

## Supporting Statement A

### Ryan White HIV/AIDS Program Allocation & Expenditure Forms – Revision

OMB Control No. 0915-0318

Highlighted text is the information changed from the original request.

**Terms of Clearance:** "None".

#### A. Justification

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

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

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.

The Ryan White HIV/AIDS Program Allocation and Expenditure Forms (A&E Forms) have been augmented for the 2017 data collection to include the Consolidated List of Contractors (CLC), a form that captures information about recipient service provider contracts. The A&E Report and the CLC enables HRSA to monitor and track the use of grant funds for compliance with program and grants policies and requirements under the statute. By regulation, recipients are required to submit financial reports annually to HRSA and the A&E Forms and the CLC are HAB's mechanism to implement that requirement. Recipients funded under Parts A, B, C, and D of the Ryan White HIV/AIDS Program (codified under Title XXVI of the Public Health Service Act) are required to report financial data to HRSA at the beginning (Allocations Report) and at the end of their grant cycle (Expenditures Report). Recipients funded under Parts A and B are also required to report information about their service provider contracts in the CLC along with their Allocations Report. These forms require recipients to report on how funds are allocated and spent on core medical and support services for persons living with HIV, and on various program components, such as administration, planning and evaluation, and quality management.

In December 2016, HRSA clarified the allowable use of funds for core medical and support services in Policy Clarification Notice #16-02. The A&E Forms have been revised to reflect these services. Core medical services include:

- AIDS Drug Assistance Program Treatments
- AIDS Pharmaceutical Assistance
- Early Intervention Services (EIS)
- Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals
- Home and Community-Based Health Services
- Home Health Care
- Hospice
- Medical Case Management, including Treatment Adherence Services
- Medical Nutrition Therapy
- Mental Health Services
- Oral Health Care
- Outpatient/Ambulatory Health Services
- Substance Abuse Outpatient Care

Funds may also 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. These support services include:

- Child Care Services
- Emergency Financial Assistance
- Food Bank/Home Delivered Meals
- Health Education/Risk Reduction
- Housing
- Linguistic Services
- Medical Transportation
- Non-Medical Case Management Services
- Other Professional Services
- Outreach Services
- Psychosocial Support Services
- Referral for Health Care and Support Services
- Rehabilitation Services
- Respite Care
- Substance Abuse Services (residential)

OMB approval is being requested for the continued collection of accounting-related data from all recipients of the Ryan White HIV/AIDS Treatment Extension Act using revised A&E Forms and the addition of the CLC. The information reported by recipients through this data collection will be used by HRSA to monitor grant funds and to ensure compliance under the statute.

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

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

1. To determine whether or not the following grant requirements were met:
  - a. Recipients 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 recipient 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 recipient administration. In addition, the combined total of these two categories should not exceed 15%.
2. To 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 recipients, and individual providers to assess the status of existing HIV-related service delivery systems. The partnership between HRSA, recipients, 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 outlined in the legislation, it is important that HAB is able to report on how these funds are allocated and spent.

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

All submissions will be fully electronic in the Electronic Handbooks (EHB). This will ensure the quality of the data received and will reduce the burden to respondents by automatically calculating totals and percentages. Select data entered previously will also pre-populate so recipients have the ease of confirming or updating the data.

As a temporary exception, Part B recipients will submit their FY 2017 Allocations Report data as an Excel spreadsheet in addition to their electronic submission via the EHB so that HAB can compare the data sets and ensure that Part B recipients have successfully transitioned to electronic data submission. All other Parts will be submitting their data electronically.

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

The information that is requested in the A&E Reports and the CLC 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 HIV is changing constantly, annual reporting of recipient 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 January 19, 2017 (Vol. 82, No. 12, Pages 6578 - 6579). There were no public comments.

##### **Section 8B:**

In 2017, the A&E Forms and CLC were reviewed by the following Part A-D recipients. The recipients reported that the forms were clear and provided a burden estimate for each data collection instrument.

