



**GENERAL DEPARTMENTAL
MANAGEMENT
ONLINE PERFORMANCE APPENDIX**

**FISCAL YEAR
2010**

The FY 2010 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 the HHS agencies' FY 2010 Congressional Justifications and Online Performance Appendices, the Agency Financial Report and the HHS Citizens' Report. These documents can be found at: <http://www.hhs.gov/budget/docbudget.htm>.

The FY 2010 Congressional Justifications and accompanying Online Performance Appendices contain the updated FY 2008 Annual Performance Report and FY 2010 Annual Performance Plan. The Agency Financial Report provides fiscal and high-level performance results. The HHS Citizens' Report summarizes key past and planned performance and financial information.

Introduction

The General Departmental Management (GDM) FY 2010 Online Performance Appendix (OPA) provides detailed performance for the Departmental Appeals Board (DAB) and the Office on Disability (OD). The DAB and OD have performance measures published in the FY 2010 Congressional Justification, and one of the OD's measures is featured in the Department's Strategic Plan and Citizen's Report. The performance information in this report represents the DAB and OD accomplishments, and at the time of this reporting there are no known weaknesses in the data accuracy, completeness, or reliability. The Office of Global Health Affairs and the Office of Public Health and Science have a separate OPA.

The GDM appropriation supports those activities associated with the Secretary's role as chief policy officer and general manager of the Department in administering and overseeing the organization, programs and activities of HHS. These activities are carried out through twelve Staff Divisions (STAFFDIVs), including the Immediate Office of the Secretary, the Departmental Appeals Board, and the Offices of: Public Affairs; Legislation; Planning and Evaluation; Resources and Technology; Administration and Management; Intergovernmental Affairs; General Counsel; Global Health Affairs; Disability; and Public Health and Science.

The Summary of Targets and Results, and the Summary of Full Cost Tables in the GDM OPA are a consolidated display of Departmental Management which includes the OS activities under the following appropriation accounts:

- General Departmental Management;
- Office of Medicare Hearings and Appeals; and
- Office of the National Coordinator for Health Information Technology

In sum, there are three OPA's covering the GDM (DAB and OD), OGHA and OPHS. You can find detailed performance information on the program offices under their respective OPAs or the Departmental Management FY 2010 Congressional Justification.

Assistant Secretary for Resources
And Technology

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DEPARTMENTAL MANAGEMENT

Fiscal Year	Total Targets	Targets with Results Reported	Percent of Targets with Results Reported	Total Targets Met	Percent of Targets Met
2007	103	103	100%	92	91%
2008	103	83	80%	80	77%
2009	94	Nov. 09			
2010	92				

NOTE: The FY 2007 through FY 2008 targets includes the following Departmental Management (DM) programs: OMHA, ONC, OGHA, ASPR, DAB, OD, OPHS, and specific OPHS program offices with measures developed during their PART assessment. Baselines for approximately 35% of these targets were established in FY 2007 which impacts the number of results reported. The FY 2009 and FY 2010 targets include the following DM programs: OMHA, ONC, OGHA, DAB, OD, and OPHS.

DEPARTMENTAL APPEALS BOARD
Performance Measures Table

Long Term Objective: Strengthen program management by maintaining the efficiency of Appellate Division case processing. (outcome and efficiency measure)

Measure	FY	Target	Result
1.1.1: Percentage of Board decisions with net case age of six months or less. (Outcome)	2010	76%	N/A
	2009	76%	N/A
	2008	50%	76% (Target Exceeded)
	2007	45%	45% (Target Met)
	2006	35%	36% (Target Exceeded)
	2005	N/A	35% (Historical Actual)

Measure	Data Source	Data Validation
1.1.1	Controlled-access Oracle database, with case specific information.	Periodic reports from database; at end of fiscal year, the interim reports totals are cross-checked against annual reports.

Long Term Objective: Maintain reversal and remand rate of Board decisions appealed to Federal courts as a measure of quality of decisions. (outcome measure).

