



MEMORANDUM

Date: January 6, 2021

To: Prospective Integration of Oral Health into Prenatal Care Program Applicants

From: Dyane Gogan Turner, MPH, RD/LD, IBCLC, Chief *DGT*
Bureau of Maternal, Child and Family Health
Ohio Department of Health

Subject: **Notice of Availability of Funds**
Competitive Grant Applications for Fiscal Year 2021
Integration of Oral Health into Prenatal Care Program (4/1/2021-9/30/2022)

The Ohio Department of Health (ODH), Bureau of Maternal, Child and Family Health, Oral Health Program, announces the availability of grant funds to support a new initiative to demonstrate the ability of non-profit primary health care facilities to integrate oral health into their prenatal services. The attached Solicitation will provide you guidance in completing the online application for the competitive program period. **Proposals are due Tuesday, February 16, 2021 for the funding period April 1, 2021 through September 30, 2022. Late applications will not be accepted.**

Introduction/Background

Oral health should be a routine part of prenatal care, as poor oral health can lead to poor health outcomes for the mother and her baby. Up to 75% of women develop gingivitis during pregnancy due primarily to hormonal changes. Left unchecked, gingivitis can progress to periodontal disease (PD) which affects up to 40% of all pregnant women. Emerging evidence shows an association between PD and low birth weight and preterm birth although this association is not yet consistent across studies nor entirely understood. More certain is that women are at risk for tooth decay during pregnancy due to changes in eating habits, frequent bouts of morning sickness and possibly less attention being paid to their oral hygiene practices.

In addition, the oral health of mothers directly impacts the oral health of their children. Babies are not born with the bacteria that cause tooth decay in their mouths. Those bacteria are transmitted, usually by the mother, through kissing, the use of shared eating utensils, or other common behaviors. Mothers who have a high number of untreated cavities have a high level of decay-causing bacteria and transmit high levels of the bacteria to their children, which then puts them at higher risk for cavities themselves. To impact the number of young children who develop tooth decay, efforts must be directed to ensure that pregnant women have good oral health and know how to positively impact their children's oral health from birth.

All interested parties must submit a *Notice of Intent to Apply for Funding* (NOIAF) form no later than Tuesday, January 19, 2021 to be eligible to apply for funding. The NOIAF form is included with the Solicitation (Appendix A).

Upon receipt of your completed NOIAF, ODH will:

- a. Create the grant application account(s) for your organization.¹ The account number(s) will allow you to submit the application(s) via the internet using the Grant Management Information System (GMIS). All grant applications must be submitted via the internet using GMIS.
- b. Assess your organization's GMIS training needs (as indicated on the completed *Notice of Intent to Apply for Funding* form). ODH will contact you regarding upcoming GMIS training dates. GMIS training is mandatory if your organization has never been trained on GMIS. Two people from an agency must attend the initial GMIS training for that agency.

Once a completed *Notice of Intent to Apply for Funding* form is received, the ODH creates the grant application(s) for your organization and finalizes all GMIS training requirements, you may proceed with the application process as outlined in the Solicitation.

The Solicitation provides detailed information about the background, intent and scope of the grant, policies and procedures, performance expectations, general information and requirements associated with the administration of the grant.

Please note: *Notices of Award* for agencies that receive funding will not be posted until March 29, 2021.

Technical Assistance Session

A technical assistance session (Bidders' Conference) will be held on Thursday, January 14, 2021 at 2:00 p.m. via webinar. While attendance is not required, all potential applicants are encouraged to attend the Bidders' Conference to learn more about the Solicitation.

ODH is using Microsoft Teams for this virtual meeting. We will be sharing our screen through this 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 in Google Chrome.**

Microsoft Teams meeting

Join on your computer or mobile app

[Click here to join the meeting](#)

Join with a video conferencing device

[682042763@t.plcm.vc](tel:682042763@t.plcm.vc)

Video Conference ID: 117 480 572 9

[Alternate VTC dialing instructions](#)

Or call in (audio only)

[+1 614-721-2972](tel:+16147212972), [697760642#](tel:697760642) United States, Columbus

Phone Conference ID: 697 760 642#

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 at <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/oral-health-program/welcome-to>.

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 if you have any questions regarding this application.

¹Organizations with previous GMIS training will automatically receive a grant application number upon receipt of a completed *Notice of Intent to Apply for Funding* form.

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Columbus, Ohio 43215 U.S.A.

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ALL APPLICATIONS MUST BE SUBMITTED VIA THE INTERNET

OHIO DEPARTMENT OF HEALTH

BUREAU OF

Maternal, Child and Family Health

INTEGRATION OF ORAL HEALTH INTO PRENATAL CARE PROGRAM

SOLICITATION

FOR

FISCAL YEAR 2021

(04/01/21 – 09/30/22)

Local Public Applicant Agencies

Non-Profit Applicants

COMPETITIVE GRANT APPLICATION INFORMATION

100% Deliverable Funding

Revised 12/02/2019

For grant starts 10/1/2019 and thereafter

Table of Contents

I. <u>APPLICATION SUMMARY and GUIDANCE</u>	
A. Policy and Procedure	2
B. Application Name	3
C. Purpose.....	3
D. Qualified Applicants	4
E. Service Area.....	4
F. Number of Grants and Funds Available	4
G. Due Date	5
H. Authorization	5
I. Goals	5
J. Program Period and Budget Period.....	6
K. Public Health Accreditation Standards	6
L. Public Health Impact Statement.....	6
M. GMIS Health Equity Module.....	8
N. Human Trafficking.....	9
O. Appropriation Contingency	9
P. Programmatic, Technical Assistance and Authorization for Internet Submission	9
Q. Acknowledgment	9
R. Late Applications	9
S. Successful Applicants	9
T. Unsuccessful Applicants	9
U. Review Criteria	10
V. Freedom of Information Act	10
W. Ownership Copyright.....	10
X. Reporting Requirements	11
Y. Special Condition(s).....	13
Z. Unallowable Costs	13
AA. Audit	14
AB. Submission of Application.....	14
II. <u>APPLICATION REQUIREMENTS AND FORMAT</u>	
A. Application Information.....	16
B. Budget.....	16
C. Assurances Certification	16
D. Project Narrative	17
E. Civil Rights Review Questionnaire – EEO Survey	18
F. Federal Funding Accountability and Transparency Act (FFATA) Requirement	18
G. Attachment(s).....	19
III. <u>APPENDICES</u>	
A. Notice of Intent to Apply for Funding	
B. GMIS Access Request Form	
C1. Deliverable – Objective Descriptions	
C2. Deliverable – Objective Allocations	
D. Application Review Form	
E. Practice Site Locations and Prenatal Care Provider Information	
F. Oral Health Integration Resources	
G. Budget Justification Examples	

I. APPLICATION SUMMARY and GUIDANCE

An application for an Ohio Department of Health (ODH) grant consists of a number of required components including an electronic portion submitted via the Internet website “ODH Application Gateway” and various paper forms and attachments. 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 indicated in sections D, G and R, the entire application will not be considered for review.**

This is a competitive solicitation; a *Notice of Intent to Apply for Funding* (NOIAF – Appendix A) must be submitted by January 19, 2021 so access to the application via the Internet website “ODH Application Gateway” can be established.

NEW AGENCIES ONLY or if UPDATES are needed: For non-profit agencies, the NOIAF must be accompanied by proof of non-profit status. Both non-profit and local public agencies must submit proof of liability coverage. Potential applicants and current 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: Subrecipients future payments will be held if the agency receives a paper check due to the EFT information not being properly maintained in the supplier portal.

The application summary information is provided to assist your agency in identifying funding criteria:

- A. Policy and Procedure:** Uniform administration of all the ODH grants is governed by the ODH Grants Administration Policies and Procedures (OGAPP) manual and updates in policies that have been posted on the GMIS Bulletin Board. This manual and GMIS Bulletin Board policy updates must be followed to ensure adherence to the rules, regulations and procedures for preparation of all Subrecipient applications. The OGAPP manual is available on the ODH website: <https://odh.ohio.gov/wps/portal/gov/odh/home>. (Click on Grant/Contracts, ODH Grants, Grants Administrative Policies and Procedures Manual (OGAPP)) or copy and paste the following link into your web browser: <https://odh.ohio.gov/wps/portal/gov/odh/about-us/funding-opportunities/resources/grants-administrative-policies-and-procedures-manual>

Please refer to Policy and Procedure updates found on the GMIS bulletin board.

