OHIO DEPARTMENT OF HEALTH

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John R. Kasich/Governor

Richard Hodges/Director of Health

MEMORANDUM

Date: August 19, 2016

To: Prospective Dental OPTIONS Program Applicants

From: Mary DiOrio, M.D., Chief
Office of the Medical Director
Ohio Department of Health

Subject: Notice of Availability of Funds for Program Period 10/1/2016 to 6/30/2017
Competitive Grant Applications for Dental OPTIONS Program

The Ohio Department of Health (ODH), Office of the Medical Director, Bureau of Health Promotion (BHP) announces the availability of competitive grant funds to support the Dental OPTIONS Program. This Solicitation will provide you guidance in completing the online application for the competitive program period. **Grant applications are due by 4:00 p.m. Monday, September 19, 2016 for the budget period October 1, 2016 through June 30, 2017. Late applications will not be accepted.**

Introduction/Background

Dental OPTIONS (**O**hio **P**artnership **T**o **I**mprove **O**ral health through access to **N**eeded **S**ervices) is a partnership between the Ohio Dental Association and the Ohio Department of Health. The partnership was formed in 1996 to improve access to dental care for Ohio's poor, working poor, low-income seniors and persons who are medically, mentally or physically challenged. The mission of the OPTIONS program is to assist Ohioans with special health care needs and/or financial barriers obtain needed dental care.

The Dental OPTIONS Program is designed to fund an agency to provide referrals for individual Ohioans to resources such as Medicaid providers, safety net dental care programs in their communities, and when no local resources exist, to match qualified individuals with volunteer dentists participating in the program. Since OPTIONS began, over $22.4 M in treatment has been provided by volunteer dentists enrolled in the program.

In 2013, the Affordable Care Act (ACA) was implemented requiring uninsured individuals to purchase healthcare. However, the ACA did not include adult dental care as an essential health benefit, leaving many low-income Ohioans without dental insurance. The Dental OPTIONS Program continues to be a source of care for Ohioans who have no access to dental services in their communities.

ODH grant funding will be awarded to one non-profit agency to administer the OPTIONS program on a statewide basis. Oversight of the program is provided by a steering committee made up of three representatives from the Ohio Dental Association and three representatives from the Ohio Department of Health.

All interested parties must submit a *Notice of Intent to Apply for Funding* (NOIAF) form, no later than **Thursday, August 25, 2016** to be eligible to apply for funding (Appendix B in the Solicitation). Upon receipt of your completed NOIAF, ODH will:

a. Create the grant application account for your organization. *This account number will allow you to submit an application via the Internet using the Grants Management Information System (GMIS). All grant applications must be submitted via the internet using GMIS.

b. Assess your organization's GMIS training needs (as indicated on the completed *Notice of Intent to Apply for Funding* form) and ODH will contact you regarding upcoming GMIS training dates. GMIS training is mandatory if your organization has never received it.

Once ODH receives your completed *Notice of Intent to Apply for Funding* form, creates the grant application account for your organization, and finalizes all GMIS training requirements, you may proceed with the application process as outlined in the Solicitation.

The Solicitation will provide detailed information about the background, intent and scope of the grant, policy, procedures, performance expectations, general information and requirements associated with the administration of the grant.

Technical Assistance Session

A technical assistance session (Bidders' Conference) will be conducted via conference call at 12:00 p.m. on **Wednesday, August 24, 2016.** Additional call details are on the attached registration form. Please complete and return the registration form to the Bureau of Health Promotion no later than close of business on Thursday, August 18, 2016 to confirm your attendance at this session. While attendance is optional, if you have questions or need assistance in completing this grant application, every effort should be made to attend this session.

Please contact Mona Taylor, Oral Health Access Program Coordinator, by email at Mona.Taylor@odh.ohio.gov, or by phone at (614) 466-4180, if you have any questions regarding this application.

*Organizations that have previously received GMIS training will automatically receive a grant application account number upon receipt of a completed *Notice of Intent to Apply for Funding* form.

SFY17 DENTAL OPTIONS GRANT PROGRAM
Bidders' Conference Information and Registration Form

BIDDERS' CONFERENCE

A Bidders' Conference will be held for those interested in the Ohio Department of Health, Bureau of Health Promotions' Dental OPTIONS Grant. Potential applicants are encouraged to attend; however, attendance is *not* required. At this meeting, Oral Health Program staff will provide detailed information on the goals and objectives of this grant program and the review criteria that will be used to score proposals. This meeting will also provide an opportunity for applicants to ask questions that may arise while working on proposals.

Conference Call Date: Wednesday, August 24, 2016, 12:00 p.m.

Toll-free Access Number: 1- 855-877-3730

Meeting ID: 27199# (No PIN is needed)

BIDDERS' CONFERENCE REGISTRATION

Please register for the Bidders' Conference by e-mailing the completed registration form to Mona Taylor at Mona.Taylor@odh.ohio.gov. **Forms must be submitted by close of business Tuesday, August 23, 2016** and include the following information:

The number of people from your agency who will participate: _____

_____
Agency Name

_____ (_____)_____
Contact person's name Phone number

Contact person's e-mail address: _____

Ohio.gov
So much to Discover.

Ohio Department of
HEALTH

ALL APPLICATIONS MUST BE SUBMITTED VIA THE INTERNET

OHIO DEPARTMENT OF HEALTH

OFFICE OF
The Medical Director

BUREAU OF
Bureau of Health Promotion

DENTAL OPTIONS PROGRAM
SOLICITATION
FOR
FISCAL YEAR 2017
(10/01/16 – 06/30/17)

Local Public Applicant Agencies
Non-Profit Applicants

COMPETITIVE GRANT APPLICATION INFORMATION

Revised 6/26/15
For grant starts 1/1/2016 and thereafter

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I. APPLICATION SUMMARY and GUIDANCE

An application for an Ohio Department of Health (ODH) grant consists of a number of required components including an electronic portion submitted via the Internet website "ODH Application Gateway" and various paper forms and attachments. All the required components of a specific application must be completed and submitted by the application due date. **If any of the required components are not submitted by the due date indicated in sections D, G and R, the entire application will not be considered for review.**

This is a competitive Solicitation; a Notice of Intent to Apply for Funding (NOIAF – Appendix A) must be submitted by Thursday, August 25, 2016 so access to the application via the Internet website "ODH Application Gateway" can be established.

NEW AGENCIES ONLY or if UPDATES are needed: For non-profit agencies, the NOIAF must be accompanied by proof of non-profit status. Both non-profit and local public agencies must submit proof of liability coverage. Request for Taxpayer Identification Number and Certification (W-9), and Authorization Agreement for Direct Deposit of EFT Payments Form (EFT).

The above mentioned forms are located on the Ohio Department of Administrative Services website at: http://ohiosharedservices.ohio.gov/SupplierOperations/Forms.aspx

or directly at the following websites:

- **Request for Taxpayer Identification Number and Certification (W-9), http://www.irs.gov/pub/irs-pdf/fw9.pdf?portlet=103**
- **Authorization Agreement for Direct Deposit of EFT Payments Form (EFT) http://www.ohiosharedservices.ohio.gov/SupplierOperations/doc/EFT_Payment_Authorization_OBM4310.pdf**
- **Supplier Information Form http://www.ohiosharedservices.ohio.gov/SupplierOperations/doc/Supplier_Information_Form_OBM5657.pdf**

The application summary information is provided to assist your agency in identifying funding criteria:

A. Policy and Procedure: Uniform administration of all the ODH grants is governed by the ODH Grants Administration Policies and Procedures (OGAPP) manual. This manual must be followed to ensure adherence to the rules, regulations and procedures for preparation of all Subrecipient applications. The OGAPP manual is available on the ODH website: *http://www.odh.ohio.gov*.
(Click on Grant/Contracts, ODH Grants, Grants Administrative Policies and Procedures Manual (OGAPP)) or copy and paste the following link into your web browser:
http://www.odh.ohio.gov/~/media/ODH/ASSETS/Files/funding%20opportunities/OGAPP%20Manual%20V100-2%20Rev%2010-1-2014.ashx

Please refer to Policy and Procedure updates found on the GMIS bulletin board.

