



Dental Services for Adults with Disabilities Report

**As Required by
House Bill 3295 and Senate Bill
1, 85th Legislature, Regular
Session, 2017 (Article II, HHSC,
Rider 188)**

**Health and Human Services
Commission**

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Executive Summary

This report fulfills the requirement to review and report on dental services for adults with disabilities under Medicaid in compliance with House Bill (H.B.) 3295, 85th Legislature, Regular Session, 2017, and 2018-19 General Appropriations Act, Senate Bill (S.B.) 1, 85th Legislature, Regular Session, 2017 (Article II, HHSC, Rider 188).

The Texas Health and Human Services Commission (HHSC) is required to review and report on:

- Types of dental services provided including:
 - ▶ Preventive dental care,
 - ▶ Emergency dental services,
 - ▶ Periodontal, restorative, and prosthodontic services
- Cost limitations or caps of dental benefits and services
- Unique considerations in providing services to adults with disabilities
- Availability and accessibility of dentists participating in Medicaid
- Utilization of emergency rooms for dental services and effects on cost of care
- Members who have dental coverage

Medicaid provides emergency dental services to all adult members. Additional dental benefits are also available to certain adults in Medicaid. The types of dental services offered and the corresponding cost limitations depend on the Medicaid program.

- STAR+PLUS and Dual Demonstration managed care programs provide emergency dental services to all members. Some routine dental services are offered to adults enrolled in these Medicaid managed care programs through Value Added Services (VAS) offered by the Managed Care Organizations (MCOs).
- STAR+PLUS and Dual Demonstration members who qualify for the Home and Community Based Services (HCBS) waiver program because they meet a nursing home level of care also receive routine dental services with an annual cost cap.
- The 1915(c) waiver programs provide dental services with an annual cost cap that varies by program.

- The Program of All-Inclusive Care for the Elderly (PACE) for dually eligible clients provides routine and emergency dental services.
- Non-Medicaid HHSC community services programs do not offer any dental services.

Utilization of dental services by adults varies across Medicaid programs. The majority of STAR+PLUS HCBS members (64 percent) and Dual Demonstration HCBS members (84 percent) received a dental service in SFY 2016, with dental expenditures for both programs totaling \$13.4 million. For the 1915(c) waiver programs, 18 percent of Community Living Assistance and Support Services (CLASS), 71 percent of Home and Community-based Services (HCS), 50 percent of Texas Home Living (TxHmL), and 33 percent of Deaf Blind with Multiple Disabilities (DBMD) adults received dental services in SFY 2016, with dental expenditures totaling \$15.3 million.

Some adults in Medicaid are using the emergency room (ER) for dental services. For calendar year 2016, there were 7,391 dental ER visits by adults enrolled in STAR+PLUS, with a total cost of \$1.4 million. The majority of these visits were identified as potentially preventable (86.5 percent).

In addition to potentially preventable ER visits, stakeholders identified other challenges to adults with disabilities accessing dental services. The main identified issues included finding an adequate network of dentists in rural areas and those that are willing to take Medicaid patients, particularly who need special accommodations; finding dentists who have anesthesiologists available at their practice; and finding dental practices with specially trained staff.

HHSC also experiences limitations in data availability and quality for dental services for adults with disabilities. HHSC is continuing to analyze available data for trends and exploring improvements to data collection across programs.

HHSC is also promoting access to dental services for adults with disabilities through a dental services pilot at Texas State Supported Living Centers (SSLCs); a legislative appropriations request for 2020-2021 to increase a cap on dental services in the HCS waiver program; and consideration of network adequacy standards for dental services across programs.

1. Introduction

Pursuant to H.B. 3295 and S.B. 1, Rider 188, HHSC submits this report on the review of dental services provided to adults with disabilities under Medicaid. This report examines the preventive, emergency, periodontal, restorative and prosthodontic dental services available, limits or caps on types of services and associated costs, unique considerations in providing dental care, utilization of emergency room visits for dental needs, and alternative sources of dental care available.

HHSC compiled available data to review these aspects of Medicaid dental services provided to adults with disabilities.¹ Findings are based on statewide data from state fiscal year (SFY) 2016. However, there are limitations on data availability and quality that impact this report. Many of the programs that serve adults with disabilities are legacy Department of Aging and Disability Services (DADS) programs with data stored in varied systems, if stored electronically at all. In addition, because of the billing practices for these services, the detail necessary for analysis of utilization and cost was sometimes limited. Data limitations are discussed throughout the report.

HHSC also gathered stakeholder input through surveys sent to the Texas Dental Association, Texas Parent to Parent, Coalition of Texans with Disabilities, MCOs, and Intellectual and Developmental Disability (IDD) program providers to provide a comprehensive view of dental services for adults with disabilities. Feedback and information provided by stakeholders was incorporated into the report.

¹ Adults with disabilities include Medicaid recipients age 21 and older who have a physical or mental impairment that substantially limits one or more of an individual's major life activities, such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and/or working.

2. Background

Medicaid community-based, non-facility programs provide dental services to adults age 21 and over with physical disabilities, adults age 21 and over with IDD, and elderly adults 65 and over. The following Medicaid programs cover dental services for these adults:

- Medicaid Managed Care
 - ▶ STAR+PLUS, including HCBS waiver program
 - ▶ Texas Dual Eligible Integrated Care Demonstration Project, including HCBS waiver
- IDD 1915 (c) Waiver Programs
 - ▶ CLASS
 - ▶ HCS
 - ▶ TxHmL
 - ▶ DBMD
- Other community-based programs
 - ▶ PACE
 - ▶ Community Care for Aged and Disabled (CCAD)
 - Community Attendant Services (CAS)

The type of dental services available to adults depends on the specific Medicaid program. Adults in Medicaid receive emergency dental services and may receive preventive, periodontal, prosthodontic, and restorative if provided as a VAS by an MCO or they are in a waiver program. For purposes of this report, the following terms are referenced and defined according to the American Dental Association and in the Texas Medicaid/CHIP Dental Services Contract.²

- Preventive - aspects of dentistry concerned with promoting good oral health and function by preventing or reducing the onset and/or development of oral diseases or deformities and the occurrence of orofacial injuries.
- Periodontal - pertaining to the supporting and surrounding tissues of the teeth.