Measure	FY	Target	Result
1.2.1: Number of decisions reversed or remanded on appeals to Federal court as a percentage of all Board decisions issued. (Outcome)	2010	2%	N/A
	2009	2%	N/A
	2008	2%	2% (Target Met)
	2007	2%	2% (Target Met)
	2006	2%	2% (Target Met)
	2005	N/A	2% (Historical Actual)

Measure	Data Source	Data Validation
1.2.1	Controlled-access Oracle database, with case specific information.	Periodic reports from database; at end of fiscal year, the interim reports totals are cross-checked against annual reports.

Long Term Objective: Assure maximum compliance with regulatory time frames for deciding enforcement, fraud and exclusion cases by increasing Civil Remedies Division processing rates for Inspector General cases. (outcome and efficiency measure)

Measure	FY	Target	Result
1.3.1: Percentage of decisions issued within 60 days of the close of the record. (Outcome)	2010	100%	N/A
	2009	100%	N/A
	2008	97%	100% (Target Exceeded)
	2007	90%	100% (Target Exceeded)
	2006	90%	90% (Target Met)
	2005	N/A	95% (Historical Actual)

1.3.1 (revised): Percentage of decisions issued within 60 days of the close of the record in HHS OIG enforcement, fraud and exclusion cases ¹ . (Outcome)	2010	100%	N/A
	2009	100%	N/A
	2008	97%	100% (Target Exceeded)
	2007	90%	100% (Target Exceeded)
	2006	90%	90% (Target Met)
	2005	N/A	95% (Historical Actual)
1.3.2: Percentage of decisions issued within 60 days of the close of the record in SSA OIG CMP cases and other SSA OIG enforcement cases.	2009	100%	
1.3.3: Percentage of decisions issued within 180 days of filing of provider or supplier enrollment appeal.	2009	100%	

Measure	Data Source	Data Validation
1.3.1	Controlled-access Oracle database, with case specific information.	Periodic reports from database; at end of fiscal year, the interim reports totals are cross-checked against annual reports.

Long Term Objective: Constrain growth in number of aged Civil Remedies Division cases.

¹ Long Term Objective 3 has been revised to include the new regulatory timeliness requirement at 42 CFR § 489.220 and to include an existing regulatory timeliness requirement at 20 C.F.R. ' 489.220 which had not been included in the previous measure.

(outcome and efficiency measure)

Measure	FY	Target	Result
1.4.1: Number of case open at end of Fiscal Year that were opened in previous Fiscal Years. <i>(Outcome)</i>	2009	<=2008	N/A
	2008	<=2007	Goal Met (45). (Target Exceeded)
	2007	<=100	Goal met (76) (Target Exceeded)
	2006	N/A	Goal Met (100). (Target Met)
	2005	N/A	Goal Met (100). (Target Met)

Measure	Data Source	Data Validation
1.4.1	Controlled-access Oracle database, with case specific information.	Periodic reports from database; at end of fiscal year, the interim reports totals are cross-checked against annual reports.

Long Term Objective: Enhance ADR capacity at HHS so as to decrease contentiousness and associated costs in dispute resolution and promote efficiency in management practices.

(outcome)

Measure	FY	Target	Result
1.5.1: Number of conflict resolution seminars conducted for HHS employees. <i>(Outcome)</i>	2010	11 sessions	N/A
	2009	11 sessions	N/A
	2008	8 sessions	11 sessions (Target Exceeded)
	2007	8 sessions	9 sessions (Target Exceeded)
1.5.2: Number of DAB cases (those logged into ADR Division database) requesting facilitative ADR interventions prior to more directive adjudicative processes. <i>(Outcome)</i>	2010	75	N/A
	2009	75	N/A
	2008	55	75 (Target Exceeded)
	2007	50	59 (Target Exceeded)

Measure	Data Source	Data Validation
1.5.1 1.5.2	Training session information is recorded and tracked. Caseload data tracked with controlled-access Oracle database, with case specific information	Participant sign-in sheets, course evaluations, and reports of training sessions. Periodic reports from database; at end of fiscal year, the interim reports totals are cross-checked against annual reports.

