

IDAHO SUPPORTS ORAL HEALTH WORKFORCE ACTIVITIES SUBGRANT SOLICITATION 2019

Overview and Purpose

The Idaho Oral Health Program (IOHP) is accepting applications for subgrants to develop and implement innovative programs to address oral health needs of designated Dental Health Professional Shortage Areas (Dental HPSAs). The aim is to encourage, support, and sustain state innovation that will increase accessibility and quality of oral health services for populations living in Dental HPSAs. Other partners to be included in these efforts are Patterson Dental Supply, the Idaho State Dental Association, the Idaho Dental Hygienists' Association, Family Health Services, Division of Medicaid, and others. Please see the end of this document for a map of Idaho Dental HPSAs.

The **priorities** of this funding opportunity are to:

- Develop programs in Dental HPSAs with a specific focus on teledentistry, and the use of minimally invasive dentistry techniques such as the use of Silver Diamine Fluoride (SDF).
- Expand the delivery of oral health services into various settings within Dental HPSAs where the most vulnerable populations are historically not reached.

The subgrant will provide funding (ranging from \$50,000 to \$200,000 depending on the entity's needs) for up to five (5) entities to carry-out the above listed priorities. Entities able to apply for the subgrant include Community Health Centers (CHCs), dental and medical professionals, public health districts, health systems, dental education programs, and sliding-fee or free dental clinics.

Teledentistry

According to the American Dental Association, "Teledentistry provides the means for a patient to receive services when the patient is in one physical location and the dentist or other oral health or general health care practitioner overseeing the delivery of those services is in another location." It involves the use of information technology and telecommunications to deliver dental care, consultation, education, and public awareness. Teledentistry gets individuals the immediate help they need, saving time and money while delivering pain relief, speedy access to a dentist, and information about the importance of oral health. The following are some of the modalities in which teledentistry can be delivered per the American Dental Association:

- Live video (synchronous): Live, two-way interaction between a person (patient, caregiver, or provider) and a provider using audiovisual telecommunications technology.
- Store-and-forward (asynchronous): Transmission of recorded health information (for example, radiographs, photographs, video, digital impressions and photomicrographs of patients) through a secure electronic communications system to a practitioner, who uses the information to evaluate a patient's condition or render a service outside of a real-time or live interaction.
- Remote patient monitoring (RPM): Personal health and medical data collection from an individual in one location via electronic communication technologies, which is transmitted to a provider (sometimes via a data processing service) in a different location for use in care and related support of care.

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- Mobile health (mHealth): Health care and public health practice and education supported by mobile communication devices such as cell phones, tablet computers, and personal digital assistants (PDA).

Examples of Teledentistry Applications:

1. Electronic sharing of digital patient care records for the purpose of consultation between healthcare professionals. For example, the dental patient may need a referral to a dental specialist such as an oral surgeon for the evaluation of oral pathology. This application is especially helpful in rural areas where there is a shortage of specialists and a back log of patients needing appointments.
2. Many hospitals and urgent care centers have begun to install cloud-based teledentist services. This helps Emergency Departments and urgent care facilities gain access to a specialist who can treat oral care problems at a fraction of the cost incurred in the emergency room.
3. The Virtual Dental Home (VDH), developed in California, uses telehealth technology to link dental hygienists and expanded function dental assistants in the community with dentists in dental offices and clinics, facilitating access to the full dental team and comprehensive dental care. Community-based allied dental personnel (dental hygienists and extended function dental assistants) collect dental records and provide preventive care for patients in community settings, such as schools, Head Start sites, low-income community centers and nursing homes. The community-based clinical team transfers the dental records through a secure web-based cloud storage system to a dentist at a clinic or dental office who establishes a diagnosis and creates a dental treatment plan. In addition to preventive procedures, the hygienist or assistant, if directed to do so by the dentist, may provide a type of small protective filling called an "interim therapeutic restoration" (ITR), stabilizing the tooth until the dentist determines if further treatment is required. Patients who require a dentist to provide more complex treatment are referred and receive assistance in scheduling a dental appointment.
4. In New York, a program which has been operating for several years, uses transmitted videos to determine the need for general anesthesia in children from migrant farmworker families and real time videoconferencing to perform preoperative visits for families of children scheduled for dental care under general anesthesia. These interventions save the families a long drive for what can turn out to be a short preoperative consultation.

