



# APPENDICES



## Appendix A: HHS Organization and Operations

There are 13 HHS components that administer the Department's programs. The Agency for Toxic Substance and Disease Registry is reported with the Centers for Disease Control and Prevention. Therefore this report refers to 12 components. Leadership is provided by the Office of the Secretary (OS), which is also considered one of the 13 components. Five staff divisions also report to the Secretary; they are headed by Assistant Secretaries, including the Assistant Secretary for Management and Budget (ASMB) who is responsible for this report. HHS is also active in ten regions throughout the United States, to coordinate the crosscutting and complementary efforts that are needed to accomplish our mission. The Offices of Inspector General (OIG) and General Counsel, Office for Civil Rights, Departmental Appeals Board (DAB), and the Office of Intergovernmental Affairs (IGA) also support this mission across the Department. The FY 2000 net budget outlay for providing this leadership was \$768 million. The FY 2000 net cost of the OS activities was \$805 million. The net outlay and net cost dollars shown in this section are rounded.

HHS Headquarters is located at 200 Independence Avenue, S.W., Washington, D.C., 20201.

- FY 2000 NET BUDGET OUTLAY: \$382.6 billion (*See page VI.49.*)
- FY 2000 CONSOLIDATED NET COST: \$385.5 billion (*See page IV.3.*)

This section provides more information on the responsibilities and funds managed by each of the HHS major components. The HHS components are presented in alphabetical order.

### Administration for Children and Families (ACF)

ACF is responsible for some 60 programs that promote the economic and social well being of families, children, individuals and communities. With its partners, ACF administers the state-federal welfare reform program, Temporary Assistance to Needy Families (TANF). The welfare caseload has fallen by 8.3 million recipients, from 14.1 million in January 1993 to 5.8 million in June 2000, a drop of 59 percent. ACF administers the national child support enforcement system, collecting some \$18 billion in 2000 in payments from non-custodial parents. It also administers the Head Start programs serving around 857,664 preschool children.

ACF provides funds to assist low-income families in paying for child-care and supports state programs to provide for foster care and adoption assistance. It also funds programs to prevent child abuse and domestic violence. ACF is organized into 8 program offices and five staff offices that operate in Washington, DC and ten regional offices. Five regions also act as hub sites for activities that affect several regions. ACF was established in 1991, bringing together several pre-existing programs.

- FY 2000 NET BUDGET OUTLAY: \$36.5 billion
- FY 2000 CONSOLIDATED NET COST: \$37.4 billion

## **Administration on Aging (AoA)**

AoA is the federal focal point devoted exclusively to representing the needs and concerns of older people and their families and the policy and program development, planning, and service delivery to those persons in need. Through a nationwide service delivery infrastructure, AoA funds are leveraged to deliver comprehensive in-home and community services, including approximately 240 million meals for older individuals each year. AoA funds also make legal services, counseling and ombudsmen programs available to elderly Americans. AoA accomplishes this mission in collaboration with its partners — state and area agencies on aging, Tribal organizations, and the providers of services that comprise the aging network. AoA headquarters are in Washington, DC. AoA was established in 1965.

- FY 2000 NET BUDGET OUTLAY: \$884.5 million
- FY 2000 CONSOLIDATED NET COST: \$903.6 million

## **Agency for Healthcare Research and Quality (AHRQ)**

AHRQ acts as the catalyst for improving the quality, effectiveness, accessibility, and cost of health care as a result of its research and sharing of information. AHRQ conducts and supports the research needed to guide decision-making and improvements in both clinical care and the organization and financing of health care. AHRQ also promotes the incorporation of its and other research-based information into effective choices and treatment in health care by developing tools for public and private decision-makers and by broadly disseminating the results of the research.

Recent legislation in December 1999 changed the name of the Agency for Health Care Policy and Research (AHCPR) to the Agency for Healthcare Research and Quality (AHRQ). AHRQ operates six centers as well as its special policy and information offices. AHRQ is located in Rockville, MD. AHRQ was established in 1989.

- FY 2000 NET BUDGET OUTLAY: \$50.8 million
- FY 2000 CONSOLIDATED NET COST: \$96.5 million

## **Centers for Disease Control and Prevention (CDC) and the Agency for Toxic Substances and Disease Registry (ATSDR)**

CDC is the “Nation’s Prevention Agency”; it is the lead federal agency responsible for promoting health and quality of life by preventing and controlling disease, injury, and disability. CDC helps to save lives and health costs by working with partners throughout the nation and the world to monitor health, detect and investigate health problems, conduct research to enhance prevention, develop and advocate sound health policies, implement prevention strategies, promote healthy behaviors, foster safe and healthy environments, and provide public health leadership and training.

CDC is well known for its response to disease outbreaks and health crises worldwide. CDC’s personnel are stationed in its national headquarters in Atlanta, in 18 locations throughout the United States and territories, and in more than 37 foreign countries and in 47 state health departments, and numerous local health agencies. CDC also provides immunization services and national health statistics. CDC was established in 1946, as the Communicable Disease Center.

- FY 2000 NET BUDGET OUTLAY: \$2.5 billion
- FY 2000 CONSOLIDATED NET COST: \$2.7 billion (including ATSDR)

ATSDR helps to prevent exposure and adverse human health effects and diminished quality of life associated with exposure to hazardous substances. ATSDR is a unique component of HHS because it is funded and therefore accountable for those funds through the EPA Superfund account. However, ATSDR reports to the Director of CDC because of its complementary functions. Because of this relationship, the CDC financial statements include those from ATSDR. ATSDR conducts public health assessments, health studies, surveillance activ-

ities, and health education training in communities around waste sites on the U.S. Environmental Protection Agency's National Priorities List. ATSDR also has developed toxicological profiles of hazardous chemicals found at these sites. ATSDR was established in 1980.

CDC and ATSDR's headquarters are in Atlanta, GA.

- FY 2000 NET BUDGET OUTLAY: \$ \$74.5 million (reported through EPA)
- FY 2000 CONSOLIDATED NET COST: \$87.7 million

## **Food and Drug Administration (FDA)**

The FDA is a science-based regulatory agency whose mission affects the health and well-being of all Americans. FDA is responsible for overseeing a regulated industry that produces over \$1 trillion worth of products. The average cost of this effort to the taxpayers is about \$4.00 per person per year. The products include the entire national food supply except for meat and poultry; over-the-counter and prescription medications; blood products; vaccines; tissues for transplantation; medical equipment and implantable devices; devices that emit radiation; animal drugs and feed; and, cosmetics. FDA-regulated products account for nearly 25 cents of every consumer dollar spent in the United States each year.

