

FY 2009 APPLICATION

**Office of Oral Health
New or Expanded Dental Services Program Grant**

State of Maryland
Department of Health and Mental Hygiene
Office of Oral Health
(410) 767-5942

June 2008

Funding Opportunity Number: OOH-RFA-09-01

The *Office of Oral Health* would like to acknowledge the *Maryland Community Health Resources Commission* for its kind assistance in preparation of this Request for Applications.

A NOTE REGARDING THIS FUNDING OPPORTUNITY

This request for applications, OOH-RFA-09-01, is one of a number of funding opportunities from the Office of Oral Health. Other funding opportunities that currently exist include:

- OOH-RFA-09-02, “Oral Health Safety Net Clinics” an Administration-Sponsored Capital Program Grant, providing funding for capital infrastructure (awarded in Fiscal Year 2009) – RFP Announcement – June 16, 2008
- OOH-RFA-10-01, “Oral Health Safety Net Clinics” an Administration-Sponsored Capital Program Grant, providing funding for capital infrastructure (awarded in Fiscal Year 2010) – RFP Announcement - TBA

Additional opportunities may exist. Please visit the Office of Oral Health website for additional funding opportunities: www.fha.state.md.us/oralhealth/.

1.0 Funding Opportunity Overview

1.01. New or Expanded Dental Services Program Grant – Overview

The Office of Oral Health (Office) has initiated this request for proposals in response to the acute need for dental services in underserved areas. Proposals should be one to three years in scope, and should propose a detailed plan of action to directly provide and/or facilitate comprehensive clinical dental services for the public. A letter of intent should be submitted by close of business July 3, 2008 and applications submitted on or before July 31, 2008. The Office anticipates notifying awardees by August 15, 2008 with a projected start date of September 1, 2008.

1.02. Details of Award

Awarding of funds will be made through a cooperative agreement with the grantee's agency and the Maryland Department of Health and Mental Hygiene's Office of Oral Health in Fiscal Year 2009. The Office will be awarding a total amount of \$500,000 in funds in FY09. As few as two and as many as five proposals will be awarded. Grant applications should specify a project scope of at least \$40,000 in FY09. Applications may propose either single-year or multi-year projects, extending no longer than three years. Project calendars will follow the State fiscal year calendar (July 1-June 30) with the FY09 budget period ending on June 30, 2009. Throughout the project period, the Office of Oral Health's commitment to the continuation of awards will be conditioned on the availability of funds, evidence of satisfactory progress by the recipient (as documented in required reports), and the determination that continued funding is in the best interest of the State of Maryland.

2.0 New or Expanded Dental Services Program Grant

2.01. Problem Statement

Access to oral health care is a critical problem for underserved and minority populations in Maryland. *The 2005 – 2006 Survey of Oral Health Status of Maryland School Children* conducted by the University of Maryland Dental School found that 31% of children in kindergarten and third grade had untreated tooth decay. Children residing on the Eastern Shore or in Southern Maryland had the highest rates of untreated tooth decay. Low-income, African-American and Hispanic children suffer even higher rates of tooth decay. Other studies show that adults and disabled individuals with advanced dental problems or with medical complications are often referred for services at distant locations or frequently unable to access treatment. According to the Centers for Disease Control, 16.7% of Maryland adults over the age of 65 have lost all of their teeth and 43.5% of adults in the state have lost six teeth or more.

2.02. Grant Description

Applicants should submit an application that proposes to create new or expanded sources of dental care services that will increase the number of Maryland residents with access to a comprehensive and continual source of dental care. Applicants submitting proposals that provide for a new or expanded clinical dental program should consider the minimum clinical

capacity to consist of 3-chairs, staffed by at least 1 dentist, 1 dental hygienist, 1 dental assistant and 1 program coordinator. The Office of Oral Health will consider applications for new or expanded clinical dental services with a minimum of two chairs if the applicant is in an area where it is particularly difficult to recruit staff, and can clearly justify why the applicant cannot develop a new or expanded service with three chairs.

The Office of Oral Health welcomes three-year proposals that provide new or expanded dental services that encompass one or more of the following models:

- **Model 1:** cooperative agreements with existing dental offices to include staff, equipment, supplies, and leasing agreements; and/or
- **Model 2:** subcontracting agreements with local dental offices including staff, equipment, and supplies; and/or
- **Model 3:** support for transportation, home visits and/or case management services strictly designed to enhance direct access to dental care services; and/or
- **Model 4:** minor renovations to existing space to accommodate new or expanded dental services including staff, equipment, and supplies.

All proposals must demonstrate strategies for addressing the unique needs of local populations, including the establishment of a "dental home" to ensure the consistent availability of dental services in the community. It is encouraged that strategies incorporate use of the newly expanded use of public health dental hygienists (see HB 1280 - Attachment B), where and when applicable, to provide risk assessment and related services within these dental hygienist practitioners' scope of practice. These strategies also may include the establishment of a specialty referral network to increase access to specialty dental services. Proposals must demonstrate efficiency in service delivery and innovation in regard to addressing barriers to oral health services.

Funds can be used to renovate existing space to accommodate a dental suite, expand a dental facility, purchase dental equipment, consultant fees, data collection and analysis, project-related travel, conference calls and meetings, and office supplies and expenses, and to provide competitive salaries and fringe benefits and/or incentive/retainer funds for dental personnel. Funds can be used to provide salary support for new dentists or dental hygienists. However, it is recommended that applicants consult with recognized legal authorities in designing such a salary support plan. Funds can be used for salary support for new dental assistants *as long* as they are linked to a plan that includes new dentists. Also, funds can be used to provide salary support for new program coordinators *as long* as they are linked to a plan that includes new dentists or dental hygienists. (As with salary support for dentists and dental hygienists, it is recommended that applicants consult with recognized legal authorities in designing such a salary support plan). Additional equipment such as dental chairs, x-ray machines, etc. and supplies will also be supported *as long* as they are linked to a plan that includes new dentists or dental hygienists. Grantees may subcontract with other organizations as appropriate to accomplish the purposes of the project. If the services in an applicant's proposal will be delivered by a contractor agency, not directly by the applicant, the applicant may not take a fee for passing through the funds to the contractor agency.

