

Mailing Address:
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Drawer 33
Montpelier, Vermont 05633-5701

Tel.: (802) 828-2295 Fax: (802) 828-2483

MEMORANDUM

To:

James Reardon, Commissioner of Finance & Management

From:

Rebecca Buck, Staff Associate

Date:

January 11, 2007

Subject:

Status of Requests

No Joint Fiscal Committee member has requested that the following items be held for review:

JFO #2280 – \$175,289 grant from the Social Security Administration to the Department of Disabilities, Aging and Independent Living, Division of Vocational Rehabilitation. This work incentives planning and assistance grant will be used to continue development and promote employment for recipients of Social Security Disability Income and Supplemental Security Income.

[JFO received 12/12/06]

JFO #2281 – \$100,000 grant from the American Legacy Foundation to the Department of Health. This grant will be used to support a program targeting smoking cessation and prevention services to young adults who are not enrolled in formal education.

[JFO received 12/12/06]

JFO #2282 – \$344,256 grant from the U.S. Department of Health and Human Services, Health Resources and Services Administration to the Department of Health. These grant funds will be used to expand the state's oral health workforce through the recruitment of dental students, encouragement in oral health careers among state high school and college students, and by studying the feasibility of expanding Vermont's dental education capacity.

[*JFO received 12/12/06*]

In accordance with 32 V.S.A. §5, the requisite 30 days having elapsed since these items were submitted to the Joint Fiscal Committee, the Governor's approval may now be considered final. We ask that you inform the Secretary of Administration and your staff of these actions.

cc: Linda Morse Cynthia LaWare Patrick Flood Sharon Moffatt From:

"Leach, Gary" <GLeach@vdh.state.vt.us>
"Michael Obuchowski" <obie@leg.state.vt.us>

To: Date:

12/27/2006 5:14 PM

Subject:

RE: JFO #2282

CC:

"Maria Belliveau" <MBELLIVEAU@leg.state.vt.us>, "Rebecca Buck" <RBUCK@le...

Here's Steve's response:

On the first question, there is no established deadline for the approval of the Public Health Supervision (PHS) guidelines. The Chairman of the PHS committee presented an overview of the committee's work to the Board of Dental Examiners in mid-December. Final documents and formal presentation to the Board of Dental Examiners will most likely occur in January. At that point, counsel for the Board will review the documents to determine what Dental Practice Act rule changes might be required. I'm guessing they would be approved within six months.

Your 2nd question, "how soon will the hygienists will be out in the field?" is difficult to answer with any certainty. Of course, some of this depends on the speed of accomplishing any necessary rule changes in the Dental Practice Act. Assuming those changes are made, and Public Health Supervision Guidelines are in place for hygienists, considerable work will have to be done to market available public health settings where hygienists might be effectively employed. One of the logical places for employment is in all Vermont Dept of Health district health offices. Hygienists could work in each of those offices providing dental prevention and outreach services to WIC families. This would depend on available funding.

Gary Leach Vermont Department of Health 863-7384

----Original Message-----

From: Michael Obuchowski [mailto:obie@leg.state.vt.us]

Sent: Friday, December 22, 2006 9:30 AM

To: Leach, Gary

Cc: Maria Belliveau; Rebecca Buck

Subject: RE: JFO #2282

Is there an established deadline for the approval of the public health supervision "rules"? How soon will the hygienists be out in the field? Thank you.

>>> "Leach, Gary" <GLeach@vdh.state.vt.us> 12/22/2006 6:21 AM >>> Steve Arthur replies:

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from the Vermont Dental Hygiene Association and myself. We have met numerous times and now have hammered out "Guidelines" and "Agreements" that will enable dental hygienists to work in public health settings (schools, local district health offices, nursing homes, etc...).

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guidelines are not yet policy as they will have to be accepted by the Board of Dental Examiners. We expect this to be finalized in the next couple of months. All parties have worked very cooperatively as we work to develop a program that will enhance options for care for those less fortunate and those who have a difficult time accessing traditional dental care.

Hygienists have a lot to offer. At least 20 states in the US allow dental hygienists to practice their skills in public health settings. In the case of Vermont, we are pursuing this course to enable hygienists to help solve some of our dental access issues. This approach is not intended as a complete solution to our "access" issue, but it does provide an avenue of help. As an example, hygienists could work in a district health office and provide all the usual dental hygiene services to WIC families who are in need of dental preventive services (cleanings, fluoride treatments, sealants, and most importantly, guidance for mothers with new babies and toddlers). WIC, by definition, encompasses all pregnant women and children until age 5. This prevention at the local health office would go a long way towards reducing the burden of tooth decay in our very young children. Vermont currently spend almost \$2 million Medicaid dollars each year for fillings, extractions and hospitalization for kids under 5! This is intolerable and hygienists can help address this issue.

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"Michael Obuchowski" <obie@leg.state.vt.us>

To: Date:

12/22/2006 9:23 AM

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From: Michael Obuchowski [mailto:obie@leg.state.vt.us]

Sent: Thursday, December 21, 2006 10:21 AM

To: Leach, Gary

Cc: Maria Belliveau; Rebecca Buck; Steve Klein; Arthur, Steve

Subject: Re: JFO #2282

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Additionally, I am disappointed that all the AHECs are not involved initially.

Thank you.

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of first year positions. In recent years we have seen a small expansion of the number of dental school slots with the opening of three dental schools in the US. Is there any Vermont specific data? There is not a Vermont specific applicant to acceptance ratio. But, we do know that in 2005, there were 14 Vermont residents studying in 11 different dental schools around the country. Vermont also has a dental residency program through Fletcher Allen Health Care (three dental residents a year with plans to expand to a fourth resident in June of 2008) Historically, approximately 40% to 50% of these dental residents remain in Vermont. Thus the focus of this grant in establishing one or more additional programs in central to southern Vermont (current focus on Route 4 and south). Does the grant assist people who are currently in dental school? Not financially. A small portion of the grant funding will enable the Vermont State Dental Society to identify and communicate with dental students in a more organized manner. This will be particularly useful in that it will provide students with information about practice opportunities in Vermont, the Vermont General Practice Residency program at Fletcher Allen Health Care and opportunities for AHEC Loan Repayment if they locate in Vermont. What is Vermont currently doing to assist dental students? No direct financial assistance of any kind. Are beneficiaries of the grant funds required to serve Medicaid patients and, if so, at what rate? This grant does not provide money to dental students and does not impose any requirements regarding service to Medicaid patients. (The current dental loan repayment program includes a commitment to provide access to dental care for Vermont Medicaid patients.)

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As for Dental Hygienists, the workforce situation is much more stable and predictable. There are approximately 400 practicing dental hygienists in Vermont. Vermont Technical College (VTC) in Williston is currently graduating approximately 25 dental hygienists per year and nearly 90% of them stay in Vermont to practice. Additionally, there are schools of dental hygiene near the southern border of Vermont on the Brattleboro side and Bennington side of the state and students from those areas of the state often attend those schools and return to Vermont. National and local projections of the dental hygiene workforce show substantial gains over the next 20 years. There are also several Dental hygiene scholarship programs available in Vermont.

If you have further questions or need more information about this grant proposal, please let me know, or contact Steve Arthur, State Dental Director, at 802 863-7497 or Peter Taylor, Executive Director of VSDS at 802 864-0115. Thank you.

Gary Leach Vermont Department of Health 863-7384

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12/22/2006 9:29 AM

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CC:

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From:

"Leach, Gary" <GLeach@vdh.state.vt.us>

To: Date: <obie@leg.state.vt.us> 12/20/2006 12:33 PM

Subject:

JFO #2282

CC:

"Maria Belliveau" <mbelliveau@leg.state.vt.us>, "Rebecca Buck" <RBUCK@le...

Representative Obuchowski:

Maria Belliveau at the Joint Fiscal Office forwarded your questions regarding the Health Department's request (JFO #2282) to receive a grant from HRSA to support Oral Health Workforce Development in Vermont. In answer to your questions, Steve Arthur, State Dental Director, responds:

This HRSA grant opportunity specifically addresses solutions for the projected shortage of dentists nationally and in Vermont for the next half century. Therefore, the grant provides money to enhance the educational pipeline for high school and students attending Vermont colleges; provides money to develop dental residencies and externship programs in central to southern Vermont which get young dentists to the state to not only expand their education and provide needed dental services, but also to learn more about the state; and lastly, the grant provides money for developing recruiting methods to recruit young graduating dentists to Vermont. It provides no money directly to students. This grant is the result of over 18 months of work by the Vermont Department of Health, Vermont State Dental Society, AHEC, Bi-State and the FAHC Dental Residency Program to lay the ground work for this ambitious project. The State of Vermont does already fund a physician, nurse and dentist loan repayment program operated by the Vermont Department of Health and AHEC that has been used to attract and retain dentists in Vermont. http://www.med.uvm.edu/ahec/TB8+BL+I.asp?SiteAreaID=94#AbsoluteLink2

http://www.med.uvm.edu/ahec/TB8+BL+1.asp?SiteArealD=94

What is the current applicant to acceptance ratio in dental schools? The national applicant to acceptance ratio for 2005 was 2.3 applicants per student enrolled. In other words, 10, 696 applied to dental schools and 4,688 actually enrolled in the 2005 first year class. The projected applicants for 2006 is approximately 12,500 for roughly the same number of first year positions. In recent years we have seen a small expansion of the number of dental school slots with the opening of three dental schools in the US. Is there any Vermont specific data? There is not a Vermont specific applicant to acceptance ratio. But, we do know that in 2005, there were 14 Vermont residents studying in 11 different dental schools around the country. Vermont also has a dental residency program through Fletcher Allen Health Care (three dental residents a year with plans to expand to a fourth resident in June of 2008) Historically, approximately 40% to 50% of these dental residents remain in Vermont. Thus the focus of this grant in establishing one or more additional programs in central to southern Vermont (current focus on Route 4 and south). Does the grant assist people who are currently in dental school? Not financially. A small portion of the grant funding will enable the Vermont State Dental Society to identify and communicate with dental students in a more organized manner. This will be particularly useful in that it will provide students with information about practice opportunities in Vermont, the Vermont General Practice Residency program at Fletcher Allen Health Care and opportunities for AHEC Loan Repayment if they locate in Vermont. What is Vermont currently doing to assist dental students? No direct financial assistance of any kind. Are beneficiaries of the grant funds required to serve Medicaid patients and, if so, at what rate? This grant does not provide money to dental students and does not impose any requirements regarding service to Medicaid patients. (The current dental loan repayment program includes a commitment to provide access to dental care for Vermont Medicaid patients.)

Are all of the State's AHEC's involved in the grant or just the AHEC located at UVM? If all are not involved, why not? Due to limited funding and staffing, AHEC-UVM will be responsible for developing the educational pipeline pilot projects and procedures for working with local high schools and colleges. It is the goal to expand these projects and procedures to AHEC offices around the state, depending on Congressional funding levels in future years for the Vermont AHEC.

Did the people who applied to HRSA for the grant consider expanding the scope of the dental assistance program to include dental hygienists? Reliable statistics (national and local) point to the fact that it is the DENTIST workforce which is extremely precarious. For Vermont, consider the following facts from the recently released 2005 Survey of Dental Practices in Vermont:

- There were 352 dentists working in Vermont
- 200 of the dentists are 50 or older, and 142 of these are

55 or older

prosthodontists are 60 or older

- ^{*} 7 of the 9 pediatric dentists are 50 or older, and 2 of the 4
- * 64 dentists stated intentions to retire in the next 5 years.

As compared with 2003:

- There are 15 fewer dentists in total
- Fewer dentists are working 40 hours or more, and fewer

are working at more than one site

As compared with 2001:

40 more dentists 55 and older

There are 15 fewer dentists in the 45 to 54 age range, and

As for Dental Hygienists, the workforce situation is much more stable and predictable. There are approximately 400 practicing dental hygienists in Vermont. Vermont Technical College (VTC) in Williston is currently graduating approximately 25 dental hygienists per year and nearly 90% of them stay in Vermont to practice. Additionally, there are schools of dental hygiene near the southern border of Vermont on the Brattleboro side and Bennington side of the state and students from those areas of the state often attend those schools and return to Vermont. National and local projections of the dental hygiene workforce show substantial gains over the next 20 years. There are also several Dental hygiene scholarship programs available in Vermont.

If you have further questions or need more information about this grant proposal, please let me know, or contact Steve Arthur, State Dental Director, at 802 863-7497 or Peter Taylor, Executive Director of VSDS at 802 864-0115. Thank you.

Gary Leach Vermont Department of Health 863-7384

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This email message may contain privileged and/or confidential information. If you are not the intended recipient(s), you are hereby notified that any dissemination, distribution, or copying of this email message is strictly prohibited. If you have received this message in error, please immediately notify the sender and delete this email message from your computer.

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Mailing Address:
1 Baldwin Street
Drawer 33
Montpelier, Vermont 05633-5701

Tel.: (802) 828-2295 Fax: (802) 828-2483

MEMORANDUM

To:

Joint Fiscal Committee Members

From:

Rebecca Buck, Staff Associate

Date:

December 14, 2006

Subject:

Grant Requests

Enclosed please find three (3) requests which the Joint Fiscal Office recently received from the Administration:

JFO #2280 – \$175,289 grant from the Social Security Administration to the Department of Disabilities, Aging and Independent Living, Division of Vocational Rehabilitation. This work incentives planning and assistance grant will be used to continue development and promote employment for recipients of Social Security Disability Income and Supplemental Security Income.

[JFO received 12/12/06]

JFO #2281 – \$100,000 grant from the American Legacy Foundation to the Department of Health. This grant will be used to support a program targeting smoking cessation and prevention services to young adults who are not enrolled in formal education.

[JFO received 12/12/06]

[*JFO received 12/12/06*]

JFO #2282 – \$344,256 grant from the U.S. Department of Health and Human Services, Health Resources and Services Administration to the Department of Health. These grant funds will be used to expand the state's oral health workforce through the recruitment of dental students, encouragement in oral health careers among state high school and college students, and by studying the feasibility of expanding Vermont's dental education capacity.

The Joint Fiscal Office has reviewed these submissions and determined that all appropriate forms bearing the necessary approvals are in order.

In accordance with the procedures for processing such requests, we ask you to review the enclosed and notify the Joint Fiscal Office (Maria Belliveau at 802/828-5971; mbelliveau@leg.state.vt.us or Stephen Klein at 802/828-5769; sklein@leg.state.vt.us) if you would like any item(s) held for Legislative review (I will be out of the office December 15 through January 1). Unless we hear from you to the contrary by December 28 we will assume that you agree to consider as final the Governor's acceptance of these requests.

cc: James Reardon, Commissioner
Linda Morse, Administrative Assistant
Cynthia LaWare, Secretary
Patrick Flood, Commissioner
Susan Moffatt, Commissioner

STATE OF VERMONT GRANT ACCEPTANCE FORM

DATE: November 22, 2006

DEPARTMENT:

AHS / Department of Health

GRANT/DONATION (brief description and purpose): This grant is to expand the state's oral health workforce by recruiting dental students to Vermont, especially dental students from Vermont, encouraging an interest in oral health careers among Vermont high school and college students, and by studying the feasibility of expanding Vermont's dental education capacity. Most of the work will be done by the Vermont Dental Society, the Vermont Residency Training Program, and the UVM Area Health Education Center through sub-grants.

GRANTOR/DONOR:

U.S. Department of Health and Human Services, Health Resources

and Services Administration (HRSA).

GRANT PERIOD:

9/30/06 - 8/31/09

AMOUNT/VALUE: \$344,256

POSITIONS REQUESTED (LIMITED SERVICE):

NONE

ANY ON-GOING, LONG-TERM COSTS TO THE STATE:

None.

COMMENTS:

DEPT. FINANCE AND MANAGEMENT: SECRETARY OF ADMINISTRATION: SENT TO JOINT FISCAL OFFICE:

(DATE)

DEC 12 2006

JOINT FISCAL OFFICE

STATE OF VERMONT REQUEST FOR GRANT ACCEPTANCE

1. Agency:

Human Services

2. Department:

Health

3. Program:

Health Improvement

4. Legal Title of Grant: Grants to States to Support Oral Health Workforce Activities

5. Federal Catalog No.: 93.236

6. Grantor and Office Address: Health Resources and Services Administration

Rockville, Maryland 20857

7. Grant Period:

From: 9/30/06

To: 8/31/09

8. Purpose of Grant: The purpose of the grant is to expand the state's oral health workforce. (see attached summary)

9. Impact of Existing Programs if Grant is not Accepted: None

10.	10. Budget Information		(1st State FY) FY 2007		(2nd State FY) FY 2008		(3rd State FY) FY 2009	
EX	PENDITURES:							
	Personal Services	\$	38,000		\$	47,302	\$	47,302
	Operating Expenses	\$	1,000			1,400	\$	1,400
	Other (Grants)	\$	101,000		\$	111,951	\$	111,951
	TOTAL	\$	140,000		\$	160,653	\$	160,653
RE	VENUES:							
	State Funds:			E				
	Cash	\$	40,000		\$	45,901	\$	45,901
	In-Kind	\$			\$		\$	
	Federal Funds:							
	(Direct Costs)	\$	97,540		\$	110,972	\$	110,972
	(Statewide Indirect)	\$	50		\$	75	\$ \$	75
	(Dept. Indirect)	\$	2,410	-	\$	3,705	\$	3,705
	Other funds:							
	(source)	<u>\$</u>			\$		\$	
TOTAL		\$	140,000		\$	160,653	\$	160,653

Grant will be allocated to these appropriation expenditure accounts:

Appropriation Nos. Amounts 3420040000 \$100,000



(Signature)

(Date)

[] Rejected by JFC

[] Approved by Legislature

VERMONT DEPARTMENT OF HEALTH MEMORANDUM

To:

Shirley Dow, AHS

From:

Gary Leach, Financial Officer

Re:

AA-1 for Oral Health Workforce Grant

Date:

11/7/06

I'm enclosing the AA-1, with supporting documents, requesting approval to receive a new grant from HRSA for oral health workforce development. Would you please let me know when this request leaves AHS on its way to Budget and Management in Montpelier? Thanks.

If you have questions or need further information, please give me a call (863-7384).



State of Vermont

AGENCY OF HUMAN SERVICES

OFFICE OF THE SECRETARY 103 South Main Street Waterbury, Vermont 05671-0204

> Telephone: (802) 241-2220 Fax: (802) 241-2979

TO: Steve Gold, Deputy Secretary, Agency of Human Services

FROM: Sarah Clark, AHS Central Fiscal Office &

DATE: November 14, 2006

RE: VDH - Grant Approval - Oral Health Workforce Activities

Attached is a grant acceptance form from VDH from the Health Resources and Services Administration (HRSA) to expand Vermont's oral health workforce. The grant begins upon approval and will continue through August 31, 2009 for a total value of \$344,256. The amount to be expended in FY07 has been prorated to reflect where we are in FY07. There is an annual state match requirement that will be covered by an existing appropriation in VDH for loan repayments for dental health professionals. In addition, there will be no longer-term funding concerns as the programs will terminate upon funding ending. Most of the funds will go out as pass-thru grants to collaborating organizations (Vermont Dental Society, Vermont Residency Training Program and UVM Are Health Education Center).

