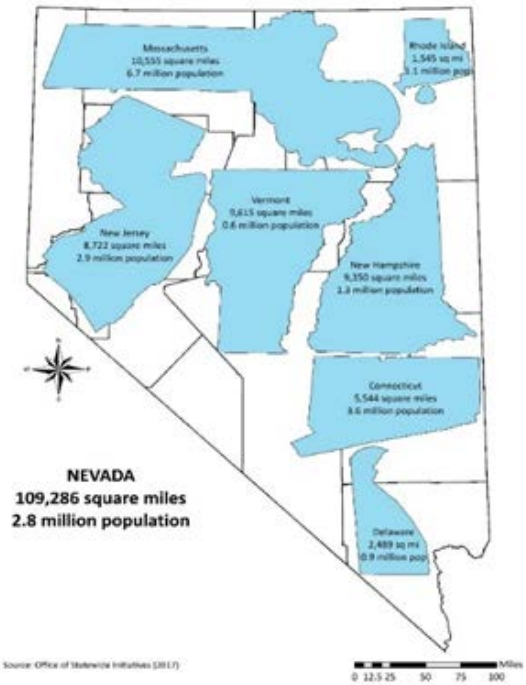
PURPOSE and NEED

Overview - Purpose Relativity

Nevada is the 7th largest state (Map 1) and yet the 9th least densely populated, with a population of 2.94 million people (Census Bureau Estimates, 2016). Clark County (which includes Las Vegas) is one of the three main population centers, with a population of 2,155,664 (US Census Bureau 2016 estimates). This represents 73% of Nevada's population, located in the southernmost tip of the state. The other two population centers are located 450 miles from Las Vegas: Washoe County (which includes Reno) with a population of 453,616 (US Census Bureau 2016 estimates), and the "Consolidated Municipality" and capitol of Nevada, Carson City, with a population of 54,742 (US Census Bureau 2016 estimates). Reno and Carson City are 26 miles apart.

Map 1

Selected Northeastern States Placed Within the State of Nevada



The terrain of Nevada is distinct in that there are mountain ranges running north-south for the entire length and width of the state (Map 2). This terrain along the desert and semi-arid climate, allows for relatively small areas to be populated outside of Clark and Washoe Counties. In fact, the isolation of the 400 miles of US Route 50 running east-west through Nevada has earned it the title of "the loneliest road in America" (Picture 1) Clark, Washoe, and Carson are designated urban counties; Douglas, Lyon and Storey, are designated rural; and the other eleven counties are designated as frontier counties (Map 3). Just over 9% of the population resides in the 14 rural and frontier counties, with 91% residing in the three urban counties. The National Center for Frontier Communiti

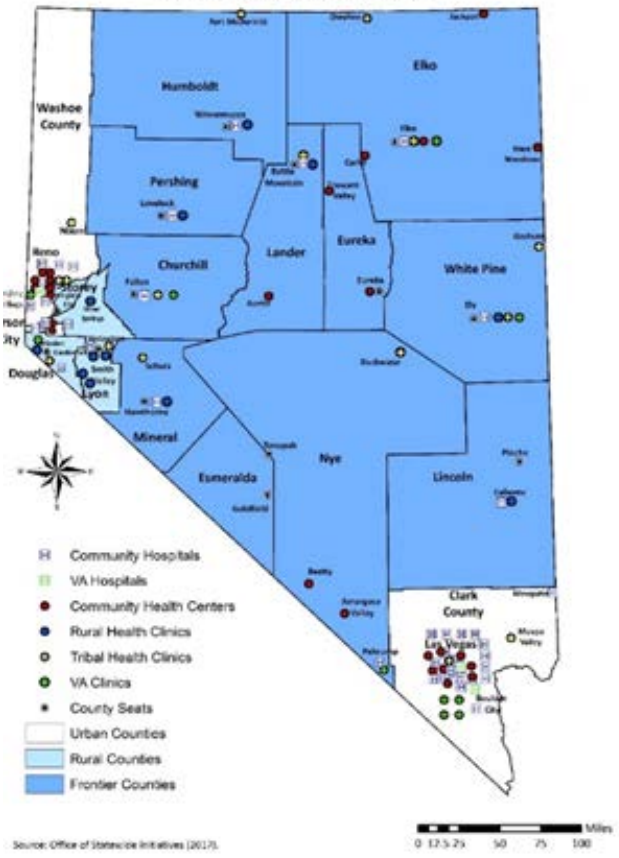
Map 2 Nevada Geography

Picture 1

es (NCFC) makes the distinction between “rural” and “frontier”, with frontier being more remote in terms of travel time and distance from the nearest population centers (Health Workforce Supply in Nevada, 2017 Edition University of Nevada Reno School of Medicine). Frontier areas are sparsely populated places, with residents far from healthcare, schools, grocery stores, and other necessities. These conditions lead to significant problems in access to health services, which may also be exacerbated by poor economic opportunities. In order to meet the health and economic goals of the state, frontier areas require innovative strategies for successfully developing adequate health professional capacity.

Map 3

Healthcare Resources in Nevada



Rural health needs assessments have been conducted within the past three years by the Nevada Division of Public and Behavioral Health (2014), the Nevada Office of Rural Health (2014), and University of Nevada, Reno (UNR) School of Medicine (2014). Consistent issues include inadequate primary care resources, limited dental health professionals, fragmented service delivery and inadequate transportation. Many people remain uninsured due to the barriers in enrolling in Medicaid or understanding how to maneuver the system. It is not enough, however, to simply enroll people in Medicaid; providers must be accessible for people to reap the full benefit of state funded dental services. For low income adults, the situation is dire due to limitations in the types of services provided through Medicaid. Despite federal funding to support expansion of services to adult age groups, Medicaid services in Nevada have remained constant. Children ages 0-20 receive comprehensive care while adult patients ages 21-99 are eligible for emergency services and removable prosthodontics.

Oral Health Workforce Needs

Dental Schools in Nevada

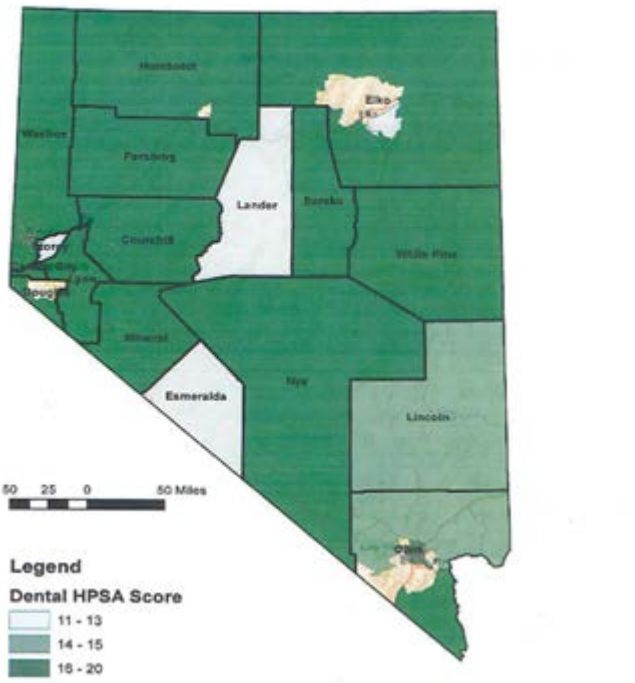
Two dental hygiene schools exist in Nevada with one in the northern part of the state, Truckee Meadows Community College (TMCC), and the other in the southern part of the state, College of Southern Nevada (CSN). The only state funded pre-doctoral dental school, the University of Nevada, Las Vegas School of Medicine (UNLV SDM), is located in southern part of the state. Both CSN and UNLV SDM are situated in Clark County, which is the largest county in the state

with approximately 75% of the population of Nevada. Each year on average, the hygiene schools each graduate 15-20 dental hygienists and the dental school graduates 70-75 dentists.

Despite continual training of the future dental workforce, in 2016, Nevada had 54 dentists and 36 dental hygienists per 100,000 population. (Health Workforce Supply in Nevada. UNR Med Health Policy Report, 2017, Nevada State Board of Dental Examiners). This placed Nevada at #32 nationally in the number of dentists and #40 in the number of dental hygienists per 100,000 population, compared to the U.S. average of 66 and 62, respectively. (Health Workforce Supply in Nevada, 2017 Edition, UNR Med, p 6). As of February 2018, there are 1835 dentists and 1414 dental hygienists licensed in Nevada, but not all of licensees practice or live there. There 61 dental hygienists who are Public Health-Endorsed Dental Hygienists (PHE RDHs). Should Nevada benefit from any projected increase in licensed dentists, the geographic and climatic factors described earlier contribute to a lack of dental professionals in remote areas. Resultantly, eight of the 14 Frontier and Rural counties are entire-county DPSAs. (Health Workforce Supply in Nevada, 2017 Edition University of Nevada Reno School of Medicine) (Map 4).

