

Agency Summary And Certification

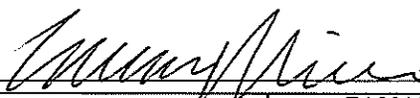
423 -- Dentistry, State Board of

Original Submission ____ or Rev No. 1

FY2018 Request

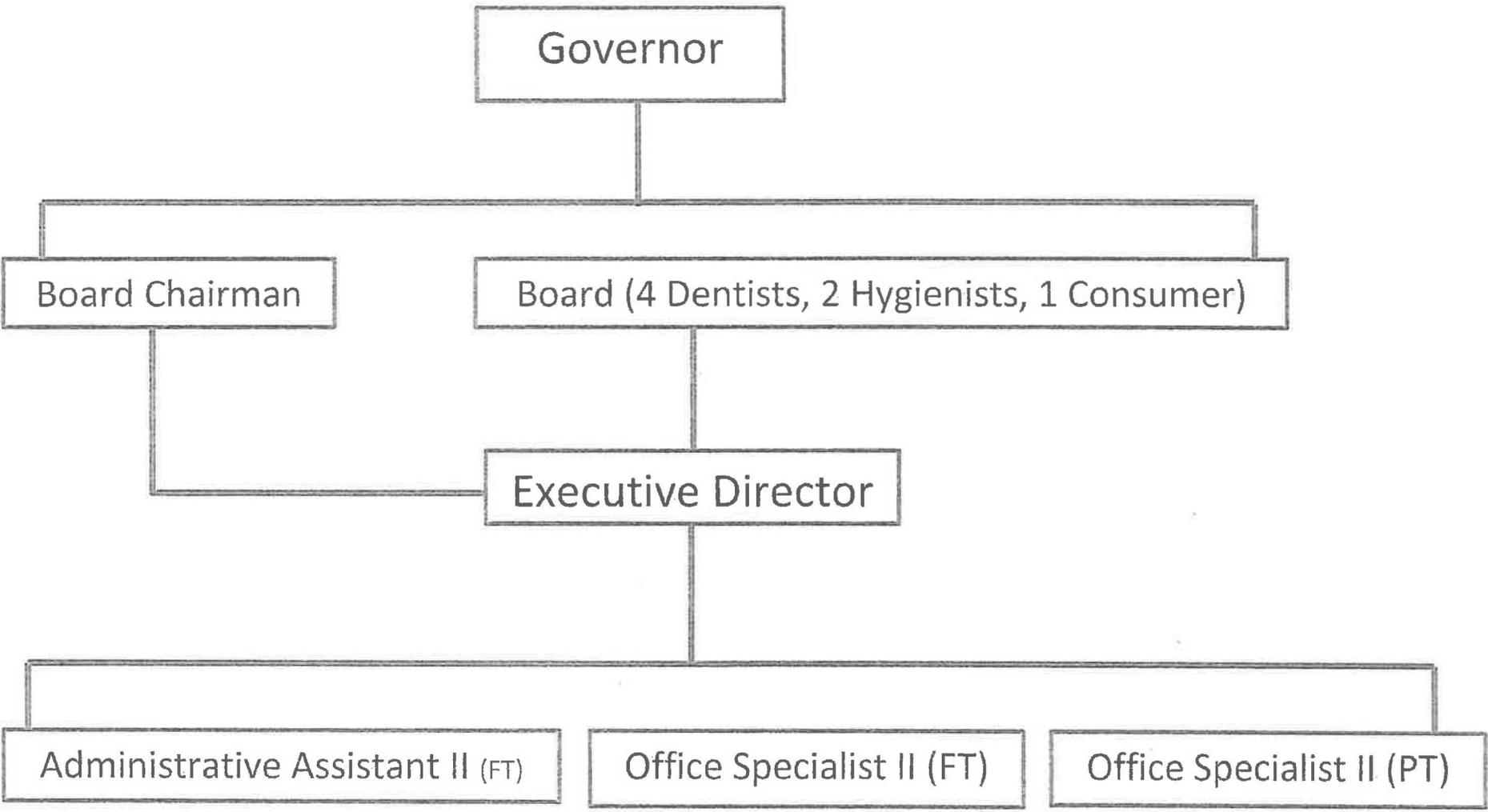
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In accordance with 67-3503, Idaho Code, I certify the attached forms properly state the receipts and expenditures of the department (agency, office, or institution) for the fiscal years indicated. The summary of expenditures by major program, fund source, and standard class is indicated below.