I recommend that AHS forward this grant along to the Secretary of Administration, the Governor and the Joint Fiscal Committee for approval.

Request for Grant Acceptance Oral Health Workforce Summary 11/7/2006

The Department of Health has been granted \$114,752 annually for three years by the Health Resources and Services Administration to expand the state's oral health workforce. The goals of the proposed project include recruiting dental students to Vermont, especially Vermont students attending dental schools throughout the United States, encouraging an interest in oral health careers among Vermont's high school and college students, and studying the feasibility of expanding Vermont's dental education capacity. These goals will be accomplished in collaboration with the Vermont Dental Society, the Vermont Residency Training Program and the UVM Area Health Education Center.

Most of the funds provided under the grant will be subgranted to these three collaborating organizations for the recruitment and career education activities. \$35,000 will be awarded, according to the State's procurement policies, to a contractor to conduct the feasibility study. Approximately \$14,000 will be retained by the Department to offset the costs of the project.

The Health Department is hereby requesting acceptance of \$100,000 in new Federal funds during State Fiscal Year 2007. The remainder of the Federal funding will be included in the Department's future budget requests. The Department has identified \$40,000, already appropriated for expenditure by the Department for loan repayments for dental health professionals, as a "match" for these Federal funds. We are including a copy of our application and a copy of the Federal grant award for your information.

1. DATE ISSUED: 2. PROGRAM CFDA: 93.236 DEPARTMENT OF HEALTH AND HUMAN SERVICES 09/19/2006 HEALTH RESOURCES AND SERVICES ADMINISTRATION 3. SUPERCEDES AWARD NOTICE dated: except that any additions or restrictio 4a. AWARD NO.: 4b. GRANT NO.: 5. FORMER GRANT NO.: T12HP07710 1 T12HP07710-01-00 NOTICE OF GRANT AWARD 6. PROJECT PERIOD: AUTHORIZATION (Legislation/Regulation) FROM: 09/30/2006 THROUGH: 08/31/2009 Part D of Title III of the Public Health Service Act as amended, Subpart X -7 BUDGET PERIOD: Primary Dental Programs, Section 340G (42 USC 256g) FROM: 09/30/2006 THROUGH: 08/31/2007 8. TITLE OF PROJECT (OR PROGRAM): Grants to States to Support Oral Health Workforce Activities 9. GRANTEE NAME AND ADDRESS: 10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR) Vermont Department of Health Steve Arthur Vermont Department of Health 108 Cherry Street Health Improvement Division / Office of Oral Health Burlington, VT 05402-0070 P.O. Box 70 108 Cherry Street Burlington, VT 05402-0070 12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE 11. APPROVED BUDGET: (Excludes Direct Assistance) [] Grant Funds Only a. Authorized Financial Assistance This Period \$ 114,752.00 b. Less Unobligated Balance from Prior Budget Periods [X] Total project costs including grant funds and all other financial participation \$ 0.00 i. Additional Authority ii. Offset \$ 0.00 a. Salaries and Wages: \$ 0.00 c. Unawarded Balance of Current Year's Funds \$ 0.00 \$ 0.00 b. Fringe Benefits: d. Less Cumulative Prior Award(s) This Budget \$ 0.00 \$ 0.00 c. Total Personnel Costs: d. Consultant Costs: \$ 0.00 e. AMOUNT OF FINANCIAL ASSISTANCE THIS \$ 114,752.00 **ACTION** \$ 0.00 e. Equipment: 13. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of f. Supplies: \$ 0.00 funds and satisfactory progress of project) g. Travel: \$ 0.00 YEAR TOTAL COSTS \$ 0.00 h. Construction/Alteration and Renovation: Not Applicable \$ 0.00 j. Consortium/Contractual Costs: * \$ 0.00 14. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash) k. Trainee Related Expenses: \$ 0.00 a. Amount of Direct Assistance \$ 0.00 I. Trainee Stipends: \$ 0.00 b. Less Unawarded Balance of Current Year's \$ 0.00 m. Trainee Tuition and Fees: \$ 0.00 \$ 0.00 n. Trainee Travel: c. Less Cumulative Prior Awards(s) This Budget \$ 0.00 o. TOTAL DIRECT COSTS: \$ 160,653.00 d, AMOUNT OF DIRECT ASSISTANCE THIS \$ 0.00 p. INDIRECT COSTS: (Rate: % of S&W/TADC) \$ 0.00 q. TOTAL APPROVED BUDGET: \$ 160,653.00 \$ 45,901.00 i. Less Non-Federal Resources: \$ 114,752.00 ii. Federal Share: 15. PROGRAM INCOME SUBJECT TO 45 CFR Part 74,24 OR 45 CFR 92.25 SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES: A=Addition B=Deduction C=Cost Sharing or Matching D=Other [C] Estimated Program Income: \$ 0.00 16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY HRSA, IS ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING: a. The grant program legislation cited above. b. The grant program regulation cited above, c. This award notice including terms and conditions, if any, noted below under REMARKS, d. 45 CFR Part 74 or 45 CFR Part 92 as applicable. In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise REMARKS: (Other Terms and Conditions Attached [X] Yes [] No) The budget for this award is reduced due to limited availability of funds. Electronically signed by John Gallicchio, Grants Management Officer on: 09/19/2006 17. OBJ. CLASS: 41.21 18. CRS-EIN: 1036000274B8 19. FUTURE RECOMMENDED FUNDING:

FY-CAN

06-3764403

CFDA

93.236

DOCUMENT NO.

T12HP07710A0

AMT, FIN, ASST.

\$ 114,752.00

S**ÜBPROĞ**RAM

CODE

N/A

AMT, DIR. ASST.

\$ 0.00

Grants to States to Support Oral Health Workforce Activities - Vermont's Workforce Initiative

Abstract

Title: Grants to States to Support Oral Health Workforce Activities - Vermont's Workforce

Development Initiative

Applicant Name: State of Vermont, Department of Health

Address: 108 Cherry Street, P.O. Box 70, Burlington, VT 05402-0070

Contact phone: (802)863-7497 Contact fax: (802)651-1634 Email: sarthur@vdh.state.vt.us

Web Site Address: http://healthvermont.gov/

Success and commitment in developing programs for oral health access, clearly reflects Vermont's ability to effectively collaborate with key constituents to improve access to oral health services for its citizens. However, given the improvements in policy and insurance coverage which have increased access to oral health services, Vermont continues to be challenged to retain and develop an oral health workforce adequate in size and distribution to provide the types of services and care promoted and supported by these system and policy initiatives. Over the past several months a group of stakeholders has met regularly to develop a plan for improving the coordination and breadth of activities related to training and recruiting dentists. This stakeholder group has included the Vermont State Dental Society (both the Executive Director as well as individual members), University of Vermont Area Health Education Centers Program, Vermont Department of Health, Bi-State Primary Care Association, Vermont Dental Residency Program and staff from the office of U. S. Senator James Jeffords. This group has identified a number of consensus key activities and initiatives which will advance the state and its training and recruitment activities. These key activities have a high level of support across the oral health, university and public health sectors. Vermont is proposing to expand its existing workforce development infrastructure to generate and support an oral health workforce adequate to meet the expanding needs of the state. In order to do this, Vermont will concentrate on the following goals:

- Goal #1 Establish systems and opportunities to recruit dental students to Vermont with special interest in and attention to Vermont students attending dental schools throughout the United States.
- Goal #2 Encouraging youth and college students to consider careers in oral health through enhancement of the oral health educational pipeline.
- Goal #3 Expand and develop educational programs through studying the feasibility of both expanding the residency training program and developing an externship program.

These goals will be accomplished through a collaborative process monitored by an Oversight Committee of stakeholders which will act as a subcommittee to the existing oral health recruitment and retention working group. Subcommittee participants will include the Department of Health, Vermont Dental Society, Vermont Residency Training Program and UVM Area Health Education Center Program.

Section I: INTRODUCTION

Statewide leadership, commitment and collaboration

The level of support for health and dental services has been high in Vermont as public policy makers understand the critical importance of regular primary and preventive care for children and adults. The past ten years has seen a progressing dedication to access for health care, including oral health. Vermont's oral health environment has been marked by the expansion of Vermont's medical and dental assistance programs that now support approximately 30-35% and 25% of the entire state's population respectively. Concurrently, the past ten years has been marked by the support of incentive programs such as the Vermont Educational Loan Repayment Program for Dentists, State Dental Access Grant Program, nominal fee schedule increases and supplemental payments by the legislature.

At a state agency, department and program level, dedication to access and oral health has been marked by a progression of targeted programs to improve specific oral health system functions. Implementation of policy has been accomplished by state agencies through innovative and collaborative efforts. Vermont is set apart from other states in the way state agencies and professional programs work together, a sign of its size and resourceful nature. The Office of Vermont Health Access, the state Medicaid Agency, has worked with the Department of Health, the Vermont Dental Society and others to develop an array of oral health prevention and access programs. Cost based reimbursement for dental services has solidified the financial stability of Rural Health Clinics (RHC) and Federally Qualified Health Center (FQHC) associated dental clinics. Topical and water fluoride programs, HIV Dental Assistance Program, Tobacco Screening Programs and the Early Childhood Caries Program have reached special needs

populations, and expanded the role of schools, pediatricians, family practitioners and communities to ensure that oral health services are available for the most vulnerable Vermonters.

Additional agency efforts include the Tooth Tutor Program, a collaboration to increase the oral health of Medicaid eligible children initiated by the Department of Health's Office of Oral Health, Medicaid, local school districts and the Early Periodic Screening, Detection and Treatment (EPSDT) Program. Participating schools have seen dramatic increases in the percent of Medicaid eligible children accessing oral health services and maintaining a dental home. In addition, services such as fluoride mouthrinse, oral health education for students and parents and ensuring that children attend scheduled appointments are supported.

Finally, joint planning activities have evolved to grow a mature data collection strategy for public health planning. Direct access to Medicaid data systems, dentist workforce surveys as part of relicensing, statewide school oral health assessment surveys and special studies to determine causes for Medicaid missed appointments articulate the efforts Vermont state agencies have engaged in to project and target oral health needs.

Commitment and collaboration within the higher education community substantiates the way in which Vermont integrates oral health needs into existing program goals. As part of the dental hygiene and dental residency programs, students are trained in a clinic that primarily serves uninsured, low-income and Medicaid eligible individuals. Exposure to this population has been critical in shaping the culture and attitude of new dental health professionals. Students make a significant impact on oral health access by providing assistance to disadvantaged populations and through service learning they are developing a career-long affinity to this commitment. In addition, the Residency Program Director holds a seat on the University of

Vermont Area Health Education Center Program statewide steering committee to advise on matters related to oral health workforce.

In addition to the Residency Program, the Vermont State Dental Society and the State Dental Director are members of the University of Vermont Area Health Education Center Program's statewide steering committee. In collaboration with AHEC, these partners have worked together over the past six years to oversee the administration of the State Loan Repayment Program which will be integrated into this initiative. As part of their work, AHEC administers the program but their partners work in an advisory capacity to shape the goals and objectives of the program as well as assist in the review and award of applicants. This collaborative and integrated work is indicative of the approach Vermont takes in addressing oral health workforce issues.

While statewide programming and infrastructure has been obligatory to move the oral health system forward, so have the engagement of communities and the development of regional and locally-based efforts to improve oral health. Currently, three community based efforts to improve oral health prevail. Vermont's Tooth Tutor Dental Access Program is an exceptionally successful program that engages schools (Grades K-6), children, parents and dental offices in order to bring Medicaid eligible children into the oral health system. The program offers oral health education, coordinates the fluoride mouthrinse program, establishes local dental community support, conducts screenings and provides follow-up with families. The Tooth Tutor Dental Access Program has been shown to increase the percentage of children who have a consistent dental home. In 2000 alone the percent of Medicaid eligible children in participating schools with an ongoing source of oral health services (dental home) increased by an average of 14% with increases as high as 52%. The Tooth Tutor Dental Access Program has been able to

consistently linked students with dental practices willing to take additional Medicaid eligible children through the persistent outreach of over 45 oral health professionals (hygienists and dental assistants) working in 120 elementary schools. The willingness and proactive support by dentists to serve students participating in the Tooth Tutor Program has been a hallmark for the state.

Second, currently 56% of persons served by public water systems are drinking fluoridated water. As a community driven oral health activity, fluoridation of water supplies can have a dramatic effect on the oral health status of the population. Finally, while schools and public water systems are excellent ways to improve the health of the community, there should be other community based and community driven efforts, particularly for those families and children who do not have access to water fluoridation or fluoride mouthrinse programs. For example, the Early Childhood Caries program attempts to improve early access and preventive care. As part of this program community dentists and pediatricians work together to identify children at risk and prescribe fluoride supplements as well as screen and refer active cases of early childhood tooth decay.

Success and commitment in developing programs for oral health access, such as those described in the previous paragraphs, clearly reflects Vermont's ability to effectively collaborate with key constituents. However, given the improvements in policy, programming and insurance coverage which have increased the access to oral health services, Vermont continues to be challenged to retain and develop an oral health workforce adequate in size and distribution to provide the types of services and care promoted and supported by these system and policy initiatives. Over the past eighteen months a group of stakeholders has met regularly to develop a plan for improving the coordination and breadth of activities related to training and recruiting

dentists in the state. This stakeholder group, the Dentist Recruitment Committee has included the Vermont State Dental Society (both the Executive Director as well as individual members), University of Vermont Area Health Education Centers Program, Vermont Department of Health, Bi-State Primary Care Association, Vermont Dental Residency Program and staff from the office of U.S. Senator James Jeffords. This group has worked diligently over time to develop a set of recruitment recommendations and strategies for the state. This proposal is well supported be each of the Dentist Recruitment Committee partners and is focusing upon the highest priority activities identified by the Committee.

Vermont is proposing to expand its existing workforce development infrastructure to generate and support an oral health workforce adequate to meet the expanding needs of the state. In order to do this, Vermont will concentrate on the following goals; because these goals were developed by the existing stakeholder group they have a high level of support across the oral health, university and public health sector. They include:

- Goal #1 Establish systems and opportunities to recruit dental students to Vermont with special interest in and attention to Vermont students attending dental schools throughout the U.S.
- Goal #2 Encouraging youth and students to consider careers in oral health through enhancement of the oral health educational pipeline.
- Goal #3 Expand and develop educational programs through studying the feasibility of expanding the residency training program and developing an externship program.

These goals will be accomplished through a collaborative process monitored by an Oversight Committee of stakeholders including the Department of Health, Vermont Dental Society, Vermont Residency Training Program and UVM Area Health Education Center Program.

Section II: NEEDS ASSESSMENT

Oral Health Care Landscape

There are a total of 118,745 individuals that are enrolled in a Medicaid program with dental benefits, representing approximately 20% of the entire state population. Through the programs of the Office of Vermont Health Access, the state's Medicaid Agency, dental health services are covered for adults with dependent children with incomes up to 185% of the federal poverty level (FPL), pregnant women with incomes up to 200% of the FPL and children in families with an income up to 300% of the FPL. In 2005, 50% of Medicaid eligible children and 28% of Medicaid eligible adults were utilizing oral health services compared to approximately 20% nationwide (children and adults combined). These differences are primarily attributed to Vermont's efforts in expanding financial access to oral health for its residents and creating mechanisms to encourage dentist participation in the Medicaid Program.

Medicaid dental participation data shows steady increases in enrollment through 2002, most of which is due to expansion in eligibility. In 2002, eligibility for dental benefits was restricted, resulting in a decrease in individuals enrolled; however, enrollment has remained steady since that time. In 1989 there were 59,334 persons enrolled in plans with dental coverage, with a 28% utilization rate and \$1.4 million in total expenditures. In 2005 there were 118,745 persons enrolled in a plan with dental coverage, with an average 42% utilization rate (children and adults combined) and \$14.2 million in total expenditures. Since 1994 utilization rates have plateaued. State Access Grants, the Vermont Educational Loan Repayment Program for Dentists and four years of reimbursement rate increases have assisted in keeping the utilization rates

Oranis to States to Support Oral Health Workforce Activities – Vermont's Workforce Initiative

stable as enrollment has increased. These figures indicate the tipping point at which our system has arrived. While promotion of financial access and encouragement of existing oral health professionals to serve more disadvantaged individuals has been successful in past initiatives, the system is realizing its limitations, primarily due to the capacity on the number of oral health professionals to serve those individuals with financial access to oral health services.

Reimbursement for children's and preventive services is slightly higher than reimbursement for adult and restorative services. During recent positive economic times, Vermont has experienced an increase in purchasing capacity of consumers and an increased demand on a wide array of dental services. This surge in demand has had a tendency to crowd out Medicaid eligibles and others with less purchasing capacity. This increase in demand underscores the fact that this initiative will assist in increasing the capacity of the state to serve marginalized populations as well as improve the overall infrastructure of the state from which each Vermonter will benefit.

Adult coverage includes basic, routine dental care with oral surgery, and up to three endodontic treatments in a lifetime. Adult services are capped at \$475 per calendar year with \$3 copays per visit. Coverage for children is comprehensive (orthodontics is limited to severe problems) with no cap on amount of services. Total Medicaid oral health expenditures equal approximately \$14.2 million for Vermont, including the federal share. Annual oral health expenditures are approximately \$119 per recipient for those recipients who participate.

Hard to reach and special populations such as children in custody, adults with developmental delay, children with special health needs, rural isolated populations and refugees have *financial* access through Medicaid coverage, however, still have difficulty accessing services. For example, the average number of children in custody is 1300. Social and

Rehabilitative Services (SRS) case mangers report that up to 100% of the children on their caseload, have not had routine preventive care in the past year. Other populations such as the elderly provide indications of the upstream issues related to access to oral health care services. In a state-by-state report card published by the federal Administration on Aging (AoA) Vermont obtained a failing grade for the percent of elderly individuals with 6 or more teeth lost due to decay. In this report, the failing grade gave Vermont a 23rd place ranking among states for oral health in the elderly.

In the most recent survey of Vermont dentists (2003), there were 367 dentists in active practice. Of these, 293 practice general dentistry, 9 pediatric dentistry and the remaining 74 provide specialty care (orthodontics, periodontics, etc.). The full time equivalent primary care dentist to population ratio is 36.6 per 100,000 population for the state as a whole. Counties vary from a low of 10.7/100,000 to 47.3/100,000. Approximately eighty percent of Vermont dentists have an active Medicaid billing number, not surprisingly, eighty percent of Medicaid payments are to private dental practices making them a significant element of the dental safety net.

Ninety one percent of all practices accept non-Medicaid patients, whereas only 63% of all practices accept any new Medicaid patients, with regional variations reaching as low as 29% in primary care specialties in rural counties of the state. Similarly, waiting times are indicative of the shortage of dentists and its effect on access. Waiting times for existing patients range from 1.4 weeks to 6 weeks and waiting times for new patients range from 1 week to 9 weeks, with longer waiting times in rural areas of the state. Twenty-nine percent of dentists in the state are age 55 and over, with regional differences showing counties with 48% of dentists 55 and over in specialty areas. On average, in Vermont, dentists age 55 and over work 29 hours per week in direct patient care. Nineteen percent of dentists reported that they plan on leaving practice

within the next five years; 20% reported leaving in the next six to ten years and 4% planned on reducing their hours in the next 5 years.

