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NEVADA



March 2024



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SUMMARY AND KEY FINDINGS

NEVADA ORAL HEALTH NEEDS ASSESSMENT
OF ADULTS WITH INTELLECTUAL AND/OR
DEVELOPMENTAL DISABILITIES



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Executive Summary and Key Findings



“Our health goals should be centered around one premise: Underserved shouldn’t be a designation within our state.”

Dr. Bryce Putman, DDS

Nevada Advisory Committee on the State Program for Oral Health

Oral health care represents the most unmet health care need for adults with intellectual and/or developmental disabilities (ID/DD) in the United States.¹

This summary and key findings report of the larger Nevada Oral Health Needs Assessment of Adults with Intellectual and/or Developmental Disabilities (found at www.everysmilemattersnevada.org) details the higher rates of oral disease in adults with ID/DD, the health disparities they experience, and how these disparities impact financial stability, overall health outcomes, employment, education, and quality of life. It is well documented throughout the literature that adults with ID/DD have a high burden of oral disease made worse by comorbidities and other conditions. The focus of this Oral Health Needs Assessment is on working-age adults ages 18-64 with ID/DD and the significant oral health disparities they experience, and the policy, program, and practice changes to address them.

People with disabilities are the largest unrecognized minority group² in the United States, making up more than 27% of the population. According to U.S. Census Bureau American Community Survey (ACS) estimates, in 2022 there were 228,683 Nevadans ages 18-64 with a disability, and 95,639 adults with ID/DD, making up 41.8% of the population of Nevada adults with any disability.³

Throughout the Assessment, data will be presented on Nevada adults with ID/DD who make up three specific subsets of the populations:

1. Adults with ID/DD ages 18-64 (estimated 95,639)
2. Adults with ID/DD ages 18-64 who rely on Medicaid (estimated 33,376)
3. Adults with ID/DD ages 21 and over enrolled in Medicaid and receiving expanded Medicaid dental benefits under the Home and Community Based Services (HCBS) Individuals with Intellectual or Developmental Disabilities Waiver (ID Waiver) (2,967)

This Summary and Key Findings Report presents the main barriers to good oral health for adults with ID/DD nationally and in Nevada, and the data-driven recommendations to address those barriers through the understanding that:

- Oral health IS health
- Oral disease is almost always preventable
- Oral health prevention reduces healthcare costs

Poor access to oral healthcare is a longstanding health equity issue for the “silent majority” of adults with ID/DD who experience disparities in health outcomes and inequalities in oral healthcare access in Nevada and across the U.S.

Nationally, states are working change policy, programs and practices to address historic and systematic health disparities in oral health among adults with ID/DD who experience worse oral health outcomes than the overall population. Oral health is integral to overall health, as oral disease can directly affect one’s physical health and general well-being. Issues like gum disease and tooth decay can lead to serious health complications, including pain, inflammation, nutritional deficits, obesity, high blood pressure, cardiovascular diseases, diabetes, respiratory infections, and adverse pregnancy outcomes.

Only a whole-of-government approach to addressing the personal, provider, policy and system-level barriers, aligned with the Centers on Medicaid and Medicare Services *Framework for Health Equity 2022-2023*,⁵ will result in improved public health outcomes for this critically underserved population.

Aligned with the CMS Framework for Health Equity, for the 95,639 adults with ID/DD in Nevada,⁶ and especially the 38%⁷ who rely on Medicaid for their healthcare, ensuring that they are counted, and the disparities in their oral health are documented, analyzed, and data driven, recommendations are identified as the first step toward achieving health equity. This Needs Assessment and the data below tell the story of a population that has been, paraphrasing the National Council on Disability 2017 report, *neglected for far too long*.⁸

Nevada Expands Dental Benefits to Medicaid Home and Community Based Services Intellectual or Developmental Disabilities Waiver Recipients

In January of 2023, Nevada took a significant step towards addressing oral health disparities for adults with ID/DD enrolled in Medicaid by expanding dental benefits for 2,967 individuals ages 21 and over who qualify for Medicaid Home and Community Based Services Waiver (HCBS) for Individuals with Intellectual or Developmental Disabilities (ID Waiver).

These benefits were piloted by the Nevada Division of Healthcare Financing and Policy and the Nevada Aging and Disability Services Division with funding from the American Rescue Plan Act and were set to expire March 31, 2024.

However, Governor Joe Lombardo approved the continuation of these benefits through the 2024-2025 biennium as part of the Nevada Medicaid budget.

This is the first-time adults with ID/DD with Medicaid coverage in Nevada have had access to expanded dental Medicaid benefits.

While this is incredible progress, the question for Nevada decision-makers remains as to whether there is a data-driven argument for expanding Medicaid dental benefits to the estimated 38% of adults (36,343) with ID/DD who rely on Medicaid, not only to the 2,967 individuals on the ID Waiver.

Numerous studies have found that providing Medicaid dental benefits for all adults, and especially those at high risk of oral disease such as adults with ID/DD, reduced the burden on taxpayers and increased individual and public health outcomes. Nevada specific research and fiscal analysis will need to be conducted to determine the return on investment for Nevada, and if these findings align with the National Council on Disability’s findings for the costs and benefits to Nevada in its landmark study on this issue.

“Because my son is not easy to understand when he talks, his smile is the way he greets the world, and shows his joy. Nevada providing expanded Medicaid dental benefits to adults with ID/DD who previously did not have them is deeply personal, and to every one of us who loves someone with a disability, it is priceless.”

Key Findings

Neglecting oral health care leads to poor overall health outcomes, costly surgical procedures, and unnecessary emergency department visits. The evidence indicates that individuals with low income and no insurance are prone to seeking expensive emergency department care, thereby exacerbating costs and straining an already overwhelmed emergency healthcare system. When states do not provide access to preventative care and timely treatment for those populations that have disproportionate rates of oral disease like adults with ID/DD, taxpayers foot the bill for more costly emergency department care that could have been prevented. By addressing these issues, we can prevent unnecessary costs and improve health outcomes.

