

**OFFICE FOR CIVIL RIGHTS
GOVERNMENT PERFORMANCE AND RESULTS ACT (GPRA)
FINAL FY 2004 GPRA ANNUAL PERFORMANCE PLAN,
REVISED FINAL FY 2003 GPRA ANNUAL PERFORMANCE PLAN, AND
FY 2002 GPRA ANNUAL PERFORMANCE REPORT**

EXECUTIVE SUMMARY

The Office for Civil Rights (OCR) has combined all of the above into a single document. Marva Street at (202) 619-2420 is OCR's contact person for information regarding OCR's Final FY 2004 GPRA Annual Performance Plan, FY 2003 Final Revised GPRA Annual Performance Plan, and FY 2002 GPRA Performance Report.

! Agency Mission

The Department of Health and Human Services (HHS), through OCR, promotes and ensures that people have equal access to and opportunity to participate in and receive services in all HHS programs without facing unlawful discrimination and that the privacy of their health information is protected while ensuring access to care. Through prevention and elimination of unlawful discrimination and by protecting the privacy 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.

Statute and regulation have given OCR the responsibility to be a key steward of the integrity of any HHS program for which Federal financial assistance has been authorized, to ensure that such funds do not support unlawful discrimination. HHS administers a greater than \$400 billion budget from which Federal financial assistance is provided to a vast array of health and human service programs. Under the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule, OCR has additional responsibility for several million health care providers, plans, and clearinghouses, including those that receive Federal financial assistance through HHS. These programs are administered by and through a wide array of government, non-profit, and private entities. These programs and services affect the quality of life and well-being of virtually everyone in the United States. Within this context, OCR's mission and responsibilities are broad and inclusive and, necessarily, our activities involve many dimensions and challenges given the number of authorities for which we have enforcement responsibility and the difficulty of the civil and privacy rights issues we face today.

! Overview of Plan and Performance Report

OCR leadership has concluded that the goals and measures in previous annual plans need to be restructured to:

- better align with and support the HHS Strategic Plan; the "*One HHS*" Department-wide outcome goals;
- capture more of OCR's results from a broader array of compliance activities; and
- continue to focus activities on the key areas in OCR's Strategic Plan.

In addition, the annual plan required updating as a result of OCR's new responsibility to enforce the Privacy Rule under HIPAA. OCR's goals remain the same:

- Goal I - To increase nondiscriminatory access and participation in HHS programs and protect the privacy of protected health information.
- Goal II - To enhance operational efficiency.

OCR's review of prior year plans determined that the objectives in those plans included some that focused on legal authorities, while others focused on programs or specific issues. In addition, we determined that it is essential for OCR to focus on civil rights compliance work directly related to OCR's mission. Achievement of several of the measures in prior year plans could not distinguish the effect of OCR's work from other contributing factors. OCR's restructured performance plan is designed to cover a broader array of OCR's traditional compliance responsibilities as well as covered entities under the Privacy Rule, not all of which receive Federal financial assistance. It also addresses a broader range of beneficiaries of HHS-funded services as well as a greater number of potential barriers to services. The restructured performance objectives under Goal I are as follows:

- A. Increase access to and receipt of nondiscriminatory quality health care and treatment, while protecting the integrity of HHS Federal financial assistance.
- B. Increase access to and receipt of nondiscriminatory social services, while protecting the integrity of HHS Federal financial assistance.
- C. Increase access to and receipt of community-based services and nondiscriminatory treatment for persons with disabilities, while protecting the integrity of HHS Federal financial assistance.
- D. Increase awareness of and compliance with the Privacy Rule under HIPAA.

Objectives A-D support the overall program goal: Increase nondiscriminatory access to and participation in HHS programs and protect the privacy of protected health information while ensuring access to care. Further, objectives A-D subsume the previous FY 2003 objectives and add the new program responsibility for the Privacy Rule (see the Summary of Changes in FY 2003 Final GPRA Annual Performance Plan in the Appendix pages 69-74). In each of these areas, OCR's activities cut across a wide swath of the population, including racial and ethnic minorities, persons with disabilities, and various age groups.

The performance objectives under Goal II has been restructured to focus on program efficiency as follows:

- A. Increase the efficiency of case processing.

The performance objective under Goal II focuses on enhancing operational efficiency. This objective is a revised version of the FY 2003 objective that addressed organizational efficiency and the President's Management Agenda workforce restructuring and human capital investment objective. Given the greater inclusiveness of the overall program objectives in the FY 2004 plan, the revised objective addresses the efficiency of all of OCR's case processing rather than focusing on increasing the percentage of resources dedicated to high-priority issues. In 2002 OCR completed the organizational streamlining sub-objective of the former FY 2003 operational efficiency goal. Given achievement of the planned streamlining of

regional management to increase the staff to supervisory ratios, the organizational streamlining objective is not repeated in the FY 2004 annual plan. The Program Performance Report Summary Table below shows that, as a result of the broader conceptional framework of the restructured objectives, OCR has reduced the number of performance measures for reporting accomplishments.

Program Performance Report Summary Table

	<u>Measures in Plan</u>	<u>Results Reported</u>	<u>Results Met</u>	<u>Unreported</u>
1999	32	8	6	24
2000	30	19	9	11
2001	20	6	4	14
2002	22	8	6	14
2003	17			
2004	17			

With respect to targets and accomplishments, in our FY 2003 Final Revised GPRA Annual Performance Plan and FY 2002 Annual Performance Report, we showed data in tables associated with specifically delineated major areas of program emphasis (*i.e.*, adoption, managed care, LEP, TANF, quality health care for minorities, most integrated settings for persons with disabilities). Further, each objective had measures that focused on these subsets of OCR’s overall health and social services nondiscrimination work. The OCR FY 2004 Plan has revised the program objectives to be more inclusive of the totality of OCR’s compliance work. In this context, OCR’s FY 2003 Final Revised GPRA Annual Performance Plan has been modified to be consistent with how the program will be focused and managed in both FY 2003 and FY 2004. In both years, it sets workload-based targets for measures under the restructured Objectives A-D, at a higher total level than the targets set in prior year plans because we will be reporting on a broader spectrum and more of our work.

In FY 2003, our reporting will reflect the transition from the targets set for the measures under the objectives in our prior year plans to the new measures under the restructured objectives A-D in FY 2004. Specifically because, in FY 2003, we need to be able to show the relationship between our former objectives, measures, and accomplishments and our Final Revised FY 2003 Plan and Final FY 2004 Plan objectives and measures, we are providing a crosswalk between measures and targets on a chart in the Program Performance Analysis section of this Plan (see page 66).

In addition to being affected by reconfiguration of our objectives, the comparability between FY 2004 and prior years will also be affected by our tightening OCR-wide definitions of what constitutes “outreach.” Beginning in FY 2003, outreach will include only consultations, technical assistance, and collaborative activities that are part of an overall set of strategically planned activities that build upon one another systematically to address the health care, social service, disability, or privacy objectives.

Finally, when looking at the resource allocation section for each of the four objectives, it is important to note that the sum exceeds the total OCR budget for each of the fiscal years in question. This is because

activities reported under the disability objective may overlap both the health care and social services nondiscrimination objectives.

I. Overview of Performance Measurement

The three broad goals established in OCR’s Strategic Plan continue to be the focal point of our compliance activities. These goals are to: 1) provide leadership in the creation and evolution of a Department-wide civil rights program, 2) increase nondiscriminatory access to and participation in HHS programs, and, 3) redevelop OCR’s infrastructure and invest in its staff.

In FY 2004, OCR will continue to address, within the broad and inclusive objectives of the restructured plan, the high priority areas -- adoption, services for limited-English proficient persons, Temporary Assistance for Needy Families (TANF), nondiscriminatory quality health care, and services in the most integrated setting for individuals with disabilities -- identified during OCR’s planning process. The planning process included public forums with community-based and other organizations, state and local agencies, service providers, and other Departmental components. These issues have been consistently at the forefront of heightened Congressional, Departmental, and public interest. In addition, the passage of new legislation, Presidential and Secretarial priorities, continuing changes in health care delivery systems, recent research findings, media reporting, information from community-based organizations, and ongoing OCR compliance activities confirm that it is important that OCR continue, within a broadly-based civil rights compliance program, to address these key areas where substantial information indicates a high incidence of possible discrimination.

OCR’s objectives and cooperative activities within the Department play a crucial role in helping the Department realize its Strategic Plan’s objectives as outlined in the following annual plan “road map.”

! Report/Plan Road Map and Budget Linkage of OCR GPRA Goals/Objectives to HHS Strategic Plan Goals

I. OCR’S GPRA Goal I - To increase nondiscriminatory access and participation in HHS programs while protecting the privacy of protected health information - encompasses the following HHS Strategic Plan Goals:

☐ HHS Goal 1: Reduce the major threats to the health and well being of Americans

OCR GPRA Objective A: To increase access to and receipt of nondiscriminatory quality health care and treatment, while protecting the integrity of HHS Federal financial assistance.

Limited English proficiency (LEP)	Budget Reference: 21-22, 29, 32-33, 36, 40-41
Quality health care (health disparities)	Budget Reference: 21-22, 30, 31, 35, 39-40, 42
Privacy of protected health information	Budget Reference: 18, 24-25, 28, 32, 43-44

☐ HHS Goal 2: Enhance the ability of the Nation’s public health system to effectively respond to bioterrorism and other public health challenges

OCR GPRA Objective A: To increase access to and receipt of nondiscriminatory quality health care and treatment, while protecting the integrity of HHS Federal financial assistance.

LEP	Budget Reference: 23-24, 31, 34-35, 42-43
Privacy of protected health information	Budget Reference: 18, 24-25, 28, 32, 43-44
Quality health care (health disparities)	Budget Reference: 21-22, 30, 31, 35, 39-40, 42

☐ HHS Goal 3: Increase the Percentage of the Nation's Children and Adults Who Have Access to Regular Health Care and Expand Consumer Choices

OCR GPRA Objective A: To increase access to and receipt of nondiscriminatory quality health care and treatment, while protecting the integrity of HHS Federal financial assistance.

LEP	Budget Reference: 23-24, 31, 34-35, 42-43
Quality health care (health disparities)	Budget Reference: 21-22, 30, 31, 35, 39-40, 42

OCR GPRA Objective C: Increased number of persons with disabilities provided with an equal opportunity to benefit from programs or services in compliance with the ADA and/or Section 504 of the Rehabilitation Act of 1973, as amended.

