

DHCS California 2020 Waiver, Dental Transformation Initiative Fresno County – Local Dental Pilot Project

September 30th, 2016

**Resubmitted based on evaluator feedback on
February 3rd, 2017**

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Section 1: LDPP Lead Entity and Participating Entity Information -10 points

EXECUTIVE SUMMARY

1.1

The DHCS California 1115 Waiver, Dental Transformation Initiative

The California Department of Health Care Services (DHCS) has announced the Center for Medicare and Medicaid Services (CMS) approved 1115 Waiver renewal titled the "California Medi-Cal 2020 Demonstration." The demonstration includes \$750 million in funding for a Dental Transformation Initiative (DTI). The DTI is divided into four (4) "domains." The first three domains will take place in counties to be designated by DHCS and payments will go directly to dentists in those counties based on performance measures. The fourth domain, called the "Local Dental Pilot Projects" (LDPPs) will accept applications for innovative approaches to achieving the overall DTI goals.

The County of Fresno Department of Public Health (DPH) is submitting this innovative Dental Transformation Initiative (DTI) – Local Dental Project Plan (LDPP-Domain 4) proposal and will serve as the Lead Entity for the Project. The Fresno LDPP project plan will further the three DTI goals of 1. Increased preventive services utilization for children; 2. Increased caries risk assessment and disease management; and 3. Increased continuity of care.

The DPH is prepared and has the experience to fulfill its role as the Lead Entity in the proposed and innovative program that has been designed to meet the goals of the DTI. The proposed LDPP for the Fresno County area, referred to in this proposal as the Fresno-LDPP, will add interventions to increase oral health education and preventive and treatment participation. The goals, outcomes and performance metrics included in the Fresno LDPP are consistent with and build upon the performance metrics of the DTI and all possible efforts have been made to avoid redundancy on approaches taken in Domains 1-3.

The innovative strategy we are proposing is to test a multidisciplinary outreach collaboration among diverse providers and health teams with the focus on changing behavior addressing access to care. Addressing pervasive and persistent disparities in Fresno County this strategy requires multi-pronged preventive approach including coordinating data in oral health programs, oral health education, patient engagement, self-management and goal setting guidance all employed consistently over time in settings that will promote ongoing continuity of care. This strategy is significantly different than the activities that are currently being utilized in the traditional dental setting in Fresno County in which for children ages 0-20 yrs 56% of services are restorative while only 44% of services year to year are preventive. The numbers for 0-5 are darker yet with nearly 80% of children 0-5 enrolled in medi-cal and according to California analysis less than 25% of this age received preventive services. The specific innovation and strategies that will be tested include; outreach oral health education, dental provider relations/recruitment and teledentistry/University of Pacific Virtual Dental Home. Participating Partner entities are a diverse set of key local community partners, educational entities, Medi-Cal providers, and stakeholders who have demonstrated community support and collaboration. The participating partners are experienced with our target population and the social determinants of oral disease and improving access to dental care. The target population will be Medi-Cal children 0-20 years old in the Fresno area zip codes of 93701, 93702 and 93722 with a total family population size of 18,706. Outcomes will be tracked and evaluated. The strategy proposed includes the Telehealth model of Virtual

Dental Home in which care is brought to the communities in which people congregate. Starting with the pre-birth we have the unique advantage with our participating partner Fresno Economic Opportunities Commission Health Services and Education (EOC-HSE) to have direct contact and interaction with pregnant mothers at the teen pregnancy health centers, this continuity of care and collaboration of health continues through birth and childhood at the EOC-HSE centers and at the Reading and Beyond Health Services and Education (RAB-HSE) at community and schools sites within our targeted population area.

The DPH is requesting \$12,138,275 million over a four-year period to fund the innovative Fresno LDPP with added interventions to improve oral health. The two largest components of the budget are (a) personnel (to support oral health education and provider relations), and (b) teledentistry/University of Pacific Virtual Dental Home. This budget does not include Denti-Cal billable services that will be rendered through services of Registered Dental Hygienist in Alternative Practice and by providers associated with the virtual dental home.

For the purposes of this proposal, Participating Partners are defined as those partners where a budget is included in the Fresno LDPP requested budget. Stakeholders are those partners that are intricately involved in the proposed interventions and strategies and whose services will be supported by the proposed interventions.

	DTI – LDPP Lead Entity Fresno County Department of Public Health
Type of Entity	☒ County ☐ County Entity1 ☐ City and County ☐ Tribe ☐ Indian Health Program ☐ UC or CSU Campus ☐ Consortium of counties serving a region consisting of more than one county
Contact Person	Deborah Martinez
Title	Fresno County Department of Public Health Children's Medical Services Division Manager
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Mailing Address	1221 Fulton Mall Fresno CA 93721

1.2 Participating Entities 5 points

Noted below is a complete listing of Participating Partners and entities in support of the Fresno County LDPP

Organization Name and Address	Description of Organization	Contact Name, Title, Telephone and Email	Role in LDPP
1) Fresno County Department of Public Health 1221 Fulton Mall Fresno, CA 93721	Local Government	Dave Pomaville Department of Public Health Director (559) 600-6401 dpomaville@co.fresno.ca.us	Lead Entity
2) Fresno County Department of Social Services	Local Government	Delfino Neira Department of Social Services Director (559) 600-2301 dneira@co.fresno.ca.us	Participating Partner
2) Fresno Economic Opportunities Health Center Commission (EOC) 1920 Mariposa Mall Fresno, CA 93721	Community Organization	Brian Angus Chief Executive Officer (559) 263-1000 Brian.angus@fresnoeoc.org	Participating Partner; Will employ LDPP outreach health educators and provider relations representatives
3) Reading & Beyond / Health Services and Education 4670 E. Butler Ave Fresno, Ca 93702	Community Organization	Luis Santana, Executive Director, (559) 342-8625, LSantana@readingandbeyond.org	Participating Partner; Will employ LDPP outreach health educators and provider relations representatives
4) Paul Glassman DDS, MA, MBA Professor of Dental Practice Director	Pacific Center for Special Care - University of the Pacific	Dr. Glassman UOP Virtual Dental Home Project Director (415) 929-6490 pglassman@pacific.edu	Participating Partner
5) Dr. Hilario SNF Dental Care 4811 E. Olive Avenue Fresno, CA 93727	Dentist	Dr. Hilario Dental Practice (559) 225-5228 enhdds@gmail.com	Relevant Stakeholder; In support of Fresno LDPP
6) Fresno Unified School District 2309 Tulare St. Fresno, CA 93721	Largest county school district	Gail Williams; Director of Health Services for Fresno, (559) 457-3294, Gail.Williams@fresnounified.	Relevant Stakeholder; facilitates HealthySmiles mobile units at school sites
7) Fresno Unified School District 2309 Tulare St, Fresno, CA 93721	Largest county school district	Luis Chavez School Board President (559) 457-3727	Relevant Stakeholder; In support of Fresno LDPP
8) Fresno County Office of Education (FCOE) 1111 Van Ness Avenue Fresno, CA 93721	County Office of Education	Alma McKenry Health Services Director (559) (559) 265-3026 amckenry@fcoe.org	Relevant Stakeholder; In support of Fresno LDPP

9) Central Valley Regional Center (CVRC) 4615 N Marty Ave, Fresno, CA 93722	State Program	Thomas Keenen, Director of Intake and Clinical Services, (559) 271-6626, TKEENEN@cvrc.org	Participating Partner; In support of Fresno LDPP, Will provide work space for dental days at CVRC
10) Rhoda Gonzales-Howell 202 W. Riverridge Avenue Fresno CA 93711	Registered Dental Hygienist Alternative Practice (RDHAP)	Rhoda Gonzales-Howell Private Practice RHDAP (559) 960-2232 rhoda@deliveringsmiles.net	Participating Partner; Denti-Cal provider
11) Judith Renee Brown 923 La Jolla Avenue Clovis, CA 93619	Registered Dental Hygienist Alternative Practice (RDHAP)	Judith Renee Brown RDH-RHAP (559) 331-4879 z2thfare@yahoo.com	Participating Partner; Denti-Cal provider
12) Central Valley Health Policy Institute 1625 East Shaw Ave. Ste# 146, Fresno, CA 93710	California State University, Fresno	Marlene Bengiamin, PhD, Research Director, (559) 228-2167, marleneb@csufresno.edu	Relevant Stakeholder;
13) Healthy Smiles Mobile Dental 1275 W Shaw Ave Ste 101, Fresno, CA 93711	Mobile Dental Center	Suzan Kodama Chief Executive Office (559) 229-6437 susan@healthysmiles.us	Participating Partner; Denti-Cal provider, Will coordinate with Fresno LDPP for case management assistance
14) Fresno City Health Center 1101 E. University Ave. Fresno, CA 93741	Community College Health Center	Lisa Chaney Health Services Coordinator (559) 442-8268 lisa.chaney@fresnocitycollege.edu	Relevant Stakeholder;
15) Fresno City College Department of Dental Hygiene 1101 E. University Ave. Fresno, CA 93741	Community College Health Center	Joanne Pacheco Academic Chair (559) 244-2622 Joanne.pacheco@fresnocitycolleg.edu	Relevant Stakeholder;
16) Assemblyman Dr. Joaquin Arambula P.O. Box 4469 Fresno, CA 93744	State Assemblyman, 31 st District	Dr. Joaquin Arambula Assemblyman (559) 264-3131 Maria.Lemus@asm.ca.gov	Fresno LDPP Supporter
17) Fresno Madera Dental Society 371 E. Bullard Ste 120 Fresno, CA 93710	Regional Dental Society	Merriam Osmondson Executive Director fmds@fmds.com (559) 438-7284	Relevant Stakeholder;
18) Representative Jim Costa Fresno Office 855 M Street, Suite 940 Fresno, CA 93721	U.S. Representative 16th congressional district	Jim Costa U.S. Representative (559) 495-1620	Fresno LDPP Supporter
19) Cradle to Career 5260 N Palm Ave, Suite 122 Fresno, CA 93704	Community Organization	Linda Gleason Executive Director (559) 696-4095 linda@fresnoc2c.org	Relevant Stakeholder;
20) City Council Sal Quintero VP2600 Fresno St. Fresno CA 93721	Councilmember District 5	Sal Quintero Councilmember (559) 490-5395	Relevant Stakeholder;

1.3 Letters of Participation/Support: Pass/Fail

Participating Partner

- 1) Fresno County Department of Public Health
- 2) Fresno County Department of Social Services
- 3) Fresno Economic Opportunities Commission –Health Services and Education
- 4) Reading and Beyond – Health Services and Education
- 5) University of the Pacific – School of Dentistry

Stakeholders

- 6) Dr. Hilario – SNF Dental Care
- 7) Fresno Unified School District – Health Services Director
- 8) Fresno Unified School District – School Board President
- 9) Fresno County Office of Education (FCOE)
- 10) Central Valley Regional Center (CVRC)
- 11) Rhoda Howell-Gonzalez; RDHAP
- 12) Renee Brown – RDHAP
- 13) Valley Health Policy Institute California State University, Fresno
- 14) Healthy Smiles Mobile Dental
- 15) Fresno City College – Health Center
- 16) Fresno City College – Department of Dental Hygiene
- 17) State Assemblyman Dr. Joaquin Arambula
- 18) Fresno-Madera Dental Society
- 19) U.S. Representative Jim Costa
- 20) Cradle to Career
- 21) Councilmember Sal Quintero

1.4 Collaboration Plan- 5 points

The County of Fresno Department of Public Health's (DPH) core purpose is to promote, preserve and protect the well-being of the community and to ensure the optimal health of the public. The mission of DPH is the promotion, preservation and protection of the community's health. This is accomplished through identifying community health needs, assuring the availability of quality health services and providing effective leadership in developing public health policies. DPH is committed to working in partnership with its communities to eliminate health disparities.

Fresno EOC-HSE has the resources, experience, and established network of partnerships necessary to successfully implement the proposed program. Fresno EOC-HSE, a nonprofit 501(c)(3) organization, is Fresno County's designated community action agency and is widely recognized as one of the largest of its kind in the nation. Founded under the Federal Economic Opportunities Commission Act of 1965, Fresno EOC-HSE has grown steadily over the last 51 years to meet the challenges of a region beset by swelling population pressures and seemingly unabated need, to become one of the nation's finest models for innovative, effective economic and community development. Fresno EOC-HSE remains faithful, effective, and consistent with its mission to humanely focus all available resources to empower low-income families and individuals working toward the skills, knowledge, and motivation for self-sufficiency.

Fresno EOC-HSE serves approximately 175,000 people each year through its various departments providing a comprehensive array of services including health services with specialization in primary care, family planning and reproductive health, pre-natal care, Women's Infant and Children (WIC); employment training; a full range of educational services, including two charter schools; a 45-site network of Head Start centers and school-age child care; a 150-unit transportation fleet for client transit needs; the delivery of over 7,500 congregate and home-bound meals prepared in its own food service center; homeless outreach, emergency and transitional housing; construction rehabilitation for eligible low-income families; energy conservation and emergency assistance; refugee services; and micro-enterprise, small business incubation and technical assistance. The philosophy behind all of Fresno EOC-HSE's programs reflects a commitment to providing quality essential services to those in need. Fresno EOC-HSE has built a strong foundation of services that offer support to people in all phases of life. Programs designed to meet the needs of youth are a major focus part of Fresno EOC-HSE's services.

For nearly two decades, the nonprofit organization Reading and Beyond's (RAB) mission has been to empower children and families to reach productive, self-reliant lives through cradle-to-career educational programs for children and parents. Through their programs, they serve hundreds of children (0 -18) and adults on a daily bases at their sites located at Community Centers, Schools and Churches located in high need areas throughout Fresno County. RAB-HSE has a strong focus on zip codes 93701 and 93702 because their high level of poverty. Because their dual generation approach and their long term commitment with the population they serve, they have built a close connection with hundreds of families. They would use their connection with families they already have to expand and reach out to other families insuring all children in those neighborhoods selected by them also benefit from the LDPP program. Their existing partnerships with other community based organizations, such as Boys & Girls Clubs, Catholic Charities, Community Food Bank and United Way will open doors to access/leverage their connection with families who may qualify for this program. Lastly, their staff of more than 200 employees has diverse backgrounds and are able to speak English, Spanish, Hmong, Arabic, Russian, Portuguese as well as other languages and dialects. They are confident as they team with EOC-HSE that they will be able to successfully reach and engage children and families through the LDPP program.

The Pacific Center for Special Care at the University of the Pacific, Arthur A. Dugoni School of Dentistry (Pacific) is demonstrating a new model of care. By creating a "Virtual Dental Home". The Pacific Center has experience partnering with a number of funding organizations to implement this demonstration project to bring much-needed oral health services to underserved populations. These populations range from children in Head Start Preschools and elementary schools to older or disabled adults in residential care settings or nursing homes.

DPH as the LDPP Lead Entity will fulfill its role of identifying participating entities to provide high quality dental prevention services, caries risk assessment, disease management, and continuity of care by contracting with the proposed partner agencies to evaluate performance outcomes, facilitate periodic partner meetings, address performance shortcomings or need for staffing augmentation or changes, and relay activity reports including any known cost avoidance by the LDPP to the State.

The Lead Entity will facilitate monthly meetings individually with each of the Participating Partners in order to review staffing levels, productivity, training accountability, client and provider satisfaction, and the overall opportunity for improvement and adherence to state pilot requirements. The Lead Entity will also facilitate the Advisory Board meetings where these same metrics will be evaluated and discussed. The Advisory Board meetings will be held initially on a

monthly basis, after the first year the frequency would be reduced to a bi-monthly with special sessions being called as required. In order to reduce possible service silos the LDPP Lead Entity will ensure that each participating partner will be responsible for conducting project team meetings with their respective staff concerning all aspects of the project including; staffing levels, productivity, training accountability and the overall opportunity for improvement and adherence to state pilot requirements. Participating Partners will have autonomy in the operations of their LDPP roles within the boundaries of the Projects goals and objectives and state pilot requirements and LDPP STC's. Should issues arise between or among the parties the Lead Entity will be the determination member as they are ultimately responsible for the Project's success and are required to enforce the Project's accountability measures.

The Fresno LDPP communication management plan includes the establishment of an Advisory Committee which is comprised of local governmental agencies, professional and community based advocacy organizations, academic institutions and health agencies.

Communication is critical to the Fresno LDPP as it guides the messages to a project's affected stakeholders and ultimately the consumers we seek to assist in improving their oral health. The Fresno LDPP communication management plan includes the establishment of an Advisory Committee which is comprised of local governmental agencies, professional and community based advocacy organizations, academic institutions and health agencies. The Advisory Board will strategically inform, align, and leverage resources with the goal of improving oral health in our targeted population. Membership will include; DPH, Reading and Beyond Health Services and Education (RAB-HSE), EOC Health Services and Education (EOC-HSE), Fresno Unified, Fresno City College, Dr. Glassman (UOP), VDH Operating Partner (to be names once subcontracting is completed), Fresno-Madera Dental Society, Cradle to Career (Community Organization that works across sectors to strategically inform, align, and leverage resources throughout Fresno County), Valley Health Policy Institute California State University-Fresno, and two (2) consumers for a total membership of twelve (12). In addition, the voice of the dental consumer and dental providers will be heard through surveys to inform project leadership. Depicted in the table below is the management communication plan with workgroups expected to be developed as the project moves forward in its implementation. Additionally a Kick-Off meeting is planned once notification of award has been received. The overall purpose of the committees is to; increase knowledge about the project and why it's important, create a dialogue among Participating Partners and Stakeholders and to provide opportunity for feedback from stakeholder groups. Should an issue arise where consensus cannot be reached the Lead Entity will make the final determination.

