

# DENTAL SERVICES FOR PEOPLE WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES IN MEDICAID HOME AND COMMUNITY BASED SERVICES 1915(C) WAIVERS

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## INTRODUCTION

Individuals with intellectual and developmental disabilities are more likely to have unmet dental needs than nondisabled children and adults (Iida et al., 2010; Kancherla et al., 2013; Kane, 2008; Norwood, Slayton, Council on Children with Disabilities, & Section on Oral Health, 2013; Van Cleave, 2008; Waldman, 2006). In fact, the Maternal and Child Health Bureau reports children with special healthcare needs are almost twice as likely to have unmet oral health care needs than nondisabled children (National Maternal and Child Health Resource Center, 2011). Adults with IDD have been found to have high rates of gingival disease, dental caries (tooth decay and cavities), and a larger proportion of missing teeth (Anders & Davis, 2010; Cumella et al., 2000).

Oral health problems can impact people with IDD's quality of life by causing pain, disturbing speech patterns, making sleep difficult, causing missed work or school, and lowering self-esteem (Owens et al., 2006). Moreover, oral health problems are also linked to other secondary conditions and health problems such as stroke, cardiovascular disease, bacterial pneumonia, bone health, diabetes, and atherosclerotic vascular disease (American Dental Association, 2006; American Dental Hygienists' Association, 2013; Lockhart, 2012; Kaye, 2007).

Despite literature that notes the poor oral health of people with IDD, people with IDD generally do not receive appropriate preventative care (Owens et al., 2006). Moreover, people with IDD are more likely to receive tooth extractions than other restorative services, which may be attributed to reduced frequency of dental treatments (Anders & Davis, 2010; Owens et al., 2006). These oral health problems and secondary conditions can be exacerbated across the lifespan due to lack of appropriate treatment and preventative care (Glassman, 2005).

The majority of people with IDD are supported by Medicaid Home and Community Based Services (HCBS) waivers (Rizzolo, Friedman, Lulinski-Norris, & Braddock, 2013). However, Medicaid does not require states to provide minimum dental care for adults but allows states to decide about dental benefits as they see fit (Medicaid.gov, 2012). A number of studies have also found lower oral health utilization rates for those eligible for Medicaid (Chalmers et al., 2011; Kenney, 2009). For these reasons, it is important to examine how Medicaid HCBS waivers for people with IDD.

Although people with IDD have significant unmet dental care needs (Norwood et al., 2013; Van Cleave, 2008; Waldman, 2006), Friedman, Rizzolo, and Schindler's (2014) examination of fiscal year (FY) 2010 and FY 2011 dental services found that across the nation Medicaid 1915(c) Home and Community Based Services (HCBS) waivers — the largest provider of long-term supports for people with IDD — provide relatively little dental care. Although Friedman et al. (2014) found little spending in FY 2011, they did find the projected dental spending increased from FY 2010 to FY 2011. The purpose of this poster is to provide an FY 2013 update of dental services in Medicaid HCBS waivers.

## METHODS

This research is an update to Friedman et al. (2014) that examined dental services in HCBS Medicaid waivers services for people with IDD on a national scale in fiscal years (FY) 2010 and 2011). For this poster, HCBS waiver data was obtained by reviewing HCBS waiver applications on the CMS Medicaid.gov website over a period of 13 months (May

2013 to June 2014). To be included in this analysis, the waiver application had to specify that the target group served by the waiver included either autism, developmental disability, or intellectual disability. Waiver applications (n = 99) were collected from 44 states and the District of Columbia for FY 2013. After all applicable FY 2013 HCBS waivers were collected they were analyzed to determine the types of dental services available, the projected number of users, the average units of service per user, and the average cost of each unit of service.

## FINDINGS

Eighteen of the 99 examined waivers (18%) offered 20 types of dental services in FY 2013. As in Friedman et al. (2014), these services were titled 'oral health,' 'dental services,' 'dental treatment,' and 'sedation for dental treatment.' In total, 0.09% of all 99 FY 2013 HCBS waiver spending was proposed to CMS for dental services. Through these 20 services, \$25.6 million was projected for 39,090 participants (see table 1). As with the projected spending per service, the projected spending per person in FY 2013 varied widely (see figure 1), with the average participant projected to receive \$1,292 of services.

Table 1

FY 2013 HCBS Waiver Dental Services

State	Waiver number	Service Title	Unit	Participants	Projected Spending
California	CA336.R03.00	Oral health	Visit	516	\$468,941
California	CA336.R03.00	Dental services	Visit	5,220	\$2,939,904
Colorado	CO0007.R06.03	Dental services	1 visit	3,549	\$2,306,850
Colorado	CO293.R03.02	Dental services	1 visit	1,419	\$1,135,200
Florida	FL40205.R01.00	Adult dental services	1 unit	20	\$40,000
Georgia	GA323.R03.01	Adult dental services	Procedure	307	\$767,500
Georgia	GA175.R05.00	Adult dental services	Procedure	2,500	\$492,750
Idaho	ID76.R05.00	Dental services	Per member per month	2,448	\$449,159
Oklahoma	OK343.R03.00	Dental services	Visit	145	\$47,058
Oklahoma	OK179.R05.00	Dental services	Visit	909	\$316,804
Oklahoma	OK399.R02.00	Dental services	Visit	525	\$137,435
South Carolina	SC237.R04.04	Adult dental services	Visit	3,900	\$852,072
Tennessee	TN357.R02.02	Dental services	Procedure	272	\$693,600
Tennessee	TN128.R04.04	Adult dental services	Procedures	3,405	\$6,810,000
Tennessee	TN427.R02.00	Adult dental services	Procedure	453	\$724,800
Texas	TX110.R05.05	Dental treatment	Per visit	12,547	\$6,350,539
Texas	TX281.R03.00	Dental treatment	Treatment	62	\$376,806
Texas	TX281.R03.00	Sedation for dental Treatment	Treatment	62	\$150,723
Texas	TX221.R04.03	Dental services	Per item	300	\$454,260
Washington, DC	DC307.R03.00	Dental	Procedure	531	\$104,603

