

Bill: CMS WAIVERS REQUESTED for EXPANSION OF THE ADULT MEDICAID DENTAL PROGRAM

Current UUSOD Dental Program Contract of adult patients

--based on FLOSS study outcomes that: *integrated oral health care improves primary care treatment outcomes (see attached summary of the published FLOSS study)*

- includes:
 - ✓ Blind and Disabled (~45,000)
 - ✓ Targeted Adult Medicaid (TAM) (~10,000)
 - ✓ Elderly (65 years and older) (~15,000)
 - ✓ 2022 provided ~\$19 million worth of dental care to adult Medicaid patients
- Conditions:
 - ✓ State wide
 - ✓ Comprehensive dental care
 - ✓ Care givers: dental students, GPR residents and Community dental partners
 - ✓ No fiscal note: UUSOD pays State Match



REQUESTED ADULT Medicaid Dental Program EXPANSION

UUSOD Dental Program Contract of adult patients

- will expand to all adult Medicaid patients, including previous groups under contract (see above)
- Total adult patients = ~170,000
- Conditions:
 - ✓ State wide
 - ✓ Comprehensive dental care
 - ✓ Care givers: dental students, GPR residents and Community dental partners
 - ✓ No fiscal note: UUSOD pays State Match

SUMMARY OF Published FLOSS STUDY- Basis of Expansion request for MEDICIAD ADULT DENTAL PROGRAM

Comprehensive oral care improves treatment outcomes in male and female patients with high-severity and chronic substance use disorders. Glen R. Hanson, DDS, PhD; Shawn McMillan, MPA et al..... Bryan Trump, DDS.

ABSTRACTBackground. Using data from a workforce training program funded by the Health Resources and Services Administration, the authors de-identified pre- and post-treatment assessments of high-severity and chronic substance use disorders (SUDs) to test the effect of integrated comprehensive oral health care for patients with SUDs on SUD therapeutic outcomes.

Methods. After 1 through 2 months of treatment at a SUD treatment facility, 158 male self-selected (First Step House) or 128 randomly selected sex-mixed (Odyssey House) patients aged 20 through 50 years with major dental needs received integrated comprehensive dental treatment. The SUD treatment outcomes for these groups were compared with those of matched 862 male or 142 sex-mixed patients, respectively, similarly treated for SUDs, but with no comprehensive oral health care (dental controls). Effects of age, primary drug of abuse, sex, and SUD treatment facility influenced outcomes were determined with multivariate analyses. **Results.** The dental treatment versus dental control significant outcomes were hazard ratio (95% confidence interval [CI]) 3.24 (2.35 to 4.46) increase for completion of SUD treatment, and odds ratios (95% CI) at discharge were 2.44 (1.66 to 3.59) increase for employment, 2.19 (1.44 to 3.33) increase in drug abstinence, and 0.27 (0.11 to 0.68) reduction in homelessness. Identified variables did not contribute to the outcomes. **Conclusions** and Practical Implications. Improvement in SUD treatment outcomes at discharge suggests that complementary comprehensive oral health care improves SUD therapeutic results in patients with SUDs. *Integrated comprehensive oral health care of major dental problems significantly improves treatment outcomes in patients whose disorders are particularly difficult to manage, such as patients with SUDs medical disabilities and mental disorders.*

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