

ALL APPLICATIONS MUST BE SUBMITTED VIA THE INTERNET

OHIO DEPARTMENT OF HEALTH

Bureau of Maternal, Child, and Family Health

Safety Net Dental Care Program SOLICITATION FOR FISCAL YEAR 2026 (01/01/2026 – 12/31/2026)

COMPETITIVE GRANT APPLICATION INFORMATION

100% Deliverable Funding



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I. FUNDING APPLICATION GUIDANCE

- A. **Policy and Procedures:** The Funding Application consists of multiple parts: Program Narrative or Updates(if applicable for continuation funding), Program Budget and Budget Narrative, and Other Required Attachments.

An application for an Ohio Department of Health (ODH) grant consists of several required components including utilizing the Grants Management Information System Portal (GMISPP) <https://odh.ohio.gov/about-us/funding-opportunities/resources/ofa-GMISPP>.

All the required components of a specific application must be completed and submitted by the application due date. **If any of the required components are not submitted by the due date, the application will not be considered for review.** In addition to the information maintained in GMISPP, it is also maintained at the following website: <http://supplier.ohio.gov/>.

Submission of the application constitutes acknowledgment and acceptance of ODH policy and procedures, rules, federal, state, and local laws and ordinances and any other program-specific requirements as outlined in the competitive Solicitation. This Solicitation pertains to budget period: January 1, 2026-December 31, 2026 of the total performance project period, January 1, 2026-December 31, 2028. Reference the competitive Solicitation for more information. Please note as of October 1, 2024, compliance with Uniform Grant Guidelines (UGG) is required.

First-tier Subrecipient personnel paid using the funding must complete daily timesheets. Time and Effort reporting must be completed if staff are charged to multiple funding sources.

All budget justifications must include the following language and be signed by the agency head listed in GMISPP. Please refer to the budget justification examples listed on the GMISPP bulletin board.

- The First-Tier Subrecipient understands and agrees that it must follow the federal cost principle that applies to its type of organization (2 CFR, Part 225; 2 CFR, Part 220; or, 2 CFR, Part 230).
- First-Tier Subrecipient's budgeted costs are reasonable, allowable, and allocable under ODH policy and procedures, and federal, state, and local laws, ordinances, rules and regulations.
- The First-Tier Subrecipient understands and agrees that costs may be disallowed if deemed unallowable or in violation of ODH policy and procedures, and federal, state, and local laws, ordinances, rules and regulations.
- The appropriate programmatic and administrative personnel involved in this application are aware of ODH policy regarding subawards and are prepared to establish the necessary inter-agency agreements consistent with those policies.
- The First-Tier Subrecipient agrees and understands that costs incurred in the fulfillment of the Deliverables must be allowable under ODH policy and procedures, and federal, state, and local laws, ordinances, rules and regulations to qualify for reimbursement.

B. Application Name: *Safety Net Dental Care Program*

C. Purpose:

The purpose of the Safety Net Dental Care Program is to provide access to comprehensive and emergency dental services to a significant number of Ohioans who could not afford and would not otherwise receive dental care (by offsetting a portion of the costs of providing uncompensated care) and to decrease or eliminate differences in oral health outcomes and improve access to dental care across all demographic groups. Funding will be used to assist agencies that are challenged in meeting operating expenses as a result of seeing uninsured patients. Agencies that receive funding are ones that are operating efficiently and are financially sound as evidenced by key indicators such as number of encounters, costs, revenues, etc. as specified in Attachment 3, Budget Planning Worksheets. Some characteristics of efficient and effective clinics are they provide access to care for those who need it, the care provided is patient-centered, appropriate, high quality and cost-effective and a high priority is placed on the continuity of care. The Safety Net Dental Care Program will help support efficient clinics that cannot otherwise support the mission of serving the uninsured. The Ohio Department of Health, Oral Health Program grant funds are intended to leverage other program resources to provide services.

The goal of the Safety Net Dental Care sub-grant program is to decrease or eliminate differences in oral health outcomes and improve access to comprehensive and emergency dental care services for those Ohioans who are unlikely to receive dental services in the private sector and are considered high risk for dental disease. Those at high risk include, but are not limited to, people with disabilities, those who have low incomes, are minority and/or are geographically isolated.

Program funding is allocated to support dental services to the maternal and child health (MCH) population (children through age 21 and women of childbearing age, up to age 45) and the non-MCH population (females aged 45 and older and males aged 22 and up). Funding may only be used for clients who are uninsured for dental care, have incomes at or below 200% of poverty and pay reduced fees.

The Safety Net Dental Care Program will continue to focus funds on preventive and restorative dental services. For agencies that wish to be reimbursed for dentures, a maximum of 25% of total funding requested may be requested for dentures, both MCH and non-MCH population combined (Deliverable Objectives 2 and 4). Funded agencies may charge patients who are served with ODH funds a maximum copay amount of \$40 per encounter. A maximum copay will not apply to dentures.

Eligible agencies may apply for the Deliverable Objectives for one or both populations: MCH (Deliverables 1 and 2) and non-MCH (Deliverables 3 and 4). Deliverables providing dentures are optional.

Funding to support the Safety Net Dental Care Program is derived from both state and federal sources. Up to \$665,000 is available to be awarded to an anticipated 5-6 programs. Eligible agencies may apply for funding in the competitive grant budget period (1/1/2026- 12/31/2026) for a maximum award of \$150,000. Funding for each of the continuation budget periods (1/1/2027-12/31/2027 and 1/1/2028-12/31/2028) will be based on the availability of funds. Agencies may apply for funding for one or more of the deliverables described below:

Up to \$365,000 from HRSA's Maternal and Child Health (MCH) Block Grant is available to be awarded to programs providing dental services to the MCH population (children through age 21 and women of childbearing age, up to age 45). Program funding is allocated to support services to MCH clients and may only be used for those MCH clients who are

uninsured for dental care, have incomes at or below 200% of poverty and pay reduced fees. Funded clinics may choose to be funded for one or both of the following deliverables:

1. Reimbursement for services provided to the MCH population at a rate of \$125 per encounter (required).
2. Reimbursement for dentures provided to the MCH population at the following rates (optional):
 - a. \$764.40 per complete maxillary or mandibular denture (codes D5110 and D5120).
 - b. \$391.76 per partial denture, resin (codes D5211 and D5212).
 - c. \$1,032.42 per partial denture, metal (codes D5213 and D5214).
 - d. \$386.00 per interim partial denture, one or two anterior teeth, also known as a “flipper” (codes D5820 and D5821).

Up to \$300,000 of state funds is available to be awarded to programs providing dental services to females aged 45 and older and males aged 22 and up (non-MCH population). Program funding is allocated to support services to non-MCH clients and may only be used for those non-MCH clients who are uninsured for dental care, have incomes at or below 200% of poverty and pay reduced fees. Funded clinics may choose to be funded for one or both of the following deliverables:

3. Reimbursement for services provided to the non-MCH population at a rate of \$125 per encounter (required).
4. Reimbursement for dentures provided to the non-MCH population at the following rates (optional):
 - a. \$764.40 per complete maxillary or mandibular denture (codes 5110 and D5120).
 - b. \$391.76 per partial denture, resin (codes D5211 and D5212).
 - c. \$1,032.42 per partial denture, metal (codes D5213 and D5214).
 - d. \$386.00 per interim partial denture, one or two anterior teeth, also known as a “flipper” (codes D5820 and D5821).

Technical Assistance Session

A technical assistance session (Bidders’ Conference) will be held on Monday July 9, 2025 at 2:00 p.m. via Microsoft Teams virtual meeting platform. While attendance is not required, all potential applicants are encouraged to attend the Bidders’ Conference to learn more about the Solicitation.

For more information about the Technical Assistance Session and a link to the Microsoft Teams platform, please see Appendix A, Bidders' Conference Information.

Additional Solicitation information can be found in:

- Appendix A, Bidders’ Conference Information.
- Appendix B, 2026 Deliverable Objectives Worksheet.
- Appendix C, 2026 Application Review Form.
- Appendix D, Sample Expenditure Report Form.
- Appendix E, Sample Dentures Expenditure Report Form.

D. Qualified Applicants: *Not for Profit; Higher Education; Hospitals; County Agency; City Agency; Local Schools; Other*

The following criteria must be met for out of state grant applications to be eligible for review:

1. Out of State applicants must have an office in the State of Ohio.
2. Out of State applicants must be registered with the Ohio Secretary of State's Office.
3. Out of State applicants can only serve Ohio citizens.
4. Ohio applicants will have first consideration for all ODH subgrant programs.

The following criteria must be met for grant applications to be eligible for review:

1. The Applicant does not owe funds to ODH and/or has repaid any funds due within 45 business days of the invoice date.
 2. Applicants have not been certified to the Ohio Attorney General's (AG's) office.
 3. First-Tier Subrecipients under any Federal award/contract/cooperative agreement must certify to the pass-through entity whenever applying for funds, requesting payment, and submitting financial reports: "I certify to the best of my knowledge and belief that the information provided herein is true, complete, and accurate. I am aware that the provision of false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative consequences including, but not limited to violations of U.S. Code Title 18, Sections 2, 1001, 1343 and Title 31, Sections 3729-3730 and 3801-3812." Each such certification must be maintained pursuant to the requirements of § 200.334.
 4. All applicants must abide by Whistleblower Protections as required by CFR **200.217**.
 5. Take reasonable cybersecurity and other measures to safeguard information including protected personally identifiable information (PII) and other types of information. This also includes information the Federal agency or pass-through entity designates as sensitive or other information the recipient or First-Tier Subrecipient considers sensitive and is consistent with applicable Federal, State, local, and tribal laws regarding privacy and responsibility over confidentiality.
 6. Applicant has submitted an application and all required attachments by **4:00 p.m. on Monday, 08/11/2025**
- E. **Service Area:** A safety net dental program may be designed to serve a city, county, combination of counties or other area defined by governmental subdivision of standard levels of geography (e.g., township, census tracts, etc.). Applicants serving populations located in higher need geographic areas (e.g., dental HPSAs, Appalachia, etc.) or areas with limited resources will be given priority.
- F. **Number of Grants and Funds Available:** Funding to support the Safety Net Dental Care Program subgrant program is derived from State and Federal sources. Up to \$665,000.00 is available to be awarded to 6 awardees. Eligible agencies may apply for a maximum award of \$150,000.00.

