

Grant Application
for
Grants to develop
Dental Clinics

Tracking Number
2011-38-006

Illinois Department of Healthcare and Family Services
Bureau of Maternal and Child Health Promotion
607 East Adams, 4th Floor
Springfield, Illinois 62701

I. Instructions

Grants to Develop Dental Clinics

1. Purpose of Program

- 1.1 The Illinois Department of Healthcare and Family Services (HFS), in order to improve dental access for HFS beneficiaries, provides grants to local health departments, Federally Qualified Health Centers and Rural Health Clinics to develop comprehensive dental care services for low-income families and HFS clients. Organizations in areas with Medically Underserved Area (MUA), Medically Underserved Population (MUP) or Health Professional Shortage Area (HPSA) designations receive priority for this grant funding. Grant funds must be used to support the development and operation of dental clinics to develop new dental services or expand existing services.
- 1.2 An essential goal of the program is to increase dental access for HFS beneficiaries who have no dental arrangements with a dental provider in a project's service area. Projects are to demonstrate an increase in dental services to HFS area residents who were previously unserved or underserved in the project's area. The dental clinic must be willing to accept out-of-area clients who need dental services, especially emergency services for adults and Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) referred children. Grantees cannot limit services to only grantee's medical patients.

2. Eligible Applicants

The following entities are eligible to apply for grants:

- 2.1 Local Health Departments
- 2.2 Federally Qualified Health Centers, and
- 2.3 Rural Health Clinics.

3. Submission of Grant Application

- 3.1 Please submit one original printed application, signed by an authorized individual of the organization responsible for planning and implementing the program.

Send the completed application to:
Deborah Saunders, Chief
Bureau of Maternal and Child Health Promotion
Illinois Department of Healthcare and Family Services
607 East Adams, 4th Floor
Springfield, IL 62701

3.2 Please email an electronic version of the application to:
hfs.dental@illinois.gov

4. Grant Application Timeframe

This is a competitive Grant Application with limited funding. If funds are available, HFS will offer two grant cycles in a year. The anticipated timetable is as follows. The timetable is subject to change at the discretion of HFS.

4.1 Round One:

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|-------------|--|
| October 15 | Grant Application posted on HFS Web site and sent to eligible applicants |
| November 15 | Dental clinic grant proposals due |
| December 15 | Review period ends |
| January 1 | Grant recipients notified |

4.2 Round Two (if funds are available):

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|------------|--|
| February 1 | Grant Application posted on HFS Web site and sent to eligible applicants |
| March 1 | Dental clinic grant proposals due |
| April 1 | Review period ends |
| April 15 | Grant recipients notified |

5. Grant Application Review Process

5.1 Grant Applications initially will be reviewed by staff of the HFS Dental Section, Division of Medical Programs. This initial review will be to ensure the application is complete and to determine compliance with policies described in Part II (“Application Format For New Projects”) of this Application form. Grant Applications that are complete and that meet those policies will be forwarded to the Dental Review Workgroup, which consists of HFS staff and dental consultants. If all available funds are not issued during the first round of funding, a second funding round may be held at a later time.

5.2 The Dental Review Workgroup will evaluate Applications based upon the following criteria:

- 5.2.1 Clear justification of the need for Medicaid access
- 5.2.2 Measurable and realistic program goals and objectives
- 5.2.3 Clear statement of how the proposal will make a Dental Home a reality for HFS children beneficiaries in the Grant Applicant’s jurisdiction
- 5.2.4 Willingness to accept out-of-area HFS beneficiaries
- 5.2.5 Adequate capacity to provide a full range of services, including treatment (including the scope of treatment capacity)
- 5.2.6 Ability to accept referrals from community partners (e.g. Medical Home) and make referrals to specialists as needed

5.2.7 Ability to provide outreach to unserved HFS beneficiaries

6. Use of Funds

6.1 Funding Level

Grants are available for a two-year period for up to a total amount of \$100,000 per grant award. Up to 70 percent may be budgeted for year one of the grant, with the balance budgeted in year two.

6.2 Use of Grant Funds

Grant funds must be used for projects developing dental services for HFS beneficiaries and low-income clients.

6.2.1 Allowable uses of grant funds include:

- a. operational expenses, such as: insurance, dental supplies and equipment
- b. dental support services, such as: computer software/hardware, dental practice and billing software
- c. capital expenses, such as: construction, renovation and Bondable Equipment expenses
- d. client education
- e. administrative personnel costs for planning dental clinic development

6.2.2 Grant funds **may not** be used to:

- a. offset existing debt
- b. supplant existing funds
- c. purchase real property
- d. pay personnel services salaries for dental clinic employees

6.2.3 Project applications must show the annual project cost. Grant Applicants must show all funds that are available for the project. For Grant Applicants that will be purchasing goods and services, preference will be given to those that demonstrate that they will make prudent purchases. Grant Applicants may be asked to demonstrate why it would be impossible or economically disadvantageous to purchase goods at a lower amount.

