

DATE: March 19, 2024

TO: Dan Cline, OMB Desk Officer

FROM: Joella Roland, HRSA Information Collection Clearance Officer

Request: The Health Resources and Services Administration (HRSA) Office of Federal Assistance Management requests approval for changes to the COVID-19 Provider Relief Programs Single and Commercial Audits and Delinquent Audit Reporting Submission Activities (OMB 0915/0906-0083 expiration date 08/31/2024).

Purpose: The purpose of this request is to make changes to the Question Cost Attestation Form and the Delinquent Audit Attestation Form. The changes provide clarification to the information requested in the forms related to the attestation statements, organization information collected, and all of Provider Relief Programs covered.

This memo explains the changes and supporting rationale.

Changes: Table A includes the type of instrument that received the change, a description of the change, and the rationale for the change. Attached are the Questioned Cost Attestation Form and the Delinquent Audit Follow-up Attestation Form with the changes tracked, for reference. The overall scope of changes is to ensure all Provider Relief Programs are included, plain language is utilized, and form is formatted for consistent responses in DocuSign.

Note: The Delinquent Audit Follow-up Attestation Form is fully factored into the burden statement and the updated version and redline is included under the Delinquent Audit Follow-up Email and Attestation information collection section in ROCIS. Not including it in the original emergency clearance package was an oversight.

Time Sensitivity: The data collection changes must be completed in a timely manner to ensure that the collection of delinquent audits and the completion of audit and dispute resolutions will not experience significant delay. Approval of these changes is needed by April 2, 2024, to implement the changes and to prepare for the timely collection of data critical to HRSA.

Burden:

These changes do not change the estimated reporting burden for organizations.

PROPOSED CLARIFICATIONS AND NON-SUBSTANTIVE CHANGES:

Table A

| Instrument | Change implemented | Rationale |
|---|--|---|
| Questioned Cost Attestation Form | Included American Rescue Plan (ARP) Rural program and formatting for DocuSign. | Minor edits made to the attestation form to ensure the form covers all applicable Provider Relief Programs and form is formatted for DocuSign. |
| Delinquent Audit Follow-up Attestation Form | Included American Rescue Plan (ARP) Rural and COVID-19 Coverage Assistance Fund (CAF) programs, utilized plain language, and made formatting edits for DocuSign. | Minor edits made to the attestation form to ensure the form covers all applicable Provider Relief Programs, plain language is utilized, and form is formatted for consistent responses in DocuSign. |

Attachments:

1. Questioned Cost Attestation (All changes and additions are tracked in the attached document)
2. Delinquent Audit Follow-up Attestation (All changes and additions are tracked in the attached document)