

**STATE OF TENNESSEE
DEPARTMENT OF HEALTH**

REQUEST FOR APPLICATION

FOR

**HEALTHCARE SAFETY NET ADULT EMERGENCY DENTAL EXTRACTION AND/OR
HYGIENIC CLEANING SERVICES WITH EDUCATIONAL COUNSELING ON ORAL
HEALTH FOR UNINSURED ADULT TENNESSEANS AGES
NINETEEN (19) THROUGH SIXTY-FOUR (64) YEARS OF AGE**

RFA # 34352-24116

REQUEST FOR APPLICATION

Introduction:

The Tennessee Department of Health, hereinafter referred to as "State" or Department" intends to enter into grants with community-based health centers, and rural health clinics willing to provide adult emergency dental extraction and/or preventive hygienic dental services to uninsured adult Tennesseans 19 to 64 years of age. Provision of these services should be consistent with a center's established guidelines and procedures.

The State is seeking applications to provide the services outlined in this RFA. The State will offer Grant Contracts for the project period beginning on May 1, 2016 through June 30, 2017 for a total of fourteen (14) months. The number and amount of grants awarded will depend on the availability of funding and number of applications received. The grants shall be awarded based on the needs of the applicant and State, ensuring adequacy of geographic distribution of Safety Net services, as determined by the Department of Health. Preference will be given to applicants that propose to provide emergency dental and/or preventive hygienic dental services to meet the needs of a Medically Underserved Area (MUA), Medically Underserved Population (MUP), or a Health Professional Shortage Area (HPSA) where current Safety Net services are limited. A listing of MUA's, MUP's, and HPSA's is included. If you are currently receiving a Safety Net grant from the State, please do not apply. These funds are for new applicants only.

Service Description:

Successful applicants must provide the following services to uninsured adult Tennesseans:

Emergency Dental Extraction - means the removal of a tooth from its socket in the bone.

Preventive Hygienic Dental Services - means cleaning of teeth with educational counseling on oral health.

Emergency Dental extraction and preventive hygienic dental services must be performed by a licensed dentist or a licensed hygienist under the supervision of a licensed dentist. All services performed under the grants shall be performed at no charge, flat rate charge or at a reduced fee. Successful applicants may use a sliding scale based on income to determine the cost of services to clients. Successful applicants shall explain how the percentage discount offered to uninsured adults compares to the usual and customary fees charged by the clinic.



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Successful applicants shall be required to provide quarterly reporting of all the services performed under the grant. All quarterly reports must include the number of medical unduplicated uninsured adult patients age nineteen (19) to sixty-four (64) seen at the applicant's center during the reporting period. The schedule of submission of the quarterly report is:

<u>Quarterly Reporting Period</u>	<u>Report Due Date</u>
May 1, 2016 thru June 30, 2016	July 15, 2016
July 1, 2016 thru September 30, 2016	October 15, 2016
October 1, 2016 thru December 30, 2016	January 15, 2017
January 1, 2017 thru March 30, 2017	April 15, 2017
April 1, 2017 thru June 30, 2017	July 15, 2017

Grantees will be paid for professional medical services based on a rate (allowable cost) of \$30.00 per uninsured adult emergency tooth extraction and \$30.00 per cleaning, up to the maximum liability of the grant.

Eligible Criteria:

Faith Based
Community Based
Federally Funded Centers
Rural Health Clinics

Ineligible Criteria:

Federally Qualified Health Centers (FQHC)
FQHC lookalikes
Already receiving Safety Net Grant from the State

I. APPLICATIONS

To respond to this Request for Application, please complete the Application. See also **Exhibit 1** IRS Form W9 and **Exhibit 2** State of Tennessee, Department of Finance and Administration ACH (Automated Clearing House) Credits and Instructions for completion. Please provide a letter of support from healthcare providers or facilities detailing the services they provide for your center and their willingness to continue to provide those services. The **Application** contains detailed questions about your center. The State’s team of evaluators will review **Applications** and will award grants on the basis of criteria such as:

- Ability to provide services
- History of service provision to uninsured adults
- Clinical staffing
- Location - HPSA, MUA, or MUP
- Dental services provided

Please provide letters of support from community partners that provide you with professional or medical support.

