

**CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY  
(CHFFA)**



**SPECIALTY DENTAL CLINIC  
GRANT PROGRAM  
APPLICATION TECHNICAL ASSISTANCE WEBINAR**

**OCTOBER 23, 2023**



# Welcome and Introductions

**California Health Facilities  
Financing Authority (CHFFA)**

**EXECUTIVE DIRECTOR**

CAROLYN ABOUBECHARA

**DEPUTY EXECUTIVE DIRECTOR**

BIANCA SMITH

**PROGRAM MANAGER**

MATT FRANCIS

**PROGRAM OFFICER**

ASHLEY ETTER

**California Dental Association (CDA)**

**SENIOR GOVERNMENT AFFAIRS  
DIRECTOR (CDA)**

BRIANNA PITTMAN-SPENCER

**POLICY DIRECTOR (CDA)**

MARY MCCUNE



# Agenda for Today

- Background
- Eligibility
- Maximum Grant Amounts and Regional Distribution
- Application
- Next Steps after the Application
- Questions
- Contact Information



# Background

- Chaptered into law on June 30, 2022  
(Section 47, Chapter 45, Statutes of 2022 & Section 2.00, Chapter 12, Statutes of 2023)
- Purpose: to increase access to oral health care for special health care needs populations through the development and expansion of specialty dental clinics in California.
- \$50 million available in total funding
- Maximum grant amount is \$5 million per individual entity



# Background

## □ Eligible uses of funds:

- ▣ Funds can be used for construction, purchase of real property, renovation or remodeling of real property, purchase of equipment and/or furnishings, and purchase of mobile dental units.

## □ Ineligible uses of funds:

- ▣ working capital, startup costs, refinancing prior debt, personal dental procedures.



# Eligibility

- The following Applicants are eligible to apply for a Grant under the Specialty Dental Clinic Grant Program:
  - Entities licensed under Chapter 1 (commencing with Section 1200) of Division 2 of the Health and Safety Code that provide, or intend to provide, dental services.
  - Entities licensed under Section 1250 of the Health and Safety Code that provide, or intend to provide, dental services.
  - Providers licensed with the Medical or Dental Board of California that provide, or intend to provide, dental services.
  - A dental college located in the state, approved by the Dental Board of California or the Commission on Dental Accreditation of the American Dental Association.
- The Applicant shall be enrolled and certified as a provider with the Medi-Cal program.



# Maximum Grant Amounts and Regional Distribution

- In the first funding round, CHFFA will award funding totaling no more than the following maximum amounts per region:

Region	Total Maximum
San Joaquin Region	\$7,300,000
Superior Region	\$7,650,000
Bay Area/Central Coast Region	\$9,350,000
Southern Region	\$12,410,000
Los Angeles Region	\$10,790,000

- If funds remain available after the first funding round, a subsequent funding round will be held with no restrictions on regional maximum amounts. In all cases, no grant may exceed \$5 million per individual grantee.



# Maximum Grant Amounts and Regional Distribution

- **San Joaquin Region:** means the counties of Alpine, Amador, Calaveras, Fresno, Inyo, Kern, Kings, Madera, Mariposa, Merced, Mono, San Joaquin, Stanislaus, Tulare, and Tuolumne.
- **Superior Region:** means the counties of Butte, Colusa, Del Norte, El Dorado, Glenn, Humboldt, Lake, Lassen, Mendocino, Modoc, Napa, Nevada, Placer, Plumas, Sacramento, Shasta, Sierra, Siskiyou, Sonoma, Sutter, Tehama, Trinity, Yolo, and Yuba.
- **Bay Area/Central Coast Region:** means the counties of Alameda, Contra Costa, Marin, Monterey, San Benito, San Francisco, San Luis Obispo, San Mateo, Santa Barbara, Santa Clara, Santa Cruz, Solano, and Ventura.
- **Southern Region:** means the counties of Imperial, Orange, Riverside, San Bernardino, and San Diego.
- **Los Angeles Region:** means the county of Los Angeles.





