



Consortium for Oral Health Systems
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Networks for Oral Health Integration (NOHI) Within the Maternal and Child Health Safety Net

Environmental Scan 2023 Chartbook

NOHI Environmental Scan, 2023

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NOHI Environmental Scan, 2023

Networks for Oral Health Integration (NOHI) Within the Maternal and Child Health Safety Net: Environmental Scan 2023 Chartbook © 2023 by National Maternal and Child Oral Health Resource Center, Georgetown University

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Introduction

About NOHI and COHSII

About NOHI

To improve access to and use of comprehensive, high-quality oral health care for pregnant women, infants, and children at high risk for oral disease, the Health Resources and Services Administration's (HRSA's) Maternal and Child Health Bureau (MCHB) funded the *Networks for Oral Health Integration (NOHI) Within the Maternal and Child Health Safety Net*. During the funding cycle, the NOHI projects will develop, implement, and evaluate models of care using these collective strategies:

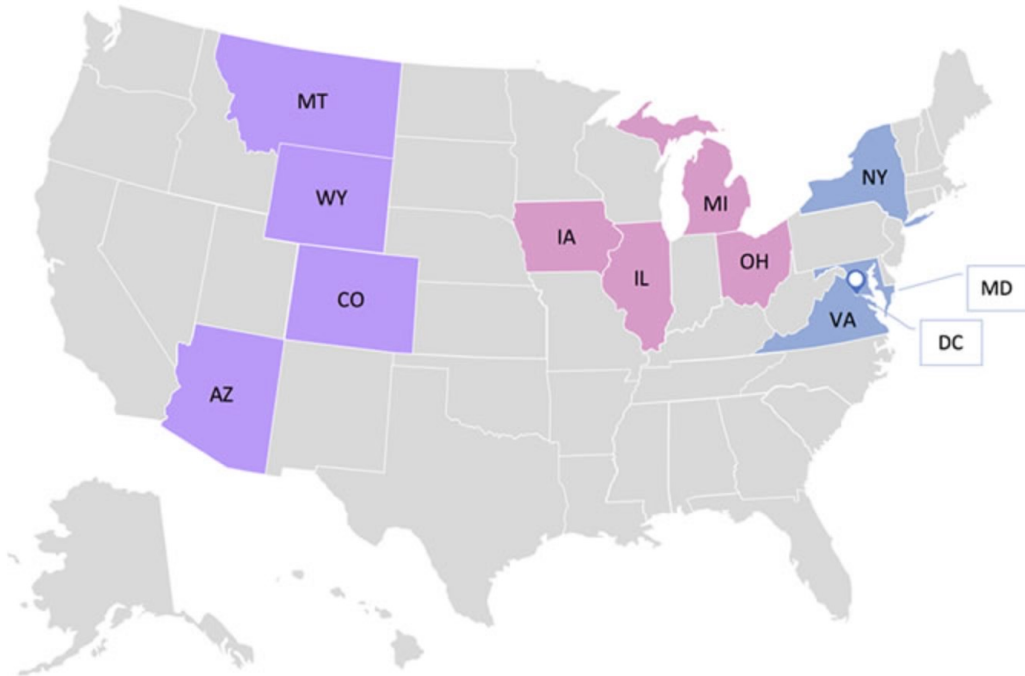
- Enhance integration of oral health care within maternal and child health safety net services (e.g., community health centers [CHCs]).
- Increase knowledge and skills among non-dental providers for delivering optimal oral health services.
- Increase knowledge and awareness of preventive oral health practices among parents and other caregivers to increase adoption of these practices, including use of oral health services.

About COHSII

NOHI projects participate in a learning collaborative supported by the Consortium for Oral Health Systems Integration and Improvement (COHSII). COHSII is led by the National Maternal and Child Oral Health Resource Center working in partnership with the Association of State and Territorial Dental Directors and the Dental Quality Alliance. COHSII is a national partnership serving the public health community. The purpose of COHSII is to expand access to integrated preventive oral health care for the maternal and child health population, particularly in safety net sites, by providing high-quality oral health technical assistance, training, and resources. COHSII is supported by a cooperative agreement from HRSA, MCHB.

About NOHI Projects

Three NOHI projects were awarded funding for a 5-year period, 2019–2024



Midwest Network for Oral Health Integration (MNOHI)

States: Illinois, Iowa, Michigan, and Ohio

Target population: Children ages 6–11 years

Rocky Mountain Network of Oral Health (RoMoNOH)

States: Arizona, Colorado, Montana, and Wyoming

Target population: Children from birth to age 40 months and pregnant women

Transforming Oral Health for Families (TOHF)

States/Jurisdiction: District of Columbia, Maryland, New York, and Virginia

Target population: Children from birth to age 40 months and pregnant women

The Environmental Scan

Development

In 2020, COHSII convened a series of meetings with the three NOHI projects to facilitate the development of an environmental scan tool to gain knowledge about factors that could impact the integration of oral health care into primary care at the state/jurisdiction level with the purpose of informing the work of the NOHI projects. The scan included questions focused on scope of practice of medical and dental providers, Medicaid payment, and policies and regulations that impact the target population's oral health. In 2021 and 2022 COHSII facilitated the NOHI projects' review and revision of the environmental scan tool, and the NOHI projects conducted a second (project years 2–3) and a third (project year 4) environmental scan. The American Academy of Pediatrics, Section on Oral Health staff conducted the environmental scans for the RoMoNOH states, while state/jurisdiction coordinators and/or project partners conducted the scans for MNOHI and TOHF states/jurisdiction. Click [here](#) for the environmental scan tool. This chartbook presents the results of the third environmental scan. COHSII analyzed the environmental scan data and prepared the chartbook with content reviewed by NOHI projects and state dental directors.

Limitations





The twelve individuals who completed the environmental scan did not receive formal and standardized training on using the environmental scan tool. Because of this, questions may have been interpreted differently, and the results may not be directly comparable between states/jurisdiction.

Chartbook Layout

This chartbook is divided into seven sections:

1. Scope of practice
2. Medicaid billing and reimbursement
3. Dental hygienists
4. Dental therapists
5. Community health workers
6. Teledentistry
7. General information

Within each section, pages are color coded based on the type of information presented:

-  Information about medical providers
-  Information about dental providers
-  Other information
-  Section dividers

Chartbook Definitions

- Dental provider*: dentist, dental hygienist, dental therapist, dental assistant
- Medical provider (non-dental provider*): physician, physician assistant, nurse practitioner, advanced practice registered nurse, certified nurse midwife
- Medical team member (non-dental team member*): Registered nurse, licensed practical nurse, certified medical assistant, registered medical assistant

* Definitions used in NOHI environmental scan

Scope of Practice

Scope of practice refers to the procedures and actions that a health provider is permitted to perform in keeping with the terms of their professional license or certification. Scope of practice is limited to what state/jurisdiction law allows based on the provider's education, experience, and/or demonstrated competency.

Oral Health Scope of Practice for Medical Providers

Is the service allowable under the provider's scope of practice?

