September, 2016

Medicaid HCBS Settings Regulations and Adult Services

NASUAD
National Association of States United for Aging and Disabilities

The National Association of States United for Aging and Disabilities (NASUAD) represents the nation's 56 state and territorial agencies on aging and disabilities and supports visionary state leadership, the advancement of state systems innovation and the articulation of national policies that support home and community based services for older adults and individuals with disabilities. NASUAD's members oversee the implementation of the Older Americans Act (OAA), and many also function as the operating agency in their state for Medicaid waivers that serve older adults and individuals with disabilities. Together with its members, the mission of the organization is to design, improve, and sustain state systems delivering home and community based services and supports for people who are older or have a disability, and their caregivers.

NASUAD BOARD OF DIRECTORS, 2015-2016

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State Aging and Disability Agencies and Oral Health
2015 Agency Survey

Background

During calendar year 2015, NASUAD engaged in a collaboration with the DentaQuest Foundation to identify and promote effective oral health interventions for older adults and people with physical disabilities. This initiative involved collaborating with partners from the dental, aging, and disability fields in order to increase knowledge regarding issues and challenges related to dental services for older adults and people with disabilities. The project also included a survey of state agencies and a review of state coverage policies to determine current programs providing oral health services; understand access and utilization; recognize existing collaborations for outreach to beneficiaries; and identify challenges with oral health policy across state agencies. Additionally, NASUAD engaged in a review of state Medicaid oral health coverage policies that specifically target older adults and people with disabilities to understand the current dental policy and financing framework regarding these populations.

Methodology

The *2015 State Aging and Disability Agencies and Oral Health Survey* was conducted using a web-based survey collection tool. NASUAD developed the tool and then made targeted edits and modifications based upon feedback from partners in state agencies and the DentaQuest Foundation. The data collection tool included questions regarding state programs to provide oral health services; enrollment of older adults and people with disabilities in the Medicaid program; service delivery mechanisms such as managed care, fee-for-service; and utilization of different types of benefits. In order to collect and organize the information, the survey was divided into the following four sections:

1. Medicaid State Plan Oral Health Services
2. Medicaid Managed Care Oral Health Services
3. Medicaid Long Term Services and Supports and Oral Health Services
4. Other Non-Medicaid Oral Health Services

NASUAD sent the data collection tools to each of the 56 states and territories. The survey was disseminated through multiple channels, including the NASUAD network of aging and disability organizations; NASUAD's partners at the state Medicaid agencies; as well as the Association of State and Territorial Dental Directors. The survey initially was open to respondents during the month of August 2015; however, NASUAD extended the response period due to a low response rate. After targeted outreach to solicit additional input from each of the states that had not submitted a survey, NASUAD ultimately received responses from 30 states as well as the District of Columbia. The submitted information was cross-referenced with other data sources, including the Center for Health Care Strategy's Medicaid Dental Benefits resources and publicly available data from the U.S. Department of Health and Human Services. NASUAD also engaged in conversations with state officials to supplement the survey data and better understand state strategies for providing coverage to individuals.

In addition to the survey of state agencies, NASUAD also included targeted questions relating to dental care access within two additional surveys: the *2015 Survey of Aging and Disability I&R/A Agencies*[1] and the *National Core Indicators Aging and Disability (NCI-AD) Adult Consumer Survey.*[2] The Survey of I&R Agencies collected information from 358 agencies and organizations that provide information and referral/assistance (I&R/A) within aging and disability networks. The NCI-AD is a consumer survey that collects information on participant's experiences with Long-term Services and Supports. Data for the project is gathered through yearly in-person surveys administered by state agencies to a sample of at least 400 older adults and individuals with physical disabilities accessing publicly-funded services through skilled nursing facilities, Medicaid waivers, Medicaid state plans, and/or state-funded programs, as well as older adults served by Older Americans Act programs. The 2015-2016 mid-year report includes data collected from six states: Colorado, Georgia, Maine, Mississippi, North Carolina, and New Jersey.

Themes Emerging from the 2015 State Aging and Disability Agencies and Oral Health Survey

Theme 1: More work is needed to increase collaboration focused on improving oral health. The survey demonstrated challenges with administering an oral health benefit and developing collaborations between Medicaid, the aging and disability network, public health agencies, and the oral health field. During data collection, NASUAD struggled to secure responses to the survey. In other policy areas, such as our annual *State of the States in Aging and Disabilities* report, we routinely receive 100 percent response rate from state agencies for our surveys. In contrast, this survey received 31 responses, representing a 60 percent response rate.

Several state agencies that did not complete the survey responded to the request with statements that oral health services were not within their jurisdiction or that they were unable to provide proper responses to the questions. Such responses highlight the need for better engagement with and education of state officials about the importance of oral health benefits to older adults and persons with disabilities. The responses also demonstrate the need for assistance to improve dialogue between state agencies.

Similarly, only six of the 31 respondents (19%) indicated that they had established a partnership between the state aging and disability agency and another state agency in order to improve access to oral health services. Partners for these initiatives included varied entities such as the State Dental Association; the State Department of Human Services; the Long-term Care Ombudsman Program; and Oral Health Advisory Committees. Strong partnerships such as these provide value to policymakers as well as the individuals served, yet 81 percent of

[1] National Association of States United for Aging and Disabilities and National Council on Independent Living. The Changing Landscape of Aging and Disability Information and Referral/Assistance: 2015 Survey of Aging and Disability I&R/A Agencies. Expected Publication April 2016.

[2] National Association of States United for Aging and Disabilities and Human Services Research Institute. National Core Indicators Aging and Disability: Adult Consumer Survey. Mid-Year Results 2015-2016. Expected Publication April 2016.

participants did not indicate any such collaborations or explicitly indicated that no collaborations existed.

Theme 2: There are targeted innovations regarding coverage for older adults and people with disabilities that could be replicated. State responses, administrative data review, and conversations with officials demonstrated some unique and innovative approaches for providing coverage of oral health services to older adults and people with disabilities. These programs are often targeted ways of delivering benefits to this subset of populations, and can include initiatives such as including dental benefits within a Medicaid waiver; working with managed care plans to provide value-added benefits to enrollees; or developing unique targeted benefit packages using special Medicaid authorities.

In the survey, 11 states reported using a waiver to expand coverage to older adults and people with disabilities. These waivers included comprehensive Medicaid 1115 waivers in two states and 1915(c) waivers in seven states. During follow-up research, NASUAD identified 13 states as well as the District of Columbia that include oral health benefits within their 1915(c) waivers. These dynamics are discussed in more detail below.

