

# 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.*



**2016 HCBS Conference**  
**Washington, DC**  
August 30, 2016

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FOUNDATION

# DentaQuest Foundation

ORAL  
HEALTH  
FOR ALL  
2020

**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.

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# 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

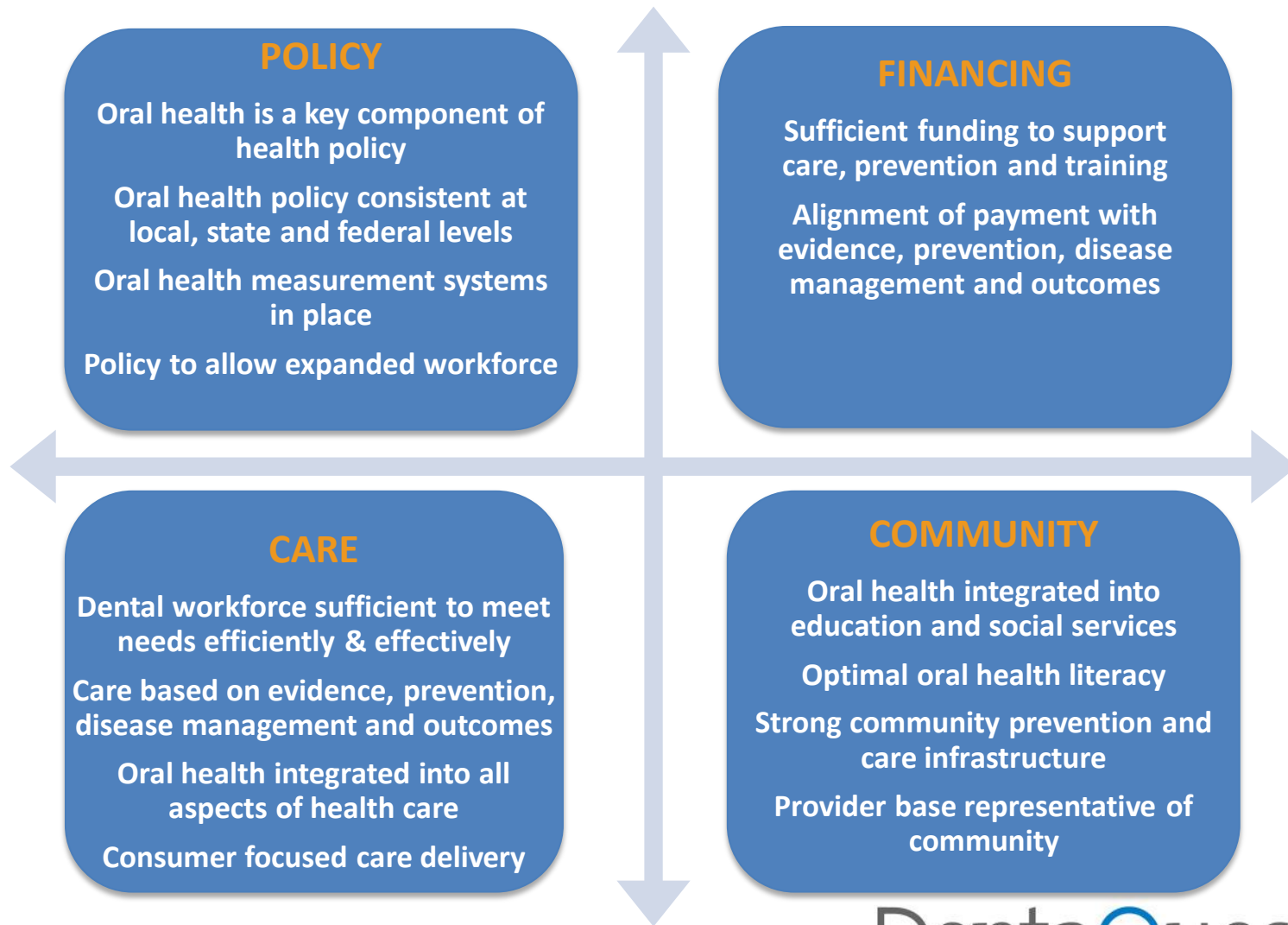
- Oral Health 2020
- Community Water Fluoridation
- Strengthening Oral Health Safety Net
- National Interprofessional Initiative on Oral Health



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# A Systems Approach

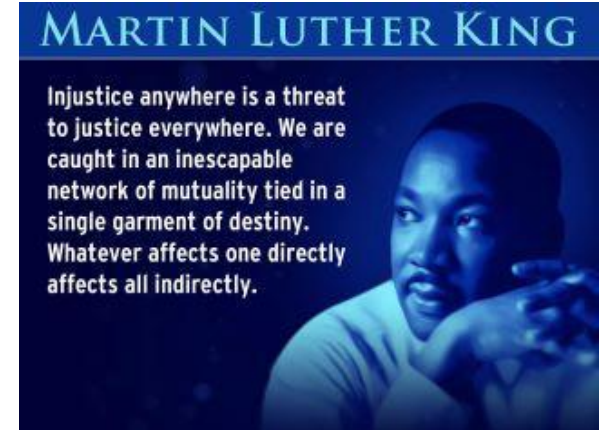
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# We Believe That

- **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*



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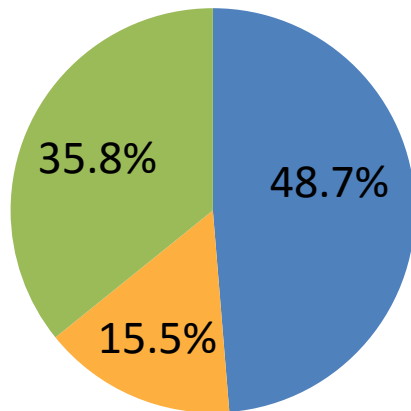
# Significant Oral Health Disparities Exist Among Certain Populations

- 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%*

Source: Centers for Disease Control & Prevention, Division of Oral Health, Health Policy Resources Center Research Brief, American Dental Association, May 2013. US Department of Health & Human Services, "Oral Health in America: A Report of the Surgeon General," 2000\*. Delta Dental Plans Association, "America's Oral Health;" April, 2010. National Institute of Dental and Craniofacial Research: "Treatment Needs in Seniors (Age 65 and Over)."

# Lack of Comprehensive Dental Insurance Impacts Access to Care

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



■ Private Coverage      ■ Public Coverage\*

■ No Dental Insurance

\* Includes Medicaid, CHIP and Tricare

Source: National Association of Dental Plans, "Who Has Dental Benefits?"

