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Dental Assistance Program for Seniors Annual Report

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Dental Assistance Program for Seniors Executive Summary

Purpose. The purpose of the program is to provide dental and oral health services, including relief from pain and infection, oral cancer screening, dentures, denture maintenance and repair, and related dental services to eligible seniors in Colorado. The Colorado General Assembly authorized the Dental Assistance Program for Seniors in the 2003 legislative session as House Bill 03-1346. This amended the statute, first initiated in 1977, to allow administration of the program through “Award Service Grants” to qualified grantees rather than direct payment of vouchers from dental providers due to implementation of the Health Insurance Privacy and Portability Act (HIPAA). Eligible seniors are those who qualify for Old Age Pension assistance as defined in Section 26-2-111(2), C.R.S. The Oral Health Unit in the Prevention Services Division at the Colorado Department of Public Health and Environment administers the program.

Use of funds. A total of \$579,845 from the General Fund was appropriated in fiscal year 2007-08 for implementation of the Dental Assistance Program for Seniors. 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 \$59,833.39, which included costs related to convening the Dental Advisory Committee, training of grantees, technical assistance, and 0.8 FTE.

In this fiscal year \$520,011.61 was available to grantees. Of this amount, \$40,433 was not spent due to low reimbursement costs preventing dental providers from participating without taking a loss, and challenges in completing the treatment of some seniors by the end of the fiscal year.

Accomplishments. In the 2008 legislative session, HB 08-1116 passed amending the Dental Assistance Program for Low-Income Seniors. This amendment removed the program’s fee schedule from statute where it had been since the inception of the program in 1977. The amendment allows the Governor-appointed Dental Advisory Committee to determine the allowable dental procedures and reimbursement fees to maximize the number of participating providers and the number of eligible seniors receiving services. The Board of Health gives final approval of any changes.

For FY 2007-08, the qualified grantees included eight senior-related organizations, five community health centers, and five private providers. During this time, 863 eligible seniors received dental services, and 85% of the seniors were able to pay a co-payment, an increase from FY 2006/07 when only 75% were able to pay. There was an increase in the number of seniors receiving exams, x-rays, and cleanings from FY 2006/07. The number of seniors receiving restorative care decreased from the previous year, however there still are many more seniors getting their teeth restored than getting denture services.

The Dental Advisory Committee has met yearly since it was created in 2003. The committee met most recently 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. They discussed the challenge of increasing the fee schedule reimbursement to attract new grantees to apply for funds under the program, particularly private providers and providers in areas not currently served by a grantee, while still serving as many seniors as possible. A report was prepared for the Board of Health with a new proposed fee schedule explaining the logic for the changes. A proposed list of benefits and fee schedule was submitted to the Board of Health on Sept. 17, 2008 to request a rulemaking hearing for the changes. The request was accepted and the Board of Health held a rule-making hearing on Nov. 19, 2008. The rule passed, and the new fee schedule will become effective Dec. 31, 2008.

I. Administrative Report

A. Amount of General Fund Monies Received

The Dental Assistance Program for Seniors received \$579,845 from general fund monies for FY 2007-2008.

B. Program Description

The Colorado General Assembly authorized the Dental Assistance Program for Seniors in the 2003 legislative session as House Bill 03-1346. This amended the statute, first initiated in 1977, to allow administration of the program through “Award Service Grants” to qualified grantees rather than direct payment of vouchers from dental providers due to implementation of the Health Insurance Privacy and Portability Act (HIPAA). In the 2008 legislative session, HB 08-1116 passed, once again amending the Dental Assistance Program for Low-Income Seniors. This amendment removed the program’s fee schedule from statute where it had been since the inception of the program in 1977. The amendment allows the Governor-appointed Dental Advisory Committee to determine the allowable dental procedures and reimbursement fees to maximize the number of participating providers and the number of eligible seniors receiving services. The Board of Health gives final approval of any changes.