Pediatric dentists represent the smallest cohort of specialty dentists in the state.

Currently, there are nine pediatric dentists practicing a total of 6.9 FTE. Fifty six percent are over the age of 55, indicating that they are within 5 years of retirement. Additionally, distribution of this very important specialty is weighted away from our rural and remote areas. Specifically, eight of Vermont's rural counties or 57% have no pediatric dentist.

While systems and infrastructure for financial access have been good, the deterioration of a stable, adequate and well distributed oral health workforce has resulted in apparent disparities in oral health status as indicated by the number of dental underserved areas as well as oral health status indicators captured in the Behavioral Risk Factor Surveillance Survey. According to the survey, 25.7% of Vermonters have not visited a dentist or dental hygienist in the past year. Disparities exist among specific socioeconomic populations, for example, 53.8% of individuals with less than a high school diploma reported not visiting a dentist or dental hygienist in the past year and 47% of individuals with less than \$15,000 in household income reported seeing a dentist or dental hygienist in the past year. Twenty one percent of Vermonters reported that all their permanent teeth had been extracted and disparities exist among racial and socioeconomic populations for this indicator as well.

Based upon data obtained from HRSA Bureau of Health Professions health professional shortage area database, there are 61 dental health professional shortage areas and facilities in Vermont, covering approximately 25% of all towns in the state. In addition, based upon criteria put forth in the Oral Health Workforce federal announcement, there are approximately 20 additional sites including Critical Access Hospitals, Federally Qualified Health Centers and

Rural Health Clinics which qualify as dental health professional shortage facilities providing care to under-represented and under-served populations. A number of these facilities employ the only dentist in their community. More specifically, Essex County which is classified as a Frontier County by the Federal Office of Rural Health has one dentist practicing at .8 FTE for the entire county. Similarly, Grand Isle County, which is comprised of islands and peninsulas in Lake Champlain, has one dentist practicing at .8 FTE for the entire county. This data is indicative of the types of maldistribution of the existing oral health workforce in Vermont, particularly in its most rural and remote areas and demonstrates that while upwards of 30% of Vermont's population resides in a designated town or a town with a designated facility, these facilities often serve much larger geographic areas and populations. It is critical to assure that these undeserved areas maintain an adequate oral health workforce to continue to serve these disadvantaged populations. Given the relative instability of the workforce in these regions (loss of one dentist can result in the loss of access for the entire region), it is imperative that this initiative work to recruit and attract dentists to these regions.

These startling figures are indicative of the impending crisis the oral health system in Vermont will need to overcome. Given the well constructed policy and programming initiatives, it is crucial that the state focus on the development of a well trained and distributed oral health workforce. Given the positive policy environment, it is an ideal region to implement strategies to increase the oral health workforce under this Grant Program.

Vermont's coverage of oral health services, dentist participation in the Medicaid program and utilization rates by Medicaid eligibles are among the highest in the country. Despite these achievements, Medicaid and low income utilization rates are far below Healthy Vermonter 2010 goals for access to health care and they continue to slide down. Barriers to higher participation

cited by dentists and consumers include limited professional recruitment strategies to replace an aging dental workforce, retirement and a general uneven distribution of dentists. In spite of the advances Vermont has made in increasing access to medical care, disparities still exist in access to oral health services among Vermonters and the gap will continue to widen.

While strong and advanced overall, the oral health workforce system has elements, which if enhanced, will bring access in Vermont to a higher level. An award from HRSA will allow Vermont to build upon the existing infrastructure to support an excellent workforce.

Section III: METHODOLOGY

GOAL #1 IMPLEMENT A RECRUITMENT INITIATIVE

Well established research in the primary care field indicates that two strong indicators of health professional's choice of location to establish or join a health care practice are 1) where they are from and 2) where they are trained, the latter of which can include undergraduate degree training, advanced degree training, internships, externships and residency programs. Vermont does not have a dental school and while it has a residency program, the capacity is limited to three residents. A review of past residents shows that as few as one resident and as many as all three residents, in any given residency year, have been retained and practice in Vermont. In 2006, two out of the three will remain in Vermont. While there has been a longstanding history of working to retain individuals participating in its residency program, there has been little effort to track and retain contact with Vermonters leaving the state to attend a dental school nor the tracking of individuals attending Vermont undergraduate schools advancing to attend dental schools.

In order to facilitate a larger proportion of current or previous residents to return to Vermont, the Department of Health will work with the Vermont State Dental Society to establish

linkages with northeast dental schools in order to assist in identifying Vermont residents and creating opportunities to retain a connection with Vermont residents throughout their training in dental school. This will also include interfacing with other dental students not from Vermont who may express an interest in relocating here. A website with links and up to date information on practice opportunities (position openings as well as practices for sale), incentive programs, links to employment opportunities for spouses, real estate, Department of Education school reports, arts and leisure as well as recreational activities will all be features of the website in order to provide a one stop access to the wide variety of benefits of practicing and living in Vermont. Profiles of dentists and dental practices will be developed which provide an opportunity for individuals interested in returning and practicing in Vermont to obtain testimonials from current professionals in the field. A bulletin board or postings page will provide the opportunity to post questions and inquiries and for all visitors to the website to view answers provided. The Vermont State Dental Society will have primary responsibility for the development of this website in conjunction with its Board of Directors and the Oversight Committee.

In addition, the Dental Society will develop opportunities for affinity groups to develop at Northeast schools, based upon residency and interest in practicing in Vermont. Informational and socializing events will be organized in collaboration with other existing campus events or independently as merited. The Dental Society has had previous experience holding these events. Recently they held a reception at Tufts dental school in which over 70 Tufts dental students stopped by between classes and clinic to visit with Vermont dentists and snack on Dakin Farm ham, cheese and mustards, breads from Klinger's bakery Vermont apples, cider ,cookies and brownies. In the background, a Vermont Travel and Tourism video played continuously on a

large screen. Two students won a raffle and each received a Killington ski pass. Each student was given a folder of information about Vermont including information about the dental residency program and student loan repayment opportunities, a copy of Vermont Life magazine, other Vermont travel information and a packet of Green Mountain Coffee Roasters. Each student was invited to visit Vermont and the Dental Society offered to help facilitate any dental contacts they might wish to make in Vermont.

Events such as this will allow the Dental Society to showcase the website (either live feed or snapshots of windows) and introduce students to the features it provides. These events will also provide an opportunity to obtain email addresses and contact information from current students in order to provide follow up and ongoing contact to students expressing an interest. As resources permit, the website may be designed to allow students to upload their profiles to the website. Access to these profiles will be limited to Dental Society staff for the purpose of tracking and potential matching of practices to prospective recruits.

As part of the recruitment initiative print materials, with parallel information provided in the website, will be provided at all events and mailed with a letter on a periodic basis to maintain contact with students from New England dental schools. While the main focus will be upon engaging Vermont residents, this will create a natural opportunity to engage other interested students and will be highly encouraged as it occurs. The presence of a Dental Hygiene school in Vermont has allowed these types of connections to be developed, having said this, while year one activities will concentrate upon recruitment of dentists to the state, subsequent years will strengthen the existing infrastructure and systems currently in place to retain dental hygiene students to practice in the state.

Finally, this initiative will leverage the financial resources allocated by the legislature this past session to provide educational loan repayment incentives to dentists willing to commit to a service obligation, including practice in federal and state designated areas of underservice or to improve access to high priority populations. The current program is administered through the University of Vermont Area Health Education Center (AHEC) Program. AHEC, as part of the Oversight Committee will work to align educational loan repayment programmatic goals and application processes to facilitate the rewarding of dentists interested in expanding access to underserved populations. The use of educational loan repayment incentives as a recruitment tool will be important for the success of this recruitment initiative. Additionally, by aligning all recruitment and incentive efforts across state and university partnerships, Vermont will be able to leverage the greatest influence on attracting dentists to its rural, remote areas and to those practices serving disadvantaged and underserved populations.

Deliverables:

- ✓ Development of a website to inform and attract potential dental professionals
- ✓ Meetings with key dental school staff throughout Northeast to establish linkages with school activities and informational opportunities
- ✓ Informational and social meetings with students at Northeast dental schools
- ✓ Semi-annual contact with students expressing interest in practicing in Vermont
- ✓ Leverage of educational loan repayment program in recruitment initiatives

GOAL #2 IMPROVE THE CONTINUITY OF THE EDUCATIONAL PIPELINE

While Vermont lacks a dental school, it has a strong network of public and private colleges and universities with strong programs focusing on math and sciences. These programs provide the basic building blocks necessary for preparation and application to dental schools, however, the

lack of a dental school or educational continuity creates a disjointed pipeline to direct youth and students to an oral health career.

As part of this project, Vermont proposes to improve the continuity of and breadth of the oral heath educational pipeline through working with youth in high schools as well as students in post secondary schools to increase their interest in a career in oral health. The University of Vermont Area Health Education Centers (AHEC) Program will have primary responsibility for the development of this aspect of the Vermont initiative. AHEC's role in oral health workforce development is a complement and necessary supplement to Vermont's existing educational and health care systems. It is clear that to avert an oral health workforce crisis in the near future we must overcome the barriers affecting youths' interest, preparation and competitiveness to pursue oral health careers education and training. This grant will allow AHEC and various educational partners to work together in offering new opportunities to students, including rural, economically disadvantaged, first-generation college bound students in Vermont in order to positively impact the oral health workforce.

Encouraging Interest in Oral Health Careers in High School Students

The focus of this aspect of the initiative is to increase the potential that students from Vermont's high need and rural remote areas become engaged in an oral health-related career. By encouraging individuals who are representative of underserved populations and are in rural and geographically disadvantaged communities, this project hopes to be able to develop an oral health workforce more likely to return to Vermont to high priority communities. Through a variety of programs and activities geared toward disadvantaged students as well as to their parents, mentors and communities, this project will work to increase the number of these students trained and employed in the health professions in Vermont with the anticipation that

these students from underserved backgrounds will be more likely to pursue their careers in Vermont's disadvantaged communities. The program will have five areas of focus:

Focus Area #1: Information and Material Dissemination/Development;

Focus Area #2: Health Careers Enrichment and Exposure Activities;

Focus Area #3: Cultural Diversity and Cultural Competency;

Focus Area #4: Partnering and Collaboration; and

Focus Area #5: Regional and Statewide Tracking/Evaluation

Year one of the program will concentrate on the development of programming to support Focus Areas 1 and 2. As part of Focus Area 1 and 2 activities, AHEC will work with selected high school (s) and guidance counselors to establish a dialog regarding the program and development of program components. While AHEC currently produces a Health Careers Handbook, a website will be developed in response to the needs of students and direction from guidance counselors. The website will be dynamic and interactive, allowing visitors to request information and have follow up contact, serve as a portal to other relevant web sites and designed based on demographic audience of high school and undergraduate college students. The website will be used as a companion for Focus Area 2 including, at a minimum, oral health career options; profile of job roles; educational requirements, certification and licensing; educational options in VT; work environment; job outlook and salary range.

Focus Area 2 program components will not only provide exposure to students regarding careers in oral health, but it will also provide resources for those interested students so that they can become successful in fulfilling that aspiration. While the program will be open to developing a variety of interventions, two specific activities will be targeted, these include:

Grants to States to Support Oral Health Workforce Activities - Vermont's Workforce Initiative

- Development of an oral health careers exposure program. This exposure program will
 target up to 15 students, with preference given to those from disadvantaged backgrounds.
 They will be provided an opportunity to explore careers in oral health as well as an
 overview of oral health specialties within the field through direct clinical observations.
 This program will engage students in a day long experiential conference.
- 2. Development of an academic enrichment program. This enrichment program will target up to 15 students, with preference given to those from disadvantaged backgrounds in a multi-week experience. Students will be provided instruction on relevant math and science topics, cultural diversity, study/time management skills and SAT (college admission exam) preparation. This may be followed-up with one on one tutoring for SAT preparation as well as other mentoring opportunities.

Encouraging Interest in Oral Health Careers in Undergraduate Students

AHEC will work with three post-secondary schools to establish linkages with student advisors and develop opportunities to orient students to careers in oral health. Within each post-secondary school, AHEC will establish ongoing relationships with approximately 3-4 student advisors in the field of math, science or human services. Advisors will be oriented to AHEC's Health Careers Handbook which includes information on dentists, dental hygienists and dental assistants. In addition, advisors will be instrumental in identifying students who would be invited to an open house or informational meeting regarding careers in oral health. This informational meeting will include representatives from the oral health workforce to talk about their careers as well as provide information regarding Vermont's Educational Loan Repayment Program and other opportunities to expand oral health access. As part of this initiative, AHEC will develop a website which will be showcased at these events. Students will be provided an

opportunity to sign up and receive follow up information regarding oral health careers. AHEC will work with Vermont Student Assistance Corporation, the administrative agency for Vermont educational grants and federal loans, to participate together in events which capture a broader array of potential students. Individuals participating in these events will be periodically contacted and provided information on current state oral health activities. As appropriate, some students may be engaged to work with high school students participating in AHEC's high school recruitment activities.

Deliverables

- ✓ Development of health careers website for high school and undergraduate students
- ✓ Development of companion materials for high school students
- ✓ Create linkages with high school guidance counselors, teachers and school leadership
- ✓ Develop curriculum of high school interventions/programs
- ✓ Create linkages with college Deans, academic and career advisors
- ✓ Hold informational events for students
- ✓ Develop year 2 and 3 plans for implementation and addressing future Focus Areas

GOAL #3 EXPAND VERMONT'S DENTAL EDUCATION CAPACITY

As discussed in the needs section, Vermont's Dental Residency Program has had a longstanding history of training residents at sites which serve disadvantaged and underserved populations as a means of influencing the future practice patterns and target populations of practicing dentists. This approach has also been very successful in retaining residents who matriculate in the program as a high number of residents remain in the state to practice. Having said this, the Residency Program is quite limited in size. As part of this initiative, we propose to engage in a feasibility study on the systems and costs necessary to increase the number of

Grants to States to Support Oral Health Workforce Activities - Vermont's Workforce Initiative

residents matriculated in the program. Future years of this initiative will concentrate upon implementation of activities to expand the program as well as development of an educational strategy to inform policy-makers on the cost-benefit analysis of program expansion and any other options presented in the feasibility report.

Concurrent to the Residency Program feasibility study will be a feasibility study on the development of an externship program. The development of an externship program has been determined by the existing Dental Recruitment Committee to be on of the top viable options for recruiting dentists into the state. There are a variety of externship programs that exist which range in time commitment as well as cost to develop and sustain. Vermont will work with regional dental schools to discuss their existing externship programs both as a means to define the parameters of the feasibility study as well as to develop working relationships with schools which currently have externship programs dedicated to exposing students to marginalized, underserved and rural populations.

Deliverables

- ✓ Oversight Committee defines scope of Residency Program and Externship analysis
- ✓ Review of existing Residency and Externship models
- ✓ Discussion of existing Residency and possible Externship Programs with regional dental residency programs and schools
- Position paper delineating assessment and cost-benefit of Residency Program expansion and Externship program development
- Dissemination and review of position paper with internal and external stakeholders
- ✓ Oversight Committee meets regularly with contractor to shape studies

Vermont Department of Health

Duns # 80-937-6155

Grants to States to Support Oral Health Workforce Activities – Vermont's Workforce Initiative

Section IV: WORK PLAN

GOAL #1 IMPLEMENT A RECRUITMENT INITIATIVE

Objective	Activity	Deliverable	Person Responsible	Targeted Completion Date
Recruit students from regional dental schools to practice in Vermont.	Develop websiteMeetings with key dental school staff	Dedicated website5 in person meetings	Dental Society, in collaboration with Oversight	Month 6Month 6
	Hold informational meetings	• 5 informational meetings held	Committee	• Month 12
	Continued contact with students	List of interested students, mailing post informational contact		• Month 12
	 Leveraging educational loan repayment program in recruitment initiative 	Loan repayment application materials revised		• Month 3

GOAL #2 IMPROVE CONTINUITY OF THE EDUCATIONAL PIPELINE

Objective	Activity	Deliverable	Person Responsible	Targeted Completion Date
Encourage high school students to enter oral health career.	 Development of website Disseminate information Create linkages with schools Develop curriculum for 	 Website developed Materials printed and distributed Guidance counselors contacted and queried regarding needed programming Exposure curriculum 	AHEC, in collaboration with Oversight Committee	 Month 6 Month 6 Month 6 Month 9
	 Develop curriculum for student enrichment Develop year 2 and 3 plan 	 Exposure curriculum complete Enrichment curriculum complete Year 2 and 3 work plans complete 		Month 12Month 12
Encourage undergraduate college students to enter oral health career.	 Development of website Create linkages with colleges Hold informational meetings 	 Website developed Meetings with college advisors 3 informational meetings held 	AHEC, in collaboration with Oversight Committee	Month 6Month 6Month 9

GOAL #3 EXPAND VERMONT'S EDUCATIONAL CAPACITY

Objective	Activity	Deliverable	Person Responsible	Targeted Completion Date
Understand the logistics and feasibility of expanding the Residency Program and development of Externship Program	 Review existing models Define scope of analysis Create link with regional programs 	 List of best practices and promising models Scope of analysis provided to contractor Meetings with regional programs 	Contractor – managed by Oversight Committee	Month 2Month 3Month 5
	Develop position paperDisseminate results	Position paperMeetings with stakeholders		Month 10Month 12

Grants to States to Support Oral Health Workforce Activities - Vermont's Workforce Initiative

Section V: RESOLUTION OF CHALLENGES

The most likely challenge to influence this project will be in the assessment and feasibility of expanding the Residency Program and development of an Externship Program. Challenges may occur in the instances that Oversight Committee participants disagree on the scope and the cost-benefit measures in the analysis. The Committee will work with a non-biased contractor in order to resolve this conflict, and where possible, the Committee will instruct the contractor to assess these programs with alternate assumptions or methods in order to compare the results.

Section VI: EVALUATION AND TECHNICAL SUPPORT CAPACITY

Current Work of Similar Nature

Vermont has had a longstanding history of developing and coordinating programs to promote the advancement of oral health services and developing a health care workforce. UVM AHEC Program, the Vermont State Dental Society and the Vermont Department of Health have been working together for the past 10 years to collaboratively address oral health issues. More recently, over the past six years, oral health workforce has become an increasing priority. These partners have worked together to develop programs and advocate for resources. Samplings of these programs are listed below:

State Educational Loan Repayment Program: Vermont's Educational Loan Repayment Program has been in existence for six years and has been successful at recruiting and retaining dentists to serve underserved populations in geographically diverse areas of the state. The Loan Repayment Program will be leveraged in the goals and activities of this initiative in order to develop the most effective recruitment initiative.

State Incentive Grants: The State Incentive Grants have been used to improve the ability of dental practices in serving individuals with Medicaid or no insurance. Capitol improvements,

staff training (to become Expanded Function Dental Auxiliaries for example) and other support have been provided to dental practices interested in supporting and expanding service to underserved populations.

<u>Supplemental Payments:</u> Additional payments made to dentists based upon the volume of services provided to Medicaid eligibles.