# Application

- General Instructions
- Section One: Summary Information
- Section Two: Sources and Uses
- Section Three: Licensure and Permit Requirements
- Section Four: Evaluation Criteria
- Attachment A – Application Certification
- Attachment B – Legal Status Questionnaire
- Attachment C – California Environmental Quality Act (CEQA) Review
- Application Checklist



# Application

## General Information and Instructions

- Deadline for the first funding round application submission:
  - **5:00pm Pacific Time (PT) on April 1, 2024.**
- Application available on CHFFA's website:  
<https://www.treasurer.ca.gov/chffa/dental/sdcgp.asp>
- Download application, fill it out in PDF format, and submit your completed application by email as a PDF attachment to [chffa@treasurer.ca.gov](mailto:chffa@treasurer.ca.gov).
- Attach additional pages to the application to respond to any of the questions.
- Please Note: CHFFA is not responsible for email transmittal delays or failures of any kind.



# SECTION ONE: SUMMARY INFORMATION

## SPECIALTY DENTAL CLINIC GRANT PROGRAM

### SECTION ONE: SUMMARY INFORMATION *Please type all responses.*

Total Requested Grant Amount: \$

1. APPLICANT AND CONTACT INFORMATION	
NAME OF APPLICANT:	ENTITY TYPE:
APPLICANT ADDRESS:	CITY, STATE AND ZIP:
CONTACT FIRST AND LAST NAME:	CONTACT TITLE:
CONTACT PHONE NUMBER:	CONTACT EMAIL:

2. PROJECT INFORMATION	
PROJECT SITE ADDRESS (IF KNOWN):	PROJECT CITY, STATE, AND ZIP:

County of Project location:

Brief Summary of Project *(Limited to 20 words):*

Purpose of Grant: *Check all applicable boxes.*  
 Construction       Purchase of real property       Renovation or remodeling of real property  
 Purchase of Equipment and/or Furnishings       Purchase of mobile dental unit(s)

How many additional operatories would your Project create for special health care needs populations?

**Eligibility:** Please check the box that appropriately indicates the Applicant's eligibility:

- Applicant is licensed under Chapter 1 (commencing with Section 1200) of Division 2 of the Health and Safety Code that provide, or intend to provide, dental services.
- Applicant is licensed under Section 1250 of the Health and Safety Code that provide, or intend to provide, dental services.
- Applicant is a provider licensed with the Medical or Dental Board of California that provide, or intend to provide, dental services.
- Applicant is a dental college located in the state, approved by the Dental Board of California or the Commission on Dental Accreditation of the American Dental Association.



# SECTION TWO: SOURCES AND USES

## SECTION TWO: SOURCES AND USES

Please include sources and uses to complete the entire Project.

### Sources of Funds:

Total Grant amount requested	\$	
Applicant funds	\$	
Other sources (i.e., bank loan* or other grants)	\$	
Breakdown of other sources (if applicable):		
	\$	
	\$	
	\$	
<b>Total Sources</b>	<b>\$</b>	

### Uses of Funds:

Purchase of real property	\$	
Construction or renovation/remodeling**	\$	
Purchase of mobile dental unit(s)	\$	
Equipment and/or Furnishings	\$	
Other costs		
	\$	
	\$	
	\$	
<b>Total Uses (must equal Total Sources)</b>	<b>\$</b>	

\*If obtaining a bank loan, please name the bank.

\*\*Grantees must comply with California's prevailing wage law under Labor Code section 1720, et seq. for public works projects. The Authority recommends Applicants consult with their legal counsel.



# SECTION THREE: LICENSURE AND PERMIT REQUIREMENTS

## SECTION THREE: LICENSURE AND PERMIT REQUIREMENTS

Include the following as supplemental attachments:

All Applicants:

- Proof of valid California dentist or physician license
- Proof of enrollment as a provider with the Medi-Cal program
- Copies of valid credentialing with local Medi-Cal managed care plans (if applicable)
- Permits for general anesthesia, including pediatric endorsement, if treating patients under age 7, medical general anesthesia including pediatric endorsement, if treating patients under age 7, moderate sedation including pediatric endorsement, if treating patients under age 7, conscious sedation and/or oral conscious sedation for adults, or pediatric minimal sedation (if applicable)

For Applicants owning multiple dental clinic locations:

- A Dental Board of California "Additional Office" permit for each location

For Applicants operating a Mobile Dental Unit:

- Appropriate permit(s) and/or licensure

For Applicants owning/ operating an outpatient surgery settings or ambulatory surgery centers, including a dental school or hospital:

- Certification by the Center for Medicare and Medicaid Services that states participation in the Medicare program (include certification number)
- Accreditation by an accreditation agency approved by the Medical Board of California. Include disclosure of accreditation agency and number, if applicable
- License as issued by the California Department of Public Health. Include license type and number, if applicable

