



Fiscal Year 2016 Health Center Program Oral Health Service Expansion Competing Supplement

Funding Opportunity Number: HRSA-16-076

[Technical Assistance Web Page:
Oral Health Funding Opportunities](#)



HRSA
Health Resources & Services Administration

Agenda

- **Funding Opportunity Announcement (FOA) Overview**
- **Eligibility**
- **FOA Key Points**
- **Application Process and Content**
- **Funding Opportunity Specific Forms**
- **Wrap Up**
- **Questions**

FOA OVERVIEW

Purpose

- To increase access to oral health care services, and
- To improve oral health outcomes for Health Center Program patients

Award Information

- **Approximately \$100 million in total funding**
- **Approximately 285 awards expected**
- **Maximum of \$350,000 per award**
- **For OHSE expansion purposes:**
 - One-time funds of up to \$150,000 in Year 1 allowed for equipment and/or minor alterations/renovations (A/R)
 - New oral health service access site(s) may be added within the current service area
- **Awards will be announced on or around July 1, 2016**

Due Dates

- **Applications due in Grants.gov:**

Tuesday, January 19, 2016, 11:59 PM, ET

- **Applications due in HRSA EHB:**

Tuesday, February 2, 2016, 5:00 PM, ET

ELIGIBILITY

Eligibility Criteria

- Existing Health Center Program award recipients
- Must have at least one service site in scope verified as operational as of date of EHB application submission
- Must add 1.0 new onsite FTE licensed dental provider (dentist, dental hygienist, and/or dental therapist)
- Currently provide or propose to provide dental services directly and/or by formal written agreement (Form 5A, Column I or II)

Eligibility Criteria Continued

- **Must propose an increase in the number of dental patients and visits**
- **Must propose an increase in the percentage of health center patients who receive oral health services at the health center**
- **Must not request more than \$350,000**
- **Application cannot exceed 60 pages**

Participant Question #1

Who is not eligible? Select all that apply.

- a) A Health Center Program award recipient first funded in 2015 with all sites verified operational in scope**
- b) A Health Center Program award recipient that received Expanded Services supplemental funding for the purposes of expanding oral health services**
- c) A Health Center Program award recipient that is applying for Service Area Competition (SAC) in 2016**
- d) An applicant that proposes to add 0.75 FTE dentist and 0.25 dental technician**

Participant Response Q.1 Answer

Who is not eligible? Select all that apply.

- a) A Health Center Program award recipient first funded in 2015 with all sites verified operational in scope
- b) A Health Center Program award recipient that received Expanded Services supplemental funding for the purposes of expanding oral health
- c) A Health Center Program award recipient that is applying for Service Area Competition (SAC) in FY16
- d) **An applicant that proposes to add 0.75 FTE dentist and 0.25 dental technician**

FOA KEY POINTS

Oral Health Service Expansion Required Outcomes

- *Add at least 1.0 onsite full-time equivalent (FTE) licensed dental provider (dentist, dental hygienist, and/or dental therapist) within 120 days of award*
- **Ensure that any new sites added through this FOA are open and operational within 120 days of award**
- **Ensure that new and/or expanded oral health services are provided within 120 days of award**
- *Increase the number of oral health patients and visits by 12/31/17*
- *Increase the percentage of health center patients who receive oral health services at the health center by 12/31/17*

Allowable Oral Health Services

Preventive Dental Services (Required)

- Basic dental screenings
- Oral health hygiene instruction and education
- Oral prophylaxis
- Oral x-rays
- Application of sealants and fluorides

Additional Dental Services (Optional)

- **Diagnosis and treatment of tooth ailments, including:**
 - Fillings and single unit crowns
 - Non-surgical endodontics
 - Extractions
 - Periodontal therapies
 - Bridges or dentures

Unallowable Activities

- **Specialty complex dental services (e.g., oral surgery, surgical endodontics, orthodontics)**
- **Services to be provided through referral arrangements for which the health center does not pay (Form 5A, Column III)**

