



Request for Application- Children’s Dental Disease Prevention Program

Frequently Asked Questions

UPDATED: 04/16/21

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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**

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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.

9. Where can we find CDPH 9083 Governmental Payee form?

It can be found at COHAC's OOH landing. [California Department of Public Health, Office of Oral Health | California Oral Health Technical Assistance Center \(ucsf.edu\)](#) Please reach out to your Program Consultant if you are unable to locate it.

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10. Is a Program Plan a required application document?

No, the Program Plan is due at a later point in time. Please see Document A checklist for all required application documents. Other reporting deadlines including Program Plan submission can be found in Exhibit A SOW and Deliverables.

11. Is the Board of Supervisors approval is needed and if so, is it required before the submission of the RFA application or after?

The Board approval process may be different from one jurisdiction to the next. For example, some jurisdictions may not require Board approval after the application process. Following the approval of their application, we will issue them contract amendment documents. At this stage they may require Board approval to execute the final contract amendment and receive funds. Other jurisdictions could potentially require Board approval for signature authority on application documents such as the Letter of Intent or Governmental Payee Form. If you are experiencing any challenges with Board approval, please contact your Program Consultant as soon as possible.

12. What would the application process look like if counties apply as a consortium?

Jurisdictions are encouraged to apply with other counties as a consortium. To apply as a consortium, a lead jurisdiction would need to be appointed that would be receiving the funding. Each LOHP would still be applying for the funding amount that corresponds with their LHJ tier. Each budget would still be required to outline all line items. Both counties are submitting a budget for funding they can receive. Both budgets may look the same in terms of line item costs, but the funding amount will be different. We recommend that jurisdictions applying as a consortium develop a written agreement or MOU. Please contact us if you need assistance in applying for funds as a consortium.

13. Is there a specific number of deliverables that we need to choose? Do we choose all or are some optional?

This is dependent on which funding component the LOHP is applying for. If you are applying for component one, you will select all the deliverables for 6.4

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Objectives. And if you are applying for component two, then you will select all deliverables for the 6.5 Objectives. If you are applying for both components, then you will be selecting all the components listed.

14. For Deliverable 5.3- Would a letter of support be sufficient? Since there is not much time to get MOU's from all partners.

The MOUs do not need to be completed at this moment. There will be additional information and webinars provided by CDPH this summer regarding MOUs which will lead to planning opportunities this fall.

15. With the SOW/Deliverables page, we do not need to change/alter the text and can submit this form as is with the selected deliverables checked or do, we need to additional text/change the text to this document?

For the application process, simply selecting the deliverables by checking the box will be sufficient.

16. Does document F relate to the current prop 56 work plan and present in the progress report?

A good way to think about document F is as a cheat sheet. This is a required document for the application package that is due on April 21, 2021. Once applications are received and funding is awarded, you will receive the amendment documents that will be ready for jurisdiction signature. However, we are since we are approaching the end of the first five-year grant cycle, work processes wouldn't be changed for very long before the start of the next five-year grant cycle.

17. For Deliverable 4.4 Number of collaborative partnerships established (e.g. WIC programs, Early Head/Head Start, preschools, and the Children's Health and Disability Prevention (CHDP)- can you explain the role of these collaborative partnerships for care coordination?

We want to build partnerships to support community care and linkage services. We understand that building these collaborative partnerships may take time and this deliverable is in place to begin the process of identification of local programs

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who could be beneficial in supporting these efforts in the short, medium, and long term. CDPH will be providing more support and more information about building partnerships in the coming weeks.

18. Do we have option to opt out of deliverables even if we are selecting the component?

CDPH would like to see all the deliverables selected

19. Will this opportunity be available again for sites that do not apply at this time?

No, this is a one-time funding opportunity. This is an opportunity for jurisdictions to get started on this work and continuing it through the next five-year grant cycle.

20. It looks like the initial evaluation/ data will need to be submitted by June 30, 2022. Will there be any other evaluation/data collection dates afterwards in FY 2022-2023?

This would fall into the next new grant cycle for those evaluation items to be continued.

21. Could you confirm if we need to submit "Document C" by 4/21? "Document C" is not listed as one of the five application contents due on the checklist. If not, where can I find the FY21/22 revised budget form? (NEW)

Yes, this document is required with the initial application package and a copy of this form can be found on the COHTAC website. Document C has also been updated and you are no longer required to submit your entire 2021 budget.

