

Office for Civil Rights



**Director
Office for Civil Rights
Washington, DC 20201**

February 2, 2015

Dear Reader,

I am pleased to present the Office for Civil Rights (OCR) Fiscal Year 2016 Congressional Justification. This budget supports the President's and Secretary's priority initiatives and reflects the goals and objectives of the Department.

OCR's request provides resources to help protect the public's right to equal access and opportunity to participate in and receive services from health and human services programs funded by Department of Health and Human Services (DHHS) without facing unlawful discrimination, and to protect the privacy and security of individually identifiable health information from unauthorized disclosure. Both of these activities are integral to improving health outcomes, among other benefits, and thus to enabling the Department to achieve its mission.

The budget request also supports a critical initiative, the establishment of a HIPAA Privacy, Security, and Breach Notification Rule Audit Program. The audit program will add tremendous value to OCR's compliance and enforcement mission by enabling OCR to proactively and systematically measure industry compliance with Health Insurance Portability and Accountability Act (HIPAA) requirements. This new program, mandated by the Health Information Technology for Economic and Clinical Health (HITECH) Act, will give OCR another vital enforcement tool to gauge and promote industry compliance independent of our normal complaint resolution processes. The two primary objectives of this program are to further promote voluntary compliance and to utilize audit data to better target our existing technical assistance efforts.

In the current constrained fiscal environment, OCR continues to examine ways we can do more with our resources. Over the past several years, OCR has been energetic and forward-thinking in implementing many comprehensive organizational, programmatic, and automated system improvements that directly increase OCR's efficiency. These improvements include creation of a Centralized Case Management Operations (CCMO) entity to streamline complaint intake and triage; rollout of an online complaint portal to increase accessibility and customer service; overhaul of the investigator Performance Management Appraisal Program (PMAPs) to better align mission and workforce goals; strengthening of financial practices and resource allocation procedures to make every dollar count; and enhancements to our case management system to improve internal control and documentation. We are committed to maintaining and expanding these efforts to ensure that OCR continues to provide the best possible support to the American people.

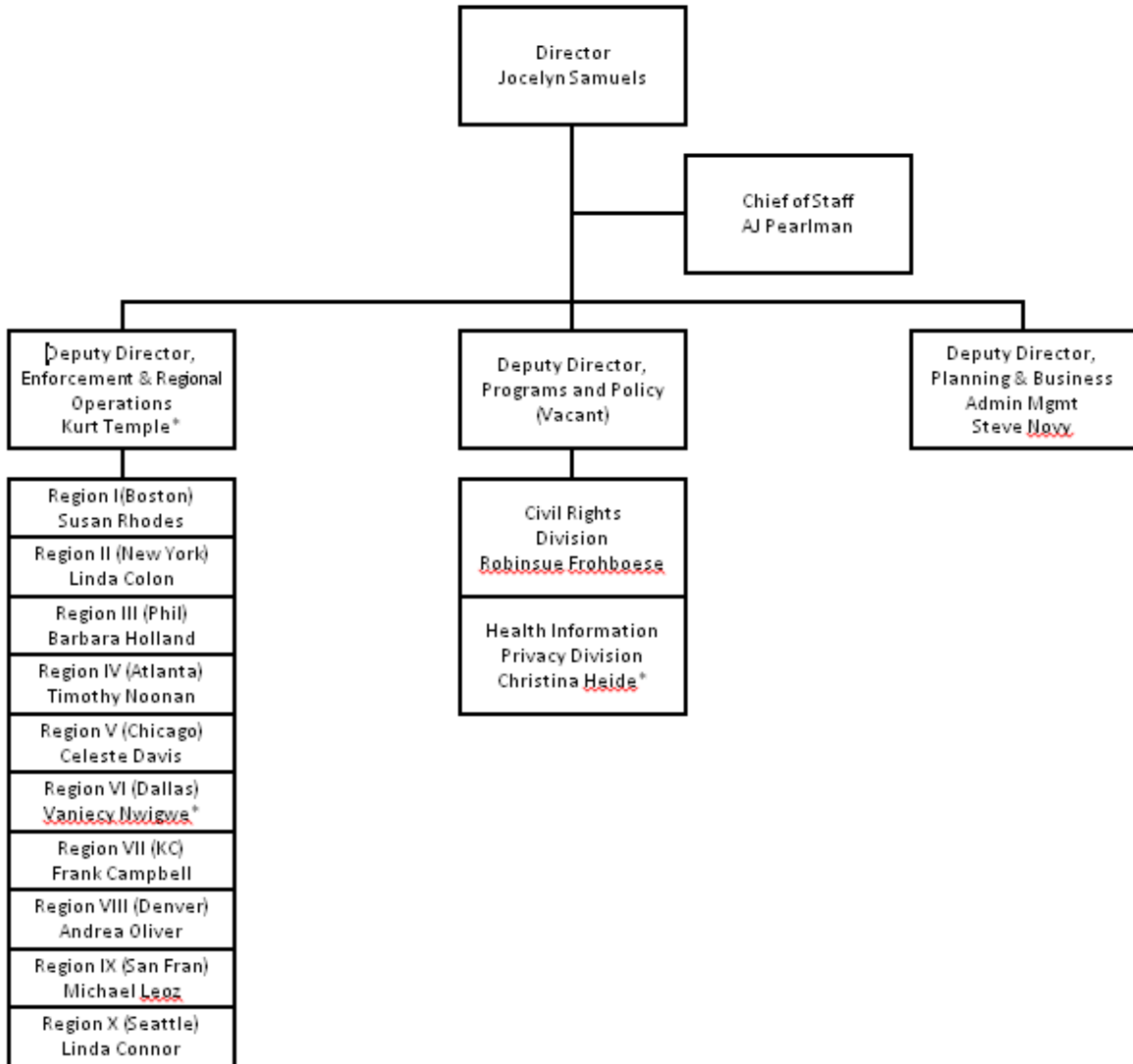
/Jocelyn Samuels/
Jocelyn Samuels
Director, Office for Civil Rights

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Organization Chart

(January 2015)



* = Acting

Organizational Chart: Text Version

Office for Civil Rights

- Director Jocelyn Samuels
- Chief of Staff AJ Pearlman

The following offices report directly to the Director:

- Acting Deputy Director, Enforcement and Regional Operations
 - Kurt Temple (Acting)
- Deputy Director, Programs and Policy
 - Vacant
- Deputy Director, Planning and Business Administration Management
 - Steve Novy

The following regional managers report to the Deputy Director, Enforcement and Regional Operations:

- Susan Rhodes, Boston Regional Office
- Linda Colon, New York Regional Office
- Barbara Holland, Philadelphia Regional Office
- Timothy Noonan, Atlanta Regional Office
- Celeste Davis, Chicago Regional Office
- Vaniecy Nwigwe (Acting), Dallas Regional Office
- Frank Campbell, Kansas City Regional Office
- Andrea Oliver, Denver Regional Office
- Michael Leoz, San Francisco Regional Office
- Linda Connor, Seattle Regional Office

The following offices report to the Deputy Director of Programs and Policy:

- Civil Rights Division
 - Robinsue Frohboese
- Health Information Privacy Division
 - Christine Heide (Acting)

Introduction and Mission

The Office for Civil Rights (OCR), a staff division of the U.S. Department of Health and Human Services (HHS), ensures that individuals receiving services from HHS-funded programs are not subject to unlawful discrimination, and that the privacy and security of their health information is protected. By removing discriminatory barriers to HHS-funded services, OCR carries out the HHS mission of improving the health and well-being of all Americans and providing essential human services, especially for those who are least able to help themselves. In FY 2014, OCR resolved nearly 20,000 citizen complaints alleging discrimination or a health information privacy or security violation.

