

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Community Living

Agency Information Collection Activities; Proposed Collection; Comment Request; of ACL’s Lifespan Respite Program Grantee Performance Measurement Reporting Tool

AGENCY: Administration for Community Living, Department of Health and Human Services.

ACTION: Notice.

SUMMARY: The Administration for Community Living is announcing that the proposed collection of information listed above has been submitted to the Office of Management and Budget (OMB) for review and clearance as required under the Paperwork Reduction Act of 1995.

DATES: Submit written comments on the collection of information by March 20, 2023.

ADDRESSES: Submit written comments on the collection of information by:

(a) email to: *OIRA_submission@omb.eop.gov*, Attn: OMB Desk Officer for ACL;

(b) fax to 202.395.5806, Attn: OMB Desk Officer for ACL; or

(c) by mail to the Office of Information and Regulatory Affairs, OMB, New Executive Office Bldg., 725 17th St. NW, Rm. 10235, Washington, DC 20503, Attn: OMB Desk Officer for ACL.

FOR FURTHER INFORMATION CONTACT: Emily Anozie, Email *emily.anozie@acl.hhs.gov*, or Phone (202) 795-7347.

SUPPLEMENTARY INFORMATION: In compliance with 44 U.S.C. 3507, ACL has submitted the following proposed collection of information to OMB for review and clearance. This information collection (IC) solicits comments on the IC requirements, outlined in the Lifespan Respite Care Reauthorization Act of 2020, Section 2904, which requires Lifespan Respite Care Program grantees to report data, information, and metrics for the purpose of program evaluation. Such data, information, and metrics are to be used to identify “. . . effective programs and activities funded . . .” through ACL’s Lifespan Respite Care Program grants.

This IC collects Caregiver and Care Recipient demographics. Demographic questions include information about age, sexual orientation, gender identity, geographic location, ethnicity, and race. Racial equity and sexual orientation and gender identity (SOGI) data elements are consistent with recommendations regulated under Executive Order on Advancing Racial Equity and Support for Underserved Communities Through the Federal Government and the Executive Order on Advancing Equality for Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex Individuals.

ACL’s Office of Supportive and Caregiver Services aims to improve Lifespan Respite Care Program grantee performance measurement and tracking through a new quantitative grantee reporting tool. The existing reporting template used by most ACL grantees funded from discretionary sources consists of four open-ended, narrative questions related to program

implementation and outputs, making comparisons between different grant periods and grantees challenging. The proposed tool will allow ACL to meet the additional requirements stated in Section 2904 of the Lifespan Respite Care Reauthorization Act of 2020, by adding quantitative data elements to the existing reporting requirements in accordance with program statute. This tool will allow for more effective tracking of how federal funds are being used, including aggregate data on people served and program development toward stated goals.

In this IC, the new quantitative grant reporting tool will be disseminated to all new Lifespan Respite Program grantees upon grant award. Specifically, the tool will collect information related to respite care services delivered, caregiver demographics, care recipient demographics, respite training, and lifespan respite program systems and providers. Ultimately, this reporting will assist ACL’s Office of Supportive and Caregiver Services to assess the performance of the Lifespan Respite Program grantees in improving the delivery and quality of respite services for family caregivers of children and adults of all ages with special needs.

Comments in Response to the 60-Day Federal Register Notice

A notice published in the **Federal Register Vol. 87, No. 207/Thursday, October 27, 2022**. Two comments were received during the 60-day FRN. ACL’s responses to these comments are included below.

Topic/issue	Comment	ACL Response
Burden	“The proposed quantitative grant reporting tool places limited additional burden on [omitted organization name]—our program already gathers and evaluates most of the proposed measurement and tracking metrics.”	ACL concurs and plans to monitor the burden once this information collection begins.
Ease of use	“[omitted organization name] recently began testing the draft reporting tool in preparation for its anticipated implementation, and the agency’s utilization of the draft reporting tool has gone smoothly. [omitted organization name] is confident in its ability to implement the proposed information collection and concurs in ACL’s assessment that the modernized reporting tool would provide valuable data on the delivery and quality of respite services for family caregivers of individuals with disabilities.”	ACL concurs and plans to monitor the ease of use once this information collection begins.

Estimated Program Burden: ACL estimates the burden of this collection of information as follows:

A maximum of 40 grantees are expected to respond to the grant

reporting tool semiannually. The approximate burden for completion may be 6 hours per respondent for a total estimate of 480 hours. The estimated

completion burden includes time to review the instructions, read the questions, compile information, and complete responses.

