

Supporting Statement

Ryan White HIV/AIDS Program Allocation & Expenditure Reports – Extension

OMB Control No. 0915-0318

Terms of Clearance: "None".

A. Justification

1. Circumstances Making the Collection of Information Necessary

This is a request for OMB approval (extension) for the Health Resources and Services Administration's (HRSA's) Ryan White HIV/AIDS Program Allocation and Expenditure Reports (A&E Reports).

The Ryan White HIV/AIDS Treatment Extension Act was originally passed in 1990 (as the Ryan White CARE Act), and was amended in 1996, 2000, 2006 and 2009. The purpose of this legislation is to provide emergency assistance to localities that are disproportionately affected by the human immunodeficiency virus (HIV) epidemic and to make financial assistance available for the development, organization, coordination, and operation of more effective and cost-efficient systems for the delivery of essential services to persons with HIV disease. It also provides grants to States for the delivery of services to HIV positive individuals and their families. The HIV/AIDS Bureau (HAB) within the Health Resources and Services Administration (HRSA) of the Public Health Service (PHS) administers funds for all Parts of the Act.

Under the law, grantees receiving funds under Parts A, B, and C must spend at least 75 percent of funds on “core medical services.” The proposed forms will collect information from grantees documenting the use of funds to ensure compliance with the Act.

The Administration and Congress want to make sure that grantees target Federal funds to pay for essential medical care. That care includes

- outpatient and ambulatory health services;
- pharmaceutical assistance;

- substance abuse outpatient services;
- oral health;
- medical nutritional therapy;
- health insurance premium assistance;
- home health care;
- hospice services;
- mental health services;
- early intervention services; and
- medical case management, including treatment adherence services.

Remaining funds may be spent on support services, defined as services needed to achieve outcomes that affect the HIV-related clinical status of a person with HIV/AIDS. The law outlines support services as:

- outreach;
- medical transportation;
- language services;
- respite care for persons caring for individuals with HIV/AIDS; and
- referrals for health care and other support services.

Part A funds urban areas with the highest number of people living with AIDS while also helping mid-size cities and areas with emerging needs. Eligible metropolitan areas and transitional grant areas may receive funds. Seventy five percent of funding must be spent for core services.

Part B funds States. All 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam and U.S. territories are eligible for funding through Part B. Seventy five percent of funding must be spent for core services.

Part C funds early intervention services. Such services include counseling, HIV testing, other clinical and diagnostic services regarding HIV/AIDS, referrals to certain entities, and drug treatments under the AIDS Drug Assistance Program (ADAP). Seventy five percent of funding must be spent for core services.

Part D funds support services for women, infants, children & youth.

OMB approval is being requested for the continued collection of accounting-related data (not unlike budgetary information received as a condition of award in the past) from all grantees of the Ryan White HIV/AIDS Treatment Extension Act using the A&E Reports. The information reported by grantees will be used by HRSA to monitor grant funds and to ensure compliance with the Act.

2. Purpose and Use of Information Collection

The data that will be collected and reported on the A&E Reports will be used for two purposes:

1. To determine whether or not the following grant requirements were met:
 - a. Grantees must allocate their entire grant award.
 - b. At least 75% of grant funds must be spent on core medical services for Parts A-C.
 - c. No more than 10% of grant funds can be spent on grantee administration for Parts A, C, and D.
 - d. No more than 10% of Part B grant funds can be spent on either planning and evaluation, or grantee administration. In addition, the combined total of these two categories should not exceed 15%.
2. Enable HAB to monitor grant funds for compliance on the amounts allocated and spent on specific program components and service categories.

In addition to meeting the goal of accountability to Congress, clients, advocacy groups, and the general public, information collected is critical for HRSA, state and local 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 grant dollars are being spent as intended requires a commitment at every level.

The purpose of the Ryan White Treatment Extension Act is to provide primary care and support services and provide life-extending HIV/AIDS drug therapies for people living with HIV/AIDS who lack health insurance and the financial resources for their care. To ensure that Ryan White funds are being spent on primary care and support services as outline the in legislation, it is important that HAB is able to report on how these funds were allocated and spent.

3. Use of Improved Information Technology and Burden Reduction

All submissions will be fully electronic in the Electronic Handbooks. This will ensure the quality of the data received and will reduce the burden to respondents by automatically calculating totals and percentages. Checklists for Part A and C grantees are electronically integrated into the online forms and pre-populate as the grantees complete the forms.

