

## Supporting Statement A

### Health Resources and Services Administration Client-Level Data Reporting System

OMB Control No. 0915-0323

Highlighted text is the information changed from the last request.

Terms of Clearance: None

#### A. Justification

##### 1. Circumstances Making the Collection of Information Necessary

The Health Resources and Services Administration (HRSA) is requesting approval from the Office of Management and Budget (OMB) for an extension with minor revisions of the client-level data reporting system, the Ryan White HIV/AIDS Program Services Report (RSR). The RSR, which expires June 30, 2017, is currently used to collect information from grant recipients, as well as their subcontracted service providers funded under Parts A, B, C, D, and F of the Ryan White HIV/AIDS Program (RWHAP). The RWHAP, authorized under Title XXVI of the Public Health Service Act, as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009, provides entities funded by the program with flexibility to provide efficient and effective direct health care and support service, with an emphasis on providing life-saving and life-extending services for people living with HIV across this country. See Tab A for a copy of the 2009 legislation. The HIV/AIDS Bureau (HAB) within the Health Resources and Services Administration (HRSA) of the United States Department of Health and Human Services (DHHS) administers funds for all Parts of the Ryan White HIV/AIDS Program.

The RWHAP provides emergency assistance to localities that are disproportionately affected by the human immunodeficiency virus (HIV) epidemic. It makes financial assistance available for the development, organization, coordination, and operation of more effective and cost-efficient systems for the delivery of essential core medical and support services to persons with HIV disease. The RWHAP provides Federal HIV/AIDS programs the flexibility to respond effectively to the changing epidemic. The different Parts of the RWHAP awards grants to cities, States and territories, and community-based organizations. Seventy-five percent of Part A, B, and C funds must be used to fund core medical services and 25 percent may fund support services that are needed for individuals with HIV/AIDS to achieve their medical outcomes, such as: respite care for individuals with HIV/AIDS; outreach services; medical transportation; linguistic services; and referrals for health care and support services.

The U.S. Congress mandated that client-level data be collected under the Ryan White HIV/AIDS Treatment Modernization Act of 2006 and requires the submission of Annual Reports by the Secretary of Health and Human Services to the appropriate committees of Congress. These data

provide information about the allocation of funds by grant recipients, the number of clients served, services provided, client demographics, clinical data of clients served and costs of providing services. These data are collected in the online Grantee Report, the Service Provider Report, and electronic upload of the Client Report. See Tab B for screenshots of the Grantee Report; Tab C for screenshots of the Provider Report; Tab D for the client-level data elements; and Tab E for the RSR Instruction Manual.

Revisions to the Ryan White Services Report (RSR) are needed to support the reduction in data reporting burden, improvement in data quality, and alignment in data collection. Altogether, seven data elements will be modified in the RSR. Self-Reported Transgender Status will be removed from the RSR. Its response options will be added to the list of available response options for Self-Reported Gender. The final list of available response options will be: Male, Female, Transgender Male to Female, Transgender Female to Male, Transgender Other, and Unknown. These modifications will remove duplication in client level data.

The second set of modifications will result in the changes in the list of available response options under Core Medical Services. Early Intervention Services (Part A and B) will be simplified to Early Intervention Services. Similar changes will be made under Support Services. Legal Services and Permanency Planning will both be removed from the list of available response options, and Other Professional Services will be added as a response option.

Lastly, three variable names will be changed in the clinical information data: Date First HIV Outpatient/Ambulatory Care Visit will be changed to Date of First HIV Outpatient/Ambulatory Health Services Visit; Dates of all Outpatient Ambulatory Care Visits will be changed to Dates of All Outpatient/Ambulatory Health Services Visits; and OAMC Link Date will be changed to OAHS Link Date.

## **2. Purpose and Use of Information Collection**

The purpose of collecting these data is to compile and analyze client-level data to address performance measures including the Government Performance Results Act (GPRA), Program Assessment Rating Tool (PART), and HRSA core clinical performance measures (see attachments for the client-level data elements and rationale for inclusion of each element in the RSR).

In the RSR, agencies only report data on funded services and selected clinical data associated with those services. This allows HRSA to obtain accurate counts of the number of clients served by the Ryan White HIV/AIDS Program. In addition, the data submitted to HRSA/HAB are used for monitoring the outcomes achieved on behalf of HIV/AIDS clients and their impacted families receiving care and treatment through RWHAP grant recipients and/or providers; monitoring the use of RWHAP funds for the appropriate use to address the HIV/AIDS epidemic in the United States; and addressing the needs and concerns of U.S. Congress and the DHHS Secretary concerning the HIV/AIDS epidemic and the RWHAP.

Grant recipients and service providers collect information on the RSR and submit the data once

annually. HRSA generates descriptive reports about the uses of funds and the types of providers receiving them, and conducts detailed analyses of national and regional information about clients and services.

