RYAN WHITE CARE ACT

INSTRUCTIONS FOR COMPLETING THE

2000

AIDS PHARMACEUTICAL ASSISTANCE (APA) ANNUAL ADMINISTRATIVE REPORT (AAR)

OMB No. 0915-0166
Expires: January 31, 2003

HIV/AIDS Bureau
Health Resources and Services Administration
Parklawn Building, Room 7A-07
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APA AAR: 2000 VS. 1999 REPORT FORM

New Variables/Definitions

- Include only identified, non-anonymous clients in this report. Identified clients are those individuals for whom the service provider maintains the client's name, demographic and/or other identifying information
- The demographic (gender, race/ethnicity, and age) (items #18-20) now all include a response category for "unknown." Therefore, the totals for each of these should equal the number of unduplicated (non-anonymous) clients reported in item # 16.
- Clients can now be reported as having "**more than one race**." (See item #19) This should be based on self-identification by the client.
- Annual Expenditures: As approved by the OMB, APA expenditures for premiums, deductibles, and co-payments, are now to be reported separately for High-risk Insurance Pools, Medicare Supplement, and Other Health Insurance.

New Form, New Layout

- The APA form has been redesigned; we hope it's clearer and easier to complete.
- In the past, data hand-written on the APA forms were scanned into a computer. This system required that only original forms and not photocopies could be used. This is no longer the case. While we ask that you use the same wonderfully neat handwriting to complete the APA form, *please feel free to photocopy or download the 2000 APA report form and instructions from our web site at http://www.hab.hrsa.gov/data.html in order to distribute to the necessary agencies.*

QUALITY ASSURANCE CHECKLISTS

We recommend that you use the following checklist to ensure the quality and reliability of the data that you report in the 2000 APA AAR

Is the correct information included in this report?

- ☐ Complete all questions as they apply to your agency and the services you provide.
- ☐ The ***reporting period*** for the APA is January 1–December 31, 2000. Your report should include information on all clients served and services delivered between those dates (not based on your fiscal calendar).
- ☐ **Unduplication:** In an unduplicated client count, each individual is counted only once regardless of the number of services he or she received. Client counts should reflect the entire reporting period, and should be unduplicated across contracts, departments, and sites.
- ☐ **Funding:** All fiscal information should be annualized to reflect the January 1–December 31, 2000 reporting period. Please report ***all*** CARE Act funding (Title I, Title II, Other CARE Act funding).

Is the report consistent?

- ☐ ***New Clients***: The number of *New Clients Served* is usually a subset of the *Total Number of Unduplicated of Clients*. The only exception is in the case of a new provider agency, when all of the clients are new to the provider. New clients are those individuals in the current reporting who were never enrolled or serviced by your agency in a previous year.
- ☐ Check "**unknown**" boxes or report "unknown" counts when necessary. All client totals should add up to the number of unduplicated clients reported in item # 16.
- ☐ ***Agency Fiscal Funding Information:*** Although funding reported by providers will not match grant awards exactly due to administrative costs, delays in contract awards, and carry-over funds, the sum of grant awards falling within the calendar year and the ***Annual HIV/AIDS Funding*** amounts reported on the APA AAR should be reasonably similar.

INSTRUCTIONS FOR COMPLETING THE 2000 APA AAR

Step-by-Step Instructions for Each Element in the Standard AAR

Who Completes the APA AAR?

The APA AAR should be completed by all Ryan White CARE Act Title II grantees who administer their state AIDS Drug Assistance Program or Title I/II-funded grantees that administer a local AIDS Pharmaceutical Assistance (APA) program..

Public Burden Statement

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The OMB control number for this data report form is 0915-0166 and the expiration date is January 31, 2003. The time required to complete this form is estimated to average 80-130 hours per year per form , including the time to review instructions, search existing data sources, gather the data needed, and complete and review the information collection.

Which clients should be included in the APA AAR?

All clients who received at least one ADAP or AIDS Pharmaceutical Assistance service should be reported in the APA AAR, regardless of whether Ryan White CARE Act funds were used to pay for those services. This broad scope of reportable clients will provide a comprehensive picture of the services being delivered.

The Four Sections of the APA AAR

Section 1: Agency Contact Information

List the grantee agency name and address, contact name, phone number, fax number, and e-mail address of the APA contact person responsible for the APA data at the grantee/provider site, dates of the reporting period for the data in the report, type of agency, client reporting scope.