² [American Dental Association](#)

- Prosthodontics - the dental specialty pertaining to the diagnosis, treatment planning, rehabilitation and maintenance of the oral function, comfort, appearance and health of patients with clinical conditions associated with missing or deficient teeth and/or oral and maxillofacial tissues using biocompatible substitutes.
- Restorative - needing replacement or modification.
- Emergency services - covered inpatient and outpatient services needed to evaluate or stabilize an emergency medical condition furnished by a provider qualified to furnish these services. Medicaid medical benefits provide coverage for some dental related services including but not limit to dislocated jaw, traumatic damage to teeth and supporting structures, removal of cysts, treatment or oral abscess of tooth or gum origin, treatment and devices for correction of craniofacial anomalies.³

³ [Texas Medicaid/Chip Dental Services Contract](#)

3. Medicaid Managed Care

The majority of individuals in Texas Medicaid get their services through managed care.⁴ The State pays a MCO a capitated rate for each member enrolled, rather than paying for each unit of service provided.

STAR+PLUS is a managed care model that provides preventive, primary, acute, and long-term services and supports to adults with disabilities and elderly persons age 65 and over who qualify for Medicaid through the Supplemental Security Income (SSI) program or STAR+PLUS HCBS waiver program.

Service coordination, available to all members, is a main feature of the STAR+PLUS program. Service coordination is a specialized care management service that is performed by a service coordinator. It includes but is not limited to: identification of needs, including physical health, mental health, and long term support services; development of an Individualized Service Plan (ISP) to address those identified needs; and assistance to ensure timely and coordinated access to an array of providers and covered services.^{5,6}

Members in STAR+PLUS get Medicaid health-care and long-term services and supports through a MCO that they choose.⁷ In calendar year 2016, there were approximately 536,668 average enrolled STAR+PLUS members.⁸

Medicaid has contracted with the following five MCOs to provide STAR+PLUS services:

- Amerigroup Texas, Inc.
- Cigna-Health Spring
- Molina Healthcare of Texas
- Superior Health Plan
- United HealthCare Community Plan

⁴ [Expansion of Medicaid Managed Care](#)

⁵ [Uniform Managed Care Contract \(UMCC\)](#)

⁶ [STAR+PLUS service coordination](#)

⁷ [STAR+PLUS Medicaid managed care](#)

⁸ HHSC Systems Forecasting

The basic STAR+PLUS service array does not include routine (preventive and treatment) dental services but does include emergency dental services.

MCOs are authorized to offer VAS as an incentive for individuals to choose their plan.⁹ VAS are services that are not benefits of the Medicaid program, but which the MCO may choose to cover anyway. The VAS must also be delivered through providers contracted by the MCO. Each STAR+PLUS MCO offers some dental benefits as a VAS. This includes varying dental benefits for preventive, periodontal, restorative, and prosthodontic services and has varying costs caps which are borne by the MCO.¹⁰ For example, one MCO provides a dental hygiene kit to keep teeth clean and healthy, while another includes preventive care, restorative, and simple extractions with a cost cap of \$500 per year. VAS are updated on an annual basis.

MCO service coordinators assist members in accessing VAS dental benefits. Details on VAS coverage and cost caps for each MCO are described in Appendix A.

STAR+PLUS, including HCBS Waiver Program

STAR+PLUS HCBS is a waiver program that provides home and community-based services to adults who are elderly or have a disability and meet medical necessity for nursing facility level of care as an alternative to institutionalization. There were 52,321 average enrolled members during SFY 2016.¹¹

STAR+PLUS HCBS offers medically necessary routine and emergency dental services provided by a dentist contracted by the MCO to meet the medical needs of the member. The MCO service coordinator is responsible for coordinating care determined necessary by a functional assessment and working with the member to document it on an ISP.¹² Allowable dental services are included as part of the ISP. The annual cost cap for dental care is \$5,000 per waiver plan year. Exceptions to

⁹ Value Added Services are other services offered by the MCO that are not covered by Medicaid or exceed Medicaid coverage limits. They vary and are provided at the cost of the MCO and not in the calculation of their capitated rate.

¹⁰ [Value Added Services \(VAS\) comparison charts](#)

¹¹ HHSC Systems Forecasting

¹² [HCBS ISP 6114](#)

the \$5,000 cap may be made by the MCO, up to an additional \$5,000 per waiver plan year, when the services of an oral surgeon are required.¹³

Texas Dual Eligible Integrated Care Demonstration Project, including HCBS Waiver Program

The Texas Dual Eligible Integrated Care Demonstration Project, also referred to as the Dual Demonstration, is a fully integrated managed care model for individuals age 21 and older who are dually eligible for Medicare and Medicaid and required to receive Medicaid services through the STAR+PLUS program.^{14,15}

The dual demonstration project is operational in six participating counties which include, Bexar, Dallas, El Paso, Harris, Hidalgo, and Tarrant. The five contracted Medicare-Medicaid Plans (MMPs) are the same MCOs that deliver STAR+PLUS services. Each MMP offers some dental services as extra benefits known as flexible benefits, similar to VAS in STAR+PLUS that are not covered by Medicare or Medicaid. The array of flexible dental services and corresponding cost caps vary and are offered to their members that are not in the STAR+PLUS HCBS program. Details are listed in Appendix A.