To accomplish its mission, FDA is divided into five program areas: foods, drugs, biological products, veterinary medicine, and medical devices. Each program area is responsible for ensuring the safety and, where applicable, the effectiveness of products through their entire life cycle — from initial research through manufacturing, distribution, and consumption. These programs, supported by a national field force of scientific investigators, also monitor the safety of more than 5 million import shipments that arrive at our borders each year. FDA operations are headquartered in Rockville, MD and are organized into six centers and five regions throughout the United States to accomplish its purpose. FDA was established in 1927.

- FY 2000 NET BUDGET OUTLAY: \$1.0 billion
- FY 2000 CONSOLIDATED NET COST: \$1.1 billion

## **Health Care Financing Administration (HCFA)**

HCFA is the largest purchaser of health care in the world. HCFA administers the Medicare, Medicaid, and the State Children's Health

Insurance (SCHIP) programs. Medicare and Medicaid provide health care coverage to about one in every four Americans. SCHIP provides health insurance coverage for more than 3.3 million children who otherwise would be without coverage.

Outlays for Medicare and Medicaid, including state funding, represent 33 cents of every dollar spent on health care in the United States. Medicare provides health insurance for 39.5 million elderly and disabled Americans. Medicaid, a joint federal-state program, provides health coverage for an estimated 33.4 million low-income persons (51 percent of enrollees are children). In FY 2000, the federal matching rates for various state and local benefits costs averaged 57 percent and the federal matching rate for administration costs averaged 56 percent. Medicaid also pays for nursing home coverage for low-income elderly, covering almost half of total national spending for nursing home care. HCFA operates from Baltimore, MD, Washington, DC, and ten regional offices. HCFA was established in 1977, incorporating the pre-existing Medicare and Medicaid programs.

- FY 2000 NET BUDGET OUTLAY: \$316.1 billion
- FY 2000 CONSOLIDATED NET COST: \$317.0 billion

## **Health Resources and Services Administration (HRSA)**

HRSA is the nation's health safety net provider; HRSA improves the nation's health by assuring equitable access to comprehensive, quality health care for all. HRSA and their state, local, and other partners, work to eliminate barriers to care and eliminate health disparities for the estimated 44 million Americans who are underserved, vulnerable, and special need populations. They also assure that quality health care professionals and services are available.

HRSA works to decrease infant mortality and improve maternal and child health. It provides services to people with AIDS through the Ryan White CARE Act programs and oversees the organ transplantation and bone marrow donor systems. HRSA also works to build the health care workforce and maintains the National Health Service Corps. HRSA uses a structure of five bureaus, centers, and special policy and support offices to accomplish its mission. Its headquarters are in Rockville, Md. HRSA was established in 1982, bringing together several pre-existing programs.

- FY 2000 NET BUDGET OUTLAY: \$4.3 billion
- FY 2000 CONSOLIDATED NET COST: \$4.4 billion

## Indian Health Service (IHS)

The IHS is the principal federal health care provider and health advocate for Indian people, who experience the lowest life expectancies in the country for both men and women. In partnership with American Indians and Alaska Natives from more than 557 federally recognized tribes, IHS's mission is to raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level. IHS and the Indian tribes serve 1.5 million American Indians and Alaska Natives through direct delivery of local health services.

The IHS funds 49 hospitals, 209 health centers, 6 school health centers, and 279 health stations, which are administered by Indian tribes or IHS itself. There are also 34 health programs operated by urban Indian Health Organizations that provide various services to American Indians and Alaska Natives living in urban areas of the country. When unavailable from IHS or the Indian tribes, medical services are also purchased from other providers to ensure that needed care is received. IHS headquarters are in Rockville, MD, and its twelve area offices are further divided into service units for reservations or a population concentration. IHS was established in 1924 (mission transferred from the Department of Interior in 1955.)

- FY 2000 NET BUDGET OUTLAY: \$2.4 billion
- FY 2000 CONSOLIDATED NET COST: \$2.5 billion

## National Institutes of Health (NIH)

NIH is the world's premier medical research organization supporting some 35,000 research projects nationwide in diseases such as cancer, Alzheimer's, diabetes, arthritis, heart ailments, and AIDS. The NIH consists of 25 Institutes and Centers (ICs) that improve the health of all Americans by advancing medical knowledge and sustaining the nation's medical research capacity in disease diagnosis, treatment, and prevention. More than \$8 out of every \$10 appropriated to NIH flows out to the scientific community at large. NIH's research activities extend from basic research that explores the fundamental workings of biological systems, to studies that examine disease and treatments in clinical settings, to prevention, and to population-based analyses of health status and needs.

To accomplish its mission and these research activities NIH provides scientific leadership and establishes research priorities, funds the best



research in the scientific community at large, conducts leading-edge research in NIH laboratories, effectively disseminates scientific results and information, facilitates the development of health-related products, ensures a continuing supply of well-trained laboratory and clinical investigators, sustains the nation's research facilities, and collaborates with other federal agencies. NIH is located in and near Bethesda, MD. NIH was established in 1887, as the Hygienic Laboratory, Staten Island, NY.

- FY 2000 NET BUDGET OUTLAY: \$15.4 billion
- FY 2000 CONSOLIDATED NET COST: \$15.7 billion

## **Program Support Center (PSC)**

PSC is a self-supporting operating division of the Department that provides administration services for HHS and other federal agencies. The PSC is organized to provide competitive services on a service-for-fee basis in three key areas: financial management, human resources, and administrative operations. PSC provides these services to at least 14 other executive branch departments, 20 independent federal agencies, and the General Accounting Office. Activities and services of PSC are supported through the HHS Service and Supply revolving fund. Though PSC's services are fee-based and self-sustaining, the Statement of Net Cost shows the largest cost is for Retirement Pay and Medical Benefits for Commissioned Officers. PSC is located in Rockville, MD. PSC was established in 1995 as a business enterprise from various administrative support units of HHS.

- FY 2000 NET BUDGET OUTLAY: \$137.1 million — Reimbursable.
- FY 2000 CONSOLIDATED NET COST: \$365.2 million

## **Substance Abuse and Mental Health Services Administration (SAMHSA)**

SAMHSA works to strengthen the capacity of the Nation's healthcare system to provide substance abuse prevention, addictions treatment, and mental health services for Americans experiencing or at risk for mental illness, substance abuse disorder, or co-occurring mental and addictive illnesses. There are conservatively estimated to be over 51 million adults and 8 million children experiencing some form of mental disorder. An estimated 14.8 million Americans were users of illicit drugs in 1999. The Nation's youth, aged 12–17, report a myriad of

problems that SAMHSA is addressing: 10.9 percent use illicit drugs (including 7.7 percent using marijuana), 14.9 percent smoke cigarettes, and 10.4 million aged 12–20 use alcohol. SAMHSA provides funding through block grants to states for direct substance abuse and mental health services, including treatment for over 337,000 Americans with serious substance abuse problems, prevention intervention services for 2.5 million, and services for 232,000 adults and children with serious mental illnesses or emotional disturbances. Other programs provide an additional 1200 grants for substance abuse and mental health services. SAMHSA is organized into three centers (Center for Substance Abuse Prevention, Center for Substance Abuse Treatment, and Center for Mental Health Services) and three offices (Office of the Administrator, Office of Program Services, and Office of Applied Studies). The agency has been located in Rockville, MD since its establishment in 1992. (A predecessor agency, the Alcohol, Drug Abuse and Mental Health Administration, was established in 1974.)

