

Community Dental Health Program

RFA #20-010

APPLICATION GUIDELINES

FY 2021-2022

Florida Department of Health

Community Health Division/Office of Health Equity/Florida Department of Health, Hillsborough County Health Department

2/11/2021

Application Deadline:

3/25/2021 12:00 PM EST.

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Guidelines for Developing Request for Application and Request for Information

Section 1.0 INTRODUCTION

1.1 Program Authority

The Florida Department of Health is responsible for the delivery of public health dental services in compliance with all applicable provisions of law, including but not limited to Chapters 154.01 and 381.0052 of the Florida Statutes.

1.2 Notice and Disclaimer

Grant awards will be determined by the Department of Health in accordance with this publication based on the availability of funds.

1.3 Program Purpose

The purpose of this request for services is to select one or more providers to deliver quality dental health services for Hillsborough County children and families. The overall aim of the program is to reduce oral health disparities in high risk pregnant women, post-partum women, and children.

1.4 Available Funding

The total amount available through this RFA is \$60,000 for a period from July 1, 2021 through June 30, 2022. Renewal is possible in whole or in part for three (3) additional one-year funding cycles, dependent upon successful performance of the provider and availability of funds, determined solely by the Department.

1.5 Matching Funds

There are no matching fund requirements under this RFA.

Section 2.0 PROGRAM OVERVIEW

2.1 Background

The Department of Health mission is to promote and protect the health and safety of all people in Florida through the delivery of quality public health services and the promotion of health care standards. Funding for the Community Dental Health Program seeks to bring together service organizations to reduce oral health disparities in the community. Through the program, mobile preventive services have been scheduled at Department of Health WIC locations for preventive health care and to schedule follow-up care at dental home providers. Services have also increasingly been provided through telehealth appointments, portable units, and in provider-owned clinics to address access issues exacerbated by COVID-19 health and safety concerns.

2.2 Priority Areas

This program will focus on at risk populations, including low-income uninsured and underinsured youth ages six months through age 20, and prenatal women and women up to 12 months post-partum.

2.3 Program Expectations

Successful applicants will be able to provide mobile oral health services, treatment services and urgent and restorative care to target populations residing in Hillsborough County. Grantees will be able to:

- Identify and remove barriers that keep underserved children and families from accessing dental care by providing dental health charting, dental health education, fluoride varnishes, dental sealants, treatment and referrals to dental homes.
- Improve caregivers' oral health knowledge to prevent early childhood caries.
- Expand dental services for pregnant and postpartum mothers and provide oral health education, screenings, treatment and referrals for expectant and postpartum mothers.
- Oral health education on infant oral health and disease transmission will be offered to pregnant and postpartum women in Hillsborough County, including WIC clients and non-WIC clients. Dental charting, risk assessment, treatment and referral to a dental home will be provided to prenatal and postpartum women.
- Dental charting and participation records will be maintained and shared with DOH-Hillsborough to track the reach and successes of the program among target populations.
- Services shall be provided through the use of mobile units, telehealth appointments, portable units, or in provider-owned clinics.
- Services provided by this grant shall be limited to Hillsborough County residents.

2.4 Applicant Project Results

If funded, applicants will be expected to reduce oral health disparities by:

1. Increase the number of at risk uninsured or underinsured infants and children 6 months through age 5 who receive preventive dental services and access to early dental care including screenings and oral risk assessments, fluoride treatments, sealants, fillings and restorative dental procedures.
2. Increase the number of low income uninsured or underinsured pregnant women and women up to 12 months postpartum or 1 year from initiation of treatment, whichever is greater, who receive preventive dental services and access to early dental care including screenings and oral risk assessments, fluoride treatments, sealants, fillings and restorative dental procedures.
3. Provide immediate and urgent care to uninsured or underinsured children and young adults through age 20.
4. Increase caregiver knowledge about early preventive care by providing oral health education to promote optimal wellbeing for both mothers and children, especially as it relates to improving birth outcomes and preventing early childhood caries.

2.5 Current and Prior Funded Projects

Applicants must demonstrate ability to provide the desired services based on current and prior project efforts and have the following qualifications and work experience:

- Maintenance of sufficient and qualified staff to carry out and/or provide the required community dental services.
- Maintenance of the necessary equipment and supplies for the provision of services.

2.6 Project Requirement

1. Clients receiving dental health services must be uninsured or under insured as described in Attachment 1: Project Summary Outline.

2. The provision of quality dental health services in a manner that will enable Hillsborough County to achieve the measures listed in Sections 2.3 and 2.4 of this RFA.
3. Provide services through mobile units, telehealth appointments, portable units, or in provider-owned clinics to facilitate the improvement of oral health and strive to eliminate health disparities as outlined in section 2.3.
4. Deliver reports and invoices to DOH-Hillsborough by the 15th day after the end of the month in which services were provided. Invoices should include dates and locations where services have been offered, in addition to an itemized list of services provided to each client as described in Attachment 1.
5. NOTE: Where the resulting contract requires the delivery of reports or invoices to the Department, mere receipt by the Department shall not be constructed to mean or imply acceptance of those reports or invoices. It is specifically intended by the parties that acceptance of required reports or invoices shall constitute a separate act. The Department reserves the right to reject reports or invoices as incomplete, inadequate or unacceptable according to the parameters set forth in the resulting contract. The Department, at its option, after having given the provider a reasonable opportunity to complete the report or invoice or to make the report or invoice adequate or acceptable, may declare the contract to be in default.

