Oral Health Service Expansion (OHSE)
Competing Supplement
Frequently Asked Questions
HRSA-16-076

This document provides the answers to frequently asked questions (FAQs) about the fiscal year (FY) 2016 Oral Health Service Expansion competing supplement (HRSA-16-076). This document will be updated as necessary, so please check frequently for new versions on the Oral Health Service Expansion technical assistance web page at
http://bphc.hrsa.gov/programopportunities/fundingopportunities/oralhealth/index.html.

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General Information

1. **What is the purpose of the Oral Health Service Expansion (OHSE) funding opportunity?**
   The purpose of this funding opportunity is to increase access to oral health care services for underserved populations and improve oral health outcomes for Health Center Program patients.

2. **Where can I access the OHSE application instructions?**
   The OHSE funding opportunity announcement (FOA) and application package are available at www.grants.gov. Search using the announcement number HRSA-16-076.

3. **What is the deadline for submitting the OHSE application?**
   Applications will be submitted in two phases.
   - Phase 1 – Grants.gov: January 19, 2016 (11:59 PM ET)
   - Phase 2 – HRSA Electronic Handbooks (HRSA EHBs): February 2, 2016 (5:00 PM ET)

Eligibility

4. **What organizations are eligible for the OHSE funding opportunity?**
   Applicants must be existing Health Center Program award recipients with at least one service site verified as operational at the time that the OHSE application is submitted in HRSA EHBs.

5. **Can a Health Center Program award recipient that received New Access Point funding as a new start in May or August of 2015 apply to the OHSE funding opportunity?**
   Yes, as long as at least one service site has been verified as operational at the time that the OHSE application is submitted in HRSA EHBs.

6. **Is a Health Center Program award recipient applying for Service Area Competition (SAC) in FY 2016 eligible to apply to the OHSE funding opportunity?**
   Yes.

7. **Can a Health Center Program award recipient that received Expanded Services funding for Oral Health apply to the OHSE funding opportunity?**
   Yes.

8. **Can a Health Center Program Look-Alike apply for OHSE funding?**
   No, only current Health Center Program award recipients are eligible to apply for this funding opportunity.

9. **Can a subcontractor or subrecipient of a Health Center Program award recipient apply for OHSE funding?**
   No, only current Health Center Program award recipients (grantees of record) are eligible to apply for this funding opportunity. However, OHSE funding may support the addition of new staff and/or services as well as one-time funding activities at a subcontractor/subrecipient-operated site.

10. **To be eligible, what services need to be proposed?**
    To be eligible, you must currently provide or propose to provide Preventive Dental Services directly and/or through contract, as documented on Form 5A. Additional Dental Services may also be proposed. New or expanded oral health services must be provided within 120 days of award.

11. **To be eligible, what oral health services staff must be hired?**
    You must propose at least 1.0 new onsite FTE licensed dental provider (dentist, dental hygienist, and/or dental therapist). The new FTE may be direct-hire or contracted staff or a combination of new part-time direct-hire and contracted providers equaling at least 1.0 new onsite FTE.

12. To be eligible, is there a minimum number of new dental patients that must be served?
While there is no minimum requirement for new dental patients, you must propose an increase in total dental patients and visits for 2017 over the baseline values (populated from the 2014 Uniform Data System report) on Form 1A. You must also propose on the Supplemental Information Form an increase in the percentage of health center patients who receive oral health services at the health center. Applicants must propose an increase in dental patients and visits based on need, capacity, and the scope of the proposed project.

Project Requirements

13. Does the new 1.0 FTE dental provider (or combination of providers) need to be onsite?
Yes, the new dental provider(s) (dentist, dental hygienist, and/or dental therapist) must provide services onsite. The provider(s) can be direct-hire or contracted staff.

14. What is a dental therapist?
A dental therapist is a licensed oral health professional who practices as part of the dental team to provide educational, clinical, and therapeutic dental patient services. Dental therapists provide basic preventive and restorative treatment to children and adults, and extractions of primary (baby) teeth under the supervision of a dentist. Dental therapists work primarily in settings that serve low-income, uninsured and underserved populations or in a dental health professional shortage area. The scope of practice of dental therapists is established by state law and includes the procedures therapists can perform, supervision levels, and locations in which dental therapists can provide services.

15. Will a full-time dental therapist satisfy the new 1.0 FTE requirement even though dental therapists are not licensed providers in my state?
No. Only licensed dental providers (licensed dentists, licensed dental hygienists, and licensed dental therapists) can contribute to meeting the new 1.0 FTE oral health provider eligibility requirement.

