

COUNCIL ON DENTAL HEALTH PLANNING & HOSPITAL DENTISTRY

October 23, 2020

OFFICIAL MINUTES

Tegtmeier, Carl (Chair)
Rubin, Marsha (NY)
Fried, Alvin (2)
Farren, Seth (3)
Sandu, Diana (4)
Stacey, Steven (5)
Noren, Scott (6)
McLaren, Sean (7)

Frustino, Jennifer (8)
Miller, David (N)
Kesner, Stuart (Q)
Maranga, Maria (S)
Heller, Diane (B)
Peters, Scott (New Dentist Representative)
Madonian, Margaret (BOT Liaison)

The Council on Dental Health Planning and Hospital Dentistry met on Friday, October 23, 2020 via Zoom video conference. All members attended with the exception of Drs. Noren and Madonian. Dr. Rachael Rossitto, the Council's Upstate Dental Director Liaison was unable to attend as well. Drs. Raquel Rozdolski, Ninth District; Dionne Richardson, State Dental Director, Division of Family Health, NYS DOH; and Michele Griguts, Dental Director, Office of Health Insurance Programs, NYS DOH, attended as guests of the Council. Dr. Robert Margolin, Second District Trustee Representative to the ADA Council on Advocacy for Access and Prevention; Ms. Betsy Bray, Director and Ms. Jacquie Donnelly, Manager, Health Affairs, were also in attendance.

Dr. Tegtmeier called the meeting to order at 9:36 a.m. The minutes from the Council's meeting held on October 11, 2019 were adopted after a motion made by Dr. Miller and seconded by Dr. Rubin. The Council's meeting scheduled on April 17, 2020 was cancelled due to the Coronavirus pandemic.

Welcome and Introductions

Dr. Tegtmeier began by congratulating Dr. Maranga for being elected to the position of ADA Second Vice President and to Dr. Miller for his appointment on the ADA's Humanitarian Award Selection Committee. He commended the hospital dental programs for their efforts during the pandemic. Dr. Tegtmeier thanked Dr. Frustino for her well-written article about the Human

Papillomavirus (HPV) published in the NYS Dental Journal. He then introduced the guests and asked the members and staff to introduce themselves.

NYS Department of Health Update

Dr. Richardson began by thanking all of the members for their efforts during the pandemic. She stated that the Department updates information on the COVID-19 Health Provider website periodically. The “Interim Guidance for Dentistry During the COVID 19 Public Health Emergency”/New York Forward guidelines should be reviewed periodically for updates. Dr. Miller pointed out that the CDC no longer recommends a 15-minute wait time after completion of patient treatment before cleaning and disinfecting surfaces in the dental operator. Because the DOH has not updated their guidance, he stated that this has caused problems for the hospital program directors as some programs still adhere to the 15-minute wait time. Dr. Miller stated, that patient appointments are being delayed due to this requirement. This, in turn, has affected access to care not only in the hospital setting, but in community facilities as well. Other members have experienced the same problem. Dr. Miller said that due to the backlog of elective medical procedures, some dental departments have been finding less time in the OR for their dental cases including special needs and pediatric patients. Ultimately, some patients are ending up being seen in the emergency room. Dr. Richardson assured the members that DOH is aware of the update to the CDC guidance and they will change the guidance to align with the CDC. She will bring the concerns raised to the attention of her leadership as evidence of the need to expedite the update.

Dr. Richardson discussed a HRSA workforce grant the Department received enabling them to work with local health departments and other community stakeholders to help integrate dental health into medical health. The Department has also developed fluoride varnish training for local health departments with the goal of assisting medical providers in implementing fluoride varnish during well-child visits. Training has been developed specifically for medical providers as well. Dr. Richardson will forward the training link to Ms. Donnelly for distribution to the Council. DOH is also in the process of developing a video and information for local health departments about the management of acute pain and available options to prescribing opioids.

Dr. Richardson discussed release of the upcoming review of the National Toxicology Program (NTP) report on fluorides and its effects on cognitive development and neurotoxicity by the National Academy of Sciences. The review should be released by the spring of 2021. Along with the NTP report, a lawsuit against the EPA is pending based on a petition submitted from a group that includes the Fluoride Action Network, claiming cognitive function may be affected by fluoride in drinking water. This petition recommends that the EPA ban Community Water Fluoridation (CWF) as a result of their claims of neurotoxic effects. Dr. Richardson spoke of advocacy efforts and an expected resolution to the lawsuit. She mentioned that the process for applying for funds to support CWF is being revised to streamline the application process. If there are questions about funded CWF projects, she can assist with making inquiries, individually.

