



 **Ohio Dental Provider Training on Tobacco Cessation Counseling Project Application**

**Application Due Date: May 8, 2018, 5:00 PM (EST)**

**Question and Answer Period: April 17, 2018 - April 27, 2018**

**Application Release Date: April 17, 2018**

**Request for Applications Primary Contact:**

Ohio Colleges of Medicine Government Resource Center

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 **Medicaid Technical Assistance and Policy Program**

**Ohio Dental Provider Training on Tobacco Cessation Counseling Project Application**

In partnership with the Ohio Department of Medicaid and the Medicaid Technical Assistance and Policy Program, the Ohio Colleges of Medicine Government Resource Center (GRC) is seeking one joint application, developed in collaboration by the two dental training programs in Ohio, (Case Western Reserve University, School of Dental Medicine and the Ohio State University, College of Dentistry) to develop and deliver training for Ohio dental health professionals on the provision of appropriate smoking cessation counseling and referral services to Medicaid beneficiaries using different forms of tobacco***. The application must clearly identify which dental training program will act as the lead agency on this project.*** The lead agency will be the recipient of the funding award and will be responsible for subcontracting with the collaborating educational institution. One budget will be submitted with the application. The institutions are required to collaborate with other appropriate partners in compilation and delivery of the training materials. Licensed dental professionals will be trained to recognize the opportunity and appropriately offer counseling services and referral for additional tobacco cessation support. The Ohio Department of Medicaid will fund these institutions, working collaboratively to deliver training for Ohio dentists who provide services for Medicaid recipients.Projects will target dental health professionals licensed under Ohio state law who serve Medicaid beneficiaries.

**Background:**

Tobacco use is one of the leading causes of preventable illness in the U.S.1 Cigarette smoking accounts for approximately one-third of all cancer deaths and has been linked to about 90% of all cases of lung cancer in both men and women. 2  It has also been shown that smoking substantially increases the risk of cardiovascular diseases, including stroke, heart attack, vascular disease, and aneurysm. 2 Smoking causes coronary heart disease, the leading cause of death in the U.S.; cigarette smokers are two to four times more likely to develop coronary heart disease than those who do not smoke.2

Use of tobacco-containing products has been associated with adverse oral and systemic effects.3 The most serious oral consequence of tobacco use is an increased risk for oral cancer.3,4 In addition, cigarette smoking leads to gingival recession, impaired healing following periodontal therapy, mucosal lesions (e.g., leukoplakia, nicotine stomatitis), periodontal disease, and tooth staining. 3, 4 Smokeless tobacco use also causes oral conditions such as gingival keratosis, alveolar bone damage, coronal or root-surface dental caries due to sugars added to the product, and tooth loss. 3

The USPHS guideline, *Treating Tobacco Use and Dependence, Clinical Practice Guideline 2008 Update*, states that tobacco dependence is a chronic condition that requires repeated interventions by healthcare providers and multiple attempts by patients to stop. It also states that the most effective way to quit smoking is through a combination of medication and counseling and that even brief counseling by healthcare providers about the serious health consequences of use and the importance of quitting is one of the most cost-effective methods to reduce smoking.

As of January 1, 2018, the Ohio Department of Medicaid (ODM) began reimbursing participating dentists for providing tobacco cessation services to their patients.5 Several studies support the effectiveness of training dentists to provide appropriate counseling, cessation and referral services.6,7

Ohio dentists providing care to recipients of Medicaid services have the opportunity to play a role in promoting healthy lifestyles by incorporating tobacco cessation counseling and referral services into their practices.

Applications must focus on development and delivery of training for current Medicaid dental health professionals to more effectively serve Medicaid beneficiaries on evidence-based, effective tobacco cessation aides and services.

Activities must include identifying tools and resources to train Medicaid providers on interprofessional care and addressing the social determinants of health and health equity for Medicaid beneficiaries related to tobacco cessation.

**Applications must include the following:**

1. A maximum twelve-page, single sided, single spaced response, with 1-inch margins, that addresses the following:
	1. Brief description of proposed subcontractors and/or partners, including letters of commitment from partnering entities (do not include in page limit)
	2. Evidence of institutions’ experience compiling or developing training for established dental providers or clinical sites in work that is similar in nature and could help to support the project (2 pages maximum)
		1. Description of size and scope of previous experience
		2. Published research and/or outcomes from previous experience
	3. Institution’s experience and proposed approaches to working with Medicaid providers and community-based organizations (3 page maximum)
		1. Evidence and type of previous community partnerships
		2. Outcomes of previous community partnerships
	4. Institution’s organizational capacity (e.g. staffing, technology, etc.) to undertake the work of the proposed topic area (1 page maximum)
	5. Proposed activities to be undertaken; please address how these activities will help achieve the goals of this funding opportunity(4 page maximum)
		1. include a detailed work plan
		2. a description of the team composition and responsibilities of team members
		3. project timeline and deliverables
2. Co-principal investigators’ curriculum vitaes (one Co-PI from each university, not included in page limit)
3. Brief description of key personnel who will participate in the project (2 page maximum)
4. Detailed budget and budget narrative for work performed from **May 14, 2018 – June 30, 2019** (not included in page limit).