Disability issues, New Freedom Initiative, and <i>Olmstead</i> /MIS	Budget Reference: 18-20, 29, 40-41
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OCR GPRA Objective D: Increase awareness of and compliance with the Health Information Privacy Rule (HIPAA).

Privacy of protected health information	Budget Reference: 18, 24-25, 28, 32, 43-44
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☐ HHS Goal 5: Improve the Quality of Health Care Services

OCR GPRA Objective A: To increase access to and receipt of nondiscriminatory quality health care and treatment, while protecting the integrity of HHS Federal financial assistance.

LEP	Budget Reference: 23-24, 31, 34-35, 42-43
Quality health care (health disparities)	Budget Reference: 21-22, 30, 31, 35, 39-40, 42

OCR GPRA Objective D: Increase awareness of and compliance with the Health Information Privacy Rule (HIPAA).

Privacy of protected health information	Budget Reference: 18, 24-25, 28, 32, 43-44
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☐ HHS Goal 6: Improve the Economic and Social Well-being of Individuals, Families, and Communities, Especially Those Most In Need

OCR GPRA Objective B: To increase access to and receipt of nondiscriminatory social services, while protecting the integrity of HHS Federal financial assistance.

Welfare Reform (TANF) Adoption	Budget Reference: 26-27, 33-35, 41-42 Budget Reference: 21, 33-34
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OCR GPRA Objective C: Increased number of persons with disabilities provided with an equal opportunity to benefit from programs or services in compliance with the ADA and/or Section 504 of the Rehabilitation Act of 1973, as amended, while protecting the integrity of HHS Federal financial assistance.

Disability issues, New Freedom Initiative, and <i>Olmstead</i> /MIS	Budget Reference: 18-20, 29, 40-41
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☐ HHS Goal 7: Improve the Stability and Development of Our Nation's Children and Youth

OCR GPRA Objective B: To increase access to and receipt of nondiscriminatory social services, while protecting the integrity of HHS Federal financial assistance.

Welfare reform (TANF) Adoption	Budget Reference: 26-27, 33-35, 41-42 Budget Reference: 21, 33-34
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OCR GPRA Objective C: Increased number of persons with disabilities provided with an equal opportunity to benefit from programs or services in compliance with the ADA and/or Section 504 of the Rehabilitation Act of 1973, as amended, while protecting the integrity of HHS Federal financial assistance.

Disability issues, New Freedom Initiative, and <i>Olmstead</i> /MIS	Budget Reference: 18-20, 29, 40-41
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II. OCR GPRA Goal 2: To Enhance Operational Efficiency

☐ HHS Goal 8: Achieve Excellence in Management Practices

OCR GPRA Objective A: Increase the efficiency of case processing.

This GPRA objective is focused on improving the operational efficiency and increasing the proportion of resources devoted to all issues. Therefore, in a real sense, the operational efficiency goal supports all of the HHS Strategic Plan objectives noted above because success under OCR’s efficiency goal will result in increased resources focused on all issues that address the HHS strategic objectives.

II. Measure-by-Measure Performance

! Program Description and Context

OCR's single program activity is to ensure compliance with civil rights and health information privacy laws and regulations. As the primary defender of the public's right to nondiscriminatory access to and receipt of health and human services from hospitals and nursing homes to Head Start centers and senior centers, OCR works to ensure equal opportunity for all to access such services. In addition, OCR has responsibility for the health information privacy requirements of HIPAA. OCR assesses compliance with nondiscrimination requirements by processing and resolving discrimination complaints, conducting pre-grant reviews and preventative compliance reviews, monitoring corrective action plans, and carrying out public education, outreach, voluntary compliance, training, technical assistance, consultation and collaborative activities.

OCR is comprised of a compliance and support staff, a legal counsel staff, and a program management component. The FY 2004 budget request supports 267¹ FTE on an annualized basis. This reflects a reallocation of twelve FTE from OCR's FY 2003 baseline to Privacy Rule public education, outreach, and other compliance activities during the first full year following the HIPAA Privacy Rule compliance effective date. The majority of OCR's staff works on frontline compliance activities, largely in OCR's regional offices. Program and policy coordination and support is provided by a cadre of headquarters analysts.

OCR allocates staff time to complaints, pre-grant reviews, and OCR-initiated compliance activities (e.g., compliance reviews, public education, outreach, voluntary compliance, and technical assistance). The issues raised in complaints and pre-grants often raise routine civil rights concerns that are not focused on high priority activities. In contrast, staff time allocated to OCR-initiated compliance activities focuses on high priority issues identified by OCR and addresses systemic problems that will benefit the largest number of people. Investigative, compliance review, public education, outreach, voluntary compliance, technical assistance, training, consultation, and collaborative project activities are each co-equal methods by which OCR achieves correction and prevention of unlawful discrimination. OCR uses these methods interchangeably and with flexibility to address the unique compliance circumstances facing individual HHS grantees and service providers, with an emphasis on prevention and voluntary compliance. In some cases, public education and outreach may better serve the purpose of achieving compliance than a review/audit activity. In other cases, an investigation or review may be deemed to be the best means for achieving a positive compliance outcome. Each of the activities that are identified as results/indicators in this report are planned, substantive, and part of an overall compliance strategy that requires significant staff time and other resources. OCR's GPRAs Performance Plan encompasses the following goals, objectives, and measures, including OCR's new responsibility for implementing the Health Information Privacy Rule:

Goal I: To increase nondiscriminatory access and participation in HHS programs while protecting the privacy of protected health information.

Overview of the New Objective A: To increase access to and receipt of nondiscriminatory quality health care and treatment, while protecting the integrity of HHS Federal financial assistance.

Objective A is mission-oriented and broadly inclusive of the full range of issues, health care programs and provider settings in which OCR acts to ensure nondiscriminatory access to and receipt of services. Consequently, the objective addresses a broader range of potential and actual beneficiaries as well as

¹ Excludes reimbursable funding and FTE as follows: FY 2003: \$110,000 and one FTE; FY 2004: \$112,000 and one FTE.

barriers to services that may be faced by a more diverse population, while reporting on more activities that support “One HHS” objectives. OCR activities support Objective A by focusing resources on correcting discriminatory barriers that prevent equal access to services for minorities and persons with disabilities, including children.

Under this reconstituted objective, OCR will address the health disparities issue, a new priority program area to which OCR began to allocate resources on a pilot basis during FY 1999 and for which OCR had added a developmental objective in its FY 2002 plan. Recent research and reports on differences in health outcomes for racial and ethnic minorities, including an Institute of Medicine and Commonwealth Fund report², have noted areas in which potential discrimination in practitioners’ and institutions’ practices, including referral and treatment patterns, may affect the quality of health care provided to minorities.

The following previous performance measures are subsumed in the new broader measure: (a) increasing the number of practitioners providing services to managed care plans and increasing the number of interpreter contacts for bilingual and hearing/speech impaired individuals; and, (b) increasing the number of translated documents available for LEP persons (see the Summary of Changes in FY 2003 Final GPRA Annual Performance Plan in the Appendix pages 69-74). To the extent that covered entities provide data as part of OCR’s compliance review or investigation, these prior performance measures will be one subset of a greater number of civil rights compliance outcomes captured in OCR’s Program Information Management System (PIMS).

² *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*, (Institute of Medicine, National Academy of Sciences, copyright 2002) ; and, *Diverse Communities, Common Concerns: Assessing Health Care Quality for Minority Americans - Findings from the Commonwealth Fund 2001 Health Care Quality Survey*, March 2002.

Performance Goals and Measures	Targets	Actual Performance	Reference
<p><i>Measures for revised/new FY 2003/2004 Objective A: To increase access to and receipt of nondiscriminatory quality health care and treatment, while protecting the integrity of HHS Federal financial assistance.</i></p> <ol style="list-style-type: none"> 1. increased # corrective actions, no violation findings, reviews, outreach, consultations, technical assistance, and collaborative activities. 2. number of actions taken by recipient/covered entities to reduce barriers. 3. the amount of HHS funding received by covered entities that have been found to be in compliance, or have made changes to come into compliance on issues that have been investigated by OCR. <i>(developmental through FY 04)</i> 4. number of minority persons and persons with disabilities provided access to, nondiscriminatory treatment in, and equal opportunity to benefit from programs or services in compliance with Title VI and the Americans with Disabilities Act and/or Section 504 of the Rehabilitation Act of 1973, as amended, respectively. <i>(developmental through FY 04).</i> 	<p>FY 04: 788 FY 03: 770</p> <p>FY 04: <i>developmental</i></p> <p>FY 04: <i>developmental</i></p> <p>FY 04: <i>developmental</i></p>	<p>FY 02: 1,194</p> <p>FY 03: baseline</p> <p>FY 03: baseline</p> <p>FY 03: baseline</p>	<p>Budget - Pages 21-22, 30, 31, 35, 39-40, 42</p>
<p>Total Program Funding (\$ in 000's)</p>	<p>FY 04: \$17,713 FY 03: \$17,434</p>		<p>"One" HHS Outcome Goals 1, 5 & 6</p>

Overview of the Revised Goal I. Objective A. Measures

1: Increased # corrective actions, no violation findings, reviews, outreach, consultations/technical assistance, and collaborative activities.

Performance: OCR has not changed the wording of this outcome measure in FY 2004 from the previous FY 2003 measure, however the scope has changed given the greater inclusiveness of the overall program objectives in the FY 2004 plan. This measure was consolidated in the FY 2001 plan, based on trends that showed that OCR had shifted its focus to public education, outreach and voluntary compliance activities, collaborative activities, and technical assistance/consultations -- activities for which no outcome measure had been included prior to FY 2001. In the FY 2001 plan, OCR modified the outcome indicator by combining multiple outcome indicators into a single indicator. The combined indicator more accurately reflects OCR's flexible approach to increasing compliance (preventing and correcting unlawful discrimination), by tailoring its activities to address the unique circumstances of HHS grantees/providers, rather than adhering to a strictly prescribed set of activities.

2. Number of actions taken by recipient/covered entities to reduce barriers. (*developmental through FY 04*)

Performance: The new indicator directly measures the results of OCR's compliance work. OCR has concluded that it is more efficacious to use this measure rather than trying to count the number or proportion of individual LEP persons, minority persons, or persons with disabilities who are provided with access or opportunity to benefit from health care programs. For this measure, OCR would count the number of outcomes (*e.g.*, new policies put into place, the number of training programs instituted, the number of new forms, publications in other languages produced and/or other institutional changes that were made). These outcomes can be directly associated with changes that result from OCR's involvement and that ultimately will result in greater access or quality of service received. In other words, as a result of OCR's work, beneficiaries will get appropriate services from which they have an equal opportunity to benefit.

