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Program Evaluation: North Dakota Department of Health Older Adults Oral Health Program

By Nancy M. Hodur



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Introduction

Oral Health 2020 is an initiative of the DentaQuest Foundation. Established in 2000, the DentaQuest Foundation's mission is to improve oral health through collaborations with partners with shared goals across the United States. In 2010, DentaQuest Foundation adopted a systems-change strategy and has since provided funding to state and community organizations to support activities to improve oral health for all. The North Dakota Oral Health Program is one of those partners.

To advance the DentaQuest Foundation goals of "Mandatory inclusion of an adult benefit in publicly-funded health coverage," and "Medicare includes a comprehensive dental benefit" the North Dakota Oral Health Program developed a proposal aimed at addressing oral health care needs of older adults living in long-term care facilities (Appendix A). The one-year project was funded for the grant period of June 19, 2017 to April 30, 2018 with a five-month extension ending September 30, 2018. This report will serve as a summary of project objectives, activities, outcomes, and deliverables.

Project Goals

Each of the project goals will be examined in the section below.

Goal #1: Formalize a workgroup to address older adult oral health care needs.

The North Dakota Oral Health Program formalized a working group of stakeholders and held four meetings from June 2017 to June 2018. With the help of a facilitator sponsored by The North Dakota Dental Foundation, the working group identified two main objectives. The working group was made up of 15 individuals of various backgrounds, including public health professionals, dental providers, and partnership organizations with shared goals. The first agenda item for the working group was to define the group's goals and objectives. During the first meeting, the group identified two main objectives. The objectives are reported below verbatim from the group's working documents.

Objectives:

1. Increase the number of LTC residents who saw a dental provider for prevention and/or treatment from X to Y by April 2018 (these numbers were not specified in the meeting notes).
 - a. Increase the number of LTC facilities from 12 to 30(?) who have a dental provider(s) "actively engaged" in providing dental care in LTC setting. [Here we need to define actively engaged, and stress "in" a LTC setting]. The three things we discussed for the definition of "actively engaged":
 - i. Provide dental care services in the LTC setting X number of times a year, and upon admission (initial assessment of residents' oral health upon admission to the LTC setting), also available for resident referral
 - ii. Offer/provide education to LTC staff on oral health
 - iii. Provide review of oral health policies/procedures implemented in the LTC setting
 - b. Leading: Have 100% of LTC facilities with a policy/procedure for oral health that has been reviewed by an oral health professional [Shawnda and staff at the Center for Rural Health are looking into what the current law requires in North Dakota, and for national templates. A general template will be developed and reviewed by oral health professionals before shared with LTC]

- c. Leading: Have 100% of LTC facilities list daily oral health care in each resident’s daily plan of care [Shawnda and staff at the Center for Rural Health are looking into national standards/templates for how this looks in a daily plan of care. Will also work with Shelly (LTCA) to identify what is needed for this]
2. Lagging: Education – Increase [I don’t think we walked away with a clear statement for how we had hoped to assess if we increased knowledge or awareness]
- a. Leading: Increase the number of direct care staff who have taken the Smiles for Life training from X to Y by April 2018.
 - b. Leading:

At the second meeting the working group’s goals were reviewed and clarified as follows:

1. Increase the number of long-term care facilities from 12 to 30 who have dental provider(s) “actively engaged in providing dental care in a long-term care setting”.
 - a. One hundred percent of long-term care facilities with dental care services have a policy and procedure for oral health that has been reviewed by an oral health professional.
 - b. One hundred percent of long-term care facilities with dental care services list daily oral health care in each resident’s daily plan of care.
 - c. One hundred percent of long-term care facilities with dental care services staff receive “Smiles for Life” training.

The workgroup also created a small subgroup to further refine goal setting and identify data, information, and resources pertinent to the defined goals. Goal number two related to Education was tabled.

At the third meeting the goals were again reviewed and discussed to determine if the goals as framed at the previous meeting were still the goals of the working group. The group also discussed what meaningful and measurable outcomes are envisioned to quantify impacts. The group also discussed if there is an existing dataset that could set the baseline for impacts. For example: “How many nursing home residents see primary care physicians in the resident care setting versus how many nursing home residents see a dental provider in the resident care setting”.

The working group also discussed the current composition of the group. Specific questions were:

1. Are there other stakeholder groups that currently are not part of the group that perhaps should be?
2. Is this working group the correct organizational structure to drive the work necessary to meet defined objectives?
3. Funding? Identify funding opportunities and define level of resources and the strategy for funding, i.e., does funding drive the strategy or does the strategy drive funding?
4. Next steps. Working group members were tasked with specific activities.

At the last working group meeting, the group again reviewed and clarified goals. Because there was no resident or facility data available to create a baseline with which to measure the goal as it is currently stated, the group agreed that the workgroup goals should be modified. The workgroup’s goal was revised to read as follows: “*Increase the number of long-term care facilities adopting a policy or procedure for residents to receive a dental screening by a dental professional.*” The group reviewed their activities and accomplishments and heard updates from group members. Specifically, there was an update from two group members whose organizations offer oral health care services in long-term care

facilities and an update on a recent grant submission requesting funds to support a pilot program where a dental hygienist would go into long-term care facilities to perform oral health screenings. Despite the current lack of funding, the group decided to continue to meet via conference call for one half hour every month. The intent of the monthly meeting was to ensure that the stakeholders remain engaged and are informed of related relevant activities of various stakeholder groups.

Goal #2: Develop oral health standardized admission materials for long-term care residents.

The Center for Rural Health at the University of North Dakota (UND), in partnership with the North Dakota Oral Health Program, developed a national standardized dental screening tool to be used in nursing homes to assess long-term care residents' oral health. The screening tool meets federal and state regulations for nursing home care and includes measures recommended by national oral health programs. The screening tool is part of *A Promising Practice Guide* (Appendix B), discussed in the next section of this report. As of August 2018, Bridging the Dental Gap, a 501(c) 3 non-profit community dental clinic that provides dental services in nursing homes, has been piloting the screening tool in seven nursing homes. The tool is currently used only with existing patients as there is no Medicaid reimbursement or funding mechanism for the screenings. The screenings have been used on 27 residents and hygienists report the tool is easy to use and view the tool favorably. The screening takes approximately 20 to 30 minutes, which includes the time it takes to get patients seated and ready for screening. Time varies from patient to patient depending on individual physical and cognitive skills. The Center for Rural Health at UND has applied for a grant to cover staff time for the screenings and is awaiting notification. The Center for Rural Health at UND has received multiple inquiries from other states about the screening tool.

Goal #3: Create and disseminate communication materials.

Multiple educational deliverables were developed, and content was disseminated using several different platforms. *A Promising Practice Guide* was developed (Appendix B). In addition to the two-page screening tool, the guide provides background information on the impact of oral health care on overall health, a review of reimbursement policies for Medicare and Medicaid, a review of federal regulations on required oral health care in long-term care facilities, and basic information on daily care plans. The guide provides a template for nursing home administrators and providers to facilitate and ensure all nursing home residents receive an oral health screening upon admission.

A Promising Practice Guide and the screening tool were the focus of presentations at two national conferences (<https://ruralhealth.und.edu/assets/1298-5192/050918-addressing-oral-health-among-aging-rural-populations.pdf>) and two conferences in North Dakota. The presentation has been submitted for presentation at two additional national conferences in November of 2018. One conference has accepted the submission for presentation and four other national conferences have been identified for potential submission. The presentations led to follow-up conversations with 14 individuals and 35 paper copies were distributed to interested parties at state and national conferences. The Montana Federally Qualified Health Center (FQHC) has contacted the Center for Rural Health at UND about collaborating on future grants to test and implement the screening tool.

In addition to *A Promising Practice Guide*, several other fact sheets were developed on related topics. A press release highlighting materials and resources was distributed via multiple partnership

organizations' distribution lists for a snowball distribution system. The following materials were developed and distributed:

- Fact sheet on Medicare and Medicaid oral health care reimbursement policies for nursing home residents, "Dental Coverage for Nursing Home Residents" <https://oral.health.nd.gov/image/cache/dental-coverage-for-nursing-home-residents.pdf> (Appendix C)
- Fact sheet on rationale for standardized dental screenings for long-term care residents using state-specific (North Dakota) data, "Dental Screenings and Daily Care for North Dakota Nursing Home Residents: A Promising Practice" <https://oral.health.nd.gov/image/cache/dental-screenings-daily-care-nd-nursing-home-residents.pdf> (Appendix C)
- Fact sheet on rationale for standardized dental screenings for long-term care residents using national data, "Dental Screenings and Daily Care for Nursing Home Residents: A Promising Practice" <https://oral.health.nd.gov/image/cache/dental-screenings-daily-care-nursing-home-residents.pdf> (Appendix C)
- Fact sheet highlighting the success of and barriers to mobile dental service for nursing home residents, "Evaluation of Long Term Care Oral Health Program" <https://oral.health.nd.gov/image/cache/long-term-care-oral-health-program-evaluation.pdf> (Appendix C)
- Example press release, "Dental Screens for New Nursing Home Residents: A Promising Practice for North Dakota" (Appendix D)

A Promising Practice Guide is located at: <https://oral.health.nd.gov/image/cache/standardized-dental-screening-for-new-nursing-home-residents.pdf> (Appendix B).

Goal #4: Assess the existing long-term care facilities participating in the older adult oral health care program.

The Center for Rural Health at UND conducted a post-assessment of long-term care facilities that are currently participating in an oral health care program. While there are currently seven facilities that participate in the program, only three participated in the program evaluation. This discrepancy occurred as some facilities have provided oral health care services longer than others; consequently, those facilities completed their post-assessment in the previous grant cycle. The assessment consisted of a survey by health care providers and was first conducted in 2016 and again in 2017. Assessment objectives were to identify barriers to providing oral health care services in long-term care facilities and to evaluate the effectiveness of the long-term care oral health program. Facility-specific findings were shared with participating facilities and were not made public. A fact sheet, "Evaluation of the Long-term Care Oral Health Program", was developed and is publicly available at <https://oral.health.nd.gov/image/cache/long-term-care-oral-health-program-evaluation.pdf> (Appendix C). Findings indicated that screenings were frequently completed by a certified nurse assistant, not a dental professional, and that there was a general lack of coordination for oral care plans. In response to these findings, the North Dakota Oral Health Program funded the development of a standardized screening tool and *A Promising Practice Guide*.

Goal #5: Increase basic knowledge of oral health prevention and screening to staff in 10 long-term care facilities in North Dakota.