16. Do expanded oral health services have to be provided at each site in the health center's scope of project?
No, expanded oral health services do not need to be provided at each site, as long as all patients have access to the expanded services. Funding may be used to support expanded enabling services as needed to ensure this access.

17. Can I add a new site through OHSE funding?
Yes, a new permanent or mobile site where the expanded oral health services will be provided may be added to scope through the OHSE funding opportunity. All sites added through this funding opportunity must be located in the health center's current service area and verified open and operational within 120 days of award.

18. Can I add a new site operated by a subcontractor/subrecipient for OHSE purposes?
Yes, applicants may propose a subcontractor/subrecipient-operated site as a new site for OHSE purposes, as long as the site operates within the policies of the Health Center Program and complies with OHSE FOA requirements.

19. Can OHSE funding be used to operate a school-based site for oral health services?
Yes, as long as all patients have access to the expanded services.

20. Can OHSE funds be used to deliver specialty dental services?
No. Specialty complex dental services (e.g., oral surgery, surgical endodontics, orthodontics) are not allowable activities under this funding opportunity.

21. May the OHSE project focus on a specific subset of people that might have a higher need for oral health services, such as young children?
Yes, but the application must demonstrate that the expanded services will be available to all patients.

22. What are the reporting requirements for the OHSE award?
Award recipients will describe progress toward achieving stated goals in the Budget Period Progress Report (BPR). In addition, the impact of OHSE activities will be tracked through changes in the following Uniform Data System (UDS) measures:
- Number of full time equivalent (FTE) dental staff.
- Number of patients receiving dental services.
- Number of visits for dental services.
- Percentage of total health center patients receiving dental services.

Application Development

23. What is the page limit for applications?
There is a 60-page limit on the length of the total application when printed by HRSA. Applications that exceed this page limit will be deemed non-responsive and not sent for review. Funding opportunity specific forms, table of contents, and indirect cost rate agreement documents do not count toward the page limit.

24. Does HRSA have formatting guidelines (e.g., font type, font size) or upload requirements for attachments such as the Project Narrative and Budget Justification Narrative?
Yes. Attachments should be single-spaced narrative documents with 12-point, easily readable font (e.g., Times New Roman, Arial, Courier) and 1-inch margins. Smaller font (no less than 10-point) may be used for tables, charts, and footnotes. Names of files should be limited to 50 characters or less with no special characters except underscore (_).

25. How will applicants be notified if their application was not successfully submitted in Grants.gov and/or HRSA EHBs?
Grants.gov recently added a new feature called Grants.gov Workspace. This new feature checks for errors before submission in Grants.gov, which should greatly reduce applications from being rejected for errors at the Grants.gov stage. More information on Grant.gov Workspace is available at
http://www.grants.gov/web/grants/applicants/workspace-overview.html.

If not using Workspace, monitor your e-mail accounts, including spam folders, for e-mail notifications and/or error messages from Grants.gov. Errors in the Grants.gov application materials must be corrected and the application must be successfully resubmitted prior to the due date/time, so early initial submission is encouraged. In HRSA EHBs, all validation errors must be resolved before the application can be submitted to HRSA by the Authorized Official (AO) registered in HRSA EHBs. For more information see HRSA's *SF-424 Two-Tier Application Guide,* available online at
http://www.hrsa.gov/grants/apply/applicationguide/sf424programspecificappguide.pdf.

Budget Presentation

26. What is the maximum federal funding request?
Federal funding requests cannot exceed $350,000 per year in Years 1 or 2 (maximum of $350,000 for each year).

27. Should the budget presentation include non-federal funding (i.e., other program funding to represent the cumulative funding required for project implementation)?
The Health Center Program is a total budget program, so to the extent that other funding will support the OHSE project, it must be included in the budget presentation.

28. Are there activities that are ineligible for OHSE funding?
Yes. See the HHS Grants Policy Statement available at
http://www.hrsa.gov/grants/hhsgrantspolicy.pdf for details on allowable and unallowable costs. Examples of unallowable uses of OHSE funds include patient incentives (e.g., gift cards), fundraising, lobbying, new construction, and facility or land purchases.

29. Can I request funding for alteration/renovation (A/R) or equipment purchases?
You may request one-time funding of up to $150,000 in Year 1 only to support minor A/R (i.e., renovations with a total budget of less than $500,000) and/or moveable equipment. OHSE funds may not be used for construction.