Signature of Department Director :  Date: 12/1/16

Function/Activity	FY 2016 Total Appropriation	FY 2016 Total Expenditures	FY 2017 Original Appropriation	FY 2017 Estimated Expenditures	FY 2018 Total Request
Dental Practice Act	626,700	545,000	611,400	611,400	570,200
Total	626,700	545,000	611,400	611,400	570,200
By Fund Source	Total Appropriation	Actual Expenditures	Original Appropriation	Estimated Expenditures	Total Request
D 0229-00 State Regulatory Fund	626,700	545,000	611,400	611,400	570,200
Total	626,700	545,000	611,400	611,400	570,200
By Object	Total Appropriation	Actual Expenditures	Original Appropriation	Estimated Expenditures	Total Request
Personnel Costs	278,400	253,700	297,300	297,300	296,400
Operating Expenditures	347,300	290,500	307,100	307,100	265,300
Capital Outlay	1,000	800	7,000	7,000	8,600
Trustee And Benefit Payments	0	0	0	0	0
Lump Sum	0	0	0	0	0
Total	626,700	545,000	611,400	611,400	570,300
FTP Total	3.60	3.60	3.60	3.60	3.60

Idaho Board of Dentistry



FY 2018 Agency Budget - Request

Detail Report

Agency: 423 - Dentistry, State Board of

Function: 01 - Dental Practice Act

	FTP	Personnel Cost	Operating Expense	Capital Outlay	Trustee/Benefit	Lump Sum	Total
FY 2016 Total Appropriation							
1.00 FY 2016 Total Appropriation							
HB 224, SB 1199							
0229-00 Dedicated	3.60	278,400	347,300	1,000	0	0	626,700
Total	3.60	278,400	347,300	1,000	0	0	626,700
1.61 Reverted Appropriation Balances							
0229-00 Dedicated	0.00	(24,700)	(56,800)	(200)	0	0	(81,700)
Total	0.00	(24,700)	(56,800)	(200)	0	0	(81,700)
FY 2016 Actual Expenditures							
0229-00 Dedicated	3.60	253,700	290,500	800	0	0	545,000
Total	3.60	253,700	290,500	800	0	0	545,000
FY 2017 Original Appropriation							
3.00 FY 2017 Original Appropriation							
HB 598							
0229-00 Dedicated	3.60	289,100	267,100	0	0	0	556,200
OT 0229-00 Dedicated	0.00	8,200	40,000	7,000	0	0	55,200
Total	3.60	297,300	307,100	7,000	0	0	611,400
FY 2017 Total Appropriation							
0229-00 Dedicated	3.60	289,100	267,100	0	0	0	556,200
OT 0229-00 Dedicated	0.00	8,200	40,000	7,000	0	0	55,200
Total	3.60	297,300	307,100	7,000	0	0	611,400
FY 2017 Estimated Expenditures							
0229-00 Dedicated	3.60	289,100	267,100	0	0	0	556,200
OT 0229-00 Dedicated	0.00	8,200	40,000	7,000	0	0	55,200
Total	3.60	297,300	307,100	7,000	0	0	611,400
Base Adjustments							
8.41 Removal of One-Time Expenditures							
OT 0229-00 Dedicated	0.00	(8,200)	(40,000)	(7,000)	0	0	(55,200)
Total	0.00	(8,200)	(40,000)	(7,000)	0	0	(55,200)
FY 2018 Base							
0229-00 Dedicated	3.60	289,100	267,100	0	0	0	556,200
OT 0229-00 Dedicated	0.00	0	0	0	0	0	0
Total	3.60	289,100	267,100	0	0	0	556,200

FY 2018 Agency Budget - Request

Detail Report

Agency: 423 - Dentistry, State Board of

Function: 01 - Dental Practice Act

		FTP	Personnel Cost	Operating Expense	Capital Outlay	Trustee/ Benefit	Lump Sum	Total
Program Maintenance								
10.11	Change in Health Benefit Costs							
	0229-00 Dedicated	0.00	4,900	0	0	0	0	4,900
	Total	0.00	4,900	0	0	0	0	4,900
10.31	Repair, Replacement Items/Alterations							
	Replace five board member laptops and one staff desktop							
	OT 0229-00 Dedicated	0.00	0	0	8,600	0	0	8,600
	Total	0.00	0	0	8,600	0	0	8,600
10.41	Attorney General Fees							
	0229-00 Dedicated	0.00	0	(1,900)	0	0	0	(1,900)
	Total	0.00	0	(1,900)	0	0	0	(1,900)
10.45	Risk Management Cost Increases							
	0229-00 Dedicated	0.00	0	300	0	0	0	300
	Total	0.00	0	300	0	0	0	300
10.46	Controller's Fee Charge							
	0229-00 Dedicated	0.00	0	(200)	0	0	0	(200)
	Total	0.00	0	(200)	0	0	0	(200)
10.61	Salary Multiplier - Regular Employees							
	0229-00 Dedicated	0.00	2,300	0	0	0	0	2,300
	Total	0.00	2,300	0	0	0	0	2,300
10.62	Salary Multiplier - Group and Temporary							
	0229-00 Dedicated	0.00	100	0	0	0	0	0
	Total	0.00	100	0	0	0	0	0
FY 2018 Total Maintenance								
	0229-00 Dedicated	3.60	296,400	265,300	0	0	0	561,600
	OT 0229-00 Dedicated	0.00	0	0	8,600	0	0	8,600
	Total	3.60	296,400	265,300	8,600	0	0	570,200
FY 2018 Total								
	0229-00 Dedicated	3.60	296,400	265,300	0	0	0	561,600
	OT 0229-00 Dedicated	0.00	0	0	8,600	0	0	8,600
	Total	3.60	296,400	265,300	8,600	0	0	570,200