OCR Vision

Through investigations, voluntary dispute resolution, enforcement, technical assistance, policy development and information services, OCR will protect the civil rights of all individuals who are subject to discrimination in health and human services programs and protect the health information privacy and security rights of consumers.

Mission

- Ensure that the estimated 4.5 million recipients of HHS Federal financial assistance comply with our Nation's civil rights laws by enforcing civil rights protections that prevent discrimination on the basis of race, color, national origin (including limited English proficiency), disability, age, and sex.
- Enforce rights under the Affordable Care Act (ACA) which promote access to health care by prohibiting discrimination in health care programs or activities.
- Ensure the practices of an estimated 4 million health care providers, health plans, healthcare clearinghouses, and their business associates adhere to Federal privacy, security, and breach notification regulations through the investigation of citizen complaints, self-reports of breaches, or compliance reviews and audits.
- Implement and enforce privacy, security, and breach notification regulations issued by the Secretary under the Health Insurance Portability and Accountability Act (HIPAA) as further amended by the Health Information Technology for Economic and Clinical Health (HITECH) Act contained in the American Recovery and Reinvestment Act (ARRA) of 2009; the privacy protections under the Genetic Information Nondiscrimination Act of 2008; and the confidentiality provisions of the Patient Safety and Quality Improvement Act of 2005.

Overview of Budget Request

OCR's FY 2016 budget request of \$42,705,000 represents a \$3.907 million increase over the FY 2015 Enacted Level.

The FY 2016 budget request supports OCR's essential programmatic focus as the primary defender of the public's right to nondiscriminatory access to and receipt of Federally funded health and human services, and privacy and security protections for individually identifiable health information.

Program increases:

Audit Program (+3.907M): The increase funds an initiative for a HIPAA Privacy, Security, and Breach Notification Rule Audit Program as mandated by Section 13411 of the HITECH Act. The audit program would add value to OCR's compliance and enforcement mission by proactively and systematically measuring industry compliance with HIPAA privacy and security requirements. In order to continue to respond to workload demands due to OCR's evolving jurisdictional responsibilities related to health information privacy and security, and civil rights, OCR will also invest in its Centralized Case Management Operations (CCMO).

Overview of Performance

Both of OCR’s overarching goals encompass multiple supporting objectives that align to the Department’s Strategic Plan:

OCR Goal	OCR Supporting Objectives	HHS Goal/Objectives*
<p>1. Raise awareness, increase understanding, and ensure compliance with all federal laws requiring non-discriminatory access to HHS funded programs and protect the privacy and security of personal health information</p>	<p>A. Increase access to and receipt of non-discriminatory quality health and human services while protecting the integrity of HHS federal financial assistance</p> <p>B. Protect the privacy and security of personally identifiable health information for healthcare consumers (HIPAA rule activities and enforcement)</p> <p>C. Provide information, public education activities, and training to representatives of health and human service providers, other interest groups, and consumers (Civil rights and health information privacy mission activities)</p> <p>D. Increase the number of covered entities that take corrective action, including making substantive policy changes or developing new policies as a result of review and/or intervention</p>	<p>#1 E , #3 A,C,E</p> <p>#1 E,F</p> <p>#1 E , #3 B</p> <p>#1 E</p>
<p>2. Enhance operational efficiency</p>	<p>A. Maximize efficiency of operations by streamlining processes and the optimal allocation of resources</p> <p>B. Improve financial management and the integration of budget and performance data (Increase resource management process oversight, strengthen internal controls, maintain viable performance objectives)</p> <p>C. Advance human capital management (Provide training, develop and mentor subordinates, promote effectiveness)</p>	<p>#4 A</p> <p>#4 A</p> <p>#4 C</p>

[* As reflected in the “FY 2016 Budget by HHS Strategic Objective” table included herein.]

Outputs and Outcomes Table

Program/Measure	Most Recent Result	FY 2015 Target	FY 2016 Target	FY 2016 Target +/- FY 2015 Target
1.1.1 The number of covered entities taking corrective actions as a result of OCR intervention per year (Outcome)	FY 2014: 2,897 Target: 5,900 (Target Not Met)	5,900	5,900	Maintain
1.1.2 The number of Covered Entities making substantive policy changes as a result of OCR intervention/year(Outcome)	FY 2014: 1,784 Target: 3,600 (Target Not Met)	1,000	750	-250
1.1.3A Percent of closure for civil rights cases/ cases received each year (Outcome)*	FY 2014: 92% Target: 86% (Target Exceeded)	90%	90%	Maintain
1.1.3B Percent of closure for health information privacy cases/cases received each year(Outcome)	FY 2014: 94% Target: 62% (Target Exceeded)	66%	75%	+9%
1.1.3C Percent of closure for Medicare application review/reviews received each year(Output)*	FY 2014: 77% Target: 90% (Target Not Met)	90%	90%	Maintain
1.1.4 Percent of Civil Rights cases and Medicare application reviews resolved per received per year. (Outcome)	FY 2014: 87% Target: 92% (Target Not Met)	92%	92%	Maintain
1.1.6 Number of individuals whom OCR provides information and training annually (Output)**	FY 2014: 3,107,229 Target: 213,500 (Target Met)	3,263,000	3,426,000	+163,000
1.1.7 Percent of civil rights complaints requiring formal investigation resolved within 365 days(Output)	FY 2014: 36% Target: 52% (Target Not Met)	41%	41%	Maintain
1.1.8 Percentage of civil rights complaints not requiring formal investigation resolved within 180 days (Output)	FY 2014: 90% Target: 100% (Target Not Met)	80%	80%	Maintain
1.1.9 Percentage of health information privacy complaints requiring formal investigation resolved within 365 days (Output)	FY 2014: 66% Target: 65% (Target Exceeded)	68%	68%	Maintain
1.1.10 Percentage of health information privacy complaints not requiring formal investigation resolved within 180 days (Output)	FY 2014: 92% Target: 100% (Target Not Met)	72%	75%	+3%

* 1.1.3 "Percentage of closure for civil rights cases, health information privacy cases, and Medicare reviews/ cases and reviews received" is now captured as 1.1.3 A, B, and C. 1.1.5 "Percentage of privacy cases resolved per cases received" was eliminated as the data is captured in 1.1.3 B.

**FY15 and FY16 targets for 1.1.6 were adjusted upward to account for the change in methodology for calculating this measure. Beginning in FY 2014, this measure accounted for the number of times the OCR website is viewed.