Section 3.0 TERMS AND CONDITIONS OF SUPPORT

3.1 Eligible Applicants

Applicants must be legal business entities with an office in Florida and include, but are not limited to institutions of higher learning, health care providers, government agencies, and not-for-profit 501(c)(3) entities. All individuals, organizations and agencies submitting an application for funding are advised that accepting federal and state dollars under this RFA will require recipients' compliance with all federal and state laws, executive orders, regulations and policies governing these funds.

All vendors doing business with the State of Florida must have a completed W-9 on file with the Department of Financial Services. If awarded, the process can be completed at: <https://flvendor.myfloridacfo.com>. To be eligible to receive a grant, all corporations, limited liability companies or partnerships and their sub-contracts seeking to do business with the State shall be registered with the Florida Department of State in accordance with the provisions of Chapter 607, 608, 617 and 620, Florida Statutes.

3.2 Eligibility Criteria

Service providers meeting the following criteria are eligible to apply for funding under this RFA:

1. Licensed to do business in the State of Florida for the services they are proposing to deliver, have a 501(c)(3) certification if the agency is not for profit, and meet all State and local laws and regulations.
2. Are willing and able to furnish the eligible services as listed in this RFA.
3. In addition to being able to provide services, eligible applicants should be an individual or organization active in community-focused, collaborative efforts focused on improving the health of high risk target populations and which serve to increase access to dental health services in Hillsborough County.
4. Not have been placed on the convicted vendor list.
5. Staffed with practitioners duly licensed or certified to practice dentistry medicine/nursing in Florida who shall maintain good professional standing at all times and practice according to their individual practice acts/protocols.
6. Able to fully communicate with those being served and sensitive to a client's ethnic and cultural background.

3.3 Minority Participation

In keeping with the One Florida Initiative, the Department of Health encourages minority business participation in all its procurements. Applicants are encouraged to contact the Office of Supplier Diversity at 850/487-0915 or visit its website at <http://osd.dms.state.fl.us> for information on becoming a certified minority business or for names of existing certified minority businesses who may be available for subcontracting or supplier opportunities.

3.4 Corporate Status

For all corporate applicants, proof of corporate status must be provided with the application. Tax-exempt status is not required, except for applications applying as non-profit organizations. Tax-exempt status is determined by the Internal Revenue Service (IRS) Code, Section 501(c)(3). Any of the following is acceptable evidence:

- a. A statement from a state taxing body, State Attorney General, or other appropriate state official, certifying that the applicant has a non-profit status and that none of the net earnings accrue to any private shareholders or individuals.

Non-Corporate Status

Documentation that verifies the official not-for-profit status of an organization in accordance with Chapter 617, Florida Statutes.

3.5 Period of Support

The initial term of the contract(s) resulting from this RFA will be from July 1, 2021 to June 30, 2022 with award(s) of up to \$60,000. The contract(s) resulting from this application may be renewed, in whole or in part, for up to three additional years. Any renewal shall be in writing and subject to the same terms and conditions set forth in the original contract. Any renewal shall be contingent upon satisfactory performance evaluations by the Department and subject to the availability of funds.

3.6 Use of Grant Funds

Providers awarded funds under this RFA will participate in a fixed price-unit cost contract for the provision of direct client services as directed in Attachment 1: Project Summary Outline.

Section 4.0 APPLICATION REQUIREMENTS

4.1 Application Forms

Applicants must provide applications as indicated in section 4.2 Order Of Application Package in this RFA. Alternate formats may not be used.

4.2 Order of Application Package

Applications for funding must address all sections of the RFA in the order presented below and in as much detail as requested. Order of Application Package:

1. Application Cover Page
2. Table of Contents

3. Narrative Section (Section 5.0)
4. Budget Information Forms
5. Other Required Forms (Section 9.0)
6. Appendices (Optional)

4.3 Compliant Budget Form and Budget Justification Narrative

In addition to filling out the budget form located in the application, a separate budget justification narrative and computation of expenditures must be provided, as outlined below.

Applicants should recognize that costs do not remain static; the budget should reflect the various phases and activities of planning, organizing, implementation, evaluation and dissemination.

Section 5.0 REQUIRED CONTENT OF THE NARRATIVE SECTION

5.1 Project Summary

The narrative section of the application should follow the standards for writing and submittal below:

- Not to exceed 10 pages in length (not including cover page, table of contents, forms or appendices)
- 12-point font
- 1-inch margins

Content of the Statement of Need, Objectives, Program Plan, Evaluation Plan, and Management Plan should reflect the applicant's current expertise and capacity based on current and prior projects.

5.2 Statement of Need

Oral health is essential to general health and well-being. Hillsborough County ranks below the state average for number of Dentists available within the population, and significantly lower than the Nation's top performers for the number of Dentists available (Florida Health Charts, 2020). In addition, 20% of all children live in poverty with 60% of all children eligible for free and reduced lunch (Florida Health Charts, 2020). These facts complicate dental health care for children, and, when oral health needs go unaddressed, they can have negative social and economic impacts that last a lifetime (US DHHS, Oral Health in America Report, 2000). Given that most oral health conditions are preventable and even treatable in early stages (World Health Organization, Oral-Health Fact Sheet, 3/25/20), a community dental health program focused on those most at risk is needed.

