Handout 3

Request for Grant Proposals

Colorado Dental Health Care Program for Low-Income Seniors

PROPOSAL SUBMISSION DEADLINE:

February 20, 2015; 5:00 p.m. MST

Program Contact:
[TBD]

Colorado.gov/hcpf/research-data-and-grants

DRAFT

Colorado Dental Health Care Program for Low-Income Seniors
Request for Grant Proposals

TABLE OF CONTENTS

SECTION 1: Introduction 1
SECTION 2: Terminology 1
SECTION 3: Eligible Applicants 4
SECTION 4: Available Funding 5
SECTION 5: Grant Preferences and Review Criteria 5
SECTION 6: What to expect in the grant Agreement 6
6.1 Invoicing 6
6.2 Annual Report 6
SECTION 7: How to Apply 7
7.1 Application Timeline 7
7.2 Written Questions and Oral Conference 7
7.3 Submission Instructions and Due Date 7
7.4 Proposal Package 8
7.5 Proposal Outline 8
7.6 Request for Grant Proposal Response 9

EXHIBIT A Covered Dental Care Services

EXHIBIT B Grant Review Criteria

DRAFT

Colorado Dental Health Care Program for Low-Income Seniors
Request for Grant Proposals

SECTION 1: INTRODUCTION

The Colorado Department of Health Care Policy and Financing and the Senior Dental Advisory Committee are 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 14-180, the Colorado Dental Health Care Program for Low-Income Seniors 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, safety-net clinics, health districts, local public health agencies, and private dental practices are encouraged to apply.

Contingent upon appropriation by the General Assembly, the annual funding for the Colorado Dental Health Care Program for Low-Income Seniors is $3,000,000. The initial contract term resulting from grant awards is one year: July 1, 2015 through June 30, 2016. Subject to available funding and contractor performance, the Department may renew the contract annually for up to three (3) additional years.

Grant funding must be used to provide dental services to adults who are 60 years of age or older, who are Economically Disadvantaged, who are lawfully present in the state, who do not qualify for Medicaid or the Old Age Pension Health and Medical Care Program, and who do not have private dental coverage.

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.

Colorado Dental Health Care Program for Low-Income Seniors means the grant program established pursuant to part 4 of article 3 of title 25.5, C.R.S.

Colorado Indigent Care Program means the program as defined in part 1 of article 3 of title 25.5, C.R.S. The Colorado Indigent Care Program provides discounted health care for medically indigent Coloradans who are not eligible for Medicaid.

Covered Dental Care Services mean the Current Dental Terminology (CDT) procedure codes and descriptions attached to this request for grant proposals as Exhibit A and posted on the Department's website at Colorado.gov/hcpf/research-data-and-grants.

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

DRAFT

Dental Health Professional Shortage Area or Dental HPSA means a geographic area, population group, or facility so designated by the Health Resources and Services Administration of the U.S. Department of Health and Human Services.

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 60 years of age or older, who is lawfully present in the state in accordance with section 24-76.5-103, C.R.S., who is Economically Disadvantaged, who is not eligible for dental services under Medicaid or the Old Age Pension Health and Medical Care Program, and who does not have private dental insurance.

Federally Qualified Health Center means the federally funded nonprofit health center or clinic that serve medically underserved areas and populations as defined in 42 U.S.C. section 1395x (aa)(2).

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

Max Allowable Fee means the total reimbursement by procedure for Covered Dental Services under the Colorado Dental Health Care Program for Low-Income Seniors. The Max Allowable Fee is listed by procedure in the attached Exhibit A and is the sum of the Program Payment and the Max Patient Co-Pay.

Max Patient Co-Pay means the maximum amount that a Qualified Provider may collect from an Eligible Senior per procedure for Covered Dental Services under the Colorado Dental Health Care Program for Low-Income Seniors. The Max Patient Co-Pay is the listed by procedure in the attached Exhibit A. 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.

