

Dental Playbook and Checklists

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Checklist for Talking to Your Applied Behavior Analysis Provider or Waiver Behavior Management Consultant About Oral Care and Dental Programming

Both Applied Behavior Analysis (ABA) Therapy and Behavior Management Consultation services (BMAN) can be used to address behavioral barriers to participation in home oral care and dental visits. Talk to your provider about the importance of improving dental and oral care. Talk to your provider about the “best life” goals that improved oral care will help the individual achieve.

Home oral care

- 1) Review and demonstrate home oral care routine with provider observing. (You can record a video demonstration too)
- 2) Ask them to note behavioral/sensory/motor skill/motor planning barriers for each step.
 - a. Getting supplies together (toothbrush, paste, floss, towel, etc.)
 - i. Where are they stored?
 - ii. Accessible?
 - iii. A “kit” all together?
 - b. Steps to brushing teeth, holding/moving tube of paste/brush, brushing tongue, rinsing, spitting out paste
 - c. Flossing – type of floss, action to floss each tooth

- d. Tongue cleaner, if used
- e. Clean-up/put away materials

Dental visits

- 1) Review the Preparing for Dental Visit Checklist with ABA/BMAN provider.
- 2) Prioritize barriers to address in programming
 - a. What is important to the individual?
 - b. What is important to the professional?
 - c. Agree before visit on a plan – get feedback from dental professional
- 3) Discuss programming
 - a. During on-going therapy/services?
 - b. “Bootcamp” style – multiple visits over shorter period of time
 - c. Materials - visual aids, equipment, social stories, videos, etc.
 - d. Staff training – Direct Service Provider (DSP), Registered Behavior Technician (RBT) and/or dental office (if this is an option)
 - e. Family/caregiver training (part of ABA Therapy)
- 4) Schedule programming and training
- 5) Have the provider do a post-programming evaluation to be sure goals are met.
- 6) Have the provider design “refreshers” or practice sessions to do before a dental visit to prepare.

Checklist for Talking to Your Occupational Therapist and/or Physical Therapist About Oral Care and Dental Visit Programming

Occupational Therapy (OT) and Physical Therapy (PT) can be used to address fine/gross motor skill deficits and motor planning issues that are barriers to oral care and dental visits. Talk to your provider about the importance of improving dental and oral care. Talk to your provider about the “best life” goals that improved oral care will help the individual achieve.

Home oral care

- 1) Review and demonstrate home oral care routine with provider observing. (Can use video too.)
- 2) Ask them to note sensory/motor skill/motor planning barriers for each step.
 - a. Getting supplies together (toothbrush, paste, floss, towel, etc.)
 - b. Steps to brushing teeth, holding/moving tube of paste/brush, brushing tongue, rinsing, spitting out paste
 - c. Flossing – type of floss, action to floss each tooth
 - d. Tongue cleaner, if used
 - e. Clean-up/put away materials

Dental Visits

- 1) Review the “Preparing for Dental Visit Checklist” with the OT/PT provider
- 2) Prioritize barriers to address in programming
- 3) Discuss programming
- 4) Discuss adaptive tools – brushes, floss, tongue cleaners, paste, dental tools
- 5) Review goals and timeline
- 6) Caregiver training
- 7) Discuss how to measure if goals are met
- 8) Discuss “homework”- exercises, try different methods/equipment

Checklist for School Aged Children – Individualized Education Plan Goals to Address Oral Care and Dental Visits

Some school personnel may say that “brushing teeth is not an educational goal, we cannot address this in the IEP [Individualized Education Plan]”. Some school personnel may be happy to put such goals in the IEP. Either way, the type of motor and behavioral skills needed to work on oral care/dental health are also important for other areas of independent living skills. If the school will not work on “oral care”, what similar skills will they put in the IEP goals? We just might need to be a little creative!

For many children, the -occupational therapy or physical therapy related services in the IEP will be a good place to address skills that can help with oral care. These skills can also be addressed in the independent living skills part of the IEP.

