



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Office of Oral Health

Project Id: 11858
Grant Deadline: November 19, 2016

The Mississippi State Department of Health (MSDH), Office of Oral Health (OOH) is seeking applicants to apply for funding under the Oral Health Workforce Grant. The goal of this grant is to increase access to care of dental services by providing support to dental offices and dental clinics in designated dental professional shortage areas (DHPSA).

Mississippi State Department of Health, Office of Oral Health FY 2016 Competitive Grant Announcement

Eligibility

To be eligible for consideration for participation in the dental health professional shortage area grant, all applicants must:

1. Be a U.S. citizen.
2. Currently work or be applying to work at a site in Mississippi that is located in a Dental Health Professional Shortage Area (HPSA) or have accepted an offer of employment at a site in Mississippi located in a dental HPSA.
3. Have a DMD or DDS (degree must be from a program accredited by the American Dental Association (ADA) or Commission on Dental Accreditation (CODA).)
4. Have an unrestricted license to practice in Mississippi.
5. Participate as a provider in the Medicaid and Children's Health Insurance Programs, as appropriate.
6. Submit a copy of current Mississippi dental license.

Site Selection

Work sites for the grant will be approved based on the most recent HPSA designation of priority scoring. (Appendix E in grant is an example of this scoring)

EITHER

1. The site has a dental service program under the Mississippi Qualified Health Center Grant (MQHC) Program,

OR

2. The site is located in a dental HPSA or 30% Medicaid.

Deadline

All applications are due to be submitted electronically to Veronica.Gates@msdh.ms.gov by 11:59 p.m. central time on November 19, 2016. Submission of paper proposals must be sent to: Mississippi State Department of Health – Office of Oral Health, 570 East Woodrow Wilson, Jackson, MS 392115-1700. Such proposals must be post marked five (5) working days following the electronic submission of the proposal.

Applicants will receive communication via email by the grant officer.

Contact Information

The program is administered through a partnership between the Mississippi Office of Oral Health and the Mississippi Primary Care Association. Please contact Veronica Gates, Workforce Community Grant Program Coordinator, at 601-576-8205 if you have any questions.

ATTN: Veronica Gates
Workforce Community Grant Program Coordinator
Mississippi State Department of Health
Office of Oral Health
570 E. Woodrow Wilson
Jackson, MS 39215-1700
Phone: 601-576-8205
Fax: 601-576-8190



MISSISSIPPI STATE DEPARTMENT OF HEALTH

MISSISSIPPI OFFICE OF ORAL HEALTH AND THE OFFICE OF RURAL HEALTH AND
PRIMARY CARE ORAL HEALTH WORKFORCE GRANT REQUEST FOR PROPOSAL

APPLICATION DEADLINE: November 19, 2016

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I. INTRODUCTION

A. OVERVIEW

The Mississippi Office of Oral Health and the Office of Rural Health and Primary Care Grant Program are part of the Mississippi State Oral Health Workforce Development Initiative implemented through Health Resources and Services Administration grant.

According to the MSDH Office of Primary Care, the state has 250 dental health professional shortage area designations. Federal guidelines for Dental HPSA (Health Professional Shortage Area) designation specify that only primary care dentists (general practice and provisional dentists) may be counted in a geographic area when computing the dentist HPSA level. Based on counts of only general and provisional dentists, there are 76 shortage (“low”, “medium” and “high”) area counties in Mississippi. Nine of the shortage area counties (12%) are urban and 67 of the shortage area counties (88%) are rural. A summary of the number of counties at each dental HPSA level appears in the table below.

