



## Dental Public Health Activities & Practices

**Practice Number:** 51004  
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<b>SECTION I: PRACTICE OVERVIEW</b>		
<b>Name of the Practice:</b> Vermont's Dental Access Grants		
<b>Public Health Functions:</b> Assurance – Access to Care and Health System Interventions Assurance – Building Community Capacity for Interventions Assurance – Building Linkages & Partnership for Interventions		
<b>HP 2010 Objectives:</b> 21-10 Increase utilization of oral health system. 21-12 Increase preventive dental services for low-income children and adolescents. 21-2 Reduce untreated dental decay in children and adults. 21-1 Reduce dental caries experience in children. 21-8 Increase sealants in 8 year-olds' first molars and in 14 year-olds' first and second molars.		
<b>State:</b> Vermont	<b>Region:</b> Northeast Region I	<b>Key Words:</b> Dental access, access to care, grants, Medicaid
<b>Abstract:</b> In Vermont, the average dental utilization is 45% for Medicaid children and 31% for Medicaid adults. The state wants to increase dental utilization for all counties and reach at least 59% for Medicaid children and 38% for Medicaid adults. In 1999, Vermont approved legislation that provides funding to private dental practices, schools, hospitals or any entity with a plan to increase access and capacity to deliver dental care to the growing population of Medicaid patients. This resulted in \$400 K funding for FY 1999, \$150K for FY 2000 and \$150 K for FY 2001 for the Dental Access Grants. Grant funds have also been budgeted for FY 2002. In three years, a total of 20 grantees received Dental Access Grants. The grants were awarded to 12 dentists, five health centers, four Expanded Function Dental Assistant (EFDA) students, three planning contracts for assessments and grant writing, two hospitals, two schools, one survey, and one childhood center for a dental clinic. From FY 1999-2002, the Dental Access Grants have supported the startup of six dental clinics (one is in the planning stage). An assessment was made to determine if the grants increased capacity for delivering dental services to Medicaid clients in the state by determining unduplicated Medicaid patients treated by all Medicaid providers and by the grantees for a 2-year period prior to the grants (FY 1998-1999) and after the grant period (FY 2000-2001). There was a net gain of 10% additional Medicaid patients seen by all Medicaid providers who are not grantees. The grantees increased the number of Medicaid patients receiving dental services in their practices by 73%. The Dental Access Grants have been successful in increasing access for Medicaid clients in Vermont.		
<b>Contact Persons for Inquiries:</b> Steve Arthur, D.D.S., M.P.H., Director, Oral Health Services, Division of Health Improvement, Vermont Department of Health, 108 Cherry St., P.O. Box 70, Burlington VT 05402, Phone: 802-863-7497, Fax: 802-651-1654, Email: <a href="mailto:sarthur@vdh.state.vt.us">sarthur@vdh.state.vt.us</a>		

## SECTION II: PRACTICE DESCRIPTION

### History of the Practice:

In 1999, the Vermont legislature approved legislation to provide funding to private dental practices, schools, hospitals or any entity with a plan to increase access and capacity to deliver dental care to the growing population of Medicaid patients. The funding provided Dental Access Grants annually.

### Justification of the Practice:

Access to dental care is an essential component in preventing dental disease in children and adults and maintaining optimal oral health. In the past decade, dental utilization for adults and children has grown in Vermont. In FY 2001, among children receiving dental services, 50% were enrolled in Medicaid. Among the adults receiving dental services, 14% are Medicaid clients. Although more Medicaid children and adults received dental care in FY 2001 compared to previous years, the utilization rate for each year since 1994 has remained steady.

The state's average dental utilization rate is 45% for Medicaid children and 31% for Medicaid adults. An assessment of FY 2001 Medicaid data by county showed discrepancies in dental utilization among Vermont's 14 counties. Essex County achieved the highest dental utilization for Medicaid children at 59%; Orleans County has the highest dental utilization for Medicaid adults at 38%. Windham County has the lowest rates: 38% dental utilization for Medicaid children and 29% for Medicaid adults. Vermont wants to increase dental utilization for all counties to reach at least 59% for Medicaid children and 38% for Medicaid adults.

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

Legislation has provided \$400 K funding for FY 1999, \$150K for FY 2000 and \$150 K for FY 2001 for the Dental Access Grants. Grant funds have been budgeted for FY 2002. The Vermont Department of Health receives and administers the funding. The Director of Dental Health Services oversees the RFP process for the Dental Access Grants.

A committee has been established to evaluate the grant proposals. The committee includes two dentists and representatives of Medicaid, EPSDT, Rural Health, and Department of Health/Dental Health Services.

Requests for proposals are set up in an easy, simple format. In selecting the recipients of the Dental Access Grants, each proposal is evaluated using a point system. A proposal is awarded up to 100 points based on the following criteria:

- 25 points = Proposal increases the number of Medicaid recipients receiving ongoing dental services.
- 25 points = Proposal has potential to be cost effectiveness.
- 15 points = Applicant or practice has a prior history of Medicaid participation.
- 15 points = Applicant will serve an area with dental need.
- 10 points = Proposal increases the practice's capacity to treat more Medicaid patients after the grant.
- 5 points = Applicant has a plan to evaluate results.
- 5 points = Included a letter from the District Health Director and the strength of the recommendation.

