

STATE OF COLORADO



Colorado Department
of Public Health
and Environment

Old Age Pension Dental Assistance Program

Annual Report

July 2013 – June 2014

Submitted to the Colorado Legislature
by the Oral Health Program, 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 through 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 Program at CDPHE administers the OAP DAP. The program receives expert advice 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 OAP DAP to those who are eligible for OAP medical and also added a new category for those who are eligible for a Medicare Savings Plan, but not eligible for long-term care.

During the 2013 legislative session, Senate Bill 242 created an adult dental benefit in Medicaid. This bill implemented a limited basic benefit on April 1, 2014 and a full benefit on July 1, 2014. Many of the individuals served under the C.R.S. 25-21-103 (b) statute defining eligibility for the OAP DAP are also eligible for the adult Medicaid dental benefit.

During the 2014 legislative session, Senate Bill 180 was passed. The purpose of the legislation was to relocate and reorganize the OAP DAP, by moving the appropriation and authority for the program to the Colorado Department of Health Care Policy and Financing (HCPF). This bill created the new Colorado Dental Health Care Program for Low-Income Seniors. Dental health care service grants will be granted by HCPF on or after July 1, 2015. The bill repeals Colorado Revised Statute 25-21 on January 1, 2016, ending the OAP DAP at CDPHE.

Program Focus

Maintaining good oral health is vital to overall health, especially in vulnerable seniors. This is because oral health contributes to or is associated with adequate nutrition, respiratory health, prevention of general infection, and quality of life. OAP DAP policies were created to be

responsive to the relationship of oral health to overall health and the fact that more seniors are maintaining their natural teeth as they age. 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

House bill 12-1326 allocated one full time equivalent (FTE) employee to CDPHE to administer the OAP DAP. Supervisory, fiscal, contracting and other support staff also contributed to the administration of the program.

Dental Advisory Committee

The DAC advises CDPHE on program administration, program policies including reimbursable procedures, and the selection of program grantees. At the beginning of FY 13-14, 10 of the 12 DAC seats were filled. The remaining two seats are allocated to seniors eligible for the OAP DAP program. An eligible senior DAC member is someone who is over the age of 60, with an income of less than \$1200 per month, has some expertise to contribute to the deliberations of the DAC, and able to serve without compensation. In spite of staff efforts to recruit individuals to serve in these positions 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 during the fiscal year.

The DAC convened in September 2013 to review applications submitted in response to the Request for Applications (RFA) released by CDPHE in July 2013. This RFA was issued in order to fill the gap created when the largest OAP DAP contractor received an FY 12-13 stop work order and did not extend its contract with CDPHE for FY 13-14. During the September 2013 RFA review meeting, the DAC also reviewed and voted on dental procedure guidelines, which defined procedures and set frequency recommendations and limitations based on compliance issues identified by CDPHE program staff.

Funding and Contracting

A total of \$3,022,800 was appropriated from the General Fund in FY 13-14 for the OAP DAP program. The administrative tasks completed during the first four months of this fiscal year included researching and updating the OAP DAP procedure guidelines, defining procedures and procedure frequency limitations in alignment with commercial health plans, announcing an RFA focused on the Denver metro area, and executing program contracts with new OAP DAP grantees.

Of the FY 13-14 appropriation, \$2,335,386 was expended by OAP DAP grantees on program services and administration; \$238,837 was expended by Dental Housecalls, of which \$118,837 was from the OAP DAP appropriation, for services to the infirm as required by C.R.S. 25-21-

108; and \$263,150 was expended by CDPHE for operating and personnel costs. Nearly 90 percent of the FY13-14 funds were expended in the first full year of contracts. This was accomplished despite new grantees only having six months to provide services after contracts were completed under the September 2013 RFA. The total expended during FY 13-14 was \$2,837,373 of the \$3,022,800 available.

