate developmental programs for the replacement of key personnel, including Area Directors. The December 2016 succession plans are currently being updated and will continue to be updated on a semi-annual basis. In addition to the contingency and succession plans, IHS has developed leadership training academies for senior leaders. For example, the IHS Leadership Training program is designed to prepare selected IHS individuals to serve in leadership positions at the Service Unit, Area, and Headquarters levels. In addition, staff rotations through IHS Headquarters provide additional training for senior level positions, and a mentoring initiative for those who have recently been promoted to key leadership positions has been implemented. We have requested closure of this recommendation.

The second and third recommendations I would like to address concern patient wait times for appointments. Wait times are an important measure of the patient experience and IHS federally-operated service units have been collecting and tracking this data to improve patient services. On August 25, I signed the official Patient Wait Times policy formalizing the IHS wait times standards for outpatient primary care visits in direct care IHS facilities. This policy finalizes the interim standards initially established in July of this year. Under these new standards, the mean wait time for a primary care appointment will be 28 days or less and for urgent appointments it will be 48 hours or less. These mean appointment wait times are the core measures that will be collected in all primary care settings. The data collected across IHS' direct service sites will be used to continually improve patient wait times. In order to implement the agency-wide standards by December 31, 2017, the IHS Chief Medical Officer communicated the Patient Wait Time policy Circular to Area clinical leadership on September 1, 2017. As part of its implementation, IHS will monitor the outcome data and ensure corrective actions are taken if standards are not met.

The fourth quality-related recommendation I will address is the Agency-wide oversight of quality. IHS has developed a performance accountability dashboard and acquired a practitioner credentialing software system. The accountability dashboard incorporates the five dimensions of health: patient safety, care effectiveness, patient-centeredness, timeliness, and care efficiency. Dashboard metrics will allow oversight and management of compliance with policy and regulatory requirements that ensure quality and safety of care. The measure definitions are complete, the data collection tool is in testing, and the dashboard for visualization is under development. The IHS will have the system-wide dashboard of performance accountability metrics in operation in the fall 2017. The dashboard is a powerful tool that will enable Headquarters and Area Offices to have real-time visibility across the IHS system. This will facilitate implementation and monitoring of quality measures throughout the system over time.

We are making other system-wide changes to ensure that quality improvements made by the federally-operated facilities are supported and sustained over time. IHS is modernizing the way provider credentialing and privileging, and facility accreditation preparedness is carried out within the federally-operated hospitals and clinics.

Also, we strengthened the governance and oversight of the hospitals by implementing standard Hospital Governing Board requirements.

To facilitate the hiring of qualified providers and ensure patient safety, the IHS is implementing a national provider credentialing and privileging system. The system is being implemented first in four IHS Areas and then will be expanded to the remaining IHS Areas by the end of 2017. The national credentialing system standardizes and streamlines the credentialing process across the IHS. Privileging and performance evaluations of IHS practitioners will be key aspects tracked in the new system that help address quality and patient safety. The IHS credentialing and privileging policy is being updated to support the new system.

Additionally, IHS expects to award a contract to a single accrediting organization for IHS hospitals later this month. IHS' use of one accreditation body will support the Agency-wide approach to quality improvement in the IHS facilities to help maintain accreditation. IHS' existing partnership with CMS further supports best health care practices and other organizational improvements for IHS federally-operated hospitals that participate in the Medicare program.

Lastly, since January 2017, IHS Hospital Governing Board (GB) Bylaws for inpatient acute care hospitals have been standardized across the Agency. We set minimum standards IHS-wide, while maintaining flexibility for the Areas and Service Units to accommodate needs specific to their locations and service populations. GB bylaws now specify minimum meeting frequency, agenda topics, and membership. Area Directors were instructed to immediately incorporate these changes into GB Bylaws for each hospital, communicate these new requirements to their Service Units and verify completion of these changes to IHS Headquarters (which was accomplished by February 2017).

Purchased/Referred Care Improvements

I can report that the agency has made progress in addressing the 10 key GAO recommendations on improvement of the Purchased/Referred Care (PRC) program. The IHS is improving and increasing access to care for our beneficiaries through outreach, education and enrollment activities, and requested closure of six recommendations in July. We are working to provide GAO with additional documentation of our progress.

The first GAO recommendations on the PRC program that I can report progress on address opportunities for improving the administration of the program. IHS places a high priority on timely processing of purchase orders, private provider claims, and payments for those services that cannot be provided by our facilities directly. Improving the data reporting and measurement system is essential to assuring that PRC programs are efficient. To that end and to address the first of the three recommendations, IHS modified the data system that tracks PRC referrals and emergency self-referrals and expects to begin baseline reporting for calendar year (CY) 2017 that will be available in CY 2018. IHS is currently researching industry standards and expects to have separate payment timeframe targets for these two referral types. We will request closure of this recommendation when the work is completed on all the items. GAO's second recommendation was for PRC funds to be used to pay for program staff. Historically, IHS' internal policy was to use PRC funds solely for the purchase of health care services. Any change in the current use of PRC should be balanced with the continuing need to assure access to services we cannot provide in our facilities. As for the third recommendation, we provide patients with current information regarding opportunities for new coverage options and ability to access care without obtaining a PRC referral. The Agency has requested closure of these two recommendations.

I can report that the recommendation to cap payment rates for non-hospital services has been addressed. IHS issued a final rule with comment, which amended the IHS regulations at 42 CFR part 136 to add a new Subpart I. The new Subpart I applies Medicare payment methodologies to physician and other non-hospital services or items purchased through the PRC program. The additional savings realized enables IHS and Tribal providers to increase access to more health care services. After capping PRC payment rates for non-hospital services, IHS and Tribes that use the IHS fiscal intermediary for the processing of PRC claims have realized a savings of more than \$178 million so far this calendar year. All IHS PRC programs participate in the PRC payment rates; Tribes are not required to participate, but may opt in. To date, six Tribes have opted in to participate. IHS also developed an online PRC Rates Provider Tracking tool to monitor the access to physician and other non-hospital care. This tool enables PRC programs to document providers that refuse to contract for their most favored customer rate or accept the PRC rates. IHS provided training on use of the tool to the Area PRC officers at a face-to-face meeting in De-

ember 2016. The tool went live in January 2017. IHS has requested closure of this recommendation.

I would like to address GAO's three recommendations on the allocation of PRC program resources by describing the federal-tribal administration of PRC funds and its implications for our response to the first and second recommendations. Approximately sixty percent of the PRC funds are distributed through Indian Self-Determination awards and are protected from unilateral reductions or reallocation by the agency, absent one of the circumstances set forth in 25 U.S.C. § 5325(b)(2) or 25 U.S.C. § 5388(d)(1)(C)(ii). IHS partners with tribal leaders in making PRC fund allocation decisions. Any future changes in PRC allocation methods, such as the two recommended by GAO, will undergo tribal consultation. The tribal-federal workgroup on improving PRC met in June of this year and recommended not changing the fund allocation methodology at a time when there is uncertainty in the future of federal health care financing and policy. IHS has requested closure of these two recommendations.

I would also like to report on actions we are taking to address the third recommendation related to the development of written PRC allocation policies and procedures. To assure transparency, IHS distributed guidance on PRC allocation of funds to Area Directors and PRC officers in CY 2016. IHS routinely directs Area Directors through official PRC allocation-of-funds distribution memos. These memos are official procedural documents that become a part of the PRC policy chapter of the Indian Health Manual. The chapter is under final agency review. The Agency has requested closure of this recommendation.

We continue our work addressing the remaining recommendations not discussed above: one addressing improvement in the enrollment processes and two focused on oversight for estimating need. We expect to request closure for these three open recommendations when we complete all the steps necessary to document the changes and improvements the Agency has adopted since 2011.

IHS is committed to addressing all risks impacting our ability to carry out our Agency mission. We have incorporated the GAO's High Risk Report recommendations into the IHS risk management work plan for 2017. IHS has entrusted leadership at all levels of the organization to identify current controls and will review their effectiveness in our annual internal management assessments. Where controls are deemed insufficient, actions to strengthen them will be taken. This special focus on identifying and mapping internal controls will help to inform strategic planning and identify appropriate areas for resource allocation.

I am very proud of the dedication and commitment of IHS staff at all levels of the agency who have accomplished these objectives in the past year. And I think you will agree with me that these actions demonstrate that IHS is taking its challenges seriously, and is continuing to take assertive and proactive steps to address them. Thank you for your commitment to improving quality, safety, and access to health care for American Indians and Alaska Natives. I will be happy to answer any questions the Committee may have.

The CHAIRMAN. Thank you, Admiral.
Mr. Dearman.

**STATEMENT OF TONY DEARMAN, DIRECTOR, BUREAU OF
INDIAN EDUCATION, U.S. DEPARTMENT OF THE INTERIOR**

Mr. DEARMAN. Good afternoon, Chairman Hoeven and members of the Committee.

Thank you for the invitation to appear again on behalf of the Bureau of Indian Education in regard to our recent work addressing BIE's High Risk designation.

As highlighted in the GAO reports, much work remains, but I am glad to report progress since the last time we met. Since the last hearing, we continue to prioritize the GAO recommendations and view their reports as a constructive tool to improve the agency and help the students we are committed to serve.

In three separate reports dating back to 2013, GAO provided 13 recommendations to improve the management of BIE schools. Currently, 11 of the GAO's recommendations remain open but progress is being made on these outstanding recommendations.

GAO issued three additional reports in May of 2017 since the last Committee hearing. The three additional GAO reports include several new recommendations, ten of which directly involve the BIE while the others require coordination with other bureaus within Indian Affairs.

As director, I am working with our senior leadership team within BIE, as well as with Indian Affairs, the Secretary's office, and our colleagues at the GAO to ensure that BIE comprehensively addresses each outstanding recommendation.

We appreciate the assistance and collaboration offered by GAO. In recent months, the BIE, through the support of the department, has increased its direct communication with GAO, which has enhanced BIE's ability to more effectively address outstanding recommendations.

Through in-person meetings and follow-up teleconferences, GAO has provided BIE comments and suggestions for closing the outstanding recommendations.

Regarding GAO-13-774, BIE has completed implementation of recommendations two and three, which includes development of a communications strategy and increased collaboration with the Department of Education.

Recommendation five, revision of a strategic workforce plan, was previously considered closed by the department, but not GAO. After a thorough review of the recommendation five closure package with GAO, BIE and the department have chosen to list the recommendation as open and are working to submit a new closure package.

Further, BIE is currently working to implement recommendations one, four, and five, which are to develop documented decision-making procedures, a strategic plan, and a comprehensive workforce plan. BIE plans to fully implement the remaining recommendations contained in GAO-13-774 by 2018.

Regarding GAO-15-121, BIE continues to implement GAO's four recommendations and complete its work with respect to recommendations one and two no later than the close of 2018 and recommendations three and four by the middle of 2019.

Regarding GAO-16-313 and GAO-17-421, Indian Affairs has formed an interagency workgroup to address all safety-related GAO recommendations. The workgroup consists of staff from BIE, BIA, and pertinent partners across Indian Affairs. The group's first meeting was held on May 31 through June 1, 2017, with a second meeting held on August 15-16, 2017.

Working with BIA, BIE is currently crafting and implementing comprehensive safety inspection policies and procedures to ensure that high quality inspections and reports are carried out.

Regarding GAO-17-423, not all recommendations are directly under BIE's purview. However, BIE tentatively concurs with recommendation seven and is examining the feasibility and cost of implementation.

With regard to Recommendation 8, BIE non-concurs with GAO regarding this recommendation. While altering the transportation formula could be beneficial, it would require a formally-negotiated rulemaking. To consider such rulemaking, BIE would need to have support of its tribal partners.

Regarding GAO-17-447, BIE is working cooperatively with partners across Indian Affairs to address GAO's recommendations. As this is a new report, these items are not outstanding but will nonetheless be addressed as expeditiously as possible.

Members of the Committee, thank you for the opportunity to present testimony today and provide the Committee an update regarding our GAO work. BIE is excited about our recent progress and remains committed to sustained improvement. The BIE looks forward to working with you and appreciates your time and attention in this important matter.