B. Application Name: Dental OPTIONS Program

C. Purpose: The Dental OPTIONS (**O**hio **P**artnership **T**o **I**mprove **O**ral health through access to **N**eeded **S**ervices) Program is designed to assist one local agency in referring individual Ohioans to resources such as Medicaid providers, safety net dental care programs in their communities, and when no local resources exist, to match qualified individuals with volunteer dentists participating in the Dental OPTIONS Program.

D. Qualified Applicants: All applicants must be a local public or non-profit agency. Applicant agencies must attend or document in writing prior attendance at Grants Management Information System (GMIS) training and must have the capacity to accept an electronic funds transfer (EFT). If an applicant agency needs GMIS training prior to the establishment of access to the application, then a GMIS training form must be submitted (Appendix B).

The following criteria must be met for grant applications to be eligible for review:

1. Applicant does not owe funds to ODH and has repaid any funds due within 45 days of the invoice date.
2. Applicant has not been certified to the Attorney General's (AG's) office.
3. Applicant has submitted application and all required attachments by **4:00 p.m. on Monday, September 19, 2016.**

E. Service Area: Applicant agencies must provide services for the state of Ohio (see *Appendix E, Dental OPTIONS Program Maps*, and *Appendix F, Dental OPTIONS Program SFY16 Update*).

F. Number of Grants and Funds Available: Program funding is derived from state General Revenue and Medicaid Administrative Claiming funds. Up to $219,029 is available to be awarded to one agency to administer the Dental OPTIONS Program throughout the state of Ohio. Eligible agencies may apply for up to $219,029 to support deliverable-based work which includes implementation of the program and monthly reporting. A minimum of $35,000 of the total available funds must be budgeted for lab fees (see Section II, D, 4, Methodology). One grant will be awarded based on the experience of the applicant agency with providing case management services, ability to provide data as required by the program, proposed target number of Ohioans to be helped, including patients referred, patients matched to dentists and patients completing treatment.

*No grant award will be issued for less than **$30,000**. The minimum amount is exclusive of any required matching amounts and represents only ODH funds granted. Applications submitted for less than the minimum amount will not be considered for review.*

Allotments will be established in GMIS by ODH.

G. Due Date: All parts of the application, including any required attachments, must be completed and received by ODH electronically via GMIS or via ground delivery by **4:00 p.m. on Monday, September 19, 2016**. Applications and required attachments received after this deadline will not be considered for review.

Contact Mona Taylor, Oral Health Access Program Coordinator at (614) 466-4180 or via E-mail at Mona.Taylor@odh.ohio.gov with any questions.

H. Authorization: Authorization of funds for this purpose is contained in Amended Substitute House Bill 64 and/or the *Catalog of Federal Domestic Assistance (CFDA) Number 93.994.*

I. Goals: The primary goal of the Dental OPTIONS Program is to improve access to dental care for uninsured Ohioans who have low incomes. This goal will be achieved by the funded agency in two ways: 1) by acting as a referral source to dental programs offering dental services to the low-income population, and 2) by linking people who meet specific income eligibility criteria to dentists who have enrolled in the Dental OPTIONS Program. Dental

OPTIONS dentists volunteer and agree to discount or donate dental care to individuals accepted into the program. The Referral Coordinator's primary role is to provide case management by facilitating communication between the patient's and dentist's office until the patient's course of treatment, as agreed upon with the dentist, is complete.

J. Program Period and Budget Period: The program period will begin October 1, 2016 and end on June 30, 2017. The budget period for this application is October 1, 2016 through June 30, 2017.

K. Public Health Accreditation Board (PHAB) Standard(s): This grant program will address PHAB standard 7.2: Identify and Implement Strategies to Improve Access to Health Care Services. The PHAB standards are available at the following website:

http://www.phaboard.org/wp-content/uploads/PHABSM_WEB_LR1.pdf

L. Public Health Impact Statement: All applicant agencies that are not local health districts must communicate with local health districts regarding the impact of the proposed grant activities on the PHAB Standards.

1. *Public Health Impact Statement Summary* - Applicant agencies are required to submit a summary of the proposal to local health districts prior to submitting the grant application to ODH. The program summary, not to exceed one page, must include:

   The Public Health Accreditation Board (PHAB) Standard(s) to be addressed by grant activities:
   - A description of the demographic characteristics (e.g., age, race, gender, ethnicity, socio-economic status, educational levels) of the target population and the geographical area in which they live (e.g., census tracts, census blocks, block groups;
   - A summary of the services to be provided or activities to be conducted; and,
   - A plan to coordinate and share information with appropriate local health districts.

The applicant must submit the above summary as part of the grant application to ODH. This will document that a written summary of the proposed activities was provided to the local health districts with a request for their support and/or comment about the activities as they relate to the PHAB Standards.

2. *Public Health Impact Statement of Support* - Include with the grant application a statement of support from the local health districts, if available. If a statement of support from the local health districts is not obtained, indicate that point when submitting the program summary with the grant application. If an applicant agency has a regional and/or statewide focus, a statement of support should be submitted from at least one local health district, if available.

M. Incorporation of Strategies to Eliminate Health Inequities

Health Equity Component **(Standard Health Equity Language)**

The ODH is committed to the elimination of health inequities. Ohio's economically disadvantaged residents experience oral health disparities and, therefore do not have the

same opportunities as other groups to be healthy. Oral health is inextricably linked to overall physical well-being. Research indicates a correlation between poor oral health and a variety of other health conditions. Despite major improvements in oral health for the population as a whole, oral health disparities exist by socioeconomic status and geographic location. Explain specific social and environmental conditions (social determinants of health) in the target area that put groups who are already disadvantaged at increased risk for oral health disparities, and explain how proposed program interventions function to provide access to quality oral health services in light of the challenging social determinants of health identified above. Throughout the various components of this application (e.g., Program Narrative, Objectives) applicants are required to:

1. Explain the extent to which health disparities and/or health inequities are manifested within the problem addressed by this funding opportunity. This includes the identification of specific group(s) who experience a disproportionate burden of disease or health condition (this information must be supported by data).

2. Explain and identify how specific social and environmental conditions (social determinants of health) put groups who are already disadvantaged at increased risk for health inequities.

3. Explain how proposed program interventions will address this problem.

4. Link health equity interventions in the grant proposal to national health equity strategies using the GMIS Health Equity Module. These four items should be incorporated into the grant language in specific areas of the application and not left to the applicant to decide where to insert this information. Also care should be taken to avoid repetition to keep the responses focused and specific.

The following section will provide basic framework, links and guidance to information to understand and apply health equity concepts.

