

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

**Environmental Scan
Project Year 4**

Background

This environmental scan is being conducted to gain knowledge about factors that could impact the integration of oral health care into primary care at the state^a level with the purpose of informing the work of the Network for Oral Health Integration (NOHI) program funded by the Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau. The goal of the NOHI program is to improve access to and utilization of comprehensive, high-quality oral health care for pregnant women, infants, and children at high risk for oral disease through integration of oral health care into primary care. This environmental scan will be conducted annually from 2020 to 2024.

Instructions

Please ensure that only one person in each state completes this questionnaire. Fill out the questionnaire below to the best of your ability. If you are not able to obtain any of the requested information or if the information does not apply to your state, simply note that in your response.

Use original sources when collecting data. These sources may include health professional practice acts, Medicaid information for medical and oral health professionals, and state health care reform/payment innovation programs. You may need to contact your state dental director*, state Medicaid office, state public health department, state licensing boards, and state medical and dental associations.

After you complete the scan below, enter data in SurveyMonkey. You can enter data into the set of questionnaires (one questionnaire for each part of the environmental scan) over time by clicking “save” to save your responses and return later. At the end of each questionnaire, you will be asked to record the source of data that you submitted. This will assist you and others with completing the environmental scan in future years.

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
- *Support service provider*: community dental health coordinator, community health educator, promotora, health navigator, community health worker, home visitor, WIC staff
- *Preventive oral health services*: activities that aim to improve and maintain good oral health and function by reducing the onset and/or development of oral diseases or

^a The term “state” as used herein includes District of Columbia, a U.S. jurisdiction.

• Contact Harry Goodman, ASTDD consultant, for an introduction to your state dental director, if desired (e-mail: harrygoodman2307@gmail.com).

* Definitions used in the HRSA Notice of Funding Opportunity: Networks for Oral Health Integration Within the Maternal and Child Health Safety Net

deformities and the occurrence of orofacial injuries. Examples of preventive oral health services include oral hygiene instruction, fluoride treatment, and dental sealants.

- *Target populations:*
 - RoMoNOH and TOHF: Children from birth to age 40 months and pregnant women. A patient in the target population is a child that receives regular primary care with two or more well-child visits in a lifetime at the site.
 - MNOHI: Children ages 6 to 11. A patient in the target population is a child that receives a well-child visit at the site.
- *Teledentistry:* the remote provision of oral health care, advice, or treatment through the medium of information technology rather than direct personal contact.

Note

Medicaid and the Children’s Health Insurance Program (CHIP) are funded jointly by states and the federal government, and both are administered by states according to federal requirements. States can operate CHIP as a program separate from Medicaid, as an expansion of the Medicaid program, or a combination of both program types. The term “Medicaid” in this environmental scan encompasses both programs.

Introduction Questions (Common to All Parts)

1. For which state is this questionnaire being completed? (Open answer)
2. What is your name (First, Last)? (Open answer)
3. At what organization do you currently work? (Open answer)
4. What is your current role within the organization? (Open answer)
5. What is your phone number? (Optional) (Open answer)
6. What is your e-mail address? (Open answer)
7. What is your organization’s website address (Open answer)

Part 1: Scope of Practice

Data sources for several questions listed below:

- *Dental Hygiene Practice Act Overview: Permitted Functions and Supervision Levels by State* (2021), www.adha.org/resources-docs/7511_Permitted_Services_Supervision_Levels_by_State.pdf
- *Expanding Access to Care through Dental Therapy* (2021), www.adha.org/sites/default/files/Expanding_Access_to_Dental_Therapy_0.pdf
- *NCSL Scope of Practice Policy: 50-State Scope of Practice Landscape*, scopeofpracticepolicy.org
- *Search by State* (state requirements for dental assistants), www.danb.org

- *Variation in Dental Hygiene Scope of Practice by State* (2019), oralhealthworkforce.org/resources/variation-in-dental-hygiene-scope-of-practice-by-state

