

Dental Health Care Program for Low-Income Seniors Annual Report

Fiscal Year 2024-25

November 1, 2025

**Submitted to: Joint Budget Committee
Senate Health and Human Services Committee
House Public and Behavioral Health and Human
Services Committee**



COLORADO

**Department of Health Care
Policy & Financing**

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Executive Summary

The Department of Health Care Policy & Financing (HCPF) prepares this report pursuant to section 25.5-3-405(2), C.R.S. This annual report concerning the operation and effectiveness of the Colorado Dental Health Care Program for Low-Income Seniors (Senior Dental Program), including an itemization of HCPF's administrative expenditures in administering the program and any recommendations, is delivered each November 1 to the Joint Budget Committee, the Senate Health and Human Services Committee, and the House Health and Human Services Committee of the Colorado General Assembly.

The Senior Dental Program provides grants throughout the state to Area Agencies on Aging, public health agencies, community health centers, private dental practices, and other community-based organizations. In Fiscal Year (FY) 2024-25, total payments equaled \$3,973,964, consisting of the program's general fund allocation of \$3,962,510 and \$11,454 in recovered funds. Grant funds were distributed as follows:

Provider Types	Amount Awarded	Percent of Total Funds
Area Agency on Aging	\$9,608	<1%
Community-Based Organizations/Foundations	\$833,102	21%
Federally Qualified Health Centers/Safety Net Clinics	\$2,079,295	52%
Health Districts/Local Public Health Agencies	\$205,635	5%
Private Dentists	\$521,323	13%
University of Colorado School of Dental Medicine	\$325,000	8%
Total	\$3,973,964	100%

*Note that due to rounding, totals may appear to be off by \$1.

In the face of ongoing challenges including staffing shortages, high demand for services among eligible aging adults, administrative burdens related to Medicare

Advantage Plans billing, grant tracking, limited funding especially for complex procedures, the Senior Dental Program maintained statewide operations and served 36 more individuals than last fiscal year. In FY 2024-25, 25 grantees served 4,657 Colorado aging adults, an increase of 36 individuals from 4,621 served in FY 2023-24.



Introduction

In 2014, the General Assembly created the Colorado Dental Health Care Program for Low-Income Seniors (Senior Dental Program) through Senate Bill (SB)14-180 to promote the health and welfare of low-income seniors. The legislation consolidated services provided by the Colorado Department of Public Health & Environment (CDPHE) through the Colorado Dental Care Act of 1977 with other dental services for low-income seniors. It also gave the Department of Health Care Policy & Financing (HCPF) the authority to administer the new Senior Dental Program, which resides in Section 25.5-4-402, C.R.S., and provides low-income seniors access to patient-centered dental care. The following segment of the SB 14-180 legislative declaration illustrates the program's purpose:

(b) By relocating and reorganizing the “Colorado Dental Care Act of 1977”, which provided dental services to certain eligible seniors, the state department can align those dental health care services with adult dental benefits provided through other dental health care programs for seniors and thereby target the resources effectively to low-income seniors who may not qualify for those programs.

Senior Dental Program Administration

A. Program Overview

During Fiscal Year (FY) 2014-15, CDPHE and HCPF transitioned the Colorado Dental Care Act of 1977 to the Senior Dental Program at HCPF. This transition consisted of defining grant criteria, establishing program rules, and awarding grant monies to qualified grantees. Grants for the Senior Dental Program were issued by HCPF on July 1, 2015, and qualified aging adults started receiving dental services on that date. The Senior Dental Program rules were first established on Jan. 9, 2015, and are located at 10 CCR 2505-10, Section 8.960 and on HCPF's website at hcpf.colorado.gov/colorado-dental-health-care-program-low-income-seniors-0.

B. Stakeholder Collaboration

Senior Dental Advisory Committee

Through enabling legislation, the General Assembly recognized the importance of continuing stakeholder participation in the Senior Dental Program and established the Senior Dental Advisory Committee (DAC). The DAC is comprised of 11 members appointed by HCPF's executive director and consists of the following:

1. One member representing HCPF;
2. One dentist in private practice providing dental care to the senior population who represents a statewide organization of dentists;
3. One dental hygienist providing dental care to seniors;

4. One representative of either an agency that coordinates services for low-income seniors or the office in the Department of Human Services responsible for overseeing services to aging adults;
5. One representative of an organization of Colorado community health centers, as defined in the federal “Public Health Service Act”, 42 U.S.C. sec. 254b;
6. One representative of an organization of safety-net health providers that are not community health centers;
7. One representative of the University of Colorado, School of Dental Medicine;
8. Two consumer advocates;
9. One senior who is eligible for services under the program; and
10. One representative of a foundation with experience in making dental care grants.

The DAC not only serves as a forum where HCPF and the stakeholder community can discuss the Senior Dental Program, but it also makes recommendations to the Medical Services Board concerning the program’s rules.

In FY 2023-24, the DAC recommended three new procedures be added to the program’s fee schedule. These codes went into effect July 1, 2024 for the 2024-25 program year.

- D7285 - Incisional biopsy of oral tissue - hard (bone, tooth)
- D7410 - Excision of benign Lesion up to 1.25 cm
- D7460 - Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25cm

In FY 2024-25, the DAC recommended ten new procedures be added to the program’s fee schedule. These codes went into effect July 1, 2025 for the 2025-26 program year.

- D2940 - Placement of Interim Direct Restoration
- D2991 - Application of Hydroxyapatite Regeneration Medicament - per tooth
- D3346 - Retreatment of Previous Root Canal Therapy - Anterior
- D3347 - Retreatment of Previous Root Canal Therapy - Premolar
- D3348 - Retreatment of Previous Root Canal Therapy - Molar
- D5410 - Adjust Complete Denture - maxillary
- D5411 - Adjust Complete Denture - mandibular
- D5421 - Adjust Partial Denture - maxillary
- D5422 - Adjust Partial Denture - mandibular
- D9223 - Deep sedation/general anesthesia - first 15 minutes

Senior Dental Program Communication

HCPF publishes a quarterly newsletter that provides Senior Dental Program grantees and stakeholders with updates on program policies and other HCPF news. HCPF also creates fact sheets to provide potential patients of the Senior Dental Program with program eligibility guidelines. The quarterly newsletter and fact sheets are also

published on HCPF's website at hcpf.colorado.gov/colorado-dental-health-care-program-low-income-seniors-0.

C. Grantees

Grant Requirements

Grantees are required to submit a “Request for Grant Proposals” application every four years. Preference is given to grant proposals that clearly demonstrate the applicant’s ability to outreach and identify the eligible older adult populations and to collaborate with community-based organizations. Preference is also given to grant proposals that demonstrate the ability to serve a greater number of the eligible older population, or that could serve the eligible older population in rural or underserved areas. Each year in between, grantees submit a Letter of Intent indicating they wish to continue participation in the program and to update all information such as contact information, addresses, and treating providers, etc.

The Senior Dental Program allows participation from any interested provider that can provide or arrange for the provision of comprehensive dental and oral care services and may include, but is not limited to:

- An Area Agency on Aging (AAA), as defined in Section 26-11-203, C.R.S.;
- A community-based organization (CBO) or foundation;
- A Federally Qualified Health Center (FQHC), safety-net clinic (SNC), or health district;
- A local public health agency;
- A private dental practice;
- University of Colorado, School of Dental Medicine (UCSDM).

D. Aging Adult Population Served

Eligibility Requirements

Qualified grantees administer enrollment into the Senior Dental Program using eligibility requirements developed by HCPF and using recommendations from the DAC. During the 2021 Legislative Session, Senate Bill 21-199 removed the lawful presence criteria for all state programs, effective July 1, 2022. Patients must meet the following eligibility criteria for the Senior Dental Program:

- Age 60 or over;
- Not eligible for services under any other dental health care program, such as Health First Colorado or the Old Age Pension Health and Medical Care Program;
- Not have a dental supplemental if enrolled in a Medicare Advantage Plan;
- Not enrolled in private dental insurance; and
- At or below 250% of the current federal poverty guidelines.

Grantee Participation

A total of 25 qualified grantees participated in the Senior Dental Program in FY 2024-25. Some grantees have multiple sites and a list of all these current Senior Dental Program grantees sites can be found on HCPF's website at <https://hcpf.colorado.gov/grantee-appointment-information-county>.

