



**Online Performance Appendix
Office for Civil Rights
FY 2009**

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Introduction

The Online Performance Appendix is one of several documents that fulfill the Department of Health and Human Services' (HHS') performance planning and reporting requirements. HHS achieves full compliance with the Government Performance and Results Act of 1993 and Office of Management and Budget Circulars A-11 and A-136 through HHS agencies' FY 2009 Congressional Justifications and Online Performance Appendices, the Agency Financial Report and the HHS Performance Highlights. These documents can be found at: <http://www.hhs.gov/budget/docbudget.htm> and <http://www.hhs.gov/afr/>.

The Performance Highlights briefly summarizes key past and planned performance and financial information. The Agency Financial Report provides fiscal and high-level performance results. The FY 2009 Department's Congressional Justifications fully integrate HHS' FY 2007 Annual Performance Report and FY 2009 Annual Performance Plan into its various volumes. The Congressional Justifications are supplemented by the Online Performance Appendices. Where the Justifications focus on key performance measures and summarize program results, the Appendices provide performance information that is more detailed for all HHS measures.

The Office for Civil Rights Congressional Justification and Online Performance Appendix can be found at <http://www.hhs.gov/ocr/aboutocr.htm>.

Summary of Measures and Results Table Office for Civil Rights (OCR)

FY	Total Targets	Results Reported		Targets			
		Number	%	Met	Not Met		% Met
					Total	Improved	
2004	4	4	100%	4	0	0	100%
2005	4	4	100%	4	0	0	100%
2006	4	4	100%	4	0	0	100%
2007	6	6	100%	4	2	0	67%
2008	7	Data in late Fall 2008	Data in late Fall 2008	Data in late Fall 2008	Data in late Fall 2008	Data in late Fall 2008	Data in late Fall 2008
2009	7	Data in late Fall 2009	Data in late Fall 2009	Data in late Fall 2009	Data in late Fall 2009	Data in late Fall 2009	Data in late Fall 2009

Performance Detail

Outputs / Outcomes Table

#	Key Outputs	FY 2004 Actual	FY 2005 Actual	FY 2006		FY 2007		FY 2008 Target	FY 2009 Target	Out-Year Target
				Target	Actual	Target	Actual			
Long-Term Objective 1: To ensure compliance, to increase awareness, and to increase understanding of Federal laws requiring non-discriminatory access to HHS programs and protection of the privacy of protected health information										
1	Rate of closure for civil rights and privacy cases and new Medicare application reviews per cases/review received	78.0	100.4	87.0	96.6	90.0	90.4	91.5	95.0	98.7 (2010)
2	Percent of civil rights cases and new Medicare application reviews resolved per cases/reviews received	89.1	125.7	91.2	102.0	93.0	94.5	95.0	96.0	96.5 (2010)
3	Percent of privacy cases resolved per cases received	68.8	79.7	81.2	91.8	88.0	87.4	89.0	95.0	99.0 (2010)
4	Increased awareness of Federal laws requiring non-discriminatory access to HHS programs and protection of the privacy of protected health information through the provision of information and training to individuals	--	72,000	74,160	74,313	75,000	61,086	78,000	81,000	83,430 (2010)
5	The number of corrective actions that covered entities takes as a result of OCR intervention	--	1,644	1,725	3,352	3,060	3,007	3,100	3,175	3,250 (2010)
6	The number of covered entities that make substantive policy changes as a result of OCR intervention and/or review	--	1,019	1,070	2,466	1,900	2,068	2,125	2,175	2,225 (2010)
Long-Term Objective 2: To enhance operational efficiency										
7	Rate of closure for civil rights and privacy cases and new Medicare application reviews per FTE	38.7	49.85	41.30	50.32	49.60	51.28	52.20	54.10	59.50 (2010)
Appropriated Amount (\$ Million)		\$34	\$35	\$35	\$35	\$36	\$35	\$34	\$40	

Performance Narrative

OCR has organized its performance measures around the two overarching strategic objectives that directly support the HHS Strategic Plan, the Secretary's 500-day plan and priority initiatives, and the President's Management Agenda.

OCR has two long-term performance objectives: 1) ensure compliance with, and increase awareness and understanding of, Federal laws requiring non-discriminatory access to HHS-funded programs and the protection of the privacy of individually identifiable health information; and 2) enhance operational efficiency.