Long Term Objective: Constrain growth in average time to complete action on Medicare

Appeals cases. (outcome and efficiency measure)

Measure	FY	Target	Result
1.6.1: Average time to complete action on Part B Requests for Review measured from receipt of case folder. (FY 2001 and following Fiscal Years) Note: Results for FY 05 determined after excluding outlier cases in which delays related to court proceedings beyond DAB's control. (Outcome)	2010	160 days	N/A
	2009	160 days	N/A
	2008	160 days	185 days (Target Not Met)
	2007	125 days	169 days (Target Not Met)
	2006	90 days	101 days (Target Not Met)
	2005	N/A	80 days (Historical Actual)

Measure	Data Source	Data Validation
1.6.1	Controlled-access Oracle database, with case specific information.	Periodic reports from database; at end of fiscal year, the interim reports totals are cross-checked against annual reports.

Long Term Objective: Increase number of Medicare Appeals dispositions to resolve and respond to Medicare claims brought by program providers and beneficiaries. (output and efficiency)

Measure	FY	Target	Result
1.7.1: Number of dispositions. Counting method changes in FY 05 (see narrative below); FY04 comparable results are 2183 cases. (Output)	2010	2,630	N/A
	2009	2,630	N/A
	2008	1,800	2,630 (Target Exceeded)
	2007	1,150	1,511 (Target Exceeded)
	2006	1,200	1,140 (Target Not Met)
	2005	N/A	1,619 (Historical Actual)

Measure	Data Source	Data Validation
1.7.1	Controlled-access Oracle database, with case specific information.	Periodic reports from database; at end of fiscal year, the interim reports totals are cross-checked against annual reports.

Performance Narrative

The Departmental Appeals Board (DAB) does not directly administer any of the HHS programs that support the HHS Strategic Plan goals and objectives. However, the DAB promotes these goals and objectives by providing timely and quality decisions that resolve disputes arising in those programs (or Alternative Dispute Resolution assistance that helps the parties resolve their own disputes). Specifically, DAB decisions help ensure that funds are spent only for authorized purposes, that healthcare quality standards are enforced, and that program and research integrity is maintained. Also, by providing a fair and transparent process to resolve disputes, the DAB enhances relationships with states, providers, universities, and others whose cooperation is needed for HHS to achieve its goals.

APPELLATE DIVISION

Board Members, including the Board Chair, sit in panels of three to decide appeals from: (1) determinations by HHS OPDIVS involving grant funds; (2) decisions by DAB Administrative Law Judges (ALJs); or (3) decisions by FDA or Department of Interior ALJs. The Board Members are supported by attorneys and other administrative personnel in the Appellate Division.

In FY 2008, the Board/Appellate Division closed 182 cases (decisions were issued in 100 of these cases). In FY 2007, the Board closed 135 cases. This represents an increase of 35% in the number of closed cases. The Appellate Division also exceeded its FY 2008 timeliness standard. In FY 2008, 76% of Board decisions had a case age of six months or less. This represents a significant improvement over FY 2007, when 45% of Board decisions issued had a case age of six months or less.

During FY 2008, Federal courts reviewed 13 Board decisions. All of those decisions were affirmed. In one case, the court of appeals reversed a district court decision that had reversed the underlying Board decision. The Board maintained its extraordinary record of having no more than 2% of its total decisions overturned by court.

The increase in decisional output was aided greatly by a team-based approach to decision-making. The Chair and Division Chief identified cases to be decided during each quarter in FY 2008. Case assignments were agreed upon by the Board Members with input from the attorneys. Board Members met weekly to provide progress reports, and attorneys and Board Members met monthly to provide progress reports and, if necessary, make reassignments. During most of FY 2008, the Board functioned with four Members, including the Board Chair. A vacant Board Member position was filled in the fourth quarter of FY 2008, which will allow the Board Chair to devote more time to management matters in FY 2009. Appellate case processing resources and output are projected to remain relatively constant for FY 2009.

CIVIL REMEDIES DIVISION (CRD)

DAB has five ALJs who provide hearings in civil remedies cases involving the Inspector General, Centers for Medicare & Medicaid Services or the Office of Research Integrity. The

ALJs are supported by attorneys, paralegals and other administrative personnel in the Civil Remedies Division.

