Handout 8

Colorado Department of Health Care Policy and Financing

Colorado Dental Health Care Program for Low-Income Seniors

DRAFT Announcement of Request for Grant Proposals

For applicants who are private dental practices

October 9, 2014

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SECTION 1: INTRODUCTION

The Colorado Department of Health Care Policy and Financing is pleased to announce a new opportunity to promote the health and welfare of low-income seniors by providing access to patient-centered dental care. Created by the Colorado legislature through Senate Bill (SB) 14-180, the Colorado Dental Health Care Program for Low-Income Seniors (Senior Dental Grant Program) will grant funds beginning July 1, 2015 to provide comprehensive dental and oral care services for economically disadvantaged seniors 60 years of age or older.

Area Agencies on Aging, community-based organizations or foundations, Federally Qualified Health Centers (FQHCs), safety-net clinics, health districts, local public health agencies, and private dental practices are encouraged to apply.

The annual funding for the Senior Dental Grant Program is $3,000,000. The grant funding period is one year – July 1, 2015 through June 30, 2016. [note: do we want to renew contracts without annual application process, contingent upon funding?]. Grant funding must be used to provide dental services to adults who are 60 years of age or older, who are Economically Disadvantaged, and who do not qualify for Medicaid or the Old Age Pension Health and Medical Care Program or have private dental coverage.

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SECTION 2: TERMINOLOGY

Arrange For or Arranging For means demonstrating established relations with Qualified Providers for any of the Covered Dental Care Services not directly provided by the applicant.

Covered Dental Care Services mean the Current Dental Terminology (CDT) procedure codes and descriptions listed at [insert website address] and attached as to this request for grant proposals as exhibit [X].

C.R.S. means the Colorado Revised Statutes.

Department means the Colorado Department of Health Care Policy and Financing established pursuant to Title 25.5, C.R.S.

Economically Disadvantaged means a person whose income is at or below 250% of the most recently published federal poverty level for a household of that size.

Eligible Senior means an adult who is sixty years of age or older and who is Economically Disadvantaged and who is not eligible for dental services under Medicaid, the Old Age Pension Health and Medical Care Program, or private insurance.

HIPAA means the federal Health Insurance Portability and Accountability Act of 1996 and any corresponding federal regulations.

Medicaid means the Colorado medical assistance program as defined in Article 4 of Title 25.5, C.R.S. Medicaid is a public health insurance for low-income Coloradans who meet income and other

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qualifications. Medicaid is funded jointly by a federal-state partnership and is administered by the Department.

Old Age Pension Health and Medical Care Program means the program defined in Section 25.5-2-101, C.R.S. The Old Age Pension Health and Medical Care Program provides limited medical care for low-income Coloradans age 60 and over who receive old age pension financial assistance and who are not eligible for Medicaid. The Old Age Pension Health and Medical Care Program is also known as the modified medical plan, state medical program, and the old age pension state only program.

Qualified Grantee means an entity that can demonstrate that it can provide or Arrange For the provision of Covered Dental Care Services and may include but is not limited to:

1. An Area Agency on Aging, as defined in Section 26-11-203, C.R.S.;
2. A community-based organization or foundation;
3. A Federally Qualified Health Center, safety-net clinic, or health district;
4. A local public health agency; or
5. A private dental practice.

Qualified Provider means any person who is licensed to practice dentistry in Colorado or who employs a dentist licensed in Colorado and who is willing to accept reimbursement for Covered Dental Services pursuant to this program. A Qualified Provider may also be a Qualified Grantee if the person meets the qualifications of a Qualified Grantee.

SECTION 3: ELIGIBLE APPLICANTS

Eligible applicants are those who meet all of the criteria of a Qualified Grantee. Applications received from applicants that do not meet all of the criteria of a Qualified Grantee will be disqualified and the proposal will not be evaluated.

Qualified Grantees receiving Senior Dental Grant Program funding must report to the Department the number of Eligible Seniors served, the types of dental health services provided, and any other information deemed relevant by the Department. Qualified Grantees must invoice and report to the Department on a monthly basis and submit an ~~with a final~~ annual report ~~due~~ following the end of the grant period.