Sample Skills That Can Help With Oral Care Skills

- 1) Using and manipulating small tools, brushes, etc. in art class, other classes. Fidget tools that can help build skills. Toys.
- 2) Trying different grip types and adaptive grip tools for writing, tracing and coloring skills
- 3) Using floss to cut into playdough during sensory breaks
- 4) Sequencing activities – learning to complete directions with multiple steps
 - a. What works best for the individual?
 - b. Lists, videos, visual schedule, checklist?
- 5) Goals related to brushing teeth, flossing, putting appropriate amount of paste on brush, rinsing mouth can also be added if the case conference committee agrees

Tips for Finding a Dental Care Provider

1) Get Referrals from

- a. Friends, family and neighbors
- b. Teachers
- c. Therapists
- d. Physicians
- e. Disability and Family Advocacy Groups
- f. Support groups
- g. Disability Finder
- h. Dental professionals, Dental professional organizations
 - i. Indiana Dental Association <https://indental.org/category/for-public/>
 - ii. Indiana University School of Dentistry - <https://dentistry.iu.edu/patients/index.html>

2) Check your Network Directory – Medicaid or private insurance

- a. Contact Medicaid/private insurer customer service for referral and to verify network participation
- b. If you have a case manager via your insurance, contact them for a referral and network verification

3) Contact the dental office before scheduling an appointment

- a. Verify that they are in your network with office manager or insurance office
- b. Speak with office manager or lead dental hygienist to briefly talk about how they accommodate people with disabilities
- c. If manager or lead dental hygienist seems disinterested, overly hesitant, unwilling to make accommodations, you may wish to look at other options
- d. Ask to schedule a “meet and greet” visit to see the office, do accommodations checklist and discuss accommodations needed
- e. Help the staff help you
 - i. Keep appointments
 - ii. Be on time
 - iii. Be organized with your checklist and questions
 - iv. Have needed information like identification, insurance card with you

Tips For Requesting Accommodations and Examples

1) Be specific

For example, don't say, "my son can't tolerate waiting, you'll need to accommodate that."

Say, "my son can't tolerate waiting - it leads to behaviors. Can we wait in the car where he will be calm, and could you text or call me when you are ready for him? Can we enter the office from another door that goes directly to the exam rooms, instead of having to walk through the waiting area?"

2) Be reasonable

Say, "my child is very anxious about new places, sights and sounds. Can his behavior technician and I schedule to bring him in on a slow day or a day with no appointments so he can see and hear the equipment, and see the office? May I record him on my phone to show him later?"

Do not show up at the office without an appointment to do a visit or a walk-through or record any person or area without asking and getting permission.

It would be reasonable to ask to have the first or last appointment of the day to avoid wait times, or to ask the office to call you if they are running late so you can arrive later.

It would not be reasonable to tell the office manager that your individual needs to be seen on the day of the week the office is usually closed so that there are no other patients or people in the office besides staff.

3) Give notice and friendly reminders - give the office and staff time to address accommodations or concerns before *each* visit.

Don't show up for the first appointment with a list of needed accommodations. Ask ahead of time for a virtual or in person planning visit or a phone call to discuss needs.

Scheduling ASL and language interpreters can take time. Give as much notice as possible.

Be courteous and politely remind the scheduler about the accommodations needed *each time* you schedule an appointment - this will help prevent problems, as staff can turn over and many practices are busy.

4) Be flexible

While you may have an idea of how an accommodation needs to work, be open to negotiating and trying something that may be different than what you imagined. If you are willing to “give and take” your provider will be more willing to as well.

5) Be on time

When a patient is late, it can throw off the entire day for the staff, and it takes time away from other patients who need to be seen too. Emergencies happen, but planning ahead saves a lot of time.

If you are going to be late because of something that is out of your control (like a late transportation provider or traffic accident) call the office and let them know so they can adjust.

6) Keep appointments

“No shows” for appointments are very difficult for any health care provider. That time is reserved for one patient - if there is a no show, another patient has to wait longer for an appointment. Health care providers don’t “overbook” like airlines and some other service industries. If a patient does not show, that time is lost.

If you cannot make an appointment, tell the office right away to give them a chance to give that spot to another patient who needs it urgently.

Especially if your appointment involves an interpreter, please be sure to keep your appointments and be on time.

Common Medicaid Dental Coverage for Children Under the Age of 21

Under EPSDT - Early, Periodic Screening, Diagnosis and Treatment

Service	Covered?
Fluoride treatment	Yes - every 6 months
X-rays bitewing	Yes - once each year
X-rays full mouth panoramic	Yes - once every 3 years
Preventive (cleaning, check gums, exam)	Yes - every six months
Orthodonture (braces)	only for craniofacial deformities, PA required
General anesthesia and IV sedation	Yes
Behavior management (restraint - papoose board, physical management)	Yes, once per date of service. Must document in record, must document why necessary, must limit due to potential for psychological and physical harm

PA = prior authorization

Full Medicaid - Medicaid packages that offer full coverage, NOT emergency only or pregnancy and post-partum coverage only packages

For more information go to www.in.gov/medicaid

Common Full Medicaid Dental Coverage for Adults from 21 years and older

Please note: If you are enrolled with a Managed Care Entity (MCE), such as Anthem, MHS, UnitedHealthcare or CareSource, you may have additional benefits. Go to https://www.in.gov/medicaid/members/files/Care_Center_Comparison.pdf to get information on each MCE and their benefits.

