

Budget Revision

Q: If the appropriation is continuous, why are budget revisions needed?

A: Although not included in the Grant, budgets and work plans are tracked internally to ensure that Local Health Jurisdictions (LHJs) do not exceed the annual allocated budgeted amount. Budget revisions will allow for changes based on actual expenditures.

Q: We cannot expend more than the original annual amount each year, how do we expend a previous year's unspent funds without having un-spendable funds from the following years?

A: Originally, the Office of Oral Health (OOH) did not have continuous appropriation to move unspent funds, beginning Budget Year 18/19; LHJ grants will be amended to have one total amount for the contract period to provide flexibility to LHJs to move any unspent funds to the next budget period. LHJs may now move unspent funds from one State Fiscal Year (SFY) to the next SFY. See Program Letter 18-01 for further guidance. However, the original annual budget amount is being tracked by OOH to ensure LHJs have adequate funds to complete each budget period.

Q: At any time can the 17/18 and 18/19 run concurrently? Say a project is due to begin in 18/19, can we start that project with the 18/19 funds or do we add it to the 17/18 budget?

A: No, per Program Letter 18-01, finalize 17/18 and add any unspent 17/18 budget to the 18/19 budget using the budget revision sample.

Q: In a previous webinar Q&A, it said that direct services are not allowable. What if we used funds to hire a Registered Dental Hygienist (RDH) and pay for their salary? Of course, they will be doing direct services too, but we will not be billing for direct services, just salary. Would that be OK?

A: The revenue to support RDHs who is providing direct clinical services should be generated by billing for dental services. This way the claims are captured in the Medi-Cal Dental Program and the utilization of preventive dental services are tracked. You may want to explore a school-linked model where a dental hygienist or a dental assistant can screen children, identify the need and link the children to a source of dental care.

Q: The letter states we may carry the Prop 56 budget allocation forward from one fiscal year to the next. Does this mean the spending cycle is extended with two separate budgets active simultaneously (two invoices due each quarter) or does it mean the remaining budget is added to the subsequent budget cycle (one invoice due each quarter)?

A: No, per Program Letter 18-01, once you finalize a budget year and add any unspent budget to the current budget using the budget revision sample.

Q: Can I invoice for Varnish purchased? It was approved in my original Budget.

A: Yes.

Q: Just to be clear, are we revising the 17/18 budget to reallocate those funds, or are we revising the 18/19 budget to include the unspent 17/18 funds.

A: Revise the 18/19 budget to include the unspent 17/18 funds as directed in Program Letter 18-01.

Q: My understanding is that we can revise the FY18 budget to include FY19 costs. If at some point one of the categories uses the remaining FY18 carryover funds are we to revise budget again or spend from FY19?

A: Please see updated guidance provided in Program Letter 18-01.

Q: So if in FY 2017-18, they were going to hire a staff person for the planning purposes, but the person was not in place until July 1, do Local Health Departments need to submit a budget revision?

A: Yes, however, please review updated guidance provided in Program Letter 18-01.

Q: If I understand correctly, during the open period between 9/1-10/31/18, we can submit budget revisions and, if needed, work plan revisions, WITHOUT needing a formal contract amendment. Is my understanding correct?

A: Yes, the grant process has allowed us flexibility as the work plan and budget are not included but is being tracked. The only exception is if an objective/s are deleted and replaced with different objective/s to better reflect revised priorities from the Strategic Plan. These should be based on the needs assessment and/or Community Health Improvement Plan. A revised Attachment D will need to be submitted to reflect the new grant deliverable/s required under the new objective/s in the grant agreement.

Q: To clarify the question about direct service and paying for a RDH, we were told that oral health assessments (i.e. a screening of the teeth and application of fluoride varnish) do not count as direct service. Please clarify whether this is allowable to pay for an RDH to do this type of screening. No treatment is being provided.

A: Oral Health assessments are allowed. However, the provision of fluoride varnish is not. Fluoride varnish is a preventive treatment. Please see the Association of State & Territorial Dental Directors (ASTDD) guidelines for screening.

<https://www.astdd.org/basic-screening-survey-tool/>

Q: Please clarify the assessment that we are allowed to pay. Is the assessment referred to the Needs Assessment or actual oral health screenings/assessments?

A: LHJs are allowed to be reimbursed for conducting the Needs Assessment and also Basic Screening Surveys or oral health assessments. See previous question for link to ASTDD screening guidelines.

Q: But salaries will be for 18-19, not 17-18, so we will have to invoice for both years?

