# Ryan White HIV/AIDS Program Part F Dental Services Report

## 2025 Instruction Manual

DRP Data: July 1, 2023 to June 30, 2024
CBDPP Data: January 1, 2024 to December 31, 2024
Release Date: November 18, 2024
Revise Date: February 28, 2025

**HIV/AIDS Bureau**
**Division of Policy and Data**
**Health Resources and Services Administration**
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# Icons Used in This Manual

The following icons are used throughout this manual to alert you to important and/or useful information.

The Note icon highlights information you should know when completing this section.

The Tip icon points out recommendations and suggestions that can make it easier to complete this section.

The Question Mark icon indicates common questions and their answers.

A star icon indicates important information pertaining to the submission of the DSR.

# Table of Contents

# Reminders & Updates for 2025 Reporting

- The Dental Services Report (DSR) is completed in a web-based platform accessible here.
- *Agencies can select multiple options for Institution/Program Type in the My Organization Info section*.
- **DRP Unreimbursed Costs:** For DRP, the total unreimbursed costs of oral health care provided to patients with HIV from July 1, 2023, through June 30, 2024, entered in Section 4 Tab 2 must match the unreimbursed amount entered in fields 18a and 18g of the SF-424. We may verify the unreimbursed costs listed on the Dental Services Report and SF-242 application for Federal Assistance if there are differences. **If these amounts do not match, we may deem your application ineligible**.  Failure to submit this information will result in an incomplete application.

# Overview of the RWHAP Dental Program

## 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 Dental Reimbursement Program (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 Community-Based Dental Partnership Program (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 DRP and CBDPP are administered by the Division of Community HIV/AIDS Programs (DCHAP) within HRSA HAB.

### CBDPP questions should be directed to:

**Recipient's Project Officer**

## DRP questions should be directed to:

**Catishia Mosley, MSPH**

Public Health Advisor

Division of Community HIV/AIDS Programs

Email: askpartfdental@hrsa.gov

# DSR Technical Assistance

## Ryan White HIV/AIDS Program Data Support and Technical Assistance

If you need technical assistance or have reporting questions, contact Ryan White Data Support via telephone or email.

**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 Ryan White Data Support is closed on all observed federal holidays.

## Grants.gov Technical Assistance

If you need technical assistance with the SF-424 submission, contact Grants.gov.

**Days and hours of operation:** 24 hours a day, 7 days a week, excluding federal holidays

**Phone number:** 1-800-518-4726

**Email:** Support@grants.gov

**Create a Ticket:** Here

# 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 people with HIV.

# Form Overview and Requirements

The DSR is used by two programs under the Ryan White HIV/AIDS Treatment Extension Act of 2009: the DRP and the CBDPP. The DSR 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.

DRP 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 reporting requirement of the grant award.

## General Requirements

DRP applicants and CBDPP recipients must complete the following components of the DSR:

- Program Contacts
- Section 1: Patient demographics and oral health services
- Section 2: Funding and payment coverage
- Section 3: Staffing and training

## Dental Reimbursement Program (DRP) 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 2025 report on services and training provided from July 1, 2023, to June 30, 2024).

In addition to the General Requirements, DRP applicants also must complete Section 4 (DRP): Additional Dental Reimbursement Program Information, which includes items regarding use of funding, unreimbursed costs, 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 DSR website to complete and submit your report. The DRP submission has two submission components:

- An application package and unreimbursed cost to Grants.gov.
- Your DSR data via the DSR website.

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

> DRP DSR and Grants.gov submissions that are received after the due date, are incomplete, or are from institutions that do not have an accredited dental or dental hygiene education program **will not be accepted for funding consideration.**

# Community-Based Dental Partnership Program (CBDPP) 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 (e.g., data submissions due in spring 2025 report on services and partnerships from January 1, 2024, to December 31, 2024).

In addition to the General Requirements, CBDPP recipients must also complete Section 4 (CBDPP): Additional Community-Based Dental Partnership Program Information, which includes items about the people disproportionately impacted by HIV and member organizations of the CBDPP.

Use the DSR website to complete and submit your report.

# Dental Services Report Materials

To obtain guidance materials, go to the HRSA HIV/AIDS Bureau website. Resources are also available for download via the Resources option in the Navigation Bar of the DSR website.

# Registering for the Dental Services Report Web System

## DRP Registration Steps

### STEP 1

Navigate to the DSR website.

### STEP 2

Click the link to fill out the DSR Registration Form Link (Figure 1).

### Figure 1. DSR Registration Form Link
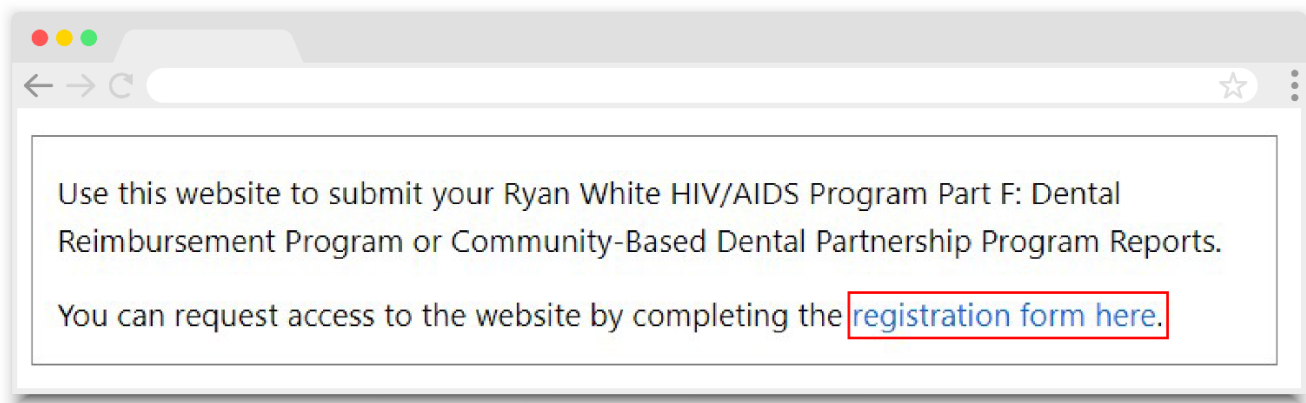


### STEP 3

You will be taken to the registration page (Figure 2). You must indicate if your organization is a CBDPP grantee by selecting "yes" or "no." If you are only applying for the Dental Reimbursement Program, select "no." If you are a CBDPP recipient, select "yes" and follow the CBDPP Registration Steps.