Oral health care is the most unmet health care need for individuals with ID/DD.⁹

- People with disabilities are the largest unrecognized minority group¹⁰ in the United States, making up more than 27% of the population.
- In 2022, there were 228,683 Nevadans ages 18-64 with any type of disability, and 95,639 adults with ID/DD.¹¹
- “Oral health care represents the greatest unmet health care need” for adults with ID/DD across the United States, who consistently rate the unmet need for dental care as greater than the unmet needs for physical health or mental health care.
- Nevada adults with ID/DD have higher rates of oral disease and increased barriers to care.
- Adults with ID/DD in Nevada also experience significantly higher rates of poverty than adults with no disability (22.6% vs. 10.3%), making out-of-pocket costs for dental care a significant barrier.¹²
- Every 15 seconds someone in the U.S. visits the emergency room for a non-traumatic dental condition, costing \$2.7 billion annually. Medicaid medical insurance is the payor for 42.2% of all dental-related ER visits.¹³
- In states like Nevada that do not provide dental benefits to adults with Medicaid coverage, other than emergency extractions and palliative care (and dentures in some situations), individuals without dental insurance often end up using the emergency room for care.¹⁴



Key Findings

- In states like Nevada that do not provide dental benefits to adults with Medicaid coverage, other than emergency extractions and palliative care (and dentures in some situations), individuals without dental insurance often end up using the emergency room for care.
- Households with a person with an intellectual disability visit the emergency room (ER) at three times the rate of households who do not include a person with ID/DD.¹⁵
- 78%¹⁶ of all dental ER visits could have been treated and addressed in a dental office.¹⁷
- ER care for non-traumatic dental conditions costs an average \$1,286.33 per visit versus \$90-\$200 in the dental office,¹⁸ and does not solve the problem, as ERs typically only prescribe antibiotics and pain medication, including opioids, and refer the patient back to the community for dental procedures.
- 39% of ER dental patients return once their medication is finished; 21% return multiple times within a year.¹⁹
- Twice as many working-age adults with ID/DD are enrolled in Medicaid on the basis of low income, compared with those without a disability.²⁰
- An estimated 38% of working-age adults with a disability are covered by Medicaid.²¹
- Estimates for adults with a cognitive disability aged 18-64 who rely on Medicaid for health coverage range from 38% to 60%.²²
- Using the most conservative estimate of 38%, 36,434 Nevada adults with ID/DD rely on Medicaid (38% of the 95,639 adults with ID/DD less the 2,967 on the ID Waiver).
- Only 2,967 adults with ID/DD in Nevada who are on the ID Waiver have access to expanded dental benefits, leaving 33,467 without dental benefits.
- Numerous studies have found that providing Medicaid dental benefits for all adults, and especially for those at high risk of oral disease such as adults with ID/DD, reduced the burden on taxpayers and increased individual and public health outcomes.²³



Demographics of Adults with ID/DD in Nevada

Definition of Intellectual and/or Developmental Disabilities (ID/DD)

“...the term ID/DD is used to encompass both intellectual and developmental disorders that typically manifest before the age of eighteen years and ‘uniquely affect the trajectory of the individual’s physical, intellectual, and/or emotional development.’ An intellectual disability is often identified by an intellectual quotient (IQ) score of below seventy to seventy five.

Conditions considered ID/DDs include autism spectrum disorders, Down syndrome, fetal alcohol syndrome, and some forms of cerebral palsy, among others. While people with ID/DD display a wide range of behaviors and functional abilities, ID/DD is typically characterized by delays or limitations in development, intellectual learning skills, and adaptive behavior when compared to the general population.”

National Council on Disability, 2022²⁴

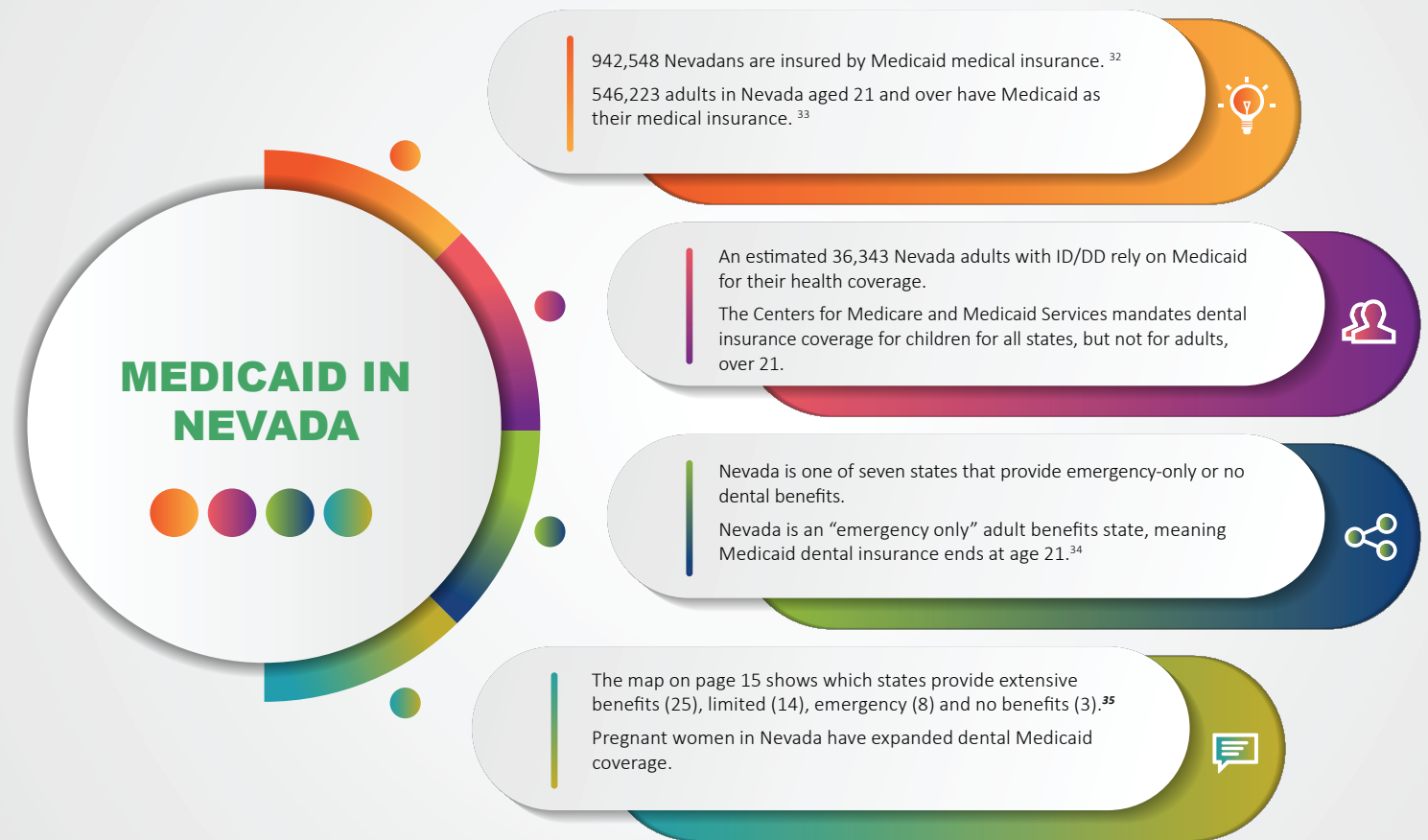


In 2022, there were an estimated 44.1 million Americans with disabilities, making up 13.4% of the civilian noninstitutionalized population. This group includes people with hearing, vision, cognitive, ambulatory, self-care, or independent living difficulties. There were 22.0 million working age adults ages 18-64 with any type of disability making up 20.9% of the total population ages 18-64. Nearly half of all adults with a disability ages 18-64 (approximately 10.4 million) have a cognitive disability. Adults ages 18-64 with a cognitive disability make up 5.2% of the total population in the United States, which is termed intellectual and/or developmental disabilities, or ID/DD, in this report.²⁵