The Office of Oral Health encourages the start of services as soon as possible (i.e., within

the 6 months of the initial grant year) for Models 1, 2, and 3. Recognizing the complexity of making renovations to an existing facility to develop new or expanded dental services (i.e., Model 4), the Office of Oral Health will give greater consideration to Model 4 proposals that can deliver new or expanded dental services in as quickly a timeframe as possible, but expects that service delivery will begin within 12 months of receiving a grant. The Office of Oral Health will consider applications with a longer timeframe if the applicant can clearly demonstrate with historical data or information why such an extended timeframe is necessary. However, to be considered for additional funding periods, all funds for Models 1, 2, 3, and 4 must be spent no later than June 30, 2009.

All proposals considered by the Office of Oral Health for new or expansion of existing dental **services MUST ensure and demonstrate access to a dental home**, including comprehensive, evidenced-based, and appropriate educational, diagnostic, preventive, restorative and emergency care for one or more of the following populations:

- Medicaid-eligible and uninsured children
- Medicaid-eligible and uninsured pregnant women
- Medicaid-eligible and uninsured adults

2.03. Capital Projects

Applicant organizations considering dental projects that will include major capital infrastructure building or improvements, should consider applying for additional funds through RFA# OOH-RFA-09-02, a separate \$500,000 oral health capital infrastructure grant offered by the Department of Health and Mental Hygiene's Office of Oral Health and Office of Capital Planning, Budgeting, and Engineering Services. For additional information on this funding opportunity, please contact Mr. George Upperco, Office of Capital Planning, Budgeting, and Engineering Services, at 410-767-6589 (uppercog@dhmh.state.md.us) or Mr. Keith Roberts, Office of Oral Health at 410-767-7899 (kroberts@dhmh.state.md.us).

2.04. Applicant Eligibility and Requirements

Applicant eligibility requires the applicant to be of certain organization types and provide certain services. Additionally, if funded, the applicant should provide patient payment options on a sliding fee schedule. Finally, while all Maryland jurisdictions are eligible for these grants, applicants applying from five (5) Maryland jurisdictions that are acutely in need of public dental providers will receive *special* consideration. These 5 jurisdictions are:

- Queen Anne's County
- Kent County
- Worcester County
- St. Mary's County
- Calvert County

2.04(a) Type of Organization: For this grant funding cycle, the Office of Oral Health will consider proposals from any of the following organizations or agencies:

- Local health departments
- Federally qualified health centers (FQHCs) and FQHC "look-alikes"
- Community health centers

- Local nonprofit and community-owned health care programs and hospitals
- School-based health centers
- Teaching clinics
- Wellmobiles

2.04(b) Services Provided: To be eligible for these grants, the Maryland organization must demonstrate that it:

- Provides primary health care services;
- Offers those services on a sliding scale fee schedule;
- Serves individuals residing in Maryland;
- Assists individuals in gaining access to reduced price clinical health care services.

2.04(c) Sliding Fee Scale Accommodations: Organizations seeking these grant funds must offer a sliding scale fee schedule consistent with the following guidelines established by the Maryland Community Health Resources Commission. An applicant organization's sliding scale fee schedule must provide discounts to individuals with a family income at or below 200 percent of the federal poverty level, with no more than a small, nominal charge for individuals with a family income at or below 100 percent of the federal poverty level. No additional fees may be charged, such as an enrollment fee. The availability of discounted fees must be publicly displayed, and discounted services must be available to all who meet the eligibility criteria. The organization must collect documentation on income from applicants. An organization that provides discounted or free care to all individuals who seek service, or to those with family income at or below 200 percent of the federal poverty level, complies with this requirement.

2.04(d) Location of Organization: Applicants must be an agency or organization within the State of Maryland, and any government or non-profit organization may submit a proposal. All state jurisdictions are eligible for these grant awards. However, due to heightened demand for public dental healthcare providers in priority areas as identified by the Maryland General Assembly and the Dental Action Committee, the following jurisdictions in Maryland will receive special consideration:

- Queen Anne's County
- Kent County
- Worcester County
- St. Mary's County
- Calvert County

2.04(e) Evaluation and Monitoring: Grantees will be required to submit periodic progress reports and expenditure reports, as well as deliverables produced under the grant. To facilitate project monitoring, clearly defined data elements will be required from all grantees on a regular basis so that project accomplishments can be monitored, compared, and compiled.

The project team may be asked to attend meetings, participate in site visits, and give reports on progress and accomplishments to the Commission, its staff and advisors, and other grantees. At the conclusion of the project, the grantee will be required to provide a written report on the project.

As a condition of receiving grant funds, grantees must agree to participate in an evaluation of

the grants program. This includes assisting with any data collection and information gathering required, such as participation in surveys, site visits, meetings, and interviews with the evaluators.

3.0 Proposal Guidelines

3.01. General Guidelines

Proposals should be well written, clear, and concise. Original and creative approaches to addressing access to oral health services are encouraged. Proposals should not exceed 10 pages single-spaced on standard 8 1/2" x 11" paper. All pages of the proposal must be numbered. The budget and budget justification and the appendices specified in the guidelines below are excluded from the 10-page limit. Ideas, concepts and an organized and experienced approach will be valued over written prose; bulleted lists are welcome if the applicant believes it will better explain the project.

In addition to a Table of Contents (not-included in the 10 page limit), the proposal should be structured using the topic headings, as described further in 3.02:

- Project Summary
- The Project
- Evaluation
- Work Plan
- Applicant Organization
- Key Personnel
- Partners and Collaborators
- Project Budget

3.02. Guidelines for Specific Content

The content of the proposal should be succinct, detailed, and organized in accordance with the following guidelines.

