

# RYAN WHITE TREATMENT AND MODERNIZATION ACT TITLE I MINORITY AIDS INITIATIVE (MAI) REPORT: (PART A REPORT)

## SUPPORTING STATEMENT

### A. JUSTIFICATION

#### 1. Circumstances of Information Collection

The Health Resources and Services Administration (HRSA) is requesting Office of Management and Budget (OMB) approval of the Ryan White Treatment and Modernization Act Part A Minority AIDS Initiative Report (the *Part A MAI Report*). HRSA previously requested and received OMB approval for this report under the following title: Ryan White Comprehensive AIDS Resources Emergency (CARE) Act Title I Minority AIDS Initiative Report (OMB Approval #0915-0304). The purpose of this Statement is to request a renewal/extension of the initial approval, which expires on March 31, 2010.

The *Part A MAI Report* is used to collect performance data from Ryan White Part A grantees receiving funds under the Minority AIDS Initiative (MAI), a targeted allocation aimed at communities of color highly impacted by HIV/AIDS in Part A Eligible Metropolitan Areas (EMAs) and Transitional Grant Areas (TGAs). The *Part A MAI Report* utilizes a Web application to enter data collected by Part A MAI grantees. These data provide the HIV/AIDS Bureau (HAB) at HRSA with information about the disbursement of funds by Part A grantees, number and demographics of clients served, types and quantity of services provided, and client outcomes for each service provided.

#### *Ryan White HIV/AIDS Program*

The Ryan White CARE Act was originally passed in 1990, and amended in 1996 and 2000 (codified under Title XXVII of the Public Health Service Act). The Ryan White Treatment and Modernization Act replaced the Ryan White CARE Act in 2006, and was re-authorized by Congress in October 2009 to be extended through 2012. The Ryan White Treatment and Modernization Act (RWTMA) authorizes funds under five funding streams: Part A, Part B, Part C, Part D, and Part F. This request for OMB approval of data collection activities is specific to Part A.

Part A of the Ryan White HIV/AIDS Program provides emergency assistance to EMAs and TGAs that are most severely affected by the HIV/AIDS epidemic. Funds are used to provide a continuum of care for persons living with HIV disease. Seventy-five percent of the award must be used for core medical services and 25 percent may be used for support services. Core services are limited to outpatient and ambulatory services; AIDS Drug Assistance Program (ADAP) treatment in accordance with Section 2616 of the RWTMA; AIDS pharmaceutical assistance; oral health; early intervention; health insurance premium and cost-sharing assistance for low-income individuals; home health care; medical nutrition therapy; hospice services; home and community-based health services; mental health services; substance abuse outpatient care; and medical case management, including treatment adherence services. Support services must be linked to medical outcomes and may include outreach, medical transportation, linguistic services, respite care for people caring for HIV/AIDS patients, referrals for health care and other support services, case management, and substance abuse residential services.

Part A provides two types of awards to EMAs: formula grants and supplemental grants. Formula grants

are based on reported living HIV non-AIDS and AIDS cases as of December 31st in the most recent calendar year for which data are available, as reported to and confirmed by the Centers for Disease Control and Prevention. Supplemental grants are awarded to EMAs based on demonstrated severe need for additional financial assistance and their capacity to utilize the funds in a manner that is cost-effective and responsive to documented needs. The goal of the Part A grant program is to relieve the overwhelming burden of HIV-related care that currently affects urban health systems by improving access to community-based high quality medical care, treatment, and support services.

### *Minority AIDS Initiative*

The MAI, established by Congress in 1999, responds to the HIV/AIDS epidemic's overwhelming and disproportionate impact on racial and ethnic minority populations. The 2006 law recognized that HIV/AIDS has had a devastating impact on racial/ethnic minorities and codified the MAI under the Ryan White HIV/AIDS Program, which the 2009 reauthorization continues.

