Government Disability Perspective

NASDDDS
Hawaii Department of Health
Developmental Disabilities Division
Private Dental Practice
Reaction

• Oral Health is a disgrace in vulnerable pop.
• Tsunami of infection has arrived
• Legislative solutions will hit with or without us
• Decreasing pie with increasing demand
• Create delivery systems that control costs
• Mortality data required by CMS/ GAO
  – Difficult to capture oral health etiology
  – Anecdotal evidence is disturbing
Reaction

• Physician driven Medicaid Policy on State Levels: “this time cut toes”
• Need for data driven decisions: MDS for HCBS
• Dental and Medical Undergraduate training
  – Joint education
  – Medical and Dental Home
• Increase interdisciplinary understanding
  – LEND programs
  – Retrain Physicians and Dentists for adult DD care
  – National Community Service License
Legislated Rights

- International Statement on Rights
- Rights to adequate health care
- Community residential choice impacts frequency and quality of care
- Americans with Disabilities Act (AwDA), 1990
- 1999 Supreme Court *Olmstead v. LC & EW*
Supreme Court decision in *Olmstead v. L.C.* (119 S. Ct. 2176) —the Americans with Disabilities Act (ADA).

ADA prohibits states from institutionalizing persons with disabilities and from failing to serve them in the most integrated setting.
What Did the Court Say About Integration?

• (a) institutional placement of persons who can handle and benefit from community settings perpetuates “unwarranted assumptions” that persons so isolated are incapable or unworthy of participating in community life.

• (b) Confinement in an institution severely diminishes the everyday life activities of individuals, including family relations, social contacts, work options, economic independence, educational advancement, and cultural enrichment.
DD Act of 2000 Bill of Rights

- USC Title 42, Chapter 144, Subchapter 1 Part A, Section 15009
- Community Integration Mandate
- Requires Appropriate and Sufficient Medical and Dental Care
- Prohibition of the use of physical restraint... unless absolutely necessary to ensure the immediate safety...
Centers for Medicare and Medicaid Services (CMS) ICF/MR Requirements

- Requires comprehensive dental services
- 42 CFR 483.460(e): Long Term Care Facilities
- Conditions of Participation for ICF/MR
- ICF/MR = Intermediate Care Facilities for the Mentally Retarded (ID/DD - Rosa’s law, 2010)
- Dental services are required
- Comprehensive diagnostic and treatment
- 24-hour Emergency Care
54 year old with ID/DD: dental care 22 years previous at a large state institution; no funding for community dentist.
Christmas in Purgatory

Look Magazine, 1967
...and then I heard a loud bang and when I turned back he was gone!
Legislative Solutions: Drastic?

• Are Dentists in Charge of the Delivery of care?
• Dental therapists providing all restorative care
• Family application of Fl varnish
• Government control of Private Insurance Rate
• Medicaid Managed Care
  – In Hawaii has controlled costs
  – Increased barriers to care
  – Decreased provider participation
Inadequate Delivery Systems

- Persons with ID/ND have a history of abuse
- Behavior is communication
- Dental offices expect learned skills that have not been attained
- Incremental desensitization can be reimbursed
- AwDA requires adaptive solutions by dentists
Inadequate Delivery Systems

• Re-educate professionals to increase access
  – Hygienists, Physicians, Nurses and Dentists
• Provide prevention, screening and triage outside the dental office
• Create a bond of trust to prevent failed appts
• Re-design reimbursement for outcomes rather than procedures
• Create adaptive dental office environments and peer to peer experiences
Paying for Dental Care

• Government resists expansion of programs
• Existing Medicaid disability funding sources have grown exponentially in the last 20 yrs since the passage of the AwDA (1990)
• Special Care Dental Act will need to be tied to the 1915i option (ACA) or 1915c waiver
• Existing Medicaid waiver programs pay for many less critical services (community integ.)
System Changes

• National Dental Community Service License
• Prevention where people live
  – Use existing ND/ID programs
• Peer mentoring w/ incremental appointments
• Treat the Person not the Tooth
  – Restraint Use contributes to increased behavior
  – Positive Behavioral Supports reduce behavior
  – Avoid Post Traumatic Stress reactions
Key Collaborative Partners

• Advocacy Organizations: Autism Speaks
• AMA, AMDA
• APA et al
• NASDDDS
• AUCD
• ACHCE, LTC Administrators
• NIH, CDC and CMS
CATCH THE WAVE!
SMOOTH SAILING!!!!!
Aloha