Understanding Health Disparities, Health Inequities, Social Determinants of Health & Health Equity:

Certain groups in Ohio face significant barriers to achieving the best health possible. These groups include Ohio's poorest residents and racial and ethnic minority groups. Health disparities occur when these groups experience more disease, death or disability beyond what would normally be expected based on their relative size of the population. Health disparities are often characterized by such measures as disproportionate incidence, prevalence and/or mortality rates of diseases or health conditions. Health is largely determined by where people live, work and play. Health disparities are unnatural and can occur because of socioeconomic status, race/ethnicity, sexual orientation, gender, disability status, geographic location or some combination of these factors. Those most impacted by health disparities also tend to have less access to resources like healthy food, good housing, good education, safe neighborhoods, freedom from racism and other forms of discrimination. These are referred to as **social determinants of health.** *Social determinants are the root causes of health disparities. The systematic and unjust distribution of social determinants resulting in negative health outcomes is referred to as* **health inequities**. *As long as health inequities persist, those*

aforementioned groups will not achieve their best possible health. The ability of marginalized groups to achieve optimal health (like those with access to social determinants) is referred to as **health equity**. *Public health programs that incorporate social determinants into the planning and implementation of interventions will greatly contribute to the elimination of health inequities.*

GMIS Health Equity Module:

The GMIS Health Equity Module links health equity initiatives in grant proposals to national health equity strategies such as those found in ***Healthy People 2020*** or the ***National Stakeholder Strategy for Achieving Health Equity***. Applicants are required to select the goals and strategies from the module which best reflect how their particular grant proposal addresses health disparities and/or health inequities. Applicants can choose more than one goal and/or strategy.

For more resources on health equity, please visit the ODH website at:

http://www.healthyohioprogram.org/healthequity/equity.aspx.

N. Human Trafficking: The ODH is committed to the elimination of human trafficking in Ohio. If applicable to the subrecipient program, ODH will give priority consideration to those subrecipients who can demonstrate the following:

1. Victims of human trafficking are included in your agency's target population;
   a) At-risk population
   b) Mental health population
   c) Homeless population

2. Agency promotes the expansion of services to identify and serve those affected by human trafficking.

Not Applicable to the Dental OPTIONS Program

O. Appropriation Contingency: Any award made through this program is contingent upon the availability of funds for this purpose. **The subrecipient agency must be prepared to support the costs of operating the program in the event of a delay in grant payments.**

P. Programmatic, Technical Assistance and Authorization for Internet Submission: Initial authorization for Internet submission, for new agencies, will be granted after participation in the GMIS training session. All other agencies will receive their authorization after the posting of the Solicitation to the ODH website and the receipt of the NOIAF. Please contact Mona Taylor, Oral Health Access Program Coordinator, via E-mail at Mona.Taylor@odh.ohio.gov, or by phone at (614) 466-4180, for questions regarding this Solicitation.

Applicant must attend or must document in the NOIAF prior attendance at GMIS training in order to receive authorization for internet submission.

Q. Acknowledgment: An Application Submitted status will appear in GMIS that acknowledges ODH system receipt of the application submission.

R. Late Applications: GMIS automatically provides a time and date system for grant application submissions. Required attachments and/or forms sent electronically must be transmitted by the application due date. Required attachments and/or forms mailed that are non-Internet compatible must be postmarked or received on or before the application due date of **Monday, September 19, 2016 at 4:00 p.m.**

Applicants should request a legibly dated postmark, or obtain a legibly dated receipt from the U.S. Postal Service or a commercial carrier. Private metered postmarks shall **not** be acceptable as proof of timely mailing. Applicants can hand-deliver attachments to ODH, Grants Services Unit (GSU), via the front desk at 246 N. High St., Columbus, Ohio, but they must be delivered by **4:00 p.m.** on the application due date. Fax attachments will not be accepted. **GMIS applications and required application attachments received late will not be considered for review.**

S. Successful Applicants: Successful applicants will receive official notification in the form of a Notice of Award (NOA). The NOA, issued over the signature of the Director of the Ohio Department of Health, allows for expenditure of grant funds.

T. Unsuccessful Applicants: Within 30 days after a decision to disapprove or not fund a grant application, written notification, issued over the signature of the Director of Health, or his designee, shall be sent to the unsuccessful applicant.

U. Review Criteria: All proposals will be judged on the quality, clarity and completeness of the application. Applications will be judged according to the extent to which the proposal:

1. Contributes to the advancement and/or improvement of the health of Ohioans;
2. Is responsive to policy concerns and program objectives of the initiative/program/ activity for which grant dollars are being made available;
3. Is well executed and is capable of attaining program objectives;
4. Describes Specific, Measureable, Attainable, Realistic & Time-Phased (S.M.A.R.T.) objectives, activities, milestones and outcomes with respect to time-lines and resources;
5. Estimates reasonable cost to the ODH, considering the anticipated results;
6. Indicates that program personnel are well qualified by training and/or experience for their roles in the program and the applicant organization has adequate facilities and personnel;
7. Provides an evaluation plan, including a design for determining program success;
8. Is responsive to the special concerns and program priorities specified in the Solicitation;
9. Has demonstrated acceptable past performance in areas related to programmatic and financial stewardship of grant funds;
10. Has demonstrated compliance to OGAPP;
11. Explicitly identifies specific groups in the service area who experience a disproportionate burden of the diseases; health condition(s); or who are at an increased risk for problems addressed by this funding opportunity; and,
12. Describe activities which support the requirements outlined in sections I. through M. of this Solicitation.

<u>Dental OPTIONS Program Specific Criteria</u>

In addition to the ODH Solicitation Review Criteria, the Dental OPTIONS Program has outlined program-specific criteria below. All applicant agencies must:

1. Document commitment to maximizing the impact of the Dental OPTIONS Program

throughout Ohio;

2. Describe the applicant agency's capacity to perform the work;
3. Assure adequate staffing to operate the program statewide;
4. Document the agency's experience developing and implementing case management projects in the past five years;
5. Describe the education and experience of the project manager and other key personnel as it relates to case management projects;
6. Outline plans to hire additional staff and train existing staff on Dental OPTIONS program operations;
7. Propose target numbers and associated costs for each required deliverable objective as outlined on page 15 of the Solicitation (see Section II, (D), Methodology);
8. Develop activities to accomplish each deliverable objective (**Please note:** All deliverable objectives and associated activities and costs must be entered into *Appendix D, SFY17 Dental OPTIONS Program Objectives and Activities*);
9. Project a timeline for program implementation;
10. Enter individual deliverable objectives and the total projected cost for each into the GMIS budget; and,
11. Provide detailed explanations of costs for each deliverable objective in the required budget justification narrative (see Section II, (B), Budget on page 12 of the Solicitation).

An Application Review Form is provided in Appendix C.

The ODH will make the final determination and selection of successful/unsuccessful applicants and reserves the right to reject any or all applications for any given Solicitations. **There will be no appeal of the Department's decision.**

V. **Freedom of Information Act:** The Freedom of Information Act (5 U.S.C.552) and the associated Public Information Regulations require the release of certain information regarding grants requested by any member of the public. The intended use of the information will not be a criterion for release. Grant applications and grant-related reports are generally available for inspection and copying except that information considered being an unwarranted invasion of personal privacy will not be disclosed. For guidance regarding specific funding sources, refer to 45 CFR Part 5 for funds from the U.S. Department of Health and Human Service.

W. **Ownership Copyright:** Any work produced under this grant, including any documents, data, photographs and negatives, electronic reports, records, software, source code, or other media, shall become the property of ODH, which shall have an unrestricted right to reproduce, distribute, modify, maintain, and use the work produced. If this grant is funded in whole, or in part, by the federal government, unless otherwise provided by the terms of that grant or by federal law, the federal funder also shall have an unrestricted right to reproduce, distribute, modify, maintain, and use the work produced. No work produced under this grant shall include copyrighted matter without the prior written consent of the owner, except as may otherwise be allowed under federal law.

ODH must approve, in advance, the content of any work produced under this grant. All work must clearly state:

"This work is funded either in whole or in part by a grant awarded by the Ohio Department of Health, Bureau of Health Promotion, Oral Health Program."

