



CDHP Fact Sheet

Top Ten Questions To Ask State Leaders^{*} about Medicaid and Coverage for Children's Oral Health

Although dental caries remains the single most common chronic disease of US children and adolescents, many health policies fail to feature oral health care as a critical component of overall pediatric health care. The new Deficit Reduction Act of 2005 (DRA)¹ provides states with new opportunities to change the way they deliver dental care to low-income children in Medicaid. This fact sheet was developed to help you ask questions of policymakers so that you can keep abreast of possible changes in your state.

Medicaid currently covers 27 million of the nation's 72 million children. It is important for child advocates to stay vocal about the need for dental coverage for these low-income children. Proactively engaging your state leaders in discussions about potential Medicaid changes can prove critical and rewarding. By talking with legislators, the Governor or his/her staff, Medicaid officials, and public health officials, you can elevate awareness of children's oral health and serve as a resource for Medicaid policymaking.

The following questions provide a framework for obtaining critical information about potential changes in state Medicaid programs. Use them as a guide, keep good records, and always follow-up with additional information and "thank-yous." Persistence pays off.

1. Are changes to Medicaid being discussed?

States can now make changes in Medicaid programs through two mechanisms: the longstanding "1115 waiver"² process and the new "DRA" Medicaid state plan amendment (SPA) process. Your state Medicaid director and/or state legislators are most likely to know if any changes to Medicaid and its EPSDT³ benefit (which includes dental care) are under consideration. Asking if modifications are being considered can help you and your colleagues prepare and respond to potential changes before they happen and educate yourselves and your policymakers before action is taken.

2. What changes are being considered?

Medicaid changes can be positive or negative and can have minor or significant impacts on families and providers. Many of the changes that may be considered in your state could include, but are not limited to, changing premiums, copays, or deductibles; altering the benefits package; modifying provider reimbursement; or changing the way enrollees access dental care. It may be most useful to first identify whether the proposed changes are being initiated in the Governor's Office, Medicaid Office, or legislature. Ask for details about the changes under consideration and help policymaker think through the impact of these changes on dental care for children, on practicing dentists, and on the dental safety-net. Find out about the driving forces behind the changes—decreasing costs, increasing enrollment, expanding eligibility, or other reasons—and help policymakers understand the potential impact of their plans on care delivery.

3. How will those changes be made?

The process by which state Medicaid programs make changes varies by state.⁴ In some states, changes may be initiated by the legislature while in others Medicaid agencies may make changes through regulation. Learn about the rules and processes for making changes to Medicaid in your state so that you can target your efforts appropriately.

¹ For more information see the Children's Dental Health Project issue brief, *Medicaid Flexibility in the Deficit Reduction Act of 2005: What Does It Mean for Children's Oral Health?* at www.cdhp.org.

² For more information see the Children's Dental Health Project issue brief, *Understanding Medicaid State Waivers and their Impact on Children's Dental Coverage* at www.cdhp.org.

³ Early and Periodic, Screening, Diagnostic, and Treatment Services – a pediatric benefit in Medicaid that insures such services as dental, mental, vision, and hearing care.

⁴ The National Health Law Program and the National Association of Community Health Centers have completed a 50-state review of state systems for making Medicaid changes. Please review the document for specifics to your state to be able to effectively target your questions. The document, *Role of State Law in Limiting Medicaid Changes (April '06)* can be found at www.healthlaw.org.

4. Will comprehensive dental care for children be maintained?

Dental care, in its own right, is not a legally guaranteed Medicaid benefit. Comprehensive dental care for children, however, is a required benefit through Medicaid EPSDT. It is for this reason that you need to keep a close eye on how EPSDT, rather than dental care alone, may be modified by your state. You should ask about how EPSDT dental benefits will be administered under any Medicaid changes and whether the frequency, scope, and duration of dental coverage will be affected. Asking your state policymakers about dental care and educating them about the importance of dental care for children may help maintain or even expand coverage. Offer to provide data supporting pediatric dental care as a cost effective strategy⁵ and to serve as a future resource for other dental issues.

5. Are the cost estimates for these changes available?

New Medicaid options that were authorized by DRA were developed to help states save money in their Medicaid programs. Ask your Medicaid director or local legislator for cost estimates of Medicaid changes under consideration. Look closely at any cost savings that are projected from changes in the dental program to determine whether they are an indication of future cuts in services. Understanding cost estimates will help you interpret proposed changes and more accurately predict the direction your Medicaid program may be moving.

6. How is budget neutrality or savings being achieved?

States that propose Medicaid modifications typically have to demonstrate that changes will be “budget neutral,” i.e., costing no more than the state would have spent without the waiver in the same timeframe. Once again, understanding the budget implications for proposed changes will provide a more thorough picture of the potential impact on children’s oral health care. Whenever asking about the cost estimates, ask if the proposed changes are “budget neutral” or “cost saving.”

7. Will proposals be available for public comment? If so, how can I be informed?

Public comment is a time-limited opportunity for the general public to comment on proposed policy changes prior to states submitting requests for approval to the federal government. States vary significantly in their practices regarding release of information to the public for comment. Identifying if, when, and how you can receive, review, and comment on a proposed Medicaid change allows you to have direct input and potentially to strengthen dental coverage for low-income children.

8. How will families or beneficiaries be informed of Medicaid program changes?

Ask policymakers about their plans to inform providers and parents of Medicaid eligible children about program changes. This is important to ensure that services remain accessible. Typically, the Medicaid agency takes the lead educating beneficiaries and determining strategies (letters, brochures, web posting, etc.). Knowing in advance can help you partner with policymakers in informing those affected and minimizing disruptions in care.

9. When would changes take effect?

State policymakers will determine when changes take effect. By knowing in advance, you can help families and providers prepare instead of being caught off guard by new administrative procedures or changes in benefits. If you are able to obtain a copy of the proposal, exact dates should be included in the document. If not, ask of your Medicaid agency.

10. Can I provide any information or assistance?

Lend a hand to your state policymakers by providing information on best practices for children’s oral health care. Child advocates can also help by sharing information about dental delivery systems and the local dental delivery environment. The more you become an unbiased resource for your state policymakers, the more they will seek your assistance when crafting policy changes and the more likely children will receive the care they need.

⁵ For more information see the Children’s Dental Health Project policy brief, *Cost Effectiveness of Preventive Dental Services at www.cdhp.org*.