### STEP 4

- **Organization's name.** Enter your organization's name. A pre-populated list of organizations will appear. If your organization's name appears in the populated list, go to Step 4a. If it does not appear in the list, go to Step 4b.

### STEP 4A

- Click your organization's name from the populated list. Your Organization Information will automatically populate. Continue to Step 5.

## STEP 4B

Contact Ryan White Data Support with the following information to have your organization added:

- **Organization Name**
- **Institution/Program Type (Select all that apply)**

  - 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

- **Organization Address** including street, city, state, and ZIP code
- **Institution/Program Website Address**

> **!** To add your organization to the Dental Services Reporting System (DSRS), contact Ryan White HIV/AIDS Program Data Support Technical Assistance. Ryan White Data Support will confirm via email that the organization has been added.

## STEP 5

Complete the **User Information** section by completing the following components:

- **Email Address**
- **First and Last Name**
- **User Address** including street, city, state, and ZIP code
- **Phone Number**

## STEP 6

Click "Submit Request." You will receive an email stating your request has been submitted. All registration requests are reviewed by Ryan White Data Support. If approved, you will receive an email with a link to continue setting up your account. The link is only active for 24 hours. If 24 hours have elapsed, you can have a new email sent to finish setting up your account by using the Forgot Password link on the login page.

**Figure 2. DRP Registration Form**

# CBDPP Registration Steps

## STEP 1

Navigate to the DSR website.

## STEP 2

Click the link to fill out the DSR Registration Form Link (Figure 3).

**Figure 3. DSR Registration Form Link**
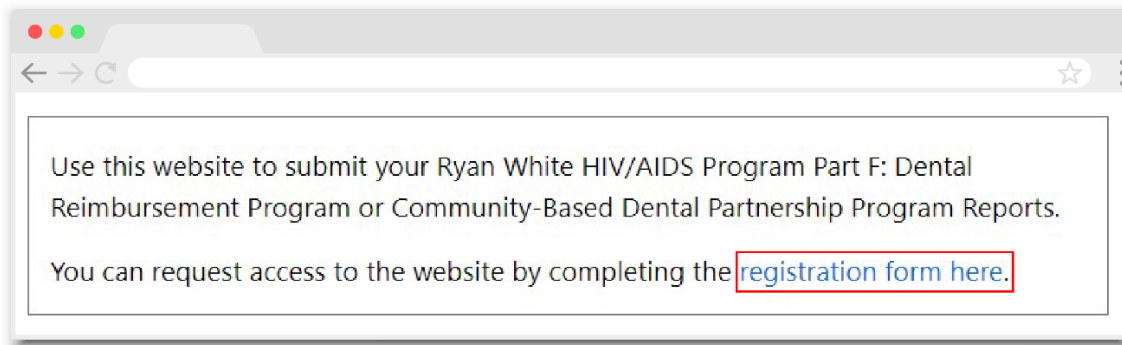


## STEP 3

You will be taken to the "Register for a user account" page (Figure 4). Indicate if your organization is a CBDPP grantee by selecting "yes" or "no." CBDPP recipients may still complete the DRP application even if "yes" is selected. If "no" is selected, return to the DRP Registration Steps.

## STEP 4

Complete the **Organization Information** section by completing the following components:

- **Organization's name.** Begin entering your organization's name. A list of options should populate. Select your organization from the list. If you do not see your organization populate, contact DSR Ryan White HIV/AIDS Program Data Support and Technical Assistance.

## STEP 5

Complete the **User Information** section by completing the following components:

- **Email Address**
- **First and Last Name**
- **User Address** including street, city, state, and ZIP code
- **Phone Number**

## STEP 6

Click "Submit Request." You will receive an email stating your request has been submitted. All registration requests are reviewed by Ryan White Data Support. If approved, you will receive an email with a link to continue setting up your account. The link is only active for 24 hours. If 24 hours have elapsed, you can have a new email sent to finish setting up your account by using the Forgot Password link on the login page.

**Figure 4. CBDPP Registration Form**

# Accessing the Dental Services Report Web System

**STEP 1**

Navigate to the DSR website.

> ❗ Steps for registering for the DSR website can be found here: Registering for the Dental Services Report Web System.

**STEP 2**

On the login page, you will enter your email and password and click "Log in."

> 💡 Forgot Password? Use the Forgot Password link on the Login page and enter your email address when prompted to receive a password reset email.

**STEP 3**

If this is your first time logging in, you will be prompted to set up an Authentication Phone Number. See What is Multi-Factor Authentication (MFA)? for more details on how to manage your authentication settings. Depending on the authentication method chosen, you will do one of three things:

1. If you select the "text message" option, you will input your telephone number and press "Save." You will then receive a six-digit authentication code via text to enter into the code field. Click "Save."

2. If you select the "voice call" option, you will input your telephone number and press "Save." You will then receive an automated voice call to your telephone. You will enter the spoken six-digit authentication code into the field and then click "Save."

3. If you select the "Google Authenticator" option, you will be prompted to open the Google Authenticator app on your smartphone device. You may either scan the QR code on the screen using the Google app or manually enter the provided code. Once you click "Save," you will be prompted to enter the current six-digit authentication code the app displays for the DSR website. Click "Save."

