Oral Health and Nursing Facility Residents

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• All on mute. Use Questions function for substantive questions and for technical concerns.

• Problems with getting on to the webinar? Send an e-mail to trainings@justiceinaging.org.

• Slides and a recording are available at Justice in Aging – Resources for Advocates – Webinars: http://www.justiceinaging.org/resources-for-advocates/webinars. See also the chat box for this web address.
Justice in Aging is a national organization that uses the power of law to fight senior poverty by securing access to affordable health care, economic security, and the courts for older adults with limited resources.

Since 1972 we’ve focused our efforts primarily on populations that have traditionally lacked legal protection such as women, people of color, LGBT individuals, and people with limited English proficiency.
Diversity, Equity, and Inclusion

To achieve Justice in Aging, we must:

• Acknowledge systemic racism and discrimination

• Address the enduring negative effects of racism and differential treatment

• Promote access and equity in economic security, health care, and the courts for our nation’s low-income older adults

• Recruit, support, and retain a diverse staff and board, including race, ethnicity, gender, gender identity and presentation, sexual orientation, disability, age, economic class
Agenda

• Why Oral Health Matters
• Nursing Facility Requirements
• Coverage Options
• Other Resources
• Discussion
Oral Health Matters

Oral health and overall health are linked.

Healthier mouths = healthier people = stronger communities
It’s All Connected

THE MENTAL HEALTH — MOUTH-HEALTH CONNECTION
Any serious or chronic pain issue can hamper mental health and daily life. If there is a painful injury or illness in the mouth, it’s likely to get in the way of normal functions like smiling, eating, or talking — and also take a toll on mood.¹

THE MEDICINE — MOUTH-HEALTH CONNECTION
Some medications — like decongestants, antihistamines, or painkillers — can cause a dry mouth. Because saliva protects the mouth from the harmful bacteria that cause cavities and gum disease, the dry mouth “side effect” is one way that issues in other parts of the body influence oral health.²

THE VITAL ORGAN — MOUTH-HEALTH CONNECTION
Endocarditis, a heart infection, is often caused when bacteria from another part of the body gets into the bloodstream and spreads to the heart. It is also possible for infections in the mouth to spread to the brain. This is why gum disease is a serious infection that shouldn’t be ignored.³

THE IMMUNE SYSTEM — MOUTH-HEALTH CONNECTION
Because the mouth is an important part of the immune system, a healthy mouth boosts the body’s ability to protect against disease. Autoimmune diseases, like Celiac disease or lupus, can cause swelling in the mouth. In turn, inflammation can set off other health problems.⁴

THE FAMILY HEALTH — MOUTH-HEALTH CONNECTION
Babies naturally pick up bacteria from their surroundings that builds the immune system. Families with healthy mouths pass on helpful bacteria to babies, but if there is untreated oral disease in the family, infants can be exposed to the germs that cause cavities.⁵

THE DIABETES — MOUTH-HEALTH CONNECTION
Diabetes can harm the mouth, and problems in the mouth make it harder to control diabetes. Uncontrolled blood sugar can cause swollen gums, which disrupts the mouth’s natural defenses and makes cavities more likely. That’s why oral health care is an important part of diabetes management.⁶
Center for Oral Health Report “A Healthy Smile Never Gets Old”

- Surveyed 2,372 older adults between March 2016 & September 2017 in California
- Where: 36 skilled nursing facilities (representative sample); 51 community based sites (CBAS, senior centers, etc.) (convenience sample)
- What: tooth loss, health of natural tooth, presence of dentures, ability to chew, tooth decay, gum health, dry mouth, oral lesions.
- Demographics collected: age, gender, race/ethnicity, rural or urban.
Large Numbers Suffer from Untreated Tooth Decay

- 48% have untreated tooth decay in SNFs; 17% have four or more affected teeth
- 1/3 of community dwelling older adults have untreated tooth decay
Untreated tooth day is leading to high prevalence of tooth loss

• 35% in SNFs have lost ALL their natural teeth.

• 36% of these individuals do not have dentures

• 18% of community dwelling older adults lost all their natural teeth
Many Suffer from Inability to Chew

- 36% in SNFs have no dentures
- 18% in community have no dentures; 12% have only one denture
Poor Gum Health & Treatment Need High

• 65% in SNFs need treatment for tooth decay and/or gum treatment; nearly 1 in 3 need immediate gum treatment

• 46% of community dwelling older adults need treatment
Older adults in rural areas are worse off than those in urban areas

- In SNFs, rural residents are 10% more likely to have untreated tooth decay than urban counterparts also have higher rates of complete tooth loss; and twice as likely not have dentures compared to urban counterparts
Common Myths

Myth • Oral Disease is just a part of growing older

Myth • Dry mouth is a natural part of the aging process

Myth • Oral health education is integrated into other health care disciplines

Myth • Oral health care for seniors has steadily improved just as it has for children

Myth • One of the problems facing residents of nursing facilities is that staff do not wish to provide oral health care for seniors. Only dentists will look into someone's mouth!
Oral Health Inequity

One major consistency: gap getting larger between those who have income/resources & those that do not. If you are older, poorer, person of color, you suffer the most; you have fewer teeth, more tooth decay, poorer gums, more pain leading to lower quality of life.
Nursing Facility Requirements
Assessment of Oral Health Needs

Goal

• Provide both preventive & restorative services

• Required to assess resident’s oral health needs upon admission and quarterly thereafter or when significant change.