X. **Reporting Requirements:** Successful applicants are required to submit subrecipient program and expenditure reports. Reports must adhere to the requirements of the OGAPP manual. Reports must be received in accordance with the requirements of the OGAPP manual and this Solicitation; before the department will release any additional funds.

Note: Failure to ensure the quality of reporting by submitting incomplete and/or late program or expenditure reports will jeopardize the receipt of future agency payments.

Reports shall be submitted as follows:

1. **Program Reports:** Subrecipients' Program Reports must be completed and submitted via GMIS, as required by the sub-grant program by the following dates: The Dental OPTIONS Program subrecipient agency is required to submit program reports **via GMIS** by the following dates for the previous month's activity: November 5, 2016; December 5, 2016; January 5, 2017; February 5, 2017; March 5, 2017; April 5, 2017; May 5, 2017; June 5, 2017; and July 5, 2017. Any paper non-Internet compatible report attachments must be submitted to GSU Central Master Files by the specific report due date. **Program Reports that do not include required attachments will not be approved**. All program report attachments must clearly identify the authorized program name and grant number.

   Submission of Subrecipient Program Reports via GMIS indicates acceptance of the OGAPP.

2. **Subrecipient Reimbursement Expenditure Reports:** Subrecipients can choose monthly or quarterly reimbursement (expenditure report submission) from ODH (please check the reimbursement type on the attached NOIAF). Please note that no changes can be made to the reimbursement type once the project numbers have been established in GMIS. Subrecipient Monthly Reimbursement Expenditure Reports **must** be completed and submitted **via GMIS** by the following dates:

Period	*Report Due Date*
October 1 – 31, 2016	*November 10, 2016*
November 1 – 30, 2016	*December 10, 2016*
December 1 – 31, 2016	*January 10, 2017*
January 1 – 31, 2017	*February 10, 2017*
February 1 – 28, 2017	*March 10, 2017*
March 1 – 31, 2017	*April 10, 2017*
April 1 – 30, 2017	*May 10, 2017*
May 1 – 31, 2017	*June 10, 2017*
June 1 – 30, 2017	*July 10, 2017*

Subrecipient Quarterly Reimbursement Expenditure Reports **must** be completed and submitted **via GMIS** by the following dates: **(please see example below)**

Period	*Report Due Date*
October 1 – December 31, 2016	*January 10, 2017*
January 1 – March 31, 2017	*April 10, 2017*
April 1 – June 30, 2017	*July 10, 2017*

Note: Obligations not reported on the final monthly or 4th quarter expenditure report will not be considered for payment with the final expenditure report.

3. **Final Expenditure Reports:** A Subrecipient Final Expenditure Report reflecting total expenditures for the fiscal year must be completed and submitted **via GMIS by 4:00 p.m.** on or before **August 5, 2017**. The information contained in this report must reflect the program's accounting records and supportive documentation. Any cash balances must be returned with the Subrecipient Final Expense Report. The Subrecipient Final Expense Report serves as an invoice to return unused funds.

   Submission of the Monthly/Quarterly and Final Subrecipient Expenditure reports via the GMIS system indicates acceptance of OGAPP. Clicking the "Approve" button signifies authorization of the submission by an agency official and constitutes electronic acknowledgment and acceptance of OGAPP rules and regulations.

4. **Inventory Report:** A list of all equipment purchased in whole or in part with **current** grant funds (Equipment Section of the approved budget) must be submitted via GMIS as part of the subrecipient Final Expenditure Report. At least once every two years, inventory must be physically inspected by the Subrecipient. Equipment purchased with ODH grant funds must be tagged as property of ODH for inventory control. Such equipment may be required to be returned to ODH at the end of the grant program period.

Y. **Special Condition(s):** A Special Conditions link is available for viewing and responding to special conditions within GMIS. This link is viewable only after the issuance of the subrecipient's first payment. The 30 day time period, in which the subrecipient must respond to special conditions will begin when the link is viewable. Subsequent payments will be withheld until satisfactory responses to the special conditions or a plan describing how those special conditions will be satisfied is submitted in GMIS.

Z. **Unallowable Costs:** Funds **may not** be used for the following:

1. To advance political or religious points of view or for fund raising or lobbying;
2. To disseminate factually incorrect or deceitful information;
3. Consulting fees for salaried program personnel to perform activities related to grant objectives;
4. Bad debts of any kind;
5. Contributions to a contingency fund;
6. Entertainment;
7. Fines and penalties;
8. Membership fees -- unless related to the program and approved by ODH;
9. Interest or other financial payments (including but not limited to bank fees);
10. Contributions made by program personnel;
11. Costs to rent equipment or space owned by the funded agency;
12. Inpatient services;
13. The purchase or improvement of land; the purchase, construction, or permanent improvement of any building;
14. Satisfying any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds;
15. Travel and meals over the current state rates (see OBM website:

http://obm.ohio.gov/MiscPages/Memos/default.aspx for the most recent Mileage Reimbursement memo.)

16. Costs related to out-of-state travel, unless otherwise approved by ODH, and described in the budget narrative;
17. Training longer than one week in duration, unless otherwise approved by ODH;
18. Contracts for compensation with advisory board members;
19. Grant-related equipment costs greater than $1,000, unless justified in the budget narrative and approved by ODH;
20. Payments to any person for influencing or attempting to influence members of Congress or the Ohio General Assembly in connection with awarding of grants;
21. Promotional Items;
22. Office Furniture (including but not limited to desks, chairs, file cabinets)

Subrecipients will not receive payment from ODH grant funds used for prohibited purposes. ODH has the right to recover funds paid to Subrecipients for purposes later discovered to be prohibited.

AA. Client Incentives and Client Enablers:
Client Incentives are *an unallowable cost.* The following client incentives are allowed: *NONE*

Client Enablers are *an unallowable cost.* The following client enablers are allowed: *NONE*

Recipients of incentives must sign a statement acknowledging the receipt of the incentive and agreeing to the purpose(s) of the incentive. Subrecipients are required to maintain a log of all client incentives and enablers purchased and distributed. These files must be readily available for review during your programmatic monitoring visit.

AB. Audit: Subrecipients currently receiving funding from the ODH are responsible for submitting an independent audit report. Every subrecipient will fall into one of two categories which determine the type of audit documentation required.

Subrecipients that expend $750,000 or more in federal awards per fiscal year are required to have a single audit which meets OMB's Federal Uniform Administrative Requirements. The subrecipient must submit, a copy of the auditor's management letter, a corrective action plan (if applicable) and a data collection form (for single audits) within 30 days of the receipt of the auditor's report, but no later than nine months after the end of the Subrecipient's fiscal year. The fair share of the cost of the single audit is an allowable cost to federal awards provided that the audit was conducted in accordance with the requirements of OMB's Federal Uniform Administrative Requirements.

Subrecipients that expend less than the $750,000 threshold require a financial audit conducted in accordance with Generally Accepted Government Auditing Standards. The Subrecipient must submit a copy of the audit report, the auditor's management letter, and a corrective action plan (if applicable) within 30 days of the receipt of the auditor's report, but no later than nine months after the end of the Subrecipient's fiscal year. **The financial audit is not an allowable cost to the program.**

Once an audit is completed, a copy must be sent via e-mail to audits@odh.ohio.gov or to the ODH, Grants Services Unit, (GSU) within 30 days. Reference: OGAPP and OMB's Omni

Circular Federal Uniform Administrative Requirements regarding Audits of States, Local Governments, and Non-Profit Organizations for additional audit requirements.

Subrecipient audit reports (finalized and published, and including the audit Management Letters, if applicable) **which include internal control findings, questioned costs or any other serious findings, must include a cover letter which**:

- Lists and highlights the applicable findings;
- Discloses the potential connection or effect (direct or indirect) of the findings on subgrants passed through the ODH; and,
- Summarizes a Corrective Action Plan (CAP) to address the findings. A copy of the CAP should be attached to the cover letter.