For Applicants who are a California dental college:

- Approval by the Dental Board of California or the Commission on Dental Accreditation



# SECTION FOUR: EVALUATION CRITERIA (Part 1)

## SECTION FOUR: EVALUATION CRITERIA

*Applications shall be scored on the criteria set forth in Section 7 of the guidelines. Please address each of the criteria for each question as follows:*

1. **Project supports or improves timely access to patient care and reduces geographic shortages of specialty dental care.** (Maximum 20 points)
  - a. Define your Project's geographic service area.
  - b. Describe the current Special Health Care Needs Populations' patients' wait times for a **routine** dental appointment in your Project's geographic service area.
  - c. Describe the current Special Health Care Needs Populations' patients' wait times for an appointment for **specialty dental care** in your Project's geographic service area.
  - d. Describe how Project will decrease these wait times for the Special Health Care Needs Populations patients, including examples.
  - e. Describe how the Project is addressing the shortage of services in the geographic service area, including but not limited to, differences in obtaining care for pediatric versus adult populations with special health care needs.
  - f. Describe the need for a Specialty Dental Clinic in the Project's geographic service area and any current collaborations with regional centers, government entities, community organizations, or other local dental providers, as applicable. Include any letters of support from these entities.



# SECTION FOUR: EVALUATION CRITERIA (Part 2)

## 2. Project increases equity. (Maximum 20 points)

a. Describe the Special Health Care Needs Populations that the Project will serve, including type of disability and payer source.

i. Provide the current and a projection of the number and percentage of patients with Medi-Cal, commercial plans, or out of pocket payments, and provide the methodology of how these estimates were projected.

<u>Payor Source</u>	<u>NUMBER OF PATIENTS</u>	
	<u>Current Year</u>	<u>Projected</u>
<u>Medi-Cal (including Managed Medi-Cal)</u>		
<u>Commercial plan</u>		
<u>Self-pay (out-of-pocket)</u>		
<b>Total:</b>		

<u>Payor Source</u>	<u>AS A PERCENTAGE</u>	
	<u>Current Year</u>	<u>Projected</u>
<u>Medi-Cal (including Managed Medi-Cal)</u>		
<u>Commercial plan</u>		
<u>Self-pay (out-of-pocket)</u>		
<b>Total:</b>	100%	100%

ii. Provide the current and a projection of the number and percentage of pediatric patients, adult patients, and senior patients to be served by the Project and provide the methodology of how these estimates were projected.

<u>Patient Type</u>	<u>NUMBER OF PATIENTS</u>	
	<u>Current Year</u>	<u>Projected</u>
<u>Pediatric (0-18)</u>		
<u>Adult (18-65)</u>		
<u>Senior (65+)</u>		
<b>Total:</b>		

<u>Patient Type</u>	<u>AS A PERCENTAGE</u>	
	<u>Current Year</u>	<u>Projected</u>
<u>Pediatric (0-18)</u>		
<u>Adult (18-65)</u>		
<u>Senior (65+)</u>		
<b>Total:</b>	100%	100%

b. Describe how the service provider will provide culturally and linguistically inclusive care to Special Health Care Needs Populations and access to transportation services. Examples include: the Applicant's access to or the use of trained interpreters or material translation services. Additionally, list any languages, other than English, that are spoken by the dental provider and/or staff.



## SECTION FOUR: EVALUATION CRITERIA (Part 3)

- 3. Project supports quality of care for the Special Health Care Needs Populations.**  
(Maximum 20 points)
  - a. Describe experience working with Special Health Care Needs Populations and explain the commitment and interest in serving these populations.
  - b. List each part of the Project (construction, renovation, remodeling, or purchase of real property, and Equipment and/or Furnishings to be installed) and describe how each part assists in increasing the quality of patient care or expands access to care.
  - c. Provide the percentage and number of annual patient visits that the Special Health Care Needs Populations makes up of your current Caseload, and the projected percentage and number of annual patient visits one year after Project completion.





## SECTION FOUR: EVALUATION CRITERIA (Part 4)

4. **Project includes plans to reduce the need for dental care using sedation or general anesthesia, including, but not limited to, prevention, early intervention, behavior support services and intervention, provider education, and community outreach activities that bring care to community sites. (Maximum 5 points)**
  - a. Describe the percentage of patients with special health care needs that are provided dental treatment under general anesthesia/deep sedation, moderate, conscious, or oral conscious sedation, minimal sedation, nitrous oxide, and no anesthesia. Describe how the level of sedation required is determined for patients with special health care needs.
  - b. Describe any techniques or treatment methods used to reduce the need for anesthesia or sedation. For example, describe the use of behavior modification or desensitization techniques.