1. Which of the following provider types can complete **oral health screenings/risk assessments** under the state’s professional scope of practice? (Yes/No/Unable to answer/Not applicable to my project/By delegation only)
 - MD/DO (physician)
 - NP (nurse practitioner)
 - PA (physician assistant)
 - RN/LPN (registered nurse/licensed practical nurse)
 - APN (advanced practice nurse)
 - CNM (certified nurse midwife)
 - CMA/RMA (certified medical assistant/registered medical assistant)
 - CHW (community health worker), promotora, navigator
 - DDS/DMD (dentist)
 - DT (dental therapist)
 - RDH (registered dental hygienist)
 - Advanced RDH
 - CDA/RDA (certified dental assistant/registered dental assistant)
 - EFDA (expanded function dental auxiliary/assistant) (levels 1 and 2)

2. Which of the following provider types can apply **fluoride varnish** under the state’s professional scope of practice? (Yes/No/Unable to answer/Not applicable to my project/By delegation only)
 - MD/DO (physician)
 - NP (nurse practitioner)
 - PA (physician assistant)
 - RN/LPN (registered nurse/licensed practical nurse)
 - APN (advanced practice nurse)
 - CNM (certified nurse midwife)
 - CMA/RMA (certified medical assistant/registered medical assistant)
 - CHW (community health worker), promotora, navigator
 - DDS/DMD (dentist)
 - DT (dental therapist)
 - RDH (registered dental hygienist)
 - Advanced RDH
 - CDA/RDA (certified dental assistant/registered dental assistant)
 - EFDA (expanded function dental auxiliary/assistant) (levels 1 and 2)

3. Does your state have a **dental hygiene designation** other than standard dental hygiene practice (e.g., affiliated practice or public health dental hygienist) (Yes/No/Unable to answer)

Data source: *Direct Access States* (2020), www.adha.org/resources-docs/7513_Direct_Access_to_Care_from_DH.pdf

4. What is the name of the **direct access dental hygiene designation** in your state (e.g., affiliated practice or public health dental hygienist)? (Open answer)

5. Can **dental hygienists** practice in a medical care setting (e.g., pediatrics, family practice, maternity care) under the state’s professional scope of practice? (Yes/No/Unable to answer)
 Data source: *Dental Hygiene in Medical Settings and Health Care Clinics* (2019), www.adha.org/resources-docs/Dental_Hygiene_in_Medical_Settings.pdf

6. What type of supervision is required for **dental hygienists** to practice within medical practices in safety net settings to perform the functions listed below in your state? (Direct supervision/personal supervision/indirect supervision/general supervision/collaborative practice/direct access supervision/Unable to answer/Not applicable to my project)
 - Oral prophylaxis
 - X-rays
 - Topical anesthesia
 - Local anesthesia
 - Fluoride (fluoride varnish/gel/silver diamine fluoride)
 - Pit/fissure sealants
 - Scaling and root planning
 - Dental hygiene diagnosis
 - Treatment planning
 - Dental hygiene assessment
 - Prescriptive authority
 - Interim therapeutic restorations

7. How are community health centers using **dental hygienists** to provide care to children and pregnant women under general supervision in other community-based settings in your state? (Open answer)

8. Can **dental therapists** provide oral health care under the state’s professional scope of practice? (Yes/No/Unable to answer/Only in Indian Health Service areas or tribal areas)
 Data source: *Expanding Access to Care through Dental Therapy* (2021), www.adha.org/sites/default/files/Expanding_Access_to_Dental_Therapy_0.pdf

9. What type of supervision is required for **dental therapists** to perform the functions listed below in your state? (Direct supervision/personal supervision/indirect supervision/general supervision/collaborative practice/direct access supervision/Unable to answer/Not applicable to my project)
 Data source: *Expanding Access to Care through Dental Therapy* (2021), https://www.adha.org/sites/default/files/Expanding_Access_to_Dental_Therapy_0.pdf
 - Silver diamine fluoride application
 - Interim therapeutic restoration
 - X-rays
 - Pit/fissure sealants