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

Budget Justification Certification language

- 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 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.

B. Application Name: *Integration of Oral Health into Prenatal Care Program* |

- C. Purpose:** The purpose of the Integration of Oral Health into Prenatal Care Program is to demonstrate the ability of non-profit primary health care facilities to integrate oral health into their prenatal services.

Oral health should be a routine part of prenatal care as poor oral health can lead to poor health outcomes for the mother and her baby. Up to 75% of women develop gingivitis during pregnancy due primarily to hormonal changes. Left unchecked, gingivitis can progress to periodontal disease (PD) which affects up to 40% of all pregnant women. Emerging evidence shows that women with PD may be at risk for poor pregnancy outcomes such as low birth weight and preterm birth, although this association is not yet consistent across studies nor entirely understood. More certain is that women are at risk for tooth decay during pregnancy due to changes in eating habits, frequent bouts of morning sickness and possibly less attention being paid to their oral hygiene practices.

The oral health of mothers directly impacts the oral health of their children. Babies are not born with the bacteria that causes tooth decay in their mouth. Those bacteria are transmitted, usually by the mother, through kissing, the use of shared eating utensils, or other common behaviors. Mothers who have a high number of untreated cavities, have a high level of decay-causing bacteria and transmit high levels of the bacteria to their children, which puts them at higher risk for cavities themselves.

Data from the 2016-2017 oral health screening survey of preschool children in Ohio show that nearly one-quarter of children ages 3-5 have experienced tooth decay, and this percentage more than doubles by 3rd grade. To impact the number of young children who develop tooth decay, efforts must be directed to ensure that pregnant women have good oral health and know how to positively impact their children's oral health from birth.

To have good oral health, pregnant women also need to be able to access dental care. Data from the 2018 Ohio Pregnancy Assessment Survey show that significant disparities in accessing dental care exist among pregnant women in Ohio. Those who are younger, live in federally designated dental health professional shortage areas (e.g., Appalachian counties), are Black or Hispanic, or have a lower income are less likely to see a dentist on a regular basis. The lack of regular dental care means it's imperative that prenatal care providers play a more

active role in ensuring the oral health of their pregnant patients by routinely conducting oral health assessments, providing education and counseling, and assisting patients in accessing dental care through referral and case management. The expectation for this program is that each prenatal client will receive an oral health assessment and oral health education at their initial appointment and periodically throughout pregnancy.

- D. Qualified Applicants:** All applicants must be a local public or non-profit agency, or health care facility that is currently providing prenatal health care services in out-patient settings to women who may be considered at higher risk for dental disease. Those at high risk include, but are not limited to, pregnant women with disabilities, those who are low-income, minorities, and/or are geographically isolated. At least 25% of the applicant agency's monthly appointments must be for providing prenatal care. In addition, applicants must have one or more sources for dental referrals within their service area. Applicant agencies must have the capacity to accept an electronic funds transfer (EFT). If an applicant agency needs GMIS access, then a GMIS access form must be submitted (Appendix B).

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

1. Applicant does not owe funds to ODH and has repaid any funds due within 45 days of the invoice date.
2. Applicant has not been certified to the Attorney General's (AG's) office.
3. Applicant has submitted application and all required attachments by **4:00 p.m. on Tuesday, February 16, 2021.**

- E. Service Area:** Integration of Oral Health into Prenatal Care Program applicant agencies may serve a city, a 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 may/will be given priority.

- F. Number of Grants and Funds Available:** Funding to support the Integration of Oral Health into Prenatal Care subgrant program is derived from federal sources. Up to \$150,000 from HRSA's Maternal and Child Health Block Grant is available to be awarded to an anticipated 2-3 agencies currently providing prenatal services to a significant number of clients in out-patient settings. Eligible agencies may apply for a maximum award of \$75,000. This grant will have two phases: planning and implementation which are described below:

Oral Health Integration Planning Phase (must end no later than September 30, 2021)

Required activities include the following:

1. Hire or contract for staff to coordinate all planning activities, as well as to provide case management of prenatal patients who require follow-up dental care as described in the Oral Health Integration Implementation Phase. The Oral Health Integration Program Coordinator must work a sufficient number of hours to accomplish the required planning and implementation activities. Optionally, an agency may choose to increase the hours of a currently employed part-time staff person. However, program grant funds may not be used to supplant existing funding;
2. Develop a work plan for the 18-month grant period;
3. Ensure all providers of prenatal services, e.g., MDs, RNs, etc., at practice sites selected to participate in the project complete training modules that relate to the prenatal population

from the online [Smiles for Life: A National Oral Health Curriculum](#). At a minimum, providers must complete Pregnancy and Women's Oral Health, Child Oral Health and The Oral Examination modules from the curriculum;

4. Develop or adapt oral health assessment tools to determine the oral health status of prenatal patients;
5. Develop or adapt oral health educational materials to be used during prenatal visits;
6. Develop tracking mechanisms for assuring patients receive assessment, education and case management. Integration of program data into the electronic health record would be ideal, but is not required;
7. Create workflow processes for integrating the assessment and oral health education into prenatal appointments. Oral health integration activities should be a part of initial prenatal visits and conducted periodically throughout the pregnancy;
8. Train staff on new workflow processes; and,
9. Develop program reporting tools.

Oral Health Integration Implementation Phase (must start no later than October 1, 2021)

Required activities include the following:

1. Select date to begin integration of oral health assessment and education into prenatal appointments;
2. Begin using standardized interview questions during prenatal appointments;
3. Provide a brief assessment of the mouth during prenatal appointments;
4. Provide oral health education during prenatal appointments;
5. Enter results of assessment, education and treatment urgency (need for dental services) into patient's health record and/or tracking report;
6. Provide referral and case management services to ensure all patients who need dental care receive it. Referral and case management may include scheduling the dental appointment, creating appointment reminders, arranging and paying for child care and/or transportation as needed for clients who have limited resources (e.g., those who are uninsured, low-income, etc.), and providing follow-up with clients to ensure they received the dental care; and,
7. Provide program progress (narrative) and data monthly to ODH.

No grant award will be issued for less than \$30,000. 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.

- G. Due Date:** All parts of the application, including any required attachments, must be completed and received by ODH electronically via GMIS by **4:00 p.m. on Tuesday, February 16, 2021**. Applications and required attachments received after this deadline will not be considered for review.

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 any questions.

- H. Authorization:** Authorization of funds for this purpose is contained in Amended Substitute House Bill 166 and/or the *Catalog of Federal Domestic Assistance (CFDA) Number 93.994*.

- I. Goals:** The goal of the Integration of Oral Health into Prenatal Care Program is to

demonstrate the effectiveness of integrating **oral health assessment, education, and referral and case management** for oral health care into prenatal health care services.

- The focus of the **oral health assessment** component is to identify women who have oral health needs by using a standardized, brief and easy-to-use oral health assessment tool that consists of interview questions and a brief assessment of the mouth.
- The focus of the **oral health education** component is to equip women with the information needed to maintain good oral health during the prenatal period. Education topics must include, but are not limited to:
 1. How a woman's oral health may affect the health of her baby
 2. Common oral health issues during pregnancy
 3. Oral hygiene practices
 4. Caries risk transmission from mother to child
 5. Dietary guidelines for good oral health during pregnancy
 6. Safety of dental care during pregnancy

In addition, this is an opportune time to educate pregnant women about the oral health needs of infants and young children, covering topics such as early childhood caries, oral hygiene, teething, eruption patterns of the primary teeth and a dental visit by the baby's first birthday.

