CMS Learning Lab: Improving Oral Health Through Access

Engaging More General Dentists to Care for Young Children: Access to Baby and Child Dentistry (ABCD) in Washington and South Dakota

May 8, 2013

Faculty:
Lynn Douglas Mouden, DDS, MPH; Chief Dental Officer, CMS
Laura Smith, MPA; President and CEO, Washington Dental Service Foundation
Scott Jones; President and CEO, Delta Dental of South Dakota
Mary Foley, RDH, MPH; Executive Director, Medicaid/CHIP State Dental Assn
Learning Objectives

1. Understand the oral health recommendations for infants and young children from professional organizations such as AAP and AAPD.

2. Gain knowledge of the ABCD programs in Washington and South Dakota.

3. Understand the impact that the ABCD programs have had on access to dental care for young children in Washington and South Dakota.

4. Gain knowledge of the steps involved in building a statewide ABCD program.
CMS Triple Aim

Better Care, Better Health, Lower Costs

- Population Health
- Experience Of Care
- Per Capita Cost
Oral Health: Importance for Infants and Toddlers
Strong clinical evidence exists for the efficacy of early professional dental care complemented with caries-risk assessment, anticipatory guidance, and periodic supervision.

Adopted 2001; Revised 2004, 2012; Reaffirmed 2010
The AAPD encourages parents and other care providers to help every child establish a dental home by 12 months of age. A dental home is

“an ongoing relationship between the dentist and the patient, inclusive of all aspects of oral health care delivered in a comprehensive, continuously accessible, coordinated, and family-centered way.”

Adopted 2001; Revised 2004, 2012; Reaffirmed 2010
• **Clinical oral examination**
  • The first examination is recommended at the time of the eruption of the first tooth and no later than 12 months of age.

• **Caries-risk assessment**
  • Risk assessment is the key element of contemporary preventive care for infants, children, adolescents, and persons with special health care needs.

• **Prophylaxis and topical fluoride treatment**
  • The interval for frequency of professional preventive services is based upon assessed risk for caries and periodontal disease.

• **Anticipatory guidance/counseling**
  • Anticipatory guidance is the process of providing practical, developmentally-appropriate information about children’s health to prepare parents for the significant physical, emotional, and psychological milestones. Appropriate discussion and counseling should be an integral part of each visit.

“Oral Health Risk Assessment Timing and Establishment of the Dental Home”

To prevent caries in children, high-risk individuals must be identified at an early age (preferably high-risk mothers during prenatal care), and aggressive strategies should be adopted, including anticipatory guidance, behavior modifications (oral hygiene and feeding practices), and establishment of a dental home by 1 year of age for children deemed at risk.

Percentage of Children Age 1-5 Enrolled in EPSDT for at Least 90 Continuous Days Receiving Any Dental Services by or under the Supervision of a Dentist, FY2011

Source: FY2011 CMS-416 reports, Line 1b and Line 12a
Note: *FY2010 data was used for Ohio
Percentage of Children Age 1-5 Enrolled in EPSDT for at Least 90 Continuous Days Receiving Preventive Dental Services by or under the Supervision of a Dentist, FY2011

Source: FY2011 CMS-416 reports, Line 1b and Line 12b
Note: *FY2010 data was used for Ohio
Percentage of Children Age 1-5 Enrolled in EPSDT for at Least 90 Continuous Days Receiving Oral Health Services Provided by a Non-Dentist Provider, FY2011

Source: FY2011 CMS-416 reports, Line 1b and Line 12f
Note: *FY2010 data was used for Ohio
Washington State’s Access to Baby and Child Dentistry Program

CMS Learning Lab: Improving Oral Health Through Access  
May 8, 2013

Laura Smith, MPA  
President & CEO  
Washington Dental Service Foundation
Healthy Primary Teeth ARE Important

- Needed for good nutrition
- Key to normal language pronunciation
- Guide permanent teeth into place
- Reduce the risk of disease in permanent or adult teeth

Photo: UW Pediatric Dentistry
Why is it Important to Get Young Children Into Care?