For example, if as a result of OCR's involvement a hospital puts into place communication policies that provide for interpreters and auxiliary aids so that LEP persons can communicate effectively with medical staff, the previous measures would not have distinguished the effect of OCR's work from other contributing factors contributing to more LEP persons being served. Given the more broadly inclusive new objective A, the previous FY 2003 measures are subsumed in the new measure 2. while accounting for a wide range of other outcomes of OCR's work.

3. The amount of HHS funding received by covered entities that have been found to be in compliance, or have made changes to come into compliance on issues that have been investigated by OCR. (*developmental through FY 04*)

Performance: This is a new measure in new objective A. Although this measure is developmental through FY 2004, we anticipate that this measure will enable OCR, over time, to report on the amount of Federal financial assistance flowing to entities for which OCR has determined compliance on one or more issues raised during investigations or reviews of compliance. OCR will collect data on the amount of HHS funding received by the covered entity. In the aggregate, these data will enable a determination of the "return on investment" in civil rights investigations and reviews. These activities simultaneously protect the rights of HHS beneficiaries and the integrity of programs and services financed by HHS.

Because OCR compliance activities do not result in findings or changes in every aspect of a covered entity's program, OCR would not be giving a clean bill of health to all "four corners" of an entity's program or services. However, with respect to specific issues addressed in an investigation or review, OCR can legitimately report that every dollar flowing to the entity is supporting discrimination-free services. It is expected that the new PIMS will facilitate data collection, generation, and analysis capabilities.

4. Increased number of minority persons and persons with disabilities provided access to, nondiscriminatory treatment in, and equal opportunity to benefit from programs or services in compliance with Title VI and the Americans with Disabilities Act and/or Section 504 of the Rehabilitation Act of 1973, as amended, respectively. (developmental through FY 04)

Performance: This measure directly relates the outcome of OCR's compliance work to the requirements of Title VI of the Civil Rights Act of 1964 and the Americans with Disabilities Act/Section 504. It is a measure of how well OCR is doing its work and distinguishes the effect of OCR's work from other contributing factors.

Under this measure, OCR will be able to show, for example, that as a result of OCR's involvement, providers, that reach out more actively to minority communities, will have more minorities accessing services and quality treatment. Also, under this measure, OCR will still be able to address the information from OCR compliance reviews that show that providers frequently do not have an adequate number of interpreters, documents, and other aids that can assist limited English proficient individuals to access and benefit from services. In addition, stakeholders and researchers have identified that LEP individuals have serious difficulties in accessing services and in receiving quality services due to language and cultural barriers and that persons with disabilities face both physical and communications barriers to access and receipt of health care. This measure will indicate whether OCR's compliance reviews have resulted in increased access for this population.

Program Targets and Actual Performance

In OCR's FY 2001 plan, we combined several outcome measures into a single outcome indicator. In this year's plan we are combining several objectives into three program objectives: health care, social services, and community-based services/most integrated setting. In order to continue to track the components of the combined outcome indicator over time as we move to new, more broadly based consolidated program objectives, OCR's annual reports will continue to include sub-components of measures under each of the broader objectives. The following chart provides a means of comparing the targets for the new broad health care and social services nondiscrimination objectives with the targets and accomplishments under OCR's former more narrowly focused program objectives.

Overview of New Objective B: To increase access to and receipt of nondiscriminatory social services, while protecting the integrity of HHS Federal financial assistance.

Objective B is mission-oriented and broadly inclusive of the full range of issues, social services programs, and provider settings in which OCR acts to ensure nondiscriminatory access to and receipt of services. Consequently, the objective addresses a broader range of potential and actual beneficiaries as well as barriers to services that may be faced by a more diverse population, while reporting on more activities that support "One HHS" objectives. OCR activities support this objective by focusing resources on correcting discriminatory barriers that prevent equal access to services for minorities and persons with

disabilities, including children. OCR activities in support of this objective, for example, will include initiatives focused on nondiscrimination in adoption or foster care placements (Multi-Ethnic Placement Act of 1996/Section 1808) and on ensuring equal access to TANF welfare reform programs. As states and local governments continue implementation of the TANF welfare reform program, some groups have expressed concerns that racial and language minorities and persons with disabilities may be subjected to disparate treatment in assignment to work, training and education programs. Working with the Administration for Children and Families (ACF) and others, OCR will ensure that programs are implemented in a nondiscriminatory manner.

Performance Goals and Measures	Targets	Actual Performance	Reference
<p><i>Measures for revised/new FY 2003/2004 Objective B: To increase access to and receipt of nondiscriminatory social services, while protecting the integrity of HHS Federal financial assistance.</i></p> <ol style="list-style-type: none"> 1. increased # corrective actions, no violation findings, reviews, outreach, consultations, technical assistance, and collaborative activities. 2. number of actions taken by recipient/covered entities to reduce barriers. <i>(developmental FY 03)</i> 3. the amount of HHS funding received by covered entities that have been found to be in compliance, or have made changes to come into compliance on issues that have been investigated by OCR. <i>(developmental through FY 04)</i> 4. Number of minority persons and persons with disabilities provided access to, nondiscriminatory treatment in, and equal opportunity to benefit from programs or services in compliance with Title VI and the Americans with Disabilities Act and/or Section 504 of the Rehabilitation Act of 1973, as amended, respectively. <i>(developmental through FY 04)</i> 	<p>FY 04: 630 FY 03: 614</p> <p>FY 04: <i>developmental</i></p> <p>FY 04: <i>developmental</i></p> <p>FY 04: <i>developmental</i></p>	<p>FY 02: 691</p> <p>FY 03: baseline</p> <p>FY 03: baseline</p> <p>FY 03: baseline</p>	<p>Budget - Pages 23, 26, 31, 33-36, 41- 42, 43</p>
<p>Total Program Funding (\$ in 000's)</p>	<p>FY 04: \$11,284 FY 03: \$11,108</p>		<p>“One” HHS Outcome Goals 8 & 9</p>

Overview of the Revised Goal I. Objective B. Measures

1. **Increased # corrective actions and no violation findings, reviews, outreach, consultations, technical assistance, and joint projects.**

Performance: See revised Goal I. Objective A. measure 1 for description.

2. Number of actions taken by recipient/covered entities to reduce barriers. (*developmental through FY 04*)

Performance: See revised Goal I. Objective A. measure 2 for description.

For example, if, as a result of OCR's involvement, a TANF program put into place communication policies that provide for interpreters and auxiliary aids so that LEP persons can communicate effectively with job development and placement counselors, the previous measures could not distinguish the effect of OCR's work from other contributing factors. Given the more broadly inclusive new objective B, the previous FY 2003 measures are subsumed in the new measure 2. while accounting for a wide range of other outcomes of OCR's work.

Further, under the new measure, OCR will still be able to address issues where data has shown that, when compared to non-minority children, a disproportionate number of minority children were in the adoption/foster care system were waiting permanent adoptive placement and that the waiting time for minority children was longer than that experienced by non-minority children.

3. The amount of HHS funding received by covered entities that have been found to be in compliance, or have made changes to come into compliance on issues that have been investigated by OCR (*developmental through FY 04*)

Performance: See revised Goal I. Objective A. measure 3 for description.

4. Increased number of minority persons and persons with disabilities provided access to, nondiscriminatory treatment in, and equal opportunity to benefit from programs or services in compliance with Title VI and the Americans with Disabilities Act and/or Section 504 of the Rehabilitation Act of 1973, as amended, respectively. (*developmental through FY 04*)

Performance: This measure directly relates the outcome of OCR's compliance work to the requirements of Title VI of the Civil Rights Act of 1964 and the Americans with Disabilities Act/Section 504. It is a measure of how well OCR is doing its work and distinguishes the effect of OCR's work from other contributing factors.

As is the case under Objective A, OCR will be able to address issues where information from OCR compliance reviews have shown that providers frequently do not have an adequate number of interpreters, documents, and other aids that can assist limited English proficient individuals to access and benefit from services. Further, stakeholders, including community-based organizations, have indicated concerns that both minorities and persons with disabilities are being steered to lower end jobs and training opportunities under TANF. The previous FY 2003 measure pertaining to increased number of minorities (including national origin/LEP persons) and disabled persons served is subsumed in this new measure. Also, this measure will indicate whether OCR's compliance reviews have resulted in increased access for these populations.

Program Targets and Actual Performance

See introductory paragraph in Objective A.

Overview of New Objective C: To increase access to and receipt of community-based services and nondiscriminatory treatment for persons with disabilities, while protecting the integrity of HHS Federal financial assistance.

OCR modified the wording of the previous FY 2003 objective F: Most integrated Setting for Persons with Disabilities (MIS/Olmstead) - Sub-objective 1: Increase state and local agencies and service providers found in compliance with Section 504 and ADA while increasing HHS OPDIV staffs', grantees', program providers', and faith-based and community-based organizations' knowledge of requirements to provide health and human services in most integrated settings to persons with disabilities. The new wording of objective C focuses attention on outcomes of OCR's compliance work, rather than on the processes by which outcomes are achieved.

Since the June 1999 Supreme Court decision in the *Olmstead* case, OCR has been working with states to develop state-level comprehensive, effectively working plans to integrate persons with disabilities into communities. Further, HHS, with OCR's involvement, has taken the lead in implementation of the President's New Freedom Initiative that has identified barriers to community-based services for persons with disabilities and developed a blueprint for change. OCR has included this population-focused programmatic objective in this plan in support of the President's and the Secretary's commitment to addressing this high visibility issue.

Performance Goals and Measures	Targets	Actual Performance	Reference
<p><i>Measures for revised/new FY 2003/2004 Objective C: To increase access to and receipt of community-based services and nondiscriminatory treatment for persons with disabilities, while protecting the integrity of HHS Federal financial assistance.</i></p> <ol style="list-style-type: none"> 1. increased # corrective actions and no violation findings, reviews, outreach, consultations, technical assistance, and collaborative activities. 2. number of actions taken by recipient/covered entities to reduce barriers. <i>(developmental)</i> 3. the amount of HHS funding received by covered entities that have been found to be in compliance, or have made changes to come into compliance on issues that have been investigated by OCR. <i>(developmental through FY 04)</i> 4. increased number of persons with disabilities provided with an equal opportunity to benefit from programs or services in compliance with the Americans with Disabilities Act and/or Section 504 of the Rehabilitation Act of 1973, as amended. 	<p>FY 04: 265 FY 03: 258</p> <p>FY 04: <i>developmental</i></p> <p>FY 04: <i>developmental</i></p> <p>FY 04: <i>developmental</i></p>	<p>FY 03: 250</p> <p>FY 03: baseline</p> <p>FY 03: baseline</p> <p>FY 03: baseline</p>	<p>Budget - Pages 18-20, 29, 40-41</p>
<p>Total Program Funding (\$ in 000's)</p>	<p>FY 04: \$15,735 FY 03: \$15,487</p>		<p>"One" HHS Outcome Goals 2, 5, & 8</p>

Revised Goal I. Objective C. Measures

- 1. Increased # corrective actions and no violation findings, reviews, outreach, consultations, technical assistance, and joint projects.**

Performance: See revised Goal I. Objective A. measure 1 for description.