# Navigating the Dental Services Report Website

## Navigation Bar

There are five sections of the system that are accessed by the navigation bar at the top of the page. These sections are described below.

**Figure 5. DSR Site Navigation Bar**
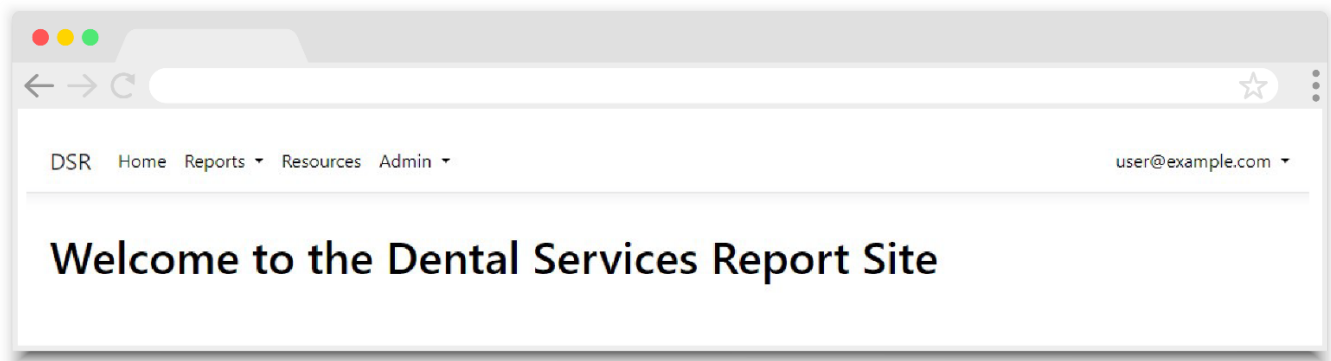


## Home:

Click "Home" to return to the DSR landing page. Announcements pertaining to the submission and Ryan White Data Support's contact information can be found on this page.

## Reports:

**My Organization Info:** Your organization's information, including organization name, institution/program type, grant number, address, and program website are listed here.

> **!** These fields are only editable by the organization's admin (OrgAdmin). If you're in need of assistance with editing this information, contact Ryan White HIV/AIDS Program Data Support Technical Assistance or your OrgAdmin.

**Dental Reimbursement Program:** Click here to access the DRP Report. The website will default to the current reporting period. Past submission periods will be accessible in read-only format using the Submission Period dropdown menu.

**Community-Based Dental Partnership Program:** CBDPP recipients will click here to access the CBDPP Report. The website will default to the current reporting period. Past submission periods will be accessible in read-only format using the Submission Period dropdown menu.

> **!** Only CBDPP recipients will have access to the CBDPP Report. If you need assistance accessing your report, contact Ryan White HIV/AIDS Program Data Support Technical Assistance.

## Resources:

Ryan White Data Support and HRSA HAB will post DSR resources here, such as this Instruction Manual and PDF versions of the forms.

## Admin (Organization Admin User Only):

Each organization has one organization admin (OrgAdmin) user. If you're unsure of who this individual is within your organization, contact DSR Technical Assistance.

**Manage Registration Requests:** The OrgAdmin can approve or reject new user registration requests here.

**Manage Users:** The OrgAdmin can modify who is the assigned OrgAdmin for the organization, review other organization users, and deactivate user accounts for their organizations.

## Your Email Address:

**My Profile:** From the My Profile page, you can change your password, change your multi-factor authentication type, and update your contact information.

**Log off:** Use this link to log out of the DSR website.

# Dental Services Report Workflow

## Login

Log in to the DSR website.

## Access the Report

Access the DRP or CBDPP Report via the Reports tab dropdown menu at the top of the page.

## Complete the Report

Once in the report, complete each section. This includes Program Contacts and Sections 1-4. Additional instruction can be found here: Dental Services Report Instructions.

> **!** New in 2024, users may complete the report sections in any order and save data that include validations. All error validations must be resolved prior to submission.

> **!** All questions with an asterisk (*) must have a value reported. A zero must be entered rather than leaving a field blank.

## Submit the Report

Once each section has been successfully saved and the report has no error validation messages, click "Submit." You will be asked to verify that the information submitted is accurate and you are authorized to submit this report. Once you click "Verify," you may still view each section of the report in read-only view. Your report will advance to "Submitted" status as indicated in Figure 6.

> ! Prior to submission, you may generate a filled in PDF of the data entered in the DSR website. This may be used to verify data internally prior to submitting the report. However, your submission is not complete until the report is in "Submitted"

**Figure 6. Submission Status Table**



| Date/Time | Status | User |
| --- | --- | --- |
| 9/21/2023 11:59 AM | Working | user@example.com |
| 9/21/2023 11:59 AM | Working | user@example.com |
| 9/21/2023 11:59 AM | Working | user@example.com |
| 9/20/2023 4:46 PM | Working | user@example.com |
| 9/20/2023 4:33 PM | Working | user@example.com |

# Print the Report

Once submitted, you may click "Print" to access a completed PDF version of your report and save it for your records. This PDF may take up to a minute to generate.

# Unsubmit the Report (if applicable)

If you've identified an issue with your report and it's within the reporting period, you may request to "Unsubmit" your report. Each request is reviewed by Ryan White Data Support. If approved, you will receive an email when your report has been returned to "Working" status. Return to the report to correct and resubmit the data.

# Dental Services Report Instructions

**All programs must complete the** General Requirements**.**

## Program Contacts

**Primary Contact:** 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.

**Alternate Program Contact:** Provide an alternate name and contact information for a person connected to the provision of services if the primary contact is unavailable.

## Section 1: Patient Demographics and Oral Health Services

### Tab One:

**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. For CBDPP recipients, 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.

**New Patients:** Of the number of patients reported in the unduplicated patient count, 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.

**HIV/AIDS Status:** Of the number of unduplicated patients, indicate the number by HIV/AIDS status as of the first visit in the period covered by this report.

