

Types of Documentation and Evidence

Grantees must provide evidence that all of the core medical services listed in the statute, regardless of whether such services are funded by the Ryan White HIV/AIDS Program, are available to all individuals with HIV/AIDS identified and eligible under Title XXVI of the PHS Act in the service area within 30 days. Such documentation may include one or more of the following types of information for the service area for the prior fiscal year: HIV/AIDS care and treatment services inventories including funding sources, HIV/AIDS met and unmet need assessments, HIV/AIDS client/patient service utilization data, planning council core medical services priority setting and funding allocations documents, and letters from Medicaid and other State and local HIV/AIDS entitlement and benefits programs, which may include private insurers. Information provided by grantees must show specific verifiable evidence that all listed core medical services are available and accessible to meet the needs of persons with HIV/AIDS who are identified and eligible for Ryan White HIV/AIDS Program services without further infusion of Ryan White HIV/AIDS Program dollars. Such documentation must also describe which specific core medical services are available, from whom, and through what funding source.

Grantees must have evidence of a public process for the dissemination of information and must document that they have sought input from affected communities, including Ryan White HIV/AIDS Program-funded core medical services providers, related to the availability of core medical services and the decision to request a waiver. This public process may be the same one utilized for obtaining input on community needs as part of the comprehensive planning process. In addition, grantees must describe in narrative form the following:

1. Local/State underlying issues that influenced the grantee's decision to request a waiver and how the submitted documentation supports the assertion that such services are available and accessible to all individuals with HIV/AIDS identified and eligible under Title XXVI in the service area.
2. How the approval of a waiver will impact the grantee's ability to address unmet need for HIV/AIDS services and perform outreach to HIV-positive individuals not currently in care.
3. The consistency of the waiver request with the grantee's grant application, including proposed service priorities and funding allocations.

Waiver Review and Notification Process

As indicated, grantees must submit a waiver request with their annual grant application. No waiver requests will be accepted at any other time (other than with the annual grant application). Application guidance documents will be amended to include this requirement. HRSA/HAB will review requests for waiver of the core medical services requirement and will notify grantees of waiver approval no later than the date of issuance of a NOGA. Core medical services waivers will be effective for a one-year period consistent with the grant award period.

The Paperwork Reduction Act of 1995

The burden for this activity has been reviewed and approved by the Office of Management and Budget under the Paperwork Reduction Act of 1995 (OMB Number 0915-0307).

Dated: June 5, 2008.

Elizabeth M. Duke,
Administrator.

[FR Doc. E8-13102 Filed 6-10-08; 8:45 am]

BILLING CODE 4165-15-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Statement of Organization, Functions and Delegations of Authority

This notice amends Part R of the Statement of Organization, Functions and Delegations of Authority of the Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA) (60 FR 56605, as amended November 6, 1995; 67 FR 46519, July 15, 2002; 68 FR 787-793, January 7, 2003; 68 FR 8515-8517, February 21, 2003; 68 FR 64357-64358, November 13, 2003; 69 FR 56433-56445, September 21, 2004; 70 FR 19962-19963, April 15, 2005; as last amended at FR 72 57588-57589, October 10, 2007). This Order of Succession supersedes the Order of Succession for the Administrator, HRSA, published at FR 72 57588-57589, October 10, 2007.

This notice deletes the Associate Administrator, Office of Management, from HRSA's hierarchy affecting the Order of Succession. It also adds, as a last echelon to the HRSA Administrator's order of succession, HRSA Regional Division Directors in the order in which they have received their permanent appointment as such. This

notice is to reflect the new Order of Succession for HRSA.

Section R-30, Order of Succession

During the absence or disability of the Administrator, or in the event of a vacancy in the office, the officials designated below shall act as Administrator in the order in which they are listed:

1. Deputy Administrator;
2. Senior Advisor to the Administrator;
3. Chief Financial Officer;
4. Associate Administrator, Bureau of Primary Health Care;
5. Associate Administrator, Bureau of Health Professions;
6. Associate Administrator, HIV/AIDS Bureau;
7. Associate Administrator, Maternal and Child Health Bureau;
8. Associate Administrator, Bureau of Clinician Recruitment and Service;
9. Associate Administrator, Healthcare Systems Bureau;
10. Associate Administrator, Office of Performance Review, and
11. HRSA Regional Division Directors in the order in which they have received their permanent appointment as such.

Exceptions

(a) No official listed in this section who is serving in acting or temporary capacity shall, by virtue of so serving, act as Administrator pursuant to this section.

(b) Notwithstanding the provisions of this section, during a planned period of absence, the Administrator retains the discretion to specify a different order of succession.

Section R-40, Delegation of Authority

All delegations and redelegations of authorities to officers and employees of the Health Resources and Services Administration which were in effect immediately prior to the effective date of this action will be continued in effect in them or their successors, pending further redelegation, provided they are consistent with this action.

This document is effective upon date of signature.

Dated: June 5, 2008.

Elizabeth M. Duke,
Administrator.

[FR Doc. E8-13098 Filed 6-10-08; 8:45 am]

BILLING CODE 4165-15-P