In the three years of the Dental Access Grants (FY 1999-2001), there were a total of 20 grantees. Grants were awarded to 12 dentists, five health centers, four Expanded Function Dental Assistant (EFDA) students, three planning contracts for assessments and grant writing, two hospitals, two schools, one survey on workforce, and one childhood center for a dental clinic. Grantees have used the funds to hire clinical staff, purchase dental equipment, contribute towards constructing buildings for dental care facilities, pay EFDA students' tuition, hire a person for grant writing, and to facilitate transporting children from their school to dental offices. The Dental Access Grants supported the startup of six dental clinics (one is in the planning stage). A total of 5,796 new Medicaid patients have received care as a result of expanded services provided through the grants.

An assessment was made to determine if the grants increased capacity for delivering dental services to Medicaid clients for the state. The assessment determined unduplicated Medicaid patients treated by all Medicaid providers who are not grantees and by all the grantees for a 2-year period prior to

the grants (FY 1998-1999) and after the grant period (FY 2000-2001). There was a net gain of 10%, which amounted to 7,190 additional Medicaid patients seen by all non-grantee, Medicaid providers in Vermont. Among all grantees, their practices increased the number of Medicaid patients receiving dental services by 73%, an additional 5,796 clients. The private practitioners seem to have maintained their level of services to Medicaid patients and did not shift their Medicaid patients to the dental clinics supported by the grants. It was concluded that the Dental Access Grants have been successful in increasing access and the practices should have the capacity to continue seeing more Medicaid patients in the future.

The grantees are given details of Medicaid clients (unduplicated recipient visits and total reimbursement) seen to date in their individual practice, baseline data of their individual office at the start of the grant, and information on Medicaid clients treated by the entire group of grantees. This provides feedback to the grantees on their increased capacity and contribution in treating Medicaid clients.

**Budget Estimates and Formulas of the Practice:**

- Each Dental Access Grant ranged from \$20,000 to \$150,000. Most grants are approximately \$20,000.

**Lessons Learned and/or Plans for Improvement:**

- Before the committee meets to evaluate the Dental Access Grant applications, each committee member calls each prospective grantee to review the proposal. This provides background information for the committee.
- We have good preliminary data on the level of services provided to Medicaid patients for each grantee and we continue to monitor each grantee's progress. This provides a good evaluation on the impact of the grants in increasing the capacity of the grantees to treat Medicaid patients.

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

- Vermont's Dental Access Grant Application
- Evaluation Form for the Dental Access Grant Application
- Data reports tracking unduplicated Medicaid recipient visits and total reimbursement for grantees and non-grantee Medicaid providers

## 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)?*

From FY 1999-2002, the Dental Access Grants has supported the startup of six dental clinics. An assessment was made to determine if the grants increased capacity for delivering dental services to Medicaid clients for the state. The assessment determined unduplicated Medicaid patients treated by all Medicaid providers who are not grantees and by all the grantees for a 2-year period prior to the grants (FY 1998-1999) and after the grant period (FY 2000-2001). There was a net gain of 10% which amounted to 7,190 additional Medicaid patients seen by all non-grantee, Medicaid providers in Vermont. Among all grantees, their practices increased the number of Medicaid patients receiving dental services by 73%, an additional 5,796 clients. The private practitioners seem to have maintained their level of services to Medicaid patients and did not shift their Medicaid patients to the dental clinics supported by the grants.

### **Efficiency**

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

Each new Medicaid patient receiving dental services through the grantees' practices has cost \$150 of grant funding. However, the infrastructure, built with the support of the Dental Access Grants, is in place to continue reaping benefits of increased capacity to treat Medicaid patients for the state.

### **Demonstrated Sustainability**

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

Legislation created the Dental Access Grants. The grants have been awarded for three consecutive years. The state budget has also included funding for FY 2002 grants.

### **Collaboration/Integration**

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

Partners supporting the Dental Access Grants include Medicaid, EPSDT, Rural Health, the state dental association, and the Department of Health/Dental Health Services. The grants have also established collaboration among schools, hospitals, health centers and private practice dentists to improve dental access for Medicaid clients.

### **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 program aims to improve access to dental care for Medicaid clients. This goal addresses Healthy People 2010 oral health objectives in reducing dental caries experience in children, reducing untreated dental decay, increasing utilization of oral health system and increasing preventive dental services for low income children. The program also addresses reducing disparities reported in the Surgeon General's Report on Oral Health.

### **Extent of Use Among States**

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

ASTDD State Synopsis showed that in 2001, 35 states reported supporting or implementing an "access to care program." These states include AZ, AK, CO, CT, DE, FL, GA, HI, IL, IN, IA, KY, ME, MD, MA, MI, MN, MS, MO, MT, NH, NM, ND, OH, OK, OR, PA, RI, SC, UT, VT, VA, WV, WI, and WY. It is not known how many states provide a grant program, similar to the Vermont's Dental Access Grants, to increase access to care for Medicaid clients.