



Project Description

The purpose of this funding appropriation is to rebuild and expand school-based dental sealant programs throughout the state. Sealants are an evidence-based approach to preventing tooth decay by 80% over a two-year period in permanent molar teeth, where most cavities occur. Unfortunately, dental sealants are underutilized with less than half of school-age children and youth having at least one sealant. Fortunately, evidence shows that school sealant programs are an effective means to deliver these effective preventive services.

Once the ARPA funds are expended, it is expected that each grantee school-based sealant program or their sponsor will be sustained through Medicaid reimbursable services for school-age children and youth both as a dental benefit and/or as a school health service. DHHS is releasing this competitive Request for Applications (RFA) and will review applications based on funds available, feasibility of programmatic information related to what is requested, application of best practices, and plans for sustainability. Applications serving schools within a rural, Health Professional Shortage Area (HPSA), and those serving students enrolled in Title 1 schools will receive additional consideration.

Funding may be used for the start-up of new and established school-based sealant programs for school years 2024-2025 and/or school year 2025-2026. A new school sealant program must be open and operational by October 15th of the applicable school year and are responsible for providing proof of operation to DHCFP within 30 days of opening.

Established school-based oral health programs may use the funding to expand their current operations to newly proposed school sites and/or the expansion of sealant services at existing school sites (e.g., additional grades, after school programs).

Funding may be used for the acquisition of:

- **Equipment** including portable dental systems, portable patient chairs, portable operator stools, portable lights, or medical/dental headlamps, portable autoclave sterilizer, portable tables and chairs, privacy screens, and portable storage containers.
- Hard and soft dental supplies including curing lights, infection control supplies (e.g., Caviwipes, Lysol, chair covers), dental instruments (e.g., disposable mirrors/explorers), cotton rolls, saliva ejectors, etc.
- **Dental materials** include sealant material, etch, and fluoride varnish.
- Personal protective equipment/supplies including masks, gloves, gowns, eye protection.



Nevada Department of Health and Human Services Division of Health Care Financing and Policy



- **Consumables and education materials**: oral hygiene supplies (e.g., toothbrushes, toothpaste, floss), typodont and similar models for classroom education.
- Emergency medical supplies and equipment (e.g., AED, Epi-pen, CPR mask, etc.).
- **Printed promotional materials** (e.g., informational sheets, consent forms, parent referrals), office supplies, and **translation services**. Note, written materials should be ADA compliant.
- **Technology** including no more than two laptop computers and two tablets per funded year, applicable software including patient record software, and printers, and scanners.
- **Personnel** includes clinical staffing time directly related to the placement of dental sealants, including oral health education, oral health screenings, and the application of fluoride varnish. Also included is general administration and management time for the program including case management. ARPA funds used for personnel may not supplant funds being used to support existing personnel nor may they be used for travel to professional conferences unless required by the DHCFP.

Funded programs will be required to provide regular data/updates on performance, program expansion, and sustainability including but not limited to by June 30th for school year 2023-2024 through school year 2027-2028, inclusive.

Funds Available

- A total of \$2.6 million was made available to support school dental sealant programs serving Nevada's school-age children and youth.
- Previously awarded ARPA funded oral health programs are eligible to apply.
- Funds will be distributed based on school-based program needs up to \$70,500 per program per school year. There is a potential for additional funds to be expended based on the number of applicants funded.
- No cost-sharing/match is required.
- Funds will be distributed through a Request for Reimbursement (RFR). All final requests for reimbursement for expenses incurred June 1, 2025 through June 30, 2025, must be received by 5:00pm PST on Wednesday, July 9, 2025. For SY2025-2026, requests for reimbursement of expenses incurred from June 1, 2026 through June 30, 2026, must be received by 5:00pm PST, Wednesday, July 8, 2026.
- All sub-awardees must be enrolled in the System for Award Management (SAM.gov) as required by the Federal Funding Accountability and Transparency Act and have a Unique Entity ID as well as a Nevada Business License and Nevada Vendor ID.

Timeline

Applications for funding consideration are due no later than Friday, May 31, 2024, at 5:00pm PST. Complete applications should be emailed to dental@dhcfp.nv.edu

All applicants will be notified of their selection by email, no later than Friday, June 14, 2024, at 5:00pm PST.