E. Program Administration

The enabling legislation designed the Senior Dental Program to be administered at the local level by allowing up to 7% of each grantee's funds to be used for their administrative costs. It is the responsibility of each grantee to determine an older adult's eligibility for services, including age, income, and lack of dental coverage. The 7% administrative cost allowance helps cover the grantees' costs of performing these activities.

HCPF was appropriated one regular full-time equivalent (FTE) position for the administration of the Senior Dental Program. For FY 2024-25, HCPF administrative expenditures were \$82,575, approximately 2.1% of total program funds.

Current statute requires HCPF to reimburse grantees on a per procedure basis, with grantee payments and program participant co-pays set at the procedure level. To meet the requirements and administer the program efficiently, HCPF modeled its invoice on the American Dental Association (ADA) Dental Claim Form. HCPF receives and authorizes payments for invoices monthly.

To ensure program funds are spent as intended, HCPF performs desk audits on randomly selected files to identify and prevent double billing, confirm each older adult's eligibility for the Senior Dental Program, verify that Medicare was billed prior to billing the program, and ensure the older adult was not charged more than the maximum co-pay.

HB 19-1326 directed HCPF to evaluate the operation and effectiveness of the program, and make recommendations about the most effective ways to administer the program. Currently, the Senior Dental Program has no prior authorization process, meaning program participants could receive time-limited or duplicate services from multiple grantees, which could result in grantees returning funds following a further review. A database to assist with claims, including patient, provider, and procedure information, would provide grantees with information about duplicative services. The administration of this program would be more effective with the use of modern claims and management tools. HCPF will modernize the program's claims processing and benefit management as possible within available resources and as additional resources become available.

F. Reporting Requirements

To meet its fiduciary responsibility, HCPF requires grantees that participate in the Senior Dental Program to submit monthly invoices to the Senior Dental Grant Program Administrator before payment is received. The invoice includes:

- Patient's name;
- Gender;
- Date of birth;
- Patient's zip code;
- Whether the older adult is enrolled in a Medicare Advantage Plan;
- Date dental services received;
- Treating provider;
- Treating provider's zip code;
- Procedure code;
- Tooth number(s);
- Tooth surface(s);
- Quadrant(s);
- Patient co-pay amount;
- Amount charged to program if less than the maximum program fee; and
- Administration cost, not to exceed 7%.

Senior Dental Program Compliance Audit

In accordance with the Senior Dental Program agreement, HCPF may request random audits at any time and can be requested up to four (4) times per year. The grantee is notified of the patient files to be audited and has thirty (30) calendar days to submit the requested files.

Grantee files are assessed to ensure they meet the following criteria:

- Documentation of patient eligibility, including income, proof of age, and if the patient is part of a Medicare Advantage Plan;
- Documentation that the dental services provided match the grantee billing records;
- Documentation that Medicare Advantage Plans were billed prior to the Senior Dental Program being billed; and
- Documentation that the patient was not charged more than the maximum program co-pay.

If found to be out of compliance, the grantee receives a review summary which indicates what compliance issues were found along with a Corrective Action Plan (CAP) form. The grantee is required to fill out the CAP form indicating what internal controls will be implemented to ensure the compliance issues are resolved. Failure to submit requested audit files or CAPs to HCPF by the deadline date may result in HCPF terminating the grantee's agreement. If the patient is shown not to qualify for the

program, the grantee must pay back the amount billed to HCPF. In the future, HCPF may conduct on-site audits to ensure all files are complete and accurate.

Reimbursement

In the FY 2024-25 Long Bill (HB 24-1430), the Colorado General Assembly appropriated \$3,962,510 to HCPF for the Senior Dental Program. When funds are recovered from current grantees due to audit findings, those funds are also available to support the provision of dental services under the Senior Dental Program, up to \$27,147 in a fiscal year. In FY 2024-25, recovered funds totaled \$11,454.43, the sum of which was allocated at the end of the fiscal year to other grantees who had exhausted their funding in order to cover eligible services for aging adults that would otherwise not have been able to be paid by the program.

Grantee Annual Reporting

Grantees of the Senior Dental Program demonstrated strong performance in FY 2024-25 by using detailed tracking systems, cross-department communication, and multi-level staff involvement to ensure accurate data, compliance, and effective use of funds. They reached aging adults through outreach efforts like in-person meetings, flyers, social media, and community events while offering multilingual, easy-to-understand materials, and direct assistance with eligibility and applications. Grantees improved workflows to adapt to various challenges, such as staffing shortages and administrative burden with Medicare Advantage Plans and grant reporting. This also included enhancing financial transparency, both internally with better tracking tools and for aging adults by ensuring all costs were clearly explained, expanding provider networks, and streamlining billing.

While most grantees avoided formal waitlists, some faced delays due to funding gaps and dental provider shortages. The limitations of services and lower reimbursement from Medicare Advantage Plans also added strain which required more staff support to explain benefits to patients and training for staff on how to identify benefits. Nonetheless, many grantees remained optimistic, crediting improved systems, staff training, and patient communication for sustained service delivery. They maintained Health Insurance Affordability and Accountability Act (HIPAA) compliance through strict policies and regular training while providing personalized guidance to aging adults, ensuring they understood program benefits and felt confident in accessing dental care.

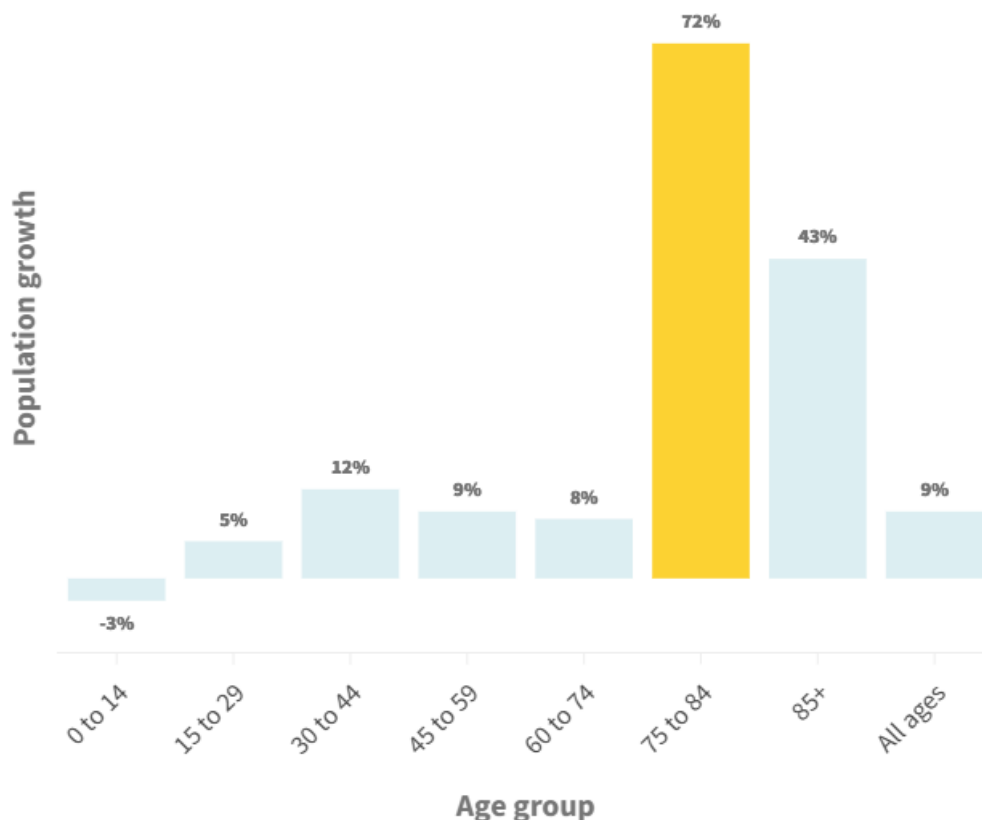
Additional analysis of and charts summarizing the grantees' annual reporting can be found in [Appendix B. Grantee Annual Reporting](#).

Conclusion

Aging adults in counties throughout the state face numerous obstacles, including the cost of living, transportation, and health care. These adults worry about not getting the dental care they require and having few resources. Aging individuals who delay seeking care for their dental issues and routine oral hygiene check-ups may experience health issues that require them to visit the emergency room. Data indicates that the proportion of Colorado residents between the ages of 75 and 84 is expected to rise at the fastest rate of any age group this decade, and ensuring that these adults have access to the care they need will be essential..