## SECTION FOUR: EVALUATION CRITERIA (Part 5)

### 5. Project is, or will be, Ready, Feasible, and Sustainable. (Maximum 35 points)

- a. Provide a detailed plan and a timeline with steps needed to complete the Project and demonstrate the ability to meet the timeframes as set forth in subdivision (d). Provide supporting documentation, if available. (Maximum 10 points)
  - i. Provide physical address, renderings, and/or floor plans of Project site, if available. If a Project site has not been identified, provide a description of the process, criteria, and timeline for identification and selection of Project site that will be utilized.
  - ii. Describe and provide the necessary approvals and processes to complete the Project, and the names and roles of all responsible entities. This may include, but is not limited to, request for proposals, architectural and construction contracts, California Environmental Quality Act (CEQA) compliance, building permits, and conditional use permits, as applicable.
  - iii. Provide the key milestones, in both the future and those completed to date, including projected or actual Project start date (i.e., date of purchase, construction, or lease), Project end date, and projected start date of providing services to the Special Health Care Needs Populations.
  - iv. Provide the plan for staffing the Project(s), if applicable.
  - v. Describe the potential challenges that may affect the timeline for providing services and how those challenges will be mitigated, including but not limited to, site identification and acquisition, contracting, local use permit process, CEQA process, building code compliance, licensure, certification, possible loss of a site, delays in approvals, community opposition issues, loss or reduction in leveraged funding, and increased Project costs, as applicable.
- b. Identify the total cost of the Project and provide the detail of sufficient Project funding sources or a plan for acquiring them. (Maximum 13 points)
  - i. A line item of all costs, totaling the cost of the Project, including for what the Grant funds will be used.
  - ii. Describe if Project leverages public and/or private funding sources sufficient to complete the Project. Include the amounts and current status of funding.
  - iii. Total uses of funds shall equal the total sources of funds.
  - iv. A description of the Applicant's internal process to ensure that the Grant funds shall only be used for eligible costs, as described in Section 3 of the guidelines.
- c. Application demonstrates that the Project is Sustainable and includes the following: (Maximum 12 points)
  - i. A budget that details annual projected operating costs.
  - ii. A description of new Project funding sources with amounts and cash flow projections and/or how existing funding will be directed to provide ongoing support for a minimum of ten years from the date of Project completion.
  - iii. Appropriate documentation indicating the Applicant's satisfactory financial capacity, as applicable, including, but not limited to: audited financial statements, IRS Form 990, and/or other financial documentation to show financial status.
  - iv. Proof of additional operating funding sources, if applicable.
- d. Application shall demonstrate that the Project will be Ready, Feasible, and Sustainable as follows :
  - i. Projects that include construction or expansion within 18 months of the approval of the Final Allocation.
  - ii. Projects that include acquisition of a building and/or renovation within 12 months of the approval of the Final Allocation.
  - iii. Projects that include only the purchase of equipment, within nine months of the approval of the Final Allocation.



# ATTACHMENT A: APPLICATION CERTIFICATION

## ATTACHMENT A

### APPLICATION CERTIFICATION

Please have an authorized officer of the applying institution complete the following certification:

1. I certify that to the best of my knowledge, the information contained in this application and the accompanying supplemental materials are true and accurate. I further understand that misrepresentation may result in the cancellation of the Grant and that CHFFA is authorized to take additional actions, if needed.
2. I certify that all legal disclosure information requested has been disclosed to the best of my knowledge.
3. I certify that the Applicant is enrolled and certified as a provider with the Medi-Cal Program.
4. I certify that the Applicant's licenses, permits, and professional status are all current and operable with all applicable board, commissions, or governing bodies.
5. I commit to provide services to Special Health Care Needs Populations, regardless of payer or health insurance provider, for a minimum of ten years upon final completion of the Project. I agree that the Special Health Care Needs Populations shall constitute at least 50 percent of my Facility's Caseload, and covenant to complete CHFFA's Annual Caseload Certification Form No. CHFFA 14 SDCGP-05 (08/2023) on an annual basis until the requirement has been fully satisfied.
6. I have read and agree to comply with all requirements in accordance with the Dental Program guidelines.