- The focus of the **referral and case management** component is to ensure that a pregnant woman with additional oral health needs is referred to, and seen by, a dentist. This step goes beyond simply telling a woman she needs to see a dentist; rather it includes taking the necessary steps to make sure a woman has access to a dental provider, and providing or arranging for supportive services needed for the woman to complete the referral (such as appointment reminders, transportation or child care).
- **Program Period and Budget Period:** The program period will begin April 1, 2021 and end on September 30, 2022. The budget period for this application is April 1, 2021 through September 30, 2022.
- J. Public Health Accreditation Board (PHAB) Standard(s): 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. Applicants may include other PHAB standards, if desired. The PHAB standards are available at the following website:
- http://www.phaboard.org/wp-content/uploads/PHABSM_WEB_LR1.pdf
- K. **Public Health Impact Statement:** All applicant agencies that are not local health districts must communicate with local health districts regarding the impact of the proposed grant activities on the PHAB Standards.
1. *Public Health Impact Statement Summary* - Applicant agencies are required to submit a summary of the proposal to local health districts prior to submitting the grant application to ODH. 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:

- 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.
- Standard 1.4: Provide and Use the Results of Health Data Analysis to Develop Recommendations Regarding Public Health Policy, Processes, Programs, or Intervention.
- Standard 2.2: Contain/Mitigate Health Problems and Environmental Public Health Hazards.
- Standard 3.2: Provide Information on Public Health Issues and Public Health Functions Through Multiple Methods to a Variety of Audiences.
- Standard 4.1: Engage with the Public Health System and the Community in Identifying and Addressing Health Problems through Collaborative Processes.
- Standard 10.2: Promote Understanding and Use of the Current Body of Research Results, Evaluations, and Evidence-Based Practices with Appropriate Audiences.

The applicant must submit the above summary as part of the grant application to ODH. This will document that a written summary of the proposed activities was provided to the local health districts with a request for their support and/or comment about the activities as they relate to the PHAB Standards.

2. Public Health Impact Statement of Support - 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, indicate that point when submitting the program summary with the grant application. If an applicant agency has a regional and/or statewide focus, a statement of support should be submitted from at least one local health district, if available.

3. Evidence of Health Equity Strategies

The ODH is committed to the elimination of health disparities and health inequities. All applicants are required to:

- a) Identify specific groups who experience a disproportionate burden of disease, health condition or health outcome targeted by this solicitation.
- b) Identify specific social and environmental conditions (social determinants of health) associated with health disparities and health inequities. This must be based on data and include geographic reference points (i.e., census tracts, census block groups) to specify where program activities are focused.
- c) Identify measurable health equity targets to be achieved through program activities. This information must also be supported by data.

- d) Outline specific evaluation strategies to measure the impact of program activities to decrease and/or eliminate health disparities and health inequities.
- e) Link proposed activities to health equity strategies identified in local, state or national planning documents. These documents include, but not limited to, current Healthy People goals and objectives; local Community Health Assessments; State Health Improvement Plan (SHIP); National Stakeholder Strategy for Achieving Health Equity; The Health Opportunity and Equity (HOPE) Initiative.
- f) The above items should be explicitly incorporated into key components of the application (i.e., Goals, Program Narrative, Objectives, Deliverables and Review Criteria). The applicant cannot decide where to insert this information. Care should be taken to avoid repetition to keep the responses focused and specific.

Understanding Health Disparities, Health Inequities, Social Determinants of Health & Health Equity:

The following information is provided to explain key health equity concepts and terms.

Racial and ethnic minorities, people with disabilities, the LGBTQ community and Ohio's economically disadvantaged residents do not have the same opportunities as other groups to achieve and sustain optimal health. Health disparities occur when these groups experience more disease, death or disability beyond what would normally be expected based on their relative size of the population. Health disparities are often characterized by such measures as disproportionate incidence, prevalence and/or mortality rates of diseases or health conditions. Health is largely determined by where people live, work and play. Health disparities are unnatural and occur because of low socioeconomic status, race/ethnicity, sexual orientation, gender, disability status, geographic location or some combination of these factors. Those most impacted by health disparities also tend to have less access to resources like healthy food, safe housing, quality education, safe neighborhoods, freedom from racism and other forms of discrimination. These are referred to as **social determinants of health (SDOH)**. SDOH are the root cause of health disparities. The systematic nature of health disparities is considered unjust and is referred to as **health inequities**. The ability of everyone to have the same opportunity to achieve the best health possible is referred to as **health equity**. Public health programs that incorporate social determinants into the planning and implementation of interventions will greatly contribute to advancing health equity.

L. GMIS Health Equity Module (There are some functionality issues in GMIS and this module may not function properly. Applications can still be submitted without this being marked complete):

The GMIS Health Equity Module links important program interventions in grant proposals to health equity strategies identified in local, state or national strategies. These include, but are not limited to, the most current Healthy People goals and objectives; health equity targets in the State Health Improvement Plan (SHIP); National Stakeholder Strategy for Achieving Health Equity; Ohio Health Opportunity Index and/or the Health Opportunity and Equity (HOPE) Initiative. Applicants are required to select the goals and strategies from the module

that best reflect how their particular grant proposal addresses health disparities and/or health inequities. Applicants can choose more than one goal and/or strategy.

- M. Human Trafficking:** The ODH is committed to the elimination of human trafficking in Ohio. If applicable to the subrecipient program, ODH will give priority consideration to those subrecipients who can demonstrate the following:
1. Victims of human trafficking are included in your agency's target population;
 - a) At-risk population
 - b) Mental health population
 - c) Homeless population
 2. Agency promotes the expansion of services to identify and serve those affected by human trafficking.

Applicable to the Oral Health Integration into Prenatal Care Program.

- N. Appropriation Contingency:** Any award made through this program is contingent upon the availability of funds for this purpose. **The subrecipient agency must be prepared to support the costs of operating the program in the event of a delay in grant payments.**
- O. Programmatic, Technical Assistance and Authorization for Internet Submission:** Agencies will receive their authorization after the posting of the Solicitation to the ODH website and the receipt of the NOI AF. Please contact Mona Taylor, RDH, Oral Health Access Program Coordinator at Mona.Taylor@odh.ohio.gov or by phone at (614) 728-9236 for questions regarding this Solicitation.
- P. Acknowledgment:** An Application Submitted status will appear in GMIS that acknowledges ODH system receipt of the application submission.
- Q. Late Applications:** GMIS automatically provides a time and date system for grant application submissions. Required attachments and/or forms sent electronically must be transmitted by the application due date. Required attachments and/or forms mailed that are non-Internet compatible must be postmarked or received on or before the application due date of **Tuesday, February 16, 2021 at 4:00 p.m.**

Applicants should request a legibly dated postmark or obtain a legibly dated receipt from the U.S. Postal Service or a commercial carrier. Private metered postmarks shall **not** be acceptable as proof of timely mailing. Applicants can hand-deliver attachments to ODH, Grants Services Unit (GSU), via the front desk at 246 N. High St., Columbus, Ohio; but they must be delivered by **4:00 p.m.** on the application due date. Fax attachments will not be accepted. **GMIS applications and required application attachments received late will not be considered for review.**

- R. Successful Applicants:** Successful applicants will receive official notification in the form of a Notice of Award (NOA). The NOA, issued over the signature of the Director of the Ohio Department of Health, allows for expenditure of grant funds.
- S. Unsuccessful Applicants:** Within 30 days after a decision to disapprove or not fund a grant application, written notification, issued over the signature of the Director of Health, or his

designee, shall be sent to the unsuccessful applicant.

T. Review Criteria: All proposals will be judged on the quality, clarity and completeness of the application. Applications will be judged according to the extent to which the proposal:

1. Contributes to the advancement and/or improvement of the health of Ohioans;
2. Is responsive to policy concerns and program objectives of the initiative/program/activity for which grant dollars are being made available;
3. Is well executed and is capable of attaining program objectives;
4. Describe Specific, Measurable, Attainable, Realistic & Time-Phased (S.M.A.R.T.) objectives, activities, milestones and outcomes with respect to timelines and resources;
5. Estimates reasonable cost to the ODH, considering the anticipated results;
6. Indicates that program personnel are well qualified by training and/or experience for their roles in the program and the applicant organization has adequate facilities and personnel;
7. Provides an evaluation plan, including a design for determining program success;
8. Is responsive to the special concerns and program priorities specified in the Solicitation;
9. Has demonstrated acceptable past performance in areas related to programmatic and financial stewardship of grant funds;
10. Has demonstrated compliance to OGAPP;
11. Explicitly identifies specific groups in the service area who experience a disproportionate burden of the diseases, health condition(s), or who are at an increased risk for problems addressed by this funding opportunity; and,
12. Describe activities which support the requirements outlined in sections I. thru M. of this Solicitation.