Percentage change by age group, 2020-2030

The percentage of Coloradans age 75-84 is projected to increase the most of any age group this decade.



Source: Colorado Department of Human Resources

The Senior Dental Program plays an important role in preserving access to dental care for aging adults, particularly in rural and other underserved areas, where these individuals face barriers like high living costs, transportation challenges, and limited healthcare access. Many aging adults worry about not getting the dental care they

need, and delaying treatment can lead to serious health issues and costly emergency room visits. With the aging adult population growing rapidly, especially those aged 75 to 84, these challenges will only worsen.

As the need for care grows, responsibly using our resources, including helping patients and providers to fully utilize other funding streams like Medicare Advantage Plans, is essential to meet the dental needs of Colorado’s aging population and help prevent costly health problems in the future.



Appendix A. Senior Dental Program Data

During FY 2024-25, 4,657 unduplicated Colorado aging adults received services through the Senior Dental Program.

Figure 1. Total Unduplicated Aging Adults Count by Grantee Type

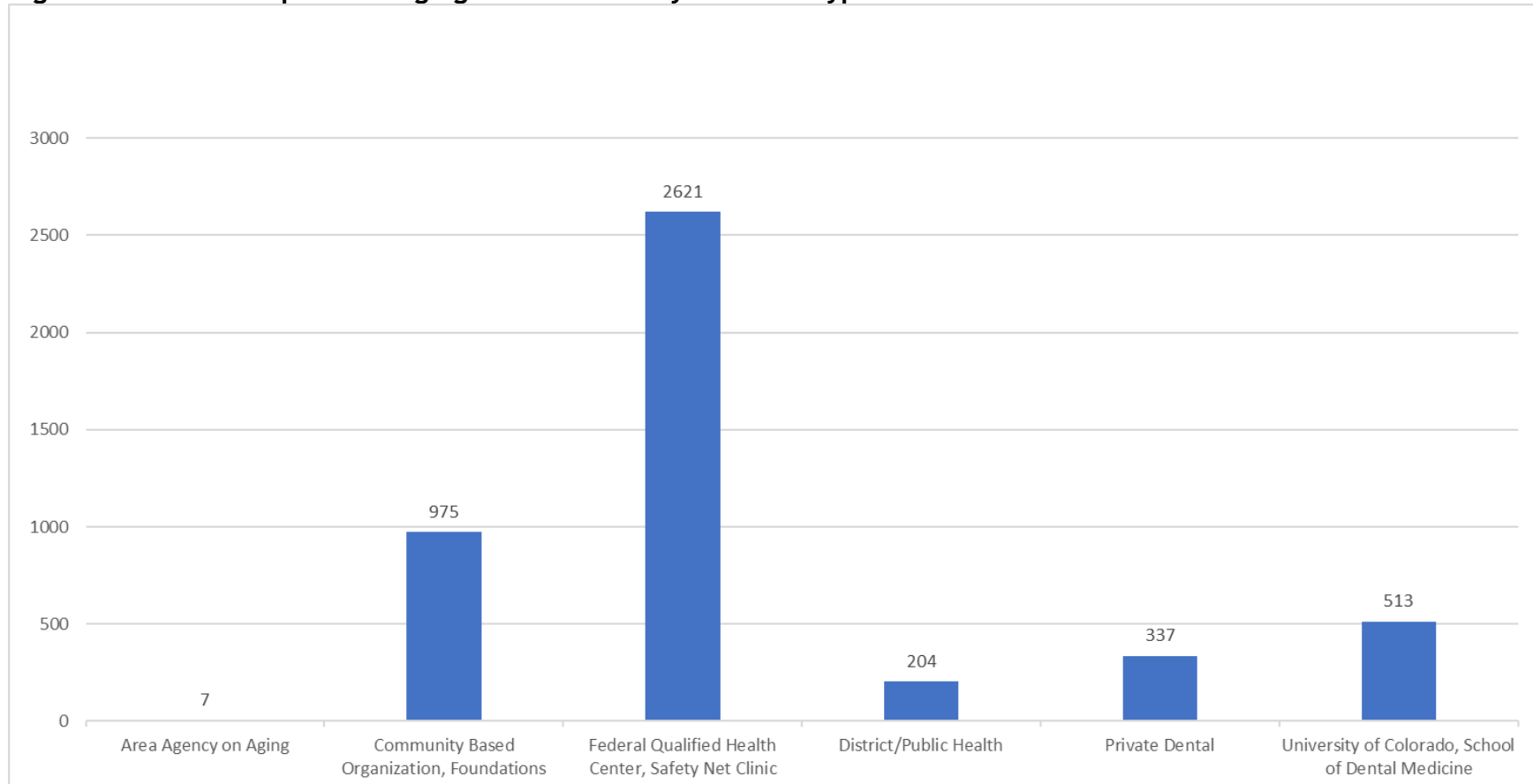


Figure 2. Total Unduplicated Count from FY 2020-21 through FY 2024-25

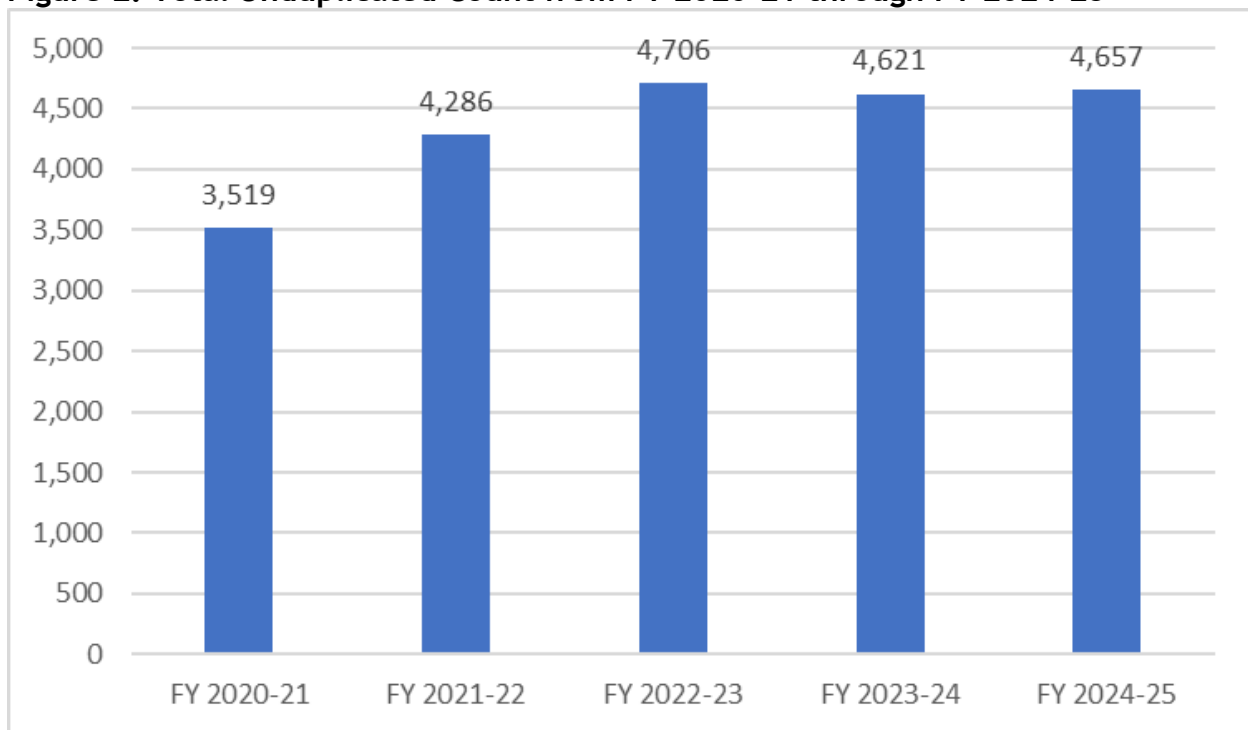


Table 1. FY 2024-25 Total Unduplicated Aging Adult Count by County

County	Aging Adults	County	Aging Adults	County	Aging Adults	County	Aging Adults
Adams	653	Denver	565	Kit Carson	36	Phillips	1
Alamosa	47	Dolores	0	La Plata	12	Pitkin	0
Arapahoe	142	Douglas	6	Lake	49	Prowers	3
Archuleta	3	Eagle	2	Larimer	432	Pueblo	668
Baca	4	El Paso	538	Las Animas	18	Rio Blanco	0
Bent	3	Elbert	0	Lincoln	15	Rio Grande	41
Boulder	59	Fremont	39	Logan	43	Routt	51
Broomfield	1	Garfield	1	Mesa	86	Saguache	3
Chaffee	41	Gilpin	0	Mineral	2	San Juan	0
Cheyenne	0	Grand	0	Moffat	71	San Miguel	72
Clear Creek	0	Gunnison	10	Montezuma	5	Sedgwick	0
Conejos	24	Hinsdale	0	Montrose	185	Summit	93

County	Aging Adults	County	Aging Adults	County	Aging Adults	County	Aging Adults
Costilla	12	Huerfano	4	Morgan	12	Teller	25
Crowley	2	Jackson	0	Otero	10	Washington	4
Custer	1	Jefferson	293	Ouray	0	Weld	171
Delta	185	Kiowa	5	Park	62	Yuma	0
						Total	4,810

Note that total unduplicated aging adult count by county may be higher than the overall unduplicated aging adult count because some patients may reside in two different counties during the fiscal year.

