

DEPARTMENTAL APPEALS BOARD

	FY 2000 <u>Actual</u>	FY 2001 <u>Appropriation</u>	FY 2002 <u>Estimate</u>	Increase or <u>Decrease</u>
Budget Authority	\$7,046,000	\$7,706,000	\$9,710,000	+\$2,004,000
FTE	69	73	91	+18

Purpose And Method of Operations

The Secretary has delegated to the Departmental Appeals Board (DAB) the authority to issue final decisions under more than 60 statutory provisions governing Department programs. DAB issues decisions in the following general types of disputes:

- Disputes arising in the administration or performance of grant programs;
- Fraud and abuse cases initiated by the Office of Inspector General (OIG);
- Provider sanction cases initiated by the Health Care Financing Administration (HCFA);
- Clinical Laboratory Improvement Act cases initiated by HCFA;
- Scientific misconduct cases initiated by the Office of Research Integrity; and
- Other cases assigned to the DAB by statute, regulation, memorandum of understanding, or agreement of the parties.

The Secretary has delegated to the Administrative Law Judges (ALJs) assigned to DAB the authority to conduct evidentiary hearings and issue decisions in OIG fraud and abuse cases, HCFA provider sanction cases, and HCFA Clinical Laboratory Improvement Act (CLIA) cases. ALJ decisions in these cases may be appealed to the Board Members. The Secretary has also delegated to the Chair of DAB the authority to review decisions made by ALJs assigned to the Social Security Administration, concerning Medicare entitlement, payment, and coverage issues. This Medicare Appeals Council function, involving thousands of cases annually, has been redelegated to the Administrative Appeals Judges (AAJs) assigned to DAB. Under the Benefits Improvement and Protection Act of 2000 (BIPA), DAB will also begin to hear complaints involving HCFA's National and Local Coverage Determinations for the Medicare program.

Cases before DAB involve hundreds of millions of dollars annually. DAB decisions have national impact, affecting States, universities, and non-profit organizations administering grant programs, as well as Medicare providers and beneficiaries. In addition, in cases involving indirect cost rates or cost allocation plans in grant programs, DAB decisions have government-wide impact, because HHS is the "cognizant agency" whose decisions are binding on other Federal agencies. Finally, DAB takes the lead in promoting forms of alternative dispute resolution (e.g., mediation and regulatory negotiation) that reduce administrative costs.

The major factors currently impacting caseloads in DAB's three main Divisions are as follows:

Nursing Home Oversight Improvement Program

An estimated 1.6 million elderly and disabled people receive care in approximately 17,000 nursing homes across the United States. The Federal government provides funding to the States to inspect nursing homes that participate in Medicare and Medicaid. In 1995, HCFA implemented new regulations to improve the quality of care in these nursing homes.

In 1998, HCFA began a comprehensive strategy to toughen nursing home enforcement. HCFA worked with States to: improve their nursing home inspection systems; crack down on nursing homes that repeatedly violate safety rules; require nursing homes to conduct criminal background checks on all new employees; reduce the incidence of bed sores, dehydration, and malnutrition; and publish nursing home quality ratings on the Internet. HCFA also eliminated the “grace period” for nursing homes found to have violations harming residents in two successive survey cycles. Immediate sanctions (also called “remedies”) can now be imposed on such nursing homes, without prior opportunity to correct. In late 1999, HCFA also made a policy change allowing a nursing home to appeal the loss of its nurse aide training program; previously, such appeals were allowed only when another remedy was imposed. As a result, hearing requests from nursing homes have increased from 30 in FY 1995 to 670 in FY 2000, and at the current rate DAB expects to receive 800 hearing requests in FY 2001. HCFA has also stepped up enforcement efforts for other types of providers, such as clinical laboratories.

Medicare Appeals Council Caseload Increases

The Medicare Appeals Council caseload continues to grow at a minimum projected rate of 20% per year. This trend reflects the fact that the population is aging and living longer, resulting in more Medicare beneficiaries overall, as well as more claims per individual. Also, the number of people under age 65 filing for Social Security disability benefits, including Medicare, has increased. There are also increased appeals by providers and suppliers arising out of pre- and post-payment audit activities.