OCR's performance targets are based on projections of workload, historical levels of workload complexity, and ongoing efforts to improve staff efficiency. OCR uses PART goals and measures to manage its resource allocations across the organization, holding staff accountable for supporting and achieving programmatic goals. Over the past four years, OCR has experienced a steady rise in its workload, exemplified by the increase in the number of new civil rights and Privacy Rule complaints and new Medicare application reviews, which during this period have increased on average nearly seven percent per year. During the same FY 2004 – FY 2007 period, due to operational improvements, the number of cases resolved per FTE has increased by nearly 33 percent. Factoring in these results, in November 2006 OCR revised its annual targets to reflect both higher projections in complaint receipts and more ambitious efforts to increase productivity based on existing staffing levels. However, during the same period, budget constraints have forced OCR's funded staffing level down from 267 FTE in FY 2004 to 240 FTE in FY 2007, which when combined with increasing workloads, has had a direct effect on OCR's ability to meet its performance goals.

OCR currently projects that with fully annualized staffing at the President's Budget request-level, OCR will be back on track to achieving its long-term measure of increasing the resolution rate of civil rights and privacy cases and new Medicare application reviews to 100 percent of new cases / reviews received per year in 2012. If funded at the current FY 2008 level in FY 2009, OCR will not achieve its long-term measure of increasing the resolution rate of civil rights and privacy cases and new Medicare application reviews to 100 percent of new cases / reviews received per year until FY 2022 – a full ten years later than the current target.

Long-term performance objective #1:

OCR anticipates that growth in the receipt of both civil rights complaints and health information privacy complaints will continue in the FY 2007 – FY 2009 period, at about a one percent annual growth rate for civil rights cases and a greater than five percent annual growth rate for health information privacy complaints.

- **Rate of closure for civil rights and privacy cases and new Medicare application reviews per case/reviews received**
 - OCR achieved a 90.4 percent resolution rate in FY 2007 which exceeded its target of 90 percent.
 - OCR's supporting measure, "Percent of civil rights cases and new Medicare application reviews resolved per cases/reviews received," had an FY 2007 target of 93 percent. OCR exceeded this target by achieving a resolution rate of 94.5 percent.
 - OCR's supporting measure, "Percent of privacy cases resolved per cases received," had an FY 2007 target of 88 percent. OCR achieved a resolution rate of 87.4 percent which did not meet the target.
 - Given the challenge of operating with diminished resources, a four percent budget reduction and 7.5 percent FTE reduction, OCR believes that its performance in relation to the established targets for resolving civil rights and privacy complaints and closing new Medicare application reviews is a significant accomplishment.

- OCR continuously monitors case receipts and performance through the use of an internal monthly scorecard. Trends in workload and projected budget resources are factored into revisions to OCR's targets.
 - Over the past four years operational improvements, including upgrades to OCR's case management system, enhancing employee skill sets through training and empowerment, and redistributing workload across regional offices to maximize productivity, has resulted in the number of cases resolved per FTE increasing by nearly 33 percent.
 - Continued efficiency gains will be insufficient to allow OCR to achieve its long-term measure of increasing the resolution rate of civil rights and privacy cases and new Medicare application reviews to 100 percent of new cases / reviews received per year. Additional FTE as provided in the FY 2009 President's budget will be required to meet this goal.
- **Increased awareness of Federal laws requiring non-discriminatory access to HHS programs and protection of the privacy of protected health information through the provision of information and training to individuals**
 - OCR provided training and technical assistance to 61,086 individuals through its public education and compliance activities in FY 2007. This level did not meet OCR's target of 75,000 individuals.
 - Given the nature of OCR's mission, resources are devoted primarily to the resolution of citizen complaints. The reduction in resources in FY 2007 resulted in fewer FTE and dollars available for public education so that the emphasis on enforcement could be maintained. In light of these budgetary challenges, OCR believes that performance on this measure has shown satisfactory results.
 - The major result of not being funded at the President's Budget request level on this measure is that fewer people learn about their rights to protection against discrimination and privacy of their health information. In addition, fewer health care providers and practitioners are educated on their responsibilities or learn about best practices in providing quality care that is free from discrimination and protects individuals' health information.
 - OCR anticipates that the level of funding requested in this budget submission will allow OCR to meet its target of reaching 81,000 individuals in FY 2009.
 - **The number of covered entities that make substantive policy changes as a result of OCR intervention and/or review**
 - In FY 2007, the number of covered entities that made substantive policy changes as a result of OCR intervention and/or review was 2,068, which exceeded OCR's target of 1,900 covered entities.
 - Given the importance of assuring that covered entities comply with the laws that OCR enforces, it is significant that OCR was able to not only meet but exceed its target in this area.