The North Dakota Oral Health Program's public health hygienist conducted basic oral health care training at 10 long-term care facilities located throughout the state. The training included an introduction to the *Smiles for Life* curriculum (information about the curriculum can be located at: <http://smilesforlifeoralhealth.org/>). The *Smiles for Life* curriculum can be completed for continuing education units. After being introduced to the curriculum, some participants completed the training and received continuing education units. However, because *Smiles for Life* is a national program, it is not known how many program participants were prompted to do so because of the public health hygienist's introduction to the curriculum. In the future, to improve measurement of outcomes and to gauge to what degree the program and in-house trainings have increased long-term care health care providers' knowledge of oral health prevention and screening, a few simple metrics should be collected at the time of the oral health care training. For example, metrics may include how many people attended the training, what types of health care providers attended the training (e.g., registered nurses, certified nurse assistant, etc.), and how many intend to complete the *Smiles for Life* training. A summary of topics covered would also help to gauge program success and outcomes.

The National Rural Health Association is sponsoring a training program for community health care workers on October 3, 2018 in Bismarck, ND. The seminar will address the importance of oral health and oral health care screening for older adults in long-term care facilities as well as train participants how to use the screening tool. The seminar can accommodate 35 participants. Seminar sponsors are encouraging rural and tribal community health care workers to participate.

Findings

The North Dakota Oral Health Program successfully formalized a working group of stakeholder organizations. The group effectively defined its goals and objectives. The group was also instrumental in providing guidance and feedback in the development of a standardized dental screening tool for use in long-term care facilities. In addition to the screening tool contained in *A Promising Practice Guide*, multiple other fact sheets were developed, and findings were shared at state and national conferences. The North Dakota Oral Health Program public health hygienist also delivered *Smiles for Life* training at 10 long-term care facilities. While the training increased health care providers' knowledge of oral health prevention and screening, some attempt to quantify impacts should be made by the collection of a few simple metrics. The seminar sponsored by the National Rural Health Association represents an excellent opportunity to advance awareness of the importance of oral health care for older adults and advance the capabilities of rural health care workers to administer screenings.

Appendix A

Oral Health 2020 Detailed Project Description

Please provide a detailed description of your proposed work, how it aligns with your identified Oral Health 2020 Goals(s) and Target(s), and which driver(s) your work will impact within the driver diagram for your selected target(s). Identify the changes that will result from successful implementation of your proposed work and how those changes promote the identified goal(s) and target(s).

Goals:

Goal #1) Formalize a workgroup to address older adult oral needs.

The North Dakota Department of Health, Oral Health Program, will invite new and existing stakeholders to formalize a workgroup dedicated to addressing the oral healthcare needs of older adults living in long-term care facilities both in North Dakota and nationwide. Members of this group will consist of both state and national entities. The workgroup will: 1) identify and select an appropriate leader to serve as the chair; 2) identify and select an appropriate individual to participate in national committees addressing Medicare and older adults, such as the Association of State and Territorial Dental Directors committee and Oral Health America; 3) disseminate educational materials defining Medicaid and Medicare and the benefits of both; 4) strategize on the oral healthcare delivery and education programs provided to staff and older adults in long-term care facilities; 5) create a communication plan based on the goals and objectives determined by the work group; 6) begin conversations for future piloting of an educational program for all staff in North Dakota long-term care facilities by utilizing the resources and findings from the program MOTIVATE, Lunder-Dineen has successfully created and implemented. The MOTIVATE oral health education program aims to increase the knowledge, skills, and confidence of the inter-professional team enabling staff members to take an active role in the delivery of oral health care to residents consistent with recommended procedures and protocols, this training targets everyone from nurses to facilities management/ housekeeping. The goal is future implementation of this program in North Dakota and educate other states on policy, procedures and protocols so they can implement it in their states as well. The workgroup will be in partnership with the North Dakota Oral Health Coalition. It will meet quarterly in person and by phone for the national partners. The process and findings will be evaluated by the North Dakota State University-Center for Social Research and will be shared with appropriate partners.

Goal #2) Develop oral health standardized admission materials for long-term care residents.

Oral healthcare needs of older adults living in long-term care facilities are often the responsibility of the direct care staff working in that facility. In order for all residents to receive the same standard of care, a daily plan of care including oral health must be implemented. During 2015-2016, the Oral Health Program collaborated with the University of North Dakota-Center for Rural Health to create and disseminate a survey of all long-term care facilities in the state to assess their oral health policies and procedures, as well as basic oral health knowledge. Of the 47 facilities surveyed, only 50 percent had a written plan of care for dental needs in place. Of the 23 with a written plan of care, only three of those facilities had any dental professional assist with or review the plan. Half of the facilities indicated there was no dental exam completed for a new resident upon admission.

In 2016 the North Dakota State University, Center for Social Research conducted interviews to gather information from oral health care providers serving older adults in long-term care settings anywhere in

the United States. One of the biggest challenges identified is that no standards of care for oral health exist in long-term care facilities. There are federal mandates to provide care, but there are no evidence-based guidelines for achieving this.

Due to these findings, the Oral Health Program in collaboration with the University of North Dakota-Center for Rural Health and the North Dakota Long-term Care Association will work to identify state standards to include oral health care and develop an older adult oral health screening tool to be used upon admission. This tool will be based on state and federal guidelines and will be disseminated nationally for long-term care facility use.

The process and findings will be evaluated by the North Dakota State University-Center for Social Research and will be shared with appropriate partners.

Goal #3) Create and disseminate communication materials.

A Promising Practice Guide will be created for use within the state and nation. This guide will identify processes, partners, funding sources, lessons learned, and payment models utilized in the current North Dakota long-term care older adult program. Other topics will be addressed as identified in conversation and partnership with current program participants. This guide will identify the steps that need to be taken to replicate the program in other states. The Promising Practice Guide will also include the developed templates, evaluation results and a list of barriers as well as lessons learned.

In addition to the Promising Practice Guide, a press packet will be developed to include resources to be used as media release items including but not limited to; fact sheets, policy briefs and templates. The resource will be housed on numerous websites such as: the Oral Health Program, the Center for Rural Health and the North Dakota Long-term Care Association. The North Dakota State University, the Center for Rural Health and the Oral Health Program will work collaboratively to widely disseminate the resource nationally through webinars and presentations to national partners.

Goal #4) Assess the existing long-term care facilities participating in the older adult oral healthcare program.

The Oral Health Program's past DentaQuest grants have helped support direct oral health care services to older adults residing in long-term care facilities. To evaluate this impact, a post assessment will be conducted in the two long-term care facilities that completed the pre-assessments in 2015-2016. The assessment will be sent to long-term care administrators, staff and healthcare professionals within the facility.

The data from the pre and post assessments will be available in the Promising Practice Guide to outline the services provided, successes, challenges and tools needed to improve the oral health care delivery model.

In addition to the data being housed in the Promising Practice Guide, facility specific infographics will be given to each of the participating long-term care facilities. The process and findings will be evaluated by the North Dakota State University-Center for Social Research and will be shared with appropriate partners.

Goal #5) Increase basic knowledge of oral health prevention and screening to staff in 10 long-term care facilities in North Dakota.

Findings from the 2015-2016 *Assessment of Oral Health Knowledge and Practice in Long-term Care Facilities* show that only 14 percent of the long-term care facilities surveyed were aware of the *Smiles for Life* curriculum. Due to these findings, the Oral Health Program will provide trainings to 10 long-term care facilities throughout the state to increase the staff's knowledge of oral health and the effect it has on overall health. The Oral Health Program will continue to provide on-going trainings as needed and promote the *Smiles for Life* curriculum. The *Smiles for Life* training has been effective, although future trainings for long-term care staff will be combined with the model utilized by Lunder-Dineen. This should allow a more comprehensive model to emphasize the importance of oral health. The process and findings will be evaluated by the North Dakota State University-Center for Social Research and will be shared with appropriate partners.

Goal and Target

This project will address the OH2020 DentaQuest Foundation's goal and target of "Mandatory inclusion of an adult benefit in a publicly funded health insurance", and "Medicare includes a comprehensive dental benefit". Multiple primary and secondary drivers will be impacted including:

Primary Drivers

- Effective strategies/ roadmaps
- Effective program administration
- Consumer engagement and support

Secondary Drivers

- Provider/care access network
- Awareness/education/resource campaign
- Provider engagement and support
- Advocacy to support leaders who champion issues
- Advocacy, community engagement and leadership
- Financing mechanisms
- Advocacy, organization engagement and support
- Industry engagement and support

Changes that will result from successful implementation of this project and how those changes promote the identified DentaQuest Goal(s) and Target(s)

- Oral health guidelines and recommendations for older adults in long-term care facilities will be promoted to standardize care.
- A guide for other states to replicate an older adult oral health care program will be created and disseminated nationally to increase access to care.
- An older adult oral health work group will continue to engage dental professionals and stakeholders to address the needs of older adults living in long-term care facilities.
- Participation and/or presentations at local and national meetings will inform stakeholders of older adult oral healthcare needs.

- Data will be collected, analyzed and disseminated to support policy changes statewide and nationally.
- The Oral Health Program will work with national older adult coalitions that are able to advocate for policy change such as private and public dental insurance benefit that extends beyond retirement.
- *Smiles for Life* curriculum will be promoted to health professionals and educational programs to create a better understanding of the importance of good oral health for overall health.
- North Dakota's Adult Medicaid Dental Benefit Program will be promoted to improve the oral healthcare utilization rate.

Through the five goals stated above, the Oral Health Program will become a driver for an older adult comprehensive dental benefit through Medicare.

State, regional and national partners will align with DentaQuest's target tactics "Invest in engagement and mobilization of state and local advocates (including businesses) to drive movement from the state and grassroots, including partnerships with legislative champions."

Appendix B



Standardized Dental
Screening for New
Nursing Home Residents:

A Promising Practice Guide

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This Promising Practice Guide is funded by the DentaQuest foundation under a subcontract with the North Dakota Department of Health, Oral Health Program. These materials are intended for educational purposes only. Nothing in this program, the program materials, or communications stemming from the program (including questions and answers) should be considered as the rendering of legal advice. Readers should assure themselves that these materials are current and applicable at the time they are reviewed or considered. The authors do not warrant that these materials will continue to be accurate or are exhaustive, because laws and interpretation of laws evolve and change over time, nor do they warrant the materials to be completely error free.

Introduction

During 2015-16, the Center for Rural Health (CRH) completed work under a subcontract with the North Dakota Department of Health (ND DoH), Oral Health Program. Funded by DentaQuest, the work focused on identifying the current oral health programs and policies among nursing homes in North Dakota. Working in partnership with the North Dakota Long Term Care (LTC) Association, the CRH surveyed LTC administrators/unit charge nurses and found:

- One in two LTC facilities had a written plan of care for dental needs, but only 13% of those with plans had their policies reviewed by dental professionals.
- While required by law, 28% of facilities self-reported that they did not conduct dental assessments upon admission of new residents.
- When there was a dental assessment upon admission, 90% were completed by someone outside of the dental field, primarily completed by the nursing home’s unit charge nurse (42%) or other registered nurse (15%).