- Parents need to know very early how to avoid dental decay – by their 1st birthday
- Establishing patterns of at home care and eating behaviors early is critical
- Evidence indicates early visits saves money for taxpayers, and families by reducing disease and need for future dental care
Saving Money

Lower Costs for Early Dental Intervention

<table>
<thead>
<tr>
<th>Age of the 1st Preventive Visit</th>
<th>Total Dollars Spent in 5 Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 0-1</td>
<td>$262</td>
</tr>
<tr>
<td>Age 1-2</td>
<td>$339</td>
</tr>
<tr>
<td>Age 2-3</td>
<td>$492</td>
</tr>
<tr>
<td>Age 4-5</td>
<td>$546</td>
</tr>
</tbody>
</table>

Why Was it Difficult to Get Young Children into Care?

Most general dentists weren’t caring for young children

• Didn’t have clinical expertise/Didn’t understand the reasons for early visits
• Didn’t have training in behavioral care of young children
• Medicaid reimbursement was not seen as adequate
• Concerns and past experience in working with the Medicaid program

Most parents were not bringing their child until age 3 or 4 and cavities were already a problem

• Didn’t know about the importance of the age 1 dental visit
• Didn’t understand how to avoid early dental decay
• Didn’t know that disease in their mouth meant that their child’s oral health was at risk
The Picture in Washington State in the 1990s

- Only 21% of Medicaid Insured Children from birth to age 6 utilized dental care
- 21% of low income preschoolers had untreated disease
- 7% needed urgent care
- 38% had already experienced tooth decay
- 3 year olds – showing up at dental offices with lots of decay
- Physicians were complaining about untreated dental decay in Medicaid insured preschoolers and no where to send them
The Need Today: Washington’s Medicaid-enrolled population continues to grow

Ages under 6 (0-5)
How is Washington Addressing Those Challenges?
Spokane County - 1995

- Community came together to work to solve the problem in mid-1990s

- Identified barriers to care and addressed each systematically

- Multi-pronged intervention
  - Provider participation strategies
  - Increased families’ oral health knowledge
  - Outreach to connect children to care
  - Case management to address barriers

- Program model, known as Access to Baby and Child Dentistry, (ABCD), now replicated across the state
ABCD Program Goals

For Medicaid enrolled children, birth through 5:

- Improve access to early preventive dental care
- Decrease dental disease rates
- Emphasize:
  - early intervention
  - prevention
  - education
  - comprehensive care
Active Public-Private Partnership

- Medicaid Administration
- Univ. of Washington School of Dentistry
- Dental Societies/Organized Dentistry
- Private Practice Dentists
- Local Health Departments/Community Organizations
- Washington Dental Service Foundation
- State Department of Health-WIC

Improving Oral Health Through Access
Dental Participation Strategies

- Enhanced fees for serving Medicaid-enrolled, 0-5 years for ABCD trained & certified dentists
- Training – clinical & behavioral aspects of serving young children
- Assistance with no shows and compliance
- Billing assistance
- Trained and engaged office staff
- Dental champion in each county
- Peer to peer recruiting
- Recognition
Family Strategies

• Vigorous outreach – engaged the organizations which work with low income families to identify and refer young children
  • Made the case for oral health
  • Set up referral systems

• Family orientation (oral health & more) – before family arrives at a dental office to better prepare family, reduce no shows

• Family Oral Health Education every six months in dental practice

• Local ABCD program connects child/family with care and case manages barriers

• Track no shows and work with families and their dentists to ensure success

• Positive dental experience
ABCD Strategies are Implemented by Local Programs in a County or Region

Referral Sources
- Head Start
- WIC
- Early Childhood Organizations
- ParentHelp123
- Community Service Offices
- (DSHS)
- Home Visitors
- Physicians
- Community Health Centers
- Self-Referral

Local ABCD Program

Works With Dentists
- With Champion, recruits new dentists
- Coordinates new provider trainings for provider, front office, billing staff
  - clinical & behavioral
  - billing/working with Medicaid
- Maintains current ABCD dental office list
- Assists offices with billing issues
- Dental society updates w/Champion

Works with Individual Clients/Families
- Coordinates ABCD marketing & outreach
- Client enrollment and family orientation
- Refers to dentist
- Monitors appointment compliance with dental office, case manages “no shows”

Works with Referral Sources

ABCD Dental Champion
- Recruits, trains and mentors new ABCD providers
- Liaison to dental society

ABCD-Participating Dental Office
- Provides family oral health education, preventive & restorative care
- Communicates with local program re: no shows, other compliance issues
- Contacts local ABCD Program & for help w/billing & case management issues

Improving Oral Health Through Access
Keys to Success:

- Intervention addressed all barriers to care – created a “system of care”
- Continuous engagement of all stakeholders (gatherings) and roles delineated
- Careful expansion designed to secure long term commitment
- Problem solving the bumps together
- Committed Managing Director – on the road
- Tracking and celebrating results
- Legislative support
How Do We Know the Program is Successful?
Medicaid Dental Utilization
Now Over 50% for Children 0-5

Statewide Medicaid Dental Utilization

<table>
<thead>
<tr>
<th>Year</th>
<th>Ages 0-5</th>
<th>Under Age 2</th>
<th>Under Age 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY1997</td>
<td>21.1%</td>
<td>3.0%</td>
<td>0.6%</td>
</tr>
<tr>
<td>FY1999</td>
<td>23.2%</td>
<td>8.1%</td>
<td>1.9%</td>
</tr>
<tr>
<td>FY2000</td>
<td>25.9%</td>
<td>10.9%</td>
<td>2.8%</td>
</tr>
<tr>
<td>FY2001</td>
<td>29.4%</td>
<td>14.5%</td>
<td>4.7%</td>
</tr>
<tr>
<td>FY2002</td>
<td>31.6%</td>
<td>17.3%</td>
<td>5.8%</td>
</tr>
<tr>
<td>FY2003</td>
<td>38.4%</td>
<td>18.6%</td>
<td>6.6%</td>
</tr>
<tr>
<td>FY2004</td>
<td>43.0%</td>
<td>23.2%</td>
<td>7.5%</td>
</tr>
<tr>
<td>FY2005</td>
<td>46.0%</td>
<td>25.9%</td>
<td>8.4%</td>
</tr>
<tr>
<td>FY2006</td>
<td>49.1%</td>
<td>29.4%</td>
<td>9.3%</td>
</tr>
<tr>
<td>FY2007</td>
<td>51.1%</td>
<td>31.6%</td>
<td>10.2%</td>
</tr>
</tbody>
</table>

Improving Oral Health Through Access
Washington’s Medicaid-Insured Children 0-5 have Higher Utilization than Commercially-Insured (Continuously Enrolled)

<table>
<thead>
<tr>
<th>Medicaid</th>
<th>Enrollees Ages 0-5</th>
<th>Users Ages 0-5</th>
<th>Utilization %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continuously Enrolled (11 or 12 months during FY2011)</td>
<td>229,604</td>
<td>143,290</td>
<td>62.4%</td>
</tr>
<tr>
<td>All Enrollees</td>
<td>323,899</td>
<td>158,868</td>
<td>49.0%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Commercial</th>
<th>Enrollees Ages 0-5</th>
<th>Users Ages 0-5</th>
<th>Utilization %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continuously Enrolled (11 or 12 months during FY2011)</td>
<td>86,993</td>
<td>49,621</td>
<td>57.0%</td>
</tr>
<tr>
<td>All Enrollees</td>
<td>132,238</td>
<td>59,095</td>
<td>44.7%</td>
</tr>
</tbody>
</table>
Cowlitz County, WA

Cowlitz County Medicaid Utilization

% Utilization

Year


Ages 0-5 Under Age 2 Under Age 1

Improving Oral Health Through Access
1,700 ABCD Trained Dentists

<table>
<thead>
<tr>
<th></th>
<th>TOTAL 1995-2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Providers Trained</td>
<td>1262</td>
</tr>
<tr>
<td>UW School of Dentistry Students</td>
<td>379</td>
</tr>
<tr>
<td>Pediatric Dental Residents</td>
<td>54</td>
</tr>
<tr>
<td>Total ABCD Trained</td>
<td>1695</td>
</tr>
</tbody>
</table>
2010 Washington State Smile Survey

Trends - Low-Income Preschoolers

- Cavity Rates/Experience, 3-5 year olds
- Untreated Cavity Rates, 3-5 year olds

Trends - 3rd Graders*

- Cavity Rates/Experience
- Cavity Rates/Experience - permanent teeth
- Untreated Cavity Rates

*2nd grade only in 1996; 2nd & 3rd in 2000
### ABCD Research:
**Saving Money, Increasing Access, Improving Oral Health**