Encouraging health care careers: UVM AHEC Program has been developing health care workforce programming for over 10 years and has greatly improved the educational pipeline, encouraging more Vermonters to consider a career in health care. UVM AHEC is well poised to launch a pipeline program focused on careers in oral health.

<u>Vermont Residency Program:</u> The Residency Program has had a longstanding history of training residents in facilities serving marginalized populations. This approach has resulted in a high retention rate of residents in Vermont and a continued service to its citizens.

Over the past eighteen months a group of stakeholders has met regularly to develop a plan for improving the coordination and breadth of activities related to training and recruiting dentists in the state. This stakeholder group, the Dentist Recruitment Committee has included the Vermont State Dental Society (both the Executive Director as well as individual members), University of Vermont Area Health Education Center Program, Vermont Department of Health, Bi-State Primary Care Association, Vermont Dental Residency Program and staff from the office of Senator James Jeffords. This group has worked diligently over time to develop a set of recruitment recommendations and strategies for the state. This proposal is well supported be each of the Dentist Recruitment Committee partners and is focusing upon the highest priority activities identified by the Committee. This project will be overseen by a subset of the full Committee and will continue to link the project activities to their larger recruitment agenda.

Having said this, these stakeholders have had a longstanding commitment to addressing the oral health workforce needs of the state. Each of these members holds a seat on the UVM AHEC statewide advisory committee and represents their perspective on oral health workforce. In addition, while AHEC administers the State Loan Repayment Program and the State administers the Oral Health Access Grant Program, all the stakeholders participate in advisory committees which oversee the goals and objectives of the programs as well as the review of applications. Oversight of this new project by these same stakeholders is a logical role considering their existing collaborative and coordinated efforts.

Evaluation and Use of Existing Data Sources

Vermont is very advanced in the collection of and access to data regarding oral health and while process measures will be the primary method of collecting information to monitor the initiative's progress, the Oversight Committee will also rely upon additional data to review short and long term outcomes and impact.

BRFSS: Vermont has oral health questions as part of the Behavioral Risk Factor Surveillance Survey (BRFSS) funded through the CDC in which Vermonters are asked about the frequency of accessing oral health services as well as their own oral health status.

Dentist Profiles: Vermont's biannual licensing survey for dentists tracks workforce data in a comprehensive manner. Since the health of Vermonters depends, in part, on access to health care, we use this data to identify and address problems related to the supply of health care providers, including their distribution by geography and specialty. This effort depends largely on our capacity to collect timely and useful data. In this report we present detailed profiles of dentists practicing in Vermont; these data can be used as the basis for policy analysis, shortage

area designations, and recruitment and retention activities. The first survey of dentists was conducted in 1999. Information on dentists who practice in Vermont will be updated every two years at the time of relicensing. In cooperation with the Secretary of State Office and the Vermont State Dental Society, the Department of Health includes a survey with the licensing renewal form in the fall of the calendar year. The surveys that are returned are compared against a list of all dentists who were relicensed. Follow-up mailings and phone calls are then made to those dentists residing in Vermont, or a neighboring state, who did not return a survey, to determine if they were practicing in Vermont and if so, to complete the survey. Included in the report are dentists who provide patient care in Vermont. A number of dentists maintain Vermont licenses even though they do not practice in Vermont. These dentists are excluded from this report.

Medicaid Utilization Data: A Public Health Dentist has direct entry to the Medicaid database to access utilization and procedure data. As part of the ongoing collaboration between Public Health and the Medicaid Agency, access to this information has helped to drive the allocation of resources to the most critical geographic areas and population cohorts.

Other Data Sets: Most recently Vermont has assessed the oral health status and access to oral health services of Medicaid and non Medicaid children in grades 1-3. This data has helped to identify regions of the state in which to expand the successful Tooth Tutor Program.

Section VII: ORGANIZATIONAL INFORMATION

1. Letter from the Governor's Office appointing the Vermont Department of Health as the coordinator for the State's Application:

JAMES H. DOUGLAS



State of Vermont OFFICE OF THE GOVERNOR

August 7, 2006

Raymond Lala, DDS
Dental Officer, Division of Medicine and Dentistry
Grants to States to Support Oral Health Workforce Activities Program
Health Professions, HRSA
Parklawn Building, Room 9A-27
5600 Fishers Lane
Rockville, MD 20857

Dear Dr. Lala:

On behalf of the State of Vermont, I am submitting this letter designating the Vermont Department of Health to put forward a formal proposal on behalf of our state. The Vermont Department of Health has had a longstanding history of acting in this capacity on behalf of the state and other important stakeholders on similar projects.

The Department of Health is prepared to work in collaboration with the Vermont State Dental Society, the University of Vermont Area Health Education Center Program, and the Vermont Dental Residency Program to address the most outstanding oral health workforce issues of our state. Through participation in this project, we believe that our stakeholders will become more aware of the critical issues inhibiting the development of an adequate and well-distributed oral health workforce. Because of our size and rural nature, we feel that the resources offered under this program will have widespread and long-lasting impact on our ability to assure the oral health of our citizens through workforce development.

For questions regarding the project and the role of the Vermont Department of Health, please contact Dr. Steve Arthur at <u>sarthur@vdh.state.vt.us</u>. I look forward to a favorable review of the proposal.

Sincerely,

James H. Douglas

Governo

JHD/rrs

2. Information on the Vermont Department of Health – organization, structure and role in the proposed project:

The Department of Health is proud to continue a long tradition of public health service in Vermont, and is the state's lead agency for public health policy and advocacy. More than a century old in Vermont, public health is the system that works to protect and promote the health of its citizens. It is the science and art of preventing disease, prolonging healthy life and promoting physical and mental health. Public health focuses on preventing disease in the population, while medical care focuses primarily on caring for and curing health problems in individuals.

The Department's priorities for a healthy Vermont are complied in the Healthy Vermonters 2010 report. It represents the work of dozens of organizations and individuals under the leadership of the Vermont Department of Health. It sets forth specific and measurable objectives to improve health and prevent disease. Healthy Vermonters 2010 is the cornerstone of Vermont's public health efforts, and the measure of success or failure. Meeting the objectives requires continuing support and action from broad sectors of society and incorporating Healthy Vermonters 2010 into planning and policymaking at all levels.

Vision and Mission Statements

Vision

 We will have the nation's premier system of public health, enabling Vermonters to lead healthy lives in healthy communities.

Mission

- We will lead our state and communities in the development of systematic approaches to health promotion, safety and disease prevention.
- We will continuously assess, vigorously pursue and document measurable improvements to the health and safety of Vermont's population.
- We will succeed through excellence in individual achievement, organizational competence and teamwork within and outside of the Department of Health.

Vermont's Public Health System

Twelve District Offices throughout the state comprise the local public health structure in Vermont. These offices are part of the state Department of Health, and are the only governmental public health offices at the local level in Vermont. The district offices work in partnership with local health care providers, voluntary agencies, schools, businesses and community organizations. These outreach efforts are necessary for monitoring health needs within Vermont communities, and helps the Department work toward viable solutions.

Organization of the Department

The Department of Health is within the Agency of Human Services and is comprised of six divisions, plus the Board of Medical Practice (see Organizational Chart).

 $\label{lem:weight} Vermont\ Department\ of\ Health} Unns\ \#\ 80-937-6155$ Grants to States to Support\ Oral\ Health\ Workforce\ Activities\ -\ Vermont's\ Workforce\ Initiative

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OMB Number: 4040-0001 Expiration Date: 04/30/2008

RESEARCH & RELATED BUDGET - SECTION	o, b, a L, bobol: i Likiob i
* ORGANIZATIONAL DUNS: B093761550000	
* Budget Type:	
Enter name of Organization: Vermont Department of Health	
* Start Date: 10/01/2006 * End Date: 09/30/2007 Budget Period	od: 1
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D. Travel	Funds Requested (\$)
Domestic Travel Costs (Incl. Canada, Mexico and U.S. Possessions)	1,400.00
2. Foreign Travel Costs	
Total Travel Cos	et 1,400.00
E. Participant/Trainee Support Costs	Funds Requested (\$)
1. Tuition/Fees/Health Insurance	
2. Stipends	
3. Travel	
4. Subsistence	
5. Other	
Number of Participants/Trainees Total Participant/Trainee Support Costs	

RESEARCH & RELATED Budget (C-E) (Funds Requested)

OMB Number: 4040-0001 Expiration Date: 04/30/2008

RESEARCH & RE	LATED BU	DGET - SECTION	F-K, BUDGET PERIOD	1 Next Renio
* ORGANIZATIONAL DUNS: 8093761550000			•	
* Budget Type: Project Subaward/C	Consortium	•		
Enter name of Organization: Vermont Department	of Health			
* Start Date: 10/01/2006 * E	nd Date: 09/30	0/2007 Budget Perio	od: 1	•
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F. Other Direct Costs	,		Funds Requested (\$)	
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2. Publication Costs				
3. Consultant Services			 	
4. ADP/Computer Services				
5. Subawards/Consortium/Contractual Costs	•		101,050.00	
6. Equipment or Facility Rental/User Fees	•			
7. Alterations and Renovations				• • • •
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	Total (Other Direct Costs	101,050.00	·
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G. Direct Costs	•		Funds Requested (\$)	•
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	To	otal Indirect Costs	3,780.00	
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(Agency Name, POC Name, and POC Phone Number)				
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I. Total Direct and Indirect Costs			Funds Requested (\$)	
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Total Direct and Indire	ect Institutio	onal Costs (G + H)	114,752.00	

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OMB Number: 4040-0001

Expiration Date: 04/30/2008

RESEARCH & RELATED BUDGET - SECTION	C, D, & E, BUDGET PERIOD 2
* ORGANIZATIONAL DUNS: 8093761550000	
* Budget Type: Project Subaward/Consortium	
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D. Travel	Funds Requested (\$)
1. Domestic Travel Costs (Incl. Canada, Mexico and U.S. Possessions)	1,400.00
2. Foreign Travel Costs	
• Total Travel Cost	t 1,400.00
E. Participant/Trainee Support Costs	Funds Requested (\$)
1. Tuition/Fees/Health Insurance	
2. Stipends	
3. Travel	
4. Subsistence	
5, Other	
Number-of-Participants/Trainees Total Participant/Trainee Support Costs	

RESEARCH & RELATED Budget (C-E) (Funds Requested)

OMB Number: 4040-0001
-Expiration Date: 04/30/2008

RESEARCH & RELATED BUDGET - SECTION F-K, BUDGET PERIOD 2 * ORGANIZATIONAL DUNS: 8093761550000 * Budget Type: 🗸 Project Subaward/Consortium Enter name of Organization: Vermont Department of Health Resettentries (If the Reset Entries button is pressed, please navigate to previous year to enable the submission of the F. Other Direct Costs Funds Requested (\$) 1. Materials and Supplies **Publication Costs** Consultant Services ADP/Computer Services 101:050.00 Subawards/Consortium/Contractual Costs Equipment or Facility Rental/User Fees Alterations and Renovations 8. 9. 10. Total Other Direct Costs 101,050.00 G. Direct Costs Funds Requested (\$) Total Direct Costs (A thru F) 110,972.00 H. Indirect Costs **Indirect Cost** Indirect Cost Indirect Cost Type Rate (%) Base (\$) -* Funds Requested (\$) 1. Cost Allocation Plan 60 6.300.00 3,780.00 2. З. Total Indirect Costs 3,780.00 Cognizant Federal Agency (Agency Name, POC Name, and POC Phone Number) Funds Requested (\$) I. Total Direct and Indirect Costs Total Direct and Indirect Institutional Costs (G + H) 114,752.00

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Funds Requested (\$)

K. * Budget Justification Budget narrative and justification2.doc

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(Only attach one file.)

OMB Number: 4040-0001 Expiration Date: 04/30/2008

RESEARCH & RELATED Budget (F-K) (Funds Requested)

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) ,	Total Fu	ınds requested	for all Senior Key P	ersons in the att	ached fil	e										
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OMB Number: 4040-0001

Expiration Date: 04/30/2008

RESEARCH & RELATED BUDGET - SECTION C, D, & E, BUDGET PERIOD 3 * ORGANIZATIONAL DUNS: 8093761550000 * Budget Type: Project Subaward/Consortium Enter name of Organization: Vermont Department of Health * Start Date: 10/01/2008 * End Date: 09/30/2009 **Budget Period: 3** (If the Reset Entries button is pressed, please navigate to previous year to enable the submission of the C. Equipment Description List items and dollar amount for each item exceeding \$5,000 * Funds Requested (\$) Equipment Item 1. .2. 3. 4. 5. 6. 7. 8. 9. 10. 11. Total funds requested for all equipment listed in the attached file **Total Equipment** AddsAttachment Deleis Allachment View Altachment Additional Equipment: Funds Requested (\$) D. Travel 1. Domestic Travel Costs (Incl. Canada, Mexico and U.S. Possessions) 1,400.00 2. Foreign Travel Costs Total Travel Cost 1,400.00 E. Participant/Trainee Support Costs Funds Requested (\$)

RESEARCH & RELATED Budget {C-E} (Funds Requested)

Number of Participants/Trainees Total Participant/Trainee Support Costs

1. Tuition/Fees/Health Insurance

Stipends
 Travel
 Subsistence

5. Other

OMB Number: 4040-0001 Expiration Date: 04/30/2008

RESEARCH & RELATED BUDGET - SECTION F-K, BUDGET PERIOD 3 * ORGANIZATIONAL DUNS: 8093761550000 * Budget Type: V Project Subaward/Consortium Enter name of Organization: Vermont Department of Health Budget Period: 3 (If the Reset Entries button is pressed, please navigate to previous year to enable the submission of the Funds Requested (\$) F. Other Direct Costs 1. Materials and Supplies 2. Publication Costs 3. Consultant Services ADP/Computer Services 101,050.00 Subawards/Consortium/Contractual Costs Equipment or Facility Rental/User Fees Alterations and Renovations 9. 10. Total Other Direct Costs 101,050.00 Funds Requested (\$) G. Direct Costs Total Direct Costs (A thru F) 110,972.00 H. indirect Costs **Indirect Cost Indirect Cost** Rate (%) Base (\$) Indirect Cost Type * Funds Requested (\$) 1. Cost Allocation Plan 60 6,300.00 3.780.00 2. 3. Total Indirect Costs 3,780.00 Cognizant Federal Agency (Agency Name, POC Name, and POC Phone Number) I. Total Direct and Indirect Costs Funds Requested (\$) Total Direct and Indirect Institutional Costs (G + H) 114,752.00 J. Fee Funds Requested (\$)

Add Atlachment

K. * Budget Justification | Budget narrative and justification2.doc

RESEARCH & RELATED Budget (F-K) (Funds Requested)

(Only attach one file.)

RESEARCH & RELATED BUDGET - Cumulative Budget

	, 52	u.o (+)
Section A, Senior/Key Person		25,566.00
Section B, Other Personnel		
Total Number Other Personnel	0	
Total Salary, Wages and Fringe Benefits (A+B)		25,566.00
Section C, Equipment		
Section D, Travel		4,200.00
1. Domestic	4,200.00	
2. Foreign		
Section E, Participant/Trainee Support Costs		
1. Tuition/Fees/Health Insurance		
2. Stipends		
3. Travel		
4. Subsistence		
5. Other		
6. Number of Participants/Trainees		•
Section F, Other Direct Costs		303,150.00
1. Materials and Supplies		
2. Publication Costs		
3. Consultant Services		
4. ADP/Computer Services		
5. Subawards/Consortium/Contractual Costs	303,150.00	•
6. Equipment or Facility Rental/User Fees		•
7. Alterations and Renovations		
8. Other 1		
9. Other 2		
10. Other 3		
Section G, Direct Costs (A thru F)		332,916.00
Section H, Indirect Costs		11,340.00
Section I, Total Direct and Indirect Costs (G + H)	•	344,256.00
Section J, Fee		

OMB Number: 4040-0001 Expiration Date: 04/30/2008

BUDGET NARRATIVE

Personnel Costs

Personnel costs are being requested for Dr. Steve Arthur. Dr. Arthur will contribute approximately 7% of his time to this project which is based upon his effort on projects of similar scope and purpose. He will be responsible for day to day oversight of the project in addition to his role as an Oversight Committee member.

Fringe Benefits

The actual cost of fringe benefits (not a fringe benefit rate) will be reported as a direct cost of the program. The actual cost of fringe benefits varies from employee to employee based on salary, employee choice of health care plan, and employee election of certain other benefits. The usual, major components of this cost are FICA at 7.65% of salary, retirement at 9% of salary, and a portion – 80% for medical, 75% for life and 100% for dental - of the actual costs of the medical, dental and life insurance coverage selected by the employee. The cost of each employee's fringe benefits will be allocated to the program based on hours worked in the program relative to all hours worked by the employee. Based on the current cost of fringe benefits for employees in similar programs, we are estimating the cost of these fringe benefits at 35% of salary.

Travel

Travel funds are requested to attend a one day national meeting with airfare from Vermont estimated at \$800, hotel at \$450 for three nights and incidentals and meals at \$150.

Indirect Costs

The Vermont Department of Health uses a Cost Allocation Plan, not an indirect rate. The Vermont Department of Health is a department of the Vermont Agency of Human Services, a public assistance agency, which uses a Cost Allocation Plan in lieu of an indirect rate agreement as authorized by OMB Circular A-87, Attachment D. This Cost Allocation Plan was approved by the US Department of Health and Human Services effective October 1, 1987. A copy of the most recent approval of February 28, 2006 from HHS is included as Attachment 8 in the Attachments section of this application. The Cost Allocation Plan summarizes actual, allowable costs incurred in the operation of the program. These costs include items which are often shown as direct costs, such as telephone and general office supply expenses, as well as items which are often included in an indirect rate, such as the cost of office space and administrative salaries. These costs are allocated to the program based on the salaries and wages paid in the department (or division) bearing an original expense. Because these are actual costs, unlike an Indirect Cost Rate, these costs will vary from quarter to quarter and cannot be fixed as a result of program costs. Based on costs to similar programs during recent quarter, we would currently estimate these allocated costs at 60% of the direct salary line item.

Subawards

Budget for 1st year. Subawards or contracts will be awarded to the Vermont State Dental Society (\$25,825), UVM AHEC Program (\$35,225), the Vermont Residency Program (\$5,000) and a Contractor which has not yet been determined (\$35,000). The Dental Society role will be contracted to provide all recruitment activities and recruitment website development. The UVM

Grants to States to Support Oral Health Workforce Activities - Vermont's Workforce Initiative

AHEC Program will be contracted to support engaging high school and undergraduate students and developing their interest in a career in oral health. The Vermont Residency Program will provide staffing support to assist in the development of the feasibility study for expansion of the Residency Program. An external contractor will be contracted, following standard Vermont procurement guidelines, to conduct the feasibility study and analysis for both the Residency Program and the Externship Program. Subaward descriptions for each subcontractor are further described in the subaward section. The subaward description for the contractor (TBD) who will do the feasibility study for the Residency and the Externship Programs is based on estimates of probable costs for such a study.

