

# **ORR-6: ORR Performance Report**

**OMB Information Collection Request  
0970 - 0036**

## **Supporting Statement Part A - Justification**

**July 2022**

Submitted By:  
Office of Refugee Resettlement  
Administration for Children and Families  
U.S. Department of Health and Human Services

## 1. Circumstances Making the Collection of Information Necessary

Designed to assist refugees, Cuban/Haitian entrants, asylees, victims of trafficking and certain Amerasians<sup>1</sup> integrate into American society as quickly and effectively as possible, the Refugee Resettlement Program (RRP) provides funding for:

- temporary cash and medical assistance for eligible refugees and entrants not qualified for categorical assistance;
- medical screening coordination and screening services to protect the public health of resettling communities;
- support services, especially employment and English language training, to help refugees become employed and self-sufficient in the shortest time possible; and
- child welfare services, including foster care, independent living and other services to assist unaccompanied refugee minors (URM).

Since 1982, the ORR-6: ORR Performance Report, has been the primary reporting instrument of the Office of Refugee Resettlement (ORR) to capture quantitative and qualitative information on these primary functions of the agency. This information has enabled ORR to develop and maintain effective program monitoring and a system of data collection on cash assistance, services provided, and results achieved under the refugee resettlement program.

All information submitted as part of the current ORR-6 is required by ORR regulations:

- 45 CFR 400.28(b) requires State Coordinators to report on the effectiveness of their state cash and medical assistance, child welfare services, social services, and targeted assistance programs: “A State must submit statistical or programmatic information that the Director determines to be required to fulfill his or her responsibility under the Act on refugees who receive assistance and services which are provided, or the costs of which are reimbursed, under the Act.” To fulfill regulatory requirements, ORR-6 consists several schedules:
- Schedule A collects information related to the coordination and management of the refugee resettlement program. Specifically, it collects narrative information for the Refugee Cash Assistance (RCA), Refugee Medical Assistance (RMA), Medical Screening, Refugee Support Services (RSS), Refugee School Impact (RSI), Support to Schools (S2S), Services for Older Refugees (SOR), Youth Mentoring (YM), and Refugee Health Promotion (RHP) programs.

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<sup>1</sup> A State or its designee agency(s) must provide any individual wishing to do so, an opportunity to apply for cash assistance and must determine the eligibility of each applicant as promptly as possible within no more than 30 days from the date of application; A state or its designee must inform applicants about the eligibility requirements and the rights and responsibilities of applicants and recipients under the program (45 CFR 400.50) In determining eligibility for cash assistance, the State or its designee must promptly refer elderly or disabled refugees and refugees with dependent children to other cash assistance programs to apply for assistance in accordance with 45 CFR 400.51.

- Schedule B is used to report utilization of Refugee Cash Assistance funded by ORR to eligible populations (45 CFR 400.154), regardless of the type of program operated in the state.
- Schedule C is used to report outcomes from employability services funded by ORR to eligible populations (45 CFR 400.154). Schedule D is used to collect recipient and performance data for services provided through each RSS set-aside program, RSI, S2S, SOR, YM, and RHP.
- Schedule E is used to collect performance data related to placements and services provided to eligible clients of the Unaccompanied Refugee Minors (URM) program.
- Schedule F is used to collect recipient and performance data related to benefits and services provided to clients of the Refugee Medical Assistance (RMA) and Medical Screening programs.
- The Annual Service Plan is required by 45 CFR 400.11(b)(2), which requires: "...a State must submit to the Director, or designee, an annual plan developed on the basis of local consultative process on a form and at a time prescribed by the Director."

This request is for an extension with minor revisions. An overview of the updates is provided in A15.

## **2. Purposes and Use of the Information Collection**

The ORR-6 is a participation and performance level report.

Since 1995, ORR has used the ORR-6 to satisfy the provisions of the Government Performance and Results Act of 1993 (GPRA), P.L. 103-62 to measure program performance of state programs. The cumulative performance of each state is published each year in ORR's Report to Congress on the Refugee Resettlement Program.

Information contained in the ORR-6 continues to form a baseline against which subsequent state performance is tracked. This information is reported to Congress annually and disseminated to states and county and local offices.

In addition, data on RCA/RMA recipients and unaccompanied minors are regularly matched with ORR's refugee arrival and population data. From these data ORR can look at individual state assistance trends relative to changes in the flow of new arrivals. To best enable data matching and program analysis for unaccompanied minors, ORR requests that states provide data according to each URM program location.