State/Jurisdiction	Physician		Nurse Practitioner		Physician Assistant	
	Risk Assessment	Fluoride Varnish	Risk Assessment	Fluoride Varnish	Risk Assessment	Fluoride Varnish
Arizona	Yes	Yes	Yes	Yes	Yes	Yes
Colorado	Yes	Yes	Yes	Yes	Yes	Yes
District of Columbia	Yes	Yes	Yes	Yes	Yes	Yes
Illinois	Yes	Yes	Yes	Yes	Yes	Delegation
Iowa	Yes	Yes	Yes	Yes	Yes	Yes
Maryland	Yes	Yes	Yes	Yes	Yes	Yes
Michigan	Yes	Yes	Yes	Yes	Yes	Yes
Montana	Yes	Yes	Yes	Yes	Yes	Yes
New York	Yes	Yes	Yes	Yes	Yes	Yes
Ohio	Yes	Yes	Yes	Yes	Yes	Yes
Virginia	Yes	Yes	Yes	Yes	Yes	Yes
Wyoming	Yes	Yes	Yes	Yes	Yes	Yes

Summary



Physicians, nurse practitioners, and physician assistants can complete oral health risk assessments and apply fluoride varnish in all 12 NOHI states/jurisdiction either directly or through delegation. For physician assistants in Illinois, fluoride varnish is applied through delegation.

Oral Health Scope of Practice for Medical Providers and Team Members

Is the service allowable under the provider's scope of practice?

State/Jurisdiction	Advanced Practice Nurse		Certified Nurse Midwife		Registered Nurse or Licensed Practical Nurse		Certified or Registered Medical Assistant	
	Risk Assessment	Fluoride Varnish	Risk Assessment	Fluoride Varnish	Risk Assessment	Fluoride Varnish	Risk Assessment	Fluoride Varnish
Arizona	Delegation	Delegation	Delegation	Delegation	Delegation	Delegation	No	No
Colorado*	No	Delegation	No	Delegation	No	Delegation	No	Delegation
District of Columbia	Yes	Yes	Yes	Yes	Not available	Not available	No	No
Illinois	Yes	Delegation	Yes	Delegation	Yes	Delegation	No	Delegation
Iowa	Yes	Yes	Yes	Yes	Yes	Delegation	Delegation	Delegation
Maryland	Delegation	Delegation	Delegation	Delegation	Delegation	Delegation	Delegation	Delegation
Michigan	Yes	Delegation	Delegation	Delegation	Delegation	Delegation	Delegation	Delegation
Montana	Yes	Yes	No	No	Yes	Yes	Delegation	Delegation
New York	Yes	Yes	Not available	Not available	Yes	Delegation	No	No
Ohio	Yes	Yes	Yes	Yes	No	Delegation	No	Delegation
Virginia	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Wyoming	Yes	Yes	No	No	Yes	Yes	No	No

* In Colorado, a caries risk assessment (CRA) can be completed by advanced practice nurses, certified nurse midwives, registered nurses or licensed practical nurses, and certified or registered medical assistants. However, the CRA must be reviewed by the prescriptive authority clinician to diagnose risk.

Summary



Advanced practice nurses, certified nurse midwives, registered nurses or licensed practical nurses, and certified or registered medical assistants can apply fluoride varnish in most NOHI states/jurisdiction either directly or through delegation.

Oral Health Scope of Practice for Dental Providers

Is the service allowable under the provider's scope of practice?

State/Jurisdiction	Dentist		Dental Therapist	
	Risk Assessment	Fluoride Varnish	Risk Assessment	Fluoride Varnish
Arizona	Yes	Yes	Yes	Yes
Colorado	Yes	Yes	Yes	Yes
District of Columbia	Yes	Yes	Not applicable	Not applicable
Illinois	Yes	Yes	Not applicable	Not applicable
Iowa	Yes	Yes	Not applicable	Not applicable
Maryland	Yes	Yes	Not applicable	Not applicable
Michigan	Yes	Yes	Yes	Yes
Montana	Yes	Yes	Yes	Yes
New York	Yes	Yes	Not applicable	Not applicable
Ohio	Yes	Yes	Not applicable	Not applicable
Virginia	Yes	Yes	Not applicable	Not applicable
Wyoming	Yes	Yes	Not applicable	Not applicable

Summary



Dentists can complete an oral health risk assessment and apply fluoride varnish in all 12 NOHI states/jurisdiction. In the NOHI states with dental therapists (Arizona, Colorado, Michigan, and Montana), therapists can complete an oral health risk assessment and apply fluoride varnish. In Montana, dental therapists can practice on tribal lands only.

Oral Health Scope of Practice for Dental Providers (Continued)

Is the service allowable under the provider's scope of practice?

State/Jurisdiction	Dental Hygienist		Advanced Practice Hygienist		Registered Dental Assistant*		Expanded Function Dental Assistant	
	Risk Assessment	Fluoride Varnish	Risk Assessment	Fluoride Varnish	Risk Assessment	Fluoride Varnish	Risk Assessment	Fluoride Varnish
Arizona	Yes	Yes	Yes	Yes	No	Yes	No	Yes
Colorado	Yes	Yes	Yes	Yes	Yes	Yes	Not applicable	Not applicable
District of Columbia	Yes	Yes	Not applicable	Not applicable	No	No	Not applicable	Yes
Illinois	Yes	Yes	Yes	Yes	No	Delegation	Yes	Yes
Iowa	Yes	Yes	Yes	Yes	Delegation	Delegation	Delegation	Delegation
Maryland	Yes	Yes	Yes	Yes	No	Delegation	No	Delegation
Michigan	Yes	Yes	Yes	Yes	No	Yes	Not applicable	Not applicable
Montana	Yes	Yes	Yes	Yes	No	Yes	Not applicable	Not applicable
New York	Yes	Yes	Yes	Yes	No	No	Not applicable	Not applicable
Ohio	No	Yes	No	Yes	No	Delegation	No	Delegation
Virginia	Yes	Yes	Yes	Yes	No	Yes	No	Yes
Wyoming	No	Yes	No	Yes	No	Yes	No	Not available

* In Arizona, the term “registered dental assistant” is not applicable. In the state, dental assistants must hold a current Arizona Board of Dentistry–approved certificate to conduct radiographs.

Summary



Dental hygienists cannot conduct an oral health risk assessment in Ohio or Wyoming but can apply fluoride varnish in all NOHI states/jurisdiction. Registered dental assistants can apply fluoride varnish in most NOHI states either directly or through delegation. District of Columbia and New York do not allow dental assistants without an expanded function certificate to apply fluoride varnish. Expanded function dental assistants in Illinois and Iowa can conduct an oral health risk assessment either directly or through delegation. In Arizona, District of Columbia, Illinois, Iowa, Maryland, Ohio, and Virginia, they can apply fluoride varnish either directly or through delegation.

Medicaid Billing and Reimbursement

Medicaid Billable Services for Medical Providers

Can a medical provider bill and be reimbursed for the service through Medicaid fee-for-service?

