

Legal / Contractual Obligation

Dental services are a requirement of the Bureau of Primary Health Care 330 Grant. Dental services in the scope of the Primary Care 330 Grant must follow the HRSA Community Health Center Program operational and fiscal compliance requirements. The Dental Program is also accredited under The Joint Commission and follows TJC accreditation standards, which include infection control, patient safety, patient rights, and many more. All costs and revenues generated by this program must also comply with the HRSA FQHC requirements.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$11,189,416	\$8,897,893	\$0	\$19,075,421
Contractual Services	\$68,016	\$180,419	\$0	\$226,574
Materials & Supplies	\$243,299	\$753,366	\$0	\$1,172,506
Internal Services	\$1,637,359	\$3,798,884	\$0	\$5,658,683
Total GF/non-GF	\$13,138,090	\$13,630,562	\$0	\$26,133,184
Program Total:	\$26,768,652		\$26,133,184	
Program FTE	68.92	76.15	0.00	130.36

Program Revenues				
Intergovernmental	\$0	\$312,308	\$0	\$312,000
Other / Miscellaneous	\$419,000	\$98,450	\$0	\$819,088
Beginning Working Capital	\$491,694	\$0	\$0	\$0
Service Charges	\$12,227,396	\$13,219,804	\$0	\$25,002,096
Total Revenue	\$13,138,090	\$13,630,562	\$0	\$26,133,184

Explanation of Revenues

This program generates \$2,563,738 in indirect revenues.
The primary source of revenue is Medicaid payments and patient fees.

\$ 25,100,434 - Dental Patient Fees
\$ 312,000 - Federal Primary Care (330) Grant
\$ 720,750 - Care Oregon Dental Incentives

Significant Program Changes

Last Year this program was: FY 2022: 40017 Dental Services

The dental program will improve efficiency by changing the way it utilizes dental chairs and EFDA staffing to allow for increased access to patient care. This scheduling change will impact 50% of the dentist workforce. Vacant provider positions were eliminated to align with current ability to recruit/retain EFDAs. These provider FTE reductions also address the need to align providers with EFDA to maximize utilization of dental chairs. School based hygienists increased from 0.65 to 1.00 FTE to allow more access in schools and any necessary backfilling when schools are not in session. The School & Community Oral Health program can deliver more visits by taking advantage of dental space during spring breaks. This change will align the program with other comparable school oral health programs in the metro area. The program will also leverage partnership with community colleges & dental hygiene schools to increase the workforce pipeline.