

Regulatory Reminders for Dental Care in Senior Living Facilities

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Overview of the Insurance and Risk Management Services Offered by the Senior Living Risk Partners Division of Arthur J Gallagher and Co.

- Senior Living Risk Partners is a leading specialty insurance brokerage and risk management division of Arthur J Gallagher.
- **Insurance Services** – Specializing in insuring skilled nursing facilities, continuing care retirement communities, assisted living facilities, specialty care assisted living facilities, intermediate care facilities, independent living facilities, long term care acute care hospitals, and adult day care facilities.
- **Risk Management Services** – These services are designed to help our clients prevent and thereby reduce the total cost of risk by identifying and auditing risk exposures. Services include developing specific risk management programs for each client such as risk assessments, staff recruitment and retention programs, total quality improvement programs, and education services such as the Dental/Oral Training Program I will discuss today.

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The Importance of Providing Proper Dental and Oral Health Care to Long Term Care Residents

- The 2000 Surgeon General's states that there is a silent epidemic of oral diseases that are affecting our most vulnerable citizens including the elderly.
- 23% of Americans between the ages of 65 and 74 have severe periodontal disease.
- Approximately 30,000 Americans are diagnosed annually with oral cancer of which 8,000 people eventually die. These oral cancers are primarily diagnosed in the elderly.
- Oral problems can be cumulative and become more complex over time.
- Poor oral health has an impact on quality of life, overall health, and nutritional status.
- Periodontal disease can contribute to or cause systematic diseases such as aspiration, malnutrition, pneumonia, endocarditis, and poor control of diabetes.
- Research has pointed to possible associations between chronic oral infections and diabetes, heart and lung disease, and stroke.
- Many oral problems occur as side effects of medications.

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Long Term Care Dental and Oral Health Assessment Training

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Long Term Care Facilities Developing and Using Oral Health Assessment Tools to Assess Nursing Home Residents

- **F250 Provision of Medically Related Social Services**
- The facility must provide medically related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. Factors with a potentially negative effect on physical, mental, psychosocial well being include an unmet need for dental/denture care. **Social Services must coordinate care with dentists to ensure residents that need these services have access to dental services. Social Services should also coordinate dental services for residents with family and staff including nursing, CNAs, and dietary.**

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Long Term Care Facilities Developing and Using Oral Health Assessment Tools to Assess Nursing Home Residents

• **F272 - Resident Assessment Regulation**

- The facility must conduct initially and periodically a comprehensive, accurate, standardized assessment of each resident's functional capacity to include **dental and nutritional status**. **Dental condition status refers to the condition of the teeth, gums, and other structures of the oral cavity that may affect a resident's nutritional status, communication abilities, or quality of life. The assessment should include the need for and use of dentures or other dental appliances.**

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THE ORAL HEALTH STATUS SECTIONS OF THE MDS ASSESSMENT

- MDS Sections K and L are completed to identify problem areas that pertain to the oral status of each resident.
- These two areas are assessed when the resident is admitted, quarterly, annually, and when there is a significant change in the resident's oral status.
- Assessing dental status can help identify residents who may be at risk for aspiration, malnutrition, pneumonia, endocarditis, and poor control of diabetes.

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MDS SECTION K

• **Section K0100: Swallowing Disorder**

- **Intent: To record any oral problems present in the last 7 days**
 - Definition:
 - a).loss of liquid/solids from the mouth when eating or drinking,
 - b).holding food in mouth/cheeks after eating,
 - c). coughing or choking during meals or when swallowing medications,
 - d). complaints of difficulty or pain with swallowing
 - z).None of the above
 - Assessment Steps: Ask the resident about difficulties in this area. Observe the resident during meals. Review the medical record for staff observations about the resident; e.g., "pockets food," etc. Inspect the mouth for abnormalities that could contribute to swallowing problems or pain with swallowing.

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MDS SECTION L

- **Section L0200: Oral/Dental Status**
- **Intent: To document the resident's oral and dental status as well as any problematic conditions.**
 - A. Broken or loosely fitting full or partial dentures(chipped, cracked, uncleanable, or loose)
 - B. No natural teeth or tooth fragments(edentulous)
 - C. Abnormal mouth tissue(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 or loose natural teeth
 - F. Mouth or facial pain, discomfort or difficulty with chewing
 - Unable to examine
 - Z. None of the above were present
- **Poor oral health has a negative impact on quality of life, overall health, and nutritional status.**

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Long Term Care Facilities Developing and Using Oral Health Assessment Tools to Assess Nursing Home Residents