Silver Diamine Fluoride (SDF)

SDF is an inexpensive topical medicine that is used extensively in other countries to treat cavities across the age spectrum. No other intervention approaches the ease of application and efficiency. Until now, no option for the treatment of dental cavities in the U.S. besides restorative dentistry has proven to be effective. In October of 2018 it was officially recognized by the American Dental Association as a method for arresting certain instances of tooth decay. Guidelines have also been developed by the American Academy of Pediatric Dentistry. According to the Association of State and Territorial Dental Directors, "SDF is indicated in treating caries in people who are unable to access dental treatment or tolerate conventional dental care, including very young "pre-cooperative" children, persons with intellectual/developmental disabilities, or older adults."

Background

The IOHP was established July 1, 1951, at the direction of the Idaho State Dental Association and the Idaho Board of Health to address the issue of poor oral health in children and lack of dental care. Thanks to multiple sources of funding, the program has expanded its reach and continues to work with various oral health champions across the state to improve the oral health of Idahoans. The vision of the IOHP is an Idaho where all are free from oral disease and have access to optimal oral healthcare. The program works with partners to improve the oral health of Idahoans by planning, implementing, and evaluating programs that prevent oral disease.

States are charged with monitoring the health of their citizens and promoting proven, cost-effective ways to prevent disease. State oral health programs are critical to the success of state and national oral health improvement efforts. In Idaho, the state oral health program, is housed in the Idaho Department of Health and Welfare, Division of Public Health, Bureau of Community and Environmental Health. The IOHP serves as the primary source of oral health surveillance and community-based oral disease prevention programs.

The IOHP provides the infrastructure essential to create, implement, and evaluate oral health initiatives and specific policies. This funding announcement address priorities of the IOHP in reducing the burden of oral diseases, providing resources for Idaho to expand the oral health workforce, and identifying locations in Idaho where underserved populations have difficulty accessing oral health services (HRSA-18-014) (CFDA# 93.236).

Target Population

Includes vulnerable and disparate populations living in Dental HPSAs. Specifically: childcare centers, Early Head Start and Head Start programs, elementary schools, pregnant women, insured and uninsured adults and elderly, and individuals who are disabled or those with special needs.

Duration

Funding will begin in April 2019 and will end August 31, 2019. It is anticipated that successful projects will be extended and receive a second year of funding (September 1, 2019 – August 31, 2020), depending on available funds, sufficient year one progress, and the submission and approval of a year two budget and workplan.

Project Strategies

Subrecipients must address at least one of the strategies (A and/or B) listed below during the subgrant period.

- A. Increase the number of underserved individuals with access to oral health services by developing programs in Dental HPSAs employing the use of teledentistry. Subrecipients are expected to:
 - Identify a location within a Dental HPSA for the teledentistry program and a target population
 - Develop a work plan outlining the program to be developed, the steps to be taken, and submit it to the IOHP for approval (please see the Table on page 6)
 - With assistance from the IOHP, develop any necessary and appropriate materials (patient handouts, marketing materials, permission forms, protocols, written orders, etc...) to successfully accomplish the strategy.

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- Purchase any needed equipment for the program with prior approval from the IOHP.
 - Develop or utilize an existing equipment inventory system (with approval from the IOHP) for any equipment purchased with subgrant funding. All equipment purchased with subgrant funding must be monitored on a yearly basis. Assistance with this process will be provided by the IOHP.
 - Maintain a relationship with a supervising dentist and deliver oral health services within all laws pertaining to the practice of dentistry within the State of Idaho
 - Maintain a record of treatment provided and follow all patient health information regulations according to the Health and Insurance Portability and Accountability Act
 - Seek reimbursement from third-party payers and Medicaid for all dental services provided
- B. Decrease the burden of oral disease in Dental HPSAs by increasing the use of minimally invasive dentistry techniques, such as SDF. Subrecipients are expected to:
- Identify a location within a Dental HPSA for the teledentistry program and a target population
 - Develop a work plan outlining the program to be developed, the steps to be taken, and submit it to the IOHP for approval (please see the Table on page 6)
 - With assistance from the IOHP, develop any necessary and appropriate materials (patient handouts, marketing materials, permission forms, protocols, written orders, etc..) to successfully accomplish the strategy.
 - Purchase any needed equipment for the program with prior approval from the IOHP.
 - Develop or utilize an existing equipment inventory system (with approval from the IOHP) for any equipment purchased with subgrant funding. All equipment purchased with subgrant funding must be monitored on a yearly basis. Assistance with this process will be provided by the IOHP.
 - Maintain a relationship with a supervising dentist and deliver oral health services within all laws pertaining to the practice of dentistry within the State of Idaho
 - Maintain a record of treatment provided and follow all patient health information regulations according to the Health and Insurance Portability and Accountability Act
Seek reimbursement from third-party payers and Medicaid for all dental services provided