• **MDS Sections K** - ability to swallow & nutritional status

• **MDS Section L** - oral health problems including broken or loosely fitting dentures, no natural teeth, mouth ulcers or lesions, obvious cavities, broken teeth or loose teeth, mouth pain, and inflamed or bleeding gums.

42 CFR 483.20(b)(1)(xi).
Connecting Residents to Services

• **Facilities are directly responsible for the oral health needs of their residents**

• Required to assist residents in obtaining both routine and 24-hour emergency dental care. These needs and how they are to be addressed must be included in the care planning process
  
  • Required to have a contract arrangement with a dentist or employing a staff dentist.

  • If resident unable to pay for dental services, facility required to attempt to find alternative care or funding.

  • Required to ensure access to routine care; and if necessary or requested, assist resident in making dental appointments & arranging transportation to and from dental services.

• Surveyor’s Guideline to 42 CFR section 483.25, Appendix PP to CMS State Operations Manual

• 42 CFR 483.55(a)(4)
Oral Hygiene

• Facilities cannot charge for dental floss, denture cleaner, denture adhesive, denture cups, toothpaste, or toothbrushes if resident is on Medicare or Medi-Cal

• For residents who cannot on their own, resident staff is responsible for brushing the teeth, cleaning dentures, cleaning the mouth and tongue with a mouth wash or by manually cleaning the resident’s mouth and teeth with a gauze sponge.

• 42 CFR 483.10(f)(11)(i)(E)
• 42 CFR 483.25(a)(3); and Surveyor’s Guideline to 42 CFR section 483.25, Appendix PP to CMS State Operations Manual
Dentures

• California facilities required to establish and maintain a written inventory of a resident's property, including dentures.

• Facilities are also required to engrave a resident’s dentures to mark ownership.

• Required to have a policy in place that identifies instances when the loss or damage of dentures is the facility’s responsibility & prohibits the facility for charging the resident for the loss or damage when the facility is at fault.

• Facilities also must make a referral to a dental provider within three (3) business days when dentures are lost or damaged.

• HSC §1289.4(d)
• HSC §1289.4(h)
• 42 CFR 483.55.
Basic Terms

**Medicare:** Primary health insurance coverage for older adults age 65 and older or individuals with a disability for two years.

**Medicare Advantage:** Private Medicare plans that often offer benefits that original Medicare does not cover.

**Medi-Cal:** Health insurance coverage for individuals with low income and resources.

**Dual Eligible or “Medi-Medi”** — an individual who is eligible for both Medicare and Medi-Cal coverage.
Medicare Fee-For-Service
AKA “Original Medicare”

Medicare does **NOT** cover routine dental care, procedures (e.g. cleanings, fillings, tooth extractions, dentures, etc.)

**Exception:** Medicare will pay for certain dental procedures that are an integral part of a covered procedure or extractions done in preparation for radiation treatment; also for an oral exam (but not treatment) before a kidney transplant or heart valve replacement.
Denti-Cal

- Medi-Cal delivers its dental benefits through Denti-Cal (carve out)
  - Mostly through fee-for-service
  - Sacramento: required to join a dental plan
  - Los Angeles: option to join dental plans
- Coverage partially restored for adults May 2014
- **FULLY RESTORED January 1, 2018**
- Residents of nursing facilities and intermediate care facilities have always had comprehensive dental coverage
- Children have different coverage
Adult Denti-Cal Benefits

- Exams
- Cleaning – one per year
- Fluoride treatment – one per year
- X-Rays
- Fillings (most every three years)
- Crowns (not porcelain) – not a benefit for wisdom teeth (every three years)
- Anterior root canal therapy
- Full dentures (once every five years), repairs, relines
- Federally Required Adult Services (FRADS) - Any dental service by a dentist which a physician could reasonable provide (over 150 procedure codes – eg. Extractions, surgeries, draining an abscess, anesthesia)
- Periodontal (Gum) treatment
- Root canals back teeth
- Partial Dentures
- New Lab Processed Crowns (for bridges)
- NO implants or orthodontic services
Medi-Cal Transportation

• Two types of transportation
  • Non-Emergency Medical Transportation (NEMT): transportation via medical mode of transportation (e.g. litter van) to Medi-Cal covered services
  • Non Medical Transportation (NMT): transportation by standard conveyance (e.g. car, bus, etc.) to Medi-Cal covered services
Denti-Cal Transportation

• Denti-Cal provides **NEMT**
• Medical mode of transportation must be medically necessary
• **Denti-Cal providers** contact NEMT providers and submit requests for NEMT
• NEMT provider then submits a TAR to DHCS

See Provider Manual Section 9-18; and bulletin http://www.denti-cal.ca.gov/provsrvcs/bulletins/Volume_31_Number_08.pdf
Denti-Cal Billing Prohibition

“Providers may NOT submit a claim to, or demand or otherwise collect reimbursement from, a Medi-Cal beneficiary, or from other persons on behalf of the beneficiary, for any procedure that is a covered Denti-Cal benefit (other than Share of Cost).