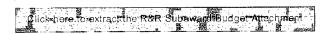
Budget for 2nd and 3rd years. Assuming the same level of award for the 2nd and 3rd years, subawards or contracts will be awarded to the Vermont State Dental Society (\$25,825), UVM AHEC Program (\$35,225), the Vermont Residency Program (\$5,000) and a Contractor which has not yet been determined (\$35,000). The Dental Society role will be contracted to provide all recruitment activities and recruitment website implementation, maintenance and analysis during years 2 and 3. The UVM AHEC Program will be contracted to continue engaging high school and undergraduate students and developing their interest in a career in oral health. The UVM AHEC Program will enhance the pipeline educational mission by integrating existing AHEC career websites with links to new websites designed to inform and educate students as to the oral health care professions. The Vermont Residency Program will provide staffing support to assist in the continuing effort to expand the Residency Program. An external contractor will begin implementation of recommendations from the feasibility study (from 1st year) concerning General Practice Residency expansion and a new externship program.

Other

This project will match federal dollars at a 40% rate using the State Loan Repayment Program dollars. The Loan Repayment Program will be integrated into this initiative, as a result, the parameters of associated applications and awards will be revised to reflect the initiative's focus upon recruitment of dentists to underserved areas of the state and where marginalized and needy patients would benefit from additional oral health services. This will leverage the financial resources of state government to provide educational loan repayment incentives to dentists willing to commit to a service obligation, including practice in federal and state designated underserved areas or to improve access to high priority populations. The program will be administered through the University of Vermont Area Health Education Center (AHEC) Program. AHEC, as part of the Workforce Oversight Committee will work to align educational loan repayment programmatic goals and application processes to facilitate the rewarding of dentists interested in expanding access to underserved populations. The use of educational loan repayment dollars as a "match" will be important for the success of this recruitment initiative. Additionally, by aligning all recruitment and incentive efforts across state and university partnerships. Vermont will be able to leverage the greatest influence on attracting dentists to its rural, remote areas and to those practices serving disadvantaged and underserved populations. Assuming the Grant Award is the same in each budget period, the match will also be the same in each of the three Budget Periods.

R&R SUBAWARD BUDGET ATTACHMENT(S) FORM

Instructions: On this form, you will attach the R&R Subaward Budget files for your grant application. Complete the subawardee budget(s) in accordance with the R&R budget instructions. Please remember that any files you attach must be a Pure Edge document.



Important: Please attach your subawardee budget file(s) with the file name of the subawardee organization. Each file name must be unique.

- 1) Please attach Attachment 1
- 2) Please attach Attachment 2
- 3) Please attach Attachment 3
- 4) Please attach Attachment 4
- 5) Please attach Attachment 5
- 6) Please attach Attachment 6
- 7) Please attach Attachment 7
- 8) Please attach Attachment 8
- 9) Please attach Attachment 9
- 10) Please attach Attachment 10

AHEC subaward budget.xfd	Add Attachment	Delete Attachment	View Attachment
VSDS subaward budget.xfd	Add Altachment	Delete Attachment	View Attachment
Residency subaward budget.xfd	Add Attachment	Delete Attachment	View Attachment.
Contractor Subaward.xfd	Add Attachment	Delete Attachment	ViewsAttachment
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OMB Number: 4040-0001 Expiration Date: 04/30/2008

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OMB Number: 4040-0001

Expiration Date: 04/30/2008

RESEARCH & RELATED BUDGET - SECTION	C, D, & E, BUDGET FERIOD T
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11. Total funds requested for all equipment listed in the attached file Total Equipment	ıt.
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Additional Equipment: Additional Equipment:	achment Delete Attachment View Attachment
	Final B. Market (6)
D. Travel	Funds Requested (\$)
Domestic Travel Costs (Incl. Canada, Mexico and U.S. Possessions)	225.00
Foreign Travel Costs Total Travel Co	225.00
Total Havel ou	223.00
E. Participant/Trainee Support Costs	Funds Requested (\$)
1. Tuition/Fees/Health Insurance	
2. Stipends	
3. Travel	
4. Subsistence	
5. Other	·
Number of Participants/Trainees Total Participant/Trainee Support Cost	ts

RESEARCH & RELATED Budget {C-E} (Funds Requested)

RESEARCH & F	RELATED BUD	GET - SECTION I	-K, BUDGET PERI	OD 1	Next P erio d
* ORGANIZATIONAL DUNS: 8093761550000					
* Budget Type: Project Subawar	d/Consortium		•		**
Enter name of Organization: Area Health Educa	tion Centers				
Reset Entries * Start Date: 10/01/2006	End Date: 09/30	N/2007 Budget Perio	d: 1	•	
the Reset Entries button is pressed, please navigate	to previous year t	o enable the submission	of the form.)		
F. Other Direct Costs			Funds Requested (\$)	٠	
Materials and Supplies				•	,
2. Publication Costs					
3. Consultant Services					
4. ADP/Computer Services					
5. Subawards/Consortium/Contractual Costs					
6. Equipment or Facility Rental/User Fees	•				
7. Alterations and Renovations					•
8. Web site development			3,000.00		
9.					
10.					i.
	Total C	Other Direct Costs	3,000.00		
	•				
		•			•
G. Direct Costs			Funds Requested (\$)		
	lotal Direc	ct Costs (A thru F	27,225.00		
			·		
H. Indirect Costs	Indirect Cost				
Indirect Cost Type	Rate (%)	Base (\$)	* Funds Requested (\$)		
1. Indirect	29.9	26,755.00	8,000.00		• •
2.					
3.					
4.					
	To	otal Indirect Costs	8,000.00		
Cognizant Federal Agency	•				•
(Agency Name, POC Name, and POC Phone Number)		· · · · · · · · · · · · · · · · · · ·			
•					•
I. Total Direct and Indirect Costs	·		Funds Requested (\$)	•	
Total Direct and Ind	irect Institutio	onal Costs (G + H)	35,225.00	•	
1 Fac			Funds Requested (\$)		
J. Fee		•	i mina vednesten (3)		
* .					
K. * Budget Justification AHEC.doc		- Add Attac	hmeni Delete Attach	ment Viev	V Attachment

RESEARCH & RELATED BUDGET - SECTION F-K, BUDGET PERIOD 1

Expiration Date: 04/30/2008

(Only attach one file.)

RESEARCH & RELATED BUDGET - Cumulative Budget

•	. 10	iais (4)
Section A, Senior/Key Person		24,000.00
Section B, Other Personnel		
Total Number Other Personnel		
Total Salary, Wages and Fringe Benefits (A+B)		24,000.00
Section C, Equipment		
Section D, Travel		225.00
1. Domestic	225.00	
2. Foreign		
Section E, Participant/Trainee Support Costs		
1. Tuition/Fees/Health Insurance		
2. Stipends]
3. Travel]
4. Subsistence		
5. Other]
6. Number of Participants/Trainees]
Section F, Other Direct Costs		3,000.00
1. Materials and Supplies		
2. Publication Costs		
3. Consultant Services		· ·
4. ADP/Computer Services		
5. Subawards/Consortium/Contractual Costs]
6. Equipment or Facility Rental/User Fees		
7. Alterations and Renovations		
8. Other 1	3,000.00	
9. Other 2		
10. Other 3		
Section G, Direct Costs (A thru F)		27,225.00
Section H, Indirect Costs		8,000.00
Section I, Total Direct and Indirect Costs (G + H)		35,225.00
Section J, Fee		
		·

Vermont Department of Health Grants to States to Support Oral Health Workforce Activities - Vermont's Workforce Initiative

Subaward UVM AHEC Program

UVM AHEC Program

\$35,225

Personnel and fringe = \$24,000 Travel = \$225Indirect costs = \$8,000Other -website = \$3,000

Personnel and fringe costs are estimated and are related to the costs of providing staffing to visit high schools and undergraduate schools and create linkages with administration and faculty. Staff will meet at schools as well as hold events. Year one activities will focus upon development of the network of schools with events anticipated for year two of the project.

Travel costs are estimated and include mileage to high schools and undergraduate schools.

Indirect costs are approved by the federal government at a rate of 29.9% of total project costs.

Other costs include the development of a website for undergraduate and high school students. This basic components of the website will be constructed year 1 with components added in subsequent years.

OROAL	NZATĬONAL DUN	C. 8003761550000	1				•					
* Budge	t Type:	L	award/Consortium									
		ion: Vermont State		¬ ¨								
		art Date: 10/01/200		Bud	get Period: 1						•	
KI KATITAN SEPARATA			vigate to previous year to		-			•				
	Key Person	presseu, prease nav	vigate to provious your to	Chable the s	ubility of the formy							
Prefix	* First Name	Middle Name	* Last Name	Suffix	* Project Role	Base Salary (\$)	Cal. Months	Acad. Months	Sum. Months	* Requested Salary (\$)	* Fringe Benefits (\$)	* Funds Requested (
	Peter		Taylor	·	PI/PD					3,500.00	1,500.00	5,000.00
	\											
lotai Fur	nas requestea to	r all Senior Key Pe	ersons in the attached	ille ·	•							
										Total S	enior/Key Person	5,000.00
Additio	onal Senior Key F	ersons:	,	<u> </u>	Add Attachnent	Delete Attachm	ent V	iew Attaci	hment	Total S	enior/Key Person	5,000.00
Additio	onal Senior Key F	ersons:			#/Add/Attachment	Delete Attachmi	ent V	iew Attaci	hment	Total S	enior/Key Person	5,000.00
	onal Senior Key F er Personnel	ersons:			#Add Attachment	Delete Attachmi	ent V	iew Attaci	hment	Total S	enior/Key Person	5,000.00
B. Othe	er Personnel umber of	'ersons:			# Add Attachment	Delete Attachma	Cal.	Acad.	Sum.	* Requested	* Fringe	
B. Othe	er Personnel	Persons:		* Project Ro		Delete Attachmi	Cal.	Acad.		* Requested	* Fringe	
B. Othe	er Personnel umber of ersonnel	ersons:		* Project Ro		Delete Attachm	Cal.	Acad.	Sum.	* Requested	* Fringe	
B. Othe	er Personnel umber of ersonnel			* Project Ro		Delete Attachmi	Cal.	Acad.	Sum.	* Requested	* Fringe	* Funds Requested
B. Othe	er Personnel umber of ersonnel Po Gr	st Doctoral Associa	ates	* Project Ro		Delete Attachm	Cal.	Acad.	Sum.	* Requested	* Fringe	
B. Othe	er Personnel umber of ersonnel Po Gr	st Doctoral Associa aduate Students	ates	* Project Ro		Delete Attachm	Cal.	Acad.	Sum.	* Requested	* Fringe	
B. Othe	er Personnel umber of ersonnel Po Gr	st Doctoral Associa aduate Students idergraduate Studen	ates	* Project Ro		Delete Attachm	Cal.	Acad.	Sum.	* Requested	* Fringe	
B. Othe	er Personnel umber of ersonnel Po Gr	st Doctoral Associa aduate Students idergraduate Studen	ates	* Project Ro		Delete Attachm	Cal.	Acad.	Sum. Months	* Requested	* Fringe	
B. Othe	er Personnel umber of ersonnel Po Gr	st Doctoral Associa aduate Students idergraduate Studen	ates	* Project Ro		Delete Attachm	Cal.	Acad.	Sum. Months	* Requested	* Fringe	
B. Othe	er Personnel umber of ersonnel Po Gr	st Doctoral Associa aduate Students idergraduate Studen	ates	* Project Ro		Delete Attachm	Cal.	Acad.	Sum. Months	* Requested	* Fringe	
B. Othe	er Personnel umber of ersonnel Po Gr	st Doctoral Associa aduate Students idergraduate Studen	ates	* Project Ro		Delete Attachmi	Cal.	Acad.	Sum. Months	* Requested	* Fringe	
B. Othe	er Personnel umber of ersonnel Po Gr	st Doctoral Associa aduate Students idergraduate Studen	ates	* Project Ro		Delete Attachm	Cal.	Acad.	Sum. Months	* Requested	* Fringe	
B. Othe	er Personnel umber of ersonnel Gr Ur Se	st Doctoral Associa aduate Students idergraduate Studen	ates	* Project Ro		Delete Attachm	Cal.	Acad.	Sum. Months	*Requested Salary (\$)	* Fringe	* Funds Requested

OMB Number: 4040-0001

Expiration Date: 04/30/2008

RESEARCH & RELATED BUDGET - SECTION C, D, & E, BUDGET PERIOD 1 * ORGANIZATIONAL DUNS: 8093761550000 * Budget Type: Project ✓ Subaward/Consortiúm Enter name of Organization: Vermont State Dental Society * Start Date: 10/01/2006 * End Date: 09/30/2007 Budget Period: 1 (If the Reset Entries button is pressed, please navigate to previous year to enable the submission of the form.) C. Equipment Description List items and dollar amount for each item exceeding \$5,000 * Funds Requested (\$) **Equipment item** 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. Total funds requested for all equipment listed in the attached file **Total Equipment** Add Attachment Delete Altachment View Attachment Additional Equipment: D. Travel Funds Requested (\$) 6,900.00 1. Domestic Travel Costs (Incl. Canada, Mexico and U.S. Possessions) 2. Foreign Travel Costs Total Travel Cost 6,900.00

Total Participant/Trainee Support Costs

RESEARCH & RELATED Budget {C-E} (Funds Requested)

Number of Participants/Trainees

E. Participant/Trainee Support Costs

Tuition/Fees/Health Insurance

Stipends
 Travel
 Subsistence
 Other

OMB Number: 4040-0001 Expiration Date: 04/30/2008

Funds Requested (\$)

RESEARCH & RELATED BUDGET - SECTION F-K, BUDGET PERIOD 1

Next Period # 1990

* ORGANIZATIONAL DUI	NS: 8093761550000			•	
* Budget Type: Pro	oject ✓ Subaward/Co	nsortium			
Enter name of Organiza	tion: Vermont State Dental S	Society			•
ResettEntires 2.28 * St	tart Date: 10/01/2006 * End	Date: 09/30/2007	Budget Period	d: 1	
If the Reset Entries button is	pressed, please navigate to p	revious year to enabl	- e the submission	of the form.)	•
F. Other Direct Costs		•		Funds Requested (\$)	
1. Materials and Supplie	es ·			3,925.00	
2. Publication Costs	•		•		·
3. Consultant Services					
4. ADP/Computer Service	ces				
5. Subawards/Consortiu	m/Contractual Costs	•		·	
6. Equipment or Facility	Rental/User Fees		,		•
7. Alterations and Renov	vations :				
8. Web site development	t ,			10,000.00	
9.					
10.		<u></u>			
•		Total Other I	Direct Costs	13,925.00	
· •					
G. Direct Costs		•		Funds Requested (\$)	
	and the second s			, , , (7)	
•		Total Direct Cos	ts (A thru F)	25.825.00	
	· .	Total Direct Cos	ts (A thru F)	25,825.00	
II Indianat Canta	· .	Total Direct Cos	ts (A thru F)	25,825.00	
H. Indirect Costs		indirect Cost Inc	direct Cost		
Indire		indirect Cost Inc	direct Cost	25,825.00 * Funds Requested (\$)	
Indired		indirect Cost Inc	direct Cost		
1		indirect Cost Inc	direct Cost		
1. 2. 3.		indirect Cost Inc	direct Cost		
1		Indirect Cost Inc Rate (%)	direct Cost Base (\$)		
Indirect 1 2 3 4	ct Cost Type	Indirect Cost Inc Rate (%)	direct Cost		
Indirect 1.	ct Cost Type	Indirect Cost Inc Rate (%)	direct Cost Base (\$)		
Indirect 1 2 3 4	ct Cost Type	Indirect Cost Inc Rate (%)	direct Cost Base (\$)		
Indirect 1.	ct Cost Type cy and POC Phone Number)	Indirect Cost Inc Rate (%)	direct Cost Base (\$)	* Funds Requested (\$)	
Indirect 1 2 3 4 Cognizant Federal Agent (Agency Name, POC Name,	ct Cost Type ccy and POC Phone Number)	Indirect Cost Inc Rate (%)	direct Cost Base (\$)	Funds Requested (\$)	
Indirect 1 2 3 4 Cognizant Federal Agent (Agency Name, POC Name,	ct Cost Type cy and POC Phone Number)	Indirect Cost Inc Rate (%)	direct Cost Base (\$)	* Funds Requested (\$)	
Indirect 1 2 3 4 Cognizant Federal Agent (Agency Name, POC Name,	ct Cost Type ccy and POC Phone Number)	Indirect Cost Inc Rate (%)	direct Cost Base (\$)	Funds Requested (\$)	
Indirect 1 2 3 4 Cognizant Federal Agent (Agency Name, POC Name,	ct Cost Type ccy and POC Phone Number)	Indirect Cost Inc Rate (%)	direct Cost Base (\$) direct Costs osts (G + H)	Funds Requested (\$)	
Indirect 1.	ct Cost Type ccy and POC Phone Number)	Indirect Cost Inc Rate (%)	direct Cost Base (\$) direct Costs osts (G + H)	Funds Requested (\$) Funds Requested (\$) 25,825.00	
Indirect 1.	ct Cost Type ccy and POC Phone Number)	Indirect Cost Inc Rate (%)	direct Cost Base (\$) direct Costs osts (G + H)	Funds Requested (\$) Funds Requested (\$) 25,825.00	
Indirect 1.	ct Cost Type ccy and POC Phone Number)	Indirect Cost Inc Rate (%)	direct Cost Base (\$) direct Costs osts (G + H)	Funds Requested (\$) Funds Requested (\$) 25,825.00 Funds Requested (\$)	

RESEARCH & RELATED BUDGET - Cumulative Budget

	lota	ais (\$)
Section A, Senior/Key Person		5,000.00
Section B, Other Personnel		
Total Number Other Personnel		
Total Salary, Wages and Fringe Benefits (A+B)		5,000.00
Section C, Equipment		
Section D, Travel		6,900.00
1. Domestic	6,900.00	
2. Foreign		
Section E, Participant/Trainee Support Costs		
1. Tuition/Fees/Health Insurance		
2. Stipends		
3. Travel	:	
4. Subsistence		
5. Other		•
6. Number of Participants/Trainees		
Section F, Other Direct Costs		13,925.00
1. Materials and Supplies	3,925.00	
2. Publication Costs		
3. Consultant Services	0.00	
4. ADP/Computer Services		
5. Subawards/Consortium/Contractual Costs		
6. Equipment or Facility Rental/User Fees		
7. Alterations and Renovations		
8. Other 1	10,000.00	
9. Other 2	0.00	
10 . Other 3	0.00	
Section G, Direct Costs (A thru F)		25,825.00
Section H, Indirect Costs		0.00
Section I, Total Direct and Indirect Costs (G + H)		25,825.00
Section I Fee		

Grants to States to Support Oral Health Workforce Activities - Vermont's Workforce Initiative

Subaward Vermont State Dental Society

Vermont State Dental Society

\$25,825

Personnel and fringe = \$5,000 Travel = \$6,900 Supplies = \$3,925 Other - website = \$10,000

Personnel and fringe costs are estimated and are related to the costs of providing administrative support to the arrangement of regional meetings at northeast dental schools. Costs for staff attending the meetings and events are not requested.

Travel costs are estimated and will include mileage or other travel to regional schools to meet with administrative staff and faculty as well as travel to host events orienting students to Vermont.

