

HHS Centers for Medicare and Medicaid Services

For period covering October 1, 2022 to September 30, 2023

<b>PART A</b> Department or Agency Identifying Information	<b>1. Agency</b>	<b>1.</b> HHS Centers for Medicare and Medicaid Services
	<b>1.a</b> 2nd level reporting component	
	<b>2. Address</b>	<b>2.</b> 7500 Security Boulevard
	<b>3. City, State, Zip Code</b>	<b>3.</b> Baltimore, MD 21244-1850
	<b>4. Agency Code</b>   <b>5. FIPS code(s)</b>	<b>4.</b> HE70   <b>5.</b> 98005

<b>PART B</b> Total Employment	<b>1.</b> Enter total number of permanent full-time and part-time employees	<b>1.</b> 6378
	<b>2.</b> Enter total number of temporary employees	<b>2.</b> 125
	<b>3. TOTAL EMPLOYMENT [add lines B 1 through 2]</b>	<b>4.</b> 6503

<b>PART C</b> Agency Official(s) Responsible For Oversight of EEO Program(s)	Title Type	Name	Title
	Head of Agency	Chiquita Brooks-LaSure	Administrator, CMS
	Head of Agency Designee	Anita Pinder	Director, OEOCR
	Principal EEO Director/Official	Anita Pinder	Director, OEOCR
	Affirmative Employment Program Manager	Craig Borne	Director, Affirmative Employment Group
	Complaint Processing Program Manager	Ronza Othman	Director, EEO Compliance Group
	Other EEO Staff	Alaina Jenkins	Deputy Director, OEOCR
	Other EEO Staff	Nicole Oke	EEO & Civil Rights Policy Group Director

For period covering October 1, 2022 to September 30, 2023

<b>PART D</b> List of Subordinate Components Covered in This Report	Subordinate Component and Location (City/State)	Country	Agency Code
	HHS Centers for Medicare and Medicaid Services Washington, DC	United States	HE70
	HHS Centers for Medicare and Medicaid Services Boston, MA	United States	HE70
	HHS Centers for Medicare and Medicaid Services New York, NY	United States	HE70
	HHS Centers for Medicare and Medicaid Services Philadelphia, PA	United States	HE70
	HHS Centers for Medicare and Medicaid Services Atlanta, GA	United States	HE70
	HHS Centers for Medicare and Medicaid Services Chicago, IL	United States	HE70
	HHS Centers for Medicare and Medicaid Services Dallas, TX	United States	HE70
	HHS Centers for Medicare and Medicaid Services Kansas City, MO	United States	HE70
	HHS Centers for Medicare and Medicaid Services Denver, CO	United States	HE70
	HHS Centers for Medicare and Medicaid Services San Francisco, CA	United States	HE70
	HHS Centers for Medicare and Medicaid Services Seattle, WA	United States	HE70

EEOC FORMS and Documents	Required	Uploaded	
Anti-Harassment Policy and Procedures	Y	Y	
EEO Policy Statement	Y	Y	
Organization Chart	Y	Y	
Personal Assistance Services Procedures	Y	Y	
Agency Strategic Plan	Y	Y	
Alternative Dispute Resolution Procedures	Y	Y	
Reasonable Accommodation Procedure	Y	Y	
EEO Strategic Plan	N	N	
Federal Equal Opportunity Recruitment Program (FEORP) Report	N	N	
Human Capital Strategic Plan	N	N	
Results from most recent Federal Employee Viewpoint Survey or Annual Employee Survey	N	N	
Disabled Veterans Affirmative Action Program (DVAAP) Report	N	N	
Diversity Policy Statement	N	N	

EXECUTIVE SUMMARY: MISSION

The Centers for Medicare & Medicaid Services (CMS) serves the public as a trusted partner and steward, dedicated to measure success, the work of CMS aligns with the following six strategic pillars, which cut across program and support functions throughout the Agency:

- Advance health equity by addressing the health disparities that underlie our health system
- Build on the Affordable Care Act and expand access to quality, affordable health coverage and care
- Engage our partners and the communities we serve throughout the policymaking and implementation process
- Drive innovation to tackle our health system challenges and promote high-value, person-centered care
- Protect our programs' sustainability for future generations by serving as a responsible steward of public funds
- Foster a positive and inclusive workplace and workforce, and promote excellence in all aspects of CMS's operations

EXECUTIVE SUMMARY: ESSENTIAL ELEMENT A-F

CMS is an operating division of the U.S. Department of Health and Human Services (HHS), the principal Agency responsible for protecting the health of all Americans. CMS manages and operates the Medicare, Medicaid, Children's Health Insurance Program (CHIP), and Health Insurance Marketplaces. The CMS total permanent and temporary workforce was comprised of 6,503 employees as of September 30, 2023, spanning ten (10) regional offices and several satellite locations across the United States and Puerto Rico, according to the HHS Business Intelligence Information System (BIIS). The workforce consisted of 6,378 permanent and 125 temporary employees.

For permanent, fulltime employees, the largest employee group categorized by race and national origin at the end of fiscal year (FY) 2023 was Whites totaling 3,458 individuals and representing a participation rate of 54.22% of the total CMS workforce. The other categories were:

- Blacks – 30.52% (1,947)
- Asians – 9.58% (611)
- Hispanics – 4.52% (288)
- American Indians/Alaska Natives (AI/AN) – 0.47% (30)
- Native Hawaiian/Pacific Islander (NH/PI) – 0.16% (10)
- Two or More Races – 0.53% (34)

Of the total permanent, fulltime workforce, 2,083 were males, accounting for 32.66%, and 4,295 were females, accounting for 67.34%. Additionally, 863 employees self-identified as a Person with a Disability (PWD), which constituted 13.53% of the total CMS workforce, while Persons with Targeted Disabilities (PWTD) numbered 191 individuals and constituted 2.99% of the CMS workforce.

EXECUTIVE SUMMARY: WORKFORCE ANALYSES

Each year, CMS reviews how it is doing in the areas of new hires, promotions, and attrition of all demographic groups. Analysis of the data associated with those areas helps uncover potential triggers or barriers to groups that may have lower than expected participation rates in the workforce when compared to their participation in the Civilian Labor Force (CLF) or when compared to other appropriate Federal benchmarks.

*New Hires*

Overall, CMS has a strong recruitment and hiring program that utilizes a variety of hiring authorities to reach qualified candidates across many demographic groups.

CMS carried out 688 hiring actions in FY 2023, which included 568 permanent and 120 temporary new hires.

Of all new hires (permanent and temporary), 66.86% were female (460), and 33.14% were male (228). The following is the complete demographic breakdown of new hires:

- White Males: 20.49% (141)
- White Females: 38.66% (266)
- Hispanic Males: 2.18% (15)
- Hispanic Females: 3.05% (21)
- African American Males: 5.52% (38)
- African American Females: 16.72% (115)
- Asian Males: 4.51% (31)
- Asian Females: 7.70% (53)
- Pacific Islander Males: 0.15% (1)
- Pacific Islander Females: 0.15% (1)
- AI/AN Males: 0.00% (0)
- AI/AN Females: 0.36% (2)
- Two or More Race Males: 0.29% (2)
- Two or More Race Females: 0.29% (2)
- Person with Disabilities: 9.74% (67)
- Person with Targeted Disabilities: 1.60% (11)
- Veterans: 16.86% (116)

*Promotions*

CMS should pay close attention to the promotion rates of all minority groups and persons with disabilities (including those with targeted disabilities) into the Senior Executive Service (SES).

EXECUTIVE SUMMARY: WORKFORCE ANALYSES

CMS carried out approximately 467 promotion actions in FY 2023. 98.93% were competitive promotions to the next higher grade, and 1.07% were promotions into the SES.

White males and White females were promoted more frequently than individuals belonging to other demographic groups. However, both White males and White females had received significantly fewer competitive promotions (17.99% and 30.84%, respectively) than expected when compared to their representation in the overall CMS population (20.49% and 33.73%, respectively).

American Indian/Alaska Native males received no competitive promotions (0.00%), which was less than expected when compared to their representation in the overall CMS population (0.09%).

Pacific Islander males and Pacific Islander females received no competitive promotions (0.00% and 0.00%), which were less than expected when compared to their representation in the overall CMS population (0.13% and 0.38%, respectively).

Males received fewer competitive promotions (30.84%) than expected when compared to their representation in the overall CMS population (32.66%).

Persons with Disabilities had no applications into the SES (0.00%), which was less than expected when compared to their representation in the overall CMS population (13.53%)

Persons with Targeted Disabilities had fewer promotions (2.36%), as well as no promotions into the SES (0.00%) which was less than expected when compared to their representation in the overall CMS population (2.99%).

*Attrition*

CMS should explore why Males, Hispanic males, White females, Asians, Native Hawaiian or other Pacific Islanders, American Indian/Alaskan Natives, those who self-identified Two or More Races males, Persons with Disabilities, Persons with Targeted Disabilities, and Veterans are separating from CMS at higher rates when compared to the inclusion rate of all other groups who separated from CMS.

EXECUTIVE SUMMARY: WORKFORCE ANALYSES

Approximately 348 employees separated from CMS in FY 2023. 94.54% of all attrition fell into the categories of voluntary retirement, resignation, or transferring to another federal agency.

Males separated from CMS at a slightly higher rate (5.71%) when compared to the inclusion rate of all other employees who separated (5.33%).

Hispanic males separated from CMS at a higher rate (10.42%) when compared to the inclusion rate of all other employees who separated (5.38%).

White females separated from CMS at a slightly higher rate (5.58%) when compared to the inclusion rate of all other employees who separated (5.39%)

Asian males and Asian females separated from CMS at a higher rate (10.14% and 5.58%) when compared to the inclusion rate of all other employees who separated (5.29% and 5.45%, respectively).

Native Hawaiian or other Pacific Islander males and females separated from CMS at a higher rate (50.00% and 12.50%) when compared to the inclusion rate of all other employees who separated (5.44% and 5.45%, respectively).

American Indian/Alaskan Native males and American Indian/Alaskan Native females separated from CMS at a higher rate (16.67% and 8.33%, respectively) when compared to the inclusion rate of all other employees who separated (5.45% and 5.45%, respectively).

Two or More Races males separated from CMS at a higher rate (14.29%) when compared to the inclusion rate of all other employees who separated (5.45%).

Persons With Disabilities and Persons with Targeted Disabilities separated from CMS at a higher rate (6.37% and 7.85%, respectively) when compared to the inclusion rate of all other employees who separated (5.31% and 5.38%, respectively).

Veterans separated from CMS at a higher rate (6.28%) when compared to the inclusion rate of all other employees who separated (5.36%).

EXECUTIVE SUMMARY: ACCOMPLISHMENTS

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Throughout FY 2023, the CMS Office of Equal Opportunity and Civil Rights (OEOCR) and the Office of Human Capital (OHC) carefully examined CMS's programs against the essential elements of a model EEO Program. The Agency review revealed that while CMS is compliant in 162 out of 166 (97.59%) of the self-assessment indicators, there are 4 areas (2.41%) that will require further attention in FY 2024. These areas are addressed in the Parts H, I, and J plans included in this report and will be closely monitored by OEOCR and OHC.

**Essential Element A – Demonstrated Commitment from Agency Leadership**

This element requires the Agency head to issue written policy statements ensuring a workplace free of discriminatory harassment and a commitment to equal employment opportunity.

The CMS EEO Policy Statement sets forth the Agency's commitment to ensuring a workplace free from unlawful discrimination and harassment, and fostering a work environment that fully utilizes the capabilities of every employee and manager at all organizational levels. Additionally, CMS has a "no tolerance" policy for harassment, unlawful discrimination, retaliation, and offensive and inappropriate conduct. The Agency's commitment is further demonstrated through continual EEO and diversity, equity, and inclusion training for employees, managers, and supervisors.

In FY 2023, CMS met all measures under this element. As such, no Part H plan has been developed for Essential Element A.

The following deficiency from FY 2022 was addressed and resolved:

1. (A.3.a.) CMS does not provide recognition to employees, supervisors, managers, and units demonstrating superior accomplishment in equal employment opportunity.

**Essential Element B - Integration of EEO into the Agency's Strategic Mission**

This element requires that the Agency's EEO programs be organized and structured to maintain a workplace free from discrimination in any of the Agency's policies, procedures or practices and supports the Agency's strategic mission.

**EXECUTIVE SUMMARY: ACCOMPLISHMENTS**

The OEOCR Director / CMS Chief Diversity Officer reports to the CMS Principal Deputy Administrator/CMS Chief Operating Officer (COO) and has regular access to senior staff by participating in weekly Senior Leadership meetings and regular meetings with the COO. The OEOCR Director meets monthly with the Agency Administrator and the Principal Deputy Administrator, in addition to a quarterly meeting with the Principal Deputy Administrator and the Deputy Chief Operating Officer. The OEOCR Director also serves as a voting member of the CMS Strategic Planning and Management Council. Additionally, OEOCR has regular meetings with OHC regarding EEO, diversity and inclusion strategies, barriers, and action plans.

**EXECUTIVE SUMMARY: ACCOMPLISHMENTS**

In FY 2023, CMS met all but three measures under this element. As a result, a Part H plan has been developed for the following items in Essential Element B:

1. (B.1.a.) The Agency head is not the immediate supervisor of the person (“EEO Director”) who has day-to-day control over the EEO office.
2. (B.4.a.2.) The Agency has not allocated sufficient funding and qualified staffing to successfully conduct a thorough barrier analysis of its workforce.
3. NEW - (B.6.d.) Senior managers do not successfully implement EEO Action Plans and incorporate the EEO Action Plan Objectives into agency strategic plans.

The following deficiencies from FY 2022 were addressed and resolved:

1. (B.1.a.1.) The EEO Director does not report to the same Agency head designee as the mission-related programmatic offices.
2. (B.1.a.2.) The Agency’s organizational chart does not clearly define the reporting structure for the EEO office.
3. (B.3.a) The EEO program officials do not participate in agency meetings regarding workforce changes that might impact EEO issues, including strategic planning, recruitment strategies, vacancy projections, succession planning, and selections for training/career development opportunities.

**Essential Element C – Management and Program Accountability**

This element requires the Agency head to hold all managers, supervisors, and EEO officials responsible for the effective implementation of the Agency’s EEO program and plan. The Agency’s SES managers are held accountable through performance management plans, which include responsibility for recruiting, retaining, and developing employee talent to achieve a high quality, diverse workforce. This assures that employees have the skills needed to accomplish organizational performance objectives while supporting workforce diversity, workplace inclusion, and equal employment policies and programs.

**EXECUTIVE SUMMARY: ACCOMPLISHMENTS**

Non-SES managers are held accountable through performance management plans that include responsibility for promoting a no tolerance objective for harassment, retaliation, and unlawful discrimination by:

1. Requiring all subordinate employees to complete EEO-related training;
2. Effectively and efficiently complying with all EEO complaint and Reasonable Accommodation processes and timelines; and
3. Encouraging subordinate staff to attend and participate in special observance programs and in diversity and inclusion training.

In FY 2023, CMS met all but one measure under this element. As a result, a Part H plan has been developed for the following item in Essential Element C:

1. (C.2.b.5.) The Agency has not processed all initial reasonable accommodation requests, excluding ongoing interpretative services, within the time frame set forth in its reasonable accommodation procedures.

The following deficiency from FY 2022 was addressed and resolved:

1. (C.4.c.) The Agency does not have timely access to accurate and complete data (e.g., demographic data for the workforce, applicants, training programs, etc.) required to prepare the MD-715 workforce data tables.

**Essential Element D - Proactive Prevention**

This element requires that the Agency head make early efforts to prevent discriminatory actions and eliminate barriers to equal employment opportunity in the workplace. CMS provides training to educate its workforce on measures to prevent discriminatory actions and retaliatory conduct.

New employees receive the No Fear Act training within 90 days of onboarding and receive refresher training every two years. Similarly, new managers and supervisors are required to complete the CMS Leadership in Context (LinC) curriculum within their first year of management. The LinC training includes an in-depth training on EEO and the role of a manager, as well as Diversity, Equity, and Inclusion (DEI) training on how to identify and leverage personal strengths to enhance relationships and address and resolve conflict. Additionally, CMS offers several EEO and DEI events to educate its workforce on rights and responsibilities in the workplace to include training on reasonable accommodation, the EEO complaint process, and the benefits of Alternative Dispute Resolution.

CMS also proactively seeks to resolve employee concerns prior to the initiation of EEO pre-complaints. In FY 2023,

**EXECUTIVE SUMMARY: ACCOMPLISHMENTS**

efficient and responsive efforts yielded a resolution rate of 51% for EEO initial contacts. Specifically, of the eighty initial EEO contacts, fifty-one did not result in the initiation of an EEO pre-complaint.

In FY 2023, CMS met all measures under this element. As a result, no Part H plans have been developed for Essential Element D.

The following deficiencies from FY 2022 were addressed and resolved:

1. (D.1.c.) The Agency does not currently conduct exit interviews or surveys that include questions on how the agency could improve the recruitment, hiring, inclusion, retention, and advancement of individuals with disabilities
2. (D.2.c.) The Agency does not consider whether any group of employees or applicants might be negatively impacted prior to making human resource decisions, such as re-organizations and realignments.

**Essential Element E – Efficiency**

This element requires that effective systems be in place for evaluating the impact and effectiveness of the Agency's EEO programs and the efficiency and fairness of the dispute resolution process. CMS utilizes a variety of tracking systems and databases, including MicroPact's iComplaints, to conduct a wide range of periodic examinations of its compliance obligations. CMS ensures that its counselors and investigators maintain current certifications and ensures timely completion of counseling and investigations. In FY 2022, CMS completed 100% of its 65 EEO counseling sessions within the regulatory timeframe. Moreover, 100% of the Agency's 31 formal EEO investigations were completed within the statutory time period.

In FY 2023, CMS met all measures under this element. As a result, no Part H plans have been developed for Essential Element E.

The following deficiencies from FY 2022 were addressed and resolved:

1. (E.4.a.2.) Systems are not in place to accurately collect, monitor, and analyze the race, national origin, sex, and disability status of Agency employees.
2. (E.4.b.) The Agency does not currently have a system in place to re-survey the workforce on a regular basis.

**Essential Element F – Responsiveness and Legal Compliance**

This element requires that federal agencies be in full compliance with EEO statutes and EEOC regulations, policy

**EXECUTIVE SUMMARY: ACCOMPLISHMENTS**

guidance, and other written instructions. The EEO Leadership meets regularly with the CMS DCOO and other senior officials to discuss CMS's program for developing and monitoring a model EEO program. These discussions focus on ensuring that CMS is in compliance with EEO statutes and EEOC regulations, policy guidance, and other written instructions. CMS maintains several management controls and systems to ensure that it is in full compliance with EEO legal obligations.

In FY 2023, CMS continued to meet all measures under this element.

**Complaints Trends**

In FY 2023, there were thirty-four total formal EEO complaints, of which there were eleven formal EEO complaints where a disability-based complaint alleged a hostile work environment. This accounted for 32% of the total formal complaints. Based on 2020 data, the government-wide average was approximately 20.00%. Therefore, the Agency rate is higher than the government-wide average.

In FY 2023, there were six formal EEO complaints out of a total of thirty-four formal EEO complaints filed that alleged failure to provide a reasonable accommodation, accounting for 18% of the total. Based on 2020 data, the government-wide average was approximately 13.5%. Therefore, the Agency did exceed the government-wide average.

EXECUTIVE SUMMARY: PLANNED ACTIVITIES

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CMS will continue to pursue MD-715 objectives as a year-round initiative for increasing DEI within the workplace and will make every effort to integrate these objectives in its daily routine. During FY 2024, CMS will continue to improve the Agency's approach to implementing MD-715 objectives, as well as continue to implement efforts in its DEI Strategic Plan. These efforts will be accomplished with a sustained focus on several initiatives, to include:

- Leveraging data to implement EEO action plans across CMS components and promote change and sustainability;
- Influencing organizational focus on DEI objectives and outcomes through data analytics;
- Engaging CMS Employee Resource Groups to assist with diversity strategies, barrier identification and elimination, and promoting inclusion;
- Continuing the work of the DEI Council, which is comprised of senior leaders and Employee Resource Group representatives to better advise senior leadership on DEI activities;
- Continuing and improving the DEI Ambassador program to better engage and communicate with CMS component leaders; and
- Mitigating bias and enhancing equity in our talent processes.

**PART F: CERTIFICATION OF ESTABLISHMENT OF CONTINUING EQUAL EMPLOYMENT OPPORTUNITY PROGRAMS**

I, **Anita Pinder, Director, Office of Equal Opportunity and Civil Rights**, am the Principal EEO Director/Official for the **Centers for Medicare & Medicaid Services, U.S. Department of Health and Human Services**.

The Agency has conducted an annual self-assessment of Section 717 and Section 501 programs against the essential elements as prescribed by EEO MD-715. If an essential element was not fully compliant with the standards of EEO MD-715, a further evaluation was conducted and, as appropriate, EEO Plans for Attaining the Essential Elements of a Model EEO Program, are included with this Federal Agency Annual EEO Program Status Report.