State/Jurisdiction	Oral Health Risk Assessment	Fluoride Varnish Application	Oral Health Education	Oral Health Case Management
Arizona	No	Yes	No	No
Colorado	Yes	Yes	Yes ¹	No
District of Columbia	Yes	Yes	No	No
Illinois	No	Yes	No	No
Iowa	No	Yes	No	No
Maryland	No	Yes	No	No
Michigan	No	Yes	No	No
Montana	No	Yes	No	No
New York	No	Yes	No	No
Ohio ²	Yes	Yes	Yes	No
Virginia	No	Yes	No	No
Wyoming	Yes	Yes	No	No

¹ In Colorado, Medicaid reimburses for “oral evaluation, counseling with primary caregiver” of children from birth to age 36 months using code D0145.

² Ohio has a bundled service that includes an oral health risk assessment, fluoride varnish application, and oral health education.

Summary



Only Colorado, District of Columbia, Ohio, and Wyoming reimburse medical providers for an oral health risk assessment. In all 12 NOHI states/jurisdiction, medical providers can be reimbursed by Medicaid fee-for-service for applying fluoride varnish.



No NOHI states/jurisdiction reimburse medical providers for oral health case management.

Oral Health Services Billable Outside Prospective Payment System (PPS)*

What oral health services performed by medical providers can be billed to Medicaid outside the PPS?

State/Jurisdiction	Services	Comment
Arizona	Fluoride varnish	
Colorado	Oral evaluation, fluoride varnish, dental screening (age 3-4), assessment	
District of Columbia	None	
Illinois	None	
Iowa	None	
Maryland	None	
Michigan	None	
Montana	Fluoride varnish	
New York	None	
Ohio	Bundled service—risk assessment, fluoride varnish, oral health education	\$15 for bundled service
Virginia	None	
Wyoming	Oral health assessment, fluoride varnish	

Summary



Safety-net clinics can bill outside the prospective payment system for oral health services in Arizona, Colorado, Montana, Ohio, and Wyoming.

*PPS is a method of reimbursement in which Medicaid payment is made based on a predetermined, fixed amount.

Medical Providers That Can Directly Bill for Fluoride Varnish Application

Can the medical provider directly bill Medicaid fee-for-service for a fluoride varnish application?

State/Jurisdiction	Physician	Nurse Practitioner	Physician Assistant	Advanced Practice Nurse	Certified Nurse Midwife	Registered Nurse	Certified Medical Assistant
Arizona	Yes	No	No	No	No	No	No
Colorado	Yes	Yes	Yes	No	No	No	No
District of Columbia	Yes	Yes	No	Yes	Yes	No	No
Illinois	Yes	Yes	Yes	Yes	No	No	No
Iowa	Yes	Yes	Yes	Yes	Yes	No	No
Maryland	Yes	Yes	Yes	No	No	No	No
Michigan	Yes	Yes	Yes	No	No	No	No
Montana	Yes	Yes	Yes	Yes	Yes	No	No
New York	Yes	Yes	No	No	No	No	No
Ohio	Yes	Yes	Yes	Yes	Yes	No	No
Virginia	Yes	Yes	Yes	Yes	Yes	Yes	No
Wyoming	Yes	Yes	Yes	No	No	Yes	No

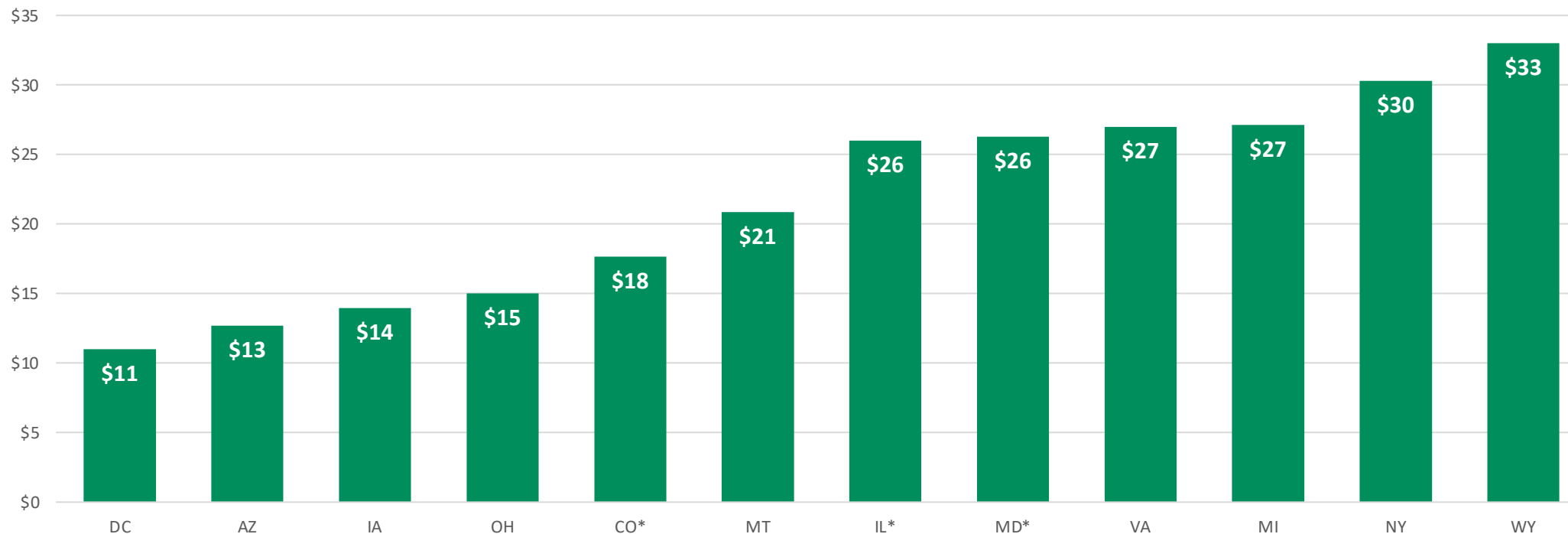
Summary



Physicians are the only medical providers that can directly bill Medicaid for a fluoride varnish application in all NOHI states/jurisdiction. Nurse practitioners can directly bill Medicaid for a fluoride varnish application in all states/jurisdiction except Arizona. Physician assistants can directly bill Medicaid for a fluoride varnish application in all states/jurisdiction except Arizona and New York. Registered nurses can directly bill Medicaid for a fluoride varnish application in Virginia and Wyoming.

Medicaid Reimbursement for Fluoride Varnish Application to Medical Providers

Medicaid Fee-for-Service Reimbursement Rates (Rounded) for Fluoride Varnish Application (CPT Code 99188) Provided by a Physician or Their State/Jurisdiction-Allowed Designee, 2023



* CPT 99188 is not a covered benefit. Medical providers bill for fluoride varnish application using CDT Code D1206.



Medicaid fee-for-service reimbursement rates for fluoride varnish application provided by physicians or their state/jurisdiction-allowed designee vary by state/jurisdiction from a low of \$11 in District of Columbia to a high of \$33 in Wyoming.