4. Efforts to Identify Duplication and Use of Similar Information

The information that is requested in the A&E Reports is unique to HRSA's HIV/AIDS grant programs. Accounting data of the type required are not available elsewhere.

5. Impact on Small Businesses or Other Small Entities

This information collection does not have a significant impact on small businesses or other small entities.

6. Consequences of Collecting the Information Less Frequently

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 grantee allocations and expenditures is necessary to determine whether the administration of the funds is responding to these changes.

If the information is not collected at all,

- HRSA will not know, and will not be able to report on how funds are being allocated and spent and whether or not spending requirements are being met;
- It would be difficult to determine how the allocation and spending of Ryan White HIV/AIDS Program funds are changing from one year to the next.

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

The data will be collected in a manner consistent with the guidelines in 5 CFR 1320.6.

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

Section 8A:

A 60-Day Federal Register Notice was published in the *Federal Register* on December 11, 2013, Vol. 78, No. 238 / Pages 75354 – 75355 (see attachment E). There were no public comments.

Section 8B:

In 2014, the forms and instructions were reviewed by the following grantee for the Houston EMA. The grantee reported that the instructions were clear and that the estimate of burden was accurate. (See Attachment A: Forms and Instructions.)

Charles Henley, Project Director
Harris County Public Health & Environmental Services
2223 West Loop South, #417
Houston, Texas 77027
713-439-6034

9. Explanation of any Payment/Gift to Respondents

Respondents will not be remunerated.

10. Assurance of Confidentiality Provided to Respondents

The A&E Reports are financial reports and do not require any information that could identify individual clients. Names and personal identifiers are not included in these financial reports. The Privacy Act is not applicable to this activity.

11. Justification for Sensitive Questions

There are no questions of a sensitive nature. The purpose of the data collection is to determine how resources are being allocated and spent on core and non-core services.

12. Estimates of Annualized Hour Burden and Cost Burden

The estimated average annualized hour burden is shown in Table 1. The estimates for grantees are based on prior experience collecting, maintaining, and reporting data. Input was obtained from select grantees that have reviewed these forms and based their estimates on past experiences with completing these forms. (See Attachment B: List of Grantees Who Assisted on Burden Estimates). The response burden for the Ryan White HIV/AIDS Program grantees is based on the estimated time to collect, review, and prepare their annual data files for submission to HRSA.

12A. Estimated Annualized Burden

Type of Respondent	Form Name	No. of Respondents	No. Responses per Respondent	Average Burden per Resonse (in hours)	Total Burden hours
Part A	Part A and MAI Allocations and Expenditures Reports	52	2	90/60	156
Part B	Part B and MAI Allocations and Expenditures Reports	55	2	12	1,320
Part C	Part C Allocations and Expenditures Reports	351	2	150/60	1,755

Part D	Part D Allocations and Expenditures Reports	115	2	270/60	1,035
Total		573			4,266

12B. Estimated Annualized Burden Costs

Type of Respondent	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs
Part A	156	\$30.55	\$4,765.80
Part B	1,320	\$30.55	\$40,326.00
Part C	1,755	\$30.55	\$53,615.25
Part D	1,035	\$30.55	\$31,619.25
Total			\$130,326.30

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

This activity does not have any capital or startup cost requirements. Grantees maintain information on how they have spent their Ryan White HIV/AIDS Program grant funds and routinely maintain their own financial records. There are no direct costs to respondents.

14. Annualized Cost to the Government

There are no contractor-related costs. Below are the employee costs to review, approve, analyze and report the data:

Reviewing and approving	
160 hours by Project Officers (average of Grades 7-10, Step 5) at \$27.00 per hour	\$4,320
Data Analysis	
120 hours by Program Analyst (GS-13, Step 5) at \$49.00 per hour	\$5,880

Total	\$10,200
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15. Explanation for Program Changes or Adjustments

This is a request for an extension of an approved information collection. No changes were made on the forms, however new burden estimates from grantees were collected and updated. Burden changes varied according to grantee experience and the financial systems used by grantees.

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

There are no plans for formal publication. The information in these reports is reviewed and analyzed to track and monitor spending requirements to ensure compliance with the legislation. HAB project officers review and evaluate the grantee submission and analyze the information to prepare summary reports.

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

The expiration date will be displayed.

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.