



Consortium for Oral Health Systems
Integration and Improvement

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Networks for Oral Health Integration (NOHI) Within the Maternal and Child Health Safety Net

Environmental Scan 2021–2022 Chartbook

NOHI Environmental Scan, 2021–2022

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NOHI Environmental Scan, 2021–2022

Networks for Oral Health Integration (NOHI) Within the Maternal and Child Health Safety Net: Environmental Scan 2021–2022 Chartbook © 2022 by National Maternal and Child Oral Health Resource Center, Georgetown University

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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:

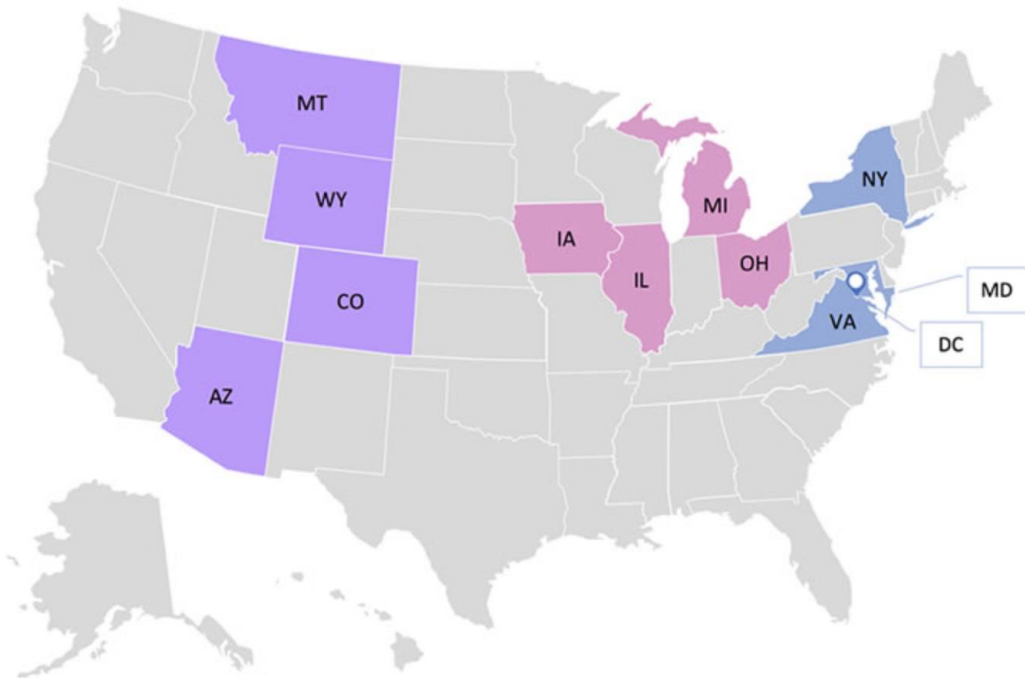
- Enhance integration of oral health care within maternal and child health safety net services (e.g., community health centers [CHCs]).
- Increase knowledge and skills among non-dental providers for delivering optimal oral health services.
- Increase knowledge and awareness of preventive oral health 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, COHSII facilitated the NOHI projects' review and revision of the environmental scan tool, and the NOHI projects conducted a second (project years 2–3) environmental scan. The American Academy of Pediatrics, Section on Oral Health staff conducted the environmental scan for the RoMoNOH states, while state/jurisdiction coordinators and/or project partners conducted the scan for MNOHI and TOHF states/jurisdiction. Click [here](#) for the environmental scan tool. This chartbook presents the results of the second environmental scan. COHSII analyzed the environmental scan data and prepared the chartbook with content reviewed by NOHI projects and state dental directors.

Limitations





The nine 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 eight 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
8. Optional questions

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 that which 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
Arizona	Yes	Yes	Yes	Yes	Yes	Yes
Colorado	Yes	Yes	Yes	Yes	Yes	Yes
District of Columbia	Yes	Yes	Yes	Yes	Yes	Yes
Illinois	Yes	Yes	Yes	Yes	Yes	Delegation
Iowa	Yes	Yes	Yes	Yes	Yes	Yes
Maryland	Yes	Yes	Yes	Yes	Yes	Yes
Michigan	Yes	Yes	Yes	Yes	Yes	Yes
Montana	Yes	Yes	Yes	Yes	Yes	Yes
New York	Yes	Yes	Yes	Yes	Yes	Yes
Ohio	Yes	Yes	Yes	Yes	Yes	Yes
Virginia	Yes	Yes	Yes	Yes	Yes	Yes
Wyoming	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 12 NOHI states/jurisdiction either directly or through delegation. For physician assistants in Illinois, fluoride varnish is applied through delegation.