Event	Date/Time
Grant Opportunity Announcement	Monday, April 29, 2024
Deadline for Application Submission	Friday, May 31, 2024, at 5:00pm PST
Announcement of Award	Friday, June 14, 2024, at 5:00pm PST
Performance Periods	August 1, 2024 – June 30, 2025
	July 1, 2025 – June 30, 2026



Nevada Department of Health and Human Services Division of Health Care Financing and Policy

How to submit Request for Application to DHCFP

Interested organizations must electronically submit a complete application. Completed applications should be emailed to the DHCFP to <u>dental@dhcfp.nv.gov</u>, to be considered for subaward/funding.

Application

<u>Applications should be no more than 17 pages</u> (12-point, Times New Roman), not including Attachment A – Cover Letter, Attachment B - Budget and budget justification, and Attachment C – Program manual/forms, for each school year funding is requested.

All applications should include only one Attachment A (Cover Letter) and one Attachment C (Manual/Forms), but Components 1 through 6 for each school year funding is requested. Component 7 is required of new school-based sealant programs.

- 1. Scope of Work
- 2. Timeline
- 3. Workforce
- 4. Sustainability Plan
- 5. Budget-Attachment B
- 6. Budget Justification
- 7. Letters of Support

Cover Letter: Complete Attachment A

Scope of Work: Data on the oral health status/unmet dental needs of school-age children/youth in the service area(s), with a focus on the student population where services are planned or where expansion is proposed.

- 1. Describe the service expansion activities you will be conducting to increase the number of students receiving sealants, fluoride varnish, referrals to a dental home, and case management as applicable. Additionally, if you are proposing a new school-based sealant program, describe specific activities you will be conducting to be operational by October 15th.
- 2. Describe the promotion of the program as well as the consent process, considering that both positive and negative consent forms must be collected beginning with school year 2024-2025.
- 3. Describe the expanded or new school oral health preventive (i.e., screening, sealants, and fluoride varnish) services program you will provide with the assistance of the ARPA funding. Specifically address:
 - a. Schools where oral health preventive service will occur, if each site is new or existing and/or if the student population at existing sites is expanding (e.g., expansion to 7th grade in a school system where services are already provided in 3rd grade).
 - b. Identify which schools are classified as Title I and/or serving students with 50% or more eligible for free/reduced school lunch.
 - c. Identify which schools the program already has an established relationship and/or written agreement to provide the preventive dental services listed in #2.





Nevada Department of Health and Human Services Division of Health Care Financing and Policy

- d. Describe how the equipment and/or supply purchases will enable you to expand the delivery of dental sealants and fluoride varnish and increase the number of students served at the school-based site(s). This information should align with the proposed budget.
- 4. Describe the plan for case management for students needing treatment to a dental home. Include processes to assist school personnel and parents/guardians with dental resources related to needed referrals (e.g., list of local Medicaid dental providers and FQHCs).
- 5. Describe the plan for completing short-term and long-term retention checks at each of the school-based sites served.
- 6. Describe the infection control guidelines following the CDC Infection Prevention Practices related to school-based sealant programs using portable and/or mobile equipment.

Using the following table, describe the counties and schools you are proposing to serve for each school year funding is requested. Increase the rows of the table as needed.

Nevada County	Name of School	% of Free/Reduced School Lunch	Grade(s) Served	Potential # of Students to be Screened	New School? Existing School? Expanded School?

Timeline: Include a timeline for implementing expanded or new school-based dental sealant program(s) during school year 2024-2025 and/or school year 2025-2026. Be sure to include the timeline for short and long-term retention checks.

Include at least three proposed objectives per school year funding is requested, which may be used to track progress increasing the <u>number of students receiving dental sealants</u> via school-based sealant programs. If ARPA funding was received in school year 2024-2025, numbers of students served and/or sealants placed in each objective should be higher than what was expected during the previously funded year. If new funding is being requested for more than one school year, the numbers in each objective should increase accordingly. The objectives:

- Must be tangible, measurable, and achievable outcomes specific to what the proposed project intending to accomplish expanding the number of school-age children and youth (students) receiving dental sealants.
- Funded applicants may be required to report measurable results from the objectives at varying times including but not limited to the required semi-annual updates.
- Should be child-centered with the focus on the targeted population and not on organizational activities.
- Should pertain to what will happen within the target population, not what the applicant will "do," (Applicant duties are activities within the scope of work).
- Must include a current base percentage or number so that intended change is clear and measurable.