I would be honored to answer any questions you may have.
[The prepared statement of Mr. Dearman follows:]

PREPARED STATEMENT OF TONY DEARMAN, DIRECTOR, BUREAU OF INDIAN
EDUCATION, U.S. DEPARTMENT OF THE INTERIOR

Good afternoon Chairman Hoeven, Vice Chairman Udall, and Members of the Committee. Thank you for the invitation to appear again on behalf of the Bureau of Indian Education (BIE) to discuss our ongoing work to address the high risk designation from the Government Accountability Office (GAO) in the High Risk Report (GAO-17-317 High Risk Series).

As highlighted in the GAO reports, much work remains, but I am glad to update this Committee on progress made since I last testified in May. A priority as BIE Director includes addressing the GAO recommendations and the issues highlighted head on. As I previously testified, the BIE team views the GAO's reports as a constructive tool to improve our agency and help the students we are committed to serve. As such, I will update you on headway made in the following areas:

1. GAO High Risk Status for BIE
2. GAO Recommendations
3. GAO Recommendations Status & BIE Next Steps

GAO High Risk Status for BIE

In February, the GAO released its High Risk Report (GAO-17-317 High Risk Series) designating BIE as a high risk agency. The GAO highlighted the following persistent weaknesses noted in previous reports that inhibit the agency from efficiently executing its mission to serve Indian students:

- Indian Affairs' (IA) oversight of school safety and construction, as well as how BIE monitors the way schools use Interior funds;
- The impact of limited workforce planning in several key areas related to BIE schools;
- The effects of aging BIE school facilities and equipment and how such facilities contribute to degraded and unsafe conditions for students and staff; and
- How the lack of internal controls and other weaknesses hinder IA's ability to collect complete and accurate information on the physical conditions of BIE schools.

In three separate reports dating back to 2013, the GAO provided thirteen recommendations to improve IA's management of BIE schools. Currently, eleven of GAO's recommendations remain open. However, progress is being made to address BIE's outstanding recommendations. GAO issued three additional reports in May 2017 since the last Committee hearing on this subject. These new GAO reports include several new recommendations, ten of which would require a response solely from BIE. BIE tentatively concurred with one of the ten new recommendations and disagreed with one other new recommendation. The remaining recommendations, due to agency authority, are directed to other entities within IA, or a combination of agencies within IA.

As Director, I am committed to addressing these outstanding items. To that end, I am working with our senior leadership team within BIE as well as with the Bureau of Indian Affairs (BIA), the Office of the Assistant Secretary for Indian Affairs, the Secretary's Office, and our colleagues at GAO to ensure BIE comprehensively addresses each outstanding recommendation as expeditiously and effectively as possible. We are appreciative of the assistance and collaboration offered by GAO. In recent months, the BIE, through the support of the Department, has increased its di-

rect communication with GAO, which has enhanced BIE's ability to efficiently address outstanding recommendations. Through in-person meetings and follow-up teleconferences, GAO has provided BIE comments and suggestions for closing recommendations in a timely manner.

GAO recommendations are a roadmap for BIE to establish and maintain comprehensive internal policies and procedures that support service delivery, ensure accountability, and provide organizational stability. We look forward to continuing our work with GAO and this Committee.

GAO Recommendations: Status and BIE Next Steps

In the past few years, BIE planned, consulted on, designed, and implemented a complex, multifaceted, bureau-wide reorganization. In February 2016, the Department of the Interior directed BIE to move forward with Phase I of its reorganization, with the agency committing considerable time, energy, and resources to carry out the directive. Simultaneously, considerable turnover within BIE senior leadership reduced capacity and focused BIE's attention on day-to-day services rather than addressing critical, long-term organizational improvement strategies highlighted in the GAO reports. BIE has now prioritized resources and critical personnel to refocus efforts to address the longstanding issues outlined in GAO reports that will ultimately improve our ability to serve Indian students.

In November 2016, the BIE filled several key positions that have been tasked with serving on an internal working group focused on evaluating all outstanding GAO recommendations as well as BIE's past GAO closure submissions. The team completed its analysis in early 2017 and reported its findings and recommendations to BIE leadership in mid-March. Based on the information received, BIE leadership is not satisfied with the quality and timeliness of the work to date, and recognizes the shortcomings and need for each GAO recommendation to be reexamined and addressed. BIE is currently working to complete the actions recommended in each of these three GAO reports.

OUTSTANDING GAO RECOMMENDATIONS

GAO-13-774—INDIAN AFFAIRS: Better Management and Accountability Need to Improve Indian Education (September, 2013).

GAO made five recommendations:

- I.) Develop and implement decisionmaking procedures which are documented in management directives, administrative policies, or operating manuals;
- II.) Develop a communication strategy;
- III.) Appoint permanent members to the BIE-Education committee and meet on a quarterly basis;
- IV.) Draft and implement a strategic plan with stakeholder input; and
- V.) Revise the BIE strategic workforce plan.

BIE has completed implementation of recommendations two and three, which includes development of a communications strategy and increased collaboration with the Department of Education (ED) through several mechanisms, including a BIE-ED Committee that meets every other week (rather than just quarterly). Recommendation five, revision of a strategic workforce plan, was previously considered closed by the Department, but not GAO. After reviewing the previous work submitted by BIE regarding recommendation five, and after closely collaborating with GAO regarding the work product, BIE and the Department relisted the recommendation as open and will continue to work collaboratively with GAO until fully implemented. Additionally, BIE will assess the effectiveness of its implementation of GAO's closed recommendations in an effort to continually improve BIE's operations. BIE is currently working to implement recommendations one, four, and five, which are to develop documented decisionmaking procedures, a strategic plan, and a comprehensive workforce plan. BIE plans to fully implement the remaining recommendations contained in GAO-13-774 by 2018.

Recommendation 1—In June 2017, the BIE workgroup convened staff from across the Bureau for a two-day workshop. During the workshop, the workgroup solicited inter-departmental input regarding a formal strategic decisionmaking policy. A draft strategic decisionmaking procedure was produced by the workgroup shortly thereafter. On July 14, 2017, the BIE workgroup provided a copy of the draft strategic decisionmaking procedure to all BIE senior leaders for a one-week review and input period. Following the one week review, the workgroup incorporated all feedback and submitted the draft procedure to the IA's Office of Regulatory Affairs and Collaborative Action (RACA) on July 28, 2017.

RACA is the office responsible for reviewing, and ultimately publishing, the document in the Indian Affairs Manual (IAM), which is a reference for all agencies and offices within IA. On August 18, 2017, RACA provided BIE edits and input for review. On August 21, 2017, BIE completed its review of RACA's feedback and resubmitted the draft decisionmaking procedure for publication into the IAM. BIE is awaiting final publication of the strategic decisionmaking procedure by RACA. Upon final publication, BIE will schedule a training event for all appropriate personnel regarding the use of the newly drafted strategic decisionmaking policy as well as work to provide a closure package to GAO.

Recommendation IV—BIE, working cooperatively with leadership within IA and pertinent stakeholders, has reviewed the strategic plan submitted to GAO in September 2016 and has determined the quality of work as unsatisfactory, both for the purposes of closing recommendation four and for working as a functional tool intended to guide the organization in achieving its mission. At the close of this review, BIE immediately began the process of planning and drafting a revised strategic plan.

On March 8, 2017, BIE conducted a senior leader strategic planning exercise. On April 11, 2017 BIE held a follow-up strategic planning session, convening local, regional, and central office personnel to determine paths forward. By the end of April 2017, BIE began revising its mission and vision statement and identified draft goals. On June 14, 2017 and July 18–20, 2017, BIE held additional strategic planning sessions to identify strategies aligned to goals and established a communications plan for sharing the draft plan with internal and external stakeholders to solicit feedback as well as developing a timeframe for formal consultation with Indian tribes. In addition, BIE identified dates for additional organization-wide planning meetings on August 29–30, 2017 and September 26–28, 2017.

To ensure that the strategic planning process is effective and results in a high quality and useful work product, the BIE has partnered with external subject matter expert organizations, such as the Council of Chief State School Officers (CCSSO), the South Central Comprehensive Center (SC3), and the Building State Capacity and Productivity Center (BSCPC). These organizations have provided BIE with technical expertise and shared best practices in developing an effective, long-term strategic plan as well as creating a functional action plan for implementing a measurement system to track progress once the strategic plan is implemented.

GAO-15-121—INDIAN AFFAIRS: Bureau of Indian Education Needs to Improve Oversight of School Spending (November, 2014).

GAO made four recommendations:

- I.) Develop a comprehensive workforce plan;
- II.) Implement an information sharing procedure;
- III.) Draft a written procedure for making major program expenditures; and
- IV.) Create a risk-based approach in managing BIE school expenditures.

BIE is continuing its work to implement GAO's four recommendations contained in GAO-15-121. To that end, the BIE plans to complete its work with respect to recommendations one and two no later than the close of 2018 and recommendations three and four by the middle of 2019.

Recommendation I—During the early stages of the current BIE reform, IA contracted a workforce study. However, following BIE's meetings with GAO on June 17, 2017 and August 16, 2017, GAO provided clarification regarding work product expectations identifying skills gap, prioritization of vacancies, and the need for plans contingent on varying outcomes, such as available funding and hiring constraints. BIE plans to revisit the work done by IA in the prior study and reexamine its workforce planning efforts in light of GAO's feedback.

Recommendation II—BIE staff is working to ensure that necessary financial oversight information is shared across the agency. In the short term, BIE has developed a share point system and ensured all key staff members, such as those involved with calculating the 2017–2018 school risk matrix, have access to audit reports. Additionally, BIE now has access to the IA Division of Internal Evaluation and Assessment (DIEA) Audit Report Tracking Tool (ARTT) system that provides a real-time status of Audit report findings, recommendations and questioned costs.

In June 2017, the BIE working group convened staff from across the BIE for a two-day workshop to develop a permanent, comprehensive, interdepartmental policy and procedure for sharing information across the Bureau. In addition, BIE is currently working with its Information Technology support staff to examine the feasibility of implementing an electronic tool that would provide all internal divisions within BIE fiscal monitoring access to upload and share documents and information.

Recommendation III—As part of its work, BIE leadership has given all staff with fiscal monitoring responsibilities the directive that all school monitoring events will be made in a single, coordinated manner. This will ensure that staff from the Division of Performance and Accountability, School Operations, Education Resource Center, and Associate Deputy Director offices will conduct single, coordinated visits to all schools identified as high risk through the utilization of the BIE High-Risk Matrix.

In addition, the BIE workgroup convened a two-day workshop in June 2017 concentrated solely on addressing all outstanding recommendations related to BIE’s fiscal monitoring activities. During the workshop, the workgroup solicited inter-departmental input regarding a uniform, comprehensive, interdepartmental fiscal monitoring policy and procedure. A draft fiscal monitoring policy and procedure is in draft form but still requires further input and editing, which will be completed in the coming months. Following the workgroup’s final drafting efforts, BIE plans to submit the fiscal monitoring policy and procedure to all BIE senior leaders for a review and input period, after which BIE will submit the proposed policy and procedure to RACA for review and publishing into the IAM.

Finally, on August 14, 2017, the BIE received Departmental approval to advertise and fill three key fiscal monitoring related positions. These positions are newly established under the reform and were specifically designed to provide BIE with increased human capital needed to effectively conduct fiscal monitoring. These positions include a Program Manager for Budget and Finance and two auditor positions.

Recommendation IV—In June 2017, members of the BIE working group met to begin drafting a comprehensive risk-based monitoring methodology to ensure compliance with the Fraud Reduction and Data Analytics Act of 2015 (Public Law 114–186). During the workshop, the workgroup solicited inter-departmental input regarding a comprehensive risk assessment methodology. The workgroup has completed its work implementing the 2017–2018 risk assessment based on the comprehensive methodology.

The workgroup is also drafting a risk assessment policy and procedure to ensure the methodology is used annually in a standardized and uniform manner. However, the policy and procedure requires further input and editing, which will take place in the coming months. Following the workgroup’s final drafting efforts, BIE plans to submit the risk assessment policy and procedure to all BIE senior leaders for a review and input period, after which BIE will submit the proposed policy and procedure to RACA for review and publishing into the IAM.

