

DEPARTMENT OF HEALTH & HUMAN SERVICE OF THE SECRETARY

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Dear Reader:

I am pleased to present the Office for Civil Rights' (OCR) Fiscal Year 2013 Congressional Justification. This budget request provides support for the President's and Secretary's priority initiatives and reflects the goals and objectives of the Department.

OCR's requested budget will support our ability to protect the public's right to equal access and the opportunity to participate in and receive services from all Department of Health and Human Services' (HHS) programs without facing unlawful discrimination, and to protect the privacy and security of an individual's identifiable health information. OCR's performance objectives align with HHS' objectives, particularly in the area of ensuring access to quality, culturally competent care for vulnerable populations to strengthen the overall healthcare system. Through its work in assisting individuals with ensuring access to care and in protecting all citizens' health information privacy, OCR also contributes to each of the other HHS strategic objectives, with the exception of the area of scientific research.

In a dynamic environment with scarce resources, OCR continues to protect health care consumers from civil rights infringements as well as to aggressively implement the privacy and security protections provision of the Health Information Technology for Economic and Clinical Health (HITECH) Act. OCR seeks efficiencies, exploits technology, and leverages human capital and intergovernmental resources to provide the best possible service to the American people.

Leon Rodriguez Director Office for Civil Rights (This page intentionally left blank.)

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#### **Organization Chart**



#### **Introduction and Mission**

#### **Agency Overview**

The Office for Civil Rights (OCR), a staff division of the U.S. Department of Health and Human Services (HHS), ensures that people have equal access to and the opportunity to participate in and receive services from all HHS-funded programs without facing unlawful discrimination, and that the privacy and security of their health information is protected. Through prevention and elimination of unlawful discrimination and by protecting the privacy and security of individually identifiable health information, OCR helps HHS carry out its overall mission of improving the health and well-being of all people affected by its many programs.

#### Vision

Through investigations, voluntary dispute resolution, enforcement, technical assistance, policy development and information services, OCR will protect the civil rights of all individuals who are subject to discrimination in health and human services programs and protect the health information privacy and security rights of consumers.

#### Mission

As the Department's civil rights and health information privacy and security protection law enforcement agency, OCR:

- Ensures that the estimated 4,500,000 recipients of Federal financial assistance comply with our Nation's civil rights laws
- Enforces the civil rights protections of Title VI of the Civil Rights Act of 1964 (Title VI); Section 504 of the Rehabilitation Act of 1973 (Section 504); Title II of the Americans with Disabilities Act of 1990 (Title II); Titles VI and XVI of the Public Health Service Act (Hill-Burton Act); the Multi-Ethnic Placement Act (MEPA); the Age Discrimination Act of 1975 (Age Act); Title IX of the Education Amendments of 1972 (Title IX); and the Church Amendments, Section 245 of the Public Health Service Act and the Weldon Amendment (which prohibits discrimination against those who decline to participate in abortions or sterilization procedures)
- Ensures the practices of several million health care providers, health plans, healthcare clearinghouses, and their business associates adhere to Federal privacy and security requirements under the Health Insurance Portability and Accountability Act (HIPAA)
- Implements and enforces the privacy protections under the Genetic Information Nondiscrimination Act of 2008; the privacy and security provisions of the Health Information Technology for Economic and Clinical Health (HITECH) Act contained in the American Recovery and Reinvestment Act (ARRA) of 2009; and the confidentiality provisions of the Patient Safety and Quality Improvement Act of 2005
- Annually resolves nearly 12,000 citizen complaints alleging discrimination or a health information privacy or security violation

#### **Budget Overview**

The FY 2013 President's Budget request for OCR is \$38,966,000 – a decrease of \$1,972,000 from FY 2012 funding of \$40,938,000. This FY 2013 budget proposal maintains the essential programmatic focus of the previous request and continues to support OCR's activities as the primary defender of the public's right to nondiscriminatory access to and receipt of Federally funded health and human services and the privacy and security protections for individually identifiable health information.

#### **Program decreases:**

#### Civil Rights and Health Information Privacy Staffing Efficiencies (-\$2.0 million)

The recent OCR reorganization as well as achieved and projected business practice improvements have and will lead to efficiencies allowing for the reduction of enforcement personnel, both government and contract, and associated support staff. Attained efficiencies allow for the reduction of permanent staff in addition to a reduction in contract support augmentation. Specifically, this decrease in funding corresponds to a reduction of 10 government civilian full time equivalents (FTEs) and approximately 4 contractor work-year equivalents (CWEs). Decreased levels of funding will be incurred in the categories of full time permanent compensation, other personnel compensation, civilian benefits, other contractor services, and other related support costs.

# **Appropriations Language**

For expenses necessary for the Office for Civil Rights, [\$41,016,000] \$38,966,000.

# AMOUNTS AVAILABLE FOR OBLIGATION

(Dollars in Millions)

	FY 2011 Actual	FY 2012 Enacted	FY 2013 Budget
General Fund Discretionary Appropriation: Appropriation (L/HHS)	\$37,785,000 -\$75,000	\$41,016,000 -\$78,000	\$38,966,000 \$0
Across-the-board reductions (L/HHS)	\$37,710,000	\$40,938,000	\$38,966,000
Trust Fund Discretionary Appropriation: Appropriation Lines Rescission	\$3,314,000 -\$7,000	\$0 \$0	\$0 \$0
Subtotal, adjusted trust fund disc. Appropriation	\$3,307,000	\$0	\$0
Total Obligations	\$41,017,000	\$40,938,000	\$38,966,000

# SUMMARY OF CHANGES

2012 General funds appropriation	\$40,938
Total adjusted budget authority	\$40,938
2013 Request - General funds Total estimated budget authority	\$38,966 \$38,966

#### Net Changes

-\$1,972

	FY 2012 En	antad Daga	FY 2013 Change Fi	
	FY 2012 En FTE	Amount	FTE	Amount
Increases:				
<u>A. Built-In:</u> Subtotal, Built-In Increases	0	\$0	0	\$0
<b>B. Programs:</b> Subtotal, Program Increases			0	\$0
Total Increases	0	\$0	0	\$0
Decreases:				
A. Built-In:				
1. Full-Time Permanent	265	\$22,789	-10	-\$917
2. Other Personnel Compensation	0	\$574	0	-\$22
3. Civilian personnel benefits	0	\$5,532	0	-\$207
4. Travel and transportation of persons	0	\$340	0	-\$35
5. Communications, utilities, and miscellaneous				
charges	0	\$359	0	-\$78
6. Operation and maintenance of equipment	0	\$1,597	0	-\$688
7. Equipment	0	\$75	0	-\$25
Subtotal, Built-In Decreases	265	+\$31,266	-10	-\$1,972
<b>B.</b> Programs:				
Subtotal, Program Decreases			0	\$0
Total Decreases	265	+\$31,266	-10	-\$1,972
Net Change	265	+\$31,266	-10	-\$1,972