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
Arizona	No	No	No	No	No	No	No	No
Colorado*	No	Delegation	No	Delegation	No	Delegation	No	Delegation
District of Columbia	Yes	Yes	Yes	Yes	Not available	Not available	No	No
Illinois	Yes	Delegation	Yes	Delegation	Yes	Delegation	No	Delegation
Iowa	Yes	Yes	Yes	Yes	Yes	Delegation	Delegation	Delegation
Maryland	Delegation	Delegation	Yes	Yes	Delegation	Delegation	Delegation	Delegation
Michigan	Yes	Delegation	Delegation	Delegation	Delegation	Delegation	Delegation	Delegation
Montana	Yes	Yes	No	No	Yes	Yes	Delegation	Delegation
New York	Yes	Yes	Not available	Not available	Yes	Delegation	No	No
Ohio	Yes	Yes	Yes	Yes	No	Delegation	No	Delegation
Virginia	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Wyoming	Yes	Yes	No	No	Yes	Yes	No	No

* In Colorado, a caries risk assessment (CRA) can be completed by advanced practice nurses, certified nurse midwives, registered nurses or licensed practical nurses, and certified or registered medical assistants. However, the CRA must be reviewed by the prescriptive authority clinician to diagnose risk.

Summary



Advanced practice nurses, certified nurse midwives, registered nurses or licensed practical nurses, and certified or registered medical assistants can apply fluoride varnish in most NOHI states/jurisdiction either directly or through delegation. Arizona is the only NOHI state/jurisdiction that does not allow medical team support staff to apply fluoride varnish.

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
Arizona	Yes	Yes	Yes	Yes
Colorado	Yes	Yes	*	*
District of Columbia	Yes	Yes	Not applicable	Not applicable
Illinois	Yes	Yes	Not applicable	Not applicable
Iowa	Yes	Yes	Not applicable	Not applicable
Maryland	Yes	Yes	Not applicable	Not applicable
Michigan	Yes	Yes	Yes	Yes
Montana	Yes	Yes	Yes	Yes
New York	Yes	Yes	Not applicable	Not applicable
Ohio	Yes	Yes	Not applicable	Not applicable
Virginia	Yes	Yes	Not applicable	Not applicable
Wyoming	Yes	Yes	Not applicable	Not applicable

* In June 2022, Colorado's governor signed dental therapy legislation into law effective January 2023.

Summary



Dentists can complete an oral health risk assessment and apply fluoride varnish in all 12 NOHI states/jurisdiction. In the NOHI states with dental therapists in 2021–2022 (Arizona, Michigan, and Montana), therapists can complete an oral health risk assessment and apply fluoride varnish.

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
Arizona	Yes	Yes	Yes	Yes	No	Yes	No	Yes
Colorado	Yes	Yes	Yes	Yes	Yes	Yes	Not applicable	Not applicable
District of Columbia	Yes	Yes	Not applicable	Not applicable	No	No	Not applicable	Not applicable
Illinois	Yes	Yes	Yes	Yes	No	Delegation	Yes	Yes
Iowa	Yes	Yes	Yes	Yes	Delegation	Delegation	Delegation	Delegation
Maryland	Yes	Yes	Yes	Yes	Yes	Delegation	Not applicable	Not applicable
Michigan	Yes	Yes	Yes	Yes	No	Yes	Not applicable	Not applicable
Montana	Yes	Yes	Yes	Yes	No	Yes	Not applicable	Not applicable
New York	Yes	Yes	Yes	Yes	No	No	Not applicable	Not applicable
Ohio	No	Yes	No	Yes	No	Delegation	No	Delegation
Virginia	Yes	Yes	Yes	Yes	No	Yes	Not applicable	Not applicable
Wyoming	No	Yes	No	Yes	No	Yes	No	Not available

* In Arizona, the term “registered dental assistant” is not applicable. In the state, dental assistants must hold a current Arizona Board of Dentistry–approved certificate to conduct radiographs.