GAO-16-313—INDIAN AFFAIRS: Key Actions Needed to Ensure Safety and Health at Indian School Facilities (March, 2016)

GAO made recommendations:

- I.) Ensure that all BIE schools are inspected as well as implement a plan to mitigate challenges;
- II.) Prioritize inspections at schools where facility conditions may pose a greater risk to students;
- III.) Develop a plan to build schools’ capacity to promptly address safety and health problems with facilities and improve the expertise of facility staff to maintain and repair school buildings; and
- IV.) Consistently monitor whether schools have established required safety committees.

BIE is working to implement GAO’s four recommendations contained in GAO-16-313.

Recommendations I and II—BIE has worked with the Bureau of Indian Affairs (BIA) to address the first recommendation by implementing a Safe School Audit. BIA completed safety inspections at all BIE-funded schools for the first time in 2016. BIE and BIA are currently on time in completing all school inspections in 2017 as well. However, BIE understands the need to ensure focus on completion does not detract from the quality of inspections. To that end, BIA has formed an inter-agency workgroup to address all safety-related GAO recommendations. The workgroup consists of staff from across IA, including the BIE, BIA, DIEA, the Deputy Assistant Secretary—Management (DAS-M), and Division of Facilities Management and Construction (DFMC). The workgroup’s first meeting was held on May 31 through June 1, 2017, with a follow-up meeting held August 15–16, 2017.

As a contingency plan, the workgroup has also drafted an inspection mitigation and prioritization plan based on risk should it be unable to complete 100 percent of inspections in future years. BIE plans to submit its mitigation and prioritization plan to its IA partners for review and input no later than September 2017.

Recommendations III and IV—BIE is conducting ongoing staff and administrator training and is working with BIA to provide long-term support of school safety committees through school inspections. We recognize that reporting for such activities is inadequate, so BIE is working with BIA to provide oversight of such inspections. The agencies, through the workgroup members described in GAO 16-313 Recommendations I and II, are working to produce formal policies and procedures to address shortcomings through a recently formed inter-agency workgroup that met throughout the summer coordinate activities to ensure such committees are formed and trained in a timely and consistent manner.

2017 GAO RECOMMENDATIONS

GAO-17-421—INDIAN AFFAIRS: Further Actions Needed to Improve Oversight and Accountability for School Safety Inspections (May, 2017)

GAO made six recommendations, five of which apply to BIE in conjunction with IA and BIA:

- I.) Develop and take corrective actions to address BIA safety program weaknesses identified in prior Interior evaluations;
- II.) Develop and implement a plan to assess employees' safety training needs and monitor compliance with IA's safety training requirements;
- III.) Ensure employee performance standards on inspections are consistently incorporated into the appraisal plans of all personnel with safety program responsibilities;
- IV.) Develop performance and quality standards and establish a process for routinely monitoring the quality of inspection reports;
- V.) Develop a system which routinely monitors and require inspectors to submit completed safety reports to schools within a 30-day timeframe; and
- VI.) Use timelines information to assess employee performance for personnel with safety program responsibilities.

IA has formed an inter-agency workgroup to address all safety related GAO recommendations. The workgroup consists of staff from BIE, BIA, IA, DIEA, and DFMC. The group's first meeting was held on May 31 through June 1, 2017, with a second follow-up meeting held on August 15-16, 2017. Working with BIA, BIE is currently crafting and implementing comprehensive safety inspection policies and procedure to ensure that inspections and reports are carried out in a timely manner and are of sufficient quality.

GAO-17-423—INDIAN AFFAIRS: Better Data Could Improve Road Management and Inform Indian Student Attendance Strategies (May, 2017)

GAO made eight recommendations, two of which apply to BIE:

- VII.) Provide guidance to BIE schools to collect data on student absences related to road and weather conditions; and
- VIII.) Review the BIE Transportation Formula and determine, with BIA and tribal stakeholders, what adjustments are needed to better reflect transportation costs for schools.

Recommendation VII—BIE tentatively concurs with this recommendation and is currently examining feasibility and costs of tracking absences due to road conditions, among other important data points, within its Native American Student Information System (NASIS) system.

Recommendation VIII—BIE non-concurs with GAO regarding this recommendation. While this could be beneficial, altering the transportation formula would require formal negotiated rulemaking. The BIE would only consider undergoing such rulemaking with the support of its tribal partners. To date, BIE has not received any such communication.

GAO 17-447—INDIAN AFFAIRS: Actions Needed to Better Manage Indian School Construction Projects (May, 2017)

GAO made six recommendations, two of which apply to BIE:

- V.) Improve oversight and technical assistance to tribal organizations to enhance tribal capacity to manage major constructions projects; and
- VI.) Develop and implement guidance for maintaining complete contract and grant files for all BIE school construction projects.

Recommendation V—BIE will work cooperatively with IA Office of Facilities, Property and Safety Management (OFPSM) and DFMC to draft an engagement plan

and high risk project tracking system on time to GAO. As this is a new report, these items are not outstanding but will be addressed as expeditiously as possible.

Recommendation VI—BIE will work cooperatively with OFPSM and DFMC to draft guidance regarding how official contract and grant files are required to be held by the contracting officer or awarding official and any requirements for retention and location of such files. BIE will coordinate activities to ensure on time delivery to GAO. As this is a new report, these items are not outstanding but will be addressed as expeditiously as possible.

Conclusion

Chairman Hoeven, Vice Chairman Udall, and Members of the Committee, thank you for the opportunity to present testimony today and provide the Committee an update regarding our work with GAO. BIE is excited about our recent progress and remains committed to addressing all of GAO's recommendations in order to achieve sustained improvement. The BIE looks forward to working with you and our partners as we address the recommendations. Thank you for your time, and I would be honored to answer any questions you may have.

The CHAIRMAN. Thank you, Mr. Dearman.

We will start with five-minute rounds of questioning.

I would like to direct my opening question to Ms. Emrey-Arras. According to GAO, there are 23 open recommendations for Indian education; 14 open recommendations for Indian health; and 13 open for Indian energy.

Talk to me about how we make progress to close out all of those. What is the best way in terms of oversight and follow up to make sure these are tracked and closed out in a way that both you and the agency come to agreement that it is resolved or we are back here talking about it?

Ms. EMREY-ARRAS. I think within the education area, we have been doing a lot of additional communication. As Director Dearman noted, we have done a lot more in-person meetings, and a lot of additional phone meetings to provide suggestions on how to implement recommendations and provide direct and immediate feedback on their ideas.

I think that kind of interaction is very constructive in terms of moving towards implementation. I do think within the education area, there has been a lot of movement since we put them on the High Risk List and since we last testified. Plans have been put in place for all the education recommendations and steps are being laid out to accomplish implementation.

At this point, we are not able to close any of those, but we would like to see continued progress in those areas.

The CHAIRMAN. What is a realistic timeframe for getting them closed and being back here reporting, not that we would have them all closed but a realistic timeline to do a follow up on progress?

Ms. EMREY-ARRAS. I think another six months. I think that would be an excellent time to see where we stand. Certainly, there are recommendations across these three areas of energy, education and health care that are more intensive, that require, for example, more collaboration and consultation and the like.

On the other hand, there are some low hanging fruit recommendations shall we say, some easy fixes that could be put in place for some of them. For example, I think we would say that it should not take four and a half years to develop procedures to oversee school spending. We know right now there are, in fact, draft procedures they mentioned they have.

Instead of waiting until the middle of 2019 to finalize and implement those, our hope would be within the next six months, if possible, those could be rolled out so we would have more oversight of school spending.

The CHAIRMAN. Are there provisions in regard to any of these recommendations where you hit impasse?

Ms. EMREY-ARRAS. I would not say within the education area. Let me defer to my other colleagues in energy and health care and see on their ends.

Ms. KING. Senator, I am Kathleen King from the healthcare team. Thank you for having us here.

I would say in the health care arena, we have some disagreements with the agency over the PRC program. In 2012, we actually made a matter to Congress in terms of directing IHS to develop a new formula for the PRC program because we found there was a great disparity in spending per capita ranging from a low of \$300 to a high of \$800.

We knew at that time the agency would not agree with that so we made that a matter for Congress.

We also made some recommendations to the agency at that time about how they count PRC users and how they calculate the availability of hospital services. That was in 2012. At that time, the agency agreed with us. Most recently, the agency has said that is a matter for tribal consultation and indicated today the Tribal Consultation Group had said they are not in favor of any changes at this time.

The CHAIRMAN. Are there other areas of disagreement within IHS and with the GAO recommendations?

Ms. KING. I think the only other outstanding disagreement has to do with their use of PRC funds for staff. In our view, we thought there is such a shortage of staff to process enrollments and help people figure out whether they are eligible for Medicaid or other things that some of the PRC funds should be allocated for that purpose. The agency disagreed with that.

The CHAIRMAN. Anything else in regard to IHS?

Ms. KING. One more thing and this is not really a recommendation but we would be interested in seeing what the agency's third-party reimbursements have been over the last several years after the implementation of the Affordable Care Act. That is not work we have conducted or have underway.

The CHAIRMAN. Thank you.

In regard to energy?

Mr. RUSCO. Thank you. I am Frank Rusco.

I would not characterize it exactly as an impasse but more of we are not exactly on the same page in one particular area. That would be in oversight and monitoring practices at the Bureau agency level.

BIA has been working on documents to set standards and also to identify problems. What we have not seen yet is plans to roll out those and get those plans and guidance to the agency level and then to follow up with monitoring and measurement. Until we see that, it will not happen on the ground.

I could give you some more specifics but I think it is better that we work directly with BIA and talk with them to try to sort out that sort of disconnect.

The CHAIRMAN. Is there disagreement or has it just not been figured out?

Mr. RUSCO. I am not sure, because we have not had the conversation, whether it is something that they're missing about what we expect but what we see them doing is not clearly what we want them to do. I think we are going to have a round of conversation shortly about that.

The CHAIRMAN. We will ask that question as well.

Thank you.

Mr. RUSCO. Thank you.

The CHAIRMAN. Now I will turn to the Vice Chairman.

Senator UDALL. Thank you, Chairman Hoeven.

I very much appreciate Senator Franken pitch hitting. He is always very good at that.

I would like to talk about the efforts to reduce BIA's workforce. We have heard news reports about personnel moves affecting dozens of high level SES employees and yet the Administration left Congress in the dark about Interior's plans.

The proposed personnel moves are uprooting employees who have formed deep and lasting relationships with the surrounding communities, including individuals with the Office of the Assistant Secretary for Indian Affairs and the Bureau of Indian Affairs.

The GAO noted repeatedly in its High Risk Reports that an under staffed and ill equipped workforce is already an issue that hinders Indian energy development. For Mike Black, I am concerned that Interior's personnel moves will only exacerbate the issues identified by the GAO.

I sent two letters to the Department of the Interior about these recent personnel moves, one on July 11 and another on August 21, neither of which has received a response.

Can you commit to me today I will have a response to all of my questions and my colleagues' questions by this Friday, September 15?

Mr. BLACK. I will certainly take back that message to the Administration that you are requesting that.

Senator UDALL. Thank you.

I know these letters were above your pay grade but just want you to take back to Secretary Zinke, the Deputy Secretary and others that he committed to answering these both talking to me privately and publicly. We expect answers when all of us put in letters of this nature.

One issue the GAO High Risk Report highlights is the lack of interagency coordination for Indian programs. That certainly is no surprise to this Committee. One school in my home State of New Mexico, the Dz School on the Navajo Nation has recently suffered from this lack of coordination.

Because of some unforeseen issues with the campus sewage system and the location of the school's gym, their school camp's replacement has stalled. BIE, BIA, DOI leadership and IHS all need to come to the table before these issues will be resolved.

Mr. Dearman, you were at a meeting my staff had at the Dz School recently so I know you heard about these unique issues firsthand. Has your office made any progress on these issues since that meeting last month?

Mr. DEARMAN. Yes, Senator, we have. We actually reached out to the Division of Facilities Management and Construction and started talking about the issues raise during our school visit.

You are exactly right. We have to have other departments of Indian Affairs at the table. BIA and BIE, including the tribe, will need to be at the table to discuss the issues that were brought up.

Senator UDALL. Also, the Indian Health Service. I want to ask Admiral Weahkee, was your office aware that the IHS clinic near the school uses the school's sewage system?

Mr. WEAHKEE. Sir, the issue just came to our attention at the national level recently but our engineers and sanitarians in the Navajo area have been working closely with Indian education in Dz. Yes, sir, we do have folks addressing the issue there.