Applicants shall identify, in narrative form, the following information:

1. The total number of community dental clients to be served.
2. The priority populations for the applicant that clearly describe need in regard to age, health inequities or disparities, underserved populations, social determinants of health, socio-economic status, zip codes and other factors.
3. Describe current or prior successes or challenges providing services as described in sections 2.1 through 2.3 of this RFA.
4. Describe any gaps (unmet needs) in community dental services that are currently not being met, will remain, or will be newly addressed with the grant funds. Include any relevant data and how funding will impact the populations served.
5. Describe how the applicant proposes to avoid duplication of existing services, prevent the supplanting of funds already being provided, and how the program activities will enhance or differ from the existing programs.

5.3 Objectives

Applicants should describe their overall community dental health program objectives for the program year in a SMART (specific, measurable, appropriate, realistic and time-bound) format to address the program purpose as stated in Section 1.3.

5.4 Program Plan

The section must describe how the proposed project will be carried out and be linked to the needs and objectives. The applicant should describe program activities and address:

- **Service Delivery:** Describe what services will be delivered and how your agency will deliver the services including locations, days, and hours of service provision.
- **Collaboration:** Clearly describe collaborative efforts in coordinating with other entities and with linking clients to care including the roles and responsibilities of other organizations that will be involved in such activities or actions.
- **Compatibility:** Describe how current and prior projects/programs can or will contribute to the success of the planned community dental services.
- **Confidentiality:** Describe how your agency has implemented or will implement policies pertaining to confidentiality.
- **Accessibility:** Describe accessibility of the proposed services including how the applicant addresses traditional barriers to care as well as the on-going public health and safety concerns for clients due to the COVID-19 crisis.

5.5 Evaluation Plan

This section must describe how the applicant will evaluate program activities. It is expected that evaluation activities will be implemented at the beginning of the program in order to capture and document actions contributing to program outcomes. The evaluation plan must be able to produce documented results that demonstrate whether and how the strategies and activities funded under the program made a difference in the improvement of minority health and the elimination of health disparities. The plan should identify the expected result (i.e., a particular impact or outcome) for each major objective and activity and discuss the potential for replication.

A description of current, on-going or new Quality Assessment/Quality Improvement activities may be included as well as other various tools and systems for monitoring success and documenting results.

5.6 Management Plan

This section identifies those administration and management strategies that will be used in the grant that describe the applicant's ability to successfully carry out the proposed program activities with staffing and organizational capacity. The proposal should include:

- A brief description of the applicant organization and its qualifications.
- A description of the organization's approach to managing the program including management of the program at various site locations where services will be provided, including mobile sites.
- How the agency has implemented or will implement policies pertaining to confidentiality.
- A detailed description of how the applicant will verify income and insurance coverage for clients.

- A description of relevant qualifications of key staff for the project. Bio-sketches or resumes for each proposed staff should be included in the appendices and will not count towards the page total.
- An organizational chart.

5.7 Appendices

All appendices must be clearly referenced and support elements of the narrative. Appendices do not count towards the narrative page total.

For Example:

Include documentation and other supporting information in this section.

Examples include:

- The organization’s mission statement
- Organizational Chart
- Staff Bio-Sketches or Resumes
- Sample data collection instruments
- Relevant brochures or newspaper article

Section 6.0 SUBMISSION OF APPLICATION

6.1 Application Deadline

Application Deadline: 3/25/2021 12:00 PM EST.

Applications must be received by the date and time indicated in the Timeline.

- Prospective applicants shall adhere to the RFA timelines as identified below.

Schedule	Due Date	Location
Request for Applications Released and Advertised	2/11/2021	Department of Health Grant Funding Opportunities Website: http://www.floridahealth.gov/about/administrative-functions/purchasing/grant-funding-opportunities/index.html
Submission of Questions	2/25/2021 5:00 PM EST	Submit application questions to: Wilmer.AlonsoValentin@flhealth.gov
Anticipated posting of Answers to Questions	3/11/2021	Department of Health Grant Funding Opportunities Website: http://www.floridahealth.gov/about/administrative-functions/purchasing/grant-funding-opportunities/index.html
Applications due (no faxed or e-mailed applications)	Must be received by 3/25/2021 12:00 PM EST	Wilmer Alonso Valentin Florida Department of Health in Hillsborough Contract Office/Department 1105 E. Kennedy Blvd. Tampa, FL 33602
Anticipated evaluation of applications	3/30/2021	Review and Evaluation of Applications Begins
Anticipated award date	4/21/2021	Department of Health Grant Funding Opportunities Website:

6.2 **Submission Methods**

Applications may only be submitted by regular/express mail or hand delivered.

6.3 **Instructions for Submission of Applications**

Applicants are required to submit the application as follows:

- The application must be signed by an individual authorized to act for the applicant agency or organization and to assume for the organization the obligations imposed by the terms and conditions of the grant.
- Applicants are required to submit **three (3) copies of the application** via express/regular mail or hand delivered.
- Mailed or hand-delivered applications will be considered as meeting the deadline if they are received by the Office of Contracts by **3/3/2021 at 12:00 PM EST**. Applicants are encouraged to submit applications early. Applications that do not meet the deadline will be returned to the applicant unread.

6.4 **Where to Send Your Application**

Express Mail or Hand Delivered

Wilmer Alonso-Valentin
Florida Department of Health
Office of Contracts
1105 E. Kennedy Blvd
Tampa, FL 33602

Section 7.0 **EVALUATIONS OF APPLICATONS**

7.1 **Receipt of Applications**

Applications will be screened promptly after receipt. Applications that are not complete, or that do not conform to or address the criteria of the program will be considered non-responsive. Complete applications are those that include the required forms in the Required Forms Section of this application. Incomplete applications will be returned with notification that it did not meet the submission requirements and will not be entered into the review process.

