

information request collection title for reference, pursuant to Section 3506(c)(2)(A), the Paperwork Reduction Act of 1995.

Information Collection Request Title: Client-Level Data Reporting System.

OMB No: 0915–0323—Extension.

Abstract: The Ryan White HIV/AIDS Program's (RWHAP) client-level data reporting system, entitled the RWHAP Services Report or the Ryan White Services Report (RSR), is designed to collect information from grant recipients, as well as their subcontracted service providers, funded under Parts A, B, C, and D of the Ryan White HIV/AIDS Treatment Extension Act of 2009. 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 respond effectively to the changing HIV epidemic, with an emphasis on providing life-saving and life-extending services for people living with HIV across this country, as well as targeting resources to areas that have the greatest needs.

Need and Proposed Use of the Information: All parts of RWHAP

specify HRSA's responsibilities in administering grant funds, allocating funds, evaluating programs for the populations served, and improving quality of care. The RSR provides data on the characteristics of RWHAP-funded recipients, their contracted service providers, and the clients served with program funds. The RSR is intended to support clinical quality management, performance measurement, service delivery, and client monitoring at the service provider and client levels. The RSR reporting system consists of two online data forms, the Recipient Report and the Service Provider Report, as well as a data file containing the client-level data elements. Data are submitted annually. The statute specifies the importance of recipient accountability for the services delivered and the funding allocated and expended for those services as specified in their grant award and linking performance to budget. The RSR is used to ensure compliance with the law, including evaluating the progress of programs, monitoring recipient and provider performance, and informing annual reports to Congress. Information collected through the RSR is critical for

HRSA, state and local recipients, and individual providers to assess the status of existing HIV-related service delivery systems, assess trends in service utilization, and identify areas of greatest need.

Likely Respondents: RWHAP Part A, Part B, Part C, and Part D recipients and their contracted service providers.

Burden Statement: Burden in this context means the time expended by persons to generate, maintain, retain, disclose, or provide the information requested. This includes the time needed to review instructions; to develop, acquire, install, and utilize technology and systems for the purpose of collecting, validating, and verifying information, processing and maintaining information, and disclosing and providing information; to train personnel and to be able to respond to a collection of information; to search data sources; to complete and review the collection of information; and to transmit or otherwise disclose the information. The total annual burden hours estimated for this Information Collection Request are summarized in the table below.

TOTAL 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
Grantee Report	475	1	475	7	3,325
Provider Report	2,079	1	2,079	17	35,343
Client Report	1,607	1	1,607	67	107,669
Total	4,161	4,161	146,337

HRSA specifically requests comments on (1) the necessity and utility of the proposed information collection for the proper performance of the agency's functions, (2) the accuracy of the estimated burden, (3) ways to enhance the quality, utility, and clarity of the information to be collected, and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

Jason E. Bennett,

Director, Division of the Executive Secretariat.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Submission to OMB for Review and Approval; Information Collection Request Title: Ryan White HIV/AIDS Program: Allocation and Expenditure Forms, OMB No. 0915–0318—Revision

AGENCY: Health Resources and Services Administration (HRSA), Department of Health and Human Services.

ACTION: Notice.

SUMMARY: In compliance with the Paperwork Reduction Act of 1995, HRSA has submitted an Information Collection Request (ICR) to the Office of Management and Budget (OMB) for

review and approval. Comments submitted during the first public review of this ICR will be provided to OMB. OMB will accept further comments from the public during the review and approval period.

DATES: Comments on this ICR should be received no later than April 26, 2017.

ADDRESSES: Submit your comments, including the Information Collection Request Title, to the desk officer for HRSA, either by email to OIRA_submission@omb.eop.gov or by fax to 202–395–5806.

FOR FURTHER INFORMATION CONTACT: To request a copy of the clearance requests submitted to OMB for review, email the HRSA Information Collection Clearance Officer at paperwork@hrsa.gov or call (301) 443–1984.

SUPPLEMENTARY INFORMATION: When submitting comments or requesting

information, please include the information request collection title for reference, in compliance with Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995.

Information Collection Request Title: Ryan White HIV/AIDS Program: Program Allocation and Expenditure Forms, OMB No. 0915-0318—Revision.

Abstract: HRSA's HIV/AIDS Bureau (HAB) administers the Ryan White HIV/AIDS Program authorized under Title XXVI of the Public Health Service Act as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009. The Ryan White HIV/AIDS Program Allocation and Expenditure Forms (A&E Reports), in conjunction with the Consolidated List of Contractors (CLC), enables HAB 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 Reports 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 Form) and at the end (Expenditure Form) of their annual budget period. Recipients funded under Parts A and B are required to report

information about their service provider contracts in the CLC.

The forms require recipients to report how funds are allocated and spent on core medical and support services for people living with HIV, and on various program components, such as administration, planning and evaluation, and clinical quality management. The A&E Reports are identical in the types of information they collect. However, the Allocations Report tracks the allocation of the award at the beginning of the annual budget period, and the Expenditures Report tracks actual expenditures (including carryover dollars) at the end of the annual budget period. The CLC form identifies a recipient's contracts with service providers for the current grant year, the contract amount, and the types of services being provided. This revision proposes minor changes to the list of allowable services, specifically by consolidating "Legal Services" and "Permanency Planning" into "Other Professional Services" under Part A and Part B; deleting a "Treatment Adherence Counseling" category from allowable services under Part A; adding "Housing Services" and "Early Intervention Services" under Part C program; and adding "Substance Abuse Services—Residential" under Part D program. As a result of these changes and improving the electronic submission of data through HRSA's Electronic Handbooks,

the estimated total annual burden hours will decrease from 4,266 hours in 2014 to 2,692 in 2017.

Need and Proposed Use of the Information: Accurate allocation, expenditure, and service contract records of the recipients receiving Ryan White HIV/AIDS Program funding are critical to the implementation of the statute. The primary purposes of these forms are to provide information on the number of grant dollars spent on various services and program components and ensure program compliance.

Likely Respondents: Ryan White HIV/AIDS Program recipients.

Burden Statement: Burden in this context means the time expended by persons to generate, maintain, retain, disclose, or provide the information requested. This includes the time needed to review instructions; to develop, acquire, install, and utilize technology and systems for the purpose of collecting, validating, and verifying information, processing and maintaining information, and disclosing and providing information; to train personnel and be able to respond to a collection of information; to search data sources; to complete and review the collection of information; and to transmit or otherwise disclose the information. The total annual burden hours estimated for this ICR are summarized in the table below.

TOTAL 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	3	156
Part A Expenditures Report	52	1	52	3	156
Part A CLC	52	1	52	4	208
Part B Allocations Report	54	1	54	2	108
Part B Expenditures Report	54	1	54	2	108
Part B CLC	54	1	54	2	108
Part C Allocations Report	346	1	346	2	692
Part C Expenditures Report	346	1	346	2	692
Part D Allocations Report	116	1	116	2	232
Part D Expenditures Report	116	1	116	2	232
Total	1,294	2,692

Jason E. Bennett,

Director, Division of the Executive Secretariat.

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