

Recommendation 6: IMPROVE ACCESS TO CARE BY ASSURING ADEQUATE STATEWIDE, PUBLICLY FOCUSED INFRASTRUCTURE AND SUPPORT PROGRAMS.

Champions: Nova Southeastern School of Dental Medicine / Agency for Health Care Administration

R6	Strategy/Objective/Action Step	Target Date	Responsible Entity	Comments
R6 S1	Strategy 1: Promote improvement of the Medicaid Dental program.			
R6 S1 O1	Objective 1: Improve reimbursement rates to at least 75% of reasonable and customary fees.			
	Action Steps			
R6 S1 O1 Aa	a) Establish baseline reasonable and customary fees.			
R6 S1 O1 Ab	b) Research other states that have increased reimbursement rates.			
R6 S1 O1 Ac	c) Develop Legislative Budget Request (LBR) for increased reimbursement rates.			
R6 S1 O1 Ad	d) Educate lawmakers, policymakers and other persons or entities.			Legislative council representatives.
R6 S1 O1 Ae	e) Form a study group of key stakeholders and legislative groups in Medicaid dental reimbursement issues.			Agency for Health Care Administration, Florida Dental Association, corresponding legislative council representatives.
R6 S1 O1 Af	f) Utilize American Dental Association coding structure and claim forms.			
R6 S1 O2	Objective 2: Promote simplification of the provider enrollment process and recruit new providers.			
	Action Steps			
R6 S1 O2 Aa	a) Form study group for the Medicaid provider enrollment process.			Include Agency for Health Care Administration, Florida Dental Association, Florida Dental Hygiene Association, and Department of Health.

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R6 S1 O2 Ab	b) Research other states that have simplified the enrollment process.			
R6 S1 O2 Ac	c) Promote streamlining of paperwork.			
R6 S1 O2 Ad	d) Provide alternative methods of enrolling.			Internet, mail-in, etc.
R6 S1 O2 Ae	e) Simplify provider manuals and program requirements.			
R6 S1 O2 Af	f) Outreach and marketing to dental providers encouraging Medicaid enrollment.			
R6 S1 O2 Ag	g) Educate lawmakers, policymakers and other involved persons or entities.			
R6 S1 O3	Objective 3: Promote continuity of care through case management and patient education.			
▪	Action Steps			
R6 S1 O3 Aa	a) Research other states that have Medicaid case management services.			
R6 S1 O3 Ab	b) Determine who provides case managers.			i.e. Medicaid, providers?
R6 S1 O3 Ac	c) Training for case managers – educate case mangers as to linkages with County Health Department priorities.			
R6 S1 O3 Ad	d) Examine best practices and develop protocol for missed appointments.			e.g. follow-up calls, and reminder calls.

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R6 S1 O3 Ae	e) Identify other health services, programs, or resources that can assist or co-coordinate case management services.			
R6 S1 O3 Af	f) Develop or obtain brochures explaining the importance of making and keeping appointments.			Does not have to be for just dental services – can be for any health care services.
R6 S1 O3 Ag	g) Simplify the process of verifying patient enrollment in Medicaid.	Completed		This process is electronic and can be done via internet, phone or fax and according to Dr. Howard, about as simple as it can be.
R6 S1 O3 Ah	h) Simplify the Medicaid prior authorization process			This process is now electronic and prior authorization can be done on-line or by phone. Dr. Howard, indicated that the process is about as simple as it can be.
R6 S1 O3 Ai	i) Reduce the number of services requiring prior authorization.			Currently Medicaid authorization is only necessary for removable partial dentures and orthodontics.
R6 S1 O3 Aj	j) Establish provider hotlines.			This action needs clarification as to the purpose of the hotlines
R6 S1 O3 Ak	k) Establish patient ombudsmen.			May already exist
R6 S1 O3 Al	l) Promote case management accountability.			Head Start and CMS are two models.
R6 S1 O3 Am	m) Assure medical transportation is available.			i.e. Transportation disadvantaged.
R6 S1 O3 An	n) Refer to dental facilities with co-located services.			i.e. Women, Infants and Children (WIC), Prenatal, Disease Management, etc.
R6 S1 O3 Ao	o) Educate lawmakers, policymakers and other influential persons or entities.			