FY 2016 Budget by HHS Strategic Objective

(Dollars in Millions)

Strengthen Health Care

HHS Strategic Goals and Objectives	FY 2014 Final	FY 2015 Enacted	FY 2016 President's Budget
1.Strengthen Health Care	20.1	20.1	21.0
1.A Make coverage more secure for those who have insurance, and extend affordable coverage to the uninsured	-	-	-
1.B Improve health care quality and patient safety	-	-	-
1.C Emphasize primary & preventative care, linked with community prevention services	-	-	-
1.D Reduce the growth of health care costs while promoting high-value, effective care	-	-	-
1.E Ensure access to quality, culturally competent care, including long-term services and supports, for vulnerable populations	10.6	10.6	11.2
1.F Improve health care and population health through meaningful use of health information technology	9.5	9.5	9.8

Advance Scientific Knowledge and Innovation

HHS Strategic Goals and Objectives	FY 2014 Final	FY 2015 Enacted	FY 2016 President's Budget
2. Advance Scientific Knowledge and Innovation	-	-	-
2.A Accelerate the process of scientific discovery to improve health	-	-	-
2.B Foster and apply innovation solutions to health, public health, and human services challenges	-	-	-
2.C Advance the regulatory sciences to enhance food safety, improve medical product development, and support tobacco regulation	-	-	-
2.D Increase our understanding of what works in public health and human services practice	-	-	-
2.F Improve laboratory, surveillance, and epidemiology capacity	-	-	-

Advance the Health, Safety and Well-Being of the American People

HHS Strategic Goals and Objectives	FY 2014 Final	FY 2015 Enacted	FY 2016 President's Budget
3. Advance the Health, Safety and Well-Being of the American People	18.4	18.4	21.4
3.A Promote the safety, well-being, resilience, and healthy development of children and youth	1.7	1.7	2.0
3.B Promote economic and social well-being for individuals, families, and communities	16.4	16.4	17.7
3.C Improve the accessibility and quality of supportive services for people with disabilities and older adults	-	-	1.3
3.D Promote prevention and wellness across the life span	-	-	-
3.E Reduce the occurrence of infectious diseases	0.3	0.3	0.4
3.F Protect American' health and safety during emergencies, and foster resilience to withstand and respond to emergencies	-	-	-

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Ensure Efficiency, Transparency, Accountability, and Effectiveness of HHS Programs

HHS Strategic Goals and Objectives	FY 2014 Final	FY 2015 Enacted	FY 2016 President's Budget
4. Ensure Efficiency, Transparency, Accountability, and Effectiveness of HHS Programs	0.3	0.3	0.3
4.A Strengthen program integrity and responsible stewardship by reducing improper payments, fighting fraud, and integrating financial, performance, and risk management	0.2	0.2	0.2
4.B Enhance access to and use of data to improve HHS programs and to support improvements in the health and well-being of the American People	-	-	-
4.C Invest in the HHS workforce to help meet America's health and human services needs	0.1	0.1	0.1
4.D Improve HHS environmental, energy, and economic performance to promote sustainability	-	-	-

Total

HHS Strategic Goals and Objectives	FY 2014 Final	FY 2015 Enacted	FY 2016 President's Budget
Total	38.8	38.8	42.7

Office for Civil Rights

Discretionary All Purpose Table

(Dollars in Thousands)

Program	FY 2014 Final	FY 2015 Enacted	FY 2016 President's Budget	FY 2016 (+/-) FY 2015
Enforcement and Regional Operations	26,698	27,258	29,400	+2,142
Programs and Policy	7,683	6,765	8,584	+1,819
Planning and Business Administration Management	4,417	4,775	4,721	-54
Total, Office for Civil Rights	38,798	38,798	42,705	+3,907
FTE	202	195	199	+4

Office for Civil Rights

Appropriations Language

For expenses necessary for the Office for Civil Rights, **[38,798,000]** *\$42,705,000*.

Amounts Available for Obligation

(Dollars in Thousands)

Detail	FY 2014 Final	FY 2015 Enacted	FY 2016 President's Budget
Annual appropriation	38,798	38,798	42,705
Rescission	-	-	-
Transfers	-	-	-
<i>Subtotal, adjusted budget authority</i>	38,798	38,798	42,705
Unobligated balance lapsing	-20	-	-
Total Obligations	38,778	38,798	42,705

Summary of Changes

(Dollars in Thousands)

Budget Year and Type of Authority	Dollars	FTE
FY 2015 Enacted	38,798	195
FY 2016 Estimated Budget Authority	42,705	199
Net Changes	+3,907	+4

Program Increases	FY 2016 PB FTE	FY 2016 PB BA	FY 2016 +/- FY 2015 FTE	FY 2016 +/- FY 2015 BA
Full-time permanent	192	18,193	+4	+931
Other than full-time permanent	5	1,440	-	+14
Other personnel compensation	-	331	-	+10
Military personnel	2	158	-	+2
Civilian benefits	-	5,929	-	+343
Military benefits	-	83	-	+1
Benefits to former personnel	-	31	-	+1
Travel and transportation of persons	-	349	-	+45
Transportation of things	-	10	-	+2
Rental payments to GSA	-	3,312	-	+147
Communication, utilities, and miscellaneous charges	-	204	-	+2
Printing and reproduction	-	60	-	+3
Other services	-	113	-	+3
Purchase of goods and services from Government accounts	-	11,538	-	+2,400
Operation and maintenance of facilities	-	347	-	+3
Operation and maintenance of equipment	-	387	-	+4
Supplies and materials	-	191	-	+2
Total Increases	199	42,675	+4	3,897

Program Decreases	FY 2016 PB FTE	FY 2016 PB BA	FY 2016 +/- FY 2015 FTE	FY 2016 +/- FY 2015 BA
Equipment	-	30	-	-5
Total Decreases	0	30	-	-5

Total Changes	FY 2016 PB FTE	FY 2016 PB BA	FY 2016 +/- FY 2015 FTE	FY 2016 +/- FY 2015 BA
Total Increases	-	-	+4	+3,912
Total Decreases	-	-	-	-5
Total Net Change	199	42,705	+4	3,907

Office for Civil Rights

Budget Authority by Activity - Direct

(Dollars in Thousands)

Activity	FY 2014 FTE	FY 2014 Actual	FY 2015 FTE	FY 2015 Enacted	FY 2016 FTE	FY 2016 President's Budget
Enforcement and Regional Operations	139	26,698	137	27,258	137	29,400
Programs and Policy	40	7,683	34	6,765	40	8,584
Planning and Business Administration Management	23	4,417	24	4,775	22	4,721
Total, Budget Authority	202	38,798	195	38,798	199	42,705

Authorizing Legislation

(Dollars in Thousands)

Authorizing Legislation	FY 2015 Amount Authorized	FY 2015 Appropriations Act	FY 2016 Amount Authorized	FY 2016 President's Budget
Office for Civil Rights	Indefinite	\$38,798	Indefinite	\$42,705
Grand Total Appropriation	-	\$38,798	-	\$42,705

OCR Legal Authorities

- Social Security Act of 1934, Section 508 (Public Law 74-271) (42 USC 708)
- Public Health Service Act of 1944, Titles VI, Title XVI, Section 533, Section 542, Section 794, Section 855, Section 1908, Section 1947, as amended (42 USC 291 et seq, 42 USC 300 et seq, 42 USC 290dd-1, 42 USC 295m and 296g, 42 USC 300w-7, 43 USC 290cc-33, 43 USC 300x-57)
- Civil Rights Act of 1964, Title VI , as amended (Public Law 88-352) (42 USC 2000d et seq)
- Treatment and Rehabilitation Act of 1970 (Public Law 91-616)
- Comprehensive Health Manpower Training Act of 1971 (Public Law 92-157)
- Nurse Training Act of 1971 (Public Law 92-158)
- Drug Abuse Offense and Treatment Act of 1972 (Public Law 92-255)
- Education Amendments of 1972, Title IX, as amended (Public Law 92-318) (20 USC 1681)
- Rehabilitation Act of 1973, Section 504, Section 508, as amended (Public Law 93-112) (29 USC 794)
- Comprehensive Alcohol Abuse & Alcoholism Prevention, Treatment, and Rehabilitation Act Amendments of 1974 (Public Law 93-282)
- The Church Amendments (42 USC 300a-7)
- National Research Service Award Act of 1974 (Public Law 93-348)
- Health Care Professions Educational Assist Act of 1974 (Public Law 94-484)
- Age discrimination Act of 1975, Sections 301-8, as amended (Public Law 94-135) (42 USC 6101 et seq)
- Public Telecommunications Financing Act of 1978, Section 395 (Public Law 95-567)
- Omnibus Reconciliation Act of 1981 (Public Law 97-35)
- Americans with Disabilities Act of 1990, Title II (Public Law 101-336) (42 USC 12131)
- Improving America's Schools Act of 1994, Subpart E (Public Law 103-382)
- Small Business Job Protection Act of 1996, Sections 1807/1808c (Public Law 104-188) (42 USC 1996b)
- Health Insurance Portability and Accountability Act of 1996 (Public Law 104-191)
- Patient Safety and Quality Improvement Act of 2005 (Public Law 109-41)
- Genetic Information Nondiscrimination Act of 2008 (Public Law 110-233)
- Health Information Technology for Economic and Clinical Health (HITECH) Act, American Recovery and Reinvestment Act of 2009 (Public Law 111-5)
- Patient Protection and Affordable Care Act of 2010, Section 1557 (Public Law 111-148)

