



Consortium for Oral Health Systems
Integration and Improvement

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Transforming Oral Health for Families (TOHF)

Environmental Scan 2023 Chartbook

NOHI Environmental Scan, 2023

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NOHI Environmental Scan, 2023

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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:

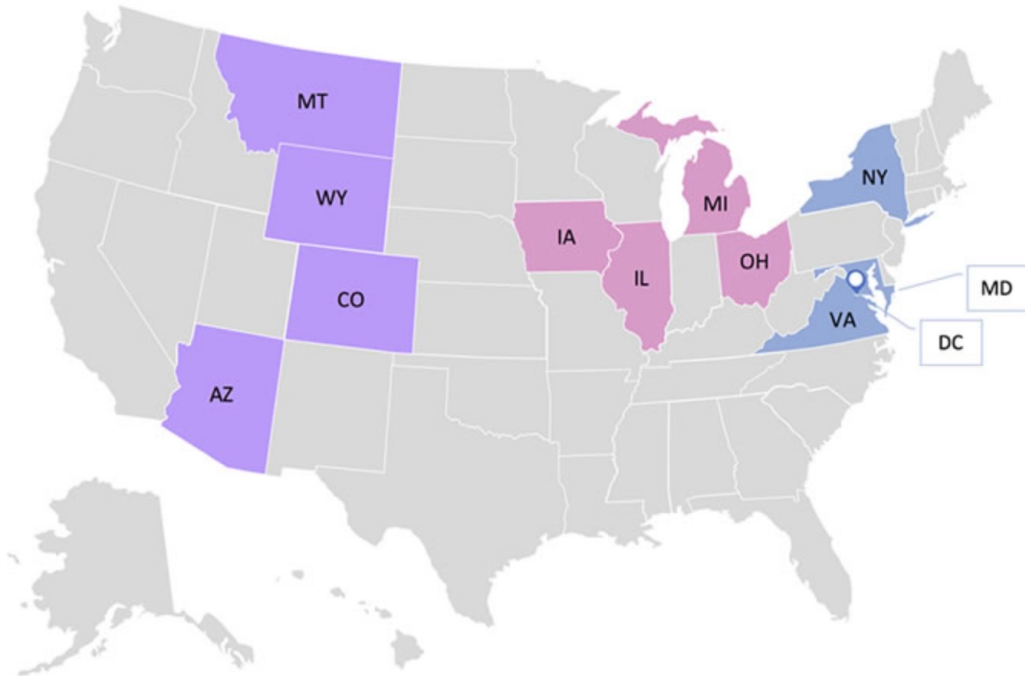
- Enhance integration of oral health care within maternal and child health safety net services (e.g., community health centers [CHCs]).
- Increase knowledge and skills among non-dental providers for delivering optimal oral health services.
- Increase knowledge and awareness of preventive oral health 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. See *Networks for Oral Health Integration (NOHI) Within the Maternal and Child Health Safety Net: Environmental Scan 2023 Chartbook* for the results of the environmental scan for all 12 NOHI states/jurisdiction. This chartbook was produced to provide the results of the environmental scan for the TOHF states.

Limitations





The 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
District of Columbia	Yes	Yes	Yes	Yes	Yes	Yes
Maryland	Yes	Yes	Yes	Yes	Yes	Yes
New York	Yes	Yes	Yes	Yes	Yes	Yes
Virginia	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 four TOHF states/jurisdiction.

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
District of Columbia	Yes	Yes	Yes	Yes	Not available	Not available	No	No
Maryland	Delegation	Delegation	Delegation	Delegation	Delegation	Delegation	Delegation	Delegation
New York	Yes	Yes	Not available	Not available	Yes	Delegation	No	No
Virginia	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Summary



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

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
District of Columbia	Yes	Yes	Not applicable	Not applicable
Maryland	Yes	Yes	Not applicable	Not applicable
New York	Yes	Yes	Not applicable	Not applicable
Virginia	Yes	Yes	Not applicable	Not applicable

Summary



Dentists can complete an oral health risk assessment and apply fluoride varnish in all four TOHF states/jurisdiction. None of the TOHF states/jurisdiction have dental therapists.