Recognizing the need, and the lack of national standards on the topic, the CRH was funded during 2017-18 to work with State and national partners to develop a promising practice for screening residents’ dental needs upon admission to nursing homes. This guide provides a national template for nursing home administrators and dental professionals in an effort to ensure that all nursing home residents, upon admission, have dental screenings completed by dental professionals. This initial dental screen should inform a resident’s daily plan of care for oral hygiene. This new resident dental screening tool was developed utilizing international research on existing assessments and through review of federal regulations, state requirements, and both private and public insurance coverage of dental services for nursing home residents. The North Dakota Older Adult Oral Health Work Group also identified this as a 2017-18 priority, providing significant feedback.

North Dakota Older Adult Oral Health Work Group

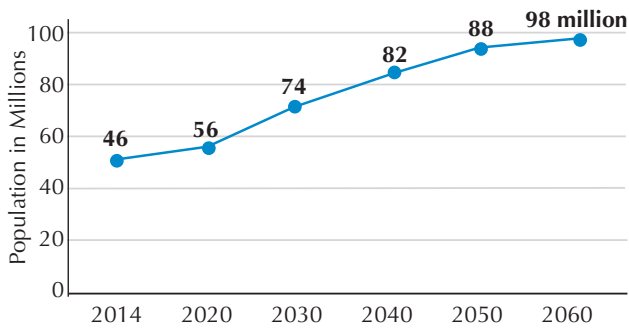
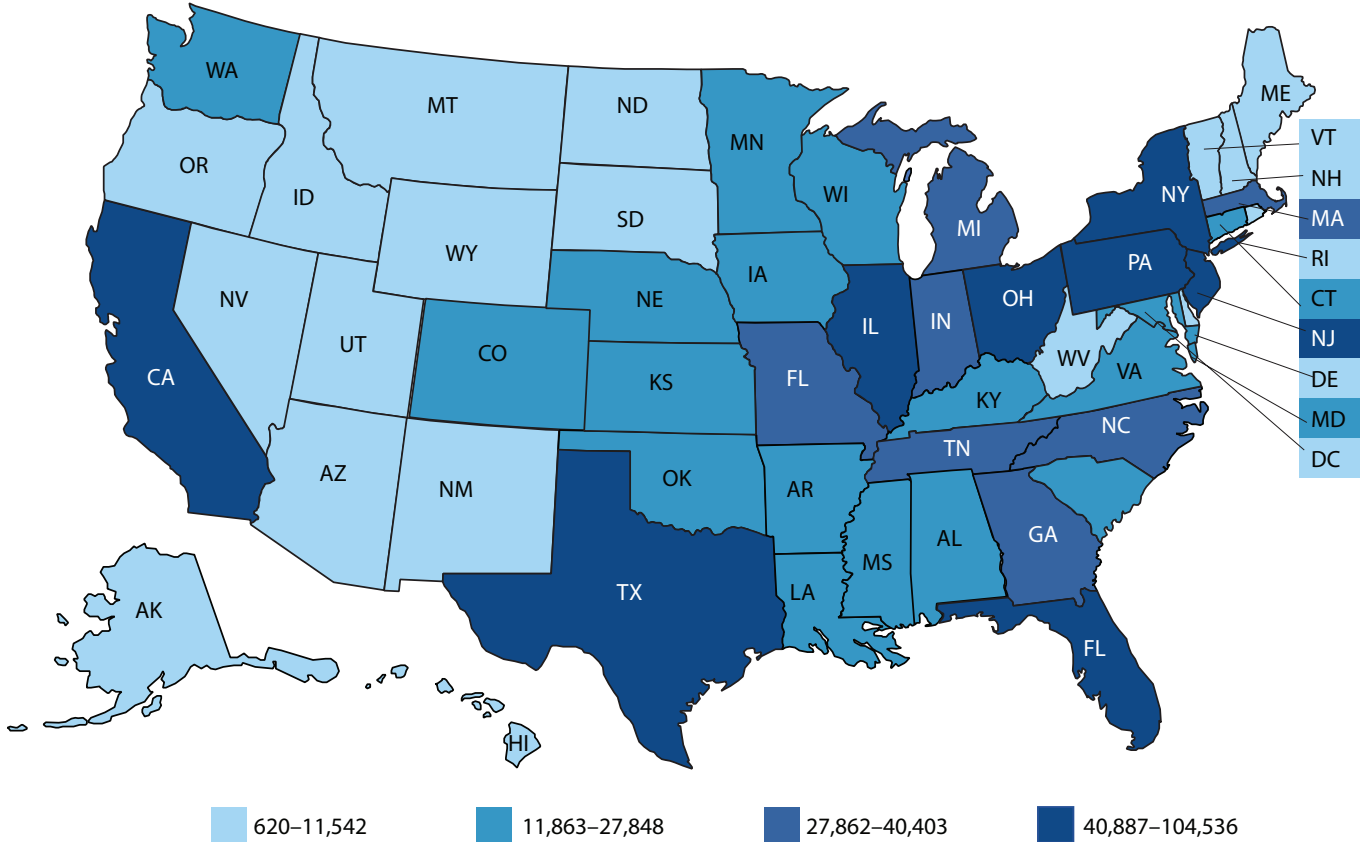
Toni Hruby	DentaQuest Grant Manager	Oral Health Program, ND DoH
Jaclyn Seefeldt	Prevention Coordinator	Oral Health Program, ND DoH
Kimberlie Yineman	Director	Oral Health Program, ND DoH
Lucille Rostad	Program Manager	Division of Health Facilities, ND DoH
Jodi Hulm	Administrator	North Dakota Department of Human Services
Judy Lee	Senator	North Dakota, Human Services Committee (Chair)
Michael Chaussee	Director of Advocacy	American Association of Retired Persons, North Dakota
Shelly Peterson	President	North Dakota Long Term Care Association
Marie Mott	Executive Director	Bridging the Dental Gap
Nadine Boe	Chief Operating Officer (COO)	Northland Community Health Centers
William Sherwin	Govt. Relations Director	North Dakota Dental Association
Scott Anderson	Executive Director	North Dakota Dental Foundation
Lana Schlecht	Dentist	Retired, North Dakota
Nancy Hodur	Director	Center for Social Research, North Dakota State University
Shawnda Schroeder	Assistant Professor	Center for Rural Health, University of North Dakota

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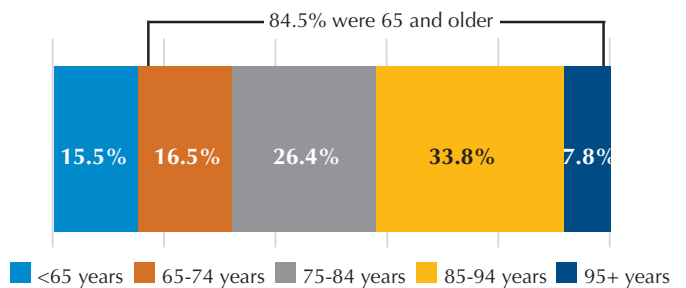
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Snapshot: U.S. Nursing Home Care

Total Number of Residents in Certified Nursing Facilities in 2015: 1,351,616^b



Roughly 49.2 million people in the U.S. are 65 years of age and older, just over 15% of the total U.S. population^c



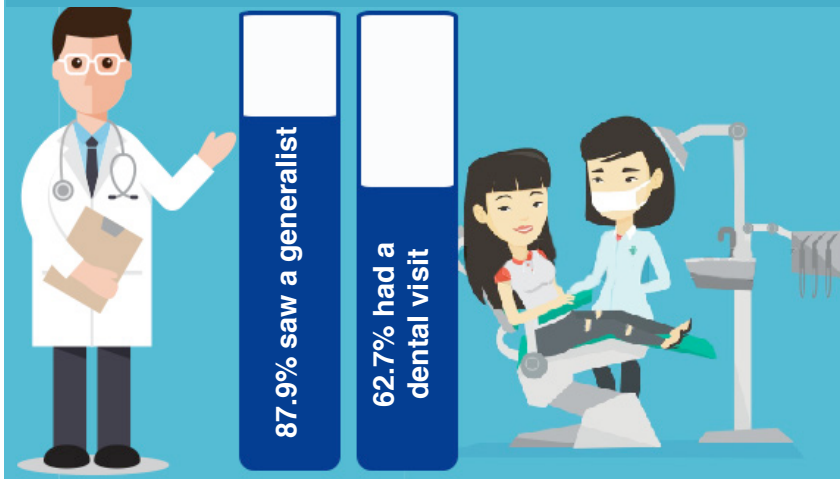
In 2014, 84.5% of nursing home residents were 65 years of age and older^a



More than three out of every five nursing home residents (63.1%) report between four and five impaired daily living activities^a

A Snapshot: Oral Healthcare for People Ages 65 and Older

People 65 years of age and older were more likely to have visited a general physician in the past year than to have visited a dentist^d



In 2015, fewer people ages 65 and older visited a dentist in the past year than those who were ages 2-17^d



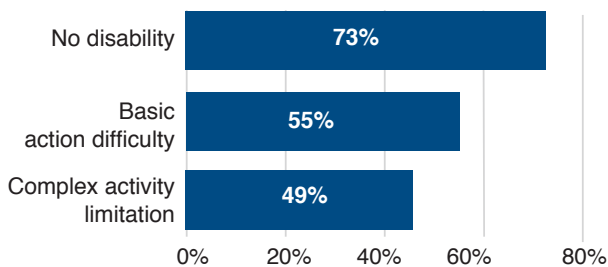
84.7% of people ages 2–17 had a dental visit



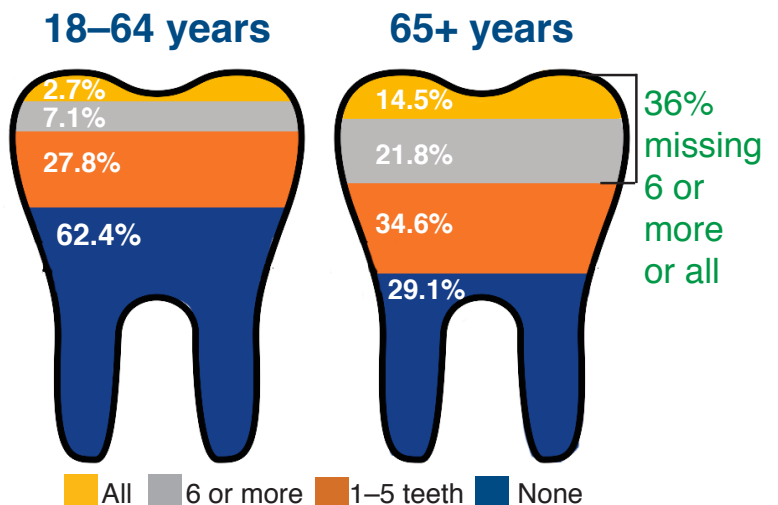
64% of people ages 18–64 had a dental visit



62.7% of people ages 65 or older had a dental visit




A greater percentage of people 65 years of age and older with no physical disability saw a dentist in the past year (73%) than those with basic or complex physical limitations^d





Oral Health Has a Direct Impact on Nursing Home Residents' Overall Health


Poor oral hygiene impacts more than the mouth. Though there is not necessarily direct causality, evidence suggests that poor oral health and gum disease are linked with increased hospitalizations, readmissions, respiratory infections, diabetes, dementia, poor nutrition, pneumonia, chronic obstructive pulmonary disease, and behavioral change in the elderly.