- HIV-positive, not AIDS
- HIV-positive, AIDS status unknown
- CDC-defined AIDS

> **The 1993 AIDS Surveillance Case Definition from the U.S. Centers for Disease Control and Prevention**
> A diagnosis of AIDS is made whenever a person is living with HIV and:
> Has a CD4+ cell count below 200 cells per microliter,
> Their CD4+ cells account for less than 14 percent of all lymphocytes, or
> They have been diagnosed with one or more AIDS-defining illnesses.
> Go to the CDC website for a complete list.

## Tab Two:

**Sex at Birth:** Of the number of unduplicated patients reported, indicate the number by the sex assigned to the client at birth.

- Males
- Females
- Not reported

**Age:** Of the number of unduplicated patients reported, indicate the number of patients by their oldest ages at any time during the period covered by this report.

- <13
- 13-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65 or older

**Income:** Of the number of unduplicated patients reported, 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 the Federal Poverty Guidelines)

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

**Race:** Of the number of unduplicated patients reported, indicate the number by the race categories shown. Patients who identify with more than one race or multi-race should be counted in the "More than one race" category.

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

Find more information here. HRSA mandated use of these categories as of January 2002.

- **American Indian or Alaskan 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.
- **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.
- **Black or African American** is a person having origins in any of the black racial groups of Africa.
- **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.
- **White** is a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- **More than one race** is a person who identifies with more than one racial category.

> **!** RWHAP dental programs are expected to make every effort to obtain and report race information based on each patient's self-identification.

**Ethnicity:** Of the number of unduplicated patients reported, indicate the number by the ethnicity categories shown.

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

> ❗ RWHAP dental programs are expected to make every effort to obtain and report ethnicity information, based on each patient's self-identification.

## Tab Three:

**Pregnancy Status:** Of the total number of patients with HIV whose sex at birth was reported as female, 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
- Unknown/unreported

> ❗ 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 patients whose sex at birth was female.

**Hispanic Subgroup:** Of the number of Hispanic patients reported, indicate the number by the ethnic subcategories shown.

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

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

**Native Hawaiian or Pacific Islander Subgroup:** Of the number of Native Hawaiian or other Pacific Islander patients reported, indicate the number by the racial subcategories shown.

- Native Hawaiian

- Guamanian or Chamorro
- Samoan
- Other Pacific Islander

> **!** 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. RWHAP dental programs are expected to make every effort to obtain and report race information based on each patient's self-identification.

**Asian Subgroup:** Of the number of Asian patients reported, indicate the number by the racial subcategories shown.

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

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

## Tab Four:

**Location:** Of the number of unduplicated patients reported, 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

**Service Type:** Indicate the total number of visits made by patients 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. 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
- 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 (specify below)

# Section 2: Funding and Payment Coverage

## Tab One:

**Ryan White HIV/AIDS Program Funding:** Indicate whether the parent institution of the program received any other RWHAP funding during the period covered by this report (i.e., monies received from RWHAP Parts A–D, Special Projects of National Significance, or AIDS Education and Training Centers) to provide any HIV-related services, not only oral health services or training. Indicate the total amount the parent institution of the program received from each funding type listed (rounded to the nearest dollar). If no additional funding was received, enter "0" in the corresponding field.

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

**Third-Party Payor Coverage:** Of the number of unduplicated patients reported, 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.

- NO third-party payor coverage
- PARTIAL third-party payor coverage
- UNKNOWN third-party payor coverage status

> **!** Only report direct reimbursements from third-party payors (public and private) as payment for services provided. For the purposes of this report, funding from RWHAP or other grants is considered program income or revenue and should not be reported in Third-Party Payor Coverage or Number of Patients and Payments Received.

## Tab Two:

**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 amounts of payments received (rounded to the nearest dollar) from those sources. 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.

|  | 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** |  |  |

> **!** If a value is entered in the "Patients with HIV" column, the "Payment Received ($)" column may not be blank.

# Section 3: Staffing and Training

**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. Include any optional narrative description of your HIV training program to provide further clarification (Figure 8).

> **!** Data validations triggered for this table are based on the institution/program type(s) selected. To review your agency's selections, please review the "My Organization Info" on the Reports navigation bar. If you need assistance, contact Ryan White HIV/AIDS Program Data Support Technical Assistance.

## Figure 7. DSR Staffing and Training Table



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.

*Please add an optional narrative description of your HIV training program in the comment box at the bottom of the page as further clarification of the information that you provide.*

|  |  | Predoctoral dental students | Dental residents or postdoctoral students | Dental hygiene students | Other non-student dental providers |
|---|---|---|---|---|---|
| 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) dedicated to issues related to medical assessment or oral health management for patients with HIV | Required curriculum |  |  |  |  |
|  | Elective curriculum |  |  |  |  |
| Hours of direct clinical services for patients with HIV provided by students, residents, and other providers |  |  |  |  |  |

Optional Narrative description of training:

# Section 4 (DRP): Additional Dental Reimbursement Program Information

> **!** This section is only completed by agencies submitting the DRP DSR.

## Tab One:

**Use of Funding:** Check each way you will use DRP funds (check all that apply). 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)

## Tab Two:

**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 the total actual unreimbursed costs of services provided. If you cannot calculate actual costs, use your institution's usual fees as a surrogate for the services provided (before any discount or sliding-fee schedule is applied).

**Calculation Methods:** Provide a concise description of the methods used to calculate the reported Unreimbursed Costs.

> **!** The total unreimbursed costs of oral health care provided to patients with HIV from July 1, 2023, through June 30, 2024, entered must match the unreimbursed amount entered in 18a and 18g of the SF-424.

## Tab Three:

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.

**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.

**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, including RWHAP Part A HIV planning councils and RWHAP Part B HIV consortia. Describe how your program has been working to maximize coordination, integration, and effective linkages among local RWHAP-funded programs.