Appropriations History

2007

Details	Budget Estimates to Congress	House Allowance	Senate Allowance	Appropriations
Appropriation	-	-	-	-
Base	32,969,000	32,969,000	32,969,000	32,969,000
Subtotal	32,969,000	32,969,000	32,969,000	32,969,000
Trust Funds	-	-	-	-
Base	3,314,000	3,314,000	3,314,000	3,314,000
Rescission (PL 110-5)	-	-	-	(33,000)
Subtotal	3,314,000	3,314,000	3,314,000	3,281,000

2008

Details	Budget Estimates to Congress	House Allowance	Senate Allowance	Appropriations
Appropriation	-	-	-	-
Base	33,748,000	33,748,000	33,748,000	31,628,000
Rescission (PL 110-161)	-	-	-	(553,000)
Subtotal	33,748,000	33,748,000	33,748,000	31,075,000
Trust Funds	-	-	-	-
Base	3,314,000	3,314,000	3,314,000	3,314,000
Rescission (PL 110-161)	-	-	-	(57,000)
Subtotal	3,314,000	3,314,000	3,314,000	3,257,000

2009

Details	Budget Estimates to Congress	House Allowance	Senate Allowance	Appropriations
Appropriation	-	-	-	-
Base	36,785,000	36,785,000	36,785,000	36,785,000
Subtotal	36,785,000	36,785,000	36,785,000	36,785,000
Trust Funds	-	-	-	-
Base	3,314,000	3,314,000	3,314,000	3,314,000
Subtotal	3,314,000	3,314,000	3,314,000	3,314,000

2010

Details	Budget Estimates to Congress	House Allowance	Senate Allowance	Appropriations
Subtotal	3,314,000	3,314,000	3,314,000	3,314,000
Appropriation	-	-	-	-
Base	37,785,000	37,785,000	37,785,000	37,785,000
Rescission (PL 111-117)	-	-	-	(6,000)
Subtotal	37,785,000	37,785,000	37,785,000	37,779,000
Trust Funds	-	-	-	-
Base	3,314,000	3,314,000	3,314,000	3,314,000
Subtotal	3,314,000	3,314,000	3,314,000	3,314,000

Office for Civil Rights

2011

Details	Budget Estimates to Congress	House Allowance	Senate Allowance	Appropriations
Appropriation	-	-	-	-
Base	44,382,000	44,382,000	44,382,000	37,785,000
Rescission (PL 112-10)	-	-	-	(78,000)
Subtotal	44,382,000	44,382,000	44,382,000	37,709,000
Trust Funds	-	-	-	-
Base	3,314,000	3,314,000	3,314,000	3,314,000
Rescission (PL 112-10)	-	-	-	(7,000)
Subtotal	3,314,000	3,314,000	3,314,000	3,307,000

2012

Details	Budget Estimates to Congress	House Allowance	Senate Allowance	Appropriations
Appropriation	-	-	-	-
Base	44,382,000	41,016,000	41,016,000	41,016,000
Rescission (PL 112-74)	-	-	-	(78,000)
Subtotal	44,382,000	41,016,000	41,016,000	40,938,000

2013

Details	Budget Estimates to Congress	House Allowance	Senate Allowance	Appropriations
Appropriation	-	-	-	-
Base	38,966,000	-	38,966,000	40,938,000
Sequestration	-	-	-	(2,059,000)
Rescission (PL 113-6)	-	-	-	(82,000)
Transfers (PL 112-74)	-	-	-	(182,000)
Subtotal	38,966,000	-	38,966,000	38,615,000

2014

Details	Budget Estimates to Congress	House Allowance	Senate Allowance	Appropriations
Appropriation	-	-	-	-
Base	42,205,000	-	42,205,000	38,798,000
Subtotal	42,205,000	-	42,205,000	38,798,000

Office for Civil Rights

2015

Details	Budget Estimates to Congress	House Allowance	Senate Allowance	Appropriations
Appropriation	-	-	-	-
Base	41,205,000	-	38,798,000	38,798,000
Subtotal	41,205,000	-	38,798,000	38,798,000

2016

Details	Budget Estimates to Congress	House Allowance	Senate Allowance	Appropriations
Appropriation	-	-	-	-
Base	42,705,000	-	-	-
Subtotal	42,705,000	-	-	-

Summary of the Request

The U.S. Department of Health and Human Services (HHS) Office for Civil Rights (OCR) is the primary defender of the public's right to privacy and security of protected health information and non-discriminatory access to Federally-funded health and human services. Through prevention and elimination of unlawful discrimination and by protecting the privacy and security of individually identifiable health information, OCR helps HHS carry out its overall mission of improving the health and well-being of all people affected by the Department's many programs. To most effectively accomplish this enormously important undertaking, OCR activities partner with government and private sector entities at the local, state, and national levels.

For FY 2016, OCR requests \$42,705,000, an increase of \$3,907,000 from the FY15 Enacted Level to fund its nation-wide health care anti-discrimination and health information privacy and security mission performed and supported by OCR's three activities.

- \$29,400,000 for Enforcement and Regional Operations – an increase of \$2,142,000
- \$8,584,000 for Programs and Policy – an increase of \$1,819,000
- \$4,721,000 for Planning and Business Administration Management – a decrease of \$54,000

Enforcement and Regional Operations

(Dollars in Thousands)

Activity	FY 2014 Final	FY 2015 Enacted	FY 2016 President's Budget	FY 2016 +/- FY 2015 PB
Enforcement and Regional Operations	26,698	27,258	29,400	+2,142
FTE	139	137	137	0

Program Description and Accomplishments

Enforcement and Regional Operations (ERO) is charged with prevention and elimination of unlawful discrimination and protection of privacy and security of individually identifiable health information through enforcement activities under the laws within OCR's jurisdiction. ERO consists of a small headquarters element and personnel located at HHS' ten regional offices, including a satellite office in Los Angeles where additional investigators are based. The Deputy Director for Enforcement and Regional Operations reports through the Chief of Staff to the Director of OCR, and is responsible for all aspects of regional operations and performance.

The personnel based in OCR's regional offices are at the forefront of OCR's enforcement efforts and are responsible for responding to complainants, inquiries and requests from covered entities, and other healthcare consumers, and conducting investigations of alleged violations of civil rights and health information privacy and security laws. Each region is led by a regional manager who is responsible for operations within the geographical area of responsibility. OCR currently has regional offices in Boston, New York, Philadelphia, Atlanta, Chicago, Dallas, Kansas City, Denver, San Francisco, and Seattle. Additionally, there is a satellite office of the San Francisco region located in Los Angeles.