Several states also reported using managed care entities to provide oral health benefits to older adults and people with disabilities. Managed care for older adults and people with disabilities who receive long-term services and supports (LTSS) is growing at a fairly rapid pace. In 2009, six states operated a managed LTSS program either regionally or statewide. By 2015, 22 states were operating such a program and eleven additional states reported that there were either formal plans or initial discussions regarding implementing a program in the future.

In Texas, plans have the opportunity to provide value-added benefits above the services provided within the core Medicaid state-plan. These services may depending upon which plan and which area of the state the individual lives. Additionally, the services could differentiate between those available to individuals in nursing homes vs. those in a home or community based setting. Texas provided the following information, detailing the different types of services that individuals could access through their health plan.

Table 1: Example of value added benefits in Texas

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
• Amerigroup: No dental VAS offered to nursing facility members. • 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 • Molina: Up to $250 per year for dental checkups, x-rays and cleaning for Members over 21 years of age	• Amerigroup: Dental kit to keep teeth clean and healthy for Members age 21 and older • Cigna-HealthSpring: Up to $500 each year for checkups, x-rays, and cleanings, including fillings and tooth pulling, for Members age 21 and older • Molina: Up to $250 per year for dental checkups, x-rays and cleaning for Members over 21 years of age

• Superior (Centene): Up to $250 for checkups, x-rays, and cleaning each year at certain dentists for Members age 21 and older • 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	• Superior (Centene): Up to $250 for checkups, x-rays, and cleaning each year at certain dentists for Members age 21 and older • United: One routine cleaning, scaling, and oral checkup each year for Members age 21 and older; other services provided at a discount

In contrast, Tennessee allows their managed care plans to provide dental services as a cost-effective alternative service. Based on Tennessee's policy, these are services that are cost-effective alternative services to covered benefits the member would otherwise need, such as a dental visit to treat a problem with a tooth instead of delivering oral health care in an emergency room. Tennessee also allows preventive services that are provided to avoid the development of conditions that would require more costly treatment in the future to qualify as cost-effective alternatives.

Idaho offers another example of state efforts to expand oral health coverage for individuals with higher medical needs or health risks. The state previously covered oral health benefits on a targeted basis to older adults and people with disabilities within two 1915(c) waivers. However, in 2014 the state established a separate program that uses Medicaid's Alternative Benefit Plan policies to deliver dental services to individuals within the State's "Idaho Health Plan: Enhanced Plan." Alternative Benefit Plans, also known as Benchmark Benefits Plans, are authorized by section 1937 of the Social Security Act and allow states to provide differentiated benefits packages to different groups within the Medicaid programs. Alternative Benefit Plans are most commonly known as the package of services provided to the adult expansion population under the Affordable Care Act; however, states can also apply these policies to other groups. The Idaho Enhanced Plan is limited to older adults, people with disabilities, and individuals with special health needs. These participants can receive dental services including routine exams, dentures, fillings, and other needed supports. In contrast, most adults on the Idaho Medicaid program receive emergency-only dental treatments.[3]

Theme 3: The Incurred Medical Expense Benefit is not widely understood, but can assist with access to care. Incurred Medical Expenses are a component of the Medicaid program that mostly applies to individuals in institutional settings. In an institutional setting, such as a nursing home, most of the participant's income is used to help pay for the care provided in that setting and the participant has a small monthly allowance to pay for personal expenses. The Incurred Medical Expense is a mandatory Medicaid rule that allows an individual to spend their own money on medical expenses and have the cost of care deducted from their payment to the nursing home or other institution. The state Medicaid program then provides the facility with an additional payment to reimburse them for the loss of participant payment. As a result, the individual would have the same monthly allowance to spend on themselves and would be required to spend less on their cost of care. This benefit can be used to help finance dental

[3] http://healthandwelfare.idaho.gov/Portals/0/Medical/MedicaidCHIP/Idaho%20Health%20Plan%20English.pdf

care for individuals living in a nursing home if there is no other source of coverage. See the example below for an illustration of how this could be applied:

Table 2. Example of Incurred Medical Expense calculation

Participant Income	Incurred Medical Expense (Dental)	Individual Payment to Nursing Home	State Payment to Nursing Home	Individual's Allowance	Nursing Home Payment
$1,000	0	$900	$3,500	$100	$4,400
$1,000	$100	$800	$3,600	$100	$4,400

As the example shows, the total payment to the nursing home and the individual's allowance remain the same while the state increases its payment. There is limited evidence that individuals in nursing homes have more access to preventive dental benefits than individuals in community based-programs. In the NCI-AD survey, two states surveyed participants in both nursing homes and other Medicaid programs. In both states, a higher portion of respondents living in nursing homes reported receiving regular dentist visits compared to those in Medicaid HCBS programs. This does not necessarily indicate that increased utilization is due to incurred medical expenses, as nursing home residents have access to clinical staff who will help coordinate health services and many nursing homes bring dentists into the facility to provide care. Yet the availability of financing for these services likely contributes to higher utilization.

Table 3. Proportion of people who have had a routine dental visit in the past year

State	Overall In State	N	Combined Medicaid Program	Individuals in Nursing Homes
NC	44%	898	40%	53%
NJ	53%	680	45%	71%

Source: National Core Indicators Aging and Disability: Adult Consumer Survey. Mid-Year Results 2015-2016.