School Based Dental Sealant Programs Request for Applications Nevada Department of Health and Human Services

Division of Health Care Financing and Policy



Examples: By December, the consent rate (positive and negative) for participating schools was 90% compared to 65% in school year 2023-2024.

By March 2025, 500 7th graders will be screened for dental sealants compared to 200 7th graders screened in school year 2023–2024.

By June 2025, 90% of the 3rd grade students screened who were eligible for dental sealants will receive sealants, compared to 50% of 3rd graders who received sealants during school year 2023-2024.

Workforce: Describe the experience of the applicant organization/agency to provide school-based oral health services. Describe the role, expertise, and skill of the clinical workforce (existing and new) to deliver expanded/start-up school-based sealant program services. For administrative and case management personnel, describe their experience and role within the school-based program, as well as percentage of time (FTE) proposed for managing the program.

Sustainability: Describe the plan for sustaining the expansion of the school-based sealant program to other schools or within the same schools currently served. If a new school-based sealant program is proposed, describe the plan for sustaining the school-based program at the schools served. In addition, if funds are requested to cover personnel, describe how those positions will be maintained once the ARPA funding has ended. Include the role of Medicaid reimbursement in sustainability. Remember, ARPA funds may not supplant current funding for existing personnel.

Budget: The Budget Form is available as **Attachment B**. The cost of items included in the ARPA Funds Requested column are those that would be supported by ARPA funds. <u>The budget should be specific to only</u> <u>listing those items included in the school-based sealant program/project that is described in the Scope of Work</u> <u>and Timeline</u>. The budget should <u>not</u> represent the applicant organization's total budget for the school-based program.

Indirect costs may be included if the applicant organization has an existing negotiated indirect cost rate agreement. <u>The indirect cost rate agreement must be included with the application</u>. If the applicant organization does not have a current negotiated indirect cost rate, a charge of no more than 10% of the total direct costs requested may be included. The total contracted or non-contracted negotiated indirect costs and direct costs may not exceed \$70,500 per school year funding is requested.

Supplemental Budget – While supplemental ARPA funding is not guaranteed, applicants may request ARPA funds not exceeding a maximum amount of \$70,500, per school year funding is requested by including a second Attachment B, clearly labeled "Supplemental Budget," detailing only the additional supplemental request, following the guidelines outlined for the primary budget request.

Justification: This should be a narrative explanation for each of the line-item costs for which ARPA funds are being requested on the Budget Form (Attachment B). Explanations for each line-item cost should include:

- The total ARPA funds requested for the cost item as shown on the budget form.
- Details on how the budgeted cost item(s) was calculated.





The justification for each cost item should be clearly detailed (e.g., portable dental unit - \$4,500; portable patient chair - \$7,000.00) and should provide information on how the budgeted direct and indirect cost items were calculated. Each cost item that funds are being requested to cover should clearly tie to the school-based sealant program/project described in the Scope of Work and Timeline.

<u>Supplemental Justification</u>: If the applicant is requesting supplemental funding, a second justification clearly labeled "Supplemental Justification," should be included following the guidelines outlined for the primary budget justification.

Letters of Support: At least three letters of support must be included with a new program's application (e.g., organizational leadership, school district, school principal/nurse where services are proposed).

Reimbursement: Reimbursement is the method for making ARPA grant payments. On a monthly basis, the DHCFP will review each request for reimbursement for expenses incurred during the previous month, which must correspond to the approved ARPA funded budget, grant expenditures to-date, and the latest grant progress report before approving payment. If the Request for reimbursement includes personnel, a Personnel Summary Report must be included detailing the activities for the preceding month related to the school-based sealant program for each included personnel. Source documentation must be submitted and maintained and should reconcile with the Reimbursement Worksheet and Request for Reimbursement.

