

Ryan White HIV/AIDS Program Part F Dental Services Report



Instruction Manual 2019

Release Date: January 2, 2020

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0915-0151, with an expiration date of 6/30/2020. Public reporting burden for this collection of information is estimated to average 45 hours per response for RWHAP Part F Dental Reimbursement Program (DRP) respondents and 35 hours per response for Community Based Dental Partnership Program (CBDPP) respondents, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N39, Rockville, MD 20857.

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What's New In 2020

- The Dental Reimbursement Program (DRP) Notice of Funding Opportunity (NOFO) release date is **January 3, 2020**.
- **Item 23a.** The total unreimbursed costs of oral health care provided to patients with HIV from July 1, 2018, through June 30, 2019, entered in Item 23a **must** match the unreimbursed amount entered in fields 18a and 18g of the SF-424.

DSR Report Deadline

- Community-Based Dental Partnership Programs (CBDPPs) must submit data no later than **6 p.m. ET, April 3, 2020**.
- DRPs must submit data no later than **6 p.m. ET, April 3, 2020**.

Form Overview

The Dental Services Report is used by two programs under the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Ryan White HIV/AIDS Program): the Dental Reimbursement Program (DRP) and the Community-Based Dental Partnership Program (CBDPP).

The report is designed to collect data from accredited pre- and postdoctoral dental education programs and dental hygiene education programs regarding oral health services provided to people with HIV.

Institutions applying for dental reimbursement funding must submit a completed report annually to receive assistance with their unreimbursed costs of care incurred in providing direct oral health services. CBDPP grant recipients use this report to submit annual program data, which is a condition of their grant awards.

Public Burden Statement

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0151. Public reporting burden for this collection of information is estimated to average 45 hours per response for DRP respondents and 35 hours per response for CBDPP respondents, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to:

HRSA Reports Clearance Officer
5600 Fishers Lane, Room 14N39,
Rockville, Maryland, 20857

Overview of the Ryan White HIV/ AIDS Dental Programs

Introduction

The Ryan White HIV/AIDS Program (RWHAP), first authorized by the U.S. Congress in 1990, is administered by the U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration's (HRSA) HIV/AIDS Bureau (HAB). As part of the RWHAP, Section 2692(b) of Title XXVI of the Public Health Service Act authorizes the secretary of Health and Human Services to make grants through the DRP to accredited predoctoral dental, postdoctoral dental, and dental hygiene education programs to help cover the unreimbursed costs of providing oral health services to patients with HIV. Each eligible dental education program may submit an annual application that documents its unreimbursed costs of providing oral health care to patients with HIV during the prior year. The secretary distributes the available funds among all eligible applicants, taking into account the unreimbursed costs incurred by each institution, the total of all costs incurred by all eligible applicants, and the amount of funds available.

Section 2692(b) also authorizes the secretary to make grants to accredited predoctoral dental, postdoctoral dental, and dental hygiene education programs to support partnerships between dental education programs and community-based oral health providers. The CBDPP focuses on the provision of care and the training of additional oral health providers through collaborative community-based partnerships to increase access to oral health care for people with HIV. The CBDPP grants are awarded for project periods up to five years. Each recipient must collect, manage, and report annual program data that will document key service delivery and educational components of the funded programs.

Administration

The HIV/AIDS DRP and CBDPP are administered by the Division of Community HIV/AIDS Programs (DCHAP) within the HIV/AIDS Bureau (HAB) of the Health Resources and Services Administration (HRSA).

CBDPP questions should be directed to:

Recipient's Project Officer

DRP questions should be directed to:

Jessica Fox, PharmD, AAHIVE, RAC

Lieutenant Commander, U.S. Public Health Service Commissioned Corps

Public Health Analyst

Health Resources and Services Administration

HIV/AIDS Bureau | Division of Community HIV/AIDS Programs

Office: (301) 945-5155

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Eligibility

To be eligible for DRP and CBDPP funding, the applicant must be an institution with a predoctoral dental, postdoctoral dental, or dental hygiene education program that is accredited by the Commission on Dental Accreditation of the American Dental Association. DRP applicants must have documented unreimbursed costs of oral health care provided to persons with HIV.

Requirements and Methods for Submission

General Requirements

All programs must complete Sections 1 through 4 of the DSR, which include:

- Institution/program and contact information.
- Patient demographics and oral health services.
- Funding and payment coverage.
- Staffing and training.