Map 4

Dental Health Professional Shortage Areas in Nevada



The proposed program will take place in the frontier counties of Elko, Mineral, Nye, and Pershing. Two of our selected counties have a geographic Dental Professional Shortage Area (DHPSA) designation (Pershing County and the northern section of Elko County), and two counties have a full-county low-income DHPSA designation (Mineral and Nye Counties), as does Eastern Elko County. Our program's strategy incorporates enhanced infrastructure, workforce development, and distant care delivery technologies to address the needs of our population.

Targeted Populations and Communities

Oral Health Resources

In areas where private practitioners find limitations to provide care within the community, non-profit organizations reach the community. Four non-profit organizations provide dental services at sliding fee scales or reduced cost in Nevada (Salvation Army, Compassion Community Clinic, Volunteers in Medicine, Dental Care International). There are eight tribal centers throughout Nevada. Dental services for veterans are provided in Reno and Las Vegas, and through a community organization, "Adopt a Vet". UNLV School of Dental Medicine has a variety of

programs for people residing in Clark County, and both of the dental hygiene schools offer low-cost preventive care.
Dental services are provided at four Federally Qualified Health Centers (FQHC): Elko (Nevada Health Centers), Las Vegas (2-Nevada Health Centers), and Reno (Community Health Alliance). Nevada Health Centers also has the Ronald McDonald Care Mobile, which provides dental services for children primarily in Las Vegas, but also in some WIC locations in northern Nevada Counties. Community Health Alliance in Reno also has mobile outreach programs serving children and older adults--in Washoe County.
Future Smiles is a non-profit organization providing school-based services to children, primarily in Las Vegas but also in some locations in Northern Nevada. Keeping the Smiles provides portable equipment for use in Washoe County at varied residential facilities for older adults, and they also provide preventive dental services for children. Future Smiles, Keeping the Smiles, and the Community Health alliance and Nevada Health Center's Ronald McDonald Care Mobile (both noted above) are the four organizations with mobile/portable dental equipment in Nevada.
One-day events providing dental care in Nevada include Give Kids a Smile, Special Olympics, Smiles for Freedom, Special Smiles (SOSS), and Remote Area Medical Events (RAM).

Nevada's Oral Health

- In 2014, Oral Health America released a "report card" for each state, and based on their achievement of several indicators of oral health for older adults. Nevada ranked #38, with a composite score of 33%. A score of under 49.9% is considered "poor". (Retrieved from https://oralhealthamerica.org/wp-content/uploads/AStateOfDecay2016.pdf)

- In 2005 the Oral Health Program conducted an oral health survey of older adults in Nevada's assisted living facilities. In facilities in rural Nevada, over one-third (36%) had untreated decay; 7% needed urgent care. (Senior Oral Health Survey Nevada 2005. Department of Health and Human Services, Division of Public and Behavioral Health, Oral Health Program.)

- In 2016, almost 40% of Nevadans over 18 did NOT visit a dentist or dental clinic in the past year, compared to almost 34% nationally (Behavioral Risk Factor Surveillance System BRFSS).

- Nevada Medicaid for adults 21 years of age and older covers only emergency extractions and, with prior authorization, removable prosthodontics. Pregnant adult women receive emergency extractions, cleanings, exams, and some operative (e.g., simple fillings and build-ups).

- Per the 2015 Annual EPSDT Participation Report Form CMS-416, only 34% of Nevada's Medicaid-eligible children under 21 years of age received any form of dental service in 2015. This over 11% lower than the national average.

- In 2009, a survey of Nevada's third graders revealed that, about 23% of the children of the children in rural/frontier counties had untreated decay. The Healthy People 2010 target for untreated decay in children six-eight years of age was 21%. About 22% of Nevada's third graders in rural/frontier counties had not visited a dentist within the last

year; 6% had never seen a dentist. The Healthy People 2010 target for dental visits by third graders within the last 12 months was 56%. Not having dental insurance makes it difficult to pay for dental services, and inability to afford dental care is often a reason frequently cited for not seeing a dentist regularly. Over 38% of the third-grade children in rural/frontier counties were not covered by dental insurance. (2008-2009 Third Grade Oral Health Survey. Department of Health and Human Services, Division of Public and Behavioral Health, Oral Health Program. Office of Disease Prevention and Health Promotion. Oral health indicators, Healthy People 2010.)

Elko County

Elko County is in the northeast corner of the state, with a population of 51,562 and covering 17,203 square miles. Four towns exist within the county; Carlin, Elko, Wells, and Wendover. Principal industries are mining, quarrying, oil, gas, extraction, arts and entertainment, and recreation. About 28% of the population is under 18 years of age and 10% are over 65, with a median age of 34.

Existing Oral Health Services in Elko County

Owyhee Community Health Facility in Owyhee and Southern Bands Dental Clinic in Elko, provide dental services to tribal members. Nevada Health Centers Federally Qualified Health Center (FQHC) provides dental services in Elko. Nevada Health Centers "Ronald McDonald Care Mobile" brings dental services to outlying areas of Elko County on an infrequent basis (based on the navigability of two-lane snowy mountain passes).

Elko County has 34 dentists, most of who are in the City of Elko, which is not a Dental HPSA. (We will encourage these providers to visit the outlying areas of the county with our portable dental equipment, or to take referrals from our public-health endorsed dental hygienists who visit Elko's rural areas.) There are no dentists in Northern Elko County, and only three in Eastern Elko County who serve the low-income population at .5 Medicaid FTE, or about 23 hours/week for a population of 12,503 below 200% FPL. (Primary Care Office). There are 23 dental hygienists in Elko County (Nevada rural and frontier health data book-8th ed. Nevada State Office of Rural Health. January 2017). Northern and Eastern Elko County's Dental HPSA score is 16/20 and 20/20, respectively (Dental Health Professional Shortage Areas range for 0-26, with a higher score representing higher need. A score of 16 to 20 is a very high score). Travel time to the nearest source of care in Elko County can be up to 120 minutes, or 100 miles.
Note: Three different Dental HPSA Census tracts (two geographic and one low income) in Elko County were combined to provide the information above.

Mineral County

Mineral County is in the west central part of Nevada, with a population of 4,566 and covers 3,813 square miles. Towns include Aurora, Hawthorne, Luning, Mina, Schurz, and Walker Lake. Principal industries are public administration, food/hospitality, manufacturing, healthcare, and retail sales. Over 18% of the county's populations are under 18 years of age, and almost 25% are over 65, with a median age of 49.

Existing Oral Health Services in Mineral County

Walker River Tribal Health Center, in Schurz, provides dental services to tribal members.

Mineral County has one dentist, providing .08 Medicaid FTE for a population of 1817 people below 200% FPL (about three hours/week). There is one dental hygienist in Mineral County (Nevada rural and frontier health data book-8th ed. Nevada State Office of Rural Health. January 2017). Mineral County's Dental HPSA Score is 20/20. Travel time to the nearest source of care in Mineral County can be up to 120 minutes, or 80 miles. (Nevada Primary Care Office, 2016).

Nye County

Nye County is in the south-central part of the state, with a population of 42,625 and covers 18,199 square miles. Some of the towns are Beatty, Carvers, Crystal, Currant, Duckwater, Gabbs, Hadley, Manhattan, Mercury, Pahrump, Tonopah, Tybo, Warm Springs, Yomba, Scotty's Junction, and Sunnyside. Principal industries are mining, quarrying, oil, gas extraction, utilities, and health care and social services. About 17% of the county's population is under 18 years of age and almost 30% are over 65, with a median age of 51.

Existing Oral Health Services in Nye County

There are no community clinics or FQHCs in Nye County. Nye County has nine dentists (mostly in Pahrump, about an hour outside of Las Vegas in the southern part of the county), providing .76 Medicaid FTE (about 30 hours/week) for a population of 17,964 below FPL. There are two dental hygienists in Nye County (Nevada rural and frontier health data book-8th ed. Nevada State Office of Rural Health. January 2017). Nye County's Dental HPSA Score is 18/20. Travel time to the nearest source of care in Nye County is 70 minutes, or 63 miles. (Nevada Primary Care Office, 2016).

Pershing County

Pershing County is in the Northwest part of the state, with a population of 6,722 and covers 6,067 square miles. Notable towns in Pershing County include Lovelock, Unionville, Imlay, Rochester, Mill City, Oreana, Vernon, Scossa, Humboldt, and Tungsten. Principal industries are mining, quarrying, oil, gas extraction, public administration, and agriculture, forestry, fishing, and hunting (Retrieved from https://datausa.io/profile/geo/pershing-county-nv/). Almost 18% of the county's population is under 18 years of age and almost 15% are 65 or over, with a median age of 41. (Retrieved from https://www.census.gov/quickfacts/fact/table/pershing countynevada,elkocountynevada, nyecountynevada,mineralcountynevada,NV/POP010210) Over 19% and almost 37% of the county's population are at the 100% and 200% Federal Poverty Level (FPL), respectively. (Nevada Primary Care Office, 2016).