Additional details of scoring can be found in Appendix D, Integration of Oral Health into Prenatal Care Program Application Review Form.

The ODH will make the final determination and selection of successful/unsuccessful applicants and reserves the right to reject any or all applications for any given Solicitations; **There will be no appeal of the Department's decision.**

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 being an unwarranted invasion of personal privacy will not be disclosed. For guidance regarding specific funding sources, refer to: 45 CFR Part 5 for funds from the U.S. Department of Health and Human Services.

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 in 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 of 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, CFDA number 93.994.”

- W. Reporting Requirements:** Successful applicants are required to submit Subrecipient program and expenditure reports. Reports must adhere to the requirements of the OGAPP manual. Reports must be received in accordance with the requirements of the OGAPP manual and this Solicitation; before the department will release 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:

- 1. Program Reports:** Subrecipients Program Reports must be completed and submitted via GMIS, as required by the subgrant program by the dates listed in the table below. [Additional program reporting requirements can be found in Appendix C1 Deliverable Objective Descriptions. **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.

☒ Program Reports Required ☐ No Program Reports Required

<i>Period</i>	<i>Report Due Date</i>
April 1 – April 30, 2021	May 10, 2021
May 1 – May 31, 2021	June 10, 2021
June 1 – June 30, 2021	July 10, 2021
July 1 – July 31, 2021	August 10, 2021
August 1 – August 31, 2021	September 10, 2021
September 1 – September 30, 2021	October 10, 2021
October 1 - October 31, 2021	November 10, 2021
November 1 – November 30, 2021	December 10, 2021
December 1 – December 31, 2021	January 10, 2022
January 1 – January 31, 2022	February 10, 2022
February 1 – February 28, 2022	March 10, 2022
March 1 – March 31, 2022	April 10, 2022
April 1 – April 30, 2022	May 10, 2022

May 1 – May 31, 2022	June 10, 2022
June 1 – June 30, 2022	July 10, 2022
July 1 – July 31, 2022	August 10, 2022
August 1- August 31, 2022	September 10, 2022
September 1 – September 30, 2022	October 10, 2022

2. **Subrecipient Reimbursement Expenditure Reports:** Subrecipients can choose monthly or quarterly reimbursement (expenditure report submission) from ODH (please check the reimbursement type on the attached NOI AF). Please note that no changes can be made to the reimbursement type during the fiscal year once the project numbers have been established in GMIS. Subrecipient ***Monthly*** Reimbursement Expenditure Reports **must** be completed and submitted **via GMIS** by the following dates:

<i>Period</i>	<i>Report Due Date</i>
April 1 – 30, 2021	May 10, 2021
May 1 – 31, 2021	June 10, 2021
June 1 – 30, 2021	July 10, 2021
July 1 – 31, 2021	August 10, 2021
August 1 – 31, 2021	September 10, 2021
September 1 – 30, 2021	October 10, 2021
October 1 – 31, 2021	November 10, 2021
November 1 – 30, 2021	December 10, 2021
December 1 – 31, 2021	January 10, 2022
January 1 – 31, 2022	February 10, 2022
February 1 – 28, 2022	March 10, 2022
March 1 – 31, 2022	April 10, 2022
April 1 – April 30, 2022	May 10, 2022
May 1 – May 31, 2022	June 10, 2022
June 1 – June 30, 2022	July 10, 2022
July 1 – July 31, 2022	August 10, 2022
August 1 – August 31, 2022	September 10, 2022
September 1 – September 30, 2022	October 10, 2022

Subrecipient ***Quarterly*** Reimbursement Expenditure Reports **must** be completed and submitted **via GMIS** by the following dates: **(please see example below)**

<i>Period</i>	<i>Report Due Date</i>
April 1 – June 30, 2021	July 10, 2021
July 1 – September 30, 2021	October 10, 2021
October 1 – December 31, 2021	January 10, 2022
January 1 – March 31, 2022	April 10, 2022
April 1 – June 30, 2022	July 10, 2022
July 1 – September 30, 2022	October 10, 2022

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

3. **Final Expenditure Reports:** A Subrecipient Final Expenditure Report reflecting total expenditures for the fiscal year must be completed and submitted **via GMIS by 4:00 p.m.** on or before [November 5, 2022]. The information contained in this report must reflect the program's accounting records and supportive documentation. Any cash balances must be returned with the Subrecipient Final Expense Report. The Subrecipient Final Expense Report serves as an invoice to return unused funds.

Submission of the Monthly/Quarterly and Final Subrecipient Expenditure reports via the GMIS system indicates acceptance of OGAPP. Clicking the "Approve" button signifies authorization of the submission by an agency official and constitutes electronic acknowledgment and acceptance of OGAPP rules and regulations.

- X. **Special Condition(s):** A Special Conditions link is available for viewing and responding to special conditions within GMIS. The 30-day time period, in which the subrecipient must respond to special conditions will begin when the link is viewable. 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 GMIS.

- Y. **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;
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;
16. Providing clinical prenatal care services; and,
17. Providing dental services.

Applicants may not use Integration of Oral Health into Prenatal Care Program funds to supplant existing funds.

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

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

Subrecipients that expend \$750,000 or more in federal awards per fiscal year are required to have a single audit which meets OMB's Federal Uniform Administrative Requirements. The 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 days of the receipt of the auditor's report, but no later than nine months after the end of the 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.

Subrecipients that expend less than the \$750,000 threshold require a financial audit conducted in accordance with Generally Accepted Government Auditing Standards. The Subrecipient must submit a copy of the audit report, the auditor's management letter, and a corrective action plan (if applicable) within 30 days of the receipt of the auditor's report, but no later than nine months after the end of the Subrecipient's fiscal year. **The financial audit is not an allowable cost to the program.**

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 days. Reference: OGAPP and OMB's Omni Circular Federal Uniform Administrative Requirements regarding Audits of States, Local Governments, and Non-Profit Organizations for additional audit requirements.

Subrecipient audit reports (finalized and published, and including the audit Management Letters, if applicable) **which include internal control findings, questioned costs or any other serious findings, must include a cover letter which:**

- Lists and highlights the applicable findings;
- Discloses the potential connection or effect (direct or indirect) of the findings on subgrants passed through the ODH; and,
- Summarizes a Corrective Action Plan (CAP) to address the findings. A copy of the CAP should be attached to the cover letter.

AB. Submission of Application

Formatting Requirements:

- Properly label each item of the application packet (e.g., Budget Narrative, Program Narrative).
- Each section should use 1.5 spacing with one-inch margins.
- Program and Budget Narratives must be submitted in portrait orientation on 8 ½ by 11 paper.
- Number all pages (print on one side only).
- Program Narrative should not exceed 11 pages (**excludes** appendices, attachments, budget and budget narrative).
- Use a 12-point font.

- Forms must be completed and submitted in the format provided by ODH

The GMIS application submission must consist of the following:

**Complete
& Submit
Via Internet**

1. Application Information
2. Project Narrative
3. Project Contacts
4. Budget
 - Primary Reason
 - Funding
 - Justification
 - Personnel
 - Other Direct Costs
 - Equipment
 - Contracts
 - Compliance Section
 - Summary
5. Civil Rights Review Questionnaire
6. Assurances Certification
7. Federal Funding Accountability and Transparency Act (FFATA) reporting form
8. Change request in writing on agency letterhead (**Existing agency with tax identification number, name and/or address change(s)**).
9. Health Equity Module
10. Public Health Impact Statement Summary (non-health department only)
11. Statement of Support from the Local Health Districts (non-health department only)
12. Position Description for Oral Health Integration Program Coordinator
13. Appendix E, Practice Site Locations and Prenatal Care Provider Information

One copy of the following document(s) must be e-mailed to <https://harvester.census.gov/facweb/> or mailed to the address listed below:

**Complete
Copy &
E-mail or
Mail to
ODH**

Current Independent Audit (latest completed organizational fiscal period; **only if not previously submitted**)

**Ohio Department of Health
Grants Services Unit
Central Master Files, 4th Floor
35 E. Chestnut Street
Columbus, Ohio 43215**

II. APPLICATION REQUIREMENTS AND FORMAT

Agencies will receive GMIS access after the Notice of Intent to Apply for Funding for is submitted to ODH.