**EXECUTIVE SUMMARY: PLANNED ACTIVITIES**

The Agency has also analyzed its work force profiles and conducted barrier analyses aimed at detecting whether any management or personnel policy, procedure or practice is operating to disadvantage any group based on race, national origin, gender, or disability. EEO Plans to Eliminate Identified Barriers, as appropriate, are included with this Federal Agency Annual EEO Program Status Report.

I certify that proper documentation of this assessment is in place and is being maintained for EEOC review upon request.

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**CERTIFICATION of ESTABLISHMENT of CONTINUING  
EQUAL EMPLOYMENT OPPORTUNITY PROGRAMS**

[Redacted] am the  
(Insert Name Above) (Insert official title/series/grade above)

Principal EEO Director/Official for

[Redacted]  
(Insert Agency/Component Name above)

The agency has conducted an annual self-assessment of Section 717 and Section 501 programs against the essential elements as prescribed by EEO MD-715. If an essential element was not fully compliant with the standards of EEO MD-715, a further evaluation was conducted and, as appropriate, EEO Plans for Attaining the Essential Elements of a Model EEO Program, are included with this Federal Agency Annual EEO Program Status Report.

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I certify that proper documentation of this assessment is in place and is being maintained for EEOC review upon request.

Signature of Principal EEO Director/Official  
Certifies that this Federal Agency Annual EEO Program Status Report is in compliance with EEO MD-715.

Date

Signature of Agency Head or Agency Head Designee

Date

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Agency Self-Assessment Checklist

Essential Element: A Demonstrated Commitment From agency Leadership

 Compliance Indicator		Measure Has Been Met			For all unmet measures, provide a brief explanation in the space below or complete and attach an EEOC FORM 715-01 PART H to the agency's status report
		Yes	No	N/A	
 Measures	A.1. The agency issues an effective, up-to-date EEO policy statement.			N/A	
	A.1.a. Does the agency annually issue a signed and dated EEO policy statement on agency letterhead that clearly communicates the agency's commitment to EEO for all employees and applicants? If "Yes", please provide the annual issuance date in the comments column. [see MD-715, ll(A)]	X			The CMS EEO Policy Statement was issued to all CMS employees on September 29, 2023. 9/29/2023
	A.1.b. Does the EEO policy statement address all protected bases (age, color, disability, sex (including pregnancy, sexual orientation and gender identity), genetic information, national origin, race, religion, and reprisal) contained in the laws EEOC enforces? [see 29 CFR § 1614.101(a)] If the EEO policy statement covers any additional bases (e.g., marital status, veteran status and political affiliation), please list them in the comments column.	X			The CMS EEO Policy Statement also includes: EEO Alternative Dispute Resolution (ADR); Whistleblower Protection; Reasonable Accommodations; Threats of Violence; Harassment; Official Time; Cooperation with EEO Process; and Commissioned Corps Officers.

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Agency Self-Assessment Checklist

 Compliance Indicator		Measure Has Been Met			For all unmet measures, provide a brief explanation in the space below or complete and attach an EEOC FORM 715-01 PART H to the agency's status report
		Yes	No	N/A	
 Measures	A.2. The agency has communicated EEO policies and procedures to all employees.				
A.2.a. Does the agency disseminate the following policies and procedures to all employees:					
A.2.a.1. Anti-harassment policy? [see MD 715, II(A)]		X			The CMS anti-harassment Policy Statement was issued to all CMS employees on September 29, 2023.
A.2.a.2. Reasonable accommodation procedures? [see 29 CFR § 1614.203(d)(3)]		X			Information regarding the reasonable accommodation process is made available to all employees on the CMS intranet and during the New Employee Orientation. The policy and procedures are posted on the CMS intranet.
A.2.b. Does the agency prominently post the following information throughout the workplace and on its public website:					
A.2.b.1. The business contact information for its EEO Counselors, EEO Officers, Special Emphasis Program Managers, and EEO Director? [see 29 C.F.R § 1614.102(b)(7)]		X			
A.2.b.2. Written materials concerning the EEO program, laws, policy statements, and the operation of the EEO complaint process? [see 29 CFR § 1614.102(b)(5)]		X			
A.2.b.3. Reasonable accommodation procedures? [see 29 CFR § 1614.203(d)(3)(i)] If so, please provide the internet address in the comments column.		X			Information regarding the reasonable accommodation process is made available to all employees on the CMS intranet at <a href="https://cmsintranet.sharepoint.com/sites/OEOCR/Documents/RAPolicyStatement">https://cmsintranet.sharepoint.com/sites/OEOCR/Documents/RAPolicyStatement</a>
A.2.c. Does the agency inform its employees about the following topics:					
A.2.c.1. EEO complaint process? [see 29 CFR §§ 1614.102(a)(12) and 1614.102(b)(5)] If "yes", please provide how often and the means by which such training is delivered.		X			Semi-annually

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Agency Self-Assessment Checklist

A.2.c.2. ADR process? [see MD-110, Ch. 3(II)(C)] If “yes”, please provide how often.	X		Semi-annually
A.2.c.3. Reasonable accommodation program? [see 29 CFR § 1614.203(d)(7)(ii)(C)] If “yes”, please provide how often.	X		The RA Policy is provided to all employees yearly through the CMS EEO Policy Statement. Also, informational articles are shared with employees in the Agency’s newsletter at least once per year. FY 2023’s article (page 8). The Agency also provides RA process training in person and through its LMS at least twice yearly. In FY2023, three informational trainings were provided.
A.2.c.4. Anti-harassment program? [see EEOC Enforcement Guidance on Vicarious Employer Liability for Unlawful Harassment by Supervisors (1999), § V.C.1] If “yes”, please provide how often.	X		The CMS Anti-harassment policy was provided to all employees on September 29, 2023, and is available on the Agency’s Intranet. The policy is also included in the Agency EEO Policy Statement.
A.2.c.5. Behaviors that are inappropriate in the workplace and could result in disciplinary action? [5 CFR §2635.101(b)] If “yes”, please provide how often.	X		Annually

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Agency Self-Assessment Checklist

 Compliance Indicator		Measure Has Been Met			For all unmet measures, provide a brief explanation in the space below or complete and attach an EEOC FORM 715-01 PART H to the agency's status report
		Yes	No	N/A	
 Measures	A.3. The agency assesses and ensures EEO principles are part of its culture.				
	A.3.a. Does the agency provide recognition to employees, supervisors, managers and units demonstrating superior accomplishment in equal employment opportunity? [see 29 CFR § 1614.102(a)(9)] If “yes”, provide one or two examples in the comments section. .	X			In FY 2022, CMS launched its annual DEI Impact Award recognizing individuals and teams who have demonstrated DEI principles in their work at CMS.
	A.3.b. Does the agency utilize the Federal Employee Viewpoint Survey or other climate assessment tools to monitor the perception of EEO principles within the workforce? [see 5 CFR Part 250]	X			

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Agency Self-Assessment Checklist

Essential Element: B Integration of EEO into the agency's Strategic Mission

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Agency Self-Assessment Checklist

 Compliance Indicator		Measure Has Been Met			For all unmet measures, provide a brief explanation in the space below or complete and attach an EEOC FORM 715-01 PART H to the agency's status report
		Yes	No	N/A	
 Measures	B.1. The reporting structure for the EEO program provides the principal EEO official with appropriate authority and resources to effectively carry out a successful EEO program.				
	B.1.a. Is the agency head the immediate supervisor of the person ("EEO Director") who has day-to-day control over the EEO office? [see 29 CFR §1614.102(b)(4)]		X		The Principal Deputy Administrator / Chief Operating Officer is the immediate supervisor of the EEO Director.
	B.1.a.1. If the EEO Director does not report to the agency head, does the EEO Director report to the same agency head designee as the mission-related programmatic offices? If "yes," please provide the title of the agency head designee in the comments.	X			The Principal Deputy Administrator / Chief Operating Officer is the immediate supervisor of the EEO Director.
	B.1.a.2. Does the agency's organizational chart clearly define the reporting structure for the EEO office? [see 29 CFR §1614.102(b)(4)]	X			The organization chart follows the CMS format for indicating reporting relationships. The organizational chart displays organizational relationships/ reporting and not relationships between individuals/ specific positions.
	B.1.b. Does the EEO Director have a regular and effective means of advising the agency head and other senior management officials of the effectiveness, efficiency and legal compliance of the agency's EEO program? [see 29 CFR §1614.102(c)(1); MD-715 Instructions, Sec. I]	X			The EEO Director meets with the Agency Head monthly; and with senior management officials bi-weekly.
	B.1.c. During this reporting period, did the EEO Director present to the head of the agency, and other senior management officials, the "State of the agency" briefing covering the six essential elements of the model EEO program and the status of the barrier analysis process? [see MD-715 Instructions, Sec. I] If "yes", please provide the date of the briefing in the comments column.	X			The EEO Director presented the "State of the Agency" to the Agency Head on August 22, 2023, and to senior management officials on September 19, 2023.

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B.1.d. Does the EEO Director regularly participate in senior-level staff meetings concerning personnel, budget, technology, and other workforce issues? [see MD-715, II(B)]		X			
 <b>Compliance Indicator</b>	B.2. The EEO Director controls all aspects of the EEO program.	<b>Measure Has Been Met</b>			<b>For all unmet measures, provide a brief explanation in the space below or complete and attach an EEOC FORM 715-01 PART H to the agency's status report</b>
 <b>Measures</b>		Yes	No	N/A	
B.2.a. Is the EEO Director responsible for the implementation of a continuing affirmative employment program to promote EEO and to identify and eliminate discriminatory policies, procedures, and practices? [see MD-110, Ch. 1(III)(A); 29 CFR §1614.102(c)] If not, identify the office with this authority in the comments column.		X			
B.2.b. Is the EEO Director responsible for overseeing the completion of EEO counseling? [see 29 CFR §1614.102(c)(4)]		X			
B.2.c. Is the EEO Director responsible for overseeing the fair and thorough investigation of EEO complaints? [see 29 CFR §1614.102(c)(5)] [This question may not be applicable for certain subordinate level components.]		X			
B.2.d. Is the EEO Director responsible for overseeing the timely issuance of final agency decisions? [see 29 CFR §1614.102(c)(5)] [This question may not be applicable for certain subordinate level components.]		X			HHS is responsible for the issuance of conflict and default Final Agency Decisions. All other decisions comply with this part.
B.2.e. Is the EEO Director responsible for ensuring compliance with EEOC orders? [see 29 CFR §§ 1614.102(e); 1614.502]		X			
B.2.f. Is the EEO Director responsible for periodically evaluating the entire EEO program and providing recommendations for improvement to the agency head? [see 29 CFR §1614.102(c)(2)]		X			
B.2.g. If the agency has subordinate level components, does the EEO Director provide effective guidance and coordination for the components? [see 29 CFR §§ 1614.102(c)(2); (c)(3)]		X			

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 Compliance Indicator		Measure Has Been Met			For all unmet measures, provide a brief explanation in the space below or complete and attach an EEOC FORM 715-01 PART H to the agency's status report
		Yes	No	N/A	
 Measures	B.3. The EEO Director and other EEO professional staff are involved in, and consulted on, management/personnel actions.				
	B.3.a. Do EEO program officials participate in agency meetings regarding workforce changes that might impact EEO issues, including strategic planning, recruitment strategies, vacancy projections, succession planning, and selections for training/career development opportunities? [see MD-715, II(B)]	X			
	B.3.b. Does the agency's current strategic plan reference EEO / diversity and inclusion principles? [see MD-715, II(B)] If "yes", please identify the EEO principles in the strategic plan in the comments column.	X			In August of 2021, the new CMS Administrator informed the Agency of the CMS Strategic Plan through her Six Pillars, the last being: Pillar 6: Foster a positive and inclusive workplace and workforce, and promote excellence in all aspects of CMS's operations.

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 Compliance Indicator		Measure Has Been Met			For all unmet measures, provide a brief explanation in the space below or complete and attach an EEOC FORM 715-01 PART H to the agency's status report
		Yes	No	N/A	
 Measures	B.4. The agency has sufficient budget and staffing to support the success of its EEO program.				
B.4.a. Pursuant to 29 CFR §1614.102(a)(1), has the agency allocated sufficient funding and qualified staffing to successfully implement the EEO program, for the following areas:					
	B.4.a.1. to conduct a self-assessment of the agency for possible program deficiencies? [see MD-715, II(D)]	X			
	B.4.a.10. to effectively manage its reasonable accommodation program? [see 29 CFR §1614.203(d)(4)(ii)]	X			
	B.4.a.11. to ensure timely and complete compliance with EEOC orders? [see MD-715, II(E)]	X			
	B.4.a.2. to enable the agency to conduct a thorough barrier analysis of its workforce? [see MD-715, II(B)]		X		See Part H.
	B.4.a.3. to timely, thoroughly, and fairly process EEO complaints, including EEO counseling, investigations, final agency decisions, and legal sufficiency reviews? [see 29 CFR §§ 1614.102(c)(5); 1614.105(b) – (f); MD-110, Ch. 1(IV)(D) & 5(IV); MD-715, II(E)]	X			
	B.4.a.4. to provide all supervisors and employees with training on the EEO program, including but not limited to retaliation, harassment, religious accommodations, disability accommodations, the EEO complaint process, and ADR? [see MD-715, II(B) and III(C)] If not, please identify the type(s) of training with insufficient funding in the comments column.	X			
	B.4.a.5. to conduct thorough, accurate, and effective field audits of the EEO programs in components and the field offices, if applicable? [see 29 CFR §1614.102(c)(2)]	X			CMS conducts workforce profiles for all components, including those throughout the regional offices. In addition, EEO complaint information is also tracked by component, providing CMS with an overall assessment of EEO compliance in the Agency as a whole.
	B.4.a.6. to publish and distribute EEO materials (e.g. harassment policies, EEO posters, reasonable accommodations procedures)? [see MD-715, II(B)]	X			
	B.4.a.7. to maintain accurate data collection and tracking systems for the following types of data: complaint tracking, workforce demographics, and applicant flow data? [see MD-715, II(E)] If not, please identify the systems with insufficient funding in the comments section.	X			
	B.4.a.8. to effectively administer its special emphasis programs (such as, Federal Women's Program, Hispanic Employment Program, and People with Disabilities Program Manager)? [5 USC § 7201; 38 USC § 4214; 5 CFR § 720.204; 5 CFR § 213.3102(t) and (u); 5 CFR § 315.709]	X			
	B.4.a.9. to effectively manage its anti-harassment program? [see MD-715 Instructions, Sec. I; EEOC Enforcement Guidance on Vicarious Employer Liability for Unlawful Harassment by Supervisors (1999), § V.C.1]	X			
	B.4.b. Does the EEO office have a budget that is separate from other offices within the agency? [see 29 CFR § 1614.102(a)(1)]	X			

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B.4.c. Are the duties and responsibilities of EEO officials clearly defined? [see MD-110, Ch. 1(III)(A), 2(III), & 6(III)]	X			
B.4.d. Does the agency ensure that all new counselors and investigators, including contractors and collateral duty employees, receive the required 32 hours of training, pursuant to Ch. 2(II) (A) of MD-110?	X			
B.4.e. Does the agency ensure that all experienced counselors and investigators, including contractors and collateral duty employees, receive the required 8 hours of annual refresher training, pursuant to Ch. 2(II)(C) of MD-110?	X			

 Compliance Indicator	B.5. The agency recruits, hires, develops, and retains supervisors and managers who have effective managerial, communications, and interpersonal skills	Measure Has Been Met			For all unmet measures, provide a brief explanation in the space below or complete and attach an EEOC FORM 715-01 PART H to the agency's status report
 Measures		Yes	No	N/A	
		Yes	No	N/A	

B.5.a. Pursuant to 29 CFR §1614.102(a)(5), have all managers and supervisors received orientation, training, and advice on their responsibilities under the following areas under the agency EEO program:

B.5.a.1. EEO complaint process? [see MD-715(II)(B)]	X			
B.5.a.2. Reasonable Accommodation Procedures? [see 29 CFR § 1614.102(d)(3)]	X			
B.5.a.3. Anti-harassment policy? [see MD-715(II)(B)]	X			This training was provided throughout the year to the CMS Employee Resource Groups. CMS is launching an anti-harassment course in LMS in FY 2024
B.5.a.4. Supervisory, managerial, communication and interpersonal skills in order to supervise most effectively in a workplace with diverse employees and avoid disputes arising from ineffective communications? [see MD-715, II(B)]	X			
B.5.a.5. ADR, with emphasis on the federal government's interest in encouraging mutual resolution of disputes and the benefits associated with utilizing ADR? [see MD-715(II)(E)]	X			

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 Compliance Indicator		Measure Has Been Met			For all unmet measures, provide a brief explanation in the space below or complete and attach an EEOC FORM 715-01 PART H to the agency's status report
		Yes	No	N/A	
 Measures	B.6. The agency involves managers in the implementation of its EEO program.				
	B.6.a. Are senior managers involved in the implementation of Special Emphasis Programs? [see MD-715 Instructions, Sec. I]	X			
	B.6.b. Do senior managers participate in the barrier analysis process? [see MD-715 Instructions, Sec. I]	X			
	B.6.c. When barriers are identified, do senior managers assist in developing agency EEO action plans (Part I, Part J, or the Executive Summary)? [see MD-715 Instructions, Sec. I]	X			
	B.6.d. Do senior managers successfully implement EEO Action Plans and incorporate the EEO Action Plan Objectives into agency strategic plans? [29 CFR §1614.102(a)(5)]	X			

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Essential Element: C Management and Program Accountability

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 Compliance Indicator		Measure Has Been Met			For all unmet measures, provide a brief explanation in the space below or complete and attach an EEOC FORM 715-01 PART H to the agency's status report
		Yes	No	N/A	
 Measures	C.1. The agency conducts regular internal audits of its component and field offices.				
	C.1.a. Does the agency regularly assess its component and field offices for possible EEO program deficiencies? [see 29 CFR §1614.102(c)(2)] If "yes", please provide the schedule for conducting audits in the comments section.	X			The audit schedule is on a quarterly basis. The Agency has assessed workforce analytics data by component throughout the reporting period, and it has recently received access to those data on a regional office basis. The Agency will expand this review by including EEO complaint trend analysis to complement its review of the workforce and barrier analysis-related data.
	C.1.b. Does the agency regularly assess its component and field offices on their efforts to remove barriers from the workplace? [see 29 CFR §1614.102(c)(2)] If "yes", please provide the schedule for conducting audits in the comments section.	X			The audit schedule is on a quarterly basis. The Agency has assessed workforce analytics data by component throughout the reporting period, and it has recently received access to those data on a regional office basis. The Agency will expand this review by including EEO complaint trend analysis to complement its review of the workforce and barrier analysis-related data.