7.2 **How Applications are Scored**

Applications will be scored by an objective review committee. Committee members are chosen for their expertise in health and their understanding of the unique health problems and related issues in Florida.

Each application will be evaluated and scored based on the evaluation criteria below. Evaluation sheets will be used by the review committee to designate the point value assigned to each application. The scores of each member of the review committee will be averaged with the scores of the other members to determine the final scoring. The maximum possible score for any application is 100 points.

Evaluation Criteria	Maximum Point Value
<u>Category 1 – Understanding of Need and Purpose</u> <ul style="list-style-type: none"> How effectively does the applicant demonstrate an understanding of dental health disparities affecting the community and objectives of the proposed program? 	20
<u>Category 2 – Provision of Services</u> <ul style="list-style-type: none"> How effectively will the applicant’s programmatic approach address various dental health disparities across Hillsborough County? Factors such as populations served, geography and addressing social determinants of health may be considered. 	40
<u>Category 3 – Respondent Capability</u> <ul style="list-style-type: none"> To what extent does the applicant describe prior experience with successful dental health programs? (10 points) How effectively does the applicant demonstrate their staffing, management and programmatic capacity to carry out their proposed program? (10 points) 	20
<u>Category 4 – Cost</u> <ul style="list-style-type: none"> How comprehensively does the applicant explain all elements composing the total budget for the proposed program? (10 points) How well does the proposed budget reflect programmatic needs to carry out the proposed program? (10 points) 	20
Total	100

7.3 Grant Awards

Grant awards will be determined by the Department of Health at its sole discretion based on the availability of funds. The awards will be awarded to one or more provider of community dental health services in Hillsborough County.

7.4 Award Criteria

Funding decisions will be determined by the Department of Health on the basis of merit as determined by responses to this RFA and with established evaluation criteria as described in Section 7.2. The Department will fund projects countywide.

7.5 Funding

The Department of Health reserves the right to revise proposed plans and negotiate final funding prior to execution of contracts.

7.6 Awards

Awards will be listed on the website at: <http://www.floridahealth.gov/about/administrative-functions/purchasing/grant-funding-opportunities/index.html> on or about 4/21/2021.

Section 8.0 REPORTING AND OTHER REQUIREMENTS

8.1 Post Award Requirements

Funded applicants will be required to participate in Quality Assurance/Quality Improvement activities in accordance with Attachment 1: Project Summary Outline.

Funded applicants will further be required to provide proof of current liability insurance or sovereign immunity.

The Department reserves the right to evaluate the organization administrative structure, economic viability, and ability to deliver services prior to final award and execution of the contract.

Section 9.0 REQUIRED FORMS

- 9.1 Application for Funding**
- 9.2 Budget Information**
- 9.3 Budget Narrative**
- 9.4 Key Personnel Information**
- 9.5 Statement of No Involvement (Attachment II)**
- 9.6 Certification Of Drug Free Work Place**
- 9.7 IRS Non-Profit Status 501 (C) (3) (If Applicable)**

ATTACHMENT I

Project Summary Outline

A. Services to be Provided - General Description.

1. Definition of Terms

- a. **WIC** – Women Infants and Children nutritional service program for Hillsborough County.
- b. **Clients:** Uninsured or underinsured pregnant or postpartum women, infants and children, at or below 200 percent of the federal poverty level, receiving targeted dental services.
- c. **Contract Manager:** A Florida Department of Health, Hillsborough County Health Department employee designated to manage the agreement.
- d. **Department:** Florida Department of Health, Hillsborough County Health Department
- e. **Funding Agency:** The Florida Department of Health.
- f. **Primary Dental Care Services:** Including preventive, restorative, surgical care, or other needed dental treatment.
- g. **Provider:** The entity with whom the Department enters into agreement to provide services.
- h. **Postpartum Client:** For the purposes of this program, a postpartum client is a female up to six (6) months post-delivery.
- i. **State Fiscal Year:** July 1 - June 30
- j. **Licensed Dental Professional:** Dentist or dental hygienist licensed by the State of Florida.

2. General Description

a. General Statement

The Community Dental Health Program is a dental health early prevention program to increase dental care, both preventive and treatment, for uninsured and under-insured children and pregnant or postpartum women in Hillsborough County.

b. Authority.

Chapters 154.01 and 381.0052, Florida Statutes and General Appropriations Act.

c. Scope of Services

The Florida Department of Health, Hillsborough County Health Department, will provide funding to support primary dental care services including preventive, restorative, surgical care, or other needed treatment, for uninsured or underinsured pregnant or postpartum women, at or below 200 percent of the federal poverty level. Funding will also be provided to increase oral health education to promote optimal wellbeing for both mother and child, especially as it relates to improving birth outcomes and preventing early childhood caries. Services shall be provided through mobile units, telehealth appointments, portable units, or in provider-owned clinics

d. Major Program Goals

The overall goal of the program will be to reduce inequities in oral health outcomes for Hillsborough County children and pregnant and postpartum women. The program goals will be to:

- 1) Identify and remove barriers that keep children and pregnant or postpartum women of lower socioeconomic status from accessing dental care by providing dental health screenings, dental health education, fluoride varnishes, dental sealants and referrals to dental homes.
- 2) Identify children with early and urgent dental care needs, and, if identified through mobile, telehealth or portable units, provide referrals to low-cost or no-cost dental care clinics for immediate care.
- 3) Provide oral health education, screenings and referrals for expectant mothers.

