



GRANT AMENDMENT

Agency Tracking # 31865-00914	Edison ID 78212	Contract #	Amendment # 3		
Contractor Legal Entity Name Department of Health			Edison Vendor ID 0000000051		
Amendment Purpose & Effect(s) Exercise Renewal Option, Increase Maximum Liability for FY26, Add funding for FY27, Update FAIW					
Amendment Changes Contract End Date: ☒ YES ☐ NO		End Date: June 30, 2027			
TOTAL Contract Amount INCREASE or DECREASE per this Amendment (zero if N/A):			\$ 9,218,400.00		
Funding —					
FY	State	Federal	Interdepartmental	Other	TOTAL Contract Amount
2024	\$2,845,936.00	\$5,524,464.00	\$0.00	\$0.00	\$8,370,400.00
2025	\$2,845,936.00	\$5,524,464.00	\$0.00	\$0.00	\$8,370,400.00
2026	\$2,990,096.00	\$5,804,304.00	\$0.00	\$0.00	\$8,794,400.00
2027	\$2,990,096.00	\$5,804,304.00	\$0.00	\$0.00	\$8,794,400.00
TOTAL:	\$11,672,064.00	\$22,657,536.00	\$0.00	\$0.00	\$34,329,600.00
Budget Officer Confirmation: There is a balance in the appropriation from which obligations hereunder are required to be paid that is not already encumbered to pay other obligations. Digitally signed by: Crystal Allen DN: CN = Crystal Allen email = crystal.g.allen@tn.gov C = US O = TennCare OU = Fiscal Date: 2026.01.15 13:21:26 -06'00'					
Speed Chart (optional)			Account Code (optional) 604026		

CPO USE

**AMENDMENT #3
OF GRANT CONTRACT 78212**

This Grant Contract Amendment is made and entered by and between the State of Tennessee, Department of Finance and Administration, Division of TennCare, hereinafter referred to as the "State" and the Department of Health, hereinafter referred to as the "Grantee." It is mutually understood and agreed by and between said, undersigned contracting parties that the subject Grant Contract is hereby amended as follows:

1. The following is added as Grant Contract Section A.7.

A.7. Incorporation of Federal Award Identification Worksheet. The federal award identification worksheet, which appears as Attachment B, is incorporated in this Grant Agreement.

2. Grant Contract section B is deleted in its entirety and replaced with the following:

B.1. This Agreement shall be effective for the period beginning on July 1, 2023 ("Effective Date") and ending on June 30, 2027, ("Term"). The Procuring State Agency shall have no obligation for goods or services provided by the Contracting Agency prior to the Effective Date.

B.2. Renewal Options. This Agreement may be renewed upon satisfactory completion of the Term. The Procuring State Agency reserves the right to execute up to one (1) renewal options under the same terms and conditions for a period not to exceed twelve (12) months each by the Procuring State Agency, at the Procuring State Agency's sole option. In no event, however, shall the maximum Term, including all renewals or extensions, exceed a total of sixty (60) months.

3. Grant Contract section C.1 is deleted in its entirety and replaced with the following:

C.1. Maximum liability. In no event shall the Maximum Liability of the Grantor State Agency under this Grant Agreement exceed Eight Million Three Hundred Seventy Thousand, Four Hundred Dollars (\$8,370,400.00) for FY 2024, Eight Million Three Hundred Seventy Thousand, Four Hundred Dollars (\$8,370,400.00) for FY 2025, Eight Million Seven Hundred Ninety-Four Thousand, Four Hundred Dollars (\$8,794,400.00) for FY 2026 and Eight Million Seven Hundred Ninety-Four Thousand, Four Hundred Dollars (\$8,794,400.00) for FY 2027 with a ("Maximum Liability") of Thirty-Four Million Three Hundred Twenty-Nine Thousand Six Hundred Dollars Zero Cents (\$34,329,600.00). The Grant Budgets, attached and incorporated as Attachment A and A.1, is the maximum amount due the Grantee under this Grant Agreement. The Grant Budget line items include, but are not limited to, all applicable taxes, fees, overhead, and all other direct and indirect costs incurred or to be incurred by the Grantee.

4. Grant Contract Attachment A.1 attached hereto is added as a new attachment.

5. Grant Contract Attachment B attached hereto is added as a new attachment.

Required Approvals. The State is not bound by this Amendment until it is signed by the contract parties and approved by appropriate officials in accordance with applicable Tennessee laws and regulations (depending upon the specifics of this contract, said officials may include, but are not limited to, the Commissioner of Finance and Administration, the Commissioner of Human Resources, and the Comptroller of the Treasury).

Amendment Effective Date. The revisions set forth herein shall be effective once all required approvals are obtained. All other terms and conditions of this Grant Contract not expressly amended herein shall remain in full force and effect.

IN WITNESS WHEREOF,

DEPARTMENT OF HEALTH:

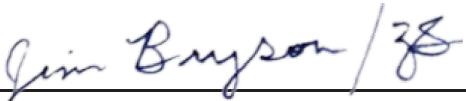
Dr. John R. Dunn Digitally signed by Dr. John R. Dunn
Date: 2026.01.26 09:14:15 -06'00'

GRANTEE SIGNATURE

DATE

PRINTED NAME AND TITLE OF GRANTEE SIGNATORY (above)

DEPARTMENT OF FINANCE AND ADMINISTRATION
DIVISION OF TENNCARE:


JIM BRYSON, COMMISSIONER

1/28/2026

DATE

ATTACHMENT A.1
(Grant Budget Page 1)

GRANT BUDGET				
Department of Health - Oral Disease Services				
The grant budget line item amounts below shall be applicable only to expense incurred during the following Applicable Period: BEGIN: July 1, 2026 END: June 30, 2027				
	EXPENSE OBJECT LINE-ITEM CATEGORY ¹	GRANT AGREEMENT	GRANTEE PARTICIPATION	TOTAL PROJECT
	Salaries, Benefits & Taxes	\$4,434,767.00	0.00	\$4,434,767.00
	Professional Fee. Grant & Award ²	\$3,466,980.00	0.00	\$3,466,980.00
	Supplies, Telephone, Postage & Shipping, Occupancy, Equipment Rental & Maintenance. Printing & Publications	\$644,753.00	0.00	\$644,753.00
	Travel, Conferences & Meetings	\$240,900.00	0.00	\$240,900.00
	Interest ²	0.00	0.00	0.00
	Insurance	0.00	0.00	0.00
	Specific Assistance To Individuals	0.00	0.00	0.00
	Depreciation ²	0.00	0.00	0.00
	Other Non-Personnel ²	\$7,000.00	0.00	\$7,000.00
	Capital Purchase ²	0.00	0.00	0.00
	Indirect Cost	0.00	0.00	0.00
	In-Kind Expense	0.00	0.00	0.00
	GRAND TOTAL	\$8,794,400.00	0.00	\$8,794,400.00