Qualified Grantees are required to:

- Identify and outreach to targeted Eligible Seniors and Qualified Providers;
- Demonstrate collaboration with community organizations;
- Ensure that Eligible Seniors receive Covered Dental Care Services efficiently without duplication of services;

- Maintain records of Eligible Seniors served, Covered Dental Care Services provided, and moneys spent for a minimum of six (6) years;
- Distribute grant funds to Qualified Providers in their service area or directly provided Covered Dental Care Services to Eligible Seniors in their service area; and
- Expend no more than seven (7) percent of the amount of its grant for administrative purposes.

SECTION 4: AVAILABLE FUNDING

The annual funding for the Senior Dental Grant Program is $3,000,000 subject to appropriation by the Colorado General Assembly.

[ADD INFORMATION ABOUT AVAILABLE FUNDS PER REGION OF THE STATE]

SECTION 5: APPLICATION PROCESS

The following table shows the requested application materials and timeline: [ESTIMATED. EXACT DATES TBD]

Stage of Application Process	Deadline
Release of Request for Grant Proposal	January 2015
Deadline for written questions	February 2015
Response to questions & oral conference for applicants	February/March 2015
Grant proposals due	February/March 2015
Grant award announcement	March/April 2015
Grant start date	July 1, 2015
Qualified Grantees final report to Department	September 1, 2016
Department report to General Assembly	November 1, 2016

5.1. Written Questions and Oral Conference

Please email any written questions to [STAFF MEMBER AND DATE/TIME TBD]. Please include your name, email address, and telephone number with the questions. The Department will provide written responses to questions by [DATE TBD]. Responses to questions will be made available on the Department's website at Colorado.gov/hcpf/research-data-and-grants. There will also be an opportunity to ask questions at an oral conference for applicants on [DATE/TIME TBD]. Attendance is not required. More information about the oral conference will be posted on the Department's website by [DATE/TIME TBD].

SECTION 6: APPLICATION RESPONSE INSTRUCTIONS

6.1. Proposals Submitted in Response to Request for Grant Proposals

Proposals should not exceed [PAGE LIMIT TBD], double-spaced, with 1-inch margins and a font of 12 point. The page limit does not include the transmittal letter and attachments, such as letters or

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other documents specifically requested in this Request for Grant Proposals. Proposals must be submitted no later than [DATE TBD].

6.2. Proposal Outline

Each proposal should include a transmittal letter submitted on the applicant's official business letterhead or from an email address associated with the agency or individual that is applying for funding. The letter is to commit the applicant to the services, compliance with requirements and costs stated in the applicant's proposal for the grant period. The transmittal letter shall state the applicant's willingness to comply with all grant requirements, including complying with HIPAA requirements.

In addition, the transmittal letter should provide the entity's State of Colorado Vendor number. An applicant can obtain a State of Colorado Vendor number by registering at: www.Colorado.gov/vss.

Proposals should address the main topics noted below. Suggested page limits are provided for guidance.

6.2.1. Description of the Applicant (1 page)

- Name and description of the applicant~~, and identify whether the applicant is an Area Agency on Aging, community-based organization or foundation, Federally Qualified Health Center (FQHC), safety-net clinic, health district, local public health agency or private dental practice~~.

- NOTE: If the applicant is an Area Agency on Aging, community-based organization or foundation, Federally Qualified Health Center (FQHC), safety-net clinic, health district, or local public health agency, please complete the [name of document and web address]

  - As an applicant who ~~the applicant~~ is a private practice dentist, include a copy of the applicant's license to practice dentistry in Colorado as an attachment in the appendix.

  - If the applicant is a sole proprietor, [INCLUDE REFERENCE TO DOCUMENTATION OF LAWFUL PRESENCE PURSUANT TO COLORADO LAW] as an attachment in the appendix.

- Indicate the geographic area proposed to be served by the applicant under the Senior Dental Care Grant Program, i.e., county(ies), city(ies) or other region(s).

- Name, address, telephone, fax and email address for the contact person of the applicant.

6.2.3. Qualifications of the Applicant (X pages)

- Describe how the applicant will provide outreach to Eligible Seniors and describe the applicant's experience with this population.

- Describe how the applicant will identify Eligible Seniors.

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- Describe how the applicant will ensure that seniors served under the Senior Dental Care Grant Program are not eligible for Medicaid or the Old Age Pension Health and Care Program and do not have private dental coverage.

- Describe how the applicant will ensure that Eligible Seniors receive Covered Dental Care Services without duplication of services.

- Describe how the applicant collaborates with community organizations and list the names of those community organizations. Include supporting documentation as an attachment in the appendix, such as letters of support or memoranda of understanding.