All applications must be submitted via GMIS. Submission of all parts of the grant application via the ODH's GMIS system indicates acceptance of OGAPP. Submission of the application signifies authorization by an agency official and constitutes electronic acknowledgment and acceptance of OGAPP rules and regulations in lieu of an executed Signature Page document.

- 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 the ODH.
- B. Budget:** Prior to completion of the budget section, please review page 13 of the Solicitation for unallowable costs. Match or Applicant Share is not required by this program. Do not include Match or Applicant 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.
- 1. Primary Reason and Justification Pages:** Provide a budget justification narrative outlining how the deliverable will be met. A budget justification example can be found in Appendix G.
 - 2. Other Direct Costs:** Submit a budget for this section and the necessary form(s) to support costs for the period April 1, 2021 to September 30, 2022.

Funded agencies are required to employ or contract for an Oral Health Integration Program Coordinator whose primary duty will be to coordinate all grant activities, including planning, program development, case management and reporting. This person must work a sufficient number of hours to accomplish the required grant planning and implementation activities. While a dental background is helpful, it is not necessary to hire a dental professional for this project.

NOTE: When developing a budget, costs should be determined based on an 18-month program and budget period. Hiring a program coordinator for the grant is Deliverable Objective 1A (see Appendix C1 and Appendix C2 for additional information).

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

- 3. Compliance Section:** Answer each question on this form in GMIS as accurately as possible. ***Completion of the form ensures your agency's compliance with the administrative standards of ODH and federal grants.***
- C. Assurances Certification:** Each subrecipient must submit the Assurances (Federal and State Assurances for subrecipients) form within GMIS. This form is submitted as a part of each application via GMIS. 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 subrecipient agency agrees by electronic acknowledgment to the financial standards of conduct as stated therein.

D. Project Narrative: (Limited to a maximum of 11 pages including the executive summary, but excluding attachments)

1. Executive Summary: (One page limit) Identify the target population, services and programs to be offered and what agency or agencies will provide those services, burden of health disparities and health inequities. Describe the public health problem(s) that the program will address. Outline the program goals and objectives. At a minimum, specify the number of prenatal patients and visits projected for the 18-month grant period, as well as the number of encounters providing oral health assessment and education. In addition, describe how the program will be evaluated and the agency’s plan for quality assurance. Indicate total amount of funding requested.

2. 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. Describe the agency’s experience in providing prenatal services and its capacity to implement this project. If agency is currently providing prenatal services in more than one practice site, provide details about all clinic locations. Describe all services provided by your agency and what percentage of visits are for prenatal care. Agencies must complete Appendix E, Practice Site Locations and Prenatal Care Provider Information. Describe your agency’s current efforts in linking patients to other community-based resources, e.g., WIC, Early Head Start, etc.

Describe the capacity of your organization, its personnel or contractors to communicate effectively and convey information in a manner 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. Describe your organization’s commitment to provide culturally competent care.

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. Delineate all personnel who will be directly involved in program activities; describe roles and hours per week each staff person will be involved in the project. Define the number and type of health care professionals (e.g., physicians, nurse practitioners, etc.) currently providing prenatal services (see Appendix E). Include the relationship between program staff members, staff members of the applicant agency, and other partners and agencies that will be working on this program. Agencies that offer prenatal services at more than one practice site may choose to implement the oral health integration program throughout the agency’s health system or at selected practice locations. ODH’s expectation for this program is that all prenatal care providers practicing at locations proposed for integration of oral health into prenatal care will participate in the program.

3. Problem/Need: Identify and describe the local health status concern(s) that will be

addressed by the program. Only restate 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 health status (e.g., morbidity and/or mortality) or health system (e.g., accessibility, availability, affordability, appropriateness of health services) indicators. The indicators should be measurable in order to serve as baseline data upon which the 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 an increased risk for dental disease. Provide information about geographic location of prenatal service providers if 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. In addition, describe networks for dental referrals in service area where prenatal services are provided. A dental safety net or private practice dentist(s) used for the referral of prenatal clients with dental needs must accept Medicaid and provide a sliding fee scale or make other fee arrangements to ensure that clients who are uninsured for dental care and who have low incomes can receive dental care. Include letters of support from the dental referral network agencies.

4. **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 address health disparities and/or health inequities identified in the proposal. Complete a program activities timeline to identify program objectives and activities and the start and completion dates for each and staff responsible for each. Please see Appendix D, Program Review Form for additional details regarding methodology and SMART objectives.

- E. **Civil Rights Review Questionnaire - EEO Survey:** The Civil Rights Review Questionnaire Survey is a part of the Application Section of GMIS. Subrecipients must complete the questionnaire as part of the application process. This questionnaire is submitted automatically with each application via the Internet.
- F. **Federal Funding Accountability and Transparency Act (FFATA):** All applicants applying for ODH grant funds are required to complete the FFATA reporting form in GMIS. 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 applicants for ODH grants are required to obtain a Data Universal Number System (DUNS), register in SAM.gov and submit the information in the grant application. For information about the DUNS, go to www.dnb.com. For information about System for Award Management (SAM) go to <https://beta.sam.gov/>.

Information on Federal Spending Transparency can be located at www.usaspending.gov or the Office of Management and Budget's website for Federal Spending Transparency at <https://www.whitehouse.gov/>.

(Required by all applicants, the FFATA form is located on the GMIS Application page and must be completed in order to submit the application.)

- G. Attachment(s):** Attachments are documents which are not part of the standard GMIS application but are deemed necessary to a given grant program. All attachments must clearly identify the authorized program name and program number. All attachments submitted to GMIS must be attached in the "Project Narratives" section and be in one of the following formats: PDF, Microsoft Word or Microsoft Excel. Please see the GMIS bulletin board for instructions on how to submit attachments in GMIS. Attachments that are non-Internet compatible must be postmarked or received on or before the application due date. An original and the required number of copies of non-Internet compatible attachments must be mailed to the ODH, Grants Services Unit, Central Master Files address by **4:00 p.m. on or before February 16, 2021.**

A minimum of one original and the one copy of non-Internet attachments are required.

III. APPENDICES

- A.** Notice of Intent to Apply for Funding
- B.** GMIS Access Form
- C1.** Deliverable – Objective Descriptions
- C2.** Deliverable – Objective Allocations
- D.** Application Review Form
- E.** Practice Site Locations and Prenatal Care Provider Information
- F.** Oral Health Integration Resources
- G.** Budget Justification Examples

Submission Required

See Due Date Below

New Applicants must submit the GMIS Access form with the Notice of Intent to Apply for Funding Form

Reimbursement
Type
Select one of the
options below:

- ☐ Monthly
OR
☐ Quarterly

NOTICE OF INTENT TO APPLY FOR FUNDING

Ohio Department of Health

Bureau of Maternal, Child and Family Health

Integration of Oral Health into Prenatal Care Program

ALL INFORMATION REQUESTED MUST BE COMPLETED.

County of Applicant Agency _____ Federal Tax Identification Number _____

Geographic Area Applying to Cover _____

NOTE: The applicant agency/organization name must be the same as that on the IRS letter. This is the legal name by which the tax identification number is assigned.

Type of Applicant Agency
(Check One)

- ☐ County Agency
☐ City Agency

- ☐ Hospital
☐ Higher Education

- ☐ Local Schools
☐ Not-for Profit

Applicant Agency/Organization _____

Applicant Agency Address _____

Agency Contact Person Name and Title _____

Telephone Number _____ E-mail Address _____

Agency Head (Print Name) _____

Agency Head (Signature) _____

Please note that the agency head listed above must match the agency head listed in GMIS. Unless a new agency, NOIAF's will not be accepted if name doesn't match what is listed in GMIS. If the agency head needs updated in GMIS, please include a letter on agency letterhead outlining the change. The new agency head's signature will be accepted with receipt of the update letter.