### **3. Use of Improved Information Technology and Burden Reduction**

This collection of information is fully electronic. Use of information technology varies greatly among grant recipients, though most grant recipients have now established data systems that are capable of producing the required reports with minimal effort. Grant recipients can improve data quality, reporting efficiency, and responsiveness to the public by having their providers use an automated system that determines the number of clients served, the services provided to them, and the health status of these clients.

In order to report client-level data, grant recipients and providers will need access to the Internet. The Grantee and Service Provider Reports are completed online through a secure Web-based data entry system developed by HRSA. Many of the items on the Grantee Report and Service Provider Report are pre-populated based on information already existing in the system. The client-level data set is uploaded to the system in the required Extensible Markup Language (XML) format.

HRSA has made several options available to grant recipients to complete the RSR. HRSA has developed its own database system, CAREWare, which is available at no cost to all Ryan White HIV/AIDS Programs. In addition to CAREWare, HRSA continues to work with a number of vendors of proprietary, HIV-care database systems to ensure that the systems are compatible with the RSR data collection.

Agencies that use a custom-built system will need to use the XML schema provided by HRSA to write a program that will extract data from the system and create the XML file. HRSA developed a tool, Tool for RSR Export (T-REX), and user guides to help grant recipients convert their client-level data into the required format. Technical support is also available to assist grant recipients in this effort.

### **4. Efforts to Identify Duplication and Use of Similar Information**

Data of the type required to evaluate or monitor each of the Ryan White HIV/AIDS Program Parts are not available elsewhere. No known studies of people living with HIV or sample studies of people in defined demographic or risk groups provide comprehensive, overall program information specifically about grant recipients, providers, and beneficiaries of the RWHAP. The RSR is the only comprehensive source of grantee, provider, and client-level information that will adequately address and meet HAB's data collection needs and objectives.

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

No small entities will be involved in this information collection.

## **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 HIV/AIDS is changing constantly, annual reporting of the characteristics of individual beneficiaries of the Ryan White HIV/AIDS Program grants is necessary to determine whether the administration of funds is responding to changes in the affected population.

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

- Whether program funds are being spent for their intended purposes;
- How program funds are being distributed among several discretionary categories by State and local grant recipients;
- How many and what types of individuals are receiving services, and how various services are distributed across various types of individuals; and
- How the distribution of program funds, the distribution of services, and the characteristics of individual beneficiaries 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 fully consistent with the guidelines in 5 CFR 1320.5.

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

### **Section 8A:**

A 60-day Federal Register Notice was published in the *Federal Register* on March 27, 2017 (Vol. 82, No. 57, pp. 15226–15227). See Tab F for a copy of the notice. There were no public comments.

### **Section 8B:**

In 2017, input on the burden and the impact on the new changes in the Client Report on the burden was provided by the following five grantee representatives outside of the agency. There were three grant recipients representing Parts A and B and two grant recipients representing Part C. We were unable to obtain burden estimates from Part D grant recipients.

1. Margaret (Margy) Robinson – Part A  
MULTNOMAH, COUNTY OF  
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(503) 988-3030

2. Antonio Fernandez – Part A  
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3. Charles Bedell – Part B  
ARKANSAS DEPARTMENT OF HEALTH  
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(501) 661-2433

4. David Miller Martini – Part C  
CLARION UNIVERSITY OF PENNSYLVANIA  
[dmartini@clarion.edu](mailto:dmartini@clarion.edu)  
(814) 297-8220

5. Stuart Fisk, CRNP – Part C  
ALLEGHENY-SINGER RESEARCH INSTITUTE  
[sfisk@wpahs.org](mailto:sfisk@wpahs.org)  
(412) 359-4973

## **9. Explanation of any Payment/Gift to Respondents**

The proposed collection of information does not involve any remuneration to respondents.

## **10. Assurance of Confidentiality Provided to Respondents**

Measures have been incorporated into the RSR to protect the confidentiality of clients receiving services. The following precautions have been instituted in the collection and analysis of data:

- All RWHAP clients are assigned a Unique Client ID (UCI), which is encoded through a hashing algorithm embedded within the data management system at the service provider site before the data set is submitted to HRSA.
- Grant recipients do not provide HRSA with any information that could identify individual clients.
- All RSR reports and tabulated data that are released to the general public will be summarized across providers to eliminate confidentiality threats posed by cells containing data from providers that see a small number of clients.

## **11. Justification for Sensitive Questions**

The U.S. Congress mandated that client-level data be collected under the Ryan White HIV/AIDS Treatment Modernization Act of 2006, including demographic information on clients served, services provided, and their clinical data. These data are needed to show the distribution of funds used to serve diverse population groups, identify gaps in service delivery and ensure quality care.