Table: Number of Counties with Dental Health Professional Shortage Areas

Dental HPSA Level (25th to 75th Percentile)	Urban	Rural	Total
Low (1-2)	2	33	35
Medium (3-4)	4	21	25
High (5+)	3	13	16
Total Counties with Shortage	9	67	76
No Shortage (0)	1	5	6
Total Counties in the State	10	72	82

Also, dentists are disproportionately distributed (39%) in two major metropolitan areas of the state; six counties have only one dentist each; and seven counties have no active dentist. Less than half of Mississippi’s active dentists are enrolled as Medicaid providers. Mississippi’s 2009-2010 Oral Health Survey of Third Grade Children revealed that 63% of third grade children have a history of decay. Also, the 2012 Behavioral Risk Factor Surveillance Survey indicated that 43.6% of Mississippi adults did not have their teeth cleaned by a dental professional during the past year. Currently 58% of the population who utilize public water systems benefit from community water fluoridation.

Disparities in access to dental care are much worse for Mississippi’s Medicaid beneficiaries. Less than half of Mississippi’s active dentists are enrolled as Medicaid providers, which poses a health concern for individuals suffering from oral health problems.

In FY 2014, the total number of Medicaid eligible individuals in Mississippi was 794,859. In the same year, 617 dental providers actively participated in the Medicaid dental program. Of these, 459 dental providers submitted Medicaid reimbursement claims equal to or more than \$10,000 in care. Only 391 dental providers were reported as serving 50+ Medicaid beneficiaries or more. In CY 2014, the MS Division of Medicaid reported that only 314 dentists billed for dental care, and five counties did not have any Medicaid dental providers.

The focus of this program is to help dentists who participate in the Medicaid program to enhance capacity to provide access to care in Dental Health Professional Shortage Areas (DHPSA).

The goal of this project is to increase access to care in hard to reach places by providing support to dental offices and dental clinics in designated dental health shortage areas (DHPSA).

The objective of this focus area is to: (1) identify target areas to recruit providers from private practice and community health centers, (2) develop grant programs to recruit dentists, enhance practices to provide more services for underserved communities and provide preventives services in MS Seals Program; (3) provide support to Federally Qualified Health Centers (FQHCs) to provide dental services in Dental HPSAs. (4) Evaluate effectiveness of each objective with chosen performance and/or effectiveness measures.

B. OFFICE OF ORAL HEALTH & PRIMARY CARE FUNDING OPPORTUNITY

The Office of Oral Health, in partnership with the Office of Rural Health and Primary Care, is establishing a three (3) year grant program to reduce barriers to dental services and improve access to care for underserved populations. The program objective is to enhance capacity to provide oral health services for populations in underserved areas. Sub-grants will be made to assist five providers who participate in Medicaid in dental shortage areas with improving access to care for vulnerable populations. The sub-grants will be based on evaluation criteria, including HPSA scores and activities to be undertaken. This grant opportunity will pay up to \$5,000 per year to each participating dental provider. Applicants wishing to participate in the program must complete and submit an application to the Office of Oral Health. Grants will be awarded to those who provide enhanced dental service operations such as expanded hours, creating relationships in school-based dentistry programs or adding equipment to accommodate additional Medicaid patients.

C. WHO MAY SUBMIT PROPOSALS

Eligible Applicants

To be eligible for consideration for participation in the dental health professional shortage area grant, all applicants must:

- (1) Be a U.S. citizen.
- (2) Currently work or be applying to work at a site in Mississippi that is located in a dental Health Professional Shortage Area (HPSA) or have accepted an offer of employment at a site in Mississippi located in a dental HPSA.
- (3) Have a DMD or DDS (Degree must be from a program accredited by the American Dental Association (ADA) or Commission on Dentist Accreditation (CODA).
- (4) Have an unrestricted license to practice in Mississippi.
- (5) Participate as a provider in the Medicaid and Children's Health Insurance Programs, as appropriate.
- (6) Submit a copy of current Mississippi dental license.

Site Selection Information

Work sites for the grant will be approved based on the most recent HPSA designation of priority scoring.

EITHER

- (1) The site has a dental services program under the Mississippi Qualified Health Center Grant (MQHC) Program,

OR

(2) The site is located in a dental HPSA or 30% Medicaid. (Please visit <https://datawarehouse.hrsa.gov/Topics/shortageAreas.aspx> to see the most up-to-date dental HPSA designations.)

