

STATE OF COLORADO



Colorado Department
of Public Health
and Environment

Old Age Pension Dental Assistance Program **Annual Report** July 2012 – June 2013

Submitted to the Colorado Legislature
by the Oral Health Unit, Prevention Services Division
Colorado Department of Public Health and Environment
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Introduction

This report is prepared for the Joint Budget Committee of the Colorado Legislature pursuant to C.R.S. 25-21-106, which directs the Colorado Department of Public Health and Environment (CDPHE) to annually report on the operation and effectiveness of the Old Age Pension Dental Assistance Program (OAP DAP).

The OAP DAP was established through legislation in 1977 to provide dental care (dentures and related services) to senior citizens who receive Old Age Pension public assistance. This legislation was instituted to improve the oral health of the low-income elderly of Colorado (C.R.S 25-21-101- 25-21-107.7). The statutory purpose of the OAP DAP is “to promote the public health and welfare of the people of Colorado by providing an alternative to the present medicaid system which will furnish necessary dental appliances and services to individuals sixty years of age or older whose income and resources are insufficient to meet the costs of such appliances and services, thereby enabling individuals and families to attain or retain their capabilities for independence and self-care.”

The Oral Health Unit at CDPHE administers the OAP DAP. The program receives expert advise from the governor-appointed Dental Advisory Committee (DAC). The OAP DAP rules are recommended by the DAC and enacted by the state Board of Health.

During the 2012 legislative session, House Bill 1326 appropriated \$3 million to the OAP DAP after several years without a state appropriation. The bill also amended C.R.S. 25-21-103 (b) to expand the definition of eligibility for participation in the OAP DAP. The new definition maintained eligibility for DAP to those who are eligible for OAP and also added a new category for those who are eligible for a Medicare Savings Plan but who are not eligible for long-term care.

Program Focus

Maintaining good oral health is vital to overall health, especially in vulnerable senior citizens. This is because oral health contributes to or is associated with adequate nutrition, reparatory health, prevention of general infection, and quality of life. The DAP program polices are created to be responsive to the relationship of oral health and overall health by creating incentives for dentists to provide preventive care. Specifically, program rules for preventive oral health services reimburse providers at higher rates and disallow the collection of copayments from participating seniors for these services. These policy choices align with the statutory directive to “promote public health and welfare.”

Administration

CDPHE has assigned 3.5 Full Time Equivalents (FTE) to administer the OAP DAP, which is in excess of the 1.8 FTE funded by the state appropriation. This allocation of personnel time has been required to administer a complex eligibility determination under the expanded definition created in HB 12-1326 and to monitor program grantees in compliance with federal health information privacy laws of the Health Insurance Portability and Accountability Act (HIPAA).

Dental Advisory Committee

The DAC advises CDPHE on program administration, program policies including reimbursable procedures, and the selection of program grantees. All previous appointments to the DAC had expired by the time the program was reinstated in state fiscal year (FY) 12-13. By July 23, 2012, seven of ten DAC appointments were made. An eighth appointment was made in September 2012. The remaining two seats were assigned to program eligible seniors. An eligible senior is someone who is over the age of 60, with an income of less than \$800 per month, has some expertise to contribute to the deliberations of the DAC, and would be able to serve without compensation. In spite of staff efforts to recruit through existing program beneficiaries and through Colorado Department of Human Services contacts, the program was not able to identify a qualified individual to serve on the DAC.

Funding and Contracting

A total of \$3,202,743 was appropriated from the General Fund in FY 12-13. As several administrative tasks had to be completed prior to beginning work, grantees performed under their contract for a period of less than five months at the end of the fiscal year. The administrative tasks completed included securing governor appointments to the DAC, researching and updating the DAP service and reimbursement schedule, promulgating Board of Health rules, announcing a Request for Application, and executing state contracts with grantees.