R6	Strategy/Objective/Action Step	Target Date	Responsible Entity	Comments
R6 S1 O4	Objective 4: Promote improvement of the Medicaid dental program for adults.			
	Action Steps			
R6 S1 O4 Aa	a) Form a study group that involves key stakeholders in finding solutions to adult oral health issues and in estimating the state impact (fiscally and otherwise).			Agency for Health Care Administration, Florida Dental Association Florida Dental Hygiene Association, Department of Health and Elder care Services.
R6 S1 O4 Ab	b) Research Medicaid programs in other states that provide adult dental services.			
R6 S1 O4 Ac	c) Collect needs assessment data for the dental burden of adults in Florida.			Clarification needed if this is to be a new needs assessment or to collect data from existing needs assessment results.
R6 S1 O4 Ad	d) Advocate expanding adult dental services to include basic comprehensive services.			The state Medicaid plan must be amended to include.
R6 S1 O4 Ae	e) Work with the Agency for Health Care Administration to regarding funding for adult dental services			
R6 S1 O4 Af	f) Develop materials to educate lawmakers, policymakers and other stakeholders and organizations.			
R6 S1 O5	Objective 5: Expand Medicaid dental services to adults with emphasis on 19-20 year olds.			
	Action Steps			
R6 S1 O5 Aa	a) Establish a study group of key stakeholders in adult oral health to develop a report of the impacts (fiscal and other) to the state on expanding Medicaid dental services to include adults with emphasis on ages 19-20.			Agency for Health Care Administration, Florida Dental Association, Florida Dental Hygiene Association
R6 S1 O5 Ab	b) Research other state Medicaid programs that provide dental services to 19-20 year olds.			
R6 S1 O5 Ac	c) Obtain baseline needs assessment and data analysis.			

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R6 S1 O5 Ad	d) Develop materials to educate lawmakers, policymakers and other influential persons or entities.			
R6 S1 O6	Objective 6: Promote improvement in the implementation of the Medicaid Waiver that provides dental services for the developmental disabled			Developmental Disabilities Waiver
▪ Action Steps				
R6 S1 O6 Aa	a) Form a study group to make recommendations on improvements in Medicaid dental services for the disabled.			Agency for Health Care Administration, Florida Dental Hygiene Association, and Department of Health.
R6 S1 O6 Ab	b) Research other state Medicaid programs that have Medicaid Waivers or similar programs.			
R6 S1 O6 Ac	c) Obtain baseline needs assessment data and analyze.			
R6 S2	Strategy 2: Expand community-based safety-net fixed clinics and mobile units.			
R6 S2 O1	Objective 1: Ensure the existence of low cost clinics that offer dental services to all ages in every county.			Community Health Center, County Health Departments, Universities and College, Volunteers
▪ Action Steps				
R6 S2 O1 Aa	a) Establish a collaborative arrangement with high volume providers			e.g. Baptist dental van
R6 S2 O1 Ab	b) Examine geographic distribution of dental clinics and see where there are gaps.			
R6 S2 O1 Ac	c) Promote co-location of dental with other services.			
R6 S2 O1 Ad	d) Work with Community Health Centers and County Health Departments to plan, expand and develop dental clinics.			

R6	Strategy/Objective/Action Step	Target Date	Responsible Entity	Comments
R6 S2 O1 Ae	e) Locate possible funding sources for equipment and initial start-up costs of new clinics.			e.g. Grants, community fund raising, local government, etc.
R6 S3 O1	Strategy 3: Promote school oral health screenings at periodic intervals with appropriate referrals.			
R6 S3 O1	Objective 1: Expand oral health screenings for school-aged children.			
▪	Action Steps			
R6 S3 O1 Aa	a) Form a work group of stakeholders for guidelines and standards			Department of Education, Department of Health, Florida Medical Association, and Florida Dental Hygiene Association
R6 S3 O1 Ab	b) Promote the inclusion of school-based oral health services and case management. Legislative Budget Requests (LBR).			i.e. Department of Health, Department of Education, Health Care Administration.
R6 S4 O1	Strategy 4: Improve Dental Services through the State Children’s Health Insurance Program.			
R6 S4 O1	Objective 1. Make recommendations based upon evaluations of Florida’s KidCare Dental Program and State Children’s Health Insurance Programs (SCHIPs) in other States.			Promote evaluation by the Office of Program Policy Analysis and Government Accountability (OPPAGA)
▪	Action Steps			
R6 S4 O1 Aa	a) Review and report on oral health practices of other states for best practice models.			
R6 S4 Ab	b) Obtain legislative authority for review by Office of Program Policy Analysis and Government Accountability (OPPAGA).			The Office of Program Policy Analysis and Government Accountability is currently doing a study of adult dental services focused on dentures and emergency services
R6 S4 O2	Objective 2: Review inequities of reimbursement with the Medicaid and State Children’s Health Insurance Programs (SCHIP) dental programs.			This objective is in preparation for the possibility of securing legislative support for eliminating inequities in service eligibility and reimbursement between child safety-net programs.

