



## DEPARTMENT OF HEALTH

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**Maryland Department of Health  
Prevention and Health Promotion Administration  
Cancer and Chronic Disease Bureau  
Office of Oral Health**

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**FY 2025 Local Health Department Oral Health Grants  
Request for Applications (RFA)  
Grant Period: July 1, 2024 - June 30, 2025  
Grant Application Deadline: May 15, 2024**

### **I. INTRODUCTION**

The Maryland Department of Health (MDH or the Department), Office of Oral Health (OOH), is issuing this Request for Applications (RFA) to provide support for oral disease and injury prevention (Component 1), school dental sealant programs (Component 2), and Oral Cancer Screenings (Component 3 – for previous awardees only). Awards are competitive, and separate documentation is required for each Component.

Applications must aim to build and sustain capacity to provide oral disease prevention services, treatment services, and oral health education to underserved populations with the needs described within this RFA. Applicants are to select their target Area(s) of Need, the Objective(s) they will use to address these needs, and the Component(s) under which their Objective(s) will be applied.

This RFA satisfies the requirement to solicit proposals from local health departments, pursuant to Health-General Article §13-2504(a): *The Office of Oral Health shall solicit proposals from local health departments, federally qualified health centers, and entities providing dental services within State facilities, for the purpose of issuing grants to support collaborative and innovative ways to increase dental provider capacity for the underserved.*

### **II. BACKGROUND**

Oral diseases are not self-limiting, and they increase in severity with time. As a result, medical, nutritional, psychological, educational, social, esthetic, and speech difficulties can originate from preventable oral disease and injury. The adverse consequences of dental caries and other oral diseases include pain, infection, tooth loss, and occasionally death. Oral health conditions affect nearly all aspects of daily living, such as quality of life, physical well-being, self-esteem, economic productivity, and school performance, including attendance and readiness to learn.

### **III. Areas of Need**

Applicants must select from the following Areas of Need (Section III), Objectives (Section IV), and Components (Section V) their applications will target. Some individual Areas of Need may fall under one or more Objectives or Components. Multiple Areas of Need may be selected.

A. Increased Capacity to Treat Medicaid Beneficiaries

Maryland Medicaid has recently expanded to include a comprehensive dental benefit for adults, having gone into effect on January 1, 2023. As there are approximately 800,000 new beneficiaries, and only one fourth of Maryland's dentists accept Medicaid, the demand for dental care among this population is likely to outpace the supply of available care. This issue is expected to be more pronounced in Dental Health Provider Shortage Areas, where Maryland already falls below the national standard of 60 dentists per 100,000 residents.

B. Prevention, Education, and Screening for Oral and Pharyngeal Cancer

As a result of previous statewide primary and secondary prevention efforts, the oral cancer mortality rate in Maryland has improved. However, oral cancer mortality remains high for males, particularly African American males. Oral and pharyngeal cancer can largely be avoided through primary prevention activities that target the modification of individual risk behaviors, such as the use of alcohol, tobacco products (including spit tobacco), diet, and certain sexual practices leading to Human Papillomavirus (HPV) infection. The oral and pharyngeal cancer mortality rate can also be reduced through secondary prevention efforts encompassing health promotion activities and policies that target both health care professionals and the public. The U.S. Preventive Services Task Force (USPSTF) recommends that dentists provide oral-pharyngeal screenings during routine dental and medical visits, and that adults at increased risk who are unlikely to have routine dental or medical care receive screenings in public health settings. Early detection and diagnosis for all adults through timely and adequate oral and pharyngeal cancer examinations, even those not traditionally known to be at high risk for oral cancer, can reduce the oral cancer mortality rate. Tobacco cessation is a vital part of oral cancer prevention, and it includes education as well as a referral to the Tobacco Quitline and other resources.

C. Prevention and Control of Dental Caries for Underserved Children and Special Care Populations – Education, Care Coordination, and Referrals

This Area of Need does not refer to clinical treatment needs. Please see D and E.