The OAP DAP also had unexpended funds from FY 12-13, which were rolled forward for use by the program during FY 13-14. Roll forward totaled \$1,058,073. OAP DAP grantees expended \$591,815 of these fund of which \$20,000 was contracted to Dental Housecalls for services.

A total of \$4,260,816 was available during FY 13-14. A total of \$3,429,188 from both the annual state appropriation and the roll forward funds was expended in FY 13-14. A total of \$831, 628 was reverted from both the annual state appropriation and the roll forward funds.

Grantees

Seventeen of the original nineteen grantees provided OAP DAP services to all 64 Colorado counties in FY 13-14. An additional 15 applicants completed contracts with CDPHE, for a total of 32 grantees for FY 13-14. Thirty-one program grantees renewed contracts with the state for FY 14-15. The following is a list of FY 13-14 program grantees:

Aurora Dental Group	Metro Community Provider Network
Boulder County Area Agency on Aging	Mountain Family Health Centers
Chaffee County Public Health	Northeast Colorado Area Agency on Aging
Chambers Court Dentistry	Pikes Peak Area Council of Governments
Cheyenne County Public Health	Plains Medical Center
Comfort Dental Commerce City	Pueblo Community College
Comfort Dental Mile High	Pueblo Community Health Center
Comfort Dental Quincy & Buckley	Red Rocks Family Dentistry
Cozy Dental	Salud Family Health Centers
Collis Family Dentistry	Senior Mobile Dental
Dental Aid	Sheridan Health Services (UCD College of Nursing)
Dolores County Health Association	South Central Colorado Seniors
Health District of Northern Larimer County	South Federal Family Dentistry
High Plains Community Health Center	Summit Community Care Clinic
Inner City Health Center	University of Colorado School of Dental Medicine
Kit Carson County Health	
Marillac Clinic	

Beneficiaries Served

In FY 13-14, the OAP DAP financed care for 2,458 eligible seniors, providing over 22,000 dental procedures. 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). Program grantees provided or arranged for oral health care services to eligible seniors in all 64

Colorado counties, which marked the first full year of statewide services for the program. A total of 3,317 seniors have received treatment through the OAP DAP since program funding was restored in July 2012. These services were provided over approximately 17 months of program operations.

Additionally, the OAP DAP has experienced a significant change in billed procedures. This occurred after the development of a fee schedule in FY 12-13 that prioritized preventive procedures through higher reimbursement. Historically in OAP DAP, prevention services have accounted for approximately eight percent of all procedures. This percentage increased to approximately 18 percent after the implementation of the *prevention* prioritized fee schedule. The percentage of dentures provided by OAP DAP has decreased from approximately eight percent of billed procedures to six percent of billed procedures. This decrease could be an indication that more providers are focusing on maintaining existing teeth instead of extracting functional teeth and providing dentures. These data suggest that oral health providers, who participate in OAP DAP, are responding to program reimbursement incentives to provide preventive services to seniors, where clinically indicated and feasible.

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
2014	2430	3653	4104	4285	1312	861	367	4990

* 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 Average 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
2014	2458	\$950

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

Recommendations

The OAP DAP program has provided for the oral health care needs of thousands of low-income seniors in Colorado for nearly four decades. This grants program existed during a period when there were very few publicly financed options for the provision of needed oral health services for low-income adults.

In April 2014, Medicaid implemented a limited oral health benefit for adults. In July 2014, Medicaid expanded the benefit to include coverage for dentures. Since July 2014, OAP DAP program staff has found that nearly all individuals who met OAP DAP eligibility during the last two years of program operation now qualify for the oral health adult benefit in Medicaid.

Given the new availability of state financed oral health care services for seniors in need under Medicaid, and the complexity of administering a grants program that finances care for a substantially similar population and set of eligible procedures, the need for an oral health grants program for low-income seniors is no longer evident. CDPHE recommends reallocating state appropriations, directed to this purpose, to other more pressing oral health and senior health service needs.