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C.1.c. Do the component and field offices make reasonable efforts to comply with the recommendations of the field audit? [see MD-715, II(C)]

X

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 Compliance Indicator		Measure Has Been Met			For all unmet measures, provide a brief explanation in the space below or complete and attach an EEOC FORM 715-01 PART H to the agency's status report
		Yes	No	N/A	
 Measures	C.2. The agency has established procedures to prevent all forms of EEO discrimination.				
	C.2.a. Has the agency established comprehensive anti-harassment policy and procedures that comply with EEOC's enforcement guidance? [see MD-715, II(C); Enforcement Guidance on Vicarious Employer Liability for Unlawful Harassment by Supervisors (Enforcement Guidance), EEOC No. 915.002, § V.C.1 (June 18, 1999)]	X			
	C.2.a.1. Does the anti-harassment policy require corrective action to prevent or eliminate conduct before it rises to the level of unlawful harassment? [see EEOC Enforcement Guidance on Vicarious Employer Liability for Unlawful Harassment by Supervisors (1999), § V.C.1]	X			
	C.2.a.2. Has the agency established a firewall between the Anti-Harassment Coordinator and the EEO Director? [see EEOC Report, Model EEO Program Must Have an Effective Anti-Harassment Program (2006)]	X			
	C.2.a.3. Does the agency have a separate procedure (outside the EEO complaint process) to address harassment allegations? [see Enforcement Guidance on Vicarious Employer Liability for Unlawful Harassment by Supervisors (Enforcement Guidance), EEOC No. 915.002, § V.C.1 (June 18, 1999)]	X			
	C.2.a.4. Does the agency ensure that the EEO office informs the anti-harassment program of all EEO counseling activity alleging harassment? [See Enforcement Guidance, V.C.]	X			
	C.2.a.5. Does the agency conduct a prompt inquiry (beginning within 10 days of notification) of all harassment allegations, including those initially raised in the EEO complaint process? [see Complainant v. Dep't of Veterans Affairs, EEOC Appeal No. 0120123232 (May 21, 2015); Complainant v. Dep't of Defense (Defense Commissary Agency), EEOC Appeal No. 0120130331 (May 29, 2015)] If "no", please provide the percentage of timely-processed inquiries in the comments column.	X			
	C.2.a.6. Do the agency's training materials on its anti-harassment policy include examples of disability-based harassment? [see 29 CFR §1614.203(d)(2)]	X			
	C.2.b. Has the agency established disability reasonable accommodation procedures that comply with EEOC's regulations and guidance? [see 29 CFR §1614.203(d)(3)]	X			
	C.2.b.1. Is there a designated agency official or other mechanism in place to coordinate or assist with processing requests for disability accommodations throughout the agency? [see 29 CFR §1614.203(d)(3)(D)]	X			
	C.2.b.2. Has the agency established a firewall between the Reasonable Accommodation Program Manager and the EEO Director? [see MD-110, Ch. 1(IV)(A)]	X			
	C.2.b.3. Does the agency ensure that job applicants can request and receive reasonable accommodations during the application and placement processes? [see 29 CFR §1614.203(d)(1)(ii)(B)]	X			
	C.2.b.4. Do the reasonable accommodation procedures clearly state that the agency should process the request within a maximum amount of time (e.g., 20 business days), as established by the agency in its affirmative action plan? [see 29 CFR §1614.203(d)(3)(i)(M)]	X			

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<p>C.2.b.5. Does the agency process all initial accommodation requests, excluding ongoing interpretative services, within the time frame set forth in its reasonable accommodation procedures? [see MD-715, II(C)] If “no”, please provide the percentage of timely-processed requests, excluding ongoing interpretative services, in the comments column.</p>		<p>X</p>	<p>During the reporting period, the Agency reduced its average time for providing accommodations within the timeframe set by the RA policy. In FY2023, 58% of requests were processed within this time period. Requests case average was 32 days, just two days beyond the established timeframe.</p>
<p>C.2.c. Has the agency established procedures for processing requests for personal assistance services that comply with EEOC’s regulations, enforcement guidance, and other applicable executive orders, guidance, and standards? [see 29 CFR §1614.203(d)(6)]</p>	<p>X</p>		
<p>C.2.c.1. Does the agency post its procedures for processing requests for Personal Assistance Services on its public website? [see 29 CFR §1614.203(d)(5)(v)] If “yes”, please provide the internet address in the comments column.</p>	<p>X</p>		<p><a href="https://www.cms.gov/files/document/personal-assistance-services-pas-policy-and-procedure.pdf">https://www.cms.gov/files/document/personal-assistance-services-pas-policy-and-procedure.pdf</a></p>

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 Compliance Indicator		Measure Has Been Met			For all unmet measures, provide a brief explanation in the space below or complete and attach an EEOC FORM 715-01 PART H to the agency's status report
		Yes	No	N/A	
 Measures	C.3. The agency evaluates managers and supervisors on their efforts to ensure equal employment opportunity.				
C.3.a. Pursuant to 29 CFR §1614.102(a)(5), do all managers and supervisors have an element in their performance appraisal that evaluates their commitment to agency EEO policies and principles and their participation in the EEO program?		X			Although CMS includes these principles in its manager appraisal plans, CMS is in the process of strengthening this element consistent with EEOC guidance and will be included in the 2022 performance rating period.
C.3.b. Does the agency require rating officials to evaluate the performance of managers and supervisors based on the following activities:					
C.3.b.1. Resolve EEO problems/disagreements/conflicts, including the participation in ADR proceedings? [see MD-110, Ch. 3.I]		X			
C.3.b.2. Ensure full cooperation of employees under his/her supervision with EEO officials, such as counselors and investigators? [see 29 CFR §1614.102(b)(6)]		X			
C.3.b.3. Ensure a workplace that is free from all forms of discrimination, including harassment and retaliation? [see MD-715, II(C)]		X			
C.3.b.4. Ensure that subordinate supervisors have effective managerial, communication, and interpersonal skills to supervise in a workplace with diverse employees? [see MD-715 Instructions, Sec. I]		X			
C.3.b.5. Provide religious accommodations when such accommodations do not cause an undue hardship? [see 29 CFR §1614.102(a)(7)]		X			
C.3.b.6. Provide disability accommodations when such accommodations do not cause an undue hardship? [ see 29 CFR §1614.102(a)(8)]		X			
C.3.b.7. Support the EEO program in identifying and removing barriers to equal opportunity?. [see MD-715, II(C)]		X			
C.3.b.8. Support the anti-harassment program in investigating and correcting harassing conduct?. [see Enforcement Guidance, V.C.2]		X			
C.3.b.9. Comply with settlement agreements and orders issued by the agency, EEOC, and EEO-related cases from the Merit Systems Protection Board, labor arbitrators, and the Federal Labor Relations Authority? [see MD-715, II(C)]		X			
C.3.c. Does the EEO Director recommend to the agency head improvements or corrections, including remedial or disciplinary actions, for managers and supervisors who have failed in their EEO responsibilities? [see 29 CFR §1614.102(c)(2)]		X			
C.3.d. When the EEO Director recommends remedial or disciplinary actions, are the recommendations regularly implemented by the agency? [see 29 CFR §1614.102(c)(2)]		X			

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 Compliance Indicator		Measure Has Been Met			For all unmet measures, provide a brief explanation in the space below or complete and attach an EEOC FORM 715-01 PART H to the agency's status report
		Yes	No	N/A	
 Measures	C.4. The agency ensures effective coordination between its EEO program and Human Resources (HR) program.				
	C.4.a. Do the HR Director and the EEO Director meet regularly to assess whether personnel programs, policies, and procedures conform to EEOC laws, instructions, and management directives? [see 29 CFR §1614.102(a)(2)]	X			
	C.4.b. Has the agency established timetables/schedules to review at regular intervals its merit promotion program, employee recognition awards program, employee development/training programs, and management/personnel policies, procedures, and practices for systemic barriers that may be impeding full participation in the program by all EEO groups? [see MD-715 Instructions, Sec. I]	X			
	C.4.c. Does the EEO office have timely access to accurate and complete data (e.g., demographic data for the workforce, applicants, training programs, etc.) required to prepare the MD-715 workforce data tables? [see 29 CFR §1614.601(a)]		X		In line with HHS's efforts to develop a model EEO program, the headquarters and operating divisions have been working to assess our EEO programs. The process has identified deficiencies specifically related to the integrity of the HHS data and data systems.
	C.4.d. Does the HR office timely provide the EEO office with access to other data (e.g., exit interview data, climate assessment surveys, and grievance data), upon request? [see MD-715, II(C)]	X			
	C.4.e. Pursuant to Section II(C) of MD-715, does the EEO office collaborate with the HR office to:				
	C.4.e.1. Implement the Affirmative Action Plan for Individuals with Disabilities? [see 29 CFR §1614.203(d); MD-715, II(C)]	X			
	C.4.e.2. Develop and/or conduct outreach and recruiting initiatives? [see MD-715, II(C)]	X			In FY 2023, OHC Strategic Outreach Team worked with OEOCR to continued their efforts focused on the goals of the 2023 Outreach Strategy. These included a variety of marketing methods and touchpoints to candidates via virtual and face to face recruitment events.

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C.4.e.3. Develop and/or provide training for managers and employees? [see MD-715, II(C)]	X			
C.4.e.4. Identify and remove barriers to equal opportunity in the workplace? [see MD-715, II(C)]	X			
C.4.e.5. Assist in preparing the MD-715 report? [see MD-715, II(C)]	X			

 <b>Compliance Indicator</b>		Measure Has Been Met			<b>For all unmet measures, provide a brief explanation in the space below or complete and attach an EEOC FORM 715-01 PART H to the agency's status report</b>
		Yes	No	N/A	
 <b>Measures</b>	C.5. Following a finding of discrimination, the agency explores whether it should take a disciplinary action.				

C.5.a. Does the agency have a disciplinary policy and/or table of penalties that covers discriminatory conduct? [see 29 CFR §1614.102(a)(6); see also Douglas v. Veterans Administration, 5 MSPR 280 (1981)]	X			CMS does not utilize a table of penalties. The Agency employs standards of progressive discipline that cover all employees who have violated policies or engaged in misconduct.
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C.5.b. When appropriate, does the agency discipline or sanction managers and employees for discriminatory conduct? [see 29 CFR §1614.102(a)(6)] If "yes", please state the number of disciplined/sanctioned individuals during this reporting period in the comments.	X			One individual was disciplined/sanctioned for discriminatory conduct during this reporting period.
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C.5.c. If the agency has a finding of discrimination (or settles cases in which a finding was likely), does the agency inform managers and supervisors about the discriminatory conduct (e.g., post mortem to discuss lessons learned)? [see MD-715, II(C)]	X			
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 <b>Compliance Indicator</b>		Measure Has Been Met			<b>For all unmet measures, provide a brief explanation in the space below or complete and attach an EEOC FORM 715-01 PART H to the agency's status report</b>
		Yes	No	N/A	
 <b>Measures</b>	C.6. The EEO office advises managers/supervisors on EEO matters.				

C.6.a. Does the EEO office provide management/supervisory officials with regular EEO updates on at least an annual basis, including EEO complaints, workforce demographics and data summaries, legal updates, barrier analysis plans, and special emphasis updates? [see MD-715 Instructions, Sec. I] If "yes", please identify the frequency of the EEO updates in the comments column.	X			Management/Supervisory officials provided updates annually.
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C.6.b. Are EEO officials readily available to answer managers' and supervisors' questions or concerns? [see MD-715 Instructions, Sec. I]	X			
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Essential Element: D Proactive Prevention

 <b>Compliance Indicator</b>		Measure Has Been Met			For all unmet measures, provide a brief explanation in the space below or complete and attach an EEOC FORM 715-01 PART H to the agency's status report
		Yes	No	N/A	
 <b>Measures</b>	D.1. The agency conducts a reasonable assessment to monitor progress towards achieving equal employment opportunity throughout the year.				
	D.1.a. Does the agency have a process for identifying triggers in the workplace? [see MD-715 Instructions, Sec. I]	X			
	D.1.b. Does the agency regularly use the following sources of information for trigger identification: workforce data; complaint/grievance data; exit surveys; employee climate surveys; focus groups; affinity groups; union; program evaluations; special emphasis programs; and/or external special interest groups? [see MD-715 Instructions, Sec. I]	X			
	D.1.c. Does the agency conduct exit interviews or surveys that include questions on how the agency could improve the recruitment, hiring, inclusion, retention and advancement of individuals with disabilities? [see 29 CFR §1614.203(d)(1)(iii)(C)]	X			
 <b>Compliance Indicator</b>		Measure Has Been Met			For all unmet measures, provide a brief explanation in the space below or complete and attach an EEOC FORM 715-01 PART H to the agency's status report
 <b>Measures</b>	D.2. The agency identifies areas where barriers may exclude EEO groups (reasonable basis to act.)	Yes	No	N/A	
	D.2.a. Does the agency have a process for analyzing the identified triggers to find possible barriers? [see MD-715, (II)(B)]	X			
	D.2.b. Does the agency regularly examine the impact of management/personnel policies, procedures, and practices by race, national origin, sex, and disability? [see 29 CFR §1614.102(a)(3)]	X			
	D.2.c. Does the agency consider whether any group of employees or applicants might be negatively impacted prior to making human resource decisions, such as re-organizations and realignments? [see 29 CFR §1614.102(a)(3)]		X		See Part H.
	D.2.d. Does the agency regularly review the following sources of information to find barriers: complaint/grievance data, exit surveys, employee climate surveys, focus groups, affinity groups, union, program evaluations, anti-harassment program, special emphasis programs, and/or external special interest groups? [see MD-715 Instructions, Sec. I] If "yes", please identify the data sources in the comments column.	X			The Agency regularly reviews complaint data, FEVS data, antiharassment data, program evaluations, and special emphasis programs to identify barriers.

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 Compliance Indicator		Measure Has Been Met			For all unmet measures, provide a brief explanation in the space below or complete and attach an EEOC FORM 715-01 PART H to the agency's status report
		Yes	No	N/A	
 Measures	D.3. The agency establishes appropriate action plans to remove identified barriers.				
	D.3.a. Does the agency effectively tailor action plans to address the identified barriers, in particular policies, procedures, or practices? [see 29 CFR §1614.102(a)(3)]	X			
	D.3.b. If the agency identified one or more barriers during the reporting period, did the agency implement a plan in Part I, including meeting the target dates for the planned activities? [see MD-715, II(D)]	X			
	D.3.c. Does the agency periodically review the effectiveness of the plans? [see MD-715, II(D)]	X			
 Compliance Indicator		Measure Has Been Met			For all unmet measures, provide a brief explanation in the space below or complete and attach an EEOC FORM 715-01 PART H to the agency's status report
 Measures	D.4. The agency has an affirmative action plan for people with disabilities, including those with targeted disabilities.	Yes	No	N/A	
	D.4.a. Does the agency post its affirmative action plan on its public website? [see 29 CFR §1614.203(d)(4)] If yes, please provide the internet address in the comments.	X			Internet: <a href="https://www.cms.gov/files/document/affirmative-action-plan.pdf">https://www.cms.gov/files/document/affirmative-action-plan.pdf</a>
	D.4.b. Does the agency take specific steps to ensure qualified people with disabilities are aware of and encouraged to apply for job vacancies? [see 29 CFR §1614.203(d)(1)(i)]	X			During the reporting period, the CMS HR office hosted numerous webinars focused on the application process, which were open to the public.
	D.4.c. Does the agency ensure that disability-related questions from members of the public are answered promptly and correctly? [see 29 CFR §1614.203(d)(1)(ii)(A)]	X			
	D.4.d. Has the agency taken specific steps that are reasonably designed to increase the number of persons with disabilities or targeted disabilities employed at the agency until it meets the goals? [see 29 CFR §1614.203(d)(7)(ii)]	X			

HHS Centers for Medicare and Medicaid Services

For period covering October 1, 2022 to September 30, 2023

Agency Self-Assessment Checklist

Essential Element: E Efficiency

HHS Centers for Medicare and Medicaid Services

For period covering October 1, 2022 to September 30, 2023

Agency Self-Assessment Checklist

 Compliance Indicator		Measure Has Been Met			For all unmet measures, provide a brief explanation in the space below or complete and attach an EEOC FORM 715-01 PART H to the agency's status report
		Yes	No	N/A	
 Measures	E.1. The agency maintains an efficient, fair, and impartial complaint resolution process.				
E.1.a. Does the agency timely provide EEO counseling, pursuant to 29 CFR §1614.105?		X			
E.1.b. Does the agency provide written notification of rights and responsibilities in the EEO process during the initial counseling session, pursuant to 29 CFR §1614.105(b)(1)?		X			
E.1.c. Does the agency issue acknowledgment letters immediately upon receipt of a formal complaint, pursuant to MD-110, Ch. 5(I)?		X			
E.1.d. Does the agency issue acceptance letters/dismissal decisions within a reasonable time (e.g., 60 days) after receipt of the written EEO Counselor report, pursuant to MD-110, Ch. 5(I)? If so, please provide the average processing time in the comments.		X			CMS issues the Counselor's Report concurrent with the Notice of the Right To File. As such, the timeliness of the Agency's issuance of the Accept/Dismiss letter is based on a goal of 60-days from the date that the formal complaint was filed. CMS issues its Accept/Dismiss letters in formal EEO complaints within 57.7 days on average, which is less than the recommended time period of 60 days.
E.1.e. Does the agency ensure that all employees fully cooperate with EEO counselors and EEO personnel in the EEO process, including granting routine access to personnel records related to an investigation, pursuant to 29 CFR §1614.102(b)(6)?		X			
E.1.f. Does the agency timely complete investigations, pursuant to 29 CFR §1614.108?		X			
E.1.g. If the agency does not timely complete investigations, does the agency notify complainants of the date by which the investigation will be completed and of their right to request a hearing or file a lawsuit, pursuant to 29 CFR §1614.108(g)?				X	The Agency timely completes all investigations, pursuant to 29 CFR §1614.108.

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Agency Self-Assessment Checklist

<p>E.1.h. When the complainant did not request a hearing, does the agency timely issue the final agency decision, pursuant to 29 CFR §1614.110(b)?</p>	<p>X</p>			<p>CMS has timely issued 100% of the Final Agency Decisions (FAD) designated to be issued by the Agency under a Memorandum of Understanding with the Department of Health and Human Services (HHS). This question is not applicable with regard to HHS-issued FADs.</p>
<p>E.1.i. Does the agency timely issue final actions following receipt of the hearing file and the administrative judge's decision, pursuant to 29 CFR §1614.110(a)?</p>	<p>X</p>			
<p>E.1.j. If the agency uses contractors to implement any stage of the EEO complaint process, does the agency hold them accountable for poor work product and/or delays? [See MD-110, Ch. 5(V)(A)] If "yes", please describe how in the comments column.</p>	<p>X</p>			<p>The Statements of Work in CMS contracts for EEO Investigations and EEO Multi-services (investigations, counseling, and Final Agency Decision drafting) provide several means of addressing poor performance or late work products (replacement, feedback, CPARS). CMS maintains the right to reject work products for cause. Rejection of work product for cause may lead to a reduced percentage of payment.</p>
<p>E.1.k. If the agency uses employees to implement any stage of the EEO complaint process, does the agency hold them accountable for poor work product and/or delays during performance review? [See MD-110, Ch. 5(V)(A)]</p>	<p>X</p>			
<p>E.1.l. Does the agency submit complaint files and other documents in the proper format to EEOC through the Federal Sector EEO Portal (FedSEP)? [See 29 CFR § 1614.403(g)]</p>	<p>X</p>			

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Agency Self-Assessment Checklist

 Compliance Indicator		Measure Has Been Met			For all unmet measures, provide a brief explanation in the space below or complete and attach an EEOC FORM 715-01 PART H to the agency's status report
		Yes	No	N/A	
 Measures	E.2. The agency has a neutral EEO process.			N/A	
E.2.a. Has the agency established a clear separation between its EEO complaint program and its defensive function? [see MD-110, Ch. 1(IV)(D)] If "yes", please explain.		X			CMS's EEO function is provided exclusively through OEOCR. The main defense function for CMS is provided through the HHS Office of the General Counsel.
E.2.b. When seeking legal sufficiency reviews, does the EEO office have access to sufficient legal resources separate from the agency representative? [see MD-110, Ch. 1(IV)(D)] If "yes", please identify the source/ location of the attorney who conducts the legal sufficiency review in the comments column.		X			OEOCR employs 5 federal employees and 2 contractors who are attorneys who execute this task.
E.2.c. If the EEO office relies on the agency's defensive function to conduct the legal sufficiency review, is there a firewall between the reviewing attorney and the agency representative? [see MD-110, Ch. 1(IV)(D)]				X	This is not applicable.
E.2.d. Does the agency ensure that its agency representative does not intrude upon EEO counseling, investigations, and final agency decisions? [see MD-110, Ch. 1(IV)(D)]		X			
E.2.e. If applicable, are processing time frames incorporated for the legal counsel's sufficiency review for timely processing of complaints? [see EEOC Report, Attaining a Model Agency Program: Efficiency (Dec. 1, 2004)]				X	CMS conducts its own sufficiency reviews and incorporates appropriate timeframes to ensure timeliness.

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Agency Self-Assessment Checklist

 Compliance Indicator		Measure Has Been Met			For all unmet measures, provide a brief explanation in the space below or complete and attach an EEOC FORM 715-01 PART H to the agency's status report
		Yes	No	N/A	
 Measures	E.3. The agency has established and encouraged the widespread use of a fair alternative dispute resolution (ADR) program.				
	E.3.a. Has the agency established an ADR program for use during both the pre-complaint and formal complaint stages of the EEO process? [see 29 CFR §1614.102(b)(2)]	X			
	E.3.b. Does the agency require managers and supervisors to participate in ADR once it has been offered? [see MD-715, II(A)(1)]	X			
	E.3.c. Does the Agency encourage all employees to use ADR, where ADR is appropriate? [See MD-110, Ch. 3(IV)(C)]	X			
	E.3.d. Does the agency ensure a management official with settlement authority is accessible during the dispute resolution process? [see MD-110, Ch. 3(III)(A)(9)]	X			
	E.3.e. Does the agency prohibit the responsible management official named in the dispute from having settlement authority? [see MD-110, Ch. 3(I)]	X			
	E.3.f. Does the agency annually evaluate the effectiveness of its ADR program? [see MD-110, Ch. 3(II)(D)]	X			

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 Compliance Indicator		Measure Has Been Met			For all unmet measures, provide a brief explanation in the space below or complete and attach an EEOC FORM 715-01 PART H to the agency's status report
		Yes	No	N/A	
 Measures	E.4. The agency has effective and accurate data collection systems in place to evaluate its EEO program.				