- 4) Provide primary dental care services to uninsured or underinsured pregnant or postpartum women. Oral health education will be provided to pregnant or postpartum women for themselves and their children.

3. Clients to be Served

a. General Description

- 1) Dental health preventive and restorative services will be offered at provider-owned clinics for non-funded pregnant and postpartum women up to 12 months or up to 1 year from initiation of treatment, whichever is greater.
- 2) The program will provide oral health screenings and preventive health services for children age 6 months up to 21 years of age, but not 21 years, who are unfunded and uninsured for the services provided.
- 3) Provider shall verify Medicaid enrollment and bill Medicaid for those patients served who are Medicaid enrolled.
- 4) Services will be provided in Hillsborough County at various locations through the use of a mobile unit, telehealth, portable units, as well as in provider-owned clinics for care and follow up care.

b. Client Eligibility and Client Determination

Clients to be served under this program must be:

- a. Uninsured or underinsured.
- b. Be at or below 200 percent of the federal poverty level.
- c. Note: Eligibility includes Medicaid clients that do not qualify for coverage of preventive, restorative, surgical care, or other needed dental treatment.

c. Contract Limits

The Department will pay for dental services under this agreement up to \$60,000. These services will be provided to Hillsborough residents only. It is the dental provider's responsibility to make sure that dental services provided are limited by the terms of this contract. It is the primary responsibility of the dental providers to ensure that children and pregnant and postpartum women are eligible for dental services and these services are in accordance with the projected overall goal of reducing health disparities in Hillsborough County.

B. Manner of Service Provision

Dental preventive procedures are to be provided based on the child's or pregnant or postpartum women's needs. Treatment of early and urgent needs will be provided if feasible and are reimbursable through the grant. Every effort will be made to treat these needs as soon as possible.

1. Service Tasks

a. Task List:

- 1.) Improve the oral health system by identifying and removing barriers to accessing dental care, for children and pregnant and postpartum women by:
 - a. Promoting, providing and documenting dental screenings and preventive dental health services. Dental screenings will be accomplished by providing a visual assessment of each patient's oral condition by a licensed dental professional.
 - b. Providing and documenting needed dental restorative services for children and pregnant and postpartum women identified with early and urgent care needs.
- 2.) The provider will provide a dental referral for all clients for follow up comprehensive dental examination services. A dental referral will encourage the establishment of a dental home.

- 3.) The provider will use culturally and linguistically appropriate lessons to educate children/caregivers/parents on the importance of healthy behaviors that benefit teeth as well as overall health.
- 4.) The provider will deliver preventive, restorative, surgical or other medically necessary primary dental care services to uninsured and underinsured pregnant and postpartum women.
- 5.) A completed tracking log (Exhibit A) shall be submitted to Department within 3 business days after a mobile day of service.

b. Task Limits:

- 1.) The provider shall ensure that dental screening services are not duplicated. Fluoride varnish applications may be provided four times per year at ninety-day intervals for children at high risk.
- 2.) Those eligible for the program include:
 - a. Children age 6 months – up to 6 years of age, but not 6 years for all services.
 - b. Children and youth – 6 years of age up to 21 years of age, but not 21 years for emergency services.
 - c. Pregnant women and women up to 12 months post-partum.
- 3.) All clients seen must have a completed and signed consent form.
- 4.) All services provided under this contract must be to residents of Hillsborough County.
- 5.) Care for non-funded pregnant and postpartum women and children at the current Medicaid rates at time of service. Medicaid rates will be adjusted with new rate publication. (See Exhibit B for billing rates).
- 6.) Services will be provided based on client's medically necessary dental needs, capabilities of the staff, and the availability of funds as determined by the Department.
- 7.) Patient appointments must be scheduled at 60 minute intervals and include screenings, education, and preventive services.
- 8.) Provider will provide screenings, preventive services, and early and urgent care during all trimesters of pregnancy in accordance with guidance from the American Dental Association and the American Congress of Obstetricians and Gynecologists.

2. Staffing Requirements

- a. **Staffing Levels** – The provider shall maintain sufficient staff to deliver the agreed upon services and to conform to all State and Federal regulations.
- b. **Staff Credentials** – All professional staff members are required to have valid Florida licenses in their specialty.

3. Service Location and Equipment

- a. **Service Delivery Location** - Outreach services will be provided at various community agencies (not including schools and Head Start locations), and at provider sites in Hillsborough County, based on a schedule agreed upon by both parties.
 - 1) **Service Times** - Services will be conducted as appropriate to reach optimal contacts and to meet contract requirements. Mobile clinic dates at WIC department locations will be scheduled a minimum of two months in advance to provide optimal time for scheduling appointments at appropriate WIC sites.
 - 2) **Changes in Location** - The dental provider shall notify the Department in writing a minimum of one week prior to making changes in location which affect the Department's ability to notify potential clients.
- b. **Equipment**

The provider is responsible for the purchase and maintenance of any and all equipment necessary to provide services under this contract.

4. Deliverables

a. Service Unit

A unit of service is a service as listed in Exhibit B of this agreement

b. Reports.