- 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: National Association of Dental Plans, "Who Has Dental Benefits?"; Delta Dental Plans Association, "America's Oral Health," April, 2010



# 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

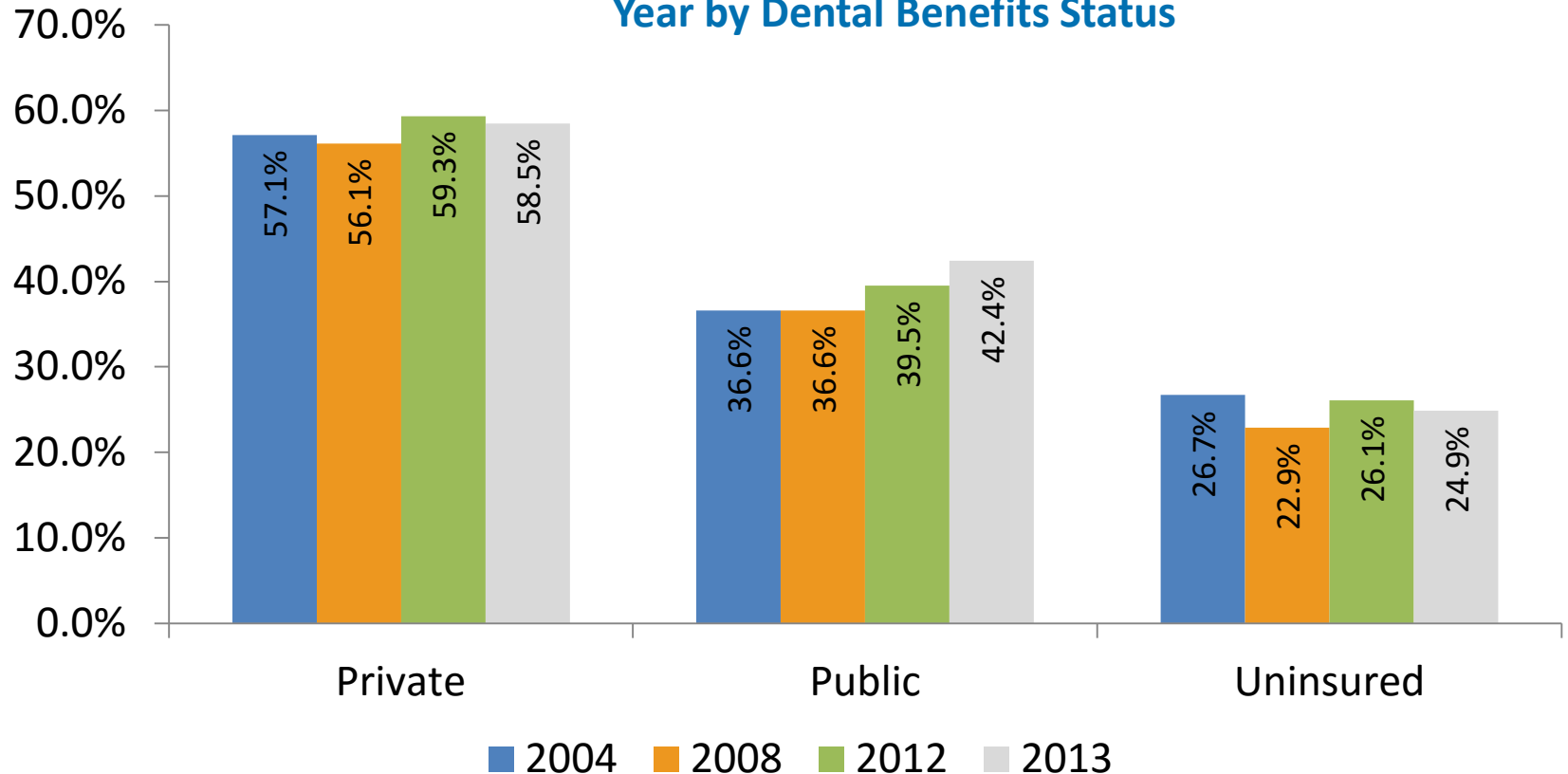
- Optional benefit for Medicaid adults
- ***No Medicare benefit***
- Not included in *Essential Health Benefits* offered in Health Insurance Marketplaces



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# Dental Care Utilization Varies By Type of Coverage

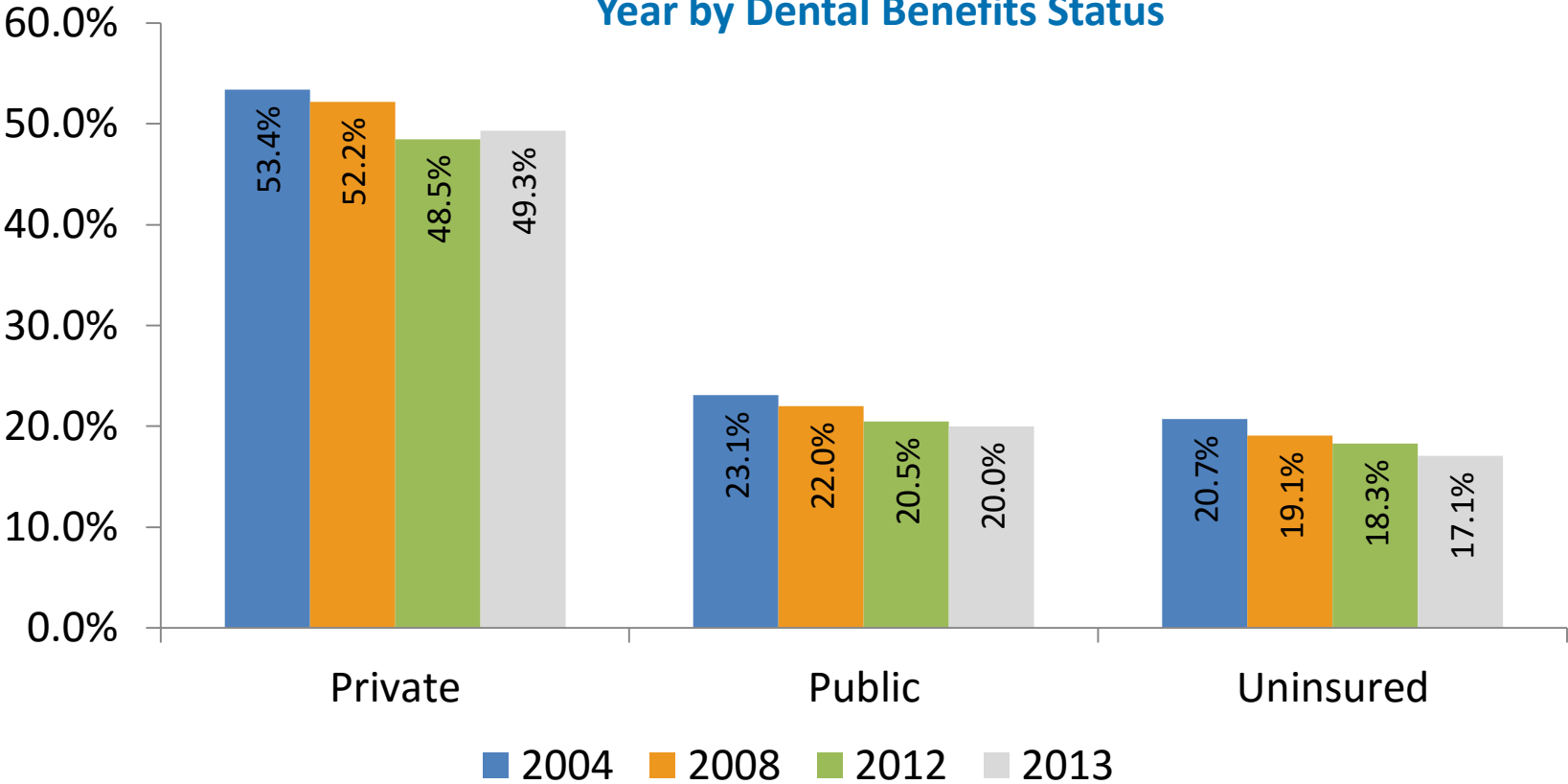
Percentage of Children Ages 2-18 with a Dental Visit in Each Year by Dental Benefits Status