GRANT BUDGET LINE-ITEM DETAIL

PROFESSIONAL FEE, GRANT & AWARD	AMOUNT
Metropolitan Government or Nashville and Davidson County	920,100.00
Sullivan County Health Department	369,000.00
Madison County Health Department	445,200.00
Shelby County Health Department	809,750.00
Knox County Health Department	322,700.00
Hamilton County Health Department	383,870.00
County Grants	216,360.00
TOTAL	3,466,980.00

Position/Title	Monthly Salary	#Of Months Worked	%Of Time Worked	Total Salary
Dentists x 7	12,478.00	12	30%	314,447.00
Dental Director x 1	14,167.00	12	10%	17,000.00
Hygienists x 35	5,240.00	12	100%	2,415,000.00
Dental Assistants (RDA2) x 5	2,542.00	12	100%	162,120.00
Dental Assistants (RDA3) x 3	3,145.00	12	80%	106,888.00
PHA 1 x 1	6,944.00	12	9%	7,500.00
PHA 2 x 1	7,785.00	12	30%	28,026.00
Total Salaries				3,050,981.00
Total Benefits				1,383,786.00
Totals with salaries, benefits, and taxes				4,434,767.00

Other non-personnel	AMOUNT
SEALTN Database Maintenance	7,000.00

ATTACHMENT B**Federal Award Identification Worksheet**

Subrecipient's name (must match name associated with its Unique Entity Identifier (SAM))	State of Tennessee, Department of Health
Subrecipient's Unique Entity Identifier (SAM)	172636268
Federal Award Identification Number (FAIN)	05-1505TN5MAP
Federal award date	TennCare is a continuing entitlement program that receives quarterly allotments from the federal government, therefore there is no date of award.
Subaward Period of Performance Start and End Date	July 1, 2023 June 30, 2027
Subaward Budget Period Start and End Date	July 1, 2023 June 30, 2027
Assistance Listing number (formerly known as the CFDA number) and Assistance Listing program title.	93.778 Department of Health and Human Services, Title XIX
Grant contract's begin date	July 1, 2023
Grant contract's end date	June 30, 2027
Amount of federal funds obligated by this grant contract	\$22,657,536.00
Total amount of federal funds obligated to the subrecipient	
Total amount of the federal award to the pass-through entity (Grantor State Agency)	9.0 billion budgeted annually. TennCare is a continuing entitlement program that receives quarterly allotments from the federal government, therefore there is no upper award limit.
Federal award project description (as required to be responsive to the Federal Funding Accountability and Transparency Act (FFATA))	Medicaid
Name of federal awarding agency	Department of Health and Human Services Center for Medicare and Medicaid Services (CMS) Regional Office
Name and contact information for the federal awarding official	Josh Portz Center for Medicare and Medicaid Services (CMS) joshua.portz@cms.hhs.gov
Name of pass-through entity	TennCare
Name and contact information for the pass-through entity awarding official	Zane Seals, Chief Financial Officer 310 Great Circle Rd, Nashville, TN 37243 (615) 507-6345 zane.seals@tn.gov
Is the federal award for research and development?	No
Indirect cost rate for the federal award (See 2 C.F.R. §200.331 for information on type of indirect cost rate)	N/A



GRANT AMENDMENT

Agency Tracking # 31865-00914	Edison ID 78212	Contract #	Amendment # 2		
Contractor Legal Entity Name Department of Health			Edison Vendor ID 0000000051		
Amendment Purpose & Effect(s) Language Adjustment(s)					
Amendment Changes Contract End Date: ☐ YES ☒ NO		End Date: June 30, 2026			
TOTAL Contract Amount INCREASE or DECREASE per this Amendment (zero if N/A):			\$ 0.00		
Funding —					
FY	State	Federal	Interdepartmental	Other	TOTAL Contract Amount
2024	\$2,845,936.00	\$5,524,464.00			\$8,370,400.00
2025	\$2,845,936.00	\$5,524,464.00			\$8,370,400.00
2026	\$2,845,936.00	\$5,524,464.00			\$8,370,400.00
TOTAL:	\$8,537,808.00	\$16,573,392.00			\$25,111,200.00
Budget Officer Confirmation: There is a balance in the appropriation from which obligations hereunder are required to be paid that is not already encumbered to pay other obligations.					
Crystal Allen Digitally signed by: Crystal Allen DN: CN = Crystal Allen email = crystal.g.allen@tn.gov C = US O = TennCare OU = Fiscal Date: 2024.06.20 09:33:29 -05'00'			CPO USE		
Speed Chart (optional)		Account Code (optional)			

**AMENDMENT #2
OF GRANT CONTRACT 78212
BETWEEN THE STATE OF TENNESSEE
DEPARTMENT OF FINANCE AND ADMINISTRATION
DIVISION OF TENNCARE
AND
DEPARTMENT OF HEALTH**

This Grant Contract Amendment is made and entered by and between the State of Tennessee, Department of Finance and Administration, Division of TennCare, hereinafter referred to as the "State" and the Department of Health, hereinafter referred to as the "Grantee." It is mutually understood and agreed by and between said, undersigned contracting parties that the subject Grant Contract is hereby amended as follows:

1. Grant preamble is deleted in its entirety and replaced with the following:

This Grant Agreement, by and between the State of Tennessee, Department of Finance and Administration, Division of TennCare (the "Grantor State Agency", the "State", or "TennCare"), and the Department of Health (the "Grantee") (collectively referred to herein as the "Parties"), is for the provision of Oral Disease Services for School Children in Pre-Kindergarten through 8th Grade, and children of all grade levels in K-12 unit schools as further defined in the "Scope of Services and Deliverables".

2. Grant Contract section A.2. is deleted in its entirety and replaced with the following:

A.2. TennCare shall authorize and designate the Grantee to assist in the administration of the TennCare program authorized under Title XIX of the Social Security Act, by performing oral disease prevention services for school children in Pre-Kindergarten through 8th Grade and attending public schools with Title I designation and Title I Eligible Schools with Concentrated Poverty rates of 40% or more. In qualifying public unit schools, which are usually comprised of grades K-12, all children in the schools will be eligible to participate in the program, regardless of the grade level, so as not to exclude any students in targeted schools.