CRD closed 870 cases in FY 2008, compared to 707 cases in FY 2007. This represents an increase of 23% in the number of closed cases. In FY 2008, CRD focused on deciding the most aged appeals. At the close of FY 2007, 13 cases were pending for more than one year from the date of the close of the record. By the end of FY 2008, CRD had eliminated its backlog of cases that had been pending for more than one year from the date of the close of the record. The increase in the number of total cases closed and reduction in the number of aged cases was achieved by raising performance standards in the critical element of productivity for staff attorneys. In addition, unpaid law school interns and externs conducted legal research for judges and participated in prehearing conferences thereby freeing staff attorneys to focus on decision writing.

CRD also exceeded its timeliness goal. In FY 2008, 100% of Office of the Inspector General cases were issued within the 60-day regulatory deadline. Another CRD goal was to have no more than 85 cases received in FY 2007 or earlier still pending at the end of FY 2008. CRD exceeded this goal, as only 45 cases received in FY 2007 or earlier were still pending at the end of FY 2008. Long Term Objective 3 has been revised to include the new regulatory timeliness requirement at 42 CFR § 498.79, as well as an existing regulatory timeliness requirement at 20 C.F.R. § 489.220, which had not been included in the previous measure. Specifically, the DAB became subject to additional regulatory deadlines. These deadlines have been included as one of the measures of CRD performance. DAB also included the SSA IG appeals, which also is subject to a regulatory deadline. CRD recently lost a Senior ALJ and attorney and reassigned two attorneys to the Medicare Operations Division. In FY 2009, meeting timeliness goals will be a challenge without more staff, but the proposed budget for FY 2010 will allow CRD to replace staff losses and meet all timeliness goals.

MEDICARE OPERATIONS DIVISION (MOD)

The Board Chair, four Administrative Appeals Judges and one Appeals Officer comprise the Medicare Appeals Council (Council). The Council decides appeals from decisions involving Medicare claims and entitlement by Administrative Law Judges (ALJ) in HHS' Office of Medicare Hearings and Appeals (OMHA) or Social Security Administration ALJs. The Council is supported by the attorneys, paralegals and other administrative personnel of the Medicare Operations Division.

In FY 2008, the number of MOD closed cases increased to 2,689 cases (involving 18,219 claims), from 1,511 cases (involving 10,583 claims) in FY 2007. This represents a 78% increase in the number of closed cases. At the end of FY 2007, 1,471 cases were pending in the MOD. New cases received in FY 2008 totaled 2010. At the end of FY 2008, the number of pending cases had been reduced to 761 cases.

At the beginning of FY 2008, MOD had 356 cases pending from Calendar Year 2005 and Calendar Year 2006. At the end of FY 2008, only 20 of these cases were still pending.

Reducing this backlog was MOD's primary focus for FY 2008, resulting in MOD missing its timeliness target for Goal 6, despite making substantial progress on meeting the 90-day statutory deadline. At the beginning of FY 2008, MOD was deciding cases on average more than 3 months past the deadline, whereas by the end of FY 2008, nearly all cases were decided within two weeks of the deadline. Currently in FY 2009, MOD is issuing the majority of cases prior to the deadline.

The increase in the number of total cases closed and reduction in the number of aged cases in FY 2008 was achieved through several means. First, performance standards in the critical element of productivity were raised for AAJs and attorneys. Attorneys from other divisions within DAB were detailed to MOD to handle the most complex and aged cases. Unpaid law school interns and externs screened incoming cases, thereby freeing staff attorneys to focus on decision writing. A contract attorney and a contract paralegal were hired for six months to assist with the most complex and aged cases. Although MOD will not have resources for contract attorneys or paralegals in FY 2009, two CRD attorneys were recently reassigned to MOD. Nevertheless, MOD's resources will also be stretched in FY 2009 by the large caseload and the demand for more certified administrative records for Federal court appeals, which has increased dramatically due to the much higher case closings than in previous years. At current staffing

levels, MOD will not have sufficient resources in FY 2009 and FY 2010 to meet both the Objective 6 target and the 90-day deadline in all cases and Federal court imposed timelines for producing certified court records.