3.02(a) Project Summary: The applicant should provide a 75-125 word summary of the proposal.

3.02(b) The Project: Succinctly respond and address each of the following issues:

- *What will the project do?* What are the goals and measurable objectives of the project? Quite literally, who will do what for whom, with whom, where, and when?
- *Who is the target population?* Identify the population(s) to be served (i.e., estimated numbers, demographics, insurance coverage, income levels, other distinguishing characteristics). Document the needs of this population using qualitative and quantitative data, if available. Specify the service area(s). Service maps, data, and other statistics on the target population may be provided as an appendix.
- *What problem will be addressed?* Identify the specific problem(s) encountered by the target population(s) in accessing health care services and how this project will ameliorate the problem(s).
- *What will be the benefits of success?* If the project is successful, what visible, tangible, objectively verifiable results will you be able to report at the end of the grant? What longer-term benefits do you expect for the target population and the broader community?
- *How will the project be sustained after grant support ends?* Will the project require ongoing

outside support after the proposed grant ends? If so, describe your plans for securing ongoing funding or, if plans are not yet firm, describe the process you will employ to work towards sustainability. Do you foresee opportunities for expanding or replicating this project within the community, in neighboring areas, or more broadly?

3.02(c) Evaluation: The evaluation section should answer the question of how the project plans to measure success. What will be the methodology for evaluation of project outcomes? What data will be collected and analyzed? Does the applicant organization currently have the capacity to collect and analyze data, or must new capacity be acquired or developed?

3.02(d) Work Plan: The Work Plan should answer the following questions and address in detail any associated issues:

- *What are the major milestones in carrying out the project?* List key benchmarks of project progress. Describe the process and timeframe for reaching these benchmarks.
- *What are the project deliverables?* What specific products would be submitted as evidence of completion of project milestones? How and when will these deliverables be produced?
- *What is the timeline for accomplishing milestones and deliverables?*

3.02(e) Applicant Organization: The applicant should briefly describe its organization, answering in detail the following questions:

- *What is the applicant organization's mission?* Describe your mission, programs, and service area. Discuss your organizational strengths and challenges.
- *What is the organizational structure?* Is the applicant a for-profit or not-for-profit organization? Describe the type of organization (e.g., federally qualified health center, free-standing clinic, clinic affiliated with a hospital or local health department, private primary care practice).
- *How is the organization staffed?* Describe the staffing and provide an organizational chart as an appendix.
- *How is the organization financed?* Specify revenue sources and the percentage of total funding.
- *What facilities are available?* Describe the facilities owned and/or operated by the organization.

3.02(f) Key Personnel: The applicant should briefly describe the personnel who will support and deliver services under their proposed project. Specifically, the applicant should address, in detail, the following questions.

- *Who will direct the project?* Identify the project director and describe his/her level of responsibility within the applicant organization, qualifications to lead the project, and role in carrying out the project.
- *Who are the other key staff?* Identify other essential staff, their roles in the project, and their relevant qualifications. As an appendix, include resumes (maximum three pages each) for all key personnel.

3.02(g) Partners and Collaborators: *Who are the key partners?* Applicants should succinctly identify key partners in their proposal and may include letters of commitment from the leaders of these organizations as part of application appendix.

3.02(h) Project Budget: The applicant should include a detailed budget adhering to the following constraints and addressing the following issues. Please note the project budget will not be included in the 10-page limit.

- *General Format*: Provide a line-item budget. To the extent possible, break down the budget into major tasks or phases of work consistent with the project work plan. If the project spans more than one year, the line item budget should be broken down into annual budget periods. The beginning and ending date should be indicated for each budget period. Grant funding will be available beginning September 1, 2008.
- *Personnel*: The name, title, percent effort, annual salary, and fringe benefits should be listed separately for each individual in the budget. Fringe benefits should be shown at the applicant organization's standard rate.
- *Project Co-Funding*: If the project will be supported by funder(s) other than the Office of Oral Health, the line-item budget should include a separate column for each funding source along with a "total funding" column.
- *Indirect Costs*: Indirect costs may not exceed 10 percent of direct project costs. Direct costs generally include project-related personnel, consultants, travel, equipment, and office expenses.
- *Budget Justification*: A budget justification should accompany the line-item budget detailing the purpose of each budgeted expenditure.

3.03. Review Process

The Office of Oral Health will use the following criteria to assess and select proposals for funding (see 5.01 Review Criteria – Grant Application Review Sheet):

- All proposals must demonstrate strategies for addressing the unique needs of local populations, including the establishment of a "dental home" to ensure the consistent availability of dental services in the community.
- The goals and objectives of the proposed project are clear, feasible, measurable, and achievable. The work plan and budget are reasonable. The team assembled possesses the skills, competencies, commitment, and sufficient capacity to carry out the proposed work and has a supportive organizational and community environment.
- The target population is clearly identified and geographically defined, the number of individuals targeted is reliably quantified, and the needs of this population are adequately documented through qualitative and quantitative data, such as demographics, rates of insurance coverage, and service utilization statistics. The project is likely to lead to improved access to care for the target population and improved health outcomes.
- The project is likely to continue to provide benefits to the target population and the community at large beyond the duration of the proposed grant. Proposals must identify likely sources of future revenue or funding including an operational plan and budget that demonstrates a plan of support to sustain the project activities after the grant funds end.
- The project has enlisted as key participants relevant stakeholders and partners from the community and appropriate agencies and organizations. Letters of commitment from collaborators are recommended.
- The project team has the ability to measure and report progress in achieving project goals and objectives through quantitative measures both at baseline and as the project proceeds. The project team must also have the ability to comply with the evaluation and monitoring

requirements of this grants program.