No grant award will be issued for less than **\$30,000.00**. The minimum amount is exclusive of any required matching amounts and represents only ODH funds granted. Applications submitted for less than the minimum amount will not be considered for review.

The Ohio Department of Health reserves the right to adjust the amount applied for by applicants based on the availability of funds.

G. Due Date: All parts of the application, including any required attachments, must be completed, and received by ODH electronically via GMISP by **4:00 p.m. by Monday, 08/11/2025**. Applications and required attachments received after this deadline will not be considered for review.

Contact Mona Taylor, Oral Health Access Program Coordinator, via email at mona.taylor@odh.ohio.gov or by phone at (614) 728-9236 with any questions.

H. Authorization: Authorization of funds for this purpose is contained in Amended Substitute HouseBill and/or the Assistance Listing Number .

I. Period of Performance and Budget Period: The period of performance will begin 01/01/2026 and end on 12/31/2028. The budget period for this application is 01/01/2026 through 12/31/2026.

J. Public Health Accreditation Board (PHAB) Standard(s): Identify the PHAB Standard(s) that will be addressed by grant activities. [(An example is: This grant program will address PHAB standard 3.1: Provide Health Education and Health Promotion Policies, Programs, Processes, and Interventions to Support Prevention and Wellness)]. The PHAB standards are available at the following website: <https://phaboard.org/accreditation-recognition/version-2022/>

K. Public Health Impact Statement: All First-Tier Subrecipients that are not local health districts must communicate, if applicable to the funding, with local health districts regarding the impact of the proposed grant activities on the PHAB Standards.

L. Public Health Impact Statement Summary — First-Tier Subrecipient agencies are required to submit a summary of the proposal to local health districts if applicable prior to submitting the grant application to ODH. Include with the grant application a statement of support from the local health districts, if available. If a statement of support from the local health districts is not obtained or not warranted, note this when submitting the program summary with the grant application. If a First-Tier Subrecipient agency has a regional and/or statewide focus, a statement of support should be submitted from at least one local health district, if available. The program summary, not to exceed one page, must include:

Public Health Accreditation Board (PHAB) Standard(s) to be addressed by grant activities. Please select from the following:

- i. Standard 1.3: Analyze Public Health Data to Identify Trends in Health Problems, Environmental Public Health Hazards, and Social and Economic Factors that Affect the Public's Health.
- ii. Standard 1.4: Provide and Use the Results of Health Data Analysis to Develop Recommendations Regarding Public Health Policy, Processes, Programs, or Intervention.
- iii. Standard 2.2: Contain/Mitigate Health Problems and Environmental Public Health Hazards.
- iv. Standard 3.2: Provide Information on Public Health Issues and Public Health Functions Through Multiple Methods to a Variety of Audiences.
- v. Standard 4.1: Engage with the Public Health System and the Community in Identifying and Addressing Health Problems through Collaborative Processes.
- vi. Standard 10.2: Promote Understanding and Use of the Current Body of Research Results, Evaluations, and Evidence-Based Practices with Appropriate Audiences.

- M.** ODH is committed to addressing health disparities for all Ohioans. The items below are requirements for all First-Tier Subrecipients to ensure optimal health for all Ohioans is embedded within all components of the application (e.g., Goals, Program Narrative, and Objectives.) As part of the application, First-tier sub-recipients are required to:
- i. Identify specific groups who experience a disproportionate burden of disease, health condition or health outcome targeted by this solicitation (See Ohio's State Health Assessment Ohio's health data) <https://odh.ohio.gov/wps/portal/gov/odh/explore-data-and-stats/interactive-applications/2019-online-state-health-assessment>
 - ii. Identify geographic reference points (i.e., census tracts, census block groups or zip codes) to specify where program activities are focused.
 - iii. Use direct or indirect feedback from the prioritized population, community, group, or community agency to identify specific social and environmental conditions (social determinants of health) associated with health disparities.
 - iv. Identify measurable health disparity targets that demonstrate reducing disparities and improving health outcomes are critical goals to be achieved through program activities. This information must also be supported by data.
 - v. Outline specific evaluation strategies to measure the impact of program activities on decreasing and/or addressing health disparities.
 - vi. Develop staffing plans where board members, leadership and program staff proportionally represent the population being served.
 - vii. Establish non-traditional partnerships among different sectors of the community (e.g., faith-based organizations, local industries, businesses, universities, healthcare) that can provide valuable insight, new perspective, and more effective ways to achieve program goals. Non-traditional partners create opportunities to collaborate across sectors and may serve as a new source of support for the program.
- N. Human Trafficking:** The Ohio Department of Health (ODH is committed to the elimination of human trafficking in Ohio. To support the prevention of human trafficking and service provision for human trafficking survivors, all ODH funding recipients must confirm in their application that within the first year of a new competitive award, they will comply with the following requirements:
- 1) Ensure that one or more staff persons involved in program implementation complete(s) at least one training on human trafficking. Training may be from a local human trafficking service provider, or be fulfilled by completing the Governor's Ohio Human Trafficking Task Force 50-minute online training. This training features information about the signs and indicators of human trafficking, who is impacted in Ohio, and includes interviews with responders and survivors, and how you can help make a difference. (Some professional continuing education credits are available.) Training: <https://httrain.das.ohio.gov/>
 - 2) Assess additional human trafficking crisis intervention or prevention training opportunities relevant to the funded program and implement such training as needed.
 - 3) Assess the need for human trafficking policies or protocols related to the funded program and implement them as needed.
 - 4) Provide a report to ODH listing who received training and the results of the two assessments.

☐Applicable ☐Not Applicable to Safety Net Dental Care Program

O. Appropriation Contingency: Any award made through this program is contingent upon the availability of funds for this purpose. **The First-Tier Subrecipient agency must be prepared to support the costs of operating the program in the event of a delay in grant payments.**

P. Programmatic, Technical Assistance and Authorization for Internet Submission: Agencies will receive their authorization after the posting of the Solicitation to the ODH website. Please contact Mona Taylor, Oral Health Access Program Coordinator, via email at mona.taylor@odh.ohio.gov or by phone at (614) 728-9236 for questions regarding this Solicitation.

Q. Acknowledgment: An application submitted status will appear in GMISP that acknowledges ODH system receipt of the application submission.

R. Late Applications: GMISP automatically provides a time and date system for grant application submissions. Required attachments and/or forms must be uploaded into GMISP by **Monday, 08/11/2025 at 4:00 p.m**

S. Successful First Tier Subrecipients: Successful First Tier Subrecipients will receive official notification in the form of a Notice of Award (NOA) via email and sent to the primary user in

GMISPP.

T. Unsuccessful First Tier Subrecipients: Within 30 calendar days after a decision to not fund a grant application, a notification shall be sent via GMISPP to the unsuccessful First-Tier Subrecipient.

U. Freedom of Information Act: The Freedom of Information Act (5 U.S.C.552) and the associated Public Information Regulations require the release of certain information regarding grants requested by any member of the public. The intended use of the information will not be a criterion for release. Grant applications and grant-related reports are generally available for inspection and copying except that information considered to be an unwarranted invasion of personal privacy will not be disclosed. For guidance regarding specific federal funding sources, refer to: 45 CFR Part 5 for funds from the U.S. Department of Health and Human Service; 34 CFR Part 5 for funds from the U.S. Department of Education or, 7 CFR Part 1 for funds from the U.S. Department of Agriculture

V. Ownership Copyright: Any work produced under this grant, including any documents, data, photographs and negatives, electronic reports, records, software, source code, or other media, shall become the property of ODH, which shall have an unrestricted right to reproduce, distribute, modify, maintain, and use the work produced. If this grant is funded as a whole, or in part, by the federal government, unless otherwise provided by the terms of that grant or by federal law, the federal funder also shall have an unrestricted right to reproduce, distribute, modify, maintain, and use the work produced. No work produced under this grant shall include copyrighted matter without the prior written consent of the owner, except as may otherwise be allowed under federal law. ODH must approve, in advance, the content of any work produced under this grant. All work must clearly state:

"This work is funded either in whole or in part by a grant awarded by the Ohio Department of Health, Bureau Maternal, Child and Family Health, Oral Health Program and as a sub-award of a grant issued by Health and Human Services under Title V, Maternal and Child Health Block Grant, and CFDA number 93.994."

W. Review Criteria: All proposals will be graded on the quality, clarity, and completeness of the application. Applications will be graded according to the extent to which the proposal illustrates the following:

- i. Workplan and/or logic model demonstrate how activities address health disparities.
- ii. Is responsive to policy issues and program objectives of the initiative/program/activity for which grant dollars are being made available.
- iii. Can attain program objectives.
- iv. Describe Specific, Measurable, Attainable, Realistic & Time-Phased (S.M.A.R.T.) objectives, activities, milestones, and outcomes with respect to timelines and resources.
- v. Budget and budget narrative are aligned with the program activities
- vi. Program personnel are well qualified by training and/or experience for their roles in the program, and the First-Tier Subrecipient organization has adequate facilities and personnel to reflect the communities served through grant funds.
- vii. Have an evaluation plan, including a design for determining program success and demonstrate that the community being served will be meaningfully engaged in formative and outcome evaluations.
- viii. Respond to the special conditions and program priorities specified in the Solicitation.
- ix. Have acceptable past performance related to programmatic and financial stewardship of grant funds.
- x. Explicitly identify specific groups in the service area who experience a disproportionate burden of diseases; health condition(s); or who are at an increased risk for problems addressed by this funding opportunity.

ODH will make the final determination and selection of successful/unsuccessful First-Tier Subrecipients and reserves the right to reject any or all applications for any given solicitations. All decisions are final and not appealable.