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

# Restrictions in Medicaid Adult Dental Coverage Limit Access to Care

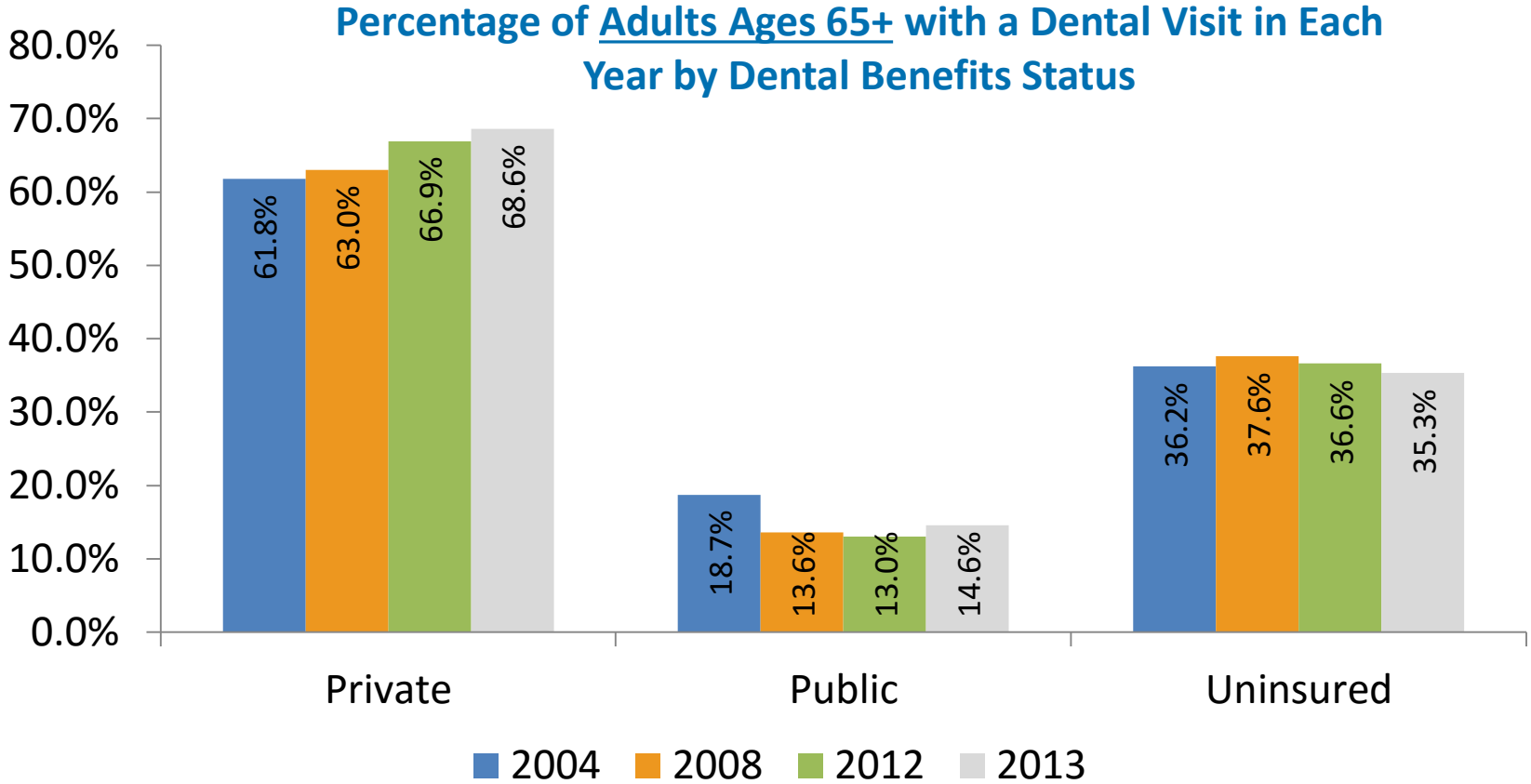
Percentage of Adults Ages 19-64 with a Dental Visit in Each Year by Dental Benefits Status



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 Vujcic, Ph.D.; October, 2015



# Most Medicare Enrollees Must Purchase Dental Services Out-of-Pocket



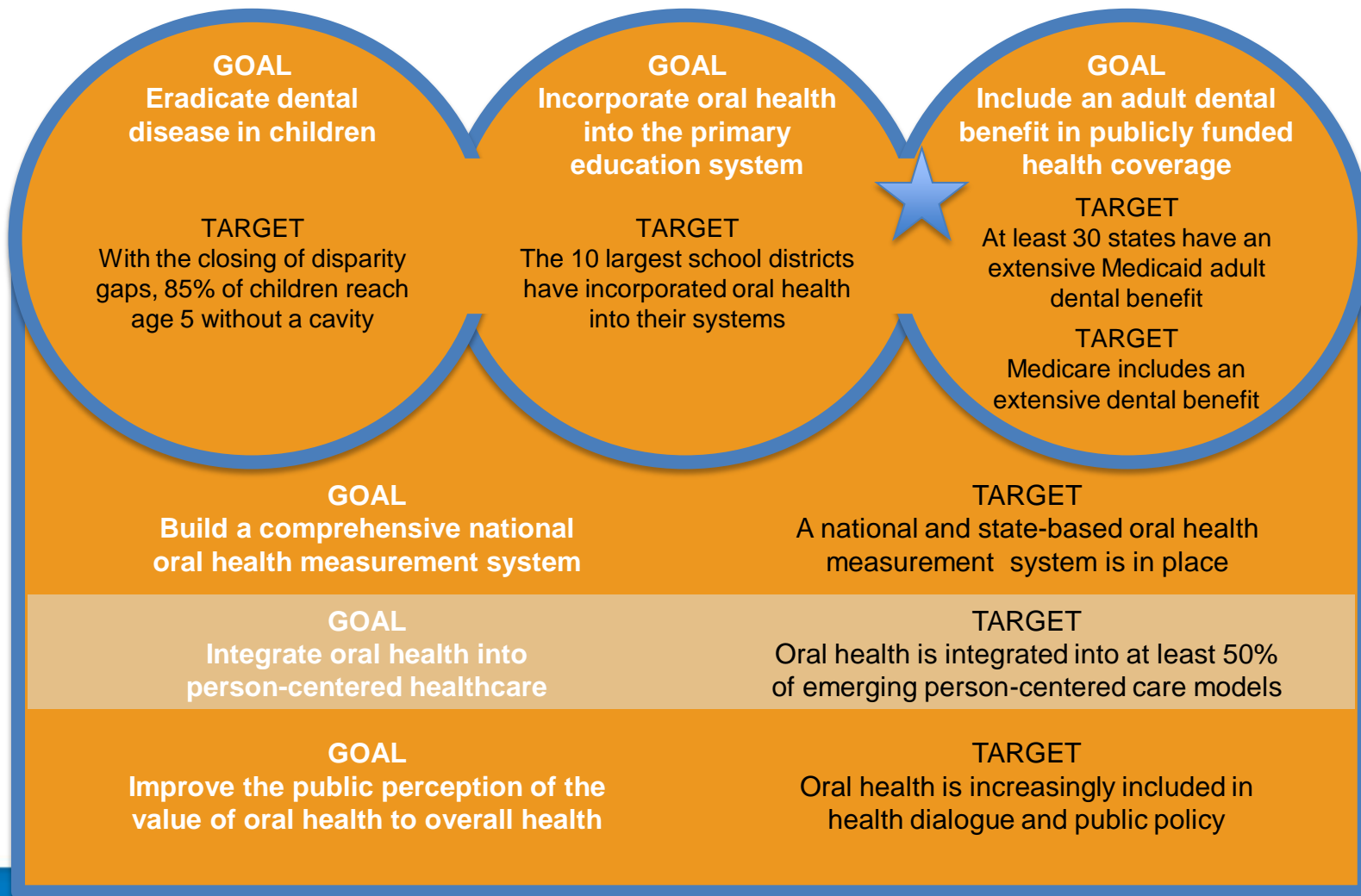
*Note: Because Medicare does not provide dental benefits, persons with Medicare coverage were considered uninsured.*