Clinical data also allows HRSA to monitor clinical outcomes achieved by clients served by RWHAP. These data provides information to the U.S. Congress on the role of the RWHAP in addressing the HIV/AIDS epidemic.

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

The estimated average annualized hour burden is 122,550 hours per year. Burden estimates are broken out by burden to grantee respondents and burden to service provider respondents, as seen in Table 1 (Estimates of Average Annualized Hour Burden to Respondents). Estimates for grant recipients and service providers are further divided by RSR component. Estimates for grant recipients and providers are based on prior experience in collecting, maintaining, and reporting data using the RSR and interviews with volunteers from grantee agencies.

### **12A. Estimated Annualized Burden Hours**

#### **Grantee Report**

The Grantee Report will have 595 respondents. Each grantee will submit one Grantee Report for each of its grants per reporting period. We multiplied the average response time by the total number of grants. The total annual hour burden to gather, maintain, and complete the Grantee Report is 4,165 hours with an average of eleven hours.

#### **Service Provider Report**

The Service Provider Report will have 1,793 respondents. Each provider agency will submit one Provider Report per reporting period. This includes agencies that provide services directly to clients as well as providers of administrative support services. Based on discussions with grantee representatives, many of whom are also direct service providers, we determined that it will take each provider agency an average of 17 hours to gather and maintain data and complete the Service Provider Report, for a total hour burden of 30,481.

#### **Client Report**

The Client Report will have 1,312 respondents. Each provider agency will submit one Client Report per reporting period. This includes agencies that provide services directly to clients. The amount of time the service provider takes to collect and process a Client Report takes into consideration the amount of time to enter client-level data into data collection systems (accounting for the fact that it will take longer to enter a new client record than to update a continuing client's record); to compile and report the data; and to correct any errors. We estimate 87,904 hours total burden hours per year with an average of 67 hours per provider agency to complete the Client Report.

### **12A. Estimated Annualized Burden Hours**

#### **Table 1**

Type of Respondents	Form Name	No. of Respondents	No. of Responses per Respondent	Total Responses	Average Burden per Response (in hours)	Total Burden Hours
Parts A, B, C Grant recipients	Grantee Report	595	1	595	7	4,165
	Service Provider Report	1,793	1	1,793	17	30,481
	Client Report	1,312	1	1,312	67	87,904
	Total	3,700		3,700		122,550

### 12B. Estimated Annualized Burden Costs

Type of Respondent	Form Name	Total Burden Hours	Hourly Wage Rate	Total Respondents Costs
Parts A, B, C Grant recipients	Grantee Report	4,165	\$30.33	\$126,324.45
	Provider Report	30,481	\$30.33	\$924,488.73
	Client Report	87,904	\$30.33	\$2,666,128.30
	Total	122,550		\$3,716,941.40

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

Grant recipients are responsible for maintaining their own data system or using the RSR module of CAREWare, the system provided without cost by HRSA to collect RSR data. There are no

direct costs to respondents other than their time in participating in the data collection and quality assurance.

#### **14. Annualized Cost to the Federal Government**

HRSA has maintained a contract to provide technical assistance, the distribution of OMB-approved Ryan White HIV/AIDS Services Report forms, data entry and analysis. For 2017, this contract will be \$1,291,473.24. In addition, government personnel require 10% time of 1 FTE at a GS-12 level, Step 1 (\$7,972) to review and prepare award notices. The total annualized cost to the Federal government is \$1,299,445.24.

#### **15. Explanation for Program Changes or Adjustments**

As highlighted above (please see section 1), several minor revisions are proposed for the RSR form. These revisions include changing, removing, or adding response options, and changing variable names to improve clarification. All proposed revisions are needed to support minimal burden requirements, enhance data quality, and improve alignment in data collection.

The proposed revisions do not affect the estimated annualized burden for this collection, which will remain the same at 122,550.

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

The reporting period is the calendar year, i.e., January 1 – December 30. Annual reports from the grant recipients should be submitted to HRSA approximately two months following the end of each reporting period. HRSA compiles the data received from the grant recipients and produces an annual report for the Secretary of DHHS and Congress. In addition, HRSA staff produces national summaries that are distributed to constituency and advocacy groups and are uploaded to the HIV/AIDS Bureau Web site. Summaries consist of aggregate-level data only.

Upon approval by OMB, the RSR forms and instructions will be made available to grant recipients to allow them as much time as possible to modify their data collection systems to conform to the revised report.

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

The expiration date will be displayed appropriately.

#### **18. Exceptions to Certifications 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.

## **List of Attachments**

Tab A: Authorizing Legislation

Tab B: RSR Grantee Report Screenshots

Tab C: RSR Provider Report Screenshots

Tab D: RSR Client-level Data Elements

Tab E: RSR Instruction Manual

Tab F: 60-day Federal Register Notice