Since implementation of the Privacy Rule in 2003, the number of privacy and security complaints filed with OCR per year has steadily grown. In FY 2014, OCR actual complaint receipts were 21,247 compared to 15,043 in FY 2013. The sharp rise in receipts in late FY 2013 and FY 2014 is largely attributable to a complaint web portal implemented in July 2013 which allows the public to submit complaints electronically. OCR anticipates the volume of complaint receipts will increase to 24,434 in FY 2015 and 28,099 in FY 2016.

ERO also oversees national civil rights corporate agreements in OCR's nationwide civil rights pre-grant review program for health care provider covered entities applying to participate in the Medicare program. Through this initiative, OCR enters into civil rights corporate agreements with major health care corporations to develop model civil rights policies and procedures at all facilities under corporate ownership and control, extending their reach to facilities beyond the scope of Medicare Part A program requirements. In this way, OCR is achieving voluntary compliance with health care organizations on a large scale, thus maximizing its impact and civil rights compliance efforts within the Medicare provider community.

In order to keep pace with an increasing caseload due to OCR's evolving jurisdictional responsibilities related to health information privacy and security, and civil rights, OCR instituted a number of proactive efficiencies described below.

Centralized Case Management Operations (CCMO)

Customer Response Center (CRC)

In FY 2012, OCR implemented the CRC, which centralized the task of responding to telephone inquiries from complainants, covered entities, and the general public at OCR headquarters. This dramatic shift in OCR's core processes led to significant efficiencies by allowing regional staff to focus on investigation, outreach, and other enforcement activities. CRC staff responds to inquiries from all sources (phone, mail, fax, and web), educating callers on their responsibilities under HIPAA and numerous civil rights laws, as well as on OCR's intake and investigative processes. The CRC provides interpreter services in seven different languages to assist with the intake of complaints from foreign language speaking individuals.

Central Intake Unit (CIU)

The CIU is responsible for evaluating, triaging, and distributing cases for all ten regions. Like the CRC function, this was a task previously performed in the regions that OCR centralized at headquarters in order to facilitate the regions' main investigative responsibilities. The CIU staff resolves the vast majority of incoming complaints, enabling regional enforcement staff to address the more complex, high impact complaint investigations and compliance reviews.

Online Complaint Portal

In July 2013, OCR introduced its on-line web portal that provides a customer-friendly and expedient method for filing civil rights and health information privacy and security complaints as an alternative to the other mediums for submitting complaints (mail, fax, phone). Online complaint forms are in seven languages and the intention is to expand that number over time. Since the web portal's inception, the average number of complaints received per week has increased by 65% nationally. Despite the efficiencies gained from the centralized case management functions, the complaint increase is likely to continue and will significantly impact OCR's ability to keep pace with incoming receipts.

Accomplishments

The following items detail the most recent enforcement actions related to HIPAA privacy and security violations resulting in monetary settlements and corrective action plans.

- In December 2014, Anchorage Mental Health Services (ACMHS) agreed to settle potential violations of HIPAA by paying \$150,000 and adopting a corrective action plan to address deficiencies and report on its compliance for a two-year period. OCR opened an investigation after receiving a breach notification from ACMHS affecting 2,743 individuals due to malware compromising the security of its information technology resources. OCR's investigation revealed that ACMHS had not followed sample Security Rule policies and procedures adopted in 2005 and failed to identify and address basic risks, such as running outdated, unsupported software.
- In June 2014, Parkview Health System, Inc agreed to settle potential violations of HIPAA by paying \$800,000 and adopting a corrective action plan to address deficiencies in its HIPAA compliance program. OCR opened an investigation after receiving a complaint from a retiring physician alleging that Parkview had violated the HIPAA Privacy Rule. In September 2008, Parkview took custody of medical records pertaining to approximately 5,000 to 8,000 patients while assisting the retiring physician to transition her patients to new providers, and while considering the possibility of purchasing some of the physician's practice. On June 4, 2009, Parkview employees, with notice that the physician was not at home, left 71 cardboard boxes of these medical records unattended and accessible to unauthorized

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persons on the driveway of the physician's home, within 20 feet of the public road and a short distance away from a heavily trafficked public shopping venue. In addition to the \$800,000 resolution amount, the settlement includes a corrective action plan requiring Parkview to revise its policies and procedures, train staff, and provide an implementation report to OCR.

- In May 2014, New York and Presbyterian Hospital (NYP) paid \$3,300,000 to settle potential HIPAA violations and will adopt a corrective action plan. Columbia University (CU) likewise agreed to a settlement of \$1,500,000, and will institute a corrective action plan to address deficiencies in its HIPAA compliance program. OCR initiated its investigation of NYP and CU, which operate a shared network, following their submission of a joint breach report in 2010 regarding the disclosure of the ePHI of 6,800 individuals, including patient status, vital signs, medications, and laboratory results. The investigation revealed that the breach was caused when a physician attempted to deactivate a personally-owned computer server on the network containing patient ePHI. Because of a lack of technical safeguards, deactivation of the server resulted in ePHI being accessible on internet search engines. The entities learned of the breach after receiving a complaint by an individual who found the ePHI of the individual's deceased partner, a former patient of NYP, on the internet. OCR's investigation also found that neither entity made efforts prior to the breach to assure that the server was secure and that it contained appropriate software protections. Neither entity had an adequate risk management plan that addressed the potential threats and hazards to the security of ePHI. Lastly, NYP failed to implement appropriate policies and procedures for authorizing access to its databases and failed to comply with its own policies on information access management.
- In April 2014, Concentra Health Services (Concentra) agreed to a \$1,725,220 monetary settlement and to adopt a corrective action plan. OCR opened a compliance review upon receiving a breach report that an unencrypted laptop was stolen from one of its facilities. While OCR's investigation revealed that Concentra had previously identified a lack of encryption on its laptops, desktop computers, medical equipment, tablets and other devices containing ePHI, Concentra's efforts to safeguard patient information were incomplete and inconsistent, leaving patient information vulnerable throughout the organization.
- In April 2014, QCA Health Plan, Inc (QCA) of Arkansas agreed to a \$250,000 monetary settlement and to provide HHS with an updated risk management plan that includes specific security measures to reduce the vulnerabilities of its ePHI. QCA is also required to retrain its workforce and document its ongoing compliance efforts. OCR received a breach notice in February 2012 from QCA reporting that an unencrypted laptop computer containing the ePHI of 148 individuals was stolen from a workforce member's car. While QCA encrypted their devices following discovery of the breach, QCA failed to comply with multiple requirements of the HIPAA Privacy and Security Rules, beginning from the compliance date of the Security Rule in April 2005 and ending in June 2012.
- In March 2014, Skagit County, Washington, agreed to a \$215,000 monetary settlement and to work closely with HHS to correct deficiencies in its HIPAA compliance program. OCR opened an investigation upon receiving a breach report that receipts with ePHI of seven individuals were accessed by unknown parties after the ePHI had been inadvertently moved to a publicly accessible server maintained by the County. OCR's investigation revealed a broader exposure of protected health information involved in the incident, which included the ePHI of 1,581 individuals concerning the testing and treatment of infectious diseases.