D. WHEN TO SUBMIT PROPOSAL

The deadline for submitting the grant proposal is November 19, 2016 by 5:00 p.m. CST. Any grants received after this date will not be accepted.

E. HOW TO SUBMIT PROPOSAL

1. Electronic Requirements

Proposals must be submitted electronically to Veronica.Gates@msdh.ms.gov. Submission of paper proposals must be sent to: Mississippi State Department of Health – Office of Oral Health, 570 East Woodrow Wilson, Jackson, MS 39215-1700. Such proposals must be post marked five (5) working days following the electronic submission of the proposal.

2. Proposal Receipt

Applicants will receive communication via email by the grant officer.

F. PROPOSAL PROCESSING

Award notifications will be mailed in December 2016. The program implementation must take place during the December 2016-December 2017 year. A timeline of required activities are listed in the following table.

Workforce Grant Timeline Chart, Year 1					
Activities/Milestones	Year 1				Key Person/Group Responsible
	1 st Qtr	2 nd Qtr	3 rd Qtr	4 th Qtr	
Create specific objectives for grant.	x				Senior Personnel & Staff
List the activities you are undertaking to meet each of these objectives.	x				Senior Personnel & Staff
Begin Activities		x			Senior Personnel & Staff
Develop retention incentives for new patients.		x			Senior Personnel & Staff
Administer evaluation of patients and staff.		x	x	x	Senior Personnel & Staff
Ongoing process and outcome monitoring and correction actions as needed.		x	x	x	Senior Personnel & Staff
Final report to stakeholders (Community Members, MSDH Office of Oral Health).				x	Senior Personnel & Staff

II. PROPOSAL PREPARATION

Basic organization and management information and certifications are required components for grant submission. To facilitate proposal preparation, contact the grant coordinator Veronica Gates at (601) 576-8205.

A. PROPOSAL MARGIN AND SPACING REQUIREMENTS

The proposal must be clear, readily legible, and conform to the following four requirements:

- i. The height of the letters must not be smaller than 10 point, unless otherwise specified in the program solicitation to which the proposal is being submitted.
- ii. Font must be Times New Roman 12 pt. with 1.5 line spacing.
- iii. Margins, in all directions, must be at least 1 inch. .

B. SECTIONS OF THE PROPOSAL

1. Project Summary (1 page limit)

The proposal must contain a summary of the proposed activity suitable for publication, not more than one page in length. It should not be an abstract of the proposal, but rather a self-contained description of the activity that would result if the proposal were funded. The summary should be written in the third person and include a statement of objectives and methods to be employed. It must clearly address in separate statements (within the one-page summary): (1) the intellectual merit of the proposed activity; and (2) the broader impacts resulting from the proposed activity.

2. Project Description (15 page limit)

The Project Description should provide a clear statement of the work to be undertaken and must include: objectives for the period of the proposed work and expected significance as well as the relation to longer-term goals of the workforce project.

The Project Description should outline the general plan of work, including the broad design of activities to be undertaken and, where appropriate, provide a clear description of experimental methods, procedures, and plans for preservation, documentation, and sharing of data, samples, physical collections, curriculum materials, and other related research and education products. It must describe also an integral part of the narrative, the broader impacts resulting from the proposed activities, addressing ways in which the proposed activity will broaden the participation of underrepresented groups (e.g., gender, ethnicity, disability, geographic, etc).