Summary



Dental hygienists cannot complete an oral health risk assessment in Ohio or Wyoming but can apply fluoride varnish in all NOHI states/jurisdiction. Registered dental assistants can apply fluoride varnish in most NOHI states either directly or through delegation. District of Columbia and New York do not allow dental assistants 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
Arizona	No	Yes	No	No
Colorado	Yes	Yes	Yes ¹	No
District of Columbia	Yes	Yes	No	No
Illinois	No	Yes	No	No
Iowa	No	Yes	No	Not available
Maryland	No	Yes	No	No
Michigan	No	Yes	No	No
Montana	No	Yes	No	No
New York	No	Yes	No	No
Ohio ²	Yes	Yes	Yes	No
Virginia	No	Yes	No	No
Wyoming	Yes	Yes	No	No

¹ In Colorado, Medicaid reimburses for “oral evaluation, counseling with primary caregiver” of children from birth to age 36 months using code D0145.

² Ohio has a bundled service that includes an oral health risk assessment, fluoride varnish application, and oral health education.

Summary



Only Colorado, District of Columbia, Ohio, and Wyoming reimburse medical providers for an oral health risk assessment. In all 12 NOHI states/jurisdiction, medical providers can be reimbursed by Medicaid fee-for-service for applying fluoride varnish.



No NOHI states/jurisdiction reimburse medical providers for oral health case management.

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
Arizona	Yes	No	No	No	No	No	No
Colorado	Yes	Yes	Yes	No	No	No	No
District of Columbia	Yes	Yes	Not available	Yes	Yes	No	No
Illinois	Yes	Yes	Yes	Yes	No	No	No
Iowa	Yes	Yes	Yes	Yes	Yes	No	No
Maryland	Yes	Yes	Yes	Yes	Yes	No	No
Michigan	Yes	Yes	Yes	No	No	No	No
Montana	Yes	Yes	Yes	Yes	Yes	No	No
New York	Yes	Yes	No	No	No	No	No
Ohio	Yes	Yes	Yes	Yes	Yes	No	No
Virginia	Yes	Yes	Yes	Yes	Yes	Yes	No
Wyoming	Yes	Yes	Yes	No	No	Yes	No

