

# 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

- DD Act of 2000: Rights for Persons with Developmental Disabilities in US
- 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*

# ***Olmstead v. L.C.***

**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





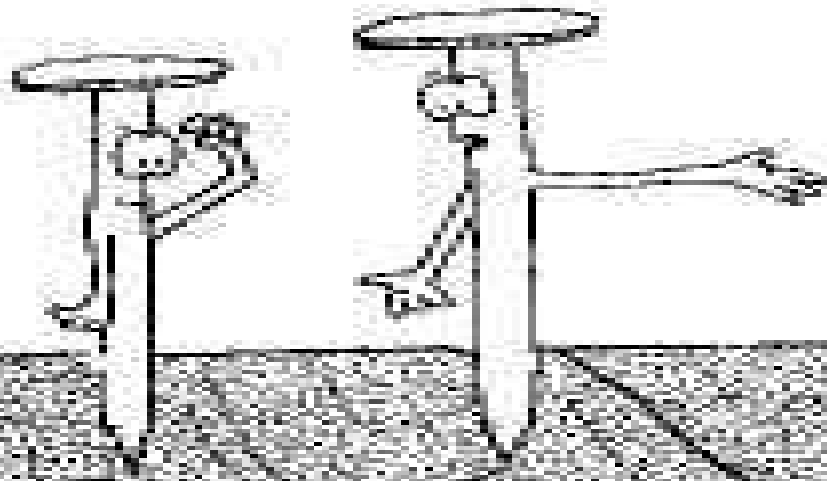
54 year old with ID/DD: dental care 22 years previous at a large state institution; no funding for community dentist.

# 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 F1 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!!!!**



