



# CALIFORNIA RURAL INDIAN HEALTH BOARD, INC.

## SECTION 1: LDPP LEAD ENTITY AND PARTICIPATING ENTITY INFORMATION

### 1.1 LDPP Lead Entity and Contact Person (STC 109.a)

<b>Organization Name</b>	<b><i>California Rural Indian Health Board, Inc.(CRIHB)</i></b>
<b>Type of Entity</b>	County City and County Tribe <input checked="" type="checkbox"/> Indian Health Program UC or CSU campus Consortium of counties serving a region consisting of more than one county
<b>Contact Person</b>	Rosario Arreola Pro, MPH
<b>Title</b>	Health Systems Development Director
<b>Telephone</b>	916-929-9761 x 1300
<b>Email Address</b>	<a href="mailto:rarreolapro@crihb.org">rarreolapro@crihb.org</a>
<b>Mailing Address</b>	4400 Auburn Blvd, 2 <sup>nd</sup> Fl. Sacramento, CA 95841

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1.2 Participating Entities

Organization Name and Address	Description of Organization	Contact Name, Title, Telephone and Email	Role in LDPP
1. Chapa-De Indian Health 11670 Atwood Road Auburn, CA 95603	Indian Health Program	Dr. Pauline Karunakaran, Dental Director 530-887-2830 E-mail: <a href="mailto:pkarunakaran@chapa-de.org">pkarunakaran@chapa-de.org</a>	<ul style="list-style-type: none"> <li>• Primary care/dental care provider</li> <li>• Pilot 1: Oral Health Care Coordinator intervention (Domain 1-Access)</li> <li>• Pilot 2: Caries Risk Assessment (Domain 2-CRA) intervention</li> <li>• Medi-Cal beneficiaries ages 0-20</li> </ul>
2. Greenville Rancheria Tribal Health 410 Main Street Greenville, CA 95947	Indian Health Program	Dr. Omar Dyab, Dental Director 530-284-7045 E-mail: <a href="mailto:odyab@greenvillerrancheria.com">odyab@greenvillerrancheria.com</a>	<ul style="list-style-type: none"> <li>• Primary care/dental care provider</li> <li>• Pilot 1: Oral Health Care Coordinator intervention (Domain 1-Access)</li> <li>• Pilot 2: Caries Risk Assessment (Domain 2-CRA) intervention</li> <li>• Medi-Cal beneficiaries ages 0-20</li> </ul>
3. Karuk Tribe Health and Human Services 1519 South Oregon Yreka, CA 96097	Indian Health Program	Kori Novak, PhD, MBA, CEO 530-493-1600 Email: <a href="mailto:knovak@karuk.us">knovak@karuk.us</a>	<ul style="list-style-type: none"> <li>• Primary care/dental care provider</li> <li>• Pilot 1: Oral Health Care Coordinator intervention (Domain 1-Access)</li> <li>• Pilot 2: Caries Risk Assessment (Domain 2-CRA) intervention</li> <li>• Medi-Cal beneficiaries ages 0-20</li> </ul>
4. Lassen Indian Health Center 795 Joaquin Street Susanville, CA 96130	Indian Health Program	Jacqueline Bae, COO, Executive Director 530-251-5188 Email: <a href="mailto:jbae@lihc.org">jbae@lihc.org</a>	<ul style="list-style-type: none"> <li>• Primary care/dental care provider</li> <li>• Pilot 1: Oral Health Care Coordinator intervention (Domain 1-Access)</li> <li>• Pilot 2: Caries Risk Assessment (Domain 2-CRA) intervention</li> <li>• Medi-Cal beneficiaries ages 0-20</li> <li>•</li> </ul>

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Organization Name and Address	Description of Organization	Contact Name, Title, Telephone and Email	Role in LDPP
5. Northern Valley Indian Health 845 W. East Avenue Chico, CA 95926	Indian Health Program	Inder Wadhwa, Executive Director 530-661-4430 Email: <a href="mailto:iwadhwa@nvih.org">iwadhwa@nvih.org</a>	<ul style="list-style-type: none"> <li>• Primary care/dental care provider</li> <li>• Pilot 1: Oral Health Care Coordinator intervention (Domain 1-Access)</li> <li>• Pilot 2: Caries Risk Assessment (Domain 2-CRA) intervention</li> <li>• Medi-Cal beneficiaries ages 0-20</li> </ul>
6. Pit River Health Service 36977 Park Avenue Burney, CA 96013	Indian Health Program	Glenna Moore, Chief Executive Officer 530-335-3651 E-mail: <a href="mailto:glenna.m@pitriverhealthservice.org">glenna.m@pitriverhealthservice.org</a>	<ul style="list-style-type: none"> <li>• Primary care/dental care provider</li> <li>• Pilot 1: Oral Health Care Coordinator intervention (Domain 1-Access)</li> <li>• Pilot 2: Caries Risk Assessment (Domain 2-CRA) intervention</li> <li>• Medi-Cal beneficiaries ages 0-20</li> </ul>
7. Round Valley Indian Health P.O. Box 247 Covelo, CA 95428	Indian Health Program	James Russ, Executive Director 707-983-6064 Ext. 116 Email: <a href="mailto:jruss@rvindianhealth.com">jruss@rvindianhealth.com</a>	<ul style="list-style-type: none"> <li>• Primary care/dental care provider</li> <li>• Pilot 1: Oral Health Care Coordinator intervention (Domain 1-Access)</li> <li>• Pilot 2: Caries Risk Assessment (Domain 2-CRA) intervention</li> <li>• Medi-Cal beneficiaries ages 0-20</li> </ul>
8. San Diego American Indian Health Center 2630 First Avenue San Diego, CA 92103	Indian Health Program	Joe Bulfer, CEO 619-234-2158 Email: <a href="mailto:joe.bulfer@sdaihc.com">joe.bulfer@sdaihc.com</a>	<ul style="list-style-type: none"> <li>• Primary care/dental care provider</li> <li>• Pilot 1: Oral Health Care Coordinator intervention (Domain 1-Access)</li> <li>• Medi-Cal beneficiaries ages 0-20</li> </ul>

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9. Shingle Springs Tribal Health 5168 Honpie Road Placerville, CA 95667	Indian Health Program	Dr. Chalise Morgan, Dental Director 530-387-4232 Email: <a href="mailto:morganc@ssthpb.org">morganc@ssthpb.org</a>	<ul style="list-style-type: none"> <li>• Primary care/dental care provider</li> <li>• Pilot 1: Oral Health Care Coordinator intervention (Domain 1-Access)</li> <li>• Pilot 2: Caries Risk Assessment (Domain 2-CRA) intervention</li> <li>• Medi-Cal beneficiaries ages 0-20</li> <li>• Member of the Advisory Committee</li> </ul>
10. Toiyabe Indian Health Project 52 TuSu Lane Bishop, CA 93514	Indian Health Program	David Lent, CEO 760-873-8464 Email: <a href="mailto:david.lent@toiyabe.us">david.lent@toiyabe.us</a>	<ul style="list-style-type: none"> <li>• Primary care/dental care provider</li> <li>• Pilot 1: Oral Health Care Coordinator intervention (Domain 1-Access)</li> <li>• Pilot 2: Caries Risk Assessment (Domain 2-CRA) intervention</li> <li>• Medi-Cal beneficiaries ages 0-20</li> </ul>
11. Tule River Indian Health Clinic 380 Indian Reservation Dr, Porterville, CA 93257	Indian Health Program	Zahid Sheikh, CEO 559-784-2316 Email: <a href="mailto:zahid.sheikh@crihb.org">zahid.sheikh@crihb.org</a>	<ul style="list-style-type: none"> <li>• Primary care/dental care provider</li> <li>• Pilot 1: Oral Health Care Coordinator intervention (Domain 1-Access)</li> <li>• Pilot 2: Caries Risk Assessment (Domain 2-CRA) intervention</li> <li>• Medi-Cal beneficiaries ages 0-20</li> </ul>
12. Tuolumne Me Wuk Indian Health Center 19969 Greenley Road Sonora, CA 95370	Indian Health Program	Dr. Yana Pekarski, Dental Director 209-532-0034 Email: <a href="mailto:ypekarski@tmwihc.org">ypekarski@tmwihc.org</a>	<ul style="list-style-type: none"> <li>• Primary care/dental care provider</li> <li>• Pilot 1: Oral Health Care Coordinator intervention (Domain 1-Access)</li> <li>• Pilot 2: Caries Risk Assessment (Domain 2-CRA) intervention</li> <li>• Medi-Cal beneficiaries ages 0-20</li> </ul>
13. Tuolumne County Public Health Department-WIC Program 2011 Cedar Road North Sonora, CA 95370	WIC-County	Lisa Hieb-Stock, Public Health Program Supervisor 209-533-7418 Email: <a href="mailto:lhieb@co.tuolumne.ca.us">lhieb@co.tuolumne.ca.us</a>	<ul style="list-style-type: none"> <li>• Collaborator/external referrals</li> <li>• Pilot 1: Oral Health Care Coordinator intervention (Domain 1-Access)</li> <li>• Medi-Cal beneficiaries ages 0-5</li> </ul>

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Organization Name and Address	Description of Organization	Contact Name, Title, Telephone and Email	Role in LDPP
			<ul style="list-style-type: none"> <li>Referral of low-income children ages 0-5 for oral health services</li> </ul>
14. CRIHB Tribal Child Development 4400 Auburn Blvd, 2 <sup>nd</sup> . Fl. Sacramento, CA 95841	Tribal Head Start	Ann Bonnitto, JD Tribal Child Development Director 916-929-9761 Email: <a href="mailto:abonnitto@crihb.org">abonnitto@crihb.org</a>	<ul style="list-style-type: none"> <li>Collaborator/external referrals</li> <li>Pilot 1: Oral Health Care Coordinator intervention (Domain 1-Access)</li> <li>Medi-Cal beneficiaries ages 3-5</li> <li>Referral of low-income children ages 3-5 for oral health services</li> </ul>
15. Elk Valley Rancheria Tribal Head Start 2298 Norris Ave, Suite C Crescent City, CA 95531	Tribal Head Start	Stacey Torres, Site Coordinator Phone: 707-464-4499 Email: <a href="mailto:stacey.torres@crihb.org">stacey.torres@crihb.org</a>	<ul style="list-style-type: none"> <li>Referral of low-income children ages 3-5 for oral health services</li> <li>Pilot 1: Oral Health Care Coordinator intervention (Domain 1-Access)</li> <li>Medi-Cal beneficiaries ages 3-5</li> </ul>
16. Lytton Rancheria Head Start 1592 Fulton Rd Santa Rosa, CA 95403	Tribal Head Start	Maria Banuelos Teacher/Site Supervisor 707-544-8430 Email: <a href="mailto:maria.banuelos@crihb.org">maria.banuelos@crihb.org</a>	<ul style="list-style-type: none"> <li>Collaborator/external referrals</li> <li>Pilot 1: Oral Health Care Coordinator intervention (Domain 1-Access)</li> <li>Referral of low-income children ages 3-5 for oral health services</li> </ul>
17. Manchester Point Arena Head Start 419 Ocean View Dr. Point Arena, CA 95468	Tribal Head Start	Rebecca Stanley Teacher/Site Supervisor 707-467-5325 Email: <a href="mailto:rebecca.stanley@crihb.org">rebecca.stanley@crihb.org</a>	<ul style="list-style-type: none"> <li>Collaborator/external referrals</li> <li>Pilot 1: Oral Health Care Coordinator intervention (Domain 1-Access)</li> <li>Medi-Cal beneficiaries ages 3-5</li> <li>Referral of low-income children ages 3-5 for oral health services</li> </ul>

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Detailed Description of Participating Entities and Collaborating Organizations

1. **Chapa-De Indian Health** was founded in 1979. Chapa De Serves the Nevada, Placer, and Sierra counties. Today, the clinic operates two private, non-profit community health centers, serving 19,000 patients each year. The Board of Directors includes members of the United Auburn Indian Community, which is Chapa-De's supporting Tribe. Chapa-De contracts with Indian Health Services (IHS) to provide no-cost or low-cost services and medications to verified American Indians and Alaska Natives from federally recognized tribes. They welcome low-income individuals and families. Chapa De health centers offer adult and pediatric primary medical care, nutrition and health education, women's health services, dental care, orthodontia, mental health counseling, psychiatry, optometry, and pharmacy services. Chapa-De serves approximately 3,066 Medi-Cal beneficiaries who are Native and non-Native children ages 0-20.
2. **Greenville Rancheria Tribal Health** is located in the Indian Valley at the 3,500 foot level in the Sierra Nevada Mountains of Northern California. The Rancheria lies about three miles east of Greenville, California, which has a population of 2,000. The Greenville Rancheria runs a medical and dental facility in Greenville and Red Bluff where it serves Native and non-Native persons. Approximately, 900 Medi-Cal beneficiaries ages 0-20 are served by this organization.
3. **Karuk Tribe Health and Human Services** operates 3 clinics located in Siskiyou and Humboldt counties. The Karuk Tribe is a federally recognized tribe of Karuk people. They are an indigenous people of California, located in the northwestern corner of the state. Happy Camp, California is located in the heart of the Karuk Tribe's ancestral territory, which extends along the Klamath River from Bluff Creek (near the community of Orleans in Humboldt County) through Siskiyou County and into Southern Oregon. The Karuk Tribe serves approximately 935 Medi-Cal beneficiaries who are Native and non-Native children ages 0-20.
4. **Lassen Indian Health Center** is part of the Susanville Indian Rancheria, which is contiguous to the City of Susanville, California, in Lassen County and located in Northeastern California, at the juncture of the Cascade Range and the Sierra Nevada Mountains, approximately 70 miles from the Nevada border and adjacent to the Lassen National Forest. The Plumas National Forest is within 20 miles of the Rancheria. This is a rugged, rural and mountainous region of Northeastern California, with average elevation of 4,500 feet above sea level. The clinic serves approximately 2,400 patients in the communities of Susanville, Doyle, Janesville, Johnstonville, Litchfield, Milford, Standish, Termo, and Westwood. Services provided at the Lassen Indian Health Center include medical, dental, behavioral health, alcohol and drug counseling, and community health. Lassen Indian Health Center serves approximately 513 Medi-Cal beneficiaries who are Native and non-Native children ages 0-20.
5. **Northern Valley Indian Health (NVIH)** was founded in 1971. NVIH began as a small clinic serving American Indians. Today, NVIH operates 5 clinics across 5 counties, including Butte, Colusa, Glenn, Tehama, and Yolo counties, as well as a mobile dental clinic. NVIH offers medical, dental, behavioral health, preventive services, health education, and community health and outreach services across its service area. Northern Valley Indian Health serves approximately 13,009 Medi-Cal beneficiaries who are Native and non-Native children ages 0-20.

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6. **Pit River Health Service (PRHS)** is located in Burney, California, along with a satellite clinic on the X-L reservation in Alturas, California. PRHS offers medical care, dental care, behavioral health services, community health outreach services, senior nutrition services, transportation and contract health service. The Dental Department provides a full range of restorative and preventive services to all eligible Native Americans living in our service area and emergency service to all registered Native Americans. PRHS staff includes one full-time Dentist, Registered Dental Assistants, Dental Hygienist, Sterilization Technician, and Receptionist. In addition, physicians and a nurse practitioner provide medical services and maintain quality medical care standards. Services include general medicine, family practice, pediatrics, prenatal, gynecology, ambulatory acute care, chronic pain management, and routine health maintenance. Nutrition and Podiatry services are provided by appointment. Medical services are available to all residents of the Intermountain and surrounding areas, and/or anyone visiting our community. PRHS serves approximately 429 Medi-Cal beneficiaries who are Native and non-Native children ages 0-20.
7. **Round Valley Indian Health Center** is a non-profit corporation established in 1968, designed to offer health care to the people of our community. The health center is located in Covelo, a remote valley community in Northern Mendocino County, 25 miles east of Highway 101 and an additional 15 miles from the nearest hospital and emergency services in Willits, California. The Round Valley Indian Health Center provides primary health care to approximately 3,000 people living in Covelo and the adjacent Round Valley Indian Reservation. The Reservation was established in 1856 and is the ancestral homeland of the Yuki Nation and home to six other Indian Tribes. The health center staff is dedicated not only to treatment, prevention, and patient education, but also recognizes traditional Indian medicine and holistic healing. Round Valley serves approximately 414 Medi-Cal beneficiaries who are Native and non-Native children ages 0-20.
8. **San Diego American Indian Health Center** is a non-profit 501(c)(3) which is a designated Urban Indian Health Center as well as a Federally Qualified Health Center. San Diego American Indian Health Center serves approximately 382 Medi-Cal beneficiaries who are Native and non-Native children ages 0-20.
9. **Shingle Springs Tribal Health Program (SSTHP)** is a community health care center, which contains a general medical, dental, and behavioral health department whose additional services include podiatry, physical therapy, chiropractic care and orthodontics. SSTHP is one of the few Medi-Cal providers as well as the only dental provider accepting the County Medical Services Program insurance in El Dorado County. SSTHP currently serves approximately 5,000 patients each year. SSTHP serves approximately 2,324 Medi-Cal beneficiaries who are Native and non-Native children ages 0-20.
10. **Toiyabe Indian Health Project** was founded in 1968 and is a tribal organization under the provisions of Public Law 93-638, which represents seven Indian Tribes within Inyo and Mono Counties. Toiyabe is a consortium of seven federally recognized tribes, which include: Antelope Valley Indian Community, Big Pine Paiute Tribe of the Owens Valley, Bishop Paiute Tribe, Bridgeport Indian Reservation, Fort Independence Indian Reservation, Kutzad Ka Paiute Tribe (Lee Vining), Lone Pine Paiute-Shoshone Reservation, Utu Utu Gwaitu Tribe (Benton), and Timbisha Shoshone Tribe (Death Valley). Toiyabe Indian Health Project operates three clinics: Bishop, Lone Pine and Coleville, which provide a variety of health care services. Services include primary care, dental, medical, dialysis, family services, optical, and an award winning public health and preventive medicine program. Toiyabe Indian Health Project serves approximately 792 Medi-Cal beneficiaries who are Native and non-Native children ages 0-20.

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11. **Tule River Indian Health Clinic** is located in the rugged foothill lands of the Sierra Nevada Mountains, about 20 miles east of the town of Porterville, California. The health center has a dental clinic located at the main clinic site on the Tule River Indian Reservation. The two nearest cities of size are Fresno, approximately 70 miles north of Porterville and Bakersfield, which is approximately 50 miles south of Porterville. Health care services provided include medical, dental, optical, audiology, mental health, social services, telemedicine, and community health outreach services. They clinic serves approximately 496 Medi-Cal beneficiaries who are Native and non-Native children ages 0-20.
12. **Tuolumne Me Wuk Indian Health Center** is located in Tuolumne, California. The health center has a separate dental site located in Sonora, California. Clinical services provided include medical, dental, behavioral health, substance abuse, and pharmacy. They serve approximately 1,284 Medi-Cal beneficiaries who are Native and non-Native children ages 0-20.
13. **Tuolumne County Public Health –Women, Infant, and Children (WIC)** Tuolumne WIC is a county agency whose services include nutrition education, supplemental food vouchers and breastfeeding education. Eligibility depends on category (woman, infant or child), income and nutrition risk. WIC serves: Infants and children under five years old; WIC is an income based program. To qualify, individuals must meet the income guidelines or the person for whom they are applying must have active Medi-Cal, food stamps, or TANF.
14. **CRIHB Tribal Child Development** department is a Head Start grantee and houses three center-based programs that serve 90 income-eligible Indian children on the following Rancherias: Elk Valley Rancheria (Del Norte County), Lytton Rancheria (Sonoma County) and Manchester Band of Pomo Indians (Mendocino County). CRIHB also administers the Lytton First Steps program which provides preschool services, modelled after Head Start, to 20 additional children in the Santa Rosa funded by Lytton Rancheria (Sonoma County). The Health and Disabilities Coordinator housed at the CRIHB Tribal Child Development department helps to address the health needs of families, which include coordinating access in a timely manner to dental, health, wellness checks, and follow-up appointments for children in the program. The health and disabilities coordinator works with the family social workers at the local Head Start sites to help make arrangements with local health care providers to address the health needs of children served by the Head Start program. A total of 110 children are served by this program.
15. **Elk Valley Rancheria Tribal Head Start** This Head Start program located in Crescent City and was founded by the Elk Valley Rancheria on the premise that all children share certain needs and children from low-income families, in particular, can benefit from a comprehensive developmental program to meet those needs. Head Start is a family-oriented, comprehensive and community-based program to address developmental goals for children, support for parents in their work and child-rearing roles and linkage with other service delivery systems. Fifty (50) children ages 3-5 are served by this program

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**16. Lytton Rancheria Tribal Head Start** This Head Start program is located in Sonoma county and was founded by the Lytton Band of Pomo Indians, a federally recognized tribe, on the premise that all children share certain needs and children from low-income families, in particular, can benefit from a comprehensive developmental program to meet those needs. Head Start is a family-oriented, comprehensive and community-based program to address developmental goals for children, support for parents in their work and child-rearing roles and linkage with other service delivery systems. Twenty (20) children ages 3-5 are served by this program.

**17. Manchester Point Arena Tribal Head Start** This Head Start program is located in Mendocino county and founded by the Manchester Point Arena Band of Pomo Indians, a federally recognized tribe, on the premise that all children share certain needs and children from low-income families, in particular, can benefit from a comprehensive developmental program to meet those needs. Head Start is a family-oriented, comprehensive and community-based program to address developmental goals for children, support for parents in their work and child-rearing roles and linkage with other service delivery systems. Twenty (20) children ages 3-5 are served by this program.

**1.3 Letters of Participation**

Letters of Participation/Support have been secured for all of the participating organizations. Please see **Appendix B** for all copies of letters of participation and/or support.

Lytton Rancheria Head Start, Elk Valley, Manchester Point Area Head Start are all operated by the California Rural Indian Health Board (CRIHB), under a Tribal Head Start grant. Therefore, these three Head Start sites are all under the auspices of CRIHB and no individual letter of support is available for each of these three sites. Attached is a tribal resolution attesting to this arrangement which is in place with the Office of Head Start.

**1.4 Collaboration Plan**

The CRIHB Local Dental Pilot Program (LDPP) will partner with 12 Tribal and Urban Indian Health organizations, as well as with 3 Tribal Head Starts and 1 Women Infants and Children agency serving children ages 0-20 across the 16 counties.

**Minimizing silos** CRIHB, as the lead entity, will maintain communication with the various participating providers/entities/and other relevant stakeholders, including the oral health care coordinators, medical, and dental providers, early periodic screening diagnosis and treatment (EPSDT) case managers at each of the participating sites, and Tribal Head Start family service workers. The LDPP coordinator will host monthly calls/webinars with participating oral health care coordinators, a monthly advisory committee call, maintain a listserv, and use constant contact for regular e-mail updates. In addition, the LDPP coordinator will contribute articles to the Dental Support Center quarterly newsletter and tribal newsletters at the local participating sites.

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**Communication of Pilot Requirements** Multiple webinars and onsite visits will be conducted to communicate the LDPP pilot requirements for this project. The LDPP coordinator will host monthly webinars providing an overview of the pilot requirements and record these sessions so that they are available for those who were not able to participate in the live session. Related presentation materials and webinar recordings will be made available via GoToMeeting to recorded sessions, which will be on the CRIHB LDPP/Dental Support Center website. In addition, a tool-kit will also be developed to contain reporting and data collection tools, as well as other items such as a caries risk assessment template, suggested workflows, and other oral health resources.

In an effort to establish baseline expectations regarding participation in the pilot program and encourage program buy-in across the organization, CRIHB and the participating programs will execute a Memorandum of Understanding, which shall include the clinic Executive Director, Medical Director, Dental Director, and Behavioral Health Director (if applicable). The LDPP Coordinator will play a central role in facilitating communication among all stakeholders. This will include facilitating monthly calls with the oral health care coordinators, monthly advisory committee calls, bi-annual face-to-face meetings with the advisory committee members, as well as working with the electronic health records specialist and clinic staff to incorporate a caries risk assessment template at each participating site.

**Establish best practices** One of the goals of this pilot is to establish best practices that pertain to increasing access, dental integration, and caries risk assessment among high risk children 0-20. Webinars and training materials developed during the course of this pilot will be available to other organizations who wish to spread or incorporate these strategies. They will also be posted as resources on the CRIHB Dental Support Center website located at <https://crihb.org/health-center-operations/dental-support-center>.

**Sustainability** The LDPP will be sustained by redirecting staff and funding resources upstream, rather than spending limited clinic funds on emergency treatment. Emergency treatment and sedation of a child with cavities is often paid by the tribal health program out of a very limited pool of Indian Health Service funds or in part by Medi-Cal. Through the demonstration that doing regular fluoride varnish, dental sealants, and caries risk assessments on every child 0-20 years of age and integrating dental health into the primary setting, clinics may choose to allocate staff resources to continue to sustain this process.

**Decision making process** The LDPP coordinator will work closely with the area dental officer from Indian Health Service as well as the advisory committee to vet proposed program changes and make decision regarding the program. The LDPP coordinator will have monthly conference calls with the advisory committee to discuss program progress, challenges, and opportunities. In addition, the LDPP coordinator will report to the CRIHB Health Systems Development Director and work closely with the CA Dental Support Center Coordinator who will provide additional guidance and support regarding program objectives and activities.

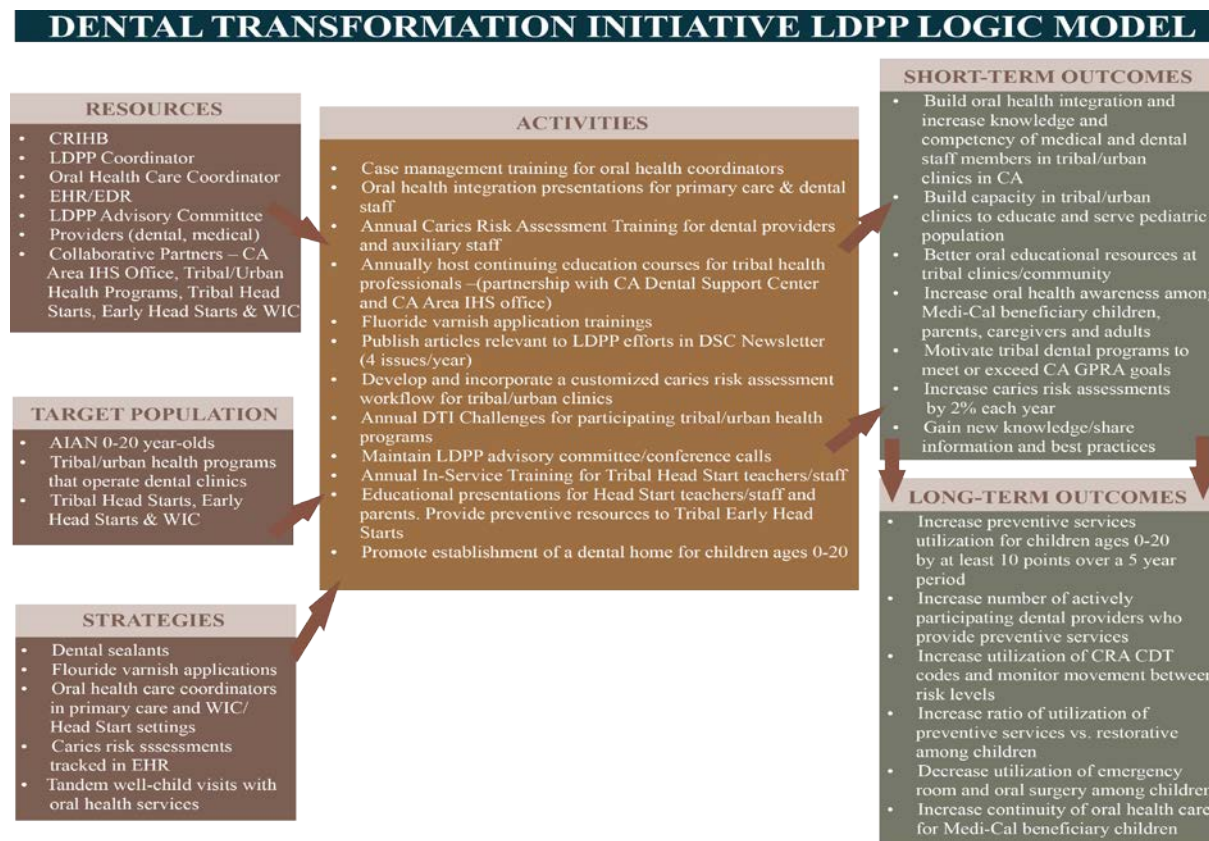
**Plan for regular meetings** The LDPP coordinator will arrange regular meetings with key stakeholders at various intervals. Monthly calls and yearly face to face meetings with the oral health care coordinators (at the annual Dental Support Center conference), semi-annual face to face meetings with the advisory committee, and site visits to participating tribal health programs will provide ample opportunity for interaction with the LDPP coordinator and amongst the group.

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LDDP Coordinator	Oral Health Care Coordinators	Advisory Committee	Clinic Staff Meetings	WIC/Head Start
Monthly calls/webinars	X	X		X
Mid-year face-to-face meeting		X		
Annual Dental Support Center Conference (face to face session)		X		
Yearly site visit	X		X	X

**Main point of contact** CRIHB will hire a LDPP coordinator who will serve as the main point of contact to support and coordinate with participating entities. In the interim, Rosario Arreola Pro, CRIHB Health Systems Development Director, will fulfill that role on behalf of the lead entity. The LDPP coordinator will provide guidance and technical assistance to participating programs.

CRIHB will maintain a website page for sharing best practices and resources. In addition, the pilot will utilize monthly email blasts to provide updates to the listserv of collaborators regarding progress made towards meeting our goals. Monthly calls/webinars will allow for additional discourse among the oral health care coordinators at the various sites.



## SECTION 2: GENERAL INFORMATION AND TARGET POPULATION

### 2.1 Target Population

#### Needs Assessment

In 2011, the federal Indian Health Service (IHS) conducted an assessment that describes the oral health status of American Indian and Alaska Native (AI/AN) children aged 1-5 years. A stratified probability sample of IHS/tribal sites was selected. Children were screened by trained examiners at community-based locations including medical clinics, Head Start sites, preschools, kindergarten, and Women, Infants, and Children (WIC) locations. Data collection was limited to the primary dentition and included number of teeth present plus number of teeth with cavitated lesions, restorations, and extracted because of decay. The number of molars with sealants and urgency of need for dental care data were also obtained. Statistical analyses were performed. Sample weights were used to produce population estimates based on selection probabilities. A total of 8,461 AI/AN children 12-71 months of age were screened at 63 IHS/tribal sites. Overall, 54% of the children had decay experience, 39% had untreated decay, 7% had primary molar sealants, 36% needed early or urgent dental care, and 6% needed urgent dental care. The mean number of decayed, missing, or filled teeth was 3.5. The prevalence of decay experience increased with age; 21% of 1-year-olds and 75% of 5-year-olds had a history of caries. In addition, only a small proportion of AI/AN children 0-5 years of age visit an IHS or tribal dental clinic. According to IHS' patient monitoring system, the

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percentage of the IHS user population with a dental visit at an IHS or tribal dental clinic in fiscal year 2008 was only 17% for children 0-2 years of age and 36% for those 3-5 years of age.

The results of the study confirmed that AI/AN children served by IHS/tribal programs are one of the racial/ethnic groups at highest risk of Early Childhood Caries (ECC). More than 62% of AI/AN children 2-5 years have experienced dental caries compared with 42% of Mexican-American, 32% of African-American, and 25% of non-Hispanic white children. However, the true burden of disease from caries is better measured by the severity of decay or the number of decayed/filled teeth which is three times higher in AI/AN preschool children compared with the general US population.

In the California IHS Area, 535 AI/AN children were screened at 9 different sites. This accounted for approximately 8% of the California Area IHS user population between 1-5 years of age. Results showed that in California, 47% of children have tooth decay experience, 33% have untreated decay and need dental care, and 8% of children have an urgent need for dental care which means that they had pain or an infection. Children in the California area have, on average, slightly more than 2 teeth with decay experience.

Key findings from California demonstrate that tooth decay is a significant health problem for AI/AN preschool children. The study states that early prevention, before the age of two, is essential to reduce the prevalence of tooth decay in AI/AN preschool children, and that many AI/AN preschool children are not getting the dental care they need. AI/AN preschool children continue to have more dental disease than other minority populations in the United States.

In 2011-2012, the IHS conducted an oral health survey of AI/AN children focusing on children aged 6-9. As part of the study focusing on the IHS California Area, 324 children 6-9 years of age were screened at 14 schools. The survey results showed that AI/AN children in the California Area have more untreated decay and decay experience than the U.S. population. Results demonstrated that 83% of AI/AN children in the California Area had a history of decay compared to 83% of IHS overall and 45% of children in the general population. The Healthy People 2020 target is 49%. In addition, 57% of AI/AN children in the California Area had untreated decay compared to 47% of IHS overall and 17% of children in the general population. The Healthy People 2020 target is 26%. Finally, the study showed 33% of AI/AN children in the California Area had at least 1 dental sealant compared to 42% of IHS overall and 32% of the children in the general population. The Healthy People 2020 target is 26%.

Increasing access to oral health care and evidence-based prevention for AI/AN children requires a multifaceted team approach that must include the oral health care team, medical providers, Community Health Representatives, Head Start staff, WIC program staff, Early Periodic Screening Diagnosis and Treatment (EPSDT) case managers, and the parents of those young children at risk for the disease.

Based on the IHS surveys, partnering sites were chosen based on the need to test innovations to increase prevention, caries risk assessment and disease management, and continuity of care. Each participating site has a unique service population, capacity, resources and barriers to patients receiving oral health care. Each letter of participation provided (Appendix B) demonstrates each clinic's unique needs and situation. For example, rural Tribal clinics often face barriers with transportation, while the needs of urban health programs may include long patient waitlists. The proposed pilots have been designed to work with each

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clinic's distinct population and needs to improve the oral health outcomes of Medi-Cal beneficiaries age 0-20.

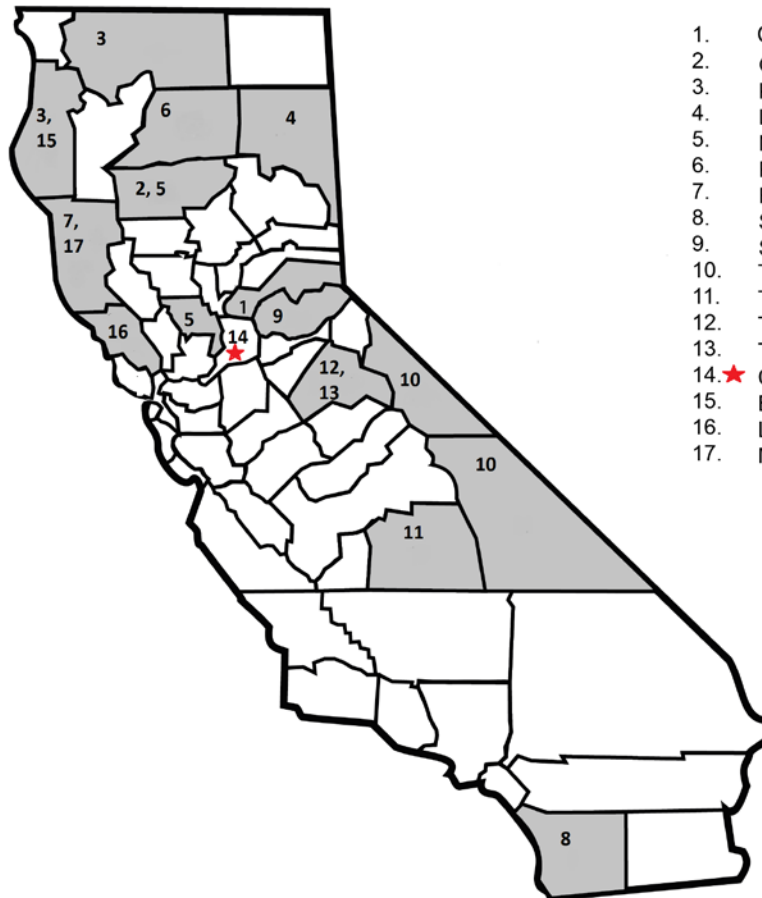
Target Population

Based on the assessment described above, the target population for the proposed project includes at-risk Medi-Cal beneficiary children age 0-20 who receive dental care at any program partner Indian/Tribal/Urban Health Program, Head Start, or WIC regardless of ethnicity. The geographic area to be served throughout this statewide initiative includes both Tribal and Urban Indian health programs with dental departments serving 16 counties in California. Figure 1 shows a map of participating sites, tribes, and counties to be served through the initiative. Table 1 shows approximate counts of eligible children at partner sites, and estimated number of children age 0-20 that are Medi-Cal beneficiaries to be served.

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Figure 1. Map of Participating Tribal Health Programs and Collaborating Partners, by County:

The Dental Transformation Initiative LDPP has signed agreements with the following Indian Health Programs:



1. Chapa-De Indian Health Program, Inc.
2. Greenville Rancheria Tribal Health Program
3. Karuk Tribal Health and Human Services Program
4. Lassen Indian Health Center
5. Northern Valley Indian Health, Inc.
6. Pit River Health Service, Inc.
7. Round Valley Indian Health
8. San Diego American Indian Health Center
9. Shingle Springs Health and Wellness Center
10. Toiyabe Indian Health Project, Inc.
11. Tule River Indian Health Clinic
12. Tuolumne MeWuk Indian Health Center, Inc.
13. Tuolumne County Public Health Department-WIC Program
14. ★ CRIHB Tribal Child Development -CRIHB Headquarters
15. Elk Valley Rancheria Tribal Head Start
16. Lytton Rancheria Head Start
17. Manchester Point Arena Head Start



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<i>Partner Tribal Health Program</i>	<i>Total Medi-Cal beneficiaries ages 0-20 years old</i>	<i>Targeted Years 1, 2, 3, and 4</i>	<i>Counties</i>
1. Chapa De	2,260	306	Placer
2. Greenville Rancheria	900	90	Tehama
3. Karuk Tribe	1,940	94	Humboldt, Siskiyou
4. Lassen	450	51	Lassen
5. Northern Valley Indian Health	6,500	325	Tehama, Yolo
6. Pit River	410	43	Shasta
7. Round Valley	250	42	Mendocino
8. San Diego American Indian Health Clinic	150	38	San Diego
9. Shingle Springs Tribal Health	4,600	232	El Dorado
10. Toiyabe Indian Health Project	450	79	Mono, Inyo
11. Tuolumne Me Wuk Indian Health	800	128	Tuolumne
12. Tule River Indian Health Clinic	200	50	Tulare
13. Tuolumne County WIC Program	800	200	Tuolumne
14. CRIHB Health and Disabilities	20	20	Sonoma, Humboldt, Mendocino
15. Elk Valley Head Start	20	20	Humboldt
16. Lytton Head Start	50	50	Sonoma
17. Manchester Point Arena	20	20	Mendocino
	19,820	1,788	16 counties

A proposed age cap of 20 years old has been chosen for this specific project. Findings from the Indian Health Service Baseline Screening Survey show that children in this age group tend to experience markedly increased tooth decay, and thus are at a critical age where caries progression can be arrested. We also chose this age cap for this pilot due to the fact that very limited data exists for the AI/AN population for youth over 9 years old, and no new studies expanding the age group past 9 have been conducted. Little to no data exists in regards to oral health for youth 10-20 years old.

Training and coordination of the oral health care coordinators will be standardized for all participating programs. The participating clinics utilize Indian Health Service standards and protocols, so there is an inherent standardization throughout Indian Country. Programs are audited and held to these standards. Data will be tracked using existing electronic health records, including the Resource Patient Management System (RPMS EHR), NextGen electronic health record, and Dentrix electronic dental record which are the EHR/EDRs predominantly used by the participating programs. The EHR specialist will work with the participating sites to incorporate a caries risk assessment template to standardize data collection across sites. Monthly reports will be generated pertaining to utilization and the data analyst will aggregate data to facilitate data analytics.

There will be monthly calls by the steering committee, as well as monthly calls for the oral health care coordinators. The pilots will be tested at several tribal and urban Indian health programs throughout the

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State, and thus we intend to maintain contact with the oral health care coordinators by hiring a full-time LDPP coordinator who will host monthly webinars/conference calls with the oral health care coordinators, while also meeting face-to-face at least once a year. Given the rural and remote location of many tribal health programs, even clustering programs into regions would require extensive travel for face to face meeting. The oral health care coordinators will also have the full-time LDPP coordinator as a resource who they can reach out to and get onsite technical assistance anytime. This model has worked for CRIHB and various tribal health initiatives such as the 1115 Waiver for Uncompensated Care, the CA Dental Support Center, and the Special Diabetes Program for Indians.

### **3. Plan for Outreach and Identification**

Most of the participating Indian health programs have community health representatives (CHRs) who provide regular outreach and home visitations to community members, and are involved in a variety of holistic care provided by IHS funded programs which include outreach, behavioral health, medical, dental, as well as cultural and traditional practices. Target population clients will be recruited during pediatric appointments and warm hands offs in either the primary care or behavioral health care setting. In addition, children will be referred by the Tribal Head Starts and Tuolumne WIC program to a dental clinic. The oral health care coordinators will engage with the local agencies so that they can ensure that children 0-20 have no wrong door to access timely dental services.

There are significant gaps in relevant data and needs assessments pertaining to Native children ages 0-1 and 10-20. Originally, only data for children ages 1-9 was identified as a result of recent IHS Baseline Screening Surveys conducted with Native children in CA. In fact, it was not until there recent Baseline Screening Surveys took place in in 2010 and 2014 that more comprehensive data caries prevalence data is now available on Native children. Upon further consideration, CRIHB and its participating partners would like to include all children ages 0-20 as part of the proposed intervention.

## **SECTION 3: SERVICES, INTERVENTIONS, CARE COORDINATION AND DATA SHARING**

### **3.1 Services and Care Coordination**

CRIHB LDPP proposes that the participating entities engage in a multi-pronged approach to increase access to oral care and caries risk assessment for Medi-Cal beneficiary children ages 0-20.

**Pilot 1.** An oral health care coordinator will be integrated within the primary care setting, to help facilitate dental integration across a variety of disciplines, including medical, dental, behavioral health, and social services, with a particular emphasis on increasing oral health access for Medi-Cal beneficiary children ages 0-20 as measured by an increased number of fulfilled dental referrals and dental appointments among this target population. Figure 2 demonstrates the process for Pilot 1 coordination.

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FIGURE 2. INTEGRATED ORAL HEALTH CARE COORDINATOR, REFERRALS/WARM HAND-OFFS, AND FOLLOW-UP



**Pilot 2.** Leverage the integration of the oral health care coordinator into the primary care setting to help incorporate routine caries risk assessments by the primary care provider and fluoride varnish placement by the oral health care coordinator during tandem well-child visits in order to augment the delivery of preventive dental services in the primary care setting among children ages 1-6. Figure 3 demonstrates the process for Pilot 2 coordination.

FIGURE 3 HAPPY BABY-TANDEM WELL-CHILD VISITS, WARM HAND-OFFS, AND FOLLOW-UP



**Role of Participating Entities** The participating tribal health programs will each incorporate at least one oral health care coordinator into the primary health care setting to promote dental integration targeting Medi-Cal beneficiary children ages 0-20. Pilot 1 & 2 will primarily require that the participating entities designate an oral health care coordinator and at least one site where a medical providers/medical assistant team will be willing to coordinate tandem well-child/dental visits and have providers commit to conducting caries risk assessment.

The participating tribal health programs will be expected to allow the oral health care coordinator to participate in the monthly calls/webinars, streamline access for referrals for children ages 0-20 from the local collaborating agencies who refer children such as the local WIC program, Tribal Head Start/Early Head Start, and local schools. In addition, the participating tribal health programs will be expected to

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submit quarterly reports with data pertaining to the measures outlined in the work plan and program evaluation.

Participating entities will be expected to submit quarterly reports regarding oral health access and caries risk assessments among the target population of Medi-Cal beneficiaries ages 0-20. An incentive program referred to as the Dental Transformation Initiative (DTI) Challenge will be implemented to establish access benchmarks which meet or exceed the Domain 1 access goals for their clinic site. This component seeks to promote increased access for children ages 0-20 amongst the various CRIHB LDPP pilot sites by awarding incentives for those programs who are able to meet or surpass the access goal by at least 1 percentage point. By doing so, it is anticipated that tribal health programs will be able to make significant contribution to Domains 1 and 2 of the Dental Transformation Initiative.

**Care Coordination** Both Pilot 1 & 2 will rely on same day or warm handoff visits where the oral health care coordinator can tack on a dental visit to the 1 year well child and subsequent well-child visits. The participating entities will require at least one medical provider to allow for the tandem visits to happen. Pilot 2 will require that the tandem well-child visit incorporate a documented caries risk assessment during the primary care visit in the patient's chart. Participating entities will have the option to participate in Pilot 1 or both Pilots 1 & 2. They will also have the opportunity to nominate providers to be part of the Advisory Committee.

The caries risk assessment will require a certain protocol and template to be utilized. The medical providers will be provided training in conducting the caries risk assessment so that a standardized approach is in place. Oral health care coordinators will also be expected to attend case management and motivational interviewing training. Participating entities will have to allow medical providers and the oral health care coordinators to have paid time to attend any required training. In addition, Pilot 2 will require that a Caries Risk Assessment (CRA) template be incorporated into the electronic dental record (EDR) and electronic health records (EHR). The participating tribal health program may have to work with their clinical applications coordinator and the CRIHB EHR Specialist to incorporate the CRA template into the provider work flow. For the most part, only a couple of EHR's and EDR's are in use by the participating programs. NextGen EHR, Resource Patient Management System (RPMS), Dentrix EDR, or QSI EDR are the products currently in use. NextGen/QSI and NextGen/Dentrix are able to have a bidirectional interface. RPMS EHR and Dentrix EDR are able to relay patient information as well.

**Coordination to Further the Goals of the LDPP** The LDPP coordinator and oral health care coordinators, along with advisory committee will regularly communicate to stay engaged with the initiative. The advisory committee will also be available to assist with helping to integrate the caries risk assessment protocol and guide the LDPP coordinator in overcoming any potential hurdles.

**Medi-Cal Denti-Cal Provider Network** Tribal health programs have longstanding participation in the Medi-Cal and Denti-Cal provider network. As part of the Local Dental Pilot Program (LDPP), CRIHB is partnering with 12 tribal and urban Indian health programs, 3 tribal Head Starts, and 1 Women Infants and Children program throughout the state. Most of these programs are on or near tribal lands, currently serving 19,442 Medi-Cal beneficiary children ages 0-20. For a map of the tribal/urban Indian dental clinics in CA, please see Figure A. Each dental clinic setting has their own unique needs and challenges; having a skilled workforce to serve the broad set of community needs is a common, salient, requirement by all programs.

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Given the rural and remote location of tribal clinics on or near tribal lands, only a handful of clinics have the oral health specialists to provide oral surgery, pediatric, endodontic, prosthodontic and orthodontic services, requiring the general dentists who work in these clinics to perform a wide array of procedures. Urban Indian dental clinics face similar challenges given the larger number of Indian patients who seek services, yet the clinics are faced with limited resources to refer patients out to specialty providers who may accept Medi-Cal. Most tribal/urban dental clinics have Healthcare Provider Shortage Area (HPSA) scores ranging from 15-22, making them some of the highest priority HPSA designated clinics in need of dental professionals in CA.<sup>1</sup> The remote location of most of these rural clinics poses a major challenge to recruit and hire providers who can stay long enough to engage in the effort of improving oral health of these rural and isolated communities. When these dental clinics are fortunate to find committed dentists who can stay past the loan repayment period, clinics also struggle with the high turnover of the dental auxiliary staff; new dental assistants hired are required to have a certain number of certification trainings mandated by the CA State Dental Board. Most dentists who come to work in these rural and remote areas may have experience working with adults, but may have limited pediatric patient experience. The CA Dental Support Center, operated by CRIHB, is a primary resource for training of tribal dental professionals; the Dental Support Center hosts an annual Dental Education Conference and also hosts hands on trainings throughout the year, helping to ensure that dental assistant, hygienists and dentists are able to maintain the necessary license and certifications to practice in CA.

