

1. I don't believe we have a local Area Agency on Aging in my area, do you have any suggestions on finding those seniors that may qualify?

You should contact any/all local community organizations serving seniors and/or your local human services department. You could also contact the Colorado Department of Human Services Old Age Pension Program.

2. Do you have a list of OAP Providers?

There are no current OAP providers. We will post the list of providers on our website once funding is approved for the grant applicants and contracts are executed. We will also post the Old Age Pension Program Annual Reports for past years that list past providers. **Annual Reports are posted on the Oral Health website.**

3. Will you make a list of the participants on the call so that we can coordinate with them?

We did not ask participants to identify themselves.

4. I am confused about the \$790 per eligible senior.

This is an AVERAGE to help grantees in determining the amount to request in the application. This is not a maximum per patient; it is not a minimum per patient; it is not a guaranteed amount per patient. Reimbursement will be based upon treatment actually provided that is defined in the Provider Reimbursement Schedule.

This is the historical average per patient in the last five years that the program was funded. You will not be held to the number of anticipated patients, but the contract will be based upon the contract amount. In the past, some grantees did not use all their allocated funds while others needed more than their original requested amount to complete treatment. Contracts will be amended appropriately as the funding cycle nears the end and needs are evaluated.

We have had additional questions regarding this issue. You may list a range for the number of seniors you anticipate seeing, and multiply the \$790 average by the highest number in your range to reflect a more accurate estimated amount according to your calculations. E.g. 20 to 30 seniors x \$790 = \$23,700 requested amount.

5. Is the DAC meeting open to the public in November for decision making of the grants?

We are addressing this issue with the Governor's Office of Boards & Commissions. We will post an update once we receive a decision.

6. If a community based organization applies for the money, are they required to pay the dentist upfront and be reimbursed?

No. Your subcontract with the individual provider(s) will determine this.

7. Can you give us more information on the specific reporting requirement?

Please refer to page seven of the RFA for general reporting expectations. CDPHE will be conducting a risk assessment on each applicant which will determine the frequency of reporting required. There will be a training/orientation for the selected grantees to discuss this in further detail.

8. What is the expected turn-around time for reimbursement?

Thirty (30) business days after the monthly invoice.

9. If multiple grants are given to different providers in the same area, how do you make sure the client does not go to multiple providers and receive duplicate dental services from the CDPHE funding (ie. Multiple dentures)? How will the CDPHE funding be coordinated with other funding for dental services in the community and throughout the state?

- a. This is part of our normal contract monitoring procedure.
- b. Through organizations dealing with seniors in your area, which is why grantees are required to work with these community organizations.

10. Can the amount of the benefit be limited per client?

No, but only approved procedures as detailed in the Provider Reimbursement Schedule are allowed.

11. Can the amount paid to the provider (dentist) be less than what is stated in the fee schedule?

Yes; this will be considered leveraging of funds. However, the difference cannot be used as administrative fees.

12. What happens if a client is approved for treatment and cannot or is unable to complete the work before June 30 due to lack of transportation, illness, hospitalization, death in family or other circumstances?

Patient eligibility is through the completion of treatment or one year from verification of eligibility, and if State funds are available. If this occurs, once current funding cycle is over it will depend upon availability of funds.

13. Is the agency required to process payment for every visit to the dentist as an insurance company, or can the payment be bundled into one request to reduce the administrative burden on the administrative agency?

Invoicing will be done once a month.

14. How are emergencies going to be handled? Who pays for the emergency? What constitutes an emergency dental procedure?

Eligibility must be verified prior to any treatment. Only approved procedures will be reimbursed.

15. Determining need in area: What if AAA does not have the information on numbers of seniors enrolled in OAP? Some AAA have responded they were not allowed to continue generating a waiting list for numbers due to urgency of requests, i.e., emergency needs. Is there another avenue to find out the enrollees of OAP or Medicaid? Many (or at least the staff taking the phone calls) are not aware of this resource.

This chart indicates OAP recipients per county. There is no way to calculate the number of OAP eligible seniors who have not applied for the program.

Total By County - Includes OAP recipients in the community only.