22. In 2020, we submitted an updated taxpayer ID form. Can we submit the same one if information is still correct or do you need a brand new one? (NEW)

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Yes, you can submit the same form as long as same information is up to date and accurate.

- 23. We're seeing that our efforts to meet current scope of work requirements and expansion through this grant are complicated by the fact that schools are comfortable yet with providing dental services at their locations. Many of our schools have some students on campus, but they don't allow many others besides teachers. Our dental partners are still met with many COVID concerns. Are there any plans to provide any sort of green light to schools to allow for dental services on campuses? (NEW)**

CDPH accepts guidance and direction from the CDC and there hasn't been any guidance or guidelines against doing this type of program. However, we acknowledge that some programs and LOHJs may be seeking explicit permission. More information regarding CDC COVID-19 considerations for school-based can be found online [Considerations for School Sealant Programs During the Coronavirus Disease 2019 \(COVID-19\) Pandemic \(cdc.gov\)](https://www.cdc.gov/covid19/school-sealant-programs).

- 24. In form cdpH1204.doc for the RFA funding, would software count as equipment? (NEW)**

The form CDPH 1204 is not a part of the initial application and will not be utilized until a later point and time if you should pursue gifting equipment purchases to partner programs. Software licenses would still be administered through your LOHP. You could issue licenses to internal users, external partners, or providers, etc. It wouldn't however be considered a gift or equipment transfer for the purposes of this funding.

Funding, Billing, and Budget

- 1. What is a funding amendment?**

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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 FY 21/22 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 FY 21/22 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?

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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

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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?

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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.

21. Could the grant funding be leveraged to cover the salary of care coordinators?

Yes, provided the salary support for the position is based on other sources of funding. The applicant should be aware that this is one-time funding and the continuation of the support for this position should be planned.

22. Notice of funding will be 5/30 and it is requested that we have board of supervisors of support approval by 6/30-if that is not possible can we request an extension?

CDPH will work with all applicants who request an extension for those who need approval from their board.

23. Could we refuse the awarded amount at the time the amendments are sent? Just the worst-case scenario if partnerships fall through from now until September?

We acknowledge that some of these partnerships could potentially fall through between now and when the amendment is administered. CDPH can attempt to work with jurisdictions to potentially repurpose that money but approval would need to be obtained to change the original plan. It is also important to note the money would not move forward until the next grant period.

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24. If we have a contractor in place to support the activities, can we put them in the budget? The current budget template does not include a sub-contractor.

Yes, if you are already contracting with someone you can add that into the template.

25. When do you anticipate announcing if there will be additional funding for LOHJs who apply? We must have the actual number prior to board approval.

We hope to determine this by May 1, 2021 or a later date so we would know which jurisdictions qualify for the additional funding.

26. Should we show all in-kind support at the budget?

We would like to see any in-kind in the budget as well as the justification.

27. If we do want to add staff, do we show this on the budget through our cost savings from this year? Then the one-time funding source would show software purchasing and budget savings would show staff?

We do not require you to revise your budget for this purpose. We are only requiring you to list and justify the funding for equipment or software purchases. Since this is a one-time funding opportunity, you must consider the end of the grant period and sustainability measures.

28. Without hiring new staff, can we allocate funds to contracting out? Hygienists for instance?

This funding is not intended to be utilized to cover the cost of dental services.

29. Can you ask for less money than what the tier states? (NEW)

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Yes, if you feel you can only spend a certain amount and it would be a burden to utilize the full amount, you may ask for the amount you need. Please note that you cannot ask for more than the amount allotted in the funding tier.

30. Will we be penalized if we do not use the entire fund? (NEW)

There will be no penalty if you are not able to utilize the entire funding amount.

31. Can you ask for less funding and then ask for more if needed? (NEW)

We will redistribute any funds not requested so it is suggested that you request the base amount and then decline additional funds if they are not needed.

32. We plan to purchase dental chairs, which cost less than 5k. The budget defines equipment as 5k or more. Do we consider them supplies and therefore only working on 6.4 deliverables? (NEW)

The equipment is for any one item over 5k. This means that this type of item would go into the "other" line item section on the budget form and then have an accompanying justification/ description.

33. There was a mention of possibly acquiring matching funds from the federal government. Should our program reach out to you directly regarding this topic? Or are there any resources on this that you can share with the LOHPs at this moment? (NEW)

This question has multiple answers but in short, we are still doing research about the specific program that would be required to obtain the matching funds.