3. Grant Contract section A.3. is deleted in its entirety and replaced with the following:

A.3. If the school does not include Pre-Kindergarten, then the program would apply to kindergarten through 8th Grade, except in unit schools, where all students in the school will be eligible to participate regardless of grade level, as described above in Section A.2. When school is not in session or school populations are not available, the same scope of services may be provided in alternate sites such as Head Start, daycare centers, camps, health fairs and community centers that target children of similar socioeconomic status as the target schools. These services shall include, but are not limited to the following:

- a. Provision of oral health education for children in targeted schools;
- b. Provision of dental screenings for children in attendance on the day of the screening unless there is objection from the parent, guardian, or student, and recording of screening for enrollees using CDT D0191;
- c. Referral and follow-up for children who need urgent dental treatment;
- d. Provision of dental sealants (CDT D1351) to children who are candidates for this procedure and with consent of parent or guardian;
- e. Provision of oral evaluations coded as D0120 for TennCare enrollees who have returned the appropriate forms and have parental/guardian consent;

- f. Provision of silver diamine fluoride as an interim caries arresting medicament (CDT 01354) to children who are candidates for this procedure and with the consent of parent or guardian, and
- g. If a TennCare enrollee receives an oral evaluation (CDT D0120) and/or a prophylaxis (CDT 01110 or D1120) and/or a fluoride varnish (CDT D1206) and/or silver diamine fluoride (CDT D1354) as part of the regions' school based program, then those services must be recorded and submitted to TennCare. A toothbrush prophylaxis would not meet the criteria for a dental prophylaxis.

Required Approvals. The State is not bound by this Amendment until it is signed by the contract parties and approved by appropriate officials in accordance with applicable Tennessee laws and regulations (depending upon the specifics of this contract, said officials may include, but are not limited to, the Commissioner of Finance and Administration, the Commissioner of Human Resources, and the Comptroller of the Treasury).

Amendment Effective Date. The revisions set forth herein shall be effective once all required approvals are obtained. All other terms and conditions of this Grant Contract not expressly amended herein shall remain in full force and effect.

IN WITNESS WHEREOF,

DEPARTMENT OF HEALTH:

Ralph Alvarado, MD, FACP

Digitally signed by Ralph Alvarado, MD, FACP

Date: 2024.06.14 12:22:43 -05'00'

PRINTED NAME AND TITLE OF GRANTEE SIGNATORY (above)

DEPARTMENT OF FINANCE AND ADMINISTRATION
DIVISION OF TENNCARE:

Jim Bryson / JB

JIM BRYSON, COMMISSIONER

6/20/2024

DATE



GRANT AMENDMENT

Agency Tracking # 31865-00914	Edison ID 78212	Contract #	Amendment # 01		
Contractor Legal Entity Name Department of Health			Edison Vendor ID 0000000051		
Amendment Purpose & Effect(s) Grant Budget Revision and Funding Increase Adjustment					
Amendment Changes Contract End Date: ☐ YES ☒ NO		End Date: June 30, 2026			
TOTAL Contract Amount INCREASE or DECREASE per this Amendment (zero if N/A):			\$ 2,250,000.00		
Funding —					
FY	State	Federal	Interdepartmental	Other	TOTAL Contract Amount
2024	\$2,845,936.00	\$5,524,464.00	\$0.00	\$0.00	\$8,370,400.00
2025	\$2,845,936.00	\$5,524,464.00	\$0.00	\$0.00	\$8,370,400.00
2026	\$2,845,936.00	\$5,524,464.00	\$0.00	\$0.00	\$8,370,400.00
TOTAL:	\$8,537,808.00	\$16,573,392.00	\$0.00	\$0.00	\$25,111,200.00
Budget Officer Confirmation: There is a balance in the appropriation from which obligations hereunder are required to be paid that is not already encumbered to pay other obligations. Digitally signed by: Crystal G. Allen Crystal G. Allen DN: CN = Crystal G. Allen email = Crystal.G.Allen@tn.gov C = US O = TennCare OU = Budget Date: 2023.06.01 10:15:06 -06'00'					
Speed Chart (optional)		Account Code (optional)		CPO USE	

**AMENDMENT #1
OF GRANT CONTRACT 69897
BETWEEN THE STATE OF TENNESSEE,
DEPARTMENT OF FINANCE AND ADMINISTRATION
DIVISION OF TENNCARE
AND
DEPARTMENT OF HEALTH**

This Grant Contract Amendment is made and entered by and between the State of Tennessee, Department of Finance and Administration, Division of TennCare, hereinafter referred to as the "State" and Department of Health, hereinafter referred to as the "Grantee." It is mutually understood and agreed by and between said, undersigned contracting parties that the subject Grant Contract is hereby amended as follows:

1. Grant Contract Attachment C.1 is deleted in its entirety and replaced with the new attachment C.1 attached hereto.
 - C.1. Maximum liability. In no event shall the Maximum Liability of the Grantor State Agency under this Grant Agreement exceed Eight Million Three Hundred Seventy Thousand Four Hundred Dollars (\$8,370,400.00) for FY 2024, Eight Million Three Hundred Seventy Thousand Four Hundred Dollars (\$8,370,400.00) for FY 2025, Eight Million Three Hundred Seventy Thousand Four Hundred Dollars (\$8,370,400.00) for FY 2026 with a ("Maximum Liability") of Twenty-Five Million One Hundred Eleven Thousand Two Hundred Dollars (\$25,111,200.00). The Grant Budgets, attached and incorporated as Attachment A, is the maximum amount due the Grantee under this Grant Agreement. The Grant Budget line items include, but are not limited to, all applicable taxes, fees, overhead, and all other direct and indirect costs incurred or to be incurred by the Grantee.
2. Grant Budget Attachment A attached hereto is deleted in its entirety and replaced with new Grant Budget Attachment A, attached hereto.

Required Approvals. The State is not bound by this Amendment until it is signed by the contract parties and approved by appropriate officials in accordance with applicable Tennessee laws and regulations (depending upon the specifics of this contract, said officials may include, but are not limited to, the Commissioner of Finance and Administration, the Commissioner of Human Resources, and the Comptroller of the Treasury).

Amendment Effective Date. The revisions set forth herein shall be effective once all required approvals are obtained. All other terms and conditions of this Grant Contract not expressly amended herein shall remain in full force and effect.

IN WITNESS WHEREOF,

DEPARTMENT OF HEALTH:

Ralph Alvarado

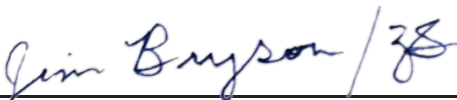
Digitally signed by Ralph Alvarado
DN: cn=Ralph Alvarado, o, ou,
email=lindsay.r.oliveras@tn.gov, c=US
Date: 2023.08.17 10:18:02 -05'00'

GRANTEE SIGNATURE

DATE

PRINTED NAME AND TITLE OF GRANTEE SIGNATORY (above)

