Oral Health for Older Adults and People with Disabilities: Recent Policy Developments and State Survey Results

Our mission is to improve the oral health of all.
DentaQuest Foundation

Our Mission: To improve the oral health of all

• The Foundation collaborates with partners in communities across the United States, connecting key stakeholders, raising awareness, and supporting solutions

• Our vision of success:
  – **Populations** have better oral health and less disease through greater access to quality care and prevention.
  – **Providers (dental and non-dental) and Patients** work together to effectively prevent and manage oral disease.
  – Reimbursement (**public and private payers**) is based on improved outcomes rather than procedures.
  – **Private funders** achieve greater system and community impact to improve oral health.
  – **Policymakers** have a clear vision of an optimal health system that includes oral health and have sound data and best practices to make policy and funding decisions.
DentaQuest Foundation

- Founded in 2000
- $83 million in grant funding awarded since 2010
- Over 1,000 partners across the nation
- Grantees in all 50 states

Scope of Foundation Investments

- Oral Health 2020
- Community Water Fluoridation
- Strengthening Oral Health Safety Net
- National Interprofessional Initiative on Oral Health
A Systems Approach

POLICY
Oral health is a key component of health policy
Oral health policy consistent at local, state and federal levels
Oral health measurement systems in place
Policy to allow expanded workforce

FINANCING
Sufficient funding to support care, prevention and training
Alignment of payment with evidence, prevention, disease management and outcomes

CARE
Dental workforce sufficient to meet needs efficiently & effectively
Care based on evidence, prevention, disease management and outcomes
Oral health integrated into all aspects of health care
Consumer focused care delivery

COMMUNITY
Oral health integrated into education and social services
Optimal oral health literacy
Strong community prevention and care infrastructure
Provider base representative of community
We Believe That

- Everyone should have the same opportunities to live a healthy life
- A person in poor oral health is not healthy
- It’s everyone’s responsibility to advocate for and mobilize the many who don’t have access to oral health care and prevention
- Nobody should suffer from a chronic disease that is completely preventable
- Until we all have an equal opportunity to live happy and healthy lives, we will live in an unjust society
Signs of a Broken Oral Health System Abound

People with developmental disabilities face increased oral health problems because of a host of physical, cognitive and financial challenges (Journal of American Dental Association)

Lack of access to dental care leads to expensive emergency room care
Association of Health Care Journalists

U.S. Surgeon General “…there are profound and consequential disparities in the oral health of our citizens. Indeed, what amounts to a silent epidemic of dental and oral diseases is effecting some population groups.”

Dental care now represents the number one health care issue among people with neurodevelopmental disorders.
(Dr. Steve Perlman, Global Clinical Director, U.S. Special Olympics/Special Smiles)

Dental problems are among the most common health problems experienced by older adults.
American Geriatric Society’s Health in Aging Foundation

DentaQuest Foundation
Significant Oral Health Disparities Exist Among Certain Populations

- Non-Hispanic blacks, Hispanics, American Indians and Alaska Natives generally have the poorest oral health of any racial and ethnic groups in the United States.
- The percentage of children and adolescents aged 5 to 19 years with untreated tooth decay is twice as high for those from low-income families (25%) compared with children from higher-income households (11%).
- Adults aged 35–44 years with less than a high school education experience untreated tooth decay nearly three times that of adults with at least some college education.
- Nearly one-third of adults have untreated tooth decay; one in four adults ages 65 and older have lost all of their teeth.
  - *Seniors living in poverty are 61% more likely to have lost all of their teeth than those in higher socioeconomic groups.*
- 23% of adults over age 65 have not seen a dentist in the last 5 years.
  - *African-American Seniors: 31%*
  - *Mexican-American Seniors: 29%*

Lack of Comprehensive Dental Insurance Impacts Access to Care

- There are twice as many persons without dental insurance as there are without medical insurance.
- The most commonly reported health-related service not received due to cost is **dental care**.