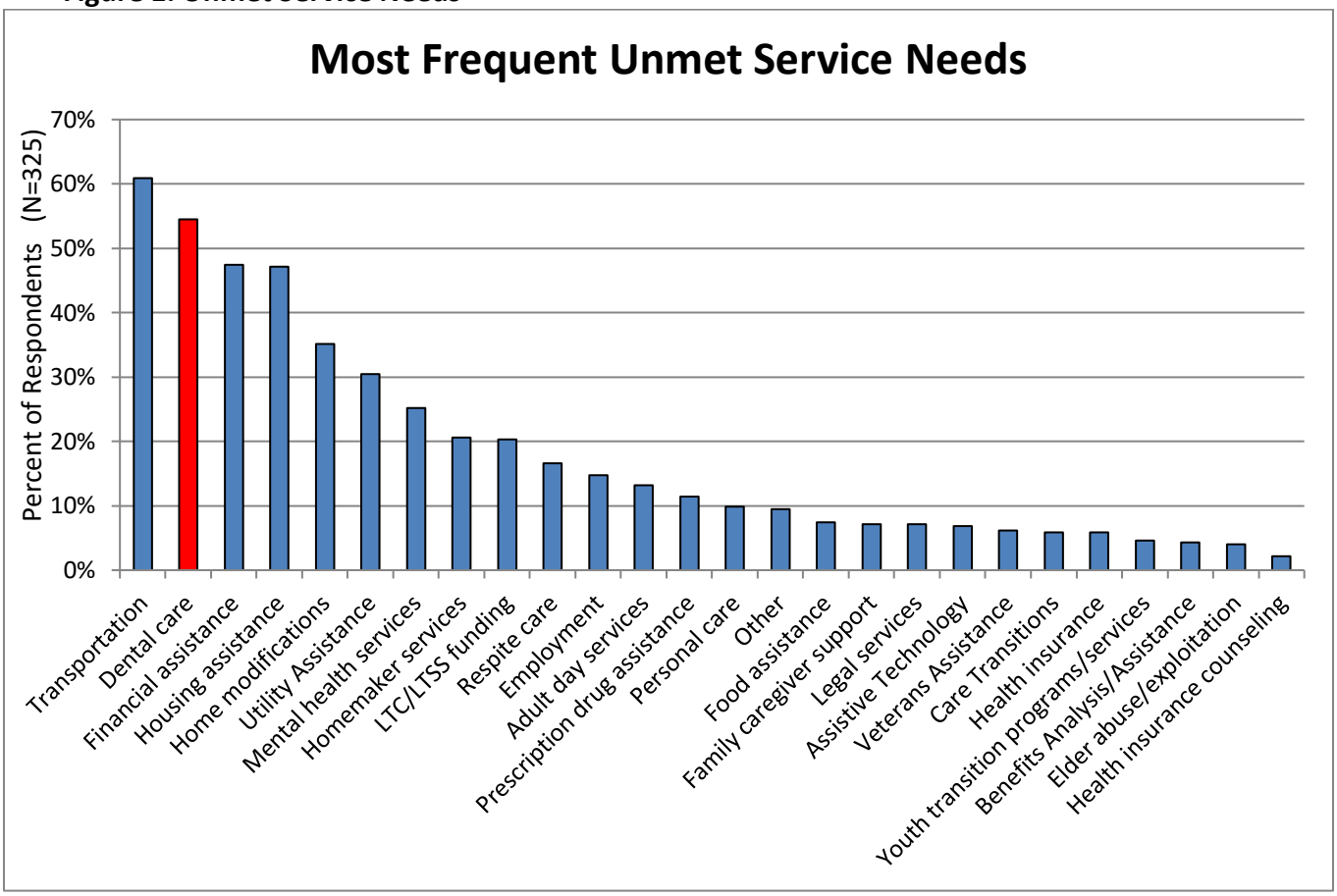
Despite states being required to increase payments to offset the difference, only one state response to our survey indicated that they are currently tracking utilization of incurred medical expenses for dental care. Obtaining better data regarding incurred medical expenses payments for dental services could provide additional information around coverage gaps and opportunities to develop targeted outreach strategies to increase utilization of this little-understood benefit.

Theme 4: Opportunities exist to provide dental care, but outreach to participants and increased coverage could improve utilization. Despite efforts made to increase coverage across Medicaid programs, as well as in targeted programs such as 1915(c) waivers, individuals still have challenges accessing services. Nineteen states provided information on the number of older adults enrolled in their Medicaid programs compared to the number who received oral health benefits. Based on the information provided, approximately 32 percent of Medicaid enrolled

beneficiaries received dental services during FY2014. As discussed below, this is somewhat aligned with the 37percent of participants in the NCI-AD survey who indicated that they had a regular dental visit in the past year. The exact service definition may not be aligned, as some states would report emergency dental services within the dental benefits provided; however, both surveys report that the majority of older adults and people with disabilities are not receiving oral health care.

The National I&R survey asked participants regarding unmet service needs and corroborates the findings of the other two surveys. More than half of responding agencies cited dental care, making it the second most frequently reported unmet need. This likely reflects a combination of a lack of access to dental coverage and a lack of access to dental care providers experienced by individuals served through aging and disability I&R/A networks.

Figure 1: Unmet Service Needs



Source: 2015 Survey of Aging and Disability I&R/A Agencies

Similarly, the NCI-AD survey asked participants regarding their experiences with oral health services. Nationally, only 37 percent of individuals reported having a routine dental visit within the past year. In the same survey 18 percent of respondents who did not have all of their goals or needs met said that receiving dental services would assist them meet those needs and goals. The survey did not discern whether the failure to receive services was due to the person not having dental coverage; a lack of available providers; or whether the person did not know how

to access services. However, based upon the results of the State Aging and Disability Agencies and Oral Health Survey it appears that all of these issues could be contributing factors.

Table 4. Proportion of people who have had a routine dental visit in the past year

State	Overall In State	N
CO	43%	378
GA	36%	689
ME	21%	527
MS	27%	814
*NC**	44%	898
*NJ**	53%	680
NCI-AD Average	**37%**	**3986**

Table 5. Additional services that may help if not all needs and goals are met

State	Dental Care
CO	18%
GA	9%
ME	13%
MS	32%
*NC**	17%
*NJ**	21%
NCI-AD Average	**18%**

** NOTE: North Carolina and New Jersey specifically targeted and included Nursing Home residents in the samples; their overall state estimates include this sub-population. See Table 3 for more information.*

During the survey, eleven states (35%) indicated that they were performing targeted outreach to older adults and/or people with disabilities in order to increase awareness of oral health

benefits. This outreach can be very helpful, but should be coupled with mechanisms to provide coverage to those individuals.

Medicaid 1915(c) Waivers with Dental as a Service

During the survey collection, a number of states indicated that they provided oral health services to older adults and people with disabilities within Medicaid 1915(c) waivers. Medicaid 1915(c) HCBS waivers are a mechanism that states can use to deliver specialized services beyond what is available within the core Medicaid program. These waivers provide a wide range of health and social supports to older adults and people with disabilities. These waivers are targeted to specific populations, including older adults and individuals with physical disabilities, intellectual and developmental disabilities, or behavioral health conditions who would need institutional care without the supports provided in the waiver. HCBS waivers primarily fund home and community based LTSS, such as personal attendant services, adult day services, habilitation, transportation, and other types of assistance with activities of daily living and social supports. However, states also have the option to include primary health services that could be included in the core Medicaid state plan. This is done either by adding additional services beyond what is available to individuals within the core Medicaid state plan, or by including optional Medicaid services in the waiver when the state elected not to cover them in the state plan.