ALTERNATIVE DISPUTE RESOLUTION DIVISION (ADR)

The Board Chair serves as the Dispute Resolution Specialist for HHS. The Alternative Dispute Resolution Division provides policy guidance, training, mediation and other ADR services. DAB has a very small ADR staff but leverages its resources through the use of staff from other DAB divisions who are trained mediators and use its Sharing Neutrals Program. The Sharing Neutrals Program design allows Federal employees who are trained and experienced mediators to mediate disputes for Federal agencies other than their home agency, in exchange for similar services from Sharing Neutrals mediators employed by different agencies.

In FY 2008, the ADR Division conducted 11 conflict resolution seminars and provided ADR services in 75 HHS cases (32 program and 43 workplace). In comparison, in FY 2007, the ADR Division conducted eight conflict resolution seminars and provided ADR services in 50 HHS cases (22 program and 28 workplace). This represents a 50% increase in the workload over FY 2007.

In addition, the ADR Division undertook numerous initiatives, such as:

- working with HHS University and Office of Diversity Management and EEO to develop on-line ADR training course;
- delivering ADR presentations at the OS New Employee Orientation sessions regularly; and
- developing classes for Departmental components such as NIH, OIG and HR that are specifically adapted to meet their ADR needs.

OFFICE ON DISABILITY
Performance Measures Table

Long Term Objective: Promote the coordination, development and implementation of programs and special initiatives to help increase the service capacity and affordability for integrated health and wellness services for persons with disabilities.

Measure	FY	Target	Result
2.2.1: Increase the number of youth participating in the “I Can Do It, You Can Do It” Program. <i>(Outcome)</i>	2009	2500	N/A
	2008	1000	1800 (Target Exceeded)
	2007	800	800 (Target Met)
	2006	600	600 (Target Met)

Measure	Data Source	Data Validation
2.2.1	Data resulting from the office on Disability’s “I can Do It, You Can Do It” Program Annual Evaluation Report.	Impact evaluation study resulting from the office on Disability initiative’s evaluation contractor.

Measure	FY	Target	Result
2.3.1: In partnership with HHS Office of the Assistant Secretary for Preparedness and Response (ASPR), implement and monitor the use of the disability-based tool kit and future use of public health staff education modules. <i>(Outcome)</i>	<i>Out-Year Target</i>	55 (2011)	N/A
	2010	50	N/A
	2009	40	N/A
	2008	30	36 (Target Exceeded)
	2007	20	25 (Target Exceeded)
	2006	6	6 (Target Met)

Measure	Data Source	Data Validation
2.3.1	Annual Assessment Report of State Emergency Management Plans and DHS, ACF, BIA, FEMA and HIS info personnel.	Comparison of DHS Interagency Coordinating Council (ICC) State analyses.

Performance Narrative

The Office of Disability's (OD) long term goal is to promote the abilities of all persons with disabilities, leading to the vision of an inclusive America. OD's goal is operationalized through a series of objectives/program initiatives, all of which support one or more of the HHS strategic goals.

At this time, two objectives can demonstrate impact through use of performance measures - the "I Can Do It, You Can Do It" program and the Emergency Preparedness Initiative.

The "I Can Do It, You Can Do It" evaluation processes support the promotion of physical fitness for youth with disabilities in conjunction with the Healthier US Initiative and the President's Council on Physical Fitness and Sports. In addition, this is the OD's contribution to the Surgeon General's Campaign against childhood obesity. By providing children with disabilities with a viable and effective fitness program, children with disabilities who are at risk of obesity will be assisted by this effort. The impact evaluation for the "I Can Do It, You Can Do It" program was conducted in FY 2008.

The Emergency Preparedness Initiative supports the implementation and maintenance of the use of the disability-based tool kit and future use of public health staff education modules. This effort will assist in preventing the mistakes made during the major hurricane response in the past few years when people with disabilities became seriously impacted.