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Funding History

Fiscal Year	Amount
FY 2011	\$26,961,000
FY 2012	\$26,908,000
FY 2013	\$27,030,000
FY 2014	\$26,698,000
FY 2015	\$27,258,000

Budget Request

The FY 2016 request for Enforcement and Regional Operations (ERO) is \$29,400,000, an increase of \$2,142,000 from the FY 2015 Enacted Level. The increase supports contract staff for both the audit program initiative and continuation of OCR's centralized case management operations, including the customer response center and central intake unit.

Programs and Policy

(Dollars in Thousands)

Activity	FY 2014 Final	FY 2015 Enacted	FY 2016 President's Budget	FY 2016 +/- FY 2015 PB
Programs and Policy	7,683	6,765	8,584	+1,819
FTE	40	34	40	+6

Program Description and Accomplishments

Programs and Policy consists of two components, Civil Rights and Health Information Privacy (HIP), with the majority of personnel working at HHS headquarters in Washington, D.C. The Deputy Director for Programs and Policy is responsible for all aspects of the operations and performance of this component and reports through the Chief of Staff to the OCR Director.

Civil Rights Division

The Civil Rights Division (CRD) performs a wide variety of critical functions to support the Department's mission to promote the health and well-being of the American public. As the component responsible for leading OCR's civil rights activities, CRD provides strategic planning for national initiatives and oversees OCR's nationwide program for civil rights enforcement, outreach, and policy development. In particular, CRD provides direction and subject matter expertise to regional staff and assists in their activities to ensure legal and policy coordination in OCR's formulation of investigative plans for complaints and compliance reviews, corrective action closure letters, voluntary compliance agreements, violation letters of finding, settlement agreements and enforcement actions. In addition, CRD supports the OCR Director's role as the Secretary's advisor on civil rights and is responsible for civil rights reviews of the Department's rulemaking and policy guidance, including drafting regulations and guidance to implement the civil rights provisions of the Affordable Care Act (ACA) and other statutes within OCR's jurisdiction and representing OCR on all HHS and other federal agency workgroups that address a wide variety of civil rights issues. Of note, CRD is responsible for leading the HHS language access steering committee, which has developed and is implementing both a HHS-wide plan and individual component plans to ensure federally conducted activities are accessible to persons with limited English proficiency.

With the advent of the ACA, OCR is charged with enforcing Section 1557, a nondiscrimination provision which ensures that all individuals have equal access to the benefits and services made available under the Act, without regard to race, color, national origin (including limited proficiency in English), disability, age, or sex. Significantly, this is the first time that sex discrimination in health care is prohibited by a national civil rights law. To help inform our regulatory development, OCR published a Request for Information (RFI) in the Federal Register in the summer of 2013. The RFI sought comment from consumers, health care providers, health insurers, and other stakeholders on a wide range of topics to inform OCR's rulemaking. OCR intends to issue an NPRM in 2015. This legislation significantly expands OCR's enforcement jurisdiction. We have already seen an increase in complaints, many of which raise issues of first impression and important policy questions, and anticipate a continued significant increase in complaints. CRD continues to play a pivotal role in ensuring civil rights protections in regulations and guidance promulgated under the Affordable Care Act, as well as other major regulations, including Home and Community Based Services and Application of the Fair Labor Standards Act to Domestic Service.

Accomplishments

- In December 2014, OCR partnered with the DOJ's Civil Rights Division to issue a Dear Colleague letter to states encouraging them to consider obligations under the integration mandate of Title II of the Americans with Disabilities Act and the 1999 Supreme Court decision in *Olmstead v. L.C.* if they make budgetary and program changes to their home health services programs in response to regulatory changes made to the Fair Labor Standards Act.
- In August 2014, OCR and CMS entered into an agreement to ensure that all individuals with disabilities can access information provided by CMS and its contractors in all CMS programs. The agreement resolves two complaints filed with OCR by a national disability rights advocacy organization. The agreement requires that CMS implement a process for responding to all requests for auxiliary aids and services relating to communications between staff and beneficiaries of CMS programs, provide widespread notice of this process, and develop a longer term comprehensive approach to ensuring effective communication with CMS beneficiaries with disabilities within prescribed timelines.
- In August 2014, Mee Memorial Hospital entered into an agreement with OCR to expand accessibility for LEP persons in its main hospital and five clinics serving approximately 50,000 people throughout 2,500 square miles in rural California.
- In May 2014, OCR entered into a post fund-termination agreement to restore federal funding eligibility to a California surgeon who discriminated against an HIV+ patient by refusing to operate on him. Federal funding was conditioned upon compliance with the terms of the agreement, which required the surgeon and his staff to complete comprehensive training and to develop, implement, and notify the public of the surgeon's new nondiscrimination policy. In August 2014, OCR entered into a voluntary resolution agreement with an assisted living facility in North Carolina to remedy the facility's denial of admission to persons who are HIV+. In March 2014, as part of the White House's HIV Continuum of Care Initiative, OCR initiated civil rights and health information privacy compliance reviews of urban hospitals in the 12 cities most affected by HIV/AIDS. These cases and initiatives send an important message to health care providers about their responsibility to comply with civil rights laws and the consequences for violating them and also support the National HIV/AIDS Strategy efforts to increase access to care, improve health outcomes, reduce new HIV infections and eliminate HIV-related stigma and discrimination.
- In March 2014, OCR entered into an agreement with Mississippi to ensure its state and local agencies provide limited English proficient persons with meaningful access to human service programs, including foster care and adoption services, child protective services, abuse prevention services, child visitation, and family reunification planning.
- In early 2014, OCR established a partnership with the Association of American Medical Colleges to expand OCR's medical school curriculum training on Title VI of the Civil Rights Act of 1964. During the summer of 2014, this partnership included teaching more than 1,000 pre-medical and med-students across the country.
- In August 2013, OCR secured an order terminating Medicaid payments to a California surgeon who refused to perform back surgery on an HIV-positive patient. The order was issued by the HHS Departmental Appeals Board, and concluded that the surgeon violated Section 504 of the Rehabilitation Act of 1973, which prohibits disability discrimination by health care providers who receive federal funds. This is the first instance in nearly 30 years in which OCR has undertaken efforts to withdraw federal

financial assistance for a recipient's noncompliance with civil rights laws. OCR was ultimately able to enter into an agreement with the surgeon to ensure future compliance.

Health Information Privacy Division

The Health Information Privacy (HIP) Division leads OCR's national privacy, security, and breach notification programs and performs a wide variety of mission-critical functions to support healthcare organizations, OCR's ten regional offices, and the American public. HIP is responsible for policy development, including rulemaking activities to modify the HIPAA Privacy, Security, Breach Notification, and Enforcement Rules pursuant to new statutory authorities or for other purposes as necessary; issuing guidance and developing compliance and training tools; providing public education; and raising awareness of individuals' privacy rights and protections for their health information. Through its efforts to promote robust privacy and security protections, HIP plays a leading role in other health reform movements, including advancing the adoption and meaningful use of electronic health records, and assuring privacy and security concerns are appropriately addressed by the delivery mechanisms under the ACA and American Recovery and Reinvestment Act (ARRA), in research and patient safety initiatives, and in emergency preparedness and response activities. The HIP Division also administers the confidentiality provisions of the Patient Safety and Quality Improvement Act of 2005, which provide confidentiality protections for patient safety work product.