As of SFY 2016 there were 3,732 Dual Demonstration members participating in the HCBS waiver program.¹⁶ These individuals have access to the same dental benefits as STAR+PLUS HCBS members. The number of total Dual Demonstration average enrolled members in SFY 2016 was 46,533.¹⁷

Dental Data

During SFY 2016, 64 percent of the STAR+PLUS HCBS and 84 percent of the Dual Demonstration HCBS members received a dental service or procedure. Total dental

¹³ [HCBS Dental Services 6500](#)

¹⁴ [Dual Eligible Project \(MMP\)](#)

¹⁵ Nursing Facility (NF) services are part of the STAR+PLUS and MMP service array. Routine dental services for nursing facility residents who have an applied income may secure routine dental services as an allowable incurred medical expense (IME) deduction

¹⁶ HHSC Systems Forecasting

¹⁷ HHSC Systems Forecasting

expenditures for both of these programs was \$13,406,078 for SFY 2016. Expenditures for dental sedation for both programs totaled \$49,652. However, sedation utilization and cost data may be underreported because billing practices for these services at times are combined and do not distinguish the dental service claim from the sedation service claim. Appendix B details managed care dental service utilization and expenditures.

There were a total of 7,391 dental emergency room (ER) visits with a total cost of \$1,446,385 for calendar year 2016. Data on ER visits that were either non-preventable (emergency treatment which warranted a service in an emergency setting) or potentially preventable (emergency treatment for a condition that could have been treated or prevented by a physician or other health care provider in a nonemergency setting) are captured for all adults enrolled in STAR+PLUS, which includes members enrolled in 1915(c) waiver programs and STAR+PLUS HCBS.¹⁸ Of these total visits, 13.5 percent were identified as non-preventable and 86.5 percent were identified as potentially preventable. The breakdown of total expenditures for these visits is included in Appendix C.

MCO Survey

In July 2018, HHSC sent a survey consisting of twelve questions to the STAR+PLUS MCOs. The questions were related to dental services available through STAR+PLUS VAS, STAR+PLUS HCBS, and the Dual Demonstration Programs. Questions included:

- The types of dental services provided;
- If regular preventative visits were most often utilized and sought out by members in lieu of members waiting until they had an emergent need;
- Barriers encountered accessing and delivering these services; and
- Unique considerations for providers, and awareness of pro bono or alternative sources of dental care in the community.

The MCOs were asked if their members receive regular/preventative visits. MCOs reported¹⁹:

¹⁸ [Definition of Potentially Preventable Events](#)

¹⁹ STAR+PLUS and Dual Demonstration MCOs

Always - 25%
Usually - 10%
Sometimes - 65%
Rarely and Never - 0%

They were also asked if their members wait to seek out dental services when an emergent need arises. Responses included:

Always - 0%
Usually - 35%
Sometimes - 65%
Rarely and Never - 0%

The MCOs ranked from greatest to least the following barriers an adult may experience in seeking out dental services:

- Finding an adequate network of dentists in rural areas
- Finding dentists who have anesthesiologists available at their practice
- Needing specially trained staff to assist with visit
- Finding dentists who are willing to take Medicaid
- Finding dentists who are willing to treat Medicaid members with difficult behaviors or who need special accommodations, such as those members who are bedridden
- Language/Literacy
- Cultural practices

Details on the types of dental services offered and covered by the MCO are included in Appendix D. Unique considerations and alternative sources of dental care have been combined with the other stakeholder survey responses and are listed in Appendix H and Appendix I.

4. Intellectual or Developmental Disability 1915(c) Waiver Programs

There are four 1915(c) IDD Waiver Programs offered to adults. The waiver programs are CLASS, HCS, TxHmL, and DBMD. Eligibility is determined by an assessment conducted by a qualified individual and services are delivered in a fee-for-service model.

An array of community-based long term services and supports are provided in each waiver. Service coordination or case management help individuals obtain and access needed services to achieve maximum levels of independence and community participation. For example, a service coordinator may support an individual in locating and scheduling dental appointments.

The IDD waiver programs all provide preventive or routine and emergency dental benefits with an annual cost cap. Dental benefits and cost caps vary by waiver program. See Appendix E for details and cost comparison. IDD waiver program providers subcontract with dentists for dental services.

Community Living Assistance and Support Services

CLASS provides home and community-based services to people with a related condition as a cost effective alternative to placement in an intermediate care facility for individuals with an intellectual disability (ICF/IID). A related condition is a disability other than an intellectual disability that originated before age 22 and affects the person's ability to function in daily life, such as cerebral palsy, epilepsy, spina bifida, and head injuries.^{20,21} In SFY 2016, there were 3,379 adult individuals enrolled in the program.²²

Routine and emergency dental services are available to the individuals in CLASS. The dental services cost cap per year is \$10,000. See Appendix E for the specific dental services covered.

²⁰ [Intellectual Disability](#)

²¹ [Community Living assistance and Support Services \(CLASS\)](#)

²² Data Source includes QAI DATA MART Information View: Materialized View Claims.

Home and Community-based Services Waiver Program

The HCS program provides individualized services and supports to persons with intellectual disabilities who are living with their family, in their own home, or in other community settings, such as small group homes.²³ In SFY 2016, there were 24,537 adult individuals enrolled in the program.²⁴

A \$2,000 annual cost-cap on routine and emergency dental services applies in HCS. See Appendix E for the specific dental services covered.

Texas Home Living

The TxHmL program provides selected essential services and supports costing up to \$17,000 per year for people with IDD who live in their family homes or their own homes.²⁵ In SFY 2016, there were 5,509 adult individuals enrolled in the program.²⁶

Routine and emergency dental services are available with an annual cost cap of \$1,000. See Appendix E for the specific dental services covered.

Deafblind with Multiple Disabilities

The DBMD program provides home and community-based services to people who are deaf-blind with multiple disabilities, or have a condition that will result in deaf-blindness, and who have an additional disability. The program was established as a cost effective alternative to institutional placement and focuses on increasing opportunities for consumers to communicate and interact with their environment.²⁷ In SFY 2016, there were 181 adult individuals enrolled in the program.²⁸

²³ [Home and Community-based Services Waiver Program \(HCS\)](#)

²⁴ Data Source includes QAI DATA MART Information View: Materialized View Claims.