Benefits Improvement and Protection Act of 2000 (BIPA)

Effective October 1, 2001, BIPA 2000 requires DAB to provide reviews of HCFA’s Medicare National Coverage Determinations upon the filing of a complaint by a beneficiary, and reviews of decisions by Social Security Administration (SSA) ALJs on Local Coverage Determinations issued by Medicare contractors. These cases will raise complex scientific and clinical issues regarding whether Medicare should cover new healthcare technology. In addition, BIPA 2000 imposes deadlines for case processing and provides for *de novo* review (completely new hearing) of some cases, both of which will affect the Medicare Appeals Council caseload in FY 2003.

In summary, DAB must:

- continue to process the increasing number of hearings and appeals (some under regulatory deadlines) currently within its jurisdiction, such as HCFA and OIG fraud and abuse cases and quality of care cases;

- begin implementing reviews of HCFA National Coverage Determinations and of ALJ decisions on Local Coverage Determinations (BIPA, effective October 1, 2001); and
- begin implementing the process changes required to complete reviews of ALJ decisions on Medicare claims within 90 days (BIPA, effective October 1, 2002), by completing work on the existing caseload.

With the requested funding level, DAB's planned accomplishments for FY 2002 are:

Appellate Division – Board Members

- Complete work on 61 grant dispute cases, representing \$256,000,000 in disputed funds.
- Process 12 cases under miscellaneous authorities, including review of National and Local Coverage Determinations under BIPA 2000.
- Complete work on 39 HCFA and OIG enforcement cases.

Civil Remedies Division – DAB Administrative Law Judges

- Receive 1,201 cases (over 800 of which are nursing home enforcement cases). Complete work on 833 such cases.

Medicare Operations Division – Medicare Appeals Council

- Receive 11,081 requests for appellate review of SSA ALJ decisions regarding Medicare entitlement, payments, or coverage, including claims filed by health care providers or Medicare beneficiaries under Titles XXI and XVIII, parts A and B, of the Social Security Act. Complete work on 6,375 such reviews.

Alternative Dispute Resolution (ADR) Division

- Continue a leadership role in the Department's effort to implement the Administrative Dispute Resolution Act of 1996 by providing ADR training and services, such as coordinating all regulatory negotiations.
- Continue to work with staff in other HHS offices to advance joint HHS goals for implementing ADR.
- Increase the use of mediation in cases filed with the DAB's three other Divisions, particularly targeting efforts on HCFA enforcement cases.

DAB PROJECTED FY 2002 WORKLOAD DATA
By Division

	<u>Appellate</u>	<u>Civil Remedies</u>	<u>Medicare Operations</u>	<u>Total</u>
On Hand	90	1,309	15,758	17,157
Cases Received	175	1,201	11,081	12,457
Cases Closed	112	833	6,375	7,320
<i>Decisions</i>	72	<i>101</i>	<i>5,000</i>	<i>5,173</i>
Backlogged	153	1,677	20,464	22,294

NOTE: "On Hand" is the number of cases on the docket at the beginning of the fiscal year; "Backlogged" is the number of cases on the docket at the end of the same fiscal year. Backlogged cases may be stayed, active, or open awaiting adjudication. "Decisions" are a subset of "Cases Closed."

Rationale for the Budget Request

Despite reengineering and efficiency initiatives, the DAB caseload is increasing dramatically. The additional resources requested are critical to avoid adverse publicity for the Administration, to reduce the likelihood of Congressional and court intervention, and to prepare to meet the requirements of BIPA 2000. Even if the Medicare appeals provisions of BIPA are delayed, it is critical to begin reducing the age of Medicare Appeals Council cases to meet the 90-day deadline and enhanced responsibilities imposed by BIPA, and to develop totally new processes for DAB reviews of Medicare National Coverage Determinations and of SSA ALJ decisions on Local Coverage Determinations.

The FY 2002 request for DAB is an increase of \$2,004,000 and 18 FTE over FY 2001. Of this total increase, \$444,000 is to cover increased personnel costs, such as the annualization of the January 2001 pay raise and the anticipated FY 2002 pay raise. The remaining increase of \$1,560,000 and 18 FTE are to meet critical staffing needs due to the new authorities and projected caseload increases explained above and on the preceding pages.