X. Reporting Requirements: Successful applicants are required to submit First-Tier Subrecipient program and expenditure reports. The reports must be received in accordance with the requirements of the OGAPP manual and this solicitation before the department releases any additional funds.

Note: Failure to ensure the quality of reporting by submitting incomplete and/or late program or expenditure reports will jeopardize the receipt of future agency payments.

Reports shall be submitted as follows:

- a. Program Reports:** First-Tier Subrecipients program reports must be completed and submitted via GMISP, as required by the subgrant program by the following dates. **Program reports that do not include required attachments will not be approved.** All program report attachments must clearly identify the authorized program name and grant number.

X ___ Program Reports Required ___ No Program Reports Required

Period	Report Due Date
January 1 - March 31, 2026	April 10, 2026
April 1 - June 30, 2026	July 10, 2026
July 1 - September 30, 2026	October 10, 2026
October 1 - December 31, 2026	January 10, 2027

Submission of First-Tier Subrecipient program reports via GMISP indicates acceptance of the OGAPP.

See section X for mandatory meeting requirements, if applicable.

- b. First-Tier Subrecipient Reimbursement Expenditure Reports:** First Tier Subrecipients can choose monthly or quarterly reimbursements (expenditure report submission) from ODH. Please note that no changes can be made to the reimbursement type during the fiscal year once the project numbers have been established in GMISP.

First-Tier Subrecipient quarterly reimbursement expenditure reports **must** be completed and submitted **via GMISP** by the following dates: **(please see example below)**.

Period	Report Due Date
January 1 - March 31, 2026	April 10, 2026
April 1 - June 30, 2026	July 10, 2026
July 1 - September 30, 2026	October 10, 2026
October 1 - December 31, 2026	January 10, 2027

Note: Obligations not reported on the final monthly or 4th quarter expenditure report will not be considered for payment with the final expenditure report.

- c. Final Expenditure Reports:** A First-Tier Subrecipient final expenditure report reflecting total expenditures for the fiscal year must be completed and submitted **via GMISP by 4:00 p.m.** on or before 02/05/2027.

The information contained in this report must reflect the program's accounting records and supportive documentation. Any cash balances must be returned with the First-Tier Subrecipient final expense report, which serves as an invoice to return unused funds.

- Submission of the Monthly/Quarterly and Final First-Tier Subrecipient expenditure reports via the GMISP system indicates acceptance of OGAPP. Clicking the "Approve" button constitutes an authorization of the submission by the agency official and serves as electronic acknowledgment and acceptance of OGAPP rules and regulations*

- d. **Special Condition(s):** Special Conditions, if applicable, are available for viewing and responding to conditions within GMISPP. The 30 business-day period, in which the First Tier Subrecipient must respond to special conditions, will begin when the link is viewable in the portal. Subsequent payments will be withheld until satisfactory responses to the special conditions or a plan describing how those special conditions will be satisfied is submitted in GMISPP.

Submission of ALL First-Tier Subrecipient program and expenditure reports via the ODH's GMISPP system indicates acceptance of rules, regulations, policy and procedures, laws, and local ordinances of ODH, state, local and federal agencies.

- AA. **Audit:** First-Tier Subrecipients currently receiving funding from the ODH are responsible for submitting an independent audit report. Every First-Tier Subrecipient will fall into one of two categories which determine the type of audit documentation required.

First-Tier Subrecipients that spend \$1,000,000 or more in federal awards per fiscal year are required to have a single audit which meets 200 CFR. The First-Tier Subrecipient must submit, a copy of the auditor's management letter, a corrective action plan (if applicable) and a data collection form (for single audits) within 30 calendar days of the receipt of the auditor's report, but no later than nine months after the end of the First-Tier Subrecipient's fiscal year. The fair share of the cost of the single audit is an allowable cost to federal awards provided that the audit was conducted in accordance with the requirements of OMB's Federal Uniform Administrative Requirements.

First-Tier Subrecipients that expend less than the \$1,000,000 threshold require a financial audit conducted in accordance with Generally Accepted Government Auditing Standards. The First-Tier Subrecipient must submit a copy of the audit report, the auditor's management letter, and a corrective action plan (if applicable) within 30 calendar days of the receipt of the auditor's report, but no later than nine months after the end of the First-Tier Subrecipient's fiscal year.

Once an audit is completed, a copy must be sent to <https://harvester.census.gov/facweb/> or to the ODH Grants Services Unit, (GSU) within 30 calendar days.

I. APPLICATION REQUIREMENTS AND FORMAT

- A. **Application Information:** Information on the applicant agency and its administrative staff must be accurately completed. This information will serve as the basis for necessary communication between the agency and ODH.
- B. **Program Budget:** Prior to completion of the budget section, reference the competitive Solicitation for unallowable costs and review criteria. Any award made through this program is contingent upon the availability of funds for this purpose. The First-tier Subrecipient agency must be prepared to support the costs of operating the program in the event of a delay in grant payments.
- **Budget Narrative:** Provide a budget justification narrative outlining how the deliverables will be met. (A budget justification example can be found in GMISPP).
 - **Primary Reason and Justification Pages (For Deliverable Grants):** Provide a detailed budget narrative describing how the categorical costs are derived. Describe the specific functions of the personnel, consultants and collaborators. Explain and justify equipment, travel (including any plans for out-of-state travel), supplies and training costs. (A budget justification example can be found on GMISPP).
 - **Personnel, Direct Costs, Equipment and Contracts:** Submit a budget with these sections and form(s) completed as necessary to support costs for the period [(Date) to

(Date)]. Funds may be used to support personnel, training, travel (see OBM website) <https://obm.ohio.gov/wps/portal/gov/obm/areas-of-interest/agency-overview/obm-travel-rule/obm-travel-rule> and supplies directly related to planning, organizing, and conducting the initiative/program/activity described in this announcement. Participant engagement and project evaluation costs can also be included as direct costs.

- All First-Tier Subrecipient personnel paid using any portion of this subaward must complete daily timesheets. Time & Effort reporting must be completed if staff are charged to multiple funding sources.
- The First-Tier Subrecipient shall retain all original fully executed Notice of Award Acceptance (NOAA) on file. A completed "Confirmation of NOAA Agreement" (CCA) must be submitted via GMISPP for each NOAA once it has been signed by both parties. All NOAA's must be signed and dated by all parties prior to any service being rendered and must be attached to the NOAA section in GMISPP. The submitted NOAA must be approved by ODH before contractual expenditures are authorized. CCAs and attached contracts cannot be submitted until the first quarter grant payment has been issued. The first-tier Subrecipient shall itemize all equipment (minimum \$10,000, unit cost value) to be purchased with grant funds in the Equipment Section.
- **Indirect Costs (Facilities and Administration):** Note to First-Tier Subrecipient position: please select one of the three options that apply. These options are available in GMISPP.
 - Use the indirect cost rate included in the agency's Indirect Cost Rate Agreement as negotiated with and approved by the federal funder. If the First-Tier Subrecipient chooses this option, then the agreement must be submitted in GMISPP as an attachment to the application.
 - If the First-Tier Subrecipient has not executed a federally approved Indirect Cost Rate Agreement, the First-Tier Subrecipient may elect to charge a de minimis rate of 15% of modified total direct costs (MTDC) which may be used indefinitely.
 - Base the budget solely upon direct costs
- **Cost-Sharing** is not required by this program. Do not include a cost share in the budget and/or the Applicant Share column of the Budget Summary. Only the narrative may be used to identify additional funding information from other resources.

OR

% is required by this program. This Cost Sharing amount must be included in the applicant share screen of the application page with a cost share plan in the narrative.

1. **[2025] Budget via GMISPP:** Complete requested budget information as follows:

- **Other Direct Costs:** Submit a budget for this section and the necessary form(s) to support costs for the period (insert dates)

The applicant shall retain all original fully executed contracts on file.

22 and older and females aged 45 and up) by December 31, 2026.

d. Program will provide dental care to ____ (#) uninsured MCH patients with low incomes (\leq 200% of poverty) who pay reduced fees by December 31, 2026.

e. Program will provide dental care to ____ (#) uninsured non-MCH patients with low incomes who pay reduced fees by December 31, 2026.

f. Program estimates ____ (#) encounters for uninsured MCH patients with low incomes who pay reduced fees by December 31, 2026.

g. Program estimates ____ (#) encounters for uninsured non-MCH patients with low incomes who pay reduced fees by December 31, 2026.

h. Program's No Show/Broken Appointment Rate will decrease by ____% to ____% by December 31, 2026, if currently greater than 15%.

i. Program estimates ____% of unduplicated patients currently have treatment plans.

j. Program will complete ____% of current treatment plans by December 31, 2026.

Program-required attachments are as follows:

- Attachment 1, 2026 Program Information and Assurances.
- Attachment 2, 2026 Program Objectives/Targets.
- Attachment 3, 2026 Budget Planning Worksheets.
- Attachment 4, 2026 Program Requirements and Verification.
- Attachment 5, 2026 Budget Justification
- Position descriptions for dental staff.
- Copies of proof of licensure/ certifications for all staff required to be licensed or certified.
- Letters of support.
- Copy of full fee schedule with CDT codes.
- Copy of sliding fee schedule.
- Copy of dental clinic's broken appointment policy.

NOTE: Competitive grant applications will not be considered without completed Attachments 1-4.

- **Compliance:** Answer each question on this form. Completion of the form ensured agency's compliance with the administrative standards of ODH and if applicable state and federal grants.

2. Unallowable Costs: Funds **may not** be used for the following:

1. To advance political or religious points of view or for fund raising or lobbying.
2. To disseminate factually incorrect or deceitful information.
3. Consulting fees for salaried program personnel to perform activities related to grant objectives.
4. Bad debts of any kind.
5. Contributions to a contingency fund.
6. Entertainment.
7. Fines and penalties.
8. Membership fees — unless related to the program and approved by ODH.
9. Interest or other financial payments (including but not limited to bank fees).
10. Contributions made by program personnel.
11. Costs to rent equipment or space owned by the funded agency.
12. Inpatient services.
13. The purchase or improvement of land; the purchase, construction, or permanent improvement of any building (unless allowable by the grant).
14. Satisfying any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds.
15. Payments to any person for influencing or attempting to influence members of Congress or the Ohio General Assembly in connection with awarding of grants.

