

**STATE OF TENNESSEE
DEPARTMENT OF HEALTH**

REQUEST FOR APPLICATION

FOR

**HEALTHCARE SAFETY NET ADULT EMERGENCY DENTAL EXTRACTION,
HYGIENIC CLEANING SERVICES WITH EDUCATIONAL COUNSELING AND GENERAL
ORAL HEALTH SERVICES FOR UNINSURED ADULT TENNESSEANS AGES
NINETEEN (19) THROUGH SIXTY-FOUR (64) YEARS OF AGE**

RFA # 34352-24121

REQUEST FOR APPLICATION**STATE OF TENNESSEE****DEPARTMENT OF HEALTH****I. Introduction:**

The Tennessee Department of Health, hereinafter referred to as "State" or Department" intends to enter into grants with Community & Faith-Based clinics or Community Health Centers willing to provide adult emergency dental extraction, preventive hygienic dental services and general oral health care to uninsured adult Tennesseans 19 to 64 years of age. Provision of these services should be consistent with the established guidelines and procedures practiced by the clinic.

The State is seeking applications to provide the services outlined in this RFA. The State will offer Grant Contracts for the project period beginning on November 1, 2020 through June 30, 2021 for a total of eight (8) months. The number and amount of grants awarded will depend on the availability of funding and number of applications received. The grants shall be awarded based on the existing access to oral health care needs of the local vulnerable population, ensuring adequacy of geographic distribution of Safety Net services, as determined by the Department of Health. Preference will be given to applicants that propose to provide emergency dental, preventive hygienic dental services and general oral health care to meet the needs of an underserved area in Tennessee. Priority consideration will be given to providers currently serving in counties where no existing Uninsured Adult Health Care Safety-Net provider resides, or an area with a federal shortage designation to include, a Medically Underserved Area (MUA), Medically Underserved Population (MUP), or a Health Professional Shortage Area (HPSA) where access to current emergency dental, hygienic cleanings and general oral health care Safety Net services are limited.

Use the [HRSA find shortage areas by address](#) and enter a facility address to determine whether it is located in a shortage area: HPSA Geographic, HPSA Geographic High Needs, or Population Group HPSA or an MUA or MUP.

Note: This search will not identify facility HPSAs. To find these HPSAs, use the [HPSA Find](#) tool.

If you are currently receiving an Uninsured Adult Health Care Safety Net primary care grant from the State you can apply for this funding opportunity as a service expansion to receive an Uninsured Adult Health Care Safety Net oral health care grant.

A. Service Description:

Successful applicants must provide the following services to uninsured adult Tennesseans:

1. **Emergency Dental Extraction** - means the removal of a tooth from its socket in the bone.
2. **Preventive Hygienic Dental Services** - means cleaning of teeth with educational counseling on oral health.
3. **Dental Filling** – the removal of the decayed portion of the tooth and then cleaned and filled.
4. **Dental Procedures** listed on the **Dental Code Formulary** – listing of current dental terminology (CDT) codes that are approved dental procedures to determine a reimbursable encounter under this grant, see Appendix I for this listing.
5. **Restorative Services** – the integrated management of oral health problems involving treatment or services provided to prepare a patient for an appliance that replaces a missing tooth or teeth and restores the mouth to a functional and aesthetic state.

Oral health care services must be performed by a licensed dentist or a licensed hygienist under the supervision of a licensed dentist. All services performed under the grants shall be performed at no charge, flat rate charge or at a reduced fee. Successful applicants may use a sliding scale based on income to determine the cost of services to clients. Successful applicants shall explain how the percentage discount offered to uninsured adults compares to the usual and customary fees charged by the clinic.

Successful applicants shall be required to provide quarterly reporting of all the services performed under the grant. All Quarterly Service Reports must include the number of dental encounters provided to the number of unduplicated uninsured adult patients age nineteen (19) to sixty-four (64) receiving oral health services during the reporting period. Additionally, the clinic must provide a reconciliation list to accompany the Quarterly Service Report that includes an itemized listing of each individual encounter for the total number of Dental Extractions, Fillings, Restorative Services and Preventative Hygienic Dental Cleanings provided during the quarterly reporting period.

The schedule of submission of the Quarterly Service Report is:

<u>Quarterly Reporting Period</u>	<u>Report Due Date</u>
July 1, 2020-September 30, 2020	October 15, 2020
October 1, 2020 thru December 30, 2020	January 15, 2021
January 1, 2021 thru March 31, 2021	April 15, 2021
April 1, 2021 – June 30, 2021	July 15, 2021

Grantees will be paid for professional dental services based on a percentage payment distribution methodology. The State, at its sole discretion, shall determine the amount of each quarterly payment, which shall be based on the

number of grantee Dental Encounters, as a proportion of the total Dental Encounters of similar categories of grantees.

Applicants must assure that they provide oral health care services to uninsured adults. Applicants must provide documentation per Attachment 1 that their center’s ratio of dental encounters to unduplicated uninsured adults has the potential of attaining a 2:1 patient ratio (e.g. if your center provides services to 100 unduplicated uninsured adults, your center should also provide at least 200 dental encounters for those unduplicated uninsured adults.