Fluoride Varnish Application by Medical Providers

State/Jurisdiction	Must Take a Training Course for Medicaid Reimbursement	Number of Applications Per Year	Must Be Combined with Well-Child Visit	Number Reduced if Child Receives from Dentist
Arizona	Yes	4	No	No
Colorado	Yes	Birth to 5 years of age: 2 (4 for high risk) 5–20 years of age: 2 (3 for high risk)	Yes	Yes
District of Columbia	Yes	2 (4 for high risk)	Yes	Not available
Illinois	Yes	3	No	No
Iowa	No	4	Yes	No
Maryland	Yes	4	Yes	No
Michigan	Yes	4	No	No
Montana	No	6	Yes	Not available
New York	No	4	No	No
Ohio	No	2	No	No
Virginia	No	6	No	Yes
Wyoming	No	3	Yes	No



Half of the NOHI states/jurisdiction (Arizona, Colorado, District of Columbia, Illinois, Maryland, and Michigan) require that medical providers take a training course before they can be reimbursed by Medicaid for applying fluoride varnish.



Most NOHI states/jurisdiction allow medical providers to apply fluoride varnish three or more times per year. Only Ohio limits the number of fluoride varnish applications to two per year.

Restrictions for Fluoride Varnish Application by Medical Providers

Describe age limits/range for reimbursable fluoride varnish applications by a medical provider for a child.

How many times per year can a medical provider be reimbursed for applying fluoride varnish for a pregnant woman?

State/Jurisdiction	Age Limits for Children	Number of Varnish Applications for Pregnant Woman
Arizona	Birth to 5 years of age	0
Colorado	<21 years of age	<21 years (3/year)
District of Columbia	Birth to 35 months of age	0
Illinois	Birth to 35 months of age	0
Iowa	Birth to 5 years of age	0
Maryland	9 months to 5 years of age	0
Michigan	Birth to 5 years of age	0
Montana	<21 years of age	<21 years (2/year low risk, 6/year high risk)
New York	Birth to 6 years of age	0
Ohio	Birth to 6 years of age	0
Virginia	6–35 months of age	0
Wyoming	Birth to 14 years of age	0

Summary



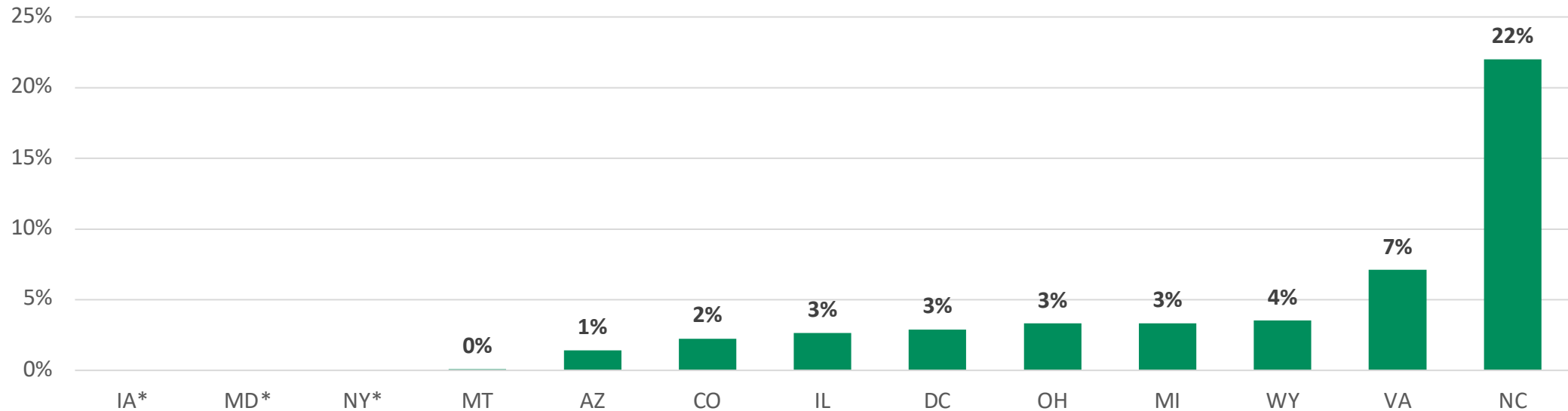
District of Columbia, Illinois, and Virginia limit reimbursement to a medical provider for a fluoride varnish application to children less than 3 years of age. The upper limit is 5 or 6 years of age in Arizona, Iowa, Maryland, Michigan, New York, and Ohio while the upper limit in Wyoming is 14 years of age. Two states reimburse medical providers for children <21 years of age (Colorado and Montana).



Colorado and Montana reimburse medical providers for a fluoride varnish applied to a pregnant woman if the woman is <21 years of age. No states/jurisdiction reimburse medical providers for a fluoride varnish for individuals ≥ 21 years.

Medicaid Recipients That Received a Topical Fluoride Application

Percentage of Medicaid Recipients Ages 1–2 Years That Received a Topical Fluoride Application From a Medical Provider or a Direct Access Dental Hygienist, 2020



* Data insufficient to display

Summary



In the NOHI states/jurisdiction, few young children enrolled in Medicaid are receiving a topical fluoride application from a medical provider or direct access dental hygienist, especially compared to North Carolina, which is the state with the highest percentage of children receiving a topical fluoride application from a medical provider or direct access dental hygienist.

Source: Herndon J, Ojha D, Layman S, Colangelo E, Aravamudhan K. 2022. *Dental Quality Alliance Oral Healthcare Quality State Profiles*. Chicago, IL: American Dental Association; Gainesville, FL: Key Analytics and Consulting. Accessed September 26, 2023.

Note: The Centers for Medicare & Medicaid Services has two provider classifications, “dental,” which includes services provided by or under the supervision of a dentist and “oral health,” which includes services provided by other personnel (e.g., physicians, direct access dental hygienists).

Medicaid Billable Services for Dental Providers

Can a dental provider bill and be reimbursed for oral health services through Medicaid fee-for-service?

State/Jurisdiction	Oral Health Risk Assessment (D0601-0603)	Fluoride Varnish (D1206)	Oral Hygiene Instruction (D1330)	Oral Health Case Management (D9992)
Arizona	No	Yes	No	No
Colorado	No	Yes	No	No
District of Columbia	No	Yes	No	No
Illinois	No	Yes	No	No
Iowa	No	Yes	No	No
Maryland	No	Yes	Yes	No
Michigan	No	Yes	No	No
Montana	Yes	Yes	Yes	Yes
New York	No	Yes	No	No
Ohio	No	Yes	No	No
Virginia	No	Yes	No	No
Wyoming	No	Yes	Yes	No

Summary



Montana is the only NOHI state/jurisdiction that reimburses dental providers for an oral health risk assessment, while all states/jurisdiction reimburse for a fluoride varnish application.



Only Maryland, Montana, and Wyoming reimburse dental providers for oral hygiene instruction, and only Montana reimburses for oral health case management.

Dental Providers That Can Directly Bill for Fluoride Varnish

Can a dental provider directly bill Medicaid for a fluoride varnish application?