Supplies include the purchase of Vermont-specific brochures as well as postage. These materials are used as a means to contact students in advance of or post regional events.

Other costs include the development of a website for dental students; costs are based upon website development of similar scope and nature.

* ODG AND													
UKGANIZA	ATIONAL DUNS:	809376155000	00		• *	*	•				•		
* Budget Ty	pe: 🗌 Projec	t 🗸 Su	baward/Consortium		•	•					·		
Enter name	of Organization	n: UVM Reside	ncy					•					
Reset Entitle	* Start	Date: 10/01/20	006 * End Date: 09/30/2	 2007 Bu	iget Perio	od: 1							
	all control of the co	L	avigate to previous year to										
. Senior/Key			angula la promada yuun ta	0.142.10 11.10		0. 1				*			
Prefix '	* First Name	Middle Name	* Last Name	Suffix	•	Project Role	Base Salary (\$)	Cal. Months	Acad. Months	Sum. Months	* Requested Salary (\$)	* Fringe Benefits (\$)	* Funds Requeste
Kevi	in ·		Risko		PD/PI						5,000.00	0.00	5,000.00
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						······································	1			=		1	<u> </u>
											Total S	ienior/Key Person	5,000.00
	Senior Key Per	sons:				Add Attachment	Delete Attachme	ent Vi	ew Attach	nment	Total S	enior/Key Person	5,000.00
	ersonnel er of	sons:	*	Project Ro		Add Aitadhment	Delete Attachme	Cal.	Acad.	Sum.	* Requested	* Fringe	
. Other Pe * Numbe	ersonnel er of nnel			Project Ro		Ado Alladhini il	Delete Attachme	Cal.	Acad.	Sum.	* Requested	* Fringe	
3. Other Pe * Numbe	ersonnel er of nnel Post I	Doctoral Associa		Project Ro		Add Aifadhmeni	Delete Attachme	Cal.	Acad.	Sum.	* Requested	* Fringe	
3. Other Pe * Numbe	ersonnel er of nnel Post I Gradu	Doctoral Associa	ates	Project Ro		Aus Aitaishment.	Delete Attachms	Cal.	Acad.	Sum.	* Requested	* Fringe	
3. Other Pe * Numbe	ersonnel er of nnel Post I Gradu Under	Doctoral Associa ate Students graduate Studen	ates	Project Ro		Ado Alladhinent	Delete Attachme	Cal.	Acad.	Sum.	* Requested	* Fringe	
3. Other Pe * Numbe	ersonnel er of nnel Post I Gradu Under	Doctoral Associa	ates	Project Ro		Add Aitaghmen!	Delete Attachme	Cal.	Acad.	Sum.	* Requested	* Fringe	
3. Other Pe * Numbe	ersonnel er of nnel Post I Gradu Under	Doctoral Associa ate Students graduate Studen	ates	Project Ro		Adu Aitabhment	Delete Attachms	Cal.	Acad.	Sum.	* Requested	* Fringe	
3. Other Pe * Numbe	ersonnel er of nnel Post I Gradu Under	Doctoral Associa ate Students graduate Studen	ates	Project Ro		*Add Allaghment	Delele Altachme	Cal.	Acad.	Sum.	* Requested	* Fringe	
3. Other Pe * Numbe	ersonnel er of nnel Post I Gradu Under	Doctoral Associa ate Students graduate Studen	ates	Project Ro		Add Attagnment	Delete Attachme	Cal.	Acad.	Sum.	* Requested	* Fringe	
3. Other Pe * Numbe	ersonnel er of nnel Post I Gradu Under	Doctoral Associa ate Students graduate Studen	ates	Project Ro		Adu Aitabhment	Delete Attachms	Cal.	Acad.	Sum.	* Requested	* Fringe	
3. Other Pe * Numbe	ersonnel er of nnel Post I Gradu Under	Doctoral Associa ate Students graduate Studen	ates	Project Ro		*Acc Attachment	Delele Altachme	Cal.	Acad.	Sum.	* Requested	* Fringe	
B. Other Pe * Numbe	ersonnel er of nnel Post I Gradu Under Secre	Doctoral Associa late Students graduate Studen tarial/Clerical	ates	Project Ro		Add Attagnment	Delete Attachme	Cal.	Acad.	Sum.	* Requested	* Fringe	*Funds Requeste
B. Other Pe * Numbe	ersonnel er of nnel Post I Gradu Under Secre	Doctoral Associa ate Students graduate Studen	ates	Project Ro		Acu Aitainment.	Delete Attachme	Cal.	Acad.	Sum.	* Requested Salary (\$)	* Fringe	*Funds Requeste

OMB Number: 4040-0001

Expiration Date: 04/30/2008

* ORGANIZATIONAL DUNS: 8093761550000	- SECTION C, D, & E, BUDGET PERIOD 1
* Budget Type: Project Subaward/Consortium	
Enter name of Organization: UVM Residency	•
Reset Entress * Start Date: 10/01/2006 * End Date: 09/30/2007	Budget Period: 1
he Reset Entries button is pressed, please navigate to previous year to enable	
	, the Submission of the form,
C. Equipment Description List items and dollar amount for each item exceeding \$5,000	
Equipment Item	* Funds Requested (\$)
1.	
2.	
3.	·
4.	· ·
5.	
6.	
7.	
8.	
9.	
10.	
11. Total funds requested for all equipment listed in the attached file	
	tal Equipment
Additional Equipment:	Aug Attachment View Attachment
Additional Equipment.	
D. Travel	Funds Requested (\$)
Domestic Travel Costs (Incl. Canada, Mexico and U.S. Possessions)	· unus requestes (4)
Foreign Travel Costs	
	otal Travel Cost
	, and the cost [
E. Participant/Trainee Support Costs	Funds Requested (\$)
1. Tuition/Fees/Health Insurance	
2. Stipends	
3. Travel	
4. Subsistence	
5. Other	

Total Participant/Trainee Support Costs

RESEARCH & RELATED Budget {C-E} (Funds Requested)

Number of Participants/Trainees

RESEARCH & RELATED BUDGET - SECTION F-K, BUDGET PERIOD 1 * ORGANIZATIONAL DUNS: 8093761550000 ✓ Subaward/Consortium * Budget Type: Project Enter name of Organization: UVM Residency * Start Date: | 10/01/2006 | * End Date: | 09/30/2007 **Budget Period: 1** (If the Reset Entries button is pressed, please navigate to previous year to enable the submission of the form.) Funds Requested (\$) F. Other Direct Costs 1. Materials and Supplies 2. Publication Costs Consultant Services ADP/Computer Services Subawards/Consortium/Contractual Costs 6. Equipment or Facility Rental/User Fees Alterations and Renovations 8. 9. 10. **Total Other Direct Costs** G. Direct Costs Funds Requested (\$) Total Direct Costs (A thru F) 5,000.00 **H. Indirect Costs** Indirect Cost **Indirect Cost** Rate (%) Base (\$) * Funds Requested (\$) Indirect Cost Type 1. 2. 3. **Total Indirect Costs** Cognizant Federal Agency (Agency Name, POC Name, and POC Phone Number) I. Total Direct and Indirect Costs Funds Requested (\$) Total Direct and Indirect Institutional Costs (G + H) | 5,000.00

Funds Requested (\$)

Add Altachment

OMB Number: 4040-0001 Expiration Date: 04/30/2008

K. * Budget Justification | Residency Program.doc

(Only attach one file.)

J. Fee

RESEARCH & RELATED BUDGET - Cumulative Budget

	Totals (\$)
Section A, Senior/Key Person	5,000.00
Section B, Other Personnel	
Total Number Other Personnel	
Total Salary, Wages and Fringe Benefits (A+B)	5,000.00
Section C, Equipment	
Section D, Travel	
1. Domestic	
2. Foreign	
Section E, Participant/Trainee Support Costs	
1. Tuition/Fees/Health Insurance	
2. Stipends	
3. Travel	
4. Subsistence	
5. Other	
6. Number of Participants/Trainees	
Section F, Other Direct Costs	
1. Materials and Supplies	
2. Publication Costs	
3. Consultant Services	
4. ADP/Computer Services	
5. Subawards/Consortium/Contractual Costs	
6. Equipment or Facility Rental/User Fees	
7. Alterations and Renovations	
8. Other 1	
9. Other 2	
10 , Other 3	
Section G, Direct Costs (A thru F)	5,000.00
Section H, Indirect Costs	
Section I, Total Direct and Indirect Costs (G + H)	5,000.00
Section J, Fee	

Subaward Vermont Residency Program

Vermont Residency Program
Personnel = \$5,000

\$5,000

Personnel and fringe costs are estimated, based upon projects of similar size and scope.

												•	
		IS : 809376155000			•					•			
	t Type: Pro		paward/Consortium										
Enter na	ime of Organiza	tion: Contractor - T	o Be Determined (TBD)										•
Reset E	ntries * * S	tart Date: 10/01/20	06 * End Date: 09/30/2	2007 Bud	dget Period	l : 1	*						
		pressed, please na	vigate to previous year to	enable the	submission	of the form.)	•			-			
A. Senior	Key Person							Cai.	Acad.	Sum.	* Requested	* Fringe	
Prefix	* First Name	Middle Name	* Last Name	Suffix	* F	Project Role	Base Salary (\$)	Months	Months	Months	Salary (\$)	Benefits (\$)	* Funds Requested
	TBD .		TBD		PD/PI						22,400.00	9,600.00	32,000.00
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	ds requested fo		ersons in the attached f	ile		Acd Attachmen(l⊜	Delete Attachms	ent Vi	ew Attach	nment	Total S	enior/Key Person	32,000.00
Additio	nal Senior Key F		ersons in the attached f	ile		Add Allachment	Delete Attachme	ent Vi	ew Attach	nment	Total S	enior/Key Person	32,000.00
Additio				ile Project Ro		Add Allachment	Delete Attachme	Cal.	Acad.	Sum. Months	* Requested	* Fringe	
Additio	nal Senior Key F r Personnel Imber of rsonnel		*			Add/Attachmenti⊳	Delete Attachms	Cal.	Acad.	Sum.	* Requested	* Fringe	
Additio	nal Senior Key F r Personnel Imber of rsonnel	Persons:	*			Add Attaohment⊍	Delete Attachme	Cal.	Acad.	Sum.	* Requested	* Fringe	
Additio	nal Senior Key F r Personnel imber of rsonnel Po Gr	Persons:	•tes			Add Altachment	Delete Attachms	Cal.	Acad.	Sum.	* Requested	* Fringe	
Additio	nal Senior Key F r Personnel Imber of rsonnel Po Gr	Persons: st Doctoral Associa	•tes			Add Attachment	Delete Attachms	Cal.	Acad.	Sum.	* Requested	* Fringe	
Additio	nal Senior Key F r Personnel Imber of rsonnel Po Gr	Persons: st Doctoral Associa aduate Students dergraduate Studen	•tes			Add Attachment	Delete Attachme	Cal.	Acad.	Sum.	* Requested	* Fringe	
Additio	nal Senior Key F r Personnel Imber of rsonnel Po Gr	Persons: st Doctoral Associa aduate Students dergraduate Studen	•tes			Add Attachment	Delete Attachms	Cal.	Acad.	Sum.	* Requested	* Fringe	
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OMB Number: 4040-0001

Expiration Date: 04/30/2008

RESEARCH & RELATED BUDGET - SECTION C, D, & E, BUDGET PERIOD 1 * ORGANIZATIONAL DUNS: 8093761550000 * Budget Type: Project ✓ Subaward/Consortium Enter name of Organization: Contractor - To Be Determined (TBD) * Start Date: 10/01/2006 * End Date: 09/30/2007 Budget Period: 1 (If the Reset Entries button is pressed, please navigate to previous year to enable the submission of the form.) C. Equipment Description List items and dollar amount for each item exceeding \$5,000 * Funds Requested (\$) Equipment item 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. Total funds requested for all equipment listed in the attached file **Total Equipment** Add Attachment Delete Attachment View Attachment Additional Equipment: D. Travel Funds Requested (\$) 1. Domestic Travel Costs (Incl. Canada, Mexico and U.S. Possessions) 2,000.00 2. Foreign Travel Costs Total Travel Cost 2,000.00 E. Participant/Trainee Support Costs Funds Requested (\$) 1. Tuition/Fees/Health Insurance Stipends Travel 4. Subsistence 5. Other

Total Participant/Trainee Support Costs

RESEARCH & RELATED Budget {C-E} (Funds Requested)

Number of Participants/Trainees

* ORGANIZATIONAL DUNS: 8093761550000 * Budget Type: Project ✓ Subaward/Consortium Enter name of Organization: | Contractor - To Be Determined (TBD) Budget Period: 1 * Start Date: |10/01/2006 | * End Date: |09/30/2007 (If the Reset Entries button is pressed, please navigate to previous year to enable the submission of the form.) F. Other Direct Costs Funds Requested (\$) Materials and Supplies **Publication Costs** 1,000.00 Consultant Services ADP/Computer Services Subawards/Consortium/Contractual Costs Equipment or Facility Rental/User Fees Alterations and Renovations 7. 8. 9. 10. Total Other Direct Costs |1,000.00 G. Direct Costs Funds Requested (\$) Total Direct Costs (A thru F) 35,000.00 **H. Indirect Costs Indirect Cost Indirect Cost** Indirect Cost Type Rate (%) Base (\$) * Funds Requested (\$) 2. 3. 4. **Total Indirect Costs** Cognizant Federal Agency (Agency Name, POC Name, and POC Phone Number) I. Total Direct and Indirect Costs Funds Requested (\$) Total Direct and Indirect Institutional Costs (G + H) |35,000.00 Funds Requested (\$) J. Fee

Add Allachment

RESEARCH & RELATED BUDGET - SECTION F-K, BUDGET PERIOD 1

OMB Number: 4040-0001 Expiration Date: 04/30/2008

K. * Budget Justification | Feasibility contractor for Residency and Ext

(Only attach one file.)

RESEARCH & RELATED BUDGET - Cumulative Budget

Section A, Senior/Key Person	• •	32,000.00
Section B, Other Personnel		
Total Number Other Personnel		
Total Salary, Wages and Fringe Benefits (A+B)		32,000.00
Section C, Equipment		· · · · · · · · · · · · · · · · · · ·
Section D, Travel	•	2,000.00
1. Domestic	2,000.00	
2. Foreign		
Section E, Participant/Trainee Support Costs		
1. Tuition/Fees/Health Insurance		
2. Stipends		
3. Travel		
4. Subsistence		
5. Other		
6. Number of Participants/Trainees		
Section F, Other Direct Costs		1,000.00
•		
1. Materials and Supplies		
 Materials and Supplies Publication Costs 	1,000.00	
• •	1,000.00	
2. Publication Costs	1,000.00	
 Publication Costs Consultant Services 	1,000.00	
 Publication Costs Consultant Services ADP/Computer Services 	1,000.00	
 Publication Costs Consultant Services ADP/Computer Services Subawards/Consortium/Contractual Costs 	1,000.00	
 Publication Costs Consultant Services ADP/Computer Services Subawards/Consortium/Contractual Costs Equipment or Facility Rental/User Fees 	1,000.00	
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 Publication Costs Consultant Services ADP/Computer Services Subawards/Consortium/Contractual Costs Equipment or Facility Rental/User Fees Alterations and Renovations Other 1 Other 2 Other 3 	1,000.00	35,000.00
 Publication Costs Consultant Services ADP/Computer Services Subawards/Consortium/Contractual Costs Equipment or Facility Rental/User Fees Alterations and Renovations Other 1 Other 2 Other 3 Section G, Direct Costs (A thru F) 	1,000.00	35,000.00 35,000.00
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Subaward Other Contractor

Residency Program and Externship Contractor Personnel = \$35,000

\$35,000

The details of this Subaward are to be determined (TBD). The plan is to hire a contractor / consultant through standard Vermont procurement practices, to conduct feasibility studies for the following:

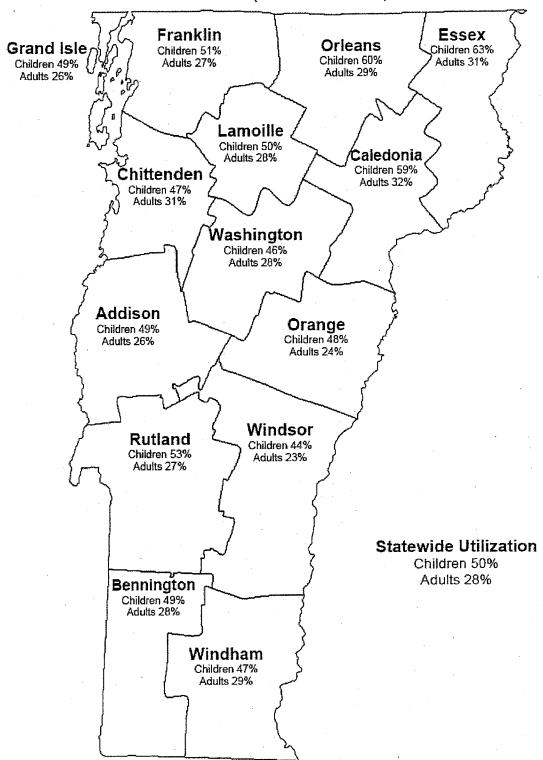
Residency programs: Vermont has one General Practice Residency program which is located in Burlington, Vermont at the Community Health Center of Burlington. This residency program is associated with the University of Vermont, College of Medicine. Currently, three residents are accepted each year into the program. The contractor / consultant will explore the feasibility of expanding the residency to four or more residents. Additionally, exploration of the feasibility of an additional residency site will be researched. The contractor / consultant will work in tandem with the current Residency Director to accomplish this goal.

Externship programs: Regional dental schools in New England offer their dental students opportunities to participate in externship programs. The contractor / consultant will establish communication with all potential externship programs and explore the feasibility of linking and establishing dental externships for the State of Vermont.

Estimates of contractor / consultant costs range from \$65 to \$125 per hour.

Attachment 1 – Other charts and tables Vermont Medicaid Utilization of Dental Services State Fiscal Year 2005

(07/01/04 - 06/30/05)



Grants to States to Support Oral Health Workforce Activities – Vermont's Workforce Initiative

Vermont Medicaid Utilization of Dental Services for State Fiscal Year 2005 by County (07/01/2004 to 06/30/2005)

	Children Eligible for Dental Care	Children Receiving Dental Care	Child Utilization	Adults Eligible for Dental Care	Adults Receiving Dental Care	Adult Utilization
Addison	4,327	2,121	49%	2,000	519	26%
Bennington	4,853	2,355	49%	3,305	918	- 28%
Caledonia	5,038	2,973	59%	2,712	880	32%
Chittenden	12,136	5,729	47%	7,950	2,493	31%
Essex	1,099	689	63%	617	192	31%
Franklin	6,887	3,511	51%	3,751	1,029	27%
Grand Isle	886	434	49%	413	109	26%
Lamoille	3,242	1,611	50%	1,671	. 463	28%
Orange	3,557	1,710	48%	1,886	446	24%
Orleans	5,047	3,016	60%	3,106	. 890	29%
Rutland	8,156	4,298	53%	5,671	1,549	27%
Washington	6,312	2,901	46%	4,154	1,165	28%
Windham	4,891	2,283	47%	2,681	765	29%
Windsor	7,285	3,176	44%	4,302	987	23%
Out of State	558	167	30%	252	58	23%
Statewide	74,274	36,974	50%	44,471	12,463	28%

Attachment 2: Staffing Plan

Vermont is proposing that the Director, Office of Oral Health contribute his time to the oversight of this initiative. Because of the important nature of this initiative, the Department feels necessary to have the Director, Office of Oral Health as the key person dedicated to the oversight both administratively and programmatically. While Vermont has engaged in many individualized workforce efforts, this project will require the coordination of work across many sectors, private, academic and public health. This coordination activity will require the oversight of a staff member empowered to make policy and programmatic decisions and whom other stakeholders feel expresses a Department-wide commitment to the initiative. Based upon projects of similar scope, nature and sensitivity, we propose that the Director, Office of Oral Health contribute 10% of his time to this initiative. Subsequent years, the effort may be reduced or allocated to other staff as the project matures. While not requested under this proposal, the Director, Office of Oral Health will have administrative as well as other staff support to assist him in activities related to the initiative.