Practicing dentistry in rural and frontier communities in California comes with additional challenges. Ten out of the 11 counties with the highest caries risk in the state, also happen to be counties where most tribal health programs are located.<sup>2</sup> Tribal health programs such as these, are in dire need for care coordination even within their own environment. Such issues as appointment compliance barriers, coordination of oral health services across multiple providers and specialists, not to mention health care organizations and payment systems. That certainly holds true for children at tribal health facilities who may only have limited treatment options at the tribal health facility where emergency dentistry is more of the norm. An oral health care coordinator can help children and their families navigate more easily through this sometimes complicated delivery system.

### *Services, Interventions, Care Coordination & Data Sharing*

**Pilot 1: An oral health care coordinator will be integrated within the primary care setting, facilitating dental integration across a variety of disciplines, with a particular emphasis on increasing access for Medi-Cal beneficiary children ages 0-20.**

Dental referrals and warm-hand offs are a new innovation when it comes to dental care integration. Having an oral health care coordinator embedded with this settings where children receive other care, makes dental care to be given the prominence and importance afforded to primary care and behavioral health services for children. It encourages children and their families to engage with dental services before the

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<sup>1</sup> National Health Service Corps (NHSC) Approved Sites Tribal Sites, issued July 29, 2015.

<sup>2</sup> Domain 2 Fact Sheet. <http://www.dhcs.ca.gov/provgovpart/Documents/DTIDomain2FactSheet.pdf>, viewed on September 29, 2016.

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need for invasive dental procedures. By increasing opportunities for accessing dental care, children can then have the opportunity to access fluoride varnish and sealant placement and successfully complete dental treatment plans.

Pilot 1. Integrated Oral Health Care Coordinator, Referrals/Warm Hand-Offs, and Follow-up



In order to not duplicate incentive payments under Domain 1, the proposed project will only incentivize the **number of completed treatment plans** instead of the number of individual sealants and fluoride varnish applied. Each site will be expected to engage with the State of CA to report their patient data and completion of treatment plans will measure comprehensive access to services, and this pilot intends to enhance and not supplant efforts to achieve desired access goals.

**Pilot 2: Leverage the integration of an Oral Health Care Coordinator into the primary care setting to help incorporate routine caries risk assessment and fluoride varnish placement during well-child visits in the primary care setting among children ages 1-6.**

While preliminary evidence suggests that placement of resin-based sealants and fluoride varnish in children at high risk for developing dental caries (primarily Medicaid beneficiaries) is cost-effective, it would be an innovative strategy to implement fluoride varnish in the primary care setting, along with the caries risk assessment tool. The participating tribal health programs will be using the caries risk assessment tool developed by the Department of Health Care Services.

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Pilot 2. Happy Baby-Tandem Well-Child Visits, Caries Risk Assessments, Fluoride Varnish, Warm Hand-Offs, and Follow-up



Frequency of caries risk assessments, dental sealants, and fluoride varnish applications will be monitored through their respective EHR and EDR used by tribal and urban Indian health programs. These systems have the ability to interface and share information regarding services provided. In addition, all agency data collected by tribal health programs will soon be accessible to our partners at the Indian Health Service through the National Data Warehouse which will allow for easier data analytics. Monthly reports will be run by the oral health care coordinator out of both the EDR and the EHR to monitor quality assurance and ensure that children are being appropriately monitored regardless of what system is used when they access oral health services. Should any discrepancies arise, CRIHB has an EHR/EDR specialist who can troubleshoot issues with the clinic and IT staff.

There are no supplies or billable dental services to be paid for by the proposed project. The funding requested for this pilot is to pay for part of the cost of having an oral health care coordinator at each of the sites to have time dedicated to facilitate referrals and warm-hands off and help incorporate caries risk assessment and fluoride varnish application into the primary care setting. Tribal and urban Indian health programs do not have contracts with the county to operate targeted case management services. Dental assistants working at tribal clinics do not provide billable services, and thus even if a dental assistant is hired to provide oral health care coordinator services and is involved fluoride varnish, only visits involving fluoride varnish application by an eligible provider will result claims submitted to Medi-Cal.

Incentives will not be provided for achieving caries risk assessments or dental sealants, but rather for decreasing treatment to caries prevention ratio for children 0-20 years of age.

The same caries risk assessment will be used by dental and medical providers. Medical staff will conduct caries risk assessment and fluoride varnish. Dental providers will provide caries risk assessment, sealants, fluoride varnish, treatment plans, and restorations.

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All proposed pilots will occur in tribal and urban Indian health facilities, with strong collaboration to help establish a medical and dental home with social service agencies such as Tribal Head Start and Women Infants and Children programs. Strategies that will ensure children are appropriately being referred and followed up as a result of referrals from the social service partners referenced include percentage of participating Head Start children who maintain a medical and dental home, the ratio of treatment to caries prevention ratio for children served by those agencies, number of completed treatment plans, etc. The LDPP coordinator will work with the oral health care coordinators and partner agencies to meet at least quarterly to discuss access issues and will monitor client data quarterly.

Increased dental appointments and pediatric dentists are needed at the participating tribal and urban Indian Health programs. The CA Dental Support Center has been diligently working on increasing the ability of general dentists in the Indian Health Service to be able to care for pediatric patients. The CRIHB LDPP will partner with the Indian Health Service and the CA Dental Support center to continue to build upon the behavioral management skills needed to effectively work with pediatric dentistry. The Dental Support Center will sponsor trainings for dental teams throughout the year, and will work with the CRIHB LDPP to host pediatric dentistry courses during the annual Dental Support Center conference.

The proposed pilots will primarily occur in tribal and urban Indian health facilities, with strong collaboration to help establish a medical and dental home with social service agencies such as Tribal Head Start and Women Infants and Children programs who will also work on implementing Pilot 1.

The oral health care coordinator will coordinate access to dental services, and when necessary will provide fluoride varnish treatment to children in need of that service, under doctor's orders. Fluoride varnish can be applied by a non-medical person who has completed the necessary certification, including the oral health care coordinator. Nurses and other clinical staff can also apply fluoride varnish in the doctor's office, if the primary care provider has provided them with training and the fluoride varnish applications are performed under the supervision of the certified primary care provider. The application of fluoride varnish is one of the main strategies being used throughout this intervention. The oral health care coordinator will also play a critical role in incorporating the use of the caries risk assessment within the primary care setting and working on data quality assurance, preparing quarterly reports, engaging local stakeholders, and participating on monthly calls and webinars with their peers. The goal of the oral health care coordinator is to decrease treatment to caries prevention ratio for children 0-20 years of age, and thus will need to monitor data and patient referrals regularly to ensure treatment plans are completed.

The advisory committee, program directors, LDPP coordinator, and oral health care coordinator will help ensure that population receives timely medically necessary care.

### **3.2 Innovations, Interventions, and Strategies**

**Meets STC Requirements** The California Rural Indian Health Board, Inc. is an Indian Health Program operating under the Indian Self Determination and Education Assistance Act (ISDEAA – Pub.L. 93-638, as amended). As an Indian Health Program, CRIHB is eligible to submit this proposal and will also serve as the lead entity in spearheading efforts on behalf of the participating tribal health programs.

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**Appropriateness for target population** There are many approaches that other local pilots in these 16 counties may be willing to explore, and the CRIHB LDPP is certainly open to sharing best practices and attending regional LDPP meetings to help increase the synergy among the various stakeholder interventions. Tribal health programs have not typically been involved in partnerships spearheaded by the local counties, and thus, we feel that our proposed approach is appropriate given that we seek to enhance the tribal health delivery system in a more localized fashion, engaging primary care, dental, behavioral health, Tribal Head Start, Tribal Temporary Aid for Needy Families (TANF), the food and nutrition services for Women Infants and Children (WIC), and other community-based organizations that have significant early interaction with parents and caregivers of young children in our respective communities.

**Comprehensive approach** The two-pronged approach involving dental case management, dental integration within the primary care setting, and caries risk assessment provides a holistic approach that based on similar stand-alone interventions, should result in increased access, increased prevalence of caries risk assessments, and reduced pain and suffering for children 0-20.

**Achievable and Successful** Tribal health programs are severely underfunded, and if this dental integration pilot is allowed 4 years of funding to demonstrate a track record and return on investment, then perhaps other tribal health clinics will be willing to try similar approaches to shift their approach for children's dental health to a more preventive approach.

**Alignment with other concurrent initiatives** CRIHB operates the CA Dental Support Center (DSC), which is a resource for the over 400 dental professionals working at tribal/urban Indian dental clinics throughout CA. The DSC has been successfully administered by CRIHB for over 10 years, and is the go-to tribal health organization in CA for technical assistance and professional development for dental professionals serving children, youth, and adults. Updates on skills and knowledge for dental teams are essential necessity. As such, the DSC has been a valued resource to tribal/urban Indian dental professionals who are in dire need of information, trainings, certifications, and resources to help bridge that gap which would otherwise be out of reach for most tribal/urban Indian dental practices located in rural and frontier communities. CRIHB also is currently partnering with The California Wellness Foundation in an effort to increase access to dentures for American Indian Alaska Native adults to determine if such an investment has an impact on their health, overall well-being and increased access to employment options. As such, CRIHB seeks to add an additional intervention to test the utility of an oral health care coordinator who can help child patients 0-20 years of age navigate from a variety of referral resources, including but not limited to the primary care, behavioral health, Tribal Head Start, Tribal Temporary Aid for Needy Families (TANF), and the food and nutrition services for Women Infants and Children (WIC) and other community-based organizations that have significant early interaction with parents and caregivers of young children.<sup>3</sup>

**Infrastructure Needed** The oral health care coordinator will be a dental assistant or another assigned staff with experience working with clients in a clinical setting, who has or will be able to establish rapport between the various clinic departments, particularly between medical and dental departments. All oral health care coordinators will be serving in this function at least 50% FTE, assuming that they are primarily

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<sup>3</sup>[First Smiles - A First 5 Oral Health Education and Training Program](http://www.astdd.org/bestpractices/DES06003CAfirst5program.pdf)  
<http://www.astdd.org/bestpractices/DES06003CAfirst5program.pdf>

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targeting Medi-Cal beneficiary children ages 0-20. All oral health care coordinators at each of the participating tribal health programs will receive case management training (Activity 1.1.a) in order to have a baseline understanding of barriers to care for both American Indian and Alaska Native children and non-Native children ages 0-20 who receive care within their clinic system. The oral health care coordinator will be embedded part-time in primary care should have training in a number of areas that ultimately impact oral health. Even though we would expect the oral health care coordinator to be a dental assistant or a registered dental assistant, the person assigned may also be a public health nurse or someone who has served in a case manager role such as a community health representative. We assume that the oral health care coordinator will be somewhat familiar with some aspects of wellness, but in order to ensure uniformity, CRIHB and Indian Health Service will partner to host monthly webinars to address various aspects of child wellness, such as nutrition, food insecurity, and mental health issues. Therefore an intense case management training and monthly webinars on a variety of these topics will help supplement and provide a more well-rounded perspective in overcoming referral and treatment challenges. CRIHB and/or Indian Health Service staff will provide culturally appropriate content for these monthly webinars which all oral health care coordinator will be expected to participate in. CRIHB will contract with a case management training program to provide culturally appropriate case management techniques for working with predominately Native communities. Trainers may include the John Hopkins Family Spirit training program or Mullahy & Associates, LLC.

CRIHB will work with the LDPP coordinator and advisory committee to develop a protocol for embedding the oral health care coordinators within the primary care setting. The goal is for the oral health care coordinators to work seamlessly in the primary care setting and to help integrate primary care and dental services within the well-child visit.

### **Scope of Work of Oral Health Coordinator**

- Manage recall system- Generates list of target population (0-20) that have not seen dental before or that needs a follow up (medical, behavioral health departments, perinatal, diabetics)
  - Phone and communication skills necessary
  - Control appointments (make appointments/courtesy reminder calls)
  - Manage continuity of care (3 mo., 6 mo., 1 year recalls of exams and prophylactic treatments)
- Manage referrals
  - Coordinate referral care and follow up
  - Will coordinate any appointments needed after referral (specialty care).
- Motivational Interview during every Well Child visit  
Motivational interviewing (MI), a key component of case management, has proved to be effective in improving not only dental outcomes, but health outcomes in any population; when used in conjunction with other services (fluoride, xylitol, and/or treatment of disease) MI has been found to reduce cavity prevalence by 62%.<sup>4</sup>
- Caries Risk Assessment
  - Tracking risk levels

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<sup>4</sup> Hirsch, G, Edelstein, B, Frosh, M, and Anselmo, T. A Simulation Model for Designing Effective Interventions in Early Childhood Caries. CDC - *Preventing Chronic Disease: Volume 9, 2012: 11\_0219.*

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- Fluoride varnish application (under primary care provider supervision)
- Case management  
Individualized case management services allow for differences in physical, psychological and cultural makeup and addresses community-specific barriers to care. Case management is not only the customization of available resources to specific patient and provider needs, but the communication of, and explanation and support for, good oral health practices. Comprehensive case management has been found to increase publically insured beneficiaries' use of services and improve oral health literacy and treatment compliance.<sup>5</sup>
- Will conduct community outreach to:
  - Tribal Aid for Needy Families (TANF)
  - Local elementary schools
  - Local children's day care facilities
  - Women Infant and Children (WIC)
  - Tribal Head Start
  - Tribal/Cultural events
  - Tribal community events
  - Sports events
  - School-sponsored events

Maintain LDPP Advisory Committee for quality assurance and improvement. <sup>6</sup>

### Testing of New Innovations, Interventions, and Strategies

- **Electronic Dental Records/Electronic Health Record (EHR/EDR)** The LDPP coordinator and oral health care coordinators will work with the CRIHB EHR Specialist and clinic IT staff to achieve EDR and EHR coordination among participating programs so that reminders/alerts can be enabled for patient reminders in both systems. The CRIHB EHR Specialist will also assist with incorporating a caries risk assessment approved template to be used to collect and store patient information. Such integration of a CRA template may require workflow redesign, thus it will be imperative to work with the CRIHB EHR/EDR team as well as the advisory committee to develop an integrated approach for the CRA tool to be used regularly depending on the caries risk of the child.
- **Caries Risk Assessment/Medical Providers** Medical providers can provide caries risk assessment after receiving appropriate training. Another way that medical providers can be incorporated is by providing oversight of the oral health care coordinator in providing fluoride varnish application during well-child visits at the primary care clinic.
- **Leverages Existing Infrastructure** Utilize existing EDR and EHR infrastructure to incorporate a caries risk assessment tool that can interface across electronic records. Tribal health clinics will be

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<sup>5</sup> Pediatric Oral Health Research & Policy Center. The Use of Case Management to Improve Dental Health in High Risk Populations. American Academy of Pediatric Dentistry, 2013. [http://www.aapd.org/assets/1/7/Case\\_Management.pdf](http://www.aapd.org/assets/1/7/Case_Management.pdf)

<sup>6</sup> Centers for Medicare & Medicaid Services. Improving Oral Health Care Delivery in Medicaid and CHIP A Toolkit for States June 2014. <https://www.medicare.gov/medicaid-chip-program-information/by-topics/benefits/downloads/oral-health-quality-improvement-toolkit-for-states.pdf>

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encouraged to utilize the caries risk assessment tool approved by the State of CA so that they can adequately prepare to opt in to the Domain 2 demonstration pilot in their respective county (if applicable). The LDPP coordinator and IHS dental officer will utilize the existing infrastructure to conduct staff presentations to participating tribal health programs regarding the benefits of dental integration, caries risk assessment, and increasing access as a result of efforts through the primary care setting. Similarly, we will use the Annual Dental Conference as a venue to have face to face annual meetings with Oral Health Care Coordinators from throughout the State. The oral health care coordinator and pediatrics will conduct **Tandem Well Child/Happy Child Visits** at 1 year well-baby check-up where baby will be walked over to the dental clinic for a “Happy Visit” all in one day. The oral health care coordinator will drop-in provide oral health education to parents/caregivers during all other well baby/ well child visits. This is based on a recommended best practice of conducting oral health assessment, care planning and treatment in well child care, a service that can be provided as a result of integrated medical and dental clinics. In clinic settings where the dental suite is within walking distance, the care model can also incorporate prevention of tooth decay for children through frequent dental hygiene services, fluoride varnish applications, and dental sealants delivered by an affiliated practice dental hygienist, a cost-effective approach that produces desirable oral health outcomes.<sup>7</sup>

- **Coordination** The medical assistant supporting the pediatrician will notify the oral health care coordinator when a child is ready for Happy Child Visit. This leverages existing processes already in place and will enhance the coordination of warm-hand offs to the oral health care coordinator.

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<sup>7</sup> The Neighborhood Outreach Action for Health (NOAH) Program: Integrated Medical and Dental Health in Primary Care.  
<http://www.astdd.org/bestpractices/DES04007AZnoahprogram.pdf>

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Program Goal 1: Improve oral health care preventive services utilization for children ages 0-20 via improved oral care coordination.				
<i>Objective 1.1. By June 30, 2020, increase preventive services utilization for children ages 0-20 who receive dental services at participating Tribal Health Programs by at least 8% over a 4 year period.</i>				
Activity	Timeline	Target Group	Lead Role	Anticipated Outcome
<p><b>1.1.a.</b> Tribal health programs will identify at least one oral health care coordinator for each of the participating tribal health programs. Tribal health programs can have up to 2 sites participating in the LDPP.</p> <p>1.1.a.i. Host a case management/motivational interviewing training for oral health care coordinators from the 20 participating health programs. Up to 25 oral health care coordinators may attend the case management/motivational interviewing training. Additional training will be available in PY 2-4 to address staff turnover.</p>	<p>Annually</p> <p>2017-2020</p>	<p>Oral health care coordinators from participating Tribal/Urban programs in CA</p>	<p>-Dental assistants/Oral health care coordinators</p> <p>-LDPP coordinator</p> <p>-Administrative assistant</p>	<p>Help to increase access to dental care for Medi-Cal children 0-20 by having a dental presence in the primary care setting.</p> <p>Increase number of referrals for dental exams/treatment.</p> <p># of Medi-Cal children 0-20 who receive dental services compared to previous year.</p> <p># of oral health care coordinators and participating sites</p> <p>Increase knowledge and competency of motivational interviewing/case management skills of oral health care coordinators serving CA Tribal/Urban Indian clinics in CA, resulting in improved interventions for Medi-Cal beneficiaries ages 0-20.</p> <p>E – Sign-in forms, post training evaluation; number of oral health care coordinators trained</p>

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Program Goal 1: Improve oral health care preventive services utilization for children ages 0-20 via improved oral care coordination.				
<i>Objective 1.1. By June 30, 2020, increase preventive services utilization for children ages 0-20 who receive dental services at participating Tribal Health Programs by at least 8% over a 4 year period.</i>				
Activity	Timeline	Target Group	Lead Role	Anticipated Outcome
<p>1.1.b. Promote integration of primary care and dental services within the well-child visit.</p> <p>1.1.b.1. One strategy will be to conduct tandem well child and "Happy Child" visits.</p> <p>1.1.b.2. Another strategy is to conduct presentations to primary care, dental, and behavioral health staff at the GPRA Best Practices Conference, Dental Support Center Conference, and via webinar that raises awareness of LDPP oral health integration targeting children.</p>	2017-2020	<p>Tribal Health</p> <ul style="list-style-type: none"> <li>-Dental providers and support staff</li> <li>-Medical providers and support staff</li> <li>-Behavioral Health providers and support staff</li> </ul>	<p>-Dental assistants/Oral health care coordinators</p> <ul style="list-style-type: none"> <li>-Dental providers</li> <li>-Medical providers</li> <li>-Behavioral health providers</li> <li>-LDPP coordinator</li> <li>-Data analyst</li> </ul>	<p><u>Short-term (PY 1-4)</u></p> <ul style="list-style-type: none"> <li>• Decrease proportion of treatment to preventive services.</li> <li>• Number of hours of dental presence/week in the primary care setting.</li> <li>• Number of children receiving primary care referrals for dental exams/treatment.</li> <li>• Number of Medi-Cal children ages 0-20 who receive dental services compared to previous year.</li> <li>• Number of tandem well-child visits per oral health care coordinator log.</li> <li>• Number of oral health care coordinators and number of participating sites by tribal health program.</li> <li>• Increase knowledge and competency of motivational interviewing/case management skills of oral health care coordinators serving CA Tribal/Urban Indian clinics in CA,</li> </ul>

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Program Goal 1: Improve oral health care preventive services utilization for children ages 0-20 via improved oral care coordination.				
<i>Objective 1.1. By June 30, 2020, increase preventive services utilization for children ages 0-20 who receive dental services at participating Tribal Health Programs by at least 8% over a 4 year period.</i>				
Activity	Timeline	Target Group	Lead Role	Anticipated Outcome
				<p>resulting in improved interventions for Medi-Cal beneficiaries ages 0-20.</p> <ul style="list-style-type: none"> <li>• Number of oral health care coordinators trained in case management/motivational interviewing.</li> <li>• Number of advisory committee meetings.</li> <li>• Number of educational webinars.</li> <li>• Number of onsite presentation to clinic staff.</li> </ul> <p><u>Long-term (PY 1-4)</u></p> <ul style="list-style-type: none"> <li>• Percent dental/primary care integration for each clinic each year. Baseline developed as follows: <ul style="list-style-type: none"> <li>○ Numerator: Number of Medi-Cal beneficiary children ages 0-20 who receive an oral health service by their respective tribal health program in project year</li> <li>○ Denominator: Number of</li> </ul> </li> </ul>

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Program Goal 1: Improve oral health care preventive services utilization for children ages 0-20 via improved oral care coordination.				
<i>Objective 1.1. By June 30, 2020, increase preventive services utilization for children ages 0-20 who receive dental services at participating Tribal Health Programs by at least 8% over a 4 year period.</i>				
Activity	Timeline	Target Group	Lead Role	Anticipated Outcome
				unduplicated Medi-Cal beneficiary children 0-20 who have received any sort of care at the tribal health program in project year.
1.1.c. Ensure that a caries risk assessments are incorporated into the clinic workflow of the well-child visit for children 1-6 for at least 1 medical provider at each participating tribal health program. electronic health/ dental record so that there is place for documentation of this intervention.	2017-2020	Medi-Cal children ages 1-6	-Hygienists -Dentists -Primary care providers -Oral health care coordinator -LDPP coordinator -EHR/EDR and/or clinical applications coordinator -Data analyst	<p>Increase in percentage of children receiving preventive dental services, by at least 8% over 4 years.</p> <p>Increase outreach efforts to communities.</p> <p>Meet or exceed the annual CA GPRA goals</p> <p><u>Short-term (PY 1-4)</u></p> <ul style="list-style-type: none"> <li>• Number of children with a documented caries risk assessment on file in the last year.</li> <li>• Decrease proportion of treatment to preventive services.</li> <li>• Number of children receiving primary care referrals for dental exams/treatment.</li> </ul>

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Program Goal 1: Improve oral health care preventive services utilization for children ages 0-20 via improved oral care coordination.				
<i>Objective 1.1. By June 30, 2020, increase preventive services utilization for children ages 0-20 who receive dental services at participating Tribal Health Programs by at least 8% over a 4 year period.</i>				
Activity	Timeline	Target Group	Lead Role	Anticipated Outcome
				<ul style="list-style-type: none"> <li>• Number of Medi-Cal children ages 0-20 who receive dental services compared to previous year.</li> <li>• Number of tandem well-child visits per oral health care coordinator log..</li> </ul>
1.1.d. Develop and incorporate a customized Caries Risk Assessment (CRA) workflow for each clinic if no CRA Protocol is in place	2017-2018	Medi-Cal children ages 1-6	-LDPP coordinator -LDPP advisory committee -Area dental officer -CRIHB EHR specialist -Dentists/hygienists -Medical providers	Increase in CRA over previous years based on reports generated by participating tribal health programs
1.1.e. Assist participating tribal health programs in promoting buy-in of dental integration by presenting to participating clinics and requiring that an MOU be signed by the executive director, medical director, and dental director of each participating tribal health program.	2017-2020	Medi-Cal children ages 0-20	-Tribal health program executive director -Tribal health program dental director -Tribal health medical director -LDPP coordinator	Increase in percentage of children receiving preventive dental services, by at least 8% over 4 years. Increase outreach efforts to communities.  Meet or exceed the annual CA GPRA goals

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Program Goal 1: Improve oral health care preventive services utilization for children ages 0-20 via improved oral care coordination.				
<i>Objective 1.1. By June 30, 2020, increase preventive services utilization for children ages 0-20 who receive dental services at participating Tribal Health Programs by at least 8% over a 4 year period.</i>				
Activity	Timeline	Target Group	Lead Role	Anticipated Outcome
<p>1.1.d. In partnership with the CA Area IHS office and the CA Dental Support Center, the LDPP will collaborate to host trainings:</p> <p>1.1.d.1. Monthly webinars for oral health care coordinators</p> <p>1.1.d.2. Annually host continuing education courses for participating tribal health professionals related to increasing preventative services utilization for children 0-20.</p>	<p>Monthly 2017-2020 PY 1-4</p> <p>Annually 2017-2020 PY 1-4</p>	All CA Tribal/Urban Indian dental health professionals.	<p>-LDPP coordinator</p> <p>-Oral health care coordinators</p> <p>-Area dental officer</p> <p>-LDPP advisory committee</p> <p>-HSD director</p> <p>-Administrative assistant</p>	<p>Increase knowledge and competency of CA Tribal/Urban dental professionals, resulting in improved interventions to increase access to children</p> <p>E –List of class offerings; Number of attendees; Number of continuing dental education units.</p>
<p>1.1.e Annual DTI Challenge. <u>Challenge 1</u> - \$500 award for any participating tribal program that meets or exceeds their Project Year (PY) access goal:</p> <ul style="list-style-type: none"> <li>• PY 1: 2 percentage points or higher from established baseline</li> <li>• PY 2: 4 percentage points or higher</li> </ul>	<p>Annually 2017-2020 PY 1-4</p>	All CA tribal/urban dental programs	<p>-LDPP coordinator</p> <p>-Administrative assistant</p> <p>-HSD director</p> <p>-Dentists/ hygienists/ RDA's</p> <p>-Oral health care coordinators</p>	<p>Decreasing ratio of treatment to caries prevention ratio for children 0-20 years of age by at least 8% over 4 years.</p> <p>Increase outreach efforts to communities.</p> <p>Meet or exceed the annual CA GPRA goals</p>

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Program Goal 1: Improve oral health care preventive services utilization for children ages 0-20 via improved oral care coordination.				
<i>Objective 1.1. By June 30, 2020, increase preventive services utilization for children ages 0-20 who receive dental services at participating Tribal Health Programs by at least 8% over a 4 year period.</i>				
Activity	Timeline	Target Group	Lead Role	Anticipated Outcome
<ul style="list-style-type: none"> <li>• PY 3: 6 percentage points or higher from established baseline from established baseline</li> <li>• PY 4: 8 percentage points or higher from established baseline</li> <li>• </li> </ul>	<p>Annually</p> <p>2017-2020</p> <p>PY 1-4</p>		<p>-LDPP coordinator</p> <p>-Administrative assistant</p> <p>-HSD director</p> <p>-Dental director/dentists/ hygienists/ RDA's</p> <p>-Oral health care coordinators</p>	<p>Numerator: Number of unduplicated children ages children ages zero (0) through twenty (20) enrolled in Medi-Cal for at least ninety (90) continuous days during the measurement period who received caries treatment</p> <p>Denominator: Number of unduplicated children ages zero (0) through twenty (20) enrolled in Medi-Cal for at least ninety (90) continuous days who received any Medi-Cal covered preventive dental service (D1000-D1999) in the measurement period.</p>
<p>1.1.f. Annual DTI Challenge 2</p> <p>\$1,000 award for each participating tribal health program that exceeds their Project Year (PY) access goal:</p> <p>PY 1: achieves 3 or more percentage points above</p>	<p>Annually</p> <p>PY 1-4</p> <p>2017-2020</p>	All CA tribal/urban dental programs	<p>-LDPP coordinator</p> <p>-Administrative assistant</p> <p>-HSD director</p> <p>-Dental director/dentists/ hygienists/ RDA's</p> <p>-Oral health care coordinators</p>	<p>Decreasing treatment to caries prevention ratio for children 0-20 years of age by at least 10% over 4 years. Increase outreach efforts to communities.</p> <p>Meet or exceed the annual CA GPRA goals</p>

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Program Goal 1: Improve oral health care preventive services utilization for children ages 0-20 via improved oral care coordination.				
<i>Objective 1.1. By June 30, 2020, increase preventive services utilization for children ages 0-20 who receive dental services at participating Tribal Health Programs by at least 8% over a 4 year period.</i>				
Activity	Timeline	Target Group	Lead Role	Anticipated Outcome
<p>baseline.</p> <p>PY 2: achieves 5 or more percentage points above baseline.</p> <p>PY 3: achieves 7.5 or more percentage points above baseline.</p> <p>PY 4: achieves 10 or more percentage points above baseline.</p>	<p>PY 1-4</p> <p>2017-2020</p>			<p>Numerator: Number of unduplicated children ages zero (0) through twenty (20) enrolled in Medi-Cal for at least ninety (90) continuous days during the measurement period who received caries treatment</p> <p>Denominator: Number of unduplicated children ages zero (0) through twenty (20) enrolled in Medi-Cal for at least ninety (90) continuous days who received any Medi-Cal covered preventive dental service (D1000-D1999) in the measurement period.</p>

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Program Goal 2: Introduce the Caries Risk Assessment model that proactively prevents and mitigates oral disease through the delivery of preventative services in lieu of more invasive and costly procedures, aimed at improving the population's oral health				
Objective 2.1. By June 30, 2020, a minimum of 10 tribal health programs will participate in a Caries Risk Assessment pilot				
Activity	Timeline	Target Group	Lead Role	Outcome/Evaluation
2.1.a. CRIHB will promote an online Caries Risk Assessment Training (CRA) for all participating tribal health program primary care providers who are committing to incorporating it into the Well-Child visit of 1-6 year olds	Annually 2017-2020  PY 1 -4	Medi-Cal beneficiary children 1-6 years old	-LDPP coordinator -Primary care providers	<u>Expected Outcomes</u> 1. Caries Risk Assessment <ul style="list-style-type: none"> <li>• Increase utilization of CRA CDT codes and monitor movement between risk levels</li> </ul> 2. Caries Management <ul style="list-style-type: none"> <li>• Increase ratio of utilization of preventive services versus restorative</li> <li>• Decrease utilization of use of emergency room and oral surgery for dental related reasons among children</li> </ul> 3. Train and certify primary care physicians to perform dental risk assessments and make appropriate referrals to a dentist by age one.
2.1.b. As a result, participating tribal health programs will provide an appropriate treatment plan for at least 40% of the children ages 1-6 based on a "high," "medium", or "low index" CRA score	2017-2020 PY 1-4		-Medical providers, dentists and hygienists at participating tribal health clinics -LDPP coordinator	<u>Evaluation</u> <ul style="list-style-type: none"> <li>• Quarterly/Yearly reports by each participating tribal health program</li> <li>• Number of, and percentage change in, restorative services;</li> <li>• Number of, and percentage change in, preventive dental services;</li> <li>• Utilization of CRA CDT codes and reduction of caries risk levels (not</li> </ul>

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				<p>available in the baseline year prior to the Waiver implementation);</p> <ul style="list-style-type: none"> <li>• Change in use of emergency rooms for dental related reasons among the targeted children for this domain; and</li> <li>• Change in number and proportion of children receiving dental surgery under general anesthesia.</li> <li>• Number of participating tribal health programs in a Domain 2 County who have the capacity to "Opt-in"</li> </ul>
2.1.c. Presentation at the Annual In-Service Training for Head Start teachers/staff. At least 40 providers will attend the training.	<p>Annually</p> <p>PY 1-4</p> <p>2017-2020</p>	Tribal Head Start Staff	<p>-LDPP coordinator</p> <p>-Head Start teachers/staff</p> <p>-Oral health care coordinator</p> <p>-Tribal health program dentists/hygienists</p>	<p>Increase awareness of LDPP, oral health partnerships and resources</p> <p>Tribal Head Start/Early Head Start staff will be better educated to promote oral health education and prevention efforts.</p> <p>Ensure that referrals, access, and treatment of children in need of oral health services is fulfilled.</p> <p>E. – Sign in form of attendees</p> <p>Number of completed CRAs and treatment plans</p>
2.1.d. Assist at least three (3) Tribal Early Head Start/Head Start in achieving 100% caries risk assessments of enrolled children and follow-up preventative care	<p>2017-2020</p> <p>PY 1-4</p>	Tribal Head Start – 3-5 years olds	<p>- Tribal Head Start</p> <p>- Oral health care coordinator</p> <p>- Tribal clinic dental staff, including dental director, dentists, hygienists, dental assistants, scheduling staff</p> <p>- LDPP coordinator</p>	-A minimum of 80 Head Start/EHS/Tribal Child Care children will receive access to oral health treatment and preventive care

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<b>Program Goal 3: Determine effectiveness of pilot project</b>				
<b>Objective 3.1. By December 31, 2020, determine effectiveness at participating tribal health programs in the CRIHB LDPP for children ages 0-20 enrolled in the Medi-Cal program</b>				
<b>Activity</b>	<b>Timeline</b>	<b>Target Group</b>	<b>Lead Role</b>	<b>Anticipated Outcome</b>
<b>3.1.a.</b> LDPP will maintain an advisory committee that represents primary care providers, dentists, registered dental hygienists, registered dental assistants, and oral health care coordinators from among the participating tribal/urban dental clinics of CA to ensure quality assurance and improvement.	2017-2020  PY 1-4	CA Tribal/Urban Indian dental clinics	-IHS CAO Area dental officer -LDPP coordinator -LDPP advisory committee -HSD director -Data analyst	E - LDPP Advisory committee will consist of at least 9 members (2 medical director, 2 dental directors, 1 RDH representative, 1 RDA/Oral health care coordinator representative, the IHS CAO Area dental officer, CRIHB HSD director, and the LDPP Coordinator.  Committee will review program data quarterly, discuss particulars of the program monthly.(Meeting Agendas)
<b>3.1.b.</b> LDPP will conduct monthly conference calls and one face-to-face meeting with LDPP Advisory Committee to seek advice, guidance, and plan program activities.	Monthly PY 1-4  2017-2020	CA Tribal/Urban Indian dental clinics	-IHS CAO Area dental officer -LDPP coordinator -Dental advisory committee -HSD director -Administrative assistant	Enable CRIHB LDPP to offer need based, effective and impactful services. E - Meeting minutes. Needs assessment from the advisory committee

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3.1.c. The LDPP coordinator will attend at least one oral health/public health meeting. Submit at least 1 abstract on LDPP project for an oral health/ public health conference.	Yearly PY 1-4  2017-2020	Oral health community	-LDPP coordinator	Gain new knowledge/share information and best practices.
3.1.d. LDPP will collaborate with the CA Dental Support Center to include articles relevant to the LDPP efforts. The newsletter will be published quarterly and distributed in Oct-Jan-Apr-July of every year to dental clinics. In addition, LDPP email blasts through constant contact will help maintain all key stakeholders (medical/dental/behavioral health/Head Start/WIC/TANF) apprised of progress towards goals. A page will be dedicated to sharing updates on <a href="http://www.crihb.org">www.crihb.org</a> website.	Quarterly PY 1-4 2017-2020  PY 1-4	All tribal/urban dental programs	-LDPP coordinator -Dental Support Center coordinator -Administrative assistant	Distributed to all 60 Tribal/Urban Indian dental clinics, program directors, key stakeholders, & other Area Dental Support Center coordinators. Increased collaboration, information sharing, & resources. <b>E</b> – LDPP website will include a survey to assess the value of the newsletter

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**Pilot Project Innovations**

- Tribal Head Start programs are committed to educating participants and their families on the importance of oral health care. Head Start programs are required to ensure that their children have received the required Medicaid EPSDT services, including dental services. This provides an ideal opportunity for continued oral health interventions.
- Dental integration with the primary care clinic to promote increased access and caries risk assessments.
- Collaboration: 12 tribal health programs will be working on the proposed LDPP; an additional 3 Tribal Head Starts and 1 County WIC program will also be collaborating partners.
- Interventions: DTI Challenge 1 & 2 to promote increased access using nominal incentives to be paid directly to the clinic.
- Other Innovative interventions include the emphasis on providing technical assistance to incorporate the use of a caries risk assessment tool into both the EDR and EHR. This appropriately targets using digital health tools or other health information technology solutions.
- Creative interventions, such as creative workforce strategies (training of community health representatives or dental assistants in case management/motivational interviewing).

**3.3 Accountability**

**Monitoring of Pilots** The LDPP projects will be regularly monitored by the LDPP coordinator and LDPP advisory committee members. Pilot projects will be monitored via monthly check-ins, including monthly conference calls and webinars with oral health care coordinators at the respective participating tribal health programs, submission of quarterly reports to the LDPP coordinator by all participating tribal health programs, site visits by LDPP coordinator to each of the participating sites, as well as by the submission of quarterly reports pertaining to the access and caries risk assessment measures, and qualitative information pertaining to the oral health intervention activities conducted during the reporting period. LDPP bi-annual presentations will be shared with directors of participating tribal health programs at the quarterly Program Directors meetings held with Indian Health Service California Area Office.

**Quality Assurance and Improvement** In addition, the LDPP coordinator will engage the LDPP advisory committee as part of the quality improvement plan. The LDPP coordinator will develop an advisory committee that consists of member medical, dental, or case management experience. The advisory committee will be a diverse group of individuals that possess different roles and perspectives on pediatric care. The purpose for the advisory committee is to establish priorities and QI activities, continuously monitor the progress towards DTI goals and objectives, by conducting monthly conference calls, and reviewing quarterly assessments of local pilot project programs.

The LDPP coordinator work with the area dental officer from Indian Health Service, as well as the other members of the LDPP advisory committee, to help improve the performance of the local pilot projects dental care systems and outcomes through monitoring quality improvement activities at least on a quarterly basis. The development of the QI plan, organizational structure, roles and responsibilities, training and

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support for staff, improvement strategies, and timeline for reporting will be determined by the advisory committee working in conjunction with the LDPP coordinator.

**Compliance** CRIHB as the Lead Entity, will be responsible for monitoring performance metrics as delineated in this proposal. The LDPP coordinator will monitor performance and maintain communication amongst the various participants on behalf of CRIHB. CRIHB will require quarterly and yearly reports from all participating tribal health programs. CRIHB will also utilize the assistance of the CRIHB Compliance department to conduct program reviews and ensure external monitoring of the pilot projects. LDPP coordinator will conduct internal monitoring and auditing via on-site visits to review coding and billing to ensure CRA CDT codes are being utilized for data collection, interviews with dental staff involved in management, coding and billing, patient care, and other relevant activities related to the requirements of the LDPP with STC109 and Attachment JJ of the Medi-Cal 2020 Waiver Special Terms and Conditions. Ongoing training and education for participating entities will be provided by the LDPP coordinator to ensure compliance of the LDPP.

**Data Collection and Reporting** The LDPP coordinator will be responsible for collecting, tracking, analyzing, interpreting, and acting on local pilot project's data for clinical performance measures according to the requirements of the LDPP with STC109 and Attachment JJ of the Medi-Cal 2020 Waiver Special Terms and Conditions. The data collection activities will include quarterly reports, including EDR/EHR reports indicating patient access and dental integration of children 0-20. This data will be acquired via their respective electronic dental record (EDR), as well as from their respective electronic practice management/electronic health record (EPM/EHR). All reports will include de-identified information pertaining to Medi-Cal beneficiaries ages 0-20. Data on performance measures will be tracked monthly during the initiation of the LDPP to evaluate progress and potential challenges with the local pilot projects in collecting such information. This will enable the LDPP coordinator and the LDPP advisory committee to identify and document problems and unexpected observations, implement opportunities for improvement, create quality improvement initiatives, and monitor progress as changes are applied. Participating tribal health programs will be responsible for disseminating reports on their LDPP project status and will be submitted to the LDPP coordinator quarterly for review. The LDPP coordinator and advisory committee will analyze data on performance measures to determine if it is meeting the required LDPP goals and objectives and interpret information to evaluate and improve activities, identify gaps, and develop an improvement plan.

**Timely and Medically Necessary Care** CRIHB will appoint the LDPP coordinator to collect qualitative and quantitative measures to ensure that the patients receive timely, medically necessary care. Participating entities will report the quantitative and qualitative data to the LDPP coordinator via quarterly reports and any during monthly check-in calls with the oral health care coordinators in the field. The data collected will assist CRIHB, the LDPP coordinator, and the advisory committee to determine that the target population is receiving timely, medically necessary care. Such data will include time until next appointment, length of appointment, audit of caries risk assessments and comparing them with treatment provided. Dental staff will also receive surveys to complete on identifying opportunities to improve clinic efficiency.

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### **3.4 Data Sharing**

**Sustainable Infrastructure to Support Data Sharing** Data sharing will be made possible via existing and new mechanisms. An existing mechanism is the review of reports generated by the Indian Health Service California Area Office (IHS CAO) based on required workload and GPRA reports submitted to the agency on a monthly and yearly basis. IHS CAO can provide CRIHB with a report summarizing monthly patient workload, and on a yearly basis, can also share dental codes down to specific dental codes being used and type of third party payer used. CRIHB would then put together a summary of this information for each participating tribal health program and for all participating entities as a whole. This will allow participating tribal health programs the opportunity to view their data, and how it is impact their dental access goals, as it relates to the LDPP, but also how they are progressing towards achieving their Government Performance Results Act (GPRA) goals for the year. Although most tribal health programs regularly submit workload and GPRA reports to Indian Health Service, some tribal health programs do not do so regularly due to the use of commercial off the shelf EHR which for a long time prohibited many of their clinics from being counted in the national Indian Health Service reports. Also, urban Indian health programs are not required to submit GPRA reports like the other tribally funded clinics. Currently, all but 2 of the participating tribal health programs submitted data to IHS CAO in the previous year. CRIHB will work with these 2 entities to ensure that they submit GPRA and National Data Workload reports to IHS CAO so that they can have data to compare with their LDPP counterparts.

Another source of data that will be implemented will be a quarterly report back to the participating tribal health programs during 4 of the 12 monthly webinars based on reported quantitative and qualitative data by the participating tribal health programs in the previous quarter.

**Increases care coordination across lead and participating entities** Data sharing among the participating entities will include data collected by the oral health care coordinators, the dental clinics, the medical clinics, Tribal Head Starts, and WIC. It is anticipated that the data collected as part of the quarterly reports will generate discussion as to where the gaps in access may lie and how to fix potential challenges such as long waiting lists, long wait for next appointment, missed appointments, etc.

**Data sharing processes** Data sharing and discussions will take place during the monthly calls among the oral health care coordinators. Data sharing discussions will also take place during monthly calls with the advisory committee as well as during the quarterly calls with the local collaborators (WIC, Head Start). No identifiable patient data will be discussed during those calls and all reports will contain de-identified data. Given that the Compliance Specialist will have to conduct reviews of the medical necessity and timely access to dental care, a Business Associate Agreement will be in place between CRIHB (Lead Entity) and participating tribal health programs. All CRIHB staff are required to receive yearly training protecting patient information and the importance of Health Insurance Portability and Accountability Act (HIPAA) compliance. CRIHB has internal policies and procedures in place to address HIPAA and data sharing/collection. Data sharing and collection will be addressed as part of the Memorandum of Understanding in order to provide participating tribal health programs expectations as to what data may or may not be shared.

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**Timeline** CRIHB anticipates that Memorandum of Understanding, subcontracts, business associate agreements, along with an introductory webinar providing an overview of data sharing amongst the participating participants, will take place during the first 3 months of Project Year 1. In addition, the timeline below show how activities will be implemented during the first 12 months of the LDPP.

Activity	Jun 2017	Jul	Aug	Sep	Oct	Nov	Dec	Jan 2018	Feb	Mar	Apr	May
Introductory Webinar for Participating Tribal Health Programs	x											
Participating entities will review and sign MOU, BAA, and Subcontract	x											
Advisory Committee meetings calls (OI)	x	x	x	x	x	x	x	x	x	x	x	x
Advisory Committee face to face meetings	x											
Oral health care coordinator webinars	x	x	x	x	x	x	x	x	x	x	x	x
Case management training	x											
Onsite presentation to participating tribal clinics during clinic all staff meeting	x	x	x	x	x	x	x	x	x	x	x	x
Caries risk assessment training available for providers	x	x	x	x	x	x	x	x	x	x	x	x
Annual Best Practices Conf												x
Annual Dental Conference	x											x
Conduct clinic/community needs assessments	x	x										
Head Start in-service				x						x		
Quarterly meeting among local collaborators		x			x			x			x	
Quarterly reports due from THP's		x			x			x			x	
Quarterly payments issued to participating THP's			x			x			x			x
Annual reports due								x				
THP Newsletter articles	x	x	x	x	x	x	x	x	x	x	x	x
Monthly email blasts by LDPP coordinator	x	x	x	x	x	x	x	x	x	x	x	x
DTI Challenge 1 & 2 awards (yearly)								x				

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**Quality of data governance structure and approach**

CRIHB proposes a data governance structure that utilizes existing processes already in place. The advisory committee and the area dental officer will also play a key role in guiding these discussions and helping the LDPP coordinator problem solve should any issues or concerns arise. The participating entities have worked with CRIHB as the lead entity on other projects, and thus understand the need for the additional documentation and checks and balances. Should the need arise to collect more specific patient data, CRIHB also has an Institutional Review Board process in place by which protocols can be developed to collect patient data in an ethical manner.

**SECTION 4: PROGRESS REPORTS AND ONGOING MONITORING**

**4.1 LDPP Monitoring**

**Performance measures for participating tribal health programs**

**Short-term (PY 1-4)**

- Decrease proportion of restorative treatment to preventive services.
- Number of hours of dental presence/week in the primary care setting.
- Number of children with a documented caries risk assessment on file in the last year.
- Number of children receiving primary care referrals for dental exams/treatment.
- Number of Medi-Cal children ages 0-20 who receive dental services compared to previous year.
- Number of tandem well-child visits per oral health care coordinator log.
- Number of oral health care coordinators and number of participating sites by tribal health program.
- Increase knowledge and competency of motivational interviewing/case management skills of oral health care coordinators serving CA Tribal/Urban Indian clinics in CA, resulting in improved interventions for Medi-Cal beneficiaries ages 0-20.
- Number of oral health care coordinators trained in case management/motivational interviewing.
- Number of advisory committee meetings.
- Number of educational webinars.
- Number of onsite presentation to clinic staff.

**Long-term (PY 1-4)**

- Percent dental/primary care integration for each clinic each year. Baseline developed as follows:
  - Numerator: Number of Medi-Cal beneficiary children ages 0-20 who receive an oral health service by their respective tribal health program in project year
  - Denominator: Number of unduplicated Medi-Cal beneficiary children 0-20 who have received any sort of care at the tribal health program in project year.
- Increase in percentage of children receiving preventive dental services, by at least 8% over 4 years. Increase outreach efforts to communities.
- DTI Challenge 1-Project Year (PY) Access Goal:
  - PY 1: 2 percentage points or higher from established baseline
  - PY 2: 4 percentage points or higher
  - PY 3: 6 percentage points or higher from established baseline

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- PY 4: 8 percentage points or higher from established baseline
- DTI Challenge 2-Project Year (PY) Access Goal:
  - PY 1: achieves 3 or more percentage points higher than baseline.
  - PY 2: achieves 5 or more percentage points higher than baseline.
  - PY 3: achieves 7.5 or more percentage points higher than baseline.
  - PY 4: achieves 10 or more percentage points higher than baseline.
- Meet or exceed the annual CA GPRA goals for AIAN children (2% increase every year)

**Pilot 2. Caries Risk Assessment**

**Short-term (PY 1-4)**

- Number of trained and certified primary care physicians to perform caries risk assessments
- Implementation of the CRA template
- Quarterly/Yearly report on the number of CRA's conducted each year per reports from EHR/EDR
- Quarterly/Yearly reports on number of CRA's for 1-6 year olds by each participating tribal health program

**Long-term (PY 2-4)**

- Increase utilization of CRA CDT codes and monitor movement between risk levels
- Increase ratio of utilization of preventive services versus restorative
- Change in number and proportion of children receiving dental surgery under general anesthesia.
- Number of participating tribal health programs in a Domain 2 County who have the capacity to "Opt-in"
- Number of, and percentage change in, restorative services;
- Number of, and percentage change in, preventive dental services;
- Increased utilization of CRA CDT codes and reduction of caries risk levels
- Change in use of emergency rooms for dental related reasons among the targeted children for this domain; and

**Performance measures for collaborating partners (Tribal Head Start/WIC)**

**Pilot 1.**

- Number of fulfilled referrals to dental care
- Percentage of children who were able to access a dental appointment at a participating entity
- Number of meetings with local participating entity each Project Year
- Head Start/Early Head Start/WIC center visits and presentation participants
- Number of participating tribal health staff who attend dental integration sessions at the annual Best Practices and Dental Support Center conference meetings.