ADAMS	2029
ALAMOSA	149
ARAPAHOE	2587
ARCHULETA	41
BACA	32
BENT	42
BOULDER	1086
BROOMFIELD	136
CHAFFEE	53
CHEYENNE	6
CLEAR CREEK	23
CONEJOS	102
COSTILLA	114
CROWLEY	45
CUSTER	11
DELTA	193
DENVER	5798
DOLORES	6
DOUGLAS	334
EAGLE	77

EL PASO	1236
ELBERT	19
FREMONT	241
GARFIELD	181
GILPIN	8
GRAND	11
GUNNISON	13
HUERFANO	93
JACKSON	5
JEFFERSON	1516
KIOWA	7
KIT CARSON	40
LA PLATA	103
LAKE	7
LARIMER	668
LAS ANIMAS	165
LINCOLN	23
LOGAN	63
MESA	528
MOFFAT	23
MONTEZUMA	119
MONTROSE	211
MORGAN	115
OTERO	232
OURAY	13
PARK	20
PHILLIPS	23
PITKIN	19
PROWERS	72
PUEBLO	1074
RIO BLANCO	12
RIO GRANDE	93
ROUTT	10
SAGUACHE	70
SAN JUAN	1
SAN MIGUEL	10
SEDGWICK	10
SUMMIT	21
TELLER	40
WASHINGTON	18
WELD	990
YUMA	65

Grand Total	21052
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16. This cycle ends June 2013, should we estimate numbers to serve based on this 6 month time period?

Yes

17. Nine counties do not have dentists, resulting in areas with no coverage. Can you give us these areas so we may reach out to provide/access this population?

This is link to a Dental Health Professional Shortage areas map.

<http://www.colorado.gov/cs/Satellite?blobcol=urldata&blobheadername1=Content-Disposition&blobheadername2=Content-Type&blobheadervalue1=inline%3B+filename%3D%22Health+Professional+Shortage+Areas+%28HPSAs%29.pdf%22&blobheadervalue2=application%2Fpdf&blobkey=id&blobtable=MungoBlobs&blobwhere=1251811756594&ssbinary=true>

18. Are AAA's also required to provide statements of willingness to collaborate?

All applicants are required to provide demonstration/documentation of willingness to coordinate with local community organizations serving eligible seniors.

19. I am not familiar with the eligibility requirements for the Old Age Pension plan so how do we confirm eligibility for applicants who do not have a Medicaid card?

OAP eligible seniors should have a letter to be used as verification. Medicaid eligible seniors should have a card. Exceptions to this will be addressed in coming months. Specifics on verifying eligibility will be given to the selected grantees.

20. Is the list of allowable procedures and fees the only services that can be provided to OAP eligible patients? What if their dental treatment plan calls for something not on the list? Will we be able to bill the patient at our dental sliding fee scale?

Only procedures listed on the Provider Reimbursement Schedule will be reimbursed from this Program. Other procedures may be provided with the consent of the patient, but this Program will not be responsible for any fees.

21. How will we be informed if the funds are close to being used up?

Each grantee should track their reimbursements and outstanding treatment plans. In early Spring, CDPHE will revisit the funding balances for all grantees.

22. Will electronic claim forms be accepted? Is the department working towards that?

We are currently in the process of determining the invoicing for this Program.

23. What, if any, restrictions are there on our ability to market to the eligible population?

None

24. If we identify eligible individuals who are currently in the middle of existing treatment plans (being paid for by other sources), can they qualify for OAP dental funds for the remainder of their treatments?

Yes. No treatments completed **prior** to the date of eligibility verification for the patient should be included on the invoice. No procedures done before completion of a contract will be reimbursed.

25. Can we share a portion of the 10% administration fee with dental providers? (for them to use to cover some of their administrative costs)

Yes

26. Is there any maximum or lifetime OAP Dental limit per person? Can individuals who received OAP Dental funds in the past receive funds again this year?

- a. There is no maximum or lifetime coverage limit per patient.
- b. Yes.

27. Can a dental hygienist bill for exams?

On the current reimbursement schedule there is not an exam code that falls under the dental hygiene scope of practice, so no exams should be billed by independent hygienists. We hope to address this barrier soon as we look at updating the reimbursement schedule as soon as we get contracts going for this funding cycle.

Dental hygienists should demonstrate their plan/ability to provide comprehensive dental care to their OAP patients. Partnerships with dentist will illustrate this.

28. Can third party reimbursements be used to supplement the providers for services? (example: Older Americans Fund)

Yes.

29. Can administrative fees be used for transportation of patients?

Yes! This is the definition of leveraging funds. Please indicate any intent to do these types of activities in the application.

30. I was wondering if CDPHE was going to be including funding for dental services for seniors in their budget request to the governor for 2013-14?

The bill did not limit us to a one year appropriation, so it is built into our “base” as continuation funding.