²⁵ [Texas Home Living \(TxHmL\)](#)

²⁶ Data Source includes QAI DATA MART Information View: Materialized View Claims.

²⁷ [Deaf Blind with Multiple Disabilities \(DBMD\)](#)

²⁸ Data Source includes QAI DATA MART Information View: Materialized View Claims.

Routine and emergency dental services are available with an annual cost cap of \$2,500. An additional \$2,000 per year is available for sedation other than routine anesthesia. See Appendix E for the specific dental services covered.

Dental Data

Data indicate that 18 percent of CLASS, 71 percent of HCS, 50 percent of TxHmL, and 33 percent of DBMD adults received dental services in SFY 2016. Total dental services expenditures for adults in the IDD waiver programs was \$15,275,150 for SFY 2016. Total expenditures for sedation for adults in the IDD waiver programs was \$194,001. Appendix F details IDD waiver program dental service utilization and expenditures.

Again, data for sedation may be underreported because billing practices for these services at times are combined and do not distinguish the dental service claim from the sedation service claim. Often, the services are subcontracted and claims for multiple services are rolled into one. In addition, two of the waiver programs utilize a paper-based claims process, and there is not a centralized repository for accessing data.

State Supported Living Centers, Services to the Community Pilot Project

Texas State Supported Living Centers (SSLCs) seek to establish a pilot program to provide dental services on the campuses of SSLCs to individuals in the HCS and TxHmL waiver programs. The SSLCs would utilize the current physical buildings and staff to provide the services.

SSLCs will pilot these services at the Austin and Richmond SSLCs, serving a projected 4 non-SSLC resident patients per month at each site. Comprehensive dental services would be offered, including cleaning with sedation if necessary.

IDD Survey

In August 2018, HHSC surveyed IDD waiver providers on individuals' ability to locate a dentist that meets their needs, barriers to accessing services, unique considerations for the population, and awareness of alternative sources of services to support dental needs.

Responses were received that represented 245 clients participating in the HCS waiver program, 59 in CLASS, 38 in TxHmL, and 11 in DBMD.

Overall, respondents stated an individual's location is the greatest factor in accessing dental treatment. About half of the respondents, which included providers and recipients reported they "usually" can find a dentist, although with more complex issues and the need for sedation this can be a challenge. In addition, those in rural areas reported that they must drive for hours to obtain needed services. A report produced by the Texas Health Institute concurs that individuals with disabilities are particularly susceptible to barriers to accessing the health care system.²⁹

Survey results in Appendix G reflect the level of success the respondents felt in finding preventive, emergency, periodontal, restorative, and prosthodontic dental care. Most respondents stated that they agree or strongly agree they are able to find preventative, emergency, and restorative dental care, while periodontal and prosthodontic dental care was harder to locate.

Other survey questions asked for unique considerations and alternative services that should be considered for adults with disabilities. These responses are included in Appendix H and Appendix I.

²⁹ [Texas Health Institute - A Report on the Burden of Oral Diseases in Texas 2018](#)

5. Other Community-based Programs

Other community-based programs provide services to enable individuals to sustain and enhance quality of life in the community. Two programs that provide services and supports to adults include PACE and CCAD.

Program of All-Inclusive Care for the Elderly

PACE is a Medicare and Medicaid program that helps people meet their health care needs in the community instead of going to a nursing home.³⁰ To qualify for PACE, an individual must be age 55 or older, live in a zip code covered by PACE, meet the criteria for medical necessity (MN) for a nursing home level of care, and be assessed to be able to live safely in the community. An individual must also meet financial eligibility for PACE and can qualify through SSI or Medicaid financial criteria.

PACE provides a comprehensive care approach to provide an array of medical, functional, and day activity services for a capitated monthly fee that is below the cost of comparable institutional care. In SFY 2016, the PACE program served 1,341 participants at the three PACE sites. These sites are Bienvivir Senior Health Services in El Paso, Amarillo Multiservice Center Aging, and Lubbock Regional Mental Health Mental Retardation Center.

Dental services are included in the comprehensive services available to the participants in the PACE program. PACE provides an interdisciplinary team approach to care management and service delivery. Each participant's service plan is individualized based on their specific needs and can include dental services.

All services provided to PACE members, including dental, are paid for through the capitated monthly rate.

Community Care for the Aged and Disabled

CCAD provides services in a person's own home or community to eligible individuals who are older or have a disability, are not self-sufficient, and who require community supports to prevent premature institutionalization.

³⁰ [Programs of All-Inclusive Care for the Elderly](#)

CCAD services include Adult Foster Care, Residential Care, Day Activity and Health Services, Emergency Response Services, Personal Attendant Services, and home delivered meals.

Dental services are not provided under CCAD programs.

Community Attendant Services

CAS is a State Plan program authorized under section 1929(b) of the Social Security Act and is targeted to older adults.³¹ CAS is a non-technical, medically related personal care service that is available to eligible adults and children whose health problems cause them to be functionally limited in performing activities of daily living according to a practitioner's statement of medical need.³²

CAS is a personal attendant program within CCAD, and services are provided by an attendant in the individual's home or community.

Those enrolled in CAS are not eligible for Medicaid nor able to access dental services within this program. In SFY 2016, there were 79,357 clients enrolled in CAS.³³

³¹ [Texas Administrative Code - Coverage Groups](#)

³² [Community Attendant Services](#)

³³ Data Sources: TMHP/Accenture CMS (for LTSS)

6. Unique Considerations and Alternative Dental Sources

Unique Considerations when Treating Adults with Disabilities

HHSC surveyed stakeholders including MCOs, IDD waiver providers, caregivers, Texas Parent to Parent, Coalition of Texans with Disabilities and dentists to identify unique considerations when treating adults with disabilities. This adult population has varying degrees of need and it is important for the dentist to work individually with each patient in order to meet their needs.