Early Childhood Caries (ECC) is a devastating disease affecting toddlers and young children. Fortunately, ECC is preventable through early intervention and health education. According to local surveys, the prevalence of ECC is high among certain disadvantaged populations enrolled in Judy Centers, Head Starts, and the Women, Infants, and Children (WIC) programs in Maryland. New evidence shows that it is imperative to reach these populations early to prevent ECC (e.g., upon first tooth eruption but no later than 12 months of age). Additionally, various special populations in Maryland, such as older adults, self-reported dental problems as their greatest health concern. These populations also have high dental caries needs. Unfortunately, these populations often experience significant difficulty accessing oral health care services, which compounds their burden of disease.

Dental caries can be prevented through timely exposure to fluoride, tooth brushing with fluoride toothpaste at home, and community water fluoridation. Developing partnerships with non-dental practitioners, such as pediatricians, nurses, and administrators of childcare/eldercare programs that serve these target populations creates opportunities to train other providers to identify early manifestations of oral disease. This also creates the opportunity to provide care coordination and dental referrals for these individuals.

Injury prevention is another key aspect of maintaining good oral health. Injuries to the head, face, and mouth are common among infants and children. Infants and toddlers often fall when crawling or

walking and bump into furniture when running; similarly, adolescents will often experience oral-facial injuries in the daily course of playing, especially at playgrounds or while participating in organized sports. Two-thirds of all child abuse injuries occur in the oral-facial region. Prevention programs, such as dental awareness programs targeting abuse and neglect, assist dental providers in recognizing, understanding, and managing suspected child abuse or neglect cases. Knowing how to prevent and manage injuries which result in dental emergencies is key to reducing unnecessary morbidity.

- D. Prevention and Control of Dental Caries for Underserved Children – Dental Sealants  
Tooth decay may result in pain and other problems that affect learning in school-age children. Placing dental sealants is an evidence-based practice that is effective at preventing and halting tooth decay, yet access to this type of oral health care remains a critical problem for underserved populations in Maryland. *The 2015 – 2016 Survey of Oral Health Status of Maryland School Children*, conducted by the University of Maryland, School of Dentistry, found that approximately 41.4% of school children in 3rd Grade had at least one tooth with a dental sealant. This is near to the Healthy People 2030 goal of 42.5% of children and adolescents who have received dental sealants on one or more of their primary or permanent molar teeth.<sup>1</sup> However, a considerable disparity in dental sealant presence continues to exist in different regions across Maryland. For example, the Eastern Shore had a lower prevalence of dental sealants than any other region in Maryland at 27.8%.

Dental sealants are generally applied in a dental clinic setting; however, because of the relatively low proportion of high-risk children receiving dental sealants, alternative public health strategies have been utilized, including the provision of dental sealants through school-based, school-linked, or mobile approaches.

- E. Prevention, Treatment, and Control of Oral Disease for Underserved Populations – General  
This Area of Need describes the general oral health need of underserved communities. This need should only be selected if the application cannot be fully described under the needs listed previously.

Adults and families whose income is low, but more than the Medicaid eligibility limit, typically do not have access to dental care or full dental coverage. Dental care often remains out of their reach. Additionally, many others have recently received the new dental benefit but have not had the opportunity to utilize it. As a result, efforts to provide care coordination and dental care to these individuals can have a substantial impact on their health. Preventive care, treatment, and control of oral disease in, or outside of a clinical setting is essential for this population.

Most oral diseases can be prevented by proper and timely use of a variety of preventive regimens. Fluoride varnish and tooth brushing with fluoridated toothpaste are both age-appropriate services that can be provided at schools and other community-based venues (e.g. Head Start, Judy Centers, WIC) and are proven to be an effective and efficient means of providing oral health services.

During pregnancy, physiological changes occur that may adversely affect oral health, such as dental caries, pregnancy gingivitis, periodontal disease, pregnancy tumor (pyogenic granuloma), and tooth erosion. These conditions can be prevented and treated, and thus women should visit the dentist during pregnancy. Pregnant women are eligible to receive Medicaid dental coverage throughout their

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<sup>1</sup><https://health.gov/healthypeople/objectives-and-data/browse-objectives/oral-conditions/increase-proportion-children-and-adolescents-who-have-dental-sealants-1-or-more-molars-oh-10>

pregnancy and post-partum. Strategies to target patients during their pregnancies have proven successful in treating any existing oral disease and in providing preventive care.