Schedule of Events

The following is the anticipated schedule for awarding grants for the HealthCare Safety Net Dental Services. The State reserves the right to adjust the schedule as it deems necessary.

EVENT	TIME (Central Time)	DATE (all dates are state business days)
1. RFA Issued		Tuesday, March 8, 2016
2. Written “Questions & Comments” Deadline	2:00 p.m.	Friday, March 11, 2016
3. State Response to Written “Questions & Comments”		Friday, March 18, 2016
4. Deadline for Applications	2:00 p.m.	Thursday, March 24, 2016
5. Evaluation Notice Released	2:00 p.m.	Friday, April 1, 2016
6. Effective Start Date of Contract		Sunday, May 1, 2016

Questions and Answers:

All questions concerning this RFA must be presented to the Competitive Procurement Coordinator shown in Section II., in writing, on or before the Deadline for Written Questions and Comments as detailed above in the Schedule of Events. Questions may be faxed, emailed, mailed or hand-carried to the Competitive Procurement Coordinator. The State's responses will be emailed and posted as an Amendment to the following website: <http://tn.gov/health/article/funding-opportunities>.

Deadlines stated above are critical. If documents are submitted late, they will be deemed to be late and cannot be accepted. The clock-in time will be determined by the time of the online submission. No other clock or watch will have any bearing on the time of application receipt.

Each applicant shall assume the risk of the method of dispatching any communication or application to the State. The State assumes no responsibility for delays or delivery failures resulting from the method of dispatch.

II. Submission of APPLICATIONS:

Please submit the completed application with exhibits and attachments by online submission via the following link no later than the deadline specified in Section I, Schedule of Events in the form and detail specified in this RFA.

Web Link: <http://tn.gov/health/article/funding-opportunities>

Please contact the Competitive Procurement Coordinator at the address shown below with any issues or concerns with online submission. **The APPLICATION and all attachments must use 12-point font.**

Melissa Painter
Competitive Procurement Coordinator
Service Procurement Office
Division of Administrative Services
Andrew Johnson Tower, 5th Floor
710 James Robertson Parkway
Nashville, TN 37243
Phone: (615) 741-0285
Fax: (615) 741-3840
Email: Melissa.Painter@tn.gov

Checklist for Submission of Applications:

- Application Form signed in blue ink
- Form W-9, Request for Taxpayer Identification Number (TIN) and Certification (**Exhibit 1**)
- State of Tennessee, Department of Finance and Administration ACH (Automated Clearing House) Credits and Instructions (**Exhibit 2**)
- Letters of support from healthcare providers or facilities

III. Application Evaluation:

An evaluation committee made up of at least three (3) representatives of the Department of Health will be established to judge the merit of eligible applications.

- A. The committee shall review applications on the basis of the information requested in the RFA. Applications will be evaluated based on the following criteria:
- Ability to provide services
 - History of service provision to uninsured adults - established patients and
 - Clinical staffing
 - Location - HPSA, MUA, or MUP
 - Dental services provided

The committee will recommend for selection to the Commissioner of the Department of Health, the applications which are most responsive to the State's needs.

- B. Any application that is incomplete or contains significant inconsistencies or inaccuracies shall be rejected. The State reserves the right to waive minor variances or reject any or all applications. The State reserves the right to request clarifications from all applicants.

IV. Sample Grant Contract:

Following the State's evaluation, grant contracts will be prepared as shown in the **Sample Grant Contract**. If a grant is awarded to a governmental entity established pursuant to Tennessee Code Annotated (such as a human resource agency, a developmental district, the University of Tennessee, or a Board of Regents school), the standard terms and conditions of the grant will be revised accordingly; however, significant performance requirements will not be revised.

It is imperative that each applicant review the entire Sample Contract with their legal counsel prior to submitting an application for a Healthcare Safety Net Dental Care grant award and notify the State *in advance* if it cannot accept any terms or conditions. The Application for a grant award asks you to list any terms or conditions that your organization cannot accept. **Taking any exceptions to State contract language may result in the Application being deemed non-responsive and rejected. Any later requests for contract changes will not be entertained.**