The requested data must be submitted in the OMB-approved format.

Dental Reimbursement Program Application Requirements

All applicants for DRP funding will use this report to submit information for the period **July 1 through June 30** of the previous year (e.g., applications due in Spring 2020 report on services and training provided from July 1, 2018, to June 30, 2019).

In addition to Sections 1 through 4, DRP applicants also must complete Section 5, “Additional Dental Reimbursement Program Information,” which includes items regarding funding, payment coverage sources, and narratives. The narrative responses describe various aspects of the applicant’s program and help portray the scope of oral health care provided to patients with HIV.

Use the Database Utility (available for download <https://hab.hrsa.gov/program-grants-management/data-reporting-requirements-and-technical-assistance>) to complete and submit your report electronically. The DRP submission has two components:

- Submit an application package and unreimbursed cost to [Grants.gov](https://www.grants.gov).
- Email your data file to RyanWhiteDataSupport@wrma.com.

Paper submissions will generally not be accepted. In extreme cases, you may request a formal waiver of the requirement to submit electronically.



DRP applications received after the due date, incomplete applications, and applications from institutions that do not have an accredited dental or dental hygiene education program **will not be accepted for consideration for dental reimbursement program funding.**

Community-Based Dental Partnership Program Data Reporting Requirements

All CBDPP recipients will use this report to submit annual program data for the period of **January 1 through December 31** of the prior year.

In addition to Sections 1 through 4, CBDPP recipients must also complete Section 6, “Additional Community-Based Dental Partnership Program Information,” which includes items about the community-based partnership and target populations.

You are strongly encouraged to use the DSR Database Utility (available for download from <https://hab.hrsa.gov/program-grants-management/data-reporting-requirements-and-technical-assistance>) to complete and submit your report electronically.

Submission and Due Dates

Submit the DSR by 6 p.m. ET on April 3, 2020.

Dental Services Report Assistance

To obtain materials for your submissions, go to the HRSA HIV/AIDS Bureau website at <https://hab.hrsa.gov/program-grants-management/data-reporting-requirements-and-technical-assistance>. You can download the DSR Database Utility and related materials to assist you during the submission process.

If you need technical assistance, contact Ryan White Data Support via telephone and email.

Ryan White HIV/AIDS Program Data Support Help Line

Days and hours of operation: Monday – Friday, 10 a.m. – 6:30 p.m. ET

Phone number: 1-888-640-9356

Email: RyanWhiteDataSupport@wrma.com

Please note that Data Support is closed on all observed federal holidays.

Dental Services Report Instructions

All programs must complete Sections 1 through 4 (Items 1–20).

Section 1.

Institution/Program and Contact Information

Item 1. Institution/Program Information

Enter the institution or program name, address, city, state, zip code, federal tax identification number, and Data Universal Number System (DUNS) number. If available, enter a website address for the organization entered in the first line.

Item 2. Purpose of This Report

Indicate whether the institution identified in Item 1 is applying for DRP funding or submitting annual CBDPP data.



Note: Institutions applying for DRP funding and have a CBDPP grant must submit separate reports reflecting the separate patient populations served by DRP and CBDPP.

Applicants for DRP funding will submit information from **July 1 through June 30** of the previous year (e.g., applications due in 2020 report on services and training from July 1, 2018, to June 30, 2019). CBDPP recipients will submit annual program data from **January 1 through December 31** of the prior year.

Item 3. Type of Institution/Program

Indicate the type of education program submitting this report (select only one option).

- Accredited predoctoral dental education program – School of Dentistry.
- Accredited postdoctoral dental education program – School of Dentistry, Hospital, Health Center or Other.
- Accredited dental hygiene education program.

Item 4. Program Contact Person

Indicate the name and contact information for the person most closely connected to the provision of services covered by this report, typically the dentist or dental hygienist managing the program. This person will be notified of funding and will be considered the primary contact for all dental program communications. Include the contact person's email address, as this has become a primary method of correspondence.

Item 5. Alternate Program Contact

Provide an alternate name and contact information for a person connected to the provision of services if the person in Item 4 is unavailable.

Item 6. Data Contact Person

Provide the name and contact information for the person responsible for verifying the data and submitting this report, if different from the person in Item 4. This person will be contacted for questions about the data submitted in this report. If this is the same person listed in Item 4, indicate this on the "name" line.