**Demonstrates comprehensive plan for collecting, tracking, and documenting metrics**      Data will be collected and submitted by the Oral Health Care Coordinator on a quarterly basis. Data sources will include: tracking logs, EHR/EDR/EPM reports, and meeting agendas. Other data that will be used to triangulate reports generated by clinics, will include IHS CAO reports pertaining to workload and GPRA

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measures. All Oral Health Care Coordinators will be provide an overview of the program and will also be provided with a tool-kit with examples of all necessary reports.

**Ongoing Monitoring and Adjustments** The LDPP Coordinator will conduct ongoing monitoring and will discuss with the Oral Health Care Coordinators, Health Systems Development Director, Area Dental Officer, and the LDPP Advisory Committee project status and recalibrate and make adjustments as needed.

**Comprehensive plan for providing technical assistance, imposing corrective action, and terminating if poor performance is identified and continues** The LDPP Coordinator will provide remote and onsite technical assistance, including presentations to clinic staff at least once per year. In addition, the LDPP Coordinator will monitor progress towards deliverables. Quarterly reports are required from each of the participating tribal health programs. In the event that the deliverables fall below expectation for more than 1 reporting period, corrective action will be imposed. Such corrective action can entail meetings with the key clinic leadership, performance improvement plans requiring individualized weekly calls, and even withhold of future payments until progress is reestablished. If poor progress is noted for 3 or more quarterly reporting periods, programs will face termination in the CRIHB LDPP.

## **4.2 Data Analysis and Reporting**

**High-quality plan for ongoing data collection, reporting, and analysis of interventions and strategies** The LDPP will evaluate its ongoing efforts and progression toward goals and objectives in an objective manner, utilizing reviewers without conflicts of interest. The LDPP will assess and document changes to selected oral health outcomes over time. The LDPP will adhere to an annual reporting cycle, providing three quarterly reports and one annual report at the end of the fourth quarter as required by the Standard Terms and Conditions of the 1115 Waiver. The quarterly reports of the project activities/progress will be submitted as follows:

- Q1 January-March report due by April 8<sup>th</sup> of each year.
- Q2 April-June report due by July 8<sup>th</sup> of each year.
- Q3 July-September report due by October 8<sup>th</sup> of each year.
- Q4 October-December report due by January 8<sup>th</sup> of each year.

The LDPP will implement the proposed Work Plan and continue to assess the outcomes through periodic evaluations as stated (Work Plan – E). Both quantitative and qualitative measures will be compiled to generate reports that will be submitted to State on a quarterly basis.

**Annual Reports** Annual reports from the Local Dental Pilot Program will describe: (1) services and support provided to the local dental pilot programs; (2) the methods used to influence oral health; (3) details of the evaluative methodology; and (4) progress toward goals and objectives of the pilot(s), and (5) the oral health outcomes status. In addition, the LDPP will continue to meet any additional reporting requirements of the State of CA.

The Annual Report will be submitted by July 8<sup>th</sup> of every year, with the exception of the final report which will be due January 31, 2021. In addition to EDR/EHR/EPM reports pertaining to patient access and CRA,

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the report shall include the project activities/progress during the period of July-June of the current year. In addition to the details on project activity implementation, services provided accomplishments, challenges, observations, and positive outcomes during the project year. With the many needs assessments that are in place, it is expected that the CRIHB LDPP will be made aware of new emerging needs within tribal/urban Indian communities. This report will inform the LDPP coordinator and the advisory committee of the progress made towards achieving the desired outcomes.

**Evaluation**

The evaluation of the Local Dental Pilot Program will consist of two different components: a Process Evaluation and an Outcome Evaluation. These components will involve both quantitative and qualitative data collected via various types of staff surveys (telephone and paper), pre/post tests, training sign-in sheets, and logs which will help the LDPP coordinator gauge our progress towards the measurable objectives laid out in the LDPP Work Plan. A data analyst will assist the LDPP coordinator with data aggregation and trend analysis. An outcome evaluation will be conducted by the State of CA.

**Process Evaluation** The process evaluation will help monitor the activities as part of the implementation of the LDPP initiative. We will need to determine the number of Medi-Cal beneficiary children ages 0-20 who were reached as a result of this intervention. Such measures will include measures previously outlined in **Section 4.1**.

In addition, the LDPP coordinator will maintain a report of all trainings and presentations conducted to support stakeholder engagement, including number of Head Start/Early Head Start center visits and presentation participants, number of participating tribal health staff who attend specific sessions at the annual Best Practices and Dental Support Center conferences.

Analysis of findings from this project will help inform future programming at the clinic level beyond the duration of this pilot. Tribal and urban Indian health programs are interested in exploring various strategies that can enhance their current work, and identifying best practices that work in Indian Country is an important part of this project. Given that Indian Health Service, participating tribal and urban Indian health programs, and other tribal social service agencies are seeking to maximize return on investment (ROI) and impact on the lives of Native people, this pilot will allow tribal health programs the opportunity to quantify the impact of innovative strategies such as the proposed strategies.

**SECTION 5: FINANCING FUNDING AND BUDGET DESCRIPTION**

**5.1 Financing Structure**

**Reasonableness** Approximately half of all CA tribal and urban Indian health programs (25 tribal health program sites) will partake in the CRIHB pilot program. The proposed scope of our pilot interventions justify and substantiate the amount being requested. The target population consists of approximately 19,820 Medi-Cal beneficiaries ages 0-20 in some of the highest risk for caries counties in CA. Given the rural and remote nature of these tribal health programs, travel costs may seem higher than more urban based programs. Every effort will be made by the LDPP coordinator to avoid unnecessary travel and to maximize visiting multiple sites on any given site visit. The CRIHB LDPP is leveraging the existing CRIHB network of outreach and technical assistance efforts that has been in place with tribal health programs for 48 years.

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Disbursements Participating tribal health programs will be expected to meet certain deliverables and benchmarks before funds can be issued to them. All participating tribal health programs will have to enter into a Memorandum of Understanding as well as a subcontract agreement and business associate agreement with CRIHB. CRIHB will invoice the State of CA quarterly.

Participating tribal health programs will be responsible for handling all oral health care coordinator personnel matters.

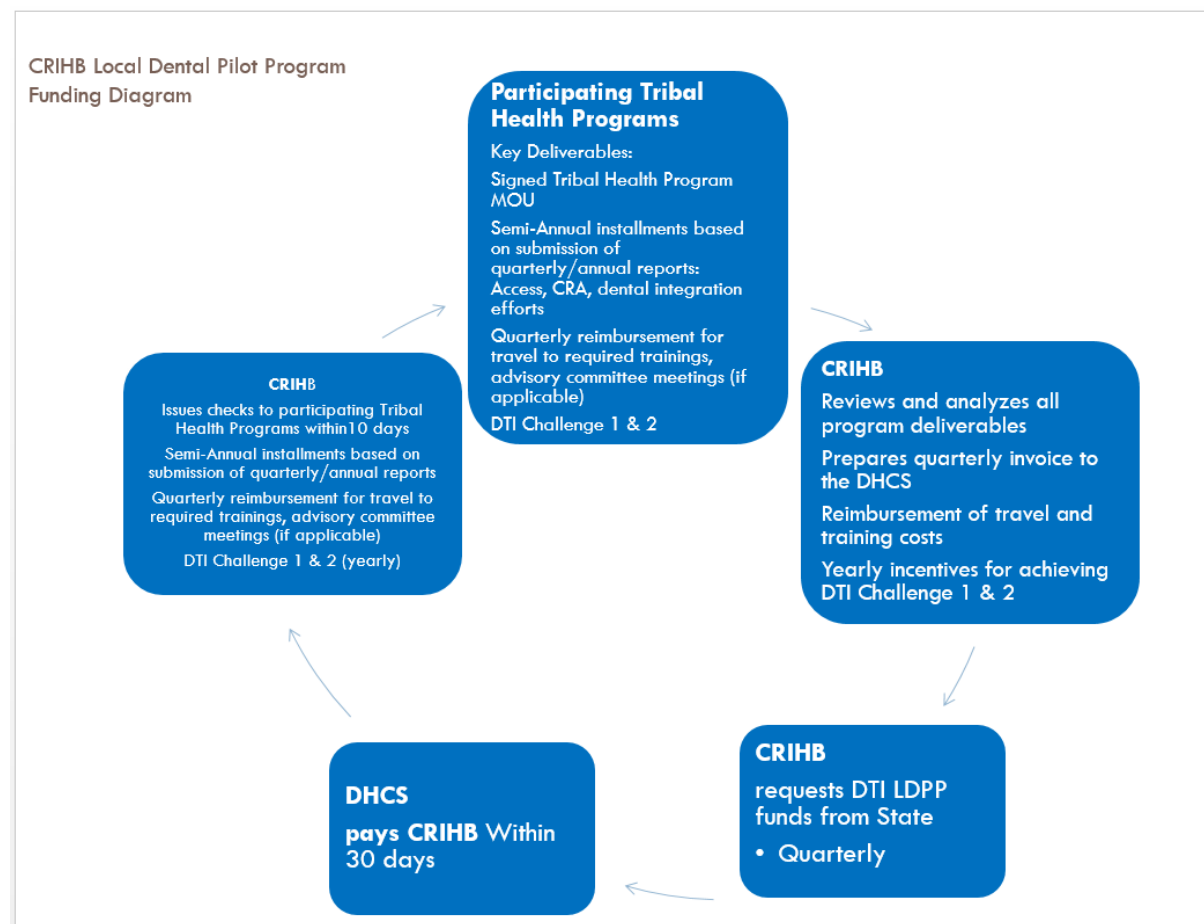
All anticipated funds will be set aside via an internal requisition process. CRIHB will issue quarterly payments directly to participating THP's upon receipt of an invoice and proof that key deliverables have been met; it is also contingent upon the reimbursement of funds from the State. Participating programs will invoice CRIHB quarterly for the cost of having an oral health care coordinator(s). All payments will be issued either by check or electronic funds transfer. CRIHB manages a detailed chart of accounts that can track funding to each tribal health program.

Flow of Funds CRIHB as the lead entity will enter into subcontracts, including a Memorandum of Understanding and BAA, with each of the 15 participating tribal health programs. Only allowable costs will be reimbursed to the participating entity. The LDPP coordinator will request quarterly reports and invoices from the participating entities and no payment will be requested/issued without an approved quarterly report and invoice on file. Participating entity will be reimbursed after allowed expenditure is made. Upon review of the reports and related invoices, the LDPP Coordinator will submit a comprehensive report/request for funds from the State of CA on behalf of CRIHB, which shall include the level of detail requested by the State. Typically, the State will pay CRIHB invoices within 30 days. The State shall issue payment to CRIHB via electronic funds transfer. CRIHB will then have 10 days to disburse funds to the participating tribal health programs either via electronic funds transfer or via check. The CRIHB Finance Department is used to handling hundreds of vendors, and as such, should have no problem issuing checks to the participating tribal health programs within this cycle time.

Methodology The funding requested for the CRIHB LDPP is based on estimated staff time required to deploy and implement proposed intervention, proposed deliverables, number of tribal health programs that have committed to participate, key deliverables and resources needed to achieve those objectives, without supplanting existing funds. All travel costs are based on the CalHR per diem, mileage, and lodging rates.

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### Funding Diagram



### Alignment/Leverage with other funding sources

As mentioned earlier, CRIHB receives funding from Indian Health Service to operate the CA Dental Support Center. The IHS funding is targeted at providing technical assistance to tribal and urban Indian health programs throughout CA. Unlike the LDPP funding, IHS DSC funds allow CRIHB to fund outreach and education efforts, as will also pay for professional development courses required for dental professionals to maintain their licensure. Part of those funds are dedicated to providing incentives to tribal health programs who achieve pre-established benchmarks in the areas of sealants, access, among children, youth, and adults. In addition, CRIHB receives funding from The California Wellness Foundation, which is piloting the impact of providing dentures and restorations for adult Native people. Both of these funders allow CRIHB to easily gain access into the tribal health programs and leverage that existing infrastructure to support the CRIHB LDPP.

### 5.2 Funding Request

The funding request for Project Year 1-4 are focused on testing a couple of new interventions pertaining to access, caries risk assessment, and continuity of care. The oral health care coordinators will play a central

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role in this initiative, and are not duplicating case management efforts reimbursable under any other Medi-Cal program.

**Project Year 1- 05/1/2017 through 12/30/2017**

CRIHB is requesting funding support in the amount of \$404,482 for Project Year 1. Personnel allocated to the CRIHB LDPP include a director of Health Systems Development 10% FTE, Local Dental Pilot Program coordinator 100% FTE, a 10% EHR systems specialist, a 10% data analyst, and an administrative assistant at 15%. These staff are critical for the day to day function and coordination of activities related to the CRIHB LDPP. (Goals 1-3) In addition, a 75% FTE for CRIHB Head Start staff is included in the CRIHB personnel costs.

Total salary costs for the 6.5 months of Project Year 1 are \$66,802. An additional \$21,377 is for fringe benefits, which include Federal Insurance Contributions Act (FICA), retirement, health insurance, dental and vision insurance, life insurance, workers comp, and state unemployment insurance. Operating expenses include expendable office supplies (\$320) required for trainings and meetings and building rental costs to house CRIHB staff on the project (\$5,690).

No equipment costs will be incurred during PY 1. Travel costs are being requested for staff travel to conduct site visits to tribal health programs (\$6,705) (Goal 1-3), Advisory Committee travel for 1 of 2 face to face meetings (\$3,500) (Activities: 1.1.d, 3.1.b).

A subcontract amount with participating tribal health clinics (\$282,088) is requested to pay participating sites for having an oral health care coordinator designated at the participating (Goal 1-3). That amount has been prorated based on an 6.5 months duration of Project Year 1. A case management trainer will provide foundational training to the oral health care coordinators in case management and motivational interviewing for up to 30 participants (\$18,000) (Activity 1.1.a). Incentives in the form of the Dental Transformation Initiative (DTI) Challenge 1 and DTI Challenge 2 will award \$500 and \$1,000 respectively to the tribal health program that meets or exceeds their access goal by more than 1 percentage point. (Activity 1.1.e-f) None of these funds will supplant existing efforts that are currently being funded with Medi-Cal funds or locally funded projects for other sources.

**Project Year 2- 01/01/2018 through 12/31/2018**

CRIHB is requesting funding support in the amount of \$712,071 for Project Year 2. Personnel allocated to the CRIHB LDPP include a director of Health Systems Development at 10% FTE, Local Dental Pilot Program coordinator 100% FTE, a 10% EHR systems specialist, a 10% data analyst, and an administrative assistant at 15%. These staff are critical for the day to day function and coordination of activities related to the CRIHB LDPP. (Goals 1-3) In addition, a 75% FTE for CRIHB Head Start staff is included in the CRIHB personnel costs. (Goals 1-3) Total salary costs for the 12 months of Project Year 2 are \$120,043. An additional \$38,414 is for fringe benefits, which include Federal Insurance Contributions Act (FICA), retirement, health insurance, dental and vision insurance, life insurance, workers comp, and state unemployment insurance. Operating expenses include expendable office supplies (\$480) required for trainings and meetings, as well as building rental costs to house CRIHB staff on the project (\$6,880).

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No equipment costs will be incurred during PY 2. Travel costs are being requested for staff travel to conduct site visits to tribal health programs (\$6,705) (Goal 1-3) and advisory committee travel for 1 of 2 face to face meetings (\$3,500) (Activities: 1.1.d, 3.1.b) (Activity 1.1.a).

A subcontract amount with participating programs (\$518,049) is requested to pay for the clinics to have an oral health care coordinator designated at the participating site (Goal 1-3). The salary and fringe benefits of the subcontractors varies widely to the differences in qualifications and salary of the staff appointed, as well as the very high fringe benefits clinics in rural and remote area must pay. It is assumed that not all clients served will be Medi-Cal beneficiaries, thus the amount funded per site is 50% of the costs of a full-time staffer will be dedicated to each participating site. The LDPP coordinator will supervise the subcontract agreement for all participating clinics and will be critical to the implementation of the various interventions proposed in this project, including dental integration, increasing access, and caries risk assessment. No tribal health program may receive funding for more than 2 sites as part of the subcontract. In addition, a case management trainer will provide foundational training to the oral health care coordinators in case management and motivational interviewing for up to 15 new participants (due to staff turnover) (\$9,000) (Activity 1.1.a). Incentives in the form of the Dental Transformation Initiative (DTI) Challenge 1 and DTI Challenge 2 (\$18,000) will award \$500 and \$1,000 respectively to the tribal health program that meets or exceeds their access goal by more than 1 percentage point. (Activity 1.1.e-f) None of these funds will supplant existing efforts that are currently being funded with Medi-Cal funds or locally funded projects for other sources.

**Project Year 3- 01/01/2019 through 12/31/2019**

CRIHB is requesting funding support in the amount of \$740,656 for Project Year 3. Personnel allocated to the CRIHB LDPP include a Health Systems Development director 10% FTE, Local Dental Pilot Program coordinator 100% FTE, a 10% data analyst, a 10% EHR specialist, and an administrative assistant at 15% FTE. In addition, a 75% FTE for CRIHB Head Start staff is included in the CRIHB personnel costs. These staff are critical for the day to day function and coordination of activities related to the CRIHB LDPP. (Goals 1-3) Total salary costs for the 12 months of Project Year 3 are \$126,270. An additional \$40,406 is for fringe benefits, which include Federal Insurance Contributions Act (FICA), retirement, health insurance, dental and vision insurance, life insurance, workers comp, and state unemployment insurance. Operating expenses include expendable office supplies (\$480) required for trainings and meetings, as well as building rental costs to house CRIHB staff on the project (\$6,880). (Goals 1-3).

No equipment costs will be incurred during PY 3. Travel costs are being requested for staff travel to conduct site visits to tribal health programs (\$6,705) (Goal 1-3) and Advisory Committee travel for 1 of 2 face to face meetings (\$3,500) (Activities: 1.1.d, 3.1.b).

A subcontract amount with participating tribal health clinics (\$538,415) is requested to pay participating sites to have an oral health care coordinator assigned at a site (Goal 1-3). The salary and fringe benefits of the subcontractors varies widely to the differences in qualifications and salary of the staff appointed, as well as the very high fringe benefits clinics in rural and remote area must pay. It is assumed that not all clients served will be Medi-Cal beneficiaries, thus the amount funded per site is 50% of the costs of a full-time staffer will be dedicated to each participating site. The LDPP coordinator will supervise the subcontract

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agreement for all participating clinics and will be critical to the implementation of the various interventions proposed in this project, including dental integration, increasing access, and caries risk assessment. No tribal health program may receive funding for more than 3 sites as part of the subcontract. In addition, a case management trainer will provide foundational training to the oral health care coordinators in case management and motivational interviewing for up to 15 new participants (due to staff turnover) (\$9,000) (Activity 1.1.a). Incentives in the form of the Dental Transformation Initiative (DTI) Challenge 1 and DTI Challenge 2 (\$18,000) will award \$500 and \$1,000 respectively to the tribal health program that meets or exceeds their access goal by more than 1 percentage point. (Activity 1.1.e-f) None of these funds will supplant existing efforts that are currently being funded with Medi-Cal funds or locally funded projects for other sources.

**Project Year 4- 01/01/2020 through 12/31/2020**

CRIHB is requesting funding support in the amount of \$761,129 for Project Year 4. Personnel allocated to the CRIHB LDPP include a Health Systems Development director 10% FTE, Local Dental Pilot Program coordinator 100% FTE, a 10% data analyst, a 10% EHR specialist, and an administrative assistant at 15%. In addition, a 75% FTE for CRIHB Head Start staff is included in the CRIHB personnel costs. These staff are critical for the day to day function and coordination of activities related to the CRIHB LDPP. (Goals 1-3) Total salary costs for the 12 months of Project Year 3 are \$128,922. An additional \$41,255 is for fringe benefits, which include Federal Insurance Contributions Act (FICA), retirement, health insurance, dental and vision insurance, life insurance, workers comp, and state unemployment insurance. Operating expenses include expendable office supplies (\$480) required for trainings and meetings, as well as building rental costs to house CRIHB staff on the project (\$6,880). (Goals 1-3).

No equipment costs will be incurred during PY 4. Travel costs are being requested for staff travel to conduct site visits to tribal health programs (\$6,705) (Goal 1-3) and advisory committee travel for 1 of 2 face to face meetings (\$3,500) (Activities: 1.1.d, 3.1.b).

A subcontract amount with participating tribal health clinics (\$555,387) is requested to pay the programs to have an oral health care coordinator designated at the participating site (Goal 1-3). The salary and fringe benefits of the subcontractors varies widely to the differences in qualifications and salary of the staff appointed, as well as the very high fringe benefits clinics in rural and remote area must pay. It is assumed that not all clients served will be Medi-Cal beneficiaries, thus the amount funded per site is 50% of the costs of a full-time staffer will be dedicated to each participating site. The LDPP Coordinator will supervise the subcontract agreement for all participating clinics and will be critical to the 3 sites as part of the subcontract. In addition, a case management trainer will provide foundational training to the oral health care coordinators in case management and motivational interviewing for up to 8 new participants (due to staff turnover) (\$4,800) (Activity 1.1.a).

Incentives in the form of the Dental Transformation Initiative (DTI) Challenge 1 and DTI Challenge 2 (\$18,000) will award \$500 and \$1,000 respectively to the tribal health program that meets or exceeds their access goal by more than 1 percentage point. (Activity 1.1.e-f) None of these funds will supplant existing efforts that are currently being funded with Medi-Cal funds or locally funded projects for other sources.

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**5.3 Budget**

**Total Amount Requested: \$ 2,618,338**

Please refer to Appendix C for a detailed budget and budget narrative.

**SECTION 6: ATTESTATIONS AND CERTIFICATION**

Please refer to **Appendix A** for a signed copy of the required Attestations and Certification.

costs. The funding request shall exclude covered services reimbursable by Medi-Cal Dental or other federal funding resources. The requested funding cannot supplant existing efforts that are currently being funded with Medi-Cal funds or locally funded projects for other sources. (Attachment JJ.299.b.xi)

### 5.3 Budget

Provide the total annual requested budget amount and link it to expected value(s) or impact(s) that will be achieved each demonstration year (e.g., the performance of specific activities, interventions, supports and services, and/or outcomes) of the LDPP. (Attachment JJ.299.b.xii)

## Section 6: Attestations and Certification

**6.1 Attestation** I certify that, as the representative of the LDPP Lead Entity, the Lead Entity agrees to the following conditions:

- ☒ The LDPP Lead Entity will assure appropriate participation in regular Learning Collaboratives to share best practices among participating entities, in accordance with STC 109.
- ☒ The LDPP Lead Entity will enter into an agreement with DHCS that specifies the requirements of the LDPP with STC109 and Attachment JJ of the Medi-Cal 2020 Waiver Special Terms and Conditions. The agreement with DHCS will include a data sharing agreement. See Exhibit A "HIPAA Business Associate Addendum (BAA)" of this Application. The provisions in the DHCS boilerplate BAA apply only to BAA-covered information that is shared by DHCS with the LDPP specifically for the purpose of LDPP operations and evaluation. DHCS does not anticipate that BAA-covered information will be shared for the purpose of LDPP operations or evaluation. DHCS anticipates limited, or no, BAA-covered information sharing from the LDPP to DHCS. However, DHCS will include a BAA in the event that data needs to be shared. The BAA will apply to the transfer of BAA-covered information should the need arise.
- ☒ The LDPP Lead Entity shall submit quarterly and annual reports in a manner specified by DHCS and CMS. Continuation of the LDPP may be contingent on timely submission of the quarterly and annual reports.
- ☒ The LDPP Lead Entity will report and submit timely and complete data to DHCS in a format specified by the State and as defined in the LDPP's individual agreement with the State. Incomplete and/or untimely data submissions may lead to a financial penalty after multiple occurrences and technical assistance is provided by the State.
- ☒ The LDPP Lead Entity will assure participation in program evaluation activities and will agree to provide data to measure the success of key activities of the work plan throughout the duration of the project.

I hereby certify that all information provided in this application is true and accurate to the best of my knowledge, and that this application has been completed based on a thorough understanding of program participation requirements as specified in the Medi-Cal 2020 Waiver Special Terms and

[Redacted Signature]

9/30/2016

Date

**Exhibit B Attachment I**  
**Budget**  
06/15/2017 through 12/31/2017

**Personnel**

Position Title	# of Staff	Monthly Salary Range	FTE %	Year 1 Cost (6.5 Months)
Health Systems Development (HSD) Director, Rosario Arreola Pro	1	\$7,531 - \$9,791	10%	\$ 5,936
LDPP Program Coordinator, To Be Hired	1	\$4,809 - \$6,869	100%	\$ 36,213
EHR Systems Specialist, Bryan Boroski	1	\$6,333 - \$8,233	10%	\$ 4,340
LDPP Data Analyst, TBA	1	\$4,809 - \$6,869	10%	\$ 3,621
Administrative Assistant, Stacey Stone	1	\$3,570 - \$4,641	15%	\$ 3,793
LDPP CRIHB Head Start, Central Office Health & Disabilities Coordinator, TBA	1	\$3,624 - \$4,750	10%	\$ 2,554
LDPP CRIHB Head Start, Elk Valley, Family Service Worker, TBA	1	\$2,411 - \$3,135	25%	\$ 3,979
LDPP CRIHB Head Start, Manchester, Family Service Worker, TBA	1	\$2,411 - \$3,135	20%	\$ 3,183
LDPP CRIHB Head Start, Lytton, Family Service Worker, TBA	1	\$2,411 - \$3,135	20%	\$ 3,183
<b>Total Salary</b>				\$ 66,802
<b>Fringe Benefits (32%)</b>				\$ 21,377

**Total Personnel** **\$ 88,179**

**Operating Expenses**

Office Supplies	\$ 320
Building Rental	\$ 5,690
Utilities	\$ -

**Total Operating Expenses** **\$ 6,010**

**Equipment**

There is no equipment budgeted.

**Total Equipment Expenses** **\$ -**

**Travel** (At CalHR reimbursement rates)

Staff Travel to Health Programs	\$ 6,705
Advisory Committee Travel	\$ 3,500

**Total Travel** **\$ 10,205**

**Subcontracts**

Subcontract with Clinics for Oral Health Care Coordinators	\$ 264,088
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1) Chapa De

Personnel	Operating Expenses	Travel	Subcontracts	Indirect Costs	Total Costs
\$ 16,467	\$ 0	\$ 0	\$ 0	\$ 1,267	\$ 17,734

2) Greenville Rancheria

Personnel	Operating Expenses	Travel	Subcontracts	Indirect Costs	Total Costs
\$ 14,629	\$ 0	\$ 0	\$ 0	\$ 2,189	\$ 16,818

3) Karuk Tribe (2 sites)

Personnel	Operating Expenses	Travel	Subcontracts	Indirect Costs	Total Costs
\$ 28,815	\$ 0	\$ 0	\$ 0	\$ -	\$ 28,815

4) Lassen

Personnel	Operating Expenses	Travel	Subcontracts	Indirect Costs	Total Costs
\$ 12,139	\$ 0	\$ 0	\$ 0	\$ 1,942	\$ 14,081

5) Northern Valley Indian Health (2 sites)

Personnel	Operating Expenses	Travel	Subcontracts	Indirect Costs	Total Costs
\$ 34,714	\$ 0	\$ 0	\$ 0	\$ 5,424	\$ 40,138

6) Pit River

Personnel	Operating Expenses	Travel	Subcontracts	Indirect Costs	Total Costs
\$ 19,933	\$ 0	\$ 0	\$ 0	\$ 1,356	\$ 21,289

7) Round Valley Indian Health Center

Personnel	Operating Expenses	Travel	Subcontracts	Indirect Costs	Total Costs
\$ 16,870	\$ 0	\$ 0	\$ 0	\$ 1,268	\$ 18,138

8) San Diego American Indian Health

Personnel	Operating Expenses	Travel	Subcontracts	Indirect Costs	Total Costs
\$ 11,288	\$ 0	\$ 0	\$ 0	\$ 1,866	\$ 13,154

9) Shingle Springs Tribal Health

Personnel	Operating Expenses	Travel	Subcontracts	Indirect Costs	Total Costs
\$ 10,285	\$ 0	\$ 0	\$ 0	\$ 807	\$ 11,092

10) Toiyabe Indian Health Project (2 sites)

Personnel	Operating Expenses	Travel	Subcontracts	Indirect Costs	Total Costs
\$ 26,409	\$ 0	\$ 0	\$ 0	\$ 3,800	\$ 30,209

11) Tule River Indian Health Center

Personnel	Operating Expenses	Travel	Subcontracts	Indirect Costs	Total Costs
\$ 12,139	\$ 0	\$ 0	\$ 0	\$ 971	\$ 13,110

12) Tuolumne Indian Health Project

Personnel	Operating Expenses	Travel	Subcontracts	Indirect Costs	Total Costs
\$ 18,618	\$ 0	\$ 0	\$ 0	\$ -	\$ 18,618

13) Tuolumne WIC

Personnel	Operating Expenses	Travel	Subcontracts	Indirect Costs	Total Costs
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\$ 18,360	\$0	\$0	\$0	\$ 2,532	\$ 20,892
Case Management training course - Contractor TBD			\$ 18,000	Total Subcontracts	\$ 282,088
<b>Other Costs</b>					
Incentives-Access Goal			\$ 18,000	Total Other Costs	\$ 18,000
<b>Indirect Costs</b>				Indirect Costs	\$ -
CRIHB does not have a federally approved indirect cost rate and elects not to request 20% of the "Total Personnel Salary" excluding Fringe Benefits.					
				Annual Budget Total	\$ 404,482

**Note:** The Annual Budget Total should exclude any expenditures that would otherwise be paid for by other funding sources such as Denti-Cal reimbursement.

**Exhibit B Attachment II**  
**Budget**  
**Year 2**  
**01/01/2018 through 12/31/2018**

**Personnel**

Position Title	# of Staff	Monthly Salary Range	FTE %	Year 2 Cost (12 months)
Health Systems Development (HSD) Director, Rosario Arreola Pro	1	\$7,531 - \$9,791	10%	\$ 11,036
LDPP Program Coordinator, To Be Hired	1	\$4,809 - \$6,869	100%	\$ 67,326
EHR Systems Specialist, Bryan Boroski	1	\$4,809 - \$6,869	10%	\$ 8,069
LDPP Data Analyst, TBA	1	\$4,809 - \$6,869	10%	\$ 6,733
Administrative Assistant, Stacey Stone	1	\$3,570 - \$4,641	15%	\$ 7,065
LDPP CRIHB Head Start, Central Office Health & Disabilities Coordinator, TBA	1	\$3,624 - \$4,750	10%	\$ 4,695
LDPP CRIHB Head Start, Elk Valley, Family Service Worker, TBA	1	\$2,411 - \$3,135	25%	\$ 5,815
LDPP CRIHB Head Start, Manchester, Family Service Worker, TBA	1	\$2,411 - \$3,135	20%	\$ 4,652
LDPP CRIHB Head Start, Lytton, Family Service Worker, TBA	1	\$2,411 - \$3,135	20%	\$ 4,652
<b>Total Salary</b>				\$ 120,043
<b>Fringe Benefits (32%)</b>				\$ 38,414

**Total Personnel** **\$ 158,457**

**Operating Expenses**

Office Supplies	\$ 480
Building Rental	\$ 6,880
Utilities	\$ -

**Total Operating Expenses** **\$ 7,360**

**Equipment**

There is no equipment budgeted.

**Total Equipment Expenses** **\$ -**

**Travel** (At CalHR reimbursement rates)

Staff Travel to Health Programs	\$ 6,705
Advisory Committee Travel	\$ 3,500

**Total Travel** **\$ 10,205**

**Subcontracts**

Subcontract with Clinics for Oral Health Care Coordinators	\$ 509,049
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1) Chapa De						
Personnel	Operating Expenses	Travel	Subcontracts	Indirect Costs	Total Costs	
\$ 33,470	\$0	\$0	\$0	\$ 2,575	\$ 36,045	
2) Greenville Rancheria						
Personnel	Operating Expenses	Travel	Subcontracts	Indirect Costs	Total Costs	
\$ 28,087	\$0	\$0	\$0	\$ 4,203	\$ 32,290	
3) Karuk Tribe (2 sites)						
Personnel	Operating Expenses	Travel	Subcontracts	Indirect Costs	Total Costs	
\$ 55,324	\$0	\$0	\$0	\$ -	\$ 55,324	
4) Lassen						
Personnel	Operating Expenses	Travel	Subcontracts	Indirect Costs	Total Costs	
\$ 23,306	\$0	\$0	\$0	\$ 3,729	\$ 27,035	
5) Northern Valley Indian Health (2 sites)						
Personnel	Operating Expenses	Travel	Subcontracts	Indirect Costs	Total Costs	
\$ 66,656	\$0	\$0	\$0	\$ 10,414	\$ 77,070	
6) Pit River						
Personnel	Operating Expenses	Travel	Subcontracts	Indirect Costs	Total Costs	
\$ 38,272	\$0	\$0	\$0	\$ 2,604	\$ 40,876	
7) Round Valley Indian Health Center						
Personnel	Operating Expenses	Travel	Subcontracts	Indirect Costs	Total Costs	
\$ 32,391	\$0	\$0	\$0	\$ 2,434	\$ 34,825	
8) San Diego American Indian Health						
Personnel	Operating Expenses	Travel	Subcontracts	Indirect Costs	Total Costs	
\$ 21,673	\$0	\$0	\$0	\$ 3,582	\$ 25,255	
9) Shingle Springs Tribal Health						
Personnel	Operating Expenses	Travel	Subcontracts	Indirect Costs	Total Costs	
\$ 19,748	\$0	\$0	\$0	\$ 1,549	\$ 21,297	
10) Toiyabe Indian Health Project (2 sites)						
Personnel	Operating Expenses	Travel	Subcontracts	Indirect Costs	Total Costs	
\$ 50,706	\$0	\$0	\$0	\$ 7,296	\$ 58,002	
11) Tule River Indian Health Center						
Personnel	Operating Expenses	Travel	Subcontracts	Indirect Costs	Total Costs	
\$ 23,306	\$0	\$0	\$0	\$ 1,865	\$ 25,171	
12) Tuolumne Indian Health Project						
Personnel	Operating Expenses	Travel	Subcontracts	Indirect Costs	Total Costs	
\$ 35,746	\$0	\$0	\$0	\$ -	\$ 35,746	
13) Tuolumne WIC						
Personnel	Operating Expenses	Travel	Subcontracts	Indirect Costs	Total Costs	

\$ 35,251	\$0	\$0	\$0	\$ 4,862	\$ 40,113
Case Management training course - Contractor TBD			\$ 9,000	Total Subcontracts	\$ 518,049
<b>Other Costs</b>					
Incentives-Access Goal			\$ 18,000	Total Other Costs	\$ 18,000
<b>Indirect Costs</b>				Indirect Costs	\$ -
CRIHB does not have a federally approved indirect cost rate and elects not to request 20% of the "Total Personnel Salary" excluding Fringe Benefits.					
Annual Budget Total					\$ 712,071

**Note:** The Annual Budget Total should exclude any expenditures that would otherwise be paid for by other funding sources such as Denti-Cal reimbursement.

**Exhibit B Attachment III**  
**Budget**  
**Year 3**  
**01/01/2019 through 12/31/2019**

**Personnel**

Position Title	# of Staff	Monthly Salary Range	FTE %	Year 3 Cost (12 months)
Health Systems Development (HSD) Director, Rosario Arreola Pro	1	\$7,531 - \$9,791	10%	\$ 11,285
LDPP Program Coordinator, To Be Hired	1	\$4,809 - \$6,869	100%	\$ 68,847
EHR Systems Specialist, Bryan Boroski	1	\$4,809 - \$6,869	10%	\$ 8,252
LDPP Data Analyst, TBA	1	\$4,809 - \$6,869	10%	\$ 6,885
Administrative Assistant, Stacey Stone	1	\$3,570 - \$4,641	15%	\$ 7,225
LDPP CRIHB Head Start, Central Office Health & Disabilities Coordinator, TBA	1	\$3,624 - \$4,750	10%	\$ 5,634
LDPP CRIHB Head Start, Elk Valley, Family Service Worker, TBA	1	\$2,411 - \$3,135	25%	\$ 6,978
LDPP CRIHB Head Start, Manchester, Family Service Worker, TBA	1	\$2,411 - \$3,135	20%	\$ 5,582
LDPP CRIHB Head Start, Lytton, Family Service Worker, TBA	1	\$2,411 - \$3,135	20%	\$ 5,582
<b>Total Salary</b>				\$ 126,270
<b>Fringe Benefits (32%)</b>				\$ 40,406

**Total Personnel** **\$ 166,676**

**Operating Expenses**

Office Supplies	\$ 480
Building Rental	\$ 6,880
Utilities	\$ -

No funding for utilities is requested.

**Total Operating Expenses** **\$ 7,360**

**Equipment**

There is no equipment budgeted.

**Total Equipment Expenses** **\$ -**

**Travel** (At CalHR reimbursement rates)

Staff Travel to Health Programs	\$ 6,705
Advisory Committee Travel	\$ 3,500

**Total Travel** **\$ 10,205**

**Subcontracts**

Subcontract with Clinics for Oral Health Care Coordinators	\$ 529,415
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1) Chapa De

Personnel	Operating Expenses	Travel	Subcontracts	Indirect Costs	Total Costs
\$ 34,811	\$0	\$0	\$0	\$ 2,678	\$ 37,489

2) Greenville Rancheria

Personnel	Operating Expenses	Travel	Subcontracts	Indirect Costs	Total Costs
\$ 29,211	\$0	\$0	\$0	\$ 4,371	\$ 33,582

3) Karuk Tribe (2 sites)

Personnel	Operating Expenses	Travel	Subcontracts	Indirect Costs	Total Costs
\$ 57,537	\$0	\$0	\$0	\$ -	\$ 57,537

4) Lassen

Personnel	Operating Expenses	Travel	Subcontracts	Indirect Costs	Total Costs
\$ 24,239	\$0	\$0	\$0	\$ 3,878	\$ 28,117

5) Northern Valley Indian Health (2 sites)

Personnel	Operating Expenses	Travel	Subcontracts	Indirect Costs	Total Costs
\$ 69,322	\$0	\$0	\$0	\$ 10,831	\$ 80,153

6) Pit River

Personnel	Operating Expenses	Travel	Subcontracts	Indirect Costs	Total Costs
\$ 39,803	\$0	\$0	\$0	\$ 2,708	\$ 42,511

7) Round Valley Indian Health Center

Personnel	Operating Expenses	Travel	Subcontracts	Indirect Costs	Total Costs
\$ 33,686	\$0	\$0	\$0	\$ 2,531	\$ 36,217

8) San Diego American Indian Health

Personnel	Operating Expenses	Travel	Subcontracts	Indirect Costs	Total Costs
\$ 22,540	\$0	\$0	\$0	\$ 3,726	\$ 26,266

9) Shingle Springs Tribal Health

Personnel	Operating Expenses	Travel	Subcontracts	Indirect Costs	Total Costs
\$ 20,538	\$0	\$0	\$0	\$ 1,611	\$ 22,149

10) Toiyabe Indian Health Project (2 sites)

Personnel	Operating Expenses	Travel	Subcontracts	Indirect Costs	Total Costs
\$ 52,734	\$0	\$0	\$0	\$ 7,588	\$ 60,322

11) Tule River Indian Health Center

Personnel	Operating Expenses	Travel	Subcontracts	Indirect Costs	Total Costs
\$ 24,239	\$0	\$0	\$0	\$ 1,939	\$ 26,178

12) Tuolumne Indian Health Project

Personnel	Operating Expenses	Travel	Subcontracts	Indirect Costs	Total Costs
\$ 37,176	\$0	\$0	\$0	\$ -	\$ 37,176

13) Tuolumne WIC

California Rural Indian Health Board Inc.  
Dental Transformation Initiative (DTI) Local Dental Pilot Project (LDPP)

Personnel	Operating Expenses	Travel	Subcontracts	Indirect Costs	Total Costs
\$ 36,661	\$0	\$0	\$0 \$	5,057 \$	41,718
Case Management training course - Contractor TBD			\$ 9,000		
				Total Subcontracts	\$ 538,415
Other Costs					
Incentives-Access Goal			\$ 18,000		
				Total Other Costs	\$ 18,000
Indirect Costs				Indirect Costs	\$ -
CRIHB does not have a federally approved indirect cost rate and elects not to request 20% of the "Total Personnel Salary" excluding Fringe Benefits.					
				Annual Budget Total	\$ 740,656

**Note:** The Annual Budget Total should exclude any expenditures that would otherwise be paid for by other funding sources such as Denti-Cal reimbursement.

**Exhibit B Attachment IV**  
**Budget**  
**Year 4**  
01/01/2020 through 12/31/2020

**Personnel**

Position Title	# of Staff	Monthly Salary Range	FTE %	Year 4 Cost (12 months)
Health Systems Development (HSD) Director, Rosario Arreola Pro	1	\$7,531 - \$9,791	10%	\$ 11,538
LDPP Program Coordinator, To Be Hired	1	\$4,809 - \$6,869	100%	\$ 70,669
EHR Systems Specialist, Bryan Boroski	1	\$4,809 - \$6,869	10%	\$ 8,470
LDPP Data Analyst, TBA	1	\$4,809 - \$6,869	10%	\$ 7,067
Administrative Assistant, Stacey Stone	1	\$3,570 - \$4,641	15%	\$ 7,402
LDPP CRIHB Head Start, Central Office Health & Disabilities Coordinator, TBA	1	\$3,624 - \$4,750	10%	\$ 5,634
LDPP CRIHB Head Start, Elk Valley, Family Service Worker, TBA	1	\$2,411 - \$3,135	25%	\$ 6,978
LDPP CRIHB Head Start, Manchester, Family Service Worker, TBA	1	\$2,411 - \$3,135	20%	\$ 5,582
LDPP CRIHB Head Start, Lytton, Family Service Worker, TBA	1	\$2,411 - \$3,135	20%	\$ 5,582
<b>Total Salary</b>				\$ 128,922
<b>Fringe Benefits (32%)</b>				\$ 41,255

**Total Personnel** **\$ 170,177**

**Operating Expenses**

Office Supplies	\$ 480
Building Rental	\$ 6,880
Utilities	\$ -

**Total Operating Expenses** **\$ 7,360**

**Equipment**

There is no equipment budgeted.

**Total Equipment Expenses** **\$ -**

**Travel** (At CalHR reimbursement rates)

Staff Travel to Health Programs	\$ 6,705
Advisory Committee Travel	\$ 3,500

**Total Travel** **\$ 10,205**

**Subcontracts**

Subcontract with Clinics for Oral Health Care Coordinators	\$ 550,587
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1) Chapa De						
Personnel	Operating Expenses	Travel	Subcontracts	Indirect Costs	Total Costs	
\$ 36,200	\$0	\$0	\$0	\$ 2,785	\$ 38,985	
2) Greenville Rancheria						
Personnel	Operating Expenses	Travel	Subcontracts	Indirect Costs	Total Costs	
\$ 30,379	\$0	\$0	\$0	\$ 4,546	\$ 34,925	
3) Karuk Tribe (2 sites)						
Personnel	Operating Expenses	Travel	Subcontracts	Indirect Costs	Total Costs	
\$ 59,838	\$0	\$0	\$0	\$ -	\$ 59,838	
4) Lassen						
Personnel	Operating Expenses	Travel	Subcontracts	Indirect Costs	Total Costs	
\$ 25,209	\$0	\$0	\$0	\$ 4,033	\$ 29,242	
5) Northern Valley Indian Health (2 sites)						
Personnel	Operating Expenses	Travel	Subcontracts	Indirect Costs	Total Costs	
\$ 72,095	\$0	\$0	\$0	\$ 11,264	\$ 83,359	
6) Pit River						
Personnel	Operating Expenses	Travel	Subcontracts	Indirect Costs	Total Costs	
\$ 41,395	\$0	\$0	\$0	\$ 2,816	\$ 44,211	
7) Round Valley Indian Health Center						
Personnel	Operating Expenses	Travel	Subcontracts	Indirect Costs	Total Costs	
\$ 35,035	\$0	\$0	\$0	\$ 2,632	\$ 37,667	
8) San Diego American Indian Health						
Personnel	Operating Expenses	Travel	Subcontracts	Indirect Costs	Total Costs	
\$ 23,442	\$0	\$0	\$0	\$ 3,875	\$ 27,317	
9) Shingle Springs Tribal Health						
Personnel	Operating Expenses	Travel	Subcontracts	Indirect Costs	Total Costs	
\$ 21,359	\$0	\$0	\$0	\$ 1,675	\$ 23,034	
10) Toiyabe Indian Health Project (2 sites)						
Personnel	Operating Expenses	Travel	Subcontracts	Indirect Costs	Total Costs	
\$ 54,844	\$0	\$0	\$0	\$ 7,891	\$ 62,735	
11) Tule River Indian Health Center						
Personnel	Operating Expenses	Travel	Subcontracts	Indirect Costs	Total Costs	
\$ 25,208	\$0	\$0	\$0	\$ 2,017	\$ 27,225	
12) Tuolumne Indian Health Project						
Personnel	Operating Expenses	Travel	Subcontracts	Indirect Costs	Total Costs	
\$ 38,663	\$0	\$0	\$0	\$ -	\$ 38,663	
13) Tuolumne WIC						
Personnel	Operating Expenses	Travel	Subcontracts	Indirect Costs	Total Costs	

\$ 38,127	\$0	\$0	\$0	\$ 5,259	\$ 43,386
Case Management training course - Contractor TBD			\$ 4,800	Total Subcontracts	\$ 555,387
<b>Other Costs</b>					
Incentives-Access Goal			\$ 18,000	Total Other Costs	\$ 18,000
<b>Indirect Costs</b>				Indirect Costs	\$ -
CRIHB does not have a federally approved indirect cost rate and elects not to request 20% of the "Total Personnel Salary" excluding Fringe Benefits.					
				Annual Budget Total	\$ 761,129

**Note:** The Annual Budget Total should exclude any expenditures that would otherwise be paid for by other funding sources such as Denti-Cal reimbursement.

