

AGREEMENT

THIS AGREEMENT is made and entered into this 11th day of July, 2017, by and between the COUNTY OF FRESNO, a Political Subdivision of the State of California, hereinafter referred to as "COUNTY", and each contractor listed in Exhibit A, attached hereto and by this reference incorporated herein, collectively hereinafter referred to as "CONTRACTORS", and such additional Contractors as may, from time to time during the term of this Agreement, be added by COUNTY.

WITNESSETH:

WHEREAS, COUNTY, through its Department of Public Health (DPH), is in need of qualified dental providers to participate in its Local Dental Pilot Project (LDPP); and

WHEREAS, COUNTY's DPH received grant funding from the State of California, Department of Health Care Services (DHCS), to collaborate with local community based organizations for the Medi-Cal 2020 Waiver, Dental Transformation Initiative; and

WHEREAS, CONTRACTORS, have the experience and relevant staff needed to provide dental services to the LDPP target population; and

WHEREAS, CONTRACTORS, are qualified and are willing to provide such services, pursuant to the terms and conditions of this Agreement.

NOW, THEREFORE, in consideration of their mutual covenants and conditions, the parties hereto agree as follows:

1. RESPONSIBILITIES OF CONTRACTORS AND COUNTY

A. CONTRACTORS shall perform all services and fulfill all responsibilities identified in Exhibit B, Scope of Work, and Exhibit D, DHCS approved LDPP proposal, both attached hereto and by this reference incorporated herein.

B. CONTRACTORS warrant that they possess all licenses and certificates required by local, State of California, and / or Federal laws and regulations for the conduct of their business and shall operate their business in accordance with all applicable laws and regulations. CONTRACTORS further warrant that all of its personnel performing services under this Agreement shall be licensed and certified where required, to lawfully perform their duties and shall maintain such licensure and

1 certifications throughout the term of this Agreement.

2 C. CONTRACTORS shall maintain copies of all licenses and certifications noted
3 above and shall allow COUNTY DPH staff to review the documents upon request.

4 D. COUNTY shall be responsible for purchasing the Virtual Dental Home
5 equipment as described in Exhibit B.

6 **2. TERM**

7 This Agreement shall become effective on the 1st day of July, 2017 and shall terminate
8 on the 31st day of December, 2020.

9 **3. TERMINATION**

10 A. Non-Allocation of Funds - The terms of this Agreement, and the services to be
11 provided thereunder, are contingent on the approval of funds by the appropriating government agency.
12 Should sufficient funds not be allocated, the services provided may be modified, or this Agreement
13 terminated at any time by giving CONTRACTORS thirty (30) days advance written notice.

14 B. Breach of Contract - COUNTY may immediately suspend or terminate this
15 Agreement in whole or in part, where in the determination of COUNTY there is:

- 16 1) An illegal or improper use of funds;
- 17 2) A failure to comply with any term of this Agreement;
- 18 3) A substantially incorrect or incomplete report submitted to COUNTY;
- 19 4) Improperly performed service.

20 In no event shall any payment by COUNTY constitute a waiver by COUNTY of any
21 breach of this Agreement or any default which may then exist on the part of CONTRACTORS.
22 Neither shall such payment impair or prejudice any remedy available to COUNTY with respect to the
23 breach or default. COUNTY shall have the right to demand of CONTRACTORS the repayment to
24 COUNTY of any funds disbursed to CONTRACTORS under this Agreement, which in the judgment
25 of COUNTY were not expended in accordance with the terms of this Agreement. CONTRACTORS
26 shall promptly refund any such funds upon demand or, at COUNTY's option, such repayment shall be
27 deducted from future payments owing to CONTRACTORS under this Agreement.

28 C. Without Cause - Under circumstances other than those set forth above, this

1 Agreement may be terminated by COUNTY upon the giving of thirty (30) days advance written notice
2 of an intention to terminate to CONTRACTORS.

3 **4. COMPENSATION**

4 COUNTY agrees to pay CONTRACTORS and CONTRACTORS agree to receive
5 compensation in the form of stipends at the rate of \$42.00 per hour or proration thereof for
6 participation in Virtual Dental Home (VDH) training sessions as depicted in Exhibit B. In no event
7 shall actual services performed under this Agreement be in excess of Twenty-Two Thousand, Four
8 Hundred Twenty-Eight and No/100 Dollars (\$22,428) during the period of July 1, 2017 through
9 December 31, 2017; Nineteen Thousand, Sixty-Eight and No/100 Dollars (\$19,068) during the period
10 of January 1, 2018 through December 31, 2018; Five Thousand, Two Hundred Eight and No/100
11 (\$5,208) during the period of January 1, 2019 through December 31, 2019; and Three Thousand, One
12 Hundred Ninety-Two and No/100 Dollars (\$3,192) during the period of January 1, 2020 through
13 December 31, 2020. It is understood that all expenses incidental to CONTRACTORS' performance of
14 actual services under this Agreement shall be borne by CONTRACTORS.

15 Payments by COUNTY shall be in arrears, for services provided during the preceding
16 month, within forty-five (45) days after receipt and verification of CONTRACTORS' invoices by
17 COUNTY's Department of Public Health. If CONTRACTORS should fail to comply with any
18 provision of this Agreement, COUNTY shall be relieved of its obligation for further compensation.

19 **5. INVOICING**

20 CONTRACTORS shall invoice COUNTY monthly addressed to the County of Fresno,
21 Department of Public Health, California Children's Services, P.O. Box. 11867, Fresno, CA 93775,
22 Attention: Supervising Account Clerk. Invoices shall detail the date, time and location of the VDH
23 training sessions attended, as well as the amount of hours participated and staff attended.

24 **6. INDEPENDENT CONTRACTORS**

25 In performance of the work, duties, and obligations assumed by CONTRACTORS under
26 this Agreement, it is mutually understood and agreed that CONTRACTORS, including any and all of
27 CONTRACTORS' officers, agents, and employees will at all times be acting and performing as an
28 independent contractor, and shall act in an independent capacity and not as an officer, agent, servant,

1 employee, joint venturer, partner, or associate of the COUNTY. Furthermore, COUNTY shall have
2 no right to control or supervise or direct the manner or method by which CONTRACTORS shall
3 perform their work and function. However, COUNTY shall retain the right to administer this
4 Agreement so as to verify that CONTRACTORS are performing its obligations in accordance with the
5 terms and conditions thereof. CONTRACTORS and COUNTY shall comply with all applicable
6 provisions of law and the rules and regulations, if any, of governmental authorities having jurisdiction
7 over matters which are directly or indirectly the subject of this Agreement.

8 Because of its status as an independent contractor, CONTRACTORS shall have
9 absolutely no right to employment rights and benefits available to COUNTY employees.
10 CONTRACTORS shall be solely liable and responsible for providing to, or on behalf of, its
11 employees all legally-required employee benefits. In addition, CONTRACTORS shall be solely
12 responsible and save COUNTY harmless from all matters relating to payment of CONTRACTORS'
13 employees, including compliance with Social Security, withholding, and all other regulations
14 governing such matters. It is acknowledged that during the term of this Agreement, CONTRACTORS
15 may be providing services to others unrelated to the COUNTY or to this Agreement.

16 **7. MODIFICATION**

17 Except as provided for in Section Four (4) of this Agreement, any matters of this
18 Agreement may be modified from time to time by the written consent of all the parties without, in any
19 way, affecting the remainder.

20 Any modifications, made pursuant to the above provisions, shall be effective as to the
21 CONTRACTORS identified in the written modification, and shall not alter or affect the existing
22 Agreement between COUNTY, and the remaining CONTRACTORS.

23 **8. NON-ASSIGNMENT**

24 Neither party shall assign, transfer or subcontract this Agreement nor their rights or
25 duties under this Agreement without the prior written consent of the other party.

26 **9. HOLD-HARMLESS**

27 Each CONTRACTOR agrees to indemnify, save, hold harmless, and at COUNTY's
28 request, defend the COUNTY, its officers, agents and employees from any and all costs and expenses,

1 including attorney fees and court costs, damages, liabilities, claims and losses occurring or resulting to
2 COUNTY in connection with the performance, or failure to perform, by CONTRACTORS,
3 theirZ005AZ officers, agents or employees under this Agreement, and from any and all costs and
4 expenses, including attorney fees and court costs, damages, liabilities, claims and losses occurring or
5 resulting to any person, firm or corporation who may be injured or damaged by the performance, or
6 failure to perform, of CONTRACTORS, its officers, agents or employees under this Agreement.

7 **10. INSURANCE**

8 Without limiting the COUNTY's right to obtain indemnification from CONTRACTORS
9 or any third parties, CONTRACTORS, at their sole expense, shall maintain in full force and effect the
10 following insurance policies throughout the term of this Agreement:

11 A. Commercial General Liability

12 Commercial General Liability Insurance with limits of not less than One Million
13 Dollars (\$1,000,000) per occurrence and an annual aggregate of Two Million
14 Dollars (\$2,000,000). This policy shall be issued on a per occurrence basis.
15 COUNTY may require specific coverage including completed operations,
16 product liability, contractual liability, Explosion, Collapse, and Underground
(XCU), fire legal liability or any other liability insurance deemed necessary
because of the nature of the Agreement.

17 B. Automobile Liability

18 Comprehensive Automobile Liability Insurance with limits for bodily injury of
19 not less than Two Hundred Fifty Thousand Dollars (\$250,000) per person, Five
20 Hundred Thousand Dollars (\$500,000) per accident and for property damages of
21 not less than Fifty Thousand Dollars (\$50,000), or such coverage with a
22 combined single limit of Five Hundred Thousand Dollars (\$500,000). Coverage
should include owned and non-owned vehicles used in connection with this
Agreement.

23 C. Professional Liability

24 If CONTRACTORS employ licensed professional staff (*e.g.* Ph.D., R.N.,
25 L.C.S.W., M.F.C.C.) in providing services, Professional Liability Insurance with
26 limits of not less than One Million Dollars (\$1,000,000) per occurrence, Three
Million Dollars (\$3,000,000) annual aggregate.

27 D. Worker's Compensation

28 A policy of Worker's Compensation Insurance as may be required by the
California Labor Code.

1 CONTRACTORS shall obtain endorsements to the Commercial General Liability
2 insurance naming the County of Fresno, its officers, agents, and employees, individually and
3 collectively, as additional insured, but only insofar as the operations under this Agreement are
4 concerned. Such coverage for additional insured shall apply as primary insurance and any other
5 insurance, or self-insurance, maintained by the COUNTY, its officers, agents and employees shall be
6 excess only and not contributing with insurance provided under the CONTRACTORS' policies herein.
7 This insurance shall not be cancelled or changed without a minimum of thirty (30) days advance
8 written notice given to COUNTY.

9 Within thirty (30) days from the date CONTRACTORS execute this Agreement,
10 CONTRACTORS shall provide certificates of insurance and endorsements as stated above for all of
11 the foregoing policies, as required herein, to the County of Fresno, Department of Public Health, P.O.
12 Box 11867, Fresno, California, 93775, Attention: Contracts Section – 6th Floor, stating that such
13 insurance coverage have been obtained and are in full force; that the County of Fresno, its officers,
14 agents and employees will not be responsible for any premiums on the policies; that such Commercial
15 General Liability insurance names the County of Fresno, its officers, agents and employees,
16 individually and collectively, as additional insured, but only insofar as the operations under this
17 Agreement are concerned; that such coverage for additional insured shall apply as primary insurance
18 and any other insurance, or self-insurance, maintained by the COUNTY, its officers, agents and
19 employees, shall be excess only and not contributing with insurance provided under the
20 CONTRACTORS' policies herein; and that this insurance shall not be cancelled or changed without a
21 minimum of thirty (30) days advance, written notice given to COUNTY.

22 In the event CONTRACTORS fail to keep in effect at all times insurance coverage as
23 herein provided, the COUNTY may, in addition to other remedies it may have, suspend or terminate
24 this Agreement upon the occurrence of such event.

25 All policies shall be with admitted insurers licensed to do business in the State of
26 California. Insurance purchased shall be from companies possessing a current A.M. Best, Inc. rating
27 of A FSC VII or better.

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1 **11. HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT**

2 A. The parties to this Agreement shall be in strict conformance with all applicable
3 Federal and State of California laws and regulations, including but not limited to Sections 5328,
4 10850, and 14100.2 *et seq.* of the Welfare and Institutions Code, Sections 2.1 and 431.300 *et seq.* of
5 Title 42, Code of Federal Regulations (CFR), Section 56 *et seq.* of the California Civil Code and the
6 Health Insurance Portability and Accountability Act (HIPAA), including but not limited to Section
7 1320 D *et seq.* of Title 42, United States Code (USC) and its implementing regulations, including, but
8 not limited to Title 45, CFR, Sections 142, 160, 162, and 164, The Health Information Technology for
9 Economic and Clinical Health Act (HITECH) regarding the confidentiality and security of patient
10 information, and the Genetic Information Nondiscrimination Act (GINA) of 2008 regarding the
11 confidentiality of genetic information.

12 Except as otherwise provided in this Agreement, CONTRACTORS, as a
13 Business Associate of COUNTY, may use or disclose Protected Health Information (PHI) to perform
14 functions, activities or services for or on behalf of COUNTY, as specified in this Agreement, provided
15 that such use or disclosure shall not violate the Health Insurance Portability and Accountability Act
16 (HIPAA), USC 1320d *et seq.* The uses and disclosures of PHI may not be more expansive than those
17 applicable to COUNTY, as the “Covered Entity” under the HIPAA Privacy Rule (45 CFR 164.500 *et*
18 *seq.*), except as authorized for management, administrative or legal responsibilities of the Business
19 Associate.

20 B. CONTRACTORS, including its subcontractors and employees, shall protect,
21 from unauthorized access, use, or disclosure of names and other identifying information, including
22 genetic information, concerning persons receiving services pursuant to this Agreement, except where
23 permitted in order to carry out data aggregation purposes for health care operations [45 CFR Sections
24 164.504 (e)(2)(i), 164.504 (3)(2)(ii)(A), and 164.504 (e)(4)(i)] This pertains to any and all persons
25 receiving services pursuant to a COUNTY funded program. This requirement applies to electronic
26 PHI. CONTRACTORS shall not use such identifying information or genetic information for any
27 purpose other than carrying out CONTRACTORS’ obligations under this Agreement.

28 C. CONTRACTORS, including its subcontractors and employees, shall not disclose

1 any such identifying information or genetic information to any person or entity, except as otherwise
2 specifically permitted by this Agreement, authorized by Subpart E of 45 CFR Part 164 or other law,
3 required by the Secretary, or authorized by the client/patient in writing. In using or disclosing PHI
4 that is permitted by this Agreement or authorized by law, CONTRACTORS shall make reasonable
5 efforts to limit PHI to the minimum necessary to accomplish intended purpose of use, disclosure or
6 request.

7 D. For purposes of the above sections, identifying information shall include, but not
8 be limited to name, identifying number, symbol, or other identifying particular assigned to the
9 individual, such as finger or voice print, or photograph.

10 E. For purposes of the above sections, genetic information shall include genetic
11 tests of family members of an individual or individual, manifestation of disease or disorder of family
12 members of an individual, or any request for or receipt of, genetic services by individual or family
13 members. Family member means a dependent or any person who is first, second, third, or fourth
14 degree relative.

15 F. CONTRACTORS shall provide access, at the request of COUNTY, and in the
16 time and manner designated by COUNTY, to PHI in a designated record set (as defined in 45 CFR
17 Section 164.501), to an individual or to COUNTY in order to meet the requirements of 45 CFR
18 Section 164.524 regarding access by individuals to their PHI. With respect to individual requests,
19 access shall be provided within thirty (30) days from request. Access may be extended if
20 CONTRACTORS cannot provide access and provides individual with the reasons for the delay and
21 the date when access may be granted. PHI shall be provided in the form and format requested by the
22 individual or COUNTY.

23 CONTRACTORS shall make any amendment(s) to PHI in a designated record
24 set at the request of COUNTY or individual, and in the time and manner designated by COUNTY in
25 accordance with 45 CFR Section 164.526.

26 CONTRACTORS shall provide to COUNTY or to an individual, in a time and
27 manner designated by COUNTY, information collected in accordance with 45 CFR Section 164.528,
28 to permit COUNTY to respond to a request by the individual for an accounting of disclosures of PHI

1 in accordance with 45 CFR Section 164.528.

2 G. CONTRACTORS shall report to COUNTY, in writing, any knowledge or
3 reasonable belief that there has been unauthorized access, viewing, use, disclosure, security incident,
4 or breach of unsecured PHI not permitted by this Agreement of which it becomes aware, immediately
5 and without reasonable delay and in no case later than two (2) business days of discovery. Immediate
6 notification shall be made to COUNTY's Information Security Officer and Privacy Officer and
7 COUNTY's DPH HIPAA Representative, within two (2) business days of discovery. The notification
8 shall include, to the extent possible, the identification of each individual whose unsecured PHI has
9 been, or is reasonably believed to have been, accessed, acquired, used, disclosed, or breached.
10 CONTRACTORS shall take prompt corrective action to cure any deficiencies and any action
11 pertaining to such unauthorized disclosure required by applicable Federal and State Laws and
12 regulations. CONTRACTORS shall investigate such breach and is responsible for all notifications
13 required by law and regulation or deemed necessary by COUNTY and shall provide a written report of
14 the investigation and reporting required to COUNTY's Information Security Officer and Privacy
15 Officer and COUNTY's DPH HIPAA Representative. This written investigation and description of
16 any reporting necessary shall be postmarked within the thirty (30) working days of the discovery of
17 the breach to the addresses below:

18 County of Fresno	County of Fresno	County of Fresno
19 Dept. of Public Health	Dept. of Public Health	Information Technology Services
20 HIPAA Representative	Privacy Officer	Information Security Officer
(559) 600-6439	(559) 600-6405	(559) 600-5800
21 P.O. Box 11867	P.O. Box 11867	2048 N. Fine Street
Fresno, CA 93775	Fresno, CA 93775	Fresno, CA 93727

22 H. CONTRACTORS shall make its internal practices, books, and records relating to
23 the use and disclosure of PHI received from COUNTY, or created or received by the
24 CONTRACTORS on behalf of COUNTY, in compliance with HIPAA's Privacy Rule, including, but
25 not limited to the requirements set forth in Title 45, CFR, Sections 160 and 164. CONTRACTORS
26 shall make its internal practices, books, and records relating to the use and disclosure of PHI received
27 from COUNTY, or created or received by the CONTRACTORS on behalf of COUNTY, available to
28 the United States Department of Health and Human Services (Secretary) upon demand.

1 CONTRACTORS shall cooperate with the compliance and investigation reviews
2 conducted by the Secretary. PHI access to the Secretary must be provided during the
3 CONTRACTORS' normal business hours, however, upon exigent circumstances access at any time
4 must be granted. Upon the Secretary's compliance or investigation review, if PHI is unavailable to
5 CONTRACTORS and in possession of a Subcontractor, it must certify efforts to obtain the
6 information to the Secretary.

7 I. Safeguards

8 CONTRACTORS shall implement administrative, physical, and technical
9 safeguards as required by the HIPAA Security Rule, Subpart C of 45 CFR 164, that reasonably and
10 appropriately protect the confidentiality, integrity, and availability of PHI, including electronic PHI,
11 that it creates, receives, maintains or transmits on behalf of COUNTY and to prevent unauthorized
12 access, viewing, use, disclosure, or breach of PHI other than as provided for by this Agreement.
13 CONTRACTORS shall conduct an accurate and thorough assessment of the potential risks and
14 vulnerabilities to the confidential, integrity and availability of electronic PHI. CONTRACTORS shall
15 develop and maintain a written information privacy and security program that includes administrative,
16 technical and physical safeguards appropriate to the size and complexity of CONTRACTORS'
17 operations and the nature and scope of its activities. Upon COUNTY's request, CONTRACTORS
18 shall provide COUNTY with information concerning such safeguards.

19 CONTRACTORS shall implement strong access controls and other security
20 safeguards and precautions in order to restrict logical and physical access to confidential, personal
21 (e.g., PHI) or sensitive data to authorized users only. Said safeguards and precautions shall include
22 the following administrative and technical password controls for all systems used to process or store
23 confidential, personal, or sensitive data:

24 1. Passwords must not be:

- 25 a. Shared or written down where they are accessible or recognizable
26 by anyone else; such as taped to computer screens, stored under keyboards, or visible in a work area;
27 b. A dictionary word; or
28 c. Stored in clear text

2. Passwords must be:
 - a. Eight (8) characters or more in length;
 - b. Changed every ninety (90) days;
 - c. Changed immediately if revealed or compromised; and
 - d. Composed of characters from at least three (3) of the following

four (4) groups from the standard keyboard:

- 1) Upper case letters (A-Z);
- 2) Lowercase letters (a-z);
- 3) Arabic numerals (0 through 9); and
- 4) Non-alphanumeric characters (punctuation symbols).

CONTRACTORS shall implement the following security controls on each workstation or portable computing device (e.g., laptop computer) containing confidential, personal, or sensitive data:

1. Network-based firewall and/or personal firewall;
2. Continuously updated anti-virus software; and
3. Patch management process including installation of all operating

system/software vendor security patches.

CONTRACTORS shall utilize a commercial encryption solution that has received FIPS 140-2 validation to encrypt all confidential, personal, or sensitive data stored on portable electronic media (including, but not limited to, compact disks and thumb drives) and on portable computing devices (including, but not limited to, laptop and notebook computers).

CONTRACTORS shall not transmit confidential, personal, or sensitive data via e-mail or other internet transport protocol unless the data is encrypted by a solution that has been validated by the National Institute of Standards and Technology (NIST) as conforming to the Advanced Encryption Standard (AES) Algorithm. CONTRACTORS must apply appropriate sanctions against its employees who fail to comply with these safeguards. CONTRACTORS must adopt procedures for terminating access to PHI when employment of employee ends.

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1 J. Mitigation of Harmful Effects

2 CONTRACTORS shall mitigate, to the extent practicable, any harmful effect
3 that is suspected or known to CONTRACTORS of an unauthorized access, viewing, use, disclosure, or
4 breach of PHI by CONTRACTORS or its subcontractors in violation of the requirements of these
5 provisions. CONTRACTORS must document suspected or known harmful effects and the outcome.

6 K. CONTRACTORS' Subcontractors

7 CONTRACTORS shall ensure that any of its contractors, including
8 subcontractors, if applicable, to whom CONTRACTORS provides PHI received from or created or
9 received by CONTRACTORS on behalf of COUNTY, agree to the same restrictions, safeguards, and
10 conditions that apply to CONTRACTORS with respect to such PHI and to incorporate, when
11 applicable, the relevant provisions of these provisions into each subcontract or sub-award to such
12 agents or subcontractors..

13 L. Employee Training and Discipline

14 CONTRACTORS shall train and use reasonable measures to ensure compliance
15 with the requirements of these provisions by employees who assist in the performance of functions or
16 activities on behalf of COUNTY under this Agreement and use or disclose PHI and discipline such
17 employees who intentionally violate any provisions of these provisions, including termination of
18 employment.

19 M. Termination for Cause

20 Upon COUNTY's knowledge of a material breach of these provisions by
21 CONTRACTORS, COUNTY shall either:

22 1. Provide an opportunity for CONTRACTORS to cure the breach or end
23 the violation and terminate this Agreement if CONTRACTORS do not cure the breach or end the
24 violation within the time specified by COUNTY; or

25 2. Immediately terminate this Agreement if CONTRACTORS have
26 breached a material term of these provisions and cure is not possible.

27 3. If neither cure nor termination is feasible, the COUNTY's Privacy
28 Officer shall report the violation to the Secretary of the U.S. Department of Health and Human

1 Services.

2 N. Judicial or Administrative Proceedings

3 COUNTY may terminate this Agreement in accordance with the terms and
4 conditions of this Agreement as written hereinabove, if: (1) CONTRACTORS are found guilty in a
5 criminal proceeding for a violation of the HIPAA Privacy or Security Laws or the HITECH Act; or (2)
6 a finding or stipulation that the CONTRACTORS have violated a privacy or security standard or
7 requirement of the HITECH Act, HIPAA or other security or privacy laws in an administrative or civil
8 proceeding in which the CONTRACTORS are a party.

9 O. Effect of Termination

10 Upon termination or expiration of this Agreement for any reason,
11 CONTRACTORS shall return or destroy all PHI received from COUNTY (or created or received by
12 CONTRACTORS on behalf of COUNTY) that CONTRACTORS still maintains in any form, and
13 shall retain no copies of such PHI. If return or destruction of PHI is not feasible, it shall continue to
14 extend the protections of these provisions to such information, and limit further use of such PHI to
15 those purposes that make the return or destruction of such PHI infeasible. This provision shall apply
16 to PHI that is in the possession of subcontractors or agents, if applicable, of CONTRACTORS. If
17 CONTRACTORS destroy the PHI data, a certification of date and time of destruction shall be
18 provided to the COUNTY by CONTRACTORS.

19 P. Disclaimer

20 COUNTY makes no warranty or representation that compliance by
21 CONTRACTORS with these provisions, the HITECH Act, HIPAA or the HIPAA regulations will be
22 adequate or satisfactory for CONTRACTORS' own purposes or that any information in
23 CONTRACTORS' possession or control, or transmitted or received by CONTRACTORS, is or will
24 be secure from unauthorized access, viewing, use, disclosure, or breach. CONTRACTORS are solely
25 responsible for all decisions made by CONTRACTORS regarding the safeguarding of PHI.

26 Q. Amendment

27 The parties acknowledge that Federal and State laws relating to electronic data
28 security and privacy are rapidly evolving and that amendment of these provisions may be required to

1 provide for procedures to ensure compliance with such developments. The parties specifically agree
2 to take such action as is necessary to amend this agreement in order to implement the standards and
3 requirements of HIPAA, the HIPAA regulations, the HITECH Act and other applicable laws relating
4 to the security or privacy of PHI. COUNTY may terminate this Agreement upon thirty (30) days
5 written notice in the event that CONTRACTORS do not enter into an amendment providing
6 assurances regarding the safeguarding of PHI that COUNTY in its sole discretion, deems sufficient to
7 satisfy the standards and requirements of HIPAA, the HIPAA regulations and the HITECH Act.

8 R. No Third-Party Beneficiaries

9 Nothing express or implied in the terms and conditions of these provisions is
10 intended to confer, nor shall anything herein confer, upon any person other than COUNTY or
11 CONTRACTORS and their respective successors or assignees, any rights, remedies, obligations or
12 liabilities whatsoever.

13 S. Interpretation

14 The terms and conditions in these provisions shall be interpreted as broadly as
15 necessary to implement and comply with HIPAA, the HIPAA regulations and applicable State laws.
16 The parties agree that any ambiguity in the terms and conditions of these provisions shall be resolved
17 in favor of a meaning that complies and is consistent with HIPAA and the HIPAA regulations.

18 T. Regulatory References

19 A reference in the terms and conditions of these provisions to a section in the
20 HIPAA regulations means the section as in effect or as amended.

21 U. Survival

22 The respective rights and obligations of CONTRACTORS as stated in this
23 Section shall survive the termination or expiration of this Agreement.

24 V. No Waiver of Obligations

25 No change, waiver or discharge of any liability or obligation hereunder on any one or more occasions
26 shall be deemed a waiver of performance of any continuing or other obligation, or shall prohibit
27 enforcement of any obligation on any other occasion.

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1 **12. NON-DISCRIMINATION**

2 During the performance of this Agreement, CONTRACTORS shall not unlawfully
3 discriminate against any employee or applicant for employment, or recipient of services, because of
4 race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical
5 condition, genetic information, marital status, sex, gender, gender identity, gender expression, age,
6 sexual orientation, or military or veteran status pursuant to all applicable State of California and
7 Federal statutes and regulations.

8 **13. DISCLOSURE OF SELF-DEALING TRANSACTIONS**

9 This provision is only applicable if the CONTRACTORS are operating as a corporation
10 (a for-profit or non-profit corporation) or if during the term of this Agreement, the CONTRACTORS
11 change its status to operate as a corporation.

12 Members of the CONTRACTORS' Board of Directors shall disclose any self-dealing
13 transactions that they are a party to while CONTRACTORS are providing goods or performing
14 services under this agreement. A self-dealing transaction shall mean a transaction to which the
15 CONTRACTORS are a party and in which one or more of its directors has a material financial
16 interest. Members of the Board of Directors shall disclose any self-dealing transactions that they are a
17 party to by completing and signing a Self-Dealing Transaction Disclosure Form, attached hereto as
18 Exhibit C and incorporated herein by reference, and submitting it to the COUNTY prior to
19 commencing with the self-dealing transaction or immediately thereafter.

20 **14. SEPARATE AGREEMENT**

21 It is mutually understood by the parties that this Agreement does not, in any way, create
22 a joint venture among the individual CONTRACTORS. By execution of the Agreement,
23 CONTRACTORS understand that a separate Agreement is formed between each individual
24 CONTRACTOR and COUNTY. CONTRACTORS further understand that COUNTY utilizes services
25 of other CONTRACTORS and that no single CONTRACTOR is guaranteed any specific amount of
26 compensation during each period of this Agreement.

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1 **15. ADDITIONS/DELETIONS OF CONTRACTS**

2 COUNTY’S DPH Director or designee, on behalf of the COUNTY, reserve the right at
3 any time during the term of this Agreement to add new contractors to those identified in Exhibit A.
4 CONTRACTOR(S) shall agree to all service requirements identified in Exhibit B, prior to being added
5 to this Agreement. It is understood that any such additions shall not affect the terms and conditions of
6 this Agreement with other CONTRACTORS, and therefore such additions may be made by
7 COUNTY’S DPH Director or designee without notice to or approval of the other CONTRACTOR(S)
8 identified in Exhibit A. Deletions shall be made in writing by COUNTY’S DPH Director or designee
9 to the particular CONTRACTOR(S) to be deleted, or shall be in accordance with the provisions of
10 Section Three (3) of this Agreement.

11 **16. AUDITS AND INSPECTIONS**

12 CONTRACTORS shall at any time during business hours, and as often as the COUNTY
13 may deem necessary, make available to the COUNTY for examination all of its records and data with
14 respect to the matters covered by this Agreement. CONTRACTORS shall, upon request by the
15 COUNTY, permit the COUNTY to audit and inspect all such records and data necessary to ensure
16 CONTRACTORS’ compliance with the terms of this Agreement.

17 If this Agreement exceeds Ten Thousand and No/100 Dollars (\$10,000.00),
18 CONTRACTORS shall be subject to the examination and audit of the State Auditor for a period of
19 three (3) years after final payment under contract (Government Code Section 8546.7).

20 CONTRACTORS agree to maintain and preserve, until three (3) years after termination of this
21 Agreement and final payment from DHCS to the COUNTY, to permit DHCS or any duly authorized
22 representative, to have access to, examine or audit any pertinent books, documents, papers and records
23 related to this Agreement and to allow interviews of any employees who might reasonably have
24 information related to such records.

25 **17. NOTICES**

26 The persons and their addresses having authority to give and receive notices under this
27 Agreement include the following:

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COUNTY

CONTRACTORS

Director, County of Fresno
Department of Public Health
P.O. Box 11867
Fresno, CA 93775

SEE EXHIBIT A

Any and all notices between the COUNTY and the CONTRACTORS provided for or permitted under this Agreement or by law shall be in writing and shall be deemed duly served when personally delivered to one of the parties, or in lieu of such personal service, when deposited in the United States Mail, postage prepaid, addressed to such party.

18. GOVERNING LAW

The parties agree, that for the purposes of venue, performance under this Agreement is to be in Fresno County, California.

The rights and obligations of the parties and all interpretation and performance of this Agreement shall be governed in all respects by the laws of the State of California.

19. SEVERABILITY

The provisions of this Agreement are severable. The invalidity or unenforceability of any one provision in the Agreement shall not affect the other provisions.

20. ENTIRE AGREEMENT

This Agreement, including all Exhibits, constitutes the entire agreement between the CONTRACTORS and COUNTY with respect to the subject matter hereof and supersedes all previous Agreement negotiations, proposals, commitments, writings, advertisements, publications, and understanding of any nature whatsoever unless expressly included in this Agreement.

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IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the day and
year first hereinabove written.

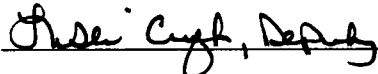
CONTRACTORS:
SEE ATTACHED SIGNATURE PAGE(S)

COUNTY OF FRESNO:

By 
Brian Pacheco
Chairman, Board of Supervisors

Date: July 11, 2017

BERNICE E. SEIDEL, Clerk
Board of Supervisors

By 

Date: July 11, 2017

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APPROVED AS TO LEGAL FORM:
DANIEL C. CEDERBORG, COUNTY COUNSEL

By 

APPROVED AS TO ACCOUNTING FORM:
OSCAR J. GARCIA, C.P.A., AUDITOR-CONTROLLER/
TREASURER-TAX COLLECTOR

By 

REVIEWED AND RECOMMENDED FOR APPROVAL:

By 
David Pomaville
Director
Department of Public Health

Fund/Subclass: 0001/10000
Organization: 56201602 (\$49,896)
Account #: 7295

CONTRACTOR(S):

Signature: Paul S Cheney DDS

Name and Title: Paul S Cheney DDS

Address: 620 S. Fairbanks, Sanger California 93657

Phone #: (559) 895-5955

Email: judithcheney@icloud.com

Signature: _____

Name and Title: _____

Address: _____

Phone #: _____

Email: _____

Signature: _____

Name and Title: _____

Address: _____

Phone #: _____

Email: _____

Signature: _____

Name and Title: _____

Address: _____

Phone #: _____

Email: _____

Scope of Work

SUMMARY OF SERVICES

The contractors that take part in this Agreement will be responsible for operating the mobile Virtual Dental Homes (VDH) at various sites throughout the Fresno community. This will include providing any staff needed to conduct said operation. The contractors must ensure that the equipment used in the VDH's will be compatible with their private office equipment and make themselves available for the scheduled dates and times of the VDH hours of operations.

CONTRACTOR RESPONSIBILITIES

Contractors shall be responsible for the operation of the mobile VDH's. The following list is meant to serve as samples of the duties and responsibilities to be performed by contractors and is neither inclusive nor exclusive, but indicative of several general types of duties to be performed.

Contractors shall be responsible for the following:

- Operate the VDH's during the scheduled dates and times that the management teams at *Fresno Economic Opportunities Commission and Reading and Beyond* will determine during the term of this Agreement;
- Hire and pay the salary of the community (on-site) dental teams, including dental hygienists and dental assistant/navigators who will work in the community sites;
- Create or modify their IT system to be able to function in a virtual environment (i.e. the hygienist is collecting records in one location and the dentist is reviewing those records in another location at another time). Some considerations in evaluating a providers IT/EDR systems include the following considerations:
 - The hardware and software available to the community teams must allow the community team to capture images (radiographic and photographic) in the community site as well as scanned health histories and consent forms, record dental findings, progress notes and any other aspect of the EDR;
 - The information captured in the community must be available and able to be reviewed by a dentist who is not in the community site; and
 - Data can be stored on an office or clinic-based server and accessed via a VPN or terminal services connection. If this method is used, it is important that images and other information collected in the community site can be uploaded to the server and accessed from all sites.
- 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;
- Provide data on patients seen, services provided and costs incurred and revenue received as a part of this project; and
- Participate in the VDH training sessions at a minimum of the recommended intervals as stated by the University of the Pacific – Arthur A. Dugoni School of Dentistry (UOP)

TRAINING

Contractors shall participate in the VDH training sessions that will be conducted by UOP at a minimum of the recommended frequencies as dictated by UOP. Contractors will be provided a stipend of \$42.00 per hour of training, per attendee. At least two participants of the contractors' staff must attend in order to receive the stipend.

Topics to be covered during the training sessions will include but are not limited to:

- Benefits of participation for dental providers;
- Setting up billing mechanisms; and
- Proper care, handling, and operation of VDH equipment.

LOCATIONS

The mobile VDH's will have twelve (12) pre-determined physical locations on a consistent basis that will be operated at on a revolving basis. However, from time to time and as needed, the mobile VDH equipment may be set up at various locations throughout the community. These temporary locations will be decided upon by the management teams at *Fresno Economic Opportunities Commission* and *Reading and Beyond* with oversight from the County on a case-by-case basis during the term of this Agreement.

The pre-determined physical locations are as follows:

Roosevelt High School
4250 E. Tulare Street
Fresno, CA 93702

Central Unified School District
4605 N. Polk Avenue
Fresno, CA 93722

Mosqueda Center
4670 E Butler Ave
Fresno, CA 93702

Reading and Beyond Facility
190 N Van Ness Ave
Fresno, CA 93701

Reading and Beyond Facility
3730 W Shields Ave
Fresno, CA 93722

Highway City
4721 N. Jennifer, Suite 10
Fresno, CA 93722

FRANKLIN
1189 Martin St.
Fresno, CA 93706

Community Center
1350 E. Annadale
Fresno, CA 93706

Madison Elementary School
388 S. Brawley
Fresno, CA 93706

**Molly Nevarez
Central Community Church**
4710 N. Polk Avenue
Fresno, CA 93722

**EAST FRESNO - A
Home Base Satellite Office**
4273 W. Richert
Suite # 107 & 108
Fresno, CA 93722

**Hazel Bailey Elementary
School**
1725 Saipan Ave.
Firebaugh, CA 93622

SELF-DEALING TRANSACTION DISCLOSURE FORM

In order to conduct business with the County of Fresno (hereinafter referred to as "County"), members of a contractor's board of directors (hereinafter referred to as "County Contractor"), must disclose any self-dealing transactions that they are a party to while providing goods, performing services, or both for the County. A self-dealing transaction is defined below:

"A self-dealing transaction means a transaction to which the corporation is a party and in which one or more of its directors has a material financial interest."

The definition above will be utilized for purposes of completing this disclosure form.

INSTRUCTIONS

- (1) Enter board member's name, job title (if applicable), and date this disclosure is being made.
- (2) Enter the board member's company/agency name and address.
- (3) Describe in detail the nature of the self-dealing transaction that is being disclosed to the County. At a minimum, include a description of the following:
 - a. The name of the agency/company with which the Corporation has the transaction; and
 - b. The nature of the material financial interest in the Corporation's transaction that the board member has.
- (4) Describe in detail why the self-dealing transaction is appropriate based on applicable provisions of the Corporations Code.
- (5) Form must be signed by the board member that is involved in the self-dealing transaction described in Sections (3) and (4).

(1) Company Board Member Information:			
Name:		Date:	
Job Title:			
(2) Company/Agency Name and Address:			
(3) Disclosure (Please describe the nature of the self-dealing transaction you are a party to):			
(4) Explain why this self-dealing transaction is consistent with the requirements of Corporations Code 5233 (a):			
(5) Authorized Signature			
Signature:		Date:	

**Medi-Cal 2020 Waiver,
Dental Transformation Initiative
County of Fresno ,– Department of Public Health
Local Dental Pilot Project**

TABLE OF CONTENTS

Section		Page
1.	LDPP Lead Entity and Participating Entity Information	
	1.1	3
	1.2	5
	1.3	7
	1.4	7
2.	General Information and Target Population	11
3.	Services, Interventions, Care Coordination and Data sharing	
	3.1	15
	3.2	19
	3.3	27
	3.4	28
4.	Progress Reports and Ongoing Monitoring	
	4.1	29
	4.2	36
5.	Financing	
	5.1	37
	5.2	38
	5.3	38
6.	Attestation and Certification	40
7.	Exhibit B Budget	
<u>APPENDICES</u>		
1. <u>Letters of Support / Participation</u>		

Section 1: LDPP Lead Entity and Participating Entity Information

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.” Domain 1, to increase dental preventive services utilization for children; Domain 2, increase caries risk assessment and disease management, Domain 3, increase continuity of care among Medi-Cal children. 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. DHCS for 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 two of the DTI goals of 1. Increased preventive services utilization for children; 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 and 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 Fresno with a concentrated effort planned in area zip codes of 93701, 93702 and 93722. Domain 1 and 3 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 (EOC) 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 centers and at the Reading and Beyond Health Services and Education (RAB-HSE at community and schools sites within our targeted and general Fresno County population area.

The DPH is requesting \$11,127,285 over a three year and six-month 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 (UOP) Virtual Dental Home (VDH). This budget does not include Denti-Cal billable services that will be rendered through services of Registered Dental Hygienist 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	<input checked="" type="checkbox"/> County <input type="checkbox"/> County Entity1 <input type="checkbox"/> City and County <input type="checkbox"/> Tribe <input type="checkbox"/> Indian Health Program <input type="checkbox"/> UC or CSU Campus <input type="checkbox"/> Consortium of counties serving a region consisting of more than one county
Contact Person	Brandon Heberer
Title	Fresno County Department of Public Health Children’s Medical Services Staff Analyst
Telephone	(559) 600-6521
Email Address	bheberer@co.fresno.ca.us
Mailing Address	1221 Fulton Mall Fresno, CA 93721

1.2 Participating Entities

Noted below is a complete listing of Participating Partners/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 Social Services	Local Government	Delfino Neira Department of Social Services Director (559) 600-2301 dneira@co.fresno.ca.us	Participating Partner
2) Fresno 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) RAB-HSE 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 VDH 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 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) Rhoda Howell-Gonzales 202 W. River Ridge 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

Organization Name and Address	Description of Organization	Contact Name, Title, Telephone and Email	Role in LDPP
10) Judith Renee Brown 923 La Jolla Avenue Clovis, CA 93619	Registered Dental Hygienist Alternative Practice (RDHAP)	Judith Renee Brown RDHAP (559) 331-4879 z2thfare@yahoo.com	Participating Partner; Denti-Cal provider
11) Central Valley Health Policy Institute 1625 E. Shaw Ste# 146, Fresno, CA 93710	California State University, Fresno	Marlene Bengiamin, PhD, Research Director, (559) 228-2167, marleneb@csufresno.edu	Relevant Stakeholder
12) 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 mgt. assistance
13) 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
14) 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
15) 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
16) Fresno Madera Dental Society 371 E. Bullard Ste 120 Fresno, CA 93710	Regional Dental Society	Merriam Osmondson Executive Director fmnds@fmnds.com (559) 438-7284	Relevant Stakeholder
17) 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
18) Cradle to Career 5260 N Palm Ave, 122 Fresno, CA 93704	Community Organization	Linda Gleason Executive Director (559)696-4095 linda@fresnoc2c.org	Relevant Stakeholder
19) City Council Sal Quintero VP2600 Fresno St. Fresno CA 93721	Councilmember District 5	Sal Quintero Councilmember (559) 490-5395	Relevant Stakeholder;
20) Dr. Cheney 620 S. Fairbanks, Sanger, CA 93657	Dentist	Retired DDS (559) 907-1305	Relevant Stakeholder; In support of Fresno LDPP

1.3 Letters of Participation/Support: See Appendices

Participating Partners/Entities

- 1) Fresno County Department of Social Services
- 2) Fresno EOC
- 3) RAB-HSE
- 4) University of the Pacific – School of Dentistry
- 5) Dr. Hilario – Virtual Dental Home participating dentist
- 6) Dr. Cheney – Virtual Dental Home participating dentist

Stakeholders

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

1.4 Collaboration Plan

The County of Fresno DPH's 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 has the resources, experience, and established network of partnerships necessary to successfully implement the proposed program. Fresno EOC, 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 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 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 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's programs reflects a commitment to providing quality essential services to those in need. Fresno EOC 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's services.

For nearly two decades, the nonprofit organization RAB-HSE's 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 basis 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 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 UOP, Arthur A. Dugoni School of Dentistry is demonstrating a new model of care, by creating a VDH. 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 performance metrics and measures, 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; performance metrics and measures, 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 Special Terms and Conditions (STCs). 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 Board 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 Board 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 Fresno County. Membership will include; DPH, RAB-HSE, EOC, Fresno Unified School District, Fresno City College, UOP, VDH Operating Partners (to be named 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 is 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.

	PURPOSE	FREQUENCY	MEETING SUMMARIES	Facilitation
Fresno LDPP Advisory Board	Review project objective activity reports, organizational overview of operational issues such as; performance metrics and measures, 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	Operational issues such as; performance metrics and measures, staffing levels, training, activity and financial reports	Monthly	Lead Entity	
RAB-HSE	Operational issues such as; performance metrics and measures, staffing levels, training, activity and financial reports	Monthly	Lead Entity	
VDH (UOP and VDH site Operators)	Operational issues such as; performance metrics and measures, 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.

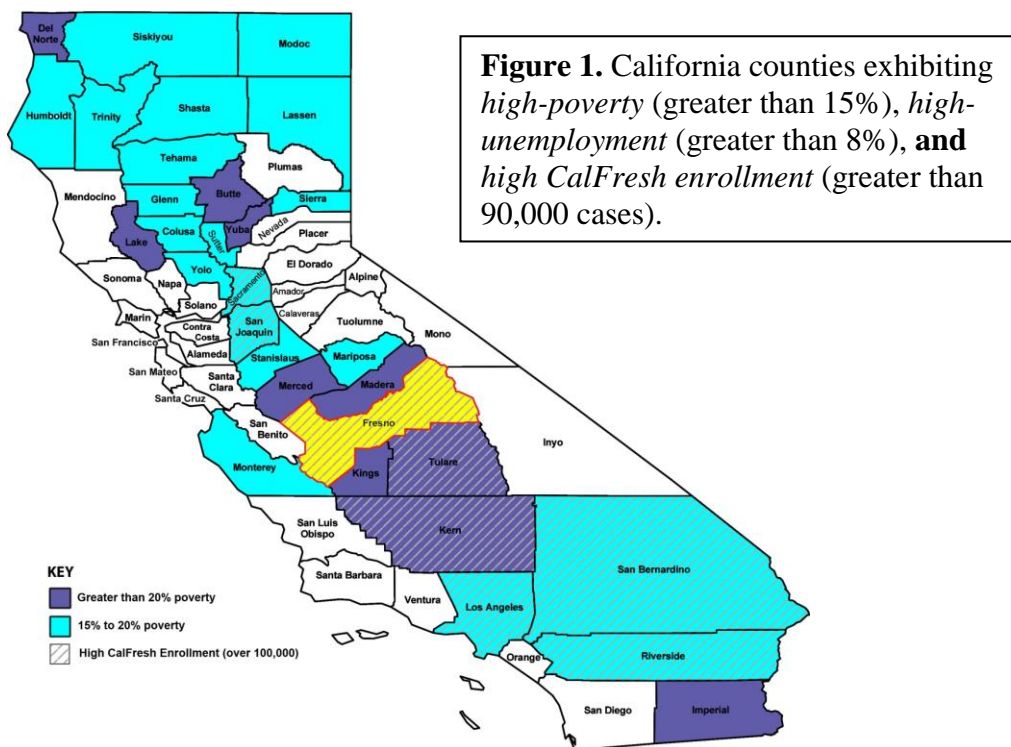
Section 2: General Information and Target Population

2. Target Population-

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.

- **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.

<http://www.measureofamerica.org/california2014-15/>

Dental Health Needs

Fresno County Denti-Cal dentists were selected as eligible to participate in the LDPP Domains 1 and 3 incentives. Fresno is listed as the fourth 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 the September 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 Domains 1 and 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 children 0-20 years old with a concentrated effort planned 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 for concentrated efforts 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 has long advocated for oral health services and who is in support of the proposed VDH and other LDPP services.

Partners and Stakeholders will be leveraging their community programs and infrastructure to engage consumers. 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 will be issued multiple mailings including refrigerator magnets identifying the health fair dates. Our ability to reach our Medi-Cal 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 educational items. Attendance will be incentivized through drawings for oral health related items including dental care health baskets etc. aimed at behavior modification. Families will be served between our two community-based entities; Fresno EOC, and 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.

Fresno County LDPP Goals and Outcomes to Improve DTI Domains 1 and 3

Fresno County Dental Transformation Initiative - Goal Summary						
	Domain 1			Domain 3		
	Percentage Increase over baseline	Additional Clients Receiving Services	Total Number of Clients Receiving Services	Percentage Increase over baseline	Additional Clients Receiving Continuity of Care	Total Number of Eligible Clients Receiving Continuity of Care
Baseline			56,631			38,361
Year 1 (5 mo)	3.27%	1,854	58,485	3.17%	1,216	39,577
Year 2	8.51%	4,821	61,452	8.24%	3,162	42,739
Year 3	12.84%	7,269	63,900	8.88%	3,405	46,143
Year 4	19.65%	11,126	67,757	9.51%	3,648	49,791

	Number of Health Educators	Total LDPP Family Caseload Size	Individual Clients	Domain 1		
				Domain 1 baseline	Increase for caseload based on County 2014-2015 Average (25%/25%/35%/50%)	Percentage Increase over the Domain 1 baseline
Year 1 (5 mo)	24	12,000	24,000	6,199	1,854	3%
Year 2	26	13,000	26,000	6,716	4,821	9%
Year 3	28	14,000	28,000	7,232	7,269	13%
Year 4	30	15,000	30,000	7,749	11,126	20%

	Number of Health Educators	Total LDPP Family Caseload Size	Individual Clients	Domain 3		
				Domain 3 baseline	70% of all Domain 1 clients in the LDPP will receive Domain 3	County Percentage Increase over the Domain 3 baseline
Year 1 (5 mo)	24	12,000	24,000	4,169	1,216	3.17%
Year 2	26	13,000	26,000	4,517	3,162	8.24%
Year 3	28	14,000	28,000	4,864	3,405	8.88%
Year 4	30	15,000	30,000	5,211	3,648	9.51%

Baseline Key						
DOMAIN 1: 2014-2015 Fiscal Average*						
	Q1	Q2	Q3	Q4	Average	
Eligible Clients	206,439	214,193	220,820	226,091	216,886	
Clients Seen	26,837	51,192	68,233	80,262	56,631	
Percent Utilized	13.00%	23.90%	30.90%	35.50%	25.83%	
*Average numbers are based on the Four Quarters from The Department of Health Care Services - Beneficiary Utilization Performance Report - Fee-For-Service - Statewide by County - State Fiscal Year 2014-2015						
DOMAIN 3: Based on DHCS - Fresno County Selection Data						
County Population	Eligible Count	As a %	Continuity of Care Count	As a %		
219,761	86,758	39.48%	38,361	44.22%		

The Fresno LDPP 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 LDPP will address Domains 1 and 3 through alternative programs, using strategies focused on high poverty areas including local care coordination initiatives and education partnerships. We have broad-based provider and community support and incentives related to goals and metrics that contribute to the overall goals listed in the application for LDPP.

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

3.1 Services and Care Coordination:

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 Fresno population. Care coordination will be implemented by Fresno County DPH 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 DPH, Fresno County Department of Social Services, local Legislators, Fresno Unified School District, FCOE, Fresno Madera Dental Society, Fresno City College, Fresno State, Anthem Blue Cross, 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 County of 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 care coordination services, 2) dental provider relations and recruitment services and 3) teledentistry/UOP VDH 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. 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 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 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. Effectiveness of the media campaigns will be evaluated through the collection of surveys completed by clients during intake. Based on client feedback, media campaign will be adjusted for optimization.

The LDPP comprehensive plan is a three pronged approach involving Care Coordination, Dental Provider Engagement, and Access to Care with Virtual Dental Home. The Fresno County population will be served between our two community-based entities; Fresno EOC, and RAB-HSE.

Outreach Oral Health Educators will be performing care coordination 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 also includes 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 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 with tracking and following up to link individual cases to an Outreach Oral Health Educator for continuity of care. The Provider Relations Representatives will work extensively with dental providers while the Outreach Oral Health Educator will be involved in the individual care coordination. 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.

Outreach Oral Health Educators 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. The goal is to educate providers of the need in the community and the incentives that the DTI Domains 1 and 3 may provide 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. 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) Outreach Oral Health Education and Care Coordination

Consumers that opt to engage with us and participate in the project will be served between our two community-based entities; Fresno EOC, and 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.

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 Assistants. No cost associated with Outreach Oral 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 the collaborating partner is involved.

Outreach Oral 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 Oral Health Educators will provide the services noted below in the families language and in a culturally appropriate manner.

- Each Outreach Oral Health Educator will have a revolving active caseload of 500 families.
- 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) Provider Relations and Recruitment responsibilities:

Fresno County Denti-Cal dentists were selected to be eligible to participate in the LDPP Domains 1 and 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 the September 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 Domains 1 and 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 Domains 1 and 3
- Learn the challenges and obstacles of current Denti-Cal Dentists who are not accepting new patients and explain how our Outreach Oral 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 challenges and obstacles in engaging dental providers in Denti-Cal
- Increase the number of Denti-Cal providers by 2% each calendar year (e.g., 3 providers per calendar year)
- Total number of dentists will be divided equally among the four Provider Relations Representatives

3.2 Innovations, Interventions, and Strategies:

Strategy Number (1) - Outreach Oral Health Education and Care Coordination Services; the objective is to provide families with oral health education and an assigned care coordinator to assist in the identification of available Denti-Cal providers and the scheduling of the initial and recurring 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 Domains 1 and 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) – Virtual Dental Home

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 VDH. The VDH model will be an accessible, continuous, comprehensive, family centered, coordinated, compassionate, and culturally effective dental home based in the community at the Head Starts and after school program of Fresno EOC and RAB-HSE and with the capability to mobilize to other locations of need. There is no current VDH infrastructure in Fresno County.

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 strategy includes 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.

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 claimable 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. UOP has developed and tested an innovative and customizable oral health delivery system called the VDH system of care. Paul Glassman DDS, MA, MBA is the Director of the Pacific Center for Special care and will support 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 and 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 DPH. Subcontract is only to dictate terms of VDH equipment use and stipend issuance, not compensation.
- Community Sites:
VDH is to be utilized at community sites hosted by RAB and EOC including:

<u>RAB-HSE Community and Head Start Programs</u>	<u>Fresno EOC Early Head Start and Head Start Locations</u>
Roosevelt High School 4250 E. Tulare Street Fresno, CA 93702	Highway City 4721 N. Jennifer, Suite 10 Fresno, CA 93722
Central Unified School District 4605 N. Polk Avenue Fresno, CA 93722	FRANKLIN 1189 Martin St. Fresno, CA 93706
Mosqueda Center 4670 E Butler Ave Fresno, CA 93702	FIREBAUGH Hazel Bailey Elementary School 1725 Saipan Ave. Firebaugh, CA 93622
RAB-HSE Facility 190 N Van Ness Ave Fresno, CA 93701	IVY Mary Ella Brown Community Center 1350 E. Annadale Fresno, CA 93706
RAB-HSE Facility 3730 W Shields Ave Fresno, CA 93722	MADISON Madison Elementary School 388 S. Brawley Fresno, CA 93706

	MOLLY NEVAREZ Central Community Church 4710 N. Polk Avenue Fresno, CA 93722
	EAST FRESNO - A Home Base Satellite Office 4273 W. Richert, Suite # 107 & 108 Fresno, CA 93722
	FRANKLIN Home Base Satellite Office 4273 W. Richert, Suite # 107 & 108 Fresno, CA 93722

VDH targeted population – Each set of VDH clinic equipment is expected to be utilized a minimum of three (3) days per week with a minimum of 750 clients per year being served. The LDPP proposal requests two (2) VDH clinic equipment sets bringing the total number of projected clients being served by VDH to 1,500 per year.

Roles and Responsibilities

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

Dental Providers

The dental care providers will:

- Hire and pay the salary of the community (on-site) dental teams, including dental hygienists and dental assistant/navigators who will work in the community sites.
- Create or modify their IT system to be able to function in a virtual environment (i.e. the hygienist is collecting records in one location and the dentist is reviewing those records in another location at another time). Some considerations in evaluating a providers IT/EDR systems include the following considerations:
- The hardware and software available to the community teams must allow the community team to capture images (radiographic and photographic) in the community site as well as scanned health histories and consent forms, record dental findings, progress notes and any other aspect of the EDR.
- The information captured in the community must be available and able to be reviewed by a dentist who is not in the community site. There are several mechanisms that can allow this to happen: Use of a “cloud” based EDR system where all the information is uploaded and stored on a cloud-based server. This is the ideal EDR system as it allows data entry and access to the data from any location by multiple personnel.
- Data can be stored on an office or clinic-based server and accessed via a VPN or terminal services connection. If this method is used, it is important that images and other information collected in the community site can be uploaded to the server and accessed from all sites.

- 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.
- Provide data on patients seen, services provided and costs incurred and revenue received as a part of this project. Bill for services provided using store-and-forward teledentistry.
- Providers in Fresno County may be eligible to receive DTI Domain 1 and 3 incentive payments for additional children receiving preventive services and continuity of care.
- Providers will learn how to operate in a system that is likely to produce improved oral health outcomes compared to traditional oral health delivery systems. They will be well positioned as the oral health system moves further into the Era of Accountability and payment methods become tied to performance measures that include oral health outcomes.

Community Site and Other Participants

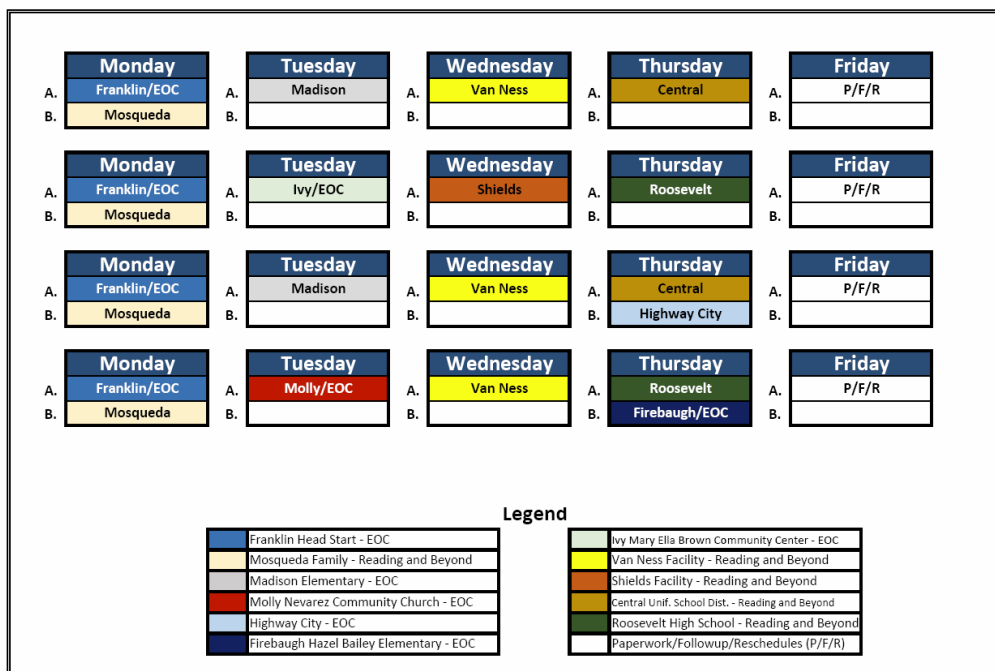
The host participating partners community site for this demonstration will be RAB-HSE and EOC Program administrators will introduce the demonstration and support its adoption and integration.

Participating sites 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.

Anticipated schedule of participating sites:

Fresno Treatment and Education for Everyone on Teeth and Health
Virtual Dental Home Schedule



The UOP will:

- Creating structure for VDH system
- Explanations, community organization, presentations, negotiations
- Planning training needs of providers, community organizations
- Coordinating Pacific activities with other involved agencies
- Assessment and assistance in MOUs and other agreements
- Assessing current enrollment program and forms and assisting in developing new ones for VDH system
- Analyzing the current Dental Practice Management software and assisting use and modification of IT systems
- Planning for and developing methods for VDH data collection
- Assistance in developing operation protocols and customized documentation for each practice sites
- Facilitate group learning - meetings, webinars, calls

UOP 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.

- Provide training including:
- 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
- Training dental hygienists to place Interim Therapeutic Restorations.
- Billing practice and strategies and other financial considerations.

The VDH model providing a dental home with focus on preventive services and care coordination strategies as outlined in our proposal targets the highest concentration of need in Fresno County, and throughout the state. Zip code 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. WIC programs, Head Start centers as well as the Central Valley Regional Center provide services within the zip codes of 93701, 93702 and 93722 where we plan to concentrate our efforts. 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. 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 intervention 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 care coordination that targets behaviors in families and communities leading to improved overall health.

UOP 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. 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, Outreach Oral Health Educators will be able to coordinate the population's care more efficiently by being able to understand individual's historical and scheduled procedures families will be assured timely, medically necessary care through an Access Database, VDH dental providers providing preventive care will alert Outreach Oral Health Educators identifying patients and families that need additional restorative care that was unable to be provided in the VDH. It will be flagged as routine, or urgent. The Outreach Oral Health Educators will follow up with families assisting them in making appointments with local resources. 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.

Required quality improvement/corrective action plans will consist of required performance metrics and 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 active Medi-Cal client 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:

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 families the targeted population receive 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 active Medi-Cal clients 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 Oral Health Education and 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 Board. 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:

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 care coordination. 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 Oral 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 <input type="text"/>	Street Address <input type="text"/>
First Name <input type="text"/>	APT# <input type="text"/>
Middle Name <input type="text"/>	City <input type="text"/>
Last Name <input type="text"/>	State <input type="text"/>
DOB <input type="text"/>	Zip <input type="text"/>
Sex <input type="text"/>	eMail Address <input type="text"/>
Medi-Cal Recipient? <input type="text"/>	Home Phone <input type="text"/>
Medi-Cal # <input type="text"/>	Cell Phone <input type="text"/>
SSN/Pseudo <input type="text"/>	Text Message? <input type="text"/>

Secondary Adult

Same as Primary

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

Child Information

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

First Name <input type="text"/>
Middle Name <input type="text"/>
Last Name <input type="text"/>
DOB <input type="text"/>
Age <input type="text"/>
Sex <input type="text"/>



Comments

Subject Date

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

Appointment Information

Description

Date Time

Provider Name

Phone# Fax#

Street Address

Suite/BLDG #

City

State

Zip

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

Medi-Cal Applications

Covered CA Website

English

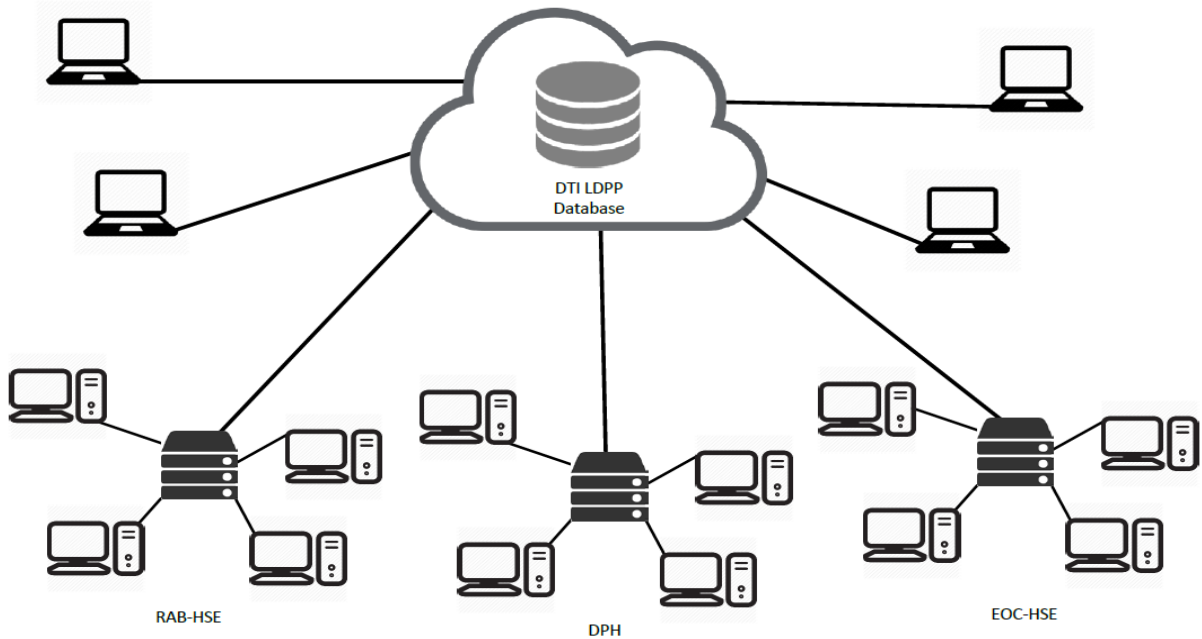
Hmong

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.



Section 4: Progress Reports and Ongoing Monitoring- 30 points

4.1 LDPP Monitoring:

Outreach Oral Health Educators and 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 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, dental providers and UOP. This information along with contractor financial reports will be reviewed during Fresno LDPP Advisory Board meetings. The Advisory Board 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 Board
Contract with EOC Health Services and Educations (EOC)				DPH
Contract with 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
Establish a VDH Agreement which will include as participants Dr. Hilario and Dr. Cheney (Equipment Use & Stipends Only)				DPH
Initiate VDH Training				UOP
Pre-testing period of new processes/ procedures				DPH; RAB-HSE; EOC; UOP
Participant recruitment and enrollment	Recruitment	Enrollment		EOC; RAB – HSE; UOP
Implement LDPP services				EOC; RAB – HSE; UOP
Measurement of program outcomes				DPH / Advisory Board

OUTREACH ORAL HEALTH EDUCATION AND CARE COORDINATION			
GOAL Fresno LDPP will increase oral health education, preventative and treatment participation			
OBJECTIVE #1	INTERVENTION DESCRIPTION		Outreach Oral Health Education and Care Coordination 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 Medi-Cal families with a concentrated effort on families residing 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, Head Start, Early Head Start, 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.
1.10	Make referrals to dentists who have opted-in on Domains 1 and 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	

EXPECTED LEVEL OF PERFORMANCE	JUL 1, 2017- DEC 31, 2017	JAN 1, 2018 – DEC 31, 2018	JAN 1, 2019 – DEC 31, 2019	JAN 1, 2020 – DEC 31, 2020
Performance Measure 1: OHE's will contact and provide oral dental health materials to the assigned caseload of 500/per year.	90% of OHE's current caseload (450 Families) will have knowledge and awareness of oral health dental care	90% of OHE's current caseload (450 Families) will have knowledge and awareness of oral health dental care	90% of OHE's current caseload (450 Families) will have knowledge and awareness of oral health dental care	90% of OHE's current caseload will (450 Families) have knowledge and awareness of oral health dental care

<p>Performance Measure 2:</p> <p>OHE's will refer targeted population to Denti-Cal providers and ensure scheduling* of their initial appointments and;</p> <p>50% of the families in the OHE's caseload that have never seen a dentist will receive dental care</p> <p>*includes rescheduling of missed appointments</p>	<p>25% of applicable OHE targeted population (125 Families) will be referred to Denti-Cal providers and ensure scheduling of their initial appointments</p>	<p>25% of applicable OHE targeted population (125 Families) will be referred to Denti-Cal providers and ensure scheduling of their initial appointments</p>	<p>50% of applicable OHE targeted population (250 Families) will be referred to Denti-Cal providers and ensure scheduling of their initial appointments</p>	<p>80% of applicable OHE targeted population (400 Families) will be referred to Denti-Cal providers and ensure scheduling of their initial appointments</p>
	<p>Expected Outcome:</p> <p>80% of the OHE's caseload that have never seen a dentist will receive dental care</p>	<p>Expected Outcome:</p> <p>80% of the OHE's caseload that have never seen a dentist will receive dental care</p>	<p>Expected Outcome:</p> <p>80% of the OHE's caseload that have never seen a dentist will receive dental care</p>	<p>Expected Outcome:</p> <p>80% of the OHE's caseload that have never seen a dentist will receive dental care</p>
<p>Performance Measure 3:</p> <p>OHE's will ensure scheduling* of their caseloads continuity of care appointments and;</p> <p>Applicable clients in the OHE's caseload will receive continuity of care.*includes rescheduling of missed appointments</p>	<p>95% of OHE's current caseload (475 Families) will have continuity of care appointments</p>	<p>95% of OHE's current caseload (475 Families) will have continuity of care appointments</p>	<p>95% of OHE's current caseload (475 Families) will have continuity of care appointments</p>	<p>95% of OHE's current caseload (475 Families) will have continuity of care appointments</p>
	<p>70% of all Domain 1 clients in the LDPP will receive Domain 3</p>	<p>70% of all Domain 1 clients in the LDPP will receive Domain 3</p>	<p>70% of all Domain 1 clients in the LDPP will receive Domain 3</p>	<p>70% of all Domain 1 clients in the LDPP will receive Domain 3</p>

Tracking Tools

- Staff training certificates
- List of collaborative partners and stakeholders
- Roster of Head Start and Early Head Start 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 Fair and events sign in sheets
- Community Services Referral List (community clinics, food banks, advocacy services, etc.)
- Recruitment and Retention Plan

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	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 Domains 1 and 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		
1.8 Utilize the LDPP Provider Relations and Recruitment database to track service efforts		

PERFORMANCE MEASURES AND TRACKING TOOLS

EXPECTED LEVEL OF PERFORMANCE	JUL 1, 2017- DEC 31, 2017	JAN 1, 2018 – DEC 31, 2018	JAN 1, 2019 – DEC 31, 2019	JAN 1, 2020 – DEC 31, 2020
Performance Measure 4: PRR's will contact existing Denti-Cal Providers (Currently 147 providers divided among 4 PPR's)	90% of assigned Denti-Cal providers (132 Providers) will receive information on the Fresno LDPP and Domains 1 and 3: Continuity of Care	100% of all newly identified and assigned Denti-Cal providers (Goal of 148) will receive information on the Fresno LDPP and Domains 1 and 3: Continuity of Care	100% of all newly identified and assigned Denti-Cal providers (Goal of 151) will receive information on the Fresno LDPP and Domains 1 and 3: Continuity of Care	100% of all newly identified and assigned Denti-Cal providers (Goal of 154) will receive information on the Fresno LDPP and Domains 1 and 3: Continuity of Care
Performance Measure 5: PRR's will schedule appointments with Denti-Cal providers for an in-service on DTI Domain s 1 and 3 Continuity of Care and the Fresno LDPP	PRR's will attempt to schedule appointments with assigned Denti-Cal providers for an in-service on DTI Domains 1 and 3 and the Fresno LDPP	PRR's will attempt to schedule appointments with assigned Denti-Cal providers for an in-service on DTI Domains 1 and 3 and the Fresno LDPP	PRR's will attempt to schedule appointments with assigned Denti-Cal providers for an in-service on DTI Domain s 1 and 3 and the Fresno LDPP	PRR's will attempt to schedule appointments with assigned Denti-Cal providers for an in-service on DTI Domain s 1 and 3 and the Fresno LDPP
	Expected Outcome: 70% of assigned Denti-Cal providers will receive the in-service	Expected Outcome: 95% of assigned Denti-Cal providers will receive the in-service	Expected Outcome: 95% of assigned Denti-Cal providers will receive the in-service	Expected Outcome: 95% of assigned Denti-Cal providers will receive the in-service
Performance Measure 6: PRR will successfully engage with Denti-Cal Providers who will agree to accept new patients.	PRR's will attempt to successfully engage with 50% of assigned Denti-Cal Providers who will agree to accept new patients.	PRR's will attempt to successfully engage with 95% of assigned and remaining Denti-Cal Providers who will agree to accept new patients.	PRR's will attempt to successfully engage with 95% of assigned and remaining Denti-Cal Providers who will agree to accept new patients.	PRR's will attempt to successfully engage with 95% of assigned and remaining Denti-Cal Providers who will agree to accept new patients.
	Expected Outcome: 70% of the Denti-Cal Providers will agree to accept new Denti-Cal patients	Expected Outcome: 70% of the Denti-Cal Providers will agree to accept new Denti-Cal patients	Expected Outcome: 70% of the Denti-Cal Providers will agree to accept new Denti-Cal patients	Expected Outcome: 70% of the Denti-Cal Providers will agree to accept new Denti-Cal patients

Performance Measure 7: Licensed dentists not enrolled in Denti-Cal will be contacted (through multiple avenues and attempts) to promote and encourage their participation in Denti-Cal	PRR's will attempt to engage with 50% of assigned Dentists.	PRR's will attempt to engage with 50% of assigned and remaining Dentists.	PRR's will attempt to engage with 95% of assigned and remaining Dentists.	PRR's will attempt to engage with 95% of assigned and remaining Dentists.
Performance Measure 8: Licensed dentists will have scheduled appointments for training on Denti-Cal enrollment requirements and in participating in Domains 1 and 3.	PRR's will schedule appointments for 100% of dentists interested in training on Denti-Cal enrollment	PRR's will schedule appointments for 100% of dentists interested in training on Denti-Cal enrollment	PRR's will schedule appointments for 100% of dentists interested in training on Denti-Cal enrollment	PRR's will schedule appointments for 100% of dentists interested in training on Denti-Cal enrollment
Performance Measure 9: Licensed dentists will enroll as Denti-Cal providers	PRR's will successfully enroll 2% of their provider caseload in Denti-Cal	PRR's will successfully enroll 2% of their provider caseload in Denti-Cal	PRR's will successfully enroll 2% of their provider caseload in Denti-Cal	PRR's will successfully enroll 2% of their provider caseload in Denti-Cal

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:

As indicated in section 4.1: Aggregate data reports derived from the Databases described in Section 3.4, will be created for review, by DPH staff, during monthly contractor meetings between DPH, RAB-HSE, EOC, dental providers and UOP. This information along contractor financial reports will be shared during Fresno LDPP Advisory Board meetings. The Advisory Board 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 is 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. If at the end of the 90 day review period the issues have not been rectified a formal letter will be issued by the DPH 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 populations' unique social economic and cultural backgrounds.

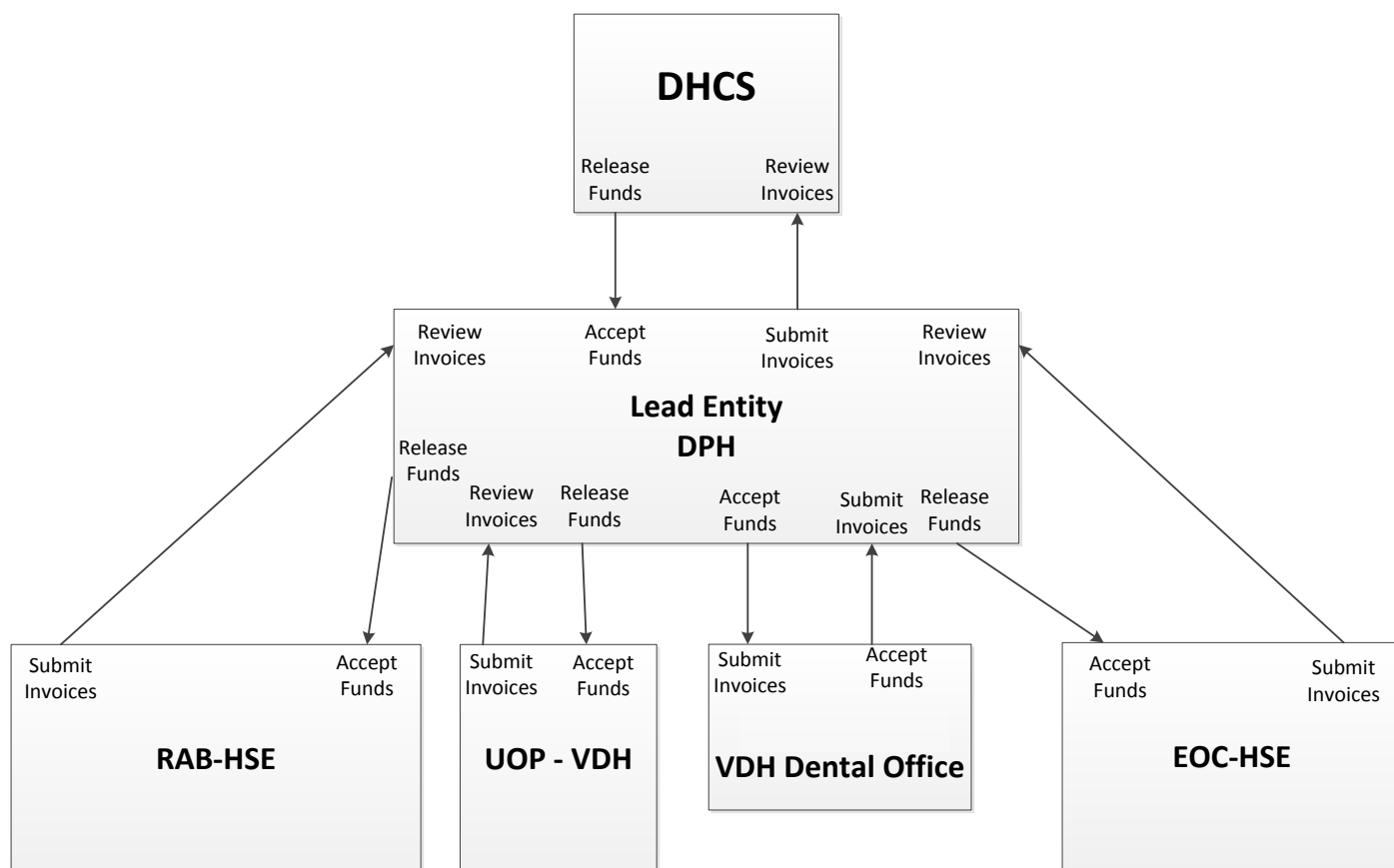
The Lead Entity will facilitate monthly meetings individually with each of the Participating Partners in order to review performance metrics and measures, staffing levels, productivity, training accountability, client and provider satisfaction, and the overall opportunities for improvement and adherence to state pilot requirements. The Lead Entity will also facilitate the Advisory Board meetings where these same metrics will be reviewed 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. DPH will use analyses for sustainability planning, including how the LDPP may be sustained post DTI funding. Ultimately, the measure of our progress will be measured by aggregate data expected to be shared with DHCS via enrolled Medi-Cal dental providers' submitted claims for reimbursement which will further inform the DPH of its progress and provide opportunities to identify areas to improve.

Section 5 Financing

5.1 Financing Structure

Activity, performance metrics and measures, financial reports and invoices from participating partners (RAB-HSE, EOC, dental providers and UOP), will be due monthly by the 10th of the month following the month of service. These documents 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 documents 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 15-days. The payment to dental providers that are subcontracted will be limited to stipends to address training hours provided by UOP. This process will be detailed in Fresno LDPP contractor agreements that will be instituted once selection has been received and accepted.



5.2 Funding Request

	Year 1	Year 2	Year 3	Year 4	Total
DPH	\$231,299	\$176,012	\$162,604	\$163,113	\$733,028
RAB - HSE Subcontract	\$719,840	\$1,310,248	\$1,404,134	\$1,502,643	\$4,936,865
EOC Subcontract	\$730,079	\$1,343,251	\$1,474,477	\$1,576,203	\$5,124,010
UOP Subcontract	\$96,904	\$119,232	\$65,787	\$50,702	\$332,626
TOTAL	\$1,778,122	\$2,948,743	\$3,107,003	\$3,293,417	\$11,127,285

5.3 Budget

	Year 1	Year 2	Year 3	Year 4	Total
1) Personnel Costs	\$26,730	\$52,564	\$52,312	\$53,533	\$185,139
2) Fringe Benefits	\$20,048	\$39,423	\$39,234	\$40,150	\$138,855
3) Operating Expenses	\$67,850	\$56,614	\$57,546	\$58,497	\$240,507
4) Equipment Expenses	\$90,000	\$-	\$-	\$-	\$90,000
5) Travel Expenses	\$-	\$-	\$-	\$-	\$-
6) Subcontractor Expenses	\$1,546,823	\$2,772,731	\$2,944,398	\$3,129,548	\$10,393,501
7) Other Costs	\$22,428	\$19,068	\$5,208	\$3,192	\$49,896
8) Indirect Costs	\$4,243	\$8,343	\$8,304	\$8,497	\$29,387
TOTAL	\$1,778,122	\$2,948,743	\$3,107,003	\$3,292,661	\$11,127,285

Staffing Plan

Staff Person (maximum)	Personnel Role and Responsibilities
Fresno LDPP - County of Fresno Department of Public Health	
.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
.5 FTE Office Assistant	Responsible for providing ancillary support mainly focusing on invoice processing from subcontractors and tracking of requested dental provider entity training stipends
RAB-HSE	
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 EOC	
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 Oral 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.

University of Pacific Virtual Dental Home - Personnel	
Project Director (FTE .02 Y1, .04 Y2, .02 Y3 & Y4)	Director of the Pacific Center for Special care and will direct the project.
Director of Operations (FTE .06 Y1, .11 Y2, .06 Y3, .04 Y4)	Director of Grant Operations and will oversee communications and implementation with providers and site.
Program Manager (FTE .16 Y1, .29 Y2, .15 Y3, .11 Y4)	Project Manager will schedule and track deliverables, reporting, training and monitoring activities.
Program Content Manager (FTE .07 Y1, .12 Y2, .06 Y3, .04 Y4)	Will schedule and track deliverables, reporting, training and monitoring activities.
Contracts Manager (FTE .03 Y1, .06 Y2, .03 Y3, .02 Y4)	Business Manager and will be responsible for contracts, expenses, reporting systems.
Asst. Project Manager (FTE .07 Y1, .12 Y2, .06 Y3, .05 Y4)	Responsible for technical training and assistance on data systems and equipment.

UOP's FTE percentages and budget are based on a formula that takes the amount of dental providers participating in the LDPP per year and the amount of training, consultation, and technical assistance (TCTA) that each entity will need into account. The calculations are based on a decreasing need for TCTA an entity will need over the course of consecutive years of participation. UOP anticipates that one dental provider entity will require 267 hours of training during their first year of participation, 227 in their 2nd year, 62 in their 3rd year, and 29 in their 4th year. The Fresno LDPP anticipates having two dental provider in Years 1-4 of the LDPP.

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.

Signature of LDPP Lead Entity Representative

Date

APPENDICES

1. Letters of Support / Participation

	Year 1	Year 2	Year 3	Year 4	Total
1) Personnel Costs	\$ 26,730	\$ 52,564	\$ 52,312	\$ 53,533	\$ 185,139
2) Fringe Benefits	\$ 20,048	\$ 39,423	\$ 39,234	\$ 40,150	\$ 138,855
3) Operating Expenses	\$ 67,850	\$ 56,614	\$ 57,546	\$ 58,497	\$ 240,507
4) Equipment Expenses	\$ 90,000	\$ -	\$ -	\$ -	\$ 90,000
5) Travel Expenses	\$ -	\$ -	\$ -	\$ -	\$ -
6) Subcontractor Expense	\$ 1,546,823	\$ 2,772,731	\$ 2,944,398	\$ 3,129,548	\$ 10,393,501
7) Other Costs	\$ 22,428	\$ 19,068	\$ 5,208	\$ 3,192	\$ 49,896
8) Indirect Costs	\$ 4,243	\$ 8,343	\$ 8,304	\$ 8,497	\$ 29,387
Total	\$ 1,778,122	\$ 2,948,743	\$ 3,107,003	\$ 3,293,417	\$ 11,127,285

	Year 1	Year 2	Year 3	Year 4	Total
DPH	\$ 231,299	\$ 176,012	\$ 162,604	\$ 163,869	\$ 733,784
RAB Subcontract	\$ 719,840	\$ 1,310,248	\$ 1,404,134	\$ 1,502,643	\$ 4,936,865
EOC Subcontract	\$ 730,079	\$ 1,343,251	\$ 1,474,477	\$ 1,576,203	\$ 5,124,010
UOP Subcontract	\$ 96,904	\$ 119,232	\$ 65,787	\$ 50,702	\$ 332,626
Total	\$ 1,778,122	\$ 2,948,743	\$ 3,107,003	\$ 3,293,417	\$ 11,127,285

Exhibit A Attachment I
 Budget
 Year I
 07/01/2017 through 12/31/2017

Personnel

Position Title	# of Staff	Monthly Salary Range	FTE %	Annual Cost
Division Manager	1	\$7,500 - \$8,000	0.1	\$ 4,750
Staff Analyst	1	\$3,750 - \$4,750	0.2	\$ 4,850
Office Assistant	1	\$2,100 - \$2,600	0.5	\$ 6,500
Systems & Procedures Analyst	1	\$5,500 - \$6,000	0.1	\$ 3,505
Account Clerk	1	\$2,000 - \$2,500	0.5	\$ 7,125
Total Salary				\$ 26,730
Fringe Benefits (75%)*				\$ 20,048
Total Personnel				\$ 46,778

Operating Expenses

Information Technology Infrastructure	\$	45,000.00
Communications	\$	22,850.00
Total Operating Expenses		\$ 67,850

Equipment

Portable Equipment Sets X 2	\$	57,000
Nomad Pro 2 X-Ray w/ Carrying Case X 2	\$	16,000
Digital X-Ray Sensor - Size 0 X 2	\$	13,800
plus Care Plan - 5 YR ADV Plan X 2	\$	3,200
Total Equipment Expenses		\$ 90,000.00

Subcontracts

Reading and Beyond - HSE

Personnel	Operating Expenses	Travel	Equipment	Indirect Costs	Other Costs	Total Costs
\$458,950	\$134,375	\$19,440	\$35,075	\$68,500	\$3,500	\$719,840

Fresno Economic Opportunities Commission

Personnel	Operating Expenses	Travel	Equipment	Indirect Costs	Other Costs	Total Costs
\$471,566	\$124,513	\$20,300	\$41,800	\$68,500	\$3,400	\$730,079

University of the Pacific

Personnel	Operating Expenses	Travel	Equipment	Indirect Costs	Other Costs	Total Costs
\$73,153	\$4,200	\$8,400	\$0	\$11,151	\$0	\$96,904

Total Subcontracts \$ 1,546,823

Other Costs

Dental Provider Entity Stipends	\$	22,428
Total Other Costs		\$ 22,428

Indirect Costs

Indirect Costs \$ 4,243

Annual Budget Total \$ 1,778,122

* Fresno County Public Health employees' benefit rate includes Unemployment Insurance, Benefit Administration, OASDI, Health Insurance, and Retirement. Retirement and Health Insurance are the primary contributors to a high benefit percentage. When the minimal amount for Benefit Administration and Unemployment Insurance, and 7% for OASDI are included, the average benefit rate for these positions is just over 75%.

Exhibit A Attachment I
 Budget Narrative
 Year I
 07/01/2017 through 12/31/2017

Division Manager:	Oversees and coordinates all activities with collaborative partners and stakeholders. Provides direct and indirect supervision of project design, implementation, contract compliance, quality assurance, budget adherence and program outcomes.
Staff Analyst:	Responsible for report generation, subcontract development, performance monitoring, IT implementation and development.
Office Assistant:	Responsible for providing ancillary support mainly focusing on invoice processing from subcontractors and tracking of dental provider training stipends as well as day-to-day activities of other staff.
Systems & Procedures Analyst:	Responsible for the development, implementation, and maintenance of the LDPP's Information Technology Infrastructure.
Account Clerk:	Responsible for reviewing invoices submitted by subcontractors, maintaining adherence to budget, and preparing invoices for submittal to DHCS.
Information Technology Infrastructure:	License and maintenance fees for IT system and data management. Initial design of front-end user interface and back-end reporting. Staff training.
Communications:	Media campaign to include DTI public service announcements via TV, Radio, Print, and Digital. Development and production of educational materials.
Equipment:	Portable dental equipment needed to run VDH includes Digital X-Ray Sensor size 1 and 2, Intra-Oral Camera, Laptop, Portable Light, Portable Chair, Extra-Oral Camera, Curing Light, Amalgamator - Touchpad, Clinical Instruments, Lead Apron (1 Adult, 1 Child), MiFi Hotspot, Aseptico Delivery Unit, Aseptico Fiber Optics, Cavitron, Hand Pieces, and Instruments.
Other Costs:	Stipends are to be provided at an hourly rate of \$42 per UOP training attendee. Fresno LDPP anticipates two provider entities partaking in year one. This equates to 534 potential training hours at \$42 per hour (\$22,428).
Indirect Costs:	Fresno County Department of Public Health's Federally approved Indirect Cost rate of 15.873% of salary.

Exhibit A Attachment I
 Budget
 Year II
 01/01/2018 through 12/31/2018

Personnel

Position Title	# of Staff	Monthly Salary Range	FTE %	Annual Cost
Division Manager	1	\$7,500 - \$8,000	0.1	\$ 9,690
Staff Analyst	1	\$3,750 - \$4,750	0.2	\$ 9,894
Office Assistant	1	\$2,100 - \$2,600	0.5	\$ 13,390
Systems & Procedures Analyst	1	\$5,500 - \$6,000	0.07	\$ 5,055
Account Clerk	1	\$2,000 - \$2,500	0.5	\$ 14,535
Total Salary				\$ 52,564
Fringe Benefits (75%)*				\$ 39,423
Total Personnel				\$ 91,987

Operating Expenses

Information Technology Infrastructure	\$	10,000.00
Communications	\$	46,614.00
Total Operating Expenses		\$ 56,614

Subcontracts

Reading and Beyond - HSE

Personnel	Operating Expenses	Travel	Equipment	Indirect Costs	Other Costs	Total Costs
\$993,744	\$125,804	\$38,880	\$0	\$148,320	\$3,500	\$1,310,248

Fresno Economic Opportunities Commission

Personnel	Operating Expenses	Travel	Equipment	Indirect Costs	Other Costs	Total Costs
\$1,011,631	\$134,700	\$42,400	\$2,800	\$148,320	\$3,400	\$1,343,251

University of the Pacific

Personnel	Operating Expenses	Travel	Equipment	Indirect Costs	Other Costs	Total Costs
\$90,098	\$4,200	\$11,200	\$0	\$13,734	\$0	\$119,232

Total Subcontracts \$ 2,772,731

Other Costs

Dental Provider Entity Stipends	\$	19,068
Total Other Costs		\$ 19,068

Indirect Costs

	\$	8,343
Indirect Costs		\$ 8,343

Annual Budget Total \$ 2,948,743

* Fresno County Public Health employees' benefit rate includes Unemployment Insurance, Benefit Administration, OASDI, Health Insurance, and Retirement. Retirement and Health Insurance are the primary contributors to a high benefit percentage. When the minimal amount for Benefit Administration and Unemployment Insurance, and 7% for OASDI are included, the average benefit rate for these positions is just over 75%.

Exhibit A Attachment I
 Budget Narrative
 Year II
 01/01/2018 through 12/31/2018

Division Manager:	Oversees and coordinates all activities with collaborative partners and stakeholders. Provides direct and indirect supervision of project design, implementation, contract compliance, quality assurance, budget adherence and program outcomes.
Staff Analyst:	Responsible for report generation, subcontract development, performance monitoring, IT implementation and development.
Office Assistant:	Responsible for providing ancillary support mainly focusing on invoice processing from subcontractors and tracking of dental provider training stipends as well as day-to-day activities of other staff.
Systems & Procedures Analyst:	Responsible for the development, implementation, and maintenance of the LDPP's Information Technology Infrastructure.
Information Technology Infrastructure:	License and maintenance fees for IT system and data management.
Account Clerk:	Responsible for reviewing invoices submitted by subcontractors, maintaining adherence to budget, and preparing invoices for submittal to DHCS.
Communications:	Media campaign to include TV, Radio, Print, and Digital. Development and production of educational materials.
Other Costs:	Stipends are to be provided at an hourly rate of \$42 per UOP training attendee. Fresno LDPP anticipates two provider entities partaking in year two. This equates to 454 potential training hours at \$42 per hour (\$19,068).
Indirect Costs:	Fresno County Department of Public Health's Federally approved Indirect Cost rate of 15.873% of salary.

Exhibit A Attachment I
 Budget
 Year III
 01/01/2019 through 12/31/2019

Personnel

Position Title	# of Staff	Monthly Salary Range	FTE %	Annual Cost
Division Manager	1	\$7,500 - \$8,000	0.1	\$ 9,884
Staff Analyst	1	\$3,750 - \$4,750	0.2	\$ 10,092
Office Assistant	1	\$2,100 - \$2,600	0.5	\$ 13,792
Systems & Procedures Analyst	1	\$5,500 - \$6,000	0.05	\$ 3,719
Account Clerk	1	\$2,000 - \$2,500	0.5	\$ 14,826
Total Salary				\$ 52,312
Fringe Benefits (75%)*				\$ 39,234
Total Personnel				\$ 91,546

Operating Expenses

Information Technology Infrastructure	\$	10,000.00
Communications	\$	47,546.00
Total Operating Expenses		\$ 57,546

Subcontracts

Reading and Beyond - HSE

Personnel	Operating Expenses	Travel	Equipment	Indirect Costs	Other Costs	Total Costs
\$1,073,313	\$128,245	\$38,880	\$0	\$160,196	\$3,500	\$1,404,134

Fresno Economic Opportunities Commission

Personnel	Operating Expenses	Travel	Equipment	Indirect Costs	Other Costs	Total Costs
\$1,124,381	\$139,500	\$44,200	\$2,800	\$160,196	\$3,400	\$1,474,477

University of the Pacific

Personnel	Operating Expenses	Travel	Equipment	Indirect Costs	Other Costs	Total Costs
\$46,152	\$4,200	\$8,400	\$0	\$7,035	\$0	\$65,787

Total Subcontracts **\$ 2,944,398**

Other Costs

Dental Provider Entity Stipends	\$	5,208
Total Other Costs		\$ 5,208

Indirect Costs

	\$	8,304
Indirect Costs		\$ 8,304

Annual Budget Total **\$ 3,107,003**

* Fresno County Public Health employees' benefit rate includes Unemployment Insurance, Benefit Administration, OASDI, Health Insurance, and Retirement. Retirement and Health Insurance are the primary contributors to a high benefit percentage. When the minimal amount for Benefit Administration and Unemployment Insurance, and 7% for OASDI are included, the average benefit rate for these positions is just over 75%.

Exhibit A Attachment I
 Budget Narrative
 Year III
 01/01/2019 through 12/31/2019

Division Manager:	Oversees and coordinates all activities with collaborative partners and stakeholders. Provides direct and indirect supervision of project design, implementation, contract compliance, quality assurance, budget adherence and program outcomes.
Office Assistant:	Responsible for providing ancillary support mainly focusing on invoice processing from subcontractors and tracking of dental provider training stipends as well as day-to-day activities of other staff.
Staff Analyst:	Responsible for report generation, subcontract development, performance monitoring, IT implementation and development.
Systems & Procedures Analyst:	Responsible for the development, implementation, and maintenance of the LDPP's Information Technology Infrastructure.
Information Technology Infrastructure:	License and maintenance fees for IT system and data management.
Account Clerk:	Responsible for reviewing invoices submitted by subcontractors, maintaining adherence to budget, and preparing invoices for submittal to DHCS.
Communications:	Media campaign to include TV, Radio, Print, and Digital. Development and production of educational materials.
Other Costs:	Stipends are to be provided at an hourly rate of \$42 per UOP training attendee. Fresno LDPP anticipates two provider entities partaking in year two. This equates to 124 potential training hours at \$42 per hour (\$5,208).
Indirect Costs:	Fresno County Department of Public Health's Federally approved Indirect Cost rate of 15.873% of salary.

Exhibit A Attachment I
 Budget
 Year IV
 01/01/2020 through 12/31/2020

Personnel

Position Title	# of Staff	Monthly Salary Range	FTE %	Annual Cost
Division Manager	1	\$7,500 - \$8,000	0.1	\$ 10,081
Staff Analyst	1	\$3,750 - \$4,750	0.2	\$ 10,294
Office Assistant	1	\$2,100 - \$2,600	0.5	\$ 14,205
Systems & Procedures Analyst	1	\$5,500 - \$6,000	0.05	\$ 3,830
Account Clerk	1	\$2,000 - \$2,500	0.5	\$ 15,122
Total Salary				\$ 53,533
Fringe Benefits (75%)*				\$ 40,150
Total Personnel				\$ 93,683

Operating Expenses

Information Technology Infrastructure	\$	10,000.00
Communications	\$	48,497.00
Total Operating Expenses		\$ 58,497

Subcontracts

Reading and Beyond - HSE

Personnel	Operating Expenses	Travel	Equipment	Indirect Costs	Other Costs	Total Costs
\$1,156,762	\$130,850	\$38,880	\$0	\$172,651	\$3,500	\$1,502,643

Fresno Economic Opportunities Commission

Personnel	Operating Expenses	Travel	Equipment	Indirect Costs	Other Costs	Total Costs
\$1,207,052	\$144,300	\$46,000	\$2,800	\$172,651	\$3,400	\$1,576,203

University of the Pacific

Personnel	Operating Expenses	Travel	Equipment	Indirect Costs	Other Costs	Total Costs
\$33,062	\$4,200	\$8,400	\$0	\$5,040	\$0	\$50,702

Total Subcontracts \$ 3,129,548

Other Costs

Dental Provider Entity Stipends	\$	3,192
Total Other Costs		\$ 3,192

Indirect Costs

\$	8,497	
Indirect Costs		\$ 8,497

Annual Budget Total \$ 3,293,417

* Fresno County Public Health employees' benefit rate includes Unemployment Insurance, Benefit Administration, OASDI, Health Insurance, and Retirement. Retirement and Health Insurance are the primary contributors to a high benefit percentage. When the minimal amount for Benefit Administration and Unemployment Insurance, and 7% for OASDI are included, the average benefit rate for these positions is just over 75%.

Exhibit A Attachment I
 Budget Narrative
 Year IV
 01/01/2020 through 12/31/2020

Division Manager:	Oversees and coordinates all activities with collaborative partners and stakeholders. Provides direct and indirect supervision of project design, implementation, contract compliance, quality assurance, budget adherence and program outcomes.
Staff Analyst:	Responsible for report generation, subcontract development, performance monitoring, IT implementation and development.
Office Assistant:	Responsible for providing ancillary support mainly focusing on invoice processing from subcontractors and tracking of dental provider training stipends as well as day-to-day activities of other staff.
Systems & Procedures Analyst:	Responsible for the development, implementation, and maintenance of the LDPP's Information Technology Infrastructure.
Information Technology Infrastructure:	License and maintenance fees for IT system and data management.
Account Clerk:	Responsible for reviewing invoices submitted by subcontractors, maintaining adherence to budget, and preparing invoices for submittal to DHCS.
Communications:	Media campaign to include TV, Radio, Print, and Digital. Development and production of educational materials.
Other Costs:	Stipends are to be provided at an hourly rate of \$42 per UOP training attendee. Fresno LDPP anticipates two provider entities partaking in year two. This equates to 76 potential training hours at \$42 per hour (\$3,192).
Indirect Costs:	Fresno County Department of Public Health's Federally approved Indirect Cost rate of 15.873% of salary.

Exhibit B Attachment I
 Budget
 Year I
 07/01/2017 through 12/31/2017

Personnel

Position Title	# of Staff	Monthly Salary Range	FTE %	Annual Cost
Program Director	1	\$7,000 - \$8,000	0.5	\$ 22,500
Project Coordinator	2	\$4,500 - \$5,500	1	\$ 60,000
Provider Relations Representative	2	\$4,000 - \$4,500	1	\$ 50,000
Outreach Oral Health Educator	12	\$2,500 - \$3,500	1	\$ 210,000
Total Salary				\$ 342,500
Fringe Benefits (34%)				\$ 116,450
Total Personnel				\$ 458,950

Operating Expenses

Facility Rental	\$	34,650
Office Furniture	\$	33,000
Office Supplies	\$	10,800
Communications	\$	29,200
Printer/Copier	\$	5,200
Projectors/Projector Screens	\$	2,925
Program Supplies	\$	18,600
Total Operating Expenses		\$ 134,375

Equipment

VOIP Telephone System/Server	\$	18,500
Laptops	\$	16,575
Total Equipment Expenses		\$ 35,075

Travel (At CalHR Reimbursement Rates)

Total Travel \$ 19,440

Subcontracts

Name	Personnel	Operating Expenses	Travel	Subcontracts	Indirect Costs	Total Costs
Total Subcontracts					\$	-

Other Costs

Training	\$	3,500
Total Other Costs		\$ 3,500

Indirect Costs

\$	68,500	
Indirect Costs		\$ 68,500

Annual Budget Total \$ 719,840

Exhibit B Attachment I
Budget Narrative
Year I
07/01/2017 through 12/31/2017

Program Director:	Oversees and coordinates all activities with collaborative partners and stakeholders. Provides direct and indirect supervision of project design, implementation, contract compliance, quality assurance, budget adherence and program outcomes.
Project Coordinator:	Coordinates all activities with Project Director on program implementation and administration of project plan. Oversees day to day activities of Outreach Health Educators. Will provide information and education to ensure implementation of work plan activities. Oversees day to day activities of Outreach Health Educators and provide assistance in problem solving and goal setting to meet high quality standards.
Provider Relations Representative:	Recruit, train, enroll, retain, and build strong relationships with Dental Providers to participate in the Denti-Cal Program. Providing in-services and continuing education to the dental and medical community.
Outreach Oral Health Educators:	Year 1 begin with 12 Educators, Year 2 increase to 13 Educations, Year 3 increase to 14 Educators, and Year 4 increase to 15 Educators. Recruit, train, enroll, retain and build strong relationships with families and clients. Referral and facilitating appointments to the dental providers and establish dental homes.
Facility Rental:	Office space rent for for staff.
Office Furnature:	Desks with overhead cabinets, office chairs, guest chairs, training tables, training chairs, filing cabinets, book shelves for staff, white boards.
Office Supplies:	Office and consumable supplies such as papers, pens, notepads, toners, folders, desk trays, folders, binders, electrocal cords, extension cords.
Communications:	Landline connections, Internet and WiFi connections, servers, cell phones.
Program Supplies:	General and consumable supplies needed for outreach, recruitment and retention of clients and dentists to participate in the program. Meeting and training supplies.
VOIP Telephone System/Server:	VOIP Telephone System and Server for the office needed to communicate with staff, clients and all day to day activities of the program.
Laptops:	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 Denti-Cal and scheduling appointments with providers.
Printer Copier:	For scanning, faxing and printing.
Projector/Screen:	2 portable projectors and 2 TVs for training and presentations inside the facility and outside training for inservices, recruitment.
Travel:	Mileage to and from meetings, recruitment of clients and providers, implementation of project.
Training:	Training and conference fees required to implement project.
Indirect Expense:	Calculated at 20% of wages - to contribute towards Reading and Beyond's documented administrative and overhead costs.

Exhibit B Attachment I
 Budget
 Year II
 01/01/2018 through 12/31/2018

Personnel

Position Title	# of Staff	Monthly Salary Range	FTE %	Annual Cost
Program Director	1	\$7,000 - \$8,000	0.5	\$ 46,350
Project Coordinator	2	\$4,500 - \$5,500	1	\$ 123,600
Provider Relations Representative	2	\$4,000 - \$4,500	1	\$ 103,000
Outreach Oral Health Educator	13	\$2,500 - \$3,500	1	\$ 468,650
Total Salary				\$ 741,600
Fringe Benefits (34%)				\$ 252,144
Total Personnel				\$ 993,744

Operating Expenses

Facility Rental	\$	71,379
Office Supplies	\$	10,800
Communications	\$	24,050
Laptops	\$	975
Program Supplies	\$	18,600

Total Operating Expenses \$ 125,804

Travel (At CalHR Reimbursement Rates)

Total Travel \$ 38,880

Subcontracts

Name	Personnel	Operating Expenses	Travel	Subcontracts	Indirect Costs	Total Costs
Total Subcontracts					\$	-

Other Costs

Training	\$	3,500
Total Other Costs		\$ 3,500

Indirect Costs

\$	148,320	
Indirect Costs		\$ 148,320

Annual Budget Total \$ 1,310,248

Exhibit B Attachment I
Budget Narrative
Year II
01/01/2018 through 12/31/2018

Program Director:	Oversees and coordinates all activities with collaborative partners and stakeholders. Provides direct and indirect supervision of project design, implementation, contract compliance, quality assurance, budget adherence and program outcomes.
Project Coordinator:	Coordinates all activities with Project Director on program implementation and administration of project plan. Oversees day to day activities of Outreach Health Educators. Will provide information and education to ensure implementation of work plan activities. Oversees day to day activities of Outreach Health Educators and provide assistance in problem solving and goal setting to meet high quality standards.
Provider Relations Representative:	Recruit, train, enroll, retain, and build strong relationships with Dental Providers to participate in the Denti-Cal Program. Providing in-services and continuing education to the dental and medical community.
Outreach Oral Health Educators:	Year 1 begin with 12 Educators, Year 2 increase to 13 Educations, Year 3 increase to 14 Educators, and Year 4 increase to 15 Educators. Recruit, train, enroll, retain and build strong relationships with families and clients. Referral and facilitating appointments to the dental providers and establish dental homes.
Facility Rental:	Office space rent for for staff
Office Supplies:	Office and consumable supplies such as papers, pens, notepads, toners, folders, desk trays, folders, binders, electrocal cords, extension cords,
Communications:	Landline connections, Internet and WiFi connections, servers, cell phones
Program Supplies:	General and consumable supplies needed for outreach, recruitment and retention of clients and dentists to participate in the program. Meeting and training supplies.
Laptops:	1 laptop and license for additional staff.
Travel:	Mileage to and from meetings, recruitment of clients and providers, implementation of project.
Training:	Training and conference fees required to implement project.
Indirect Costs:	Calculated at 20% of wages - to contribute towards Reading and Beyond's documented administrative and overhead costs.

Exhibit B Attachment I
 Budget
 Year III
 01/01/2019 through 12/31/2019

Personnel

Position Title	# of Staff	Monthly Salary Range	FTE %	Annual Cost
Program Director	1	\$7,000 - \$8,000	0.5	\$ 47,741
Project Coordinator	2	\$4,500 - \$5,500	1	\$ 127,308
Provider Relations Representative	2	\$4,000 - \$4,500	1	\$ 106,090
Outreach Oral Health Educator	14	\$2,500 - \$3,500	1	\$ 519,841
Total Salary				\$ 800,980
Fringe Benefits (34%)				\$ 272,333
Total Personnel				\$ 1,073,313

Operating Expenses

Facility Rental	\$	73,520
Office Supplies	\$	10,800
Communications	\$	24,350
Laptops	\$	975
Program Supplies	\$	18,600

Total Operating Expenses \$ 128,245

Travel (At CalHR Reimbursement Rates)

Total Travel \$ 38,880

Subcontracts

Name	Personnel	Operating Expenses	Travel	Subcontracts	Indirect Costs	Total Costs
Total Subcontracts						\$ -

Other Costs

Training	\$	3,500
Total Other Costs		\$ 3,500

Indirect Costs

\$	160,196	
Indirect Costs		\$ 160,196

Annual Budget Total \$ 1,404,134

Exhibit B Attachment I
Budget Narrative
Year III
01/01/2019 through 12/31/2019

Program Director:	Oversees and coordinates all activities with collaborative partners and stakeholders. Provides direct and indirect supervision of project design, implementation, contract compliance, quality assurance, budget adherence and program outcomes.
Project Coordinator:	Coordinates all activities with Project Director on program implementation and administration of project plan. Oversees day to day activities of Outreach Health Educators. Will provide information and education to ensure implementation of work plan activities. Oversees day to day activities of Outreach Health Educators and provide assistance in problem solving and goal setting to meet high quality standards.
Provider Relations Representative:	Recruit, train, enroll, retain, and build strong relationships with Dental Providers to participate in the Denti-Cal Program. Providing in-services and continuing education to the dental and medical community.
Outreach Oral Health Educators:	Year 1 begin with 12 Educators, Year 2 increase to 13 Educations, Year 3 increase to 14 Educators, and Year 4 increase to 15 Educators. Recruit, train, enroll, retain and build strong relationships with families and clients. Referral and facilitating appointments to the dental providers and establish dental homes.
Facility Rental:	Office space rent for for staff.
Office Supplies:	Office and consumable supplies such as papers, pens, notepads, toners, folders, desk trays, folders, binders, electrocal cords, extension cords.
Communications:	Landline connections, Internet and WiFi connections, servers, cell phones.
Program Supplies:	General and consumable supplies needed for outreach, recruitment and retention of clients and dentists to participate in the program. Meeting and training supplies.
Laptops:	1 laptop and license for additional staff.
Travel:	Mileage to and from meetings, recruitment of clients and providers, implementation of project.
Training:	Training and conference fees required to implement project.
Indirect Costs:	Calculated at 20% of wages - to contribute towards Reading and Beyond's documented administrative and overhead costs.

Exhibit B Attachment I
 Budget
 Year IV
 01/01/2020 through 12/31/2020

Personnel

Position Title	# of Staff	Monthly Salary Range	FTE %	Annual Cost
Program Director	1	\$7,000 - \$8,000	0.5	\$ 49,173
Project Coordinator	2	\$4,500 - \$5,500	1	\$ 131,127
Provider Relations Representative	2	\$4,000 - \$4,500	1	\$ 109,273
Outreach Oral Health Educator	15	\$2,500 - \$3,500	1	\$ 573,682
Total Salary				\$ 863,255
Fringe Benefits (34%)				\$ 293,507
Total Personnel				\$ 1,156,762

Operating Expenses

Facility Rental	\$	75,725
Office Supplies	\$	10,800
Communications	\$	24,750
Laptops	\$	975
Program Supplies	\$	18,600

Total Operating Expenses \$ 130,850

Travel (At CalHR Reimbursement Rates)

Total Travel \$ 38,880

Subcontracts

Name	Personnel	Operating Expenses	Travel	Subcontracts	Indirect Costs	Total Costs
Total Subcontracts						\$ -

Other Costs

Training	\$	3,500
Total Other Costs		\$ 3,500

Indirect Costs

\$	172,651	
Indirect Costs		\$ 172,651

Annual Budget Total \$ 1,502,643

Exhibit B Attachment I
Budget Narrative
Year IV
01/01/2020 through 12/31/2020

Program Director:	Oversees and coordinates all activities with collaborative partners and stakeholders. Provides direct and indirect supervision of project design, implementation, contract compliance, quality assurance, budget adherence and program outcomes.
Project Coordinator:	Coordinates all activities with Project Director on program implementation and administration of project plan. Oversees day to day activities of Outreach Health Educators. Will provide information and education to ensure implementation of work plan activities. Oversees day to day activities of Outreach Health Educators and provide assistance in problem solving and goal setting to meet high quality standards.
Provider Relations Representative:	Recruit, train, enroll, retain, and build strong relationships with Dental Providers to participate in the Denti-Cal Program. Providing in-services and continuing education to the dental and medical community.
Outreach Oral Health Educators:	Year 1 begin with 12 Educators, Year 2 increase to 13 Educations, Year 3 increase to 14 Educators, and Year 4 increase to 15 Educators. Recruit, train, enroll, retain and build strong relationships with families and clients. Referral and facilitating appointments to the dental providers and establish dental homes.
Facility Rental:	Office space rent for for staff.
Office Supplies:	Office and consumable supplies such as papers, pens, notepads, toners, folders, desk trays, folders, binders, electrocal cords, extension cords.
Communications:	Landline connections, Internet and WiFi connections, servers, cell phones.
Program Supplies:	General and consumable supplies needed for outreach, recruitment and retention of clients and dentists to participate in the program. Meeting and training supplies.
Laptops:	1 laptop and license for additional staff.
Travel:	Mileage to and from meetings, recruitment of clients and providers, implementation of project.
Training:	Training and conference fees required to implement project.
Indirect Costs:	Calculated at 20% of wages - to contribute towards Reading and Beyond's documented administrative and overhead costs.

Exhibit B Attachment II
 Budget
 Year I
 07/01/2017 through 12/31/2017

Personnel

Position Title	# of Staff	Monthly Salary Range	FTE %	Annual Cost
Program Director	1	\$7,000 - \$8,000	0.5	\$ 22,500
Project Coordinators	2	\$4,500 - \$5,500	1	\$ 60,000
Provider Relations Representative	2	\$4,000 - \$4,500	1	\$ 50,000
Outreach Oral Health Educator	12	\$2,500 - \$3,500	1	\$ 210,000
Total Salary				\$ 342,500
Fringe Benefits (38%)*				\$ 129,066
Total Personnel				\$ 471,566

Operating Expenses

Facility Rental	\$	39,600
Office Supplies	\$	6,000
Communications	\$	29,313
Printer/Copier	\$	3,000
Projectors and TV Monitors	\$	3,000
Program Supplies	\$	9,600
Office Furniture	\$	34,000
Total Operating Expenses		\$ 124,513

Equipment

VOIP Telephone System/Server	\$	18,000
Laptops	\$	23,800
Total Equipment Expenses		\$ 41,800

Travel (At CalHR Reimbursement Rates)

Total Travel \$ 20,300

Subcontracts

Name	Personnel	Operating Expenses	Travel	Subcontracts	Indirect Costs	Total Costs
Total Subcontracts					\$	-

Other Costs

Training	\$	3,400
Total Other Costs		\$ 3,400

Indirect Costs

\$ 68,500.00
Indirect Costs \$ 68,500

Annual Budget Total \$ 730,079

* Fringe Benefits calculated at a variable rate fo 36-40% to take into account different classification's benefit package.

Exhibit B Attachment II
Budget Narrative
Year I
07/01/2017 through 12/31/2017

Program Director:	Oversees and coordinates all activities with collaborative partners and stakeholders. Provides direct and indirect supervision of project design, implementation, contract compliance, quality assurance, budget adherence and program outcomes.
Project Coordinator:	Coordinates all activities with Project Director on program implementation and administration of project plan. Oversees day to day activities of Outreach Health Educators. Will provide information and education to ensure implementation of work plan activities. Oversees day to day activities of Outreach Health Educators and provide assistance in problem solving and goal setting to meet high quality standards.
Provider Relations Representative:	Recruit, train, enroll, retain, and build strong relationships with Dental Providers to participate in the Denti-Cal Program. Providing in-services and continuing education to the dental and medical community.
Outreach Oral Health Educators:	Year 1 begin with 12 Educators, Year 2 increase to 13 Educations, Year 3 increase to 14 Educators, and Year 4 increase to 15 Educators. Recruit, train, enroll, retain and build strong relationships with families and clients. Referral and facilitating appointments to the dental providers and establish dental homes.
Facility Rental:	Office space rent for for staff.
Office Supplies:	Office and consumable supplies such as papers, pens, notepads, toners, folders, desk trays, folders, binders, electrocal cords, extension cords.
Communications:	Landline connections, Internet and WiFi connections, servers, cell phones.
Program Supplies:	General and consumable supplies needed for outreach, recruitment and retention of clients and dentists to participate in the program. Meeting and training supplies.
Office Furniture	Desks with overhead cabinets, office chairs, guest chairs, training tables, training chairs, filing cabinets, book shelves for staff, white boards.
VOIP Telephone System/Server:	VOIP Telephone System and Server for the office needed to communicate with staff, clients and all day to day activities of the program.
Projectors and TV Monitors:	2 portable projectors and 2 TVs for training and presentations inside the facility and outside training for inservices, recruitment.
Laptops:	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 Denti-Cal and scheduling appointments with providers.
Printer/Copier:	For scanning, faxing and printing.
Travel:	Mileage to and from meetings, recruitment of clients and providers, implementation of project.
Training:	Training and conference fees required to implement project.
Indirect Costs:	20% of Personnel excluding Fringe Benefits.

Exhibit B Attachment II
 Budget
 Year II
 01/01/2018 through 12/31/2018

Personnel

Position Title	# of Staff	Monthly Salary Range	FTE %	Annual Cost
Program Director	1	\$7,000 - \$8,000	0.5	\$ 46,350
Project Coordinators	2	\$4,500 - \$5,500	1	\$ 123,600
Provider Relations Representative	2	\$4,000 - \$4,500	1	\$ 103,000
Outreach Oral Health Educator	13	\$2,500 - \$3,500	1	\$ 468,650
Total Salary				\$ 741,600
Fringe Benefits (36%)				\$ 270,031
Total Personnel				\$ 1,011,631

Operating Expenses

Facility Rental	\$	84,000
Office Supplies	\$	12,000
Communications	\$	25,200
Program Supplies	\$	12,000
Office Furniture	\$	1,500
Total Operating Expenses		\$ 134,700

Equipment

Laptops	\$	2,800
Total Equipment Expenses		\$ 2,800

Travel (At CalHR Reimbursement Rates)

Total Travel \$ 42,400

Subcontracts

Name	Personnel	Operating Expenses	Travel	Subcontracts	Indirect Costs	Total Costs
Total Subcontracts					\$	-

Other Costs

Training	\$	3,400
Total Other Costs		\$ 3,400

Indirect Costs

\$ 148,320
Indirect Costs \$ 148,320

Annual Budget Total \$ 1,343,251

* Fringe Benefits calculated at a variable rate fo 36-40% to take into account different classification's benefit package.

Exhibit B Attachment II
Budget Narrative
Year II
01/01/2018 through 12/31/2018

Program Director:	Oversees and coordinates all activities with collaborative partners and stakeholders. Provides direct and indirect supervision of project design, implementation, contract compliance, quality assurance, budget adherence and program outcomes.
Project Coordinator:	Coordinates all activities with Project Director on program implementation and administration of project plan. Oversees day to day activities of Outreach Health Educators. Will provide information and education to ensure implementation of work plan activities. Oversees day to day activities of Outreach Health Educators and provide assistance in problem solving and goal setting to meet high quality standards.
Provider Relations Representative:	Recruit, train, enroll, retain, and build strong relationships with Dental Providers to participate in the Denti-Cal Program. Providing in-services and continuing education to the dental and medical community.
Outreach Oral Health Educators:	Year 1 begin with 12 Educators, Year 2 increase to 13 Educations, Year 3 increase to 14 Educators, and Year 4 increase to 15 Educators. Recruit, train, enroll, retain and build strong relationships with families and clients. Referral and facilitating appointments to the dental providers and establish dental homes.
Facility Rental:	Office space rent for for staff
Office Supplies:	Office and consumable supplies such as papers, pens, notepads, toners, folders, desk trays, folders, binders, electrocal cords, extension cords,
Communications:	Landline connections, Internet and WiFi connections, servers, cell phones
Program Supplies:	General and consumable supplies needed for outreach, recruitment and retention of clients and dentists to participate in the program. Meeting and training supplies
Office Furniture	Desks with overhead cabinets and office chair for additional staff
Laptops:	1 laptop and license for additional staff
Travel:	Mileage to and from meetings, recruitment of clients and providers, implementation of project.
Training:	Training and conference fees required to implement project
Indirect Costs:	20% of Personnel excluding Fringe Benefits.

Exhibit B Attachment II
 Budget
 Year III
 01/01/2019 through 12/31/2019

Personnel

Position Title	# of Staff	Monthly Salary Range	FTE %	Annual Cost
Program Director	1	\$7,000 - \$8,000	0.5	\$ 47,741
Project Coordinators	2	\$4,500 - \$5,500	1	\$ 127,308
Provider Relations Representative	2	\$4,000 - \$4,500	1	\$ 106,090
Outreach Oral Health Educator	14	\$2,500 - \$3,500	1	\$ 519,841
Total Salary				\$ 800,980
Fringe Benefits (40%)				\$ 323,401
Total Personnel				\$ 1,124,381

Operating Expenses

Facility Rental	\$	88,800
Office Supplies	\$	12,000
Communications	\$	25,200
Program Supplies	\$	12,000
Office Furniture	\$	1,500
Total Operating Expenses		\$ 139,500

Equipment

Laptops	\$	2,800
Total Equipment Expenses		\$ 2,800

Travel (At CalHR Reimbursement Rates)

Total Travel \$ 44,200

Subcontracts

Name	Personnel	Operating Expenses	Travel	Subcontracts	Indirect Costs	Total Costs
Total Subcontracts					\$	-

Other Costs

Training	\$	3,400
Total Other Costs		\$ 3,400

Indirect Costs

\$ 160,196
Indirect Costs \$ 160,196

Annual Budget Total \$ 1,474,477

* Fringe Benefits calculated at a variable rate fo 36-40% to take into account different classification's benefit package.

Exhibit B Attachment II
Budget Narrative
Year III
01/01/2019 through 12/31/2019

Program Director: Oversees and coordinates all activities with collaborative partners and stakeholders. Provides direct and indirect supervision of project design, implementation, contract compliance, quality assurance, budget adherence and program outcomes.

Project Coordinator: Coordinates all activities with Project Director on program implementation and administration of project plan. Oversees day to day activities of Outreach Health Educators. Will provide information and education to ensure implementation of work plan activities. Oversees day to day activities of Outreach Health Educators and provide assistance in problem solving and goal setting to meet high quality standards.

Provider Relations Representative: Recruit, train, enroll, retain, and build strong relationships with Dental Providers to participate in the Denti-Cal Program. Providing in-services and continuing education to the dental and medical community.

Outreach Oral Health Educators: Year 1 begin with 12 Educators, Year 2 increase to 13 Educations, Year 3 increase to 14 Educators, and Year 4 increase to 15 Educators. Recruit, train, enroll, retain and build strong relationships with families and clients. Referral and facilitating appointments to the dental providers and establish dental homes.

Facility Rental: Office space rent for for staff

Office Supplies: Office and consumable supplies such as papers, pens, notepads, toners, folders, desk trays, folders, binders, electrocal cords, extension cords,

Communications: Landline connections, Internet and WiFi connections, servers, cell phones

Office Furniture Desks with overhead cabinets and office chair for additional staff

Laptops: 1 laptop and license for additional staff

Travel: Mileage to and from meetings, recruitment of clients and providers, implementation of project.

Training: Training and conference fees required to implement project

Indirect Costs: 20% of Personnel excluding Fringe Benefits.

Exhibit B Attachment II
 Budget
 Year IV
 01/01/2020 through 12/31/2020

Personnel

Position Title	# of Staff	Monthly Salary Range	FTE %	Annual Cost
Program Director	1	\$7,000 - \$8,000	0.5	\$ 49,173
Project Coordinators	2	\$4,500 - \$5,500	1	\$ 131,127
Provider Relations Representative	2	\$4,000 - \$4,500	1	\$ 109,273
Outreach Oral Health Educator	15	\$2,500 - \$3,500	1	\$ 573,682
Total Salary				\$ 863,255
Fringe Benefits (40%)				\$ 343,797
Total Personnel				\$ 1,207,052

Operating Expenses

Facility Rental	\$	93,600
Office Supplies	\$	12,000
Communications	\$	25,200
Program Supplies	\$	12,000
Office Furniture	\$	1,500
Total Operating Expenses		\$ 144,300

Equipment

Laptops	\$	2,800
Total Equipment Expenses		\$ 2,800

Travel (At CalHR Reimbursement Rates)

Total Travel \$ 46,000

Subcontracts

Name	Personnel	Operating Expenses	Travel	Subcontracts	Indirect Costs	Total Costs
Total Subcontracts					\$	-

Other Costs

Training	\$	3,400
Total Other Costs		\$ 3,400

Indirect Costs

\$ 172,651
Indirect Costs \$ 172,651

Annual Budget Total \$ 1,576,203

* Fringe Benefits calculated at a variable rate fo 36-40% to take into account different classification's benefit package.

Exhibit B Attachment II
Budget Narrative
Year IV
01/01/2020 through 12/31/2020

Program Director:	Oversees and coordinates all activities with collaborative partners and stakeholders. Provides direct and indirect supervision of project design, implementation, contract compliance, quality assurance, budget adherence and program outcomes.
Project Coordinator:	Coordinates all activities with Project Director on program implementation and administration of project plan. Oversees day to day activities of Outreach Health Educators. Will provide information and education to ensure implementation of work plan activities. Oversees day to day activities of Outreach Health Educators and provide assistance in problem solving and goal setting to meet high quality standards.
Provider Relations Representative:	Recruit, train, enroll, retain, and build strong relationships with Dental Providers to participate in the Denti-Cal Program. Providing in-services and continuing education to the dental and medical community.
Outreach Oral Health Educators:	Year 1 begin with 12 Educators, Year 2 increase to 13 Educations, Year 3 increase to 14 Educators, and Year 4 increase to 15 Educators. Recruit, train, enroll, retain and build strong relationships with families and clients. Referral and facilitating appointments to the dental providers and establish dental homes.
Facility Rental:	Office space rent for for staff
Office Supplies:	Office and consumable supplies such as papers, pens, notepads, toners, folders, desk trays, folders, binders, electrocal cords, extension cords,
Communications:	Landline connections, Internet and WiFi connections, servers, cell phones
Program Supplies:	General and consumable supplies needed for outreach, recruitment and retention of clients and dentists to participate in the program. Meeting and training supplies
Office Furniture	Desks with overhead cabinets and office chair for additional staff
Laptops:	1 laptop and license for additional staff
Travel:	Mileage to and from meetings, recruitment of clients and providers, implementation of project.
Training:	Training and conference fees required to implement project
Indirect Costs:	20% of Personnel excluding Fringe Benefits.

Exhibit B Attachment III
 Budget
 Year I
 07/01/2017 through 12/31/2017

Personnel

Position Title	# of Staff	Monthly Salary Range	FTE %	Annual Cost
Project Director	1	\$20,000 - \$22,250	0.02	\$ 5,576
Director of Operations	1	\$7,250 - \$7,500	0.06	\$ 5,576
Program Manager	2	\$7,250 - \$7,501	0.16	\$ 27,878
Program Content Expert	1	\$10,000 - \$11,000	0.07	\$ 8,363
Contracts Manager	1	\$6,500 - \$7,000	0.03	\$ 2,788
Assistant Project Manager	1	\$5,250 - \$5,750	0.07	\$ 5,576
Total Salary				\$ 55,757
Fringe Benefits (31.2%)				\$ 17,396
Total Personnel				\$ 73,153

Operating Expenses

Training/Meeting Expenses	\$ 4,200
Total Operating Expenses	\$ 4,200

Travel (At CalHR Reimbursement Rates)

Total Travel	\$ 8,400
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Subcontracts

Name	Personnel	Operating Expenses	Travel	Subcontracts	Indirect Costs	Total Costs
Total Subcontracts						\$ -

Indirect Costs

\$ 11,151	
Indirect Costs	\$ 11,151

Annual Budget Total *	\$ 96,904
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* See Page 39, Section 5.3 of LDPP Proposal for explanation of UOP's budget formulary.

Exhibit B Attachment III
Budget Narrative
Year I
07/01/2017 through 12/31/2017

- Project Director:** Oversees and coordinates all activities with collaborative partners and stakeholders. Provides direct and indirect supervision of project design, implementation, contract compliance, quality assurance, budget adherence and program outcomes.
- Director of Operations:** Will oversee communications and implementation with providers and sites.
- Program Manager:** Will schedule and track deliverables, reporting, training and monitoring activities.
- Program Content Expert:** Provide expert consultation on scientific, dental practice, and operational workflow integration.
- Contracts Manager:** Will be responsible for contracts, expenses, reporting systems.
- Assistant Projects Manager:** Will be responsible for technical training and assistance on data systems and equipment.

Exhibit B Attachment III
 Budget
 Year II
 01/01/2018 through 12/31/2018

Personnel

Position Title	# of Staff	Monthly Salary Range	FTE %	Annual Cost
Project Director	1	\$20,000 - \$22,250	0.04	\$ 6,867
Director of Operations	1	\$7,250 - \$7,500	0.11	\$ 6,867
Program Manager	2	\$7,250 - \$7,501	0.29	\$ 34,336
Program Content Expert	1	\$10,000 - \$11,000	0.12	\$ 10,301
Contracts Manager	1	\$6,500 - \$7,000	0.06	\$ 3,434
Assistant Project Manager	1	\$5,250 - \$5,750	0.12	\$ 6,867
Total Salary				\$ 68,672
Fringe Benefits (31.2%)				\$ 21,426
Total Personnel				\$ 90,098

Operating Expenses

Training/Meeting Expenses	\$ 4,200
Total Operating Expenses	
\$ 4,200	

Travel (At CalHR Reimbursement Rates)

Total Travel	
\$ 11,200	

Subcontracts

Name	Personnel	Operating Expenses	Travel	Subcontracts	Indirect Costs	Total Costs
Total Subcontracts						\$ -

Indirect Costs

\$ 13,734	
Indirect Costs	
\$ 13,734	

Annual Budget Total *	
\$ 119,232	

* See Page 39, Section 5.3 of LDPP Proposal for explanation of UOP's budget formulary.

Exhibit B Attachment III
Budget Narrative
Year II
01/01/2018 through 12/31/2018

- Project Director:** Oversees and coordinates all activities with collaborative partners and stakeholders. Provides direct and indirect supervision of project design, implementation, contract compliance, quality assurance, budget adherence and program outcomes.
- Director of Operations:** Will oversee communications and implementation with providers and sites.
- Program Manager:** Will schedule and track deliverables, reporting, training and monitoring activities.
- Prgram Content Expert:** Provide expert consultation on scientific, dental practice, and operational workflow integration.
- Contracts Manager:** Will be responsible for contracts, expenses, reporting systems.
- Assistant Projects Manager:** Will be responsible for technical training and assistance on data systems and equipment.

Exhibit B Attachment III
 Budget
 Year III
 01/01/2019 through 12/31/2019

Personnel

Position Title	# of Staff	Monthly Salary Range	FTE %	Annual Cost
Project Director	1	\$20,000 - \$22,250	0.02	\$ 3,518
Director of Operations	1	\$7,250 - \$7,500	0.06	\$ 3,518
Program Manager	2	\$7,250 - \$7,501	0.15	\$ 17,588
Program Content Expert	1	\$10,000 - \$11,000	0.06	\$ 5,276
Contracts Manager	1	\$6,500 - \$7,000	0.03	\$ 1,759
Assistant Project Manager	1	\$5,250 - \$5,750	0.06	\$ 3,518
Total Salary				\$ 35,177
Fringe Benefits (31.2%)				\$ 10,975
Total Personnel				\$ 46,152

Operating Expenses

Training/Meeting Expenses	\$ 4,200
Total Operating Expenses	\$ 4,200

Travel (At CalHR Reimbursement Rates)

Total Travel	\$ 8,400
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Subcontracts

Name	Personnel	Operating Expenses	Travel	Subcontracts	Indirect Costs	Total Costs
					Total Subcontracts	\$ -

Indirect Costs

\$ 7,035	
Indirect Costs	\$ 7,035

Annual Budget Total *	\$ 65,787
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* See Page 39, Section 5.3 of LDPP Proposal for explanation of UOP's budget formulary.

Exhibit B Attachment III
Budget Narrative
Year III
01/01/2019 through 12/31/2019

- Project Director:** Oversees and coordinates all activities with collaborative partners and stakeholders. Provides direct and indirect supervision of project design, implementation, contract compliance, quality assurance, budget adherence and program outcomes.
- Director of Operations:** Will oversee communications and implementation with providers and sites.
- Program Manager:** Will schedule and track deliverables, reporting, training and monitoring activities.
- Prgram Content Expert:** Provide expert consultation on scientific, dental practice, and operational workflow integration.
- Contracts Manager:** Will be responsible for contracts, expenses, reporting systems.
- Assistant Projects Manager:** Will be responsible for technical training and assistance on data systems and equipment.

Exhibit B Attachment III
 Budget
 Year IV
 01/01/2020 through 12/31/2020

Personnel

Position Title	# of Staff	Monthly Salary Range	FTE %	Annual Cost
Project Director	1	\$20,000 - \$22,250	0.02	\$ 2,520
Director of Operations	1	\$7,250 - \$7,500	0.04	\$ 2,520
Program Manager	2	\$7,250 - \$7,501	0.11	\$ 12,600
Program Content Expert	1	\$10,000 - \$11,000	0.04	\$ 3,780
Contracts Manager	1	\$6,500 - \$7,000	0.02	\$ 1,260
Assistant Project Manager	1	\$5,250 - \$5,750	0.05	\$ 2,520
Total Salary				\$ 25,200
Fringe Benefits (31.2%)				\$ 7,862
Total Personnel				\$ 33,062

Operating Expenses

Training/Meeting Expenses	\$ 4,200
Total Operating Expenses	\$ 4,200

Travel (At CalHR Reimbursement Rates)

Total Travel	\$ 8,400
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Subcontracts

Name	Personnel	Operating Expenses	Travel	Subcontracts	Indirect Costs	Total Costs
Total Subcontracts						\$ -

Indirect Costs

\$ 5,040	
Indirect Costs	\$ 5,040

Annual Budget Total *	\$ 50,702
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* See Page 39, Section 5.3 of LDPP Proposal for explanation of UOP's budget formulary.

Exhibit B Attachment III
Budget Narrative
Year IV
01/01/2020 through 12/31/2020

- Project Director:** Oversees and coordinates all activities with collaborative partners and stakeholders. Provides direct and indirect supervision of project design, implementation, contract compliance, quality assurance, budget adherence and program outcomes.
- Director of Operations:** Will oversee communications and implementation with providers and sites.
- Program Manager:** Will schedule and track deliverables, reporting, training and monitoring activities.
- Prgram Content Expert:** Provide expert consultation on scientific, dental practice, and operational workflow integration.
- Contracts Manager:** Will be responsible for contracts, expenses, reporting systems.
- Assistant Projects Manager:** Will be responsible for technical training and assistance on data systems and equipment.