

**Request for Application Funding Announcement Webinar  
Moving California Oral Health Forward  
Questions and Answers  
10/13/2021**

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## General Questions

### **1. Is a board resolution required by CDPH OOH?**

Board resolutions or motions are required and must accompany signed grant agreements.

### **2. Can we have a copy of the slides?**

They are available at <https://oralhealthsupport.ucsf.edu/moving-california-oral-health-forward-rfa-2022-2027>

### **3. When do you anticipate that we will have our contract to take to the Board of Supervisors for approval?**

Grant agreements ready for signature are expected to be sent out by early January 2022.

### **4. Do you know the name of the software LHJs will be using for referral management?**

Not yet. We are working through the procurement process. Once it is approved, we will have the name of the software.

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- 5. Are there any plans for the state to support LOHPs when facing complications internally from the county when trying to move OOH-approved activities forward?**

We're not clear on what the "complications internally" might mean. However, you're welcome to reach out to us to set up an appointment to discuss how we can help. We're always here to support you and to help find answers to the questions you have, so you can move forward with the activities and achieve the goals.

## Application Documents and Process

- 6. Is the supplemental submission the budget?**

Yes, the supplemental submission will be the budget, which is due Jan. 31, 2022.

- 7. The previous objectives were limited to grades K-6. If the plan's goal, as described by Dr. Kumar, is to improve outcomes for pregnant women and young children and to reduce caries by 50% by 2030 in school age children, would you consider adding the preschool population (Head Start) and/or 0-3, such as other school readiness or WIC programs to be served by the LOHP? The children are already coming into kindergarten full of caries. Is there a way for us to focus on pregnant women and young children or at least include them so we can make an earlier impact?**

Yes, the 2022-2027 work plan includes improving outcome measures of dental visits during pregnancy, early care toothbrushing programs, medical/dental integration with primary care providers providing dental screenings and fluoride varnish applications for children under 5. The work plan also includes developing and implementing a plan to identify and recruit key partners that work with underserved populations: County First 5 Commission, County Office of Education, local Child Health and Disability Prevention, Women, Infants, and Children, Early Head Start/Head Start, Maternal, Child, and Adolescent Health, Black Infant Health, schools, community-based organizations (CBOs), and Home Visiting (HV) Programs.

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**8. Will the OOH provide a template for the LOI, or do we just create something at the local level on letterhead and submit?**

The OOH has developed a template for the Letter of Intent. It's Appendix 15 and is available on the COHTAC website: <https://oralhealthsupport.ucsf.edu/moving-california-oral-health-forward-rfa-2022-2027>.

**9. Does the Key Partners in Objective 3 refer specifically to KOHA?**

No, the key partners in 3.2 refers to promoting oral health by increasing our reach to underserved populations by integrating oral health in primary care or other non-dental settings through oral health education, assessment, counseling, and linkage to care in the community (referral, and follow-up for oral health care).

**10. Will there be a link sent to the LOHP's for the application process with the necessary forms?**

Yes. All RFA appendices and documents can also be found by accessing: <https://oralhealthsupport.ucsf.edu/moving-california-oral-health-forward-rfa-2022-2027>

**11. Will there be any changes to the budget template and budget modification template for the next funding cycle?**

The budget template has been modified slightly from the prior version.

**12. Is it suggested to provide preventive dental screenings/varnish in Pre-K programs or focus on elementary school age children for the actual school-based programs?**

Objective 2 Community Clinical Linkages is referring to elementary school age children. Your LOHP can choose the model of your school dental program; school-based or school-linked depending on the resources available. School-linked would entail dental screenings with a robust, trackable referral system as outlined in the work plan. School-

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based sealant programs is considered evidenced based intervention and is the goal. You can plan to expand the school dental program to include preventive services and implement when feasible.

**13. The Appendix-15 Letter of Intent available on the COHTAC website is not in a fillable format. Can you please provide us with one that is?**

The fillable Word version is available [here](#).

**14. Would there be an opportunity for a new county to engage with a legacy county of similar size to discuss their 2018-22 project scope, budget, staff time over the five-year workplan, etc.? Would love to get some perspective before letter of intent is due.**

Great idea! Please email us regarding your technical assistance need to [DentalDirector@cdph.ca.gov](mailto:DentalDirector@cdph.ca.gov). We will put you in touch with a legacy program.

**15. For the community linkage objective, will CDPH continue to approve software costs?**

Yes. The LOHP will have the opportunity to subscribe to the State's procured referral management software which will be available in the new fiscal year. The LOHP will also have the option to purchase a referral management software system that works best for them within their budget.

**16. Will the state have LHJs evaluate the objectives the same way during this grant cycle?**

Yes, each LOHP will utilize the Evaluation Plan they developed to evaluate the work plan objectives.

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## Funding and Budget

**17. LOHP's that fall under less than \$200K are responsible for the same objectives as those agencies receiving \$200-400K?**

Yes, funding amounts have been determined using the estimated low-income population based on the U.S. Census Bureau, 2015 American Community Survey 5-Year Estimates, which can be found at: 2015-2019 ACS 5-year Estimates ([census.gov](https://www.census.gov)). The funding formula was developed with input from CCLHO and CHEAC. The formula was not changed for this funding cycle.