- Teeth extraction
 - Teeth restoration
10. Are **community health workers, promotoras, or navigators** certified in your state? (Yes/No/Unable to answer/Not applicable to my project)
 11. Does the **community health worker, promotora, or navigator** curriculum include oral health? (Yes/No/Unable to answer/Not applicable to my project)
 12. Is teledentistry permitted in your state? (Yes/No/Unable to answer)
Data source: Teledentistry Quick Facts: State-by-State Guide—What to Know about Teledentistry in your State (2020), www.mouthwatch.com/wp-content/uploads/2020/08/Mouthwatch-50-States_8-2020.pdf
 13. Is teledentistry being practiced currently in your state? (Yes/No/Unable to answer)
 14. Please describe which providers can use teledentistry. (Open answer)
 15. Please describe any asynchronous teledentistry, “transfer patient data (radiographic, imaging) to dentist for subsequent evaluation and diagnosis,” allowed in your state. (Open answer)
 16. Please describe any synchronous teledentistry, “a real time, two-way interaction between patient and provider usually through video,” allowed in your state. (Open answer)

Part 2: Reimbursement

Data sources for several questions listed below:

- *MSDA National Profile of State Medicaid and CHIP Oral Health Programs* (2019), www.msdanationalprofile.com. Note: Create an account to access state Medicaid and CHIP profiles
- *Oral Health Coding Fact Sheet for Primary Care Physicians* (2022), https://downloads.aap.org/AAP/PDF/coding_factsheet_oral_health.pdf
- *Reimbursement* (reimbursement for dental hygienists for services rendered), www.adha.org/reimbursement

1. Is **oral health screening/risk assessment** a billable and reimbursable Medicaid service in your state? (Yes/No/Unable to answer)
2. Which of the following provider types can directly bill Medicaid and receive reimbursement for **oral health screening/risk assessment** under the state’s Medicaid fee-for-service program? (Yes/No/Unable to answer/Not applicable to my project)
 - MD/DO (physician)
 - NP (nurse practitioner)
 - PA (physician assistant)
 - RN/LPN (registered nurse/licensed practical nurse)

- APN (advanced practice nurse)
 - CNM (certified nurse midwife)
 - CMA/RMA (certified medical assistant/registered medical assistant)
 - CHW (community health worker), promotora, navigator
 - DDS/DMD (dentist)
 - DT (dental therapist)
 - RDH (registered dental hygienist)
 - Advanced RDH
 - CDA/RDA (certified dental assistant/registered dental assistant)
 - EFDA (expanded function dental auxiliary/assistant) (levels 1 and 2)
3. What code(s) under Medicaid fee-for-service are used for **oral health screening/risk assessment**? (Open answer)
 4. What is the reimbursement amount under Medicaid fee-for-service for **oral health screening/risk assessment**? (Open answer)
 5. Which of the following provider types can directly bill Medicaid and receive reimbursement for **fluoride varnish application** under the state's Medicaid fee-for-service? (Yes/No/Unable to answer/Not applicable to my project)
 - MD/DO (physician)
 - NP (nurse practitioner)
 - PA (physician assistant)
 - RN/LPN (registered nurse/licensed practical nurse)
 - APN (advanced practice nurse)
 - CNM (certified nurse midwife)
 - CMA/RMA (certified medical assistant/registered medical assistant)
 - CHW (community health worker), promotora, navigator
 - DDS/DMD (dentist)
 - DT (dental therapist)
 - RDH (registered dental hygienist)
 - Advanced RDH
 - EFDA (expanded function dental auxiliary/assistant) (levels 1 and 2)
 6. What code(s) under Medicaid fee-for-service are used for **fluoride varnish application**? (Open answer)
 7. What is the reimbursement amount under Medicaid fee-for-service for **fluoride varnish application**? (Open answer)
 8. Is **oral health education** a billable and reimbursable Medicaid service in your state? (Yes/No/Unable to answer)

