

INSTITUTION/PROGRAM AND CONTACT INFORMATION

Institution/program information:

Organization
Address
City
State ZIP Code
Institution/program Web site address

Program contact person (dentist or dental hygienist) most closely connected to the provision of services covered by this report:

Name
Title/Position
Address
City
State ZIP Code

Telephone:

Is the institution using this report to:

- Apply for funds through the Dental Reimbursement Program (DRP)?
- Submit data for the Community-Based Dental Partnership Program (CBDPP)?

Fax
Pager
E-mail address

Type of institution/program submitting this report (select all that apply):

- Accredited predoctoral dental education
- Accredited postdoctoral dental education
- Accredited dental hygiene education program

Alternate program contact person:

Name
Title/Position
Address
City
State ZIP Code

Telephone:

Fax
Pager
E-mail address

SECTION 1. PATIENT DEMOGRAPHICS AND ORAL HEALTH SERVICES

Total number of **UNDUPLICATED** patients with HIV treated by students, residents, faculty, and other dental staff of your program:

Of the total number of **UNDUPLICATED** patients reported, how many were seen by your program for the first time during the period covered by this report?:

HIV/AIDS status of the **UNDUPLICATED** patients reported (as of the first visit in the period covered by this report):

HIV/AIDS Status	Number of Patients with HIV
HIV-positive, not AIDS	
HIV-positive, AIDS status unknown	
CDC-defined AIDS	
Total	

Of the number of **UNDUPLICATED** patients reported, indicate the number by sex assigned to the clients at birth:

Sex at Birth	Number of Patients with HIV
Male	
Female	
Not Reported	
Total	

Of the number of **UNDUPLICATED** patients reported, indicate the number by age:

Age	Number of Patients with HIV
<13	
13-24	
25-34	
35-44	
45-54	
55-64	
>=65	
Total	

Of the number of **UNDUPLICATED** patients reported, indicate the number by household income:

Income (Federal Poverty Level)	Number of Patients with HIV
Equal to or below the Federal poverty level	
101-200% of Federal poverty level	
201-300% of Federal poverty level	
> 300% of Federal poverty level	
Unknown/unreported	
Total	

Of the number of **UNDUPLICATED** patients reported, indicate the number by race:

Race	Number of Patients with HIV
American Indian or Alaskan Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
More than one race	
Total	

Of the number of **UNDUPLICATED** patients reported, indicate the number by ethnicity:

Ethnicity	Number of Patients with HIV
Hispanic, Latino/a	
Non-Hispanic/Latino/a	
Total	

Of the number of **FEMALE** at birth patients reported, indicate the number by pregnancy status:

Pregnancy Status	Number of Female Patients with HIV
Pregnant	
Not pregnant	
Unknown/unreported	
Total	

If unknown/unreported, explain why:

Of the number of HISPANIC patients, indicate the number by ethnic group. The total number reported here must equal the number of HISPANIC OR LATINO/A patients reported:

Hispanic Subgroup	Number of Patients with HIV
Mexican, Mexican American, Chicano/a	
Puerto Rican	
Cuban	
Other Hispanic, Latino/a, or Spanish Origin	
Total	

Of the number of NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER patients reported, indicate the number by racial group:

Native Hawaiian/Pacific Islander Subgroup	Number of Patients with HIV
Native Hawaiian	
Guamanian or Chamorro	
Samoan	
Other Pacific Islander	
Total	

Of the number of ASIAN patients reported, indicate the number by racial groups:

Asian Subgroup	Number of Patients with HIV
Asian Indian	
Chinese	
Filipino	
Japanese	
Korean	
Vietnamese	
Other Asian	
Total	

Of the number of UNDUPLICATED patients reported, show where they received their primary medical care by each of the following locations:

Location	Number of Patients with HIV
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	
Total	

Indicate the total number of visits made by UNDUPLICATED patients reported for each type of oral health service:

Service Type	Number of Visits
Diagnostic	
Preventative	
Oral health education/health promotion	
Nutritional 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	
Total	

Specify Other Service(s) Provided

SECTION 2. FUNDING AND PAYMENT COVERAGE

Did the parent institution of the program receive any other Ryan White HIV/AIDS Program funding (not only for oral health care or training) during the period covered by this report?

Yes No

Indicate the total funds the parent institution received from other Ryan White HIV/AIDS Program grants to provide any HIV-related services or training during the period covered by this Report (rounded to the nearest dollar):

Ryan White HIV/AIDS Program Funding	Amount Received
Part A	
Part B	
Part C	
Part D	
Special Projects of National Significance (SPNS)	
AIDS Education and Training Centers (AETCs)	
Total	

Of the number of **UNDUPLICATED** patients reported, indicate the number whose third-party coverage for oral health services fell under each of the following categories:

Third Party Payor Coverage	Number of Patients with HIV
NO third-party payor coverage	
PARTIAL third-party payor coverage	
UNKNOWN third-party payor coverage status	
Total	

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):

Funding and Payment Coverage	Number of Patients with HIV	Payment Received (\$)
Medicaid (non-HMO/ non-managed care)		
Medicaid (HMO/managed care)		
Medicare		
Other public insurance (e.g., TRICARE, VA)		
Private insurance, including HMO/managed care		
Self-pay or cash		
Other		
Unknown		
Total		

Specify Other Sources

SECTION 3. STAFFING AND TRAINING

For this reporting period, 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.

	Predoctoral Dental Students	Dental Residents or Postdoctoral Students	Dental Hygiene Students	Other Non-Student Dental
Students and residents enrolled in all years of the school/program				
Students, residents, and other providers who received formal didactic instruction in medical assessment or oral health management for patients with HIV				
Students, residents, and other providers who gained experience providing direct clinical services for patients with HIV				
Number of training hours as part of your curriculum (didactic and clinical combined) dedicated to issues related to medical assessment or oral health management for patients with HIV				
i. As part of required curriculum	i.	i.	i.	
ii. As part of elective curriculum	ii.	ii.	ii.	ii.
Hours of direct clinical services for patients with HIV provided by students, residents, and other providers				

Optional narrative description of your HIV training program:

SECTION 4. ADDITIONAL DENTAL REIMBURSEMENT PROGRAM INFORMATION

USE OF FUNDING

Specify how the Dental Reimbursement Program funds will be used within your predoctoral dental/postdoctoral dental/dental hygiene education program (check all that apply):

- 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 Other Sources

UNREIMBURSED COSTS

Total unreimbursed costs of oral health care provided to patients with HIV during the reporting period (rounded to the nearest dollar).

Please provide a concise description of the methods used to calculate the unreimbursed amount reported above.

NARRATIVES

Site Descriptions

List and 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, please address the following questions:

- Do your students or residents provide direct patient care in community-based facilities?
- Are such facilities organizational components of your institution, or are they separate organizations?

Working Relationships with Ryan White HIV/AIDS Programs

Concisely describe working relationships that your predoctoral dental/postdoctoral dental/dental hygiene education program has established with the Ryan White HIV/AIDS Programs (Parts A-D, SPNS, and AETCs), including Part A HIV Planning Councils and Part B HIV Consortia.

Describe how your program has been working to maximize coordination, integration, and effective linkages among local Ryan White HIV/AIDS Programs.

Special Strengths or Unique Capabilities

Concisely describe any special strengths or unique capabilities of your predoctoral dental/postdoctoral dental/dental hygiene education program in providing oral health care for patients with HIV (e.g., facilities, hours of operation, support services, or staff skills or expertise). Responses might include information regarding 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.