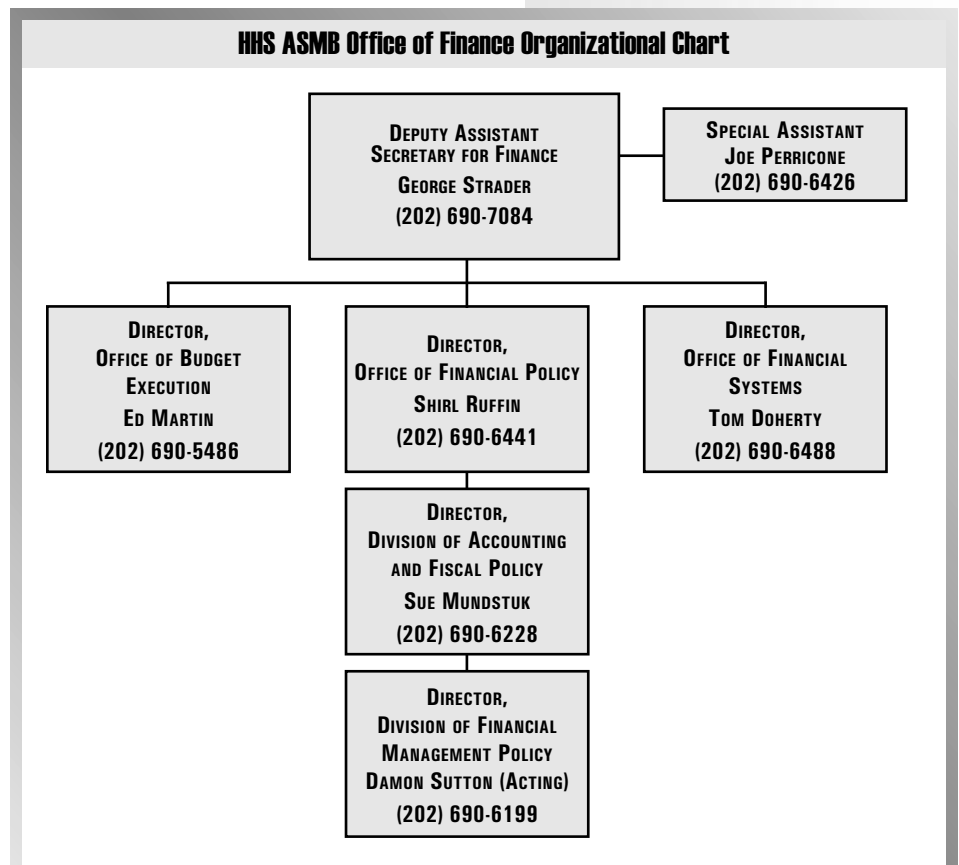
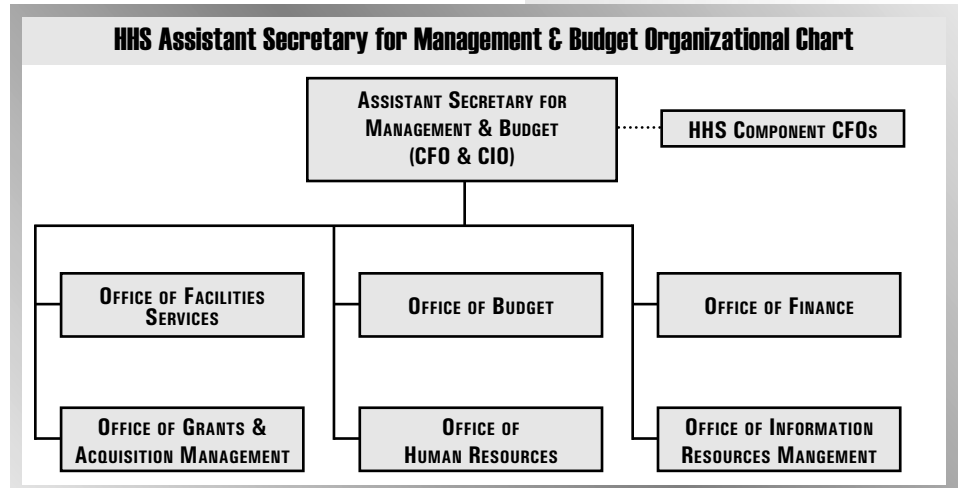
- FY 2000 NET BUDGET OUTLAY: \$2.5 billion
- FY 2000 CONSOLIDATED NET COST: \$2.5 billion

## Appendix B: HHS Financial Management Organization and Operations

All HHS managers with responsibility for Federal resources are, to some degree, financial managers. However, official responsibility for financial management matters is delegated from the Secretary to the Senate-confirmed Assistant Secretary for Management and Budget (ASMB) who also holds the titles of Chief Financial Officer (CFO) and Chief Information Officer (CIO). The ASMB also has responsibility for other functions such as budget formulation, grants and acquisition management, and facilities services. Each HHS component has its own CFO, and there is a “dotted line” relationship between the HHS CFO and the component CFOs.

The HHS Office of Finance, which prepares the Accountability Report, is headed by the Deputy Assistant Secretary for Finance who is also the Department’s Deputy Chief Financial Officer.

This office is responsible for implementing an ever-increasing volume of Federal financial management legislation (see Appendix E) and initiatives within an environment of evolving technology, limited staffing, and cost containment. These efforts are coordinated with the HHS components, often through the HHS CFO Council made up of the HHS ASMB/CFO and Deputy



CFO and the CFOs and their deputies. Coordination is also accomplished through monthly meetings with the operating-level Financial Management Officers (FMOs).

