

DEPARTMENT OF HEALTH AND HUMAN SERVICES**Health Resources and Services Administration****Agency Information Collection Activities: Proposed Collection: Comment Request**

In compliance with the requirement for opportunity for public comment on proposed data collection projects (section 3506(c)(2)(A) of Title 44, United States Code, as amended by the Paperwork Reduction Act of 1995, Pub. L. 104-13), the Health Resources and Services Administration (HRSA) publishes periodic summaries of proposed projects being developed for submission to OMB under the Paperwork Reduction Act of 1995. To request more information on the proposed project or to obtain a copy of the data collection plans and draft instruments, call the HRSA Reports Clearance Officer on (301) 443-1891.

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the

proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology.

Proposed Project: Year 2000 Community Health Center and National Health Service Corps User/Visit Survey (OMB No. 0915-0185)

The purpose of this study is to conduct a sample survey which has three components: (1) A pilot study, including an evaluation of both retrospective and prospective sampling methodologies; (2) a personal interview survey of Community Health Center (CHC) and National Health Service Corps (NHSC) site users; and (3) a record-based study of visits to CHCs and NHSC sites. CHCs and NHSC sites serve predominantly poor minority medically underserved populations. The proposed user and visit survey will collect in-depth information about CHC and NHSC site users, their health status, the reasons they seek care, their diagnoses, and the services utilized in a medical encounter.

The Year 2000 User/Visit Survey builds on a 1995 User/Visit Survey which was conducted to learn about the process and outcomes of care in CHC users. The 1995 User/Visit Survey included a personal interview of approximately 2000 users of 48 selected CHCs as well as medical record abstractions for about 3000 visits to these same health centers. The interview questionnaire was derived from the National Health Interview Survey (NHIS) conducted by the National Center for Health Statistics (NCHS) and the visit survey was an adaptation of the NCHS National Hospital Ambulatory Medical Care Survey (NHAMCS). Conformance with the NHIS and NHAMCS allowed comparisons between these NCHS surveys and the User/Visit Survey.

The Year 2000 User/Visit Survey was developed using similar questionnaire methodology in conjunction with a contractor and will allow longitudinal comparisons for CHCs with the 1995 version of the survey data, including monitoring of process outcomes over time. The Year 2000 User/Visit Survey is the first year that NHSC non-grantee, freestanding sites will be surveyed.

The estimated response burden for the pilot test is as follows:

Pilot survey	Number of respondents	Responses per respondent	Total respondents	Hours per response	Total burden hours
CHCs	350	1	350	1.3	455
NHSC	150	1	150	1.3	195
Total			500		650

The estimated response burden for the main survey is as follows:

Main survey	Number of respondents	Responses per respondent	Total respondents	Hours per response	Total burden hours
CHCs	2300	1	2300	1.3	2990
NHSC	1000	1	1000	1.3	1300
Total			3300		4290

Send comments to Susan G. Queen, Ph.D., HRSA Reports Clearance Officer, Room 14-33, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Written comments should be received within 60 days of this notice.

Dated: July 14, 1999.

James J. Corrigan,

Associate Administrator for Management and Program Support.

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Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance

of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology.

Proposed Project: Annual Administrative Reporting System for the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act (RWCA) of 1990 for Titles I and II (OMB No. 0915-0166)

OMB approval is requested for the Annual Administrative Reporting System (AAR) established in 1994 to collect information from grantees and their subcontracted service providers. The AARs collect aggregate information

from grantees about the disbursement of funds, number of clients served and services provided, demographic information about clients served, and cost of providing services funded under Title I and II of the Ryan White CARE Act.

The primary purposes of the AARs are to: (1) Document the use of Title I and Title II funds and the providers who received them, (2) assess the effects of these funds on the number and diversity of individuals served, (3) evaluate the quantity of services received, and (4) help examine the effectiveness of coordinated systems of care in meeting the needs of individuals living with HIV. In addition to meeting the goal of accountability to Congress, clients, advocacy groups, and the general public, the AAR supports critical efforts by HRSA, State and local grantees, and providers to assess the status of existing HIV-related service delivery systems.

Separate reports were developed to collect aggregate data from the three

program types that receive funds under Title I and/or Title II: (1) Title I programs, Title II Consortia, and Title II Home- and Community-Based programs; (2) centrally administered State programs for the continuation of health insurance; and (3) State programs providing HIV prescription drug assistance.

The following changes to the AAR are proposed to improve the accuracy of the data collected, reduce respondent burden, and facilitate local analysis of primary medical care outcome measures: Certain funding questions will be eliminated, all questions will require numerical responses, not percentages; some questions will be restricted to certain providers; an optional set of questions has been added to help evaluate primary medical services for local planning and evaluation needs.

The estimated response burden is as follows:

Form name	Number of respondents	Responses per respondent	Total responses	Hours per response	Total hour burden
Standard Annual Administrative Report (SAAR)					
Providers	2,600	1	2,600	14	36,400
Grantees	107	1	107	25	2,675
AIDS Pharmaceutical Assistance Annual Administrative Report (includes State ADAP and local APA pharmaceutical programs)					
Administrator/Grantee	158	1	158	25	3,950
Health Insurance Continuation Program (HICP) Annual Administrative Report					
Administrator/Grantee	35	1	35	15	525
Total	2,900	1	2,900	43,550

Send comments to Susan G. Queen, Ph.D., HRSA Reports Clearance Officer, Room 14-33, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Written comments should be received within 60 days of this notice.

Dated: July 14, 1999.

James J. Corrigan,
Associate Administrator for Management and Program Support.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

AIDS Education and Training Centers Program Grants

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

ACTION: Notice of limited competition.

SUMMARY: The Health Resources and Services Administration's (HRSA) HIV/AIDS Bureau (HAB) announces a limited competition to support regional AIDS Education and Training Centers in the following regional areas: Delta Region (serving Arkansas, Louisiana, Mississippi), Mid Atlantic Region serving Delaware, Maryland, Virginia, West Virginia, Washington, DC and

Texas/Oklahoma Region to provide state-of-the-art treatment education, training consultation and support to health care professionals treating HIV seropositive patients for HRSA's AIDS Education Training Centers Program under section 2692(a) of the Public Health Service Act as amended by Pub. L. 104-146, the Ryan White Comprehensive Aids Resources Emergency Act Amendments of 1996. Assistance will be provided only to these three regional areas. No other applications are solicited, nor will they be accepted.

Approximately \$2,500,000 is available in fiscal year 1999. The first budget period will be for 9 months with a start date of October 1, 1999. The total project period will be for 2 years 9 months. Continuation awards within the project period will have a July 1 start date with a 12 month budget period and