

Oral Health Resources Across the Lifespan

Cabell County Family Resource Network

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**Community & School
Oral Health Team**

OBJECTIVES

- ▶ Participants will be able to identify available dental services for adults
- ▶ Participants will be able to identify available dental services for children
- ▶ Participants will become familiar with oral health resources



Dental Care for Adults

Coverage and services available for adults

- ▶ Medicaid
- ▶ Free Clinics
- ▶ Sliding Scale
- ▶ DHHR Programs



Dental Care for Adults – Medicaid

- ▶ Medicaid does not cover routine dental care for adults 21 and over
- ▶ What is covered - emergent procedures to treat fractures, reduce pain or eliminate infection



Dental Care for Adults- MCO Value Adds

Unicare

- ▶ Preventive dental care during pregnancy and 6 weeks after baby's birth
- ▶ Electric toothbrush – Adults 21+
- ▶ Dental Hygiene Kit – Kids ages 6-10

1-800-782-0095

www.unicare.com/medicaid

WV family Health

- ▶ Preventive dental care during pregnancy and 6 week postpartum period
- ▶ \$25 for dental exam for children ages 2 – 3

1-855-412-8001

www.wvfh.com

Aetna Better Health

- ▶ Up to 2 check ups during pregnancy
- ▶ Dental hygiene kits
- ▶ Diabetic dental program – routine teeth cleaning

1-888-348-2922

www.aetnabetterhealth.com/wv

The Health Plan

- ▶ Preventive Dental Care during pregnancy –up to 2 visits

1-888-613-8385

www.healthplan.org



Dental Care for Adults – Cabell County



Ebenezer Medical Outreach (EMO)

1448 10th Avenue, Suite 100
Huntington, WV 25701



Dental Care for Adults- Cabell County

Who We Are?

- ▶ Ebenezer Medical Outreach, Inc. (EMO) is a full service medical clinic that provides a vast menu of services to the working **uninsured and underinsured** of the tri-state regions of West Virginia, Kentucky and Ohio.
- ▶ EMO **services eight counties**, with a combined population of 329,453 with 69,185 individuals living at or below the federal poverty guideline.
- ▶ EMO provides care to approximately **3,000 patients** each year.



Dental Care for Adults- Cabell County

EMO Services Provided

- ▶ Primary Care (Family and Internal Medicine)
- ▶ Women's Care and Women's Health Outreach
- ▶ Dietetics
- ▶ Eye Clinic
- ▶ HIV/AIDS Testing
- ▶ Dental
- ▶ Pharmacy
- ▶ WVU Pregnancy and Dental Health Program
- ▶ Orthopedics
- ▶ Food Basket Distribution
- ▶ Behavioral Health



Dental Care for Adults- Cabell County

EMO's Renovated Dental Clinic



Dental Care for Adults- Cabell County

EMO's Patient Population

- ▶ Uninsured
 - ▶ Underinsured citizens within the 8 county service area
 - ▶ Homeless
 - ▶ Veterans (dental only)
- ▶ Underinsured (Medicaid/Medicare)



Dental Care for Adults- Cabell County

Patients Qualifying For Care

- ▶ Application process that determines eligibility
- ▶ Uninsured patient must have applied for Medicaid and have supporting documentation
- ▶ If patient has been denied Medicaid then qualifying services would be based on the 200-300% poverty level



Dental Care for Adults- Cabell County

Operation of EMO Dental Clinic

- ▶ Currently dental screenings and referrals for emergency patients and preventive dental provided on site by a dental hygienist 2 days a week for established EMO patients
- ▶ Spring 2019 adding to dental residents 2 days per week to provide onsite basic restorative dental services and a full time Dental Outreach and Scheduling Coordinator
- ▶ Current number of collaborating local dentists:
 - ▶ 13 Dentists
 - ▶ 2 Oral Surgeons
 - ▶ 2 Prosthodontist



Dental Care for Adults- Cabell County

Local FQHC

Valley Health - Dentistry

The mouth is the gateway to the entire body. It is very important to keep a healthy mouth. It is recommended that all children have their first dental visit by age one. Routine teeth cleanings are recommended at least twice each year for all ages to prevent cavities, gingivitis and other gum disease. [Patient Discounts](#) are available.

