

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

The Health Resources and Services Administration's (HRSA) HIV/AIDS Bureau (HAB) is requesting from the Office of Management and Budget (OMB) approval of an extension with minor revisions to the Ryan White HIV/AIDS Program (RWHAP) Dental Services Report (DSR) form, which expires July 31, 2023. 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 RWHAP Part F. See Tab A for the legislation, Tab B for the Dental Services Report, and Tab C for the instruction manual.

The RWHAP 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 persons with HIV.

The DRP reimburses dental education programs for uncompensated funds to provide oral health services to persons with HIV. 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.

Participation in both the 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 persons 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 persons with HIV. While the same institutions are eligible to receive funds under both programs, the programs must be administered separately.

The DSR serves as part of the application for funding from the DRP. The form is also used by CBDPP recipients to report on services rendered, patients served, and partnerships 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.

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 the DRP. The second purpose is to support annual data reporting for

CBDPP recipients. These data allow HRSA HAB to review the progress of its dental training programs and better understand the education and services being provided.

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 and 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 in the DSR 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 people with HIV;
3. Determine the characteristics of people with HIV receiving oral health services;
4. Determine the scope and extent of oral health services provided to people 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.

3. Use of Improved Information Technology and Burden Reduction

The DSR instructions and a link to the report website can be accessed on the HRSA HAB's website.

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 March 8, 2023 (Volume 88, No. 45, pages 14375-76). There were no public comments in response to the Federal Register Notice.

A 30-day Federal Register Notice was published in the *Federal Register* on June 1, 2023 (Volume 88, No. 105, pages 35888-89).

Section 8B:

In determining the burden estimate and the clarity of the information requested in the report from recipients, HRSA HAB consulted with two (2) DRP applicants and two (2) CBDPP recipients in February 2023. The overall assessment by the pilot group is that reporting has improved due to the implementation of the DSR website.

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 people 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 39 hours for CBDPP recipients. The recent pilot produced a significantly lower burden estimate with 32 hours for DRP recipients and 1.5 hours for CBDPP recipients. Both DRP and CBDPP respondents reported lower burden estimates due to the deployment of the DSR website in 2022.

Form Name	Type of Respondent	Number of Respondents	Number of Responses per Respondent	Total Responses	Average Burden per Response (in hours)	Total Burden
Dental Services	DRP	56	1	56	32.0	1,792
	CBDPP	12	1	12	1.5	18

Report					
Total		68		68	1,810

12B. Estimated Annualized Burden Costs

Type of Respondent	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs
DRP	1,792	37.53	\$67,253.76
CBDPP	18	37.53	\$675.54
Total			\$67,929.30

https://www.bls.gov/oes/2020/may/oes_nat.htm#29-0000

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

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 the 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. The estimated average annual cost for this contract is \$83,077.60 (\$332,310.38), based on the table below.

Contract year	Task 4 (Dental Programs) cost
Base year (2022-23)	\$81,023.01
Option year 1 (2023-24)	\$82,425.75
Option year 2 (2024-25)	\$83,748.61
Option year 3 (2025-26)	\$85,113.01
Total cost	\$332,310.38

In addition, there will be the cost for a GS 13 (Step 5) at 10% time of 1 FTE (\$126,949 per year x 10% = approximately \$12,695 per year) to monitor the project. The average annual total cost of the project is \$96,042 and the total cost of the four-year project is \$384,168.

15. Explanation for Program Changes or Adjustments

Beginning with the 2022 DSR submission, the DSR website provided RWHAP DRP applicants and RWHAP CBDPP recipients an easily accessible and secure location to enter and submit their aggregate DSR data annually. The web-based platform is accessible by all users and allows users to easily navigate and enter their data. Users can see their report submission status and will no longer email their completed dataset to HRSA. HRSA HAB proposes two additions to the DSR data reporting tool. First, HRSA HAB proposes adding an additional response option to the HIV/AIDS Status question to capture clients whose HIV status is indeterminate. Second, HRSA HAB proposes adding a question that will identify specific populations such as LGBTQI, urban/suburban/rural persons, homeless persons, persons with substance use disorders, migrant or seasonal workers, incarcerated/paroled persons, and/or runaway youth, who were specifically prioritized to receive services through community-based partnership programs.

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

Respondents complete the DSR annually to report on services provided and people 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 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.