\_\_\_\_\_

By (Print Name)

\_\_\_\_\_

Title

\_\_\_\_\_

Signature

\_\_\_\_\_

Date



# ATTACHMENT B: LEGAL STATUS QUESTIONNAIRE

## ATTACHMENT B

### LEGAL STATUS QUESTIONNAIRE

**Note:** You may respond directly on this form or attach additional pages as needed.

1. Financial Viability

Disclose material information relating to any legal or regulatory proceeding or investigation in which the applicant/borrower/project sponsor is or has been a party and which might have a material impact on the financial viability of the project or the applicant/borrower/project sponsor. Such disclosures should include any parent, subsidiary, or affiliate of the applicant/borrower/project sponsor that is involved in the management, operation, or development of the project.

Response:

2. Fraud, Corruption, or Serious Harm

Disclose any civil, criminal, or regulatory action in which the applicant/borrower/project sponsor, or any current board members (not including volunteer board members of non-profit entities), partners, limited liability corporation members, senior officers, or senior management personnel has been named a defendant in such action in the past ten years involving fraud or corruption, matters related to employment conditions (including, but not limited to wage claims, discrimination, or harassment), or matters involving health and safety where there are allegations of serious harm to employees, the public or the environment.

Response:

*Disclosures should include civil or criminal cases filed in state or federal court; civil or criminal investigations by local, state, or federal law enforcement authorities; and enforcement proceedings or investigations by local, state or federal regulatory agencies. The information provided must include relevant dates, the nature of the allegation(s), charges, complaint or filing, and the outcome.*



# ATTACHMENT C: CALIFORNIA ENVIRONMENTAL QUALITY ACT (CEQA) REVIEW

## ATTACHMENT C

### CALIFORNIA ENVIRONMENTAL QUALITY ACT (CEQA) REVIEW

*Instructions: Please provide the following exhibit for each Project site. This can be completed within the timeframes set forth in Section 7, subdivision (a)(5)(D) of the guidelines, if not available at time of Application.*

Grantees must submit documentation demonstrating compliance with Division 13 commencing with Section 21000 of the Public Resources Code (CEQA Requirements) for construction Projects.

- CEQA is not applicable to the Project
- If Project is not subject to CEQA Requirements, provide a written justification using one of the following categories:
  - Is not a Project as defined by CEQA Requirements (see Title 14 California Code of Regulations, Section 15378)
  - Project is Statutorily Exempt (see Title 14 California Code of Regulations, Sections 15260-15285)
  - Project is Categorical Exempt (see Title 14 California Code of Regulations, Sections 15300-15333)
- If the Project is subject to CEQA Requirements, provide the appropriate documentation or justification for each Project:
  - Notice of Determination Received (Attach Copy)
  - Notice of Exemption Received (Attach Copy)
  - Other documents evidencing compliance (e.g., permits, local authority approval documents, printed authorizations, HCAI Plan Review status, etc.)
  - Project is considered a Special Situation (see Title 14 California Code of Regulations, Sections 15180-15190) (Provide written justification of compliance with applicable section.)

Name of approving Agency:

Date approval given:



# APPLICATION CHECKLIST

## APPLICATION CHECKLIST

Make sure you have completed the following tasks:

- Used 12-point font in narrative sections.
- Have 1-inch margins for narrative sections.
- Remained within 25 pages for the answers to the Evaluation Criteria Narrative portion.

Make sure you have submitted as part of the Application each of the following:

- Completed Section One: Summary Information
- Completed Section Two: Sources and Uses
- Included Section Three: Licensure and Permit Requirements (as separate attachments)
- Section Four: Completed Narrative and Supporting Documentation for Evaluation Criteria #1-4
- Completed Narrative and Supporting Documentation for Evaluation Criteria #5 (all boxes are checked below)

### 5(a):

- i. Provided physical address, renderings, and/or floor plans of Project site, if available. If project site has not been identified, provided a description of the process, criteria, and timeline for identification and selection of Project site.
- ii. Described and provided the necessary approvals and processes to complete the Project, and the names and roles of all responsible entities.
- iii. Provided key milestones.
- iv. Provided the plan for staffing the Project(s), if applicable.
- v. Described potential challenges that may affect the timeline for providing services and how those challenges will be mitigated.

