

Improving Oral Health Through Access: Building a Partnership Between Medicaid and Head Start

CMS Learning Lab: Improving Oral Health Through Access
September 16, 2014

Laurie Norris, JD
Senior Policy Advisor
& Coordinator, CMS Oral Health Initiative

Learning Objectives

- Understand the federal Head Start dental requirements and its infrastructure.
- Become aware of the oral health resources available from the Administration for Children and Families/Office of Head Start.
- Learn the step-by-step process used in Pennsylvania to build a partnership between Medicaid and Head Start.
- Be able to detail the elements of Pennsylvania's collaborative intervention and lessons learned so far.

EPSDT and Oral Health Services

- Each state Medicaid program is required to have a pediatric dental periodicity schedule
 - The AAPD recommended first dental visit is at the eruption of the first tooth or by age 1, whichever occurs first
 - View your state's periodicity schedule here:
http://www.aapd.org/advocacy/state_periodicity_schedules/
- A direct dental referral is required, starting at the first age in the dental periodicity schedule.
 - This must be an encounter with a dentist or with another dental professional, such as a dental hygienist or dental therapist, working under the supervision of a dentist.

EPSDT - A Guide for States: Coverage in the Medicaid Benefit for Children and Adolescents



©ISTOCKPHOTO | KJTAYLOR



Available here: http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Downloads/EPSDT_Coverage_Guide.pdf

Improving Oral Health Through Access

Head Start Health Services: Oral Health

CMS Learning Lab: Improving Oral Health Through Access

September 16, 2014
12:30 p.m. - 2:00 p.m. EDT

Marco Beltran, DrPH, Program Specialist/Health Lead
Office of Head Start
Administration for Children and Families

Improving Oral Health Through Access

Head Start History

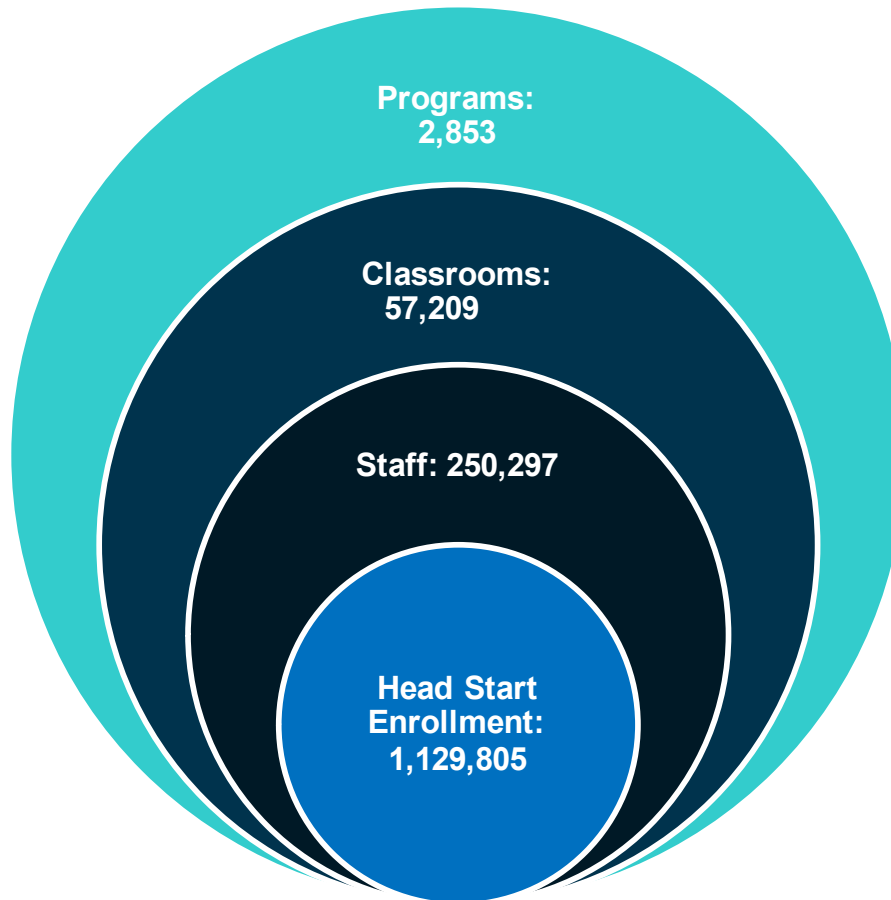


Source:

<http://www.acf.hhs.gov/programs/ohs/about/history-of-head-start>

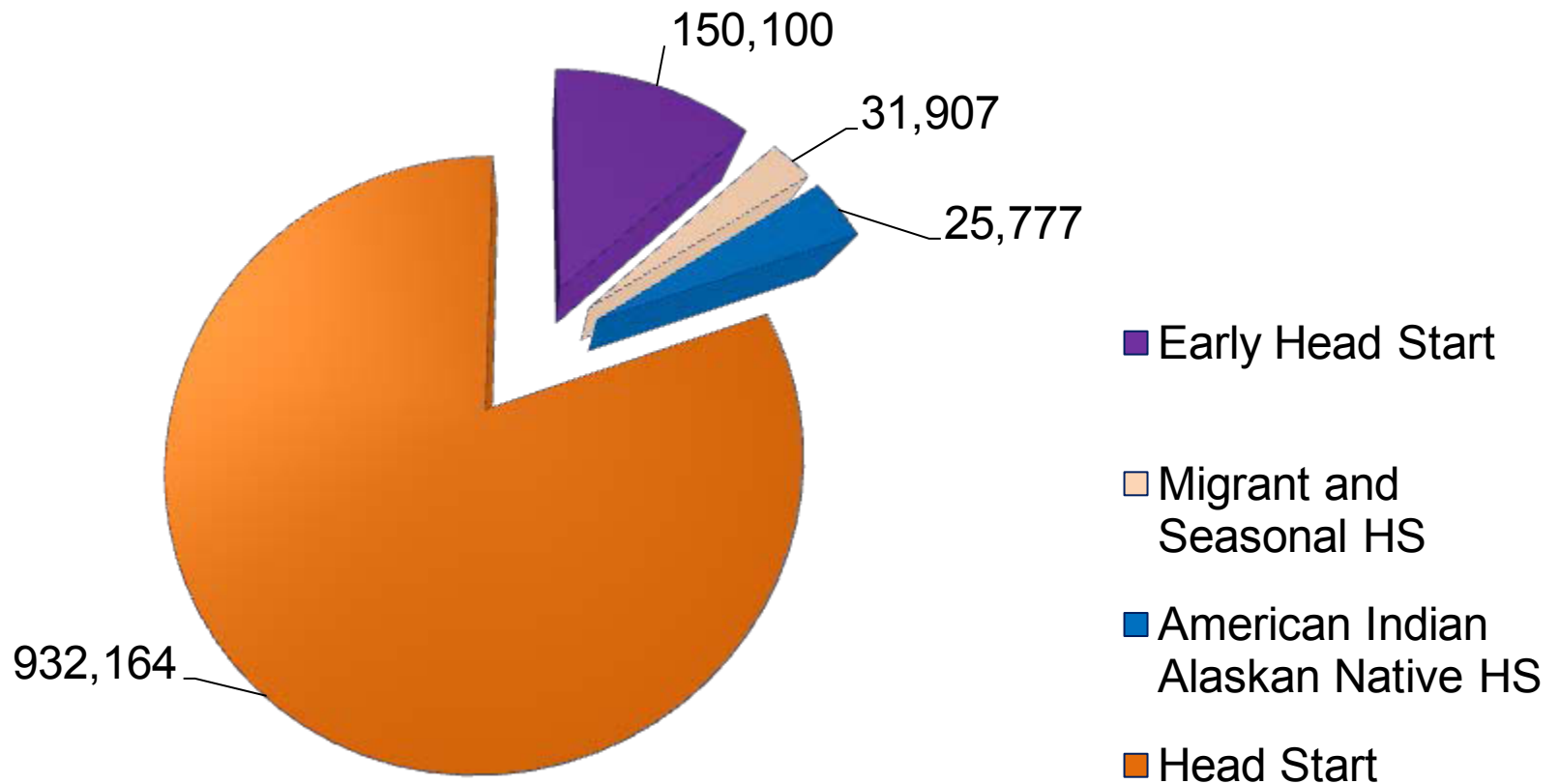
- Project Head Start, launched as an eight-week summer program by the Office of Economic Opportunity in 1965, was designed to help break the cycle of poverty by providing preschool-aged children in low-income families a comprehensive program to meet their emotional, social, health, nutritional, and psychological needs.