- However, sustaining similar results in the future depends upon the number of cases that OCR is able to resolve in a given year since policy changes are a direct result of OCR's compliance activities.
- Based on the funding requested in President's Budget OCR has increased its target for this measure to 2,175 in FY 2009.
- Policy changes are a type of corrective action and OCR has added a new measure for FY 2008 designed to capture all corrective actions. Results against this new measure will be reported for the first time in FY 2008. However, for comparison purposes OCR has provided FY 2005 – FY 2007 historical data on corrective actions.

Measure for long-term performance objective #2:

OCR anticipates that with funding provided in this budget request, continued operational efficiency efforts will result in an increase in the number of cases resolved per FTE assigned.

- **Increase the number of cases resolved per FTE assigned**

- In FY 2007, OCR exceeded its target of 49.60 cases per FTE by resolving 51.28 cases per FTE.
- Given the aforementioned challenge of operating with diminished resources, a four percent budget reduction and 7.5 percent FTE reduction, OCR's performance in relation to the established targets for increasing the number of cases resolved per FTE assigned is a significant accomplishment.
- OCR's management objective of enhancing operational efficiency is critical for achieving each of the previously discussed performance goals. In the past several years, OCR has employed numerous strategies to increase efficiency, including managing caseloads across regional lines.
- Another OCR strategy to increase efficiency is the implementation of a comprehensive training and workforce development program. These efforts showed positive improvements in operational efficiency in FY 2007. Although OCR experienced a reduction in staff this fiscal year, OCR was still able to achieve a two percent increase in the number of cases resolved per FTE
- Restoring OCR's FTE level to that provided when OCR first assumed responsibility for the Privacy Rule would significantly impact the achievement of all OCR's performance goals.
- This budget request for FY 2009 provides increased resources to bring OCR's staffing level to 251 directly funded FTE. This will enable OCR to meet its long-term management goal of resolving 62.9 cases per FTE assigned in 2012.

Targets vs. Actual Performance: Measures with Slight Differences

<i>“The performance target for the following measures was set at an aggressive target level, and the deviation from that level is slight. There was no effect on overall program or activity performance.”</i>	
Program	Measure Unique Identifier
Office for Civil Rights	1. Rate of closure for civil rights and privacy cases and new Medicare application reviews per cases/review received.
Office for Civil Rights	2. Percent of civil rights cases and new Medicare application reviews resolved per cases/reviews received
Office for Civil Rights	3. Percent of privacy cases resolved per cases received
Office for Civil Rights	4. Number of corrective actions that covered entities takes as a result of OCR intervention
Office for Civil Rights	5. Number of covered entities that make substantive policy changes as a result of OCR intervention and/or review.
Office for Civil Rights	6. Rate of closure for civil rights and privacy cases and new Medicare application reviews per FTE
Office for Civil Rights	7. Increased awareness of Federal laws requiring non-discriminatory access to HHS programs and protection of the privacy of protected health information through the provision of information and training to individuals.

Discussion of OCR Strategic Plan

OCR's civil rights and health information privacy compliance activities play a significant role in support of three of the four goals in the HHS Strategic Plan and six of the Secretary's priorities, in addition to OCR's strategic goals.

See the discussion below for how the performance objectives that OCR uses to ensure compliance and increase awareness and understanding of Federal laws requiring non-discriminatory access to HHS programs, and protection of the privacy of individually-identifiable health information, tie into the HHS Strategic Goals and the Secretary's priorities. OCR's second strategic goal, to enhance operational efficiency, supports the entire array of OCR activities outlined below because success under this goal results in increased resources that can be focused on priority issues.