Since September 2009, HIP staff has overseen a nationwide breach reporting system required by Section 13402 of the Health Information Technology for Economic and Clinical Health (HITECH) Act enabling covered entities and business associates to electronically file reports with the Secretary of all breaches of the privacy of unsecured protected health information. HIPAA covered entities are also required to provide prompt notification to the individuals affected by the breach. Breaches affecting 500 or more individuals lead to compliance reviews. HIP refers the breach reports to the regional offices for validation and investigation, and is responsible for maintaining a public listing of such breaches on the HHS web site. Breach reports that affect fewer than 500 individuals are currently treated as discretionary cases and investigated as resources permit. OCR has received more than 106,000 total complaints from the 2003 compliance date of the HIPAA Privacy Rule to the end of December 2014. For breach notifications, OCR has received 1,478 reports of breaches affecting 500 or more individuals and over 130,000 reports of smaller breaches. HIP staff provides significant input into the development of compliance and enforcement strategies, as well as expert advice to regional staff in their formulation of investigative plans, letters of investigative closure, resolution agreements and corrective action plans, and notices of the imposition of civil monetary penalties following complaint investigations.

As a result of the HITECH Act, covered entities, as well as their business associates, are subject to significantly increased civil money penalties for HIPAA violations that range from \$100 to \$50,000 or more per violation, with a calendar year limit of \$1.5 million for identical violations. OCR has leveraged these higher penalty amounts to strengthen and expand its compliance and enforcement program. In 2009, HIP expanded its enforcement scope to include the HIPAA Security Rule and has overseen its integration with OCR's ongoing privacy enforcement programs. HIP provides subject matter expertise to OCR's regional offices on the Privacy, Security, and Breach Notification Rules, thereby raising the quality of the corrective actions achieved through investigations. HIP also coordinates with the DOJ on criminal referrals under HIPAA.

Accomplishments

- In November 2014, HIP issued guidance on the HIPAA Privacy Rule in Emergency Situations (the "Ebola Bulletin"). The guidance reviews the ways in which patient information may be shared under the

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Privacy Rule during an emergency situation and serves as a reminder that the protections of the Privacy Rule are not set aside during an emergency.

- In September 2014, HIP issued guidance addressing the effect of the 2013 Supreme Court decision regarding the Defense of Marriage Act (DOMA) on certain HIPAA Privacy Rule provisions, which makes clear that spouses include both same-sex and opposite-sex individuals who are legally married, whether or not they live or receive services in a jurisdiction that recognizes their marriage.
- In February 2014, HIP collaborated with CMS and the CDC to publish a Final Rule that broadens individuals' rights to access their protected health information directly from laboratories subject to HIPAA, and removes federal barriers under the Clinical Laboratory Improvement Amendments of 1988 (CLIA) to individuals' direct access to their lab test reports.
- In February 2014, HIP issued guidance addressing when it is appropriate under the Privacy Rule for a health care provider to share the protected health information of a patient who is being treated for a mental health condition. Specifically, the guidance clarifies the circumstances under which HIPAA permits health care providers to communicate with a patient's family members, friends, or others involved in the patient's care; consider the patient's capacity to agree or object to the sharing of their information; communicate with family members, law enforcement, or others when the patient presents a serious and imminent threat of harm to self or others; and communicate to law enforcement about the release of a patient brought in for an emergency psychiatric hold.
- In January 2014, as part of President Obama's continuing efforts to reduce gun violence, HIP published a Notice of Proposed Rulemaking (NPRM) to remove unnecessary legal barriers under the HIPAA Privacy Rule that may prevent states from reporting certain information to the National Instant Criminal Background Check System (NICS). The NICS helps to ensure that guns are not sold to those prohibited by law from having them, including individuals involuntarily committed to a mental institution or otherwise who have been adjudicated to have a severe mental condition that would disqualify them from having a firearm (this provision in Federal law is known as the "mental health prohibitor"). The proposed rule would give States and certain covered entities added flexibility to ensure that accurate but limited information about individuals subject to the Federal mental health prohibitor is reported to the NICS. HIP currently is developing a final rule that, consistent with the NPRM, is carefully tailored to balance individuals' privacy interests with public safety needs.
- HIP piloted audits to ensure compliance by covered entities and business associates with the HIPAA Privacy and Security Rules and with their obligations under the HITECH Act. Comprehensive audit protocols were developed, tested, and used to conduct a total of 115 pilot audits of covered entities of varying types and sizes. An audit evaluation identified areas of program strength and recommendations for program design in FY 2016.
- HIP launched a number of efforts to increase education and awareness among covered entities and business associates about compliance with the HIPAA Privacy and Security Rules. OCR has developed six on-line educational modules that 122,868 health care providers have viewed via Medscape.org. Further, HIP has partnered with ONC and CMS to develop privacy and security protections for electronic health records that will promote their adoption and meaningful use such as the OCR Security Risk Assessment Tool, designed to assist small providers in conducting risk analysis in using certified electronic health records.
- OCR has continued to aggressively enforce the HIPAA Privacy, Security, and Breach Notification

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Rules. Since July of 2008, HIP has assisted the regional offices to impose one civil money penalty and negotiate 23 settlement agreements that included detailed corrective active plans. These actions have resulted in monetary receipts that OCR has utilized towards furthering health information privacy, security, and breach enforcement efforts.

Funding History

Fiscal Year	Amount
FY 2011	\$9,235,000
FY 2012	\$9,217,000
FY 2013	\$7,759,000
FY 2014	\$7,683,000
FY 2015	\$6,765,000

Budget Request

The FY 2016 request for Programs and Policy (P&P) is \$8,584,000 which is an increase of \$1,819,000 from the FY 2015 Enacted Level.

The increase funds OCR's initiative for a permanent HIPAA Privacy, Security, and Breach Notification Rule Audit Program. The HITECH Act provided authority for OCR to design, test, and evaluate an audit function to measure compliance with privacy, security, and breach notification requirements by covered entities and their business associates. The experience and evaluation of the methods piloted in FY 2011 and FY 2012 provided the Department with an enhanced understanding of current privacy and security risks to health information. The evaluation noted strengths of the program design and suggestions for moving forward. OCR has incorporated these ideas into its current planning for a second phase of audits. A viable audit program adds tremendous value to the compliance and enforcement mission of OCR by leveraging a proactive and systemic look at industry compliance successes and struggles, rather than the incident response efforts triggered by a complaint process. A robust audit program can generate analytical tools and methods for entity self-evaluation and prevention, fostering a culture of compliance throughout the health care sector, and serve as a foundation for appropriate enforcement action. Through widespread entity interest in and response to audit program expectations, a successful audit program can have a multiplier effect on compliance penetration beyond the number of entities selected for the audit itself.

OCR is only capable of auditing a subset of the overall population of covered entities and business associates, so OCR will target an appropriate mix of size and complexity of entities to audit. OCR will use entity-specific databases (e.g., the National Provider Identifier) to select an initial pool of several hundred covered entities. A Pre-Audit Screening Questionnaire to be completed by these entities will provide OCR with characteristics about each entity that will enable OCR to select those entities that best fit OCR criteria.

OCR will add FTE and contractors to oversee and conduct the program. OCR plans to conduct audits of covered entities and, for the first time, business associates, using OCR regional investigators and contract support (including a security expert, privacy and breach expert, and auditors). These audits will be focused on particular requirements of HIPAA breach notification, privacy, and security rules.

Planning and Business Administration Management

(Dollars in Thousands)

Activity	FY 2014 Final	FY 2015 Enacted	FY 2016 President's Budget	FY 2016 +/- FY 2015 PB
Planning and Business Admin Mgmt	4,417	4,775	4,721	-54
FTE	23	24	22	-2

Program Description and Accomplishments

The Division of Planning and Business Administration Management (PBAM) is focused on supporting OCR's mission through a variety of service and support functions outlined below and providing direct support to the operations of OCR's other two activities (E&RO and P&P). All FTEs are located at HHS headquarters in Washington, DC. The Deputy Director for PBAM is responsible for all aspects of the operations and performance of the sections and reports through the Chief of Staff to the Director of OCR.

