

Supporting Statement

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

OMB Control No. 0915-0318 - New

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 Allocations Form. The Allocations Form, which expires September 30, 2023, is 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, 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 Attachment A for a copy of the 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 diagnosed with HIV¹. 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 low-income people 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.

The RWHAP Allocations and Expenditures Reports (A&E Reports) allow HRSA HIV/AIDS Bureau (HAB) to monitor and track the use of grant funds for compliance with program and grants policies, and requirements as outlined in the legislation. To avoid duplication and reduce recipient reporting burden, HRSA HAB created an electronic grantee contract management system (GCMS) that includes data required for various reports, including the Allocations Reports and other HRSA HAB data reports, such as the RWHAP Services Report (RSR). Recipients can

¹ Health Resources and Services Administration. Ryan White HIV/AIDS Program Annual Client-Level Data Report 2016. <http://hab.hrsa.gov/data/data-reports>. Published November 2017. Accessed July 20, 2018.

access GCMS year-round to upload or manually enter data on their service provider contractors or subrecipients, the RWHAP core medical and support services provided, and their funding amounts. Data required for Allocations Reports and other reports are automatically prepopulated from GCMS. Expenditures Report data are not auto-populated in the GCMS, and are thus still manually entered into the data reporting system.

Allocations and Expenditures (A&E) Reports

RWHAP recipients funded under RWHAP Parts A, B, C, and D are required to report financial data to HRSA at the beginning (Allocations Report) and at the end (Expenditures Report) of their grant budget period. The A&E Reports request information recipients already collect, including the use of RWHAP grant funds for core medical and support services; and on various program components, such as administration, planning and evaluation, and clinical quality management. RWHAP Parts A and B recipients funded under the Ending the HIV Epidemic in the U.S. (EHE) initiative are also required to report allocations and expenditures of the grant budget period in the EHE A&E Reports. This allows HRSA HAB to track and report progress toward meeting the EHE goals. The reports are similar in content; however, in the first report, recipients document the allocation of their RWHAP grant award at the beginning of their grant budget period. In the second report, recipients document actual expenditures of their RWHAP grant award (including any carryover dollars) at the end of their grant budget period.

This package only includes the Allocations Report. The Expenditure Report will be sent for OMB approval in a separate Information Collection Request package.

2. Purpose and Use of Information Collection

The purpose of collecting these data is to monitor and track the use of grant funds for compliance with program and grants policies, and requirements and ensures that RWHAP or EHE funds are spent on primary care and support services as outlined in the legislation.

The data that will be collected and reported on the Allocations Forms will be used:

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 allocated to core medical services for Parts A-C
 - c. No more than 10% of grant funds can be allocated to recipient administration for Parts A, C, and D
 - d. No more than 10% of Part B grant funds can be allocated to 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 to 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 people with HIV and their families. The collective responsibility to ensure that grant dollars are being spent as intended requires a commitment at every level.

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 Consolidated List of Contractors 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.

4. Efforts to Identify Duplication and Use of Similar Information

The information that is requested in the Allocations Report is unique to HRSA's RWHAP and EHE 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 whether or not allocation requirements are being met;
- It would be difficult to determine how the allocation of RWHAP 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 November 22, 2022 (Vol. 87, No. 224, pp. 71339–40). No comments were received. A 30-day Federal Register Notice was published in the *Federal Register* on February 8, 2023 (Vol. 88, No. 26, pp. 8295-8297).

Section 8B:

In October 2022, nine grant recipients (Part A, Part B, Part C, Part D, and HAB EHE) were asked for their input on the potential burden and impact of the new changes in the Allocations Forms on their data reporting activities. The nine recipients stated that the changes would not result in a burden increase and did not anticipate any challenges to their reporting activities.

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 Allocations Form is a financial report and does 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 October 2022 is shown in Table 1. The total estimated average for a year is 2,568 hours, which is fewer hours than was reported in the previous submission. The current burden hours do not account for hours required for the completion of the Expenditure Report, as was reported in the previous OMB submission. For this submission, HRSA HAB proposed to uncouple the forms and submit separate packages for OMB approval. However, none of the recipients contacted reported that the changes would result in an

increase in their burden.

