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 # 34352-24122
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-based & 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 nineteen (19) to sixty-four (64) years of age. Provision of these services should be consistent with your center’s established guidelines and procedures.

If you currently receive a Safety Net dental grant from the State, please do not apply for these funds. These funds are for new applicants only.

Preference will be given to applicants that propose to provide dental services to meet the needs of a Medically Underserved Area (MUA), Medically Underserved Population (MUP), or a Health Professional Shortage Area (HPSA) where current Safety Net services are limited. A listing of MUAs, MUPs, and HPSAs is included.

Service Description:

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

a. Emergency Dental Extraction – means the removal of a tooth from its socket in the bone.

b. Dental Filing – the removal of the decayed portion of the tooth and then cleaned and filled.

c. Dental Procedures listed on the Dental Code Formulary – listing of dental terminology (CDT) codes that are approved dental procedures to determine a reimbursable encounter under this grant, see Appendix I for this listing.

d. Preventive Hygienic Dental Services – means the cleaning of teeth with educational counseling on oral health.

e. 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 grant 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 reports must include the number of dental unduplicated adult patients and encounters for uninsured adult patients at the applicant’s center during the reporting period. The reporting periods and reporting deadlines are:

<table>
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<tr>
<th>Reporting Period</th>
<th>Reporting Deadline for Community &amp; Faith-Based Organizations</th>
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<tbody>
<tr>
<td>Q3 (Jan. 1 through Mar. 31)</td>
<td>Apr. 20</td>
</tr>
<tr>
<td>Q4 (Apr. 1 through June 30)</td>
<td>July 20</td>
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Quarterly payments are determined based upon a percentage of the total amount of funding available for dental services each quarter, divided by total number of encounters reported collectively by providers delivering dental services during the reporting period. This funding methodology requires that each safety net service provider submit reports promptly, so that appropriate payments based on the percent of total encounters can be calculated and paid in a timely manner. Penalties may be incurred for late reporting, including non-payment for services rendered during that reporting period.

Uninsured Adult Health Care Safety Net Dental program participants are expected to comply with all federal, state and programmatic requirements, including:

- Protection of patient privacy and confidentiality, including the Health Information Portability and Accountability Act (HIPAA);
- The terms and conditions of the sub-recipient contract with the Tennessee Department of Health, including access to relevant documentation, materials and personnel during scheduled site visits and audits; and
- Attendance at an annual conference conducted by the TN State Office of Rural Health and Health Access.

Successful program participants may also be asked to provide feedback through surveys, interviews, and comments at meetings for the purpose of program evaluation and performance improvement.

Applicants must assure that they provide oral health care services to uninsured adults. Applicants must provide documentation per Attachment I 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. The center should also provide at least 200 dental encounters for those unduplicated uninsured adults.
Eligible Criteria for this funding:
• Faith-Based
• Community-Based
• Federally Funded Centers
• Rural Health Clinics

Ineligible Criteria for this funding:
• Inpatient or long form 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; and
• Already receiving Safety Net Dental Grant from the State.

The State is seeking applications to provide the services outlined in this RFA. The State will offer grants for the project period beginning on January 1, 2023 through June 30, 2023 and will last for six (6) months. The number and amount of grants awarded will depend on the number and budgets of the Applications received. The grants will be awarded based on the services offered by applicants and the needs of the State ensuring adequacy of geographic distributing of Safety Net services, as determined by the State.

II. APPLICATIONS:

To respond to this Request for Application, please complete the Application and Competitive Requirements. 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 organization's background and the specifics of your proposed project. Please provide letters 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.

<table>
<thead>
<tr>
<th>EVENT</th>
<th>TIME (Central Time)</th>
<th>DATE (all dates are state business days)</th>
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<tbody>
<tr>
<td>1. RFA Issued</td>
<td></td>
<td>September 7, 2022</td>
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<tr>
<td>2. Pre-response Teleconference</td>
<td>10:00 a.m.</td>
<td>September 12, 2022</td>
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<td></td>
<td>Written “Questions &amp; Comments” Deadline</td>
<td>September 16, 2022</td>
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<tr>
<td>4</td>
<td>State Response to Written “Questions &amp; Comments”</td>
<td>September 23, 2022</td>
</tr>
<tr>
<td>5</td>
<td>Deadline for Applications</td>
<td>October 7, 2022</td>
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<tr>
<td>6</td>
<td>Evaluation Notice Released</td>
<td>October 31, 2022</td>
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<tr>
<td>7</td>
<td>Effective Start Date of Contract</td>
<td>January 1, 2023</td>
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### Pre-response Teleconference:

A Pre-response Teleconference will be held at the time and date detailed in the RFA Schedule of Events to answer questions concerning the funding opportunity. The information for the Pre-response Teleconference is as follows:

- **Meeting Name:** 34352-24122 Teleconference
- **Meeting number (access code):** 2305 924 2669
- **Meeting password:** bZmKphWX389
- **Meeting Link:** [https://tn.webex.com/tn/j.php?MTID=m6bebe3e591e5f4d70f939c31dd6d54b2](https://tn.webex.com/tn/j.php?MTID=m6bebe3e591e5f4d70f939c31dd6d54b2)
- **Join by phone:** +1-415-655-0003 US TOLL

Any applicant desiring to submit an application in response to this RFA is encouraged to have at least one (1) representative on the teleconference, however attendance is not mandatory. If you cannot participate, please direct your questions by the scheduled deadline as indicated above, to Melissa Painter, Competitive Procurement Coordinator, listed below in Section IV.

### 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](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 all 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](https://www.tn.gov/health/funding-opportunities.html)

The Competitive Procurement Coordinator at the address shown below is the sole point of contact for this competitive process. **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

<table>
<thead>
<tr>
<th>Checklist for Submission of Applications:</th>
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<tbody>
<tr>
<td>☐ Applications (Attachment 1)</td>
</tr>
<tr>
<td>☐ Competitive Requirements</td>
</tr>
<tr>
<td>☐ Letters of support from healthcare providers or facilities</td>
</tr>
<tr>
<td>☐ State of Tennessee, Department of Finance and Administration ACH (Automated Clearing House) Credits and Instructions (Mailed per instructions with ACH form.)</td>
</tr>
<tr>
<td>☐ Form W-9, Request for Taxpayer Identification Number (TIN) and Certification (Mailed per instructions with ACH form.)</td>
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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
- Patient services provided
- History of service provisions to uninsured adults – established patients and new applicants
- Clinical Staffing
- Encounter ratio
- Location – HPSA, MUA, MUP
- 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.

V. **Sample Grant Contract:**

Following the State's evaluation, grant contracts will be prepared as shown in the Sample Grant Contract.

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. Please submit a list of any terms or conditions that your organization cannot accept with the Application for a Safety Net Dental Care grant award. **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.