 Subjects with severe gum infection had a 4.3-times-higher risk of ischemic stroke (cerebral ischemia) than subjects with mild or without gum disease.⁹

 People who had chronic gum inflammation for 10 or more years were 70% more likely than people without gum inflammation to develop Alzheimer's disease.^h

 The risk of pneumonia among long term care patients was significantly reduced among those receiving oral care. Long term care residents receiving oral care had a rate of mortality due to pneumonia about half that of those residents not receiving oral care.ⁱ

 Among patients with chronic obstructive pulmonary disease (COPD), having fewer teeth, a high plaque index score, and low tooth-brushing times were all significantly associated with COPD exacerbations.^j

Dental Care Reimbursement for Nursing Home Residents

Medicare

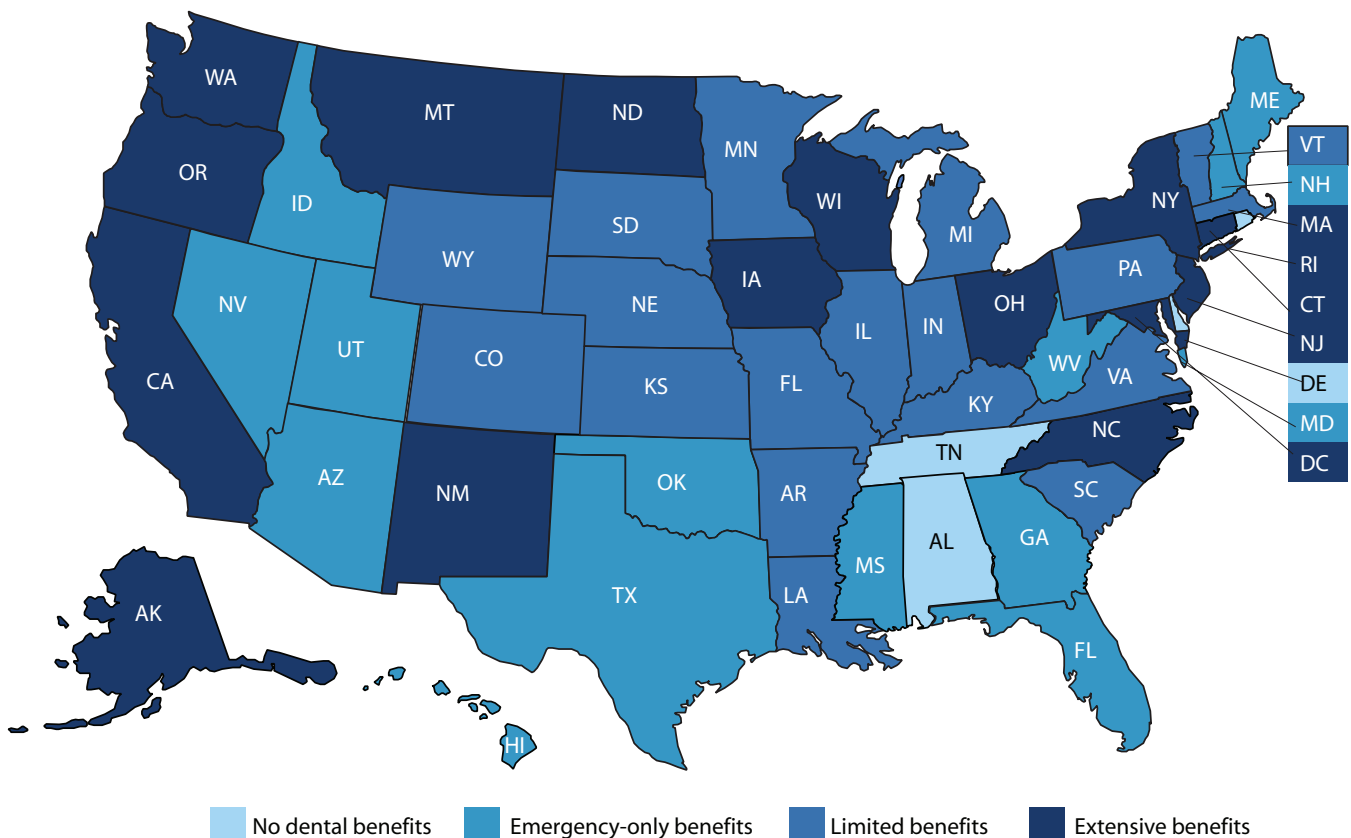
Medicare is the federal health insurance program for people who are 65 years of age and older, certain younger people with disabilities, and people with end-stage renal disease. Medicare coverage is administered by the federal government, and services covered are standardized across all states. Medicare Part A covers inpatient hospital stays, nursing home care, hospice, and some home health services; Part B covers doctors' services, outpatient care, medical supplies, and preventive services. Most individuals ages 65+ have both Parts A and B.

Medicare Parts A and B do not cover dental care, dental procedures, cleanings, fillings, tooth extractions, dentures, dental plates, nor other dental devices.^k

Medicaid

Medicaid provides health coverage for low-income people, children, pregnant women, elderly, and people with disabilities. Medicaid is administered by states and is funded jointly by state and federal governments.^l As such, dental and nursing facility services covered by Medicaid vary significantly by state. Federal Medicaid requirements for nursing facilities specify that the facility must provide emergency dental services at no charge to residents. However, routine dental services are only covered as directed under each state's plan.^m Less than half of the states currently provide comprehensive dental care for adults enrolled in Medicaid.ⁿ Only 17 states provide extensive dental benefits for their base Medicaid populations. These benefits include "a comprehensive mix of services, including more than 100 diagnostic, preventive, and minor and major restorative procedures approved by the ADA [American Dental Association]; per-person annual expenditure cap is at least \$1,000."^o Contact your state's Department of Human Services, or visit its website, for a list of specific adult dental services covered under Medicaid.

Medicaid Coverage of Adult Dental Benefits, February 2016



Code of Federal Regulations

The Code of Federal Regulations (CFR) is the codification of the general and permanent rules and regulations (sometimes called administrative law) published in the Federal Register by the executive departments and agencies of the federal government of the United States.^p The CFR requires all nursing home facilities to conduct an oral health assessment upon admission of a new resident and periodically (42 CFR § 483.20). However, federal law does not specify which provider type is responsible for conducting the dental assessment.

Federal law also requires that nursing homes:

- Obtain routine and emergency dental services from an outside resource to meet resident needs;
- Assist residents with making dental appointments and arranging transportation, as requested;
- Refer patients with lost or damaged dentures within three days; and
- Assist residents in applying for dental service reimbursement.

Under CFR § 483.20 Resident assessment, section (b) Comprehensive assessment, nursing homes must make a comprehensive assessment of a resident’s needs, strengths, goals, life history, and preferences using the Resident Assessment Instrument (RAI) specified by the Centers for Medicare & Medicaid Services (CMS).

See Appendix A for specific federal language as it applies to CFR § 483.20.

CMS’s Resident Assessment Instrument

CMS Minimum Data Set (MDS) Resident Assessment Instrument (RAI) 3.0 provides clear measures and tracking for nursing home resident health.^q The RAI is the standardized assessment tool utilized for each resident upon admission, quarterly, annually, and/or at a significant change in health status. Effective October, 2017, Section L of the MDS 3.0 RAI intended for nursing homes to record the following dental problems present in a seven-day look-back period (L0200: Dental):

L0200. Dental	
↓ Check all that apply	
<input type="checkbox"/>	A. Broken or loosely fitting full or partial denture (chipped, cracked, uncleanable, or loose)
<input type="checkbox"/>	B. No natural teeth or tooth fragment(s) (edentulous)
<input type="checkbox"/>	C. Abnormal mouth tissue (ulcers, masses, oral lesions, including under denture or partial if one is worn)
<input type="checkbox"/>	D. Obvious or likely cavity or broken natural teeth
<input type="checkbox"/>	E. Inflamed or bleeding gums or loose natural teeth
<input type="checkbox"/>	F. Mouth or facial pain, discomfort or difficulty with chewing
<input type="checkbox"/>	G. Unable to examine
<input type="checkbox"/>	Z. None of the above were present

For more information on MDS 3.0 RAI, access the Long-Term Care Facility Resident Assessment Instrument 3.0 User’s Manual at downloads.cms.gov/files/MDS-30-RAI-Manual-v115-October-2017.pdf. Review Appendix B for Section L: Oral/Dental Status as presented in the CMS MDS 3.0 RAI.

Development of a Standardized Dental Screening for Nursing Home Residents

In its manual for the RAI, CMS specifically states that “Interdisciplinary use of the RAI promotes this emphasis on quality of care and quality of life. Nursing homes have found that involving [multiple] disciplines . . . in the RAI process has fostered a more holistic approach to resident care and strengthened team communication. This interdisciplinary process also helps to support the spheres of influence on the resident’s experience of care, including: workplace practices, the nursing home’s cultural and physical environment, staff satisfaction, clinical and care practice delivery, shared leadership, family and community relationships, and federal/state/local government regulations.”⁹

The CRH worked with state and national partners to develop a standardized dental screening tool to use for all new nursing home residents at the time of their admittance. This tool was developed in collaboration with the North Dakota Older Adult Oral Health Work Group, the North Dakota Long Term Care Association, the DentaQuest Foundation, the North Dakota Department of Human Services, and the North Dakota Dental Association (among others).

Measures included in the proposed dental screening were derived from the Code of Federal Regulations,^p section L of CMS’s Minimum Data Set Resident Assessment Instrument 3.0,^q the Basic Screening Survey for Older Adults recommended by the Association of State and Territorial Dental Directors,^r and national/international case studies.^{s-v} The screening was presented to a focus group consisting of rural and urban nursing home direct care providers, nursing home administrators, and dental providers (dentists and dental hygienists) from various dental clinic settings. The group included federally qualified health centers, individual private practices, and mobile units.

