Supporting Statement

Ryan White HIV/AIDS Program Part F Dental Services Report

OMB Control No. 0915-0151

Extension

Terms of Clearance: None

A. Justification

1. Circumstances Making the Collection of Information Necessary

The Health Resources and Services Administration's (HRSA) is requesting from the Office of Management and Budget (OMB) for approval of an extension with non-substantive changes to the Ryan White HIV/AIDS Program Dental Services Report (DSR) form which expires June 30, 2020. The DSR 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 Program (RWHAP) Part F. See Tab A for the legislation, Tab B for the Dental Services Report, Tab C for the instruction manual and the Data Variables Recommendations attachment for the proposed non-substantive changes to this information collection request.

The Ryan White HIV/AIDS Program (RWHAP), authorized under Title XXVI of the Public Health Service Act, supports a comprehensive system of direct health care and support services for over half a million people with HIV. The RWHAP makes financial assistance available for the development, organization, coordination, and operation of more effective and cost-efficient systems for the delivery of essential core medical and support services to persons with HIV. The RHWAP Part F includes two oral health care programs, the Dental Reimbursement Program (DRP) and the Community-Based Dental Partnership Program (CBDPP), authorized to expand the availability of oral health care services to patients with HIV. The HRSA HIV/AIDS Bureau (HAB) within HRSA administers funds for the DRP and the CBDPP.

The DRP reimburses dental education programs for uncompensated funds to provide oral health services to patients with HIV. The DSR 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 recipients to report on services rendered, patients served, and partnerships and as an annual data report. 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.

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.

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 with HIV under DRP. The second purpose is an annual data report for CBDPP recipients so that HRSA can review progress and understand what services are being provided with grant funds.

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 recipients complete Section 4 which gathers information on community partnerships and populations served through these partnerships.

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 visits 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.

HRSA will be able to 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 with HIV, as well as trends over time.

3. Use of Improved Information Technology and Burden Reduction

The DSR forms, instructions, and data utility are available on HRSA HAB's web site. Respondents can download the DSR Database Utility to enter their data and generate a compliant data file. Data files are submitted via email.

4. Efforts to Identify Duplication and Use of Similar Information

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

5. Impact 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 recipients 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 February 3, 2020 (Volume 85, No. 22, pages 5969-5970). See Tab D for the 60-Day Federal Register Notice. There were no public comments in response to the Federal Register Notice.

Section 8B:

In determining the burden estimate and the clarity of the information requested in the report from recipients, HRSA HAB consulted with two DRP applicants and three CBDPP recipients in November 2019. Contact information is provided below:

CBDPP Respondents:

Jill A. York, DDS, MAS, FICD, FACD
Assistant Dean for Extramural Clinics
Hunterdon Endowed Chair for Dental Public Health
Associate Professor, Department of Community Health
110 Bergen Street, Room D-741
Newark, NJ 07103
Tel: 973-972-0190

Eun-Hwi Euni Cho, DDS
Assistant Dean, Educational Quality & Outcomes
Program Director, Ryan White Community-Based Dental Partnership
Assistant Professor

Loma Linda University - School of Dentistry
Tel: 951-203-4868

Deborah N. Wade, MSW
Coordinator, Ryan White Programs Part B and F
School of Dentistry
501 South Preston Street
University of Louisville
Louisville, KY 40202
Tel: 502-852-4517

DRP Respondents:

Ronald P. Burakoff, DMD, MPH
Chairman and Professor
Department of Dental Medicine
Hofstra Northwell School of Medicine
North Shore University Hospital
400 Community Drive
Manhasset, New York 11030
Tel: 516-562-2387

All respondents did not express any concerns or increase in burden cost due to the proposed minor changes.

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

The past OMB inventory of burden hours for this activity was 45 hours for DRP applicants and 35 hours for CBDPP recipients. The recent pilot produced a similar burden estimate with only a 4-hour increase (from 35 to 39) for CBDPP recipients. These CBDPP respondents reported a slightly higher burden estimate than the previous respondents, but none reported an increase in burden cost due to the changes.

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	39	468
Total		68		68		2,988

12B. Estimated Annualized Burden Costs

Type of Respondent	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs
DRP	2520	30.55	$76,986
CBDPP	468	30.55	$14,297
Total	2988		$91,283

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

There is no capital or startup 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. <u>Annualized Cost to Federal Government</u>

HRSA has maintained a contract to provide technical assistance, the distribution of OMB-approved dental services data report forms, data entry, and analysis. The estimated average annual cost for this contract is $79,626 ($318,504/4), based on the table below.

Contract year	Task 4 (Dental Programs) cost
Base year (2018-19)	$76,697
Option year 1 (2019-20)	$78,620
Option year 2 (2020-21)	$80,591
Option year 3 (2021-22)	$82,595
Total cost	$318,503

In addition, there will be the cost for a GS 13 (Step 5) at 10% time of 1 FTE ($116,353 per year x 10% = approximately $11,635 per year) to monitor the project. The average annual total cost of the project is $91,261 and the total cost of the four-year project is $365,044.

15. Explanation for Program Changes or Adjustments

The current burden inventory is 2940 and this extension with non-substantive proposed changes is for 2988 hours due to a slight increase in the estimated burden.

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

Respondents complete the DSR 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.

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.