Existing Oral Health Services in Pershing County

There are no community dental clinics or FQHCs in Pershing County. Pershing County has one dentist, and this individual does not see the Medicaid population of 1,870 who are below 200% FPL. (Primary Care Office, 2016). There are also no dental hygienists in Pershing County (Nevada rural and frontier health data book-8th ed. Nevada State Office of Rural Health. January 2017). Pershing County's Dental HPSA Score is 18/20. (Primary Care Office, 2016). Travel time to the nearest source of care in Pershing County can be up to 77 minutes, or 56 miles. (Nevada Primary Care Office, 2016).

PROGRAM PURPOSE

(a) Methodology / Approach

Silver State Smiles in Motion (S3M)
Nevada has significant challenges in addressing the health needs of the populations in these counties, and frontier areas require specific strategies to successfully implement innovative approaches for improving health. Access to care is also difficult in Nevada, not only because of health professional shortages, transportation, and finances, but the lack of engagement by dental providers. While annual events such as Give Kids a Smile occur in urban areas around large institutions such as the state dental school or one of the two state hygiene schools, there is little involvement in other dental service opportunities (e.g., Remote Area Medical events) in rural communities. Motivating and mobilizing this dental workforce will also be needed, and it will require a multifactorial approach.

The purpose of this program is to develop a strategy that strengthens infrastructure, workforce practice patterns, workforce development, and "distant" learning technologies to address the needs of our remote populations. The project will provide care through a team approach, based on leveraging dental hygienists' expanded scopes of practice as Public Health-Endorsed Dental Hygienists (PHE RDHs) in the Dental Health Professional Shortage Areas (DHPSAs) of Elko, Mineral, Nye, and Pershing Counties. The expanded care dental hygiene model is already in place per NRS 631.287 Dental hygienists: Special endorsement of license to practice public health dental hygiene—expanded functions without direct supervision. Through the amendment to the Medicaid State Plan within the next 18-24 months allowing PHE RDHs to bill and be reimbursed by Medicaid for providing dental services within their scope of practice, our program intends to not only increase the numbers of PHE RDHs, but help them to sustainably establish in frontier/rural counties using tele-dentistry to communicate with community health workers (CHWs) and dentists already working in or near these frontier counties. Treatment can then be coordinated for children, adults, seniors, vulnerable, and at-risk persons. This program also advocates for implementation of Medicaid payment models for other preventive services that could be provided by PHE RDHs.

GOAL 1 Increase the accessibility of oral health services for populations living in select Dental Health Professional Shortage Areas (DHPSAs) of Elko, Mineral, Nye, Pershing Counties) by expanding service delivery infrastructure.

A. **More fully implement dental hygienists** into the frontier areas as the Public-Health Endorsed Dental Hygienist (PHE RDH) model.
B. **Introduce community health workers** or other appropriate individuals in the community (e.g., community nurses) as a dental liaison to their communities and the PHE RDHs visiting them.
C. **Enlist dentists** in the selected DPSAs to collaborate with dental hygienists to accept referrals into their practices from outreach in remote areas.
D. **Increase oral health services** in all Health Professional Shortage Areas in Nevada by pursuing changes within the scope of practice for PHE RDHs through the Nevada Board

of Dental Examiners. Includes application of silver diamine fluoride, and atraumatic restorative treatment (A.R.T.).

E. Provide comprehensive evaluation of all activities.

This goal addresses the following allowable activities:

1) Efforts to improve/increase dental recruitment and retention

4) Develop programs in consultation with state and local dental societies, to expand or establish oral health services and facilities in Dental HPSAs, including ii) the establishment of a mobile or portable dental clinic and iii) the establishment of expansion of private dental services to enhance capacity through additional equipment or additional hours of operation

6) Continuing dental education

7) Practice support through tele-dentistry in accordance with state laws

8) Community-based prevention services

This is a new Program.

A. More fully implement dental hygienists into the frontier areas as the Public-Health Endorsed Dental Hygienist (PHE RDH) model.

A pivotal component of this project is the engagement of dental hygienists with a public health endorsement (PHE RDHS), as a unique and underutilized member of the dental workforce, to initiate school-based dental sealant programs and other preventive services in the identified DHPSAs. Portable/mobile dental equipment will be used to provide these outreach services. The use of mobile dental units has been shown to mediate barriers to oral health services experienced by some populations, and serve all ages (An assessment of mobile and portable dentistry programs to improve population oral health. Oral Health Workforce Research Center, August 2017.)

The use of portable/mobile dental equipment in rural/frontier Nevada is not new. As early as 1938, "a completely equipped traveling dental unit is now in operation…Dental service as outlined in our plan is furnished to children of all economic levels who, by reason of distance and lack of dental facilities, are unable to secure dental service in any other way." (State Board of Health for the period July 1, 1936 to June 30, 1938. State Printing Office.) In that timeframe, 42 towns were visited and "treatments" numbered over 9,000 (not counting "inspections" and "prophylaxis"). At its height, the program completed almost 15,000 treatments and continued into the mid-1980's. Currently, portable equipment is successfully being used by Nevada Health Centers, Future Smiles, and Keeping the Smiles in some areas in Nevada, described above. We will consult with these groups for their expertise in establishing a sound mobile/portable dental program, and recommendations from "lessons learned".

Up to three PHE RDHs will be hired, preferably from the four selected counties or adjacent ones. The dental hygienists and assistants will be thoroughly trained in the use of portable equipment and infection control in the field, in data collection through a nationally standardized screening protocol (Basic Screening Survey), in reporting, and in tele-dentistry. Portable equipment will be purchased for this project, and salaries of the dental hygienists and dental assistants will be

supported by the grant for the first one-two years of service delivery while Nevada Medicaid completes the process required for all PHE RDHs to be bill and be reimbursed by Medicaid for select services. [See Sustainability]

Tele-dentistry will be utilized to communicate between the PHE RDH and dental assistants in the field, the community health workers (CHWs), and the dentists who have agreed to accept referrals. Additionally, Project ECHO Nevada operates a telehealth system that can provide educational seminars between communities and providers (for example, behavioral health, diabetes, geriatrics, public health, and many more). It can also provide one-on-one appointments between rural/frontier patients and specialty providers in urban areas. The Project ECHO Nevada does not have a dental component in any of their applications, and they are very interested in working with PHE RDHs and dental providers. In the first year, we will more fully assess how both the tele-dentistry capacity and the educational component can be integrated into our program, and create an affiliation agreement with this partner. [See Attachment 2 for Letter of Support]

Nevada has no state-funded school-based dental sealant program; the PHE RDHs, accompanied by a dental assistant, will begin providing outreach through school-based dental screenings, education, and dental sealants. Quality of care, or quality improvement measures will be implemented though dental sealant retention checks in subsequent years at the schools. There are 18 schools in our four target counties where 50% or more of the student population is on Free and Reduced Lunch (FRL). We will start with second and sixth graders in these schools. This may be expanded to include all schools with 2nd and 6th graders in the four counties, and/or 2nd, 3rd, 5th, and 6th grades, bringing the total number of schools to 34 in year four. As a result of this program, significant increase is expected in the number of children with at least one dental sealant on a permanent molar in Nevada.

With visiting just the 18 schools, we could screen/provide dental sealants for up to 734 children a year by year four. For the Head Start Survey that we conducted recently, we offered a $100 gift card for an educational supply company to Head Starts who reached at least 70% consent return overall. Of 16 schools, only one did not achieve 70%; almost all others achieved 100% consent return. We will offer $100 gift cards for the educational supply company for schools achieving 60% consent return in each of second and sixth grades. Preventive services and referrals through tele-dentistry will be expanded in the communities to children under five years of age, and to adults, seniors, vulnerable, special needs, and other at-risk individuals at appropriate venues in these counties (see Collaborative Linkages and Partnerships). We will work with the County Health Boards, the local coalitions, hospitals and senior centers, the FQHC in Elko County, the Community Health Workers' Association, and the community health workers' employers in the area to explain and offer the program, and determine the best location to offer preventive services to community members in addition to the schools (e.g., hospitals, senior centers, community centers). We will offer clinical services in one county in year two, and add two more counties in year three. In year four, we will add the last county making all of our four counties clinically operational.

The Nevada Oral Health Program has an excellent track record working with community partners. A major partners who will initially provide community sites for the PHE RDHs in this

program is the Nevada Health Centers, Inc. (NVHC) who is one of the two dental FQHCs in Nevada with a dental clinic in Las Vegas and in Elko, Nevada. The Nevada Oral Health Program's Advisory Committee for the State Oral Health Program has included the dental director and the co-dental director for NVHC for the past 5 years and the State Dental Health Officer is a member of the NVHC's Board of Directors. The Elko site has both a medical and dental clinic as well as one of two of the mobile dental clinics in operation in Nevada. NVHC has committed to working with the PHE RDH to provide needed dental health services. [See Attachment 2 for Letter of Support]

In the fourth year, we will offer training to other dental hygienists in the state who wish to become PHE RDHs in their communities, and based on lessons learned from our experience in our four counties. Information will be offered on the oral health status of various populations in Nevada, how to apply for a PHE RDH designation, identification and collaboration with a referring dentist, billing Medicaid, use of portable equipment, and preparation of a business plan. We will confer with mobile dental operations currently and successfully run by dental hygienists for the preparation of these trainings.