Expectations

Each sub-awardee organization/entity will be required to submit the following deliverables to the DHCFP:

- Unique Entity ID**, if not included with this application.
- Nevada Business License^{**}, if not included with this application.
- Nevada Vendor ID**, if not included with this application.
- EIN Number, if not included with this application.
- Dental Medicaid Provider Number, if not included with this application.
- Newly established school-based sealant programs 1. Submission of programmatic manual and/or forms within 45 days of contract start date See Attachment C (page 12); and 2. Notification of start-up within 30 days of becoming operational See Project Description (page 1) for further information.
- Plan and manage a school-based sealant program following best practices and established guidelines.
- Attend trainings including those that promote best practices for school-based sealant programs as required and funded by the DHCFP.
- Final Requests for Reimbursement (RFR): For expenses incurred June 1, 2025 through June 30, 2025, must be received no later than Wednesday, July 9, 2025. For expenses incurred June 1, 2026 through June 30, 2026, requests for reimbursement must be received no later than Wednesday, July 8, 2026.
- Regular data/updates on performance, program expansion, and sustainability including but not limited to semi-annual Qualitative & Quantitative Data Reports (December 31st and June 30th inclusive of school year 2027 - 2028). – Attachment D.
- Annual Progress Report (June 30th through school year 2027 2028). Attachment D.



Nevada Department of Health and Human Services Division of Health Care Financing and Policy



Technical Assistance - DHCFP will host a pre-application technical assistance (TA) webinar for applicants seeking funding through this opportunity on Friday, May 10th at 10:00am PST. A recorded version of this webinar will subsequently be posted on the DHCFP Oral Health Program webpage.

Evaluation

This is a competitive application process. Proposals may be disqualified if they do not meet the minimum standards including but not limited to best practices for school-based sealant programs as well as written policies for internal controls and accounting procedures, which describe adequate and effective financial management.

Scoring Criteria	Score
Scope of Work	35
Timeline	15
Workforce	10
Sustainability	15
Budget & Justification	15
Adherence to Application	10
Completeness of	
Attachments	
Total Score:	100

Questions

Questions may be emailed to Lynn Ann Short, RDH, MPH, at <u>dental@dhcfp.nv.gov</u> or you may contact the Nevada Division of Health Care Finance and Policy at <u>775-684-3730</u>.





Attachment A – Cover Letter

1. Applicant Organization		
Legal Name:		
Street, City State Zip:		
NV Business License**:		
NV Vendor ID**:		
Unique Entity ID**:		
EIN#:		
NV Dental Medicaid** #:		
2. Contact Person for School	-based Sealant Program	
Name/Title:		
Email Address:		
Phone:		
3. Director of Applicant Org	anization	
Name/Title:		
Email Address:		
Phone:		
4. If school-based sealant pro	gram is owned by a dental hygie	nist, do you/the program currently have a
public health endorsement fr	om the Nevada State Board of D	ental Examiners? Yes No
5. ARPA Funding Request		
	SY2024-2025	SY2025-2026
Total Request:		
Supplemental Request:		
6. For existing school-based s health services in Nevada sch		you first begin providing preventive oral

· · · · · · · · · · · · · · · · · · ·

School Based Dental Sealant Programs Request for Applications Nevada Department of Health and Human Services

Division of Health Care Financing and Policy



7. Select the appropriate response(s):

_____ Funds will be used to establish a new school-based sealant program in SY2024-2025

_____ Funds will be used to expand an existing school-based sealant program in SY2024-2025

_____ Funds will be used to establish a new school-based sealant program in SY2025-2026

_____ Funds will be used to expand an existing school-based sealant program in SY2025-2026

8. Select the appropriate response(s): Funds will be used to serve schools in -

_____ Rural communities

HRSA Designated Dental Health Professional Shortage Areas (DHPSA)

9. Select the appropriate response: The school-based sealant program will provide preventive dental services to school-age children and youth with/without dental insurance/Medicaid?

_____Yes _____No

10. For existing school-based programs, summarize the preventive oral health services <u>provided to date</u> in school year 2023-2024.

Nevada County	# of School(s) Served	Grade(s) Served	# of Students Screened	# of Students Receiving Sealants	# of Permanent Teeth Sealed

11. Does the organization have written policies and procedures for internal controls? _____ Yes _____ No Describe your organization-wide segregation of duties and responsibilities in context of checks and balances.

12. Does the organization have written accounting policies and procedures that may include procurement, payroll, inventory, vendor payments, grants budgeting and accounting, audit resolution, cash receipts, disbursements, and record retention? ____ Yes ____ No Describe the accounting system that your organization uses and how the organization safeguards all assets and assures they are used solely for authorized purposes.