2012-2013 Program Statistics



Source: 2012 -2013 Head Start Program Information Report (PIR)

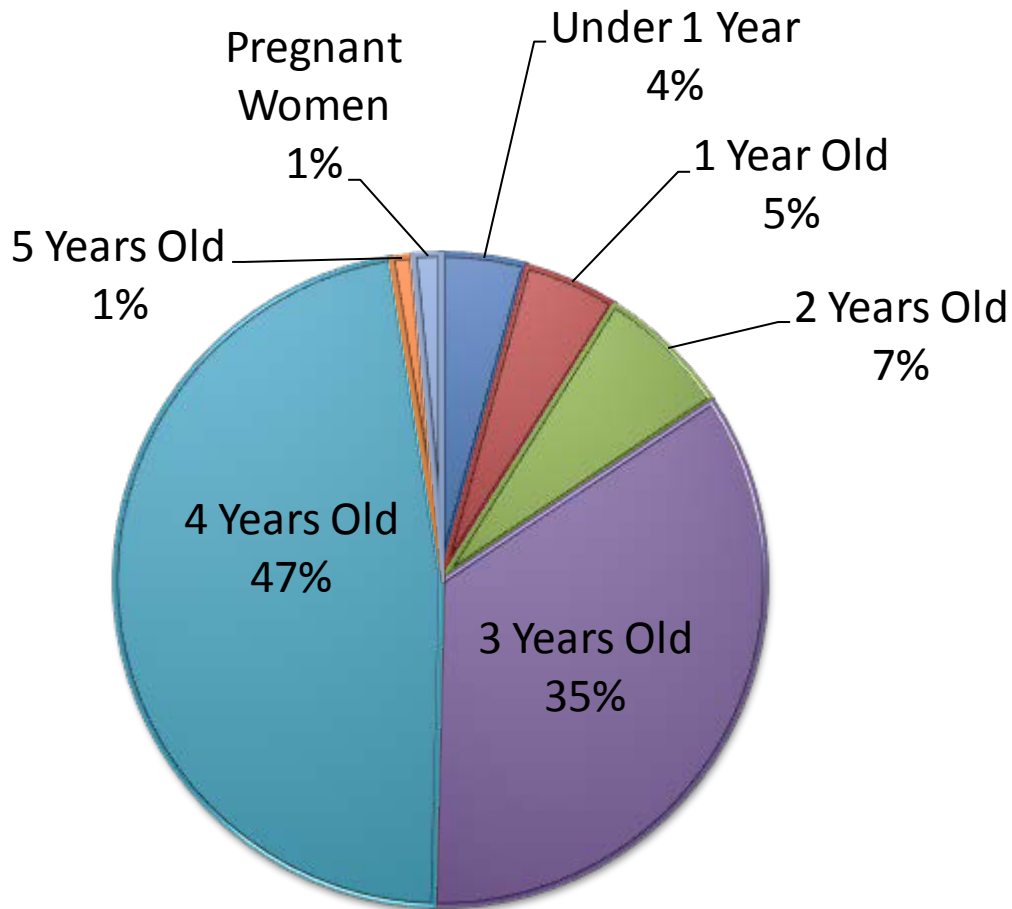
Head Start and Early Head Start Serves...



Source: 2012 -2013 Head Start Program Information Report (PIR)

