

STATE OF COLORADO



Colorado Department
of Public Health
and Environment

Colorado Dental Care Act Annual Report

July 2008 – June 2009

Submitted to the Colorado Legislature
by the Oral Health Unit, Prevention Services Division
Colorado Department of Public Health and Environment
December 14, 2009

Document Information

Title:	Colorado Dental Care Act Annual Report
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Subject:	Status of the Dental Dental Care Act
Statute:	C.R.S. 25-21-101-108
Date:	December 14, 2009
Number of Pages:	6

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Colorado Dental Care Act Executive Summary

Purpose. The Colorado Dental Care Act of 1977 (Dental Care Act) exists to promote the public health and welfare of the people of Colorado by providing an alternative to the present Medicaid system. This act includes two programs, Dental Assistance Program for Seniors and Dental Care for the Infirm. They furnish necessary dental appliances and services to individuals receiving Old Age Pension assistance and services and to persons so infirm as to be unable to travel to dental offices for care.

Use of funds. A total of \$574,904 from the General Fund was appropriated in FY 2008-09 for implementation of the Dental Care Act. \$519,689 was available to grantees for dental services and \$55,215 went to state administrative costs. \$192,895.62 of the original appropriation was not spent due to contract termination of the program's largest grantee, and challenges in completing the treatment by the end of the fiscal year.

Accomplishments. The Dental Assistance Program for Seniors successfully implemented a revised fee schedule with local grantees in January 2009. The revised schedule, resulting from legislative change and approved by the Board of Health, adjusted dental procedures allowed by providers so that, given the limited resources, the program could still offer a fairly comprehensive benefit while serving the same number of individuals. Additionally, the revised fee schedule reduced the burden on the patient by dropping the patient co-payment to 10% for certain high-cost but necessary, services such as dentures. Finally, in an attempt to attract providers to participate in the program and not have them working at a deficit, the revised fee schedule adjusted many procedure fees to match the "usual" and "customary" private sector reimbursements rates.

For FY 2008-09, the Colorado Dental Care Act served 1,004 seniors through its two programs. The Dental Assistance Program for Seniors provided 586 eligible seniors with dental services, and 86% of the seniors were able to pay some portion of their co-payment. This program had 24 grantees, a 28% increase from last year. Qualified grantees included six senior-related organizations, seven community health centers, and 12 private providers. The Dental Care for the Infirm program has one grantee, the Colorado Foundation of Dentistry for the Handicapped, who provided dental care to 418 home-bound or nursing home-bound people.

Three new members were appointed to the Dental Advisory Committee this year. These are representatives from the Department of Human Services, the Colorado Dental Association, and the Colorado Department of Public Health and Environment.

I. Administrative Report

A. Amount of General Fund Monies Received

The Colorado Dental Care Act received \$574,904 from General Fund monies for FY 2008-09.

B. Program Description

Since its inception in 1977, the purpose of the Colorado Dental Care Act has been to provide "an alternative to the present Medicaid system which will furnish necessary dental appliances and services to individuals sixty years of age or older whose income and resources are insufficient to meet the costs of such appliances and services, thereby enabling individuals and families to attain or retain their capabilities for independence and self-care." The Oral Health Program in the Prevention Services Division at the Colorado Department of Public Health and Environment administers the two programs outlined within the Act, the Dental Assistance Program for Seniors and the Dental Care for the Infirm program.

The Dental Assistance Program for Seniors as defined in Section 25-21-104, provides needed dental services to low-income seniors in Colorado who otherwise would not have access to dental care. Services include those for relief of pain and infection, oral cancer screening, dentures, denture maintenance and repair, and related dental services. Seniors with good oral health are more likely to enjoy better overall health and quality of life. Medicaid does not have an adult dental benefit in Colorado, except for emergency extractions, and Medicare does not cover any dental services. Eligible seniors are those who qualify for Old Age Pension assistance as defined in Section 26-2-111(2), C.R.S. As defined in Section 25-21-108(1), the Dental Care Act also provides for dental services, in a mobile or portable manner, to persons so infirm as to be unable to travel to dental offices.

