

RE-THINKING DENTAL CARE FOR ADULTS WITH DEVELOPMENTAL
DISABILITIES:

A PROPOSAL TO FUND PRIVATE DENTAL INSURANCE FOR LOW INCOME
ADULTS IN UNDERSERVED AREAS OF FLORIDA

Submitted to: Florida Statewide Quality Council

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GRANT REQUEST

Project Title: Re-Thinking Dental Care for Adults with Developmental Disabilities: A Proposal to Fund Private Dental Insurance for Low Income Adults in Underserved Areas of Florida

Project Summary: The Health Care Workgroup of the Florida Statewide Quality Council seeks grant funding to pay dental insurance premiums for two years for up to 200 low income developmentally disabled adults who reside in rural areas of Florida. Individuals will participate in annual health care satisfaction surveys and report their dental treatment and costs. The project seeks to demonstrate cost savings to the state and better health outcomes for adults with regular access to dental care using the private health care market place.

Time Frame: 2 year project January 1, 2015 – December 31, 2017

Requested Annual Funds: \$132,000

STATEMENT OF THE PROBLEM

Traditionally Florida has provided for dental care for persons with developmental disabilities through a combination of Medicaid and Medicaid Waiver funds. The state assumed the role of providing funds for treatment, because of the difficulties persons with these disabilities have had in obtaining dental insurance, and in paying for services without insurance.

The state also assumed this role because of the connection long recognized between adequate dental care and good health. Poor dental care has been linked to a host of problems including increased infections, heart disease, strokes, diabetes, respiratory illnesses and digestive problems.⁽¹⁾ In 2003 the US Surgeon General stated that oral health is essential to the general health and well-being of Americans. ⁽²⁾

Two barriers made the state's role pivotal. Initially, the ability of insurance companies to use pre-existing conditions to preclude coverage made the health complications of those with developmental disabilities a barrier many could not cross. For those who could surmount that barrier a second one stopped them. According to the US Department of Health and Human Services 62.6% of adults with developmental disabilities are on Federal Supplemental Security Income, (SSI), payments of \$721 per month, (\$8,652 annually), and are by definition at or below the 2014 Federal poverty

level of \$11,670. (3) Thus, for those who could get dental coverage monthly premiums of \$50 or more made this an impossibility and therefore they have had to rely on the state as well.

The adoption of the Affordable Care Act of 2010 has changed this picture. No longer can persons be turned down for insurance due to pre-existing health conditions ending that barrier; however the second barrier of below poverty level income remains.

Under the current system Florida's Medicaid Waiver and Medicaid programs directly pays providers creating in essence a second, artificial public market place. As will be shown later the lack of access to Medicaid and Medicaid Waiver dental providers found in more rural areas increases the complications.

Recognizing the inefficiencies and challenges of this treatment model the Health Care workgroup of the Florida Statewide Quality Council is proposing a pilot project using foundation funds be used to cover dental insurance premiums for up to 200 developmentally disabled adults who reside in more rural areas and whose income falls below the Federal poverty threshold. The individuals in the project will participate in annual health care satisfaction surveys and will report their explanation of benefits tallying treatments obtained and costs. The intent is to demonstrate greater dental care access, with corresponding health care benefits, using the private dental insurance market place.

STATEMENT OF NEED

As previously indicated persons with developmental disabilities have had difficulties in accessing the primary healthcare market places because of a wide range of pre-existing health problems. While Florida has in place a wide range of services for those under 21 through the state's Medicaid program, those services decrease after the person's twenty first birthday.

The Florida Home and Community Based Services Waiver, (HCBS), was developed in 1992 to help cover those deficiencies. Today the Waiver, as it is commonly known, provides services to over 32,000 adults and children. The need though is much greater with over 20,000 adults and children currently on the waiting list for services. (4) Through the efforts of the governor and the legislature 1,500 adults and children were moved off the wait list in the past year. Because of the economic difficulties of the last recession Florida had been moving less than 250 persons off the list in each of the previous five years. The governor has proposed moving an additional 1,200 persons in fiscal year 2014/15. (5)

While those efforts are sincerely appreciated it must be recognized that persons with developmental disabilities, and their families as appropriate, still have responsibility for their own health.

Private dental insurance premiums are not affordable for this population

The additional economic barrier, where we have seen that 62.6% of adults with developmental disabilities receive no more than \$721 per month in income, place them at only 75% of what is considered to be a poverty level income. This makes insurance premiums for a \$5/month gold dental insurance plan simply out of reach.

When we look further at the existing public market place for dental care we see additional complications.