- The applicant organization is in sound financial standing, has adequate financial management systems, has a clear plan of governance and is capable of managing grant funds. It is recommended that applicant organizations submit a current governance plan and also indicate how this governance would change, if at all, should it be awarded these grant funds.
- The extent to which the applicant organization demonstrates use of a sliding scale fee schedule to increase access to care for low-income uninsured and Medicaid patients, children, pregnant women and adults, in Maryland.

Additionally, as part of the grant application review process, the Office of Oral Health may request that an applicant organization provide additional information or revise its application as a condition of approving an award. Grants will be reviewed by a subcommittee of the Dental Action Committee which will make recommendations to the Office of Oral Health. Awards will be made by the Office of Oral Health.

4.0 Application Process

4.01. How to Apply

There are three steps in the competitive application process: (1) Sending a letter of intent to the Office of Oral Health on or before July 3, 2008; (2) Preparation of the Proposal Application; and (3) Submission of the Proposal on or by July 31, 2008.

4.01(a) Letter of Intent: Applicants must submit a simple letter of intent for each of the applicant's proposals in order for each of the proposals to be considered. Letters of intent must be postmarked by 5:00 p.m. EST on July 3, 2008 by electronic mail, hand delivery, U.S. Postal Service, or private courier. The letter of intent should include:

- Funding Opportunity Number
- A succinct description of the proposed project that does not exceed 250 words in length.
- Estimated project cost and duration.
- Name and location of the applicant organization.
- Name, title, address, telephone number, and e-mail for the proposed project director.

If submitting by electronic mail, please submit a signed letter of intent in Adobe Acrobat (.PDF) format (electronic signature acceptable). All letters of intent should be sent to:

Harry Goodman, DMD, MPH
Director, Office of Oral Health
Maryland Department of Health and Mental Hygiene
201 W. Preston Street, 3rd floor
Baltimore, MD 21201
hgoodman@dhmh.state.md.us

4.01(b) The Proposal: Applicants should prepare proposals according to Section 3.0 "Proposal Guidelines" in this request for proposals.

4.01(c) Submission of Applications: Grant applications must be postmarked by 5:00 p.m. EST on July 31, 2008 by email, hand delivery, U.S. Postal Service, or private courier. Applications must include:

- **Transmittal letter:** This signed letter (electronic signature acceptable) from the applicant organization's chief executive officer should specify the title of the proposal, the applicant organization, the project director, the individual responsible for conducting the affairs of the applicant and legally authorized to execute contracts on behalf of the applicant organization, and state that the applicant organization understands that submission of a proposal constitutes acceptance of the terms of the grants program.
- **Proposal: Written in accordance with Section 3.0 "Proposal Guidelines"** in this request for proposal.

The submission of the application should be sent to:

Harry Goodman, DMD, MPH
Director, Office of Oral Health
Maryland Department of Health and Mental Hygiene
201 W. Preston Street, 3rd floor
Baltimore, MD 21201
hgoodman@dhmh.state.md.us

4.02. Timetable

The following activities with their corresponding deadlines will apply to the grant process.

Date	Activity
July 3, 2008 (postmarked 5:00 p.m. EST)	Letters of Intent submission deadline
July 31, 2008 (postmarked 5:00 p.m. EST)	Deadline for receipt of applications
August 15, 2008	Notification of grant awards
September 1, 2008	Grant funding begins

4.03 Technical Assistance

Questions from Applicants: Applicants may submit at any time written questions about the grants program. Questions may be submitted at any time.

Send questions to:

Ms. Jennifer Walker: jiwalker@dhmh.state.md.us

Mr. Keith Roberts: KRoberts@dhmh.state.md.us

5.0 Additional Information

5.01. Review Criteria – Grant Application Review Sheet

All application will be reviewed by a subcommittee of the Dental Action Committee according to the attached criteria. Please see Attachment A – Grant Application Review Sheet. Recommendations will be made to the Office of Oral Health who will make the awards.

5.02. Public Health Dental Hygiene Act of 2008

Applicants are encouraged to take advantage of recent legislation to leverage the use of Public Health Dental Hygienists, as described by SB 818/HB 1280 (2008). Please see Attachment B.

5.03. Awarding Agency: Office of Oral Health

In 1996, Senate Bill 590 established the Office of Oral Health within the Department of Health and Mental Hygiene. The Office of Oral Health was placed in statute in Senate Bill 590 during the 1998 Maryland General Assembly legislative session. Based on this legislation, the Office of Oral Health is charged with developing statewide oral health preventive and educational strategies, conducting oral health surveys of the State's schoolchildren, facilitating the Oral Health Advisory Committee, and providing grant monies for the establishment of oral health programs targeted to populations at high risk for oral disease.

The mission of the Office of Oral Health (OOH) is to improve the oral health status of Maryland residents through a variety of public oral health initiatives and interventions, characterized by a focus on health promotion and disease prevention. OOH develops, promotes, and advocates statewide cost-effective preventive and educational activities and policies that demonstrate and define the role of oral health as part of overall systemic health and quality of life. The OOH partners with other State agencies, local health departments, schools, community agencies, and private providers in developing policies, programs, and activities which address the following five major areas:

- Oral Disease Prevention: Develop and support scientifically proven oral health interventions and policies which prevent oral diseases, including promotion of community water fluoridation, use of dental sealants, systemic and topical fluoride use, tobacco prevention, health education, and instruction in oral hygiene and proper dietary choices.
- Current & Unmet Oral Disease Status: Improve the current status of unmet and untreated oral diseases in Maryland populations including early childhood caries, adult and child dental caries, and periodontal diseases.
- Oral Injuries: Reduce the number of oral injuries and sports related oral injuries that occur in Maryland schoolchildren each year.
- Oral Cancer: Reduce the morbidity and mortality associated with oral cancer in Maryland residents.
- Special Population Groups: Improve access to oral health care treatment, preventive and educational services and resources for underserved and uninsured Maryland populations.