Does your agency have at least two staff members who currently have access to the ODH GMIS system?

YES ☐ NO ☐

If yes, no further action is needed.

If no, ODH Grants Services Unit staff will email the GMIS reference guide to the email addresses listed on the GMIS Access Request form.

The NOIAF must be accompanied by the agency's Proof of Non-Profit status (if applicable) and Proof of Liability Coverage (if applicable). Potential applicants and current subrecipients are required to set-up and 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 must be set-up and maintained in the following website: <http://supplier.ohio.gov/>

Note: Subrecipients future payments will be held if the agency receives a paper check due to the EFT information not being properly maintained in the supplier portal.

Forms are only required for NEW AGENCIES or if UPDATES are needed for current agencies. THE NOIAF AND REQUIRED FORMS MUST BE EMAILED TO Mona.Taylor@odh.ohio.gov BY Tuesday, January 19, 2021.

NOTE: NOIAF's will be considered late if any of the required forms listed above are not received by NEW AGENCIES by the due date. NOIAF's considered late will not be accepted.

If new applicant, this form must be submitted with the Notice of Intent to Apply for Funding Form.

GMIS User Access, Access Change or Deactivation Request

One request per person. Requests will only be honored when signed by your **Agency Head** or **Agency Financial Head** and complete. In addition, if a user leaves your agency, you are to notify ODH so that their account is rendered inactive and submit a form for the replacement. The user will receive his/her username and password via e-mail once the request is processed. *Refresher guides can be found on the ODH web site: <https://odh.ohio.gov/wps/portal/gov/odh/about-us/funding-opportunities/ODH-Grants/ODH-Grants-Page> – “GMIS Training Resource” Section.*

Date: _____

Check the type of access and complete the information requested: ☐ New Agency – Needs GMIS Access

☐ New Employee - needs GMIS Access. Effective Date of Activation: _____

☐ Existing Employee - New GMIS User or GMIS User Access Change. Effective/Change Date: _____

☐ Deactivation – User no longer needs access to ODH Application Gateway/GMIS 2.0 or GMIS 2.0 only:

Effective Date of Deactivation (ODH Application Gateway/GMIS 2.0): _____

Or Effective Date of Deactivation (GMIS 2.0 access only): _____

Agency Name & Address: _____

Employee Name (no nicknames): _____

Employee Job Title: _____

Employee Office Phone Number: _____

Employee Office Fax Number: _____

Employee Office Email Address: _____

User Access Section: Please check all that applies and enter requested information:

Email Notifications: ☐ Yes ☐ No

GMIS Project Number(s) user needs access to: _____

Authorization Signature for User Access/Change/Deactivation:

Signature of Agency Head or Agency Financial Head

Printed Name of Agency Head or Agency Financial Head

To be completed by Grants System Officer ONLY - Date Received:

Date Processed:

Deliver Requests to Karen Tinsley, Grants System Officer, 614-644-7546

Mail: ODH/OFA, 35 E. Chestnut St., 4th Floor, Columbus, Ohio 43215 Or

Scan & Email: karen.tinsley@odh.ohio.gov

Name of Subgrant Program: Integration of Oral Health into Prenatal Care

Budget Period: April 1, 2021 to September 30, 2022

of Deliverables: 12

Use Budget Justification Scenario #3

X Deliverables Only

The Integration of Oral Health into Prenatal Care Program has two deliverables with a variety of activities that must be completed in order to successfully integrate oral health into the delivery of prenatal care services. The primary deliverable objectives are 1) planning, and 2) implementation and reporting. Each objective has multiple deliverable activities.

Deliverable 1: Oral Health Integration Planning

Maximum Funding for Deliverable 1 is \$25,000

By September 30, 2021, all oral health integration planning activities must be completed and submitted for ODH approval via GMIS. There are nine required deliverable objectives related to program planning for which the applicant agency will determine both funding and timelines.

Deliverable – Objective 1A: Oral Health Integration Program Coordinator

By July 1, 2021, subrecipient will employ or contract for staff whose primary duty will be to coordinate all grant activities, including planning, program development, case management and reporting. This person must work a sufficient number of hours to accomplish the required grant planning, implementation and reporting activities. Once the position is filled, the subrecipient must submit the coordinator's position description, resume or curriculum vitae, hours of work and contact information to ODH. Documentation must be submitted via GMIS attachment; subrecipient should notify the ODH program manager via email once required information is submitted.

Deliverable – Objective 1B: Work Plan

By [insert date], subrecipient will develop and submit a comprehensive work plan for the 18-month grant period for which funding was received. The plan must include specific strategies and activities to accomplish ODH-defined objectives, staff responsible, timeline and how the strategy or activity will be evaluated. Work plan must be submitted for ODH approval via GMIS attachment; subrecipient should notify the ODH program manager via email once workplan is submitted.

Deliverable – Objective 1C: Provider Training

By [insert date], subrecipient will submit verification of completion of training modules specific to the prenatal population from the online [Smiles for Life: A National Oral Health Curriculum](#). At a minimum, all staff providing oral health assessment and education during prenatal visits in selected practice sites must complete modules on Pregnancy and Women's Oral Health, Child Oral Health and The Oral Examination from the online curriculum. Verification must include names and credentials for each prenatal care provider, dates courses were completed and certificates of completion for each module completed. Training verification must be submitted for approval by ODH via GMIS attachment; subrecipient should notify the ODH program manager via email once training verification is submitted.

Deliverable – Objective 1D: Assessment Tools

By [insert date], subrecipient will develop or adapt tools to be used to identify women with oral health needs. Tools must include a standardized, brief and easy-to-use oral health assessment tool that consists of interview questions and a brief assessment of the mouth. Appendix F contains resources for tools that are already developed and available for adaptation. Assessment tools must be submitted for approval by ODH via GMIS attachment; subrecipient should notify the ODH program manager via email once assessment tools are submitted.

Deliverable – Objective 1E: Patient Education

By [insert date], subrecipient will develop or adapt materials to equip women with the information needed to maintain good oral health during the prenatal period. Education topics must include, but are not limited to:

- How a woman's oral health may affect the health of her baby
- Common oral health issues during pregnancy
- Oral hygiene practices
- Caries risk transmission from mother to child
- Dietary guidelines for good oral health during pregnancy
- Safety of dental care during pregnancy

One on one education of the prenatal clients must be provided as part of the oral health integration model. In addition, education concerning the oral health needs of infants and young children must also be provided as part of the education component of the grant. At a minimum, educational topics for infants and young children must include:

- Early childhood caries
- Oral hygiene
- Teething
- Tooth eruption patterns
- Dental visit by first birthday

All topics for one-on-one discussion and timetable for topic discussions during the prenatal visits and supporting educational materials for prenatal clients must be submitted for approval by ODH via GMIS attachment; subrecipient should notify the ODH program manager via email once patient education documents are submitted.

Deliverable – Objective 1F: Tracking Integration Activities

By [insert date], subrecipient will develop a tracking plan or tool for assuring patients receive assessment, education and case management during the prenatal visit. Integration of program data into the electronic health record would be ideal, but is not required. The tracking plan or tool must be submitted for approval by ODH via GMIS attachment; subrecipient should notify the ODH program manager via email once tracking plan or tool is submitted.

Deliverable – Objective 1G: Workflow Process Development

By [insert date], subrecipient will submit protocols and guidelines for workflow processes developed to integrate oral health into prenatal visits. Process must include plan for training prenatal care providers. Workflow process must be submitted for approval by ODH via GMIS attachment; subrecipient should notify the ODH program manager via email once workflow protocols and guidelines are submitted.

Deliverable – Objective 1H: Workflow Training for Staff

By [insert date], subrecipient will submit to ODH a report summarizing workflow training for prenatal care providers. This report must include dates of training and names of providers who received the training. The report must be submitted for approval by ODH via GMIS; subrecipient should notify the ODH program manager via email once workflow training report is submitted.

Deliverable – Objective 1I: Reporting Tool(s)

By [insert date], subrecipient will submit tool(s) that will be used to report progress on integration activities. The oral health integration implementation and reporting requirements are outlined in Deliverable 2 and tools must reflect all data variables listed. The reporting tool(s) must be submitted for approval by ODH via GMIS attachment; subrecipient should notify the ODH program manager via email once the reporting tools are submitted.