Promising Practice

It is recommended that all new nursing home residents have a dental screen completed by a dental provider and a direct care provider at the nursing home within 14 days of admission. A dental professional may be any member of the dental team, depending on each state’s licensure laws and provider scopes of practice.

The Dental Provider Is Responsible for:

- Assessing a resident’s dental status;
- Identifying all dental problems; and
- Making recommendations for a resident’s daily oral care plan.

The Nursing Home Direct Care Provider Is Responsible for:

- Identifying a resident’s dental home and emergency dental contact;
- Ensuring the comprehensive dental assessment is completed;
- Identifying cognitive problems that may limit a resident’s ability to perform oral hygiene;
- Listing any functional impairments that may limit a resident’s ability to perform oral hygiene;
- Indicating if the resident is on any medication that may cause dry mouth;
- Indicating if the resident has been diagnosed with any condition that is related to poor oral hygiene or oral infection; and
- Developing the resident’s daily oral care plan and personal oral health toolkit.



Comprehensive Dental Screening Tool for New Nursing Home Residents

RESPONSIBILITY OF A DENTAL PROVIDER

Provider Name: _____ **Date:** _____

Dental visit type: Admission Annual Other (reason): _____

DENTAL STATUS

Number of functional teeth: _____ Edentulous [L0200B] Yes No
Maxillary denture present Yes No Root fragments Yes No
Mandibular denture present Yes No Severe gingival inflammation Yes No
Substantial oral debris, food impaction Yes No Calculus buildup Yes No

MARK ALL THAT APPLY [CMS's Resident Assessment Instrument (RAI) 3.0]

CMS Code

- Unable to examine L0200G
- Broken or loosely fitting full or partial denture (chipped, cracked, uncleanable, loose) L0200A
- Abnormal mouth tissues (ulcers, masses, oral lesions, including under denture or partial) L0200C
- Obvious or likely cavity or broken natural teeth (untreated decay) L0200D
- Inflamed or bleeding gums or loose natural teeth L0200E
- Mouth or facial pain, discomfort, or difficulty with chewing L0200F
- None of the above were present L0200Z
- Dental Care Area Assessment triggered (presence of L0200A-F)

TREATMENT NEEDED

- No obvious problem (set next regular check within 6 months)
- Dental care needed (buildup or decay without swelling or pain)
- Urgent care (pain, infection, large decay, abscess or drainage)

Other treatment notes: _____

DAILY ORAL CARE PLAN RECOMMENDATIONS

- Preident
- Chlorhexidine Mouthwash

Denture cleaning, assistance level:

- Independent Some assistance Fully dependent

Teeth cleaning, assistance level:

- Independent Some assistance Fully dependent

Other daily care notes: _____

Dental provider signature: _____ **Date:** _____

RESPONSIBILITY OF A UNIT CHARGE NURSE

Name of resident's dentist/dental home: _____ Phone Number: _____

Date of last dental exam: _____ 24/hour dental emergency contact, if available: _____

Dental intake screening completed Yes No Next appointment, if treatment needed: _____

Referral made: Yes No Provider: _____

Annual dental exam scheduled: Yes No Date: _____

COGNITIVE PROBLEMS: Cognitive problem(s) limiting ability to perform personal dental hygiene

- Needs Reminders to clean teeth/dentures
- Cannot remember steps to complete oral hygiene
- Decreased ability to understand others or to perform tasks following demonstration

FUNCTIONAL IMPAIRMENT: Functional impairment(s) limiting ability to perform personal dental hygiene

- Impaired hand dexterity
- Loss of voluntary arm movement
- Decreased mobility
- Resists assistance with activities of daily living
- Limitation in upper extremity range of motion
- Requires adaptive equipment for oral hygiene

DRY MOUTH: Causing buildup of oral bacteria Yes No

Medications (from MDS and medication administration record):

- Antipsychotics
- Antidepressants
- Antianxiety agents
- Diuretics
- Hypnotics
- Sedatives
- Antihypertensives
- Decongestants
- Antiemetics
- Narcotics
- Antineoplastics
- Antihistamines
- Anticonvulsants

DISEASES AND CONDITIONS: That which may be related to poor oral hygiene, oral infection

- Unstable diabetes related to oral infection
- Endocarditis related to oral infection
- Poor nutrition
- Sores in mouth related to poor-fitting dentures
- Recurrent pneumonia related to aspiration of saliva contaminated due to poor oral hygiene

Daily Oral Care Plan Developed Yes No

Oral Health Toolkit Prepared Yes No

Supplies required in oral health toolkit are determined by the initial oral health screen, and may include:

- Toothbrush
- Kidney dish
- Floss handle
- Floss
- Toothettes
- Denture cleaner
- Toothpaste
- Facecloth
- Mouth prop
- Denture cup
- Proxabrush
- Denture brush
- Prevident
- Chlorhexidine Mouthwash
- Daily oral care plan

Other notes: _____

Unit charge nurse signature: _____ Date: _____

Daily Oral Care Plan

Nursing facilities are responsible for creating daily care plans for each resident. The daily oral care plan is developed in response to the original oral health screening completed upon admission. Recognizing a resident's cognitive and functional impairments that may impact his/her ability to perform personal dental hygiene must be considered by the team developing the daily care plan. A complete daily oral care plan will:

- Indicate the resident's ability to assist in his/her own dental hygiene;
- List all supplies included in the individual's oral health toolkit;
- Track frequency of dental care needed and provided (e.g., number of times brushing per day); and
- Provide a place for direct care providers to note any observed dental concerns.

Oral Health Toolkit

Each resident should be supplied an oral health toolkit containing supplies needed in order to maintain good oral hygiene. Supplies required in a resident's oral health toolkit are determined by the initial oral health screen and may include:^{S,V}



- Toothbrush
- Kidney dish
- Floss handle
- Floss
- Toothettes
- Denture cleaner
- Toothpaste
- Facecloth
- Mouth prop
- Denture cup
- Proxabrush
- Denture brush
- Prevident
- Chlorhexidine Mouthwash
- Daily oral care plan

For more information on daily oral care plans, or to review comprehensive care plan templates developed by other entities, read Oral Health Care Management: Recommendations for Long-Term Care Facilities at www.dhss.delaware.gov/dph/hsm/files/oralhealthcaremanagementreport.pdf.

Appendix A: US Law § 483.20 Resident Assessment [Excerpt]

The facility must conduct initially and periodically a comprehensive, accurate, standardized, reproducible assessment of each resident's functional capacity.

(a) Admission orders.

(b) Comprehensive Assessments –

(1) Resident Assessment Instrument (RAI). A facility must make a comprehensive assessment of a resident's needs, strengths, goals, life history and preferences, using the RAI specified by the Centers for Medicaid & Medicare (CMS). The assessment must include at least the following:

(i) Identification and demographic information . . . [ii-x omitted]

(xi) Dental and nutritional status . . . [x-xvi omitted]

(xvii) Documentation of summary information regarding the additional assessment performed on the care areas triggered by the completion of the Minimum Data Set.

(xviii) Documentation of participation in assessment. The assessment process must include direct observation and communication with the resident, as well as communication with licensed and non-licensed direct care staff members on all shifts.

Nursing facilities. The facility

(1) Must provide or obtain from an outside resource, in accordance with § 483.70(g), the following dental services to meet the needs of each resident:

(i) Routine dental services (to the extent covered under the State plan); and

(ii) Emergency dental services;

(2) Must, if necessary or if requested, assist the resident -

(i) In making appointments; and

(ii) By arranging for transportation to and from the dental services locations;

(3) Must promptly, within 3 days, refer residents with lost or damaged dentures for dental services. If a referral does not occur within 3 days, the facility must provide documentation of what they did to ensure the resident could still eat and drink adequately while awaiting dental services and the extenuating circumstances that led to the delay;

(4) Must have a policy identifying those circumstances when the loss or damage of dentures is the facility's responsibility and may not charge a resident for the loss or damage of dentures determined in accordance with facility policy to be the facility's responsibility; and

(5) Must assist residents who are eligible and wish to participate to apply for reimbursement of dental services as an incurred medical expense under the state plan.

Appendix B: The Centers for Medicare & Medicaid Services' (CMS) Minimum Data Set (MDS) Resident Assessment Instrument (RAI) 3.0: Section L

This information is copied directly from CMS' Long-Term Care Facility Resident Assessment Instrument 3.0 User's Manual, Version 1.15, pages 415-17 available at <https://downloads.cms.gov/files/MDS-30-RAI-Manual-v115-October-2017.pdf>.

SECTION L: ORAL/DENTAL STATUS

Intent: This item is intended to record any dental problems present in the 7-day look-back period.

L0200: Dental [check all that apply]

- A. Broken or loosely fitting full or partial denture (chipped, cracked, uncleanable, or loose)
- B. No natural teeth or tooth fragment(s) (edentulous)
- C. Abnormal mouth tissues (ulcers, masses, oral lesions, including under denture or partial if one is worn)
- D. Obvious or likely cavity or broken natural teeth
- E. Inflamed or bleeding gums or loose natural teeth
- F. Mouth or facial pain, discomfort or difficulty with chewing
- G. Unable to examine
- Z. None of the above were present

Item Rationale

Health-related Quality of Life

- Poor oral health has a negative impact on
 - o Quality of life
 - o Overall health
 - o Nutritional status
- Assessment can identify periodontal disease that can contribute to or cause systemic diseases and conditions, such as aspiration, malnutrition, pneumonia, endocarditis, and poor control of diabetes.
- Planning for Care
- Assessing dental status can help identify residents who may be at risk for aspiration, malnutrition, pneumonia, endocarditis, and poor control of diabetes.

Steps for Assessment

1. Ask the resident about the presence of chewing problems or mouth or facial pain/discomfort.
2. Ask the resident, family, or significant other whether the resident has or recently had dentures or partials. (If resident or family/significant other reports that the resident recently had dentures or partials, but they do not have them at the facility, ask for a reason.)
3. If the resident has dentures or partials, examine for loose fit. Ask him or her to remove, and examine for chips, cracks, and cleanliness. Removal of dentures and/or partials is necessary for adequate assessment.
4. Conduct exam of the resident's lips and oral cavity with dentures or partials removed, if applicable. Use a light source that is adequate to visualize the back of the mouth. Visually observe and feel all oral surfaces including lips, gums, tongue, palate, mouth floor, and cheek lining. Check for abnormal mouth tissue, abnormal teeth, or inflamed or bleeding gums. The assessor should use his or her gloved fingers to adequately feel for masses or loose teeth.

