

SUPPORTING STATEMENT

COVID-19 Data Report

Emergency Clearance Request

A. Justification

1. Circumstances of Information Collection

The Health Resources and Services Administration (HRSA) is requesting an expedited review from the Office of Management and Budget (OMB) for a new data collection module to support the HRSA HIV/AIDS Bureau (HAB) requirement to monitor and report on funds distributed under the fiscal year (FY) 2020 Coronavirus Aid, Relief, and Economic Security (CARES) Act.¹ Signed into law on March 27, 2020, the CARES Act appropriated \$90 million to the HRSA HAB Ryan White HIV/AIDS Program (RWHAP) to prevent, prepare for, and respond to coronavirus disease 2019 (COVID-19). This additional funding was awarded to eligible RWHAP recipients on April 15, 2020, with an initial data reporting requirement due 30 days later.

HRSA HAB is proposing a new data reporting module – the COVID-19 Data Report (CDR) – to collect information on CARES Act funded activities. The CDR will collect monthly, aggregate data on the number of people served for treatment or prevention of COVID-19 among RWHAP clients (and immediate household members in limited circumstances) and the allowable RWHAP services provided.² Completion of the CDR will be required for all providers (regardless of whether they are recipients or subrecipients who receive CARES Act RWHAP funding. The information obtained by the CDR will assist HRSA HAB in understanding how CARES Act RWHAP funding is being used to support RWHAP clients and immediate household members and ensure that HRSA HAB is compliant with federal reporting requirements.³

Approval of the CDR is urgent and time-sensitive to meet federal reporting requirements as outlined in the CARES Act legislation.³ The original data reporting deadline for RWHAP recipients was May 15, 2020 (30 days after issuance of the notice of award). Due to the time required to build the new module in the Bureau Reporting System (BRS), however, this deadline was extended to June 15, 2020. Additional delays in the initial submission of CDR data could hinder HRSA’s ability to meet the deadline to submit a quarterly report to the U.S. Department of Health and Human Services and to Congress.

2. Purpose and Use of Information

¹ FY 2020 Coronavirus Aid, Relief, and Economic Security Act, P.L. 116-136 (CARES Act).

² Allowable RWHAP service categories are described in Policy Clarification Notice 16-02 Ryan White HIV/AIDS Program Services: Eligible Individuals and Allowable Uses of Funds.

³ The 2020 CARES Act states “Not later than 10 days after the end of each calendar quarter, any Recipient that is an entity receiving more than \$150,000 total in funds under the Coronavirus Aid, Relief, and Economics Security Act (P.L. 116-136)...shall submit to the Secretary and the [Pandemic Response Accountability] Committee a report. This report shall contain...a detailed list of all projects or activities for which large covered funds were expended or obligated, including: the name and description of the project or activity...”

The CDR is designed to collect information from RWHAP-funded providers who use CARES Act RWHAP funding to provide RWHAP core medical or support services to RWHAP-eligible clients and immediate household members. These data are critical to meet HRSA HAB's requirements to monitor and report on how federal funding is being used and to measure the effectiveness of the RWHAP in addressing the COVID-19 pandemic. Specifically, these data will be used to assess the following:

- Whether program funds are being spent for their intended purposes;
- How program funds are being used to provide RWHAP core medical and support services;
- How many individuals are receiving services;
- The numbers of individuals who were tested for COVID-19 and/or diagnosed with COVID-19 (both new and cumulative cases);
- How services are distributed across geographic areas and types of organizations; and
- What types of services are provided using telehealth technology

3. Use of Improved Information Technology

The CDR module will be housed in the Electronic Handbooks (EHB), an existing website for RWHAP recipients to enter other data required for RWHAP-funded agencies, such as the Grantee Contract Management System (GCMS), RWHAP Services Report (RSR), and the Allocations and Expenditures Reports, which are easily accessible. The integration of the CDR module into the existing EHB streamlines users' access and technology knowledge. The EHB also allows for some information to pre-populate, particularly organization details, so that users can easily update or change their data.

