

JUSTICE IN AGING

FIGHTING SENIOR POVERTY THROUGH LAW

Improving Access to Oral Health Through Medicaid HCBS Waivers

Webinar Transcript

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Amber Christ, M...: Hi everyone, and welcome to today's webinar, Medicaid Waivers: A Vehicle for Addressing Disparities in Oral Health Outcomes for Older adults and People with Disabilities. My name is Amber Christ. I use she/her pronouns, and I am the managing director of Justice in Aging's health team. I'm joined today by my colleague, Samantha Morales, the senior policy advocate with our office. Before we get started, I have a few housekeeping items to go through.

For those of you who do not know about Justice in Aging, we are a national nonprofit, fighting senior poverty, and we do that by securing access to affordable healthcare and economic security for older adults with limited resources. We have a particular focus on advocating on behalf of those who have been marginalized and excluded from justice. Including older women, older people of color, older people with disabilities, LGBTQ, older adults and older immigrants, and those whose primary language is not English. Justice in Aging is committed to addressing the enduring harms and inequities caused by systemic racism and other forms of discrimination.

We do that in our advocacy, and in our hiring and recruitment policies for our staff and board. Just a few more housekeeping notes. All participants during this webinar will be on mute, so please use the question function on Zoom with any technical concerns you might have, or any substantive questions. You can also hit the closed captioning option on Zoom if you need that assistance. If you have problems getting on the webinar, or you get kicked off this webinar, you can email us at trainings@justiceinaging.org.

And then, after this webinar you can find this training and our past trainings on Justice in Aging's website and our resource library. And we also include a recording of this video on Justice in Aging's video web page. And then, if you are not already a part of our network, you can join by visiting our website. And up in the left-hand corner is a little button that says, "Sign up," and that's how you

can join Justice in Aging's network and get email announcements, and alerts, and all of our educational information.

All right, so now that we've gotten through that, onto the good stuff. So Justice in Aging has been engaged in advocating for better access to oral healthcare for older adults for nearly almost 10 years now. And a large part of our work has been focused on adding a dental benefit to Medicare part B. But we have also worked on improving access to oral health through Medicaid. And we also do a lot of work on Medicaid waivers, just generally in Medicaid on behalf of low income older adults.

So today our topic is kind of a combination of those topics. It's a pretty wonky topic, and we have a lot to cover. So for our agenda today, we're really hoping through this presentation to get people thinking about oral health and its impact on overall health, and how we can use current Medicaid tools to improve access to oral health for older adults and people with disabilities.

So we're going to provide a brief overview of the oral health of older adults and people with disabilities. We're going to talk about coverage options and provide a brief summary of those coverage options. We're then going to cover what barriers beyond coverage older adults and people with disabilities face. And then, Sam is going to take a deep dive into Medicaid waivers, what those are, and then how they can be used to both address gaps in coverage, but also address some of those unique barriers older adults and people with disabilities face in accessing oral healthcare.

And we're going to include some state examples of waivers that include dental today. All right, so to kick us off, we're going to take a little look at the oral health of older and disabled adults. I will note, this could be its own presentation. So just a few kind of overarching statistics around the oral health of older adults and people with disabilities.

And we see a lot of poor oral health. And that's because of disparities in access to oral health that starts early in life, and then compounds over the course of the lifetime. But also because chronic conditions and disability can impact oral health. So turning to a few statistics, about one in six older adults have root caries, and what are the root caries? This is a little like a cavity, or is kind of a cavity. It's decay, but instead of being on top of the tooth, or the side of the tooth, it's actually at the gum line or at the root because the gum has receded from the tooth, and now the root is exposed and it is subject to bacteria. And because the root isn't protected by enamel, the decay there happens a lot more quickly, and then can lead to loosening of teeth, softening of teeth, and eventually tooth loss.

So about one in six older adults are experiencing those root caries. And then 10% have severe periodontitis, and that is gum disease. And that's severe gum disease. So when gums go untreated, it eats away at the gums around the teeth,

so can lead to root caries. But it also can weaken the bone that supports the teeth, which can cause again, the teeth to loosen and eventually people lose their teeth as a result of significant gum disease.

Another kind of staggering statistic is that about 13% of older adults have complete tooth loss, so no teeth at all. And then, unfortunately, there's little data on the oral health status of adults with disabilities. The most robust data we have is with individuals with developmental disabilities. And what we see there is really high rates of oral health disease and untreated oral health disease. So individuals have ... 80% of those with developmental disabilities have gum disease, and 32% have untreated dental caries or cavities, actual cavities of the teeth that are untreated.