- Describe how the applicant will provide or Arrange For the provision of Covered Dental Care Services in its service area.

  - ~~Describe how the applicant will identify and outreach to dental care providers in its service area.~~

  - ~~Indicate whether the applicant is also a Qualified Provider and/or if the applicant will distribute grant funds to Qualified Providers in its service area.~~

    - ~~List all Qualified Providers who will provide Covered Dental Care Services to Eligible Seniors under the grant. If applicable, include supporting documentation as attachments, such as contractual agreements or memoranda of understanding between the applicant and Qualified Providers.~~

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- Describe the roles and responsibilities of key applicant staff who will administer funds under the Senior Dental Care Grant Program. ~~Résumés, curricula vitae, or biographical sketches of key applicant staff should be included as attachments.~~

- Describe the applicant's experience with providing ~~or Arranging For the provision~~ of dental care services to low-income seniors or other experience with this population.

- Describe the applicant's ability to maintain records of Eligible Seniors served, Covered Dental Care Services provided, and moneys spent for a minimum of six years. Include information related to the applicant's project cost accounting capabilities, internal controls, and policies and procedures.

6.2.4. Proposed Budget (X pages)

- Include a detailed budget ~~narrative and tables~~ showing all estimated program and administrative costs.

  - Include total estimated number of Eligible Seniors to be served.

  - Include total estimated cost of Covered Dental Services (i.e., estimated number of Eligible Seniors to be served multiplied by $1000).

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- Include total estimated administrative ~~personnel costs, administrative~~ overhead or indirect costs. Note: administrative costs are limited to no more than seven percent of the grant expenditures.

- Indicate any additional funding that has been committed to the applicant that would be added to the Department's award (leveraging is encouraged but not required).

6.2.5. Appendix

The attachments are not counted as part of the page limit. The following documents should be included as attachments in an appendix to the grant proposal:

- ~~Résumés, curricula vitae, or biographical sketches of key applicant staff.~~

- ~~Relevant state and federal certifications or licensures.~~

- ~~For applicants that are community-based organizations or foundations, a copy of the applicant's determination letter for 501 (c)(3) tax-exempt status and a 2012 or 2013 audited financial report.~~

- ~~For applicants who are private practice dentists, a~~A copy of the applicant's license to practice dentistry in Colorado.

- For applicants who are sole proprietors, [INCLUDE REFERENCE TO DOCUMENTATION OF LAWFUL PRESENCE PURSUANT TO COLORADO LAW].

- Letters of support from community organizations and/or memoranda of understanding between the applicant and the community organizations.

- ~~If applicable, contractual agreements and/or memoranda of understanding between the applicant and Qualified Providers.~~

- Letters of recommendation or other supporting documentation that described the applicant's qualifications to receive Senior Dental Care Grant funding.

- ~~Bibliography.~~

6.3. Proposal Submission

Proposals shall be submitted via email or regular U.S. mail. Emailed submissions are preferred. The proposal should be submitted as a PDF file, Microsoft Word document, or OpenDocument Text. One electronic file responding to Sections XX is preferred but a separate file(s) for the appendix is acceptable. Other submission options are to mail a flash drive with the electronic file(s) as described in the previous sentence or to mail a hard copy of the entire proposal.

No proposals will be accepted after the stated due date and time.

Please email, mail, or deliver the proposal to:

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[STAFF MEMBER TBD]

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SECTION 7: DETERMINATION & NOTIFICATION OF AWARD

7.1. Scoring of Proposals

The application process involves submitting a proposal that is intended to be reviewed and scored by a review panel. The panel will be comprised of individuals who are deemed qualified by reason of training and/or experience, who have no personal or financial interest in the selection of any particular applicant, and will judge the merits of the proposals received in accordance with the evaluation factors stated in this Request for Grant Proposals. The sole objective of the review panel will be to recommend to the Department's Executive Director those proposals which most accurately and effectively meet the goals of the grant program within the available monetary resources.

The proposals will be reviewed in two phases. A proposal must pass the first phase to be scored in the second phase.

[ADD HOW FUNDING WILL BE DISTRIBUTED THROUGHOUT STATE AND HOW MULTIPLE PROPOSALS FOR THE SAME OR OVERLAPPING SERVICE AREAS WILL BE HANDLED]

7.1.1. Phase 1

Any "no" for the listed Phase I criteria will eliminate a proposal from further consideration.