- In Nevada, 449,327 individuals have a disability, which makes up 14.3% of the civilian noninstitutionalized population of 3,139,304.²⁶
- There are 228,683 adults ages 18-64 with a disability or 22.7% of the total noninstitutionalized population ages 18-64.²⁷
- There are approximately 95,639 Nevada adults with ID/DD (41.8% of Nevada adults with any disabilities), making up 5.0% of the total noninstitutionalized population ages 18-64.²⁸
- Disability rates are disproportionately higher among racial and ethnic minorities, while 1 in 5 White adults have a disability, 1 in 4 Black adults do, and 3 in 10 American Indian/Alaskan Natives too, demonstrating further disparities in certain populations.²⁹
- Nationally, rural residents were more likely to experience disability than their urban counterparts (14.7% versus 12.6%)³⁰, have poorer health outcomes, and face additional health barriers.
- An estimated 38% of working-age adults with a disability are covered by Medicaid.
- Estimates for adults with a cognitive disability aged 18-64 who rely on Medicaid for coverage range from 38% to 60%.³¹
- Using the most conservative estimate of 38%, an estimated 36,434 Nevada adults with ID/DD rely on Medicaid.
- Only 2,967 adults with ID/DD in Nevada who are on the ID Waiver have access to expanded dental benefits, leaving 33,467 who rely on Medicaid without dental benefits.

Quick Facts About Medicaid in Nevada

FIGURE 1. MEDICAID IN NEVADA



Oral Disease in Adults with ID/DD in Nevada



“One literature review described a ‘cascade of disparities’ for adults with ID/DD including: 1) higher rates of adverse health conditions, 2) less attention to care needs, 3) poorer preventive care and health promotion practices, and 4) inequitable access to health care, all of which can lead to poorer health outcomes.”

*NORC at the University of Chicago, 2021, p. 16*³⁶

Adults with ID/DD have disproportionately higher rates of oral disease[i] and are at greater risk for oral disease³⁷, chronic health conditions, and worse oral health outcomes associated with their primary disability, including but not limited to poor oral hygiene, increased gingivitis and risk for periodontal disease, cavities, and loss of teeth.^{38,39,40} These disparities begin in childhood and continue into adulthood.

The Special Olympics Special Smiles program (the largest data set on individuals with ID/DD) screened 123,129 individuals with ID/DD in North America between 2007-2018. The findings of this survey are listed below:⁴¹

Special Olympics Special Smiles Oral Disease Findings

- 25.3% of the individuals with ID/DD screened had untreated tooth decay.
- 46.4% had signs of gingivitis.
- 29.4% had missing teeth.
- 11.7% of North American athletes experienced mouth pain.
- 9.1% of athletes had oral health disease or a condition that was so severe that it necessitated an urgent referral for dental care, restoration or oral surgery.
- One out of every four individuals with ID/DD had untreated tooth decay, nearly three out of ten were missing teeth and nearly one out of every two had signs of gum disease (gingivitis).

Expanded Benefits for Nevada ID Waiver Recipients 2023

Expanded Medicaid dental benefits for ID Waiver recipients were piloted under American Rescue Act Plan funding between January 1, 2023-March 31, 2024, and then included in the Medicaid 2024-2025 biennium budget under Governor Joe Lombardo’s leadership. In its first year, these benefits have already changed hundreds of lives of adults in Nevada with ID/DD, by giving them access to care and improving their oral health and quality of life.

During calendar year 2023, according to SOURCE data from the Nevada Office of Analytics, 885 unique individuals received dental care in a dental office, including preventative and restorative care. Prior to January 1, 2023, preventative and restorative dental care was not covered under Medicaid dental benefits for the high-need population of adults with ID/DD on the Medicaid ID Waiver (or any Nevada adult other than pregnant women).

The dental benefits provided to ID Waiver recipients in 2023 were much higher than in previous years, due to the expanded benefits available (Table 1). In total, there were 18,822 dental procedures provided in dental offices to 1,784 ID Waiver individuals across all 6-years of available data. Notably, nearly 50% of those visits occurred in 2023 when expanded benefits were available and 885 of 1,784 Waiver participants in the 6 years of available data. This increase in dental visits is an incredible step toward achieving oral health equity for adults with ID/DD in Nevada.

TABLE 1. SUMMARY OF ANNUAL DENTAL CLAIMS FOR ID WAIVER RECIPIENTS, 2018-2023.

	2018	2019	2020	2021	2022	2023	Total
Total Dental Claims	3,741	2,815	2,305	2,611	2,830	4,520	18,822
% of ALL Claims	19.9%	15.0%	12.2%	13.9%	15.0%	24.0%	100%
Total Distinct ID Waiver Individuals	635	619	542	559	613	885	1784
% of ALL Distinct ID Waiver Individuals	35.6%	34.6%	30.4%	31.3%	34.4%	49.6%	100%