And of course there are significant disparities in oral healthcare based on race, income, and disability. So if we take a look at this chart, which has a lot of different bars, but some key takeaways is that white ... And this is looking at gum disease among white older adults. So this chart shows that white older adults, 54% of white older adults have gum disease. Compared to 70% of Black older adults, and 80% of Mexican American older adults. And then, from the prior slide we saw that individuals with developmental disabilities had ... About 80% had gum disease. And this is about the same amount of gum disease that we see in individuals who are smokers. And then low-income individuals, 70% of low-income individuals have gum disease. So pretty prevalent rates of gum disease among older adults across the board, but real disparities in the gum disease. We also see disparities in tooth loss.

So 15% of white older adults have complete tooth loss, compared to 31% of Black older adults, and 17% of Mexican American older adults. Just a little bit here on the data. It's slightly different than our prior slide on tooth loss because it's different years reported. Complete tooth loss has been declining over the last two decades in particular. And that's across the board, declining across populations. But the big disparities between populations still exist and are persistent. And you may also look at this slide and think about the extremely high rate of tooth loss among Black older adults, especially from the prior slide we saw that Black older adults and Mexican American older adults had pretty similar gum disease rates, which is the main reason that people have tooth loss is that gum disease. And in fact, Mexican American older adults had higher rates of gum disease.

And so, this disparity has been studied and research has shown that from 2019 that the tooth loss among Black older adults, in part, is attributable to racial bias in dentist treatment. The study found that dentists recommended tooth extraction far more frequently for Black patients instead of other kinds of treatment like root canals and restorative treatment for Black patients specifically.

So we're seeing that discrimination in the healthcare system, and oral health as we see it in other medical care. Another important piece of oral health is the impact that chronic conditions can impact. Chronic conditions impact oral health, and oral health impacts chronic conditions. So the key conditions that we see sort of this impact on is diabetes, cardiovascular disease, and most recently Alzheimer's and dementia. So for diabetes, poor oral health can exacerbate chronic diabetes and cardiovascular disease. Poor oral health also puts people at higher risk of infection.

Specifically gum disease puts you at higher risk for infection. Which, for example, for people in nursing facilities that leads to higher rates of aspiration pneumonia, for example. And then, gum disease has been linked to putting people at higher risk for developing Alzheimer's and dementia. And then, if you think about the disparities here too ... So we have disparities in access to oral health, but we also have disparities in the prevalence of these healthcare conditions, based on race, income and other demographic factors. So Black individuals, for example, are more likely to have diabetes. And Black and Hispanic individuals are more likely to develop Alzheimer's and dementia. Again, to racism and other forms of discrimination in our healthcare systems. And then the impact of this poor oral health is bidirectional. And so, what I mean by that is that diabetes and poor control of diabetes causes gum disease. And then, in turn, gum disease makes it harder to control diabetes.

So it's this really negative loop where you're not able to control your diabetes, that leads to gum disease. But the gum disease then makes it harder to control your diabetes, and things that gets worse, and worse, and worse. Similarly, with Alzheimer's and dementia, like I said, having poor oral health leads to a higher prevalence or risk for developing Alzheimer's and dementia. But then, having Alzheimer's and dementia also makes it more likely that you will develop gum disease because of the cognitive impairments that result and impact your ability to perform oral hygiene on a regular basis, or at all.

So this is why it is absolutely so essential that older adults and people with disabilities have access to oral health treatment. The impact of oral health on overall health, it can't be overstated. So I'm going to turn it over now to Sam to provide an overview of oral health coverage, the barriers older adults face and people with disabilities face that go beyond coverage, and then dig into those Medicaid waivers. So Sam, off to you.

Samantha Morale...: Thank you, Amber. Hello everyone. Thank you again for attending this important discussion on expanding oral healthcare via Medicaid waivers. So in this section of the presentation, we focus on the coverage oral healthcare via the Medicare and Medicaid programs. And [inaudible 00:12:00] please. Thank you. So in this slide we expand on Medicare's dental coverage exclusion, and the recent change that provides an opportunity. As many of you know, Medicare coverage of routine dental care is excluded by federal statute.

However, there is an exception that has provided an opening for Medicare beneficiaries to receive some dental and oral healthcare services if they meet specific criteria. In July of 2023, the Centers for Medicare and Medicaid Services or CMS, the Federal Regulatory Agency that oversees the Medicare and Medicaid programs issued guidance clarifying that payment can be made under Medicare's parts A and B when dental services are inextricably linked to the clinical success of other Medicare coverage services.

As listed here in this slide, one example of when payment may be made is when a Medicare beneficiary is diagnosed with cancer and is receiving chemotherapy or other cancer related treatments. So what about Medicare advantage and dental benefits as supplemental benefits? As many of you know, the majority of Medicare beneficiaries who receive dental coverage, receive it via a Medicare advantage or MA plan as a supplemental benefit. According to Kaiser Family Foundation, in 2021, 94% of individuals enrolled in MA plans had some form of dental.

