

Wisconsin Department of Health Services

Grants to Dental Clinics

Request for Application (RFA 002)

For more information, contact:

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APPLICATIONS ARE DUE THURSDAY SEPTEMBER 15, 2011
NO LATER THAN 11:00AM CST

August 15, 2011

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1 Announcement

The Department of Health Services (DHS) has \$850,000 General Purpose Revenue (GPR) available for grants for the purpose of expanding access to oral health care for Wisconsin's at risk population. These grants were funded in the state's 2011-2013 biennial budget. A minimum of nine grants will be awarded. Special attention will be paid to assure regional representation of grant awards. A minimum of one award will be provided to a grantee in each of the five designated Division of Public Health regions. The grant funding must be used to improve access for a) recipients of Medical Assistance; b) low-income individuals who do not qualify for MA; c) children under the age of 18; d) individuals over 65 years of age; or e) individuals with disabilities. The purpose of these funds is to create and improve local community efforts to increase access to oral health services. Eligible awards may range between \$25,000 and \$125,000. No match or in-kind funds are required, however grant proposals must provide strong, definitive information that demonstrates program sustainability. All grant recipients must demonstrate their ability to sustain the program once the grant funding is expended.

The grant contract period for year one is October 3, 2010 Through September 30, 2012. However, the actual contract dates are dependent upon final negotiations. Contracts will be renewed for an additional year based on grantee performance measures and capacity to fulfill stated project objectives. The contract period for year two is October 1, 2012 through September 30, 2013. All grant funds must be expended by the end of the contract period. No carry over or extensions will be granted.

Proposals may be used for a variety of oral health access initiatives including, but not limited to: building capacity; sustaining services; employing or contracting with providers of preventive and restorative dental services; and subsidizing services to underserved populations.

- Grant funds may be used for infrastructure, facilities construction, capital equipment, supplies or other expenditures related to serving individuals at highest risk of oral disease or significant negative outcomes if left untreated.
- Grant funds may be used to support increased access to direct services. Grant funds must be used for projects specific to a) recipients of Medical Assistance; b) low-income individuals who do not qualify for MA; c) children under the age of 18; d) individuals over 65 years of age; or e) individuals with disabilities.
- If it is proposed within a grant application to provide direct oral health services, the grantee should establish a mechanism of billing for services provided to Wisconsin Medicaid and BadgerCare Plus Program enrollees. This grant will not fund direct services for individuals who are already covered by other dental insurance plans.
- If it is proposed within a grant application to provide direct oral health services for individuals who are not currently enrolled in Wisconsin's Medicaid or BadgerCare Plus Program, and not currently covered by other dental insurance plans, service rate estimates should be based on the *Wisconsin Medicaid Dental Maximum Allowable Fee Schedule*:

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<http://dhs.wisconsin.gov/medicaid4/maxfees/maxfee.htm#Dental/>

- If it is proposed within a grant application to provide direct oral health services, the grantee should establish a mechanism for building capacity and sustainability of services to serve more people (such as expanding workforce, facility construction and equipment purchase).

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2 Background / Justification

Oral diseases affect our most basic human needs: the ability to eat and drink, swallow, maintain proper nutrition, smile, and communicate. Poor oral health has profound adverse health, economic, and social consequences for children and adults.

The social and health impact of oral diseases in children is substantial. More than 51 million school hours are lost each year to dental-related illness. Low income children suffer twice as much from dental decay compared to their affluent peers, and their disease is more likely to be untreated. They suffer nearly 12 times more restricted-activity days due to oral health problems than children from higher-income families. Pain and suffering due to untreated diseases can lead to problems in eating, speaking, attention to learning, and behavior.

Both nationally and in Wisconsin there is an alarmingly high level of unmet need for oral health care. A variety of obstacles may deter individuals from obtaining the dental care they need. These barriers may be financial, geographic, educational, linguistic, cultural, provider-related, or a shortage of providers. The two most critical barriers to oral health care are: (1) limited access to care, and (2) lack of understanding about the importance of oral health.

Oral health is a pressing public health issue. The state health plan, *Healthiest Wisconsin 2020*, identifies twelve health focus areas and nine infrastructure focus areas for the state. One of the health focus areas is Oral Health, which includes improving access to oral health care. The 2020 outcome objectives related to oral health aim 1) to assure access to ongoing oral health education and comprehensive prevention, screening and early intervention, and treatment of dental disease in order to promote healthy behaviors and improve and maintain oral health and 2) to assure appropriate access to effective and adequate oral health delivery systems, utilizing a diverse and adequate workforce, for populations of differing races, ethnicities, sexual identities and orientations, gender identities, and educational or economic status and those with disabilities.