	Yes	No
1. Did the proposer submit the application before the deadline and does the proposal meet the page limits and format specified?	☐	☐
2. Is the proposer an Area Agency on Aging, community-based organization or foundation, Federally Qualified Health Center (FQHC), safety-net clinic, health district, local public health agency, or private dental practice?	☐	☐
3. Does the proposal state the proposer's willingness to comply with all grant requirements?	☐	☐
4. Does the proposal include the required attachments in an appendix?	☐	☐
5. Does the proposal include a detailed budget?	☐	☐
6. Does the proposal indicate the geographic area to be served?	☐	☐

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7.1.2. Phase 2

In Phase 2, reviewers will review proposals using the following criteria.

Criteria	Unsatisfactory	Satisfactory
Identifying and Outreaching to Eligible Seniors • Does the proposal have a strategy to reach and provide Covered Dental Care Services to Eligible Seniors in its service area? • Does the proposer demonstrate that it can identify Eligible Seniors and ensure that seniors served under the grant are not eligible for Medicaid, the Old Age Pension Health and Medical Care Program, or private dental coverage? • Does the proposer demonstrate that it can ensure that Eligible Seniors receive Covered Dental Care Services without duplication of services? Comments		
Provision of Covered Dental Care Services • Does the proposer demonstrate that it has the ability to identify, reach, recruit, and retain sufficient Qualified Providers to provide Covered Dental Care Services to Eligible Seniors in its service area? • Does the proposer demonstrate describe how it will provide or Arrange For the provision of Covered Dental Care Services in its service area? • Does the proposer demonstrate experience with providing dental care services to low-income seniors? Comments		
Collaboration • Does the proposer have established relationships with community organizations that will help it reach Eligible Seniors in need of dental services? Comments		
The proposer has a sound management and reporting structure. • Does the proposal describe the roles and responsibilities of key program staff? • Does the proposal identify a clear plan about how data on service delivery and Eligible Seniors served will be tracked and maintained? • Does the proposer have sufficient internal processes and controls to efficiently administer the grant including distributing funds to Qualified Providers? Comments		

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Criteria	Unsatisfactory	Satisfactory
The proposal includes a detailed budget. • Does the proposal include a detailed budget narrative with estimated program and administrative costs? • Does the budget include estimates of the number of seniors to be served and the cost of Covered Dental Care Services? • Does the proposer limit administrative costs to no more than 7% of the total grant amount?		
Comments		

7.3. Award Notification

Announcement of the applicant entities qualifying to receive funding will be posted on the Department's website at Colorado.gov/hcpf/research-data-and-grants and notifications will be sent to each applicant.

[ADD APPEAL INFORMATION]

SECTION 8: WHAT TO EXPECT IN THE GRANT AGREEMENT

The Department will execute contracts with Qualified Grantees. The contents of the successful applicant's grant proposal will become part of the contractual obligations. The Department reserves the right to negotiate final terms of the contract prior to signing the contract. Contract execution is contingent upon receiving all necessary State approvals. Contracts resulting from this Request for Grant Proposals will begin no earlier than July 1, 2015 and will have a term no longer than June 30, 2016.

As a condition of their award, Qualified Grantees will be required to submit monthly invoices and reports and a final annual report in a format specified by the Department:

- Monthly invoicing and reporting on a form developed by the Department, including the program's progress, number of Eligible Seniors served, types of dental health services provided, and an itemization of program administrative expenditures.
    - The Department will pay no more than the listed Program Payment for Covered Dental Care Services. Qualified Providers can collect no more than the Max Allowable Fee for Covered Dental Care Services. It is up to the discretion of Qualified Providers whether to charge a co-payment, but Eligible Seniors can be asked to pay no more than the Max Patient Co-Pay per procedure rendered.
    - Covered Dental Care Services must be provided before a Qualified Grantee may submit an invoice to the Department. No prepayment is allowed.
    - Qualified Grantees may bill for no more than 7% of the Program Payment for administrative costs.

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- By September 1, 2016 [and annually thereafter] complete a report or form developed by the Department to report the total number of Eligible Seniors served and the types of dental health services provided under the grant, an itemization of program administrative expenditures, any problems encountered, -and any other information deemed relevant by the Department. [DO WE WANT A SAMPLE OF DENTAL CHARTS TO MONITOR WHETHER ONLY ELIGIBLE SENIORS RECEIVED SERVICES, IF SERVICES WERE COVERED, APPROPRIATELY BILLED, ETC?]

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