First-Tier Subrecipients will not receive payment from ODH grant funds used for prohibited purposes. ODH has the right to recover funds paid to First-tier Subrecipients for purposes later discovered to be prohibited.

C. Other Application Requirements:

Program-Specific Attachments: Complete and submit the following attachments:

NOTE: Applications will not be considered without Attachments 1-4.

- Attachment 1, 2026 Program Information and Assurances.
- Attachment 2, 2026 Program Objectives and Targets.
- Attachment 3, 2026 Budget Planning Worksheets.
- Attachment 4, 2026 Program Requirements and Verification.
- Attachment 5, Budget Justification.
- Dental clinic staff position descriptions.
- Copies of current licensure or certification for staff required to be licensed or certified.
- Letters of support.
- Copy of full fee schedule by CDT code.
- Copy of sliding fee schedule.
- Copy of dental clinic broken appointment policy.

All attachments must be completed and submitted electronically. All attachments must clearly identify the authorized program name and GMISPP project number.

a. Other Required Documentation:

- First-Tier Subrecipients are required to maintain their current supplier information in the State of Ohio Supplier Portal. This information includes, but is not limited to, Electronic Funds Transfer (EFT), 1099 Form and current address. This information is maintained on the following website: <http://supplier.ohio.gov/>.

Note: First-Tier Subrecipients future payments will be held if the EFT information is not being properly maintained in the supplier portal.

- **Audit:** First-Tier Subrecipient agencies are responsible for submitting an audit report. Once an audit is completed, a copy must be sent to ODH via audits@odh.ohio.gov.
- **Civil Rights Review Questionnaire — EEO Survey:** The Civil Rights Review Questionnaire (EEO) Survey is a part of the Application Section. First-Tier Subrecipients must complete the questionnaire as part of the application process. This questionnaire is submitted online automatically with each application.
- **Assurances Certification:** Each First-Tier Subrecipient must acknowledge the Assurances (Federal and State Assurances for Sub-grantee) form in GMISPP. The Assurances Certification sets forth standards of financial conduct relevant to receipt of grant funds and is provided for informational purposes. The listing is not all-inclusive, and any omission of other statutes does not mean such statutes are not assimilated under this certification. Review the form and then press the “Complete” button. By submission of an application, the First-Tier Subrecipient agency agrees by electronic acknowledgment to the financial standards of conduct as stated therein.
- **Federal Funding Accountability and Transparency Act (FFATA):** All new applicants applying for ODH grant funds are required to complete the FFATA reporting form in GMISPP. Applicants must ensure that the information contained in SAM.gov, DUN & Bradstreet and the FFATA reporting form match. ODH will hold all payments if an applicant’s information does not successfully upload into the federal system.

All first-tier applicants for ODH grants are required to register in SAM.gov and submit the information in the grant application. For information about System for Award Management (SAM) and Federal Funding Accountability and Transparency Act go to <https://sam.gov/fsrs>.

- **Participant Engagement:** Community engagement activities can lead to more effective grantmaking; improved trust, transparency, accountability; and meaningful incorporation of

the knowledge, needs, and lived experiences of the affected individuals and communities into program design, implementation, and evaluation. The Uniform Grant Guidance 2 CFR 200.202 allows recipients to charge participant support as a direct cost the subaward. Participant is defined as: An individual participating in or attending program activities under a federal award, such as training or conferences, but who is not responsible for implementation of the Federal award. Individuals committing effort to the development or delivery of program activities under a federal award (such as consultants, project personnel, or staff members of a recipient or First-Tier Subrecipient) are not participants. Examples of participants may include community members participating in a community outreach program, members of the public whose perspectives or input are sought as part of a program, students, or conference attendees. Participant Support is defined as: Costs means direct costs that support participants (see definition for Participant in § 200.1) and their involvement in a federal award, such as stipends or, subsistence allowances, travel allowances, registration fees, temporary dependent care, and per diem paid directly to or on behalf of participants. Under the revised Uniform Guidance (2 CFR §§ 200.407 and 200.456), federal grant recipients no longer need prior approval to charge participant support costs as direct costs to Federal funds.

- **For Non-Profit Organizations Only:**

1. **Liability Coverage:** Liability coverage is required for all non-profit agencies. Non-profit organizations must submit documentation validating current liability coverage. Attach the current Certificate of Insurance Liability in GMISPP.
2. **Non-Profit Organization Status:** Non-profit organizations must submit documentation validating status. If changed, attach in GMISPP the Internal Revenue Services (IRS) letter approving non-tax-exempt status.

The applicant shall retain all original fully executed contracts on file. A completed “Confirmation of Contractual Agreement” (CCA) must be submitted via GMISP for each contract once it has been signed by both parties. All contracts must be signed and dated by all parties prior to any service being rendered and must be attached to the CCA section in GMISP. The submitted CCA and attached contract must be approved by ODH before contractual expenditures are authorized. CCAs and attached contracts cannot be submitted until the first quarter grant payment has been issued.

D. Required Application Appendices

1. *Project Narrative*

E. Subgrant Deliverables (if applicable)

1. ***Deliverable Objective 1***

2. ***Deliverable Objective 2***

3. Deliverable Objective 3

4. Deliverable Objective 4

III APPENDICES

Additional Appendix documents can be found in GMISP under the Solicitation's 'Resources' section

Project Narrative

Solicitation

SN26 Safety Net Dental Care Program

Description

Project Narrative (Limited to a maximum of 11 pages including the Executive Summary but excluding attachments.)

Executive Summary: (One page limit) Identify the target population, services and programs to be offered and what agency or agencies will provide those services and describe the differences in oral health outcomes and plans to decrease or eliminate those differences to improve access to dental care across all demographic groups related to this grant funding. Describe the public health problem(s) that the program will address. Describe the program goals, caries risk assessment, preventive services and treatment guidelines that will be used to reach the target population. Describe how the program will be evaluated and the agency's plan for quality assurance. Specify the program's objectives. At a minimum, these should include a) the clinic(s) hours of operation each day and the average number of hours per week available for clinical care (Attachment 1, Item #1), b) percentage of unduplicated patients who are uninsured (Attachment 1, Item #2), c) number of encounters for the target population (Attachment 2, Items # 6 and 7), d) anticipated program income and how it's estimated (Attachment 3, Patient Encounters and Revenues), and e) total program budget and proportion represented by this grant (Attachment 3, Summary).

Description of Applicant Agency/ Documentation of Eligibility/[Personnel]: Briefly discuss the applicant agency's eligibility to apply. Summarize the agency's structure as it relates to this program and, as the lead agency, how it will manage the program. Note any personnel or equipment deficiencies that will need to be addressed in order to carry out this grant. Describe plans for hiring and training, as necessary.

Describe the capacity of your organization, its personnel or contractors to communicate effectively and convey information in accordance with National Standards for Culturally and Linguistically Appropriate Services (CLAS) and Americans with disabilities Act (ADA) Standards for Effective Communication in a manner and method that is easily understood by diverse audiences. This includes persons of limited English proficiency, those who are not literate, have low literacy skills, and individuals with disabilities.

- National CLAS

Standards <https://thinkculturalhealth.hhs.gov/clas#:~:text=The%20National%20CLAS%20Standards%20are,culturally%20and%20linguistically%20appropriate%20services>.

- ADA Standards for Effective Communication, <https://www.ada.gov/effective-comm.htm>

Problem/[Need]: Identify and describe the local health status concern(s) that will be addressed by the program. Only provide national and state data if local data is not available. The specific health status concerns that the program intends to address may be stated in terms of demographics (e.g., population, location), health status (e.g., morbidity and/or mortality) or health system (e.g., accessibility, availability, affordability, appropriateness, quality of health services) indicators. The indicators should be measurable in order to serve as baseline data upon which evaluation will be based.

Clearly identify the target population. Explicitly describe segments of the target population who experience a disproportionate burden of dental disease or who are at increased risk of dental disease. Provide information about geographic location of providers if applicant is located in a higher dental need area, e.g., dental health professional shortage area (HPSA), Appalachia, or other area with limited dental resources.

Include a description of other agencies/organizations in your area also addressing this problem/need.

Methodology: In narrative form, identify the program goals, SMART process, impact, or outcome objectives and activities. Indicate how they will be evaluated to determine the level of success of the program. Describe how program activities are designed to decrease or eliminate differences in oral health outcomes and improve access to dental care across all demographic groups identified in the Problem/Need section. Complete Attachment 2, 2026 Program Objectives/Targets to identify program objectives and targets. NOTE: Objectives for reducing the broken appointment rate and completion of treatment plans are measures of program quality.

The following SMART objectives must be submitted as the objectives the agency will be working toward accomplishing in 2026 (insert numbers specific to your program):

- a. Program will serve ____ (#) total unduplicated patients by December 31, 2026.
- b. Program will provide dental care to ____ (#) unduplicated maternal and child health (MCH) patients (children through age 21 and women of reproductive age up to age 45) by December 31, 2026.
- c. Program will provide dental care to ____ (#) unduplicated non-MCH patients (males aged

BIDDERS' CONFERENCE INFORMATION

A technical assistance session (Bidders' Conference) will be held on Wednesday, July 9, 2025 at 2:00 p.m. via Microsoft Teams virtual meeting platform. While attendance is not required, all potential applicants are encouraged to attend the Bidders' Conference to learn more about the Solicitation.