The Colorado General Assembly has, over the years, made several amendments to the Dental Care Act, the most recent in 2003 and 2008 to the Dental Assistance Program for Seniors. The 2003 amendment, a direct response to the enactment of the Health Insurance Portability and Accountability Act (HIPAA), changed the program to service grants to qualified grantees rather than direct payment of vouchers from dental providers. Also, the amendments eliminated local dental advisory committees replacing them with a Governor-appointed statewide Dental Advisory Committee.

The 2008 amendments dealt with the removal of the fee schedule from statute, where it had been since the inception of the program in 1977, to allow greater responsiveness and flexibility to changes to provider reimbursements and changing standards of care. This amendment also changed the duties of the Dental Advisory Committee directing the committee make recommendations to the Board of Health for allowable dental procedures and reimbursement fees to maximize the number of participating providers and the number of eligible seniors receiving services.

C. Goals

The overall goal of the Dental Care Act is to increase access to care for low-income seniors and infirm individuals by offering grants and contracts to qualified organizations that assure, or provide directly, dental services to Coloradans in need. The programmatic goals in this year of implementation include

- 1) Assuring sufficient grantees to ensure maximum expenditure of available funds;
- 2) Increasing the number of infirm and low-income seniors whose dental needs are met.

D. Evaluation of the Operation of the Programs

Dental Assistance Program for Seniors

In FY 2008-09, there were 24 qualified grantees including six senior related organizations, seven community health centers, and 12 private providers.

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| • Northeast AAA* | • San Juan Basin AAA* |
| • Colorado Gerontological Society | • Disability Services (Co. Spgs.) |
| • Marillac Clinic | • Dental Aid (Boulder) |
| • South Central Colorado Seniors | • South Central Council of Govt. |
| • Lower Arkansas Valley AAA* | • Sunrise Community Health Center |
| • Loveland Community Health Center | • Pueblo Community Health Center |
| • Denver Health and Hospitals | • Dean Sandoval, DDS (Cañon City) |
| • Penrose Dental Clinic (Penrose) | • Gary Fresques, DDS (Routt County) |
| • Health District of N. Larimer County | • Phillip Pontious, DDS (Cañon City) |
| • Santa Fe Dental (Wheat Ridge) | • Efren Martinez, DDS (Lakewood) |
| • Comfort Dental of Golden | • Hung Tran, DDS (Denver) |
| • Shelby Kahl (Windsor) | • Steven Zapien, DDS (Wheat Ridge) |

(* Area Agency on Aging)

Grantees were located in 12 of the 14 state planning management regions, Region V (East Central) and Region XII (North Central) have not had grantees apply for funding.

During this fiscal year 586 eligible seniors received dental services. This represents a 32% decrease from last year and 17% decrease since the inception of the grant program. This year's decrease in seniors served is a direct result of a contract issue and budget constraints, not in a reduction in the need for services.

In FY 2008-09, the Oral Health Unit started tracking data differently to better show the trends in procedure utilization. Table 1 below shows the aggregate number of procedures provided. X-rays and tooth extractions are the most common procedures, with over 400 of each being completed, followed by exams and fillings.

Table 1

Total Number of Dental Procedures Completed for the Dental Assistance Program for Seniors in FY 2008-09

FY	Exam	X-rays	Cleanings/ Preventive	Fillings	Dentures	Partials	Denture repairs/relines	Extractions
2009	300	410	175	363	190	103	69	453

Looking at the data in another way, Table 2 below shows the total number of seniors served and the percentage that received each procedure category. While the percentage receiving cleanings and dentures or partials has stayed relatively the same, those receiving fillings, denture repairs and extractions has declined.

Table 2

Percentage of Seniors Receiving Various Dental Services for the Dental Assistance Program for Seniors in FY 2008-09

FY	Seniors Served	Cleanings	Fillings	Dentures/ Partials	Denture repairs/relines	Extractions/ Emergency
2006	705	33%	54%	33%	11%	35%
2007	884	31%	47%	43%	10%	40%
2008	863	32%	33%	45%	9%	28%
2009	586	26%	25%	33%	6%	17%

Dental Care for the Infirm

In C.R.S. Section 25-21-108(1), a portion of the appropriation must go towards contracting for the provision of dental services to persons so infirm as to be unable to travel to dental offices. These services are limited to the homebound and nursing homebound elderly and treatment is provided on-site.