Improving Oral Health Through Access

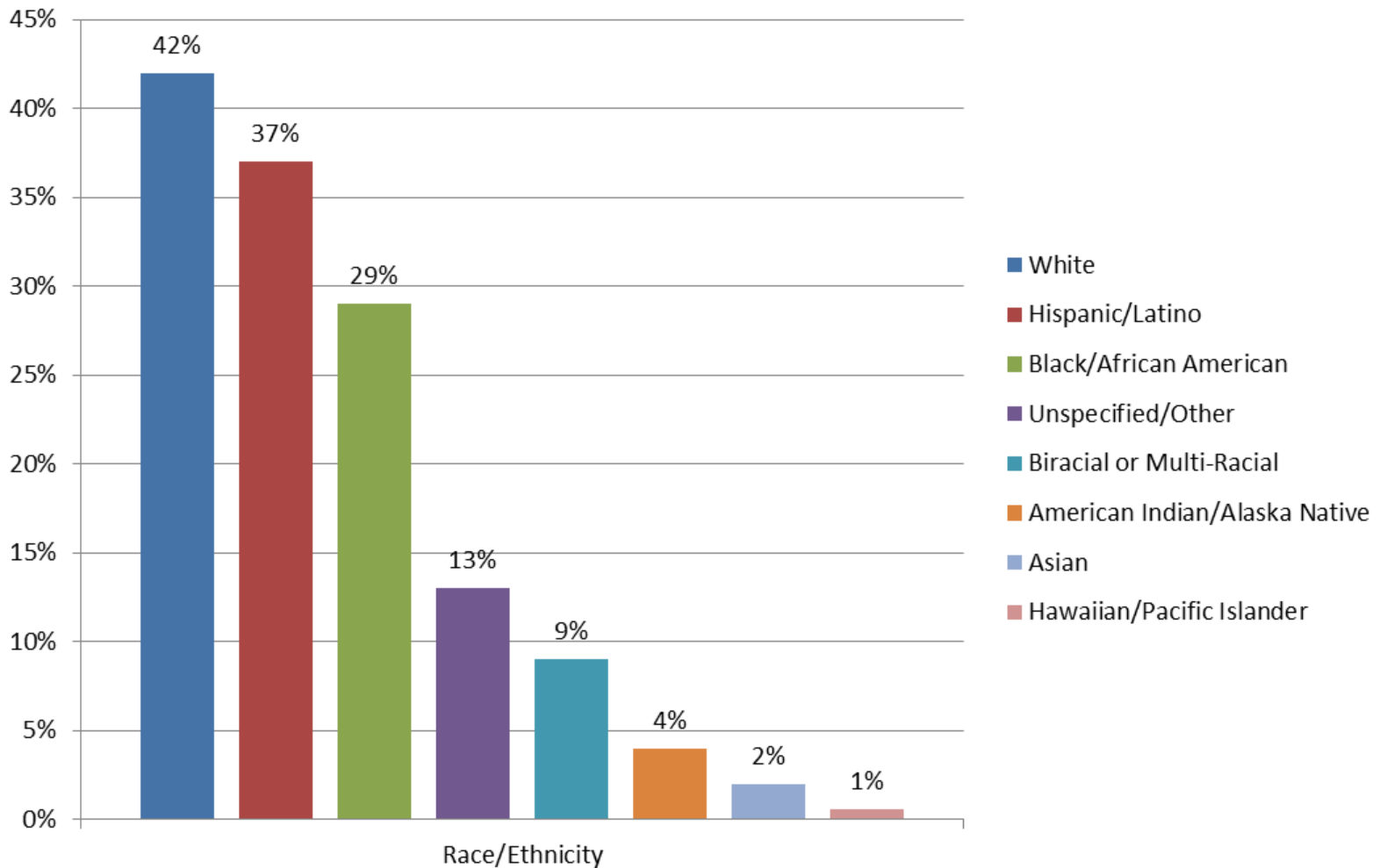
Enrollment by Age in 2012/2013



Source: 2012 – 2013 Head Start Program Information Report (PIR)

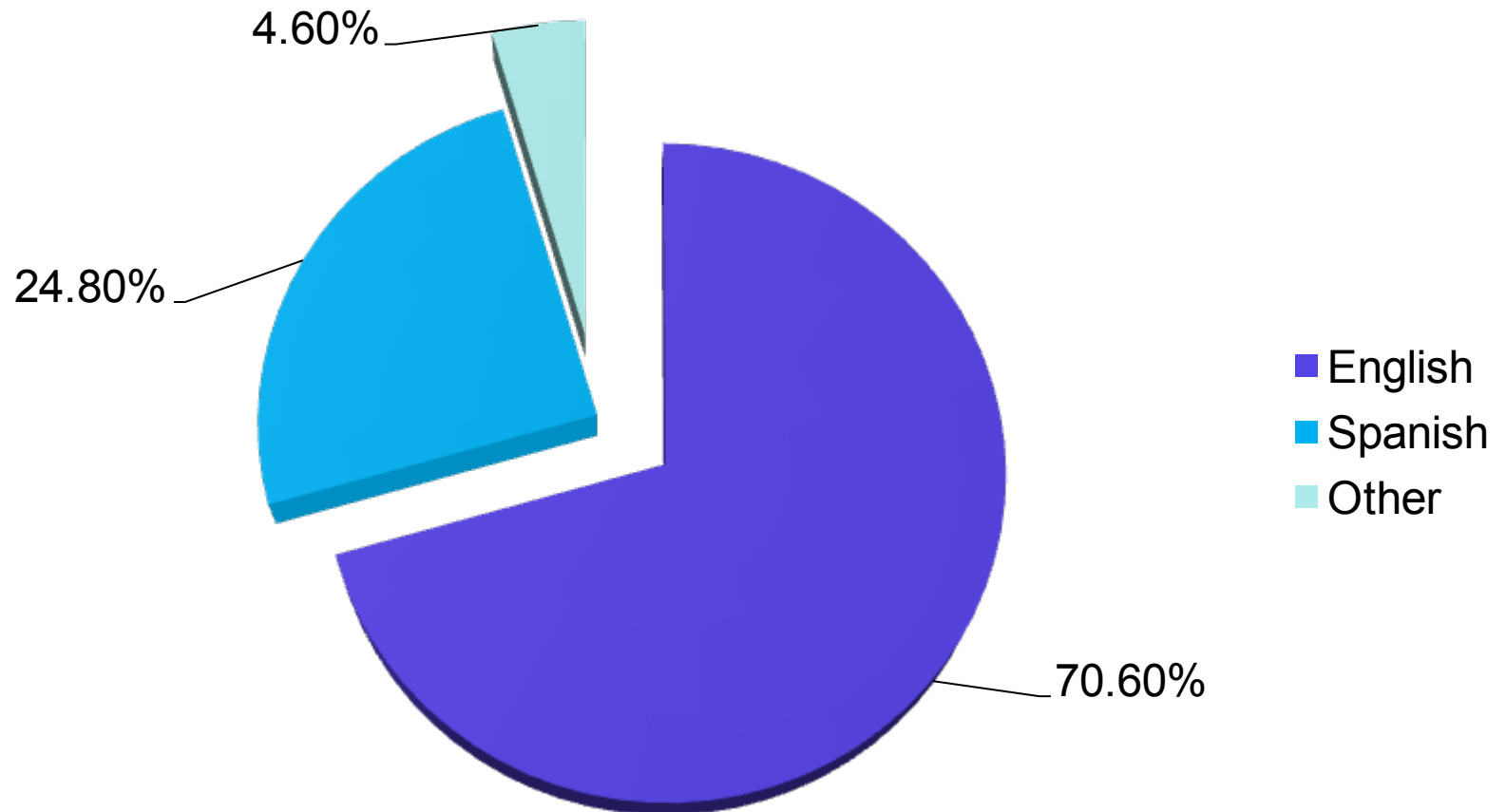
Improving Oral Health Through Access

Head Start Demographics



Source: 2012 – 2013 Head Start Program Information Report (PIR)

Primary Languages Spoken*



Source: 2012 -2013 Head Start Program Information Report (PIR)

* Includes children and pregnant women

Improving Oral Health Through Access

What is Health in Head Start?

