



# Calhoun County Senior Services

## Minimum Service Standard

### **SERVICE NAME: DENTAL SERVICES**

**DEFINITION:** Dental services include the provision of dental screening for referral; examination and/or treatment; or dentures by a qualified, licensed dentist for seniors, age 60 and over, without dental insurance and not having the ability to pay for such service.

**UNIT OF SERVICE:** One dental clinic, examination, treatment, or the provision of one denture. Reimbursement is based on a line-item budget and Point of Service.

**INCOME REQUIREMENT:** Yes. Recipients served during Calendar Years 2022 and 2023 must be at or below 250% of the poverty level as published in the most recent Federal Register. Those served in other years must be at or below 200% of the poverty level as published in the most recent Federal Register.

**DESIRED OUTCOME:** Seniors experience stable or improved general health due to stable or improved dental health.

#### **MINIMUM SERVICE STANDARD:**

**A. Recipient Eligibility Criteria** – In addition to recipient eligibility criteria contained in the “ALL SERVICES” standard, each service provider shall have written eligibility criteria which will include at a minimum:

1. The eligible person must not have dental insurance. (In rare circumstances, a Medicaid covered senior may be authorized a second opinion in the local community by a Senior Millage paid dentist.)
2. When there are more than one dental service vendors, a common eligibility/screening service may be developed at one site to screen and refer seniors to the appropriate provider based on location and/or funding availability.
3. If an individual is deemed ineligible to receive service(s), the reason(s) for ineligibility must be clearly stated in the recipient record.

#### **B. Intake and Assessment**

1. The service provider shall use a standard intake form or electronic health record which includes the following:
  - a. Recipient’s first and last name
  - b. Recipient’s current address and phone number
  - c. Recipient’s gender, marital status, and race and/or ethnicity (optional)
  - d. Name, address, and phone number of the person to contact in case of emergency
  - e. Date of birth
  - f. Public benefits received



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- g. Diagnosis/presenting symptoms
- h. Treatment/referrals/reasons for denial
2. The service provider shall perform or arrange to have performed such oral examination and assessment as necessary to ascertain the extent of treatment needed based on the acuity of the presenting dental condition.
3. Assessment procedures must include a clinical examination of the oral cavity which may be supplemented by dental x-rays as deemed necessary by the dentist.

#### **C. Recipient Records**

1. A dental chart shall be established for each recipient and maintained at the direct service provider site (dentist's office) according to Calhoun County and State Medical Records requirements.
2. A recipient record shall be maintained at the service provider site and shall contain, but not be limited to the following forms:
  - a. Intake records (paper or electronic) (See B.1.)
  - b. Consent to Treat – This gives the provider the authority, from the recipient, to treat that person or refer them to a dentist for treatment.
  - c. Consent to Release Information – This gives the provider authorization, from the recipient, to obtain previous medical records from other providers if the information may be of some assistance in providing care for the recipient.
  - d. Patient's Rights – This allows the recipient to cross out any statement on the consent form with which s/he does not agree. This form must be signed by the recipient, witnessed, and dated before any treatment is provided.
  - e. Community Referral Form – This form will be used in the event a referral is made for additional services or medical needs such as prophylactic medications due to oral infections or consultation which the dentist may deem necessary following an exam of the oral cavity. The form contains the recipient's name and date of referral, along with the site to which the referral is made. The original is given to the recipient to take, or the dental record will be sent directly to the referral dentist. The carbon or electronic copy is kept in the recipient record.
  - f. Progress Notes – This consists of a lined paper or electronic record on which notations of services rendered, the recipient response(s) to treatment and disposition of the recipient whether referred for follow-up or further service or end of treatment regimen.

#### **D. Provision of Service**

1. Dental services shall be provided by dental practitioners licensed to practice in Michigan.
2. Allowable treatment may consist of, but is not limited to:
  - a. Prophylaxis, and periodic recall when possible



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- b. Two (2) prophylaxis (cleanings) a year may be billed
  - c. Up to four (4) dental exams a year are allowed (additional exams require additional approval from the Senior Services Manager)
  - d. Tooth extraction
  - e. Prosthetic services (dentures)
  - f. Denture fittings and adjustments shall be included in the initial fee for the first six (6) months after delivery
  - g. Dentures may be replaced, if needed, after five (5) years from originally fitted
  - h. Denture realignments are allowed after one (1) year after delivery
  - i. Silver or composite fillings
  - j. Abscess reduction by medication
  - k. Abscess reduction by incision and drainage and medication if determined as medically necessary
  - l. Root canals and crowns (if deemed least invasive alternative and limited to two (2) teeth)
  - m. Fees for services reimbursed at the participating dentists usual and customary rates.
  - n. Dentures are reimbursed up to \$1,400 per plate, or up to \$2,800 for a full set.
  - o. Dental cleanings are paid based on a negotiated fee schedule between the County, or the service provider coordinating dental services, and the participating organization.
3. Non-allowable treatment includes:
- a. Major oral surgery
  - b. Bleaching
  - c. Gold fillings
  - d. Insertion of jewels of other decorative items in the mouth or teeth
  - e. Orthodontia
  - f. Advanced periodontal therapy
4. Such treatment as is feasible shall be performed at the time of the initial examination. Further need for treatment shall be determined by the service provider based on the assessed acuity.
5. If the dentist deems dentures to be necessary for the recipient, the service provider shall arrange with the dentist providing the denture service to procure for the recipient the completed denture in as timely a manner as possible. This shall include fittings, impressions, and follow-up according to standard dental practice to complete denture procurement.