**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 4 (CBDPP): Additional Community-Based Dental Partnership Program Information

> **!** This section is only completed by agencies submitting the CBDPP DSR.

**People and Communities Disproportionately Impacted by HIV:** Indicate which populations of people with HIV were prioritized to receive outreach or services from your program during the period covered by this report (check all that apply).

- Urban populations
- Suburban populations
- Rural populations other than migratory or seasonal workers
- Migratory or seasonal workers
- Runaway or street youth
- Gay, lesbian, bisexual adult
- Homeless persons
- Incarcerated persons
- Paroled persons
- Substance addicted persons
- Other (specify)

> **!** HRSA RWHAP recipients and subrecipients may provide HRSA RWHAP core medical services and support services to people with HIV 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 people with HIV 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.

**Member Organizations:** List your CBDPP member organizations' names and addresses and each partner's primary contact person. Also indicate if each partner receives CBDPP funds by selecting "yes" or "no," 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 childcare services).

To add the organization, click "Add Member Organization" as shown in Figure 9.

**Figure 8. Add Member Organization**



A new window will open with fields pertaining to the member organization you're adding. Complete the required fields, including a brief description of the partner's role or function, and click "Save" as shown in Figure 10.

**Figure 9. Member Organization Details**

# Managing User Profile

You can manage your contact information, password, and Multi-Factor Authentication (MFA) settings through the My Profile page (Figure 11). This page is accessible via your email address in the Navigation Bar.

**Figure 10. My Profile Page**



## Changing a Password

You may change your password by selecting the "Change Password" button on the My Profile page. This will bring up the change password page. To change a password, you must provide your original password and your desired new password in the provided fields and click "Change Password."

User passwords must contain at least 15 characters and include at least one uppercase letter (A-Z), one lowercase letter (a-z), one digit (0-9), and one non-letter or digit character (e.g., !, @, #, $, %, ^, &, etc.).

*You may not reuse previously used passwords.

*You may not change your password more than once every 24 hours for security reasons.
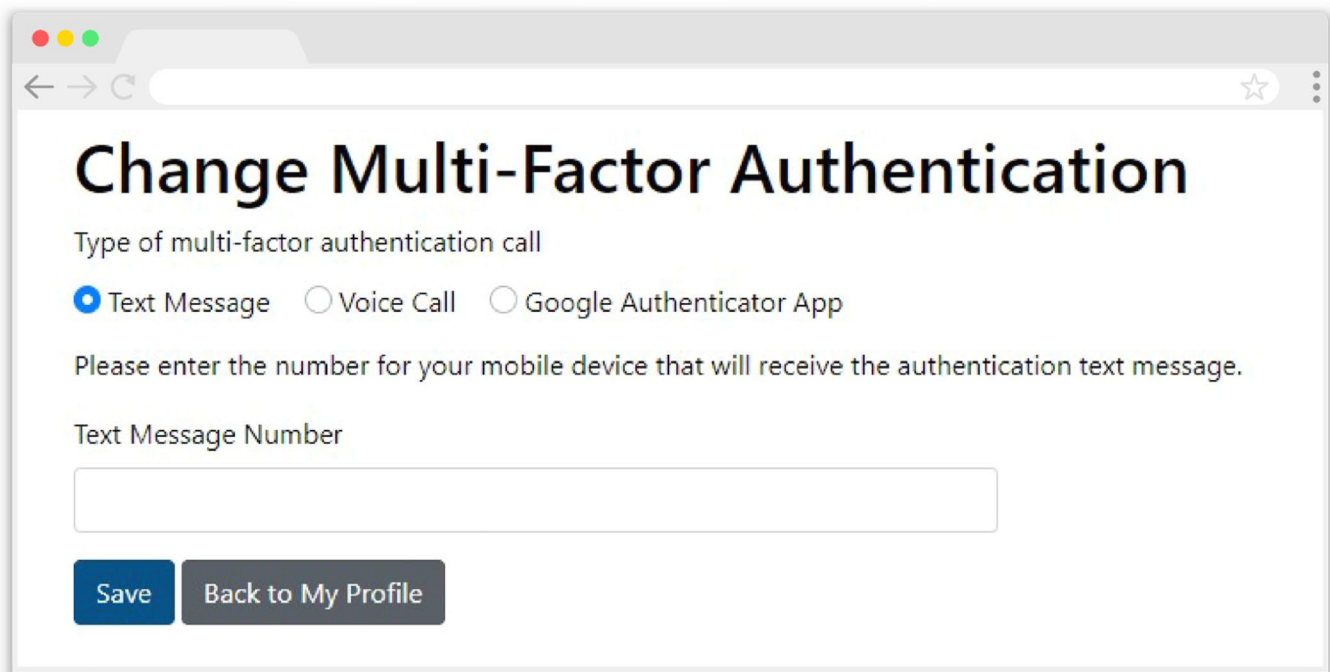
# Changing MFA

The MFA telephone number and method can be changed by clicking on the "Change Authentication" button on the My Profile page. This will bring up the Change Multi-Factor Authentication page (Figure 12).

Depending on the authentication method chosen, you will do one of three things:

1. **If you selected the "text message" option,** you will input your telephone number and press "Save." You will then receive a six-digit authentication code sent via text to enter into the code field and will then click "Save."

**Figure 11. Change MFA to Text Message**



2. **If you selected the "voice call" option**, you will input your telephone number and press "Save." You will then receive an automated voice call to your telephone. You will enter the spoken six-digit authentication code into the field and then click "Save."

3. **If you selected the "Google Authenticator" option**, you will be prompted to open the Google Authenticator app on your smart telephone device (Figure 13). You may either scan the QR code on the screen using the

google app or manually enter the provided code. Once you click "Save," you will be prompted to enter the current six-digit authentication code the app displays for the DSR website and click "Save."