Senator UDALL. Can I get your commitment that you will have your team work with Mr. Dearman and the Navajo Nation and the Dz school board to get this sewage issue resolved in a timely manner?

Mr. WEAHKEE. Yes, sir.

Senator UDALL. Mr. Black, was your office aware of the Dz gym sitting on BIA-held land?

Mr. BLACK. Yes, sir. Mr. Dearman made me aware of that issue as well.

Senator UDALL. Can I get your commitment to see if the Bureau can resolve this issue internally to follow up with my staff and the school if congressional action is needed?

Mr. BLACK. Yes, sir, certainly.

Senator UDALL. For the panel as a whole, the Dz School example illustrates this larger coordination issue perfectly. How will each of your offices do a better job of interagency coordination moving forward? Why don't we start with you, Mr. Black?

Mr. BLACK. I think quite honestly, sir, that is something we all have to address between all the different bureaus and agencies, especially when we are dealing with multijurisdictional issues such as this.

Coming from the region, I have had some experience where we have to make sure and sometimes just incorporating regular meetings between Indian Health Service, BIA and BIE, it really starts at the local level and works its way up versus top down. We need to get that message out to our staff.

Senator UDALL. Admiral Weahkee?

Mr. WEAHKEE. Yes, sir, I would reiterate the structural issues of covering vast geography. We do have great leaders on the ground to elevate issues to their area leadership. We need to be more transparent and communicative with those area directors on issues such as these that cross barriers and boundaries.

Senator UDALL. Thank you.

Mr. Dearman, briefly.

Mr. DEARMAN. Vice Chairman, not only the Senate Committee on Indian Affairs is holding us accountable, so is Secretary Zinke. We are working with all the departments within Indian Affairs that

have their hand in our schools, meaning BIA, DASM, Deputy Assistant Secretary of Management, and IHS to help take care of our kids.

We have really collaborated with agencies that have a hand in running our schools. We have gotten a lot of support from the Administration and the departments I have been working with to make sure our kids and schools are taken care of.

Senator UDALL. Thank you.

Thank you, Mr. Chairman.

The CHAIRMAN. I would now like to turn to our other Vice Chairman, Senator Al Franken.

**STATEMENT OF HON. AL FRANKEN,
U.S. SENATOR FROM MINNESOTA**

Senator FRANKEN. We might as well just have three, Senator Cortez Masto as well.

I just have a question concerning the extent to which Mike Black and Secretary Zinke have gotten involved with this GAO report and how hands-on they are in addressing this issue. Does anyone have any comment on that? Ms. Emrey-Arras?

Ms. EMREY-ARRAS. I would say that Mr. Black has certainly been involved in our meetings. I would defer to the agency officials regarding the Secretary's involvement.

Mr. BLACK. Since long before I became the Acting Assistant Secretary, I have been involved in a lot of these efforts related to the GAO on the energy side of it. Since becoming Acting Assistant Secretary, I have had regular interaction with Tony to make sure I have updates to find out where they are in the process, what they are doing, and making sure they are getting the support they need from my office.

The Administration and the Secretary's office on down has been very supportive of all of the activities we are doing and encouraging us. Indian energy and education are two of the Secretary's priorities and things he wants us to carry forward. We are getting the full support of his office as well.

Senator FRANKEN. His office. Do you see him much?

Mr. BLACK. I don't interact that often with the Secretary himself, but he has been busy trying to catch up on a lot of things, the first part of the transition, but he is aware of the issues going on. We are making sure he is being updated as well.

Senator FRANKEN. I want to talk about a crisis that is going on not just in Indian Country but especially in Indian Country, something that has been declared a crisis by the Administration. That is the opioid epidemic.

Indian reservations are the front lines. In my State, Indian babies are now over ten times more likely to be diagnosed with Neonatal Abstinence Syndrome or opioid withdrawal symptoms than other babies in our State's Medicaid program. Earlier this year on the Red Lake Reservation from February to July, nearly three dozen people overdosed, including ten overdoses in July alone.

At one point the crisis was so bad, the local hospital ran out of naran which blocks the effects of opioids and helps reverse an overdose.

I met with a number of tribal leaders. It was clear from these meetings that we need a multi-pronged approach to address the opioid crisis in Indian Country. We need more research, lower prescribing rates, greater resources for prevention, and better access to treatment.

We also need to consider integrating traditional ceremonies, culturally sensitive recovery and those kinds of activities into evidence-based treatment and recovery programs. The White Earth Reservation in the northwest part of my State has a successful MOMS Program.

Again, the President's Commission on Combating Drug Addiction and the opioid crisis has declared this a crisis. Led by Chris Christie from New Jersey, they recently posted the interim report of recommendations to address the opioid crisis.

The primary recommendation was to declare the opioid epidemic a national emergency in order to permit the use of Federal disaster funds in fighting outbreak, to encourage swift action by Federal agencies to address the crisis and to raise public awareness and prompt congressional action.

While the Administration is evaluating the legal implications of such a declaration, the Commission is working on a final report which is expected in October. Several tribes in Minnesota have also issued similar public emergencies.

Admiral Weahkee, what recommendations did you make to Chris Christie and the Commission on how to address the opioid epidemic in Indian Country?

Mr. WEAHKEE. Thank you, Senator Franken, for bringing up this issue of the opioid epidemic. We know it is a national issue. It definitely has had a dramatic impact in Indian Country.

I believe that some of the efforts that have been made across our agencies to ensure the availability of naloxone are a great start within the IHS. We have also been training our providers ensuring that they are properly certified for medication assisted treatments. You already mentioned the culturally appropriate and community specific modalities.

I believe tribes need to be at the table in helping to define what is going to work best for their communities. I think number one is bringing the tribes to the table to be engaged in the conversation.

Senator FRANKEN. Bringing the tribe to the table?

Mr. WEAHKEE. Yes, sir.

Senator FRANKEN. I know my time has run out. I just feel this is such a crisis that we are seeing, such devastation. I just would like to see resources. I think that is why you declare an emergency, you can use resources to get people treatment and medication therapy, and get them some proper medication to substitute that does not cause you to get high.

It just feels like an all hands on deck emergency all over the Country but especially in Indian Country, especially in Minnesota. I think we need to understand this is something that can be treated and needs to be treated.

I would urge you especially to be in contact or Indian Health to be in contact with the Commission. Okay?

Mr. WEAHKEE. Thank you, sir.

Senator FRANKEN. Thank you.

The CHAIRMAN. Vice Chairman Cortez Masto.

**STATEMENT OF HON. CATHERINE CORTEZ MASTO,
U.S. SENATOR FROM NEVADA**

Senator CORTEZ MASTO. Thank you, Mr. Chairman.

Let me follow up on that conversation, Admiral, because we all know opioids are a crisis across the Country. I want to understand. You are not just now bringing tribes to the table; this is a conversation we have already been having with these tribes, is that correct?

Mr. WEAHKEE. Yes, ma'am. My response was in regard to what would I tell Governor Chris Christie. Tribes have definitely been heavily engaged with us in developing programs that work for their communities.

Another example of something we have done within our agency is the development of what we call the HOPE Committee which focuses on heroin, opioids and pain efforts. Getting tribes involved in conversations about what is going to work, culturally what is going to work within their communities, looking at the available resources and filling in those gaps is imperative.

Senator CORTEZ MASTO. Thank you.

First of all, let me say thank you for what you have done to implement some of the recommendations. I know one of the recommendations you looked at was to address the patient wait time and having a tracking system in place.

Something has come to my attention, and I just want to verify this. The medical records system that IHS uses was developed by Veterans Affairs but the VA is going to discontinue support of this system within the next few years. Your new patient wait time tracking program is attached to that system.

Is that true and what do you intend to do if the VA is no longer supporting your RPMS system?

Mr. WEAHKEE. Thank you for the question.

First, the VA has announced they are moving away from their VISTA Electronic Health Record. We have historically relied on the VA for programming support of our own Resource and Patient Management System, RPMS.

Fortunately, in this case, with regard to the tool that we developed for patient wait times, we developed that separate from the EHR and in a way that it can be used with any electronic health record, business intelligence software that is not necessarily a part of RPMS, so they are separate systems.

Senator CORTEZ MASTO. It is not going to have an impact at all on your patient tracking?

Mr. WEAHKEE. It will have an impact on patient tracking but in regard to how we are going to monitor it with our new tracking tool, no.

Senator CORTEZ MASTO. Is VA discontinuing support of the system going to impact you in any way whatsoever?

Mr. WEAHKEE. The discontinuation of their program support will definitely have an impact on the Indian Health Service. We have initiated robust conversations not only with the VA but we have held tribal listening sessions, initiated conversations with DOD,

the Coast Guard, all of which are going through or have gone through similar conversions.

We are at a point where we are information gathering to really assess what our options will be moving forward.

Senator CORTEZ MASTO. Then putting a plan together to come up with any gap to address the changes that need to take place and any resources that need to be associated with it?

Mr. WEAHKEE. Yes, ma'am.

Senator CORTEZ MASTO. Is that going to happen this budget cycle if you need resources?

Mr. WEAHKEE. We have initiated conversations internally. As you mentioned, the VA's plan is to transition off over several years. We know at least in the next several budget cycles. We are more in an information gathering and planning phase. When we start to need the resources to purchase consultants or hardware, those asks will come should we make the decision to convert the EHR.

Senator CORTEZ MASTO. Thank you.

First of all, thank you gentlemen for being here as well as GAO. It is very, very important and we appreciate you coming back here and talking about the changes and recommendations that are necessary.

Mr. DEARMAN, we talked in the past, the last time you were here. One of the things we talked about was the school accountability data and the lack of up-to-date information that was necessary on the websites.

Correct me if I am wrong, did I hear that you are any closer to having real time data or up-to-date data that is available?

Mr. DEARMAN. We are getting closer, Senator, to gathering that data and having that where we can actually start distributing that data. We are not quite there yet.

Senator CORTEZ MASTO. What is the timeframe, you think, for that?

Mr. DEARMAN. I can get back to you on the timeframe. We are working collaboratively with the Department of Education on this task. I can get back to you with the timeframe.

Senator CORTEZ MASTO. That would be very helpful.

You have a lot on your plate. The other question I have is, is it a resource issue or a staffing issue to help address some of these changes that are going to be necessary?

Mr. DEARMAN. It is just the lack of gathering and collecting data over the past three years. We are playing catch up to catch up with all the data we haven't collected. That is the reason we are behind.

Senator CORTEZ MASTO. With the Chairman's indulgence, because I know my time is up, we heard from GAO some of their concerns that there may be some impasse still. I did not hear your response to that, the concerns they brought up. Do you have any response to that?

Mr. BLACK. Let me go ahead, Senator, if you don't mind.

Especially like for BIA on the energy stuff, it wasn't necessarily an impasse. I think we need to do a better job of communicating and working directly with the GAO folks on our BIA energy. Similar to what our BIE folks have been doing with school education, they have been working closely with them. We just need to do a better job.

It is not that we are not taking proactive steps. We need to make sure we are communicating better with GAO.

Senator CORTEZ MASTO. Thank you.

Anything else to add?

Mr. WEAHKEE. Yes, ma'am. With regard to the Indian Health Service items specific to our Purchase and Referred Care Program, I agree also that robust discussion with Ms. King and her team is going to be needed to come up with a final determination.

Our tribes, in consultation, have told us some of the items they are absolutely opposed to. Bringing all partners together and doing what is best for our patients and the communities is key. When it comes down to it, that is what we are here for. We need to make those decisions in a patient-centered manner.

Senator CORTEZ MASTO. Thank you.

Thank you, Mr. Chairman, for letting me go over my time. I appreciate it.

The CHAIRMAN. Absolutely, Senator.

Admiral, let us go to you and talk about the PRC Program. The question I had for Ms. Emrey-Arras was where is there some disagreement in resolving the outstanding recommendations? We will meet again in six months just like we are today and we want to see what we are down to. We are going to just work through these.

That is why I was asking where there is disagreement. It sounds like there is some disagreement on the PRC Program. Would you address that for me?

Mr. WEAHKEE. Yes, sir.

I will start with the first one being the allocation methodology.

The CHAIRMAN. The second was shifting money to staffing.

Mr. WEAHKEE. Yes, sir.