State/Jurisdiction	Dentist	Dental Therapist	Dental Hygienist	Advanced Practice Hygienist	Registered Dental Assistant	Expanded Function Dental Assistant
Arizona	Yes	No	No	Yes	No	No
Colorado	Yes	No	Yes	Yes	No	No
District of Columbia	Yes	Not applicable	No	Not applicable	No	No
Illinois	Yes	Not applicable	No	No	No	Not available
Iowa	Yes	Not applicable	No	No	No	No
Maryland	Yes	Not applicable	No	No	No	No
Michigan	Yes	Yes	No	Yes [^]	No	Not applicable
Montana	Yes	No	Yes	Yes	No	No
New York	Yes	Not applicable	No	No	No	Not applicable
Ohio	Yes	Not applicable	No	No	No	No
Virginia	Yes	Not applicable	No	No	No	No
Wyoming	Yes	Not applicable	No	No	No	No

[^] While an advanced practice hygienist has an NPI number and is the rendering provider, payment is made to the public health agency.

Summary



Dentists can directly bill Medicaid for a fluoride varnish application in all NOHI states/jurisdiction, while dental hygienists can directly bill in two NOHI states/jurisdiction (Colorado and Montana).

Restrictions on Fluoride Varnish Application by Dental Providers

Describe age limits/range for the number of fluoride varnish applications/year by a dental provider for a child.

How many times per year can a dental provider be reimbursed for fluoride varnish for a pregnant woman ≥ 21 years of age?

State/Jurisdiction	Age Limits/Range for Varnish for a Child	Number of Varnish Applications for Pregnant Woman
Arizona	Birth to 2 years of age (4/year), 3–20 years of age (2/year)	0
Colorado	Birth to 4 years of age (2/year low risk, 4/year high risk) 5–20 years of age (2/year low risk, 3/year high risk)	1
District of Columbia	None (2/year low risk, 4/year high risk)	2
Illinois	<21 years of age (2/year)	0
Iowa	None (4/year)	4
Maryland	Fluoride varnish (D1206): birth to 5 years of age (4/year) Other topical fluorides (D1208): birth to 25 years of age	2
Michigan	Birth to 71 months of age (4/year), 6–20 years of age (2/year)	0
Montana	<21 years of age (6/year)	0
New York	<21 (4/year), ≥ 21 years of age with exception	0
Ohio	<21 years of age (2/year)	0
Virginia	6–35 months of age (6/year), 3–20 years of age (2/year)	0
Wyoming	Birth to 14 years of age (2/year)	0

Summary



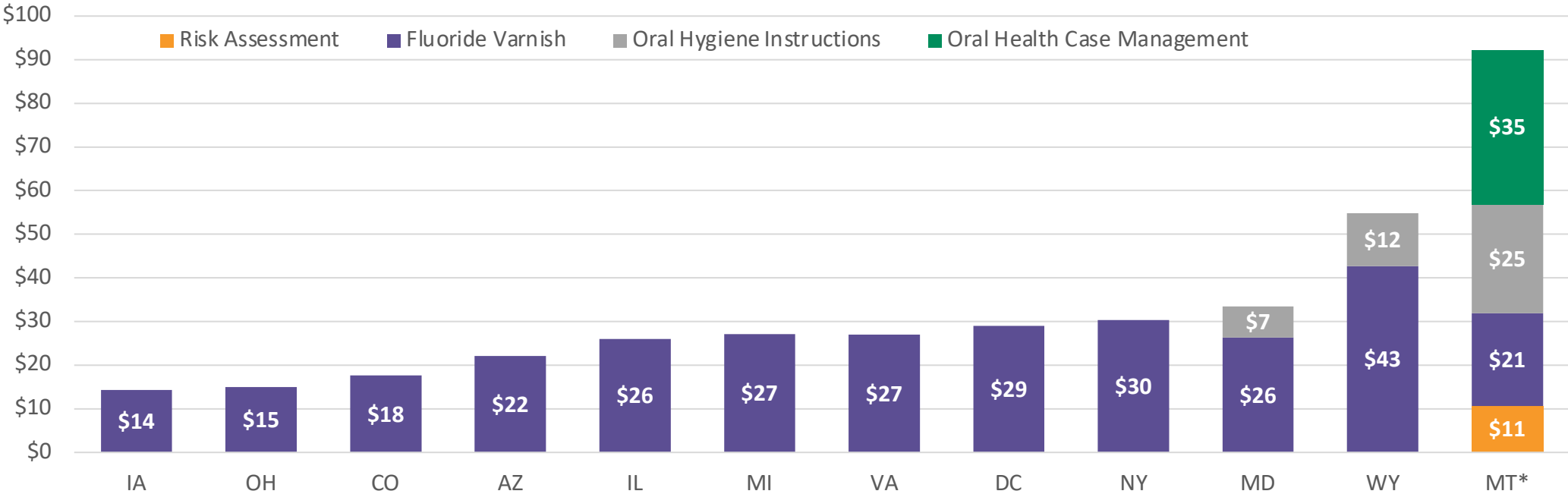
All states/jurisdiction, except Wyoming, reimburse dental providers for a topical fluoride application for children <21 years of age enrolled in Medicaid. Wyoming does not provide reimbursement for individuals > 14 years of age enrolled in Medicaid.



Four NOHI states/jurisdiction (Colorado, District of Columbia, Iowa, and Maryland) reimburse dental providers for a fluoride varnish application provided to pregnant women ≥ 21 years of age.

Medicaid Reimbursement to Dental Providers

Medicaid Fee-for-Service Reimbursement Rates (Rounded) for Risk Assessment (D0601-0603), Fluoride Varnish (D1206), Oral Hygiene Instruction (D1330), and Case Management (D9992) Provided by a Dentist or Their Designee, 2023



* In Montana, only AbCd providers are eligible to receive reimbursement for oral hygiene instruction.

\$ Medicaid fee-for-service reimbursement rates to dental providers for this bundle of services varies by NOHI state/jurisdiction from a low of \$14 in Iowa to a high of \$92 for Access to Baby and Child Dentistry (AbCd) providers in Montana. Montana is the only state/jurisdiction that reimburses for case management, although New York does reimburse for case management for children with special health care needs (CDT code D9998).

Dental Hygienists

Dental hygienists are licensed dental providers who focus on preventing and treating oral diseases to protect patients' teeth, gums, and overall health. They are graduates of accredited dental hygiene education programs and must pass a written national board examination and a clinical examination before they are licensed to practice. Hygienists work in a variety of settings such as private dental offices, schools, public health clinics, and nursing facilities.

Dental Hygienists—Advanced Practice Designation

States/jurisdiction with dental hygiene designations other than standard dental hygiene practice

State/Jurisdiction	Name of Advanced Dental Hygiene Designation
Arizona	Affiliated practice dental hygienist
Colorado	Independent practice dental hygienist*
District of Columbia	No advanced designation
Illinois	Public health dental hygienist
Iowa	Public health dental hygienist
Maryland	Public health dental hygienist
Michigan	PA 161 dental hygienist
Montana	Public health dental hygienist/limited access permit
New York	Collaborative practice^
Ohio	Oral health access supervision permit program
Virginia	Remote supervision dental hygienist
Wyoming	Public health dental hygienist

* In Colorado, all dental hygienists can practice independently. Independent practice does not require an additional designation or permit.

^ In New York, a collaborative arrangement is an agreement between a dental hygienist working for a hospital or a diagnostic and treatment center, including a community health center, school-based health center, and similar public health facility, and a dentist who has a formal relationship with the same facility.