**Figure 7. Change MFA to Google Authenticator App**
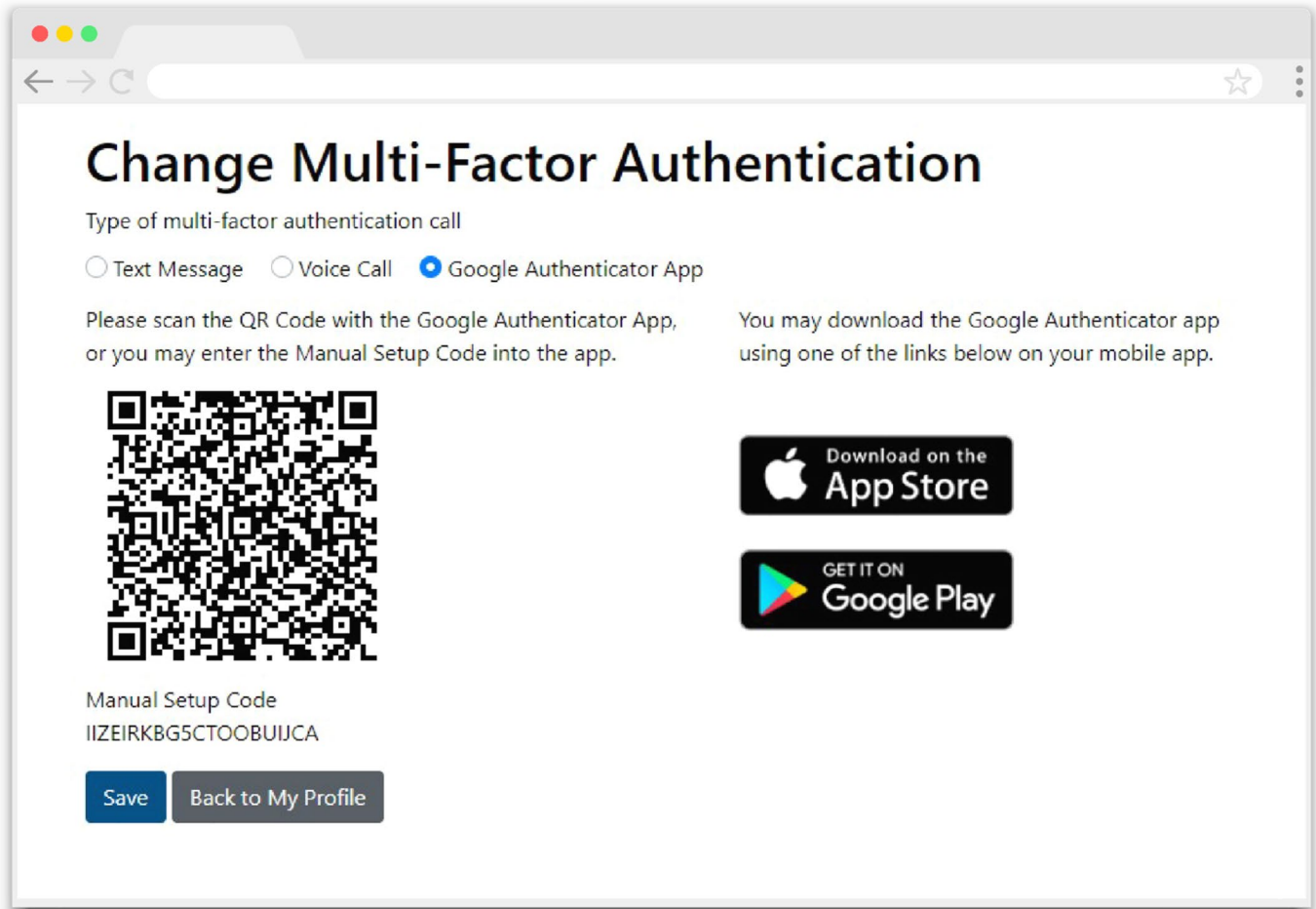


*If the process is not completed by submitting a valid MFA code, the MFA setting will not be changed.

# Changing Contact Information

Contact information can be changed by clicking on the "Change Contact Info" button on the My Profile page. This will bring up the Change Contact Info page (Figure 14).

Changes can be saved by clicking on the "Save" button or canceled by clicking the "Back to My Profile" button.

**Figure 13. Change Contact Info in the My Profile Page**

# ❓ Frequently Asked Questions

**How do I print my report?**

The print option is in the DRP and CBDPP Reports. You may print a blank report, a report with all data entered prior to submission, or a version with all entered data after submission for your own records. Navigate to your DRP or CBDPP Report via the navigation bar. Below the table of report sections, click the "Print" button.

**How do I make a change to my report?**

If your report has not been submitted, follow the Dental Services Report Workflow steps to modify your report. If your report has been submitted, but a change is necessary within the reporting period, you may request your report be unsubmitted. To unsubmit your report, access your CBDPP or DRP report via the Navigation Bar. Under the report sections, click the "Unsubmit" button. Each request is reviewed by Ryan White Data Support. If approved, you will receive an email when your report has been returned to "Working" status.

**What do I do if I forget my password?**

Use the Forgot Password link on the login page and enter your email address when prompted to receive a password reset email.

**What is Multi-Factor Authentication?**

Multi-Factor Authentication (MFA) provides multiple layers of security for accounts logging into the system. Typically, MFA consists of "something you know" (a username and password) and "something you have" (a personal telephone). When new users first log into the system, they will enter their username and password. Users are then required to enter a valid telephone number and select whether they would like to verify their entry through a randomized number code sent via text message, an automated voice call, or by using Google Authenticator.

The telephone number and authentication settings entered during a user's first entry to the system are stored for future authorizations. Every time a user attempts to log into the system, they will be required to enter a verification code. Verification codes are randomized upon each entry to the system, so users will receive a new verification code for each login attempt.