The ODH will share a screen through the Microsoft Teams platform. To join the meeting, please click on the link below, "Join on your computer or mobile app." If your agency does not have Microsoft Teams, you can join on a videoconferencing device or call in to use audio only. **PLEASE NOTE: Microsoft Teams works best using Google Chrome.**

Microsoft Teams

[Join the meeting now](#)

Meeting ID: 264 786 452 923 2

Passcode: uX3JP66s

Dial in by phone

[+1 614-721-2972, 37882451#](#) United States, Columbus

Phone conference ID: 378 824 51#

Join on a video conferencing device

Tenant key: [682042763@t.plcm.vc](#)

Video ID: 114 153 962 4

ODH will attempt to record the Bidders' Conference but cannot guarantee the availability of a recording. Alternately, questions and answers from the session will be posted in the News section of the [Oral Health Program website](#).

Please contact Mona Taylor, RDH, Oral Health Access Program Coordinator via email at Mona.Taylor@odh.ohio.gov or by phone at (614) 728-9236 with questions about this Solicitation.

2026 DELIVERABLE OBJECTIVES DEFINITIONS AND WORKSHEET

The Safety Net Dental Care Program will continue to focus funds on preventive and restorative dental services. Funded agencies may charge patients who are served with ODH funds a maximum copay amount of \$40 per encounter. A maximum copay will not apply to dentures. Agencies may apply for one or all of the objectives described below. **NOTE: If choosing to provide dentures, the maximum funding for Deliverables 2 and/or 4 (combined MCH and Non-MCH clients) may not exceed 25% of the total funding request.**

Deliverable — Objective 1: Encounters/Visits Providing Dental Services to Eligible MCH Clients

Applicant agency will define the total number of encounters to be provided to clients who meet the eligibility criteria for MCH clients during the budget period. Program funding is allocated to support services to the maternal and child health (MCH) population (children through age 21 and women of childbearing age, up to age 45). The funding may only be used for MCH clients who are uninsured for dental care, have incomes at or below 200% of poverty and pay reduced fees. ODH will reimburse subrecipient agencies \$125 per encounter/visit for the target population. Subrecipient agency may charge a maximum co-pay of \$40 per encounter/visit for encounters/visits submitted to ODH for reimbursement.

Deliverable — Objective 2: Provision of Dentures to Eligible MCH Clients (Optional)

Applicant agency will define the total number and type of dentures to be provided to eligible MCH clients who meet the criteria in outlined in Deliverable 1 above during the budget period. ODH will reimburse subrecipient agencies the amount listed in Table 1 (below). A maximum co-pay does not apply to denture units submitted to ODH for reimbursement.

Deliverable — Objective 3: Encounters/Visits Providing Dental Services to Eligible Non-MCH Clients

Applicant agency will define the total number of encounters to be provided to clients who meet the eligibility criteria for non-MCH clients during the budget period. Program funding is allocated to support services to the non-maternal and child health (Non-MCH) population (females aged 45 and older and males aged 22 and up). The funding may only be used for non-MCH clients who are uninsured for dental care, have incomes at or below 200% of poverty and pay reduced fees. ODH will reimburse subrecipient agencies \$125 per encounter/visit for the target population. Subrecipient agency may charge a maximum co-pay of \$40 per encounter/visit for encounters/visits submitted to ODH for reimbursement.

Deliverable — Objective 4: Provision of Dentures to Eligible Non-MCH Clients (Optional)

Applicant agency will define the total number and type of dentures to be provided to eligible non-MCH clients who meet the criteria as outlined in Deliverable 3 above during the budget period. ODH will reimburse subrecipient agencies the amounts listed in Table 1 (below). A maximum co-pay does not apply to denture units submitted to ODH for reimbursement.

APPENDIX B

TABLE 1
WORKSHEET TO ESTIMATE BUDGET FOR SAFETY NET DELIVERABLES

Deliverable – Objective 1 (Encounters for MCH Population)		
Deliverable Objective 1 – Patient Encounters	# encounters x \$125 each	\$
Total Deliverable Objective 1		\$
Deliverable – Objective 2 (Dentures for MCH Population)		
Deliverable Objective 2a – Complete Denture Units (D5110, D5120)	# units x \$764.40 each	\$
Deliverable Objective 2b – Partial Denture Units, Resin (D5211, D5212)	# units x \$391.76 each	\$
Deliverable Objective 2c – Partial Denture Units, Metal (D5213, D5214)	# units x \$1,032.42 each	\$
Deliverable Objective 2d – Interim Partial Denture Units (D5820, D5821)	# units x \$386 each	\$
Total Deliverable Objective 2		\$
Deliverable – Objective 3 (Encounters for Non-MCH Population)		
Deliverable Objective 3 – Patient Encounters	# encounters x \$125	\$
Total Deliverable Objective 3		\$
Deliverable – Objective 4 (Dentures for Non-MCH Population)		
Deliverable Objective 4a – Complete Denture Units (D5110, D5120)	# units x \$764.40 each	\$
Deliverable Objective 4b – Partial Denture Units, Resin (D5211, D5212)	# units x \$391.76 each	\$
Deliverable Objective 4c – Partial Denture Units, Metal (D5213, D5214)	# units x \$1,032.42 each	\$
Deliverable Objective 4d – Interim Partial Denture Units (D5820, D5821)	# units x \$386 each	\$
Total Deliverable Objective 4		\$
TOTAL OTHER DIRECT COSTS BUDGET (Deliverable Objectives 1-4) = \$		

NOTE: After completing worksheet, transfer the total for each deliverable objective to Attachment 5, Budget Justification.

APPENDIX C

2026 APPLICATION REVIEW FORM SAFETY NET DENTAL CARE PROGRAM

Applicant Agency _____		Total Budget Request _____	
Grant Number _____		Reviewer Name _____	
Application Quality	Maximum Score	Reviewer Score	Notes
<input type="checkbox"/> Proposal is well organized and clearly written.	2		
<input type="checkbox"/> Proposal is complete with all required attachments, including: <ul style="list-style-type: none"> • Attachments 1 – 5 • Position descriptions • Copies of proof of licensure/certifications • Letters of support • Copy of full fee schedule with CDT codes • Copy of sliding fee schedule • Copy of dental clinic's broken appointment policy 	2		
<input type="checkbox"/> Proposal adheres to solicitation guidance regarding formatting requirements	1		
Total Application Quality	5		
Project Narrative: Executive Summary	Maximum Score	Reviewer Score	Notes
<input type="checkbox"/> Outlines the program's goals and objectives.	1		
<input type="checkbox"/> Estimates number of unduplicated patients from the target population to be served.	1		
<input type="checkbox"/> Provides a realistic estimate of the total number of encounters for target population proposed for funding by the grant.	1		

APPENDIX C

<input type="checkbox"/> Describes how the program will be evaluated and the agency's plan for quality assurance.	1		
<input type="checkbox"/> Specifies total program budget and proportion represented by the grant.	1		
Total Executive Summary	5		
Project Narrative: Description of Applicant Agency/Documentation of Eligibility/Personnel	Maximum Score	Reviewer Score	Notes
<input type="checkbox"/> Summarizes agency's eligibility to apply and its structure as it relates to management of this grant program.	3		
<input type="checkbox"/> Describes agency's experience operating safety net dental clinics and its capacity to fulfill the needs and requirements of the project, in particular adequate staffing as defined in <i>Attachment 4, Program Requirements and Verification</i> .	3		
<input type="checkbox"/> Describes personnel and their qualifications to implement and carry out this project, as well as plans for hiring additional staff.	3		
<input type="checkbox"/> Demonstrates agency's commitment to reflect the communities they serve, increasing health access to underserved populations.	1		
Total Applicant Agency/Documentation of Eligibility/Personnel	10		
Project Narrative: Problem/Need	Maximum Score		Notes
<input type="checkbox"/> Identifies, describes and provides data about access to dental care issues for the target population in the service area.	1		
<input type="checkbox"/> Describes the segments of the target population who experience demographic differences in oral health and who are at high risk for dental disease.	2		
<input type="checkbox"/> Describes other agencies in the service area addressing access to dental care issues and how this project will remedy gaps.	2		

APPENDIX C

Total Problem/Need	5		
Project Narrative: Methodology	Maximum Score	Reviewer Score	Notes
<input type="checkbox"/> Describes SMART objectives and completed <i>Attachment 2, 2026 Program Objectives/Targets</i> .	2		
<input type="checkbox"/> Describes plan for accomplishing objectives and indicates how objectives will be evaluated in order to determine the program's success, including specific evaluation strategies to measure the impact of program activities on decreasing and/or eliminating differences in oral health outcomes and improving access to dental care across demographic groups.	2		
<input type="checkbox"/> Describes measurable health targets that demonstrate decreasing or eliminating differences in oral health outcomes and improving access to dental care across demographic groups.	2		
<input type="checkbox"/> Demonstrates a staffing plan that ensures opportunities for underserved populations to access care. Refer to <i>Attachment 4, Program Requirements and Verification</i> .	2		
<input type="checkbox"/> Demonstrates consistency with <i>Attachment 4, Program Requirements and Verification</i> , including: <ul style="list-style-type: none"> • Clinical comprehensive and emergency dental care is available for at least 36 hours per week (25 hours for school-based programs is acceptable). • Services are comprehensive in scope. • Services are available at convenient hours (e.g., evenings, weekends) for patients. • Children are served without a minimum age restriction • Program demonstrates a commitment to provide diagnostic and preventive services based on individual patient risk assessment. • Program demonstrates a commitment to provide routine periodontal screening as part of the oral health evaluation in order to determine the periodontal status of all patients, as well as appropriate follow-up care. • Program assures care is provided using the “quadrant 	12		