Summary and Impact



Eleven of the 12 NOHI states/jurisdiction have an advanced dental hygiene designation, which allows hygienists to work outside the traditional private dental practice with general or direct access supervision.



Advanced practice designations expand access to preventive oral health care by allowing hygienists to provide care in community-based locations such as schools and other public health settings.

Source: American Dental Hygienists' Association. 2022. *Direct Access States*. Chicago, IL: American Dental Hygienists' Association. www.adha.org/direct-access

Dental Hygienists—Direct Access

Direct access refers to the ability of a dental hygienist to initiate treatment based on their assessment of a patient's needs without the specific authorization of a dentist, treat the patient without the presence of a dentist, and maintain a provider-patient relationship.

Colorado is the only NOHI state/jurisdiction that allows direct access dental hygienists to apply fluoride varnish in a community-based setting without a special permit or advanced designation. Direct access to fluoride varnish in a community-based setting is available in 10 NOHI states (Arizona, Illinois, Iowa, Maryland, Michigan, Montana, New York, Ohio, Virginia, and Wyoming) if the hygienist has a special permit, has advanced designation, practices in a public health setting, or has a collaborative practice agreement with a dentist. In District of Columbia, fluoride varnish must be applied under the general supervision of a dentist.

Source: American Dental Hygienists' Association. 2022. *Direct Access States*. Chicago, IL: American Dental Hygienists' Association. www.adha.org/direct-access

Dental Hygienists—How Community Health Centers Are Using Dental Hygienists

Examples of how community health centers are using dental hygienists



Iowa: Community health centers are using public health supervision hygienists to provide care in community-based settings and as part of the medical team during well-child visits.



Michigan: The PA 161 program allows dental hygienists embedded in community health center pediatric and obstetric/gynecology departments throughout the state to provide preventive oral health services.



Ohio: Community health centers are using public health supervision hygienists to provide care in community-based settings and as part of the medical team during well-child visits.



Virginia: Hygienists employed by community health centers can provide preventive dental care in schools, long-term care facilities, Head Start, and WIC programs.

Dental Therapists

Dental therapists are midlevel providers, similar to physician assistants. Dentists hire and supervise therapists to provide high-quality care to more patients, grow their practices, and provide treatment to populations that are underserved and at high risk for oral disease. Therapists can work in traditional dental offices and clinics or in community settings such as schools or nursing homes. They provide preventive and routine restorative care, including filling cavities, placing temporary crowns, and extracting badly diseased or loose teeth.

Dental Therapists—Legislation

States/jurisdiction with dental therapist legislation

As of September 2023, four NOHI states have passed dental therapy legislation, but there are no practicing therapists in any of the four states—Arizona, Colorado, Michigan, and Montana (Indian Health Service and tribal programs only).

Note: Montana’s dental therapy legislation removed restorative procedures, including extractions, from the authorized scope of practice for therapists, which limits their ability to meet the oral health needs of Montana’s tribes.

Community Health Workers

A community health worker is a frontline public health worker who is a trusted member of and/or has a close understanding of the community served. This trusting relationship enables the worker to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery.

Community Health Workers—Examples



Five of the NOHI states—Colorado, Maryland, Michigan, Ohio, and Virginia—report having a certification process for community health workers.



Three of the five NOHI states with certified community health workers—Michigan, Ohio and Virginia—include oral health in the community health worker curriculum.



Community health workers have been identified by many titles, such as community health advisors, lay health advocates, *promotoras*, outreach educators, community health representatives, peer health promoters, and peer health educators.

Teledentistry

Teledentistry is the use of electronic information, imaging, and communication technologies, including interactive audio, video, and data communications, as well as store and forward technologies, to provide and support oral health care delivery, diagnosis, consultation, treatment, transfer of information, and education.

Teledentistry—Examples

State/Jurisdiction	Practiced in State/Jurisdiction	Which Providers Can Use Teledentistry	Synchronous Reimbursed by Medicaid	Asynchronous Reimbursed by Medicaid	Parity in Payment
Arizona	Yes	Dentist, therapist, dental hygienist	Yes	No	No
Colorado	Yes	Dentist, dental hygienist	Yes	Yes	Yes
District of Columbia	Yes	Dentist	Yes	No	Yes
Illinois	Yes	Dentist, public health hygienist	Yes	Yes	No
Iowa	Yes	Dentist, dental hygienist	Yes	Yes	Yes
Maryland	Yes	Dentist, dental hygienist	Yes	Yes	Yes
Michigan	Yes	Dentist	Yes	No	Yes
Montana	Yes	Dentist	Yes	Yes	Yes
New York	Yes	Dentist	Yes	Yes	Yes
Ohio	Yes	Dentist, dental hygienist, expanded function dental assistant	Yes	No	No
Virginia	Yes	Dentist, hygienist, dental assistant	Yes	Yes	Yes
Wyoming	Yes	Dentist, dental hygienist, dental auxiliary	Yes	No	Yes

Summary



Teledentistry is permitted and is being practiced in all 12 NOHI states/jurisdiction. Dentists can use teledentistry in all states/jurisdiction, and hygienists can use teledentistry in Arizona, Colorado, Illinois (public health dental hygienist), Iowa, Maryland, Ohio, Virginia, and Wyoming. Registered dental assistants can use teledentistry in Virginia, expanded function dental assistants can use teledentistry in Ohio, and dental auxiliary can use teledentistry in Wyoming.



Medicaid reimburses for synchronous teledentistry in all NOHI states/jurisdiction. Medicaid reimburses for asynchronous teledentistry in six NOHI states—Colorado, Illinois, Iowa, Maryland, Montana, New York, and Virginia.

General Information

Community Health Centers, Medicaid, and Pregnancy Benefits

State/Jurisdiction	CHCs Can Bill Same Day For Medical and Dental	Medicaid Medical Administration	Medicaid Dental Administration	State/Jurisdiction Has Medicaid Pregnancy Benefit	State/Jurisdiction Has Auto Enrollment for Pregnant Women	State/Jurisdiction Has Perinatal Practice Guidelines
Arizona	Yes	In house	In house	No	Not applicable	Yes
Colorado	Yes	In house	Contracted out	Yes	Yes	No
District of Columbia	Yes	In house	In house	Yes	Yes	No
Illinois	Yes	In house	Contracted out	Yes	Yes	Yes
Iowa	Yes	Contracted out	Contracted out	Yes	Yes	Yes
Maryland	Yes	Contracted out	Contracted out	Yes	Yes	Yes
Michigan	Yes	Contracted out	Both	Yes	Yes	Yes
Montana	Yes	Contracted out	Contracted out	Yes	Yes	Not available
New York	Yes	In house	In house	Yes	Yes	Yes
Ohio	Yes	Contracted out	Contracted out	Yes	Yes	Yes
Virginia	Yes	Contracted out	Contracted out	Yes	Yes	Yes
Wyoming	Yes	In house	In house	Yes	Yes	No

Programs to Incentivize Dentists and Value-Based Care Payments

State/Jurisdiction	State/Jurisdiction Has Programs to Incentivize Dentists to Participate in Medicaid	State/Jurisdiction Has Value-Based Care Payment Models for Oral Health
Arizona	Yes	Not available
Colorado	Yes	Yes
District of Columbia	Yes	Yes
Illinois	No	No
Iowa	Yes	No
Maryland	Yes	No
Michigan	No	Yes
Montana	Yes	No
New York	No	No
Ohio	Yes	Yes
Virginia	No	No
Wyoming	No	No

Incentives for Medicaid Participation—Examples

Examples of how states are incentivizing dentists for participating in Medicaid



Arizona: Dental providers are eligible for a differential adjusted payment increase under the following criteria: (1) A provider that meets the criteria for the dental sealants for children performance measure will qualify for a 1% increase on all claims. (2) A provider that meets the criteria for the provision of dental services on weekends will qualify for a 1% increase on all claims.