**Project Timeline:**

**May 14, 2018 – June 30, 2019** (14-month project timeline)

Institutions will be required to collaborate with other appropriate partners, e.g., academic medical centers, health sciences colleges and universities, clinics, community partners, state agencies (e.g., ODH), health professions associations (e.g. ODA, OACHC). The collaborating institutions will conduct face-to-face meetings and must be supported by virtual communication (e.g. teleconferencing).

**Available Funding and requirements:**

MEDTAPP Federal (FFP) funding will serve as the funding source for 49% of this project. Applicants are required to provide and certify 51% of total allowable project costs through the identification of non-federal matching funds supporting the goals of this project.

Please note that ODM limits F&A (indirect rate, overhead) reimbursements to 10% of total project costs.

**Funding requests may include but are not limited to:**

* Project direct costs (e.g., salaries, benefits for Principal Investigators, and project staff);
* Supplies
* Equipment under $5,000
* Travel under $2,500

**Funding Restrictions include but are not limited to:**

Funds may not be used for certain project expenses. These include:

* Capital expenses;
* Establishing loan repayment programs;

$225,500 total MEDTAPP Federal (FFP) funds, with a 51% nonfederal match requirement

* $33,000 in total MEDTAPP Federal (FFP) funds in SFY2018, with a 51% nonfederal match requirement **(May 14, 2018 – June 30, 2018)**
* $192,500 in total MEDTAPP Federal (FFP) funds in SFY2019, with a 51% nonfederal match requirement **(July 1, 2018 – June 30, 2019)**

Budget must be submitted for each fiscal year separately.

The application will be reviewed by the Ohio Department of Medicaid review committee and a funding decision will be communicated by email.

**RFA Terms and Conditions:**

As the primary recipient of the Ohio Colleges of Medicine Government Resource Center, The Ohio State University (OSU) reserves the right to:

* Reject any or all applications received in response to this RFA;
* Request clarification from any vendor on any or all aspects of its application;
* Cancel and/or reissue this RFA at any time;
* Retain all applications submitted in response to this RFA; and,
* Invite some, all, or none of the vendors for interviews and further discussion; and
* Negotiate with vendor(s) on best and final offer, including the need to submit a best and final application resulting from negotiations. If negotiations were limited and all changes were reduced to signed writings during negotiations, a best and final application may not need to be submitted.

**Provisions:** If any provisions in a resultant agreement are held to be invalid, void, or unenforceable, the remaining provisions shall continue in full force and effect without being impaired or invalidated in any way. Funding will be adjusted to reflect any changes in the deliverables. The vendor will submit any changes in deliverables to GRC.

**Ethical Conduct:** Apart from a contact required for any on-going business at OSU, vendors are specifically prohibited from contacting any individual at, or associated with, OSU regarding this RFA. Vendor communication shall be limited to the contact named on the cover page of this document. **A vendor’s failure to adhere to this prohibition may, at OSU’s sole discretion, disqualify the vendor’s application**.

**Cancellation for Lack of Funding:** A resultant agreement may be canceled without any further obligation on the part of The Ohio State University in the event that sufficient appropriated funding is unavailable to assure full performance of its terms. The vendor shall be notified in writing of such non-appropriation at the earliest opportunity.

**Quote:** Vendor responses must be valid for 120 days.

**Contract Term:** The contract term will commence on the date of award and continue through June 30, 2019. Pricing will remain firm for the entire period.

**Presentation, Publications and Dissemination:**

1. The vendor shall obtain prior approval from GRC and ODM for release of any results including preliminary and/or final results related to funded projects or funded data under this Agreement. GRC and ODM will review, approve or reject publications, presentations or disseminations resulting from activities of this Agreement.
2. GRC and ODM will review and comment within 30 days upon submission of a draft to GRC and ODM, proof peer-reviewed academic journal articles. Notwithstanding the proceeding, if the parties disagree concerning whether certain information should be deleted or modified, the parties agree to meet for the purpose of making good faith efforts to discuss and resolve any issues or disagreements.
3. Time Sensitivity – Any data or publication release may be pending or delayed due to ODM policy/program change.
4. The vendor shall obtain GRC and ODM prior review and permission to release any products resulting from activities, funded data or projects under this Agreement.
5. When issuing press releases, requests for applications, bid solicitations, and other documents or statements describing projects or programs funded in whole or in part with Federal money, all grantees receiving Federal funds, including but not limited to State and local governments shall clearly state:
	1. The percentage of total costs of the program or project which will be financed with Federal money;
	2. The dollar amount of Federal funds for the program or project; and
	3. The percentage and dollar amount of the total costs or the program or project that will be financed by nongovernment sources.