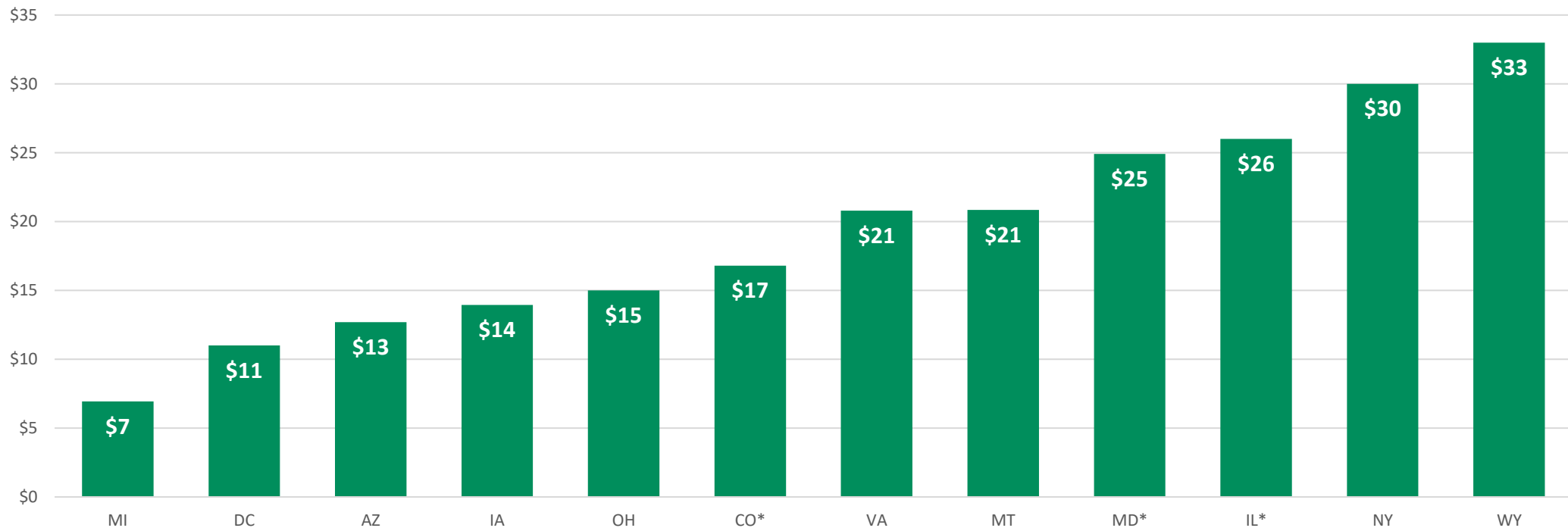
Summary



Physicians are the only medical providers that can directly bill Medicaid for a fluoride varnish application in all NOHI states/jurisdiction. Nurse practitioners can directly bill Medicaid for a fluoride varnish application in all states/jurisdiction except Arizona. Physician assistants can directly bill Medicaid for a fluoride varnish application in all states/jurisdiction except Arizona and New York. Registered nurses can directly bill Medicaid for a fluoride varnish application in Virginia and Wyoming.

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, 2022



* CPT 99188 is not a covered benefit. Medical providers bill for fluoride varnish application using CDT Code D1206. Rates obtained from state/jurisdiction Medicaid FFS schedules, current as of June 2022.



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 \$7 in Michigan to a high of \$33 in Wyoming.

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
Arizona	Yes	2	No	No
Colorado	Yes	2 (4 for high risk)	Yes	Yes
District of Columbia	Yes	< 3 years: 4, ≥ 3 years: 2	Yes	Not available
Illinois	Yes	3	No	No
Iowa	No	4	Yes	No
Maryland	Yes	4	Yes	No
Michigan	Yes	4	No	No
Montana	No	6	Yes	Not available
New York	No	4	Yes	No
Ohio	No	2	No	No
Virginia	No	6	No	Yes
Wyoming	No	< 3 years: 3	Yes	No



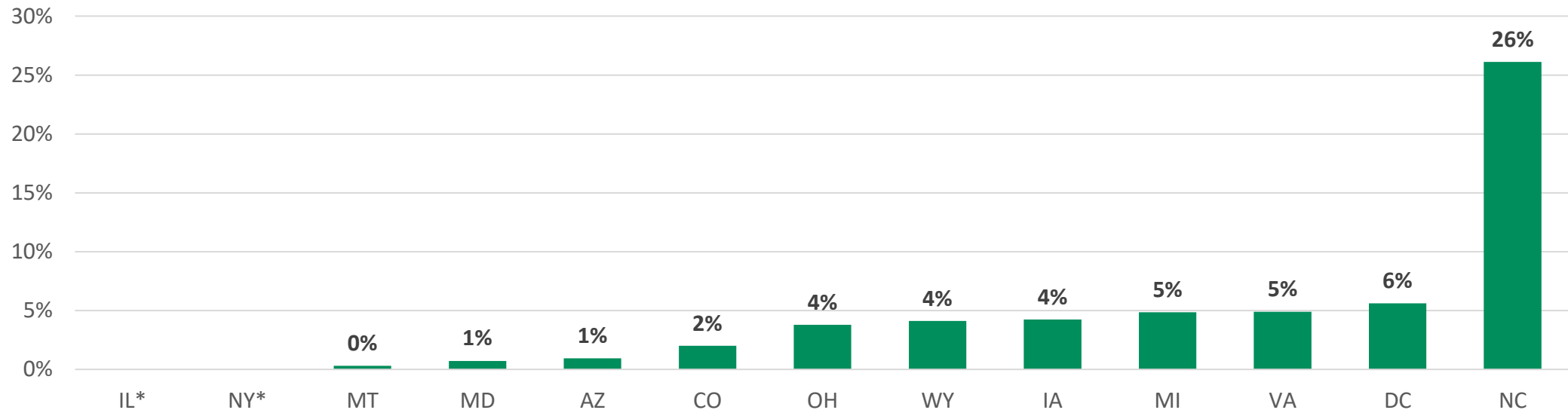
Half of the NOHI states/jurisdiction (Arizona, Colorado, District of Columbia, Illinois, Maryland, and Michigan) require that medical providers take a training course before they can be reimbursed by Medicaid for applying fluoride varnish.