A: Please see updated guidance provided in Program Letter 18-01.

Q: If we are including the unspent funds in 18/19, the total budget for the year is going to be greater than our annual allocation, correct?

A: Correct, please refer to Program Letter 18-01.

Q: What is the turnaround time for approval of budget revisions?

A: We will work through the request on a first come first served basis. Reviews are expected to take approximately 3-4 weeks from the time of submission. Please send an email to DentalDirector@cdph.ca.gov to request an expedited review, if needed.

Q: Is there a limitation to the number of budget revisions per fiscal year?

A: Please see guidance provided in Program Letter 18-01.

Q: Why is fluoride varnish and a contractor part of the scope of work if they are considered direct service?

A: It was determined that LHJs could provide materials such as fluoride varnish, sealants and some dental equipment to support efforts in areas with either limited or no providers to support creating community clinical linkages and facilitate the provision of preventive services.

Q: When do the 17-18 monies expire?

A: December 31, 2019

Q: Can you also send out the FY 17/18 budget revision template as well with the invoice attachment you are sending out?

A: Yes, see attachments.

Invoicing

Q: The final invoice for the grant is due 90 days following the expiration of the grant. Can you please confirm whether we also have 90 days to submit the final invoice for the individual budget/spending cycles?

A: The 90 days in Exhibit B refers to the end of the grant. We are not using that due date for years 1-4, only year 5. Year 1 must be invoiced by December 2019.

Q: The invoice template has a section for "OBJECTIVES FOR EXPENSES IDENTIFIED: (list objectives in Progress)". Can you please clarify this section? Can you please provide examples?

A: The invoice is being revised to identify activities instead of objectives. In this section, indicate which activities that you worked on that are being billed. Example, if an advisory committee meeting was convened you would note activity 1.7. Further explanation is not required but you may want to add more for your records

Q: Can you clarify the invoicing process for using unspent FY17/18 funds? Do we need to submit 2 separate invoices, one capturing the remaining FY17/18 funds and one for FY18/19 funds?

A: Please refer to Program Letter 18-01.

Q: How many days after the end of a quarter are the invoices due?

A: Preferably 30-60 days but we do have some flexibility. Please communicate any challenges if your timeline exceeds that.

Q: Back to the invoice question, would we put a quarter number on the invoice?

A: Each invoice should have a unique identifier as the invoice number. You are not required to use the budget year or quarter number but it may help with internal tracking.

Q: What do we put on the invoice to identify what year it is for?

A: Invoices should indicate which budget year and budget period the funds are requested. For example, Budget Year: July 1, 2018 – June 30, 2019, Quarter 1 (July 1, 2018 –September 30, 2018). Each invoice should have a unique number and it is left up to the program to determine it.

Q: Do invoices get submitted to Dental Director via email?

A: Yes, please send invoices to DentalDirector@cdph.ca.gov, not more frequently than quarterly.

Q: We have submitted one invoice for the first quarter but have not received reimbursement. When are payments approved after invoices are submitted?

A: Our office does our best to submit invoices to our accounting within 10 days of receipt. As of July 1, 2018 our department has transitioned to a new accounting system and we are experiencing some delays. Please contact DentalDirector@cdph.ca.gov with invoice information and we will check on it.

Work Plan

Q: Our work plan has us finishing the Community Needs Assessment in December. We will not have it finished by the time the progress report is due.

A: If completed July 1 through December 31, 2018 the assessment can be submitted with the next progress report. The next progress report is due on January 31, 2019. However, if your LHJ will not be able to complete the Community Needs Assessment please contact the Dental Director email at DentalDirector@cdph.ca.gov to provide more details with an anticipated completion date.

Q: We are finding Objectives 6 and 7 to be the most difficult to plan. We cannot provide direct services and are having difficulty in finding collaborative partners. Can you speak to these specific objectives?

A: Please contact the Dental Director email at DentalDirector@cdph.ca.gov to set up an appointment to discuss the specifics of your concerns to help problem solve your issues.

Progress Report

Q: Should the progress report be submitted to the dental director email?

A: Yes, please send progress reports to DentalDirector@cdph.ca.gov

Q: The progress report should cover which time period?

A: Date of contract execution through June 30, 2018.

Q: What if we have already sent in our progress report without the additional requested documents?

A: We will accept the attachments in a separate email to DentalDirector@cdph.ca.gov.

Q: If our needs assessment and community health improvement plan are not completed by September, can we attach them to the next progress report?

A: Yes, submit the needs assessments and community health improvement plans once they are completed in the next progress report.