Some states have used this flexibility within 1915(c) waivers to provide oral health services to individuals enrolled in these waivers, including states that have provided dental benefits beyond the state plan services as well as states that do not cover dental benefits within the state plan. According to a NASUAD review of CMS data available publicly on Medicaid.gov, 12 states and the District of Columbia operated 26 1915(c) waivers that included oral health benefits during 2015.[4] This represents less than ten percent of the more than 300 1915(c) waivers that states administer across the country and approximately 10.5 percent of the waivers that specifically target older adults, people with physical disabilities, or individuals with intellectual and developmental disabilities.[5]

The number of waivers covering these services has declined over the past several years, as several states have terminated waivers. Prior to the review period of this report, a number of states removed oral health benefits from their waivers or terminated waivers with such coverage. These changes occurred for a variety of reasons, including terminating some 1915(c) waivers to move into comprehensive 1115 waivers that authorize managed care (Texas,

[4] One state eliminated two of their 1915(c) waivers at the end of 2015, leaving 12 states and D.C. operating 25 waivers as of January 2016.

[5] As of 2013, there were 317 total 1915(c) waivers and 253 targeting older adults, people with physical disabilities or people with intellectual and developmental disabilities. See: https://www.medicaid.gov/medicaid-chip-program-information/by-topics/long-term-services-and-supports/downloads/1915-expenditures-2013.pdf

Florida); shifting oral health coverage to another portion of the Medicaid program (Idaho, Washington); or eliminating coverage (Oklahoma).

The majority of waivers that include dental services are targeted towards individuals with intellectual and developmental disabilities, encompassing 23 of these waivers. Conversely, five of the 27 waivers that provide oral health services include older adults as a covered group. It is also worth noting that Oklahoma terminated two waivers for older adults that included oral health benefits at the end of calendar year 2015 and transitioned those individuals into a 1915(c) program without dental services, resulting in only three remaining programs at the beginning of 2016. Oklahoma did not modify their 1915(c) program with dental benefits for individuals with intellectual and developmental disabilities. Discussions with state officials in Oklahoma indicated that the transition to waivers did not have a significant impact on oral health access because individuals on the waiver were not utilizing the covered dental benefits. The lack of utilization could be due to access challenges with providers; beneficiary unawareness of covered benefits; or other related issues.

Table 6: 1915(c) HCBS waivers that include dental services

	Aging and/or Physical Disabilities	Intellectual/Developmental Disabilities
Total Waivers (2013)	117	136
Waivers with Dental (2015)	5[6]	21
Percentage	4%	15.4%

Providing supplemental dental benefits for individuals with intellectual and developmental disabilities is a pragmatic policy decision, as reviews of research have shown that people with these conditions have significantly high rates of serious dental and oral conditions such as cavities, gingivitis, and periodontal disease.[7] Yet, older adults and people with disabilities also experience high incidence and prevalence of oral health diseases. Over 16 percent of older adults no longer have any natural teeth, and nearly one in four older adults has severe periodontal disease.[8,9] Despite these needs, state efforts to expand targeted Medicaid dental benefits to higher-need populations do not tend to focus on older adults and people with physical disabilities. Anecdotally, some program administrators have indicated concerns about policymakers' beliefs that older adults and people with disabilities are able to secure dental

[6] Both of the waivers Oklahoma terminated served older adults and people with disabilities, leaving three such waivers across the country in 2016.
[7] Fisher, Kathleen. *Is There Anything to Smile about? A Review of Oral Care for Individuals with Intellectual and Developmental Disabilities.* Nursing Research and Practice Volume 2012. doi:10.1155/2012/860692
[8] http://cdnfiles.americashealthrankings.org/SiteFiles/Reports/2015_Am_Health_Ranking.pdf
[9] http://www.cdc.gov/OralHealth/publications/factsheets/adult_oral_health/adult_older.htm

coverage through Medicare. This misperception could drive less emphasis on expanding Medicaid coverage for older adults and people with physical disabilities, who are often eligible for both Medicare and Medicaid.

The proportion of waivers for individuals with intellectual and developmental disabilities including oral health benefits is small but still greatly exceeds that of aging and physical disability waivers. Yet a direct comparison of waiver benefits likely *understates* the difference in access between the populations. Many waivers targeted to individuals with ID/DD also include age limitations that focus on providing services to children with disabilities under the age of 21 and therefore do not include dental benefits. These children would have access to all medically necessary oral health services through the mandatory Medicaid Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit, and would not require any supplemental or additional services in a 1915(c) waiver. In fact, CMS guidance specifically forbids the provision of services that could be provided in the state plan, such as dental, to children in a 1915(c) waiver because EPSDT is expected to address the child's comprehensive medical needs.[10] In contrast, older adults and adults with physical disabilities do not qualify for coverage under EPSDT, as the coverage ends at age 21.

There was slight variation in the proportion of waivers operated by states grouped by a four-tier classification of adult dental benefit coverage levels done by the Center for Health Care Strategies.[11] Logically, one might expect efforts to expand coverage of expanded dental benefits within waiver programs to occur largely in states with limited coverage of services within their Medicaid state plan. The proportion of states with dental benefits included in their waivers is spread somewhat evenly across states with different levels of state plan coverage, though there is less coverage in states where individuals have access to "extensive" state plan benefits. This dynamic is illustrated by Washington State's termination coverage of 1915(c) dental benefits in January of 2014 when the state transitioned these services into its Medicaid state plan.