5. If the resident is unable to self-report, then observe him or her while eating with dentures or partials, if indicated, to determine if chewing problems or mouth pain are present.
6. Oral examination of residents who are uncooperative and do not allow for a thorough oral exam may result in medical conditions being missed. Referral for dental evaluation should be considered for these residents and any resident who exhibits dental or oral issues.

Coding Instructions

- Check L0200A, broken or loosely fitting full or partial denture: if the denture or partial is chipped, cracked, uncleanable, or loose. A denture is coded as loose if the resident complains that it is loose, the denture visibly moves when the resident opens his or her mouth, or the denture moves when the resident tries to talk.
- Check L0200B, no natural teeth or tooth fragment(s) (edentulous): if the resident is edentulous/lacks all natural teeth or parts of teeth.
- Check L0200C, abnormal mouth tissue (ulcers, masses, oral lesions): select if any ulcer, mass, or oral lesion is noted on any oral surface.
- Check L0200D, obvious or likely cavity or broken natural teeth: if any cavity or broken tooth is seen.
- Check L0200E, inflamed or bleeding gums or loose natural teeth: if gums appear irritated, red, swollen, or bleeding. Teeth are coded as loose if they readily move when light pressure is applied with a fingertip.
- Check L0200F, mouth or facial pain or discomfort with chewing: if the resident reports any pain in the mouth or face, or discomfort with chewing.
- Check L0200G, unable to examine: if the resident's mouth cannot be examined.
- Check L0200Z, none of the above: if none of conditions A through F is present.

Coding Tips

- Mouth or facial pain coded for this item should also be coded in Section J, items J0100 through J0850, in any items in which the coding requirements of Section J are met.
- The dental status for a resident who has some, but not all, of his/her natural teeth that do not appear damaged (e.g., are not broken, loose, with obvious or likely cavity) and who does not have any other conditions in L0200A–G, should be coded in L0200Z, none of the above.
- Many residents have dentures or partials that fit well and work properly. However, for individualized care planning purposes, consideration should be taken for these residents to make sure they are in possession of their dentures or partials and they are being utilized properly for meals, snacks, medication pass, and social activities. Additionally, the dentures or partials should be properly cared for with regular cleaning and by assuring they continue to fit properly throughout the resident's stay.

Definitions

Cavity: A tooth with a discolored hole or area of decay that may have debris in it.

Broken Natural Teeth or Tooth Fragment: Very large cavity, tooth broken off or decayed to gum line, or broken teeth (from a fall or trauma).

Oral Lesions: A discolored area of tissue (red, white, yellow, or darkened) on the lips, gums, tongue, palate, cheek lining, or throat.

Edentulous: Having no natural permanent teeth in the mouth. Complete tooth loss.

Oral Mass: A swollen or raised lump, bump, or nodule on any oral surface. May be hard or soft and with or without pain.

Ulcer: Mouth sore, blister, or eroded area of tissue on any oral surface.

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Appendix C



Dental Coverage for Nursing Home Residents

This fact sheet has been funded by the North Dakota Department of Health, Oral Health Program under dollars allocated by the DentaQuest Foundation.

Medicare

Medicare is the federal health insurance program for people who are 65 years of age or older, certain younger people with disabilities, and people with end-stage renal disease.¹ Medicare Part A covers inpatient hospital stays, nursing home care, hospice, and some home health services; Part B covers doctors' services, outpatient care, medical supplies, and preventive services. Most individuals ages 65+ have both Parts A and B; neither cover dental care, dental procedures, cleanings, fillings, tooth extractions, dentures, dental plates, nor other dental devices.¹ Medicare coverage does not vary by state.

Medicaid

Medicaid provides health coverage for low-income, children, pregnant women, elderly, and people with disabilities. Medicaid is administered by states and is funded jointly by state and federal governments.² Services covered by Medicaid vary for each state. In North Dakota, Medicaid provides coverage for dental exams (not dental assessments), X-rays, cleanings, fillings, surgeries, extractions, crowns, root canals, dentures (partial and full), and anesthesia.³ Medicaid also covers nursing facility care, but this does not include dental services outside of assistance with daily oral hygiene. North Dakota is in the top quartile for Medicaid reimbursement for both adult and child dental services.

Dual Eligibility

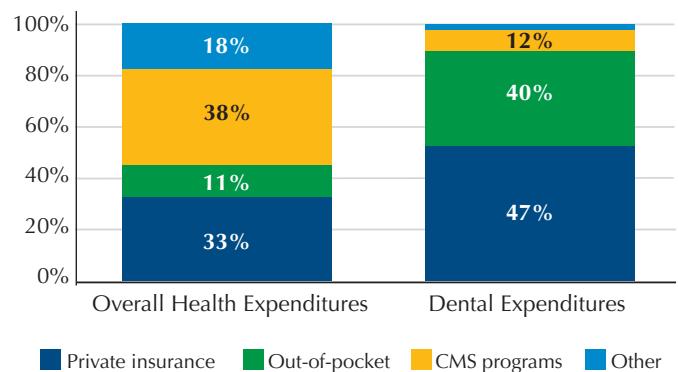
Dual eligible beneficiaries are enrolled in both Medicare and Medicaid. Roughly 8.3 million people (17% of all Medicaid enrollees) are dually eligible. Medicaid provides health coverage to 4.6 million low-income seniors, nearly all of whom are also enrolled in Medicare. Medicare-covered services also covered by Medicaid are paid first by Medicare; Medicaid is the payer of last resort. Options and eligibility vary by state.⁴

Dental Care Expenditures

Nationally, private insurance and Centers for Medicare and Medicaid Services (CMS) programs cover the majority of overall health expenditures, 33% and 38% respectively in 2015. Among dental, the large majority of financing falls to private insurance (47% of 2015 dental expenditures) and

out-of-pocket payment (40%). Only 12% of dental costs in 2015 were covered by CMS programs.⁵ See Figure 1. These proportions of coverage have been relatively consistent over the last 20 years.

Figure 1. Distribution of Overall Health and Dental Expenditures by Source of Financing, 2015⁶



In fiscal year 2016, CMS reported that only 0.7% of overall Medicaid spending went to dental services. In North Dakota, 1.2% of overall Medicaid spending went to dental services. Among all 50 states, Alaska allocated the largest proportion of its Medicaid spending on dental care (5.2%).⁶

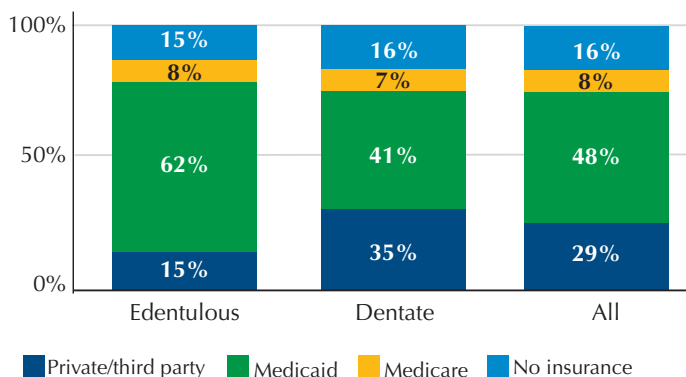
Long-term Care Expenditures

Almost 25% of the federal and state Medicaid spending in 2014 was on long-term care services.⁷ In North Dakota, Medicaid was responsible for nearly 53% of all nursing facility days during 2016; Medicare covered 7.8% of nursing facility days with private pay covering 38.5%.⁶ While nursing facility care requires assistance with activities of daily living, including oral health, Medicare does not cover dental services. The daily nursing facility fee does not cover a resident's needed dental care outside of daily hygiene. Dental services, such as exams or treatment, whether the care is provided in or out of the nursing home, require additional pay by the resident.

North Dakota's Nursing Home Residents

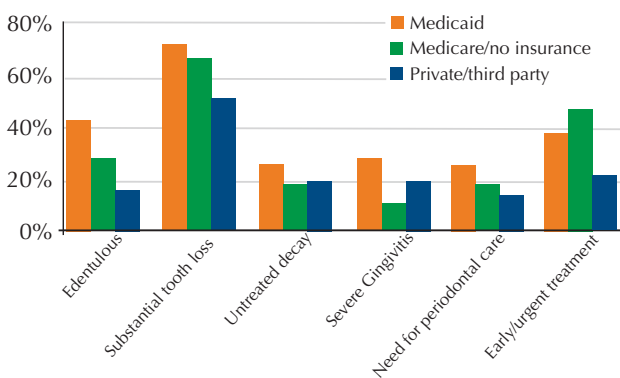
According to the North Dakota Department of Health's Basic Screening Survey, in 2016 47.8% of all nursing home residents were covered by Medicaid, with 7.7% covered under Medicare.⁸ However, a larger proportion of residents with teeth (dentate) were covered by private pay. See Figure 2.

Figure 2. North Dakota Nursing Home Residents by Dentate Status and Payer Type, 2016⁸



During 2016, nursing facility residents with Medicaid had a higher prevalence of edentulism (no teeth), substantial tooth loss, untreated decay, gingivitis, and need for periodontal care than those covered by other payer types. Those with no insurance/Medicare presented in higher proportion with need for early/urgent dental care. See Figure 3.⁸

Figure 3. Dental Status of North Dakota Nursing Home Residents by Payer Type, 2016⁸



Conclusions

Recognizing that one in two North Dakotans will need long-term care sometime during their lives and a large majority of nursing home residents are covered by Medicaid or are private pay, there are opportunities to provide reimbursable dental services in long-term care settings. While Medicare does not cover the cost of dental prevention or treatment, dental services are reimbursable under both Medicaid and private insurance. Nursing homes have the opportunity to collaborate

with local dental professionals to provide the needed dental prevention and treatment those over age 65 are currently lacking. In North Dakota, Medicaid-reimbursable services include exams, X-rays, cleanings, fillings, surgeries, extractions, crowns, root canals, dentures (partial and full) and anesthesia. For a complete list of North Dakota Dental Adult and Child Fee Schedules, visit www.nd.gov/dhs/services/medicalserv/medicaid/provider-fee-schedules.html.