It is important to note that these supplemental dental benefits offered via Medicare advantage plans can vary in terms of the services covered and also in terms of the cost to Medicare beneficiaries. Some can offer very basic coverage such as periodic cleanings per year, while others can offer much more robust dental coverage, with added costs, again, or with plans with higher monthly premiums.

So it is also important to highlight that Medicare Advantage plans' supplemental dental benefits are not comprehensive, and can vary from year to year within the same plan. So while a large number of Medicare beneficiaries receive some type of dental coverage, Kaiser Family Foundation cites about 47% or 24 million individuals, including elders and people living with a disability, will continue to go without any form of dental coverage or access to oral healthcare.

The large number of older adults and people living with disabilities enrolled in the Medicare program without dental coverage is an indicator of the coverage gap that currently persists in the Medicare program without a comprehensive dental benefit. We know that the most vulnerable communities who cannot afford a visit to the dentist go without treatment and wait to receive oral healthcare. Next slide please.

So given the limitations of Medicare coverage for low income older adults and people living with a disability, the state Medicaid program can be an avenue to receive access to some dental services and oral healthcare. As we state in this slide, adult dental benefits via Medicaid is an optional benefit, which results in wide variations across the country in terms of coverage and benefits. According to CareQuest Institute for Oral Health, Texas and Alabama are the only states without adult dental benefits through their Medicaid program.

It is important to note that Virginia includes some coverage but narrow in scope. There are seven states, plus D.C., that offer extensive dental coverage such as silver diamine fluoride treatment, prosthodontics services that include dentures, complete dentures and partial dentures, periodontal and surgical procedures. The good news is that in 2023, 10 states expanded their Medicaid adult dental coverage. An important takeaway to uplift here is that even when people are enrolled in their state Medicaid programs, there are gaps and barriers that persist that affect accessing oral healthcare coverage.

Next slide please. So in this section of the presentation, we will review the barriers to oral healthcare that affects many people in underserved and limited income communities, including older adults and people living with disabilities. So multiple experts and policy analysts, including at CareQuest, Kaiser Family Foundation, and the National Institute of Health have documented historic barriers to oral healthcare access, which were exacerbated of course during the public health emergency.

In this slide, we summarize a few of these historic barriers that many underserved and marginalized communities face in terms of access to dental services and oral healthcare. In terms of the inaccessibility of care, for many older adults and people with disabilities, including those residing in the community or an institutional setting such as nursing homes, access to transportation is an issue making dental offices inaccessible, especially in rural communities. Without other options, such as mobile clinics, or teledentistry, telehealth services, we know people simply go without care.

In terms of insufficient time for care, many older adults and people living with a disability have complex health histories with multiple comorbidities, and taking multiple medications which require complex dental treatment planning. This can take time, and without hands-on training for dentists, an older adult person or a person living with a disability seeking care may make a general dentist uncomfortable and reluctant to accept this patient in their private practice.

In terms of insufficient supports of care, many hospital settings do not provide a space to sedate and treat patients with complex oral health needs. In addition, many older adults and people living with a disability lack the support with routine oral hygiene. Without trained support to assist with activities of daily living, oral hygiene may be difficult or impossible for older adults and people living with a disability to do on their own. Lastly, in terms of inadequate training, in a 2022 document entitled Delta Dental Senior Oral Health Report: Older Americans, Oral Care, Regrets, Barriers and Impact, Delta Dental cites 46% of older adults age 50 and older of not going to the dentist either due to fear, or because they simply do not like going to the dentist. So really this isn't surprising when we consider ageism and the lack of provider training and cultural competency, geriatric dentistry, or experience working with people with disabilities. Next slide please.

So if Medicare is limited in its coverage of dental services, and oral healthcare and Medicaid adult dental is an optional benefit, what opportunities do Medicaid waivers provide? So in this section of the presentation, we take a closer look at Medicaid waivers as a means to expand oral healthcare coverage and access. Next slide please. So what are Medicaid waivers? As we state in this slide, waivers provides states with the flexibility to waive certain federal requirements, or serve specific populations. In this section of the training, we will focus on three types of Medicaid waivers, the 1915(c), also known as the Home and Community Based waivers, the 1115, referred to as demonstration waivers. These types of waivers allow states to test new approaches to delivering care to their Medicaid populations. And lastly, the 1915(b). These are waivers focused on Medicaid managed care delivery systems. Next slide please.

So as many of you know, Home and Community Based Services, also known by the acronym HCBS are types of person-centered care delivered in the home and community. So a variety of health and human services can be provided. So HCBS programs address the needs of people with functional limitations who need assistance with everyday activities like getting dressed or bathing. Like adult dental coverage, states are not required to cover HCBS in their Medicaid programs.

However, unlike adult dental, all states do cover HCBS. So HCBS are often designed to enable people to stay in their homes rather than moving to a facility for care care. The purpose of 1915(c) waivers is to support eligible populations to stay in their homes, in the community, and out of institutions. The 1915(c) waiver authority is one means that a state can use to offer HCBS to their Medicaid populations. So in order to be eligible for the 1915(c) waiver programs, individuals must have significant healthcare needs and require assistance with daily living activities at a nursing facility level of care.

