

STATE OF TENNESSEE
STATE AGENCY NAME



**REQUEST FOR APPLICATION # 34347-52417
AMENDMENT # 1
FOR HEALTHCARE SAFETY NET ADULT EMERGENCY
DENTAL EXTRACTION AND/OR HYGIENIC CLEANING
SERVICES WITH EDUCATIONAL COUNSELING ON
ORAL HEALTH FOR UNINSURED ADULT
TENNESSEANS AGES NINETEEN (19) THROUGH
SIXTY-FOUR (64) YEARS OF AGE**

DATE: MARCH 18, 2016

RFA # 34352-24116 IS AMENDED AS FOLLOWS:

1. This RFA Schedule of Events updates and confirms scheduled RFA dates. Any event, time, or date containing revised or new text is highlighted.

EVENT	TIME (Central Time)	DATE (dates are state business days)
1. RFA Issued		CONFIRMED
2. "Written Questions & Comments" Deadline	2:00 p.m.	CONFIRMED
3. State Responds to "Written Questions & Comments"		Friday, March 18, 2016
4. Deadline for Applications	2:00 p.m.	Thursday, March 24, 2016
5. Evaluation Notice Released	2:00 p.m.	Friday, April 1, 2016
6. Effective Start Date of Contract		Sunday, May 1, 2016

2. State responses to questions and comments in the table below amend and clarify this RFA.

Any restatement of RFA text in the Question/Comment column shall NOT be construed as a change in the actual wording of the RFA document.

QUESTION / COMMENT	STATE RESPONSE
1 How do I submit the Application online?	Please open the Application by clicking on the DOWNLOAD HERE button. You will fill out the Application and save to your computer. You will then go back to the Funding Opportunities website http://tn.gov/health/article/funding-opportunities and click on the red button Click Here to Upload. You will complete the short form, click on the Browse button under Upload Attachments, find the file and click on the file to upload and then click open. It has

QUESTION / COMMENT	STATE RESPONSE
	now attached the Application. There are two other boxes for Upload other for any other attachments. You then click on Submit Form. You will receive a notification that it was successful.
2 The services we provide right now are extractions only but we are currently obtaining equipment and supplies to provide dental hygienist services. Do I include that in "Current services provided"?	Yes, state your intent to add the service in your application as you have done in your question and estimate when services shall start.
3 If a patient has dental insurance but it does not cover extractions are they considered "uninsured"?	If a patient does not have dental insurance to cover extractions, that patient would be eligible.
4 What is required in the letter from our service providers?	Just a statement on their letter head that they have provided support or will provide support to you.
5 Is the button going to be added onto the signature so that we don't have to print it out? If we do have to print it, should we only print the last page because on some of the questions they have a smaller box that you have to scroll through electronically and you won't be able to see everything if it is printed, such as question number one, under section B? If that is the case, then how do we incorporate that into the original electronic file so that you can scroll through the text or should we just handwrite it in?	The button has been added for the electronic signature. If you do have to print, you can print the last page, sign, and upload with your documents as the signature page.
6 In regards to question one under section A, we are faith based and community based, do you just want us to only mark faith based or is there a way we can mark both?	One selection is sufficient.
7 In regards to question 2 under section B, the only options available are Dentist and Physician; do you want to know about our assistants or our hygienist? Also, the Dentist and the Assistants work 30 hours a week and get holidays and vacations off, does that mean that for the FTE I just mark the hours that they work per annum?	Yes, we want to know about your hygienist. We regret the oversight. Please use any blank boxes for hygienist and label as such. Reference hours worked; annum is sufficient.
8 In regards to questions 10 and 11, under section B, in the HPSA list that you attached Bradley County is marked: Area- 'Low - Income Population' AND Type of Designation- 'Population'. So does that mean Karis is or is not an HPSA, is or is not an MUA, is or is not an MUP?	Bradley County falls in all 3 categories.
9 Can you clarify question 13 under section B? Are you asking if we turn away emergency patients because they are unable to pay our fees?	Yes, please answer if you turn away emergency patients because they are unable to pay your fees.
10 Is there an upper limit on how much funding we can receive? If so, what is the limit based on?	Awards are based on total funding available to the program and estimation of extractions and hygienic cleanings.
11 Is there an upper age limit on who qualifies for this? If there is, is there a reason for it because many of our patients are 65, are at or	Once the patient turns sixty-five (65) years of age, they are no longer eligible for the program. Sixty-five (65) is the age an individual is eligible for

QUESTION / COMMENT	STATE RESPONSE
below the federal poverty level, and have no dental insurance, making access to dental care impossible.	Medicare.
12 Is there a grace period if we turn in the application early and we misunderstood a question? Or is there a way that we can turn in a draft so that you can let us know if we have to fix anything?	This is a competitive process and there is no grace period. If clarification is needed, you will be contacted by the Competitive Procurement Coordinator shown in Section II of the RFA. The application that you submit is accepted as your application. You may change and resubmit your application until the deadline shown above.

3. **RFA Amendment Effective Date.** The revisions set forth herein shall be effective upon release. All other terms and conditions of this RFA not expressly amended herein shall remain in full force and effect.