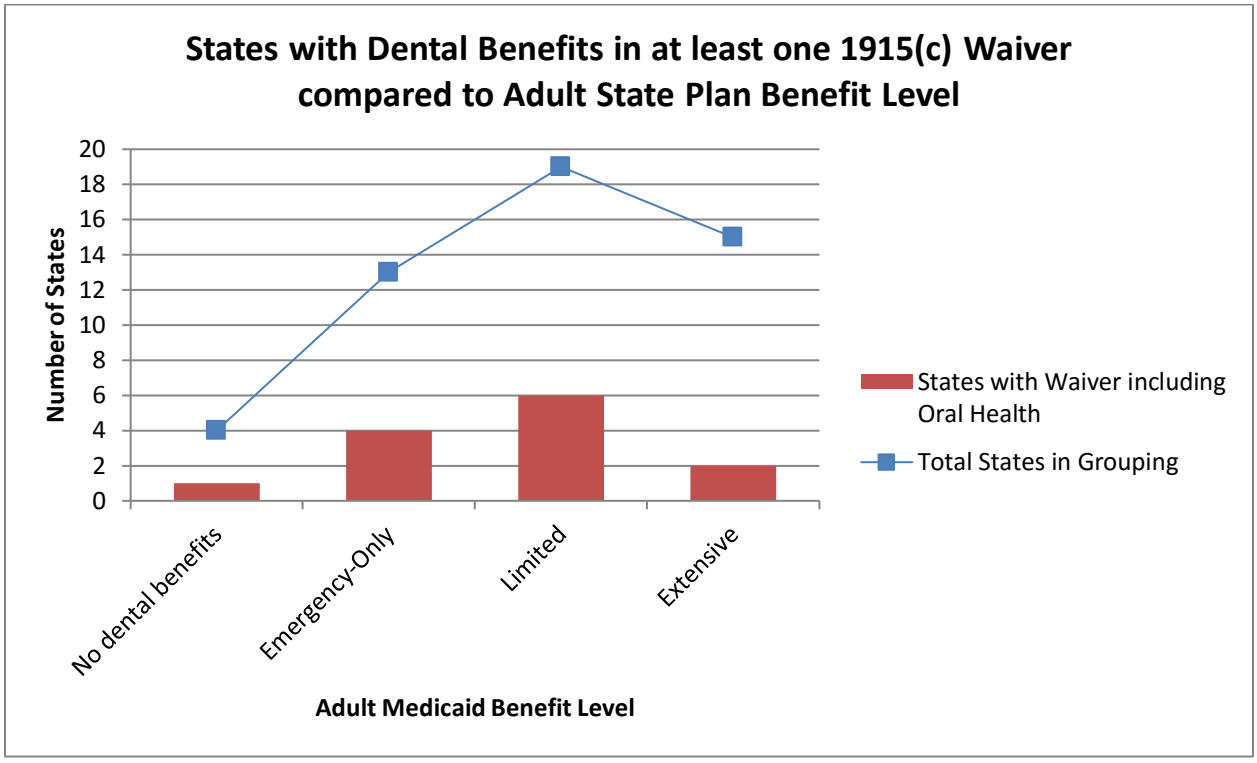
Table 7: Proportion of States with Dental Benefits in Waivers, by Tier of Coverage in State Plan

CHCS Level of Coverage	No dental benefits	Emergency-Only	Limited	Extensive
Percent of States operating a Waiver with Oral Health Benefits	25%	31%	32%	13%

[10] https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Downloads/Technical-Guidance.pdf

[11] http://www.chcs.org/resource/medicaid-adult-dental-benefits-overview/ - February 2016 update

Figure 2: Number of States with Dental Benefits in Waivers, by Tier of Coverage in State Plan



Source: NASUAD analysis of Medicaid waivers and state plans

The coverage levels of benefits varied as well. Waivers allow states to establish a maximum amount of expenditures per service category, and many states elected to establish service-specific caps for oral health benefits. However, many states do not set dollar limits on specific services and instead base coverage limitations on clinical criteria. In one unique instance, the District of Columbia, the waiver did not expand benefits or services beyond what was available to individuals in the Medicaid state plan. Instead, the state used its waiver to implement a differentiated reimbursement structure providing increased payments to dentists that served individuals enrolled within the waiver.

State waiver coverage levels fit in to the following categories:

Table 8: Waiver limits for dental benefits by waiver

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

Many of these waivers were operated within the same state agency, and had very similar coverage and limitation policies. A different way of looking at the groupings involves examining the number of states that operated waivers with these types of coverages.

Table 9: Waiver limits for dental benefits by state

Annual Limit	Number of States Operating Waiver with Limit
No specific dollar threshold	10
$500	1
$1,000	2
$1,108	1
$2,000	1
$2,500	1
$5,000	2

**Note: a number of states operated waivers with differentiated limits, so the totals here do not add up to the total number of states with a 1915(c) waiver including dental*

Survey Implications

The survey results demonstrate several key policy implications for state officials within aging and disability agencies, as well as those who work on oral health related issues. **The first is the necessity of creative solutions for providing oral health financing.** While the number of states with a comprehensive adult dental benefit has gradually increased over the past several years, many Medicaid programs struggle with limited budgets and lack of legislative authority to expand coverage. Moreover, during difficult budgetary periods, oral health benefits are often one of the first services to be cut by state legislators. Indeed, one state that had just implemented a benefit during the survey has already rescinded the program due to budget cuts. Therefore, alternative ways of providing services to older adults and adults with disabilities may be necessary. As discussed, there are a number of creative solutions that states can use to expand dental benefits in a targeted manner that provides services to individuals with the greatest health risks while simultaneously containing costs.

The second is that multi-agency collaboration is a key and necessary component of improving services and supports to older adults and persons with disabilities. Building and strengthening relationships between aging and disability agencies, Medicaid programs, public health agencies, and oral health policymakers will continue to be a crucial component of improving coverage of and access to oral health services. There are instances of collaboration across the different state agencies, but ongoing efforts to develop and expand these relationships in order to establish additional funding for the services, develop adequate and appropriate coverage

policies, and ensure that different parts of the system are able to facilitate participant access to necessary services.

Expanding oral health programs will require ongoing education of state and federal policymakers on Medicaid opportunities and the limitations of the Medicare program. Ongoing education of state and federal policymakers will be necessary to highlight the importance of oral health in improving the overall health goals of individuals. To achieve these goals, lawmakers will also need to be educated on the limitations of the Medicare program and the various ways that Medicaid can be utilized to provide a dental benefit.

Finally, programs must be developed in a manner that ensure individuals understand and are able to access oral health benefits. Some of the mechanisms for financing can be complex and difficult to understand. Other programs may be limited, not widely publicized, and largely unknown. Outreach efforts are needed to ensure that beneficiaries are able to utilize these services, as well as ongoing engagement of professionals who provide assistance to facilitate access to care or to advocate for the beneficiaries needs.

These strategies are unlikely to resolve all issues with oral health benefits and access to care for older adults and people with disabilities. However, improving collaboration, coverage, and awareness of the services, will lead to ongoing impacts that ultimately increase the number of beneficiaries who receive services, positively impact the oral health of these individuals, and improve people's lives.