Most NOHI states/jurisdiction allow medical providers to apply fluoride varnish three or more times per year. Only Arizona and Ohio limit the number of fluoride varnish applications to two per year.

Medicaid Recipients That Received a Topical Fluoride Application

Percentage of Medicaid Recipients Ages 1–2 That Received a Topical Fluoride Application From a Medical Provider or a Direct Access Dental Hygienist, 2018



* IL—no data to display, NY—data insufficient to display

Summary



In the NOHI states/jurisdiction, few young children enrolled in Medicaid are receiving topical fluorides 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 June 27, 2022.

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 and 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)
Arizona	No	Yes	No	No
Colorado	No	Yes	No	No
District of Columbia	No	Yes	No	No
Illinois	No	Yes	No	No
Iowa	No	Yes	No	No
Maryland	No	Yes	Yes	No
Michigan	No	Yes	No	No
Montana	Yes	Yes	Yes	Yes
New York	No	Yes	No	No
Ohio	No	Yes	No	No
Virginia	No	Yes	No	No
Wyoming	No	Yes	Yes	No

Summary



Montana is the only NOHI state/jurisdiction that reimburses dental providers for an oral health risk assessment, while all states/jurisdiction reimburse for a fluoride varnish application.



Only Maryland, Montana, and Wyoming reimburse dental providers for oral hygiene instruction, and only Montana reimburses for oral health case management.

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
Arizona	Yes	No	No	Yes	No	No
Colorado	Yes	*	Yes	Yes	No	No
District of Columbia	Yes	Not applicable	No	Not applicable	No	Not applicable
Illinois	Yes	Not applicable	Yes	Yes	No	Not available
Iowa	Yes	Not applicable	No	No	No	No
Maryland	Yes	Not applicable	No	No	No	No
Michigan	Yes	Yes	No	Yes^	No	Not applicable
Montana	Yes	No	Yes	Yes	No	No
New York	Yes	Not applicable	No	No	No	Not applicable
Ohio	Yes	Not applicable	No	No	No	No
Virginia	Yes	Not applicable	No	No	No	Not applicable
Wyoming	Yes	Not applicable	No	No	No	No

* In June 2022, Colorado's governor signed dental therapy legislation into law effective January 2023.

^ While an advanced practice hygienist has an NPI number and is the rendering provider, payment is made to the public health agency.