The 1915(c) waivers serve specific populations of older adults and people living with a disability. For example, common 1915(c) waivers serve older adults with Alzheimer's and dementia, people with developmental disabilities of all ages, adults with physical disabilities, and people with traumatic brain injury. Benefits under these waivers include services such as personal care, providing help with bathing, with dressing, and with eating, homemaker and chore services, home modifications, adult day services, assisted living, durable medical equipment, respite and case management services.

As we explore with dental services and oral healthcare coverage in state waiver examples, many 1915(c) waivers can go above and beyond what is offered by the state Medicaid plan. According to Kaiser Family Foundation, in fiscal year 2020, there were over 255 1915(c) waivers. And as we know, here, all states except for Arizona, New Jersey, Rhode Island and Vermont have 1915(c) waivers. And now we can go on to the next slide.

Thank you. Okay, so here we have 1115, we have the 1115 waiver. So how is the 1115 waiver different than the 1915(c) waiver that we just reviewed? So the 1115 demonstration waiver allows states to test new approaches to delivering care to their Medicaid populations. States use the 1115 waiver authority to implement creative and expansive changes in their Medicaid programs, including changes to eligibility, to benefits, and how care is delivered.

So while the 1915(c) waivers focus on HCBS services and target specific populations of older adults and people living with disabilities, that 1115 waivers are more expansive in terms of the services provided, and the targeting of specific populations such as, for example, individuals leaving incarceration or those experiencing homelessness, and can function to increase financial eligibility criteria for targeted populations. So as we note in this slide, recent 1115 waivers have focused on housing supports and re-entry services.

So the takeaway point here that is important to uplift is that 1115 waivers provide endless possibilities that states can use to be creative and expand coverage beyond what is offered by Medicaid state plans. In the next slides, I will provide state specific examples of 1115 and 1915(c) waivers.

Next slide please. Thank you. So in states with minimal or less extensive dental and oral healthcare coverage, waivers can be a way to, number one, get coverage for individuals with high healthcare needs, and build the evidence for expansion to additional populations. So here we'll uplift a few state examples of 1915(c) and 1115 waivers that provide some dental and oral healthcare services to specific populations. So in terms of assessment for services that includes oral health, the Washington State COPES 1915(c) waiver is an important one to highlight. The population served under this waiver includes individuals 65 and over with no maximum age limit, and individuals with physical and/or physical and other disabilities ages 18 to 64 years.

The benefits under this waiver includes, for example ... Although there is no dental benefit, it is important to uplift the state's incorporation of oral health status as part of the assessment that case managers must conduct as part of the participant-centered service plan. In addition, the inclusion of oral hygiene in the description of personal care services, for example, we have two examples that are important to uplift. Number one, the New Mexico Centennial Care 2.0 1115 waiver serves a population that includes individuals that are in the age blind and disabled category, also known as ABD.

The benefit includes assistance with oral hygiene as part of the services provided under home health and respite care. In addition, the Utah waiver for individuals age 65 or older, the 1915(c) waiver, serves a population of older adults who are duly eligible requiring a nursing facility level of care. The benefits covered under this waiver include respite care services that includes assistance with oral hygiene including tooth and denture care.

Lastly, I would like to highlight two additional waivers, two state waivers, that really go above and beyond the state Medicaid plans. For example, the Florida Familial Dysautonomia waiver serves a population who medically fragile ages three to 64 years who will be at a hospital level of care. The benefits covered include dental treatments and procedures that are not otherwise covered by the state Medicaid plan, or services covered under the participant's Medicaid managed care dental plan. Adult dental services include diagnostic, preventive and restorative treatment and endotics, periodontal and surgical procedures.

In addition, I would like to also highlight the California Advancing and Innovating Medi-Cal CalAIM 1115 waiver. The population served under CalAIM includes children ages zero to six and persons with underlining conditions that make it unlikely that non-restorative treatment will be successful, including residents in a skilled nursing facility, and individuals with intellectual and developmental disabilities.

Under this waiver, the state of California covers silver diamine fluoride, also known as SDF, treatment, which is currently not covered under the state Medicaid plan. SDF is used to prevent tooth cavities from and spreading. Next slide please.

So in this slide we include a few additional state examples of 1915(c) and 1115 waivers that uplift important benefits related to dental services and oral healthcare. In terms of anesthesia services, for example, the Kansas Home and Community Based Services for the Frail and Elderly 1915(c) waiver is also important to uplift. The population served under this waiver are individuals who are 65 and older who require a nursing facility level of care, and who are duly eligible for Medicare and Medicaid programs, and who meet state residency requirements.