Attachment A
Office of Oral Health New Dental Services Program
Request for Applications

Grant Application Review Sheet

Reviewer: _____ Date: _____

Applicant Institution: _____ Application No: _____

PART I: REVIEW CRITERIA

Note to Reviewers: See “Reviewers Guidelines” (p. 3) for a discussion of the following criteria and the emphasis the Office of Oral Health (OOH) places on each.

Criteria	Check One:					Comments
	Not Acceptable (0 pts)	Fair (1 pt)	Good (2 pts)	Very Good (3 pts)	Excellent (4 pts)	
1. Prospect for success	<input type="checkbox"/>					
2. Potential impact	<input type="checkbox"/>					
3. Community need	<input type="checkbox"/>					
4. Sustainability	<input type="checkbox"/>					
5. Participation of stakeholders and partners	<input type="checkbox"/>					
6. Collection of data and progress status reporting mechanism	<input type="checkbox"/>					
7. Organizational commitment	<input type="checkbox"/>					
8. Financial viability and accountability	<input type="checkbox"/>					
9. Provision of Medicaid and sliding scale fee schedule services	<input type="checkbox"/>					
10. Project goals and objectives achievement reporting mechanism	<input type="checkbox"/>					
11. Organizational strength	<input type="checkbox"/>					
12. Organizational structure	<input type="checkbox"/>					

PART II: PROJECT BENEFITS

Note to Reviewers: See “Reviewer Guidelines” (p.5) for a discussion of the following criteria and the emphasis the OOH places on each.

Criteria	Check One:					Comments
	Not Acceptable (0 pts)	Fair (1 pt)	Good (2 pts)	Very Good (3 pts)	Excellent (4 pts)	
1. Increase in serving overall more patients/clients	<input type="checkbox"/>					
2. Serving previously unserved patients/clients	<input type="checkbox"/>					
3. Access to comprehensive dental care, including preventive, diagnostic, emergency and restorative care	<input type="checkbox"/>					
4. Emphasize dental services to low-income families and children	<input type="checkbox"/>					
5. Targeted case management for oral health services (transportation, home visits, family education)	<input type="checkbox"/>					
6. Services to begin by the end of the project year	<input type="checkbox"/>					
7. Translation services	<input type="checkbox"/>					
8. Education and outreach	<input type="checkbox"/>					
9. Creation of new or the expansion of existing partnership with community organization in support of oral health	<input type="checkbox"/>					
10. Establishment or expansion of a specialty referral network to increase access to specialty dental services.	<input type="checkbox"/>					
11. Links to supportive community services.	<input type="checkbox"/>					

PART III: OVERALL RATING

	Yes	No	Maybe
Should the Office of Oral Health fund this proposal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			

Other comments
Comments:

Reviewer Guidelines – Part I: Review Criteria

Criteria	Emphasis by OOH
<p>1. Prospects for Success: The goals and objectives of the proposed project are clear, feasible, measurable, and achievable. The work plan and budget are reasonable. The team assembled possesses the skills, competencies, commitment, and sufficient capacity to carry out the proposed work and has a supportive organizational and community environment. The OOH’s priorities for awarding grant funds include establishing a “dental home” for families and children.</p>	<p>VERY HIGH 5</p>
<p>2. Potential Impact: The project is likely to lead to improved access to care for the target population and improved health outcomes. The project has potential for expansion or replication within the community, in neighboring areas, or more broadly across the state.</p>	<p>VERY HIGH 5</p>
<p>3. Community Need: The target population is an OOH priority area, or else clearly identified and geographically defined. The number of individuals targeted is reliably quantified, and the needs of this population are adequately documented through qualitative and quantitative data, such as demographics, rates of insurance coverage, and service utilization statistics. The applicant demonstrates a deep understanding of the community to be served.</p>	<p>VERY HIGH 5</p>
<p>4. Sustainability: The project is likely to continue to provide benefits to the target population and the community at large beyond the duration of the proposed grant. Proposals must identify likely sources of future revenue or funding sufficient to sustain the project activities after the grant funds end. The OOH will give strong preference to those projects that can demonstrate funding from internal sources or community matching support, including "in kind" support. In other words, in addition to the requirement of other funding commitments, the OOH expects to see an institutional financial commitment from the applicant.</p>	<p>VERY HIGH 5</p>
<p>5. Participation of Stakeholders and Partners: The project has enlisted as key participants relevant stakeholders and partners from the community and appropriate agencies and organizations. These collaborators will be actively engaged as demonstrated by participation in the planning and implementation process, dedicated staff and other resources allocated to the project, contributions of facilities and equipment, and/or provision of free or discounted health care services. Letters of commitment from collaborators are required, but letters alone may not be sufficient for demonstrating active engagement.</p>	<p>MEDIUM 3</p>
<p>6. Data Collection: The project team has the ability to measure and report progress in achieving project goals and objectives through quantitative measures, such as the number, demographics, characteristics, and service utilization of the target population, both at baseline and as the project proceeds. The project team must also have the ability to comply with the evaluation and monitoring requirements of this grants program. The OOH may ask grantees to participate in status meetings to assess the project's progress at any point during the grant period.</p>	<p>HIGH 4</p>
<p>7. Organizational Commitment: The applicant organization is committed to improving access to care for the target population and can demonstrate that the proposed project will significantly contribute to this goal.</p>	<p>HIGH 4</p>

