

Supporting Statement

Health Resources and Services Administration Ryan White HIV/AIDS Program Allocation & Expenditure Forms

OMB Control No. 0915-0318 - Revision

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 a revision of the existing Ryan White HIV/AIDS Program Allocation and Expenditure Forms (A&E Forms). The A&E Forms information collection request, which expires July 31, 2020, is currently used to collect financial information from grant recipients funded under Parts A, B, C, and D 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, funds and coordinates with cities, states, and local clinics/community-based organizations to deliver efficient and effective HIV care, treatment, and support to low-income people with HIV. See attached for a copy of the 2009 legislation. The Department of Health and Human Services (HHS) HRSA administers funds for the RWHAP.

The HRSA RWHAP supports a comprehensive system of direct health care and support services for over half a million people living with HIV (PLWH)¹. The HRSA RWHAP 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 living with HIV. Funding priorities are determined by stakeholders at local and state levels, resulting in uniquely structured programs that address their jurisdictions' critical gaps and needs. HRSA also works in partnership with RWHAP recipients at state and local levels to use innovative approaches for community engagement, needs assessment, planning processes, policy development, service delivery, clinical quality improvement, and workforce development activities that are needed to support a robust system of HIV care, support and treatment.

RWHAP Allocation and Expenditure Reports (A&E Reports), in conjunction with the Consolidated List of Contractors (CLC), will allow HRSA to monitor and track the use of grant funds for compliance with program and grants policies and requirements as outlined in the 2009 legislation. By regulation, recipients are required to submit financial reports annually to HRSA and the A&E Forms are HAB's mechanism to implement that requirement. RWHAP recipients

¹ Health Resources and Services Administration. Ryan White HIV/AIDS Program Annual Client-Level Data Report 2018. <http://hab.hrsa.gov/data/data-reports>. Published December 2018. Accessed February 26, 2020.

are required to report financial data at the beginning (Allocations Report) and at the end of their grant budget period (Expenditures Report). The A&E Reports request information recipients already collect, including the use of RWHAP grant funds for core medical and support services and for various program components, such as administration, planning and evaluation, and clinical quality management.

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)

HRSA is proposing that RWHAP Parts A and B recipients funded under the Ending the HIV

Epidemic Initiative (EHE) - a new funding source to implement four key strategies (diagnose, treat, prevent, and respond) to end the HIV epidemic - be required to report EHE service allocations and corresponding EHE award expenditures in the A&E Reports.² This addition allows HRSA to track and report progress toward meeting the EHE goals. In addition to this substantive modification, minor changes are proposed to (1) the layout of the A&E Reports that affects how already required data is reported; (2) align service categories with HRSA Policy Clarification Notice #16-02: RWHAP Services: Eligible Individuals & Allowable Uses of Funds, updated October 22, 2019; and (3) add clarity to language used.

2. Purpose and Use of Information Collection

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.

The data that will be collected and reported on the A&E Forms will be used for three 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 monitor grant funds for compliance on the amounts allocated and spent on specific program components and service categories.
3. To assess progress toward meeting the national goals for ending the HIV epidemic.

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.

² OMB granted HRSA approval to collect these data under OMB Control Number 0915-0318, ICR Reference Number 201909-0915-004.

3. Use of Improved Information Technology and Burden Reduction

All submissions will be fully electronic in the Electronic Handbooks (EHB). To avoid duplication and reduce recipient reporting burden, HRSA also created an electronic grantee contract management system (GCMS) that includes data required for various reports, including the Allocations Reports, the CLC and other HRSA data reports, such as the RWHAP Services Report. Recipients can access GCMS year-round to upload or manually enter data on their service providers, contractors or subrecipients, the RWHAP core medical and support services provided, and their funding amounts. GCMS automatically repopulates the data required for the Allocations Reports and other reports. Expenditures Report data are not auto-populated in the GCMS, and are thus still manually reported in the EHB.

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 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 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 February 11, 2020 (Vol. 85, No. 28, pp. 7763–7764). See attached for a copy of the notice. There was one public comment from the Ryan White Clinics for 340B Access regarding the requirement of reporting program income. HRSA responded to an email from the lawyer representing RWC 340B confirming that Ryan White HIV/AIDS Program recipients, Parts A, B, C, and D, will no longer be required to report program income and pharmaceutical rebates information in their expenditure reports.