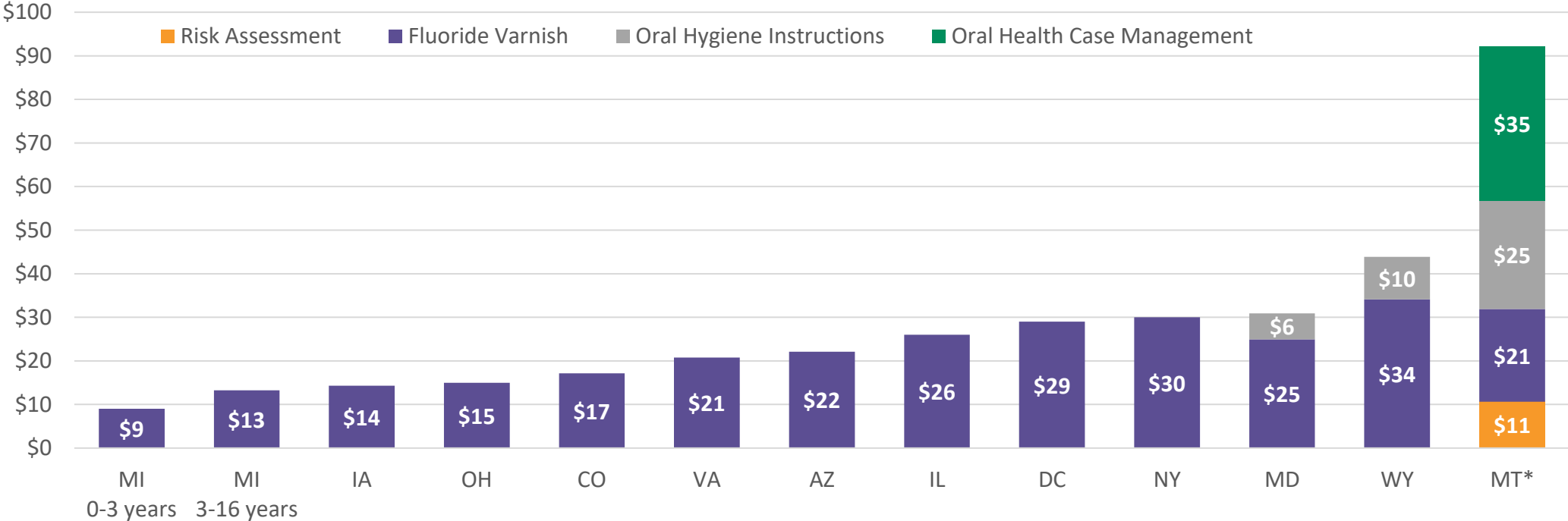
Summary



Dentists can directly bill Medicaid for a fluoride varnish application in all NOHI states/jurisdiction, while dental hygienists can directly bill in three NOHI states/jurisdiction (Colorado, Illinois, and Montana).

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, 2022



* In Montana, only AbCd providers are eligible to receive reimbursement for oral hygiene instruction. Rates obtained from state/jurisdiction Medicaid fee schedules, current as of June 2022.

\$ Medicaid fee-for-service reimbursement rates to dental providers for this bundle of services varies by NOHI state/jurisdiction from a low of \$9 in Michigan to a high of \$92 for [Access to Baby and Child Dentistry](#) (AbCd) providers in Montana. Montana is the only state/jurisdiction that reimburses for case management, although New York does reimburse for case management for children with special health care needs (CDT code D9998).

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

States/Jurisdiction	Name of Advanced Dental Hygiene Designation
Arizona	Affiliated practice dental hygienist
Colorado	Independent practice dental hygienist*
District of Columbia	No advanced designation
Illinois	Public health dental hygienist
Iowa	Public health dental hygienist
Maryland	Public health dental hygienist
Michigan	PA 161 dental hygienist
Montana	Public health dental hygienist/limited access permit
New York	Collaborative practice^
Ohio	Oral health access supervision permit program
Virginia	Remote supervision dental hygienist
Wyoming	Public health dental hygienist

* In Colorado, all dental hygienists can practice independently. Independent practice does not require an additional designation or permit.

^ 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



Eleven of the 12 NOHI states/jurisdiction 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. 2020. *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.

Colorado is the only NOHI state/jurisdiction that 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 10 NOHI states (Arizona, Illinois, Iowa, Maryland, Michigan, Montana, New York, Ohio, Virginia, and Wyoming) 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. 2020. *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



Iowa: Community health centers are using public health supervision hygienists to provide care in community-based settings and as part of the medical team during well-child visits.



Michigan: The PA 161 program allows dental hygienists embedded in community health center pediatric and obstetric/gynecology departments throughout the state to provide preventive oral health services.

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

As of April 2022, three NOHI states have passed dental therapy legislation, but there are no practicing therapists in any of the three states—Arizona, Michigan, and Montana (Indian Health Service and tribal programs only). In June 2022, Colorado’s governor signed dental therapy legislation into law effective January 2023.

Note: Montana’s dental therapy legislation removed restorative procedures, including extractions, from the authorized scope of practice for therapists, which limits their ability to meet the oral health needs of Montana’s tribes.

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



Three of the NOHI states—Maryland, Ohio, and Virginia—report having a certification process for community health workers.



Two of the three NOHI states with certified community health workers—Ohio and Virginia—include 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
Arizona	Yes	Dentist, therapist, dental hygienist	Yes	No	No
Colorado	Yes	Dentist, dental hygienist	Yes	Yes	Yes
District of Columbia	Yes	Dentist	Yes	No	Yes
Illinois	Yes	Dentist, public health hygienist	Yes	Yes	No
Iowa	Yes	Dentist, dental hygienist	Yes	Yes	Yes
Maryland	Yes	Dentist, dental hygienist	Yes	Yes	Yes
Michigan	Yes	Dentist	No	No	Yes
Montana	Yes	Dentist	Yes	Yes	Yes
New York	Yes	Dentist	Yes	Yes	No
Ohio	Yes	Dentist	Yes	No	No
Virginia	Yes	Dentist, hygienist, dental assistant	Yes	Yes	Yes
Wyoming	No	Not available	No	No	No

Summary



Teledentistry is permitted in all 12 NOHI states/jurisdiction and is being practiced in all states/jurisdiction except Wyoming. Dentists can use teledentistry in all states/jurisdiction, and hygienists can use teledentistry in Arizona, Colorado, Illinois (public health dental hygienist), Iowa, Maryland, and Virginia. Registered dental assistants can use teledentistry in Virginia.