## **BUDGET AUTHORITY BY ACTIVITY - DIRECT**

(Dollars in Thousands)

		7 2011 <u>actual</u>		Y 2012 nacted		7 2013 <u>udget</u>
	<u>FTE</u>	<u>Amount</u>	<u>FTE</u>	Amount	<u>FTE</u>	<u>Amount</u>
Enforcement and Regional Operations	186	\$26,961	186	\$26,908	180	\$25,621
Programs and Policy	51	\$9,235	51	\$9,217	48	\$8,747
Planning and Business Administration Management	26	\$4,821	26	\$4,813	25	\$4,598
Subtotal, Budget Authority	263	\$41,017	263	\$40,938	253	\$38,966
Total, Budget Authority	263	\$41,017	263	\$40,938	253	\$38,966

# Authorizing Legislation

	FY 2012 Amount <u>Authorized</u>	FY 2012 <u>Estimate</u>	FY 2013 Amount <u>Authorized</u>	FY 2013 Budget <u>Request</u>
Office for Civil Rights:				
Program operations: P.L. 88-352; 42 U.S.C. 300s, P.L. 91-616; P.L. 92-157; P.L. 92-158; P.L. 92-255; P.L. 93-282; P.L. 93- 348 P.L. 94-484; P.L. 95-567; P.L. 97-35; P.L. 103-382; P.L. 104-188; P.L. 92-318; P.L. 93-112; P.L. 94-135; P.L. 101-336; P.L. 104-191; P.L. 109-41; P.L. 110-233; P.L. 111-5; P.L. 111-148	Indefinite	40,938,000	Indefinite	38,966,000
Total:	Indefinite	40,938,000	Indefinite	38,966,000

# Appropriations History Table

	Budget		a i	
	Estimate to Congress	House Allowance	Senate Allowance	Appropriation
		<u>r mowanec</u>	<u>r mowanee</u>	<u>rippropriation</u>
FY2004				
General Fund Appropriation:				
Base	30,936,000	30,936,000	30,936,000	30,936,000
Rescission Rescission				-133,000 -182,000
Subtotal	30,936,000	30,936,000	30,936,000	30,621,000
Trust Fund Appropriation:	50,750,000	50,750,000	50,750,000	50,021,000
Base	3,314,000	3,314,000	3,314,000	3,314,000
Rescission	, ,	, ,	, ,	-14,000
Rescission				-19,000
Subtotal	3,314,000	3,314,000	3,314,000	3,281,000
FY2005				
General Fund Appropriation:				
Base	32,042,000	32,042,000	32,042,000	32,043,000
Rescission				-61,000
Rescission				-255,000
Subtotal	32,042,000	32,042,000	32,042,000	31,727,000
<u>Trust Fund Appropriation:</u>	2 21 4 000	2 21 4 000	2 214 000	2 21 4 000
Base Rescission	3,314,000	3,314,000	3,314,000	3,314,000 -27,000
Subtotal	3,314,000	3,314,000	3,314,000	3,287,000
Subtom	3,311,000	3,511,000	5,511,000	5,207,000
FY2006				
<u>General Fund Appropriation:</u>	21 (02 000	21 (02 000	21 (02 000	21 (02 000
Base	31,682,000	31,682,000	31,682,000	31,682,000 -317,000
Rescission Subtotal	31,682,000	31,682,000	31,682,000	-317,000
Trust Fund Appropriation:	51,002,000	51,002,000	51,002,000	51,505,000
Base	3,314,000	3,314,000	3,314,000	3,314,000
Rescission	- )- )	- )- )	- ) )	-33,000
CMS Transfer				-24,000
Subtotal	3,314,000	3,314,000	3,314,000	3,257,000
FY2007				
General Fund Appropriation:				
Base	32,696,000	31,365,000	31,365,000	31,628,000
Subtotal	32,696,000	31,365,000	31,365,000	31,628,000
Trust Fund Appropriation:				
Base	3,314,000	3,281,000	3,281,000	3,281,000
Subtotal	3,314,000	3,281,000	3,281,000	3,281,000

	Budget Estimate <u>to Congress</u>	House <u>Allowance</u>	Senate <u>Allowance</u>	<u>Appropriation</u>
FY2009 <u>General Fund Appropriation:</u> Base Subtotal <u>Trust Fund Appropriation:</u> Base	36,785,000 36,785,000 3,314,000	36,785,000 36,785,000 3,314,000	36,785,000 36,785,000 3,314,000	36,785,000 36,785,000 3,314,000
Subtotal	3,314,000	3,314,000	3,314,000	3,314,000
FY2010 General Fund Appropriation:				
Base Rescission	37,785,000	37,785,000	37,785,000	37,785,000 -76,000
Subtotal Trust Fund Appropriation:	37,785,000	37,785,000	37,785,000	37,709,000
Base	3,314,000	3,314,000	3,314,000	3,314,000
Subtotal	3,314,000	3,314,000	3,314,000	3,314,000
<b>FY2011</b> General Fund Appropriation:				
Base Rescission	44,382,000	44,382,000	44,382,000	37,785,000 -75,000
Subtotal Trust Fund Appropriation:	44,382,000	44,382,000	44,382,000	37,710,000
Base Rescission	3,314,000	3,314,000	3,314,000	3,314,000 -7,000
Subtotal	3,314,000	3,314,000	3,314,000	3,307,000
FY2012				
General Fund Appropriation: Base	46,717,000			41,016,000
Rescission Subtotal	46,717,000			-78,000 40,938,000