Reporting demographic information about patients receiving care supported by Ryan White HIV/AIDS Program (RWHAP) funds (as requested in Items 7–16) is a program requirement of all RWHAP recipients. Demographic information is based on patients' self-identification.

All references to "your program" refer to aggregate data from your institution/program, including all partners or sites, if applicable.

Avoid reporting in the "unknown" category whenever possible.

Section 2.

Patient Demographics and Oral Health Services

Item 7a. Unduplicated Patient Count

Indicate the number of all unduplicated patients with HIV who received **at least one oral health service** from your program's students, residents, faculty, or dental staff during the period covered by this report, regardless of where these services were provided. This number should include all individuals with HIV seen during this period whose services were exclusively or partially paid for by RWHAP. Include patients who are not continuing to receive services from your clinic because they moved, transferred to another institution, program, or provider; or died.

This must be an actual count of patients with HIV. You may not use estimates of any kind.

Item 7b. New Patients

Of the number of patients reported in Item 7a, indicate how many patients were seen by your program for the first time during the period covered by this report. Patients who were seen in a prior period, even if after an absence from your clinic, should not be counted as new patients.



Note: The number of new patients provided in Item 7b must be less than or equal to the total in Item 7a.

Item 8. HIV/AIDS Status

Of the number of patients reported in Item 7a, indicate the number by HIV/AIDS status as of the first visit in the period covered by this report.

- **HIV-positive, not AIDS.**
- **CDC-defined AIDS (HIV-positive with AIDS-defining illness).**
- **HIV-positive, AIDS status unknown.**



Note: The sum of all HIV/AIDS status categories must equal the total number of patients reported in Item 7a.



The 1993 AIDS Surveillance Case Definition of the U.S. Centers for Disease Control and Prevention

A diagnosis of AIDS is made whenever a person is living with HIV and:

- S/he has a CD4+ cell count below 200 cells per microliter.
- Her/his CD4+ cells account for less than 14 percent of all lymphocytes.
OR
- S/he has been diagnosed with one or more AIDS-defining illnesses.

Go to <https://www.cdc.gov/mmwr/preview/mmwrhtml/00018871.htm> for a complete list.

Item 9a. Gender

Of the number of patients reported in Item 7a, indicate the number by gender.

- **Males.**
- **Females.**
- **Transgender.**
- **Unknown/unreported.**



Note: The sum of all gender categories must equal the total number of patients reported in Item 7a.

Item 9b. Sex at Birth

Of the number of patients reported in Item 7a, indicate the number by the sex assigned to the client at birth.

- **Males.**
- **Females.**



Note: The sum of all sex categories must equal the total number of patients reported in Item 7a.

Item 10. Pregnant Patients

Of the total number of female patients with HIV reported in Item 9b, indicate their pregnancy status during the period covered by this report. Indicate their status as “pregnant,” when that is known, regardless of the pregnancy outcome.

Also indicate the number who were known to not be pregnant, or who were unsure of their pregnancy status.

- **Pregnant.**
- **Not pregnant.**
- **Unsure if pregnant.**
- **Unknown/unreported.**

Note: If data are reported in the “unknown/unreported” category, indicate why the data are not available. The sum of all pregnancy categories must equal the total number of female patients reported in Item 9b.

Item 11a. Ethnicity

Of the number of patients reported in Item 7a, indicate the number by the ethnicity categories shown.



Note: The sum of the ethnicity categories must not exceed the total number of patients reported in Item 7a. RWHAP dental programs are expected to make every effort to obtain and report ethnicity information, based on each patient's self-identification.

Hispanic, Latino/a is a person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

- **Hispanic or Latino/a.**
- **Non-Hispanic or Latino/a.**

Item 11b. Hispanic Ethnicity

Of the number of Hispanic patients reported in Item 11a, indicate the number by the ethnic subcategories shown.

- **Mexican, Mexican American, Chicano/a.**
- **Puerto Rican.**
- **Cuban.**
- **Other Hispanic, Latino/a or Spanish origin.**



Note: The sum of the Hispanic ethnicity categories must not exceed the total number of Hispanic patients reported in Item 11a. RWHAP dental programs are expected to make every effort to obtain and report ethnicity information based on each patient's self-identification.

Item 12a. Race

Of the number of patients reported in Item 7a, indicate the number by the race categories shown. Patients who identify with more than one race or as being of mixed race should be counted in the "More than one race" category.

Note: The sum of all race categories must not exceed the total number of patients reported in Item 7a. RWHAP dental programs are expected to make every effort to obtain and report race information based on each patient's self-identification.