Medicaid reimburses for synchronous teledentistry in all NOHI states/jurisdiction except Michigan and Wyoming. Medicaid reimburses for asynchronous teledentistry in six NOHI states—Colorado, Illinois, Iowa, Maryland, Montana, New York, and Virginia.

General Information

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
Arizona	Yes	In house	In house	No	Not applicable	Yes
Colorado	Yes	In house	Contracted out	Yes	Yes	No
District of Columbia	Yes	In house	In house	Yes	Yes	No
Illinois	Yes	In house	Contracted out	Yes	Yes	Yes
Iowa	Yes	Contracted out	Contracted out	Yes	Yes	Not available
Maryland	Yes	Contracted out	Contracted out	Yes	Yes	Yes
Michigan	Yes	Contracted out	Both	Yes	Yes	Yes
Montana	Yes	Contracted out	Contracted out	Yes	Yes	Not available
New York	No	In house	In house	Yes	Yes	Yes
Ohio	Yes	Contracted out	Contracted out	Yes	Yes	Yes
Virginia	Yes	Contracted out	Contracted out	Yes	Yes	Yes
Wyoming	Yes	In house	In house	Yes	Yes	No

General Information—State/Jurisdiction Policies

State/Jurisdiction	State/Jurisdiction Has Programs to Incentivize Dentists to Participate in Medicaid	State/Jurisdiction Has Value-Based Care Payment Models for Oral Health
Arizona	Yes	Not available
Colorado	Yes	Yes
District of Columbia	No	No
Illinois	No	No
Iowa	No	No
Maryland	No	No
Michigan	No	Yes
Montana	Yes	No
New York	No	No
Ohio	Yes	Yes
Virginia	No	No
Wyoming	No	No

Optional Questions

Virginia did not participate in the optional question portion of the environmental scan.

Surveillance, Performance Indicators, and Education

State/Jurisdiction	Percentage with Fluoridated Water, 2018*	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
Arizona	58%	PRAMS	Not available	2	7
Colorado	75%	BRFSS, PRAMS, YRBSS	Yes	1	4
District of Columbia	100%	PRAMS	Not available	1	1
Illinois	98%	BRFSS	Yes	3	13
Iowa	90%	BRFSS, PRAMS	No	1	5
Maryland	94%	BRFSS	No	1	5
Michigan	90%	BRFSS, PRAMS, YRBSS	Not available	2	13
Montana	31%	BRFSS, PRAMS	Not available	0	1
New York	72%	PRAMS	No	5	10
Ohio	93%	None	No	2	13
Wyoming	57%	None	No	0	2

* 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
Arizona	Dentists and dental hygienists can provide vaccines during a declared local, state, and national emergency.	No
Colorado	Dentists can provide HbA1c in-office point of service testing (A1C), blood glucose level tests, COVID vaccines, hypertension screening, behavioral health screening, and tobacco-cessation education.	Yes, for A1C, blood glucose level tests and COVID vaccines. No, for other services
District of Columbia		Not available
Illinois	Dentists can provide diabetes blood glucose screening tests, diabetes risk screenings, blood pressure screening, vaccinations, and maternal depression screening.	No
Iowa	Dentists can provide glucose testing. Dental assistants and dental hygienists can perform glucose testing if delegated by a dentist. Hypertension screenings can be completed by all dental providers.	No
Maryland	Diabetes screening and administering limited vaccines.	Yes
Michigan	Dentists, dental hygienists, and dental assistants can perform hypertension screening. Dentists and dental hygienists can perform maternal depression screening. Dentists can provide vaccinations under emergency authorization.	Yes, for vaccination No, for other services
Montana	Dentists and dental hygienists can provide tobacco prevention- and -cessation counseling, and dentists can prescribe tobacco-cessation medication.	Yes, for tobacco counseling
New York	Dentists and dental hygienists (under supervision) can provide smoking-cessation education.	Yes
Ohio	Dentists can provide hypertension screening, glucose and A1C screening, COVID rapid testing (if the practice meets federal requirements), and tobacco screening.	Yes, for tobacco cessation No, for other services
Wyoming		No

Appendices

Appendix 1: Medicaid Reimbursement to Dental Hygienists

The following four NOHI states have statutory or regulatory language allowing the state Medicaid department to reimburse dental hygienists for services rendered.