30. Can I purchase or enhance an EHR with OHSE funding?
Electronic health record (EHR) systems are an allowable cost, as are site licenses and associated hardware as it relates to the proposed project. With the exception of EHR

licenses, which should be budgeted in the Other object class category, EHR costs fall under the one-time funding request for moveable equipment.

31. Can OHSE funds be used for recruitment bonuses to improve our success in securing oral health service providers?
Yes. Recruitment bonuses may be part of the salary package, if consistent with the applicant organization's standard practice.

32. Can OHSE funds be used for recruitment fees charged as a result of hiring/contracting with a recruitment firm to assist with recruiting providers for this project?
Yes. If an applicant organization contracts with an outside recruitment agency to hire an appropriate provider as part of the OHSE funded project, that cost or fee would be allowable.

33. What should I do if the budget figures change between the Grants.gov submission and the HRSA EHBs submission?
Budget information submitted in Grants.gov may be updated in EHBs.

34. Is there a required format for the Budget Justification Narrative?
The Budget Justification Narrative is one MS Word or Excel file that will be uploaded in the Budget Narrative Form section in HRSA EHBs. Both the line item information and narrative justification should be provided in the same file/document. The OHSE technical assistance (TA) webpage includes an abbreviated sample document, but the Budget Justification Narrative may be provided in another format as long as all required information is included.

Forms

35. How do I respond to questions 1 and 2 on the SF-424?
For question 1: Type of Submission, select "Application". For question 2: Type of Application, select "Revision", then select "Other" in the dropdown menu and type "Supplemental" and your Health Center Program grant number (H80CSXXXXX) in the Specify box.

36. Can I change information submitted in Grants.gov?
The SF-424 components are transferred into HRSA EHBs under the Basic Information, Budget Information, and Other Information sections. You can update this information in EHBs as desired. To make changes to the abstract in EHBs, go to the SF-424 Part 2 under the Basic Information section. The project abstract is attached in this form, under Project Description. You can view the original abstract submitted via Grants.gov, delete it, and replace it by uploading a revised abstract. See section 2 of the **FY 2016 Oral Health Service Expansion User Guide for Grant Applicants** posted at
http://bphc.hrsa.gov/programopportunities/fundingopportunities/oralhealth/index.html

37. How do I project patients and visits on Form 1A?

Dental patients and visits are those that will be served by dentists, dental hygienists, and dental therapists.

For "Patients and Visits by Service Type," report the projected number of dental patients and visits related to the OHSE project anticipated for the calendar year ending December 31, 2017. Projected dental patients and visits for the year ending December 31, 2017 must be higher than the pre-populated baseline data (from the year ending December 31, 2014). Projected patients for 2017 should include:
1) existing dental patients who will continue receiving dental services;
2) existing health center patients who have previously not received dental services at the health center who will receive dental services at the health center; and
3) *new* dental patients who are new to the health center as a result of the proposed project.

In the "Unduplicated Patients and Visits by Population Type" section, enter only *new (new to the health center)* patients and visits projected as a result of the OHSE project for the calendar year 2017. The new patients should be broken out by population type category. Note that total new patients and visits reported in this section are a subset of "Patient and Visits by Service Type" and the figures should be less than or equal to the difference between "Patients and Visits by Service Type" projected for December 31, 2017 and the pre-populated baseline "Patients and Visits by Service Type" figures for the year ending December 31, 2014.

38. What is the purpose of Form 1B?

Form 1B has several purposes, including to: 1) confirm and designate Year 1 funding amounts; 2) request one-time funding, and 3) indicate whether a new site is to be added to scope for the purposes of the OHSE project. The answer to the questions for one-time funding and adding a new site enables the system to provide the required forms, as applicable.

39. Should all Health Center Program staff be included on the Form 2: Staffing Profile?

No, Form 2 should only include the dental services, enabling services, and non-clinical support staff related to the OHSE project. Only FTE numbers for direct hire and volunteer staff should be recorded in the Direct Hire FTEs column. If you are using contracted FTEs to staff your OHSE project, check yes in the Contracted/Agreement FTEs column.

40. How do I complete Form 5A?

Information on Form 5A is prepopulated from the applicant's current scope of project, with only OHSE-related services available for editing. Preventive Dental Services must have Column I or Column II selected for the application to be eligible.

To make changes to Form 5A to reflect your proposed OHSE project, the following rules apply:

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

If funded, 120 day verification conditions will be added for any new or updated services based on Form 5A changes.