BadgerCare Plus is Wisconsin's health insurance program for children and families in need of health insurance. All children are eligible for BadgerCare Plus regardless of income. Pregnant women and parents are also eligible if their income falls below a certain threshold. More information on BadgerCare Plus can be found at:

<http://dhs.wisconsin.gov/badgercareplus>

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3 Requirements for Proposals to Improve Access to Oral Health

3.1 Applicant Eligibility

Eligible applicants must be not for profit entities that include, but are not limited to: colleges, universities, schools (preschools including Head Start, elementary, secondary, etc.), local health departments, community health centers, safety net clinics, health care associations and faith based organizations.

Eligible applicants must not receive federal funding under Section 330 of the Public Health Services Act as a federally qualified health center. A minimum of nine grants will be awarded.

3.2 Target Populations

Funding for this initiative is targeted to low income patients which can include any combination of the following individuals:

- Medicaid/BadgerCare Plus enrollees
- Low income, uninsured or under insured individuals
- Children under the age of 18
- Individuals with disabilities
- Seniors (over age 65)

3.3 Award Criteria

Grants will be awarded based on a number of factors including: creative approaches to address access issues; evidence based approaches; capacity building and sustainability plans; coverage of primary, preventive, and/or restorative dental health services. It is possible that a grant may be awarded to a proposal that does not have the highest score to ensure coverage of diverse geographic regions of the state. There will be at least one grantee from each of the five Division of Public Health regions.

Preference will be given to applications that propose approaches to reach high-risk populations, provide services in high dental need areas including poverty, focus on the target population and demonstrate the ability to build infrastructure and program sustainability. Grant awards are tentatively scheduled to be announced on or before October 3, 2011.

3.4 Description (Scope) of Project

Describe how the project will improve access to oral health for identified target groups. The grantee is responsible for assuring the planning, implementation, and evaluation of the oral health access program. Please refer to the Narrative Grant Proposal outlined in the Request for Application.

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4 Submittal of Application

The grant application narrative should be 12 point font, single spaced with one-inch margins. Please refer to the Request for Application form for other materials and proposal format requirements.

4.1 Intent to Apply

Prospective applicants are requested, but not required, to submit a Notice of Intent to Apply by August 19, 2011. Submittal of the Notice of Intent to Apply does not commit an agency to submitting an application. Send to:

Lisa Bell RDH, MPH
Lisa.bell@wisconsin.gov
FAX to (608)266-8925

4.2 Application Due Date

The original application with five copies of the application (total of six) must be received by the Division of Public Health on or before 11:00 am CST Thursday September 15, 2011. Please submit one electronic application on a CD with your application. Submit applications to:

Lisa Bell RDH, MPH
Division of Public Health
Bureau of Community Health Promotion
1 West Wilson Street, Room 218
PO Box 2659
Madison, WI 53701-2659

Applications must be received in the Division of Public Health, Bureau of Community Health Promotion so they can be time-stamped upon receipt. Applications not so stamped will be considered late and will not be accepted. Receipt of an application by the State mail system does not constitute receipt of an application by the Wisconsin Department of Health Services, for purposes of this request. All applications must be packaged, sealed, and show the following information on the outside of the package:

- Proposer's name and address
- RFA Title, number and due date.

4.3 Questions and Clarifications

Questions, clarifications, concerns or requests for additional information regarding this RFA are due on August 22, 2011 by 11:00am and should be sent in writing, preferably via email to:

Lisa Bell RDH, MPH
lisa.bell@wisconsin.gov
FAX to (608)266-8925

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To the extent possible, Department staff will compile and provide responses to questions on or before August 29, 2011 and will be posted on the DHS internet website.

5 Request for Application

Arrange the application in accordance with the proposal checklist.