### 5(b):

- i. Provided a line item of all costs, including what Grant funds will be used for.
- ii. Described if Project leverages public and/or private funding sources sufficient to complete the Project. Included the amounts and current statuses of funding.
- iii. Demonstrated that total uses of funds equal the total sources of funds.
- iv. Included a description of the internal processes to ensure that the Grant funds are only used for eligible costs.

### 5(c):

- i. Included a budget that details annual projected operating costs.
- ii. Included a description of new Project funding sources with amounts and cash flow projections, as well as described how existing funding will be directed to provide ongoing support for a minimum of ten years upon Project completion.
- iii. Included appropriate financial documentation indicating the satisfactory financial capacity.
- iv. Included proof of additional operating funding sources, if applicable.
- Completed Attachment A - Application Certification
- Completed Attachment B - Legal Status Questionnaire
- Completed Attachment C - California Environmental Quality Act (CEQA) Review for each Project site (as applicable)



# Next Steps After Application

- Review and Initial Allocation
- Appeals
- Final Allocations
- Grant Agreements
- Post Award Compliance Requirements



# Review and Initial Allocations

- At least two staff members will score applications on how completely, responsively, and clearly the applications address the evaluation criteria, in consultation with CHFFA's technical advisor.
- The average scores will be calculated, and a final score will be assigned to the application.
- Staff will make funding recommendations (initial allocations) to the Authority board for final approval (final allocations). NOTE: Initial allocations may be less than the requested amount.
- Applications are expected to score a minimum of 60 to be considered for an initial allocation.
  - Applications shall score a minimum of 28 points under Section 7, subdivision (a)(5) of the Dental Program guidelines.
  - Applications receiving a score of zero points in any criteria in Section 7, subdivisions (a)(1), (a)(2), or (a)(3), shall not be considered for an initial allocation.





# Appeals

- An applicant may appeal the amount of the initial allocation recommended by staff for its application, including a staff determination not to recommend a grant.
- The appeal shall be submitted in writing to the Executive Director or Deputy Executive Director and shall be received by CHFFA no later than five (5) calendar days following the date of the notification of initial allocation.
- CHFFA will make the final decision on an appeal of the Executive Director's or Deputy Executive Director's decision at a public meeting.

\*For more details concerning the appeals process, please visit our website and review the Dental Program guidelines.



# Final Allocations

- ❑ The Authority will make decisions on final allocations at a public meeting.
- ❑ Grant award letters will be sent to applicants approved for a final allocation shortly after the Authority meeting.
- ❑ Information regarding public meetings can be found on the CHFFA website.

## California Health Facilities Financing Authority (CHFFA)



**Quick Links**

- [CHFFA Overview](#)
- [Mission Statement](#)
- [Authority Members](#)
- [Meeting Schedule, Agendas, Materials, and TEFRA Notices](#)
- [2022 CHFFA Annual Report](#)
- [Programs Fact Sheet](#)
- [Program Fee Schedules](#)
- [CHFFA Act](#)
- [Audits/Financial Disclosure Reports](#)
- [Fast Facts](#)
- [Sign Up to Receive CHFFA Information](#)
- [Past Programs](#)

The California Health Facilities Financing Authority (CHFFA) was established to be the State's vehicle for providing financial assistance to public and non-profit health care providers through loans, grants and tax-exempt bonds.

Here's what we offer:

 Bond Financing Program	 Tax-Exempt Equipment Financing Program	 HELP II Loan Program
 Children's Hospital Program	 Mental Health Wellness Grants	 Community Services Infrastructure Grant Program

### Highlights



# Grant Agreements

- All grantees will be required to execute grant agreements. Grant agreements include, but are not limited to, the following terms and conditions:
  - The grant amount
  - The project description
  - Appropriate uses of funds
  - The grant period
  - Disbursement procedures
  - Unused funds
  - Auditing
  - Site visits
  - Remedies for default
  - Prevailing Wage



# Post-award Compliance Requirements

- For a ten-year period, grantees will be required to formally report an Annual Caseload Certification Form, which shall demonstrate that the special health care needs populations constitute at least 50 percent of the facility's caseload, with the requirement applicable only to the project financed with grant funds.
  - EXAMPLE: If only a single operatory room was constructed with a grant award, then only the operatory room is considered the facility. Special health care needs populations patients must make up at least 50 percent of the operatory room's caseload, and not the entire clinic or hospital.
- Grantees who fail to maintain a minimum of 50 percent caseload of special health care needs populations for the facilities financed with grant funds for a minimum of ten years shall repay the amount of the grant back to the Authority within five years at an interest rate of 1%.