APPENDIX C

<p>dentistry” standard of care in order to minimize the number of encounters and avoid “churning” (maximizing the amount of revenue by maximizing the number of encounters).</p> <ul style="list-style-type: none"> • Program demonstrates a commitment to make care accessible by: <ul style="list-style-type: none"> a) Ensuring clinical services are accessible to patients with disabilities and that clinic staff ask patients if they require disability accommodations in advance of their appointments. b) Ensuring all Medicaid-eligible patients are enrolled in a Medicaid Managed Care Plan, providing assistance as necessary. c) Billing Medicaid or Medicaid Managed Care Plans for all eligible services. d) Utilizing funds from Medicaid to support the program. e) Utilizing a sliding fee scale or other fee arrangements that makes care affordable for low-income patients. f) Assuring no one is denied care based on an inability to pay. g) Assuring no one is denied care based on disability (physical, cognitive or sensory) and that services are accessible to patients with disabilities. • Program documents collaboration with other agencies within the community or in neighboring communities, as appropriate. • Program has developed and implemented policies and procedures to assess, maintain and improve the quality of clinical services provided, as well as administrative processes and systems in order to support the provision of high-quality clinical care. • Program assures services are being provided consistent with CDC’s current <i>Dental Infection Prevention and Control</i> recommendations. • Applicant provides a realistic plan for, and commitment to, sustaining the program after the grant period. 			
Total Methodology	20		
Project Narrative: Objectives/Targets (Appendix G)	Maximum Score	Reviewer Score	Notes
<input type="checkbox"/> Attachment 2, 2026 Program Objectives/Targets is completed and	2		

APPENDIX C

includes appropriate numbers or percentages			
<input type="checkbox"/> Targets set by agency are reasonable and achievable based on agency's clinic size, staffing and current CDC guidance for providing dental care during COVID-19.	3		
Total Objectives/Targets	5		
Budget	Maximum Score	Reviewer Score	Notes
<input type="checkbox"/> The required <i>2026 Budget Planning Worksheets</i> (Attachment 3) are <u>completed</u> .	1		
<input type="checkbox"/> Budget Justification is completed (Attachment 5) and deliverable objective language is consistent with <i>Appendix B, Deliverable Objectives Worksheet</i> in the Solicitation.	1		
<input type="checkbox"/> Budget elements are consistent with other information in application (e.g. program narrative and budget justification).	2		
<input type="checkbox"/> Budget Planning Worksheets provide accurate information about all sources of revenue and expenses, neither overestimating nor underestimating expenses and revenues.	3		
<input type="checkbox"/> Budget Planning Worksheets demonstrate efficient clinic operations (e.g., adequate staffing and encounters for clinic size, low bad debt, etc.).	5		
<input type="checkbox"/> Program has minimum staffing of 1.0 FTE dentist, 1.0 FTE hygienist and 2.0 FTE dental assistants for every three chairs. If employing an EFDA, an additional chair is recommended. Assures clinical staff are working at the top of their license(s).	5		
<input type="checkbox"/> Program employs one or more FTE expanded functions dental auxiliary EFDA.	5		
<input type="checkbox"/> Minimum required encounters/visits per FTE as defined in the Solicitation are estimated in the <i>Encounters</i> worksheet (2,500-3,200 visits per FTE dentist; 1,300-1,600 visits per FTE hygienist).	2		

APPENDIX C

<input type="checkbox"/> The sum of payer source percentages in the <i>Revenues</i> worksheet equals 100%.	1		
<input type="checkbox"/> If agency is an FQHC, a portion of federal 330 grant funds are being used to support the dental program as evidenced in section II of the <i>Revenues</i> worksheet, <i>Non-Patient Care Revenue Sources</i> , as well as documenting enhanced Medicaid reimbursement for Medicaid encounters in <i>Patient Care Revenue</i> .	2		
<input type="checkbox"/> Proposal does not use grant funds to supplant existing funds.	1		
<input type="checkbox"/> Program leverages ODH dollars with funds from other sources.	2		
<input type="checkbox"/> Program demonstrates a financial shortfall in the BPW <i>Summary</i> .	5		
Total Budget	35		
Provision of Uncompensated Care	Maximum Score	Reviewer Score	Notes
<input type="checkbox"/> Program demonstrates a financial shortfall (as supported by <i>Attachment 3, Budget Planning Worksheets</i>) due to serving a significant number of uninsured, low-income patients who pay reduced fees (the greater the proportion of uninsured patients served, the more points received).	10		
<input type="checkbox"/> Program demonstrates a commitment to serving uninsured patients by reducing fees to such an extent that care becomes affordable for the poorest clients (the greater fees are reduced, the more points are received).	10		
Total Provision of Uncompensated Care	20		
Past Performance			
Program demonstrated acceptable past performance, if previously funded. Acceptable past performance includes:			

APPENDIX C

<input type="checkbox"/> Meeting objectives/targets or making acceptable progress toward objectives/targets as outlined in the agency's proposal or agreed to with the Oral Health Program.	4		
<input type="checkbox"/> Spending ODH grant funds in accordance with approved budget.	2		
<input type="checkbox"/> Submitting timely, complete, accurate and reasonable program and expenditure reports.	2		
<input type="checkbox"/> Responding to special conditions in a timely manner.	2		
Total Past Performance	10		
TOTAL POINTS	115		

BRIEF SUMMARY OF APPLICATION:

ANY SIGNIFICANT STRENGTH OR WEAKNESS OF APPLICATION:

APPENDIX D

[illegible]

stainless steel crowns:
pulp therapy (endodontics):
extractions:
partial dentures:
dentures:
emergency care:
other (explain):

3b. Referrals will be made for (place an "X" next to all that apply):

endodontics:
extractions:
periodontics:
other (explain):

4. Will your program fully comply with all provisions of the Dental Practice Act: Ohio Revised Code Chapter 4715. (laws), and Ohio Administrative Code Chapter 4715. (rules)?

Yes:
No:

5. Will your program fully comply with all provisions of the Health Insurance Portability and Accountability Act (HIPAA)?

Yes:
No:

6. The Occupational Safety and Health Administration (OSHA) requires that dental staff receive infection control training annually.

- a) Who will provide the training?
- b) Date of the training?
- c) Will your staff be provided with a written protocol for infection control?

Yes:
No:

7. Will your program provide services consistent with the Centers for Disease Control and Prevention (CDC) *Dental Infection Prevention and Control* recommendations?

Yes:
No:

8. What are the number of operatories:

- a) combined total of all dental clinic locations?
- b) per dentist per typical clinic session?
- c) per dental hygienist per typical clinic session?
- d) that are unused for a significant amount of time?

9. Has your agency made efforts to leverage ODH dollars with funds and resources from other sources?

Yes:
No:

If yes, describe the efforts and outcomes. Attach documentation of other funding commitments to the program.

10. Is there a dental assistant and/or dental hygienist who is trained in Expanded Functions (EFDA)?

Yes:
No:

11. Describe scheduling practices (e.g., length of appointment determination, double-booking appointments):

12. Describe your agency's broken appointment/"no show" policy:

13. What is your dental clinic's current rate of broken appointment/"no shows"?

14. What is the goal and method to improve the broken appointment/"no show" rate?

15. How are canceled appointments (canceled at least 24 hours before scheduled appointment time) filled?

16a. How long does it take to get an appointment for:

- a) a new patient?
- b) recall?
- c) emergency?
- d) follow-up restorative care?

16b. Is there a waiting list?

Yes:
No:

If yes, how many names are on it?

17. How does your office handle emergency patients, with regard to the daily schedule?

18. How is productivity measured? (place an "X" next to all that apply)

- a) by number of encounters per dentist or dental hygienist
- b) by charges generated per dentist or dental hygienist
- c) time spent seeing patients/dentist or dental hygienist
- d) services provided per dentist or dental hygienist
- e) Other (describe):

19a. Are productivity reports generated on a regular basis?

Yes:
No:

19b. If so, how frequently?

19c. Is practice management software used?

Yes:

No:

If yes, name of software:

ATTACHMENT 2**2026 SAFETY NET DENTAL CARE PROGRAM OBJECTIVES/TARGETS**

Agency Name:	
Proposal Number:	

PROGRAM OBJECTIVES/TARGETS	NUMBER OR PERCENTAGE
1. Estimate the total number of unduplicated patients the dental program (all clinics) will serve during calendar year (CY) 2026.	
2. Estimate the total number of unduplicated maternal and child health (MCH) patients (children through age 21 and women of childbearing age up to age 45) to be served by the dental program in CY2026.	
3. Estimate the total number of unduplicated non-MCH patients (men aged 22 and up, women aged 45 and older) to be served by the dental program in CY2026.	
4. Estimate the total number of uninsured MCH patients with low incomes who pay reduced fees to be served by the dental program in CY2026.	
5. Estimate the total number of uninsured non-MCH patients with low incomes who pay reduced fees to be served by the dental program in CY2026.	
6. Estimate the total number of encounters for uninsured MCH patients with low incomes who pay reduced fees in CY2026.	
7. Estimate the total number of encounters for uninsured non-MCH patients with low incomes who pay reduced fees in CY2026.	
8. If program's current "No Show/Broken Appointment" rate is >15%, estimate the reduction in rate for CY2026.	
9. Estimate the percentage of patients who currently have treatment plans.	
10.Of those with current treatment plans, estimate the percentage of treatment plans the program will complete in CY2026.	

ATTACHMENT 3

DIRECTIONS FOR USING THE 2026 SAFETY NET DENTAL CARE PROGRAM BUDGET PLANNING WORKSHEETS (1/1/2026 - 12/31/2026)

There are four budget worksheets contained in this file. Each worksheet has a tab below. Click on the tab to activate the worksheet.

PLEASE NOTE:

COMPLETE THIS FOR THE BUDGET PERIOD OF 12 MONTHS.

Please be certain to submit this completed file with your application.

- STEP 1** Open the Expenses worksheet. **Type your agency name in cell A1** (automatically enters information in the other worksheets). Complete the **unshaded** cells. Column F should represent the total budget.
- STEP 2** Open the Patient Encounters worksheet. Complete the **unshaded** cells. Do not count "hygiene checks" as a dentist patient encounter. The total number of patient encounters will automatically appear on the Revenue worksheet.
- STEP 3** Open the Revenue worksheet. Complete the **unshaded** cells. Estimated number of encounters/year is the total number of Dentist/Hygienist patient visits per year calculated in the Patient Encounters worksheet. Be sure the percent of encounters total 100%. **Do not include funds you're requesting from the ODH Safety Net Dental Care Program in your estimated revenues.**
- STEP 4** Summary - "The Bottom Line" worksheet. You do not need to enter any figures into this worksheet. All numbers are automatically imported from the Expenses and Revenue worksheets.