Some of the most frequent considerations included:

- The need for dental offices to provide deeper levels of sedation
- Stretcher/wheelchair access in dental office and support in the movement of individuals to dental chair
- Needing added time at the visit and/or more periodic routine visits
- Finances to cover dental care when cost caps have reached the yearly limit

Appendix H includes additional identified considerations.

Alternative Sources of Dental Care

Alternative sources of dental care, if available in the community, can offer support and services to adults with disabilities. This may include pro bono dental services or other public health care providers. Stakeholders, MCOs, IDD waiver providers, and caregivers were surveyed to determine alternative dental resources available.

Three MCOs reported that if Medicaid benefits are exhausted, referrals are made to community centers, if available, in the area where the individual lives. While some of the IDD waiver provider responses suggested alternative sources to access dental care, 78 percent of them were unaware of any alternative sources.

Appendix I lists the specific alternative dental services from survey responses and agency research.

7. Availability of Dentists

In managed care, HHSC does not currently track the availability of dentists as a provider network for adults, as the benefit is different across the multiple programs that serve adults. The MCOs gather geographical access reports which list current dentists, services provided, and their location. One MCO reported that they have a dental recruitment plan that is reviewed quarterly and adjusted to meet any additional identified needs.

The IDD surveyed providers ranked how successful they have been in finding dentists and the different dental services. For preventative dental services, 85% agreed that they were successful in finding dentists to deliver the service, 64% agreed for emergency dental services, 59% for periodontal services, 72% for restorative dental services, yet only 36% agreed that they were successful in finding prosthodontic dentists. The responses are included in Appendix G. Comments included that although dentists were available, cost caps are a barrier to meeting service needs. In addition, individuals that live in a rural area or along the border have fewer options of dentists.

Other stakeholders indicated that dentists can be found more easily for children than for adults and that it is especially difficult to obtain services with staff onsite who can administer deep levels of sedation. For many families, their pediatric dentist was supportive and available, but once their child reached an adult age they could no longer be served. Families struggle to locate a dentist in close proximity to where they live that can meet their needs within the cost cap parameters.

A report by the Texas Health Institute on the availability of dentists indicated that "Texas' oral health burden is most concentrated in its rural and border regions."³⁴ The report aligns with the responses HHSC received from surveyed respondents around adults having difficulty locating dentists in the rural or border regions.

Overall, limitations exist for gathering data on dentists. Some Medicaid programs subcontract with other entities to provide these services. HHSC is working to enhance data collection and analysis to support monitoring of dental services for adults with disabilities.

³⁴ [Texas Health Institute - A Report on the Burden of Oral Diseases in Texas 2018](#)

8. Recommendations

Based on this review of dental services for adults with disabilities, HHSC recommends the following actions:

- Compare data from SFY 2016 and 2017 to analyze trends over time and allow for more reliable conclusions to be drawn related to utilization of dental services, dental sedation, emergency room visits, and related expenditures.
- Explore development of dental provider network adequacy standards across service delivery models that align with dental services provided to adults with disabilities. This will allow HHSC to more accurately measure the adequacy of dental providers statewide who serve this population, and allow for comparison across delivery models.
- Explore ways to more accurately capture data across HHSC systems on dental services provided to adults with disabilities. Currently data is collected differently across service delivery models and housed in different data systems. Exploring how the data can be collected similarly across models and systems would allow for better comparison, data analysis, and ultimately lead to more meaningful conclusions and recommendations. However, there could be cost implications to implementing changes to systems.
- Expand the dental cost cap in the HCS program. Increasing the annual cost cap for dental services would allow for dental services to be covered based on the individual's needs. Many IDD survey respondents commented that the current cost caps were not sufficient to cover the actual cost of needed services, which results in out-of-pocket expenses for individuals.
- Monitor the impact of the pilot program to provide dental services on the campuses of the SSLCs to individuals in the IDD waiver programs. This could increase the dental provider network accessible to people with disabilities.

9. Conclusion

The type and amount of dental services available to adults with disabilities varies across the Medicaid and non-Medicaid programs administered by HHSC. Adults in Medicaid receive emergency dental services and may receive preventive, periodontal, prosthodontic, and restorative services if provided as VAS by an MCO or they are in a waiver program.

While adults with disabilities are using available dental services, there is a high percentage of potentially preventable dental-related ER visits. Stakeholders also identified other challenges and barriers to adults with disabilities accessing dental services, including needed accommodations, availability of specially trained staff, and cost caps on services.

HHSC will continue to work to address limitations in data availability and quality and promote access for dental services for adults with disabilities.

List of Acronyms

Acronym	Full Name
CAS	Community Attendant Services
CCAD	Community Care for the Aged and Disabled
CLASS	Community Living Assistance and Support Services
DBMD	Deafblind with Multiple Disabilities
ER	Emergency Room
HCS	Home and Community-based Services Waiver Program
HCBS	Home and Community Based Services
HHSC	Health and Human Services Commission
ICF	Intermediate Care Facility
IDD	Intellectual and Developmental Disabilities
IDT	Interdisciplinary Team
IID	Individuals with an Intellectual Disability
IME	Incurred Medical Expense
ISP	Individual Service Plan
LTSS	Long-term Services and Supports
MCO	Managed Care Organization
MMP	Medicare-Medicaid health plan
MN	Medical Necessity
NF	Nursing Facility
PACE	Program of All-Inclusive Care for the Elderly
SFY	State Fiscal Year
TxHmL	Texas Home Living
UMCC	Uniform Managed Care Contract
VAS	Value Added Service

Appendix A. MCO Dental Description of Services

Table 1. MCOs STAR+PLUS VAS³⁵

This table shows dental Value Added Services (VAS) and cost caps by each MCO for SFY 2016.