<table>
<thead>
<tr>
<th>Finding:</th>
<th>Source:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strong support from policy makers tribute to results and efficient public/private financing model</td>
<td>PEW Issue Brief 6/2010</td>
</tr>
<tr>
<td>More children receive services in counties with ABCD</td>
<td>Pediatrics 7/2009</td>
</tr>
<tr>
<td>ABCD increased access</td>
<td>Health Affairs 3-4/2008</td>
</tr>
<tr>
<td>Children in an ABCD county had better oral health</td>
<td>Journal of America Dental Association (JADA) 9/2005</td>
</tr>
<tr>
<td>Cost of program/child substantially less than cost of one filling</td>
<td></td>
</tr>
<tr>
<td>Evaluation of program described – success in increasing access</td>
<td>Journal of Public Health 8/2005</td>
</tr>
<tr>
<td>ABCD increases dental participation, access to care and dental willingness to survey young children</td>
<td>Journal of Public Health Dentistry Winter 2002</td>
</tr>
</tbody>
</table>
What Would It Take to Build an ABCD Program?
Program Design

What needs to happen:

- Provider Certification, Enhanced Reimbursement (Medicaid Program)
- Encourage Private Practice Provider Participation (State Dental Association & Local Dental Society Support)
- Provider Training (Dental School)
- Program Management and On-going Evaluation (Medicaid Program)
- Outreach to Families/Dental Office Support (Local Health Department or Community Organizations)
### What Washington’s ABCD State Program Costs

<table>
<thead>
<tr>
<th>Program Component</th>
<th>Cost</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Three-Year Start-up Grants for Local Program Establishment (1999-2012)</td>
<td>$3 M to support 30 program start-ups from 1999 to present</td>
<td>WDS Foundation</td>
</tr>
<tr>
<td>Enhanced Reimbursement (2012)</td>
<td>$5.2 M</td>
<td>Medicaid</td>
</tr>
<tr>
<td>Outreach (funding for 30 local programs in 39 counties)</td>
<td>$800,000/year</td>
<td>Medicaid</td>
</tr>
<tr>
<td>Statewide Program Management/On-going Program Evaluation</td>
<td>$160,000/year</td>
<td>WDS Foundation</td>
</tr>
</tbody>
</table>
Local (County-Based or Regional) Programs

- Client Outreach and Case Management
- Client Linkage to Dental Care
- Work with Dental Champion
- Provider Recruitment and Training
### ABCD Local Program Allocations

<table>
<thead>
<tr>
<th>Program Size/ # of Medicaid-Enrolled Children 0-5</th>
<th>$ Allocated for Local Program Costs Annually</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 1,500</td>
<td>$10,000</td>
</tr>
<tr>
<td>1,500 – 2,999</td>
<td>$20,000</td>
</tr>
<tr>
<td>3,000 – 4,999</td>
<td>$25,000</td>
</tr>
<tr>
<td>5,000 – 9,999</td>
<td>$30,000</td>
</tr>
<tr>
<td>10,000 – 29,999</td>
<td>$46,000</td>
</tr>
<tr>
<td>30,000 – 49,999</td>
<td>$60,000</td>
</tr>
<tr>
<td>50,000 +</td>
<td>$80,000</td>
</tr>
</tbody>
</table>
Adapting ABCD for South Dakota

CMS Learning Lab: Improving Oral Health Through Access

May 8, 2013

Scott Jones, President and CEO, Delta Dental of South Dakota
South Dakota Demographics

<table>
<thead>
<tr>
<th>Population Density</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>South Dakota population 2010 census</td>
<td>814,180</td>
</tr>
<tr>
<td>Land area in square miles</td>
<td>75,811</td>
</tr>
<tr>
<td>Persons per square mile</td>
<td>10.7</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Race</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>86.6%</td>
</tr>
<tr>
<td>American Indian</td>
<td>8.9%</td>
</tr>
<tr>
<td>Other</td>
<td>4.5%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Poverty</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>South Dakota has 5 of the 7 poorest counties in the U.S.</td>
<td></td>
</tr>
</tbody>
</table>
South Dakota Medicaid Enrollment March 2013

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Medicaid enrollees</td>
<td>116,361</td>
</tr>
<tr>
<td>Children enrolled, including CHIP</td>
<td>79,833</td>
</tr>
<tr>
<td>Children ages 0-5</td>
<td>31,250</td>
</tr>
</tbody>
</table>
Why did South Dakota decide to implement the ABCD program?

How is the South Dakota ABCD program different than Washington?
ABCD Marketing to Dentists

• Early intervention – by age one – reduces the need for costly future restorative work

• Helps reduce barriers to care for the most vulnerable population

• Promotes a positive dental experience for parents and children

• Includes parent education – opportunity for better dental benefits

• Introduces effective new techniques for providing early pediatric care, i.e. “lap-to-lap” examinations and Atraumatic Restorative Therapy (A.R.T.)