With the allocation methodology, we currently use, as part of our formula, the number of active users of our facilities. The GAO has asked us to look at using the historical number or the actual number of PRC users which is a subset of the active user count.

By doing that, we actually will run into some problems because the use of the PRC Program changes from year to year.

They also asked that we develop a defined benefits package. Without this funding coming through a mandatory source, it is difficult to define the minimum package.

I believe a third recommendation that was made was that we give all of our PRC-eligible patients a card to identify that they are eligible for PRC. That is also a problem because something as simple as a member moving off reservation out of the CHSDA would no longer make them eligible for the PRC.

These are just some examples of the more robust conversations I think we need to have with the GAO around some of those issues.

With regard to the use of PRC funding for staff or other administration of the program, I think we are open to having more conversation in that regard. I think there is variation across our agency and that we should be giving our sites more tools than further restricting their choice and ability to manage the program in the way they see fit. I think there is more to be said in that regard.

The CHAIRMAN. That would make sense in two respects, both because I want you to work with GAO because we are going to meet again in six months and I want to encourage you to work together

so that when we come back it is something that we have agreement on. Also, it is going to relate to another question I will ask here in a minute.

The other area was on energy for you, Mike. The question that came up was oversight monitoring but basically getting guidance, measurement and standards down to the offices and some kind of follow up for making sure they meet them. Do you follow me?

We are getting stories, for example, that in Colorado if you want to site a well or something like that, it is taking three months off the reservation but 31 months on the reservation for energy development. That is one example. I think it goes to what you talked about and why it needs to be addressed.

Mr. BLACK. Certainly, sir. I think we are trying to take those steps to get there. Part of that is being able to collect the data and have the necessary information to number one, confirm those types of reports. I cannot really confirm that it takes 31 months on the reservation versus three months off. We need to be able to collect that data and in the entire process, be able to verify that.

The CHAIRMAN. Mr. Secretary, it is. I am hearing from tribal chairmen and others that it is. What I am more concerned about is that you are getting standards down. I get that you are working to put that in place, but also, in the meantime, people are waiting to execute that lease. That is a lot of opportunity cost for the tribe.

How can you address that more expeditiously both interim and on a permanent basis is what I am getting at.

Mr. BLACK. In the process of trying to collect data, I hope you did not get me wrong, it is not like we are trying to stop everything else to get data so that we can move forward. We are trying to continue with that process utilizing the Indian Energy Service Center and the other resources that we have available to us to be able to address APDs, leases and right-of-ways at all of our different offices.

We are using our Division of Energy and Mineral Developments and some of their programs to provide some assistance. We are using our regional offices to supplement and help the agency offices to get activities done.

We are identifying through the process I mentioned a bit earlier through different intakes from the field as far as what is the work out there that needs to be done, what resources do we need to put out there to make this happen.

The CHAIRMAN. I would encourage you to get input from the field, talk to the States too. Maybe they can give you some resources to help leverage your efforts but you really have to look both in terms of the solution you want to put in place but some interim steps to help this along while you are doing that.

Mr. BLACK. I totally agree, sir.

The CHAIRMAN. Okay. For the BIE staffing, clearly staffing is a problem, Mr. Dearman. What are you doing to address the staffing issue? I know it is not easy but it is clearly really important.

Mr. DEARMAN. Mr. Chairman, we have received 77 waivers as was mentioned in our written testimony. Currently, at the school level, we have 90 teacher vacancies and 871 positions filled.

One of the things we have done is we had to address the immediate problem right now with losing our teachers. In talking to our

schools, one problem causing us to lose our teachers was because it took so long to go through the application process.

One of the things our HR was having to do because of our process was having to go through every class that a teacher candidate had in their college transcripts. Just recently we put in place that BIE will recognize State certification of the States our schools reside in. Therefore, when we get a teacher application, if that certification is attached, there will not be two weeks of going through transcripts.

We are really trying to address the immediate problem of why we are losing our teachers. That is what we are doing at that level.

We are currently in the process of advertising the 77 waivers that we have received and moving forward with filling the positions.

The CHAIRMAN. That is maybe one of the best answers we have heard today. That is exactly what you should be doing, working with the State, leveraging your resources, if they have those approvals and you can rely on them, that helps you get people faster. That is a great example. It doesn't cost you more money but enables you to get the job done more expeditiously.

I appreciate that. That is the kind of solutions we are looking for because we are always in a resource-constrained environment. Any leveraging like that you can do, I commend you on that solution.

Admiral Weahkee, yesterday morning, we heard from tribal leaders from Arizona. The White House had a lot of the tribal chairmen in and we met with them. Dr. Price, the Secretary of HHS, met with them.

Specifically, we heard leaders from the Gila River Indian Community and the Quechan Tribe that IHS is in the process of constructing two IHS health care facilities. There are others going on too. For example, in my home State of North Dakota, three affiliated tribes and Chairman Fox is also working on a facility.

The staffing is the concern. The tribe is building facilities but they need IHS either staffing or funding, if they go through the 638 Program. I want to make sure you are asking for those funds through the budgeting process and you are doing everything you can.

Again, this is a leveraging effort between the tribe building the facility and the Federal Government providing the staffing or the funding for 638 staffing. Can you address that? How do we make sure that happens that as they build these facilities, they have the staff there because this is progress in providing quality health care on the reservation? That is what we are after.

Mr. WEAHKEE. Yes, sir. Thank you for the question.

We have a series of six to seven different facilities. Some of them are brand new facilities; some of them are replacement facilities; and some are joint venture projects where we partnered with the tribes. They provided the funding for the construction and we have agreed to provide the staffing and operations support.

In the case of Gila River, which will be opening the Red Tail Hawk or what we refer to also as the Southeast Ambulatory Care Center and the Quechan Tribe in Fort Yuma, this is one of those situations where the first to complete the facility, we fund the facilities as they are completed using the date of occupancy as the

key date. The tribes are working hard to get their facilities built ahead of time.

In the most recent budget cycle, we had to make a tough decision about what could be funded. The decisions were to allocate the funds or ask for the funds for those positions or those sites that were going to be opened first. We know these two facilities will be coming online in 2018.

We are appreciative of the recent markups that we have seen in the budgeting process. We really appreciate that.

The CHAIRMAN. I would really emphasize again, given the leverage and joint nature of these programs, that we do everything we can to fund them. I will work on that from the appropriations side with you but we need to make sure they are funded.

Mr. WEAHKEE. Thank you, sir.

I am also meeting with Representative O'Halleran from Arizona later this week on the same topic.

The CHAIRMAN. I believe that needs to be a part of the request and that we need to do everything we can to make sure it is appropriated funding for these facilities. I think it has to be a priority.

Mr. WEAHKEE. Absolutely, expansion and access to care for all of these new facilities.

The CHAIRMAN. When the tribes take the initiative to build the facility and pay for it, we just have to find a way to fund it, particularly for something like health care on the reservation. It is a huge priority.

I will wrap up there. Again, I appreciate the progress that you have made. As I say, we will be doing this again in six months.

I will now turn to the Vice Chairman.

Senator UDALL. Thank you, Mr. Chairman.

BIE has only existed as a standalone bureau since 2006. It was previously a part of BIA and that legacy can still be seen in the way the many administrative tasks are divided between the two agencies. In fact, many of GAO's recommendations to improve Indian education will require BIA to work hand in hand with BIE.

Yet, Mr. Black, I noticed your testimony here today and in May only focused on Indian energy. How engaged has BIA leadership been with the review of GAO's Indian education recommendations?

Mr. BLACK. I think Mr. Dearman can confirm for me or with me that the Bureau of Indian Affairs has been engaged and working with them in those areas where we do have cross responsibilities and safety is a good example.

We are working very closely with our Bureau of Indian Education and the BIA safety individuals to ensure that we are having regular meetings and developing the necessary standards and policies to be able to address the safety inspections. That is just one example.

Then in the area of facility management, we are working with the Deputy Assistant Secretary for Management's office as well and our facility management operations, working real close with Tony and his staff to make sure we are addressing their needs as well.

Senator UDALL. Mr. Dearman, do you believe that BIA has taken the issue surrounding Indian education outlined in the High Risk Report seriously or could they be doing more?

Mr. DEARMAN. Vice Chairman, yes, I do believe they are taking it seriously. They have been at the table with us at all of our meetings and have been actively engaged in improving our system based on GAO's recommendations.

Mr. Black touched on a lot of different areas but even in the contract area, the contract area for purchasing books and things like that, we have to work with BIA as well. BIA has really been involved.

Senator UDALL. The same question to Ms. Emrey-Arras, do you believe BIA has taken the issues surrounding Indian education outlined in the High Risk Report seriously or could they be doing more?

Ms. EMREY-ARRAS. Yes, we do, and we think that their focus on school safety is particularly important given the health hazards we have identified in schools in the past. We think that continued collaboration is essential to resolving those recommendations and ensuring safe schools for these children.

Senator UDALL. One coordination issue between BIE, BIA and DOI I have heard about recently relates to SIPI, one of the two federally-operated tribal colleges that happens to be located in my home State of New Mexico.

They have faced many issues getting timely BIA and DOI signoff on contract procurement and staff hiring approvals. Now I have learned these delays could cost the school its accreditation and potential grant funding.

Mr. Black, was your office aware of these delays and how do they impact the SIPI school community?

Mr. BLACK. Mr. Dearman has made me aware that there have been some issues at SIPI that we have been trying to address, working, again, between BIA and the department, particularly on the hiring situation. We have had approval to do the hiring at SIPI and that is currently in the recruitment process.

Anything further related to that, I would have to pass off to Tony.

Senator UDALL. What can be done on your end to resolve these pending approvals in a timely manner? What can your office do to make sure these types of delays do not happen again?

Mr. BLACK. Part of that is I can always go back to communication, Senator, to make sure we have the proper protocols in place to make sure we are communicating these issues and the right people are getting the right information.

Senator UDALL. Mike, as you know, tribal energy sovereignty is a goal that we need to strive for. Consider these numbers. While reservations account for 2 percent of the Nation's land mass, they hold 5 percent of the Nation's potential renewable energy resources.

The Department of Energy estimates that wind power from tribal lands could satisfy 32 percent of the total U.S. electricity demand.

GAO issues a number of reports on this topic over the years, yet the same problems continue to arise, BIA's failure to coordinate, inadequate workforce numbers and training, and outdated technology.

We heard from GAO that BIA is addressing its recommendations but only for conventional energy production. Why is that and what

is BIA doing to assist tribes with the development of renewable energy?

Mr. BLACK. The impetus of some of the reports has been more on the conventional but we are not ignoring the renewable energy or the wind side as well. As more and more tribes become interested in bringing those things to our attention and our table, we are working with them closely.

The HEARTH Act is a good example that allows tribes to utilize some of the leasing tools in order for the development of renewable resources. We are working to make sure that our staff is aware. That is going to become another function of the Indian Energy Service Center. As more and more of the renewable energy programs become active, we will be utilizing the service center to provide training, resources and applicability.

Senator UDALL. Good. I hope you keep pushing on both sides there.

Mr. Chairman, I have one more question.

Admiral Weahkee, last month, you issued Circular 17–11 to set national patient appointment wait time standards for IHS facilities. These standards focus on how long it takes to secure an appointment but I did not see any reference to wait times or how long it takes a patient to be seen once they arrive at an IHS facility.

I know several service units within the IHS Albuquerque service area already have patient wait time tracking systems in place. In fact, I believe many service units report patients being able to complete their full appointment from the sign-in to the doctor's visit to pharmacy pickup in under an hour.

Melissa, has the GAO evaluated these efforts to address patient wait times? If so, does GAO believe they will resolve the issues uncovered in the 2016 report?

Ms. EMREY-ARRAS. I will defer to my colleague, the Director in the health care area, Kathy King.

Senator UDALL. Thank you, Kathy.

Ms. KING. We have not had a chance to evaluate them yet since they just went into effect. It would take some time for us to see how they are implemented. Then we would have a chance to evaluate.

Senator UDALL. Okay. Focusing now on Admiral Weahkee, how will the new standards in Circular 17–11 and the new wait times tracking software related to it interact with local service units who already have metrics in place?

Mr. WEAHKEE. We see these metrics as trigger points for those sites that already have systems in place and may even have better metrics than those that have been identified as the benchmarks. We definitely do not want to impact negatively on those benchmarks.