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.**



# Oral Health 2020 Network

Includes Organizations Such As....

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**SCHOOL-BASED  
HEALTH ALLIANCE**  
Redefining Health for Kids and Teens

American Academy  
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™



children's  
dental health  
project



**CHCS**  
Center for Health  
Care Strategies, Inc.



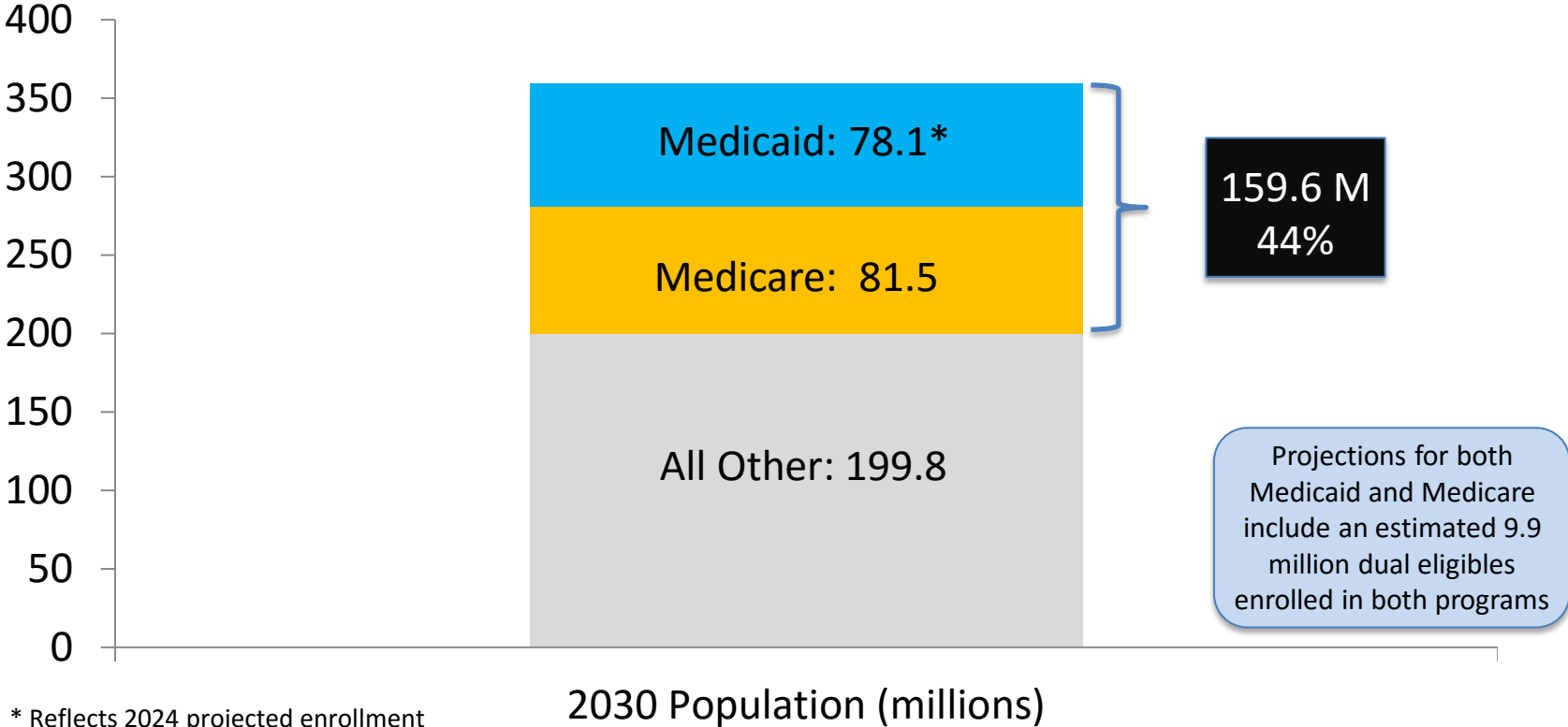
**NATIONAL ASSOCIATION OF  
Community Health Centers**

- **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**

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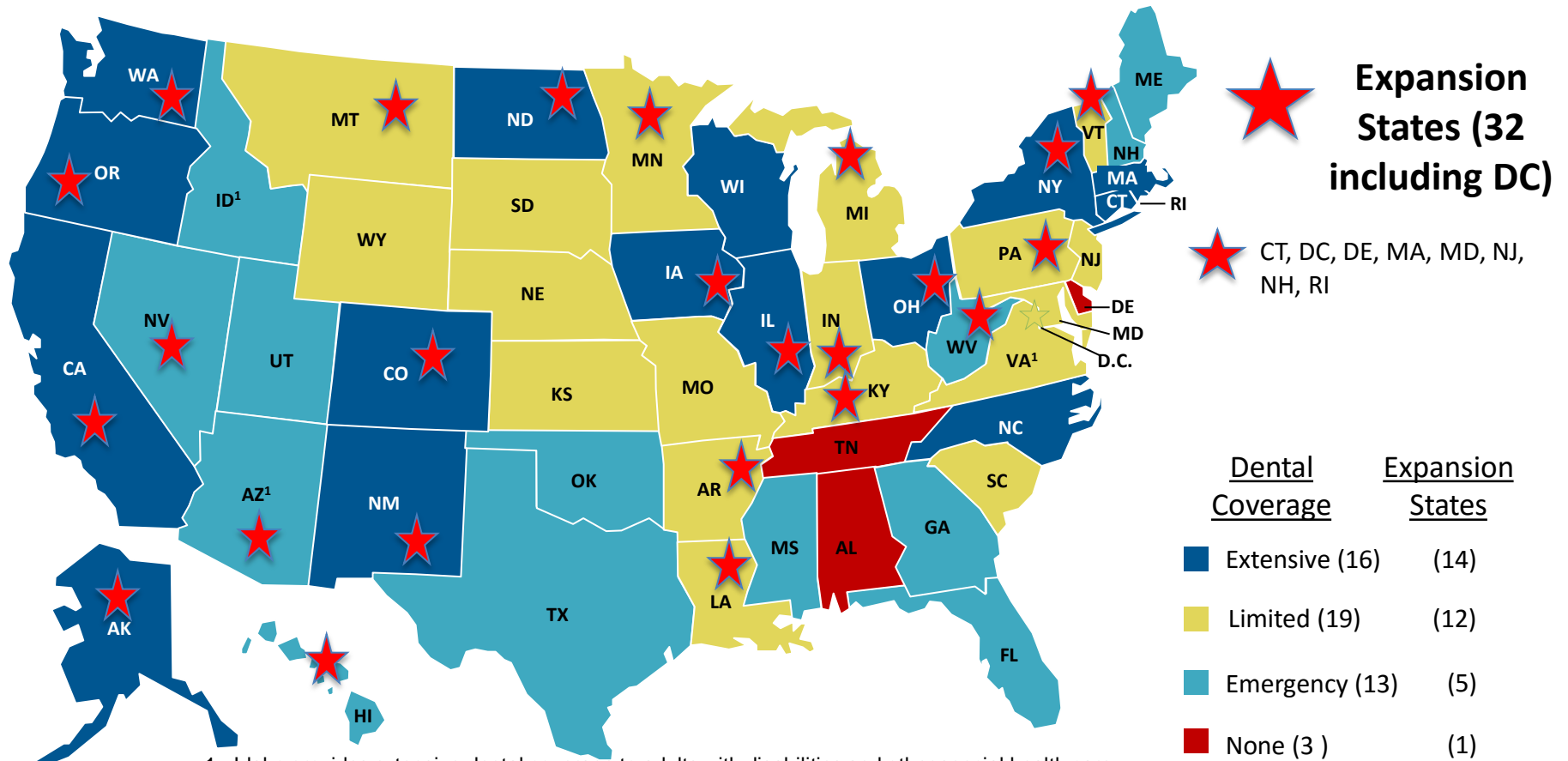
# Medicaid & Medicare Beneficiaries Will Make Up Roughly 44% of U.S. Population in 2030