**18. If LHJ's decline the funding, will CDPH distribute those funding to other LHJ's?**  
No, any remaining funding will not be redistributed.

**19. If a county opts out of the funding, does it still stay in the county (i.e., funding is offered to a CBO or FQHC)?**

It would be determined if the LHJ opted to not continue. Please review the Guidelines on page 5. However, it is recommended by the OOH Advisory Committee that established LOHP programs continue with their LHJ.

**20. I have a question about Administrative Cost and Indirect Cost. Could you please elaborate if the administrative cost still applies to this cycle?**

Revenue and Taxation Code 30130.57(f) states: (f) Not more than 5 percent of the funds received pursuant to this article shall be used by any state or local agency or department receiving such funds for administrative costs.

The department negotiates the maximum indirect cost rate (ICR) an LHJ can charge in agreements, but that does not supersede requirements in RTC 30130.57(f). The statute limitation is based on the total amount received annually, which is different than how the ICR is figured. Additionally, not all the indirect costs will be considered administrative

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costs, so it is recommended you determine what is included in this line item and then confer with your legal office to ensure compliance with the statute.

The definition at State level to calculate these costs is: Costs incurred by CDPH for administrative functions performed by Human Resources Division, Financial Management Branch, Program Services Branch, Information Technology Division, Office of Legal Services, Director's Office and the department's indirect costs rate. These costs do not include OOH program costs related to administering OOH, including issuing Requests for Proposals (RFP)/Applications (RFA), Inter-Agency Agreements, contracts, grants and monitoring those contracts and agreements.

**21. Could you elaborate on Sponsorship (Appendix 12)? Is it separate funding? For example, if LHJs sponsor a dental screening event for going back to school events, do LHJs fill out a separate request or should we build in budgets ahead of time?**

Follow the guidelines in [Appendix 12 - Sponsorship.pdf \(ucsf.edu\)](#). It is not separate funding; If you plan to sponsor an event, then yes, build into the budget. If an opportunity occurs following budget approval submit at the next budget approval. In both cases you will submit your project idea to OOH through your Program Consultant and [DentalDirector@cdph.ca.gov](mailto:DentalDirector@cdph.ca.gov) for prior approval.

**22. We have been allowed to use grant funds for KOHA incentives. Can we continue to do so?**

Yes, please submit your request to your Program Consultant so that we can review and ensure it follows the guidelines.

**23. For Legacy Programs, are the budget revision dates the same (i.e., April and September)? What about invoice dates?**

Yes, the deliverable dates are the same for all the LOHPs.

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**24. With the disruption of program activities and remote learning because of the pandemic, will program evaluation carry over to the new grant cycle for legacy programs to better evaluate outcomes as in-person schooling fully resumes over the next year?**

No, funding from the 2017-2022 grant term will not carry forward to the new 2022-2027 grant term. However, LOHPs will be allowed to carry forward unused funds in the new term from year 1 to year 2 and so on if State funding is available.

## Stipends

**25. Schools have reported that a barrier to entering KOHA data into the SCOHR database is cost of personnel to do this work. Will LOHP be able to provide a stipend to schools with higher FRLP rates, to promote data entry?**

Initially when the law was passed there was a specific amount. When the Department of Education, in addressing local control, developed a new system of pooled funding and a new locally controlled funding plan and formula. As part of that if community members, parents, stakeholders attend those funding discussions, they can advocate that funding for KOHA completion and personnel be dedicated for that purpose. We are interested in discussing more with LOHPs pilot projects or propositions. Let us know before you submit your application what a potential incentive or pilot project you'd like to start.

**26. The instructions were clear that the stipends needed to be in the budget revision, but the additional instructions were a bit confusing...**

**"2. Submit a stipend request to your Program Consultant (PC) and cc the Dental Director and include:**

- the cost per dental professional (include if the cost is hourly or per day)
- total cost
- number of children screened
- total # of kindergartener children in your jurisdiction . . . "

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For auditing purposes, OOH needs a record of the details for the cost and number of children reached. In addition, OOH needs to review the overall plan to determine if the use of stipends is appropriate.

**27. Do the stipends need to be preapproved via an email submission or, if the budget is approved, then the stipends outlined are considered approved?**

Please submit your proposed plan for stipends provided as outlined in the guidelines to your Program Consultant and [DentalDirector@cdph.ca.gov](mailto:DentalDirector@cdph.ca.gov) for approval. Although, the amount is included in the budget, specific details may be unknown at the time the budget is submitted.

**28. How do stipends work and what are the limits per day for DDS?**

Please refer to the guidance document emailed on 9/28/2021, Guidance for KOHA Stipends. If you feel that you did not receive the email, please email [DentalDirector@cdph.ca.gov](mailto:DentalDirector@cdph.ca.gov) and it will be forwarded to you.