Provision of Services Report: In addition to the monthly invoice, described in Paragraph C (2) herein, a report shall be submitted which summarizes the date and number of services provided in accordance with the Medicaid codes listed in Exhibit B. This report shall include the current Medicaid rate multiplied by the total number of services provided for each code. This report shall include service location, date of service, as well as the name and date of birth of each person receiving services under this agreement.

c. Records and Documentation

- 1.) The provider shall maintain records documenting the total number of recipients and the recipients to whom services were provided. In addition, the date(s) on which services were provided will be submitted so that an audit trail documenting services will be available. The provider will submit Exhibit A detailing the client load for each mobile unit visit in regards to this contract.
- 2.) The provider shall assure that all records pertaining to activities funded by this contract shall be subject to inspection or review by state or other personnel duly authorized by the Department.

5. Performance Specifications

a. Outcomes and Outputs

- 1.) 100% of all patients seen will be evaluated for oral hygiene needs and either referred back to their dental home, or, if they do not have one, to the provider's clinic for their ongoing oral health care needs.
- 2.) 100% of pregnant women and women up to 12 months postpartum that are screened will receive preventive care, including prophylaxis, unless they are referred for treatment for urgent care needs.
- 3.) 100% of children screened up through age 5 will receive preventive care, including prophylaxis and fluoride, unless they are referred for treatment for urgent care needs.
- 4.) A minimum of 10% of patients invoiced for will be pregnant women and women up to six months postpartum.

b. Monitoring and Evaluation Methodology

- 1.) By execution of this contract, the provider hereby acknowledges and agrees that its performance under the contract must meet the standards set forth in this contract and that it will be bound by the conditions set forth in this contract. If the provider fails to meet these standards, the Department at its exclusive option, may allow up to six months for the Provider to achieve compliance with the standards. If the Department affords the Provider an opportunity to achieve compliance, and the provider fails to achieve compliance within the specified time frame, the Department will terminate the contract with a 30-day written notice, in the absence of any extenuating or mitigating circumstances in the exclusive determination of the Department.
- 2.) The contract manager or designated representative for the Department will monitor the contract on an ongoing basis to determine the provider's compliance with the terms of the

contract. The Department of Health's Standard Monitoring Tool will be used to perform Programmatic Monitoring of the provider.

- 3). The Customer Satisfaction Survey results will be utilized to monitor customer satisfaction.

6. Provider Responsibilities

a. Provider-Unique Activities.

The provider is solely responsible for the purchase and delivery of the equipment, instruments, materials and supplies for establishment of this project. The provider is solely responsible for all staff, which includes the hiring and management of staff, salaries, expenses, travel, and any other related items. The provider is solely responsible for the delivery of dental services. By execution of this contract, the provider agrees to all terms and conditions herein, and is solely responsible for conducting all identified services, activities and deliverables specified for the funding period of this contract.

b. Coordination with Other Provider/Entities

The provider will establish cooperative linkages among the agencies and community organizations involved in providing services in order to minimize duplication within the community. The provider must coordinate all activities, reports, records, and data reporting requirements. The provider is responsible for the accountability of tasks and services to be performed for this contract.

7. Department Responsibilities

a. Department Obligations

Upon request, and to the extent that resources allow, the Department will provide technical assistance and programmatic information and support to the provider.

b. Department Determinations

The Department reserves the right to make any and all determinations exclusively which it deems necessary to protect the best interests of the State of Florida and the health, safety and welfare of the clients served by the Department either directly or through any one of its contracted providers.

C. Method of Payment.

1. Payment

This is a fixed price-unit cost contract. The Department shall pay the provider, upon satisfactory completion of services provided to clients, as outlined in Exhibit B of this contract, to be adjusted with the new publication of the Medicaid billing list, and not otherwise paid or payable from Medicaid, insurance or other payment sources, the fee detailed in Exhibit B per applicable service performed pursuant to the terms of this contract. Payment for services shall not exceed \$60,000, for this contract period, subject to the availability of funds.

2. Invoice Requirements

When billing for clients who are eligible for pregnancy Medicaid, make a notation that they are pregnant (P) or Post-Partum (R) on invoices to assure they are processed for the expected coverage.

The dental providers shall request payment on a monthly basis through submission on a properly completed invoice (Exhibit C) within 15 days following the end of the month in which services were provided. Charges on the invoice must be accompanied by supporting documentation with sufficient detail to provide for a proper pre and post-audit. Final invoice of the contract is due no later than July 15, 2022.

All deliverables for the month must be received, accepted, and approved by the contract manager prior to payment. Payment may be authorized only for allowable expenditures on the invoice.

Once the Department receives the invoice, Department will review the client list for Medicaid eligibility within five business days, after which the Department will return the invoice to the provider for second and final submission for processing.

3. Supporting Documentation

Supporting documentation for invoices shall be submitted to the contract manager as well as be maintained in the provider's administrative files. Supporting documentation requirements are as follows:

- a. **Professional Services.** The invoice must include service location, description of dental services rendered and billing codes. The Department of Financial Services reserves the right to require further documentation on an as-needed basis.

D. Special Provisions.

1. Right to Data

Where activities supported by this contract produce original writing, sound recordings, pictorial reproductions, drawings or other graphic representation and works of any similar nature, the Department has the right to use, duplicate and disclose such materials in whole, in part, or any other manner.

2. Contract Renewal

This contract may be renewed on a yearly basis for no more than three (3) years or for a period no longer than the term of the original contract, whichever is longer, and upon the same terms and conditions. Such renewals shall be contingent upon satisfactory performance evaluations as determined by the Department and shall be subject to the availability of funds.