Table 2. FY 2024-25 Senior Dental Program Grantee Sites by County

County	AAA	CBO	FQHC/SNC	Dist/Pub Health	Private Dentist	UCSDM	Total
Adams	0	4	4	0	0	1	9
Alamosa	0	0	1	0	0	0	1
Arapahoe	0	4	4	0	3	0	11
Archuleta	0	0	0	0	0	0	0
Baca	0	0	0	0	0	0	0
Bent	0	0	1	0	0	0	1
Boulder	0	1	1	0	1	0	3
Broomfield	0	1	0	0	0	0	1
Chaffee	0	0	1	0	0	0	1
Cheyenne	0	0	0	0	0	0	0
Clear Creek	0	0	0	0	0	0	0
Conejos	0	0	1	0	0	0	1
Costilla	0	0	1	0	0	0	1
Crowley	0	0	0	0	0	0	0
Custer	0	0	0	0	0	0	0
Delta	0	0	1	0	0	0	1
Denver	0	10	1	0	2	0	13
Dolores	0	0	0	0	0	0	0

County	AAA	CBO	FQHC/SNC	Dist/Pub Health	Private Dentist	UCSDM	Total
Douglas	0	3	0	0	0	0	3
Eagle	0	1	0	0	0	0	1
El Paso	0	1	5	0	0	0	6
Elbert	0	0	0	0	0	0	0
Fremont	0	0	1	0	0	0	1
Garfield	0	0	1	0	0	0	1
Gilpin	0	0	0	0	0	0	0
Grand	0	0	0	0	0	0	0
Gunnison	0	0	0	1	0	0	1
Hinsdale	0	0	0	0	0	0	0
Huerfano	0	0	0	0	0	0	0
Jackson	0	0	0	0	0	0	0
Jefferson	0	12	2	0	4	0	18
Kiowa	0	0	0	0	0	0	0
Kit Carson	0	0	1	2	0	0	3
La Plata	0	1	0	0	0	0	1
Lake	0	0	1	0	0	0	1
Larimer	0	1	5	4	0	0	10
Las Animas	0	0	1	0	0	0	1
Lincoln	0	0	1	0	0	0	1
Logan	1	0	1	0	0	0	2
Mesa	0	2	3	0	0	0	5
Mineral	0	0	0	0	0	0	0
Moffat	0	0	1	0	0	0	1
Montezuma	0	1	0	0	0	0	1
Montrose	0	1	3	0	0	0	4
Morgan	1	0	1	0	0	0	2
Otero	0	1	1	0	0	0	2
Ouray	0	0	0	0	0	0	0

County	AAA	CBO	FQHC/SNC	Dist/Pub Health	Private Dentist	UCSDM	Total
Park	0	0	1	0	0	0	1
Phillips	1	0	0	0	0	0	1
Pitkin	0	0	0	0	0	0	0
Prowers	0	0	0	0	0	0	0
Pueblo	0	3	5	0	0	0	8
Rio Blanco	0	0	0	0	0	0	0
Rio Grande	0	0	2	0	0	0	2
Routt	0	0	2	0	0	0	2
Saguache	0	0	0	0	0	0	0
San Juan	0	0	0	0	0	0	0
San Miguel	0	0	1	0	0	0	1
Sedgwick	0	0	0	0	0	0	0
Summit	0	0	1	0	0	0	1
Teller	0	0	1	0	0	0	1
Washington	1	0	0	0	0	0	1
Weld	0	0	5	0	0	0	5
Yuma	0	0	0	0	0	0	0
Totals	4	47	62	7	10	1	131

Table 3. FY 2024-25 Senior Dental Program Qualified Grantees

Senior Dental Program Grantees	Grantee Type	City
Benefits in Action	CBO/Foundation	Lakewood
Colorado Coalition for the Homeless	FQHC/Safety Net	Denver
Colorado Gerontological Society	CBO/Foundation	Denver
Comfort Dental Colorado and Yale	Private Dentist	Denver
Community Dental Health NPO	CBO/Foundation	Colorado Springs
Cozy Dental	Private Dentist	Aurora
Elevated Community Health	FQHC/Safety Net	Frisco
Freiberg Family Dentistry	Private Dentist	Lakewood
Gunnison County Department of Health and Human Services	Dist/Pub Health	Gunnison
Health District of Northern Larimer County	Dist/Pub Health	Fort Collins
Inner City Health Center	FQHC/Safety Net	Denver
Kit Carson County Health and Human Services	Dist/Pub Health	Burlington
MarillacHealth	FQHC/Safety Net	Grand Junction
Metro Community Provider Network	FQHC/Safety Net	Wheat Ridge
Northeast Colorado Area Agency on Aging	AAA	Fort Morgan
Northwest Colorado Health	FQHC/Safety Net	Steamboat Springs
Peak Vista Community Health Centers	FQHC/Safety Net	Colorado Springs
Pueblo Community Health Center	FQHC/Safety Net	Pueblo
Red Rocks Family Dentistry	Private Dentist	Littleton
River Valley Family Health Centers	FQHC/Safety Net	Olathe
Salud Family Health Centers	FQHC/Safety Net	Fort Lupton
Sunrise Community Health	FQHC/Safety Net	Evans
Uncompahgre Medical Center	FQHC/Safety Net	Norwood
University of Colorado, School of Dental Medicine	Dental School	Aurora
Valley-Wide Health Systems, Inc.	FQHC/Safety Net	Alamosa

Table 4. FY 2024-25 Senior Dental Program Payments

Provider Types	Dental Procedures	7% Administration	Total
AAA	\$8,979	\$629	\$9,608
CBO or Foundation	\$779,438	\$53,665	\$833,102
FQHC or SNC	\$1,943,267	\$136,029	\$2,079,295
Local public health agency or health district	\$192,183	\$13,453	\$205,635
Private dentist	\$515,887	\$5,437	\$521,323
University of Colorado, School of Dental Medicine	\$325,000	\$0	\$325,000
Total	\$3,764,753	\$209,212	\$3,973,964

Table 5. Senior Dental Program Grantee Payment Detail for FY 2024-25

Grantee	Grant Amount	Payment for Procedure	Admin. Payment (limited to 7%)	Total Program Payment	Co-Pay	Total Paid
Benefits in Action	\$1,792	\$1,675	\$117	\$1,792	\$0	\$1,792
Colorado Coalition for the Homeless	\$166,944	\$156,022	\$10,922	\$166,944	\$0	\$166,944
Colorado Gerontological Society	\$303,810	\$283,940	\$19,870	\$303,810	\$75	\$303,885
Comfort Dental Colorado and Yale	\$248,846	\$248,846	\$0	\$248,846	\$0	\$248,846
Community Dental Health NPO	\$527,500	\$493,822	\$33,678	\$527,500	\$25,716	\$553,216
Cozy Dental	\$35,000	\$32,710	\$2,290	\$35,000	\$0	\$35,000