Ms. Bray asked Dr. Richardson what efforts the Department was taking to educate dental providers about the Human Papillomavirus vaccine. Dr. Richardson answered that DOH’s Bureau of Immunizations handles vaccine information and related education. However, she

stated that she would be willing to work with NYSDA on identifying resources to promote this initiative, if needed. Dr. Frustino has collaborated with the NYS Dental Foundation to produce a webinar about HPV.

Healthy People 2030

Dr. Tegtmeier discussed the objectives of Healthy People 2030 relevant to the practice of dentistry. He asked Dr. Richardson for her input. Dr. Richardson replied that she has noticed over the years that the objectives have become more wide-ranging and seem to rely on each individual state to define what their objectives are. She said that New York State's Prevention Agenda is in alignment with the objectives outlined in Healthy People 2030. Additionally, the Centers for Disease Control has moved away from state plan developments. Dr. Richardson noted that the NYS Oral Health Coalition should revisit this planning as it is set to expire in 2020.

Medicaid Managed Care & Services for the ID/DD Population

Dr. Griguts reported that she attends bi-weekly meetings with the Medicaid managed care (MMC) plans. She has been advocating for special needs patients and children as medical services are prioritized over dental services. Dr. Griguts emphasized the need for the MMC plans to perform outreach to their members until school-based health centers can reopen. She discussed plans to monitor trending demographics of Medicaid and MMC users to determine access. Dental dashboards are currently being developed by DOH.

Dr. Griguts stated that, because of the Medicaid Redesign Team II's preventative dental proposal, Silver Diamine Fluoride is now a covered service. The application of fluoride varnish has become a reimbursable service when applied by other health care providers, including registered nurses, based on scope of practice. She stated that she would like to see DOH expand the age limitation for the topical application of fluoride varnish from age 6 to 20.

Dr. Griguts then discussed several issues and questions posed in advance of the meeting by Dr. Tegtmeier:

- Reimbursement for Anesthesia: Reimbursement is provided for anesthesia according to how the facility is certified – it is not venue specific. Dr. Rozdolski stated that the reimbursement modality of 15-minute intervals should be increased to make anesthesia services less cost prohibitive for private dental offices. Dr. Griguts stated that the MMC plans develop their own reimbursement models.
- Exception codes for patients with Alzheimer's and other dementias in the application of Silver Diamine Fluoride: Dr. Griguts reported that there are currently no exceptions codes. She will discuss the issue with the dental policy team at the Bureau of Medical, Dental and Pharmacy Policy.
- Quality Strategies for Medicaid Managed Care: This information is listed on DOH's website; https://health.ny.gov/health_care/managed_care/quality_strategy.htm
- MCO Performance Improvement Projects (PIP) for dental: Dental is still a topic to be considered for PIP as an option to MMC plans. Dr. Griguts stated that discussion is scheduled to begin in the summer of 2021 and continue into 2022.

- OR Preauthorization: There are different requirements by each managed care plan for patients with IDD when going into the OR who have not had a prior clinical exam due to their adverse behaviors. Dr. Griguts is in the process of meeting with each plan and discussing these requirements to make them more transparent. She advised the members that if they have a specific issue related to a preauthorization with a MMC plan, they may contact her so that she can try to resolve the issue.

Dr. Tegtmeier informed Dr. Griguts that during the pandemic, many patients received dental care at hospital dental clinics that were not in network with the patient's plan. The hospitals were not reimbursed for the emergency services performed. Dr. Griguts stated that general guidance was issued to the MMC plans but nothing specific to emergency care. She stated that the hospital clinics should be reimbursed for treating out-of-network patients and they should file an appeal if the claim was denied. She will forward a copy of NYS's Requirements for the Provision of Emergency Care and Services (Appendix G) to Dr. Tegtmeier for distribution to the Council. Dr. Griguts will also provide the Council with managed care contact information for complaints or questions.

ADA Council on Advocacy for Access and Prevention (CAAP) Report

Dr. Margolin provided a copy of the minutes from the CAAP meeting held on July 9-10, 2020. A copy is attached.

Ms. Bray discussed her recent presentation to the national group of emergency department physicians that the ADA CAAP organized. The workgroup is interested in best practice with regard to ED diversion models. NYSDA, in collaboration with Little Falls Hospital, was highlighted as a successful intervention model.