Services: Whitening, Extractions, Fillings, Dental Crowns, Dental Bridges, Root Canal, Sealants/Other Preventatives

Locations:

- [East Huntington](#)
- [Fort Gay](#)
- [Harts](#)
- [Upper Kanawha](#)
- [Wayne](#)
- [Westmoreland](#)



Dental Care for Adults- Cabell County

Sliding Fee Schedule

Patient Discounts

Patient Discounts under the Sliding Fee Discount Program are designed to assist qualified patients in reducing their bills for health services and prescriptions. These are available for all our health centers and pharmacies. *(Patients are our priority. Our health centers serve all patients regardless of their ability to pay.)*

Who Can Apply? How Are They Eligible?

Anyone can apply. Eligibility is based on family size and income for those at or below 200% of the Federal Poverty Level.



Dental Care for Adults- Cabell County

Determining Your Sliding Fee Payment Class

Family Size	A ≤ 100%	B 101%-133%	C 134%-166%	D 167%-200%
1	≤ \$12,060	\$12,061-\$16,040	\$16,041-\$20,020	\$20,021-\$24,120
2	≤ \$16,240	\$16,241-\$21,600	\$21,601-\$26,960	\$26,961-\$32,480
3	≤ \$20,420	\$20,421-\$27,159	\$27,160-\$33,897	\$33,898-\$40,840
4	≤ \$24,600	\$24,601-\$32,718	\$32,719-\$40,836	\$40,837-\$49,200
5	≤ \$28,780	\$28,781-\$38,277	\$38,278-\$47,775	\$47,776-\$57,560
6	≤ \$32,960	\$32,961-\$43,837	\$43,838-\$54,714	\$54,715-\$65,920
7	≤ \$37,140	\$37,141-\$49,396	\$49,397-\$61,652	\$61,653-\$74,280
8	≤ \$41,320	\$41,321-\$54,956	\$54,957-\$68,591	\$68,592-\$82,640

With Each of These Visits You Are Expected to Pay...

Medical	\$ 20.00	\$ 40.00	\$ 60.00	\$ 75.00
Behavioral	\$ 20.00	\$ 40.00	\$ 60.00	\$ 75.00
Audiology	\$ 20.00	\$ 40.00	\$ 60.00	\$ 75.00
Basic Dental	\$ 85.00	\$ 90.00	\$ 100.00	\$ 115.00
Psych Testing	\$ 85.00	\$ 90.00	\$ 100.00	\$ 115.00
Vision	\$ 65.00	\$ 90.00	\$ 100.00	\$ 115.00
Surgical	\$ 100.00	\$ 200.00	\$ 300.00	\$ 400.00

With Each of These Services You Are Expected to Pay...

	Nominal Fee	Or Discount of if over Nominal	Or Discount of if over Nominal	Or Discount of if over Nominal	Or Discount of if over Nominal
Dental Appliances/Cosmetic	\$500	30%	25%	20%	15%
Select Glasses/Frames & Lenses (excludes lens enhancements)	\$75	50%	40%	30%	20%
Hearing Aids (excludes batteries)	\$500	40%	35%	30%	25%
Prescriptions	\$4	50%	40%	30%	20%

Return Application by: _____

DISCOUNT PROGRAM APPLICATION

APPLICANT INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____
 Mailing/street Address: _____ City: _____ State: _____ Zip code: _____
 Phone #: _____ Social Security: _____ Date of birth: _____
 County you live in: _____ * In Household: _____
 Insurance (if any): _____ Medicaid _____ Medicare _____ Other (specify) _____

HOUSEHOLD INFORMATION (Listed in household, related by blood/marriage/adoption & financially responsible for each other)

Last Name	First Name	Social Security #	Date of Birth	Relationship to Applicant	Also Applying
					Yes No
				Self	

*Please checkmark here if additional individuals are listed on back. ☐

TYPE OF INCOME RECEIVED BY HOUSEHOLD

Source	You	Spouse/Partner	Other	Total	How many times
	Yes No	Yes No	Yes No	Amount	Monthly Per Year
Salary/Self Employment					
Unemployment					
Social Security/Disability					
Pensions/Annuities/Other					

DISCOUNT PROGRAM APPLICANT AGREEMENT

- I understand my discount percentage may change upon final review of my application.
- I understand I must provide acceptable proof of income for each person listed on this application.
- I understand it is my responsibility to notify Valley Health of any changes in above information provided.
- I understand I must renew my application each year with proof of income to remain an active participant.
- I have read additional terms of the Sliding Fee Discount Program Policy, and agree to each.

I hereby certify that the information provided on this application is accurate and I authorize Valley Health Systems to verify any of the information provided above.

