



DEPARTMENT OF HEALTH AND HUMAN SERVICES

OFFICE OF INSPECTOR GENERAL

WASHINGTON, DC 20201



January 18, 2013

TO: Patrick O'Rourke
Chief Financial Officer
Office of Financial Policy and Controls
Health Resources and Services Administration

FROM: /Gloria L. Jarmon/
Deputy Inspector General for Audit Services

SUBJECT: Independent Attestation Review: Health Resources and Services Administration
Fiscal Year 2012 Performance Summary Report for National Drug Control
Activities (A-03-13-00358)

This report provides the results of our attestation review of the Health Resources and Services Administration (HRSA) Performance Summary Report for National Drug Control Activities for fiscal year (FY) 2012.

Each National Drug Control Program agency must submit to the Director of the Office of National Drug Control Policy (ONDCP) an annual evaluation of the progress by the agency with respect to drug control program goals using the performance measures established for that agency (21 U.S.C. § 1703(b)(13)). The Federal statute authorizes ONDCP to “monitor implementation of the National Drug Control Program, including – (A) conducting program and performance audits and evaluations.” ONDCP may request “assistance from the Inspector General of the relevant agency in such audits and evaluations” (section 1703(d)(7)).

Section 9 of the ONDCP Circular entitled *Drug Control Accounting*, dated May 1, 2007, allows an agency included in the National Drug Control Budget with prior-year drug-related obligations of less than \$50 million to submit an alternative report. ONDCP officials determined that HRSA's alternative report would consist of one performance measure, including prior-year performance targets and results, current-year targets, and procedures used to ensure the quality of performance data but omitting all other disclosures. HRSA's management prepared its alternative report in accordance with ONDCP's requirements.

As authorized by section 1703(d)(7) of the Federal statute, and in compliance with the Circular, ONDCP requested that we perform this review. Accordingly, we reviewed the attached HRSA report entitled “FY 2012 Performance Summary Report for National Drug Control Activities,” dated November 6, 2012. We conducted our attestation review in accordance with attestation standards established by the American Institute of Certified Public Accountants and the

standards applicable to attestation engagements contained in *Government Auditing Standards* issued by the Comptroller General of the United States. A review is substantially less in scope than an examination, the objective of which is to express an opinion on management's report; accordingly, we do not express such an opinion.

HEALTH RESOURCES AND SERVICES ADMINISTRATION PERFORMANCE SUMMARY REPORT

HRSA's performance summary report included one measure for National Drug Control Program activities: the percentage of health center grantees providing substance abuse counseling and treatment services. HRSA chose to provide the alternative report in lieu of a detailed report and assertions and provided a statement, as required by the ONDCP Circular, that full compliance would constitute an unreasonable reporting burden.

We performed review procedures on the performance summary report. In general, we limited our review procedures to inquiries and analytical procedures appropriate for our attestation review.

OFFICE OF INSPECTOR GENERAL CONCLUSION

Based on our review, nothing came to our attention that caused us to believe that HRSA's performance summary report for FY 2012 was not fairly stated, in all material respects, based on the ONDCP Circular. Further, nothing came to our attention that caused us to doubt that full compliance with the Circular would constitute an unreasonable reporting burden.

Although this report is an unrestricted public document, the information it contains is intended solely for the information and use of Congress, ONDCP, and HRSA and is not intended to be, and should not be, used by anyone other than these specified parties. If you have any questions or comments about this report, please do not hesitate to call me, or your staff may contact Kay L. Daly, Assistant Inspector General for Audit Services, at (202) 619-1157 or through email at Kay.Daly@oig.hhs.gov. Please refer to report number A-03-13-00358 in all correspondence.

Attachment

ATTACHMENT

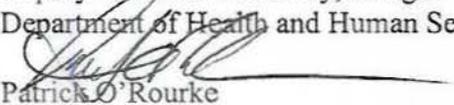


DEPARTMENT OF HEALTH & HUMAN SERVICES

Health Resources and Services Administration

TO: Director Rockville, Maryland 20857
Office of National Drug Control Policy

THROUGH: Norris Cochran
Deputy Assistant Secretary, Budget
Department of Health and Human Services

FROM: 
Patrick O'Rourke
Chief Financial Officer
Office of Financial Policy and Controls

DATE: NOV 06 2012

SUBJECT: Health Resources and Services Administration Performance
Summary Report for Fiscal Year 2012

In accordance with the Office of National Drug Control Policy Circular: Drug Control Accounting issued May 1, 2007, the Health Resources and Services Administration's (HRSA) Fiscal Year 2012 Performance Summary is enclosed. Since HRSA's obligations for drug-related activities fall below the reporting threshold of \$50 million, we attest that full compliance with the ONDCP Circular would constitute an unreasonable reporting burden.

FY2012 Performance Summary Report for National Drug Control Activities

Decision Unit: Bureau for Primary Health Care

Table 1: Measure 1

Performance Measures	CY 2011 Target	CY 2011 Result	CY 2012 Target	CY 2012 Results	CY 2013 Target	Data Source
Percentage of Health Center grantees providing substance abuse counseling and treatment services.	22%	22%	22%	Available Aug.1, 2013	22%	Uniform Data System

The Health Center Program Uniform Data System (UDS) tracks a variety of information, including patient demographics, services provided, staffing, clinical indicators, utilization rates, costs, and revenues. UDS data are collected annually from grantees and reported at the grantee, state, and national levels. In the annual UDS report (Table 5 – Staffing and Utilization), each health center reports on the number of FTEs, patients and patient visits supported by their Health Center Program grant, separated into clinical service categories, including substance abuse services. A total of 1,128 health centers reported in the 2011 UDS. In a query of the 2011 UDS a total of 249 health centers reported FTEs, patients, and/or patient visits in the substance abuse category.

Procedures used to ensure quality of performance data – UDS

BPHC requires that grantees submit an annual UDS Report on a standardized (calendar) year. Because of the importance of accuracy in these data, all reports are subjected to an intensive editing process. This process, conducted under contract, involves substantial computer editing plus the use of highly skilled, highly experienced, reviewers who are familiar with health center operations, and business and IT practices. Reviewers receive annual training.

Editing takes place at three distinct points in the overall process:

1. **At grantee, prior to submission.** As the grantees enter data into the EHB they are informed prior to their submission of the data to BPHC, of any of roughly 600 – 700 errors which might be detected. This process generally results in all of the mathematical errors and most of the logical errors being corrected prior to submission.
2. **Upon receipt.** Once submitted, the data are subjected to a review to determine that all required information has been submitted. Missing tables and, especially, missing sub-

tables relating to individual programs, are identified and grantees are contacted to obtain the missing information. These submissions are held until complete.

3. **By reviewers.** Once the staff review has determined that the reports are complete, they are forwarded to a reviewer for actual review, and correction (as needed).