<u>Amerigroup</u>	<u>Cigna-Health Spring</u>	<u>Molina Healthcare of Texas</u>	<u>Superior Health Plan</u>	<u>United HealthCare Community Plan</u>
One dental hygiene kit for members per year.	A \$500 annual limit with participating dentists for services including examinations, X-rays, cleaning, restorative and simple extractions. Primary doctor referral is not needed. For Medicaid only members.	Up to \$250 per year for dental checkups, x-rays and cleaning.	Up to \$250 annually for exams, x-rays, cleanings and fluoride treatments.	Routine Cleaning, x-rays, and oral check-up to \$500 annually. Members receive discounts for non-covered services. Must use in-network provider. For Medicaid only members.

Table 2. MCOs Dual Demonstration VAS³⁶

This table shows dental services and cost caps for members enrolled in the Dual Demonstration Program for SFY 2016.

³⁵ Data above is reflective of SFY 2016. Link covers the current [STAR+PLUS VAS Comparison Charts which may note increase in coverage.](#)

³⁶ Data above is reflective of SYF 2016. Link covers the current [Dual Demonstration VAS Comparison Charts which may note an increase of coverage.](#)

<u>Amerigroup</u>	<u>Cigna-Health Spring</u>	<u>Molina Healthcare of Texas</u>	<u>Superior Health Plan</u>	<u>United HealthCare Community Plan</u>
N/A	N/A	Up to \$250 per year for dental checkups, x-rays and cleaning.	N/A	N/A

Table 3. STAR+PLUS HCBS

This table shows the dental services offered and cost caps for the members enrolled in STAR+PLUS HCBS for SFY 2016.

STAR+PLUS HCBS³⁷

MCO and HCBS member determine existing resources to cover services. Allowable dental services include:

- Emergency dental treatment procedures necessary to control bleeding, relieve pain and eliminate acute infection;
- Preventative procedures required to prevent the imminent loss of teeth;
- Treatment of injuries to the teeth or supporting structures;
- Dentures and the cost of fitting and preparing for dentures, including extractions, mold, etc.; and
- Routine and preventative dental treatment

Services must meet criteria and be approved. Services provided by STAR+PLUS HCBS program when no other financial resource is available with exception of VAS. Annual cost cap is \$5,000 and may be waived by MCO if oral surgeon is required.

³⁷ [HCBS Dental Services 6500](#) also represents current coverage.

Appendix B. Managed Care Dental Service and Sedation Utilization and Related Expenditures

These tables show expenditures and members that received both a dental procedure, which may include preventive and treatment services, and dental sedation

Table 4. MCO members who received a dental procedure in SFY 2016³⁸

MCO Members	Total Members	Members who received a dental procedure	Total Expenditures	Average Expenditure
STAR+PLUS HCBS	52,321	33,753	\$11,716,694.68	\$76.57
Dual Demonstration HCBS	3,732	3,153	\$1,689,383.71	\$95.16

Table 5. MCO members who received dental sedation in SFY 2016³⁹

MCO Members	Total Members	Members who received dental sedation	Total Expenditures	Average Expenditure
STAR+PLUS HCBS	52,321	173	\$46,872.40	\$178.90
Dual Demonstration HCBS	3,732	19	\$2,780.00	\$87.35

³⁸ Data Sources include: NAN Encounter Best Picture, AHQP Claims (3FY+Current); ME Encounter Best Picture

³⁹ Data Sources include: NAN Encounter Best Picture, AHQP Claims (3FY+Current); ME Encounter Best Picture

Appendix C. STAR+PLUS Dental Emergency Room Visits and Costs

Table 6. STAR+PLUS Emergency Room (ER) Dental Visits - 2016 Calendar Year⁴⁰

These tables show the number of dental emergency room visits, both non-preventable and potentially preventable, for enrolled STAR+PLUS members for calendar year 2016.

Total Dental Emergency Room Visits and Expenditures

Total Dental Emergency Room Visits	Total Dental ER Expenditures
7,391	\$1,446,385.00

Non-preventable dental visits and total expenditures. Visits needing dental care.

Total Dental Emergency Room Visits	Total Non-preventable Dental ER Visits	Total Non-preventable Dental ER Expenditures
7,391	1,002	\$329,905

Potentially Preventable (PPV) dental visits and total expenditures. Visits that possibly could have been prevented if routine/preventative care was provided and/or sought out.

Total Dental Emergency Room Visits	Total PPV Dental Emergency Room Visits	Total PPV Dental ER Expenditures
7,391	6,389	\$1,116,480

⁴⁰ Data is from the Texas Healthcare Learning Collaborative Portal. Services were provided in an emergency room for "dental & oral diseases & injuries". Data includes STAR+PLUS adults 19 and older.

Appendix D. MCO Survey Results

Table 7. MCO July 2018 Survey Results of Dental Services⁴¹

Highlighted are responses from the five MCOs around the types of dental Value Added Services (VAS) they offer and cover to the members. The table includes responses from both the Dual Demonstration and STAR+PLUS programs. Question asked to the MCOs was:

Do you provide Value Added Services (VAS) related to dental services to adults with disabilities?

Types of Dental Services Offered	Dual Demo Yes	Dual Demo No	STAR+PLUS Yes	STAR+PLUS No
Preventative	5	0	4	1
Periodontal	3	2	1	4
Restorative	4	1	2	3
Prosthodontic dental care	2	3	0	5

Responses and comments are reflective of the current VAS dental coverage available which varies by MCO.

Table 8. MCO July 2018 Survey Results of Dental Services⁴²

Highlighted are responses from the five MCOs around the types of dental coverage they provide in the STAR+PLUS HCBS program. The table includes responses from both the Dual Demonstration and STAR+PLUS programs. Question asked to the MCOs was:

Do you provide any of the following dental services as part of the STAR+PLUS HCBS benefit to adults with disabilities?

⁴¹ Responses are from a survey that was sent to the five MCOs in July 2018 and reflect current dental services.