Expectations and Reporting Requirements

1. *In-Person Trainings:* All Subrecipients will be required to attend an in-person training by national experts on teledentistry and/or SDF. The IOHP will work with subrecipients to determine which staff should attend the training as well as the best dates and locations for the trainings.
2. *Non-Federal Match and Program Income:* All subrecipients must provide 40% non-federal match (either in-kind or hard dollars) to the grant. Match may be in the form of salaries, fringe, indirect costs, dental procedures, equipment or supplies, mobile clinic or program space, and program income from third party payers or other funding from additional organizations directed towards the subgrant. To be considered match, costs must be expended in the delivery of the subgrant not reimbursed by the IOHP. The IOHP will provide a Match Documentation Form to all subrecipients and it will be submitted quarterly. All subrecipients must report any program income (third party payer or Medicaid reimbursement for services provided within the scope of the subgrant) to the IOHP quarterly and it must serve as match. Any program income received

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must then be used towards subgrant activities and may not be used for any other costs or activities. Documentation must be provided that demonstrates program income being spent towards costs associated with the subgrant.

3. *Work Plan:* Subrecipients will develop a work plan outlining how they plan to meet the project strategies. Key partners or executive leadership should participate in the development of the work plan to address organizational barriers and ensure support of the final developed work plan. Develop any necessary and appropriate material (written proposals, action plan, protocols, etc...) to successfully accomplish the strategy. Technical assistance by the IOHP and national experts will be provided as needed to the Subrecipients. The draft work plan must be submitted by March 22, 2019. The final work plan will be due by March 29, 2019.
4. *Quarterly Reporting:* Subrecipients will report progress on program activities quarterly using a standardized monitoring report provided by the IOHP. Reports will include a description of the facilitators and barriers associated with implementing activities as planned. Monitoring reports will inform technical assistance offered by the IOHP.
5. *Dental Reporting System:* Beginning in Year 1, subrecipients will report deidentified patient data, clinical implementation measures, and progress on subgrant activities quarterly through a secure online platform hosted by the Idaho Department of Health & Welfare. Data collected may include patient demographic information, type of insurance, number of patient encounters, number and type of settings visited, number and type of services provided, number of referrals to a dentist, etc.
6. *Subrecipient Site Visits and Key Informational Interviews:* Annual site visits with subrecipients will be conducted to gain more in-depth information on the contextual factors associated with successful program implementation and to provide technical assistance.
7. *Training Evaluations:* Each in-person training will include participant evaluations to ensure trainees feel confident in utilizing SDF and/or all equipment needed for teledentistry. Evaluation results will be used to improve subsequent trainings and inform future technical assistance support.
8. *Patient/Parent/Caregiver Surveys:* Patients or parents/caregivers of children who are seen through the program(s) may be asked to complete a survey to assess a) the degree to which barriers to receiving oral health services were addressed and b) satisfaction with the quality of care received. The IOHP will provide the survey tool.
9. *Leadership Surveys:* Leaders of organizations and facilities associated with the program will complete a survey to assess satisfaction with the logistics and coordination of services, referrals, and the quality of care delivered. The IOHP will provide the survey tool.
10. *Equipment Inventory Tracking System:* All subrecipients who utilize subgrant funding for the purchase of equipment must develop or utilize an existing equipment inventory tracking system with assistance from the IOHP. Equipment status must be reported to the IOHP quarterly.

11. *Teledentistry & SDF Workgroup*: All subrecipients must select a representative to participate on a Teledentistry & SDF Workgroup. Representatives may choose to participate in the workgroup either in-person or via conference call. Funding for travel will be provided in the subgrant.

Invoicing

Subrecipients will be required to invoice monthly. Subrecipients will also be required to submit Fiscal Operating Detail Reports and Personnel Detail Reports along with the monthly invoice. A monthly invoice template can be provided by the IOHP on an as needed basis.