Criteria	Emphasis by OOH
<p>8. Financial Viability and Accountability: The applicant organization is in sound financial standing, has adequate financial management systems, and is capable of managing grant funds</p>	<p style="text-align: center;">HIGH 4</p>
<p>9. Provision of Acceptance of Medicaid and Sliding Scale Fee Schedule Services: The extent to which the applicant organization demonstrates use of a sliding scale fee schedule to increase access to care for Medicaid, low-income uninsured and under-insured individuals in Maryland.</p>	<p style="text-align: center;">VERY HIGH 5</p>
<p>10. Goals and Objectives Achievement Reporting Mechanism: Depending upon the project phase, the project team has the ability to measure and report progress in achieving overall OOH goals and objectives through quantitative measures, such as the number, demographics, HIGH characteristics, and service utilization of the target population.</p>	<p style="text-align: center;">MEDIUM 3</p>
<p>11. Organizational Strength: The applicant organization has engaged in projects of similar scale and nature or has plans to acquire capabilities and resources for the success of the project. For example a project manager assigned to the project must have demonstrated successful experience in managing similar scale and nature projects.</p>	<p style="text-align: center;">VERY HIGH 5</p>
<p>12. Organizational Structure: The applicant organization has a defined organizational structure that supports internal oversight of the project, management of the process, and issue escalation with set criteria.</p>	<p style="text-align: center;">HIGH 4</p>

Reviewer Guidelines – Part II: Project Benefits Review Criteria

Criteria	Emphasis by OOH
<p>1. Increase in Serving Overall More Patients/Clients or Provides an Expanded Service for Existing Patients/ Clients: The proposed project allows the applicant to expand existing dental service for more clients/patients, or add additional dental services for HIGH existing clients/patients. The proposal estimates the number of clients/patients receiving the expanded dental services</p>	<p>VERY HIGH 5</p>
<p>2. Serving Previously Unserved Patients/Clients: The project enables the OOH to provide additional dental service thereby serving patients/clients not previously seen. The project describes the expanded services, estimates the number of clients/patients to receive them, the specific additional staff and equipment required to provide the services.</p>	<p>VERY HIGH 5</p>
<p>3. Access to comprehensive dental care including preventive, diagnostic, emergency and restorative care: The project describes the services to be provided, arrangements for services not provided directly by the applicant organization, and has letters of commitment from specific outside organizations to definitely provide any services not provided directly by the applicant. It describes the numbers of patients to receive each type of service.</p>	<p>VERY HIGH 5</p>
<p>4. Emphasizes dental services to low-income families and children: The project prioritizes services to low-income children and their families, but also includes services where possible for individual adults. It describes strategies for enrolling children and their families, and estimates numbers of children to be enrolled in a "dental home."</p>	<p>VERY HIGH 5</p>
<p>5. Targeted case management for oral health services (transportation, home visits, and family education): The project describes which staff will provide targeted case management services, the process for delivery, and to which patients. The particular services to be provided are described with their expected outcomes, and what follow up will be conducted to assure that the patients receive the services.</p>	<p>HIGH 4</p>
<p>6. Services to Begin by the End of the Project Year: The project timeline clearly indicates services will begin by the end of the project year, unless the applicant provides clear documentation that a longer start time is necessary, such as information or data on historic difficulty in hiring staff.</p>	<p>HIGH 4</p>
<p>7. Translation Services: The project describes arrangements for foreign language translation services for patients, and estimates the number of patients needing the service, source of services and the cost.</p>	<p>MEDIUM 3</p>
<p>8. Education and Outreach: The project describes outreach strategies targeted to the particular population which will receive dental services to enroll clients/patients in a dental home. Describes education activities to teach clients/patients and parents of minor children the value of regular preventive and restorative care. The project describes the staff members or arrangements to provide the services, and firm letters of commitment from any contract organizations.</p>	<p>HIGH 4</p>
<p>9. Creation of new or the expansion of existing partnership with community organizational support of oral health: The project identifies and has firm letters of particular contributions outside organizations will provide as partners with applicant in providing, promoting and sustaining oral health services.</p>	<p>MEDIUM 3</p>

Criteria	Emphasis by OOH
<p>10. Establishment or expansion of a specialty referral network to increase access to specialty dental services: The project describes strategies to provide and pay for specialty dental services, and how the organization will create a network of outside dental specialists to provide the care. The proposal contains firm letters of commitment from outside dental specialists to participate in the network with the volume and cost of services they will provide.</p>	<p style="text-align: center;">HIGH 4</p>
<p>11. Links to Supportive Community Services: The proposal describes how the project will interact with community organizations such as Local Health Departments, Boards of Education and schools, Departments of Social Services, and the Dental Society to provide, support and promote dental services.</p>	<p style="text-align: center;">MEDIUM 3</p>

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- (3) Polish a tooth or a restoration;
- (4) Chart cavities, restorations, missing teeth, periodontal conditions, and other features observed during preliminary examination, prophylaxis, or polishing;
- (5) Apply a medicinal agent to a tooth for a prophylactic purpose;
- (6) Take a dental X ray; or
- (7) Perform any other intraoral function that the Board authorizes by a rule or regulation adopted under § 4-206 of this title.

(1) "Practice dentistry" means to:

- (1) Be a manager, a proprietor, or a conductor of or an operator in any place in which a dental service or dental operation is performed intraorally;
- (2) Perform or attempt to perform any intraoral dental service or intraoral dental operation;
- (3) Diagnose, treat, or attempt to diagnose or treat any disease, injury, malocclusion, or malposition of a tooth, gum, or jaw, or structures associated with a tooth, gum, or jaw if the service, operation, or procedure is included in the curricula of an accredited dental school or in an approved dental residency program of an accredited hospital or teaching institution;
- (4) Perform or offer to perform dental laboratory work;
- (5) Place or adjust a dental appliance in a human mouth; or
- (6) Administer anesthesia for the purposes of dentistry and not as a medical specialty.

4-308.

(e) (1) [While] EXCEPT AS PROVIDED IN SUBSECTION (H) OF THIS SECTION, WHILE it is effective, a general license to practice dental hygiene issued under this title authorizes the licensee to practice dental hygiene:

- (i) Under the supervision of a licensed dentist who is:
 - 1. On the premises and available for personal consultation while the services are being performed; or

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CHAPTER 316

(House Bill 1280)

Public Health Dental Hygiene Act

AN ACT concerning

FOR the purpose of altering the authorization of a general license to practice dental hygiene to include the application of certain sealants or fluoride agents under certain supervision in certain facilities; providing that a certain waiver is not required to practice dental hygiene under certain supervision in accordance with certain provisions of law; increasing the types of facilities a general license to practice dental hygiene authorizes a dental hygienist to practice in under certain supervision; altering the requirements for certain facilities in which certain dental hygienists are authorized to practice under certain supervision; defining ~~a~~ certain ~~new~~ terms; and generally relating to the practice of dental hygiene.