# **BUDGET AUTHORITY by OBJECT CLASS - DIRECT** (Dollars in Thousands)

X	FY 2012 Enacted	FY 2013 Budget Request	FY 2013 +/- FY 2012
Personnel compensation:			
Full-time permanent (11.1)	22,789	21,872	-917
Other than full-time permanent (11.3)	554	554	0
Other personnel compensation (11.5)	574	552	-22
Military personnel (11.7)	67	67	0
Special personal services payments (11.8)	0	0	0
Subtotal, Personnel compensation	23,984	23,045	-939
Civilian personnel benefits (12.1)	5,506	5,299	-207
Military benefits (12.2)	26	26	0
Benefits for former personnel (13.0)	21	21	0
Total Pay Costs	29,537	28,391	-1,146
Travel and transportation of persons (21.0)	340	305	-35
Transportation of things (22.0)	20	20	0
Rental payments to GSA (23.1)	3,152	3,152	0
Communications, utilities, and miscellaneous charges (23.3)	359	281	-78
Printing and reproduction (24.0)	50	50	0
Other Contractual Services:			
Advisory and assistance services (25.1)	0	0	0
Other services from non-Federal sources (25.2)	2,036	2,036	0
Other goods and services from Federal sources (25.3)	2,276	2,276	0
Operation and maintenance of facilities (25.4)	1,246	1,246	0
Research and development contracts (25.5)	0	0	0
Operation and maintenance of equipment (25.7)	1,597	909	-688
Subtotal, Other Contractual Services	7,155	6,467	-688
Supplies and materials (26.0)	250	250	0
Equipment (31.0)	75	50	-25
Land and Structures (32.0)	0	0	0
Investments and Loans (33.0)	0	0	0
Grants, subsidies, and contributions (41.0)	0	0	0
Total Non-Pay Costs	11,401	10,575	-826
Total Budget Authority by Object Class	40,938	38,966	-1,972

# SALARIES AND EXPENSES

(Dollars in Thousands)

	FY 2012 Enacted	FY 2013 Budget Request	FY 2013 +/- FY 2012
Personnel compensation:			
Full-time permanent (11.1)	22,789	21,872	-917
Other than full-time permanent (11.3)	554	554	0
Other personnel compensation (11.5)	574	552	-22
Military personnel (11.7)	67	67	0
Subtotal, Personnel compensation	23,984	23,045	-939
Civilian personnel benefits (12.1)	5,506	5,299	-207
Military benefits (12.2)	26	26	0
Benefits for former personnel (13.0)	21	21	0
Total Pay Costs	29,537	28,391	-1,146
Travel and transportation of persons (21.0)	340	305	-35
Transportation of things (22.0)	20	20	0
Communications, utilities, and miscellaneous charges (23.3)	359	281	-78
Printing and reproduction (24.0)	50	50	0
Other Contractual Services:			
Other services from non-Federal sources (25.2)	2,036	2,036	0
Other goods and services from Federal sources (25.3)	2,276	2,276	0
Operation and maintenance of facilities (25.4)	1,246	1,246	0
Operation and maintenance of equipment (25.7)	1,597	909	-688
Subtotal, Other Contractual Services	7,155	6,467	-688
Supplies and materials (26.0)	250	250	0
Total Non-Pay Costs	8,174	7,373	-801
Total Salaries and Expenses	37,711	35,764	-1,947

Activity	FY 2011 Actual	FY 2012 Enacted	FY 2013 Budget	FY 2013 +/- FY 2012
Enforcement and Regional Operations	26,961,000	26,908,000	25,621,000	(1,287,000)
Programs & Policy	9,235,000	9,217,000	8,747,000	(470,000)
Planning and Business Administration Management	4,821,000	4,813,000	4,598,000	(215,000)
Total, Office for Civil Rights	41,017,000	40,938,000	38,966,000	(1,972,000)
FTE	226	266	256	(10)

#### All Purpose Table

#### **Summary of Request**

The U.S. Department of Health and Human Services (HHS) Office for Civil Rights (OCR) is the primary defender of the public's right to privacy and security of protected health information and the public's right to non-discriminatory access to Federally-funded health and human services. Through prevention and elimination of unlawful discrimination and by protecting the privacy and security of individually identifiable health information, OCR helps HHS carry out its overall mission of improving the health and well-being of all people affected by the Department's many programs. To most effectively accomplish this enormously important undertaking, OCR activities partner with government and private sector entities at the local, state, and national levels.

In FY 2011, OCR completed the change of its operating structure to better manage staff in order to provide superior support throughout its organization. Three Deputy Director level activities were established: Enforcement and Regional Operations, Programs and Policy, and Planning and Business Administration Management. Although each has unique functions and objectives, they each collaborate with one another, other HHS agencies, the Department of Justice, and other organizations to fully protect citizen rights. The OCR reorganization was published in the Federal Register (Vol. 75, No. 190) on October 1, 2010. This budget submission marks the first break-out of the OCR by these discrete activities.

For FY 2013, the Administration requests \$39.0 million to fund its nation-wide health care antidiscrimination and privacy duties performed by OCR's three activities. The following decreases reflect OCR-wide staffing reductions:

- \$25.6 million for Enforcement and Regional Operations a decrease of \$1.3 million
- \$8.7 million for Programs and Policy a decrease of \$.5 million
- \$4.6 million for Planning and Business Administration Mgmt a decrease of \$.2 million

### **Performance Overview**

Both of OCR's overarching goals encompass multiple supporting objectives that link to the Secretary's Strategic Initiatives and the HHS Strategic Plan:

	OCR Goal		OCR Supporting Objectives	HHS Goal/Objectives*		
	Raise awareness, increase understanding, and	A	Increase access to and receipt of non-discriminatory quality health and human services while protecting the integrity of HHS federal financial assistance (Title VI enforcement, public education activities, access via TANF program, Section 504 ADA, <i>Olmstead</i> activities, HIV/AIDS access enforcement)	#1 E #3 A,B,C,E		
1	1 requiring non-		all federal laws requiring non-	В	Protect the privacy and security of personally identifiable health information for healthcare consumers (HIPPA rule activities and enforcement)	#1 E,F
and protection of privacy and secur	to HHS programs and protection of the privacy and security of personal health	C	Provide information and training to representatives of health and human service providers, other interest groups, and consumers (Civil rights and health information privacy mission activities)	#1 E #3 B		
		D	Increase the number of covered entities that take corrective action, including making substantive policy changes or developing new policies as a result of review and/or intervention (Medicare application review process)	#1 E		
	Enhance energianel	A	Advance human capital management (Provide training, develop and mentor subordinates, promote effectiveness)	#5 A		
2	Enhance operational efficiency		Improve financial management and the integration of budget and performance data (Increase resource management process oversight, strengthen internal controls, overhaul performance objectives)	#4 A,B,D		

[\* As reflected on the HHS Strategic Goals and Objectives Table]

The primary OCR outcome measures are the following:

- # covered entities that take corrective action as a result of OCR intervention
- # covered entities that make substantive policy changes as a result of OCR intervention
- % of actions (civil rights cases, Medicare reviews, privacy cases) resolved
- *#* people made aware of applicable OCR federal laws
- % of complaints that require formal investigation resolved within 365 days
- % of complaints that do not require formal investigation resolved with 180 days

OCR continues to make great strides in serving citizens when they encounter potential discrimination and health information privacy issues and violations. Despite increases in cases received of 12% and 4% in the past two years, OCR has made significant progress in reducing backlog, and in particular, closing stagnant cases (those open for 2-3 years). This concentration on older cases, however, has had two repercussions. It has led to less than anticipated improvement in other areas such as the rate of closure for current cases and reviews as well as reduced outreach efforts due to management's intentional focus on case resolution. Additionally, significant improvements to our case management reporting system have caused a learning curve that temporarily decreased timely entries of case data, thus inaccurately reflecting annual closure numbers.