**Exhibit B Attachment I**

**Budget Narrative**

Year 1

06/15/2017 through 12/31/2017

**Personnel**

Position Title	# of Staff	Monthly Salary Range	FTE %	Year 1 Cost (6.5 Months)
Health Systems Development (HSD) Director, Rosario Arreola Pro The Director is responsible for the overall development, administration and supervision of all programs and staff within the Health Systems Development Department. The department director participates in the Advisory Committee meetings and oversees all personnel participating in the project. Helps to identify training resources and presenters as part of the Annual Best Practices Conference and Annual Dental Conference. Assists with determining DTI Challenge goals and will serve as lead contact as it pertains to the State of CA (Activities: 1.1.d.-e; 3.1.b-c)	1	\$7,531 - \$9,791	10%	\$ 5,936
LDPP Program Coordinator, To Be Hired This position is responsible for the day to day planning, coordination, implementation and evaluation of the Local Dental Pilot Program. The Coordinator is responsible for arranging all trainings, including case management, monthly webinars, monthly Advisory Committee meetings, and onsite trainings; Gathers and analyzes data regarding pilot measures, including oral health access, caries risk assessment, and continuity of care at participating tribal health programs. Facilitates communication among Oral Health Care Coordinators at all sites and engages key clinic and leadership in dental integration efforts, including CRA utilization and workflow redesign. In addition to helping to formalize MOU, oversees DTI Challenge 1 & 2, and prepares and submits quarterly and yearly reports to DHCS (Activities: 1.1.a.-1.1.f., 2.1.a.-2.1.d., 3.1.a.-3.1.e.)	1	\$4,809 - \$6,869	100%	\$ 36,213
EHR Systems Specialist, Bryan Boroski The EHR Systems Specialist will incorporate a caries risk assessment template in the EHR for use by the oral health care coordinators and the medical providers at participating sites. (Activities 1.1.c-d)	1	\$6,333 - \$8,233	10%	\$ 4,340
LDPP Data Analyst, TBA The Data Analyst is responsible for providing technical consulting and assistance with data aggregation and analysis of quarterly reports to identify trends in dental access, fluoride varnish application, caries risk assessment, and continuity of care. (Goals 1-3)	1	\$4,809 - \$6,869	10%	\$ 3,621
Administrative Assistant, Stacey Stone The Administrative Assistant will provide administrative support to the LDPP Coordinator. This includes developing training announcements, coordinates events registration and makes travel arrangements for program participants, confirmation of meeting facilities, processes staff & participant travel, and purchase requisitions. Assists with scheduling monthly webinars and Advisory Committee calls, and is involved putting together email blasts and telephone surveys. Purchase of supplies. (1.1.a, 1.1.d.-1.1.f., 3.1.c, 3.1.e.)	1	\$3,570 - \$4,641	15%	\$ 3,793
LDPP CRIHB Head Start, Central Office Health & Disabilities Coordinator, TBA This position will design, track, and analyze data received from each of the Family Services Workers at CRIHB's 3 Head Start sites to ensure that children with key indicators in targeted age groups and medical needs receive the services, inclusive of dental appointment, consistent of referrals, exams, follow ups by contracting with local medical provider parents. This person will dedicate their time to working directly with families to help the FSWs reach targeted population. (Activity 1.1.a-c)	1	\$3,624 - \$4,750	10%	\$ 2,554
LDPP CRIHB Head Start, Elk Valley, Family Service Worker, TBA This position will be responsible for direct contact with both families and local medical/dental providers to help set up appointments, follow ups, secure transportation to appointments, perform home visits and track and report data to the Health and Disability Coordinator monthly for DTI. Site includes 3 classrooms. (Activity 1.1.a-c)	1	\$2,411 - \$3,135	25%	\$ 3,979
LDPP CRIHB Head Start, Manchester, Family Service Worker, TBA This position will be responsible for direct contact with both families and local medical/dental providers to help set up appointments, follow ups, secure transportation to appointments, perform home visits and track and report data to the Health and Disability Coordinator monthly for DTI. (Activity 1.1.a-c)	1	\$2,411 - \$3,135	20%	\$ 3,183
LDPP CRIHB Head Start, Lytton, Family Service Worker, TBA This position will be responsible for direct contact with both families and local medical/dental providers to help set up appointments, follow ups, secure transportation to appointments, perform home visits and track and report data to the Health and Disability Coordinator monthly for DTI. (Activity 1.1.a-c)	1	\$2,411 - \$3,135	20%	\$ 3,183
<b>Total Salary</b>				<b>\$ 66,802</b>
Total Fringe Benefits @ 32% Personnel Costs. Fringe Benefits include: FICA, Retirement, Health Insurance, Dental and Vision Insurance, Life Insurance, Workers Comp, and State Unemployment Insurance.				<b>Fringe Benefits (32%) \$ 21,377</b>
<b>Total Personnel</b>				<b>\$ 88,179</b>

**Operating Expenses**

Office Supplies

\$ 320

Routine office supplies required for DTI LDPP trainings and meetings. Included but not limited to name badges, printing training curriculum, agendas, printer cartridges, pens, and tablet paper. Estimated at \$40 per month x 8 months. (Goals 1-3)

#### Building Rental

\$ 5,690

Includes building rent, lights, heat, air conditioning, building maintenance, bathroom supplies, and janitorial services. The total leased space is divided by the number of work spaces to arrive at a standard number of square feet per work station. The total costs are divided by the number of sq/ft/work station to get a cost per sq/ft. The cost is calculated by multiplying the cost per sq/ft by the number of sq/ft in a work station, times the FTE, times the number of months in the project at that level of cost per sq/ft. \$1.92 cost per sq/ft x 239 sq/ft/work station x 1.55 FTE x 8 months.

#### Utilities

\$ -

No funding for utilities is requested.

**Total Operating Expenses** \$ 6,010

#### Equipment

There is no equipment budgeted.

**Total Equipment Expenses** \$ -

#### Travel (At CalHR reimbursement rates)

##### Staff Travel to Health Programs

\$ 6,705

Program Coordinator travel to Tribal/Urban Indian Health Programs, Head Starts, Early Head Starts, WIC, TANFs to provide in-service trainings and presentations; will visit 18 programs each year. Travel to some programs will occur on the same visit. 1 person x 3 days per trip x 10 trips: Hotel \$90 x 2 nights= \$180 per trip x 10 trips = \$1800; Per diem \$46 x 3 days= \$138 per trip x 10 trips=\$1,380; 3 trips for airfare @ \$275=\$825; 3 trips requiring rental car \$50/day x 3 days=\$150 x 3 trips+ \$10x 3 days x 3 trips=\$90 for airport parking; mileage \$0.54 x 400 miles/trip x 10 trips (Goal 1-3)

Airfare R/T	Hotel	Per Diem	Shuttle & Parking	Mileage	Total Costs
\$ 825	\$ 1,800	\$ 1,380	\$ 540	\$ 2,160	6,705

##### Advisory Committee Travel

\$ 3,500

The LDPP Advisory Committee will attend 2 semi-annual meetings with the CRIHB HSD Director and the LDPP Coordinator to review data and evaluations and direct the course the project takes in order to ensure project goals and objectives are met. Nine (9) Advisory Committee members will attend. Pay for 1 of 2 semi-annual meetings. Expenses to be paid include: airfare, lodging, per diem, mileage to and from airport, ground transportation, airport parking, & any tolls at CalHR rates. Estimated at 9 ACM x \$500 = \$3,500 for one meeting. (Activities: 1.1.d, 3.1.b)

**Total Travel** \$ 10,205

#### Subcontracts

Subcontract with Clinics for Oral Health Care Coordinators

\$ 264,088

To subsidize the cost of participating clinic sites to have a designated oral health care coordinator conduct patient referral, dental integration, and follow-up activities with Medi-Cal beneficiary children ages 1-9. Assists in monitoring and development of program activities, patient recall, and facilitate referrals and dental integration within the tribal health setting. CRIHB will subcontract with Tribal Health Programs. Organizations will serve from 1-2 sites. LDPP Coordinator will provide oversight and maintain ongoing communication with Oral Health Care Coordinators at each of the respective sites. Tribal Health Programs will be required to participate in monthly webinars, submit quarterly reports, and demonstrate progress towards achieving pilot goals. CRIHB will issue prorated funds in 1 full disbursement during PY 1. This does not include other DTI Challenge incentives. The LDPP Coordinator will supervise the subcontract agreement for all participating clinics. No tribal health program may receive funding for more than 2 sites as part of the subcontract. Prorated amount based on the 6.5 months duration of Project Year 1.(Goals 1-3)

##### 1) Chapa De

Personnel	Operating Expenses	Travel	Subcontracts	Indirect Costs	Total Costs
\$ 16,467	\$0	\$0	\$0	\$ 1,267	17,734

##### 2) Greenville Rancheria

Personnel	Operating Expenses	Travel	Subcontracts	Indirect Costs	Total Costs
\$ 14,629	\$0	\$0	\$0	\$ 2,189	16,818

##### 3) Karuk Tribe (2 sites)

Personnel	Operating Expenses	Travel	Subcontracts	Indirect Costs	Total Costs
\$ 28,815	\$0	\$0	\$0	-	28,815

##### 4) Lassen

Personnel	Operating Expenses	Travel	Subcontracts	Indirect Costs	Total Costs
\$ 12,139	\$0	\$0	\$0	\$ 1,942	14,081

##### 5) Northern Valley Indian Health (2 sites)

Personnel	Operating Expenses	Travel	Subcontracts	Indirect Costs	Total Costs
\$ 34,714	\$0	\$0	\$0	\$ 5,424	40,138

##### 6) Pit River

Personnel	Operating Expenses	Travel	Subcontracts	Indirect Costs	Total Costs
\$ 19,933	\$0	\$0	\$0	\$ 1,356	21,289

##### 7) Round Valley Indian Health Center

Personnel	Operating Expenses	Travel	Subcontracts	Indirect Costs	Total Costs
\$ 16,870	\$0	\$0	\$0	\$ 1,268	18,138

##### 8) San Diego American Indian Health

Personnel	Operating Expenses	Travel	Subcontracts	Indirect Costs	Total Costs
\$ 11,288	\$0	\$0	\$0	\$ 1,866	13,154

##### 9) Shingle Springs Tribal Health

Personnel	Operating Expenses	Travel	Subcontracts	Indirect Costs	Total Costs
\$ 10,285	\$0	\$0	\$0	\$ 807	11,092

##### 10) Toiyabe Indian Health Project (2 sites)

California Rural Indian Health Board Inc.  
Dental Transformation Initiative (DTI) Local Dental Pilot Project (LDPP)

Personnel	Operating Expenses	Travel	Subcontracts	Indirect Costs	Total Costs
\$ 26,409	\$0	\$0	\$0	\$ 3,800	\$ 30,209
11) Tule River Indian Health Center					
Personnel	Operating Expenses	Travel	Subcontracts	Indirect Costs	Total Costs
\$ 12,139	\$0	\$0	\$0	\$ 971	\$ 13,110
12) Tuolumne Indian Health Project					
Personnel	Operating Expenses	Travel	Subcontracts	Indirect Costs	Total Costs
\$ 18,618	\$0	\$0	\$0	-	\$ 18,618
13) Tuolumne WIC					
Personnel	Operating Expenses	Travel	Subcontracts	Indirect Costs	Total Costs
\$ 18,360	\$0	\$0	\$0	\$ 2,532	\$ 20,892

Case Management training course - Contractor TBD

\$ 18,000

To develop motivational interviewing skills to enhance patient care. Estimated at \$600/participant x 30 participants.

**Total Subcontracts** \$ 282,088

**Other Costs**

Incentives-Access Goal

\$ 18,000

Annual DTI Challenge 1: \$500 award for each participating tribal health program that meets their Project Year (PY) Access Goal (Activity 1.1.e) \$500 x 18

Annual DTI Challenge 2: \$1,000 award for each participating tribal health program that exceeds their Project Year (PY) Access Goal by more than 1 percentage point . This assumes that nine (9) clinics will exceed their access goal by 1 percentage point above the established benchmark. All sites that achieve DTI Challenge 1 can also potentially meet DTI Challenge 2. (Activity 1.1.f). \$1,000 x 9

**Total Other Costs** \$ 18,000

**Indirect Costs**

CRIHB does not have a federally approved indirect cost rate and elects not to request 20% of the "Total Personnel Salary" excluding Fringe Benefits.

**Indirect Costs** \$ -

**Annual Budget Total** \$ 404,482

**Note:** The Annual Budget Total should exclude any expenditures that would otherwise be paid for by other funding sources such as Denti-Cal reimbursement.

**Exhibit B Attachment II**  
**Budget Narrative**  
**Year 2**  
**01/01/2018 through 12/31/2018**

**Personnel**

Position Title	# of Staff	Monthly Salary Range	FTE %	Year 2 Cost (12 months)
Health Systems Development (HSD) Director, Rosario Arreola Pro The Director is responsible for the overall development, administration and supervision of all programs and staff within the Health Systems Development Department. The department director participates in the Advisory Committee meetings and oversees all personnel participating in the project. Helps to identify training resources and presenters as part of the Annual Best Practices Conference and Annual Dental Conference. Assists with determining DTI Challenge goals and will serve as lead contact as it pertains to the State of CA (Activities: 1.1.d.-e; 3.1.b-c)	1	\$7,531 - \$9,791	10%	\$ 11,036
LDPP Program Coordinator, To Be Hired This position is responsible for the day to day planning, coordination, implementation and evaluation of the Local Dental Pilot Program. The Coordinator is responsible for arranging all trainings, including case management, monthly webinars, monthly Advisory Committee meetings, and onsite trainings; Gathers and analyzes data regarding pilot measures, including oral health access, caries risk assessment, and continuity of care at participating tribal health programs. Facilitates communication among Oral Health Care Coordinators at all sites and engages key clinic and leadership in dental integration efforts, including CRA utilization and workflow redesign. In addition to helping to formalize MOU, oversees DTI Challenge 1 & 2, and prepares and submits quarterly and yearly reports to DHCS (Activities: 1.1.a.-1.1.f., 2.1.a.-2.1.d., 3.1.a.-3.1.e.)	1	\$4,809 - \$6,869	100%	\$ 67,326
EHR Systems Specialist, Bryan Boroski The EHR Systems Specialist will maintain a caries risk assessment template in the EHR.(Activities 1.1.c-d)	1	\$6,333 - \$8,233	10%	\$ 8,069
LDPP Data Analyst, TBA The Data Analyst is responsible for providing technical consulting and assistance with data aggregation and analysis of quarterly reports to identify trends in dental access, fluoride varnish application, caries risk assessment, and continuity of care. (Goals 1-3)	1	\$4,809 - \$6,869	10%	\$ 6,733
Administrative Assistant, Stacey Stone The Administrative Assistant will provide administrative support to the LDPP Coordinator. This includes developing training announcements, coordinates events registration and makes travel arrangements for program participants, confirmation of meeting facilities, processes staff & participant travel, and purchase requisitions. Assists with scheduling monthly webinars and Advisory Committee calls, and is involved putting together email blasts and telephone surveys. Purchase of supplies. (1.1.a, 1.1.d.-1.1.f., 3.1.c, 3.1.e.)	1	\$3,570 - \$4,641	15%	\$ 7,065
LDPP CRIHB Head Start, Central Office Health & Disabilities Coordinator, TBA This position will design, track, and analyze data received from each of the Family Services Workers at CRIHB's 3 Head Start sites to ensure that children with key indicators in targeted age groups and medical needs receive the services, inclusive of dental appointment, consistent of referrals, exams, follow ups by contracting with local medical provider parents. This person will dedicate their time to working directly with families to help the FSWs reach targeted population. (Activity 1.1.a-c)	1	\$3,624 - \$4,750	10%	\$ 4,695
LDPP CRIHB Head Start, Elk Valley, Family Service Worker, TBA This position will be responsible for direct contact with both families and local medical/dental providers to help set up appointments, follow ups, secure transportation to appointments, perform home visits and track and report data to the Health and Disability Coordinator monthly for DTI. Site includes 3 classrooms. (Activity 1.1.a-c)	1	\$2,411 - \$3,135	25%	\$ 5,815
LDPP CRIHB Head Start, Manchester, Family Service Worker, TBA This position will be responsible for direct contact with both families and local medical/dental providers to help set up appointments, follow ups, secure transportation to appointments, perform home visits and track and report data to the Health and Disability Coordinator monthly for DTI. (Activity 1.1.a-c)	1	\$2,411 - \$3,135	20%	\$ 4,652
LDPP CRIHB Head Start, Lytton, Family Service Worker, TBA This position will be responsible for direct contact with both families and local medical/dental providers to help set up appointments, follow ups, secure transportation to appointments, perform home visits and track and report data to the Health and Disability Coordinator monthly for DTI. (Activity 1.1.a-c)	1	\$2,411 - \$3,135	20%	\$ 4,652
<b>Total Salary</b>				<b>\$ 120,043</b>
Fringe Benefits @ 32% Personnel Costs. Fringe Benefits include: FICA, Retirement, Health Insurance, Dental and Vision Insurance, Life Insurance, Workers Comp, and State Unemployment Insurance.				<b>Fringe Benefits (32%) \$ 38,414</b>
<b>Total Personnel</b>				<b>\$ 158,457</b>

**Operating Expenses**

Office Supplies \$ 480

Routine office supplies required for DTI LDPP trainings and meetings. Included but not limited to name badges, printing training curriculum, agendas, printer cartridges, pens, and tablet paper. Estimated at \$40 per month x 12 months. (Goals 1-3)

#### Building Rental

\$ 6,880

Includes building rent, lights, heat, air conditioning, building maintenance, bathroom supplies, and janitorial services. The total leased space is divided by the number of work spaces to arrive at a standard number of square feet per work station. The total costs are divided by the number of sq/ft/work station to get a cost per sq/ft. The cost is calculated by multiplying the cost per sq/ft by the number of sq/ft in a work station, times the FTE, times the number of months in the project at that level of cost per sq/ft. \$1.92 cost per sq/ft x 239 sq/ft/work station x 1.25 FTE x 12 months.

#### Utilities

\$ -

No funding for utilities is requested.

**Total Operating Expenses** \$ 7,360

#### Equipment

There is no equipment budgeted.

**Total Equipment Expenses** \$ -

#### Travel (At CalHR reimbursement rates)

##### Staff Travel to Health Programs

\$ 6,705

Program Coordinator travel to Tribal/Urban Indian Health Programs, Head Starts, Early Head Starts, WIC, TANFs to provide in-service trainings and presentations; will visit 18 programs each year. Travel to some programs will occur on the same visit. 1 person x 3 days per trip x 10 trips: Hotel \$90 x 2 nights= \$180 per trip x 10 trips = \$1800; Per diem \$46 x 3 days= \$138 per trip x 10 trips=\$1,380; 3 trips for airfare @ \$275=\$825; 3 trips requiring rental car \$50/day x 3 days=\$150 x 3 trips+\$10x 3 days x 3 trips=\$90 for airport parking; mileage \$0.54 x 400 miles/trip x 10 trips (Goal 1-3)

Airfare R/T	Hotel	Per Diem	Shuttle & Parking	Mileage	Total Costs
\$ 825	\$ 1,800	\$ 1,380	\$ 540	\$ 2,160	\$ 6,705

##### Advisory Committee Travel

\$ 3,500

The LDPP Advisory Committee will attend 2 semi-annual meetings with the CRIHB HSD Director and the LDPP Coordinator to review data and evaluations and direct the course the project takes in order to ensure project goals and objectives are met. Nine (9) Advisory Committee members will attend. Pay for 1 of 2 semi-annual meetings. Expenses to be paid include: airfare, lodging, per diem, mileage to and from airport, ground transportation, airport parking, & any tolls at CalHR rates. Estimated at 9 ACM x \$500 = \$3,500 for one meeting. (Activities: 1.1.d, 3.1.b)

**Total Travel** \$ 10,205

#### Subcontracts

##### Subcontract with Clinics for Oral Health Care Coordinators

\$ 509,049

To subsidize the cost of participating clinic sites to have a designated oral health care coordinator conduct patient referral, dental integration, and follow-up activities with Medi-Cal beneficiary children ages 1-9. Assists in monitoring and development of program activities, patient recall, and facilitate referrals and dental integration within the tribal health setting. CRIHB will subcontract with Tribal Health Programs. Organizations will serve from 1-2 sites. LDPP Coordinator will provide oversight and maintain ongoing communication with Oral Health Care Coordinators at each of the respective sites. Tribal Health Programs will be required to participate in monthly webinars, submit quarterly reports, and demonstrate progress towards achieving pilot goals. CRIHB will issue prorated funds in 1 full disbursement during PY 1. This does not include other DTI Challenge incentives. The LDPP Coordinator will supervise the subcontract agreement for all participating clinics. No tribal health program may receive funding for more than 2 sites as part of the subcontract. (Goal 1-3)

##### 1) Chapa De

Personnel	Operating Expenses	Travel	Subcontracts	Indirect Costs	Total Costs
\$ 33,470	\$ 0	\$ 0	\$ 0	\$ 2,575	\$ 36,045

##### 2) Greenville Rancheria

Personnel	Operating Expenses	Travel	Subcontracts	Indirect Costs	Total Costs
\$ 28,087	\$ 0	\$ 0	\$ 0	\$ 4,203	\$ 32,290

##### 3) Karuk Tribe (2 sites)

Personnel	Operating Expenses	Travel	Subcontracts	Indirect Costs	Total Costs
\$ 55,324	\$ 0	\$ 0	\$ 0	\$ -	\$ 55,324

##### 4) Lassen

Personnel	Operating Expenses	Travel	Subcontracts	Indirect Costs	Total Costs
\$ 23,306	\$ 0	\$ 0	\$ 0	\$ 3,729	\$ 27,035

##### 5) Northern Valley Indian Health (2 sites)

Personnel	Operating Expenses	Travel	Subcontracts	Indirect Costs	Total Costs
\$ 66,656	\$ 0	\$ 0	\$ 0	\$ 10,414	\$ 77,070

##### 6) Pit River

Personnel	Operating Expenses	Travel	Subcontracts	Indirect Costs	Total Costs
\$ 38,272	\$ 0	\$ 0	\$ 0	\$ 2,604	\$ 40,876

##### 7) Round Valley Indian Health Center

Personnel	Operating Expenses	Travel	Subcontracts	Indirect Costs	Total Costs
\$ 32,391	\$ 0	\$ 0	\$ 0	\$ 2,434	\$ 34,825

##### 8) San Diego American Indian Health

California Rural Indian Health Board Inc.  
Dental Transformation Initiative (DTI) Local Dental Pilot Project (LDPP)

Personnel	Operating Expenses	Travel	Subcontracts	Indirect Costs	Total Costs
\$ 21,673	\$0	\$0	\$0	\$ 3,582	\$ 25,255
9) Shingle Springs Tribal Health					
Personnel	Operating Expenses	Travel	Subcontracts	Indirect Costs	Total Costs
\$ 19,748	\$0	\$0	\$0	\$ 1,549	\$ 21,297
10) Toiyabe Indian Health Project (2 sites)					
Personnel	Operating Expenses	Travel	Subcontracts	Indirect Costs	Total Costs
\$ 50,706	\$0	\$0	\$0	\$ 7,296	\$ 58,002
11) Tule River Indian Health Center					
Personnel	Operating Expenses	Travel	Subcontracts	Indirect Costs	Total Costs
\$ 23,306	\$0	\$0	\$0	\$ 1,865	\$ 25,171
12) Tuolumne Indian Health Project					
Personnel	Operating Expenses	Travel	Subcontracts	Indirect Costs	Total Costs
\$ 35,746	\$0	\$0	\$0	-	\$ 35,746
13) Tuolumne WIC					
Personnel	Operating Expenses	Travel	Subcontracts	Indirect Costs	Total Costs
\$ 35,251	\$0	\$0	\$0	\$ 4,862	\$ 40,113

Case Management training course - Contractor TBD

\$ 9,000

To develop motivational interviewing skills to enhance patient care. Estimated at \$600/participant x 15 participants. This will help provide training for any new Oral Health Care Coordinators.

**Total Subcontracts** \$ 518,049

**Other Costs**

Incentives-Access Goal

\$ 18,000

Annual DTI Challenge 1: \$500 award for each participating tribal health program that meets their Project Year (PY) Access Goal (Activity 1.1.e) \$500 x 18

Annual DTI Challenge 2: \$1,000 award for each participating tribal health program that exceeds their Project Year (PY) Access Goal by more than 1 percentage point. This assumes that nine (9) clinics will exceed their access goal by 1 percentage point above the established benchmark. All sites that achieve DTI Challenge 1 have the potential to achieve DTI Challenge 2. (Activity 1.1.f). \$1,000 x 9

**Total Other Costs** \$ 18,000

**Indirect Costs**

CRHIB does not have a federally approved indirect cost rate and elects not to request 20% of the "Total Personnel Salary" excluding Fringe Benefits.

**Indirect Costs** \$ -

**Annual Budget Total** \$ 712,071

**Note:** The Annual Budget Total should exclude any expenditures that would otherwise be paid for by other funding sources such as Denti-Cal reimbursement.

**Exhibit B Attachment III**  
**Budget Narrative**  
**Year 3**  
**01/01/2019 through 12/31/2019**

**Personnel**

Position Title	# of Staff	Monthly Salary Range	FTE %	Year 3 Cost (12 months)
Health Systems Development (HSD) Director, Rosario Arreola Pro  The Director is responsible for the overall development, administration and supervision of all programs and staff within the Health Systems Development Department. The department director participates in the Advisory Committee meetings and oversees all personnel participating in the project. Helps to identify training resources and presenters as part of the Annual Best Practices Conference and Annual Dental Conference. Assists with determining DTI Challenge goals and will serve as lead contact as it pertains to the State of CA (Activities: 1.1.d.-e; 3.1.b-c)	1	\$7,531 - \$9,791	10%	\$ 11,285
LDPP Program Coordinator, To Be Hired  This position is responsible for the day to day planning, coordination, implementation and evaluation of the Local Dental Pilot Program. The Coordinator is responsible for arranging all trainings, including case management, monthly webinars, monthly Advisory Committee meetings, and onsite trainings; Gathers and analyzes data regarding pilot measures, including oral health access, caries risk assessment, and continuity of care at participating tribal health programs. Facilitates communication among Oral Health Care Coordinators at all sites and engages key clinic and leadership in dental integration efforts, including CRA utilization and workflow redesign. In addition to helping to formalize MOU, oversees DTI Challenge 1 & 2 , and prepares and submits quarterly and yearly reports to DHCS (Activities: 1.1.a.-1.1.f., 2.1.a.-2.1.d.,3.1.a.-3.1.e.)	1	\$4,809 - \$6,869	100%	\$ 68,847
EHR Systems Specialist, Bryan Boroski The EHR Systems Specialist will maintain a caries risk assessment template in the EHR.(Activities 1.1.c-d)	1	\$6,333 - \$8,233	10%	\$ 8,252
LDPP Data Analyst, TBA The Data Analyst is responsible for providing technical consulting and assistance with data aggregation and analysis of quarterly reports to identify trends in dental access, fluoride varnish application, caries risk assessment, and continuity of care. (Goals 1-3)	1	\$4,809 - \$6,869	10%	\$ 6,885
Administrative Assistant, Stacey Stone The Administrative Assistant will provide administrative support to the LDPP Coordinator. This includes developing training announcements, coordinates events registration and makes travel arrangements for program participants, confirmation of meeting facilities, processes staff & participant travel, and purchase requisitions. Assists with scheduling monthly webinars and Advisory Committee calls, and is involved putting together email blasts and telephone surveys. Purchase of supplies. (1.1.a, 1.1.d.-1.1.f., 3.1.c, 3.1.e.)	1	\$3,570 - \$4,641	15%	\$ 7,225
LDPP CRIHB Head Start, Central Office Health & Disabilities Coordinator, TBA This position will design, track, and analyze data received from each of the Family Services Workers at CRIHB's 3 Head Start sites to ensure that children with key indicators in targeted age groups and medical needs receive the services, inclusive of dental appointment, consistent of referrals, exams, follow ups by contracting with local medical provider parents. This person will dedicate their time to working directly with families to help the FSWs reach targeted population. (Activity 1.1.a-c)	1	\$3,624 - \$4,750	10%	\$ 5,634
LDPP CRIHB Head Start, Elk Valley, Family Service Worker, TBA This position will be responsible for direct contact with both families and local medical/dental providers to help set up appointments, follow ups, secure transportation to appointments, perform home visits and track and report data to the Health and Disability Coordinator monthly for DTI. Site includes 3 classrooms. (Activity 1.1.a-c)	1	\$2,411 - \$3,135	25%	\$ 6,978
LDPP CRIHB Head Start, Manchester, Family Service Worker, TBA This position will be responsible for direct contact with both families and local medical/dental providers to help set up appointments, follow ups, secure transportation to appointments, perform home visits and track and report data to the Health and Disability Coordinator monthly for DTI. (Activity 1.1.a-c)	1	\$2,411 - \$3,135	20%	\$ 5,582
LDPP CRIHB Head Start, Lytton, Family Service Worker, TBA This position will be responsible for direct contact with both families and local medical/dental providers to help set up appointments, follow ups, secure transportation to appointments, perform home visits and track and report data to the Health and Disability Coordinator monthly for DTI. (Activity 1.1.a-c)	1	\$2,411 - \$3,135	20%	\$ 5,582
<b>Total Salary</b>				<b>\$ 126,270</b>
Fringe Benefits @ 32% Personnel Costs. Fringe Benefits include: FICA, Retirement, Health Insurance, Dental and Vision Insurance, Life Insurance, Workers Comp, and State Unemployment Insurance.				<b>Fringe Benefits (32%) \$ 40,406</b>
<b>Total Personnel</b>				<b>\$ 166,676</b>

**Operating Expenses**

Office Supplies \$ 480

Routine office supplies required for DTI LDPP trainings and meetings. Included but not limited to name badges, printing training curriculum, agendas, printer cartridges, pens, and tablet paper. Estimated at \$40 per month x 12 months. (Goals 1-3)

#### Building Rental

Includes building rent, lights, heat, air conditioning, building maintenance, bathroom supplies, and janitorial services. The total leased space is divided by the number of work spaces to arrive at a standard number of square feet per work station. The total costs are divided by the number of sq/ft/work station to get a cost per sq/ft. The cost is calculated by multiplying the cost per sq/ft by the number of sq/ft in a work station, times the FTE, times the number of months in the project at that level of cost per sq/ft. \$1.92 cost per sq/ft x 239 sq/ft/work station x 1.25 FTE x 12 months.

#### Utilities

No funding for utilities is requested.

**Total Operating Expenses** \$ 7,360

#### Equipment

There is no equipment budgeted.

**Total Equipment Expenses** \$ -

#### Travel (At CalHR reimbursement rates)

##### Staff Travel to Health Programs

Program Coordinator travel to Tribal/Urban Indian Health Programs, Head Starts, Early Head Starts, WIC, TANFs to provide in-service trainings and presentations; will visit 18 programs each year. Travel to some programs will occur on the same visit. 1 person x 3 days per trip x 10 trips: Hotel \$90 x 2 nights = \$180 per trip x 10 trips = \$1800; Per diem \$46 x 3 days = \$138 per trip x 10 trips = \$1,380; 3 trips for airfare @ \$275 = \$825; 3 trips requiring rental car \$50/day x 3 days = \$150 x 3 trips = \$450; 3 trips = \$90 for airport parking; mileage \$0.54 x 400 miles/trip x 10 trips (Goal 1-3)

Airfare R/T	Hotel	Per Diem	Shuttle & Parking	Mileage	Total Costs
\$ 825	\$ 1,800	\$ 1,380	\$ 540	\$ 2,160	\$ 6,705

##### Advisory Committee Travel

The LDPP Advisory Committee will attend 2 semi-annual meetings with the CRIHB HSD Director and the LDPP Coordinator to review data and evaluations and direct the course the project takes in order to ensure project goals and objectives are met. Nine (9) Advisory Committee members will attend. Pay for 1 of 2 semi-annual meetings. Expenses to be paid include: airfare, lodging, per diem, mileage to and from airport, ground transportation, airport parking, & any tolls at CalHR rates. Estimated at 9 ACM x \$500 = \$3,500 for one meeting. (Activities: 1.1.d, 3.1.b)

**Total Travel** \$ 10,205

#### Subcontracts

##### Subcontract with Clinics for Oral Health Care Coordinators

To subsidize the cost of participating clinic sites to have a designated oral health care coordinator conduct patient referral, dental integration, and follow-up activities with Medi-Cal beneficiary children ages 1-9. Assists in monitoring and development of program activities, patient recall, and facilitate referrals and dental integration within the tribal health setting. CRIHB will subcontract with Tribal Health Programs. Organizations will serve from 1-2 sites. LDPP Coordinator will provide oversight and maintain ongoing communication with Oral Health Care Coordinators at each of the respective sites. Tribal Health Programs will be required to participate in monthly webinars, submit quarterly reports, and demonstrate progress towards achieving pilot goals. CRIHB will issue prorated funds in 1 full disbursement during PY 1. This does not include other DTI Challenge incentives. The LDPP Coordinator will supervise the subcontract agreement for all participating clinics. No tribal health program may receive funding for more than 2 sites as part of the subcontract. (Goal 1-3)

##### 1) Chapa De

Personnel	Operating Expenses	Travel	Subcontracts	Indirect Costs	Total Costs
\$ 34,811	\$0	\$0	\$0	\$ 2,678	\$ 37,489

##### 2) Greenville Rancheria

Personnel	Operating Expenses	Travel	Subcontracts	Indirect Costs	Total Costs
\$ 29,211	\$0	\$0	\$0	\$ 4,371	\$ 33,582

##### 3) Karuk Tribe (2 sites)

Personnel	Operating Expenses	Travel	Subcontracts	Indirect Costs	Total Costs
\$ 57,537	\$0	\$0	\$0	\$ -	\$ 57,537

##### 4) Lassen

Personnel	Operating Expenses	Travel	Subcontracts	Indirect Costs	Total Costs
\$ 24,239	\$0	\$0	\$0	\$ 3,878	\$ 28,117

##### 5) Northern Valley Indian Health (2 sites)

Personnel	Operating Expenses	Travel	Subcontracts	Indirect Costs	Total Costs
\$ 69,322	\$0	\$0	\$0	\$ 10,831	\$ 80,153

##### 6) Pit River

Personnel	Operating Expenses	Travel	Subcontracts	Indirect Costs	Total Costs
\$ 39,803	\$0	\$0	\$0	\$ 2,708	\$ 42,511

##### 7) Round Valley Indian Health Center

Personnel	Operating Expenses	Travel	Subcontracts	Indirect Costs	Total Costs
\$ 33,686	\$0	\$0	\$0	\$ 2,531	\$ 36,217

##### 8) San Diego American Indian Health

California Rural Indian Health Board Inc.  
Dental Transformation Initiative (DTI) Local Dental Pilot Project (LDPP)

Personnel	Operating Expenses	Travel	Subcontracts	Indirect Costs	Total Costs
\$ 22,540	\$0	\$0	\$0	\$ 3,726	\$ 26,266
9) Shingle Springs Tribal Health					
Personnel	Operating Expenses	Travel	Subcontracts	Indirect Costs	Total Costs
\$ 20,538	\$0	\$0	\$0	\$ 1,611	\$ 22,149
10) Toiyabe Indian Health Project (2 sites)					
Personnel	Operating Expenses	Travel	Subcontracts	Indirect Costs	Total Costs
\$ 52,734	\$0	\$0	\$0	\$ 7,588	\$ 60,322
11) Tule River Indian Health Center					
Personnel	Operating Expenses	Travel	Subcontracts	Indirect Costs	Total Costs
\$ 24,239	\$0	\$0	\$0	\$ 1,939	\$ 26,178
12) Tuolumne Indian Health Project					
Personnel	Operating Expenses	Travel	Subcontracts	Indirect Costs	Total Costs
\$ 37,176	\$0	\$0	\$0	-	\$ 37,176
13) Tuolumne WIC					
Personnel	Operating Expenses	Travel	Subcontracts	Indirect Costs	Total Costs
\$ 36,661	\$0	\$0	\$0	\$ 5,057	\$ 41,718

Case Management training course - Contractor TBD

\$ 9,000

To develop motivational interviewing skills to enhance patient care. Estimated at \$600/participant x 15 participants. This will help provide training for any new Oral Health Care Coordinators.

**Total Subcontracts** \$ 538,415

**Other Costs**

Incentives-Access Goal

\$ 18,000

Annual DTI Challenge 1: \$500 award for each participating tribal health program that meets their Project Year (PY) Access Goal (Activity 1.1.e) \$500 x 18

Annual DTI Challenge 2: \$1,000 award for each participating tribal health program that exceeds their Project Year (PY) Access Goal by more than 1 percentage point. This assumes that nine (9) clinics will exceed their access goal by 1 percentage point above the established benchmark. All sites that achieve DTI Challenge 1 have the potential to achieve DTI Challenge 2. (Activity 1.1.f). \$1,000 x 9

**Total Other Costs** \$ 18,000

**Indirect Costs**

CRHIB does not have a federally approved indirect cost rate and elects not to request 20% of the "Total Personnel Salary" excluding Fringe Benefits.

**Indirect Costs** \$ -

**Annual Budget Total** \$ 740,656

**Note:** The Annual Budget Total should exclude any expenditures that would otherwise be paid for by other funding sources such as Denti-Cal reimbursement.

**Exhibit B Attachment IV**  
**Budget Narrative**  
**Year 4**  
**01/01/2020 through 12/31/2020**

**Personnel**

Position Title	# of Staff	Monthly Salary Range	FTE %	Year 4 Cost (12 months)
Health Systems Development (HSD) Director, Rosario Arreola Pro The Director is responsible for the overall development, administration and supervision of all programs and staff within the Health Systems Development Department. The department director participates in the Advisory Committee meetings and oversees all personnel participating in the project. Helps to identify training resources and presenters as part of the Annual Best Practices Conference and Annual Dental Conference. Assists with determining DTI Challenge goals and will serve as lead contact as it pertains to the State of CA (Activities: 1.1.d.-e; 3.1.b-c)	1	\$7,531 - \$9,791	10%	\$ 11,538
LDPP Program Coordinator, To Be Hired This position is responsible for the day to day planning, coordination, implementation and evaluation of the Local Dental Pilot Program. The Coordinator is responsible for arranging all trainings, including case management, monthly webinars, monthly Advisory Committee meetings, and onsite trainings; Gathers and analyzes data regarding pilot measures, including oral health access, caries risk assessment, and continuity of care at participating tribal health programs. Facilitates communication among Oral Health Care Coordinators at all sites and engages key clinic and leadership in dental integration efforts, including CRA utilization and workflow redesign. In addition to helping to formalize MOU, oversees DTI Challenge 1 & 2 , and prepares and submits quarterly and yearly reports to DHCS (Activities: 1.1.a.-1.1.f., 2.1.a.-2.1.d.,3.1.a.-3.1.e.)	1	\$4,809 - \$6,869	100%	\$ 70,669
EHR Systems Specialist, Bryan Boroski The EHR Systems Specialist will maintain a caries risk assessment template in the EHR.(Activities 1.1.c-d)	1	\$6,333 - \$8,233	10%	\$ 8,470
LDPP Data Analyst, TBA The Data Analyst is responsible for providing technical consulting and assistance with data aggregation and analysis of quarterly reports to identify trends in dental access, fluoride varnish application, caries risk assessment, and continuity of care. (Goals 1-3)	1	\$4,809 - \$6,869	10%	\$ 7,067
Administrative Assistant, Stacey Stone The Administrative Assistant will provide administrative support to the LDPP Coordinator. This includes developing training announcements, coordinates events registration and makes travel arrangements for program participants, confirmation of meeting facilities, processes staff & participant travel, and purchase requisitions. Assists with scheduling monthly webinars and Advisory Committee calls, and is involved putting together email blasts and telephone surveys. Purchase of supplies. (1.1.a, 1.1.d.-1.1.f., 3.1.c, 3.1.e.)	1	\$3,570 - \$4,641	15%	\$ 7,402
LDPP CRIHB Head Start, Central Office Health & Disabilities Coordinator, TBA This position will design, track, and analyze data received from each of the Family Services Workers at CRIHB's 3 Head Start sites to ensure that children with key indicators in targeted age groups and medical needs receive the services, inclusive of dental appointment, consistent of referrals, exams, follow ups by contracting with local medical provider parents. This person will dedicate their time to working directly with families to help the FSWs reach targeted population. (Activity 1.1.a-c)	1	\$3,624 - \$4,750	10%	\$ 5,634
LDPP CRIHB Head Start, Elk Valley, Family Service Worker, TBA This position will be responsible for direct contact with both families and local medical/dental providers to help set up appointments, follow ups, secure transportation to appointments, perform home visits and track and report data to the Health and Disability Coordinator monthly for DTI. Site includes 3 classrooms. (Activity 1.1.a-c)	1	\$2,411 - \$3,135	25%	\$ 6,978
LDPP CRIHB Head Start, Manchester, Family Service Worker, TBA This position will be responsible for direct contact with both families and local medical/dental providers to help set up appointments, follow ups, secure transportation to appointments, perform home visits and track and report data to the Health and Disability Coordinator monthly for DTI. (Activity 1.1.a-c)	1	\$2,411 - \$3,135	20%	\$ 5,582
LDPP CRIHB Head Start, Lytton, Family Service Worker, TBA This position will be responsible for direct contact with both families and local medical/dental providers to help set up appointments, follow ups, secure transportation to appointments, perform home visits and track and report data to the Health and Disability Coordinator monthly for DTI. (Activity 1.1.a-c)	1	\$2,411 - \$3,135	20%	\$ 5,582
<b>Total Salary</b>				\$ 128,922
Fringe Benefits @ 32% Personnel Costs. Fringe Benefits include: FICA, Retirement, Health Insurance, Dental and Vision Insurance, Life Insurance, Workers Comp, and State Unemployment Insurance.				
<b>Fringe Benefits (32%)</b>				\$ 41,255

**Total Personnel** **\$ 170,177**

**Operating Expenses**

Office Supplies **\$ 480**

Routine office supplies required for DTI LDPP trainings and meetings. Included but not limited to name badges, printing training curriculum, agendas, printer cartridges, pens, and tablet paper. Estimated at \$40 per month x 12 months. (Goals 1-3)

**Building Rental**

\$ 6,880

Includes building rent, lights, heat, air conditioning, building maintenance, bathroom supplies, and janitorial services. The total leased space is divided by the number of work spaces to arrive at a standard number of square feet per work station. The total costs are divided by the number of sq/ft/work station to get a cost per sq/ft. The cost is calculated by multiplying the cost per sq/ft by the number of sq/ft in a work station, times the FTE, times the number of months in the project at that level of cost per sq/ft. \$1.92 cost per sq/ft x 239 sq/ft/work station x 1.25 FTE x 12 months.

**Utilities**

\$ -

No funding for utilities is requested.

**Total Operating Expenses** \$ 7,360

**Equipment**

There is no equipment budgeted.

**Total Equipment Expenses** \$ -

**Travel** (At CalHR reimbursement rates)

**Staff Travel to Health Programs**

\$ 6,705

Program Coordinator travel to Tribal/Urban Indian Health Programs, Head Starts, Early Head Starts, WIC, TANFs to provide in-service trainings and presentations; will visit 18 programs each year. Travel to some programs will occur on the same visit. 1 person x 3 days per trip x 10 trips: Hotel \$90 x 2 nights = \$180 per trip x 10 trips = \$1800; Per diem \$46 x 3 days = \$138 per trip x 10 trips = \$1,380; 3 trips for airfare @ \$275 = \$825; 3 trips requiring rental car \$50/day x 3 days = \$150 x 3 trips = \$150 x 3 days x 3 trips = \$90 for airport parking; mileage \$0.54 x 400 miles/trip x 10 trips (Goal 1-3)

Airfare R/T	Hotel	Per Diem	Shuttle & Parking	Mileage	Total Costs
\$ 825	\$ 1,800	\$ 1,380	\$ 540	\$ 2,160	\$ 6,705

**Advisory Committee Travel**

\$ 3,500

The LDPP Advisory Committee will attend 2 semi-annual meetings with the CRIHB HSD Director and the LDPP Coordinator to review data and evaluations and direct the course the project takes in order to ensure project goals and objectives are met. Nine (9) Advisory Committee members will attend. Pay for 1 of 2 semi-annual meetings. Expenses to be paid include: airfare, lodging, per diem, mileage to and from airport, ground transportation, airport parking, & any tolls at CalHR rates. Estimated at 9 ACM x \$500 = \$3,500 for one meeting. (Activities: 1.1.d, 3.1.b)

**Total Travel** \$ 10,205

**Subcontracts**

**Subcontract with Clinics for Oral Health Care Coordinators**

\$ 550,587

To subsidize the cost of participating clinic sites to have a designated oral health care coordinator conduct patient referral, dental integration, and follow-up activities with Medi-Cal beneficiary children ages 1-9. Assists in monitoring and development of program activities, patient recall, and facilitate referrals and dental integration within the tribal health setting. CRIHB will subcontract with Tribal Health Programs. Organizations will serve from 1-2 sites. LDPP Coordinator will provide oversight and maintain ongoing communication with Oral Health Care Coordinators at each of the respective sites. Tribal Health Programs will be required to participate in monthly webinars, submit quarterly reports, and demonstrate progress towards achieving pilot goals. CRIHB will issue prorated funds in 1 full disbursement during PY 1. This does not include other DTI Challenge incentives. The LDPP Coordinator will supervise the subcontract agreement for all participating clinics. No tribal health program may receive funding for more than 2 sites as part of the subcontract. (Goal 1-3)

**1) Chapa De**

Personnel	Operating Expenses	Travel	Subcontracts	Indirect Costs	Total Costs
\$ 36,200	\$ 0	\$ 0	\$ 0	\$ 2,785	\$ 38,985

**2) Greenville Rancheria**

Personnel	Operating Expenses	Travel	Subcontracts	Indirect Costs	Total Costs
\$ 30,379	\$ 0	\$ 0	\$ 0	\$ 4,546	\$ 34,925

**3) Karuk Tribe (2 sites)**

Personnel	Operating Expenses	Travel	Subcontracts	Indirect Costs	Total Costs
\$ 59,838	\$ 0	\$ 0	\$ 0	\$ -	\$ 59,838

**4) Lassen**

Personnel	Operating Expenses	Travel	Subcontracts	Indirect Costs	Total Costs
\$ 25,209	\$ 0	\$ 0	\$ 0	\$ 4,033	\$ 29,242

**5) Northern Valley Indian Health (2 sites)**

Personnel	Operating Expenses	Travel	Subcontracts	Indirect Costs	Total Costs
\$ 72,095	\$ 0	\$ 0	\$ 0	\$ 11,264	\$ 83,359

**6) Pit River**

Personnel	Operating Expenses	Travel	Subcontracts	Indirect Costs	Total Costs
\$ 41,395	\$ 0	\$ 0	\$ 0	\$ 2,816	\$ 44,211

**7) Round Valley Indian Health Center**

Personnel	Operating Expenses	Travel	Subcontracts	Indirect Costs	Total Costs
\$ 35,035	\$ 0	\$ 0	\$ 0	\$ 2,632	\$ 37,667

**8) San Diego American Indian Health**

California Rural Indian Health Board Inc.  
Dental Transformation Initiative (DTI) Local Dental Pilot Project (LDPP)

Personnel	Operating Expenses	Travel	Subcontracts	Indirect Costs	Total Costs
\$ 23,442	\$0	\$0	\$0	\$ 3,875	\$ 27,317
9) Shingle Springs Tribal Health					
Personnel	Operating Expenses	Travel	Subcontracts	Indirect Costs	Total Costs
\$ 21,359	\$0	\$0	\$0	\$ 1,675	\$ 23,034
10) Toiyabe Indian Health Project (2 sites)					
Personnel	Operating Expenses	Travel	Subcontracts	Indirect Costs	Total Costs
\$ 54,844	\$0	\$0	\$0	\$ 7,891	\$ 62,735
11) Tule River Indian Health Center					
Personnel	Operating Expenses	Travel	Subcontracts	Indirect Costs	Total Costs
\$ 25,208	\$0	\$0	\$0	\$ 2,017	\$ 27,225
12) Tuolumne Indian Health Project					
Personnel	Operating Expenses	Travel	Subcontracts	Indirect Costs	Total Costs
\$ 38,663	\$0	\$0	\$0	-	\$ 38,663
13) Tuolumne WIC					
Personnel	Operating Expenses	Travel	Subcontracts	Indirect Costs	Total Costs
\$ 38,127	\$0	\$0	\$0	\$ 5,259	\$ 43,386

Case Management training course - Contractor TBD

\$ 4,800

To develop motivational interviewing skills to enhance patient care. Estimated at \$600/participant x 8 participants. This will help provide training for any new Oral Health Care Coordinators.