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

Medicare means the federal health insurance program for people who are 65 years of age or older, certain younger people with disabilities, and people with end-stage renal disease.

DRAFT

Medicare Savings Program means one of a group of programs Colorado residents can apply for if they have Medicare. Medicare Savings Programs help people with limited income and resources pay for some or all of their Medicare premiums and may also pay their Medicare deductibles and coinsurance. Medicare Savings Program recipients can be Eligible Seniors if they are not also enrolled in Medicaid.

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.

Program Payment means the maximum amount per procedure for which a Qualified Grantee may invoice the Department under the Colorado Dental Health Care Program for Low-Income Seniors. The Program Payment is the listed by procedure in the attached Exhibit A.

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 good standing in Colorado or who employs a dentist licensed in good standing 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.

Senior Dental Advisory Committee means the advisory committee established pursuant to section 25.5-3-406, C.R.S.

DRAFT

SECTION 3: ELIGIBLE APPLICANTS

Eligible applicants are those who meet all of the criteria of a Qualified Grantee. Grant proposals 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 Colorado Dental Health Care Program for Low-Income Seniors 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 the Department on a monthly basis and submit an annual report following the end of each contract 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 percent (7%) of the grant amount for administrative purposes.

The applicant's approach to identifying Eligible Seniors must be documented in the grant proposal.

- Qualified Grantees may prioritize services toward Eligible Seniors most in need in their service area by considering factors such as race/ethnicity, disability status, frailty, language barriers, lower incomes, or other criteria. Qualified Grantees may also target services to seniors who are enrolled in a Medicare Savings Program and are not enrolled in Medicaid or who are current Colorado Indigent Care Program clients.
- Qualified Grantees may use existing income determination tools used by the applicant or allow seniors to self-declare income.
- Qualified Grantees may perform a reasonable screening to determine if a senior may be eligible for Medicaid or the Old Age Pension Health and Medical Care Program. Qualified Grantees will not be required to receive a Medicaid denial if the senior is reasonably determined to not be eligible for Medicaid.

DRAFT

SECTION 4: AVAILABLE FUNDING

Contingent upon appropriation by the General Assembly, the annual funding for the Colorado Dental Health Care Program for Low-Income Seniors is $3,000,000. The initial contract term resulting from grant awards is one year: July 1, 2015 through June 30, 2016. Subject to available funding and contractor performance, the Department may renew the contract annually for up to three (3) additional years.

SECTION 5: GRANT PREFERENCES AND REVIEW CRITERIA

The grant proposal will 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.

Preference will be given to grant proposals that clearly demonstrate the applicant's ability to outreach to and identify Eligible Seniors and to collaborate with community-based organizations. Preference will also be given to grant proposals that demonstrate an ability to serve a greater number of Eligible Seniors or that will serve Eligible Seniors who reside in a geographic area designated as a Dental HPSA. The review panel may also evaluate each applicant's prior performance on other contracts with the Department or contracts with any other state agency to assist in the review panel's determination of grant awards.

Regional distribution of funds will be a key consideration in determining grant awards. If there is not sufficient funding to award grants to all eligible applicants, priority will be given to distributing the available funding across as many of the represented regions as possible.

The grant review criteria are attached to this request for grant proposals as Exhibit B.

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 written notifications will be sent to each applicant.

DRAFT

SECTION 6: 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 an initial term no longer than June 30, 2016.

6.1 Invoicing

Qualified Grantees will be required to submit monthly invoices in a format specified by the Department.

- Monthly invoices must include the number of Eligible Seniors served and the types of dental services provided and any other information deemed relevant by the Department.
- The Department will pay no more than the 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; however, 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 seven percent (7%) of the Program Payment for administrative costs.

6.2 Annual Report

Qualified Grantees will be required to submit a report by September 1, 2016 and annually thereafter. The report will be in a format specified by the Department and will include information for the July 1 through June 30 grant period including the total number of Eligible Seniors served and the types of dental health services provided, an itemization of program administrative expenditures, any problems encountered, and any other information deemed relevant by the Department.