- 2. Number of actions taken by recipient/covered entities to reduce barriers.**

Performance: See revised Goal I. Objective A. measure 2 for description.

For example, if as a result of OCR's work, beneficiaries will receive services in the most integrated setting appropriate to their needs, the previous measures could not distinguish the effect of OCR's work from other contributing factors. Given the more broadly inclusive new Objective C, the previous FY 2003 measures are subsumed in the new measure 2 while accounting for a wide range of other outcomes of OCR's work.

- 3. The amount of HHS funding received by covered entities that have been found to be in compliance, or have made changes to come into compliance on issues that have been investigated by OCR. (*developmental through FY 04*)**

Performance: See revised Goal I. Objective A. measure 3. for description.

- 4. Increased number of persons with disabilities provided with an equal opportunity to benefit from programs or services in compliance with the Americans with Disabilities Act and/or Section 504 of the Rehabilitation Act of 1973, as amended.**

Performance: This measure directly relates the outcome of OCR's compliance work to the requirements of the Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973, as amended. It is a measure of how well OCR is doing its work and distinguishes the effect of OCR's work from other contributing factors. This measure will indicate whether OCR's compliance activities have resulted in increased nondiscriminatory access to community-based and other services for persons with disabilities. Stakeholders, particularly interested or affected groups, have raised concerns that persons with disabilities are being inappropriately provided services in institutional settings and are therefore being denied placements in the most integrated setting appropriate to their needs. Further, persons with disabilities may be denied equal opportunity to services in a variety of settings, not only in community-based care and services settings. This outcome measure is developmental because it will take a year or two to establish baselines. Subsumed in this measure is the previous FY 2003 measure I.F.3.b: Increased number of people with disabilities receiving services in the most integrated setting.

Program Targets and Actual Performance

See introductory paragraph in Objective A.

Overview of New Objective D: Increase awareness of and compliance with the Health Information Privacy Rule (HIPAA).

The measures for the new HIPAA Privacy Rule compliance program are based on OCR's experience in its civil rights compliance work. There we have learned that a flexible approach is required to increase compliance through tailoring activities to address the unique circumstances of covered entities, rather than adhering to a pre-determined set of activities. In FY 2004, OCR will focus on the measures in the table on the following page:

Performance Goals and Measures	Targets	Actual Performance	Reference
<p><i>Measures for new FY 03/04 Objective D: Increase awareness of and compliance with the Health Information Privacy Rule (HIPAA).</i></p> <p>1. Increased # corrective actions, no violation findings, reviews, outreach, consultations, technical assistance, and collaborative activities. <i>(developmental)</i></p> <p>2. number of actions taken by covered entities indicating increased awareness of and compliance with the Health Information Privacy Rule. <i>(developmental)</i></p>	<p>FY 04: <i>developmental</i></p> <p>FY 04: <i>developmental</i></p>	<p>FY 03: initial baseline</p> <p>FY 03: initial baseline</p>	<p>Budget - Pages 18, 24-25, 28, 32, 43-44</p>
Total Program Funding (\$ in 000's)	<p>FY 04: \$6,113</p> <p>FY 03: \$4,948</p>		<p>"One" HHS Outcome Goal 10</p>

New Objective D Measures:

1. Increased # corrective actions, no violation findings, reviews, outreach, consultations, technical assistance, and joint projects. *(developmental, baseline in FY 03)*

Performance: OCR will have as the major strategy for implementation of the new Health Information Privacy Rule a focus on public education, outreach and voluntary compliance activities, collaborative activities, and technical assistance/consultations. This single outcome indicator reflects OCR's flexible approach to increasing compliance (preventing and correcting unlawful discrimination), by tailoring its activities to address the unique circumstances of covered entities rather than adhering to a strictly prescribed set of activities.

2. Number of actions taken by covered entities indicating increased awareness of and compliance with the Health Information Privacy Rule. *(developmental, baseline in FY 03)*

Performance: This new measure 2. in new Objective D measures directly the results of OCR's compliance work. This measure directly relates the outcome of OCR's compliance work to the requirements of the HIPAA Privacy Rule. For this measure, OCR would count the number of outputs (*e.g.*, new policies put into place, the number of training programs instituted, the number of systems changed). These outputs can be directly associated with changes that result from OCR's involvement and that ultimately will result in greater protection of individuals' privacy rights.


Program Targets and Actual Performance

OCR has not set targets for these measures as the compliance program will become effective more than mid-way through FY 2003. Although OCR has set FY 2003 as an initial baseline year for developing targets, OCR will need to have two complete fiscal years (FY 2004 and FY 2005) of compliance experience and data in this arena before any baselines and targets can be validated. At best, OCR can project initial targets, subject to considerable change, following the end of FY 2003.

Goal II: TO ENHANCE OPERATIONAL EFFICIENCY

Overview of New Objective A: Increase the Efficiency of Case Processing

In FY 2003, OCR’s GPRA performance plan was predicated on allocating staff and other resources to the highest priority civil rights issues. This performance plan revises the operational efficiency objective that had called for increasing the percentage of resources dedicated to high priority issues. Instead, due to the greater inclusiveness of the overall program objectives in the FY 2004 plan, OCR has revised the operational efficiency objective to focus as well on increasing the efficiency of all of its case processing, not only processing of a subset of its activities. In FY 2004, the previous priority issues are subsumed within the overall efficiency objective. OCR has committed considerable energies during the past few years to streamlining case processing, strengthening its Case Resolution Manual, and developing guidance and training for investigators. All of these activities are aimed at increasing OCR’s ability to better serve its customers by increasing the efficiency of case processing overall as shown by decreasing the average age of *all* case closures.

Performance Goals and Measures	Targets	Actual Performance	Reference
<p><i>Measure for revised/new Objective A: Increase the Efficiency of Case Processing</i></p> <p>1. Decrease average age of all case closures.</p>	<p>FY 04: 360 FY 03: 380</p>	<p>FY 02: 399 (baseline)</p>	<p>Budget - Pages 21, 24, 25, 31</p>
<p><i>Measure for revised/new Objective B: Streamline management structure and increase staff to supervisor ratio.</i></p> <p>1. Streamline regional management structure by eliminating Branch Chief positions.</p> <p>2. Increase staff to supervisor ratio.</p>	<p>FY 03: 20 regional management positions</p> <p>FY 02: 20 regional management positions</p> <p>FY 03: 1: 9.0 FY 02: 1: 7.5</p>	<p>FY 03:</p> <p>FY 02: 20 managers FY 01: 25 managers (baseline)</p> <p>FY 03: FY 02: 1: 7.9 FY 01: 1: 5.6 (baseline)</p>	
<p>Total Program Funding (\$ in 000's)</p>	<p>FY 04: \$34,250 FY 03: \$33,257 FY 02: \$31,430</p>		

Revised Goal II. Objective A Measure:

1. Decreased average age of all case closures

Performance: OCR has modified this indicator. In FY 2004, OCR will continue to use a single outcome indicator (i.e., closure, corrective action/no violation findings, and the public education, outreach, and

collaborative project activities) but will set closure targets on all cases as opposed to a proportion of the compliance workload that focuses on high priority issues as was the case in FY 2003 as key indicators of programmatic achievement. OCR selected this performance measure because it indicates how efficiently staff are processing cases and the extent to which staff are becoming increasingly familiar with the complex issues increasingly raised in our cases. As in FY 2003, pursuant to the findings of the Inspector General's audit of OCR's FY 1999 GPRA achievements and report, in FY 2004 and subsequent years OCR will remove any cases which were closed administratively (without a finding) after a request for data had been sent to a grantee/provider.

Overview of Deleted FY 03 Objective B: Streamline management structure and increase staff to supervisor ratio.

In FY 2001, OCR completed a reorganization of its headquarters operations and significantly streamlined the hierarchy and expanded the span of control for remaining managers. At that time, OCR moved from a HQ organization with 20 management positions (not all filled) to a new streamlined organization with eight managers (including one SES position that is currently unfilled). OCR will continue to refine and adjust the HQ organization and operations to sustain successfully the de-layered management approach.

As of the end of 2002, OCR had streamlined its management structure and increased staff to supervisor ratio, and eliminated the regional Branch Chief positions. In FY 2003, OCR's operational efficiency measure focused on: (1) reducing layers of management in OCR's regional offices and (2) reducing the staff to supervisor ratio in the ten regional offices. In several of its regional offices, OCR has already moved to a structure with a Regional Manager and a Deputy serving as the daily operational and supervisory focal points. This has served to streamline the regional structure and increase the number of staff to provide more direct and enhanced customer service. As of the end of 2002, OCR had increased the regional staff to supervisor ratio.

! Program Performance Analysis

As previously discussed, OCR has restructured its approach to results planning to capture a broader array of compliance outcomes. Therefore, our program performance analysis reflects the transition from the more narrow issue-specific set of measures in our FY 2002 plan to the measures under the more inclusive objectives A-D in the Revised Final FY 2003 Plan and the Final FY 2004 Plan. Under these broader and more inclusive objectives, OCR continues to address the issue-specific areas that were included in our FY 2002 plan -- adoption, services for limited-English proficient persons (LEP), Temporary Assistance for Needy Families (TANF), nondiscriminatory quality health care (health disparities), and services in the most integrated setting for individuals with disabilities (MIS). We are providing a crosswalk on the chart on the next page to show OCR's accomplishments in FY 2002 against both our FY 2002 Plan and targets under the restructured GPRA Plan objectives A-D in FY 2003 and 2004.

