**Service Category 5: Oral Health Care Services**

**Program Specific Agency Eligibility Requirements**

*In addition to the General Organizational Eligibility Requirements,* organizations applying to provide Oral Health Care Services must be a health center authorized to bill NYS Medicaid such as a NYS licensed Article 28 facility. The organization must also have, or obtain, the ability to bill the New York State HIV Uninsured Care Program for dental services.

**Proposal Narrative**

* *An organization may submit only* ***one proposal per service category as the lead applicant****. However, sites that provide healthcare services to PLWH may also appear as a partner in in other applications.*
* *Your Proposal Narrative is limited to the page requirements outlined below (page limits for each section are indicated below). Any text exceeding the 12-page limit per service category will not be reviewed.*
  + *For organizations applying for funding in only ONE service category, the Proposal Narrative is limited to a maximum of 12 pages.*
  + *For organizations applying for funding in MORE THAN ONE service category, see the Specific Instructions below and in the Proposal Narrative Components for each section.*
* *Your Proposal Narrative must address all of the following questions in the order listed. Label the beginning of each section as indicated (e.g., A. Background and Organizational Capacity, etc.), and include each question number; it is not necessary to repeat the question text.*
* *See Proposal Format Requirements in the RFP.*

**Proposal Narrative Components - Service Category 5: Oral Health Care Services**

**Section A: Background and Organizational Capacity *(10 points)* *[1-page limit total]***

1. Provide a brief description of your organization’s mission and services.
2. Provide a brief description of your organization’s experience managing government contracts.
3. Explain how the program(s) being applied for will fit in to your current operations.

**Section B: Service Delivery Experience *(15 points) [2-page limit total]***

1. Describe your organization’s experience providing services to PLWH eligible for the program(s) being applied for and your capacity to deliver the service(s).
2. Describe how your organization’s experience will contribute to the implementation of the program(s) in which you are applying for funding.

**Section C: Program Management *(10 points) [2-page limit total]***

1. Describe the process by which program and fiscal staff will coordinate the completion of monthly reports, contract modifications, and other contract administration prior to submission to PHS.
2. Describe employee orientation process, including:

* Introduction to your organization’s operations
* Review of policies, procedures and contract requirements
* Training in confidentiality

1. Describe how your organization ensures that staff are culturally competent and how your organization adheres to the CLAS standards.

**Section D: Confidentiality *(7 points) [1-page limit total]***

1. Describe the program’s process for ensuring client confidentiality, including compliance with New York State Public Health Law (27F) and federal Health Insurance Portability and Accountability Act (HIPAA) regulations. Specify staff responsible for ensuring compliance.

**Section E: Proposed Approach *(30 points) [3-page limit total]***

*Please respond to questions 1-4 (General Programmatic Questions) AND Program Specific Questions below.*

**General Programmatic Questions**:

1. Provide a brief summary of your proposed program(s). Include:
2. The total staff proposed for the specific program, by role.
3. Anticipated total number of unduplicated clients (per program) in a single year.
4. Describe your plan for ensuring that all members of the program team, including patients, contribute to:
5. Assessment and care planning activities.
6. Case conferences (if applicable).
7. Describe your plan to address, either directly or through referral, the needs of clients with physical, behavioral, psychosocial, or sensory impairments?
8. Describe how your program’s proposed approach will contribute to the achievement of goals and objectives for the service category for which funding is being requested (see program specific questions below for further guidance)?

**Program Specific Questions**:

*Service Category 5: Oral Health Care Services*

1. Describe how your program will:
2. Increase the number of persons with HIV disease who have access to, and receive ongoing, appropriate oral health care services?
3. Help clients avoid interruptions in the receipt of HIV primary care or in the adherence to antiretroviral treatment due to oral health issues?
4. Educate patients in oral health and dental care?
5. Improve and maintain proper nutritional intake through dental care and education?
6. Share information with the patient’s primary care providers?

**Section F: Program Design and Implementation *(21 points) [2-page limit total]***

1. Describe the process (including staff responsible) for:
2. Program start-up or continuation (including staff recruitment and training)?
3. Enrolling clients into the program?
4. Assessing clients’ needs for services and support?
5. Developing care plans (if applicable)?
6. Implementing care plans (if applicable)?
7. Providing services and tracking progress/utilization?
8. Case closure?

**Section G: Service Tracking and Reporting *(7 points) [1-page limit total]***

1. Funded programs must maintain records that include legal first and last name, date of birth, gender, sex assigned at birth, race, ethnicity, housing status, ZIP code of residence, and self-identified sexual orientation. In eSHARE, there must be *one and only one* “Common Demographics” profile maintained for each client at the agency (the profile is shared across NYC DOHMH Bureau of HIV/AIDS Prevention and Control (BHIV) contracts serving each person at each agency).
   1. Identify the titles of staff that will be responsible for maintaining such documentation and describe how such records will be maintained to avoid the duplication of profiles for individuals served in multiple programs funded through NYC DOHMH BHIV contracts.
2. For each program in which you are applying for funding, briefly describe your proposed process for ensuring consistency and accuracy of data collection in your program. Describe the steps from service delivery to documentation in the client record through data entry for reporting to NYC DOHMH. Include any intermediate steps and tools used.

**Section H: Budget *(no points) [excluded from Proposal Narrative page-limit]***

Proposed budget must be realistic and address all staffing and resources needed to implement the program as proposed.

***Proposals that do not include a completed budget, as detailed below, will be deemed nonresponsive and ineligible for funding consideration.***

The total budget request should be the estimated cost of providing the proposed services for a full 12-month budget period. Your budget should assume a full year of operation at normal capacity, *post-start-up (i.e., after all staff are hired and trained and services have begun for the full proposed 12 month caseload)*.

For each category and cost detailed in the line-item budget submitted with the proposal, include cost justification that clearly explains how your line-item cost estimates were derived. This may include estimated number of individuals who will receive services, number of units as applicable, etc. There must be sufficient detail to permit assessment of your estimated costs and proposed use of funds for delivery and management of the proposed services. There must be clear relationship between proposed costs and program activities, including number of projected clients and units of service.

Please review the budget instructions to ensure that your costs are allowable according to federal and Ryan White specific guidelines. A list of unallowable costs for Ryan White funding is included in the Budget Instructions document that can be downloaded with the RFP.