The following racial category descriptions, defined in October 1997, are required for all federal reporting, as mandated by OMB.

For more information, see https://obamawhitehouse.archives.gov/omb/fedreg_1997standards. HRSA mandated use of these categories as of January 2002.

- **White** is a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- **Black or African American** is a person having origins in any of the black racial groups of Africa.
- **Asian** is a person having origins in any of the original peoples of the Far East; Southeast Asia; or the Indian subcontinent, including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- **Native Hawaiian or Other Pacific Islander** is a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- **American Indian or Alaska Native** is a person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.
- **More than one race** is a person who identifies with more than one racial category.

Item 12b. Asian Race

Of the number of Asian patients reported in Item 12a, indicate the number by the racial subcategories shown.

- **Asian Indian.**
- **Chinese.**
- **Filipino.**
- **Japanese.**
- **Korean.**
- **Vietnamese.**
- **Other Asian.**



Note: The sum of the Asian racial categories must not exceed the total number of Asian patients reported in Item 12a. RWHAP dental programs are expected to make every effort to obtain and report race information based on each patient's self-identification.

Item 12c. Native Hawaiian/Pacific Islander Race

Of the number of Native Hawaiian or other Pacific Islander patients reported in Item 12a, indicate the number by the racial subcategories shown.

- **Native Hawaiian.**
- **Guamanian or Chamorro.**
- **Samoan.**
- **Other Pacific Islander.**



Note: The sum of the Native Hawaiian or other Pacific Islander racial categories must not exceed the total number of Native Hawaiian or other Pacific Islander patients reported in Item 12a. RWHAP dental programs are expected to make every effort to obtain and report race information based on each patient's self-identification.

Item 13. Age

Of the number of patients reported in Item 7a, indicate the number of patients by their oldest ages at any time during the period covered by this report.

- **12 or younger.**
- **13-24.**
- **25-44.**
- **45-64.**
- **65 or older.**
- **Unknown/unreported.**



Note: The sum of all age categories must equal the total number of patients reported in Item 7a.

Item 14. Household Income

Of the number of patients reported in Item 7a, indicate the number of patients by their annual household income relative to the federal poverty guidelines at any time during the period covered by this report. (See Poverty Guidelines, Research, and Measurement at: <https://aspe.hhs.gov/poverty-research>.)

- **Equal to or below the federal poverty line.**
- **101-200% of federal poverty line.**
- **201-300% of federal poverty line.**
- **>300% of federal poverty line.**
- **Unknown/unreported.**



Note: The sum of all Household Income categories must equal the total number of patients reported in Item 7a.

Item 15. Types of Oral Health Services

Indicate the total number of visits made by patients reported in Item 7a for each type of service provided during the period covered by this report. This question is intended to determine the scope and relative frequency of oral health services provided for your patients, not the number of individual treatment procedures performed. Therefore, **report numbers of visits**, not patients or procedures. As far as possible, if your program provided several services to a patient during a single clinic visit, count each service type as a separate visit. For example, if during a patient's clinic visit, you took radiographs, performed two quadrants of root planning, and provided root canal therapy for two molars, count these as three visits — one visit each in the diagnostic, periodontic, and endodontic service categories.

If the type of service provided is not listed, specify it in the "Other" category.

- **Diagnostic.**
- **Preventive.**
- **Oral health education/health promotion.**
- **Nutrition counseling.**
- **Tobacco prevention/cessation.**
- **Oral medicine/oral pathology.**
- **Restorative.**
- **Periodontic.**
- **Prosthodontic.**
- **Oral and maxillofacial surgery.**
- **Endodontic.**
- **Anesthesia/sedation/nitrous oxide analgesia/palliative care.**
- **Emergency services.**
- **Other (specify below).**

Item 16. Location of Primary Medical Care

Of the number of patients reported in Item 7a, show the number who usually received their primary medical care in each of the locations listed.

- **Provider or clinic co-located in the same physical facility or site where oral health care is provided.**
- **Provider or clinic in the same institution providing oral health care, but at a different site.**
- **Other medical provider or clinic not in the same institution providing oral health care at a different site.**
- **Unknown/unreported.**



Note: The total number of patients reported here should be equal to the total reported in Item 7a.

