



Delta Dental of Illinois Foundation

Request for Proposals

Medicaid Access Study: Oral Health Access for Children in Illinois

INTRODUCTION

The Illinois Children's Healthcare Foundation (ILCHF) is a statewide private foundation that is focused on serving all children in the State of Illinois. ILCHF concentrates its funding primarily in the areas of children's oral health and mental health. The vision of the foundation is that every child in Illinois grows up healthy.

The Delta Dental of Illinois Foundation (DDILF) was formed in March 2008 by Delta Dental of Illinois, a not-for-profit dental service corporation with a mission to improve the oral health of the communities it serves. DDILF is a 501(c)3 nonprofit organization and works to support and improve the oral health of people in Illinois, with a specific focus on children.

ILCHF and DDILF are seeking applications for an accomplished research team to conduct a study of children's oral health services in Illinois. This study will measure patients' experiences while interacting with providers to understand access and the depth of provider participation in the Medicaid program. In this methodology, researchers will pose as prospective patients with specific characteristics or backgrounds and contact providers attempting to schedule an appointment. This study will reveal any patterns of differential access to services by measuring "real-life" behaviors, and give a sense of the depth of provider participation in Medicaid, i.e. how many patients providers are accepting and serving, and for which services or procedures. The data will be aggregated and no providers are individually identified.

Overview/Background

The most recently available data shows a dearth of oral health providers accepting Medicaid in Illinois, especially across certain geographies, subspecialties, and restorative services, and these problems were emphasized in listening sessions and interviews conducted with over 100 oral health stakeholders throughout the state in 2017. However, data is currently lacking around the “depth” of provider participation in Medicaid.

New data is needed to assess the availability of oral health services to Illinois children covered under Medicaid, particularly restorative services. An audit study focused exclusively on oral healthcare providers will directly measure dentists’ willingness to provide these key services to pediatric patients covered by Medicaid in Illinois to build a better picture of where access challenges are most acute.

This data is needed to educate policymakers and the public regarding gaps in access to dental services and will be a critical tool for increasing understanding and generating action around the oral health crisis in Illinois.

The Medicaid Access Study

ILCHF and DDILF are looking for a research team to conduct a study that will allow for comparison of oral health access between two key populations: 1) Medicaid/CHIP-enrolled pediatric patients and; 2) privately insured pediatric patients.

Oral health “access” will be operationalized at a minimum with two variables: 1) whether a child is provided an appointment and 2) how long a wait they may face to receive the care.

The data collected for each of the access variables above must be able to provide meaningful comparisons between access to oral health care for children in Cook County and access to oral health care for children in a rural area south of Cook County.

Therefore, at the completion of the data collection the team should have complete and substantive descriptive data to address the questions:

- 1) How does success in getting an appointment scheduled vary across insurance status and region for a 10-year-old child seeking restorative treatment with preventive work already completed?
- 2) How does wait time vary across insurance status and region for a 10-year-old child seeking restorative treatment with preventive work already completed?

The proposal should also discuss the possibility of including an additional scenario, a 4-year-old “squirmy” child seeking restorative treatment with preventive work already completed, to help assess the impact of behavior management needs on access to oral healthcare. The discussion should identify additional resources or funding necessary to incorporate this scenario into the study.

The study team will also need to consider ways to address key challenges in data collection. As this is a privately-funded study, the State of Illinois may not provide fake/stand-in Medicaid ID numbers. The study design will also need to address Medicaid Managed Care in the state of Illinois, considering its impact on provider networks and appointment availability. The study must be powered to sufficiently inform where differences are statistically significant. Full discussion of these challenges will take place in the initial planning stages of the study in consultation with a study advisory committee.

The process for selecting a county outside of Cook County as a comparison group will be determined by an advisory committee in conjunction with the selected research team but will likely be guided by the following criteria:

- Areas adjacent to Cook County or on state borders will be excluded
- There must be enough private and Medicaid-participating dental providers to power the study

No part of this research project shall consist of carrying on propaganda, or otherwise attempting to influence legislation, or participating in, or intervening in (including the publishing or distributing of statements) or any political campaign on behalf of or in opposition to any candidate for public office. Additionally, project funds may not be used for general operating funds, organizational capacity building, or fundraising.