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2012 Target	FY 2013 Target	FY 2013 Target +/- FY 2012 Target
1.1.1 # Covered Entities taking corrective action as a result of OCR intervention / year (Outcome)	<u>FY 2011: 3479</u> <u>Target: 4200</u> (Target Not Met)	4300	4300	<u>Maintain</u>
<u>1.1.2 # Covered Entities making</u> substantive policy changes as a result of OCR intervention / year (Outcome)	<u>FY 2011: Not able to</u> <u>assess based on</u> <u>systems change</u> <u>Target: 2750</u> ( <u>No Status)</u>	2800	2800	<u>Maintain</u>
<u>1.1.3 % of closure for civil rights</u> cases, health information privacy cases, and Medicare reviews / cases and reviews received each year (Outcome)	<u>FY 2011: 92%</u> <u>Target: 107%</u> ( <u>Target Not Met)</u>	<u>108%</u>	<u>108%</u>	<u>Maintain</u>
<u>1.1.6 # individuals whom OCR</u> provides information and training annually (Output)	<u>FY 2011: 19226</u> <u>Target: 201200</u> ( <u>Target Not Met)</u>	<u>213500</u>	<u>213500</u>	<u>Maintain</u>

The following is a synopsis of our overall OCR-wide performance measures:

Additional specific performance results are contained in the narratives for both Enforcement and Regional Operations and Programs and Policy.

OCR has just completed major modification to our automated Performance Information Management System (PIMS) which was intended to revamp and reinvigorate the process of performance management as well as to strengthen the completeness, validity, and accuracy of the data capture and reporting. We expect to see improvement of our data in 2012.

Finally, OCR is currently in the process of initiating a review of its goals and objectives as well as its performance measures and the methods by which those measures are calculated and reported. Since OCR now has a reliable and versatile system in PIMS, our intention is to comprehensively reevaluate our current metrics which may not be optimal in order to arrive at current, representative, and quantifiable measures that reflect and evaluate OCR's true performance.

OCR estimates that break-outs of its FY budget requests by HHS strategic goal and objective are as follows:

HHS Strategic Goals	FY 2011	FY 2012	FY 2013
1. Stuangthan Haalth Cana	\$21.3	Enacted \$21.3	\$18.5
<ol> <li>Strengthen Health Care</li> <li>A Make coverage more secure for those who have insurance and extend</li> </ol>	\$21.5	\$21.5	\$18.5
affordable coverage to the uninsured			
1.B Improve health care quality and patient safety			
1.C Emphasize primary & preventative care, linked with community			
prevention			
1.D Reduce growth of health care costs while promoting high-value,			
effective care			
1.E Ensure access to quality culturally competent care for vulnerable			
populations	\$11.3	\$11.3	\$9.9
1.F Promote the adoption and meaningful use of health information			
technology	\$10.0	\$10.0	\$8.6
2. Advance Scientific Knowledge and Innovation			
2.A Accelerate the process of scientific discovery to improve patient care			
2.B Foster innovation at HHS to create shared solutions			
2.C Invest in the regulatory sciences to improve food & medical product			
safety			
2.D Increase our understanding of what works in public health and human			
services			
3. Advance the Health, Safety and Well-Being of the American People	\$19.7	\$19.7	\$20.0
3.A Promote the safety, well-being, resilience, and healthy development of	\$1.8	¢1 Q	\$1.8
children and youth	\$1.8	\$1.8	\$1.8
3.B Promote economic and social well-being for individuals, families, and	\$17.9	\$17.9	\$16.8
communities	\$17.9	\$17.9	\$10.8
3.C Improve the accessibility and quality supportive services for people with			\$1.1
disabilities and older adults			\$1.1
3.D Promote prevention and wellness			
3.E Reduce the occurrence of infectious diseases			\$.3
3.F Protect Americans' health and safety during emergencies, and foster			
resilience in response to emergencies			
4. Increase Efficiency, Transparency and Accountability of HHS			\$.3
Programs			
4.A Ensure program integrity and responsible stewardship of resources			\$.1
4.B Fight fraud and work to eliminate improper payments			\$.1
4.C Use HHS data to improve American health and well-being of the			
American people			
4.D Improve HHS environmental, energy, and economic performance to			\$.1

promote sustainability			
5. Strengthen the Nation's Health and Human Service Infrastructure			\$.2
and Workforce			<b>\$.</b> 2
5.A Invest in HHS workforce to meet America's health and human service			\$.2
needs today and tomorrow			<b>Φ.</b> 2
5. B Ensure health care workforce meets increased demands.			
5.C Enhance the ability of the public health workforce to improve health at			
home and abroad			
5.D Strengthen the Nation's human service workforce			
5.E Improve national, State & local surveillance and epidemiology capacity			
TOTAL includes GDM, PHS Evaluation Funds, Prevention & Public	\$41.0	\$40.9	\$39.0
Health Funds, and HCFAC	\$ <del>4</del> 1.0	\$40.9	\$39.0

#### **Enforcement and Regional Operations**

Dollars in Thousands

	FY 2011 Actual	FY 2012 Enacted	FY 2013 Budget Request	FY 2013 +/- FY2012
Budget Authority	26,961	26,908	25,621	-1,287
FTE	186	186	180	-6

#### **Program Description and Accomplishments**

The Division of Enforcement and Regional Operations is charged with prevention and elimination of unlawful discrimination as well as protecting the privacy and security of individually identifiable health information. By fulfilling that mission, it supports all United States citizens. The office is made up by ten field offices and a small headquarters staff, consisting of 186 FTEs located at HHS regional offices throughout the United States, as indicated on the organization chart. Although the functions performed by this activity have been an integral part of the Office of Civil Rights' mission for years, the Division of Enforcement and Regional Operations was only recently established in the FY 2010-2011 reorganization. The Deputy Director for Enforcement and Regional Operations is responsible for all aspects of the operations and performance of the ten regions and reports directly to the Director of OCR.