The MAI's three broad funding categories include the following: (1) initiatives to increase access to prevention, care, and treatment services and improve health outcomes; (2) technical assistance, health system infrastructure support and organizational capacity building; and (3) building stronger community linkages to address the HIV prevention and health care needs of specific populations.

The Part A MAI is a component of the Ryan White HIV/AIDS Part A Program to "address substantial need for care and support services for minority populations in eligible metropolitan areas." The purpose of the Part A MAI is to improve access to high quality HIV care services and health outcomes for persons living with HIV disease in communities of color, including African Americans, Latinos, Native Americans, Asian Americans, Native Hawaiians and Pacific Islanders.

Prior to FY 2006, MAI funds were allocated by formula to all Part A grantees based on the proportion of reported *minority* AIDS cases within each EMA or TGA. Following codification of the MAI as a separate, competitive grant program in 2006, funds were awarded in FY 2007 for a 3-year project period (8/1/2007 – 7/31/2010), and grantees' awards were based on the following.

- Each grantee's score as determined by an external Objective Review Committee; and
- Applying the scores against an objective and quantified measure of baseline need as determined by the distribution of living minority HIV non-AIDS cases and living minority AIDS cases for the most recent year available as reported to the Centers for Disease Control and Prevention (CDC); or for EMAs/TGAs located in States that did not have names-based HIV reporting systems in place prior to December 31, 2005, as reported to HRSA.

With the 2009 reauthorization, the Congress removed the requirement to award the Part A MAI funds on a competitive basis, mandating instead that the MAI be incorporated and synchronized with the Part A Program. Accordingly, beginning in FY 2010, Part A MAI funds will be allocated to grantees based on the number of living *minority* HIV and AIDS cases as reported to the CDC for the most recent year available.

At the grantee level, MAI funds will continue to be allocated following established Planning Council processes for determining funding priorities, and competitive contracts are awarded according to standard grantee contracting processes. Eligible entities include: not-for-profit community-based and faith-based service providers; community health centers, clinics and hospitals; local and state agencies, and Tribal/urban Indian entities.

### *Administration of MAI Funds*

HRSA is responsible for allocating and administering Part A MAI funds, evaluating programs and their

impact on the population served, and improving the quantity and quality of care. Data collection on services provided and minority clients served through the MAI continue to be critical to the implementation of the Part A MAI and thus are necessary for HRSA to fulfill its responsibilities. Valid and complete information about the characteristics of clients and the services provided to them is needed from grantees to document the distribution of funds used to serve racial/ethnic minority groups in need of care, client utilization of those services, and health outcomes; to identify gaps in service delivery; and to ensure coordination and quality of care.

## 2. Purpose and Use of Information

The *Part A MAI Report* is designed to collect performance data from Part A grantees, and has two parts: (1) a web-based data entry application that collects standardized quantitative and qualitative information, and (2) an accompanying narrative report. Grantees submit two *Part A MAI Reports* annually: *Part A MAI Plan (Plan)* and the *Part A MAI Year-End Annual Report (Annual Report)*.

### *Part 1: MAI Web-based Data Entry Application*

The *Plan* and *Annual Report* components of the report are linked to minimize the reporting burden, and include drop-down menu responses, fields for reporting budget, expenditure and aggregated client level data, and open-ended responses for describing client or service-level outcomes. Together the *Plan* and *Annual Report* components collect information from grantees on MAI-funded services, expenditure patterns, the number and demographics of clients served and client-level outcomes.

### *Part 2: MAI Narrative*

Grantees are required to submit a two-to-four page written *MAI Narrative* with both the *Plan* and *Annual Report* that addresses the following:

**MAI Plan Narrative:** (1) an explanation of the data submitted in the *Plan* Web forms; (2) a summary of the *Plan* that addresses any service-related capacity development activities and the timeline for disbursing funds; and (3) the plan and timeline for documenting client-level outcome measures. In addition, if the EMA/TGA revised any planned services, allocation amounts or target communities after their grant application was submitted, the changes must be highlighted and explained.