The benefits as part of this waiver include oral health services, including dental procedures such as diagnostic, prophylactic, restorative, and allow for the purchase and adjustments and repair or dentures. Anesthesia is also part of these services. The Montana Waiver for Additional Services and Populations 1115 waiver serves a population under the category age blind and disabled. The benefits under this waiver is unlimited dental services above the state's plan's current 1,125 dental services annual limit to target populations.

The ABD population receives additional dental treatment services above the dental treatment services annual cap outline in the Medicaid State plan. And that includes anesthesia services as well. Finally, we do want to highlight California again with the CalAIM 1115 waiver here, as it covers a diverse population, as I noted earlier in the previous slide, including beneficiaries who are in the age blind or disabled category. Benefits in addition to the silver diamine fluoride or SDF treatment that I reviewed previously, the CalAIM waiver also covers other adult and pediatric oral health services including dental

varnishing, oral health education and other prevention services provided by dental hygienist and dental telehealth for uninsured.

The demonstration also allows for incentive payments for dental services. Now lastly, the Washington State Transformation Project 1115 waiver is important to highlight. The population served under this waiver covers a diverse population including all individuals who are currently eligible under the state's Medicaid plans. The benefits, participating organizations have the option of providing oral health screening and assessment, intervention, and referral in the primary care setting or through the deployment of mobile clinics and/or portable equipment. According to the state's application for this demonstration, the project goals include integrating oral healthcare into the primary care setting and mobile dental care. So the project seeks to leverage the primary care workforce and to strengthen relationships between primary care and dental providers through stronger referral networks, improved communications and shared incentives. Next slide please.

The 1915(c)(b) waiver is specific to managed care and permit states to waive freedom of choice and require its Medicaid populations to enroll in a health plan. So states also use the 1915(b) waiver to offer specific benefits only to managed care enrollees and to limit the providers the state contracts with to deliver specific benefits. In terms of eligibility, similar to 1115 waivers, the 1915(b) waivers can require target populations such as Medicare and Medicaid duly eligible individuals to mandatory enrollment in managed care. The 1915(b) waivers offer benefits through managed care only that is not offered in the Medicaid state plans. In the next slide, I will review two examples of 1915(b) waivers and uplift the services offered related to dental and oral healthcare. Next slide please.

So in this slide we have two examples of 1915(b) waivers to uplift in terms of the expansion and state requirements that ensure access to oral healthcare. Now, number one, the Michigan Comprehensive Healthcare Program 1915(b) waiver is important to uplift here. In April of 2023, the Michigan Department of Health and Human Services implemented a dental redesign that resulted in an expansion of oral healthcare access. The populations covered here include people ... It's a broad range of populations including the age blind and disabled categories. In terms of the benefits covered, dental benefits are now carved into a managed care and offered to Medicaid enrollees, ages 21 and over who are enrolled in a health plan.

Dental services via this waiver include oral surgery, for example. Now number, two, the Utah Choice of Dental Care Delivery Program. 1915(b) waiver serves a target population that includes blind, disabled children and related populations under the age of 18 for Medicaid due to blindness or disability, and other categories including poverty level, pregnant women, and high risk pregnant women.

These folks are required to enroll in a dental prepaid ambulatory health plan, also known as a PAHP for its acronym. The benefits covered as part of this waiver includes, for example, that the state requires contracted dental plans to ensure the delivery of dental benefits to target populations. So for example, the state requires contracted dental plans to, number one, implement a mechanism to ensure direct access to specialists. Number two, dental plans are mandated to implement policies and procedures to ensure continuity and coordination of overall oral healthcare for all enrollees.

Number three, these plans are required to implement a mechanism to ensure that each enrollee has an ongoing source of primary dental care. And number four, these dental plans must include case management programs that meet specific criteria. So it is important to note that along with independent monitors, the state of Utah will also track demographic data to assess access to care, health disparities and dental plan provider network access. And with that I turn it back to Amber.

Amber Christ, M...:

Great, thanks Sam. Before I dig in on how to advocate for oral health and Medicaid waivers, I wanted to just add on to some of the things that Sam was talking about. So she uplifted a number of examples of waivers that exist today that have dental benefits in them, or some sort of dental services and supports. Sometimes coverage, and sometimes like assistance with oral hygiene for example. In addition to that, the way that these waivers can also be used is as a means of expanding coverage in states that have very little coverage.

So for example, Maryland had a waiver that allowed them to provide oral healthcare coverage to individuals who are dually eligible for Medicare and Medicaid. And from that waiver that targeted a specific population with specific benefits, advocates were able to build off of that and get actually a much more comprehensive adult dental benefit for its entire adult Medicaid population.