**DEPARTMENT OF FINANCE AND ADMINISTRATION
DIVISION OF TENNCARE:**



JIM BRYSON, COMMISSIONER

8/23/2023

DATE

GRANT BUDGET				
Oral Disease Services				
The grant budget line-item amounts below shall be applicable only to expense incurred during the following				
Applicable Period: BEGIN: July 1, 2023 END: June 30, 2026				
POLICY 03 Object Line-Item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY ¹	GRANT AGREEMENT	GRANTEE PARTICIPATION	TOTAL PROJECT
1 2	Salaries, Benefits & Taxes	4,020,567.00	0.00	12,061,701.00
4, 15	Professional Fee, Grant & Award ²	3,471,880.00	0.00	10,415,640.00
5,6,7,8, 9, 10	Supplies, Telephone, Postage & Shipping, Occupancy, Equipment Rental & Maintenance, Printing & Publications	\$634,953.00	0.00	1,904,859.00
11 12	Travel, Conferen ce s & Meetings	236,000.00	0.00	708,000.00
13	Interest ²	0.00	0.00	0.00
14	Insurance	0.00	0.00	0.00
16	Specific Assistan ce To Individuals	0.00	0.00	0.00
17	Deprecia tion ²	0.00	0.00	0.00
18	Other Non-Pe rso nnel ²	7,000.00	0.00	21,000.00
20	Capital Purchase ²	0.00	0.00	0.00
22	Indirect Cost	0.00	0.00	0.00
24	In-Kind Expense	0.00	0.00	0.00
25	GRAND TOTAL	\$8,370,400.00	0.00	\$25,111,200.00

¹ Each expense object line-item shall be defined by the Department of Finance and Administration Policy 03, *Uniform Reporting Requirements and Cost Allocation Plans for Subrecipients of Federal and State Grant Monies, Appendix A*. (posted on the Internet at: <http://www.state.tn.us/financelact/documents/policy3.pdf>),

² Applicable detail follows this page if line-item is funded.

GRANT BUDGET LINE-ITEM DETAIL:

PROFESSIONAL FEE, GRANT & AWARD	AMOUNT
Metropolitan Government or Nashville and Davidson County	920,100.00
Sullivan County Health Department	397,400.00
Madison County Health Department	421,700.00
Shelby County Health Department	809,750.00
Knox County Health Department	322,700.00
Hamilton County Health Department	383,870.00
County Grants	216,360.00
TOTAL	3,471,880.00

Position/Title	Monthly Salary	#Of Months Worked	%Of Time Worked	Total Salary
Dentists x 7	12,478	12	30%	314,447
Dental Director x 1	14,167	12	10%	17,000
Hygienists x 35	5,240	12	100%	2,193,240
Dental Assistants (RDA2) x 5	2,542	12	100%	122,016
Dental Assistants (RDA3) x 3	3,145	12	80%	90,576
PHA 1 x 1	6,944	12	9%	7,500
PHA 2 x 1	7,785	12	30%	28,026
Total Salaries				2,772,805
Total Benefits				1,247,762
Totals with salaries, benefits, and taxes				4,020,567

Other Non-Personnel	AMOUNT
SEALTN Database Maintenance	7,000.00



INTERAGENCY GRANT AGREEMENT COVER SHEET

(cost reimbursement grant agreement between two Tennessee state agencies, University of Tennessee, or Board of Regents colleges and universities)

Begin Date July 1, 2023	End Date June 30, 2026	Agency Tracking # 31865-00914	Edison ID 78212		
Grantee Legal Entity Name Department of Health		Edison Supplier ID 0000000051			
Subrecipient or Recipient ☐ Subrecipient ☒ Recipient		Assistance Listing Number			
Service Caption (one line only) Oral Disease Services for School Children in Grades Pre-K-8					
Funding —					
FY	State	Federal	Interdepartmental	Other	TOTAL Agreement Amount
2024	\$2,590,936.00	\$5,029,464.00			\$7,620,400.00
2025	\$2,590,936.00	\$5,029,464.00			\$7,620,400.00
2026	\$2,590,936.00	\$5,029,464.00			\$7,620,400.00
TOTAL:	\$7,772,808.00	\$15,088,392.00			\$22,861,200.00
Budget Officer Confirmation: There is a balance in the appropriation from which obligations hereunder are required to be paid that is not already encumbered to pay other obligations. Crystal G. Allen Digitally signed by: Crystal G. Allen DN: CN = Crystal G. Allen email = Crystal.G.Allen@tn.gov C = US O = TennCare OU = Budget Date: 2023.04.11 14:10:06 -06'00'			CPO USE - IG		
Budget Officer Signature					
Speed Chart (optional)		Account Code (optional)			

**GRANT AGREEMENT
BETWEEN THE STATE OF TENNESSEE,
DEPARTMENT OF FINANCE AND ADMINISTRATION
DIVISION OF TENNCARE AND
DEPARTMENT OF HEALTH**

This Grant Agreement, by and between the State of Tennessee, Department of Finance and Administration, Division of TennCare (the "Grantor State Agency", the "State", or "TennCare"), and the Department of Health (the "Grantee") (collectively referred to herein as the "Parties"), is for the provision of Oral Disease Services for School Children in Pre-Kindergarten through 8th Grade, as further defined in the "Scope of Services and Deliverables".

A. SCOPE OF SERVICES AND DELIVERABLES:

- A.1. The Grantee shall provide the scope of services and deliverables ("Scope") as required, described, and detailed in this Grant Agreement.
- A.2. TennCare shall authorize and designate the Grantee to assist in the administration of the TennCare program authorized under Title XIX of the Social Security Act, by performing oral disease prevention services for school children in Pre-Kindergarten through 8th Grade and attending public schools with Title I designation and Title I Eligible Schools with Concentrated Poverty rates of 40% or more.
- A.3. If the school does not include Pre-Kindergarten, then the program would apply to Kindergarten through 8th Grade. When school is not in session or school populations are not available, the same scope of services may be provided in alternate sites such as Head Start, daycare centers, camps, health fairs and community centers that target children of similar socioeconomic status as the target schools. These services shall include, but are not limited to the following:
- a, Provision of oral health education for children in targeted schools;
 - b. Provision of dental screenings for children in attendance on the day of the screening unless there is objection from the parent, guardian, or student, and recording of screening for enrollees using CDT D0191;
 - c. Referral and follow-up for children who need urgent dental treatment;
 - d. Provision of dental sealants (CDT D1351) to children who are candidates for this procedure and with consent of parent or guardian;
 - e. Provision of oral evaluations coded as D0120 for TennCare enrollees who have returned the appropriate forms and have parental/guardian consent;
 - f. Provision of silver diamine fluoride as an interim caries arresting medicament (CDT 01354) to children who are candidates for this procedure and with the consent of parent or guardian, and
 - g, If a TennCare enrollee receives an oral evaluation (CDT D0120) and/or a prophylaxis (CDT 01110 or D1120) and/or a fluoride varnish (CDT D1206) and/or silver diamine fluoride (CDT D1354) as part of the regions' school based program, then those services must be recorded and submitted to TennCare. A toothbrush prophylaxis would not meet the criteria for a dental prophylaxis.
- A.4. The Grantee shall comply with all applicable administrative rules and TennCare written policies and procedures, as may be amended from time to time. TennCare shall make those policies and procedures available to the Grantee when amendments occur.

