

Supporting Statement

Ryan White HIV/AIDS Program Part F Dental Services Report

OMB Control No. 0915-0151

Terms of Clearance: None

A. Justification

1. Circumstances Making the Collection of Information Necessary

This is a request for OMB approval for a revision to the Health Resources and Services Administration's (HRSA's) Dental Services Form which expires June 30, 2014. 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 Extension Act of 2009 (Public Law 111-87, October 30, 2009). See Tab A for the legislation, Tab B for the Dental Services Form, and Tab C for instructions manual.

The Ryan White legislation was first enacted in 1990 as the Ryan White CARE (Comprehensive AIDS Resources Emergency) Act. It has been amended and reauthorized four times: in 1996, 2000, 2006, and 2009. The Ryan White legislation has been adjusted with each reauthorization to accommodate new and emerging needs, such as an increased emphasis on funding of core medical services and changes in funding formulas. This Federal legislation funds primary health care and support services to address the unmet health needs of persons living with HIV/AIDS. Part F of the Ryan White Program includes two oral health care programs. Both the Dental Reimbursement Program (DRP) and the Community-Based Dental Partnership Program (CBDPP) are authorized under the Ryan White Program 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 CBDPP 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 CBDPP grantees to report on services rendered, patients served, and partnerships. The form used to collect this information is revised to comply with the National HIV/AIDS Strategy directive to standardize data collection and reduce grantee reporting burden. The revised form implements data collection standards for race, ethnicity, and sex and eliminates some narrative description items.

The HIV/AIDS Bureau (HAB) within HRSA administers funds for 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 Dental Services 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 DSR collects information about the program, patient demographics, oral health services, and funding. In addition, DRP applicants complete Section 5 which gathers 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. CBDPP grantees complete Section 4 which gathers information on community partnerships and populations served through these partnerships. This information enables HRSA to monitor their progress.

2. Purpose and Use of Information Collection

There are two major purposes for this data collection. The first purpose is to allow accredited dental education programs (predoctoral, postdoctoral, and dental hygiene) to 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 patients 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 Ryan White Program funds for oral health services are used.

Respondents complete the form annually to report on services provided and patients served. The DRP reports data from July 1 through June 30 and the CBDPP reports data from January 1 through December 31.

HRSA will be able present data that are collected in various settings, using slides and ad hoc reports. Data can be used to report to Congress and the public on oral health services provided to people living with HIV, as well as trends over time.

3. Use of Improved Information Technology and Burden Reduction

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 and Use of Similar Information

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 on Small Businesses or Other Small Entities

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

6. Consequences of Collecting the Information 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. Special Circumstances Relating to the Guidelines in 5 CFR 1320.5

These data will be collected in a manner consistent with the guidelines in 5 CFR 1320.5.

8. Comments in Response to the Federal Register Notice/Outside Consultation

Section 8A:

A 60-day Federal Register Notice was published in the *Federal Register* on January 3, 2014, 2007 (Volume 79, No. 2, pages 399-401). See Tab D for the 60 Day Federal Register Notice. No comments were received.

Section 8B:

In determining the burden estimate and the clarity of the information requested in the report from grantees, HAB consulted with 2 DRP applicants and 3 CBDPP grantees in 2014. Contact information is provided below:

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9. Explanation of any Payment/Gift to Respondents

Respondents will not be remunerated.

10. Assurance of Confidentiality Provided to Respondents

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. Justification for Sensitive Questions

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 and Cost Burden

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

12A. Estimated Annualized Burden Hours

Form Name	Type of Respondent	No. of Respondents	No. of Responses per Respondent	Total Responses	Average Burden per Response (in hours)	Total Burden Hours
Dental Services Report	DRP	56	1	56	45	2,520
	CBDPP	12	1	12	35	420
Total		68		68		2,940

12B. Estimated Annualize Burden Costs

Type of Respondent	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs
DRP	2520	30.55	\$76,986
CBDPP	420	30.55	\$12,831
Total			\$89,817

13. Estimates of Annualized Cost Burden to Respondents or Recordkeepers/Capital Costs

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. Annualized Cost to Federal 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 2014, this contract will be \$228,468.11 for the data collection activities described in the table below:

Dental Services Report (DSR) Data Collection Activities	
<i>Community Based Dental Partnership Program (CBDPP)</i>	
Data collection (develop data collection forms, distribute forms)	\$6,704.77
Technical assistance (answering phone and email inquiries)	\$20,114.32
Data management	\$16,761.93
Data analysis and reporting	\$23,466.71
<i>Dental Reimbursement Program</i>	
Data collection (develop data collection forms, distribute forms)	\$16,142.04
Technical assistance (answering phone and email inquiries)	\$40,355.10
Data management	\$48,426.11
Data analysis and reporting	\$56,497.13
Total	\$228,468.11

In addition, government personnel require 10% time of 1 FTE at a GS 14 level, Step 5 (\$12,043) to review and prepare award notices.

15. Explanation for Program Changes or Adjustments

The current OMB inventory of burden hours for this activity is 45 hours for DRP applicants and 35 hours for CBDPP grantees. This is an increase from the previous 20 hours for all respondents. Most of the respondents we contacted this year did not have data collection systems in place and cited this as a reason for the higher burden estimate. We had one CBDPP who did have systems in place and stated that the Dental Services Form was easy to complete and took them one hour and 30 minutes. Another CBDPP stated it took them 80 hours to complete the Dental Services Form because they had to reach out to multiple service providers to report demographic and clinical data. Two respondents said that the additional data elements would increase their burden. See Tab E for a list of burden estimates and comments.

The Dental Services Form has been revised to comply with the National HIV/AIDS Strategy directive to standardize data collection and reduce grantee reporting burden. The revised form

implements data collection standards for race, ethnicity, and sex and eliminates some narrative description items.

16. Plans for Tabulation, Publication, and Project Time Schedule

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

17. Reason(s) Display of OMB Expiration Date is Inappropriate

The expiration date will be displayed.

18. Exceptions to Certification for Paperwork Reduction Act Submissions

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