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

Respondents will not receive any payments or gifts.

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

The A&E and CLC 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.

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

The estimated average annualized hour burden is shown in Table 1. The estimates for recipients are based on prior experience collecting, maintaining, and reporting data. Input was obtained from select recipients that have reviewed these forms and based their estimates on past experiences with completing these forms. The response burden for the Ryan White HIV/AIDS Program recipients is based on the estimated time to collect, review, and prepare their annual data files for submission to HRSA.

**12A. Estimated Annualized Burden**

<b>Type of Respondent</b>	<b>Form Name</b>	<b>No. of Respondents</b>	<b>No. of Responses per Respondent</b>	<b>Total Responses</b>	<b>Average Burden per Response (in hours)</b>	<b>Total Burden Hours</b>
Accounting Clerk	Part A Allocations Report	52	1	52	3	156
Accounting Clerk	Part A Expenditures Report	52	1	52	3	156
Accounting Clerk	Part A CLC	52	1	52	4	208
Accounting Clerk	Part B Allocations Report	54	1	54	2	108
Accounting Clerk	Part B Expenditures Report	54	1	54	2	108
Accounting Clerk	Part B CLC	54	1	54	2	108
Accounting Clerk	Part C Allocations Report	346	1	346	2	692
Accounting Clerk	Part C Expenditures Report	346	1	346	2	692
Accounting Clerk	Part D Allocations Report	116	1	116	2	232
Accounting Clerk	Part D Expenditures Report	116	1	116	2	232
	<b>Total</b>			<b>1,242</b>		<b>2,692</b>

## 12B. Estimated Annualized Burden Costs

The annualized burden costs for recipients is based on the 2010 Bureau of Labor Statistics annual earnings table of full-time state and local government workers, <http://www.bls.gov/ncs/ocs/sp/nctb1514.txt>

Type of Respondent	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs
Accounting Clerk	2,692	18.69	50,313.48

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

Other than their time, there is no cost to respondents.

## 14. Annualized Cost to Federal Government

The contract cost that supports system maintenance and data collection efforts each year is \$56,286. In addition, there will be the cost for a GS 13 (Step 5) at 15% (approximately \$15,665) and a GS 14 (Step 5) at 8% (approximately \$9,872) time to monitor the project. The estimated total cost is \$81,823.

## 15. Explanation for Program Changes or Adjustments

This is a request for a revision of an approved information collection. Program changes include the addition of the CLC (a form that captures information about recipient service provider contracts and is the only source for the HAB project officer to identify a recipient's subrecipients and ensure that funds are being spent for approved services). There were also minor changes to the list of allowable services in the A&E Forms, which included the following:

- Consolidated 'Legal Services' and 'Permanency Planning' into 'Other Professional Services' under all Part programs.
- Deleted a 'Treatment Adherence Counseling' category' from allowable services under all Part programs.
- Added 'Housing Services' and 'AIDS Pharmaceutical Assistance' and 'Health Insurance Premium and Cost Sharing Assistance' to allowable services under Part C program.
- Added 'Substance Abuse Services – Residential' to allowable services under Part D program.

Additionally, burden decreased because all data submissions will be fully electronic in the HRSA Electronic Handbooks (EHB). This improvement will ensure the quality of the data received and will reduce the burden to respondents by automatically calculating totals and percentages. Select data entered previously will pre-populate the A&E Reports and the CLC so recipients can easily confirm or update the data. Based on these improvements, the estimated total annual burden hours decreased from 4,266 hours in 2014 to 2,692 in 2017.

**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 statute. HAB project officers review and evaluate the recipient submission and analyze the information to prepare summary reports.

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

The OMB number and Expiration date will be displayed on every page of every form/instrument.

**18. Exceptions to Certification for Paperwork Reduction Act Submissions**

There are no exceptions to the certification.