Projected 2030 Total U.S. Population: 359.4 Million



Source: U.S. Census Bureau, Population Division, December, 2014; 2013 Annual Report of the Boards of Trustees of the Federal Hospital Insurance and Federal Supplementary Medical Insurance Trust Funds; Centers for Medicare & Medicaid Services, Office of the Actuary, National Health Statistics Group.

# and Expansion Decision



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

Sources: Kaiser Family Foundation, "Current Status of Medicaid Expansion: State Decisions," Updated July 7, 2016; DentaQuest Foundation, August 2, 2016.



# Medicaid Tactics

## National Tactics

*Define extensive benefit and survey where states are*

*Educate states about the differences and overlaps between Medicaid & Medicare coverage*

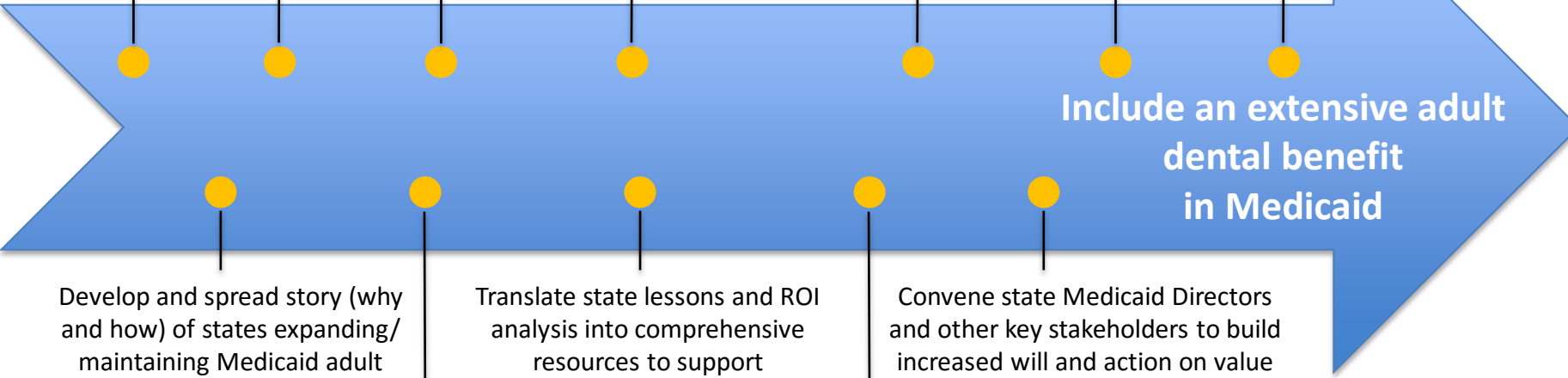
*Develop specific strategies and supports that are reflective of states' current level of Medicaid coverage and desired level of Medicaid coverage*

*Conduct ongoing monitoring and reporting of state action on Medicaid adult dental coverage*

*Build national & state awareness of impact of lack of coverage and access to care*

*Conduct and disseminate ROI analysis of Medicaid adult dental coverage*

*Evaluate viability of national strategy to mandate dental benefit for adults in Medicaid*



**Include an extensive adult dental benefit in Medicaid**

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

## State Tactics

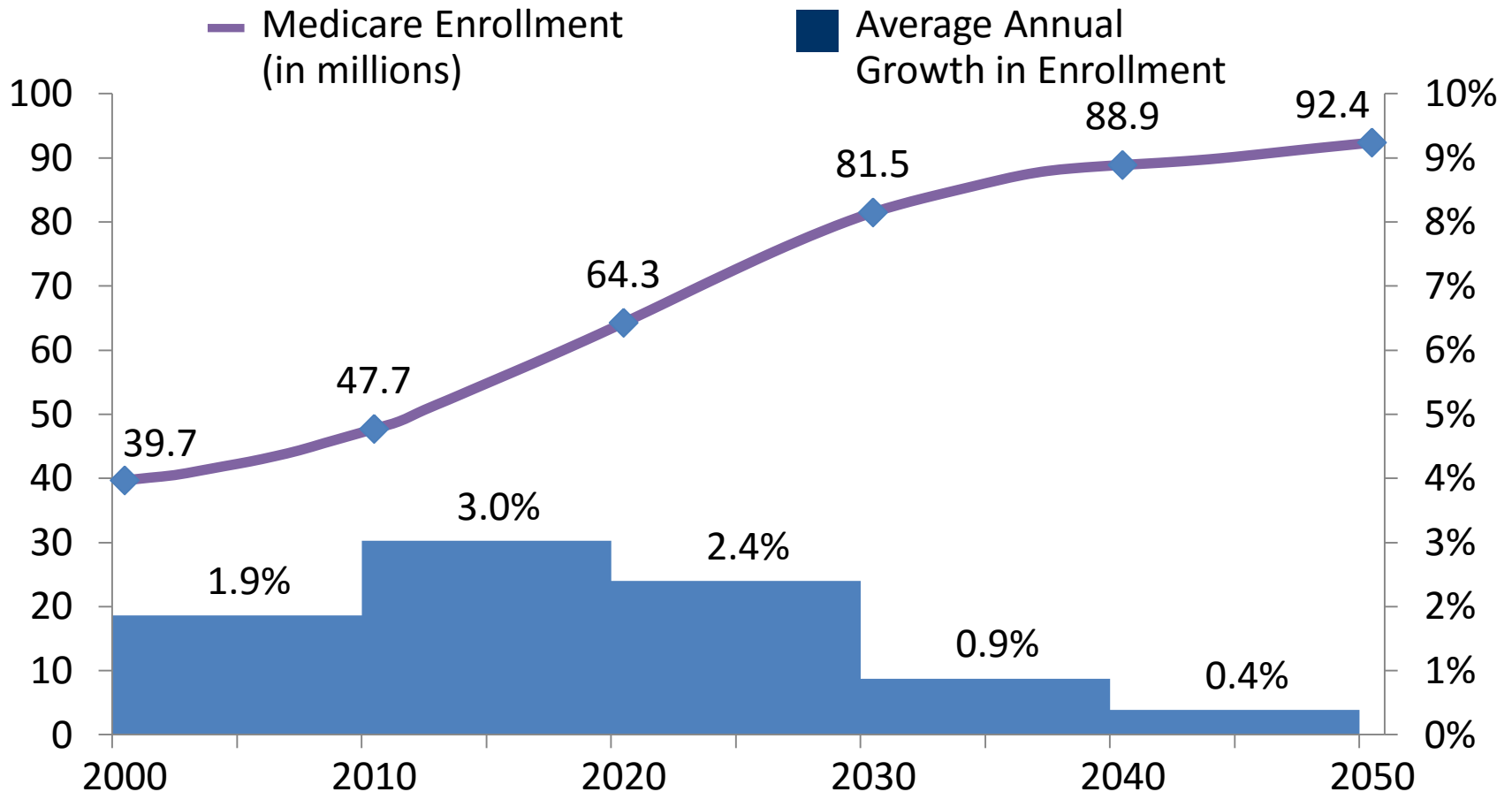
Make targeted investments in states working to implement or improve implementation of coverage already approved