Similarly, in Kansas we saw something like that happen as well where most of the ... The state didn't offer any adult dental benefits except through a very limited 1915(c) waiver for specifically individuals 65 and over with skilled nursing facility level of care needs through their 1915(c) waiver for that population. So it built the evidence that oral health is necessary for everybody's wellbeing. And so, these waivers that kind of target specific populations, especially the 1915(c) waivers or 1115 waivers that target specific populations can be used to build that evidence and case for expanding dental coverage beyond that targeted population or that targeted service. I'll give one more example of that. The California silver diamine fluoride coverage that Sam mentioned is through an 1115 waiver, and right now it's targeted to children ages zero to six, and then individuals who other restorative treatment might not work for.

So specifically nursing facility residents and residents living in intermediate care facilities for the developmentally disabled. The goal though with that is that

ultimately we would get silver diamine fluoride, which is a really effective fluoride treatment and prevention to the entire adult Medicaid population and to children as well. So these waivers can be both a way to fill in gaps, but also a way to build a case to expand coverage more broadly to the entire population. So how do you advocate on these?

So each of the waivers that a state pursues, so your Medicaid agency and your state is pursuing ... And let me just back up a second. So you have under federal law, Medicaid requires the state to cover certain benefits, hospital visits and care in a nursing facility. And as Sam noted, adult dental is an optional benefit, and HCBS is an optional benefit.

So a lot of these things come up where states are making these decisions about, "Oh, we can be expanding coverage in all of these different ways," and what decisions the state makes sometimes happens in a vacuum without any input. But that's where we all can come in and say, "No, here we are. These are the things that should go in these waivers." And it can be more than obviously just oral health. These waivers are really broad in some instances with the 1115 waiver, and with the 1915(c) waiver, very narrow with regard to just Home and Community Based Services. But what we should be thinking about, again, is how do we get oral health into these waivers? So we should be taking the opportunity during the public commenting periods for these waivers to push for oral health inclusion.

And not only during these commenting opportunities, but also there's no reason not to be reaching out to your Medicaid agency and having these discussions before a new waiver happens, or in instances where a waiver is going to get renewed, having these conversations beforehand. But at a minimum we should be weighing in during those commenting periods.

And those differ depending on the type of waiver. So for the 1915(c) waivers, they're typically renewed on a three to five year period. I remember Sam noted some of those 1915(c) waivers. They have really funky names a lot of times, and it's not always clear that they're even related to the Medicaid program. But if you're following this, you'll see ... You'll learn the names of the waivers and then what populations they're serving.

But those are being renewed on a three to five year basis, and the state has to seek public comment before submitting to the centers for Medicare and Medicaid service, those waiver applications. So they have to get that public commenting, public input before they submit that application to CMS. With the 1115 waiver, those are typically renewed on a five-year basis, possibly on a three-year basis, after the first five years. And sometimes longer, we've seen 1115 waivers ... CMS has some exceptions to how long they're renewing these waivers.

But the good thing about the 1115 waiver process is you actually get two bites at the apple during the public commenting process. The state has to allow you to comment, requires a state to seek feedback before the application is submitted to CMS. And there's also public hearings that have to be held. And so, that's an opportunity to comment. And then again, once the application is submitted to CMS, you have an opportunity to, again, to weigh in on the 1115 waiver at the federal level directly with the centers for Medicare and Medicaid services.

So two bites at the apple with the 1115 waiver. And then the 1915(b) waiver, again, they have to require public comment before submission to CMS, and they're typically renewed every two years. So again, it's really important to be signed up and tracking these waiver application and renewal opportunities, and commenting when they're out. Again, and in the interim, you can be talking to your Medicaid agency, and disability, and aging agencies in your state about the gaps in oral health coverage, and how waivers can help to address some of these gaps so that the state might include it on their own when these opportunities arise.

So the key takeaway here is that oral health should be considered in the development and renewal of any Medicaid waiver. We should be just thinking about oral health and any opportunity in a waiver to be addressing gaps in coverage, and also addressing those barriers and access that we see that are specific to certain populations like older adults and people with disabilities. So I'm going to open it up now to some questions. Well first, let me just end on the slide with the resources.

So we included two resources here on our Medicare advocacy, adding a dental benefit to Medicare, adjusting racial disparities. And then adding a dental benefits to Medicare, addressing oral health inequity based on disability. Following the conclusion of this webinar, about a week from now, so not next week, but the following week, we will be sending out a paper with sort of this discussion that we've had here today, an overview of Medicaid waivers.

In addition, there will be an appendix with that paper that will include an overview of all the waivers 1115, 1915(b) and 1915(c), that includes some form of dental for older adults and people with disabilities. So I know that there's a question in the chat about how many waivers include sedation for people with disabilities as part of their waiver. And that appendix will have that information for you. Off the top of my head, I kind of think it's just one.

So that's a really good example of an opportunity for a waiver to address a really big gap we know that exists. That we know a lot of people with a cognitive impairment like Alzheimer's dementia, Parkinson's, Huntington's or with a developmental or intellectual disability really do require sedation in order to receive any type of oral health service, because of how invasive it is and how anxiety producing it is.