General Notes: If you see a **red triangle** in the upper-right hand corner of a cell, roll your mouse pointer over the cell for an explanation or instructions on that item. If you click in the cell, you can then right-click, highlight "show comment" and the comment box will remain displayed even if you move your mouse. You can right-click again, and select "Hide Comment".

If the print in a comment box is too small, increase the magnification by:

- clicking "File" on your menu bar at the top of your screen,
- click "Zoom",
- select a higher percentage or enter a higher number next to "Custom."

Any references to "chapters", "sections", "topics", or "additional resources" refer to information that can be found in the online Safety Net Dental Clinic Manual.

<https://www.dentalclinicmanual.com/>

If you need to add any rows in the Expenses, Patient Encounters, or Revenue worksheets, contact the Oral Health Access Program Coordinator at (614) 728-9236 for assistance. We will help you be certain that your changes are reflected in any cells which calculate totals or sub-totals.

4/25/2025

Agency name and GMIS #:		ATTACHMENT 3: 2026 Safety Net Dental Care Program Budget Planning Worksheet--Projected Expenses			
INSERT PROGRAM-SPECIFIC ESTIMATES IN UN-SHADED CELLS					
EXPENSES					Total Program Budget
I. Start-up Costs					
Construction/Remodeling Cost					
# of square feet		0			
Cost per square foot		\$0			\$0
Dental Equipment Costs					
Large Equipment (See Dental Clinic Comparison Chart in Ch. 2) or enter your own figures per dental supply company.					\$0
Supplies, Instruments and Small Equipment (See Dental Clinic Comparison Chart in Ch. 2) or enter your own figures per dental supply company. (\$14,000-\$15,000/operator)					\$0
Office Equipment					
Modular Furniture					\$0
Record Filing System					\$0
Phone/intercom system					\$0
Computer/data/billing					\$0
Copier/fax					\$0
Supplies					\$0
Office Equipment Subtotal					\$0
START-UP COSTS TOTAL					\$0
II. Operating Expenses					
Personnel					
Salaries		Annual Salary	% Dental	FTE (40hrs/wk=1.0 FTE)	
Executive Director		\$0	0%	0.0	\$0
Financial Officer		\$0	0%	0.0	\$0
Other		\$0	0%	0.0	\$0
Billing Clerk		\$0	0%	0.0	\$0
Dental Director		\$0	0%	0.0	\$0
Clinical Dentist(s)		\$0	0%	0.0	\$0
Dental Hygienist(s)		\$0	0%	0.0	\$0
EFDA(s)		\$0	0%	0.0	\$0
Dental Assistants		\$0	0%	0.0	\$0
Receptionist		\$0	0%	0.0	\$0
Salaries Subtotal					\$0
Total Fringe Benefit Rate (%):				0%	
Fringe Benefits					\$0
Personnel Total					\$0
Miscellaneous Operating Expenses					
Contracts					
Dentist		\$0	0%	0.0	\$0
		QTY	Unit Price		
Clinical Supplies (# of operatories x \$/operator)		0	\$0		\$0
Office Supplies					\$0
Equipment Maintenance (# of operatories x \$/operator)		0	\$0		\$0
Housekeeping					\$0
Utilities					\$0
Rent/Mortgage (months/yr x \$/mo.)		0	\$0		\$0
Staff Training					\$0
Lab fees					\$0
Copying and Postage					\$0
Share of audit					\$0
Communications (telephone, internet)					\$0
Insurance					\$0
Equipment Depreciation					\$0
Equipment Reserve Fund					\$0
Other--list:					\$0
Financial Services					\$0
Building and Grounds Maintenance					\$0
Fees, Registrations, Taxes and Advertising					\$0
					\$0
					\$0
Miscellaneous Operating Expenses Subtotal					\$0
TOTAL START-UP EXPENSES					\$0
TOTAL ANNUAL OPERATING EXPENSES					\$0

Agency name and GMIS #:		ATTACHMENT 3: 2026 Safety Net Provider Information and Patient Encounters						
		# patient visits per day (do not include "hygiene checks")	# days per week worked	# patient visits per week	# weeks per month worked	# patient visits per month	# months worked per year	# patient visits per year
Dentist								
Dentist 1		0.0	0.0	0.0	0.0	0.0	0.0	0.0
Dentist 2		0.0	0.0	0.0	0.0	0.0	0.0	0.0
Dentist 3		0.0	0.0	0.0	0.0	0.0	0.0	0.0
Dentist 4		0.0	0.0	0.0	0.0	0.0	0.0	0.0
Dentist 5		0.0	0.0	0.0	0.0	0.0	0.0	0.0
		0.0	0.0	0.0	0.0	0.0	0.0	0.0
		0.0	0.0	0.0	0.0	0.0	0.0	0.0
		0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total				0.0		0.0		0.0
		# patient visits per day	# days per week worked	# patient visits per week	# weeks per month worked	# patient visits per month	# months worked per year	# patient visits per year
Dental Hygienist								
RDH 1		0.0	0.0	0.0	0.0	0.0	0.0	0.0
RDH 2		0.0	0.0	0.0	0.0	0.0	0.0	0.0
RDH 3		0.0	0.0	0.0	0.0	0.0	0.0	0.0
RDH 4		0.0	0.0	0.0	0.0	0.0	0.0	0.0
		0.0	0.0	0.0	0.0	0.0	0.0	0.0
		0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total				0.0		0.0		0.0
Dentist/Hygienist Total				0.0		0.0		0.0

4/25/2025

Agency name and GMIS #:		ATTACHMENT 3: 2026 Safety Net Program Budget Planning Worksheet - PROJECTED REVENUES							
INSERT PROGRAM-SPECIFIC ESTIMATES IN UN-SHADED CELLS									
REVENUES	Column: B	C	D	E	F	G	H	I	J
I. Patient Care Revenue		0							
Estimated number of encounters/year									
A. Non-Medicaid		% of encounters	# of encounters	Avg Charge/ encounter	Total Charges (D*E)	Average Adjustment/ encounter (E-I)	Total Charge Reductions (D*G)	Adjusted charge/ encounter	Amount To Be Billed (D*I)
Self-pay:									
Full		0%	0	\$0	\$0	\$0	\$0	\$0	\$0
Sliding Fee Schedule		0%	0	\$0	\$0	\$0	\$0	\$0	\$0
Minimum		0%	0	\$0	\$0	\$0	\$0	\$0	\$0
Commercial Insurance :									
Indemnity (Fee-for-service)		0%	0	\$0	\$0	\$0	\$0	\$0	\$0
Other (HMO - PPO)--List dental plans:									
		0%	0	\$0	\$0	\$0	\$0	\$0	\$0
		0%	0	\$0	\$0	\$0	\$0	\$0	\$0
		0%	0	\$0	\$0	\$0	\$0	\$0	\$0
Non-Medicaid Revenue Subtotal					\$0		\$0		\$0
B. Medicaid									
ODJFS Fee-for-Service		0%	0	\$0	\$0	\$0	\$0	\$0	\$0
			# of adult co-pay encounters	Rate					Amount to Be Billed (D*E)
Adult Patient Co-pay (\$3.00) for ODJFS Fee-for-Service Payments			0	\$3					\$0
		% of encounters	# of encounters	Avg Charge/ encounter	Total Charges (D*E)	Average Adjustment/ encounter (E-I)	Total Charge Reductions (D*G)	Adjusted charge/ encounter	Amount To Be Billed (D*I)
Managed Care Plans (MCP)--(List):									
		0%	0	\$0	\$0	\$0	\$0	\$0	\$0
		0%	0	\$0	\$0	\$0	\$0	\$0	\$0
		0%	0	\$0	\$0	\$0	\$0	\$0	\$0
		0%	0	\$0	\$0	\$0	\$0	\$0	\$0
		0%	0	\$0	\$0	\$0	\$0	\$0	\$0
		0%	0	\$0	\$0	\$0	\$0	\$0	\$0
		0%	0	\$0	\$0	\$0	\$0	\$0	\$0
		0%	0	\$0	\$0	\$0	\$0	\$0	\$0
FQHCs and look-alikes only:				0					
ODJFS wrap-around (FQHCs only)			0	\$0					\$0
				Rate					Amount to Be Billed (D*E)
Prospective Payment System (FQHCs and look-alikes only)--PPS		0%	0	\$0					\$0
Medicaid Revenue Subtotal									\$0
PATIENT CARE REVENUE TOTAL									\$0
II. Non-Patient Care Revenue Sources									
A. Grants and Contracts									
Federal									\$0
State									\$0
City/County									\$0
Foundation(s):									\$0
									\$0
									\$0
									\$0
Grants and Contracts Subtotal									\$0
B. Fundraising									
Individual Donations									\$0
Corporate Donations									\$0
Events									\$0
Other									\$0
Fundraising Subtotal									\$0
NON-PATIENT CARE REVENUE TOTAL(excluding ODH Safety Net funds)									\$0
REVENUE (ALL SOURCES - excluding ODH Safety Net funds)									\$0

REVENUES

I. PATIENT CARE REVENUE

A. Non-Medicaid

Self-Pay:

Full	\$0
Sliding Fee Schedule	\$0
Minimum	\$0

Commercial Insurance:

Indemnity (Fee-for-service)	\$0
-----------------------------	-----

Other (HMO - PPO)--plans:

0	\$0
0	\$0
0	\$0

B. Medicaid

Managed Care Counties

ODJFS Fee-for-Service	\$0
-----------------------	-----

Adult Patient Co-pay (\$3.00) for ODJFS Fee-for-Service payments	\$0
--	-----

Managed Care Plans (MCP):

