Supporting Statement

Ryan White Treatment and Modernization Act Title I
MINORITY AIDS INITIATIVE (MAI) REPORT:
(PART A REPORT)

OMB Control No. 0915-0304

Terms of Clearance: "None".

A.   Justification

1. Circumstances Making the Collection of Information Necessary

This is a request by the Health Resources and Services Administration (HRSA) for extension of OMB approval of the Ryan White HIV/AIDS Treatment Extension Act of 2009 Part A Minority AIDS Initiative Report (the *Part A MAI Report*). HRSA previously requested and received OMB approval for this report under the title: Ryan White Comprehensive AIDS Resources Emergency (CARE) Act Title I Minority AIDS Initiative Report. The purpose of this Statement is to request a second renewal/extension of the initial approval. The OMB number for this activity is 0915-0304 and the current expiration date is July 31, 2013.

The *Part A MAI Report* is used to collect performance data from Ryan White Part A grantees receiving funds under the Part F - Minority AIDS Initiative (MAI). These funds support activities to evaluate and address the disproportionate impact of HIV/AIDS on, and the disparities in access, treatment, and outcomes in communities of color 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 disbursal 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.

2. Purpose and Use of Information Collection

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 are 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, do not contain individual or personally identifiable information. Since the last renewal/extension request there have been no changes to the instrument.

3. <u>Use of Improved Information Technology and Burden Reduction</u>

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 30th of the year following completion of the MAI fiscal year.

In FY 2010, the MAI became synchronized with the Part A program year (i.e., 3/1/2010 – 2/28/2011), and HRSA moved 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 requires data entry into a separate worksheet. Screen shots of a sample *Web Form* are attached (Attachment A). The instructions for completing the Web form(s) and the narrative are provided in Attachment 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 individual submitting grantee data 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 eliminates 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 are 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 and Use of Similar Information**

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. **Impact on Small Businesses or Other Small Entities**

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

6. **Consequences of Collecting the Information Less Frequently**

On an annual basis, Part A Grants are awarded to grantees who, in turn, utilize grant funds to contract with organization to provide services. 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. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5

The data will be collected in a manner consistent with the guidelines in 5 CFR 1320.5.

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

The notice required in 5 CFR 1320.8(d) was published in the *Federal Register* on March 21, 2013, (Volume 78, Number 55, pages 17416-17417). One comment was received in which the correspondent asked for the exact reason and the statutory authority for limiting this project to "communities of color," rather than any community that confronts an HIV/AIDS problem. A response to this comment explained that the purpose of Title XXVI of the Public Health Service Act, as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Ryan White Program or RWP), Section 2693 - Minority AIDS Initiative is to carry out activities to evaluate and address the disproportionate impact of HIV/AIDS on, and disparities in access treatment, care, and outcomes for, racial and ethnic minorities (including African Americans, Alaska Natives, Latinos, American Indians, Asian Americans, Native Hawaiians, and Pacific Islanders). The response further noted that other Parts within the Ryan White Program provide services to all people living with HIV/AIDS.

There are no changes to the Part A MAI Report. The purpose of this Statement is to request a second renewal/extension of the initial approval, which expires on July 31, 2013.

9. Explanation of any Payment/Gift to Respondents

Respondents will not be remunerated.

10. Assurance of Confidentiality Provided to Respondents

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 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. Justification for Sensitive Questions

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 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 and Cost Burden**

The annual burden estimates displayed below are based on consultations with representatives from 7 HAB Part A grantee who receives Minority AIDS Initiative (MAI) funding about time to complete the *Part A MAI Report.* The hours per response estimates are based on the average time per response indicated by the 7 respondents surveyed. Numbers of respondents are based on 2012 data. As Table 12A shows, an estimated total of 53 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 23.9 hours on-average to complete. The total number of respondents (53) times two responses per grantee times the estimated 23.9 hours per response results in a combined total burden estimate of 2,532.87 hours for this activity.

The estimated annual time and cost burdens to Part A MAI grantees are presented in the tables below:

12A. Estimated Annualized Burden Hours

Type of Respondent	Form Name	Number of Respondents	Responses per Respondent	Total Responses	Hours per Response	Total Burden Hours
MAI Grantee Staff	Part A MAI Report	53	2	106	23.9	2,532.87

12B. **Estimated Annualized Burden Costs**

Type of Respondent	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs
MAI Grantee Staff	2,532.87	$25	$63,321.75

Bureau of Labor Statistics wage data by area and occupation were used to determine the median hourly wage for epidemiologists ($31.38/hour) and community and social science specialists, all others ($19.74/hour). These wage rates were then averaged and rounded to $25.00 per hour.

The total annual burden for this activity is 2,532.87 hours.

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

There are no capital or start-up costs for this project.

14. **Annualized Cost to 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 invests $362,400 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. **Explanation for Program Changes or Adjustments**

The current estimated time required to complete the *Part A MAI Report* is substantially (about five times) greater than for the 2010 Support Statement. The current estimate is based upon representative grantee respondent data, as noted in section 12. The 2010 estimate probably was not.

The 2010 supporting statement was developed by a staff person who has since retired and we do not have documentation of how the 5- hour time estimate was derived. Our burden estimate is based on the responses from the seven grantee respondents surveyed for the submitted supporting statement. Five of the seven grantee respondents provided feedback mentioned different types of activities being involved when putting the reports together. The details regarding these activities vary by grantees and some provided more details than others. Burden estimates reported by the seven respondents ranged from a low of 8 hours as reported by a respondent who not yet provided data to HRSA/HAB to a high of 80 hours provided by two of the seven grantees. (Larger grantees with more sub-grantees required more time to compile data).

As an example, we are providing the burden reported by a respondent who estimated that, on average, it took 22.5 hours to complete and submit the MAI Plan and the MAI Report. Completion of the MAI Plan required 1.5 hours to revise the previous year's plan; 2.5 hours to present to the Part A Planning Council and obtain approval; and 2.5 hours to revise and enter into the web reporting system. The time needed to complete the MAI Report included 2 hours to write and edit the narrative report; 12 hours to collect/compile data from subcontractor year-end reports and analyze data; and 2 hours to enter the information into the web system.

We believe that the 2010 estimated burden only included the time that it took grantees to enter the required data into the web system and did not account for the time required to compile the data. As noted above the 2010 estimated burden time was 5 hours. This is equivalent to the 4.5 hours that our sample provider reported for entering the MAI Plan and MAI Report into the web system.

16. **Plans for Tabulation, Publication, and Project Time Schedule**

Grantees submit a completed *Part A MAI Report* twice each year; the *Plan* component of the *Part A MAI Report* originally due to HRSA 90 – 120 days after the budget start date, and the *Annual Report* component was originally due 120 – 150 days following completion of the program fiscal year. In FY 2010, the MAI became synchronized with the Part A program year (i.e., 3/1/2010 – 2/28/2011), and HRSA moved both the *Plan* component and the *Annual Report* component deadline to, approximately, 120 – 150 days after the budget end date.

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

Since the release of the current forms in January 2010, the OMB Approval Number and the expiration date have been displayed within this MAI instructions manual and on the data collection forms.

18. Exceptions to Certification for Paperwork Reduction Act Submissions

This information collection fully complies with the guidelines in 5 CFR 1320.9. The necessary certifications are included in the package.