3. Page Limitations

Brevity will assist reviewers and Foundation staff in dealing effectively with proposals. Therefore, the Project Description (including Results from Prior NSF Support, which is limited to five pages) **may not exceed 15 pages.**

4. Biographical Sketch(es) (Limit of 2 pages per senior personnel)

i. Senior Personnel

A biographical sketch (limited to two pages) is required for each individual identified as senior project personnel. See Appendix D for the definition of senior personnel.) The following information must be provided in the order and format specified below:

ii. Professional Preparation

A list of the individual's undergraduate and graduate education and postdoctoral training as indicated below:

Undergraduate Institution(s)	Major	Degree & Year
Graduate Institution(s)	Major	Degree & Year
Postdoctoral Institution(s)	Area	Inclusive Dates (years)

5. Project Budget (Fill out the form provided)

A budget cannot be prepared *until* the agency's policies, priorities, and plans have been clarified. The budget is derived from the objectives, tasks, and activities expressed in your proposal/program. A budget consists of the following:

- i. presents the proposal/program in a financial sense;
- ii. reflects the plan and how resources will be allocated to implement the plan;
- iii. is straightforward and the numbers are complete; where appropriate, calculations can be duplicated (by the reader);
- iv. tells *how* the money will be used to do the job described in the proposal/program;
- v. indicates such things as who will be doing the job, anticipated travel expenses, and what supplies and equipment will be needed;
- vi. also indicates the organization's commitment to the grant request from the standpoint of *both* cash and in-kind services.

A detailed budget should be *consistent with the proposal/program guidelines*. Costs should be in reasonable proportion to the outcomes that you anticipate.

The amount of funding that you are requesting should be commensurate with the level of effort necessary to accomplish the goals and objectives of the project. The amount of your request should be reasonable in relation to the anticipated results.

C. EVALUATION

The Mississippi State Department of Health Office of Oral Health requires grant recipients to submit one grant evaluation annually. This evaluation is submitted at nine months post receipt of award. The evaluation form is in Appendix III.

D. OPPORTUNITIES FOR RENEWED SUPPORT

A grant participant may be eligible for two grant funding continuations beyond the initial award if federal funds are appropriated for the program in August 2017 and August 2018. Approval of the first award continuation will require the existing grant participant to work in collaboration with a dentist or medical professional from an adjoining county recognized as a dental HPSA. If a collaborative partnership is created and sustainable goals and objectives are established, a second grant fund of \$5,000 may be received towards this effort. To be considered for a continuation, the grant participant must submit a continuation application, have proof of collaboration, create a workplan outline with specific, measurable, attainable, realistic, and timely (S.M.A.R.T.) goals and objectives, have applied all previously received grant funds to improve access to care for local vulnerable populations, and meet all other program eligibility criteria in effect at the time the participant is being considered for a continuation contract. There is no guarantee that a participant will receive a continuation contract to continue participation in the program beyond the initial contract. Continuation contracts are subject to the availability of federally appropriated funds and participant eligibility.

III. IMPLEMENTATION INFORMATION

Grant applicants will be notified in writing of the approval or non-approval of their application. Program staff will meet with approved applicants regarding program requirements and signing of the contract agreement. If necessary, the contract can be mailed.

1. Payment Information

Grant funds will be disbursed on a quarterly basis following the completion of each three-month period of compliance with the terms of the grant agreement. The first payment will be disbursed electronically to the participant approximately 90 days after the contract start date, pending receipt of required documentation. Participants must verify outreach activities and new patient enrollment to vulnerable and underserved community residents.

2. Request to Terminate Contract

The Mississippi Office of Oral Health and Primary Care Grant Program may consider termination of a grant award if the participant:

- (1) Submits a written and signed request to terminate; and
- (2) Submits repayment of all grant funds paid to, or on behalf of, the participant under the contract by an indicated due date.

3. Changes in Contact Information

Participants must provide the Mississippi Office of Oral Health and Primary Care Grant Program with written notification of any changes in their contact information (name change, email, mailing address, or telephone number) no later than two weeks after the change occurs.

4. Penalties for Breach of the Oral Health Workforce Grant Contract

Grant recipient must repay funds for any activity that does not directly link to improving access to vulnerable populations in the community.

5. Unused Grant Funds

All grant funds should be managed prudently and should be used for the purposes set forth in the award letter and approved proposal. Unused grant funds should be explained in written form and will be redistributed based on policies and procedures of grantee and MSDH.

Adjustments to the contract will be in accordance to the MSDH financial policies and procedures.