**MAI Annual Report Narrative:** (1) progress towards achieving specific goals and objectives identified in the Grantee's approved MAI Plan for that fiscal year and in linking MAI services/activities to Part A and other Ryan White Program services; (2) achievements in relation to client-level health outcomes and any capacity development or provider-level technical assistance activities; (3) summary of challenges or barriers at the provider or grantee levels, the strategies and/or action steps implement to address them and lessons learned; and, (4) discussion of MAI technical assistance needs identified by the EMA/TGA.

The following five key questions will be answered by the *Part A MAI Report*:

- What specific minority populations were served with Part A MAI funds?
- For what specific types of activities (i.e., outreach, primary outpatient medical care, case management, treatment adherence, etc.) do grantees use Part A MAI funds?
- Have Part A MAI funds been used to expand the availability and accessibility of HIV care services to racial/ethnic minority populations?
- Has the use of Part A MAI funds increased the types of services available to racial/ethnic

- minority populations?
- Are Part A MAI grantees achieving expected outputs or client-level and/or service-level health outcomes in relation to established targets?

The information collected for the *Part A MAI Report* serves multiple purposes. These data are used to monitor and assess: (1) changes in the type and amount of HIV/AIDS health care and related services being provided to each disproportionately impacted community of color; (2) the number of persons receiving HIV/AIDS services within each racial and ethnic community; and (3) the impact of Part A MAI-funded services in terms of client-level and service-level health outcomes. This information is used to plan new technical assistance and capacity development activities, and inform HRSA policy and program management functions. The *Part A MAI Report* also enhances HRSA's ability to respond to Departmental inquiries regarding the MAI. Data collected through it is used in the preparation of reports to Congress and the Office of Management and Budget when requested by the Office of HIV/AIDS Policy (OHAP), and to respond to inquiries related to Part A MAI-funded activities at HRSA.

In addition to meeting the goal of accountability to Congress, clients, and the general public, information collected for the *Part A MAI Report* is critical for HRSA grantees, and individual providers to assess the status of existing HIV-related service delivery systems. The partnership between HRSA, grantees, providers, and clients has provided a unique opportunity to ensure that all parties share in the benefits of accurate information to promote improved care for HIV positive individuals and their families. The collective responsibility to ensure that service dollars reach targeted populations, appropriate HIV services are provided, and adequate funding is available to meet future HIV-related service needs, requires a commitment at every level.

Since the purpose of the Part A MAI is to expand access to medical, health and social support services for disproportionately impacted racial/ethnic minority populations living with HIV/AIDS who are not yet in care, it is important that HRSA is able to report on minorities served by the Part A MAI. *The Part A MAI Report* is a data collection instrument in which grantees report on the number and characteristics of clients served and services provided in the aggregate. The data provided to HRSA, therefore, does not contain individual or personally identifiable information.

### **3. Use of Improved Information Technology**

The *Part A MAI Report* is designed to collect unduplicated, aggregate-level data about clients and services for better planning and funding allocation by Part A MAI program grantees. Since it was implemented in March of 2007, the Web application has significantly enhanced HRSA's ability to monitor and measure grantee performance, analyze and assess outcomes attributable to MAI funding for Part A grantees, review processes and take action to improve program operations, and identify successes and problems for policy and program development.

The *Part A MAI Report* has two parts: (1) Web-based data entry forms (*Web Forms*) that collect standardized quantitative and qualitative information, and (2) an accompanying narrative report. Grantees submit two *Part A MAI Reports* annually: *Part A MAI Plan (Plan)* and the *Part A MAI Year-End Annual Report (Annual Report)*. The *Plan* is due approximately 90 – 120 days after the budget start date. The *Annual Report* currently is due January 30<sup>th</sup> of the year following completion of the MAI fiscal year. Starting with FY 2010 when the MAI will be synchronized with the Part A program year (i.e., 3/1/2010 – 2/28/2011), HRSA will move the *Annual Report* deadline to, approximately, 120 – 150 days after the budget end date. The Web application is available to grantees for 30 days prior to the submission deadline; during this time grantees can enter, save, upload the narrative component, and make revision to

their reports prior to submission.