Improving Oral Health Through Access

Child Development and Health

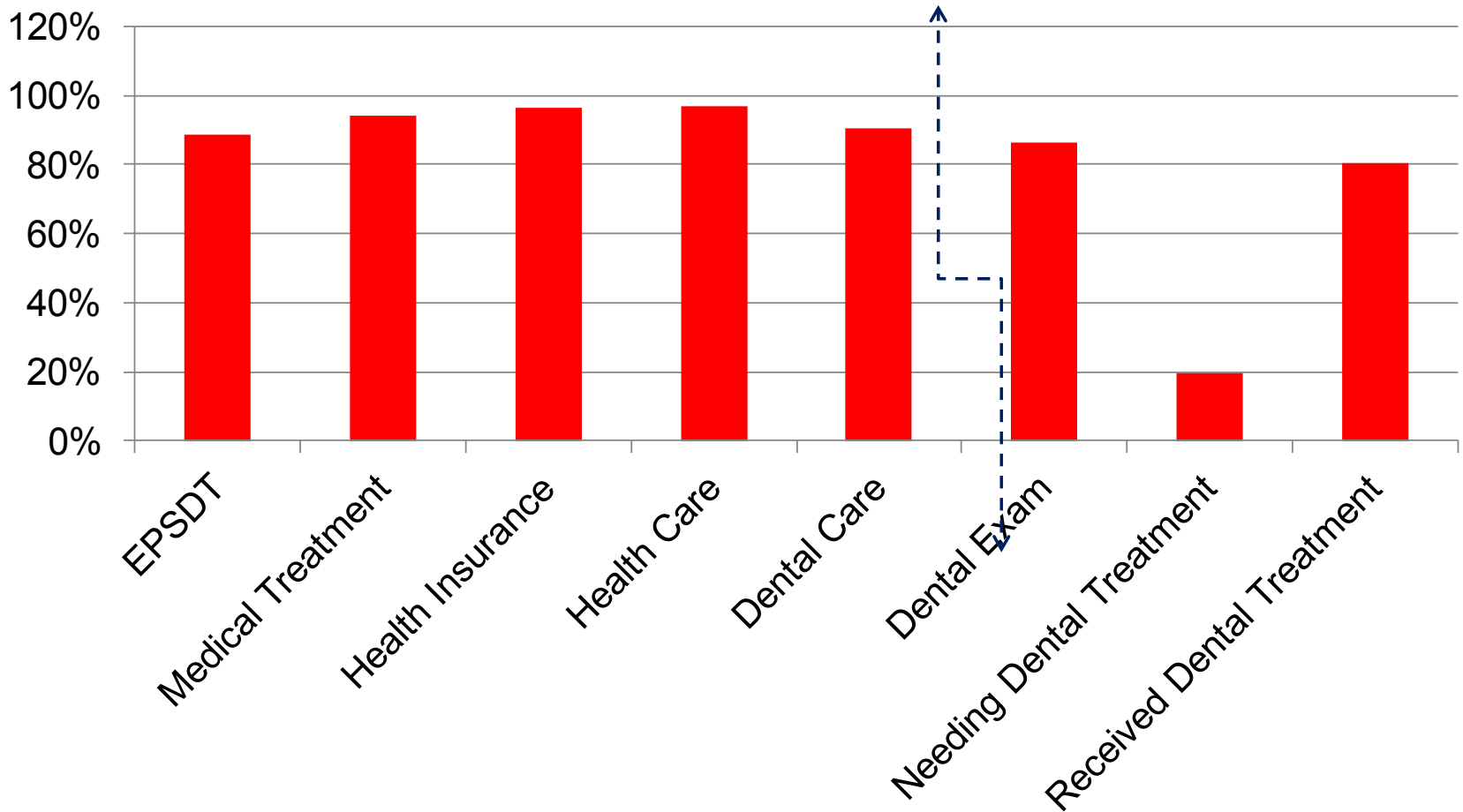


- Education and early childhood development
- Child health and safety
- Nutrition
- Mental health
- Disabilities

Minimum Health Requirements

- Determine a child's ongoing source of continuous, accessible health care
- Determine if a child is up-to-date
- Track and case-manage health care services
- Obtain further diagnostic testing, examinations, and treatment
- Community partnerships

Health Services (At End of Enrollment)



Source: 2012 – 2013 Head Start Program Information Report (PIR)