DEPARTMENTAL APPEALS BOARD

FY 2002 PERFORMANCE PLAN

Performance Goals	FY Targets	Actual Performance	Reference*
<p>Goal 1. Maintain Appellate Division case processing rates.</p> <p>Measure: Percentage of decisions with net case age of six months or less.</p>	<p>FY02: 70%</p> <p>FY01: 70%</p> <p>FY00: 60%</p> <p>FY99: 80%</p>	<p>FY02:</p> <p>FY01:</p> <p>FY00: 81%</p> <p>FY99: 53%</p>	
<p>Goal 2. Maintain Appellate Division reversal and remand rate of Board decisions appealed to Federal courts.</p> <p>Measure : number of decisions reversed or remanded on appeal to Federal court as a percentage of all Board decisions issued.</p>	<p>FY02: 2%</p> <p>FY01: 2%</p> <p>FY00: 2%</p> <p>FY99: 2%</p>	<p>FY02:</p> <p>FY01:</p> <p>FY00: 2%</p> <p>FY99: 2%</p>	
<p>Goal 3. Maintain annual output of Civil Remedies Division decisions per ALJ year.</p> <p>Measure: number of decisions annually per ALJ year (revised)</p> <p>Goal 3 (new) Increase Civil Remedies case processing rates for Inspector General cases.</p> <p>Measure: percentage of decisions issued within 60 days of the close of the record.</p>	<p>FY02: N/A</p> <p>FY01: N/A</p> <p>FY00: 10 per ALJ per year.</p> <p>FY99: 55</p> <p>FY02: 80%</p>	<p>FY01: N/A</p> <p>FY00: 13</p> <p>FY99: 69</p> <p>FY01: (baseline)</p>	

Performance Goals	FY Targets	Actual Performance	Reference*
<p>Goal 4. Reduce average net case age for Civil Remedies Division decisions.</p> <p>Measure: average net days for cases from receipt to decision in target year compared to FY99.</p>	<p>FY02: 15% FY01: 15% FY00: 10% reduction FY99: N/A</p>	<p>FY02: FY01: FY00: 406 days (22% increase) FY99: 332 days (baseline)</p>	
<p>Goal 5. Increase use of ADR (i.e., mediation) in appealed cases.</p> <p>Measure: number of cases mediated in FY99 compared with number of cases mediated in FY98.</p>	<p>FY02: 10% increase over FY01 FY01: 10% increase over FY00 FY00: 25% increase over FY99 FY99: 25% increase</p>	<p>FY02: FY01: FY00: 29, for a 26% increase. FY99: 62 (23 used for measurement purposes, for a 28% increase) FY98: 18 cases (baseline)</p>	
<p>Goal 6. Expand ADR training opportunities.</p> <p>Measure 1: number of sessions offered.</p> <p>Measure 2: number of HHS staff trained.</p>	<p>FY02: 12 FY01: 12 FY00: 9 sessions FY99: 6 sessions</p> <p>FY02: 400 FY01: 400 FY00: 400 FY99: 200</p>	<p>FY02: FY01: FY00: 15 FY99: 12</p> <p>FY02: FY01: FY00: 435 FY99: 400 FY98: 150 (baseline)</p>	
<p>Goal 7: Encourage use of ADR in all Operating Agencies, including OS.</p> <p>Measure 1: number of meetings and/or presentations with management and others to foster application of ADR techniques.</p> <p>Measure 2: number of HHS cases mediated through Sharing Neutrals.</p>	<p>FY02: 15 FY01: 15 FY00: 15 FY99: N/A</p> <p>FY02: 34 FY01: 30</p>	<p>FY02: FY01: FY00: 15 FY99: 12 (baseline)</p> <p>FY02: FY01: FY00: 28 (baseline)</p>	

Performance Goals	FY Targets	Actual Performance	Reference*
<p>Goal 8: Reduce average time to complete action on Medicare Appeals before the Medicare Appeals Council.</p> <p>Measure: average time to complete action on Medicare Appeals cases.</p> <p>Goal 8 (Revised) Constrain growth in average time to complete action on Medicare Appeals cases. (See rationale below)</p> <p>Measure: average time to complete action on Medicare Appeals cases.</p>	<p>FY01: 9 months FY00: 12 months FY99: 6 months</p> <p>FY02: 24 months FY01: 21 months</p>	<p>FY01: FY00: 15 months FY99: 20 months</p> <p>FY02: FY01: FY00: 15 months FY99: 20 months (baseline)</p>	
<p>Goal 9: Reduce percentage of Medicare Appeals cases that exceed the action target.</p> <p>Measure: percentage of cases in pending workload that exceed the target</p> <p>Goal 9 (Revised) Increase number of dispositions of Medicare Appeals cases. (See rationale below).</p> <p>Measure: Number of dispositions.</p>	<p>FY01: N/A FY00: 50% FY99: N/A</p> <p>FY02: 5500 cases FY01: 5000 cases</p>	<p>FY01: FY00: 52% FY99: 72% (baseline)</p> <p>FY02: FY01: FY00: 4435 (baseline) FY99: 3059 (baseline)</p>	
<p>Goal 10: (Dropped as DAB goal) Develop program-specific regulations governing review of ALJ decisions concerning Medicare claims.</p> <p>This is no longer a relevant goal for DAB, as this is a HCFA initiative.</p>	<p>FY01: N/A FY00: N/A FY99: Develop target</p>	<p>FY99: HCFA establishes workgroup</p>	