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For more information

Visit the CRH webpage for additional oral health publications and information. ruralhealth.und.edu/what-we-do/oral-health

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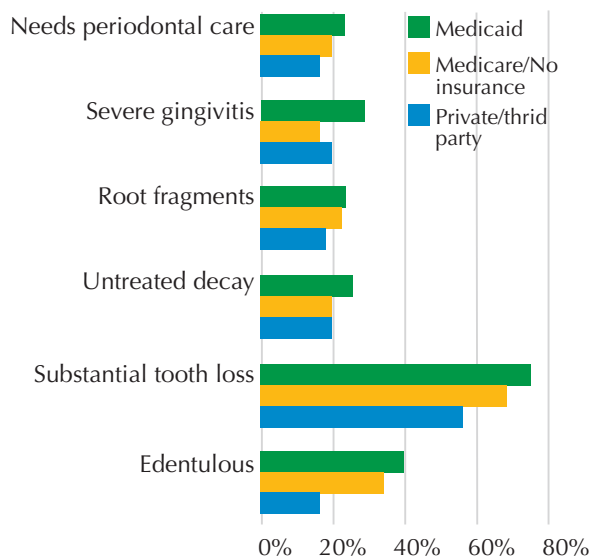
Dental Screenings and Daily Care for North Dakota Nursing Home Residents: A Promising Practice

This fact sheet has been funded by the North Dakota Department of Health, Oral Health Program with dollars allocated by the DentaQuest Foundation.

North Dakota Nursing Home Residents' Dental Status

According to the North Dakota Department of Health's 2016 Basic Screening Survey, roughly 34% of all nursing home residents needed early or urgent dental care.¹ Those with a dentist on record were less likely to need early or urgent care (30%) than those without (39%).¹ Nearly half of residents were covered by Medicaid (47.8%); 23.5% were either uninsured or covered by Medicare (which has no dental benefit). Medicaid nursing home residents were more likely than those with Medicare/no insurance or private/third party insurance to: be edentulous; have substantial tooth loss; experience untreated decay; have prevalence of root fragments; have severe gingivitis; and, need periodontal care.¹ See Figure 1.

Figure 1. Oral Health among North Dakota Nursing Home Residents: Insurance Status, 2016¹



Federal Law and North Dakota Century Code: Dental Assessments

Federal law (42 CFR § 483.20) requires all nursing home facilities to conduct an oral health assessment upon admission of a new resident and periodically.² Though required, 28%

of North Dakota long term care facilities surveyed in 2015 (n = 47) stated that no assessment was conducted.³ Among facilities that were in compliance, the unit charge nurse or other nursing staff were the individuals most likely to complete the initial dental assessment for new residents. Federal law also requires that long term care facilities:

- Obtain routine and emergency dental services from an outside resource to meet resident needs;
- Assist residents with making appointments and arranging transportation, as requested;
- Within 3 days, refer patients with lost or damaged dentures; and,
- Assist residents in applying for dental service reimbursement.²

Under North Dakota Administrative Code 33-0703.2-17, each nursing home resident's record must include the name of the resident's dentist and copies of dental reports.⁴ In North Dakota, only 60.3% of nursing home residents had an identified dentist.¹

Centers for Medicare & Medicaid Services

The Centers for Medicare & Medicaid Services' (CMS) Minimum Data Set (MDS) Resident Assessment Instrument (RAI) provides clear tracking measures for nursing home resident health.⁵ It is to be applied upon admission, quarterly, annually, and/or at a significant change in health status. Effective October, 2017, Section L of the MDS 3.0 RAI intended for nursing homes to record the following dental problems present in a seven-day look-back period:

- Broken or loosely fitting full or partial denture
- No natural teeth or tooth fragment(s)
- Abnormal mouth tissue (ulcers, masses, lesions)
- Obvious or likely cavity or broken natural teeth
- Inflamed or bleeding gums or loose natural teeth
- Mouth or facial pain or discomfort with chewing
- Unable to examine⁵

For more information on MDS 3.0 RAI, access [downloads.cms.gov/files/MDS-30-RAI-Manual-v115-October-2017.pdf](https://www.cms.gov/files/document/MDS-30-RAI-Manual-v115-October-2017.pdf).

Promising Practice: Resident Dental Screen

In collaboration with the North Dakota Older Adult Oral Health Workgroup, staff at the Center for Rural Health (CRH) reviewed state and federal laws, CMS regulations, and national promising practices guides addressing oral health assessments and screenings in long term care settings. The CRH then developed a template for screening the oral health status of all new nursing home residents upon admission.^{2,4,7} The template was reviewed by a focus group and state stakeholders. A full presentation of the tool along with an implementation strategy may be found in the *Standardized Dental Screening for New Nursing Home Residents: A Promising Practice Guide* available at ruralhealth.und.edu/what-we-do/oral-health/publications.

The guide suggests all new nursing home residents will have a dental screen completed by a dental provider and a direct care provider at the nursing home within 14 days of admission. The completed screen will be utilized to develop a resident's daily plan of care for oral hygiene.

Responsibility of the Dental Professional

1. Dental visit type: Admission, Annual, Other
2. Number of functional teeth
3. Edentulous [Y/N]
4. Maxillary denture present [Y/N]
5. Mandibular denture present [Y/N]
6. Substantial oral debris, impaction [Y/N]
7. Root fragments [Y/N]
8. Severe gingival inflammation [Y/N]
9. Calculus buildup [Y/N]
10. Any dental problems present [checklist provided in the template, taken from CMS RAI 3.0]
11. Treatment needed
12. Daily oral care plan recommendations:
 - Prevident and Chlorhexidine Mouthwash
 - Denture cleaning: Level of assistance needed
 - Teeth cleaning: Level of assistance needed

Responsibility of the Unit Charge Nurse

1. Contact information for resident's dentist
2. Date of last complete dental exam
3. 24-hour dental emergency contact
4. Cognitive problem(s) limiting ability to perform personal dental hygiene [checklist provided]
5. Functional impairment(s) [checklist provided]
6. Dry mouth, causing buildup of oral bacteria [Y/N]
7. Medication(s) that cause dry mouth [medication checklist from MDS provided]

8. Diseases/conditions that may be related to poor oral hygiene, oral infection [checklist provided]
9. Developed daily oral health plan [Y/N]
10. Prepared oral health toolkit [Y/N]

Oral Health Toolkit

- Toothbrush
- Toothpaste
- Floss
- Floss handle
- Prevident
- Chlorhexidine mouthwash
- Kidney dish
- Facecloth(s)
- Toothettes
- Mouth prop
- Denture cleaner
- Denture brush
- Denture cup
- Proxabrush
- Daily oral care plan

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4. N.D. Admin. Code § 33-0703.2-17.
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7. Center for Oral Health. (2013). Guidelines for providing dental services in skilled nursing facilities. Available at, https://www.cda.org/Portals/0/pdfs/snf_dental_provider_handbook.pdf.

For more information

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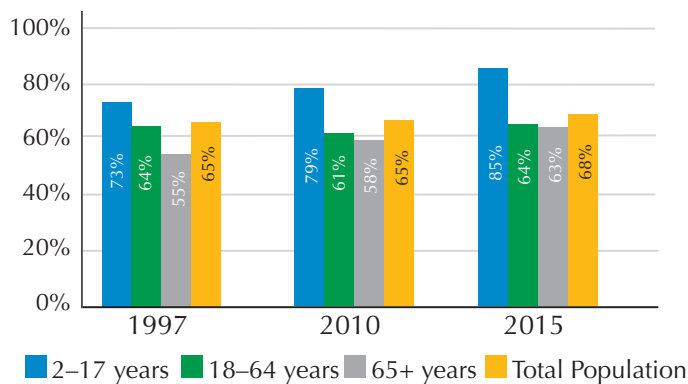
Dental Screenings and Daily Care for Nursing Home Residents: A Promising Practice

This fact sheet has been funded by the North Dakota Department of Health, Oral Health Program with dollars allocated by the DentaQuest Foundation.

Nursing Home Residents’ Dental Status

In 2016, there were 49.2 million people over age 65 in the U.S., accounting for 15.2% of the total population.¹ As of 2014, there were 1.4 million nursing home residents, a large majority of which were 65 or older.² These individuals rely on the facility to provide holistic healthcare services and assistance with activities of daily living (including oral hygiene). It is also imperative that nursing homes provide access to routine dental services. Though the percentage of elderly visiting a dentist in a given year has improved, those 65 years or older report the lowest dental visit rate compared to other age cohorts.³

Figure 1. Percent with a Dental Visit in the Past Year by Age Cohort: 1997-2015³



Federal Law: Nursing Home Dental Care

Federal law (42 C.F.R. § 483.20) requires all nursing home facilities conduct an oral health assessment upon admission of a new resident and periodically.⁴ Federal law also requires that long term care facilities:

- Obtain routine and emergency dental services from an outside resource to meet resident needs;
- Assist residents with making appointments and arranging transportation, as requested;
- Within three days, refer patients with lost or damaged dentures; and,
- Assist residents in applying for dental service reimbursement.⁴

Nursing homes that receive public funding must comply with federal regulations but may also be required to follow additional state law regarding long-term care services.

Centers for Medicare & Medicaid Services

The Centers for Medicare & Medicaid Services’ (CMS) Minimum Data Set (MDS) Resident Assessment Instrument (RAI) provides clear measures and tracking for nursing home resident health.⁵ It is the standardized assessment tool for each resident to be applied upon admission, quarterly, annually, and/or at a significant change in health status. Effective October, 2017, Section L of the MDS 3.0 RAI intended for nursing homes to record the following dental problems present in a seven-day look-back period:

- Broken or loosely fitting full or partial denture
- No natural teeth or tooth fragment(s)
- Abnormal mouth tissue (ulcers, masses, lesions)
- Obvious or likely cavity or broken natural teeth
- Inflamed or bleeding gums or loose natural teeth
- Mouth or facial pain or discomfort with chewing
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Promising Practice: Resident Dental Screen

The CMS MDS RAI 3.0, published in October 2017, specifically promotes the utilization of multidisciplinary health teams in caring for nursing home residents. However, the user manual omits dentistry from mention as a member of that team. “Nursing homes have found that involving disciplines such as dietary, social work, physical therapy, occupational therapy, speech language pathology, pharmacy, and activities in the RAI process has fostered a more holistic approach to resident care and strengthened team communication.”⁵

Adding a dental professional to the existing healthcare team can improve the overall health and well-being of the more than 1.4 million nursing home residents in the U.S. In collaboration with the North Dakota Older Adult Oral Health Workgroup, staff at the Center for Rural Health (CRH) reviewed state and federal laws, CMS regulations, and national promising practices guides addressing oral health assessments and screenings in long term care settings. The CRH then developed a template for screening the oral health status of all new nursing home residents upon admission.⁴⁻⁸ The template was reviewed by a focus group and several stakeholders. A full presentation of the tool, along with an implementation strategy, may be found in the *Standardized Dental Screening for New Nursing Home Residents: A Promising Practice Guide* available at ruralhealth.und.edu/what-we-do/oral-health/publications.

The guide suggests all new nursing home residents will have a dental screen completed by a dental provider and a direct care provider at the nursing home within 14 days of admission. The completed screen will be utilized to develop a resident's daily plan of care for oral hygiene.