The personnel in the ten regions spread across the nation are at the forefront of OCR's enforcement efforts and responsible for responding to citizen complainants and investigation of alleged violations of civil rights and health information privacy laws. The regional manager in each of the ten Regions is responsible for operations within his/her geographical area of responsibility.

Region	Location	Satellite Office	Geographical Responsibility
Ι	Boston		ME,NH,VT,NY,RI,CT
II	New York		NY,NJ,PR,USVI
III	Philadelphia	Washington, DC	PA,MD,DE,WV,VA
IV	Atlanta	_	KY,TN,NC,SN,GA,FL,AL,MS
V	Chicago		MN,WI,MI,IL,IN,OH
VI	Dallas		NM,TX,OK,AR,LA
VII	Kansas City		NE,KS,IA,MO
VIII	Denver		MT,ND,SD,WY,UT,CO
IX	San Francisco	Los Angeles	HI,CA,NV,AZ
Х	Seattle	-	AK,WA,OR,ID

Since implementation of the Privacy Rule in 2003, the number of complaints filed with OCR per year has grown six-fold, from 1,948 in FY 2002 to approximately 12,000 in FY 2011. In an effort to keep pace with an ever increasing case workload, OCR instituted a number of efficiencies from FY 2002 through FY 2010, including a reorganization effort, improved staff skill sets, a centralized intake study, and ongoing improvements in case management techniques. These efficiency measures produced an increase in the number of cases resolved per FTE per year.

Highlights of recent civil rights enforcement accomplishments:

- In January 2011, OCR entered into a state-wide voluntary resolution agreement with the Rhode Island Department of Human Services (RIDHS) that provides limited English proficiency (LEP) clients improved access to RIDHS programs and services, including Medicaid and other social service programs. Under the agreement, RIDHS will ensure that the language access needs of its LEP clients are properly assessed and that appropriate language services are provided to clients in all RIDHS programs. RIDHS will improve its policies and procedures for assessing translation needs and ensure that current and new staff receives comprehensive training on providers' duties under Title VI of the Civil Rights Act of 1964. [Region I]
- In August 2011, OCR entered into a resolution agreement with the East Texas Medical Center Regional Healthcare System (ETMC) to ensure that deaf or hard of hearing patients receiving care will be screened and provided with sign language interpreter services when necessary for effective communication. After investigating the complaint of a deaf patient who alleged she had not been provided a sign language interpreter while receiving prenatal care at ETMC Crocket Hospital, OCR issued a letter of concern to ETMC stating that deficiencies in their policies could result in the provision of auxiliary aids and services to deaf patients in an arbitrary or inconsistent manner. Under Section 504 of the Rehabilitation Act of 1973, recipients of federal financial assistance must provide auxiliary aids and services to individuals who are deaf or hard of hearing. [Region VI]

Highlights of recent HIPAA Privacy and Security Rule enforcement accomplishments:

- In February 2011, OCR imposed a civil money penalty of \$4.3 million on Cignet Health of Prince George's County, MD (Cignet) for violations of HIPAA Privacy and Enforcement Rules. Cignet was fined \$1.3 million for failing to provide 41 individuals with access to their medical records as required and \$3 million for refusing to cooperate with OCR in the course of its investigation into the complaints about the failure to provide access. This is the first civil money penalty imposed for a HIPAA violation and clearly evidences that OCR is serious about enforcing individual rights guaranteed by the HIPAA Privacy Rule and ensuring providers cooperate with all enforcement and compliance efforts. [Region III]
- Massachusetts General Hospital (Mass General) has agreed to pay \$1 million to settle potential violations of the Privacy Rule arising from sensitive hospital records of 192 individuals being left on a subway train by a billing manager in the Infectious Disease Associates outpatient practice of the hospital. As part of the February 2011 resolution, Mass General also agreed to a three year corrective action plan to develop and implement a comprehensive set of policies and procedures to safeguard both paper and electronic records when removed from the hospital by its employees for work-related reasons. [Region I]

Funding History

FY 2011	\$26,961
FY 2012	\$26,908

<sup>\*</sup> The OCR reorganization occurred in 2010 so funding by activity is not available prior to FY 2011

#### **Budget Request**

The FY 2013 request for Enforcement and Regional Operations (E&RO) is \$25.6 million and reflects a decrease of \$1.3 million from the FY 2012 enacted amount. The reduction is due to E&RO staffing reduction of 6 government civilian FTEs and approximately 2.5 contractor work-year equivalents.

#### **Outputs and Outcomes Table**

Performance measure results were largely exceeded in FY11, specifically in 4 of 6 measures outlined below. While 1 of 2 targets were attained in the area of closing civil rights and health information privacy cases, 3 of 4 metrics were exceeded in closing complaints not requiring investigation within 180 days and closing investigative actions within 365 days. The latter instances in particular illustrate strong performance on the part of the regions in receiving, processing, and closing citizen complaint actions promptly.

Measure	Year and Most Recent Result / Target for Recent Result /	FY 2012 Target	FY 2013 Target	FY 2013 Target +/- FY 2012 Target
	(Summary of Result)			
<u>1.1.3A % of closure for civil</u> rights cases / cases received each year (Outcome)	<u>FY 2011: 91%</u> <u>Target: 107%</u>	<u>108%</u>	<u>108%</u>	<u>Maintain</u>
1.1.3B % of closure for health	<u>(Target not met)</u> FY 2011: 112%	108%	108%	Maintain
information privacy cases / cases received each year (Outcome)	Target: 107%	108%	108%	Mamam
1.1.7 % of civil rights complaints	(Target Exceeded) FY 2011: 37%	42%	42%	Maintain
requiring formal investigation resolved within 365 days (Output)	<u>Target: 40%</u> (Target not met)	<u>4270</u>	<u> <del>1</del></u> <u>7</u>	maintain
1.1.8 % of civil rights complaints	<u>FY 2011: 90%</u>	81%	83%	+2%
not requiring formal investigation resolved within 180 days (Output)	<u>Target: 79%</u> (Target Exceeded)			
1.1.9 % of health information	FY 2011: 68%	<u>52%</u>	<u>55%</u>	<u>+3%</u>
privacy complaints requiring formal investigation resolved within 365 days (Output)	<u>Target: 50%</u> (Target Exceeded)			
1.1.10 % of health information	<u>FY 2011: 81%</u>	72%	75%	+3%
privacy complaints not requiring formal investigation resolved within 180 days (Output)	<u>Target: 69%</u> (Target Exceeded)	<u>_</u>		

#### **Programs and Policy**

Dollars in Thousands

	FY 2011 Actual	FY 2012 Enacted	FY 2013 Budget Request	FY 2013 +/- FY2012
Budget Authority	9,235	9,217	8,747	-470
FTE	51*	51*	48*	-3

\* Does not include 3 reimbursable FTE

#### **Program Description and Accomplishments**

The Division of Programs and Policy is charged with preventing and eliminating unlawful discrimination as well as protecting the privacy and security of individually identifiable health information. By fulfilling that mission, it supports all United States citizens. The Division consists of two components, Civil Rights and Health Information Privacy. The Division consists of 54 FTEs (3 of whom are reimbursable) who work in the HHS headquarters in Washington, DC. Although the functions and activities performed by this component have been an integral part of the Office of Civil Rights' mission for years, the Division of Programs and Policy was only recently established in the FY 2011 reorganization. The Deputy Director for Programs and Policy is responsible for all aspects of the operations and performance of this area and reports directly to the Director of OCR.