- **Sample Assessment Tool – Used to assess the oral status of the resident**

Oral Health Assessment Tool for Dental Screening			
Resident	Completed by:	Date:	
Category	Observation	Your Score	Our Score
Lips	Smooth, pink, moist	0	0
Tongue	Normal, moist, tongue pink	0	0
Gums and Tissues	Redness under upper denture	0	2
Saliva	Mucous, watery and free-flowing saliva	0	0
Natural Teeth	Decay on tooth on lower left	0	1
Dentures	No broken areas but discomfort	0	1
Oral Cleanliness	Food on one area of denture	0	1
Dental Pain	Physical pain, signs of a badly broken down lower tooth and behavioral signs of resistiveness	0	2

0 = zero to minimal risk 1 = Minimal to moderate risk 2 = Moderate to high risk

0 = 0 1 = 1 2 = 2

You Said: We Said:

Refer resident to have a dental examination by a dentist

Complete Oral Hygiene Care Plan and start oral hygiene care interventions for the resident

Revisit the resident's oral health again in 2 to 3 months

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F312 ADL CARE PROVIDED FOR DEPENDENT RESIDENTS

- **F312 – Resident Quality of Care**
- A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. **Services to maintain oral hygiene may include brushing the teeth, cleaning dentures, cleaning the mouth and tongue either by assisting the resident with a mouth wash or by manual cleaning with a gauze sponge, and application of medication as prescribed.**

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Caregiver Oral Hygiene Training

- **Assess the Resident :**
 - Ask each resident how he or she feels about their overall oral health.
 - Examine each resident's mouth for stained, broken, missing, or loose teeth; remove dentures and inspect for breaks, holes, cleanliness, and proper fit, check gums and soft tissue for inflammation and bleeding.
 - Inspect toothbrushes, toothpaste for cleanliness and proper storage.
- **Daily Resident Care:**
 - Residents teeth should be brushed every morning and evening.
- **Maintaining Moisture in the Mouth**
 - Residents who are unconscious, unable to take fluids, breathe through the mouth, are feverish, are vomiting, and have a nasogastric or gastrostomy tube should receive oral hygiene on a more frequent basis.

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Caregiver Oral Hygiene Training

- **Disease Process and How it Affects Oral Health**
 - Alzheimer's Residents - These residents may be unable to recognize a toothbrush or use it properly. Therefore, oral hygiene should be administered without upsetting the resident so choosing the time of day that the resident is most cooperative is important.
 - Residents with Diabetes – These residents are more susceptible to oral infections of the mouth.
- **Medications and How They Affect Oral Health**
 - Some medications have side effects that can cause dry mouth.
 - Prior to the resident being treated by their dentist the facility should contact the attending physician to review current medications.

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Oral Hygiene Education and Training for the Long Term Care Resident

- **F272 – Resident Assessment Regulation**
 - The facility must conduct initially and periodically a comprehensive, accurate, standardized assessment of each resident's functional capacity to include dental and nutritional status. Dental condition status refers to the condition of the teeth, gums, and other structures of the oral cavity that may affect a resident's nutritional status, communication abilities ,or quality of life. The assessment should include the need for, and use of dentures and other dental appliances. **(Each resident must be assessed to determine if they can cognitively follow instructions and to determine if they have the physical ability to self perform.)**

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Oral Hygiene Education and Training for the Long Term Care Resident

- **Why Residents Should Do Daily Oral Hygiene**
 - To keep the mouth, teeth, gums, and tongue clean and healthy
 - To prevent odor and infections
 - To increase comfort and to make your food taste better
- **Make Sure Residents Check Their Mouth Daily**
 - Look at gums for paleness, discoloration, bleeding, irritation
 - Look at teeth for decay and looseness
 - Check lips for dryness, cracking, swelling, and blisters
 - Inspect tongue for redness, swelling, irritation, sores, and white patches
 - Clean dentures just as often as you would clean your natural teeth
- **Teeth Should be Brushed Every Morning and Evening**
- **Report any Changes to Your Nurse**

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Additional Regulations (F-Tags) That May Be Cited for Failure to Provide Appropriate Oral Care and Dental Services

- **Comprehensive Care Plans: F279** – The facility must develop a comprehensive care plan for each resident (Dental needs should be addressed in the care plan.)
- **Quality of Care: F309** – Each facility must receive, and the facility must provide, the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well being, in accordance with assessment and care plan.
- **Quality of Care: F325** –Based on resident’s comprehensive assessment the facility must ensure that a resident maintains acceptable parameters of nutritional status. Many conditions of the mouth, teeth and gums can affect the resident’s ability to chew foods.

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What is the Facility’s Regulatory Responsibility for Their Residents Dental Care?

- **Specific Regulatory Tags: 483.55 Dental Services**
- **Dental Services: F411** – the facility must provide or obtain from an outside resource, routine and emergency dental services to meet the needs of each resident.
- **Dental Services: F412** – the facility must provide or obtain from an outside resource, the following dental services to meet the needs of each resident: routine dental services and emergency dental services. Must, if necessary, assist the resident in making appointments and by arranging for transportation to and from the dentist’s office and must promptly refer residents with lost or damaged dentures to a dentist.