Goal One - Targets and Accomplishments - FY 2002 Plan, Revised Final FY2003 and Final FY 2004 Plan

Objectives	FY 00		FY 01		FY 02		FY 03		FY 04	
	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Objectives FY 2002 Plan										
Adoption	37	40	42	72	44	48	46	---		
Managed Care	69	85	87	83	80	42	80	---		
LEP	487	403	413	589	485	532	500	---		
TANF	122	242	135	165	139	180	143	---		
MIS	Dev.	---	Dev.	---	Dev.	234	Dev.	---		
Health Disparities	Dev.	---	Dev.	---	Dev.	163	Dev.	---		
Total Targets and Accomplishments	715	770	677	909	748	802* 1199*	769	---		
New Objectives FY 04 GPRA Plan										
Objective A: Health Care					752	1194	770	---	788	---
Objective B: Social Services					598	691	614	---	630	---
Objective C: Community- Based Services/Disability					251	250	258	---	265	---
Objective D: Privacy Rule - HIPAA					Dev.	---	Dev.	---	Dev.	---
Total Revised Targets and Accomplishments					1600	2135	1642	---	1685	---

* 802 does not include health disparities and MIS activities. 1,199 includes these activities in FY 2002.

In FY 2002, the program outcome measures under Goal I, two of which were developmental, focused on specific issues (*i.e.*, adoption, managed care, LEP, TANF, quality health care for minorities, and most integrated settings for persons with disabilities) under OCR's overall health and social services nondiscrimination protection mission. Under Goal II, the performance objectives addressed organizational efficiency and workforce restructuring under the President's Management Agenda Human Capital Investment objective. OCR met or exceeded the targets for three (adoption, LEP, and TANF) of the four program outcome measures under Goal I that were not developmental, while completing a significant number of activities (*i.e.*, corrective actions, no violation findings, reviews, outreach, consultations//technical assistance, and joint projects) under the two developmental outcome measure (Health Disparities and MIS).

OCR missed its target in only one program area - managed care. From its experience during the past few years, OCR learned that managed care settings were only a small part of the complex interrelationships between insurers, providers, and patients that may result in discrimination and disparities in health outcomes. Therefore, OCR decided to allocate some of the resources previously anticipated for managed care activity

to the broader spectrum of health disparities work consistent with the Secretary's "One HHS" objectives. Although OCR knowingly missed the previously established managed care target by 38 activities, it was able to complete 163 activities in support of reducing or eliminating health disparities.

At the bottom line, the total of OCR's targets in each of the four non-developmental program objectives was to complete 748 activities. Not including the developmental health disparities and MIS objectives, OCR completed 802 activities, exceeding the total of all targets by 7.2%. Including activities completed under the two developmental objectives, OCR completed a total of 1,199 activities, a more than 60 percent greater number (+451 activities) than the targets established in its FY 2002 Plan.

OCR's initial GPRA Plan contained 32 measures. OCR has continued to learn, including through our FY 2002 experience, that it is important to reduce the number of measures and broaden our objectives in order to more accurately report on the totality of its nondiscrimination work. That is, in each year, while OCR may have missed narrowly-focused objectives and targets, the totality of our results exceeded the sum of the plan's issue-specific parts.

In the Revised Final FY 2003 Plan and the Final FY 2004 Plan, OCR further consolidates its civil rights program objectives and measures into only three objectives (Health Care, Social Services, and Community-Based Services/Disability). Through this consolidation, OCR will be reporting on the entirety of its complaint, post-grant review, outreach, public education, technical assistance/consultation work, rather than on smaller issue-specific subsets. The chart on the previous page sets targets in these three inclusive program areas for FY 2003 and FY 2004. These targets in each of these years (1,642 and 1,685) are more than double the actual accomplishments (802 activities) under the four non-developmental issue-specific objectives in FY 2002 and more than one-third higher in each year than the total of 1,199 activities completed under non-developmental and developmental measures in FY 2002.

As a crosswalk, the chart also shows what would have been the targets for each of the more inclusive objectives and the total of the three targets. Had these broader, more inclusive objectives been in place during FY 2002, OCR would have met or exceeded each of them and at the bottom line would have exceeded the total of these objectives (1,600) by 33.4% (+535).

The targets set under the three broad-gauged civil rights objective for FY 2003 and FY 2004 are more than 20 percent lower than actual FY 2002 accomplishments. This is because OCR has tightened the definition of what constitutes "outreach." In the Revised Final FY 2003 Plan and the Final FY 2004 Plan, the definition of "outreach" will only include consultations, technical assistance, and collaborative activities that are part of an overall set of strategically planned activities that build upon one another systematically to address the health care, social service, disability or privacy objectives.

In the area of health information privacy under HIPAA, in FY 2002 there were no objectives or measures. However, OCR completed significant work in this area that are not captured in this analysis. In FY 2002, OCR began the process of developing the infrastructure for a Health Information Privacy Rule compliance program, engaging extensively and collaboratively with Departmental OPDIVS and STAFFDIVS and providing technical assistance and public education to covered entities under the Privacy Rule and others. Due to the nascent nature of the Privacy Rule program, OCR has determined that we need to collect data during FY 2003 through FY 2005 before setting baselines for HIPAA program targets. Following completion of two full fiscal years of compliance investigations, public education and outreach following the Privacy Rule compliance effective date of April 14, 2003, OCR projects that it will be able to set a baseline.

Goal II - Operational Efficiency - Targets and Accomplishments - FY 2002 Plan

In FY 2002, OCR's performance objective under Goal II focused on enhancing operational efficiency and on the President's Management Agenda objective for workforce restructuring and human capital investment. OCR met its FY 2002 targets for operational efficiency outcome measures under Goal II by ensuring that 49 percent of its completed activities were in priority areas. It is important to note that although the percentage target only increased from 48 to 49 percent from FY 2001 to FY 2002, due to the overall increase in OCR's total workload (both in priority and other areas), achieving the 49 percent target required OCR to complete 73 more priority issue-specific activities than had been achieved in FY 2001.

OCR missed meeting its efficiency objective for the average age of high priority cases by 36 days or 14.3%. This was due in part to OCR's decision during the past two to three fiscal years to handle *Olmstead* complaints using a variety of voluntary compliance, outreach, alternative dispute resolution, and public education techniques to resolve cases. Instead of engaging in immediate investigation of allegations, OCR has worked together with states and others to resolve potential compliance problems. Cases susceptible to early resolution through investigation have been handled in this manner and when voluntary compliance efforts have faltered, OCR has moved to more traditional investigative methods. This has meant, however, that in pursuit of common ground with states and providers of community-based services, the amount of time dedicated to these complaints has increased.

OCR is working to achieve compliance through the full spectrum of methods available to us. Given our objective of using the method that can be tailored most effectively to the facts of any given case or outreach need and because we have modified the program objectives to cover a broader array of our work, in FY 2003 and FY 2004, the efficiency objective in the plan no longer focuses on "high" priority activities but rather looks for efficiency results for all of our work. The objective has been revised to focus on reducing the average duration of all cases. In FY 2002, OCR completed priority cases in an average of 288 days. OCR's target for completing all cases in FY 2003 and FY 2004 will be 260 and 247 days respectively, or approximately 10 and 14 percent below the 288 day priority case age in FY 2002.

With respect to the President's Management Agenda objective for workforce restructuring and human capital investment, in 2002 OCR completed and met both of the targets under objective B under goal II to streamline its regional management structure nationwide by eliminating a layer of management (Branch Chiefs) thereby increasing the nationwide staff to supervisor ratio. In the FY 2003 and FY 2004 GPRA Plans, OCR has deleted this objective since it has already been accomplished.

In summary, looking at all of the targets under Goals I and II in the FY 2002 Plan, OCR met or exceeded targets in six of eight program and operational efficiency objectives.

III. Appendix to the Performance Plan

! Linkage to HHS and Agency Strategic Plans

OCR will use outcomes to measure performance during FY 2004. Previously, starting in FY 1998, OCR had focused its compliance and outreach/education activities on the high priority performance objectives. Recently, OCR assessed the effectiveness of OCR's existing GPRA Performance Plan. Out of that assessment came a restructured performance plan that better aligns with and supports the HHS Strategic Plan, the "One HHS" 10 Department-wide Outcome Goals and better addresses the priority areas in OCR's Strategic Plan; and adds OCR's new responsibility to enforce the Privacy Rule under HIPAA. Please see chart "Performance Measurement Linkages" on page 79.

! Changes/Improvements over Previous Year

For FY 2004, OCR has restructured its performance plan to cover a broader array of OCR's compliance responsibilities (*e.g.*, civil rights statutory authorities, related program issues, program services and providers of such services funded by HHS, as well as covered entities under the Privacy Rule, not all of which receive Federal financial assistance (see the "Summary of Changes in FY 2003 Final GPRA Annual Performance Plan" on pages 75-78). The restructured plan also addresses a broader range of beneficiaries of HHS-funded services as well as a greater number of potential barriers to services. Further, the performance indicators measure directly the results of OCR's compliance work - how well OCR is doing its work - and distinguishes the effect of OCR's work from other contributing factors. In addition, OCR plans to develop a preliminary baseline for Privacy Rule activities, including corrective actions and no violation findings based on complaint receipts and closures during FY 2003, beginning with the compliance effective date of April 14, 2003. This will be subject to change due to the need to have more than a few months of experience before setting targets based on this.

During FY 1998, OCR developed GPRA data fields for the collection of case and outreach-related data within its existing Compliance Activity Tracking System (CATS). OCR has collected data to establish baselines against which the FY 2004 outcomes will be measured. Based on its experience over the past two years, OCR modified the outcome indicators in the FY 2001 report and subsequent years' plans by combining what had been multiple outcome indicators into a single indicator that includes each of the compliance activities listed below:

- ▶ increased number of reviews conducted;
- ▶ increased number of corrective actions and no violation findings from review and complaint investigations;
- ▶ increased number of consultations/technical assistance provided (*e.g.*, either case-related or responses to requests for specific assistance in avoiding or resolving potential civil rights problems);
- ▶ increased number of collaborative efforts (*e.g.*, coordinated projects planned with other HHS agencies, states, local governments, providers, and community-based and other organizations in which shared objectives are set and implemented); and
- ▶ increased number of public education and outreach activities conducted (*e.g.*, special projects or significant planned activities focused on the compliance needs of states, local governments, providers, and community-based and other organizations).