3. Dental Practice Act

The provider is fully responsible for assuring that all services provided under this contract are in compliance with the Florida Statutes Title XXXII Chapter 466, the Dental Practice Act.

4. Financial Consequences

The provider shall not be paid for any services not provided. Additionally, the Department shall reduce the contract payables up to by 5% per month should the provider fail to meet reporting deadlines for a monthly report required in this contract.

END OF ATTACHMENT I

Exhibit A – Tracking Log

WIC Smiles 4 U Sign In Sheet



Date and Site:										
Provider:										
Appt. Time	Client Name and DOB	*Client Type			DOB newborn	Phone Number	Confirmed	Referral		
		C	P	R				No Obvious	Early	Urgent
8:30 AM										
8:30 AM										
9:00 AM										
9:00 AM										
9:30 AM										
9:30 AM										
10:00 AM										
10:00 AM										
10:30 AM										
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11:30 AM										
1:00 PM										
1:00 PM										
1:30 PM										
1:30 PM										
2:00 PM										
2:00 PM										
2:30 PM										
2:30 PM										
Walk-In										
Walk-In										
Walk-In										
Walk-In										

*Client Type C = child; P = pregnant; R = post partum

Exhibit B

EXAMPLE DENTAL FEE SCHEDULE

Procedure Code	0-20 Year Rate	21+ Year Rate	Maximum Age	Prior Authorization
D0120	22.29		20	
D0140	11.89	8.00	999	
D0145	23.78		3	
D0150	23.78	16.00	999	
D0190	10.40		20	
D0191	10.40		20	
D0210	47.56	32.00	999	
D0220	5.95	4.00	999	
D0230	4.46	3.00	999	
D0240	11.89	8.00	999	
D0250	35.67		20	
D0251	35.12		20	
D0270	8.92		20	
D0272	13.38		20	
D0274	16.35		20	
D0330	44.59	30.00	999	
D0340	47.56		20	
D0350	10.40		20	
D0470	32.70		20	
D1110	26.75		20	
D1120	20.81		20	
D1206	16.35		20	
D1208	16.35		20	
D1330	8.92		20	
D1351	19.32		20	
D1354	6.44		20	
D1510	107.01		20	
D1516	173.90		20	
D1517	173.90		20	
D1551	25.27		20	
D1552	25.27		20	
D1553	12.64		20	
D1556	12.64		20	
D1557	25.27		20	
D1558	25.27		20	
D1575	107.01		20	
D2140	46.08		20	
D2150	60.94		20	
D2160	75.80		20	
D2161	90.66		20	
D2330	50.53		20	
D2331	57.97		20	

D2332	65.40		20	
D2335	107.01		20	
D2390	107.01		20	
D2391	46.08		20	
D2392	60.94		20	
D2393	75.80		20	
D2394	90.66		20	
D2710	114.45		20	
D2721	126.34		20	
D2740	338.88		20	
D2751	338.88		20	
D2920	25.27		20	
D2930	101.07		20	
D2931	101.07		20	
D2932	101.07		20	
D2933	126.34		20	
D2940	26.75		20	
D2950	96.61		20	
D2951	2.97		20	
D2954	78.77		20	
D3110	19.32		20	
D3120	16.35		20	
D3220	74.32		20	
D3221	44.59		20	
D3222	64.59		20	
D3230	111.47		20	
D3240	126.34		20	
D3310	219.97		20	
D3320	282.40		20	
D3330	349.28		20	
D3331	74.32		20	
D3333	46.08		20	
D3351	124.85		20	
D3352	83.23		20	
D3353	166.47		20	
D3410	111.47		20	
D3430	37.16		20	
D4210	156.06		20	
D4211	66.88		20	
D4240	320.67		20	Y
D4241	204.16		20	Y
D4260	169.44		20	
D4261	71.34		20	
D4341	29.73		20	
D4342	14.86		20	

D4346	118.90		20	
D4355	77.29		20	
D5110	460.75	310.00	999	Y
D5120	460.75	310.00	999	Y
D5211	245.24	165.00	999	Y
D5212	245.24	165.00	999	Y
D5213	468.18	315.00	999	Y
D5214	468.18	315.00	999	Y
D5410	20.81	14.00	999	
D5411	20.81	14.00	999	
D5421	20.81	14.00	999	
D5422	20.81	14.00	999	
D5511	65.40	44.00	999	
D5512	65.40	44.00	999	
D5520	57.97	39.00	999	
D5611	65.40	44.00	999	
D5612	65.40	44.00	999	
D5621	69.86	47.00	999	
D5622	69.86	47.00	999	
D5630	83.23	56.00	999	
D5640	57.97	39.00	999	
D5650	62.42	42.00	999	
D5660	77.29	52.00	999	
D5730	93.64	63.00	999	
D5731	93.64	63.00	999	
D5740	93.64	63.00	999	
D5741	93.64	63.00	999	
D5750	167.95	113.00	999	
D5751	167.95	113.00	999	
D5760	167.95	113.00	999	
D5761	167.95	113.00	999	
D5820	163.49		20	Y
D5821	163.49		20	Y
D6096	59.45	40.00	999	Y
D6985	245.24		20	Y
D7111	40.13		20	
D7140	40.13	27.00	999	
D7210	59.45	40.00	999	
D7220	92.15	62.00	999	
D7230	114.45	77.00	999	
D7240	117.42	79.00	999	
D7241	121.88	82.00	999	
D7250	80.26	54.00	999	
D7260	249.70	168.00	999	
D7261	178.36	120.00	999	

