

## **HEALTH ISSUES: DENTAL HEALTH CARE IS A *RIGHT!***

The following policy paper was written by the Michigan Developmental Disabilities Council's Health Issues Work Group. The work group's mission is to advocate for an increase in the quality, availability and range of health care supports and services for people with disabilities. If you have comments, questions or would like to know more about the work group or its policy paper, contact Terry Hunt 517.334.7301 or [huntt@michigan.gov](mailto:huntt@michigan.gov)

### **BACKGROUND**

There is a strong association between lack of oral health and general health. These problems are greatly increased for people with developmental disabilities. If you are a Medicaid Recipient in Michigan searching for dental health care.....

- *It will be difficult to find a dentist who will see you because there is no published directory of Medicaid-participating dentists. In fact, when you call the Medicaid Customer Service Line, the Representatives have no such information to provide. You will have to search the Yellow Pages and make cold calls to each dentist's office and inquire about whether or not they accept Medicaid. Dentists can accept new Medicaid patients one day and not the next, at their discretion.*
- *Since you do not have a "dental home," it will be difficult or impossible to find urgent or emergency care other than in a hospital emergency room. Care in a hospital emergency room is generally provided by physicians who can only prescribe an antibiotic or pain medication. This is only a temporary measure to relieve the pain or impact the infection.*
- *If you are a person with a disability, your chances of finding a dentist who will treat you are even further reduced, since Medicaid rates don't cover the dentist's expenses, especially when services require more time due to a patient's physical limitations or other health conditions. Many dentists' offices do not have accessibility for wheelchairs.*
- *If you are a person with a disability, you will not necessarily get access to the same services to which non-disabled people have access. Although there is a federal guideline that requires parity*

and equity in coverage, disabled adults have far less access to both preventive services and treatment. Many dentists will not provide care to disabled individuals due to concerns of liability and increased costs for additional needed services that Medicaid does not reimburse.

- *If you have a painful/abscessed tooth, the only remedy available to you under Medicaid coverage may be a tooth extraction.* Medicaid does not cover typical restorative procedures such as a root canal or crown that are needed to restore function for adequate chewing and speech. Persons with disabilities frequently cannot physically tolerate dentures (complete or partial) setting up a spiraling pattern of additional tooth loss and poor nutrition.
- *Although you are eligible to get dentures (complete or partial), there is no way to get them due to the low Medicaid fee screen.* Dentists cannot afford to provide them at the Medicaid fee screen level. And, if you have dentures, access to relining or repair services is also difficult due to low Medicaid fee screens and complexity of care.

### **Current Council Initiatives**

The Council is funding a three-year project to improve oral health services by:

1. Assessing unmet/under-met oral health needs of people with disabilities
2. Integrating this information into the State's larger database about oral health issues
3. Developing and helping coordinate implementation of an advocacy plan to improve oral health services for people with disabilities
4. Developing strategies to optimize the dental workforce to provide preventive oral health services to significantly improve oral health

The Council is actively seeking the support of the Michigan Oral Health Coalition and others to improve oral health services for people with disabilities

## **Core Beliefs**

1. Health care is a right.
2. All Michigan citizens should have access to affordable, community-based, culturally competent, coordinated, quality health care, including supports for wellness.

## **Recommendations:**

### Improve Medicaid

1. Simplify access to medical transportation services
2. Reduce and simplify paperwork needed for service authorization and reimbursement
3. Expand the scope of covered services based on clinical necessity
4. Improve reimbursement rates

### Emulate Other Successful Models of Care

1. Reinstate the Habilitation Supports Waiver Program Enhanced Dental benefit
2. Employ the Enhanced Dental benefit for the MI Choice Waiver
3. Incorporate safety net and prevention initiatives (including sealants and varnish) in school and adolescent health programs
4. Expand Healthy Kids Dental and adapt this model for underserved, vulnerable adults
5. Apply concepts of the Connecticut Model's use of dental coordinators
6. Optimize the dental workforce to increase oral health access through education and prevention
7. Provide adequate funding for the Developmentally Disabled Dental Treatment Fund to provide basic preventive and restorative services

### Use Collaborative Efforts

1. Establish a working partnership with Community Mental Health Agencies and contract agencies to resolve access to care issues
2. Coordinate with the Michigan Oral Health Coalition (MOHC), the Michigan Geriatric Dentistry Coalition (MGDC), and other involved agencies to improve access to care

3. Request assistance from community and industry partners, including Delta Dental, Blue Cross/Blue Shield, and others
4. Apply Patient-Centered concepts to problem-solving