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FY 2018 Agency Budget - Request

Line Item Report

Agency: 423 Dentistry, State Board of

Decision Unit	Priority	Agency Request		
		FTP	General	Total
Dental Practice Act				
12.01 .4 FTP for existing Office specialist 2 position	1	0.40	0	16,500
		0.40	0	16,500

FORM B11: REVENUE

Agency/Department: Self-Governing Agencies-Medical Boards
 Program (If applicable) Board of Dentistry

Request for Fiscal Year: 2018
 Agency Number: 423
 Budget Unit (If Applicable): SGBD
 Function/Activity Number (If Applicable): _____

Original Request Date: 9/1/16 Revision Request Date: _____

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Fund No.	Fund Detail No.	Fund Name	Significant Assumption Number	Summary Object Code	Revenue Source Description -Summary Level	FY 2014 Actual Revenue	FY 2015 Actual Revenue	FY 2016 Actual Revenue	FY 2017 Estimated Revenue	FY 2018 Estimated Revenue
0229	SGBD	Board of Dentistry		1020	Regulatory License	34,300	780,100	36,989	788,600	37,000
				1025	Regulatory Fees	59,300	53,400	54,328	56,600	55,000
				1760	Reproduction & Copying	1,400	1,280	1,020	1,300	1,200
				1310	Fines	10,500	6,450	4,204	3,000	10,000
				1535	Insurance Premium Refund	0	200	0		
				3601	Refund/reimb PY Expense	0	0	107		
0229	SGB	Board of Dentistry		FUND TOTAL		\$105,500	\$841,430	\$96,648	\$849,500	\$103,200
					FUND TOTAL	\$0	\$0	\$0	\$0	\$0
					FUND TOTAL	\$0	\$0	\$0	\$0	\$0
					FUND TOTAL	\$0	\$0	\$0	\$0	\$0
					FUND TOTAL	\$0	\$0	\$0	\$0	\$0
					FUND TOTAL	\$0	\$0	\$0	\$0	\$0

FORM B12: ANALYSIS OF FUND BALANCES

Request for Fiscal Year : 2018

Agency/Department: Self-Governing Agencies-Medical Boards - Board of Dentistry

Agency Number: 423

Original Request Date: September 1, 2016 or Revision Request Date: 12/1/16

Page ____ of ____

Sources and Uses:

FUND NAME:	FUND CODE:	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
1. Beginning Free Fund Balance		1,067,400	706,300	1,096,300	648,000	928,100
2. Encumbrances as of July 1		0	0	0	0	0
2a. Reappropriation (Legislative Carryover)		NA	NA	NA	0	0
3. Beginning Cash Balance		1,067,400	706,300	1,096,300	648,000	928,100
4. Revenues (from Form B-11)		105,500	841,400	96,600	849,500	103,200
5. Non-Revenue Receipts and Other Adjustments		0	0	0	0	0
6. Statutory Transfers in:	Fund or Reference:	0	0	0	0	0
7. Operating Transfers in:	Fund or Reference:	0	0	0	0	0
8. Total Available for Year		1,172,900	1,547,700	1,192,900	1,497,500	1,031,300
9. Statutory Transfers Out:	Fund or Reference:	0	0	0	0	0
10. Operating Transfers Out:	Fund or Reference:	0	0	0	0	0
11. Non-Expenditure Disbursements and Other Adjustments		0	0	0	0	0
12. Cash Expenditures for Prior Year Encumbrances		0	0	0	0	0
13. Original Appropriation		541,600	536,200	546,700	611,400	570,300
14. Prior Year Reappropriations, Supplementals, Rescissions		0	0	80,000	0	0
15. Non-cogs, Receipts to Appropriation, etc		0	0	0	0	0
16. Reversions		(75,100)	(84,900)	(81,700)	(42,000)	(22,000)
17. Current Year Reappropriation		0	0	0	0	0
18. Reserve for Current Year Encumbrances		0	0	0	0	0
19. Current Year Cash Expenditures		466,500	451,300	545,000	569,400	548,300
20. Ending Cash Balance		706,400	1,096,400	647,900	928,100	483,000
21. Prior Year Encumbrances as of June 30		0	0	0	0	0
22. Current Year Encumbrances as of June 30		0	0	0	0	0
22a. Current Year Reappropriation		NA	NA	0	0	0
23. Borrowing Limit		0	0	0	0	0
24. Ending Free Fund Balance		706,400	1,096,400	647,900	928,100	483,000
25. Budgetary Basis Expenditures (CY Cash Exp + CY Enc)		466,500	451,300	545,000	569,400	548,300
26. Outstanding Loans (if this fund is part of a loan program)						

Notes:

FORM B8.1: PROGRAM REQUEST BY DECISION UNIT

Agency/Department: Self-Governing Agencies
 Function/Division: Medical Boards
 Activity/Program: Board of Dentistry