APPLICANT INFORMATION		
Name of Proposal:		
Fiscal Agent:		
Address:		
Contact Person:		
Telephone:		
E-mail:		
		PAGE NUMBER
PROPOSAL		
✓	Table of Contents and Checklist	1
	Grant Proposal Form	2
	Narrative in the following order, using these headings:	4
	❖ Project Summary	
	❖ Goals, Objectives, Outcomes	
	❖ Work Plan Description	
	❖ Capacity and Experience of Partners and Key Staff	
	❖ Evaluation	
	Budget Worksheet	
	Budget Justification Worksheets	
	Work Plan	
APPENDIX		
	Key staff bio-sketches	
	Letters of endorsement or support (optional)	
	Relevant and appropriate materials, forms, etc. (optional)	

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6 Grant Proposal Form

1. **Name of proposal:** _____

2. Applicant

A. Applicant (fiscal agent) requesting funds			
(Applicant Agency): _____			
Name (provide legal name): _____			
Contact person (including prefix): _____			
Address: _____			
City: _____	State: _____	ZIP: _____	
Phone: _____	Fax: _____		
E-mail address: _____	Web Site _____		
Federal tax ID: _____			
B. Project manager (If different from above - including prefix)			
Name: _____			
Address: _____			
City: _____	State: _____	ZIP: _____	
Phone: _____	Fax: _____		
E-mail address: _____			

3. Project information

A. District Service Area(s) including site name, city & county:	

B. Groups served by project:	
Check all that apply	
Age	
<input type="checkbox"/>	Infants (0 – 1)
<input type="checkbox"/>	Children (2 - 12)
<input type="checkbox"/>	Adolescents (13 - 17)
<input type="checkbox"/>	Adults (18 - 64)
<input type="checkbox"/>	Seniors (65+)
<input type="checkbox"/>	Pregnant women
<input type="checkbox"/>	People with disabilities
<input type="checkbox"/>	Un/underinsured
Check all that apply	
Racial and Ethnic	
<input type="checkbox"/>	American Indian
<input type="checkbox"/>	Asian or Pacific Islander
<input type="checkbox"/>	Black or African American
<input type="checkbox"/>	Hispanic or Latino
<input type="checkbox"/>	White

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Grant Proposal Form (continued)

Check all that apply
Medical Assistance Recipients
<input type="checkbox"/> Medical Assistance Recipients

4. **Date project to begin** _____

5. **Total project budget** _____

Funding Sources	Year 1
Grants to Dental Clinics	\$
Other Sources of Cash In-Kind (optional)	\$
Total Project Budget	\$

6. **List all partners providing sources of in-kind identified in Question #5 (Optional)**

1.	
2.	
3.	
4.	
5.	
6.	

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7 Narrative Grant Proposal

Proposal Responsiveness **30 points**

The application must thoroughly provide the following information:

Project Summary - *limit 1 page* **5 points**

- Explain the need for implementing a Grant to Dental Clinics in your community. Please include any supporting regional, county, and community data.
- Identify and describe the target population.

Goals, Objectives, Outcomes – *limit 1 page* **5 points**

Describe the primary goal, and measurable “S.M.A.R.T” project objectives. S.M.A.R.T refers to the acronym that describes the key characteristics of meaningful objectives, which are **S**pecific (concrete, detailed, well defined), **M**easurable (numbers, quantity, comparison), **A**chievable (feasible, actionable), **R**ealistic (considering resources) and **T**ime-Bound (a defined time line).

Work Plan Description –*limit 2 pages* **10 points**

- Describe the plan to develop and sustain access to oral health. If this application involves clinical services, please include:
 - Documentation of the scope of services (*if applicable*)
 - Primary, preventive, and/or restorative services
 - Hours of services
 - Informed consent documentation
 - Plan for record keeping and confidentiality
 - Clinical procedures
 - Cultural sensitivity
 - Medicaid/BadgerCare Plus billing mechanism
 - How will you increase capacity?
 - What geographic areas will you serve?
 - What population will you serve?
- Describe the plan for sustainability. All grant recipients must demonstrate their ability to sustain the program once the grant funding is expended.
- Describe the plan to purchase dental equipment and/or expand infrastructure, capacity, construction and or renovations. (*If applicable.*)
- Describe your approach to implementation which may include:
 - Adherence to clearly defined timeline and plan
 - Ability to adjust said plan in accordance with the needs of the program
 - Accommodation of a site visit if requested.
 - Community partnership engagement

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Evaluation – limit 1 page

5 points

Describe your written report. Written reports, both programmatic and financial, will be expected as a progress report (half way through contract period), an outcomes report (within 90 days of contract period completion) providing detail regarding the success of your stated goals and objectives, and a follow-up report (12 months after contract period completion).