## **HHS CFO Council**

Dennis Williams  
*HHS (Acting) CFO*

George Strader  
*HHS Deputy CFO*

## **HHS Component CFOs**

Betty James Duke  
*CFO, Administration for Children and Families (ACF)*

Norman L. Thompson  
*CFO, Administration on Aging (AoA)*

Willard B. Evans, Jr.  
*CFO, Agency for Healthcare Research and Quality (AHRQ)*

Virginia Bales  
*CFO, Centers for Disease Control and Prevention (CDC)*

Robert J. Byrd  
*CFO, Food and Drug Administration (FDA)*

Michelle Snyder  
*CFO, Health Care Financing Administration (HCFA)*

James J. Corrigan  
*CFO, Health Resources and Services Administration (HRSA)*

Luana L. Reyes  
*CFO, Indian Health Service (IHS)*

Anthony L. Itteilag  
*CFO, National Institutes of Health (NIH)*

Tom Greene (Acting)  
*(Acting) CFO, Program Support Center (PSC)*

Richard Kopanda  
*CFO, Substance Abuse and Mental Health Services Administration (SAMHSA)*

## Appendix C: Comprehensive List of HHS Programs Net Costs

The table below presents the programs accomplished by the Department during FY 2000 within the framework of strategic goals and organized in a descending order of the net costs of those programs. This listing includes programs aggregated from the more than 300 total HHS programs. The strategic goals are discussed in the Program and Services Highlights and Section I of this report. The net cost information is extracted from draft and final HHS components' FY 2000 Consolidated Statements of Net Cost. This table supplements the programs identified in the Consolidated Statement of Net Cost.

**HHS Program Index (in thousands)**

HHS Programs	Supports HHS Strategic Goals	FY 2000 HHS Net Cost	Budget Function	HHS Component Responsible for Program
Medicare	Goals 1, 2, 3 & 4	\$ 197,041,000	Medicare	Health Care Financing Administration
Medicaid	Goals 1, 2, 3 & 4	\$ 118,705,000	Health	Health Care Financing Administration
Temporary Assistance to Needy Families	Goal 2	\$ 16,366,930	Education, Training & Social Services/Income Security	Administration for Children and Families
Research Program	Goal 6	\$ 14,690,329	Health	National Institutes of Health
Child Welfare	Goal 2	\$ 5,735,557	Education, Training & Social Services/Income Security	Administration for Children and Families
Head Start	Goal 2	\$ 4,677,539	Education, Training & Social Services/Income Security	Administration for Children and Families
Child Care	Goal 2	\$ 3,260,168	Education, Training & Social Services/Income Security	Administration for Children and Families
Child Support Enforcement	Goal 2	\$ 2,630,516	Education, Training & Social Services/Income Security	Administration for Children and Families
Social Services Block Grant	Goal 2	\$ 1,849,521	Education, Training & Social Services	Administration for Children and Families
Substance Abuse Prevention and Treatment	Goal 1	\$ 1,614,606	Health	Substance Abuse and Mental Health Services Administration
HIV/AIDS	Goal 3	\$ 1,604,835	Health	Health Resources and Services Administration
Low Income Home Energy Assistance	Goal 2	\$ 1,508,110	Education, Training & Social Services/Income Security	Administration for Children and Families
Clinical Services	Goal 3	\$ 1,276,002	Health	Indian Health Service
State Children's Health Insurance Program	Goals 1, 2 & 3	\$ 1,273,000	Health	Health Care Financing Administration
Primary Health Care	Goal 3	\$ 1,261,921	Health	Health Resources and Services Administration
Infectious Diseases	Goals 1 & 5	\$ 1,090,729	Health	Centers for Disease Control and Prevention
Training/Career Development Program	Goal 6	\$ 870,728	Health	National Institutes of Health
Maternal and Child Health	Goal 3	\$ 780,576	Health	Health Resources and Services Administration
Community Services	Goals 2 & 3	\$ 555,631	Education, Training & Social Services/Income Security	Administration for Children and Families
Refugee Resettlement	Goal 2	\$ 447,892	Education, Training & Social Services/Income Security	Administration for Children and Families

*table continues . . .*

**HHS Program Index (in thousands), continued**

HHS Programs	Supports HHS Strategic Goals	FY 2000 HHS Net Cost	Budget Function	HHS Component Responsible for Program
Public Health and Social Services	Goal 5	\$ 443,596	Health	Office of Secretary
Knowledge Development and Application	Goal 1	\$ 443,187	Health	Substance Abuse and Mental Health Services Administration
Chronic Disease Prevention	Goals 1 & 6	\$ 401,453	Health	Centers for Disease Control and Prevention
Environmental and Occupational Health	Goal 5	\$ 396,627	Health/Natural Resources & Environment	Centers for Disease Control and Prevention/Agency for Toxic Substances & Disease Registry
Congregate Meals	Goal 1	\$ 390,499	Education, Training & Social Services	Administration on Aging
Immunization	Goal 3	\$ 385,172	Health	Centers for Disease Control and Prevention
Contract Health Care	Goals 1, 2, 3, 4 & 6	\$ 380,407	Health	Indian Health Service
Health Professionals	Goals 3 & 4	\$ 378,313	Health	Health Resources and Services Administration
Public Health Service Commissioned Corps	All Goals	\$ 368,869	Health	Program Support Center
Foods and Cosmetics	Goals 4 & 5	\$ 364,914	Health	Food and Drug Administration
Supportive Services and Centers	Goal 4	\$ 323,436	Education, Training & Social Services	Administration on Aging
Community Mental Health Services	Goal 3	\$ 291,649	Health	Substance Abuse and Mental Health Services Administration
General Departmental Management	All Goals	\$ 285,721	Health	Office of Secretary
Human Drugs	Goal 5	\$ 251,243	Health	Food and Drug Administration
Preventative Health and Health Services Block Grant	Goals 1 & 5	\$ 246,224	Health/Administration of Justice	Centers for Disease Control and Prevention
Tribal Contract Support	Goal 3	\$ 235,443	Health	Indian Health Service
Family Planning	Goals 1 & 3	\$ 232,091	Health	Health Resources and Services Administration
Medical Devices and Radiological Health	Goals 5 & 6	\$ 203,773	Health	Food and Drug Administration
Youth	Goals 2 & 4	\$ 201,235	Education, Training & Social Services/Income Security	Administration for Children and Families
Facilities Program	Goal 6	\$ 187,006	Health	National Institutes of Health
Hospitals – Facilities Support	Goals 1, 3, 4 & 5	\$ 180,727	Health	Indian Health Service
Developmental Disabilities	Goal 2	\$ 139,533	Education, Training & Social Services/Income Security	Administration for Children and Families
Biologics	Goal 4	\$ 132,860	Health	Food and Drug Administration
Home Delivered Meals	Goal 1	\$ 122,626	Education, Training & Social Services	Administration on Aging
Epidemic Services	Goal 1	\$ 100,063	Health	Centers for Disease Control and Prevention
Preventive Health	Goals 1 & 2	\$ 92,583	Health	Indian Health Service
Injury Prevention and Control	Goals 1 & 2	\$ 76,258	Health/Administration of Justice	Centers for Disease Control and Prevention
Sanitation Facilities	Goals 1, 4 & 5	\$ 71,483	Health	Indian Health Service
Children’s Mental Health Services Program	All Goals	\$ 69,293	Health	Substance Abuse and Mental Health Services Administration
Research on Health Cost, Quality, and Outcomes	Goal 4	\$ 68,930	Health	Agency for Healthcare Research and Quality
Rural Health	Goals 3 & 4	\$ 64,421	Health	Health Resources and Services Administration
Animal Drugs and Feeds	Goals 5 & 6	\$ 63,591	Health	Food and Drug Administration

table continues . . .