Request for Fiscal Year : 2018
 Agency Number: 423
 Function/Activity Number: 01
 Budget Unit: SGBD

Original Request Date: _____ Revision Request Date: _____ Page: 8 of 16

Decision Unit Number: 12.01 Descriptive Title: Increase OS2 position to full-time

Description	General	Dedicated	Federal	Other	Total
FULL TIME POSITIONS (FTP)		3.60			3.60
PERSONNEL COSTS:					
1. Salaries		11,700			\$11,700
2. Benefits		4,800			\$4,800
3. Group Position Funding					
TOTAL PERSONNEL COSTS:		\$16,500			\$16,500
OPERATING EXPENDITURES by summary object:					
1.					
2.					
3.					
TOTAL OPERATING EXPENDITURES:					
CAPITAL OUTLAY by summary object:					
1.					
2.					
3.					
TOTAL CAPITAL OUTLAY:					
T/B PAYMENTS:					
LUMP SUM:					
GRAND TOTAL		\$16,500			\$16,500

Attach as many pages as necessary to respond to the following questions:

1. What is being requested and why? What is the agency staffing level for this activity and how much funding, by source, is in the base?
2. What resources are necessary to implement this request?
 - a. List by position: position titles, pay grades, full or part-time status, benefit eligibility, anticipated dates of hire and terms of service.
 - b. Note any existing agency human resources that will be redirected to this new effort and how existing operations will be impacted.
 - c. List any additional operating funds and capital items needed.
3. Provide additional detail about the request, including one-time versus ongoing. Include a description of major revenue assumptions, for example, whether there is a new customer base, fee structure changes, or anticipated grant awards.
4. Who is being served by this request and what are the expected impacts of the funding requested? If this request is not funded who and what are impacted?

B8.1 – DU 12.01

- 1) A .4 FTP is requested for agency clerical support. The current agency staffing level is 3.6 FTP.
- 2) a. The additional .4 FTP would increase the current part-time office specialist II position to full-time.
b. There are no current resources available to be redirected to this position.
c. No additional operating funds or capital items are needed.
- 3) The Board of Dentistry is self-funded; fees are derived primarily from the collection of license and application fees. The Board has sufficient funding for this on-going request.
- 4) There was a 7% increase in the number of licenses renewed between FY13 and FY15 which is reflected in the overall office workload. An additional factor in increased office workload is due to reassignment of office inspections previously conducted by dental consultants which are now being conducted by office staff. Funding for the increased FTP will provide for consistent service to licensees and the public.

FORM B6: WAGE & SALARY RECONCILIATION

Agency/Department:	Self-Governing Agencies	Agency Number:	423
Function/Division:	Medical Boards	Function/Activity Number:	
Activity/Program:	Board of Dentistry	Budget Unit:	SGBD
		Fiscal Year:	2018
Original Request Date:	9/1/2016	Fund Name:	State Regulatory
Revision Date:		Fund Number:	0229-00
	Revision #:	Budget Submission Page #	10 of 16

PCN	CLASS CODE	DESCRIPTION	Indicator Code	FTP	FY 2017 SALARY	FY 2017 HEALTH BENEFITS	FY 2017 VAR BENEFITS	FY 2017 TOTAL	FY 2018 SALARY CHANGE	FY 2018 CHG HEALTH BENEFITS	FY 2018 CHG VAR BENEFITS	TOTAL BENEFIT CHANGES
Totals from Wage and Salary Report (WSR):												
		Permanent Positions	1	3.60	182,749	46,559	38,276	267,684	(6,768)	4,891	18	4,909
		Board & Group Positions	2		6,938	0	603	7,540				
		Elected Officials & Full Time Commissioners	3	0.00	0	0	0	0		0	0	0
		TOTAL FROM WSR		3.60	189,686	46,559	38,879	275,225		4,891	18	4,909
		FY 2017 ORIGINAL APPROPRIATION			297,300	3.60	204,901	50,401	41,998	297,300		
		Unadjusted Over or (Under) Funded:	Est Difference		0.00	15,214	3,742	3,118	22,075	Calculated overfunding is 7.4% of Original Appropriation		
Estimated Salary Needs:												
		Permanent Positions	1	3.60	182,749	46,659	38,276	267,684		4,891	18	4,909
		Board & Group Positions	2	0.00	6,938	0	603	7,540			0	0
		Elected Officials & Full Time Commissioners	3	0.00	0	0	0	0		0	0	0
		Estimated Salary and Benefits		3.60	189,686	46,659	38,879	275,225		4,891	18	4,909
		Adjusted Over or (Under) Funding:	Orig. Approp		0.00	15,200	3,700	3,100	22,000	Calculated overfunding is 7.4% of Original Appropriation		
			Est. Expend		0.00	15,200	3,700	3,100	22,000	Calculated overfunding is 7.4% of Estimated Expenditures		
			Base		0.00	15,200	3,700	3,100	22,000	Calculated overfunding is 7.6% of the Base		
Personnel Cost Reconciliation - Relation to Zero Variance ---->												