And so, the waivers are a perfect opportunity to think through how we might provide sedation to those target populations. Because we know that that's such a big barrier right now to accessing oral healthcare for those populations. So I'm going to have Sam come back on, and I'm going to take a look back through these questions and see what we can answer live here before we end.

All right, here's a good one, Sam, from Emmy. I think. "They currently provide dental care to residents at a long-term care facility, and daily oral hygiene is provided at these facilities. It's basically non-existent if the resident isn't able to brush their own teeth. How can waivers be used to incentivize facilities to provide daily oral hygiene?" Which is such a great question. And we're working on a project right now in California to improve access to oral healthcare at nursing facilities. So Sam, you want to take the first shot? I can too. I can too. You want me to ...

Samantha Morale...: Sure. I mean, yes, Amber, I think I would appreciate your assistance with this one.

Amber Christ, M...: Yeah, yeah, you bet. I think the 1115 is ... Or a 1915(b). The 1915(c) waivers are specific to Home and Community Based Services. So don't touch nursing facilities. But you could think in an 1115 or a 1915(b), if you're a managed care state that has long-term care carved into managed care, you could think through a number of ways to incentivize nursing facilities to carry out the oral hygiene responsibilities are actually required to carry out under federal law.

Federal law requires nursing facilities to provide that oral hygiene on a daily basis, regardless of a person's ability to do so. But you could see an 1115 having something around outcomes in facilities or incentives for documenting that oral hygiene has been provided to all residents in a managed care context. You could see this getting worked into the care planning process. So there's just, again, I'm trying to ... And Sam said this, there's endless ways to think about how to do this, and what would be the most effective in incentivizing the facilities to carry out these roles.

Other things could be like making sure in the 1115 there could be a whole dental transformation, a lot of the 1115 [inaudible 00:47:45] transformation initiatives. Or there's a 1915(b) that's like that too, where you could have just key focus populations like nursing facilities, people who might not be able to leave their homes easily. So these target populations. And for nursing facilities, you could also see something around training of nursing aides to have better oral hygiene training.

So there's just a bunch of things that could happen there. So, yeah, and I think we also kind of want to open it up to you all to be thinking about ... This is the start of a conversation. So we want people to be thinking creatively, and then coming back to us and letting us know, "This is what we're thinking about to include in our waivers." Because even though there are a lot of waivers that

include oral health in some way, it's pretty minimal. A lot of states are maybe saying oral hygiene specifically should be provided by a personal care attendant in the home and community-based setting. That seems like a ... So baseline, right? Every waiver should say that. And then where can we go beyond that? And I think it's just a real opportunity for us to be thinking creatively about how to do that. So yeah, I really appreciate that question.

I'm looking at some additional ... I flagged some and then others came in, so let me take a look here. Yeah, Audrey had a question about what other benefits can states include in these waivers that specifically address unique needs of adults with disabilities? Yeah, I was thinking ... And Sam mentioned one of these. If we go back to that barrier slide ... Actually, I will go back to that barrier slide. Because I think that's a really good place to start, is you could think about a waiver, for example, including extra time for dentists, to an extra reimbursement for dentists to serve or the entire ... Like not just dentists, but thinking holistically about the oral health profession. Extra time to render services.

I think there's a waiver that includes making sure that a personal care attendant is able to travel with an individual to a dental appointment. Typically, that's already covered under Medicaid, but it's really important sometimes just to be really explicit, like having that personal care attendant be able to go to an oral health appointment.

So there's sort of these things for reimbursement for extra time. There's the cultural competency training. Really, the sky is the limit, if we think about some of these barriers and what could be included here. You could think about mobile clinics, that the waivers would make sure that mobile clinics are available for specific populations. And ideally that would go out beyond just target populations. But for thinking about barriers to care, obviously, having a disability creates a specific barrier to going to a lot of appointments, specifically out of the home or in the community if you're living in a nursing facility.

But also, that's the case for people living in rural areas. It's the case for marginalized communities living in dental deserts. So we just want to make sure that we're thinking kind of holistically and with equity, kind of centering these waiver ideas. Like, what can we include in here to really address those disparities we see across the board? Yeah. Sam, you have anything you want to add there?

Samantha Morale...: Well, I think everything that you mentioned, Amber, and just to add in terms of the research that we've been discussing internally. Transportation and just adding, facilitating transportation access for underserved populations, folks ... Not just those who are living in institutional settings as you mentioned, but folks in rural communities is something that is also an interesting example that can be woven into these waivers as well in terms of access to oral healthcare. And also, this idea of perhaps ... I think I mentioned this of course with one of the waivers,

I think it was the Washington COPES waiver, weaving in oral healthcare with medical care, and having access to some of these services in medical settings as well as something that can be explored with these waivers as well. That is important.