Provision for New Sites and/or One-Time Funding Activities

- Applicants may propose the addition of new site(s) as necessary for the purpose of oral health service expansion within their current service area
- Applicants may request up to \$150,000 in Year 1 for one-time funding activities
 - Equipment (e.g., dental chair)
 - Minor alterations/renovations (A/R) (e.g., reworking plumbing to accommodate dental suite)
- A/R can occur at new sites and/or existing sites

Participant Question #2

Which of the following are allowable activities under the Oral Health Service Expansion FOA (check all that apply)?

- Oral health services, including filling cavities
- Oral health surgery
- Additional dental services provided through a referral arrangement in which the health center does not pay (Form 5A, Column III services)
- Orthodontics

Participant Response Q.2 Answer

Which of the following are allowable activities under the Oral Health Service Expansion FOA (check all that apply)?

- **Oral health services, including filling cavities**
- Oral health surgery
- Additional dental services provided through a referral arrangement in which the health center does not pay (Form 5A, Column III services)
- Orthodontics

APPLICATION PROCESS AND CONTENT

Two-Tier Application Submission



Grants.gov registration requirements:

- 1. Confirm Data Universal Numbering System (DUNS) number is correct and valid**
 - [DUNS Web Form](#)
- 2. Confirm current System for Award Management (SAM) registration**
 - [SAM Registration Confirmation](#)
 - SAM registration must be renewed every 12 months
- 3. Confirm Grants.gov account is active**
 - [Grant.gov Account Active Confirmation](#)
 - Only an Authorized Organizational Representative (AOR) is authorized to submit grant applications
- 4. See HRSA's SF-424 Two-Tier Application Guide for details**
 - [SF-424 Two-Tier Application Guide](#)

Grants.gov Workspace

- **New Workspace feature allows health center staff to mutually access, edit, and submit application forms and documents online**

[Workspace Overview](#)



- **Walks applicants through grant.gov process**
- **System checks for errors before application is submitted**

Step 1: Grants.gov Items

Applicants must submit the following documents in Grants.gov by 11:59 PM, ET on January 19, 2016:

- **SF-424: Application for Federal Assistance**
 - Upload Project Abstract on page 2, box 15
- **SF-424B: Assurances – Non-Construction Programs**
- **Project/Performance Site Location(s) Form**
 - Provide Administrative Site location only
- **Grants.gov Lobbying Form**
- **SF-LLL: Disclosure of Lobbying Activities, as applicable**

Completing SF-424 in Grants.gov

View Burden Statement

OMB Number: 4040-0004
Expiration Date: 03/31/2012

Application for Federal Assistance SF-424

* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
<input type="checkbox"/> Preapplication	<input type="checkbox"/> New	E: Other (specify)
<input checked="" type="checkbox"/> Application	<input type="checkbox"/> Continuation	* Other (Specify):
<input type="checkbox"/> Changed/Corrected Application	<input checked="" type="checkbox"/> Revision	Supplement H80CS00000

Ensure the application type is correct in Grants.gov

- Type of application = Revision

Grants.gov will accept the first submitted application only

Two-Tier Application: Step 2



HRSA Electronic Handbooks (EHB)

- Confirm EHB registration is current
- After Grants.gov submission, the Authorizing Organizational Representative (AOR) receives an e-mail with the HRSA EHB tracking number
- Use this tracking number to access your application in EHB
- If you do not receive the message with the tracking number within 7 business days, contact the BPHC Helpline at 877-974-2742
- See the OHSE EHB User Guide for information on accessing the application and completing forms in EHB

Step 2: EHB Items

Applicants must submit the following documents in EHB by 5:00 PM, ET on February 2, 2016:

- **Revised Project Abstract (if applicable)**
 - May update the abstract submitted in Grants.gov, as needed
- **Project Narrative**
- **SF-424A Budget Information Form**
- **Budget Justification Narrative**
- **Attachments**
- **Program Specific Forms**

Project Narrative / Review Criteria

- **Organize requested content according to the following sections (corresponding maximum Review Criteria points shown)**
 - Need (20 points)
 - Response (30 points)
 - Collaboration (15 points)
 - Evaluative Measures (10 points)
 - Resources/Capabilities (15 points)
 - Support Requested (10 points)
- **Section V of the FOA provides detailed instructions**

Budget Information

- A maximum of \$350,000 per year may be requested
- Required budget components:
 - SF-424A: Budget Information Form
 - Budget Justification Narrative
- **Optional** one-time funding request for moveable equipment and/or minor alterations/renovations
 - Allowed in Year 1 only
 - A maximum of \$150,000 of the \$350,000

SF-424A: Budget Information Form

* Section A - Budget Summary Update						
Grant Program Function or Activity	CFDA Number	Estimated Unobligated Funds		New or Revised Budget		
		Federal	Non-Federal	Federal	Non-Federal	Total
Community Health Centers	83.224	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Health Care for the Homeless	93.224	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Migrant Health Centers	93.224	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Public Housing	83.224	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Update Sub Program 1	Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

* Section B - Budget Categories Update			
Object Class Categories	Grant Program Function or Activity		Total
	Federal	Non-Federal	
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total Direct Charges	\$0.00	\$0.00	\$0.00
Indirect Charges	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

Budget Justification Narrative (1/2)

- The budget justification narrative must include a line-item budget and narrative justification for each year of the 2-year project.
- Provide sufficient information to demonstrate that costs are reasonable and necessary for the first and second years of your proposed project.
- Year 1 of the budget justification narrative should be classified into federal and non-federal columns. The federal amount refers only to the OHSE funding requested.
- Year 2 should demonstrate how any one-time funds in Year 1 will be used to support operational costs in Year 2.

Budget Justification Narrative (2/2)

- **Provide a table of all federally-funded personnel**
 - Federal funds may not be used to pay the salary of an individual at a rate in excess of \$183,300
- **Total, federal and non-federal amounts must align with the amounts in the SF-424A: Budget Information Form**
- **Refer to the SF-424 Two-Tier Application Guide at [HRSA SF-424 Two-Tier Application Guide](#) for details**

Participant Question #3

Which of the following is a correct statement?

- a) Non-federal budget information is not required.
- b) A Federal budget request of up to \$370,000 is allowed.
- c) One-time funding for alterations/renovations can be spread over two years.
- d) A one-time request of up to \$150,000 may be made in Year 1 for moveable equipment and/or minor alterations/renovations.

Participant Response Q3 Answer

Which of the following is a correct statement?

- a) Non-federal budget information is not required.
- b) A Federal budget request of up to \$370,000 is allowed.
- c) One-time funding for alterations/renovations can be spread over two years.
- d) A one-time request of up to \$150,000 may be made in Year 1 for moveable equipment and/or minor alterations/renovations.**

Attachments

- **Attachments are referenced in the Project Narrative items and related Review Criteria.**
- **Attachments support the information provided elsewhere in the application.**
- **Applications missing an attachment may be scored down by the objective review committee.**
- **Attachments count toward the page limit, except the Indirect Cost Rate Agreement (if applicable) and any attachment-specific table of contents.**
- **Section IV.2.vii of the FOA provides detailed instructions.**

Attachment List

- **Attachment 1: Service Area Map**
- **Attachment 2: Implementation Plan**
- **Attachment 3: Position Descriptions for Key Project Staff**
- **Attachment 4: Biographical Sketches for Key Project Staff**
- **Attachment 5: Letters of Support**
- **Attachment 6: Sliding Fee Discount Schedule**
- **Attachment 7: Summary of Contracts and Agreements**
- **Attachment 8: Indirect Cost Rate Agreement**
- **Attachments 9-15: Other Relevant Documents**