The Civil Rights (CR) Division performs a wide variety of functions to support both citizens and health organizations directly as well as the ten regional offices. CRD is responsible for rulemaking, the pregrant program, review of settlement agreements, strategic development, and providing subject matter expertise to regional staff.

CR oversees a nationwide civil rights pre-grant review program for new Medicare applicants to ensure their compliance with Federal civil rights laws, including Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975. Through this program, CR provides technical assistance to new and existing Medicare providers, reviews health care facilities' policies and procedures for civil rights compliance, and sends clearance letters to the facilities after they have demonstrated compliance.

CR also enters into civil rights settlement agreements with major health care corporations to develop model civil rights policies and procedures at all facilities under corporate ownership and control, extending their reach to facilities beyond the scope of Medicare Part A program requirements. In this way, OCR is attaining voluntary compliance by health care organizations on a large scale, maximizing its impact and civil rights compliance efforts within the Medicare provider community.

CR staff members perform other measures including development of compliance and enforcement strategies as well as providing expert advice to regional staff in their formulation of investigative plans for complaints and compliance reviews, corrective action closure letters, voluntary compliance agreements, violation letters of finding, settlement agreements and enforcement actions.

Highlights of recent CR accomplishments:

• The Civil Rights Division has worked with the Joint Commission to recently issue a publication that urges hospitals to create safe and inclusive environments to improve health care for LGBT patients and their families: *Advancing Effective Communication, Cultural Competence, and Patient-and Family-Centered Care for the Lesbian Gay, Bisexual and Transgender (LGBT) Community: A Field Guide.* For several years now, the CRD has worked cooperatively with the Joint Commission, serving on its expert advisory panel and collaboration of the Commission's publication: *Advancing Effective Communication, Cultural Competence and Patient- and Family-Centered Care: A Roadmap for Hospitals.* The *Roadmap's* law and regulations section was drafted by CRD staff.

The Health Information Privacy (HIP) Division performs a wide variety of functions to support both citizens and health organizations directly as well as OCR's ten regional offices. HIP is responsible for policy development, including proposing regulatory and legislative modifications to the HIPAA Privacy and Security Rules, rulemaking activities (including promulgating regulations for new statutory authorities), reviewing settlement agreements and enforcement actions, providing subject matter expertise to regional staff on both privacy and security matters, and investigating violations of patient safety work product confidentiality.

Since September 2009, HIP staff has overseen a nationwide breach reporting system, required by the HITECH Act, that enables covered entities and business associates to electronically file reports with the Secretary of all breaches that create a significant risk of harm to the confidentiality or integrity of the protected health information. The covered entity is also required to provide prompt notification to the individuals affected by the breach. For breaches affecting 500 or more individuals, HIP is responsible for maintaining a listing of such breaches on the HHS web site and referring the breach report to the regional offices for validation and investigation.

HIP staff provide significant input into the development of compliance and enforcement strategies and expert advice to regional staff in their formulation of investigative plans, letters of investigative findings, and resolution agreements or notices of the imposition of civil monetary penalties following compliance reviews or complaint investigations. HIP also coordinates with the Department of Justice on criminal referrals under the HIPAA. As a result of the HITECH Act, civil money penalties for HIPAA violations have increased significantly, from \$100 per violation to up to \$50,000 per violation. OCR has leveraged these higher penalty amounts to strengthen and expand its compliance and enforcement program. In addition to breach notification, discussed above, other HITECH Act compliance and enforcement achievements include:

- The launch of a pilot project to provide for periodic audits to ensure compliance by covered entities and business associates with the HIPAA Privacy and Security Rules and their obligations under the HITECH Act. Audit protocols will be developed and tested for covered entities of varying types and sizes. Audits will be performed in FY 2012 and the evaluation of their effectiveness across covered entities will be completed in FY 2013.
- In 2011, HIP completed a nation-wide training of State Attorneys General on HIPAA and HITECH. The HITECH Act authorized State Attorneys General to bring civil actions to enforce the HIPAA Privacy and Security Rules. OCR will continue to work with the State Attorneys General as they begin to pursue actions within their new jurisdiction.

HIP staff is also responsible for policy development and rule making activities, including analyzing the need for modifications to privacy and security regulations implementing HIPAA, proposing regulatory modifications when necessary, and promulgating regulations for new statutory authorities, such as the Genetic Information Nondiscrimination Act of 2008 (GINA) and the Health Information Technology for

Economic and Clinical Health (HITECH) Act contained in the American Recovery and Reinvestment Act of 2009 (ARRA). In addition, HIP is responsible for national policy and regulatory activities related to the confidentiality of information concerning patient safety events and for the enforcement of those confidentiality protections under the Patient Safety and Quality Improvement Act of 2005. Through these efforts, OCR plays a leading role in other health reform efforts, including patient safety in personalized medicine based on genetic breakthroughs, and in ensuring the appropriate flow of health information under the HIPAA Privacy and Security Rules during emergencies situations.

HIP's primary policy activities center on regulatory and technical assistance work necessary to implement the provisions of the HITECH Act to strengthen HIPAA Privacy and Security protections, enhance enforcement efforts, and provide public education about privacy protections. These activities directly support the President's goal of increasing the use of electronic health records. HIP staff closely coordinates implementation of these more robust privacy and security protections with the Office of that National Coordinator's (ONC) work to advance the adoption of electronic health records in two ways: (1) by developing privacy and security protections for electronic health records that will promote their adoption and meaningful use; and (2) by designing and rolling out the initial public education campaign during FY 2012 to increase Americans' confidence in the use of electronic health records and the privacy and security of their health information. In FY 2010 and FY 2011, HIP published two Notices of Proposed Rulemaking to implement the major provisions of the HITECH Act strengthening the HIPAA Privacy and Security Rules and expanding their scope to include the direct enforcement of these protections against business associates, and expects to complete its rulemaking efforts in FY 2013.