The LDPP Lead Entity will ensure that each participating partner will be responsible for conducting project team meetings with their respective staff concerning all aspects of the project including; staffing levels, productivity, training accountability and the overall opportunity for improvement and adherence to state pilot requirements.

	PURPOSE	FREQUENCY	MEETING SUMMARIES	Facilitation
Fresno LDPP Advisory Committee	Review project objective activity reports, organizational overview of operational issues such as; staffing levels, training, activity and financial reports	Monthly during the initial year and thereafter bi-monthly; with special sessions being called as required.	Assignment will be rotated among membership	Fresno LDPP Administrator
EOC –Health Services and Education	Operational issues such as; staffing levels, training, activity and financial reports	Monthly	Lead Entity	
Reading and Beyond –Health Services and Education	Operational issues such as; staffing levels, training, activity and financial reports	Monthly	Lead Entity	
Virtual Dental Home (UOP and VDH site Operations)	Operational issues such as; staffing levels, training, activity and financial reports	Monthly	Lead Entity	

In order to provide learnings for potential future local efforts beyond the term of this demonstration our materials, lessons learned, reports and policy and procedures will be retained and available for local future efforts through the Lead Entity (DPH) and the Advisory Board. The VDH may be sustainable following the end of the pilot with the successful education of the Medi-Cal population. The communication infrastructure anchored by the continuation of the Dental Health Advisory Board would still possibly serve a role but it is unlikely that the pilot infrastructure would be able to sustain itself in absence of Federal and State funding. However, per the released Frequently Asked Questions, sustainability was not a condition for funding.

Section 2: General Information and Target Population- 20 points

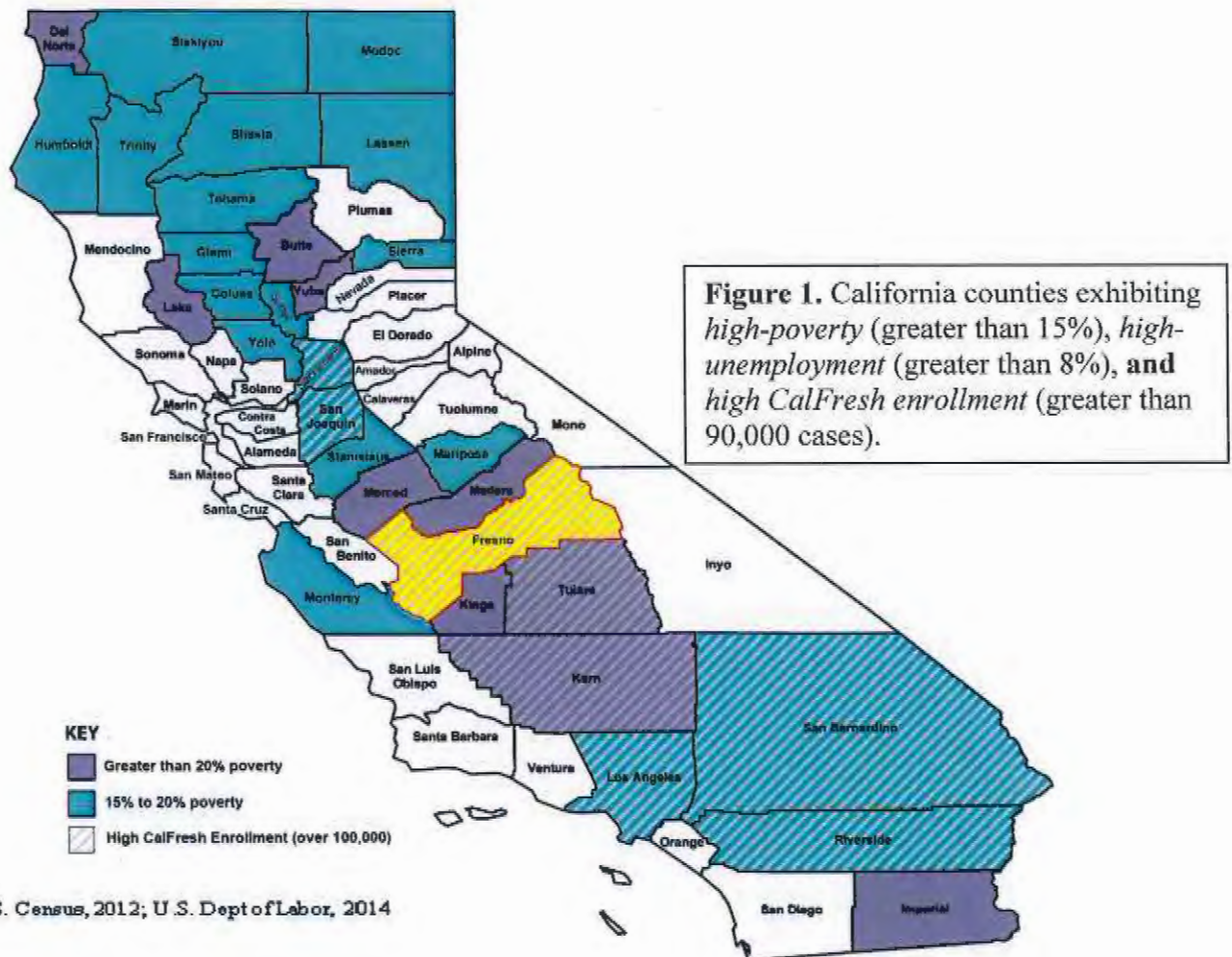
2. Target Population- 20 points

General Information: County of Fresno – Project Area Information

Fresno County, located in the heart of California’s Central Valley, is one of the world’s most productive agricultural areas yet is also among the nation’s most impoverished regions. Fresno County is the 6th largest county in California (spanning 6,000 square miles) and contains 15 incorporated and 37 unincorporated cities. Referred to as the “Appalachia of the West,” Fresno and the surrounding counties of the San Joaquin Valley are characterized by chronic unemployment, high incidence of poverty, and low levels of educational attainment. Twenty-seven percent of the 946,895 Fresno County residents live in poverty. Only 72.9% of Fresno County

residents have received a high school diploma, and just 18.8% have obtained a bachelor's degree or higher (Census, 2012). The county's average 2015 unemployment rate of 10.18% compares to a statewide 2015 average unemployment rate of 6.25% (U.S. Bureau of Labor Statistics 2015).

Years of potential life lost before age 75 (YPLL-75) is a measure used to reflect the impact of premature mortality on a population. In 2007, the age-adjusted YPLL-75 rate per 100,000 population for all California residents was 5,641.7 years, which represented a decrease of 9.4 percent from the 2000 rate of 6,224.1 years. During this same time period the YPLL-75 rate for Fresno County actually increased by .10% rather than decreased.



As described in the Measure of America's "*A Portrait of California 2014-15*," the state can be categorized into five different Californias based upon the American Human Development (HD) Index. Fresno County's HD not only rates it as part of the "Struggling California" it is also the county within this profile with the largest population.

FIVE CALIFORNIAS

Inequalities in **health, education, and earnings** divide California communities in ways that challenge conventional north-south and inland-coastal divisions in the state. By using the HD Index score to sort county, town, and neighborhood clusters, "Five Californias" have each been identified with its own distinct well-being profile. <http://www.measureofamerica.org/california2014-15/>

- **One Percent California** consists of the two neighborhood clusters that score 9 or above out of 10 on the HD Index; these neighborhoods are home to just under one in every one hundred Californians.
- **Elite Enclave California** is made up of neighborhood clusters that score between 7 and 8.99 on the Index; 15 percent of Californians are part of this group.
- **Main Street California** comprises of neighborhood clusters that score between 5 and 6.99 and is home to 39 percent of Californians.
- **Struggling California** is home to the largest share of the state's population, 42 percent, with these neighborhood clusters scoring between 3 and 4.99 on the Index.
- **Disenfranchised California** comprises of neighborhood clusters that score below 3 on the HD Index; this California is home to roughly 3 percent of the state's population.

Dental Health Needs

Fresno County Denti-Cal dentists were selected as eligible to participate in the LDPP Domain 3 incentives. Fresno is listed as the 4th highest county out of 58 in the state of California with nearly 50% of our total population enrolled in Medi-Cal and greater than 75% of children aged 0-5 in Medi-Cal according to Sept 2015 report. Currently data shows that only 44% of 0-20 population return year after year for follow up dental preventive care in Fresno County. Our Medi-Cal children 0-6 years old have been documented as having a high restorative procedure rate of 46.23% in 2014/15, and a low preventive procedure rate of 53.77% being performed.

Additionally, per the Community Commons' report of August 13, 2015, Fresno County dentists per 100,000 population is 55.7 vs. the California rate of 77.5 making it even more critical that the limited number of providers in our area be encouraged to participate in Denti-Cal and through the proposed support systems the goal is to educate these providers of the need in the community and the potential that the DTI Domain 3, provides to their practice. There are approximately 813 active dentists licensed in Fresno County per the Department of Consumer Affairs – Dental Board of California and only 147 (18%) are Denti-Cal providers with only 87 (59%) of these providers accepting new patients according to the DHCS report of Fee For Service providers in Fresno County.

Conducted from February 2005 through April 2005, the Fresno County Smile Survey was part of the statewide California Smile Survey in which 21,000 Kindergarten and 3rd grade students received dental screenings at 186 elementary schools throughout

California. The Fresno County Smile Survey report included an additional data subset drawn from dental screenings of 1,473 Kindergarten and 3rd grade students from 18 elementary schools to provide a local "snapshot" of the oral health status of children in Fresno County which is home to an ethnically diverse population, where Mexican-American children make up 47% of the population under 18 years of age.

Key Findings:

- Sixty-five percent of Kindergarten and almost 80% of 3rd grade students have experienced dental disease.
- Four out of ten children have untreated dental disease.

The Survey found that In Fresno County, 729 Kindergarten and 744 3rd grade students received a dental screening. About half of the children screened were male (47%), 51% were Hispanic, 29% were White, 11% were Asian, and 5% were African-American. More than 45% of the children screened were from homes where parents speak a language other than English.

Target Population: The need for health services in Fresno County is extensive and well documented. Dental caries, the disease that causes cavities, is an infectious, transmittable, but preventable disease. By focusing on prevention, thousands of lost school days and millions of dollars can be saved. The Fresno LDPP plans to target approximately 38,721 children 0-20 years old in the zip code areas of 93701, 93702 and 93722. The need for health services in Fresno County is extensive and well documented. This targeted area was selected to leverage prior community organizational commitments. In the Spring of 2009 the City of Fresno determined to assist the Lowell neighborhood (zip code 93701/02) which is part of the mission of revitalizing downtown Fresno and the neighborhoods of poverty surrounding the downtown corridor. The neighborhood area of zip code 93722 was selected as it is home to the Central Valley Regional Center who had long advocated for oral health services and who is in support of the proposed VDH and other LDPP services to be operated from its premises.

Partners and Stakeholders will be leveraging their community programs and infrastructure to engage consumers in the targeted zip codes. This includes providing the work space required for staff to deliver oral care prevention and education and oral hygiene treatment. The participating partner entities are a diverse set of key local community partners, educational entities, Denti-Cal providers, and stakeholders who have demonstrated community support and collaboration.

The Fresno LDPP proposal calls for oral health education engagement through quarterly health fairs. Families in the target zip codes will be issued multiple mailings including refrigerator magnets identifying the health fair dates. Our ability to reach our targeted population is a result of our collaboration with the Department of Social Services and their willingness to partner with us by facilitating the direct mailing of promotional items. Attendance will be incentivized through drawings for oral health related items including dental care health baskets etc. The targeted population will be served between our two community-based entities; Fresno Economic Opportunities Commission Health Services and Education (EOC-HSE), and Reading and Beyond Health Services and Education (RAB-HSE). Technology such as a cloud based Access Database for caseload management and tracking, 1-800 phone line for communication (English/Spanish/Hmong), and text messaging will also be components of this service area but the

most important and effective aspect will be our well trained and culturally competent staff. Activities will be made available during non-traditional hours to accommodate the needs of our participants.

The Fresno LDPP plans to target approximately 38,721 children 0-20 years old (see table below) in the zip code areas of 93701, 93702 and 93722.

Figure 1.

<u>CURRENT APPROVED MEDI-CAL CASES</u> <u>(AS OF 3/30/2016)</u>			
Zip Code	Age Range	Unique Individuals	Unique Cases
93722	0 - 6 years	6,093	4,488
93722	0 - 20 years	17,376	8,806
93722	ALL	34,722	15,589
93701	0 - 6 years	1,581	1,146
93701	0 - 20 years	4,363	2,075
93701	ALL	8,740	3,841
93702	0 - 6 years	5,805	4,143
93702	0 - 20 years	16,982	7,825
93702	ALL	33,480	13,742
ALL	ALL	434,331	191,260
Targeted Population: (3) zipcodes, ages 0-20		38,721	18,706

The Fresno LDPP pilot program meets the requirements outlined in STCs 106-108 in that there are specific program performance metrics, oversight, monitoring and reporting incorporating into all three of the proposed strategies with the goals, outcomes and performance metrics included in the Fresno LDPP being consistent with, and build upon, the performance metrics of the DTI and all possible efforts have been made to avoid redundancy on approaches taken in Domains 1-3. Fresno County Local Dental Pilot Program Local dental pilot project (LDPP) will address domain 1-3 through alternative programs, using strategies focused on high poverty areas including local case management initiatives and education partnerships. We have broad-based provider and community support and with incentives related to goals and metrics that contribute to the overall goals listed in the application for LDPP. The specific strategies, target populations, payment methodologies, and participating entities being proposed by Fresno County.

Section 3: Services, Interventions, Care Coordination and Data Sharing- 35 points

3.1 Services and Care Coordination: 10 points

The goal of the LDPP is to promote community based oral health programs and evidence-based models of oral disease prevention through care coordination in the targeted Fresno population. Care coordination will be implemented by Fresno County Department of Public Health as the Lead entity in the LDPP. Fresno County DPH will guide the partners and be responsible for overseeing

the community level team process and will take the lead in multidisciplinary and cross-system/agency collaboration. Implementing coordination of care with multi-disciplinary agencies will include assessments, identifying barriers to oral health care, plan development and implementation, collaboration, identification of child and family needs, communication, monitoring/measuring progress, collecting data, reporting, and continuously evolving and evaluating from lessons learned. Partnerships with a broad group of stakeholders who are committed and accountable for implementation improve our coordination of care. Local relevant stakeholders supporting the LDPP common goal and coordination of care in this partnership is the Fresno Department of Public Health, Fresno Social Services, local Legislators, Fresno Unified School District, Fresno County office of Education, Fresno Madera Dental Society, Fresno City College, Fresno State, Anthem Blue Cross managed care, Central Valley Regional Center, Central Valley Health Policy Institute, UOP VDH, as well as local doctors, dentists, and primary care clinics. The responsibilities of the participating entities are to bring a diverse unique set of resources as well as leveraging on the existing presence of the participating entity in the community.

New infrastructure that will be taking place between the lead and participating entities is training, education, data collection, reporting, and collaboration with a VDH community care system. We will leverage and connect existing community infrastructure by tapping into the resources of head start and WIC using the existing office space and positive encounters to expand upon and include additional oral prevention education and services

The Fresno-LDPP will increase oral health education, preventive and treatment participation. The specific innovation and strategies that will be tested include; 1) outreach oral health education and case management services, 2) dental provider relations and recruitment services and 3) teledentistry/University of Pacific Virtual Dental Home services. The Participating Partner entities are a diverse set of key local community partners, educational entities, Denti-Cal providers, and stakeholders who have demonstrated community support and collaboration. The participating partners and stakeholders are experienced with our target population, the social determinants of oral disease and improving access to dental care. Partners and Stakeholders will be leveraging their community programs and infrastructure to engage consumers in the targeted zip codes. This includes providing the workspace required for staff to deliver oral care prevention education and oral hygiene treatment.

In lieu of incentivizing Continuity of Care which may be difficult to sustain the Fresno LDPP proposal calls for oral health education engagement through quarterly health fairs. Families in the target zip codes will be issued multiple mailings including refrigerator magnets identifying the health fair dates. Attendance will be incentivized through drawings for oral health related items including dental care health baskets etc.

Correspondence will be sent through the Fresno County Department of Social Services who will act as an intermediary for the dissemination of the Fresno LDPP marketing material among the targeted families in the targeted ZIP Codes while still securing the families' confidentiality. We are proposing a media campaign that would consist of a variety of elements including; television, radio and print. We will incorporate the Fresno LDPP in Website/Social Media such as in the; Fresno County Website, DPH Facebook and Partner websites and social media pages. While we have a designated targeted population our media campaign will be received by the community at large and services will be rendered to all those Medi-Cal families requesting assistance in our community.