Access to dental care varies widely by geographic area of state

Delmarva Foundation found that in Florida in 2010 access to health and dental care was limited if the person with a developmental disability lived in a more rural versus a more urban area. Comparing the more rural northwestern section of the state in the Florida panhandle versus the very urban southeastern part of the state we find that persons in the more rural areas are 63% more likely to identify they are having problems with their teeth than their urban counterparts. (6)

Additionally it was shown that 71% of those persons in the northwestern section of the panhandle had seen a dentist. What the Delmarva data did not show was the difficulties those who made it to the dentist experienced in actually getting to a dentist in the public market place.

Access to dental care varies widely between public and private payors

An examination of available dentists who accept public funds within the 10 most western counties in the state shows: (7)

- 1 dentist who accepts Medicaid for adults.
- 4 dentists who accept Medicaid Waiver funds for adults.

An examination of the first, private market place shows:

- 167 dentists within the same counties who accept private health insurance.

For those adults receiving dental care from the 4 Medicaid Waiver dentists the state pays an average of \$189 for getting a cavity filled, \$235 for an examination plus cleaning, and over \$2,000 for treatment that requires sleep sedation, a service often needed for persons with developmental disabilities.

The average cost of a gold level dental plan through the private market place costs \$50 per month.

While the public market place delivery system is extremely important the fact remains that over 20,000 adults and children remain on the waiting list for services in Florida. To move greater numbers of those persons off that list it is incumbent on all stakeholders to rethink how care is delivered, and how those costs are paid for in the end. The dental health care initiative of the Florida Statewide Quality Council workgroup provides one such response.

PROJECT DESCRIPTION

The Quality Council dental health care proposal focuses on returning actual service delivery and payment back where it belongs, in the private market place. The proposal is to move up to 200 adults with developmental disabilities within the 10 most western counties in the Florida whose income is at or below \$827 per month placing them at or below 85% of the 2014 Federal poverty threshold from the public market place into the private market place.

Utilizing private dental plans, costing no more than \$50 per month, the annual cost will be \$120,000 per year. An additional 10%, or \$12,000, will be needed for program administration bringing the total to \$132,000 per year.

Program participants will be identified through the state's ABC system which tracks demographic information for adults and children with developmental disabilities and who are served by the Agency for Persons with Disabilities. Participants will be limited to adults who are older than 21, currently served by the HCBS Waiver, meet the income limit of \$827 per month, and who reside in one of the 10 most western counties in the state.

Program participants will be enrolled through their state Medicaid Waiver support coordinator, a case management service that each person has once they are on the Waiver. Program participants will agree to take part in annual surveys including: a pre-program survey on dental needs and satisfaction, and an annual post-program survey on dental needs and satisfaction. Program participants, through their Waiver Support Coordinator, will turn over all explanation of benefit forms received by their dental carrier. Participants will assume all co-payments.

Project Budget

Project Stages and Costs

1. Identification of Participants (ABC data search)	\$In Kind
2. Participant Enrollment & Tracking (Support Coordinators)	\$In Kind
3. Annual Satisfaction Survey Development (Quality Council develop)	\$In Kind
4. Monthly Premiums (200 x \$50 x 12 months)	\$120,000
5. Project Management	\$3,000
6. Cost Analysis	\$3,000
7. Health and Welfare Analysis	\$4,000
8. Project Impact Report Preparation & Delivery	\$2,000
Total Project Annual Cost	\$132,000

PROJECT GOALS

1. Identify existing dental health care needs for up to 200 program participants in areas under-served by the public market place.
2. Annually compile and review all dental work obtained for the program participants obtained through the private market place.
3. Identify all costs which would have had to be assumed by the State if the program participants had used the public dental market place.
4. Increase individual responsibility for dental care needs through participants having to assume co-payment responsibility. Currently the public market place does not require co-payments if the person utilizes a Medicaid Waiver dental provider.
5. Evaluate impact of having dental insurance and services on overall health and well-being.

The original goal of moving children and adults with developmental disabilities out of public institutions was to ensure people experienced the dignity of community based care. By moving them people of large, sterile environments we, as a society are saying that we recognize the value each brings to the greater community.

The dental initiative of the healthcare workgroup of the Quality Council furthers this original goal by moving dental care out of the public domain and integrates it where it belongs, in the private market place.

References:

- (1). Windsor Essex Health Unit.org. January 2, 2006.
- (2). US Surgeon General HHS, 2003.
- (3). HHS annual statistics, January 2014.
- (4). APD Cares.org. January 29, 2014.
- (5). Ibid.
- (6). Delmarva Foundation.org. May 2013.
- (7). APD Cares.org. January 29, 2014.