Q: Can you please define again the difference between an established program and a one that is not established?

A: Established programs are identified as having an oral health program that include a coalition and they have already completed the activities in Phase I. The counties that submitted an application as an “Established” program are allowed to move on to Phase 2 in the initial planning period. Programs that did not submit an application under established or did not meet the criteria are considered non-established. Non-established programs will have to complete all the Planning Objectives (1-5) before they will be able to work on Implementation Objectives 6-11.

Q: I just started on 6/12/2018, do I just submit from time I started?

A: Yes, LHJs will report through June 30 even if little progress has been made. However, check with your management to determine what activities were completed prior to your start date. Look at the activities under Objective 1 or 5 to see if any activities may have been started. Activities under Objective 1 should at least reflect the activities they did to hire staff/consultants for the program.

Q: We kept our objective numbers identical to the Oral Health Program’s per your request, but customized some of our activities. In this case, do we write to the Dental Director to request a progress report template that is identical to our scope of work?

A: No, respond to the progress report if the custom activities still help you to reach the objective. However, if they are completely different please request technical assistance to the Dental Director email at DentalDirector@cdph.ca.gov.

Q: Can the needs assessment be a PowerPoint? Or a written report?

A: The needs assessment should be a written report. However, a summary of the findings can be made into a PowerPoint to share with others but not required.

Q: What additional documents do we submit with the progress report?

A: The following should be submit with the progress report:

- Completed needs assessment
- Completed community health improvement plan
- List of advisory committee (AC) members
- Schedule of AC meetings

- Any materials developed
- List or picture of promotional items purchased

Q: Are the six items listed as additional documents to be attached the only things you need attached to the September 28 report, even if there are other deliverables listed in the work plan?

A: Yes. All other deliverables should be retained by the grantee to be made available upon request.

Technical Assistance

Q: Please provide the email for University of California, San Francisco (UCSF) technical assistance.

A: For UCSF technical assistance, please contact Please contact katie.conklin@ucsf.edu and/or call 415-514-3155

Q: What is submitted to Sochi at UCSF? Progress Report?

A: No, the progress reports are submitted to DentalDirector@cdph.ca.gov. Sochi is no longer available however, you can contact katie.conklin@ucsf.edu and/or call 415-514-3155 if you need technical assistance with aspects of your work plan.

Miscellaneous

Q: Can you provide the address of the Oral Health Program web page?

A: <https://bit.ly/2MIhoHk>

Q: Will there be a regular phone meeting with LHJs with COHP leadership? Also, will there be a monthly update or newsletter to inform us of the progress made to date by State workgroups?

A: We do intend to have regular webinars, conference calls and a quarterly newsletter however, we are still building the program at the State level and right now communication is on an as-need basis until we have the capacity to do more.

Q: Will you be sharing the challenges/technical difficulties identified in Local Oral Health Program (LOHP) reports through the OH listserv? When would these be available?

A: If this is something that the LHJs would like to receive, please let us know. We will plan to address it at the Project Directors meeting or send out after the results are analyzed.

Q: Yes, it would be helpful to know what challenges other counties are facing. When is the Project directors meeting scheduled?

A: The meeting has not been scheduled yet but we are looking at the second or third week of January 2019. OOH will notify all LHJs once a date is confirmed.

Q: Two questions: 1) is this call recorded and will LHJ's have access to this again 2) or will written responses to questions posed by other LHJs be sent out?

A: No, we were not able to get a good recording. The responses to the questions are included.

Duplicate questions were not included or they were combined around the topic area.

Q: This is a programmatic, not accounting question: Our LOHP submitted some oral health media campaign materials to get approval for the CDPH Oral Health Program logo. Our contracted community based organizations are under pressure here from our local contracting deadlines, to get these materials published. Is there a way to get the logo approved soon?

A: The OOH received numerous requests all at once. We generally require at least 3-4 weeks for reviewing. Please send an email to DentalDirector@cdph.ca.gov. If you have not received a response. However, it appears all media/material requests have been addressed.

Q: If you are looking at November for the Project Director's conference, will you please try to avoid a conflict with American Public Health Association?

A: Yes, thank you. The meeting will be held in January based on feedback regarding other scheduled meetings.

Q: Where do we secure the template for the invoice?

A: The invoice template is currently being revised and will be shared with LHJs once finalized. In the meantime, you can contact DentalDirector@cdph.ca.gov to request a copy.

Q: Can we develop our own Oral Health logo?

A: Yes