AC. Submission of Application

Formatting Requirements:

- Properly label each item of the application packet (e.g., Budget Narrative, Program Narrative).
- Each section should use 1.5 spacing with one-inch margins.
- Program and Budget Narratives must be submitted in portrait orientation on 8 ½" by 11" paper.
- Number all pages (print on one side only).
- Program Narrative should not exceed ten (10) pages (**excludes** appendices, attachments, budget and budget narrative).
- Use a 12-point font.
- Forms must be completed and submitted in the format provided by ODH

The GMIS application submission must consist of the following:

Complete & Submit Via Internet

1. Application Information
2. Project Narrative
3. Project Contacts
4. Budget
   - Primary Reason
   - Funding
   - Justification
   - Personnel
   - Other Direct Costs
   - Equipment
   - Contracts
   - Compliance Section
   - Summary
5. Civil Rights Review Questionnaire
6. Assurances Certification
7. Federal Funding Accountability and Transparency Act (FFATA) reporting form
8. Change request in writing on agency letterhead **(Existing agency with tax identification number, name and/or address**

change(s).)

9. Health Equity Module
10. Public Health Impact Statement Summary (non-health department only)
11. Statement of Support from the Local Health Districts (non-health department only)
12. Attachments as required by Program
    - *Appendix D, SFY17 Dental OPTIONS Program Objectives and Activities*
    - SFY17 Proposed Staffing Plan

One copy of the following document(s) must be e-mailed to audits@odh.ohio.gov or mailed to the address listed below:

Complete Copy & E-mail or Mail to ODH

Current Independent Audit (latest completed organizational fiscal period; **only if not previously submitted)**

Ohio Department of Health
Grants Services Unit
Central Master Files, 4th Floor
35 E. Chestnut Street
Columbus, Ohio 43215

II. APPLICATION REQUIREMENTS AND FORMAT

GMIS access will be provided to an agency after it has completed the required ODH sponsored training. Agencies who have previously completed GMIS training will receive access after the Solicitation is posted to the ODH website.

All applications must be submitted via GMIS. Submission of all parts of the grant application via the ODH's GMIS system indicates acceptance of OGAPP. Submission of the application signifies authorization by an agency official and constitutes electronic acknowledgment and acceptance of OGAPP rules and regulations in lieu of an executed Signature Page document.

A. Application Information: Information on the applicant agency and its administrative staff must be accurately completed. This information will serve as the basis for necessary communication between the agency and the ODH.

B. Budget: Prior to completion of the budget section, please review page 9 of the Solicitation for unallowable costs.

Match or Applicant Share is not required by this program. Do not include Match or Applicant Share in the budget and/or the Applicant Share column of the Budget Summary. Only the narrative may be used to identify additional funding information from other resources.

1. **Primary Reason and Justification Pages:** Provide a detailed budget justification narrative that describes how the categorical costs are derived. Discuss the necessity, reasonableness, and allocability of the proposed costs. Describe the specific functions of the personnel, consultants and collaborators. Explain and justify equipment, travel,

(including any plans for out-of-state travel), supplies and training costs. (A budget justification example can be found on the GMIS Bulletin Board at https://odhgateway.odh.ohio.gov/gmis/forms/BulletinForm.aspx.).

2. **Personnel, Other Direct Costs, Equipment and Contracts:** Submit a budget with these sections and form(s) completed as necessary to support costs for the period October 1, 2016 to June 30, 2017. **NOTE:** See page 15 of this Solicitation for additional instructions on completing the GMIS Budget. The budget must be entered as Deliverable Objectives in the Other Costs category as outlined in Section II, (D), Methodology.

   Funds may be used to support personnel, their training, travel (see OBM website) http://obm.ohio.gov/MiscPages/TravelRule and supplies directly related to planning, organizing and conducting the initiative/program/activity described in this announcement.

   The applicant shall retain all original fully executed contracts on file. A completed "Confirmation of Contractual Agreement" (CCA) must be submitted via GMIS for each contract once it has been signed by both parties. All contracts must be signed and dated by all parties prior to any services being rendered and must be attached to the CCA section in GMIS. The submitted CCA and attached contract must be approved by ODH before contractual expenditures are authorized. **CCAs and attached contracts cannot be submitted until the first quarter grant payment has been issued.**

   Please refer to the memorandum issued by the Director on November 26, 2013 Subject: Contracts. The memorandum was posted on the GMIS Bulletin Board on November 27, 2013.

   The applicant shall itemize all equipment **(minimum $1,000, unit cost value)** to be purchased with grant funds in the Equipment Section.

3. **Indirect (Facilities and Administration): Note to Applicant- please select one of the 3 options that apply.**

   Use the indirect cost rate included in the agency's Indirect Cost Rate Agreement as negotiated with and approved by the cognizant federal funder. If the applicant chooses this option, then the agreement must be submitted in GMIS as an attachment to the application

   If the subrecipient has not executed a federally approved Indirect Cost Rate Agreement, the subrecipient may elect to charge a de minimis rate of 10% of modified total direct costs (MTDC) which may be used indefinitely.

   Base the budget solely upon direct costs.

   For further information please see section B2.10 of OGAPP.

4. **Compliance Section:** Answer each question on this form in GMIS as accurately as possible. ***Completion of the form ensures your agency's compliance with the administrative standards of ODH and federal grants.***

C. **Assurances Certification:** Each subrecipient must submit the Assurances (Federal and State Assurances for subrecipients) form within GMIS. This form is submitted as a part of each application via GMIS. The Assurances Certification sets forth standards of financial conduct relevant to receipt of grant funds and is provided for informational purposes. The listing is not all-inclusive and any omission of other statutes does not mean such statutes are not assimilated under this certification. Review the form and then press the "Complete" button. By submission of an application, the subrecipient agency agrees by electronic acknowledgment to the financial standards of conduct as stated therein.

D. **Project Narrative:**

1. **Executive Summary:** [*The Executive Summary is limited to one (1) page of the total ten (10) page limit for the Project Narrative.*] Identify the target population, services and programs to be offered and what agency or agencies will provide those services, burden of health disparities and health inequities. Describe the public health problem(s) that the program will address.

2. **Description of Applicant Agency/Documentation of Eligibility/Personnel:** Briefly discuss the applicant agency's eligibility to apply. Summarize the agency's structure as it relates to this program and, as the lead agency, how it will manage the program.

   Describe the capacity of your organization, its personnel or contractors to communicate effectively and convey information in a manner that is easily understood by diverse audiences. This includes persons of limited English proficiency, those who are not literate, have low literacy skills, and individuals with disabilities.

   Note any personnel or equipment deficiencies that will need to be addressed in order to carry out this grant. Describe plans for hiring and training, as necessary. Delineate all personnel who will be directly involved in program activities. Include the relationship between program staff members, staff members of the applicant agency, and other partners and agencies that will be working on this program. Include position descriptions for these staff.

3. **Problem/Need:** Identify and describe the health status concern(s) that will be addressed by the program. The specific health status concerns that the program intends to address may be stated in terms of health status (e.g., morbidity and/or mortality) or health system (e.g., accessibility, availability, affordability, appropriateness of health services) indicators. The indicators should be measurable in order to serve as baseline data upon which the evaluation will be based. Clearly identify the target population.

   Explicitly describe segments of the target population who experience a disproportionate burden for the health concern or issue; or who are at an increased risk for the problem addressed by this funding opportunity.

   Include a description of other agencies/organizations, in your area, also addressing this problem/need.

