Request for Application- Children's Dental Disease Prevention Program

Frequently Asked Questions

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General Questions

1. **If we have surplus funds currently and have these types of items already in our budget or already purchased, and we decline these additional funds, can we participate in the TA calls since we still plan on doing these activities?**

   Absolutely, we encourage you to join us.

2. **Can LOHPs submit applications representing two or more LHJ's/LOHP's?**

   Yes, we strongly encourage a consortium (2 or more) to apply and share resources. You will need to determine which LOHP will be the lead.

3. **Does the OOH intend to dedicate technical assistance to help local programs learn how to partner with CHDP to gain federal match for staffing that will be needed to fully achieve linkages and successful achievement of a dental home?**

   Yes, we encourage LOHPs to take advantage of Federal matching dollars and can provide support for that process.

4. **The RFA lists to re-screen and do a retention check within one year of initial sealant placement, but the workplan has the timeline for this activity as less than a year from the initial placement. Should this activity be completed after**

the grant ends or will this activity be changed to a bi-annual re-screen and retention check?

The intent here is to ensure quality sealants. There is room for flexibility, ideally within 6 months. This will be folded into the next grant cycle, so you can think about how you want to approach this in the following cycle.

5. **In our jurisdiction, sending a Letter of Intent (LOI) can require a lengthy approval process. Can we apply for funds without sending an LOI?**

   Yes, as long as your application for funds is submitted by the April 21, 2021 deadline. All LOI submissions are considered non-binding and optional.

6. **Perhaps smaller jurisdictions will benefit from regional collaborations for care coordination/community-clinical linkage?**

   We strongly encourage a consortium to apply and share resources for those jurisdictions.

7. **For those counties with DTI projects focused on care coordination, are you encouraging expanding that or adopting new ones that will be recommended by OOH?**

   If they are focused on school children, we are encouraging those programs to expand existing programs. The ultimate objective is to achieve the target listed in the CA Oral Health Plan. The way we measure is through surveys of school children. If it aligns, OOH will be supportive.

8. **How should the LOHP approach conflicting timeline activities?**

   It is recommended that LOHPs prioritize their needs and attempt to align contract deliverable submissions such as progress reports or budget revisions.

Funding, Billing, and Budget

1. **What is a funding amendment?**

A funding amendment is a new, one-time funding opportunity available to LOHPs to support the creation and expansion of community-clinical linkages to promote oral health. The current budget will be amended to add the new funding.

2. **Will this be added as a part of the current Prop 56 budget and as a part of a line item?**

   For the LOHPs to accept the funding award, part of that process would be submitting a revision for the current Prop 56 budget, as well as the current workplan. There is a new numbering convention for the new objective activities. They are similar but more robust to track the progress of these activities.

3. **Will all the LOHPs be notified if the ceiling funding is raised?**

   LOHPs applying for the funding will be notified as soon as possible, if there is an increase in available funding.

4. **Are LOHPs allowed to apply for both funding components?**

   Yes, jurisdictions can apply for both funding components.

5. **Can LOHPs apply for only one funding component?**

   Yes, jurisdictions may apply for only one funding component if that fits the needs of their program.

6. **Is the funding allocation the total amount for both components?**

   Yes, the funding allocation is for both components. However, the total amount can be used for one or both components. LOHPs may narrow down which component you want if the funding pool is limited. LOHPs also need to consider if there will be adequate resources to provide clinical services at all the identified schools . Another important consideration is to prioritize clinical (sealants) or school linked programs to reach large populations. Spend time planning the best method for the available funding.

7. **Will this amendment allow for advance billing due to the limited time frame?**

   No, advanced billing is not available.

8. **If we are partnered with contractors who already use referral systems, can we still apply for this funding?**

   You may want to consider applying for a license to work with them on their system.

9. **Would the grant cover the salary of care coordinators?**

   No, this is a one-time funding amendment. It's not a sustainable funding stream for budgeting ongoing staff. The funding may be used only for purchases to support community-clinical linkages and will not cover salaries or the cost of providing care.

10. **Can funds be used to cover the costs of a vehicle for mobile delivery of preventive dental services?**

    No, unfortunately these funds will not cover the costs of purchasing a vehicle. However, they can be used to procure software and/or equipment support in already existing mobile programs that focus on providing preventive dental services to children.

11. **Can these purchases be used to support the expansion of services to include older children such as junior high or high school ages?**

    No, younger school-aged children should still be considered the priority age demographic. Perhaps consider focusing services on other underserved populations such as children with disabilities.

12. **Can applicants apply for Component 1 without purchasing care coordination and referral software?**

    No, care coordination and referral software are an essential component in Component 1 with the intended purpose of supporting community-clinical linkages through school-based/school-linked preventive dental services. We encourage LOHPs to consider combining applications with contiguous jurisdictions to leverage resources, skills, funding, and expertise.

13. **Will a budget revision be due with the application submission, or will it be due when amendments are executed?**

    Budget revisions will need to be submitted with the application. Initial budget revisions shall be considered tentative estimates and may be revised as pricing and purchasing decisions are finalized. OOH will work with LOHPs throughout the planning and implementation process to guide purchasing decisions and finalize budgets.

14. **Can the funding be utilized to purchase equipment that can be used to apply dental sealants and other materials? Are these funds allowed to be used to purchase the dental sealants themselves or fluoride varnish (FV) treatments?**

    Initial operating costs are allowable but not sustainable. Once partners and providers begin billing and generating review, they should be able to purchase those sealants and FV treatments. In the initial stages, we can support those kinds of expenditures.