## HHS Program Index (in thousands), continued

HHS Programs	Supports HHS Strategic Goals	FY 2000 HHS Net Cost	Budget Function	HHS Component Responsible for Program
Native American	Goal 2	\$ 47,575	Education, Training & Social Services	Administration for Children and Families
Toxicological Research	Goals 5 & 6	\$ 43,347	Health	Food and Drug Administration
Office of Special Program	All Goals	\$ 42,009	Health	Health Resources and Services Administration
Third Party Collections – Medicaid	Goals 2 & 4	\$ 41,629	Health	Indian Health Service
Office of Inspector General	All Goals	\$ 38,528	General Support	Office of Secretary
Health Statistics	Goal 5	\$ 37,497	Health	Centers for Disease Control and Prevention
Health Care Facilities Construction	Goal 3	\$ 28,733	Health	Indian Health Service
Indian Health Professions	Goals 1, 2, 3, 4 & 6	\$ 27,702	Health	Indian Health Service
Urban Health Projects	Goals 1, 2 & 6	\$ 27,081	Health	Indian Health Service
Projects for Assistance in Transition from Homelessness	All Goals	\$ 26,503	Health	Substance Abuse and Mental Health Services Administration
Medical Expenditure Panel Surveys	Goal 5	\$ 25,230	Health	Agency for Healthcare Research and Quality
Office for Civil Rights	Goals 2, 3 & 4	\$ 23,611	Health	Office of Secretary
Diabetes Initiative	Goals 1 & 4	\$ 22,929	Health	Indian Health Service
Protection & Advocacy for Individuals with Mental Illness	Goals 1, 2, 3, 4 & 5	\$ 22,142	Health	Substance Abuse and Mental Health Services Administration
Contributions Indian Health Facilities	Goals 1, 3, 4 & 5	\$ 21,629	Health	Indian Health Service
Grants to Indian Tribes	Goals 1, 2 & 3	\$ 19,350	Education, Training & Social Services	Administration on Aging
Preventive Health Services	Goal 2	\$ 17,593	Education, Training & Social Services	Administration on Aging
State & Local Innovation and Projects of National Significance	Goals 2 & 4	\$ 14,151	Education, Training & Social Services	Administration on Aging
Third Party Collections – Medicare	Goals 2 & 4	\$ 13,819	Health	Indian Health Service
Catastrophic Health Emergency Fund	Goals 1 & 2	\$ 13,715	Health	Indian Health Service
Health Care Access Program	Goal 3	\$ 13,538	Health	Health Resources and Services Administration
Office of Policy Research	All Goals	\$ 12,751	General Support	Office of Secretary
Vulnerable Older Americans	Goal 4	\$ 11,696	Education, Training & Social Services	Administration on Aging
Tribal Self Governance	Goals 1 & 2	\$ 9,688	Health	Indian Health Service
Consolidated Working Fund	Goal 2	\$ 9,280	Health	Indian Health Service
Domestic Violence	Goal 1	\$ 7,861	Education, Training & Social Services/Income Security	Administration for Children and Families
Administrative Operations Service	All Goals	\$ 6,451	General Support	Program Support Center
Expired Programs – Community Schools	All Goals	\$ 6,124	Health	Substance Abuse and Mental Health Services Administration

table continues . . .

**HHS Program Index (in thousands), continued**

HHS Programs	Supports HHS Strategic Goals	FY 2000 HHS Net Cost	Budget Function	HHS Component Responsible for Program
Tobacco	Goal 1	\$ 5,434	Health	Food and Drug Administration
Prevention Research	Goal 6	\$ 4,957	Health	Centers for Disease Control and Prevention
Telehealth	Goals 3, 4 & 5	\$ 4,916	Health	Health Resources and Services Administration
High Risk Youth	All Goals	\$ 4,390	Health	Substance Abuse and Mental Health Services Administration
Alzheimer's Disease	All Goals	\$ 4,201	Health	Administration on Aging
Third Party Collections – Private Insurance	Goals 2, 3 & 4	\$ 3,923	Health	Indian Health Service
Operations and Maintenance of Quarters	Goals 1 & 4	\$ 3,833	Health	Indian Health Service
Individual Development Accounts	Goal 2	\$ 3,559	Education, Training & Social Services	Administration for Children and Families
Program Support	All Goals	\$ 2,388	Health	Agency for Healthcare Research and Quality
Tribal Management	Goals 1 & 2	\$ 1,723	Health	Indian Health Service
HHS Service Supply Fund	All Goals	\$ 1,138	Health	Office of Secretary
Community Schools	Goals 2 & 4	\$ 174	Administration of Justice	Administration for Children and Families
Expired Programs	Goals 2 & 4	\$ 24	Education, Training & Social Services	Administration for Children and Families
Federal Occupational Health	Goals 3, 4 & 5	\$ (28)	Health	Health Resources and Services Administration
Human Resources Service	All Goals	\$ (3,956)	General Support	Program Support Center
Financial Management Service	All Goals	\$ (6,123)	General Support	Program Support Center
The Clinical Laboratory Improvement Amendments Program	Goals 3 & 4	\$ (18,000)	Health	Health Care Financing Administration
Other	All Goals	\$ 6,409	Health	Various Components
<b>Total Net Costs</b>		<b>\$ 385,484,940</b>		



