



FACT SHEET
I-Smile: Children's Dental Home Project

Issue:

Severe decay for a very young child often results in treatment in an operating room, and can cost more than \$10,000. The cost for three fluoride varnish applications in a year, highly effective in preventing cavities, is just \$43.

In 2006, more than half of all Medicaid-enrolled children in Iowa received no dental care. More than 60 percent of Medicaid-enrolled children between 1 and 5 had no care. The I-Smile program is a plan to prevent cavities and to ensure that at-risk children have access to dental care.

Progress to Date:

The program uses 24 dental hygienists as local I-Smile Oral Health Coordinators, located within Iowa's Title V maternal and child health system. Each coordinator is an oral health prevention expert and liaison between public health, families, health care providers, and dental offices to ensure children receive care.

Coordinators are strengthening and developing partnerships within early childhood and community organizations, establishing referral networks, providing education and training for non-dental health care professionals, ensuring care coordination for families, and seeing that children receive preventive care. 4% increase in preventive services seen in the first year.

AGE 1-5

Table with 6 columns: Period, Preventive Service (Total, Percent), Treatment (Total, Percent), Total Enrolled. Rows include Oct 2005 - Sep 2006, Dec 2006 - Nov 2007, and CHANGE.

What Needs to be Done?

The increased influx of Medicaid enrolled children now into the Child Health (Title V) system is creating a burden and need for assistance with data entry, administrative work, etc. We know that 24 I-Smile Coordinators/hygienists are not sufficient to fix a badly repaired system.

1. EPSDT Data: Iowa Department of Human Services

The full aspect of a dental home cannot be reached without access to treatment when needed. The current Medicaid system does not attract adequate dentist participation. The following are recommendations to strengthen the I-Smile program.

- ⊗ **Create a *hawk-i* look-a-like Medicaid dental plan to attract provider participation**
 - phased in approach – age 6 and younger initially, increasing coverage a year at a time up to age 12 (through 2014), or
 - phased in approach – age 4 and younger initially, increasing coverage a year at a time up to age 12 (through 2016), or
 - enhance the dental Medicaid program to increase reimbursement to 75 percent of “usual and customary rates” for dentists, administered by a third party plan
- ⊗ **Increase funding for I-Smile to allow comprehensive implementation for improving local public health infrastructure**
- ⊗ **Funding resources to promote oral health and the I-Smile program throughout the state, especially the need for regular care by the age of 1**
- ⊗ **Reimburse physicians for providing oral screenings to Medicaid-enrolled children ages 3 and younger, and advocate that insurance companies, including those carrying *hawk-i*, reimburse physicians for screenings and fluoride varnish applications**

I-SMILE DENTAL HOME PLAN

- **I-Smile is a public health initiative which will benefit all Iowa children, whether they are Medicaid eligible or not**
- **I-Smile has a strong focus on oral health education, early identification of disease risk, early prevention and coordination of care.**
- **The Iowa Department of Public Health, with Dr. Bob Russell as the Dental Director for the Oral Health Bureau has taken the lead in creating the I-Smile program.**
- **Dr. Russell can address that strategy.**

MEDICAID

- **What has been done and what needs to be done**
 1. **Improve the dental support system for families in order to allow for access to necessary dental care**
 - **Funding provided through Interagency Agreement with IDPH to strengthen the dental program infrastructure**

- **FY '07 - \$323,975**
- **FY '08 - \$631,256**
- **FY '09 - \$1.2 million (estimate)**

- **Status: Oral Health Coordinators have been employed in each of the 24 Title V Child Health Agencies**

- **Strengthen the state Title V Child Health database for tracking patient care coordination and appointments**
 - **FY '07 - \$52,500**
 - **FY '08 - \$25,000**
 - **FY '09 - \$22,500 (estimate)**

 - **Status: In process**

- **\$500,000 has been allocated in the Governor's FY '09 Budget for planning and development of a phased in dental home program, in cooperation with IDPH**

- 2. Improve the Medicaid dental program to increase dentist participation and access**

- **A contracted entity would provide an adequate network of dentists, pay claims at an enhanced rate and ultimately ensure that each child on Medicaid 12 and under has a dentist**
 - **FY '09 – Funding required, CMS waiver approval required**
 - **Status: Request for proposals (RFP) in process**
- **What can Medicaid do within the current budget?**
 - **Continue infrastructure development with IDPH to the extent allowed by funding**
 - **Continue early preventive treatments by non-dentists (fluoride varnish by physicians; screenings, fluoride and sealants by Title V dental hygienists)**
 - **Continue care and treatment by participating dentists**
 - **Release the RFP with an implementation date as funding and CMS approval allows**