



Request for Grant Proposals

Colorado Dental Health Care Program for Low-Income Seniors

Applications are due by February 1

Program Contact:

Alondra Yanez

hcpf_seniordental@state.co.us

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SECTION 1: INTRODUCTION

The Colorado Department of Health Care Policy and Financing (HCPF) is pleased to announce the opportunity to promote the health and welfare of low-income aging adults 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 (Senior Dental Program) started granting funds on July 1, 2015 to provide comprehensive dental and oral care services for economically disadvantaged aging adults 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 Senior Dental Program is \$4,000,000. The initial agreement term resulting from grant awards is one year: July 1 through June 30. Subject to available funding and grantee performance, HCPF may renew the agreement annually for up to three (3) additional years.

Grant funding must be used to provide dental services to aging adults who are 60 years of age or older, who are at or below 250% of the current Federal Poverty Guideline (FPG), who do not qualify for Health First Colorado or the Old Age Pension Health and Medical Care Program, and who do not have private dental coverage. Aging adults can have dental insurance through their Medicare Advantage Plan (MAP) but will not qualify for the program if they have paid for an extra dental supplemental.

SECTION 2: TERMINOLOGY

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

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

Covered Procedures means the Current Dental Terminology (CDT) procedure codes and descriptions attached to this request for grant proposals as Exhibit A and posted on the HCPF's website at <https://hcpf.colorado.gov/colorado-dental-health-care-program-low-income-seniors-0>.

C.R.S means the Colorado Revised Statutes.

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

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.

Economically Disadvantaged means an aging adult 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 Economically Disadvantaged, who is not eligible for dental services under Health First Colorado or the Old Age Pension Health and Medical Care Program, and who does not have private dental insurance.

Federally Qualified Health Center (FQHC) 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).

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

Health First Colorado (Medicaid) means the Colorado medical assistance program as defined in article 4 of title 25.5, C.R.S. Health First Colorado is a public health insurance for low-income Coloradans who meet income and other qualifications. Health First Colorado is funded jointly by a federal-state partnership and is administered by HCPF.

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

Income means any cash, payments, wages, in-kind receipt, inheritance, gift, prize, rents, dividends, or interest that are received by an individual or family. Income may be self-declared. Resources are not included in Income.

Max Allowable Fee means the total reimbursement by procedure for Covered Dental Services under the Senior Dental Program. 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 Senior

Dental Program. The Max Patient Co-Pay is 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.

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.

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 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 Health First Colorado.

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 65 and over who receive old age pension financial assistance and who are not eligible for Health First Colorado. 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 HCPF under the Senior Dental Program. The Program Payment is 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 Procedures and may include but is not limited to:

- An Area Agency on Aging, as defined in section 26-11-203, C.R.S.;
- A community-based organization or foundation;
- A Federally Qualified Health Center, safety-net clinic, or health district;
- A local public health agency; or
- 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 the Senior Dental 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. 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 Senior Dental Program funding must report to HCPF the number of Eligible Seniors served, the types of dental health services provided, and any other information deemed relevant by HCPF. Qualified Grantees must invoice HCPF on a monthly basis and submit an annual report following the end of each agreement 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 Procedures efficiently without duplication of services;
- Maintain records of Eligible Seniors served, Covered Procedures provided, and moneys spent for a minimum of six (6) years;
- Distribute grant funds to Qualified Providers in their service area or directly provide Covered Procedures 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 but are not eligible for dental services under Health First Colorado.
- 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 Health First Colorado or the Old Age Pension Health and Medical Care Program. Qualified Grantees will not be required to receive a Health First Colorado denial if the senior is reasonably determined to not be eligible for Health First Colorado.

Note: Qualified Grantees must maintain documentation used to determine a senior's eligibility for Covered Procedures.

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 \$4,000,000. The initial agreement term resulting from grant awards is one year: July 1 through June 30. Subject to available funding and grantee performance, HCPF may renew the agreement 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 HCPF'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 agreements or contracts with HCPF 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. Potential grant applicants located in the following counties are encouraged to apply: Alamosa, Archuleta, Baca, Cheyenne, Conejos, Costilla, Crowley, Custer, Dolores, Grand, Huerfano, Jackson, Kit Carson, La Plata, Lake, Lincoln, Logan, Mesa, Mineral, Montezuma, Phillips, Prowers, Rio Blanco, Rio Grande, Saguache, Sedgwick, and Washington.

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 HCPF's website at <https://hcpf.colorado.gov/grantee-appointment-information-county> and written notifications will be sent to each applicant.

SECTION 6: WHAT TO EXPECT IN THE GRANT AGREEMENT

HCPF will execute agreements with Qualified Grantees. The contents of the successful applicant's grant proposal will become part of the agreement obligations. HCPF reserves the right to negotiate final terms of the agreement prior to signing the agreement. Agreement execution is contingent upon receiving all necessary State approvals and funding.