4. **Methodology:** In narrative form, identify the program goals, **SMART** process, impact, or outcome objectives and activities. The following SMART objectives must be submitted as the objectives the agency will be working toward accomplishing (insert numbers specific to your agency's program):
   a) Develop a new, or adapt an existing case management and reporting system to accommodate the Dental OPTIONS Program by December 1, 2016. (Applicants should choose one option and outline activities to accomplish this deliverable objective in *Appendix D, SFY17 Dental OPTIONS Program Objectives and Activities*);
   b) Provide _____ referrals to other sources of care for clients who do qualify for those sources of care by June 30, 2017;
   c) Match _____ eligible patients to volunteer dentists by June 30, 2017;
   d) _____ cases matched to dentists will partially complete treatment by June 30, 2017;
   e) _____ cases matched to dentists will fully complete treatment by June 30, 2017; and,
   f) $_____ will be budgeted to pay for lab fees on behalf of patients who qualify for donated dental care **(applicant must budget a minimum of $35,000 for labs)**.

If health disparities and/or health inequities have been identified, describe how program activities are designed to address these issues. Complete a program activities timeline to identify program objectives and activities and the start and completion dates for each (see *Appendix D, SFY17 Dental OPTIONS Program Objectives and Activities*). An electronic version of Appendix D will be emailed to potential applicants once the NOIAF has been submitted; applicants must complete and attach the electronic version of Appendix D in GMIS. Additionally, applicants must include a projected staffing plan for SFY17 as part of the Project Narrative.

NOTE: Below are the deliverable objectives the agency must achieve in order to receive payment. Applicant must enter Deliverable Objectives with the estimated dollar amounts for each in the Other Costs section of the GMIS Budget.

Deliverable Objective 1: Develop Case Management and Reporting System

Agency will adapt an existing or develop a new system to accommodate required patient case management and program reporting activities on or before December 1, 2016. Case management activities include referring patients to other sources of care (e.g., safety net dental clinics and/or Medicaid), reviewing patient applications to determine whether patients qualify for the program according to OPTIONS program guidelines, matching qualified patients with volunteer dentists who have agreed to provide discounted or donated dental services, and managing the matched patients through their course of treatment as agreed upon with the dentist. Patients may need additional dental services not performed by the primary dentist and will require case management to match patients to dental specialists as part of their treatment. Examples of this are dental labs for dentures and crowns, oral surgeons for extractions, etc. Program reporting includes, but is not limited to:

a) number of patients referred and to which source (i.e. safety net, Medicaid);
b) number of applications received;
c) number of applications denied;
d) number of patients on waiting list;

e) number of patients matched to dentists (discounted and donated);
f) number of patients with partially completed cases (discounted and donated);
g) number of patients with fully completed cases (discounted and donated);
h) value of treatment provided by dentists (discounted and donated);
i) value of treatment provided by labs (discounted and donated);
j) number of dentists (including specialists) enrolled in the program;
k) number of labs enrolled in the program.

Applicant agency's case management system must have the capacity to import and manage current program data, e.g. patient records, case notes, treatment value, enrolled dentists and labs, etc. **Please note:** When completing the GMIS Budget, applicant agency will enter the total estimated dollar amount for this deliverable into the Other Costs category for *Deliverable Objective 1: Develop Case Management and Reporting System.*

Deliverable Objective 2: Patient Referrals

Agency will estimate the total number of patients who will be referred to other appropriate sources of care by June 30, 2017, as well as the cost per referral. The OPTIONS program refers patients to safety net dental clinics near where the patient lives, if available. The program also makes referrals to Medicaid if patient's income potentially qualifies them for the Medicaid program. **Please note:** When completing the GMIS Budget, applicant agency will enter the total estimated dollar amount for patient referrals in the Other Costs category for *Deliverable Objective 2: Patient Referrals.* Documentation to support the number of referrals will be required as part of the agency's expenditure reporting.

Deliverable Objective 3: Match Eligible Patients to Volunteer Dentists

Agency will estimate the number of patients who will be matched to volunteer dentists by June 30, 2017 and the cost per match. **Please note:** When completing the GMIS Budget, applicant agency will enter the total dollar amount for all patients to be matched into the Other Costs category for *Deliverable Objective 3: Match Eligible Patients to Volunteer Dentists*. Documentation to support the number of matches will be required as part of the agency's expenditure reporting.

Deliverable Objective 4: Partially Completed Cases

Agency will estimate the number of patients who will partially complete their course of treatment by June 30, 2017. For each OPTIONS patient who is matched to a dentist and partially completes treatment, the agency will determine an amount to be paid per case. Past experience of the OPTIONS program has shown that approximately 5% of patients matched to dentists partially complete their treatment. **Please note:** When completing the GMIS Budget, sub-grantee agency will enter the dollar amount for all partially completed cases into the Other Costs category for *Deliverable Objective 4: Partially Completed Cases*. Documentation to support the number of partially completed cases will be required as part of the agency's expenditure reporting.

Deliverable Objective 5: Completed Cases

Agency will estimate the number of patients whose treatment will be completed by June 30, 2017, as well as the payment per completed case. ODH will pay for each OPTIONS patient who completes dental care (completed case). **A minimum of 500 cases must be completed. Please note:** When completing the GMIS budget, applicant agency will enter the total dollar amount for all patients whose treatment is completed into the Other Costs

category for *Deliverable Objective 5: Completed Cases*. Documentation to support the number of completed cases will be required as part of the agency's expenditure reporting.

Deliverable Objective 6: Lab Fees

Agency will estimate lab expenditures for patients who qualify for donated dental services. **A minimum of $35,000 must be budgeted for lab fees.** The funded agency will be reimbursed for lab expenditures as part of the grant. **Please note:** When completing the GMIS budget, sub-grantee agency will enter the estimated dollar amount to be paid for labs into the Other Costs category for *Deliverable Objective 6: Lab Fees*. Supporting documentation of lab expenditures (i.e. invoices, purchase orders, etc.) must be attached in GMIS as part of the agency's expenditure reporting.

E. **Civil Rights Review Questionnaire - EEO Survey:** The Civil Rights Review Questionnaire Survey is a part of the Application Section of GMIS. Subrecipients must complete the questionnaire as part of the application process. This questionnaire is submitted automatically with each application via the Internet.

F. **F. Federal Funding Accountability and Transparency Act (FFATA) Requirements:** All applicants applying for ODH grant funds are required to complete the FFATA reporting form in GMIS. Applicants must ensure that the information contained in SAM.gov, DUN & Bradstreet and the FFATA reporting form match. ODH will hold all payments if an applicant's information does not successfully upload into the federal system.

All applicants for ODH grants are required to obtain a Data Universal Number System (DUNS), register in SAM.gov and submit the information in the grant application. For information about the DUNS, go to http://fedgov.dnb.com/webform. For information about System for Award Management (SAM) go to www.sam.gov.

Information on Federal Spending Transparency can be located at www.USAspending.gov or the Office of Management and Budget's website for Federal Spending Transparency at www.whitehouse.gov/omb/open.

(Required by all applicants, the FFATA form is located on the GMIS Application page and must be completed in order to submit the application.)

G. **Public Health Impact:** Applicants that are not local health departments are to attach in GMIS the statement(s) of support from the local health district(s) regarding the impact of your proposed grant activities on the PHAB Standards. If a statement of support from the local health districts is not available, indicate that and submit a copy of the program summary that your agency forwarded to the local health district(s).