HHS Strategic Goals

1. Health Care

To increase health care availability, accessibility, and safety, OCR investigates and resolves complaints of civil rights discrimination in the provision of health care (Objective A) and investigates complaints of noncompliance with regulations that protect the privacy of individuals' health information (Objective B). OCR also promotes awareness and compliance with the applicable Federal laws that enhance non-discriminatory access to health care through its public education efforts, partnerships with health agencies and associations, and technical assistance efforts that promote voluntary compliance (Objective C). Under regulations implementing nondiscrimination laws, OCR periodically reviews civil rights policies and

practices of program recipients to assess compliance and enters into resolution agreements to ensure that health care providers do not deny benefits to qualified persons based on race, color, national origin, disability, or age (Objective D).

2. Public Health Promotion and Protection, Disease Prevention, and Emergency Preparedness

OCR promotes and encourages preventive health care, including mental health, lifelong healthy behaviors and recovery by means of its enforcement and educational activities aimed at preventing and eliminating unlawful discrimination by health care and human services entities. (Objectives A, B, and C). OCR's legal authorities include Title VI of the Civil Rights Act of 1964; Section 504 of the Rehabilitation Act of 1973; Title II of the Americans with Disabilities Act of 1990; Titles VI and XVI of the Public Health Service Act; the Multi-Ethnic Placement Act (MEPA), as modified by Section 1808 of the Small Business and Job Protection Act; and the Age Discrimination Act of 1975. OCR also carries out the New Freedom Initiative implemented through Executive Order 13217, committing the United States to a policy of community integration for individuals with disabilities and requiring that they receive public services in the most integrated setting appropriate to their needs. In addition to its enforcement activities, OCR supports preparation for, and response to, natural and man-made disasters through its participation in the development of the Department's Strategic Plan objectives pertaining to the role of the HIPAA Privacy rule in emergency preparedness and response and emergency preparedness for persons with disabilities and other special needs populations, providing staff as key members of the National Response Plan working group on special needs populations, playing a vital role on a work group tasked with updating the Department's and FEMA's playbook for hurricane season planning, and similar activities (Objectives A, B, and C).

3. Human Services

Through its health disparities, Temporary Assistance for Needy Families, and non-discrimination in foster care and adoption (MEPA) enforcement and outreach activities (Objectives A and C), OCR supports the economic independence and social well-being of individuals and families across the lifespan; the safety and well-being of children and youth; the development of strong, healthy and supportive communities; and the needs, strengths and abilities of vulnerable populations.

Secretary's Priorities

By ensuring that people have equal access to and the opportunity to participate in and receive services from all HHS programs without facing unlawful discrimination, and that the privacy of their health information is protected, OCR supports the Secretary's priorities of:

Insurance for children in need, exemplified by OCR's TANF and MEPA enforcement activities (Objectives A, C and D).

Information technology and **personalized health care**, as supported by OCR's efforts to protect the privacy of individuals' personal health information (Objectives B and C).

Prevention, through efforts to reduce health disparities through enforcement of nondiscrimination laws in the provision of health care (Objectives A, C and D).

Preparedness, through active participation in preparedness activities cited above under the HHS Strategic Goal, "Public Health Promotion and Protection, Disease Prevention, and Emergency Preparedness" (Objectives A, B, and C).

OCR's Strategic Goals

Activities that support OCR's strategic goal to ensure compliance and increase awareness and understanding of Federal laws requiring non-discriminatory access to HHS-funded programs, and protection of the privacy of individually-identifiable health information, include:

- Complaint investigations and enforcement
- Compliance review, Medicare pre-grant reviews, and monitoring
- Public education, partnerships, and technical assistance

Activities that support OCR's strategic goal to enhance operational efficiency include:

- Policy-making and legal advisory support for policy execution
- Improvements to case management processes, including use of technology
- Enhancing skill sets through training, hiring, and strategic deployment
- Holding staff accountable for supporting and achieving OCR and HHS strategic goals