B. Eligibility Criteria:

Participating Entity	Eligibility Criteria
Community & Faith-Based (CFB) Organization OR Rural Health Clinic (RHC)	<ul style="list-style-type: none"> Operate as a free and charitable clinic and not-for-profit entity providing services in Tennessee, and utilizing volunteers (licensed health professionals and/or non-clinical support personnel) to deliver services, and/or Operate as a Rural Health Clinic (RHC) in accordance with the Code of Federal Regulations (CFR) 42 CFR 491 Subpart A and 42 CFR 405.2400 Subpart X Provide primary medical and / or dental health care services in an ambulatory setting Provide oral health care services to low-income, uninsured individuals for free, discounted or sliding-fee scale rates Deliver services using a medical home model
Federally Qualified Health Center (FQHC) or FQHC “Look-Alike” Community Health Center (CHC) seeking to Expand Oral Health Care Services	<ul style="list-style-type: none"> Operate as a public or private, not-for-profit entity Meet the federal requirements in accordance with the Code of Federal Regulations (CFR) 42 CFR 491 Subpart A and 42 CFR 405.2400 Subpart X ; Health Center Program Statute: Section 330 of the Public Health Service Act ; and The Bipartisan Budget Act of 2018 amended Section 330 of the Public Health Service Act (42 U.S.C. 254b), Operate in a federally-designated Health Professional Shortage Area (HPSA) or facility-HPSA Provide primary medical care services in an ambulatory setting Provide services to low-income, uninsured, under-insured individuals for free, discounted or sliding-fee scale rate Deliver services using a medical home model

C. Ineligible Criteria:

- Inpatient or long term care facility.
- Applicant is not located in an underserved area or in a federally designated shortage area or does not provide access to care for a vulnerable population residing in a contiguous underserved area.
- does not provide oral health services to uninsured adults in Tennessee ages 19-64.

II. APPLICATIONS

To respond to this Request for Application, please complete the **Application**. See also IRS Form W9 and State of Tennessee, Department of Finance and Administration ACH (Automated Clearing House) Credits and Instructions for completion. The **Application** contains detailed questions about your center.

Please provide a letter of support from healthcare providers or facilities detailing the services they provide for your center and their willingness to continue to provide those services.

III. Schedule of Events

The following is the anticipated schedule for awarding grants for the HealthCare Safety Net Dental Services. The State reserves the right to adjust the schedule as it deems necessary.

EVENT	TIME (Central Time)	DATE (all dates are state business days)
1. RFA Issued		Friday September 11, 2020
2. Written "Questions & Comments" Deadline	2:00 p.m.	Thursday, September 17, 2020
3. State Response to Written "Questions & Comments"		Thursday, September 24, 2020
4. Deadline for Applications	2:00 p.m.	Thursday, October 8, 2020
5. Evaluation Notice Released	2:00 p.m.	Thursday, October 22, 2020
6. Effective Start Date of Contract		Sunday, November 1, 2020

Questions and Answers:

All questions concerning this RFA must be presented to the Competitive Procurement Coordinator shown in Section IV., in writing, on or before the Deadline for Written Questions and Comments as detailed above in the Schedule of Events. Questions may be faxed, emailed, mailed or hand-carried to the Competitive Procurement Coordinator. The State's responses will be emailed and posted as an Amendment to the following website: <https://www.tn.gov/health/funding-opportunities.html>.

Deadlines stated above are critical. If documents are submitted late, they will be deemed to be late and cannot be accepted. The clock-in time will be determined by the

time of the online submission. No other clock or watch will have any bearing on the time of application receipt.

Each applicant shall assume the risk of the method of dispatching any communication or application to the State. The State assumes no responsibility for delays or delivery failures resulting from the method of dispatch.

IV. Submission of APPLICATIONS:

Please submit the completed application with attachments by online submission via the following link no later than the deadline specified in Section III, Schedule of Events in the form and detail specified in this RFA.

Web Link: <https://www.tn.gov/health/funding-opportunities.html>.

Please contact the Competitive Procurement Coordinator at the address shown below with any issues or concerns with online submission. **The APPLICATION and all attachments must use 12-point font.**

Melissa Painter
Competitive Procurement Coordinator
Service Procurement Program
Division of Administrative Services
Andrew Johnson Tower, 5th Floor
710 James Robertson Parkway
Nashville, TN 37243
Phone: (615) 741-0285
Fax: (615) 741-3840
Email: Competitive.Health@tn.gov

Checklist for Submission of Applications:

- Application Form
- Form W-9, Request for Taxpayer Identification Number (TIN) and Certification (**Mailed per instructions with ACH form.**)
- State of Tennessee, Department of Finance and Administration ACH (Automated Clearing House) Credits and Instructions (**Mailed per instructions on ACH form.**)
- Letters of support from healthcare providers or facilities

V. Application Evaluation:

An evaluation committee made up of at least three (3) representatives of the Department of Health will be established to judge the merit of eligible applications.

- A. The committee shall review applications on the basis of the information requested in the RFA. Applications will be evaluated based on the following criteria:

- Ability to provide services
- History of service provision to uninsured adults - established patients and
- Clinical staffing
- Location - HPSA, MUA, MUP or underserved area
- Dental services provided

The committee will evaluate and recommend for selection to the Commissioner of the Department of Health, the applications which are most responsive to the State's needs.

- B. Any application that is incomplete or contains significant inconsistencies or inaccuracies shall be rejected. The State reserves the right to waive minor variances or reject any or all applications. The State reserves the right to request clarifications from all applicants.

IV. **Sample Grant Contract:**

Following the State's evaluation, grant contracts will be prepared as shown in the **Sample Grant Contract**. If a grant is awarded to a governmental entity established pursuant to Tennessee Code Annotated (such as a human resource agency, a developmental district, the University of Tennessee, or a Board of Regents school), the standard terms and conditions of the grant will be revised accordingly; however, significant performance requirements will not be revised.

It is imperative that each applicant review the entire Sample Contract with their legal counsel prior to submitting an application for a Healthcare Safety Net Dental Care grant award and notify the State *in advance* if it cannot accept any terms or conditions. The Application for a grant award asks you to list any terms or conditions that your organization cannot accept. **Taking any exceptions to State contract language may result in the Application being deemed non-responsive and rejected. Any later requests for contract changes will not be considered.**