As in past years, for FY 2008-09 the Colorado Foundation of Dentistry for the Handicapped's (CFDH) Dental HouseCalls program was the contractor of choice. By leveraging volunteer providers, laboratory and other services, Dental HouseCalls served 418 people with a total of 943 visits. Each person received an average amount of \$307 worth of dental care.

Due to Executive Order D 017 09 cutting state funding for dental care for the elderly, the HouseCalls program has had to reduce dental care services to the home-bound and nursing home-bound, as this was a significant source of funding for the program. CFDH

is investigating other possible funding sources, including grants and Evercare reimbursements, which provides limited dental care coverage for some nursing home residents.

Dental Advisory Committee

The Dental Advisory Committee has met seven times since it was created in 2003. The first meeting of the committee was on Nov. 3, 2003, in which the committee reviewed the Request for Proposal to obtain the eligible grantees. The committee met subsequently on Aug. 31, 2004 to select the grantees upon review of the proposals, and on May 25, 2005, and June 21, 2006 to monitor progress of the grantees and make recommendations on funding for each of the grantees based on performance and number of eligible seniors in the region. The committee met on Aug. 17, 2007 and recommended revisiting the fee schedule, as 75% of the maximum allowable fees are less than current Medicaid fees. In the 2008 legislative session, HB 1116 requesting the removal of the fee schedule out of statute passed. The committee met on March 24, 2008 to discuss the rule-making process involved with the newly revised statute and what changes should be made to the fee schedule to provide better reimbursement and encourage more providers to participate.

The most recent meeting of the committee was held on April 14, 2009. The committee reviewed and made recommendations to the department on qualified grantees and funding distribution for FY 2009-10 for the two programs. They also discussed current challenges in the Dental Assistance Program for Seniors, including the removal of cast partials from the fee schedule, low administrative costs, and Old Age Pension eligibility verification.

The committee decided to focus their next meeting on making modifications to the current fee schedule for the Dental Assistance Program for Seniors to be submitted to the Board of Health for final approval. Minutes of the meetings of the Dental Advisory Committee are available on the Oral Health Program Website <http://www.cdphe.state.co.us/pp/oralhealth/OAP.html>

Three new members were appointed to the Dental Advisory Committee this year. These are representatives from the Department of Human Services, the Colorado Dental Association, and the Colorado Department of Public Health and Environment. There are still two vacancies in the committee. These two slots are designated for seniors eligible for the program. Several applications have been received to fill these vacancies, but none have qualified for the program.

F. Costs Incurred by the Program

A total of \$574,904 from the General Fund was appropriated in FY 2008-09 for implementation of the Dental Care Act. The statute allows for 0.8 full-time equivalent employees (FTE) to administer the program, with the balance going to providing dental care for seniors.

The non-grant costs were \$55,215, which included costs related to convening the Dental Advisory Committee, training of grantees, technical assistance, and 0.8 FTE.

Subtracting the non-grant costs left \$519,689 to grant for direct dental services and grantee administrative costs for both programs. Of this amount, \$256,793 was awarded to grantees for the Dental Assistance Program for Seniors and \$70,000 was paid to the Dental Care for the Infirm program. Due to contract problems and subsequent contract termination with the Dental Assistance Program for Seniors' largest grantee and challenges in completing the treatment of some seniors by the end of the fiscal year; \$192,896 of the original appropriation was not spent.

G. Areas for Development

Due to the economic downturn and subsequent removal of funds for this program through Executive Order D 017 09, the Oral Health Unit will need to research other funding opportunities to try and bridge the gap until the state budget recovers.

The program data presented in this report shows that there is still oral disease in the elderly adult and infirm of Colorado, consistent with what would be expected in vulnerable populations. As adults live longer and keep their teeth longer, there remains a need for a comprehensive oral health care benefit. Dental services including preventive, restorative, surgical and prosthetic care are necessary to ensure that these vulnerable individuals have the oral health necessary to attain or retain their capabilities for daily living.