**Total Subcontracts** \$ 555,387

**Other Costs**

Incentives-Access Goal

\$ 18,000

Annual DTI Challenge 1: \$500 award for each participating tribal health program that meets their Project Year (PY) Access Goal (Activity 1.1.e) \$500 x 18

Annual DTI Challenge 2: \$1,000 award for each participating tribal health program that exceeds their Project Year (PY) Access Goal by more than 1 percentage point. This assumes that nine (9) clinics will exceed their access goal by 1 percentage point above the established benchmark. All sites that achieve DTI Challenge 1 have the potential to achieve DTI Challenge 2. (Activity 1.1.f). \$1,000 x 9

**Total Other Costs** \$ 18,000

**Indirect Costs**

CRIHB does not have a federally approved indirect cost rate and elects not to request 20% of the "Total Personnel Salary" excluding Fringe Benefits.

**Indirect Costs** \$ -

**Annual Budget Total** \$ 761,129

**Note:** The Annual Budget Total should exclude any expenditures that would otherwise be paid for by other funding sources such as Denti-Cal reimbursement.

**Exhibit B Attachment I**  
**Budget**  
**06/15/2017 through 12/31/2017**

**Personnel**

Position Title	# of Staff	Monthly Salary Range	FTE %	Year 1 Cost (6.5 Months)
Oral Health Care Coordinator	1	\$ 3,897	50%	\$ 12,666.62
<b>Total Salary</b>				<b>\$ 12,667</b>

**Fringe Benefits (30%)** \$ 3,800

**Total Personnel** \$ 16,467

**Operating Expenses**

Office Supplies  
Building Rental  
Utilities

\$	-
\$	-

**Total Operating Expenses** \$ -

**Equipment**

There is no equipment budgeted.

**Total Equipment Expenses** \$ -

**Travel** (At CalHR reimbursement rates)

\$	-
\$	-

**Total Travel** \$ -

**Subcontracts**

\$	-
\$	-

**Total Subcontracts** \$ -

**Other Costs**

\$	-
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**Total Other Costs** \$ -

**Indirect Costs**

Chapa De is claiming 10% in Indirect costs.

**Indirect Costs** \$ 1,267

**Annual Budget Total** \$ 17,734

**Note:** The Annual Budget Total should exclude any expenditures that would otherwise be paid for by other funding sources such as Denti-Cal reimbursement.

**Exhibit B Attachment II**  
Budget  
1/1/2018 through 12/31/2018

**Personnel**

Position Title	# of Staff	Monthly Salary Range	FTE %	Year 2 Costs (12 months)
Oral Health Care Coordinator	1	\$ 4,291	50%	\$ 25,746
<b>Total Salary</b>				<b>\$ 25,746</b>
<b>Fringe Benefits (30%)</b>				<b>\$ 7,724</b>

**Total Personnel** \$ 33,470

**Operating Expenses**

Office Supplies	
Building Rental	\$ -
Utilities	\$ -

**Total Operating Expenses** \$ -

**Equipment**

There is no equipment budgeted.

**Total Equipment Expenses** \$ -

**Travel** (At CalHR reimbursement rates)

\$ -
\$ -

**Total Travel** \$ -

**Subcontracts**

\$ -
\$ -

**Total Subcontracts** \$ -

**Other Costs**

\$ -
------

**Total Other Costs** \$ -

**Indirect Costs**

Chapa De is claiming 10% in Indirect costs.

**Indirect Costs** \$ 2,575

**Annual Budget Total** \$ 36,045

**Note:** The Annual Budget Total should exclude any expenditures that would otherwise be paid for by other funding sources such as Denti-Cal reimbursement.

**Exhibit B Attachment III**  
**Budget**  
**1/1/2019 through 12/31/2019**

**Personnel**

Position Title	# of Staff	Monthly Salary Range	FTE %	Year 3 Costs (12 months)
Oral Health Care Coordinator	1	\$ 4,463	50%	\$ 26,778
<b>Total Salary</b>				<b>\$ 26,778</b>
<b>Fringe Benefits (30%)</b>				<b>\$ 8,033</b>
<b>Total Personnel</b>				<b>\$ 34,811</b>

**Operating Expenses**

Office Supplies	
Building Rental	\$ -
Utilities	\$ -
<b>Total Operating Expenses</b>	<b>\$ -</b>

**Equipment**

There is no equipment budgeted.

**Total Equipment Expenses** \$ -

**Travel** (At CalHR reimbursement rates)

\$ -	
\$ -	
<b>Total Travel</b>	<b>\$ -</b>

**Subcontracts**

\$ -	
\$ -	
<b>Total Subcontracts</b>	<b>\$ -</b>

**Other Costs**

\$ -	
<b>Total Other Costs</b>	<b>\$ -</b>

**Indirect Costs**

Chapa De is claiming 10% in Indirect costs.

**Indirect Costs** \$ 2,678

**Annual Budget Total** \$ 37,489

**Note:** The Annual Budget Total should exclude any expenditures that would otherwise be paid for by other funding sources such as Denti-Cal reimbursement.

**Exhibit B Attachment IV**  
**Budget**  
**1/1/2020 through 12/31/2020**

**Personnel**

Position Title	# of Staff	Monthly Salary Range	FTE %	Year 4 Costs (12 months)
Oral Health Care Coordinator	1	\$ 4,641	50%	\$ 27,846
<b>Total Salary</b>				<b>\$ 27,846</b>

**Fringe Benefits (30%)** \$ 8,354

**Total Personnel** \$ 36,200

**Operating Expenses**

Office Supplies  
Building Rental  
Utilities

\$	-
\$	-

**Total Operating Expenses** \$ -

**Equipment**

There is no equipment budgeted.

**Total Equipment Expenses** \$ -

**Travel** (At CalHR reimbursement rates)

\$	-
\$	-

**Total Travel** \$ -

**Subcontracts**

\$	-
\$	-

**Total Subcontracts** \$ -

**Other Costs**

\$	-
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**Total Other Costs** \$ -

**Indirect Costs**

Chapa De is claiming 10% in Indirect costs.

**Indirect Costs** \$ 2,785

**Annual Budget Total** \$ 38,985

**Note:** The Annual Budget Total should exclude any expenditures that would otherwise be paid for by other funding sources such as Denti-Cal reimbursement.

**Exhibit B Attachment I**  
**Budget Narrative**  
**Year 1**  
**6/15/2017 through 12/31/2017**

**Personnel**

Position Title	# of Staff	Monthly Salary Range	FTE %	Year 1 Cost (6.5 Months)
Oral Health Care Coordinator	1	\$ 3,897	50%	\$ 12,666.62

This position is responsible for the day to day planning, coordination, implementation of the Local Dental Pilot Program at the participating site. The Coordinator is responsible for conducting outreach and education activities targeting children ages 0-20 in the medical care setting. Will participate in monthly webinar trainings, including case management and motivational interviewing. Gathers and analyzes data regarding pilot measures, including oral health access, caries risk assessment, and continuity of care at participating tribal health programs. Facilitates communication among medical and dental clinic staff and engages key clinic and leadership in dental integration efforts, including CRA utilization and workflow redesign. In addition prepares quarterly and yearly reports to CRIHB (Activities: 1.1.a.-1.1.f., 2.1.a.-2.1.d.,3.1.a.-3.1.e.)

**Total Salary** \$ 12,667

Total Fringe Benefits @ 30% Personnel Costs. Fringe Benefits include: FICA, Retirement, Health Insurance, Dental and Vision Insurance, Life Insurance, Workers Comp, and State Unemployment Insurance.

**Fringe Benefits (30%)** \$ 3,800

**Total Personnel** \$ 16,467

**Operating Expenses**


**Total Operating Expenses** \$ -

**Equipment**

There is no equipment budgeted.

**Total Equipment Expenses** \$ -

**Travel** (At CalHR reimbursement rates)

No travel expenses. All training will be over webinar or via onsite visit by LDPP coordinator.

\$ -
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Airfare R/T	Hotel	Per Diem	Shuttle & Parking	Mileage	Total Costs
-------------	-------	----------	-------------------	---------	-------------

Advisory Committee Travel

\$ -
------

**Total Travel** \$ -

**Subcontracts**

No other subcontracts.

\$ -
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\$ -
------

\$ -
------

**Total Subcontracts** \$ -

**Other Costs**

\$ -
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**Total Other Costs** \$ -

**Indirect Costs**

Chapa De is claiming 10% in Indirect costs.

**Indirect Costs** \$ 1,267

**Annual Budget Total** \$ 17,734

**Note:** The Annual Budget Total should exclude any expenditures that would otherwise be paid for by other funding sources such as Denti-Cal reimbursement.

**Exhibit B Attachment II**  
**Budget Narrative**  
**Year 2**  
**1/1/2018 through 12/31/2018**

**Personnel**

Position Title	# of Staff	Monthly Salary Range	FTE %	Year 2 Cost (12 Months)
Oral Health Care Coordinator	1	\$ 4,291	50%	\$ 25,746

Includes a 10% COLA in YR 2. This position is responsible for the day to day planning, coordination, implementation of the Local Dental Pilot Program at the participating site. The Coordinator is responsible for conducting outreach and education activities targeting children ages 0-20 in the medical care setting. Will participate in monthly webinar trainings, including case management and motivational interviewing. Gathers and analyzes data regarding pilot measures, including oral health access, caries risk assessment, and continuity of care at participating tribal health programs. Facilitates communication among medical and dental clinic staff and engages key clinic and leadership in dental integration efforts, including CRA utilization and workflow redesign. In addition prepares quarterly and yearly reports to CRIHB (Activities: 1.1.a.-1.1.f., 2.1.a.-2.1.d.,3.1.a.-3.1.e.)

**Total Salary** \$ 25,746

Total Fringe Benefits @ 30% Personnel Costs. Fringe Benefits include: FICA, Retirement, Health Insurance, Dental and Vision Insurance, Life Insurance, Workers Comp, and State Unemployment Insurance.

**Fringe Benefits (30%)** \$ 7,724

**Total Personnel** \$ 33,470

**Operating Expenses**


**Total Operating Expenses** \$ -

**Equipment**

There is no equipment budgeted.

**Total Equipment Expenses** \$ -

**Travel** (At CalHR reimbursement rates)

No travel expenses. All training will be over webinar or via onsite visit by LDPP coordinator.

\$ -
------

Airfare R/T	Hotel	Per Diem	Shuttle & Parking	Mileage	Total Costs
-------------	-------	----------	-------------------	---------	-------------

Advisory Committee Travel

\$ -
------

**Total Travel** \$ -

**Subcontracts**

No other subcontracts.

\$ -
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\$ -
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\$ -
------

**Total Subcontracts** \$ -

**Other Costs**

\$ -
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**Total Other Costs** \$ -

**Indirect Costs**

Chapa De is claiming 10% in Indirect costs.

**Indirect Costs** \$ 2,575

**Annual Budget Total** \$ 36,045

**Note:** The Annual Budget Total should exclude any expenditures that would otherwise be paid for by other funding sources such as Denti-Cal reimbursement.

**Exhibit B Attachment III**  
**Budget Narrative**  
**Year 3**  
**1/1/2019 through 12/31/2019**

**Personnel**

Position Title	# of Staff	Monthly Salary Range	FTE %	Year 3 Cost (12 Months)
Oral Health Care Coordinator	1	\$ 4,463	50%	\$ 26,778

Includes a 4% COLA. This position is responsible for the day to day planning, coordination, implementation of the Local Dental Pilot Program at the participating site. The Coordinator is responsible for conducting outreach and education activities targeting children ages 0-20 in the medical care setting. Will participate in monthly webinar trainings, including case management and motivational interviewing. Gathers and analyzes data regarding pilot measures, including oral health access, caries risk assessment, and continuity of care at participating tribal health programs. Facilitates communication among medical and dental clinic staff and engages key clinic and leadership in dental integration efforts, including CRA utilization and workflow redesign. In addition prepares quarterly and yearly reports to CRIHB (Activities: 1.1.a.-1.1.f., 2.1.a.-2.1.d.,3.1.a.-3.1.e.)

**Total Salary \$ 26,778**

Total Fringe Benefits @ 30% Personnel Costs. Fringe Benefits include: FICA, Retirement, Health Insurance, Dental and Vision Insurance, Life Insurance, Workers Comp, and State Unemployment Insurance.

**Fringe Benefits (30%) \$ 8,033**

**Total Personnel \$ 34,811**

**Operating Expenses**


**Total Operating Expenses \$ -**

**Equipment**

There is no equipment budgeted.

**Total Equipment Expenses \$ -**

**Travel (At CalHR reimbursement rates)**

No travel expenses. All training will be over webinar or via onsite visit by LDPP coordinator.

**\$ -**

Airfare R/T	Hotel	Per Diem	Shuttle & Parking	Mileage	Total Costs
-------------	-------	----------	-------------------	---------	-------------

Advisory Committee Travel

**\$ -**

**Total Travel \$ -**

**Subcontracts**

No other subcontracts.

**\$ -**

**\$ -**

**\$ -**

**Total Subcontracts \$ -**

**Other Costs**

**\$ -**

**Total Other Costs \$ -**

**Indirect Costs**

Chapa De is claiming 10% in Indirect costs.

**Indirect Costs \$ 2,678**

**Annual Budget Total \$ 37,489**

**Note:** The Annual Budget Total should exclude any expenditures that would otherwise be paid for by other funding sources such as Denti-Cal reimbursement.

**Exhibit B Attachment IV**  
**Budget Narrative**  
**Year 4**  
**1/1/2020 through 12/31/2020**

**Personnel**

Position Title	# of Staff	Monthly Salary Range	FTE %	Year 4 Cost (12 Months)
Oral Health Care Coordinator	1	\$ 4,641	50%	\$ 27,846

Includes a 4% COLA. This position is responsible for the day to day planning, coordination, implementation of the Local Dental Pilot Program at the participating site. The Coordinator is responsible for conducting outreach and education activities targeting children ages 0-20 in the medical care setting. Will participate in monthly webinar trainings, including case management and motivational interviewing. Gathers and analyzes data regarding pilot measures, including oral health access, caries risk assessment, and continuity of care at participating tribal health programs. Facilitates communication among medical and dental clinic staff and engages key clinic and leadership in dental integration efforts, including CRA utilization and workflow redesign. In addition prepares quarterly and yearly reports to CRIHB (Activities: 1.1.a.-1.1.f., 2.1.a.-2.1.d.,3.1.a.-3.1.e.)

**Total Salary** \$ 27,846

Total Fringe Benefits @ 30% Personnel Costs. Fringe Benefits include: FICA, Retirement, Health Insurance, Dental and Vision Insurance, Life Insurance, Workers Comp, and State Unemployment Insurance.

**Fringe Benefits (30%)** \$ 8,354

**Total Personnel** \$ 36,200

**Operating Expenses**


**Total Operating Expenses** \$ -

**Equipment**

There is no equipment budgeted.

**Total Equipment Expenses** \$ -

**Travel** (At CalHR reimbursement rates)

No travel expenses. All training will be over webinar or via onsite visit by LDPP coordinator.

\$ -
------

Airfare R/T	Hotel	Per Diem	Shuttle & Parking	Mileage	Total Costs
-------------	-------	----------	-------------------	---------	-------------

Advisory Committee Travel

\$ -
------

**Total Travel** \$ -

**Subcontracts**

No other subcontracts.

\$ -
------

\$ -
------

\$ -
------

**Total Subcontracts** \$ -

**Other Costs**

\$ -
------

**Total Other Costs** \$ -

**Indirect Costs**

Chapa De is claiming 10% in Indirect costs.

**Indirect Costs** \$ 2,785

**Annual Budget Total** \$ 38,985

**Note:** The Annual Budget Total should exclude any expenditures that would otherwise be paid for by other funding sources such as Denti-Cal reimbursement.

**Exhibit B Attachment I**  
Budget  
06/15/2017 through 12/31/2017

**Personnel**

Position Title	# of Staff	Monthly Salary Range	FTE %	Year 1 Cost (6.5 Months)
Oral Health Care Coordinator	1	\$ 3,368	50%	\$ 10,946
<b>Total Salary</b>				<b>\$ 10,946</b>
<b>Fringe Benefits (33.65%)</b>				<b>\$ 3,683</b>

**Total Personnel** \$ 14,629

**Operating Expenses**

Office Supplies	\$ -
Building Rental	\$ -
Utilities	\$ -

**Total Operating Expenses** \$ -

**Equipment**

There is no equipment budgeted.

**Total Equipment Expenses** \$ -

**Travel** (At CalHR reimbursement rates)

\$ -
\$ -

**Total Travel** \$ -

**Subcontracts**

\$ -
\$ -

**Total Subcontracts** \$ -

**Other Costs**

\$ -
------

**Total Other Costs** \$ -

**Indirect Costs**

Greenville Rancheria has applied: 20% of "Total Personnel Salary" excluding Fringe Benefits.

**Indirect Costs** \$ 2,189

**Annual Budget Total** \$ 16,818

**Note:** The Annual Budget Total should exclude any expenditures that would otherwise be paid for by other funding sources such as Denti-Cal reimbursement.

**Exhibit B Attachment II**  
**Budget**  
1/1/2018 through 12/31/2018

**Personnel**

Position Title	# of Staff	Monthly Salary Range	FTE %	Year 2 Costs (12 months)
Oral Health Care Coordinator	1	\$ 3,503	50%	\$ 21,015
<b>Total Salary</b>				<b>\$ 21,015</b>
<b>Fringe Benefits (33.65%)</b>				<b>\$ 7,072</b>

**Total Personnel** \$ 28,087

**Operating Expenses**

Office Supplies	\$ -
Building Rental	\$ -
Utilities	\$ -

**Total Operating Expenses** \$ -

**Equipment**

There is no equipment budgeted.

**Total Equipment Expenses** \$ -

**Travel** (At CalHR reimbursement rates)

\$ -
\$ -

**Total Travel** \$ -

**Subcontracts**

\$ -
\$ -

**Total Subcontracts** \$ -

**Other Costs**

\$ -
------

**Total Other Costs** \$ -

**Indirect Costs**

Greenville Rancheria has applied: 20% of "Total Personnel Salary" excluding Fringe Benefits.

**Indirect Costs** \$ 4,203

**Annual Budget Total** \$ 32,290

**Note:** The Annual Budget Total should exclude any expenditures that would otherwise be paid for by other funding sources such as Denti-Cal reimbursement.

**Exhibit B Attachment III**  
**Budget**  
1/1/2019 through 12/31/2019

**Personnel**

Position Title	# of Staff	Monthly Salary Range	FTE %	Year 3 Costs (12 months)
Oral Health Care Coordinator	1	\$ 3,643	50%	\$ 21,856
<b>Total Salary</b>				\$ 21,856
<b>Fringe Benefits (33.65%)</b>				\$ 7,355

**Total Personnel** \$ 29,211

**Operating Expenses**

Office Supplies	\$ -
Building Rental	\$ -
Utilities	\$ -

**Total Operating Expenses** \$ -

**Equipment**

There is no equipment budgeted.

**Total Equipment Expenses** \$ -

**Travel** (At CalHR reimbursement rates)

\$ -
\$ -

**Total Travel** \$ -

**Subcontracts**

\$ -
\$ -

**Total Subcontracts** \$ -

**Other Costs**

\$ -
------

**Total Other Costs** \$ -

**Indirect Costs**

Greenville Rancheria has applied: 20% of "Total Personnel Salary" excluding Fringe Benefits.

**Indirect Costs** \$ 4,371

**Annual Budget Total** \$ 33,582

**Note:** The Annual Budget Total should exclude any expenditures that would otherwise be paid for by other funding sources such as Denti-Cal reimbursement.

**Exhibit B Attachment IV**  
**Budget**  
1/1/2020 through 12/31/2020

**Personnel**

Position Title	# of Staff	Monthly Salary Range	FTE %	Year 4 Costs (12 months)
Oral Health Care Coordinator	1	\$ 3,788	50%	\$ 22,730
<b>Total Salary</b>				<b>\$ 22,730</b>
<b>Fringe Benefits (33.65%)</b>				<b>\$ 7,649</b>

**Total Personnel** \$ 30,379

**Operating Expenses**

Office Supplies	\$ -
Building Rental	\$ -
Utilities	\$ -

**Total Operating Expenses** \$ -

**Equipment**

There is no equipment budgeted.

**Total Equipment Expenses** \$ -

**Travel** (At CalHR reimbursement rates)

\$ -
\$ -

**Total Travel** \$ -

**Subcontracts**

\$ -
\$ -

**Total Subcontracts** \$ -

**Other Costs**

\$ -
------

**Total Other Costs** \$ -

**Indirect Costs**

Greenville Rancheria has applied: 20% of "Total Personnel Salary" excluding Fringe Benefits.

**Indirect Costs** \$ 4,546

**Annual Budget Total** \$ 34,925

**Note:** The Annual Budget Total should exclude any expenditures that would otherwise be paid for by other funding sources such as Denti-Cal reimbursement.

**Exhibit B Attachment I**  
**Budget Narrative**  
06/15/2017 through 12/31/2017  
Year 1

**Personnel**

Position Title	# of Staff	Monthly Salary Range	FTE %	Year 1 Cost (6.5 Months)
Oral Health Care Coordinator	1	\$ 3,368	50%	\$ 10,945.57

This position is responsible for the day to day planning, coordination, implementation of the Local Dental Pilot Program at the participating site. The Coordinator is responsible for conducting outreach and education activities targeting children ages 0-20 in the medical care setting. Will participate in monthly webinar trainings, including case management and motivational interviewing. Gathers and analyzes data regarding pilot measures, including oral health access, caries risk assessment, and continuity of care at participating tribal health programs. Facilitates communication among medical and dental clinic staff and engages key clinic and leadership in dental integration efforts, including CRA utilization and workflow redesign. In addition prepares quarterly and yearly reports to CRIHB (Activities: 1.1.a.-1.1.f., 2.1.a.-2.1.d., 3.1.a.-3.1.e.)

**Total Salary** \$ 10,946

Total Fringe Benefits @ 33.65% Personnel Costs. Fringe Benefits include: FICA, Retirement, Health Insurance, Dental and Vision Insurance, Life Insurance, Workers Comp, and State Unemployment Insurance.

**Fringe Benefits (33.65%)** \$ 3,683

**Total Personnel** \$ 14,629

**Operating Expenses**

No operating expenses

**Total Operating Expenses** \$ -

**Equipment**

There is no equipment budgeted.

**Total Equipment Expenses** \$ -

**Travel** (At CalHR reimbursement rates)

No travel expenses. All training will be over webinar or via onsite visit by LDPP coordinator.

\$ -

Airfare R/T	Hotel	Per Diem	Shuttle & Parking	Mileage	Total Costs
-------------	-------	----------	-------------------	---------	-------------

Advisory Committee Travel

\$ -

**Total Travel** \$ -

**Subcontracts**

No other subcontracts.

\$ -

\$ -

\$ -

**Total Subcontracts** \$ -

**Other Costs**

\$ -

**Total Other Costs** \$ -

**Indirect Costs**

Greenville Rancheria has applied: 20% of "Total Personnel Salary" excluding Fringe Benefits.

**Indirect Costs** \$ 2,189.11

**Annual Budget Total** \$ 16,818

**Note:** The Annual Budget Total should exclude any expenditures that would otherwise be paid for by other funding sources such as Denti-Cal reimbursement.

**Exhibit B Attachment II**  
Budget Narrative  
1/1/2018 through 12/31/2018  
Year 2

**Personnel**

Position Title	# of Staff	Monthly Salary Range	FTE %	Year 2 Cost (12 Months)
Oral Health Care Coordinator	1	\$ 3,503	50%	\$ 21,015

Includes a 4% COLA. This position is responsible for the day to day planning, coordination, implementation of the Local Dental Pilot Program at the participating site. The Coordinator is responsible for conducting outreach and education activities targeting children ages 0-20 in the medical care setting. Will participate in monthly webinar trainings, including case management and motivational interviewing. Gathers and analyzes data regarding pilot measures, including oral health access, caries risk assessment, and continuity of care at participating tribal health programs. Facilitates communication among medical and dental clinic staff and engages key clinic and leadership in dental integration efforts, including CRA utilization and workflow redesign. In addition prepares quarterly and yearly reports to CRIHB (Activities: 1.1.a.-1.1.f., 2.1.a.-2.1.d., 3.1.a.-3.1.e.)

**Total Salary** \$ 21,015

Total Fringe Benefits @ 33.65% Personnel Costs. Fringe Benefits include: FICA, Retirement, Health Insurance, Dental and Vision Insurance, Life Insurance, Workers Comp, and State Unemployment Insurance.

**Fringe Benefits  
(33.65%)** \$ 7,072

**Total Personnel** \$ 28,087

**Operating Expenses**

No operating expenses


**Total Operating Expenses** \$ -

**Equipment**

There is no equipment budgeted.

**Total Equipment Expenses** \$ -

**Travel** (At CalHR reimbursement rates)

No travel expenses. All training will be over webinar or via onsite visit by LDPP coordinator.

\$ -
------

Airfare R/T	Hotel	Per Diem	Shuttle & Parking	Mileage	Total Costs
-------------	-------	----------	-------------------	---------	-------------

Advisory Committee Travel

\$ -
------

**Total Travel** \$ -

**Subcontracts**

No other subcontracts.

\$ -
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\$ -
------

\$ -
------

**Total Subcontracts** \$ -

**Other Costs**

\$ -
------

**Total Other Costs** \$ -

**Indirect Costs**

Greenville Rancheria has applied: 20% of "Total Personnel Salary" excluding Fringe Benefits.

**Indirect Costs** \$ 4,203

**Annual Budget Total** \$ 32,290

**Note:** The Annual Budget Total should exclude any expenditures that would otherwise be paid for by other funding sources such as Denti-Cal reimbursement.

**Exhibit B Attachment III**  
**Budget Narrative**  
1/1/2019 through 12/31/2019  
Year 3

**Personnel**

Position Title	# of Staff	Monthly Salary Range	FTE %	Year 3 Cost (12 Months)
Oral Health Care Coordinator	1	\$ 3,643	50%	\$ 21,856.11

Includes a 4% COLA. This position is responsible for the day to day planning, coordination, implementation of the Local Dental Pilot Program at the participating site. The Coordinator is responsible for conducting outreach and education activities targeting children ages 0-20 in the medical care setting. Will participate in monthly webinar trainings, including case management and motivational interviewing. Gathers and analyzes data regarding pilot measures, including oral health access, caries risk assessment, and continuity of care at participating tribal health programs. Facilitates communication among medical and dental clinic staff and engages key clinic and leadership in dental integration efforts, including CRA utilization and workflow redesign. In addition prepares quarterly and yearly reports to CRIHB (Activities: 1.1.a.-1.1.f., 2.1.a.-2.1.d., 3.1.a.-3.1.e.)

**Total Salary** \$ 21,856

Total Fringe Benefits @ 33.65% Personnel Costs. Fringe Benefits include: FICA, Retirement, Health Insurance, Dental and Vision Insurance, Life Insurance, Workers Comp, and State Unemployment Insurance.

**Fringe Benefits (33.65%)** \$ 7,355

**Total Personnel** \$ 29,211

**Operating Expenses**

No operating expenses


**Total Operating Expenses** \$ -

**Equipment**

There is no equipment budgeted.

**Total Equipment Expenses** \$ -

**Travel** (At CalHR reimbursement rates)

No travel expenses. All training will be over webinar or via onsite visit by LDPP coordinator.

\$ -
------

Airfare R/T	Hotel	Per Diem	Shuttle & Parking	Mileage	Total Costs
-------------	-------	----------	-------------------	---------	-------------

Advisory Committee Travel

\$ -
------

**Total Travel** \$ -

**Subcontracts**

No other subcontracts.

\$ -
------

\$ -
------

\$ -
------

**Total Subcontracts** \$ -

**Other Costs**

\$ -
------

**Total Other Costs** \$ -

**Indirect Costs**

Greenville Rancheria has applied: 20% of "Total Personnel Salary" excluding Fringe Benefits.

**Indirect Costs** \$ 4,371

**Annual Budget Total** \$ 33,582

**Note:** The Annual Budget Total should exclude any expenditures that would otherwise be paid for by other funding sources such as Denti-Cal reimbursement.

**Exhibit B Attachment IV**  
Budget Narrative  
1/1/2020 through 12/31/2020  
Year 4

**Personnel**

Position Title	# of Staff	Monthly Salary Range	FTE %	Year 4 Cost (12 Months)
Oral Health Care Coordinator	1	\$ 3,788	50%	\$ 22,730.35

Includes a 4% COLA. This position is responsible for the day to day planning, coordination, implementation of the Local Dental Pilot Program at the participating site. The Coordinator is responsible for conducting outreach and education activities targeting children ages 0-20 in the medical care setting. Will participate in monthly webinar trainings, including case management and motivational interviewing. Gathers and analyzes data regarding pilot measures, including oral health access, caries risk assessment, and continuity of care at participating tribal health programs. Facilitates communication among medical and dental clinic staff and engages key clinic and leadership in dental integration efforts, including CRA utilization and workflow redesign. In addition prepares quarterly and yearly reports to CRIHB (Activities: 1.1.a.-1.1.f., 2.1.a.-2.1.d., 3.1.a.-3.1.e.)

**Total Salary** \$ 22,730

Total Fringe Benefits @ 33.65% Personnel Costs. Fringe Benefits include: FICA, Retirement, Health Insurance, Dental and Vision Insurance, Life Insurance, Workers Comp, and State Unemployment Insurance.

**Fringe Benefits (33.65%)** \$ 7,649

**Total Personnel** \$ 30,379

**Operating Expenses**

No operating expenses


**Total Operating Expenses** \$ -

**Equipment**

There is no equipment budgeted.

**Total Equipment Expenses** \$ -

**Travel** (At CalHR reimbursement rates)

No travel expenses. All training will be over webinar or via onsite visit by LDPP coordinator.

\$ -
------

Airfare R/T	Hotel	Per Diem	Shuttle & Parking	Mileage	Total Costs
-------------	-------	----------	-------------------	---------	-------------

Advisory Committee Travel

\$ -
------

**Total Travel** \$ -

**Subcontracts**

No other subcontracts.

\$ -
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\$ -
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\$ -
------

**Total Subcontracts** \$ -

**Other Costs**

\$ -
------

**Total Other Costs** \$ -

**Indirect Costs**

Greenville Rancheria has applied: 20% of "Total Personnel Salary" excluding Fringe Benefits.

**Indirect Costs** \$ 4,546

**Annual Budget Total** \$ 34,925

**Note:** The Annual Budget Total should exclude any expenditures that would otherwise be paid for by other funding sources such as Denti-Cal reimbursement.

**Exhibit B Attachment I**  
Budget  
6/15/2017 through 12/31/2017

**Personnel**

Position Title	# of Staff	Monthly Salary Range	FTE %	Year 1 Cost (6.5 Months)
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Oral Health Care Coordinator	2	\$ 2,860	50%	\$ 18,590.00
------------------------------	---	----------	-----	--------------

**Total Salary** \$ 18,590

**Fringe Benefits (55%)** \$ 10,225

**Total Personnel** \$ 28,815

**Operating Expenses**

Office Supplies	\$ -
Building Rental	\$ -
Utilities	\$ -

**Total Operating Expenses** \$ -

**Equipment**

There is no equipment budgeted.

**Total Equipment Expenses** \$ -

**Travel** (At CalHR reimbursement rates)

\$ -
\$ -

**Total Travel** \$ -

**Subcontracts**

\$ -
\$ -

**Total Subcontracts** \$ -

**Other Costs**

\$ -
------

**Total Other Costs** \$ -

**Indirect Costs**

**Indirect Costs**

**Annual Budget Total** \$ 28,815

**Note:** The Annual Budget Total should exclude any expenditures that would otherwise be paid for by other funding sources such as Denti-Cal reimbursement.

**Exhibit B Attachment II**  
**Budget**  
1/1/2018 through 12/31/2018

**Personnel**

Position Title	# of Staff	Monthly Salary Range	FTE %	Year 2 Costs (12 months)
----------------	------------	----------------------	-------	--------------------------

Oral Health Care Coordinator	2	\$ 2,974	50%	\$ 35,693
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<b>Total Salary</b>	\$	35,693
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<b>Fringe Benefits (55%)</b>	\$	19,631
------------------------------	----	--------

<b>Total Personnel</b>	\$	55,324
------------------------	----	--------

**Operating Expenses**

Office Supplies	\$ -
Building Rental	\$ -
Utilities	\$ -

<b>Total Operating Expenses</b>	\$	-
---------------------------------	----	---

**Equipment**

There is no equipment budgeted.

<b>Total Equipment Expenses</b>	\$	-
---------------------------------	----	---

**Travel** (At CalHR reimbursement rates)

\$ -
\$ -

<b>Total Travel</b>	\$	-
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**Subcontracts**

\$ -
\$ -

<b>Total Subcontracts</b>	\$	-
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**Other Costs**

\$ -
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<b>Total Other Costs</b>	\$	-
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**Indirect Costs**

<b>Indirect Costs</b>	
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<b>Annual Budget Total</b>	\$	55,324
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**Note:** The Annual Budget Total should exclude any expenditures that would otherwise be paid for by other funding sources such as Denti-Cal reimbursement.

**Exhibit B Attachment III**  
**Budget**  
1/1/2019 through 12/31/2019

**Personnel**

Position Title	# of Staff	Monthly Salary Range	FTE %	Year 3 Costs (12 months)
Oral Health Care Coordinator	2	\$ 3,093	50%	\$ 37,121
<b>Total Salary</b>				<b>\$ 37,121</b>
<b>Fringe Benefits (55%)</b>				<b>\$ 20,416</b>

**Total Personnel** **\$ 57,537**

**Operating Expenses**

Office Supplies	\$ -
Building Rental	\$ -
Utilities	\$ -
<b>Total Operating Expenses</b>	<b>\$ -</b>

**Equipment**

There is no equipment budgeted.

**Total Equipment Expenses** **\$ -**

**Travel** (At CalHR reimbursement rates)

\$ -
\$ -

**Total Travel** **\$ -**

**Subcontracts**

\$ -
\$ -

**Total Subcontracts** **\$ -**

**Other Costs**

\$ -
------

**Total Other Costs** **\$ -**

**Indirect Costs**

**Indirect Costs**

**Annual Budget Total** **\$ 57,537**

**Note:** The Annual Budget Total should exclude any expenditures that would otherwise be paid for by other funding sources such as Denti-Cal reimbursement.

**Exhibit B Attachment IV**  
**Budget**  
1/1/2020 through 12/31/2020

**Personnel**

Position Title	# of Staff	Monthly Salary Range	FTE %	Year 4 Costs (12 months)
----------------	------------	----------------------	-------	--------------------------

Oral Health Care Coordinator	2	\$ 3,217	50%	\$ 38,605
------------------------------	---	----------	-----	-----------

**Total Salary** \$ 38,605

**Fringe Benefits (55%)** \$ 21,233

**Total Personnel** \$ 59,838

**Operating Expenses**

Office Supplies	\$ -
Building Rental	\$ -
Utilities	\$ -

**Total Operating Expenses** \$ -

**Equipment**

There is no equipment budgeted.

**Total Equipment Expenses** \$ -

**Travel** (At CalHR reimbursement rates)

\$ -
\$ -

**Total Travel** \$ -

**Subcontracts**

\$ -
\$ -

**Total Subcontracts** \$ -

**Other Costs**

\$ -
------

**Total Other Costs** \$ -

**Indirect Costs**

**Indirect Costs**

**Annual Budget Total** \$ 59,838

**Note:** The Annual Budget Total should exclude any expenditures that would otherwise be paid for by other funding sources such as Denti-Cal reimbursement.

**Exhibit B Attachment I**  
**Budget Narrative**  
**Year 1**  
**6/15/2017 through 12/31/2017**

**Personnel**

Position Title	# of Staff	Monthly Salary Range	FTE %	Year 1 Cost (6.5 Months)
Oral Health Care Coordinator	2	\$ 2,860	50%	\$ 18,590.00

This position is responsible for the day to day planning, coordination, implementation of the Local Dental Pilot Program at the participating site. The Coordinator is responsible for conducting outreach and education activities targeting children ages 0-20 in the medical care setting. Will participate in monthly webinar trainings, including case management and motivational interviewing. Gathers and analyzes data regarding pilot measures, including oral health access, caries risk assessment, and continuity of care at participating tribal health programs. Facilitates communication among medical and dental clinic staff and engages key clinic and leadership in dental integration efforts, including CRA utilization and workflow redesign. In addition prepares quarterly and yearly reports to CRIHB (Activities: 1.1.a.-1.1.f., 2.1.a.-2.1.d., 3.1.a.-3.1.e.)

**Total Salary** \$ 18,590

Total Fringe Benefits @55% Personnel Costs. Fringe Benefits include: FICA, Retirement, Health Insurance, Dental and Vision Insurance, Life Insurance, Workers Comp, and State Unemployment Insurance.

**Fringe Benefits (55%)** \$ 10,225

**Total Personnel** \$ 28,815

**Operating Expenses**

No operating expenses

**Total Operating Expenses** \$ -

**Equipment**

There is no equipment budgeted.

**Total Equipment Expenses** \$ -

**Travel** (At CalHR reimbursement rates)

No travel expenses. All training will be over webinar or via onsite visit by LDPP coordinator.

\$ -

Airfare R/T	Hotel	Per Diem	Shuttle & Parking	Mileage	Total Costs
-------------	-------	----------	-------------------	---------	-------------

Advisory Committee Travel

\$ -

**Total Travel** \$ -

**Subcontracts**

No other subcontracts.

\$ -

\$ -

\$ -

**Total Subcontracts** \$ -

**Other Costs**

\$ -

**Total Other Costs** \$ -

**Indirect Costs**

**Indirect Costs**

**Annual Budget Total** \$ 28,815

**Note:** The Annual Budget Total should exclude any expenditures that would otherwise be paid for by other funding sources such as Denti-Cal reimbursement.

**Exhibit B Attachment II**  
**Budget Narrative**  
**Year 2**  
**1/1/2018 through 12/31/2018**

**Personnel**

Position Title	# of Staff	Monthly Salary Range	FTE %	Year 2 Cost (12 Months)
Oral Health Care Coordinator	2	\$ 2,974	50%	\$ 35,693

Includes a 4% COLA. This position is responsible for the day to day planning, coordination, implementation of the Local Dental Pilot Program at the participating site. The Coordinator is responsible for conducting outreach and education activities targeting children ages 0-20 in the medical care setting. Will participate in monthly webinar trainings, including case management and motivational interviewing. Gathers and analyzes data regarding pilot measures, including oral health access, caries risk assessment, and continuity of care at participating tribal health programs. Facilitates communication among medical and dental clinic staff and engages key clinic and leadership in dental integration efforts, including CRA utilization and workflow redesign. In addition prepares quarterly and yearly reports to CRIHB (Activities: 1.1.a.-1.1.f., 2.1.a.-2.1.d., 3.1.a.-3.1.e.)

**Total Salary** \$ 35,693

Total Fringe Benefits @55% Personnel Costs. Fringe Benefits include: FICA, Retirement, Health Insurance, Dental and Vision Insurance, Life Insurance, Workers Comp, and State Unemployment Insurance.

**Fringe Benefits (55%)** \$ 19,631

**Total Personnel** \$ 55,324

**Operating Expenses**

No operating expenses


**Total Operating Expenses** \$ -

**Equipment**

There is no equipment budgeted.

**Total Equipment Expenses** \$ -

**Travel** (At CalHR reimbursement rates)

No travel expenses. All training will be over webinar or via onsite visit by LDPP coordinator.

\$ -
------

Airfare R/T	Hotel	Per Diem	Shuttle & Parking	Mileage	Total Costs
-------------	-------	----------	-------------------	---------	-------------

Advisory Committee Travel

\$ -
------

**Total Travel** \$ -

**Subcontracts**

No other subcontracts.

\$ -
------

\$ -
------

\$ -
------

**Total Subcontracts** \$ -

**Other Costs**

\$ -
------

**Total Other Costs** \$ -

**Indirect Costs**

**Indirect Costs**

**Annual Budget Total** \$ 55,324

**Note:** The Annual Budget Total should exclude any expenditures that would otherwise be paid for by other funding sources such as Denti-Cal reimbursement.

**Exhibit B Attachment III**  
**Budget Narrative**  
**Year 3**  
**1/1/2019 through 12/31/2019**

**Personnel**

Position Title	# of Staff	Monthly Salary Range	FTE %	Year 3 Cost (12 Months)
Oral Health Care Coordinator	2	\$ 3,093	50%	\$ 37,121

Includes a 4% COLA. This position is responsible for the day to day planning, coordination, implementation of the Local Dental Pilot Program at the participating site. The Coordinator is responsible for conducting outreach and education activities targeting children ages 0-20 in the medical care setting. Will participate in monthly webinar trainings, including case management and motivational interviewing. Gathers and analyzes data regarding pilot measures, including oral health access, caries risk assessment, and continuity of care at participating tribal health programs. Facilitates communication among medical and dental clinic staff and engages key clinic and leadership in dental integration efforts, including CRA utilization and workflow redesign. In addition prepares quarterly and yearly reports to CRIHB (Activities: 1.1.a.-1.1.f., 2.1.a.-2.1.d., 3.1.a.-3.1.e.)

**Total Salary** \$ 37,121

Total Fringe Benefits @55% Personnel Costs. Fringe Benefits include: FICA, Retirement, Health Insurance, Dental and Vision Insurance, Life Insurance, Workers Comp, and State Unemployment Insurance.

**Fringe Benefits (55%)** \$ 20,416

**Total Personnel** \$ 57,537

**Operating Expenses**

No operating expenses


**Total Operating Expenses** \$ -

**Equipment**

There is no equipment budgeted.

**Total Equipment Expenses** \$ -

**Travel** (At CalHR reimbursement rates)

No travel expenses. All training will be over webinar or via onsite visit by LDPP coordinator.

\$ -
------

Airfare R/T	Hotel	Per Diem	Shuttle & Parking	Mileage	Total Costs
-------------	-------	----------	-------------------	---------	-------------

Advisory Committee Travel

\$ -
------

**Total Travel** \$ -

**Subcontracts**

No other subcontracts.

\$ -
------

\$ -
------

\$ -
------

**Total Subcontracts** \$ -

**Other Costs**

\$ -
------

**Total Other Costs** \$ -

**Indirect Costs**

**Indirect Costs** \$ -

**Annual Budget Total** \$ 57,537

**Note:** The Annual Budget Total should exclude any expenditures that would otherwise be paid for by other funding sources such as Denti-Cal reimbursement.

**Exhibit B Attachment IV**  
**Budget Narrative**  
**Year 4**  
**1/1/2020 through 12/31/2020**

**Personnel**

Position Title	# of Staff	Monthly Salary Range	FTE %	Year 4 Cost (12 Months)
Oral Health Care Coordinator	2	\$ 3,217	50%	\$ 38,605

Includes a 4% COLA. This position is responsible for the day to day planning, coordination, implementation of the Local Dental Pilot Program at the participating site. The Coordinator is responsible for conducting outreach and education activities targeting children ages 0-20 in the medical care setting. Will participate in monthly webinar trainings, including case management and motivational interviewing. Gathers and analyzes data regarding pilot measures, including oral health access, caries risk assessment, and continuity of care at participating tribal health programs. Facilitates communication among medical and dental clinic staff and engages key clinic and leadership in dental integration efforts, including CRA utilization and workflow redesign. In addition prepares quarterly and yearly reports to CRIHB (Activities: 1.1.a.-1.1.f., 2.1.a.-2.1.d., 3.1.a.-3.1.e.)

**Total Salary** \$ 38,605

Total Fringe Benefits @55% Personnel Costs. Fringe Benefits include: FICA, Retirement, Health Insurance, Dental and Vision Insurance, Life Insurance, Workers Comp, and State Unemployment Insurance.

**Fringe Benefits (55%)** \$ 21,233

**Total Personnel** \$ 59,838

**Operating Expenses**

No operating expenses


**Total Operating Expenses** \$ -

**Equipment**

There is no equipment budgeted.

**Total Equipment Expenses** \$ -

**Travel** (At CalHR reimbursement rates)

No travel expenses. All training will be over webinar or via onsite visit by LDPP coordinator.

\$ -
------

Airfare R/T	Hotel	Per Diem	Shuttle & Parking	Mileage	Total Costs
-------------	-------	----------	-------------------	---------	-------------

Advisory Committee Travel

\$ -
------

**Total Travel** \$ -

**Subcontracts**

No other subcontracts.

\$ -
------

\$ -
------

\$ -
------

**Total Subcontracts** \$ -

**Other Costs**

\$ -
------

**Total Other Costs** \$ -

**Indirect Costs**

**Indirect Costs** \$ -

**Annual Budget Total** \$ 59,838

**Note:** The Annual Budget Total should exclude any expenditures that would otherwise be paid for by other funding sources such as Denti-Cal reimbursement.

**Exhibit B Attachment I**  
Budget  
6/15/2017 through 12/31/2017

**Personnel**

Position Title	# of Staff	Monthly Salary Range	FTE %	Year 1 Cost (6.5 Months)
----------------	------------	----------------------	-------	-----------------------------

Oral Health Care Coordinator	1	\$ 2,988	50%	\$ 9,711.00
------------------------------	---	----------	-----	-------------

**Total Salary** \$ 9,711

**Fringe Benefits (25%)** \$ 2,428

**Total Personnel** \$ 12,139

**Operating Expenses**

Office Supplies  
Building Rental  
Utilities

\$	-
\$	-
\$	-

**Total Operating Expenses** \$ -

**Equipment**

There is no equipment budgeted.

**Total Equipment Expenses** \$ -

**Travel** (At CalHR reimbursement rates)

\$	-
\$	-

**Total Travel** \$ -

**Subcontracts**

\$	-
\$	-

**Total Subcontracts** \$ -

**Other Costs**

\$	-
----	---

**Total Other Costs** \$ -

**Indirect Costs**

Lassen Indian Health Center has applied: 20% of "Total Personnel Salary" excluding Fringe Benefits.

**Indirect Costs** \$ 1,942

**Annual Budget Total** \$ 14,081

**Note:** The Annual Budget Total should exclude any expenditures that would otherwise be paid for by other funding sources such as Denti-Cal reimbursement.

**Exhibit B Attachment II**  
**Budget**  
1/1/2018 through 12/31/2018

**Personnel**

Position Title	# of Staff	Monthly Salary Range	FTE %	Year 2 Costs (12 months)
----------------	------------	----------------------	-------	--------------------------

Oral Health Care Coordinator	1	\$ 3,108	50%	\$ 18,645
------------------------------	---	----------	-----	-----------

**Total Salary** \$ 18,645

**Fringe Benefits (25%)** \$ 4,661

**Total Personnel** \$ 23,306

**Operating Expenses**

Office Supplies  
Building Rental  
Utilities

\$ -
\$ -
\$ -

**Total Operating Expenses** \$ -

**Equipment**

There is no equipment budgeted.

**Total Equipment Expenses** \$ -

**Travel** (At CalHR reimbursement rates)

\$ -
\$ -

**Total Travel** \$ -

**Subcontracts**

\$ -
\$ -

**Total Subcontracts** \$ -

**Other Costs**

\$ -
------

**Total Other Costs** \$ -

**Indirect Costs**

Lassen Indian Health Center has applied: 20% of "Total Personnel Salary" excluding Fringe Benefits.

**Indirect Costs** \$ 3,729

**Annual Budget Total** \$ 27,035

**Note:** The Annual Budget Total should exclude any expenditures that would otherwise be paid for by other funding sources such as Denti-Cal reimbursement.

**Exhibit B Attachment III**  
**Budget**  
1/1/2019 through 12/31/2019

**Personnel**

Position Title	# of Staff	Monthly Salary Range	FTE %	Year 3 Costs (12 months)
----------------	------------	----------------------	-------	--------------------------

Oral Health Care Coordinator	1	\$ 3,232	50%	\$ 19,391
------------------------------	---	----------	-----	-----------

**Total Salary** \$ 19,391

**Fringe Benefits (25%)** \$ 4,848

**Total Personnel** \$ 24,239

**Operating Expenses**

Office Supplies  
Building Rental  
Utilities

\$ -
\$ -
\$ -

**Total Operating Expenses** \$ -

**Equipment**

There is no equipment budgeted.