#### **IV. OBJECTIVES**

Based on which Areas of Need described in Section III the applicant will address, applicants may select from the following Objectives. Multiple Objectives may be selected.

- A. Increase capacity to treat Medicaid beneficiaries.
- B. Reduce the proportion of children and adolescents with dental caries experience in their primary or permanent teeth.
- C. Reduce the proportion of children and adolescents/or with untreated dental decay.
- D. Increase the proportion of low-income children and adolescents who receive any preventive dental service.
- E. Increase the proportion of children and adolescents who receive dental sealants.
- F. Increase the proportion of adults who receive oral and pharyngeal cancer screenings, tobacco cessation education, and referrals.
- G. Reduce the proportion of adults with untreated dental decay.
- H. Increase the proportion of adults who receive any preventive dental service.
- I. Reduce the proportion of pregnant patients with untreated dental decay.
- J. Increase the proportion of pregnant and post-partum patients who receive any preventive dental service.

#### **V. Program Components and Activity Options**

The following components and activities may be selected to achieve the Objectives the Applicant selects in Section IV. Applicants may also propose other appropriate activities.

- A. Component 1 – Oral Disease and Injury Prevention (ODIP) Activity Options
  - 1. Required: Oral Health Education (select one or more).
    - a) Classroom education
    - b) Community education
    - c) Children’s Dental Health Month activities
    - d) Oral Cancer Awareness Month activities
  - 2. Direct oral health care for children.
  - 3. Off-Site Children’s Services.
    - a. Sites may be:
      - i. School-Based
      - ii. School-Linked
      - iii. Community Oral Health Programs
      - iv. Head Starts
      - v. Judy Centers
      - vi. WIC
    - b. Services may include:
      - i. Examinations/Screenings
      - ii. Fluoride Varnish
      - iii. Fluoride Rinse
      - iv. Silver Diamine Fluoride
      - v. Toothbrush Prophylaxis
  - 4. Direct oral health care for adults.

5. Direct oral health care for pregnant and post-partum patients.
6. Oral Cancer Prevention - primary or secondary prevention (screenings, healthcare provider education, public education, referrals).
7. Adult case management.

B. Component 2 – Dental Sealant Activity Options

1. *School-based programs* are conducted within education settings, with teams of dental providers utilizing fixed or portable dental equipment. School-based dental sealant delivery programs serve children who are unlikely to receive them otherwise. These programs are especially important for reaching children from low-income families who are less likely to receive private dental care. Programs generally target schools by identifying the percentage of children eligible for federal free or reduced-cost lunch programs and/or those identified as Title I schools.
2. *School-linked programs* are connected with schools in some manner but deliver the sealants at a site other than the school (i.e., a clinic or private dental office). School-linked programs may present information, distribute consent forms, and conduct dental screenings at schools. These programs must be able to track and link children to sealant placement off-site.
3. *Mobile programs* refer to mobile self-contained motorized vans or nonmotorized mobile trailers that can be placed in close proximity to a school.

C. Component 3 – Oral Cancer Screenings Activity Options - **FOR PREVIOUS AWARDEES ONLY**

1. Provision of oral cancer screenings by dental hygienists in underserved communities to support efforts described in Objective F.

## VI. ELIGIBILITY

Eligible applicants are local health department oral health programs located in all twenty-four jurisdictions in Maryland. Applicants may enter contracts with private and other public sector entities, including consortia agreements, as necessary, to meet the requirements of an award.