Appendix: Waivers with Oral Health Benefits

State and Waiver Number	Population	Benefit Limit	Service Definition
California: 0336	Intellectual and Developmental Disabilities, no minimum or maximum age limit	Not Specified; Supplements Medicaid State plan benefits. Medicaid State plan has $1,800 annual limit	Dental services will be provided to individuals age 21 and older and are defined and described in the approved State plan for individuals under the age of 21. Dental services will supplement and not supplant services available through the approved Medicaid State plan or the EPSDT benefit.
Colorado: 0007	Developmental Disabilities, age 18 or older	Preventative and Basic services are limited to $2,000 per Service Plan year. Major services are limited to $10,000 for the five (5) year renewal period of the waiver.	Dental services through the waiver are available to participants age 21 and over. Covered Dental Services are for diagnostic and preventative care to abate tooth decay, restore dental health, and are medically appropriate. Services include preventative, basic, and major services. These dental services require prior authorization at the local Community Centered Board (CCB) level pursuant to the Prior Authorization Request (PAR) Process. Dental services under the waiver are provided only when the services are not available through the Medicaid State Plan due or through a third party. Dental Services under the waiver are not available to a client eligible for Early and Periodic Screening Diagnostic and Treatment (EPSDT) services. General limitations to dental services (i.e. frequency) will follow the Department Guidelines using industry standards and are limited to the most cost effective and efficient means to alleviate or rectify the dental issues associated with the individual. Implants are not a covered service for participants who smoke daily due to substantiated increased rate of

			implant failures for chronic smokers. Subsequent implants are not a covered service when prior implants fail. Full mouth implants and/or full mouth crowns are not covered. Services not covered under the waiver Dental Services include, but are not limited to: cosmetic dentistry, orthodontia, emergency extractions, intravenous sedation, general anesthesia, and hospital fees. Cosmetic dentistry is defined as aesthetic treatments designed to improve the appearance of the teeth and/or smile (e.g. whitening, contouring, veneers).
Colorado: 0293	Developmental Disabilities age 18 and older	Preventative and Basic services are limited to $2,000 per Service Plan year. Major services are limited to $10,000 for the five (5) year renewal period of the waiver.	Dental services through the waiver are available to individuals age 21 and over. Covered Dental Services are for diagnostic and preventative care to abate tooth decay, restore dental health and are medically appropriate. Services include preventative, basic and major services. These dental services require prior authorization at the local Community Centered Board (CCB) level pursuant to the Department of Health Care Policy and Financing Prior Authorization Request (PAR) Process. Dental services under the waiver are provided only when the services are not available through the Medicaid State Plan or through a third party. General limitations to dental services (i.e. frequency) will follow Department Guidelines using industry standards and are limited to the most cost effective and efficient means to alleviate or rectify the dental issues associated with the individual. Implants are not a covered service for participants who smoke daily due to substantiated increased rate of implant failures for chronic smokers.

			Subsequent implants are not a covered service when prior implants fail. Full mouth implants and/or crowns are not covered. Services not covered under the waiver Dental Services include, but are not limited to cosmetic dentistry, orthodontia, emergency extractions, intravenous sedation, general anesthesia, and hospital fees. Cosmetic dentistry is defined as aesthetic treatments designed to improve the appearance of the teeth and/or smile (e.g. whitening, contouring, veneers).
District of Columbia 0307	Intellectual and Developmental Disabilities age 18+		Dental services under this waiver are identical to dental services offered under the District of Columbia's Medicaid state plan. The inclusion of dental services in the waiver is for the sole purpose of providing an enhanced reimbursement rate to dentists who serve people with ID/DD. DC Medicaid can only identify these individuals in two ways: 1) by their enrollment in this waiver; and 2) by their receipt of services in an ICF/MR. Enhanced payments are provided for both of these groups of individuals - waiver and non-waiver.
Florida: 0392	Adults with Cystic Fibrosis	$5000 per year	Dental services include oral examination, oral prophylaxis, and dental treatment prescribed by a dentist. The recipient is eligible for dental procedures that are not otherwise covered by the Medicaid State Plan and are necessary to prevent further progression of the recipient's health related to cystic fibrosis, avoid hospitalization, or to stabilize oral health in preparation for a lung transplant.
Florida: 40205	Individuals diagnosed with Familial	Not Specified	Adult dental services include diagnostic, preventive and restorative treatment, extractions; and

	Dysautonomia age 3 to 64		endodontics, periodontal and surgical procedures that are not otherwise covered by Medicaid State Plan services. Adult dental benefits also include medically necessary emergency dental procedures to alleviate pain and or infection. Emergency dental care consists of oral examinations, necessary radiographs, extractions, and the incision and drainage of an abscess. The services strive to prevent or remedy dental problems that, if left untreated, could compromise a recipient's health, by increasing the risk of infection or disease, or reducing food options, resulting in restrictive nutritional intake. Adult cleanings are limited to two per year. A recipient shall receive no more than ten units of this service per day.
Florida: 0867	Intellectual and Developmental Disabilities, age 3 and older	Not Specified	Adult dental services include diagnostic, preventive and restorative treatment, extractions; and endodontics, periodontal and surgical procedures. The services strive to prevent or remedy dental problems that, if left untreated, could compromise a recipient's health, by increasing the risk of infection or disease, or reducing food options, resulting in restrictive nutritional intake. Unlicensed dental interns and dental students of university based dental programs may provide services under the general supervision of a licensed dentist but cannot act as a treating provider or bill Medicaid for covered services.