**Source of Dental Coverage (2014 Year-End)**

- **Private Coverage**: 48.7%
- **Public Coverage***: 35.8%
- **No Dental Insurance**: 15.5%

* Includes Medicaid, CHIP and Tricare

Access to Publicly Funded Dental Benefits

**Children’s Dental Coverage**
- Mandated benefit under Medicaid (EPSDT)
- Required benefit under Children’s Health Insurance Program (CHIP)
- Included in *Essential Health Benefits* offered in Health Insurance Marketplaces

**Adult Dental Coverage**
- Optional benefit for Medicaid adults
- *No Medicare benefit*
- Not included in *Essential Health Benefits* offered in Health Insurance Marketplaces
Dental Care Utilization Varies By Type of Coverage

<table>
<thead>
<tr>
<th>Type of Coverage</th>
<th>2004</th>
<th>2008</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private</td>
<td>57.1%</td>
<td>56.1%</td>
<td>59.3%</td>
<td>58.5%</td>
</tr>
<tr>
<td>Public</td>
<td>36.6%</td>
<td>36.6%</td>
<td>39.5%</td>
<td>42.4%</td>
</tr>
<tr>
<td>Uninsured</td>
<td>26.7%</td>
<td>22.9%</td>
<td>26.1%</td>
<td>24.9%</td>
</tr>
</tbody>
</table>

Source: ADA Health Policy Institute, “Dental Care Utilization Rate Continues to Increase among Children, Holds Steady among Working-Age Adults and the Elderly” Kamyar Nasseh, Ph.D.; Marko Vujicic, Ph.D.; October, 2015
Restrictions in Medicaid Adult Dental Coverage Limit Access to Care

Percentage of Adults Ages 19-64 with a Dental Visit in Each Year by Dental Benefits Status

Source: ADA Health Policy Institute, “Dental Care Utilization Rate Continues to Increase among Children, Holds Steady among Working-Age Adults and the Elderly” Kamyar Nasseh, Ph.D.; Marko Vujicic, Ph.D.; October, 2015
Most Medicare Enrollees Must Purchase Dental Services Out-of-Pocket

Percentage of Adults Ages 65+ with a Dental Visit in Each Year by Dental Benefits Status

Note: Because Medicare does not provide dental benefits, persons with Medicare coverage were considered uninsured.

Source: ADA Health Policy Institute, “Dental Care Utilization Rate Continues to Increase among Children, Holds Steady among Working-Age Adults and the Elderly” Kamyar Nasseh, Ph.D.; Marko Vujicic, Ph.D.; October, 2015
VISION
Oral health is essential to lifelong health and wellbeing.

GOAL
Eradicate dental disease in children

TARGET
With the closing of disparity gaps, 85% of children reach age 5 without a cavity

GOAL
Incorporate oral health into the primary education system

TARGET
The 10 largest school districts have incorporated oral health into their systems

GOAL
Include an adult dental benefit in publicly funded health coverage

TARGET
At least 30 states have an extensive Medicaid adult dental benefit

TARGET
Medicare includes an extensive dental benefit

GOAL
Build a comprehensive national oral health measurement system

GOAL
Integrate oral health into person-centered healthcare

TARGET
Oral health is integrated into at least 50% of emerging person-centered care models

GOAL
Improve the public perception of the value of oral health to overall health

TARGET
Oral health is increasingly included in health dialogue and public policy

TARGET
A national and state-based oral health measurement system is in place
Oral Health 2020 Network

Includes Organizations Such As….

- 33 statewide networks
- 29 State Primary Care Associations
- 20 “Grassroots” organizations in 6 states
- Grantees at national, state and community level
- 1,000 registered users of OH2020 web-based collaboration tool
Medicaid & Medicare Beneficiaries Will Make Up Roughly 44% of U.S. Population in 2030

Projected 2030 Total U.S. Population: 359.4 Million

- Medicaid: 78.1* million
- Medicare: 81.5 million
- All Other: 199.8 million

* Reflects 2024 projected enrollment


Projections for both Medicaid and Medicare include an estimated 9.9 million dual eligibles enrolled in both programs.
1. Idaho provides extensive dental coverage to adults with disabilities and other special health care needs; all other adult members receive emergency only benefits. Virginia provides extensive benefits to pregnant women. Arizona will provide extensive benefits to persons with disabilities effective October 1, 2016.

Medicaid Tactics

**National Tactics**

- Define extensive benefit and survey where states are
- Educate states about the differences and overlaps between Medicaid & Medicare coverage
- Develop specific strategies and supports that are reflective of states’ current level of Medicaid coverage and desired level of Medicaid coverage
- Conduct ongoing monitoring and reporting of state action on Medicaid adult dental coverage

**State Tactics**

- Develop and spread story (why and how) of states expanding/maintaining Medicaid adult dental coverage
- Translate state lessons and ROI analysis into comprehensive resources to support movement in states
- Convene state Medicaid Directors and other key stakeholders to build increased will and action on value and impact of benefit