Link to HHS Strategic Plan

	OCR Strategic Goals / Objectives				
	Goal 1: To ensure compliance and to increase awareness and understanding of Federal laws requiring non-discriminatory access to HHS programs and protection of the privacy of individually identifiable health information.				Goal 2: To enhance operational efficiency
	Objective A: To increase access to and receipt of non-discriminatory quality health and human services while protecting the integrity of HHS Federal financial assistance.	Objective B: To protect the privacy of personally identifiable health information for healthcare consumers.	Objective C: To provide information and training to representatives of health and human service providers, other interest groups, and consumers.	Objective D: To increase the number of covered entities which make substantive policy change as a result of intervention and / or review	Objective: To increase the number of cases / reviews resolved per FTE assigned.
HHS Strategic Goals					
1: Health Care Improve the safety, quality, affordability and accessibility of health care, including behavioral health care and long-term care.					
1.1 Broaden health insurance and long-term care coverage.					
1.2 Increase health care service availability and accessibility.	X	X	X	X	X
1.3 Improve health care quality, safety and cost/value.		X	X		X
1.4 Recruit, develop, and retain a competent health care workforce.					
2: Public Health Promotion and Protection, Disease Prevention, and Emergency Preparedness Prevent and control disease, injury, illness and disability across the lifespan, and protect the public from infectious, occupational, environmental and terrorist threats.					
2.1 Prevent the spread of infectious diseases.					
2.2 Protect the public against injuries and environmental threats.					
2.3 Promote and encourage preventive health care, including mental health, lifelong healthy behaviors and recovery.	X	X	X		X
2.4 Prepare for and respond to natural and man-made disasters.	X	X	X		X
3: Human Services Promote the economic and social well-being of individuals, families and communities					
3.1 Promote the economic independence and social well-being of individuals and families across the lifespan.	X		X		X
3.2 Protect the safety and foster the well being of children and youth.	X		X		X
3.3 Encourage the development of strong, healthy and supportive communities.	X		X		X
3.4 Address the needs, strengths and abilities of vulnerable populations.	X		X		X
4: Scientific Research and Development Advance scientific and biomedical research and development related to health and human services					
4.1 Strengthen the pool of qualified health and behavioral science researchers.					
4.2 Increase basic scientific knowledge to improve human health and human development.					
4.3 Conduct and oversee applied research to improve health and well-being.					
4.4 Communicate and transfer research results into clinical, public health and human service practice.					

Summary of Full Cost

(Dollars in Millions)

HHS Strategic Goals and Objectives	Office for Civil Rights		
	FY 2007	FY 2008	FY 2009
1: Health Care Improve the safety, quality, affordability and accessibility of health care, including behavioral health care and long-term care.			
1.1 Broaden health insurance and long-term care coverage.			
1.2 Increase health care service availability and accessibility.	15.2	14.9	17.5
To increase access to and receipt of non-discriminatory quality health and human services while protecting the integrity of HHS Federal financial assistance.	7.0	6.9	8.0
To protect the privacy of personally identifiable health information for healthcare consumers	3.8	3.7	4.3
To provide information and training to representatives of health and human service providers, other interest groups, and consumers	0.6	0.6	0.7
To increase the number of covered entities which make substantive policy change as a result of intervention and / or review	3.8	3.8	4.4
1.3 Improve health care quality, safety and cost/value.	2.4	2.3	2.7
To protect the privacy of personally identifiable health information for healthcare consumers	2.3	2.2	2.6
To provide information and training to representatives of health and human service providers, other interest groups, and consumers	0.1	0.1	0.1
1.4 Recruit, develop, and retain a competent health care workforce.			
2: Public Health Promotion and Protection, Disease Prevention, and Emergency Preparedness Prevent and control disease, injury, illness and disability across the lifespan, and protect the public from infectious, occupational, environmental and terrorist threats.			
2.1 Prevent the spread of infectious diseases.			
2.2 Protect the public against injuries and environmental threats.			
2.3 Promote and encourage preventive health care, including mental health, lifelong healthy behaviors and recovery.	9.6	9.4	11.0
To increase access to and receipt of non-discriminatory quality health and human services while protecting the integrity of HHS Federal financial assistance.	0.7	0.7	0.8
To protect the privacy of personally identifiable health information for healthcare consumers	8.7	8.6	10.0
To provide information and training to representatives of health and human service providers, other interest groups, and consumers	0.2	0.2	0.2
2.4 Prepare for and respond to natural and man-made disasters.	0.7	0.7	0.8
To increase access to and receipt of non-discriminatory quality health and human services while protecting the integrity of HHS Federal financial assistance.	0.3	0.3	0.3
To protect the privacy of personally identifiable health information for healthcare consumers	0.3	0.3	0.3
To provide information and training to representatives of health and human service providers, other interest groups, and consumers	0.1	0.1	0.1
3: Human Services Promote the economic and social well-being of individuals, families and communities.			
3.1 Promote the economic independence and social well-being of individuals and families across the lifespan.	1.6	1.6	1.8
To increase access to and receipt of non-discriminatory quality health and human services while protecting the integrity of HHS Federal financial assistance.	1.4	1.4	1.6
To provide information and training to representatives of health and human service providers, other interest groups, and consumers	0.2	0.2	0.2
3.2 Protect the safety and foster the well being of children and youth.	0.8	0.8	0.9
To increase access to and receipt of non-discriminatory quality health and human services while protecting the integrity of HHS Federal financial assistance.	0.7	0.7	0.8
To provide information and training to representatives of health and human service providers, other interest groups, and consumers	0.1	0.1	0.1
3.3 Encourage the development of strong, healthy and supportive communities.	2.6	2.6	3.0
To increase access to and receipt of non-discriminatory quality health and human services while protecting the integrity of HHS Federal financial assistance.	2.1	2.1	2.4
To provide information and training to representatives of health and human service providers, other interest groups, and consumers	0.5	0.5	0.6
3.4 Address the needs, strengths and abilities of vulnerable populations.	2.0	2.0	2.3
To increase access to and receipt of non-discriminatory quality health and human services while protecting the integrity of HHS Federal financial assistance.	1.8	1.8	2.1
To provide information and training to representatives of health and human service providers, other interest groups, and consumers	0.2	0.2	0.2
Strategic Goal 4: Scientific Research and Development Advance scientific and biomedical research and development related to health and human services.			