BY repealing and reenacting, without amendments,
Article – Health Occupations
Section 4-101(k) and (l)
Annotated Code of Maryland
(2005 Replacement Volume and 2007 Supplement)

BY repealing and reenacting, with amendments,
Article – Health Occupations
Section 4-308(e) and (h)
Annotated Code of Maryland
(2005 Replacement Volume and 2007 Supplement)

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That the Laws of Maryland read as follows:

Article – Health Occupations

4-101.

- (k) "Practice dental hygiene" means to:
 - (1) Perform a preliminary dental examination;
 - (2) Perform a complete prophylaxis, including the removal of any deposit, accretion, or stain from the surface of a tooth or a restoration;

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2. Not on the premises while authorized dental hygiene services are provided when the requirements of subsection (i) of this section have been fully satisfied; and

(ii) Only in a:

1. Dental office;
2. Dental clinic;
3. Hospital;
4. School;
5. Charitable institution; or
6. Health maintenance organization certified by the State Insurance Commissioner.

(2) (1) The Board may waive, on a case by case basis only, the supervision requirements of this subsection for:

[(i)] 1. A dental facility owned and operated by the federal, the State, or a local government;

[(ii)] 2. A health facility licensed by the Department of Health and Mental Hygiene;

[(iii)] 3. A facility providing medical care to the poor, elderly, or handicapped that is owned and operated by:

[1.] A. The State or a local government; or

[2.] B. A bona fide charitable organization; or

[(iv)] 4. Any other setting authorized under regulations adopted by the Board.

(II) A WAIVER IS NOT REQUIRED TO PRACTICE DENTAL HYGIENE UNDER GENERAL SUPERVISION IN ACCORDANCE WITH SUBSECTION (H) OF THIS SECTION.

(3) The Board may grant a waiver under paragraph (2) of this subsection if:

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(i) The facility requesting the waiver has submitted a written application;

(ii) The facility requesting the waiver has submitted a medical emergency plan of action at the time of application; and

(iii) The Board finds that:

1. Good cause exists to justify the granting of the waiver;
2. Adequate facilities and equipment, including portable equipment where appropriate and appropriate armamentarium, are available for the appropriate delivery of dental hygiene services; and
3. Adequate safeguards are present to protect the patient's health and safety.

(4) (i) The Board, upon written request or its own motion, may conduct a public informational meeting on any waiver application.

(ii) The Board shall maintain records of all waiver applications and the criteria and basis for its action on each application.

(iii) The Board shall have the power to inspect or review any facility, location, person, or entity applying for, covered by, or acting under a waiver.

(5) (i) Except as provided under subparagraph (ii) of this paragraph, the Board shall accept or deny a waiver under paragraph (2) of this subsection within 60 calendar days of the receipt of the application for the waiver or it shall be deemed to have been accepted.

(ii) If extraordinary circumstances exist, the Board shall accept or deny a waiver under paragraph (2) of this subsection within 90 calendar days of the receipt of the application for the waiver or it shall be deemed to have been accepted.

(6) Any changes in the procedures or personnel of a facility with a waiver granted under this subsection shall be reported to the Board within 15 business days after the change.

(h) (1) (I) In this subsection, ["general supervision"] **THE FOLLOWING WORDS HAVE THE MEANINGS INDICATED.**

(II) **"CONTRACTUAL EMPLOYEE MEANS A DENTAL HYGIENIST WHO HAS AN ANNUAL CONTRACT TO PRACTICE DENTAL HYGIENE AN AVERAGE OF AT LEAST 8 HOURS PER WEEK IN A FACILITY SPECIFIED UNDER PARAGRAPH (3)(I) OF THIS SUBSECTION.**

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(i)] 1. A dental facility owned and operated by the federal, the State, or a local government; [or]

(ii)] 2. A public health department OR PUBLIC SCHOOL of the State or a [county.] COUNTY;

3. ~~A HEALTH~~ FACILITY IN WHICH A PROGRAM LICENSED BY THE DEPARTMENT IS OPERATING;

4. ~~A FACILITY OWNED AND OPERATED BY THE DEPARTMENT OF JUVENILE SERVICES;~~

4.5. A FACILITY OWNED AND OPERATED BY THE STATE OR A LOCAL GOVERNMENT THAT PROVIDES MEDICAL CARE TO THE POOR, ELDERLY, OR HANDICAPPED;

5. 6. A FACILITY IN WHICH A FEDERALLY QUALIFIED HEALTH CENTER OR A FEDERALLY QUALIFIED HEALTH CENTER LOOK-ALIKE IS LOCATED; OR

6. 7. A FACILITY IN WHICH A STATE LICENSED HEAD START PROGRAM OR EARLY HEAD START PROGRAM OPERATES.

(ii) BEFORE A FACILITY MAY ALLOW A DENTAL HYGIENIST AUTHORIZED TO PRACTICE DENTAL HYGIENE UNDER GENERAL SUPERVISION IN ACCORDANCE WITH THIS SUBSECTION TO PRACTICE IN THE FACILITY, THE FACILITY SHALL REPORT TO THE BOARD:

1. THAT THE FACILITY IS OPERATING UNDER GENERAL SUPERVISION; AND
2. THE IDENTITY OF EACH SUPERVISING DENTIST AND EACH DENTAL HYGIENIST.

