

Supporting Statement A

Rural Health Network Development Planning Program Performance Improvement and Measurement System

OMB Control No. 0915-0384 - Revision

Terms of Clearance: None

A. Justification

1. Circumstances Making the Collection of Information Necessary

HRSA administers the Rural Health Network Development Planning Program (Network Planning Program), which is authorized under 42 U.S.C. 254c(f), 330A(f) of the Public Health Service Act. The purpose of the Network Planning Program is to promote the planning and development of integrated health care networks to address the following legislative aims: (1) achieve efficiencies; (2) expand access to, coordinate, and improve the quality of basic health care services and associated health outcomes; and (3) strengthen the rural health care system as a whole. The Network Planning Program supports 1 year of planning and brings together key parts of a rural health care delivery system, particularly those entities that may not have collaborated in the past, to establish and/or improve local capacity to strengthen rural community health interventions and enhance care coordination.

HRSA currently collects information about the Network Planning Program grants using an OMB-approved set of performance measures. These measures last received OMB review and approval under OMB Number 0915-0384 and have a current expiration date of April 30, 2026.

HRSA seeks to revise that approved collection. The changes are a result of keeping this instrument relevant and responsive to the Network Planning Program's needs and to improve clarity and ease of reporting for respondents.

The revisions include:

- A. Removing the instructions and measures for the following tables:
 - a. Table 1: Network Infrastructure (5 measures)
 - b. Table 2: Network Collaboration (4 measures)

- c. Table 4: Network Assessment (5 measures)
- B. Adding a new table/section that will contain instructions and measures:
 - a. Section: Capacity/Organizational Information (10 measures)
- C. Modifying the instructions and measures for the following tables/sections:
 - a. Table 3: Sustainability (reduce from 10 measures to 5 measures)
- D. Updating the total burden hours

2. Purpose and Use of Information Collection

HRSA developed performance measures to provide data on the Network Planning Program and to enable HRSA to provide aggregate program data required under the Government Performance and Results Act of 1993. Data from this information collection will help support program compliance, inform rural needs, guide the delivery of technical assistance, and shape federal program decisions. The measures cover the principal topic areas of interest to HRSA, such as Capacity/Organizational information and Sustainability. All measures will evaluate HRSA's progress toward achieving its Network Planning Program goals.

If HRSA cannot collect this Network Planning performance data, HRSA will be unable to:

- comprehensively and adequately monitor grantees progression of grant goals and activities related to the planning and development of integrated health care networks serving rural communities,
- understand how grant funds are impacting access to care or being utilized to serve the grantee's target population as described in their application; and
- measure the success and impact of the Rural Health Network Development Planning Program's overall objectives.

3. Use of Improved Information Technology and Burden Reduction

This information collection is fully (100 percent) electronic. HRSA will be using a web-based secured platform to house the data collection instrument as well as allowing Network Planning Program awardees to electronically submit their data to HRSA.

4. Efforts to Identify Duplication and Use of Similar Information

There are no other information/data collections currently available for the Network Planning Program.

5. Impact on Small Businesses or Other Small Entities

HRSA has made an effort to ensure that the Network Planning Program data collection will not have a significant impact on small business entities. The information requested by Network Planning awardees has been held to the minimum required for the intended use of the data.

6. Consequences of Collecting the Information Less Frequently

Network Planning respondents will respond to this data collection annually during their project period. HRSA needs this information in order to:

- comprehensively and adequately monitor grantees progression of grant goals and activities related to the planning and development of integrated health care networks serving rural communities,
- understand how grant funds are impacting access to care or being utilized to serve the grantee's target population as described in their application; and
- measure the success and impact of the Rural Health Network Development Planning Program's overall objectives.

There are no legal obstacles to reduce the burden.

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

The request fully complies with the regulation.

8. Comments in Response to the Federal Register Notice/Outside Consultation

Section 8A:

- A 60-day notice published in the Federal Register on February 9, 2026, vol. 91, No. 26; pp. 5773-5774. There were no public comments.
- A 30-day notice published in the Federal Register on April 20, 2026, vol. 91, No. 75; pp. 21005-06.

Section 8B:

HRSA consulted with 4 current Network Planning grantees in 2026 to assess the burden of this data collection.

9. Explanation of any Payment/Gift to Respondents

Respondents will not receive any payments or gifts.

10. Assurance of Confidentiality Provided to Respondents

No Personally Identifiable Information (PII) is collected under this OMB control number, all data is organizational-level data. Data will be kept private to the extent allowed by law.

11. Justification for Sensitive Questions

There is no sensitive information collected for the Network Planning measures.

12. Estimates of Annualized Hour and Cost Burden

12A.

