

Serious Medical Procedure (SMR) Form

**OMB Information Collection Request
0970 - NEW**

Supporting Statement Part A - Justification

November 2020

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

SUPPORTING STATEMENT A – JUSTIFICATION

1. Circumstances Making the Collection of Information Necessary

The Homeland Security Act (HSA), 6 U.S.C. 279, transferred responsibilities for the care and placement of unaccompanied alien children (UAC) from the Commissioner of the former Immigration and Naturalization Service (INS) to the Director of the Office of Refugee Resettlement (ORR). Pursuant to Exhibit 1, part A.2 of the *Flores* Settlement Agreement (Jenny Lisette Flores, et al., v. Janet Reno, Attorney General of the United States, et al., Case No. CV 85-4544-RJK (C.D. Cal. 1996), the Administration for Children and Families' Office of Refugee Resettlement (ORR), on behalf of the Department of Health and Human Services (DHHS), is directed to provide unaccompanied children in their custody with medical, mental, and dental care until reunification with a qualified sponsor. (See Attachment A: Flores Agreement.)

Children with complex medical/dental conditions may require surgical intervention or procedures in order to maintain and promote their health while in ORR custody. Procedures requiring general anesthesia, surgeries, and invasive diagnostic procedures (e.g., cardiac catheterization, invasive biopsy, amniocentesis) require advance ORR approval. Before a decision can be rendered by ORR, data on clinical indications, risks and benefits of the surgery/procedure, potential adverse outcomes if services not rendered, timeframe for recovery, follow-up care, and points of contact must be collected and submitted to ORR. The form is not required for emergency procedures, procedures performed during hospitalization, or procedures resulting from complication of a previously approved procedure.

2. Purpose and Use of the Information Collection

The purpose of this instrument is to collect health information on unaccompanied children who require non-emergent procedures involving general anesthesia, surgeries, and invasive diagnostic procedures (e.g., cardiac catheterization, invasive biopsy, and amniocentesis) for advance ORR approval. Before a decision can be rendered by ORR, data on clinical indications, risks and benefits of the surgery/procedure, potential adverse outcomes if services not rendered, timeframe for recovery, follow-up care, and points of contact must be collected.

Only ORR staff and grantee staff assigned to the minor will have access to this information. Grantee staff access to this information terminates 45 days after transfer or discharge. This information will not be shared with other agencies.

3. Use of Improved Information Technology and Burden Reduction

Care provider program staff will generate the form through ORR's secure electronic data repository, UAC Path Matching data fields in UAC Path and on the form will auto-populate on creation of the form (e.g., Name, DOB, Program name). Data not in the UAC Path will

require manual entry. For security reasons, non-grantee healthcare providers do not have access to the UAC Path and must therefore write the required info directly onto the paper-version of the form. Upon completion of the form by the health care provider and the care provider program staff, care provider program staff will enter the data into the UAC Path and submit it to ORR. Fields in the UAC Path will be designed to reduce data entry time and errors by utilizing dropdowns, business requirements, and system logic. The UAC Path will create and send automated notifications at submission and when a decision has been made by ORR. Data from the forms will be accessible to ORR headquarters staff and, in the event of a transfer, the medical staff at the new care provider programs, in order to ensure continuity of care.

4. Efforts to Identify Duplication and Use of Similar Information

The information being collected by these instruments are not obtainable from other sources.

5. Impact on Small Businesses or Other Small Entities

The proposed information collections will not burden or impact small businesses.

6. Consequences of Collecting the Information Less Frequently

Collecting this information less frequently would impede ORR from performing its charged duty of administering required and appropriate healthcare services for UAC in its custody.

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

This request fully complies with the regulation at 5 CFR 1320.5.

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

In accordance with the Paperwork Reduction Act of 1995 (Pub. L. 104-13) and Office of Management and Budget (OMB) regulations at 5 CFR Part 1320 (60 FR 44978, August 29, 1995), ACF published a notice in the Federal Register announcing the agency's intention to request an OMB review of this information collection activity. This notice was published on September 3, 2020, Volume 85, Number 72, pages 55012-55013, and provided a sixty-day period for public comment. No comments were received during the notice and comment period.

9. Explanation of Any Payment or Gift to Respondents

No payment or gift to the respondents will be provided.

10. Assurance of Confidentiality Provided to Respondents

ORR established a system of records to ensure the level of confidentiality pursuant to the Privacy Act (5 U.S.C. 552a.). ORR's system of records notice was published on July 18, 2016 at 81 FR 46682.

11. Justification for Sensitive Questions

Sensitive information is collected in the form in order for ORR to provide appropriate services to UAC and to make an informed, timely, and safe healthcare decisions. ORR does not ask for information of a sensitive nature beyond what is needed to provide services and make healthcare decisions. The sensitive information requested includes the diagnosis, clinical indications, and documentation (e.g., clinical notes, lab results).