Grantee	Grant Amount	Payment for Procedure	Admin. Payment (limited to 7%)	Total Program Payment	Co-Pay	Total Paid
Elevated Community Health	\$124,951	\$116,776	\$8,174	\$124,951	\$5,030	\$129,981
Freison Family Dentistry	\$57,477	\$54,330	\$3,147	\$57,477	\$5,840	\$63,317
Gunnison County Department of Health & Human Services	\$154	\$144	\$10	\$154	\$0	\$154
Health District of Northern Larimer County	\$174,537	\$163,119	\$11,418	\$174,537	\$0	\$174,537
Inner City Health Center	\$158,861	\$148,468	\$10,393	\$158,861	\$5,955	\$164,816
Kit Carson County Department of Public Health & Environment	\$30,944	\$28,920	\$2,024	\$30,944	\$7,970	\$38,914
MarillacHealth	\$158,923	\$148,526	\$10,397	\$158,923	\$1,415	\$160,338
Metro Community Provider Network	\$118,901	\$111,122	\$7,779	\$118,901	\$120	\$119,021
Northeastern Colorado Area Agency of Aging	\$9,608	\$8,979	\$629	\$9,608	\$620	\$10,228
Northwest Colorado Health	\$95,402	\$89,161	\$6,241	\$95,402	\$3,630	\$99,032
Peak Vista Community Health Centers	\$175,989	\$164,476	\$11,513	\$175,989	\$3,480	\$179,469
Pueblo Community Health Center	\$126,559	\$118,279	\$8,280	\$126,559	\$8,735	\$135,294

Grantee	Grant Amount	Payment for Procedure	Admin. Payment (limited to 7%)	Total Program Payment	Co-Pay	Total Paid
Red Rocks Family Dentistry	\$180,000	\$180,000	\$0	\$180,000	\$10,260	\$190,260
River Valley Family Health Center	\$174,661	\$163,234	\$11,426	\$174,661	\$0	\$174,661
Salud Family Health Centers	\$323,492	\$302,329	\$21,163	\$323,492	\$0	\$323,492
Sunrise Community Health	\$204,258	\$190,896	\$13,363	\$204,258	\$14,570	\$218,828
Uncompahgre Medical Center	\$15,946	\$14,902	\$1,043	\$15,946	\$0	\$15,946
University of Colorado, School of Dental Medicine	\$325,000	\$325,000	\$0	\$325,000	\$0	\$325,000
Valley-Wide Health Systems, Inc.	\$234,410	\$219,075	\$15,335	\$234,410	\$14,835	\$249,245
Total	\$3,973,964	\$3,764,753	\$209,212	\$3,973,964	\$108,251	\$4,082,215

*Note that due to rounding, totals may appear to be off by \$1.

Figure 3. Total Co-Pays Received for FY 2024-25

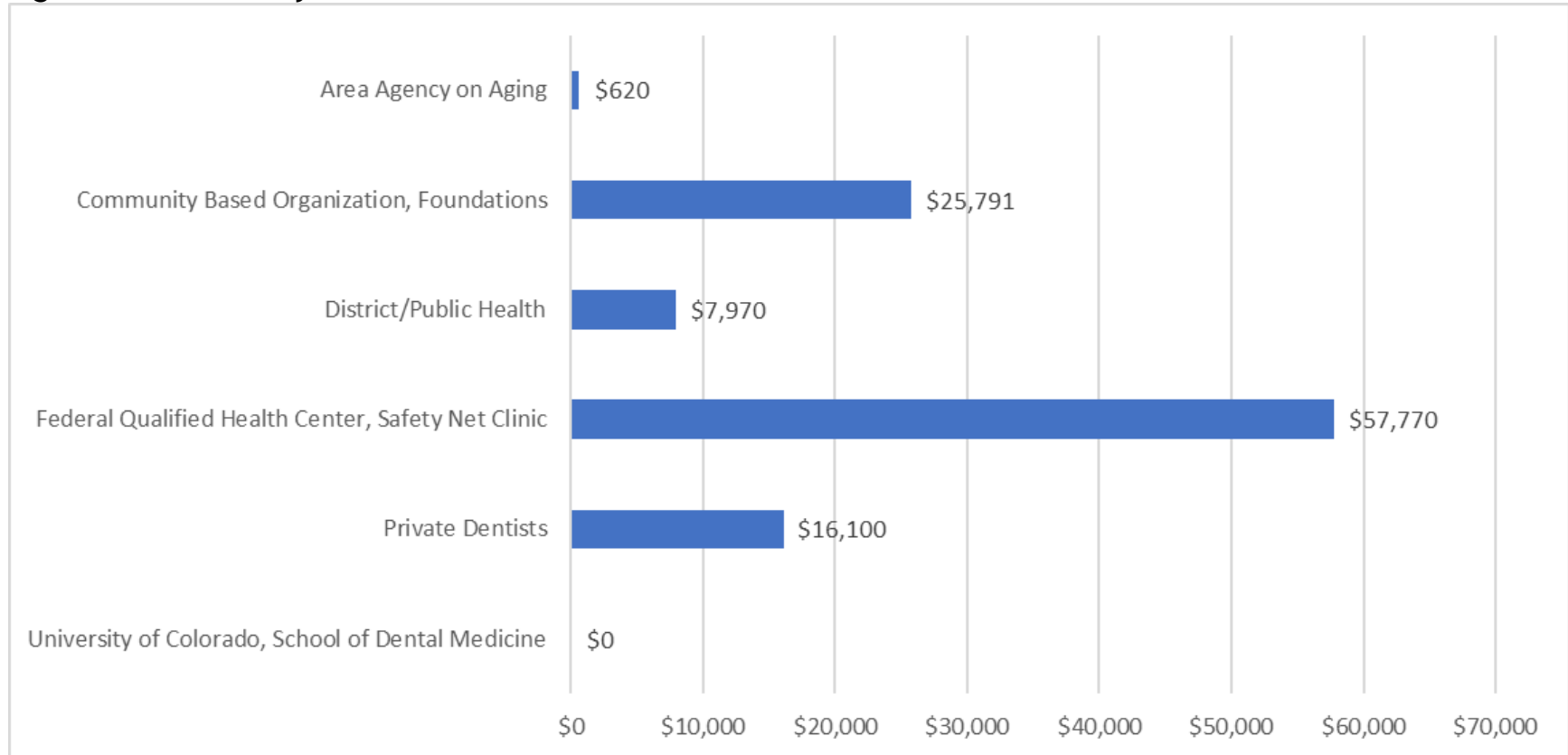


Table 6. Procedures Performed by Grantee Type for FY 2024-25

Grantees	Emerg Gen Srvs	Diagnostic	Endodontic	Periodontic	Preventative	Oral & Maxillofacial Surgery	Prosthodontic	Restorative	Total
AAA	0	9	0	0	0	13	9	2	33
CBO or foundation	31	2536	53	646	1482	869	409	1101	7,127
FQHC or SNC	50	4576	44	1301	1613	1609	766	2170	12,129
Local public health agency or health district	2	428	0	238	160	148	80	233	1,289
Private dentist	5	836	38	305	344	273	170	733	2,704
U of C, School of Dental Medicine	42	384	7	517	267	651	139	508	2,515
Total	130	8,769	142	3,007	3,866	3,563	1,573	4,747	25,797

Table 7. Procedures Performed by Grantees in FY 2024-25

Grantee	Emerg Gen Srvs	Diagnostic	Endodontic	Periodontic	Preventative	Oral & Maxillofacial Surgery	Prosthodontic	Restorative	Total
Benefits in Action	0	6	0	0	3	1	1	0	11
Colorado Coalition for the Homeless	0	485	5	215	89	101	70	210	1,175
Colorado Gerontological Society	27	135	13	311	98	28	127	364	1,103
Comfort Dental Colorado and Yale	2	224	23	166	75	79	65	352	986
Community Dental Health NPO	4	2,038	37	461	364	1,317	220	622	5,063
Cozy Dental	0	84	4	1	19	28	4	44	184
Elevated Community Health	0	291	2	79	79	118	22	130	721
Freison Family Dentistry	2	95	3	26	56	50	17	69	318
Gunnison County	0	0	0	0	1	1	0	0	2

Grantee	Emerg Gen Srvs	Diagnostic	Endodontic	Periodontic	Preventative	Oral & Maxillofacial Surgery	Prosthodontic	Restorative	Total
Health District of Northern Larimer County	2	362	0	137	219	107	69	180	1,076
Inner City Health	0	357	3	97	181	126	61	125	950
Kit Carson County Department of Public Health & Environment	0	66	0	11	18	52	11	53	211
MarillacHealth	0	331	7	133	94	269	46	283	1,163
Metro Community Provider Network	0	438	4	116	106	45	31	133	873
Northeastern Colorado Area Agency on Aging	0	9	0	13	0	0	9	2	33
Northwest Colorado Health	0	178	1	82	60	45	34	93	493
Peak Vista Community Health Centers	0	58	4	86	173	91	89	162	663
Pueblo Community Health Center	42	315	2	133	83	54	96	67	792