- If direct services are provided (primary, preventive, and/or restorative) how will your program evaluate measurable outcomes:
 - Type and scope of services
 - Target population served
 - Geographic service area
- Community partnerships that improve access to oral health services
- Monitoring progress through technical assistance and site visits available from DHS staff

Capacity and Experience of Partners and Key Staff- limit 1 page **5 points**
(include bio-sketch limited to 1 page each of key staff members in the appendix)

- Describe how your entity will address service provision including:
 - Site(s) of service
 - Role of service providers
 - Role of key staff
 - Proposed reimbursement mechanism
- Describe partner and key staff experience related to:
 - Providing dental services
 - Serving members of low-income or uninsured communities
 - Administering government funded programs and grants
 - Coordinating community efforts
- Describe how your entity will ensure successful program implementation identify:
 - Program Coordinator and provide curriculum vitae or resume outlining area of expertise as it pertains to grant proposal
 - Cultural Competence
- Describe how your entity will accommodate potential site visits and technical assistance provided by DHS program staff

Project Factors

90 points

The project must meet the following criteria:

- **Use creative approaches to address access issues** **8 points**
 - Describe how your project will be an effective service delivery model for increasing access. If the project is a replication of another successful model please describe that model and discuss how it will be integrated and implemented.
 - Describe how your project will increase access to target population

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- **Use evidence based approaches** **8 points**
 - Describe how project will use evidence based approach for increasing access. "Evidence based medicine is the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients. The practice of evidence based medicine means integrating individual clinical expertise with the best available external clinical evidence from systematic research. By individual clinical expertise we mean the proficiency and judgment that individual clinicians acquire through clinical experience and clinical practice." Sackett, D.L. et al. (1996) Evidence based medicine: what it is and what it isn't. *BMJ* 312 (7023), 13 January, 71-72).

- **Build capacity to provide dental services-** **8 points**
 - Describe a specific plan for increasing capacity to increase access to dental services through this project. Provide specific information on how this increased capacity will translate into increased access to dental services.

- **Provide coverage of primary, preventive, and/or restorative dental health services** **15 points**
 - Describe service delivery model and scope of services

- **Have a comprehensive sustainability plan** **15 points**
 - Provide detailed plans for long range project sustainability
 - Provide detailed input on the role of key partners in sustaining project (if applicable).

- **Serve the target population** **8 points**
 - Describe plans for outreach and education to target population
 - Discuss the role of key staff who's duties will include performing outreach and education

- **Serve a high poverty area or a high dental need area** **8 points**
 - Describe and/or provide documentation of specific geographical need

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8 Budget Worksheet

Budget Worksheet			
Agency requesting funds:			
Name of proposal:			
Project start date:			
	Grants to Dental Clinics Funds	Other Sources Community In-kind (Optional)	TOTAL
Budget			
A. Salary			
B. Fringe Benefits			
C. Equipment			
D. Supplies			
E. Construction / Capacity Building			
F. Travel			
G. Consultants/Contracts			
H. Other Costs (Rent, utilities)			
I. Total Oral Health Access funds request			
TOTALS (In-kind and Grants to Dental Clinics Request)			
J. In-Kind Funds: List below if applicable			
*Other Sources of In-Kind			
Grants to Dental Clinics Program Request			
K. Total Project Budget			
INSTRUCTIONS:			
<p style="margin-left: 40px;"><i>Include supporting detail for Grants to Dental Clinics funds budget request in the separate Budget Justification Worksheets provided.</i></p> <p style="margin-left: 40px;"><i>Submit only the Budget Justification Worksheets that support your request.</i></p>			

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8.1 Salary & Fringe

Budget Justification Worksheet – Salary & Fringe

Applicant requesting funds:

Salaries					Requested Funding	
Name of Individual or “TBD” (to be determined)	Role/Title on Project	Annual Salary	Percent Effort on Project	Fringe Benefit Rate	Salary	Fringe Benefits
1.						
2.						
3.						
4.						
5.						
6.						
7.						
Total						

Notes:

INSTRUCTIONS:

*Use this form to describe budget requests for salary and fringe.
List by title, each position that will be supported in whole or in part with grant funds or in-kind funds and explain responsibilities of each position. Complete all columns for each position. In the Grant Amount column, indicate the total salary that will be paid with grant funds during the annual grant period.
If fringe benefits are to be paid, indicate the percentage/rate and add the total fringe benefit amount for all positions to be paid with grant funds.*

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8.2 Equipment and Supplies

Budget Justification Worksheet - Equipment and Supplies Budget				
Applicant requesting funds:				
Equipment and Supplies	Quantity	Price Per	Total	Notes
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
TOTAL – Year __			\$	
INSTRUCTIONS:				
<p><i>Estimate cost for each type of expenditure and itemize in the space provided.</i></p> <p><i>Examples of cost to be included in this category include medical, dental, laboratory, and education/outreach supplies.</i></p> <p><i>Use the notes section to explain the need for project equipment.</i></p>				

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8.3 Construction / Capacity Building

Budget Justification Worksheet – Construction / Capacity Building Budget

Applicant requesting funds:

Construction / Capacity Building	Notes
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16.	
17.	
18.	
19.	
20.	