B. Introduce community health workers or other appropriate individuals in the community (e.g., community nurses) as a dental liaison to their communities and the PHE RDHs visiting them.

By casting a wider net into Nevada communities through the integration of Community Health Workers, S3M can also introduce/enhance delivery of preventive oral health interventions among other safety net organizations providing health services to uninsured, low-income, and vulnerable persons in Nevada. CHWs are already employed in some facilities; we will identify these locations and cover part of their salaries to allow them to schedule the dental hygiene visits in schools and communities, distribute consent forms beforehand, answer questions, and assist in consent form return, assist in translation to Spanish as needed and in patient flow at the site, and follow up with people with urgent dental needs to assist in finding care, making appointments, and in the case of Medicaid enrollees, arranging transportation. Training will be provided. If we cannot secure CHWs, then we will work with health facilities, coalitions, and public health nurses in the selected counties to identify other qualified individuals. We will be in touch with the Community Health Workers' Association, and organizations that employ CHWs.

C. Enlist dentists in the selected DPSAs to collaborate with dental hygienists to accept referrals into their practices from outreach in remote areas.

The Nevada Dental Association is supportive of this program. They will help us to identify dentists located in Elko, Mineral, Nye, Pershing, and/or surrounding counties who are willing to collaborate with the dental hygienists and the community health workers who make appointments, utilize information provided remotely through tele-dentistry, and accept referrals into their practices. Dentists can bill Medicaid for the services they provide. Dentists who agree to accept referrals will be given a referring dental provider instrument kit ($300) for their participation in the program. This kit can be used in their offices or in the trailers

Oral health knowledge and skills are necessary but not sufficient to change oral health practice. Oral health educational activities have largely involved delivery of information on assessment, diagnosis, and treatment information in the absence of consideration of major factors that affect provider decisions to change how they practice. Adoption by users requires consideration of a series of factors including: relative advantage, compatibility, complexity, trial ability, and observability (Rogers, Everett M. Diffusion of Innovations. New York: Free Press, 2003. Print.) The Oral Health Program recently purchased most of the dental equipment needed to fully equip two 5' x 8' trailers (Pathfinder 1 and 2) with equipment and supplies needed to provide some restorative care. This purchase was made with the intent to mobilize dentists, communities, and community coalitions to create a culture of volunteerism, and to increase accessibility of oral health services for populations living in underserved and remote rural/frontier communities. With the addition of this program, we will first offer these trailers to dentists who are collaborating with the program's dental hygienists in these areas in the event that they would prefer to travel to the sites and see several patients in one day. If the trailers are not fully employed in this way after the first year or so of their incorporation, we will employ the plan to loan the trailers through the RFP process. Some additional equipment still needs to be purchased for the trailers. [See Budget and Budget Narrative]

In the fourth year, dental providers in Nevada will be offered continuing education credits for a course which highlights topics such as the fundamental of public health dentistry, the status of oral health in Nevada, tele-dentistry, and project goals including introduction to practice augmentation through connection with a public health endorsed dental hygienist serving in Elko, Mineral, Nye, and/or Pershing Counties at the completion of the grant.

A Trailer Equipment Specialist will be contracted the first year to provide the legal and best practices review of portable dental equipment. This will be accomplished by determining, clearly defining/documenting, and addressing all laws, regulations, and codes that impact the loan and operation of portable dental equipment and trailers by state and non-state grantees. This position will also determine, clearly define/document, and address administrative and clinical operations including legal, insurance, and risk management issues around seeing patients at a portable dental site (e.g., record keeping, HIPPA requirements, liability, etc.). An Infection Control Specialist will also be contracted to educate the project staff (PHE RDHs, dental assistants, community health workers, referring dentists, and program employees) on workplace safety and infection control. The Infection Control Specialist will be responsible for conducting periodic inspections of portable dental equipment, reviewing documentation of sterilization procedures, providing retraining when necessary, creating policies and procedures that reflect current state infection control regulations and OSHA standards, and setting and determine effectiveness of daily and monthly routine maintenance activities. PHE RDHs, dental assistants, CHWs, and dentists will be provided with this information in a training manual.

D. Increase oral health services in all Health Professional Shortage Areas in Nevada by pursuing changes within the scope of practice for PHE RDHs through the Nevada Board of Dental Examiners. Includes application of silver diamine fluoride and atraumatic restorative treatment (A.R.T.).

The procedure to add services to the dental hygiene scope of work is as follows: the Nevada Revised Statutes Chapter 631 and 439 outlines the scope of practice for PHE RDHs. To add a dental service to the legally allowable job duties, the Nevada Board of Dental Examiners must agree to the revision. A formal statement and presentation to the Board will be made. If, after hearing the request, the Board votes to support the measure, additional language will be drafted with direction from the Board's legal counsel. The Board will submit the revision to the Nevada Legislative Counsel and Legal Division. A vote from the Legislative Committee will necessary before the language was added to NRS.
We will pursue the addition of use of silver diamine fluoride and atraumatic restorative treatment (A.R.T.) and the PHE RDH scope of practice by following this procedure over the four years of the grant.

E. Provide comprehensive evaluation of all activities.

Evaluation is an important priority for us. We want to measure the impact of the proposed program through an increase of dentists and dental hygienists working in these counties, and thereby the increase in the number of people served, and we also want to identify and address areas that need to be strengthened or changed throughout the four-year period so that we can truly determine if this program can be replicated and sustained in other Nevada counties with the same issues. In the first preparatory year, we will hire a contracted evaluator and work together to thoughtfully develop and implement ongoing comprehensive evaluation of this care model. [See Project Evaluation]

GOAL 2 Expand community-based educational services to introduce students to the dental profession and expand awareness of the dental needs of their communities.

This goal addresses the following allowable activities:

1. Efforts to improve/increase dental recruitment and retention
9. Coordination with local educational agencies within the state to foster programs that promote children going into oral health or science professions.

This is a new program.

The second goal of this program is to provide early exposure of the targeted areas' high school and college students to oral health and the dental professions. In coordination with Nevada's Frontier Area Health Education Center (FAHEC) and Area Health Education Center (AHEC), high school and college age students living in DHPSAs attend an educational camp which fosters promotion of the health professions and basic sciences. We will create a dental educational module to add to this camp, patterned after successful pre-med student camps currently being run by AHEC. Course outline will focus on the relationship between oral and systemic health, and career paths within the dental profession.

In addition after the introduction of the dental profession through the AHEC pre-dental course, student scholarships to continue participant's journey into dentistry and build a relationship with dental students and staff will be offered. Participants and local students will be encouraged to apply for a pre-dental scholarship which will include a travel stipend ($400) and paid registration ($200) to attend the UNLV School of Dental Medicine Simulation Course which will allow rural

students an opportunity to tour the UNLV School of Dental Medicine's campus, meet with Admission's faculty, clinical professors, and current students, and gain additional hands on experience. Up to 5 scholarships will be awarded each year.
[See Attachment 1 for AHEC Pre-dental Course Objectives]

GOAL 3 Increase access to services through enhancing the support of the Oral Health Program, and enhancing Nevada Medicaid's leadership in oral health.

This goal addresses the following allowable activities:

1. Efforts to improve/increase dental recruitment and retention
9. The development of a state dental officer position or the augmentation of a state dental office to coordinate oral health and access issues in the state.

Historically, the dental program has always been a part of the managed care organization contract, which was largely targeted toward medical services. Nevada Medicaid system included managed care contracts for the urban counties of Washoe and Clark, and a fee-for-service model for all other counties. Health Plan of Nevada and Amerigroup/Scion were contracted to oversee dental benefits in Washoe and Clark County, and held the contract for ten years. Over the past ten years, the Medicaid managed care contracts have been no more than three pages in length, and left much of the contract administration to the organization. Therefore, these managed care organizations could set seemingly arbitrary service limits on procedures, such as a limitation in the number of extractions that could be performed in a general dental office, and the ability to close their specialist panel for oral surgery and endodontic procedures. In some cases, not only were patients waiting upwards of three months for an appointment, but extractions performed in the oral surgeon's office were not communicated to the general dentist, and claims for subsequent procedures were denied until verification from the oral surgeon could be submitted to prove treatment had been rendered. This further exacerbated the already inefficient reimbursement system and, coupled with poor provider communication, provider complaints mounted and many providers left the Medicaid system.

In the fall of 2015, the Division of Health Care Financing and Policy (DHCFP) saw that the solution to rising administrative expenses and poor utilization of services could be realized by removing dental benefits from the medical managed care contracts, and finding one organization to administer dental plans in both Washoe and Clark Counties. In 2016, requests for proposals were released, and by the spring of 2017, a new dental benefits administrator had been chosen. On January 1, 2018, Liberty dental went live with a sole dental benefits contract. While it is anticipated that this focused vision to improve the dental care of Clark and Washoe County will improve utilization rates and bring providers back to the Medicaid system, the dental health of rural Nevada has been unchanged as they are still managed under the state Medicaid fee-for-service system.