E.4.a. Does the agency have systems in place to accurately collect, monitor, and analyze the following data:

E.4.a.1. Complaint activity, including the issues and bases of the complaints, the aggrieved individuals/complainants, and the involved management official? [see MD-715, II(E)]	X			
E.4.a.2. The race, national origin, sex, and disability status of agency employees? [see 29 CFR §1614.601(a)]		X		In line with HHS's efforts to develop a model EEO program, the headquarters and operating divisions have been working to assess our EEO programs. The process has identified deficiencies specifically related to the integrity of our data and data systems.
E.4.a.3. Recruitment activities? [see MD-715, II(E)]	X			
E.4.a.4. External and internal applicant flow data concerning the applicants' race, national origin, sex, and disability status? [see MD-715, II(E)]	X			
E.4.a.5. The processing of requests for reasonable accommodation? [29 CFR §1614.203(d)(4)]	X			
E.4.a.6. The processing of complaints for the anti-harassment program? [see EEOC Enforcement Guidance on Vicarious Employer Liability for Unlawful Harassment by Supervisors (1999), § V.C.2]	X			
E.4.b. Does the agency have a system in place to re-survey the workforce on a regular basis? [MD-715 Instructions, Sec. I]	X			

HHS Centers for Medicare and Medicaid Services

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Agency Self-Assessment Checklist

 Compliance Indicator		Measure Has Been Met			For all unmet measures, provide a brief explanation in the space below or complete and attach an EEOC FORM 715-01 PART H to the agency's status report
		Yes	No	N/A	
 Measures	E.5. The agency identifies and disseminates significant trends and best practices in its EEO program.				
E.5.a. Does the agency monitor trends in its EEO program to determine whether the agency is meeting its obligations under the statutes EEOC enforces? [see MD-715, II(E)] If “yes”, provide an example in the comments.		X			The Agency monitors trends in workforce data, grievances, complaints, and reasonable accommodations to determine if EEOC obligations are met. On a quarterly basis, we run reports both at the agency and component levels to assess any complaint activity trends, comparing complaint activity such as bases, issues, RMO activity, component data, change in activity as a result of new or changing policies
E.5.b. Does the agency review other agencies’ best practices and adopt them, where appropriate, to improve the effectiveness of its EEO program? [see MD-715, II(E)] If “yes”, provide an example in the comments.		X			CMS participates in various “Communities of Practice” with respect to EEO compliance, both with HHS and with other Federal government agencies. Through these partnerships, CMS shares and learns best practices in EEO employed across the Federal government.
E.5.c. Does the agency compare its performance in the EEO process to other federal agencies of similar size? [see MD-715, II(E)]		X			

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For period covering October 1, 2022 to September 30, 2023

Agency Self-Assessment Checklist

Essential Element: F Responsiveness and Legal Compliance

 <b>Compliance Indicator</b>		Measure Has Been Met			<b>For all unmet measures, provide a brief explanation in the space below or complete and attach an EEOC FORM 715-01 PART H to the agency's status report</b>
		Yes	No	N/A	
 <b>Measures</b>	F.1. The agency has processes in place to ensure timely and full compliance with EEOC orders and settlement agreements.				
F.1.a. Does the agency have a system of management controls to ensure that its officials timely comply with EEOC orders/directives and final agency actions? [see 29 CFR §1614.102(e); MD-715, II(F)]		X			
F.1.b. Does the agency have a system of management controls to ensure the timely, accurate, and complete compliance with resolutions/settlement agreements? [see MD-715, II(F)]		X			
F.1.c. Are there procedures in place to ensure the timely and predictable processing of ordered monetary relief? [see MD-715, II(F)]		X			CMS takes all appropriate steps to ensure timely processing within the Agency. Additional parties at HHS and the Department of Defense's (DOD) Defense Finance & Accounting Service (DFAS) also manage a portion of this function.
F.1.d. Are procedures in place to process other forms of ordered relief promptly? [see MD-715, II(F)]		X			
F.1.e. When EEOC issues an order requiring compliance by the agency, does the agency hold its compliance officer(s) accountable for poor work product and/or delays during performance review? [see MD-110, Ch. 9(IX)(H)]		X			

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Agency Self-Assessment Checklist

 Compliance Indicator		Measure Has Been Met			For all unmet measures, provide a brief explanation in the space below or complete and attach an EEOC FORM 715-01 PART H to the agency's status report
		Yes	No	N/A	
 Measures	F.2. The agency complies with the law, including EEOC regulations, management directives, orders, and other written instructions.				
	F.2.a. Does the agency timely respond and fully comply with EEOC orders? [see 29 CFR §1614.502; MD-715, II(E)]	X			
	F.2.a.1. When a complainant requests a hearing, does the agency timely forward the investigative file to the appropriate EEOC hearing office? [see 29 CFR §1614.108(g)]	X			
	F.2.a.2. When there is a finding of discrimination that is not the subject of an appeal by the agency, does the agency ensure timely compliance with the orders of relief? [see 29 CFR §1614.501]			X	There has not been a finding of discrimination during the reporting period.
	F.2.a.3. When a complainant files an appeal, does the agency timely forward the investigative file to EEOC's Office of Federal Operations? [see 29 CFR §1614.403(e)]	X			
	F.2.a.4. Pursuant to 29 CFR §1614.502, does the agency promptly provide EEOC with the required documentation for completing compliance?	X			
 Compliance Indicator		Measure Has Been Met			For all unmet measures, provide a brief explanation in the space below or complete and attach an EEOC FORM 715-01 PART H to the agency's status report
 Measures		Yes	No	N/A	
	F.3. The agency reports to EEOC its program efforts and accomplishments.				
	F.3.a. Does the agency timely submit to EEOC an accurate and complete No FEAR Act report? [Public Law 107-174 (May 15, 2002), §203(a)]	X			
	F.3.b. Does the agency timely post on its public webpage its quarterly No FEAR Act data? [see 29 CFR §1614.703(d)]	X			

Essential Element: O Other

HHS Centers for Medicare and Medicaid Services

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**Plan to Attain Essential Elements**

**PART H.1**

Brief Description of Program Deficiency:

B.4.a.2. to enable the agency to conduct a thorough barrier analysis of its workforce? [see MD-715, II(B)]

The Agency has not allocated sufficient funding and qualified staffing to successfully conduct a thorough barrier analysis of its workforce.

**Objectives for EEO Plan**

Date Initiated	Target Date	Date Modified	Date Completed	Objective Description
10/01/2021	09/30/2023	09/30/2023		Obtain the resources to fully process barrier analysis for the entire CMS workforce.

**Responsible Officials**

Title	Name	Standards Address the Plan?
Director, OEOCR	Anita Pinder	Yes
Director, OHC	Tia Butler	Yes

**Planned Activities**

Target Date	Planned Activity	Sufficient Staffing & Funding?	Modified Date	Completion Date
10/30/2022	Determine the financial and staffing needs to successfully perform a full barrier analysis of the CMS workforce.	Yes		12/30/2022
09/01/2023	Make selections for the 3 AEG staff openings: DEI Strategist, DEI Statistician, and SEPM	No		09/30/2023
02/01/2024	Begin barrier analysis process based on relevant FY 2023 data	No		

**Accomplishments**

Fiscal Year	Accomplishment
2022	Provided Barrier Analysis training to CMS staff and began market research on contractors available to conduct this work.
2023	Requested and received additional 3 fulltime staff to conduct this work in the future. Job announcements issued in FY 2023.
2023	Received certs and conducted interviews for all 3 positions. In July of 2023, CMS implemented a hiring freeze, which affected all Fed Admin sourced hires. OEOCR was able to hire 1 DEI Strategist and 1 SEPM, but lost the 1 FTE for the DEI Statistician in the freeze. Additionally, the 1 SEPM hire recently accepted a promotion with a different agency. That FTE is currently unable to be backfilled given the hiring freeze. The result was only 1 net new hire for the 3 allotted positions.

HHS Centers for Medicare and Medicaid Services

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Plan to Attain Essential Elements

PART H.2

Brief Description of Program Deficiency: B.1.a. Is the agency head the immediate supervisor of the person (“EEO Director”) who has day-to-day control over the EEO office? [see 29 CFR §1614.102(b)(4)]

The Agency head is not the immediate supervisor of the person (“EEO Director”) who has day-to-day control over the EEO office.

Objectives for EEO Plan

Date Initiated	Target Date	Date Modified	Date Completed	Objective Description
01/01/2021	10/01/2023	09/30/2022		Under the Elijah E. Cummings Federal Employee Antidiscrimination Act of 2020, CMS will comply with the law and move the reporting of the EEO Director to the Agency Head no later than 09/30/2022.

Responsible Officials

Title	Name	Standards Address the Plan?
CMS Administrator	Chiquita Brooks-LaSure	Yes

Planned Activities

Target Date	Planned Activity	Sufficient Staffing & Funding?	Modified Date	Completion Date
06/30/2021	Conduct discussions with OA to determine the timing of the reassignment of OEOCR.	Yes		05/01/2021
09/30/2023	Work with OHC to implement reassignment and update org charts.	Yes	10/01/2022	

Accomplishments

Fiscal Year	Accomplishment
2022	To date, there has been no movement on this reassignment.

HHS Centers for Medicare and Medicaid Services

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Plan to Attain Essential Elements

PART H.3

Brief Description of Program Deficiency: B.6.d. Do senior managers successfully implement EEO Action Plans and incorporate the EEO Action Plan Objectives into agency strategic plans? [29 CFR §1614.102(a)(5)]

Senior managers do not successfully implement EEO Action Plans and incorporate the EEO Action Plan Objectives into agency strategic plans.

Objectives for EEO Plan

Date Initiated	Target Date	Date Modified	Date Completed	Objective Description
09/30/2023	10/31/2024			CMS will establish a method for all senior leaders to participate in the barrier analysis process by providing component-level data to them and working with them on individualized action plans aligned with the Agency's strategic plan.

Responsible Officials

Title	Name	Standards Address the Plan?
Director, OEOCR	Anita Pinder	Yes

Planned Activities

Target Date	Planned Activity	Sufficient Staffing & Funding?	Modified Date	Completion Date
01/31/2024	Ensure that all senior leaders have access to the DEI Dashboard to retrieve trigger information regarding their components.	Yes		
03/01/2024	Begin quarterly meetings with senior leaders to discuss the component data and to walk them through barrier analysis.	No		
09/30/2024	Have 25% of all component senior leaders working on action plans for identified barriers.	No		
09/30/2025	Have 66% of all component senior leaders working on action plans for identified barriers.	No		
09/30/2026	Have 100% of all component senior leaders working on action plans for identified barriers.	No		

Accomplishments

Fiscal Year	Accomplishment
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HHS Centers for Medicare and Medicaid Services

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Plan to Attain Essential Elements

PART H.4

Brief Description of Program Deficiency:	C.2.b.5. Does the agency process all initial accommodation requests, excluding ongoing interpretative services, within the time frame set forth in its reasonable accommodation procedures? [see MD-715, II(C)] If "no", please provide the percentage of timely-processed requests, excluding ongoing interpretative services, in the comments column.
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The Agency does not process all initial accommodation requests, excluding ongoing interpretative services, within the time frame set forth in its reasonable accommodation procedures.

Objectives for EEO Plan

Date Initiated	Target Date	Date Modified	Date Completed	Objective Description
10/01/2022	10/31/2023	10/31/2024		Conduct a comprehensive closed case review to determine if additional efficiencies can be implemented to increase the number of cases processed within 30 days. All cases being processed within the timeframe may not be possible given the Agency has embarked on issuing accommodations that involve the requester's availability for delivery and assembly of furniture items often impacting the agency's ability to provide the accommodation in less than 30 days.

Responsible Officials

Title	Name	Standards Address the Plan?
Director, OEOCR	Anita Pinder	Yes

Planned Activities

Target Date	Planned Activity	Sufficient Staffing & Funding?	Modified Date	Completion Date
10/31/2023	The Reasonable Accommodation Program will conduct a comprehensive closed case review to determine if additional efficiencies can be implemented to increase the number of cases processed within 30 days.	Yes	10/31/0024	

Accomplishments

Fiscal Year	Accomplishment
2023	In FY 2023, CMS had an average case age of 32 days, which slightly higher than the 31 days allotted in the policy and procedures. This is attributed to increased and more complex requests as CMS shifts to an increase in-person presence in the office.

HHS Centers for Medicare and Medicaid Services

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Plan to Attain Essential Elements

PART H.5

Brief Description of Program Deficiency:	C.4.c. Does the EEO office have timely access to accurate and complete data (e.g., demographic data for the workforce, applicants, training programs, etc.) required to prepare the MD-715 workforce data tables? [see 29 CFR §1614.601(a)]
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The Agency does not have timely access to accurate and complete data (e.g., demographic data for the workforce, applicants, training programs, etc.) required to prepare the MD-715 workforce data tables.[1]

Objectives for EEO Plan

Date Initiated	Target Date	Date Modified	Date Completed	Objective Description
10/01/2020	10/31/2022			HHS is the primary on this initiative

Responsible Officials

Title	Name	Standards Address the Plan?
Director, OEOCR	Anita Pinder	Yes

Planned Activities

Target Date	Planned Activity	Sufficient Staffing & Funding?	Modified Date	Completion Date
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Accomplishments

Fiscal Year	Accomplishment
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HHS Centers for Medicare and Medicaid Services

For period covering October 1, 2022 to September 30, 2023

**Plan to Attain Essential Elements**

**PART H.6**

Brief Description of Program Deficiency:	D.2.c. Does the agency consider whether any group of employees or applicants might be negatively impacted prior to making human resource decisions, such as re-organizations and realignments? [see 29 CFR §1614.102(a)(3)]
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The Agency does not completely consider whether any group of employees or applicants might be negatively impacted prior to making human resource decisions, such as re-organizations and realignments.

**Objectives for EEO Plan**

Date Initiated	Target Date	Date Modified	Date Completed	Objective Description
10/01/2022	10/31/2023			The Agency does not completely consider whether any group of employees or applicants might be negatively impacted prior to making human resource decisions, such as re-organizations and realignments.

**Responsible Officials**

Title	Name	Standards Address the Plan?
Director, OEOCR	Anita Pinder	Yes
Director, OHC	Tia Butler	Yes

**Planned Activities**

Target Date	Planned Activity	Sufficient Staffing & Funding?	Modified Date	Completion Date
01/31/2023	Initiate a workgroup to review the draft policy and brainstorm a list of activities where the policy would apply.	Yes		
02/28/2023	Revise draft policy as needed and begin to implement the policy	Yes		
10/31/2023	Evaluate effectiveness of the policy and make updates as needed.	Yes		

**Accomplishments**

Fiscal Year	Accomplishment

HHS Centers for Medicare and Medicaid Services

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Plan to Attain Essential Elements

PART H.7

Brief Description of Program Deficiency:

E.4.a.2. The race, national origin, sex, and disability status of agency employees? [see 29 CFR §1614.601(a)]

The race, national origin, sex, and disability status of agency employees.

Objectives for EEO Plan

Date Initiated	Target Date	Date Modified	Date Completed	Objective Description
10/01/0202	10/31/2022			HHS is the primary on this initiative

Responsible Officials

Title	Name	Standards Address the Plan?
Director, Office of Equal Opportunity, Diversity, and Inclusion, HHS	Karen Comfort	Yes

Planned Activities

Target Date	Planned Activity	Sufficient Staffing & Funding?	Modified Date	Completion Date
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Accomplishments

Fiscal Year	Accomplishment
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HHS Centers for Medicare and Medicaid Services

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Plan to Eliminate Identified Barriers

PART I.1

<b>Source of the Trigger:</b>	Workforce Data (if so identify the table)				
<b>Specific Workforce Data Table:</b>	Workforce Data Table - A1				
<b>STATEMENT OF CONDITION THAT WAS A TRIGGER FOR A POTENTIAL BARRIER:</b>  Provide a brief narrative describing the condition at issue.  How was the condition recognized as a potential barrier?	Trigger analysis has identified that CMS has low participation rates for Hispanic males and females. The rate of Hispanic new hires is lower than the Civilian Labor Force (CLF) benchmark, and the separation rates for Hispanic males and females are higher than the inclusion rate. In FY 2022, the overall participation rate for Hispanic males and females in the CMS workforce was 1.14% and 2.11%, respectively. There were 9 (1.63%) Hispanic male and 18 (3.25%) Hispanic female new hires for the fiscal year, which was less than the CLF rates of 6.70% and 6.00%, respectively. Hispanic males separated from CMS at a rate of 10.00%, which was lower than the inclusion rate of 6.28% of all other separations. Likewise, Hispanic females separated from CMS at a rate of 6.98%, which was higher than the inclusion rate of 6.31% of all other separations.				
<b>STATEMENT OF BARRIER GROUPS:</b>	<i>Barrier Group</i> Hispanic or Latino Males Hispanic or Latino Females				
<b>Barrier Analysis Process Completed?:</b>	N				
<b>Barrier(s) Identified?:</b>	N				
<b>STATEMENT OF IDENTIFIED BARRIER:</b>  Provide a succinct statement of the agency policy, procedure or practice that has been determined to be the barrier of the undesired condition.	<table border="1"> <thead> <tr> <th>Barrier Name</th> <th>Description of Policy, Procedure, or Practice</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> </tr> </tbody> </table>	Barrier Name	Description of Policy, Procedure, or Practice		
Barrier Name	Description of Policy, Procedure, or Practice				

Objective(s) and Dates for EEO Plan

Date Initiated	Target Date	Sufficient Funding / Staffing?	Date Modified	Date Completed	Objective Description
06/30/2023	10/31/2023	No	06/30/2024		Once the barrier has been identified, draft action plan to eliminate the barrier.
10/31/2023	10/31/2024	No			Implement the action plan and modify as needed.
10/31/2022	06/30/2023	No	06/01/2024		Perform full barrier analysis using root cause analysis to identify the barrier.

Responsible Official(s)

Title	Name	Standards Address The Plan?
Director, OEOCR	Anita Pinder	Yes
Director, OHC	Tia Butler	Yes

HHS Centers for Medicare and Medicaid Services

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Plan to Eliminate Identified Barriers

Planned Activities Toward Completion of Objective

Target Date	Planned Activities	Sufficient Staffing & Funding?	Modified Date	Completion Date
10/01/2021	Identify additional sources of Hispanic applicants in cooperation with the CMS Hispanic Employee Resource Group (Latinx).	Yes		12/01/2021
11/30/2021	Brief OHC on Applicant Flow Data from OPM.	Yes		12/20/2021
01/01/2022	Increase the number of Hispanic outreach events and thereby increase Hispanic applicants.	Yes		12/31/2022
01/15/2022	Draft and distribute a "call to action" document highlighting Hispanic underrepresentation and send out to CMS regional offices.	Yes		02/01/2022
01/30/2022	Increase the number of Hispanic females in development opportunities at CMS.	Yes		12/31/2022
01/31/2022	Reinstate the CMS exit survey process to capture qualitative data related to Hispanic female separations at CMS.	Yes		12/31/2022

Report of Accomplishments

Fiscal Year	Accomplishments
2019	In addition, on or about October 1, 2019, OEOCR expanded its data by gaining access to applicant flow data through the Office of Personnel Management, allowing CMS to perform additional analysis to determine entry and exit data for targeted demographic groups.
2018	During the reporting period, CMS developed a project schedule and a draft standard operating procedure for conducting barrier analysis.
2018	In August of 2018, 2019, and 2020, OEOCR and OHC met to review all recruitment schedules and plans, and OEOCR provided recommendations on targeted recruitment based on applicant flow data provided through USA Staffing. Both will continue these efforts by reaching out to Hispanic employee groups, including the CMS Hispanic Employee Resource Group (Latinx), to obtain suggestions. OEOCR and OHC will discuss adding to the FY 2021 recruitment outreach plan any additional sources provided.
2019	On or about May 1, 2019, OEOCR established a standard operating procedure for conducting barrier analysis on a quarterly basis.
2019	On or about September 1, 2019, OEOCR worked with OHC in brainstorming ideas to establish an internal exit survey that will best work within the Agency. OEOCR assisted by gathering best practices from other agencies and sharing their accomplishments with OHC.
2020	On or about June 1, 2020, OEOCR and OHC met with representatives from the Health Resources and Services Administration and the Food and Drug Administration to discuss examples each agency was using for its internal exit surveys.
2018	CMS expanded its data pool by gaining access to applicant flow data in July of 2018 through USA Staffing. In October of 2018, CMS was provided access to the upgraded USA Staffing system, which allowed the Agency to pinpoint more accurately recruitment-related data. Using the capabilities of the upgraded information, CMS has performed additional analysis to determine entry and exit data for targeted demographic groups from FY 2019 and will include this analysis in this year's report.
2019	On or about June 1, 2019, OEOCR and OHC began discussing possible reasons why hiring rates are low and separation rates are high at CMS for Hispanic males and females. Efforts were made through the reporting period to increase the retention of Hispanic females at CMS, which was successful. OEOCR will next work with OHC to identify resources and improved processes that may be utilized to increase the overall participation of Hispanics in the workforce and to decrease the separations rate of Hispanic males at CMS.