**Are data on the DSR website secure?**

In addition to the MFA, the system employs exhaustive security steps, in both software and hardware, to protect data. Only authorized users have access to the system. All communications between the user's browser and the system are encrypted with Secure Socket Layer (SSL). The site is configured to immediately switch to HTTPS, so all communications, without exception, between the user and the system are encrypted.

**Can other users access my organization's data?**

Only users associated with your organization may view the data for their organization affiliation.

**Can I share my login information with others?**

Login information should not be shared with any other individual. Each user should also employ a unique telephone number for MFA and not share a telephone number with other users for MFA.

# 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 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. Patient with HIV pertains to people receiving direct health care services. |
| 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 provide a comprehensive system of HIV primary medical care, medication, and essential support services to people with HIV 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 an 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 (self-pay or cash), Medicaid, and other third-party payors, plus grants and all other sources of revenue to support oral health care for patients with HIV, 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. |

# List of Possible DSR Validations

- **Error –** Error validations must be corrected. You are not able to submit your report with an error.
- **Flag –** Flags should be corrected whenever possible, but if you are unable to, you may still submit your report with a flag without taking any further action. However, it is highly recommended to correct all validation issues before submitting your report whenever possible.

| Report | Section | Tab | Validation | Message |
|--------|---------|-----|------------|---------|
| CBDPP/DRP | 1 | 1 | Error | The number of patients seen for the first time cannot exceed the total number of unduplicated patients. |
| CBDPP/DRP | 1 | 1 | Error | The sum of all HIV/AIDS status categories must equal the total number of unduplicated patients reported. |
| CBDPP/DRP | 1 | 2 | Error | Review the data in this tab and check the 'I certify the data are accurate and complete' box. |
| CBDPP/DRP | 1 | 2 | Error | The sum of all sex at birth categories cannot exceed the total number of unduplicated patients reported. |
| CBDPP/DRP | 1 | 2 | Flag | The sum of all sex at birth categories is less than the total number of unduplicated patients reported. |
| CBDPP/DRP | 1 | 2 | Error | The sum of all age categories cannot exceed the total number of unduplicated patients reported. |
| CBDPP/DRP | 1 | 2 | Flag | The sum of all age categories is less than the total number of unduplicated patients reported. |
| CBDPP/DRP | 1 | 2 | Error | The sum of all household income categories must equal the total number of unduplicated patients reported. |
| CBDPP/DRP | 1 | 2 | Error | The sum of all race categories cannot exceed the total number of unduplicated patients reported. |
| CBDPP/DRP | 1 | 2 | Flag | The sum of all race categories is less than the total number of unduplicated patients reported. |
| CBDPP/DRP | 1 | 2 | Error | The sum of all ethnicity categories cannot exceed the total number of unduplicated patients reported. |
| CBDPP/DRP | 1 | 2 | Flag | The sum of all ethnicity categories is less than the total number of unduplicated patients reported. |
| CBDPP/DRP | 1 | 3 | Error | The sum of all pregnancy categories must equal the number of females at birth patients reported. |
| CBDPP/DRP | 1 | 3 | Error | If the pregnancy status of one or more female patients with HIV was unknown or unreported, an explanation must be provided. |
| CBDPP/DRP | 1 | 3 | Error | The sum of all Hispanic patients with HIV cannot exceed the total number of Hispanic or Latino/a patients reported. |
| CBDPP/DRP | 1 | 3 | Flag | The sum of all Hispanic subgroup categories is less than the total number of Hispanic patients reported. |

| Report | Section | Tab | Validation | Message |
|--------|---------|-----|------------|---------|
| **CBDPP/DRP** | 1 | 3 | Error | The sum of all Native Hawaiian or Other Pacific Islander patients cannot exceed the total number of Native Hawaiian or Other Pacific Islander patients reported. |
| **CBDPP/DRP** | 1 | 3 | Flag | The sum of all Native Hawaiian or Other Pacific Islander subgroup categories is less than the total number of Native Hawaiian or Other Pacific Islander patients reported. |
| **CBDPP/DRP** | 1 | 3 | Error | The sum of all Asian patients with HIV cannot exceed the total number of Asian patients reported. |
| **CBDPP/DRP** | 1 | 3 | Flag | The sum of all Asian subgroup categories is less than the total number of Asian patients reported. |
| **CBDPP/DRP** | 1 | 4 | Error | The sum of all primary medical care location categories must equal the total number of unduplicated patients reported. |
| **CBDPP/DRP** | 1 | 4 | Error | The sum of all service visits must be greater than or equal to the total number of unduplicated patients reported. |
| **CBDPP/DRP** | 1 | 4 | Error | When visits are reported under the 'Other' category, an explanation must be provided. |
| **CBDPP/DRP** | 2 | 1 | Error | At least one funding amount (greater than zero) must be reported if 'Yes' is checked. |
| **CBDPP/DRP** | 2 | 1 | Error | The sum of all third-party payor coverage categories must equal the total number of unduplicated patients reported. |
| **CBDPP/DRP** | 2 | 2 | Error | The number of patients indicated for Medicaid (non-HMO/non-managed care) cannot exceed the number of patients reported in PARTIAL third-party payor coverage. |
| **CBDPP/DRP** | 2 | 2 | Error | If patients were reported in Medicaid (non-HMO/non-managed care), a dollar value greater than zero must be entered. |
| **CBDPP/DRP** | 2 | 2 | Error | The number of patients indicated for Medicaid (HMO/managed care) cannot exceed the number of patients reported in PARTIAL third-party payor coverage. |
| **CBDPP/DRP** | 2 | 2 | Error | If patients were reported in Medicaid (HMO/managed care), a dollar value greater than zero must be entered. |
| **CBDPP/DRP** | 2 | 2 | Error | The number of patients indicated for Medicare cannot exceed the number of patients reported in PARTIAL third-party payor coverage. |
| **CBDPP/DRP** | 2 | 2 | Error | If patients were reported in Medicare, a dollar value greater than zero must be entered. |
| **CBDPP/DRP** | 2 | 2 | Error | The number of patients indicated for Other public insurance (e.g., Tricare, VA) cannot exceed the number of patients reported in PARTIAL third-party payor coverage. |
| **CBDPP/DRP** | 2 | 2 | Error | If patients were reported in Other public insurance (e.g., Tricare, VA), a dollar value greater than zero must be entered. |
| **CBDPP/DRP** | 2 | 2 | Error | The number of patients indicated for Private Insurance, including HMO/managed care cannot exceed the number of patients reported in PARTIAL third-party payor coverage. |
| **CBDPP/DRP** | 2 | 2 | Error | If patients were reported in Private Insurance, including HMO/managed care, a dollar value greater than zero must be entered. |