[(3)] (4) A facility in which a dental hygienist is authorized to practice under the general supervision of a licensed dentist IN ACCORDANCE WITH THIS SUBSECTION shall ensure that:

- (i) The supervising dentist [in] FOR the facility:
 1. Holds an active general license to practice dentistry in the State;

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(iii) "FACILITY" INCLUDES A PROGRAM OPERATED WITHIN A FACILITY THAT IS SPECIFIED UNDER PARAGRAPH (3)(I) OF THIS SUBSECTION.

(iv) "FEDERALLY QUALIFIED HEALTH CENTER" HAS THE MEANING STATED IN 42 U.S.C. § 254B(A).

(v) "FEDERALLY QUALIFIED HEALTH CENTER LOOK-ALIKE" HAS THE MEANING STATED IN 42 U.S.C. § 1396D(L)(2)(B).

(44) (vi) "GENERAL SUPERVISION" means supervision of a dental hygienist by a dentist, where the dentist may or may not be present when the dental hygienist performs the dental hygiene procedures.

(2) (i) WHILE EFFECTIVE, A GENERAL LICENSE TO PRACTICE DENTAL HYGIENE ISSUED UNDER THIS TITLE AUTHORIZES THE LICENSEE TO PRACTICE DENTAL HYGIENE AND APPLY SEALANTS OR FLUORIDE AGENTS SUCH AS PROFESSIONAL TOPICAL FLUORIDE TREATMENTS, MOUTH RINSE, OR VARNISH:

1. UNDER GENERAL SUPERVISION IN ACCORDANCE WITH THIS SUBSECTION; AND

2. IN A FACILITY SPECIFIED UNDER PARAGRAPH (3)(I) OF THIS SUBSECTION THAT COMPLIES WITH THE REQUIREMENTS OF THIS SUBSECTION.

(ii) THIS SUBSECTION MAY NOT BE CONSTRUED TO:

1. AUTHORIZE A DENTAL HYGIENIST TO PRACTICE DENTAL HYGIENE INDEPENDENT OF A SUPERVISING DENTIST;

2. PROHIBIT A DENTIST FROM BEING AVAILABLE FOR PERSONAL CONSULTATION OR ON THE PREMISES WHERE A DENTAL HYGIENIST IS PRACTICING; OR

3. REQUIRE A WAIVER UNDER SUBSECTION (E) OF THIS SECTION.

[(2)] (3) (i) While it is effective, a general license to practice dental hygiene issued under this title authorizes the licensee to practice dental hygiene under [the] general supervision [of a licensed dentist] in:

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supervising dentist, the patient's dentist, or the treating physician evaluates the patient's medical history and determines its impact on the patient's suitability to receive oral health treatment;

2. The supervising dentist diagnoses the patient and approves the treatment plan for the patient;

3. The supervising dentist authorizes, on a patient by patient basis, a dental hygienist to practice under the general supervision of a licensed dentist.];

[4.] (V) A dental hygienist practicing under the general supervision of a licensed dentist ascertains before treating a recall patient that there has been no change in the patient's medical history;

[5.] (VI) A dental hygienist consults with the supervising dentist, the patient's dentist, or a treating physician before proceeding with treatment if there is a change in the patient's medical history; [and]

[6.] (VII) Adequate facilities and equipment are available for the delivery of dental hygiene services other than fluoride rinse [programs.] **PROGRAMS; AND**

(ii) A dental hygienist who is authorized to practice under the general supervision of a licensed dentist may apply fluoride, mouth rinse, or varnish without satisfying the requirements of subparagraph (i) of this paragraph.

(5) Before a facility operates under general supervision, the facility shall report to the Board:

(i) That the facility is operating under general supervision; and

(ii) The identity of each supervising dentist and each dental hygienist.

(6) A facility operating under general supervision shall report]

(VIII) **REPORTS** to the Board any changes in the status of the facility's general supervision, any supervising dentist, or any dental hygienist within 30 days after the change.

[(7) This subsection may not be construed to:

(i) Authorize a dental hygienist to practice dental hygiene independent of a supervising dentist; or

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2. Holds a current certificate evidencing health provider level C proficiency, or its equivalent, in cardiopulmonary resuscitation; and

3. Has at least 2 years of active clinical practice in direct patient care;

(ii) Each dental hygienist authorized to practice under the general supervision of a licensed dentist **IN ACCORDANCE WITH THIS SUBSECTION**:

1. Holds an active general license to practice dental hygiene in the State;

2. Holds a current certificate evidencing health provider level C proficiency, or its equivalent, in cardiopulmonary resuscitation; [and]

3. Has at least 2 years of active clinical practice in direct patient care; **AND**

4. IS A PERMANENT OR CONTRACTUAL EMPLOYEE OF THE FEDERAL GOVERNMENT, A STATE OR LOCAL GOVERNMENT, OR A FEDERALLY QUALIFIED HEALTH CENTER;

(iii) The facility has [a]:

1. A medical emergency plan; [and]

2. ADEQUATE EQUIPMENT, INCLUDING PORTABLE EQUIPMENT WHERE APPROPRIATE AND APPROPRIATE ARMAMENTARIUM, #S AVAILABLE FOR THE APPROPRIATE DELIVERY OF DENTAL HYGIENE SERVICES; AND

3. ADEQUATE SAFEGUARDS TO PROTECT THE PATIENT'S HEALTH AND SAFETY;

(iv) A recall patient who has been examined by a dental hygienist practicing under the general supervision of a licensed dentist will be scheduled for an oral examination every 6 months, or as otherwise recommended by the supervising [dentist.] **DENTIST;**

[(4) (i) Except as provided in subparagraph (ii) of this paragraph, a facility in which a dental hygienist is authorized to practice under the general supervision of a licensed dentist shall satisfy the following requirements:

1. Before the initial treatment of a patient by a dental hygienist practicing under the general supervision of a licensed dentist, the

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(ii) Prohibit a dentist from being available for personal consultation or on the premises where a dental hygienist is practicing.]

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect October 1, 2008.

Approved by the Governor, April 24, 2008.