Examples of the OD activities are supported by the following objectives:

Promote Integrated Health and Wellness Services

- Promote the Surgeon General's Call to Action (CTA) to Improve the Health and Wellness of Persons with Disabilities including monitoring of the National Action Plan to operationalize CTA recommendations and strategies.
- Ensure the understanding of Medicaid programs and services for persons with disabilities through collaboration with CMS.
- Promote physical fitness for youth with disabilities in conjunction with the Healthier US Initiative and the President's Council on Physical Fitness and Sports, through the OD's "I Can Do It, You Can Do It" program promoting physical fitness among children and youth with disabilities.
- Develop, publish and promote the Guide on "Closing the Gaps in Services for Infants and Young Children with Hearing Loss" to support the Surgeon General's Call to Action to Promote the Health and Wellness of Persons with Disabilities.
- Advance the action plan in collaboration with the Office of on Women's Health to address health screening and access barriers for women with disabilities.
- Ensure disability attention to all Departmental initiatives including emergency response, eliminating health disparities, health promotion/disease prevention, Healthy People 2010 objectives, and Healthy People 2020 planning.
- Address with the Administration on Aging and other HHS partners the caregiver/workforce challenges for persons with disabilities, including promotion of interagency funding collaborations.

Promote Effective Access/Transportation

- Continued collaboration with the Federal Transit Administration (FTA) to implement Human Transportation Coordination, Executive Order 13330, “United We Ride” to work with States to provide best transportation options for persons with disabilities and ensure disability-related action steps acted on.

Promote Effective Access/Employment Opportunities

- Work with Federal and private sector employers to address employment of persons with disabilities as an important factor in health care access and health status. Help employers to overcome barriers to hiring persons with disabilities as well as ensure accessibility and disability relevance of employer-sponsored health services.
- Address the resettlement of refugees who have a disability and the development of employment opportunities for this population.
- Promote information on tax incentives and individual investment plans for employers and tax credits for persons with disabilities.

Efficient Community Integration of Services

- In partnership with the HHS Assistant Secretary for Preparedness and Response, the Federal Emergency Management Agency and the Department of Homeland Security develop and help promote disability-based emergency preparedness templates, evidence-based and best practices, and toolkits to support the special needs of persons with disabilities, first responders and other emergency response providers at the Federal, State and local levels during all emergency situations.
- With the HHS Assistant Secretary for Preparedness and Response, monitor the inclusion of at-risk populations, including persons with disabilities, in infectious disease prevention planning as per the Pandemic and All Hazards Preparedness Act requirements.
- Increase the number of HHS Public Health Service Corps personnel, and Federal, State, Local and Tribal Emergency Managers trained in addressing the needs of persons with disabilities during emergency planning and response.
- Help enhance medical and general shelters accessibility for persons with disabilities by including access to accommodating mobility devices, personal care support, and other accommodations.
- Implement and manage the OD interdepartmental program, Needs of Youth with Co-Occurring Developmental Disabilities and Emotional/Substance Abuse Disorders.
- Promote education and information on disability-based topics by facilitating the HHS New Freedom Initiative (NFI) interagency workgroup and supporting subcommittees.
- Convene regularly scheduled NFI-based interagency meetings to share, inform and educate agencies on all aspects of disability and related matters especially regarding integration of all age groups on the Medical Home Systems initiative with the Health Resources Services Administration, American Academy of Pediatrics, and other HHS agency programs.
- Foster collaboration with constituent advocacy organizations on the Surgeon General’s Call to Action while increasing opportunities to reach people with disabilities, disability

advocates, healthcare providers, and diverse other audiences, including the general public.

- In conjunction with Federal agencies and Departments identify current gaps and corrective actions to help address current limited state and local Traumatic Brain Injury (TBI) rehabilitation services coordination.
- Create national attention on the successes of Americans with disabilities in professional and personal endeavors.

Individual Self-Determination /Assistive Technology

- Manage and ensure Department-wide adherence including accessible electronic documents required by Section 508 of the Rehabilitation Act through on-going technical assistance and training of 508 officials and managers responsible for procurement across all HHS Operating Divisions.
- Manage and enhance the OD website, a focal point on HHS-related and other government disability information.
- Expand on Federal-State interactive website communication processes for persons with disabilities to ensure a one-stop information based on entitlements and other health and human service supports to heighten the interaction of HHS programs and disability-based State partners.

