Supporting Statement A

Rural Health Care Coordination Program Performance Improvement Measures

OMB Control No. 0906-0024

Terms of Clearance: Yes. In 2024, OMB approved this request with the following term of clearance: "Prior to the re-submission of this information collection request (ICR), the agency will develop and implement policies and processes necessary to comply with the OPEN Government Data Act (Title II of the Foundations for Evidence-Based Policymaking Act of 2018, P.L. 115-435). This requires Federal agencies to publish all public government data assets online as open data, using standardized, machine-readable data formats (unless the agency makes a specific determination that data should be protected, withheld, or otherwise exempt from publication). It is the expectation that the agency will publish data collected under this ICR and the relevant publication plan will be reflected in the response to Supporting Statement A Question #16. Such a publication plan should include details, including timetable and format, as well as a hyperlink to the relevant webpage where the data will be displayed. If any of the data cannot be published for a specific reason, then it is the expectation that this specific reason will be given in the response to Supporting Statement A Question #16. Data that cannot be published in specific should still be considered for publication in aggregate, if feasible and appropriate."

A. Justification

1. Circumstances Making the Collection of Information Necessary

The Rural Health Care Coordination (Care Coordination) Program is authorized under 42 U.S.C. 254c(e) (section 330A(e) of the Public Health Service Act) to promote rural health care services outreach by improving and expanding the delivery of health care services through comprehensive care coordination strategies addressing a primary focus area: (1) heart disease, (2) cancer, (3) chronic lower respiratory disease, (4) stroke, or (5) maternal health.

HRSA currently collects information about Care Coordination Program grants using an OMB-approved set of performance measures. These measures last received OMB

review and approval under OMB Number 0906-0024 and have a current expiration date of August 31, 2026. HRSA seeks to revise that approved collection. The proposed changes are a result of keeping this instrument relevant, responsive to the Care Coordination Program needs and to improve clarity and ease of reporting for respondents. The proposed changes include the following:

- One additional measure in Section 5: Leadership and Workforce Composition
- Modifying the text of an existing measure to enhance clarity
- Corrections to units of measurements on two existing measures
- An increase in total burden hours

2. Purpose and Use of Information Collection

The purpose of the revised data collection is to assess Care Coordination Program awardees' progress in meeting the program goals and how well each awardee meets their community needs. Additionally, HRSA will be able to monitor and assess the impact of the Care Coordination Program and ensure that funds are effectively used to provide services that meet the needs of the awardees' target population(s). Care Coordination awardees will submit annual performance reports to HRSA through this data collection.

If the Care Coordination Program cannot collect this information, HRSA and FORHP would not be able to do the following:

- comprehensively and adequately monitor grantee progression of grant goals and activities related to improving and expanding delivery of health care services in 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 Care Coordination 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 Care Coordination 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 Care Coordination Program.

5. Impact on Small Businesses or Other Small Entities

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

6. Consequences of Collecting the Information Less Frequently

Care Coordination awardees will respond to this data collection annually during their project period. HRSA needs this information annually in order to:

- comprehensively and adequately monitor grantee progression of grant goals and activities related to improving and expanding delivery of health care services in 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 Care Coordination 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 March 24, 2026, Vol. 91, No. 56; pp. 14029-30. There were two public comments recommending the following:

- Additional measures for tracking mental/behavioral and substance use disorder health providers and services.
- Facilitating the collection of more granular demographic data.
- Establishing more concrete metrics related to workforce and leadership characteristics.
- Advocating for requiring that measures related to how well awardees meet community needs require standardized screening tools related to upstream drivers of health (e.g., tracking closed-loop referrals).
- A general recommendation to HRSA to allow grant funds to be used for Electronic Health Record interoperability upgrades.

HRSA will take these suggestions into consideration on future iterations of measure development.

A 30-day notice published in the **Federal Register** on June 29, 2026, Vol. 91, No.

123; pp. 39107-08.

Section 8B:

HRSA consulted with 7 current Care Coordination 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

HRSA will be collecting race/ethnicity data at an aggregate level. The purpose is to ensure that Care Coordination grant projects funded with federal dollars are meeting the needs of the population served.

12. Estimates of Annualized Hour and Cost Burden

12A. Estimated Annualized Burden Hours

Type of Respondent	Form Name	No. of Respondents	No. Responses per Respondent	Average Burden per Response (in hours)	Total Burden Hours
Care Coordination Project Director	Rural Health Care Coordination Program Performance Measures	10	1	58.18	581.80
Total		10	1	58.18	581.80

The number of respondents is based on the number of current Care Coordination grantees. The number of responses per respondent is one because Care Coordination

grantees will submit the data once a year. The estimated average burden hours per response was determined by consulting seven current Care Coordination 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 seven 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 Director	581.80	$ 98.38	$57,237.48
Total	581.80	$ 98.38	$57,237.48

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: $49.19
- 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 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 Care Coordination program is a four-year program. Data collection will happen annually for the next two years. The total cost to the Federal Government for this project over a two-year period is $87,124.32, with an average annual cost of $43,562.16.

15. Explanation for Program Changes or Adjustments

The proposed revisions to the currently OMB-approved collection include:

A. One additional measure in Section 5: Leadership and Workforce Composition:

a. Number of positions funded by non-grant sources during this budget period (includes in-kind staffing)

B. Modifying the text of an existing measure to enhance clarity:

a. Support staff

C. Corrections to units of measurements on two existing measures:

a. Total per Capita Cost

b. Revenue per encounter or visit

D. An increase in total burden hours

a. 48.67 hours to 58.18 hours

There is a change in the total burden hours compared to the currently OMB-approved collection. The increase in burden is to account for changes to the instruments and the time it takes for awardees to refine their existing processes to coordinate and collect data from their partner organizations. These organizations vary in data collection and

reporting capacity as well as in the number of member organizations each 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 likely to report higher burdens due to the wait time in between coordinating data requests. Networks that already have established working relationships with member organizations may have existing processes in place to effectively collect data for this program.

16. 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 because certain aggregate data is 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 two years. The next reporting period is scheduled for Fall 2026.

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

17. 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.

18. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification.