



# GRANT AMENDMENT

<b>Agency Tracking #</b> 31865-00085	<b>Edison ID</b> 36960	<b>Contract #</b>	<b>Amendment #</b> 04
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<b>Contractor Legal Entity Name</b> Department of Health	<b>Edison Vendor ID</b> 0000000051
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**Amendment Purpose & Effect(s)**  
Extends Term for One Year, Increases Maximum Liability, & Adds New Grant Budget for FY17

**Amendment Changes Contract End Date:**  YES  NO      **End Date:** June 30, 2017

**TOTAL Contract Amount INCREASE or DECREASE per this Amendment (zero if N/A):**      **\$ 6,810,900.00**

Funding —					
FY	State	Federal	Interdepartmental	Other	TOTAL Contract Amount
2014	\$2,315,260.00	\$4,395,640.00			\$6,710,900.00
2015	\$2,344,453.00	\$4,366,447.00			\$6,710,900.00
2016	\$2,346,466.00	\$4,364,434.00			\$6,710,900.00
2017	\$2,384,973.00	\$4,425,927.00			\$6,810,900.00
<b>TOTAL:</b>	<b>\$9,391,152.00</b>	<b>\$17,552,448.00</b>			<b>\$26,943,600.00</b>

**American Recovery and Reinvestment Act (ARRA) Funding:**  YES  NO

<b>Budget Officer Confirmation:</b> There is a balance in the appropriation from which obligations hereunder are required to be paid that is not already encumbered to pay other obligations.  	<b>OCR USE</b>			
		<table border="1"> <tr> <td><b>Speed Chart (optional)</b></td> <td><b>Account Code (optional)</b></td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	<b>Speed Chart (optional)</b>	<b>Account Code (optional)</b>
<b>Speed Chart (optional)</b>	<b>Account Code (optional)</b>			



**AMENDMENT #4 TO GRANT CONTRACT #36960  
BETWEEN THE STATE OF TENNESSEE,  
DEPARTMENT OF FINANCE AND ADMINISTRATION  
DIVISION OF HEALTH CARE FINANCE AND ADMINISTRATION  
BUREAU OF TENNCARE  
AND  
DEPARTMENT OF HEALTH**

This Amendment is made and entered by and between the State of Tennessee, Department of Finance and Administration, Division of Health Care Finance and Administration, Bureau of TennCare hereinafter referred to as the "State" or "TennCare" and Department of Health, hereinafter referred to as the "Contractor." For good and valuable consideration, the sufficiency of which is hereby acknowledged, it is mutually understood and agreed by and between said, undersigned contracting parties that the subject contract is hereby amended as follows:

1. Grant Contract Section B.1 is deleted in its entirety and replaced with the following:
  - B.1. This Grant Contract shall be effective for the period beginning July 1, 2013, and ending on June 30, 2017. The Grantee hereby acknowledges and affirms that the Grantor State Agency shall have no obligation for Grantee services or expenditures that were not completed within this specified contract period.
  
2. Grant Contract Section C.1 is deleted in its entirety and replaced with the following:
  - C.1. Maximum Liability. In no event shall the maximum liability of the Grantor State Agency under this Grant Contract exceed Six Million Seven Hundred Ten Thousand Nine Hundred Dollars (\$6,710,900.00) for FY '14, Six Million Seven Hundred Ten Thousand Nine Hundred Dollars (\$6,710,900.00) for FY '15, Six Million Seven Hundred Ten Thousand Nine Hundred Dollars (\$6,710,900.00) for FY '16, and Six Million Eight Hundred Ten Thousand Nine Hundred Dollars (\$6,810,900.00) for FY '17, with a total contract maximum liability of Twenty Six Million Nine Hundred Forty-Three Thousand Six Hundred Dollars (\$26,943,600.00). The Grant Budgets, attached and incorporated hereto as Revised Attachment A , Revised Attachment A.1, Attachment A.2, and Attachment A.3 shall constitute the maximum amount due the Grantee for all service and Grantee obligations hereunder. The Grant Budget line-items include, but are not limited to, all applicable taxes, fees, overhead, and all other direct and indirect costs incurred or to be incurred by the Grantee.
  
3. The Grant Contract is amended by adding new Attachment A.3:

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

The revisions set forth herein shall be effective June 30, 2016. All other terms and conditions of this Grant Contract not expressly amended herein shall remain in full force and effect.

**IN WITNESS WHEREOF,**

**TENNESSEE DEPARTMENT OF HEALTH:**



*John J. Dreyzehner, MD, MPH* / *4.6.16*  
CONTRACTOR SIGNATURE \_\_\_\_\_ DATE

John J. Dreyzehner, MD, MPH, FACOEM, Commissioner

PRINTED NAME AND TITLE OF CONTRACTOR SIGNATORY (above)

TENNESSEE DEPARTMENT OF FINANCE AND ADMINISTRATION  
DIVISION OF HEALTH CARE FINANCE AND ADMINISTRATION  
BUREAU OF TENNCARE:

*Larry B. Martin* / *4/7/2016*  
\_\_\_\_\_  
Larry B. Martin, Commissioner DATE



**ATTACHMENT A.3  
GRANT BUDGET  
(Grant Budget Page 1)**

Tennessee Department of Health				
APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning July 1, 2016 and ending June 30, 2017.				
POLICY 03 Object Line-item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY <sup>1</sup> (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE PARTICIPATION	TOTAL PROJECT
1	Salaries	\$2,153,200.00	0.00	\$2,153,200.00
2	Benefits & Taxes	\$968,940.00	0.00	\$968,940.00
4, 15	Professional Fee/ Grant & Award <sup>2</sup>	\$3,200,760.00	0.00	\$3,200,760.00
5	Supplies	\$378,000.00	0.00	\$378,000.00
6	Telephone		\$0.00	
7	Postage & Shipping		\$0.00	
8	Occupancy		\$0.00	
9	Equipment Rental & Maintenance		\$0.00	
10	Printing & Publications		\$0.00	
11, 12	Travel/ Conferences & Meetings	\$110,000.00	0.00	\$110,000.00
13	Interest <sup>2</sup>		\$0.00	
14	Insurance		\$0.00	
16	Specific Assistance To Individuals		\$0.00	
17	Depreciation <sup>2</sup>		\$0.00	
18	Other Non-Personnel <sup>2</sup>		\$0.00	
20	Capital Purchase <sup>2</sup>		\$0.00	
22	Indirect Cost		\$0.00	
24	In-Kind Expense		\$0.00	
25	<b>GRAND TOTAL</b>	<b>\$6,810,900.00</b>	<b>0.00</b>	<b>\$6,810,900.00</b>

<sup>1</sup> Each expense object line-item shall be defined by the Department of Finance and Administration Policy 03, *Uniform Reporting Requirements and Cost Allocation Plans for Subrecipients of Federal and State Grant Monies, Appendix A*, (posted on the Internet at: [www.state.tn.us/finance/rds/ocr/policy03.pdf](http://www.state.tn.us/finance/rds/ocr/policy03.pdf)).

<sup>2</sup> Applicable detail attached if line-item is funded.



**ATTACHMENT A.3 CONTINUED**  
**GRANT BUDGET LINE-ITEM DETAIL INFORMATION**  
**(Grant Budget Page 2)**

**BUDGET SUMMARY (Salaries Detail)**

**CONTRACTOR:** Department of Health, Bureau of Health Services

**CONTRACT TERM:** July 1, 2016 – June 30, 2017

NAME	POSITION TITLE	MONTHLY SALARY	# OF MONTHS WORKED	% OF TIME WORKED	TOTAL CONTRACT SALARY
	Dentist x 4	\$9261.00	12	100%	\$444,528.00
	Dental Hygienists x 36	\$3564.00	12	100%	\$1,539,648.00
	Dental Assistants x 3	\$2029.00	12	100%	\$73,044.00
	ASA 4 x 1	\$3999.00	12	75%	\$35,991.00
	IT position	\$5,000.00	12	100%	\$60,000.00
<b>TOTAL (Actual)</b>					\$2,153,211.00
<b>TOTAL (Rounded to nearest \$100)</b>					\$2,153,200.00



ATTACHMENT A.3 (continued)  
GRANT BUDGET LINE-ITEM DETAIL  
(BUDGET PAGE 3)

PROFESSIONAL FEES	AMOUNT
Metropolitan Government of Nashville and Davidson County	\$904,361.00
Sullivan County Regional Health Department	\$284,811.00
Jackson- Madison County Regional Health Department	\$274,744.00
Memphis-Shelby County Health Department	\$728,066.00
Knoxville-Knox County Health Department	\$238,371.00
Chattanooga-Hamilton County Health Department	\$338,565.00
County Grants	\$431,842.00
	<b>\$3,200,760.00</b>



# GRANT AMENDMENT

<b>Agency Tracking #</b> 31865-00085	<b>Edison ID</b> 36960	<b>Contract #</b>	<b>Amendment #</b> 03
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<b>Contractor Legal Entity Name</b> Department of Health	<b>Edison Vendor ID</b> 0000000051
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**Amendment Purpose & Effect(s)**  
Extends Term for One Year, Increases Maximum Liability, & Adds New Grant Budget for FY16

**Amendment Changes Contract End Date:**  YES  NO      **End Date:** June 30, 2016

**TOTAL Contract Amount INCREASE or DECREASE per this Amendment (zero if N/A):**      **\$ 6,710,900.00**

Funding —					
FY	State	Federal	Interdepartmental	Other	TOTAL Contract Amount
2014	\$2,315,260.00	\$4,395,640.00			\$6,710,900.00
2015	\$2,344,453.00	\$4,366,447.00			\$6,710,900.00
2016	\$2,346,466.00	\$4,364,434.00			\$6,710,900.00
<b>TOTAL:</b>	<b>\$7,006,179.00</b>	<b>\$13,126,521.00</b>			<b>\$20,132,700.00</b>

**American Recovery and Reinvestment Act (ARRA) Funding:**       YES       NO

**Budget Officer Confirmation:** There is a balance in the appropriation from which obligations hereunder are required to be paid that is not already encumbered to pay other obligations.



OCR USE

<b>Speed Chart (optional)</b>	<b>Account Code (optional)</b>
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**AMENDMENT #3 TO GRANT CONTRACT #36960  
BETWEEN THE STATE OF TENNESSEE,  
DEPARTMENT OF FINANCE AND ADMINISTRATION  
DIVISION OF HEALTH CARE FINANCE AND ADMINISTRATION  
BUREAU OF TENNCARE  
AND  
DEPARTMENT OF HEALTH**

This Amendment is made and entered by and between the State of Tennessee, Department of Finance and Administration, Division of Health Care Finance and Administration, Bureau of TennCare hereinafter referred to as the "State" or "TennCare" and Department of Health, hereinafter referred to as the "Contractor." For good and valuable consideration, the sufficiency of which is hereby acknowledged, it is mutually understood and agreed by and between said, undersigned contracting parties that the subject contract is hereby amended as follows:

1. Grant Contract Section B.1 is deleted in its entirety and replaced with the following:
  - B.1. This Grant Contract shall be effective for the period beginning July 1, 2013, and ending on June 30, 2016. The Grantee hereby acknowledges and affirms that the Grantor State Agency shall have no obligation for Grantee services or expenditures that were not completed within this specified contract period.
  
2. Grant Contract Section C.1 is deleted in its entirety and replaced with the following:
  - C.1. Maximum Liability. In no event shall the maximum liability of the Grantor State Agency under this Grant Contract exceed Six Million Seven Hundred Ten Thousand Nine Hundred Dollars (\$6,710,900.00) for FY '14, Six Million Seven Hundred Ten Thousand Nine Hundred Dollars (\$6,710,900.00) for FY '15 and Six Million Seven Hundred Ten Thousand Nine Hundred Dollars (\$6,710,900.00) for FY '16, with a total contract maximum liability of Twenty Million One Hundred Thirty-Two Thousand Seven Hundred Dollars (\$20,132,700.00). The Grant Budgets, attached and incorporated hereto as Revised Attachment A, Revised Attachment A.1, and Attachment A.2 shall constitute the maximum amount due the Grantee for all service and Grantee obligations hereunder. The Grant Budget line-items include, but are not limited to, all applicable taxes, fees, overhead, and all other direct and indirect costs incurred or to be incurred by the Grantee.
  
3. The Grant Contract is amended by adding new Attachment A.2:

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

The revisions set forth herein shall be effective June 30, 2015. All other terms and conditions of this Grant Contract not expressly amended herein shall remain in full force and effect.

**IN WITNESS WHEREOF,**

**TENNESSEE DEPARTMENT OF HEALTH:**



John J. Dreyzehner, MD, MPH / 5.22.15  
CONTRACTOR SIGNATURE / DATE  
John J. Dreyzehner, MD, MPH, FACOEM, Commissioner

PRINTED NAME AND TITLE OF CONTRACTOR SIGNATORY (above)

TENNESSEE DEPARTMENT OF FINANCE AND ADMINISTRATION  
DIVISION OF HEALTH CARE FINANCE AND ADMINISTRATION  
BUREAU OF TENNCARE:

Larry B. Martin / 5/26/2015  
Larry B. Martin, Commissioner / DATE



**ATTACHMENT A.2  
GRANT BUDGET  
(Grant Budget Page 1)**

Tennessee Department of Health				
APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning July 1, 2015 and ending June 30, 2016.				
POLICY 03 Object Line-Item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY <sup>1</sup> (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE PARTICIPATION	TOTAL PROJECT
1	Salaries	\$1,730,500.00	\$0.00	\$1,730,500.00
2	Benefits & Taxes	\$871,550.00	\$0.00	\$871,550.00
4, 15	Professional Fee/ Grant & Award <sup>2</sup>	\$3,728,050	\$0.00	\$3,728,050
5	Supplies	\$305,700	\$0.00	\$305,700
6	Telephone	\$0.00	\$0.00	\$0.00
7	Postage & Shipping	\$0.00	\$0.00	\$0.00
8	Occupancy	\$0.00	\$0.00	\$0.00
9	Equipment Rental & Maintenance	\$100.00	\$0.00	\$100.00
10	Printing & Publications	\$0.00	\$0.00	\$0.00
11, 12	Travel/ Conferences & Meetings	\$75,000.00	\$0.00	\$75,000.00
13	Interest <sup>2</sup>	\$0.00	\$0.00	\$0.00
14	Insurance	\$0.00	\$0.00	\$0.00
16	Specific Assistance To Individuals	\$0.00	\$0.00	\$0.00
17	Depreciation <sup>2</sup>	\$0.00	\$0.00	\$0.00
18	Other Non-Personnel <sup>2</sup>	\$0.00	\$0.00	\$0.00
20	Capital Purchase <sup>2</sup>	\$0.00	\$0.00	\$0.00
22	Indirect Cost	\$0.00	\$0.00	\$0.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	<b>GRAND TOTAL</b>	<b>\$6,710,900.00</b>	<b>0.00</b>	<b>\$6,710,900.00</b>

<sup>1</sup> Each expense object line-item shall be defined by the Department of Finance and Administration Policy 03, *Uniform Reporting Requirements and Cost Allocation Plans for Subrecipients of Federal and State Grant Monies, Appendix A*. (posted on the Internet at [www.state.tn.us/finance/rds/ocr/policy03.pdf](http://www.state.tn.us/finance/rds/ocr/policy03.pdf)).

<sup>2</sup> Applicable detail attached if line-item is funded.

**ATTACHMENT A.2 CONT  
GRANT BUDGET LINE-ITEM DETAIL INFORM**



**(Grant Budget Page 2)**

**BUDGET SUMMARY (Salaries Detail)**

**CONTRACTOR:** Department of Health, Bureau of Health Services

**CONTRACT TERM:** July 1, 2015 – June 30, 2016

<b>NAME</b>	<b>POSITION TITLE</b>	<b>MONTHLY SALARY</b>	<b># OF MONTHS WORKED</b>	<b>% OF TIME WORKED</b>	<b>TOTAL CONTRACT SALARY</b>
	Dentist x 4	\$7385.00	12	100%	\$354,480.00
	Dental Hygienists x 30	\$3564.00	12	100%	\$1,283,040.00
	Dental Assistants x 2	\$2029.00	12	100%	\$48,696.00
	ASA 4 x 1	\$3692.00	12	100%	\$44,304.00
<b>TOTAL (Actual)</b>					\$1,730,520.00
<b>TOTAL (Rounded to nearest \$100)</b>					\$1,730,500.00

ATTACHMENT A.2 (cont)  
 GRANT BUDGET LINE-ITEM C  
 (BUDGET .....



PROFESSIONAL FEES	AMOUNT
Metropolitan Government of Nashville and Davidson County	\$696,000.00
Sullivan County Regional Health Department	\$194,500.00
Jackson- Madison County Regional Health Department	\$268,000.00
Memphis-Shelby County Health Department	\$1,420,000.00
Knoxville-Knox County Health Department	\$219,000.00
Chattanooga-Hamilton County Health Department	\$338,800.00
County Grants	\$591,750.00
	<b>\$3,728,050.00</b>



# GRANT AMENDMENT

<b>Agency Tracking #</b> 31865-00085	<b>Edison ID</b> 36960	<b>Contract #</b>	<b>Amendment #</b> 02
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<b>Contractor Legal Entity Name</b> Department of Health, Bureau of Health Services	<b>Edison Vendor ID</b> 0000000051
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**Amendment Purpose & Effect(s)**  
Updates Scope and Redistributes Budget Line Items

**Amendment Changes Contract End Date:**  YES  NO **End Date:** June 30, 2015

**TOTAL Contract Amount INCREASE or DECREASE per this Amendment (zero if N/A):** \$ 0.00

Funding —					
FY	State	Federal	Interdepartmental	Other	TOTAL Contract Amount
2014	\$2,315,260.00	\$4,395,640.00			\$6,710,900.00
2015	\$2,344,453.00	\$4,366,447.00			\$6,710,900.00
<b>TOTAL:</b>	<b>\$4,659,713.00</b>	<b>\$8,762,087.00</b>			<b>\$13,421,800.00</b>

**American Recovery and Reinvestment Act (ARRA) Funding:**  YES  NO

**Budget Officer Confirmation:** There is a balance in the appropriation from which obligations hereunder are required to be paid that is not already encumbered to pay other obligations.

OCR USE

<b>Speed Chart (optional)</b>	<b>Account Code (optional)</b>
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**AMENDMENT #2  
TO GRANT CONTRACT #36960  
BETWEEN THE STATE OF TENNESSEE,  
DEPARTMENT OF FINANCE AND ADMINISTRATION  
DIVISION OF HEALTH CARE FINANCE AND ADMINISTRATION  
BUREAU OF TENNCARE  
AND  
DEPARTMENT OF HEALTH**

This Amendment is made and entered by and between the State of Tennessee, Department of Finance and Administration, Division of Health Care Finance and Administration, Bureau of TennCare hereinafter referred to as the "State" or "TennCare" and Department of Health, hereinafter referred to as the "Contractor." For good and valuable consideration, the sufficiency of which is hereby acknowledged, it is mutually understood and agreed by and between said, undersigned contracting parties that the subject contract is hereby amended as follows:

1. Grant Contract Sections A.2.a. through A.2.f. are deleted in their entirety and replaced with the following Sections A.2.a. through A.2.h.:
  - a. Provision of oral health education for children in targeted schools;
  - b. Provision of dental screenings for children participating in the preventive aspect of this program (sealants, prophies, fluoride varnish) with consent of parent or guardian and recording of screening for enrollees using CDT D0191;
  - c. Provision of dental screenings for children not participating in the preventive aspect of this program is optional;
  - d. Referral and follow-up for children who need urgent dental treatment;
  - e. Provision of dental sealants (CDT D1351) to children who are candidates for the procedure and with consent of parent or guardian;
  - f. Provision of oral evaluations coded as D0120 for children who have returned the appropriate forms and have parental/guardian consent;
  - g. If a TennCare enrollee receives an oral evaluation (CDT D0120) and/or a prophylaxis (CDT D1110 or D1120) and/or a fluoride varnish (CDT D1206) as part of the regions' school based program, then those services must be recorded and submitted to TennCare. A toothbrush prophylaxis would not meet the criteria for a dental prophylaxis.
  - h. Establishment of benchmarks for dental screenings, oral health education and TennCare outreach to ensure a sufficient delivery of these services.
  
2. Grant Contract Attachment A.1 is deleted in its entirety and replaced with Revised Attachment A.1.

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



The revisions set forth herein shall be effective June 30, 2014. All other terms and conditions of this Grant Contract not expressly amended herein shall remain in full force and effect.

IN WITNESS WHEREOF,

TENNESSEE DEPARTMENT OF HEALTH:

John J. Dreyzehner, MD, MPH / 5.16.14  
John J. Dreyzehner, MD, MPH, FACOEM, Commissioner / JS DATE

TENNESSEE DEPARTMENT OF FINANCE AND ADMINISTRATION  
DIVISION OF HEALTH CARE FINANCE AND ADMINISTRATION  
BUREAU OF TENNCARE:

Larry B. Martin / 5/16/2014  
Larry B. Martin, Commissioner / DATE

**REVISED ATTACHMENT A.1**  
**GRANT BUDGET**  
**(Grant Budget Page 1)**



Tennessee Department of Health				
APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning July 1, 2014 and ending June 30, 2015.				
POLICY 03 Object Line-Item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY <sup>1</sup> (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE PARTICIPATION	TOTAL PROJECT
1	Salaries	\$1,730,500.00	\$0.00	\$1,730,550.00
2	Benefits & Taxes	\$871,550.00	\$0.00	\$871,550.00
4, 15	Professional Fee/ Grant & Award <sup>2</sup>	\$3,786,850.00	\$0.00	\$3,786,850.00
5	Supplies	\$246,900.00	\$0.00	\$246,900.00
6	Telephone	\$0.00	\$0.00	\$0.00
7	Postage & Shipping	\$0.00	\$0.00	\$0.00
8	Occupancy	\$0.00	\$0.00	\$0.00
9	Equipment Rental & Maintenance	\$100.00	\$0.00	\$100.00
10	Printing & Publications	\$0.00	\$0.00	\$0.00
11, 12	Travel/ Conferences & Meetings	\$75,000.00	\$0.00	\$75,000.00
13	Interest <sup>2</sup>	\$0.00	\$0.00	\$0.00
14	Insurance	\$0.00	\$0.00	\$0.00
16	Specific Assistance To Individuals	\$0.00	\$0.00	\$0.00
17	Depreciation <sup>2</sup>	\$0.00	\$0.00	\$0.00
18	Other Non-Personnel <sup>2</sup>	\$0.00	\$0.00	\$0.00
20	Capital Purchase <sup>2</sup>	\$0.00	\$0.00	\$0.00
22	Indirect Cost	\$0.00	\$0.00	\$0.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	<b>GRAND TOTAL</b>	<b>\$6,710,900.00</b>	<b>0.00</b>	<b>\$6,710,900.00</b>

<sup>1</sup> Each expense object line-item shall be defined by the Department of Finance and Administration Policy 03, *Uniform Reporting Requirements and Cost Allocation Plans for Subrecipients of Federal and State Grant Monies, Appendix A*. (posted on the internet at: [www.state.tn.us/finance/rds/ucr/policy03.pdf](http://www.state.tn.us/finance/rds/ucr/policy03.pdf)).

<sup>2</sup> Applicable detail attached if line-item is funded.



**REVISED ATTACHMENT A.1 CONTINUED**  
**GRANT BUDGET LINE-ITEM DETAIL INFORMATION**  
**(Grant Budget Page 2)**

**BUDGET SUMMARY (Salaries Detail)**

**CONTRACTOR:** Department of Health, Bureau of Health Services

**CONTRACT TERM:** July 1, 2014 – June 30, 2015

NAME	POSITION TITLE	MONTHLY SALARY	# OF MONTHS WORKED	% OF TIME WORKED	TOTAL CONTRACT SALARY
	Dentists x4	\$7385.00	12	100%	\$354,486.00
	Dental Hygienists x 30	\$3564.00	12	100%	\$1,283,040.00
	Dental assistants x2	\$2029.00	12	100%	\$48,696.00
	ASA 4 x1	\$3692.00	12	100%	\$44,304.00
<b>TOTAL (Actual)</b>					\$1,730,526.00
<b>TOTAL (Rounded to nearest \$100)</b>					\$1,730,500.00

REVISED ATTACHMENT A.1 (continued)

GRANT BUDGET LINE-ITEM DETAIL

(BUDGET PAGE 3)



PROFESSIONAL FEES	AMOUNT
Metropolitan Government of Nashville and Davidson County	\$696,000.00
Sullivan County Regional Health Department	\$194,500.00
Jackson-Madison County Regional Health Department	\$268,000.00
Memphis-Shelby County Health Department	\$1,420,000.00
Knoxville-Knox County Health Department	\$277,800.00
Chattanooga-Hamilton County Health Department	\$338,800.00
County Grants	\$591,750.00
	<b>\$3,786,850.00</b>



# GRANT AMENDMENT



<b>Agency Tracking #</b> 31865-00085	<b>Edison ID</b> 36960	<b>Contract #</b>	<b>Amendment #</b> 01
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<b>Contractor Legal Entity Name</b> Department of Health	<b>Edison Vendor ID</b> 0000000051
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**Amendment Purpose & Effect(s)**  
Increases Maximum Liability for the continued provision of TennCare Oral Disease Services

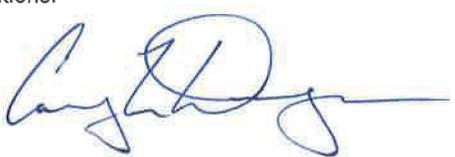
**Amendment Changes Contract End Date:**  YES  NO **End Date:** June 30, 2015

**TOTAL Contract Amount INCREASE or DECREASE per this Amendment** (zero if N/A): **\$ 85,000.00**

Funding —					
FY	State	Federal	Interdepartmental	Other	TOTAL Contract Amount
2014	\$2,315,260.00	\$4,395,640.00			\$6,710,900.00
2015	\$2,344,453.00	\$4,366,447.00			\$6,710,900.00
<b>TOTAL:</b>	<b>\$4,659,713.00</b>	<b>\$8,762,087.00</b>			<b>\$13,421,800.00</b>

**American Recovery and Reinvestment Act (ARRA) Funding:**  YES  NO

**Budget Officer Confirmation:** There is a balance in the appropriation from which obligations hereunder are required to be paid that is not already encumbered to pay other obligations.



CPO USE

<b>Speed Chart (optional)</b>	<b>Account Code (optional)</b>
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**AMENDMENT #1 TO GRANT CONTRACT #36960  
 BETWEEN THE STATE OF TENNESSEE,  
 DEPARTMENT OF FINANCE AND ADMINISTRATION  
 DIVISION OF HEALTH CARE FINANCE AND ADMINISTRATION  
 BUREAU OF TENNCARE  
 AND  
 DEPARTMENT OF HEALTH**

This Amendment is made and entered by and between the State of Tennessee, Department of Finance and Administration, Division of Health Care Finance and Administration, Bureau of TennCare hereinafter referred to as the "State" or "TennCare" and Department of Health, hereinafter referred to as the "Contractor." For good and valuable consideration, the sufficiency of which is hereby acknowledged, it is mutually understood and agreed by and between said, undersigned contracting parties that the subject contract is hereby amended as follows:

1. Grant Contract Section C.1 is deleted in its entirety and replaced with the following:  
 C.1. Maximum Liability. In no event shall the maximum liability of the Grantor State Agency under this Grant Contract exceed Six Million Seven Hundred Ten Thousand Nine Hundred Dollars (\$6,710,900.00) for FY '14 and Six Million Seven Hundred Ten Thousand Nine Hundred Dollars (\$6,710,900.00) for FY '15, with a total contract maximum liability of Thirteen Million Four Hundred Twenty One Thousand Eight Hundred Dollars (\$13,421,800.00). The Grant Budgets, attached and incorporated hereto as Revised Attachment A and Revised Attachment A.1, shall constitute the maximum amount due the Grantee for all service and Grantee obligations hereunder. The Grant Budget line-items include, but are not limited to, all applicable taxes, fees, overhead, and all other direct and indirect costs incurred or to be incurred by the Grantee.
  
2. Grant Contract Attachments A and A.1 are deleted and replaced with Revised Attachment A and Revised Attachment A.1.

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

The revisions set forth herein shall be effective April 30, 2014. All other terms and conditions of this Grant Contract not expressly amended herein shall remain in full force and effect.

IN WITNESS WHEREOF,

TENNESSEE DEPARTMENT OF HEALTH:

John J. Dreyzehner, MD, MPH / 4.23.14  
 CONTRACTOR SIGNATURE / DATE  
 John J. Dreyzehner, MD, MPH, FACOEM, Commissioner  
 PRINTED NAME AND TITLE OF CONTRACTOR SIGNATORY (above)



TENNESSEE DEPARTMENT OF FINANCE AND ADMINISTRATION  
DIVISION OF HEALTH CARE FINANCE AND ADMINISTRATION  
BUREAU OF TENNCARE:

*Larry B. Martin/CD*

Larry B. Martin, Commissioner

*4/24/14*

DATE



**REVISED ATTACHMENT A  
GRANT BUDGET**

**(Grant Budget Page 1)**

Tennessee Department of Health				
APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning July 1, 2013 and ending June 30, 2014.				
POLICY 03 Object Line-Item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY <sup>1</sup> (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE PARTICIPATION	TOTAL PROJECT
1	Salaries	\$1,730,500.00	\$0.00	\$1,730,500.00
2	Benefits & Taxes	\$657,550.00	\$0.00	\$657,550.00
4, 15	Professional Fee/ Grant & Award <sup>2</sup>	\$4,000,850.00	\$0.00	\$4,000,850.00
5	Supplies	\$246,900.00	\$0.00	\$246,900.00
6	Telephone	\$0.00	\$0.00	\$0.00
7	Postage & Shipping	\$0.00	\$0.00	\$0.00
8	Occupancy	\$0.00	\$0.00	\$0.00
9	Equipment Rental & Maintenance	\$100.00	\$0.00	\$100.00
10	Printing & Publications	\$0.00	\$0.00	\$0.00
11, 12	Travel/ Conferences & Meetings	\$75,000.00	\$0.00	\$75,000.00
13	Interest <sup>2</sup>	\$0.00	\$0.00	\$0.00
14	Insurance	\$0.00	\$0.00	\$0.00
16	Specific Assistance To Individuals	\$0.00	\$0.00	\$0.00
17	Depreciation <sup>2</sup>	\$0.00	\$0.00	\$0.00
18	Other Non-Personnel <sup>2</sup>	\$0.00	\$0.00	\$0.00
20	Capital Purchase <sup>2</sup>	\$0.00	\$0.00	\$0.00
22	Indirect Cost	\$0.00	\$0.00	\$0.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	<b>GRAND TOTAL</b>	\$6,710,900.00	<b>0.00</b>	\$6,710,900.00

<sup>1</sup> Each expense object line-item shall be defined by the Department of Finance and Administration Policy 03, *Uniform Reporting Requirements and Cost Allocation Plans for Subrecipients of Federal and State Grant Monies, Appendix A*. (posted on the Internet at: [www.state.tn.us/finance/srds/oc/policy03.pdf](http://www.state.tn.us/finance/srds/oc/policy03.pdf)).

<sup>2</sup> Applicable detail attached if line-item is funded.



**REVISED ATTACHMENT A CONTINUED**  
**GRANT BUDGET LINE-ITEM DETAIL INFORMATION**  
**(Grant Budget Page 2)**

**BUDGET SUMMARY (Salaries Detail)**

**CONTRACTOR:** Department of Health, Bureau of Health Services

**CONTRACT TERM:** July 1, 2013 – June 30, 2014

NAME	POSITION TITLE	MONTHLY SALARY	# OF MONTHS WORKED	% OF TIME WORKED	TOTAL CONTRACT SALARY
	Dentists x4	\$7385.00	12	100%	\$354,486.00
	Hygienists x30	\$3564.00	12	100%	\$1,283,040.00
	Dental assistants x 2	\$2029.00	12	100%	\$48,696.00
	ASA 4	\$3692.00	12	100%	\$44,304.00
<b>TOTAL (Actual)</b>					<b>\$1,730,526.00</b>
<b>TOTAL (Rounded to nearest \$100)</b>					<b>\$1,730,500.00</b>

**REVISED ATTACHMENT A (continued)**  
**GRANT BUDGET LINE-ITEM DETAIL**  
 (BUDGET PAGE 3)



PROFESSIONAL FEES	AMOUNT
Metropolitan Government of Nashville and Davidson County	\$696,000.00
Sullivan County Regional Health Department	\$210,200.00
Jackson- Madison County Regional Health Department	\$268,000.00
Memphis-Shelby County Health Department	\$1,677,100.00
Knoxville-Knox County Health Department	\$219,000.00
Chattanooga-Hamilton County Health Department	\$338,800.00
County Grants	\$591,750.00
	<b>\$4,000,850.00</b>

REVISED ATTACHMENT A.1  
GRANT BUDGET



(Grant Budget Page 1)

Tennessee Department of Health				
APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning July 1, 2014 and ending June 30, 2015.				
POLICY 03 Object Line-item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY <sup>1</sup> (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE PARTICIPATION	TOTAL PROJECT
1	Salaries	\$1,730,500.00	\$0.00	\$1,730,550.00
2	Benefits & Taxes	\$871,550.00	\$0.00	\$871,550.00
4, 15	Professional Fee/ Grant & Award <sup>2</sup>	\$3,786,850.00	\$0.00	\$3,786,850.00
5	Supplies	\$246,900.00	\$0.00	\$246,900.00
6	Telephone	\$0.00	\$0.00	\$0.00
7	Postage & Shipping	\$0.00	\$0.00	\$0.00
8	Occupancy	\$0.00	\$0.00	\$0.00
9	Equipment Rental & Maintenance	\$100.00	\$0.00	\$100.00
10	Printing & Publications	\$0.00	\$0.00	\$0.00
11, 12	Travel/ Conferences & Meetings	\$75,000.00	\$0.00	\$75,000.00
13	Interest <sup>2</sup>	\$0.00	\$0.00	\$0.00
14	Insurance	\$0.00	\$0.00	\$0.00
16	Specific Assistance To Individuals	\$0.00	\$0.00	\$0.00
17	Depreciation <sup>2</sup>	\$0.00	\$0.00	\$0.00
18	Other Non-Personnel <sup>2</sup>	\$0.00	\$0.00	\$0.00
20	Capital Purchase <sup>2</sup>	\$0.00	\$0.00	\$0.00
22	Indirect Cost	\$0.00	\$0.00	\$0.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	<b>GRAND TOTAL</b>	<b>\$6,710,900.00</b>	<b>0.00</b>	<b>\$6,710,900.00</b>

<sup>1</sup> Each expense object line-item shall be defined by the Department of Finance and Administration Policy 03, *Uniform Reporting Requirements and Cost Allocation Plans for Subrecipients of Federal and State Grant Monies, Appendix A*. (posted on the Internet at: [www.state.tn.us/finance/rds/ocrf/policy03.pdf](http://www.state.tn.us/finance/rds/ocrf/policy03.pdf)).

<sup>2</sup> Applicable detail attached if line-item is funded.



**ATTACHMENT A.1 CONTINUED**  
**GRANT BUDGET LINE-ITEM DETAIL INFORMATION**  
**(Grant Budget Page 2)**

**BUDGET SUMMARY (Salaries Detail)**

**CONTRACTOR:** Department of Health, Bureau of Health Services  
**CONTRACT TERM:** July 1, 2014 – June 30, 2015

NAME	POSITION TITLE	MONTHLY SALARY	# OF MONTHS WORKED	% OF TIME WORKED	TOTAL CONTRACT SALARY
	Dentists x4	\$7385.00	12	100%	\$354,486.00
	Dental Hygienists x 30	\$3564.00	12	100%	\$1,283,040.00
	Dental assistants x2	\$2029.00	12	100%	\$48,696.00
	ASA 4 x1	\$3692.00	12	100%	\$44,304.00
<b>TOTAL (Actual)</b>					\$1,730,526.00
<b>TOTAL (Rounded to nearest \$100)</b>					\$1,730,500.00



**ATTACHMENT A.1 (continued)**  
**GRANT BUDGET LINE-ITEM DETAIL**  
**(BUDGET PAGE 3)**

<b>PROFESSIONAL FEES</b>	<b>AMOUNT</b>
Metropolitan Government of Nashville and Davidson County	\$696,000.00
Sullivan County Regional Health Department	\$194,500.00
Jackson-Madison County Regional Health Department	\$268,000.00
Memphis-Shelby County Health Department	\$1,420,000.00
Knoxville-Knox County Health Department	\$277,800.00
Chattanooga-Hamilton County Health Department	\$338,800.00
County Grants	\$591,750.00
	<b>\$3,786,850.00</b>



# GRANT CONTRACT

(interdepartmental, cost-reimbursement grant between state agencies  
- not including a state college or university)

<b>Begin Date</b> July 1, 2013	<b>End Date</b> June 30, 2015	<b>Agency Tracking #</b> 31865-00085	<b>Edison ID</b> 36960
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**Grantee Name**  
Department of Health

<b>Subrecipient or Vendor</b> <input checked="" type="checkbox"/> Subrecipient <input type="checkbox"/> Vendor	<b>CFDA #</b> 93.778 Dept of Health & Human Services/Title XIX
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**Service Caption (one line only)**  
Oral Disease Services for School Children in Grades K-8

Funding					
FY	State	Federal	Interdepartmental	Other	TOTAL Contract Amount
2014	\$2,300,598.00	\$4,367,802.00			\$6,668,400.00
2015	\$2,300,598.00	\$4,367,802.00			\$6,668,400.00
<b>TOTAL:</b>	<b>\$4,601,196.00</b>	<b>\$8,735,604.00</b>			<b>\$13,336,800.00</b>

**American Recovery and Reinvestment Act (ARRA) Funding:**  YES  NO

**Budget Officer Confirmation:** There is a balance in the appropriation from which obligations hereunder are required to be paid that is not already encumbered to pay other obligations.

OCR USE - IG

<b>Speed Chart (optional)</b>	<b>Account Code (optional)</b>
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**GRANT CONTRACT  
BETWEEN THE STATE OF TENNESSEE,  
DEPARTMENT OF FINANCE AND ADMINISTRATION,  
DIVISION OF HEALTH CARE FINANCE AND ADMINISTRATION  
BUREAU OF TENNCARE  
AND  
DEPARTMENT OF HEALTH**

This Grant, by and between the State of Tennessee, Department of Finance and Administration, Division of Health Care Finance and Administration, Bureau of TennCare, hereinafter referred to as the 'Grantor State Agency' or "TennCare" and Department of Health, hereinafter referred to as the "Grantee," is for the provision of oral disease services for school children in grades K - 8, as further defined in the "SCOPE OF SERVICES."

**A. SCOPE OF SERVICES:**

- A.1. The Grantee shall provide all service and deliverables as required, described, and detailed herein and shall meet all service and delivery timelines as specified by this Grant Contract.
- A.2. TennCare shall authorize and designate the Grantee to assist in the administration of the TennCare program authorized under Title XIX of the Social Security Act, by performing oral disease prevention services for school children in grades K-8 attending public schools where approximately 50 percent or more of the student population participates in the school lunch program. When school is not in session or school populations are not available, the same scope of services may be provided in alternate sites such as HeadStart, daycare centers, camps, health fairs and community centers that target children of similar socioeconomic status as the target schools. These services shall include, but are not limited to the following:
- a. Provision of oral health education for children in targeted schools;
  - b. Provision of dental screenings for children in attendance on the day of the screening unless there is objection from the parent, guardian, or student, and recording of screening for enrollees using CDT D0191;
  - c. Referral and follow-up for children who need urgent dental treatment;
  - d. Provision of dental sealants (CDT D1351) to children who are candidates for this procedure and with consent of parent or guardian;
  - e. Provision of oral evaluations coded as D0120 for TennCare enrollees who have returned the appropriate forms and have parental/guardian consent, and
  - f. If a TennCare enrollee receives an oral evaluation (CDT D0120) and/or a prophylaxis (CDT D1110 or D1120) and/or a fluoride varnish (CDT D1206) as part of the regions' school based program, then those services must be recorded and submitted to TennCare. A toothbrush prophylaxis would not meet the criteria for a dental prophylaxis.
- A.3. The Grantee shall comply with all applicable administrative rules and TennCare written policies and procedures, as may be amended from time to time. TennCare shall make those policies and procedures available to the Grantee when amendments occur.
- A.4. In order to meet the obligations imposed on TennCare for the provision of utilization information and to support the timely provision of ad hoc report requests that may be made by TennCare, the Grantee shall maintain a current database, in a format acceptable to TennCare, capable of retrieving data as required in this Grant. The database will enable TennCare to provide information to the Dental Benefits Manager for the purpose of developing complete statistics on



program wide utilization and for ensuring that enrollee frequency limits recommended for CDT dental procedure codes D1351, D1110, D1120, D1206, and D0120 are not exceeded. At a minimum, the database shall include the following:

- a. Individual Data for TennCare Children;
  - (1) Member Name
  - (2) Member Social Security Number or TennCare ID number
  - (3) Dates of Service
  - (4) Specific Service provided by current ADA procedure code
  - (5) License Number of Supervising Dentist
- b. Group Data for Non TennCare Children - Specific service provided in aggregate

A.5. The Grantee shall provide TennCare with a statewide quarterly Encounter Data Report containing the following information:

- a. Total number of children receiving dental screening recorded as CDT D0191 for TennCare enrollees;
- b. Total number of children receiving dental sealants and number of teeth sealed (delineated by TennCare and non TennCare children), and dental sealants applied on TennCare enrollees must be recorded using CDT procedure code D1351;
- c. If a TennCare enrollee receives an oral evaluation (CDT procedure code D0120) and/or a prophylaxis (CDT procedure code D1110 or CDT procedure code D1120) and/or a fluoride varnish (CDT procedure code D1206) as part of the regions' school based program, then those services must be recorded and submitted to TennCare, and
- d. Penetration rate (i.e., total number of schools completed/number of schools targeted).

A.6. The Grantee shall provide TennCare with the following reports:

- a. A quarterly report on the number of children referred to a dentist for treatment, and the percent of follow-up of urgent cases;
- b. A quarterly report on the total number of children in target schools who have received oral health education and the number of children who have received TennCare informational materials, and
- c. AdHoc reports as requested by TennCare.

**B. CONTRACT PERIOD:**

B.1. This Grant Contract shall be effective for the period beginning July 1, 2013, and ending on June 30, 2015. The Grantee hereby acknowledges and affirms that the Grantor State Agency shall have no obligation for Grantee services or expenditures that were not completed within this specified contract period.

B.2. Term Extension. The State reserves the right to extend this Grant for an additional period or periods of time representing increments of no more than one year and a total contract term of no more than five (5) years, provided that such an extension of the contract term is effected prior to the current, contract expiration date by means of an amendment. If the term extension



necessitates additional funding beyond that which was included in the original Grant Contract, such funding will also be effected through an amendment.

**C. PAYMENT TERMS AND CONDITIONS:**

- C.1. Maximum Liability. In no event shall the maximum liability of the Grantor State Agency under this Grant Contract exceed Six Million Six Hundred Sixty-Eight Thousand Four Hundred Dollars (\$6,668,400.00) for FY '14 and Six Million Six Hundred Sixty-Eight Thousand Four Hundred Dollars (\$6,668,400.00) for FY '15, with a total contract maximum liability of Thirteen Million Three Hundred Thirty-Six Thousand Eight Hundred Dollars (\$13,336,800.00). The Grant Budgets, attached and incorporated hereto as Attachment A and Attachment A.1, shall constitute the maximum amount due the Grantee for all service and Grantee obligations hereunder. The Grant Budget line-items include, but are not limited to, all applicable taxes, fees, overhead, and all other direct and indirect costs incurred or to be incurred by the Grantee.
- C.2. Compensation Firm. The maximum liability of the Grantor State Agency is not subject to escalation for any reason unless amended. The Grant Budget amounts are firm for the duration of the Grant Contract and are not subject to escalation for any reason unless amended, except as provided in section C.5.
- C.3. Payment Methodology. The Grantee shall be reimbursed for actual, reasonable, and necessary costs based upon the Grant Budget, not to exceed the maximum liability established in section C.1. Upon progress toward the completion of the work, as described in section A of this Grant Contract, the Grantee shall submit invoices prior to any reimbursement of allowable costs.
- C.4. Travel Compensation. Reimbursement to the Grantee for travel, meals, or lodging shall be subject to amounts and limitations specified in the "State Comprehensive Travel Regulations," as they are amended from time to time, and shall be contingent upon and limited by the Grant Budget funding for said reimbursement.
- C.5. Budget Line-items. Expenditures, reimbursements, and payments under this Grant Contract shall adhere to the Grant Budget. The Grantee may vary from a Grant Budget line-item amount by up to ten percent (10%) of the line-item amount, provided that any increase is off-set by an equal reduction of other line-item amount(s) such that the net result of variances shall not increase the total Grant Contract amount detailed by the Grant Budget. Any increase in the Grant Budget, grand total amounts shall require an amendment of this Grant Contract.
- C.6. Disbursement Reconciliation and Close Out. The Grantee shall submit any final invoice and a grant disbursement reconciliation report within One Hundred Twenty (120) days of the Grant Contract end date and in form and substance acceptable to the Grantor State Agency.
- a. If total disbursements by the Grantor State Agency pursuant to this Grant Contract exceed the amounts permitted by the section C, payment terms and conditions of this Grant Contract, the Grantee shall refund the difference to the Grantor State Agency. The Grantee shall submit said refund with the final grant disbursement reconciliation report.
  - b. The Grantor State Agency shall not be responsible for the payment of any invoice submitted after the grant disbursement reconciliation report. The Grantor State Agency will not deem any Grantee costs submitted for reimbursement after the grant disbursement reconciliation report to be allowable and reimbursable by the Grantor State Agency, and such invoices will NOT be paid.
  - c. The Grantee's failure to provide a final grant disbursement reconciliation report as required shall result in the Grantee being deemed ineligible for reimbursement under this Grant Contract, and the Grantee shall be required to refund any and all payments by the Grantor State Agency pursuant to this Grant Contract.



- d. The Grantee must close out its accounting records at the end of the contract period in such a way that reimbursable expenditures and revenue collections are NOT carried forward.

- C.7. Indirect Cost. Should the Grantee request reimbursement for indirect cost, the Grantee must submit to the Grantor State Agency a copy of the indirect cost rate approved by the cognizant federal agency and the State. The Grantee will be reimbursed for indirect cost in accordance with the approved indirect cost rate to amounts and limitations specified in the attached Grant Budget. Once the Grantee makes an election and treats a given cost as direct or indirect, it must apply that treatment consistently and may not change during the contract period. Any changes in the approved indirect cost rate must have prior approval of the cognizant federal agency and the State. If the indirect cost rate is provisional during the period of this agreement, once the rate becomes final, the Grantee agrees to remit any overpayment of funds to the Grantor State Agency, and subject to the availability of funds the Grantor State Agency agrees to remit any underpayment to the Grantee.
- C.8. Cost Allocation. If any part of the costs to be reimbursed under this Grant Contract are joint costs involving allocation to more than one program or activity, such costs shall be allocated and reported in accordance with the provisions of Department of Finance and Administration Policy Statement 03 or any amendments or revisions made to this policy statement during the contract period.
- C.9. Payment of Invoice. A payment by the Grantor State Agency shall not prejudice the Grantor State Agency's right to object to or question any reimbursement, invoice, or matter in relation thereto. A payment by the Grantor State Agency shall not be construed as acceptance of any part of the work or service provided or as approval of any amount as an allowable cost.
- C.10. Unallowable Costs. Any amounts payable to the Grantee shall be subject to reduction for amounts included in any invoice or payment theretofore made, which are determined by the Grantor State Agency, on the basis of audits or monitoring conducted in accordance with the terms of this Grant Contract, not to constitute allowable costs.
- C.11. Deductions. The Grantor State Agency reserves the right to deduct from amounts, which are or shall become due and payable to the Grantee under this or any contract between the Grantee and the Grantor State Agency any amounts, which are or shall become due and payable to the Grantor State Agency by the Grantee.

**D. STANDARD TERMS AND CONDITIONS:**

- D.1. Required Approvals. The State is not bound by this Grant Contract until it is signed by the contract parties and approved by appropriate officials in accordance with applicable Tennessee laws and regulations (depending upon the specifics of this contract, said officials may include, but are not limited to, the Commissioner of Finance and Administration, the Commissioner of Human Resources, and the Comptroller of the Treasury).
- D.2. Modification and Amendment. Except as specifically provided herein, this Grant Contract may be modified only by a written amendment signed by all parties hereto and approved by both the officials who approved the base contract and, depending upon the specifics of the contract as amended, any additional officials required by Tennessee laws and regulations (said officials may include, but are not limited to, the Commissioner of Finance and Administration, the Commissioner of Human Resources, and the Comptroller of the Treasury).
- D.3. Termination for Convenience. The Grant Contract may be terminated by either party by giving written notice to the other, at least thirty (30) days before the effective date of termination. Should either party exercise this provision, the Grantee shall be entitled to reimbursement for authorized expenditures and satisfactory services completed as of the termination date, but in no event shall the Grantor State Agency be liable to the Grantee for any service which has not been rendered. The final decision as to the amount, for which the Grantor State Agency is liable, shall be determined by the Grantor State Agency.



- D.4. Termination for Cause. If the Grantee fails to properly perform its obligations under this Grant in a timely or proper manner, or if the Grantee violates any terms of this Grant, the Grantor State Agency shall have the right to immediately terminate the Grant and withhold payments in excess of fair compensation for completed services.
- D.5. Subcontracting. The Grantee shall not assign this Grant or enter into a subcontract for any of the services performed under this Grant without obtaining the prior written approval of the Grantor State Agency. Notwithstanding any use of approved subcontractors, the Grantee shall be the prime contractor and shall be responsible for all work performed.
- D.6. Lobbying. The Grantee certifies, to the best of its knowledge and belief, that:
- a. No federally appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.
  - b. If any funds other than federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this contract, grant, loan, or cooperative agreement, the Grantee shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
  - c. The Grantee shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.
- This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into and is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, *U.S. Code*.
- D.7. Monitoring. The Grantee's activities conducted and records maintained pursuant to this Grant Contract shall be subject to monitoring and evaluation by the Grantor State Agency, the Comptroller of the Treasury, or their duly appointed representatives.
- D.8. Progress Reports. The Grantee shall submit brief, periodic, progress reports to the Grantor State Agency as requested.
- D.9. Procurement. If the other terms of this Grant Contract allow reimbursement for the cost of goods, materials, supplies, equipment, and/or contracted services, and if such reimbursement is to be made with funds derived wholly or partially from federal sources, the determination of cost shall be governed by and reimbursement shall be subject to the Grantee's compliance with applicable federal procurement requirements. The Grantee shall obtain prior approval from the Grantor State Agency before purchasing any equipment under this Grant.
- D.10. Strict Performance. Failure by any party to this Grant Contract to insist in any one or more cases upon the strict performance of any of the terms, covenants, conditions, or provisions of this agreement shall not be construed as a waiver or relinquishment of any such term, covenant, condition, or provision. No term or condition of this Grant Contract shall be held to be waived, modified, or deleted except by a written amendment signed by the parties hereto.



- D.11. State Liability. The Grantor State Agency shall have no liability except as specifically provided in this Grant Contract.
- D.12. State and Federal Compliance. The Grantee shall comply with all applicable state and federal laws and regulations in the performance of this Grant Contract.
- D.13. Completeness. This Grant Contract is complete and contains the entire understanding between the parties relating to the subject matter contained herein, including all the terms and conditions of the parties' agreement. This Grant Contract supersedes any and all prior understandings, representations, negotiations, and agreements between the parties relating hereto, whether written or oral.
- D.14. Headings. Section headings are for reference purposes only and shall not be construed as part of this Grant Contract.

**E. SPECIAL TERMS AND CONDITIONS:**

- E.1. Conflicting Terms and Conditions. Should any of these special terms and conditions conflict with any other terms and conditions of this Grant Contract, these special terms and conditions shall control.
- E.2. Communications and Contacts. All instructions, notices, consents, demands, or other communications required or contemplated by this Grant Contract shall be in writing and shall be made by certified, first class mail, return receipt requested and postage prepaid, by overnight courier service with an asset tracking system, or by EMAIL or facsimile transmission with recipient confirmation. Any such communications, regardless of method of transmission, shall be addressed to the respective party at the appropriate mailing address, facsimile number, or EMAIL address as set forth below or to that of such other party or address, as may be hereafter specified by written notice.

The Grantor State Agency:

Darin J. Gordon, Deputy Commissioner  
Department of Finance and Administration  
Division of Health Care Finance and Administration  
Bureau of TennCare  
310 Great Circle Road  
Nashville TN 37243  
(615) 507-6443 (Phone)  
(615) 741-0882 (FAX)

The Grantee:

Suzanne Hayes, Director  
Oral Disease Services  
Tennessee Department of Health  
Bureau of Health Services  
425 Fifth Avenue North  
Nashville, TN 37247-4501  
Phone: (615) 741-8618  
Fax: (615) 532-2785

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

- E.3. Subject to Funds Availability. The Contract is subject to the appropriation and availability of state and/or federal funds. In the event that the funds are not appropriated or are otherwise unavailable, the Procuring State Agency reserves the right to terminate the Contract upon written



notice to the Contractor. Said termination shall not be deemed a breach of Contract by the Procuring State Agency. Upon receipt of the written notice, the Contractor shall cease all work associated with the Contract. Should such an event occur, the Contractor shall be entitled to compensation for all satisfactory and authorized services completed as of the termination date. Upon such termination, the Contractor shall have no right to recover from the Procuring State Agency any actual, general, special, incidental, consequential, or any other damages whatsoever of any description or amount.

- E.4. Confidentiality of Records. Strict standards of confidentiality of records and information shall be maintained in accordance with applicable state and federal law. All material and information, regardless of form, medium or method of communication, provided to the Grantee by the Grantor State Agency or acquired by the Grantee on behalf of the Grantor State Agency shall be regarded as confidential information in accordance with the provisions of applicable state and federal law, state and federal rules and regulations, departmental policy, and ethical standards. Such confidential information shall not be disclosed, and all necessary steps shall be taken by the Grantee to safeguard the confidentiality of such material or information in conformance with applicable state and federal law, state and federal rules and regulations, departmental policy, and ethical standards.

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

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

- E.5. HIPAA and HITECH Compliance. The State and Contractor shall comply with obligations under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and Health Information Technology for Economic and Clinical Health Act (HITECH) under the American Recovery and Reinvestment Act of 2009 (ARRA) and their accompanying regulations, and as amended.

Contractor warrants to the State that it is familiar with the requirements of HIPAA and HITECH and their accompanying regulations, and shall comply with all applicable HIPAA and HITECH requirements in the course of this Contract including but not limited to the following:

1. Compliance with the Privacy Rule, Security Rule, Notification Rule;
2. The creation of and adherence to sufficient Privacy and Security Safeguards and Policies;
3. Timely Reporting of Violations in the Access, Use and Disclosure of PHI; and
4. Timely Reporting of Privacy and/or Security Incidents.

Contractor warrants that it shall cooperate with the State, including cooperation and coordination with State privacy officials and other compliance officers required by HIPAA and HITECH and their accompanying regulations, in the course of performance of the Contract so that both parties will be in compliance with HIPAA and HITECH.



The State and the Contractor shall sign documents, including but not limited to business associate agreements, as required by HIPAA and HITECH and that are reasonably necessary to keep the State and Contractor in compliance with HIPAA and HITECH.

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

- E.6. Environmental Tobacco Smoke. Pursuant to the provisions of the federal "Pro-Children Act of 1994" and the Tennessee "Children's Act for Clean Indoor Air of 1995," the Grantee shall prohibit smoking of tobacco products within any indoor premises in which services are provided to individuals under the age of eighteen (18) years. The Grantee shall post "no smoking" signs in appropriate, permanent sites within such premises. This prohibition shall be applicable during all hours, not just the hours in which children are present. Violators of the prohibition may be subject to civil penalties and fines. This prohibition shall apply to and be made part of any subcontract related to this Grant Contract.
- E.7. Debarment and Suspension. The Grantee certifies, to the best of its knowledge and belief, that it, its current and future principals, its current and future subcontractors and their principals:
- a. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal or state department or agency;
  - b. have not within a three (3) year period preceding this Grant Contract been convicted of, or had a civil judgment rendered against them from commission of fraud, or a criminal offence in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or grant under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification, or destruction of records, making false statements, or receiving stolen property;
  - c. are not presently indicted or otherwise criminally or civilly charged by a government entity (federal, state, or local) with commission of any of the offenses detailed in section b. of this certification; and
  - d. have not within a three (3) year period preceding this Grant Contract had one or more public transactions (federal, state, or local) terminated for cause or default.

The Grantee shall provide immediate written notice to the Grantor State Agency if at any time it learns that there was an earlier failure to disclose information or that due to changed circumstances, its principals or the principals of its subcontractors are excluded or disqualified.

- E.8. Disclosure of Personal Identity Information. The Grantee shall report to the Grantor State Agency any instances of unauthorized disclosure of confidential information that come to the attention of the Grantee. Any such report shall be made by the Grantee within twenty-four (24) hours after the instance has come to the attention of the Grantee. The Grantee, at the sole discretion of the Grantor State Agency, shall provide no cost credit monitoring services for individuals that are deemed to be part of a potential disclosure. The Grantee shall bear the cost of notification to individuals having personal identity information involved in a potential disclosure event, including individual letters and/or public notice.
- E.9. Federal Funding Accountability and Transparency Act (FFATA). This Grant requires the Grantee to provide supplies and/or services that are funded in whole or in part by federal funds that are subject to FFATA. The Grantee is responsible for ensuring that all applicable requirements, including but not limited to those set forth herein, of FFATA are met and that the Grantee provides information to the State as required.

The Grantee shall comply with the following:

- a. Reporting of Total Compensation of the Grantee's Executives.



- (1) The Grantee shall report the names and total compensation of each of its five most highly compensated executives for the Grantee's preceding completed fiscal year, if in the Grantee's preceding fiscal year it received:
- i. 80 percent or more of the Grantee's annual gross revenues from Federal procurement contracts and Federal financial assistance subject to the Transparency Act, as defined at 2 CFR 170.320 (and subawards); and
  - ii. \$25,000,000 or more in annual gross revenues from Federal procurement contracts (and subcontracts), and Federal financial assistance subject to the Transparency Act (and subawards); and
  - iii. The public does not have access to information about the compensation of the executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986. (To determine if the public has access to the compensation information, see the U.S. Security and Exchange Commission total compensation filings at <http://www.sec.gov/answers/execomp.htm>.)

Executive means officers, managing partners, or any other employees in management positions.

- (2) Total compensation means the cash and noncash dollar value earned by the executive during the Grantee's preceding fiscal year and includes the following (for more information see 17 CFR 229.402(c)(2)):
- i. Salary and bonus.
  - ii. Awards of stock, stock options, and stock appreciation rights. Use the dollar amount recognized for financial statement reporting purposes with respect to the fiscal year in accordance with the Statement of Financial Accounting Standards No. 123 (Revised 2004) (FAS 123R), Shared Based Payments.
  - iii. Earnings for services under non-equity incentive plans. This does not include group life, health, hospitalization or medical reimbursement plans that do not discriminate in favor of executives, and are available generally to all salaried employees.
  - iv. Change in pension value. This is the change in present value of defined benefit and actuarial pension plans.
  - v. Above-market earnings on deferred compensation which is not tax qualified.
  - vi. Other compensation, if the aggregate value of all such other compensation (e.g. severance, termination payments, value of life insurance paid on behalf of the employee, perquisites or property) for the executive exceeds \$10,000.
- b. The Grantee must report executive total compensation described above to the State by the end of the month during which this Grant is awarded.
  - c. If this Grant is amended to extend its term, the Grantee must submit an executive total compensation report to the State by the end of the month in which the amendment to this Grant becomes effective.
  - d. The Grantee will obtain a Data Universal Numbering System (DUNS) number and maintain its DUNS number for the term of this Grant. More information about obtaining a DUNS Number can be found at: <http://fedgov.dnb.com/webform/>

The Grantee's failure to comply with the above requirements is a material breach of this Grant for which the State may terminate this Grant for cause. The State will not be obligated to pay any



outstanding invoice received from the Grantee unless and until the Grantee is in full compliance with the above requirements.

- E.10. Nondiscrimination. The Grantee hereby agrees, warrants, and assures that no person shall be excluded from participation in, be denied benefits of, or be otherwise subjected to discrimination in the performance of this Contract or in the employment practices of the Contractor on the grounds of handicap or disability, age, race, color, religion, sex, national origin, or any other classification protected by Federal, Tennessee State constitutional, or statutory law. The Grantee shall, upon request, show proof of such nondiscrimination and shall post in conspicuous places, available to all employees and applicants, notices of nondiscrimination.
- E.11. State and Federal Compliance. The Contractor agrees to comply with all applicable federal and state laws, policies, rules and regulations, consent decrees and court orders, including, but not limited to, Constitutional provisions regarding due process and equal protection of the laws.
- E.12. Offer of Gratuities. By signing this contract, the Contractor signifies that no member of or a delegate of Congress, nor any elected or appointed official or employee of the State of Tennessee, the federal General Accounting Office, federal Department of Health and Human Services, the Center for Medicare and Medicaid Services, or any other state or federal agency has or will benefit financially or materially from this Contract. This Contract may be terminated by TennCare as provided in Section D.4, if it is determined that gratuities of any kind were offered to or received by any of the aforementioned officials or employees from the Contractor, its agent, or employees.
- E.13. Social Security Administration (SSA) Required Provisions for Data Security. Contractor shall comply with limitations on use, treatment, and safeguarding of data under the Privacy Act of 1974 (5 U.S.C. 552a), as amended by the Computer Matching and Privacy Protection Act of 1988, related Office of Management and Budget guidelines, the Federal Information Security Management Act of 2002 (44 U.S.C. § 3541, et seq.), and related National Institute of Standards and Technology guidelines. In addition, Contractor shall have in place administrative, physical, and technical safeguards for data.
- (a) Contractor shall not duplicate in a separate file or disseminate, without prior written permission from TennCare, the data governed by the Agreement for any purpose other than that set forth in this Agreement. Should Contractor propose a redisclosure of said data, Contractor must specify in writing to TennCare the data the Contractor proposes to redisclose, to whom, and the reasons that justify the redisclosure. TennCare will not give permission for such redisclosure unless the redisclosure is required by law or essential to the administration of the TennCare program.
  - (b) Contractor agrees to abide by all relevant federal laws, restrictions on access, use, and disclosure, and security requirements in this Agreement.
  - (c) Contractor shall provide a current list of the employees of such contractor with access to SSA data and provide such lists to TennCare upon request.
  - (d) Contractor shall restrict access to the data obtained from TennCare to only those authorized employees who need such data to perform their official duties in connection with purposes identified in this Agreement. Contractor shall not further duplicate, disseminate, or disclose such data without obtaining TennCare's prior written approval.
  - (e) Contractor shall ensure that its employees:
    - (1) properly safeguard PHI/PII furnished by TennCare under this Agreement from loss, theft or inadvertent disclosure;
    - (2) understand that they are responsible for safeguarding this information at all times, regardless of whether or not the Contractor employee is at his or her regular duty station;
    - (3) ensure that laptops and other electronic devices/ media containing PHI/PII are encrypted and/or password protected;



- (4) send emails containing PHI/PII only if encrypted or if to and from addresses that are secure; and,
- (5) limit disclosure of the information and details relating to a PHI/PII loss only to those with a need to know.

Contractor employees who access, use, or disclose TennCare SSA-supplied data in a manner or purpose not authorized by this Agreement may be subject to civil and criminal sanctions pursuant to applicable federal statutes.

- (f) **Loss or Suspected Loss of Data** – If an employee of Contractor becomes aware of suspected or actual loss of PHI/PII, he or she must immediately contact TennCare immediately upon becoming aware to report the actual or suspected loss. Contractor will use the Loss Worksheet, which can be found at [http://www.tn.gov/tenncare/forms/phi\\_piiworksheet.pdf](http://www.tn.gov/tenncare/forms/phi_piiworksheet.pdf) to quickly gather and organize information about the incident. Contractor must provide TennCare with timely updates as any additional information about the loss of PHI/PII becomes available.

If Contractor experiences a loss or breach of said data, TennCare will determine whether or not notice to individuals whose data has been lost or breached shall be provided and Contractor shall bear any costs associated with the notice or any mitigation.

- (g) TennCare may immediately and unilaterally suspend the data flow under this Agreement, or cause Contractor to terminate this Agreement, if TennCare, in its sole discretion, determines that Contractor has: (1) made an unauthorized use or disclosure of TennCare SSA-supplied data; or (2) violated or failed to follow the terms and conditions of this Agreement.

- (h) In order to meet certain requirements set forth in TennCare's Computer Matching and Privacy Protection Act Agreement (CMPPA) with the SSA, the Parties acknowledge that this Section shall be included in all agreements executed by or on behalf of TennCare. TennCare and Contractor further agree that FISMA and NIST do not apply in the context of data use and disclosure under this Agreement as Contractor and Contractor shall neither use nor operate a federal information system on behalf of a federal executive agency. Further, NIST is applicable to federal information systems; therefore, although encouraged to do so, TennCare, its contractors, agents and providers are not required to abide by the NIST guidelines.

- (i) This Section further carries out Section 1106(a) of the Act (42 U.S.C. 1306), the regulations promulgated pursuant to that section (20 C.F.R. Part 401), the Privacy of 1974 (5 U.S.C. 552a), as amended by the Computer Matching and Privacy Protection Act of 1988, related Office of Management and Budget ("OMB") guidelines, the Federal Information Security Management Act of 2002 ("FISMA") (44 U.S.C. 3541 et seq.), and related National Institute of Standards and Technology ("NIST") guidelines, which provide the requirements that the SSA stipulates that Contractor must follow with regard to use, treatment, and safeguarding data in the event data is exchanged with a federal information system.

- (i) **Definitions**

- (1) "SSA-supplied data" – information, such as an individual's social security number, supplied by the Social Security Administration to TennCare to determine entitlement or eligibility for federally-funded programs (CMPPA between SSA and F&A; IEA between SSA and TennCare).
- (2) "Protected Health Information/Personally Identifiable Information" (PHI/PII) (45 C.F.R. 160.103; OMB Circular M-06-19) – Protected health information means individually identifiable health information that is: (i) Transmitted by electronic media; (ii) Maintained in electronic media; or (iii) Transmitted or maintained in any other form or medium.
- (3) "Individually Identifiable Health Information" – information that is a subset of health information, including demographic information collected from an individual, and: (1) Is created or received by a health care provider, health plan, employer, or health care clearinghouse; and (2) relates to the past, present, or



future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual; and (i) identifies the individual; or (ii) with respect to which there is a reasonable basis to believe the information can be used to identify the individual.

- (4) "Personally Identifiable Information" – any information about an individual maintained by an agency, including, but not limited to, education, financial transactions, medical history, and criminal or employment history and information which can be used to distinguish or trace an individual's identity, such as their name, Social Security Number, date and place of birth, mother's maiden name, biometric records, including any other personal information which can be linked to an individual.

E.14 Medicaid and CHIP – Verification of Income and Eligibility - The Contractor must provide safeguards that restrict the use or disclosure of information concerning applicants and beneficiaries to purposes directly connected with the administration of the plan:

i. Purposes directly related to the administration of Medicaid and CHIP include:

- (a) establishing eligibility;
- (b) determining the amount of medical assistance;
- (c) providing services for beneficiaries; and,
- (d) conducting or assisting an investigation, prosecution, or civil or criminal proceeding related to Medicaid or CHIP administration.

ii. The Contractor must have adequate safeguards to assure that—

- (a) Information is made available only to the extent necessary to assist in the valid administrative purposes of those receiving the information, and information received under 26 USC section 6103(l) is exchanged only with parties authorized to receive that information under that section of the Code; and,
- (b) the information is adequately stored and processed so that it is protected against unauthorized disclosure for other purposes.

iii. The Contractor must have criteria that govern the types of information about applicants and beneficiaries that are safeguarded. This information must include at least—

- (a) Names and addresses;
- (b) Medical services provided;
- (c) Social and economic conditions or circumstances;
- (d) Contractor evaluation of personal information;
- (e) Medical data, including diagnosis and past history of disease or disability; and
- (f) Any information received for verifying income eligibility and amount of medical assistance payments, including income information received from SSA or the Internal Revenue Service,
- (g) Any information received for verifying income eligibility and amount of medical assistance payments
- (h) Income information received from SSA or the Internal Revenue Service must be safeguarded according to Medicaid and CHIP requirements
- (i) Any information received in connection with the identification of legally liable third party resources.
- (j) Social Security Numbers.

iv. The Contractor must have criteria approved by TennCare specifying

- (a) the conditions for release and use of information about applicants and beneficiaries;
- (b) Access to information concerning applicants or beneficiaries must be restricted to persons or Contractor representatives who are subject to standards of confidentiality that are comparable to those of TennCare.





GRANT CONTRACT

ATTACHMENT A  
GRANT BUDGET  
(Grant Budget Page 1)

Tennessee Department of Health				
APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning July 1, 2013 and ending June 30, 2014.				
POLICY 03 Object Line-item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY <sup>1</sup> (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE PARTICIPATION	TOTAL PROJECT
1	Salaries	\$1,730,500.00	0.00	\$1,730,500.00
2	Benefits & Taxes	\$657,550.00	0.00	\$657,550.00
4, 15	Professional Fee/ Grant & Award <sup>2</sup>	\$4,000,850.00	0.00	\$4,000,850.00
5	Supplies	\$204,400.00	0.00	\$204,400.00
6	Telephone	\$0.00	0.00	\$0.00
7	Postage & Shipping	\$0.00	0.00	\$0.00
8	Occupancy	\$0.00	0.00	\$0.00
9	Equipment Rental & Maintenance	\$0.00	0.00	\$0.00
10	Printing & Publications	\$100.00	0.00	\$100.00
11, 12	Travel/ Conferences & Meetings	\$75,000.00	0.00	\$75,000.00
13	Interest <sup>2</sup>	\$0.00	0.00	\$0.00
14	Insurance	\$0.00	0.00	\$0.00
16	Specific Assistance To Individuals	\$0.00	0.00	\$0.00
17	Depreciation <sup>2</sup>	\$0.00	0.00	\$0.00
18	Other Non-Personnel <sup>2</sup>	\$0.00	0.00	\$0.00
20	Capital Purchase <sup>2</sup>	\$0.00	0.00	\$0.00
22	Indirect Cost	\$0.00	0.00	\$0.00
24	In-Kind Expense	\$0.00	0.00	\$0.00
25	<b>GRAND TOTAL</b>	<b>\$6,668,400.00</b>	<b>0.00</b>	<b>\$6,668,400.00</b>

<sup>1</sup> Each expense object line-item shall be defined by the Department of Finance and Administration Policy 03, *Uniform Reporting Requirements and Cost Allocation Plans for Subrecipients of Federal and State Grant Monies, Appendix A*. (posted on the Internet at: [www.state.tn.us/finance/rds/ocr/policy03.pdf](http://www.state.tn.us/finance/rds/ocr/policy03.pdf)).

<sup>2</sup> Applicable detail attached if line-item is funded.

**ATTACHMENT A CONTINUED  
GRANT BUDGET LINE-ITEM DETAIL INFORMATION**



(Grant Budget Page 2)

**BUDGET SUMMARY (Salaries Detail)**

**CONTRACTOR:** Department of Health, Bureau of Health Services

**CONTRACT TERM:** July 1, 2013 – June 30, 2014

NAME	POSITION TITLE	MONTHLY SALARY	# OF MONTHS WORKED	% OF TIME WORKED	TOTAL CONTRACT SALARY
	Dentists x 4	\$7,385.00	12	100%	\$354,486.00
	Hygienists x 30	\$3,564.00	12	100%	\$1,283,040.00
	Dental Assistants x 2	\$2,029.00	12	100%	\$48,696.00
	ASA 4	3692	12	100%	\$44,304.00
<b>TOTAL (Actual)</b>					\$1,730,526.00
<b>TOTAL (Rounded to nearest \$100)</b>					\$1,730,500.00

**ATTACHMENT A (continued)**  
**GRANT BUDGET LINE-ITEM DETAIL**  
 (BUDGET PAGE 3)



PROFESSIONAL FEES	AMOUNT
Metropolitan Government of Nashville and Davidson County	\$696,000.00
Sullivan County Regional Health Department	\$210,200.00
Jackson-Madison County Regional Health Department	\$268,000.00
Memphis-Shelby County Health Department	\$1,677,100.00
Knoxville-Knox County Health Department	\$219,000.00
Chattanooga-Hamilton County Health Department	\$338,800.00
County Grants	591,750.00
	<b>\$4,000,850.00</b>



**ATTACHMENT A.1  
GRANT BUDGET  
(Grant Budget Page 1)**

Tennessee Department of Health				
APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning July 1, 2014 and ending June 30, 2015.				
POLICY 03 Object Line-Item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY <sup>1</sup> (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE PARTICIPATION	TOTAL PROJECT
1	Salaries	\$1,730,500.00	0.00	\$1,730,500.00
2	Benefits & Taxes	\$657,550.00	0.00	\$657,550.00
4, 15	Professional Fee/ Grant & Award <sup>2</sup>	\$4,000,850.00	0.00	\$4,000,850.00
5	Supplies	\$204,400.00	0.00	\$204,400.00
6	Telephone	\$0.00	0.00	\$0.00
7	Postage & Shipping	\$0.00	0.00	\$0.00
8	Occupancy	\$0.00	0.00	\$0.00
9	Equipment Rental & Maintenance	\$0.00	0.00	\$0.00
10	Printing & Publications	\$100.00	0.00	\$100.00
11, 12	Travel/ Conferences & Meetings	\$75,000.00	0.00	\$75,000.00
13	Interest <sup>2</sup>	\$0.00	0.00	\$0.00
14	Insurance	\$0.00	0.00	\$0.00
16	Specific Assistance To Individuals	\$0.00	0.00	\$0.00
17	Depreciation <sup>2</sup>	\$0.00	0.00	\$0.00
18	Other Non-Personnel <sup>2</sup>	\$0.00	0.00	\$0.00
20	Capital Purchase <sup>2</sup>	\$0.00	0.00	\$0.00
22	Indirect Cost	\$0.00	0.00	\$0.00
24	In-Kind Expense	\$0.00	0.00	\$0.00
25	<b>GRAND TOTAL</b>	<b>\$6,668,400.00</b>	<b>0.00</b>	<b>\$6,668,400.00</b>

<sup>1</sup> Each expense object line-item shall be defined by the Department of Finance and Administration Policy 03, *Uniform Reporting Requirements and Cost Allocation Plans for Subrecipients of Federal and State Grant Monies, Appendix A*. (posted on the Internet at: [www.state.tn.us/finance/rds/ocr/policy03.pdf](http://www.state.tn.us/finance/rds/ocr/policy03.pdf)).

<sup>2</sup> Applicable detail attached if line-item is funded.

ATTACHMENT A.1 CONTINUED  
 GRANT BUDGET LINE-ITEM DETAIL INFORMATION  
 (Grant Budget Page 2)



BUDGET SUMMARY (Salaries Detail)

CONTRACTOR: Department of Health, Bureau of Health Services

CONTRACT TERM: July 1, 2014 – June 30, 2015

NAME	POSITION TITLE	MONTHLY SALARY	# OF MONTHS WORKED	% OF TIME WORKED	TOTAL CONTRACT SALARY
	Dentists x 4	\$7,385.00	12	100%	\$354,486.00
	Hygienists x 30	\$3,564.00	12	100%	\$1,283,040.00
	Dental Assistants x 2	\$2,029.00	12	100%	\$48,696.00
	ASA 4	3692.00	12	100%	\$44,304.00
<b>TOTAL (Actual)</b>					\$1,730,526.00
<b>TOTAL (Rounded to nearest \$100)</b>					\$1,730,500.00

ATTACHMENT A.1 (continued)  
GRANT BUDGET LINE-ITEM DETAIL  
(BUDGET PAGE 3)



PROFESSIONAL FEES	AMOUNT
Metropolitan Government of Nashville and Davidson County	\$696,000.00
Sullivan County Regional Health Department	\$210,200.00
Jackson-Madison County Regional Health Department	\$268,000.00
Memphis-Shelby County Health Department	\$1,677,100.00
Knoxville-Knox County Health Department	\$219,000.00
Chattanooga-Hamilton County Health Department	\$338,800.00
County Grants	591,750.00
	<b>\$4,000,850.00</b>