**Total Equipment Expenses** \$ -

**Travel** (At CalHR reimbursement rates)

\$ -
\$ -

**Total Travel** \$ -

**Subcontracts**

\$ -
\$ -

**Total Subcontracts** \$ -

**Other Costs**

\$ -
------

**Total Other Costs** \$ -

**Indirect Costs**

Lassen Indian Health Center has applied: 20% of "Total Personnel Salary" excluding Fringe Benefits.

**Indirect Costs** \$ 3,878

**Annual Budget Total** \$ 28,117

**Note:** The Annual Budget Total should exclude any expenditures that would otherwise be paid for by other funding sources such as Denti-Cal reimbursement.

**Exhibit B Attachment IV**  
**Budget**  
1/1/2020 through 12/31/2020

**Personnel**

Position Title	# of Staff	Monthly Salary Range	FTE %	Year 4 Costs (12 months)
----------------	------------	----------------------	-------	--------------------------

Oral Health Care Coordinator	1	\$ 3,361	50%	\$ 20,167
------------------------------	---	----------	-----	-----------

**Total Salary** \$ 20,167

**Fringe Benefits (25%)** \$ 5,042

**Total Personnel** \$ 25,209

**Operating Expenses**

Office Supplies  
Building Rental  
Utilities

\$ -
\$ -
\$ -

**Total Operating Expenses** \$ -

**Equipment**

There is no equipment budgeted.

**Total Equipment Expenses** \$ -

**Travel** (At CalHR reimbursement rates)

\$ -
\$ -

**Total Travel** \$ -

**Subcontracts**

\$ -
\$ -

**Total Subcontracts** \$ -

**Other Costs**

\$ -
------

**Total Other Costs** \$ -

**Indirect Costs**

Lassen Indian Health Center has applied: 20% of "Total Personnel Salary" excluding Fringe Benefits.

**Indirect Costs** \$ 4,033

**Annual Budget Total** \$ 29,242

**Note:** The Annual Budget Total should exclude any expenditures that would otherwise be paid for by other funding sources such as Denti-Cal reimbursement.

**Exhibit B Attachment I**  
**Budget Narrative**  
**Year 1**  
**6/15/2017 through 12/31/2017**

**Personnel**

Position Title	# of Staff	Monthly Salary Range	FTE %	Year 1 Cost (6.5 Months)
Oral Health Care Coordinator	1	\$ 2,988	50%	\$ 9,711

This position is responsible for the day to day planning, coordination, implementation of the Local Dental Pilot Program at the participating site. The Coordinator is responsible for conducting outreach and education activities targeting children ages 0-20 in the medical care setting. Will participate in monthly webinar trainings, including case management and motivational interviewing. Gathers and analyzes data regarding pilot measures, including oral health access, caries risk assessment, and continuity of care at participating tribal health programs. Facilitates communication among medical and dental clinic staff and engages key clinic and leadership in dental integration efforts, including CRA utilization and workflow redesign. In addition prepares quarterly and yearly reports to CRIHB (Activities: 1.1.a.-1.1.f., 2.1.a.-2.1.d., 3.1.a.-3.1.e.)

**Total Salary** \$ 9,711

Total Fringe Benefits @ 25% Personnel Costs. Fringe Benefits include: FICA, Retirement, Health Insurance, Dental and Vision Insurance, Life Insurance, Workers Comp, and State Unemployment Insurance.

**Fringe Benefits (25%)** \$ 2,428

**Total Personnel** \$ 12,139

**Operating Expenses**

No operating expenses


**Total Operating Expenses** \$ -

**Equipment**

There is no equipment budgeted.

**Total Equipment Expenses** \$ -

**Travel** (At CalHR reimbursement rates)

No travel expenses. All training will be over webinar or via onsite visit by LDPP coordinator.

\$ -
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Airfare R/T	Hotel	Per Diem	Shuttle & Parking	Mileage	Total Costs
-------------	-------	----------	-------------------	---------	-------------

Advisory Committee Travel

\$ -
------

**Total Travel** \$ -

**Subcontracts**

No other subcontracts.

\$ -
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\$ -
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\$ -
------

**Total Subcontracts** \$ -

**Other Costs**

\$ -
------

**Total Other Costs** \$ -

**Indirect Costs**

Lassen Indian Health Center has applied: 20% of "Total Personnel Salary" excluding Fringe Benefits.

**Indirect Costs** \$ 1,942

**Annual Budget Total** \$ 14,081

**Note:** The Annual Budget Total should exclude any expenditures that would otherwise be paid for by other funding sources such as Denti-Cal reimbursement.

**Exhibit B Attachment II**  
**Budget Narrative**  
**Year 2**  
**1/1/2018 through 12/31/2018**

**Personnel**

Position Title	# of Staff	Monthly Salary Range	FTE %	Year 2 Cost (12 Months)
Oral Health Care Coordinator	1	\$ 3,108	50%	\$ 18,645.12

Includes a 4% COLA. This position is responsible for the day to day planning, coordination, implementation of the Local Dental Pilot Program at the participating site. The Coordinator is responsible for conducting outreach and education activities targeting children ages 0-20 in the medical care setting. Will participate in monthly webinar trainings, including case management and motivational interviewing. Gathers and analyzes data regarding pilot measures, including oral health access, caries risk assessment, and continuity of care at participating tribal health programs. Facilitates communication among medical and dental clinic staff and engages key clinic and leadership in dental integration efforts, including CRA utilization and workflow redesign. In addition prepares quarterly and yearly reports to CRIHB (Activities: 1.1.a.-1.1.f., 2.1.a.-2.1.d., 3.1.a.-3.1.e.)

**Total Salary** \$ 18,645

Total Fringe Benefits @ 25% Personnel Costs. Fringe Benefits include: FICA, Retirement, Health Insurance, Dental and Vision Insurance, Life Insurance, Workers Comp, and State Unemployment Insurance.

**Fringe Benefits (25%)** \$ 4,661

**Total Personnel** \$ 23,306

**Operating Expenses**

No operating expenses


**Total Operating Expenses** \$ -

**Equipment**

There is no equipment budgeted.

**Total Equipment Expenses** \$ -

**Travel** (At CalHR reimbursement rates)

No travel expenses. All training will be over webinar or via onsite visit by LDPP coordinator.

\$ -
------

Airfare R/T	Hotel	Per Diem	Shuttle & Parking	Mileage	Total Costs
-------------	-------	----------	-------------------	---------	-------------

Advisory Committee Travel

\$ -
------

**Total Travel** \$ -

**Subcontracts**

No other subcontracts.

\$ -
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\$ -
------

\$ -
------

**Total Subcontracts** \$ -

**Other Costs**

\$ -
------

**Total Other Costs** \$ -

**Indirect Costs**

Lassen Indian Health Center has applied: 20% of "Total Personnel Salary" excluding Fringe Benefits.

**Indirect Costs** \$ 3,729

**Annual Budget Total** \$ 27,035

**Note:** The Annual Budget Total should exclude any expenditures that would otherwise be paid for by other funding sources such as Denti-Cal reimbursement.

**Exhibit B Attachment III**  
**Budget Narrative**  
**Year 3**  
**1/1/2019 through 12/31/2019**

**Personnel**

Position Title	# of Staff	Monthly Salary Range	FTE %	Year 3 Cost (12 Months)
Oral Health Care Coordinator	1	\$ 3,232	50%	\$ 19,390.92

Includes a 4% COLA. This position is responsible for the day to day planning, coordination, implementation of the Local Dental Pilot Program at the participating site. The Coordinator is responsible for conducting outreach and education activities targeting children ages 0-20 in the medical care setting. Will participate in monthly webinar trainings, including case management and motivational interviewing. Gathers and analyzes data regarding pilot measures, including oral health access, caries risk assessment, and continuity of care at participating tribal health programs. Facilitates communication among medical and dental clinic staff and engages key clinic and leadership in dental integration efforts, including CRA utilization and workflow redesign. In addition prepares quarterly and yearly reports to CRIHB (Activities: 1.1.a.-1.1.f., 2.1.a.-2.1.d., 3.1.a.-3.1.e.)

**Total Salary** \$ 19,391

Total Fringe Benefits @ 25% Personnel Costs. Fringe Benefits include: FICA, Retirement, Health Insurance, Dental and Vision Insurance, Life Insurance, Workers Comp, and State Unemployment Insurance.

**Fringe Benefits (25%)** \$ 4,848

**Total Personnel** \$ 24,239

**Operating Expenses**

No operating expenses


**Total Operating Expenses** \$ -

**Equipment**

There is no equipment budgeted.

**Total Equipment Expenses** \$ -

**Travel** (At CalHR reimbursement rates)

No travel expenses. All training will be over webinar or via onsite visit by LDPP coordinator.

\$ -
------

Airfare R/T	Hotel	Per Diem	Shuttle & Parking	Mileage	Total Costs
-------------	-------	----------	-------------------	---------	-------------

Advisory Committee Travel

\$ -
------

**Total Travel** \$ -

**Subcontracts**

No other subcontracts.

\$ -
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\$ -
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\$ -
------

**Total Subcontracts** \$ -

**Other Costs**

\$ -
------

**Total Other Costs** \$ -

**Indirect Costs**

Lassen Indian Health Center has applied: 20% of "Total Personnel Salary" excluding Fringe Benefits.

**Indirect Costs** \$ 3,878

**Annual Budget Total** \$ 28,117

**Note:** The Annual Budget Total should exclude any expenditures that would otherwise be paid for by other funding sources such as Denti-Cal reimbursement.

**Exhibit B Attachment IV**  
**Budget Narrative**  
**Year 4**  
**1/1/2020 through 12/31/2020**

**Personnel**

Position Title	# of Staff	Monthly Salary Range	FTE %	Year 4 Cost (12 Months)
Oral Health Care Coordinator	1	\$ 3,361	50%	\$ 20,167

Includes a 4% COLA. This position is responsible for the day to day planning, coordination, implementation of the Local Dental Pilot Program at the participating site. The Coordinator is responsible for conducting outreach and education activities targeting children ages 0-20 in the medical care setting. Will participate in monthly webinar trainings, including case management and motivational interviewing. Gathers and analyzes data regarding pilot measures, including oral health access, caries risk assessment, and continuity of care at participating tribal health programs. Facilitates communication among medical and dental clinic staff and engages key clinic and leadership in dental integration efforts, including CRA utilization and workflow redesign. In addition prepares quarterly and yearly reports to CRIHB (Activities: 1.1.a.-1.1.f., 2.1.a.-2.1.d., 3.1.a.-3.1.e.)

**Total Salary** \$ 20,167

Total Fringe Benefits @ 25% Personnel Costs. Fringe Benefits include: FICA, Retirement, Health Insurance, Dental and Vision Insurance, Life Insurance, Workers Comp, and State Unemployment Insurance.

**Fringe Benefits (25%)** \$ 5,042

**Total Personnel** \$ 25,209

**Operating Expenses**

No operating expenses


**Total Operating Expenses** \$ -

**Equipment**

There is no equipment budgeted.

**Total Equipment Expenses** \$ -

**Travel** (At CalHR reimbursement rates)

No travel expenses. All training will be over webinar or via onsite visit by LDPP coordinator.

\$ -
------

Airfare R/T	Hotel	Per Diem	Shuttle & Parking	Mileage	Total Costs
-------------	-------	----------	-------------------	---------	-------------

Advisory Committee Travel

\$ -
------

**Total Travel** \$ -

**Subcontracts**

No other subcontracts.

\$ -
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\$ -
------

\$ -
------

**Total Subcontracts** \$ -

**Other Costs**

\$ -
------

**Total Other Costs** \$ -

**Indirect Costs**

Lassen Indian Health Center has applied: 20% of "Total Personnel Salary" excluding Fringe Benefits.

**Indirect Costs** \$ 4,033

**Annual Budget Total** \$ 29,242

**Note:** The Annual Budget Total should exclude any expenditures that would otherwise be paid for by other funding sources such as Denti-Cal reimbursement.

**Exhibit B Attachment I**  
Budget  
6/15/2017 through 12/31/2017

**Personnel**

Position Title	# of Staff	Monthly Salary Range	FTE %	Year 1 Cost (6.5 Months)
Oral Health Care Coordinator	2	\$ 4,172	50%	\$ 27,118.00

**Total Salary** \$ 27,118

**Fringe Benefits (28.01%)** \$ 7,596

**Total Personnel** \$ 34,714

**Operating Expenses**

Office Supplies	\$ -
Building Rental	\$ -
Utilities	\$ -

**Total Operating Expenses** \$ -

**Equipment**

There is no equipment budgeted.

**Total Equipment Expenses** \$ -

**Travel** (At CalHR reimbursement rates)

\$ -
\$ -

**Total Travel** \$ -

**Subcontracts**

\$ -
\$ -

**Total Subcontracts** \$ -

**Other Costs**

\$ -
------

**Total Other Costs** \$ -

**Indirect Costs**

Northern Valley Indian Health has applied: 20% of "Total Personnel Salary" excluding Fringe Benefits.

**Indirect Costs** \$ 5,424

**Annual Budget Total** \$ 40,138

**Note:** The Annual Budget Total should exclude any expenditures that would otherwise be paid for by other funding sources such as Denti-Cal reimbursement.

**Exhibit B Attachment II**  
**Budget**  
1/1/2018 through 12/31/2018

**Personnel**

Position Title	# of Staff	Monthly Salary Range	FTE %	Year 2 Costs (12 months)
Oral Health Care Coordinator	2	\$ 4,339	50%	\$ 52,070.80

**Total Salary** \$ 52,071

**Fringe Benefits (28.01%)** \$ 14,585

**Total Personnel** \$ 66,656

**Operating Expenses**

Office Supplies	\$ -
Building Rental	\$ -
Utilities	\$ -

**Total Operating Expenses** \$ -

**Equipment**

There is no equipment budgeted.

**Total Equipment Expenses** \$ -

**Travel** (At CalHR reimbursement rates)

\$ -
\$ -

**Total Travel** \$ -

**Subcontracts**

\$ -
\$ -

**Total Subcontracts** \$ -

**Other Costs**

\$ -
------

**Total Other Costs** \$ -

**Indirect Costs**

Northern Valley Indian Health has applied: 20% of "Total Personnel Salary" excluding Fringe Benefits.

**Indirect Costs** \$ 10,414

**Annual Budget Total** \$ 77,070

**Note:** The Annual Budget Total should exclude any expenditures that would otherwise be paid for by other funding sources such as Denti-Cal reimbursement.

**Exhibit B Attachment III**  
**Budget**  
1/1/2019 through 12/31/2019

**Personnel**

Position Title	# of Staff	Monthly Salary Range	FTE %	Year 3 Costs (12 months)
Oral Health Care Coordinator	2	\$ 4,513	50%	\$ 54,153.64
<b>Total Salary</b>				\$ 54,154
<b>Fringe Benefits (28.01%)</b>				\$ 15,168

**Total Personnel** \$ 69,322

**Operating Expenses**

Office Supplies	\$ -
Building Rental	\$ -
Utilities	\$ -

**Total Operating Expenses** \$ -

**Equipment**

There is no equipment budgeted.

**Total Equipment Expenses** \$ -

**Travel** (At CalHR reimbursement rates)

\$ -
\$ -

**Total Travel** \$ -

**Subcontracts**

\$ -
\$ -

**Total Subcontracts** \$ -

**Other Costs**

\$ -
------

**Total Other Costs** \$ -

**Indirect Costs**

Northern Valley Indian Health has applied: 20% of "Total Personnel Salary" excluding Fringe Benefits.

**Indirect Costs** \$ 10,831

**Annual Budget Total** \$ 80,153

**Note:** The Annual Budget Total should exclude any expenditures that would otherwise be paid for by other funding sources such as Denti-Cal reimbursement.

**Exhibit B Attachment IV**  
**Budget**  
1/1/2020 through 12/31/2020

**Personnel**

Position Title	# of Staff	Monthly Salary Range	FTE %	Year 4 Costs (12 months)
Oral Health Care Coordinator	2	\$ 4,693	50%	\$ 56,319.78
<b>Total Salary</b>				<b>\$ 56,320</b>
<b>Fringe Benefits (28.01%)</b>				<b>\$ 15,775</b>
<b>Total Personnel</b>				<b>\$ 72,095</b>

**Operating Expenses**

Office Supplies	\$ -
Building Rental	\$ -
Utilities	\$ -
<b>Total Operating Expenses</b>	<b>\$ -</b>

**Equipment**

There is no equipment budgeted.

**Total Equipment Expenses** \$ -

**Travel** (At CalHR reimbursement rates)

\$ -	
\$ -	
<b>Total Travel</b>	<b>\$ -</b>

**Subcontracts**

\$ -	
\$ -	
<b>Total Subcontracts</b>	<b>\$ -</b>

**Other Costs**

\$ -	
<b>Total Other Costs</b>	<b>\$ -</b>

**Northern Valley Indian Health has applied: 20% of "Total Personnel Salary"**

Northern Valley Indian Health has applied: 20% of "Total Personnel Salary" excluding Fringe Benefits.

**Indirect Costs** \$ 11,264

**Annual Budget Total** \$ 83,359

**Note:** The Annual Budget Total should exclude any expenditures that would otherwise be paid for by other funding sources such as Denti-Cal reimbursement.

**Exhibit B Attachment I**  
**Budget Narrative**  
Year 1  
6/15/2017 through 12/31/2017

**Personnel**

Position Title	# of Staff	Monthly Salary Range	FTE %	Year 1 Cost (6.5 Months)
Oral Health Care Coordinator	2	\$ 4,172	50%	\$ 27,118

This position is responsible for the day to day planning, coordination, implementation of the Local Dental Pilot Program at the participating site. The Coordinator is responsible for conducting outreach and education activities targeting children ages 0-20 in the medical care setting. Will participate in monthly webinar trainings, including case management and motivational interviewing. Gathers and analyzes data regarding pilot measures, including oral health access, caries risk assessment, and continuity of care at participating tribal health programs. Facilitates communication among medical and dental clinic staff and engages key clinic and leadership in dental integration efforts, including CRA utilization and workflow redesign. In addition prepares quarterly and yearly reports to CRIHB (Activities: 1.1.a.-1.1.f., 2.1.a.-2.1.d.,3.1.a.-3.1.e.)

**Total Salary** \$ 27,118

Total Fringe Benefits @ 28.01% Personnel Costs. Fringe Benefits include: FICA, Retirement, Health Insurance, Dental and Vision Insurance, Life Insurance, Workers Comp, and State Unemployment Insurance.

**Fringe Benefits (28.01%)** \$ 7,596

**Total Personnel** \$ 34,714

**Operating Expenses**

No operating expenses

**Total Operating Expenses** \$ -

**Equipment**

There is no equipment budgeted.

**Total Equipment Expenses** \$ -

**Travel** (At CalHR reimbursement rates)

No travel expenses. All training will be over webinar or via onsite visit by LDPP coordinator.

\$ -

Airfare R/T	Hotel	Per Diem	Shuttle & Parking	Mileage	Total Costs
-------------	-------	----------	-------------------	---------	-------------

Advisory Committee Travel

\$ -

**Total Travel** \$ -

**Subcontracts**

No other subcontracts.

\$ -

\$ -

\$ -

**Total Subcontracts** \$ -

**Other Costs**

\$ -

**Total Other Costs** \$ -

**Indirect Costs**

Northern Valley Indian Health has applied: 20% of "Total Personnel Salary" excluding Fringe Benefits.

**Indirect Costs** \$ 5,423.60

**Annual Budget Total** \$ 40,138

**Note:** The Annual Budget Total should exclude any expenditures that would otherwise be paid for by other funding sources such as Denti-Cal reimbursement.

**Exhibit B Attachment II**  
**Budget Narrative**  
**Year 2**  
**1/1/2018 through 12/31/2018**

**Personnel**

Position Title	# of Staff	Monthly Salary Range	FTE %	Year 2 Cost (12 Months)
Oral Health Care Coordinator	2	\$ 4,339	50%	\$ 52,070.80

Includes 4% COLA. This position is responsible for the day to day planning, coordination, implementation of the Local Dental Pilot Program at the participating site. The Coordinator is responsible for conducting outreach and education activities targeting children ages 0-20 in the medical care setting. Will participate in monthly webinar trainings, including case management and motivational interviewing. Gathers and analyzes data regarding pilot measures, including oral health access, caries risk assessment, and continuity of care at participating tribal health programs. Facilitates communication among medical and dental clinic staff and engages key clinic and leadership in dental integration efforts, including CRA utilization and workflow redesign. In addition prepares quarterly and yearly reports to CRIHB (Activities: 1.1.a.-1.1.f., 2.1.a.-2.1.d., 3.1.a.-3.1.e.)

**Total Salary** \$ 52,071

Total Fringe Benefits @ 28.01% Personnel Costs. Fringe Benefits include: FICA, Retirement, Health Insurance, Dental and Vision Insurance, Life Insurance, Workers Comp, and State Unemployment Insurance.

**Fringe Benefits  
(28.01%)** \$ 14,585

**Total Personnel** \$ 66,656

**Operating Expenses**

No operating expenses


**Total Operating Expenses** \$ -

**Equipment**

There is no equipment budgeted.

**Total Equipment Expenses** \$ -

**Travel** (At CalHR reimbursement rates)

No travel expenses. All training will be over webinar or via onsite visit by LDPP coordinator.

\$ -
------

Airfare R/T	Hotel	Per Diem	Shuttle & Parking	Mileage	Total Costs
-------------	-------	----------	-------------------	---------	-------------

Advisory Committee Travel

\$ -
------

**Total Travel** \$ -

**Subcontracts**

No other subcontracts.

\$ -
------

\$ -
------

\$ -
------

**Total Subcontracts** \$ -

**Other Costs**

\$ -
------

**Total Other Costs** \$ -

**Indirect Costs**

Northern Valley Indian Health has applied: 20% of "Total Personnel Salary" excluding Fringe Benefits.

**Indirect Costs** \$ 10,414.16

**Annual Budget Total** \$ 77,070

**Note:** The Annual Budget Total should exclude any expenditures that would otherwise be paid for by other funding sources such as Denti-Cal reimbursement.

**Exhibit B Attachment III**  
**Budget Narrative**  
**Year 3**  
**1/1/2019 through 12/31/2019**

**Personnel**

Position Title	# of Staff	Monthly Salary Range	FTE %	Year 3 Cost (12 Months)
Oral Health Care Coordinator	2	\$ 4,513	50%	\$ 54,153.64

Includes 4% COLA. This position is responsible for the day to day planning, coordination, implementation of the Local Dental Pilot Program at the participating site. The Coordinator is responsible for conducting outreach and education activities targeting children ages 0-20 in the medical care setting. Will participate in monthly webinar trainings, including case management and motivational interviewing. Gathers and analyzes data regarding pilot measures, including oral health access, caries risk assessment, and continuity of care at participating tribal health programs. Facilitates communication among medical and dental clinic staff and engages key clinic and leadership in dental integration efforts, including CRA utilization and workflow redesign. In addition prepares quarterly and yearly reports to CRIHB (Activities: 1.1.a.-1.1.f., 2.1.a.-2.1.d., 3.1.a.-3.1.e.)

**Total Salary** \$ 54,154

Total Fringe Benefits @ 28.01% Personnel Costs. Fringe Benefits include: FICA, Retirement, Health Insurance, Dental and Vision Insurance, Life Insurance, Workers Comp, and State Unemployment Insurance.

**Fringe Benefits  
(28.01%)** \$ 15,168

**Total Personnel** \$ 69,322

**Operating Expenses**

No operating expenses


**Total Operating Expenses** \$ -

**Equipment**

There is no equipment budgeted.

**Total Equipment Expenses** \$ -

**Travel** (At CalHR reimbursement rates)

No travel expenses. All training will be over webinar or via onsite visit by LDPP coordinator.

\$ -
------

Airfare R/T	Hotel	Per Diem	Shuttle & Parking	Mileage	Total Costs
-------------	-------	----------	-------------------	---------	-------------

Advisory Committee Travel

\$ -
------

**Total Travel** \$ -

**Subcontracts**

No other subcontracts.

\$ -
------

\$ -
------

\$ -
------

**Total Subcontracts** \$ -

**Other Costs**

\$ -
------

**Total Other Costs** \$ -

**Indirect Costs**

Northern Valley Indian Health has applied: 20% of "Total Personnel Salary" excluding Fringe Benefits.

**Indirect Costs** \$ 10,830.73

**Annual Budget Total** \$ 80,153

**Note:** The Annual Budget Total should exclude any expenditures that would otherwise be paid for by other funding sources such as Denti-Cal reimbursement.

**Exhibit B Attachment IV**  
**Budget Narrative**  
**Year 4**  
**1/1/2020 through 12/31/2020**

**Personnel**

Position Title	# of Staff	Monthly Salary Range	FTE %	Year 4 Cost (12 Months)
Oral Health Care Coordinator	2	\$ 4,693	50%	\$ 56,319.78

Includes 4% COLA. This position is responsible for the day to day planning, coordination, implementation of the Local Dental Pilot Program at the participating site. The Coordinator is responsible for conducting outreach and education activities targeting children ages 0-20 in the medical care setting. Will participate in monthly webinar trainings, including case management and motivational interviewing. Gathers and analyzes data regarding pilot measures, including oral health access, caries risk assessment, and continuity of care at participating tribal health programs. Facilitates communication among medical and dental clinic staff and engages key clinic and leadership in dental integration efforts, including CRA utilization and workflow redesign. In addition prepares quarterly and yearly reports to CRIHB (Activities: 1.1.a.-1.1.f., 2.1.a.-2.1.d.,3.1.a.-3.1.e.)

**Total Salary** \$ 56,320

Total Fringe Benefits @ 28.01% Personnel Costs. Fringe Benefits include: FICA, Retirement, Health Insurance, Dental and Vision Insurance, Life Insurance, Workers Comp, and State Unemployment Insurance.

**Fringe Benefits  
(28.01%)** \$ 15,775

**Total Personnel** \$ 72,095

**Operating Expenses**

No operating expenses


**Total Operating Expenses** \$ -

**Equipment**

There is no equipment budgeted.

**Total Equipment Expenses** \$ -

**Travel** (At CalHR reimbursement rates)

No travel expenses. All training will be over webinar or via onsite visit by LDPP coordinator.

\$ -
------

Airfare R/T	Hotel	Per Diem	Shuttle & Parking	Mileage	Total Costs
-------------	-------	----------	-------------------	---------	-------------

Advisory Committee Travel

\$ -
------

**Total Travel** \$ -

**Subcontracts**

No other subcontracts.

\$ -
------

\$ -
------

\$ -
------

**Total Subcontracts** \$ -

**Other Costs**

\$ -
------

**Total Other Costs** \$ -

**Indirect Costs**

Northern Valley Indian Health has applied: 20% of "Total Personnel Salary" excluding Fringe Benefits.

**Indirect Costs** \$ 11,263.96

**Annual Budget Total** \$ 83,359

**Note:** The Annual Budget Total should exclude any expenditures that would otherwise be paid for by other funding sources such as Denti-Cal reimbursement.

**Exhibit B Attachment I**  
Budget  
6/15/2017 through 12/31/2017

**Personnel**

Position Title	# of Staff	Monthly Salary Range	FTE %	Year 1 Cost (6.5 Months)
Oral Health Care Coordinator	1	\$ 4,172	50%	\$ 13,560
<b>Total Salary</b>				<b>\$ 13,560</b>

**Fringe Benefits (47%)** \$ 6,373

**Total Personnel** \$ 19,933

**Operating Expenses**

Office Supplies	\$ -
Building Rental	\$ -
Utilities	\$ -

**Total Operating Expenses** \$ -

**Equipment**

There is no equipment budgeted.

**Total Equipment Expenses** \$ -

**Travel** (At CalHR reimbursement rates)

\$ -
\$ -

**Total Travel** \$ -

**Subcontracts**

\$ -
\$ -

**Total Subcontracts** \$ -

**Other Costs**

\$ -
------

**Total Other Costs** \$ -

**Indirect Costs**

Pit River Health Service is requesting a 10% indirect cost rate.

**Indirect Costs** \$ 1,356

**Annual Budget Total** \$ 21,289

**Note:** The Annual Budget Total should exclude any expenditures that would otherwise be paid for by other funding sources such as Denti-Cal reimbursement.

**Exhibit B Attachment II**  
**Budget**  
1/1/2018 through 12/31/2018

**Personnel**

Position Title	# of Staff	Monthly Salary Range	FTE %	Year 2 Costs (12 months)
Oral Health Care Coordinator	1	\$ 4,339	50%	\$ 26,035.40
<b>Total Salary</b>				<b>\$ 26,035</b>

**Fringe Benefits (47%)** \$ 12,237

**Total Personnel** \$ 38,272

**Operating Expenses**

Office Supplies	\$ -
Building Rental	\$ -
Utilities	\$ -

**Total Operating Expenses** \$ -

**Equipment**

There is no equipment budgeted.

**Total Equipment Expenses** \$ -

**Travel** (At CalHR reimbursement rates)

\$ -
\$ -

**Total Travel** \$ -

**Subcontracts**

\$ -
\$ -

**Total Subcontracts** \$ -

**Other Costs**

\$ -
------

**Total Other Costs** \$ -

**Indirect Costs**

Pit River Health Service is requesting a 10% indirect cost rate.

**Indirect Costs** \$ 2,604

**Annual Budget Total** \$ 40,876

**Note:** The Annual Budget Total should exclude any expenditures that would otherwise be paid for by other funding sources such as Denti-Cal reimbursement.

**Exhibit B Attachment III**  
**Budget**  
1/1/2019 through 12/31/2019

**Personnel**

Position Title	# of Staff	Monthly Salary Range	FTE %	Year 3 Costs (12 months)
Oral Health Care Coordinator	1	\$ 4,513	50%	\$ 27,076.82
<b>Total Salary</b>				<b>\$ 27,077</b>
<b>Fringe Benefits (47%)</b>				<b>\$ 12,726</b>

**Total Personnel** **\$ 39,803**

**Operating Expenses**

Office Supplies	\$ -
Building Rental	\$ -
Utilities	\$ -
<b>Total Operating Expenses</b>	<b>\$ -</b>

**Equipment**

There is no equipment budgeted.

**Total Equipment Expenses** **\$ -**

**Travel** (At CalHR reimbursement rates)

\$ -
\$ -

**Total Travel** **\$ -**

**Subcontracts**

\$ -
\$ -

**Total Subcontracts** **\$ -**

**Other Costs**

\$ -
------

**Total Other Costs** **\$ -**

**Indirect Costs**

Pit River Health Service is requesting a 10 % indirect cost rate.

**Indirect Costs** **\$ 2,707.68**

**Annual Budget Total** **\$ 42,511**

**Note:** The Annual Budget Total should exclude any expenditures that would otherwise be paid for by other funding sources such as Denti-Cal reimbursement.

**Exhibit B Attachment IV**  
**Budget**  
1/1/2020 through 12/31/2020

**Personnel**

Position Title	# of Staff	Monthly Salary Range	FTE %	Year 4 Costs (12 months)
Oral Health Care Coordinator	1	\$ 4,693	50%	\$ 28,159.89
<b>Total Salary</b>				<b>\$ 28,160</b>

**Fringe Benefits (47%)** \$ 13,235

**Total Personnel** \$ 41,395

**Operating Expenses**

Office Supplies	\$ -
Building Rental	\$ -
Utilities	\$ -

**Total Operating Expenses** \$ -

**Equipment**

There is no equipment budgeted.

**Total Equipment Expenses** \$ -

**Travel** (At CalHR reimbursement rates)

\$ -
\$ -

**Total Travel** \$ -

**Subcontracts**

\$ -
\$ -

**Total Subcontracts** \$ -

**Other Costs**

\$ -
------

**Total Other Costs** \$ -

**Indirect Costs**

Pit River Health Service is requesting a 10 % indirect cost rate.

**Indirect Costs** \$ 2,815.99

**Annual Budget Total** \$ 44,211

**Note:** The Annual Budget Total should exclude any expenditures that would otherwise be paid for by other funding sources such as Denti-Cal reimbursement.

**Exhibit B Attachment I**  
**Budget Narrative**  
Year 1  
6/15/2017 through 12/31/2017

**Personnel**

Position Title	# of Staff	Monthly Salary Range	FTE %	Year 1 Cost (6.5 Months)
Oral Health Care Coordinator	1	\$ 4,172	50%	\$ 13,560

This position is responsible for the day to day planning, coordination, implementation of the Local Dental Pilot Program at the participating site. The Coordinator is responsible for conducting outreach and education activities targeting children ages 0-20 in the medical care setting. Will participate in monthly webinar trainings, including case management and motivational interviewing. Gathers and analyzes data regarding pilot measures, including oral health access, caries risk assessment, and continuity of care at participating tribal health programs. Facilitates communication among medical and dental clinic staff and engages key clinic and leadership in dental integration efforts, including CRA utilization and workflow redesign. In addition prepares quarterly and yearly reports to CRIHB (Activities: 1.1.a.-1.1.f., 2.1.a.-2.1.d., 3.1.a.-3.1.e.)

**Total Salary** \$ 13,560

Total Fringe Benefits @ 47% Personnel Costs. Fringe Benefits include: FICA, Retirement, Health Insurance, Dental and Vision Insurance, Life Insurance, Workers Comp, and State Unemployment Insurance.

**Fringe Benefits (47%)** \$ 6,373

**Total Personnel** \$ 19,933

**Operating Expenses**

No operating expenses


**Total Operating Expenses** \$ -

**Equipment**

There is no equipment budgeted.

**Total Equipment Expenses** \$ -

**Travel** (At CalHR reimbursement rates)

No travel expenses. All training will be over webinar or via onsite visit by LDPP coordinator.

\$ -
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Airfare R/T	Hotel	Per Diem	Shuttle & Parking	Mileage	Total Costs
-------------	-------	----------	-------------------	---------	-------------

Advisory Committee Travel

\$ -
------

**Total Travel** \$ -

**Subcontracts**

No other subcontracts.

\$ -
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\$ -
------

\$ -
------

**Total Subcontracts** \$ -

**Other Costs**

\$ -
------

**Total Other Costs** \$ -

**Indirect Costs**

Pit River Health Service is requesting a 10 % indirect cost rate.

**Indirect Costs** \$ 1,356.00

**Annual Budget Total** \$ 21,289

**Note:** The Annual Budget Total should exclude any expenditures that would otherwise be paid for by other funding sources such as Denti-Cal reimbursement.

**Exhibit B Attachment II**  
**Budget Narrative**  
**Year 2**  
**1/1/2018 through 12/31/2018**

**Personnel**

Position Title	# of Staff	Monthly Salary Range	FTE %	Year 2 Cost (12 Months)
Oral Health Care Coordinator	1	\$ 4,339	50%	\$ 26,035.40

Includes a 4% COLA. This position is responsible for the day to day planning, coordination, implementation of the Local Dental Pilot Program at the participating site. The Coordinator is responsible for conducting outreach and education activities targeting children ages 0-20 in the medical care setting. Will participate in monthly webinar trainings, including case management and motivational interviewing. Gathers and analyzes data regarding pilot measures, including oral health access, caries risk assessment, and continuity of care at participating tribal health programs. Facilitates communication among medical and dental clinic staff and engages key clinic and leadership in dental integration efforts, including CRA utilization and workflow redesign. In addition prepares quarterly and yearly reports to CRIHB (Activities: 1.1.a.-1.1.f., 2.1.a.-2.1.d., 3.1.a.-3.1.e.)

**Total Salary** \$ 26,035

Total Fringe Benefits @ 47% Personnel Costs. Fringe Benefits include: FICA, Retirement, Health Insurance, Dental and Vision Insurance, Life Insurance, Workers Comp, and State Unemployment Insurance.

**Fringe Benefits (47%)** \$ 12,237

**Total Personnel** \$ 38,272

**Operating Expenses**

No operating expenses

**Total Operating Expenses** \$ -

**Equipment**

There is no equipment budgeted.

**Total Equipment Expenses** \$ -

**Travel** (At CalHR reimbursement rates)

No travel expenses. All training will be over webinar or via onsite visit by LDPP coordinator.

\$ -

Airfare R/T	Hotel	Per Diem	Shuttle & Parking	Mileage	Total Costs
-------------	-------	----------	-------------------	---------	-------------

Advisory Committee Travel

\$ -

**Total Travel** \$ -

**Subcontracts**

No other subcontracts.

\$ -

\$ -

\$ -

**Total Subcontracts** \$ -

**Other Costs**

\$ -

**Total Other Costs** \$ -

**Indirect Costs**

Pit River Health Service is requesting a 10% indirect cost rate.

**Indirect Costs** \$ 2,603.54

**Annual Budget Total** \$ 40,876

**Note:** The Annual Budget Total should exclude any expenditures that would otherwise be paid for by other funding sources such as Denti-Cal reimbursement.

**Exhibit B Attachment III**  
**Budget Narrative**  
**Year 3**  
**1/1/2019 through 12/31/2019**

**Personnel**

Position Title	# of Staff	Monthly Salary Range	FTE %	Year 3 Cost (12 Months)
Oral Health Care Coordinator	1	\$ 4,513	50%	\$ 27,076.82

Includes a 4% COLA. This position is responsible for the day to day planning, coordination, implementation of the Local Dental Pilot Program at the participating site. The Coordinator is responsible for conducting outreach and education activities targeting children ages 0-20 in the medical care setting. Will participate in monthly webinar trainings, including case management and motivational interviewing. Gathers and analyzes data regarding pilot measures, including oral health access, caries risk assessment, and continuity of care at participating tribal health programs. Facilitates communication among medical and dental clinic staff and engages key clinic and leadership in dental integration efforts, including CRA utilization and workflow redesign. In addition prepares quarterly and yearly reports to CRIHB (Activities: 1.1.a.-1.1.f., 2.1.a.-2.1.d., 3.1.a.-3.1.e.)

**Total Salary** \$ 27,077

Total Fringe Benefits @ 47% Personnel Costs. Fringe Benefits include: FICA, Retirement, Health Insurance, Dental and Vision Insurance, Life Insurance, Workers Comp, and State Unemployment Insurance.

**Fringe Benefits (47%)** \$ 12,726

**Total Personnel** \$ 39,803

**Operating Expenses**

No operating expenses


**Total Operating Expenses** \$ -

**Equipment**

There is no equipment budgeted.

**Total Equipment Expenses** \$ -

**Travel** (At CalHR reimbursement rates)

No travel expenses. All training will be over webinar or via onsite visit by LDPP coordinator.

\$ -
------

Airfare R/T	Hotel	Per Diem	Shuttle & Parking	Mileage	Total Costs
-------------	-------	----------	-------------------	---------	-------------

Advisory Committee Travel

\$ -
------

**Total Travel** \$ -

**Subcontracts**

No other subcontracts.

\$ -
------

\$ -
------

\$ -
------

**Total Subcontracts** \$ -

**Other Costs**

\$ -
------

**Total Other Costs** \$ -

**Indirect Costs**

Pit River Health Service is requesting a 10% indirect cost rate.

**Indirect Costs** \$ 2,707.68

**Annual Budget Total** \$ 42,511

**Note:** The Annual Budget Total should exclude any expenditures that would otherwise be paid for by other funding sources such as Denti-Cal reimbursement.

**Exhibit B Attachment IV**  
**Budget Narrative**  
**Year 4**  
**1/1/2020 through 12/31/2020**

**Personnel**

Position Title	# of Staff	Monthly Salary Range	FTE %	Year 4 Cost (12 Months)
Oral Health Care Coordinator	1	\$ 4,693	50%	\$ 28,159.89

Includes a 4% COLA. This position is responsible for the day to day planning, coordination, implementation of the Local Dental Pilot Program at the participating site. The Coordinator is responsible for conducting outreach and education activities targeting children ages 0-20 in the medical care setting. Will participate in monthly webinar trainings, including case management and motivational interviewing. Gathers and analyzes data regarding pilot measures, including oral health access, caries risk assessment, and continuity of care at participating tribal health programs. Facilitates communication among medical and dental clinic staff and engages key clinic and leadership in dental integration efforts, including CRA utilization and workflow redesign. In addition prepares quarterly and yearly reports to CRIHB (Activities: 1.1.a.-1.1.f., 2.1.a.-2.1.d., 3.1.a.-3.1.e.)

**Total Salary** \$ 28,160

Total Fringe Benefits @ 47% Personnel Costs. Fringe Benefits include: FICA, Retirement, Health Insurance, Dental and Vision Insurance, Life Insurance, Workers Comp, and State Unemployment Insurance.

**Fringe Benefits (47%)** \$ 13,235

**Total Personnel** \$ 41,395

**Operating Expenses**

No operating expenses


**Total Operating Expenses** \$ -

**Equipment**

There is no equipment budgeted.

**Total Equipment Expenses** \$ -

**Travel** (At CalHR reimbursement rates)

No travel expenses. All training will be over webinar or via onsite visit by LDPP coordinator.

\$ -
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Airfare R/T	Hotel	Per Diem	Shuttle & Parking	Mileage	Total Costs
-------------	-------	----------	-------------------	---------	-------------

Advisory Committee Travel

\$ -
------

**Total Travel** \$ -

**Subcontracts**

No other subcontracts.

\$ -
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\$ -
------

\$ -
------

**Total Subcontracts** \$ -

**Other Costs**

\$ -
------

**Total Other Costs** \$ -

**Indirect Costs**

Pit River Health Service is requesting a 10% indirect cost rate.

**Indirect Costs** \$ 2,815.99

**Annual Budget Total** \$ 44,211

**Note:** The Annual Budget Total should exclude any expenditures that would otherwise be paid for by other funding sources such as Denti-Cal reimbursement.

**Exhibit B Attachment I**  
Budget  
6/15/2017 through 12/31/2017

**Personnel**

Position Title	# of Staff	Monthly Salary Range	FTE %	Year 1 Cost (6.5 Months)
Oral Health Care Coordinator	1	\$ 3,900	50%	\$ 12,675
<b>Total Salary</b>				\$ 12,675
<b>Fringe Benefits (33.1%)</b>				\$ 4,195

**Total Personnel** \$ 16,870

**Operating Expenses**

Office Supplies	\$ -
Building Rental	\$ -
Utilities	\$ -

**Total Operating Expenses** \$ -

**Equipment**

There is no equipment budgeted.

**Total Equipment Expenses** \$ -

**Travel** (At CalHR reimbursement rates)

\$ -
\$ -

**Total Travel** \$ -

**Subcontracts**

\$ -
\$ -

**Total Subcontracts** \$ -

**Other Costs**

\$ -
------

**Total Other Costs** \$ -

**Indirect Costs**

Round Valley is claiming a 10% indirect cost rate.

**Indirect Costs** \$ 1,268.00

**Annual Budget Total** \$ 18,138

**Note:** The Annual Budget Total should exclude any expenditures that would otherwise be paid for by other funding sources such as Denti-Cal reimbursement.

**Exhibit B Attachment II**  
**Budget**  
1/1/2018 through 12/31/2018

**Personnel**

Position Title	# of Staff	Monthly Salary Range	FTE %	Year 2 Costs (12 months)
Oral Health Care Coordinator	1	\$ 4,056	50%	\$ 24,336
<b>Total Salary</b>				<b>\$ 24,336</b>
<b>Fringe Benefits (33.1%)</b>				<b>\$ 8,055</b>

**Total Personnel** **\$ 32,391**

**Operating Expenses**

Office Supplies	\$ -
Building Rental	\$ -
Utilities	\$ -

**Total Operating Expenses** **\$ -**

**Equipment**

There is no equipment budgeted.

**Total Equipment Expenses** **\$ -**

**Travel** (At CalHR reimbursement rates)

\$ -
\$ -

**Total Travel** **\$ -**

**Subcontracts**

\$ -
\$ -

**Total Subcontracts** **\$ -**

**Other Costs**

\$ -
------

**Total Other Costs** **\$ -**

**Indirect Costs**

Round Valley is claiming a 10% indirect cost rate.

**Indirect Costs** **\$ 2,434.00**

**Annual Budget Total** **\$ 34,825**

**Note:** The Annual Budget Total should exclude any expenditures that would otherwise be paid for by other funding sources such as Denti-Cal reimbursement.

**Exhibit B Attachment III**  
**Budget**  
1/1/2019 through 12/31/2019

**Personnel**

Position Title	# of Staff	Monthly Salary Range	FTE %	Year 3 Costs (12 months)
Oral Health Care Coordinator	1	\$ 4,218	50%	\$ 25,309
<b>Total Salary</b>				<b>\$ 25,309</b>
<b>Fringe Benefits (33.1%)</b>				<b>\$ 8,377</b>

**Total Personnel** **\$ 33,686**

**Operating Expenses**

Office Supplies	\$ -
Building Rental	\$ -
Utilities	\$ -

**Total Operating Expenses** **\$ -**

**Equipment**

There is no equipment budgeted.

**Total Equipment Expenses** **\$ -**

**Travel** (At CalHR reimbursement rates)

\$ -
\$ -

**Total Travel** **\$ -**

**Subcontracts**

\$ -
\$ -

**Total Subcontracts** **\$ -**

**Other Costs**

\$ -
------

**Total Other Costs** **\$ -**

**Indirect Costs**

Round Valley is claiming a 10% indirect cost rate.

**Indirect Costs** **\$ 2,531.00**

**Annual Budget Total** **\$ 36,217**

**Note:** The Annual Budget Total should exclude any expenditures that would otherwise be paid for by other funding sources such as Denti-Cal reimbursement.

**Exhibit B Attachment IV**  
**Budget**  
1/1/2020 through 12/31/2020

**Personnel**

Position Title	# of Staff	Monthly Salary Range	FTE %	Year 4 Costs (12 months)
Oral Health Care Coordinator	1	\$ 4,387	50%	\$ 26,322
<b>Total Salary</b>				\$ 26,322
<b>Fringe Benefits (33.1%)</b>				\$ 8,713

**Total Personnel** \$ 35,035

**Operating Expenses**

Office Supplies	\$ -
Building Rental	\$ -
Utilities	\$ -

**Total Operating Expenses** \$ -

**Equipment**

There is no equipment budgeted.

**Total Equipment Expenses** \$ -

**Travel** (At CalHR reimbursement rates)

\$ -
\$ -

**Total Travel** \$ -

**Subcontracts**

\$ -
\$ -

**Total Subcontracts** \$ -

**Other Costs**

\$ -
------

**Total Other Costs** \$ -

**Indirect Costs**

Round Valley is claiming a 10% indirect cost rate.

**Indirect Costs** \$ 2,632.00

**Annual Budget Total** \$ 37,667

**Note:** The Annual Budget Total should exclude any expenditures that would otherwise be paid for by other funding sources such as Denti-Cal reimbursement.

**Exhibit B Attachment I**  
**Budget Narrative**  
**Year 1**  
**6/15/2017 through 12/31/2017**

**Personnel**

Position Title	# of Staff	Monthly Salary Range	FTE %	Year 1 Cost (6.5 Months)
Oral Health Care Coordinator	1	\$ 3,900	50%	\$ 12,675

This position is responsible for the day to day planning, coordination, implementation of the Local Dental Pilot Program at the participating site. The Coordinator is responsible for conducting outreach and education activities targeting children ages 0-20 in the medical care setting. Will participate in monthly webinar trainings, including case management and motivational interviewing. Gathers and analyzes data regarding pilot measures, including oral health access, caries risk assessment, and continuity of care at participating tribal health programs. Facilitates communication among medical and dental clinic staff and engages key clinic and leadership in dental integration efforts, including CRA utilization and workflow redesign. In addition prepares quarterly and yearly reports to CRIHB (Activities: 1.1.a.-1.1.f., 2.1.a.-2.1.d., 3.1.a.-3.1.e.)

**Total Salary** \$ 12,675

Total Fringe Benefits @ 33.1% Personnel Costs. Fringe Benefits include: FICA, Retirement, Health Insurance, Dental and Vision Insurance, Life Insurance, Workers Comp, and State Unemployment Insurance.