REQUIRED: Signature of Applicant: _____ Date: _____

RETURN COMPLETED APPLICATION WITH DOCUMENTATION TO YOUR VALLEY HEALTH CENTER OR TO THIS ADDRESS:

Valley Health-Business Office; Attn: Sliding Fee Coordinator ~ 2535 Third Ave ~ Huntington, WV 25703



Dental Care for Adults- DHHR Programs

Pre-Employment Project

- ▶ Provides dental and vision services for eligible individuals who are receiving Temporary Assistance for Needy Families (TANF)
- ▶ Apply through local DHHR office
- ▶ 12 – month eligibility period

*For more information on DHHR programs:
1-800-642-8522; <https://dhhr.wv.gov/oralhealth>*



Dental Care for Adults – DHHR Programs

Donated Denture Project

- ▶ Request an application through website or by phone
- ▶ Eligibility Requirements:
 - ▶ SSI recipient, 21 years of age and older or
 - ▶ Adults 65 years of age and older with incomes at or below 133% of the Federal Poverty Level
 - ▶ Must be denture or partial ready

*For more information on DHHR programs:
1-800-642-8522; <https://dhhr.wv.gov/oralhealth>*



Dental Care for Children

Services that are available for children:

- ▶ School – Based Services
- ▶ Fluoride Varnish for Medical Providers
- ▶ DHHR Programs



Dental Care for Children- Fluoride Varnish

- ▶ Tooth decay (dental caries) is the leading chronic infectious disease for children in the United States (CDC);
- ▶ In WV, 34% of preschoolers already have dental caries (2014 WV Oral Health Surveillance)
- ▶ Young children are seeing a medical provider more often than a dental provider



Dental Care for Children- Fluoride Varnish

Fluoride varnish is a highly concentrated form of fluoride which is applied to the tooth's surface

- ▶ Studies have shown a 25-45% reduction in decay rates with the use of fluoride varnish
- ▶ Easy to apply



Dental Care for Children – Fluoride Varnish

- ▶ Covered by WV Medicaid and WV CHIP to be applied in both the dental and primary care settings
- ▶ Fluoride varnish application in the primary care setting is in alignment with recommendations made by the:

American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™



U.S. Preventive Services
TASK FORCE



Bright Futures™

prevention and health promotion for infants,
children, adolescents, and their families™



Dental Care for Children – Fluoride Varnish

WV Medicaid

- ▶ Patient must be under 21 years of age
- ▶ Eligible children can receive up to 4 applications per year (2 by a dental provider; 2 by a medical provider)
- ▶ Fluoride varnish should be applied at the time of a well-child visit or health screening
- ▶ An oral health risk assessment should be conducted prior to application
- ▶ Smiles for Life course is recommended, but not required for reimbursement



Dental Care for Children – Fluoride Varnish

WV CHIP

- ▶ Patient must be under 19 years of age
- ▶ Eligible children can receive up to 4 applications per year (2 by a dental provider; 2 by a medical provider)
- ▶ One fluoride varnish treatment should be applied at the time of a well-child visit or health screening
- ▶ In order to qualify for reimbursement, physicians, nurse practitioners, and physician assistants must review the “Smiles for Life Caries Risk Assessment, Fluoride Varnish, and Counseling Module” and successfully pass the post assessment, at the link provided: www.smilesforlifeoralhealth.org



Dental Care for Children- School Programs

WVBE Policy 2423: Health Promotion And Disease Prevention

- Includes dental examinations for children at school entry and grades 2, 7 and 12

School-based oral health services

- Dental provider comes to the school to provide dental care

Student Oral Health Form

Patient Information

Child's Name (Last, First, MI) _____ Date of Birth (mm/dd/yyyy) _____ Age _____

Address _____ City _____ State _____ Zip Code _____

Guardian _____ Phone: _____

Oral Health Service

Please provide date of service in applicable box below:

Date of service: ☐ School Entry ☐ 2nd ☐ 7th ☐ 12th

Current Oral Health Services: ☐ Examination ☐ Assessment

Type of Service Provided? ☐ Examination ☐ Assessment

Does the child have any teeth with untreated decay? ☐ Yes (decay) ☐ No (decay free)

Does the child have any teeth that have previously been treated for decay, including fillings, crowns, or extractions? ☐ Yes ☐ No

Are there treatment needs? ☐ Yes, urgent ☐ Yes, not urgent ☐ No treatment needs

Additional Information

Oral Health Provider's Contact Information and Signature

Provider Name (please print) _____ Phone Number _____ Fax Number _____

Practice Name _____ Address _____

Provider Signature _____ Office Email Contact _____



Dental Care for Children – School Programs

Primary goal of school based oral health services is to help ensure that children of all ages have access to care.