The combined indicator more accurately reflects OCR's flexible outcome-based approach to increasing compliance (preventing and correcting unlawful discrimination), by tailoring its activities to address the unique

circumstances of HHS grantees/providers, rather than adhering to a strictly prescribed set of methods or activities. Although the activities noted above are not exactly comparable, each can be equally effective in reaching compliance. Each requires a considerable level of effort in working with recipients of Federal financial assistance and others to prevent or correct discriminatory policies or practices. Likewise, it requires comparable levels of effort in working with covered entities under the Privacy Rule to ensure that they comply with requirements to protect the privacy of health information. On average, these activities are estimated to take similar amounts of staff time. As in this instance, consultation/technical assistance, joint efforts, and outreach activities all involve planned and coordinated efforts that are part of an overall strategic approach to resolving potential civil rights problems.

OCR has determined that the consolidated outcome measure will prove a better indicator of its success in educating providers, community-based and other organizations, and program beneficiaries about civil rights requirements and responsibilities, and covered entities about responsibilities under the Privacy Rule. Public knowledge of these requirements and responsibilities is a major factor in ensuring compliance. Elements of the consolidated indicator, such as the number of collaborative activities, consultations, technical assistance, and outreach activities reflect the extent of OCR's coverage of the extensive network of providers and users of HHS-funded services and the larger universe of covered entities under the Privacy Rule. The number of reviews and the number of corrective actions or "no violation" findings in OCR's casework are measures both of the scope of OCR's coverage of the universe of HHS grantees and of OCR's success in achieving civil rights compliance through outreach, collaborative activities, technical assistance, and investigative activities. The inter-related set of compliance activities is integral to OCR's flexible approach to working with and responding to the diverse needs of OCR's stakeholders.

Further, because in FY 2001, HHS' Office of Inspector General raised questions regarding the outcome measure that is based on "corrective action," OCR has clarified the definition for "corrective action" to include closed cases in which recipients either have made changes and have agreed to make further changes to bring them into compliance.

OCR has developed a new set of civil rights compliance outcomes that are being captured in its new PIMS system that has been implemented in FY 2003. With respect to outcome measures, in FY 2001, based on preliminary results from an Inspector General's audit and OCR staff experience in reviewing data, OCR included an additional data verification process prior to generating final FY 2000 data. Since that time, OCR has implemented approaches to effectively coordinate program management, incorporate a results orientation into ongoing operations, and improve data collection and reporting.

As noted in the body of the Final FY 2004 GPRA Plan, the Plan includes a new objective D: "*Increase awareness of and compliance with the Health Information Privacy Rule (HIPAA)*" and two proposed developmental performance measures. The two proposed measures are developmental until FY 2005. Although OCR plans to develop preliminary targets based on FY 2003 data (starting from the compliance effective date of April 14, 2003), OCR believes that it will need at least the full year in FY 2004 in order to develop baselines that can be validated in FY 2005. In developing targets for these measures for the new Privacy Rule program, we will assess our experience in GPRA planning and target setting during the last several years for the traditional civil rights program.

! Partnerships and Coordination

Through consultations, technical assistance, and other outreach activities, OCR will continue to educate HHS agencies, state and local agencies, service providers, and other organizations to ensure adherence to civil

rights and Privacy Rule requirements. OCR will work with such entities, including regionally-based task forces that have been established as part of OCR's discrimination and racial and ethnic health disparities activities, to identify possible compliance problems, and where appropriate, conduct joint activities to ensure nondiscriminatory access to services. For example, OCR is working with ACF in the areas of adoption and welfare reform to ensure that the provisions of the Small Business Job Protection Act of 1996 and TANF are implemented in a nondiscriminatory manner. OCR will also coordinate with the Centers for Medicare & Medicaid Services (CMS) in the areas of data needs, provision of technical assistance, and conducting joint compliance activities, including activities under the nondiscriminatory quality health care priority area.

In the LEP area, OCR coordinates with HHS agencies (notably CMS and ACF), other government agencies such as the Department of Justice (DOJ) and the White House. OCR also works with other organizations, including health care organizations, to help their membership understand and implement the LEP policy guidance and with state agencies and community groups to conduct LEP outreach and training events to showcase promising practices with regard to providing interpreter services. OCR is also an active participant in the government-wide LEP work group convened by DOJ.

In addition, in the area of TANF, OCR has been providing technical assistance to covered entities such as states, providers, and vendors involved in administering TANF programs to help them recognize potential civil rights issues and prevent problems from occurring as they carry out welfare-to-work programs.

Also, in the disability (most integrated setting) area, OCR will continue to work jointly with HHS components and other federal agencies as well as states to help them carry out the requirements of the Supreme Court's *Olmstead* decision and the President's New Freedom Initiative. OCR has been working with states and other interested parties in the development of *Olmstead* planning coalitions to develop state comprehensive working plans to serve people with disabilities in the most integrated setting appropriate for them.

Further, in its nondiscrimination and racial and ethnic disparities work, OCR coordinates with other agencies including the Office of Minority Health, Centers for Disease Control and Prevention, the Agency for Healthcare Research and Quality, HUD, DOJ, state agencies, and local task forces. These local task forces are composed of medical providers, representatives of academia including medical and other health care professional school faculty, government agencies, the faith community, professional associations, hospital societies, and others in each region. OCR will involve them directly in education, technical assistance, and other outreach activities and to use their expertise as OCR implements a variety of compliance activities.

Finally, with its new responsibilities under the Privacy Rule, OCR will coordinate with other HHS components through the Department's Privacy Council and with a wide array of covered entities, representative organizations, and the public. This will entail providing technical assistance to HHS components which are covered entities or which provide grants to or partner with covered entities to ensure compliance with the Privacy Rule and consistency in its implementation and interpretation.

! Data Verification and Validation

The data to measure its compliance activities is derived from OCR's CATS system. As previously noted, during FY 2003, OCR has implemented a systems modernization beginning October 1, 2002, by bringing on line a new web-based information management system (PIMS) that will include document, knowledge, and workflow management capabilities and a data base in a relational format in which an underlying table

structure will enable greater ease of data generation and analysis. The system also will collect staff resource and other resource inputs (*e.g.*, travel, expert consultants).

Briefly, as background of our data collection efforts, OCR established initial FY 1998 baseline data for the majority of its case-related outcome measures. Because FY 1998 data on outreach activities, collaborative activities, consultations, and technical assistance provided were inadequate to establish baselines, OCR used FY 1999 data to establish baselines for these latter activities. In FY 2000, OCR established a baseline for the one remaining case-related outcome measure (managed care reviews) for which a baseline had not been set under the first four priority areas. In FY 2001, OCR combined several outcome measures into a consolidated measure that enables greater flexibility in compliance program design and greater ability to tailor its activities to address the specific circumstances of individual covered entities (customers). In the FY 2004 GPRA Plan, OCR restructured its plan and established a new Objective D - To increase awareness of and compliance with the Health Information Privacy Rule (HIPAA) and two measures based on OCR's experience since the implementation of the Privacy compliance program began (see Objective D, 1. and 2.). The determination of what other performance measures will be developed for the HIPAA privacy activity will require several years of experience with the new program. It is likely that OCR will need at least a full year of implementation (only part of FY 2003 will be after the compliance date of April 13, 2003) to establish a baseline for targets and another two to three years of experience with privacy of health information activities before establishing any other performance measures.

OCR uses a number of techniques in order to validate data collected. These include conducting additional on-site compliance activities, examining files and other records, and analyzing data from independent sources such as other HHS components, state or local governmental agencies, or other organizations. Data on the number of reviews, corrective actions and no violation findings, outreach activities, and other collaborative activities, the number of consultations/technical assistance provided, and other counts of OCR contacts/projects are reported by each region to OCR headquarters. Where there are variances from what is expected, OCR program operations staff contact the regions to verify such differences. Where data reported for comparable activities across several regions appear to be skewed in a given region or two, program staff follows up to identify reasons for such variances. In addition, OCR will continue to validate all data as it has in the past through periodic management reviews or evaluations of civil rights program implementation. In addition, there is close monitoring of data reported in its tracking system. When data appear to be inconsistent, headquarters staff notifies regional staff to check the data, verify accuracy, and make changes as necessary. In an effort to ensure that data input into the system are accurate, headquarters staff provided on-site training to all staff in six regional offices, while working with the remaining four regions on a monthly basis to assist them in collecting and entering valid data.

OCR continues its effort to ensure that the data OCR collects are accurate and effectively verified and that its explanations of what is collected and reported are consistent with OCR operations. As a result of the HHS' OIG FY 1999 audit of OCR's Performance Report, OCR clarified several definitions. For example, OCR clarified the definition of "corrective action" to include complaint investigations or reviews closed during the year for which the data are reported and in which a recipient has already made one or more changes to come into compliance; and, is making sure that all activities reported in its data system as high priority activities are in fact incorporated as high priority activities in letters of findings or other documentation issued by OCR. Beginning in FY 2003, outreach will include only consultations, technical assistance, and collaborative activities that are part of an overall set of strategically planned activities that build upon one another systematically to address the health care, social service, disability, or privacy objectives. OCR anticipates that the new PIMS will vastly improve the accuracy, uniformity, and validation of data for GPRA reporting. During FY 2004, OCR will continue to collect data that will enable

development and refinement of outcome baselines. These baselines will enable assessment of OCR's success in meeting its goal of increasing access to and participation in HHS programs through the prevention or correction of unlawful discriminatory barriers and practices. The GPRA Annual Performance Plan also incorporates outcome measures that serve both as measures of operational efficiency and as intermediate and interim measures until OCR has been able to collect, monitor, and validate at least a full year of data reported into the new PIMS to be implemented during FY 2003.

One factor that may affect OCR's reporting on performance involves limitations of data. OCR had adapted its CATS information system in order to be able to capture and analyze pre- and post-review/complaint investigation data. As a result of its analysis of data reported in fiscal years 2000 through 2002, OCR has determined, as previously noted, that the outcome measures require collection of data that are not necessarily directly related to compliance investigations or reviews. OCR has found that covered entities view the additional data requested as intrusive and we believe that continuing to ask for such data routinely, has had a chilling effect on our ability to work cooperatively to seek voluntary compliance. In the context of PIMS implementation, OCR is developing a set of compliance outcomes that are a direct result of OCR's compliance work and that will not require recipients to provide any more data than is necessary for OCR to make a compliance determination. OCR's modified outcomes will eliminate what may have been viewed as burdensome and/or duplicate reporting.