Deliverable Objective 2: Oral Health Integration Implementation and Reporting

Maximum Funding for Deliverable 2 is \$50,000

No later than October 1, 2021, subrecipient should begin the process of integrating oral health into prenatal visits. There are three deliverable objectives related to implementation and reporting for the remainder of the grant program and for which the subrecipient will determine funding. Subrecipients may begin implementation earlier than October 1, 2021 if all planning deliverables are complete and approved by ODH. Monthly reports (Objective 2A) will focus on oral health integration activities provided during patient visits at selected practice sites. Quarterly reports (Objective 2B) will focus on client demographics and the final report (Objective 2C) is a summary of the entire 18-month project.

Deliverable – Objective 2A: Monthly Program Progress and Data Reporting on Oral Health Integration Activities

Subrecipient will submit complete and accurate reports by the 10th of each month. Required reports are project progress and challenges (narrative) and monthly program activity data. At a minimum, the program activity data must include:

- Number of prenatal patient visits
- Number of oral health assessments provided during prenatal visits
- Number of prenatal visits in which oral health education was provided
- Number of dental referrals made based on treatment urgency
 - Routine (e.g., exam, cleaning, x-rays)
 - Early (needs to be seen within 2-4 weeks for suspected dental problems)
 - Urgent (needs to be seen immediately for pain and/or infection)

Monthly program data reports should reflect monthly, as well as cumulative data for each variable. Program narrative and data reports must be submitted for ODH approval via attachment in the Program Report section of GMIS.

Deliverable – Objective 2B: Quarterly Program Reporting

Subrecipient will submit patient-level data on a quarterly basis. Data includes demographic information, as well as process and outcome measures. The ODH will work with the subrecipient to develop reports, as needed. Data variables to be reported will be for unduplicated prenatal patients. Unduplicated prenatal

patients should be counted once during the 18-month grant period regardless of the number of visits during the same period. Quarterly data must include:

- Total number of unduplicated prenatal patients
- Number of prenatal patients by age
- Number of prenatal patients by race
- Number of prenatal patients by ethnicity
- Number of prenatal patients by educational level
- Number of prenatal patients by insurance type (e.g., private, Medicaid, uninsured, etc.)
- Number of prenatal patients by primary language (language spoken at home)
- Number of prenatal patients receiving dental care in response to a referral
- Number of prenatal patients who have completed dental care in response to a referral
- Number of prenatal patients who received oral assessment by month of pregnancy
- Number of prenatal patients who received oral health education by month of pregnancy

Demographic data reports must be submitted on a quarterly basis and are due by the 10th day of the month following each program quarter. Reports will be due July 10, 2021; October 10, 2021; January 10, 2022; April 10, 2022; July 10, 2022; and, October 10, 2022.

Quarterly demographic data reports must reflect both quarterly and cumulative data and must be submitted for ODH approval via attachment in the Program Report section of GMIS.

Deliverable – Objective 2C: Final Program Report

By October 10, 2022, subrecipient will submit a final workplan progress update and narrative summarizing program outcomes, as well as successes, challenges, lessons learned, next steps and a plan for sustainability. Final program report must be submitted for ODH approval via attachment in the Program Report section of GMIS.

Name of Subgrant Program: Integration of Oral Health into Prenatal Care Program

Budget Period: April 1, 2021 to September 30, 2022

of Deliverables: 12

Use Budget Justification Scenario #3

X Deliverable Allocations

MAXIMUM AMOUNT OF FUNDING FOR DELIVERABLE 1 IS \$25,000									
Deliverable 1A Oral Health Integration Coordinator	Deliverable 1B Work Plan	Deliverable 1C Provider Training	Deliverable 1D Assessment Tools	Deliverable 1E Patient Education	Deliverable 1F Tracking	Deliverable 1G Workflow Process	Deliverable 1H Workflow Training	Deliverable 1I Reporting Tool(s)	Total Deliverable 1 Funding
Amount to be determined by applicant and approved by ODH	Amount to be determined by applicant and approved by ODH	Amount to be determined by applicant and approved by ODH	Amount to be determined by applicant and approved by ODH	Amount to be determined by applicant and approved by ODH	Amount to be determined by applicant and approved by ODH	Amount to be determined by applicant and approved by ODH	Amount to be determined by applicant and approved by ODH	Amount to be determined by applicant and approved by ODH	
\$ TBD	\$ TBD	\$ TBD	\$ TBD	\$ TBD	\$ TBD	\$ TBD	\$ TBD	\$ TBD	\$25,000

MAXIMUM AMOUNT OF FUNDING FOR DELIVERABLE 2 IS \$50,000			
Deliverable 2A Monthly Progress Reporting	Deliverable 2B Quarterly Program Reporting	Deliverable 2C Final Program Report	Total Deliverable 2 Funding
Amount to be determined by applicant and approved by ODH	Amount to be determined by applicant and approved by ODH	Amount to be determined by applicant and approved by ODH	
\$ TBD	\$ TBD	\$ TBD	\$50,000

APPENDIX D

2021 INTEGRATION OF ORAL HEALTH INTO PRENATAL CARE PROGRAM
APPLICATION REVIEW FORM

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"> • Appendix E, Practice Site Locations and Provider Information • Position descriptions • Letters of support 	2		
<input type="checkbox"/> Proposal adheres to solicitation guidance regarding formatting requirements (see Solicitation Section I, AB).	1		
Total Application Quality	5		
Project Narrative: Executive Summary	Maximum Score	Reviewer Score	Notes
<input type="checkbox"/> Outlines the program's goals and objectives.	2		
<input type="checkbox"/> Estimates number of unduplicated patients from the target population to be served.	2		
<input type="checkbox"/> Provides an estimated number of visits for the target population.	2		
<input type="checkbox"/> Describes how the program will be evaluated and the agency's plan for quality assurance.	2		

APPENDIX D

<input type="checkbox"/> Specifies total amount of funding requested for this project.	2		
Total Executive Summary	10		
Project Narrative: Description of Applicant Agency/ Documentation of Eligibility/Personnel	Maximum Score	Reviewer Score	Notes
<input type="checkbox"/> Adequately summarizes agency's eligibility to apply and its structure as it relates to management of this grant program.	2		
<input type="checkbox"/> Describes agency's experience providing prenatal services and its capacity to fulfill the needs and requirements of the project.	3		
<input type="checkbox"/> Effectively describes all personnel who will be involved in this project and their qualifications to implement and carry out the project, including roles and hours per week.	3		
<input type="checkbox"/> Notes any personnel or equipment deficiencies in carrying out this project and describes plans for hiring and training.	3		
<input type="checkbox"/> Describes the capacity of the organization to communicate effectively and convey information in a manner that is easily understood by diverse audiences, including those who have limited proficiency in English, those who are not literate or have low literacy skills, and individuals with disabilities.	2		
<input type="checkbox"/> Demonstrates agency's commitment to cultural competency.	2		
Total Applicant Agency/Documentation of Eligibility/Personnel	15		
Project Narrative: Problem/Need	Maximum Score		Notes
<input type="checkbox"/> Identifies, describes and provides data on the local health concern to be addressed by the program.	2		
<input type="checkbox"/> Effectively describes access to dental care issues in the agency's service area.	3		

APPENDIX D

<input type="checkbox"/> Describes the segments of the prenatal population who experience oral health disparities and who are at high risk for dental disease.	3		
<input type="checkbox"/> Identifies geographic location where prenatal services will be provided and whether these areas have higher dental needs, e.g., practice is located in a dental health professional shortage area (HPSA), Appalachia or an area with limited resources.	5		
<input type="checkbox"/> Identifies other agencies in the service area addressing the need and how this project will remedy gaps.	2		
<input type="checkbox"/> Effectively describes dental resources in the service area to be used as referral networks for prenatal clients with dental needs.	5		
Total Problem/Need	20		
Project Narrative: Methodology	Maximum Score	Reviewer Score	Notes
<input type="checkbox"/> Clearly identifies SMART objectives and activities designed to accomplish program goals. At a minimum, objectives should include: <ul style="list-style-type: none"> • Estimated number of unduplicated prenatal clients to be served by the agency during the program period • Estimated number of prenatal visits/encounters projected for the program period • Estimated number of prenatal visits to include oral health assessments during the program period • Plan for providing oral health assessments throughout each client's pregnancy term (e.g., initial appointment, 5th month appointment, 7th month appointment, etc.) 	10		
<input type="checkbox"/> Describes plan for accomplishing objectives, including timelines and staff responsible for activities. Demonstrates agency can meet July 1, 2021 deadline for hiring project coordinator.	5		
<input type="checkbox"/> Indicates how objectives will be evaluated in order to determine	5		