• Offers enhanced Medicaid reimbursement rates – better bottom line

• Award-winning program

• Free university-based continuing education (five credits)
Joint Session – Dr. Domoto

ABCD Goals, Rationale and Evaluation
Preventive Dental Care for Children
Behavioral Aspects of Treating Infants and Children
Caries Process/Prevention/ART

Concurrent Sessions

Clinical Demonstrations – Dr. Domoto and four SD Pediatric Dentists
ABCD Program Administration – Delta Dental staff and Carrie Moore, Washington State Medicaid
## ABCD Financial Aspects

### Family Oral Health Education

<table>
<thead>
<tr>
<th>Service</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral Hygiene Instructions (code 1330)</td>
<td>$25.00</td>
</tr>
</tbody>
</table>

### ABCD Add-on Fees

<table>
<thead>
<tr>
<th>Service</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exams</td>
<td>$5.00</td>
</tr>
<tr>
<td>Fillings</td>
<td>$10.00</td>
</tr>
<tr>
<td>Prefab stainless steel crown</td>
<td>$25.00</td>
</tr>
<tr>
<td>Pulpotomoy</td>
<td>$15.00</td>
</tr>
</tbody>
</table>

### ABCD Oral Health Education and Add-on Fees Cost Impact

4.1% of SD Medicaid’s FY2012 children’s claim payments
Has ABCD been successful in South Dakota?
Access Gains for Young Children

Children ages 0-5 receiving care
Dental Workforce Gains (excluding IHS and military)

<table>
<thead>
<tr>
<th>Category</th>
<th>2002</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>All practicing dentists</td>
<td>300</td>
<td>409</td>
</tr>
<tr>
<td>General dentists</td>
<td>235</td>
<td>332</td>
</tr>
<tr>
<td>Pediatric dentists</td>
<td>8</td>
<td>12</td>
</tr>
<tr>
<td>Medicaid dentists</td>
<td>230</td>
<td>311</td>
</tr>
<tr>
<td>Medicaid general dentists</td>
<td>190</td>
<td>256</td>
</tr>
<tr>
<td>ABCD general dentists</td>
<td>0</td>
<td>133</td>
</tr>
<tr>
<td>ABCD pediatric dentists</td>
<td>6</td>
<td>10</td>
</tr>
</tbody>
</table>
Next Challenges

Circle of Smiles – Improving Preventive Oral Health Care on South Dakota’s Reservations

Program goals include:

- Increase infant preventive dental visits before first birthday
- Reduce the number of children who need dental surgery under general anesthesia
- Increase children ages 6-9 with sealants on permanent molars

Staffing

- Seven dental hygienists who work on South Dakota Reservations
- Up to 15 oral health coordinators (OHC) hired by South Dakota Tribes
A Best Practice Strategy for Medicaid and CHIP Dental Programs

CMS Learning Lab: Improving Oral Health Through Access

May 8, 2013

Mary E. Foley, RDH, MPH
Executive Director
Medicaid-CHIP State Dental Association
Best Practices = Quality of Care

- Quality of care is the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.

- This prescript contains just two concepts: measurement and knowledge.

Medicare: A Strategy for Quality Assurance. IOM, 1990, p.21
Definition of Best Practices for Medicaid and CHIP Dental Programs

- Program practices, policies, and/or models that demonstrate improvement in program quality, processes and services

- Addresses one or more of the “Six Aims for Improvement in Healthcare”
  - 2001, Institute of Medicine Report: Crossing the Quality Chasm: A New Health System for the 21st Century

- Meets one or more established MSDA Best Practices Criteria

- Measurable
  - Measures align with the Agency for Healthcare Research and Quality Health Care Delivery Domain Framework
Institute of Medicine Six Aims for Improvement

- **Safe**
  - Avoid injuries to patients from the care that is intended to help them.

- **Effective**
  - Match care to science; avoid overuse of ineffective care and underuse of effective care.

- **Patient-Centered**
  - Honor the individual and respect choice.

- **Timely**
  - Reduce waiting for both patients and those who give care.

- **Efficient**
  - Reduce waste.