Where baselines were developed in FY 1998 and FY 1999, OCR has evaluated accomplishment of and, as noted elsewhere in this Plan, has modified measures based on analysis of data available through its CATS system and in each subsequent fiscal year. External factors that may affect OCR's proposed outcomes include:

- ▶ Legislation, Administrative Action, and Court Decisions: Federal or state administrative action, court actions, or changes in laws may affect OCR's ability to achieve its outcomes. For example, litigation about the ADA, Title VI, or the Privacy Rule and ensuing court decisions could change OCR's ability to conduct enforcement activities in certain areas.
- ▶ Fiscal Availability: Significant cuts in funding for state and local programs' budgets would have a deleterious effect on proposed outcomes. Cuts in services in state and local programs would result in fewer minorities and disabled people being served. Additionally, if community-based groups and other organizations experience cuts in foundation, government, and private funding, OCR may not be able to work as effectively with these groups as envisioned by the plan.
- ▶ Economy and Demographics: Changes in the economy may have an affect on OCR's meeting its outcomes. For example, if unemployment increases significantly, there may be a smaller pool of available adoptive parents. If that were the case, there would probably be an increase in the time all children, including minority children, would have to wait to be adopted. Also, changes in the demographics of program participants due to a variety of factors could cause OCR to modify program objectives related to minority access to services. An example of circumstances in which an objective may have to be changed would be if the number of minority participants in a welfare-to-work program decreases due to successful job placements.

! **Technology Planning**

All of the performance objectives are directly linked to OCR's FY 2004 budget request. As noted in Part II, Section 2.1.1 above, OCR's FY 2004 budget request of \$34,250,000 reflects both an ongoing commitment to

strengthen HHS' civil rights compliance program and continuing its role under HIPAA. OCR resources will support: development of comprehensive, effectively working plans for provision of services to persons with disabilities in the most integrated setting possible (*Olmstead*); maximizing participation in the State Children's Health Insurance program (SCHIP) and Medicaid by eliminating discriminatory barriers to participation; outreach and other compliance activities related to welfare reform and civil rights; nondiscriminatory quality health care focused on racial and ethnic disparities in health care and health status; and, language access, including immigrant access to benefits for which they are eligible. In FY 2004, OCR will focus on the previous programs and issues in the context of ensuring nondiscrimination in a wide variety of health and social services settings. OCR's FY 2004 funding increment is made up of funds to support the allocation of 12 additional FTE to Privacy Rule functions and to support built-in increases (for pay related costs) offset by savings resulting from management and productivity efficiencies. The funding will continue to support the level of staffing and compliance activities projected for FY 2003.

With respect to human resources planning, OCR submitted a workforce plan to the former ASMB and the Immediate Office of the Secretary in March 2001 with an addendum in April 2001. The plan assessed various staffing and skill needs associated with civil rights and privacy rights issues. Further, the plan noted that in FY 2001, OCR had reorganized its headquarters operation to increase the span of control while reducing management layers in an effort to ensure that expert consultation on civil rights authorities is readily available to frontline staff. In FY 2003 and FY 2004, OCR will build on this refocusing of staff expertise and on continuing training and capacity-building activities.

Summary of Changes in FY 2003 Final GPRA Annual Performance Plan

Original FY 2003 Indicator	Revised/New FY 2003/2004 Indicator	Rationale for Change
Goal I: To increase nondiscriminatory access and participation in HHS programs.	Goal I: To increase nondiscriminatory access and participation in HHS programs and protect the privacy of protected health information.	The revised goal adds OCR's new responsibility for implementing the Health Information Privacy Rule (HIPAA).
Objective A: Adoption -Sub-objective 1: Increase # state agencies and adoption agencies (local) found to be in compliance with the nondiscrimination provisions of the Small Business Job Protection Act while increasing HHS OPDIV staffs', grantees', program providers', and faith-based and community-based organizations' knowledge and understanding of adoption and foster care nondiscrimination requirements.	Subsumed in new Objective B: To increase access to and receipt of nondiscriminatory social services, while protecting the integrity of HHS Federal financial assistance.	The objective is more broadly inclusive of the full range of issues, social service programs, and providers in which OCR acts to ensure nondiscriminatory access to and receipt of services. It thereby addresses a broader range of populations and barriers to services faced by these groups, while reporting on more activities that support "One HHS" objectives.
Objective A, Sub-objective 1 Measures		
a. Increased # corrective actions, no violation findings, reviews, outreach, consultations, technical assistance, and joint projects.	Same as measure 1. under new Objective B.	No change.
b. Decreased # or proportion of minority children waiting adoptive placement. <i>(developmental with baseline year of FY 02)</i>	<i>Subsumed in measure 4. in new Objective B:</i> Increased number of minority persons provided access to and nondiscriminatory treatment in programs or services in compliance with Title VI.	This measure directly relates the outcome of OCR's compliance work to the requirements of Title VI of the Civil Rights Act of 1964. It is a measure of how well OCR is doing its work and distinguishes the effect of OCR's work from other contributing factors.
c. Decreased waiting times for minority children. <i>(developmental with baseline year of FY 02)</i>	<i>Subsumed in measure 2. in new Objective B:</i> Number of actions taken by recipient/covered entities to reduce barriers.	This measures directly the results of OCR's compliance work. The previous measure could not distinguish the effect of OCR's work from other contributing factors. Given the more broadly inclusive objective, this measure also subsumes the prior measure while accounting for a wide range of other outcomes of OCR's work.
None.	New measure 3. in new Objective B: The amount of HHS funding received by covered entities that have been found to be in compliance, or have made changes to come into compliance on issues that have been investigated by OCR. <i>(developmental through FY 04)</i>	This measure will enable determination of a fiscal return on investment in civil rights investigations and reviews that simultaneously protect the rights of HHS beneficiaries and the integrity of programs and services financed by HHS.
Objective B: Managed Care - Sub-objective 1: Increase # managed care plans found to be in compliance with Title VI, Section 504 and the Americans with Disabilities Act while increasing managed care plans' awareness and understanding of civil rights requirements.	Subsumed in new Objective A: To increase access to and receipt of nondiscriminatory quality health care and treatment, while protecting the integrity of HHS Federal financial assistance.	The objective is more broadly inclusive of the full range of issues and health care settings in which OCR acts to ensure nondiscriminatory access to and receipt of services and treatment. It thereby addresses a broader range of populations and barriers to services and treatment faced by these groups, while reporting on more activities that support "One HHS" objectives.
Objective B, Sub-objective 1 Measures		
a. Increased # corrective actions, no violation findings, reviews, outreach, consultations, technical assistance, and joint projects.	Same as measure 1. under new Objective A.	No change.
b. Increased # minority practitioners providing services in managed care plans. <i>(developmental with baseline year of FY 02)</i>	<i>Subsumed in measure 4. in new Objective A:</i> Increased number of minority persons provided access to, nondiscriminatory treatment in, and equal opportunity to benefit from programs or services in compliance with Title VI.	This measure directly relates the outcome of OCR's compliance work to the requirements of Title VI of the Civil Rights Act of 1964. It is a measure of how well OCR is doing its work and distinguishes the effect of OCR's work from other contributing factors.

Original FY 2003 Indicator	Revised/New FY 2003/2004 Indicator	Rationale for Change
c. Increased # interpreter/bilingual contacts/hours for LEP enrollees. (developmental with baseline year of FY 02)	Subsumed in measure 2. in new Objective A: Number of actions taken by recipient/covered entities to reduce barriers.	This measures directly the results of OCR's compliance work. The previous measure could not distinguish the effect of OCR's work from other contributing factors. Given the more broadly inclusive objective, this measure also subsumes the prior measure while accounting for a wide range of other outcomes of OCR's work.
d. Increased # interpreter contacts/hours for hearing/speech impaired individuals. (developmental with baseline year of FY 02)	Same as above.	Same as above.
None.	New measure 3. in new Objective A: The amount of HHS funding received by covered entities that have been found to be in compliance, or have made changes to come into compliance on issues that have been investigated by OCR. (developmental through FY 04)	This measure will enable determination of a fiscal return on investment in civil rights investigations and reviews that simultaneously protect the rights of HHS beneficiaries and the integrity of programs and services financed by HHS.
Objective C: Limited English Proficiency (LEP) - Sub-objective 1: Increase # HHS grantees and providers found to be in compliance with Title VI in LEP reviews/investigations while increasing HHS OPDIV staffs', grantees', program providers', and faith-based and community-based organizations' knowledge and understanding of LEP policy guidance.	Subsumed in new Objectives A and B. Objective A: To increase access to and receipt of nondiscriminatory quality health care and treatment, while protecting the integrity of HHS Federal financial assistance. Objective B: To increase access to and receipt of nondiscriminatory social services, while protecting the integrity of HHS Federal financial assistance.	The issue of national origin discrimination raised by limited English proficiency crosscuts all health and social services provided through programs funded by HHS. Subsuming the LEP objective in the two new objectives focuses attention on outcomes of OCR's compliance work, rather than on the processes by which outcomes are achieved.
Objective C, Sub-objective 1 Measures		
a. Increased # corrective actions, no violation findings, reviews, outreach, consultations, technical assistance, and joint projects.	Same as measure 1. under new Objectives A & B.	No change.
b. Increased # LEP persons served. (developmental with baseline year of FY 02)	Subsumed in measure 4. in new Objectives A & B: Increased number of minority persons provided access to, nondiscriminatory treatment in, and equal opportunity to benefit from programs or services in compliance with Title VI.	This measure directly relates the outcome of OCR's compliance work to the requirements of Title VI of the Civil Rights Act of 1964. It is a measure of how well OCR is doing its work and distinguishes the effect of OCR's work from other contributing factors.
c. Increased # interpreter/bilingual contacts/hours for LEP enrollees. (developmental with baseline year of FY 02)	Subsumed in measure 2. in new Objectives A & B: Number of actions taken by recipient/covered entities to reduce barriers.	This measures directly the results of OCR's compliance work. The previous measure could not distinguish the effect of OCR's work from other contributing factors. Given the more broadly inclusive objective, this measure also subsumes the prior measure while accounting for a wide range of other outcomes of OCR's work.
d. Increased # services for LEP persons. (developmental with baseline year of FY 02)	Same as above.	Same as above.
e. Increased # translated documents available. (developmental with baseline year of FY 02)	Same as above.	Same as above.
None.	New measure 3. in new Objectives A & B: The amount of HHS funding received by covered entities that have been found to be in compliance, or have made changes to come into compliance on issues that have been investigated by OCR (developmental through FY 04)	This measure will enable determination of a fiscal return on investment in civil rights investigations and reviews that simultaneously protect the rights of HHS beneficiaries and the integrity of programs and services financed by HHS.