## VII. MDH OOH and Applicant Roles/Responsibilities

A. MDH OOH roles/Responsibilities

The MDH OOH is expected to provide programmatic support, fiscal support/oversight of the grants, as well as technical assistance in the implementation of these programs. The MDH OOH will conduct periodic site visits to evaluate the progress towards achieving goals and Objectives. The MDH OOH may provide assistance in the following areas:

1. Oral Health Education
2. Funding
3. Program development, including intervention information, program materials (e.g., reporting forms), evaluation, and data analysis.
4. Access and referrals to local, state, and national consultants as necessary.
5. Performance monitoring, including detailed review of reports and expenditures.
6. Resource Materials (e.g., Maryland School-based Dental Sealant Training Programs, brochures, Informed Consent/Medical History Template).
7. Monitoring progress of the Objectives of the program, which will include detailed review of reports and expenditures.

B. Local Health Departments are expected to:

1. Lead the development, implementation, and evaluation of a set of targeted Objectives.

2. Collect data related to selected Objectives and performance measures.
3. As a condition of receiving funds, Applicants must agree to participate in an evaluation of the grants program and provide OOH with any data collection.
4. Be a designated contact for technical information.
5. Complete Maryland Dental Sealant Training Programs online (Component 2 Applicants only).
6. Submit success stories upon request, which highlight program achievements.
7. Provide administrative support in the form of a desk, telephone, office supplies, a computer, and postage for correspondence.
8. Collect and report requested demographic data, including race/ethnicity.
9. Attend meetings, participate in site visits, and give reports on progress and accomplishments throughout the grant period.
10. Submit quarterly activity and expenditure reports, using forms provided by the OOH per schedules to be provided by OOH.

<b>Quarter</b>	<b>Reporting Period</b>	<b>Due Date</b>
First	July 1 – September 30	October 15
Second	October 1 – December 31	January 15
Third	January 1 – March 31	April 15
Fourth	April 1 – June 30	July 15

#### **VIII. The Americans with Disabilities Act:**

The Americans with Disabilities Act (<https://www.ada.gov>) protects qualified individuals with disabilities from discrimination on the basis of disability in services, programs, and activities. Accessibility and inclusion of diverse populations are essential to reduce health disparities for vulnerable populations. Contractors must comply with all ADA requirements in their work to ensure the needs of persons with disabilities and other vulnerable populations are met. This includes, but is not limited to:

- facilities and any venues used for meetings/conferences are accessible.
- requested accommodations are provided in a timely manner; and
- written and printed materials developed in accessible formats (easy to read, large print, etc.), or providing access to alternative formats.

For contracts which include direct patient care or service delivery through a program, the ADA requires entities provide full and equal access for people with disabilities. This includes, but is not limited to:

- reasonable modifications of policies, practices, and procedures.
- effective communication; and
- accessible facilities.

#### **IX. Allowable Use of Grant Funds**

A. In general, grant funds may be used to support:

1. Salaries and fringe benefits of health care practitioner(s), dental community outreach worker(s), community health nurse(s), health educator(s), and/or other appropriate professional or support staff assigned to achieve implementation and/or evaluation of the program.
2. Supplies and equipment.

- a. If Applicants propose use of funds to purchase equipment, a budget narrative and description of how the purchase would help achieve one of the Objectives of this grant must be provided.
3. Data collection support, i.e., either software or personnel.
4. Other line items directly related to program implementation.
5. Indirect costs not to exceed 10% of total direct costs.

**B. For Oral Cancer Screening Applicants – (Only previous awardees may apply)**

Grant funds may be used to support a dental hygienist position. This position may be funded based on health departments' hiring processes. Grant funds can also be used for supplies and equipment to support the hygienist position. Indirect costs, not to exceed 10% of total direct costs, may also be included.

**Note:** Funds may **not** be used to purchase health education materials when the subject matter of which is addressed by available MDH materials. OOH provides free educational materials for use as needed; available through this link:

<https://phpa.health.maryland.gov/oralhealth/Pages/materials.aspx>

**X. Application Requirements and Instructions**

**A. General Application Requirements**

Consider the following requirements before finalizing which Areas of Need, Objectives, and Components you will address in your application. Applications should:

1. Utilize evidence-based strategies for decreasing the burden of oral disease which are appropriate for the targeted demographics.
2. Implement services using input from the local public health community, citizen groups, academia, and private sector entities.
3. Target regions of the Applicant's jurisdiction where evidence demonstrates oral health services are comparatively inaccessible to the underserved.
4. Seek to maximize limited resources, promote partnerships, and ensure sustainability.
5. Be mindful of the Healthy People 2030 objectives when designing proposals.  
<https://health.gov/healthypeople/objectives-and-data/browse-objectives/oral-conditions>
6. Seek to improve oral health equity by targeting individuals who are disproportionately affected by oral disease, including those who are low-income or disabled.
7. Include oral health education intervention pertinent to the service being delivered to accompany any oral health Objective selected under this grant. One such intervention may address multiple, or all selected Objectives. To assist, the OOH provides free educational materials for use as needed; available through this link:  
<https://phpa.health.maryland.gov/oralhealth/Pages/materials.aspx>
8. **Not** propose the purchase of health education materials when the subject matter of which is addressed by available MDH materials.
9. Read and agree to the Americans with Disabilities Act Statement and meet all requirements.
10. For applications including dental caries screenings and/or examinations as part of its planned activities in an off-site program for children, include care coordination to appropriate dental clinical care service for any child found to be at high risk of dental decay.
11. For applications including oral cancer screenings and/or examinations as part of its planned activities, include assurance that there will be appropriate care coordination for any suspicious lesion found during the screening/examination. This includes a documented system of care

coordination being in place when referring a patient for a surgical biopsy and/or linkage to treatment. The OOH recommends at least one screening occur in April during Oral Cancer Awareness Month (Educational materials are available from the OOH). When communicating results of a biopsy, appropriate follow-up and care coordination with the patient must take place regarding future actions. The MDH Cigarette Restitution Fund has developed cancer consent, screening, and results forms which are available from OOH upon request.

12. For Oral Disease and Injury Prevention activities that serve children, target Title I schools and/or those with 50% of students enrolled in the Free and Reduced Meal Program.
13. For proposals that include Dental Sealant activities, describe an initial risk assessment, a description of the process, and the methods for examination/screening of the schoolchildren. Applicants must demonstrate that care coordination into the appropriate dental clinical care will be provided for any child found to be at high risk for dental decay, and how retention checks will be conducted, if applicable.

## **B. Application Packet Contents and Instructions**

1. Applications for **each** Component must include the following:
  - a. Local Health Department Narrative Template – *See narrative template documents for instructions.*
  - b. Attachment A: Local Health Department Work Plan Template – *See document for instructions.*
  - c. Attachment B: Local Health Department Budget Narrative Template
    - i. The Budget Narrative must provide a reasonable and thorough description of how all costs were determined, and should include details such as job titles, project-relevant job responsibilities, % time/FTE allocated, and unit/total costs.
    - ii. Review Section IX for allowable uses of funds for each component.
  - d. Attachment C: 4542 Budget Package
    - i. The 4542-budget package must include reasonable and adequately justified use of MDH funds and performance measures. **Use the OOH-provided 4542 budget packages for each** relevant Component as they include pre-populated fields specific to OOH.
    - ii. Do not include other funding sources on the 4542 budget package.
    - iii. Review Section IX for allowable uses of funds for each component.
2. Each Applicant must complete and submit an Intent to Apply Form (using MHD template). Only one form is required per Applicant.
3. Applicants must utilize the forms provided. The application forms are also available electronically via the link below.  
<https://phpa.health.maryland.gov/oralhealth/Pages/funding-ops.aspx>
4. For applicants applying for Components 1 and Component 2, applicants must submit separate application packets for **each** Component.
5. Applicants applying to both Component 1 and Component 3 may submit a single narrative and work plan, however separate budget narratives and 4542 budget packages must be submitted for each of these two Components. (ONLY PREVIOUSLY FUNDED ORAL CANCER SCREENING AWARDEES may apply for Component 3.)