Providers may bill beneficiaries for non-covered procedures only if the beneficiary understands that the procedure is not covered by Denti-Cal and that the beneficiary will be responsible for the payment of the procedure.

Providers may NOT bill beneficiaries for any denied services other than those services denied for not being a benefit of the program.”

Denti-Cal Appeals

• **Notice of Authorization** – what the provider receives when a TAR is submitted either approving or denying the TAR.

• **Notice of Action** – Denti-Cal sends beneficiary/or auth rep written notices when services have been denied, modified, or deferred with reason.

• Normal Medi-Cal appeals process triggered (e.g. state fair hearing)
Denti-Cal Grievances

• Complaint or grievance to provider to resolve – suggested but not required
• If not resolved, beneficiary can submit complaint to Denti-Cal by phone (1-800-322-6384) or through their complaint form
• Denti-Cal must acknowledge written complaint within 5 days
• Must inform of conclusion within 30 days
• Beneficiary if unsatisfied has right to file a hearing
• Department Of Managed Health Care (DMHC) process for plans
Denti-Cal Resources

Beneficiary Handbook

Restoration Notice

Provider Handbook

Provider Bulletins

Available on the Denti-Cal Website: https://www.denti-cal.ca.gov/
Medicare Advantage & Other Medicare Products

Some Medicare Advantage plans offer additional benefits, including dental.

Example One:

- You pay a monthly premium (e.g. $6 a month)
- co-pay at the dental office for limited services: e.g. dental visit ($8), Cleaning ($5).
Medicare Advantage + Denti-Cal

• Medicare is primary

• Denti-Cal is secondary – Denti-Cal will only pay up to what the Medi-Cal rate is

• Denti-Cal provider can deny to see beneficiary if provider is not contracted with MA plan (or other health care coverage)

• But MA provider cannot refuse to see Denti-Cal patient.

• Cannot balance bill for Denti-Cal covered services pursuant to state law. QMB protections may also apply.
  • Red flag if a dual eligible or Medi-Cal recipient is billed for any medical service.
Federally Qualified Health Centers

FQHCs provide medical primary care and preventative dental services. Those with dental clinics can provide more extensive treatment.

- Can provide dental for those without coverage
- Co-located with primary care

Also called Community Clinics
Dental Schools

• Usually provide services to individuals on a sliding scale
• Will also usually accept most insurance
Treating Gum Disease Means Lower Annual Medical Costs

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<tr>
<th>Disease</th>
<th>Cost</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes</td>
<td>$2,840</td>
<td>(40.2%)</td>
</tr>
<tr>
<td>Stroke</td>
<td>$1,090</td>
<td>(10.7%)</td>
</tr>
<tr>
<td>Heart Disease</td>
<td>$2,433</td>
<td>(73.7%)</td>
</tr>
</tbody>
</table>

Significant annual cost savings are possible when individuals with certain chronic diseases (diabetes, cerebral vascular disease, or coronary heart disease), or who were pregnant, received dental treatment for their gum disease, after accounting for the effect of diabetes.

 Treating Gum Disease Reduces Hospital Admissions

<table>
<thead>
<tr>
<th>Disease</th>
<th>Decrease</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes</td>
<td>21.2%</td>
</tr>
<tr>
<td>Stroke</td>
<td>28.6%</td>
</tr>
<tr>
<td>Heart Disease</td>
<td>39.4%</td>
</tr>
</tbody>
</table>

Significant decreases in annual hospitalizations are possible when individuals with certain chronic diseases received dental treatment for their gum disease, after accounting for the effect of diabetes.

Quality of Life

Rose, age 74, has suffered from arthritis for many years and recently had breast cancer. It has been very difficult for her to move her right arm and perform some of her basic living skills. Oral hygiene has been extremely difficult.

- Rose has a very dry mouth from her medications. She uses hard lemon candy to help with her dry mouth.
- With her poor appearance, discolored, broken teeth, and her “and smelly breath” becoming worse every day, she has stopped all social interaction including seeing family, going to church and all social events. She feels shunned.
- Rose’s poor appearance and bad breath contribute to her decreased verbal communication through embarrassment and result in non-verbal communication.
- Rose and her friends rate a good smile and the ability to chew and eat as one of the most important indicators of their quality of life.

- Rose just nods.
Resources

• Justice in Aging, www.justiceinaging.org
  • Advocates Guide: Oral Heath for Older Adults in California
  • Sign up for our oral health listserv

• Oral Health Plan: https://www.cdph.ca.gov/Documents/California%20Oral%20Health%20Plan%202018%20FINAL%201%205%202018.pdf

• Get involved with your county’s oral health coalition

• Sign up for the California Oral Health Network: CAOralHealthNetwork@cpehn.org

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Interested in joining our network?

Sign up to receive Justice in Aging trainings and materials.

Text 51555 with the message “4justice”