			Dental services for children are provided through Medicaid State Plan services.
Georgia: 0323	Intellectual and Developmental Disabilities, no minimum or maximum age limit	$500 annual	Adult Dental Services cover dental treatments and procedures that are not otherwise covered by Medicaid State Plan services. Adult Dental Services include semiannual diagnostic and preventive services and a limited coverage of restorative treatment and periodontal procedures. These services strive to prevent or remedy dental problems that, if left untreated, could compromise a participant's health, by increasing the risk of infection or disease, or reducing food options, resulting in restrictive nutritional intake. Adult Dental Services are not available until the waiver participant's 21st birthday. These services do not include the emergency and related dental services for adults covered under the regular Medicaid State Plan. Adult Dental Services are authorized only to the extent that they are not available to the participant through another third party source. Adult Dental Services must be authorized prior to service delivery by the operating agency at least annually in conjunction with the Individual Service Plan development and with any ISP revisions. The COMP Program is intended for those goods and services that are not covered by the State Medicaid Plan or those instances in which a participant's need exceeds State Plan coverage limits and exceptions to the coverage limits are not available.
Georgia: 0175	Intellectual and Developmental	$500 annual	Adult Dental Services cover dental treatments and procedures that are

	Disabilities, no minimum or maximum age limit		not otherwise covered by Medicaid State Plan services. Adult Dental Services include semiannual diagnostic and preventive services and a limited coverage of restorative treatment and periodontal procedures. These services strive to prevent or remedy dental problems that, if left untreated, could compromise a participant's health, by increasing the risk of infection or disease, or reducing food options, resulting in restrictive nutritional intake. Adult Dental Services are not available until the waiver participant's 21st birthday. These services do not include the emergency and related dental services for adults covered under the regular Medicaid State Plan. Adult Dental Services are authorized only to the extent that they are not available to the participant through another third party source. Adult Dental Services must be authorized prior to service delivery by the operating agency at least annually in conjunction with the Individual Service Plan development and with any ISP revisions.
Kansas: 0303	Older adults age 65 and older	None Specified	Oral Health Services shall mean accepted dental procedures, to include diagnostic, prophylactic, and restorative care, and allow for the purchase, adjustment, and repair of dentures, which are provided to adults (age 65 and older) who are enrolled in the HCBS Frail Elderly waiver. Anesthesia services provided in the dentist's office and billed by the dentist shall be included within the definition of oral health services. To avoid duplication of services, Oral Health Services only include needed

			services not covered by regular State Plan Medicaid, and are limited to those services which cannot be procured from other formal or informal resources such as community donations received by the Care Coordinator entity to use toward oral health services, other formal programs funded from state general funds, and Medicare 65 plans. Services shall not include outpatient or inpatient facility care. Orthodontic and implant services are not covered. Complete or partial dentures are allowed once every 60 months. Provision of oral health services for cosmetic purposes is not a covered service.
Louisiana: 0472	Intellectual and Developmental Disabilities, no minimum or maximum age limit	None specified	Dental services include adult diagnostic, preventative, restorative, endodontic, periodontic, removable prosthodontic, maxilla facial prosthetic, fixed prosthodontic, oral and maxilla facial surgery, orthodontics, adjunctive general services, and dentures.
Missouri: 0841	Intellectual and Developmental Disabilities, no minimum or maximum age limit	None specified	A) Those procedures necessary to control bleeding, relieve pain, and eliminate acute infection; operative procedures that are required to prevent the imminent loss of teeth. B) Preventive dental treatment: Examinations, oral prophylaxes, and topical fluoride applications. C) Therapeutic dental treatment: Treatment that includes, but is not limited to, pulp therapy for permanent teeth; restoration of carious permanent teeth; and limited provision of removable prostheses when masticatory function is impaired, when an existing prosthesis is unserviceable.

New Mexico: 0173	Intellectual and Developmental Disabilities, no minimum or maximum age limit	None Specified	Supplemental dental care includes a routine oral examination and cleaning to preserve and/or maintain oral health. Adults on the DD Waiver may access one (1) routine cleaning a year under the State plan. Dental care provided to adults under the DD Waiver is for individuals who require more than one (1) routine cleaning a year to preserve and/or maintain oral health. Children under the age of 21 on the DD Waiver may access two (2) routine cleanings a year under the State plan. Dental care provided to children under the age of 21 under the DD Waiver is for individuals who require more than two (2) routine cleanings a year to preserve and/or maintain oral health.
Oklahoma: 0399	Intellectual Disabilities age 21 and older	None Specified	Dental Services include maintenance or improvement of dental health as well as relief of pain and infection.
Oklahoma: 0343	Intellectual Disabilities age 18 and older	$1,000 annual	Dental services include maintenance or improvement of dental health as well as relief of pain and infection.
Oklahoma: 0179	Intellectual Disabilities age 3 and older	$1,000 annual	Dental services include maintenance or improvement of dental health as well as relief of pain and infection.
Oklahoma: 0810 (terminated on 12/31/2015)	Physical Disabilities age 20-64	$1,000 annual	Dental services include maintenance or improvement of dental health as well as relief of pain and infection.
Oklahoma: 0809 (terminated on 12/31/2015)	Older adults age 65 and older	$1,000 annual	Dental services include maintenance or improvement of dental health as well as relief of pain and infection.
South Carolina: 0237	Intellectual Disabilities, no minimum or maximum age limit	None specified	The service is defined and described in the approved State Plan and will not duplicate any service available to adults in the State Plan. Items/services allowed under the waiver are the same as the standard items/services for children under age 21 covered under the EPSDT program; items/services

			requiring a prior authorization are not allowed.
Tennessee: 0357	Intellectual Disabilities, no minimum or maximum age limit	$5,000 per service recipient per waiver program year, and a maximum of $7,500 per service recipient across three consecutive waiver program years.	Dental Services shall mean medically necessary: a. Dental procedures (e.g., preventive dental services, fillings, root canals, extractions, periodontics, the provision of dentures, and other dental treatments to relieve pain and infection) which have dental procedure codes listed in the current TennCare Maximum Reimbursement Rate Schedule for Dental Services that is used specifically for HCBS waiver dental services; and b. Intravenous sedation or other anesthesia services provided in the dentist's office by, and billed by, the dentist or by a nurse anesthetist or anesthesiologist who meets the waiver provider qualifications. Orthodontic services are excluded from coverage. Dental Services are not intended to replace services available through the Medicaid State Plan/TennCare program. All Dental Services for children enrolled in the waiver are provided through the TennCare EPSDT program.
Tennessee: 0427	Developmental Disabilities, age 0 to 5; Intellectual Disabilities, no minimum or maximum age limit	$5,000 per service recipient per waiver program year, and a maximum of $7,500 per service recipient across three consecutive waiver program years.	Dental Services include preventive dental services, fillings, root canals, extractions, periodontics, the provision of dentures, and other dental treatments to relieve pain and infection) which have dental procedure codes listed in the current TennCare Maximum Reimbursement Rate Schedule for Dental Services that

			is used specifically for HCBS waiver dental services; and Intravenous sedation or other anesthesia services provided in the dentist's office by, and billed by, the dentist or by a nurse anesthetist or anesthesiologist who meets the waiver provider qualifications. Orthodontic services are excluded from coverage. Dental Services are not intended to replace services available through the Medicaid State Plan/TennCare program. All Dental Services for children enrolled in the waiver are provided through the TennCare EPSDT program.
Tennessee: 0128	Developmental Disabilities, age 0 to 5; Intellectual Disabilities, no minimum or maximum age limit	$5,000 per service recipient per waiver program year, and a maximum of $7,500 per service recipient across three consecutive waiver program years.	Dental Services include preventive dental services, fillings, root canals, extractions, periodontics, the provision of dentures, and other dental treatments to relieve pain and infection) which have dental procedure codes listed in the current TennCare Maximum Reimbursement Rate Schedule for Dental Services that is used specifically for HCBS waiver dental services; and Intravenous sedation or other anesthesia services provided in the dentist's office by, and billed by, the dentist or by a nurse anesthetist or anesthesiologist who meets the waiver provider qualifications. Orthodontic services are excluded from coverage. Dental Services are not intended to replace services available through the

