

## **SUPPORTING STATEMENT B**

### **COVID-19 Data Report**

**OMB Control No. 0915-0053**

#### **B. Collections of Information Employing Statistical Methods**

##### **1. Respondent Universe and Sampling Methods**

The Coronavirus 2019 (COVID-19) Data Report (CDR) module supports 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<sup>1</sup>. 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 COVID-19. Because data required to evaluate and monitor the use CARES Act funding for client services are not available elsewhere, completion of the CDR is required for all RWHAP providers (regardless of whether they are recipients or subrecipients) who receive CARES Act RWHAP funding.

The CDR only collects information from RWHAP providers who received CARES Act funding, which does not include all RWHAP providers. The CDR collects 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. Because this information is collected at the aggregate-level level, it is not possible to de-duplicate the number of RWHAP clients receiving services with CARES Act funding across service providers. Likewise, it is not possible to de-duplicate the number of clients diagnosed with COVID-19 across service providers. As a result, the number of RWHAP clients with COVID-19 across all service providers may be overestimated. Additionally, since the CDR is only required for RWHAP providers receiving CARES Act funding, information on COVID-19 testing and diagnoses among all RWHAP providers are not available.

##### **2. Procedures for the Collection of Information**

The CDR module is 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 and also allows for some information to pre-populate, particularly organization details, so that users can easily update or change their data.

A step-by-step CDR Instruction Manual (Attachment B) with screen shots was created to assist RWHAP recipients and subrecipients with submission of data. This manual resides on HRSA HAB's

---

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

primary resource dissemination site, [www.TargetHIV.org](http://www.TargetHIV.org), and refers users to the EHB helpdesk if any technical difficulties arise with submission of data in EHB. Further technical assistance is available to recipients and subrecipients through an existing cooperative agreement who can assist with:

- Interpretation of the CDR Instruction Manual and reporting requirements
- Data-related validation questions
- Recipient-provider relationships and the implications for data reporting
- Adding or registering subrecipients to the HRSA HAB Web System
- Instructing and assisting recipients with setting up CARES Act contracts in the Grantee Contract Management System (GCMS)
- CDR submission status and navigation assistance

The HRSA HAB Data Management and Analysis Branch (DMAB) receives collected data from HRSA’s Office of Information Technology (OIT) Tier 3, two business days after the monthly reporting due date. Upon receipt, DMAB analyzes the data and creates a report with frequencies and descriptive data, providing to HAB leadership within 2 weeks. Once approved by the HAB Associate Administrator, the report is sent to the HRSA Administrator who forwards to the Department of Health and Human Services (DHHS).

### **3. Methods to Maximize Response Rates and Deal with Nonresponse**

Completion of the CDR is required for all providers (regardless of whether they are recipients or subrecipients who receive CARES Act RWHAP funding). The information obtained by the CDR assists 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 as outlined in the CARES Act legislation.<sup>2</sup> Because reporting is a condition of funding, nonresponse is expected to be minimal. Should a recipient or subrecipient fail to respond, their CARES Act RWHAP funding will be flagged in EHB for follow-up by the corresponding HAB project officer.

Given the number of providers who have submitted their CDR reports to date, we expect a high response rate since the completion of the CDR is a requirement of the funding award. During July 1 – July 31, 2020 reporting period, 705 RWHAP service providers submitted a COVID-19 Data Report. These providers received RWHAP COVID-19 funding through the CARES Act. The service providers that submitted a COVID-19 Data Report reflect 39 of 52 Part A, 38 of 54 Part B, and 281 of 338 Part C, 90 of 111 D recipients who received RWHAP COVID-19 funding. Not all recipients had a provider report submitted in the period due to difficulties in completing a report on such a short timeline and/or due to not all recipients having executed procurements for RWHAP COVID-19 funding.

---

<sup>2</sup> 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...”

**4. Tests of Procedures or Methods to be Undertaken**

HRSA HAB received OMB approval (OMB Control No. 0915-0053, expiration December 31, 2020) on June 11, 2020 to commence the CDR. The data collection instrument and collection procedures are working as intended as demonstrated by three successful submissions. HRSA HAB's contractor, REI, is providing technical assistance to those who have not submitted or are having difficulty submitting. HRSA HAB will inform OMB of any necessary revisions needed for the data collection instrument.