9. Which of the following provider types can directly bill Medicaid and receive reimbursement for **oral health education** under the state's Medicaid fee-for-service? (Yes/No/Unable to answer/Not applicable to my project)
- MD/DO (physician)
 - NP (nurse practitioner)
 - PA (physician assistant)
 - RN/LPN (registered nurse/licensed practical nurse)
 - APN (advanced practice nurse)
 - CNM (certified nurse midwife)
 - CMA/RMA (certified medical assistant/registered medical assistant)
 - CHW (community health worker), promotora, navigator
 - DDS/DMD (dentist)
 - DT (dental therapist)
 - RDH (registered dental hygienist)
 - Advanced RDH
 - CDA/RDA (certified dental assistant/registered dental assistant)
 - EFDA (expanded function dental auxiliary/assistant) (levels 1 and 2)
10. What code(s) under Medicaid fee-for-service are used for **oral health education**? (Open answer)
11. What is the reimbursement amount under Medicaid fee-for-service for **oral health education**? (Open answer)
12. Are **dental/oral health referrals** a billable and reimbursable Medicaid service in your state? (Yes/No/Unable to answer)
13. Which of the following provider types can directly bill Medicaid and receive reimbursement for **dental/oral health referrals** under the state's Medicaid fee-for-service? (Yes/No/Unable to answer/Not applicable to my project)
- MD/DO (physician)
 - NP (nurse practitioner)
 - PA (physician assistant)
 - RN/LPN (registered nurse/licensed practical nurse)
 - APN (advanced practice nurse)
 - CNM (certified nurse midwife)
 - CMA/RMA (certified medical assistant/registered medical assistant)
 - CHW (community health worker), promotora, navigator
 - DDS/DMD (dentist)
 - DT (dental therapist)
 - RDH (registered dental hygienist)
 - Advanced RDH
 - CDA/RDA (certified dental assistant/registered dental assistant)
 - EFDA (expanded function dental auxiliary/assistant) (levels 1 and 2)

14. What code(s) under Medicaid fee-for-service are used for **dental/oral health referrals**? (Open answer)
15. What is the reimbursement amount under Medicaid fee-for-service for **dental/oral health referrals**? (Open answer)
16. Is **dental/oral health case management** a billable and reimbursable Medicaid service in your state? (Yes/No/Unable to answer/Not applicable to my project)
17. Which of the following provider types can directly bill Medicaid and receive reimbursement for **dental/oral health case management** under the state's Medicaid fee-for-service? (Yes/No/Unable to answer/Not applicable to my project)
- MD/DO (physician)
 - NP (nurse practitioner)
 - PA (physician assistant)
 - RN/LPN (registered nurse/licensed practical nurse)
 - APN (advanced practice nurse)
 - CNM (certified nurse midwife)
 - CMA/RMA (certified medical assistant/registered medical assistant)
 - CHW (community health worker), promotora, navigator
 - DDS/DMD (dentist)
 - DT (dental therapist)
 - RDH (registered dental hygienist)
 - Advanced RDH
 - CDA/RDA (certified dental assistant/registered dental assistant)
 - EFDA (expanded function dental auxiliary/assistant) (levels 1 and 2)
18. What code(s) under Medicaid fee-for-service are used for **dental/oral health case management**? (Open answer)
19. What is the reimbursement amount under Medicaid fee-for-service for **case management**? (Open answer)
20. Are there programs in your state to incentivize **dentists** to participate in Medicaid? (Yes/No/Unable to answer)
21. Please describe any programs in your state to incentivize dentists to participate in Medicaid. (Open answer)
22. Does your state offer Medicaid coverage for oral health care for pregnant women and/or children beyond the basic set of oral health care that are federally required by Medicaid? (Yes/No/Unable to answer) If yes, please describe.
23. Does your state offer coverage or reimbursement for oral health care for pregnant women and/or children beyond coverage by Medicaid? (Yes/No/Unable to answer)