- **Arizona:** Dental hygienists in affiliated practice with a dentist who is also a Medicaid provider may be reimbursed for certain services included in the practice agreement with the dentist.
- **Colorado:** Unsupervised dental hygienists may bill with the affiliation of a dentist.
- **Michigan:** Medicaid policy allows any dental hygienist, including dental hygienists working within a PA 161 Program, to enroll as a provider in the Michigan Medicaid Program. This is a Medicaid Program decision and does not require state legislation. A dental hygienist is required to have a Type 1 (individual) national provider identifier (NPI) number to enroll. The dental hygienist is considered a rendering/servicing-only provider. Rendering/Servicing-Only Provider is a Type 1 (individual) NPI who renders services strictly on behalf of an organization, clinic, or group practice. Dental hygienists are required to affiliate themselves with a Type 2 (group) NPI such as a federally qualified health center, local health department, clinic, sole dentist, or dental group.
- **Montana:** Dental hygienists practicing under public health supervision may provide preventive dental hygiene services.

Source: American Dental Hygienists' Association. N.d. *Reimbursement* [webpage]. Accessed July 2, 2022. 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
Arizona	4,028,381	6,942,498	58.0%	38
Colorado	4,040,612	5,396,543	74.9%	29
District of Columbia	702,455	702,455	100.0%	1
Illinois	11,386,618	11,600,611	98.2%	4
Iowa	2,280,194	2,526,141	90.3%	14
Maryland	4,317,542	4,610,160	93.7%	10
Michigan	6,605,118	7,379,404	89.5%	16
Montana	229,620	749,018	30.7%	48
New York	12,200,464	17,074,791	71.5%	32
Ohio	9,083,082	9,816,237	92.5%	10
Virginia	6,675,987	6,459,585	96.3%	6
Wyoming	262,712	460,371	57.1%	40

CWS = community water system

Source: Centers for Disease Control and Prevention. 2020. *2018 Fluoridation Statistics* [webpage]. Access July 2, 2022. www.cdc.gov/fluoridation/statistics/2018stats.htm

Appendix 3: Dental Workforce and Health Professional Shortage Area Designations

Dentists working in dentistry and dental health professional shortage area (dHPSA) information, 2021

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
Arizona	4,220	58.0	209	2,307,767	30%	399
Colorado	3,964	68.2	98	1,150,287	50%	142
District of Columbia	737	110.0	12	82,914	2%	21
Illinois	8,674	68.5	233	2,559,672	29%	465
Iowa	1,677	52.5	132	380,841	33%	64
Maryland	4,243	68.8	44	1,094,911	29%	179
Michigan	5,838	58.1	244	1,497,513	26%	286
Montana	631	57.1	129	354,148	41%	50
New York	14,255	71.9	133	3,162,984	17%	656
Ohio	6,003	51.0	156	1,885,689	27%	349
Virginia	5,485	63.5	111	1,279,353	37%	196
Wyoming	308	53.2	30	49,008	34%	8
Total U.S.	201,927	60.8	6,678	61,899,714	31%	10,822

Sources: (1) American Dental Association. N.d. *The Dentist Workforce* [webpage]. Accessed July 2, 2022. www.ada.org/resources/research/health-policy-institute/dentist-workforce
 (2) Kaiser Family Foundation. 2021. *Dental Care Health Professional Shortage Areas (HPSA)* [webpage]. Accessed August 11, 2022. www.kff.org/other/state-indicator/dental-care-health-professional-shortage-areas-hpsas

Appendix 4: Acronyms Used in Chartbook

- AbCd: Access to Baby and Child Dentistry program in Montana
- BRFSS: Behavioral Risk Factor Surveillance System
- CDT Code: Code on Dental Procedures and Nomenclature
- CHC: Community health center
- 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