Dental home = **continuous, comprehensive** care



Dental Care for Children – School Programs

MARCO Project

- ▶ Collaboration between Rotary and Marshall Dentistry
- ▶ Originally developed for outreach in Cabell County Schools in the school system after being contacted by a local pediatrician about the dental needs in elementary age students within the county
- ▶ Would provide preventive services in the schools, as well as, provide a local dental home
- ▶ Currently, working to establish services in Wayne County Schools.



Dental Care for Children – DHHR Programs

Fluoride Mouthrinse Project

- ▶ 32 week program
- ▶ Targets grades 1 – 6
- ▶ Supplies are provided free of charge

Oral Disease Prevention Project

- ▶ Funds county boards of education to implement or expand school sealant projects

Fluoride Water Testing

- ▶ Used to determine natural fluoride levels of private water systems such as wells and cisterns
- ▶ Primary Care Providers and Health Departments can request kits at no charge
- ▶ Fluoride tablets and drops are provided to PCP and Health Departments at no charge

*For more information on DHHR programs:
1-800-642-8522; <https://dhhr.wv.gov/oralhealth>*



Resources

www.insurekidsnow.gov 1-877-KIDS-NOW

- ▶ Locate a provider in your area
- ▶ Find insurance coverage
- ▶ Resource library with customizable marketing materials

Find a Dentist

Use the Dentist Locator to find a dentist in your community who sees children and accepts Medicaid and CHIP.



[FIND A DENTIST IN YOUR STATE >](#)

Find Coverage for Your Family

Medicaid and CHIP offer free or low-cost health insurance for kids and teens. **Select your state** to find information on health insurance programs in your state or call **1-877-KIDS-NOW** (1-877-543-7669).

Select Your State

[View State](#)

New Library Items!

We've added new resources to our library such as a template for PowerPoint presentations and refreshed some of our other resources.



[EXPLORE THE LIBRARY >](#)



Resources – Oral Health Supplies

DHHR Oral Health Supply Requests

- ▶ Smiles for Life certificate must be submitted with supply request (considered current for 3 years)
- ▶ Schools requesting supplies must participate with the Fluoride Mouthrinse Project and/or the Oral Disease Prevention Project

Colgate Bright Smiles, Bright Futures

- ▶ Kindergarten and 1st grade teachers can currently request classroom kit with easy to use materials and toothpaste/toothbrushes for 25 students
- ▶ [Smiles.colgate.com](https://smiles.colgate.com)

*For more information on DHHR programs:
1-800-642-8522; <https://dhhr.wv.gov/oralhealth>*



Resources- Transportation

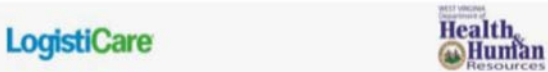
Non-emergency Medical Transportation

- ▶ Available to Medicaid members for transportation to WV Medicaid covered services
- ▶ Reservations must be made 5 days in advance
- ▶ Can be reserved by provider or member


Alternative Transportation Options

- ▶ Public transit – Members who live near a bus line can request bust tickets/passes for themselves and one escort if medically necessary
- ▶ Mileage Reimbursement- Family, Friends and members may be eligible to receive mileage reimbursement when providing transportation to covered services

To make reservations: 1-844-549-8353; <https://memberlogisticare.com>



How to Access West Virginia Medicaid Non-Emergency Medical Transportation



Members with Medicaid may be eligible for transportation services. Use the options below to schedule Non-Emergency Medicaid Transportation.

Reservations Line - Call toll-free: (844) 549-8353. Reservations are taken Monday through Friday between the hours of 7:00 am and 6:00 pm. Routine reservations require a 5-business day notice.

LogistiCare Trip Manager Mobile App - Schedule transportation, obtain trip reference numbers, see which transportation company is assigned to your trip, and message us directly from your smart phone or tablet. Download the free app from Google Play Store or iTunes.

Member Services Website - Schedule trips online at <https://member.logisticare.com>

Alternative Transportation Options

Public Transit - Members who live near a bus line can request bus tickets/passes for themselves and one escort if medically necessary. Call the reservation line at (844) 549-8353 for details.

Mileage Reimbursement - Family, friends, and members may be eligible to receive mileage reimbursement when providing transportation to covered services. Call (844) 889 1942 for further details.

Questions or Concerns

Our Ride Assistance Line is available 24/7/365 to discuss your questions or concerns. Call (844) 889-1939.

Cancel Transportation Service

Call our 24-hour Ride Assistance Line at (844) 889-1939 to cancel an existing reservation. 24 hours' notice is preferred.



Questions?



Thank You!

Contact Us

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