

Ryan White CARE Act HIV/AIDS Dental Services Report

SUPPORTING STATEMENT

A. Justification

1. Circumstances of Information Collection

This is a request for OMB approval for an **extension without change** to the Health Resources and Services Administration's (HRSA's) Dental Services Form (OMB No. 0915-0151) which expires June 30, 2008. This form and accompanying instructions is used by accredited schools of dentistry, pre- and post-doctoral dental training programs, and dental hygiene education programs to meet the requirements of two oral health services programs under the Ryan White HIV/AIDS Treatment Modernization Act.

On December 19, 2006, the President signed the Ryan White HIV/AIDS Treatment Modernization Act. The predecessor statute was the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act, passed by Congress in 1990, then amended and reauthorized in 1996 and again in 2000. This Federal legislation funds primary health care and support services to address the unmet health needs of persons living with HIV/AIDS. The Ryan White HIV/AIDS Treatment Modernization Act provides emergency assistance to localities that are disproportionately affected by the human immunodeficiency virus (HIV) epidemic and makes financial assistance available for the development, organization, coordination, and operation of more effective and cost-efficient systems for the delivery of essential services to persons with HIV disease.

Part F of the Act includes two oral health care programs. Both the Dental Reimbursement Program (DRP) and the Community-Based Dental Partnership Program (CBDPP) are authorized under the Act to expand the availability of oral health care services to patients with HIV/AIDS through the training of dental professionals.

The Dental Reimbursement Program reimburses dental education programs for uncompensated funds to provide oral health services to patients with HIV. The Dental Services Form serves as an application for funding from DRP. The Community-Based Dental Partnership program funds eligible entities in their efforts to increase access to oral health care for unserved and underserved rural and urban HIV positive populations. The form is used by grantees to report on services rendered, patients served, and partnerships.

The HIV/AIDS Bureau (HAB) within HRSA administers funds for the Act and the DRP and the CBDPP. Participation in both DRP and CBDPP is limited to accredited predoctoral and postdoctoral dental, and dental hygiene education programs. DRP reimburses applicants for a portion of their uncompensated services provided to patients with HIV. The CBDPP awards grants to dental programs to develop partnerships with community-based oral health programs to expand the reach of trained dental professionals to serve patients with HIV. While the same institutions/programs are eligible to receive funds under both programs, the programs must be administered separately.

The currently approved Dental Services Form is used for accredited dental schools and dental education programs to apply for DRP funding of reimbursement of uncompensated oral health care expenditures to patients with HIV/AIDS. These educational programs provide clinical training to pre- and post-doctoral dental students, dental hygienists, and dental professionals.

The form is also used as an annual data report by grantees under CBDPP. CBDPP funds selected eligible entities in their efforts to increase access to oral health care for unserved and underserved rural and urban HIV positive populations. Funding supports oral health service delivery and provider training in community settings.

The Dental Services Form collects information about the program, patient demographics, oral health services, and funding. A section that is completed only by DRP applicants includes information on unreimbursed expenses and descriptions of selected program components (e.g., settings of training, outreach activities). This information is needed to calculate an award amount. A section that only CBDPP grantees complete collects information on the community partnerships and populations served through these partnerships. The information provided by CBDPP grantees enables HRSA to monitor their progress.

2. Purpose and Use of Information

There are two major purposes for this data collection. The major purpose is to allow accredited dental education programs (predoctoral, postdoctoral, and dental hygiene) apply for reimbursement of uncompensated expenditures for provision of oral health care services to people living with HIV under DRP. The second purpose is an annual data report for CBDPP grantees so that HRSA can review progress and understand what services are being provided with grant funds.

The information collected enables HRSA to:

1. Determine the unreimbursed costs of DRP applicants and calculate a reimbursement award amount;
2. Understand the extent of dental education programs'—and their partners'—involvement in the treatment of patients with HIV;
3. Determine the characteristics of patient with HIV receiving oral health services;
4. Determine the scope and extent of oral health services provided to patients with HIV through the Act funding, including types of services and number of visit by service;
5. Calculate the costs of services and types of reimbursement funds received; and
6. Understand how the Act funds for oral health services are used.

Respondents complete the form annually to report on services provided and patients served for the most recently completed period that starts July 1 and ends June 30. For example, the report due in June 2008 would report on the service period of July 1, 2006 to June 30, 2007.