Service	Covered?
Fluoride treatment	No
X-rays bitewing	Yes, once per year
X-rays full mouth panoramic	Yes, once every 3 years
Preventive (cleaning, check gums, exam)	Yes, once per year
Orthodonture (braces)	No
General anesthesia and IV sedation	Requires Prior Authorization
Behavior management (physical restraint)	No
Dentures and repair of dentures*	Requires Prior Authorization, for functional purposes only not cosmetic

Full Medicaid - Medicaid packages that offer full coverage, NOT emergency only or pregnancy and post-partum coverage only packages

*Indiana Medicaid considers 8 back teeth, 4 on top, 4 on the bottom, to be adequate for functional purposes (chewing food). Indiana Medicaid does not consider dentures to be necessary for cosmetic purposes (how the teeth look).

For more information go to www.in.gov/medicaid

Medicaid Plans

Traditional Medicaid - for adults eligible for Home and Community Based Waivers (HCBS) such as the Family Supports Waiver (FSW), Community Integration and Rehabilitation Waiver (CIH) or Aged and Disabled Waiver (A&D)

Hoosier Care Connect - for aged, blind and disabled adults

Health Indiana Plan (HIP Basic and HIP Plus) - for most adults who are eligible based upon income

Common Insurance Terms to Know

Sources: Centers for Medicare and Medicaid, available at www.cms.gov; Indiana Family and Social Services Administration (FSSA), available at www.in.gov/fssa

Deductible: The amount a person must pay toward his or her medical expenses before a coverage program such as a health insurance plan begins paying.

Prior authorization (PA): An authorization required before the delivery of certain services. A nurse, physician or other clinician reviews PAs for medical necessity, reasonableness and other requirements. Some services do not require a PA, some do.

Excluded Services: Health care services that your health insurance or plan doesn't pay for or cover.

Co-payment: A fixed amount (for example, \$15) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

Managed care entities (MCEs): Under Indiana Medicaid health programs, MCEs are organizations that oversee the overall care of a patient so as to ensure cost-efficient quality health care to their members.

Balance Billing: When a provider bills you for the difference between the provider's charge and the allowed amount. For example, if the provider's charge is \$100 and the allowed amount is \$70, the provider may bill you for the remaining \$30. A preferred provider may not balance bill you for covered services. A Medicaid provider can only balance bill you under certain circumstances and must document costs up front before you decide to have the service.

Appeal: A request for your health insurer or plan to review a decision or a grievance again.

Grievance: A complaint that you communicate to your health insurer or plan.

Network: The facilities (hospitals, surgery centers, etc.), providers (doctors, dentists, therapists, etc.) and suppliers your health insurer or plan has contracted with to provide health care services.

Preferred Provider or In Network Provider: A provider who has a contract with your health insurer or plan to provide services to you at a discount. Check your policy to see if you can see all preferred providers or if your health insurance or plan has a "tiered" network and you must pay extra to see some providers. Your health insurance or plan may have preferred providers

who are also “participating” providers. Participating providers also contract with your health insurer or plan, but the discount may not be as great, and you may have to pay more.

Non-Preferred Provider or Out of Network Provider: A provider who doesn’t have a contract with your health insurer or plan to provide services to you. You’ll pay more to see a non-preferred provider. Check your policy to see if you can go to all providers who have contracted with your health insurance or plan, or if your health insurance or plan has a “tiered” network and you must pay extra to see some providers.

Medically Necessary: Health care services or supplies needed to prevent, diagnose or treat an illness, injury, condition, disease or its symptoms and that meet accepted standards of medicine.

Habilitation Services: Health care services that help a person keep, learn or improve skills and functioning for daily living. Examples include therapy for a child who isn’t walking or talking at the expected age. These services may include physical and occupational therapy, speech-language pathology and other services for people with disabilities in a variety of inpatient (hospital) and/or outpatient (office-based) settings.

EPSDT: Early, Periodic Screening, Diagnosis and Treatment (under Full Medicaid plans only) - The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid. EPSDT is key to ensuring that children and adolescents receive appropriate preventive, dental, mental health, and developmental, and specialty services.

Full Medicaid: Medicaid provides health coverage to millions of Americans, including eligible low-income adults, children, pregnant women, elderly adults, and people with disabilities. Medicaid is administered by states, according to federal requirements. The program is funded jointly by states and the federal government. “Full Medicaid” provides comprehensive medical benefits compared to “emergency only” or pregnancy coverage Medicaid packages that are limited in what services they cover and when a person may be covered.