Communication

1. The IOHP will communicate with funded HRSA subrecipients regarding project progress.
2. At least one in-person site visit will be scheduled with each subrecipient. The site visit will occur during the subgrant period to discuss work plan progress, discuss successes and challenges, and identify technical assistance needs.
3. Subrecipients will be required to participate in routine conference calls. The calls will cover subgrant updates and allow subrecipients to share successes and lessons learned.

Timeline and Funding Availability

Activities funded by this process shall commence April 2019, and be completed by August 31, 2019, based upon Health Resources and Services Administration (HRSA) funding approval. Funding (**ranging from \$50,000 to \$200,000 depending on the entity's needs**) will be provided for up to five (5) entities to carry-out the above listed priorities. Entities able to apply for the subgrant include **Community Health Centers (CHCs), dental and medical professionals, public health districts, health systems, dental education programs, and sliding-fee or free dental clinics**. Funding will be negotiated between the program and the organization and will be, in part, based on number of applicants and the entity's needs. It is anticipated that successful projects will be extended and receive up to four years of funding, depending on available funds, sufficient year one progress, and the submission and approval of a year two budget and workplan.

Estimated Subgrant Timeline	
Tuesday, February 5, 2019	Subgrant Solicitation Announced
Wednesday, February 20, 2019 12-1:00pm (MT)	Conference call for Q & A
Friday, March 15, 2019	Application deadline
Wednesday, March 20, 2019	Subrecipients will be notified
Thursday, March 21-Friday, March 29, 2019	Subgrant Negotiations
Monday, April 1, 2019	Estimated Activities Start Date
Friday, April 5, 2019	Kick-off conference call
Wednesday, April 10, 2019	Finalized workplan deadline
Friday, June 28, 2019	Year 2 workplan and budget proposal deadline
Saturday, August 31, 2019	Year 1 funds must be spent, and activities completed

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Eligible Applicants

This funding opportunity is available to Community Health Centers (CHCs), dental and medical professionals, public health districts, health systems, dental education programs, and sliding-fee or free dental clinics.

Funding Guidelines

Funds may be used for:

- Salaries, fringe, and indirect costs to deliver clinical care or assist with data collection, reporting, and planning
- Equipment and supply costs
- Printing costs
- Meeting costs
- Technical assistance
- Educational materials and supplies for the program
- Travel

Subrecipients may only use funds for reasonable project purposes such as supplemental materials, costs associated with educational events or meetings, personnel time, etc. Subrecipients must perform a substantial role in carrying out the project objectives, not merely serve as a conduit to another party.

The funds MAY NOT be used for:

- Reimbursement of pre-award costs is not allowed.
- Subrecipients may not use funds to supplant state, local, or organizational funding.
- Funds may not be used for lobbying, e.g. to influence legislation or intervene in any political campaign per Section 4002 of Public Law 111-148.
- Funding cannot be used to purchase food or beverages.

Application & Scoring

Applications are due by 5:00 pm (MT) on Friday, March 15, 2019. Please email completed applications to Misty Robertson at Misty.Robertson@dhw.idaho.gov. Each section of the application has an assigned point value for scoring.

Application Section	Points Possible
Current Environment	18
Reach	18
Potential Barriers and/or Challenges	18
Implementation Resources Available	18
Roles and Responsibilities	18
Budget	10
Letter of Support	Not scored
TOTAL	100

The entity will be required to provide their Data Universal Numbering System (DUNS) number and must affirm their understanding that no entity, as defined at 2 CFR Part 25, Subpart C, may receive award of a subgrant unless the entity has provided its DUNS number. For questions on how to acquire a DUNS number please contact the IOHP.

Applications will be reviewed by a committee of at least three Bureau of Community and Environmental Health staff members. Applications will be scored based on compliance with the application guidelines and capacity of the organization to achieve the funding goals. Funding determinations will be made after all funding requests are received and reviewed after the March 15, 2019 deadline.