Anticipated Project Time Line

Proposal due	July 15, 2019
Research Team announced	November 1, 2019
Project (grant period) begins	November 15, 2019
Project (grant period) ends	November 15, 2020

Within the year-long project period, the research team should plan for 1) 8-12 weeks for initial script development, 2) 8-12 weeks to pilot the study, 3) 12-16 weeks to complete the full audit data collection, and 4) 8-12 weeks to finalize analyses and reporting.

Project Budget

Payments schedules will be determined in the contracting process and will be based upon the acceptance of semi-annual progress reports and the agreed-upon deliverables in the contract. The payment amounts will be proposed by the applicant based on the scope of work they anticipate during each phase on the study. Final payment will be made upon successful completion of a final report that is acceptable to ILCHF, and able to be disseminated to audiences that will be identified during the course of the project.

Grant funds may be used for, but not limited to, salaries and benefits, consultant fees, data collection & analysis, meetings, supplies, project-related travel, education and training, marketing and communication materials. Eligible expenses in the Initiative may include a

limited amount of capital expenditures that are deemed essential to accomplish the outcomes of the Initiative. Any proposed capital expenditures must be justified in the Budget Narrative. Funds may be used for indirect costs, however, the indirect costs must be itemized in the budget with a preference that itemized indirect costs not exceed 10% of total expenditures.

Grant funding cannot be used for:

- Partisan, political or denominational programs
- Endowments
- Attempts to influence legislation, as prohibited by section 4945 of the Internal Revenue Code for private foundations.

Study Expectations

Basic study components:

- The research team will engage in a planning and development stage during which the research team works with an advisory committee, including oral health professionals from around the state and staff from The Sargent Shriver National Center on Poverty Law (www.povertylaw.org), DDILF, and ILCHF to build design (scripts, sampling, power, etc.) to maximize impact for advocacy work.
- The research team will obtain IRB approval for the study and manage IRB as needed.
- The research team will maintain regular contact with consulting team with updates on data collection progress.
- The research team will provide a final report and disseminate findings in public and/or peer-reviewed outlets.

General Expectations of Research Team

The Shriver Center, DDILF, and ILCHF have the following general expectations for the research team:

- There will be a team leader who will manage the research team and serve as the liaison between the research team and the advisory committee, the Shriver Center, DDILF, and ILCHF staff.
- The team will meet regularly with ILCHF and DDILF throughout the terms of the contract for the study.
- All study plans and instruments will be developed with input from ILCHF and DDILF with ILCHF and DDILF having final approval on all plans and instruments before their implementation.
- The project will be completed within the described timeframe and agreed upon budget.

Oral Health Medicaid Access Study RFP Application Process

In order to be considered for this project, each applicant research team must complete an application providing the information requested below:

Team Leader Contact Information and Background

- Provide a summary of the lead organization (~500 words)
- Provide a summary of the team leader's background and professional research experience as relevant for this project (~1000 words). Please clearly indicate the name, telephone number and email address of the contact for this proposal.

Team Personnel – Experience and Roles (~1500 words)

- Provide the names, experience and potential roles of all of the team members, including individuals who will be working as consultants with the team.
- Provide a description of any prior experience the team has working together on similar projects.
- Please include as additional documents:
 - CVs or resumes of primary team members including lead
 - At least one example final report or comparable document from a previous project on which the team leader is a primary author.
 - Contact information for at least two professional references for the team leader in their role at the lead organization

Project Description (~2000 words)

- Provide an overview of the approach the team would anticipate employing to conduct the study and an anticipated timeline for each phase of the project (i.e. design, pilot, full study, and reporting)

Organizational Capacity (~1000 words)

- Describe the resources available to the team through the organization that will be put toward the project.

Budget Narrative (~1000 words)

- Identify a preliminary plan for how the proposed budget would be paid out over the project. For further instruction see Appendix A.

