



Dental Public Health Activities & Practices

Practice Number: 07002
Submitted By: Oral, Rural and Primary Care Section, Colorado Department of Public Health and Environment
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SECTION I: PRACTICE OVERVIEW		
Name of the Practice: Colorado Old Age Pension Dental Program		
Public Health Functions: Assurance – Access to Care and Health System Intervention		
HP 2010 Objectives: 21-4 Reduce adults who have lost all their teeth. 21-10 Increase utilization of oral health system. 21-11 Increase utilization of dental services for those in long-term facilities, e.g., nursing homes.		
State: Colorado	Region: West Region VIII	Key Words: Seniors, senior adults, old age dental, direct service, access to dental care, dental treatment, treatment program
Abstract: The Colorado Department of Public Health and Environment, Oral Health Program, administers a statewide, direct service oral health program for low-income seniors. The Colorado Dental Care Act of 1977 initiated the program, providing an alternative to the present Medicaid system which does not cover adult dental care services. Dental care is needed by low-income seniors to maintain nutritional and overall health status, thereby enabling them to have more independence and better self-care. The program currently provides necessary dental appliances (full and partial dentures) and services to individuals sixty years of age or older whose income and resources are insufficient to meet the costs of treatment. Regional coordinators assure seniors are matched with participating dentists, convene dental committee members for review and approval of treatment plans, and send claims into the central office for payment. The maximum state payment is 80% of maximum fee and the senior pays 20%.		
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SECTION II: PRACTICE DESCRIPTION

History of the Practice:

The Old Age Pension Dental Program begun in 1977 in response to the state Medicaid program not covering dental care for adults and the need for low-income seniors to be able to maintain nutritional and overall health status, thereby maintaining some independence.

Justification of the Practice:

Since 1937, the Colorado Constitution has insured Colorado residents a basic retirement income and medical coverage. While the medical coverage is Medicaid, dental is not included, requiring the additional legislation. Currently, 25,000 seniors are eligible for the program. Behavioral Risk Factor Surveillance Survey (BRFSS) data for Colorado indicates over 80% of adults over 65 years of age have lost permanent teeth due to decay or periodontal disease, and over 20% of these have lost all of their teeth. In addition, over 65% of this same age group reports lacking dental insurance coverage and 38% have not visited a dentist in the past year.

Administration, Operations, Services, Personnel, Expertise and Resources of the Practice:

The intent of the program was to provide full dentures and partial dentures with "related" services. In recent years, many seniors only require the "related" services: diagnostic, preventive, and restorative care. While most of the allotted budget goes for dentures, the majority of seniors served is maintaining their natural teeth and require other routine dental services. The maximum state payment is 80% of maximum fee and the senior pays 20%. The program provides oral health services to more than 1,000 clients per year.

Fourteen regional coordinators, working in local area agencies for seniors, are responsible for identifying participating dentists, convening regular dental committee meetings, marketing the program and verifying eligibility, and managing a budget established by the Oral Health Program based on available funding. Dental Committee members are appointed by the Governor, consisting of seven members (3 dentists and 4 consumers, of which 2 are over age 60). Coordinators receive a set administrative fee for each client served. A program administrator at the state level (within the Oral Health Program) determines regional budgets based on region population and utilization, upgrades the allowable fees by the Consumer Price Index, and assures timely payment of claims. The Colorado Dental Association Peer Review Committee and the Colorado State Board of Dental Examiners handles patient complaints. The Oral Health Program submits quarterly reports to the State Legislature on the number of clients served and costs per client.

Budget Estimates and Formulas of the Practice:

Total annual budget for the program is \$550,000 --

- \$50,000 for administration (includes salary of state fiscal administrator and administrative fee paid to regional coordinators)
- \$500,000 for patient care (the average cost per client is \$500, serving approximately 1,000 clients per year)

Lessons Learned and/or Plans for Improvement:

The Old Age Pension Dental Program has developed a white paper on the program outlining what has worked, what has not worked, and ideas for improvement. The Colorado Department of Public Health and Environment has completed an Efficiency and Effectiveness Review of the program in preparation for a budget request. Currently, only 4% of the eligible population is served with the state appropriation. While additional funding is needed to serve more clients, amendments to the legislation are needed to allow more flexibility to program guidelines and administration. The current dental claim form will be altered to conform to the current ADA form.

Available Resources - Models, Tools and Guidelines Relevant to the Practice:

- Dental brochure for seniors
- Old Age Pension Dental Program Fact Sheet
- White paper (program history, administration, challenges)

SECTION III: PRACTICE EVALUATION INFORMATION

Impact/Effectiveness

Does the practice demonstrate impact, applicability, and benefits to the oral health care and well being of certain populations or communities (i.e., reference scientific evidence and outcomes of the practice)?

Since its inception in 1977, more than 1,000 seniors have received needed dental care each year. Participating dentists see the seniors in their own dental practices or in local nursing homes. This is the largest oral health program for low-income seniors in the state (outside the Colorado Foundation of Dentistry for the Handicapped Dental Housecalls Program).

Efficiency

Does the practice demonstrate cost and resource efficiency where expenses are appropriate to benefits? Are staffing and time requirements realistic and reasonable?

Only 10% of the state allocations are used for administration. With regional coordinators verifying eligibility, making appointments for seniors, and working with local participating dentists, the program is well received in the communities. A review of the efficiency and effectiveness of the program, prepared by the Health Department for the State Legislator, found the program to be operating efficiently, just requiring additional funding to increase the number of seniors the program is able to serve. The state fiscal administrator is 0.5 FTE.

Demonstrated Sustainability

Does the practice show sustainable benefits and/or is the practice sustainable within populations/communities and between states/territories?

The program has been operating since 1977 and has not been challenged in the Legislature for elimination. The increase in the allowable fees by the consumer price index each year, and the lack of a "cap" on the amount of services per client has prevented the program, despite minimal increases in funding over the years, to significantly increase the number of clients served.

Collaboration / Integration

Does the practice build effective partnerships/coalitions among various organizations and integrate oral health with other health projects and issues?

The regional coordinator staffs are employees/volunteers of local Area Agencies on Aging or other appropriate agencies for seniors. The local dental committees bring together dentists and seniors to develop policies for program administration at the regional level and have maintained a strong participating dentist network.

Objectives / Rationale

Does the practice address HP 2010 objectives, the Surgeon General's Report on Oral Health, and/or build basic infrastructure and capacity for state/territorial oral health programs?

The Old Age Pension Dental Program addresses at least four Healthy People 2010 oral health objectives, relating to decreasing oral disease in adults (loss of teeth, decreasing periodontal disease) and increasing utilization of oral health systems and dental services for those in long-term care facilities. The original intent of the enabling legislation was based on the relationship of oral health to general health, reiterated in the Surgeon General's Report on Oral Health. As the overall administration of the program is in the state health department, successful legislation to significantly increase the patient care dollars would necessitate an increase in Oral Health Program infrastructure (increase the 0.5 FTE fiscal administrator to 1.0 FTE).

Extent of Use Among States

Is the practice or aspects of the practice used or observed in other states?

While other states may cover low-income seniors via the Medicaid Program for adults, the Oral Health Program is not aware of any other state with specific legislation for a dental program for low-

income seniors, with local dental committees and regional coordinators providing community-based administration.