41. When adding a new site, what zip codes do I enter on Form 5B?
Enter the zip codes where the majority of your projected OHSE patients reside. The service area zip codes must be limited to the applicant's current service area zip codes (based on the service area zip codes across all sites in scope as of the release date of the OHSE FOA).

42. Do I need to complete Form 5B if I am not adding a new site?
No. However, if you are using one-time funds for A/R, use the "Pick a Site" section on Form 5B to identify the site(s) in scope at which A/R will occur in order to populate the A/R forms.

43. Do I need to update my oral health measure in the Clinical Performance Measures form?
No. The Clinical Performance Measure form is pre-populated with your current self-defined oral health measure(s) for reference purposes only and cannot be edited. In the Evaluation Section of the Project Narrative, you should discuss how progress toward oral health performance measure(s) will be impacted by the OHSE funding.

One-Time Funding for Alterations/Renovations (A/R) and/or Equipment Purchases

44. What is the maximum amount I can request for one-time funding activities?
You may request no more than $150,000 in Year 1 only.

45. What types of projects are appropriate for the one-time funding?
Examples include converting existing unused space into exam rooms or reconfiguring the plumbing systems and/or purchasing an x-ray machine or dental chair required to implement the proposed project.

46. What is the definition of minor A/R?
Eligible minor A/R is work required to reconfigure interior arrangements in order to implement the proposed OHSE project. This type of project does not increase the total

square footage of an existing building, and does not require ground disturbance or footings. Major A/R (i.e., renovations with a total budget of $500,000 or more) and new construction (e.g., adding floors or build-outs to a current facility, expanding parking areas) are not allowable.
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47. **Is installation of a dental chair or a dental X-ray system considered A/R?**
Dental chairs and X-ray machines are considered equipment. However, all work required to install such equipment is considered alteration/renovation (A/R) activity.

48. **Is it allowable to use the services of an architect that is a direct employee of the organization?**
You must justify the use of your organization's work force (force account) by demonstrating that it will be cost effective and that qualified personnel are available to accomplish the work. Further information is available at http://bphc.hrsa.gov/policiesregulations/forcefaq.pdf.

49. **Who should complete and sign the Environmental Information Documentation (EID) checklist?**
The Authorizing Official of the applicant organization may complete and the sign the EID checklist. Because this is a certification of conditions and the potential impacts on and around a proposed project site, you are strongly encouraged to seek consultation from a qualified professional with experience with the National Environmental Policy Act (NEPA) to fully understand the information requested and ensure accurate responses.

50. **If we propose to renovate a facility using one-time funds, what are the environmental and historic preservation requirements?**
For information on environmental and historic preservation compliance requirements, see http://bphc.hrsa.gov/about/healthcentersaca/acacapital/capitaldevelopment.html. Although applicants proposing alteration/renovation projects typically do not require preparation of a full Environmental Assessment under the National Environmental Policy Act (NEPA), you may need to comply with other requirements, as applicable:
   - If the proposed project involves exterior work (e.g., windows, signage) or work on a building that is over 50 years old, the project may require State Historic Preservation Office (SHPO) consultation under Section 106 of the NEPA.
   - Buildings constructed prior to 1985 may require submission of a hazmat study and abatement plan.
   - If the site is located in a coastal state, the project may require compliance with the Coastal Zone Management Act.
   - If the proposed project is in a 100 or 500 year floodplain, it may require compliance with E.O. 11988, Floodplain Management.

51. **Can I propose A/R for a site that is leased?**
Yes, leasehold improvements are allowed. Please note that OHSE funds for a proposed site in a leased property cannot be used to address facility needs that are part of the

terms of the lease (are the obligation of the lessor). If proposing A/R for a leased facility, you must provide a signed Landlord Letter of Consent from the facility owner (see sample at http://bphc.hrsa.gov/policiesregulations/capital/postaward/landlordconsent.pdf) that addresses the following components:

- Approval of the scope of the project;
- Agreement to provide the health center reasonable control of the project site for the appropriate amount of time; and
- Acknowledgement that there will be Federal interest in the property and agreement to file a Notice of Federal Interest (NFI) in the land records of the local jurisdiction before the project begins if an NFI applies. For information regarding the NFI, see http://bphc.hrsa.gov/policiesregulations/capital/nfifilingguide.pdf.

52. Would a Notice of Federal Interest be required for A/R projects completed through the OHSE FOA?

No, since the Notice of Federal Interest is required to be filed when an alteration/renovation project has a total (Federal and non-Federal) allowable project cost of more than $500,000, excluding moveable equipment costs. Eligible minor A/R for OHSE cannot have a project cost over $500,000.