### **C. Application Submission Instructions**

1. Awards will be made contingent upon availability of funds.
2. All applications must be submitted electronically via e-mail attachment to [mdh.ugaoralhealth@maryland.gov](mailto:mdh.ugaoralhealth@maryland.gov).
3. In your e-mail's subject line, please reference your organization name and "FY 2025 (Component 1, Component 2, or Components 1 and 3) Application".
4. If applying for both components, please send **separate** emails for your Component 1 and Component 2 applications.
5. If you previously received Component 3 funds and intend to apply again, you may send one email with your Component 1 and Component 3 application documents. (Component 2 should be sent as a separate email.)

### **XI. Evaluation Criteria**

- A. Pursuant to Health-General Article §13-2504(c), The Office of Oral Health shall place priority on awarding grants to proposals that:
  1. Are targeted to regions of the State where oral health services are most scarce for low-income, disabled, and Medicaid populations; and
  2. Outline how the potential grantee will maximize limited resources, including:
    - a. Sharing of resources with other persons;
    - b. Case management to eliminate barriers to dental services;
    - c. Public-private purchasing agreements;
    - d. Obtaining matching funds to increase resources;
    - e. Incentives to increase provider participation;
    - f. Quantifiable outcome measures of success;
    - g. School-based screenings; and
    - h. Plans to ensure sustainability of services after termination of grants awarded under this subtitle.
- B. Applications will also be evaluated for the extent to which they effectively respond to the application questions, work plan, and budget. As part of the grant application review process, OOH may ask an applicant organization to provide additional information or revise its application as a condition of approving the award. Grants will be reviewed and awarded by OOH.

### **XII. Non-Discrimination Clause for Employment in Contracts**

By state law, every contract that awardees develop and monitor needs to include a nondiscrimination clause for employment. The MDH State Office of the Attorney General mandates that every contract include the following clause: "The Contractor agrees: (a) not to discriminate in any manner against an employee or applicant for employment because of race, color, religion, creed, age, sex, marital status, national origin, ancestry or disability of a qualified individual with a disability; (b) to include a provision similar to that contained in subsection (a), above, in any subcontract except a subcontract for standard commercial supplies or raw materials; and (c) to post and to cause subcontractors to post in conspicuous places available to employees and applicants for employment, notices setting forth the substance of this clause."

### **XIII. Ownership and Rights in Data**

Work produced as a result of this solicitation is and shall remain the sole property of MDH (referred to below as the “Department”):

1. The Department may duplicate, use and disclose in any manner and for any purpose whatsoever, and have others do so, all data delivered under the contract resulting from this solicitation, except where such use may contravene Federal or State guidelines or regulations. The Contractor hereby grants to the Department a royalty free, nonexclusive, and irrevocable license to publish, translate, reproduce, deliver, perform, dispose of, and to authorize others to do so, all data now or hereafter covered by copyright; provided that, with respect to data originated in the performance of this contract, such license shall be only to the extent that the Vendor has the right to grant such license without becoming liable to pay compensation to others because of such a grant.

The Contractor shall exert all reasonable effort to advise the Department, at time of delivery of data furnished under this agreement, of all invasions of the right to privacy contained therein and of all portions of such data copied from work not composed or produced in the performance of this agreement and not licensed under this clause. The Contractor shall report to the Department, promptly and in written detail, each notice or claim of copyright infringement received by the Contractor with respect to all data delivered under this agreement.

2. The Contractor agrees that at all times during the term of this contract and thereafter, the works created and services performed shall be “works made for hire” as that term is interpreted under U.S. copyright law. To the extent that any products created under this contract are not works for hire for the Department, the Contractor hereby relinquishes, transfers, and assigns to the Department all of its rights, title and interest (including all intellectual property rights) to all such products created under this contract, and will cooperate reasonably with the Department in effectuating and registering any necessary assignments.

The Department shall have the right to use such works for hire without restriction and without compensation to the Contractor other than that specifically provided by the contract. The Contractor shall not affix any restrictive markings to such works and if such markings are affixed, the Department shall have the right at any time to modify, remove, obliterate, or ignore such markings.

### **XIV. Additional Information and Technical Assistance**

Additional information and technical assistance may be obtained from MDH OOH staff at [mdh.ugaoralhealth@maryland.gov](mailto:mdh.ugaoralhealth@maryland.gov).