Improving Oral Health Through Access

Head Start: Oral Health

Improving Oral Health Through Access

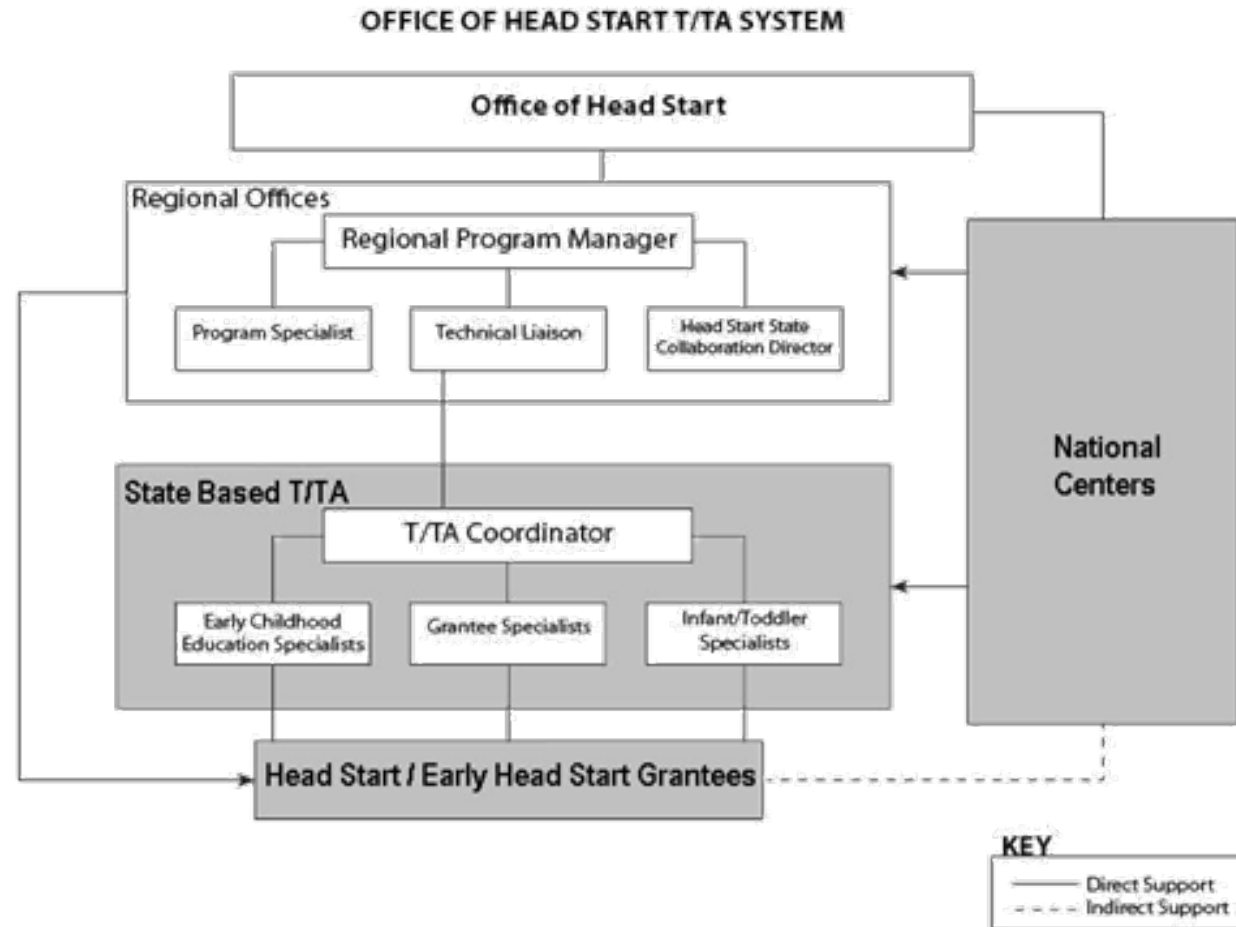
Oral Health Requirements

- Head Start Program Performance Standards require that a health care professional determine within 90 days of enrollment whether children are up to date on a schedule of age-appropriate preventive dental care.
- Dental follow-up must include necessary preventive measures and further dental treatments as recommended by the dental professional.
- Barriers to accessing oral health services faced by many Head Start families is a large challenge in meeting these requirements.

Program Activities and Services

- Outreach activities
- Oral health education for parents, children, and pregnant women
- Establishment of dental homes for children and pregnant women
- Preventive dental care and treatment services
- Support services
- Distribution of dental hygiene supplies

OHS System Organizational Structure



Improving Oral Health Through Access

Office of Head Start Regional Offices

- 10 Federal Regions and 2 National Regions
- Conduit to meeting the needs of children in families in the region
- Administer grants
- Monitor program progress
- Identify program needs and help to connect technical assistance

Purpose and Priorities of Head Start State and National Collaboration Offices

- ...to facilitate collaboration among Head Start agencies...and entities that carry out activities designed to benefit low income children from birth to school entry, and their families...
- ...they provide a structure and a process for OHS to work with State agencies and local entities to leverage their common interests around young children and their families to formulate, implement, and improve state and local policy and practice...
- ...to focus on four main priorities including: ***School Transitions, Professional Development, Child Care and Early Childhood Systems, and Regional Priorities***

Head Start National Center on Health

- Provide evidence- and practice-based information and materials to the Head Start community
- Work collaboratively and cooperatively with leaders in the health, early childhood and child care fields to improve the health of Head Start children and their families
- Work with national, state, tribal, and local organizations and agencies to enhance the health care infrastructure that impacts and serves Head Start children and families

How to Contact Your State's Head Start Collaboration Director

<https://eclkc.ohs.acf.hhs.gov/hslc/states/collaboration/map/index.html>

Head Start Oral Health Resources

<http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/center/oral-health/oral-health.html>

Head Start Oral Health Forms

The image shows two overlapping forms from The National Center on Oral Health. The top form is titled "Head Start Oral Health Form—Children" and the bottom form is titled "Head Start Oral Health Form—Pregnant Women". Both forms include sections for Patient Information, Current Oral Health Status, Oral Health Care Services Delivered During Visit, Future Oral Health Care Services, and Oral Health Provider's Contact Information and Signature.

- One combined form (pregnant women and children), a form for pregnant women, and a form for children
- Forms collect information on:
 - Dental home status
 - Current oral health status
 - Oral health care services delivered during visit
 - Whether all treatment is complete
 - If future appointments are needed

Health Services Newsletter

- Head Start health managers
- February 2014 issue addresses:
 - Importance of helping children and pregnant women establish a dental home
 - What is a dental home
 - Programs policies and procedures
 - Tips for working with oral health professionals
 - Engaging families



February 2014
Volume 2, Issue 2

**THE NATIONAL CENTER ON
Health**

Health Services Newsletter

The importance of helping children and pregnant women establish a dental home.

February is National Children's Dental Health Month, an ideal time to promote the importance of oral health. Developing and maintaining good oral health habits and getting regular oral health care helps children and pregnant women achieve a lifetime of healthy teeth and gums. Helping children and pregnant women enrolled in Head Start establish a dental home is an important service provided by Head Start staff. A dental home offers oral health care delivered in a comprehensive, continuously accessible, coordinated, and family-centered way. A dental home provides oral health services that help children and pregnant women stay healthy by preventing or treating oral diseases.

Children with poor oral health are not healthy and may have many non-oral-health-problems, along with oral health problems. They may not grow and develop as they should because they might have to limit the types of foods they eat. They might have behavior problems or have a hard time concentrating and learning because of tooth pain. They may miss a lot of school. They may develop infections that can lead to other health problems. They might not smile or interact with others because of broken or discolored teeth. They are less likely to do well later in life, compared to children with good oral health.

Children who receive regular oral health care early in life have less oral disease, fewer dental emergencies, and better oral health throughout their lives. Establishing a dental home by age 1 or as early as possible is an important step families can take to keep their child healthy and ready to learn.

Like children, pregnant women also need a dental home. Receiving oral health care during pregnancy is safe and important. Preventing and treating oral disease during pregnancy is effective at maintaining or improving a woman's oral health and is key to her and her infant's overall health and well-being. A pregnant woman who has a dental home is more likely to maintain good oral health during her pregnancy.