**Note:** National and State Tactics for Other OH2020 Targets can be found at [http://dentaquestfoundation.org/oh2020/adultdental/patientcenteredcare](http://dentaquestfoundation.org/oh2020/adultdental/patientcenteredcare)
Medicare Population Growth: 2000-2050

Medicare Tactics

**National Tactics**

- Engage national partner in conducting Congressional Budget Office (CBO) scoring of benefit and eventual bill
- Develop and implement continuing education programs for care providers serving older adults
- Build partnerships with key national organizations that have position, clout, and influence to support consideration and passage of a bill

**State Tactics**

- Support state and local organizations to engage administration and legislative champions for appropriations
- Invest in engagement and mobilization of state and local advocates (including business, providers, and others) to drive movement from the state and grassroots, including partnerships with legislative champions

**Note:** National and State Tactics for Other OH2020 Targets can be found at [http://dentaquestfoundation.org/oh2020/adultdental/patientcenteredcare](http://dentaquestfoundation.org/oh2020/adultdental/patientcenteredcare)
Consensus Building on Medicare Dental Benefit: Symposium Attendees
Dental Benefits In Medicare: Important Work Is Underway

• Building benefit design options
• Planning “CBO-like” scoring of benefit options
• Developing advocacy and media strategy
• Creating national, state, and local partnerships
• Engaging members of Congress
Addressing Oral Health Disparities From All Levels

GrassTops  GrassMiddles  GrassRoots
National Initiatives/Grantees Include:

- **National Association of States United for Aging & Disabilities (NASUAD)**
  - Improving availability and utilization of dental services for the elderly and persons with disabilities

- **National Oral Health Innovation & Integration Network (NOHIIN)**
  - Working with Primary Care Associations across the nation, NOHIIN helps promote oral health integration into primary care, while showcasing patient-centered care as the model for health care

- **National Interprofessional Initiative on Oral Health (NIIOH)**
  - NIIOH is a systems change initiative focused on the education and training systems that support primary care clinicians from various medical/healthcare disciplines; developed “Smiles for Life” curriculum

- **Qualis Health**
  - Developed an actionable framework for integrating oral health in primary care

- **Center for Health Care Strategies (CHCS)**
  - Improving/expanding Medicaid dental coverage and utilization of services
OH2020 Initiatives and Grantees with a National Focus Include:

• National Conference of State Legislatures (NCSL)
  – Raising awareness among state legislators and staff of evidence-based practices in improving lifelong oral health and eradicating childhood dental disease

• National Academy for State Health Policy (NASHP)
  – Collecting and disseminating information about states' activities and strategies to promote adult dental coverage in Medicaid and in plans offered through the Affordable Care Act Marketplaces.

• Milliman and Medicaid/Medicare/CHIP Services Dental Association (MSDA)/Brandeis University
  – Milliman conducted a financial “Return on Investment” (ROI) analysis of including a comprehensive adult dental benefit in Medicaid
  – MSDA/Brandeis conducted a socio-economic ROI analysis of including a comprehensive adult dental benefit in Medicaid
GrassMiddles

- State Primary Care Associations
- State Oral Health Coalitions
- State health departments
- Dental and other health professions schools
- State/Local School Divisions
- Native American Indian Tribes
- State Medical, Dental and other Health Professional Societies

Areas of Focus Include
- Care integration
- Early childhood caries
- School-based programs
- Oral health literacy
- State measurement systems
- Dental/health professions training
- Policy development
- Public perception of oral health
Context for the Grassroots Engagement Strategy

- Engagement/leadership of those most affected when the current systems fail, amplify that voice into the OH2020 Network
  - Collective network efforts (grassroots/middles/tops) have potential/power to create significant systems and public policy change, result in new social norms around oral health, improved public perception of value of oral health

- Strong grassroots grantee organizations to guide strategy development and lead implementation

- Six States (AZ, CA, FL, MI, PA, VA)
  - 20 local communities/regions
Grassroots Six State Strategy

California
California Pan Ethnic Health Network
Strategic Concepts in Organizing and Policy Education
Tides Center/Latino Coalition for a Healthy California
Vision y Compromiso
Central Valley Health Policy Institute
Asian Americans Advancing Justice

Arizona
Native American Connections
Asian Pacific Community in Action
Children’s Action Alliance

Michigan
Kent County Health Department
Voices of Detroit Initiative

Pennsylvania
ACHIEVA
Berks County Community Foundation
Put People First PA

Virginia
Pathways VA-Inc
Smart Beginnings Virginia
Southwest Virginia Area Health Education Center
United Way of Roanoke Valley