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The Problem

- Approximately 69% of Alabama's Skilled Nursing Facility residents rely on Medicaid as their primary health care source and **Alabama Medicaid does not provide dental services for adults.**
- All states, except Alabama and 4 other states, provide dental services for their senior adults under their Medicaid Program.
- Oral health care for the elderly is under-funded, under-researched, and has been a low health care priority.
- The downstream medical costs associated with poor oral care is a real issue and not fully understood or appreciated.
- Long Term Care Facilities must find a payment source for the dental services performed.

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The Problem

- Long Term Care Facilities have historically had problems with scheduling dentists to come to the facility to provide dental services for its residents.
- Scheduling a resident to see a dentist at his office can be difficult:
 - Staff must locate a dentist that will see elderly patients
 - Staff must transport these residents to the dentist's office. (This often means one or two staff members are unable to perform their normal duties because they are traveling to and from the dentist's office.
 - Additional dental services may be needed so this means that additional trips to the dentist must be scheduled.

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Finding a Solution to the Problem

What are the keys to implementing the solution for the residents?

- There must be **Access to Care:**
 - Access to dental care is limited and sometimes unavailable due to the lack of dental providers to treat residents and payment source for dental providers.
- There must be a **Payment Source for Care:**
 - The Oral Health in America Report stated:

"The lack of dental insurance has emerged as a highly significant factor related to access to care".

Dental insurance must be part of the infrastructure to deliver access to care.

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The Solution to the Problem

- Centennial Casualty Company, through the **Healthy Seniors Dental Program**, has specifically designed a dental insurance program for residents of long term care facilities to **help facilities provide access to routine dental services and emergency dental services for these residents.**
- Alabama dentists and dental assistants provide dental services to residents of long term care facilities right there at the facility.
- The Facility designates a Dental Facilitator to coordinate the dental visit with the Dental Services Provider.
- The Dental Services Provider will set up a mobile dentist office at the facility to provide dental services for residents of that facility.
- The Dental Services Provider will appoint a Partner Relationship Coordinator to coordinate the dental visits.
 - This coordination will identify the residents participating in the program receiving services, the treatment orders needed, any pre-treatment prescriptions needed, the designation and availability of a treatment room, and coordination of any follow-up orders for residents.

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The Solution to the Problem

- Residents not participating in the dental program can pay a fee to receive dental services during the dental team's visit to the facility.
- In-Network dentists accept other dental insurance if they already file for that insurance in their fixed office.
- Participating residents are allowed to see a Non-Network Dentist.
- Long Term Care Facilities participating in the Healthy Seniors Dental Program are encouraged to offer the program to all long term care residents.

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Routine and Emergency Dental Services Provided

- **Diagnostic and Preventative Services**, such as oral exams, cleanings, and X-Rays
- **Basic Dental Services** such as filling a cavity and extracting teeth
- **Major Services** such as providing dentures, adjusting dentures, cleaning dentures, relining dentures, and repairing dentures.
- **Emergency Dental Services**
- There are **no deductibles or copayments** required by the resident as long as services are provided by an In-Network.
- If the residents decides to use a dentist, other than an In-Network Dentist, there will be a \$50 annual deductible and the resident will be responsible for any charges in excess of the allowable charges of the insurance coverage.

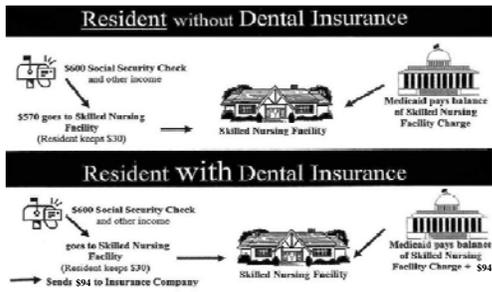
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How does a Medicaid Resident Pay Their Insurance Premium?

- Federal law and regulations, as well as Alabama Medicaid Agency, consider the cost of health insurance premium, including dental insurance premium, to be a Medicaid "allowable expense".
- If the resident purchases and pays for dental insurance coverage, the resident will reduce the payment to the facility for routine care by the same amount that he/she has paid for dental insurance coverage.
- The purchase and payment of the dental insurance coverage should be reported to the Medicaid eligibility worker assigned to the case as soon as possible.
- Medicaid will then increase its payment to the facility by the amount of the dental insurance premium.
- The monthly dental insurance premium will not reduce the current \$30 allowed by Medicaid for the resident's personal needs each month.

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Medicaid Resident Participation



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We believe this program assists long term care facilities with their responsibility to provide dental and oral care for their residents.

- Our Alabama seniors are depending on us!



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