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Plan to Eliminate Identified Barriers

Report of Accomplishments

Fiscal Year	Accomplishments
2019	OEOCR and OHC will review all recruitment schedules and plans. Both will continue to reach out to Hispanic employee groups, including the CMS Hispanic Employee Resource Group (Latinx), to obtain suggestions. OEOCR and OHC will discuss adding to the recruitment outreach any additional sources provided. The modified target date for this activity is October 31, 2021.
2020	On or about August 1, 2020, OHC finalized drafting of CMS internal exit survey questions and continued to work on development of the internal structure for launching the survey.
2020	As a result, OEOCR and OHC have worked to create an exit survey for separating employees at CMS and is scheduled to launch the new system by December 31, 2022.
2022	In FY 2022, CMS underwent barrier analysis training with HHS and again for CMS Special Emphasis Program Managers. Currently, CMS is conducting market research to assist the Agency in moving beyond trigger analysis and into conducting full root cause analysis to identify the specific barrier(s) leading to this underrepresentation.
2018	In October 2018, CMS began collecting exit surveys from voluntary separations to gather additional information on retention. CMS learned that less than 15% of all voluntary separations actually completed the survey. Further, in July 2019, the exit survey platform maintained by HHS was summarily discontinued with no alternate platform made available to the Operating Divisions, leading to a lack of any exit survey data from July 2019 to the present. CMS is currently exploring the development of an internal platform for CMS exit surveys. CMS began gathering best practices from other agencies in September 2019 with respect to exit surveys and will continue this into the next fiscal year.
2022	In FY 2022, CMS underwent barrier analysis training with HHS and again for CMS Special Emphasis Program Managers. Currently, CMS is conducting market research to assist the Agency in moving beyond trigger analysis and into conducting full root cause analysis to identify the specific barrier(s) leading to this underrepresentation
2023	CMS hired 2 additional staff to assist with barrier analysis on 09/24/2023. CMS will contract out our barrier analysis function in February of 2024 to start the barrier identification.

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Plan to Eliminate Identified Barriers

PART I.2

<b>Source of the Trigger:</b>	Workforce Data (if so identify the table)	
<b>Specific Workforce Data Table:</b>	Workforce Data Table - A1	
<b>STATEMENT OF CONDITION THAT WAS A TRIGGER FOR A POTENTIAL BARRIER:</b>  Provide a brief narrative describing the condition at issue.  How was the condition recognized as a potential barrier?	Trigger Analysis has identified that CMS has low participation rates for Veterans. In FY 2023, the participation rate for Veterans in the overall CMS workforce was 10.74%, which was slightly higher than the FY 2022 participation rate but was still underrepresented when compared to the Federal benchmark of 11.20%. Importantly, the new hire rate for Veterans in FY 2022 was 16.86%, which was a significant increase over the new hire rate of 9.40% in FY 2022. In addition, Veterans separated from CMS at a rate of 6.28%, which was a decrease over the separation rate in FY 2022 but was still higher than the inclusion rate of all other separations, which was 5.36%.	
<b>STATEMENT OF BARRIER GROUPS:</b>	<i>Barrier Group</i>	
<b>Barrier Analysis Process Completed?:</b>	N	
<b>Barrier(s) Identified?:</b>	N	
<b>STATEMENT OF IDENTIFIED BARRIER:</b>  Provide a succinct statement of the agency policy, procedure or practice that has been determined to be the barrier of the undesired condition.	<b>Barrier Name</b>	<b>Description of Policy, Procedure, or Practice</b>
	Low participation rates and high separation rates for Veterans.	An institutional or attitudinal barrier may exist with respect to the participation and retention of Veterans in the CMS workforce. Additional analysis will need to be performed to further identify the actual barrier.

Objective(s) and Dates for EEO Plan

Date Initiated	Target Date	Sufficient Funding / Staffing?	Date Modified	Date Completed	Objective Description
10/01/2018	06/30/2024	No	09/30/2023		Conduct root cause analysis to identify the actual barrier(s) that exists that has led to this trigger.
06/30/2023	06/30/2024	No	09/30/2023		Based on the root cause analysis and barrier identification, draft an action plan for the elimination of the barrier(s).
10/31/2023	10/31/2024	No	09/30/2023		Monitor the action plan to modify as the need arises.

Responsible Official(s)

Title	Name	Standards Address The Plan?
Director, OEOCR	Anita Pinder	Yes
Director, OHC	Tia Butler	Yes

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For period covering October 1, 2022 to September 30, 2023

Plan to Eliminate Identified Barriers

Planned Activities Toward Completion of Objective

Target Date	Planned Activities	Sufficient Staffing & Funding?	Modified Date	Completion Date
10/31/2022	Begin conducting market research on contractors able to conduct barrier analysis.	No	10/01/2022	
01/31/2023	Constitute workgroup to begin root cause analysis.	No	10/01/2022	
02/15/2023	Review policies, procedures, and practices and conduct focus groups and interviews as needed.	No	10/01/2022	
06/30/2022	Report on workgroup findings and begin process of drafting action plan for elimination of barrier(s).	No	10/01/2022	
10/01/2023	Report on action plan to eliminate barrier(s) and begin activities under the plan.	No	10/01/2022	

Report of Accomplishments

Fiscal Year	Accomplishments
2019	On or about June 1, 2019, OEOCR and OHC began discussing possible reasons why hiring rates are low and separation rates are high at CMS for Veterans. Efforts were made through the reporting period to increase the Veteran new hires at CMS, which was successful. OEOCR will next work with OHC to identify resources and improved processes that may be utilized to decrease the separations rate of Veterans at CMS.
2019	During the reporting period, CMS developed a project schedule and a draft standard operating procedure for conducting barrier analysis.
2019	OEOCR and OHC began meeting monthly to discuss possible reasons why hiring and retention rates are low and began to identify resources and improved processes that may be utilized in the future.
2019	In October 2018, CMS began collecting exit surveys from voluntary separations to gather additional information on retention. CMS learned that less than 15% of all voluntary separations actually completed the survey. Further, in July 2019, the exit survey platform maintained by HHS was summarily discontinued with no alternate platform made available to the Operating Divisions, leading to a lack of any exit survey data from July 2019 to the present. CMS is currently exploring the development of an internal platform for CMS exit surveys. CMS began gathering best practices from other agencies in September 2019 with respect to exit surveys and will continue this into the next fiscal year.
2019	On or about May 1, 2019, OEOCR established a standard operating procedure for conducting barrier analysis on a quarterly basis.
2019	OEOCR and OHC will review all recruitment schedules and plans. Both will continue to reach out to Hispanic employee groups, including the CMS Hispanic Employee Resource Group (Latinx), to obtain suggestions. OEOCR and OHC will discuss adding to the recruitment outreach any additional sources provided. The modified target date for this activity is October 31, 2021.
2019	In August of 2019 and 2020, OEOCR and OHC met to review all recruitment schedules and plans, and OEOCR provided recommendations on targeted recruitment based on applicant flow data provided through USA Staffing. Both will continue these efforts by reaching out to other disability employee groups, including the CMS DERG to obtain suggestions. OEOCR and OHC will discuss adding to the FY 2021 recruitment outreach plan any additional sources provided.
2022	In FY 2022, CMS underwent barrier analysis training with HHS and again for CMS Special Emphasis Program Managers. Currently, CMS is conducting market research to assist the Agency in moving beyond trigger analysis and into conducting full root cause analysis to identify the specific barrier(s) leading to this underrepresentation.
2020	As a result, OEOCR and OHC have worked to create an exit survey for separating employees at CMS and is scheduled to launch the new system by December 31, 2022.

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For period covering October 1, 2022 to September 30, 2023

Plan to Eliminate Identified Barriers

Report of Accomplishments

Fiscal Year	Accomplishments
2019	CMS expanded its data pool by gaining access to applicant flow data in July of 2019 through USA Staffing. In October of 2019, CMS was provided access to the upgraded USA Staffing system, which will allow the Agency to pinpoint more accurately recruitment-related data. Using the capabilities of the upgraded information, CMS has begun to perform additional analysis to determine entry and exit data for targeted demographic groups from FY 2019 and will include this analysis in the FY 2020 report.
2020	On or about August 1, 2020, OHC finalized drafting of CMS internal exit survey questions and continued to work on development of the internal structure for launching the survey.
2019	On or about September 1, 2019, OEOCR worked with OHC in brainstorming ideas to establish an internal exit survey that will best work within the Agency. OEOCR assisted by gathering best practices from other agencies and sharing their accomplishments with OHC.
2020	On or about June 1, 2020, OEOCR and OHC met with representatives from the Health Resources and Services Administration and the Food and Drug Administration to discuss examples each agency was using for its internal exit surveys.
2022	CMS developed an internal Exit Survey for departing individuals, which launched in June 2022. CMS is constantly refining its reporting requirements, and the data derived from these Exit Surveys will be used in trigger identification in FY 2023.
2022	CMS developed an internal Exit Survey for departing individuals, which launched in June 2022. CMS is constantly refining its reporting requirements, and the data derived from these Exit Surveys will be used in trigger identification in FY 2023.
2023	In FY 2022, CMS underwent barrier analysis training with HHS and again for CMS Special Emphasis Program Managers. Currently, CMS is conducting market research to assist the Agency in moving beyond trigger analysis and into conducting full root cause analysis to identify the specific barrier(s) leading to this underrepresentation
2023	CMS hired 2 additional staff to assist with barrier analysis on 09/24/2023. CMS will contract out our barrier analysis function in February of 2024 to start the barrier identification.

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For period covering October 1, 2022 to September 30, 2023

Plan to Eliminate Identified Barriers

PART I.3

<b>Source of the Trigger:</b>	Workforce Data (if so identify the table)	
<b>Specific Workforce Data Table:</b>	Workforce Data Table - A4	
<b>STATEMENT OF CONDITION THAT WAS A TRIGGER FOR A POTENTIAL BARRIER:</b>  Provide a brief narrative describing the condition at issue.  How was the condition recognized as a potential barrier?	Trigger Analysis has identified that CMS has low participation rates for women, Hispanics, African Americans, American Indian/Alaska Natives, Native Hawaiian/Pacific Islanders, and Veterans in the Senior Executive Service (SES) when compared to the respective group's participation rate. In fact, the FY 2023 participation rate for Hispanics, Native Hawaiian/Pacific Islanders and American Indian/Alaskan Natives in the SES was 0.00%, demonstrating that there was no representation of these groups in the SES.	
<b>STATEMENT OF BARRIER GROUPS:</b>	<p><i>Barrier Group</i></p> <p>All Women Hispanic or Latino Males Hispanic or Latino Females Black or African American Males Black or African American Females Native Hawaiian or Other Pacific Islander Males Native Hawaiian or Other Pacific Islander Females American Indian or Alaska Native Males American Indian or Alaska Native Females</p>	
<b>Barrier Analysis Process Completed?:</b>	N	
<b>Barrier(s) Identified?:</b>	N	
<b>STATEMENT OF IDENTIFIED BARRIER:</b>  Provide a succinct statement of the agency policy, procedure or practice that has been determined to be the barrier of the undesired condition.	<p><b>Barrier Name</b></p> <p>Low participation in the feeder pool has led to underrepresentation for these groups in the SES.</p>	<p><b>Description of Policy, Procedure, or Practice</b></p> <p>An institutional or attitudinal barrier may exist with respect to the low number of individuals from these groups qualified as applicants for the SES. Additional analysis will need to be performed to further identify the actual barrier.</p>

Objective(s) and Dates for EEO Plan

Date Initiated	Target Date	Sufficient Funding / Staffing?	Date Modified	Date Completed	Objective Description
10/01/2022	10/31/2024	No			Begin implementation of the action plan(s) and adjust as needed.
10/01/2021	06/30/2024	No			Through root cause analysis, identify the barriers that may exist with respect to the low feeder pool of the targeted groups in the SES.
10/01/2022	07/30/2024	No			Once the barriers have been identified, draft an action plan for the elimination of the barriers.

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For period covering October 1, 2022 to September 30, 2023

**Plan to Eliminate Identified Barriers**

**Responsible Official(s)**

Title	Name	Standards Address The Plan?
Director, OEOCR	Anita Pinder	Yes
Director, OHC	Tia Butler	Yes

**Planned Activities Toward Completion of Objective**

Target Date	Planned Activities	Sufficient Staffing & Funding?	Modified Date	Completion Date
10/01/2021	Identify additional sources of applicants in these demographic groups qualifying at the SES.	Yes		12/01/2021
11/30/2021	Brief OHC on Applicant Flow Data from OPM.	Yes		12/20/2021
01/01/2022	Increase the number of SES outreach events in the Hispanic and African American communities and thereby increase applicants in these demographic groups.	Yes		12/31/2022
01/30/2022	Increase the number of Hispanics and African Americans in SES development opportunities at CMS.	Yes	06/30/2022	06/30/2022
01/31/2023	Establish a workgroup to perform root cause analysis of the identified triggers to identify the barriers.	No		06/30/2022
06/30/2023	Draft action plans based on the root cause analysis to eliminate the barriers.	No		
10/31/2023	Implement action plans and monitor for adjustment.	No		

**Report of Accomplishments**

Fiscal Year	Accomplishments
2022	Began exploring recruitment and outreach plans for the SES.
2022	Conducted trigger analysis to identify the low participating groups at the SES.
2022	Developed OKRs around the low participation of minorities in the SES.
2022	Expanded the Aspiring Leaders program to 2 cohorts during the fiscal year, with an increased presence of selectees in the targeted groups.
2022	Developed OKRs around the low participation of minorities in the SES.
2022	Conducted trigger analysis to identify the low participating groups at the SES.
2022	Began exploring recruitment and outreach plans for the SES.
2022	Expanded the Aspiring Leaders program to 2 cohorts during the fiscal year, with an increased presence of selectees in the targeted groups.
2023	CMS hired 2 additional staff to assist with barrier analysis on 09/24/2023. CMS will contract out our barrier analysis function in February of 2024 to start the barrier identification.

**MD-715 – Part J**  
**Special Program Plan**  
**for the Recruitment, Hiring, Advancement, and**  
**Retention of Persons with Disabilities**

To capture agencies' affirmative action plan for persons with disabilities (PWD) and persons with targeted disabilities (PWTD), EEOC regulations (29 C.F.R. § 1614.203(e)) and MD-715 require agencies to describe how their affirmative action plan will improve the recruitment, hiring, advancement, and retention of applicants and employees with disabilities.

**Section I: Efforts to Reach Regulatory Goals**

EEOC regulations (29 CFR §1614.203(d)(7)) require agencies to establish specific numerical goals for increasing the participation of persons with disabilities and persons with targeted disabilities in the federal government

1. Using the goal of 12% as the benchmark, does your agency have a trigger involving PWD by grade level cluster in the permanent workforce? If “yes”, describe the trigger(s) in the text box.

- a.Cluster GS-1 to GS-10 (PWD) Answer No
- b.Cluster GS-11 to SES (PWD) Answer No

For the GS-01 through 10 cluster in FY 2023, the Agency's percentage of PWD was 20.59%, which exceeded the overall participation rate of 13.53% and the benchmark of 12.00%. However, for the GS-11 through Senior Executive Service (SES) cluster, the Agency's percentage of PWD was 13.26%, which was slightly lower than the overall participation rate of 13.53% but exceeded the 12.00% benchmark.

\*For GS employees, please use two clusters: GS-1 to GS-10 and GS-11 to SES, as set forth in 29 C.F.R. § 1614.203(d) (7). For all other pay plans, please use the approximate grade clusters that are above or below GS-11 Step 1 in the Washington, DC metropolitan region.

2. Using the goal of 2% as the benchmark, does your agency have a trigger involving PWTD by grade level cluster in the permanent workforce? If “yes”, describe the trigger(s) in the text box.

- a.Cluster GS-1 to GS-10 (PWTD) Answer No
- b.Cluster GS-11 to SES (PWTD) Answer No

For the GS-01 through 10 cluster in FY 2023, the Agency's percentage of PWTD was 5.88%, which was greater than the overall participation rate of 2.99% and the 2.00% benchmark. However, for the GS-11 through SES cluster, the Agency's percentage of PWTD was 2.88%, which was slightly lower than the overall participation rate of 2.99% but was greater than the benchmark of 2.00%.

3. Describe how the agency has communicated the numerical goals to the hiring managers and/or recruiters.

In the past, the Agency has relayed numerical goals to hiring managers and recruitment personnel through broadcast emails sent from the U.S. Department of Health and Human Services (HHS). However, HHS has ceased sharing this data in this manner. As a result, the Centers for Medicare & Medicaid Services (CMS) began sharing such data in FY 2018 through a series of monthly meetings with the CMS recruitment and talent acquisition personnel within its Human Resources office, which has continued in the current reporting period. Additionally, CMS has had meetings with senior leadership where the PWD and PWTD goals were discussed, as well as the breakdown by demographic group as compared to the Civilian Labor Force (CLF) statistics. Finally, CMS has presented this data to employees through presentations to the CMS Disability Employee Resource Group (DERG). CMS has begun to work collaboratively with the DERG in identifying more specifically the barriers that exist and to brainstorm ways of eliminating those barriers.

**Section II: Model Disability Program**

Pursuant to 29 C.F.R. § 1614.203(d)(1), agencies must ensure sufficient staff, training and resources to recruit and hire persons with disabilities and persons with targeted disabilities, administer the reasonable accommodation program and special emphasis program, and oversee any other disability hiring and advancement program the agency has in place.

**A. PLAN TO PROVIDE SUFFICIENT & COMPETENT STAFFING FOR THE DISABILITY PROGRAM**

1. Has the agency designated sufficient qualified personnel to implement its disability program during the reporting period? If “no”, describe the agency’s plan to improve the staffing for the upcoming year.

Answer Yes

2. Identify all staff responsible for implementing the agency's disability employment program by the office, staff employment status, and responsible official.

Disability Program Task	# of FTE Staff By Employment Status			Responsible Official (Name, Title, Office Email)
	Full Time	Part Time	Collateral Duty	
Processing applications from PWD and PWTD	4	0	0	Lei Lonni Giroux Director Leilonni.Giroux@cms.hhs.gov
Architectural Barriers Act Compliance	6	0	0	Jodi Gram Director Jodi.Gram@cms.hhs.gov
Special Emphasis Program for PWD and PWTD	1	0	4	Craig Borne Director Craig.Borne@cms.hhs.gov
Answering questions from the public about hiring authorities that take disability into account	46	0	0	Lei Lonni Giroux Director Leilonni.Giroux@cms.hhs.gov
Processing reasonable accommodation requests from applicants and employees	11	0	0	Nicole Oke Director Nicole.Oke1@cms.hhs.gov
Section 508 Compliance	12	0	156	Rajiv Uppal Director Rajiv.Uppal@cms.hhs.gov

3. Has the agency provided disability program staff with sufficient training to carry out their responsibilities during the reporting period? If “yes”, describe the training that disability program staff have received. If “no”, describe the training planned for the upcoming year.

Answer Yes

In FY 2023, CMS primarily used LRP Publications and the Federal Employment Law Training Group’s course and related materials to provide supplemental training to RA staff. Such training included, but was not limited to, RA; Disability and the Law; and FMLA as it relates to the RA process. RA staff also received supplemental training through a multi-day training session, participation in weekly team meetings, and one-on-one mentoring from the Group and Office Director/Deputy Director.

**B. PLAN TO ENSURE SUFFICIENT FUNDING FOR THE DISABILITY PROGRAM**

Has the agency provided sufficient funding and other resources to successfully implement the disability program during the reporting period? If “no”, describe the agency’s plan to ensure all aspects of the disability program have sufficient funding and other resources

Answer Yes

**Section III: Plan to Recruit and Hire Individuals with Disabilities**

Pursuant to 29 C.F.R. §1614.203(d)(1)(i) and (ii), agencies must establish a plan to increase the recruitment and hiring of individuals with disabilities. The questions below are designed to identify outcomes of the agency’s recruitment program plan for PWD and PWTD

**A. PLAN TO IDENTIFY JOB APPLICATIONS WITH DISABILITIES**

1. Describe the programs and resources the agency uses to identify job applicants with disabilities, including individuals with targeted disabilities.

CMS continues to effectively communicate with different organizations and their representatives to ensure that the recruitment and hiring strategies are accomplished. In FY 2023, CMS participated in recruitment events sponsored by organizations serving individuals with disabilities. In particular, CMS participated twice in events such as the Careers & the disABLED Career Expo. (Note: Careers & the disABLED is the nation's first and only career-guidance and recruitment magazine for people with disabilities who are at undergraduate, graduate, or professional levels.), CMS also participated in several recruitment events at Recruit Military Virtual Career Fair and Hire our Heroes Career Fair targeting veterans and veterans with disabilities. During FY 2023, CMS also renewed our package with DiversityJobs, a social media tool that publishes CMS vacancies to a wider variety of sites supporting veterans and disabled applicants. In addition, CMS continued to work through a variety of strategies that focused on existing relationships and contacts, utilizing paid services through the Handshake and Symplicity platforms to enhance relationships and networks with college and university students and recent graduates, vocational rehabilitation organizations, diverse organizations, and other virtual platforms to enhance participation rates of individuals with targeted disabilities. Additionally, CMS uses the USA Jobs Agency Talent Portal to source for candidates, which includes a filter for individuals with disabilities.

2. Pursuant to 29 C.F.R. §1614.203(a)(3), describe the agency's use of hiring authorities that take disability into account (e.g., Schedule A) to recruit PWD and PWTD for positions in the permanent workforce

CMS continued its improved strategic consultation process encouraging discussions directly with hiring managers about the vision for their vacant positions and to share information about the various hiring options to include non-competitive hiring authorities available to fill their positions. Some of those discussions resulted in posting announcements open only to Schedule A eligible applicants. Using these hiring authorities allows managers to reach eligible candidates and reduce the amount of time needed to fill positions. In FY 2023, CMS facilitated and hosted a webinar for the Veterans Assistance Committee, the CMS Veteran Employee Resource Group, where attendees gained helpful insights on how to apply for promotion opportunities.