Responsibility of the Dental Professional

1. Dental visit type: Admission, Annual, Other
2. Number of functional teeth
3. Edentulous [Y/N]
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5. Mandibular denture present [Y/N]
6. Substantial oral debris, impaction [Y/N]
7. Root fragments [Y/N]
8. Severe gingival inflammation [Y/N]
9. Calculus buildup [Y/N]
10. Any dental problems present [checklist provided in the template, taken from CMS RAI 3.0]
11. Treatment needed
12. Daily oral care plan recommendations:
 - Prevident and Chlorhexidine Mouthwash
 - Denture cleaning: Level of assistance needed
 - Teeth cleaning: Level of assistance needed

Responsibility of the Unit Charge Nurse

1. Contact information for resident's dentist
2. Date of last complete dental exam
3. 24-hour dental emergency contact
4. Cognitive problem(s) limiting ability to perform personal dental hygiene [checklist provided]
5. Functional impairment(s) [checklist provided]
6. Dry mouth, causing buildup of oral bacteria [Y/N]

7. Medication(s) that cause dry mouth [medication checklist from MDS provided]
8. Diseases/conditions that may be related to poor oral hygiene, oral infection [checklist provided]
9. Developed daily oral health plan [Y/N]
10. Prepared oral health toolkit [Y/N]

Oral Health Toolkit

- Toothbrush
- Toothpaste
- Floss
- Floss handle
- Prevident
- Chlorhexidine mouthwash
- Kidney dish
- Facecloth(s)
- Toothettes
- Mouth prop
- Denture cleaner
- Denture brush
- Denture cup
- Proxabrush
- Daily oral care plan

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8. Center for Oral Health. (2013). Guidelines for providing dental services in skilled nursing facilities. Available at, https://www.cda.org/Portals/0/pdfs/snf_dental_provider_handbook.pdf.

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Evaluation of the Long Term Care Oral Health Program

This fact sheet has been funded by the North Dakota Department of Health, Oral Health Program under dollars allocated by the DentaQuest Foundation.

An Aggregate Report: Three North Dakota Long Term Care Facilities

The Center for Rural Health (CRH) at the University of North Dakota School of Medicine & Health Sciences was contracted by the North Dakota Department of Health Oral Health Program (DoH OHP) to complete pre/post assessments for long term care (LTC) facilities participating in a mobile oral health program. This evaluation was funded by the DentaQuest Foundation.

Three facilities participated in assessments in the spring of 2016 and the fall of 2017. The assessments sought to understand the barriers to providing oral health services in a LTC setting, while also evaluating the effectiveness of the LTC mobile oral health program. Participants included administrators, directors of nursing/unit charge nurses, and direct care staff. Facility names have been removed. If you would like more information or have a request for additional data points, please contact Dr. Shawnda Schroeder at shawnda.schroeder@med.und.edu.

Key Findings

In 2016, 238 surveys were completed among the three participating LTC facilities. In 2017, 189 surveys were completed. A majority of respondents in both years were certified nursing assistants (CNAs). A majority of respondents (71% in 2016 and 72% in 2017) were located at one of the three participating facilities.

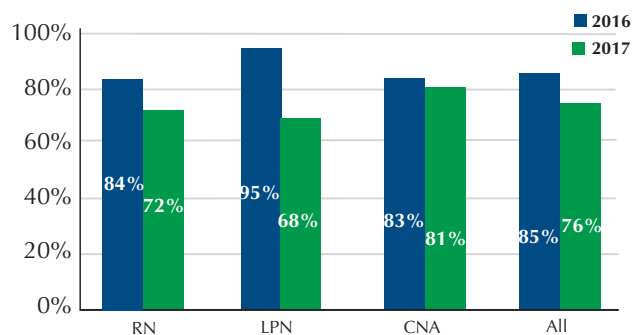
- Between 2016 and 2017, there was very little variation in perceived impact of the program.
- In both 2016 and 2017, staff (97%) indicated that oral health was considered a priority of daily resident care.
- Overall, satisfaction with how oral hygiene needs of residents were being met within the facility increased slightly from 2016-2017; however, in 2016, 85% already indicated they were satisfied or very satisfied.
- During 2017, a smaller percentage of staff agreed or strongly agreed that the program improved access to oral health services for nursing home residents when compared to 2016 responses.

- During 2016 and 2017, dental care training was provided for LTC staff; however, respondents disagreed on the availability of oral hygiene training for residents.
- In both years, a large percentage of staff indicated they did not know who was responsible for the oral health assessment upon admission of a new resident. Of those who did respond, the unit charge nurse or registered nurse (RN) were identified most frequently; not a member of the dental team.
- The unit charge nurses and CNAs were the two providers identified as primarily responsible for the day-to-day coordination of a resident's daily dental care plan during 2016 and 2017.
- A majority of respondents (86% in 2016, 84% in 2017) had not heard of the Smiles for Life curriculum provided at no cost by the North Dakota DoH OHP.

Access to Dental Care

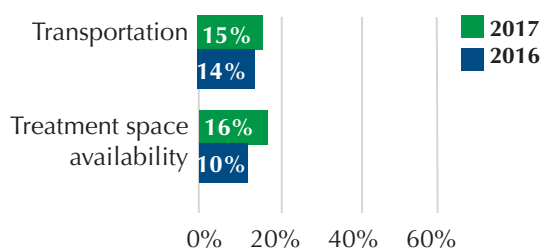
Generally, a majority of respondents agreed that facility participation in the program improved dental care access for residents. However, during 2017 a smaller percentage of RNs and licensed practical nurses (LPNs) agreed there was improved access to care. See Figure 1.

Figure 1. Percentage of LTC Providers who Agree/Strongly Agree Participation in the Program Improved Dental Access for LTC Residents: 2016-2017



Although a majority of the staff were unaware as to whether their facility had a list of dental providers for resident referral, 95% of those who did respond indicated that a referral list was available in both 2016 and 2017. Both transportation and availability of suitable dental treatment space are cited as barriers to dental care access in the literature. However, they were not identified as moderate or serious barriers among those facilities participating in this mobile program.

Figure 2. Percentage of LTC Providers Identifying Each Barrier as a Moderate/Serious Problem: 2016-2017

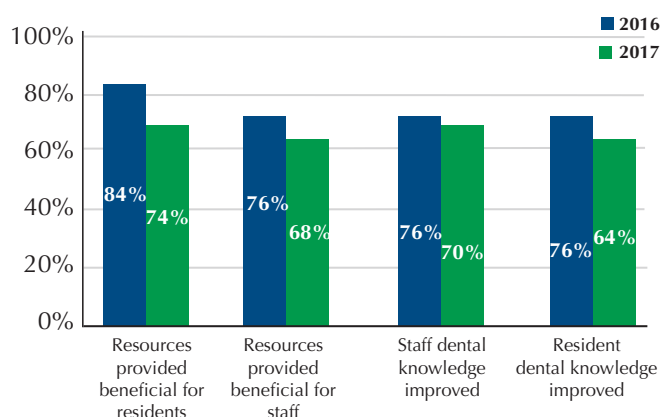


Oral Health Resources and Knowledge

Roughly 78% of staff in both 2016 and 2017 indicated their respective facilities offered oral health training for staff with an additional 10% stating it was available upon request. Conversely, only about 31% believed there were educational sessions available for residents on the importance of good oral health.

Although more than half of those surveyed in both years agreed or strongly agreed that the program led to beneficial resources for staff and residents and improved knowledge and awareness of oral health, the percentage of those in agreement declined from 2016 to 2017. See Figure 3.

Figure 2. Percentage of LTC Providers who Agree/Strongly Agree with Resource Impact: 2016-2017



Smiles for Life Curriculum

Smiles for Life is a free, online oral health training curriculum provided through the North Dakota DoH OHP. Healthcare providers may take advantage of this training to develop knowledge about a variety of oral healthcare issues. The online training includes the courses: geriatric oral health; adult oral health; the oral examination; the relationship of oral to systemic health; and acute dental problems, among others. Though available and shared with LTC administrators in the state, 86% of care staff in 2016 and 84% in 2017 indicated they had not heard of the Smiles for Life curriculum. Learn more about Smiles for Life at oral.health.nd.gov/resources/for-health-professionals/.

Providing Dental Care

In both years, staff indicated that the unit charge nurse or RN, not a member of the dental team, were the individuals primarily responsible for completing the oral health assessment upon admission of a new resident. Coordination of a resident's daily oral healthcare plan was most commonly identified as the responsibility of the CNA or the unit charge nurse. However, 1/3 of CNAs surveyed indicated they did not know who was responsible for coordinating residents' daily oral care plans. Recognizing that dental exams were being completed by nursing home providers, and not members of a dental team, and that there was lack of knowledge regarding who was responsible for coordinating daily oral care plans, the state DoH OHP funded the CRH to work with nursing home and dental stakeholders to develop a standard dental screening tool for nursing home residents. Implementation of this tool will foster dental and nursing home collaborations and improve the oral health of nursing home residents. The *Standardized Dental Screening for New Nursing Home Residents: A Promising Practice Guide* is available at ruralhealth.und.edu/what-we-do/oral-health/publications.

For more information

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Appendix D

Example Press Release

Dental Screens for New Nursing Home Residents: A Promising Practice for North Dakota

Federal law (42 CFR § 483.20) requires all nursing home facilities to conduct an oral health assessment upon admission of a new resident and periodically. Although required, 28% of North Dakota long-term care facilities surveyed in 2015 stated that no assessment was conducted. According to the North Dakota Department of Health's 2016 Basic Screening Survey, roughly 34% of all nursing home residents in the state needed early or urgent dental care. In collaboration with the North Dakota Older Adult Oral Health Workgroup and the Department of Health Oral Health Program, staff at the Center for Rural Health (CRH) reviewed state and federal laws, CMS regulations, and national promising practices guides addressing oral health assessments and screenings in long-term care settings. The CRH then developed a template for screening the oral health status of all new nursing home residents upon admission. The template was reviewed by a focus group and state stakeholders. A full presentation of the tool along with an implementation strategy may be found in the [Standardized Dental Screening for New Nursing Home Residents: A Promising Practice Guide](#). The guide suggests all new nursing home residents will have a dental screen completed by a dental hygienist and a direct care provider at the nursing home within 14 days of admission. The completed screen will then be utilized to develop a resident's daily plan of care for oral hygiene. If you would like more information about North Dakota oral health access or reimbursement, visit the Center for Rural Health's oral health topic page at: <https://ruralhealth.und.edu/what-we-do/oral-health>.

If you have questions about the *Promising Practice Guide*, you may contact Shawnda Schroeder at Shawnda.schroeder@med.und.edu. If you have questions about the Older Adult Oral Health Work Group or the Department of Health Oral Health Program, contact Toni Hruby at tlhruby@nd.gov.