34. Can this funding be used to modify an existing system if tracks to referral to its completion? (NEW)

This could be a possibility based on the components that the specific jurisdiction wanted to modify. Please reach out to your program consultant for details and follow up.

35. If our budget requires more funding than is offered in our tier, which amount do we request on the grant application? (NEW)

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It looks like there will be additional funds to distribute since some of the LHJs let us know they do not intend to apply. However, until we know for sure, we would ask that the request does not exceed the base amount. We will not be able to provide an official amount until after the application period has concluded.

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?

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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?**

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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.

9. Will LOHPs be provided with a list of approved software purchases prior to the application deadline?

We will not be providing a list of approved software purchases prior to the funding award. We'll be providing TA and webinars for software purchases after funding has been awarded to assist LOHPs with purchasing. This should be in the early fall 2021.

10. Can you describe your expectation for the "community-clinical linkages systems in school based/school linked programs? Is this just a system for providers to receive referrals?

Ideally, this funding will be used as a starting point. We want to see the loop closed when kids are being referred for treatment. We want to make sure kids are getting referred for treatment and getting the treatment that is needed. In the past, paper forms were utilized. We envision a process where kids will have a dental home, we can see the referral being sent, processed, parents notified, and treatment being completed. This is so we can develop big picture idea of the care taking place in these programs. We want each jurisdiction to begin to build a program that can address the needs of their community.

11. If our program chooses to apply the 25k amended funds towards a referral management/ school linked component, even though we have a school based program already in place, then do we write an overview, staffing, community partner, and sustainability plan just for that?

The program plan template will be due later and not with the initial application packet. However, when you are detailing that information in the narratives, if some of the current activities or partnerships are already taking place and are outlined in your current sustainability plan and apply to this new funding component, then you will want to include that information in your application.

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12. Is the LOHP or the dental clinic partner responsible for annual licensing fees for software purchased by the supplemental grant (if any apply)?

For those of you who are planning on procuring software licenses for funding component one, then that would be a cost that would need to be built into the budget.

13. How will the LHJ know the child was seen and care was received? Is it an automated reporting from the dentist office to the school or the LHJ? How will the desired software function?

This notification will vary based on which software system would be procured. But majority of them will generate data that will indicate a referral was successful.

14. Does the Office of Oral Health have a list referral software or EHR bridge software from schools to clinics? It's hard to buildout a budget and work plan if we don't have this or know if we need to create a system on our own.

CDPH is still in the process of solidifying a software or software list that we can present to the LOHJs. Our suggestion for the time being is to create an estimate of the software/equipment needed. What is leftover can be used as a holding line for software costs.

15. Does the software purchased by the grant have to also be used by the schools that host the school-based care? One of our dental partners is interested in software that they would use internally to support follow up care after seeing students at the school-based clinic.

We are hoping that the software utilized has a component that can manage all the referrals and potentially partners such as the dentists can have access to it as well.

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16. Where does the department imagine this referral management software is residing? Is it within the LOHP program and we are the one's tracking the referrals? (NEW)

We are recommending software options that are cloud-based and HIPAA compliant. Many of the software systems we've seen so far have been a web-based subscription model rather than a software system that is stored on a hard drive. The LOHP would then configure their copy of the software per their forms and specifications. The LOHP would have admin privileges to track referrals, but they would be able to consider other end users (providers, partner programs, etc.) who would be able to use the software to make referrals and sent patient data without having access to the back end data.

A simple way to frame this is that the LOHP could pay the subscription fees, and also work with a vendor to configure software templates to work with their program's goals and objectives in mind. They could provide their users with licenses to access the system, make, and receive a referral.

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.

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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.

6. What is the process/forms required for CDPH gifting equipment to partners?

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CDPH has a form on the COHTAC website for gifting equipment to partners. Please note if this equipment costs more than \$5k then it would be added to the equipment section of the budget and the justification information providing more details about it.

7. Will there be a list of equipment allowable for school based dental sealant component?

Yes, there is a list of allowable equipment located in the RFA, and future CDPH webinars will go further into detail about allowable equipment.

8. If the entity I want to partner with informs me that they have vendor in which they can purchase discounted equipment, can we let them purchase equipment for us and submit for reimbursement later? (NEW)

As far as purchasing, if the entity is a subcontractor you could add the funds to that line item for them to purchase the equipment. The justification would be the discounted cost. However, please wait until the amendment is fully executed. The funds are not accessible until that happens.