4.1 Strengthen the pool of qualified health and behavioral science researchers.			
4.2 Increase basic scientific knowledge to improve human health and human development.			
4.3 Conduct and oversee applied research to improve health and well-being.			
4.4 Communicate and transfer research results into clinical, public health and human service practice.			
	34.9	34.3	40.1

Note on Summary of Full Cost

OCR’s civil rights and health information privacy rule compliance activities comprise a unified program in which the various compliance, legal, and program management activities performed by OCR’s staff very frequently cut across its specific legal authorities. OCR does not have access at this time to a reliable activity-based costing system whereby staff hours spent on specific activities can be precisely tracked. The above distribution of resources, however, represents OCR’s best professional judgment about how its resources are supporting the Department’s strategic goals and objectives, and are aligned with previous estimates for the breakout of OCR’s budget by its long-term output measures.

List of Program Evaluations

No OCR evaluations were conducted.

Data Source and Validation
Office for Civil Rights (OCR)

Office for Civil Rights		
Measure Unique Identifier	Data Source	Data Controls
#1 Rate of closure for civil rights and privacy cases and new Medicare application reviews per cases/review received	OCR has an internet-based Program Information Management System (PIMS) that captures data in real time related to complaint processing, Medicare application reviews, public education and technical assistance. PIMS allows users to code all different types of activities related to cases and their disposition, outreach, and technical assistance. Closure rates are manually calculated by dividing PIMS automated count of cases resolved by cases received.	Case status is checked routinely by team leaders, supervisors, and / or regional managers. Closure calculations are made monthly and summarized on an internal scorecard.
#2 Percent of civil rights cases and new Medicare application reviews resolved per cases/reviews received	PIMS automatically provides case counts and receipts and the percentage is calculated on a summary scorecard.	See #1 above
#3 Percent of privacy cases resolved per cases received	The percentage is calculated from the PIMS automatically provided privacy case resolutions divided by privacy case receipts.	See #1 above
#4 The number of corrective actions that covered entities takes as a result of OCR intervention	PIMS automatically calculates the number of corrective actions based on case disposition.	Corrective actions are continuously checked at the Regional level and reviewed at the Headquarters level.
#5 The number of covered entities that make substantive policy changes as a result of OCR intervention and/or review	Policy changes are a subset of corrective actions (see #4). PIMS calculates the number of substantive policy changes automatically from investigator input.	Policy changes are a subset of corrective actions and are checked continuously at the Regional level and reviewed at the Headquarters level.
#6 Rate of closure for civil rights and privacy cases and new Medicare application reviews per FTE	Actuals are manually calculated on PIMS case data and the number of FTE.	See #1 above
#7 Increased awareness of Federal laws requiring non-discriminatory access to HHS programs and protection of the privacy of protected health information through the provision of information and training to individuals	Actuals are automatically provided in PIMS based on staff individual input of the actual / estimated count of participants.	Data is checked at the Regional level for accuracy and reviewed at the Headquarters level for consistency.