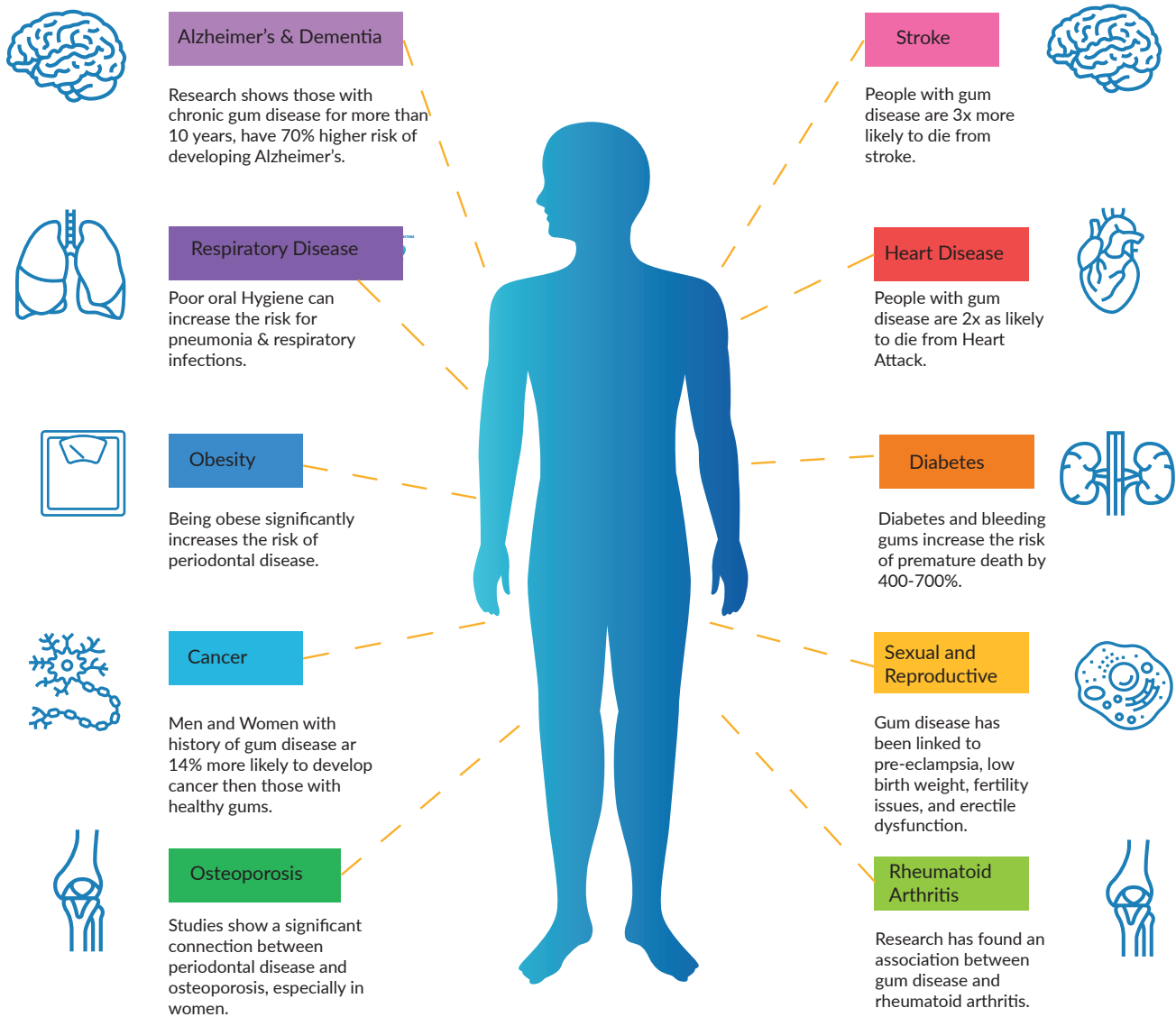


The World Dental Federal definition as “multifaceted and includes the ability to speak, smile, smell, taste, touch, chew, swallow, and convey a range of emotions through facial expressions with confidence and without pain, discomfort, and disease of the craniofacial complex.”³⁴ Oral disease impacts physical health in many significant ways, increasing the rates of cancer, chronic disease and poor health outcomes as seen in Figure 2 below.

FIGURE 2. ORAL HEALTH AND THE BODY

Oral Health IS Health

Nevadans with ID/DD have higher rates of chronic diseases than their non-disabled peers, and are higher risk of oral health complications as a result.¹



¹<https://www.cdc.gov/ncbddd/disabilityandhealth/dhds/index.html>
 Adapted from Dr. Tim Sulken and Dr. Yan Kinn- <https://fostoriadentist.com/oral-systemic-link>

“...health equity means the attainment of the highest level of health for all people, where everyone has a fair and just opportunity to attain their optimal health regardless of race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, geography, preferred language, or other factors that affect access to care and health outcomes.”

The Centers for Medicare & Medicaid Services (CMS)⁴³

The burden of untreated oral disease in adults with ID/DD impacts overall health, educational attainment, employment opportunities, social interactions, and quality of life as seen in Figure 3 below.⁴⁴

FIGURE 3. IMPACT OF UNTREATED ORAL DISEASE



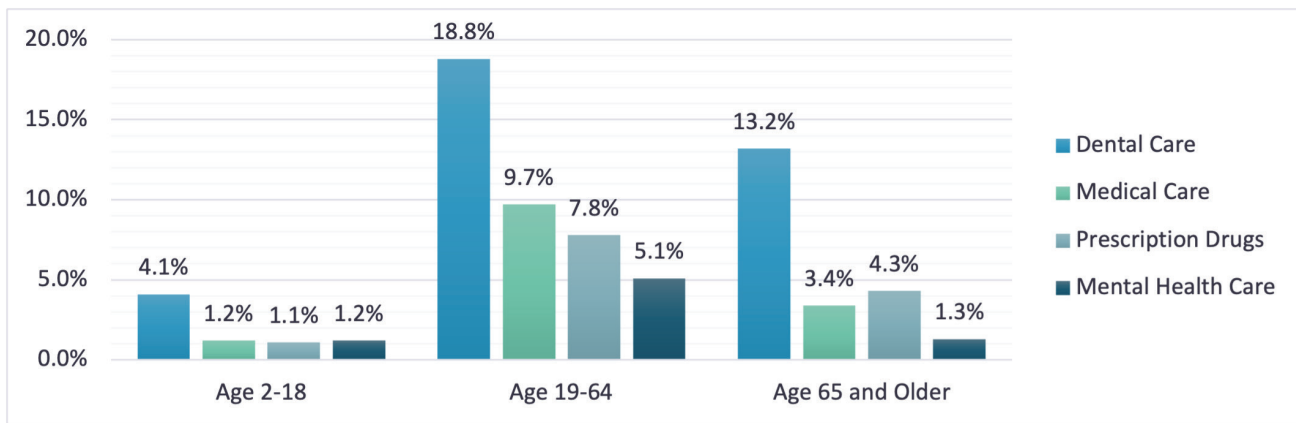
The fiscal, public health and individual health outcomes of expansion of dental benefits include, but are not limited to:⁴⁵

- Improved oral health, including the ability to eat and communicate, and a reduction in pain from untreated oral health disease and decay.
- A reduction of complications and comorbidities associated with poor oral health, and their associated health impacts, including diabetes and heart disease.^{46,47}
- Reduction in costs of care related to untreated dental conditions including infection as well as more costly procedures requiring anesthesia and oral surgery.
- Improved individual and family financial stability due to coverage for dental care as opposed to paying out of pocket, a considerable burden given higher poverty and lower employment rates among this population.