OFFICE ON DISABILITY RETIRED MEASURES

Long Term Objective: Promote the coordination, development and implementation of programs and special initiatives to help increase the service capacity and affordability for integrated health and wellness services for persons with disabilities.*

Measure	FY	Target	Result
<u>2.1.1:</u> Increase the number of states (from a total 6) that establish collaborative agreements across respective state agencies to provide integrated services across all six life domains (housing, employment, education, health, assistive technology, and transportation) on behalf of young adults (14 to 30 years) with disabilities as part of the Office on Disability Young Adult Program initiative. <i>(Outcome)</i>	2008	6 States	6 States (Target Met)
	2007	4 States	4 States (Target Met)
	2006	2 States	2 States (Target Met)
<u>2.1.2:</u> Increase the number of states (from a total 6) that establish supporting infrastructures to sustain cross-agency collaborations to provide integrated services across respective state agencies to provide integrated services across all six life domains (housing, employment, education, health, assistive technology, transportation) on behalf of young adults (14 to 30 years) with disabilities as part of the Office on Disability Young Adult Program initiative. <i>(Outcome)</i>	2008	6 States	6 States (Target Met)

Measure	FY	Target	Result
	2007	4 States	4 States (Target Met)
	2006	2 States	2 States (Target Met)
2.1.3: Increase the number of states (from a total 6) that demonstrate utilization of evidence-based practices to sustain integrated services across all six life domains (housing, employment, education, health, assistive technology, and transportation) on behalf of young adults (14 to 30 years) with disabilities as part of the Office on Disability Young Adult Program initiative. (Outcome)	2008	6 States	6 States (Target Met)
	2007	4 States	4 States (Target Met)
	2006	2 States	2 States (Target Met)

Measure	Data Source	Data Validation
2.1.1 2.1.2 2.1.3	Data resulting from the Office on Disability initiative's competitively selected 6 states participating in the technical contractor (National Governor's Association) Policy Academy planning process. *This program began in 2006 and concluded in FY 2008 due to a re-prioritization of OD activities and goals.	Impact evaluation study resulting from the Office on Disability initiative's evaluation contractor.

DAB and OD Linkage to HHS Strategic Plan

	Departmental Appeals Board	Office on Disability
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	
1.3 Improve health care quality, safety, and cost/value	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 threat		
2.3 Promote and encourage preventive health care, including mental health, lifelong healthy behaviors and recovery		X
2.4 Prepare for and respond to natural and man-made disasters		
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		
3.2 Protect the safety and foster the well being of children and youth	X	
3.3 Encourage the development of strong, healthy and supportive communities		
3.4 Address the needs, strengths, and abilities of vulnerable populations		
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 the 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
Departmental Management**
(Budgetary Resources in Millions)

HHS Strategic Goals and Objectives	DM		
	FY 2008	FY 2009	FY 2010
Goal 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 services availability and accessibility	39	40	42
1.3 Improve health care quality, safety, cost and value	271	278	294
1.4 Recruit, develop and retain competent health care	6	17	17
Goal 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 infections, occupational, environmental and terrorist threats			
2.1 Prevent the spread of infectious diseases	55	66	72
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	48	51	52
2.4 Prepare for and respond to natural and man-made disasters	10	10	10
Goal 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			
3.2 Protect the safety and foster the well-being of children and youth	34	34	34
3.3 Encourage the development of strong, healthy and supportive communities			
3.4 Address the needs, strengths and abilities of vulnerable populations	4	6	6
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 the basic scientific knowledge to improve human health and development	5	12	7
4.3 Conduct and oversee applied research to improve health and well-being			
4.4 Communicate and transfer results into clinical, public health and human service practice	8	8	8
TOTAL PROGRAM LEVEL	480	522	542

Disclosure of Assistance by Non-Federal Parties

Preparation of the Online Performance Appendix is an inherently governmental function that is only to be performed by Federal employees. ASRT has not received any material assistance from any non-Federal parties in the preparation of this GDM FY 2010 Online Performance Appendix.