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
District of Columbia	Yes	Yes	Not applicable	Not applicable	No	No	Not applicable	Yes
Maryland	Yes	Yes	Yes	Yes	No	Delegation	No	Delegation
New York	Yes	Yes	Yes	Yes	No	No	Not applicable	Not applicable
Virginia	Yes	Yes	Yes	Yes	No	Yes	No	Yes

Summary



Dental hygienists can complete an oral health risk assessment and apply fluoride varnish in all TOHF states/jurisdiction. Registered dental assistants can apply fluoride varnish in Maryland and Virginia either directly or through delegation. District of Columbia does not allow dental assistants without an expanded function certificate to apply fluoride varnish.

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
District of Columbia	Yes	Yes	No	No
Maryland	No	Yes	No	No
New York	No	Yes	No	No
Virginia	No	Yes	No	No

Summary



Only District of Columbia reimburses medical providers for an oral health risk assessment. In all four TOHF states/jurisdiction, medical providers can be reimbursed by Medicaid fee-for-service for applying fluoride varnish.



No TOHF states/jurisdiction reimburse medical providers for oral health education or 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
District of Columbia	None	
Maryland	None	
New York	None	
Virginia	None	

Summary



Safety-net clinics cannot bill outside the prospective payment system for oral health services in any TOHF state/jurisdiction.

*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
District of Columbia	Yes	Yes	No	Yes	Yes	No	No
Maryland	Yes	Yes	Yes	No	No	No	No
New York	Yes	Yes	No	No	No	No	No
Virginia	Yes	Yes	Yes	Yes	Yes	Yes	No