Financial Barrier is Biggest Barrier for Adults with ID/DD

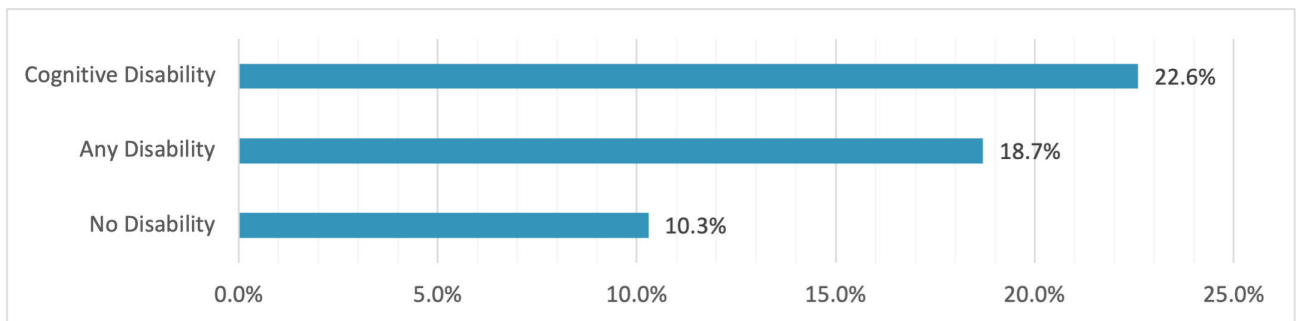
Adults with ID/DD consistently list the financial burden of dental care as the number-one barrier to accessing oral health care.⁴⁸ The financial barriers to dental care are consistently higher for people with ID/DD than barriers to medical care, prescription drugs, and mental health care (Graph 1). Adults with disabilities have higher out-of-pocket costs and average health expenditures that are five to six times higher due to the need for more frequent medical and dental care.⁴⁹ This, coupled with higher poverty rates, make having Medicaid dental insurance even more critical. Households with an adult member facing a work-limiting disability require approximately 28% more income, or an extra \$17,690 annually, to maintain an equivalent standard of living compared to households without disabilities.⁵⁰

GRAPH 1. FINANCIAL BARRIERS TO DENTAL CARE AND OTHER TYPES OF HEALTH CARE, 2019



In Nevada, the poverty rate for working-age people with disabilities ages 21-64 in 2022 was 18.7%, compared to those with no disability at 10.3%. The poverty rate was even higher for working-aged people with cognitive disabilities ages 21-64 at 22.6% (Graph 2).⁵¹ In addition, working-age individuals with cognitive disabilities in Nevada are employed at lower rate (43.1%) compared to their nondisabled counterparts (78.3%).⁵²

GRAPH 2. POVERTY RATES OF WORKING-AGE PEOPLE AGES 18 AND OVER, NO DISABILITY, ANY DISABILITY, AND COGNITIVE DISABILITY, NEVADA, 2022

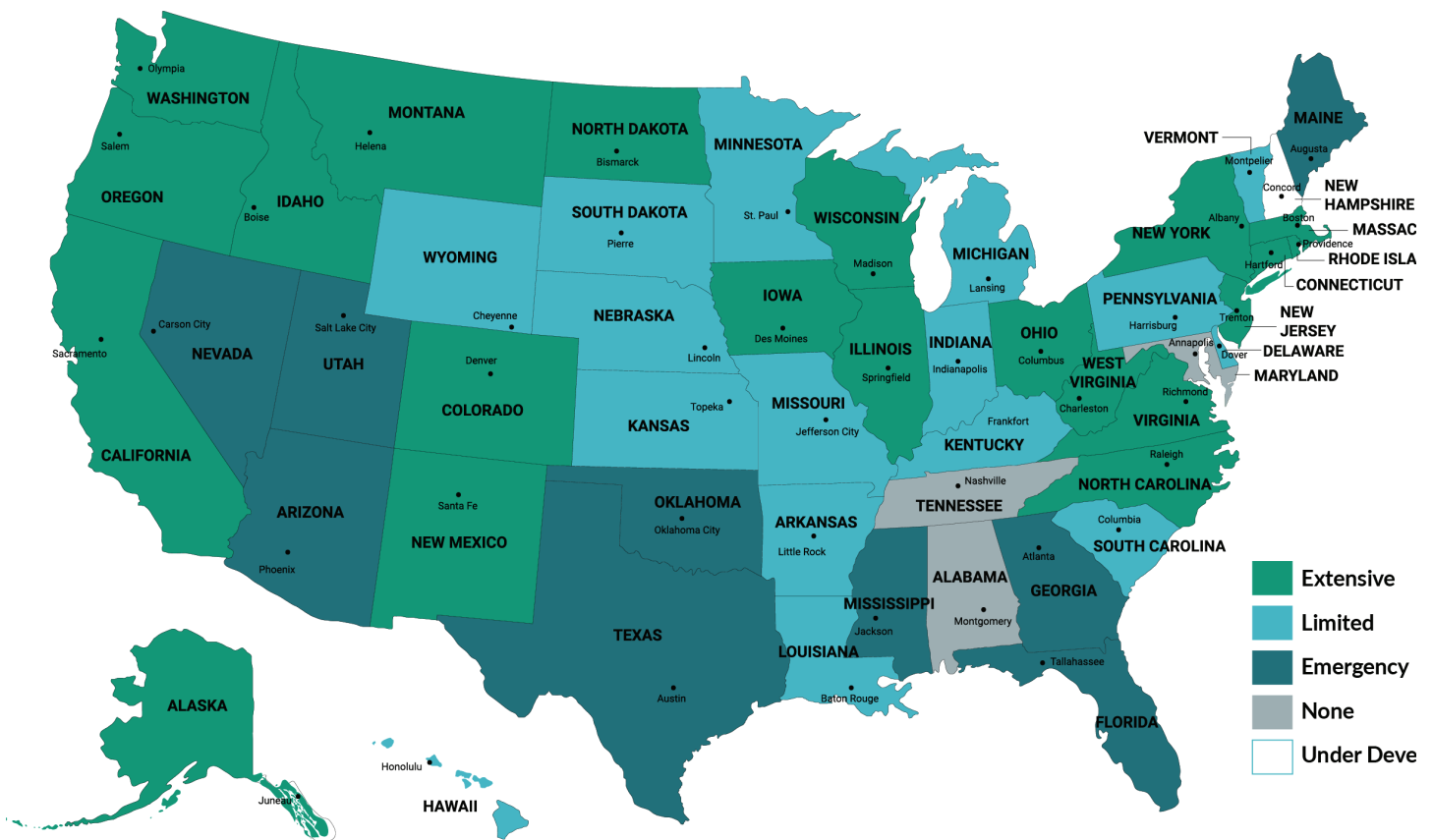


The Role of Medicaid In Addressing Health Disparities

The National Council on Disability found that in states that provide no dental coverage in their Medicaid plans, a significantly higher proportion of dental care was provided in the emergency department.⁵³