24. Is there an age limit for children to receive oral health screenings/risk assessments from **medical providers** in your state? (Yes/No/Unable to answer)
25. Please describe the age limit for children to receive oral health screenings/risk assessments from **medical providers** in your state. (Open answer)
26. Is the number of oral health screenings/risk assessments eligible for reimbursement per year based on patient risk level (low, moderate, high) in your state? (Yes/No/Unable to answer)
27. Please describe if and how the number of oral health screenings/risk assessments eligible for reimbursement per year are based on patient risk level. (Open answer)
28. How many times per year can a **medical provider** be reimbursed for applying fluoride varnish for a child in your state? (Open answer)
29. Please describe any age limits or age range for the number of fluoride varnish applications by a **medical provider** in your state. (Open answer)
30. How many times per year can a **dental provider** be reimbursed for applying fluoride varnish for a child in your state? (Open answer)
31. Please describe any age limits or age range for the number of fluoride varnish applications by a **dental provider** in your state. (Open answer)
32. How many times per year can a **medical provider** be reimbursed for applying fluoride varnish for a pregnant woman in your state? (Open answer)
33. Please describe any limits for the number of fluoride varnish applications by a **medical provider** per year for a pregnant woman in your state. (Open answer)
34. How many times per year can a **dental provider** be reimbursed for applying fluoride varnish for a pregnant woman in your state? (Open answer)
35. Please describe any limits for the number of fluoride varnish applications by a **dental provider** per year for a pregnant woman in your state. (Open answer)
36. Is the number of fluoride varnish applications eligible for reimbursement for a **medical provider** reduced if the child is receiving fluoride varnish applications from a **dental provider**? (Yes/No/Unable to answer)
37. Is the number of fluoride varnish applications eligible for reimbursement for a **dental provider** reduced if the child is receiving fluoride varnish applications from a **medical provider**? (Yes/No/Unable to answer)

38. Please describe, if applicable, how fluoride varnish application reimbursement is impacted if the child receives fluoride from a **dental provider** and a **medical provider**. (Open answer)
39. Is the number of fluoride varnish applications eligible for reimbursement per year based on patient risk level (low, moderate, high) in your state? (Yes/No/Unable to answer)
40. Please describe how the number of fluoride varnish applications eligible for reimbursement per year is based on patient risk level. (Open answer)
41. Does Medicaid require fluoride varnish applications by **medical providers** to be combined with a well-child visit to be eligible for reimbursement in your state? (Yes/No/Unable to answer)
42. Does Medicaid require fluoride varnish application by **medical providers** to be combined with other oral health care to be eligible for reimbursement in your state? (Yes/No/Unable to answer)
43. Can community health centers in your state be reimbursed for medical and dental services provided on the same day? (Yes/No/Unable to answer)
44. Is synchronous teledentistry, “a real time, two-way interaction between patient and provider usually through video,” being reimbursed by Medicaid in your state (typically coded as D9995)? (Yes/No/Unable to answer)
45. Is asynchronous teledentistry, “transfer patient data (radiographic, imaging) to dentist for subsequent evaluation and diagnosis,” being reimbursed by Medicaid in your state (typically coded as D9996)? (Yes/No/Unable to answer)
46. What dental services are included in the EPSDT reimbursement rate in your state? (Open answer)
47. What oral health services (e.g., screening, risk assessment, fluoride varnish, anticipatory guidance) performed by **medical providers** can be billed to Medicaid outside the Prospective Payment System (PPS)? For example, in CHCs in Ohio, **medical providers** can receive \$15 reimbursement for a fluoride varnish application in addition to the PPS reimbursement. (Open answer)