Implementation Plan

- **Outline action steps that will be taken to ensure that all 120-day requirements are met:**
 - Add at least 1.0 new *onsite* FTE licensed oral health provider
 - Begin the proposed new and/or expanded oral health services
 - Open each new proposed site, as applicable
 - Initiate proposed equipment purchases and/or alteration/renovation activities, as applicable
- **For each of the above objectives, provide:**
 - Key Action Steps
 - Person/Area Responsible
 - Time Frame
- **Appendix B of the FOA provides detailed instructions**

FUNDING OPPORTUNITY SPECIFIC FORMS

Funding Opportunity Specific Forms

- **Form 1A: General Information Worksheet**
- **Form 1B: BPHC Funding Request**
- **Form 2: Staffing Profile**
- **Form 5A: Services Provided**
- **Form 5B: Service Sites (required only if adding a new site)**
- **Supplemental Information Form**
- **Clinical Performance Measures (for reference only)**
- **Equipment List and/or Alteration/Renovation Forms (required only if one-time funding requested)**
- **See Appendices C and D of the FOA for instructions**

Funding Opportunity Specific Forms:

Form 1A: General Information Worksheet

- **Patients and Visits by Service Type**
 - Baseline data for Dental Services patients and visits will prepopulate from the 2014 UDS report
 - Project the number of dental patients and visits anticipated for the calendar year ending December 31, 2017
- **Unduplicated Patients and Visits by Population Type**
 - Project the number of patients (and corresponding visits) completely new to the health center who are projected to receive services in 2017 as a result of OHSE funding

Funding Opportunity Specific Forms: Form 1B: BPHC Funding Request Summary

Federal Funds Requested: Based on a 12-month Budget for each Budget Period			Year 1	Year 2	
Type of Health Center	Program		Operational	Operational	Funding Population Percentage
* Community Health Centers	CHC-330(e)		<input type="text"/>	\$200,000.00	57.14%
* Health Care for the Homeless	HCH-330(h)		<input type="text"/>	\$150,000.00	42.88%
Migrant Health Centers	MHC-330(g)		\$0.00	\$0.00	0%
Public Housing Primary Care	PHPC-330(i)		\$0.00	\$0.00	0%
Total Operational Costs	<input type="button" value="Calculate"/>		\$0.00	\$350,000.00	
* One-Time Funding			<input type="text" value="\$0.00"/>	\$0.00	
Total Federal Funding Requested	<input type="button" value="Calculate"/>		\$0.00	\$350,000.00	

i If you indicate below that you are requesting one-time funds, the system will require you to complete the applicable equipment and/or alteration/renovation forms. After providing information in one-time funding forms, if you choose to update the selected option displayed below, the system will delete information from all one-time funding forms that are no longer applicable.

- * One-time funds will be used for**
- Equipment only
 - Minor alteration/renovation with equipment
 - Minor alteration/renovation without equipment
 - N/A

i If Yes is selected, Form 5B must be completed.

- * Are you proposing to add a mobile site or permanent site in this application?**
- Yes No

Funding Opportunity Specific Forms:

Form 2: Staffing Profile

- Provide proposed new dental, administrative, and enabling services personnel to be added by the end of the project
- Direct Hire FTEs should align with Budget Justification Narrative Personnel section
- Contract FTEs should be explained in Attachment 7

▼ Dental Services		
Staffing Positions for Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
* Dentists	<input type="text"/>	<input type="radio"/> Yes <input checked="" type="radio"/> No
* Dental Hygienists	<input type="text"/>	<input type="radio"/> Yes <input checked="" type="radio"/> No
* Dental Assistants, Aides, Technicians	<input type="text"/>	<input type="radio"/> Yes <input checked="" type="radio"/> No
▼ Professional Services		
Staffing Positions for Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
* Other Professional Health Services Staff - Dental Therapists	<input type="text"/>	<input type="radio"/> Yes <input checked="" type="radio"/> No