Section 8B:

In November 2019, four recipients, one from each RWHAP Part, were asked for their input on the potential burden and impact of the new changes in the A&E Forms on their data reporting activities. All of the four recipients said that because they have already been collecting the data elements being added to the A&E forms for their own purposes, it will not be any additional burden to their current data reporting responsibilities.

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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

The A&E Forms 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 and Cost Burden

The estimated average annualized hour burden collected in November 2019 is shown in Table 1.

12A. Estimated Annualized Burden Hours

Form Name	Number of Respondents	Number of Responses per Respondent	Total Responses	Average Burden per Response (in hours)	Total Burden Hours
Part A Allocations Report	52	1	52	4	208
Part A Expenditures Report	52	1	52	4	208
Part A CLC	52	1	52	2	104
Part B Allocations Report	54	1	54	6	324
Part B Expenditures Report	54	1	54	6	324
Part B CLC	54	1	54	2	108
Part C Allocations Report	346	1	346	4	1,384
Part C Expenditures Report	346	1	346	4	1,384
Part D Allocations Report	116	1	116	4	464
Part D Expenditures Report	116	1	116	4	464
EHE Allocations Report	47	1	47	4	188
EHE Expenditures Report	47	1	47	4	188
Total	1,336		1,336		5,348

12A. Estimated Annualized Burden Hours

The annualized burden costs for recipients is based on the Bureau of Labor Statistics, 2018 Occupational Employment and Wages, for Budget Analysts, <https://www.bls.gov/oes/current/oes132031.htm>. The net total hour cost, \$205,256. 24, is doubled to account for employer overhead and fringe benefits, yielding a total hour cost of \$410,512. 48.

Type of Respondent	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs
Budget Analysts	5,348	38.38	\$205,256.24 x 2 (overhead/fringe)= \$410,512.48

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

Grant recipients are responsible for maintaining their own data system. 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 maintains a contract to provide technical assistance, the distribution of OMB-approved forms, data entry and analysis combined for the A&E and other RWHAP data collection support activities. While not a separate budget line item, the contract cost to support the A&E data collection is estimated to be approximately 25% of the itemized cost for supporting data collection of the Program Terms Report (PTR), as shown below. The estimated average annual cost is \$781,302 x 25% = \$195,326.

Contract year	Task 2 (PTR) cost	A&E estimated cost (25%)
Base year (2018-19)	\$725,595	\$181,399
Option year 1 (2019-20)	\$818,100	\$204,525
Option year 2 (2020-21)	\$761,443	\$190,361
Option year 3 (2021-22)	\$780,068	\$195,017
Total cost		\$781,302

In addition, there will be the cost for a GS 13 (Step 5) at 10% time of 1 FTE (\$116,353 per year x 10% = approximately \$11,635 per year) to monitor the project. The average annual total cost of the project is \$209,96 and the total cost of the four-year project is \$827,842.

15. Explanation for Program Changes or Adjustments

The current hour burden inventory is 2692 hours while this revision is requesting 5348 hours. This increase is a result of current recipients reporting a higher burden estimate than the previous recipients. The new EHE Allocations and Expenditures Reports added to this revision also increased the burden estimate.

HRSA proposes to revise the A&E forms to require RWHAP Parts A and B recipients funded under the Ending the HIV Epidemic Initiative (EHE) to report EHE service allocations and

corresponding EHE award expenditures in the A&E Reports.³ This addition allows HRSA to track and report progress toward meeting the EHE goals. In addition, minor changes are proposed to (1) the layout of the A&E Reports that affects how already required data is reported; (2) align service categories with HRSA Policy Clarification Notice #16–02: RWHAP Services: Eligible Individuals & Allowable Uses of Funds, updated October 22, 2019; and (3) add clarity to language used.

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 for internal use. RWHAP recipients are required to report financial data at the beginning (Allocations Report) and at the end of their grant budget period (Expenditures 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

There are no exceptions to the certification.

³ OMB granted HRSA approval to collect these data under OMB Control Number 0915–0318, ICR Reference Number 201909–0915–004.