⁴² Responses are from a survey that was sent to the five MCOs in July 2018 and reflect current dental services.

Types of Dental Services Offered	Dual Demo Yes	Dual Demo No	STAR+PLUS Yes	STAR+PLUS No
Preventative	4	1	4	1
Periodontal	4	1	5	0
Restorative	4	1	5	0
Prosthodontic dental care	4	1	5	0

Responses and comments are reflective of what is available to the members in this program and if an MCO provides coverage. One MCO commented they provide dental services per handbook and contract requirements.

Appendix E. IDD Waiver Programs Dental Description of Services⁴³

Table 1. CLASS Waiver Program ⁴⁴

Chart below covers the CLASS routine and emergency dental benefits along with cost caps for SFY 2016.

Cost Cap Per Year	Routine and Emergency Dental Benefits
\$10,000	<p>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.</p> <p>Routine Preventative Dental Treatment — examinations, X-rays, cleanings, sealants, oral prophylaxes and topical fluoride applications.</p> <p>Therapeutic Dental Treatment — 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.</p> <p>Orthodontic Dental Treatment — 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.</p>

⁴³ Data was presented to the IDD System Redesign Advisory Committee. Services and cost caps are from SFY 2016 which remain the same today. The only change was a \$1,000 increase in cost caps for HCS which occurred during SFY 2016.

⁴⁴ [CLASS Dental Treatment](#)

Table 2. HCS Waiver Program ⁴⁵

Chart below covers the HCS routine and emergency dental benefits along with cost caps for SFY 2016.

Cost Cap Per Year	Routine and Emergency Dental Benefits
\$2,000	<p>Dental treatment necessary to control bleeding, relieve pain or eliminate acute infection;</p> <p>An operative procedure required to prevent the imminent loss of teeth; Treatment of an injury to a tooth or supporting structure;</p> <p>Dental examination, an oral prophylaxis or a topical fluoride application; Pulp therapy for permanent or primary teeth;</p> <p>Restoration of carious permanent or primary teeth; Dental treatment related to maintenance of space; Limited provision of a removable prosthesis (for example, dentures) when masticatory function is impaired, an existing prosthesis is unserviceable, or employment or social development is impaired due to aesthetic considerations;</p> <p>Treatment of retained deciduous teeth; Cross bite therapy; Treatment of a facial accident involving a severe traumatic deviation;</p> <p>Treatment of a cleft palate with a gross malocclusion that will benefit from early treatment; and</p> <p>Treatment of a severe, handicapping malocclusion affecting permanent dentition with a minimum score of 26 as measured on the Handicapping Labio-lingual Deviation Index.</p>

⁴⁵ There was an increase of \$1,000 of annual cost cap for the HCS program in March 2016. Annual cost cap of \$2,000 and coverage remains the same today.

Table 3. TxHmL Waiver Program⁴⁶

Chart below covers the TxHmL routine and emergency dental benefits along with cost caps for SFY 2016.

Cost Cap Per Year	Routine and Emergency Dental Benefits
\$1,000	<p>Dental treatment necessary to control bleeding, relieve pain or eliminate acute infection;</p> <p>An operative procedure required to prevent the imminent loss of teeth; Treatment of an injury to a tooth or supporting structure;</p> <p>Dental examination, an oral prophylaxis or a topical fluoride application; Pulp therapy for permanent or primary teeth;</p> <p>Restoration of carious permanent or primary teeth; Dental treatment related to maintenance of space; Limited provision of a removable prosthesis (for example, dentures) when masticatory function is impaired, an existing prosthesis is unserviceable, or employment or social development is impaired due to aesthetic considerations;</p> <p>Treatment of retained deciduous teeth; Cross bite therapy; Treatment of a facial accident involving a severe traumatic deviation;</p> <p>Treatment of a cleft palate with a gross malocclusion that will benefit from early treatment; and</p> <p>Treatment of a severe, handicapping malocclusion affecting permanent dentition with a minimum score of 26 as measured on the Handicapping Labio-lingual Deviation Index.</p>

⁴⁶ Coverage and cost caps charted for TxHmL remains the same today.

Table 4. DBMD Waiver Program⁴⁷

Chart below covers the DBMD routine and emergency dental benefits along with cost caps for SFY 2016.

Cost Cap Per Year	Routine and Emergency Dental Benefits
<p>\$2,500</p> <p>\$2,000 for sedation</p>	<p>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.</p> <p>Routine Preventative Dental Treatment — examinations, X-rays, cleanings, sealants, oral prophylaxes and topical fluoride applications.</p> <p>Therapeutic Dental Treatment — 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.</p> <p>Orthodontic Dental Treatment — 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.</p> <p>Administration of routine local anesthesia necessary for dental treatment.</p>

⁴⁷ Coverage and cost caps charted for DBMD remains the same today.

Appendix F. IDD Waiver Program Dental Service and Sedation Utilization and Related Expenditures

Tables below are a comprehensive view of the total individuals enrolled in the four IDD waiver programs, dental services and dental sedation provided, and expenditures.

Table 5. IDD Waiver individuals who received dental services in SFY 16⁴⁸

IDD Waiver Program	Total Individuals	Individuals with dental services	Total Expenditures	Average Expenditure
CLASS	3,379	624	\$471,465.95	\$755.55
HCS	24,537	17,458	\$13,259,957.68	\$759.53
TxHmL	5,509	2,753	\$1,506,756.66	\$547.31
DBMD	181	60	\$36,969.28	\$616.15

Table 6. IDD Waiver individuals who received dental sedation in SFY 16⁴⁹

IDD Waiver Program	Total Individuals	Individuals with dental sedation	Total Expenditures	Average Expenditure
CLASS	3,379	161 ⁵⁰	\$170,721.40	\$1060.38
HCS	24,537	0 ⁵¹	N/A	N/A

⁴⁸ Data Source includes QAI DATA MART Information View: Materialized View Claims. IDD Waiver clients who had paid claims for dental services.