3. When individuals apply for a position under a hiring authority that takes disability into account (e.g., Schedule A), explain how the agency (1) determines if the individual is eligible for appointment under such authority; and, (2) forwards the individual's application to the relevant hiring officials with an explanation of how and when the individual may be appointed.

Recruitment methods must be used to notify potential Schedule A applicants of vacancies within CMS, so interested applicants have a reasonable opportunity to apply. CMS uses the traditional job opportunity announcement, on USAJOBS, to meet the notice requirement for hiring under the Schedule A authority. In FY23, CMS opened 192 job announcements where Schedule A candidates were included in the Area of Consideration. All applicants who applied via Schedule A eligibility are first reviewed to confirm eligibility per review of Schedule A Letter, and then they are reviewed for Minimum Qualifications applicable to the series and grade of the position. Applicants who are found to meet both eligibility and qualifications are referred to the hiring manager through USAStaffing.

4. Has the agency provided training to all hiring managers on the use of hiring authorities that take disability into account (e.g., Schedule A)? If "yes", describe the type(s) of training and frequency. If "no", describe the agency's plan to provide this training.

Answer Yes

During FY 2023, CMS presented new managers and supervisors training on non-competitive hiring authorities such as Schedule A and Veteran's Preference during Leadership In Context (LinC) training, required of all managers in the first 12 months of becoming a manager at CMS. Additionally, CMS continued its improved strategic consultation process encouraging discussions directly with hiring managers about the vision for their vacant positions and to share information about the various hiring options to include non-competitive hiring authorities available to fill their positions. Using these hiring authorities allows managers to reach eligible candidates and reduce the amount of time needed to fill positions. CMS also provided Veteran Employment and USERRA Training to all managers, Executive Officers, and Human Resources staff on the benefits of hiring Veterans. This course defined Veterans' Preference and explained the uses of special appointing authorities. The course outlined methods for working as a team to cultivate a ready recruitment source of Veterans, especially disabled Veterans. The course outlined the rights of Federal employees under the law and provided details on how Veteran Employment and USERRA rights are to be implemented.

**B. PLAN TO ESTABLISH CONTACTS WITH DISABILITY EMPLOYMENT ORGANIZATIONS**

Describe the agency's efforts to establish and maintain contacts with organizations that assist PWD, including PWTD, in securing and maintaining employment.

CMS continues to effectively communicate with different organizations and their constituents to ensure that the CMS recruitment and hiring strategies are accomplished. In FY 2023, CMS participated in several recruitment events sponsored by organizations serving individuals with disabilities. Further, CMS continued to work through a variety of strategies that focus on existing relationships and contacts, while building new relationships and networks with local colleges and universities, vocational rehabilitation organizations, diverse organizations, and connecting through virtual platforms to enhance participation rates of individuals with targeted disabilities.

**C. PROGRESSION TOWARDS GOALS (RECRUITMENT AND HIRING)**

1. Using the goals of 12% for PWD and 2% for PWTD as the benchmarks, do triggers exist for PWD and/or PWTD among the new hires in the permanent workforce? If "yes", please describe the triggers below.

- a. New Hires for Permanent Workforce (PWD) Answer Yes
- b. New Hires for Permanent Workforce (PWTD) Answer Yes

The CMS new PWD hires in the permanent workforce for FY 2023 was at a rate of 9.86%, which is less than the benchmark of 12.00%, and fell from the FY 2022 rate of 11.03%. Likewise, the CMS new PWTD hires in the permanent workforce for FY 2023 was at a rate of 1.76%, which is less than the benchmark of 2.00%, and fell from the FY 2022 rate of 1.81%.

2. Using the qualified applicant pool as the benchmark, do triggers exist for PWD and/or PWTD among the new hires for any of the mission-critical occupations (MCO)? If "yes", please describe the triggers below. Select "n/a" if the applicant data is not available for your agency, and describe your plan to provide the data in the text box.

- a. New Hires for MCO (PWD) Answer Yes
- b. New Hires for MCO (PWTD) Answer Yes

Health Insurance Specialist – 0107: In FY 2023, the total PWD qualified applicant pool for this MCO was 5.41%, which represents the benchmark. PWD new hires for this MCO was at a rate of 10.40%, which was less than the benchmark. Therefore, a trigger does not exist with respect to the rate of PWDs newly hired to this MCO. In FY 2023, the total PWTD qualified applicant pool for this MCO was 2.38%, which represents the benchmark. PWTD new hires for this MCO was at a rate of 1.73%, which is less than the benchmark. Therefore, a trigger exists with respect to the rate of PWTDs newly hired to this MCO. Information Technology Specialist – 2210: In FY 2023, the total PWD qualified applicant pool for this MCO was 6.26%, which represents the benchmark. PWD new hires for this MCO was at a rate of 8.33%, which was less the benchmark. Therefore, a trigger does not exist with respect to the rate of PWDs newly hired to this MCO. In FY 2023, the total PWTD qualified applicant pool for this MCO was 3.39%, which represents the benchmark. PWTD new hires for this MCO was at a rate of 2.08%, which was exceeded the benchmark. Therefore a trigger exists with respect to the rate of PWTDs newly hired to this MCO. Program Management – 0340: In FY (2023), the total PWD qualified applicant pool for this MCO was 6.78%, which represents the benchmark. PWD new hires for this MCO was at a rate of 25.00%, which exceeded the benchmark. No trigger exists with respect to the rate of PWDs newly hired to this MCO. In FY 2023, the total PWTD qualified applicant pool for this MCO was 3.39%, which represents the benchmark. There were no PWTD new hires for this MCO at a rate of 0.00%, which was less than the benchmark. Therefore, a trigger exists with respect to the rate of PWTDs newly hired to this MCO. Financial Management Specialist – 0501: In FY 2023, the total PWD qualified applicant pool for this MCO at a rate of 4.76%, which represents the benchmark. However, no PWD new hire for this MCO was at a rate of 0.00%, which was less than the benchmark. Therefore, a trigger exists with respect to the rate of PWDs newly hired to this MCO. In FY 2023, no PWTD qualified applicant pool for this MCO at a rate 2.20% which represents the benchmark. PWTD new hires for this MCO was at a rate of 0.00%, which was less than the benchmark. Therefore, a trigger exists with respect to the rate of PWDs newly hired to this MCO. Medical Officer – 0602: In FY 2023, the total PWD qualified applicant pool for this MCO was 3.80%, which represents the benchmark. PWD new hires for this MCO was at a rate of 0.00%, which exceeded the benchmark. Therefore, a trigger exists with respect to the rate of PWDs newly hired to this MCO. In FY 2023, the total PWTD qualified applicant pool for this MCO was 1.90%, which represents the benchmark. PWTD new hires for this MCO was at a rate of 0.00%, which was less than the benchmark. Therefore, a trigger exists with respect to the rate of PWTDs newly hired to this MCO. Actuary – 1510: In FY 2023, the total PWD qualified applicant pool for this MCO was 6.56%, which represents the benchmark. PWD new hires for this MCO was at a rate of 0.00%, which was less than the benchmark. Therefore, a trigger exists with respect to the rate of PWTDs newly hired to this MCO. In FY 2023, the total PWTD qualified applicant pool for this MCO was 1.64%, which represents the benchmark. PWTD new hires for this MCO was at a rate of 0.00%, which was less than the benchmark. Therefore, a trigger exists with respect to the rate of PWTDs newly hired to this MCO.

3. Using the relevant applicant pool as the benchmark, do triggers exist for PWD and/or PWTD among the qualified internal applicants for any of the mission-critical occupations (MCO)? If “yes”, please describe the triggers below. Select “n/a” if the applicant data is not available for your agency, and describe your plan to provide the data in the text box.

- |  |        |     |
|--|--------|-----|
| a. Qualified Applicants for MCO (PWD)  | Answer | Yes |
| b. Qualified Applicants for MCO (PWTD) | Answer | Yes |

Health Insurance Specialist – 0107: In FY 2023, the total PWD applicant pool for this MCO was 5.55%, which represents the benchmark. PWD qualified for this MCO at a rate of 5.41%, which was less than the benchmark. Therefore, a trigger exists with respect to the rate of PWDs qualified for this MCO. In FY 2023, the total PWTDD applicant pool for this MCO was 2.43%, which represents the benchmark. PWTDD qualified for this MCO at a rate of 2.38%, which was less than the benchmark. Therefore, a trigger exists with respect to the rate of PWTDDs qualified for this MCO. Information Technology Specialist – 2210: In FY 2023, the total PWD applicant pool for this MCO was 8.04%, which represents the benchmark. PWD qualified for this MCO at a rate of 6.26%, which was less than the benchmark. Therefore, a trigger exists with respect to the rate of PWDs qualified for this MCO. In FY 2023, the total PWTDD applicant pool for this MCO was 4.38%, which represents the benchmark. PWTDD qualified for this MCO at a rate of 3.39%, which was less than the benchmark. Therefore, a trigger exists with respect to the rate of PWTDDs qualified for this MCO. Program Management – 0340: In FY 2023, the total PWD applicant pool for this MCO was 6.82%, which represents the benchmark. PWD qualified for this MCO at a rate of 6.78%, which was less than the benchmark. Therefore, a trigger exists with respect to the rate of PWDs qualified for this MCO. In FY 2023, the total PWTDD applicant pool for this MCO was 3.56%, which represents the benchmark. PWTDD qualified for this MCO at a rate of 3.39%, which was less than the benchmark. Therefore, a trigger exists with respect to the rate of PWTDDs qualified for this MCO. Financial Management Specialist – 0501: In FY 2023, the total PWD applicant pool for this MCO was 4.70%, which represents the benchmark. PWD qualified for this MCO at a rate of 4.76%, which exceeded the benchmark. Therefore, no trigger exists with respect to the rate of PWDs qualified for this MCO. In FY 2023, the total PWTDD applicant pool for this MCO was 2.35%, which represents the benchmark. PWTDD qualified for this MCO at a rate of 2.20%, which was less than the benchmark. Therefore, a trigger exists with respect to the rate of PWTDDs qualified for this MCO. Medical Officer – 0602: In FY 2023, the total PWD applicant pool for this MCO was 4.57%, which represents the benchmark. PWD qualified for this MCO at a rate of 3.80%, which was less than the benchmark. Therefore, a trigger exists with respect to the rate of PWDs qualified for this MCO. In FY 2023, the total PWTDD applicant pool for this MCO was 1.71%, which represents the benchmark. PWTDD qualified for this MCO at a rate of 1.90%, which exceeded the benchmark. Therefore, no trigger exists with respect to the rate of PWTDDs qualified for this MCO. Actuary - 1510: In FY 2023, the total PWD applicant pool for this MCO was 8.19%, which represents the benchmark. PWD qualified for this MCO at a rate of 6.56%, which was less than the benchmark. Therefore, a trigger exists with respect to the rate of PWDs qualified for this MCO. Likewise, in FY 2023, the total PWTDD applicant pool for this MCO was 3.02%, which represents the benchmark. PWTDD qualified for this MCO at a rate of 1.64%, which was less than the benchmark. Therefore, a trigger exists with respect to the rate of PWTDDs qualified for this MCO.

4. Using the qualified applicant pool as the benchmark, do triggers exist for PWD and/or PWTDD among employees promoted to any of the mission-critical occupations (MCO)? If “yes”, please describe the triggers below. Select “n/a” if the applicant data is not available for your agency, and describe your plan to provide the data in the text box.

- |                               |        |     |
|-------------------------------|--------|-----|
| a. Promotions for MCO (PWD)   | Answer | Yes |
| b. Promotions for MCO (PWTDD) | Answer | Yes |

Health Insurance Specialist – 0107: In FY 2023, the total PWD qualified applicant pool for this MCO was 5.41%, which represents the benchmark. PWDs promoted to this MCO was at a rate of 18.18%, which exceeded the benchmark. No trigger exists with respect to the rate of PWDs promoted to this MCO. In FY 2023, the total PWTd qualified applicant pool for this MCO was 2.38%, which represents the benchmark. PWTds promoted to this MCO was at a rate of 1.95%, which was less than the benchmark. Therefore, a trigger exists with respect to the rate of PWTds promoted to this MCO.

Information Technology Specialist – 2210: In FY 2023, the total PWD qualified applicant pool for this MCO was 6.26%, which represents the benchmark. PWDs promoted to this MCO was at a rate of 6.12%, which was less than the benchmark. Therefore, a trigger exists with respect to the rate of PWDs promoted to this MCO. In FY 2023, the total PWTd qualified applicant pool for this MCO was 3.39%, which represents the benchmark. PWTds promoted to this MCO was at a rate of 2.04%, which was less than the benchmark. Therefore, a trigger exists with respect to the rate of PWTds promoted to this MCO.

Program Management – 0340: In FY 2023, the total PWD qualified applicant pool for this MCO was 6.78%, which represents the benchmark. PWDs promoted to this MCO was at a rate of 9.09%, which exceeded the benchmark. Therefore, no trigger exists with respect to the rate of PWDs promoted to this MCO. In FY 2023, the total PWTd qualified applicant pool for this MCO was 3.39%, which represents the benchmark. PWTds promoted to this MCO was at a rate of 0.00%, which was less than the benchmark. Therefore, a trigger exists with respect to the rate of PWTds promoted to this MCO.

Financial Management Specialist – 0501: In FY 2023, the total PWD qualified applicant pool for this MCO was 4.76%, which represents the benchmark. PWDs promoted to this MCO was at a rate of 14.29%, which exceeded the benchmark. Therefore, no trigger exists with respect to the rate of PWDs promoted to this MCO. In FY 2023, the total PWTd qualified applicant pool for this MCO was 2.20%, which represents the benchmark. PWTds promoted to this MCO was at a rate of 0.00%, which was less than the benchmark. Therefore, a trigger exists with respect to the rate of PWTds promoted to this MCO.

Medical Officer – 0602: In FY 2023, the total PWD qualified applicant pool for this MCO was 3.80%, which represents the benchmark. PWDs promoted to this MCO was at a rate of 0.00%, which was less than the benchmark. Therefore, a trigger exists with respect to the rate of PWDs promoted to this MCO. In FY 2023, the total PWTd qualified applicant pool for this MCO was 1.90%, which represents the benchmark. PWTds promoted to this MCO was at a rate of 0.00%, which was less than the benchmark. Therefore, a trigger exists with respect to the rate of PWTds promoted to this MCO.

Actuary - 1510: In FY 2023, the total PWD qualified applicant pool for this MCO was 6.56%, which represents the benchmark. PWDs promoted to this MCO was at a rate of 0.00%, which was less than the benchmark. Therefore, a trigger exists with respect to the rate of PWDs promoted to this MCO. In FY 2023, the total PWTd qualified applicant pool for this MCO was 1.64%, which represents the benchmark. PWTds promoted to this MCO was at a rate of 0.00%, which was less than the benchmark. Therefore, a trigger exists with respect to the rate of PWTds promoted to this MCO.

**Section IV: Plan to Ensure Advancement Opportunities for Employees with Disabilities**

Pursuant to 29 C.F.R. §1614.203(d)(1)(iii), agencies are required to provide sufficient advancement opportunities for employees with disabilities. Such activities might include specialized training and mentoring programs, career development opportunities, awards programs, promotions, and similar programs that address advancement. In this section, agencies should identify, and provide data on programs designed to ensure advancement opportunities for employees with disabilities.

**A. ADVANCEMENT PROGRAM PLAN**

Describe the agency’s plan to ensure PWD, including PWTd, have sufficient opportunities for advancement.

CMS follows Merit Systems Principals to ensure equal opportunity for all employees, including those with disabilities. To this end, CMS strives to assist all employees in career advancement whenever possible. CMS has worked throughout the fiscal year to ensure that PWDs and PWTDs have sufficient opportunities for advancement within the Agency through a variety of ways, such as career coaching and participation in the Presidential Management Fellows and Intra-Agency Rotation Program. Additionally, written procedures regarding training and conference opportunities include a mandate that all locations be compliant with Section 504 and 508 of the Rehabilitation Act. As standard protocol, all training announcements should include contact information to request RAs. In addition, the General Services Administration assesses training facilities against the Architectural Barriers' Act, and as a result of the COVID-19 pandemic during the reporting period, all training courses were being offered virtually. The net result from the Agency's response to a total virtual environment has resulted in expanded access for PWDs and PWTDs to programs, activities, and services. In FY 2021 and continuing through FY 2023, CMS introduced the Zoom platform as a tool for broadcasting meetings, conferences, and training opportunities into regional offices across the country. The use of Zoom as a meeting and broadcasting tool provides PWDs and PWTDs enhanced accessibility as a host of a Zoom meeting. The use of Zoom as a virtual platform has tremendously increased employee engagement. Further, the CMS DERG has been instrumental in assisting Agency officials in brainstorming ways of eliminating physical barriers that exist with respect to the recruitment, hiring, promotion, and retention of PWDs and PWTDs within the Agency, such as the use of broadcast messaging regarding building construction zones and the timing of elevator door closures. In FY 2023, CMS continues the use of surveys to reach individual PWD and PWTD employees for immediate feedback; focus groups designed to assist the Agency in pinpointing specific barriers identified through statistical analysis; RA training for managers and employees; specific training on the Schedule A Hiring Authority and a panel discussion on leveling the playing field with respect to telework; and "Lunch and Learn" sessions on the Architectural Barriers' Act, Sections 504 and 508 compliance, and peer mentorship. In accordance with the EEOC mandate, all job announcements have also included language informing applicants of the CMS commitment to providing personal assistant services.

## **B. CAREER DEVELOPMENT OPPORTUNITES**

1. Please describe the career development opportunities that the agency provides to its employees.

CMS is committed to continuous learning and exploring innovative methods to develop and retain highly skilled employees to carry out its mission critical functions. A wide range of professional development opportunities are provided to all CMS employees, including PWD and PWTD employees, to support career satisfaction and development within the agency. In FY 2023, CMS conducted the following workshops, activities, and programs to assist employees with their careers and professional development goals. The Agency plans to continue such efforts in FY 2024: • The CMS Asian American, Native Hawaiian, and Pacific Islander (AANHPI) ERG sponsored a presentation discussing COVID-19 Public Health Heroes for the AAPI community, which was open to all employees. • The CMS Federal Women’s Group sponsored several leadership Lunch and Learn workshops for all employees. Participants learned how to share knowledge and influence to help others, grow social capital, develop a networking strategy, and focus on making high-quality connections. • The CMS Veterans Assistance Committee continues to sponsor Veteran-related workshops and discussions, which is available to all CMS employees. During these monthly meetings, participants learned about several benefits available to veterans and their family members and shared tools on how to access these critical benefits. • The CMS DERG and the Reasonable Accommodations Program (RAP) Team hosted two separate workshops on the CMS RA process, one specific to managers and the other specific to employees. The purpose of these two one-hour workshops was to outline the procedures for requesting reasonable accommodations within CMS, as well as to tailor the question and answer segment specifically to managers and employees. CMS will continue to offer the following career development programs in FY 2024 in addition to the multiple ERG opportunities presented above: • CMS Intra-Agency Rotation Program (Traditional Program) • CMS Intra-Agency Rotation Program (Direct Match Pilot) • Presidents Management Council (PMC) Program • White House Leadership Development Program (WHLDP) • Federal Executive Institute Leadership for a Democratic Society • Peterson Experienced Leadership Program • Aspiring Leaders Program

2. In the table below, please provide the data for career development opportunities that require competition and/or supervisory recommendation/approval to participate.

Career Development Opportunities	Total Participants		PWD		PWTD	
	Applicants (#)	Selectees (#)	Applicants (#)	Selectees (#)	Applicants (#)	Selectees (#)
Mentoring Programs						
Detail Programs	37	37	21.62%	13.51%	21.62%	13.51%
Internship Programs						
Training Programs						
Fellowship Programs						
Coaching Programs						
Other Career Development Programs	226	86	13.27%	1.77%	10.47%	1.16%

3. Do triggers exist for PWD among the applicants and/or selectees for any of the career development programs? (The appropriate benchmarks are the relevant applicant pool for the applicants and the applicant pool for selectees.) If “yes”, describe the trigger(s) in the text box. Select “n/a” if the applicant data is not available for your agency, and describe your plan to provide the data in the text box.

