

# **Advisory Committee on the State Program for Oral Health (AC4OH)**

**Date:** June 1, 2019

**To:** Lisa Sherych, Interim Administrator  
Division of Public and Behavioral Health

**From:** Cathie Davenport, Chair  
Advisory Committee on the State Program for Oral Health (AC4OH)

**Subject:** SFY 2019 (2018-2019) AC4OH Annual Report and Recommendations

## **Purpose and Role**

Pursuant to NRS 439.2792, the Advisory Committee on the State Program for Oral Health is a thirteen member committee. The purpose of this Advisory Committee shall be to advise and make recommendations to the Administrator of the Division of Public and Behavioral Health, Department of Health and Human Services (herein after referred to as “the Division”) concerning the Oral Health Program.

The role of the Advisory Committee shall be to support the Division to promote the health and wellbeing of Nevadans through the delivery or facilitation of essential services to ensure families are strengthened, public health is protected, and individuals achieve their highest level of self-sufficiency as outlined in NRS 439.271-493.2794:

## **Leadership and Participation**

1. Current Chair and Vice Chair:
  - a. Cathie Davenport, Chair
  - b. Christine Garvey, RDH, Vice Chair
2. Other current members include:
  - a. Keith Clark
  - b. Brandi Dupont, DMD
  - c. Mary Liveratti
  - d. Chris Elaine Mariano, APRN, CPNP-PC, MSN, RN
  - e. Bryce Putnam, DMD
  - f. Judith Skelton, PhD
  - g. Julie Stage-Rosenberg, RDH, MPH
  - h. Robert Talley, DDS
  - i. Kelly Taylor, RDH
  - j. Christine Wood, RDH
3. New members as of July 1, 2019:
  - a. Terri Chandler, RDH
  - b. Max Coppes, MD
  - c. Benjamin Prohaskha, PA
  - d. Tina Brandon Abbatangelo, DMD

## AC4OH Accomplishments and Activities

### • **The Oral Health Program (OHP)**

- The AC4OH board has a gifted group of professionals that are dedicated to improve oral health of Nevadans. Quarterly meetings are arranged with Dr. Capurro, the chair and the vice chair of AC4OH. This is done to continue the line of communication and to help support the efforts of the Oral Health Program. The chair of AC4OH also met with the State Public Health Dental Hygienist to help facilitate the same support for Northern Nevada. AC4OH members understand the challenge of building an Oral Health Program from the beginning. We are not able to be an Advisory Committee unless we understand the challenges and the successes. Each decision made is to help enhance the delivery of dental care in Nevada.
- Oral Health Summit – AC4OH continues to explore funding opportunities to hold an oral health summit in Nevada. The oral health summit would focus on oral health education and will build strong partnerships between grassroots organizations and statewide oral health coalitions.
- AC4OH members and leaders reviewed program materials and provided feedback, on such items as:
  - Letters from the Desk of the State Dental Health Officer
  - Policy for Urgent Dental Issue Identified During Community Screening
  - AB223, Proposal to Extend Periodontal Benefits to Adults with Diabetes
  - Nevada’s grant application and grant activities for the State Oral Health Program:
    - ✓ HRSA 19-025” Rural Health Network Development Planning Program”
    - ✓ Delta Dental “Rural Nevada Expectant Mother Medicaid Dental Access Program”
    - ✓ Dental Trade Alliance “Rural Northern Nevada Expectant Mother Medicaid Dental Access Program”
    - ✓ Mountain West CTR-IN grant “Determinants of Nutritional Status among Patients with Diabetes and their Impact on Oral Health Outcomes”
  - University Medical Center of Southern Nevada, Emergency Department Dental Redirect Program
  - Proposal for BOE, 2019 Basic Screening Survey of Licensed Childcare Centers in rural Nevada

### • **Policy Topics Reviewed**

- **Administrative Direction of the Division of Public and Behavioral Health**
  - Julie Kotchevar, PhD, Administrator, Division of Public and Behavioral Health regularly attends AC4OH meetings and provides a direction from the Division.
  - Ihsan Azzam, MD, PhD, regularly attends AC4OH meetings and provides a general presentation on the direction of the Department and Division.
- **Medicaid –**

The Division of Health Care Financing and Policy has a standing agenda item on the AC4OH meeting agendas. Ms. Shauna Tavcar attended all meetings and graciously shared programmatic changes, challenges and accepted feedback from members. Topics ranged from the new Dental Benefits Administrator contracting process, ambulatory surgical centers, to orthodontia coverage changes being considered, policies regarding reimbursing for various newly covered services,

discrepancies in billing and instructions for providers to re-file their claims when the ICD-10 coding was updated in the system, and assistance to intervene when appropriate.