Medical Screening data is also used to monitor the performance of medical screening coordination, services, and health outcomes.

The ORR-6 is completed and returned at the end of each reporting period by the State Refugee Coordinator in each state that participates in the Refugee Resettlement Program. Currently, 64 reporting entities (42 state governments, the District of Columbia, and 21 Replacement Designees) participate in the Refugee Resettlement Program. The ORR-6 enables review of program information at three separate governmental levels: ORR, state agencies, and county or local service providers.

- Since 1995 ORR uses data from the ORR-6 to determine the number of months of RCA and RMA use based upon appropriations.
- ORR also calculates state-by-state RCA, RMA, Medical Screening, and URM utilization rates for use in formulating program initiatives, priorities, standards, budget requests, and assistance policies.
- Program managers analyze data on service caseloads and program outcomes to formulate national strategies to reduce refugee welfare dependency.
- State agencies and county or local service providers use the ORR-6 to monitor cash, medical and child welfare assistance levels within the local jurisdiction and for the State as a whole. Using ORR-6 data as a monitoring and evaluation tool, they establish program priorities and initiatives to develop or improve service delivery techniques for meeting the intent of the Congress in responding to the changing needs of the refugee population.

### **3. Use of Improved Information Technology and Burden Reduction**

All data and information reported on the ORR-6 are available from two sources - the state's management information system and the monthly reports from contract service providers. To minimize the reporting burden of this data collection process, ORR does not require sophisticated data analysis at the state level for ORR-6 submissions. All ORR-6 submissions are processed in ORR Refugee Arrivals Data System (RADS) to produce the detailed analyses necessary for program monitoring and management purposes.

### **4. Efforts to Identify Duplication and Use of Similar Information**

ORR has no other mechanism for collecting data on the size and distribution across categories of either the caseload of the cash and medical assistance population, unaccompanied minors or for service and performance outcomes for medical screening, and refugee supportive services grants. ORR staff has extensive contact with states and national non-profit organizations and are certain that no similar data collection effort exists.

### **5. Impact on Small Businesses or Other Small Entities**

Not applicable; grantees are States or Replacement Designees.

## 6. Consequences of Collecting the Information Less Frequently

Other than Schedule F and the Annual Report, all data is reported semi-annually (May 31<sup>st</sup> and November 30<sup>th</sup>). The Annual Report and Schedule F data are reported annually (November 30<sup>th</sup> and January 31<sup>st</sup>, respectively).

- Submission of the Annual Service Plan is synchronized with the November due date for the majority of the other data. The information required on the service plan is representative of the ORR-funded services currently available to refugee populations and, as such, is more useful to ORR than an advance planning document.
- Schedule F is due at a different time than other the other ORR-6 reports to allow sufficient of amount time for states to collect health related data from various providers as billing cycles for services take up to 90 days to be fully reported.

ORR's need for the ORR-6 data is magnified by the fact that it is working with 64 respondents, including states and jurisdictions involving a great diversity of services and assistance programs operated independently under various local regulations and laws. Regular reporting has been prescribed by ORR to fulfill its managerial oversight of the program, to develop policies for refugee assistance and services, and to provide national direction and guidance to state programs.

## 7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5

Not applicable. The information collection is consistent with all OMB guidelines specified at 5 CFR 1320.6.

## 8. Comments in Response to the Federal Register Notice and Efforts to Consult Outside the Agency

ORR issued a notice in the Federal Register (86 FR 44370,) on August 12, 2021 requesting comments on an extension to continue use of the ORR-6 with proposed revisions. ORR requested an extension of the ORR-6 Performance Report (OMB #0970-0036, which was approved by OMB with new expiration date 3/31/2023). The current request is to approve additional minor revisions related to Afghanistan Supplemental Appropriations Act 2022, Additional Afghanistan Supplemental Appropriations Act 2022, and Additional Ukraine Supplemental Appropriations Act 2022. ORR has already provided technical assistance to respondents and will continue to provide guidance and, training and technical assistance related to proposed revisions. Comments received in response to the August 2021 notice, and ORR responses, follow.