Section 3. Funding and Payment Coverage

Item 17a. Ryan White HIV/AIDS Program Funding

Indicate whether or not the parent institution of the program identified in Item 1 received any other RWHAP funding during the period covered by this report (i.e., monies received from RWHAP Parts A–D, including Minority AIDS Initiative funds, Special Projects of National Significance, or AIDS Education and Training Centers) to provide any HIV-related services, not only oral health services or training. If the answer is “Yes,” complete Item 17b; otherwise continue with Item 18.

- **Yes.**
- **No.**

Item 17b. Ryan White HIV/AIDS Program Funding Amounts

Indicate the total amount the parent institution of the program identified in Item 1 received from each RWHAP Part listed (rounded to the nearest dollar).

- Part A.
- Part B.
- Part C.
- Part D.
- Part F Special Projects of National Significance (SPNS).
- Part F AIDS Education and Training Centers (AETCs).



Note: Only report direct reimbursements from third-party payors (public and private) as payment for services provided in Items 18 and 19. For the purposes of this report, funding from RWHAP or other grants is considered program income or revenue and should not be reported in Items 18 or 19.

Item 18. Third-Party Payor Coverage

Of the number of patients reported in Item 7a, indicate how many received oral health care with no or partial third-party payor coverage and the number whose third-party payor coverage status was unknown.

- Number of patients who received oral health care with **NO** third party payor coverage.
- Number of patients who received oral health care with **PARTIAL** third party payor coverage.
- Number of patients whose third party payor coverage status was **UNKNOWN**.



Note: The total number of patients reported here should be equal to the total reported in Item 7a.

Item 19. Number of Patients and Payments Received

Indicate the number of patients with HIV whose oral health care was partially covered by each of the listed payment sources and the amount of payments received (rounded to the nearest dollar) from those sources, including patients who self-pay. For the purposes of this report, count a patient if at any time during the period covered by this report payment was received for at least one visit or service.

Report patients whose oral health care was covered by more than one payment source under **all** categories of payment source from which payment was received. For example, report a patient whose care was supported by Medicare and private insurance twice in this table. If a payment source is not included, specify it in the "Other" category.

Item #17 Item #18 Item #19

SECTION 3. FUNDING AND PAYMENT COVERAGE

19. Indicate the number of patients with HIV whose oral health care was partially covered by each of the following sources and the total amount of payment received (rounded to the nearest dollar):

| Payment Source | Number of Patients with HIV | Payment Received (\$) |
|---|-----------------------------|-----------------------|
| Medicaid (non-HMO/non-managed care) | 0 | \$0 |
| Medicaid (HMO/managed care) | 0 | \$0 |
| Medicare | 0 | \$0 |
| Other public insurance (e.g., TRICARE, VA) | 0 | \$0 |
| Private insurance, including HMO/managed care | 0 | \$0 |
| Self-pay or cash | 0 | \$0 |
| Other (specify below) | | |
| <input type="text"/> | 0 | \$0 |
| Unknown | 0 | \$0 |

Section 4. Staffing and Training

Item 20. Staffing and Training

For the period covered by this report, indicate the total number of students, residents, and other nonstudent dental providers who were enrolled in or rotated through your program, and the total number of those students, residents, and other dental providers who received training in providing services to patients with HIV. Also indicate the total number of hours of your training curriculum dedicated to issues related to HIV and oral health management, and the total number of hours that all students, residents, and other dental providers spent providing direct clinical services for patients with HIV. Attach any optional narrative description of your HIV training program to provide further clarification.

Item #20

SECTION 4. STAFFING AND TRAINING

20. For the period covered by this Report, provide the following information about the number of dental students, residents, dental hygiene students, and other non-student dental providers who participated in or rotated through your program. Please feel free to attach an optional narrative description of your HIV training program as further clarification of the information that you provide below.

| | Predoctoral Dental Students | Dental Residents or Postdoctoral Students | Dental Hygiene Students | Other Non-Student Dental Providers |
|---|---|---|-------------------------|------------------------------------|
| Click Here for Complete Response Categories | | | | |
| a. Number enrolled in your school or program... | 0 | 0 | 0 | |
| b. Number who received didactic instruction... | 0 | 0 | 0 | 0 |
| c. Number who provided direct care... | 0 | 0 | 0 | 0 |
| d. i. # of training hours - required curriculum... | 0 | 0 | 0 | |
| ii. # of training hours - elective curriculum... | 0 | 0 | 0 | 0 |
| e. Hours of clinical care provided ... | 0 | 0 | 0 | 0 |
| Optional narrative description of training: | <div style="border: 1px solid gray; padding: 2px;"> ^ v </div> | | | |

Section 5.