The LDPP comprehensive plan is a three pronged approach involving Case Management with Oral Health Educators, Care Coordination with Provider Relations Representatives, and Access to Care with Virtual Dental Home. Consumers that opt to engage with us and participate in the project The targeted population will be served between our two community-based entities; Fresno Economic Opportunities Commission Community Health Services and Education, and Reading and Beyond Community Health Services and Education.

Outreach Oral Health Educators will be performing case management consisting of Motivational Interviewing (MI), partnering providers with clients and their families, ensuring the families are linked to the appropriate community resources, communicating to improve the oral health literacy of the child as well as the entire family. The development of educational materials will be a mixture of existing and new but education alone will not be sufficient. To change behavior our proposal will also include hands on demonstration of oral hygiene and its correlation with healthy eating and overall healthy lifestyle provided by staff that are culturally competent and experienced with the targeted population. We are also implementing a curriculum with a pre- and post-annual assessment to test if the engagement has successfully established habits that will lead to a reduction in Early Childhood Caries and/or reduction in missing, decayed or filled teeth. Based upon what is learned from pre and post assessments Public Service Announcement will be utilized to reach the largest number of families leveraging our community in a multidisciplinary approach. Tracking and following up to link individual cases to an Outreach Oral Health Educator for continuity of care. The provider relations will work extensively with Care coordination while the Outreach Oral Health Educator will be involved in the individual Case management. Together the synergistic approach coupled with preventive services of Fluoride Varnish and sealants will enhance the experience, thus improving the outcomes and reducing cost of care.

Provider Relations Representative will facilitate communication among healthcare teams including primary care, specialty care, inpatient, emergency department etc. Current measures to recruit Denti-Cal providers in Fresno County have not been effective and recruitment has trailed the state and national average. Per the Community Commons' report of August 2016, the rate of dentists per 100,000 population in Fresno County is 55.7 vs. the California rate of 77.5 making it even more critical that the limited number of providers in our area be encouraged to participate in Denti-Cal and through the proposed support systems the goal is to educate these providers of the need in the community and the potential that the DTI Domain 3, provides to their practice. There are approximately 813 active dentists licensed in Fresno County per the Department of Consumer Affairs – Dental Board of California and only 147 (18%) are Denti-Cal providers with only 87 (59%) of these providers accepting new patients according to the DHCS report of Fee For Service providers in Fresno County. Our Provider Relations Representatives effectiveness on expanding Denti-Cal participation will be tracked through our planned Cloud database and monitored through reports evaluated during and between monthly monitoring meetings with Participating Partners.

1) Oral Health Education and Case Management

Consumers that opt to engage with us and participate in the project will be served between our two community-based entities; Fresno Economic Opportunities Commission Health Services and Education, and Reading and Beyond Health Services and Education.

Technology such as a cloud based Access Database for caseload management and tracking, 1-800 phone line for communication (English/Spanish/Hmong), and text messaging will also be components of this service area but the most important and effective aspect will be our well trained and culturally competent staff. Activities will be made available during non-traditional hours to accommodate the needs of our participants.

The total population is approximately 18,706 (Figure1 page 11), including families in the targeted zip code areas of; 93701, 93702 and 93722. The computation of the needed number of Outreach Health Educators was determined by reviewing the total population of the Medi-Cal families in the target zip codes and assessing the need of an average of 2.45 hours per family, per year of oral health education and ongoing care coordination and assistance.

Outreach Health Educator (OHE) – Needs computation:

40 hours per week (-) 2.5 work breaks; (-) 1.5 travel time = 36 hours x 49 weeks (3 weeks' vacation/sick) = 1,764 hours / 2.75 (hours designated per family) = 641 families/cases

18,706 total targeted families (/) 641 = 29.18 staff; budget allows for a maximum OHE in year 1 of 24 staff, year 2 of 26 staff, year 3 of 28 staff and a maximum of 30 OHE's in year 4. However, acquisition of outreach health educators will scale up as families are engaged.

Children encountered that are not insured will be referred to Medi-Cal utilizing our relationship with federally qualified health centers who are contracted by the Department of Social Services as Medi-Cal Enrollment Assistors. No cost associated with outreach health educators or treatment of non-Medi-Cal clients will be charged to the Fresno LDPP. The cost for any services rendered that cannot be claimed to Medi-Cal will be absorbed by whichever collaborating partner is involved.

Outreach Health Educator responsibilities:

According to the DHCS "Medi-Cal Eligibles with Threshold Languages report", 32.35% of Fresno County Medi-Cal clients speak Spanish and 3.41% speak Hmong. The Outreach Health Educators will provide the services noted below in the families language and in a culturally appropriate manner.

- Education to improve oral health literacy
 - Guidelines on dental periodicity schedule, preventive dental services, anticipatory guidance/counseling and oral treatment for infants, children and adolescents
- Provide a variety of materials for participants to take home, including informational pamphlets on several oral health topics (also available in Spanish), stickers, toothbrushes, toothpaste, dental floss, mouth mirrors, and two-minute timers
- Contacting the family and ensuring that they have secured a dentist and if they have not secured a provider then they will assist in the identification of a dentist or dental care center
- Assist with the initial appointment setting
- Provide patient support in assisting them in arriving at their scheduled dental appointments including transportation and will provide referrals to those families expressing additional social or economic hardships utilizing the following tools;

- The Directory of Community Resources created by The Family Resource Center, affiliated with the Fresno County Department of Social Services, and the 2-1-1 Fresno County Information and Referral Helpline will help connect consumers with agencies and/or organizations that can provide assistance. 2-1-1 Fresno County is a free and confidential service that is available 24 hours a day, 7 days a week, and 365 days a year in over 170 languages.
- Track client contact and provide patient reports on the number of appointments scheduled and the efforts made to remind patients of their appointments
- Coordination of oral health services across multiple providers
 - Dental Hygienist, Mobile Dental Vans, Registered Dental Hygienist in Alternative Practice and Dentists
- Request authorization to send the family text reminders of appointments set for each of the children.
- Contact the family 24 hours after the scheduled visit
- Contact dentist office to determine if the efforts to educate and support the patient/family resulted in a kept appointment (level of success)
- Determine why the appointment was not kept and assist in rescheduling
- Address any rescheduling assistance or follow-up appointments that might be necessary
- On a quarterly basis, families will be sent invitations to attend healthcare fairs where they will be provided new toothbrushes, toothpaste calendars, etc. and can be entered into drawings to win oral health products

2) Dental Provider Relations and Recruitment responsibilities:

Fresno County Denti-Cal dentists were selected to be eligible to participate in the LDPP Domain 3 incentives. Fresno is listed as the 4th highest county out of 58 in the state of California with nearly 50% of our total population enrolled in Medi-Cal and greater than 75% of Children aged 0-5 in Medi-Cal according to Sept 2015 report. Currently data shows that only 44% of our 0-20 population return year after year for follow up dental preventive care in Fresno County. Our Medi-Cal children 0-6 years old have been documented to have a high restorative procedure rate of 46.23% in 2014/15, and a low preventive procedure rate of 53.77% being performed.

Additionally per the Community Commons report of August 13, 2015, Fresno County dentists per 100,000 population is 55.7 vs. the California rate of 77.5 making it even more critical that the limited number of providers in our area be encouraged to participate in Denti-Cal and, through the proposed support systems, the goal is to educate these providers of the need in the community and the potential that DTI Domain 3 provides to their practice. There are 813 active dentists licensed in Fresno County per the Department of Consumer Affairs – Dental Board of California as of 09/21/16, and only 147 (18%) are Denti-Cal providers with only 87 (59%) of these providers accepting new patients according to the DHCS report of Fee For Service providers in Fresno County.

Provider Relations Representative

- Educate current Denti-Cal dentists on DTI

- Encourage Denti-Cal dentists to become eligible for Domain 3
- Learn the obstacles of current Denti-Cal Dentists who are not accepting new patients and explain how our Outreach Health Educators might be of assistance (i.e. reduction in no-show rates and care coordination)
- Outreach to Dentists who are not Denti-Cal providers to encourage them, through education and support, to enroll in Denti-Cal
- Conduct Dental Provider Survey to learn the obstacles in engaging dental providers in Denti-Cal

3.2 Innovations, Interventions, and Strategies: 10 points

Strategy Number (1) - Outreach Oral Health Education and Case Management Services; the objective is to provide targeted families with oral health education and an assigned case managers to assist in the identification of available Denti-Cal providers and the scheduling of the initial and reoccurring appointments with the goal of increased access to dental care and preventive dental appointments as recommended with increased adherence to behaviors that contribute to good oral health.

Strategy Number (2) - Dental Provider Relations and Recruitment Services; Provider Relations Representatives will contact licensed Denti-Cal dentists including those Denti-Cal providers not accepting new patients and will recruit those dentists who are not Denti-Cal providers through onsite education and services on DTI Domain 3 and the Fresno LDPP in partnership with the Fresno-Madera Dental Society.

Through the use of a cloud based database, information will be collected such as the pre and post assessments to evaluate the achievement of the goals set for strategies (1) and (2). Evaluating reports generated from the database will be used during monthly monitoring meetings with participating partners to assess progress and identify any needs improvement and interventions that may be required to maximize the effectiveness of the intervention and the process. Specific anticipated outcome measurements are noted in Section 4.1

Strategy Number (3) - The Innovative strategy being demonstrated is the incorporation of the Virtual Dental Home system into a Medicaid funded county delivery system. The Virtual Dental Home (VDH) system of care has been developed and tested in a six-year grant funded proof-of-concept demonstration. This demonstration established that telehealth-connected teams can work and that dental hygienists can safely determine what radiographs to take and place interim therapeutic restorations (ITRs) after being instructed to do so by a dentist. This application for DTI funding would allow development of the first ever VDH system in Fresno County that uses Denti-Cal billing to pay for the dental treatment provided to children. It will allow testing of the ability of the VDH system to function and be sustainable in a Denti-Cal billing environment.

In section 3.1 we provided an overview of the first two (2) interventions that are proposed by the Fresno LDPP and while both of the services described are certainly innovative in terms of their incorporation into an oral health project, the most innovative aspect of our proposal is related to our third intervention a Virtual Dental Home.

The Virtual Dental Home model will be an accessible, continuous , comprehensive, family centered, coordinated, compassionate, and culturally effective dental home based in the community at the Head Start and after school program of Reading and Beyond with the capability to mobilize to other locations of need. There is no current VDH infrastructure in Fresno County. This project will establish that infrastructure. The goals of this project will be to demonstrate that

incorporating a Virtual Dental Home (VDH) system focused on children can allow the Denti-Cal system to:

The Virtual Dental Home (VDH) expands the reach of dentists working in traditional dental care settings (dental offices and clinics) to community sites (pre-schools, schools, WIC, etc.) dentists do not work, but where allied dental personnel can collect diagnostic records and perform prevention and early intervention procedures.

The VDH is a community-based oral health delivery system in which people receive preventive and early intervention therapeutic services in community settings. It utilizes telehealth technology to link allied dental personnel in the community with dentists in dental offices and clinics. Pacific has demonstrated that registered dental hygienists in alternative practice (RDHAP), dental hygienists working in public health programs (RDH) and registered dental assistants (RDA), working in telehealth-connected teams, can keep most people healthy in community settings by providing education, triage, case management, preventive procedures, and Interim Therapeutic Restorations (ITR). Where more complex dental treatment is needed, the Virtual Dental Home connects patients with dentists in the area. This system promotes expansion of dental practices and linkages between dentists in dental offices and these community-based allied dental personnel. Most importantly, it brings much-needed services to individuals who might otherwise receive no care.

More information and an Executive Summary and Full Report of the VDH demonstration is available at:

- VDH Information: <http://www.virtualdentalhome.org>
- VDH reports - Executive Summary:
http://dentalcms.pacific.edu/DssPreview/Documents/community/special_care/acrobat/VirtualDentalHome_Report_ExecutiveSummary_2016-0614.pdf
- VDH reports - Full Report:
http://dentalcms.pacific.edu/DssPreview/Documents/community/special_care/acrobat/VirtualDentalHome_Report_FullReport_2016-0614.pdf

The Virtual Dental Home (VDH) system of care has been developed and tested in a six-year grant funded proof-of-concept demonstration. This demonstration established that telehealth-connected teams can work and that dental hygienists can safely determine what radiographs to take and place interim therapeutic restorations (ITRs) after being instructed to do so by a dentist. This application for DTI funding would allow development of a VDH system in Fresno County that uses Denti-Cal billing to pay for the dental treatment provided. It will allow testing of the ability of the VDH system to function and be sustainable in a billing environment.

Although DHCS has adopted regulations that allow providers to bill for services performed using store-and-forward teledentistry as required by AB1174, this is only a portion of the support needed for providers to establish and sustain Virtual Dental Home systems. This model for providing dental care is significantly different than the traditional dental care systems in use. The providers, community sites and communities will require significant help in system design and customization, training, and technical assistance over the grant period before these systems are established and stabilized and they are in a position to be able to continue to provide services using this model in a way that is self-sustaining based on program billing revenue. The activities and resources needed for the required help in system design and customization, initial; equipment purchase, training, and technical assistance are not supported under the Denti-Cal system.

For this project, salaries related to patient care, patient care supplies, and equipment (with the exception of portable equipment purchased in the start-up phase of the project) are part of normal clinical care operations and will be paid by the providers. The Pacific Center for Special Care at the University of the Pacific School of Dentistry (Pacific) has developed and tested an innovative and customizable oral health delivery system called the Virtual Dental Home (VDH) system of care. Paul Glassman DDS, MA, MBA is the Director of the Pacific Center for Special care and will direct the project.

The success of the demonstration of the VDH system resulted in legislation being passed in 2014 that has now created a regulatory environment where this system can be expanded and local programs can be established that will become self-sustaining using program revenue. However, it is clear that providers and community organizations will continue to need help with system design, training and technical support. Pacific is interested in using the DTI funding in the Medicaid 2020 waiver to expand the use of the VDH system, improve oral health of currently underserved groups, and reduce the financial and human consequences of neglected dental disease.

This VDH will expand the capacity of the oral health care system in Fresno County by engaging the VDH in various community centers, and after-school programs, a dental care delivery system that will bring prevention and early intervention oral health services to children that normally do not receive any care until they have advanced disease. Linking prevention and early intervention care delivered by allied dental personnel in these locations, with more advanced care in dental offices and clinics, will produce a full system of care, improve the oral health of the population, and lower the significant personal, societal, and financial costs that result from neglected dental disease.

VDH Project Goals

The goals of this project will be to demonstrate that incorporating a Virtual Dental Home system focused on children can allow the system to:

- Reach many more Denti-Cal beneficiaries than are currently being reached in the geographic areas where this demonstration will take place;
- Integrate oral health activities into the environment, activities, and processes of community sites where children already are;
- Apply proven prevention and early intervention procedures in community locations such as schools and pre-school programs;
- Establish a “continuous presence” system where the on-site dental team is present in the community site throughout the school year. This is known to increase awareness and focus on oral health which is critical to support adoption of health-producing daily mouth care and “tooth healthy” diets;
- Keep the majority of children healthy on site in the community site, and most importantly, verify through the telehealth system that they are healthy. This is possible because the dentist is involved through the telehealth system and can determine which children are healthy, or can be made healthy, through services provided by the dental hygienists on-site;
- Refer those children with advanced disease to dental offices/clinics for treatment of those problems while maintaining on-going diagnostic and prevention services in the community; and
- Improve the oral health of the children served in this demonstration as measured by incidence of untreated dental caries, signs of pain and infection, and use of the hospital emergency department and operating room services for dental care.

VDH Participants

The following entities will participate in the Virtual Dental Home portion of this DTI project:

- Dental providers:
 - To be subcontracted by EOC – Health Services and Education
- Community Site
 - Reading and Beyond Health Services and Education located at the Mosqueda Community Center
 - VDH to be utilized at various community sites
 - VDH targeted population is 500 participants

Roles and Responsibilities

The following is a list of roles and responsibilities that will ensure success of the demonstration.

Dental Providers

- The dental care provider will:
 - Hire and pay the salary of the on-site dental team including dental hygienists and dental assistant/navigators who will work in the community site;
 - Designate a dentist to review telehealth dental records and direct care of the on-site dental team; and
 - Accept referrals and provide treatment that cannot be provided in the community site for patients who are deemed to have advanced disease that warrants a visit to a dental office. Note: This will be far fewer in-office visits than traditionally needed since the majority of care will take place in the community.

Community Site and Other Participants

- The host community site for this demonstration will be the Reading and Beyond Health Services and Education located at the Mosqueda Community Center. Program administrators will introduce the demonstration and support its adoption and integration.
- Participating site will:
 - Provide space and host the on-site dental teams;
 - Help develop and process agreements; and
 - Help with arrangements for scheduling and integration of the system into school activities and processes.
- Pacific will have the following responsibilities in establishing and supporting this program:
- Pacific will design and direct the integration of the VDH system. Pacific will:
- Participate in meetings with advisory groups,
- Help participants to design specific delivery systems for after meeting with participating groups,
- Assist providers with specific protocol development for each site,
- Train personnel in the health plans, participating provider dental office/clinics and community sites,
- Provide technical assistance over the life of the demonstration,
- Assist in collection or analysis of qualitative and quantitative data,
- Help preparation reports and recommendations.
- Pacific planning, system design, and training topics include:
- Formation and use of advisory and steering committees.
- Planning for community awareness building about the system as it starts and grows.

- Selection of target populations for the system and investigation and understanding of their characteristics, locations, unique needs, and services systems they are involved with.
- Selection or engagement of the oral health providers that will participate and investigation and understanding of their current training, capacity, and training needs for the VDH system.
- Assessment of current agreements in place between providers and other participants and community sites and the need for new agreements. Assistance with modifying existing agreements or developing new ones for the VDH system.
- Assessment of current enrollment and program processes and forms in use by providers and the need to modify or add new components and processes. Assistance with modifying existing enrollment and program processes and forms or developing new ones for the VDH system.
- Assessment of provider and community site staffing arrangements and assistance planning appropriate staffing organization and plans for the VDH system.
- Analysis of current provider electronic dental record (EDR) systems and assistance using, modifying, or incorporating new components needed for the VDH system.
- Planning for program evaluation including selection of measures and developing methods for collecting needed data.
- Assistance in developing operating protocols and documentation for use in community sites.
- Assistance with economic analysis and forecasting of ROI for providers.
- Specific training to various group among providers and community sites on the following topics:
 - The changing health care landscape, implications for the oral health system.
 - Target populations and partner organizations, including culture, characteristics, and integrating oral health services.
 - The use of telehealth in the delivery of oral health services in social, educational and general health systems including the use of telehealth in the delivery of oral health services including, use of cloud-based record system in distributed team environment, and function and communication of telehealth-connected teams.
 - Legal considerations including HIPAA, consent, scope of practice laws and regulations, telehealth billing regulations, and malpractice coverage.
 - Operational protocols including arrangements with schools and other community sites, use and arrangement for space, roles and responsibilities of provider staff and school staff, scheduling, communications with administrators, staff, parents and other stakeholders, and infection control in community locations
 - EDR and Data management issues including using customized components of the EDR system including risk assessment and basic measures, tracking VDH outcomes using additional non-billing procedure codes, and using the EDR for communicating in telehealth connected team practice.
 - Scientific basis for VDH procedures including scientific basis for examination and treatment planning using telehealth technology, risk adjusted prevention protocols, partial caries removal, and criteria and technique for placing Interim Therapeutic Restorations.
 - Facilitating behavior change including factors that influence oral health, principles influencing behavior change, and motivational interviewing
 - Billing practice and strategies and other financial considerations.
 - Training dental hygienists to place Interim Therapeutic Restorations.

The planned site for the VDH system is the Reading and Beyond Health Services and Education (RAB-HSE) community center located at 4670 E. Butler Ave Fresno, Ca 93702. Operating the VDH at RAB-HSE provides a community setting that improves the experience of care. These strategies will help change behavior and focusing on prevention will test the "Three legged stool or Triple Aim" as coined by the institute for Oral Health. We will achieve the outcomes by: 1. Improving the experience of Care 2. Improving the health of Populations and 3. Reducing Per Capita Costs of Healthcare."

With mobile VDH operating in additional sites including;
 Fresno Economic Opportunities Commission Health Center
 925 North Abby Fresno CA 93701

Central Valley Regional Center
 4615 North Marty Fresno CA 93722

There is a mobile van that serves a limited number not only in the targeted population but at schools throughout the Central Valley. They are a stakeholder as well, and are a collaborating partner. They are limited by lack of parental consent forms being returned to the nurse for care, and the ages they serve are school age, missing the critical 0-5 year olds. Currently they lack the ability to fully engage the family in motivational interviewing, follow up and continuity of care especially of cases that require additional services. With the inclusion of Outreach Oral Health Educators and Dental Provider Representatives in the LDPP each case can be tracked through the technology data base, and continuous support to the family will enhance the current efforts taking place.

University of Pacific Virtual Dental Home - Personnel	
Project Director (.04 FTE)	Paul Glassman DDS, MA, MBA is the Director of the Pacific Center for Special care and will direct the project.
Director of Operations (.09 FTE)	Maureen Harrington, MPH is Pacific's Director of Grant Operations and will oversee communications and implementation with providers and site.
Program Manager (.09 FTE)	Chaula Patel is Project Manager at Pacific and will schedule and track deliverables, reporting, training and monitoring activities.
Contracts Manager (.05) FTE	Hilda Anderson is Pacific's Business Manager and will be responsible for contracts, expenses, reporting systems.
Assistant Project Manager (.03 FTE)	Michael Au is an Assistant Program Manager at Pacific who will be responsible for technical training and assistance on data systems and equipment.
EOC-HSE WILL BE SUBCONTRACTING VDH SITE OPERATIONS (DENTIST/STAFF)	

The Virtual Dental Home model providing a dental home with focus on preventive services and case management strategies as outlined in our proposal targets the highest concentration of need in Fresno County, and throughout the state. The zip code included in the proposal 93701, has the highest amount of poverty per population of 10,000. Of 0-5 year olds in Fresno County 80% are receiving Medi-cal. Our target group of 93701, 93702 and 93722 includes WIC programs, Head Start centers as well as Regional Centers serving the most concentrated and high risk group of children at risk of , facilitation, care coordination, valuation and advocacy will be effective in removing barriers to care and reducing cost of care.

We know that the strategies proposed will be an asset to our community and that we will do the work required to be successful in our endeavors. Our plan includes motivational interviewing, health literacy activities, care coordination, community outreach and education, as well as appointment reminder system. According to numerous published studies barriers to care can be removed with the above mentioned items included in case management. These studies have further documented that when case management is combined with Fluoride, Xylitol and or treatment of disease there has been found to reduce cavity prevalence by 62%. Our proposal includes the Triple Aim approach of improving access to care, improving the experience and reducing costs. Based on these studies we know that the implemented proposal including the Triple Aim approach will be a success.

The infrastructure needed to implement the proposed interventions consists mainly of those related to the implementation of the VDH. We currently possess the remainder of the infrastructure including Leadership, collaboration, surveillance capacity, planning and evaluation capacity. However to achieve the goal of Improved Oral Health outcomes we must also be able to provide the VDH evidence-based prevention and promotion programs combined with the comprehensive case management that targets behaviors in families and communities leading to improved overall health.

Pacific will design and work with providers on a series of measures to find outcomes of these projects. They will include both process measures and health outcomes measures.

The VDH will be directed by a contracted dentist who will be responsible for the tactics and technology of the VDH operation to include; the setup of VDH equipment, making clinical referrals and tracking and submission of information into the Electronic Dental Records (EDR) system and their time spent as a mentee with UOP. The VDH contracted Dentist will also function as a Dental Provider billing any clinical services to Denti-Cal with no duplicative billing. Additional Dentists recruited will expand the number of patients served and billed through Denti-Cal and will increase our days and hours of operation which start with one day a week between the hours of 8:00am and 8:00pm. This VDH project will develop, strengthen and stabilize over a 4 year time frame and will prepare the county to have this system continue on a self-sustaining basis, supported by program revenue, after the grant period.

Through the shared data that the pilot project will collect, case managers will be able to coordinate the targeted population's care more efficiently by being able to understand individual's historical and scheduled procedures.

Targeted population will be assured timely, medically necessary care through an Access Database, VDH dental providers providing preventive care will alert Case Managers in the form of Outreach Oral Health Educators identifying patients and families that need additional restorative care that was unable to be provided in the Virtual Dental Home. It will be flagged as routine, or urgent. The case manager will follow up with families assisting them in making appointments with local resources that have been established through the Care Coordinating of the Dental Provider Relations Representatives. By tracking and alerting in the cloud based Access database patients and families will be followed and assisted in receiving the medically necessary care in a timely manner. Once the recommended necessary treatment has been completed this will be updated as well in the Database showing that the patient has received care.

LDPP will monitor performance of the project and its individual partners on a monthly basis. Information from site visits, monthly activity reports, financial reports, customer service feedback

(both by professionals and families/children to be served) will be evaluated through surveys which will have the option to be submitted by mail or by Survey Monkey

Required quality improvement/corrective action plans will consist of required measures, deficient goals/ benchmarks, new/ revised processes, as well as client and/or provider satisfaction surveys as appropriate. The Lead Entity will continuously monitor and evaluate progress with the intent to improve processes, prevent problems and maximize the LDPP success. A database will be implemented to house all of the data collected on the target population that all participating entities will be able to access via HIPAA compliant cloud storage. If there are technical issues the LDPP Lead Entity will leverage their staff analyst and partner agency staff to provide assistance. We will also periodically request that Fresno County Department of Social Services compare our LDPP listing of clients against those in the targeted zip codes to identify those families that have yet to be engaged and to whom further outreach efforts will be made.

As the LDPP Lead Entity, DPH will conduct ongoing monitoring and will make subsequent adjustments should issues arise including the need to provide role clarification, performance improvement plans, evaluation and, if necessary, termination of agreements. LDPP will assure compliance with DHCS that specifies the requirements of the LDPP with STC109 and Attachment JJ of the Medi-Cal 2020 Waiver Special Terms and Conditions

3.3 Accountability: 10 points

LDPP will monitor performance of the project and its individual partners on a monthly basis. Information from site visits, monthly activity reports (derived from the Accountability and Expectations table noted below), financial reports, customer service feedback (both by professionals and families/children to be served) will be evaluated through surveys which will have the option to be submitted by mail or by Survey Monkey. Information collected will be used to identify issues, ensure that the targeted population receives timely, medically necessary care, evaluate potential corrective action plans or business process changes, communicate the changes and then analyze if the changes implemented have produced the intended impact. If there are technical issues the LDPP Lead Entity will leverage their staff analyst and partner agency staff to provide assistance. We will also periodically request that Fresno County Department of Social Services compare our LDPP listing of clients against those in the targeted zip codes to identify those families that have yet to be engaged and to whom further invitations to participate will be sent. Users of the Cloud based databases facilitating Outreach Health Education and Dental Provider Relations and Recruitment will be staff referred by a Participating Partner and access granted by the DPH LDPP Staff Analyst or designee.

As the LDPP Lead Entity, DPH will conduct ongoing monitoring and will make subsequent adjustments should issues arise including the need to provide role clarification, performance improvement plans, evaluation and, if necessary, termination of agreements with the advisement and guidance of the Advisory Community. LDPP will assure compliance with DHCS that specifies the requirements of the LDPP with STC109 and Attachment JJ of the Medi-Cal 2020 Waiver Special Terms and Conditions. Aggregate data expected to be shared by DHCS via enrolled Medi-Cal dental providers' submitted claims for reimbursement will further inform the Project of its progress and provide an opportunity to identify areas to improve.

3.4 Data Sharing: 5 points

Data sharing across the Fresno LDPP partners will occur through cloud computing that provides shared computer processing resources in a securely encrypted manner. An Access database has been created and will be utilized to store demographic information and information necessary for case management. A secondary Access database will be created to track the work that will be performed by Provider Relations Representatives and to manage the recruitment effort. The Fresno LDPP client information will be requested by Outreach Health Educators and retained only once a Release of Information (ROI) is signed by the family. All LDPP staff will be provided access to computers/laptops that will be able to access the internet; additionally, Provider Relations Representatives will be provided have mobile virtual private network access. The implementation of these databases and the cloud computing can be operational within 60-days of notification of selection.

Fresno County DTI LDPP

[Previous Family](#) [Next Family](#) [New Family](#) [Delete Family](#)

Primary Adult

Date of First Contact	Street Address
First Name	APT#
Middle Name	City
Last Name	State
DOB	Zip
Sex	eMail Address
Medi-Cal Recipient?	Home Phone
Medi-Cal #	Cell Phone
SSN/Pseudo	Text Message?

Secondary Adult

Date of First Contact	Street Address
First Name	APT#
Middle Name	City
Last Name	State
DOB	Zip
Sex	eMail Address
Medi-Cal Recipient?	Home Phone
Medi-Cal #	Cell Phone
SSN/Pseudo	Text Message?

Same as Primary ☐

Child Information

[Previous Child](#)

[Next Child](#)

[New Child](#)

[Delete Child](#)

First Name
Middle Name
Last Name
DOB
Age
Sex



Comments

Subject Date 9/29/2016

[Back](#) [Reset](#) [New Comment](#)

Appointment Information

Description
Date
Provider Name
Plenunk
Street Address
Suite/BLDG #
City
State
Zip

[Back](#) [Next](#) [New](#) [View All](#)

Medi-Cal Applications

[Covered CA Website](#)

[English](#)

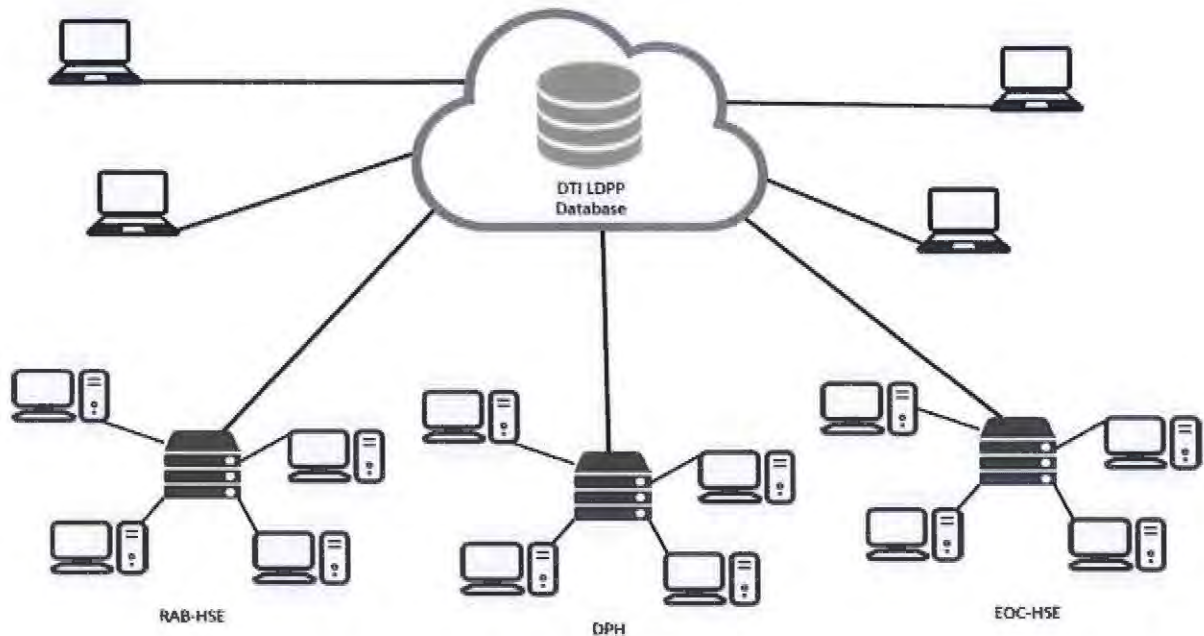
[Hmong](#)

[Spanish](#)

[Chinese](#)

[Other](#)

The Fresno County DTI LDPP will use a Cloud based IT infrastructure to manage and share data with the three participating entities. The Provider Relations Representatives will also be able to access the system remotely from any location through a HIPAA compliant virtual private network.



Fresno County Local Dental Pilot Program Local dental pilot project (LDPP) will address domain 1-3 through alternative programs, using strategies focused on high poverty areas including local case management initiatives and education partnerships. We have broad-based provider and community support and with incentives related to goals and metrics that contribute to the overall goals listed in the application for LDPP. The specific strategies, target populations, payment methodologies, and participating entities being proposed by Fresno County.

Participating Partners will have autonomy in the operations of their LDPP roles within the boundaries of the Projects goals and objectives and state pilot requirements and LDPP STC's. Should issues arise between or among the parties the Lead Entity will be the determination member as they are ultimately responsible for the Project's success and are required to enforce the Project's accountability measures.

Section 4: Progress Reports and Ongoing Monitoring- 30 points

4.1 LDPP Monitoring: 15 points

Outreach Oral Health Educators and Dental Provider Relations Representatives personnel will input daily client activity and provider contacts respectively into the cloud based Access database. In turn there will be reports generated from this data that will help monitor their workload effectiveness and efficiency. VDH performance will be based upon client satisfaction surveys which

will also be conducted for our Oral Health Educators and Dental Provider Relations Representatives services

Aggregate data reports derived from the Databases described in Section 3.4 will be created for review during monthly contractor meetings between DPH, RAB-HSE, EOC-HSE, and UOP. This information along with contractor financial reports will be reviewed during Fresno LDPP Advisory Committee meetings. The Advisory Committee will utilize all information available to assess performance and agency staff outcome comparisons. DPH will also submit timely quarterly and annual reports as agreed to DHCS and CMS. Noted in the table below are the expected short-term process measures whose planning will begin immediately upon notification of selection. Depicted below is our short-term process measures or implementation plan.

Short-Term Process Measures				Responsibility
	Mo. #1	Mo. #2	Mo. #3	
Develop evaluation standards for each staff position and contractors				DPH / Advisory Committee
Contract with EOC Health Services and Educations (EOC-HSE)				DPH
Contract with Reading and Beyond Health Services and Education (RAB-HSE)				DPH
Provide initial and ongoing training to personnel				RAB - HSE
Contract with University of Pacific (UOP)				DPH / UOP
Launch Virtual Dental Home site				EOC - HSE
EOC-HSE Subcontracting				EOC - HSE
RAD-HSE Subcontracting				RAB - HSE
Pre-testing period of new processes/ procedures				DPH; RAB-HSE; EOC-HSE; UOP
Participant recruitment and enrollment				EOC – HSE; RAB – HSE; UOP
Implement LDPP services				EOC – HSE; RAB – HSE; UOP
Measurement of program outcomes				DPH / Advisory Committee

OBJECTIVES WILL BE CONSISTENT THROUGHOUT THE LDPP FOUR (4) YEAR TERM

ORAL HEALTH EDUCATION AND CASE MANAGEMENT			
GOAL Fresno LDPP will increase oral health education, preventative and treatment participation			
OBJECTIVE #2	INTERVENTION DESCRIPTION		Outreach Oral Health Education and Case Management Services
	OBJECTIVE STATEMENT: Families identified to receive oral health education will have received education, information and scheduled appointments with Denti-Cal Providers		
	OBJECTIVES: 1. Outreach to all targeted Medi-Cal families identified in zip codes 93701, 93702, 93722 2. Provide educational materials including pamphlets on several oral health topics		
MAJOR ACTIVITIES		TIMELINE	RESPONSIBLE STAFF
1.1 Outreach to community partners, stakeholders, such as schools, WIC program, HeadStart, Early HeadStart, youth services, medical and dental services programs to advertise, recruit participants and secure access to venues to conduct outreach and			

	provide oral health materials.	
1.2	Identify other sites outside of the community partners where target population frequently visits; such as supermarkets, swap meats, beauty salons, restaurants, movie theaters, etc.	
1.3	Prepare all outreach materials needed for participants to take home including informational pamphlets on oral health topics (also available in Spanish and Hmong) and other incentives such as stickers, toothbrushes, toothpaste, dental floss, mouth mirrors, and two-minute timers.	
1.4	Call and meet with patients and provide education on oral hygiene and preventative services.	
1.5	Assist clients with identifying dentist and initial appointment setting	
1.6	Provide patient support in assisting them in making and arriving at their scheduled dental appointments	
1.7	Track client contact and provide patient reports on the number of appointments scheduled and the efforts made to remind patients of their appointments	
1.8	Contact dentist office to determine if the efforts to educate and support the patient/family resulted in a kept appointment (level of success)	
1.9	Develop relationships and informal MOUs with Denti-Cal providers, dentists, and other medical health and encourage them to accept and welcome new clients. clinics and other Medi-Cal clinics to accept and welcome new clients.	
1.10	Make referrals to dentists who have opted-in on Domain 3 and all other providers accepting Denti-Cal patient	
1.11	Prepare reports summarizing activity outcomes utilizing the LDPP Access database	
PERFORMANCE MEASURES AND TRACKING TOOLS		
PROCESS/OUTPUT MEASURES	PERFORMANCE/OUTCOMES MEASURES	IMPACT
70% of collaborative partners and stakeholders will be contacted	90% of collaborative partners will show an increase of cooperation and excitement that their clients will receive dental care demonstrated by their cooperation in educating their clients/constituents on the LDPP	Increased awareness of Fresno LDPP and collaborative partners will encourage their clients to contact and meet with Fresno LDPP staff
Families will be contacted and provided with oral dental health materials	90% of these families will have knowledge and awareness of healthy oral dental care	Increased awareness of Fresno LDPP and Domain 3 and oral health
Families will be referred to Denti-Cal Provider and will have scheduled initial appointments	50% of families that had never been seen by the dentist will finally receive dental care	Increased awareness of Fresno LDPP and Domain 3 and oral health

Families will have made their appointments and seen by dentists	50% of these families will make their scheduled appointments	Increased access to dental care and preventive dental appointments as recommended
Families will be contacted and provided with oral dental health materials	90% of these families will have knowledge and awareness of health oral dental care	Increased participation and regular dental appointments
Families will be referred to Denti-Cal Provider and will have scheduled initial appointments	50% of families keep their appointments and receive dental care	Increased accessed to dental care
Continue to outreach, recruit, educate, retain, train and provide assistance to all dentist considering becoming a Denti-Cal provider.		
Tracking Tools • Staff training certificates • List of collaborative partners and stakeholders • Roster of HeadStart and Early HeadStart sites • WIC locations and number of clients they serve • Presentation handouts and other materials • Daily attendance roster for each family contact, phone and in person • Attendance roster from in-services provided at partner locations • List of agencies from resource guide • Tracking log of Family contacts thru use of the LDPP Access database • Pre and post surveys thru mail or Survey Monkey • Health fare and events sign in sheets • Community Services Referral List (community clinics, food banks, advocacy services, etc.) • Recruitment and Retention Plan		

DENTAL PROVIDER RELATIONS AND RECRUITMENT		
Goal: Fresno LDPP will recruit, educate, and retain dental providers to participate in the Denti-Cal Program to increase continuity of care for children enrolled in the Medi-Cal Program		
OBJECTIVE #2	INTERVENTION DESCRIPTION	Dental Provider Relations and Recruitment Services
	OBJECTIVE STATEMENT: By December 30, 2017, the Provider Relations Representatives will have contacted 100% of licensed Denti-Cal dentists will have received information on DTI and in particular Domain 3 and 4, and would have begun recruitment efforts of those Denti-Cal providers who are not accepting new patients and, recruitment of dentists to become Denti-Cal providers.	
	OBJECTIVES: 1. Outreach and provide information to current Denti-Cal providers on Fresno LDPP and participation in Domain 3: Continuity of Care 2. Learn obstacles of current Denti-Cal providers who are not accepting new patients and provide technical support to areas that will help with no-show rates and other challenges. 3. Recruit and train licensed dentists to participate in the Denti-Cal program. Provide assistance and technical support with the enrollment forms.	
MAJOR ACTIVITIES	TIMELINE	RESPONSIBLE STAFF

2.1 Participate in DHCS provider training to gather more information on the provider enrollment, documentation requirements, and basic billing information such as diagnosis codes, treatment plans, reimbursement rates.		
2.2 Contact Denti-Cal Providers and schedule appointments for in-services and provide them with information on Fresno LDPP and Domain 3: Continuity of Care and how the Fresno LDPP can be of assistance.		
2.3 Outreach to licensed dentists that are not Denti-Cal providers. Schedule appointments for in services and provide them with information on Denti-Cal and offer assistance to help complete the enrollment forms and documentation requirements.		
2.4 Connect and build relationships with community organizations and provider organizations throughout assigned locations		
2.5 Conduct trainings for Denti-Cal providers and their staff on program updates that are beneficial to their practice		
2.6 Prepare strategic plan to present to Denti-Cal providers to help with their no-show rates, accepting new patients, and scheduling appointments for continuity of care		
2.7 Prepare reports and summarize findings		
2.8 Utilize the LDPP Provider Relations and Recruitment database to track service efforts		
PERFORMANCE MEASURES AND TRACKING TOOLS		
PROCESS/OUTPUT MEASURES	PERFORMANCE/OUTCOMES MEASURES	IMPACT
Existing Denti-Cal providers will be contacted	90% will receive information on Fresno LDPP and Domain 3:Continuity of Care and respond positively to an invitation for an in-service	Increased awareness of Fresno LDPP and Domain 3: Continuity of Care
Scheduled appointments for in-service to present the DTI Fresno LDPP	90% will review materials and schedule next meeting to make decision on whether to accept new Denti-Cal patients	Increased awareness of Fresno LDPP and Domain 3: Continuity of Care
Keep appointments and will receive information on Domain 3: Continuity of Care	70% will participate in Domain 3 and will accept new Denti-Cal patients	Increased awareness of Fresno LDPP and Domain 3
Licensed dentists not enrolled in Denti-Cal will be contacted	50% will respond and will schedule appointments to receive information on Denti-Cal	Increased awareness of Denti-Cal Program enrollment requirements
will keep the appointments and will receive information on Doman 3: Continuity of Care	50% are accepting new Denti-Cal patients and participating in Domain 3	Denti-Cal providers are accepting new clients and participating in Domain 3: Continuity of Care
licensed dentists not enrolled in Denti-Cal will be contacted	50% are responding and will have scheduled appointments for inservices on Denti-Cal enrollment requirements	Dentists have been informed on Denti-Cal Program
licensed dentists will have scheduled appointments for	50% will have enrolled in the Denti-Cal Program and are participating in	Dentists have received assistance and support on the

training on Denti-Cal enrollment requirements	Domain:3	Denti-Cal enrollment form requirements and are accepting Denti-Cal patients
Continue to outreach, recruit, educate, retain, train and provide assistance to all dentist considering becoming a Denti-Cal provider.		
Tracking Tools • Staff training certificates and training log. • List of collaborative partners and stakeholders • List of State licensed providers • List of Denti-Cal providers • Denti-Cal presentation and training materials • Denti-Cal forms completed and submitted • Daily attendance roster for each dentist contact, phone and in person and their staff • Attendance roster from in-services provided at partner locations • Tracking log of dentist contacts • Pre and post surveys thru mail or Survey Monkey • Health fair and events sign in sheets • Recruitment and Retention Planning utilizing the Relations and Recruitment database		

VIRTUAL DENTAL HOME	
Outcomes	Pacific will design and work with providers on a series of measures to find outcomes of these projects. They will include both process measures and health outcomes measures.
Quantitative Process Measures	Measures of what was done in the project will include: • Number of children seen • Characteristics of children seen • Procedures performed with an emphasis on preventive procedures • Risk assessments and subsequent interventions • Decisions made by dentists about the need for children to be seen in-person by a dentist • Recall and follow-up visits needed and kept. • Costs and revenue attributable to this system
Qualitative Measures	• Opinions of participant providers and site personnel • Satisfaction of children and parents

4.2 Data Analysis and Reporting: 15 points

As indicated in section 4.1: Aggregate data reports derived from the Databases described in Section 3.4, will be created for review during monthly contractor meetings between DPH, RAB-HSE, EOC-HSE, and UOP. This information along contractor financial reports will be reviewed during Fresno LDPP Advisory Committee meetings. The Advisory Committee will utilize all information available to assess performance, agency staff outcomes comparisons and DPH will submit timely quarterly and annual reports as agreed to DHCS and CMS.

The Fresno LDPP performance of all partners will be evaluated during monthly advisory meetings where the financial and activity reports from each agency will be reviewed if in reviewing these

reports an issue it's determined it will be brought to the partners attention if in the consecutive month the issue is not resolved or satisfactory mitigation then a one on one meeting between the project administrator and the partner will be held and a corrective action plan will be developed. Will typically be for 90 days if at the end of the 90 day review the issues have not been rectified a formal letter will be issued by the department to the partner alerting them that they are in failure to perform status and that if the issue is not corrected within 90 days to DPH's satisfaction steps to terminate services will be initiated. While this is an important program decision item to include its use is extremely unlikely as the collaborating partners are all well-known and respected professions with a great deal of experience working with the target populations unique social economic and cultural backgrounds.

The Lead Entity will facilitate monthly meetings individually with each of the Participating Partners in order to review staffing levels, productivity, training accountability, client and provider satisfaction, and the overall opportunity for improvement and adherence to state pilot requirements. The Lead Entity will also facilitate the Advisory Board meetings where these same metrics will be evaluated and discussed. The Advisory Board meetings will be held initially on a monthly basis, after the first year the frequency would be reduced to a bi-monthly with special sessions being called as required.

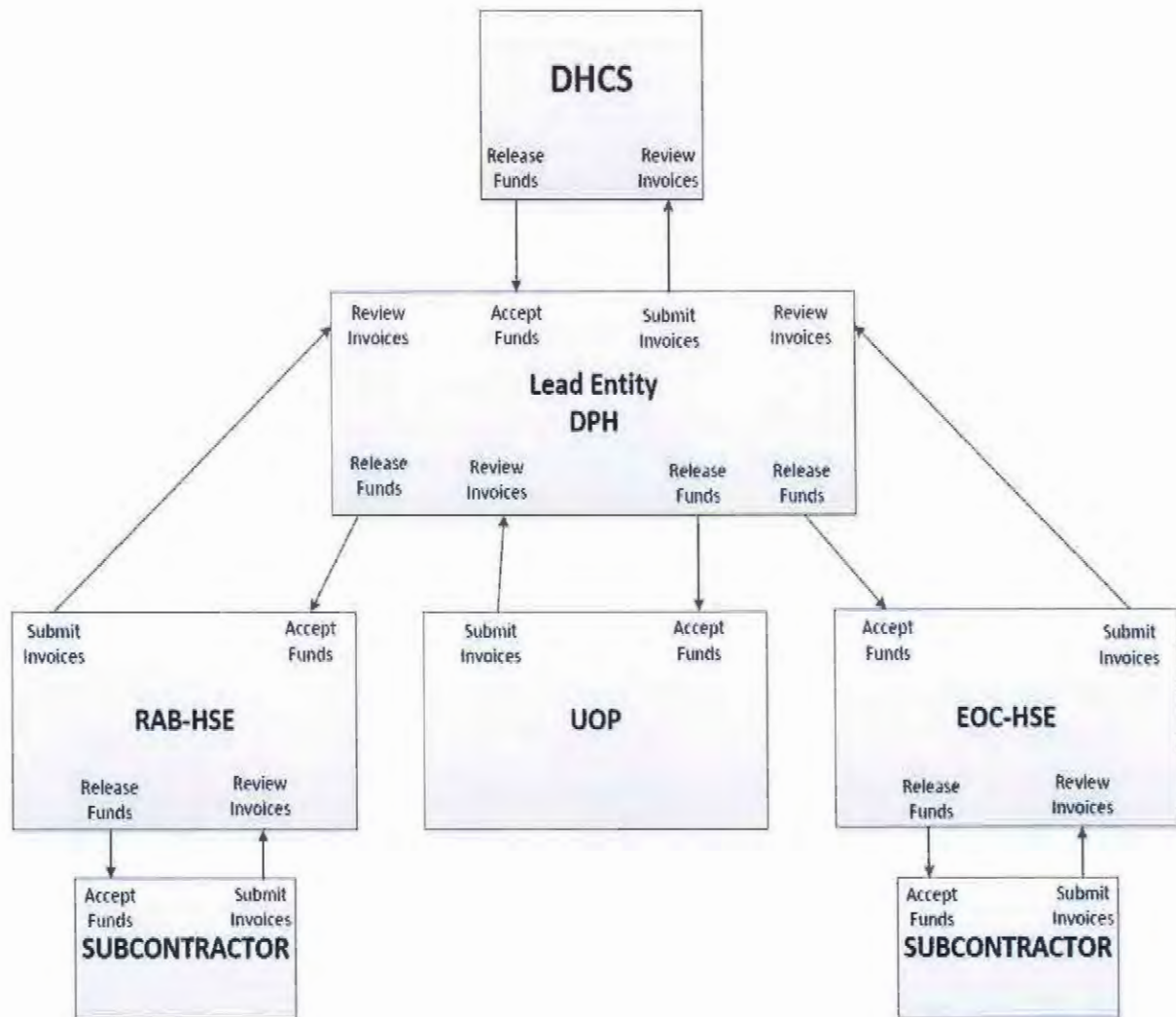
As the LDPP Lead Entity, DPH will conduct ongoing monitoring and will make subsequent adjustments should issues arise including the need to provide role clarification, performance improvement plans, evaluation and, if necessary, termination of agreements, plan for using analysis for sustainability planning, including how the LDPP will be sustained post DTI funding. The VDH may be sustainable following the end of the pilot with the successful education of the Medi-Cal population. The communication infrastructure anchored by the continuation of the Dental Health Advisory Board would still possibly serve a role but it is unlikely that the pilot infrastructure would be able to sustain itself in absence of Federal and State funding. However, per the released Frequently Asked Questions, sustainability was not a condition for funding.

Section 5 Financing- 10 points

5.1 Financing Structure

Activity and financial reports from participating partners (RAB-HSE, EOC-HSE and UOP), will be due monthly by the 10th of the month following the month of service. These reports will be reviewed by the DPH Analyst who will alert the LDPP Administrator of any irregularity or if additional questions are generated by the reports submitted. Once the reports have been approved by the Administrator, the contractors will be notified that the invoice will be held pending submission of the next quarterly DHCS DTI LDPP claim period. DPH will submit a total claim amount derived from the participating partners approved invoices and that of the DPH invoice. Once payment is received from DHCS the participating partners will receive their payments within 45-days. This process will be detailed in Fresno LDPP contractor agreements that will be instituted once selection has been received and accepted.

Please also see the Funding Diagram noted on next page.



5.2 Funding Request

	Year-1 2017	Year-2 2018	Year-3 2019	Year-4 2020
1) Personnel costs	1,159,468	1,539,319	1,658,760	1,782,574
2) Fringe benefits	425,922	554,629	628,699	670,790
3) Operating expenses	196,033	93,871	94,927	95,983
4) Equipment expenses	112,625	4,625	4,625	4,625
5) Travel expenses	90,105	97,280	99,580	101,380
6) Subcontractor expenses	90,800	110,004	113,304	116,703
7) Other Costs	268,199	308,399	319,767	333,854
8) Indirect Costs	215,451	261,162	282,483	302,328
TOTAL	2,558,603	2,969,289	3,202,145	3,408,238
GRAND TOTAL				12,138,275

5.3 Budget

Agency	Total funding requested by agency	Core purpose of expenditure
Fresno DPH	\$524,433	To coordinate the activities and fulfill its commitment of the Fresno LDPPP Lead Entity
EOC Health Services and Education (EOC-HSE)	\$5,859,752	Participating Partner; Will employ LDPP outreach health educators and provider relations representatives
Reading and Beyond Health Services and Educations (RAB-HSE)	\$5,507,229	Participating Partner; Will employ LDPP outreach health educators and provider relations representatives
University of the Pacific	\$248,794	UOP staff will advise VDH operations including; communications, implementation, reporting, training and monitoring activities and technical training and assistance on data systems and equipment etc.
TOTAL	\$12,138,275	

Children served that are not insured will be referred to Medi-Cal utilizing our relationship with federally qualified health centers who are contracted by the Department of Social Services as Medi-Cal Enrollment Assistors. No cost associated with outreach health educators or treatment of non-Medi-Cal clients will be charged to the Fresno LDPP. The cost for any services rendered that cannot be claimed to Medi-Cal will be absorbed by whichever collaborating partner is involved.

	Year-1 2017	Year-2 2018	Year-3 2019	Year-4 2020
TOTAL	2,558,603	2,969,289	3,202,145	3,408,238

Staffing Plan

Staff Person (maximum)	Personnel Role and Responsibilities
<i>Fresno LDPP - County of Fresno Department of Public Health</i>	
.10 Fresno LDPP Administrator	The Fresno LDPP Administrator will; Oversee contract negotiations and processing; Evaluate performance outcomes; Facilitate periodic partner meetings; Take appropriate actions to address performance issues; Relay LDPP data and fiscal reports to the State and Oversee LDPP staff training
.20 FTE Staff Analyst	The Staff Analyst will ensure adherence to the Fresno LDPP requirements and regulations. The Staff Analyst will perform a variety of assignments including research, analysis, planning, evaluation, and administrative duties including preparation of contracts for Board of Supervisor approval

.5 FTE Account Clerk	Collect monthly activity reports; Log activity data; Process invoices once approved by the Manager
Reading and Beyond Health Services and Education	
Program Director (at .50 FTE)	Is responsible for the overall management, planning, evaluation, assessment, continuous improvement, compliance, budget adherence and program outcomes of the DTI LDPP Project. Oversees and coordinates all activities and efforts in building relationships with stakeholders and collaborative partners.
2 FTE Project Coordinator	Will oversee and coordinate all activities with Program Director on program implementation and administration of project plan. Manage Outreach Health Educators for carrying out work plan, data collection instruments, providing technical assistance in administering tools to collect data and performance measurements.
2 FTE Provider Relations Representative	Provider Relations Representative - These individuals will have at least a Bachelor's Degree in Education / Social Sciences and at least three years of experience...
15 FTE Outreach Health Educator	Outreach Health Educator - These individuals will have at least a Bachelor's Degree in Education / Social Sciences and at least three years of experience...
Fresno Economic Opportunities Commission – Health Services and Education	
Program Director (at .50 FTE)	Is responsible for the overall management, planning, evaluation, assessment, continuous improvement, compliance, budget adherence and program outcomes of the DTI LDPP Project. Oversees and coordinates all activities and efforts in building relationships with stakeholders and collaborative partners.
2 FTE Project Coordinator	Will oversee and coordinate all activities with Program Director on program implementation and administration of project plan. Manage Outreach Health Educators for carrying out work plan, data collection instruments, providing technical assistance in administering tools to collect data and performance measurements.
2 FTE Provider Relations Representative	Provider Relations Representative - These individuals will have at least a Bachelor's Degree in Education / Social Sciences and at least three years of experience
15 FTE Outreach Health Educator	Outreach Health Educator - These individuals will have at least a Bachelor's Degree in Education / Social Sciences and at least three years of experience.

The Project will not be paying staff to perform clinical services. Through a competitive process a VDH Dental Care Director will be secured to head the VDH with the assistance and oversight of UOP. Through a competitive process a Registered Dental Hygienist in Alternative Practice (RDHAP) will be secured to train Oral Health Education and Case Management and Dental Provider Relations Recruitment personnel. The role of the RDHAP will be to ensure all staff members receive orientation and appropriate training in accordance with dental prevention and awareness. The RDHAP will maintain and strengthen relationships with stakeholders integrating awareness via training and education in the medical and dental community. The RDHAP will advance community-based oral health delivery system in which people receive preventive and simple therapeutic services in community settings where they live or receive educational, social or general health services. Any clinical services completed by the Dentist and RDHAP will be billed

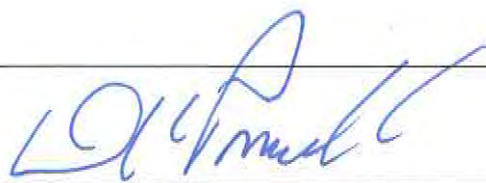
following Denti-Cal procedures and are separate from the hours paid through the Project for management of the VDH.

Section 6: Attestations and Certification

6.1 Attestation I certify that, as the representative of the LDPP Lead Entity, the Lead Entity agrees to the following conditions:

- ☒ The LDPP Lead Entity will assure appropriate participation in regular Learning Collaboratives to share best practices among participating entities, in accordance with STC 109.
- ☒ The LDPP Lead Entity will enter into an agreement with DHCS that specifies the requirements of the LDPP with STC109 and Attachment JJ of the Medi-Cal 2020 Waiver Special Terms and Conditions. The agreement with DHCS will include a data sharing agreement. See Exhibit A "HIPAA Business Associate Addendum (BAA)" of this Application. The provisions in the DHCS boilerplate BAA apply only to BAA-covered information that is shared by DHCS with the LDPP specifically for the purpose of LDPP operations and evaluation. DHCS does not anticipate that BAA-covered information will be shared for the purpose of LDPP operations or evaluation. DHCS anticipates limited, or no, BAA-covered information sharing from the LDPP to DHCS. However, DHCS will include a BAA in the event that data needs to be shared. The BAA will apply to the transfer of BAA-covered information should the need arise.
- ☒ The LDPP Lead Entity shall submit quarterly and annual reports in a manner specified by DHCS and CMS. Continuation of the LDPP may be contingent on timely submission of the quarterly and annual reports.
- ☒ The LDPP Lead Entity will report and submit timely and complete data to DHCS in a format specified by the State and as defined in the LDPP's individual agreement with the State. Incomplete and/or untimely data submissions may lead to a financial penalty after multiple occurrences and technical assistance is provided by the State.
- ☒ The LDPP Lead Entity will assure participation in program evaluation activities and will agree to provide data to measure the success of key activities of the work plan throughout the duration of the project.

I hereby certify that all information provided in this application is true and accurate to the best of my knowledge, and that this application has been completed based on a thorough understanding of program participation requirements as specified in the Medi-Cal 2020 Waiver Special Terms and Conditions and Attachment JJ of said waiver.

	2/3/17
Signature of LDPP Lead Entity Representative	Date

Bonus points – Priority Elements

- Collaboration: CSU **5 points**
 - Community partners 2+ **5 points**
 - Interventions **5 points**
- Creative workforce strategies and/or creative financing/innovative incentive payment models

Exhibit B
Budget
Year 2017
02/15/17 - 12/31/17

Personnel

Position Title	# of Staff	Monthly Salary Range	FTE %	Annual Cost
Project Director (RAB-HSE)	1	\$7,000.00 - \$8,000.00	50%	\$ 39,375.00
Project Coordinator (RAB-HSE)	2	\$4,500.00 - \$5,500.00	100%	\$ 95,000.00
Provider Relations Representative (RAB-HSE)	2	\$4,000.00 - \$4,500.00	100%	\$ 79,166.67
Outreach Health Educator (RAB-HSE)	12	\$2,500.00 - \$3,500.00	100%	\$ 327,500.00
Division Manager (DPH)	1	\$7,500.00 - \$8,500.00	10%	\$ 8,312.50
Account Clerk II (DPH)	1	\$2,000.00 - \$2,500.00	50%	\$ 8,487.50
Staff Analyst (DPH)	1	\$3,750.00 - \$4,750.00	20%	\$ 12,468.75
Project Director (EOC-HSE)	1	\$7,000.00 - \$8,000.00	50%	\$ 39,375.00
Project Coordinator (EOC-HSE)	2	\$4,500.00 - \$5,500.00	100%	\$ 96,923.00
Provider Relations Representative (EOC-HSE)	2	\$4,000.00 - \$4,500.00	100%	\$ 80,769.00
Outreach Health Educator (EOC-HSE)	12	\$2,500.00 - \$3,500.00	100%	\$ 339,091.00
Project Director (UOP-VDH)	1	\$20,000.00 - \$22,250.00	0.04%	\$ 8,750.00
Director of Operations (UOP-VDH)	1	\$7,750.00 - \$7,500.00	0.09%	\$ 7,000.00
Program Manager (UOP-VDH)	1	\$7,250.00 - \$7,500.00	0.09%	\$ 7,000.00
Contacts Manager (UOP-VDH)	1	\$6,500.00 - \$7,000.00	0.05%	\$ 3,500.00
Assistant Project Manager (UOP-VDH)	1	\$5,250.00 - \$5,750.00	0.03%	\$ 1,750.00
Total Salary				\$ 1,159,468.00
Fringe Benefits *				\$ 425,922.14
Total Personnel				\$ 1,585,390.00

Operating Expenses

Office Supplies	\$ 22,300.00
Communications	\$ 43,625.00
Laptops	\$ 40,375.00
Printer/Copier	\$ 4,000.00
MS Office 365/SharePoint (GOV Ed)	\$ 1,392.00
Printing/Copying	\$ 8,700.00
Program Supplies	\$ 11,400.00
Fingerprinting	\$ 816.00
Projectors/TV Monitors	\$ 5,925.00
Office Furniture	\$ 51,500.00
Total Operating Expenses	\$ 196,033.00

Equipment & Supplies

VOIP Telephone System/Network Server	\$ 22,625.00
Nomad Pro 2 X-ray w/ Carrying Case	\$ 8,000.00
Digital X-ray Sensor - Size 0	\$ 6,900.00
plus Care Plan - 5 YR ADV Plan	\$ 1,600.00
Digital X-ray Sensor - size 1	\$ 4,650.00
Digital X-ray Sensor - size 2	\$ 3,700.00
Intra-oral camera	\$ 4,000.00
Portable Equipment Sets	\$ 45,000.00
Laptop - Dell	\$ 1,600.00
Portable Light	\$ 1,400.00
Portable chair	\$ 330.00
Extra oral camera - Pentax - WG30	\$ 600.00
Curing Light	\$ 550.00
Amalgamator Touchpad	\$ 380.00
Clinical Instruments	\$ 1,000.00
Lead Apron	
Adult	\$ 270.00
Child	\$ 270.00
Wifi Hotspot	\$ 45.00
Aseptic Delivery unit	\$ 4,580.00
Aseptic Fiber Optics	\$ 430.00
Cavitron	\$ 180.00
Hand pieces	\$ 2,000.00
Instruments	\$ 2,515.00
Total Equipment Expenses	\$ 117,675.00

**Exhibit B
Budget
Year 2017**

02/15/17 - 12/31/17

Travel (At CalHR Reimbursement Rates)

Gas	\$	63,105.00
Lodging/Airfare/Meals/etc.	\$	27,000.00
Total Travel	\$	90,105.00

Subcontracts

Dentist	\$	38,000.00
Registered Dental Hygienist in Alternative Practice (RDHAP)	\$	52,800.00
Total Subcontracts	\$	90,800.00

Other Costs

Training and Training Materials	\$	11,900.00
Facility Rental	\$	156,000.00
Facility Costs	\$	36,573.00
Other Materials	\$	21,700.00
Audit Expense	\$	1,325.59
Mass Mailing	\$	30,700.00
Media	\$	10,000.00
Total Other Costs	\$	268,199.00

Indirect Costs **

RAB-HSE	\$	109,208.33
EOC-HSE	\$	82,849.61
UOP-VDH	\$	18,747.20
DPH	\$	4,645.83
Total Indirect Costs	\$	215,451.00

Annual Budget Total	\$	2,558,603.00
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* Fringe Benefits: A single percentage was not able to be used due to the fact that the four separate participating entities have different methodologies for applying fringe benefits. A total amount is given above that represents 34% of wages for RAB-HSE, a 36%-40% variable rate of wages for EOC HSE, a 31.2% rate for UOP-VDH, and 75% of wages for DPH.

** Indirect Costs: A single percentage was not able to be used due to the fact that the four separate participating entities have different methodologies for applying indirect costs. A subtotal for each participating entity is provided representing a 20% Indirect cost rate for RAB-HSE and UOP-VDH, a variable rate of 13%-15% for EOC-HSE, and a rate of 15.873% for DPH.

Exhibit B
Budget
Year 2018
01/01/18- 12/31/18

Personnel	Position Title	# of Staff	Monthly Salary Range	FTE %	Annual Cost
	Project Director (RAB-HSF)	1	\$7,000.00 - \$8,000.00	50%	\$ 46,350.00
	Project Coordinator (RAB-HSE)	2	\$4,500.00 - \$5,500.00	100%	\$ 123,600.00
	Provider Relations Representative (RAB-HSE)	2	\$4,000.00 - \$4,500.00	100%	\$ 103,000.00
	Outreach Health Educator (RAB-HSE)	12	\$2,500.00 - \$3,500.00	100%	\$ 468,650.00
	Division Manager (DPH)	1	\$7,500.00 - \$8,500.00	10%	\$ 9,690.00
	Account Clerk II (DPH)	1	\$2,000.00 - \$2,500.00	50%	\$ 9,894.00
	Staff Analyst (DPH)	1	\$3,750.00 - \$4,750.00	20%	\$ 14,535.00
	Project Director (EOC-HSE)	1	\$7,000.00 - \$8,000.00	50%	\$ 46,350.00
	Project Coordinator (EOC-HSE)	2	\$4,500.00 - \$5,500.00	100%	\$ 123,600.00
	Provider Relations Representative (EOC-HSE)	2	\$4,000.00 - \$4,500.00	100%	\$ 103,000.00
	Outreach Health Educator (EOC-HSE)	12	\$2,500.00 - \$3,500.00	100%	\$ 468,650.00
	Project Director (UOP-VDH)	1	\$20,000.00 - \$22,250.00	0.04%	\$ 8,000.00
	Director of Operations (UOP-VDH)	1	\$7,250.00 - \$7,500.00	0.09%	\$ 5,000.00
	Program Manager (UOP-VDH)	1	\$7,250.00 - \$7,500.00	0.09%	\$ 5,000.00
	Contacts Manager (UOP-VDH)	1	\$6,500.00 - \$7,000.00	0.05%	\$ 2,000.00
	Assistant Project Manager (UOP-VDH)	1	\$5,250.00 - \$5,750.00	0.03%	\$ 2,000.00
Total Salary					\$ 1,539,319.00
Fringe Benefits *					\$ 554,628.53
Total Personnel					\$ 2,093,948.00

Operating Expenses

Office Supplies	\$ 24,800.00
Communications	\$ 34,200.00
Laptops	\$ 3,775.00
Printer/Copier	\$ 1,000.00
MS Office 365/SharePoint (GOV Ed)	\$ 8,448.00
Printing/Copying	\$ 8,700.00
Program Supplies	\$ 11,400.00
Fingerprinting	\$ 48.00
Projectors/Tv Monitors	\$ -
Office Furniture	\$ 1,500.00
Total Operating Expenses	\$ 93,871.00

Equipment & Supplies

VOIP Telephone System/Network Server	\$ 4,625.00
Nomad Pro 2 X ray w/ Carrying Case	\$ -
Digital X-ray Sensor - Size 0	\$ -
plus Care Plan - 5 YR AOV Plan	\$ -
Digital X-ray Sensor - size 1	\$ -
Digital X-ray Sensor - size 2	\$ -
Intra oral camera	\$ -
Portable Equipment Sets	\$ -
Laptop - Dell	\$ -
Portable Light	\$ -
Portable chair	\$ -
Extra oral camera - Pentax - WG30	\$ -
Curling Light	\$ -
Amalgamator - Touchpad	\$ -
Clinical Instruments	\$ -
Lead Apron	\$ -
Adult	\$ -
Child	\$ -
Mifi hotspot	\$ -
Aseptic Delivery unit	\$ -
Aseptic Fiber Optics	\$ -
Cavitron	\$ -
Hand pieces	\$ -
Instruments	\$ -
Total Equipment Expenses	\$ 4,625.00

Exhibit B
Budget
Year 2018
01/01/18 - 12/31/18

Travel (At CalHR Reimbursement Rates)

Gas	\$	71,280.00
Lodging/Airfare/Meals/etc.	\$	26,000.00
Total Travel	\$	97,280.00

Subcontracts

Dentist	\$	49,440.00
Registered Dental Hygienist in Alternative Practice (RDHAP)	\$	60,564.00
Total Subcontracts	\$	110,004.00

Other Costs

Training and Training Materials	\$	9,900.00
Facility Rental	\$	176,700.00
Facility Costs	\$	54,268.00
Other Materials	\$	24,300.00
Audit Expense	\$	1,717.00
Mass Mailing	\$	31,314.00
Media	\$	10,200.00
Total Other Costs	\$	308,399.00

Indirect Costs **

RAB-HSE	\$	148,320.00
EOC-HSE	\$	99,853.92
UOP-VDH	\$	7,572.80
DPH	\$	5,415.71
Total Indirect Costs	\$	261,162.00

Annual Budget Total	\$	2,969,289.00
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- * Fringe Benefits: A single percentage was not able to be used due to the fact that the four separate participating entities have different methodologies for applying fringe benefits. A total amount is given above that represents 34% of wages for RAB-HSE, a 36%-40% variable rate of wages for EOC-HSE, a 31.2% rate for UOP-VDH, and 75% of wages for DPH.