Colorado: Dental providers working in designated health professional shortage areas can apply to receive funding to repay qualifying educational loans. Participants must see underserved patients at an approved clinical site for the entire service obligation.



Iowa: The managed care dental carriers have incentives that have been approved by Iowa Medicaid. The incentives for SFY24 include additional payments for providing services for I-Smile referrals, members with intellectual and/or developmental disability waivers, timely recall visits, and establishing dental homes for members. Other incentives approved include increase in payment for oral surgery and sedation codes, as well as for preventive and endodontic codes.



Maryland: During the past 2 years, almost \$40 million has been directed to Medicaid to increase dental reimbursement rates, the largest increases in over a decade. In addition, Medicaid has designated a staff person to assist dental providers with the Medicaid enrollment process.



Michigan: Effective January 2023, Michigan raised the Medicaid dental provider fee to 100% of private industry standards and expanded coverage to include endodontics, crowns, and periodontal treatment. Providers can be reimbursed more than the fee schedule if, on the managed care side, they participate in the value-based payment system for preventive visits.

Incentives for Medicaid Participation—Examples (Continued)

Examples of how states are incentivizing dentists for participating in Medicaid (Continued)



Montana: The AbCd program was established to increase access to dental services for Medicaid eligible children under 6 years of age. Dentists must receive continuing education in early pediatric dental techniques to qualify as an AbCd specialist. This specialty endorsement allows AbCd dentists to be reimbursed for an expanded set of services including an oral evaluation, a caries susceptibility test, nutritional counseling, and oral hygiene instruction.



Ohio: Effective January 1, 2024, clinics and dental practices that serve a high proportion of individuals with developmental disabilities will be designated as dental health resource shortage areas, allowing dentists who work at those clinics or practices to apply for the Loan Repayment Program. Ohio has a 5% rural payment differential.



Virginia: The Virginia General Assembly authorized funding to strengthen the Medicaid dental benefit. The state's Medicaid agency committed to the following to increase dentists' participation in Medicaid: develop and implement a statewide recruitment campaign; conduct a thorough review of the status of the dental network every 2 years; analyze dental fees every 3 years to calculate appropriate rate increases.

Surveillance, Performance Indicators, and Education

State/Jurisdiction	Percentage with Fluoridated Water, 2020*	Had State/Jurisdiction Added BRFSS, PRAMS, and YRBSS Oral Health Questions, 2016—2020	State/Jurisdiction Has Oral Health Performance Indicators Through Accountable Care Collaborative	Number of Dental Schools	Number of Dental Hygiene Programs
Arizona	58%	PRAMS	Not available	2	7
Colorado	75%	BRFSS, PRAMS, YRBSS	Yes	1	4
District of Columbia	100%	BRFSS, PRAMS	No	1	1
Illinois	98%	BRFSS	Yes	3	13
Iowa	90%	BRFSS, PRAMS	No	1	5
Maryland	94%	BRFSS	No	1	7
Michigan	89%	BRFSS, PRAMS, YRBSS	Not available	2	13
Montana	31%	BRFSS, PRAMS	Not available	0	1
New York	72%	PRAMS	No	5	10
Ohio	93%	BRFSS	No	2	13
Virginia	96%	BRFSS	No	1	6
Wyoming	56%	None	No	0	2

* Percentage of the state's/jurisdiction's population on a community water system that had access to fluoridated water.

BRFSS = Behavioral Risk Factor Surveillance System
 PRAMS = Pregnancy Risk Assessment Monitoring System
 YRBSS = Youth Risk Behavior Surveillance System

Non-Dental Services Provided by Dental Providers

State/Jurisdiction	Allowable Non-Dental Services	Reimbursed for Non-Dental Services
Arizona	Dentists and dental hygienists can provide vaccines during a declared local, state, and national emergency.	No
Colorado	Dentists can provide HbA1c in-office point of service testing (A1C), blood glucose level tests, COVID vaccines, hypertension screening, behavioral health screening, and tobacco-cessation education.	Yes, for A1C, blood glucose level tests and COVID vaccines. No, for other services
District of Columbia	None	Not applicable
Illinois	Dentists can provide diabetes blood glucose screening tests, diabetes risk screenings, blood pressure screening, vaccinations, and maternal depression screening.	No
Iowa	Dentists can provide glucose testing. Dental assistants and dental hygienists can perform glucose testing if delegated by a dentist. Hypertension screenings can be completed by all dental providers.	COVID vaccines
Maryland	Diabetes screening and administering limited vaccines.	Yes
Michigan	Dentists, dental hygienists, and dental assistants can perform hypertension screening. Dentists and dental hygienists can perform maternal depression screening. Dentists can provide vaccinations under emergency authorization. HPV vaccinations are within the scope of dentists, but they can't delegate this to others. Only physicians can delegate other vaccinations to dentists, RDHs, and RDAs.	Yes, for vaccination No, for other services
Montana	Dentists and dental hygienists can provide tobacco prevention- and -cessation counseling, and dentists can prescribe tobacco-cessation medication.	Yes, for tobacco counseling
New York	Dentists and dental hygienists (under supervision) can provide smoking-cessation education.	Yes, tobacco cessation
Ohio	Dentists can provide hypertension screening, glucose and A1C screening, and tobacco screening.	Yes, for tobacco cessation No, for other services
Virginia	Dentists and hygienists can perform hypertension screening, tobacco-cessation education, and nutritional counseling.	No
Wyoming	None	No

State/Jurisdiction Oral Health Program and Oral Health Coalition

State/Jurisdiction	Has an Oral Health Program*	The Leader of the Oral Health Program is a Dental Professional*	The Leader of the Oral Health Program has a Master's Degree (degree)*	Has an Oral Health Coalition
Arizona	Yes	Yes	Yes (MSPH)	Yes
Colorado	Yes	Yes	Yes (MPH)	No
District of Columbia	Yes	No	Yes (MPH)	No
Illinois	Yes	Yes	Yes (MPH)	Yes
Iowa	Yes	Vacant^	Vacant^	Yes
Maryland	Yes	Yes	No	Yes
Michigan	Yes	Yes	Yes (MPA)	Yes
Montana	Yes	Yes	Yes (MS)	No
New York	Yes	Yes	Yes (MPH)	Yes
Ohio	Yes	Yes	Yes (MS)	Yes
Virginia	Yes	Yes	No	Yes
Wyoming	No	Not Applicable	Not Applicable	No

^ In Iowa, the public health dental director must be a dentist and have 2 years of administrative experience in a dental public health program or a Master's degree in public health. As of October 3, 2023, the Iowa dental director position is vacant.