- Members brought concerns regarding limited benefits for adults;
- Reimbursement concerns with Liberty Dental
- Reimbursement for Dental Hygienists with Public Health Endorsement; and
- Limitations of provider panels, among other items.

In addition, LIBERTY Dental, the dental benefits administrator for Nevada, whose contract is overseen by DHCFP and DPBH, OHP, has recently become a standing agenda item on the AC4OH meeting agenda. Dr. Amy Tongsirir has attended meetings since June 2018 and provides updates on LIBERTY Dental's administrative process. In addition, Dr. Tongsirir fields questions from public members in attendance.

○ **Community Water Fluoridation**

Through a grant from Delta Dental of California Foundation, Nevada was chosen as one of four states to receive fluoridation training and technical assistance from the American Fluoridation Society. Several AC4OH board members as well as Dr. Capurro are members of the Nevada Community Water Fluoridation Training Corps.

○ **Community Engagement/ To Expand Access, Oral Health Education and/or Awareness**

- Meetings included a standing agenda item to collect information and updates from Nevada's Oral Health Coalitions; Oral Health Nevada, Community Coalition for Oral Health(CCOH), and Northern Nevada Coalition for Underserved Populations (CUSP).
- Additional funding support for the Nevada Oral Health Program including these grants:
  - HRSA 19-025" Rural Health Network Development Planning Program"
  - Delta Dental "Rural Nevada Expectant Mother Medicaid Dental Access Program"
  - Dental Trade Alliance "Rural Northern Nevada Expectant Mother Medicaid Dental Access Program"
  - Mountain West CTR-IN grant "Determinants of Nutritional Status among Patients with Diabetes and their Impact on Oral Health Outcomes"

The final pages of this report is a list of our recommendations for the coming year. Thank you for this opportunity to provide input and collaborate with the Division over the past year. We would also like to thank the oral health program staff for their support. We look forward to continuing to promote optimum oral health for all Nevadans.

Respectfully submitted,

Cathie Davenport  
Chair  
Advisory Committee on the State Program for Oral Health

## **RECOMMENDATIONS**

### **1. Provide State Appropriations to Financially Support the State Oral Health Program, State Dental Health Officer, and State Public Health Dental Hygienist per NRS 429.279, 429.2791, 429.2792 and Provide Continued Administrative Assistant Support for Organization of AC4OH Meetings.**

- a. Establish long term investment of the Oral Health Program by the State that will allow qualified licensed staff with public health training and experience to: conduct/collect surveillance data consistently, implement manage and evaluate community-based prevention programs and strategies, provide dental expertise to multiple programs in the Division and benefit the public through policy and education resulting in healthier outcomes.
- b. Assure OHP is linked to the oral health community through the expertise and resources of the AC4OH.
- c. Provide continued administrative assistant support by DPBH staff for the organization and open law meeting oversight of AC4OH meetings.
- d. NRS 439.272 and 439.279 establishes justification to support the ongoing funding for the appointments of the State Dental Health Officer and State Public Health Dental Hygienists as essential and critical additions to the medical team within the Department of Health and Human Services.
- e. Access Federal Medicaid funding allowed through Title 41 to partially support the State Dental Officer position. Provide dental expertise within the Division of Healthcare Financing and Policy (DHCFP), Medicaid, to be advisory for claims, policy and required federal reporting. Support state accountability for federal funds.
- f. Create mechanism for greater accountability from Medicaid vendors, which in turn will increase Nevada's Medicaid Dental utilization rating and effectiveness.
- g. Explore viability of partial funding stream from percentage of licensing fees and fines paid to the Nevada State Board of Dental Examiners.