7. Community Support

7.1 The Grantee shall assume all legal and financial responsibility and accountability for the Grant funds and for the performance of the Grant project.

7.2 Grant Applicants shall demonstrate community support in the development and application process. This is critical to establish consensus about direction of the project, commitment to the process, dentists participation, involvement of the local dental society, increased access to dental care and ultimate

sustainability of the clinic.

8. Reports

Projects shall complete quarterly progress and fiscal reports. A year-end Grant Report will be required for a Grantee to receive funding in the second year of the Grant. Forms and instructions for preparing and submitting these reports will be sent to the Grantee by HFS.

II. Application Format for New Projects

1. Grants To Develop or Expand Dental Clinics

The narrative portion of the application shall not exceed 10 typewritten double-spaced pages. Additional documentation may be submitted, but shall be limited to information relevant to the specific purpose of the proposed project, such as letters of support for the project.

1.1 Project Summary

Provide a brief description of the proposed project, summarizing the needs, the expected accomplishments, the expected number of patients, and the target population. Include a description of the resources that are available and the resources that are needed for the project.

1.2 Project Narrative

1.2.1 Describe in detail the project for which funding is requested. Do not assume that reviewers know the program or the community. The narrative shall clearly and concisely state the need for the project and how it will be carried out. In the Project Narrative, address how this project will achieve the following goals:

- a. the use of innovative methods which expand dental services to HFS Dental Program participants and low-income clients
- b. an increase in the numbers of dental care providers treating HFS Dental Program participants within a designated shortage area
- c. an increase in the level of collaborative working arrangements among the dental service providers and primary care providers in a project service area
- d. the development of a plan for increasing dental services to a full-time clinic
- e. the development of a plan for establishing a Dental Home for children in a designated service area

1.2.2 Give an overview of the project and how it will be structured. Include the following:

- a. the proposed location and hours of operation
- b. the organizational structure / staffing plan
- c. the scope of services, including the plan to provide comprehensive dental care (i.e. preventive and treatment care)
- d. the name of the project director, who will be responsible for administrative and fiscal oversight
- e. the implementation plan (see the template for an example), including a timetable for the clinic's start-up and continued operation during the two-year project period, with objectives, tasks, responsible parties, and projected completion dates
- f. a discussion of how Grantee will assure that the dental clinic becomes a Dental Home

1.3 Statement of Need

1.3.1 Describe the needs of the underserved community in which the project is to be implemented. Include a description of the special dental needs of the service area and the expected number of service area residents to be served by the project.

1.3.2 Describe the dental care system in the project service area, and the role or intended role of the Grant Applicant within that system.

1.3.3 Describe how the proposed project will be integrated into the existing system. Include the following:

- a. the economic and demographic characteristics of the service area
- b. any shortages of dental care services and providers
- c. any barriers, such as the lack of public transportation, excessive mileage or travel time to existing service sites, lack of other dental service providers, or lack of access due to economic reasons

1.4 Project Goals

Provide a statement of the measurable and relevant project goals. Use the template for guidance.

1.5 Project Evaluation

List the person or organization responsible for evaluation of the project. Describe the evaluation plan that will document the project's progress in meeting its objectives as described in Part II, Section 1.2, above. The Grant Applicant may include the project evaluation in the time table. Describe how the Grant Applicant will evaluate the implementation of the project and determine whether it is being accomplished in the most efficient and effective manner.

III. Letters of Support

Letters of support from community groups, schools, dental components, Head Start, hospitals, medical professionals, etc. are recommended. The letters are to state how the organization will support the dental clinic and help assure sustainability.

IV. Project Budget

Complete the enclosed budget forms showing the total dollar amount for project operation, the amount to be provided by the applicant agency and other sources of funds, and the amount of funding requested through grant funding. Show all revenue sources and the entire project costs. Document any non-cash resources.

V. Budget Narrative

Provide a detailed description of budget items, correlating the funding request with the project goals, objectives and activities. Include in this section a discussion of how other sources of funds will be increased in future years to eliminate the need for Grant funding. Attest to the willingness to enter into a Dental Grant Agreement and to submit reports as required.