H. **Attachment(s):** Attachments are documents which are not part of the standard GMIS application but are deemed necessary to a given grant program. All attachments must clearly identify the authorized program name and program number. All attachments submitted to GMIS must be attached in the "Project Narratives" section and be in one of the following formats: PDF, Microsoft Word or Microsoft Excel. Please see the GMIS bulletin board for instructions on how to submit attachments in GMIS. Attachments that are non-Internet compatible must be postmarked or received on or before the application due date. An original and the required number of copies of non-Internet compatible attachments must be

mailed to the ODH, Grants Services Unit, Central Master Files address by **4:00 p.m. on or before Monday, September 19, 2016.**

A minimum of an original and 0 copies of non-Internet attachments are required.

III. APPENDICES

A. Notice of Intent to Apply For Funding
B. GMIS Training Form
C. Application Review Form
D. SFY17 Dental OPTIONS Program Objectives and Activities
E. Dental OPTIONS Program Maps
F. Dental OPTIONS Program SFY16 Update

NOTICE OF INTENT TO APPLY FOR FUNDING

Reimbursement Type

☐ Monthly
OR
☐ Quarterly

Ohio Department of Health
Office of the Medical Director
Bureau of Health Promotion

ODH Program Title:
Dental OPTIONS Program

ALL INFORMATION REQUESTED MUST BE COMPLETED.

County of Applicant Agency _____ **Federal Tax Identification Number** _____

NOTE: The applicant agency/organization name must be the same as that on the IRS letter. This is the legal name by which the tax identification number is assigned.

Type of Applicant Agency ☐ County Agency ☐ Hospital ☐ Local Schools ☐ City Agency

(Check One) ☐ Higher Education ☐ Not-for Profit

Applicant Agency/Organization _____

Applicant Agency Address _____

_____

Agency Contact Person Name and Title _____

Telephone Number _____ **E-mail Address** _____

_____ _____
Agency Head (Print Name) **Agency Head (Signature)**

Does your agency have at least two staff members who have been trained in and currently have access to the ODH GMIS system? ☐ YES ☐ NO **If yes, no further action is needed.**

If no, at least two people from your agency are **REQUIRED** to complete the training before you will be able to access the ODH GMIS system and submit a grant proposal. Complete the GMIS training request form in the Request for Proposal.

The NOIAF must be accompanied by the agency's Proof of Non-Profit status (if applicable); Proof of Liability Coverage (if applicable); Request for Taxpayer Identification Number and Certification (W-9), Authorization Agreement for Direct Deposit of EFT Payments Form (EFT), (New Agency Only) Vendor Information Form. These forms are located on the Ohio Department of Administrative Services website at: http://www.ohiosharedservices.ohio.gov/VendorsForms.aspx. You can also access these forms at the following websites:

- **Request for Taxpayer Identification Number and Certification (W-9), http://www.irs.gov/pub/irs-pdf/fw9.pdf?portlet=103**
- **Authorization Agreement for Direct Deposit of EFT Payments Form (EFT) http://www.ohiosharedservices.ohio.gov/SupplierOperations/doc/EFT_Payment_Authorization_OBM4310.pdf**
- **Supplier Information Form http://www.ohiosharedservices.ohio.gov/SupplierOperations/doc/Supplier_Information_Form_OBM5657.pdf**

Forms are only required for NEW AGENCIES or if UPDATES are needed for current agencies. ODH will forward the forms to Ohio Shared Services. FORMS MUST BE RECEIVED BY Thursday, August 25, 2016.

Mail, E-mail: Mona Taylor, Oral Health Access Program Coordinator, (614) 466-4180
Ohio Department of Health, Dental OPTIONS Program
246 North High Street – 7th Floor
Columbus, OH 43215
E-mail: Mona.Taylor@odh.ohio.gov

NOTE: NOIAF's will be considered late if any of the required forms listed above are not received by NEW AGENCIES by the due date. NOIAF's considered late will not be accepted.

Ohio.gov
So much to Discover.

Ohio Department of HEALTH

Grants Management Information System

GMIS Training, User Access, Access Change or Deactivation Request

One request per person. Requests will only be honored when signed by your **Agency Head** or **Agency Financial Head** and complete. In addition, if a user leaves your agency, you are to notify ODH so that their account is rendered inactive and submit a form for the replacement. The user will receive his/her username and password via e-mail once the request is processed. *Please note: GMIS Training is only required for New Agencies to ODH. If you are new to your agency someone there should train you. Refresher guides can be found on the ODH web site: http://www.odh.ohio.gov/en/about/grants/grants.aspx ODH Grants Page – "GMIS Training Resource" Section.* Confirmation of your GMIS training session will be e-mailed once a date has been assigned by ODH. Also use this form when user changes are needed.

`Date: _____

Check the type of access and complete the information requested: [ ] Employee - needs GMIS Training

[ ] New Employee - needs GMIS Access. Effective Date of Activation: _____

[ ] Existing Employee - New GMIS User or GMIS User Access Change. Effective/Change Date:

_____

[ ] Deactivation – User no longer needs access to ODH Application Gateway/GMIS 2.0 or GMIS 2.0 only:

Effective Date of Deactivation (ODH Application Gateway/GMIS 2.0): _____

Or Effective Date of Deactivation (GMIS 2.0 access only): _____

Agency Name & Address: _____

_____

Employee Name (no nicknames):

Employee Job Title:

Employee Office Phone Number:

Employee Office Fax Number:

Employee Office Email Address:

User Access Section: Please check all that applies and enter requested information:

Email Notifications: [ ] Yes [ ] No

GMIS Project Number(s) user needs access to: _____ _____

_____ _____ _____ _____

_____ _____ _____ _____

Authorization Signature for User Access/Change/Deactivation:

_____ _____

Signature of Agency Head or Agency Financial Head — Printed Name of Agency Head or Agency Financial Head

To be completed by Grants System Officer ONLY - Date Received: Date Processed:

Deliver Requests to Karen Tinsley, Grants System Officer, 614-644-7546
Mail: ODH/OFA, 35 E. Chestnut St.,4th Floor, Columbus, Ohio 43215 *Or*
Scan & Email: karen.tinsley@odh.ohio.gov

An Equal Opportunity Employer/Provider

SFY17 DENTAL OPTIONS PROGRAM EVALUATION CRITERIA

Each proposal will be scored and numerical point values will be assigned according to the criteria listed in Table 2 below. The scale in Table 1 below (0-5) will be used to rate the responses to the Solicitation on the evaluation criteria listed in Table 2.

Table 1 SCORING RUBRIC

DOES NOT MEET	WEAK	BELOW AVERAGE	MEETS	ABOVE AVERAGE	STRONG
0 POINTS	1 POINT	2 POINTS	3 POINTS	4 POINTS	5 POINTS

ODH will score the applicant agency's responses to the Solicitation by multiplying the score received in each evaluation category by its assigned weight and adding the scores for all categories together for the applicant's total score. Scoring rubric numerical values are defined as follows:

DOES NOT MEET (0): Response does not comply substantially with requirements or is not provided.

WEAK (1): Response was poor related to meeting the objectives.

BELOW AVERAGE (2): Response indicates the objectives will not be completely met or at a level that will be below average.

MEETS (3): Response generally meets the objectives (or expectations).

ABOVE AVERAGE (4): Response indicates the objectives will be exceeded.

STRONG (5): Response significantly exceeds objectives (or expectations) in ways that provide tangible benefits or meets objectives (or expectations) and contains at least one enhancing feature that provides significant benefits.