Section 2: Program Information

Provider taxpayer ID number, provider ID number, grantee ID number, APA administered, type of program, income eligibility, medical eligibility, processing period, frequency of recertification.

Section 3: Client Information/Demographics

Total clients receiving services during the reporting period, new clients, gender, race/ethnicity, age.

Section 4: Agency Fiscal Information

Total services provided and total number of clients receiving those services, Optional Clinical Outcomes, Ryan White funding categories.

SECTION 1: AGENCY CONTACT INFORMATION

Q1. Provider name

Q2. Provider address, city, state, zip code

Q3. Provider contact name, telephone number, fax number, e-mail address

The contact name, and e-mail address are those for the person who is responsible for completing the APA AAR at the administering agency.

Q4. Reporting Period: Start date, end date

The reporting period for the APA AAR is a calendar year, January 1 through December 31, 2000.

The reporting period may be shorter than a year if an agency did not receive CARE Act Title I or Title II funding for an entire calendar year. In this case, the beginning or end dates of the reporting period should reflect the time period during the year in which services were delivered to clients. For example, the reporting period for a provider whose contract began on April 1, 2000 would be April 1 - December 31, 2000. Similarly, the reporting period for an agency whose contract was effective on January 1 but discontinued on June 30 would be January 1 - June 30.

Q5. Type of agency completing this report

Select only one response for this item. The selection should be based on the type of agency for which the data are being reported.

1=Service Provider is a single service provider that is identified by the name and taxpayer identification number in the contact and program information sections of the form and whose data is represented on the APA AAR.

2=Title I Grantee administering a local AIDS Pharmaceutical Assistance Program (APA)

3=Title II Grantee/Consortium that administers the State AIDS Drug Assistance Program (ADAP)

Q6. Reporting Scope

Select only one response for this item. The term "eligible" refers to "services eligible for funding under the Ryan White CARE Act."

1=Eligible: Under the eligible reporting scope, clients receiving any service eligible for Ryan White Title I or II funding are included in the APA AAR even if the service was not paid for with Ryan White Title I or Title II funds.

2=Funded: Under the funded-only reporting scope, only clients receiving services paid for by CARE Act Title I and/or Title II funds are included in the APA AAR. Typically, this is a subset of the eligible reporting scope.

SECTION 2: PROGRAM INFORMATION

Q7. Provider Taxpayer ID number

Each for-profit and nonprofit organization should have a provider taxpayer identification number (TIN) from the Internal Revenue Service (IRS). For nonprofit organizations, this is usually obtained when the organization applies for nonprofit status. This number should be unique for each individual grantee or agency administering an ADAP or APA program.

Q8. Provider ID Number

This unique four-digit number is assigned to the provider by the grantee and distinguishes each CARE Act provider from all other CARE Act providers funded by that particular grantee. Data from multiple sites within one provider organization should be combined, unduplicated across sites, and included in one report with one provider number. **Do NOT reuse provider IDs that were previously assigned to an agency, even if that agency is no longer funded. This will ensure unique IDs over time.**

Q9. Grantee ID Number

This unique four-digit number is assigned to a grantee by HRSA.

Q10. Do you administer an ADAP or other AIDS pharmaceutical assistance program?

If the provider meets the definition of an AIDS Drug Assistance Program (ADAP) or local AIDS pharmacy assistance program, then the grantee is required to have the provider submit an APA AAR completed in its entirety. Similar to the other AAR forms, the APA is a provider-based report.

If none of the grantee's providers meet the definition of and ADAP or local AIDS pharmacy assistance program, then the grantee indicates "NO" for the question "Do you administer an AIDS pharmaceutical assistance program?" and completes Part 1, Contact Information on the APA AAR. The grantee then forwards the report to HRSA.

Q11. Type of program administered

If your agency administers an ADAP or other AIDS pharmaceutical assistance program, specify the program type:

1=State ADAP or

2= Other AIDS pharmaceutical assistance program .

An ADAP is typically a centrally administered program operated at the state level that receives both Ryan White CARE Title II ADAP earmarked and Title II base funds. Other AIDS Pharmaceutical Assistance Programs typically operate at the local EMA or consortia level. Funds for these programs may come from a variety of sources that are not federally earmarked for AIDS medications. These may include Title I and private sources.