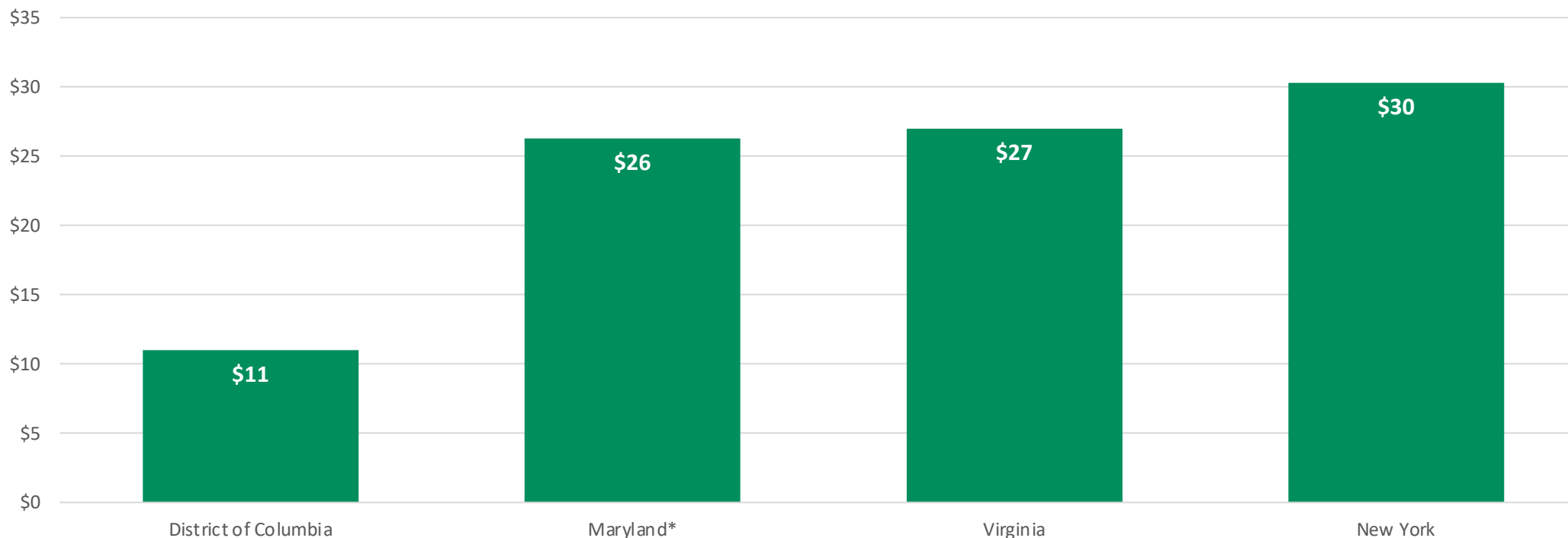
Summary



Physicians and nurse practitioners can directly bill Medicaid for a fluoride varnish application in all TOHF states/jurisdiction. Physician assistants can directly bill Medicaid for a fluoride varnish application in Maryland and Virginia, while registered nurses can directly bill Medicaid for a fluoride varnish application in Virginia.

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 \$30 in New York.

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
District of Columbia	Yes	2 (4 for high risk)	Yes	Not available
Maryland	Yes	4	Yes	No
New York	No	4	No	No
Virginia	No	6	No	Yes

Summary



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



All the TOHF states/jurisdiction allow medical providers to apply fluoride varnish to children at high risk for oral disease four or six times 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
District of Columbia	Birth to 35 months of age	0
Maryland	9 months to 5 years of age	0
New York	Birth to 6 years of age	0
Virginia	6–35 months of age	0

Summary



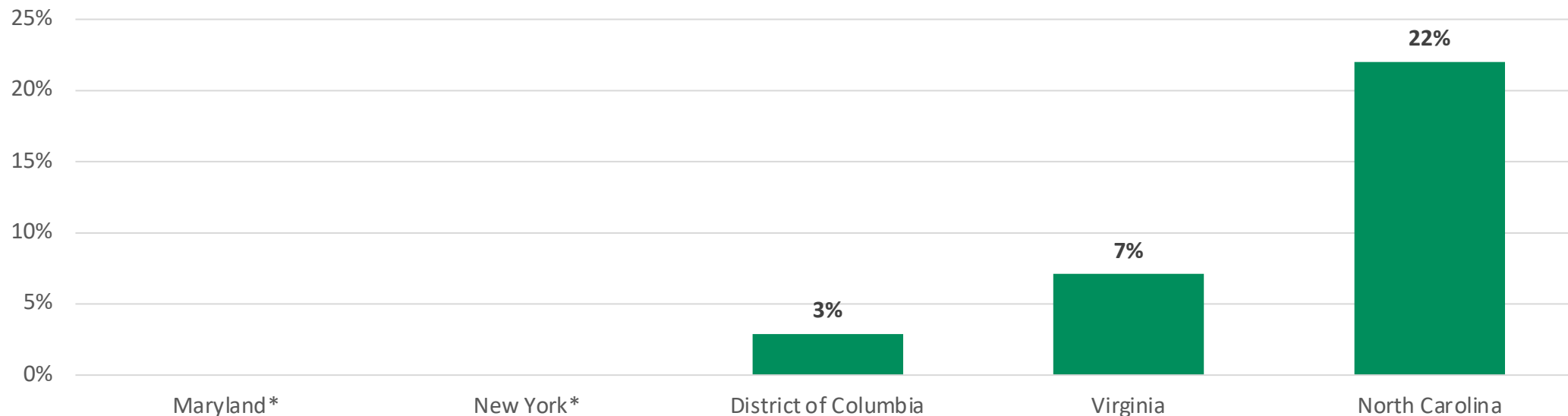
District of Columbia and Virginia limit reimbursement to a medical provider for a fluoride varnish application to children less than 3 years of age. The upper limit is 5 or 6 years of age in Maryland and New York.