Hospital Dental Program Liaison Reports

Dr. Miller discussed the issues facing the downstate dental directors during the Coronavirus pandemic. Many obstacles and problems were encountered, including a lack of coordination between CODA, the State Board of Dentistry and the hospital programs. Other obstacles were PPE, and the deployment of residents and oral surgeons. Dr. Miller also expressed that there could have been better communication from NYSDA to the hospital directors earlier in the pandemic.

Dr. Frustino gave a report on the upstate dental directors in Dr. Rossito's absence. She stated that all hospital dental programs had to submit an adjustment plan to CODA. All residents were approved. The directors have been using new ways to recruit via You Tube, social media, etc. They have received an influx of candidates as a result. Dr. Frustino reported that CODA visits would resume in 2021.

New Business

NYSDA Policy Review

The Council was directed to review its section of the NYSDA Policy Manual from 2005 to the present. The members were provided with this information in advance. Ms. Donnelly asked if there were questions about any of the policies. Hearing none, Dr. Tegtmeier made a motion, seconded by Dr. Miller to remove the following resolutions from the NYSDA Policy Manual because they have either already been carried out and are now moot, or they reside in another NYSDA governance document.

Resolved: That the following resolutions be removed from the NYSDA Policy Manual: 13-J-05; 21-J-05; 12-N-05; 13-N-05; 14-N-05; 9-EC-06; 26-J-07; 25-N-07; 10-J-08; 15-J-08; 41-N-08; 28-N-09; 21H-2010; 17H-2014; 21H-2016; and 8B-2016.

Hospital Programs Directors' Survey

Dr. Tegtmeier reviewed the results of the survey sent to hospital dental program directors throughout the State along with recommendations developed as a result of the survey responses. He mentioned that he would be conducting a Zoom meeting with the hospital dental program directors on November 12 to discuss the recommendations in preparation for the next Covid-19 wave or future public health crises.

Office of Persons with Developmental Disabilities (OPWDD) Task Force Report

Dr. Tegtmeier submitted a written report on the Task Force's meetings held in January and October of 2020. A copy of his report is appended to these minutes.

Emergency Department (ED) Diversion Models

The Council has previously discussed the use of EDs for routine dental care and the ability to address dental conditions in this type of environment. Dr. McLaren cited a 2015 study stating ED utilization has doubled nationally in a 12-year span from 1.1 million visits (2000) to 2.2 million visits (2012). Because of these discussions, Dr. Tegtmeier formed a subcommittee in 2019 consisting of Drs. McLaren and Frustino to review ED diversion models and report to the Council. Drs. Frustino and McLaren provided the Council with a summary of the information they compiled from surveying several EDs and urgent care clinics in the Western New York area.

Additionally, Dr. Frustino stated that, under the Medicaid Design Team's "Delivery System Reform Incentive Program" or DSRIP, the funding originally awarded to Erie County Medical Center was relinquished due to the pandemic. The funding, totaling \$90,000.00 was allocated for the creation of a Dental Emergency Patient Health Services Facilitator.

Ms. Bray suggested that Article 28 and FQHC facilities consider the ADA Community Dental Health Coordinator (CDHC) workforce model. The CDHC could address the barriers affiliated with the survey responses. In addition, Ms. Bray noted that there was existing infrastructure and resources available for CDHC integration. Dr. McLaren stated that Finger Lakes Community Health has hired community health workers and they have helped children go from a 15% OR completion rate to a 93% completion rate.

Hospital Program and Component Issues

Dr. Rubin reported that NY Presbyterian in Queens has incorporated teledentistry and that oral pathology claims being billed to Medicaid are being reimbursed. Dr. Kestner stated that Jamaica Hospital is now requiring that a 3-month supply of PPE be kept in inventory. Dr. Peters reported that Columbia has incorporated teledentistry for oral pathology.

Old Business

Dr. Peters stated that he continues to work on an article related to oral biopsies. Dr. Tegtmeier directed the Council's attention to NYSDA's resolution 100S-1 adopted at the ADA House of Delegates meeting. The resolution directs the ADA Council on Dental Education and Licensure to conduct a survey on the feasibility of developing an accreditation process and standards for advanced education in special care dentistry by CODA.

The consensus of the Council was to conduct the spring meeting via Zoom with a date to be determined. There being no additional business before the Council, the meeting was adjourned at 12:41 p.m.