DU		Original Appropriation	FTP	FY 17 Salary	FY 17 Health Ben	FY 17 Var Ben	FY 2017 Total		FY 18 Chg Health Bens	FY 18 Chg Var Bens	Total Benefit Change
3.00		FY 2017 ORIGINAL APPROPRIATION		297,300	3.60	204,901	50,401	41,998	297,300		
		Rounded Appropriation		3.60	204,900	50,400	42,000	297,300			
4.11		Appropriation Adjustments:									
		Reappropriation		0.00	0	0	0	0			
4.31		Supplemental		0.00	0	0	0	0			0
5.00		FY 2017 TOTAL APPROPRIATION		3.60	204,900	50,400	42,000	297,300			
		Expenditure Adjustments:									
6.31		FTP or Fund Adjustment		0.00	0	0	0	0			0
6.51		Transfer Between Programs		0.00	0	0	0	0			0
7.00		FY 2017 ESTIMATED EXPENDITURES		3.60	204,900	50,400	42,000	297,300			
		Base Adjustments:									
8.31		Transfer Between Programs		0.00	0	0	0	0			0
8.41		Removal of One-Time Expenditures		0.00	(8,200)	0	(1,400)	(8,200)			0
8.51		Base Reduction		0.00	0	0	0	0			0

		FTP	FY 18 Salary	FY 18 Health Ben	FY 18 Var Ben	FY 2018 Total
9.00	FY 2018 BASE	3.60	198,100	50,400	40,600	289,100
10.11	Change in Health Benefit Costs			4,900		4,900
10.12	Change in Variable Benefits Costs				0	0
	Subtotal CEC Base:	Indicator Code	3.60	198,100	55,300	40,600
10.51	Annualization			0	0	0
10.61	CEC for Permanent Positions	1.00%		1,900	400	2,300
10.62	CEC for Group Positions	1.00%		100	0	100
10.63	CEC for Elected Officials & Commissioners			0	0	0
11.00	FY 2018 PROGRAM MAINTENANCE		3.60	200,100	55,300	41,000
	Line Items:					
12.01	01239 Increase FTP for existing Office Specialist 2 position		0.40	11,700	2,300	2,500
13.00	FY 2018 TOTAL REQUEST		4.00	211,800	57,600	43,500

FIVE-YEAR FACILITY NEEDS PLAN, pursuant to IC 67-5708B

AGENCY INFORMATION

AGENCY NAME:	Board of Dentistry		
Division/Bureau:			
Prepared By:	Susan Miller	E-mail Address:	susan.miller@isbd.idaho.gov
Telephone Number:	577-2638	Fax Number:	334-3247
DFM Analyst:	Sara Stover	LSO/BPA Analyst:	Jared Tatro
Date Prepared:	8/30/2016	For Fiscal Year:	2018

FACILITY INFORMATION (please list each facility separately by city and street address)

Facility Name:	Board of Dentistry		
City:	Boise	County:	Ada
Street Address:	350 N 9th Street Suite M100		Zip Code: 83702
Facility Ownership: (could be private or state-owned, use "X" to mark one):	Private Lease (use "X" to mark): <input checked="" type="checkbox"/>	State Owned (use "X" to mark): <input type="checkbox"/>	Lease Expires: 7/31/2021

FUNCTION/USE OF FACILITY: Could be administrative use, client counseling, hearing rooms, field offices, etc. Address any specialized needs which require additional square feet.

Board of Dentistry office

COMMENTS: Address reasons for expanding or relocating; amount of space leased to other state agencies, federal agencies, etc. & the amount of rent they pay for the use of your facility; or other comments which might be helpful.

SURPLUS PROPERTY: Facilities to be disposed of and funds re-utilized for building replacement or renovation of facilities. This could also include leased facilities if the leased facility is to be vacated prior to the expiration date of the lease.

FISCAL YR:	ACTUAL 2016	ESTIMATE 2017	REQUEST 2018	REQUEST 2019	REQUEST 2020	REQUEST 2021
Use "X" to mark the year facility would be surplus.						

WORK AREAS: Work areas are areas occupied by full-time employees, contractors, seasonal employees, auditors, etc. (3 people working in one building would be 3 work areas)

FISCAL YR:	ACTUAL 2016	ESTIMATE 2017	REQUEST 2018	REQUEST 2019	REQUEST 2020	REQUEST 2021
Total Number of Work Areas:	4	4	4	4	4	4
Full-Time Equivalent Positions:	3.6	3.6	4	4	4	4
Temp. Employees, Contractors, Auditors, etc.:	0	0	0	0	0	0

SQUARE FEET: Use "net rentable" sq ft if in a facility leased from a private party; use "usable" sq ft if in a State-owned facility. Typically, this will be the figure shown in the Lease Agreement if leased from a private party or in the MOU if state-owned.