The third focus of this program will center on improving provider enrollment, experiences, and retention in Nevada DHPSAs by placing Dr. Capurro, the Chief Dental Health Officer at 1 FTE for the Oral Health Program, in the dental Medicaid program to provide a .4 FTE match. Dr. Capurro will report to both the OHP and DHCFP and be responsible for the following:

i. Ensuring successful completion of state plan amendment, and supporting and building a business model for PHE RDHs based on services rendered in identified DHPSAs, and current Medicaid reimbursement plans.
ii. Expanding the Medicaid provider network in DHPSAs by streamlining the Medicaid enrollment system, and strengthening the lines of communication between the Medicaid fee-for-service system and dental offices.
iii. With support and advertisement from both the Nevada Dental Association and the Nevada Dental Hygiene Association, educating the dental community in DHPSAs on Nevada Medicaid (enrollment, billing, reimbursement schedule, service limits, claims submission, and fair hearing process) through continuing education credits and presentations offering help with provider enrollment.
iv. Pursuing valued-added services aimed to increase recipient enrollment, such as linking Medicaid enrollment to free and reduced lunch applications.
v. Pursue changes within the scope of practice for PHE RDHS through the Nevada Board of Dental Examiners to include application of silver diamine fluoride and ART as well as licensure under private dental offices in DHPSA.

(b) Work Plan

See Attached

(c) Resolution of Challenges

Potential challenges to this program are:

1. Length of time required for hiring process, Memos of Understanding (MOUs), and contacts to go through the State system, gain approval, and be implemented.
   Proposed resolution: The entire first year is dedicated to hiring staff and contractors, completing contracts and Memorandums of Understanding, writing manuals, protocols and policies, identifying and training providers, and otherwise completing everything needed to start fully staffed, trained, equipped, and ready on the first day of the second year (see Work Plan). We will hire the Grant Coordinator and the Administrative Assistant first to facilitate and coordinate the activities that will ensure our success. Their first activity will be to facilitate the completion and tracking of the contracts, MOUs, and other documents required.

2. Patient acceptance and willingness to participate in this new care model.
   Proposed resolution: By engaging professional organizations, coalitions and public health nurses who work with the residents of each county, and particularly the Community Health Workers (CHWs) who are familiar with their communities, we hope to ameliorate this concern. Experience and word-of-mouth in subsequent years should also have a positive influence on participation. Finally, Dr. Capurro and Ms. White are planning to visit each county beforehand to introduce the program to schools, boards of health, public health nurses, hospitals, community clinics, dental provider groups, WIC clinics, senior

centers, schools, and other facilities so that they, in turn, can promote the program to their clients/patients.

3. Possible difficulty in securing CHWs in each of the four counties.
   Proposed resolution: We will work with the Community Health Worker organization in our state, and with the hiring agencies utilized to hire CHWs to procure coverage. In our visits described above, Dr. Capurro and Ms. White will also determine the feasibility of hiring other qualified individuals (e.g., community nurses, nurses' aides at hospitals) who may be willing to provide the same services if we cannot secure a CHW in a given county. Alternatively, a CHW in an adjacent county may be willing to work in a county included in this program.

4. Dental hygienists, dental assistants, and community health workers, possibly new to the use of tele-dentistry equipment and systems, experiencing equipment difficulties in the field.
   Proposed resolution: We will provide hands-on training to providers annually. We will ensure that the Grants Coordinator and the Administrative Assistant are well-versed enough in this equipment to be able to assist/trouble-shoot via telephone to providers in the field.

5. Attitudes and stereotypes commonly held about treating patients in rural and low income communities; possible lack of dentists' acceptance of the program and/or willingness to participate.
   Proposed resolution: This issue is not particular to Nevada. We have enlisted the support of the Nevada Dental Association and the Nevada Dental Hygienists' Association in advocating for this program to their membership. Dr. Capurro and Ms. White will visit dentists in and around the four counties to explain the program and enlist participation. If we cannot secure a dentist to accept referrals from the field, we may need to bring a dentist from one of the larger population centers to provide services in the county, and utilizing our fully-equipped dental trailers. Dentists can bill Medicaid for their services.

6. Delays in the amendment to the Medicaid State Plan allowing all PHE RDHs to bill and be reimbursed by Medicaid for services rendered.
   Proposed resolution: We have talked to Medicaid about this and they anticipate that the amendment to the State Plan will be approved within the next 18 months, which would be in time for the start of our services in September/October 2019. In the event that PHE RDHs cannot bill for services by then, we will delay the billing process until the plan is approved (with the PHE RDHs providing services in the field, on time, as planned). We can also approach non-public health-endorsed dental hygienists to work in our counties, under the supervision of the dentist that already employs them.

7. Need for restorative dental treatment for the uninsured.
   Proposed resolution: We will make every effort to find a dental provider for the uninsured. The CHW will be trained in where to refer people to determine Medicaid eligibility and enroll, allowing the individual to pursue services through Medicaid providers. We have two fully equipped dental trailers; we will enlist the help of the

Nevada Dental Association, the FQHCs, and our state's health and oral health coalitions to staff these trailers, or issue a Request for Proposal (RFP) to allow their loan to communities for extended periods of time.

Once we are fully functioning in the four counties and billing Medicaid, we hope to use proceeds from billing Medicaid to provide some financial incentive/relief to dentists agreeing to treat uninsured patients in our DHPSAs.

IMPACT

(a) Evaluation and Technical Support Capacity

Key Staff - Judy A. White RDH, MPH
Ms. White has knowledge and experience in evaluation. In 2004 she used the CDC's "A Framework for Program Evaluation" to assess oral health programs in 50 states and territories, co-authoring the summary paper, "Annual synopsis of state and territorial oral health programs: five-year trends report 1998 to 2002". Ms. White improved evaluation measures regarding a dental insurance plan for Ryan White clients that would more comprehensively determine program impact, and directed sustained impact evaluation for a training program for dental professionals. She also co-developed a dental sealant retention assessment evaluation for a dental sealant program serving 270 schools in Maricopa County.

In the first year, Ms. White will lead the effort in selecting a contracted Evaluator for the programs. The emphasis will be on the impact the programs have on the populations in the four counties. Healthy people 2020 measures will be used as part of the evaluation process.
Some measurable points:

- The percent increase in the numbers of providers who take Medicaid in the four counties, and the numbers of Medicaid recipients they see and for what services
- The number of individuals who visited the PHE RDH in the field…and the number who needed restorative treatment
- Number who started their restorative treatment, indicating potentially the establishment of a dental home
- Numbers of schools visited and numbers of children receiving at least one dental sealant
- Survey results from the communities, schools, and participants on process
- Survey results from PHE RDHs, DAs, CHWs, and dentists on the process of dental visits and referrals
- Survey results from participants in the AHEC educational camp, and from the AHECS on process
- Process evaluation on the expansion of Scope of Practice for PHE RDHs to include silver diamine and A.R.T.

See more examples below. We expect substantive assistance from the Evaluator on the development of a comprehensive evaluation plan in the first year, to be administered in years 2, 3, and 4 of the program.

The Primary Care Office (PCO) provides assessments; recently they assessed the needs of the target populations found within the dental HPSAs, and updated all HPSAs in Nevada in 2017. The PCO will again re-assess all dental HPSAs by 2020. Currently the PCO tracks the oral health workforce through receipt of statewide licensing data, provider surveys and Medicaid claims data. The PCO utilizes this data to support maintenance of all dental HPSAs. The PCO collaborates with multiple partners in the state to collect, analyze, and subsequently plan outreach and support using this data. The Department of Public and Behavioral Health's Analytics Department includes Nevada Medicaid; they can provide information needed to evaluate the progress on this grant.

HRSA Required Performance and Progress Reporting – Continuous Program Assessment and Improvement

Evaluation is critical to promote areas of strength, minimize areas of weakness, leverage opportunities, and mitigate any threats. During this step, the outlined implementation and evaluation schedule, and responsibilities assigned will be confirmed. The evaluation framework for this program is outlined below. Once these are developed further through discussion with key partners and staff, the dental professional environment in Nevada will be evaluated in conjunction with the Nevada Primary Care Office to examine trends and events that might affect the success of the program within each identified county and in the state as a whole. Evaluation will be a key component when developing the action plan for each proposed project goal. **The Grant Evaluation Framework** [See Attachment 4] outlines the relationship between the various steps. This framework includes a cycle of continuous quality improvement that consists of a logical sequence of five repetitive steps. The continuous feedback loop ensures that problems can be identified early so that interventions can be implemented to improve processes. The essence of continuous improvement lies in the involvement of all staff members and key partners at every level. **The Project Grant Timeline** [See Attachment 4] details the grant timeline that includes the formative and summative evaluation. Quality measures that will be tracked during the project as part of the evaluation process are outlined below.