R6	Strategy/Objective/Action Step	Target Date	Responsible Entity	Comments
Action Steps				
R6 S4 O2 Aa	a) Form a study group to examine, report and make recommendations regarding the impact (fiscal and other) of eliminating funding inequities in dental benefits for enrollees in Medicaid and the State Children’s Health Insurance Program programs (SCHIP).			Include the Agency for Health Care Administration, Florida Dental Association, Florida Dental Hygiene Association, Department of Health, Children’s Medical Services and others as appropriate.
R6 S4 O2 Ab	b) Identify minimal required dental services to be included.			
R6 S5	Strategy 5: Expand number of dental care providers/practitioners and centers with expertise in caring for special needs populations.			
R6 S5 O1	Objective 1: Increase the population of providers knowledgeable in treatment of special needs populations by 50%.			
Action Steps				
R6 S5 O1 Aa	a) Define “special needs”.			Children, adolescents and adults who have or are at increased risk for poor oral health resulting from chronic physical, developmental, behavioral, emotional or socio-economic condition(s) and therefore require preventive and restorative care beyond that generally required. (Economically disadvantaged is considered below 200% of the Federal poverty level.) - SOHIP workgroup meeting 9/9/05
R6 S5 O1 Ab	b) Convene a work group to consider oral health training needs for dental and non-dental professionals working with special needs populations and to make recommendations			
R6 S5 O1 Ac	c) Research other state programs and those currently existing in Florida for possible training models.			
R6 S5 O1 Ad	d) Identify training methods and develop continuing education courses based on workgroup recommendations			Consideration of various training approaches, including mentoring, should be completed.

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R6 S5 O1 Ae	e) Initiate “special needs” training for dental, dental hygiene and dental assisting professions as needed.			
R6 S5 O1 Af	f) Develop oral health training for non-dental professionals working with special needs populations.			
R6 S5 O1 Ag	g) Increase the number of special needs training centers/ providers.			
R6 S5 O1 Ah	h) Seek funding as needed to implement workgroup recommendations for training/education.			State and Federal, local, regional, private, grants, foundations, etc. Possibly resident stipends for treating patients with special need and/ for educating the private sector dentists.
R6 S5 O1 Ai	i) Establish a professional support structure between established providers of “special needs” dental care and new dental professionals in order to encourage provision of care special needs patients.			Consider existing mentoring programs, technical assistance, consulting, mentoring (formal and informal) and information exchange.
R6 S6	Strategy 6: Promote continuity of oral health care through targeted case management and patient education.			
R6 S6 O1	Objective 1: Promote use of targeted case managers.			
▪	Action Steps			
R6 S6 O1 Aa	a) Form working group to determine what exists and what is needed.			
R6 S6 O1 Ab	b) Research the use of targeted cased management in other states.			Consider also current use in Florida
R6 S6 O1 Ac	c) Develop recommendations and share information on the use of model “best practices” for case management and oral health care.			Address no shows, attitudes toward and of clients/patients, institutional discrimination, and co-location of services. Include private dentists in the development of “best practices and clarify differences in professional definitions of case management.