Grants to States to Support Oral Health Workforce Activities - Vermont's Workforce Initiative

Attachment 3: Job Descriptions for Key Personnel

Director, Office of Oral Health

Occupational Category: Healthcare & Medical Practitioners

Administrative, coordinating, and supervisory work involving the direction of dental health programs for the Department of Health. Duties involve the planning and administration of programs to prevent future dental diseases and to treat existing dental deficiencies. Supervision is exercised over professional, technical and clerical employees. Duties are performed under the general direction of the Director of the Health Improvement Division.

Examples of Work:

Plans, organizes and directs the work of staff engaged in dental Plans, organizes and directs the work of staff engaged in dental health activities on a statewide basis. Visits schools to evaluate field operations and to discuss department programs with school officials. Oversees the inspection of fluoridation installations and consults with local personnel to maintain optimum levels of fluoridation. Reviews treatment plans of dental consultants to monitor appropriate treatment of needy clients who qualify for assistance under various dental assistance programs. Oversees data collection and monitoring of services provided by individual dentists in the state and develops programmatic changes based on data analysis. May arrange for dental examinations and minor dental services for the inmates of the state correctional facilities, including determining and authorizing dental care treatment for more serious cases. Develops guidelines for and provides assistance to school dental hygienists. Evaluates other state and local dental health programs and recommends any appropriate changes. Performs related duties as required.

1

Environmental Factors:

Duties are performed in both a standard office setting and in the field for which private means of transportation must be available. Some stress may be encountered in dealing with local school officials, opponents of fluoridation, and in correctional facility settings.

Minimum Qualifications:

Knowledge, Skills and Abilities

- Thorough knowledge of, and skill in applying, the principles and practices of dentistry,
 with particular reference to pre-school and school age children.
- Thorough knowledge of the causes of dental diseases and deficiencies.
- Considerable knowledge of the effect of fluoridation of water supplies on dental health.
- Working knowledge of the objectives, strategies, and procedures of a public health dental program.
- Ability to plan and administer a statewide public health program of dental care and education.
- Ability to supervise.
- Ability to communicate effectively both orally and in writing.
- Ability to establish and maintain effective working relationships.

Education and Experience

Education: Graduation from an approved school of dentistry and a Master's degree in public health.

Special Requirement: Possession of, or eligibility for licensure to practice dentistry in Vermont.

Grants to States to Support Oral Health Workforce Activities - Vermont's Workforce Initiative

Attachment 4: Biographical Sketches

J. Steve Arthur, DDS, Director, Office of Oral Health, Vermont Department of Health

Dr. Arthur has had a longstanding history of public health dentistry and currently heads Vermont's initiatives to expand access through a variety of programs including workforce development. Dr. Arthur has had extensive direct care as well as executive experience through his work in the public health sector. Through his experience, Dr. Arthur had gained an understanding of the system, policy and programmatic aspects of dentistry necessary to promote and improve oral health as well as an understanding of the day to day operations of dental practice necessary to communicate, interact with and engage community dentists to create changes to the public health system. His broad experience includes oversight of private dental practices; Chairman of the Research Department at Naval Dental School, National Naval Dental Center; Executive Officer, Naval Dental Center in which he was responsible for the day to day operation of 12 Navy dental clinics in five states, including 52 dentists and 151 enlisted personnel as well as Deputy Director, Defense Medical Standardization Board in which he supervised 15 officers and 33 civilians responsible for standardization of Army, Navy and Air Force medical and dental materials. Dr. Arthur has his BA in Economics from Davidson College, his DDS from West Virginia University School of Dentistry and his MPH from the Uniformed Services University of Health Sciences in Bethesda. Dr. Arthur will be the project lead on behalf of the Department of Health, responsible for reporting and administration of project activities as the HRSA grantee. He will also be a member of the Oversight Committee and work in collaboration with project partners to fulfill the goals of the initiative.

Peter Taylor, Executive Director, Vermont State Dental Society

Mr. Taylor has over 35 years experience in health and human services with over 30 years in health professions association management. As the long time Executive Director of the Vermont State Dental Society he has developed the confidence of its member dentists and respect of many in outside organizations. Through his leadership the Vermont State Dental Society is consistently one of the highest ranked ADA Constituent Dental Societies in percent of practicing dentist members and membership retention.

Mr. Taylor has managed several successful award winning dental society projects and is well connected into the resources of the councils and commissions of the American Dental Association. He was instrumental in many recent initiatives to improve oral health workforce including supporting increases in Dental Educational Loan Repayment and the establishment of a Vermont Dental Hygiene school in Williston, VT.

During most of his career he has been a registered lobbyist in the state of Vermont and is knowledgeable and influential in the legislative process. His outstanding service to the mission of the Vermont State Dental Society, the dental profession, and the oral health of the public was recently acknowledged with honorary membership in the American Dental Association. Mr. Taylor will participate on the Oversight Committee and work in collaboration with project partners to fulfill the goals of the initiatives. Mr. Taylor and the Vermont State Dental Society will be the focus area leader on recruitment activities of the project.

Elizabeth Cote, Director, UVM AHEC Program

Ms. Cote received her Bachelor of Arts from Wheaton College in MA where she majored in Sociology and minored in Secondary Education, also graduating with Teaching Certification in Behavioral & Social Sciences (grades 9-12). Prior to her work with AHEC, she served as Director of Education at Panurgy Corporate Education Centers, Director of Burlington Kaplan

Test Prep & Admissions, Director of Student Financial Services at Trinity College, Director of Financial Aid at Trinity College, College Admissions & Educational Financing Specialist at Oak Hill Educational Consultants, Assistant Director of Financial Aid at Brown University, and Assistant Director of Student Aid & College Financing at Wheaton College. Liz's publications include Conquer the Cost of College, a 304 page guidebook published by Simon & Schuster, 2001; and "Financial Aid 101", articles published in Newsweek, 2002 and 2003.

Ms. Cote brings much experience working with high school and college students in their educational pursuits; including involvement in tutoring and test prep for standardized exams (ACT, SAT, GRE, DAT, NDBE, MCAT, USMLE, NCLEX, GMAT, LSAT), college admissions, and educational financing counseling. Her current role as director at UVM AHEC Program includes oversight of the administration of the Vermont Educational Loan Repayment Program for Dentists. This program awards over \$100,000 annually to recruit and retain dentists in Vermont by assisting with repayment of educational debt; award recipients must agree to Vermont service commitment.

Kevin Risko, DMD, Program Director, General Practice Residency

Dr. Risko has had primary oversight of the Residency Program since 1997, however maintains additional time practicing public health dentistry with the Vermont Department of Health and part time as a Staff Dentist at the Community Health Center of Burlington. Dr. Risko's varied experience and current responsibilities across the Residency Program, public health and direct care have enriched the Residency Program. Dr. Risko has supported the training of residents in geographically underserved areas as well as in institutions and organizations serving marginalized populations. He has worked closely with the UVM AHEC Program to develop opportunities for rotations in rural remote practices and has had a long standing success of

working with the state on recruitment and retention initiatives. Dr. Risko will participate as a member of the Oversight Committee as well as assist consultants in assessing the feasibility of expanding the Residency Program and the development of an Externship Program in Vermont.

James Lasaponara, DDS, Public Health Dentist, Vermont Department of Health

Dr. Lasaponara has been a Public Health Dentist with the Department for the past 15 years and has a keen understanding of the financing and public health systems throughout the state. Mr. Lasaponara has extensive experience providing direct care to underserved populations at non profit clinics as well as Federally Qualified Health Centers and was the prime architect of Vermont's HIV Dental Assistance Program which is funded under Ryan White dollars allocated to Vermont. As part of this project, Dr. Lasaponara worked with state agencies, community dentists and HIV advocates to develop a program responsive to the changing needs of the HIV epidemic. While Dr. Lasaponara is located at the Department of Health, his position is funded under the state's Medicaid Office to manage, approve and monitor Medicaid claims. As a result, Dr. Lasaponara will participate in the Oversight Committee and provide Medicaid claims data, both as a means to direct resources to the highest need area and as a means to assist in evaluation of the initiative impact.

Attachment 5: Proposed/Existing Contracts

The UVM AHEC Program administers Vermont's Educational Loan Repayment Program under contract with the Department of Health. State fiscal year 2007 appropriation is \$160,000, an increase from \$100,000 in State fiscal year 2006. A portion of these resources will be used as a match for the Oral Health Workforce Initiative, below is the authorizing language:

H.881

ACT AS ENACTED INTO LAW--2006

* * * PROVIDER INITIATIVE * * *

* * * Loan Repayment for Health Care Providers

in Underserved Areas and for Health Care Educators * * *

Sec. 331. 18 V.S.A. § 10a is added to read:

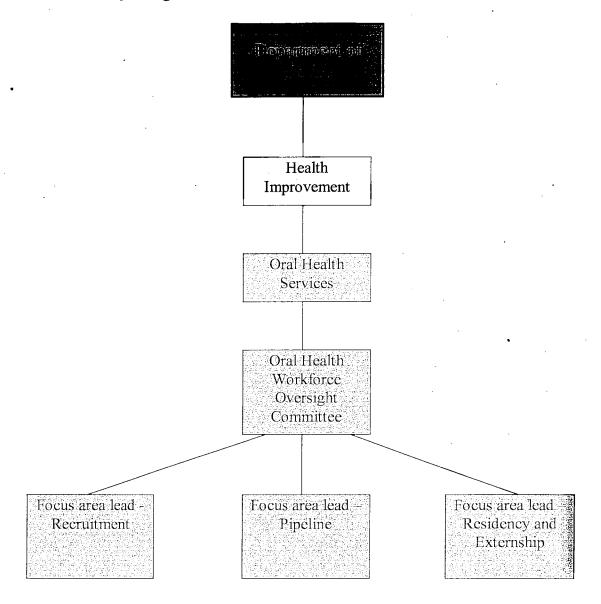
§ 10a. LOAN REPAYMENT FOR HEALTH CARE PROVIDERS AND

HEALTH CARE EDUCATOR FUND

- (a) There is hereby established a special fund to be known as the Vermont health care educational loan repayment fund which shall be used for the purpose of ensuring a stable and adequate supply of health care providers and health care educators to meet the health care needs of Vermonters, with a focus on recruiting and retaining providers and health care educators in underserved geographic and specialty areas.
- (b) The fund shall be established and held separate and apart from any other funds or moneys of the state and shall be used and administered exclusively for the purpose of this section. The money in the fund shall be invested in the same manner as permitted for investment of funds belonging to the state or held in the treasury. The fund shall consist of the following:
- (1) Such sums as may be appropriated or transferred thereto from time to time by the general assembly, the state emergency board, or the joint fiscal committee during such times as the general assembly is not in session.
 - (2) Interest earned from the investment of fund balances.
 - (3) Any other money from any other source accepted for the benefit of the fund.
- (c) The fund shall be administered by the department of health, which shall make funds available to the University of Vermont College of Medicine area health education centers (AHEC) program for loan repayment awards. The commissioner may require certification of compliance with this section prior to the making of an award.

- (d) AHEC shall administer awards in such a way as to comply with the requirements of Section 108(f) of the Internal Revenue Code.
- (e) AHEC shall make loan repayment awards in exchange for service commitment by health care providers and health care educators and shall define the service obligation in a contract with the health care provider or health care educator. Payment awards shall be made directly to the educational loan creditor of the health care provider or health care educator.
- (f) Loan repayment awards shall only be available for a health care provider or health care educator who:
 - (1) is a Vermont resident;
 - (2) serves Vermont;
- (3) accepts patients with coverage under Medicaid, Medicare, or other state-funded health care benefit programs, if applicable; and
- (4) has outstanding educational debt acquired in the pursuit of an undergraduate or graduate degree from an accredited college or university that exceeds the amount of the loan repayment award.
- (g) Additional eligibility and selection criteria will be developed annually by the commissioner in consultation with AHEC and may include local goals for improved service, community needs, or other awarding parameters.
- (h) The commissioner may adopt regulations in order to implement the program established in this section.
 - (i) As used in this section:
- (1) "Health care educator" shall mean an individual employed by or contracted by an accredited postsecondary institution in Vermont to teach in a health care profession educational program.
- (2) "Health care provider" shall mean an individual licensed, certified, or authorized by law to provide professional health care service in this state to an individual during that individual's medical or dental care, treatment, or confinement.

Attachment 6: Project organizational chart



Grants to States to Support Oral Health Workforce Activities - Vermont's Workforce Initiative

Attachment 7: Other Relevant Documents - Letters of support

Vermont State



Dental Society

100 Dorset Street, Suite 18 South Burlington, Vermont 05403 802-864-0115 In VT Tell Free 3-800-640-5099 Fax 802-864-0116

A CONSTITUENT OF THE AMERICAN DENTAL ASSOCIATION

July 26, 2006

Steve Arthur, DMD
Director, Office of Oral Health
Vermont Department of Health
108 Cherry Street
P.O. Box 70
Burlington, VT 05402-0070

Dear Dr. Arthur,

I am writing to express the Vermont State Dental Society's support and commitment for the Grants to States to Support Oral Health Workforce Activities Program. We are prepared to actively participate in the project. We are well aware of the current and impending oral health workforce needs of Vermont and I am available to assist in any manner possible. As part of the participation in this project, the VSDS will conduct recruitment activities to engage Vermonters and others currently in dental schools as well as participate as a member of the Oversight Committee which will be responsible for implementation and monitoring of this project

As you well know, the Vermont State Dental Society (VSDS) was instrumental in many recent initiatives to improve oral health workforce including supporting increases in Dental Loan Repayment and the establishment of a Vermont Dental Hygiene school in Williston, VT. VSDS has been a longstanding supporter of expanding access to oral health through the development of an adequate and high quality workforce. Our engagement in this project is a natural extension of this commitment. Please do not hesitate to contact me at any time.

Sincerely,

Peter Taylor

Executive Director

Vermont State Dental Society

Grants to States to Support Oral Health Workforce Activities - Vermont's Workforce Initiative



In alliance with
The University of Vermont

KEVIN J. RISKO, D.M.D. GPR Program Director

Steve Arthur, DDS
Director, Office of Oral Health
Vermont Department of Health
108 Cherry Street
P.O. Box 70
Burlington, VT 05402-0070

Dear Dr. Arthur:

I am writing to express my support and commitment for the Grants to States to Support Oral Health Workforce Activities Program. I am well aware of the current and impending oral health workforce needs and am prepared to assist in any manner possible.

The Fletcher Allen General Practice Residency Program has had a commitment to engaging residents in community based practice which has led to our success in recruiting them to practice in Vermont. As you well know, we are limited by the size of the Program as well as understanding the costs and sustainability of expanding our Program. I am committed to working with this project to develop an assessment of the Residency Program and the costs and sustainability of expanding the Program. I am also prepared to participate on the Oversight Committee to help coordinate all aspects of the project and monitor implementation activities.

Understanding the programmatic and financial implications of expanding the Vermont Residency Program is critical for us to understand our role in assuring an adequate and well distributed oral health workforce for Vermont. Please do not hesitate to contact me if I can be of any assistance. I look forward to a favorable review of your proposal.

Sincerely

Kevin Risko DMD

Director

Fletcher Allen General Practice Residency Program

26 Federal Plaza-Room 41-122 New York, New York 10278 PHONE: (212)-264-2069

FAX: (212)-264-5478

February 28, 2006

Ms. Cynthia D. LaWare Secretary Agency of Human Services Director of Revenue 103 South Main Street Waterbury, Vermont 05671-0204

Dear Ms. LaWare:

This is to advise you of the approval of the revisions to the Vermont Agency of Human Service (AHS) Cost Allocation Plan, which were submitted under letter dated September 30, 2004. The revisions are to reflect continuous changes within the Agency of Human Services due to a department wide reorganization. These revisions, which were submitted in accordance with 45 CFR 95, Subpart E, are effective July 1, 2004.

This approval shall remain in effect until such time as the basis and methods for allocating costs in the plan becomes outdated due to organizational changes, changes in Federal law or regulations, or there is a significant change in program composition that would affect the validity of approved cost allocation procedures.

The plan is approved and costs claimed in conformance with the plan are subject to the following conditions:

- 1. The approval is based on information provided by the State and is void if the information is later found to be materially incomplete or inaccurate.
- 2. The costs claimed for Federal financial participation must be allowable under the law, the cost principles contained in OMB Circular A-87 and program regulation.
- 3. The following cost allocation plans are approved under this letter:
 - Agency of Human Services (AHS)
 - Office of Vermont Health Access (OVHA)
 - Department of Aging & Independent Living (DAIL)
 - Vermont Department of Health (VDH)

4. The approved plans are subject to ongoing revisions as the Vermont Agency of Human Services completes the transition to the new organizational and operational structure. These ongoing changes will be addressed in subsequent plan revisions that may impact on currently approved cost allocation methodologies.

Nothing contained herein should be construed as approving activities not otherwise authorized by approved program plans, or Federal legislation or regulations.

The implementation of the cost allocation plan approved by this document may from time to time be revised by authorized Federal staff. The disclosure of inequities during such reviews may necessitate changes to the plan.

Sincerely,

Robert I. Aaronson Director, Division of

Cost Allocation

cc: Galligan, H., ACF
MacAllister, D., USDA/FNS
McGreal, R., CMS

ATTACHMENTS FORM

Instructions: On this form, you will attach the various files that make up your grant application. Please consult with the appropriate Agency Guidelines for more information about each needed file. Please remember that any files you attach must be in the document format and named as specified in the Guidelines.

Important: Please attach your files in the proper sequence. See the appropriate Agency Guidelines for details.