⁴⁹ Data Source includes QAI DATA MART Information View: Materialized View Claims. IDD Waiver clients who had paid claims for dental sedation.

⁵⁰ CLASS show "161" individuals receiving dental sedation. Table 5 represents combined dental services which could include additional individuals who received dental sedation.

⁵¹ HCS shows "0" individuals due to claims being combined for dental services. Table 5 above represents combined dental services and sedation data.

IDW Waiver Program	Total Individuals	Individuals with dental sedation	Total Expenditures	Average Expenditure
TxHmL	5,509	0 ⁵²	N/A	N/A
DBMD	181	26 ⁵³	\$23,280.00	\$895.38

⁵² TxHmL shows "0" individuals due to claims being combined for dental services. Table 5 above represents combined dental services and sedation data.

⁵³ DBMD show "26" individuals receiving dental sedation. Table 5 represents combined dental services which could include additional individuals who received dental sedation.

Appendix G. IDD Survey Results

Table 7. Survey Results - IDD Waiver Programs⁵⁴

In the IDD survey, a question was asked on how successful the respondents felt they were in being able to locate dentists to provide preventive, emergency, periodontal, restorative and prosthodontic dental care. A total of 56 people provided a response to the question below.

In the operation of the waiver program, have you been successful in finding dentists to provide the following types of dental services?

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Preventative	40%	45%	8%	5%	2%
Emergency	22%	32%	23%	17%	6%
Periodontal	27%	32%	22%	16%	3%
Restorative	30%	42%	14%	11%	3%
Prosthodontic dental care	15%	21%	36%	19%	9%

Comments included in response to this question are at odds with the percentages above. There were a total of 56 respondents who ranked the above services and some also provided general comments. Summarized are comments that were shared in connection to this question which would align with the disagree or strongly disagree category:

- in general it is difficult to find local dentists to provide treatment
- cost cap is not at a rate to cover dental care
- not all dentists will accept Medicaid and
- there is a high need for deep levels of sedation to be available at the dental offices

⁵⁴ Responses gathered from a survey that was sent out to the IDD Waiver program providers and participants in July 2018 that receive emails from the News & Alerts on the HHSC website and GovDelivery notices.

Appendix H. Unique Considerations

HHSC compiled this list of some unique considerations for providing dental care to adults with disabilities identified in responses to HHSC surveys. Survey respondents include members of the Texas Dental Association, members of Texas Parent to Parent, members of the Coalition of Texans with Disabilities, MCOs, providers for IDD waiver programs, and caregivers or parents of adult individuals receiving IDD waiver services. The list of unique considerations offers some framework for providing care to an individual with an intellectual or developmental disability.

Individuals need a dental office that:

- Has the ability to provide deep levels of sedation
- Is accessible to stretchers or wheelchairs, and with sufficient room to transfer individuals to a dental chair
- Is close to where they live
- Has knowledge and experience with IDD, Autism, mental illness, medically fragile individuals, patient fear, and anxiety
- Is willing to allow family members or caregivers in the treatment room
- Has flexible financial arrangements for individuals with no Medicaid or other insurance coverage

Dental providers should consider:

- Offering specially trained staff to support members during the visit
- Some patients might arrive with little medical information and limited ability to communicate medical information and needs
- Alternate communication strategies are needed to learn about a problem areas (does it hurt, where) and to explain what the dental staff will be doing
- Treatment may be required more frequently than general practice guidelines dictate
- Treatment plans need to be customize to the individuals needs
- Individuals will have complex histories and often multiple medications
- Individuals might not be able to tolerate full exams, x-rays, or recommended treatment
- Sensory issues may result in heightened reactions to drills, cleaning, or fluoride treatment
- Treatment options might require creative and an increase in custom devices
- Hospital stays might be required for individuals with IDD

- Some individuals might require medication prior to the visit for successful treatment

Appendix I. Alternative Dental Sources

HHSC gathered information on alternate sources of dental care available in the community from survey responses and internet searches. Survey respondents include members of Texas Parent to Parent, members of the Coalition of Texans with Disabilities, MCOs, providers for IDD waiver programs, and caregivers or parents of adult individuals receiving IDD waiver services.

Survey Responses:

- Texas Mission of Mercy is a mobile dental clinic that travels around the state providing free basic dental care to Texans with limited resources and/or access to care.
- GoFundMe is a platform that allows people to raise money for events ranging from life events such as celebrations to challenging circumstances like accidents and illnesses.
- College and Universities with Dental Programs
 - The University of Texas Health Science Center at Houston (UT Health) School of Dentistry
 - Texas A&M College of Dentistry
 - University of Texas Health Science Center at San Antonio School of Dentistry
- Community Health Centers/Clinics - fees based on income
 - Wellness Pointe - Family Health Starts Here, East Texas
 - Aspen Dental - East Texas area
- County Dental Health with sliding scale
- "Seeking treatment out across the border"
- Private Dental Offices
- [Disability Dental Services](#) - Duncanville, Texas - Provides quality dental care for the unique and special patient.
- [Lubbock IMPACT](#) - Lubbock, Texas - Lubbock IMPACT has ministries and programs in the areas of food, clothing, healthcare (dental) and spiritual growth.
- Private Insurance from parents employer plans
- Pay out-of-pocket
- [Holistic Dental Associates](#) - Spring, Texas - Focus on preventive dentistry and treatment options to enhance overall health.
- [Member Benefit Services](#) - A Dental Insurance Alternative in the Tyler and East Texas Areas

Internet Searches:

- [Dental Lifeline Network](#) is a nationwide program providing services to eligible patients who lack adequate income, have a permanent disability, are age 65 or older or qualify as medically fragile.
- [Texas Oral Health Coalition](#) Mission 80/20 provides oral health education and increase access to care for older adults and individuals with disabilities. The goal is for every person reaching 80 years of age with 20 of their natural teeth.