The following quality measures be evaluated by Medicaid claims data and reviewed based on patient data from PHE RDH/dentist teams:

Retreatment	Percentage of all enrolled children who had more than one operative procedure (CDT 2140- D2980) per tooth within the reporting year.
Quality of Restorations	Percentage of enrolled children who received an extraction on a tooth that received a restoration (RCT, restoration, crown) within the last three years.
Quality of Preventative Services	Percentage of enrolled children 6-20 years of age who received an occlusal restoration, endodontic treatment or extraction within 24 months of sealant placement on the same permanent molar.
Complications Following Surgical Extraction	Percentage of all enrolled adults who had a surgical tooth extraction during the reporting period who had complications within 7 days of the

	extraction.
Routine Extraction Due to Decay	Percentage of all enrolled adults who had a routine tooth extraction during the reporting period due to decay and not to trauma.
Complications Following Routine Extraction	Percentage of all enrolled adults who had a routine tooth extraction during the reporting period who had complications within 7 days of the extraction.
Pregnant Women: Oral Evaluation	Percentage of 1. all enrolled women identified as pregnant 2. Enrolled women who accessed dental care (received at least one service) 3. identified as pregnant who received a comprehensive or periodic oral evaluation within the reporting year 4. Identified as pregnant who received a periodontal service (SRP or prophylaxis) within the reporting year
Early Childhood Caries Advice in Pregnancy	Percentage of all enrolled pregnant women (pre/postpartum) who received advice regarding ECC within the reporting year
Ambulatory Care Sensitive Emergency Department Visits for Dental Caries in Adults and Children	Number of emergency department visits for any non-traumatic dental conditions per 100,000 member months for all enrolled adults and children
Sealants Children 6-9 year-olds	Percentage of enrolled children in the age category of 6–9 years who received a sealant on a permanent first molar tooth within the reporting year
Sealants Children 6-9 year-olds	Percentage of dental sealants that are retained after one week and at periodic examinations
Sealants for Children 10-14 year-olds	Percentage of enrolled children in the age category of 10-14 who received a sealant on a permanent second molar tooth within the reporting year.
Sealants for Children 10-14 year-olds	Percentage of dental sealants that are retained after one week and at periodic examinations

GOAL 1 Increase accessibility of oral health services for populations living in select Dental HPSAs (Elko, Mineral, Nye, Pershing Counties) by expanding service delivery infrastructure.

Aim Statement: Beginning in Year 2 of the funding cycle and continuing in each additional year, each identified county will have one established PHE RDH/dentist team.

1. All PHE RDH/dentist team will receive specialized training in tele-dentistry, portable dental equipment, and rural health to improve the co-management of patient's needs.
2. Each PHE RDH/dentist team will receive support from the Oral Health Program to build communication skills and facilitate the transfer of patient information.
3. At least 90% of the patients identified with urgent dental or medical needs will receive care coordination.
4. Feedback by PHE RDHs and referring dentists will be evaluated monthly to provide direction and support where needed. Process measures and outcome assessment will be reviewed and interventions

proposed to improve project success.			
Outcomes	***Key Tasks***	***Metrics***	***Persons(s) Responsible***
1.1: Hire dental hygiene staff	1.1.1 Hire staff with education and experience to provide oral hygiene education, routine dental prophylaxis, dental case management, and community dental services (dental examinations, fluoride varnish application, and sealants).	By the end of Year 1, dental hygienist hired to provide oral health services and education. Additional dental hygienists will be hired each year of the funding cycle as the project is implemented in other counties.	Ms. White and Grant Manager
	1.1.2 Provide CPR, bloodborne pathogens, infection control, and HIPPA safety and security training for dental hygienist along with verification of current vaccinations and TB testing.	100% of dental hygiene staff complete all training requirements by 30 days of employment to safely support grant objectives.	Infection Control Coordinator and Grant Manager
	1.1.3 Assist dental hygienist in applying for public health endorsement through the Nevada Board of Dental Examiners.	Submission of Nevada Board of Dental Examiners application for board meeting.	Dr. Capurro and Grant Manager
1.2: Recruit all project staff	1.2.1 Post position announcements, conduct interviews, submit necessary human resources paperwork, and hire staff.	Hiring of all personnel within three months of outlined start date. 100% of staff complete training requirements by 30 days of employment.	Dr. Capurro and Ms. White
	1.2.2 Provide training and evaluation metrics for each member of the project		
1.3: Build collaborative partnerships within identified DHPSA	1.3.1 Gain a better understanding of the medical and dental needs within each county by becoming familiar with non-profits and state funded organizations within the counties. Attend community stakeholder and Board of County Commissioner meetings to find innovative methods to build project sustainability through community resources.	Promote grant funded project, provide progress updates to local boards of health and community stakeholder groups. Attend at least 4 community stakeholder and/or Board of County Commissioner meetings each year in identified counties.	Grant Manager and Project Evaluator/ Analyst

1.4: Promote and retain strong network of referring dentist	1.4.1 Present projects goals and DHPSA oral health needs to Nevada dentists through online marketing, promotional flyers, and announcements at continuing education events presented by the Nevada Dental Association.	By the end of Year 1, acquire a pledge from at least one referring in each identified county to see patients referred to them by PHE RDH. Continue to expand with the goal of acquiring at least 2 commitments from dentists in or surrounding identified DHPSA.	Dr. Capurro, Ms. White, and Grant Manager
1.5: Evaluate program progress	1.5.1 Monthly meeting with senior staff, Infection Control Coordinator, and PHE RDHs to discuss project objectives, successes, and limitations.	80% participation of all members at monthly meetings to discuss project progress and propose resolutions to challenges.	All members

GOAL 2 Expand community based educational services to introduce students to the dental profession and expand awareness in the medical needs of their communities.

Aim Statement: By the summer/spring of Year 2 in the funding cycle, institute an annual pre-dental educational camp for high school and college age students living in and around identified DHPSAs.

1. Build upon partnership with *Area Health Education Center (AHEC*) to create an interactive educational curriculum.
2. Market the event using key partnerships. Success will be measured by the number of applications received. Goal is to receive at least 20 applications.
3. Provide creative and impactful pre-dental experience to attending students.
4. Based on program feedback incorporate changes for additional sessions.
5. Monitor students during the remaining years of the funding cycle to evaluate program success.

Outcomes	***Key Tasks***	***Metrics***	***Persons(s) Responsible***
2.1 Establish a yearly pre-dental educational camp for high school and college age students living in rural Nevada.	2.1.1 Thoroughly review the *Area Health Education Center* (*AHEC*) pre-medical camp course objectives, student feedback, and director's notes. Build the pre-dental course to model the pre-med course. 2.1.2 Advertise and accept applications for the pre-dental camp.	Yearly pre-dental camp for 15 to 25 high school/college students. Immediate success will be measured by student and parent surveys. Long term success will be measured by the number of students that apply for either dental or dental	Dr. Capurro and Grant Manager

		hygiene programs particularly programs within Nevada. Project goal is for 30% of all attendees to complete either a dental school application (either or both the Dental Admission Test (DAT) and/or ADEA Associated American Dental Schools Application Service (ADEA AADSAS) application or dental hygiene school application.	