HRSA utilizes the information from this report for purposes of making determinations of unreimbursed costs and to calculate of award amounts.

3. Use of Improved Information Technology

This activity is fully electronic. The Dental Services Form and instructions are available on the Bureau's web site and can be submitted electronically. Respondents can access information from the web and download the form for completion.

4. Efforts to Identify Duplication

Data that describe the activities of the DRP applicants and CBDPP grantees are not available elsewhere. This is the only effort to characterize the impact that these programs are making on the provision of services.

5. Involvement of Small Entities

This data collection does not involve small businesses and does not have a significant impact on small entities.

6. Consequences If Information Collected Less Frequently

Dental reimbursement funds are disseminated once each year based on the dental education programs applications. Collection of DRP applications on a less-than-annual basis would not be consistent with the availability and distribution of the reimbursement funds. CBDPP grantees submit data annually to allow HRSA to monitor the services provided by the grant program and to allow HRSA to compare data across DRP and CBDPP.

7. Consistency With the Guidelines in 5 CFR 1320.5(d)(2)

The data will be collected in a manner consistent with the guidelines in 5 CFR 1320.5(d)(2).

- Respondents will not be required to report information to the agency more often than quarterly.
- Respondents will not be required to prepare a written response to an information collection request or requirement in fewer than 30 days after receipt of it;
- Respondents will not be required to submit more than an original and two copies of any document;
- Respondents will not be required to retain records, other than health, medical, government contract, grant-in-aid, or tax records, for more than three years;
- This data collection is not connected with a statistical survey.
- This data collection does not require the use of a statistical data classification.
- This data collection does not include a pledge of confidentiality that is not supported by authority established in statute or regulation, that is not supported by disclosure and data security policies that are consistent with the pledge, or which unnecessarily impedes sharing of data with other agencies for compatible confidential use. Demographic data

are reported only in the aggregate, so no information about individual patients is transmitted.

- Respondents are not required to submit proprietary, trade secret, or other confidential information unless the agency can demonstrate that it has instituted procedures to protect its confidentiality to the extent permitted by law.

8. Consultation Outside the Agency

The notice required in 5 CFR 1320.8(d) was published in the *Federal Register* on December 17, 2007 (Volume 72, No. 241, pages 71419-71420). No comments were received.

In determining the burden estimate and the clarity of the information requested in the report from grantees, HAB consulted with two grantees. Contact information is provided below:

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(909) 558-8164
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Dr. Jill York
University of Medicine and Dentistry of New Jersey, New Jersey Dental School
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9. Remuneration of Respondents

Respondents will not be remunerated.

10. Assurance of Confidentiality

Only summary data will be included in any reports developed from the collection of this information. No individual level data will be seen by HRSA or any outside party.

11. Questions of a Sensitive Nature

Data are reported on the number of patients with HIV; however, data submitted to HRSA do not include any client-level data or client-identifying information.

12. Estimates of Annualized Hour Burden

The estimated annual burden to complete the Dental Services Form is as follows:

Program	Number of respondents	Responses per respondent	Total responses	Hours per response	Total burden Hours	Hours wage rate	Total hour cost
Total	80	1	80	20	1600	\$33.00	\$52,800

13. Estimates of Annualized Cost Burden to Respondents

There are no capital or start up costs for this activity. There are no direct costs to respondents other than their time in participating in the data collection, which is shown in table above.

14. Estimates of Annualized Cost to the Government

HRSA has maintained a contract to provide technical assistance, the distribution of OMB-approved dental services data report forms, data entry, and analysis. For 2008, this contract will be \$65, 443. In addition, government personnel require 10% time of 1 FTE at a GS 13 level (\$7,478) and 10% time of 1 FTE at a GS 14 level (\$8,836) to review and prepare award notices.

15. Changes in Burden

The current OMB inventory of burden hours for this activity is 2,500 hours. This request is for 1,600 hours, a decrease of 900 hours. This change in burden is a program adjustment due to a decrease in the expected number of respondents.

16. Time Schedule, Publication and Analysis Plan

There are no plans for formal publication of the information, although there will be annual summary reports in order to monitor grantee progress.

17. Exemption for Display of Expiration Date

The expiration date will be displayed.

18. Exceptions to Certification for PRA Submissions

This information collection fully complies with the guidelines in 5 CFR 1320.9. The necessary certifications are included in the package.