Q12. Indicate your program's income eligibility criteria

Report your state-level income eligibility criteria used to determine whether clients qualify for pharmaceutical assistance. For the Federal Poverty Level Guidelines, go to http://aspe.hhs.gov/poverty/00poverty.htm.

Q13. Medical Eligibility

Report the medical criteria used to determine whether clients qualify for pharmaceutical assistance. Programs requiring proof of HIV seropositivity only should choose "other."

Q14. Processing Period

Select the category that describes the average length of time between a client's application to your program and actual approval of eligibility. Do not include time periods for clients whose applications are still pending approval on the last day of the report period.

Q15. Frequency of recertification

Describe how often your program requires clients to prove their continued eligibility for drug assistance. Do not include the initial certification required for acceptance into the program.

SECTION 3: CLIENT INFORMATION/DEMOGRAPHICS

Q16. Total Unduplicated Clients Served in This Reporting Period

Enter the number of unique individuals receiving at least one APA-related service during the reporting period. In an unduplicated client count, an individual receiving multiple units of service is counted only once.

Accurate unduplication requires that providers have client-identifying information, such as names, Social Security numbers, or dates of birth.

Do not include information on anonymous clients!

Tips:

- *Multiple provider sites*: Client counts should be unduplicated across provider sites. For example, if a client visited a provider's downtown site and the provider's suburban site, the client is counted only once although he or she visited two different sites.
- *Multiple record keeping systems*: Client counts should be unduplicated across departments or services within a provider agency. For example, if a client receives drug assistance from 2 different departments within the agency, he or she is counted only once.
- *Multiple reporting within one year*: Client counts should be unduplicated across the entire reporting period. When collecting monthly or quarterly reports, unduplicated counts for interim periods cannot be added together if they overlap.

Q17. Total New Clients Served During this Reporting Period

Individuals who receive services from an APA program for the first time ever in 2000 are considered *new clients.* Clients served anonymously should not be reported in this item.

Old vs. new clients: A person can be new to an agency only once. Clients who receive no services for a time, or clients who are considered deactivated by the ADAP should not be reported as new every time they return or are reactivated. Programs should determine whether clients are new or old with readily available information; they are not expected to retrieve archived records or take other unreasonable measures.

Typically, the number of New Clients Served is a subset of the Total Unduplicated Number of Clients. Agencies should not report all of their clients as new clients the first time they submit an APA AAR; the issue is whether a client is new to the provider, not whether he or she is reported for the first time on the APA. If an agency is new, however, all of the clients will be new during the first reporting period only.

Q18. Gender

Report the number of male, female, other, and gender unknown clients. The sum of these categories should equal the Total Number of Unduplicated Clients. Do not leave these categories blank or include any anonymous clients.

Q19. Race/ethnicity

new

Report the number of clients who self-identify in each racial/ethnic group. A new category, "More than one race" has been added this year to accommodate clients who self-identify as multi-racial. The sum of these racial/ethnic counts (including any "Unknown") should equal the total number of unduplicated clients. Do not include Anonymous Clients.

Please observe the following conventions: (1) A client should be tallied in only one of the provided categories. (2) If a client record indicates "Hispanic," classify that client as Hispanic regardless of the client's other racial categories. (3) If a client record indicates more than one race and does not self-identify as "Hispanic" ethnicity, tally that client as "More than one race."

Q20. Age

Report the number of clients in each age group using client ages at the end of the reporting period. The sum of the four age groups should equal the total unduplicated number of clients.

SECTION 4: AGENCY FISCAL INFORMATION

Q21. Annual expenditures for HIV/AIDS ADAPs/APAs

Report specific AIDS Drug Assistance Program insurance expenditures in this section. Medical insurance provided under the Health Insurance Program (HIP) should be reported separately on the HIP AAR. For each service reimbursed (premiums, deductibles and/or co-payments), report the *total cost*, the *unduplicated number of clients* that received each form of payment and the *total client-months* for which the payment was provided. Starting in 2000, these payments should be listed separately for High-risk insurance pools, Medicare supplements, and Other Health Insurance.

If your APA does not reimburse a given payment type, simply leave that entry blank and complete only for those applicable to your agency. For example, if you reimbursed Premiums only, you would leave the fields for deductibles and co-payments blank.