- A.5. To meet the obligations imposed on TennCare for the provision of utilization information and to support the timely provision of ad hoc report requests that may be made by TennCare, the Grantee shall maintain a current database, in a format acceptable to TennCare, capable of retrieving data as required in this Grant. The database will enable TennCare to provide information to the Dental Benefits Manager for the purpose of developing complete statistics on program wide utilization and for ensuring that enrollee frequency limits recommended for CDT dental procedure codes D1351, D1354, D1110, D1120, D1206, and D0120 are not exceeded. At a minimum, the database shall include the following:
- a. Individual Data for TennCare Children;
 - (1) Member Name
 - (2) Member Social Security Number or TennCare ID number
 - (3) Dates of Service
 - (4) Specific Service provided by current ADA procedure code
 - b. Group Data for Non TennCare Children - Specific service provided in aggregate
- A.6. The Grantee shall provide TennCare with a statewide quarterly Encounter Data Report containing the following information:
- a. Total number of children receiving dental screening recorded as CDT D0191 for TennCare enrollees;
 - b. Total number of children receiving dental sealants and number of teeth sealed (delineated by TennCare and non TennCare children), and dental sealants applied on TennCare enrollees must be recorded using CDT procedure code D1351;
 - c. Total number of children receiving silver diamine fluoride and the number of teeth where silver diamine fluoride was applied (delineated by TennCare and non TennCare children) and silver diamine fluoride applied on TennCare enrollees must be recorded using CDT procedure code D1354.
 - d. If a TennCare enrollee receives an oral evaluation (CDT procedure code D0120) and/or a prophylaxis (CDT procedure code D1110 or CDT procedure code D1120) and/or a fluoride varnish (CDT procedure code D1206) and/or silver diamine fluoride (CDT procedure code D1354) as part of the regions' school-based program, then those services must be recorded and submitted to TennCare, and
 - e. Penetration rate (i.e., total number of schools completed/number of schools targeted).
- A.6. The Grantee shall provide TennCare with the following reports:
- a. A quarterly report on the number of children referred to a dentist for treatment, and the percent of follow-up of urgent cases;
 - b. A quarterly report on the total number of children in target schools who have received oral health education and the number of children who have received TennCare informational materials, and
 - c. Ad Hoc reports as requested by TennCare.

B. TERM OF AGREEMENT:

- B.1. This Grant Agreement shall be effective on July 1, 2023 ("Effective Date") and extend for a period of thirty-six (36) months after the Effective Date ("Term"). The Grantor State Agency shall have no obligation to the Grantee for fulfillment of the Scope outside the Term.
- B.2. Term Extension. The Grantor State Agency reserves the right to extend this Grant for an additional period or periods of time representing increments of no more than one year and a total contract term of no more than five (5) years, provided that such an extension of the contract term is effected prior to the current, contract expiration date by means of an amendment. If the term extension necessitates additional funding beyond that which was included in the original Grant Agreement, such funding will also be effected through an amendment.

C. PAYMENT TERMS AND CONDITIONS:

- C.1. Maximum liability. In no event shall the Maximum Liability of the Grantor State Agency under this Grant Agreement exceed Seven Million Six Hundred Twenty Thousand Four Hundred Dollars (\$7,620,400.00) for FY 2024, Seven Million Six Hundred Twenty Thousand Four Hundred Dollars (\$7,620,400.00) for FY 2025, Seven Million Six Hundred Twenty Thousand Four Hundred Dollars (\$7,620,400.00) for FY 2026 with a ("Maximum Liability") of Twenty-Two Million Eight Hundred Sixty-One Thousand Two Hundred Dollars (\$22,861,200.00). The Grant Budgets, attached and incorporated as Attachment A, is the maximum amount due the Grantee under this Grant Agreement. The Grant Budget line items include, but are not limited to, all applicable taxes, fees, overhead, and all other direct and indirect costs incurred or to be incurred by the Grantee.
- C.2. Compensation Firm. The Maximum liability of the Grantor State Agency is not subject to escalation for any reason unless amended. The Grant Budget amounts are firm for the duration of the Grant Agreement and are not subject to escalation for any reason unless amended, except as provided in section C.5.
- C.3. Payment Methodology. The Grantee shall be reimbursed for actual, reasonable, and necessary costs based upon the Grant Budget, not to exceed the Maximum Liability established in section C.1. Upon progress toward the completion of the Scope, as described in section A of this Grant Agreement, the Grantee shall submit invoices prior to any reimbursement of allowable costs,
- C.4. Travel Compensation. Reimbursement to the Grantee for travel, meals, or lodging 'Shall be subject to amounts and limitations specified in the "State Comprehensive Travel Regulations," as they are amended from time to time, and shall be contingent upon and limited by the Grant Budget funding for reimbursement.
- C.5. Budget Line-items. Expenditures, reimbursements, and payments under this Grant Agreement shall adhere to the Grant Budget. The Grantee may vary from a Grant Budget line-item amount by up to 20 percent (20%) of the line-item amount, provided that any increase is off-set by an equal reduction of other line-item amounts such that the net result of variances shall not increase the total Grant Agreement amount detailed by the Grant Budget. Any increase in the Grant Budget, grand total amounts shall require an amendment of this Grant Agreement.
- C.6. Disbursement Reconciliation and Close Out. The Grantee shall submit any final invoice and a grant disbursement reconciliation report within sixty (60) days of the Grant Agreement end date and in form and substance acceptable to the Grantor State Agency.
- a. If total disbursements by the Grantor State Agency pursuant to this Grant Agreement exceed the amounts permitted by section C, payment terms and conditions of this Grant Agreement, the Grantee shall refund the difference to the Grantor State Agency.

The Grantee shall submit the refund with the final grant disbursement reconciliation report.

- b. The Grantor State Agency shall not be responsible for the payment of any invoice submitted after the grant disbursement reconciliation report. The Grantor State Agency will not deem any Grantee costs submitted for reimbursement after the grant disbursement reconciliation report to be allowable and reimbursable by the Grantor State Agency, and such invoices will not be paid.
- c. The Grantee must close out its accounting records at the end of the Term in such a way that reimbursable expenditures and revenue collections are not carried forward.

C.7 Indirect Cost. Should the Grantee request reimbursement for indirect cost, the Grantee must submit to the Grantor State Agency a copy of the indirect cost rate approved by the cognizant federal agency or the cognizant state agency, as applicable. The Grantee will be reimbursed for indirect cost in accordance with the approved indirect cost rate and amounts and limitations specified in the attached Grant Budget. Once the Grantee makes an election and treats a given cost as direct or indirect, it must apply that treatment consistently and may not change during the Term. Any changes in the approved indirect cost rate must have prior approval of the cognizant federal agency or the cognizant state agency, as applicable. If the indirect cost rate is provisional during the Term, once the rate becomes final, the Grantee agrees to remit any overpayment of funds to the Grantor State Agency, and subject to the availability of funds the Grantor State Agency agrees to remit any underpayment to the Grantee.