Make targeted grassroots mobilizations, education and advocacy investment in states where expansion action is likely (including engagement of business community)

**Note:** National and State Tactics for Other OH2020 Targets can be found at <http://dentaquestfoundation.org/oh2020/adultdental/patientcenteredcare>



# Medicare Population Growth: 2000-2050



SOURCE: 2013 Annual Report of the Boards of Trustees of the Federal Hospital Insurance and Federal Supplementary Medical Insurance Trust Funds.

# 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*

*Define and build consensus on definition of comprehensive dental benefit in Medicare*

*Develop a national and consistent message that speaks to the importance of the benefit in Medicare and a strategic plan for delivering that message*

*Engage national partner(s) in drafting necessary legislation and supporting materials*

**Include an adult dental benefit in Medicare**

## 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/adulthood/patientcenteredcare>

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# Consensus Building on Medicare Dental Benefit: Symposium Attendees

**JUSTICE IN AGING**

FIGHTING SENIOR POVERTY THROUGH LAW

**AARP**

Real Possibilities

**DENTSPLY**

**National Committee to Preserve Social Security & Medicare®**  
Trusted • Independent • Effective

 Center for **Medicare Advocacy**

CELEBRATING 60 YEARS!  
 Oral Health America

**ORAL HEALTH AMERICA**  
BRINGING HEALTHY MOUTHS TO LIFE

**MEDICARE RIGHTS CENTER**  
Getting Medicare right

**CMS.gov**  
Centers for Medicare & Medicaid Services



**Boston University** Henry M. Goldman  
School of Dental Medicine



advocacy | action | answers on aging

 **NASUAD**  
National Association of States  
United for Aging and Disabilities

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# 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

**Medicare.gov**  
The Official U.S. Government Site for Medicare



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# Addressing Oral Health Disparities From All Levels

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**GrassTops**

**GrassMiddles**

**GrassRoots**



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# National Initiatives/Grantees Include:

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- **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*

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# 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

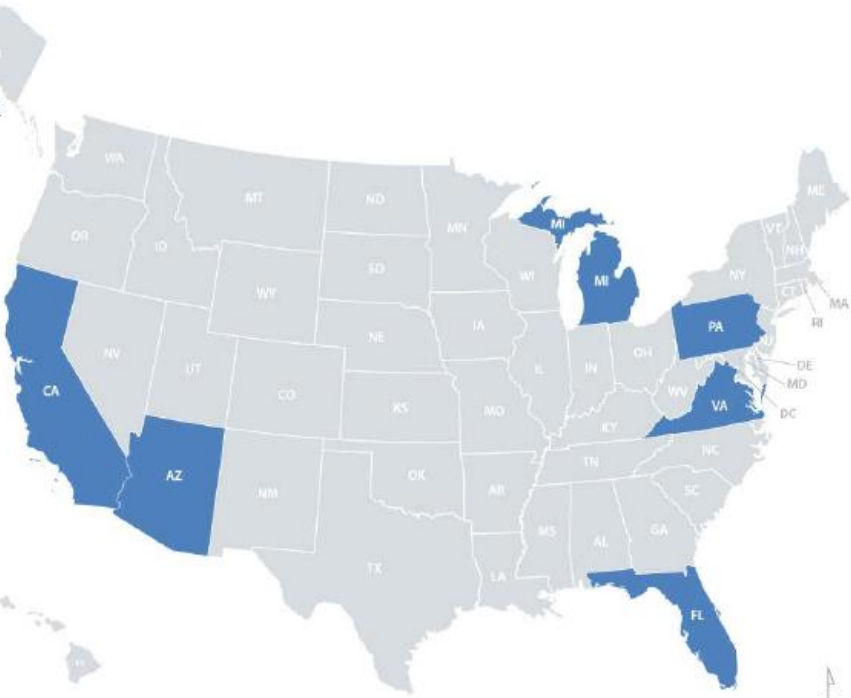
- California Pan Ethnic Health Network
- Strategic Concepts in Organizing and Policy Education
- Tides Center/Latino Coalition for a Healthy California
- Vision y Compromiso
- Central Valley Health Policy Institute
- Asian Americans Advancing Justice

## 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

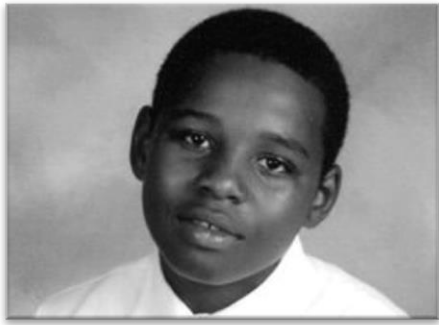
- Human Services Coalition of Dade County
- Tampa Bay Healthcare Collaborative

# Moving.....

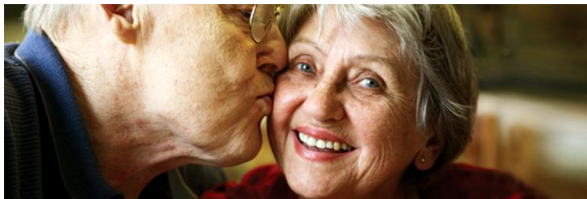
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# ORAL HEALTH FOR ALL 2020



Thank you!