53. What is the time-frame for recipients to use the one-time funding?

Award recipients must complete one-time funding activities within the first year of the project. Regardless of the proposed A/R one-time funding activities, all new sites added through the OHSE funding must be operational and begin providing oral health services within 120 days of award.

54. Can you provide more instruction on how to prepare the A/R project budget justification?

An A/R budget justification is required for each site that will utilize one-time funding for A/R. The A/R budget justification must provide a detailed break-out and description of each cost element in the A/R budget, and provide sufficient narrative detail to explain each cost. If there are additional sources of funding, identify which costs will be covered by the one-time funding. See Appendix D in the FOA for allowable and unallowable A/R activities. A sample A/R budget justification is available at http://bphc.hrsa.gov/programopportunities/fundingopportunities/oralhealth/index.html

55. Can one-time funding be used to pay for a portion of a large equipment purchase, like a mobile van?

Yes. Mobile dental vans are considered equipment and are subject to the $150,000 cap on the use of one-time funding. You can use other sources of funding to cover the remaining costs of purchasing the equipment beyond the $150,000.

Attachments

56. Does the service area map have to include all oral health providers in the service area, or can I focus only on those oral health providers that serve our target population?
Applicants must upload a service area map that indicates the applicant's sites along with the locations of other oral health providers in the service area that serve the same target population, including other Health Center Program award recipients and look-alikes, health departments, and rural health clinics.

57. What is the timeframe for the Implementation Plan?
The Implementation Plan outlines your plans to ensure that all 120-day requirements are met:
- Addition of at least 1.0 new *onsite* FTE licensed oral health provider (dentist, dental hygienist, and/or dental therapist).
- Initiation of the proposed new and/or expanded oral health services.
- If adding a new site, initiation of operations at each new proposed site.
- If applicable, initiation of proposed alteration/renovation activities and/or equipment purchases.

58. What Letters of Support are required?
At a minimum, letters of support are required from the following:
- Existing health centers (Health Center Program award recipients and look-alikes);
- Other oral health providers/organizations (i.e., private dentists, universities) serving low income and/or uninsured populations; and
- Local or state health departments.

Award Information

59. When will Oral Health Service Expansion funds be awarded?
HRSA anticipates awarding funds on or around July 1, 2016.

60. How many Oral Health Service Expansion grants does HRSA intend to award?
HRSA expects to award approximately 285 supplemental grants of up to $350,000 each.

61. What is the length of the project?
The OHSE application should cover a 2 year period. Dependent upon Congressional appropriation and satisfactory performance, these supplemental awards will become part of each award recipient's ongoing base funding to ensure that the expanded oral health services are sustained.

62. Health Center Program award recipients with 5 or more active 60-day conditions or 1 or more active 30-day conditions will not receive OHSE supplemental funding. Does this include all conditions, including scope verification and capital-related conditions?

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Only progressive action conditions related to Health Center Program requirements will be considered when determining if applicants are able to receive an OHSE award. Contact your Project Officer with questions regarding the current status of your grant.

Technical Assistance and Contact Information

63. **Who should I contact with programmatic questions concerning the OHSE submission requirements and process?**
Refer to the Oral Health Service Expansion technical assistance page http://bphc.hrsa.gov/programopportunities/fundingopportunities/oralhealth/index.html for technical assistance webinar presentation slides and recording and samples of the funding opportunity-specific forms, among other resources. You may also contact staff in the Bureau of Primary Health Care's Office of Policy and Program Development at BPHCOH@hrsa.gov.

64. **Who should I contact with budget-related questions?**
Contact William Davis in HRSA's Division of Grants Management Operations at 301-443-8217 or WDavis@hrsa.gov.

65. **If I encounter technical difficulties when trying to submit my application in Grants.gov, who should I contact?**
For assistance with submitting the application in Grants.gov, contact Grants.gov 24 hours a day, seven days a week (excluding federal holidays) at 1-800-518-4726 or support@grants.gov. Register or update your SAM account as early as possible since registration may take up to one month and lack of registration will impact Grants.gov registration/access.

66. **If I encounter technical difficulties when trying to submit my application in HRSA EHBs who should I contact?**
Contact the BPHC Helpline Monday through Friday, 8:30 AM to 5:30 P.M. ET (excluding federal holidays) at 1-877-974-2742 or http://www.hrsa.gov/about/contact/bphc.aspx.