Table 2 SCORING CRITERIA

SFY17 DENTAL OPTIONS PROGRAM EVALUATION CRITERIA AND SCORE SHEET			
Applicant Agency Profile (maximum 100 points)	**Weight**	**Reviewer's Score**	**Weighted Score**
1. Proposal effectively outlines company history, years in business, number of employees and financial stability.	5		
2. Applicant agency effectively describes its capacity to do the work, and assures adequate staffing to operate the program statewide.	5		
3. Applicant has relevant experience developing and implementing case management projects of a similar scope and size, particularly within past five (5) years. Includes specific examples.	10		
TOTAL APPLICANT AGENCY PROFILE SCORE			
Staffing Plan (maximum 100 points)	**Weight**	**Reviewer's Score**	**Weighted Score**
1. Formal education and professional experience of project personnel, including project manager and key personnel assures staff are qualified to implement and complete the project.	10		
2. Proposal describes plans for hiring additional staff and training existing staff in order to effectively implement the Dental OPTIONS program across the state.	10		
TOTAL STAFFING PLAN SCORE			
Scope of Work (maximum 300 points)	**Weight**	**Reviewer's Score**	**Weighted Score**
1. All deliverable objectives are completed as specified in Section II (D) of the Solicitation; adequate activities to accomplish the objectives are included (refer to Appendix D, SFY17 Dental OPTIONS Program Objectives and Activities).	15		
2. Applicant projects a reasonable timeline for implementing the program, including development or adaptation of a reporting and case management system.	15		
3. Proposed deliverable objectives and associated budget are achievable as outlined.	15		
4. Proposed budget is clearly explained in the budget justification with sufficient detail as to how cost per unit for each deliverable was determined.	15		
TOTAL SCOPE OF WORK SCORE			
TOTAL COMBINED SCORE (maximum 500 points)			

APPENDIX D

SFY17 DENTAL OPTIONS PROGRAM OBJECTIVES AND ACTIVITIES

Agency Name:	
Proposal Number:	

DELIVERABLE OBJECTIVE 1 AND ASSOCIATED ACTIVITIES	***NUMBER***	***COST***	***TOTAL OBJECTIVE COST***	***TIMETABLE*** (OCTOBER 1, 2016 - JUNE 30, 2017)
Describe the process used (activities) to achieve the deliverable objective listed in the first row (below)	***Estimate the proposed number for each objective (if applicable)***	***Estimate the cost per proposed number***	***This cell will calculate automatically***	***Include specific beginning and ending dates for each***
1. Develop new or adapt existing (choose one) case management and reporting system to accommodate Dental OPTIONS Program.			$0.00	October 1, 2016 through December 1, 2016
1.a.				
1.b.				
1.c.				
1.d.				
1.e.				

APPENDIX D

SFY17 DENTAL OPTIONS PROGRAM OBJECTIVES AND ACTIVITIES

Agency Name:	
Proposal Number:	

DELIVERABLE OBJECTIVE 2 AND ASSOCIATED ACTIVITIES	***NUMBER***	***COST***	***TOTAL OBJECTIVE COST***	***TIMETABLE*** (OCTOBER 1, 2016 - JUNE 30, 2017)
Describe the process used (activities) to achieve the deliverable objective listed in the first row (below)	***Estimate the proposed number for the objective (if applicable)***	***Estimate the cost per proposed number***	***This cell will calculate automatically***	***Include specific beginning and ending dates for each***
2. Provide referrals to other sources of care for clients who qualify for those sources of care.			$0.00	
2.a.				
2.b.				
2.c.				
2.d.				
2.e.				

APPENDIX D

SFY17 DENTAL OPTIONS PROGRAM OBJECTIVES AND ACTIVITIES

Agency Name:	
Proposal Number:	

DELIVERABLE OBJECTIVE 3 AND ASSOCIATED ACTIVITIES	***NUMBER***	***COST***	***TOTAL OBJECTIVE COST***	***TIMETABLE*** (OCTOBER 1, 2016 - JUNE 30, 2017)
Describe the process used (activities) to achieve the deliverable objective listed in the first row (below)	***Estimate the proposed number for each objective (if applicable)***	***Estimate the cost per proposed number***	***This cell will calculate automatically***	***Include specific beginning and ending dates for each***
3. Match eligible patients to volunteer OPTIONS dentists.			$0.00	
3.a.				
3.b.				
3.c.				
3.d.				
3.e.				

APPENDIX D

SFY17 DENTAL OPTIONS PROGRAM OBJECTIVES AND ACTIVITIES

Agency Name:	
Proposal Number:	

DELIVERABLE OBJECTIVE 4 AND ASSOCIATED ACTIVITIES	***NUMBER***	***COST***	***TOTAL OBJECTIVE COST***	***TIMETABLE*** (OCTOBER 1, 2016 - JUNE 30, 2017)
Describe the process used (activities) to achieve the deliverable objective listed in the first row (below)	***Estimate the proposed number for each objective (if applicable)***	***Estimate the cost per proposed number***	***This cell will calculate automatically***	***Include specific beginning and ending dates for each***
4. Patients matched to volunteer OPTIONS dentists who will partially complete treatment.			$0.00	
4.a.				
4.b.				
4.c.				
4.d.				
4.e.				

APPENDIX D

SFY17 DENTAL OPTIONS PROGRAM OBJECTIVES AND ACTIVITIES

Agency Name:	
Proposal Number:	

DELIVERABLE OBJECTIVE 5 AND ASSOCIATED ACTIVITIES	***NUMBER***	***COST***	***TOTAL OBJECTIVE COST***	***TIMETABLE*** (OCTOBER 1, 2016 - JUNE 30, 2017)
Describe the process used (activities) to achieve the deliverable objective listed in the first row (below)	***Estimate the proposed number for each objective (if applicable)***	***Estimate the cost per proposed number***	***This cell will calculate automatically***	***Include specific beginning and ending dates for each***
5. Patients matched to volunteer OPTIONS dentists who will fully complete treatment.	500		$500.00	
5.a.				
5.b.				
5.c.				
5.d.				
5.e.				

APPENDIX D

SFY17 DENTAL OPTIONS PROGRAM OBJECTIVES AND ACTIVITIES

Agency Name:	
Proposal Number:	

DELIVERABLE OBJECTIVE 6 AND ASSOCIATED ACTIVITIES	***NUMBER***	***COST***	***TOTAL OBJECTIVE COST***	***TIMETABLE*** (OCTOBER 1, 2016 - JUNE 30, 2017)
Describe the process used (activities) to achieve the deliverable objective listed in the first row (below)	***Estimate the proposed number for each objective (if applicable)***	***Estimate the cost per proposed number***	***This cell will calculate automatically***	***Include specific beginning and ending dates for each***
6. Amount budgeted to pay for lab fees on behalf of patients who qualify for donated dental care.	1	$35,000.00	$35,000.00	
6.a.				
6.b.				
6.c.				
6.d.				
6.e.				

APPENDIX E

DENTAL OPTIONS PROGRAM DENTIST ENROLLMENT

Through June 2016

929 PROVIDERS STATEWIDE

APPENDIX E

DENTAL OPTIONS PROGRAM WAITING LIST

Through June, 2016

787 people statewide are waiting for dental treatment through the Dental OPTIONS Program, including those waiting for specialists

APPENDIX F

OPTIONS Update
SFY16
7-1-15 through 6-30-16

2,466 people helped by OPTIONS

2,272 individuals received referrals to:
- other safety net programs
- Medicaid/Healthy Start
- emergency referrals, no applications

194 patients matched to providers
- 44 discounted
- 150 donated

454 patients completed this year
- 214 discounted
- 240 donated

571 applications received
161 denied
42 terminated cases

Reported Dentist Treatment Value
$518,736.23 Donated
$450,778.72 Discounted

$969,514.95 DENTIST REPORTED TREATMENT VALUE (donated/discounted)

$ 21,064.36 TOTAL LAB REPORTED TREATMENT VALUE (donated/discounted)

929 enrolled dentists (6-30-16)
515 both discounted and donated
198 donated only
216 discounted only

105 formally enrolled dental labs (6-30-16)