Grantee	Emerg Gen Srvs	Diagnostic	Endodontic	Periodontic	Preventative	Oral & Maxillofacial Surgery	Prosthodontic	Restorative	Total
Red Rocks Family Dentistry	1	433	8	80	155	187	84	268	1,216
River Valley Family Health Centers	6	438	3	173	89	167	65	147	1,088
Salud Family Health Centers	0	1,239	6	185	284	543	107	397	2,761
Sunrise Community Health	1	538	0	228	116	76	108	274	1,341
Uncompahgre Combined Clinics	0	48	0	0	43	55	0	0	146
University of Colorado, School of Dental Medicine	42	384	7	651	517	267	139	508	2,515
Valley-Wide Health Systems, Inc.	1	217	10	179	85	49	98	274	913
Total	130	8,769	142	3,563	3,007	3,856	1,573	4,757	25,797

Table 8. Dental Visits by County by Grantee Type for FY 2024-25

County	AAA	CBO, Foundations	FQHC, SNC	District/Public Health	Private Dentist	U of C, School of Dental Medicine	Total
Adams	0	120	957	0	0	2,496	3,573
Alamosa	0	6	169	0	0	0	175
Arapahoe	0	191	543	0	184	0	918
Archuleta	0	3	0	0	0	0	3
Baca	0	4	0	0	0	0	4
Bent	0	2	1	0	0	0	3
Boulder	0	19	329	0	40	0	388
Broomfield	0	2	0	0	0	0	2
Chaffee	0	8	204	0	0	0	212
Cheyenne	0	0	0	0	0	0	0
Clear Creek	0	0	0	0	0	0	0
Conejos	0	6	91	0	0	0	97
Costilla	0	8	8	0	0	0	16
Crowley	0	3	0	0	0	0	3
Custer	0	2	0	0	0	0	2
Delta	0	0	676	0	0	0	676
Denver	0	1,173	1169	0	913	0	3,255
Dolores	0	0	0	0	0	0	0
Douglas	0	67	0	0	0	0	67
Eagle	0	23	0	0	0	0	23
El Paso	0	1,675	386	0	0	0	2,061
Elbert	0	0	0	0	0	0	0
Fremont	0	10	205	0	0	0	215

County	AAA	CBO, Foundations	FQHC, SNC	District/Public Health	Private Dentist	U of C, School of Dental Medicine	Total
Garfield	0	0	2	0	0	0	2
Gilpin	0	0	0	0	0	0	0
Grand	0	0	0	0	0	0	0
Gunnison	0	13	0	1	0	0	14
Hinsdale	0	0	0	0	0	0	0
Huerfano	0	4	0	0	0	0	4
Jackson	0	0	0	0	0	0	0
Jefferson	0	346	329	0	1,523	0	2,198
Kiowa	0	5	0	0	0	0	5
Kit Carson	0	0	11	209	0	0	220
La Plata	0	30	0	0	0	0	30
Lake	0	2	185	0	0	0	187
Larimer	0	25	1,277	1,073	0	0	2,375
Las Animas	0	10	75	0	0	0	85
Lincoln	0	0	38	0	0	0	38
Logan	4	0	385	0	0	0	389
Mesa	0	9	594	0	0	0	603
Mineral	0	2	0	0	0	0	2
Moffat	0	0	267	0	0	0	267
Montezuma	0	14	0	0	0	0	14
Montrose	0	12	910	0	0	0	922
Morgan	9	0	92	0	0	0	101
Otero	0	5	31	0	0	0	36
Ouray	0	0	0	0	0	0	0

County	AAA	CBO, Foundations	FQHC, SNC	District/Public Health	Private Dentist	U of C, School of Dental Medicine	Total
Park	0	0	203	0	0	0	203
Phillips	11	0	0	0	0	0	11
Pitkin	0	0	0	0	0	0	0
Prowers	0	4	0	0	0	0	4
Pueblo	0	2,956	780	0	0	0	3,736
Rio Blanco	0	0	0	0	0	0	0
Rio Grande	0	5	192	0	0	0	197
Routt	0	0	219	0	0	0	219
Saguache	0	3	0	0	0	0	3
San Juan	0	0	0	0	0	0	0
San Miguel	0	1	146	0	0	0	147
Sedgwick	0	0	0	0	0	0	0
Summit	0	0	322	0	0	0	322
Teller	0	0	77	0	0	0	77
Washington	9	0	0	0	0	0	9
Weld	0	0	984	0	0	0	984
Yuma	0	0	0	0	0	0	0
Totals	33	6,768	11,857	1,283	2,660	2,496	25,097

Table 9. Older Population Enrolled in the Program by County for FY 2024-25

County	Aging Adults	County	Aging Adults	County	Aging Adults	County	Aging Adults
Adams	320	Denver	499	Kit Carson	36	Phillips	8
Alamosa	27	Dolores	0	La Plata	3	Pitkin	1
Arapahoe	367	Douglas	75	Lake	44	Prowers	4
Archuleta	2	Eagle	6	Larimer	411	Pueblo	527
Baca	1	El Paso	583	Las Animas	18	Rio Blanco	5
Bent	11	Elbert	5	Lincoln	9	Rio Grande	36
Boulder	72	Fremont	52	Logan	33	Routt	68
Broomfield	4	Garfield	6	Mesa	78	Saguache	11
Chaffee	38	Gilpin	4	Mineral	0	San Juan	0
Cheyenne	1	Grand	8	Moffat	37	San Miguel	50
Clear Creek	6	Gunnison	7	Montezuma	2	Sedgwick	1
Conejos	14	Hinsdale	0	Montrose	228	Summit	91
Costilla	14	Huerfano	18	Morgan	16	Teller	42
Crowley	15	Jackson	1	Otero	66	Washington	6
Custer	6	Jefferson	292	Ouray	7	Weld	205
Delta	140	Kiowa	0	Park	29	Yuma	3
						Total	4,669

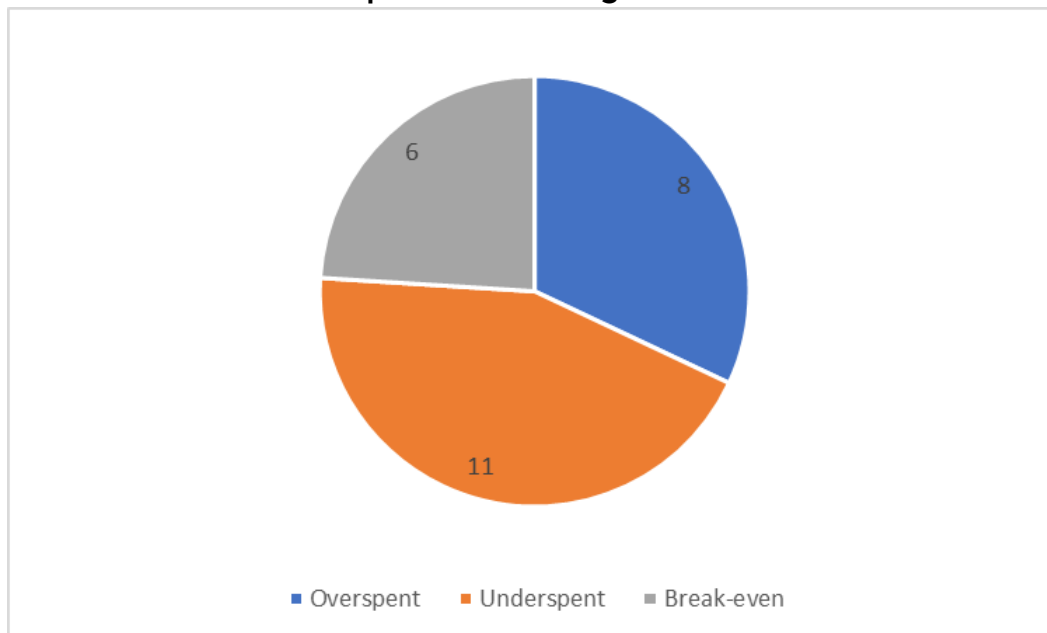
Appendix B. Grantee Annual Reporting

Senior Dental Program grantees are required to submit an annual report by September 1 each year that includes patient data, internal accomplishments and challenges, reasons why grant funds were over or under spent, and any other questions HCPF deems necessary to provide key information or data about the program.

