

**Iowa Department of Public Health
Division of Health Promotion and Chronic Disease Prevention
School-based Dental Sealant Program
Request For Proposal # 58814001**

Interim Written Question and Response Document

**Round 1: Written Questions and Responses for questions submitted through 6/28/2013
Posted: 7/9/2013**

Q1. On the key personnel table (page 2 of attachment A) certain areas automatically highlight when you type in the field. For example the phone number of the executive director and the volunteer box for dentist. Should you leave the highlight or take it off?

A 1. You may remove the highlight on the text or leave it there. The form will be admissible and meet technical requirements either way. (RFP pg. 19, Section 3.01)

Q2. On Attachment C the color of the wording is blue in the top box and bolded in the bottom, do we need to change all to black?

A 2. You may change the font color to black and un-bold it or leave it blue and bolded. The form will be admissible and meet technical requirements either way. (RFP pg. 19, Section 3.01)

Q3. On attachment d – can rows be added for more than 6 data measures?

A 3. Yes, you may add rows to the table on Attachment D for additional data measures. (RFP pg. 23, Section 3.02)

Q4. In the budget guidance-3.03 Budget page 26, bullet 4 indicates that information provided for this budget must be compatible with the approved MCH/FP budgets for FFY2014... can we receive further clarification on this bullet point addressing the following:

- a. Our FFY14 budget hasn't been approved, intent to award for MCH is not posted until Aug 1**
- b. How do we amend a budget that has been submitted and not approved – for instance if we add the I-Smile coordinator to the school sealant RFP budget for .10FTE would we need to request to amend our MCH FFY14 budget to reduce the FTE for the coordinator on the I-Smile budget? Further why would we have to amend a budget for dollars we potentially may or may not receive through the school sealant RFP?**

A 4. You are not expected to amend a budget that has not been approved. However, IDPH is responsible in assuring that I-Smile program requirements are maintained, including the amount of time that coordinators may spend providing direct services and verifying that staff FTE's are appropriate and do not exceed 1.0.

If you believe that changes to the FFY2014 MCH/FP work plan and budget will need to be made if this grant is awarded, use Attachment D – Demonstration and Assessment of Need to indicate those changes in the “Describe the problems you anticipate and planned approaches to overcome them” narrative box.

Examples that may be addressed include (but are not limited to):

- Your school-based sealant program proposal includes the use of the I-Smile coordinator to provide direct care services and the submitted FFy2014 MCH/FP grant application (service delivery form and budget) indicated the coordinator already using the maximum allowable time to be spent providing direct services.
- Your school-based sealant program proposal includes the use of the I-Smile coordinator or other program staff to provide infrastructure-building and/or enabling services (e.g. managing the sealant program, scheduling the schools, providing care coordination) that would impact the FFY2014 MCH/FP work plan and budget.
- Your school-based sealant program proposal includes funding for staff positions that would impact the FTE distribution in the FFY2014 MCH/FP work plan and budget.

(RFP pg. 11, Section 1.20 and pp. 26-29, Section 3.03)

- Q5. The language of the RFP reads: “The applicant is strongly encouraged to use registered dental assistants to assist dentists and/or dental hygienists”. Registered dental assistants are allowed to work under general supervision of a dentist but their duties under general supervision are very limited. According to the Iowa Code and the Iowa Dental Board, “General supervision of a dental assistant” means that a dentist has delegated the services to be provided by a registered dental assistant, which are limited to all extraoral duties, dental radiography, and intraoral suctioning. The dentist need not be present in the facility while these services are being provided. There is no “Public Health supervision of a dental assistant” as registered dental assistants are generally employed to work with a dentist.**

The use of a dental assistant in a public health setting would be very limited. We feel our time and services are better justified by not using a registered dental assistant. Will we be penalized for choosing not to utilize a dental assistant?

A5. There is not a specific scoring “penalty” regarding proposals that do not include the use of dental assistants.

If your project plan does not include using a dental assistant, you may choose to address this on Attachment D – Demonstration and Assessment of Need within the “Describe the problems you anticipate and planned approaches to overcome them” narrative box. (RFP pg. 24, Section 3.02).