Additional Dental Reimbursement Program Information

This section should only be completed by institutions applying for DRP funding.

Item 21. Authorized Signature

Indicate the name and contact information for the person authorized to sign for the institution.

A. Use of Funding

Item 22. Intended Use of DRP Funds

Check each way you will use DRP funds. If a use is not listed, specify it in the “Other” category.

- Direct patient services (e.g., provider/faculty salaries).
- Patient education or outreach.
- Curriculum development.
- Student education/training.
- Staff education/training.
- Clinic staff salary/support.
- Equipment/instruments/supplies/materials.
- Pharmaceuticals or dental medicaments.
- General operations.
- Other (specify).

B. Unreimbursed Costs

Item 23a. Total Unreimbursed Costs

Indicate the total unreimbursed costs (rounded to the nearest dollar) of oral health care provided to patients with HIV during the period covered by this report. Institutions/programs should review their charts and financial records to calculate total actual unreimbursed costs of services provided. If you cannot calculate actual costs, use as a surrogate your institution’s usual fees for the services provided (before any discount or sliding-fee schedule is applied).



Note: The total unreimbursed costs of oral health care provided to patients with HIV from July 1, 2018, through June 30, 2019, entered in 23a must match the unreimbursed amount entered in 18a and 18g of the SF-424.

Item 23b. Calculation Methods

Provide a concise description of the methods used to calculate the amount reported in Item 23a.

C. Narratives



Note: A text box is available in the Database Utility for narrative responses (Items 24-26).

Your narrative responses will inform HRSA of your program's unique characteristics and strengths in providing comprehensive oral health care for patients with HIV. Your responses will also enable HRSA to more fully understand the environment in which oral health care is provided to patients with HIV and to gauge the extent of collaboration among the various RWHAP-supported programs.

Item 24. Site Descriptions

Concisely describe the sites where your predoctoral dental/postdoctoral dental/dental hygiene education program provides oral health services to patients with HIV. In identifying these sites, describe whether students and residents provide direct patient care in community-based facilities and whether such facilities are organizational components of your institution or separate organizations.

Item 25. Working Relationships with Ryan White HIV/AIDS Programs

Describe working relationships that your predoctoral dental/postdoctoral dental/dental hygiene education program has established with RWHAPs listed in Item 17b, including RWHAP A HIV planning councils and RWHAP B HIV consortia. Describe how your program has been working to maximize coordination, integration, and effective linkages among local RWHAP-funded programs.

Item 26. Special Strengths or Unique Capabilities

Concisely describe any special strengths or unique capabilities of your predoctoral dental/postdoctoral dental/dental hygiene education program with respect to providing oral health care for patients with HIV (e.g., facilities, hours of operation, support services, or staff skills or expertise). Include evening and weekend clinic hours, onsite participation in clinical trials, provider or staff diversity, special patient education programs, the availability of childcare services, language translation services, transportation services, or other special strengths.

Section 6. Additional Community-Based Dental Partnership Program Information

This section should be completed only by CBDPP recipients.

Item 27. Partnership Program Information

List your CBDPP member organizations' names and addresses and each partner's primary contact person. Also indicate if each partner receives CBDPP funds, and briefly describe each partner's role, function, or contribution to the partnership (e.g., special staff skills, capacity to provide services or train providers, experience managing grants, expertise in community outreach or dental case management, capacity to provide transportation or child care services).

Step 1:

The screenshot shows a web browser window with a navigation bar at the top containing "Item #27" and "Item #28". Below the navigation bar is a dark header with the text "SECTION 6. ADDITIONAL COMMUNITY-BASED DENTAL PARTNERSHIP PROGRAM INFORMATION".

The main content area displays "27. List the names and addresses of the member organizations of your Community-Based Dental Partnership Program (other than your institution) and their roles or function in the partnership:".

Step 1: Enter the name of each of your partners using the subform below. Press <Tab> to advance to the next row. Once you've identified all of your partner organizations, proceed to Step 2.

The subform is a table with a dropdown menu at the top labeled "Partner Organization". The first row contains the text "Health & Happiness Clinic" and an asterisk icon. Below the table is a control bar with "Record: 1 of 1", "No Filter", and a "Search" input field.

Note: Press <Ctrl> + <Tab> to Exit Subform

Step 2: Click the button below to enter address information and identify the role of each partner.