## Appendix D: List of Acronyms

<b>A/R</b>	Accounts Receivable
<b>ACF</b>	Administration for Children and Families
<b>ADD</b>	Administration on Developmental Disabilities
<b>AFS</b>	Automated Finance System
<b>AHCPR</b>	Agency for Health Care Policy and Research
<b>AI/AN</b>	American Indians and Alaska Natives
<b>AIDS</b>	Acquired Immunodeficiency Syndrome
<b>ANA</b>	Administration for Native Americans
<b>AoA</b>	Administration on Aging
<b>AHRQ</b>	Agency for Healthcare Research and Quality
<b>ARC</b>	Audit Resolution Council
<b>ASH</b>	Assistant Secretary for Health
<b>ASPE</b>	Assistant Secretary for Planning and Evaluation
<b>ASMB</b>	Assistant Secretary for Management and Budget
<b>ATSDR</b>	Agency for Toxic Substances and Disease Registry
<b>AWP</b>	Average Wholesale Price
<b>BBA</b>	Balanced Budget Act
<b>CAHPS</b>	Consumer Assessment of Health Plans
<b>CAP</b>	Corrective Action Plan
<b>CARE</b>	Customer Automation and Reporting Environment
<b>CASU</b>	Cooperative Administrative Support Unit
<b>CB</b>	Change Control Board
<b>CDC</b>	Centers for Disease Control and Prevention
<b>CFO</b>	Chief Financial Officer
<b>CIO</b>	Chief Information Officer
<b>CIT</b>	Center for Information Technology
<b>CLIA</b>	Clinical Lab Improvement Act
<b>CMIA</b>	Cash Management Improvement Act
<b>CMP</b>	Civil Monetary Penalties
<b>COLA</b>	Cost of Living Adjustment

<b>CPA</b>	Certified Public Accountant
<b>CPIM</b>	Consumer Price Index Medical
<b>CPO</b>	Continuing Professional Education
<b>CRADA</b>	Cooperative Research and Development Agreement
<b>CSAT</b>	Center for Substance Abuse Treatment
<b>CSE</b>	Child Support Enforcement
<b>CSRS</b>	Civil Service Retirement System
<b>DAB</b>	Departmental Appeals Board
<b>DBA</b>	Database Administrators
<b>DCIA</b>	Debt Collection Improvement Act
<b>DCFO</b>	Deputy Chief Financial Officer
<b>DM</b>	Departmental Management
<b>DMAT</b>	Disaster Medical Assistant Team
<b>DME</b>	Durable Medical Equipment
<b>DMERC</b>	Durable Medical Equipment Regional Carriers
<b>DoD</b>	Department of Defense
<b>DPM</b>	Division of Payment Management
<b>DSH</b>	Disproportionate Share Hospital Payments
<b>EBT</b>	Electronic Benefits Transfer
<b>EC</b>	Electronic Commerce
<b>E-Gov</b>	Electronic Government
<b>EDP</b>	Electronic Data Processing
<b>EEPS</b>	Electronic Entry Processing System
<b>EFT</b>	Electronic Funds Transfers
<b>EO</b>	Executive Order
<b>EPA</b>	Environmental Protection Agency
<b>ESRD</b>	End Stage Renal Disease
<b>FACES</b>	Family and Child Experiences Survey
<b>FAIRA</b>	Federal Activities Inventory Reform Act
<b>FASA</b>	Federal Acquisition Streamlining Act
<b>FASAB</b>	Federal Accounting Standards Advisory Board
<b>FECA</b>	Federal Employees Compensation Act

<b>FERS</b>	Federal Employees Retirement System
<b>FDA</b>	Food and Drug Administration
<b>FICA</b>	Federal Insurance Contributions Act
<b>FFMIA</b>	Federal Financial Management Improvement Act
<b>FI</b>	Fiscal Intermediary
<b>FIB</b>	Financial Management and Investment Board
<b>FISS</b>	Fiscal Intermediary Shared System
<b>FMFIA</b>	Federal Managers Financial Integrity Act
<b>FMS</b>	Financial Management Service
<b>FORC-G</b>	Food Outbreaks Response Coordinating Group
<b>FPG</b>	Financial Policies Group
<b>FTE</b>	Full-time Equivalent
<b>FY</b>	Fiscal Year
<b>GAAP</b>	Generally Accepted Accounting Principles
<b>GAO</b>	General Accounting Office
<b>GISRA</b>	Government Information Security Reform Act
<b>GMRA</b>	Government Management Reform Act
<b>GPD</b>	Grants Policy Directive
<b>GPRA</b>	Government Performance and Results Act
<b>HACCP</b>	Hazard Analysis and Critical Control Point
<b>HCFA</b>	Health Care Financing Administration
<b>HCFAC</b>	Health Care Fraud and Abuse Control
<b>HEAL</b>	Health Education Assistance Loans
<b>HHA</b>	Home Health Agency
<b>HHS</b>	Department of Health and Human Services
<b>HI</b>	Hospital Insurance
<b>HIPAA</b>	Health Insurance Portability and Accountability Act
<b>HIV</b>	Human Immunodeficiency Virus
<b>HMO</b>	Health Maintenance Organization
<b>HRSA</b>	Health Resources and Services Administration
<b>I/T/U</b>	IHS, Tribal, and Urban
<b>IBNR</b>	Incurred But Not Reported

<b>IC</b>	Institute and Centers
<b>ICD</b>	Institutes, Centers, and Divisions
<b>IGA</b>	Office of Intergovernmental Affairs
<b>IGAA</b>	Inspector General Act Amendments
<b>IHS</b>	Indian Health Service
<b>IOM</b>	Institute of Medicine
<b>IRS</b>	Internal Revenue Service
<b>IT</b>	Information Technology
<b>ITMRA</b>	Information Technology Management Reform Act
<b>ITIRB</b>	Information Technology Investment Review Board
<b>JFMIP</b>	Joint Financial Management Improvement Program
<b>MCBS</b>	Medicare Center for Beneficiary Services
<b>MCH</b>	Maternal and Child Health
<b>MCO</b>	Managed Care Organization
<b>MCS</b>	Medical Carrier System
<b>MEPS</b>	Medical Expenditure Panel Surveys
<b>MK</b>	Market Based (Securities)
<b>MOU</b>	Memorandum of Understanding
<b>MPARTS</b>	Mistaken Payment and Recovery Tracking System
<b>MSP</b>	Medicare Secondary Payer
<b>NAS</b>	National Academy of Sciences
<b>NCI</b>	National Cancer Institute
<b>NDA</b>	New Drug Application
<b>NCCAN</b>	National Center for Complementary and Alternative Medicine
<b>NCHS</b>	National Center for Health Statistics
<b>NHSC</b>	National Health Service Corp
<b>NIA</b>	National Institute on Aging
<b>NICHD</b>	National Institute of Child Health and Human Development
<b>NIH</b>	National Institutes of Health
<b>NIMH</b>	National Institute for Mental Health
<b>NIST</b>	National Institute of Standards and Technology