<http://dentaquestfoundation.org/>  
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# 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

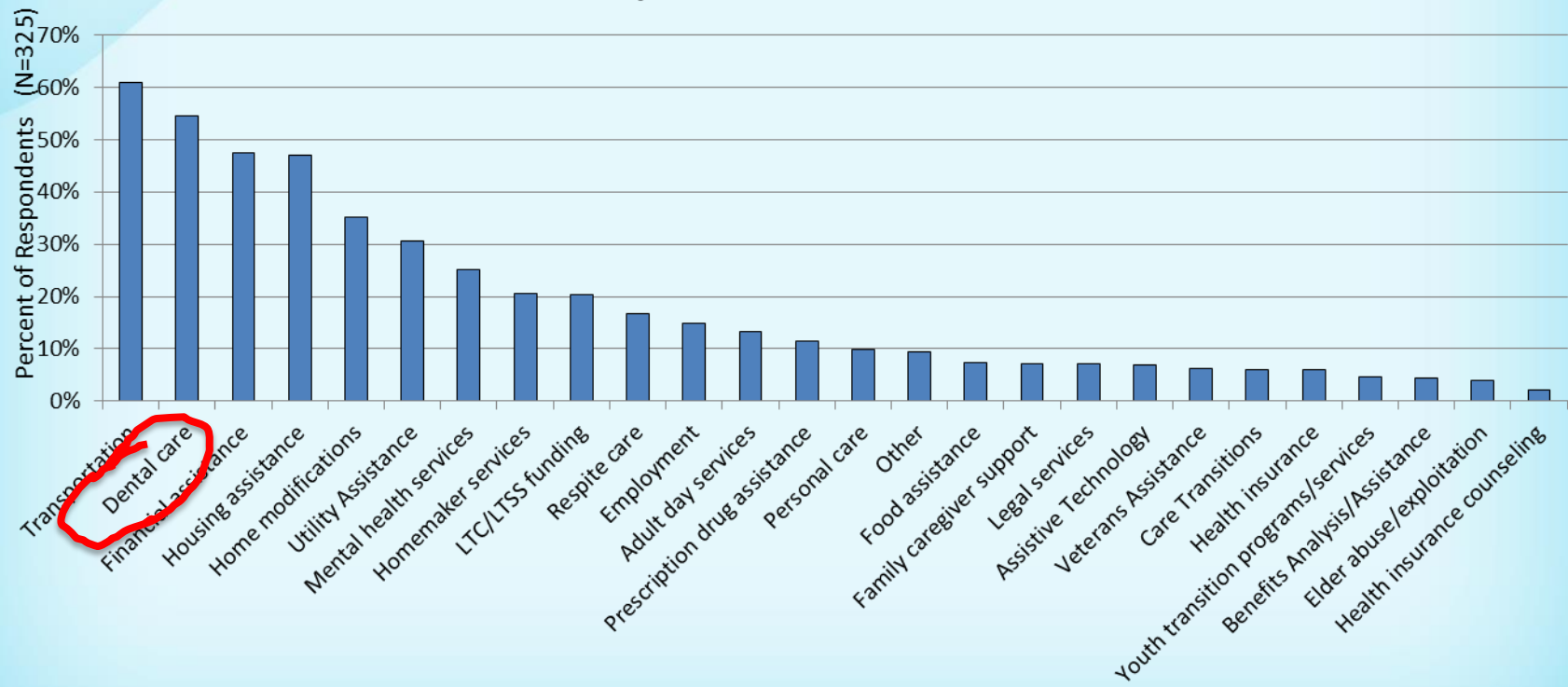
- With funding from DentaQuest Foundation, NASUAD engaged our membership to improve information about and access to oral health benefits for seniors and people with disabilities;
- The initiative included:
  - Comprehensive survey of states to determine supplemental benefits in LTSS settings;
  - Survey 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.



# 2015 NASUAD I&R Survey Highlights: Most frequent unmet service needs

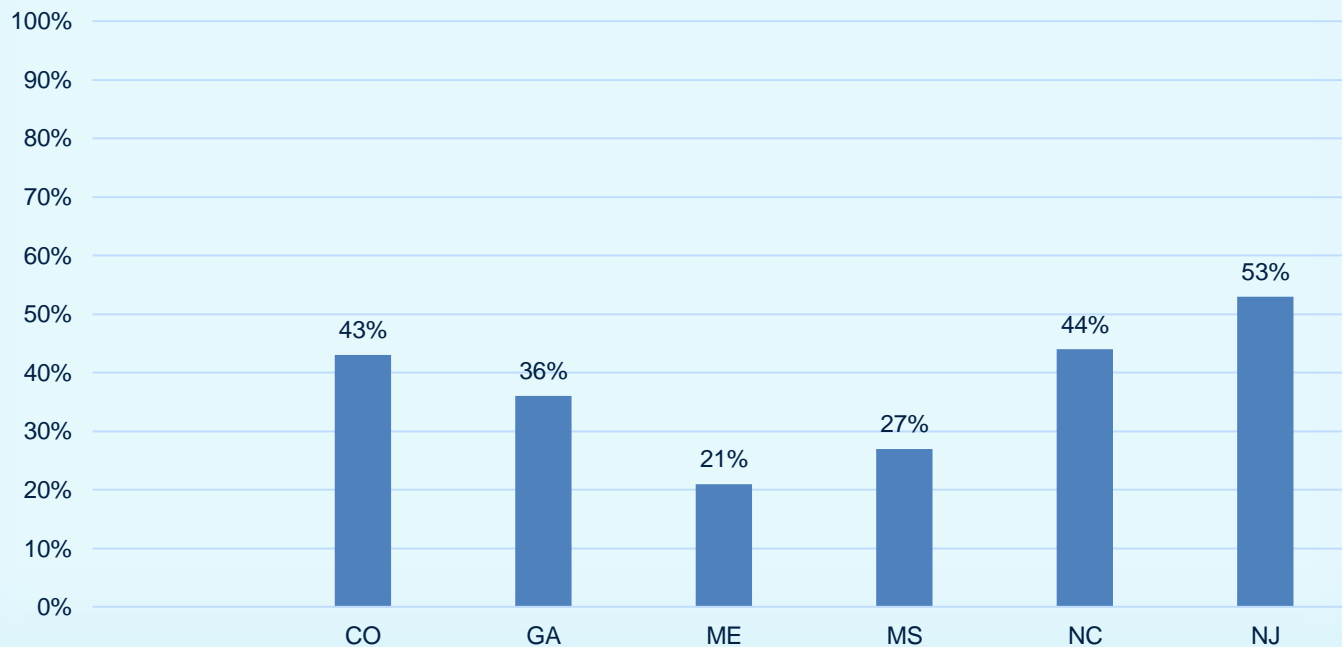
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## Most Frequent Unmet Service Needs