- a. Applicants (PWD) Answer Yes
- b. Selections (PWD) Answer Yes

CMS Intra Agency Rotation Program (IARP; GS-11 to SES) In FY 2023, 37 total employees (29 non-PWDs and 8 PWDs) out of 6,133 eligible individuals (5,320 non-PWDs and 813 PWDs) applied for the IARP. This constituted a participation rate of 21.62% of PWDs in the applicant pool, which is the benchmark. Of that total, 37 employees were selected (29 non-PWDs and 8 PWDs) for participation in the program, which constituted an 21.62% participation rate of PWDs among all selectees. The participation rate of selectees was the same as the benchmark. Therefore, no trigger exists with respect to this program. White House Leadership Development Program (WHLDP; GS-15) In FY 2023, 0 total employees out of a pool of 844 eligible employees applied for the WHLDP. However, there were no PWD applicants for the program, therefore, a trigger may exist with respect to this program. President’s Management Council Program (PMCP; GS-13 to GS-15) In FY 2023, 3 total employees applied and two were selected out of a total pool of 5,075 eligible employees for the WHLDP. However, there were no PWD applicants for the program, therefore, a trigger may exist with respect to this program. Federal Executive Institute Program (FEIP; GS-15 to SES) In FY 2023, 21 total employees applied and 9 were selected out of a total pool of 929 eligible employees for the FEIP. There were 3 PWD applicants for the program, however, no PWD applicants were selected. Therefore, a trigger exists with respect to this program. Peterson Experienced Leaders Program (PELP; GS-14 to GS-15) In FY 2023, 31 total employees applied and 25 were selected out of a total pool of 929 eligible employees for the PELP. However, there were no PWD applicants for the program, therefore, a trigger may exist with respect to this program. Aspiring Leaders Program (ALP; GS-13 to GS-14) In FY 2023, 171 total employees (144 non-PWDs and 27 PWDs) out of 4,231 eligible individuals (3,685 non-PWDs and 546 PWDs) applied for the ALP. This constituted a participation rate of 15.79% of PWDs in the applicant pool, which is the benchmark. Of that total, 50 employees were selected (41 non-PWDs and 9 PWDs) for participation in the program, which constituted an 18.00% participation rate of all selectees. Taking the relevant applicant pool and the participation rate of selectees in account, no trigger exists with respect to this program.

4. Do triggers exist for PWTB among the applicants and/or selectees for any of the career development programs? (The appropriate benchmarks are the relevant applicant pool for the applicants and the applicant pool for selectees.) If “yes”, describe the trigger(s) in the text box. Select “n/a” if the applicant data is not available for your agency, and describe your plan to provide the data in the text box.

- |                      |        |     |
|----------------------|--------|-----|
| a. Applicants (PWTB) | Answer | Yes |
| b. Selections (PWTB) | Answer | Yes |

CMS Intra Agency Rotation Program (IARP; GS-11 to SES) In FY 2023, there were 37 applicants out of 6,133 eligible (non-PWTDs) and 5 out of 37 eligible (PWTDs). This constituted a participation rate of 13.51% of PWTDs in the applicant pool, which is the benchmark. Of that total, 37 employees were selected (32 non-PWTDs and 5 PWTDs) for participation in the program, which constituted a 13.51% participation rate of all selectees. Taking the relevant applicant pool and the participation rate of selectees in account, the participation rate was the same as the benchmark. Therefore, no trigger exists with respect to this program. White House Leadership Development Program (WHLDP; GS-15) In FY 2023, no employees out of a pool of 844 eligible employees applied for the WHLDP. As such, there were no PWTB applicants for the program, therefore, no trigger exists with respect to this program. President’s Management Council Program (PMCP; GS-13 to 15) In FY 2023, 3 total applied and two were selected out of a total pool of 5,075 eligible employees for the WHLDP. However, no PWTDs applied for the program, therefore, a trigger may exist with respect to this program. Federal Executive Institute Program (FEIP; GS-15 to SES) In FY 2023, 21 total employees applied and 9 were selected out of a total pool of 929 eligible employees for the FEIP. However, no PWTD employees applied for the program, therefore, a trigger may exist with respect to this program. Peterson Experienced Leaders Program (PELP; GS-14 to GS-15) In FY 2023, 31 total applied and 25 were selected out of a total pool of 929 eligible employees for the PELP. However, no PWTD employees applied for the program, therefore, a trigger may exist with respect to this program. Aspiring Leaders Program (ALP; GS-13 to GS-14) In FY 2023, there were 171 total employees (167 non-PWDs and 4 PWTDs) out of 4,231 eligible individuals (4,060 non-PWDs and 171 PWTDs) for the ALP. This constituted a participation rate of 2.34% of PWDs in the applicant pool, which is the benchmark. Of that total, 50 employees were selected (49 non-PWDs and 1 PWTDs) for participation in the program, which constituted a 2.00% participation rate of all selectees. Taking the relevant applicant pool and the participation rate of selectees in account, a trigger exists with respect to this program.

**C. AWARDS**

1. Using the inclusion rate as the benchmark, does your agency have a trigger involving PWD and/or PWTD for any level of the time-off awards, bonuses, or other incentives? If “yes”, please describe the trigger(s) in the text box.

- a. Awards, Bonuses, & Incentives (PWD) Answer Yes
- b. Awards, Bonuses, & Incentives (PWTD) Answer Yes

Performance-based, Non-discretionary Awards: CMS allows non-discretionary, performance-based awards to be provided either as a cash award or as a time-off award. Since the employee chooses the method by which to be compensated for a performance award, both cash-based and time-off awards will be discussed together. In FY 2023, PWDs received a performance-based award at a rate of 45.54%, which represents the participation rate, while the inclusion rate for non-PWD was 52.02%. Since the participation rate was less than the inclusion rate, a trigger exists with respect to PWDs receiving performance-based awards. In FY 2023, PWTDs received a performance-based award at a rate of 47.12%, which represents the participation rate, while the inclusion rate for non-PWTD was 50.45%. Since the participation rate was less than the inclusion rate, a trigger exists with respect to PWTDs receiving performance-based awards. All Other Discretionary Awards In FY 2023, PWDs received a discretionary award at a rate of 20.63%, which represents the participation rate, while the inclusion rate for non-PWD was 33.29%. Since the participation rate was less than the inclusion rate, a trigger exists with respect to PWDs receiving non-performance-based awards. In FY 2023, PWTDs received a discretionary award at a rate of 32.46%, which represents the participation rate, while the inclusion rate for non-PWTD was 32.03%. Since the participation rate was slightly greater than the inclusion rate, no trigger exists with respect to PWTDs receiving non-performance-based awards.

2. Using the inclusion rate as the benchmark, does your agency have a trigger involving PWD and/or PWTD for quality step increases or performance-based pay increases? If “yes”, please describe the trigger(s) in the text box.

- a. Pay Increases (PWD) Answer Yes
- b. Pay Increases (PWTD) Answer Yes

Quality Step Increase (QSI): In FY 2023, PWDs received a performance-based QSI at a rate of 3.82%, which represents the participation rate, while the inclusion rate for non-PWD was 3.86%. Since the participation rate was slightly less than the inclusion rate, a trigger exists with respect to PWDs receiving performance-based QSIs. In FY 2023, PWTDs received a performance-based QSI at a rate of 2.09%, which represents the participation rate, while the inclusion rate for non-PWTD includes 3.91%. Since the participation rate was less than the inclusion rate, a trigger exists with respect to PWTDs receiving performance-based QSIs.

3. If the agency has other types of employee recognition programs, are PWD and/or PWTD recognized disproportionately less than employees without disabilities? (The appropriate benchmark is the inclusion rate.) If “yes”, describe the employee recognition program and relevant data in the text box.

- a. Other Types of Recognition (PWD) Answer N/A
- b. Other Types of Recognition (PWTD) Answer N/A

Not applicable.

#### D. PROMOTIONS

1. Does your agency have a trigger involving PWD among the qualified internal applicants and/or selectees for promotions to the senior grade levels? (The appropriate benchmarks are the relevant applicant pool for qualified internal applicants and the qualified applicant pool for selectees.) For non-GS pay plans, please use the approximate senior grade levels. If “yes”, describe the trigger(s) in the text box. Select “n/a” if the applicant data is not available for your agency, and describe your plan to provide the data in the text box.

- a. SES
  - i. Qualified Internal Applicants (PWD) Answer No
  - ii. Internal Selections (PWD) Answer No
- b. Grade GS-15
  - i. Qualified Internal Applicants (PWD) Answer Yes
  - ii. Internal Selections (PWD) Answer Yes
- c. Grade GS-14
  - i. Qualified Internal Applicants (PWD) Answer No
  - ii. Internal Selections (PWD) Answer Yes
- d. Grade GS-13
  - i. Qualified Internal Applicants (PWD) Answer No
  - ii. Internal Selections (PWD) Answer Yes

Internal Selection for Senior Level Positions: SES: In FY 2023, there were no internal PWD applicants for this grade, constituting a benchmark of 0.00%. Likewise, there were no qualified PWD applicants, constituting a participation rate of 0.00%. Therefore, no trigger exists with respect to the qualified PWD applicant participation rate for this grade since the participation rate was the same as the benchmark. Likewise, there were no internal qualified PWDpw applicants for this grade, constituting a benchmark of 0.00%. There were also no PWD selectees, constituting a participation rate of 0.00%. Therefore, no trigger exists with respect to the PWD selectee participation rate for this grade since the participation rate was the same as the benchmark. GS 15: In FY 2023, there were 1,337 internal applicants for this grade. Of this total, PWDs accounted for 93 applicants, constituting a benchmark of 6.96%. Of the total qualified applicant pool of 198 individuals, there were 13 qualified PWD applicants, constituting a participation rate of 6.57%. Therefore, a trigger exists with respect to the qualified PWD applicant participation rate for this grade since the participation rate was less than the benchmark. Likewise, there were 198 internal qualified applicants for this grade. Of this total, PWDs accounted for 13 qualified applicants, constituting a benchmark of 6.57%. Of the 42 total selectees, PWDs did not account for any selectees, constituting a participation rate of 0.00%. Therefore, a trigger exists with respect to the PWD selectee participation rate for this grade since the participation rate was less than the benchmark. GS 14: In FY 2023, there were 11,715 internal applicants for this grade. Of this total, PWDs accounted for 1,038 applicants, constituting a benchmark of 8.86%. Of the 1,901 qualified applicants, there were 187 qualified PWD applicants, constituting a participation rate of 9.84%. Therefore, no trigger exists with respect to the qualified PWD applicant participation rate for this grade since the participation rate exceeded the benchmark. Conversely, there were 1,901 internal qualified applicants for this grade. Of that amount, there were 187 qualified PWD applicants, constituting a participation rate of 9.84%. Of the 186 total selectees, PWDs accounted for 14 selectees, constituting a participation rate of 7.53%. Therefore, a trigger exists with respect to the PWD selectee participation rate for this grade since the participation rate was less than the benchmark. GS 13: In FY 2023, there were 4,946 internal applicants for this grade. Of this total, PWDs accounted for 465 applicants, constituting a benchmark of 9.40%. Of the 669 qualified applicants, there were 93 qualified PWD applicants, which constituted a participation rate of 13.90%. No trigger exists with respect to the qualified PWD applicant participation rate for this grade since the participation rate exceeded the benchmark. Conversely, there were 669 internal qualified applicants for this grade. Of that amount, there were 93 qualified PWD applicants, constituting a participation rate of 13.90%. Of the 69 total selectees, PWDs accounted for 9 selectees, constituting a participation rate of 13.04%. Therefore, a trigger exists with respect to the PWD selectee participation rate for this grade since the participation rate was slightly less than the benchmark.

2. Does your agency have a trigger involving PWTD among the qualified internal applicants and/or selectees for promotions to the senior grade levels? (The appropriate benchmarks are the relevant applicant pool for qualified internal applicants and the qualified applicant pool for selectees.) For non-GS pay plans, please use the approximate senior grade levels. If “yes”, describe the trigger(s) in the text box. Select “n/a” if the applicant data is not available for your agency, and describe your plan to provide the data in the text box.

- a. SES
  - i. Qualified Internal Applicants (PWTD) Answer No
  - ii. Internal Selections (PWTD) Answer No
- b. Grade GS-15
  - i. Qualified Internal Applicants (PWTD) Answer Yes
  - ii. Internal Selections (PWTD) Answer Yes
- c. Grade GS-14
  - i. Qualified Internal Applicants (PWTD) Answer No
  - ii. Internal Selections (PWTD) Answer Yes
- d. Grade GS-13
  - i. Qualified Internal Applicants (PWTD) Answer No

SES: In FY 2023, there were no internal PWTD applicants for this grade, constituting a benchmark of 0.00%. Likewise, there were no qualified PWTD applicants, constituting a participation rate of 0.00%. Therefore, no trigger exists with respect to the qualified PWTD applicant participation rate for this grade since the participation rate was the same as the benchmark. Likewise, there were no internal qualified PWTD applicants for this grade, constituting a benchmark of 0.00%. Additionally, there were no PWTD selectees, constituting a participation rate of 0.00%. Therefore, no trigger exists with respect to the PWTD selectee participation rate for this grade since the participation rate was the same as the benchmark. GS 15: In FY 2023, there were 1,337 internal applicants for this grade. Of this total, PWTDs accounted for 44 applicants, constituting a benchmark of 3.29%. Of the total qualified applicant pool of 198 individuals, there were 5 qualified PWTD applicants, constituting a participation rate of 2.53%. Therefore, a trigger exists with respect to the qualified PWTD applicant participation rate for this grade since the participation rate was less than the benchmark. Likewise, there were 198 internal qualified applicants for this grade. Of this total, PWTDs accounted for 5 qualified applicants, constituting a benchmark of 2.53%. Of the 42 total selectees, PWTDs did not account for any selectees, constituting a participation rate of 0.00%. Therefore, a trigger exists with respect to the PWTD selectee participation rate for this grade since the participation rate was less than the benchmark. GS 14: In FY 2023, there were 11,715 internal applicants for this grade. Of this total, PWTDs accounted for 481 applicants, constituting a benchmark of 4.75%. Of the 1,901 qualified applicants, there were 83 qualified PWTD applicants, constituting a participation rate of 5.47%. Therefore, no trigger exists with respect to the qualified PWTD applicant participation rate for this grade since the participation rate exceeded the benchmark. Conversely, there were 1,901 internal qualified applicants for this grade. Of this total, PWTDs accounted for 83 qualified applicants, constituting a benchmark of 5.47%. Of the 186 total selectees, PWTD applicants constituted a participation rate of 4.84%. Therefore, a trigger exists with respect to the PWTD selectee participation rate for this grade since the participation rate was less than the benchmark. GS 13: In FY 2023, there were 4,946 internal applicants for this grade. Of this total, PWTDs accounted for 208 applicants, constituting a benchmark of 4.21%. Of the 669 qualified applicants, there were 40 qualified PWTD applicants, constituting a participation rate of 5.98%. Therefore, no trigger exists with respect to the qualified PWTD applicant participation rate for this grade since the participation rate exceeded the benchmark. Likewise, there were 669 internal qualified applicants for this grade. Of this total, PWTDs accounted for 40 qualified applicants, constituting a benchmark of 5.98%. Of the 69 total selectees, PWTDs applicants constituted a participation rate of 4.35%. Therefore, a trigger exists with respect to the PWTD selectee participation rate for this grade since the participation rate was less than the benchmark.

3. Using the qualified applicant pool as the benchmark, does your agency have a trigger involving PWD among the new hires to the senior grade levels? For non-GS pay plans, please use the approximate senior grade levels. If "yes", describe the trigger(s) in the text box. Select "n/a" if the applicant data is not available for your agency, and describe your plan to provide the data in the text box.

- |                             |        |     |
|-----------------------------|--------|-----|
| a. New Hires to SES (PWD)   | Answer | No  |
| b. New Hires to GS-15 (PWD) | Answer | Yes |
| c. New Hires to GS-14 (PWD) | Answer | No  |
| d. New Hires to GS-13 (PWD) | Answer | Yes |

In FY2023, there were no qualified PWD applicants for this grade, constituting a benchmark of 0.00%. Additionally, there were no PWD new hires, constituting a participation rate of 0.00%. Therefore, no trigger exists with respect to the PWD new hire participation rate for this grade since the participation rate was the same as the benchmark. GS 15: In FY 2023, there were 4,101 qualified applicants for this grade. Of this total, PWDs accounted for 188 qualified applicants, constituting a benchmark of 4.58%. Additionally, there were no PWD new hires, constituting a participation rate of 0.00%. Therefore, a trigger exists with respect to the PWD new hire participation rate for this grade since the participation rate was less than the benchmark. GS 14: In FY 2023, there were 10,846 qualified applicants for this grade. Of this total, PWDs accounted for 556 qualified applicants, constituting a benchmark of 5.13%. Of the 28 total new hires, PWDs accounted for three new hires, constituting a participation rate of 10.71%. Therefore, no trigger exists with respect to the PWD new hire participation rate for this grade since the participation rate was higher than the benchmark. GS 13: In FY 2023, there were 18,768 qualified applicants for this grade. Of this total, PWDs accounted for 1,163 qualified applicants, constituting a benchmark of 6.20%. Of the 299 total new hires, PWDs accounted for 26 new hires, constituting a participation rate of 8.70%. Therefore, no trigger exists with respect to the PWD new hire participation rate for this grade since the participation rate was less than the benchmark.

4. Using the qualified applicant pool as the benchmark, does your agency have a trigger involving PWTD among the new hires to the senior grade levels? For non-GS pay plans, please use the approximate senior grade levels. If “yes”, describe the trigger(s) in the text box. Select “n/a” if the applicant data is not available for your agency, and describe your plan to provide the data in the text box.

- a. New Hires to SES (PWTD) Answer No
- b. New Hires to GS-15 (PWTD) Answer Yes
- c. New Hires to GS-14 (PWTD) Answer Yes
- d. New Hires to GS-13 (PWTD) Answer Yes

SES: In FY2023, there were no qualified PWTD applicants for this grade, constituting a benchmark of 0.00%. Additionally, there were no PWTD new hires, constituting a participation rate of 0.00%. Therefore, no trigger exists with respect to the PWTD new hire participation rate for this grade since the participation rate was the same as the benchmark. GS 15: In FY 2023, there were 4,101 qualified applicants for this grade. Of this total, PWTDs accounted for 67 qualified applicants, constituting a benchmark of 1.63%. Additionally, there were no PWTD new hires, constituting a participation rate of 0.00%. Therefore, a trigger exists with respect to the PWTD new hire participation rate for this grade since the participation rate was less than the benchmark. GS 14: In FY 2023, there were 10,846 qualified applicants for this grade. Of this total, PWTDs accounted for 216 qualified applicants, constituting a benchmark of 1.99%. Of the 28 total new hires, PWTDs did not account for any of the new hires, constituting a participation rate of 0.00%. Therefore, a trigger exists with respect to the PWTD new hire participation rate for this grade since the participation rate was less than the benchmark. GS 13: In FY 2023, there were 18,768 qualified applicants for this grade. Of this total, PWTDs accounted for 534 qualified applicants, constituting a benchmark of 2.85%. Of the 299 total new hires, PWTD accounted for three of the new hires, constituting a participation rate of 1.00%. Therefore, a trigger exists with respect to the PWTD new hire participation rate for this grade since the participation rate was less than the benchmark.

5. Does your agency have a trigger involving PWD among the qualified internal applicants and/or selectees for promotions to supervisory positions? (The appropriate benchmarks are the relevant applicant pool for qualified internal applicants and the qualified applicant pool for selectees.) If “yes”, describe the trigger(s) in the text box. Select “n/a” if the applicant data is not available for your agency, and describe your plan to provide the data in the text box.

- a. Executives
  - i. Qualified Internal Applicants (PWD) Answer N/A
  - ii. Internal Selections (PWD) Answer N/A
- b. Managers

i. Qualified Internal Applicants (PWD)	Answer	N/A
ii. Internal Selections (PWD)	Answer	N/A
c. Supervisors		
i. Qualified Internal Applicants (PWD)	Answer	Yes
ii. Internal Selections (PWD)	Answer	Yes

\*CMS does not differentiate between managers, supervisors, or executives (except for those in the SES). As such, the following information and analysis represents all three supervisory designations. In FY 2023, there were 2,079 internal applicants for supervisory positions. Of this total, PWDs accounted for 165 applicants, constituting a benchmark of 7.94%. Of the total qualified applicant pool of 371 individuals, there were 17 qualified PWD applicants, constituting a participation rate of 4.58%. Therefore, a trigger exists with respect to the PWD selectee participation rate for supervisory positions since the participation rate was less than the benchmark. Likewise, there were 371 internal qualified applicants for supervisory positions. Of this total, PWDs accounted for 17 qualified applicants, constituting a benchmark of 4.58%. Of the 59 total selectees, PWD accounted for two selectees, constituting a participation rate of 3.39%. Therefore, a trigger exists with respect to the PWD selectee participation rate for supervisory positions since the participation rate was less than the benchmark.

6. Does your agency have a trigger involving PWTDD among the qualified internal applicants and/or selectees for promotions to supervisory positions? (The appropriate benchmarks are the relevant applicant pool for qualified internal applicants and the qualified applicant pool for selectees.) If “yes”, describe the trigger(s) in the text box. Select “n/a” if the applicant data is not available for your agency, and describe your plan to provide the data in the text box.

a. Executives		
i. Qualified Internal Applicants (PWTDD)	Answer	N/A
ii. Internal Selections (PWTDD)	Answer	N/A
b. Managers		
i. Qualified Internal Applicants (PWTDD)	Answer	N/A
ii. Internal Selections (PWTDD)	Answer	N/A
c. Supervisors		
i. Qualified Internal Applicants (PWTDD)	Answer	Yes
ii. Internal Selections (PWTDD)	Answer	Yes

\*CMS does not differentiate between managers, supervisors, or executives (except for those in the SES). As such, the following information and analysis represents all three supervisory designations. In FY 2023, there were 2,079 internal applicants for supervisory positions. Of this total, PWTDDs accounted for 75 applicants, constituting a benchmark of 3.61%. Of the total qualified applicant pool of 371 individuals, there were 8 qualified PWTDD applicants, constituting a participation rate of 2.16%. Therefore, a trigger exists with respect to the qualified PWTDD applicant participation rate for supervisory positions since the participation rate was less than the benchmark. Likewise, there were 371 internal qualified applicants for supervisory positions. Of this total, PWTDDs accounted for 1 qualified applicant, constituting a benchmark of 2.16%. Of the 59 total selectees, there were 1 PWTDD selectee constituting a participation rate of 1.69%. Therefore, a trigger exists with respect to the PWTDD selectee participation rate for supervisory positions since the participation rate was less than the benchmark.