DRAFT

SECTION 7: HOW TO APPLY

7.1 Application Timeline

The following table shows the requested application materials and timeline:

Stage of Application Process	Estimated Date
Release of request for grant proposals	January 12, 2015
Deadline for written questions	January 26, 2015
Response to questions and oral conference for applicants	February 2, 2015
Grant proposals due	February 20, 2015; 5:00 p.m. MST
Grant award announcement	March 30, 2015
Grant start date	July 1, 2015
Qualified Grantees first annual report to Department	September 1, 2016
Department first annual report to General Assembly	November 1, 2016

7.2 Written Questions and Oral Conference

Please email any written questions to [STAFF MEMBER TBD] by January 26, 2015. Please include your name, email address, and telephone number with the questions. The Department will provide written responses to questions by February 2, 2015. 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 February 2, 2015 from 1:30 to 3:00 p.m. Attendance is not required. More information about the oral conference will be posted on the Department's website by January 12, 2015.

7.3 Submission Instructions and Due Date

Proposals should not exceed 15 pages, double-spaced, with 1-inch margins and a font of 12 point. The page limit does not include the transmittal letter and appendices, such as letters or other documents specifically requested in this request for grant proposals.

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 is preferred but a separate file(s) for the transmittal letter and/or appendices is acceptable. Other submission options are to mail a flash drive with the electronic file(s) as

DRAFT

described in the previous sentence or to mail or hand deliver a hard copy of the entire proposal.

Proposals must be received by the Department no later than 5:00 p.m. MST on February 20, 2015. Postmark dates will not be considered and no proposals will be accepted after this stated due date and time.

Please email, mail, or deliver the proposal to:

[Email TBD]

[STAFF MEMBER TBD]
Department of Health Care Policy and Financing
1570 Grant St.
Denver, CO 80203

7.4 Proposal Package

The grant proposal shall present a full and complete description of the qualifications of the applicant to meet the requirements of the Colorado Dental Health Care Program for Low-Income Seniors. Proposals should be organized and labeled in a manner similar to this request for grant proposals. Incomplete or late proposals will be disqualified from funding and will not be reviewed.

7.5 Proposal Outline

Complete proposals must include the items outlined below. Suggested page limits are included for guidance.

a. Transmittal letter

The applicant shall submit a transmittal letter that must:

i. Give a brief description of the applicant;

ii. State the applicant's willingness to comply with all grant requirements, including complying with HIPAA requirements;

iii. Be on official business letterhead or from an email address associated with the agency or individual that is applying for funding; and

iv. Provide the entity's State of Colorado Vendor number. An applicant can obtain a State of Colorado Vendor number by registering at Colorado.gov/vss.

DRAFT

b. Table of Contents

c. Request for grant proposal response (see section 7.6 below)

i. Description of the applicant (1 page);

ii. Key personnel and qualified providers (2 pages);

iii. Qualifications of the applicant (10 pages); and

iv. Proposed budget and grant management qualifications (2 pages).

d. Appendices

i. Appendix A – For all applicants, copies of the applicant's State or federal certifications or licensures.

ii. Appendix B – For all applicants, letters of support from community-based organizations and/or memoranda of understanding between the applicant and the community organizations.

iii. Appendix C – For all applicants, provide documentation to demonstrate the applicant's financial viability, i.e., the applicant's most recently audited financial report, year-to-date financial statement, and the first page of the applicant's most recently filed IRS form 990. If the applicant cannot supply such information, provide a written explanation in Appendix C.

iv. Appendix D – Optional for all applicants, letters of recommendation or other supporting documentation that described the applicant's qualifications to receive grant funding.