1) Please attach Attachment 1	Other charts and tables.doc	Add Allachmer.	Delete Attachment \	/iew Attachment
2) Please attach Attachment 2	Staffing Plan.doc	Ada Altachmi.nt	Delete Attachment \	/iew:Attach men t,
3) Please attach Attachment 3	Job Descriptions.doc	Add Atlacame:	Delete Attachment	/lew.Attachment
4) Please attach Attachment 4	Bio Sketches.doc	Add Attachment	Delete Attachment	/iew At tachment
5) Please attach Attachment 5	Proposed or existing contracts.doc	Add Attachmer	De lete Attachment	/iew Att ach ment
6) Please attach Attachment 6	Project Organizational Chart.doc	Add Altechment	Delete Attachment	/iew Attachments
7) Please attach Attachment 7	Other documents - letters of support.doc	Add Attachment	De lete Atta chment V	/iew At tachment
8) Please attach Attachment 8	CAPletter_Feb '06.pdf	Act. Attechment	Delete/Attachment	/iew Attachment
9) Please attach Attachment 9		Add Attachment	Telete Attachment V	New AP A LA LOT
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15) Please attach Attachment 15		Add Attachment	: «lete Altachment V	new Attachment

Grants to States to Support Oral Health Workforce Activities - Vermont's Workforce Initiative

J. Steve Arthur, DDS, Director, Office of Oral Health, Vermont Department of Health

Dr. Arthur has had a longstanding history of public health dentistry and currently heads Vermont's initiatives to expand access through a variety of programs including workforce development. Dr. Arthur has had extensive direct care as well as executive experience through his work in the public health sector. Through his experience, Dr. Arthur had gained an understanding of the system, policy and programmatic aspects of dentistry necessary to promote and improve oral health as well as an understanding of the day to day operations of dental practice necessary to communicate, interact with and engage community dentists to create changes to the public health system. His broad experience includes oversight of private dental practices; Chairman of the Research Department at Naval Dental School, National Naval Dental Center; Executive Officer, Naval Dental Center in which he was responsible for the day to day operation of 12 Navy dental clinics in five states, including 52 dentists and 151 enlisted personnel as well as Deputy Director, Defense Medical Standardization Board in which he supervised 15 officers and 33 civilians responsible for standardization of Army, Navy and Air Force medical and dental materials. Dr. Arthur has his BA in Economics from Davidson College, his DDS from West Virginia University School of Dentistry and his MPH from the Uniformed Services University of Health Sciences in Bethesda. Dr. Arthur will be the project lead on behalf of the Department of Health, responsible for reporting and administration of project activities as the HRSA grantee. He will also be a member of the Oversight Committee and work in collaboration with project partners to fulfill the goals of the initiative.

APPLICATION FOR FEDERAL ASSISTANCE	2. DATE SUBN	MITTED	Applicant Identifier
		<u>· </u>	
SF 424 (R&R)	3. DATE RECE	EIVED BY STATE	State Application Identifier
1. * TYPE OF SUBMISSION	4. Federal Ide		
Pre-application Changed/Corrected Application	4. Pederar ruo	ntiner	
5. APPLICANT INFORMATION	- No.	* Organizational I	DUNS: 809376155
* Legal Name: Vermont Department of Health			
Department:	Division:		
* Street1: P.O. Box 70	Street2: 10	08 Cherry Street	
* City: Burlington Cou	ınty:		* State: VT: Vermol
Province: *	* Country: JNITE	ED ST * ZIP / Postal Code: 05	5402-0070
Person to be contacted on matters involving this applicat	tion .		
Prefix: * First Name:	Middle Name:		st Name: Suffix:
Dr. Steve	·	Arth	ur
* Phone Number: 802-863-7497 Fa	ax Number:		Email: sarthur@vdh.state.vt.us
6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):		7. * TYPE OF APPLICANT:	
03-6000274			A: State Government
8. * TYPE OF APPLICATION: V New		Other (Specify):	
Resubmission Renewal Continuation F	Revision	Sma Women Owned	all Business Organization Type Socially and Economically Disadvantaged
If Revision, mark appropriate box(es).		9. * NAME OF FEDERAL AGE	ENCY:
4			
A. Increase Award B. Decrease Award C. Inc	rease Duration	Health Resources & Services	Administration
A. Increase Award B. Decrease Award C. Inc. D. Decrease Duration E. Other (specify)	rease Duration		Administration DOMESTIC ASSISTANCE NUMBER:
D. Decrease Duration E. Other (specify)		10. CATALOG OF FEDERAL 93.236	
D. Decrease Duration E. Other (specify) * Is this application being submitted to other agencies?	Yes⊡ No √	10. CATALOG OF FEDERAL 93.236	DOMESTIC ASSISTANCE NUMBER:
D. Decrease Duration E. Other (specify) * Is this application being submitted to other agencies? What other Agencies?	Yes∏ No √ CT:	10. CATALOG OF FEDERAL 93.236 TITLE: Grants for Dental Pu	DOMESTIC ASSISTANCE NUMBER:
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OMB Number: 4040-0001

Expiration Date: 04/30/2008

16. ESTIMATED PROJECT FUNDING	1	7. * IS APPLICATION SUBJECT TO ORDER 12372 PROCESS?	REVIEW BY STATE E	XECUTIVE
a. * Total Estimated Project Funding b. * Total Federal & Non-Federal Funds	120,000.00 a	YES THIS PREAPPLICATION/A AVAILABLE TO THE STATE PROCESS FOR REVIEW	E EXECUTIVE ORDE	
c. * Estimated Program Income	0.00	DATE: NO PROGRAM IS NOT COVE	RED BY E.O. 12372; (or Or
	·	PROGRAM HAS NOT BEE	EN SELECTED BY STA	ATE FOR
resulting terms if I accept an awa criminal, civil, or administrative p	e best of my knowledge. I also p rd. I am aware that any false, fict enalties. (U.S. Code, Title 18, Sed	rovide the required assurances *`a ltious, or fraudulent statements or ction 1001)	nd agree to comply of claims may subject n	with any ne to
true, complete and accurate to the resulting terms if I accept an awa criminal, civil, or administrative p * I agree * The list of certifications and assurances, 19. Authorized Representative	e best of my knowledge. I also p rd. I am aware that any false, fict enalties. (U.S. Code, Title 18, Sed or an Internet site where you may obtain t	rovide the required assurances *`a ltious, or fraudulent statements or ction 1001) his list, is contained in the announcement o	nd agree to comply of claims may subject n	with any ne to
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Detete Assochment View Attachment

Completed on submission to Grants.gov

21. Attach an additional list of Project Congressional Districts if needed.

Add Attachment

20. Pre-application

OMB Number: 4040-0001 Expiration Date: 04/30/2008

View Attachmone

Completed on submission to Grants.gov

Add Attachment Donate Attachment

SF 424 (R&R) APPLI	CATION FOR FE	DERAL ASSI	STANCE	·	·	Page 2
16. ESTIMATED PROJECT FUNDING		1	17. * IS APPLICATION ORDER 12372 PRO		W BY STATE EXEC	UTIVE
a. * Total Estimated Project Funding	114,752.00			APPLICATION/APPLIC		
b. * Total Federal & Non-Federal Funds	160,653.00			FOR REVIEW ON:		
c. * Estimated Program Income	0.00		DATE:			•
		l t	b. NO PROGRAM	I IS NOT COVERED B	Y E.O. 12372; OR	
			PROGRAM REVIEW	I HAS NOT BEEN SEL	ECTED BY STATE	FOR
18.By signing this application, Leert true, complete and accurate to the resulting terms if I accept an away criminal, civil, or administrative points and accurate to the second	he best of my knov ard. I am aware tha penalties. (U.S. Cod	wledge. I also p at any false, fic de, Title 18, Sed	provide the required ctitious, or fraudulent ection 1001)	assurances * and ag t statements or claim	gree to comply with is may subject me	n any
19. Authorized Representative	of all interior and with	THE YOU MAY OUTON	(IIIS IISC, 15 GOITHANDE III S	Militaria di aganty	ipeciiki ilianuono	
Prefix: * First Name:	Mic	iddle Name:		* Last Name:		Suffix:
Sharon				Moffatt		
* Position/Title: Deputy Health Commis	ssioner	* Organization:	n: Vermont Departmen	ıt of Health		
Department:		Division:				
* Street1: P.O. Box 70		Street2:	108 Cherry Street			* *
* City: Burlington	County	y:		* State: VT:	Vermoi	
Province:	* Co	ountry: JNITED	D ST * ZIP / Postal	Code: 05402-0070		
* Phone Number: 802-863-7280	Fax Nt	umber:		* Email: smoffat(@vdh.state.vt.us	
*Signature of Authori Completed on submis	• ,	'e	C ₁	* Date Signompleted on submission		
20. Pre-application			<u>SA</u>	del Attadument Dete	ete Attachment Vis	ew Attachment
21. Attach an additional list of Project	t Congressional D	Districts if neer	ded.			

Delete Attachment View Attachment

OMB Number: 4040-0001

Expiration Date: 04/30/2008

ASSURANCES - NON-CONSTRUCTION PROGRAMS

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

NOTE:

Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

- Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.
- Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
- Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
- Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
- Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
- 6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation

- Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (i) the requirements of any other nondiscrimination statute(s) which may apply to the application.
- 7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
- Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

- Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
- 10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
- 11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).

- Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
- 13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
- Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
- Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
- 16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
- 17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
- Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

* SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	* TITLE
Completed on submission to Grants.gov	Deputy Health Commissioner
* APPLICANT ORGANIZATION	* DATE SUBMITTED
Vermont Department of Health	Completed on submission to Grants gov

Standard Form 424B (Rev. 7-97) Back

CHECKLIST

OMB Approval No. 0920-0428

Public Burden Statement:

Public reporting burden of this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC,

Clearance Officer, 1600 Clifton Road, MS D-24, Atlanta, GA 30333, ATTN: PRA (0920-0428). Do not send the completed form to this address.

NOTE TO APPLICANT:

This form must be completed and submitted with the original of your application. Be sure to complete both sides of this form. Check the appropriate boxes and provide the information requested. This form should be attached as the last age of the signed original of the application. This page is reserved for PHS staff use only.

Type of Application:	✓ NEW		Noncompeting	Continuation		Competing Continuation		Supplemental
PART A: The following checklist is pro	vided to assu	re that	proper signat	ures, assura	nces, aı	nd certifications have b	een sub	mitted.
	*					Includ	ed	NOT Applicable
 Proper Signature and Date for Item 18 c Proper Signature and Date on PHS-516 								
3. Proper Signature and Date on appropria or SF-424D (Construction Programs)		s" page,	i.e., SF-424B (Non-Construc	tion Pro	grams)		
4. If your organization currently has on file been filed by indicating the date of such fill single form, HHS Form 690)								
Civil Rights Assurance (45 CFR 80	0)							
Assurance Concerning the Handica	apped (45 CFF	84)	***********		•			
Assurance Concerning Sex Discrin	nination (45 CF	R 86).	•••••					•
Assurance Concerning Age Discrir	mination (45 C	FR 90 8	3 45 CFR 91) .	•••••	•••••			
		. •						
5. Human Subjects Certification, when app	olicable (45 CF	R 46) .						
PART B: This part is provided to assure	e that pertine	nt infor	mation has be	en addresse	d and it	ncluded in the applicati	on.	,
						YES	NO.	T Applicable
Has a Public Health System Impact State distributed as required?				ject been com	pleted a	and		
2. Has the appropriate box been checked for intergovernmental review under E.O. 12372	or item # 16 on 2 ? (45 CFR Pa	the SF art 100)	-424 (FACE PA	(GE) regarding	9			
3. Has the entire proposed project period i	oeen identified	in item	# 13 of the FA	CE PAGE?				
4. Have biographical sketch(es) with job de	escription(s) be	en attac	ched, when requ	uired?	••• •			
5. Has the "Budget Information" page, SF-4 Programs), been completed and included			n Programs) or	SF-424C (Co	onstruction	on		
6. Has the 12 month detailed budget been	provided?		, 				• .	
7. Has the budget for the entire proposed p	roject period w	ith suffi	cient detail bee	en provided?				
8. For a Supplemental application, does the						السا		
9. For Competing Continuation and Supple				•				
				·				
PART C: In the spaces provided below, Business Official to be notified if an award is to be m	· .	de the	requested info		ctor/Projec	t Director/Principal Investigator	designate	d to direct the proposed project
Name: Prefix: *First Name: Gary	Middle	Name:		Name: Pre	fix: Dr.	* First Name: Steve		Niddle Name:
* Last Name: Leach		Suffix:		* La	ast Name:	Arthur		Suffix:
Title: Organiz	ation:			Title: Dire	ector. Of	fice of Oral Organizati	on: Ve	ermont Department o
Address: *Street1: P.O. Box 70	Street 2: 10	8 Cherry	Street		Street1:	P.O. Box 70	Street2:	108 Cherry Street
* City: Burlington		Vermor	, 5.55.		* City:	Burlington	* State:	T: Vermor
Province:	* Country: JNI				Province:	<u> </u>	* Country	
* Zip / Postal Code: 05402-0070				•	Zip / Pos	tal Code: 05402-0070		
* Telephone Number: 802-863-7384				* Telephone	Number	: 802-863-7497		
E-mail Address:				E-mail Addr	ess:	sarthur@vdh.state.vt.u	s	
Fax Number:				Fax Number	<u>1</u> .			
APPLICANT ORGANIZATION'S 12-DIGIT DHI	HS EIN (If alread	dy assig	ned)	SOCIAL SEC	URITY N	UMBER	HIGH	IEST DEGREE EARNED
03-6000274								

	nce. Check the appropriate box or complete the "Previously Filed" section, whichever is applicable.	e following is acceptable
	(a) A reference to the organization's listing in the Internal Revenue Service's (IRS) most recent list of tax-exempt organiza 501(c)(3) of the IRS Code.	ions described in section
	(b) A copy of a currently valid Internal Revenue Service Tax exemption certificate.	
	(c) A statement from a State taxing body, State Attorney General, or other appropriate State official certifying that the ap nonprofit status and that none of the net earnings accrue to any private shareholders or individuals.	olicant organization has a
	(d) A certified copy of the organization's certificate of incorporation or similar document if it clearly establishes the nonprof	t status of the organization.
	(e) Any of the above proof for a State or national parent organization, and a statement signed by the parent organization the a local nonprofit affiliate.	at the applicant organization is
	If an applicant has evidence of current nonprofit status on file with an agency of PHS, it will not be necessary to file similar and date of filing must be indicated.	papers again, but the place
	Previously Filed with: (Agency)	on <i>(Date)</i>
-		
	INVENTIONS	

INVENTIONS

If this is an application for continued support, include: (1) the report of inventions conceived or reduced to practice required by the terms and conditions of the grant; or (2) a list of inventions already reported, or (3) a negative certification.

EXECUTIVE ORDER 12372

Effective September 30, 1983, Executive Order 12372 (Intergovernmental Review of Federal Programs) directed OMB to abolish OMB Circular A-95 and establish a new process for consulting with State and local elected officials on proposed Federal financial assistance. The Department of Health and Human Services implemented the Executive Order through regulations at 45 CFR Part 100 (Inter-governmental Review of Department of Health and Human Services Programs and Activities). The objectives of the Executive Order are to (1) increase State flexibility to design a consultation process and select the programs it wishes to review, (2) increase the ability of State and local elected officials to influence Federal decisions and (3) compel Federal officials to be responsive to State concerns, or explain the reasons.

The regulations at 45 CFR Part 100 were published in *Federal Register* on June 24, 1983, along with a notice identifying the

Department's programs that are subject to the provisions of Executive Order 12372. Information regarding PHS programs subject to Executive Order 12372 is also available from the appropriate awarding office.

States participating in this program establish State Single Points of Contact (SPOCs) to coordinate and manage the review and comment on proposed Federal financial assistance. Applicants should contact the Governor's office for information regarding the SPOC, programs selected for review, and the consultation (review) process designed by their State.

Applicants are to certify on the face page of the SF-424 (attached) whether the request is for a program covered under Executive Order. 12372 and, where appropriate, whether the State has been given an opportunity to comment.

RESEARCH & RELATED Project/Performance Site Location(s)

Street1: P.O. Box 70 * City: Burlington County: * State: T: Vermo Province: * Country: NITED S * ZIP / Postal Code: 05402-00 Project/Performance Site Location 1 Organization Name: * Street1: Street2: * Street1: * Street1: * State: Province: * County: * ZIP / Postal Code: * State: Province: * County: * ZIP / Postal Code: * ZIP / Postal Cod	
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dditional Location(s) Add Attachment is Assiment View Attachment	Next Site

Expiration Date: 04/30/2008

RESEARCH & RELATED Senior/Key Person Profile

•		PROFILE - Project Direct	or/Principal Investigat	or	
Prefix	* First Name	Middle Name		* Last Name	Suffix
Dr.	Steve		Arthur		
Position/Title	e: Director		Department: Office	e of Oral Health	
Organization	n Name: Vermont Department	of Health	Division: Health Im	provement Division	
* Street1: F	P.O. Box 70		Street2: 108 Cherr	ry Street	
* City: Bur	lington County	<i>y</i> :	* State: VT. Vern Pro	ovince;	
* Country: L	JSA: UNITEI * Zip / Postal Co	de: 05402-0070			
	* Phone Number	Eav	: Number	* E-Mail	
802-863-749				sarthur@vdh.state.vt.us	
Credential, e	e.g., agency login:				
* Project R	ole: PD/PI	Other Pr	oject Role Category:		
*Attach	Biographical Sketch	Steve Bio Sketch.doc	Add Attac	hmeni Delete Attachment	View Attachment
Attach C	urrent & Pending Support		Add Ajtac	in ent Deiete Attachment	View Attachment
· 		PROFILE - Ser	nior/Key Person <u>1</u>		
Prefix	* First Name	Middle Name		* Last Name	Suffix
					·
Position/Title	e:		Department:		
Organization	Name:		Division:		
* Street1:			Street2:		•
* City:	County	:.	* State: Pro	ovince:	
* Country: \[JNITED ST/ * Zip / Postal Cod	de:		•	
	* Phone Number	Fav	Number	* E-Mail	
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* Project Ro		Other Pr	oject Role Category:		
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Attach C	urrent & Pending Support		Add Attac	ment Delete Attachment	View Attachment
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RESEARCH & RELATED Other Project Information
1. * Are Human Subjects Involved?
1.a If YES to Human Subjects
Is the IRB review Pending? Yes In No
IRB Approval Date:
Exemption Number: 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Human Subject Assurance Number:
2. * Are Vertebrate Animais Used?
2.a. If YES to Vertebrate Animals
Is the IACUC review Pending?
IACUC Approval Date:
Animal Welfare Assurance Number
3. * Is proprietary/privileged information included in the application? Yes No
4.a. * Does this project have an actual or potential impact on the environment?
4.b. If yes, please explain:
4.c. If this project has an actual or potential impact on the environment, has an exemption been authorized or an environmental assessment (EA) or environmental impact statement (EIS) been performed?
4.d. If yes, please explain:
5.a. * Does this project involve activities outside the U.S. or partnership with International Collaborators? Yes No
5.b. If yes, identify countries:
5.c. Optional Explanation:
6. * Project Summary/Abstract Abstract.doc Add Attachment View Attachment
7. * Project Narrative Narrative.doc Add Attachment Delete Attachment Wiew Attachment
8. Bibliography & References Cited
9. Facilities & Other Resources De els Atlachment De els Atlachment View Atlachment
10. Equipment Vadd Attachment View Attachmen
11. Other Attachments Add Attachments Delete Attachments View Attachments
OMB Number: 4040-000
Expiration Date: 04/30/200