C.8. Cost Allocation. If any part of the costs to be reimbursed under this Grant Agreement are joint costs involving allocation to more than one program or activity, such costs shall be allocated and reported in accordance with the provisions of Department of Finance and Administration Policy Statement 03, or any amendments or revisions made to this policy statement during the Term.

D. STANDARD TERMS AND CONDITIONS:

D.1 Required Approvals. The Grantor State Agency is not bound by this Grant Agreement until it is signed by the agency head, or his or her designee, of the state agencies that are parties to this Grant Agreement (depending upon the specifics of this Grant Agreement, these officials may include, but are not limited to, the Commissioner of Finance and Administration and the Commissioner of Human Resources).

D.2. Modification and Amendment. This Grant Agreement may be modified only by a written amendment signed by all parties and approved by the officials who approved the original Grant Agreement and, depending upon the specifics of the Grant Agreement as amended, any additional officials required by Tennessee laws and regulations (the officials may include, but are not limited to, the Commissioner of Finance and Administration and the Commissioner of Human Resources).

D.3. Bilateral Termination for Convenience. This Grant Agreement may be terminated by either party by giving written notice to the other, at least thirty (30) days before the effective date of termination. Should either party exercise this provision, the Grantee shall be entitled to reimbursement for authorized expenditures and satisfactory services completed as of the termination date, but in no event shall the Grantor State Agency be liable to the Grantee for any service which has not been rendered. The final decision as to the amount for which the Grantor State Agency is liable, shall be determined by the Grantor State Agency.

D.4. Communications and Contacts. All instructions, notices, consents, demands, or other communications required or contemplated by this Grant Agreement shall be in writing and shall be made by certified, first-class mail, return receipt requested and postage prepaid, by overnight

courier service with an asset tracking system, or by email or facsimile transmission with recipient confirmation. All communications, regardless of method of transmission, shall be addressed to the respective party as set out below:

The Grantor State Agency:

Deputy Commissioner
Department of Finance and Administration Bureau
of TennCare
310 Great Circle Road
Nashville, Tennessee 37247-6501
Telephone# (615) 507-6362
FAX# (615) 532-5236

The Grantee:

Commissioner Department
of Health Andrew Johnson
Tower
710 James Robertson Parkway Nashville,
TN 37243
Telephone# (615) 741-3111
FAX# Number

A change to the above contact information requires written notice to the person designated by the other party to receive notice.

All instructions, notices, consents, demands, or other communications shall be considered effectively given upon receipt or recipient confirmation as may be required.

- D.5. Subject to Funds Availability. This Grant Agreement is subject to the appropriation and availability of State or Federal funds. In the event that the funds are not appropriated or are otherwise unavailable, the Grantor State Agency reserves the right to terminate this Grant Agreement upon written notice to the Grantee. Upon receipt of the written notice, the Grantee shall cease all work associated with the Grant Agreement. In the event of a Grantor State Agency termination, the Grantee shall be entitled to compensation for all satisfactory and authorized services completed as of the termination date.
- D.6. Progress Reports. The Grantee shall submit brief, periodic, progress reports to the Grantor State Agency as requested.
- D.7. Procurement. If the other terms of this Grant Agreement allow reimbursement for the cost of goods, materials, supplies, equipment, motor vehicles, or contracted services, the procurement of these goods or services by the Grantee shall be competitive where practicable. For any procurement for which reimbursement is paid under this Grant Agreement, the Grantee shall document the competitive procurement method. In each instance where it is determined that use of a competitive procurement method is not practicable, supporting documentation shall include a written justification for the decision and for the use of a non-competitive procurement. If the Grantee is a subrecipient, the Grantee shall comply with 2 C.F.R. §§ 200.318-200.326 when procuring property or services under a federal award.
- D.8. Completeness. This Grant Agreement is complete and contains the entire understanding between the parties, relating to the subject matter contained in this Grant Agreement, including all the terms and conditions agreed to by the parties. This Grant Agreement supersedes any and all prior understandings, representations, negotiations, and agreements between the parties, whether written or oral.

- D.9. Headings. Section headings are for reference purposes only and shall not be construed as part of this Grant Agreement.

E. SPECIAL TERMS AND CONDITIONS:

- E.1. Conflicting Terms and Conditions. Should any of these special terms and conditions conflict with any other terms and conditions of this Grant Agreement, the special terms and conditions shall be subordinate to the Grant Agreement's other terms and conditions.

- E.2. Confidentiality of Records. Strict standards of confidentiality of records and information shall be maintained in accordance with applicable state and federal law. All material and information, regardless of form, medium or method of communication, provided to the Grantee by the Procuring State Agency or acquired by the Grantee on behalf of the Procuring State Agency shall be regarded as confidential information in accordance with the provisions of applicable state and federal law, state and federal rules and regulations, departmental policy, and ethical standards. Such confidential information shall not be disclosed, and all necessary steps shall be taken by the Grantee to safeguard the confidentiality of such material or information in conformance with applicable state and federal law, state and federal rules and regulations, departmental policy, and ethical standards.

The Grantee's obligations under this section do not apply to information in the public domain; entering the public domain but not from a breach by the Grantee of this Grant Agreement; previously possessed by the Grantee without written obligations to the Procuring State Agency to protect it; acquired by the Grantee without written restrictions against disclosure from a third party which, to the Grantee's knowledge, is free to disclose the information; independently developed by the Grantee without the use of the Procuring State Agency's information; or, disclosed by the Procuring State Agency to others without restrictions against disclosure. Nothing in this paragraph shall permit Grantee to disclose any information that is confidential under federal or state law or regulations, regardless of whether it has been disclosed or made available to the Grantee due to intentional or negligent actions or inactions of agents of the Procuring State Agency or third parties. The Grantee shall only use Confidential information for activities pursuant to and related to the performance of this Grant Agreement, including limited disclosures of information to subcontractors to satisfy the requirements of this Grant Agreement.

It is expressly understood and agreed the obligations set forth in this section shall survive the termination of this Grant Agreement.

- E.3. HIPAA Compliance. The State and the Grantee shall comply with obligations under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), Health Information Technology for Economic and Clinical Health ("HITECH") Act and any other relevant laws and regulations regarding privacy (collectively the "Privacy Rules"). The obligations set forth in this Section shall survive the termination of this Grant Agreement.

- a. The Grantee warrants to the State that it is familiar with the requirements of the Privacy Rules and will comply with all applicable requirements in the course of this Grant Agreement.
- b. The Grantee warrants that it will cooperate with the State, including cooperation and coordination with State privacy officials and other compliance officers required by the Privacy Rules, in the course of performance of this Grant Agreement so that both parties will be in compliance with the Privacy Rules.
- c. The State and the Grantee will sign documents, including but not limited to business associate agreements, as required by the Privacy Rules and that are reasonably necessary to keep the State and the Grantee in compliance with the Privacy Rules. This

provision shall not apply if information received or delivered by the parties under this Interagency Agreement is NOT "protected health information" as defined by the Privacy Rules, or if the Privacy Rules permit the parties to receive or deliver the information without entering into a business associate agreement or signing another document.

