

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 August 31, 2026. 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.

The Dental Reimbursement Program (DRP) and the Community Based Dental Partnership Program (CBDPP) under Part F of the RWHAP offer funding to accredited dental education programs to support the education and training of oral health providers in HIV oral health care and reimbursement for the provision of oral health services for people eligible for the RWHAP. Institutions eligible for the RWHAP DRP and CBDPP are accredited schools of dentistry and other accredited dental education programs, such as dental hygiene programs or those sponsored by a school of dentistry, a hospital, or a public or private institution that offers postdoctoral training in the specialties of dentistry, advanced education in general dentistry, or a dental general practice residency. The RWHAP DRP Application for the Notice of Funding Opportunity includes the Dental Services Report (DSR) that applicants use to apply for funding of non-reimbursed costs incurred in providing oral health care to patients with HIV and to report annual program data. Awards are authorized under section 2692(b) of the Public Health Service Act (42 U.S.C. 300ff-111(b)). The DSR is also used by CBDPP recipients to report on services rendered, patients served, and partnerships as an annual requirement.

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 data on program information, client demographics, oral health services, funding, and training. It also requests applicants/recipients to provide a narrative description of the services offered, the types of facilities available, and their linkage and collaboration with community-based oral health service providers

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 RWHAP 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

This data will be collected in a manner consistent with the guidelines in 5 CFR 1320.5. The exception is with aligning race and ethnicity data with SPD-15 guidelines, HRSA needs to update systems to accept the revised categories and data providers are not yet able to submit the revised data using SPD-15 standards.

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

Section 8A:

A 60-day notice published in the **Federal Register** on November 26, 2025, vol. 90, No. 226; pp. 34332-33. There were no public comments. A 30-day notice published in the **Federal Register** on February 26, 2026, vol. 91, No. 39; pp. 9872-73.

Section 8B:

In determining the burden estimate and the clarity of the information requested in the report from recipients, HRSA HAB consulted with three (3) DRP applicants and two (2) CBDPP recipients in August 2025. The pilot group's overall assessment is that the DSR website is very easy to navigate and use for reporting.

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. Data will remain private to the extent allowed by law.

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

12A. Estimated Annualized Burden Hours

The estimated burden hours reported in the OMB inventory remain unchanged from the 2023 package for both DRP applicants (32 hours) and CBDPP recipients (1.5 hours), reflecting the continued ease of use of the DSR website. The average burden per response is based on feedback from DRP applicants and CBDPP recipients. The number of respondents is based on the number of DRP applicants and CBDPP recipients.

HRSA estimates, based on the most recent DRP recipients, that approximately 60% of DRP applicants will be State, Local, or Tribal entities (e.g., public colleges/universities), with the remaining 40% being considered Private Sector (e.g., private universities). HRSA estimates, based on the most recent CBDPP recipients, that approximately 60% of CBDPP recipients will be considered Private Sector, and the remaining 40% will be State, Local, or Tribal entities.

Total Estimated Annualized Burden Hours:

Form Name	Type of Respondent	Affected Public	Number of Respondents	Number of Responses per Respondent	Total Responses	Average Burden per Response (in hours)	Total Burden
Dental Services Report	DRP	State/Local/Tribal	34	1	34	32.0	1,088.0
		Private Sector	22	1	22	32.0	704.0
		Subtotal*	56	1	56	32.0	1,792.0
	CBDPP	State/Local/Tribal	7	1	7	1.5	10.5
		Private Sector	5	1	5	1.5	7.5
		Subtotal*	12	1	12	1.5	18.0
Total**			68		68		1,810

* Number of Responses per Respondent and Average Burden per Response is estimated to be the same among both State/Local/Tribal and Private Sector entities. Therefore, it is not calculated vertically.

** Shows up as 1,811 in ROCIS due to the total burden hours being rounded up to the next whole number.

12B. Estimated Annualized Burden Costs

HRSA has determined that a Database Administrator will be the profession that will complete the forms. The median hourly wage for this profession is \$50.30. The median wage is doubled to account for benefits and other overhead, resulting in an adjusted hourly wage rate of \$100.60.

Type of Respondent	Total Burden Hours	Hourly Wage Rate (X2)	Total Respondent Costs
DRP	1,792	\$100.60	\$180,275.20
CBDPP	18	\$100.60	\$1,810.80
Total			\$182,086.00

Source: U.S. Bureau of Labor Statistics. (n.d.). *Occupational employment and wage statistics: Database Administrators (15-1242)*. In *Occupational Employment and Wage Statistics Query System*. U.S. Department of Labor. Retrieved February 18, 2026, from <https://data.bls.gov/oes/#/industry/000000>

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.

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 total), 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, government personnel require 15 percent of one (1) FTE (including overhead) at a GS-14, step 6 at a total cost of \$37,777 to review and prepare award notices. The average annual total cost of the project is \$120,855 and the total cost of the four-year project is \$483,420.

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. All RWHAP DRP applicants and RWHAP CBDPP recipients will be authorized users of a web-based platform that allows users to easily navigate the site and enter their data. Users can see their report submission status and no longer need to email their dataset to HRSA. The implementation of the DSR website contributed to the overall decrease in burden hours. HRSA proposes minor modifications to the DSR data reporting tool:

- Remove the question regarding gender to align with Presidential Executive Orders.
- Add an "Unknown" response option for the "Sex at Birth" variable.
- Remove "People and Communities Disproportionately Impacted by HIV" from section 4.

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.

The DSR annual report is publicly available through the Health Resources and Services Administration (HRSA) website, the HAB data infographics page: <https://ryanwhite.hrsa.gov/resources/hiv-aids-bureau-infographics>.

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

The OMB number and expiration date will be displayed on every page of every form/instrument.

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.