

Dental Trailer Loan Application

Arizona Department of Health Services

Office of Oral Health

Date _____

Name of Organization _____

Address _____

Telephone _____ **Fax** _____

Contact person _____

Operating Budget _____ **Source of Funding** _____

Proposed Dental Trailer location _____

Community Dental Trailer Leasing Program

Office of Oral Health

Purpose

The Office of Oral Health (OOH), Arizona Department of Health Services (ADHS) has established a dental trailer leasing program to assist communities with underserved populations in establishing permanent facilities or programs. Although oral disease has declined in many populations, other groups still are needlessly afflicted with oral disease that can be prevented or treated effectively. The purpose of this program is to increase access to dental care for under served populations within the state.

Objective

Non-profit or community-based agencies or organizations will utilize dental trailers to provide dental services as an interim step to establishing a permanent dental delivery system.

Description

Each 8ft. by 40ft dental trailer will be delivered to the qualified applicant furnished with two patient chairs, an x-ray unit and processor, an autoclave and other small miscellaneous equipment items. The applicant will be responsible for providing dental staff, instruments and supplies. The unit is not self-contained and requires a hook up to electrical services, water and a drain. A detailed description and an inventory will be made available.

Qualifications

The applicant must be non-profit or community based and must demonstrate a viable plan for a permanent dental facility or program to replace the trailer within five years.

The applicant must provide a community needs assessment and describe the population to be served using information from state, county or local groups.

The applicant will collaborate with other community groups or individuals to maximize resources.

The applicant will provide various administrative reporting procedures including data collection and a quality improvement program.

Please provide a brief but thorough description of the following required information:

I. Assessment of needs and operations:

- a. dental assessment of unmet treatment needs of target population
- b. lack of access to dental treatment by the target population
- c. indigence of population to be served
- d. number of days/hours per week targeted goal for operation
- e. budget for operating/staffing dental unit

II. Strategic plan for a permanent facility/program:

- a. financial information including partnering or collaborations
- b. location (if plan is for a mobile program, include geographic area to be served)
- c. times lines (to be established at no more that five years from awarding of OOH mobile unit)
- d. description of the planned program/facility (may be a permanent building, mobile facility or mobile dental equipment)

III. Administrative/ reporting procedures:

- a. collection and reporting of utilization data
- b. proposed quality improvement activities

Supplemental provisions to lease agreement

In addition to the above terms, the Office of Oral Health (OOH) is responsible for delivering the dental trailer to the agreed upon location and to remove the trailer at the end of the lease. Any additional moves shall be the responsibility of the awardee subject to the approval of the Chief of Office of Oral Health.

All repairs to the dental trailer and its equipment over \$100.00 will be the responsibility of OOH and are subject to the prior approval of OOH. No repairs shall be made without the prior approval of the OOH trailer program manager.

Application and Renewal Requirements

The awardee shall initially submit the following information:

A completed application detailing need, target population, any partners and strategic plan for a permanent dental facility/program.

The awardee shall annually submit the following information:

Quality improvement activities (to include such things as credentialing, infection control, and patient satisfaction), progress towards the permanent dental facility/program, and any new or significantly revised items or information not included in the first year application.

The awardee shall quarterly submit dental utilization reports.

Please note: inadequate or missing reports may result in a cancellation of this agreement.

Continuation awards within the project period will be made annually on the basis of satisfactory progress and availability of funds.

Review Considerations

All applicants will be reviewed by a committee appointed by the Chief of the Office of Oral Health. The review committee will make its decision based on the following criteria:

- A. assessment of needs and operations
- B. strategic plan for a permanent dental facility/program
- C. administrative reporting