



# Dental Public Health Project Descriptive Report Form

Please provide a description of your organization’s successful dental public health project by completing this form. Add extra lines to the form as needed but stay within **word limits**.

Please return the completed form to Lori Cofano: [lfcofano@astdd.org](mailto:lfcofano@astdd.org)

Name of Project
<b>Rhode Island Public Health Dental Hygienist Toolkit</b>
Executive Summary (250-word limit)
<p>Public Health Dental Hygienists (PHDHs) can play a key role in providing preventive dental services in critical sites outside of the dental office, including long term care settings and senior centers. While the Rhode Island Department of Health (RIDOH) established regulations in 2016 and Medicaid enrollment and claims were permitted through statute, few were using the license and no Medicaid claims had been submitted.</p> <p>In response to shifts in older adult population from long term care to home and community-based services, Rhode Island’s Executive Office of Health and Human Services (EOHHS) is developing a multi-part initiative to address oral health challenges for vulnerable older adults, including those relying on home health support. Important to this initiative is to have a growing workforce of PHDHs who wish to work in community settings.</p> <p>A PHDH Toolkit committee was established, composed of leadership of the Rhode Island Dental Hygienists Association (RIDHA), Community College of Rhode Island (CCRI)’s dental program, RIDOH’s Oral Health Program, and the Rhode Island Oral Health Coalition (RIOHC). The group came together to produce a toolkit with web-based resources, that can be easily modified, and linked to by multiple organizations. The goal is to assist PHDHs in working to the top of their license and answer questions that arise along the way. Additionally, a PHDH Learning Collaborative was formed to provide additional information sharing via monthly presentations and discussions. The monthly presentations are recorded, and video links are added to the toolkit.</p>
Name of Program or Organization Submitting Project
Oral Health Program, Rhode Island Department of Health

## Essential Public Health Services to Promote Health and Oral Health in the United States

Place an "X" in the box next to the Core Public Health Function(s) that apply to the project.

	Assessment
x	Policy development
x	Assurance

<http://www.astdd.org/state-guidelines/>

Project submissions will be categorized by the Core Public Health Functions on the ASTDD website.

### Healthy People 2030 Objectives

List Healthy People 2030 objectives related to the project.

- Reduce the proportion of adults with active or untreated tooth decay — OH-03
- Increase the proportion of oral and pharyngeal cancers detected at the earliest stage — OH-07
- Increase use of the oral health care system — OH-08
- Reduce the proportion of people who can't get the dental care they need when they need it — AHS-05
- Reduce the proportion of older adults with untreated root surface decay — OH-04
- Reduce the proportion of adults aged 45 years and over who have lost all their teeth — OH-05
- Reduce the proportion of adults aged 45 years and over with moderate and severe periodontitis — OH-06

This information will be used as a data resource for ASTDD purposes.

### **Keywords for sorting the project by topic.**

Provide **three to five** keywords (e.g., access to care, children, coalitions, dental sealants, fluoride, policy, Medicaid, older adults, pregnant women, etc.) that describe the project. Keywords are used to categorize submissions.

Access to Care: Adults and Older Adults Services; Access to Care: Individuals with Special Health Care Needs; Access to Care: Workforce; Prevention: Adults and Older Adults Oral Health; Prevention: Individual with Special Health Care Needs; Public Health Dental Hygienists

## Detailed Project Description

### **Project Overview**

(750-word limit)

1. What problem does the project address? How was the problem identified?
2. Who is the target population?
3. Provide relevant background information.
4. Describe the project goals.

Based on results from the Behavioral Risk Factor Surveillance Survey (BRFSS), the Rhode Island Executive Office of Health and Human Services (EOHHS) and the Oral Health Program at the Rhode Island Department of Health (RIDOH) recognized the disparities in the use of dental services among vulnerable populations, including those with disabilities. With shifts of older adults away from long term care settings, both before and after the COVID-19 pandemic, an increased number of older adults with disabilities and chronic conditions are expected to live in the community. The individuals receive health services at home or through community settings such as senior centers and would benefit from receiving preventive oral health services in a similar way.

Public health dental hygienists (PHDHs) are members of the dental workforce capable of providing oral health services in homes or other alternative settings. Since becoming a licensed position in 2016, the number of hygienists obtaining this additional license has been small.

Financing was provided in 2022 through Federal Medicaid Assistance Funding (FMAP) aimed at addressing health care issues of older adults using home and community-based services (HCBS) who may otherwise have been eligible for nursing home services. It was recognized that in nursing homes, residents who are not functionally able to perform their own daily mouth care can obtain assistance with this mode of care. Residents also have access to mobile dental services, which provide preventive care in the nursing home. EOHHS used funds towards this initiative for the following key-activities:

1. Increase training of caregivers in daily mouth care by developing an online training and incentivizing completion of the training through a stipend.
2. Increasing the number of PHDHs by supporting tuition through the state's only training program at the Community College of Rhode Island (CCRI) and providing a stipend for those who complete the training.
3. Development of an online PHDH Toolkit with resources to begin practice in alternate settings.
4. Development of a monthly Learning Collaborative to bring together PHDHs for discussion of challenges. Each session features a national subject matter expert to review a topic and engage in discussion.
5. Grant funding for pilot programs in three areas:
  - a. Funding of home health agencies who will increase documentation of oral health assessment and care plans and perform mouth care for those with functional challenges
  - b. Funding of public health dental hygienists who will serve older adults in home and community-based settings
  - c. Funding of dental offices who will enhance their capacity to serve patients using home and community-based services, including a referral mechanism from public health dental hygienists.

