



**DEPARTMENT
of HEALTH
and HUMAN
SERVICES**

GENERAL DEPARTMENTAL MANAGEMENT

FY 2011 Online Performance Appendix

Introduction

The FY 2011 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 2011 Congressional Justifications and Online Performance Appendices, the Agency Financial Report, and the HHS Summary of Performance and Financial Information. These documents are available at <http://www.hhs.gov/budget/>.

The FY 2011 Congressional Justifications and accompanying Online Performance Appendices contain the updated FY 2009 Annual Performance Report and FY 2011 Annual Performance Plan. The Agency Financial Report provides fiscal and high-level performance results. The HHS Summary of Performance and Financial Information summarizes key past and planned performance and financial information.



*Message from the Acting Assistant Secretary for
Financial Resources*

I am pleased to present the General Departmental Management (GDM) FY 2011 Online Performance Appendix (OPA). This performance appendix 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 Congressional Justification. 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. Other components of the GDM submission such as: the Office of Global Health Affairs (OGHA) and the Office of Public Health and Science (OPHS) have a separate OPA.

You can find detailed performance information on Departmental Management (DM) program offices under their respective Performance Appendices or the DM FY 2011 Congressional Justification.

Richard J. Turman
Acting Assistant Secretary for
Financial Resources

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Summary of Performance Targets and Results Table

DEPARTMENTAL MANAGEMENT

Fiscal Year	Total Targets	Targets with Results Reported	Percent of Targets with Results Reported	Total Targets Met	Percent of Targets Met
2006	79	79	100%	75	96%
2007	103	103	100%	92	94%
2008	103	99	98%	89	92%
2009	92	48	45%	42	43%
2010	87				
2011	87				

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 program assessment. In FY 2007 baselines were established for approximately 35% of these targets, this impacts the number of results reported in FY 2009. The targets in FY 2009 were reduced because the Public Health and Social Services Emergency Fund (PHSSEF includes ASPR), in previous years was included as a tab in the DM justification is now a stand alone document. In FY 2010 PHSSEF was published as a separate Congressional Justification. Targets for the remaining fiscal years reflect the following DM programs: OMHA, ONC, OGHA, DAB, OD, and OPHS.

DEPARTMENTAL APPEALS BOARD

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 furthers 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. Attorneys and other administrative personnel in the Appellate Division support the Board Members.

In FY 2009, the Appellate Division closed 139 cases, issuing Board decisions in 75 of these cases. In FY 2008, the Appellate Division closed 182 cases, issuing Board decisions in 100 of these cases. However, the difference in the output for the two fiscal years is more apparent than real, since 45 of the cases closed in FY 2008 were consolidated with a lead case, as opposed to only 13 in FY 2009, and five of the cases closed by decision in FY 2008 involved requests for reconsideration of a previous decision, as opposed to none in FY 2009. Ninety percent of Board decisions issued in FY 2009 had a net case age of six months or less, exceeding the FY 2009 target of 86%. This represents a dramatic improvement over FY 2008, when only 77% of Board decisions had a net case age of six months or less.

Case processing resources are projected to remain relatively constant in FY 2010 and FY 2011, while case receipts are projected to increase somewhat each year. Thus, the Appellate Division expects to issue the same number of decisions in each of those years as in FY 2009, although it may be able to close slightly more cases without decisions. The Appellate Division is unlikely to repeat its stellar performance in FY 2009 of 90% of decisions issued with a net case age of six months or less. Moreover, it may be challenging the Appellate Division to meet its 86% target for FY 2010 and FY 2011 due to the confluence of several factors, including the increasing complexity of cases and the need to meet regulatory deadlines for issuing decisions in several types of cases.