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R6 S6 O1 Ad	d) Assure that case management includes patient education.			
R6 S6 O1 Ae	e) Identify next steps to integrate case management best practices into oral health care needs populations.			Include dentists and caseworkers in the development of practices and next steps toward implementation. Promote smooth running relationships.
R6 S7	Strategy 7: Establish a county-specific, statewide resource guide of dental care programs that provide care for disadvantaged and special needs populations.			
R6 S7 O1	Objective 1: Compile a statewide county-specific, comprehensive resource guide of dental programs targeted toward those that are disadvantaged and have special needs populations.			e.g. .County Health Departments, Community Health Centers, private practitioners, faith and hospital-based dental services
▪	Action Steps			
R6 S7 O1 Aa	a) Use existing resources to compile a comprehensive list of existing oral health resources specific for every county.			e.g. Use Department of Health, Florida Dental Association and Florida Dental Hygiene Association resource lists as initial starting point. Include faith-based, federally funded, and other programs that provide dental care. (The following was previously a separate objective) The resource guide should provide information about populations served, frequency of services & hours, eligibility, and affiliation (e.g. County Health Department, homeless coalition, Community Health Center, etc)
R6 S7 O1 Ab	b) Establish a protocol to update and maintain resource guide.			
R6 S7 O1 Ac	c) Provide public access to a resource guide.			
R6 S8	Strategy 8: Develop resources to facilitate organizations applying for grants.			
R6 S8 O1	Objective 1: Explore options to expand grant-seeking opportunities for organizations committed to providing oral health care services for underserved populations.			

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Action Steps				
R6 S8 O1 Aa	a) Research other states and organizations that frequently apply for and receive grant funding to learn the methods they use.			
R6 S8 O1 Ab	b) Consider development of a list serve to disseminate grant opportunities.			
R6 S8 O1 Ac	c) Consider providing regional grant writing and grant identification workshops to interest community based organizations.			
R6 S8 O1 Ad	d) Research organizations that have grant writing offices.			Include public and private.
R6 S8	Strategy 9: Advocate increasing the quantity of safety-net dental providers by eliminating barriers to participation.			
R6 S9 O1	Objective 1: Develop a course of Action to enhance incentives and compensation for safety-net dental providers.			
Action Steps				
R6 S9 O1 Aa	a) Research salaries and other benefits and incentives for safety-net providers in other states as compared to Florida.			Compensation – Good Samaritan Acts, sovereign immunity laws, licensing etc.
R6 S9 O1 Ab	b) Identify strategies and targets for strategies to enhance compensation and incentives for safety-net providers.			
R6 S10	Strategy 10: Explore teledentistry opportunities to increase access to care for underserved populations.		University of Florida	Consider standards of care in process.
R6 S10 O1	Objective 1: Form teledentistry work group			Workgroup should consider expanded practices of other non-dental professions
Action Steps				
R6 S10 O1 Aa	a) Research other states for existing models and best practices.			

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R6 S10 O1 Ab	b) Look at existing in-state telemedicine models that can be adapted to dentistry.			e.g. Children's Medical Services
R6 S10 O1 Ac	c) Identify ways to link with existing telemedicine resources.			
R6 S10 O1 Ad	d) Work with researchers to establish evaluation of teledentistry efforts.			
R6 S10 O1 Ae	e) Determine feasibility			
R6 S10 O1 Af	f) Identify funding sources to support pilot programs and expansion of existing programs.			
R6 S11	Strategy 11: Advocate for the co-location of dental services with other health services and removal of other barriers to access.			
R6 S11 O1	Objective 1: Conduct a needs assessment to determine existing co-located dental programs and opportunities for expansion.			(Objectives 1 & 2 are combined)
▪	Action Steps			
R6 S11 O1 Aa	a) Identify all existing co-located dental programs and elements of co-location program models.			
R6 S11 O1 Ab	b) Research other states for existing models and best practices for co-located dental and health services.			
R6 S11 O1 Ac	c) Determine feasibility of models for communities in Florida			May not be cost effective considering the expense of establishing dental clinics with all related plumbing and electrical needs.
R6 S11 O1 Ad	d) Determine the extent to which county health departments and community health centers have the necessary exterior utilities hook-ups to accommodate visiting mobile dental units.			e.g. electrical power and waste disposal hook ups.

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R6 S11 O1 Ae	e) Determine whether fixed dental units or mobile vans (considering necessary exterior utilities) are more cost effective for County Health Departments, Community Health Centers and volunteer clinics.			
R6 S11 O1 Af	f) Identify programs to target and implement collocation of dental services with medical services			May use either a fixed, interior dental unit or a mobile dental van. Funding construction and overhead costs to keep a co-located clinic functioning may be a problem.
R6 S11 O1 Ag	g) Co-locate dental programs at CHDs, CHCs and volunteer clinics using either a fixed, interior unit or a mobile dental van.			Construction and overhead costs may be prohibitive.