INSIDE THIS ISSUE

The Importance of Helping Children and Pregnant Women Establish a Dental Home.....1

What Is a Dental Home.....2

Program Policies and Procedures.....2

For Your Family Newsletter.....2

Tips for Working with Oral Health Providers.....3

Engaging Families.....3

Resources.....4

Improving Oral Health Through Access

Brush Up on Oral Health Newsletter



- Monthly e-newsletter
- Target audience is Head Start staff
- Provides information on current practice, practical tips for staff to share with parents for promoting oral health, and simple recipes for healthy snacks
- Secondary audience is health and social service professionals

Tip Sheets

- Series for health managers and families
- Topics includes oral health, eating, active play, health literacy, healthy breathing, mental health, safety, and injury prevention
- Tips for promoting good oral health and things parents can do to help their child



Improving Oral Health Through Access

Program Struggles

- Programs have to continuously individualize for each child/family
- Engaging parents
- Securing treatment
- Arranging and/or paying for treatment
- Establishing and maintaining community partnerships

The Pennsylvania Story

CMS Learning Lab: Improving Oral Health Through Access

September 16, 2014
12:30 p.m. - 2:00 p.m. EDT

Paul R. Westerberg, DDS, MBA
Chief Dental Officer
Pennsylvania Department of Public Welfare
Office of Medical Assistance Programs

Amy Requa, MSN, CRNP
State Oral Health Coordinator
Pennsylvania Head Start Association

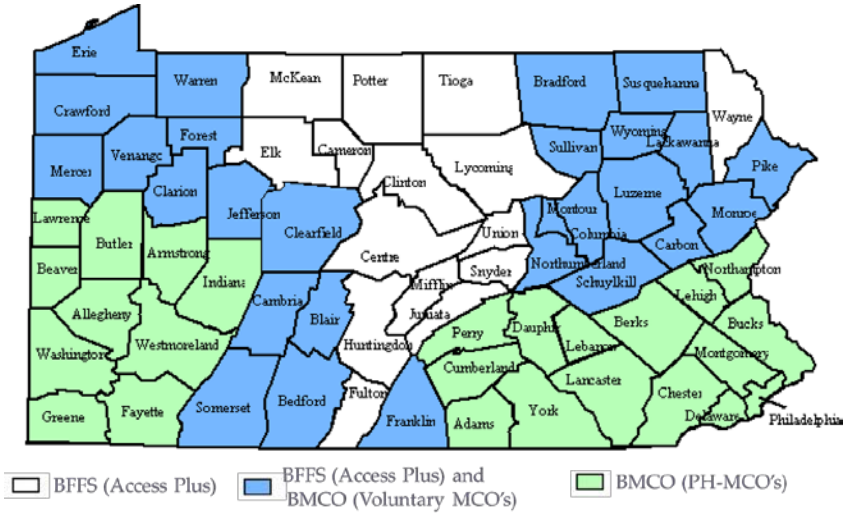


Improving Oral Health Through Access

Pennsylvania Medical Assistance Program

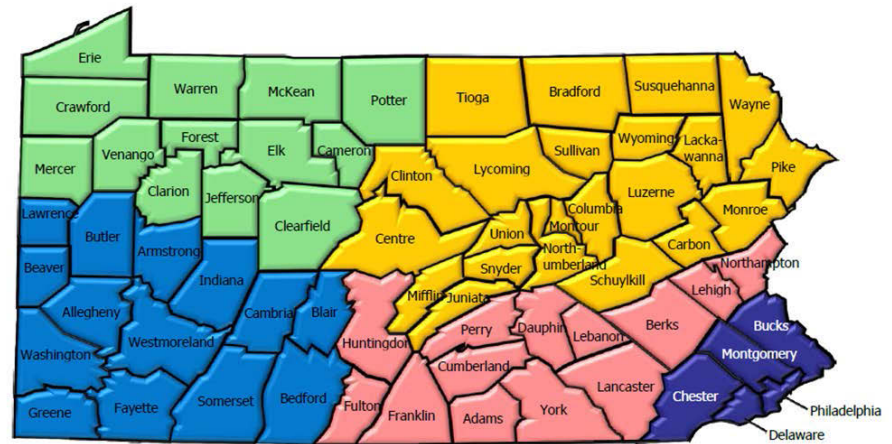
- Transitioning from direct state administration to a managed care model since 1997
- HealthChoices, the mandatory managed care program, operates as a 1915 (b) waiver demonstration project
- State contracts with Physical Health Managed Care Organizations (PH MCOs)
- PH MCOs provide physical healthcare services, including oral health services
- Oral health services are administered directly by the MCO or through subcontract with a Dental Benefit Management entity
- Subcontracts may be either administrative services only (ASO) or at-risk in nature
- The Bureau of Managed Care Operations (BMCO) oversees HealthChoices and PH MCOs

Geographic Footprint of Managed Care



2010

Managed Care



- HC SE - 1997
- HC SW - 1999
- HC L/C - 2001
- HC NW - 2012
- HC NE - 2013

2014

Managed Care and Oral Health Improvement

- All MCOs are required to maintain a Special Needs Unit (SNU)
- The improvement of oral health status (especially for children) has been a long-standing priority in Pennsylvania
- MCO Medical Directors and Quality Management staff are held responsible for improvement of oral health measures
- The HEDIS *Annual Dental Visit* measure is part of the Pay-for-Performance (P4P) MCO incentive program
- P4P measures and incentive payouts are contractually tied to achievement related to national benchmarks and incremental improvement

Oral Health Data Reporting for Pennsylvania

Annual Dental Visit - Four Year Trend				
	2011	2012	2013	2014
HealthChoices Weighted Average	52.42%	53.37%	55.22%	56.71%

HEDIS

Data Source: MCO NCQA Final Interactive Data Submission System (IDSS) files

CMS - 416

	2011 CMS - 416 Report	2012 CMS - 416 Report	2013 CMS-416 Report
Total EPSDT Eligibles	1,115,658	1,119,481	1,122,519
Eligibles Receiving a Preventive Dental Service	400,704	413,876	449,469
Percentage Receiving a Preventive Dental Service	36.0%	37.0%	40.0%

Data Source: PA submitted CMS-416 Reports FFYs 2011, 2012, & 2013 Line 1b., Eligibles ages 1-20

Improving Oral Health Through Access

Head Start Program Information Report (PIR) Comparison Data (2012-13)

Reported Oral Health Indicators	PA	National
Have a dental home	83.65%	90.48%
Received preventive care	84.58%	85.18%
Completed dental exams	78.91%	86.31%
Are diagnosed as needing treatment	19.33%	19.60%
Are receiving or have received care	75.52%	80.32%
Children 0-2 up to date on dental EPSDT schedule	69.13%	77.24%

