



California Oral Health Program
California Department of Public Health

**OHP Webinar with LOHP's - Grants: Getting Started
February 13, 2018 -- Q&A's**

Due Dates/Application Process

Q: When are the Progress Reports due?

A: They are due Bi-Annually, with the first one due July 31, 2018.

Q: The Work Plan activities for year 1 is the Calendar Year but the budget for year 1 is fiscal?

A: Activities may cross budget years.

Scope of Work (SOW)/Planning

Q: If we decide to do a strategic plan vs. a CHIP, is it still necessary to form an advisory committee?

A: Yes. It is strongly recommended that LHJs form a Strategic Planning Committee and engage stakeholders.

Q: Can we use a CHIP that was conducted in December 2017 that addresses local oral health?

A: Yes. Provided the CHIPs address the key deliverables in the grant program. The measurable oral health objectives are in the California Oral Health Plan (pages 32-34)

Q: Our hospital is completing their CHA and CHIP next fiscal year, can we work together with this process and potentially submit the CHIP after Dec 31?

A: Yes. Please make sure to address the selected deliverables in the grant program. The measurable oral health objectives are in the CA Oral Health Plan (pages 32-34)

Q: I am wondering if you will have a template of what you are expecting the CHIP to look like.

A: Please see the Local Oral Health Program Resources List attached that provides links to 5 LHD plans.



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Q: What are the 4 points Dr. Kumar mentioned under community stakeholders?

A: Recruit and engage key stakeholders to form an Advisory Committee or task force. You may use an existing committee in your county. Convene and schedule meetings, identify goals and objectives for the plan, and establish communication methods. This group can leverage individual members' expertise and connections to achieve measurable improvements in oral health.

Q: What is the link to the ASTDD 7 Step Model?

A: <https://www.astdd.org/oral-health-assessment-7-step-model/>

Q: Can the SOW be changed to meet our needs assessment?

A: Yes

Q: What is your vision for increasing school-based interventions without the programs actually delivering services?

A: Our vision is to identify children who are in need of dental services and link them to a source of dental care. If there are no sources of dental care, then the role of the coordinator is to recruit providers to establish a school-based program. We will be asking UCSF Dental School Technical Assistance Center to provide assistance.

Q: Direct services are not allowed but there is talk about varnish and sealants in schools...please clarify how this is supposed to be done.

A: As part of an effort to encourage providers to establish school-based programs, a LHJ may provide equipment and supplies to get the program started.

Q: In our county, the FQHCs report that they are at capacity for pediatric patients. We are working to develop a sustainable sealant program, but FQHCs are too busy. What are your thoughts around the use of RDHAPs and CHWs in delivery?

A: We strongly encourage LHJs to work with dental hygienists and CHWs.



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Fiscal/Data

Q: As our most vulnerable residents are eligible for Denti-Cal; we seek DHCS zip code level data, to help us target those most at risk for oral disease and subsequently lower the level of oral disease for the entire SF population.

Zip level access information guides us in how to target our local neighborhood oral health taskforces. Having zip level access data, will only support the wider community in realizing good oral health. I encourage revisiting the decision to discourage requesting zip level utilization data from DHCS.

A: Variation by zip code is most likely due to variation in utilization by age and race/ethnicity. What is the plan to address the needs of non-Denti Cal population?

Q: Where can we access Denti-Cal utilization data?

A: This link has various reports. We will be sending out a summary report.

<http://www.dhcs.ca.gov/services/Pages/DentalReports.aspx>

Q: Can we get zip data from the state without having to pay the quoted fees of \$5,000 – 20,000?

A: We have 22 indicators in the California Oral Health Plan. Zip level data are not available for these indicators. Our priority is to provide county level data for several key indicators.

Q: What is the position of the OHP regarding zip level data?

A: OHP does not require zip level data. In many cases, oral health outcomes and utilization of dental services are correlated with age, race, ethnicity and income. We need to understand how the zip level data will be used in the planning exercise.

Q: Should the LOHP's pay for zip level data?

A: No, we are providing the appropriate level of data and will send the link when the data is available.

Q: If we are still interested in zip level data, can Prop 56 funds be used to pay for this data?

A: Prop 56 funds could be used only if adequate justification is provided. We would like to see how zip level data will help local oral health programs in addressing oral health outcomes.



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Q: Will data be available for the Indian Health Clinics?

A: No

Q: Will FQHC data include the medical application of fluoride varnish?

A: No

Q: When can budget revisions be made?

A: Budget revisions can be completed once annually. A notice will be sent out prior with guidance and due dates.

Year 1 runs from January – June 2018 and once your budget is approved and finalized, you can make a change to that budget once during that time.

Year 2 runs from July – June 2019 and once your budget is approved and finalized, you can make a change to that budget once during that time.

Q: Can we start spending our operating expenses?

A: Yes, if your work plan and budget have been approved. If not, please reach out to State staff reviewing or the Dental Director email with a specific request and justification.

Q: Are FQHC data only for dental clinics?

A: No, the FQHC data is varied and includes dental clinic data.

Q: Can we bill retroactive to January 1st?

A: Yes

Q: If we encumber funds prior to 6/30/18 - to complete the CHIP by 12/31 - can year 1 funds be spent during 7/1/18 - 12/31/18? This is critical regarding year 2 budget obligations with staffing.

A: Year 1 funds will be reimbursed for expenditures from the grant execution, through June 30, 2018. Expenditures from 7/1/18 through 6/30/19 must be charged to Year 2.



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Q: What is the use of the year 2 budget?

A: In Year 2, the budget should reflect finalizing a needs assessment and beginning to implement a CHIP or strategic plan.

Q: You are extending the deadline for year 1 deliverables to 12.31.2018. May we also spend year 1 budget through this date also?

A: Year 1 funds will be reimbursed for expenditures from the grant execution, through June 30, 2018. Expenditures from 7/1/18 through 6/30/19 must be charged to Year 2.

Q: You stated that year 1 ends June 30, 2018. Did you say that a calendar year will be used for the allocated funding of year one?

A: No. OHP is using the State Fiscal Calendar. Year 1 funds will be reimbursed for expenditures from the grant execution, through June 30, 2018. Expenditures from 7/1/18 through 6/30/19 must be charged to Year 2.

Q: Will funds roll over from one year to the next?

A: No

Q: Can we use year 1 funds to purchase supplies such as fluoride varnish, sealant, toothbrushes, toothpaste, education materials, media, etc?

A: Yes

Q: Where did you get the baseline data for each indicator in the COHP?

A: See pages 32 – 34 of the plan.

Q: Since we are a small county, is it possible to use the State's research scientist for Epi looks across the county?

A: Yes

Q: If we know that deliverables with our subcontractor is due by Dec 31, 2018, can we set aside funds in a special account from year 1 budget to pay for those activities since those are year 1 deliverables?

A: No. OHP does not have the authority to extend the budget year or carryover funds from one fiscal year to the next.