D7270	40.13		20	
D7280	202.14		20	
D7283	175.38		20	
D7296	175.38		20	
D7297	175.38		20	
D7310	66.88	45.00	999	
D7320	83.23	56.00	999	
D7472	260.68	175.39	999	
D7473	260.68	175.39	999	
D7510	69.86	47.00	999	
D7520	99.58	67.00	999	
D7880	385.07		20	Y
D7881	52.91		20	Y
D7970	124.85	84.00	999	
D8070	564.79		20	Y
D8080	564.79		20	Y
D8090	564.79		20	Y
D8210	160.52		20	Y
D8220	497.91		20	Y
D8660	96.61		20	
D8670	77.29		20	Y
D8680	158.87		20	Y
D8703	93.64		20	Y
D8704	93.64		20	Y
D9110	19.32		20	
D9222	61.84	41.61	999	
D9223	61.84	41.61	999	
D9230	41.62	28.00	999	
D9239	61.84	41.61	999	
D9243	61.84	41.61	999	
D9248	59.45	40.00	999	
D9310	26.75		20	
D9420	83.23	56.00	999	
D9920	35.67		20	

D5214	468.18	315.00	999	Y
D5410	20.81	14.00	999	
D5411	20.81	14.00	999	
D5421	20.81	14.00	999	
D5422	20.81	14.00	999	
D5511	65.40	44.00	999	
D5512	65.40	44.00	999	
D5520	57.97	39.00	999	
D5611	65.40	44.00	999	
D5612	65.40	44.00	999	

D5621	69.86	47.00	999	
D5622	69.86	47.00	999	
D5630	83.23	56.00	999	
D5640	57.97	39.00	999	
D5650	62.42	42.00	999	
D5660	77.29	52.00	999	
D5730	93.64	63.00	999	
D5731	93.64	63.00	999	
D5740	93.64	63.00	999	
D5741	93.64	63.00	999	
D5750	167.95	113.00	999	
D5751	167.95	113.00	999	
D5760	167.95	113.00	999	
D5761	167.95	113.00	999	
D5820	163.49		20	Y
D5821	163.49		20	Y
D6096	59.45	40.00	999	Y
D6985	245.24		20	Y
D7111	40.13		20	
D7140	40.13	27.00	999	
D7210	59.45	40.00	999	
D7220	92.15	62.00	999	
D7230	114.45	77.00	999	
D7240	117.42	79.00	999	
D7241	121.88	82.00	999	
D7250	80.26	54.00	999	
D7260	249.70	168.00	999	
D7261	178.36	120.00	999	
D7270	40.13		20	
D7280	202.14		20	
D7283	175.38		20	
D7296	175.38		20	
D7297	175.38		20	
D7310	66.88	45.00	999	
D7320	83.23	56.00	999	
D7472	260.68	175.39	999	
D7473	260.68	175.39	999	
D7510	69.86	47.00	999	
D7520	99.58	67.00	999	
D7880	385.07		20	Y
D7881	52.91		20	Y
D7970	124.85	84.00	999	
D8070	564.79		20	Y
D8080	564.79		20	Y
D8090	564.79		20	Y

D8210	160.52		20	Y
D8220	497.91		20	Y
D8660	96.61		20	
D8670	77.29		20	Y
D8680	158.87		20	Y
D8703	93.64		20	Y
D8704	93.64		20	Y
D9110	19.32		20	
D9222	61.84	41.61	999	
D9223	61.84	41.61	999	
D9230	41.62	28.00	999	
D9239	61.84	41.61	999	
D9243	61.84	41.61	999	
D9248	59.45	40.00	999	
D9310	26.75		20	
D9420	83.23	56.00	999	
D9920	35.67		20	

EXHIBIT C

**EXAMPLE INVOICE TEMPLATE
CONTRACT # HB _____**

Vendor Name: _____
Vendor Address: _____

Required Attachments:

- o Report of number of services by Medicaid CDT code.
- o List of patient/client name, service date, service location and date of birth by client type.

Month and Year for which Payment is Being Requested: _____

Total Amount Invoiced: \$ _____

I certify that the above report is a true and correct reflection of this period's activities as outlined in the contract.

Signature of Provider Date

Title of Signing Authority

FOR DOH-Hillsborough Use Only:

I certify that the contract deliverables have been received and meet the terms and conditions of the contract and approve the payment as outlined in the contract.

Date of receipt of Invoice: _____

Date services were received: _____

Date services were inspected & approved: _____

Contract Manager's Signature
Fiscal Use Only (Budget Codes):
64362969240/CL/CLFEE

Contract Manager's Supervisor Signature

ATTACHMENT II

REQUIRED CERTIFICATIONS STATEMENT OF NO INVOLVEMENT CONFLICT OF INTEREST STATEMENT (NON-COLLUSION)

I hereby certify that my company, its employees, and its principals, had no involvement in performing a feasibility study of the implementation of the subject contract, in the drafting of this solicitation document, or in developing the subject program. Further, my company, its employees, and principals, engaged in no collusion in the development of the instant bid, proposal or reply. This bid, proposal or reply is made in good faith and there has been no violation of the provisions of Chapter 287, Florida Statutes, the Administrative Code Rules promulgated pursuant thereto, or any procurement policy of the Department of Health. I certify I have full authority to legally bind the Bidder, Respondent, or Vendor to the provisions of this bid, proposal or reply.

Signature of Authorized Representative*

Date