<b>NLM</b>	National Library of Medicine
<b>NPR</b>	National Partnership for Reforming Government
<b>OACT</b>	Office of the Actuary (HCFA)
<b>OBRA</b>	Omnibus Budget Reconciliation Act
<b>OCR</b>	Office for Civil Rights
<b>OCSE</b>	Office of Child Support Enforcement
<b>OGAM</b>	Office of Grants and Acquisition Management
<b>OGC</b>	Office of General Counsel
<b>OHRP</b>	Office for Human Research Protections
<b>OIG</b>	Office of Inspector General
<b>OMB</b>	Office of Management and Budget
<b>OMS</b>	Operating Materials and Supplies
<b>ONDCP</b>	Office of National Drug Control Policy
<b>OPD</b>	Outpatient Department
<b>OPEB</b>	Other Post-employment Benefits
<b>OPDIV</b>	Operating Division
<b>OPHS</b>	Office of Public Health and Science
<b>OPM</b>	Office of Personnel Management
<b>ORB</b>	Other Retirement Benefits
<b>ORR</b>	Office of Refugee Resettlement
<b>ORT</b>	Operation Restore Trust
<b>OS</b>	Office of the Secretary
<b>OTT</b>	Office of Technology Transfer
<b>PAR</b>	Program Assistance Request
<b>PCIE</b>	President's Council on Integrity and Efficiency
<b>PDD</b>	Presidential Decision Directive
<b>PDUFA</b>	Prescription Drug User Fee Act
<b>PHS</b>	Public Health Service
<b>PMC</b>	President's Management Council
<b>PMS</b>	Payment Management System
<b>PNS</b>	Projects of National Significance
<b>PP&amp;E</b>	Property, Plant, and Equipment

<b>PPS</b>	Prospective Payment System
<b>PRO</b>	Peer Review Organization
<b>PSC</b>	Program Support Center
<b>QMB</b>	Qualified Medicare Beneficiary
<b>QWL</b>	Quality of Work Life Initiative
<b>RO</b>	Regional Office
<b>SAMHSA</b>	Substance Abuse and Mental Health Services Administration
<b>SAS</b>	Statement of Auditing Standards
<b>SECA</b>	Self Employment Contributions Act
<b>SES</b>	Socioeconomic Status
<b>SCHIP</b>	State Children's Health Insurance Program
<b>SFFAS</b>	Statements of Federal Financial Accounting Standards
<b>SIDS</b>	Sudden Infant Death Syndrome
<b>SLMB</b>	Special Low-income Medicare Beneficiary
<b>SM</b>	Stockpile Materials
<b>SMI</b>	Supplementary Medical Insurance
<b>SNF</b>	Skilled Nursing Facility
<b>SSA</b>	Social Security Administration
<b>STD</b>	Sexually Transmitted Disease
<b>TAGGS</b>	Tracking Accountability in Government Grants System
<b>TANF</b>	Temporary Assistance to Needy Families
<b>TOP</b>	Treasury Offset Program
<b>TROR</b>	Treasury Report on Receivables
<b>TTRA</b>	Travel and Transportation Reform Act
<b>VA</b>	Department of Veterans Affairs
<b>VICP</b>	Vaccine Injury Compensation Program
<b>Y2K</b>	Year 2000

## Appendix E: Legislation

*NOTE:* The following list has been divided into two sections: Selected Program Legislation and Financial Management Legislation. The program legislation cited is representative and covers the highest dollar programs in the Department including Medicare, Medicaid, and Temporary Assistance to Needy Families.

### Selected Program Legislation

#### *The Social Security Act of 1935*

Many of the most popular government programs are found under the umbrella of the Social Security Act. While the original act provided only retirement benefits, there have been numerous amendments over the years, both minor and major, to that act. The Social Security Administration (SSA) oversees the retirement, disability, and survivor programs, while the titles of the act dealing with health and human services are administered by HHS. The largest of these programs are as follows:

- Medicare, established in 1965, is the federal health insurance program for people age 65 or older and people under age 65 who are disabled or suffer from end-stage renal disease (ESRD).
- Medicaid, also established in 1965, is a jointly funded, federal-state program that provides medical assistance to certain groups of low-income people and others with special health care needs.
- The State Children's Health Insurance Program (SCHIP) is a partnership between the federal and state governments that will help provide children with the health coverage they need to grow up healthy. The Balanced Budget Act of 1997 created SCHIP under Title XXI of the Social Security Act.
- The Temporary Assistance to Needy Families (TANF) block grant, a single capped entitlement program, provides funds to states to design creative programs to help families move from welfare to self-sufficiency. Under TANF, recipients must engage in work activities to receive time-limited assistance. It was enacted in the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996 (P.L. 104-193).
- The Child Support Enforcement (CSE) program is a joint federal, state and local partnership that seeks to ensure financial and

emotional support for children from both parents by locating non-custodial parents, establishing paternity, and establishing and enforcing child support orders.

### ***The Head Start Act of 1981***

The Head Start Act was passed as part of the Omnibus Budget Reconciliation Act (OBRA) of 1981. Head Start ensures that low-income children start school ready to learn.

### ***The Prescription Drug User Fee Act (PDUFA) of 1992***

The Prescription Drug User Fee Act (PDUFA) authorizes the collection of user fees for reviewing drug applications and was reauthorized as part of the FDA Modernization Act of 1997. The Food and Drug Administration (FDA) is authorized to collect approximately \$150 million in user fees each year.

## **Financial Management Legislation**

### ***Federal Managers' Financial Integrity Act of 1982***

The Federal Managers' Financial Integrity Act (FMFIA) of 1982, Public Law 97-255, was signed into law September 8, 1982 to amend the Accounting and Auditing Act of 1950. It requires ongoing evaluations and reports on the adequacy of the systems of internal accounting and administrative controls of each executive agency.

### ***Chief Financial Officers Act of 1990***

The Chief Financial Officers (CFO) Act of 1990 focused attention on financial management improvements in the federal government by requiring the identification of a responsible official to oversee financial management. The law created a framework for financial organizations to focus on the integration of accounting, budget and other financial activities under one umbrella; the preparation of audited financial statements; and the integration of financial management systems. It also requires federal agencies to prepare a CFO strategic five-year plan. The act required 14 Cabinet level Departments and ten major agencies to establish the position of a CFO who reports to the agency head.



### ***Government Performance and Results Act of 1993***

The Government Performance and Results Act (GPRA) which was fully implemented beginning in FY 1999, has placed new management expectations and requirements on federal agencies by creating a framework for more effective planning, budgeting, program evaluation and fiscal accountability for federal programs. The intent of the Act is to improve public confidence in federal agency performance by holding agencies accountable for achieving program results and to improve Congressional decision making by clarifying and stating program performance goals, measures and costs up front. Federal agencies are required to implement GPRA through their processes for strategic plans, annual performance plans, and annual performance reports. FY 1999 was the first year that annual performance plans were required. Actual accomplishments for FY 1999 were reported in FY 2000. FY 2000 accomplishments will be reported in the GPRA FY 2002 performance plan/FY 2000 performance report.

### ***Government Management Reform Act of 1994***

The Government Management Reform Act (GMRA) amends the CFO Act and expands requirement for audited financial statements to cover all programs. It also provides OMB with the authority to streamline statutory reporting by federal agencies, requires the use of electronic funds transfer for payments to federal employees and beneficiaries, and creates the Franchise Fund Pilot program for studying the concept of government enterprise.