### **Schedule D Comments:**

***Comment by California:*** Schedule D, RHP tab: ORR is proposing to redefine completion of a plan of care (POC) to include, "accomplishing all medical-related activities within the

timeframe of the RHP plan of care (POC)”. The RMA program provides medical screening, and while this may contribute to the POC, screening may not be sufficient to complete all of the required activities in a POC. While the refugee medical screening may provide preliminary diagnoses, further evaluations with a specialist or provider to whom the patient is referred may be required to develop the plan of care. Establishing long term treatment goals and frequency of services for accomplishing the POC, may be outside the scope of the refugee medical screening. Recommendation: California recommends defining “completion” with regards to the medical services provided internally as part of the RMA program and exclude referrals to external provider or completion of treatment provided outside the program.

**Response:** ORR clarifies ORR-6 Schedule D only collects data on Refugee Support Services (RSS) set aside programs, including Refugee Health Promotion (RHP) set aside; Schedule D does not collect data on Refugee Cash and Medical Assistance (RCMA)-funded programs, including Refugee Medical Assistance (RMA) and medical screenings. As such, ORR’s proposed definition of “completion” pertains to completing activities which are included in and coordinated as part of the client’s RHP plan of care (POC) only. Per ORR Policy Letter 20-05, a RHP POC must be developed for each client; the RHP POC must include clearly defined and appropriate referrals and access to medical assistance or insurance to sufficiently address the health needs of the individual; and the RHP POC must complement any health care plan established by medical professionals for the client. Further, ORR Policy Letter 20-05 disallows RHP services and funds to duplicate or supplant services provided under other ORR or federal funding sources, such as RMA, including medical screening, and Medicaid.

#### **Schedule F Comments:**

**Comment by California:** ORR is proposing to capture data on all medical screenings in Part II, Section A. Currently, ORR requires that medical screening occur within 90 days of arrival, the granting of victim of trafficking certification, or the granting of asylum. Any screening services provided to a recipient beyond 90 days from arrival is ineligible for ORR reimbursement, and therefore should not be included in the ORR reporting. California recommends documentation of completion of medical screening should refer only to completion of services within 90 days.

**Response:** ORR clarifies there is no regulatory requirement for medical screenings to occur within 90 days. The reference to the 90 days has to do with RMA and Medicaid eligibility under 45 CFR 400.107(b) which states that if a screening is done during the first 90 days, it may be provided without prior determination for RMA and or Medicaid. Screenings after 90 days may be funded by ORR for either direct medical costs or coordination services depending on the situation. ORR reiterates it is best practice for medical screenings to occur within the first 30 days to coincide with reception and placement services offered by the Department of State.

**Comment by California:** ORR is proposing to request data on specific medical screening currently beyond the scope of the Refugee Medical Services (RMS) program in Part II, Section B. Class A and Class B Tuberculosis (TB) cases are under the purview of the CDPH TB Controller and includes evaluation for TB infection. While screening can identify positive disposition, who can subsequently be evaluated further by chest x-ray within the RMS program, the extent of the screening, including sputum collection, is determined by CDPH TB Control programs for Class A and B arrivals. California recommends ORR remove requirements to collect data about any proposed scope of screening that are outside of the RMS program.

**Response:** The data ORR is requesting is specific to the performance of the domestic medical screening program and a state's ability to coordinate screening activities for refugees with Class A and Class B TB designations. Per State Letter 12-09, ensuring follow-up with medical issues identified in the overseas medical exam is a key objective of the domestic medical screening program. Completion of the domestic medical screening for refugees with Class A and B TB designations should be tracked to ensure state refugee programs are correctly prioritizing cases for medical screenings. ORR clarifies the data requested is not outside the scope of ORR's authority and is referring to the completion of a medical screenings, not completion of the follow up evaluation for TB infection and treatment under the purview of the state TB Controller.

**Comment by California:** ORR is proposing to request specific laboratory screening in Part III, Section A-L. The relevance of the numbers of specific laboratory tests conducted to ORR's monitoring and reporting is unclear. Demographics and total screening information is already provided in Part II and some of the lab tests require denominators for gender, age, and country of origin. California recommends the Office of Management and Budget review this proposed data collection against the Paperwork Reduction Act to ensure there is no excessive burden being placed on the State for this information, especially since it is outside the scope of ORR's required data collection.

**Response:** The requested data is necessary for monitoring program performance. Per State Letter 12-09, the purposes of the medical screening program include: ensuring follow-up with medical issues identified in the overseas medical exam; identifying persons with communicable diseases of public health significance; identifying health conditions that could impact a refugee's self-sufficiency; and referring refugees to primary care for ongoing health care. The Schedule F, Part III data points, used in conjunction with state-specific refugee demographic data already available to ORR, will allow ORR to monitor states' progress towards these objectives.