Funding Opportunity Specific Forms: Form 5A: Services Provided

- Form 5A populates the services and modes of delivery from scope.
- To be eligible, **Preventive Dental Services** must be selected in either:
 - Column I: Applicant Provides Directly
 - Column II: Service provided by formal written contract/agreement; Health Center pays for service

Service Type	Column I - Direct (Health Center Pays) ⓘ	Column II - Formal Written Contract/Agreement (Health Center Pays) ⓘ	Column III - Formal Written Referral Arrangement (Health Center DOES NOT pay) ⓘ
★ Preventive Dental ⓘ	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Funding Opportunity Specific Forms: Allowable changes in Form 5A (Services)

- **Expansion of Required Preventive Dental Services**
- **Addition or Expansion of Additional Dental Services**
 - If Additional Dental Services not in scope, you may add it through this application
- **Addition of Required and Additional Enabling Services**
 - Expand Enabling Services in support of increasing dental patients and visits.

If funded, proposed changes to Form 5A will update the health center's scope of project when verified as implemented.

Funding Opportunity Specific Forms: Allowable Changes in Form 5A (Columns I, II, or III)

- Services cannot be removed from scope.
- Services in Column I or Column II may be added
- Service delivery mode may change from Column III to Column I or II, or from Column II to Column I
- Services in Column III may not be added.

Service Type	Column I - Direct (Health Center Pays) ⓘ	Column II - Formal Written Contract/Agreement (Health Center Pays) ⓘ	Column III - Formal Written Referral Arrangement (Health Center DOES NOT pay) ⓘ
* Preventive Dental ⓘ	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
* Case Management ⓘ	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Dental Services ⓘ	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Additional Enabling/Supportive Services ⓘ	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Funding Opportunity Specific Forms: Form 5B: New Service Sites

- Complete Form 5B if you are proposing to add a new site to scope for the purpose of oral health service expansion
- Permanent sites and/or mobile vans are acceptable
- The new site address as well as service area zip codes must be limited to the applicant's service area zip codes in scope as of the release date of the OHSE FOA

Funding Opportunity Specific Forms: One-Time Funding for A/R & Form 5B

- If requesting one-time funding for A/R, you must use Form 5B to first identify the site where A/R will occur
 - If A/R will occur at an existing site in scope, you must pick a site from scope on the Form 5B – Service Sites page

The screenshot shows a button labeled "Pick Site from Scope" with a green plus icon. Below it is a table titled "Existing Sites in Scope". The table has five columns: "Site Name", "Physical Address", "Service Site Type", "Location Type", and "Options". Each of the first four columns has a text input field with a "Y" button to its right. The "Service Site Type" and "Location Type" columns also have a dropdown menu set to "All" and a "Y" button.

Site Name	Physical Address	Service Site Type	Location Type	Options
<input type="text"/> Y	<input type="text"/> Y	All ▼ Y	All ▼ Y	

- Next, on the A/R Information page, answer the question *“Are you requesting federal one-time funding for minor alteration/renovation at this site?”*

Funding Opportunity Specific Forms: One-Time funding for A/R

- **Applicants requesting one-time funding for alteration and renovation must complete:**
 - Alteration/Renovation Project Cover Page
 - Other Requirements for Sites
 - Environmental Information and Documentation Checklist
 - Alteration/Renovation Budget Justification
 - Schematic Drawings
 - Landlord Letter of Consent (as applicable)

