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Colorado Dental Care Act Annual Report

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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. These programs furnish necessary dental appliances and services to individuals receiving Old Age Pension assistance and to persons so infirm as to be unable to travel to dental offices for care.

Use of funds. A total of \$579,356 from the General Fund was appropriated in FY 2009-10 for implementation of the Dental Care Act. Furlough savings reduced the appropriation by \$1,688 resulting in a final appropriation of \$577,668. On August 29, 2009, Executive Order D 017 09 suspended spending authority on \$350,000 not yet committed to patient care as of the date of the order. In April 2010 spending authority was restored for program use. \$515,077 was available to grantees for dental services and \$62,591 went to state administrative costs. \$337,167 of the available funds were not spent due to the delay in restoring spending authority, not allowing sufficient time to initiate new contracts and to complete dental treatment by June 30, 2010.

Accomplishments. During FY 2009-10 the Colorado Dental Care Act served a total of 520 seniors through its two programs. The Dental Care for the Infirm program has one grantee, the Colorado Foundation of Dentistry for the Handicapped, who provided dental care to 297 home-bound or nursing home-bound people.

The Dental Assistance Program for Seniors, through its 31 grantees and direct providers of care, assisted 223 eligible seniors in receiving essential basic dental services. Qualified grantees included seven senior-related organizations, six community health centers, and 18 private providers. Ninety-seven percent of seniors participating in the Dental Assistance Program were able to pay all or some portion of their co-payment, thus sharing the burden of the cost of treatment.

I. Administrative Report

A. Amount of General Fund Monies Received

The Colorado Dental Care Act received \$577,668 from General Fund monies for FY 2009-10.

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 60 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 when a qualifying medical condition exists, and Medicare does not cover any dental services.

Eligible seniors are those who qualify for Old Age Pension (OAP) assistance as defined in Section 26-2-111(2), C.R.S. Section 25-21-108(1) of 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 to 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 number of clients served and expenditure of all 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 2009-10, there were 31 qualified grantees and providers including seven senior related organizations, six community health centers, and 18 private providers.

- Northeastern AAA*
- Pikes Peak AAA*
- Marillac Clinic
- South Central Colorado Seniors
- Lower Arkansas Valley AAA*
- Loveland Community Health Center
- Denver Health and Hospitals
- Penrose Dental Clinic (Penrose)
- Health District of N. Larimer County
- Michael Shayevesky (Aurora)
- Comfort Dental of Littleton
- Shelby Kahl (Windsor)
- Colorado School of Dental Medicine
- Dr. Ronald Ragulsky (Pueblo)
- Comfort Dental at Quincy and Buckley
- Comfort Dental of Aurora
- San Juan Basin AAA*
- Access Dental Health
- Dental Aid (Boulder)
- South Central Council of Govt.
- Sunrise Community Health Center
- Pueblo StepUp
- Dean Sandoval, DDS (Cañon City)
- Rosewood Dental (Boulder)
- Comfort Dental of Longmont
- Efren Martinez, DDS (Lakewood)
- Hung Tran, DDS (Denver)
- Comfort Dental of Aurora
- Kye Lee, DDS (Denver)
- Dental Access Centers (Denver)
- Comfort Dental of Golden

(* Area Agency on Aging)

Grantees were located in 11 of the 14 state planning management regions, there were no applicants from Region V (East Central), Region XI (Northwest) and Region XII (North Central).

During this fiscal year 223 Old Age Pension eligible seniors received dental services. This represents a 62 percent decrease from last year and 68 percent decrease since the inception of the grant program. This year's decrease in seniors served is a direct result of

a restriction on spending authority as a result of Executive Order D 017 09, not in a reduction in the need for services.

In FY 2008-09, the Oral Health Unit started tracking data differently to better illustrate the trends in procedure utilization. This tracking mechanism was continued in FY 2009-10. Table 1 shows the aggregate number of procedures provided. Fillings and tooth extractions are the most common procedures, followed by exams and X-rays.

Table 1

Total Number of Dental Procedures Completed for the Dental Assistance Program for Seniors

FY	Exam	X-rays	Cleanings/ Preventive	Fillings	Dentures	Partials	Denture repairs/relines	Extractions
2009	300	410	175	363	190	103	69	453
2010	93	140	74	183	61	43	31	220

Presenting the data in another way, Table 2 shows the total number of seniors served and the percentage receiving procedures in each category. While the percentage receiving cleanings, dentures or partials, and denture repairs has stayed relatively level, those receiving fillings and extractions has declined.

Table 2

Percentage of Seniors Receiving Various Dental Services for the Dental Assistance Program for Seniors

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%
2010	223	29%	28%	35%	11%	21%

Dental Care for the Infirm

According to 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 home-bound and nursing home-bound elderly and treatment is provided on-site.

As in past years, for FY 2009-10 the Colorado Foundation of Dentistry for the Handicapped's (CFDH) Dental HouseCalls program was the sole source contractor for this program. By leveraging volunteer providers, laboratory and other services, Dental HouseCalls served 297 people with a total of 514 visits. Each person received an average amount of \$191 worth of dental care.

As with the Old Age Pension Dental Assistance Program, the Dental Care for the Infirm was required to scale back services as a direct result of Executive Order D 017 09, until spending authority was restored in April.

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 percent 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 last 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 has not met since the funding restriction was placed on the program. There have not been any new vacancies in the committee, and no new members have been appointed. There are still two vacancies for eligible seniors currently receiving Old Age Pension assistance.

F. Costs Incurred by the Program

A total of \$577,668 from the General Fund was available in FY 2009-10 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 toward providing dental care for seniors.

The non-grant costs were \$62,591, which included 0.8 FTE to provide technical assistance and administration of the program.

Subtracting the non-grant costs left \$515,077 to grant for direct dental services and grantee administrative costs for both programs. Of this amount, \$328,000 was initially awarded to 18 grantees for the Dental Assistance Program for Seniors and \$93,000 was awarded for the Dental Care for the Infirm program. Due to the restriction of Spending Authority, a stop work order was placed on four contracts and 15 were terminated, including the contract for the Dental Care for the Infirm program.

In April, 2010 spending authority for the restricted \$350,000 was restored and made available for contracts. Unfortunately, this occurred too late in the fiscal year to initiate new contracts and assure that dental treatment would be completed before June 30. Some of the money, however, was utilized by four grantees still under contract once the stop work orders were removed allowing them to initiate new treatment. The Oral Health Unit also worked diligently to find private dental practices to provide care after the restriction was reversed. As a result, \$337,167 was not spent, and reverted back to the general fund.

G. Areas for Development

Due to the economic downturn and subsequent reduction of funds, the Oral Health Unit will need to research other funding opportunities to try and bridge the gap until the state budget recovers. The program needs to move forward with convening the Dental Advisory Committee, updating the fee schedule, and making any program changes to be fully ready when funding is restored.

The unit is also working closely with the state's Area Agencies on Aging to discuss the possibility of conducting a cost analysis study to demonstrate the investment of these others sources into senior oral health care.