Indirect Costs: A single percentage was not able to be used due to the fact that the four separate participating entities have different methodologies for applying indirect costs. A subtotal for each participating entity is provided representing a 70% indirect cost rate for RAB-HSE and UOP-VDH, a variable rate of 13%-15% for EOC-HSE, and a rate of 15.873% for DPH.

Exhibit B
Budget
Year 2019

01/01/19 - 12/31/19

Personnel

Position Title	# of Staff	Monthly Salary Range	FTE %	Annual Cost
Project Director (RAB-HSE)	1	\$7,000.00 - \$8,000.00	50%	\$ 47,740.50
Project Coordinator (RAB-HSE)	2	\$4,500.00 - \$5,500.00	100%	\$ 127,308.00
Provider Relations Representative (RAB-HSE)	2	\$4,000.00 - \$4,500.00	100%	\$ 106,090.00
Outreach Health Educator (RAB-HSE)	12	\$2,500.00 - \$3,500.00	100%	\$ 519,841.00
Division Manager (DPH)	1	\$7,500.00 - \$8,500.00	10%	\$ 9,883.80
Account Clerk II (DPH)	1	\$2,000.00 - \$2,500.00	50%	\$ 10,091.88
Staff Analyst (DPH)	1	\$3,750.00 - \$4,750.00	20%	\$ 14,825.70
Project Director (EOC-HSE)	1	\$7,000.00 - \$8,000.00	50%	\$ 47,740.50
Project Coordinator (EOC-HSE)	2	\$4,500.00 - \$5,500.00	100%	\$ 127,308.00
Provider Relations Representative (EOC-HSE)	2	\$4,000.00 - \$4,500.00	100%	\$ 106,090.00
Outreach Health Educator (EOC-HSE)	12	\$2,500.00 - \$3,500.00	100%	\$ 519,841.00
Project Director (UOP-VDH)	1	\$20,000.00 - \$22,250.00	0.04%	\$ 8,000.00
Director of Operations (UOP-VDH)	1	\$7,250.00 - \$7,500.00	0.09%	\$ 5,000.00
Program Manager (UOP-VDH)	1	\$7,250.00 - \$7,500.00	0.09%	\$ 5,000.00
Contacts Manager (UOP-VDH)	1	\$6,500.00 - \$7,000.00	0.05%	\$ 2,000.00
Assistant Project Manager (UOP-VDH)	1	\$5,250.00 - \$5,750.00	0.03%	\$ 2,000.00
Total Salary				\$ 1,658,760.38
Fringe Benefits *				\$ 628,699.00
Total Personnel				\$ 2,287,459.00

Operating Expenses

Office Supplies	\$ 24,800.00
Communications	\$ 34,200.00
Laptops	\$ 3,775.00
Printer/Copier	\$ 1,000.00
MS Office 365/SharePoint (GOV Ed)	\$ 9,504.00
Printing/Copying	\$ 8,700.00
Program Supplies	\$ 11,400.00
Fingerprinting	\$ 48.00
Projectors/TV Monitors	\$ -
Office Furniture	\$ 1,500.00
Total Operating Expenses	\$ 94,927.00

Equipment & Supplies

VOIP Telephone System/Network Server	\$ 4,625.00
Nomad Pro 2 X-ray w/ Carrying Case	\$ -
Digital X-ray Sensor - size 0	\$ -
plus Care Plan - 5 YR ADV Plan	\$ -
Digital X-ray Sensor - size 1	\$ -
Digital X-ray Sensor - size 2	\$ -
Intra-oral camera	\$ -
Portable Equipment Sets	\$ -
Laptop - Dell	\$ -
Portable Light	\$ -
Portable chair	\$ -
Extra oral camera Pentax WG30	\$ -
Curing Light	\$ -
Amalgamator - Touchpad	\$ -
Clinical Instruments	\$ -
Lead Apron	\$ -
Adult	\$ -
Child	\$ -
Mifi hotspot	\$ -
Aseptico Delivery unit	\$ -
Aseptico Fiber Optics	\$ -
Cavitron	\$ -
Hand pieces	\$ -
Instruments	\$ -
Total Equipment Expenses	\$ 4,625.00

Exhibit B
Budget
Year 2019
01/01/19 - 12/31/19

Travel (At CalHR Reimbursement Rates)

Gas	\$ 73,080.00
Lodging/Airfare/Meals/etc.	\$ 26,500.00
Total Travel	\$ 99,580.00

Subcontracts

Dentist	\$ 50,923.00
Registered Dental Hygienist in Alternative Practice (RDHAP)	\$ 62,381.00
Total Subcontracts	\$ 113,304.00

Other Costs

Training and Training Materials	\$ 9,500.00
Facility Rental	\$ 184,281.00
Facility Costs	\$ 56,963.00
Other Materials	\$ 24,402.00
Audit Expense	\$ 1,877.00
Mass Mailing	\$ 31,940.28
Media	\$ 10,404.00
Total Other Costs	\$ 319,767.28

Indirect Costs **

RAB-HSF	\$ 160,195.90
EOC-HSE	\$ 109,190.09
UOP-VDH	\$ 7,572.80
DPH	\$ 5,524.02
Total Indirect Costs	\$ 282,483.00

Annual Budget Total	\$ 3,202,145.00
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- * Fringe Benefits: A single percentage was not able to be used due to the fact that the four separate participating entities have different methodologies for applying fringe benefits. A total amount is given above that represents 34% of wages for RAB-HSF, a 36%-40% variable rate of wages for EOC-HSE, a 31.2% rate for UOP-VDH, and 75% of wages for DPH.

Indirect Costs: A single percentage was not able to be used due to the fact that the four separate participating entities have different methodologies for applying indirect costs. A subtotal for each participating entity is provided representing a 20% indirect cost rate for RAB-HSF and UOP-VDH, a variable rate of 13%-15% for EOC-HSE, and a rate of 15.873% for DPH.

Exhibit B
Budget
Year 2020
01/01/20 - 12/31/20

Personnel	Position Title	# of Staff	Monthly Salary Range	FTE %	Annual Cost
	Project Director (RAB-HSE)	1	\$7,000.00 - \$8,000.00	50%	\$ 49,172.72
	Project Coordinator (RAB-HSE)	2	\$4,500.00 - \$5,500.00	100%	\$ 131,177.24
	Provider Relations Representative (RAB-HSE)	2	\$4,000.00 - \$4,500.00	100%	\$ 109,272.70
	Outreach Health Educator (RAB-HSE)	12	\$2,500.00 - \$3,500.00	100%	\$ 573,681.68
	Division Manager (DPH)	1	\$7,500.00 - \$8,500.00	10%	\$ 10,081.48
	Account Clerk II (DPH)	1	\$2,000.00 - \$2,500.00	50%	\$ 10,293.72
	Staff Analyst (DPH)	1	\$3,750.00 - \$4,750.00	20%	\$ 15,122.21
	Project Director (EOC-HSE)	1	\$7,000.00 - \$8,000.00	50%	\$ 47,740.50
	Project Coordinator (EOC-HSE)	2	\$4,500.00 - \$5,500.00	100%	\$ 131,127.24
	Provider Relations Representative (EOC-HSE)	2	\$4,000.00 - \$4,500.00	100%	\$ 109,272.70
	Outreach Health Educator (EOC-HSE)	12	\$2,500.00 - \$3,500.00	100%	\$ 573,681.68
	Project Director (UOP-VDH)	1	\$20,000.00 - \$22,250.00	0.04%	\$ 8,000.00
	Director of Operations (UOP-VDH)	1	\$7,250.00 - \$7,500.00	0.09%	\$ 5,000.00
	Program Manager (UOP-VDH)	1	\$7,250.00 - \$7,500.00	0.09%	\$ 5,000.00
	Contacts Manager (UOP-VDH)	1	\$6,500.00 - \$7,000.00	0.05%	\$ 2,000.00
	Assistant Project Manager (UOP-VDH)	1	\$5,250.00 - \$5,750.00	0.03%	\$ 2,000.00
Total Salary					\$ 1,782,573.85
Fringe Benefits *					\$ 670,790.00
Total Personnel					\$ 2,453,364.00

Operating Expenses

Office Supplies	\$ 24,800.00
Communications	\$ 34,700.00
Laptops	\$ 3,775.00
Printer/Copier	\$ 1,000.00
MS Office 365/SharePoint (GOV Ed)	\$ 10,560.00
Printing/Copying	\$ 8,700.00
Program Supplies	\$ 11,400.00
Fingerprinting	\$ 48.00
Projectors/Tv Monitors	\$ -
Office Furniture	\$ 1,500.00
Total Operating Expenses	\$ 95,983.00

Equipment & Supplies

VOIP Telephone System/Network Server	\$ 4,625.00
Nomad Pro 2 X-ray w/ Carrying Case	\$ -
Digital X-ray Sensor - Size 0	\$ -
plus Care Plan - 5 YR ADV Plan	\$ -
Digital X-ray Sensor - size 1	\$ -
Digital X-ray Sensor - size 2	\$ -
Intra-oral camera	\$ -
Portable Equipment Sets	\$ -
Laptop - Dell	\$ -
Portable Light	\$ -
Portable chair	\$ -
Extra oral camera - Pentax - WG30	\$ -
Curing Light	\$ -
Amalgamator - Touchpad	\$ -
Clinical Instruments	\$ -
Lead Apron	\$ -
Adult	\$ -
Child	\$ -
Mifi hotspot	\$ -
Aseptic Delivery unit	\$ -
Aseptic Fiber Optics	\$ -
Cavitron	\$ -
Hand pieces	\$ -
Instruments	\$ -
Total Equipment Expenses	\$ 4,625.00

Exhibit B
Budget
Year 2020
01/01/20 - 12/31/20

Travel (At Call)IR Reimbursement Rates)

Gas	\$	74,880.00
Lodging/Airfare/Meals/etc.	\$	26,500.00
Total Travel	\$	101,380.00

Subcontracts

Dentist	\$	52,451.00
Registered Dental Hygienist In Alternative Practice (RDHAP)	\$	64,252.81
Total Subcontracts	\$	116,703.81

Other Costs

Training and Training Materials	\$	9,900.00
Facility Rental	\$	191,945.43
Facility Costs	\$	62,309.00
Other Materials	\$	24,506.04
Audit Expense	\$	2,002.00
Mass Mailing	\$	32,579.09
Media	\$	10,612.08
Total Other Costs	\$	333,853.64

Indirect Costs **

RAB-HSE	\$	172,650.87
EOC HSE	\$	116,470.02
UOP-VDH	\$	7,572.80
DPH	\$	5,634.50
Total Indirect Costs	\$	302,328.00

Annual Budget Total	\$	3,408,238.00
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- * Fringe Benefits: A single percentage was not able to be used due to the fact that the four separate participating entities have different methodologies for applying fringe benefits. A total amount is given above that represents 34% of wages for RAB-HSE, a 36%-40% variable rate of wages for EOC-HSE, a 31.2% rate for UOP-VDH, and 75% of wages for DPH.

Indirect Costs: A single percentage was not able to be used due to the fact that the four separate participating entities have different methodologies for applying indirect costs. A subtotal for each participating entity is provided representing a 20% indirect cost rate for RAB-HSE and UOP-VDH, a variable rate of 13%-15% for EOC-HSE, and a rate of 15.873% for DPH.

Reading and Beyond
Health Services and Education - DTI Grant

	Year 1	Year 2	Year 3	Year 4	Total	Factors: Base Amount	% FTE or Other	Annual Step-up	Other Multiplier	Budget Notes:
Personnel & Fringe Benefits:										
Salaries/Wages:										
Program Director (0.50 FTE)	\$39,375	\$46,350	\$47,741	\$49,173	\$182,638	\$ 90,000	0.50	3%		
Project Coordinators (2 FTE)	\$95,000	\$123,600	\$127,308	\$131,127	\$477,035	\$ 60,000	2.00	3%		
Provider Relations Coordinators (2 FTE)	\$79,167	\$103,000	\$106,090	\$109,273	\$397,529	\$ 50,000	2.00	3%		
Outreach Health Educators (12 FTE + 1)	\$332,500	\$468,650	\$519,841	\$573,682	\$1,894,673	\$ 35,000	12.00	3%	1	Other: Add'l FTE each year 2 through 4
Total Salaries/Wages:	\$546,042	\$741,600	\$800,980	\$863,254	\$2,951,875					
Fringe Benefits:	\$185,654	\$252,144	\$272,333	\$293,506	\$1,003,638		0.34			Average 34% of Wages
Total Personnel & Fringe Benefits:	\$731,696	\$993,744	\$1,073,313	\$1,156,761	\$3,955,513					
Operating Expenses:										
Office Supplies	\$10,800	\$10,800	\$10,800	\$10,800	\$43,200	\$ 900			12	Office Supplies, estimated at \$900/month
Communications	\$9,000	\$9,000	\$9,000	\$9,000	\$36,000	\$ 750			12	VOIP Phone/Internet Service Call Allowance \$750/month
Laptops	\$16,575	\$975	\$975	\$975	\$19,500	\$ 975			17	Laptops for 17 new staff members, plus 1 years 2-4
Printer/Copier	\$1,000	\$1,000	\$1,000	\$1,000	\$4,000	\$ 4,000	0.25		1	Office Printer/Copier - Depreciated over 4 years
Printing/Copying	\$5,700	\$5,700	\$5,700	\$5,700	\$22,800	\$ 475			12	Printing/Copying Service Agreement - \$475per month
Program Supplies	\$11,400	\$11,400	\$11,400	\$11,400	\$45,600	\$ 950			12	Program Supplies, estimated at \$950/month
Fingerprinting	\$816	\$48	\$48	\$48	\$960	\$ 48		1	17	Fingerprinting/TB Tests \$48 x 17 new staff + 1 FTE per year
Projectors / Projector Screens	\$2,925				\$2,925	\$ 975			3	Projectors and Screens / Workshops & Presentations
Office Furniture	\$17,500				\$17,500	\$ 17,500			1	Desks/Chairs/Conference Tables, File Cabinets, etc.
Total Operating Expenses:	\$75,716	\$38,923	\$38,923	\$38,923	\$192,485					
Equipment:										
VOIP Telephone System / Network Server	\$4,625	\$4,625	\$4,625	\$4,625	\$18,500	\$ 18,500	0.25		1	Phone/Server Equip & Installation - Depreciated over 4 years
Total Equipment:	\$4,625	\$4,625	\$4,625	\$4,625	\$18,500					
Travel Expenses:										
Airfare & Lodging	\$12,500	\$12,500	\$12,500	\$12,500	\$50,000	\$ 2,500			5	Estimated \$2,500 per trip x 5 staff
Staff Mileage	\$38,880	\$38,880	\$38,880	\$38,880	\$155,520		0.54		72,000	Estimated 6,000 miles per month x 12 months
Total Travel Expenses:	\$51,380	\$51,380	\$51,380	\$51,380	\$205,520					
Other Costs										
Facility Rental	\$90,000	\$92,700	\$95,481	\$98,345	\$376,526	\$ 1.50	5000.00	3%	12	Facility Rental - \$1.50 per sf x 5,000 sf
Training Fees	\$3,500	\$3,500	\$3,500	\$3,500	\$14,000	\$ 3,500			1	Training Fees
Workbooks Curricula	\$3,000	\$3,000	\$3,000	\$3,000	\$12,000	\$ 250			12	Estimated \$250/month for participant curricula
Referral and Clinic Information Cards	\$4,200	\$4,200	\$4,200	\$4,200	\$16,800	\$ 350			12	Estimated \$350/month for outreach cards/fliers
Registered Dental Hygienist Consultant	\$30,000	\$30,900	\$31,827	\$32,782	\$125,509	\$ 30,000	1.00	3%	1	(\$75/hr, 400hrs/year) - contractor (Registered Dental Hygienist in Alternative Practice!)
Total Other Costs:	\$130,700	\$134,300	\$138,008	\$141,827	\$544,835					
Indirect Costs	\$109,208	\$148,320	\$160,196	\$172,651	\$590,375	20%				Indirect Costs at 20% of Total Personnel
Total Costs:	\$1,103,325	\$1,371,292	\$1,466,444	\$1,566,167	\$5,507,229					

