

State-level variation in Medicaid dental coverage for services beneficial to adults with Intellectual and Developmental Disabilities

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Introduction:

Adults with Intellectual and Developmental Disabilities (I/DD) experience lifelong challenges (usually present at birth) which profoundly affect their physical, intellectual, and emotional development, including their ability to learn, reason, problem solve, and socialize.¹ These adults may face significant health challenges, particularly in managing their oral health.²⁻⁶ Due to health obstacles that may include neuromuscular problems, uncontrolled bodily movements, limited mental capabilities, and mobility problems, these adults may struggle to maintain proper oral hygiene and health.^{7,8} These limitations are further amplified by socio-economic and psychosocial factors that impede optimal oral health such as financial constraints, communication barriers, dental anxiety, and sensory sensitivities.² Ultimately, these compounding issues for adults with I/DD result in a high burden of dental disease,^{2,4} with a third experiencing untreated caries and over 80% experiencing periodontal disease.³

Because of these significant oral health challenges, access to routine dental prevention and treatments is crucial for adults with I/DD. However, many of these adults lack private insurance coverage for dental services. Most adults with I/DD rely on state Medicaid programs for health insurance, but the extent of Medicaid dental benefits for this population varies widely across states.⁹ Because states are not required to provide adult dental benefits as part of their Medicaid programs, half of states offer no dental coverage or limited coverage for adult dental benefits.¹⁰ These restrictive policies on coverage contribute to inadequate accessibility to dental care for adults with I/DD by affecting financial affordability of care (higher out-of-pocket costs) and dentists' willingness to participate in Medicaid.¹¹ Gaps in coverage or reimbursement between private and public payers are cited as a main reason why dentists limit the number of, or choose not to treat, Medicaid-enrolled adults.¹² More specifically, dentists consistently cite low Medicaid reimbursement rates as a significant barrier to treating individuals with disabilities because coverage and rates do not match the additional time and resources required to provide quality dental care to this population.^{13,14} Given the variability in adult Medicaid dental coverage policies across states, the National Council on Disability has recently identified specific dental services that are uniquely beneficial to adults with I/DD.¹⁵ These services, which include caries arresting medicaments, sensory-friendly environments, and effective communication strategies, are deemed essential for populations with I/DD and should therefore be covered by public insurance programs such as Medicaid.¹⁵ However, a contemporary assessment as to whether state Medicaid programs are providing equitable benefits for adults with I/DD by aligning with these recommendations set forth by the National Council on Disability is lacking.

This short data brief aims to evaluate of whether individual state Medicaid programs provide coverage of the six National Council on Disability’s recommended dental services for adults with I/DD. Findings from this paper can aid dentists, policymakers, and stakeholders in addressing Medicaid dental coverage gaps and foster a more equitable and compassionate dental care system that ultimately supports the oral health and overall well-being of adults with I/DD.

Methods

Data for this descriptive study were derived and extracted from the official government website of each state, with a specific focus on the most recent published Medicaid dental fee program policies (2021-2023). In instances where information was ambiguous or absent on a state government website, we initiated contact with state Medicaid dental program representatives via email or phone to obtain clarification and additional details.

For each state, we created a binary indicator (Yes, No) as to whether the state covered the six specific dental services identified by the National Council on Disability that would help address the oral health needs of adults with I/DD.¹⁵ We considered coverage to be “Yes” when the state Medicaid program reimbursed for the service at a nonzero amount. We considered coverage to be “No” if the state reimbursed at \$0.00 for the service or if they did not list the service within their published program policies. The six services include D1354 (Interim caries arresting medicament application-per tooth), D9410 (house calls/visits to nursing homes, long-term care facilities, hospice sites, institutions, and other types of extended care facilities.), D9920 (Behavior management), D9995 (synchronous teledentistry; real time encounter), D9996 (asynchronous teledentistry; information stored and forwarded to dentist for subsequent review), and D9997 (dental case management – patients with special health care needs).

Descriptive statistics and findings are presented concisely in tabular format, along with a choropleth map, to visually illustrate the variation in state support for dental services catering to adults with I/DD.

Results

Only one state (Oregon) offers comprehensive Medicaid dental coverage for adults with I/DD by providing coverage for all six dental services recommended by the National Council on Disability (see Table and Figure). Seven states (14%) offer no adult dental coverage for any of the six suggested dental services. Nine states (18%) offer at least 4 of the recommended 6 services.

Among the six services examined in this study, the most covered dental service among adult Medicaid state programs was D1354 (n=35; 70%), followed by D9410 (n=29; 58%), and D9920 (n=21;

42%) (see Table). Less than a third of all states cover D9995 (n=13; 26%); D9996 (n=7; 14%), and D9997 (n=4; 8%).

Discussion

The National Council on Disability recommends six specific dental services to support the oral health needs of adults with I/DD. To determine whether these codes are covered within state adult Medicaid programs, a state-by-state assessment was conducted by examining each state's program policies and fee schedules. Given that there are no meaningful differences in the proportion of adults with I/DD across states,¹⁶ the results of this analysis underscore how limitations placed on dental coverage benefits may contribute to reduced and inequitable access to dental care for adults with I/DD.