Performance Goals	FY Targets	Actual Performance	Reference*
<p>Goal 11: Increase Medicare Operations staff effectiveness through training.</p> <p>Measure: percentage of staff trained.</p>	<p>FY02: 100%</p> <p>FY01: 100%</p> <p>FY00: 100%</p> <p>FY99: N/A</p>	<p>FY01:</p> <p>FY00: 100%</p> <p>FY99: 80% (baseline)</p>	

Performance Summary

The Departmental Appeals Board (DAB) is an independent office established to provide conflict resolution services. These services are basically of two types: 1) adjudicatory hearings, appellate review of decisions of administrative law judges, and similarly structured formal and informal reviews of contested decisions; and 2) alternative dispute resolution (ADR), including mediation and other consensual processes and training related to ADR.

The office has four staff divisions, three of which support judges.

- The Appellate Division supports the Board Members, issuing decisions on behalf of the Secretary of HHS in a wide variety of cases. In some cases, the Board provides a hearing if one is needed; in others, the Board provides an appellate-type review.
- The Civil Remedies Division supports Administrative Law Judges (ALJs) who conduct hearings and issue initial decisions in healthcare fraud and abuse cases, provider sanction cases, and other civil enforcement cases.
- The Medicare Operations Division supports Administrative Appeals Judges who act as the Medicare Appeals Council for review of decisions by SSA ALJs in Medicare entitlement and coverage cases (Medicare Appeals).
- The Alternative Dispute Resolution Division supports the Board Chair in her function as Dispute Resolution Specialist for the Department, providing direct ADR services such as mediation in Board cases and other Department disputes and providing ADR training.

The Board Members and other judges are part of the Immediate Office of the Chair of the Board (together with administrative support staff), but are considered part of the Divisions for purposes of GPRA, since their caseloads are identified to the Divisions.

The Board has no control over its caseload. Since the mid-1990's, caseload sizes have grown very rapidly, particularly for the Civil Remedies and Medicare Operations Divisions. Caseload projections signal continued growth. In addition, cases are increasing in complexity requiring more time for analysis and decision-making. The Performance Goals support and respond to other efforts (e.g., work redesign, improved data collection, increased staffing) to effectively carry out the DAB's responsibilities and functions.

In FY 2000, the Departmental Appeals Board met or exceeded seven of its ten current Performance Goals. Those are: Goals 1, 2, 3, 5, 6, 7, 11. A detailed summary of all goals follows.

Goal 1. Maintain Appellate Division case processing rates

Measure: percentage of decisions with a net case age of six months or less.

Establishing Performance Targets: the Appellate Division reviews 1) determinations appealed directly to the Board in a wide range of cases, including disallowances under discretionary and mandatory grant programs, disapprovals of cost allocation plans, unilateral determinations of indirect cost rates, terminations of Head Start and other discretionary grants, sanctions in research misconduct cases, and determinations of ineligibility for ANA grants; and 2) appeals by either party of Administrative Law Judge (ALJ) decisions in cases heard by the Civil Remedies Division, decisions by FDA ALJs, and decisions by ALJs in the Department of the Interior in cases involving IHS's declination of proposed Indian Self-Determination Act contracts.

This goal addresses the timeliness of case review and decisions issued. The Performance Target for FY 2000 was 60%. Although the Appellate Division exceeded its goal for FY 2000, the Division is unlikely to maintain the higher level of case processing rates due to a projected growth in the caseload. As a result the performance targets are set at 70% for FY 2001 and FY 2002.

Performance Progress: actual performance (81%) exceeded the goal of 60%.