Fresno County Department of Public Health (Lead Entity)
DTT Grant

	Year 1	Year 2	Year 3	Year 4	Total	Factors: Base Amount	% FTE or Other	Annual Step-up	Other Multiplier	Budget Notes:
Personnel & Fringe Benefits:										
Salaries/Wages:										
Division Manager (.10 FTE)	\$8,313	\$9,690.00	\$9,883.80	\$10,081.48	\$37,968	\$	95,000	10%	2%	
Staff Analyst (.20 FTE)	\$8,488	\$9,894.00	\$10,091.88	\$10,293.72	\$38,767	\$	48,500	20%	2%	
Account Clerk II (.50 FTE)	\$12,469	\$14,535.00	\$14,825.70	\$15,122.21	\$56,952	\$	28,500	50%	2%	
Total Salaries/Wages:	\$29,269	\$34,119.00	\$34,801.38	\$35,497.41	\$133,687					
Fringe Benefits:	\$21,352	\$25,589	\$26,101	\$26,623	\$100,265		75%			Average 75% of Wages
Total Personnel & Fringe Benefits:	\$51,220	\$59,708	\$60,902	\$62,120	\$233,951					
Equipment:										
Nomad Pro 2 X-ray w/ Carrying Case	\$8,900	\$0	\$0	\$0	\$8,900					
Digital X-ray Sensor - Size 0	\$6,900	\$0	\$0	\$0	\$6,900					
plus Care Plan - 5 YR ADW Plan	\$1,600	\$0	\$0	\$0	\$1,600					
Total Equipment:	\$16,500	\$0	\$0	\$0	\$16,500					
Operating Expenses:										
Office 365/SharePoint	\$7,392	\$8,448	\$8,504	\$10,560	\$35,904					
Total Operating Expenses:	\$7,392	\$8,448	\$8,504	\$10,560	\$35,904					
Supplies:										
Digital X-ray Sensor - size 1	\$4,650	\$0	\$0	\$0	\$4,650					
Digital X-ray Sensor - size 2	\$3,700	\$0	\$0	\$0	\$3,700					
Intra-oral camera	\$4,000	\$0	\$0	\$0	\$4,000					
Laptop - Dell	\$1,600	\$0	\$0	\$0	\$1,600					
Portable Light	\$1,400	\$0	\$0	\$0	\$1,400					
Portable chair	\$330	\$0	\$0	\$0	\$330					
Extra oral camera - Pentax - WG30	\$600	\$0	\$0	\$0	\$600					
Curing Light	\$550	\$0	\$0	\$0	\$550					
Amalgamator - Touchpad	\$380	\$0	\$0	\$0	\$380					
Clinical Instruments	\$1,000	\$0	\$0	\$0	\$1,000					
Lead Apron										
Adult	\$270	\$0	\$0	\$0	\$270					
Child	\$270	\$0	\$0	\$0	\$270					
Mifi hotspot	\$45	\$0	\$0	\$0	\$45					
Aseptic Delivery unit	\$4,580	\$0	\$0	\$0	\$4,580					
Aseptic Fiber Optics	\$430	\$0	\$0	\$0	\$430					
Cavitron	\$180	\$0	\$0	\$0	\$180					
Hand pieces	\$2,000	\$0	\$0	\$0	\$2,000					
Instruments	\$2,515	\$0	\$0	\$0	\$2,515					
Total Supplies:	\$28,500	\$0	\$0	\$0	\$28,500					
Total Equipment & Supplies:	\$45,000	\$0	\$0	\$0	\$45,000					
Client Communication:										
Mass Mailing	\$30,700	\$31,314	\$31,940	\$32,579	\$126,533			2%		41 cents x 18,706 families x 4 times per year
Printing & Materials	\$5,000	\$5,100	\$5,202	\$5,306	\$20,608			2%		
Media	\$10,000	\$10,200	\$10,404	\$10,612	\$41,216			2%		Based on expenditures from previous media campaign of similar scope.
Total Client Communication:	\$45,700	\$46,614	\$47,546	\$48,497	\$188,357					
Indirect Costs	\$4,646	\$5,416	\$5,524	\$5,635	\$21,220	15.873%				Fresno County Department of Public Health's internal indirect rate is 15.181% and external rate is .692%, approved for use by Fresno County's Auditor/Controller/Treasurer-Tax Collector.
Total Costs:	\$153,958	\$120,186	\$123,477	\$126,812	\$524,433					

Fresno Economic Opportunities Commission
Health Services and Education - DII Grant

	Year 1	Year 2	Year 3	Year 4	Total	Factors: Base Amount	% FTE or Other	Annual Step-up	Other Multiplier	Budget Notes
Personnel & Fringe Benefits:										
Salaries/Wages:										
Program Director (0.50 FTE)	\$39,375	\$46,350	\$47,741	\$49,173	\$182,638	\$	90,000	0.50	3%	
Project Coordinators (2 FTE)	\$96,923	\$123,500	\$127,308	\$131,127	\$478,958	\$	60,000	2.00	3%	
Provider Relations Representative (2 FTE)	\$80,769	\$103,000	\$106,090	\$109,273	\$399,132	\$	30,000	2.00	3%	
Outreach Health Educators (2 FTE + 1)	\$389,091	\$468,650	\$515,841	\$573,682	\$1,947,264	\$	35,000	12.00	3%	1 Other: Add 1 FTE each year 2 through 4
Total Salaries/Wages:	\$556,158	\$741,600	\$800,980	\$863,254	\$2,961,992					
Fringe Benefits:	\$209,580	\$270,031	\$323,401	\$343,797	\$1,146,809					Fringe Benefits @ 36-40%
Total Personnel & Fringe Benefits:	\$765,738	\$1,011,631	\$1,124,380	\$1,207,051	\$4,108,801					
Operating Expenses:										
Office Supplies	\$8,500	\$12,000	\$12,000	\$12,000	\$44,500					General consumable office supplies such as papers, pens, ink cartridge, toners, folders, laptop carrying case, case, boxes, and presentation boards.
Communications	\$24,000	\$24,000	\$24,000	\$24,000	\$96,000					Communications monthly service fees for telephone, cell phones, internet & fax services
Communication Supplies	\$10,625	\$1,200	\$1,200	\$1,200	\$14,225					
Laptops	\$23,800	\$2,800	\$2,800	\$2,800	\$32,200					17 laptops/Surface Pro for all staff. These equipment need to be portable and be carried to the actual sites of clients/provider locations to gather data and help with enrollment with Denai-Cal and scheduling appointments with providers.
Printer/Copier	\$3,000	\$0	\$0	\$0	\$3,000					Printer/scanner/fax for operational activities
Printing/Copying	\$3,000	\$3,000	\$3,000	\$3,000	\$12,000					Printing of outreach and presentation materials
Projectors and TV Monitors	\$3,000				\$3,000					Projectors for presentations and TV monitors for training
Office Furniture	\$34,000	\$1,500	\$1,500	\$1,500	\$38,500					Desks, chairs, cabinets, conference/training tables and chairs, and white boards
Total Operating Expenses:	\$110,925	\$44,500	\$44,500	\$44,500	\$244,425					
Equipment:										
VOIP Telephone System / Network Server	\$18,000	\$0	\$0	\$0	\$18,000					Landline wiring, servers, and phone system installation
Total Equipment:	\$18,000	\$0	\$0	\$0	\$18,000					
Travel Expenses:										
Out of State Travel	\$9,300	\$10,000	\$10,000	\$10,000	\$39,300					Required by program for training, annual meetings to include hotels, car rentals, airfare, per diem, gas, parking, mileage for personal vehicle.
Staff Mileage	\$24,225	\$32,400	\$34,200	\$36,000	\$126,825					Mileage to and from meetings, recruitment of clients and providers, implementation of project
Total Travel Expenses:	\$33,525	\$42,400	\$44,200	\$46,000	\$166,125					
Contractors										
Dentist	\$38,000	\$49,440	\$50,923	\$52,451	\$190,814					Oversees Virtual Dental Home system of care and provider of dental health services
Registered Dental Hygienist in Alternative	\$22,800	\$29,664	\$30,334	\$31,471	\$114,489					Provides education and clinical services through a collaborative oral health system
Total Contractors Expenses:	\$60,800	\$79,104	\$81,477	\$83,922	\$305,303					
Other Costs										
Facility Rental	\$66,000	\$84,000	\$88,800	\$93,600	\$332,400					Facility Rental - \$1.50 per sq ft x 5,000 sq ft
Facility costs - janitor, utilities, insurance, security	\$36,579	\$34,268	\$56,963	\$62,309	\$210,119					Costs to maintain 100% programmatic facility such as janitorial, insurance, security, and utilities classified as direct costs to the program.
Training Fees	\$3,400	\$3,400	\$3,400	\$3,400	\$13,600					Training Fees
Program Supplies	\$9,500	\$12,000	\$12,000	\$12,000	\$45,500					Outreach / provider training supplies
Audit Expense	\$1,326	\$1,717	\$1,877	\$2,002	\$6,922					
Total Other Costs:	\$116,799	\$135,385	\$163,040	\$173,311	\$608,525					
Indirect Costs	\$82,850	\$99,854	\$109,190	\$116,470	\$408,364					15-15% of personnel costs excluding fringe benefits which equals the Agency's Federally approved indirect cost rate of 7.5% based on total adjusted cost rather than just personnel costs as the base
Total Costs:	\$1,188,837	\$1,432,874	\$1,566,787	\$1,671,254	\$5,859,752					

University of Pacific
 Virtual Dental Home – DT1 - Fresno

	Year 1	Year 2	Year 3	Year 4	Total	Factors: Base Amount	% FTE or Other	Annual Step-up	Other Multiplier	Budget Notes:
Personnel & Fringe Benefits:										
Salaries/Wages:										
Project Director	\$8,750	\$8,000	\$8,000	\$8,000	\$32,750		3.94%			
Director of Operations	\$7,000	\$5,300	\$5,000	\$5,000	\$22,000		3.09%			
Program Manager	\$7,000	\$5,300	\$5,000	\$5,000	\$22,000		3.09%			
Contacts Manager	\$3,500	\$2,650	\$2,000	\$2,000	\$9,500		3.35%			
Assistant Project Manager	\$1,750	\$2,300	\$2,000	\$2,000	\$7,750		3.03%			
Total Salaries/Wages:	\$28,000	\$22,950	\$22,000	\$22,000	\$94,000					
Fringe Benefits:	\$8,736	\$6,864	\$6,864	\$6,864	\$29,328					
Total Personnel & Fringe Benefits:	\$36,736	\$28,864	\$28,864	\$28,864	\$123,328					
Operating Expenses										
Office Supplies	\$2,000	\$2,000	\$2,000	\$2,000	\$8,000					
Training/Meeting Expenses	\$5,000	\$3,000	\$3,000	\$3,000	\$14,000					
Total Operating Expenses:	\$7,000	\$5,000	\$5,000	\$5,000	\$22,000					
Equipment										
Portable Equipment Sets	\$45,000	\$0	\$0	\$0	\$45,000					
Total Equipment:	\$45,000	\$0	\$0	\$0	\$45,000					
Travel Expenses										
Mileage/Lodging	\$5,000	\$4,000	\$4,000	\$4,000	\$17,000					
Total Travel Expenses:	\$5,000	\$4,000	\$4,000	\$4,000	\$17,000					
Total Direct Expenses	\$93,736	\$37,864	\$37,864	\$37,864	\$207,328					
Indirect Costs	\$18,747	\$7,573	\$7,573	\$7,573	\$41,466					
Total Costs:	\$112,483	\$45,437	\$45,437	\$45,437	\$248,794					Indirect at 20% of direct expenses

**Subcontractor
Dentist**

	Year 1	Year 2	Year 3	Year 4	Total
Personnel & Fringe Benefits:					
Salaries/Wages:					
Dentist	\$38,000	\$49,440	\$50,923	\$52,451	\$190,814
Total Salaries/Wages:	\$38,000	\$49,440	\$50,923	\$52,451	\$190,814
Fringe Benefits:	\$0	\$0	\$0	\$0	\$0
Total Personnel & Fringe Benefits:	<u>\$38,000</u>	<u>\$49,440</u>	<u>\$50,923</u>	<u>\$52,451</u>	<u>\$190,814</u>
Operating Expenses					
Office Supplies					
Training/Meeting Expenses					
Total Operating Expenses:	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>
Equipment					
Portable Equipment Sets	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>
Total Equipment:	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>
Travel Expenses					
Mileage/Lodging	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>
Total Travel Expenses:	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>
Total Direct Expenses	<u>\$38,000</u>	<u>\$49,440</u>	<u>\$50,923</u>	<u>\$52,451</u>	<u>\$190,814</u>
Indirect Costs	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>
Total Costs:	<u><u>\$38,000</u></u>	<u><u>\$49,440</u></u>	<u><u>\$50,923</u></u>	<u><u>\$52,451</u></u>	<u><u>\$190,814</u></u>

Subcontractor
Registered Dental Hygienist in Alternative Practice
(RDHAP)

	Year 1	Year 2	Year 3	Year 4	Total
Personnel & Fringe Benefits:					
Salaries/Wages:					
RDHAP	\$22,800	\$29,664	\$30,554	\$31,471	\$114,489
Total Salaries/Wages:	\$22,800	\$29,664	\$30,554	\$31,471	\$114,489
Fringe Benefits:	\$0	\$0	\$0	\$0	\$0
Total Personnel & Fringe Benefits:	\$22,800	\$29,664	\$30,554	\$31,471	\$114,489
Operating Expenses					
Office Supplies					
Training/Meeting Expenses					
Total Operating Expenses:	\$0	\$0	\$0	\$0	\$0
Equipment					
Portable Equipment Sets	\$0	\$0	\$0	\$0	\$0
Total Equipment:	\$0	\$0	\$0	\$0	\$0
Travel Expenses					
Mileage/Lodging	\$0	\$0	\$0	\$0	\$0
Total Travel Expenses:	\$0	\$0	\$0	\$0	\$0
Total Direct Expenses	\$22,800	\$29,664	\$30,554	\$31,471	\$114,489
Indirect Costs	\$0	\$0	\$0	\$0	\$0
Total Costs:	\$22,800	\$29,664	\$30,554	\$31,471	\$114,489



Department of Social Services
Delfino E. Neira, Director

February 1, 2017

Rene Mollow, Deputy Director
Health Care Benefits & Eligibility
Department of Health Care Services
DTI@DHCS.CA.GOV

Re: DTI - LOPP

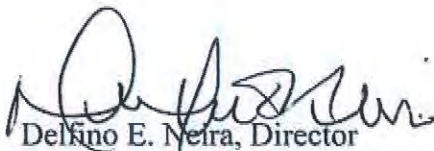
Dear Ms. Mollow:

The County of Fresno Department of Social Services (DSS) supports the County of Fresno Department of Public Health's (DPH) response to the Dental Transformation Initiative - Local Dental Project Plan. DSS is familiar with the proposal submitted and is supportive of the goals and objectives.

Fresno County is located in the heart of the Central Valley's agricultural industry, and home to some of the highest rates of unemployment and poverty in the State of California and the nation. The children of Fresno County are underserved in their oral health care needs. Approval of the Fresno LDPP will have a significant impact on the oral health of the county's most vulnerable children by supporting greater oral health and a reduction of school absences due to unmet health needs.

DSS looks forward to supporting DPH in this exciting opportunity to change the standard of oral health care in our community. Your thoughtful consideration of this grant application is greatly appreciated. Please do not hesitate to contact my office should you have any questions.

Sincerely,



Delfino E. Neira, Director
Department of Social Services

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County of Fresno
DEPARTMENT OF PUBLIC HEALTH

David Pomaville, Director
Dr. Ken Bird, Health Officer

February 3, 2017

Rene Mollow, Deputy Director
Health Care Benefits & Eligibility
Department of Health Care Services
DTI@DHCS.CA.GOV

Re: DTI - LOPP

Dear Ms. Mollow:

It is with great pleasure that I write this letter of participation and support of the Fresno County Department of Public Health Dental Transformation Initiative - Local Dental Project Plan. The innovative strategies we have proposed as the Lead Entity test multidisciplinary outreach collaboration among diverse providers and health teams with the focus on changing behavior and addressing access to care.

We are grateful for the opportunity and are prepared to fulfill the Lead Entity role and begin this exciting exploration to change the standard of oral health care and your consideration of our proposal is appreciated. Please do not hesitate to contact my office should you have any questions, or if I can be of further assistance regarding support of this proposal.

Respectfully,

David Pomaville, Director
Department of Public Health

Promotion, preservation and protection of the community's health

1221 Fulton Mall / P. O. Box 11867, Fresno, CA 93775

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APPENDICES

1. Letters of Support / Participation
2. Funding Diagram
3. Reading and Beyond – Health Services and Education (Budget)
4. Fresno County Economic Commission – Health Services and Education (Budget)
5. University of the Pacific - Virtual Dental Home (Budget)
6. Fresno County Department of Public Health (Budget)