We also see these as preliminary metrics. As you have identified, through the emergency department or other primary care visits there are other parameters that we should be measuring like dental visits and behavioral health visits.

In terms of how it impacts those sites that are already using a system, there will be no impact but if they go beyond that 28 day or 48 hour trigger, they will be getting questions about what is

going on and what help they need to make sure we are meeting those thresholds.

Senator UDALL. Good. This potential disconnect between service units, service areas and national IHS efforts on the issue of patient wait times is not unique. GAO identified inconsistent policies between levels of IHS leadership as an overarching issue with the service.

Admiral Weahkee, what is IHS doing to make sure that innovations and best practices at the local level, particularly in tribally-operated facilities, are shared with the larger system and not stifled?

Mr. WEAHKEE. Thank you for the question, Senator.

One of the tools we are using is what we call our improving patient care collaborative, an opportunity for sites to share in an email format what is going well. Somebody may ask for a policy on a given topic and get that response from another site.

I definitely agree that sometimes the best innovation and more often than not, the innovation happens at the front lines by the staff doing the work. In that regard, the IPC collaborative is one good example of that information being shared across the system.

The other thing we are doing is reaching out to our tribal partners and hearing what they have. We made a recent visit to Alaska to look at the Nuka Institute. We will be making a visit out to Oklahoma next week and have the opportunity to hear from Cherokee Nation about some of the innovative work they are doing in program planning around recruitment and retention and developing their own home grown training programs for medical providers.

We are really excited about some of the innovation that is coming out of our Indian partners.

Senator UDALL. Thank you. That is very encouraging.

As I sum up, Mr. Chairman, let me say I fully support your effort to have the parties, the agencies and agency heads return here in six months to see how they have done on the recommendations and see which things we are closing out and what kind of progress we are making.

Thank you very much, Mr. Chairman.

The CHAIRMAN. Thank you, Vice Chairman Udall.

Again, thank you to our witnesses for being here today. We will have you back in six months and again review the progress on all of these important issues. I do appreciate the work that has been done while recognizing there is a lot more to do and that it is very important for Indian Country. Thanks to all of you.

For members of the Committee, if they have additional questions, they can submit them for the record over the next two weeks.

Again, thank you. With that, this hearing is adjourned.

[Whereupon, at 4:18 p.m., the Committee was adjourned.]

A P P E N D I X

PREPARED STATEMENT OF HON. JAMES R. FLOYD, PRINCIPAL CHIEF, MUSCOGEE
(CREEK) NATION

The Muscogee (Creek) Nation is the fourth largest tribe in the United States with more than 85,000 citizens across the United States and has jurisdiction over more than eight counties. Under the Indian Self-Determination and Education Assistance Act (ISDEAA), the Nation has assumed authority to provide health care, social and realty services, public safety, natural resources management, infrastructure development and repair and economic development. Additionally, MCN operates the Eufaula Dormitory, a peripheral dormitory, through a Bureau of Indian Affairs (BIA) grant. As such, the Nation was very concerned when the Government Accountability Office (GAO) included the BIA, Bureau of Indian Education (BIE), and Indian Health Service (IHS) programs in their 2017 *High Risk Report*.

On behalf of the Nation, I write to express my appreciation for the oversight that Senators and the Senate Committee on Indian Affairs have provided while seeking solutions and closure of the GAO recommendations. The Committee's partnership and persistence is critical while the three agencies work to correct concerns highlighted by Senators and tribes. I have also provided a few comments on the updates provided during the September 13th oversight hearing that are of interest to MCN.

The Trust Asset and Accounting Management System (TAAMS) does not include functions necessary to adequately track and record issues related to restricted land.

MCN utilizes the TAAMS to preform various realty functions, including land title and record services. T AAMS has been instrumental in improving record keeping and modernizing realty functions and the GAO recommendations would continue to increase the helpfulness of the system overall. However, when the BIA initially developed TAAMS it did not include functions to adequately document restricted land ownership and the unique situations which rise from restricted land status. As a result, MCN's Realty Office utilizes electronic and hard copy record keeping practices in order to properly track ownership, leases and other land use agreements on behalf of the Nation's restricted land owners. MCN would recommend that the Committee continue to monitor the BIA's progress in expanding the functionality of the TAAMS.

Tribes consistently provide feedback to IHS regarding the Purchased/Referred Care (PRC) Funding Allocation Methodology.

Along with many other tribes and tribal organizations, MCN provides regular feedback regarding the PRC program implementation and funding allocation methodology. In fact, shortly after the passage of the Patient Protection and Affordable Care Act (ACA), tribes weighed whether the PRC allocation should be updated to reflect new factors that changed as a result of health care reform. However, tribal leadership did not believe the impact of the legislation would be measurable in Indian Country for quite some time. Since those initial discussions, tribes have regularly reviewed the allocation methodology and data regarding implementation of the law across the country. Rear Admiral Weahkee was correct in his statement that, nationally, there is tribal consensus that the methodology should not be changed. As such, MCN was startled when GAO claimed that IHS had not worked cooperatively toward implementing their PRC recommendations.

Though the system is imperfect, the failure is not entirely IHS's to bear. Failure to adequately fund the Indian health system has resulted in the need to ration care that cannot be provided by Indian, tribal or urban health programs. PRC is the funding methodology and medical priority system that IHS utilizes to ration that care. Tribes have worked collaboratively with IHS to develop this methodology using several data points. The current-methodology includes data and a system of weighting data that consider the care available to Indians across all IHS areas. GAO's scope of work and recommendations, though thoughtful, do not apply the same level of expertise tribes have developed regarding the allocation of the entire IHS budget. Additionally, the GAO's recommendations do not accurately capture or

consider the various other streams of funding that are distributed using other data points. MCN would be happy to provide additional information and insight regarding the methodology development and agrees with the national consensus that the PRC methodology does not have to be altered at this point in time.

The Nation remains committed to providing the best possible services under its ISDEAA agreements and looks forward to working with the Committee members, Administration leadership, and others to implement solutions that improve access to and quality of those services. I appreciate the opportunity to provide the comments above and your continued efforts to oversee the trust responsibility relationship.

RESPONSE TO WRITTEN QUESTIONS SUBMITTED BY HON. STEVE DAINES TO
MELISSA EMREY-ARRAS

Question 1. Ms. Emery-Arras, exactly how many recommendations to the Indian Health Service were open when the Government Accountability Office added the agency to the high risk list?

Answer. When we issued our 2017 High Risk report, there were 13 recommendations to HHS that were unimplemented.

Question 2. And how many have been fully implemented?

Answer. Since our 2017 High Risk report was issued, IHS has implemented three of these recommendations.

- In response to a recommendation in GAO-13-272, to monitor the Purchased/Referred Care (PRC) program access to physician and other nonhospital care, and to assess how the PRC payment rates may impede the availability of care, IHS developed an online PRC Rates Provider Tracking tool. The use of this tool enables PRC programs to document providers that refuse to contract for their most favored customer rate or accept the PRC. On October 3, 2017 IHS officials met in-person with GAO and provided a demonstration of the PRC Rates Provider Tracking Tool.
- In response to a recommendation in GAO-16-333, IHS developed specific standards for patient wait times and published them to the IHS Indian Health Manual website in August 2017.
- In response to a recommendation in GAO-17-181, in December 2016, the former IHS Principal Deputy Director, issued a directive for all HQ and Area Offices to develop succession and contingency plans to identify potential leaders or senior managers to fill critical positions in the short- or the long-term, and identify individuals available immediately for unexpected absences or departures. The IHS Office of Human Resources issued guidance, instructions, and a template for identifying key leadership positions in the HQ Offices, Area Offices, and Service Units. The instructions also included a requirement to conduct a skills-gap analysis to assess any identified employee's current competencies against those needed for the target leadership position.

Question 3. And how long has it been since the earliest of these recommendations were made to IHS?

Answer. In our February 2017 High Risk report, we cited 2 recommendations from a fiscal year 2011 report on the accuracy of data used for estimating PRC needs, with which HHS agreed. These recommendations remain unimplemented.

Question 4. Would you say that period of time is enough to have implemented these recommendations?

Answer. GAO tracks and publicly reports annually on the percentage of recommendations made 4 years ago that have since been implemented. We use a 4-year reporting window because it generally takes 4 full years to implement some of our recommendations. In fiscal year 2015, we reported that 79 percent of recommendations made in fiscal year 2011 had been implemented. We believe the recommendations that we have made to IHS could have been implemented within this timeframe and we will continue to monitor IHS's efforts to implement our recommendations in a timely manner.

Question 5. I understand that responsiveness to GAO from IHS on the status of the recommendations has been an issue. Could you describe what those challenges have been?

Answer. While IHS's responsiveness to our recommendations has been an issue in the past, since we added the agency to our High Risk list, agency officials have become more responsive. For example, in October 2017, GAO and IHS officials met in person to discuss all unimplemented recommendations to determine possible im-

plementation solutions. After this meeting, we were able to close one recommendation as implemented. In addition, we have received several e-mails in the past few months providing information documenting steps that IHS officials have taken to implement our recommendations. We hope to continue this collaborative relationship as the agency moves forward with implementing other recommendations.

Question 6. I also understand that in multiple instances, when IHS stated that they've implemented various recommendations, the documentation has been subpar. Can you provide a couple examples of when that evidence was insufficient?

Answer. In the past, IHS officials have requested that we close recommendations as implemented but provided no evidence. For example, IHS officials informed us that the agency developed a requirement for contingency and succession planning for key leadership positions at headquarters and area offices, but did not provide documentation of their efforts.

In addition, officials have sometimes provided documentation of their efforts to implement recommendations, but the documentation was insufficient to determine what steps had been taken. For example, when attempting to document the development and use of the PRC Rates Provider Tracking tool, officials provided a link to a secure area of the IHS website that was not available to GAO staff. When informed of this, IHS officials sent a screenshot of the webpage that showed the button for the tool in the lower left hand corner of the site. This was not sufficient to determine what the agency had done to implement the recommendations.

However, IHS officials have since sent sufficient documentation of their contingency and succession planning efforts, as well as the PRC Rates Provider Tracking tool. The inperson meeting in October was particularly helpful and allowed us to explain the level of documentation that we need in order to consider a recommendation implemented. During this meeting, IHS staff demonstrated the tracking tool, and showed us a user guide, the data entry page, and an example of a provider refusals report.

Question 7. I understand there was one instance in particular—and it's particularly mindboggling—where IHS actually sent a screenshot of a corner of a website as documentation of their having implemented the recommendation. Could you share what happened there?

Answer. See answer to question 6 above.

RESPONSE TO WRITTEN QUESTIONS SUBMITTED BY HON. TOM UDALL TO
TONY DEARMAN

BIE Student Outcomes Data

Question 1. The most recent school and Bureau accountability data provided on the BIE website

dates to SY2012–2013. The Committee is unaware of any other locations where the Bureau might have published accountability data for the three school years completed since SY2012–2013 concluded and required under Section 1111 of the Elementary and Secondary Education Act through August 1, 2016.

Please provide a copy of all statutorily required school accountability data for SY2013–2014, SY2014–2015, and SY2015–2016. If this information is not currently available, please provide a firm timeline of when such information can be made available to the Chairman and the Vice Chairman.

Answer. Available data has been reported to the U.S. Department of Education's (ED) EDFacts data collection system. The Bureau is working to update and post additional, required public reporting on school accountability. However, most information has not yet been aggregated and remains partially incomplete. Recently, leadership has refocused attention to increasing data-driven decisionmaking across the Bureau through improved data collection. As of 2018, the Bureau has hired an Accountability and Assessment Supervisor as well as several Education Research Analysts and has filled six Native American School Information Specialists (NASIS) positions. These personnel are specifically focused on data by expanding technical assistance to schools as well as improving the Bureau's collection and use of key data metrics critical to supporting the needs of students attending BIE-funded schools.

Question 2. Title I of the Every Student Succeeds Act (ESSA) requires states to design and implement an accountability system to measure school quality and performance in consultation with a variety of stakeholders. The Department of Education (ED) indicates on its website that BIE, acting in its capacity as the State Education Agency (SEA) for BIE-funded schools, provided notice of intent to submit its state accountability plan to ED on September 18, 2017. Yet, as on the date of

this hearing, the BIE's webpage on the Bureau's ESSA State Plan is completely blank.