| Report | Section | Tab | Validation | Message |
|---|---|---|---|---|
| **CBDPP/DRP** | 2 | 2 | Error | The number of patients indicated for Self-pay or cash cannot exceed the number of patients reported in PARTIAL third-party payor coverage. |
| **CBDPP/DRP** | 2 | 2 | Error | If patients were reported in Self-pay or cash, a dollar value greater than zero must be entered. |
| **CBDPP/DRP** | 2 | 2 | Error | The number of patients indicated for Other cannot exceed the number of patients reported in PARTIAL third-party payor coverage. |
| **CBDPP/DRP** | 2 | 2 | Error | If patients were reported in Other, a dollar value greater than zero must be entered. |
| **CBDPP/DRP** | 2 | 2 | Error | The number of patients indicated for Unknown cannot exceed the number of patients reported in PARTIAL third-party payor coverage. |
| **CBDPP/DRP** | 2 | 2 | Error | If patients were reported in Unknown, a dollar value greater than zero must be entered. |
| **CBDPP/DRP** | 2 | 2 | Error | The sum of all partial coverage categories must be greater than or equal to the number of patients reported in partial third-party coverage. |
| **CBDPP/DRP** | 2 | 2 | Error | Specify Other Sources is required. |
| **CBDPP/DRP** | 3 | | Error | As an "Accredited predoctoral dental education program", the total number of predoctoral dental students enrolled must be greater than zero (0). |
| **CBDPP/DRP** | 3 | | Flag | The total number of predoctoral dental students who received formal didactic instruction should be equal to or less than the total number of predoctoral dental students enrolled. |
| **CBDPP/DRP** | 3 | | Flag | The total number of predoctoral dental students who gained experience providing direct clinical services should be equal to or less than the total number of predoctoral dental students enrolled. |
| **CBDPP/DRP** | 3 | | Flag | For predoctoral dental students, the sum of all training hours should be greater than zero (0) if predoctoral dental students are reported. |
| **CBDPP/DRP** | 3 | | Flag | For predoctoral dental students, the total number of hours spent providing direct clinical services should be greater than zero (0) if predoctoral dental students are reported. |
| **CBDPP/DRP** | 3 | | Error | As an "Accredited postdoctoral dental education program", the total number of dental residents or postdoctoral students enrolled must be greater than zero (0). |
| **CBDPP/DRP** | 3 | | Flag | The total number of dental residents or postdoctoral students who received formal didactic instruction should be equal to or less than the total number of dental residents or postdoctoral students enrolled. |
| **CBDPP/DRP** | 3 | | Flag | The total number of dental residents or postdoctoral students who gained experience providing direct clinical services should be equal to or less than the total number of dental residents or postdoctoral students enrolled. |

| Report | Section | Tab | Validation | Message |
|---|---|---|---|---|
| CBDPP/DRP | 3 | | Flag | For dental residents or postdoctoral students, the sum of all training hours should be greater than zero (0) if dental resident or postdoctoral students are reported. |
| CBDPP/DRP | 3 | | Flag | For dental residents or postdoctoral students, the total number of hours spent providing direct clinical services should be greater than zero (0) if dental resident or postdoctoral student are reported. |
| CBDPP/DRP | 3 | | Error | As an "Accredited dental hygiene education program," the total number of dental hygiene students enrolled must be greater than zero (0). |
| CBDPP/DRP | 3 | | Flag | The total number of dental hygiene students who received formal didactic instruction should be equal to or less than the total number of dental residents or postdoctoral students enrolled. |
| CBDPP/DRP | 3 | | Flag | The total number of dental hygiene students who gained experience providing direct clinical services should be equal to or less than the total number of dental hygiene students enrolled. |
| CBDPP/DRP | 3 | | Flag | For dental hygiene students, the sum of all training hours should be greater than zero (0) if dental hygiene students are reported. |
| CBDPP/DRP | 3 | | Flag | For dental hygiene students, the total number of hours spent providing direct clinical services should be greater than zero (0) if dental hygiene students are reported. |
| CBDPP/DRP | 3 | | Flag | For other non-student dental providers, elective curriculum training hours should be greater than zero (0) if other non-student dental providers are reported. |
| CBDPP | 4 | 1 | Error | At least one checkbox must be checked. |
| CBDPP | 4 | 1 | Error | When indicating 'Other' populations targeted, 'Specify' must not be blank. |
| CBDPP | 4 | 2 | Error | At least one member organization must be entered. |
| DRP | 4 | 1 | Error | At least one box must be checked |
| DRP | 4 | 1 | Error | When indicating 'Other' uses for your dental reimbursement funds, 'specify' should not be blank. |
| DRP | 4 | 2 | Error | Total unreimbursed costs must be greater than zero (0). |
| DRP | 4 | 2 | Error | A description of the methods used to calculate item total unreimbursed costs is required. |
| DRP | 4 | 3 | Error | A narrative site description must be provided. |
| DRP | 4 | 3 | Error | A narrative description of your working relationships with other Ryan White HIV/AIDS Programs must be provided. |
| DRP | 4 | 3 | Error | A narrative description of the special strengths or unique capabilities of your school or program must be provided. |