APPENDIX D

the program's success.			
<input type="checkbox"/> Describes how activities are designed to address health disparities and/or health inequities.	5		
<input type="checkbox"/> Demonstrates consistency with the Integration of Oral Health into Prenatal Care program goals [see page 5 of the Solicitation, Section I, (I), Goals].	5		
Total Methodology	30		
Budget	Maximum Score	Reviewer Score	Notes
<input type="checkbox"/> The proposed budget, including staffing, is adequate to accomplish program objectives and deliverables.	5		
<input type="checkbox"/> Budget elements are consistent with other information in application (e.g., executive summary, program narrative, GMIS budget and budget justification).	5		
<input type="checkbox"/> Deliverable objective descriptions and allocations are consistent with Appendices C1 and C2 in the Solicitation.	5		
<input type="checkbox"/> Correct Budget Justification is utilized (Scenario #3, Appendix G), all deliverables and deliverable funding amounts are included and form is signed by the agency head.	5		
Total Budget	20		
TOTAL POINTS	100		

APPENDIX E

INTEGRATION OF ORAL HEALTH INTO PRENATAL CARE PROGRAM

Practice Site Locations and Prenatal Care Provider Information

Applicant Agency Name: _____ **GMIS Project #:** _____

Please complete the table below for each practice site location your agency operates that provides prenatal services.

[illegible]





APPENDIX E

Please complete the table below for all health care practitioners who provide prenatal services at practice locations selected for this project.






[illegible]

ORAL HEALTH INTEGRATION RESOURCES







- 1) The following links will aid in the process of *Conducting/Recording an oral health assessment*, which includes an inspection of the mouth, along with documenting your findings:

 https://www.aap.org/en-us/Documents/oralhealth_RiskAssessmentTool.pdf
 <https://www.mchoralhealth.org/PDFs/BFOHPocketGuide.pdf>
 <https://www.mchoralhealth.org/pocket/7-risk-tools.php>
 <https://www.mchoralhealth.org/OpenWide/>

- 2) The following *Patient Education* materials can be used to provide information to clients about their oral health and/or their infants oral health:

 <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/oral-health-program/media/oral-health-and-pregnancy-fact-sheet-2020>
 <https://www.mchoralhealth.org/PDFs/OralHealthPregnancyHandout.pdf>
 <https://www.mchoralhealth.org/PDFs/handout-prenatal-care-health-professionals.pdf>
 <https://www.cdhp.org/blog/459-infographic-dental-care-is-safe-and-important-during-pregnancy>
 <https://www.smilesforlifeoralhealth.org/wp-content/uploads/2020/01/Handoutpregnancybrochure-english.pdf>

- 3) The following links provide information on *Referrals/Case Management* for dental care that can assist the agency to ensure clients get the appropriate care:

 <https://www.mchoralhealth.org/pocket/7-risk-tools.php>
 <https://www.mchoralhealth.org/highlights/dental-home.php>
 <https://eclkc.ohs.acf.hhs.gov/sites/default/files/pdf/buob-2019-11.pdf>
 https://dental.dhcs.ca.gov/Dental_Providers/Dental_Case_Management_Program/Dental_Case_Management_Referral/Dental_Case_Management_Referral_Form/
 https://www.dentaquestpartnership.org/sites/default/files/InterprofessionalNetworkReferralProcess_FINAL.pdf
 <https://targethiv.org/ihip/module-7-dental-case-management>

- 4) Below are links to comprehensive practice guidelines for oral health care during pregnancy and early childhood:

 <https://www.health.ny.gov/publications/0824.pdf>
 https://www.cdafoundation.org/Portals/0/pdfs/poh_guidelines.pdf

BUDGET JUSTIFICATION EXAMPLE (Deliverable Funding Only)

NOTES:

1. Budget justification line items **MUST** be in the same order as in the GMIS budget.

OTHER DIRECT COSTS

Deliverable – Objectives

(PLEASE REFER TO SUBGRANT SOLICITATION FOR THE REQUIRED SCENARIO)

(Note: Budget leverage cannot be used to move funding into or out of any Deliverables – Objective line item. Also, indirect cannot be charged against this line item.)

Scenario 1 (please refer to the solicitation to determine which scenario to use)

- Deliverable – Objective 1 \$10,000
Note: A brief description of how agency will accomplish meeting the deliverable may be required. Please refer to the solicitation to determine if this is required to be included in the budget justification. A detailed breakout of the deliverable budget is not required and should not be included in the budget justification.
- Deliverable – Objective 2 \$45,000
Note: A brief description of how agency will accomplish meeting the deliverable may be required. Please refer to the solicitation to determine if this is required to be included in the budget justification. A detailed breakout of the deliverable budget is not required and should not be included in the budget justification.
- Deliverable – Objective 3 \$75,000
Note: A brief description of how agency will accomplish meeting the deliverable may be required. Please refer to the solicitation to determine if this is required to be included in the budget justification. A detailed breakout of the deliverable budget is not required and should not be included in the budget justification.

Scenario 2 (please refer to the solicitation to determine which scenario to use)

- Deliverable – Objective 1
 - Franklin County \$40,000
 - Union County \$11,000
 - Madison County \$20,000
 - Licking County \$15,000

Note: A brief description of how agency will accomplish meeting the deliverable may be required. Please refer to the solicitation to determine if this is required to be included in the budget justification. A detailed breakout of the deliverable budget is not required and should not be included in the budget justification.

Appendix G

- Deliverable – Objective 2

Franklin County	\$52,500
Union County	\$9,500
Madison County	\$12,500
Licking County	\$16,500

Note: A brief description of how agency will accomplish meeting the deliverable may be required. Please refer to the solicitation to determine if this is required to be included in the budget justification. A detailed breakout of the deliverable budget is not required and should not be included in the budget justification.

- Deliverable – Objective 3

Franklin County	\$78,750
Union County	\$16,750
Madison County	\$8,750
Licking County	\$38,750

Note: A brief description of how agency will accomplish meeting the deliverable may be required. Please refer to the solicitation to determine if this is required to be included in the budget justification. A detailed breakout of the deliverable budget is not required and should not be included in the budget justification.

Scenario 3 (please refer to the solicitation to determine which scenario to use)

- Deliverable – Objective 1

Objective A	\$10,000
Objective B	\$20,000
Objective C	\$30,000
Objective D	\$40,000

Note: A brief description of how agency will accomplish meeting the deliverable may be required. Please refer to the solicitation to determine if this is required to be included in the budget justification. A detailed breakout of the deliverable budget is not required and should not be included in the budget justification.

- Deliverable – Objective 2

Objective A	\$12,500
Objective B	\$2,500
Objective C	\$1,500
Objective D	\$16,500

Note: A brief description of how agency will accomplish meeting the deliverable may be required. Please refer to the solicitation to determine if this is required to be included in the

Appendix G

budget justification. A detailed breakout of the deliverable budget is not required and should not be included in the budget justification.

- Deliverable – Objective 3

Objective A	\$28,750
Objective B	\$8,750
Objective C	\$1,750
Objective D	\$38,050

Note: A brief description of how agency will accomplish meeting the deliverable may be required. Please refer to the solicitation to determine if this is required to be included in the budget justification. A detailed breakout of the deliverable budget is not required and should not be included in the budget justification.

Total Other Direct Costs

\$Total

Budget Grand Total

\$

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).
- Sub-recipient'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 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.

[Signature]

Appendix G

[Print Name & Title]

[Date]