VI. Definitions

The following definitions shall apply for the purposes of this Grant Application:

1. **"Bondable Equipment"** means initial movable equipment, including all items of initial equipment, other than built-in equipment, that is necessary and appropriate for the functioning of a particular facility for its specific purpose, and that will be used solely or primarily in the rooms or areas covered in the subject project. Further, equipment is defined as manufactured items that have an extended useful life, are not affixed to a building and are capable of being moved or relocated from room to room or building to building, are not consumed in use, and have an identity and function that will not be lost through incorporation into a more complex unit. The following guidelines are applied in defining durable movable equipment:
 - a. No commodities will be purchased from bond funds
 - b. Office/household equipment and furniture will be bondable
 - c. Machinery, implements and major tools will be bondable
 - d. Scientific instruments and apparatus will be bondable with the exception of those items that are subject to a short useful life, i.e., glassware, tubing, crockery, light bulbs, etc.
 - e. Library books, maps and paintings are not bondable
 - f. Livestock, for any use, is not bondable
 - g. Rolling stock, including cars, trucks and boats and related items, are not bondable

- h. Spare and replacement parts are not bondable
 - i. Transportation costs and installation costs incurred with an outside source will be considered as part of the equipment cost
 - j. Computer hardware meeting the requirements of this list is considered bondable
2. "**Community**" means one or more incorporated or unincorporated villages, towns, neighborhoods or catchment areas.
 3. "**Community Based Organization**" means a locally organized and recognized group of individuals whose goals include efforts to maintain or increase the availability or accessibility of necessary health care for the citizens of their community.
 4. "**Dental Home**" means that a child's oral health care is delivered in a comprehensive, continuously accessible, coordinated and family-centered way by a licensed dentist. The concept of the Dental Home reflects the American Academy of Pediatric Dentistry's clinical guidelines and best principles for the proper delivery of oral health care to all children, with a concentration on infant/age one patients. The Dental Home enhances the dental professional's ability to assist children and their parents in the quest for optimum oral health care, beginning with the age one dental visit for successful preventive care and treatment as part of an overall oral health care foundation. Additionally, the establishment of the Dental Home will include referral to other dental specialists when the pediatric or general dentist cannot provide the needed care.
 5. "**Designated Shortage Area**" means a Medically Underserved Area or Health Professional Shortage Area as defined by the United States Department of Health and Human Services or as otherwise designated by the Illinois Department of Public Health.
 6. "**EPSDT**" means Early and Periodic Screening, Diagnosis and Treatment services. Section 1905(r) of the Social Security Act (Act), 42 USC 1396d(r), sets forth the basic requirements of EPSDT. Under EPSDT, health screening, vision, hearing and dental services are to be provided at intervals, which meet reasonable standards of medical and dental practice.
 7. "**Federally Qualified Health Center**" (FQHC) means a health care provider that receives a grant under Section 330 of the Public Health Service Act (Public Law 78-410) (42 USC 1395x(aa)(3)) or has been determined to meet the requirements for receiving such a grant by the Health Resources and Service Administration, U.S. Department of Health and Human Services.
 8. "**Grant**" means the funds made available by HFS for this project.
 9. "**Local Health Department**" means a county, multi-county, municipal or district public health agency recognized by HFS.
 10. "**Medically Underserved Area**" means an urban or rural area designated by the

Secretary of the United States Department of Health and Human Services as an area with a shortage of personal health services.

11. "**Medically Underserved Population**" means (i) the population of an urban or rural area designated by the Secretary of the United States Department of Health and Human Services as an area with a shortage of personal health services or (ii) a population group designated by the Secretary as having a shortage of those services.
12. "**Primary Care**" means health care that encompasses prevention services, basic diagnostic and treatment services, support services such as laboratory, radiologic, transportation, and pharmacy. It is comprehensive in nature and not organ or problem specific; it is to be oriented toward the longitudinal care of the patient; and responsible for coordination of other health and social services as they relate to the patients' needs.
13. "**Primary Care Provider**" means a person licensed to practice medicine in all of its branches under the Medical Practice Act (225 ILCS 60/1 et seq.) with a specialty in family practice, general internal medicine, obstetrics and gynecology, pediatrics, or combined internal medicine/pediatrics as defined by recognized standards for professional medical practices.
14. "**Project Director**" means an individual designated by the recipient to direct the project or program being supported by the grant. The project director is responsible and accountable to the recipient organization officials for the proper conduct of the project or program.
15. "**Rational Service Area**" means the geographic area surrounding a physician's office, a hospital or clinic, and from which the residents may be reasonably expected to seek health care from the physician, hospital or clinic located within the area.
16. "**Service area**" means the geographic area composed of the Medically Underserved Area or Medically Underserved Population.
17. "**Rural**" means any geographic area not located in a U.S. Bureau of the Census Metropolitan Statistical Area; or a county located within a Metropolitan Statistical Area but having a population of 60,000 or less; or a community located within a Metropolitan Statistical Area but having a population of 2,500 or less.
18. "**Rural Health Clinic**" (RHC) means a health care provider that has been designated by the Public Health Service, U.S. Department of Health and Human Services, or by the Governor and approved by the Public Health Service, in accordance with the Rural Health Clinics Act (Public Law 95-210) (42 USC 1395x(aa)(2)) to be an RHC.
19. "**Urban**" means any geographic area not designated as a rural area.