**Fringe Benefits  
(33.1%)** \$ 4,195

**Total Personnel** \$ 16,870

**Operating Expenses**

No operating expenses

**Total Operating Expenses** \$ -

**Equipment**

There is no equipment budgeted.

**Total Equipment Expenses** \$ -

**Travel** (At CalHR reimbursement rates)

No travel expenses. All training will be over webinar or via onsite visit by LDPP coordinator.

\$ -

Airfare R/T	Hotel	Per Diem	Shuttle & Parking	Mileage	Total Costs
-------------	-------	----------	-------------------	---------	-------------

Advisory Committee Travel

\$ -

**Total Travel** \$ -

**Subcontracts**

No other subcontracts.

\$ -

\$ -

\$ -

**Total Subcontracts** \$ -

**Other Costs**

\$ -

**Total Other Costs** \$ -

**Indirect Costs**

Round Valley is claiming a 10% indirect cost rate.

**Indirect Costs** \$ 1,268.00

**Annual Budget Total** \$ 18,138

**Note:** The Annual Budget Total should exclude any expenditures that would otherwise be paid for by other funding sources such as Denti-Cal reimbursement.

**Exhibit B Attachment II**  
**Budget Narrative**  
**Year 2**  
**1/1/2018 through 12/31/2018**

**Personnel**

Position Title	# of Staff	Monthly Salary Range	FTE %	Year 2 Cost (12 Months)
Oral Health Care Coordinator	1	\$ 4,056	50%	\$ 24,336

Includes a 4% COLA. This position is responsible for the day to day planning, coordination, implementation of the Local Dental Pilot Program at the participating site. The Coordinator is responsible for conducting outreach and education activities targeting children ages 0-20 in the medical care setting. Will participate in monthly webinar trainings, including case management and motivational interviewing. Gathers and analyzes data regarding pilot measures, including oral health access, caries risk assessment, and continuity of care at participating tribal health programs. Facilitates communication among medical and dental clinic staff and engages key clinic and leadership in dental integration efforts, including CRA utilization and workflow redesign. In addition prepares quarterly and yearly reports to CRIHB (Activities: 1.1.a.-1.1.f., 2.1.a.-2.1.d., 3.1.a.-3.1.e.)

**Total Salary** \$ 24,336

Total Fringe Benefits @ 33.1% Personnel Costs. Fringe Benefits include: FICA, Retirement, Health Insurance, Dental and Vision Insurance, Life Insurance, Workers Comp, and State Unemployment Insurance.

**Fringe Benefits  
(33.1%)** \$ 8,055

**Total Personnel** \$ 32,391

**Operating Expenses**

No operating expenses

**Total Operating Expenses** \$ -

**Equipment**

There is no equipment budgeted.

**Total Equipment Expenses** \$ -

**Travel** (At CalHR reimbursement rates)

No travel expenses. All training will be over webinar or via onsite visit by LDPP coordinator.

\$ -

Airfare R/T	Hotel	Per Diem	Shuttle & Parking	Mileage	Total Costs
-------------	-------	----------	-------------------	---------	-------------

Advisory Committee Travel

\$ -

**Total Travel** \$ -

**Subcontracts**

No other subcontracts.

\$ -

\$ -

\$ -

**Total Subcontracts** \$ -

**Other Costs**

\$ -

**Total Other Costs** \$ -

**Indirect Costs**

Round Valley is claiming a 10% indirect cost rate.

**Indirect Costs** \$ 2,434

**Annual Budget Total** \$ 34,825

**Note:** The Annual Budget Total should exclude any expenditures that would otherwise be paid for by other funding sources such as Denti-Cal reimbursement.

**Exhibit B Attachment III**  
**Budget Narrative**  
**Year 3**  
**1/1/2019 through 12/31/2019**

**Personnel**

Position Title	# of Staff	Monthly Salary Range	FTE %	Year 3 Cost (12 Months)
Oral Health Care Coordinator	1	\$ 4,218	50%	\$ 25,309

Includes a 4% COLA. This position is responsible for the day to day planning, coordination, implementation of the Local Dental Pilot Program at the participating site. The Coordinator is responsible for conducting outreach and education activities targeting children ages 0-20 in the medical care setting. Will participate in monthly webinar trainings, including case management and motivational interviewing. Gathers and analyzes data regarding pilot measures, including oral health access, caries risk assessment, and continuity of care at participating tribal health programs. Facilitates communication among medical and dental clinic staff and engages key clinic and leadership in dental integration efforts, including CRA utilization and workflow redesign. In addition prepares quarterly and yearly reports to CRIHB (Activities: 1.1.a.-1.1.f., 2.1.a.-2.1.d., 3.1.a.-3.1.e.)

**Total Salary** \$ 25,309

Total Fringe Benefits @ 33.1% Personnel Costs. Fringe Benefits include: FICA, Retirement, Health Insurance, Dental and Vision Insurance, Life Insurance, Workers Comp, and State Unemployment Insurance.

**Fringe Benefits  
(33.1%)** \$ 8,377

**Total Personnel** \$ 33,686

**Operating Expenses**

No operating expenses

**Total Operating Expenses** \$ -

**Equipment**

There is no equipment budgeted.

**Total Equipment Expenses** \$ -

**Travel** (At CalHR reimbursement rates)

No travel expenses. All training will be over webinar or via onsite visit by LDPP coordinator.

\$ -

Airfare R/T	Hotel	Per Diem	Shuttle & Parking	Mileage	Total Costs
-------------	-------	----------	-------------------	---------	-------------

Advisory Committee Travel

\$ -

**Total Travel** \$ -

**Subcontracts**

No other subcontracts.

\$ -

\$ -

\$ -

**Total Subcontracts** \$ -

**Other Costs**

\$ -

**Total Other Costs** \$ -

**Indirect Costs**

Round Valley is claiming a 10% indirect cost rate.

**Indirect Costs** \$ 2,531

**Annual Budget Total** \$ 36,217

**Note:** The Annual Budget Total should exclude any expenditures that would otherwise be paid for by other funding sources such as Denti-Cal reimbursement.

**Exhibit B Attachment IV**  
**Budget Narrative**  
**Year 4**  
**1/1/2020 through 12/31/2020**

**Personnel**

Position Title	# of Staff	Monthly Salary Range	FTE %	Year 4 Cost (12 Months)
Oral Health Care Coordinator	1	\$ 4,387	50%	\$ 26,322

Includes a 4% COLA. This position is responsible for the day to day planning, coordination, implementation of the Local Dental Pilot Program at the participating site. The Coordinator is responsible for conducting outreach and education activities targeting children ages 0-20 in the medical care setting. Will participate in monthly webinar trainings, including case management and motivational interviewing. Gathers and analyzes data regarding pilot measures, including oral health access, caries risk assessment, and continuity of care at participating tribal health programs. Facilitates communication among medical and dental clinic staff and engages key clinic and leadership in dental integration efforts, including CRA utilization and workflow redesign. In addition prepares quarterly and yearly reports to CRIHB (Activities: 1.1.a.-1.1.f., 2.1.a.-2.1.d., 3.1.a.-3.1.e.)

**Total Salary** \$ 26,322

Total Fringe Benefits @ 33.1% Personnel Costs. Fringe Benefits include: FICA, Retirement, Health Insurance, Dental and Vision Insurance, Life Insurance, Workers Comp, and State Unemployment Insurance.

**Fringe Benefits (33.1%)** \$ 8,713

**Total Personnel** \$ 35,035

**Operating Expenses**

No operating expenses

**Total Operating Expenses** \$ -

**Equipment**

There is no equipment budgeted.

**Total Equipment Expenses** \$ -

**Travel** (At CalHR reimbursement rates)

No travel expenses. All training will be over webinar or via onsite visit by LDPP coordinator.

\$ -

Airfare R/T	Hotel	Per Diem	Shuttle & Parking	Mileage	Total Costs
-------------	-------	----------	-------------------	---------	-------------

Advisory Committee Travel

\$ -

**Total Travel** \$ -

**Subcontracts**

No other subcontracts.

\$ -

\$ -

\$ -

**Total Subcontracts** \$ -

**Other Costs**

\$ -

**Total Other Costs** \$ -

**Indirect Costs**

Round Valley is claiming a 10% indirect cost rate.

**Indirect Costs** \$ 2,632

**Annual Budget Total** \$ 37,667

**Note:** The Annual Budget Total should exclude any expenditures that would otherwise be paid for by other funding sources such as Denti-Cal reimbursement.

**Exhibit B Attachment I**  
Budget  
06/15/2017 through 12/31/2017

**Personnel**

Position Title	# of Staff	Monthly Salary Range	FTE %	Year 1 Cost (6.5 Months)
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Oral Health Care Coordinator	1	\$ 2,870	50%	\$ 9,328.94
------------------------------	---	----------	-----	-------------

**Total Salary** \$ 9,329

**Fringe Benefits (21%)** \$ 1,959

**Total Personnel** \$ 11,288

**Operating Expenses**

Office Supplies  
Building Rental  
Utilities

\$	-
\$	-
\$	-

**Total Operating Expenses** \$ -

**Equipment**

There is no equipment budgeted.

**Total Equipment Expenses** \$ -

**Travel** (At CalHR reimbursement rates)

\$	-
\$	-

**Total Travel** \$ -

**Subcontracts**

\$	-
\$	-

**Total Subcontracts** \$ -

**Other Costs**

\$	-
----	---

**Total Other Costs** \$ -

**Indirect Costs**

SDAIHC has applied: 20% of "Total Personnel Salary" excluding Fringe Benefits.

**Indirect Costs** \$ 1,866.00

**Annual Budget Total** \$ 13,154

**Note:** The Annual Budget Total should exclude any expenditures that would otherwise be paid for by other funding sources such as Denti-Cal reimbursement.

**Exhibit B Attachment II**  
**Budget**  
1/1/2018 through 12/31/2018

**Personnel**

Position Title	# of Staff	Monthly Salary Range	FTE %	Year 2 Costs (12 months)
----------------	------------	----------------------	-------	--------------------------

Oral Health Care Coordinator	1	\$ 2,985	50%	\$ 17,912
------------------------------	---	----------	-----	-----------

**Total Salary** \$ 17,912

**Fringe Benefits (21%)** \$ 3,761

**Total Personnel** \$ 21,673

**Operating Expenses**

Office Supplies  
Building Rental  
Utilities

\$ -
\$ -
\$ -

**Total Operating Expenses** \$ -

**Equipment**

There is no equipment budgeted.

**Total Equipment Expenses** \$ -

**Travel** (At CalHR reimbursement rates)

\$ -
\$ -

**Total Travel** \$ -

**Subcontracts**

\$ -
\$ -

**Total Subcontracts** \$ -

**Other Costs**

\$ -
------

**Total Other Costs** \$ -

**Indirect Costs**

SDAIHC has applied: 20% of "Total Personnel Salary" excluding Fringe Benefits.

**Indirect Costs** \$ 3,582.00

**Annual Budget Total** \$ 25,255

**Note:** The Annual Budget Total should exclude any expenditures that would otherwise be paid for by other funding sources such as Denti-Cal reimbursement.

**Exhibit B Attachment III**  
**Budget**  
1/1/2019 through 12/31/2019

**Personnel**

Position Title	# of Staff	Monthly Salary Range	FTE %	Year 3 Costs (12 months)
----------------	------------	----------------------	-------	--------------------------

Oral Health Care Coordinator	1	\$ 3,105	50%	\$ 18,628
------------------------------	---	----------	-----	-----------

**Total Salary** \$ 18,628

**Fringe Benefits (21%)** \$ 3,912

**Total Personnel** \$ 22,540

**Operating Expenses**

Office Supplies  
Building Rental  
Utilities

\$ -
\$ -
\$ -

**Total Operating Expenses** \$ -

**Equipment**

There is no equipment budgeted.

**Total Equipment Expenses** \$ -

**Travel** (At CalHR reimbursement rates)

\$ -
\$ -

**Total Travel** \$ -

**Subcontracts**

\$ -
\$ -

**Total Subcontracts** \$ -

**Other Costs**

\$ -
------

**Total Other Costs** \$ -

**Indirect Costs**

SDAIHC has applied: 20% of "Total Personnel Salary" excluding Fringe Benefits.

**Indirect Costs** \$ 3,726.00

**Annual Budget Total** \$ 26,266

**Note:** The Annual Budget Total should exclude any expenditures that would otherwise be paid for by other funding sources such as Denti-Cal reimbursement.

**Exhibit B Attachment IV**  
**Budget**  
1/1/2020 through 12/31/2020

**Personnel**

Position Title	# of Staff	Monthly Salary Range	FTE %	Year 4 Costs (12 months)
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Oral Health Care Coordinator	1	\$ 3,229	50%	\$ 19,373
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**Total Salary** \$ 19,373

**Fringe Benefits (21%)** \$ 4,068

**Total Personnel** \$ 23,442

**Operating Expenses**

Office Supplies	\$ -
Building Rental	\$ -
Utilities	\$ -

**Total Operating Expenses** \$ -

**Equipment**

There is no equipment budgeted.

**Total Equipment Expenses** \$ -

**Travel** (At CalHR reimbursement rates)

\$ -
\$ -

**Total Travel** \$ -

**Subcontracts**

\$ -
\$ -

**Total Subcontracts** \$ -

**Other Costs**

\$ -
------

**Total Other Costs** \$ -

**Indirect Costs**

**Indirect Costs** \$ 3,875.00

SDAIHC has applied: 20% of "Total Personnel Salary" excluding Fringe Benefits.

**Annual Budget Total** \$ 27,317

**Note:** The Annual Budget Total should exclude any expenditures that would otherwise be paid for by other funding sources such as Denti-Cal reimbursement.

**Exhibit B Attachment I**  
**Budget Narrative**  
**Year 1**  
**06/15/2017 through 12/31/2017**

**Personnel**

Position Title	# of Staff	Monthly Salary Range	FTE %	Year 1 Cost (6.5 Months)
Oral Health Care Coordinator	1	\$ 2,870	50%	\$ 9,329

This position is responsible for the day to day planning, coordination, implementation of the Local Dental Pilot Program at the participating site. The Coordinator is responsible for conducting outreach and education activities targeting children ages 0-20 in the medical care setting. Will participate in monthly webinar trainings, including case management and motivational interviewing. Gathers and analyzes data regarding pilot measures, including oral health access, caries risk assessment, and continuity of care at participating tribal health programs. Facilitates communication among medical and dental clinic staff and engages key clinic and leadership in dental integration efforts, including CRA utilization and workflow redesign. In addition prepares quarterly and yearly reports to CRIHB (Activities: 1.1.a.-1.1.f., 2.1.a.-2.1.d., 3.1.a.-3.1.e.)

**Total Salary** \$ 9,329

Total Fringe Benefits @ 21% Personnel Costs. Fringe Benefits include: FICA, Retirement, Health Insurance, Dental and Vision Insurance, Life Insurance, Workers Comp, and State Unemployment Insurance.

**Fringe Benefits (21%)** \$ 1,959

**Total Personnel** \$ 11,288

**Operating Expenses**

No operating expenses

**Total Operating Expenses** \$ -

**Equipment**

There is no equipment budgeted.

**Total Equipment Expenses** \$ -

**Travel** (At CalHR reimbursement rates)

No travel expenses. All training will be over webinar or via onsite visit by LDPP coordinator.

\$ -

Airfare R/T	Hotel	Per Diem	Shuttle & Parking	Mileage	Total Costs
-------------	-------	----------	-------------------	---------	-------------

Advisory Committee Travel

\$ -

**Total Travel** \$ -

**Subcontracts**

No other subcontracts.

\$ -

\$ -

\$ -

**Total Subcontracts** \$ -

**Other Costs**

\$ -

**Total Other Costs** \$ -

**Indirect Costs**

SDAIHC has applied: 20% of "Total Personnel Salary" excluding Fringe Benefits.

**Indirect Costs** \$ 1,866.00

**Annual Budget Total** \$ 13,154

**Note:** The Annual Budget Total should exclude any expenditures that would otherwise be paid for by other funding sources such as Denti-Cal reimbursement.

**Exhibit B Attachment II**  
**Budget Narrative**  
**Year 2**  
**1/1/2018 through 12/31/2018**

**Personnel**

Position Title	# of Staff	Monthly Salary Range	FTE %	Year 2 Cost (12 Months)
Oral Health Care Coordinator	1	\$ 2,985	50%	\$ 17,912

Includes a 4% COLA. This position is responsible for the day to day planning, coordination, implementation of the Local Dental Pilot Program at the participating site. The Coordinator is responsible for conducting outreach and education activities targeting children ages 0-20 in the medical care setting. Will participate in monthly webinar trainings, including case management and motivational interviewing. Gathers and analyzes data regarding pilot measures, including oral health access, caries risk assessment, and continuity of care at participating tribal health programs. Facilitates communication among medical and dental clinic staff and engages key clinic and leadership in dental integration efforts, including CRA utilization and workflow redesign. In addition prepares quarterly and yearly reports to CRIHB (Activities: 1.1.a.-1.1.f., 2.1.a.-2.1.d., 3.1.a.-3.1.e.)

**Total Salary** \$ 17,912

Total Fringe Benefits @ 21% Personnel Costs. Fringe Benefits include: FICA, Retirement, Health Insurance, Dental and Vision Insurance, Life Insurance, Workers Comp, and State Unemployment Insurance.

**Fringe Benefits (21%)** \$ 3,761

**Total Personnel** \$ 21,673

**Operating Expenses**

No operating expenses


**Total Operating Expenses** \$ -

**Equipment**

There is no equipment budgeted.

**Total Equipment Expenses** \$ -

**Travel** (At CalHR reimbursement rates)

No travel expenses. All training will be over webinar or via onsite visit by LDPP coordinator.

\$ -
------

Airfare R/T	Hotel	Per Diem	Shuttle & Parking	Mileage	Total Costs
-------------	-------	----------	-------------------	---------	-------------

Advisory Committee Travel

\$ -
------

**Total Travel** \$ -

**Subcontracts**

No other subcontracts.

\$ -
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\$ -
------

\$ -
------

**Total Subcontracts** \$ -

**Other Costs**

\$ -
------

**Total Other Costs** \$ -

**Indirect Costs**

SDAIHC has applied: 20% of "Total Personnel Salary" excluding Fringe Benefits.

**Indirect Costs** \$ 3,582.00

**Annual Budget Total** \$ 25,255

**Note:** The Annual Budget Total should exclude any expenditures that would otherwise be paid for by other funding sources such as Denti-Cal reimbursement.

**Exhibit B Attachment III**  
**Budget Narrative**  
**Year 3**  
**1/1/2019 through 12/31/2019**

**Personnel**

Position Title	# of Staff	Monthly Salary Range	FTE %	Year 3 Cost (12 Months)
Oral Health Care Coordinator	1	\$ 3,105	50%	\$ 18,628

Includes a 4% COLA. This position is responsible for the day to day planning, coordination, implementation of the Local Dental Pilot Program at the participating site. The Coordinator is responsible for conducting outreach and education activities targeting children ages 0-20 in the medical care setting. Will participate in monthly webinar trainings, including case management and motivational interviewing. Gathers and analyzes data regarding pilot measures, including oral health access, caries risk assessment, and continuity of care at participating tribal health programs. Facilitates communication among medical and dental clinic staff and engages key clinic and leadership in dental integration efforts, including CRA utilization and workflow redesign. In addition prepares quarterly and yearly reports to CRIHB (Activities: 1.1.a.-1.1.f., 2.1.a.-2.1.d., 3.1.a.-3.1.e.)

**Total Salary** \$ 18,628

Total Fringe Benefits @ 21% Personnel Costs. Fringe Benefits include: FICA, Retirement, Health Insurance, Dental and Vision Insurance, Life Insurance, Workers Comp, and State Unemployment Insurance.

**Fringe Benefits (21%)** \$ 3,912

**Total Personnel** \$ 22,540

**Operating Expenses**

No operating expenses


**Total Operating Expenses** \$ -

**Equipment**

There is no equipment budgeted.

**Total Equipment Expenses** \$ -

**Travel** (At CalHR reimbursement rates)

No travel expenses. All training will be over webinar or via onsite visit by LDPP coordinator.

\$ -
------

Airfare R/T	Hotel	Per Diem	Shuttle & Parking	Mileage	Total Costs
-------------	-------	----------	-------------------	---------	-------------

Advisory Committee Travel

\$ -
------

**Total Travel** \$ -

**Subcontracts**

No other subcontracts.

\$ -
------

\$ -
------

\$ -
------

**Total Subcontracts** \$ -

**Other Costs**

\$ -
------

**Total Other Costs** \$ -

**Indirect Costs**

SDAIHC has applied: 20% of "Total Personnel Salary" excluding Fringe Benefits.

**Indirect Costs** \$ 3,726.00

**Annual Budget Total** \$ 26,266

**Note:** The Annual Budget Total should exclude any expenditures that would otherwise be paid for by other funding sources such as Denti-Cal reimbursement.

**Exhibit B Attachment IV**  
**Budget Narrative**  
**Year 4**  
**1/1/2020 through 12/31/2020**

**Personnel**

Position Title	# of Staff	Monthly Salary Range	FTE %	Year 4 Cost (12 Months)
Oral Health Care Coordinator	1	\$ 3,229	50%	\$ 19,373

Includes a 4% COLA. This position is responsible for the day to day planning, coordination, implementation of the Local Dental Pilot Program at the participating site. The Coordinator is responsible for conducting outreach and education activities targeting children ages 0-20 in the medical care setting. Will participate in monthly webinar trainings, including case management and motivational interviewing. Gathers and analyzes data regarding pilot measures, including oral health access, caries risk assessment, and continuity of care at participating tribal health programs. Facilitates communication among medical and dental clinic staff and engages key clinic and leadership in dental integration efforts, including CRA utilization and workflow redesign. In addition prepares quarterly and yearly reports to CRIHB (Activities: 1.1.a.-1.1.f., 2.1.a.-2.1.d., 3.1.a.-3.1.e.)

**Total Salary** \$ 19,373

Total Fringe Benefits @ 21% Personnel Costs. Fringe Benefits include: FICA, Retirement, Health Insurance, Dental and Vision Insurance, Life Insurance, Workers Comp, and State Unemployment Insurance.

**Fringe Benefits (21%)** \$ 4,068

**Total Personnel** \$ 23,442

**Operating Expenses**

No operating expenses


**Total Operating Expenses** \$ -

**Equipment**

There is no equipment budgeted.

**Total Equipment Expenses** \$ -

**Travel** (At CalHR reimbursement rates)

No travel expenses. All training will be over webinar or via onsite visit by LDPP coordinator.

\$ -
------

Airfare R/T	Hotel	Per Diem	Shuttle & Parking	Mileage	Total Costs
-------------	-------	----------	-------------------	---------	-------------

Advisory Committee Travel

\$ -
------

**Total Travel** \$ -

**Subcontracts**

No other subcontracts.

\$ -
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\$ -
------

\$ -
------

**Total Subcontracts** \$ -

**Other Costs**

\$ -
------

**Total Other Costs** \$ -

**Indirect Costs**

SDAIHC has applied: 20% of "Total Personnel Salary" excluding Fringe Benefits.

**Indirect Costs** \$ 3,875.00

**Annual Budget Total** \$ 27,317

**Note:** The Annual Budget Total should exclude any expenditures that would otherwise be paid for by other funding sources such as Denti-Cal reimbursement.

**Exhibit B Attachment I**  
Budget  
06/15/2017 through 12/31/2017

**Personnel**

Position Title	# of Staff	Monthly Salary Range	FTE %	Year 1 Cost (6.5 Months)
Oral Health Care Coordinator	1	\$ 2,482	50%	\$ 8,067
<b>Total Salary</b>				\$ 8,067
<b>Fringe Benefits (27.5%)</b>				\$ 2,218

**Total Personnel** \$ 10,285

**Operating Expenses**

Office Supplies	\$ -
Building Rental	\$ -
Utilities	\$ -

**Total Operating Expenses** \$ -

**Equipment**

There is no equipment budgeted.

**Total Equipment Expenses** \$ -

**Travel** (At CalHR reimbursement rates)

\$ -
\$ -

**Total Travel** \$ -

**Subcontracts**

\$ -
\$ -

**Total Subcontracts** \$ -

**Other Costs**

\$ -
------

**Total Other Costs** \$ -

**Indirect Costs**

Shingle Springs Tribal Health Program is claiming an indirect cost rate of 10%

**Indirect Costs** \$ 807

**Annual Budget Total** \$ 11,092

**Note:** The Annual Budget Total should exclude any expenditures that would otherwise be paid for by other funding sources such as Denti-Cal reimbursement.

**Exhibit B Attachment II**  
**Budget**  
1/1/2018 through 12/31/2018

**Personnel**

Position Title	# of Staff	Monthly Salary Range	FTE %	Year 2 Costs (12 months)
Oral Health Care Coordinator	1	\$ 2,581	50%	\$ 15,489
<b>Total Salary</b>				\$ 15,489
<b>Fringe Benefits (27.5%)</b>				\$ 4,259

**Total Personnel** \$ 19,748

**Operating Expenses**

Office Supplies	\$ -
Building Rental	\$ -
Utilities	\$ -

**Total Operating Expenses** \$ -

**Equipment**

There is no equipment budgeted.

**Total Equipment Expenses** \$ -

**Travel** (At CalHR reimbursement rates)

\$ -
\$ -

**Total Travel** \$ -

**Subcontracts**

\$ -
\$ -

**Total Subcontracts** \$ -

**Other Costs**

\$ -
------

**Total Other Costs** \$ -

**Indirect Costs**

Shingle Springs Tribal Health Program is claiming an indirect cost rate of 10%

**Indirect Costs** \$ 1,549

**Annual Budget Total** \$ 21,297

**Note:** The Annual Budget Total should exclude any expenditures that would otherwise be paid for by other funding sources such as Denti-Cal reimbursement.

**Exhibit B Attachment III**  
**Budget**  
1/1/2019 through 12/31/2019

**Personnel**

Position Title	# of Staff	Monthly Salary Range	FTE %	Year 3 Costs (12 months)
Oral Health Care Coordinator	1	\$ 2,685	50%	\$ 16,108
<b>Total Salary</b>				\$ 16,108
<b>Fringe Benefits (27.5%)</b>				\$ 4,430

**Total Personnel** \$ 20,538

**Operating Expenses**

Office Supplies	\$ -
Building Rental	\$ -
Utilities	\$ -

**Total Operating Expenses** \$ -

**Equipment**

There is no equipment budgeted.

**Total Equipment Expenses** \$ -

**Travel** (At CalHR reimbursement rates)

\$ -
\$ -

**Total Travel** \$ -

**Subcontracts**

\$ -
\$ -

**Total Subcontracts** \$ -

**Other Costs**

\$ -
------

**Total Other Costs** \$ -

**Indirect Costs**

Shingle Springs Tribal Health Program is claiming an indirect cost rate of 10%

**Indirect Costs** \$ 1,611

**Annual Budget Total** \$ 22,149

**Note:** The Annual Budget Total should exclude any expenditures that would otherwise be paid for by other funding sources such as Denti-Cal reimbursement.

**Exhibit B Attachment IV**  
**Budget**  
1/1/2020 through 12/31/2020

**Personnel**

Position Title	# of Staff	Monthly Salary Range	FTE %	Year 4 Costs (12 months)
Oral Health Care Coordinator	1	\$ 2,792	50%	\$ 16,752
<b>Total Salary</b>				\$ 16,752
<b>Fringe Benefits (27.5%)</b>				\$ 4,607

**Total Personnel** \$ 21,359

**Operating Expenses**

Office Supplies	\$ -
Building Rental	\$ -
Utilities	\$ -

**Total Operating Expenses** \$ -

**Equipment**

There is no equipment budgeted.

**Total Equipment Expenses** \$ -

**Travel** (At CalHR reimbursement rates)

\$ -
\$ -

**Total Travel** \$ -

**Subcontracts**

\$ -
\$ -

**Total Subcontracts** \$ -

**Other Costs**

\$ -
------

**Total Other Costs** \$ -

**Indirect Costs**

Shingle Springs Tribal Health Program is claiming an indirect cost rate of 10%

**Indirect Costs** \$ 1,675

**Annual Budget Total** \$ 23,034

**Note:** The Annual Budget Total should exclude any expenditures that would otherwise be paid for by other funding sources such as Denti-Cal reimbursement.

**Exhibit B Attachment I**  
**Budget Narrative**  
**Year 1**  
**06/15/2017 through 12/31/2017**

**Personnel**

Position Title	# of Staff	Monthly Salary Range	FTE %	Year 1 Cost (6.5 Months)
Oral Health Care Coordinator	1	\$ 2,482	50%	\$ 8,066.93

This position is responsible for the day to day planning, coordination, implementation of the Local Dental Pilot Program at the participating site. The Coordinator is responsible for conducting outreach and education activities targeting children ages 0-20 in the medical care setting. Will participate in monthly webinar trainings, including case management and motivational interviewing. Gathers and analyzes data regarding pilot measures, including oral health access, caries risk assessment, and continuity of care at participating tribal health programs. Facilitates communication among medical and dental clinic staff and engages key clinic and leadership in dental integration efforts, including CRA utilization and workflow redesign. In addition prepares quarterly and yearly reports to CRIHB (Activities: 1.1.a.-1.1.f., 2.1.a.-2.1.d.,3.1.a.-3.1.e.)

**Total Salary** \$ 8,067

Total Fringe Benefits @ 27.5% Personnel Costs. Fringe Benefits include: FICA, Retirement, Health Insurance, Dental and Vision Insurance, Life Insurance, Workers Comp, and State Unemployment Insurance.

**Fringe Benefits  
(27.5%)** \$ 2,218

**Total Personnel** \$ 10,285

**Operating Expenses**

No operating expenses

**Total Operating Expenses** \$ -

**Equipment**

There is no equipment budgeted.

**Total Equipment Expenses** \$ -

**Travel** (At CalHR reimbursement rates)

No travel expenses. All training will be over webinar or via onsite visit by LDPP coordinator.

\$ -

Airfare R/T	Hotel	Per Diem	Shuttle & Parking	Mileage	Total Costs
-------------	-------	----------	-------------------	---------	-------------

Advisory Committee Travel

\$ -

**Total Travel** \$ -

**Subcontracts**

No other subcontracts.

\$ -

\$ -

\$ -

**Total Subcontracts** \$ -

**Other Costs**

\$ -

**Total Other Costs** \$ -

**Indirect Costs** \$ 807

Shingle Springs Tribal Health Program is claiming an indirect cost rate of 10%

**Annual Budget Total** \$ 11,092

**Note:** The Annual Budget Total should exclude any expenditures that would otherwise be paid for by other funding sources such as Denti-Cal reimbursement.

**Exhibit B Attachment II**

Budget Narrative

Year 2

1/1/2018 through 12/31/2018

**Personnel**

Position Title	# of Staff	Monthly Salary Range	FTE %	Year 2 Cost (12 Months)
Oral Health Care Coordinator	1	\$ 2,581	50%	\$ 15,489

Includes a 4% COLA. This position is responsible for the day to day planning, coordination, implementation of the Local Dental Pilot Program at the participating site. The Coordinator is responsible for conducting outreach and education activities targeting children ages 0-20 in the medical care setting. Will participate in monthly webinar trainings, including case management and motivational interviewing. Gathers and analyzes data regarding pilot measures, including oral health access, caries risk assessment, and continuity of care at participating tribal health programs. Facilitates communication among medical and dental clinic staff and engages key clinic and leadership in dental integration efforts, including CRA utilization and workflow redesign. In addition prepares quarterly and yearly reports to CRIHB (Activities: 1.1.a.-1.1.f., 2.1.a.-2.1.d.,3.1.a.-3.1.e.)

**Total Salary** \$ 15,489

Total Fringe Benefits @ 27.5% Personnel Costs. Fringe Benefits include: FICA, Retirement, Health Insurance, Dental and Vision Insurance, Life Insurance, Workers Comp, and State Unemployment Insurance.

**Fringe Benefits (27.5%)** \$ 4,259

**Total Personnel** \$ 19,748

**Operating Expenses**

No operating expenses

**Total Operating Expenses** \$ -

**Equipment**

There is no equipment budgeted.

**Total Equipment Expenses** \$ -

**Travel** (At CalHR reimbursement rates)

No travel expenses. All training will be over webinar or via onsite visit by LDPP coordinator.

\$ -

Airfare R/T Hotel Per Diem Shuttle & Parking Mileage Total Costs

Advisory Committee Travel

\$ -

**Total Travel** \$ -

**Subcontracts**

No other subcontracts.

\$ -

\$ -

\$ -

**Total Subcontracts** \$ -

**Other Costs**

\$ -

**Total Other Costs** \$ -

**Indirect Costs**

Shingle Springs Tribal Health Program is claiming an indirect cost rate of 10%

**Indirect Costs** \$ 1,549

**Annual Budget Total** \$ 21,297

**Note:** The Annual Budget Total should exclude any expenditures that would otherwise be paid for by other funding sources such as Denti-Cal reimbursement.

**Exhibit B Attachment III**  
**Budget Narrative**  
**Year 3**  
**1/1/2019 through 12/31/2019**

**Personnel**

Position Title	# of Staff	Monthly Salary Range	FTE %	Year 3 Cost (12 Months)
Oral Health Care Coordinator	1	\$ 2,685	50%	\$ 16,108

Includes a 4% COLA. This position is responsible for the day to day planning, coordination, implementation of the Local Dental Pilot Program at the participating site. The Coordinator is responsible for conducting outreach and education activities targeting children ages 0-20 in the medical care setting. Will participate in monthly webinar trainings, including case management and motivational interviewing. Gathers and analyzes data regarding pilot measures, including oral health access, caries risk assessment, and continuity of care at participating tribal health programs. Facilitates communication among medical and dental clinic staff and engages key clinic and leadership in dental integration efforts, including CRA utilization and workflow redesign. In addition prepares quarterly and yearly reports to CRIHB (Activities: 1.1.a.-1.1.f., 2.1.a.-2.1.d.,3.1.a.-3.1.e.)

**Total Salary** \$ 16,108

Total Fringe Benefits @ 27.5% Personnel Costs. Fringe Benefits include: FICA, Retirement, Health Insurance, Dental and Vision Insurance, Life Insurance, Workers Comp, and State Unemployment Insurance.

**Fringe Benefits  
(27.5%)** \$ 4,430

**Total Personnel** \$ 20,538

**Operating Expenses**

No operating expenses


**Total Operating Expenses** \$ -

**Equipment**

There is no equipment budgeted.

**Total Equipment Expenses** \$ -

**Travel** (At CalHR reimbursement rates)

No travel expenses. All training will be over webinar or via onsite visit by LDPP coordinator.

\$ -
------

Airfare R/T	Hotel	Per Diem	Shuttle & Parking	Mileage	Total Costs
-------------	-------	----------	-------------------	---------	-------------

Advisory Committee Travel

\$ -
------

**Total Travel** \$ -

**Subcontracts**

No other subcontracts.

\$ -
------

\$ -
------

\$ -
------

**Total Subcontracts** \$ -

**Other Costs**

\$ -
------

**Total Other Costs** \$ -

**Indirect Costs**

Shingle Springs Tribal Health Program is claiming an indirect cost rate of 10%

**Indirect Costs** \$ 1,611

**Annual Budget Total** \$ 22,149

**Note:** The Annual Budget Total should exclude any expenditures that would otherwise be paid for by other funding sources such as Denti-Cal reimbursement.

**Exhibit B Attachment IV**  
**Budget Narrative**  
**Year 4**  
**1/1/2020 through 12/31/2020**

**Personnel**

Position Title	# of Staff	Monthly Salary Range	FTE %	Year 4 Cost (12 Months)
Oral Health Care Coordinator	1	\$ 2,792	50%	\$ 16,752

Includes a 4% COLA. This position is responsible for the day to day planning, coordination, implementation of the Local Dental Pilot Program at the participating site. The Coordinator is responsible for conducting outreach and education activities targeting children ages 0-20 in the medical care setting. Will participate in monthly webinar trainings, including case management and motivational interviewing. Gathers and analyzes data regarding pilot measures, including oral health access, caries risk assessment, and continuity of care at participating tribal health programs. Facilitates communication among medical and dental clinic staff and engages key clinic and leadership in dental integration efforts, including CRA utilization and workflow redesign. In addition prepares quarterly and yearly reports to CRIHB (Activities: 1.1.a.-1.1.f., 2.1.a.-2.1.d.,3.1.a.-3.1.e.)

**Total Salary** \$ 16,752

Total Fringe Benefits @ 27.5% Personnel Costs. Fringe Benefits include: FICA, Retirement, Health Insurance, Dental and Vision Insurance, Life Insurance, Workers Comp, and State Unemployment Insurance.

**Fringe Benefits  
(27.5%)** \$ 4,607

**Total Personnel** \$ 21,359

**Operating Expenses**

No operating expenses


**Total Operating Expenses** \$ -

**Equipment**

There is no equipment budgeted.

**Total Equipment Expenses** \$ -

**Travel** (At CalHR reimbursement rates)

No travel expenses. All training will be over webinar or via onsite visit by LDPP coordinator.

\$ -
------

Airfare R/T	Hotel	Per Diem	Shuttle & Parking	Mileage	Total Costs
-------------	-------	----------	-------------------	---------	-------------

Advisory Committee Travel

\$ -
------

**Total Travel** \$ -

**Subcontracts**

No other subcontracts.

\$ -
------

\$ -
------

\$ -
------

**Total Subcontracts** \$ -

**Other Costs**

\$ -
------

**Total Other Costs** \$ -

**Indirect Costs**

Shingle Springs Tribal Health Program is claiming an indirect cost rate of 10%

**Indirect Costs** \$ 1,675

**Annual Budget Total** \$ 23,034

**Note:** The Annual Budget Total should exclude any expenditures that would otherwise be paid for by other funding sources such as Denti-Cal reimbursement.

**Exhibit B Attachment I**  
Budget  
6/15/2017 through 12/31/2017

**Personnel**

Position Title	# of Staff	Monthly Salary Range	FTE %	Year 1 Cost (6.5 Months)
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Oral Health Care Coordinator	2	\$ 2,923	50%	\$ 19,000
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**Total Salary** \$ 19,000

**Fringe Benefits (39%)** \$ 7,410

**Total Personnel** \$ 26,409

**Operating Expenses**

Office Supplies  
Building Rental  
Utilities

\$	-
\$	-
\$	-

**Total Operating Expenses** \$ -

**Equipment**

There is no equipment budgeted.

**Total Equipment Expenses** \$ -

**Travel** (At CalHR reimbursement rates)

\$	-
\$	-

**Total Travel** \$ -

**Subcontracts**

\$	-
\$	-

**Total Subcontracts** \$ -

**Other Costs**

\$	-
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**Total Other Costs** \$ -

**Indirect Costs**

Toiyabe Indian Health Project has applied: 20% of "Total Personnel Salary" excluding Fringe Benefits.

**Indirect Costs** \$ 3,800

**Annual Budget Total** \$ 30,209

**Note:** The Annual Budget Total should exclude any expenditures that would otherwise be paid for by other funding sources such as Denti-Cal reimbursement.

**Exhibit B Attachment II**  
**Budget**  
1/1/2018 through 12/31/2018

**Personnel**

Position Title	# of Staff	Monthly Salary Range	FTE %	Year 2 Costs (12 months)
Oral Health Care Coordinator	2	\$ 3,040	50%	\$ 36,479
<b>Total Salary</b>				\$ 36,479
<b>Fringe Benefits (39%)</b>				\$ 14,227

**Total Personnel** \$ 50,706

**Operating Expenses**

Office Supplies	\$ -
Building Rental	\$ -
Utilities	\$ -

**Total Operating Expenses** \$ -

**Equipment**

There is no equipment budgeted.

**Total Equipment Expenses** \$ -

**Travel** (At CalHR reimbursement rates)

\$ -
\$ -

**Total Travel** \$ -

**Subcontracts**

\$ -
\$ -

**Total Subcontracts** \$ -

**Other Costs**

\$ -
------

**Total Other Costs** \$ -

**Indirect Costs**

Toiyabe Indian Health Project has applied: 20% of "Total Personnel Salary" excluding Fringe Benefits.

**Indirect Costs** \$ 7,296

**Annual Budget Total** \$ 58,002

**Note:** The Annual Budget Total should exclude any expenditures that would otherwise be paid for by other funding sources such as Denti-Cal reimbursement.

**Exhibit B Attachment III**  
**Budget**  
1/1/2019 through 12/31/2019

**Personnel**

Position Title	# of Staff	Monthly Salary Range	FTE %	Year 3 Costs (12 months)
Oral Health Care Coordinator	2	\$ 3,162	50%	\$ 37,938
<b>Total Salary</b>				<b>\$ 37,938</b>
<b>Fringe Benefits (39%)</b>				<b>\$ 14,796</b>

**Total Personnel** \$ 52,734

**Operating Expenses**

Office Supplies	\$ -
Building Rental	\$ -
Utilities	\$ -

**Total Operating Expenses** \$ -

**Equipment**

There is no equipment budgeted.

**Total Equipment Expenses** \$ -

**Travel** (At CalHR reimbursement rates)

\$ -
\$ -

**Total Travel** \$ -

**Subcontracts**

\$ -
\$ -

**Total Subcontracts** \$ -

**Other Costs**

\$ -
------

**Total Other Costs** \$ -

**Indirect Costs**

Toiyabe Indian Health Project has applied: 20% of "Total Personnel Salary" excluding Fringe Benefits.

**Indirect Costs** \$ 7,588

**Annual Budget Total** \$ 60,322

**Note:** The Annual Budget Total should exclude any expenditures that would otherwise be paid for by other funding sources such as Denti-Cal reimbursement.

**Exhibit B Attachment IV**  
**Budget**  
1/1/2020 through 12/31/2020

**Personnel**

Position Title	# of Staff	Monthly Salary Range	FTE %	Year 4 Costs (12 months)
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Oral Health Care Coordinator	2	\$ 3,288	50%	\$ 39,456
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**Total Salary** \$ 39,456

**Fringe Benefits (39%)** \$ 15,388

**Total Personnel** \$ 54,844

**Operating Expenses**

Office Supplies	\$ -
Building Rental	\$ -
Utilities	\$ -

**Total Operating Expenses** \$ -

**Equipment**

There is no equipment budgeted.

**Total Equipment Expenses** \$ -

**Travel** (At CalHR reimbursement rates)

\$ -
\$ -

**Total Travel** \$ -

**Subcontracts**

\$ -
\$ -

**Total Subcontracts** \$ -

**Other Costs**

\$ -
------

**Total Other Costs** \$ -

**Indirect Costs**

Toiyabe Indian Health Project has applied: 20% of "Total Personnel Salary" excluding Fringe Benefits.

**Indirect Costs** \$ 7,891

**Annual Budget Total** \$ 62,735

**Note:** The Annual Budget Total should exclude any expenditures that would otherwise be paid for by other funding sources such as Denti-Cal reimbursement.

**Exhibit B Attachment I**  
**Budget Narrative**  
**Year 1**  
**6/15/2017 through 12/31/2017**

**Personnel**

Position Title	# of Staff	Monthly Salary Range	FTE %	Year 1 Cost (6.5 Months)
Oral Health Care Coordinator	2	\$ 2,923	50%	\$ 19,000

This position is responsible for the day to day planning, coordination, implementation of the Local Dental Pilot Program at the participating site. The Coordinator is responsible for conducting outreach and education activities targeting children ages 0-20 in the medical care setting. Will participate in monthly webinar trainings, including case management and motivational interviewing. Gathers and analyzes data regarding pilot measures, including oral health access, caries risk assessment, and continuity of care at participating tribal health programs. Facilitates communication among medical and dental clinic staff and engages key clinic and leadership in dental integration efforts, including CRA utilization and workflow redesign. In addition prepares quarterly and yearly reports to CRIHB (Activities: 1.1.a.-1.1.f., 2.1.a.-2.1.d.,3.1.a.-3.1.e.)

**Total Salary** \$ 19,000

Total Fringe Benefits @ 39% Personnel Costs. Fringe Benefits include: FICA, Retirement, Health Insurance, Dental and Vision Insurance, Life Insurance, Workers Comp, and State Unemployment Insurance.

**Fringe Benefits (39%)** \$ 7,410

**Total Personnel** \$ 26,410

**Operating Expenses**

No operating expenses

**Total Operating Expenses** \$ -

**Equipment**

There is no equipment budgeted.

**Total Equipment Expenses** \$ -

**Travel** (At CalHR reimbursement rates)

No travel expenses. All training will be over webinar or via onsite visit by LDPP coordinator.

\$ -

Airfare R/T	Hotel	Per Diem	Shuttle & Parking	Mileage	Total Costs
-------------	-------	----------	-------------------	---------	-------------

Advisory Committee Travel

\$ -

**Total Travel** \$ -

**Subcontracts**

No other subcontracts.

\$ -

\$ -

\$ -

**Total Subcontracts** \$ -

**Other Costs**

\$ -

**Total Other Costs** \$ -

**Indirect Costs**

Toiyabe Indian Health Project has applied: 20% of "Total Personnel Salary" excluding Fringe Benefits.

**Indirect Costs** \$ 3,799.90

**Annual Budget Total** \$ 30,209

**Note:** The Annual Budget Total should exclude any expenditures that would otherwise be paid for by other funding sources such as Denti-Cal reimbursement.

**Exhibit B Attachment II**  
**Budget Narrative**  
**Year 2**  
**1/1/2018 through 12/31/2018**

**Personnel**

Position Title	# of Staff	Monthly Salary Range	FTE %	Year 2 Cost (12 Months)
Oral Health Care Coordinator	2	\$ 3,040	50%	\$ 36,479

Includes a 4% COLA. This position is responsible for the day to day planning, coordination, implementation of the Local Dental Pilot Program at the participating site. The Coordinator is responsible for conducting outreach and education activities targeting children ages 0-20 in the medical care setting. Will participate in monthly webinar trainings, including case management and motivational interviewing. Gathers and analyzes data regarding pilot measures, including oral health access, caries risk assessment, and continuity of care at participating tribal health programs. Facilitates communication among medical and dental clinic staff and engages key clinic and leadership in dental integration efforts, including CRA utilization and workflow redesign. In addition prepares quarterly and yearly reports to CRIHB (Activities: 1.1.a.-1.1.f., 2.1.a.-2.1.d.,3.1.a.-3.1.e.)

**Total Salary** \$ 36,479

Total Fringe Benefits @ 39% Personnel Costs. Fringe Benefits include: FICA, Retirement, Health Insurance, Dental and Vision Insurance, Life Insurance, Workers Comp, and State Unemployment Insurance.

**Fringe Benefits (39%)** \$ 14,227

**Total Personnel** \$ 50,706

**Operating Expenses**

No operating expenses


**Total Operating Expenses** \$ -

**Equipment**

There is no equipment budgeted.

**Total Equipment Expenses** \$ -

**Travel** (At CalHR reimbursement rates)

No travel expenses. All training will be over webinar or via onsite visit by LDPP coordinator.

\$ -
------

Airfare R/T	Hotel	Per Diem	Shuttle & Parking	Mileage	Total Costs
-------------	-------	----------	-------------------	---------	-------------

Advisory Committee Travel

\$ -
------

**Total Travel** \$ -

**Subcontracts**

No other subcontracts.

\$ -
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\$ -
------

\$ -
------

**Total Subcontracts** \$ -

**Other Costs**

\$ -
------

**Total Other Costs** \$ -

**Indirect Costs**

**Indirect Costs** \$ 7,296

Toiyabe Indian Health Project has applied: 20% of "Total Personnel Salary" excluding Fringe Benefits.

**Annual Budget Total** \$ 58,002

**Note:** The Annual Budget Total should exclude any expenditures that would otherwise be paid for by other funding sources such as Denti-Cal reimbursement.