What is the status of the BIE state plan? Please provide a summary of any BIE's coordination between BIE and ED on this issue and a description of all relevant consultations undertaken by BIE to date on development of a state accountability plan.

Answer. To meet its obligations under the Elementary and Secondary Education Act of 1966, as amended by the Every Student Succeeds Act (ESEA) and develop a State Plan, the BIE will amend its existing standards, assessments, and accountability regulations through Negotiated Rulemaking (NRM); and solicit stakeholder and tribal input through consultation regarding the BIE State Plan. At a December 8, 2016 meeting between BIE and ED, Education officials expressed a view that the State Plan under ESEA was optional for the BIE. BIE Director Dearman announced the BIE would move forward with developing a State Plan, as approved through rulemaking, as a means to facilitate a transition to ESEA and ensure the development of a coherent federal education system across the twenty-three (23) states in which BIE facilities operate. The BIE notified ED via email on January 7, 2017 that it would submit a State Plan.

To meet its ESEA obligations and develop a State Plan, the BIE will: (1) amend its existing standards, assessments, and accountability regulations through Negotiated Rulemaking (NRM), and (2) solicit stakeholder and tribal input through consultation regarding the BIE State Plan. On November 9, 2015, the BIE published a notice of intent (80 FR 69161) requesting comments and nominations for tribal representatives for the NRM. Upon transition between Administrations, the initial formulation of the NRM was postponed in order to provide incoming Department staff adequate time to review prior work. As of August 2017, the BIE was provided clearance to move forward with re-initiating the Committee and working and consulting with stakeholders to determine membership and subsequent steps.

The negotiated rulemaking committee was re-advertised in Federal Register notice (82 FR 43199) soliciting nominations on September 14, 2017, with a deadline for submission of nominations by October 16, 2017. The nominations received were reviewed by Department and BIE officials and selected members will be announced through a notice in the Federal Register, which will be available for public review and comment. After such time, a subsequent Federal Register Notice will announce the final NRM members and initial meeting dates.

Ultimately, the NRM will recommend revisions to existing regulations (25 CFR Part 30), replace the No Child Left Behind Act (NCLB) Adequate Yearly Progress regulatory language, and implement the Secretary's statutory responsibility to define the standards, assessments, and accountability system, consistent with the ESEA. The BIE and ED consult and work together on a range of Indian education related issues, through the departments' interagency work group that meets bi-weekly and through direct communication.

Question 2a. Please provide an overview of BIE's efforts to comply with ESSA as a whole and outline how the Bureau has worked with ED to ensure full compliance moving forward.

Answer. To meet its obligations, the BIE will: (1) amend its existing standards, assessments, and accountability regulations through negotiated rulemaking, and (2) solicit stakeholder and tribal input through consultation regarding the BIE State Plan. The BIE has elected to adopt a State Plan that will work to improve the BIE's support of Bureau-funded schools. Through tribal consultation and solicitation of stakeholder feedback, the BIE will ensure ESEA requirements are met.

Ultimately, the BIE will carry out its obligations under the ESEA through rules and regulations determined under the NRM, which will recommend revisions to the existing regulations (25 CFR Part 30) to replace the NCLB Adequate Yearly Progress regulatory language and implement the Secretary's statutory responsibility to define the standards, assessments, and accountability system, consistent with the ESEA.

Question 3. The Navajo Nation reports to my Office that the BIE is currently not efficiently transferring student data required under a signed memorandum of understanding between the Tribe and the Bureau. Is BIE working with the Navajo Nation to ensure the spirit and letter of the MOU are followed?

Answer. BIE has and continues to work with the Navajo Nation tribal government as well as Department of Dine Education (DODE) on an ongoing basis as the tribe and its education agency work to clarify their preference for outreach with the BIE. For instance, BIE Associate Deputy Director (ADD) of Navajo Schools has worked to share Partnership for Assessment of Readiness for College and Careers (PARCC) data for SY 2014–2015 (NM only Navajo schools), 2015–2016 and 2016–2017. The Navajo ADD offices have continued to support the Navajo Nation with ongoing

NASIS data training with meetings held as recently as October 2017. The Navajo Nation is now in the process of amending their Data Agreement to include Personally Identifiable Information (PII) assurance documentation, which was shared with the President of the Navajo Nation at the NIEA convention held in early October 2017.

Question 3a. How is BIE ensuring that tribes with members enrolled in BIE-funded schools have timely access to information necessary to track student outcomes?

Answer. The BIE is provided with short-cycle assessment data by Northwest Evaluation Association (NWEA) after each testing window which informs instructional practices and student outcomes. Such data are accessible at school sites by instructors and school leadership. The test results are normally sent to each school site by the vendor, Measured Progress/Smarter Balance, in late June.

In regards to summative data, the BIE has access to state assessment data through schools that receive such information directly; the BIE does not have direct access to all state assessment data and often must request the data from individual schools. Although BIE has Memoranda of Agreement in place for sharing state assessment data for many schools this is not the case for all states in which the BIE operates. As noted in a previous response, the BIE is currently in the process of establishing a Negotiated Rulemaking Committee that will, among other things, determine if the BIE should establish its own unique accountability system under the ESEA, which could improve the BIE's data disaggregation and dissemination capabilities through a uniform system, or continue to operate and serve schools based on the 23 states in which the schools are located.

Question 3b. What mechanisms within BIE are in place to lift tribal accountability to the level of the federally-mandated accountability plans referenced in question (2) above?

Answer. Indian Tribes may seek waivers from the BIE's standards, assessment and accountability system requirements, under ESEA section 8204(c). BIE continues to partner with ED to facilitate such waiver requests and provide technical assistance and support to ensure successful transition of such authority to a Tribe. As of 2018, the Navajo Nation and Miccosukee Tribe have waivers approved by the two agencies, which supports local control of education and provides Tribes the flexibility to better meet their local needs. For example, Navajo Nation's agreement includes an alternative system of accountability for schools that allows BIE-funded schools that serve the Tribe but are located in three different states to operate under a uniform system. Currently, BIE Education Resource Center staff provides ongoing technical assistance to tribes with such waivers.

Question 3c. Does BIE have any other student outcome related data (for example—graduation rate trends, or absenteeism trends in BIE schools) that it can share? If so, please provide it here or provide a firm timeline of when such information can be made available to the Chairman and the Vice Chairman.

Answer. The Bureau is working to bring recent data sets up to date. Currently, an analysis of longitudinal data trends is unavailable until such data strands are collected and verified. However, the Bureau has enclosed the following 2015 Bureau of Indian Education Report on Student Achievement and Growth from the Northwest Evaluation Association for the Committee's review. Its results suggest that BIE students have shown some improvements over time in achievement and growth rates, most notably in mathematics and for students attending earlier grade levels. However, gaps persist and BIE remains committed to improving service delivery that will help narrow the gap for students attending Bureau-funded schools.

IT Infrastructure Challenges

Question 4. One issue BIE school-level leadership has repeatedly raised involves challenges meeting the Bureau's data reporting requests. For example, the administration team at Southwestern Indian Polytechnic Institute (SIPI) never received the credentials they needed to access BIE reporting software. Several folks from the school reached out to regional BIE and BIA staff—who are located in an office right down the road in Albuquerque—but they never received a response. Can you commit to working with SIPI to resolve this systems access issue?

Answer. Yes.

Question 4a. How is your office working to make sure BIE schools have sufficient technical assistance to fully utilize reporting software like Maximo?

Answer. BIE has offered technical assistance and training opportunities to BIE schools regarding the use of the Maximo system via five four-day sessions held in Albuquerque, NM as well as across the country at regional training.

Question 4b. How is your office working to make sure data reporting requirements aren't duplicative or unnecessarily burdensome for tribes and schools staff?

Answer. BIE leadership does not want such reporting requirements to impede school-level functions or create unnecessary burdens on local staff. As such, BIE leadership is working to ensure compliance and technical assistance teams visit schools in a coordinated manner to increase efficiency in compliance monitoring while decreasing the number of site visits held each year.

Question 5. GAO has found that BIE's student attendance system had no way to note that an absence was caused by transportation issues. BIE is working to update the data system related to this issue; but this is just one small piece of a larger data and IT issue facing BIE. When will the transportation-related absentee tracking issue identified by GAO in May be fully implemented?

Answer. BIE tentatively agreed to GAO-17-423: Tribal Transportation recommendation 7. The BIE is currently exploring the addition of a field within NASIS to capture whether an individual student's absence is due to inclement weather or road conditions. The BIE will consult with the NASIS vendor to discuss the feasibility and cost involved for this additional requirement and consider implementation of recommendation 7 based on this information and available resources.

Question 5a. Please list and explain other data and IT issues that BIE is currently working to improve.

Answer. The BIE has formed a bureau-wide working group to improve its data collection, management, and reporting. The working group was formed in early 2017 and was initially tasked with bringing outdated EdFacts data up-to-date. The working group is now performing a bureau-wide data audit and is in the early stages of creating policies and procedures designed to improve the Bureau's collection, management, and reporting of data.

RESPONSE TO WRITTEN QUESTIONS SUBMITTED BY HON. TOM UDALL TO
MICHAEL S. BLACK

Inter-Agency Coordination: Impact of Zinke Reorganization on the Indian Energy Service Center

Question 1. The GAO reported that the BIA continues to fail in coordinating with other agencies that play a role in the development of Indian energy, like Fish and Wildlife Service, the Army Corps of Engineers, and the Environmental Protection Agency. As a result, the Service Center does not serve as the central point of collaboration/coordination as originally envisioned. Potentially compounding matters, Secretary Zinke floated a proposal at a House Appropriations hearing to reorganize the Department into a system modeled on the military's joint command model that would shift employees from D.C. and regional headquarters offices to field locations. There are concerns that Secretary Zinke's proposed reorganization of Interior's sub-agencies will further complicate or delay attempts to better coordinate within Interior the permitting and approval of Indian energy projects. In addition, tribes have reported that Interior's consultation with them on these moves is limited, if it happens at all. How will the proposed reorganization of the Department of the Interior affect ongoing efforts to make sure agencies are coordinating with the Service Center?

Answer. The Indian Energy Service Center (IESC) is a multi-agency office comprising Bureau of Indian Affairs (BIA), the Office of Natural Resource Revenue (ONRR), and the Bureau of Land Management (BLM) staff components that provide support of Indian energy development on Indian lands. The Department will continue efforts to improve coordination among bureaus in support of tribal management of energy resources.

Question 1a. The Indian Energy Service Center was a result of robust collaboration between Interior and tribes. To the extent the proposed reorganization impacts the Service Center, will the BIA consult with tribes to limit adverse impacts to coordination?

Answer. The Department does not anticipate any adverse impacts to coordination and services resulting from the proposed reorganization. The BIA has initiated discussions with Indian Country and will continue with formal tribal consultations regarding any proposed adjustments to the regional field organizations serving the BIA and BIE.

IT Infrastructure: Energy Lease Review and Response

Question 2. In its 2015 report, GAO found that BIA did not have a clear system for or the data needed to track its review and response times for the approval of leases, rights-of-way, and appraisals for energy development on Indian lands. The BIA must be able to track its review and response times to ensure the approval

process is efficient, transparent, and meets the needs of tribes that seek to utilize their natural resources.

It is absolutely essential that the process for tracking review and response times is comprehensive. Can you confirm that the process will include all documents that need to be approved before and after resource development can occur?

Answer. We have made progress on this issue, and tracking some data from leases, rights-of-way, and mineral-related agreements (Communitization agreements and Unit agreements) is in place for BIA. This remains an ongoing process.

IT Infrastructure: GIS Mapping of Indian Energy

Question 3. GAO identified issues with outdated and deteriorating equipment, technology, and infrastructure at BIA, which has led to the inefficient management of Indian energy resources. One recurring problem for the BIA, and one that has existed for years, is inadequate information about ownership over surface and mineral rights. The BIA has stated its intent to develop a national dataset of all Indian land tracts and boundaries, but has not provided a timeline or even what resources are necessary to complete this survey. GAO found, for example, that some tribes couldn't pursue development opportunities because BIA did not have an inventory of the tribe's energy assets available. GAO recommended that Interior incorporate mapping technology that would greatly increase the agency's efficiency. Can you describe how Interior has updated its mapping technology?