For adults in the United States, Medicaid dental coverage is not required by the Centers for Medicare & Medicaid Services like it is for children under the Early and Periodic Screening, Diagnostic and Treatment guidelines. As of 2021, shows that 25 states including Washington D.C. provide extensive dental coverage to Medicaid enrolled adults, 14 provided limited coverage, 8 states including Nevada provide emergency only dental benefits (except for dental benefits to pregnant women and ID Waiver recipients as of January 1, 2023), and 3 states provide no dental benefits at all (Figure 4).⁵⁴

FIGURE 4. ADULT MEDICAID BENEFITS AVAILABLE IN 2021



CASE STUDY - DENNY'S VISIT TO THE DENTIST

With new access to expanded benefits, Denny, an adult with ID/DD from Las Vegas, was able to visit the dentist for an exam and deep cleaning. While he was nervous, after the dentist found out that Denny loves baseball, he talked to him about baseball the entire time while he provided care, and the experience was an incredible success. Denny will return, covered now by Medicaid, every three months for care.

Shared by mother of adult son with ID/DD on the Medicaid ID Waiver, Las Vegas, Nevada

The benefits age cliff – loss of Medicaid dental benefits that occurs when an individual reaches adulthood - is dramatic, as financial barriers to dental increase from 4.1% of individuals with ID/DD ages 2-18 to 18.8% ages 19-64 and 13.2% ages 65 and older.⁵⁵ In Nevada, adults lose their Medicaid dental benefits when they turn 21, transitioning to emergency-only benefits at that time, which means Medicaid pays only for extractions, palliative care and dentures (in some cases).

In order to address unmet needs for the high-risk population of adults with ID/DD in Nevada, Governor Joe Lombardo expanded dental benefits for 2,967 individuals on the ID Waiver for the 2024-2025 biennium in the Nevada Medicaid budget.⁵⁶ The number of slots and cap is set by the Nevada State Legislature and services are administered by the Nevada Aging and Disabilities Services Division. Initially started as a pilot program on January 1, 2023, with funding from the American Rescue Plan Act, the annual \$2,500 in benefits includes:

- Preventative care such as regular check-ups, cleaning, fluoride treatments, x-rays, fillings, periodontal maintenance, periodontal scaling and root planning and root canal therapy.
- Restoration (e.g., amalgam filling, resin-based composite filling, prefabricated stainless steel crown and resin-crown, core buildup, etc.)



As a result, 885 unique individuals received dental care preventative and restorative care in 2023. While this is incredible progress, the question for Nevada decision-makers remains whether there is a data-driven argument for expanding Medicaid dental benefits to the estimated 38% of adults (36,343) with ID/DD in Nevada who rely on Medicaid for coverage,⁴⁶ in addition to the 2,967 individuals on the ID Waiver.

Costs and Benefits of Expanding Medicaid Dental Benefits

The American Dental Association states that expanding dental coverage can reduce overall medical costs, including reducing emergency department usage by diverting care to dental offices where care can be provided at a fraction of the cost, and can address the dental issue, whereas emergency departments do not typically provide dental treatment, but instead only prescribe pain medication and make referrals back to community care.⁵⁷

The fiscal, public health, and individual health outcomes of expansion of dental benefits include, but are not limited to:⁵⁸

- Improved oral health for adults with ID/DD, including the ability to eat and communicate, and a reduction in pain from untreated oral health disease and decay.
- A reduction of complications and comorbidities associated with poor oral health, and their associated costs, including diabetes and heart disease. ^{59,60}
- Reduction in costs of care related to untreated dental conditions as well as more costly procedures requiring anesthesia and oral surgery.
- Improved individual and family financial stability due to coverage for dental care as opposed to paying out of pocket, a considerable burden given higher poverty and lower employment rates among this population.
- Fewer visits and readmittance to emergency rooms, as well as decreased costs to Medicaid, for nontraumatic dental conditions, and a reduced burden on already overburdened emergency rooms.⁶¹
- Improved ability to work or attend school due to fewer missed days due to untreated oral disease and pain.
- Cost savings to states that varied from \$67,727 in Oklahoma to \$2,486,799 in Texas, and cost savings for Nevada were found to be \$350,492⁶²



Additional Barriers to Good Oral Health for Adults with ID/DD

Even if Medicaid dental benefits for adults with ID/DD in Nevada were expanded beyond the ID Waiver recipients, there are multiple barriers that exist for this underserved population, including:

Patient and Caregiver Barriers

Patient-centered barriers: Anxiety, communication difficulties, sensory sensitivities, behavioral challenges, medical comorbidities, financial and transportation barriers and barriers to anesthesia and surgical care.

Caregiver-centered barriers: Caregiver burden; issues of guardianship and documentation for informed consent; and lack of awareness and education on how to support the patient with their oral health care. Caregivers also face challenges in assisting with brushing and flossing the patient's teeth.



Provider Barriers and Shortages

Provider-level barriers: Lack of clinical access during oral health education programs that give dental students and hygiene students the ability to provide care for adults with ID/DD; not enough education on treating adults with ID/DD; and a lack of incentives to serve this population due to the extra time and cost barriers.

Provider shortages: Lack of Medicaid-enrolled providers who are trained, and willing, to care for adults with ID/DD, along with increased barriers to access in rural Nevada.