COLUMN 1: Source

COLUMN 2: Total Cost

Report the actual total dollar amount expended by the AIDS Drug Assistance Program during the report period. Include all direct and indirect (i.e., administrative) costs associated with operating the program. **All program expenditures should be annualized** to reflect the reporting period, as shown in the examples in the "How to Annualize Fiscal Information" box below. While the example is about funding sources, the method is the same for expenditures.

COLUMN 3: Unduplicated Clients

See instructions for question 16 for guidance on "unduplicated clients." No number entered in this column should exceed the number entered in question 16.

COLUMN 4: Total Client-months

Each kind of payment made for each unduplicated client will extend over some number of months; add up these numbers and record the result in this column.

How to Annualize Fiscal Information

Example:

Annualizing Fiscal Information—A provider received funding from these sources in 1999:

$120,000 from Source A for a fiscal year beginning 10/1/98 and ending 9/30/99.

$240,000 from Source B for a fiscal year beginning 3/1/98 and ending 2/30/99.

$120,000 from Source C for the time period of 12/1/98 through 11/31/99.

Follow a two-step process for each funding source: First calculate the funding amount per month and then add up the number of months this amount was received in 1999

Source A:

a. $120,000 over 12 months = $10,000 per month

*b. $10,000 per month for 9 months of 1999 (January–September) = **$90,000 (9x$10,000)***

Source B:

a. $240,000 over 12 months = $20,000 per month

*b. $20,000 per month for 2 months (January–February) of 1999 = **$40,000 (2x$20,000)***

Source C :

a. $120,000 over 12 months = $10,000 per month

*b. $10,000 per month over 11 months (January–November) of 1999 = **$110,000 (11x$10,000)***

Q22. Enter FUNDING received from the following sources:

Report the actual dollar amount received from each source listed below during the reporting period. **All AIDS Drug Assistance funding should be annualized to reflect the reporting period.** Do not leave any funding sources blank.

COLUMN 1: Funding Source

Total Title I Funds : **Total** funding amount from Title I of the Ryan White CARE Act. Formula, carryover, and supplemental award amounts should be combined and annualized.

For the Title I CARE funding breakdown, enter the grantee's ID number and the funding amount received from each EMA .

Title II Funds : Funding from Title II of the Ryan White CARE Act.

Other CARE Act Funds: Funding from Title III and Title IV of the Ryan White CARE Act.

Medicaid: Funding from Medicaid, a state administered medical assistance program for certain categorically eligible groups and others who meet income and resource requirements. The program is jointly funded by state and federal revenues.

Medicare: Funding from Medicare, a program established by Congress to provide government-subsidized health insurance for certain categorically eligible groups.

Federal Section 329, 330, or 340: Funding from the Public Health Services Act fostering the planning and development of Migrant Health Centers (section 329), Community Health Centers (section 330), or primary health services (section 340).

Other Federal Funding: Funding from any federal source *except* the Ryan White CARE Act, Sections 329, 330, and 340 of the Public Health Services Act, Medicare or Medicaid and Federal pilot projects reported in other funding categories.

State/Local Public Sources (other than Medicaid): Funding from state or local appropriations, **not** including Medicaid.

Other Public Funding: Funding from other public sources not reported above.

Client Payments: Funding received from clients.

Manufacturers' rebates: Funding (a percentage of the cost of a drug) received from drug manufacturers.

Private Contributions: Funding received from private contributions.

All Other Sources: Funding from any sources other than those listed above. This may include funding from private contributions, foundations, businesses, research, and clinical trials.

COLUMN 2: Funding Received

Provide the **annualized** amount of funding from this funding source. For help with this, see the "How to Annualize Fiscal Information" box above.

Q23. For each medication prescribed, enter the HRSA drug code, number of UNDUPLICATED clients who received that drug, and the total cost.

COLUMN 1: HRSA Drug Code

Enter the appropriate HRSA drug code for each medication that is covered by your APA formulary and that was prescribed to at least one client. Drug codes should not be listed more than once.

Lists of HRSA drug codes, sorted by generic and brand names, can be downloaded from the website http://www.hab.hrsa.gov/data.html and searched in any way.

COLUMN 2: Unduplicated Number of Clients Receiving Drug

See instructions for question 16 for guidance on "unduplicated clients." No number entered in this column should exceed the number entered in question 16.

COLUMN 3: Total Cost

Provide the **annualized** costs for each drug. For help with this, see the "How to Annualize Fiscal Information" box above. While the example is about funding sources, the method is the same for costs.