ORR has authority to ask for the information in Schedule F, Part III, if states are conducting medical screenings because it is authorized in 8 U.S.C 1522 or if ORR is paying for the coordination and oversight of the screening. Standard program and financial reporting forms submitted to ORR indicate most states are using ORR funding for medical screening coordination, specific medical screening services, or both.

**9. Explanation of Any Payment or Gift to Respondents**

None

**10. Assurance of Confidentiality Provided to Respondents**

ORR-6 data consist of aggregated State-wide figures and do not involve client confidentiality.

**11. Justification for Sensitive Questions**

Not applicable.

**12. Estimates of Annualized Burden Hours and Costs**

*Burden Estimates*

There are 64 respondents, which includes 42 states, 21 RDs and District of Columbia. The response frequency is primarily semiannual. Based on ORR’s RRP division’s experience and regular communication with states, ORR estimated time for respondents to be 15 hours per response.

| Information Collection Title | Total Number of Respondents | Annual Number of Responses Per Respondent | Average Burden Hours Per Response | Annual Burden Hours | Average Hourly Wage | Total Annual Cost |
|------------------------------|-----------------------------|---|-----------------------------------|---------------------|---------------------|-------------------|
| ORR-6                        | 64                          | 2   | 15                                | 1,920               | \$73.84             | \$141,773         |

*Cost Estimates*

The cost to respondents was calculated using the Bureau of Labor Statistics (BLS) job code for Social and Community Services Managers [11-9151] and wage data from May 2021, which is \$36.92 per hour. To account for fringe benefits and overhead the rate was multiplied by two which is \$73.84. The estimate of annualized cost to respondents for hour burden is \$73.84 times 1,920 hours or \$141,773.

<https://www.bls.gov/oes/current/oes119151.htm>

**13. Estimates of Other Total Annual Cost Burden to Respondents and Record Keepers**

There are no other costs to respondents.



#### 14. Annualized Cost to the Federal Government

We estimate that, for the two reporting periods of the fiscal year, review and analysis of the ORR-6 data on cash and medical assistance, child welfare and employment services by ORR staff will require three hours per state for each ORR-6 submission.

For the reporting period, it is estimated that review of the Annual Services Plan combined with review of the ORR-6 data, calculation of annual performance rates and RCA participation rates will require five hours per State for each ORR-6 submission.

It should be noted that the time required for ORR staff review and analysis of the Annual Services Plan is included in the estimates of five hours per state per submission.

| Instrument   | Number of Respondents | Average Burden Federal Hours Per Review | Total Burden Hours Per Response | Average Hourly Wage | Total Annual Cost |
|--|-----------------------|---|---------------------------------|---------------------|-------------------|
| ORR-6  | 64                    | 5                                       | 320                             | \$48.33             | \$15,466          |
| <b>Estimated Total Annualized Cost to the Federal Government</b> |                       |   |                                 |                     | <b>\$15,466</b>   |

The cost to respondents was calculated using the Bureau of Labor Statistics (BLS) job code for Management Analysts [13-1111] and wage data from May 2021, which is \$48.33 per hour. The estimate of annualized cost to respondents for hour burden is \$48.33 times 320 hours or \$15,466. This total amount covers time and effort of staff to review, clarify and correct reports, submit for approval process, and file.  
<https://www.bls.gov/oes/current/oes131111.htm>

#### 15. Explanation for Program Changes or Adjustments

In 2022 U.S. Congress passed the Afghanistan Supplemental Appropriations Act 2022, Additional Afghanistan Supplemental Appropriations Act 2022, and Additional Ukraine Supplemental Appropriations Act 2022. Proposed revisions are addressing the need to collect data related to these Acts. While this is mostly data that is already collected for all eligible populations, these separate Acts require ORR to collect some of the data separately for Afghan and Ukrainian populations. Some additional minor edits were made to improve clarity of the instructions and forms and to better present data. Burden estimates have not changed.

#### 16. Plans for Tabulation and Publication and Project Time Schedule

A summary of ORR-6 data is published in ORR's Report to Congress. In addition, ORR will prepare a summary report and condensed analysis of ORR-6 data to be used primarily for program management and monitoring purposes.

**17. Reason(s) Display of OMB Expiration Date is Inappropriate**

Not applicable.

**18. Exceptions to Certification for Paperwork Reduction Act Submissions**

None