Florida
Human Services Coalition of Dade County
Tampa Bay Healthcare Collaborative
Moving.....
Thank you!

http://dentaquestfoundation.org/
Engaging the Aging and Disability Network to Improve Oral Health

2016 HCBS Conference
August 30, 2016
Oral Health for Senior and People with Disabilities

- Seniors and people with disabilities receive all “state plan” benefits that the state elects to include;
- Medicaid oral health state plan benefits are optional for adults and seniors; however, they are mandatory for children;
- Dental benefits can also be provided using “incurred medical expenses” for individuals living in an institutional setting (nursing home or ICF/ID);
  - Individuals receiving LTSS in the community may not have access to the same level of services;
  - Preliminary data from NASUAD survey indicates that very little is done to track IME utilization.
NASUAD Oral Health Project

• With funding from DentaQuest Foundation, NASUAD engaged our membership to improve information about and access to oral health benefits for seniors and people with disabilities;

• The initiative included:
  – Comprehensive survey of states to determine supplemental benefits in LTSS settings;
  – Survey of beneficiaries to understand access/utilization;
  – Engagement of MCOs to understand coverage, and any “value-added” benefits; and
  – Meetings of states to share information, promote best practices, and develop support for increased access to comprehensive oral health care for services.
Most frequent unmet service needs

- Transportation
- Dental care
- Financial assistance
- Home modifications
- Utility assistance
- Mental health services
- Homemaker services
- LTC/LTSS funding
- Respite care
- Employment
- Adult day services
- Prescribed drug assistance
- Personal care
- Other
- Food assistance
- Caregiver support
- Legal services
- Assistive technology
- Veterans assistance
- Care transitions
- Health insurance
- Health programs/services
- Benefits analysis/assistance
- Elder abuse/exploitation
- Health insurance counseling

N=325

2015 NASUAD I&R Survey Highlights:
NASUAD NCI-AD Consumer Survey Identified Gaps in Access

Percent of Respondents who Reported Having a Routine Dental Visit in the Past Year

Source: NCI-AD Interim Report
When Stratifying based on Nursing Home Placement…

Proportion of People who Report Having a Routine Dental Visit in the Past Year

<table>
<thead>
<tr>
<th>Region</th>
<th>Overall</th>
<th>Medicaid</th>
<th>Nursing Homes</th>
</tr>
</thead>
<tbody>
<tr>
<td>NC</td>
<td>44%</td>
<td>40%</td>
<td>53%</td>
</tr>
<tr>
<td>NJ</td>
<td>53%</td>
<td>45%</td>
<td>71%</td>
</tr>
</tbody>
</table>

Legend:
- Blue: Overall
- Red: Medicaid
- Green: Nursing Homes
State Strategies to Target Oral Health Benefits

• States have examined strategies to provide targeted oral health services to specific populations, including older adults and persons with disabilities
  – These targeted benefit strategies can be viewed as a cost-effective way to deliver services to the most vulnerable populations
  – Different mechanisms exist to establish targeted services via Medicaid waivers, state plan options, and managed care
  – There are examples of states using each of these mechanisms to target oral health benefits
### 1915(c) Waivers can Include Oral Health/Dental Benefits

<table>
<thead>
<tr>
<th></th>
<th>Aging and/or Physical Disabilities</th>
<th>Intellectual/Developmental Disabilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Waivers (2013)</td>
<td>117</td>
<td>136</td>
</tr>
<tr>
<td>Waivers with Dental (2015)</td>
<td>5*</td>
<td>21</td>
</tr>
<tr>
<td>Percentage</td>
<td>4%</td>
<td>15.4%</td>
</tr>
</tbody>
</table>

*Two such waivers were eliminated at the end of 2015, leaving three remaining.*
Waiver Coverage of Oral Health not Limited to Low-Benefit States

States with Dental Benefits in at least one 1915(c) Waiver compared to Adult State Plan Benefit Level

Number of States

- States with Waiver including Oral Health
- Total States in Grouping

Adult Medicaid Benefit Level

- No dental benefits
- Emergency Only
- Limited
- Extensive

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## Oral Health Benefit Caps

<table>
<thead>
<tr>
<th>Annual Limit</th>
<th>Number of Waivers</th>
</tr>
</thead>
<tbody>
<tr>
<td>No specific dollar threshold</td>
<td>11</td>
</tr>
<tr>
<td>$500</td>
<td>2</td>
</tr>
<tr>
<td>$1,000</td>
<td>5</td>
</tr>
<tr>
<td>$1,108</td>
<td>1</td>
</tr>
<tr>
<td>$2,000</td>
<td>2</td>
</tr>
<tr>
<td>$2,500</td>
<td>1</td>
</tr>
<tr>
<td>$5,000</td>
<td>4*</td>
</tr>
</tbody>
</table>