During FY 2009, Federal courts reviewed 17 Board decisions, all but two of which were affirmed. The Board thus maintained its extraordinary record of having no more than 2% of all of its decisions overturned by a court, which was the target for FY 2009. However, because a court decision is usually issued more than a year after the Board decision has been appealed, this

performance standard is not an accurate measure of current performance. The Appellate Division, therefore, proposes to delete this standard and to measure instead the percentage of Board decisions in which regulatory deadlines for issuing decisions are met. In FY 2010 and FY 2011, the Appellate Division will likely receive more cases that have regulatory deadlines (such as provider and supplier enrollment or revocation cases and HIPAA civil money penalty cases). With careful workload planning, the Appellate Division hopes to meet regulatory deadlines in 100% of the cases affected and still meet its 86% net case age target.

CIVIL REMEDIES DIVISION

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. Attorneys, paralegals and other administrative personnel in the Civil Remedies Division (CRD) support the ALJs.

CRD closed 711 cases in FY 2009, compared to 870 cases in FY 2008. Despite fewer staff in FY 2009 than FY 2008, CRD decreased the number of “aged cases” pending from 45 to 39. In FY 2009, CRD also met its timeliness goal, as 100% of Office of Inspector General cases were issued within the 60-day regulatory deadline. 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 FY 2010, CRD is experiencing increased case receipts (76% more cases have been received in the first quarter of 2010 compared with FY 2009). Assuming this trend continues in FY 2011, CRD will find it increasingly difficult to meet regulatory deadlines and timeliness goals without the addition of staff resources, including one ALJ.

MEDICARE OPERATIONS DIVISION

The Board Chair and four Administrative Appeals Judges 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 (MOD).

In FY 2009, the number of MOD closed cases dropped slightly from 2,689 cases (involving 18,219 claims), to 2,194 cases (involving 21,366 claims). At the beginning of FY 2009, 776 cases were pending in the MOD. During FY 2009, MOD received 1,949 new cases. At the end of FY 2009, the number pending had been reduced to 531 cases.

In FY 2009, MOD met Objectives 6 and 7. In addition to eradicating the older appeals in FY 2009, by the end of that fiscal year, MOD also was issuing the majority of cases prior to the deadline. MOD achieved its performance goals because of several factors: the new performance standards implemented in 2008 in the critical element of productivity were embraced by the Administrative Appeals Judges and attorneys; attorneys from other divisions within DAB were

detailed to MOD to handle the most complex and aged cases; and unpaid law school interns and externs screened incoming cases, thereby freeing staff attorneys to focus on decision writing.

The Office of Medicare Hearings and Appeals (OMHA) had indicated that MOD will have a significant backlog of appeals in FY 2010 and FY 2011 arising from Recovery Audit Contractor (RAC) case. CMS and OMHA project that in FY 2010 and FY 2011, OMHA will receive more than 235,000 claims (in total) and 320,000 claims (in total), respectively, resulting from the nationwide expansion of the RAC program and an increase in its non-RAC caseload. Based on this data, MOD projects that it will receive an additional 3,000 to 4,000 RAC claims in FY 2010 and 4,000 to 5,000 RAC claims in FY 2011.

The majority of cases that MOD handles must be decided within a 90-day statutory deadline. At its current staffing and workload levels, MOD has successfully managed its caseload within this timeframe and with the assistance of three new attorneys hired at the end of FY 2009 will continue to do so, despite the new RAC cases.

MOD will continue to devote significant resources to preparing certified court records for Federal district courts. While the percentage of cases appealed in Federal court has not increased, the overall number and complexity of the cases have, resulting in an increase from 22,000 pages of document certification for Federal court appeals in FY 2007 to 197,000 pages in FY 2008 and 243,653 in FY 2009. This trend will continue into FY 2010 and FY 2011. MOD anticipates that appeals originating from overpayments that the RAC identifies will be particularly burdensome since the cases typically involve thousands of pages. In FY 2009, MOD sought extensions of time for filing court records, hired a contract paralegal, detailed administrative staff from other DAB Divisions and reassign attorneys to assist with court document preparation. In FY 2010 MOD plans to hire one new administrative staff to meet Federal court filing requirements.