Part 3: Policy/Regulation Related to Medical Providers and Managed Care Approaches

1. To be reimbursed by Medicaid for preventive oral health care (e.g., oral hygiene instruction, fluoride varnish application), does your state require **medical providers** or their team to take a training course? (Yes/No/Unable to answer)
2. If a training course is required for **medical providers**, please include name and link. (Open answer)

3. What are the claim submission requirements for **medical providers** to be reimbursed for preventive oral health care (e.g., is a risk assessment form required for approval of fluoride varnish application every 3 months) in your state? (Open answer)
4. How many times per year can a **medical provider** be reimbursed for performing an oral health screening/risk assessment for a child in your state? (Open answer)
5. Are **medical providers** in your state required to use a specific risk assessment tool? (Yes/No/Unable to answer)
6. Please provide name and link of any risk assessment tool that your state requires **medical providers** to use. (Open answer)
7. Can **medical providers** (e.g., physicians, physician assistants, nurse practitioners) who bill for oral health care delegate oral health screening/risk assessment to non-billing team members (e.g., nurses, medical assistants) in your state? That is, the **medical provider** bills for the service and the team member conducts the oral health screening/risk assessment. (Yes/No/Unable to answer)
8. Please provide any other information on oral health screenings/risk assessments in your state related to **medical providers**. (Open answer)
9. Can **medical providers** (e.g., physicians, physician assistants, nurse practitioners) in your state delegate fluoride varnish application to non-billing team members (e.g., nurses, medical assistants)? That is, the **medical provider** who bills for the service and a team member conducts the service. (Yes/No/Unable to answer)
10. Please provide any other information on fluoride varnish application in your state related to **medical providers**. (Open answer)
11. How many times per year can a **medical provider** be reimbursed for providing oral health instruction/education to a child in your state? (Open answer)
12. Is the number of oral health instruction/education visits that a **medical provider** can be reimbursed for based on a patient's age in your state? (Yes/No/Unable to answer)
13. Please describe the number of oral health instruction/education visits that a **medical provider** can be reimbursed for based on a patient's age. (Open answer)
14. Are **medical providers** reimbursed for oral health instruction/education based on the patient's risk level (low, moderate, high) in your state? (Yes/No/Unable to answer)
15. Please describe how the number of oral health instruction/education visits that a **medical provider** can be reimbursed for is based on patient risk level. (Open answer)

16. Please provide name and link of any oral health education tools that **medical providers** are required to use. (Open answer)
17. Please provide any additional information about oral health instruction/education visits in your state related to **medical providers**. (Open answer)
18. Please describe reimbursement criteria and regulations for **medical providers** making/completing a referral to a dental provider. (Open answer)
19. Are reimbursements for oral health care by **medical providers** paid for as part of the EPSDT visit, paid for separately under the community health center prospective payment system, or via another manner? If via another manner, please describe. (Open answer)
20. How does your state administer Medicaid medical benefits? Select one of the following:
 - In house (i.e., state administered)
 - Contracted out (i.e., payer manages Medicaid)
 - Other (Please describe.)
21. How does your state administer Medicaid dental benefits? Select one of the following:
 - In house (i.e., state administered)
 - Contracted out (i.e., payer manages Medicaid)
 - Other (Please describe.)
22. Is there Medicaid dental coverage for pregnant women in your state? (Yes/No/Unable to answer)
23. Please describe any Medicaid dental coverage for pregnant women in your state (i.e., Is it emergency only? What is the duration of the benefit? What type of services are offered?) (Open answer)
24. Is enrollment in Medicaid dental coverage automatic for pregnant women (Medicaid dental automatic when they enroll in Medicaid?) (Yes/No/Unable to answer)
25. Please describe how pregnant women enroll in Medicaid dental coverage if enrollment is not automatic. (Open answer)
26. Are there any perinatal oral health practice guidelines in your state (e.g., state legislation, Medicaid policies, membership organization policies, hospital/practice policies)? (Yes/No/Unable to answer)
27. Please provide information, including contact name and link, describing perinatal oral health practice guidelines in your state. (Open answer)
28. Does your state have value-based care payment (pay-for-performance) models for oral health care? (Yes/No/Unable to answer)