### **2. Identify and allocate funding sources or policy changes needed to support dental health – direct services, access to care and needs assessment.**

- a. **Expand and sustain partnerships and programs that provide services for dental care for rural citizens.**
  - i. The Medical Smiles for Rural Smiles project completed in conjunction with the Southern Nevada Health District (SNHD) has provided dental services to many of Nevada's most vulnerable and underserved school age children, adults, and seniors. It is requested that the current project description be funded for fiscal year 2020 and expanded to incorporate the Washoe County Health Department.
  - ii. Teledentistry practice should also be expanded and explored in rural areas.
  - iii. Facilitate use and expansion of portable delivery systems and Teladentistry pilot project to allow a greater geographical reach, connect community based and clinical settings, and help dentists to work more frequently with dental hygienists and public health endorsed dental hygienists. Include teledentistry as part of regional pilots. Provide funding for purchase of needed equipment in rural settings. Disseminate new DHCFP guidelines for attestation and billing of teledental services.
  - iv. Encourage Critical Access Hospitals (CAHs) to open dental units. Provide incentives, possibly via higher reimbursement levels made possible

through emergency room savings, for CAHs that operate or house such services. Partner with the Nevada Hospital Association, the Nevada Dental Association and others to bring CAHs and dental experts together to learn from hospitals that operate dental clinics and examine how such partnerships might expand in rural Nevada. Build on the relationship between oral health and overall health, including the potential to drive down costs for chronic diseases and emergency department use.

- b. Develop a statewide school-based sealant program**
- c. Develop provider training and expand Medicaid dental benefits for adults with special health care needs.**
- d. Develop a training program for oral health providers in screening, brief interventions, and referral to treatment for substance use problems.**
  - i. As a prescriber of controlled substances, oral health providers should be provided with state training to work with substance use disorder patients and to screen patients for substance use disorder.
  - ii. Establish Medicaid reimbursement for dental providers that provide substance use disorder screening and explore mechanism to expand Medicaid dental benefits for those undergoing substance use disorder treatment.
- e. Develop funding lines that will support dental workforce development and opportunities for dental/dental hygiene students and residents to interact and volunteer with Nevada dentists in rural Nevada.**
  - i. Develop and implement innovative programs that will engage the dental workforce within dental health professional shortage areas (HPSA) and encourage dental providers, students, and residents in surrounding areas throughout Nevada to enhance dental services offered to populations living in dental health professional shortage areas. Expanded mobile dental clinics and workforce development to address oral health of dental HPSAs in Nevada.
- f. Open Medicaid dental provider panels for all dental public health providers/programs, as approved by the Nevada State Board of Dental Examiners and the DPBH through the OHP specifically recognizing the Public Health Endorsed Dental Hygienist as a Medicaid recognized provider type.**
  - i. Public Health Endorsed Dental Hygienists are a licensed provider type by the Nevada State Board of Dental Examiners. However, they are not a recognized provider type under Medicaid provider type 22 and cannot bill for services legally provided. This provider type provides much of the school based dental sealant and public health dental services throughout the state. Without reimbursement for services provided, the public health dental services provided will not be sustainable.
  - ii. Dental decay is the most prevalent chronic childhood disease, above asthma and diabetes. School-based standards need to include professionals trained to identify and treat dental disease.  
(<http://www.mychildrensteeth.org/assets/2/7/ECCstats.pdf>).



- b. Work with regulatory Boards to institute mandatory continuing education requirements for re-licensure of medical and dental licensees that focus on dental public health issues as they relate to general health and access.
- c. Integrate oral health into the Chronic Disease Prevention and Health Promotion (CDPHP) programs, which currently lack a dental health component despite evidence of oral health's importance in over-all health.
- d. Restructure State Boards to include one dental professional on the Nevada State Board of Medical Examiners and also on the Nevada State Board of Nursing; and one medical professional to the Nevada State Board of Dental Examiners.
- e. Integration of dental elements into the States University Medical schools. This would allow for basic understanding of dental conditions and health impact of poor oral health, as well as establish cross discipline integration of emerging providers.
- f. Work with state oral health coalitions and stakeholders to identify existing law or regulation that impedes access to care.

**7. Align Medicaid dental policies to NRS, resulting in enhanced utilization of preventive services and early intervention when restorative dental services are needed.**

- a. Enhance communication and collaboration between state agencies to support intent of legislature and mission of the DHCFP facilitated by the State Dental Officer.
- b. Monitor utilization for evaluation of policy effectiveness.
- c. Increase Medicaid reimbursement for preventive dental services such as sealants, fluoride varnish application, dental cleanings, and silver diamine fluoride application.