12. Estimates of Annualized Burden Hours and Costs

Estimates used to calculate burden are based on the following factors:

- The number of responses per respondent was calculated using FY2019 data on the number of UAC placed in ORR custody (n = 69,488).
- Approximately 0.3% of children in ORR custody required a non-emergent surgical intervention or procedure in FY2019.
- ORR funds approximately 195 care provider grantees and expects to continue the trend of increasing capacity each year. This includes approximately 30 long term foster care programs and 15 restrictive placement programs.
- The cost to respondents was calculated using hourly wage data, accessed in August 2020, for the Bureau of Labor Statistics (BLS) job codes 29-1248 Surgeons, Except Ophthalmologists (<https://www.bls.gov/oes/current/oes291248.htm>) and 21-1021 Child, Family, and School Social Workers in the industry of Other Residential Care Facilities (<https://www.bls.gov/oes/current/oes211021.htm>). The hourly rates for job codes 29-1248 and 21-1021 were multiplied by two to account for fringe benefits and overhead, \$242.34 (\$121.17 x 2) and \$49.06 (\$24.53 x 2), respectively.
- Recordkeeping burden, including entering data from the form into UAC Path and uploading documentation, will be incurred only by grantee staff; healthcare providers will not incur recordkeeping burden for this collection.

Estimated Opportunity Costs for Respondents:

Job Code 29-1248 Surgeons, Except Ophthalmologists:

Information Collection Title	Total Number of Respondents	Total Number of Responses Per Respondent	Average Burden Hours Per Response	Total Burden Hours	Annual Burden Hours	Average Hourly Wage	Total Annual Cost
Serious Medical Procedure (SMR) Form	195	3	0.22	128.7	42.9	\$242.34	\$10,396.39
Estimated Annual Burden Total:					42.9	Estimated Annual Cost Total:	\$10,396.39

Job Code 21-1021 Child, Family, and School Social Workers in the industry of Other Residential Care Facilities:

Information Collection Title	Total Number of Respondents	Total Number of Responses Per Respondent	Average Burden Hours Per Response	Total Burden Hours	Annual Burden Hours	Average Hourly Wage	Total Annual Cost
Serious Medical Procedure (SMR) Form	195	3	0.08	46.8	15.6	\$49.06	\$765.34
Estimated Annual Burden Total:					15.6	Estimated Annual Cost Total:	\$765.34

Estimated Recordkeeping Costs:

Job Code 21-1021 Child, Family, and School Social Workers in the industry of Other Residential Care Facilities:

Information Collection Title	Total Number of Respondents	Total Number of Responses Per Respondent	Average Burden Hours Per Response	Total Burden Hours	Annual Burden Hours	Average Hourly Wage	Total Annual Cost
Serious Medical Procedure (SMR) Form	195	3	0.08	46.8	15.6	\$49.06	\$765.34
Estimated Annual Burden Total:					15.6	Estimated Annual Cost Total:	\$765.34

The estimated total annual cost for respondents (healthcare providers and grantee staff) to collect the information is \$11,927. The estimated total annual burden estimate for respondents (healthcare providers and grantee staff) to collect the information is 74.

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

There is no additional cost burden to respondents or record keepers.

14. Annualized Cost to the Federal Government

The forms were developed by a GS-13, step 3-level public health analyst in the Boston area who spent approximately 90 hours creating the paper and electronic versions of the form. To account for fringe benefits and overhead, the hourly rate for this position (\$52) was multiplied by two for a total of \$104.

Upon submission, the form will be reviewed by an ORR Quality Assurance Specialist (GS-11) with an approximate hourly wage of \$78.24 ($\39.12×2) for completeness. It is estimated that the Quality Assurance Specialist will spend approximately 975 hours a year processing request packets. The complete request packet will then be forwarded to an ORR Medical Officer (GS-14) with an approximate hourly rate of \$131.76 ($\65.88×2) to determine if the procedure/surgery is justifiable. It is estimated that the Medical Officer will spend approximately 195 hours a year reviewing request packets. If the request is deemed necessary by the Medical Officer, it will be submitted to ORR leadership personnel (GS-15) with an approximate hourly wage of \$154.98 ($\77.49×2) for final approval. It is estimated that the ORR leadership staff member will spend approximately 98 hours a year reviewing request packets.

Therefore, the total and annual estimated cost to the federal government for creating and processing the completed form over three years is \$126,525 and \$42,175, respectively.

15. Explanation for Program Changes or Adjustments

This is a new information collection.

16. Plans for Tabulation and Publication and Project Time Schedule

ORR does not plan to publish the information provided by the respondents.

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

ORR plans to display the expiration date of clearance as set by OMB.

18. Exceptions to Certification for Paperwork Reduction Act Submissions

ORR does not request any exception to Certification for the Paperwork Reduction Act.