6.1 Invoicing

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

- Monthly invoices must include the information of the Eligible Seniors served, the types of dental services provided, and any other information deemed relevant by HCPF.
- HCPF will pay no more than the Program Payment for Covered Procedures. Qualified Providers can collect no more than the Max Allowable Fee for Covered Procedures.
- Grantees shall bill HCPF the lesser of the Program Payment for Covered Procedures and the grantee's normal charge for the same procedure code.
- It is up to the discretion of the Grantee 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 Procedures must be completed before a Qualified Grantee may submit an invoice to HCPF. No prepayment is allowed.
- If the grantee is able to bill for any Medicare Advantage Plans (MAPs), they must be billed and paid prior to billing the Senior Dental Program. The Senior Dental Program can be billed for no more than the Max Allowable Fee minus any payment collected from the MAP.
- Qualified Grantees may bill for no more than seven percent (7%) of the Program Payment for administrative costs and can choose not to bill any administrative costs in favor of using their full grant amount for procedures for Eligible Seniors.

6.2 Annual Report

Qualified Grantees will be required to submit an annual report by September 1st. The report will be in a format specified by HCPF and will include information for the July 1

through June 30 grant period. This will include 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 HCPF.

SECTION 7: HOW TO APPLY

7.1 Application Timeline

The following table shows the requested application materials and timeline:

Application Process

- ..Application due.....February 1
- ..Application Review.....February to April
- ..Agreement sent for signatureMay
- ..Grant start date July 1

7.2 Submission Instructions

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. 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.

Please email to:

hcpf_seniordental@state.co.us

7.3 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 application process and will not be reviewed.

7.4 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:

1. Give a brief description of the applicant;
2. State the applicant's willingness to comply with all grant requirements, including complying with HIPAA requirements;
3. Be on official business letterhead; and
4. 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.

B. Table of Contents

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

1. Description of the applicant (1 page);
2. Key personnel and qualified providers (2 pages);
3. Qualifications of the applicant (10 pages); and
4. Proposed budget and grant management qualifications (2 pages).

D. Appendices

1. Appendix A – For all applicants, copies of the applicant's State or federal certifications or licensures.
2. Appendix B – For all applicants, letters of support from community-based organizations and/or memoranda of understanding between the applicant and the community organizations.
3. 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.
4. Appendix D – Optional for all applicants, letters of recommendation or other supporting documentation that described the applicant's qualifications to receive grant funding.

7.5 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

1. Legal and doing business as names of the applicant.
2. Name, address, telephone, and email address for the primary contact person for the applicant.
3. Indicate whether the applicant is an Area Agency on Aging, community-based organization or foundation, Federally Qualified Health Center, safety-net clinic, health district, local public health agency, or private dental practice.
4. 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).
5. 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

1. Key Personnel
 - Describe the roles and responsibilities of key applicant staff, this includes:
 - who will administer funds under the grant;
 - who will submit invoices;
 - who will oversee auditing of patient files; and
 - who will oversee the annual report.
2. Qualified Providers
 - Indicate whether the applicant will directly provide or Arrange For the provision of Covered Procedures 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 Procedures 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 Procedures.
 - Describe how the applicant will ensure all providers who will complete Covered Procedures for Eligible Seniors are Qualified Providers as defined

in Section 2: Terminology and that all Qualified Providers are in good standing with the State of Colorado.

- Good standing for all Qualified Providers will be checked by HCPF during the Qualified Grantee's audit. A Grantee may be required to pay back funds for all procedures provided by any Qualified Provider who is found to not be in good standing during the audit process.

c. Qualifications of the Applicant

Outreach and identify eligible seniors

1. Describe how the applicant will outreach to Eligible Seniors.
2. 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.
3. Describe how the applicant will identify Eligible Seniors and 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.

Note:

- Applicants may use existing income determination tools used by the applicant or allow seniors to self-declare income. Seniors who are self-declaring their income must sign a letter attesting the income is correct.
 - 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.
4. 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 or Medicare Advantage Plan but are not eligible for dental services under Medicaid.

Collaboration

1. Describe how the applicant collaborates with community organizations and

list the names of those community organizations.

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

Fiscal management and record keeping

1. Describe the applicant's ability to maintain records of Eligible Seniors served, Covered Procedures 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.
2. 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 in Appendix C. If the applicant cannot supply such information, include an explanation in Appendix C.
3. Describe how the applicant will track grant funding and monitor patient treatment plans throughout the grant year to ensure funding is being spent in a way that will not result in the grantee exceeding or underutilizing their awarded funding or result in patient treatment plans being delayed or paused due to funding being exhausted.

D. Proposed Budget and Grant Management Qualifications

1. 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.
2. 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.