TOTAL – Year ___ \$

INSTRUCTIONS:

*Estimate cost for each type of expenditure and itemize in the space provided.
Examples of cost to be included in this category could include infrastructure and facility construction and renovation costs.
Use the notes section to explain the need for construction / capacity building items.*

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8.4 Travel Budget

Budget Justification Worksheet – Travel Budget

Applicant requesting funds:

Travel	Notes
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16.	
17.	
18.	
19.	
20.	

TOTAL – Year __ \$

INSTRUCTIONS:

*List travel costs that will occur as a result of grant activities.
Use the notes section to explain the purpose for travel.*

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8.6 Other

Budget Justification Worksheet - Other	
Applicant requesting funds:	
	Notes
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16.	
17.	
18.	
19.	
20.	
TOTAL – Year ___ \$	
INSTRUCTIONS:	
<p><i>Include costs such as rent, telephone, utilities, staff development, recruitment, office supplies, postage, printing, and data processing.</i></p> <p><i>Use the notes section to itemize “other” budgetary needs.</i></p>	

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8.7 In-Kind

In Kind Worksheet (Optional)

Applicant requesting funds:

Salary and Fringe (By Position Title)	ANNUAL SALARY RATE	NUMBER MONTHS BUDGETED	% TIME	GRANT AMOUNT	PROGRAM IN-KIND	TOTAL GRANT and PROGRAM IN-KIND
FRINGE BENEFITS (_____ %)						
TOTAL CATEGORY						
Equipment and Supplies						
TOTAL CATEGORY						
Construction / Capacity Building						
Travel						
TOTAL CATEGORY						
Consultant and Contractual						
TOTAL CATEGORY						
Other (Agency Operations)						
TOTAL ALL COSTS CATEGORIES						

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9 Work Plan Template

Work Plan				
	Measurable (S.M.A.R.T) objective	Personnel Responsible	Expected Completion Date	Deliverable
1.				
2.				
3.				
4.				
5.				

Sample Work Plan				
	Measurable (S.M.A.R.T) objective	Personnel Responsible	Expected Completion Date	Deliverable
1.	<i>By Dec. 31, 2012 25% of all patients served will be children (18 years and under). (Baseline 19% in 2010)</i>	<i>Jane Smith</i>	<i>Dec. 31, 2012</i>	<i>Report providing evidence that 25% of all patients treated were 18 and under</i>
2.	<i>By Dec. 31, 2012 there will be an increase of 450 patients served with preventive services. (Baseline 1,863 in June of 2010)</i>	<i>Jane Smith</i>	<i>Dec. 31, 2012</i>	<i>Documentation of an increase in billable preventive services by service code</i>
3.	<i>By Dec. 31, 2012 there will be an increase of 400 patients receiving restorative services. (Baseline 1,951 in June of 2010)</i>	<i>Jane Smith</i>	<i>Dec. 31, 2012</i>	
4.				
5.				

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10 Incurring Costs

The State of Wisconsin is not liable for any cost incurred by APPLICANTS in replying to this RFA.

11 Non-Discrimination Against Employees Or Applicants For Employment

In connection with the performance of work under this contract, the grant recipient agrees not to discriminate against any employee or applicant for employment because of age, race, religion, color, handicap, sex, marital status, physical condition, arrest or conviction record, developmental disability as defined in s. 51.01 (5), sexual orientation or national origin.

This provision shall include, but not be limited to the following: employment, upgrading, demotion or transfer; recruitment or recruitment advertising, layoff or termination, rates of pay or other forms of compensation, and selection for training, including apprenticeship. Except with respect to sexual orientation, the grant recipient further agrees to take affirmative action to ensure equal employment opportunities.

The grant recipient agrees to post in conspicuous places, available for employees and applicants for employment, notice to be provided by the contracting officer setting forth the provisions of the nondiscrimination clause.