Original FY 2003 Indicator	Revised/New FY 2003/2004 Indicator	Rationale for Change
<p>Objective D: Temporary Assistance for Needy Families (TANF) - Sub-objective 1: Increase # state and local TANF agencies and service providers found to be in compliance with Title VI, Section 504 and ADA while increasing state and local welfare agencies' and service providers', and faith-based and community-based organizations' knowledge and understanding of Title VI, Section 504 and ADA requirements in the administration of TANF.</p>	<p>Subsumed in new Objective B: To increase access to and receipt of nondiscriminatory social services, while protecting the integrity of HHS Federal financial assistance.</p>	<p>The previous objective focused on a single program and the processes by which outcomes are achieved in that single program rather than on the outcomes themselves. The new objective into which the TANF objective has been subsumed covers a broader array of services that are brought to bear in increasing self-sufficiency, while focusing on OCR's direct compliance responsibilities.</p>
Objective D, Sub-objective 1 Measures		
<p>a. Increased # corrective actions, no violation findings, reviews, outreach, consultations, technical assistance, and joint projects.</p>	<p>Same as measure 1. under new Objective B.</p>	<p>No change.</p>
<p>b. Increased # minority (including national origin/LEP) persons served. <i>(developmental with baseline year of FY 02)</i></p>	<p><i>Subsumed in measure 4. in new Objective B:</i> Increased number of minority persons provided access to, nondiscriminatory treatment in, and equal opportunity to benefit from programs or services in compliance with Title VI.</p>	<p>This measure directly relates the outcome of OCR's compliance work to the requirements of Title VI of the Civil Rights Act of 1964. It is a measure of how well OCR is doing its work and distinguishes the effect of OCR's work from other contributing factors.</p>
<p>c. Increased # disabled persons served, including families with disabled children. <i>(developmental)</i></p>	<p><i>Subsumed in measure 4. in new Objective B:</i> Increased number of persons with disabilities provided access to, nondiscriminatory treatment in, and equal opportunity to benefit from programs or services in compliance with the Americans with Disabilities Act and/or Section 504 of the Rehabilitation Act of 1973, as amended.</p>	<p>This measure directly relates the outcome of OCR's compliance work to the requirements of the Americans with Disabilities Act and/or Section 504 of the Rehabilitation Act of 1973, as amended. It is a measure of how well OCR is doing its work and distinguishes the effect of OCR's work from other contributing factors.</p>
<p>None.</p>	<p>New measure 3. in new Objective B: The amount of HHS funding received by covered entities that have been found to be in compliance, or have made changes to come into compliance on issues that have been investigated by OCR. <i>(developmental through FY 04)</i></p>	<p>This measure will enable determination of a fiscal return on investment in civil rights investigations and reviews that simultaneously protect the rights of HHS beneficiaries and the integrity of programs and services financed by HHS.</p>
<p>Objective E: Increase non-discriminatory quality health care for minorities.-Sub-objective 1: Increase # HHS providers found to be in compliance with Title VI while increasing the # of health care providers, medical schools, faith-based and community-based organizations, professional organizations, HHS agencies, and state and local agencies working in coalitions to improve nondiscriminatory quality health care for minorities including mental health care and organ and tissue donation/transplantation.</p>	<p>Subsumed in new Objective A: To increase access to and receipt of nondiscriminatory quality health care and treatment, while protecting the integrity of HHS Federal financial assistance.</p>	<p>The objective is more broadly inclusive of the full range of issues and health care settings in which OCR acts to ensure nondiscriminatory access to and receipt of services and treatment. It thereby addresses a broader range of populations and barriers to services and treatment faced by these groups, while reporting on more activities that support "One HHS" objectives.</p>
Objective E, Sub-objective 1 Measures		
<p>a. Increased # corrective actions and no violation findings, reviews, outreach, consultations, technical assistance, and collaborative activities. <i>(developmental)</i></p>	<p>Same as measure 1. under new Objective A.</p>	<p>No change.</p>
<p>None.</p>	<p>New measure 3. in new Objective A: The amount of HHS funding received by covered entities that have been found to be in compliance, or have made changes to come into compliance on issues that have been investigated by OCR. <i>(developmental through FY 04)</i></p>	<p>This measure will enable determination of a fiscal return on investment in civil rights investigations and reviews that simultaneously protect the rights of HHS beneficiaries and the integrity of programs and services financed by HHS.</p>

Original FY 2003 Indicator	Revised/New FY 2003/2004 Indicator	Rationale for Change
<p>Objective F: Most integrated Setting for Persons with Disabilities (MIS/Olmstead) - Sub-objective 1: Increase state and local agencies and service providers found in compliance with Section 504 and ADA while increasing HHS OPDIV staffs', grantees', program providers', and faith-based and community-based organizations' knowledge of requirements to provide health and human services in most integrated settings to persons with disabilities.</p>	<p>Subsumed in new Objective C: To increase access to and receipt of community-based services and nondiscriminatory treatment for persons with disabilities, while protecting the integrity of HHS Federal financial assistance.</p>	<p>Modifying the wording of this objective focuses attention on outcomes of OCR's compliance work, rather than on the processes by which outcomes are achieved.</p>
Objective F, Sub-objective 1 Measures		
<p>a. Increased # corrective actions and no violation findings, reviews, outreach, consultations, technical assistance, and joint projects (developmental)</p>	<p>Same as measure 1. under new Objective C.</p>	<p>No change.</p>
<p>b. Increased # people with disabilities receiving services in the most integrated setting. (developmental)</p>	<p><i>Subsumed in measure 4. in new Objective C:</i> Increased number of persons with disabilities provided access to, nondiscriminatory treatment in, and equal opportunity to benefit from programs or services in compliance with the Americans with Disabilities Act and/or Section 504 of the Rehabilitation Act of 1973, as amended.</p>	<p>This measure directly relates the outcome of OCR's compliance work to the requirements of the Americans with Disabilities Act and/or Section 504 of the Rehabilitation Act of 1973, as amended. It is a measure of how well OCR is doing its work and distinguishes the effect of OCR's work from other contributing factors.</p>
<p>None.</p>	<p>Objective D: Increase awareness of and compliance with the Health Information Privacy Rule (HIPAA). (New Objective)</p>	<p>OCR's new program responsibility with an effective compliance date in mid-FY 03.</p>
New Objective D - Measures		
<p>None.</p>	<p>1. Increased # corrective actions, no violation findings, reviews, outreach, consultations, technical assistance, and joint projects. (developmental with baseline year of FY 03)</p>	<p>This measure for the new HIPAA Privacy Rule compliance program is based on OCR's experience in its civil rights compliance work. There we have learned that a flexible approach is required to increase compliance through tailoring activities to address the unique circumstances of covered entities, rather than adhering to a pre-determined set of activities.</p>
<p>None.</p>	<p>2. Number of actions taken by covered entities indicating increased awareness of and compliance with the Health Information Privacy Rule. (developmental with baseline year of FY 03)</p>	<p>This measure directly relates the outcome of OCR's HIPAA privacy outreach, public education, and other compliance work to the requirements of the Rule.</p>
<p>Goal II: To enhance operational efficiency</p>	<p>Same.</p>	<p>No change.</p>
<p>Objective A: Increase % of resources focused on high priority issues. Sub-objective 1: Increase % and/or # of OCR compliance activities focused on high priority issues.</p>	<p>Objective A: Increase the efficiency of case processing.</p>	<p>OCR is focusing on outcomes of all of its activities and what were formerly priority issues are being subsumed within the more inclusive OCR's new objectives under Goal I. These objective are more broadly inclusive of the full range of issues, health care, and social service programs and providers in which OCR acts to ensure nondiscriminatory access to and receipt of services.</p>
Objective A, Sub-objective 1 Measures		
<p>a. Increased % and/or # corrective actions, no violation findings, and outreach activities that are focused on high priority issues.</p>	<p>Deleted.</p>	<p>Same as above.</p>
<p>Sub-objective 2: Decrease average age of priority case closures.</p>	<p>Sub-objective 1: Decrease average age of all case closures.</p>	<p>Same as above.</p>

Original FY 2003 Indicator	Revised/New FY 2003/2004 Indicator	Rationale for Change
Objective A, Sub-objective 2 Measures		
a. Decreased average age of all priority case closures.	1. Decreased average age of all case closures.	Same as above.
Objective B : Streamline management structure and increase staff to supervisor ratio. Sub-objective 1 - Streamline regional management structure by eliminating Branch Chief positions.	Deleted.	This was accomplished by the end of 2002.
Objective B, Sub-objective 1 Measures		
a. Establish consistent regional structure with two managers (Regional Manager and Deputy).	Deleted.	Same as above.
Sub-objective 2 : Increase staff to supervisor ratio.	Deleted.	Same as above.
Objective B, Sub-objective 2 Measures		
a. Increased staff to supervisor ratio.	Deleted.	Same as above.

Performance Measurement Linkages

HHS STRATEGIC OBJECTIVE	OCR GPRA GOALS/OBJECTIVES				
	Goal 1: To increase nondiscriminatory access and participation in HHS programs and protect the privacy of protected health information				Goal 2: To Enhance Operational Efficiency
	Objective A: Increase access to and receipt of nondiscriminatory quality health care and treatment, while protecting the integrity of HHS Federal financial assistance.	Objective B: Increase access to and receipt of nondiscriminatory social services, while protecting the integrity of HHS Federal financial assistance.	Objective C: Increase access to and receipt of community-based services and nondiscriminatory treatment for persons with disabilities, while protecting the integrity of HHS Federal financial assistance.	Objective D: Increase awareness of and compliance with the Health Information Privacy Rule (HIPAA)	Objective A: Increase % of resources focused on high priority issues
Goal 1: Reduce the major threats to the health and well-being of Americans.	X				
Goal 2: Enhance the ability of the nation's health care system to effectively respond to bioterrorism and other public health challenges.	X				
Goal 3: Increase the percentage of the nation's children and adults who have access to health care services, and expand consumer choices.	X		X	X	*
Goal 5: Improve the quality of health care services.	X			X	*
Goal 6: Improve the economic and social well-being of individuals, families and communities, especially those most in need.		X	X		*
Goal 7: Improve the stability and healthy development of our nation's children and youth.		X	X		*

Goal 8: Achieve excellence in management practices.					X
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* This GPRA objective is focused on improving operational efficiency and therefore increasing the proportion of resources being devoted to all issues. Therefore, in some sense, the operational efficiency goal supports all of the HHS Strategic Plan objectives noted above because success under OCR's efficiency goal will result in increased resources focused on priority issues that address the HHS goals and other initiatives such as: improved human capital management, improved financial management, and integrating budget and performance information.