Respectfully submitted,



Carl H. Tegtmeier, DMD
Chair

Office of Persons with Developmental Disabilities (OPWDD) Task Force Report

Submitted by Carl Tegtmeier, DMD

October 23, 2020

The transformation to managed care for those with Intellectual and Developmental Disabilities (IDD) moves forward however slowly. Patients in the OPWDD system of care have been assigned to a Care Coordination Organization (CCO). The CCO is responsible for making sure patients get the needed medical, dental, behavioral, and long-term care supports and services. They are also responsible for staying on top of those services as called for in the new “Life Plan”. The “Life Plan” takes the place of the old Individualized Service Plan and the Individual Plan of Protection. The CCO will work in concert with all providers coordinating care across service providers. All providers will be in managed care, dentistry included. At the current time, there are 25,000 individuals with IDD in managed care who have selected to be Self-Directed. These are individuals who choose their own community supports and services and are paid for with an agreed upon budget which is allocated to them from the state and managed by them and their families.

The remaining 100,000 individuals who receive supports and services from OPWDD will start to enroll in managed care plans, but this has been delayed many times to date. They will join an Article 44 managed care organization called a SIPs-PL, which stands for “Specialized IDD Plans-Provider led”. “Provider led,” means that the managed care organization (MCO) is from the current non-profit organizations that are in NYS and have experience in providing services to this population. It is the desire of DOH and OPWDD that there be several choices of SIPs-PL in each region of the state. If not, then the state will turn to the existing MCOs that currently exist in NYS that already fund and provide medical and dental services to the non-IDD populations through formation of a separate MCO for IDD under their auspices. These MCOs are called SIPs-M, which stands for Specialized IDD Plan-Mainstream. Both types of SIPs will be responsible for subcontracting out the medical, dental, behavioral and long-term supports and services.

A Task Force Zoom meeting was held on September 10 as a COVID-19 update of dental care by the special needs dentists in NYS and the challenges they have been facing. An OSHA Outreach Trainer/Consultant was present to answer questions concerning all areas of care within offices and facilities. There was also a presentation on the Honeywell Powered Air Purifying Respirator. Several of the dentists in hospital programs stated they were using them and it took them some time to get used to the units but highly endorse their use. They filter 99.9% of the air and cost around \$1,200.00 with hoods.

Most dentists on the line weighed in on their challenges—shortages of PPE, staff, reduced treatment capacity, backed up in clinics and ORs, engineering difficulties, the 15-minute room shutdown of NYS DOH vs. the CDC recommendations. NYU Special Needs Clinic and school are forced to have no aerosolization due to ventilation problems. One FQHC had the financial resources to get all the PPE they required, have HVAC tested and upgraded to MERV 13, have the rooms air balanced, use UV lights and surface decontamination aerosols. The removal by the DOH of cavitrons from the not to do list was discussed and the recommendation by the OSHA Consultant recommended it always be used with high-speed evacuation.

A September meeting of all the nonprofits providing supports and services discussed the effects of COVID-19 and the worsening state budget. The non-profits in the metropolitan area (NYC & suburbs) had to spend \$285 million on PPE and another \$287 million in hazard pay for their employees in group homes and none of these expenses were reimbursed by the state. In this region, 40% of the non-profits are down to 2 weeks operating expenses and NYS as of October 1, placed a 20% holdback on the payment for most of the services provided and billed for. In addition, OPWDD is not allowing the merger of the financially weaker non-profits with financially stronger non-profits. The non-profits believe the reasoning is to reduce the number of group homes in NYS and get the individuals into a less "expensive" model of long-term care-supported apartments or self-direction where they are back home with families. 90% of OPWDD's expenditures are for long-term care involving group homes and free standing day programs.

Even though COVID-19 testing is required in long-term care senior facilities, it is still not required in long term care facilities for those with IDD. 455 individuals with IDD have succumbed to the disease statewide, the virus brought into the homes by staff. The result of all this will be the regrettable loss of non-profits, closure of some group homes, dislocation of individuals with great disruption to them and their families, troubles with transportation and staffing, worsening of behaviors and physical conditions as their access to those rehabilitative services have been seriously limited during the pandemic and to this day. Those in homes or at home with families who brought them home as requested by many of the non-profits have been essentially isolated - shut ins. This will all impact dental care and expect to see the ramifications as you treat these individuals - missed appointments due to staffing and transportation, increase in resistive behaviors and loss of patient due to closure of their facility.

The ambulatory surgery program at Helen Hayes Hospital has been shut down as well as its residency program due to financial losses involving anesthesia expenditures adding to this rehabilitation DOH hospital being in financial trouble with greatly reduced patient volume. They treated 300 patients in OR per year out of the 1,500 patients needing OR care per year in the lower Hudson Valley. The other institution that provides this OR care is Westchester Medical Center that treats 400 cases in the OR per year. At Helen Hayes closure both facilities had a one year wait for access to the OR.