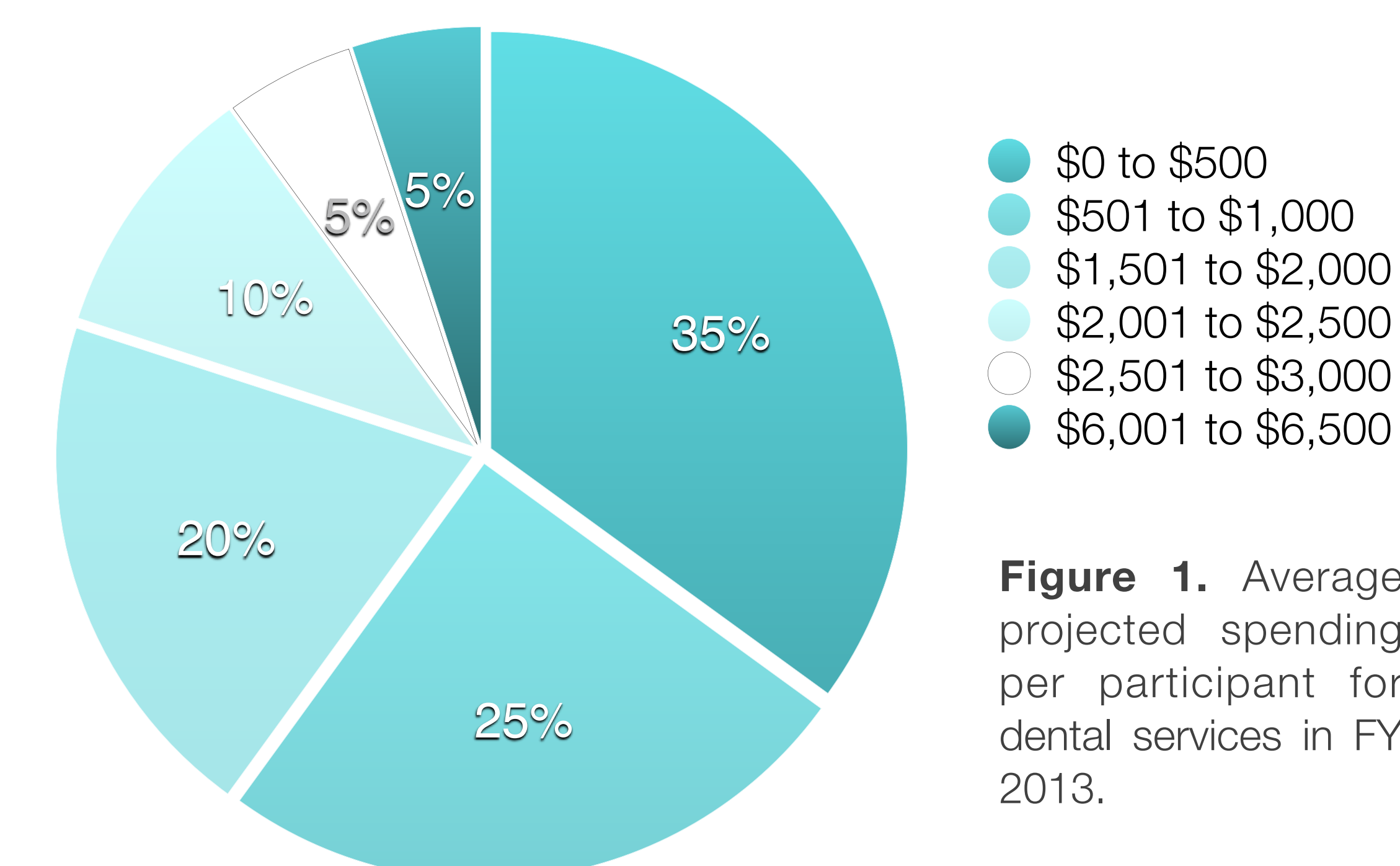


Figure 1. Average projected spending per participant for dental services in FY 2013.

## CONCLUSION

Through our analysis of 99 FY 2013 HCBS waivers for people with IDD we found that only 18 waivers provided dental services through 20 services. In FY 2013, dental services were only projected for 39,090 of the more than 600,000 people with IDD on HCBS waivers, that is only approximately 6.5% of participants received dental services through HCBS waivers which seems troubling given how important dental services are to health. The projected spending for dental services in FY 2013 was \$25.6 million, which is significantly larger than Friedman et al.'s (2014) FY 2011 finding of \$19.4 million. However, the majority of these FY 2013 dental services were the same ones found in FY 2011; thus, these increase may simply reflect waivers' built in yearly increases. When interpreting these findings it is also important to note that the projected spending found in FY 2013 only made up .09% of all FY 2013 HCBS waiver spending. This is actually less than the .10% found by Friedman et al. (2014) in FY 2011. Thus, it appears dental services in Medicaid HCBS waivers still need to be expanded to properly support the needs of people with IDD.

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