According to the National Council on Disability, adults with I/DD are significantly more likely to receive basic dental care if they live in states that offer adult dental coverage through Medicaid.¹⁵ However, our analysis found that even among states that offer Medicaid dental benefits, many states do not cover the dental services that support the unique oral health needs of adults with I/DD. For example, less than half of all states provide adult dental coverage for behavioral management (D9920), a critical service often used in conjunction with dental treatment, delivery of oral health education, and used to reimburse dentists for the additional time it may take to render routine and restorative dental services to this population.^{3,6,17} Given the limited number of states who cover behavioral management for adult dental patients in their Medicaid program, there is a significant room for improvement to better address the oral health needs of adults with I/DD by covering this service through state dental benefits.

Less than a third of states cover three of the recommended dental services for adults with I/DD: D9995, D9996, and D9997. Dental services D9995 and D9996 involve using teledentistry tools and techniques. According to the National Council on Disability, individuals with I/DD and their caregivers often endure hardship traveling long distances to locate qualified dental providers who are trained in caring for adults with I/DD.¹⁵ The coverage of these teledentistry services may significantly alleviate the travel burden by facilitating greater communication and oral health education between qualified providers, caregivers, and adults with I/DD via virtual modalities. Additionally, coverage of "dental case management services" (D9997) for those with I/DD would allow dental professionals improved ability to address the unique and intricate dental needs of this population, ensuring the delivery of comprehensive, well-coordinated care. By increasing coverage and reimbursement of services such as teledentistry and dental management services, Medicaid programs could support greater equity in the delivery of dental care for vulnerable populations. For instance, by reimbursing these services at rates

comparable to private dental insurance companies, state Medicaid programs could better incentivize dentists to participate in Medicaid to provide these services. Increasing the number of dentists who actively participate in Medicaid could subsequently reduce significant access barriers for adults with I/DD and ultimately enhance their oral and overall health outcomes downstream.¹⁰

Oral health is critical to overall health, especially for populations that disproportionately experience oral health disparities. Studies suggest that the oral health of individuals with I/DD deteriorates as they become adults.^{3,6,18,19} In the U.S., this may be in part due to the loss of coverage for dental services federally mandated for children, but optional for adults. The extent of poor oral health among adults with I/DD underscores the pressing need for Medicaid programs to provide comprehensive coverage of adult dental services for this population.⁷ Medicaid dental coverage policies should consider the downstream negative impacts of poor oral health among these vulnerable adults.^{4,6} For instance, left unaddressed, poor oral health may result in adverse outcomes ranging from caries to tooth loss and pain, as well as decreased chewing function and reduced quality of life.^{20–23} Given that adults with I/DD are at a heightened risk of periodontal diseases and untreated decay, coverage of relevant dental services for adults with I/DD should be prioritized by state policymakers and legislators, especially when considering that preventive dental care may reduce the need and use for nonpreventive dental care and their associated costs.²⁴ Policies that support coverage of these benefits will require partnerships between state Medicaid agencies, Medicaid managed care plans, legislators, providers, and advocates for people with I/DD.²⁵

While this data brief raises awareness of state-level variation in the coverage of dental services recommended for use among adults with I/DD, it is not without limitations. This descriptive study extracted data from Medicaid fee schedules that may not reflect recent state policy changes or the policies of managed care organizations that assist states with the delivery of Medicaid benefits. Additionally, our focus was limited to coverage of specific dental codes and did not consider how other factors may affect poor oral health among adults with I/DD, such as limited dental supply (e.g., provider shortages, low participation in Medicaid programs, lack of training in caring for those with disabilities), caregiver barriers, and patient's financial constraints.¹³ As a result, a more comprehensive investigation that considers additional relevant individual- and community-level factors is needed to understand the extent to which these dental services are able to positively impact oral health for adults with I/DD.

Conclusion

In conclusion, findings from this brief indicate that very few state Medicaid programs align completely with the National Council on Disability's recommendations for dental coverage of six services

