SUPPORTING STATEMENT - PART A

Medical Expense Report – 2900-0161

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| Summary of Changes from Previously Approved Collection   * Medical expense types reorganized to group medical expenses based on regulations. * Updated instructions. * New standardization data points; to include optical character recognition boxes. This is a non-substantive change. * Care worksheets updated to match worksheets included on alternate forms. * Addendums added to the form to allow for expanded structured document responses. * This information collection request is being submitted as a “Revision” since the burden has decreased due to actual receipts. |

1. Need for the Information Collection

The Department of Veterans Affairs (VA) through its Veterans Benefits Administration (VBA) administers an integrated program of benefits and services, established by law, for Veterans, service personnel, and their dependents and/or beneficiaries. Under the authority of 38 U.S.C. 1163, individual unemployability may be payable to a veteran who has a service-connected disability or disabilities which render him/her unable to secure or follow a substantially gainful occupation. Regulatory authority is found in 38 C.F.R. 4.16, 38 C.F.R. 3.340, and 38 C.F.R. 3.341.

2. Use of the Information

VA Form 21P-8416 is used by claimants and beneficiaries to report unreimbursed medical expenses for the purpose of reducing their countable income associated with needs-based benefit programs such as VA Pension and Parents’ Dependency and Indemnity Compensation (DIC). Unreimbursed medical expenses are deducted from otherwise countable income to determine eligibility for income-based benefits and the rate payable. Veteran Service Representatives utilize the information on the form to adjust benefits.

VA Form 21P-8416 may be accessed on VA.gov/find-forms for download and a printed form is sent to beneficiaries as needed. It is not available for digital submission and must be submitted as a paper document via mail or direct submit.

3. Use of Information Technology

For the information collected on VA Form 21P-8416, VA does not currently use automated, electronic, mechanical, or other technological collection techniques. The form modifications are designed to be inclusive of these types of changes in the future. Discussions have started with contractors to meet this need.

4. Non-duplication

The information obtained through this collection is unique and is not already available for use or adaptation from another cleared source.

5. Burden on Small Businesses

The collection of information may require certification from an official of a small business (a care facility other than a nursing home or an in-home care provider). The certification is contained on pages 9 and 10 of the form and is limited to the greatest extent possible. VBA estimates the time burden for the official of the business to be less than two minutes. VBA cannot properly determine a claimant’s countable medical expenses without this certification. If the claimant does not intend to claim expenses related to a care facility other than a nursing home or in-home care expenses, the worksheets are not required.

6. Less Frequent Collection

VBA would be unable to properly administer needs-based benefits without this collection of information. The information is collected on an ad hoc basis, and, therefore, cannot be collected less frequently. The form is designed to collect the minimum amount of information which will allow VBA to properly administer the program.

*7.* Paperwork Reduction Act Guidelines

This collection of information does not require collection to be conducted in a manner inconsistent with the guidelines delineated in 5 CFR 1320.5(d)(2).

8. Consultation and Public Comments

Part A: PUBLIC NOTICE

A 60-Day Federal Register Notice (FRN) for the collection published on Wednesday, July 5, 2023. The 60-Day FRN citation is volume 88 FRN 43013.

No comments were received during the 60-Day Comment Period.

A 30-Day Federal Register Notice for the collection published on (Day of the Week, Month Day, Year). The 30-Day FRN citation is (volume number) FRN (Page number).

Part B: CONSULTATION

No additional consultation apart from soliciting public comments through the Federal Register was conducted for this submission.

9. Gifts or Payment

No payments or gifts are being offered to respondents as an incentive to participate in the collection.

10. Confidentiality

The records are maintained in the appropriate Privacy Act System of Records identified as “Compensation, Pension, Education, and Vocational Rehabilitation and Employment Records-VA (58VA21/22/28),” published at 74 FR 29275 on June 19, 2009, and last amended at 84 FR 4138 (February 14, 2019).

11. Sensitive Questions (1 paragraph)

No questions considered sensitive are being asked in this collection.

12. Respondent Burden and its Labor Costs

Part A: ESTIMATION OF RESPONDENT BURDEN

1. Collection Instrument(s)

Medical Expense Report

1. Number of Respondents: 100,000
2. Number of Responses Per Respondent: 1
3. Number of Total Annual Responses: 100,000
4. Response Time: 30 minutes
5. Respondent Burden Hours: 50,000 hours
6. Total Submission Burden (Summation or average based on collection)
   1. Total Number of Respondents: 100,000
   2. Total Number of Annual Responses: 100,000
   3. Total Respondent Burden Hours: 50,000 hours

Part B: LABOR COST OF RESPONDENT BURDEN

1. Collection Instrument(s)

Medical Expense Report

1. Number of Total Annual Responses: 100,000
2. Response Time: 30 minutes
3. Respondent Hourly Wage: $29.76
4. Labor Burden per Response: $14,88
5. Total Labor Burden: $1,488,000
6. Overall Labor Burden
   1. Total Number of Annual Responses: 100,000
   2. Total Labor Burden: $1,488,000.

The Respondent hourly wage was determined by using the Department of Labor Wage Website ([<http://www.dol.gov/dol/topic/wages/index.htm>])

13. Respondent Costs Other Than Burden Hour Costs

There are no annualized costs to respondents other than the labor burden costs addressed in Section 12 of this document to complete this collection.

14. Cost to the Federal Government

Part A: LABOR COST TO THE FEDERAL GOVERNMENT

1. Collection Instrument(s)

Medical Expense Report

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Grade | Step | Burden Time | Fraction of Hour | Hourly Rate | Cost Per Response | Total Responses | Total | |
| 7 | 3 | 10 | 0.1667 | $20.49 | $3.42 | 100,000 | $ | 342,000.00 |
| 9 | 3 | 50 | 0.8333 | $25.06 | $20.88 | 100,000 | $ | 2,088,000.00 |
| 11 | 3 | 15 | 0.25 | $30.32 | $7.58 | 100,000 | $ | 758,000.00 |
| Processing / Analyzing Costs per response | | | | | $31.88 |  | | |
| Total Cost to Government | | | | | | | $ | 3,188,000.00 |

1. Overall Labor Burden to the Federal Government
   1. Total Number of Annual Responses: 100,000
   2. Total Labor Burden*:* $3,188,000.00

Part B: OPERATIONAL AND MAINTENANCE COSTS

1. Cost Categories
   1. Equipment: $0
   2. Printing: $70,844.44
   3. Postage: $0
   4. Software Purchases: $0
   5. Licensing Costs: $0
   6. Other: $0
2. Total Operational and Maintenance Cost: $70,844.44

Part C: TOTAL COST TO THE FEDERAL GOVERNMENT

1. Total Labor Cost to the Federal Government: $3,188,000.00
2. Total Operational and Maintenance Costs: $70,844.44
3. Total Cost to the Federal Government: $3,258,844.44

15. Reasons for Change in Burden

The burden has decreased since the previous approval due to actual receipts of the form.

16. Publication of Results

The results of this information collection will not be published.

17. Non-Display of OMB Expiration Date

We are not seeking approval to omit the display of the expiration date of the OMB approval on the collection instrument.

18. Exceptions to “Certification for Paperwork Reduction Submissions”

We are not requesting any exemptions to the provisions stated in 5 CFR 1320.9.