*Note: one state operated 3 waivers with a $5,000 annual limit but a $7,500 maximum over three years*
Other Innovative Strategies to Address Oral Health Needs

• Managed care plans can offer “value added” benefits and/or “in lieu of services” that address oral health needs
  – These benefits and services can exist even if the state does not cover adult benefits in the standard Medicaid state plan
• Value Added benefits: services provided through the MCO that are beyond the contractual requirements
  – Often included as a component of the MCO’s competitive bid to provide Medicaid services
• In Lieu Of Services: services substituted for covered Medicaid benefits that are a medically appropriate alternative
Examples of MCO-Based Strategies: Value Added Benefits

<table>
<thead>
<tr>
<th>Extra Dental Services for STAR+PLUS Adults (ages 21 and older) in a Nursing Facility</th>
<th>Extra Dental Services for STAR+PLUS Adults (ages 21 and older) NOT in a Nursing Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Amerigroup: No dental VAS offered to nursing facility members.</td>
<td>• Amerigroup: Dental kit to keep teeth clean and healthy for Members age 21 and older</td>
</tr>
<tr>
<td>• Cigna-HealthSpring: Up to $500 each year for checkups, x-rays, and cleanings once every six months, including limited fillings and tooth pulling for Members age 21 and older</td>
<td>• Cigna-HealthSpring: Up to $500 each year for checkups, x-rays, and cleanings, including fillings and tooth pulling, for Members age 21 and older</td>
</tr>
<tr>
<td>• Molina: Up to $250 per year for dental checkups, x-rays and cleaning for Members over 21 years of age</td>
<td>• Molina: Up to $250 per year for dental checkups, x-rays and cleaning for Members over 21 years of age</td>
</tr>
<tr>
<td>• Superior: Up to $250 for checkups, x-rays, and cleaning each year at certain dentists for Members age 21 and older</td>
<td>• Superior: Up to $250 for checkups, x-rays, and cleaning each year at certain dentists for Members age 21 and older</td>
</tr>
<tr>
<td>• United: One routine exam and cleaning, x-ray, scaling, root planning, and silver and white colored fillings each year for Members age 21 and older; other services provided at a discount</td>
<td>• United: One routine cleaning, scaling, and oral checkup each year for Members age 21 and older; other services provided at a discount</td>
</tr>
</tbody>
</table>

Source: Texas Health and Human Services Commission
Examples of MCO-Based Strategies: In Lieu of Services

- Tennessee managed care plans can provide dental services as a cost-effective alternative service.
- Based on Tennessee’s policy, dental benefits are cost-effective alternative services to covered benefits the member would otherwise need:
  - Dental visit to treat a problem with a tooth instead of treating an infection or pain in an emergency room.
- Tennessee also allows preventive services to avoid the development of conditions that would require more costly treatment in the future to qualify as cost-effective alternatives.
Examples of Other Strategies: Idaho Alternative Benefits Plan

- Alternative Benefit Plans, also known as Benchmark Benefits Plans, are authorized by section 1937 of the Social Security Act
- ABPs allow states to provide differentiated benefits packages to different groups within the Medicaid programs
- The Idaho “Enhanced Plan” is limited to older adults, people with disabilities, and individuals with special health needs.
- Enhanced Plan recipients can receive dental services including:
  - Routine exams
  - Dentures
  - Fillings, and
  - “other needed supports”
But Don’t forget Medicare!

- Medicare is the primary source of health insurance for most senior citizens;
- The absence of a Medicare dental benefit is detrimental to the overall health of seniors and people with disabilities;
- NASUAD’s board voted to endorse adding a Medicare oral health benefit to our association’s policy priorities in 2013
  - NASUAD membership reaffirmed the policy platform, including this provision, in 2015
Next Steps

• The NASUAD survey demonstrated challenges with administering an oral health benefit and developing collaborations between Medicaid, the aging and disability network, and the oral health field
• However, the survey also collected information regarding pockets of innovation occurring at state and local levels
• NASUAD and its membership are examining promising practices and evaluating opportunities to disseminate and replicate ways to expand access to and awareness of oral health benefits
For more information, please visit: www.nasuad.org

Or call us at: 202-898-2578