Legislative Budget and Finance Committee

Dental Services for Persons with Disabilities

Report Presentation by Philip Durgin, February 24, 2015, Meeting

Good morning. Senate Resolution 61 of 2013 calls on our Committee to study the status of dental care being provided to Pennsylvanians with disabilities and to make recommendations to preserve and improve the quality of such care.

We found that comprehensive dental services are generally available to children with disabilities. This is largely because children who are enrolled in Medical Assistance, Pennsylvania's Medicaid program, are automatically eligible for the Early and Periodic Screening, Diagnosis, and Treatment program, known as EPSDT, which provides children with a comprehensive package of health care benefits, including dental care. Due to Pennsylvania's "Loophole Category," almost all children with a serious disability qualify for the EPSDT program because the program's income limits apply to the child's, not the family's, income. Children enrolled in the CHIP program also receive dental services.

However, adults with disabilities are much less likely to qualify for these types of comprehensive dental services. While states are required to provide dental care for children covered under Medicaid, dental services for adults is an optional benefit, and many states provide no dental services for adults in their Medicaid programs.

Pennsylvania does include dental services for adults as part of its Medical Assistance, but the Department of Human Services significantly scaled back the level of benefits in 2011. The scaled-back benefits do not apply to persons in nursing facilities or ICF/MRs, but do apply to other Medicaid-eligible Pennsylvanians with disabilities.

Among the dental professionals we had contact with, the scaling back of Medicaid benefits was a significant concern, particularly as they apply to people with disabilities. For example, under the 2011 restrictions, patients are allowed only one full set of dentures per lifetime. This can be particularly problematic for persons with disabilities such as Down syndrome, as they are at increased risk for gum disease and bruxism (teeth grinding), both of which can damage the teeth. Root canals and crowns are also no longer covered for adults in Medicaid. There is a procedure for DHS to grant exceptions to these restrictions, but it is our understanding that these exceptions are difficult to obtain.

Certain other restrictions on preventative services, such as allowing sealing treatments only once in a lifetime and limiting teeth cleaning to no more than twice a year, can also result in poor dental outcomes, particularly for people with disabilities for whom it is often difficult to practice proper dental hygiene.

With regard to geographic access to dental services, we found that 30 of Pennsylvania's 67 counties had no dentists in the MA fee-for-service plan who indicated they were willing or able to accept a special needs patient. And statewide, of the 1,819 dentists who are enrolled as an MA fee-for-service provider, only 148 (8 percent) indicated they could accommodate special needs patients, and of those 148, only 107 were accepting new patients. As you'll note from the department's response to our report, this analysis is not complete, as some dentists may participate in one of the Commonwealth's Medicaid managed care plans but not in the fee-for-service program. We note that caveat in the report, but it was the best we could do given the data that is available.

Pennsylvanians with disabilities are not completely dependent on Medical Assistance providers to obtain dental services, and we found that Pennsylvania has many clinics that provide free or low-cost dental services to persons with disabilities even if they are not covered under Medical Assistance. For example, Pennsylvania has over 200 Federally Qualified Health Care Centers across the state, 84 of which reported offering dental services. The Pennsylvania Dental Association participates in the Donated Dental Services program that recruits dentists to provide services to the disabled and certain other vulnerable patients. Pennsylvania also has three dental schools, two in Philadelphia and one in Pittsburgh, that operate clinics that provide services to persons with disabilities for free or reduced rates.

To obtain the perspective of dentists on the issue of access to care, we surveyed all 8,100 Pennsylvania dentists with an active license through an internet questionnaire, through which we received a total of 684 responses. The responding dentists cited several factors that they believe adversely affect the ability to access dental care by persons with disabilities. The top three factors were: low Medicaid reimbursement rates, difficult behavioral issues, and high levels of no-show appointments. Many also cited that the MA program does not cover needed services, the burdensome MA rules that discourage provider participation, and lack of training and/or specialized equipment as other factors which create difficulties for this population in accessing care.

As you might guess, low Medicaid reimbursement rates was by far the most often cited reason for why many dentists do not participate in the Medical Assistance program, and hence why people with disabilities can find it difficult to access services. However, when we reviewed the research into the relationship between Medicaid rates and dentist participation, we found that various studies have shown that increasing Medicaid reimbursement rates is generally not an effective way to increase dentist participation for special populations. This is because as much as 90 percent of the additional spending associated with the increased fees is used to pay dentists more for visits that would have occurred anyway under the lower fee schedule.

The report makes several recommendations. First, we recommend the Department of Human Services revert to pre-2011 Medicaid dental regulations with regard to the type and frequency of services allowed for adults with disabilities and that dentists be allowed to receive Medicaid reimbursement for key preventative services for people with disabilities at a greater frequency than for the general Medicaid population.

We also recommend that DHS consider increasing the amount of the Dental Behavioral Management fee. This fee, which is designed to offset the added cost of difficult to manage persons with developmental disabilities, is currently $128, and is limited to four visits per year per patient. The Dental Behavioral Management fee was last increased in 2006, and we estimated that if it was increased by $50, which would bring it to $178 per visit, it would increase Medicaid costs by about $1.6 million annually.

The report's other recommendations are that DHS use Philadelphia's Special Smiles clinic as a model to help establish similar special needs clinics in other areas of the Commonwealth, that DHS work with its Medicaid Managed Care Organizations (MCOs) to allow reimbursement to dental facilities treating special needs patients who are living in residential facilities outside the MCO's geographic boundaries, and that the Pennsylvania Developmental Disabilities Council take the lead in meeting with representatives of Pennsylvania's three dental schools to explore the

training needs identified by Pennsylvania dentists that would help them provide services to special needs patients.

We would like to thank the Department of Human Services, Achieva, and the many dental health professionals we spoke with and who completed our questionnaire for their assistance in this project. Thank you.