7.6 Request for Grant Proposal Response

Proposals should address the main topics noted below and ensure that all requested information is included in the response.

a. Description of the Applicant

i. Legal and business names of the applicant.

ii. Name, address, telephone, fax and email address for the primary contact person for the applicant.

iii. Indicate whether the applicant is an Area Agency on Aging, community-based organization or foundation, Federally Qualified

DRAFT

Health Center, safety-net clinic, health district, local public health agency, or private dental practice.

iv. Indicate the geographic area proposed to be served by the applicant under the Colorado Dental Health Care Program for Low-Income Seniors, i.e., county(ies), city(ies) or other region(s). Indicate if the applicant is a facility that has been designated as a Dental Health HPSA or serves a geographic region designated as a Dental Health HPSA.

b. Key Personnel and Qualified Providers

i. Key Personnel

- Describe the roles and responsibilities of key applicant staff who will administer funds under the grant.

ii. Qualified Providers

- Indicate whether the applicant will directly 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 if the applicant will provide or Arrange For the provision of the full scope of services listed in the Covered Dental Care Services attached to this request for grant proposals as Exhibit A.
    - If the applicant will not provide the full scope of services, state which services will not be provided and describe the applicant's approach to ensure that Eligible Seniors have access to all necessary Covered Dental Care Services.

c. Qualifications of the Applicant

i. Outreach and identify eligible seniors

- Describe how the applicant will outreach to Eligible Seniors.
- Describe how the applicant will outreach to special populations, such as Eligible Seniors who have physical or mental disabilities, who are frail, who have language barriers, or who are culturally, socially, or geographically isolated.
- Describe how the applicant will identify Eligible Seniors and ensure that seniors served under the Senior Dental Care Grant Program

DRAFT

are not eligible for Medicaid or the Old Age Pension Health and Care Program and do not have private dental coverage.

Note:

- Applicants may use existing income determination tools used by the applicant or allow seniors to self-declare income.
- Applicants may perform a reasonable screening to determine if a senior may be eligible for Medicaid or the Old Age Pension Health and Medical Care Program.

- If the applicant will prioritize services toward Eligible Seniors most in need, describe the applicant's prioritization criteria and provide any scoring criteria or prioritization worksheets in Appendix D.

  Note:

  - Applicants may prioritize services toward Eligible Seniors most in need in their service area by considering factors such as race/ethnicity, disability status, frailty, language barriers, lower incomes, or other criteria.
  - Applicants may also target services to seniors who are enrolled in a Medicare Savings Program and are not enrolled in Medicaid or who are current Colorado Indigent Care Program clients.

ii. Collaboration

- Describe how the applicant collaborates with community organizations and list the names of those community organizations.

- Include supporting documentation in Appendix B, such as letters of support or memoranda of understanding.

iii. Fiscal management and record keeping

- 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 (6) years. Include information related to the applicant's project cost accounting capabilities, internal controls, and policies and procedures.

- Provide documentation to demonstrate the applicant's financial viability, i.e., the applicant's most recently audited financial report, year-to-date financial statement, and the first page of the

DRAFT

applicant's most recently filed IRS form 990 in Appendix C. If the applicant cannot supply such information, include an explanation in Appendix C.

d. Proposed Budget and Grant Management Qualifications

i. Indicate 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).
- Indicate whether the applicant intends to charge Eligible Seniors a copayment and, if so, if the copayment will be the Max Patient Co-Pay amount or a lower amount.
- Include total estimated administrative costs. Note: administrative costs are limited to no more than seven percent (7%) of the grant expenditures.

ii. Describe how the applicant's organizational efficiencies, experience, or other factors position it to successfully fulfill its obligations under the Colorado Dental Health Care Program for Low-Income Seniors given the available funding, i.e., the Maximum Allowable Fee for reimbursement for Covered Dental Services and the administrative cost limit of no more than seven percent (7%) of grant expenditures.

- This may include previous experience with this population or similar grant programs, additional funding or in-kind contributions that have been committed to the applicant that would be added to this grant, existing infrastructure, relationships with advocacy groups or providers, etc.

DRAFT