

Request for Applications

Dental Hygienist Co-location 2.0

Delta Dental of Colorado Foundation (DDCOF) is seeking requests for applications to permanently co-locate a registered dental hygienist (RDH) in medical settings that serve as a medical home to young children.

Background

Dental caries is the most common chronic childhood condition and yet preventable. There has been interest in exploring whether innovative dental hygiene practice models could expand access to preventive services and improve outcomes for high-risk populations. Because most infants, toddlers, and preschoolers are exposed to medical care more often than dental care, leveraging the medical home provides an opportunity to expand access to preventive oral health services for children. The US Preventive Services Task Force recently released their **Recommendation B** that medical providers provide basic preventive service, e.g. fluoride varnish, to the primary teeth of all infants and children starting at the age of primary tooth eruption. Professional academies, such as the American Academy of Pediatric Dentistry and the American Academy of Pediatrics, endorse the provision of basic preventive dental services to young children.

Colorado is one of 35 states that permit RDHs to practice independently, and one of 12 states that allow RDHs to bill Medicaid directly for reimbursement. From 2008 to 2011, DDCOF sponsored, Dental Hygienist Co-location 1.0, to co-locate dental hygienists in five pediatric primary care practices in Colorado, and evaluate whether co-location improves the oral health of young children, particularly children with limited access to preventive dental care. The program demonstrated that the co-location of dental hygienists is feasible. Currently, four out of the five hygienists remain co-located in these practices and continue to deliver preventive dental care.

Co-locating dental services into the medical home has the potential to improve the oral health of children at risk of developing early childhood caries, especially those who have limited access to preventive dental services. This model offers a practical representation of medical-dental integration by building collaboration among medical and dental providers while also bringing preventive dental services and care coordination into patient-centered medical homes. Dental hygienists co-located in medical practices coordinate the delivery of preventive dental care while providing a familiar environment for the child and a convenient location for their families. The services are complimented by having the medical provider or other designee apply fluoride varnish at a medical visit.

Key Dates

Friday, August 1, 2014

Letter of Intent

Due by 5:00 p.m. MDT

Monday, August 11, 2014

Program Overview Teleconference

11:00 a.m. – 12:00 p.m.

720-489-4799

Access Code: 008#

Participant Code: 008#

Friday, September 5, 2014Grant and Budget Applications Due
by 5:00 p.m. MDT**Friday, October 10, 2014**

Notify Applicants of Awards

November 2014

Grant Period Begins

For additional information,
please contact:

Allison Cusick, MPA, CHES**Program Officer**

Delta Dental of Colorado Foundation

4582 South Ulster Street, Suite 800

Denver, CO 80237

720-489-4711 Direct

acusick@ddpco.com

Co-location 2.0 Overview

DDCOF is launching Dental Hygienist Co-location 2.0 to facilitate medical and dental integration by incorporating preventive dental care into medical settings. This program aims to increase access to preventive dental care for young children who currently have limited access due to factors such as insufficient number of dentists in close proximity and insurance status.

DDCOF is seeking applications from organizations statewide that are a medical home to young children who are at high-risk for dental disease and are interested in being on the cutting edge of medical-dental integration by expanding services to include preventive dental care.

Over a period of five years, Co-location 2.0 aims to achieve the following:

1. Expand medical-dental integration by co-locating a dental hygienist into ten Colorado medical practices
2. Examine the impact of co-located services on health professional and parent behaviors as well as children's oral health outcomes
3. Test financial sustainability of co-location models
4. Identify factors that lead to successful implementation of co-location models

DDCOF will consider funding unique co-location models that define the relationship between the medical practice and the registered dental hygienist. Models may include the following:

- Community health center co-locating a dental hygienist as part of the medical team
- Medical home that partners with an independent dental hygiene provider
- Medical home that partners with a dental practice

Program Activities

As part of this program, grantees agree to complete the following scope of activities:

1. Recruit and hire a full-time RDH or two half-time RDHs to co-locate in the medical practice within six months of the practice's agreement to participate in the program.
2. Co-locate a RDH in the practice during the majority of business hours. It is anticipated that after two years, this position will become a sustainable, integral part of the medical practice.
3. Participate in "Cavity Free at Three" oral health promotion education training.
4. Secure necessary equipment and create dual-function examination space to provide patient dental care (existing space must be available, and grant funds will support equipment purchase).
5. Develop and implement a process to coordinate care between medical and dental providers (e.g. within clinic; with outside dental providers).
6. Develop and coordinate relationships with Medicaid and CHP+ participating dentists or any other licensed dentist in order to provide continuity of care and in collaboration with the RDH.
7. Participate in coaching and training provided by program staff that includes developing coaching plans, implementing the co-location program model, and supporting individual practice needs throughout program implementation.