CONTACT INFORMATION

The program is administered through a partnership between the Mississippi Office of Oral Health and the Mississippi Primary Health Care Association. Please contact Veronica Gates, Workforce Community Grant Program Coordinator, at 601-576-8205 if you have any questions.

**ATTN: Veronica Gates
Workforce Community Grant Program Coordinator
Mississippi Office of Oral Health
570 E. Woodrow Wilson
Jackson, MS 39215-1700
Phone: 601-576-8205
Fax: 601-576-8190**

APPENDIX A

GRANT APPLICATION



MISSISSIPPI STATE DEPARTMENT OF HEALTH
GRANT APPLICATION

ENSURE YOU SUBMIT A COMPLETE APPLICATION

A complete application should include the following items in the order indicated:

- A. Cover Letter
- B. Application
- C. Executive Summary
- D. Narrative (Based on the MSDH guidelines)
- E. Attachments

Further explanation of each item follows.

A. Write an Executive Summary of the Project, Program, or Campaign.

Write an executive summary that includes:

- Brief description of the project.
- Outcomes you plan to achieve.
- Who the project serves and why it is important.
- Why your organization should receive the funds to implement the project and how the funds will be spent.

B. Write a Narrative.

Write a narrative that follows the MSDH outline below, using the headings and subheadings provided. As long as the narrative flows in the designated order, feel free to include information that you believe is important to make your case. The questions reflect the general interests of MSDH, but are not intended to be all inclusive. If a question is not applicable, explain. If a problem exists that might detract from the credibility of your organization or project, address it briefly; do not avoid or dismiss it.

Avoid including the same information in different sections of the narrative. Be thorough, yet strive for brevity. More is not necessarily better.

TIP

Share your passion, your organization/business' uniqueness and strengths and how you will make a difference through your outcomes.

1. Organizational Information.

Provide background on your organization. If you are in an affiliate of another organization, please describe.

- Summarize your organization’s history.
- Outline current program activities. *
- Highlight accomplishments.

*If you are applying for a general operating grant, these items may be similar to the ones indicated on the following page under “Purpose of the Grant.” Just include them in one place.

TIP
<i>Be clear and succinct. Differentiate yourself from similar or competing organizations.</i>

2. **Purpose of Grant.**

If you are completing a proposal for a project, program, or operating funds, follow the instructions below.

- Problem and Need.** Identify the problem to be addressed and the needs to be met by the project. What unique service(s) would the community be deprived of if you do not undertake this project? Provide supporting data.
- Program/Project Goal.** Describe the goals and overall impact of the project or program.
- Project/Program Design.** Describe your program objectives, activities, strategies, staffing, partners, and timelines. Explain how the design will enable you to address the problem or need.
- Sustainability.** Specify your plans for financing the project at the termination of the grant.

3. **Evaluation.**

- Interim and final evaluation and expenditure reports will be required for every grant awarded. It is important to design your evaluation process at the outset and begin collecting data from the beginning of the project and/or program.
- Outcomes.** Describe the proposed program or project outcomes, with reference to long-range plans of the organization. What outcomes do you want to produce by the end of the project and/or program?
- Measurement.** Outline your plan to document progress and results. How will you measure expected outcomes and the effectiveness of your activities? What will be your criteria for success? What tools will you use to evaluate your program and organization (records, surveys, interviews, pre- and post-tests, community feedback)?