**Exhibit B Attachment III**  
**Budget Narrative**  
**Year 3**  
**1/1/2019 through 12/31/2019**

**Personnel**

Position Title	# of Staff	Monthly Salary Range	FTE %	Year 3 Cost (12 Months)
Oral Health Care Coordinator	2	\$ 3,162	50%	\$ 37,938

Includes a 4% COLA. This position is responsible for the day to day planning, coordination, implementation of the Local Dental Pilot Program at the participating site. The Coordinator is responsible for conducting outreach and education activities targeting children ages 0-20 in the medical care setting. Will participate in monthly webinar trainings, including case management and motivational interviewing. Gathers and analyzes data regarding pilot measures, including oral health access, caries risk assessment, and continuity of care at participating tribal health programs. Facilitates communication among medical and dental clinic staff and engages key clinic and leadership in dental integration efforts, including CRA utilization and workflow redesign. In addition prepares quarterly and yearly reports to CRIHB (Activities: 1.1.a.-1.1.f., 2.1.a.-2.1.d.,3.1.a.-3.1.e.)

**Total Salary** \$ 37,938

Total Fringe Benefits @ 39% Personnel Costs. Fringe Benefits include: FICA, Retirement, Health Insurance, Dental and Vision Insurance, Life Insurance, Workers Comp, and State Unemployment Insurance.

**Fringe Benefits (39%)** \$ 14,796

**Total Personnel** \$ 52,734

**Operating Expenses**

No operating expenses

**Total Operating Expenses** \$ -

**Equipment**

There is no equipment budgeted.

**Total Equipment Expenses** \$ -

**Travel** (At CalHR reimbursement rates)

No travel expenses. All training will be over webinar or via onsite visit by LDPP coordinator.

\$ -

Airfare R/T	Hotel	Per Diem	Shuttle & Parking	Mileage	Total Costs
-------------	-------	----------	-------------------	---------	-------------

Advisory Committee Travel

\$ -

**Total Travel** \$ -

**Subcontracts**

No other subcontracts.

\$ -

\$ -

\$ -

**Total Subcontracts** \$ -

**Other Costs**

\$ -

**Total Other Costs** \$ -

**Indirect Costs**

Toiyabe Indian Health Project has applied: 20% of "Total Personnel Salary" excluding Fringe Benefits.

**Indirect Costs** \$ 7,588

**Annual Budget Total** \$ 60,322

**Note:** The Annual Budget Total should exclude any expenditures that would otherwise be paid for by other funding sources such as Denti-Cal reimbursement.

**Exhibit B Attachment IV**  
**Budget Narrative**  
**Year 4**  
**1/1/2020 through 12/31/2020**

**Personnel**

Position Title	# of Staff	Monthly Salary Range	FTE %	Year 4 Cost (12 Months)
Oral Health Care Coordinator	2	\$ 3,288	50%	\$ 39,456

Includes a 4% COLA. This position is responsible for the day to day planning, coordination, implementation of the Local Dental Pilot Program at the participating site. The Coordinator is responsible for conducting outreach and education activities targeting children ages 0-20 in the medical care setting. Will participate in monthly webinar trainings, including case management and motivational interviewing. Gathers and analyzes data regarding pilot measures, including oral health access, caries risk assessment, and continuity of care at participating tribal health programs. Facilitates communication among medical and dental clinic staff and engages key clinic and leadership in dental integration efforts, including CRA utilization and workflow redesign. In addition prepares quarterly and yearly reports to CRIHB (Activities: 1.1.a.-1.1.f., 2.1.a.-2.1.d., 3.1.a.-3.1.e.)

**Total Salary** \$ 39,456

Total Fringe Benefits @ 39% Personnel Costs. Fringe Benefits include: FICA, Retirement, Health Insurance, Dental and Vision Insurance, Life Insurance, Workers Comp, and State Unemployment Insurance.

**Fringe Benefits (39%)** \$ 15,388

**Total Personnel** \$ 54,844

**Operating Expenses**

No operating expenses


**Total Operating Expenses** \$ -

**Equipment**

There is no equipment budgeted.

**Total Equipment Expenses** \$ -

**Travel** (At CalHR reimbursement rates)

No travel expenses. All training will be over webinar or via onsite visit by LDPP coordinator.

\$ -
------

Airfare R/T	Hotel	Per Diem	Shuttle & Parking	Mileage	Total Costs
-------------	-------	----------	-------------------	---------	-------------

Advisory Committee Travel

\$ -
------

**Total Travel** \$ -

**Subcontracts**

No other subcontracts.

\$ -
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\$ -
------

\$ -
------

**Total Subcontracts** \$ -

**Other Costs**

\$ -
------

**Total Other Costs** \$ -

**Indirect Costs**

Toiyabe Indian Health Project has applied: 20% of "Total Personnel Salary" excluding Fringe Benefits.

**Indirect Costs** \$ 7,891

**Annual Budget Total** \$ 62,735

**Note:** The Annual Budget Total should exclude any expenditures that would otherwise be paid for by other funding sources such as Denti-Cal reimbursement.

**Exhibit B Attachment I**  
Budget  
6/15/2017 through 12/31/2017

**Personnel**

Position Title	# of Staff	Monthly Salary Range	FTE %	Year 1 Cost (6.5 Months)
----------------	------------	----------------------	-------	-----------------------------

Oral Health Care Coordinator	1	\$ 2,988	50%	\$ 9,711
------------------------------	---	----------	-----	----------

**Total Salary** \$ 9,711

**Fringe Benefits (25%)** \$ 2,428

**Total Personnel** \$ 12,139

**Operating Expenses**

Office Supplies	\$ -
Building Rental	\$ -
Utilities	\$ -

**Total Operating Expenses** \$ -

**Equipment**

There is no equipment budgeted.

**Total Equipment Expenses** \$ -

**Travel** (At CalHR reimbursement rates)

\$ -
\$ -

**Total Travel** \$ -

**Subcontracts**

\$ -
\$ -

**Total Subcontracts** \$ -

**Other Costs**

\$ -
------

**Total Other Costs** \$ -

**Indirect Costs**

Tule River Indian Health is requesting an indirect cost rate of 10%.

**Indirect Costs** \$ 971.10

**Annual Budget Total** \$ 13,110

**Note:** The Annual Budget Total should exclude any expenditures that would otherwise be paid for by other funding sources such as Denti-Cal reimbursement.

**Exhibit B Attachment II**  
**Budget**  
1/1/2018 through 12/31/2018

**Personnel**

Position Title	# of Staff	Monthly Salary Range	FTE %	Year 2 Costs (12 months)
----------------	------------	----------------------	-------	--------------------------

Oral Health Care Coordinator	1	\$ 3,108	50%	\$ 18,645
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**Total Salary** \$ 18,645

**Fringe Benefits (25%)** \$ 4,661

**Total Personnel** \$ 23,306

**Operating Expenses**

Office Supplies	\$ -
Building Rental	\$ -
Utilities	\$ -

**Total Operating Expenses** \$ -

**Equipment**

There is no equipment budgeted.

**Total Equipment Expenses** \$ -

**Travel** (At CalHR reimbursement rates)

\$ -
\$ -

**Total Travel** \$ -

**Subcontracts**

\$ -
\$ -

**Total Subcontracts** \$ -

**Other Costs**

\$ -
------

**Total Other Costs** \$ -

**Indirect Costs**

Tule River Indian Health is requesting an indirect cost rate of 10%.

**Indirect Costs** \$ 1,864.51

**Annual Budget Total** \$ 25,171

**Note:** The Annual Budget Total should exclude any expenditures that would otherwise be paid for by other funding sources such as Denti-Cal reimbursement.

**Exhibit B Attachment III**  
**Budget**  
1/1/2019 through 12/31/2019

**Personnel**

Position Title	# of Staff	Monthly Salary Range	FTE %	Year 3 Costs (12 months)
----------------	------------	----------------------	-------	--------------------------

Oral Health Care Coordinator	1	\$ 3,232	50%	\$ 19,391
------------------------------	---	----------	-----	-----------

**Total Salary** \$ 19,391

**Fringe Benefits (25%)** \$ 4,848

**Total Personnel** \$ 24,239

**Operating Expenses**

Office Supplies  
Building Rental  
Utilities

\$	-
\$	-
\$	-

**Total Operating Expenses** \$ -

**Equipment**

There is no equipment budgeted.

**Total Equipment Expenses** \$ -

**Travel** (At CalHR reimbursement rates)

\$	-
\$	-

**Total Travel** \$ -

**Subcontracts**

\$	-
\$	-

**Total Subcontracts** \$ -

**Other Costs**

\$	-
----	---

**Total Other Costs** \$ -

**Indirect Costs**

Tule River Indian Health is requesting an indirect cost rate of 10%.

**Indirect Costs** \$ 1,939.09

**Annual Budget Total** \$ 26,178

**Note:** The Annual Budget Total should exclude any expenditures that would otherwise be paid for by other funding sources such as Denti-Cal reimbursement.

**Exhibit B Attachment IV**  
**Budget**  
1/1/2020 through 12/31/2020

**Personnel**

Position Title	# of Staff	Monthly Salary Range	FTE %	Year 4 Costs (12 months)
Oral Health Care Coordinator	1	\$ 3,361	50%	\$ 20,167
<b>Total Salary</b>				<b>\$ 20,167</b>
<b>Fringe Benefits (25%)</b>				<b>\$ 5,042</b>

**Total Personnel** **\$ 25,208**

**Operating Expenses**

Office Supplies	\$ -
Building Rental	\$ -
Utilities	\$ -
<b>Total Operating Expenses</b>	<b>\$ -</b>

**Equipment**

There is no equipment budgeted.

**Total Equipment Expenses** **\$ -**

**Travel** (At CalHR reimbursement rates)

\$ -
\$ -

**Total Travel** **\$ -**

**Subcontracts**

\$ -
\$ -

**Total Subcontracts** **\$ -**

**Other Costs**

\$ -
------

**Total Other Costs** **\$ -**

**Indirect Costs**

Tule River Indian Health is requesting an indirect cost rate of 10%.

**Indirect Costs** **\$ 2,016.66**

**Annual Budget Total** **\$ 27,225**

**Note:** The Annual Budget Total should exclude any expenditures that would otherwise be paid for by other funding sources such as Denti-Cal reimbursement.

**Exhibit B Attachment I**  
**Budget Narrative**  
**Year 1**  
**6/15/2017 through 12/31/2017**

**Personnel**

Position Title	# of Staff	Monthly Salary Range	FTE %	Year 1 Cost (6.5 Months)
Oral Health Care Coordinator	1	\$ 2,988	50%	\$ 9,711

This position is responsible for the day to day planning, coordination, implementation of the Local Dental Pilot Program at the participating site. The Coordinator is responsible for conducting outreach and education activities targeting children ages 0-20 in the medical care setting. Will participate in monthly webinar trainings, including case management and motivational interviewing. Gathers and analyzes data regarding pilot measures, including oral health access, caries risk assessment, and continuity of care at participating tribal health programs. Facilitates communication among medical and dental clinic staff and engages key clinic and leadership in dental integration efforts, including CRA utilization and workflow redesign. In addition prepares quarterly and yearly reports to CRIHB (Activities: 1.1.a.-1.1.f., 2.1.a.-2.1.d., 3.1.a.-3.1.e.)

**Total Salary** \$ 9,711

Total Fringe Benefits @ 25% Personnel Costs. Fringe Benefits include: FICA, Retirement, Health Insurance, Dental and Vision Insurance, Life Insurance, Workers Comp, and State Unemployment Insurance.

**Fringe Benefits (25%)** \$ 2,428

**Total Personnel** \$ 12,139

**Operating Expenses**

No operating expenses

**Total Operating Expenses** \$ -

**Equipment**

There is no equipment budgeted.

**Total Equipment Expenses** \$ -

**Travel** (At CalHR reimbursement rates)

No travel expenses. All training will be over webinar or via onsite visit by LDPP coordinator.

\$ -

Airfare R/T	Hotel	Per Diem	Shuttle & Parking	Mileage	Total Costs
-------------	-------	----------	-------------------	---------	-------------

Advisory Committee Travel

\$ -

**Total Travel** \$ -

**Subcontracts**

No other subcontracts.

\$ -

\$ -

\$ -

**Total Subcontracts** \$ -

**Other Costs**

\$ -

**Total Other Costs** \$ -

**Indirect Costs**

Tule River Indian Health is requesting an indirect cost rate of 10%.

**Indirect Costs** \$ 971.10

**Annual Budget Total** \$ 13,110

**Note:** The Annual Budget Total should exclude any expenditures that would otherwise be paid for by other funding sources such as Denti-Cal reimbursement.

**Exhibit B Attachment II**  
**Budget Narrative**  
**Year 2**  
**1/1/2018 through 12/31/2018**

**Personnel**

Position Title	# of Staff	Monthly Salary Range	FTE %	Year 2 Cost (12 Months)
Oral Health Care Coordinator	1	\$ 3,108	50%	\$ 18,645

Includes a 4% COLA. This position is responsible for the day to day planning, coordination, implementation of the Local Dental Pilot Program at the participating site. The Coordinator is responsible for conducting outreach and education activities targeting children ages 0-20 in the medical care setting. Will participate in monthly webinar trainings, including case management and motivational interviewing. Gathers and analyzes data regarding pilot measures, including oral health access, caries risk assessment, and continuity of care at participating tribal health programs. Facilitates communication among medical and dental clinic staff and engages key clinic and leadership in dental integration efforts, including CRA utilization and workflow redesign. In addition prepares quarterly and yearly reports to CRIHB (Activities: 1.1.a.-1.1.f., 2.1.a.-2.1.d.,3.1.a.-3.1.e.)

**Total Salary** \$ 18,645

Total Fringe Benefits @ 25% Personnel Costs. Fringe Benefits include: FICA, Retirement, Health Insurance, Dental and Vision Insurance, Life Insurance, Workers Comp, and State Unemployment Insurance.

**Fringe Benefits (25%)** \$ 4,661

**Total Personnel** \$ 23,306

**Operating Expenses**

No operating expenses

**Total Operating Expenses** \$ -

**Equipment**

There is no equipment budgeted.

**Total Equipment Expenses** \$ -

**Travel** (At CalHR reimbursement rates)

No travel expenses. All training will be over webinar or via onsite visit by LDPP coordinator.

\$ -

Airfare R/T	Hotel	Per Diem	Shuttle & Parking	Mileage	Total Costs
-------------	-------	----------	-------------------	---------	-------------

Advisory Committee Travel

\$ -

**Total Travel** \$ -

**Subcontracts**

No other subcontracts.

\$ -

\$ -

\$ -

**Total Subcontracts** \$ -

**Other Costs**

\$ -

**Total Other Costs** \$ -

**Indirect Costs**

Tule River Indian Health is requesting an indirect cost rate of 10%.

**Indirect Costs** \$ 1,864.51

**Annual Budget Total** \$ 25,171

**Note:** The Annual Budget Total should exclude any expenditures that would otherwise be paid for by other funding sources such as Denti-Cal reimbursement.

**Exhibit B Attachment III**  
**Budget Narrative**  
**Year 3**  
**1/1/2019 through 12/31/2019**

**Personnel**

Position Title	# of Staff	Monthly Salary Range	FTE %	Year 3 Cost (12 Months)
Oral Health Care Coordinator	1	\$ 3,232	50%	\$ 19,391

Includes a 4% COLA. This position is responsible for the day to day planning, coordination, implementation of the Local Dental Pilot Program at the participating site. The Coordinator is responsible for conducting outreach and education activities targeting children ages 0-20 in the medical care setting. Will participate in monthly webinar trainings, including case management and motivational interviewing. Gathers and analyzes data regarding pilot measures, including oral health access, caries risk assessment, and continuity of care at participating tribal health programs. Facilitates communication among medical and dental clinic staff and engages key clinic and leadership in dental integration efforts, including CRA utilization and workflow redesign. In addition prepares quarterly and yearly reports to CRIHB (Activities: 1.1.a.-1.1.f., 2.1.a.-2.1.d., 3.1.a.-3.1.e.)

**Total Salary** \$ 19,391

Total Fringe Benefits @ 25% Personnel Costs. Fringe Benefits include: FICA, Retirement, Health Insurance, Dental and Vision Insurance, Life Insurance, Workers Comp, and State Unemployment Insurance.

**Fringe Benefits (25%)** \$ 4,848

**Total Personnel** \$ 24,239

**Operating Expenses**

No operating expenses


**Total Operating Expenses** \$ -

**Equipment**

There is no equipment budgeted.

**Total Equipment Expenses** \$ -

**Travel** (At CalHR reimbursement rates)

No travel expenses. All training will be over webinar or via onsite visit by LDPP coordinator.

\$ -
------

Airfare R/T	Hotel	Per Diem	Shuttle & Parking	Mileage	Total Costs
-------------	-------	----------	-------------------	---------	-------------

Advisory Committee Travel

\$ -
------

**Total Travel** \$ -

**Subcontracts**

No other subcontracts.

\$ -
------

\$ -
------

\$ -
------

**Total Subcontracts** \$ -

**Other Costs**

\$ -
------

**Total Other Costs** \$ -

**Indirect Costs**

Tule River Indian Health is requesting an indirect cost rate of 10%.

**Indirect Costs** \$ 1,939.09

**Annual Budget Total** \$ 26,178

**Note:** The Annual Budget Total should exclude any expenditures that would otherwise be paid for by other funding sources such as Denti-Cal reimbursement.

**Exhibit B Attachment IV**  
**Budget Narrative**  
**Year 4**  
**1/1/2020 through 12/31/2020**

**Personnel**

Position Title	# of Staff	Monthly Salary Range	FTE %	Year 4 Cost (12 Months)
Oral Health Care Coordinator	1	\$ 3,361	50%	\$ 20,167

Includes a 4% COLA. This position is responsible for the day to day planning, coordination, implementation of the Local Dental Pilot Program at the participating site. The Coordinator is responsible for conducting outreach and education activities targeting children ages 0-20 in the medical care setting. Will participate in monthly webinar trainings, including case management and motivational interviewing. Gathers and analyzes data regarding pilot measures, including oral health access, caries risk assessment, and continuity of care at participating tribal health programs. Facilitates communication among medical and dental clinic staff and engages key clinic and leadership in dental integration efforts, including CRA utilization and workflow redesign. In addition prepares quarterly and yearly reports to CRIHB (Activities: 1.1.a.-1.1.f., 2.1.a.-2.1.d., 3.1.a.-3.1.e.)

**Total Salary** \$ 20,167

Total Fringe Benefits @ 25% Personnel Costs. Fringe Benefits include: FICA, Retirement, Health Insurance, Dental and Vision Insurance, Life Insurance, Workers Comp, and State Unemployment Insurance.

**Fringe Benefits (25%)** \$ 5,042

**Total Personnel** \$ 25,209

**Operating Expenses**

No operating expenses


**Total Operating Expenses** \$ -

**Equipment**

There is no equipment budgeted.

**Total Equipment Expenses** \$ -

**Travel** (At CalHR reimbursement rates)

No travel expenses. All training will be over webinar or via onsite visit by LDPP coordinator.

\$ -
------

Airfare R/T	Hotel	Per Diem	Shuttle & Parking	Mileage	Total Costs
-------------	-------	----------	-------------------	---------	-------------

Advisory Committee Travel

\$ -
------

**Total Travel** \$ -

**Subcontracts**

No other subcontracts.

\$ -
------

\$ -
------

\$ -
------

**Total Subcontracts** \$ -

**Other Costs**

\$ -
------

**Total Other Costs** \$ -

**Indirect Costs**

Tule River Indian Health is requesting an indirect cost rate of 10%.

**Indirect Costs** \$ 2,016.66

**Annual Budget Total** \$ 27,225

**Note:** The Annual Budget Total should exclude any expenditures that would otherwise be paid for by other funding sources such as Denti-Cal reimbursement.

**Exhibit B Attachment I**  
Budget  
6/15/2017 through 12/31/2017

**Personnel**

Position Title	# of Staff	Monthly Salary Range	FTE %	Year 1 Cost (6.5 Months)
Oral Health Care Coordinator	1	\$ 3,897	50%	\$ 12,665
<b>Total Salary</b>				<b>\$ 12,665</b>

**Fringe Benefits (47%)** \$ 5,953

**Total Personnel** \$ 18,618

**Operating Expenses**

Office Supplies	\$ -
Building Rental	\$ -
Utilities	\$ -

**Total Operating Expenses** \$ -

**Equipment**

There is no equipment budgeted.

**Total Equipment Expenses** \$ -

**Travel** (At CalHR reimbursement rates)

\$ -
\$ -

**Total Travel** \$ -

**Subcontracts**

\$ -
\$ -

**Total Subcontracts** \$ -

**Other Costs**

\$ -
------

**Total Other Costs** \$ -

**Indirect Costs**

**Indirect Costs**

**Annual Budget Total** \$ 18,618

**Note:** The Annual Budget Total should exclude any expenditures that would otherwise be paid for by other funding sources such as Denti-Cal reimbursement.

**Exhibit B Attachment II**  
**Budget**  
1/1/2018 through 12/31/2018

**Personnel**

Position Title	# of Staff	Monthly Salary Range	FTE %	Year 2 Costs (12 months)
Oral Health Care Coordinator	1	\$ 4,053	50%	\$ 24,317.28
<b>Total Salary</b>				<b>\$ 24,317</b>

**Fringe Benefits (47%)** \$ 11,429

**Total Personnel** \$ 35,746

**Operating Expenses**

Office Supplies	\$ -
Building Rental	\$ -
Utilities	\$ -

**Total Operating Expenses** \$ -

**Equipment**

There is no equipment budgeted.

**Total Equipment Expenses** \$ -

**Travel** (At CalHR reimbursement rates)

\$ -
\$ -

**Total Travel** \$ -

**Subcontracts**

\$ -
\$ -

**Total Subcontracts** \$ -

**Other Costs**

\$ -
------

**Total Other Costs** \$ -

**Indirect Costs**

**Indirect Costs**

**Annual Budget Total** \$ 35,746

**Note:** The Annual Budget Total should exclude any expenditures that would otherwise be paid for by other funding sources such as Denti-Cal reimbursement.

**Exhibit B Attachment III**  
**Budget**  
1/1/2019 through 12/31/2019

**Personnel**

Position Title	# of Staff	Monthly Salary Range	FTE %	Year 3 Costs (12 months)
Oral Health Care Coordinator	1	\$ 4,215	50%	\$ 25,289.97
<b>Total Salary</b>				<b>\$ 25,290</b>
<b>Fringe Benefits (47%)</b>				<b>\$ 11,886</b>

**Total Personnel** \$ 37,176

**Operating Expenses**

Office Supplies	\$ -
Building Rental	\$ -
Utilities	\$ -

**Total Operating Expenses** \$ -

**Equipment**

There is no equipment budgeted.

**Total Equipment Expenses** \$ -

**Travel** (At CalHR reimbursement rates)

\$ -
\$ -

**Total Travel** \$ -

**Subcontracts**

\$ -
\$ -

**Total Subcontracts** \$ -

**Other Costs**

\$ -
------

**Total Other Costs** \$ -

**Indirect Costs**

**Indirect Costs**

**Annual Budget Total** \$ 37,176

**Note:** The Annual Budget Total should exclude any expenditures that would otherwise be paid for by other funding sources such as Denti-Cal reimbursement.

**Exhibit B Attachment IV**  
**Budget**  
1/1/2020 through 12/31/2020

**Personnel**

Position Title	# of Staff	Monthly Salary Range	FTE %	Year 4 Costs (12 months)
Oral Health Care Coordinator	1	\$ 4,384	50%	\$ 26,301.57
<b>Total Salary</b>				<b>\$ 26,302</b>

**Fringe Benefits (47%)** \$ 12,362

**Total Personnel** \$ 38,663

**Operating Expenses**

Office Supplies	\$ -
Building Rental	\$ -
Utilities	\$ -

**Total Operating Expenses** \$ -

**Equipment**

There is no equipment budgeted.

**Total Equipment Expenses** \$ -

**Travel** (At CalHR reimbursement rates)

\$ -
\$ -

**Total Travel** \$ -

**Subcontracts**

\$ -
\$ -

**Total Subcontracts** \$ -

**Other Costs**

\$ -
------

**Total Other Costs** \$ -

**Indirect Costs**

**Indirect Costs**

**Annual Budget Total** \$ 38,663

**Note:** The Annual Budget Total should exclude any expenditures that would otherwise be paid for by other funding sources such as Denti-Cal reimbursement.

**Exhibit B Attachment I**  
**Budget Narrative**  
Year 1  
6/15/2017 through 12/31/2017

**Personnel**

Position Title	# of Staff	Monthly Salary Range	FTE %	Year 1 Cost (6.5 Months)
Oral Health Care Coordinator	1	\$ 3,897	50%	\$ 12,665

This position is responsible for the day to day planning, coordination, implementation of the Local Dental Pilot Program at the participating site. The Coordinator is responsible for conducting outreach and education activities targeting children ages 0-20 in the medical care setting. Will participate in monthly webinar trainings, including case management and motivational interviewing. Gathers and analyzes data regarding pilot measures, including oral health access, caries risk assessment, and continuity of care at participating tribal health programs. Facilitates communication among medical and dental clinic staff and engages key clinic and leadership in dental integration efforts, including CRA utilization and workflow redesign. In addition prepares quarterly and yearly reports to CRIHB (Activities: 1.1.a.-1.1.f., 2.1.a.-2.1.d., 3.1.a.-3.1.e.)

**Total Salary** \$ 12,665

Total Fringe Benefits @ 47% Personnel Costs. Fringe Benefits include: FICA, Retirement, Health Insurance, Dental and Vision Insurance, Life Insurance, Workers Comp, and State Unemployment Insurance.

**Fringe Benefits (47%)** \$ 5,953

**Total Personnel** \$ 18,618

**Operating Expenses**

No operating expenses


**Total Operating Expenses** \$ -

**Equipment**

There is no equipment budgeted.

**Total Equipment Expenses** \$ -

**Travel** (At CalHR reimbursement rates)

No travel expenses. All training will be over webinar or via onsite visit by LDPP coordinator.

\$ -

Airfare R/T	Hotel	Per Diem	Shuttle & Parking	Mileage	Total Costs
-------------	-------	----------	-------------------	---------	-------------

Advisory Committee Travel

\$ -

**Total Travel** \$ -

**Subcontracts**

No other subcontracts.

\$ -

\$ -

\$ -

**Total Subcontracts** \$ -

**Other Costs**

\$ -

**Total Other Costs** \$ -

**Indirect Costs**

**Indirect Costs**

**Annual Budget Total** \$ 18,618

**Note:** The Annual Budget Total should exclude any expenditures that would otherwise be paid for by other funding sources such as Denti-Cal reimbursement.

**Exhibit B Attachment II**  
**Budget Narrative**  
**Year 2**  
**1/1/2018 through 12/31/2018**

**Personnel**

Position Title	# of Staff	Monthly Salary Range	FTE %	Year 2 Cost (12 Months)
Oral Health Care Coordinator	1	\$ 4,053	50%	\$ 24,317.28

Includes a 4% COLA. This position is responsible for the day to day planning, coordination, implementation of the Local Dental Pilot Program at the participating site. The Coordinator is responsible for conducting outreach and education activities targeting children ages 0-20 in the medical care setting. Will participate in monthly webinar trainings, including case management and motivational interviewing. Gathers and analyzes data regarding pilot measures, including oral health access, caries risk assessment, and continuity of care at participating tribal health programs. Facilitates communication among medical and dental clinic staff and engages key clinic and leadership in dental integration efforts, including CRA utilization and workflow redesign. In addition prepares quarterly and yearly reports to CRIHB (Activities: 1.1.a.-1.1.f., 2.1.a.-2.1.d., 3.1.a.-3.1.e.)

**Total Salary** \$ 24,317

Total Fringe Benefits @ 47% Personnel Costs. Fringe Benefits include: FICA, Retirement, Health Insurance, Dental and Vision Insurance, Life Insurance, Workers Comp, and State Unemployment Insurance.

**Fringe Benefits (47%)** \$ 11,429

**Total Personnel** \$ 35,746

**Operating Expenses**

No operating expenses

**Total Operating Expenses** \$ -

**Equipment**

There is no equipment budgeted.

**Total Equipment Expenses** \$ -

**Travel** (At CalHR reimbursement rates)

No travel expenses. All training will be over webinar or via onsite visit by LDPP coordinator.

\$ -

Airfare R/T	Hotel	Per Diem	Shuttle & Parking	Mileage	Total Costs
-------------	-------	----------	-------------------	---------	-------------

Advisory Committee Travel

\$ -

**Total Travel** \$ -

**Subcontracts**

No other subcontracts.

\$ -

\$ -

\$ -

**Total Subcontracts** \$ -

**Other Costs**

\$ -

**Total Other Costs** \$ -

**Indirect Costs**

**Indirect Costs**

**Annual Budget Total** \$ 35,746

**Note:** The Annual Budget Total should exclude any expenditures that would otherwise be paid for by other funding sources such as Denti-Cal reimbursement.

**Exhibit B Attachment III**  
**Budget Narrative**  
**Year 3**  
**1/1/2019 through 12/31/2019**

**Personnel**

Position Title	# of Staff	Monthly Salary Range	FTE %	Year 3 Cost (12 Months)
Oral Health Care Coordinator	1	\$ 4,215	50%	\$ 25,289.97

Includes a 4% COLA. This position is responsible for the day to day planning, coordination, implementation of the Local Dental Pilot Program at the participating site. The Coordinator is responsible for conducting outreach and education activities targeting children ages 0-20 in the medical care setting. Will participate in monthly webinar trainings, including case management and motivational interviewing. Gathers and analyzes data regarding pilot measures, including oral health access, caries risk assessment, and continuity of care at participating tribal health programs. Facilitates communication among medical and dental clinic staff and engages key clinic and leadership in dental integration efforts, including CRA utilization and workflow redesign. In addition prepares quarterly and yearly reports to CRIHB (Activities: 1.1.a.-1.1.f., 2.1.a.-2.1.d.,3.1.a.-3.1.e.)

**Total Salary** \$ 25,290

Total Fringe Benefits @ 47% Personnel Costs. Fringe Benefits include: FICA, Retirement, Health Insurance, Dental and Vision Insurance, Life Insurance, Workers Comp, and State Unemployment Insurance.

**Fringe Benefits (47%)** \$ 11,886

**Total Personnel** \$ 37,176

**Operating Expenses**

No operating expenses


**Total Operating Expenses** \$ -

**Equipment**

There is no equipment budgeted.

**Total Equipment Expenses** \$ -

**Travel** (At CalHR reimbursement rates)

No travel expenses. All training will be over webinar or via onsite visit by LDPP coordinator.

\$ -
------

Airfare R/T	Hotel	Per Diem	Shuttle & Parking	Mileage	Total Costs
-------------	-------	----------	-------------------	---------	-------------

Advisory Committee Travel

\$ -
------

**Total Travel** \$ -

**Subcontracts**

No other subcontracts.

\$ -
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\$ -
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\$ -
------

**Total Subcontracts** \$ -

**Other Costs**

\$ -
------

**Total Other Costs** \$ -

**Indirect Costs**

**Indirect Costs** \$ -

**Annual Budget Total** \$ 37,176

**Note:** The Annual Budget Total should exclude any expenditures that would otherwise be paid for by other funding sources such as Denti-Cal reimbursement.

**Exhibit B Attachment IV**  
**Budget Narrative**  
**Year 4**  
**1/1/2020 through 12/31/2020**

**Personnel**

Position Title	# of Staff	Monthly Salary Range	FTE %	Year 4 Cost (12 Months)
Oral Health Care Coordinator	1	\$ 4,384	50%	\$ 26,301.57

Includes a 4% COLA. This position is responsible for the day to day planning, coordination, implementation of the Local Dental Pilot Program at the participating site. The Coordinator is responsible for conducting outreach and education activities targeting children ages 0-20 in the medical care setting. Will participate in monthly webinar trainings, including case management and motivational interviewing. Gathers and analyzes data regarding pilot measures, including oral health access, caries risk assessment, and continuity of care at participating tribal health programs. Facilitates communication among medical and dental clinic staff and engages key clinic and leadership in dental integration efforts, including CRA utilization and workflow redesign. In addition prepares quarterly and yearly reports to CRIHB (Activities: 1.1.a.-1.1.f., 2.1.a.-2.1.d.,3.1.a.-3.1.e.)

**Total Salary** \$ 26,302

Total Fringe Benefits @ 47% Personnel Costs. Fringe Benefits include: FICA, Retirement, Health Insurance, Dental and Vision Insurance, Life Insurance, Workers Comp, and State Unemployment Insurance.

**Fringe Benefits (47%)** \$ 12,362

**Total Personnel** \$ 38,664

**Operating Expenses**

No operating expenses


**Total Operating Expenses** \$ -

**Equipment**

There is no equipment budgeted.

**Total Equipment Expenses** \$ -

**Travel** (At CalHR reimbursement rates)

No travel expenses. All training will be over webinar or via onsite visit by LDPP coordinator.

\$ -
------

Airfare R/T	Hotel	Per Diem	Shuttle & Parking	Mileage	Total Costs
-------------	-------	----------	-------------------	---------	-------------

Advisory Committee Travel

\$ -
------

**Total Travel** \$ -

**Subcontracts**

No other subcontracts.

\$ -
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\$ -
------

\$ -
------

**Total Subcontracts** \$ -

**Other Costs**

\$ -
------

**Total Other Costs** \$ -

**Indirect Costs**

**Indirect Costs** \$ -

**Annual Budget Total** \$ 38,663

**Note:** The Annual Budget Total should exclude any expenditures that would otherwise be paid for by other funding sources such as Denti-Cal reimbursement.

**Exhibit B Attachment I**  
Budget  
6/15/2017 through 12/31/2017

**Personnel**

Position Title	# of Staff	Monthly Salary Range	FTE %	Year 1 Cost (6.5 Months)
Oral Health Care Coordinator	1	\$ 3,896	50%	\$ 12,662.00
<b>Total Salary</b>				<b>\$ 12,662</b>

**Fringe Benefits (45%)** \$ 5,698

**Total Personnel** \$ 18,360

**Operating Expenses**

Office Supplies	\$ -
Building Rental	\$ -
Utilities	\$ -

**Total Operating Expenses** \$ -

**Equipment**

There is no equipment budgeted.

**Total Equipment Expenses** \$ -

**Travel** (At CalHR reimbursement rates)

\$ -
\$ -

**Total Travel** \$ -

**Subcontracts**

\$ -
\$ -

**Total Subcontracts** \$ -

**Other Costs**

\$ -
------

**Total Other Costs** \$ -

**Indirect Costs**

Tuolumne County WIC has applied: 20% of "Total Personnel Salary" excluding Fringe Benefits.

**Indirect Costs** \$ 2,532

**Annual Budget Total** \$ 20,892

**Note:** The Annual Budget Total should exclude any expenditures that would otherwise be paid for by other funding sources such as Denti-Cal reimbursement.

**Exhibit B Attachment II**  
**Budget**  
1/1/2018 through 12/31/2018

**Personnel**

Position Title	# of Staff	Monthly Salary Range	FTE %	Year 2 Costs (12 months)
Oral Health Care Coordinator	1	\$ 4,052	50%	\$ 24,311.04
<b>Total Salary</b>				<b>\$ 24,311</b>

**Fringe Benefits (45%)** \$ 10,940

**Total Personnel** \$ 35,251

**Operating Expenses**

Office Supplies	\$ -
Building Rental	\$ -
Utilities	\$ -

**Total Operating Expenses** \$ -

**Equipment**

There is no equipment budgeted.

**Total Equipment Expenses** \$ -

**Travel** (At CalHR reimbursement rates)

\$ -
\$ -

**Total Travel** \$ -

**Subcontracts**

\$ -
\$ -

**Total Subcontracts** \$ -

**Other Costs**

\$ -
------

**Total Other Costs** \$ -

**Indirect Costs**

Tuolumne County WIC has applied: 20% of "Total Personnel Salary" excluding Fringe Benefits.

**Indirect Costs** \$ 4,862

**Annual Budget Total** \$ 40,113

**Note:** The Annual Budget Total should exclude any expenditures that would otherwise be paid for by other funding sources such as Denti-Cal reimbursement.

**Exhibit B Attachment III**  
**Budget**  
1/1/2019 through 12/31/2019

**Personnel**

Position Title	# of Staff	Monthly Salary Range	FTE %	Year 3 Costs (12 months)
Oral Health Care Coordinator	1	\$ 4,214	50%	\$ 25,283.48
<b>Total Salary</b>				<b>\$ 25,283</b>
<b>Fringe Benefits (45%)</b>				<b>\$ 11,378</b>

**Total Personnel** \$ 36,661

**Operating Expenses**

Office Supplies	\$ -
Building Rental	\$ -
Utilities	\$ -
<b>Total Operating Expenses</b>	<b>\$ -</b>

**Equipment**

There is no equipment budgeted.

**Total Equipment Expenses** \$ -

**Travel** (At CalHR reimbursement rates)

\$ -
\$ -

**Total Travel** \$ -

**Subcontracts**

\$ -
\$ -

**Total Subcontracts** \$ -

**Other Costs**

\$ -
------

**Total Other Costs** \$ -

**Indirect Costs**

Tuolumne County WIC has applied: 20% of "Total Personnel Salary" excluding Fringe Benefits.

**Indirect Costs** \$ 5,057

**Annual Budget Total** \$ 41,718

**Note:** The Annual Budget Total should exclude any expenditures that would otherwise be paid for by other funding sources such as Denti-Cal reimbursement.

**Exhibit B Attachment IV**  
**Budget**  
1/1/2020 through 12/31/2020

**Personnel**

Position Title	# of Staff	Monthly Salary Range	FTE %	Year 4 Costs (12 months)
Oral Health Care Coordinator	1	\$ 4,382	50%	\$ 26,294.82
<b>Total Salary</b>				<b>\$ 26,295</b>

**Fringe Benefits (45%)** \$ 11,833

**Total Personnel** \$ 38,127

**Operating Expenses**

Office Supplies	\$ -
Building Rental	\$ -
Utilities	\$ -

**Total Operating Expenses** \$ -

**Equipment**

There is no equipment budgeted.

**Total Equipment Expenses** \$ -

**Travel** (At CalHR reimbursement rates)

\$ -
\$ -

**Total Travel** \$ -

**Subcontracts**

\$ -
\$ -

**Total Subcontracts** \$ -

**Other Costs**

\$ -
------

**Total Other Costs** \$ -

**Indirect Costs**

Tuolumne County WIC has applied: 20% of "Total Personnel Salary" excluding Fringe Benefits.

**Indirect Costs** \$ 5,259

**Annual Budget Total** \$ 43,386

**Note:** The Annual Budget Total should exclude any expenditures that would otherwise be paid for by other funding sources such as Denti-Cal reimbursement.

**Exhibit B Attachment I**  
**Budget Narrative**  
Year 1  
6/15/2017 through 12/31/2017

**Personnel**

Position Title	# of Staff	Monthly Salary Range	FTE %	Year 1 Cost (6.5 Months)
Oral Health Care Coordinator	1	\$ 3,896	50%	\$ 12,662.00

This position is responsible for the day to day planning, coordination, implementation of the Local Dental Pilot Program at the participating site. The Coordinator is responsible for conducting outreach and education activities targeting children ages 0-20 in the medical care setting. Will participate in monthly webinar trainings, including case management and motivational interviewing. Gathers and analyzes data regarding pilot measures, including oral health access, caries risk assessment, and continuity of care at participating tribal health programs. Facilitates communication among medical and dental clinic staff and engages key clinic and leadership in dental integration efforts, including CRA utilization and workflow redesign. In addition prepares quarterly and yearly reports to CRIHB (Activities: 1.1.a.-1.1.f., 2.1.a.-2.1.d., 3.1.a.-3.1.e.)

**Total Salary** \$ 12,662

Total Fringe Benefits @ 45% Personnel Costs. Fringe Benefits include: FICA, Retirement, Health Insurance, Dental and Vision Insurance, Life Insurance, Workers Comp, and State Unemployment Insurance.

**Fringe Benefits (45%)** \$ 5,698

**Total Personnel** \$ 18,360

**Operating Expenses**

No operating expenses


**Total Operating Expenses** \$ -

**Equipment**

There is no equipment budgeted.

**Total Equipment Expenses** \$ -

**Travel** (At CalHR reimbursement rates)

No travel expenses. All training will be over webinar or via onsite visit by LDPP coordinator.

\$ -
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Airfare R/T	Hotel	Per Diem	Shuttle & Parking	Mileage	Total Costs
-------------	-------	----------	-------------------	---------	-------------

Advisory Committee Travel

\$ -
------

**Total Travel** \$ -

**Subcontracts**

No other subcontracts.

\$ -
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\$ -
------

\$ -
------

**Total Subcontracts** \$ -

**Other Costs**

\$ -
------

**Total Other Costs** \$ -

**Indirect Costs**

Tuolumne County WIC has applied: 20% of "Total Personnel Salary" excluding Fringe Benefits.

**Indirect Costs** \$ 2,532.40

**Annual Budget Total** \$ 20,892

**Note:** The Annual Budget Total should exclude any expenditures that would otherwise be paid for by other funding sources such as Denti-Cal reimbursement.

**Exhibit B Attachment II**  
**Budget Narrative**  
**Year 2**  
**1/1/2018 through 12/31/2018**

**Personnel**

Position Title	# of Staff	Monthly Salary Range	FTE %	Year 2 Cost (12 Months)
Oral Health Care Coordinator	1	\$ 4,052	50%	\$ 24,311.04

Includes a 4% COLA. This position is responsible for the day to day planning, coordination, implementation of the Local Dental Pilot Program at the participating site. The Coordinator is responsible for conducting outreach and education activities targeting children ages 0-20 in the medical care setting. Will participate in monthly webinar trainings, including case management and motivational interviewing. Gathers and analyzes data regarding pilot measures, including oral health access, caries risk assessment, and continuity of care at participating tribal health programs. Facilitates communication among medical and dental clinic staff and engages key clinic and leadership in dental integration efforts, including CRA utilization and workflow redesign. In addition prepares quarterly and yearly reports to CRIHB (Activities: 1.1.a.-1.1.f., 2.1.a.-2.1.d., 3.1.a.-3.1.e.)

**Total Salary** \$ 24,311

Total Fringe Benefits @ 45% Personnel Costs. Fringe Benefits include: FICA, Retirement, Health Insurance, Dental and Vision Insurance, Life Insurance, Workers Comp, and State Unemployment Insurance.

**Fringe Benefits (45%)** \$ 10,940

**Total Personnel** \$ 35,251

**Operating Expenses**

No operating expenses

**Total Operating Expenses** \$ -

**Equipment**

There is no equipment budgeted.

**Total Equipment Expenses** \$ -

**Travel** (At CalHR reimbursement rates)

No travel expenses. All training will be over webinar or via onsite visit by LDPP coordinator.

\$ -

Airfare R/T	Hotel	Per Diem	Shuttle & Parking	Mileage	Total Costs
-------------	-------	----------	-------------------	---------	-------------

Advisory Committee Travel

\$ -

**Total Travel** \$ -

**Subcontracts**

No other subcontracts.

\$ -

\$ -

\$ -

**Total Subcontracts** \$ -

**Other Costs**

\$ -

**Total Other Costs** \$ -

**Indirect Costs**

Tuolumne County WIC has applied: 20% of "Total Personnel Salary" excluding Fringe Benefits.

**Indirect Costs** \$ 4,862.21

**Annual Budget Total** \$ 40,113

**Note:** The Annual Budget Total should exclude any expenditures that would otherwise be paid for by other funding sources such as Denti-Cal reimbursement.

**Exhibit B Attachment III**  
**Budget Narrative**  
**Year 3**  
**1/1/2019 through 12/31/2019**

**Personnel**

Position Title	# of Staff	Monthly Salary Range	FTE %	Year 3 Cost (12 Months)
Oral Health Care Coordinator	1	\$ 4,214	50%	\$ 25,283

Includes a 4% COLA. This position is responsible for the day to day planning, coordination, implementation of the Local Dental Pilot Program at the participating site. The Coordinator is responsible for conducting outreach and education activities targeting children ages 0-20 in the medical care setting. Will participate in monthly webinar trainings, including case management and motivational interviewing. Gathers and analyzes data regarding pilot measures, including oral health access, caries risk assessment, and continuity of care at participating tribal health programs. Facilitates communication among medical and dental clinic staff and engages key clinic and leadership in dental integration efforts, including CRA utilization and workflow redesign. In addition prepares quarterly and yearly reports to CRIHB (Activities: 1.1.a.-1.1.f., 2.1.a.-2.1.d., 3.1.a.-3.1.e.)

**Total Salary** \$ 25,283

Total Fringe Benefits @ 45% Personnel Costs. Fringe Benefits include: FICA, Retirement, Health Insurance, Dental and Vision Insurance, Life Insurance, Workers Comp, and State Unemployment Insurance.

**Fringe Benefits (45%)** \$ 11,377

**Total Personnel** \$ 36,660

**Operating Expenses**

No operating expenses


**Total Operating Expenses** \$ -

**Equipment**

There is no equipment budgeted.

**Total Equipment Expenses** \$ -

**Travel** (At CalHR reimbursement rates)

No travel expenses. All training will be over webinar or via onsite visit by LDPP coordinator.

\$ -
------

Airfare R/T	Hotel	Per Diem	Shuttle & Parking	Mileage	Total Costs
-------------	-------	----------	-------------------	---------	-------------

Advisory Committee Travel

\$ -
------

**Total Travel** \$ -

**Subcontracts**

No other subcontracts.

\$ -
------

\$ -
------

\$ -
------

**Total Subcontracts** \$ -

**Other Costs**

\$ -
------

**Total Other Costs** \$ -

**Indirect Costs**

Tuolumne County WIC has applied: 20% of "Total Personnel Salary" excluding Fringe Benefits.

**Indirect Costs** \$ 5,056.60

**Annual Budget Total** \$ 41,718

**Note:** The Annual Budget Total should exclude any expenditures that would otherwise be paid for by other funding sources such as Denti-Cal reimbursement.

**Exhibit B Attachment IV**  
**Budget Narrative**  
**Year 4**  
**1/1/2020 through 12/31/2020**

**Personnel**

Position Title	# of Staff	Monthly Salary Range	FTE %	Year 4 Cost (12 Months)
Oral Health Care Coordinator	1	\$ 4,382	50%	\$ 26,294.82

Includes a 4% COLA. This position is responsible for the day to day planning, coordination, implementation of the Local Dental Pilot Program at the participating site. The Coordinator is responsible for conducting outreach and education activities targeting children ages 0-20 in the medical care setting. Will participate in monthly webinar trainings, including case management and motivational interviewing. Gathers and analyzes data regarding pilot measures, including oral health access, caries risk assessment, and continuity of care at participating tribal health programs. Facilitates communication among medical and dental clinic staff and engages key clinic and leadership in dental integration efforts, including CRA utilization and workflow redesign. In addition prepares quarterly and yearly reports to CRIHB (Activities: 1.1.a.-1.1.f., 2.1.a.-2.1.d., 3.1.a.-3.1.e.)

**Total Salary** \$ 26,295

Total Fringe Benefits @ 45% Personnel Costs. Fringe Benefits include: FICA, Retirement, Health Insurance, Dental and Vision Insurance, Life Insurance, Workers Comp, and State Unemployment Insurance.

**Fringe Benefits (45%)** \$ 11,833

**Total Personnel** \$ 38,128

**Operating Expenses**

No operating expenses

**Total Operating Expenses** \$ -

**Equipment**

There is no equipment budgeted.

**Total Equipment Expenses** \$ -

**Travel** (At CalHR reimbursement rates)

No travel expenses. All training will be over webinar or via onsite visit by LDPP coordinator.

\$ -

Airfare R/T	Hotel	Per Diem	Shuttle & Parking	Mileage	Total Costs
-------------	-------	----------	-------------------	---------	-------------

Advisory Committee Travel

\$ -

**Total Travel** \$ -

**Subcontracts**

No other subcontracts.

\$ -

\$ -

\$ -

**Total Subcontracts** \$ -

**Other Costs**

\$ -

**Total Other Costs** \$ -

**Indirect Costs**

Tuolumne County WIC has applied: 20% of "Total Personnel Salary" excluding Fringe Benefits.

**Indirect Costs** \$ 5,258.96

**Annual Budget Total** \$ 43,386

**Note:** The Annual Budget Total should exclude any expenditures that would otherwise be paid for by other funding sources such as Denti-Cal reimbursement.