ALTERNATIVE DISPUTE RESOLUTION DIVISION

The Board Chair serves as the Dispute Resolution Specialist for HHS. The Alternative Dispute Resolution Division (ADR) 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 2009, ADR maintained its FY 2008 results of 11 conflict resolution seminars and 75 HHS cases; a significant increase over FY 2007 results of eight conflict management seminars and 50 HHS cases. The ADR Division expects productivity to increase in FY 2010 and FY 2011, because a new staff members hired in 2009 will be fully trained, and some efficiencies should result from using videoconferencing for mediations, which would otherwise require travel.

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)	2011	86%	
	2010	86%	
	2009	86%	86% (Target Met)
	2008	50%	76% (Target Exceeded)
	2007	45%	45% (Target Met)
	2006	35%	36% (Target Exceeded)

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)	2011	2%	
	2010	2%	
	2009	2%	2% (Target Met)
	2008	2%	2% (Target Met)
	2007	2%	2% (Target Met)
	2006	2%	2% (Target Met)

Measure	Data Source	Data Validation

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
<u>1.3.1:</u> Percentage of decisions issued within 60 days of the close of the record. (Outcome)	2009		
	2008	97%	100% (Target Exceeded)
	2007	90%	100% (Target Exceeded)
	2006	90%	90% (Target Met)

<u>1.3.1 (revised):</u> Percentage of decisions issued within 60 days of the close of the record in HHS OIG enforcement, fraud and exclusion cases ¹ . (Outcome)	2011	100%	
	2010	100%	
	2009	100%	100% (Target Met)
	2008	97%	100% (Target Exceeded)
	2007	90%	100% (Target Exceeded)
	2006	90%	90% (Target Met)
<u>1.3.2:</u> Percentage of decisions issued within 60 days of the close of the record in SSA OIG CMP cases and other SSA OIG enforcement cases.	2011	100%	
	2010	100%	
	2009	100%	N/A
<u>1.3.3:</u> Percentage of decisions issued within 180 days of filing of provider or supplier enrollment appeal.	2011	100%	
	2010	100%	
	2009	100%	N/A

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.

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.

Long Term Objective: Constrain growth in number of aged Civil Remedies Division cases. (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. (Outcome)	2011	<=2009	
	2010	<=2009	
	2009	<=2008	Goal Met (39) (Target Met)
	2008	<=2007	Goal Met (45). (Target Exceeded)
	2007	<=100	Goal met (76) (Target Exceeded)
	2006	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. (Outcome)	2011	15 sessions	
	2010	15 sessions	
	2009	11 sessions	11 sessions (Target Met)
	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. (Outcome)	2011	80	
	2010	75	
	2009	75	75 (Target Met)
	2008	55	75 (Target Exceeded)
	2007	50	59 (Target Exceeded)

Measure	Data Source	Data Validation
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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
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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)	2011	155 days	
	2010	155 days	
	2009	160 days	147 days (Target Met)
	2008	160 days	185 days (Target Not Met)
	2007	125 days	169 days (Target Not Met)
	2006	90 days	101 days (Target Not Met)

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)	2011	2,500	
	2010	2,350	
	2009	2,050	2,194 (Target Exceeded)
	2008	1,800	2,689 (Target Exceeded)
	2007	1,150	1,511 (Target Exceeded)
	2006	1,200	1,140 (Target Not Met)

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.

OFFICE ON DISABILITY
Performance Narrative

The Office on 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:

- Measure 2.2.1 - 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. The program’s most recent results show that the target was exceeded, and now the program has been discontinued.
- Measure 2.2.1 – 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. The FY 2009 target was met in FY 2008.

Due to the recent establishment of OD’s new mission and strategic goals/objectives under the current leadership these measures have been discontinued.

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. (Outcome)	<i>Out-Year Target</i>	55 (2011)	
	2010	50	
	2009	40	40 (Target Met)
	2008	30	40 (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.