#### Funding History

FY 2011	\$9,235
FY 2012	\$9,217

<sup>\*</sup> The OCR reorganization occurred in 2010 so funding by activity is not available prior to FY 2011

#### **Budget Request**

The FY 2013 request for Programs and Policy (P&P) is \$8.7 million and reflects a decrease of \$.5 million from the FY 2012 enacted amount. The decrease is due to P&P staffing reduction of 3 government civilian FTEs and approximately 1 contractor work-year equivalent.

#### **Outputs and Outcomes Table**

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2012 Target	FY 2013 Target	FY 2013 Target +/- FY 2012 Target
<u>1.1.3C % of closure for Medicare</u> <u>application reviews / reviews</u> <u>received each year (Output)</u>	<u>FY 2011: 95%</u> <u>Target: 107%</u> ( <u>Target Not Met</u> )	<u>108%</u>	<u>108%</u>	<u>Maintain</u>

#### Planning and Business Administration Management

Dollars in Thousands

	FY 2011 Actual	FY 2012 Enacted	FY 2013 Budget Request	FY 2013 +/- FY2012
Budget Authority	4,821	4,813	4,598	-215
FTE	26	26	25	-1

#### **Program Description and Accomplishments**

The Division of Planning and Business Administration Management (PBAM) is focused on supporting the overall efforts of OCR's mission. The office consists of several sections (Executive Secretariat, Outreach and Education, Human Resources, Information Technology, Budget and Performance) and provides direct support to the operations of OCR's other two activities (E&RO and P&P). It consists of 26 FTEs located at HHS headquarters in Washington, DC. Although the functions performed by this activity have been an integral part of the Office for Civil Rights' mission for years, PBAM was only recently established in the FY 2011 reorganization. The Deputy Director for Planning, Business Administration Management is responsible for all aspects of the operations and performance of his/her five sections and reports directly to the Director of OCR.

The Executive Secretariat Section consists of five staff members responsible for processing intra-HHS and external agency clearance requests, processing Congressional and other high-level correspondence, handling Freedom of Information Act (FOIA) requests, and other general administrative duties. In FY 2011, the Executive Secretariat also sponsored a "Central Intake Unit" (CIU) pilot whereby Region V cases were received and assigned through a centralized approach via the headquarters office. Once this pilot is completed and analyzed for effectiveness, it may lead to the establishment of an office-wide CIU approach being implemented to attain staffing efficiencies.

The Outreach and Education Section is critical to the success of the OCR mission of educating the public on the laws, regulations, and policies that protect citizen rights in the areas of equal access to health care and health information privacy. The three-person Outreach and Education Team works closely with the OCR Director and collaborates on all activities within OCR and other partner government agencies to formulate a cohesive strategic outreach plan. The Section also supports Enforcement and Regional Operations with their local outreach efforts, assists Programs and Policy promulgate new law and resultant implementing policy, prepares Director and key leader public event messaging, and plans all media events and interactions.

OCR operates in a dynamic environment that requires highly motivated and trained professionals to respond to citizen complaints involving complex circumstances. The Human Resources Section conducts the recruitment of all staff personnel and coordinates the personnel action support for all-board employees, both at the headquarters and throughout the Regions. The section consists of three staff members whose other key responsibilities include coordination with the Office of Human Resources within the HHS Office of the Assistant Secretary of Administration, interpreting and applying human resources policy, and interfacing with the labor union.

With a wide dispersion of personnel spread across the nation, the Information Technology (IT) Section has the challenging task of ensuring that all operating locations receive superb and timely automation support to enable seamless operations. The Director of IT, with the assistance of three other staff, performs a variety of tasks in support of that mission, including conducting inventories, trouble-shooting equipment, planning upgrades, reviewing invoices, letting contracts to support systems, monitoring interagency support services, administering the Performance Information Management System (PIMS), and acquiring replacement hardware.

The Budget and Performance Section is accountable for working with the OCR leadership to formulate requirements, both funding and personnel. Specific focus areas are: entering budget data into applicable systems, submitting budget justification exhibits, supporting overall headquarters and regional operations, contributing to the overall HHS Performance Appendix, monitoring budget execution spending and targets, setting and gauging progress on established performance measures, answering HHS and OMB data calls, and responding to all resource matters that affect ongoing OCR efforts to provide quality support to all citizens.

To effectively achieve OCR's mission, operations staff members are focused on continuous operational and process improvement. Several key initiatives designed to improve overall operational efficiency in FY 2010 and FY 2011 included centralized intake, targeted hiring designed to close skill gaps across the organization, development of enhanced programmatic training, upgrades to case management systems, and transferring case workload between regional offices. Results from the centralized intake pilot study demonstrated a possible 53% decrease in the amount of time it takes to close complaints and transferring case workload between regional offices could result in a 78% reduction in regional office case backlogs. With an emphasis on improving the level of service provided to the public, these initiatives, coupled with programmatic enhancements to HIPAA compliance and enforcement operations, have enabled OCR to make solid gains in reducing the inventory of open complaints. Funding at the requested level will allow OCR's compliance and enforcement operations to continue this renewed focus on being more responsive to the American public.

In addition to these process improvements, OCR continuously works to improve budget and performance integration and increase performance accountability. Results-oriented performance plans are established for all employees with goals cascaded down from OCR's organization-wide performance objectives. By continuously evaluating performance against established measures and goals, OCR works to achieve maximum resource efficiency.

Highlights of recent PBAM accomplishments:

- Modernizing PIMS to streamline the administrative burden associated with the regional casework thereby allowing Equal Opportunity Specialists to dedicate additional time to complainant response
- Reconfiguring PIMS to more accurately reflect performance, thereby providing additional capability to leaders in managing their operations
- Establishing a comprehensive IT inventory control plan to more efficiently safeguard all OCR equipment

#### Funding History

FY 2011	\$4,821
FY 2012	\$4,813

\* The OCR reorganization occurred in 2010 so funding by activity is not available prior to FY 2011

#### **Budget Request**

The FY 2013 request for Planning and Business Administration Management (PBAM) is \$4.6 million and reflects a decrease of \$.2 million from the FY 2012 enacted amount. The decrease is due to PBAM reduction in staffing of 1 government civilian FTE and approximately .5 contractor work-year equivalents.

