

**Greater Richmond and Petersburg Oral Health Alliance
School Age Oral Health Workgroup
Coalition Offices
Wednesday, April 25, 2018**

In Attendance:

Aderonke Akinkugbe
JohnJason Cecil
Lauren Gray
Kimberly Reynolds (Filling in for Jennifer Grossnickle)
Sarah Holland
Teresa Isom
April Shuck
Sarah Stemrich
Mary Tognarelli
Eric Tolkin
Dearsely Vernon

Summary

Legislative Update - 2018 General Assembly session:

1. Medicaid Expansion

- a. The session ended without a budget (the House and Senate could not agree on the budget due to the issue of Medicaid expansion). Therefore, Governor Northam called for the convening of a special session on April 11 to bring the legislature back together to decide on the budget.
- b. The House budget includes expansion with work requirements, draws down federal funds, and includes an assessment on hospitals to help fund the expansion.
- c. The House budget, if adopted, would 1) institute a Virginia State Plan Amendment to immediately change Medicaid's eligibility criteria to include the expansion population; and 2) would mandate that the state Medicaid agency (DMAS) apply for an 1115 waiver from the Centers for Medicare and Medicaid Services (CMS) to institute the work requirements.
- d. The Senate has not produced a budget or voted on the House budget – they recently announced they will convene on May 14th and move the budget into the senate finance committee at that time.
- e. There will likely be a budget by June 30 to avoid government shut down, but a shut-down seems unlikely. Right now, it seems likely that the budget will include Medicaid expansion.
- f. Expansion would not include an adult dental benefit, but the extraction-only benefit that currently exists would be given to the expansion population
- g. The work requirements have a lot of exemptions (like for volunteerism), so only a small percentage of the expansion population would be affected. However, consumer advocacy groups (and the Governor who is opposed to work requirements) are watching closely to ensure that this doesn't pose another barrier to those seeking care. The details of the work requirements will be specified in the 1115 waiver – not the state budget. However, the idea that is currently being proposed is a 90-day lock-out for failing to meet the work requirement.
- h. If an adult is locked out of Medicaid for failing to meet the work requirement, it would not affect their children's eligibility or enrollment. There is very limited language about

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the requirement in the house budget, details will need to be worked out as part of the waiver.

2. Adult Dental Benefits in Medicaid
 - a. The budget amendment that added a dental benefit for adults with Medicaid (sponsored by Sen. Barker and Del. Sickles) did not make it into conference committee for a vote, but it was discussed on the floor of both the House and Senate money committees.
 - b. Overall this is still a win! The goal was to let them know why we need it and to remind them that there is not a dental benefit currently. While it may have not made it into the final budget, the fact that the amendment was discussed in both chambers' money committees is a really big deal. Not all budget bills even make it to the floor for discussion.
 - c. There was broad acknowledgement from both chambers about the need for the adult dental benefit, but the question that kept resurfacing was: "How does it get paid for?" There is a fixed amount of money in the budget and the \$15 million would need to come from somewhere.
 - d. The Coalition is looking into different options for financing the adult dental benefit in Medicaid, including what other states have done with TANF dollars.
 - e. Regardless of whether or not Medicaid expansion passes this year, adult dental in Medicaid will remain the Coalition's top legislative priority for 2018-2019. We will build upon this year's successes and amplify through more grassroots engagement with legislators in the months leading up to the 2019 session.
3. Community Health Workers Certification
 - a. The CHW Association worked on legislation to establish a certification process for CHWs, which would have established core educational/experience requirements. The legislation did not pass. However, there are plans to re-introduce it next year.
 - b. The certification process would
 - i. Establish a baseline of educational and experiential requirements for someone to earn the title of "community health worker" – currently none exists and there is a lot of inconsistency
 - ii. Lay the groundwork for future Medicaid reimbursement for CHW services
 - c. The legislation did not pass because there was some confusion around which agency would own the certification process. The legislature told the CHW association to go back to speak with the Dept. of Health Professions and resubmit next year.
 - d. The Coalition is serving on an advisory committee which is shaping the educational requirements – oral health was not in the original curriculum requirements, but we are trying to ensure that it is going forward.
 - e. Having a more formalized process for certifying CHWs could help provide additional supports in the community for care navigation, cultural competency, and patient education.

Legislative Priorities Going Forward

- *Medicaid Expansion is our #1 priority* and if it is approved, the Coalition will be focused on ensuring that the rollout includes information on all of the benefits that are included.

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- We will also be sure to focus on adding a dental benefit to Medicaid and educating why this benefit is needed going forward.
- The Grassroots Advocacy Workgroup is developing a process to organize home office visits with legislators this summer to promote an adult dental benefit in Medicaid and other oral health-related policies. More information on how to participate in these visits will be forthcoming once the budget is decided.

Additional Dental Coverage Updates

- Now all aged, blind and disabled (ABD) adults over age 21 who are enrolled in Medicaid are included in managed care (CCC+) (270,000 people – almost half of adult beneficiaries). Previously their care was delivered under a fee-for-service model without care coordination. The CCC+ program was originally a demonstration program only for dually-eligible older adults in Medicare and Medicaid. Now, there are six MCOs which are contracted with DMAS to deliver medical, behavioral health, and other services (including existing extraction benefit + value-add dental benefits; different for each MCO) for all the ABD individuals in Medicaid, not just dual-eligibles.
- Each of the six MCO value-add dental benefits have different coverage for x-rays, cleanings, and annual caps. [Click to see a comparison chart of each plan's services.](#)
- There is a lot of misinformation out there about these new programs and clarification needed; providers may be confused about who to bill now.

Engagement Strategy with Richmond, Petersburg, and Chesterfield Schools

- Richmond Public Schools
 - Lauren provided an overview of the meeting with Angela Jones from RPS. RPS is currently overwhelmed because of the lack of coordination among not only their dental services, but also all the other health services that are offered in schools (e.g., immunizations, vision and hearing, etc.). **Ms. Jones would like to approach the issue of consent in a holistic manner coordinated with the other programs, rather than exclusively focused on dental.** No follow-up meeting is currently scheduled, but Lauren will plan to reach back out to her to set up a check-in meeting for mid-summer.
 - There was some discussion about how the Give Kids a Smile program is not currently coordinated with the other dental programs. Ms. Jones indicated that the GKAS program was a mixed blessing because it requires children to be taken off-site, disruptive to schedule.
 - Eric- Angela mentioned (as a thought) maybe having a packet of healthcare consents that are separate from the back to school packet. Attach to report cards.
 - Lauren tried to reach out to the Richmond dental society, no response yet. Beneficial if they were at the table too.
- Chesterfield Public Schools
 - Chesterfield currently does not have Smile VA or VDH dental programs in schools although the poverty rate is very high. They do participate in GKAS.
 - Individual practices the kids are sent to, supervision required, practices are closed half a day to bring them in. A bi-lingual location brought in Spanish speaking families and

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worked well. Put the family at ease. It gave the parents a close location to comfort parents that they have someone.

- Petersburg Public Schools
 - Robin Cox- Health services coordinator for Petersburg. May 9th is when she will meet with Lauren and other workgroup members at 10 AM in her office.

Next Steps

- Lauren and others will meet with Robin Cox (Petersburg School Nurse Supervisor)
- Lauren will reach back out to Angela Jones (RPS Health Services)
- Teresa and a few others will meet later today (April 25) with school nurses and other administrators to discuss possibilities in Chesterfield
- Next meeting date will be announced once we have done the above