The *Web Forms* collect specific information about each service provided and minority population served. The total number of *Web Forms* necessary to complete a report is dependent upon the number of services and specific populations served by the reporting grantee; each service to a specific minority population will require data entry into a separate worksheet. Screen shots of a sample *Web Form* and instructions for completing the *Web Form(s)* and narrative are attached (**Tabs A and B**).

Grantees access the *Part A MAI Report* web application through the HRSA Electronic Handbooks (EHBs). The EHBs are designed to streamline the grants application and administration processes by providing a mechanism for electronic communication between HRSA and its grantees as well as a centralized location for submission of grant-related documents. All members of the grantee organization who need access to the *Part A MAI Report* must register in the EHBs to create a user account and add the Part A grant to their EHBs Grants Portfolio. This one-time process ensures that only authorized members of the grantee organization have access to grant-related information and documents.

MAI data submission is an “Other Deliverable” within the EHBs grants portfolio. Within the grants portfolio there is a link that will take the grantee to the *Part A MAI Report* web application where grantees complete the data entry and upload the narrative component of the report.

After completing data entry in the *Part A MAI Report* web application and uploading the narrative, the grantee submits the report to HRSA through the EHBs. Before the submission process can be completed, the Web application performs a set of validation checks to ensure that the data meets all requirements for a completed report. The grantee data submitter will need to resolve any validation errors before submitting their report. If the file contains any errors, they are displayed to the user on the web in clear language with instructions for resolving them. These validation checks have significantly reduced the need for HRSA to contact grantees to make corrections to the data at a later time, thereby greatly reducing the time and effort it takes the data analysts inquire about data errors.

At the end of the fiscal year, grantees use the EHB portal to access their submitted *MAI Plan* and complete the year-end section (*Annual Report*). The user then enters data/information about each service provided to each ethnic and racial community. (i.e. the amount spent; the number of service units provided; the total number of unduplicated clients served; the unduplicated number of women, infants, children and youth served (separately); and the number of clients who achieved each planned outcome.)

Using the standardized *Part A MAI Report* Web application to collect data from grantees benefits both HRSA and grantees. Grantees benefit from having a user-friendly mechanism for reporting information with built-in quality assurance checks, which eliminate or substantially reduces the likelihood that grantees will be contacted at a later date to correct errors. Grantees spend less time preparing and submitting the *Part A MAI Report* than they would if they had to create an entirely narrative-based report to respond to HRSA’s requests for the information through grant applications and reports. HRSA benefits in two ways. First, with respect to monitoring program performance, the system has significantly reduced the amount of time required for project officers and managers to review and approve grantees’ Plans and year-end reports. Whereas previously the process took up to six months, it is now accomplished within 45-60 days. Second, HRSA benefits from having accurate, standardized data delivered in a timely manner and in a format that can be easily analyzed. In the past, HRSA has spent an enormous amount of manpower extracting information from detailed narrative reports that varied in length and content in order to respond to Congressional and other data requests. The Web application streamlines the data collection system and results in higher quality data in a format that simplifies the data analysis.

Before the *Plan* or *Annual Report* can be submitted, the user is asked to upload the accompanying *MAI Narrative*. The *MAI Narrative* may be submitted in a Microsoft Word format. When both the *MAI Web Forms* and the *MAI Narrative* sections are completed, the User is prompted to click a “submit” button to complete the submission process and is given an opportunity to receive verification that the entire report was successfully submitted. After the report submission period has ended, the data from each grantee report is merged into a single data file and delivered to HRSA for analysis (see Item 16 for more detail about analysis).