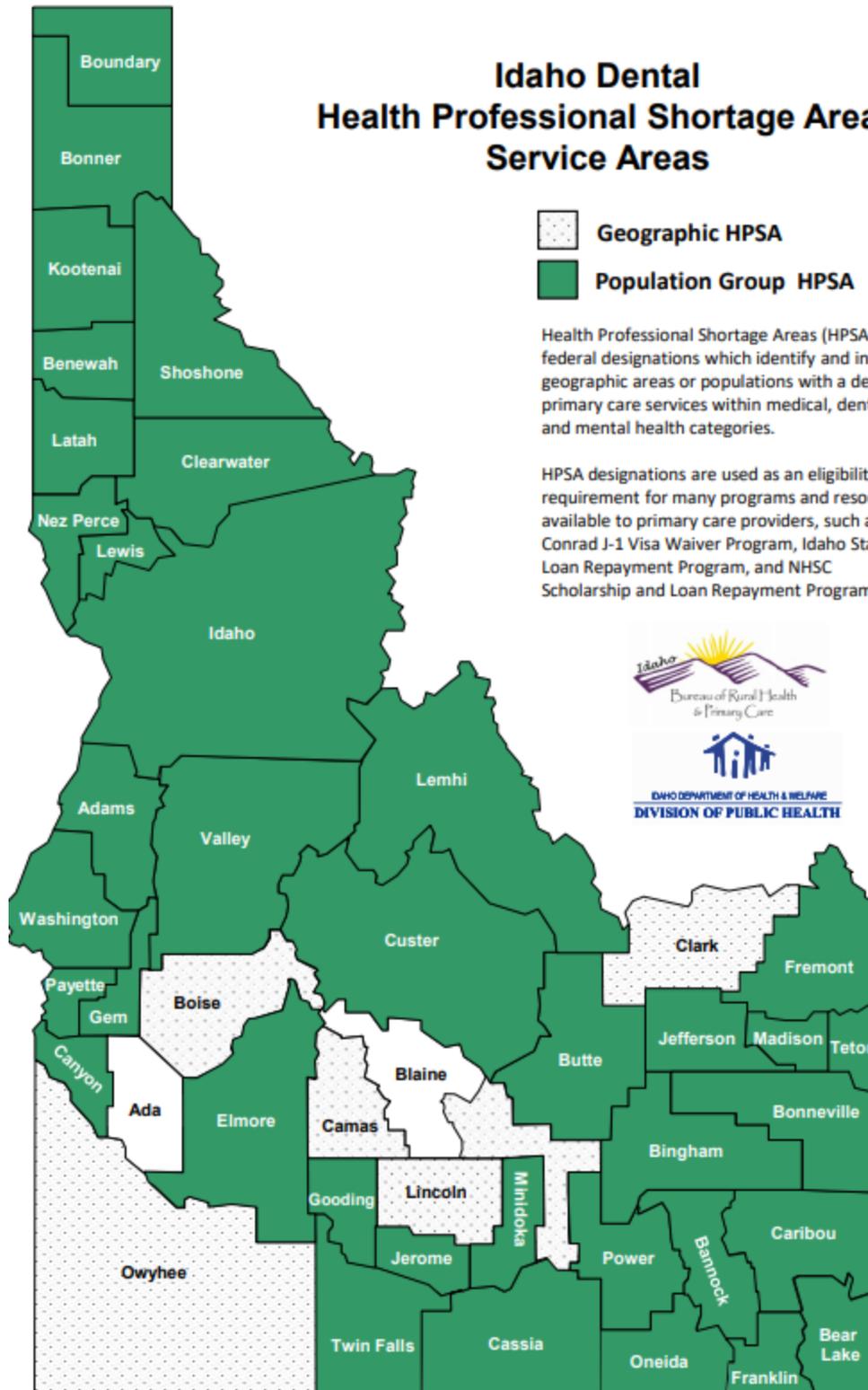
Conference Call for Q & A

There will be a conference call on Wednesday, February 20, from 12 to 1:00pm (MT) for all eligible applicants to ask questions related to this subgrant solicitation. To participate on the call, email Misty Robertson at Misty.Robertson@dhw.idaho.gov by Tuesday, February 12, 2019 by 5:00 pm (MT).

Notification of Funding

All applicants will be notified by email by Wednesday, March 20, 2019.

Idaho Dental Health Professional Shortage Area Service Areas



- Geographic HPSA
- Population Group HPSA

Health Professional Shortage Areas (HPSAs) are federal designations which identify and indicate geographic areas or populations with a deficit in primary care services within medical, dental, and mental health categories.

HPSA designations are used as an eligibility requirement for many programs and resources available to primary care providers, such as the Conrad J-1 Visa Waiver Program, Idaho State Loan Repayment Program, and NHSC Scholarship and Loan Repayment Programs.



Bureau of Rural Health and Primary Care, Division of Public Health, Department of Health and Welfare, 12/12/17 – please contact (208) 334-5993 for updates

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