Of the state FY 12-13 appropriation, \$1,769,032 was expended by OAP DAP grantees on program services and administration, \$120,000 was expended by Dental Housecalls for services to the infirm as required by C.R.S. 25-21-108, and \$255,635 was expended by CDPHE for operating and personnel requirements. The remainder of the FY 12-13 appropriation was reappropriated for use by the program during state FY 13-14. Reappropriated funds were awarded to additional OAP DAP grantees in November of 2013.

Grantees

Nineteen grantees provided OAP DAP services to all 64 Colorado counties. Eighteen of 19 FY 12-13 program grantees renewed contracts with the state for FY 13-14.

Boulder County Area Agency on Aging	Northwest CO Council of Governments-
Cheyenne County Public Health	Alpine Area Agency on Aging
Comfort Dental East Colfax	Pikes Peak Area Council of Governments
Dental Aid	Plains Medical Center
Dolores County Health Association	Pueblo Community College
Health District of Northern Larimer County	Salud Family Health Centers
Kit Carson County Health	Senior Mobile Dental
Marillac Clinic	South Central Colorado Seniors
Mountain Family Health Centers	Summit Community Care Clinic
Northeast Colorado Area Agency on Aging	University of Colorado School of Dental Medicine

Beneficiaries Served

In fewer than five months of operation during FY 12-13, the OAP DAP financed care for 1370 eligible seniors. Historically, the OAP DAP supported care for approximately 745 seniors per fiscal year (though the annual appropriation was one sixth that of the current appropriation). Of seniors who met statutory eligibility requirements and received care during FY 12-13, 98 percent were qualified under OAP eligibility criteria (section 26-2-111 (2), C.R.S.) and two percent were qualified under the expanded eligibility definition created in statute in 2012 (section 25.5-5-101 (1) (I), C.R.S.). Program grantees provided or arranged for oral health care services to eligible seniors in all 64 Colorado counties, which marked the first year statewide reach was achieved.

Program Services

Table 1 reports the aggregate number of procedures provided by program grantees. Tooth extractions, fillings and x-rays were the most common procedures, which is consistent with past program experience.

Table 1: Dental Procedures for Program Beneficiaries

SFY	Exams	X-rays	Cleanings/ Preventive Procedures	Fillings	Dentures	Partials	Denture Repairs/ Relines	Extractions
2009	300	410	175	363	190	103	69	453
2010*	93	140	74	183	61	43	31	220
2013	1188	1510	1472	2030	512	469	98	2449

* Program funds were not appropriated for FY 10-11 or FY 11-12

Table 2 reports the estimated patients served and the average cost per patient for oral health care for multiple state fiscal years. The cost estimate is based upon the program’s maximum allowable fee for each reimbursable procedure.

Table 2: Estimated Patients Served and Mean Cost Per Patient

SFY	Seniors Served	Average Cost per patient
2007	884	\$570
2008	863	\$555
2009	586	\$560
2010*	223	\$798
2013	1370	\$1,291

* Program funds were not appropriated for FY 10-11 or FY 11-12

Recommendations

With the creation of an adult oral health benefit in Medicaid during the 2013 legislative session, it is estimated that fewer than 800 OAP eligible seniors will remain without coverage for oral health care in state FY 13-14. The Department of Health Care Policy and Financing (HCPF) has reported to CDPHE that they intend to create an OAP “State Only” oral health benefit, with an existing appropriation, to provide Medicaid equivalent oral health coverage to these remaining 800 OAP eligible individuals in FY 13-14.

Of all OAP DAP beneficiaries in FY 12-13, only two percent were not eligible for OAP and were instead qualified under the expanded eligibility definition described above in the *Introduction* section. If the eligibility profile of seniors served by OAP DAP remains the same in future fiscal years, then the OAP DAP benefit will be duplicative of the new state oral health benefits in Medicaid for all but two percent of prospective beneficiaries. It is, therefore, the recommendation of CDPHE that program statutes be revised in order to utilize some portion of the funding to address other oral health needs of Coloradans.