7. Using the qualified applicant pool as the benchmark, does your agency have a trigger involving PWD among the selectees for new hires to supervisory positions? If “yes”, describe the trigger(s) in the text box. Select “n/a” if the applicant data is not available for your agency, and describe your plan to provide the data in the text box.

a. New Hires for Executives (PWD)	Answer	N/A
b. New Hires for Managers (PWD)	Answer	N/A
c. New Hires for Supervisors (PWD)	Answer	Yes

\*CMS does not differentiate between managers, supervisors, or executives. As such, the following information and analysis represents all three supervisory designations. In FY 2023, there were 4,622 qualified applicants for supervisory positions. Of this total, PWDs accounted for 256 qualified applicants, constituting a benchmark of 5.54%. Of the 25 total new supervisory positions, PWD did account for one new supervisory position, constituting a participation rate of 4.00%. Therefore a trigger exists with respect to the PWD new hire participation rate for supervisory positions since the participation rate was less than the benchmark.

8. Using the qualified applicant pool as the benchmark, does your agency have a trigger involving PWTB among the selectees for new hires to supervisory positions? If “yes”, describe the trigger(s) in the text box. Select “n/a” if the applicant data is not available for your agency, and describe your plan to provide the data in the text box.

- a. New Hires for Executives (PWTB) Answer N/A
- b. New Hires for Managers (PWTB) Answer N/A
- c. New Hires for Supervisors (PWTB) Answer Yes

\*CMS does not differentiate between managers, supervisors, or executives. As such, the following information and analysis represents all three supervisory designations. In FY 2023, there were 4,622 qualified applicants for supervisory positions. Of this total, PWTBs accounted for 102 qualified applicants, constituting a benchmark of 2.21%. Of the 25 total new supervisory positions, PWTBs did not account for any new supervisory positions, constituting a participation rate of 0.00%. Therefore, a trigger exists with respect to the PWTB new hire participation rate for supervisory positions since the participation rate was less than the benchmark.

**Section V: Plan to Improve Retention of Persons with Disabilities**

To be model employer for persons with disabilities, agencies must have policies and programs in place to retain employees with disabilities. In this section, agencies should: (1) analyze workforce separation data to identify barriers retaining employees with disabilities; (2) describe efforts to ensure accessibility of technology and facilities; and (3) provide information on the reasonable accommodation program and workplace assistance services.

**A. VOLUNTARY AND INVOLUNTARY SEPARATIONS**

1. In this reporting period, did the agency convert all eligible Schedule A employees with a disability into the competitive service after two years of satisfactory service (5 CFR § 213.3102(u)(6)(i))? If “no”, please explain why the agency did not convert all eligible Schedule A employees.

Answer No

In FY 2023, CMS converted 4 of 9 Schedule A employees. Of the remaining employees, one was not converted due to administrative error; one resigned; one transferred to another HHS Operating Division; and two were subject to involuntary separation. The Office of Human Capital (OHC) is informing the employing office of the employees’ conversion eligibility to ensure the appropriate steps are taken to convert these employees. CMS will institute a process in the future to better track and initiate conversions for Schedule A hires.

2. Using the inclusion rate as the benchmark, did the percentage of PWD among voluntary and involuntary separations exceed that of persons without disabilities? If “yes”, describe the trigger below.

- a. Voluntary Separations (PWD) Answer Yes
- b. Involuntary Separations (PWD) Answer Yes

In FY 2023, there were 863 PWDs at CMS and 5,515 non-PWDs. During the reporting period, 53 PWDs voluntarily separated from CMS at a separation rate of 6.14 %. The voluntary separation rate for the 288 non-PWDs was 5.22%. Therefore, a trigger exists with respect to PWD voluntary separations since the voluntary separation rate of PWDs exceeds that of non-PWD voluntary separations. During the same period, 2 PWDs involuntarily separated from CMS at a separation rate of 0.23%. The involuntary separation rate for the 5 non-PWDs was 0.09%. Therefore, a trigger exists with respect to PWD involuntary separations since the involuntary separation rate of PWDs exceeds that of non-PWD involuntary separations.

3. Using the inclusion rate as the benchmark, did the percentage of PWTB among voluntary and involuntary separations exceed that of persons without targeted disabilities? If "yes", describe the trigger below.

a. Voluntary Separations (PWTB)	Answer	Yes
b. Involuntary Separations (PWTB)	Answer	No

In FY 2023, there were 191 PWTBs at CMS and 6,187 non-PWTBs. During the reporting period, 15 PWTBs voluntarily separated from CMS at a separation rate of 7.85%. The voluntary separation rate for the 326 non-PWTBs was 5.27%. Therefore, a trigger exists with respect to PWTB voluntary separations since the voluntary separation rate of PWTBs exceeds that of non-PWTB voluntary separations. During the same period, no PWTBs involuntarily separated from CMS at a separation rate of 0.00%. The involuntary separation rate for the 7 non-PWTBs was 0.11%. Therefore, no trigger exists with respect to PWTB involuntary separations since the involuntary separation rate of PWTBs was less than that of non-PWTB involuntary separations.

4. If a trigger exists involving the separation rate of PWD and/or PWTB, please explain why they left the agency using exit interview results and other data sources.

CMS collected very little exit interview data related to PWD and PWTB status. An HHS contract was terminated in July 2019, and the Agency is currently in the process of establishing its own internal exit survey protocol. CMS received approximately 231 completed exit surveys during the reporting period, but only a fraction of those included disability status information. As a result, no clear identifier can be used to identify the exit surveys of PWDs and PWTBs in our data.

## B. ACCESSIBILITY OF TECHNOLOGY AND FACILITIES

Pursuant to 29 CFR §1614.203(d)(4), federal agencies are required to inform applicants and employees of their rights under Section 508 of the Rehabilitation Act of 1973 (29 U.S.C. § 794(b), concerning the accessibility of agency technology, and the Architectural Barriers Act of 1968 (42 U.S.C. § 4151-4157), concerning the accessibility of agency facilities. In addition, agencies are required to inform individuals where to file complaints if other agencies are responsible for a violation.

1. Please provide the internet address on the agency's public website for its notice explaining employees' and applicants' rights under Section 508 of the Rehabilitation Act, including a description of how to file a complaint.

[www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/Section508/Section\\_508\\_policies\\_procedures.html](http://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/Section508/Section_508_policies_procedures.html). To file a complaint, <https://cmsintranet.share.cms.gov/OEOCR/Documents/OEOCRCounselorsContact508.pdf>

2. Please provide the internet address on the agency's public website for its notice explaining employees' and applicants' rights under the Architectural Barriers Act, including a description of how to file a complaint.

[www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM9153.pdf](http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM9153.pdf)

3. Describe any programs, policies, or practices that the agency has undertaken, or plans on undertaking over the next fiscal year, designed to improve accessibility of agency facilities and/or technology.

In January of 2020, CMS began using a cloud-based system to manage and track reasonable accommodation requests. During FY 2023, accommodations staff and managers reaped the benefits of having all processes and information for accommodation requests consolidated into one place. Employees, managers, and RA staff members remain informed on every step in the accommodation process through automated web-based workflows that were updated throughout the year. Real-time analytics and data help the RA staff to simplify accommodation case reporting and to provide better services to CMS employees. The updates to Reasonable Accommodation Management Tool (RAMT) enhance case processing which increases effectiveness and accessibility. The Agency continued to improve this section of the RAMP dedicated to tracking religious accommodation requests. Additionally, CMS is in the process of strengthening our reasonable accommodations program by conducting a gap analysis, developing proposals to address, increasing outreach and communication with stakeholders and improving our processes. In FY 2023, CMS also established an Accessibility Executive Steering Committee and the Accessibility Integrated Project Team in order to take a robust cross-component approach to tracking and resolving challenges around the accessibility of our technology and facilities.

### **C. REASONABLE ACCOMMODATION PROGRAM**

Pursuant to 29 C.F.R. § 1614.203(d)(3), agencies must adopt, post on their public website, and make available to all job applicants and employees, reasonable accommodation procedures.

1. Please provide the average time frame for processing initial requests for reasonable accommodations during the reporting period. (Please do not include previously approved requests with repetitive accommodations, such as interpreting services.)

The average timeframe for processing an initial request for reasonable accommodation was 32 calendar days in FY 2023, which was an increase over 27 calendar days the previous fiscal year. However, 58% of all accommodations were processed in less than 31 days, which was an improvement over 52% during the previous fiscal year. This time period varies greatly depending on an employee's ability to provide the required medical documentation and if the physicians at Federal Occupation and Health are requested to conduct a review and provide a recommendation. The time period also depends greatly on the time needed to conduct market research and the delivery of items that are ultimately purchased.

2. Describe the effectiveness of the policies, procedures, or practices to implement the agency's reasonable accommodation program. Some examples of an effective program include timely processing requests, timely providing approved accommodations, conducting training for managers and supervisors, and monitoring accommodation requests for trends.

OEOCR provides a variety of training for CMS supervisors and managers on the RA process. Throughout FY 2023, OEOCR presented EEO and RA-related training covering the RA process for CMS central office components, as well as two presentations presented at the All Managers' Meeting in 2023. CMS also provides information through the Agency's monthly newsletter, This Just In, on a variety of RA-related topics. The manager of an employee seeking a reasonable accommodation is provided an opportunity to ask questions and is generally required to participate in an interactive dialogue with a CMS Reasonable Accommodation Coordinator. In order to ensure effective processing of requests, OEOCR coordinates all requests with any relevant CMS component that will be involved in implementation. The CMS RA Program maintains a designated storage area in the CMS warehouse and maintains an inventory of certain frequently ordered items. OEOCR monitors accommodation requests for trends. Trending items or more frequently requested items may be ordered in bulk to help facilitate timely processing of reasonable accommodations. CMS maintains a list of the top accommodations requested and shares a "top 10" list with senior leadership.

### **D. PERSONAL ASSISTANCE SERVICES ALLOWING EMPLOYEES TO PARTICIPATE IN THE WORKPLACE**

Pursuant to 29 CFR §1614.203(d)(5), federal agencies, as an aspect of affirmative action, are required to provide personal assistance services (PAS) to employees who need them because of a targeted disability, unless doing so would impose an undue hardship on the agency.

Describe the effectiveness of the policies, procedures, or practices to implement the PAS requirement. Some examples of an effective program include timely processing requests for PAS, timely providing approved services, conducting training for managers and supervisors, and monitoring PAS requests for trends.

At CMS, the Personal Assistance Service program required by 29 C.F.R. 1614.203(d)(5) is known as Daily Living Assistance at Work (DLAW) and is administered by OEOCR's Reasonable Accommodation Program. CMS drafted a policy consistent with the regulation, which was submitted to the EEOC for review and approval. The DLAW program has a dedicated CMS email mailbox to receive requests. All requests have been timely processed. Training was provided at a leadership meeting as well as to the OHC, and requests are monitored for trends.

## Section VI: EEO Complaint and Findings Data

### A. EEO COMPLAINT DATA INVOLVING HARASSMENT

1. During the last fiscal year, did a higher percentage of PWD file a formal EEO complaint alleging harassment, as compared to the government-wide average?

Answer Yes

2. During the last fiscal year, did any complaints alleging harassment based on disability status result in a finding of discrimination or a settlement agreement?

Answer No

3. If the agency had one or more findings of discrimination alleging harassment based on disability status during the last fiscal year, please describe the corrective measures taken by the agency.

In FY 2023, there were 34 total formal EEO complaints, of which there were 11 formal EEO complaints where a disability-based complaint alleged a hostile work environment. This accounted for 32% of the total formal complaints. Based on 2020 data, the government-wide average was approximately 20.00%. Therefore, the Agency rate is higher than the government-wide average.

### B. EEO COMPLAINT DATA INVOLVING REASONABLE ACCOMMODATION

1. During the last fiscal year, did a higher percentage of PWD file a formal EEO complaint alleging failure to provide a reasonable accommodation, as compared to the government-wide average?

Answer Yes

2. During the last fiscal year, did any complaints alleging failure to provide reasonable accommodation result in a finding of discrimination or a settlement agreement?

Answer No

3. If the agency had one or more findings of discrimination involving the failure to provide a reasonable accommodation during the last fiscal year, please describe the corrective measures taken by the agency.

In FY 2023, there were 6 formal EEO complaints out of a total of 34 formal EEO complaints filed that alleged failure to provide a reasonable accommodation, accounting for 18% of the total. Based on 2020 data, the government-wide average was approximately 13.5%. Therefore, the Agency did exceed the government-wide average.

## Section VII: Identification and Removal of Barriers

Element D of MD-715 requires agencies to conduct a barrier analysis when a trigger suggests that a policy, procedure, or practice may be impeding the employment opportunities of a protected EEO group.

1. Has the agency identified any barriers (policies, procedures, and/or practices) that affect employment opportunities for PWD and/or PWTD?

Answer Yes

2. Has the agency established a plan to correct the barrier(s) involving PWD and/or PWTD?

Answer Yes

3. Identify each trigger and plan to remove the barrier(s), including the identified barrier(s), objective(s), responsible official(s), planned activities, and, where applicable, accomplishments

<b>Source of the Trigger:</b>	Workforce Data (if so identify the table)				
<b>Specific Workforce Data Table:</b>	Workforce Data Table - B1				
<b>STATEMENT OF CONDITION THAT WAS A TRIGGER FOR A POTENTIAL BARRIER:</b>  Provide a brief narrative describing the condition at issue.  How was the condition recognized as a potential barrier?	Barrier analysis has identified that CMS has an increased separation rate for PWDs and PWTDs.				
<b>STATEMENT OF BARRIER GROUPS:</b>	<i>Barrier Group</i> People with Disabilities				
<b>Barrier Analysis Process Completed?:</b>	N				
<b>Barrier(s) Identified?:</b>	N				
<b>STATEMENT OF IDENTIFIED BARRIER:</b>  Provide a succinct statement of the agency policy, procedure or practice that has been determined to be the barrier of the undesired condition.	<b>Barrier Name</b>  CMS is not adding to its PWD workforce and is not sustaining its PWD and PWTd workforce.	<b>Description of Policy, Procedure, or Practice</b>  A Low Entry/High Exit Barrier Analysis has identified that CMS has low participation rates for Persons With Disabilities (PWD) in permanent new hires and voluntary/involuntary separations.  Analysis of the data revealed that the FY 2023 PWD new permanent hires were underrepresented at a rate of 9.86% of the CMS new hires, as compared to the overall PWD participation rate of 13.53%.  In addition, the separation rate was 5.91%, which was higher than the inclusion rate of all other separations percent of 4.71%, indicating that barriers exists with respect to the hiring and retention of PWDs at CMS.  Further analysis of the data related to Persons with Targeted Disabilities (PWTd) revealed that PWTd new permanent hires were underrepresented at a rate of 1.76% of the CMS new hires, as compared to the overall PWTd participation rate of 2.99%.  Likewise, the FY 2023 PWTd separation rate was 7.85%, which was higher than the overall inclusion rate of 4.78%, indicating that a barrier exists.			
<b>Objective(s) and Dates for EEO Plan</b>					
<b>Date Initiated</b>	<b>Target Date</b>	<b>Sufficient Funding / Staffing?</b>	<b>Date Modified</b>	<b>Date Completed</b>	<b>Objective Description</b>
10/01/2017	10/31/2023	Yes	09/30/2023		To work with OHC to improve the current recruitment processes until the desired application rates are achieved.
10/01/2017	10/31/2023	Yes	09/30/2023		To educate hiring officials that there is a low participation rate for this demographic group.
10/01/2017	10/31/2023	Yes	09/30/0023		To conduct further analysis into reasons for separation of PWDs.
<b>Responsible Official(s)</b>					
<b>Title</b>		<b>Name</b>		<b>Standards Address The Plan?</b>	
Director, OEOCR		Anita Pinder		Yes	
Director, OHC		Tia Butler		Yes	

**Planned Activities Toward Completion of Objective**

<b>Target Date</b>	<b>Planned Activities</b>	<b>Sufficient Staffing &amp; Funding?</b>	<b>Modified Date</b>	<b>Completion Date</b>
10/01/2018	OEOCR will develop a project schedule and standard operating procedure for conducting barrier analysis.	Yes		05/01/2018
10/01/2018	OEOCR and OHC will discuss possible reasons why hiring rates are low and separation rates are slightly high. This will assist in identifying resources and improved processes that may be utilized.	Yes		07/01/2018
10/01/2021	OEOCR and OHC will review all recruitment schedules and plans. Both will reach out to disability employee groups, including the CMS DERG, to obtain suggestions for improvement. OEOCR and OHC will discuss adding to the recruitment plans any additional sources provided.	Yes		07/01/2021
07/01/2021	OEOCR and OHC will discuss the practical use of exit surveys to gather additional information on retention. OEOCR will assist OHC in brainstorming ideas that will best work within the Agency and will gather best practices from other agencies.	Yes		06/01/2021
09/30/2018	OEOCR will continue to expand its data by gaining access to applicant flow data and by performing additional analysis to determine entry and exit data for targeted demographic groups.	Yes		
01/31/2021	OEOCR will set up a regular meeting with the Division of Global Hiring and Outreach to discuss applicant flow data.	Yes		12/01/2020
07/01/2021	The DERG will meet with recruiters to discuss alternative funnels of applicants with disabilities.	Yes		06/01/2021
01/31/2022	Through HHS, CMS will resurvey its workforce to include self-identification of disabilities.	Yes		10/31/2022
10/31/2023	CMS targets to have PWDs represent 10% of its workforce by the end of FY 2023.	Yes		
10/01/2024	CMS will increase the data provided in exit surveys to better analyze the reason for high separation rates for PWD and PWTD employees.	Yes		

**Report of Accomplishments**

<b>Fiscal Year</b>	<b>Accomplishments</b>
2018	During the reporting period, CMS developed a project schedule and a draft standard operating procedure for conducting barrier analysis.
2018	During the reporting period, OEOCR and OHC met to discuss possible reasons why hiring rates are low and separation rates are slightly high.
2019	During the reporting period, OEOCR continued its regular meeting with the Division of Global Hiring and Outreach to discuss applicant flow data.
2021	During the reporting period, OEOCR and OHC discussed the practical use of exit surveys to gather additional information on retention. OEOCR will assist OHC and OIT in brainstorming ideas that will best work within the Agency.
2021	During the reporting period, the DERG met with recruiters to discuss alternative funnels of applicants with disabilities.
2018	During the reporting period, OEOCR and OHC reviewed all recruitment schedules and plans. In addition, both reached out to disability employee groups, including the CMS DERG, to obtain suggestions for improvement.
2023	CMS increased its total onboard percentages for PWD and PWTDs over the Federal benchmark for the first time.

4. Please explain the factor(s) that prevented the agency from timely completing any of the planned activities.

Not applicable. CMS initiated its objectives and goals for eliminating the above barrier in December of 2017 and is on target for an October 2024 completion date.

5. For the planned activities that were completed, please describe the actual impact of those activities toward eliminating the barrier(s).

During a prior reporting period, CMS developed a project schedule and a draft standard operating procedure for conducting barrier analysis. This important step has helped the Agency prioritize its next steps in conducting overall barrier analysis. OEOCR and OHC continued to meet on a semi-annual basis to discuss possible reasons why hiring rates are low and began to identify resources and improved processes that may be utilized in the future. By conducting these ongoing dialogues, the Agency can work in tandem between its Human Resources and EEO function, instead of debriefing at the end of each fiscal year. OEOCR and OHC continue to share information on all recruitment schedules and plans, and OEOCR provided recommendations on targeted recruitment based on applicant flow data provided through USA Staffing. Both will continue these efforts by reaching out to other disability employee groups, including the CMS DERG, to obtain suggestions. OEOCR and OHC discussed adding to the FY 2024 recruitment outreach plan all additional sources provided. Further, CMS expanded its data pool by gaining access to applicant flow data in July of 2018 through USA Staffing. Additionally, HHS conducted a Workforce Demographic Survey to update all demographic data of its employees. This effort ended in October of 2022, and the results being reported in FY 2023 was an increase in the overall onboard representation of PWDs and PWTDs at CMS.

6. If the planned activities did not correct the trigger(s) and/or barrier(s), please describe how the agency intends to improve the plan for the next fiscal year.

Not applicable. CMS initiated its objectives and goals for eliminating the above barrier in December of 2017 and is on target for an October 2024 completion.