IC BURDEN CHART

Respondent/data collection activity	Number of respondents	Responses per respondent	Hours per response	Annual burden hours
Grantee reporting tool	40	2	6	480
Total				480

Dated: February 11, 2023.
Alison Barkoff,
Acting Administrator and Assistant Secretary for Aging.
 [FR Doc. 2023-03267 Filed 2-15-23; 8:45 am]
BILLING CODE 4154-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Statement of Organization, Functions, and Delegations of Authority

This notice amends Part R of the Statement of Organization, Functions and Delegations of Authority of the Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA) (60 FR 56605, as amended November 6, 1995; as last amended at 87 FR 59105-59106 dated September 29, 2022).

This reorganization realigns functions within the HIV/AIDS Bureau (RV).

Chapter RV—HIV/AIDS Bureau

Section RV.10 Organization

The HIV/AIDS Bureau (RV) is headed by the Associate Administrator, who reports directly to the Administrator, HRSA. The HIV/AIDS Bureau includes the following components:

- (1) Office of the Associate Administrator (RV);
- (2) Office of Operations and Management (RV2);
- (3) Division of Administrative Operations (RV21);
- (4) Office of Program Support (RV3);
- (5) Division of Policy and Data (RVA).
- (6) Division of Metropolitan HIV/AIDS Programs (RV5);
- (7) Division of State HIV/AIDS Programs (RVD); and
- (8) Division of Community HIV/AIDS Programs (RV6).

Section RV.20 Function

Delete the functional statement for the Office of the Associate Administrator (RV), Office of Operations and Management (RV2), Division of Administrative Operations (RV21) and Office of Program Support (RV3) in its entirety and replace with the following:

Office of the Associate Administrator (RV)

The Office of the Associate Administrator provides leadership and direction for the HIV/AIDS programs and activities of the Bureau and oversees its relationship with other national health programs. Specifically, the Office (1) promotes the implementation of the National HIV/AIDS Strategy within the agency and among agency-funded programs; (2) coordinates the formulation of an overall strategy and policy for programs established by Title XXVI of the Public Health Service Act as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009, Public Law 111-87; (3) coordinates internal functions of the Bureau and its relationships with other agency bureaus and offices; (4) establishes HIV/AIDS program objectives, alternatives, and policy positions consistent with broad Administration guidelines; (5) provides leadership for and oversight of the Bureau's budgetary development and implementation processes; (6) provides clinical leadership to Ryan White-funded programs; (7) serves as a principal contact and advisor to the Department and other parties on matters pertaining to the planning and development of HIV/AIDS-related health delivery systems; (8) reviews HIV/AIDS-related program activities to determine their consistency with established policies; (9) develops and oversees operating policies and procedures for the Bureau; (10) oversees and directs the planning, implementation, and evaluation of special studies related to HIV/AIDS and public health within the Bureau; (11) prioritizes technical assistance (TA) needs in consultation with each division/office; (12) plans, implements, and evaluates the Bureau's national TA resource training center website and other distance learning modalities; (13) represents the agency in HIV/AIDS related conferences, consultations, and meetings with other Operating Divisions, Office of the Assistant Secretary for Health, and the White House; (14) plans, implements and evaluates HIV/AIDS Bureau staff development and education to enable

employees to meet the mission of the Bureau; (15) provides support with the implementation of staff development, organizational development and training activities; and (16) plans, develops, implements, and evaluates the Bureau's organizational and staff development and staff training activities inclusive of guiding action steps addressing annual Employee Viewpoint Survey results.

Office of Operations and Management (RV2)

The Office of Operations and Management provides expertise, guidance, leadership, and support in the areas of general administration, fiscal operations, and contract administration. Specifically, the Office (1) provides direction on all budgetary, administrative, human resources, operations, facility management, and contracting functions for the HIV/AIDS Bureau; (2) oversees and coordinates all Bureau program integrity activities; (3) oversees Bureau Executive Secretariat functions and coordinates HRSA responses and comments on HIV/AIDS-related reports, position papers, guidance documents, correspondence, and related issues, including Freedom of Information Act requests; and (4) supports enterprise information technology systems development to improve program efficiencies and management.

Division of Administrative Operations (RV21)

The Division of Administrative Operations is responsible for the administrative, human resources operations, facility management, and contracting functions for the Bureau.

Office of Program Support (RV3)

The Office of Program Support provides expertise, guidance, leadership, and support in the areas of organizational development, communications, fiscal oversight, grants policy, training and TA to the Bureau staff and grant recipients, and customer service to support program implementation. Specifically, the Office of Program Support (1) coordinates grants management and grants policy for