FISCAL YR:	ACTUAL 2016	ESTIMATE 2017	REQUEST 2018	REQUEST 2019	REQUEST 2020	REQUEST 2021
Square Feet:	1564	1564	1564	1564	1564	1564

FACILITY COST: Include annual rent, plus any facility-related costs, such as utilities, janitorial service, property taxes or building maintenance which are not included in rent payment made to your Landlord. If improvements will need to be made to the facility and will be paid by the agency, this should be included as well. If the lease will be expiring and the future rent is not specified in the lease agreement, increase rent by 3%/yr. Increase all other facility-related costs by 3%/yr as well. Use "Calculation Sheet" tab below if necessary. Do not include telephone costs or rent discounts. If you anticipate moving to a new facility, you need to take into account any increase in sq ft leased and estimate a new market rate for the new facility. Do NOT use your old rate per sq ft – it may not be a realistic figure.

FISCAL YR:	ACTUAL 2016	ESTIMATE 2017	REQUEST 2018	REQUEST 2019	REQUEST 2020	REQUEST 2021
Total Facility Cost/Yr:	\$22,771.00	\$23,115.00	\$23,569.00	\$24,163.00	\$24,883.00	\$24,883.00

IMPORTANT NOTES:

1. Please fill in the white sections only! If you have any questions, please call Ruth @ 332-1933.
2. Upon completion, please send to Ruth Swan-Brown at the Division of Public Works via email to Ruth.Swan-Brown@adm.idaho.gov.
3. If you have five or more locations, please summarize the information on the Facility Information Summary Sheet and include this summary sheet with your submittal.
4. Attach a hardcopy of this submittal, as well as the Facility Information Summary Sheet, if applicable, with your budget request.

AGENCY NOTES:

12/16

13/16

Part I – Agency Profile

Agency Overview

The Board of Dentistry is mandated and authorized by the Idaho Dental Practice Act (and the administrative rules promulgated thereunder) to assure the health, safety, and welfare of the citizens of Idaho through the licensure and regulation of qualified dentists and dental hygienists. The standards applicable to the licensure and regulation of dentists and dental hygienists are set forth in the Idaho Dental Practice Act (Chapter 9, Title 54, Idaho Code) and the Administrative Rules of the Idaho State Board of Dentistry (IDAPA 19, Title 01, Chapter 01). The Board of Dentistry is also authorized to certify dental assistants who are competent in specified expanded function duties. The Board of Dentistry was established in the Department of Self-Governing Agencies and the Board consists of eight members—five dentist members, two dental hygienist members, and a consumer member, all of whom are appointed by the Governor. Each Board of Dentistry member serves a term of five years. One of the dentist members serves as the chairman of the Board of Dentistry. The Board of Dentistry meets on a quarterly basis but on occasion has conducted additional in-person or telephone conference meetings as needed. Meetings of the Board of Dentistry are conducted in accordance with the Idaho Open Meeting Act. The Board of Dentistry is a dedicated fund agency with funding primarily derived from the collection of application and licensing fees. The Board of Dentistry receives no general fund monies. The Board of Dentistry's spending authority is controlled by legislative appropriation. The Board of Dentistry's office is located in Boise, Idaho, and its staff (3.6 FTEs) consists of an executive director, an administrative assistant, and two office specialists.

Core Functions/Idaho Code

The principal functions of the Board of Dentistry include the following: conducting an application process for licensure of qualified dentists and dental hygienists, whether by examination or credentials [Idaho Code §§ 54-912(1), (2) and (3), 54-915, 54-916, 54-916A, 54-916B, 54-917 and 54-918]; conducting a license renewal process for dentists and dental hygienists that includes the mandatory reporting of continuing education [Idaho Code § 54-920]; regulating the standards and scope of practice for dentists, dental hygienists, and dental assistants by statutory enactment in the Idaho Dental Practice Act and through the administrative rules promulgated thereunder [Idaho Code §§ 54-901, 54-902, 54-904, 54-912(4)]; conducting an anesthesia permit process for dentists seeking to administer moderate sedation, deep sedation and general anesthesia to patients [Idaho Code § 54-912(4)]; enforcing the professional standards applicable to dentists and dental hygienists by means of conducting investigations and due process hearings to impose discipline against licensees if deemed warranted [Idaho Code §§ 54-912(6) and (7), 54-923, 54-924 and 54-925]; and conducting inspections of dental offices in Idaho to assure compliance with infection control and emergency preparedness standards [Idaho Code § 54-912(5)].

Principal Activities of the Board of Dentistry

Examination Function:

All applicants for licensure in Idaho must be graduates of dental or dental hygiene programs accredited by the American Dental Association's Commission on Dental Accreditation. The Idaho Dental Practice Act requires, among other matters, that applicants for licensure as a dentist or dental hygienist successfully pass the National Board written examination administered by the Joint Commission on National Dental Examinations; a clinical examination administered by the Western Regional Examining Board, the Central Regional Dental Testing Service, and dental clinical examinations administered by testing entities using the ADEX examination; the jurisprudence examination administered by the Board of Dentistry; and any additional examinations required for specialty licensure or otherwise necessary to assess a person's skill level. All members of the Board of Dentistry, with the exception of the consumer member, participate as examiners in the clinical examinations conducted by the Western Regional Examining Board. The Western Regional Examining Board conducts approximately 30 dental examinations and 45 dental hygiene examinations each year at selected dental and dental hygiene schools.