- **Equitable**
  - Close racial and ethnic gaps in health status.
Framework for MSDA Best Practices Criteria


Improving Oral Health Through Access
Use of Services

- Use of Services
  Use of services is the provision of a service to, on behalf of, or by a group of persons identified by enrollment in a health plan or through use of clinical services.

- Criteria for Best Practice
  A state Medicaid/CHIP dental program activity that increases appropriate utilization of dental care services.

- Measure
  CMS-416 Report line 12a (any dental service)
Access

• Access
  Access to care is the attainment of timely and appropriate health care by patients or enrollees of a health care organization or clinician.
  • [http://www.qualitymeasures.ahrq.gov/about/domain-definitions.aspx](http://www.qualitymeasures.ahrq.gov/about/domain-definitions.aspx)

• Criteria for Best Practice
  A state Medicaid/CHIP dental program activity supported by evidence that increases the attainment of timely and appropriate oral health care services.

• Measure
  CMS-416 Report line 12b (preventive dental service)
## South Dakota
Program Impact on Use of Service (CMS-416 Report Line 12a)

<table>
<thead>
<tr>
<th>CMS-416 EPSDT Report</th>
<th>Children Ages 1-2</th>
<th>Children Ages 3-5</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY2008</td>
<td>13%</td>
<td>46%</td>
</tr>
<tr>
<td>FY2009</td>
<td>16%</td>
<td>50%</td>
</tr>
<tr>
<td>FY2010*</td>
<td>20%</td>
<td>53%</td>
</tr>
<tr>
<td>FY2011*</td>
<td>20%</td>
<td>53%</td>
</tr>
</tbody>
</table>

Source: CMS-416 EPSDT Reports

*Total individuals eligible for EPSDT for 90 days continuous
South Dakota
Program Impact on Access (CMS-416 Report Line 12b)

<table>
<thead>
<tr>
<th>CMS-416 EPSDT Report</th>
<th>Children Ages 1-2</th>
<th>Children Ages 3-5</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY2008</td>
<td>12%</td>
<td>42%</td>
</tr>
<tr>
<td>FY2009</td>
<td>14%</td>
<td>47%</td>
</tr>
<tr>
<td>FY2010*</td>
<td>17%</td>
<td>49%</td>
</tr>
<tr>
<td>FY2011*</td>
<td>17%</td>
<td>50%</td>
</tr>
</tbody>
</table>

Source: CMS-416 EPSDT Reports
*Total individuals eligible for EPSDT for 90 days continuous
# Washington State

## Program Impact on Use of Service (CMS-416 Report Line 12a)

<table>
<thead>
<tr>
<th>CMS-416 EPSDT Report</th>
<th>Children Ages 1-2</th>
<th>Children Ages 3-5</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY2008</td>
<td>29%</td>
<td>54%</td>
</tr>
<tr>
<td>FY2009</td>
<td>35%</td>
<td>58%</td>
</tr>
<tr>
<td>FY2010*</td>
<td>42%</td>
<td>62%</td>
</tr>
<tr>
<td>FY2011*</td>
<td>48%</td>
<td>64%</td>
</tr>
</tbody>
</table>

Source: CMS-416 EPSDT Reports

*Total individuals eligible for EPSDT for 90 days continuous
### Washington State
Program Impact on Access (CMS-416 Report Line 12b)

<table>
<thead>
<tr>
<th>CMS-416 EPSDT Report</th>
<th>Children Ages 1-2</th>
<th>Children Ages 3-5</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY2008</td>
<td>28%</td>
<td>52%</td>
</tr>
<tr>
<td>FY2009</td>
<td>34%</td>
<td>56%</td>
</tr>
<tr>
<td>FY2010*</td>
<td>39%</td>
<td>59%</td>
</tr>
<tr>
<td>FY2011*</td>
<td>44%</td>
<td>61%</td>
</tr>
</tbody>
</table>

Source: CMS-416 EPSDT Reports

*Total individuals eligible for EPSDT for 90 days continuous
Contact Information

Mary E. Foley, RDH, MPH
Executive Director
Medicaid-CHIP State Dental Association
4411 Connecticut Ave. NW, Suite 104
Washington DC 20008
202-248-3993
mfoley@medicaiddental.org

Scott Jones
President and CEO
Delta Dental of South Dakota
605-224-7345
Scott.jones@deltadentalsd.com

Laura Smith
President and CEO
Washington Dental Service Foundation
206-528-2335
Lsmith@deltadentalwa.com