MISSISSIPPI STATE DEPARTMENT OF HEALTH

GRANT APPLICATION

Date of Application: _____

Legal Name of Organization: _____
(Should be the same as on IRS determination letter and as supplied on IRS Form 990)

Year Founded: _____ Current Annual Operating Budget: \$ _____

Contact Person/Title (for grant purposes): _____

Address (principal/administrative office): _____

City: _____ State: _____ Zip: _____

Mailing Address, if different from above: _____

Phone: _____ Fax: _____

Website: _____

Project Name: _____

Purpose: _____

Amount Requested: \$ _____ Total Project Cost: \$ _____

Project Goals: _____

Beginning and Ending Dates of the Project/Campaign: _____

Geographic Area to be Served : _____

Evaluation: Internal (Business evaluated itself) External (Business hired an evaluator)

APPENDIX B

PROJECT BUDGET FORMAT
BUDGET SHEET



MISSISSIPPI STATE DEPARTMENT OF HEALTH
PROJECT BUDGET FORMAT

An accurate and detailed budget for proposed projects is a requirement for every funder. Your total budget should be broken down into the items specified below. As long as your budget is typewritten and contains the required information, you may submit it in a format convenient for you. A sample format with suggested revenue and expense categories follows.

A. Budget Headings

- Specify the budget period (e.g., January 1, 2017 to December 31, 2017).
- Specify the requested amount and the total cost of the project.

B. Expenses

- Itemize your expenses and provide an expense total. Include any additional items relevant to your particular program or project.

C. Narrative

This section should include:

- A list of assumptions on which the budget was based.
- An explanation of any unusual budget items.
- If your organization has affiliates and/or subsidiaries, please explain.

See next page for sample project budget format and categories.

Project Budget: Grants for Organizations

MSDH may request a budget itemization in order to clarify a project budget.

Project Expenses	Budgeted Funds
1. Program Personnel Salary and Wages:	\$
2. Consultant fees:	\$
3. Operations:	\$
Rent	\$
Utilities	\$
Printing and copying	\$
Equipment	\$
Supplies	\$
Other	\$
4. Total Expense (Must not exceed income):	\$

Project Income	Requested Funds
1. Grant funds requested:	\$
2. Other support:	\$
3. Total Income (Must be equal to or greater than cash expenses):	\$

APPENDIX C

EVALUATION FORMS



MISSISSIPPI STATE DEPARTMENT OF HEALTH
GRANT EVALUATION FORM

Future funding may be dependent upon the return of this evaluation form. Evaluations are due 9 months after receipt of the grant award.

Organization:

Address:

City/State/Zip:

Contact Person:

Email:

Purpose of Grant:

Amount of Grant: \$

Date Rec'd.:

Please be as specific as possible. If you have questions, please contact 601.576.8205.

1. Describe the specific objectives for which the Workforce grant was requested and the activities you are undertaking to meet each of these objectives.
2. As the project has progressed, what, if any, modifications have been made to the original objectives?
3. To date, what have been the measurable results of this grant on your organization's functioning or effectiveness? Has this grant: (1) Stimulated new private funding? (2) Increased collaboration among community institutions? (3) Increased volunteer involvement?

4. What has been the measurable impact on the population you serve? (For example: Changes in the number of patients, the number of procedures, the number of patient encounters, etc...)

5. Do you have a patient interest story/photos of your grant “in action” that you would be willing to share? If so, please forward or let us know and we will contact you.

6. Attach a copy of your budget for this project.

Signature and Title: _____ Date: _____

Please return form to: The Mississippi State Department of Health Office of Oral Health • P.O. Box 1700 • Jackson, MS• 39215-1700. Fax to: 601.576.8190 Email to: Veronica.Gates@msdh.ms.gov.

<p><i>FOR MSDH OFFICE OF ORAL HEALTH INTERNAL USE ONLY</i></p> <ol style="list-style-type: none"> 1. Was the grant used appropriately? 2. Did the grant make a significant difference in your community outreach? 3. Taking into consideration Workforce guidelines, the agency’s performance and community needs, indicate your overall feeling about Workforce future funding of the organization. <p>Evaluated by: _____ Date: _____</p>
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You may download this form from our website at www.msdh.ms.gov and return electronically, by mail or by fax.

APPENDIX D

DEFINITION OF SENIOR PERSONNEL

Senior Personnel— the individual(s) designated by the grantee and approved by MSDH office of oral health who will be responsible for the scientific or technical direction of the project. If more than one, the first one listed will have primary responsibility for the project and the submission of reports.