41,149 children - Total Cumulative Enrollment
 92 Head Start Programs across all 67 Counties
 3 times as many Head Start Programs as Massachusetts

Improving Oral Health Through Access

The Formative Years (2009-2011)

- Birth of PA's Head Start Oral Health Initiative (December 2009)
- Formed a state-level Steering Committee of key leaders:
 - PA Head Start State Collaboration Office (HSSCO)
 - PA Head Start Association (PHSA)
 - PA Department of Public Welfare/Office of Medical Assistance Programs
 - Region III Office of Head Start's Dental Consultant
 - Technical Assistance Contractor for Head Start
- Intentionally designed to be a nimble, influential, and action-oriented decision-making group
- We “branded” our initiative:

“Healthy Smiles, Happy Children: A Dentist for Every Child”

Formative Years (2009 – 2011)

OMAP Perspective and Milestones

- 2008/2009, AAP and AAPD update recommendations for initial dental examinations
- May 2009, Early preventive intervention and medical/dental collaboration integrated into OMAP program strategy
- November 2009, Invitation to meet with Head Start
- April 2010, CMS announces the Oral Health Initiative
- April 1, 2010: OMAP implements MA compensation to physicians for topical application of fluoride varnish
- August 2011, OMAP releases white paper proposing completion of HealthChoices state-wide expansion

The Formative Years (2010-2011)

- 3 Regional Oral Health Forums (Spring 2010)
 - Identified needs and barriers to access specific to Head Start
- Forum recommendation: State Task Force for Head Start
- Formed “Head Start Healthy Smiles Task Force” (January 2011)
 - Spearheaded with leadership support and funding from HSSCO
- Launched PA’s Head Start Dental Home Initiative with support from the Office of Head Start (May 2011)

PA Head Start Healthy Smiles Task Force Goals

1. Establish a dental home for every child in Head Start
2. Ensure children in Head Start receive follow up treatment
3. Educate caregivers to prevent oral diseases early in life
4. Forge collaborations to benefit children, families, and providers
5. Build lasting relationships with the dental community



Improving Oral Health Through Access

Task Force Objectives to Improve Access

- Cultivate partnerships between PA Head Start Association, DPW/OMAP and key stakeholders
- Build collaborative relationships with the MCOs
- Promote oral health by educating Head Start children, families, staff, and community partners
- Inform dental providers about the needs of Head Start children on medical assistance
- Build momentum via regular meetings at least twice per year



Improving Oral Health Through Access

Pilot Project Phase (January – July 2012)

- Fall 2011: Task Force recommends targeted intervention
 - Need to improve access to “follow-up” treatment
 - Care coordination and partnership with DPW and HealthChoices MCOs
- Analyzed Head Start Program Information Report (PIR) trend data
 - Identified 12 programs struggling with follow-up; made calls to assess needs
 - Selected 2 with strong directors for “MCO-Head Start Liaison Pilot Project” in the Southwest Zone of HealthChoices
- Pilot programs identified a Point of Contact person who connected to the “MCO-Head Start Liaisons”
- Liaisons provide direct assistance to programs in finding services for individual children needing follow-up treatment
- Pilot project programs reported at least a 10% increase in follow up services

Pilot Project from the MA Viewpoint

- Strong care management and member outreach component within HealthChoices MCO structure
- Mandatory Special Needs Unit within each MCO
- Need expressed by Head Start staffers fit appropriately with existing MCO mission responsibilities
- Offered access to additional “high touch” care coordination resources synergistic to MCO efforts

DentaQuest Foundation Venture Fund Grant – More Synchronicity and Support

- Massachusetts Head Start Association (MHSA) invites PHSA to collaborate on DentaQuest Foundation grant (Fall 2011)
- To “scale up” MHSA’s positive model for “Building Successful Collaborative State Oral Health Consortiums” in another state
- DentaQuest Foundation funds 1 FTE State Oral Health Coordinator for Pennsylvania
- PA State Oral Health Coordinator lends more support for the MCO-Head Start Liaison Pilot Project (Spring 2012)

Broader DentaQuest Foundation Grant Goals

- Effective statewide oral health coalition-building
- Oral health promotion through education
 - “Cavity Free Kids Train-the-Trainer” sessions
- Improved medical-dental collaboration and consistent oral health messaging
 - Connecting Head Start children to dental homes beginning with the Age 1 visit
 - Community engagement strategies to improve the delivery of primary preventive care to improve outcomes for Head Start children

Synergistic Collaborative Partners

- Healthy Teeth, Healthy Children project established by the PA Chapter of the American Academy of Pediatrics through a DentaQuest Foundation grant in 2012
- Strengthening the Safety Net grant received by the PA Association of Community Health Centers from the DentaQuest Foundation in 2012
- These grants and organizations brought additional opportunities for coordination and optimized resource allocation to collaborative efforts

Expansion of the Liaison Project across HealthChoices

- Head Start leadership attends June 2012 MCO Medical Directors' Meeting
- BMCO announces an Operations Memorandum supplying guidance on appropriate MCO interaction with Head Start programs in HealthChoices
- BMCO issues Ops Memo on 7/23/2012
 - Memo effectively expands pilot project from two county to all counties in active HealthChoices Zones
 - Clearly defines responsibilities for establishment of collaborative care management in tandem with Head Start staff
- Completion of state-wide expansion of HealthChoices in early 2013
- Functionality of the Liaison Project becomes operational and available to Head Start programs in every county

Maturation Phase: Statewide Rollout

- July 2012 – BMCO's Operations Memorandum published
- Full implementation of the MCO-Head Start Liaison Project across the state
- MCOs were invited to join the Head Start Healthy Smiles Task Force (100% attended October 2012 meeting)
- Task Force meeting supports discussion between MCOs and Head Start leaders:
 - Building uniformity into the MCO-Head Start Liaison Project
 - Developing standardized methods – when to connect and refer
 - Avoiding redundancy

Evolution of a Collaborative Care Coordination System

- MCO-HS Liaisons assist in accessing services (identifying appropriate providers, making appointments, arranging transportation)
- Engage in 3-way calling between the family (“subscriber”), Head Start support personnel, and MCO-HS Liaisons
- Look at the gaps together, identify the barriers for individual children, and problem-solve solutions together
- As trust builds, Head Start programs move towards signing Business Associate Agreements with MCOs
- Our goal is a robust, collaborative care coordination system