### ***Federal Acquisition Streamlining Act of 1994***

The Federal Acquisition Streamlining Act (FASA) of 1994 was enacted to revise and streamline the acquisition laws of the federal government. FASA also expanded the definition of records, placed additional record retention requirements, and gave agencies statutory authority to access computer records of contractors doing business with the government.

### ***Debt Collection Improvement Act of 1996***

The Debt Collection Improvement Act (DCIA) of 1996, Public Law 104-134, was signed into law April 26, 1996. The law's provisions will enhance and improve debt collection government-wide.

Key provisions of the act include the:

- enhancement of administrative offset authority, the Treasury Offset Program,
- enhancement of salary offset authority,
- requirement for taxpayer identification numbers,
- general extension of the Debt Collection Act of 1982 authorities,
- barring of delinquent debtors from obtaining federal credit,
- reporting to credit bureaus,
- government-wide cross servicing,
- establishment of debt collection centers,
- provision for gainsharing,
- establishment of the tax refund offset program,
- provision for contracting with private attorneys,
- administrative wage garnishment, and
- debt sales by agencies.

### ***Federal Financial Management Improvement Act of 1996***

The Federal Financial Management Improvement Act (FFMIA) of 1996, Public Law 104-208, requires that each agency shall implement and maintain financial management systems that comply substantially with federal financial management systems requirements, applicable federal accounting standards, and the United States Government Standard General Ledger at the transaction level.

### ***Information Technology Management Reform Act of 1996***

Information Technology Management Reform Act (ITMRA) ensures that the federal government investment in information technology is made and used wisely. The law was designed to increase competition, eliminate burdensome regulations, and help the government benefit from efficient private sector techniques.

ITMRA requires agencies to develop a formal process for maximizing the benefits of information technology acquisition, including planning, assessment, and risk management.

The act created the statutory position of Chief Information Officer in major federal government agencies. It requires the Office of Management and Budget, the agencies, and the Chief Information Officers to improve information technology practices. It requires mis-

sion and program driven strategic planning for information technology. It requires senior user management guidance to ensure information technology activities align with agency plans and operations. It requires regular assessments of information technology skills inventory, skills requirements, and skills development programs. In short, the ITMRA requires the development of an effective and efficient, mission-oriented, user-oriented, results-oriented information technology practice in each and every federal agency.

### ***The Balanced Budget Act of 1997 (BBA 97)***

### ***The Omnibus Budget Reconciliation Act of 1993 (OBRA 93)***

### ***The Omnibus Budget Reconciliation Act of 1990 (OBRA 90)***

A major component of these laws (cited among others) was the emphasis on extending the solvency of the Medicare Hospital Insurance (HI) Trust Fund. These laws reduced Medicare payments to hospitals, skilled nursing facilities and home health agencies, which reduced expenditures from the HI Trust Fund. As a result of these efforts, in combination with other beneficial effects, the HI Trust Fund insolvency date has been pushed back from the year 2003 to 2025. These figures were taken from the Medicare HI Trustees Reports for 1990 and 2000, respectively.

### ***Travel and Transportation Reform Act of 1998***

The Travel and Transportation Reform Act of 1998 (TTRA), required federal employees to use federal travel charge cards for all payment of official government travel, to amend title 31, United States Code, to establish requirements for prepayment audits of federal agency transportation expenses, to authorize reimbursement of federal agency employees for taxes incurred on travel or transportation reimbursements, and to authorize test programs for the payment of federal employee travel expenses and relocation expenses.

### ***Federal Activities Inventory Reform Act of 1998 (FAIRA)***

On October 19, 1998, the Federal Activities Inventory Reform Act of 1998 (FAIRA) was signed into law. This landmark legislation requires federal agencies to list activities eligible for privatization and to make this list available to the public. FAIRA permits prospective contractors

and other interested parties to challenge the omission of particular activities from the list. Nevertheless, although agencies are directed to review the list, FAIRA does not actually require agencies to privatize listed activities. However, the legislation directs agencies to review the activities on the list soon after the list has been made available to the public.

### ***Federal Financial Assistance Management Improvement Act of 1999***

The Federal Financial Assistance Management Improvement Act of 1999 (Public Law 106-107) requires OMB and the federal agencies to work together with the various grantee communities to streamline, simplify, and provide electronic options for the grants management processes employed by the federal agencies. The purposes of this Act, signed into law on November 20, 1999, are to improve the delivery of services to the public and the effectiveness and performance of federal grant programs. Federal agencies are working with OMB to: (1) develop uniform administrative rules; (2) develop common application and reporting processes; (3) replace paper with electronic processing in administration of grant programs; and (4) identify statutory impediments to grants simplification.

### ***Reports Consolidation Act of 2000 (RCA)***

This legislation was enacted to authorize and encourage the consolidation of financial and performance management reports that are more meaningful and useful to the Congress, the President, and the public. The act provides for permanent authorization for consolidated reports, permits several alternative approaches to reporting, requires an Inspector General assertion on the agency's progress in addressing the most serious management and performance challenges, and requires the head of an agency to make an assertion on the completeness and reliability of the performance and financial data in the report(s).

## Appendix F: References

The following sources have been used to prepare this report. They are in addition to those specifically cited in the report.

2000 Annual Report of the Board of Trustees of the Federal Hospital Insurance (HI) Trust Fund.

2000 Annual Report of the Board of Trustees of the Federal Supplementary Medical Insurance (SMI) Trust Fund.

Administration for Children and Families FY 2000 Audited Financial Statements.

Administration on Aging FY 2000 Financial Statements.

Agency for Healthcare Research and Quality FY 2000 Financial Statements.

*American Customer Service Index Report*, (University of Michigan, American Society for Quality, and Arthur Anderson).

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Centers for Disease Control and Prevention Audited FY 2000 Financial Statements.

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Health Care Financing Administration FY 2000 Audited Financial Statements.

Health Resources and Services Administration FY 2000 Audited Financial Statements.

HHS *Accountability Report*; FY 1996–FY 1999.

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HHS Office of Inspector General Semiannual Reports October 1, 1999–September 30, 2000.

Indian Health Service FY 2000 Audited Financial Statements.

National Institutes of Health FY 2000 Audited Financial Statements.

Program Support Center FY 2000 Audited Financial Statements.

Substance Abuse and Mental Health Services Administration FY 2000 Audited Financial Statements.

U.S. Census Bureau Population and Poverty history and projections.

Various Press Releases and information on HHS Web sites.

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Note: Some HHS component audited financial statements were in draft at the time the *Accountability Report* went to press.



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