8. Work with individual medical practices on dental record and claims submission processes.
9. Participate in a five-year evaluation of the program and all related evaluation activities (such as, baseline and annual data collection of evaluation cohort, interviews, and surveys related to implementation) with program evaluators.
10. Assist program evaluators in identifying cohorts of families to participate in the data collection phase of evaluation.
11. Participate in annual learning sessions with other co-location grantees to share experiences and discuss successes, challenges, and opportunities.

Availability of Funds

Funding is available to support:

- ☒ Program start-up costs including the purchase of necessary equipment and supplies to create a dual-function examination room. Funding will not support permanent capital improvements, such as the new construction or build-out of an entirely new space.
- ☒ A percentage of salary and benefits of a full-time RDH to support the organization until revenue enables sustainability. Funding requests must take into consideration projected revenue reimbursements that the practice receives as a result of RDH services provided.
- ☒ Other expenses necessary to support program implementation.

A variety of factors will influence the total funding amount requested. Factors may include: scope of hygiene services to be provided, whether the RDH will be an employee or contract position, and projected reimbursements for services provided. Proposals may include requests for up to two years of funding to facilitate sustainability. The program team is available to provide technical assistance for organizations developing the application and determining funding needs.

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Contact Allison Cusick
720-489-4711 Direct
acusick@ddpco.com

Letter of Intent

The Letter of Intent must include the following elements:

1. Organization and contact information
2. Description of organization including patient population served
3. Description of proposed model to be implemented (e.g., medical home partnership with independent dental hygiene provider)
4. Description of interest in this funding opportunity
5. Projected date of when the co-located service delivery will begin

Grant Application

The Grant Application must include the following elements:

- I. Organization Information
 - a. Name of Organization (should be the same as on IRS Form 990)
 - b. Address
 - c. Executive Director: Name, Phone Number, and Email Address

- d. Primary Contact: Name, Phone Number, and Email Address
 - e. Summary of organization (history, mission, services provided, existing medical, and dental services)
 - f. Patient Population (number of adults/children, type of insurance, and availability of dental care in community)
2. Program Details (not to exceed five pages, excluding budget)
 - a. Program Summary (provide a brief summary of how the program will be implemented in the specific medical setting)
 - b. Program Plan
 - Describe the steps the organization will take to complete each of the program activities
 - Describe key milestones and projected dates for completion (e.g., hiring of hygienist, data collection, services begin, etc.)
 - Describe how the organization will track progress and make improvements to the program over time
 - c. Three-Year Program Budget (provide a detailed program budget including all projected expenses and revenue that shows how program will become self-sustaining)
 - d. Amount of Funding Request (as applicable for each year)
 - Year One Funding Request
 - Year Two Funding Request
 - e. Sustainability Plan (describe how this program will be sustained after grant funds are expended)
 - f. Program Partners (identify program partners, including referral dentists, and their role in this program)

Key Dates

- The Letter of Intent (LOI) is due Friday, August 1, 2014 by 5:00 p.m. MDT, in electronic format (Adobe PDF preferred), to Allison Cusick, acusick@ddpco.com
- A program overview and Q/A for organizations who submitted a LOI will occur during a Teleconference on Monday, August 11, 2014 from 11:00 a.m. – 12:00 p.m. MDT
- Grant applications are due Friday, September 5, 2014 by 5:00 p.m. MDT, in electronic format (Adobe PDF preferred), to Allison Cusick, acusick@ddpco.com
- Applicants will be notified of awards on Friday, October 10, 2014
- Grant period will begin in November, 2014

For additional information, please contact:

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