0	\$0
0	\$0
0	\$0
0	\$0
0	\$0
0	\$0
0	\$0
0	\$0
0	\$0
0	\$0

FQHCs and look-alikes only:	\$0
-----------------------------	-----

ODJFS wrap-around (FQHCs only)	\$0
--------------------------------	-----

PATIENT CARE REVENUE TOTAL	\$0
----------------------------	-----

II. NON-PATIENT CARE REVENUE (exclude Safety Net grant)

Grants & Contracts	\$0
--------------------	-----

Fundraising	\$0
-------------	-----

NON-PATIENT CARE REVENUE TOTAL	\$0
--------------------------------	-----

EXPENSES

I. Start-up Costs

Construction/Remodeling Cost	\$0
------------------------------	-----

Large Equipment	\$0
-----------------	-----

Supplies, Instruments and Small Equipment	\$0
---	-----

Office Equipment	\$0
------------------	-----

START-UP COSTS TOTAL	\$0
----------------------	-----

II. Operating Expenses

A. Personnel

Salaries	\$0
----------	-----

Fringe Benefits	\$0
-----------------	-----

PERSONNEL TOTAL	\$0
-----------------	-----

B. Miscellaneous Operating Expenses

Contracts	\$0
-----------	-----

Clinical Supplies	\$0
-------------------	-----

Office Supplies	\$0
-----------------	-----

Equipment Maintenance	\$0
-----------------------	-----

Housekeeping	\$0
--------------	-----

Utilities	\$0
-----------	-----

Rent/Mortgage	\$0
---------------	-----

Staff Training	\$0
----------------	-----

Lab fees	\$0
----------	-----

Copying and Postage	\$0
---------------------	-----

Share of audit	\$0
----------------	-----

Communications	\$0
----------------	-----

Insurance	\$0
-----------	-----

Depreciation	\$0
--------------	-----

Equipment Reserve Fund	\$0
------------------------	-----

Other--list:	\$0
--------------	-----

Financial Services	\$0
--------------------	-----

Building and Grounds Maintenance	\$0
----------------------------------	-----

Fees, Registrations, Taxes and Advertising	\$0
--	-----

0	\$0
---	-----

0	\$0
---	-----

MISCELLANEOUS OPERATING EXPENSES TOTAL	\$0
--	-----

The Bottom Line				
Non-patient Care REVENUE	\$0		TOTAL START-UP EXPENSES	\$0
Patient Care REVENUE	\$0		TOTAL ANNUAL OPERATING EXPENSES	\$0
SHORT			\$0.00	

Safety Net Dental Care Program Requirements

1. Program provides comprehensive and emergency dental care services for a significant number of patients who are uninsured or covered by Medicaid or a Medicaid-contracting managed care plan. The projected number of patients should provide detailed assumptions underlying that projection.
2. Application estimates the number and percentage of maternal and child health (MCH) population that includes children through age 21 and women of childbearing age up to age 45. *Applicant assures care is available to children without a minimum age restriction.*
3. Application estimates the number and percentage of the non-MCH population to be served. This population includes males aged 22 and older and females aged 45 and up.
4. Application demonstrates collaboration among community partners. Agencies may choose to partner with neighboring communities to create target populations and service areas that meet the Solicitation criteria.
5. Clinical comprehensive and emergency dental care, including restorative care, is regularly available at least 36 hours per week (25 hours for school-based programs) and yields a number of patient visits equivalent to or more than a full-time practice (2,500-3,200 visits per full-time dentist and 1,300-1,600 visits per full-time hygienist). A proportionally reduced number of patient visits are allowable for school programs based on the program's actual FTEs. In addition, a reduced number of patient visits of 2,000 per FTE per year is allowable for dental residents participating in a dental residency program.
6. Comprehensive dental care is the coordinated delivery of the total dental care needed to meet each patient's oral health needs, recognizing that there are often a range of alternatives to restore function and freedom from pain and infection. Clinical comprehensive dental services provided must include:
 - a. Diagnostic/preventive care (e.g., exams, x-rays, cleanings, sealants, fluoride treatments, etc.). Program demonstrates commitment to assess the individual caries risk of all clients and to provide preventive services consistent with that risk level and published guidelines of a reputable agency or organization. For example, it is important to individualize the clinic's recall system according to the patient's risk level. Some patients may need appointments less frequently than the standard six-month recall schedule, while a few others may need more frequent recall appointments. In addition, the program demonstrates a commitment to provide routine periodontal screening as part of the oral health evaluation to determine the periodontal status of all adult clients using tools and guidelines of a reputable agency or organization. The screening should identify patients who need a more comprehensive assessment, as well as those who may require more extensive periodontal therapy.
 - b. Emergency care (e.g., extractions, pain relief, trauma care, etc.).
 - c. Restorative care (e.g., amalgam and resin restorations, stainless steel crowns and pulpotomies for children, etc.).

ATTACHMENT 4

- d. Provision must be made for other services (e.g., dentures, partials, periodontal therapy, etc.) when essential.
7. Program will provide services using the “quadrant dentistry” standard of care in order to minimize the number of encounters and avoid “churning” (maximizing revenues by maximizing the number of encounters).
8. Ensure services are available at convenient hours (e.g., evenings, weekends, etc.) for the patients. If no evening or weekend hours are available, justification must be provided.
9. Demonstrate a commitment to make dental care accessible by:
 - a. Ensuring that dental services are accessible to patients with disabilities and that clinic staff ask patients if they require disability accommodations in advance of their appointments.
 - b. Ensuring all Medicaid-eligible patients are enrolled in the program, providing assistance, as necessary.
 - c. Billing Medicaid or the appropriate Medicaid-contracting managed care plan for all eligible services.
 - d. Using funds collected from Medicaid to support the program.
 - e. Utilizing a sliding fee schedule (SFS) or offering other fee arrangements that makes care affordable for low- income patients.
 - f. Assuring no one is denied care based on inability to pay.
 - g. Assuring no one is denied care based on disability (physical, cognitive or sensory) and that services are accessible to patients with disabilities.
10. Reflect accurate information about all sources of revenue and expenses on the Budget Planning Worksheets (Attachment 3).
11. Utilize Section 330 grant funds to provide partial support to the dental clinic if agency is a federally qualified health center (FQHC). Indicate these funds on the *Revenues* tab of the Budget Planning Worksheets (Attachment 3).
12. Demonstrate efficient clinic operations as evidenced by the reasonable and measurable key indicators specified in Attachment 3, Budget Planning Worksheets. Efficient clinics must have adequate and appropriate staffing as recommended by nationally recognized safety net dental clinic resources (e.g., Safety Net Dental Clinic Manual).

At a minimum, a 3-chair clinic must have 1.0 FTE dentist, 1.0 FTE dental hygienist and 2.0 FTE dental assistants. ODH recommends clinics utilize expanded functions dental auxiliaries (EFDAs) to achieve optimal efficiency and productivity. Program assures all clinical staff are working at the top of their licenses.
13. Program has developed and implemented policies and procedures to assess, maintain and improve the quality of clinical services provided, as well as administrative processes and systems in order to support the provision of high-quality dental care. Dental clinic quality measures include policies to

ATTACHMENT 4

ensure a high rate of treatment plan completion and a low rate of broken appointments (ideally ≤ 15%).

14. Program assures services are being provided consistent with current CDC guidelines for infection control and prevention.
15. If previously funded for the Safety Net Dental Care Program (i.e., in the past five years), agency demonstrated acceptable past performance, including:
 - a. Meeting objectives/targets or making acceptable progress toward meeting objectives/targets as outlined in the agency's proposal or agreed to with the Oral Health Program.
 - b. Spending ODH grant funds in accordance with approved budget.
 - c. Submitting timely, complete, accurate and reasonable program and expenditure reports.
 - d. Responding to special conditions in a timely manner.

Applicants may not use Safety Net Dental Care Program funds to supplant existing funds. The Ohio Department of Health, Oral Health Program funds are intended to leverage other program resources to provide services.

***Verification that applicant agency has reviewed and meets all
Safety Net Dental Care Program Requirements as outlined above:***

Applicant Agency Name:

GMIS Project Number:

Program Director's Name:

Date:

2026 SAFTEY NET DENTAL CARE BUDGET JUSTIFICATION

Other Direct Costs

Deliverable — Objective 1: \$

Encounters/Visits Providing Dental Services to Eligible MCH Clients

Applicant agency will provide ____ (#) of encounters to eligible MCH clients during the 2026 budget period.

Deliverable — Objective 2: \$

Provision of Dentures to Eligible MCH Clients (Optional)

Applicant agency will provide ____ (#) of dentures to eligible MCH clients during the 2026 budget period.

Deliverable — Objective 3: \$

Encounters/Visits Providing Dental Services to Eligible Non-MCH Clients

Applicant agency will provide ____ (#) of encounters to eligible non-MCH clients during the 2026 budget period.

Deliverable — Objective 4: \$

Provision of Dentures to Eligible Non-MCH Clients (Optional)

Applicant agency will provide ____ (#) of dentures to eligible non-MCH clients who during the budget period.

TOTAL OTHER DIRECT COSTS \$

Notes:

1. The budget justification must be signed by the agency head listed in GMIS.
2. Budget revisions that do not include a signed budget justification by the agency head listed in GMIS will be disapproved.
3. Authorized representative certification language must also be included with agency head signature.

Subrecipient's authorized representative certifies the foregoing:

- Subrecipient understands and agrees that it must follow the federal cost principle that applies to its type of organization (2 CFR, Part 225; 2 CFR, Part 220; or, 2 CFR, Part 230).
- Subrecipient's budgeted costs are reasonable, allowable and allocable under OGAPP and federal rules and regulations.
- The OGAPP and the rules and regulations have been read and are understood.
- Subrecipient understands and agrees that costs may be disallowed if deemed unallowable or in violation of OGAPP and federal rules and regulations.
- The appropriate programmatic and administrative personnel involved in this application are aware of

ATTACHMENT 5

agency policy in regard to subawards and are prepared to establish the necessary inter-institutional agreements consistent with those policies.

- Subrecipient agrees and understands that costs incurred in the fulfillment of the Deliverables must be allowable under OGAPP and federal rules and regulations to qualify for reimbursement.

[Print Name & Title]

[Signature]

[Date]