



# Dental Public Health State Activity Submission Form

ASTDD’s goal in collecting information about successful state Dental Public Health activities (e.g., practice, program, service, event, or policy) is to share this information with other states, territories, and stakeholders who may be interested in implementing similar activities. We thank you for your time and willingness to share your experiences.

Please complete the form below and return to Lori Cofano, ASTDD Best Practices Project Coordinator, at [lcofano@astdd.org](mailto:lcofano@astdd.org)

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STATE DENTAL PUBLIC HEALTH ACTIVITY (e.g., practice, program, service, event, or policy) Minimum=300 Maximum=500	
Activity title:	<b>Special Smiles, Ltd – Assuring Access to Dental Care for persons with Intellectual/Developmental Disabilities in Medicaid Managed Care</b>
State/Territory:	<b>Pennsylvania</b>
Summary overview, which may include the following: <ul style="list-style-type: none"> <li>• Objectives</li> <li>• Rationale</li> <li>• Personnel</li> <li>• Key partners</li> <li>• Costs &amp; sustainability</li> </ul>	
<p>Lack of access to dental care is a common problem for people with Medicaid, whether they are covered by traditional fee-for-service programs or by managed care. For people with <b>developmental disabilities</b> who are covered by Medicaid, access to dental care is even more restricted. This situation was recognized at a 1999 state dental summit in Pennsylvania and led to a recommendation that a specialized dental clinic be established to serve Medicaid recipients with severe disabilities. The target population would be patients whose disabilities prevented having their dental care in a dentists’ office due to maladaptive behaviors and physical limitations requiring sedation or general anesthesia for treatment.</p> <p>With the technical assistance of the state Medicaid agency, three managed care programs in the Philadelphia area</p>	

contracted with a private dental practice to establish a program called Special Smiles, Ltd. This program has a state-of-the-art outpatient dental facility and can provide patients full mouth rehabilitation under general anesthesia. The program maintains a recall system for continued comprehensive care establishing a dental home for patients. In addition, Special Smiles provides education and outreach to parents, patients, and direct care staff on the importance of daily oral hygiene and the need for routine professional dental care. The original program goal was to complete full mouth rehabilitation for 1,000 individuals annually. Now in its twentieth year, Special Smiles is meeting the goal serving approximately over 2,000 patients per year. In almost twenty years of operation, Special Smiles has provided over 35,000 full mouth rehabilitation procedures.

#### Lessons learned (Successes and **Challenges**):

The first of the lessons learned is the importance of defining and identifying in advance the patient population who will access services. With the help of the managed care partners, Special Smiles received lists of individuals who were waiting for care, which would serve as the initial patient base for scheduling. Identification of the special needs population proved very challenging because each company classified individuals with special needs in a unique manner. Moreover, according to DHS and Social Security indicators, an individual with special needs could represent a variety of conditions ranging from asthma to terminal cancer. Not all of these individuals required dental care under general anesthesia. In order to evaluate their needs more effectively, Special Smiles and the managed care companies created a special needs dental referral form in an effort to streamline referrals. Along with this referral mechanism, the executive director contacted and visited more than 100 area agencies, resulting in a triage system for patient referrals from that support community.

Another lesson learned was the need to change the perception of dentistry under general anesthesia from one of convenience for the dentist, to one of medical necessity for the patient. To control unnecessary and costly treatment, Medicaid required prior authorization. After one year of providing care, Special Smiles demonstrated through claim data that general anesthesia was a medical necessity. Medicaid then changed its policy and no longer requires that Special Smiles obtain prior authorization for general anesthesia.

An additional lesson was that the proportion of this population that required general anesthesia and the time involved in actual treatment delivery were underestimated. It was expected that 95% of patients could be treated using IV anesthesia, with only 5% requiring general anesthesia. However, due to advanced oral disease, nearly all clients (98%) required general anesthesia. Moreover, the Special Smiles planned for each case to use a total of two hours: one hour of dentistry, 15 minutes of anesthesia prep time, and 45 minutes of recovery time. Through the first 12 months of operation, an average case required over two hours of dentistry, with 30 minutes of anesthesia prep time, and more than 30% of patients requiring pre-operative sedation. Pre-sedation, which is administered separately from general anesthesia, was occasionally accomplished with oral medication, but more often the patient was unable to cooperate without an injection. The time involved with pre-sedation contributed to longer pre-operative and recovery times, with the average recovery time lasting 45-60 minutes.

To respond to the advanced needs of the patients and the time involved with each operative session, Special Smiles expanded capacity within the first 18 months by adding an additional nurse and anesthesiologist. This allowed the facility to run two operating suites at the same time, increasing efficiency and patient turnaround times. The current facility capacity can accommodate up to 52 full-mouth rehabilitation/recall patients per week, and averages 30-35 new patient screenings each week.

Historically, Special Smiles experienced the highest cancellation rate during the first six months of operation due in part to staff inexperience, missing paperwork, or non-compliance with NPO or other pre-operative instructions. Recognizing the high-cost implications associated with missed appointments, staff training along with rigorous appointment and paperwork tracking processes were developed and implemented by the Practice Administrator. As a result, the missed appointment rate has been reduced from a high of 48% in 2001 to less than 20% in 2019.

Although the cancellation rate continues to be higher than ideal, most cancelled cases today are due to patient illness or a medical condition which requires further study prior to clearance for anesthesia. There is not likely a way to completely eliminate the number of cancelled appointments due to this factor.

<b>TO BE COMPLETED BY ASTDD</b>	
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