In FY 2024-25, grantees managed the Senior Dental Program using detailed tracking systems like SharePoint, spreadsheets, and dental software to monitor patient data, services, and spending. They performed regular audits, cross-checked records, and involved multiple staff levels to ensure accuracy, compliance, and proper use of grant funds. Monthly reviews and communication between their internal departments helped resolve issues, reallocate funds, and maintain transparency.

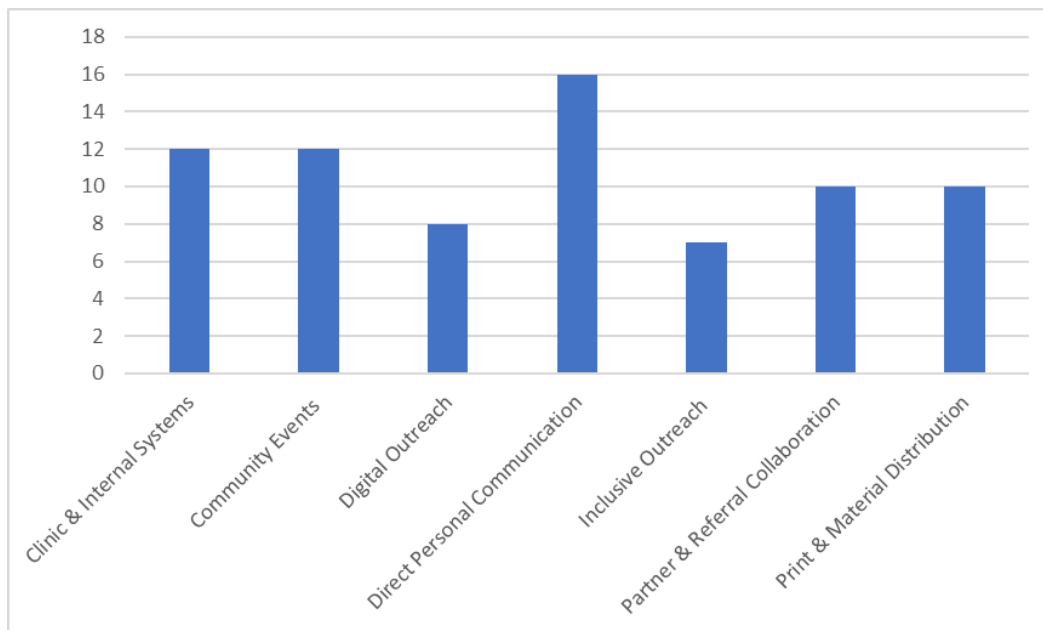
A few grantees managed to spend their allocated funds almost exactly, demonstrating careful financial oversight, while others returned unused funds or sought additional support. Grantees who overspent their allocated funds cited high patient demand, complex and costly procedures, and issues like unpredictable Medicare Advantage Plan reimbursements or treating urgent cases. Others stated they under spent due to staffing shortages, particularly among hygienists, no-show appointments, patients switching to Medicare Advantage Plans, or grant management challenges such as billing issues and delays in treatment completion. Many grantees emphasized the importance of improving internal tracking, communication with providers, and the need for more consistent funding to meet rising demand.

Figure 4. FY 2024-25 Grant Expenditure Management



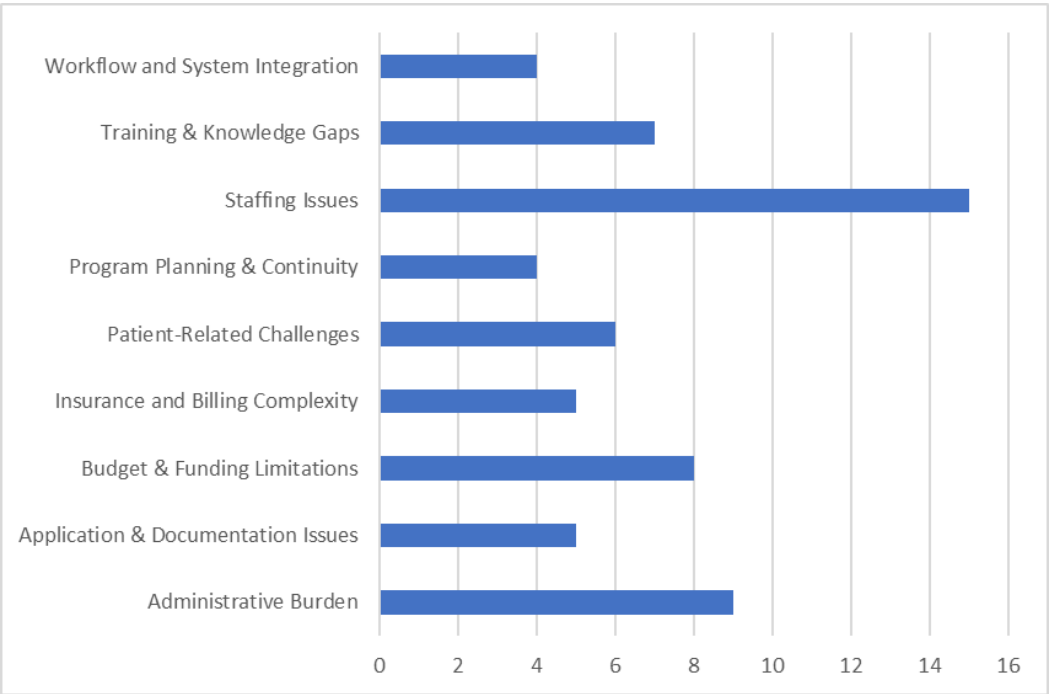
Grantees reached aging adults in many ways, including talking with them in person, getting referrals from health care groups, sharing flyers, using social media, and attending community events. Grantees helped patients check if they qualified for the program and assisted with applications, often meeting with them face-to-face. They also made sure materials are easy to understand and available in different languages to help everyone. Overall, the grantees focused on clear communication and teamwork to help aging adults know about and access dental care.

Figure 5. Grantee Outreach Methods



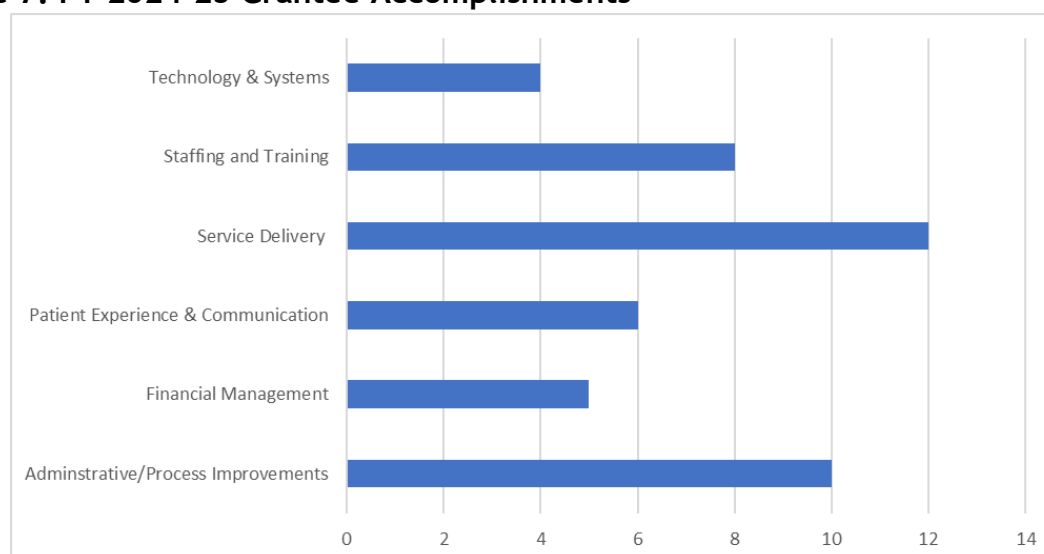
Grantees faced common challenges such as staffing shortages, difficulty recruiting dental professionals, and limited funding. Administrative issues like incomplete applications, complex billing with Medicare Advantage Plans, and time-consuming tracking also created delays. High patient demand, missed appointments, and provider turnover added further strain. Despite these issues, grantees improved workflows and systems to continue serving aging adults effectively.

