In 2005, Iowacare Medicaid Reform Act, House File 841 was approved. The Act relates to health care reform, including provisions relating to the medical assistance program, providing appropriations, providing effective dates, and providing for retroactive applicability. In particular, the Act included the mandate that “by July 1, 2008, requires Medicaid recipients to have a dental home and receive preventive dental care.” A Plan for Iowa Medicaid Reform is being developed. One of the actions of the plan is to design and implement a funded “dental home” program for every child age 12 and younger in the Medicaid program by July 1, 2008. At a minimum, each child with a home shall receive the dental screenings and preventive care identified in the EPSDT oral health standards. The “dental home” concept was derived from a similar concept, the “medical home model,” which is currently under development through the Iowa Medical Home Initiative.

This Initiative is a large collaborative effort of public and private stakeholders. Several key organizations targeted the establishment of the medical and dental home as a strategic priority for early childhood development and in linking with the Governor’s Children’s Cabinet were able to promote the idea through the Governor’s health policy adviser and introduce it into legislation. The public health community is excited about the concept and momentum is gaining among Iowa’s early childhood development coalitions. Challenges remain on determining how the concept will actually be implemented; especially within the professional dental community. A coalition is currently being established to address the implementation of the Iowacare Medicaid Reform Act, House File 841. Stakeholders spearheading this growing collaboration are the Iowa Department of Public Health Oral Health Bureau; Iowa Prevention of Disabilities Council; Delta Dental Plan of Iowa; Iowa’s Early Care, Health, and Education System, and the Maternal and Child Health Advisory Council.

Lessons Learned:

The variations in the definitions of “dental home” are considerable and reaching a consensus among multiple partnering organizations can be difficult and daunting at best. Often, the reasons are based on what is advantageous to a particular organization which can reduce the actual initial goals and objectives of an initiative that fired up the effort at the beginning. We have learned that compromise is required, but compromises can lower the potential and the enthusiasm.

Iowa still struggles with both the definition of dental home and meeting the objectives under the original initiative themselves. The legislature has extended the deadline for meeting the initial legislation 3 times since the initial 2005 Reform Act was signed. While we have made some good and meaningful accomplishments, we have yet to build the full measure envisioned when the effort was first initiated.

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