Budget

The Budget Section is accountable for working with leadership to formulate funding and personnel requirements. Specific focus areas are: budget formulation, budget execution, management internal controls, headquarters and regional operations support, data calls response, and resource matters that affect ongoing OCR efforts to provide quality support.

Executive Secretariat (ES)

The ES section is responsible for agency clearance requests, Congressional and other high-level correspondence, Freedom of Information Act (FOIA) actions, and other general administrative duties.

Human Resources (HR)

The HR section provides guidance to leaders, conducts the recruitment of staff personnel, and coordinates personnel support actions for headquarters and the regions. The section's key responsibilities include coordination with the Office of Human Resources (OHR), application and adherence to human resources policy, and interfacing with the labor union.

Information Technology (IT)

With personnel spread across the nation, the IT section has the challenging task of ensuring all locations receive superb and timely automation support to facilitate seamless operations. This is accomplished via the performance of a variety of tasks, including conducting inventories, planning upgrades, maintaining and replacing equipment, attaining contracts to support systems, administering the Performance Information Management System (PIMS), and fulfilling network security requirements.

Additional personnel include the Director of OCR, the Chief of Staff, and their immediate staff as well as the Deputy Director of PBAM.

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Funding History

Fiscal Year	Amount
FY 2011	\$4,821,000
FY 2012	\$4,813,000
FY 2013	\$4,843,000
FY 2014	\$4,417,000
FY 2015	\$4,775,000

Budget Request

The FY 2016 request for Planning and Business Administration Management (PBAM) is \$4,721,000. This reflects a decrease of \$54,000 from the FY 2015 Enacted Level.

Budget Authority by Object Class

(Dollars in Thousands)

Object Class Code	Description	FY 2014 Final	FY 2015 Enacted	FY 2016 President's Budget
11.1	Full-time permanent	18,813	17,262	18,193
11.3	Other than full-time permanent	1,541	1,426	1,440
11.5	Other personnel compensation	318	321	331
11.7	Military personnel	154	156	157
Subtotal	Personnel Compensation	20,826	19,165	20,121
12.1	Civilian personnel benefits	6,190	5,586	5,929
12.2	Military benefits	81	82	83
13.0	Benefits for former personnel	287	30	31
Total	Pay Costs	27,384	24,863	26,164
21.0	Travel and transportation of persons	301	304	349
22.0	Transportation of things	13	8	10
23.1	Rental payments to GSA	3,299	3,165	3,312
23.3	Communications, utilities, and misc. charges	211	202	204
24.0	Printing and reproduction	150	57	60
25.1	Advisory and assistance services	-	-	-
25.2	Other services from non-Federal sources	108	110	113
25.3	Other goods and services from Federal sources	5,244	9,138	11,538
25.4	Operation and maintenance of facilities	395	344	347
25.5	Research and development contracts	-	-	-
25.6	Medical care	1,055	-	-
25.7	Operation and maintenance of equipment	430	383	387
25.8	Subsistence and support of persons	-	-	-
26.0	Supplies and materials	158	189	191
31.0	Equipment	50	35	30
32.0	Land and Structures	-	-	-
41.0	Grants, subsidies, and contributions	-	-	-
42.0	Insurance claims and indemnities	-	-	-
44.0	Refunds	-	-	-
Total	Non-Pay Costs	11,414	13,935	16,541
Total	Budget Authority by Object Class	38,798	38,798	42,705

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Salaries and Expenses

(Dollars in Thousands)

Object Class Code	Description	FY 2015 Base	FY 2016 Budget	FY 2016 +/- FY 2015
11.1	Full-time permanent	18,813	17,262	18,193
11.3	Other than full-time permanent	1,541	1,426	1,440
11.5	Other personnel compensation	318	321	331
11.7	Military personnel	154	156	157
Subtotal	Personnel Compensation	20,826	19,165	20,121
12.1	Civilian personnel benefits	6,190	5,586	5,929
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Total	Pay Costs	27,384	24,863	26,164
21.0	Travel and transportation of persons	301	304	349
22.0	Transportation of things	13	8	10
23.3	Communications, utilities, and misc. charges	211	202	204
24.0	Printing and reproduction	150	57	60
25.1	Advisory and assistance services	-	-	-
25.2	Other services from non-Federal sources	108	110	113
25.3	Other goods and services from Federal sources	5,244	9,138	11,538
25.4	Operation and maintenance of facilities	395	344	347
25.5	Research and development contracts	-	-	-
25.6	Medical care	1,055	-	-
25.7	Operation and maintenance of equipment	430	383	387
25.8	Subsistence and support of persons	-	-	-
Subtotal	Other Contractual Services	7,232	9,975	12,385
26.0	Supplies and materials	158	189	191
Subtotal	Non-Pay Costs	8,066	10,735	13,199
Total	Salary and Expenses	35,450	35,568	39,363
23.1	Rental payments to GSA	3,299	3,165	3,312
Total	Salaries, Expenses, and Rent	38,749	38,733	42,675
Total	Direct FTE	202	195	199

Detail of Full-Time Equivalent Employment

Detail	FY 2014 Actual Civilian	FY 2014 Actual Military	FY 2014 Actual Total	FY 2015 Estimate Civilian	FY 2015 Estimate Military	FY 2015 Estimate Total	FY 2016 Estimate Civilian	FY 2016 Estimate Military	FY 2016 Estimate Total
Direct	200	2	202	193	2	195	197	2	199
Reimbursable	1	-	1	1	-	1	1	-	1
Total FTE	201	2	203	194	2	196	198	2	200

Detail of Positions**Executive level**

Detail	FY 2014 Final	FY 2015 Enacted	FY 2016 Budget
Executive level I	-	-	-
Executive level II	4	2	2
Executive level III	1	2	2
Executive level IV	2	1	1
Executive level V	2	-	-
Subtotal	9	5	5
Total - Exec. Level Salaries	\$1,085,642	\$834,510	\$842,855

GS Level

Detail	FY 2014 Final	FY 2015 Enacted	FY 2016 Budget
GS-15	22	21	22
GS-14	31	30	32
GS-13	35	34	34
GS-12	83	76	76
GS-11	6	6	7
GS-10	-	-	-
GS-9	16	16	16
GS-8	-	-	-
GS-7	1	1	1
GS-6	-	-	-
GS-5	9	7	7
GS-4	-	-	-
GS-3	-	-	-
GS-2	-	-	-
GS-1	-	-	-
Subtotal	203	191	195
Total - GS Salary	\$19,268,358	\$17,853,490	\$18,790,145

Average Level

Detail	FY 2014 Final	FY 2015 Enacted	FY 2016 Budget
Average ES level	III	III	III
Average ES salary	\$171,507	\$166,902	\$168,571
Average GS grade	12.9	12.8	12.9
Average GS Salary	\$95,388	\$93,474	\$96,360

Rent and Common Expenses

(Dollars in Thousands)

Detail	FY 2014 Final	FY 2015 Enacted	FY 2016 President's Budget	FY 2016 +/- FY 2015
Rent	3,299	3,165	3,312	+147
Subtotal	3,299	3,165	3,312	+147
Operations and Maintenance	825	727	734	+7
Subtotal	825	727	734	+7
Service and Supply Fund	4,199	3,908	3,947	+39
Subtotal	4,199	3,908	3,947	+39
TOTAL	8,323	7,800	7,993	+193