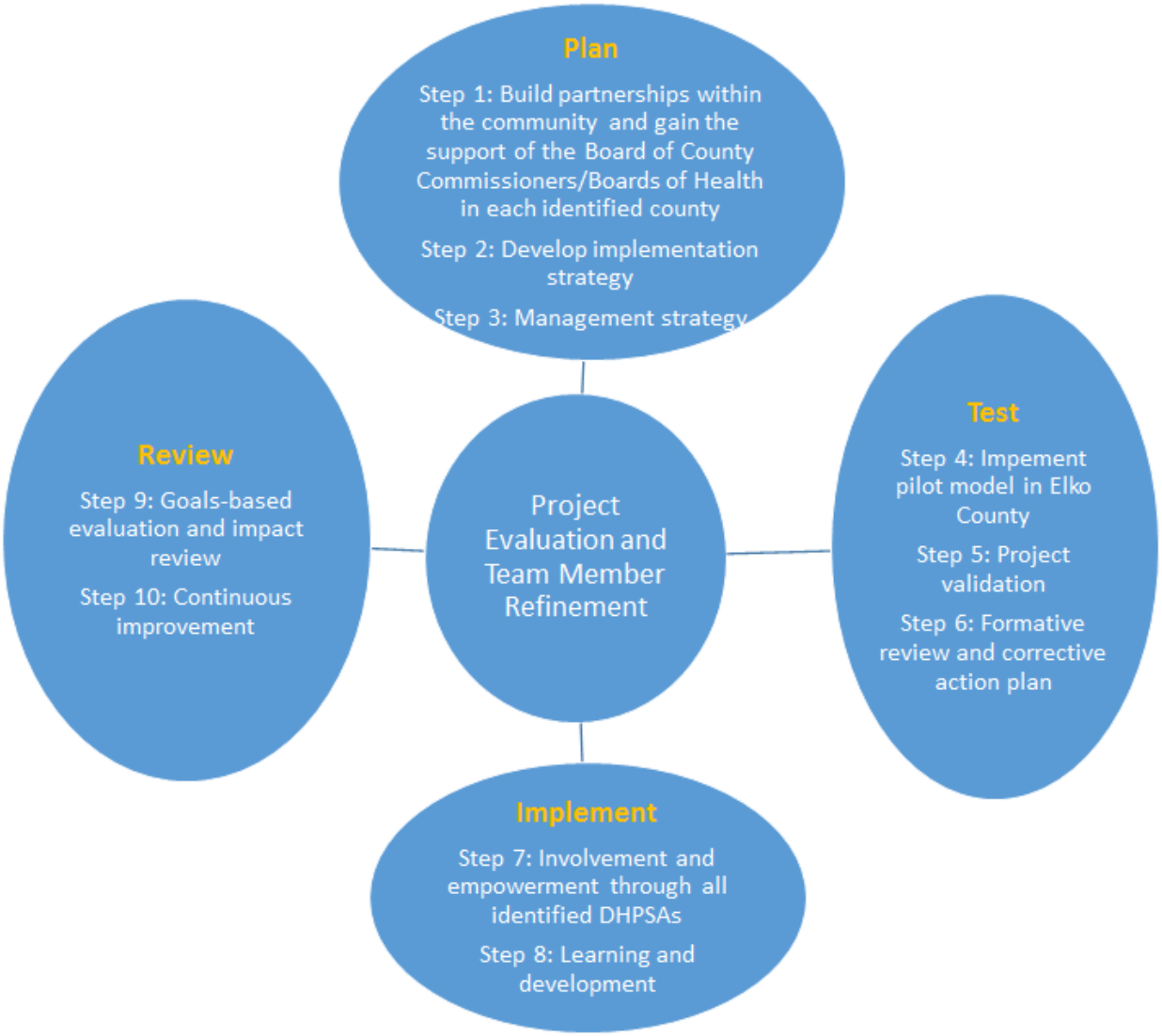
GOAL 3 Increase access to oral health services through preservation of oral health leadership within Nevada's Medicaid program and support for the Nevada Oral Health Program.

Aim Statement: By the end of Year 1 of the funding cycle, propose state plan amendment verbiage for provider type recognition by Medicaid of PHE RDHs. In each subsequent year, provide the Division of Health Care Financing and Policy(DHCFP) with any necessary data on the number of licensed PHE RDHs in Nevada, possible fiscal impacts, and changes within the scope of practice for PHE RDHs.
Beginning in Year 1 and continuing throughout the life of the funding cycle, identify areas in which communication with Medicaid dental provider can be streamlined and provider issues can be "heard" by DHCFP.

1. Through small group meetings with providers, outline reasonable measures that can be taken to support and improve providers experience with the Medicaid system.
2. With approval from DHCFP, integrate meaningful interventions into the Medicaid dental system.
3. Monitor trends in provider enrollment and retention over time. Provide DHCFP with updated information and propose strategies to reach grant objectives.

Outcomes	*Key Tasks*	*Metrics*	*Persons(s) Responsible*
3.1 Approval of state plan amendment	3.1.1 Work in conjunction with the Division of Health Care Financing and Policy(DHCFP) to create a fiscal concept paper outlining the impact that reimbursement for PHE RDHs will have on the overall budget. If budget-neutral, language will be drafted and added to the state plan to	State plan amendment verbiage successfully integrated into the state plan and submitted to CMS for approval.	Dr. Capurro

	allow PHE RDHs to submit dental claims for reimbursement.		
3.2 Build strong relationships with current and future Medicaid dental providers within Liberty Dental Plan (urban) and in the fee-for-service (rural)system.	3.2.1 Develop information for newsletters and member outreach and education. Collaborate with the provider community, Nevada Dental Association, consumers and stakeholders on access to care and other oral health and dentally-related matters involving the Nevada Medicaid dental program.	Increased dental provider enrollment by 10% and retention by 5% in the Nevada Medicaid system as verified by Medicaid claims and enrollment data.	Dr. Capurro



(b) Project Sustainability

Although the scope of practice PHE RDHs this provider type is licensed to provide expanded dental services, their lack of provider type recognition by Medicaid has limited their ability to work without supervision and bill Medicaid for reimbursable services. The State Dental Health Officer is currently working with the Nevada Division of Health Care Financing and Policy (DHCFP) in a joint dental public health-Medicaid transformational project supported by the Centers for Health Care Strategies to amend the state plan and include PHE RDHs as a recognized Medicaid provider type. PHE RDHs can then be reimbursed. The state plan amendment is expected to be approved by CMS by Spring 2019. In the meantime, PHE RDHs placed in the selected DHPSAs will be hired and financially supported as hourly contractors through this grant. Once the amendment is approved, PHE RDHs will be able to bill Medicaid. At the end of the grant, there are then three options for sustaining/expanding the services that have been initiated: 1) we will retain the PHE RDHs as contractors and use this reimbursement to sustain the program; 2) the PHE RDHs can work for the dentists whom they have been referring to and continue their established outreach patterns, or 3) they can conduct preventive outreach (with dentists identified to take patients in need of care) with their own independent business plans. In any case, we intend to educate other dental hygienists on the public health-endorsed designation to expand this program to other counties. Careful training of PHE RDHs throughout the program and beyond will include lessons in accurate billing and in diligence in following up with claims to maximize reimbursement. Ongoing annual evaluation throughout the four years will direct us toward on what is needed in training updates, and what counties seem to be most successful. In the event that we continue to employ contracted PHE RDHs to provide outreach to these or other counties, potential OHP billing support as our own program budget expands over the next four years could maximize reimbursement, and subsequent sustainability of the program.

As members of the Association of State and Territorial Dental Directors (ASTDD), we have access to best practices and successes in other states that have expanded-practice dental hygienists who are able to bill. As one example, the State of Arizona has successfully billed for contracted “Affiliated Practice” dental hygienists delivering their dental sealant programs for at least eight years. We also have an Advisory Committee for the State Oral Health Program (AC4OH), with a broad representation from of dental schools, providers, associations, and businesses across the state and involved in oral health. They will be involved with suggestions and direction throughout the proposed program. Dentists can bill Medicaid for the services they provide in their offices or in using our dental trailers in outreach. Dr. Capurro, in her role with Nevada Medicaid, will continue to reach out to providers to increase participation. Ongoing annual evaluation could help us identify providers/counties that need help with billing.

We will continue to identify committed champions in our Division (Division of Public and Behavioral Health) to sustain the program and its goals. Some programs that we would approach are WIC, MCAH, Chronic Disease, School-based Health, and Diabetes. We have also been successful in identifying external stakeholders (e.g., Southern Nevada Health District, University of Nevada Las Vegas, University of Nevada Reno). Institutional agreements can be formalized to safeguard sustainability of the program beyond the four years of the grant.

Finally, in the first one-two years of the grant we hope to identify and visit entities in each county (e.g., local employers including casinos, and hospitals and local coalitions) who might pool resources to help with costs for the uninsured populations in their counties over the long run. On another mobile dental project with the Southern Nevada Health District (SNHD), Dr. Capurro has met Nye County stakeholders who have pledged monetary support for that mobile dental program; if we are awarded this HRSA grant, we will approach them for similar ongoing support. Dr. Capurro visited Elko County as part of the dental screenings completed at Head Starts last spring; the PACE Coalition there was also very supportive. If we are awarded this grant, we will approach them, and others in all four selected counties, for ongoing financial support for their uninsured as well.

By including these safeguards throughout the grant years, the Nevada Oral Health Program should be able to continue service delivery thus, ensuring PHE RDH/dental teams continue to asses, treat, and manage the dental needs of rural/frontier patients.

ORGANIZATIONAL INFORMATION, RESOURCES and CAPABILITIES

Mission, Structure and Scope of Activities

Nevada's Oral Health Program (OHP) resides in Nevada's Health and Human Services, Division of Public and Behavioral Health (see organizational chart). The Oral Health Program has been in place since 1930's. The mission of the Nevada Oral Health Program is to protect, promote, and improve the oral health of the people of Nevada.

OHP has been staffed in recent years by an Oral Health Program Manager funded by Maternal, Child, and Adolescent Health (MCAH). This individual has collaborated with other agencies and departments to expand oral health information and resources to participants in many programs. Routine assessment of the needs of target populations was ongoing through screening surveys. The most recent are the Head Start population (2003, 2007, and 2017); elementary school children (2009); and older adults (2005). An older adult survey is anticipated to be the next representative sample survey to be conducted in Nevada.