Goal 2. Maintain the Appellate Division reversal and remand rate of Board decisions appealed to Federal courts.

Measure: number of decisions reversed or remanded on appeal to Federal court as a percentage of all Board decisions issued (over 1,700 decisions at the end of FY 1999).

Establishing Performance Targets: this goal addresses the quality of Board decisions. Historically 2% or less of all Board decisions have been reversed or remanded on appeal to Federal court. A performance target of 2% was established for FY 2000. A target of 2% continues for FY 2001 and FY 2002.

Performance Progress: The performance target for FY 2000 was met.

Goal 3. Maintain annual output of Administrative Law Judge (ALJ) decisions.

Measure: FY 1999 total number of decisions

Revised Measure: number of decisions annually per ALJ year.

Establishing Performance Targets: the original target was based on an annual number of decisions over time in a fairly stable environment. The measure was changed to reflect the large increase in caseload, growing backlogs and the addition of ALJs. Cases that go to decision are generally complex, involve a large record, an in-person hearing that can last up to a week, and require considerable time to decide. In addition, although the majority of cases before the ALJs are settled, withdrawn or otherwise dismissed, they still require judicial time at the pre-decisional phase. With these factors in mind, the measure now identifies a target number of decisions per ALJ year rather than a total number. The target for FY 2000 was 10 decisions for each ALJ year.

The DAB proposes to replace this goal for FY 2001. Although it was revised for FY 2000, the goal is inappropriate as output quotas can not be established for ALJs.

Performance Progress: this goal was exceeded in FY 2000 with 13 decisions per ALJ year.

Goal 3. (new for FY 2002) Increase Civil Remedies Division case processing rates for Inspector General cases.

Measure: percentage of decisions within 60 days of the close of the record.

Establishing Performance Targets: according to statute, decisions on Inspector General cases are to be made within 60 days of the close of the record. In actuality, that deadline is sometimes exceeded. This goal focuses on tracking and increasing the percentage of cases decided within 60 days. The target for FY 2002 is 80% of decisions made within 60 days of the close of the record.

Goal 4. Reduce average net case age of Civil Remedies Division decisions.

Measure: average net case age for cases to move from receipt to decision.

Establishing Performance Targets: this goal addresses timeliness. The target for FY 2000, the first year for this goal, was a 10% reduction in the average net case age for cases requiring a written decision

Performance Progress: the Civil Remedies Division did not meet its goal of reducing the average case age by 15% in FY 2000 because the Division experienced an increase in the caseload with an accompanying decrease in the number of Judges available to handle the caseload.

Goal 5. Increase the use of Alternative Dispute Resolution (ADR) in appealed cases.

Establishing Performance Targets: this goal is directed to expanding the use of ADR (i.e., mediation) in cases appealed to the DAB. Mediation, when successful, can resolve appeals faster and less expensively than the formal process. Greater use of mediation also has the potential for reducing case backlogs. The target for FY 1999 was a 25% increase in the number of appealed cases mediated compared to FY 1998. Sixty-three cases were mediated in FY 1999; however 40 of these cases represent a one-time appeal of a block of cases involving a unique cost allocation issue. For performance measurement purposes over time, we propose to factor out this block leaving a total of 23 cases mediated. An additional increase of 25% was targeted for FY 2000. The target for FY 2001 is a 10% increase.

Performance Progress: twenty-nine cases were mediated in FY 2000 for a 26% increase over FY 1999.

Goal 6. Expand ADR training opportunities.

Measure 1: number of training sessions offered.

Measure 2: number of HHS staff trained.

Establishing Performance Targets: increased use of ADR is the result of several factors: 1) increasing awareness of alternatives to typical ways of dealing with conflict; 2) understanding the processes and their potential use; and 3) expanding the availability of trained neutrals. Identified measures address both the availability of training as well as the numbers of staff trained.

Performance Progress:

Measure 1: The target of 9 sessions for FY 2000 was exceeded. Targets for FY 2001 and FY 2002 are 12 sessions for each year.

Measure 2: 435 staff trained were trained in FY 2000, exceeding the target of 400. Performance targets for FY 2001 and FY 2002 are 400 staff trained each year.

Goal 7. Encourage the use of ADR in all Operating Agencies.

Measure 1: number of meetings and/or presentations with management and others to foster application of ADR techniques.

Measure 2: number of HHS cases mediated through Sharing Neutrals.