Type of Respondent	Form Name	No. of Respondents	No. Responses per Respondent	Average Burden per Response (in hours)	Total Burden Hours
Network Planning Project Director	Rural Health Network Development Planning Program Performance Measures	25	1	11.25	281.25
Total		25	1	11.25	281.25

The number of respondents is based on the number of current Network Planning grantees. The number of responses per respondent is because Network Planning grantees will submit the data once a year. The estimated average burden hours per response was determined by consulting four current Network Planning grantees. They were sent a draft of the questions. They were asked to estimate how much time it would take to review the instructions; processing and maintaining information; training personnel to be able to collect the information; search existing data sources, gather and maintain the data needed, and complete and review the collection of information. An average of the four estimates were calculated to determine the average burden response.

12B.**Estimated Annualized Burden Costs**

Type of Respondent	Total Burden Hours	Hourly Wage Rate (x2)	Total Respondent Costs
Project	281.25	\$ 96.88	\$27,247.50

Director			
Total	281.25	\$ 96.88	\$27,247.50

To estimate the hourly wage for a Project Director, HRSA used the most recent data from the Bureau of Labor Statistics. The chosen occupation is Project Management Specialists (SOC Code 13-1082), as this category most accurately reflects the coordination of budgets, schedules, and staffing that is typical of grant project directors.

- Source: [Overview of BLS Wage Data by Area and Occupation : U.S. Bureau of Labor Statistics](#)
- Median Hourly Wage: 48.44
- Locality Adjustment: The Median hourly rate is used as opposed to adjusting for locality, since award recipients are spread across the country.
- Overhead/Benefits: Wage has been doubled to account for overhead costs

13. Estimates of other Total Annual Cost Burden to Respondents or Recordkeepers/Capital Costs

Other than their time, there is no cost to respondents.

14. Annualized Cost to Federal Government

The data collection platform is maintained through an information technology (IT) contract at the HRSA level. The initial build-out cost attributable to the Network Planning Program is estimated at \$195,212. In subsequent years, costs are projected at \$37,260 annually to support ongoing maintenance and system enhancements.

The estimated annual cost for Federal staff to perform data analysis, reporting, program monitoring, and recipient support cost of \$6,302.16 per year. This cost is estimated as 72 hours of staff time per year at a GS-13 Step 1 salary level, estimated hourly wage of \$58.35 (locality pay is based in the Washington-Baltimore-Arlington area) plus 50% for benefits and fringe ([\$58.35 per hour + \$29.18 fringe per hour] x 72 hours = \$6,302.16).

The Network Planning program is a one-year program. Data collection will happen annually for the next three years. The total cost to the Federal Government for this project over a three-year period is \$288,638.48, with an average annual cost of \$96,212.83.

15. Explanation for Program Changes or Adjustments

HRSA is proposing the following revisions to this ICR:

- A. Removing the instructions and measures for the following tables:
 - a. Table 1: Network Infrastructure (5 measures)
 - b. Table 2: Network Collaboration (4 measures)
 - c. Table 4: Network Assessment (5 measures)
- B. Adding a new table/section that will contain instructions and measures:
 - a. Section: Capacity/Organizational Information (10 measures)
- C. Modifying the instructions and measures for the following tables/sections:
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Additionally, there is a change in the total burden hours compared to the previous ICR package. There are several contributing factors to the increase in estimated total burden. The increase in burden is to account for a new set of awardees who will be new to this data collection. The new set of awardees represent a group of organizations who are funded in the 1-year Network Planning Program. These organizations vary in data collection and reporting capacity as well as vary in the number of member organizations it must coordinate with to report this data to HRSA. The amount of time it takes to build processes to coordinate and collect data from network partners will vary. Larger networks with multiple partners across different organizations are expected to report higher burdens due to the wait time in between requests. Networks who already have established working relationships with its member organizations may already have existing processes in place to effectively collect data for this program.

D. Plans for Tabulation, Publication, and Project Time Schedule

FORHP has no intention of publishing this data. Releasing this data would have privacy implications and negatively impact the communities served. FORHP will not publish this data to provide sufficient protection and assurance of full confidentiality to respondents and participants. This information is collected to fulfill GPR requirements and certain measures are published in the annual Budget for HRSA. Aggregate data is also used to assess the progress and success of this program. The information is accessible to the grantees as the data relates to them.

This is a recurring data collection that program recipients report once a year. We are requesting clearance of this information collection for the next three years. The next reporting period is scheduled for Summer 2026.

This information collection will not use statistical methods such as sampling, imputation, or other statistical estimation techniques.

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

The OMB number and Expiration date will be displayed on every page of every form/instrument.

F. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification.

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