Licensure/Permit Function:

The Board of Dentistry licenses dentists and dental hygienists upon the basis of examination [applicants who have successfully passed the required clinical examination within the five-year period immediately prior to the date of application] or credentials (dentists or dental hygienists practicing under an unrestricted active license in another state). The applicable standards for licensure as a dentist or dental hygienist are set forth in the Idaho Dental Practice Act and the Idaho State Board of Dentistry's Administrative Rules. All licenses issued by the Board of Dentistry are renewed on a biennial basis with dental hygienist licenses being renewed on April 1 of each odd-numbered year and dental licenses being renewed on October 1 of each even-numbered year. Dentists and dental hygienists holding a license with active status are required to report a specified amount of continuing education credits in order to renew their licenses.

The Board of Dentistry also issues dental and dental hygienist licenses with inactive, provisional, special, and retirement status. A license with inactive or retirement status does not authorize or entitle the holder to practice dentistry or dental hygiene in Idaho. A license with provisional or special status allows the holder to practice dentistry or dental hygiene in Idaho subject to the conditions or restrictions attached to the license. The Board of Dentistry is also authorized to issue a volunteer's license to qualified retired dentists and dental hygienists who desire to practice dentistry in public or charitable settings on a volunteer basis. The Board of Dentistry is also authorized to issue an extended access dental hygiene license endorsement to qualified dental hygienists who desire to practice dental hygiene in public or charitable settings under the general supervision of a dentist.

Dentists and dental specialists seeking authorization to administer sedation to the level of moderate sedation or general anesthesia/deep sedation may apply to the Board of Dentistry for a sedation permit. The sedation permit process requires evaluation of the applicant's office equipment/medications and emergency preparedness. Sedation permits are valid for a period of five years at which time further evaluation is required prior to renewal of the permit.

Enforcement Function:

The Board of Dentistry receives complaints against licensees primarily from patients and occasionally from other practitioners and governmental entities. In addition, the Board of Dentistry can process complaints against licensees on its own initiative. Complaints received are initially screened in order to determine whether a violation of the Dental Practice Act or the administrative rules has been alleged and whether there has been an attempt to resolve the complaint with the licensee. Following receipt by the Board of Dentistry of a written complaint, the licensee is contacted and requested to provide a written response and copies of the applicable patient dental records. Following receipt of the licensee's written response, the complaint may be assigned to a Board of Dentistry consultant/investigator for additional fact-finding and review. The Board of Dentistry members review complaints at their quarterly meetings. Upon review by the members of the Board of Dentistry, a determination is made as to whether a violation of the Idaho Dental Practice Act or the administrative rules may have occurred and, if so, what additional action, whether disciplinary or otherwise, is appropriate in the case. Certain violations may be resolved in an informal manner without the initiation of disciplinary action against the licensee. If disciplinary action is required, the Board of Dentistry will cause an administrative complaint to be prepared and served upon the licensee. If the administrative complaint is not resolved by a consent agreement, the matter will be taken to administrative hearing for adjudication.

Office Inspection Function:

In accordance with statutory authority, the Board of Dentistry conducts a number of office inspections each year. The offices to be reviewed are selected on a random basis in various geographic locations throughout the state. The random office inspections are conducted by Board of Dentistry consultants and staff. The primary focus of these inspections is to review infection control and sterilization practices and medical emergency preparedness. The Board of Dentistry typically conducts approximately 50 random inspections during each fiscal year. The number of office inspections may vary depending on available resources.

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Revenue and Expenditures

Revenue	FY 2013	FY 2014	FY 2015	FY 2016
State Regulatory Fund	<u>806,300</u>	<u>105,381</u>	<u>841,430</u>	<u>96,648</u>
Total	\$806,300	\$105,381	\$841,430	\$96,648
Expenditures	FY 2013	FY 2014	FY 2015	FY 2016
Personnel Costs	\$202,800	\$213,402	\$244,900	\$253,700
Operating Expenditures	\$214,400	\$246,794	\$205,400	\$290,500
Capital Outlay	<u>\$6,000</u>	<u>\$6,327</u>	<u>\$1,000</u>	<u>\$800</u>
Total	\$423,200	\$466,523	\$451,300	\$545,000

Profile of Cases Managed and/or Key Services Provided

Cases Managed and/or Key Services Provided	FY 2013	FY 2014	FY 2015	FY 2016
Initial Licenses Issued:				
Dentists	61	106	96	93
Dental Hygienists	<u>121</u>	<u>142</u>	<u>193</u>	<u>116</u>
Total	182	248	289	209
Professional Licenses Renewed:				
Dentists	1,457	Biennial Cycle	1,464	Biennial Cycle
Dental Hygienists	<u>1,667</u>		<u>1,861</u>	
Total	3,124		3,325	
Sedation Permits:				
New Permits	10	17	21	29
Permits Renewed	45	35	29	29
Evaluations Conducted	66	58	37	42
Dental Offices Inspected:	86	0	23	76
Complaints Received:	64	37	34	71
Complaints Investigated/Reviewed by Board of Dentistry	61	35	30	31
Board Orders*	23	12	12	11
Non-disciplinary Actions*			13	5
Administrative Hearings Conducted:	7	2	1	4

*Prior years data not compiled

Performance Highlights

Primary responsibility for dental office inspections was assigned to a staff member in FY16. Previously, office inspections were conducted by dentist consultants and it was becoming increasingly difficult to maintain a pool of consultants for this task. A significantly higher number of dental offices were inspected in FY16 at a 45% reduction in cost.