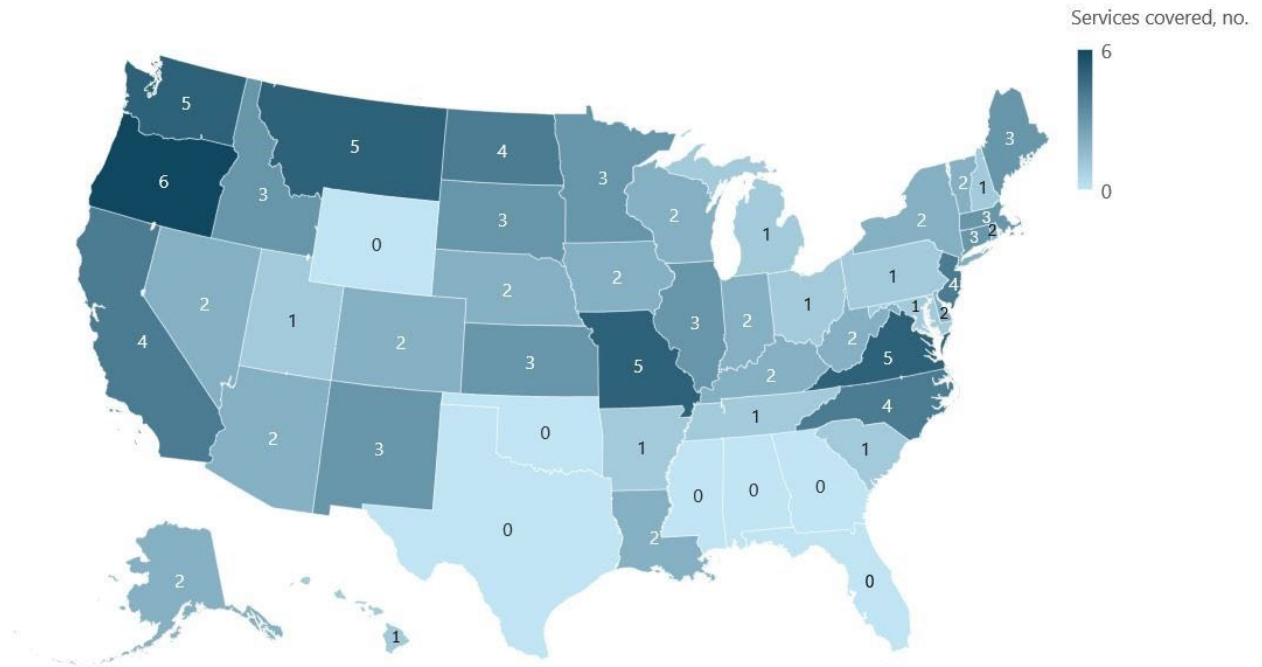
considered beneficial to adults with I/DD. Given that the majority of adults with I/DD are covered through state Medicaid programs, states should consider expanding dental benefits to cover the recommended dental services for this vulnerable population.²⁶ Such policy changes are essential to address the needs of adults with I/DD, improve their oral health, and ensure more equitable access to dental care.²

Table: State Medicaid coverage of the 6 dental services deemed beneficial to adults with intellectual and developmental disabilities.

State	D1354	D9410	D9920	D9995	D9996	D9997
Alabama	No	No	No	No	No	No
Alaska	No	Yes	Yes	No	No	No
Arizona	Yes	Yes	No	No	No	No
Arkansas	No	No	Yes	No	No	No
California	Yes	Yes	Yes	Yes	No	No
Colorado	No	Yes	No	Yes	No	No
Connecticut	Yes	Yes	Yes	No	No	No
Delaware	Yes	No	Yes	No	No	No
Florida	No	No	No	No	No	No
Georgia	No	No	No	No	No	No
Hawaii	Yes	No	No	No	No	No
Idaho	Yes	Yes	Yes	No	No	No
Illinois	Yes	No	No	Yes	Yes	No
Indiana	Yes	No	Yes	No	No	No
Iowa	Yes	Yes	No	No	No	No
Kansas	Yes	Yes	Yes	No	No	No
Kentucky	Yes	Yes	No	No	No	No
Louisiana	Yes	No	No	No	No	Yes
Maine	Yes	Yes	Yes	No	No	No
Maryland	No	Yes	No	No	No	No
Massachusetts	Yes	Yes	Yes	No	No	No
Michigan	Yes	No	No	No	No	No
Minnesota	Yes	Yes	Yes	No	No	No
Mississippi	No	No	No	No	No	No
Missouri	Yes	Yes	No	Yes	Yes	Yes
Montana	Yes	Yes	Yes	Yes	Yes	No
Nebraska	Yes	Yes	No	No	No	No
Nevada	Yes	Yes	No	No	No	No
New Hampshire	No	Yes	No	No	No	No
New Jersey	Yes	Yes	Yes	Yes	No	No
New Mexico	Yes	Yes	No	Yes	No	No
New York	No	Yes	No	No	No	Yes
North Carolina	Yes	Yes	No	Yes	Yes	No
North Dakota	Yes	Yes	Yes	Yes	No	No
Ohio	Yes	No	No	No	No	No
Oklahoma	No	No	No	No	No	No
Oregon	Yes	Yes	Yes	Yes	Yes	Yes
Pennsylvania	No	No	Yes	No	No	No
Rhode Island	No	Yes	Yes	No	No	No
South Carolina	Yes	No	No	No	No	No

South Dakota	Yes	Yes	Yes	No	No	No
Tennessee	Yes	No	No	No	No	No
Texas	No	No	No	No	No	No
Utah	Yes	No	No	No	No	No
Vermont	Yes	No	Yes	No	No	No
Virginia	Yes	Yes	Yes	Yes	Yes	No
Washington	Yes	Yes	Yes	Yes	Yes	No
West Virginia	Yes	No	No	Yes	No	No
Wisconsin	Yes	Yes	No	No	No	No
Wyoming	No	No	No	No	No	No

Figure Title: State Medicaid coverage of the six dental services deemed beneficial to adults with I/DD by the National Council on Disability



Source: Author’s graphical representation of primary data collected from state Medicaid dental policies for adults (data collected in 2023)

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