None of the TOHF states/jurisdiction reimburse medical providers for a fluoride varnish applied to a pregnant woman.

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 TOHF 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)
District of Columbia	No	Yes	No	No
Maryland	No	Yes	Yes	No
New York	No	Yes	No	No
Virginia	No	Yes	No	No

Summary



None of the TOHF states/jurisdiction reimburse dental providers for an oral health risk assessment, while all states/jurisdiction reimburse for a fluoride varnish application.



Only Maryland reimburses dental providers for oral hygiene instruction.

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
District of Columbia	Yes	Not applicable	No	Not applicable	No	No
Maryland	Yes	Not applicable	No	No	No	No
New York	Yes	Not applicable	No	No	No	Not applicable
Virginia	Yes	Not applicable	No	No	No	No

Summary



Dentists are the only dental provider that can directly bill Medicaid for a fluoride varnish application in TOHF states/jurisdiction.

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
District of Columbia	None (2/year low risk, 4/year high risk)	2
Maryland	Fluoride varnish (D1206): birth to 5 years of age (4/year) Other topical fluorides (D1208): birth to 25 years of age	2
New York	< 21 (4/year), ≥ 21 years of age with exception	0
Virginia	6–35 months of age (6/year), 3–20 years of age (2/year)	0

Summary



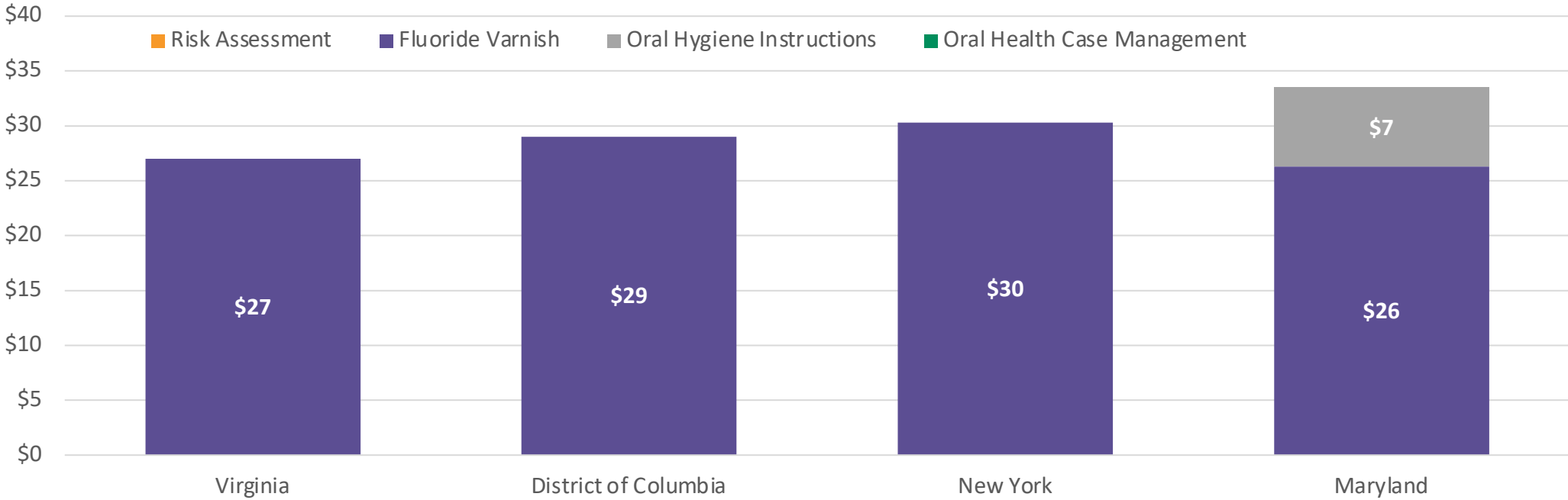
All TOHF states/jurisdiction reimburse dental providers for a topical fluoride application for children < 21 years of age enrolled in Medicaid.