15. **There are multiple rules and guidelines around certain Public Health FQHC services being conducted offsite. Will CDPH be able to help navigate communicating with multiple outside providers and the services they can bill for?**

    Regarding FQHC billing for services rendered in schools, there are various rules and guidelines that must be taken into consideration. There have been some significant changes made since 2017 that affect how FQHCs bill for services rendered in intermittent clinic sites. An FQHC can establish an intermittent clinic site. Services will be subjected to the rate review and adjustment. Therefore, FQHCs may not opt for this. Use this link to the CPCA website that shows the steps that need to be undertaken.

16. **How much or what percentage should we budget for software, hardware, network, and trainings?**

    Identify the hardware costs first and then OOH can work with each jurisdiction on options. Initial operating costs are allowable but LOHPs must develop plans for sustainability.

17. **How will questions and matters about billing be addressed throughout the duration of this project?**

    OOH will be available to support LOHPs with billing questions.

18. **Does the budget revision need to be completed at the time of application submission?**

    The budget revision needs to be completed and submitted with the application materials by the April 21, 2021 deadline. However, there will be an opportunity to revise the budget for this funding only after submission.

19. **Can funding for software and a referral system be used in schools and with CHDP?**

    Yes. We want you to collaborate with CHDP and other local programs.

20. **Will the proposed contract amendment include any successful equipment grants and the new 5-year grant cycle?**

    The proposed contract amendment will be separate. The equipment grant is for this cycle, and we will have a new RFA for the next cycle.

Component One (Referral Management/Care Coordination System)

1. **Will CDPH provide a list of software's to choose from?**

   OOH will assist in the identification of appropriate hardware and software for referral management.

2. **Will the LOHPs have to develop software?**

   No, OOH recommends that LOHPs procure software as a service from established vendors. OOH will provide support for software purchases and planning.

3. **Can you tell us the names of the software vendors, as we will need to know their costs to build our budgets correctly?**

   We'll be flexible. Submit a dollar amount and we'll work with you on the details and specifics. OOH will provide you with an estimate when you are ready to build a budget. One way to approach this is to first identify the hardware costs. You should have an easier time with pricing of allowable expenses.

4. **Will you provide a list of software programs that we could use or consider, and how much percentage we should budget?**

   We will work with the LOHPs to figure out the percentage for the hardware, software, and the network trainings. This is still a work in progress. Please submit a dollar amount and we will revise it later.

5. **Could the referral software be used in our LOHP to track referrals made during fluoride varnish clinics and events? Or does it have to be a "sealant" program?**

   Anything that is considered a school-based/school-linked preventive dental service could utilize this software. The primary goal is that the software will support community-clinical linkages and help ensure children are referred to care for preventive services that are provided in the community., Using the software to make referrals from screening events would be an appropriate use.

6. **Is this electronic referral system being integrated and owned by the schools? And the referrals will be sent from the schools to the LOHP to refer out to dental providers?**

   No. It links providers working in schools to providers in the community. Sending notes home with children about cavities and needed appointments is not effective. We want to enhance communications with families and dental providers. They should be able to see a referral, accept it, or forward a referral to a specialist. The program should be able to track referrals using dashboards; many software packages create dashboards. If a school nurse is doing the screening, the school can also refer directly to dental providers. LOHPs will have

to recruit dental providers to be part of the referral list and help the schools learn the system.

7. **We are contracted with an FQHC for objective 6 activities. They have VDH systems already. Would the linked program software need to be separate?**

   No, it doesn't have to be separate. If you already have one that is working, that's fine.

8. **Are you anticipating the electronic platform Dr. Kumar mentioned to be developed statewide or county by county so that it might sync with whatever EHRs the major dental providers use in each county?**

   We are planning to select one or two referral management systems. The EHR/EDR integration is a huge challenge because each office system will need individual, ongoing TA. It is better if it resides outside the EHR for now.

Component Two (School based/linked Equipment)

1. **Is it possible to apply for equipment not listed in the RFA? I have a community partner that is trying to fund a mobile dental clinic and would match these OOH funds and is willing to enter into an MOU to provide the school-based screening, FV, sealant services and referral to dental home (FQHC, CHDP, etc.).**

   Yes, if the equipment is for school-based care. It must be related to school dental programs. Please submit a proposal and we will work with you.

2. **What if my county already has an EMR the LOHP can use? Would it be possible to apply for only equipment?**

   Yes, you can apply for the component that best serves your jurisdiction's needs.

3. **If LOHP's own the dental equipment, do they loan it to the school or the organization they partner with?**

In terms of equipment, the LOHPs can begin by loaning their equipment to their partner providers/organizations. Once an agreement is developed, the equipment can be loaned to the provider/organization. This loan agreement will need to contain specific components, such as equipment usage for the end of term, continued usage for underserved communities, and a clause where equipment can be requested back for lack of performance. Please note, specific forms regarding this process will be made available to the LOHPs.

4. **Can I purchase fluoride varnish and supply it to schools who have fluoride varnish applied by a non-dental professional who could not bill (school health tech or nurse with fluoride varnish training)? A visual screening would have been done and fluoride varnish recommended by the dental professional.**

   This may be an allowable expense. Fluoride varnish application requires active consent. Also, evidence suggests that in order to be effective, fluoride varnishes will need to be applied 2-3 times per year. Consent forms would need to be developed indicating the fluoride varnishes would be applied 2-3 times per year.

5. **Will we (the LOHP) need to maintain ownership of the equipment ourselves, or can we transfer ownership to the partner/provider as long as they have signed an MOU and maintained their responsibilities, such as providing required data for school-linked or agreed upon school-based services?**

   LOHPs will be able to transfer the equipment. However, there are some restrictions. Fill out an equipment form that says you are dispensing it to a clinic that serves underserved populations or works in a dental desert. Then you can transfer it to the provider or clinic after submitting the form to OOH.