HRSA or a contractor provides any browser or web-related technical assistance requested by users during actual data submission, as well as assistance required by HRSA to ensure access to the Web application as necessary. This technical assistance is available to Part A MAI grantees from 9:00 AM to 5:00 PM EST during the HAB-defined official data-reporting period only. HRSA or a contractor provides a resolution to grantees requesting such technical assistance immediately upon request. If this is not possible, the technical assistance must occur, at the very least, within 24 hours of each request for such assistance.

#### **4. Efforts to Identify Duplication**

Data of the type required to evaluate or monitor the Part A MAI program are not available elsewhere. Studies of people with AIDS, people who are HIV-positive, or sample studies of people in defined demographic or risk groups cannot provide comprehensive, overall program information specifically about grantees, providers, and beneficiaries of the Part A MAI. The *Part A MAI Report* is necessary for the program to monitor the objectives that the funding initiative is designed to meet.

#### **5. Involvement of Small Entities**

This information collection does not include small businesses or other small entities.

#### **6. Consequences If Information Collected Less Frequently**

Grants are awarded to grantees and, through the grantees, contracts are given to service providers on an annual basis. Without annual reporting on the use of grant funds, HRSA would not be able to carry out its responsibility to oversee compliance with the intent of congressional appropriations in a timely manner. Because the epidemiology of AIDS is changing constantly, annual reporting of the characteristics of Part A MAI grants is necessary to determine whether the administration of the funds is responding to changes in the affected population.

If the information is not collected at all, HRSA will not know or be able to report the following:

- Whether program funds are being spent for their intended purposes,
- What types of and how many individuals are receiving services,
- How the distribution of program funds and the characteristics of individual beneficiaries are changing from one year to the next, and,
- Whether funded services are achieving planned client- and service-level outcomes.

#### **7. Consistency with the Guidelines in 5 CFR 1320.5(d) (2)**

The data is collected in a manner fully consistent with the guidelines in 5 CFR 1320.6

## **8. Consultation Outside the Agency**

The notice required in 5 CFR 1320.8(d) to continue the MAI Report, was published in the Federal Register on January 12, 2010. Historically, the notice required to implement the MAI Report web-based data system was published in the Federal Register on March 30, 2006 (Volume 71, Number 61, Pages 16160-16161). No comments were received.

In addition, HRSA conducted an inquiry in 2005 in which all 51 Title I (Part A) grantees were asked to provide input on the use of a standard format for reporting on MAI services/activities and outcomes achieved. Grantees were invited to offer feedback on proposed data/information fields, definitions of terms used, draft instructions, timeframes for implementation of the new report form, and the amount of resources that would be necessary to start reporting with the new form. Written comments were received from 12 grantees and also two funded providers. Their comments were used to develop the initial draft *Part A MAI Report* that was approved in March 2006.

No additional outside consultation is planned because no material change to the data collection forms is envisioned for this data collection instrument; the purpose of this Statement is to request a renewal/extension of the initial approval, which expires on March 31, 2010.

## **9. Remuneration of Respondents**

Respondents will not be remunerated.

## **10. Assurance of Confidentiality**

The *Part A MAI Report* form does not require any information that could identify individual clients. Names and personal identifiers are not included in this aggregate data report. All reports and tabulated data that are released to the general public are summaries of information across providers, which protect individual providers from being identified.

Respondents are assured ~~that of the confidentiality of~~ their identities and information are kept private to the maximum extent allowable by law. Data collection will fully comply with all aspects of the Privacy Act. The grantee or provider maintains all client-identifying information. Respondents are assured that their participation in HRSA programs will not be affected by their responses to any of the questions.

## **11. Questions of a Sensitive Nature**

There are no questions of a sensitive nature collected in the Part A MAI Report. No patient or client-level identifying data are reported. Identification of the grantees as recipients of CARE Act or Part A MAI funds is a matter of public record, as these agencies receive funds directly from HRSA. Only aggregate data summarizing *Part A MAI Report* responses are included in reports published by HRSA.