# NASUAD NCI-AD Consumer Survey Identified Gaps in Access

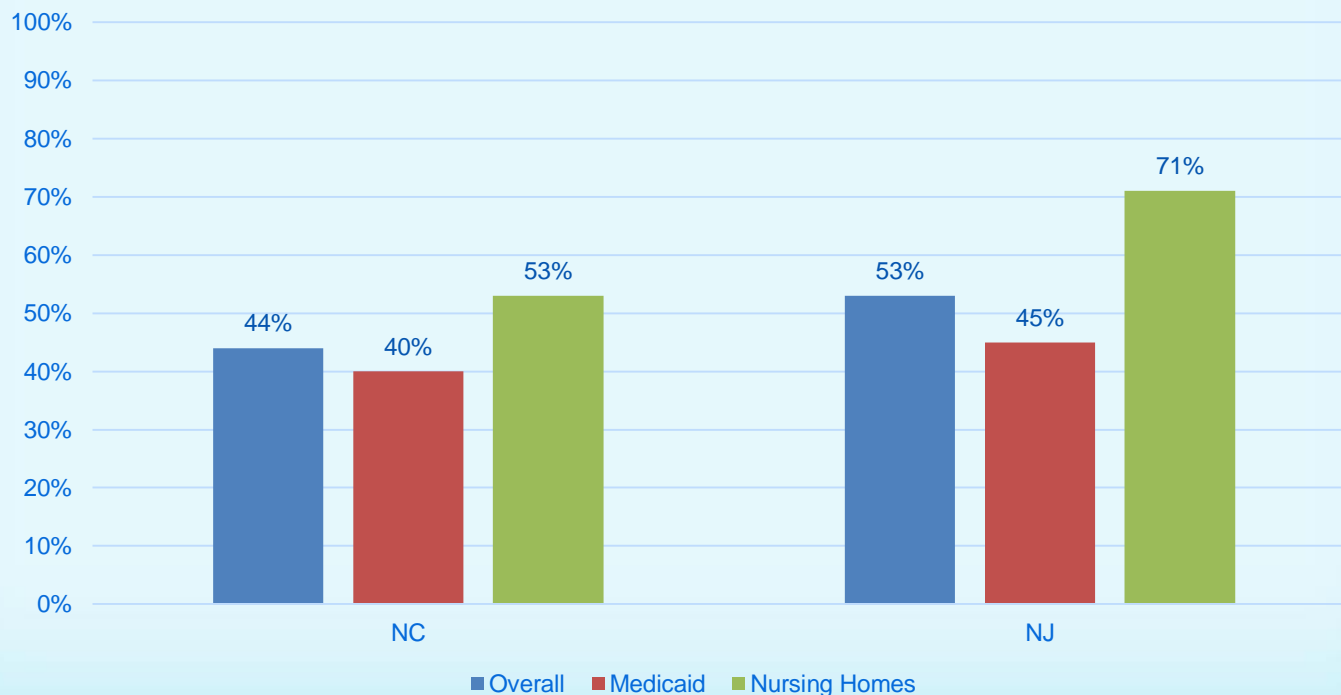
Percent of Respondents who Reported Having a Routine Dental Visit in the Past Year



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



# 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

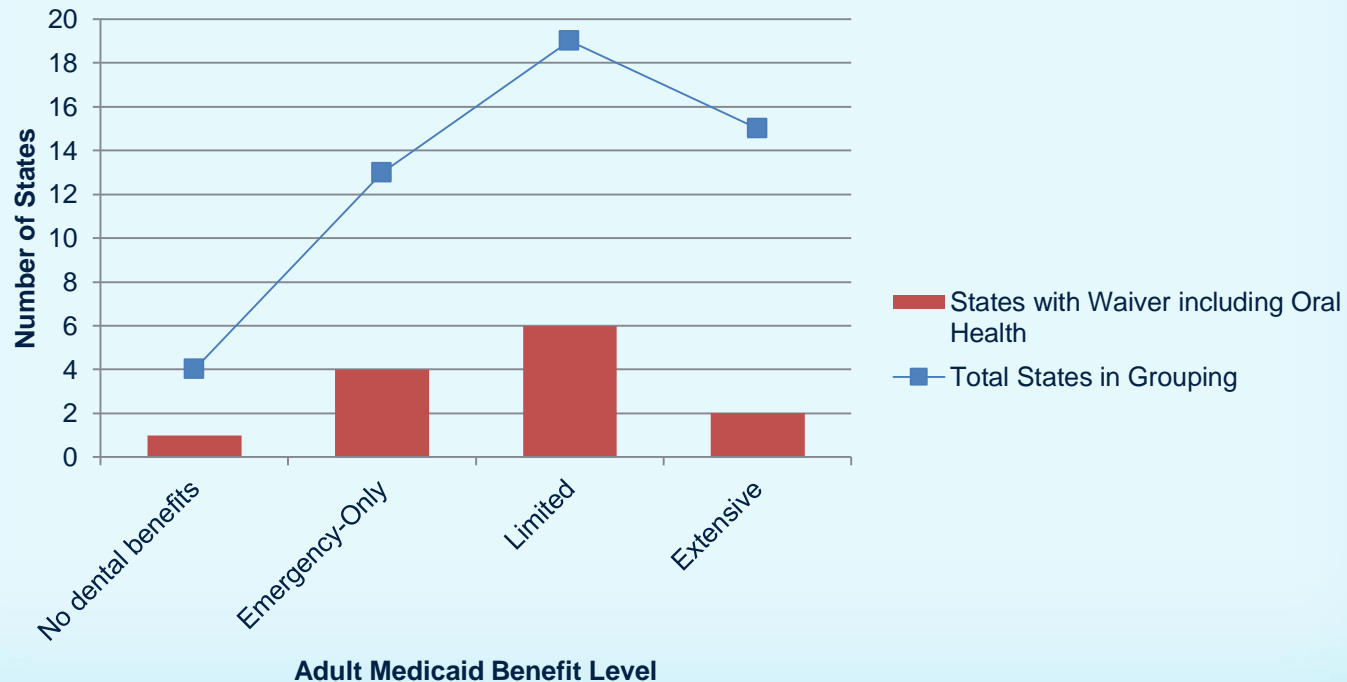
# 1915(c) Waivers can Include Oral Health/Dental Benefits

	Aging and/or Physical Disabilities	Intellectual/Developmental Disabilities
<b>Total Waivers (2013)</b>	117	136
<b>Waivers with Dental (2015)</b>	5*	21
<b>Percentage</b>	4%	15.4%

\*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



# Oral Health Benefit Caps

Annual Limit	Number of Waivers
No specific dollar threshold	11
\$500	2
\$1,000	5
\$1,108	1
\$2,000	2
\$2,500	1
\$5,000	4*

*\*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

Extra Dental Services for STAR+PLUS Adults (ages 21 and older) in a Nursing Facility	Extra Dental Services for STAR+PLUS Adults (ages 21 and older) NOT in a Nursing Facility
<ul style="list-style-type: none"> <li>Amerigroup: No dental VAS offered to nursing facility members.</li> <li>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</li> <li>Molina: Up to \$250 per year for dental checkups, x-rays and cleaning for Members over 21 years of age</li> <li>Superior: Up to \$250 for checkups, x-rays, and cleaning each year at certain dentists for Members age 21 and older</li> <li>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</li> </ul>	<ul style="list-style-type: none"> <li>Amerigroup: Dental kit to keep teeth clean and healthy for Members age 21 and older</li> <li>Cigna-HealthSpring: Up to \$500 each year for checkups, x-rays, and cleanings, including fillings and tooth pulling, for Members age 21 and older</li> <li>Molina: Up to \$250 per year for dental checkups, x-rays and cleaning for Members over 21 years of age</li> <li>Superior: Up to \$250 for checkups, x-rays, and cleaning each year at certain dentists for Members age 21 and older</li> <li>United: One routine cleaning, scaling, and oral checkup each year for Members age 21 and older; other services provided at a discount</li> </ul>

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](http://www.nasuad.org)

Or call us at: **202-898-2578**