Funding Opportunity Specific Forms: Clinical Performance Measures

Project Period											
Start Date	11/2/2015										
End Date	10/24/2016										
Focus Area: Oral Health (Oral Exams)											
Performance Measure Description: Percentage of homeless low income children and adults who receive an initial preventive dental assessment.											
Is this performance measure applicable to your organization?	Yes										
Performance Measure Category	Oral Exams										
Target Goal Description	By 2015, 75% of all patients will have a documented oral health screen within the past year.										
Numerator Description	The number of patients receiving an oral health screen.										
Denominator Description	Total number of health center patients.										
Baseline Data	<table border="1"> <tbody> <tr> <td>Baseline Year</td> <td>2010</td> </tr> <tr> <td>Measure Type</td> <td>Percentage</td> </tr> <tr> <td>Numerator</td> <td>723.00</td> </tr> <tr> <td>Denominator</td> <td>965.00</td> </tr> <tr> <td>Calculated Baseline</td> <td>74.92%</td> </tr> </tbody> </table>	Baseline Year	2010	Measure Type	Percentage	Numerator	723.00	Denominator	965.00	Calculated Baseline	74.92%
Baseline Year	2010										
Measure Type	Percentage										
Numerator	723.00										
Denominator	965.00										
Calculated Baseline	74.92%										
Projected Data (by End of Project Period)	75.00%										
Data Source & Methodology	<input type="checkbox"/> EHR <input type="checkbox"/> Chart Audit <input type="checkbox"/> Other:										

- Current Oral Health Measures are presented for reference

Funding Opportunity Specific Forms: Supplemental Information Form

1) Dental Provider FTEs

- Provide the total direct hire and contracted dental provider staff FTEs
- Dental provider FTEs must be equal to or greater than 1.0 FTE
- Dental providers must be added within 120 days of award

2) Dental Patient Confirmation

- Confirm the total dental patient projection as of December 31, 2017
- Confirm the new dental patient projection as of December 31, 2017

3) Proportion of Health Center patients receiving Oral Health Service at the Center

- Provide projected percentage of health center patients that will receive oral health services at the health center in 2017
- Percentage for 2017 must be greater than 2014

WRAP UP

Participant Question #4

Which of the following is required by the FY16 Oral Health Service Expansion supplement funding opportunity?

- a) Add new or expand existing Preventive Dental services directly and/or through contract(s) within 120 days of award
- b) Increase the percentage of existing patients who receive oral health service services at the health center
- c) Add at least 1.0 FTE dental provider directly and/or through contract(s) within 120 days of award
- d) All of the above

Participant Response Q.4 Answer

Which of the following is required by the FY16 Oral Health Service Expansion supplement funding opportunity?

- a) Add new or expand existing Preventive Dental services directly and/or through contract(s) within 120 days of award
- b) Increase the percentage of existing patients who receive oral health service services at the health center
- c) Add at least 1.0 FTE dental provider directly and/or through contract(s) within 120 days of award
- d) **All of the above**

Important Reminders:

- **Grants.gov due date: January 19, 2016 by 11:59 PM, ET**
- **EHB due date: February 2, 2016 by 5:00 PM, ET**
- **Applications may not exceed 60 pages**
- **Applications failing to meet all eligibility requirements will not be considered for funding**
- **Applicants will not receive an OHSE award if they have:**
 - Five or more 60-day Health Center Program requirement progressive action conditions; or
 - One or more 30-day Health Center Program requirement progressive action condition
- **Visit the OHSE TA Webpage for helpful resources**

Technical Assistance Resources

Oral Health Service Expansion Web Page

TA Webcasts
Presentation Slides for TA Call
Frequently Asked Questions
Program Requirements Resources
OHSE User Guide for Grant Applicants
Samples
Forms
Helpful Links
HRSA Contact Information

[Program Opportunities - Oral Health](#)

Technical Assistance

- **Technical Assistance Web page**
[Technical Assistance Site](#)
- **Program related questions**
[Email - Program Related](#)
301-594-4300
- **Budget related questions to William Davis**
[Email - Budget Related](#)
301-443-8217
- **EHB related questions to the BPHC Helpline**
[BPHC Help Site](#)
877-974-2742 ext. 3

QUESTIONS