Figure 6. FY 2024-25 Grantee Challenges



Grantees achieved significant success in FY 2024-25 despite challenges such as fund tracking difficulties and staff shortages. The program provided essential dental services to aging adults who are low-income and also to aging adults who are experiencing homelessness across Colorado. Grantees internally improved the program’s administrative processes, reduced clerical errors, expanded provider networks into underserved areas, and enhanced reporting accuracy. Many grantees reported improved staffing, with some fully staffed for the first time in years. Several operational improvements were implemented, including cross-training front desk staff, billing transitions, and more robust tracking systems. Many grantees demonstrated strong performance, with increased patient access and high treatment completion rates. Additionally, grantees strengthened financial transparency through an eligibility process and clearer treatment plans that outlined patient responsibilities. Collectively, these efforts ensured broader access, improved care delivery, and enhanced sustainability of dental services for aging adults.

Figure 7. FY 2024-25 Grantee Accomplishments



Most grantees did not have formal waitlists for the Senior Dental Grant program in FY 2023-24 and FY 2024-25, generally serving eligible aging adults promptly or continuing care for existing patients. However, some grantees experienced waitlists due to funding timing, provider shortages, or the high costs of specialty procedures like crowns and dentures. In these cases, patients were often carried over into the next fiscal year and served once additional funds became available. While some patients sought care elsewhere due to delays, clinics worked to manage resources responsibly, prioritize urgent cases, and comply with grant requirements to ensure access for those most in need.

While most grantees reported no formal waitlist or short waitlists, with many aging adults being served within available funds, several noted that demand often exceeded resources. This led to delays or waitlists, especially toward the end of FY 2024-25. A few grantees mentioned needing additional funding between \$10,000 and \$50,000 to fully address waitlists and patient needs. Based on the approximations from grantees who reported having waitlists and provided the amount needed to clear them, at least \$380,000 would have been required to clear those waitlists. Staffing shortages and scheduling challenges also contributed to delays. Some grantees postponed non-emergency treatments to manage demand. A few had to create waitlists temporarily when funds ran low but anticipate no long-term waitlists if future funding remains stable.

Figure 8. FY 2023-24 Grantee Waitlists

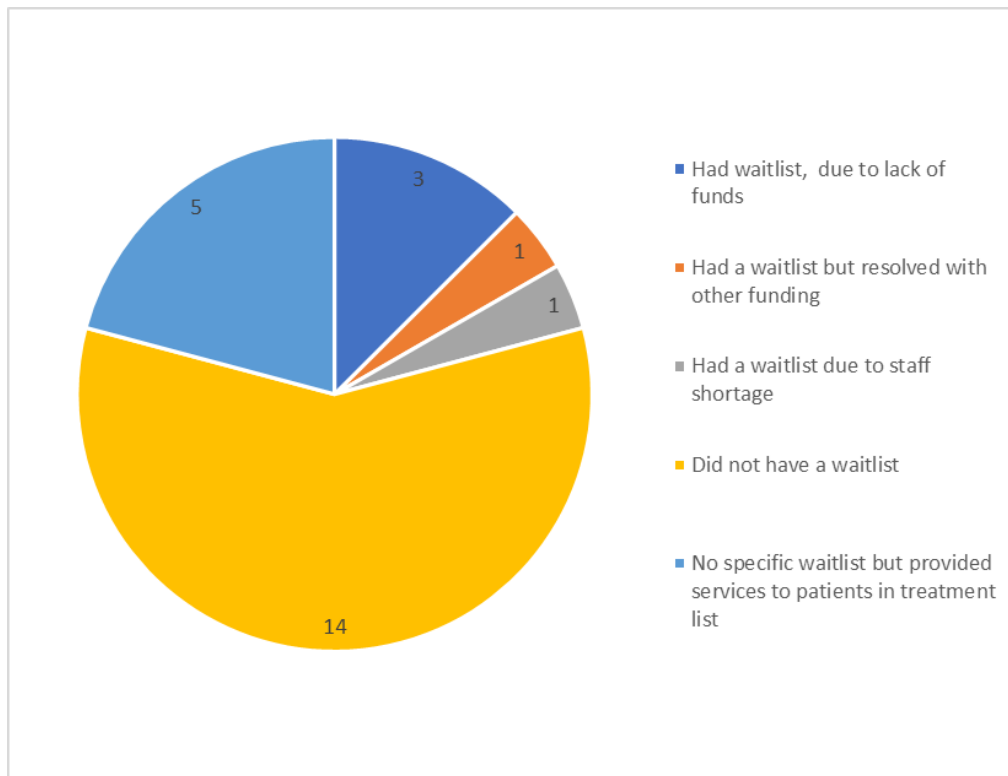
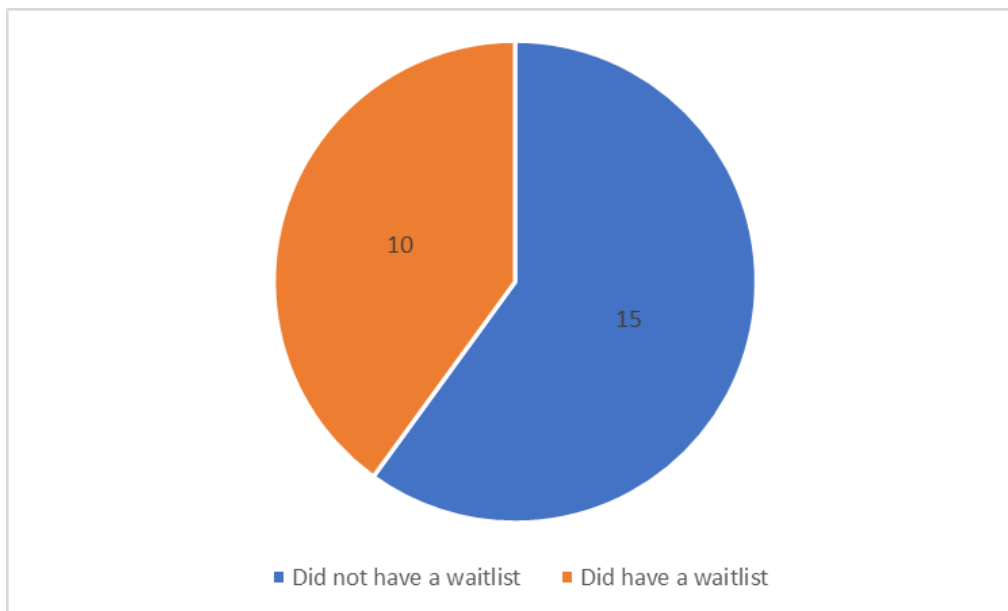


Figure 9. FY 2024-25 Grantee Waitlists



Medicare Advantage Plans only cover basic dental care and often leave out more complex treatments. This caused problems for grantees and patients in FY 2024-25. Some grantees do not expect many issues because there are patients that have other coverage alternatives within the Medicare Advantage Plans. However, other grantees

say aging adults may get confused about what's covered and staff will need to spend more time helping them understand the plan's coverage. Reduced benefits mean less reimbursement for services provided, so providers may need more funding and support to keep up with demand. There are also problems with getting clear information from Medicare Advantage Plan customer service and some delays in treatment. Still, many grantees believe they can handle these challenges by keeping an eye on changes, better staff training, and improving work processes.

Grantees followed strict HIPAA rules to protect sensitive information like Personally Identifiable information and Protected Health Information. They require employee training at hire and annually, and use encrypted emails, strong passwords, and secure tools like SharePoint. Violations specific to grant protocols can lead to consequences ranging from retraining to termination of the employee by the grantee. Incidents are investigated quickly, with corrective actions and notifications as needed. In order to prevent data leaks, encourage the reporting of issues, and protect patient privacy across all sites, grantees are continually improving their systems.

Multiple grantees used trained staff to guide aging adults through the Senior Dental Program via in-person conversations, phone calls, and online resources. They explained eligibility, benefits, application steps, often repeating information to ensure understanding, especially for those with memory or hearing challenges. Communication was tailored using verbal, written, and bilingual support, with follow-ups and reminders to maintain engagement. Grantees also involved family members when appropriate and provided documentation like treatment plans and welcome letters. Regular updates and training helped maintain high-quality education and support, ensuring aging adults feel confident about their care and the program's requirements.