The Department of Health and Human Resources, along with the state's oral health coalitions, saw the need to expand the oral health program. The oral health coalitions In Nevada advocated tirelessly for some time to secure state funding for a dentist a dental hygienist to join OHP. Nevada Revised Statutes (NRS) 439.272 and NRS 439.279 establish the positions and responsibilities of the State Dental Health Officer and the State Public Health Dental Hygienist, respectively. In September 2016, Dr. Antonina Capurro DMD, MPH, MBA, and Judy A. White RDH, MPH, were hired as the State Dental Health Officer and the State Public Health Dental Hygienist, respectively. They were charged with expanding the program and providing a scientific, evidence-based foundation for its growth.

Skills and Experience of Personnel with Target Population

Dr. Antonina Capurro came to the program with skills in higher education management, educational leadership, student and patient coordination, and public health service. She has a

proven track record of successfully building programs, as well as the expertise and training necessary to successfully support and complete her role in the proposed project.

Ms. White is a registered dental hygienist in the State of Nevada, with a bachelor's degree in health care management and a master's degree in dental public health, after which she completed an 18-month Fellowship at the Centers for Disease Control and Prevention in Atlanta. She has 20 years of experience in working with rural/frontier populations in the states of Kentucky (outreach dental sealant programs in Appalachia), Arizona (working with tribal coalitions representing 22 tribes in Arizona, conducting/monitoring dental screening surveys across the state, training public health nurses in dental public health and screening, training dental professionals working in a dental sealant program, monitoring oral health grants for 24 grant recipients throughout the state), and in Nevada (screening at 10 of 16 WIC Centers, including tribal centers, across rural and frontier Nevada). She has experience working with Special Needs individuals of all ages, and in developing a protocol and training dental professionals in 38 states to screen them (Special Olympics, Special Smiles), with HIV/AIDS populations (administering a dental benefits program for 1400 enrollees), and in developing and implementing preventive dental services for WIC Center Clients in 16 clinic sites in Maricopa County (the fourth largest county in the nation), now providing services to over 25,000 WIC women and children/year.

The Oral Health Program Manager left in May 2017, and a new Oral Health Program Manager just started in February 2018. At this time, the office structure consists of three individuals; the State Dental Health Officer and the Oral Health Program Manager located in Las Vegas, and the State Public Health Dental Hygienist located in Reno, eight hours north.

<u>Leveraging resources and meeting requirements and expectations</u>

Expectations and agreements were already in place upon the arrival of Dr. Capurro and Ms. White, and with need for immediate completion. First, immediate development and implementation of an open-mouth screening survey of children at Head Starts was required per an existing agreement with the Department of Education's Office of Early Childhood Development. Dr. Capurro and Ms. White personally screened 16 sites in three of the four remote Nevada counties (Elko, Mineral, and Pershing) and met several potential partners through these screenings, allowing them to see firsthand the degree of need that exists in these communities. This exposure provided the impetus to expand oral health services through this grant application. Second, a Memo of Understanding (MOU) with the Women, Infants, and Children's (WIC) Program was fulfilled through assembly of 5000 bags of oral health supplies and educational information for distribution to pregnant women visiting the 45 WIC Clinics throughout the state. Third, Dr. Capurro and Ms. White were to order and outfit two dental trailers; this task was completed in summer of 2017. Other activities:

- A directory of community dental clinics across Nevada offering free, reduced fee, and sliding fee scales was created for distribution to partners and the public.
- An agreement was reached between the Department of Health and Human Services and the University of Las Vegas School of Dental Medicine (UNLV SDM) to expand hospital, adult day care, and non-hospital oral health care services for adult patients through their Special Needs Clinic.

- Dr. Capurro and Ms. White participated in several community outreach efforts including Give Kids a Smile, Special Olympics, Special Smiles, Seal Nevada South, and various health fairs to provide preventive oral health services and information.
- There has been substantial collaboration with Nevada Medicaid (e.g., reviewing Requests for Proposals, increasing preventive services, creating policies to reduce costs).
- Policies were developed in areas of referral of people in need of urgent dental care as identified in community dental screenings, a health assessment policy before school entrance and for grades 1, 4, 7, 10, and 12, and on fluoride varnish protocol for state programs.
- A dental workforce survey was initiated with the Primary Care Office and the Office of Statewide Initiatives.

Collaborative Linkages and Partnerships

The Nevada Oral Health Program is developing an excellent track record of working with community partners. For the first year, we will continue to identify and strengthen relationships to provide a sound, broad base for the delivery and continuance of this program. We will work with the Nevada Dental Association and the Nevada Dental Hygienists' Association to encourage participation of their members in this program.

As a faculty member of the University of Nevada Las Vegas School of Dental Medicine (UNLV SDM) for the last five years, Dr. Capurro is well-known and well-acquainted with several dentists in Nevada. She is an active member and participant in the Nevada Dental Association and well-acquainted with the leadership, who has indicated support for this application (see Letters of Support). Ms. White has been in Nevada for only 1½ years, but is meeting and working with increasing numbers of members from the Nevada Dental Hygienists' Association in Southern and Northern Nevada, and is continually expanding her circle of contacts outward from the Oral Health Program northern office in Reno.

In the last eighteen months, Dr. Capurro and Ms. White have worked with the following offices and organizations in varying capacities:

Established Partners	Possible Contributions Specific to Proposed Project
Association of State and Territorial Dental Directors	Current members in good standing and members on the ASTDD Healthy Aging Committee and ASTDD Dental Public Health Resource Committee
State of Nevada Maternal, Child, and Adolescent Health	Funds the 1FTE Oral Health Program Manager
Division of Health Care Financing and Policy	Will provide Medicaid claims information
State of Nevada Women, Infants, and Children Program	Funds Oral Health Program supplies
State of Nevada Department of Education, Early Learning and Development	Will assist with finding partnerships and making inroads into the school system's in each county.
University of Nevada Las Vegas School of Dental Medicine	Admission's Department will provide student application information to assess success of pre-

	dental educational component
College of Southern Nevada, Hygiene Program	Admission's Department will provide student application information to assess success of pre-dental educational component
Truckee Meadows Community College, Hygiene Program	Admission's Department will provide student application information to assess success of pre-dental educational component
University of Nevada Reno, School of Medicine Office of Statewide Initiatives	Will assist in providing updated dental workforce information
Oral Health Nevada (Statewide Oral Health Coalition)	Will provide feedback and evaluation of project progress
Community Coalition on Oral Health (CCOH-Southern Nevada)	Updated quarterly. Will provide feedback and evaluation of project progress
Advisory Committee on the State Program for Oral Health (AC4OH)	Updated quarterly. Will provide feedback and evaluation of project progress
Nevada Health Centers (Federally Qualified Health Centers; Las Vegas and Elko)	Has committed to working with the PHE RDHs in Elko to provide needed dental health services.
Nevada Frontier Area Health Education Center	Partner in bringing pre-dental course to students in identified rural communities
Nevada Office of Statewide Initiatives	Will assist in providing updated dental workforce information
Project ECHO Nevada	Will provide expertise in delivering tele-medicine services and has agreed to support tele-dental project initiatives
Southern Nevada Health District	Partner in bringing medical and dental services to Southern Nevada
Nevada Public Health Association	Current member. Will provide feedback and possible support for project.
Nevada Pregnancy Risk Assessment Monitoring System (PRAMS) Steering Committee	Current member. Will provide feedback and possible support for project.
Latin Chamber of Commerce	Current member. Will provide feedback and possible support for project.
Future Smiles	Will provide assistance in building preventive dental services program and feedback on effect of Medicaid provider type recognition
Keeping the Smiles	Will provide assistance in building preventive dental services program and feedback on effect of Medicaid provider type recognition
Seal Nevada South	Will provide assistance in building preventive dental services program and feedback on effect of Medicaid provider type recognition

Potential Partners

In the first year, we will continue to identify and strengthen relationships to provide a sound, broad base for the delivery and continuance/sustainability of this program. "Creating a healthier Nevada" is the goal of the members of the Nevada Statewide Coalition Partnership. We will contact and work with the following coalitions in the first year to help us market the program to their contacts living in our target counties. We will also explore the possibility of help with sustainability after the grant cycle.

Coalition	County Served
Statewide Coalition Partnership	Statewide
Statewide Native American Coalition	Statewide
Frontier Community Coalition	Pershing
Health Communities Coalition	Mineral
Nye Communities Coalition	Nye
Partners Allied for Community Excellence (PACE) Coalition	Elko

In the first year, we will develop relationships with the following entities to deliver broad areas for the delivery and continuance of this program. Please note that this is not a comprehensive list.

County	Type of Facility	Name
Elko	Hospital	Northeastern Nevada Regional Hospital
Elko	Board of Health	Elko County Office
Elko	Community Health Nurse	County Office
Mineral	Tribal Clinic	Walker River Tribal HC
Pershing	Hospital	Pershing General Hospital
Pershing	Community Health Nurse	Community Clinic

ATTACHMENTS

1 Staffing Plan and Job Descriptions
2 Letters of Agreement (Not Applicable, not included)
3 Project Organizational Chart
4 Tables, Chart, Timeline etc.
5 Indirect Cost Rate Agreement
6 Progress Report (Not Applicable, not included)
7 Dental Officer Letter & Letters of Support
8 Other Relevant Documents