- d. The Grantee will indemnify the State and hold it harmless for any violation by the Grantee or its subcontractor of the Privacy Rules. This includes the costs of responding to a breach of protected health information, the costs of responding to a government enforcement action related to the breach, and any fines, penalties, or damages paid by the State because of the violation.
- E.4. State and Federal Compliance. The Grantee shall be subject to all applicable state and federal and state laws, policies, rules and regulations, consent decrees and court orders, including Constitutional provisions regarding due process and equal protection of the laws.
- E.5. Severability. If any terms and conditions of this Interagency Agreement are held to be invalid or unenforceable as a matter of law, the other terms and conditions hereof shall not be affected thereby and shall remain in full force and effect. To this end, the terms and conditions of this Interagency Agreement are declared severable.
- E.6. Business Associate. As the Grantee will provide services to TennCare pursuant to which the Grantee will have access to, receive from, create, or receive on behalf of TennCare Protected Health Information, or Grantee will have access to, create, receive, maintain or transmit on behalf of TennCare Electronic Protected Health Information (as those terms are defined under HIPAA and HITECH), Grantee hereby acknowledges its designation as a business associate under HIPAA and agrees to comply with all applicable HIPM regulations and the terms in the associated Business Associate Agreement.
- E.7. Social Security Administration (SSA) Required Provisions for Data Security.
- a. Definitions.
 - 1. SSA-supplied data" or "data" as used in this section means an individual's personally identifiable information (e.g., name, social security number, income), supplied by the Social Security Administration to TennCare to determine entitlement or eligibility for federally-funded programs pursuant to a Computer Matching and Privacy Protection Act Agreement and Information Exchange Agreement between SSA and the State of Tennessee.
 - b. The Grantee shall comply with limitations on use, treatment, and safeguarding of data under the Privacy Act of 1974 (5 U.S.C. 552a), as amended by the Computer Matching and Privacy Protection Act of 1988, related Office of Management and Budget guidelines, the Federal Information Security Management Act of 2002 (44 U.S.C. §3541, *et seq.*), and related National Institute of Standards and Technology guidelines, which provide the requirements that the SSA stipulates that the Grantee must follow with regard to use, treatment, and safeguarding data in the event data is exchanged with a federal information system. In addition, the Grantee shall have in place administrative, physical, and technical safeguards for data. The Grantee shall also comply with Section 1106(a) of the Act (42 U.S.C. 1306) and the regulations promulgated pursuant to that section (20 C.F.R. Part 401).
 - c. The Grantee shall specify in its agreements with any agent or subcontractor that will have access to data that such agent or subcontractor agrees to be bound by the same restrictions, terms and conditions that apply to the Grantee pursuant to this Section;
 - d. The Grantee shall not duplicate in a separate file or disseminate, without prior written permission from TennCare, the data governed by this Grant Agreement for any purpose other than that set forth in this Grant Agreement for the administration of the TennCare program. Should the

Grantee propose a redisclosure of said data, the Grantee must specify in writing to TennCare the data the Grantee proposes to redisclose, to whom, and the reasons that justify the redisclosure. TennCare will not give permission for such redisclosure unless the redisclosure is required by law or essential to the administration of the TennCare program.

- e. The Grantee agrees to abide by all relevant federal laws, restrictions on access, use, and disclosure, and security requirements in this Grant Agreement.
- f. The Grantee shall maintain a current list of the employees of such contractor with access to SSA data and provide such lists to TennCare upon request and at any time there are changes.
- g. The Grantee shall restrict access to the data obtained from TennCare to only those authorized employees who need such data to perform their official duties in connection with purposes identified in this Grant Agreement. The Grantee shall not further duplicate, disseminate, or disclose such data without obtaining TennCare's prior written approval.
- h. The Grantee shall ensure that its employees:
 - 1. Properly safeguard SSA-supplied data furnished by TennCare under this Grant Agreement from loss, theft, or inadvertent disclosure;
 - 2. Receive regular, relevant, and sufficient SSA data-related training, including use, access, and disclosure safeguards and information regarding penalties for misuse of information;
 - 3. Understand and acknowledge that they are responsible for safeguarding this information at all times, regardless of whether or not the Grantee employee is at his or her regular duty station;
 - 4. Ensure that laptops and other electronic devices/ media containing SSA-supplied data are encrypted and/or password-protected;
 - 5. Send emails containing SSA-supplied data only if the information is encrypted or if the transmittal is secure; and,
 - 6. Limit disclosure of the information and details relating to a SSA-supplied data loss only to those with a need to know.
- i. Grantee employees who access, use, or disclose TennCare or TennCare SSA-supplied data in a manner or purpose not authorized by this Grant Agreement may be subject to civil and criminal sanctions pursuant to applicable federal statutes.
- j. Loss or Suspected Loss of Data - If an employee of the Grantee becomes aware of suspected or actual loss of SSA-supplied data, the Grantee must notify TennCare immediately upon becoming aware to report the actual or suspected loss. The Grantee must provide TennCare with timely updates as any additional information about the loss of SSA-supplied data becomes available. If the Grantee experiences a loss or breach of said data, TennCare will determine whether or not notice to individuals whose data has been lost or breached shall be provided and the Grantee shall bear any costs associated with the notice or any mitigation.
- k. TennCare may immediately and unilaterally suspend the data flow under this Grant Agreement, or terminate this Grant Agreement, if TennCare, in its sole discretion, determines that the Grantee has: (1) made an unauthorized use or disclosure of TennCare SSA-supplied data; or (2) otherwise violated or failed to follow the terms and conditions of this Grant Agreement.

E.8. Medicaid and CHIP - The Grantee must provide safeguards that restrict the use or disclosure of information concerning applicants and beneficiaries to purposes directly connected with the administration of the plan:

- a) Purposes directly related to the administration of Medicaid and CHIP include:
 - 1) establishing eligibility;

- 2) determining the amount of medical assistance;
 - 3) providing services for beneficiaries; and,
 - 4) conducting or assisting an investigation, prosecution, or civil or criminal proceeding related to Medicaid or CHIP administration.
- b) The Grantee must have adequate safeguards to assure that:
- 1) Information is made available only to the extent necessary to assist in the valid administrative purposes of those receiving the information, and information
 - 2) received under 26 USC is exchanged only with parties authorized to receive that information under that section of the Code; and, the information is adequately stored and processed so that it is protected against unauthorized disclosure for other purposes.
- c) The Grantee must have criteria that govern the types of information about applicants and beneficiaries that are safeguarded. This information must include at least--
- 1) Names and addresses;
 - 2) Medical services provided;
 - 3) Social and economic conditions or circumstances;
 - 4) Grantee evaluation of personal information;
 - 5) Medical data, including diagnosis and past history of disease or disability
 - 6) Any information received for verifying income eligibility and amount of medical assistance payments, including income information received from SSA or the Internal Revenue Service;
 - 7) Income information received from SSA or the Internal Revenue Service must be safeguarded according to Medicaid and CHIP requirements;
 - 8) Any information received in connection with the identification of legally liable third party resources; and.
 - 9) Social Security Numbers.
- d) The Grantee must have criteria approved by TennCare specifying:
- 1) the conditions for release and use of information about applicants and beneficiaries;
 - 2) Access to information concerning applicants or beneficiaries must be restricted to Grantee representatives or other individuals who are subject to standards of confidentiality that are comparable to those of TennCare;
 - 3) The Grantee shall not publish names of applicants or beneficiaries;
 - 4) The Grantee shall obtain permission from a family or individual, whenever

possible, before responding to a request for information from an outside source, unless the information is to be used to verify income, eligibility and the amount of medical assistance payment to an authorized individual or entity;