Establishing Performance Targets: this goal supports the functions of the Department's Dispute Resolution Specialist; the Chair of the Board is designated as such by the Secretary.

Measure 1: Performance targets for FY 2001 and 2002 continue at 15 sessions each year.

Measure 2: this new measure for FY 2001 and FY 2001 reflects the increasing demand for low-cost, qualified mediators and the role of Sharing Neutrals in meeting this demand. Sharing Neutrals is administered by the ADR division. FY 2000 serves as the baseline. Twenty-eight disputes, in five Operating Agencies and OS, were mediated through Sharing Neutrals. The FY 2001 target is 30 cases mediated with 34 cases established as the target for FY 2002.

Performance Progress:

Measure 1: the FY 2000 target was met.

Goal 8. (Revised) Constrain growth in average time to complete action on Medicare Appeals before the Medicare Appeals Council.

Measure: average time to complete action on Medicare Appeals cases

Establishing Performance Targets: the previous target to reduce average time to complete action on requests for review before the Medicare Appeals Council was based on the assumption that the Medicare Operations Division would be fully staffed and that the number of incoming cases would remain relatively stable. For a number of reasons, discussed below, this became an unrealistic target. As a result, the target goal has been revised to reduce the growth in the average time for both FY 2001 and FY 2002.

Performance Progress: the average number of months to complete action on Medicare Appeals decreased to 15 months from 20 months. This was due to one time docket control measures and initial steps to reinvent MOD processes. But it is not feasible to further reduce average processing time given a 1) static or decreasing number of staff; 2) an increase in the number of cases received from 2,262 in FY 1998 and 4,025 in FY 1999, to 7,237 actual receipts in FY 2000, rising to projected receipts of 9,234 in FY 2001 and 11,081 in FY 2002; 3) increased complexity of cases; and 4) an increase in the number of civil actions filed. We have therefore revised the goal to constrain the growth in the age of cases.

Goal 9. (Revised) Increase Number of Dispositions.

Measure: Number of dispositions

Establishing Performance Targets: The previous target to reduce the age of Medicare Appeals cases was based on the assumption that the Medicare Operations Division would be fully staffed and that the number of incoming cases would remain relatively stable. For a number of reasons, discussed above and below, this became an unrealistic target. As a result, the target goal has been revised to increase the number of dispositions for both FY 2001 and FY 2002. By increasing the number of dispositions, it is anticipated that growth in the average case age will also be constrained.

The previous goal to reduce the percentage of pending cases that exceeded the processing time goal has diminished in value as a workload measure, because the number of newly filed appeals has increased dramatically in absolute numbers and as a percentage of pending workload, with a sharp rise in total pending. The number of cases filed in the last 12 months (FY 2000) increased 80 percent to 7,237, with a year end pending of 12,112, despite an almost 50 percent increase in dispositions from FY 1999 (3,059) to FY 2000 (4,435). The percentage of cases in pending workload exceeding the completion target (12 months) at year end for FY 2000 was 52.27% ; this compares with 72% of cases exceeding the completion target (6 months) in FY 1999, even though the number of aged cases increased.

Measuring Performance: FY 2000 serves as the baseline.

Goal 10. Develop program-specific regulations governing review of ALJ decisions concerning Medicare claims. (This goal has been dropped).

We have dropped this goal for performance measurement purposes although we continue to believe that the hearings and appeals process needs improvement. The DAB has participated on a HCFA work group established to this and related issues.

Goal 11. Increase Medicare Operations staff effectiveness through training.

Measure: percentage of staff trained in at least two substantive areas. This is a revised measure using percentages rather than numbers. Since the number of staff has fluctuated, we believe percentages will be a more effective measure.

Establishing Performance Targets: FY 1999 served as the baseline. We determined the number of staff who attended training sessions (12) as a percentage of total staff (15) or 80%. Because of a revamped tracking system and other organizational changes, a target of 100% was set for FY 2000 and continues for FY 2001 and FY 2002 .

Performance Progress: 100% of the staff received training in FY 2000.

Data Verification and Validity

Case data are entered in controlled-access data bases with case-specific identification. Other program data (e.g., number of training sessions, number of cases reversed or remanded) are also recorded and tracked. Data used in performance measures are validated by generating quarterly reports. At the end of the fiscal year, the quarterly totals will be cross-checked with annual totals for each measure.