Implementation Factors to Consider

- All 92 Head Start programs have unique organizational and administrative structures
- All 9 of the MCO organizational structures vary as well
- Staffing turnover impacts continuity of the project on both sides
- Competing priorities
- It takes time to build relationships and trust!
- Concerns about data sharing (HIPAA)
- Each of the 9 MCOs has its own BAA and/or service coordination agreements
- Head Start Program Performance Standards require oversight according to program governance regulations –
 - Policy Council and Board approvals needed to sign agreements

A Test Case for Data Sharing

- Identifying process and strategies to make this partnership work
- Focused on understanding the process of relationship-building between 1 Head Start program and 1 MCO
 - Understanding the benefits of sharing data, signing cooperative agreements, and working together
 - MCO Agreements are signed, opening up the door for deeper data sharing
 - MCO identifies internal methods for isolating unique data on individual Head Start children
 - Steps are delineated for sharing data spreadsheets between the MCO and the Head Start program
 - Sharing encounter dates, missed appointments, service gaps
- Implementation continues to depend upon a variety of factors

Quality Improvement and Innovation

- Oral health data sharing opens door to additional data sharing across EPSDT and physical health
- MCOs are mining their claims data to understand which EPSDT services were provided at service encounters
- Head Start programs identify gaps in EPSDT services within their own tracking databases (e.g. blood lead level testing, vision/hearing screening, hemoglobin/hematocrit values missing – perpetual “offenders”)
- When gaps are identified, the MCOs are working within their provider networks to address these specific gaps in care, targeting continuing education to network providers on specific topics (e.g. “PA Age One Connect the Dots”)

Lessons Learned

- Collaboration is labor intensive
- Designing new systems of working together takes more time than you think
- Implementing new systems takes more time
- You must continually build consensus in order to change paradigms of thinking and practice
- Commitment to the vision requires continuity of leadership
- Communication is everything
- Innovation can inspire and engage partners
- Trust is key
- Keep the wellbeing of children alive as your highest priority

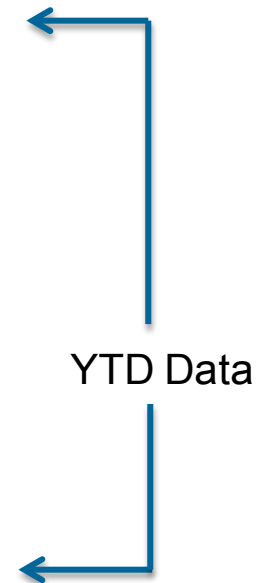
Preliminary Data Analysis from a Pilot HS Program

Eligible Anytime During the Calendar Year

	CY 2011	CY 2012	CY 2013	CY 2014
Eligibles	318	326	320	334
Eligibles with a preventive dental service	59	145	228	133
Percentage of Eligibles with a preventive dental service	18.6%	44.5%	71.3%	39.8%

Eligible Sometime in CY 2011, Then Continuously Eligible

	CY 2011	CY 2012	CY 2013	CY 2014
Eligibles	234	234	234	234
Eligibles with a preventive dental service	50	113	176	107
Percentage of Eligibles with a preventive dental service	21.4%	48.3%	75.2%	45.7%



Data Source: PA DPW Enterprise Data Warehouse Claims Data

Think Teeth

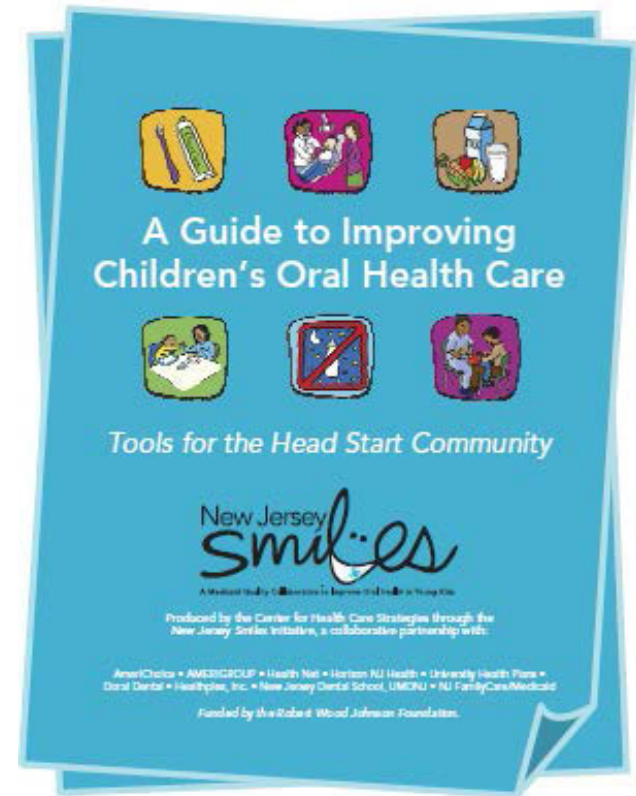
- Three free materials
 - For babies and toddlers up to age 3
 - For children of all ages
 - For pregnant women
- English/Spanish
- Can be bulk ordered for free from CMS
- Available here:
<http://www.insurekidsnow.gov/professionals/dental/index.html>



Improving Oral Health Through Access

An Oral Health Toolkit for the Head Start Community

- Created by the Center for Health Care Strategies for New Jersey Smiles, an 18-month collaborative between Medicaid and Head Start
- Content:
 - Establishing dental homes for EHS/HS children
 - Strategies for engaging families about oral health
 - Activities for the EHS/HS classroom
- Available here:
<http://www.chcs.org/resource/a-guide-to-improving-childrens-oral-health-care-tools-for-the-head-start-community/>



Contact List

Laurie Norris, JD
Senior Policy Advisor & Coordinator
CMS Oral Health Initiative
Centers for Medicare & Medicaid Services
laurie.norris@cms.hhs.gov

Marco Beltran, DrPH
Head Start Program
Specialist, Office of Head Start
Administration for Children and Families
Marco.Beltran@ACF.hhs.gov

Paul R. Westerberg, DDS, MBA,
Chief Dental Officer
Pennsylvania Department of Public Welfare
Office of Medical Assistance Programs
pwesterber@state.pa.us

Amy Requa, MSN,CRNP
Oral Health Coordinator
Pennsylvania Head Start Association
amy.cpnnp@gmail.com

Evaluation Survey

- Your opinion counts! Please take our evaluation survey by clicking on survey widget.



Questions

- Q&A Widget
- To pose a question to the presenters or to the group, click on the “Q&A” widget at the bottom and submit your question.
- Please note, your questions can only be seen by our presentation team and are not viewable by other attendees.