Amber Christ, M...:

Yeah. Our coverage of application of silver diamine fluoride by your medical doctor in addition to your oral health providers. Just sort of thinking through those integration pieces, I think is so critical. Because it is so hard for these populations to have to go to multiple places to receive care. So how can we start to better integrate in terms of co-location of services. But also thinking about how we're integrating in terms of those providers talking to each other. The fact that oral health ... So we know how much it impacts overall health and vice versa. That it's really important for those different providers to be talking to each other. And these waivers can be an opportunity to build that. And I see some questions about how to do things or where to find things. There's a question about, I think in New Hampshire ... I'm not sure if that's about adult dental or the waivers, but New Hampshire did just put in place an expanded adult dental benefit that went into effect in 2023.

But I want to point people who don't know where their adult dental benefits are right now in their state, because a lot of states have expanded, they change over time. The CareQuest dental checker ... Adult Medicaid dental checker online has a pretty up-to-date map of where states are in terms of their coverage. And then, for states that have expanded after they've created that map, they've got Hawaii, and Maryland, and New Hampshire.

They have state breakouts of those newer states that have expanded. So I really recommend going to the CareQuest Medicaid dental checker. And then we had a question too about how do we find out about waiver commenting periods? And that is a great question. And I'm going to talk really broadly because every state is different. Every state Medicaid agency operates differently. But I would start at your state Medicaid agency and their web page and signing up for their alerts.

And specifically, I would look on their website for their 1115 waiver, and then where there's a sign-up opportunity about their 1115 waiver. I would do the same for their 1915(c) waivers. Sometimes, depending on the state, you might only get notice about if you sign up for a state's ... I don't know, I'll give a California example, Medicare, the Home and Community Based Alternatives waiver. You might just sign up for that one waiver and only get notices about that even though California operates like many other 1915(c) waivers.

So you just want to make sure that you're signing up for all of those things. 1915(b) is going to be similar to 1115 in signing up. But it is going to vary from state to state, but that's the best way. And then, if you have a relationship with your Medicaid agency, I think through stakeholder meetings that they might be

convening, that's another opportunity just to ask and inquire where they are in their waiver renewal processes on these three different types of waivers.

Let me see if we have maybe one more time, one more question. There's sort of a foundational question here about these waivers that I want to make sure that we've communicated clearly. So every state, or most states offers some sort of Home and Community Based Service waiver. There are a few states that they offer home and community based services, or 1915(c) I should say, Home and Community Based Service waiver. There are a few states that do not do that, and that was listed back on that slide.

But how people ... This is kind of a difficult thing to explain because each waiver typically has its own eligibility. So it's within Medicaid, so you have to be eligible for Medicaid, but that waiver itself will have its own eligibility guidelines including what population is served. And it may even have a wait list or be capped. And so your ability, an individual's ability to get into that waiver is dictated by that eligibility criteria.

And then, once you're in that waiver, the scope of services available under that waiver differs waiver to waiver. And like we were saying, oral health is pretty minimal in most of these waivers. So even if you're in a waiver, you may not have any access to any type of oral health, either coverage or additional coverage that you wouldn't get under Medicaid generally. Or any of the help with oral hygiene for example. Or another waiver has a really great ... Another great example is modified oral hygiene products that make it easier for people who might have some sort of physical impairment or difficulty brushing. There are modified oral hygiene products that can be included in waivers. So another just example of what these waivers can do. But that has to be included in the waiver, and that typically means somebody's been thinking about oral health a little bit, or we need to be telling them that they need to be including these types of things in the oral health waivers.

So I just want to make sure people understand that getting into a waiver is not always for sure. You might be on a wait list. And Sam had noted for the HCBS waivers specifically you have to have a nursing facility level of care to get these to be in a waiver and receive these additional services. And the point of that is, the idea is that you kind of have the same care needs as you would in a nursing facility, but you want to remain living at home. And so what can we provide you in the home setting to ensure that you're not going to have to go into a nursing facility so that you have the same level of care needs. I hope that helped. This is complicated because we're talking about a bunch of different things all in one thing. Sam, did you have anything you wanted to add before we close out?

Samantha Morale...: I so appreciate these questions. I think this was a very important discussion. In terms of this piece of getting oral healthcare back into this discussion of overall healthcare and the impacts on older adults and people living with disabilities. So

I really do appreciate all of your attention, and you being here, and just the thoughtful questions that you've been asking. Thank you so much.

Amber Christ, M...:

Yeah, and thanks Sam. We will follow up on the questions we didn't get to during the presentation offline. And like I noted this presentation, the slides, and the recording will be on our website. And in about a week or so, you will see the paper on this topic come out with that appendix of the waivers that have dental services in them today. And I hope that's a valuable resource. But always feel free to reach out to us. I've included Sam's email address here, so if you have specific questions, you can reach out to us. Really appreciate everyone being here today. Take care.