#### Office for Civil Rights Detail of Full Time Equivalents (FTE)

	2011 Actual Civilian	2011 Actual Military	2011 Actual Total	2012 Est. Civilian	2012 Est. Military	2012 Est. Total	2013 Est. Civilian	2013 Est. Military	2013 Est. Total
Enforcement and Regiona	l Operatio	ns							
Direct <sup>1</sup> :	158	1	159	185	1	186	179	1	180
Reimbursable:	0	0	0	0	0	0	0	0	0
Total:	158	1	159	185	1	186	179	1	180
Programs and Policy									
Direct <sup>2</sup> :	46	0	46	51	0	51	48	0	48
Reimbursable:	3	0	3	3	0	3	3	0	3
Total:	49	0	49	54	0	54	51	0	51
Planning and Business Ad	ministratio	on Manage	ement						
Direct <sup>3</sup> :	18	0	18	26	0	26	25	0	25
Reimbursable:	0	0	0	0	0	0	0	0	0
Total:	18	0	18	26	0	26	25	0	25
OCR FTE Total	225	1	226	265	1	266	255	1	256

<sup>1</sup> Consists of personnel in the regions, OGC lawyers supporting regions, and the Deputy Director's staff at the HQ

<sup>2</sup> Consists of the HIP Division, the CR Division, OGC lawyers supporting HQ, and the Deputy Director

<sup>3</sup> Consists of Executive Secretariat, Outreach and Education, Human Resources, IT, Budget, and the Director's staff

<u>Enforcement and Regional Operations</u>: Decrease of authorized FTEs from 186 (FY 2012) to 180 (FY 2013); hiring temporarily reduced due to management change; aggressive hiring will take place in FY 2012 to fill vacant leadership positions and other key positions up to 180 ceiling.

<u>Programs and Policy</u>: Decrease of authorized FTEs from 54 (FY 2012) to 51 (FY 2013); leadership is intent on filling all remaining vacant positions in FY 2012.

<u>Planning and Business Administration management</u>: Decrease of authorized FTEs from 26 (FY 2012) to 25 (FY 2013); reduced support staffing.

Average GS Grade

FY 2008	13/4
FY 2009	13/5
FY 2010	13/2
FY 2011	13/2
FY 2012	12/8

## Office for Civil Rights Detail of Positions

	2011 Actual	2012 <u>Estimate</u>	2013 <u>Estimate</u>
Executive level I	0	0	0
Executive level II	3	2	2
Executive level III	1	1	1
Executive level IV	3	4	4
Executive level V	1	1	1
Subtotal	8	8	8
Total - Exec. Level Salaries	\$1,106,000	\$1,204,000	\$1,204,000
GS-15	20	25	25
GS-14	37	40	40
GS-13	40	45	45
GS-12	80	87	87
GS-11	15	28	28
GS-10	0	0	0
GS-9	11	14	14
GS-8	2	2	2
GS-7	4	4	4
GS-6	2	3	3
GS-5	5	5	5
GS-4	1	2	2
GS-3	1	2	2
GS-2	0	0	0
GS-1	0	0	0
Subtotal	218	257	257
Total - GS Salary	\$21,730,000	\$24,462,000	\$25,420,000
Average ES level	III	III	III
Average ES salary	\$167,000	\$164,000	\$164,000
Average GS grade	12/7	12/8	12/9
Average GS salary	\$90,000	\$93,000	\$94,000

\* Reflects the number of positions encumbered at of the end of FY 2011 and projections for the number of positions that will be encumbered as of the end of FY 2012 and FY2013. Excludes OCR's 1 military employee and includes 3 reimbursable FTEs. Excludes "Other personnel compensation" (11.5) and "Civilian Benefits" (12.1) object classes.

#### FY 2013 HHS Enterprise Information Technology and Government-Wide E-Gov Initiatives

#### **STAFFDIV Allocation Statement:**

The **OCR** will use **\$20,562.00** of its **FY 2013** budget to support Department-wide enterprise information technology and government-wide E-Government initiatives. Staff Divisions help finance specific HHS enterprise information technology programs and initiatives, identified through the HHS Information Technology Capital Planning and Investment Control process, and the government-wide E-Government initiatives. The HHS enterprise initiatives meet cross-functional criteria and are approved by the HHS IT Investment Review Board based on funding availability and business case benefits. Development is collaborative in nature and achieves HHS enterprise-wide goals that produce common technology, promote common standards, and enable data and system interoperability.

Of the amount specified above, **\$2,154.00** is allocated to developmental government-wide E-Government initiatives for **FY 2013**. This amount supports these government-wide E-Government initiatives as follows:

FY 2013 Developmental E-Gov Initiatives*	
Line of Business - Human Resources	\$495.00
Line of Business - Grants Management	\$0.00
Line of Business - Financial	\$925.00
Line of Business - Budget Formulation and Execution	\$689.00
Disaster Assistance Improvement Plan	\$0.00
Federal Health Architecture (FHA)	\$0.00
Integrated Acquisition Environment-Grants and Loans	\$0.00
Line of Business - Geospatial	\$45.00
FY 2013 Developmental E-Gov Initiatives Total	\$2,154.00

\* Specific levels presented here are subject to change, as redistributions to meet changes in resource demands are assessed.

Prospective benefits from these initiatives are:

**Lines of Business-Human Resources Management:** Provides standardized and interoperable HR solutions utilizing common core functionality to support the strategic management of Human Capital

**Lines of Business–Financial Management:** Supports efficient and improved business performance while ensuring integrity in accountability, financial controls and mission effectiveness by enhancing process improvements; achieving cost savings; standardizing business processes and data models; promoting seamless data exchanges between Federal agencies; and, strengthening internal controls.

**Lines of Business-Budget Formulation and Execution:** Allows sharing across the Federal government of common budget formulation and execution practices and processes resulting in improved practices within HHS.

Lines of Business-Geospatial: Promotes coordination and alignment of geospatial data collection and maintenance among all levels of government: provides one-stop web access to geospatial information through development of a portal; encourages collaborative planning for future investments in geospatial data; expands partnerships that help leverage investments and reduce duplication; and, facilitates partnerships and collaborative approaches in the sharing and stewardship of data. Up-to-date accessible information helps leverage resources and support programs: economic development, environmental quality and homeland security. HHS registers its geospatial data, making it available from the single access point.

In addition, **\$18,408.00** is allocated to ongoing government-wide E-Government initiatives for **FY 2013**. This amount supports these government-wide E-Government initiatives as follows:

FY 2013 Ongoing E-Gov Initiatives*	
E-Rule Making	\$17,868.00
Integrated Acquisition Environment	\$540.00
GovBenefits	\$0.00
Grants.Gov	\$0.00
FY 2013 Ongoing E-Gov Initiatives Total	\$18,408.00

\* Specific levels presented here are subject to change, as redistributions to meet changes in resource demands are assessed