At the bottom of the form is a button labeled "Enter/Review Partner Organizations' Address Information and Roles".

Step 2:

SECTION 6. COMMUNITY-BASED DENTAL PARTNERSHIP PROGRAM INFORMATION

27. List the names and addresses of the member organizations of your Community-Based Dental Partnership Program (other than your institution) and their roles or function in the partnership.

Contact Information

Organization: Health & Happiness Clinic

Address: [Empty text box]

City: [Empty text box]

State: [Dropdown menu]

ZIP Code: [Empty text box] - [Empty text box]

Phone: [Empty text box]

Fax: [Empty text box]

Contact Person: [Empty text box]

Email Address: [Empty text box]

Does partner receive CBDPP funds?

Yes

No

Brief Description of Partner's Role or Function

[Empty text box]

Item 28. Target Populations

Indicate which populations of people with HIV were specially targeted to receive outreach or services from your program during the period covered by this report.

- **Urban populations.**
- **Suburban populations.**
- **Rural populations other than migrant or seasonal workers.**
- **Migrant or seasonal workers.**
- **Runaway or street youth.**
- **Gay, lesbian, bisexual, transgender youth.**
- **Gay, lesbian, bisexual, transgender adult.**
- **Homeless persons.**
- **Incarcerated persons.**
- **Substance addicted persons.**
- **Other, specify.**



Note: HRSA RWHAP recipients and subrecipients may provide HRSA RWHAP core medical services and support services to PLWH incarcerated in Federal and State prison systems on a transitional basis only. HRSA RWHAP recipients and subrecipients may also provide HRSA RWHAP core medical services and support services to PLWH incarcerated in other correctional systems on a short-term and/or transitional basis. Please see [HRSA HAB Policy Clarification Notice 18-02 The Use of Ryan White HIV/AIDS Program Funds for Core Medical Services and Support Services for People Living with HIV Who Are Incarcerated and Justice Involved](#) for further clarification on the provision of HRSA RWHAP services to people with HIV who are justice-involved.

Glossary

| Term | Definition |
|--|--|
| Eligible Applicant | A dental school, institution with a predoctoral or postdoctoral dental education program, or a dental hygiene education program that have provided oral health care for patients with HIV and been accredited by the Commission on Dental Accreditation. |
| Household Income | The sum of money received in the previous calendar year by all household members, ages 15 years and older, including household members not related to the householder, people living alone, and others in nonfamily households. |
| Patient with HIV | A person who has the human immunodeficiency virus; a person with documented confirmation of her/his positive serostatus (e.g., a positive HIV test result; a letter verifying that the person is receiving HIV-related care or services from a primary medical care provider, case manager, or AIDS service organization; a viral load test result; an AIDS Drug Assistance Program (ADAP) enrollment card); or a person who self-identifies as being HIV-positive. |
| Period Covered by This Report | The period for which you are reporting data. If you are applying for DRP funding, this report should present data on services provided from July 1 through June 30 of the prior year. If you are submitting an annual CBDPP data report, this report should present data on services provided from January 1 through December 31 of the prior year. |
| Ryan White HIV/AIDS Program | The Ryan White HIV/AIDS Treatment Extension Act of 2009—The federal legislation created to address the health care and service needs of people with HIV disease and their families in the United States and its territories. |
| Statewide Coordinated Statement of Need (SCSN) | A statement of significant HIV-related issues specific to each state, which is a result of coordination, integration, and effective links across the Ryan White HIV/AIDS Programs. The Ryan White HIV/AIDS Treatment Extension Act of 2009 requires recipients to conduct activities to enhance coordination across all Ryan White HIV/AIDS Programs, including collaborative development of a SCSN. |
| Unduplicated Number of Patients | Patients counted using a method by which a single individual is counted only once during the period covered by this report, regardless of how many clinic visits were made or procedures performed. For institutions that provided care at multiple sites, a patient is counted only once, even if he or she received services at more than one site. |
| Unreimbursed Oral Health Care Costs | The balance remaining after subtracting the total payment received from patients with HIV or Medicaid or other third-party payors, plus grants and all other sources of revenue to support oral health care for HIV positive patients, from the total of actual costs incurred by the applicant institution in providing oral health care to those patients. If actual costs to provide services cannot be calculated, then the applicant institution's usual fees for those procedures (before any discount or sliding-fee schedule is applied) should be used as a surrogate for actual costs. |