**List of Proposed Allowable Activities:**

1. Train licensed dental professionals to recognize the opportunity and appropriately offer counseling services and referral for additional smoking cessation support to Medicaid beneficiaries, including
	* Deliver an online, on-demand training on evidence-based smoking cessation counseling and referral training for dental professionals. This training will be available at no cost to current Medicaid dentists. Include in training how to work with primary care providers and behavioral health specialists on smoking cessation, as part of an interprofessional team.
	* Develop or identify other tools and resources to support dental professionals providing smoking cessation counseling as appropriate.
2. Train dental health professionals to provide appropriate smoking cessation counseling and referral services to Medicaid beneficiaries using different forms of tobacco.
3. Research and propose interventions to affect the impacts of the social determinants of health on rates of smoking in the Medicaid population, including rates among higher-risk groups such as persons with disabilities, behavioral health needs, and members of the LGBT community.
4. Identify evidence-based approaches and best practices on smoking cessation counseling for health professionals, including referrals to
	* Non-pharmacologic therapies such as:
		+ In-office tobacco cessation strategies, (U.S. DHHS and AHRQ’s “5As”8)
		+ Individual self-help tobacco cessation tools
		+ Individual or group counseling
		+ Telephone counseling (quit lines)
	* Pharmacologic therapies such as nicotine replacement (patches, sprays, inhalers, gums and lozenges) bupropion, Chantix).
5. Work collaboratively to inform dental professionals about ODH-funded Community Cessation Initiatives (CCI’s) tobacco referral systems created in these communities to connect referred patients to newly implemented and existing cessation services in the funded service areas. If services are not covered or the participant is uninsured, the CCI may cover the cost of counseling services.

## References

1. US Department of Health and Human Services. Oral Health in America: A Report of the Surgeon General—Executive Summary. US Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health; Rockville, MD: 2000.
2. National Institute on Drug Abuse. [Research Report Series: Tobacco/Nicotine](https://d14rmgtrwzf5a.cloudfront.net/sites/default/files/tobaccorrs_1_2016.pdf) (NIH Publication Number 16-4342). National Institutes of Health. Accessed December 15, 2017.
3. Couch ET, Chaffee BW, Gansky SA, Walsh MM. The changing tobacco landscape: What dental professionals need to know. J Am Dent Assoc 2016;147(7):561-9.
4. Winn DM. Tobacco use and oral disease. J Dent Educ 2001;65(4):306-12.
5. Sears, B., Medicaid Director. Ohio Medicaid Advisory Letter No. 614, Coverage of Tobacco Cessation Counseling Services [Letter written December 1, 2017 to Eligible Medicaid Providers of Dental Services, Chief Executive Officers, Managed Care Plans, Directors, County Departments of Job and Family Services].
6. Omaña-Cepeda, C., Jané-Salas, E., Estrugo-Devesa, A., & Lôpez-Lôpez, J. (2016). Effectiveness of dentist’s intervention in smoking cessation: A review. *Journal of Clinical and Experimental Dentistry*, 8(1), 78-83. doi:[https://www.researchgate.net/profile/Jose\_Lopez\_Lopez5/publication/287805012\_Effectiveness\_of\_dentist’s%27s\_intervention\_in\_smoking\_cessation\_A\_review/links/5699c81908aea1476937c49/Effectiveness-of-dentists-intervention-in-smoking-cessation-A-review.pdf](https://www.researchgate.net/profile/Jose_Lopez_Lopez5/publication/287805012_Effectiveness_of_dentist%27s%27s_intervention_in_smoking_cessation_A_review/links/5699c81908aea1476937c49/Effectiveness-of-dentists-intervention-in-smoking-cessation-A-review.pdf).
7. Shelley, D., M.D., M.P.H., Anno, J. M.P.H., Tseng, T., M.A., Calip, G., M.P.H., Pharm.D., Wedeles, J., M.P.H., Lloyd, M., M.S., FNP-BC, MHNP-BC, & Wolff, M.S., D.D.S., Ph.D. (April 1, 2011). Implementing Tobacco Use Treatment Guidelines in Public Health Dental Clinics in New York City. *Journal of Dental Education, 74*(4), 5270533. doi:www.jdentaled.org.content.75/4/527.long
8. Agency for Healthcare Research and Quality. [Five Major Steps to Intervention (The "5 A's")](https://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/tobacco/5steps.html). U.S. Department of Health and Human Services. December 2012.