A new web-based licensing system was deployed, allowing greater functionality than the prior system. Various online services will be implemented throughout FY17.

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Part II – Performance Measures

Performance Measure		FY 2013	FY 2014	FY 2015	FY 2016	Current Year
Goal 1						
<p><i>Per 67-1904(1)(b)(i), the agency goals to which each measure corresponds should be provided. Replace the text in this box with a goal from the agency's strategic plan and list beneath it any performance measures primarily associated with that goal. Copy this box and insert it as needed to identify additional goals that subsequent performances measures are designed to evaluate.</i></p>						
1. Periodically assess the content of national, regional, and state board examinations to determine appropriateness for Idaho licensure candidates.	actual	X	X		X	X
	benchmark					Every five years
2. Biennial renewal of dental and dental hygiene licenses in a timely and efficient manner.	actual	X		X		X
	benchmark					100%
3. Annually convene a meeting of the anesthesia committee.	actual	X	X	X	X	X
	benchmark					Annual
4. Maintain evaluation protocols for sedation permit holders and conduct regional evaluator training sessions as needed.	actual	X	X	X	X	X
	benchmark					Annual
5. Inspect dental offices for compliance with infection control and sterilization practices and medical emergency preparedness.	actual	86	0*	23	76	-----
	benchmark				50	75

Performance Measure Explanatory Notes

* FY 2014 unable to randomly select dentists due to software conversion

For More Information Contact

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FY 2018 Budget Request Revision for Statewide Cost Allocation

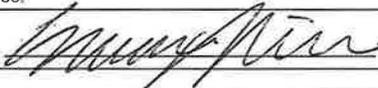
Fiscal Year: 2018
 Agency Code: 423
 Agency: Board of Dentistry

Revision No. 1

OCT 04 2016

Budget Unit	Program Name	Fund Number	Base	Attorney General	Risk Management	State Controller	State Treasurer	BU/Fund Total	Percent of Base	Percent of Fund
			SWCAP 3,422	DU 10.41	DU 10.45	DU 10.46	DU 10.47			
SGBD	Board of Dentistry	0229-00	3,400	(1,900)	300	(200)	0	(1,800)	100.00%	100.00%
			0					0	0.00%	0.00%
			0					0	0.00%	0.00%
			0					0	0.00%	0.00%
			0					0	0.00%	0.00%
			0					0	0.00%	0.00%
			0					0	0.00%	0.00%
			0					0	0.00%	0.00%
			0					0	0.00%	0.00%
Decision Unit Total			3,400	(1,900)	300	(200)	0	(1,800)	100.00%	100.00%

I request that the FY 2018 Budget Request be revised to reflect the above adjustments for Attorney General fees, Risk Management fees, State Controller's fees, and State Treasurer fees.

Signed  Title Exec Director Date 9/30/16

Instructions
 Each year after the original budget submission deadline, the Division of Financial Management calculates the estimated amount of change from the current year to the budget year for certain Interagency Nonstandard Adjustment decision units related to the Statewide Cost Allocation Plan (SWCAP). It is your responsibility to distribute those changes equitably between programs (budget units) and fund sources.

- 1) Locate your agency on the Indirect Cost Recovery Budget Adjustments spreadsheet.
- 2) Sum the "FY Approp. Basis" columns for all categories (Treasurer, Controller Attorney General, Risk Management, and Facility Services) in cell E7.
- 3) Enter by budget unit and fund source the SWCAP appropriation basis in the column titled "Base SWCAP". The allocation should be the same as your actual expenditures by fund source for last year rounded to the nearest \$100.
- 4) Find "Request Adjustment" for each category noting "Statewide Accounting" and "Statewide Payroll" must be summed to calculate the Controller fees.
- 5) Identify the budget unit and fund source for each of the areas requiring adjustment.
- 6) Enter each budget unit in the column identified as Budget Unit. Flag any continuous budget units as "(Cont)". Repeat for each different fund.
- 7) In the column identified as Fund Number, place the number of the fund to which the increase or decrease in costs will be applied.
- 8) In the column identified as adjustment, place the dollar amount for each identified budget unit by fund. Round to nearest \$100.
- 9) Check that all totals match those on the Indirect Cost Recovery Budget Adjustment spreadsheet.
- 10) Sign and return a copy to each of your DFM and LSO analysts. *Thank you!*