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
2.1.1: 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. (Outcome)	2008	6 States	6 States (Target Met)
	2007	4 States	4 States (Target Met)
	2006	2 States	2 States (Target Met)
2.1.2: 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. (Outcome)	2008	6 States	6 States (Target Met)
	2007	4 States	4 States (Target Met)
	2006	2 States	2 States (Target Met)

Measure	FY	Target	Result
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. <i>(Outcome)</i>	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.

**DEPARTMENTAL MANAGEMENT
LINKAGE TO THE HHS STRATEGIC PLAN**

The table below is a consolidated display of Departmental Management’s support for the HHS Strategic Plan. These programs contribute to activities associated with the mission of the Office of the Secretary. Detailed narratives can be found in the individual programs Online Performance Appendix.

HHS Strategic Goals

	Departmental Appeals Board	Office on Disability	Global Health Affairs	Public Health and Science	Medicare Hearings and Appeals	National Coordinator of Health Information Technology
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
1.3 Improve health care quality, safety, and cost/value	X	X		X	X	X
1.4 Recruit, develop, and retain a competent health care workforce				X	X	
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				X		X
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		X
2.4 Prepare for and respond to natural and man-made disasters		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						
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			
3.4 Address the needs, strengths, and abilities of vulnerable populations			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			X			
4.2 Increase the basic scientific knowledge to improve human health and human development.			X	X		
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.						X

DEPARTMENTAL MANAGEMENT

Summary of Full Cost (Budgetary Resources in Millions)

HHS Strategic Goals and Objectives	DM		
	FY 2009	FY 2010	FY 2011
1: Health Care Improve the safety, quality, affordability and accessibility of health care, including behavioral health care and long-term care.	304.2	407.5	458.6
1.1 Broaden health insurance and long-term care coverage	0	0	0
1.2 Increase health care services availability and accessibility	69.4	82.6	87.7
1.3 Improve health care quality, safety, cost and value	207.3	293.6	336.3
1.4 Recruit, develop and retain competent health care	27.5	31.3	34.6
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	170.1	193.6	211.8
2.1 Prevent the spread of infectious diseases	74.5	86.4	89.8
2.2 Protect the public against injuries and environmental threats	0	0	0
2.3 Promote and encourage preventive health care, including mental health, lifelong healthy behaviors and recovery	68.3	74.9	86.6
2.4 Prepare for and respond to natural and man-made disasters	27.3	32.3	35.4
3: Human Services Promote the economic and social well-being of individuals, families and communities	52.6	58.3	62.4
3.1 Promote the economic independence and social well-being of individuals and families across the lifespan	0	0	0
3.2 Protect the safety and foster the well-being of children and youth	47.4	51.3	54.3
3.3 Encourage the development of strong, healthy and supportive communities	4.9	6.7	7.6
3.4 Address the needs, strengths and abilities of vulnerable populations	.3	.3	.5
4: Scientific Research and Development Advance scientific and biomedical research and development related to health and human services	33.4	37.5	41.4
4.1 Strengthen the pool of qualified health and behavioral science researchers	4	5	6.2
4.2 Increase the basic scientific knowledge to improve human health and development	26.2	28.3	30.1
4.3 Conduct and oversee applied research to improve health and well-being	0	0	0
4.4 Communicate and transfer results into clinical, public health and human service practice	3.2	4.2	5.1
TOTAL DM PROGRAM LEVEL	560.3	696.9	774.2

This table is a consolidated display of DM's support for HHS through budgetary resources. Detailed allocations can be found in the individual programs Online Performance Appendices.

Disclosure of Assistance by Non-Federal Parties

The preparation of Annual Performance Reports and Annual Performance Plans is an inherently governmental function that is only to be performed by Federal Employees. GDM has not received any material assistance from non-Federal parties in the preparation of this FY 2011 Online Performance Appendix.