Additional Documents

- A. Lead Organization information
 - i. Agency mission statement
 - ii. Agency Board of Directors
 - iii. Organizational chart identifying where the services and functions proposed in the Medicaid Access Study will be located in their chart
 - iv. IRS Letter of Exemption (if applicable)
 - v. Most recent Form 990 and AG-IL 990 (if applicable)

- vi. Most recent audited financial statements
- B. Team CVs or resumes
- C. Example Final Report
- D. Reference Contact Information List
- E. Budget Template (see “Open RFPs” at ILCHF.org for template)
- F. Officers Certification (see “Open RFPs” ILCHF.org for template)

Responses to this RFP are due no later than July 17th, 2019. All application responses and additional documents should be emailed as one PDF to Matt Thullen, Program Officer for Evaluation, ILCHF: matthullen@ilchf.org

QUESTIONS

Questions concerning this RFP should be directed to Bob Egan, Senior Program Officer, ILCHF: bobegan@ilchf.org or (630) 571-2555.

APPENDIX A – Budget Narrative Information

The purpose of the Budget Narrative section of the RFP is to help ILCHF better understand the scope and nature of your proposed project and to provide details that do not fit within the Project Budget Template. The Budget Narrative should concisely explain how you arrive at the numbers in your Project Budget, specifically you should:

- Provide an explanation of both the Total Budget Year and the funding requested from the foundations.
- The Project Budget has four functional categories: Program Staff, Other Direct Costs, Purchased Services and Overhead/Indirect Costs (not otherwise accounted for). If a particular category has no content mark it N/A in the electronic application.

1. PROGRAM STAFF

The roles, credentials, time commitment and identity (to the extent known) of staff to be engaged in the project should be detailed in the Budget Narrative Section of the RFP.

- a. Organization Leader: details delineated
- b. Project Director: details delineated
- c. Other Project Staff – Type 1-5: to the extent staff can be grouped by type, provide the total salary and fringe benefit cost in the Project Budget. Next provide an explanation of the type of staff and their role in the Budget Narrative. If there are more than 5 types of Other Project Staff, delineate the first 4 types and then use Type 5 as a catch all for all remaining positions. Next detail the types of positions in the Budget Narrative.

If proposed project staff, other than the Agency Leader, are current employees of the applicant, please provide the following information for each person in the Budget Narrative: Name, Current Title, Hours Worked/Week and Current Duties.

Example

c. Other Project Staff – Type 1: LCSWs

The line-item is to employ 2 LCSW's totaling 1.5 FTE's and the salary and fringe benefits detailed in the Project Budget is \$100,000. 90% of these funds, \$50,000, are requested from ILCHF. The remainder will be covered by an in-kind contribution by the applicant agency.

2. OTHER DIRECT COSTS

For each category, detail the calculation used to determine the amount requested in the budget. See example below. Any item which does not fit within a listed category should be described in "Other Expenses".

- a. Communications/Marketing
- b. Travel Expenses
- c. Meeting Expenses

- d. Survey/Data Collection
- e. Equipment
- f. Construction/Remodeling
- g. Project Space
- h. Other Expenses

Example

g. Project Space: funds are requested to pay for the rental of the space for \$100/month @ 24 months = \$2,400. These funds are requested from ILCHF.

3. **PURCHASED SERVICES**

For each category, detail the calculation used to determine the amount requested in the budget. See example below. Any item which does not fit within a listed category should be described in "Other".

- a. Consultants
- b. Contracted Professionals
- c. Other

Example

b. Contracted Professionals: Funding in the amount of \$_____ is requested for a subcontract with (institution or company) for (brief statement of work). These funds are requested from ILCHF.

4. **OVERHEAD/INDIRECT COSTS** (not otherwise accounted for)

Funds may be used for indirect costs, however, the indirect costs must be itemized in the budget with a preference that itemized indirect costs not exceed 10% of total expenditures.

Please list the elements of this category in the same manner as above starting with the letter "a" and providing the calculation/explanation for each expense in this category.