**5. Individuals Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing Data**

**Shelita Merchant, PhD, MPH**

Chief - Data Management and Analysis Branch  
HIV/AIDS Bureau  
Health Resources and Services Administration  
5600 Fishers Lane, Rm 09N176D  
Rockville, MD 20857  
Phone: 301-443-0214  
Email: [smerchant1@hrsa.gov](mailto:smerchant1@hrsa.gov)

Role: Advise on content, questionnaire design, and data structure

**Stacy Cohen, MPH**

Acting Chief - Data Management and Analysis Branch  
HIV/AIDS Bureau  
Health Resources and Services Administration  
5600 Fishers Lane, Rm 09N160  
Rockville, MD 20857  
Phone: 301-443-3259  
Email: [scohen@hrsa.gov](mailto:scohen@hrsa.gov)

Role: Advise on content, questionnaire design, and data structure

**Greg Manus**

Mathematical Statistician - Data Management and Analysis Branch  
HIV/AIDS Bureau  
Health Resources and Services Administration  
5600 Fishers Lane, Rm 09N130A  
Rockville, MD 20857  
Phone: 301-443-0737  
Email: [gmanus@hrsa.gov](mailto:gmanus@hrsa.gov)

Role: Advise on content, questionnaire design, and data structure

**Preston Garnes, MPH**

Statistician - Data Management and Analysis Branch  
HIV/AIDS Bureau  
Health Resources and Services Administration  
5600 Fishers Lane, Rm 09N180B  
Rockville, MD 20857  
Phone: 301-443-5261  
Email: [pgarnes@hrsa.gov](mailto:pgarnes@hrsa.gov)  
Role: Advise on content, questionnaire design, and data structure

**Robert Mills, PhD**

Health Statistician - Data Management and Analysis Branch  
HIV/AIDS Bureau  
Health Resources and Services Administration  
5600 Fishers Lane, Rm 09N190B  
Rockville, MD 20857  
Phone: 301-443-3899  
Email: [rmills@hrsa.gov](mailto:rmills@hrsa.gov)  
Role: Advise on content, questionnaire design, and data structure

**Chi-Chung (Alex) Chan**

Information Specialist - Office of Information Technology  
Office of Operations  
Health Resources and Services Administration  
5600 Fishers Lane, Rm 12W01C  
Rockville, MD 20857  
Phone: 301-443-0558  
Email: [cchan@hrsa.gov](mailto:cchan@hrsa.gov)  
Role: Advise on content, questionnaire design, and data structure

**Antigone Dempsey, MEd**

Division Director - Division of Policy and Data  
HIV/AIDS Bureau  
Health Resources and Services Administration  
5600 Fishers Lane, Rm 09N150  
Rockville, MD 20857  
Phone: 301-443-0360  
Email: [adempsey@hrsa.gov](mailto:adempsey@hrsa.gov)  
Role: Review and validate content and design

**Tracy Matthews, CAPT, USPHS**

Deputy Division Director - Division of Policy and Data  
HIV/AIDS Bureau  
Health Resources and Services Administration  
5600 Fishers Lane, Rm 09N152  
Rockville, MD 20857  
Phone: 301-443-7804

Email: [tmatthews@hrsa.gov](mailto:tmatthews@hrsa.gov)

Role: Review and validate content and design

**Laura Cheever, MD, ScM**

Associate Administrator

HIV/AIDS Bureau

Health Resources and Services Administration

5600 Fishers Lane, Rm 09W37

Rockville, MD 20857

Phone: 301-443-1993

Email: [lcheever@hrsa.gov](mailto:lcheever@hrsa.gov)

Role: Review and validate content and design

**Heather Hauck, MSW**

Chief - Data Management and Analysis Branch

HIV/AIDS Bureau

Health Resources and Services Administration

5600 Fishers Lane, Rm 09W29

Rockville, MD 20857

Phone: 301-443-3613

Email: [hhauck@hrsa.gov](mailto:hhauck@hrsa.gov)

Role: Review and validate content and design