## **12. Estimates of Annualized Hour Burden**

The estimate of average annualized hour burden for respondents is shown in Table 1. As Table 1 shows, an estimated total of 56 respondents will submit the *Part A MAI Report*. Each respondent will submit two responses, (1) the *Part A MAI Plan* and (2) the *Part A MAI Annual Report* and each response has both a workbook and narrative component. Each grantee's response will take approximately 5 hours on-average to complete. The total number of respondents (56) times two responses per grantee times the estimated 5 hours per response results in a combined total burden estimate of 560 hours for this activity.

**Table 1. Estimates of Average Annualized Hour Burden**

Form	Estimated Number of Respondents	Responses per Respondent	Hours per response	Total Burden Hours
Part A MAI Report	56	2	5 hrs	560

**13. Estimates of Annualized Cost Burden to Respondents**

There are no direct costs to respondents other than their time spent completing the *Part A MAI Report*. There are no capital or start up costs for respondents related to this effort.

**14. Estimate of Annualized Cost to the Federal Government**

HRSA has planned and allocated resources for the efficient and effective management and use of the information to be collected, including the processing of the information in a manner that shall enhance, where appropriate, the utility of information to agencies and the public.

HRSA invested \$300,000 for the development of the *Part A MAI Report* form and Web application, and associated training and documentation, in 2006-2007. HRSA will continue to invest \$250,000 annually for data system operation and maintenance; ongoing support for grantee questions about 1) the content and format of the report and 2) the Web application system; data analysis; and report preparation.

**15. Changes in Burden**

The original burden estimate submitted with the OMB package in 2006 estimated 612 burden hours to complete the *Part A MAI Report*. This was calculated by estimating that 51 respondents (there were five fewer Part A MAI grantees in 2006 than there are currently) would need approximately 6 hours to complete each *Report*, which are submitted to HRSA twice annually. System enhancements have reduced the estimated time to complete each *Report* to five hours, rather than six, resulting in an overall reduced burden to grantees. The current burden estimate (see Item 12) is a total of 52-hours lower than the original burden estimate.

**16. Time Schedule, Publication, and Analysis Plans**

Development of the Web application was completed in 2007, approximately 6 months after OMB approval was received. This phase included understanding the system requirements, developing the software and user interface, integration with the EHBs, pilot testing, and making adjustments to the system based on pilot test results.

The first data submission occurred in 2007. Since the system was implemented, grantees have submitted a completed *Part A MAI Report* twice each year; the *Plan* component of the *Part A MAI Report* is due to HRSA 90 – 120 days after the budget start date, and the *Annual Report* component is due 120 – 150 days following completion of the program fiscal year. The system is available to grantees for 30 days prior to the due dates. In addition, upon reviewing the submission, HRSA may request that errors or omitted data be corrected by grantees; the system is available to grantees to make corrections for 30 days past the due date. The *Plan* includes information about planned services and outcomes for the forthcoming fiscal year. The *Annual Report* includes service and outcome data for the same time period, submitted at the end of the fiscal year. HRSA or a contractor provides support both for the Web application system and in the



form of technical assistance to grantees as they complete and submit their *Part A MAI Report*.

After each data submission (which includes built-in quality assurance checks), the Web application manager (HRSA or a contractor) supplies HRSA with a complete dataset in SQL, SPSS, SAS, or spreadsheet format for analysis. HRSA analyzes these data for inclusion in MAI accountability reports (i.e., Secretary's Fund Report and OHAP data request), generally due to OHAP in June and December of each year, and other data requests made throughout the year.

**17. Exemption for Display of Expiration Date**

For the January 2010 release of the current forms, the OMB Approval Number and the expiration date will appear within this MAI instructions manual and the data collection forms.

**18. Certifications**

This information collection fully complies with 5 CFR 1329.9.

## ATTACHMENTS

**Tab A:** Screen Shots of Sample Web Form from Part A MAI Report Web Application

**Tab B:** Part A MAI Report Instructions

Attachment B