			Medicaid State Plan/TennCare program. All Dental Services for children enrolled in the waiver are provided through the TennCare EPSDT program.
Texas: 0221	Developmental Disabilities, no minimum or maximum age	None specified	Dental treatment means a service that consists of the following: - Emergency dental treatment- procedures necessary to control bleeding, relieve pain, and eliminate acute infection; operative procedures that are required to prevent the imminent loss of teeth; and treatment of injuries to the teeth or supporting structures; - Routing preventive dental treatment- Examinations, X-rays, cleanings, sealants, oral prophylaxes, and topical fluoride applications; - Therapeutic dental treatment- Treatment that includes fillings, scaling, extractions, crowns, pulp therapy for permanent and primary teeth; restoration of carious permanent and primary teeth; maintenance of space; and limited provision of removable prostheses when masticatory function is impaired, when an existing prosthesis is unserviceable, or when aesthetic considerations interfere with employment or social development; - Orthodontic dental treatment- Procedures that include treatment of retained deciduous teeth; cross-bite therapy; facial accidents involving severe traumatic deviations; cleft palates with gross malocclusion that will benefit from early treatment; and severe, handicapping malocclusions affecting permanent dentition with a minimum score of 26 as measured on the Handicapping Labio-lingual Deviation Index; and

			-Dental sedation- sedation necessary to perform dental treatment including non-routine anesthesia, (for example, intravenous sedation, general anesthesia, or sedative therapy prior to routine procedures) but not including administration of routine local anesthesia only.
Texas: 0281	Individuals with legal blindness, deafness, or a condition that leads to deaf blindness, and at least one additional disability that limits functional abilities. No minimum or maximum age limit.	$2,500.00 per service plan year for routine preventive, therapeutic, orthodontic, or emergency treatment and $2,000.00 per individual per service plan year for sedation.	(A) Routine preventive, therapeutic, orthodontic treatment, and emergency dental treatment, to include: 1. Emergency dental treatment: Those procedures necessary to control bleeding, relieve pain, and eliminate acute infection; operative procedures that are required to prevent the imminent loss of teeth; and treatment of injuries to the teeth or supporting structures. 2. Preventive dental treatment: Examinations, X-rays, cleanings, sealants, oral prophylaxes, and topical fluoride applications. 3. Therapeutic dental treatment: Treatment that includes, but is not limited to: fillings, scaling, extractions, crowns, pulp therapy for permanent and primary teeth; restoration of carious permanent and primary teeth; maintenance of space; and limited provision of removable prostheses when masticatory function is impaired, when an existing prosthesis is unserviceable, or when aesthetic considerations interfere with employment or social development. 4. Orthodontic dental treatment: Procedures that include treatment of retained deciduous teeth; cross-bite therapy; facial accidents involving severe traumatic deviations; cleft palates with gross malocclusion that will benefit from early treatment; and severe, handicapping malocclusions

			affecting permanent dentition with a minimum score of 26 as measured on the Handicapping Labio-lingual Deviation Index. (B) Sedation necessary to perform dental treatment including non-routine anesthesia, e.g., intravenous sedation, general anesthesia, or sedative therapy prior to routine procedures. Sedation does not include administration of routine local anesthesia only.
Texas: 0110	Intellectual and Developmental Disabilities, no minimum or maximum age	$1,000 per year	(A) Emergency dental treatment. Those procedures necessary to control bleeding, relieve pain, and eliminate acute infection; operative procedures that are required to prevent the imminent loss of teeth; and treatment of injuries to the teeth or supporting structures. (B) Preventive dental treatment. Examinations, oral prophylaxes, and topical fluoride applications. (C) Therapeutic dental treatment. Treatment that includes, but is not limited to, pulp therapy for permanent and primary teeth; restoration of carious permanent and primary teeth; maintenance of space; and limited provision of removable prostheses when masticatory function is impaired, when an existing prosthesis is unserviceable, or when aesthetic considerations interfere with employment or social development. For example, an individual who has a severe dental deformity may receive aesthetic treatment to enhance their opportunities for community integration.

			(D) Orthodontic dental treatment. Procedures that include treatment of retained deciduous teeth; cross-bite therapy; facial accidents involving severe traumatic deviations; cleft palates with gross malocclusion that will benefit from early treatment; and severe, handicapping malocclusions affecting permanent dentition with a minimum score of 26 as measured on the Handicapping Labio-lingual Deviation Index.
Texas: 0403	Intellectual and Developmental Disabilities, no minimum or maximum age	$1,108.06 per year	Elements of this component include the following: (A) Emergency dental treatment. Those procedures necessary to control bleeding, relieve pain, and eliminate acute infection; operative procedures that are required to prevent the imminent loss of teeth; and treatment of injuries to the teeth or supporting structures. (B) Preventive dental treatment. Examinations, oral prophylaxes, and topical fluoride applications. (C) Therapeutic dental treatment. Treatment that includes, but is not limited to, pulp therapy for permanent and primary teeth; restoration of carious permanent and primary teeth; maintenance of space; and limited provision of removable prostheses when masticatory function is impaired, when an existing prosthesis is unserviceable, or when aesthetic considerations interfere with employment or social development. (D) Orthodontic dental treatment. Procedures that include treatment of retained deciduous teeth; cross bite therapy; facial accidents involving severe traumatic deviations; cleft palates with gross malocclusion that will benefit from early treatment; and

			severe, handicapping malocclusions affecting permanent dentition with a minimum score of 26 as measured on the Handicapping Labio-lingual Deviation Index. Cosmetic orthodontia is excluded from the dental treatment component.

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