# Post-award Compliance Requirements (Annual Caseload Certification Form)

## ANNUAL CASELOAD CERTIFICATION FORM

Name of Grantee: \_\_\_\_\_  
 Grant Agreement Number: \_\_\_\_\_  
 Year of Certification: **From:** \_\_\_\_\_ **To:** \_\_\_\_\_

### Payer Source

### NUMBER OF PATIENTS

#### Year of Certification

Medi-Cal (including Managed Medi-Cal) \_\_\_\_\_

Commercial plan \_\_\_\_\_

Self-pay (out-of-pocket) \_\_\_\_\_

**Total:** \_\_\_\_\_

*I certify that to the best of my knowledge the information contained in this form is true and accurate. I understand that misrepresentation may result in the cancellation of the Grant and other actions, which the Authority is authorized to take.*

Has the Grantee been successful in achieving the number of Medi-Cal patients served, as reported in the Application? If not, please explain what the Grantee is doing to reach the estimate provided in the Application. \_\_\_\_\_

### Only for the Facility financed with Grant funds:

Total Number of Patients (Special Health Care Needs Populations patients only): \_\_\_\_\_

Total Number of Patients (all patients): \_\_\_\_\_

Grantee has calculated the Caseload requirement, as set forth in the previous page, using (must use the same metric for ten years):

Patient visits  Hours spent

- If you selected patient visits, please respond to the following questions:

### Only for the Facility financed with Grant funds:

Total Number of Patient Visits of the Special Health Care Needs Populations patients: \_\_\_\_\_

Total Number of Patient Visits (all patients): \_\_\_\_\_

OR

- If you selected number of hours served, please respond to the following questions:

### Only for the Facility financed with Grant funds:

Total Number of Hours Spent with Special Health Care Needs Populations patients: \_\_\_\_\_

Total Number of Hours Spent (all patients): \_\_\_\_\_

**Calculated Caseload (%):** \_\_\_\_\_

*Please Note: this must be 50% or more to remain in compliance with Dental Program requirements.*

\_\_\_\_\_  
By (Print Name of Authorized Officer)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date



# Dental Program Webpage



### Contact Information

If you have any questions about the Specialty Dental Clinic Grant Program, please contact [CHFFA](#).

### Specialty Dental Clinic Grant Program

- [Statute](#)
- [Guidelines](#)
- [Previous Meeting Materials & Webinars](#)
- [Frequently Asked Questions](#)
- [Program One Pager](#)

[Sign Up to Receive CHFFA Information](#)

### Connect With Us



### Program Description

On June 30, 2022, the Specialty Dental Clinic Grant Program (Dental Program) was chaptered into law through the annual Budget Act of 2022 (Section 47, Chapter 45, Statutes of 2022), authorizing the Authority, using an appropriation of \$25 million, to provide grants to eligible entities for the purpose of increasing access to oral health care for special health care needs populations through the development and expansion of specialty dental clinics in California. On June 27, 2023, the Dental Program was allocated an additional \$25 million through the passing of the annual Budget Act of 2023 (Section 2.00, Chapter 12, Statutes of 2023), bringing the cumulative amount to \$50 million in total available funding for the Dental Program. The Dental Program aims to support special health care needs populations by increasing timely access, reducing geographic shortages, increasing equity, and supporting quality of care, while also encouraging prevention services, early intervention, behavior support service and intervention, provider education, and community outreach activities that bring care to community sites.

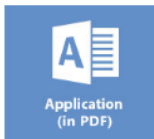
### First Funding Round (Now OPEN)

CHFFA is pleased to invite eligible dental service providers to submit applications for its first funding round of the Dental Program. The deadline to apply for the first funding round is **MONDAY, APRIL 1, 2024, at 5:00 PM (Pacific Time)**.

There is \$47,500,000.00 available in capital funding. Please note that no grant may exceed \$5 million per individual grantee.

#### Dental Program

- Dental Program Application Form No. CHFFA 14 SDCGP-01 (08/2023)



**Application**  
(in PDF)

- [Program Guidelines](#)
- [Frequently Asked Questions](#)

We strongly encourage you to join the stakeholder list to be informed of any announcements for the Dental Program. To join the stakeholder list, please fill out the form found at <https://forms.office.com/g/4PYR0AeND>

# Questions?





## CONTACT INFORMATION

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