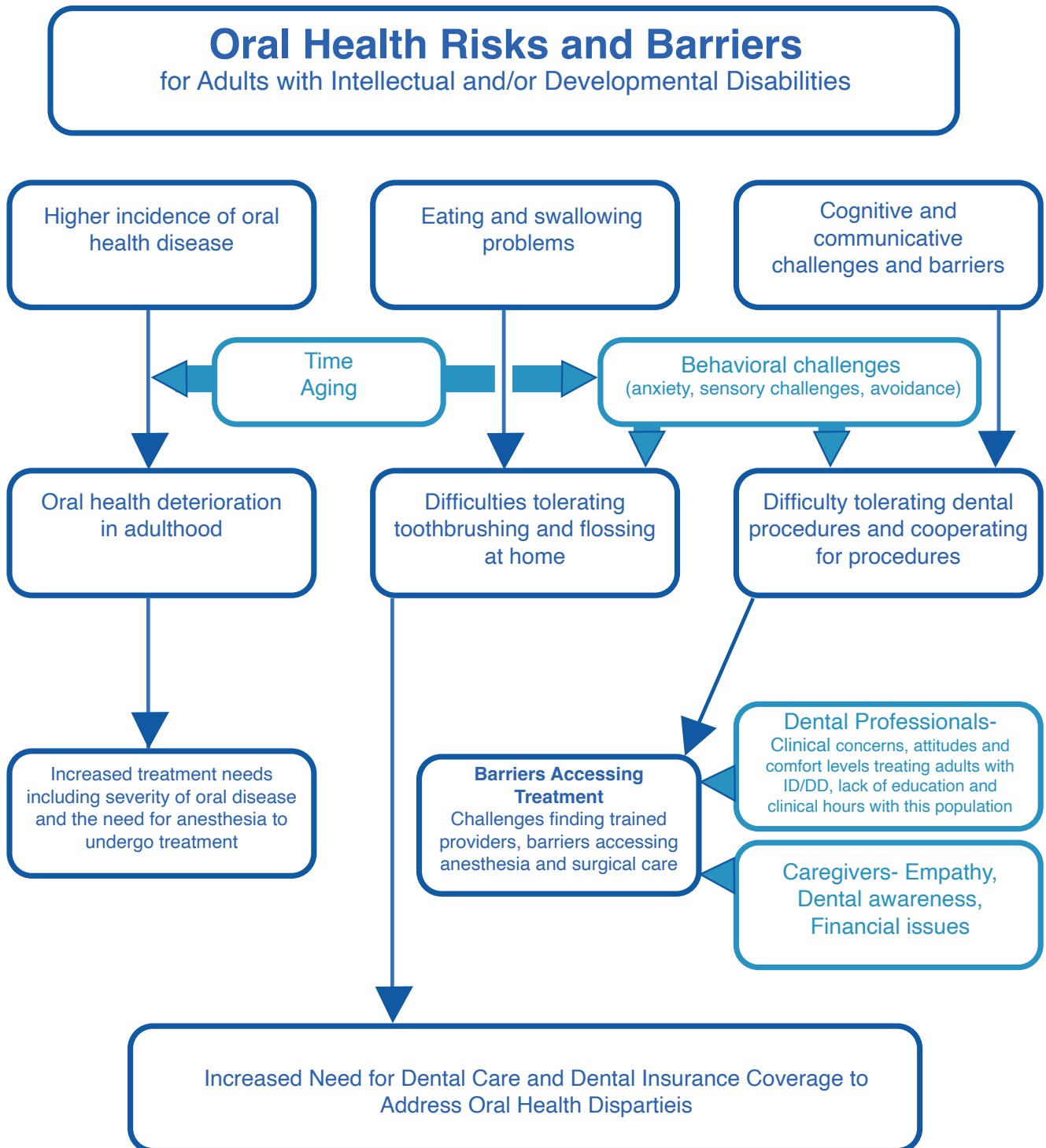
Policy Challenges and Data Barriers

Policy challenges: Lack of adult Medicaid dental coverage, lack of providers who accept Medicaid, lack of trained providers, difficulty in providing for specialized care needs, and transportation.

Data barriers: Nationally, and at the state level in Nevada, many health surveys exclude adults with ID/DD altogether, ask only minimal questions, and lack critical demographic data within the ID/DD community.



FIGURE 5. ORAL HEALTH RISKS AND BARRIERS



Adapted from Lee, J., Chang, J. BMC Oral Health 21, 538 (2021). <https://doi.org/10.1186/s12903-021-01896-3> Figure 1.

Conclusion

“People with I/DD remain the largest minority population with unmet oral healthcare needs. To achieve health equality for people with I/DD, policymakers need to examine the shortcomings of current policy against the backdrop of national goals for people with disabilities.”

Shawn Kennemer, Council Member, National Council on Disability⁶³



Poor oral health and lack of access to preventative care and timely treatment is costly, both in terms of poor overall health outcomes, the need for more costly surgical procedures or extractions for untreated decay, and increased usage of emergency departments for care that could have been provided more appropriately and cost effectively in a dental office.⁶⁴

Health disparities for this at-risk population would be reduced by expanding dental benefits within Medicaid for adults with ID/DD, coupled with building a robust provider network to increase access to care; educating and supporting caregivers in at home preventative care; enhancing access to clinical care during dental education; and increasing dental provider incentives.

A strong oral health safety net that improves oral health outcomes for adults with ID/DD is necessary in Nevada to address unmet needs and the current high rates of oral disease. It would also realize savings from investing in prevention (Figure 6).

“I have always had a special place in my heart for this population. I am always filled with gratitude to be a part of creating better health for all my patients, but especially those that may not have a voice.”

Oral Health Provider, Las Vegas, Nevada

“I would like to reach out to, educate, and improve the oral health of anyone who has not been properly taught, who has not been treated with compassion or respect. I feel every human being deserves to have a healthy smile, no matter their race, gender, religion, social status, or their physical appearance.”