**Budget Narrative Template**

**Budget Narrative SFY 18-19**

***Healthy University***

**Instructions: Please break out the budget by activity.**

To accurately assess the cost of each activity, please break out the cost for the activity by personnel, supplies, equipment, travel, training support, other, and indirect costs.

EXAMPLE:

**Activity 1 Title: Teaching Medicaid Dental Providers to Provide Tobacco Cessation Counseling to their patients**

**PERSONNEL**

* Gary Smith, DDS, Professor and Chair, Department of Periodontics, School of Dentistry, Healthy University will serve as the Principal Investigator for aspects of the project related to the identification and development of the tools and resources. Dr. Smith will lead a Steering Committee to work with the faculty of Healthy University, University of Diversity and other partners to develop the necessary training components. Dr. Smith will devote .1 FTE and receive $3,333 in salary and benefits for SFY 2018 and $20,000 for SFY2019 from the project sponsor. The School of Dentistry (or other entity) will provide $3,469 as cost share in SFY 2018 and $25,000 in SFY2019.
* Jean Scott, DDS, Associate Professor, Healthy University will serve as the lead faculty and serve on the Steering Committee. Dr. Scott will work with faculty to develop the necessary training components. Dr. Scott will devote .08 FTE and receive $17,500 in salary and benefits from the project sponsor. The School of Dentistry will provide $21,228 in cost share in SFY 2019.
* Practicum Coordinator TBN This individual will assume responsibility for identifying and serving as a liaison to clinic sites, sharing responsibilities of hosting the webinars, and achieving program goals. This position will develop modules of specialization as it relates to tobacco and oral health, develop a plan for fiscal sustainability of the program, coordinate speaker arrangements and integrate the interprofessional case modules for the tools and resources. The Practicum Coordinator will devote .3 FTE and receive $10,000 in salary and benefits from the project sponsor for SFY2019. The College of Dentistry will provide $5,000 as cost share.

SFY2018

Personnel MEDTAPP Federal (FFP) Total SFY 2018: $3,333

Personnel Total Nonfederal Cost Share SFY2018: $3,469

SFY2019

Personnel MEDTAPP Federal (FFP) Total SFY2019: $47,500

Personnel Total Nonfederal Cost Share SFY2019: $61,228

**SUPPLIES**

* Supplies
	+ These funds will be used to purchase supplies and materials that will be used to create tools and resources ($1,500 is being requested from the sponsor in SFY 2019).

Supplies MEDTAPP Federal (FFP) Total: 1,500

Supplies Nonfederal Cost Share Total: $0

**EQUIPMENT**

* A laptop is being requested to coordinate materials across departments during meetings for $1,500 in sponsor costs for SFY 2018.
* A total of $2,500 from the sponsor is being requested to purchase technology for becoming a Project Echo Hub. A total of $2,500 will be cost-shared for the technology.

Equipment MEDTAPP Federal (FFP) Total: $4,000

Equipment Nonfederal Cost Share Total: $2,500

**TRAVEL**

* A total of $4,500 is provided as cost share for 3 people to attend the ADEA conference in Pittsburgh, Pennsylvania in SFY2019 to promote the tobacco cessation training with other dental training programs. Costs are anticipated to be no more than $1,500 per person including meals, travel, lodging, and conference fees.
* An additional 1,000 is provided as cost share for in state travel related to the collaborative development of the tobacco cessation training.
* A total of $5,000 from the sponsor is being requested to travel for Project ECHO training.

Travel MEDTAPP Federal (FFP) Total: $5,000

Travel Nonfederal Cost Share Total: $5,500

**OTHER**

* A total of $500 from the University of Diversity is budgeted for recruitment activities.
* A total of $1,000 is requested from the sponsor for guest speakers to discuss the importance of interprofessional team based care related to tobacco cessation.
* A total of $10,000 from the Awesome University is provided as cost share to integrate interprofessional case modules that have already been developed by Awesome University.

Other MEDTAPP Federal (FFP) Total: $1,500

Other Nonfederal Cost Share Total: $10,000

**INDIRECT COSTS:**

Awesome University’s has an indirect rate of X%. Project capped at 10% total direct costs.

Total sponsor indirect rate costs for Activity 1: $76,121

Total unrecovered indirect cost rate match for Activity 1: $79,228