The PHDH Toolkit was developed using a website builder called iSpring Space on an account from the Academic Center at the Rhode Island Department of Health. The link, found [HERE](#), is shared with partners at CCRI and RIDHA to link to from their website, as well as from the RIDOH licensing page.

Sections of the PHDH Toolkit include:

- Introduction
- Education and Licensure Requirements
- Business information
- Informed Consent and HIPAA
- Infection Control
- Resources and Education
- Data Collection

- Home and Community Based Care
- School Screening

State regulations require the use of written collaborative agreements and informed consent forms; examples are provided for users to download and modify for their use. The Business Information section includes guidance on how to apply for a National Provider Identifier (NPI) number and how to apply to be a Medicaid billing provider. The Resource and Education section includes links to videos from past Learning Collaborative sessions.

## **Resources, Data, Impact, and Outcomes**

(750-word limit)

1. What resources were/are necessary to support the project (e.g., staffing, volunteers, funding, partnerships, collaborations with other agencies or organizations)?

The initiative is supported by a project manager with guidance from the Oral Health Program dental director and program manager, along with the Director of Strategy from EOHHS. The program has monthly interagency meetings featuring staff from the Office of Healthy Aging, Medicaid (Policy and Finance Teams), Behavioral Health, and RIDOH Licensing. Additional collaborations including the Community College of Rhode Island to support training, develop the online training and provide stipends, and the Rhode Island Dental Hygienists to support the learning collaborative. Additional collaborations have included the trade organizations for home health agencies and the Rhode Island Dental Association.

2. (a) What process measure data are being collected (e.g., sealants placed, people hired, etc.)?  
(b) What outcome measure data are being collected (e.g., improvement in health)?  
(c) How frequently are data collected?

Current process measures include the number of new PHDHs, participation in the PHDH learning collaborative, and number of certified nursing assistants (CNAs) completing online oral assessment and mouth care training.

Future process measures include:

- the number of completed oral health assessments and care plans,
- the number of older adults receiving mouth care services from a CNA,
- the number of older adults receiving preventive services in home and community-based settings, and
- the number of referrals completed at dental offices for patients using home and community-based services.

Outcomes will be evaluated through several means:

- Medicaid claims data to see an increase in the proportion of adults receiving care using place of service codes aligned with home and community-based services.
- BRFSS data showing proportion of adults with disabilities receiving dental services.
- Hospital discharge data showing a reduction in older adults presenting to emergency rooms with preventable non-traumatic dental conditions.

3. How are the results shared?

As the project has not been fully operationalized, data has not yet been collected or shared, but it is anticipated a report will be completed. At this time, a data dissemination plan has not been developed.

## Budget and Sustainability

(500-word limit )

1. What is/was the budget for the project?

The budget for the overall initiative is \$928,000 over two years and includes all of the activities described above. The specific budget for the toolkit is essentially \$0 as resources are volunteer staff time and the Spring Space resource.

2. How is the project funded (e.g., federal, national, state, local, private funding)?

The overall budget was funded through CMS using Enhanced FMAP dollars related to the use of HCBS and is limited to a period following the COVID-19 pandemic.

3. What is the sustainability plan for the project?

The sustainability plan for the overall project involves continued coverage of services through Medicaid payments, including performing oral health assessments and care plans by nursing staff of home health agencies, performing mouth care by CNA caregivers, and providing preventive dental services by PHDHs.

## Lessons Learned

(750-word limit )

There are still challenges that need to be worked out regarding payment of services in various areas, including PHDHs. Specifically, statutes do require Medicaid to pay PHDHs for services, but in scenarios of dual eligibles with Medicare advantage plans, or other insurers of older adults outside of Medicaid, there is no coverage. Additionally, PHDHs may not bill individuals. Our hope is that the legislature will review data in the future, see value for these services, and change policy to allow broader billing to those with coverages outside of Medicaid.

## Resources

List resources developed by this project that may be useful to others (e.g., guidelines, infographics, policies, educational materials). Include links if available.

[Rhode Island Public Health Dental Hygienist Toolkit](#)

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<b>To Be Completed By ASTDD</b>	
Descriptive report number:	45005
Associated BPAR:	Improving the Oral Health of Older Adults
Submitted by:	Oral Health Program, Rhode Island Department of Health
Submission file name:	DES45005RI-rdh-toolkit-2023
Submission date:	November 2023
Last reviewed:	November 2023
Last updated:	November 2023