12A. Table 1: Estimated Annualized Burden Hours

The estimated annual time and cost burdens to respondents are presented in the tables below:

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 B Allocations Report	54	1	54	6	324
Part C Allocations Report	346	1	346	4	1,384
Part D Allocations Report	116	1	116	4	464
EHE Allocations Reports	47	1	47	4	188
Total	615				2,568

12B. Estimated Annualized Burden Costs

The annualized burden costs for recipients is based on the Bureau of Labor Statistics, 2021 Occupational Employment and Wages, for Budget Analysts, <https://www.bls.gov/oes/current/oes132031.htm>. The net total hour cost, \$104,004, is doubled to account for employer overhead and fringe benefits, yielding a total hourly cost of \$208,008.

Type of Respondent	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs
Budget Analysts	2,568	40.50	\$104,004 x 2 (overhead/fringe)= \$208,008

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 for the Allocations and other RWHAP data collection support activities. While not a separate budget line item, the contract cost to support the Allocations data collection is estimated to be approximately 12.5%. The estimated average annual cost is \$912,143.78 x 12.5% = \$114,017.98.

Contract year	Task 2 (PTR) cost	A&E estimated cost (12.5%)
Base year (2022-23)	\$1,767,253.26	\$220,906.66
Option year 1 (2023-24)	\$1,791,354.67	\$223,919.33
Option year 2 (2024-25)	\$1,835,418.84	\$229,427.36
Option year 3 (2025-26)	\$1,903,123.41	\$237,890.43
Total cost		\$912,143.78

In addition, government personnel requires 10% time of 1 FTE at a GS-13 level (\$112,015) to review and prepare award notices (approximately \$11,201.50). The average annual total cost of the project is \$125,219.48 and the total cost of the four-year project is \$500,877.92.

15. Explanation for Program Changes or Adjustments

HRSA HAB is proposing the following updates to the RWHAP Allocation Reports.

RWHAP Part A Allocations Report:

- Revising row and column headers and other language for clarity and alignment with RWHAP requirements;
- Combining the columns for RWHAP Part A Formula and Supplemental Allocation amounts and updating the title;
- Moving the RWHAP Part A MAI Award Amount row after the RWHAP Part A Supplemental Award Amount row;
- Changing the calculation for Service Allocation Subtotal percent in the Total RWHAP Part A Allocation Amounts column;
- Blacking out the percent columns for the RWHAP Part A Formula and Supplemental Allocation Amounts, RWHAP Part A MAI Allocation Amounts, and selected cells in the Total RWHAP Part A Allocation Amounts column; and
- Adding the Legislative Requirements Checklist.

RWHAP Part B Allocations Report:

- Revising row and column headers and other language for clarity and alignment with RWHAP requirements;
- Adding the following rows to Table 1: 4c. Part B HIV Care Consortia Planning & Evaluation / EC HIV Care Consortia Planning & Evaluation and 4d. Part B HIV Care Consortia CQM / EC HIV Care Consortia CQM except for the ADAP Earmark + ADAP Supplemental Award cells;
- Removing row 11. Total Part B X07 Allocations;

- Allowing users to enter data in Table 2 for 1d. Health Insurance Premium & Cost Sharing and 1e. Home and Community-based Health Services;
- Blacking out selected cells in the following rows, columns, or tables:
 - 2. Part B Health Insurance Premium & Cost Sharing Assistance for Low-Income Individuals (Table 1) as this information is also reported in Table 2
 - 3. Part B Home and Community-based Health Services (Table 1) as this information is also reported in Table 2
 - 4. Total Column (Table 1)
 - 1a. AIDS Drug Assistance Program Treatments (Table 2) as this information is also reported in Table 1
 - MAI Award (Table 3)
- Updating calculations and language in the Legislative Requirements Checklist;
- Removing the following services under Legislative Requirements Checklist's Core Medical Services:
 - o Health Insurance Premium & Cost Sharing Assistance (H20)
 - o Home and Community based Health Services (H21)

RWHAP Part C Allocations Report:

- There are no proposed changes to the RWHAP Part C Allocations Report.

RWHAP Part D Allocations Report:

- There are no proposed changes to the RWHAP Part D Allocations Report.

HAB Ending the HIV Epidemic (EHE) Initiative Allocations and Expenditures (A&E) Reports:

- There are no proposed changes to the HAB EHE Allocations Reports.

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 allocation 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 and EHE 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.