4. Efforts to Identify Duplication

Data required to evaluate and monitor the CARES Act RWHAP funding, such as client services, funding allocations, and expenditures are not available elsewhere; the CARES Act was signed into law for the first time on March 27, 2020.

5. Involvement of Small Entities

The information being requested has been held to the absolute minimum required for the intended use of the data.

6. Consequences if Information Collected Less Frequently

The first submission for the CDR will be due June 15, 2020, and then on a monthly basis thereafter. Because CARES Act funding can be used retroactively from January 20, 2020, the first data submission will include 3 distinct reports that collect information on 3 different time periods:

- 1/20/2020 – 3/31/2020 (pre-award)
- 4/1-4/30/2020
- 5/1-5/31/2020

Without monthly reporting on the use of grant funds, expenditures, and services, HRSA HAB would not be able to carry out its responsibility to oversee compliance with the intent of Congressional appropriations in a timely manner. Monthly reporting is necessary to determine whether the

administration of CARES Act funding is responding to the needs of RWHAP clients and whether this funding is being spent on its intended purpose.

7. Consistency with Guidelines in 5 CFR 1320.5(d)(2)

The data will be collected in a manner fully consistent with the guidelines in 5 CFR 1320.5.

8. Consultation Outside the Agency

Due to the urgent nature of this request, there was not time for a full public comment period.

9. Remuneration of Respondents

Respondents will not be remunerated.

10. Assurance of Confidentiality

The CDR module does not require any information that could identify individual clients. Aggregate data on the number of clients and immediate household members who received services will be collected, but client names or other personally identifiable information will not be collected.

11. Questions of a Sensitive Nature

The CDR does not collect confidential or protected information. There are no questions of a sensitive nature.

12. Estimates of Annualized Hour Burden

The CDR is a new data module that is limited to only a subset of RWHAP providers (i.e., providers who use CARES Act RWHAP funding to provide services to RWHAP-eligible clients and immediate household members). Some RWHAP-funded providers will not accept or use CARES Act funding; and thus, will not be required to complete the CDR. As HRSA HAB does not know the exact number of providers who will be required to complete the CDR at this time, estimates of annualized burden are based on all RWHAP providers in calendar year 2018 (the most recent data available) and may be overestimated. More accurate counts of funded providers will be collected and reported once they are available.

Burden estimates for respondents are presented in in Table 1: Estimated Annualized Burden Hours. The total estimated burden for CDR respondents is 49,080 hours per year. These estimates take into account prior experience in collecting, maintaining, and reporting data using the RWHAP data systems.

Table 1: Estimated Annualized Burden Hours

	Number of Respondents	Number of Responses per Respondent	Total Responses	Average Burden per Response (hours)	Total Burden Hours
CDR Module	2,045	12	24,540	2	49,080

13. Estimates of Annualized Cost Burden to Respondents

Table 2: Estimated Annualized Cost

Type of Respondent	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs
Providers	49,080	\$30.33	\$1,488,596.40

14. Estimated Cost to the Federal Government

HRSA has contracted with REI Solutions for the development of the CDR module, system maintenance, and data collection (\$560,236.00). Contract support for technical assistance will be provided by WRMA/CSR for \$18,130.03 (requisition pending). Additionally, government personnel will require 15% of 1 FTE at a GS-13 level, Step 5 (\$17,453) to provide data analysis and reporting. The total annualized cost to the Federal government is \$595,819.03.

15. Changes in Burden

This is a new data collection.

16. Time Schedule, Publication and Analysis Plans

The CDR will be open for data collection on the 1st of each month (beginning on June 1, 2020 assuming OMB approval is obtained). Respondents will have until the 15th of each month to complete the module (with an allowable extension for 15 additional days). Data from the CDR module will be extracted within two weeks of the end of the reporting period to allow for analysis of the use of CARES Act funding to support RWHAP clients and household members.

17. Exemption for Display of Expiration Date

The expiration date will be displayed.

18. Certifications

This project fully complies with CFR 1320.9.