*Source: Association of State and Territorial Dental Directors Membership Roster as of October 3, 2023

Dentist Participation in Medicaid

State/Jurisdiction	Number of Dentists Working in Dentistry (2022)	Percentage of Dentists Participating in Medicaid/CHIP (2019)	Percentage of Dentists that Served 1+ Medicaid Enrollees (2017)	Percentage of Dentists that Served 100+ Medicaid Enrollees (2017)
Arizona	4,324	30%	22%	13%
Colorado	3,990	60%	28%	11%
District of Columbia	750	39%	Not Available	Not Available
Illinois	8,652	29%	18%	13%
Iowa	1,640	78%	73%	23%
Maryland	4,270	27%	24%	15%
Michigan	5,755	70%	56%	10%
Montana	637	73%	63%	27%
New York	14,242	37%	30%	16%
Ohio	5,911	30%	21%	14%
Virginia	5,543	26%	11%	5%
Wyoming	310	66%	60%	18%

CHIP=Children's Health Insurance Program

Sources: (1) American Dental Association. N.d. *The Dentist Workforce* [webpage]. Accessed September 26, 2023. www.ada.org/resources/research/health-policy-institute/dentist-workforce
 (2) Vujicic M, Nasseh K, Fosse C. 2021. *Dentist Participation in Medicaid: How Should It be Measured? Does It Matter?* Chicago, IL: American Dental Association. Accessed October 3, 2023. (3) American Dental Association. 2020. Dentist Participation in Medicaid or CHIP. Accessed December 21, 2023. https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/resources/research/hpi/hpigraphic_0820_1.pdf

Appendices

Appendix 1: Medicaid Reimbursement to Dental Hygienists

The following four NOHI states have statutory or regulatory language allowing the state Medicaid department to reimburse dental hygienists for services rendered.

- **Arizona:** Dental hygienists in affiliated practice with a dentist who is also a Medicaid provider may be reimbursed for certain services included in the practice agreement with the dentist.
- **Colorado:** Unsupervised dental hygienists may bill with the affiliation of a dentist.
- **Michigan:** Medicaid policy allows any dental hygienist, including dental hygienists working within a PA 161 Program, to enroll as a provider in the Michigan Medicaid Program. This is a Medicaid Program decision and does not require state legislation. A dental hygienist is required to have a Type 1 (individual) national provider identifier (NPI) number to enroll. The dental hygienist is considered a rendering/servicing-only provider. Rendering/Servicing-Only Provider is a Type 1 (individual) NPI who renders services strictly on behalf of an organization, clinic, or group practice. Dental hygienists are required to affiliate themselves with a Type 2 (group) NPI such as a federally qualified health center, local health department, clinic, sole dentist, or dental group.
- **Montana:** Dental hygienists practicing under public health supervision may provide preventive dental hygiene services.

Source: American Dental Hygienists' Association. N.d. *Reimbursement* [webpage]. Accessed September 26, 2023. www.adha.org/reimbursement

Appendix 2: Community Water Fluoridation

Percentage of population served by a community water system receiving fluoridated water

State/Jurisdiction	Number of Persons Receiving Fluoridated Water	Number of Persons Served by CWS	% Population Served by CWS Receiving Fluoridated Water	Rank Out of 51 States/Jurisdiction
Arizona	4,011,354	6,948,635	57.7	39
Colorado	4,123,671	5,480,628	75.2	28
District of Columbia	690,093	690,093	100	1
Illinois	11,457,094	11,640,823	98.4	4
Iowa	2,409,673	2,684,404	89.8	15
Maryland	4,410,410	4,709,311	93.7	9
Michigan	6,638,231	7,432,372	89.3	16
Montana	240,294	765,861	31.4	48
New York	12,596,165	17,610,152	71.5	31
Ohio	9,177,890	9,901,174	92.7	10
Virginia	6,713,205	7,027,639	95.5	6
Wyoming	255,654	459,997	55.6	42

CWS = community water system

Source: Centers for Disease Control and Prevention. 2023. *2020 Fluoridation Statistics* [webpage]. Accessed September 26, 2023. www.cdc.gov/fluoridation/statistics/2020stats.htm

Appendix 3: Dental Workforce and Health Professional Shortage Area Designations

Dentists working in dentistry and dental health professional shortage area (dHPSA) information, 2022

State/Jurisdiction	Number of Dentists Working in Dentistry	Number Dentists per 100,000 Population	Total Dental Care HPSA Designations	Population of Designated dHPSAs	Percentage of Need Met	Practitioners Needed to Remove dHPSA Designation
Arizona	4,324	58.8	242	2,849,272	33%	467
Colorado	3,990	68.3	104	1,137,528	49%	143
District of Columbia	750	111.6	12	90,280	3%	22
Illinois	8,652	68.8	245	2,818,438	29%	503
Iowa	1,640	51.2	153	451,729	32%	76
Maryland	4,270	69.3	62	2,379,610	34%	348
Michigan	5,755	57.4	248	1,563,157	26%	300
Montana	637	56.7	134	381,453	41%	54
New York	14,242	72.4	133	3,176,011	17%	659
Ohio	5,911	50.3	171	2,018,103	27%	385
Virginia	5,543	63.8	127	1,349,794	37%	212
Wyoming	310	53.3	29	49,361	32%	8
Total U.S.	202,536	60.8	7,192	69,478,189	32%	11,896

Sources: (1) American Dental Association. N.d. *The Dentist Workforce* [webpage]. Accessed September 26, 2023. www.ada.org/resources/research/health-policy-institute/dentist-workforce
 (2) Kaiser Family Foundation. 2022. *Dental Care Health Professional Shortage Areas (HPSA)* [webpage]. Accessed September 26, 2023. www.kff.org/other/state-indicator/dental-care-health-professional-shortage-areas-hpsas

Appendix 4: Acronyms Used in Chartbook

- AbCd: Access to Baby and Child Dentistry program in Montana
- BRFSS: Behavioral Risk Factor Surveillance System
- CDT Code: Code on Dental Procedures and Nomenclature
- CHC: Community health center
- CHIP: Children's Health Insurance Program
- CMS: Centers for Medicare & Medicaid Services
- COHSII: Consortium for Oral Health Systems Integration and Improvement
- CPT Code: Current Procedural Terminology codes
- CWS: Community water system
- dHPSA: Dental health professional shortage area
- EPSDT: Early and Periodic Screening, Diagnostic, and Treatment
- HPSA: Health professional shortage area
- Medicaid FFS: Medicaid fee-for-service
- MNOHI: Midwest Network for Oral Health Integration
- NOHI: Networks for Oral Health Integration Within the Maternal and Child Health Safety Net
- NPI: National Provider Identifier
- PRAMS: Pregnancy Risk Assessment Monitoring System
- RoMoNOH: Rocky Mountain Network of Oral Health
- TOHF: Transforming Oral Health for Families
- YRBSS: Youth Risk Behavior Surveillance System