Two TOHF states/jurisdiction (District of Columbia 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



\$ Medicaid fee-for-service reimbursement rates to dental providers for this bundle of services varies by TOHF state/jurisdiction from a low of \$27 in Virginia to a high of \$33 in Maryland. Maryland is the only TOHF state/jurisdiction that reimburses for oral hygiene instruction.

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
District of Columbia	No advanced designation
Maryland	Public health dental hygienist
New York	Collaborative practice*
Virginia	Remote supervision dental hygienist

* 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



Three of the four TOHF states/jurisdiction (Maryland, New York, and Virginia) 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.

No TOHF states/jurisdiction 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 three TOHF states (Maryland, New York, and Virginia) 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



Virginia: Dental hygienists employed by community health centers can provide preventive oral health care in schools, long-term care facilities, Head Start, and WIC clinics.

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

No TOHF states/jurisdiction have dental therapist legislation.

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



Two of the TOHF states—Maryland and Virginia—report having a certification process for community health workers.



Only one of the TOHF states with certified community health workers—Virginia—includes 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
District of Columbia	Yes	Dentist	Yes	No	Yes
Maryland	Yes	Dentist, dental hygienist	Yes	Yes	Yes
New York	Yes	Dentist	Yes	Yes	Yes
Virginia	Yes	Dentist, hygienist, dental assistant	Yes	Yes	Yes

Summary



Teledentistry is permitted and practiced in all four TOHF states/jurisdiction. Dentists can use teledentistry in all states/jurisdiction, and hygienists can use teledentistry in Maryland and Virginia. Registered dental assistants can use teledentistry in Virginia.



Medicaid reimburses for synchronous teledentistry in all TOHF states/jurisdiction. Medicaid reimburses for asynchronous teledentistry in three TOHF states—Maryland, 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
District of Columbia	Yes	In house	In house	Yes	Yes	No
Maryland	Yes	Contracted out	Contracted out	Yes	Yes	Yes
New York	Yes	In house	In house	Yes	Yes	Yes
Virginia	Yes	Contracted out	Contracted out	Yes	Yes	Yes

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
District of Columbia	Yes	Yes
Maryland	Yes	No
New York	No	No
Virginia	No	No

Incentives for Medicaid Participation—Examples

Examples of how states are incentivizing dentists for participating in Medicaid



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.



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
District of Columbia	100%	BRFSS, PRAMS	No	1	1
Maryland	94%	BRFSS	No	1	7
New York	72%	PRAMS	No	5	10
Virginia	96%	BRFSS	No	1	6

* 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
District of Columbia	None	Not applicable
Maryland	Diabetes screening and administering limited vaccines.	Yes
New York	Dentists and dental hygienists (under supervision) can provide smoking-cessation education.	Yes, tobacco cessation
Virginia	Dentists and hygienists can perform hypertension screening, tobacco-cessation education, and nutritional counseling.	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
District of Columbia	Yes	No	Yes (MPH)	No
Maryland	Yes	Yes	No	Yes
New York	Yes	Yes	Yes (MPH)	Yes
Virginia	Yes	Yes	No	Yes

*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)
District of Columbia	750	39%	Not Available	Not Available
Maryland	4,270	27%	24%	15%
New York	14,242	37%	30%	16%
Virginia	5,543	26%	11%	5%

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

None of the TOHF states/jurisdiction have statutory or regulatory language allowing the state Medicaid agency to reimburse dental hygienists for services rendered.

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
District of Columbia	690,093	690,093	100	1
Maryland	4,410,410	4,709,311	93.7	9
New York	12,596,165	17,610,152	71.5	31
Virginia	6,713,205	7,027,639	95.5	6

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
District of Columbia	750	111.6	12	90,280	3%	22
Maryland	4,270	69.3	62	2,379,610	34%	348
New York	14,242	72.4	133	3,176,011	17%	659
Virginia	5,543	63.8	127	1,349,794	37%	212
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

- 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