

DSR OMB Package 2023 – Proposed Changes

SECTION 2. PATIENT DEMOGRAPHICS AND ORAL HEALTH SERVICES

#	Variable	Response Option	Recommendation
8	HIV/AIDS Status	<ul style="list-style-type: none"> • HIV-positive, not AIDS • HIV-positive, AIDS status unknown • CDC-defined AIDS • HIV-indeterminate (infants <2 years old) 	No change
9a	Gender	<ul style="list-style-type: none"> • Male • Female • Transgender Male to Female • Transgender Female to Male • Transgender Other • Unknown 	No change
9b	Sex at birth	<ul style="list-style-type: none"> • Male • Female 	No change
10	Pregnancy Status	<ul style="list-style-type: none"> • Pregnant • Not pregnant • Unknown/unreported 	No change
11a	Ethnicity	<ul style="list-style-type: none"> • Hispanic, Latino/a • Non-Hispanic/Latino/a 	No change
11b	Hispanic subgroup	<ul style="list-style-type: none"> • Mexican, Mexican American, Chicano/a • Puerto Rican • Cuban • Another Hispanic, Latino/a or Spanish origin 	No change
12a	Race	<ul style="list-style-type: none"> • American Indian or Alaska Native • Asian • Black or African American • Native Hawaiian or other Pacific Islander • White • More than one race 	No change
12b	Asian subgroup	<ul style="list-style-type: none"> • Asian Indian • Chinese • Filipino • Japanese • Korean • Vietnamese • Other Asian 	No change

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12c	Native Hawaiian/Pacific Islander subgroup	<ul style="list-style-type: none"> • Native Hawaiian • Guamanian or Chamorro • Samoan • Other Pacific Islander 	No change
13	Age	<ul style="list-style-type: none"> • <13 • 13-24 • 25-34 • 35-44 • 45-54 • 55-64 • ≥65 • Unknown/unreported 	No change
14	Income	<ul style="list-style-type: none"> • 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 	No change

Section 5: Additional Dental Reimbursement Program Information

#	Variable	Response Option	Recommendation
23a	Amount of unreimbursed costs	Total unreimbursed costs of oral health care provided to patients with HIV during the reporting period (rounded to the nearest dollar)	No change

Section 6: Additional Community-Based Dental Partnership Program Information

#	Variable	Response Option	Recommendation
28	Indicate which of the following populations were specially targeted to receive services through the Community-Based Partnership Program (check all that apply)	<ul style="list-style-type: none"> • Urban populations • Suburban populations • Rural populations other than migrant or seasonal workers • Migrant or seasonal workers • Runaway street youth • Gay, lesbian, bisexual, transgender youth 	<ul style="list-style-type: none"> • Urban populations • Suburban populations • Rural populations other than migrant or seasonal workers • Migrant or seasonal workers • Runaway street youth • Gay, lesbian, bisexual, transgender youth

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		<ul style="list-style-type: none"> • Gay, lesbian, bisexual, transgender adults • Homeless persons • Incarcerated persons • Substance-addicted persons <p>Other, specify</p>	<ul style="list-style-type: none"> • Gay, lesbian, bisexual, transgender adults • Homeless persons • Incarcerated persons • Paroled persons • Substance-addicted persons • Other, specify
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