29. Please describe any value-based care payment (pay-for-performance) models for oral health care in your state. (Open answer)
30. Please explain any ways the COVID-19 pandemic has influenced/changed telehealth practices to provide opportunities for oral health care. (Open answer)
31. Has your state enacted (or is it enacting) changes to make telehealth practices implemented during the COVID-19 pandemic permanent? (Yes/No/Unable to answer)
32. Is there parity in payment for oral health care via a telehealth visit and an in-person visit? (Yes/No/Unable to answer)

Part 4: Optional

1. How many dentists with an address in your state have an active license? (Open answer)
2. How many dentists in your state are enrolled as a Medicaid provider? (Open answer)
3. How many dentists in your state serve more than 100 Medicaid enrollees per year? (Open answer)
4. Does your state have an oral health coalition(s)? (Yes/No/Unable to answer)
5. What percentage of the public on community water systems in your state has access to fluoridated water? (Open answer)
Data source: *Fluoridation Statistics*,
www.cdc.gov/fluoridation/statistics/reference_stats.htm
6. Please describe any Behavioral Risk Factor Surveillance System (BRFSS), Pregnancy Risk Assessment Monitoring System (PRAMS), and Youth Risk Behavior Surveillance System (YRBSS) questions that address the oral health of (a) children and (b) pregnant women in your state. (Open answer)
Data source: *State Added Oral Health Questions—BRFSS, PRAMS and YRBSS (2022)*,
www.astdd.org/docs/state-added-brfss-prams-questions.pdf
7. Are there any oral health key performance indicators or deliverables through your state’s accountable care collaborative? (Yes/No/Unable to answer)
8. Please describe any oral health key performance indicators or deliverables through your state’s accountable care collaborative. (Open answer)
9. What type of non-dental care (e.g., diabetes screening, hypertension screening, behavioral health screening, maternal depression screening, tobacco prevention- and –cessation counseling, vaccination) are **dental providers** allowed to perform under their scope of practice? (Open answer)
Data source: State dental board

10. Please describe any non-dental care (e.g., diabetes screening, hypertension screening, behavior health screening, maternal depression screening, tobacco prevention- and -cessation counseling, vaccination) performed by dental providers **for which they are reimbursed**. (Open answer)
11. How many dental hygiene programs are located in your state? (Open answer)
Data source: *Predoctoral Dental Education Programs*, www.adea.org/dentalschools
12. How many dental schools are located in your state? (Open answer)
Data source: *Allied Dental Education Programs*, www.adea.org/allieddental
13. Do any dental hygiene programs or dental schools in your state provide academic-based service-learning opportunities in community settings (e.g., community health centers, community clinics, homeless shelters, public health departments)? (Yes/No/Unable to answer)
14. Please describe any academic-based service-learning opportunities provided by dental hygiene programs or dental schools in your state. (Open answer)
15. Are there oral health metrics (e.g., total cost/investment in oral health programs) being tracked as part of a state information technology road map? (Open answer)
Data source: State dental director

Part 5: Optional Question for State Oral Health Coalition, State Primary Care Association, State Oral Health Program, and Other Key Statewide Organizations that Advocate for Oral Health

1. What are your agency's/organization's policy goals related to oral health? Include the name of the agency/organization and a contact name and e-mail address, and add links to policy documents as appropriate. (Open answer)

Cite as: NOHI Environmental Scan Workgroup. 2023. Networks for Oral Health Integration (NOHI) Within the Maternal and Child Health Safety Net: Environmental Scan—Project Year 4. Washington, DC: National Maternal and Child Oral Health Resource Center.