Answer. In response to the Government Accountability Office's May 2017 Report, BIA has taken steps to integrate geographic information system (GIS) technology into the Trust Asset and Accounting Management System (TAAMS).

Version 1.0 of TAAMS "Map Viewer" was placed into production and is currently available for use as of August 31, 2017. A demonstration of the capabilities of the Map Viewer was performed on September 14, 2017, for GAO program auditors. On September 13, 2017, the Assistant Secretary reported to the Senate Committee on Indian Affairs on this accomplishment and submission of the closure package to the GAO on this recommendation.

Program level staff and tribes are now able to view and print maps from TAAMS that can be shared with landowners and enable managers to make informed decisions regarding energy resources in a timely manner.

The Map Viewer, in conjunction with the TAAMS ownership and encumbrance reports, provide program level managers with the information regarding title and restrictions for making timely energy resource decisions. There are 193,487 Indian land tracts that are viewable through the Map Viewer and 21,280 tracts which must be converted into a spatial representation as resources permit. Please refer to the table below for statistics by Region.

BIA Region	Tracts Visable in TAAMS Viewer 8/30/2017	Tracts Remaining that Require Spatial Conversion to be visable in Viewer 8/30/21017
Eastern (LAC 0-99)	141	200
Northwest (LAC 100-199)	26,410	5,577
Rocky Mountain (LAC 200-299)	46,804	3,951
Great Plains (LAC 300-399)	61,063	2,437
Midwest (LAC 400-499)	7,844	3,111
Pacific (LAC 500-599)	2,878	844
Western (LAC 600-699)	12,664	859
Southwest/Navajo (LAC 700-799)	7,228	1,330
Southern Plains (LAC 800-899)	9,818	862
Eastern Oklahoma/Alaska (LAC 900-999)	18,637	2,109
Totals	193,487	21,280

Additionally, new land area boundary representations (Reservation, Rancheria, Public Domain Allotment, etc.) are under development and are made viewable in the Map viewer as they are completed. Nationally, boundary data for the current 333 federally recognized tribal land areas, referenced in the following table, are expected to be completed by Spring of FY18.

Region	Total Land Area Boundaries by Region
Rocky Mountain	7
Midwest	37

Region	Total Land Area Boundaries by Region
Northwest	45
Great Plains	16
Pacific	105
Eastern	30
Eastern Oklahoma	2
Southern Plains	6
Southwest	26
Western	56
Navajo	3
Total	333

The procedure for developing the data is described in the Indian Land Tract and Land Area Boundary Mapping Training Guide. The BIA plans to continue to advance the Map Viewer to include other nationally stewarded and standardized geospatial datasets to support energy development.

Question 3a. How do initiatives like updating IT infrastructure and creating new planning processes impact the resources you have available for providing services to tribes?

Answer. Initiatives for updating IT infrastructure are important and required to address limited and aged IT network infrastructure, which impact the BIA resources for providing timely services to tribes. TAAMS services, for example, are often delayed due to high usage, limited data line capacity, remote locations and restricted access. Further, planning processes such as developing national geospatial databases with rigorous standards are needed but are resource intensive and require expertise in GIS.

RESPONSE TO WRITTEN QUESTIONS SUBMITTED BY HON. TOM UDALL TO
RADM MICHAEL WEAHKEE

Inter-Agency Coordination

Question 1. In 2015, the Centers for Medicare & Medicaid Services (CMS) withdrew its accreditation of the Omaha-Winnebago IHS Hospital in Nebraska. At the GAO High Risk hearing in June, IHS Deputy Director Buchanan testified that the hospital would be reaccredited within a matter of months. The loss of CMS certification is both a safety concern and a funding issue. What is the current CMS accreditation status of the Omaha-Winnebago IHS Hospital?

Answer. One of the Indian Health Service (IHS) priorities is to bring the Omaha-Winnebago Hospital (OWH) into full compliance with the Centers for Medicare & Medicaid Services (CMS) standards. The hospital is not currently CMS-certified. Filling critical hospital leadership positions is essential to achieving and sustaining CMS accreditation. We hired a Clinical Director, Chief Nurse Officer, and Quality Manager for OWH in recent months. We want to ensure the OWH is fully prepared before requesting CMS return for a re-survey, and we continue to assess progress on an on-going basis.

Question 1a. Are you working with CMS to address the cited deficiencies?

Answer. The IHS Omaha-Winnebago Hospital continues to work diligently on quality improvement and patient safety, supported by technical assistance from Joint Commission Resources, to address quality improvement and patient safety requirements of CMS. The OWH will be going through a Joint Commission Resources unannounced survey in the coming weeks. Once successfully completed and OWH is determined to be fully prepared for a CMS survey, a re-certification application will be submitted.

Inter-Agency Coordination

Question 2. During a series of site visits over the last year, the Albuquerque IHS Service Area reported to my staff that all Albuquerque-area Service Units are deploying patient satisfaction surveys. Are other IHS Service Areas currently utilizing the same or similar patient satisfaction surveys?

Answer. The Quality Framework Steering Committee established the Patient Experience of Care Survey working group to develop a standardized patient experience survey for IHS. In their pre-development phase of work, the working group surveyed IHS facilities on the use of Improving Patient Care (IPC) survey instruments. Fifty percent (50 percent) of 34 responding facilities reported use of the IPC survey. The

remaining respondents indicated use of Agency for Healthcare Research & Quality Consumer Assessment of Healthcare Providers & Systems (AHRQ CAHPS), Net Promoter, and Care and Health Outcomes (ECHO). A pilot of implementing the new Patient Experience Survey using electronic tablets was completed at four facilities in four IHS Areas in June 2017 and achieved excellent results for patient acceptability, usability, immediate access to survey results (locally actionable data), and staff workload (collecting and analyzing results). While IHS implements the new Patient Experience of Care Survey tool more broadly throughout the system, IHS continues to support Service Units' use of the IHS IPC Patient Satisfaction Survey tool to monitor patient perceptions of care.

Question 2a. What is IHS doing to share and implement best practices, e.g., patient experience surveys, between Areas?

Answer. The IHS shares information with participating Service Units via the IPC Program Portal and the Quality Framework Steering Committee hosts monthly webinars with all Area and Service Unit Quality Managers. In partnership with CMS, all IHS hospitals also participate in the Partnership to Advance Tribal Health (PATH), a single Quality Improvement Network (QIN)-Quality Improvement Organization (QIO) entity dedicated to improving quality of care by implementing best practices and identifying opportunities for operational improvement across IHS hospitals.

Question 2b. Are you aware of any agencies (HRSA, HHS) that have expertise in developing key processes and policies aimed at improving patient experience? Are you working with those agencies to further develop IHS policies?

Answer. IHS consulted with the SouthCentral Foundation (tribal health program) and the Agency for Healthcare Research and Quality (AHRQ), Office of the National Coordinator (ONC), Office of the Assistant Secretary for Health (OASH), Health Resources and Services Administration (HRSA), National Institutes of Health (NIH), and the Assistant Secretary for Planning and Evaluation (ASPE) to develop its standardized patient experience survey. IHS is aware of the HRSA Health Center Patient Survey (HCPS) and is also consulting with the Veterans Health Administration Patient Experience Office on strategies to optimize survey use.

IT and Data Infrastructure:

Question 3. IHS uses a medical records system originally developed by the Veterans Affairs Department called the Resource and Patient Management System ("RPMS"). The VA will discontinue support of this system within the next few years, and tribes are concerned the IHS will have no structure or resources in place to implement or purchase a new system. It does not appear that IHS has a replacement plan to address this issue. What is IHS's plan to replace RPMS and will the Service need any additional budgetary resources to implement it?

Answer. The IHS is undertaking a thorough and comprehensive analysis of alternatives that includes federal, tribal, and urban stakeholder input to consider all options for our Electronic Health Record (EHR) strategy. While commercial EHR solutions offer out-of-the-box capabilities, the Department of Veterans Affairs (VA) and IHS systems are designed specifically to meet the unique needs of the agencies through customized medical applications, which can be more complex with a greater focus on longitudinal care over time than commercial EHR systems.

As part of our engagement with tribal programs, the Muscogee-Creek Nation provided an in-depth briefing demonstrating implementation of their two commercial EHR systems. The Cherokee Nation briefed the IHS Chief Medical Officer on their commercial EHR system and we have been engaged in dialogue with tribal health programs from Alaska on this issue. We have been engaged with other tribal health programs or tribal health committees as well.

Under the current arrangement, the IHS was able to adapt the VA software for use in our EHR system without having to expend funds on the development. The loss of the VA as a source of software code will likely have a budgetary impact on the IHS as we plan for the future.

Question 3a. Could you please provide an outline of this plan and an estimate of IHS's IT needs over the next several years?

Answer. The timing for IHS must remain largely in synchronization with the plans and the timeline of the VA. The VA's plans and timelines are still under development, but early indications point to a 7–8 year project timeline. With that in mind, the VA will need to continue its support for VistA for years, which means that the IHS will continue to have support for RPMS for years. The VA will still be releasing new patches for a while, but it will begin shifting away from new development to add functionality and start focusing narrowly on patches that address patient safety, and get the system ready for data sharing and archive.

The IHS is currently developing a timeline that recognizes the end of support for the current EHR system and considers potential replacement. We estimate that a replacement would be a multi-year project. During the first year, the IHS would be heavily involved with exploration, comparison, and decisional activities. The second year would entail acquisition activities. Additional years would focus on rolling implementation at clinics and hospitals. The funding required will be determined in large part by the EHR system(s) chosen.

Question 4. IHS also recently announced a new patient wait-time tracking addition to RPMS. They believe this expansion of RPMS will address one of GAO's unresolved recommendations from 2016. However, IHS told staff this new "fix" to track patient wait times might become obsolete as soon as the RPMS system goes out of use. How will the eventual replacement of RPMS impact the ability of IHS headquarters to monitor patient wait-times?

Answer. IHS has focused on the use of business intelligence (BI) software to work alongside the Resource and Patient Management System Electronic Health Record (RPMS EHR) in order to systematically measure and track wait times. Business intelligence software can be utilized with any EHR. Any EHR transition would require updates in the linkages between the BI software and the EHR. IHS will include wait times metrics as a requirement for health information systems.

Question 5. Several Service Units within the IHS-Albuquerque Service Area utilize a patient appointment program known as CQueque to electronically monitor patient wait times once an individual arrives for their appointment. These Units report to my staff that this program helps them self-audit staff performance and departmental progress towards patient experience goals.

Do any Service Units or Areas outside of Albuquerque utilize similar "sign-in" software to track the efficiency of patient flows within IHS facilities or between difference departments within one facility?

Answer. Yes. Efficiency and patient flow are important metrics in the Improving Patient Care (IPC) program. RPMS includes the ability to track appointment check-in, and data from RPMS can be utilized with or without business intelligence software to augment the measuring and tracking capabilities. Not all patient flow data is captured in the EHR, so IHS facilities use data both from within and external to the EHR to track efficiency and patient flow.

Question 5a. Is IHS exploring a way to include tracking of similar wait-time information in its efforts to address patient experience and wait time issues identified by GAO in the series of reports listed in the High Risk Report?

Answer. The IHS Improving Patient Care (IPC) Program addresses measurement and improvement efforts to shorten cycle time (start to finish of an appointment). IHS continues to explore opportunities and options for improving its capacity to measure cycle time and other wait-time metrics as a component of the patient experience of care. We are looking to extend the use of wait time standards to other services we provide such as dental and behavioral health.

RESPONSE TO WRITTEN QUESTIONS SUBMITTED BY HON. JOHN MCCAIN TO
RADM MICHAEL D. WEAHKEE

Question. The Gila River Indian Community has contacted my office concerning budget shortfalls in the FY 2018 budget that could delay the 2018 opening of the newly constructed Red Tail Hawk Health Clinic. I understand that the Clinic has remained on budget for many years, and that IHS is aware of the 2018 opening date. What is the status of the facility for the next fiscal year?

Answer. The funding of national priorities reflected in the FY 2018 President's Budget required IHS to make choices between its programs and investments. The Indian Health Service (IHS) currently expects the Red Tail Hawk Health Center to be completed during January 2018. However, the FY 2018 request does not currently include staffing and operational funds for this new clinic.