Nevada Department of Health and Human Services Division of Health Care Financing and Policy



I certify that the information contained herein is true and accurate to the best of my knowledge and that I am submitting this application on behalf of the applicant organization.

Signature of Authorized Agency Representative:

Title:

Date:

Note:

NV Business License: If you do not have a business license with the State of Nevada, you may apply after the awards are announced. To register, renew, or update a business license with the Nevada Secretary of State visit, *https://www.nvsilverflume.gov/home*

NV Vendor ID: If you are not a vendor with the State of Nevada, you may apply after the awards are announced. To apply for vendor status with the state's Controller's Office visit, <u>https://controller.nv.gov/Vendor/VendorServices/</u>

Unique Entity ID: If you do not have a Unique Entity ID, you may apply for one after the awarded applicants are announced. To apply for a Unique Entity ID visit, *www.SAM.gov*

NV Dental Medicaid #:** If your program or licensed clinical personnel is not a dental Medicaid provider with the State of Nevada, you may apply after the awards are announced, though you must present your dental Medicaid number within 120 days of the start of the DHCFP contract. To apply to be a dental Medicaid provider visit, <u>https://www.medicaid.nv.gov/providers/enroll.aspx</u>





Nevada Department of Health and Human Services Division of Health Care Financing and Policy

Attachment B – Primary Budget Request

CATEGORY	ARPA FUND REQUEST	TOTAL	
Direct Costs			
Equipment			
Hard Dental Supplies			
Soft Dental Supplies			
Dental Materials			
Personal Protective Equipment/Supplies			
Consumables			
Education Materials			
Emergency Medical Supplies			
Printing			
Technology			
Translation Services			
Direct Costs Total			
Personnel			
Clinical Salary Clinical Fringe			
Administrative/Case			
Management Salary Fringe			
Personnel Total			
Indirect Costs			
Negotiated % Non-Negotiated %			
Total Funding Requested			



ATTACHMENT C should include the school-based sealant program's manual and at the very least, copies of the medical history and consent forms as well as the parent report/notification of services provided and results of the screening and dental treatment, if needed. This Attachment should be submitted as a pdf and not a weblink accessed outside the application.







Semi-Annual Quantitative Reporting (Due semi-annually; December 31st and June 30th inclusive of school year 2027-2028)

- List the Nevada County(s), school(s), and grade(s) where oral health services were provided. Identify locations where the school-based sealant program was providing new and/or expanded.
- Grades served and consent rate (positive and negative) per grade.
- Total number of children screened.
 - Of this, note the number of children newly screened due to ARPA funding.
- Total number of children receiving any oral health service.
- Of this, note the number of children newly screened due to ARPA funding.
- Total number of children receiving dental sealants
 - Of this, note the number of children newly receiving dental sealants due to ARPA funding.
- Total number of children who received at least one sealant on a permanent molar.
 - Of this, note the number of children newly receiving at least one sealant on a permanent molar due to ARPA funding.
- Total number of teeth receiving sealants.
 - \circ Of this, note the number of teeth newly receiving sealants due to ARPA funding.
 - Total number of children receiving fluoride varnish.
 - Of this, note the number of children newly receiving fluoride varnish due to ARPA funding.
- Total number of children screened with untreated tooth decay.
- Total number of children screened with a history of tooth decay (i.e., restoration or extraction).
- Total number of children referred for dental treatment.
- Retention rate of dental sealants by grade short and long-term
- Data points that shall be required by the Office of Management and Budget and/or the State of Nevada

Annual Qualitative Reporting

.

(Due annually; June 30th inclusive of school year 2027-2028)

- Describe activities implemented using the ARPA funding.
- Describe promotional activities supporting the school-based sealant program and outcomes experienced.
- Describe incentives used by the school-based sealant program to increase consent rates.
- Describe any successes experienced by the school-based sealant program due to the ARPA funding.
- Describe any challenges the school-based sealant program encountered while implementing the planned activities.
- Describe how the school-based program mitigated those challenges.
- Submit copies of any promotional/educational materials created with ARPA funding, in addition to the translated version of the same materials created with ARPA funding.