Oral Health Provider, Reno, Nevada

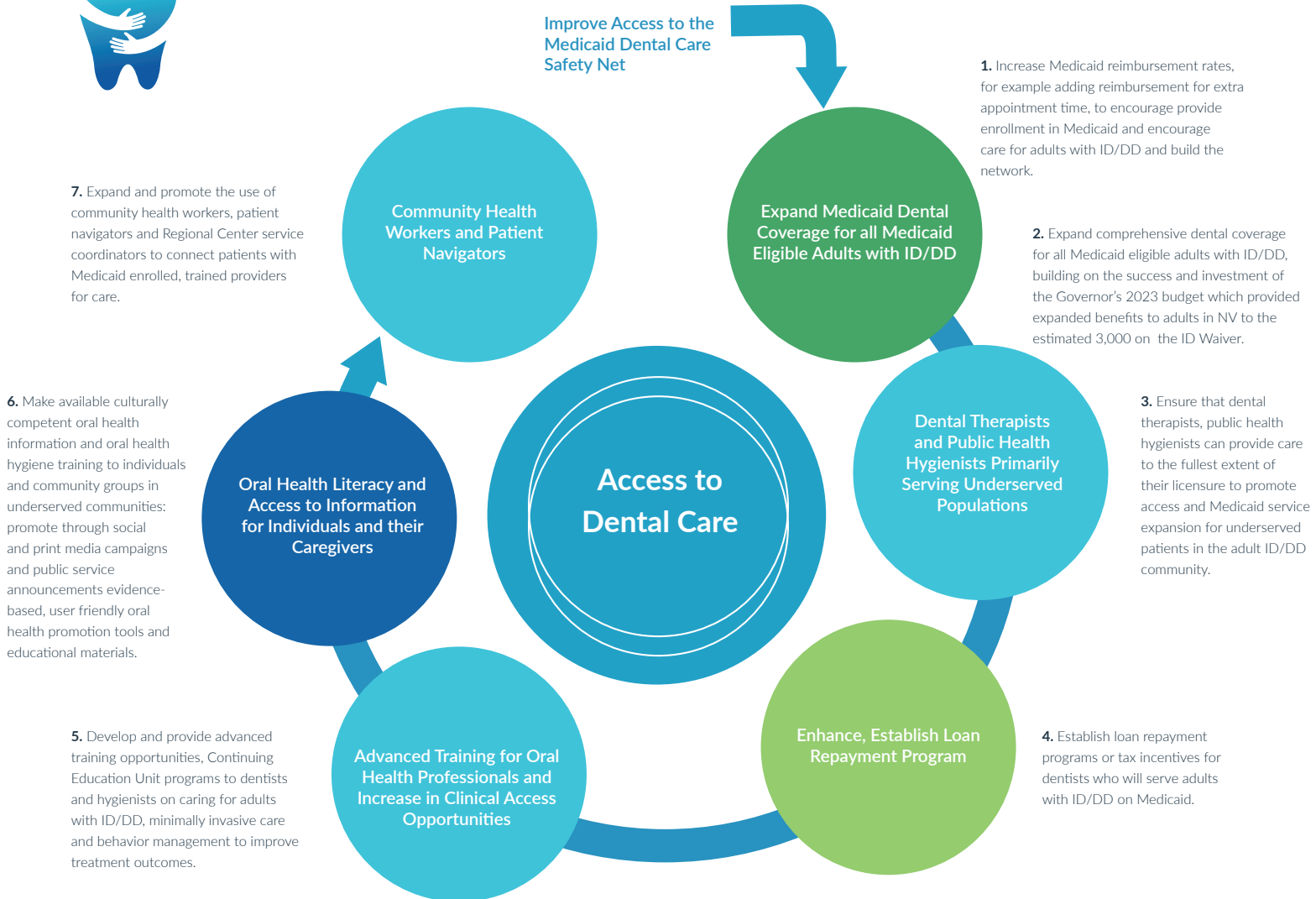
FIGURE 6. ORAL HEALTH CARE SAFETY NET SYSTEM

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Oral Health Care Safety Net System for Medicaid Eligible Adults with ID/DD in Nevada

Expanded Medicaid dental benefits and workforce augmentation



Recommendations

The recommendations below are based on the findings of the Nevada Oral Health Needs Assessment of Adults with Intellectual and/or Developmental Disabilities and are based on four key themes:

1. *Oral health IS health.*
2. *Nearly all oral health disease is preventable.*
3. *Investing in prevention saves taxpayer money.*
4. *Adults with ID/DD in Nevada have higher rates of disease, more health complications of oral disease, and more costly interventions when prevention and care is not accessible.*

Below are an abbreviated list of recommendations from the needs assessment. The full Nevada Oral Health Needs Assessment of Adults with Intellectual and/or Developmental Disabilities and a complete list of recommendations can be found at www.everysmilemattersnevada.org

Improving Oral Health Prevention at Home

- Implement an oral health and ID/DD educational campaign and outreach strategy to nonprofit and community partners, general medicine physicians, and state agencies to help distribute information into the hands of adults with ID/DD, parents, family, and caregivers. This can include prevention strategies for home care, accessing treatment, adaptive oral health products, behavioral management strategies, and preparing for the dentist.
- Implement oral-health-provider-led trainings at adult ID/DD Residential Care Homes to advance outcomes for clients living in Medicaid-supported living arrangements.

Increasing Access to Dental Preventative Care and Treatment

- Develop and maintain an online directory of Medicaid providers and private dentists who care for adults with ID/DD to help individuals and their caregivers find providers who are trained and ready to treat them.
- Increase funding and support to Federally Qualified Health Centers and Community Health Centers to provide dental care to poor and low-income adults with ID/DD. Include additional training on serving adults with ID/DD for participating dentists.

Increase continuing education opportunities and improve clinical access for dental students.

- Create mentoring and professional support for providers caring for adults with ID/DD to improve expertise in caring for adults with ID/DD.
- Increase awareness of, and access to, Medicaid supported transportation to appointments.
- Increase utilization of freestanding Outpatient Surgery Centers (OSC)/Ambulatory Surgery Centers (ASC)– Dentist-owned OSCs/ASCs with ORs fully outfitted with dental equipment and increase dental surgery Medicaid facility rates to remove financial incentives for hospitals and ASCs to schedule dental surgery.
- Increase the awareness of, and use of, minimally invasive treatment, including long-term preventatives such as topical fluorides, high-fluoride dentifrices, and the application of silver diamine fluoride.

Policy and Systems Change to Improve Oral Health Outcomes for Adults with ID/DD

- Conduct a feasibility study to assess the costs of expansion to the adult ID/DD population and to calculate the return on investment, building off the assessment and outcomes described by the National Council on Disability in their March 2022 study entitled Medicaid Oral Health Coverage for Adults with Intellectual & Developmental Disabilities- A Fiscal Analysis.
- Build the Medicaid provider network through targeted outreach and provider incentives such as student loan forgiveness and tax incentives for serving this underserved population.
- Develop data source mapping and improve state level data gathering, in addition to creating data standards for identifying this population so that data sets can be connected to provide quality data on population numbers, prevalence of specific disabilities and demographics.
- Increase utilization of data by creating plans for dissemination, publication, and accessible documents for key stakeholders to identify unmet needs, share data, and use that data to make policy and service decisions.
- Establish oral health and ID/DD benchmarks for dental visits, burden of disease, and access to treatment and care, against which change can be measured.
- Every three years, conduct and publish a public health needs assessment at the state level that is focused on the physical, mental, and oral health of individuals with ID/DD, and/or all disabilities with ID/DD carved out to be used in funding and programmatic decision making.



About Every Smile Matters

EVERY SMILE MATTERS
NEVADA



Every Smile Matters www.everysmilemattersnevada.org is a program designed and supported by the Nevada Division of Health Care Finance and Policy, Nevada Aging and Disabilities Service Division and the Nevada Oral Health Program, with American Rescue Act Plan funding that is designed to improve oral health outcomes for adults with intellectual and/or developmental disabilities (ID/DD) in Nevada.

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