- 5) If, because of an emergency situation, time does not permit obtaining consent before release, the Grantee shall notify TennCare, the family or individual immediately after supplying the information.
- 6) The Grantee's policies must apply to all requests for information from outside sources, including governmental bodies, the courts, or law enforcement officials.
 - i) The Grantee shall notify TennCare of any requests for information on applicants or beneficiaries by other governmental bodies, the courts or law enforcement officials ten (10) days prior to releasing the requested information.
- 7) If a court issues a subpoena for a case record or for any Grantee representative to testify concerning an applicant or beneficiary, the Grantee must notify TennCare at least ten (10) days prior to the required production date so TennCare may inform the court of the applicable statutory provisions, policies, and regulations restricting disclosure of information.
- 8) The Grantee shall not request or release information to other parties to verify income, eligibility and the amount of assistance under Medicaid or CHIP, prior to express approval from TennCare.

- E.9. Employees Excluded from Medicare, Medicaid, or CHIP. The Grantee does hereby attest, certify, warrant, and assure that the Grantee shall not knowingly employ, in the performance of this Grant Agreement, employees who have been excluded from participation in the Medicare, Medicaid, and/or CHIP programs pursuant to the Social Security Act, Section 1128 (Exclusion of Certain Individuals and Entities from Participation in Medicare and State Health Care Programs).
- E.10. Notification of Breach and Notification of Suspected Breach. The Grantee shall notify TennCare's Privacy Office immediately upon becoming aware of—and in no case later than forty-eight (48) hours after discovery of—any incident, either confirmed or suspected, that represents or may represent unauthorized access, use or disclosure of encrypted or unencrypted computerized data that materially compromises the security, confidentiality, or integrity of a TennCare enrollee's Protected Health Information (PHI) that is maintained or held by the Grantee, including any unauthorized acquisition of enrollee PHI by an employee or otherwise authorized user of the Grantee's system. This includes, but is not limited to, loss or suspected loss of remote computing or telework devices such as laptops, Personal Digital Assistants (PDA), Blackberry devices (or other Smartphones), Universal Serial Bus (USB) drives, thumb drives, flash drives, Compact Discs (CD), and/or hard disks.
- E.11. Applicable Legal Authority. The Grantee agrees to comply with all applicable legal authority, including federal and State laws, rules, regulations, policies, sub-regulatory guidance, executive orders, TennCare waivers, the State Medicaid Manual, and all current, modified, or future Court decrees, orders, or judgments applicable to the State's TennCare program. Such compliance shall be performed at no additional cost to TennCare.

IN WITNESS WHEREOF,

DEPARTMENT OF HEALTH:

Ralph Alvarado

Digitally signed by Ralph Alvarado
DN: cn=Ralph Alvarado, o, ou,
email=lindsay.r.oliveras@tn.gov, c=US
Date: 2023.04.13 15:31:04 -05'00'

SIGNATURE

DATE

PRINTED NAME AND TITLE OF SIGNATORY (above)

DEPARTMENT OF FINANCE AND ADMINISTRATION
DIVISION OF TENNCARE:

Jim Bryson / JS

4/14/2023

JIM BRYSON, COMMISSIONER

DATE

GRANT BUDGET				
Oral Disease Services				
The grant budget line item amounts below shall be applicable only to expense incurred during the following Applicable Period: BEGIN: July 1, 2023 END: June 30, 2026				
POLICY 03 Object Line-Item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY ¹	GRANT AGREEMENT	GRANTEE PARTICIPATION	TOTAL PROJECT
1 2	Salaries, Benefits & Taxes	3,587,119.00	0.00	10,761,356.00
4, 15	Professional Fee. Grant & Award ²	3,270,880.00	0.00	9,812,640.00
5,6,7,8, 9, 10	Supplies, Telephone, Postage & Shipping, Occupancy, Equipment Rental & Maintenance. Printing & Publications	562,091.00	0.00	1,686,273.00
11 12	Travel, Conferences & Meetings	200,000.00	0.00	600,000.00
13	Interest ²	0.00	0.00	0.00
14	Insurance	0.00	0.00	0.00
16	Specific Assistance To Individuals	0.00	0.00	0.00
17	Depreciation ²	0.00	0.00	0.00
18	Other Non-Personnel ²	310.00	0.00	930.00
20	Capital Purchase ²	0.00	0.00	0.00
22	Indirect Cost	0.00	0.00	0.00
24	In-Kind Expense	0.00	0.00	0.00
25	GRAND TOTAL	\$7,620,400.00	0.00	\$22,860,269.00

¹ Each expense object line-item shall be defined by the Department of Finance and Administration Policy 03, *Uniform Reporting Requirements and Cost Allocation Plans for Subrecipients of Federal and State Grant Monies, Appendix A*. (posted on the Internet at: <http://www.state.tn.us/flnancelact/documents/policy3.pdf>),

² Applicable detail follows this page if line-item is funded.

GRANT BUDGET LINE-ITEM DETAIL:

PROFESSIONAL FEE, GRANT & AWARD	AMOUNT
Metropolitan Government or Nashville and Davidson County	911,100.00
Sullivan County Health Department	346,400.00
Madison County Health Department	357,700.00
Shelby County Health Department	800,750.00
Knox County Health Department	263,700.00
Hamilton County Health Department	374,870.00
County Grants	216,360.00
TOTAL	3,270,880.00

Position/Title	Monthly Salary	#Of Months Worked	%Of Time Worked	Total Salary
Dentists x 7	12,478	12	30%	314,447
Dental Director x 1	14,167	12	10%	17,000
Hygienists x 32	5,240	12	100%	2,012,160
Dental Assistants x 3	3,145	12	80%	90,576
PHA 1 x 1	6,944	12	14%	11,666
PHA 2 x 1	7,785	12	30%	28,026
Total Salaries				2,473,875
Total Benefits				1,113,244
Totals with salaries, benefits, and taxes				3,587,119

Other Non-Personnel	AMOUNT
SEALTN Database Maintenance	310.00