The purpose of the program is to provide dental and oral health services, including relief for pain and infection, oral cancer screening, dentures, denture maintenance and repair, and related dental services to eligible seniors in Colorado. Eligible seniors are those who are eligible for Old Age Pension assistance as defined in Section 26-2-111(2), C.R.S. The Oral Health Program in the Prevention Services Division at the Colorado Department of Public Health and Environment administers the program.

The Dental Assistance Program for Seniors provides needed dental services to low-income seniors in Colorado who otherwise would not have access to dental care, as Medicaid does not have an adult dental benefit in Colorado except for emergency extractions, and Medicare does not cover dental services. Seniors with good oral health are more likely to enjoy better overall health and quality of life.

In FY 2007-08, there were 18 qualified grantees, including eight senior related organizations, including Area Agencies on Aging; five community health centers, and five private providers. Grantees were located in 11 of the 14 state planning management regions. Region V (East Central), Region XII (North Central), and Region X (Southern portion of Western Slope) have not had grantees apply for funding. Local dental advisory committees were replaced by a Governor-appointed statewide Dental Advisory Committee in 2003, which makes recommendations to the department on qualified grantees and funding distribution.

C. Program Goals

The overall goal of the program is to increase access to care for low-income seniors by offering grants to qualified grantees that assure, or provide directly, dental services to seniors 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 low-income seniors whose dental needs are met.

D. Evaluation of the Operation of the Program

For FY 2007-08, the qualified grantees included eight senior related organizations, five community health centers, and five private providers, including:

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|---------------------------------------|--------------------------------------|
| • Northeast AAA* | • San Juan Basin AAA |
| • Senior Answers and Services | • Prevention Plus, Inc. |
| • Marillac Clinic | • Pikes Peak AAA |
| • South Central Colorado Seniors | • South Central Council of Govt’s |
| • 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, Co) | • David Nordstrom, DDS (Larimer Co.) |
| • Health District of Larimer County | • Salida Family Dentistry |

(* Area Agency on Aging)

Grantees submit reimbursement forms indicating the number of seniors receiving services, the types of dental procedures provided, and the number of seniors paying up to 20% co-payment. Grantees are allowed to submit for 10% above their dental treatment fees for administration.

In FY 2007-08, 863 eligible seniors received dental services, compared to 884 in FY 2006-07, 705 in FY 2005-06, and 691 in FY 2004-05. Eighty-five percent were able to pay a co-payment. The number of specific dental procedures provided is illustrated in the table below. Nearly all seniors receive an exam and x-rays, and the while the

majority of seniors received cleanings and fillings, a significant number still require dentures/partial dentures and related services, consistent with what would be expected for a low-income elderly population.

FY	Seniors Served	Exam/x-rays	Cleanings	Fillings	Dentures/Partials	Denture repairs/relines	Extractions Emergency
2005	691	761	219	392	422	91	427
2006	705	738	230	384	381	78	245
2007	884	926	270	412	377	88	356
2008	863	996	275	286	386	75	238

E. Dental Advisory Committee

The Dental Advisory Committee has met six times since its 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. 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>

F. Costs Incurred by the Program

A total of \$579,845 from General Fund were appropriated in fiscal year 2007-08 for implementation of the Dental Assistance Program for Seniors. 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 \$59,833.39, which included costs related to convening the Dental Advisory Committee, training of grantees, technical assistance, and 0.8 FTE.

In this fiscal year \$520,011.61 was available to grantees. \$40,433 of this amount was not spent due to the challenges in keeping providers with such low reimbursement rates, and logistical difficulties in completing the treatment of some seniors by the end of the fiscal year.

G. Areas for Development

With the new amendment allowing the Dental Advisory Committee to determine the allowable dental procedures and reimbursement fees, data collection and tracking needs to be modified to allow the committee to make informed decisions regarding any changes that are needed. A new reporting form and tracking system is under development that will collect needed procedural information. This will help capture the total number of each specific procedure performed, and the amount of money going into each. The Oral Health Unit also is working on mapping the service areas of the grantees to get a better picture of specific areas without grantees. Efforts to find additional grantees and providers then can be targeted in these areas.